

# Lobby Activity

Take some time to close your eyes, take 4 deep breaths

Breath 1: Imagine facing the East

Breath 2: Imagine facing the South

Breath 3: Imagine facing the West

Breath 4: Imagine facing the North

This activity is a very short activity for grounding and reconnecting to yourself and the 4 directions.



Pacific Southwest (HHS Region 9)

**PTTC**

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

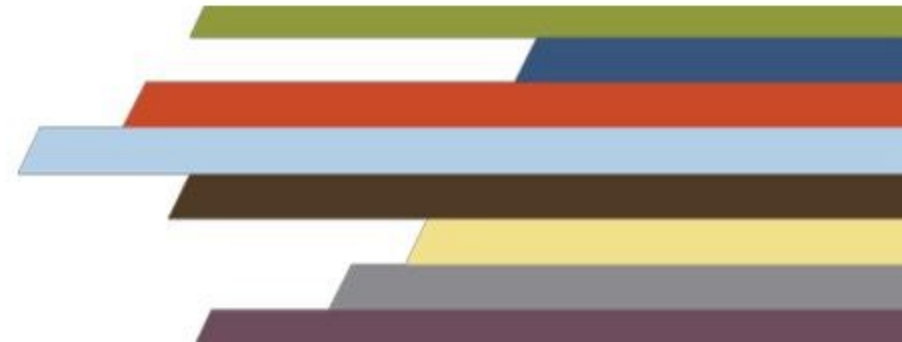


***Utilizing Cultural and Determinants of Health in Substance Use  
Prevention Work***

***Among American Indian/Alaska Native (AI/AN) Communities***

December 12, 2023

*Evelina Y. Maho, MAdm.*



# Disclaimer

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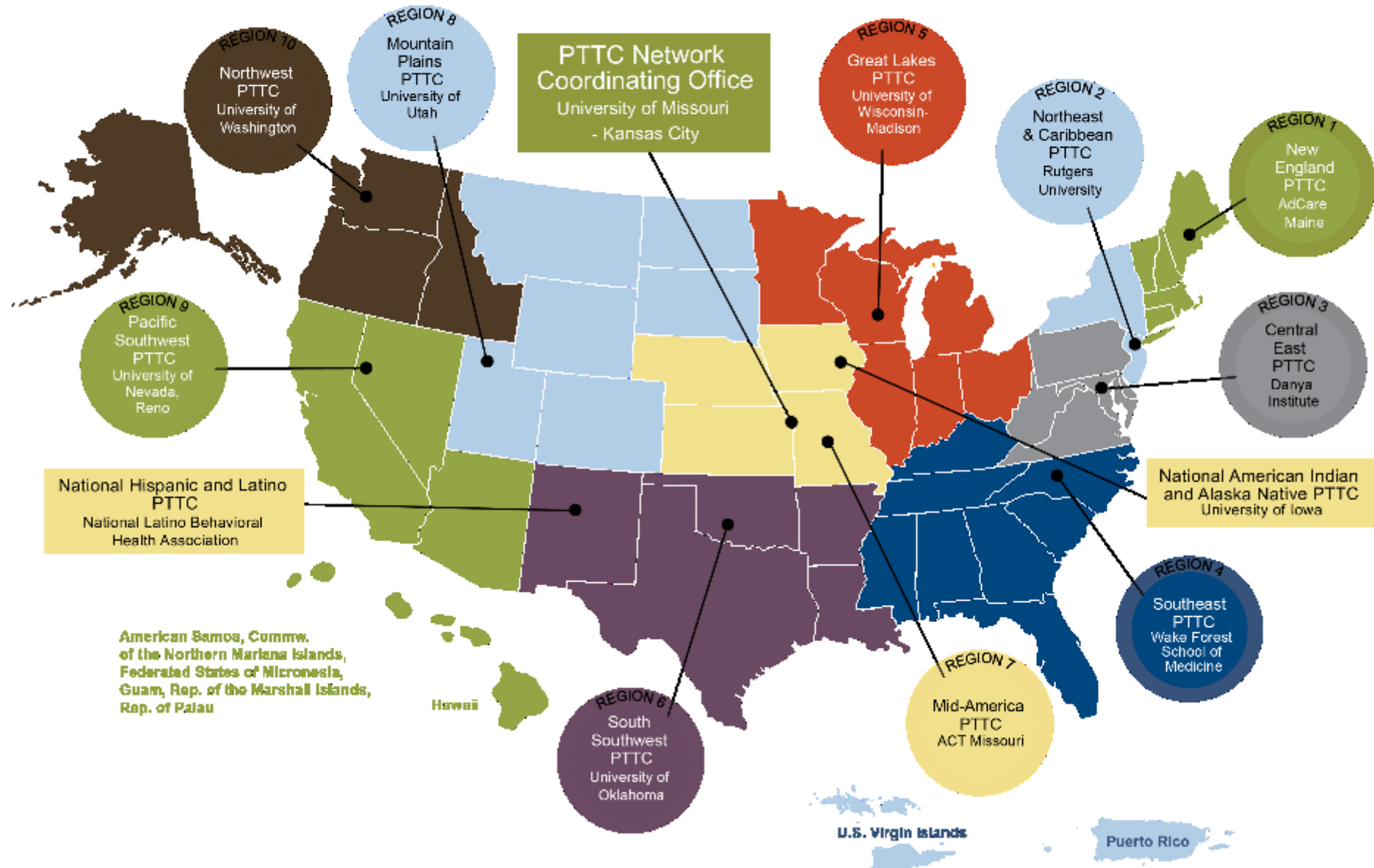
This webinar is being recorded and archived and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.



**PTTC**

**Prevention Technology Transfer Center Network**  
Funded by Substance Abuse and Mental Health Services Administration

**PTTC Network**



# Purpose of the TTCs

1

Develop and strengthen the **workforces** that provide substance use disorder and mental health disorder prevention, treatment, and recovery support services.

2

Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.



# PTTC Network Approach

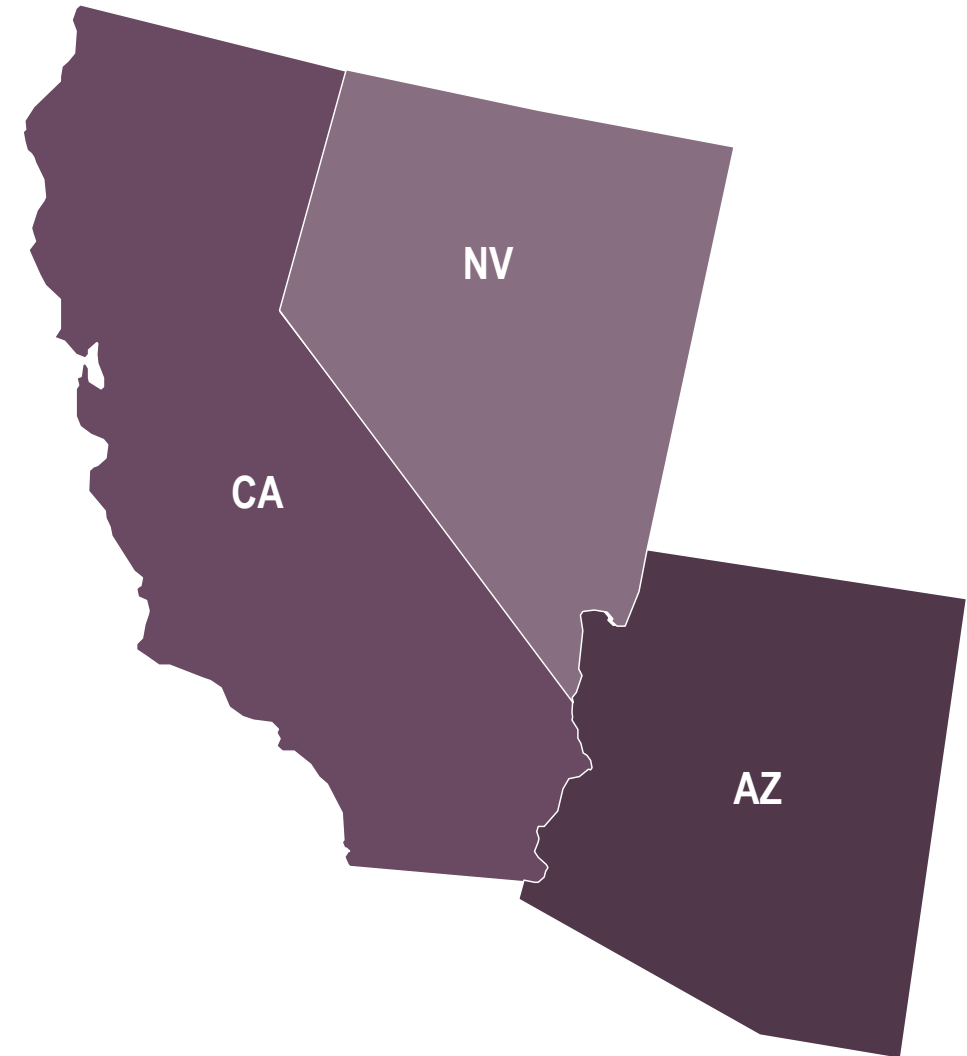
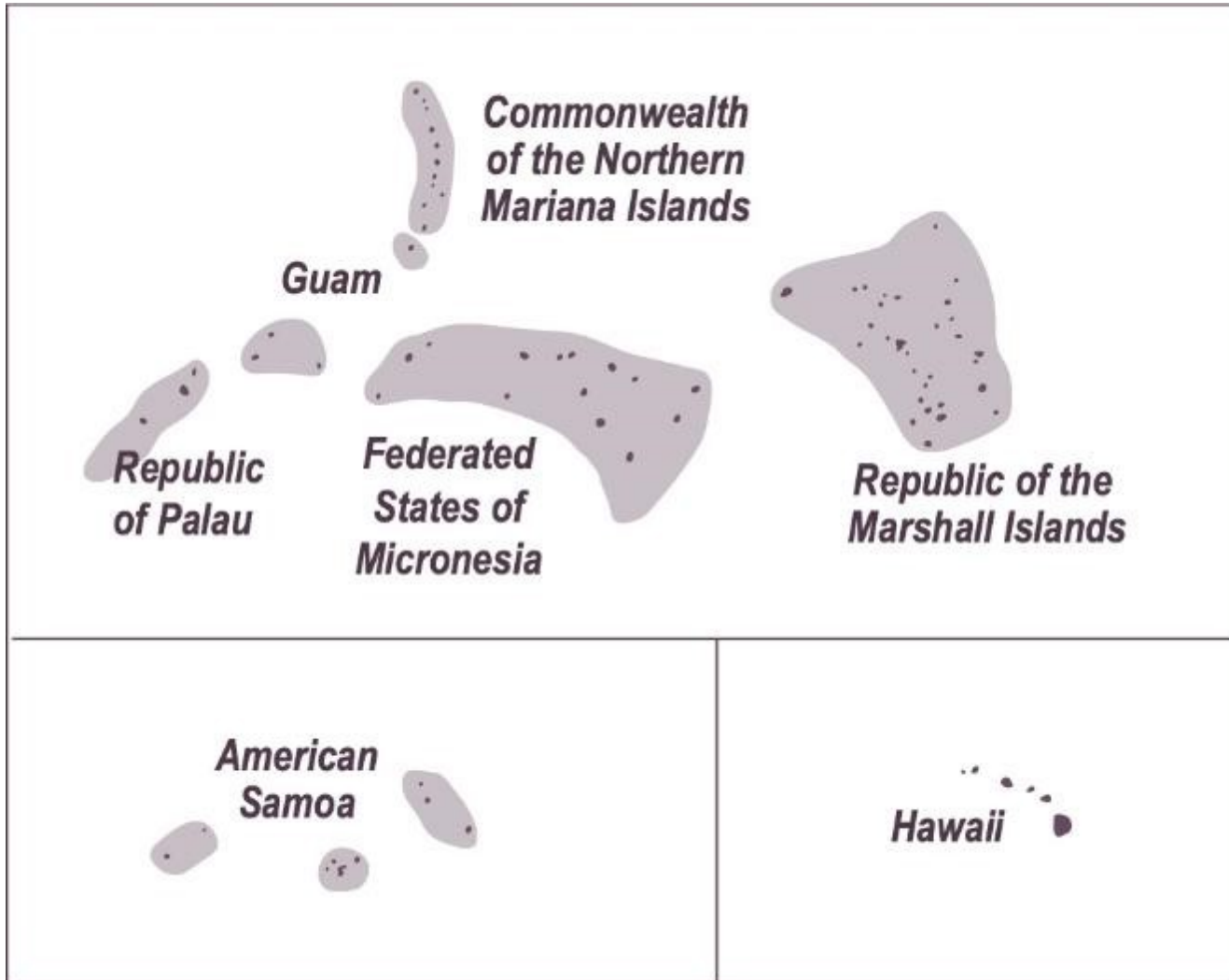
## ***The PTTCs...***

Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts

Provide training and resources to prevention professionals to improve their understanding of

- prevention science,
- how to use epidemiological data to guide prevention planning, and
- selection and implementation of evidence-based and promising prevention practices.

Develop tools and resources to engage the next generation of prevention professionals





# Land acknowledgement

We acknowledge that the University of Nevada, Reno is situated on the traditional homelands of the Numu (Northern Paiute), Wašiw (Washoe), Newe (Western Shoshone), Nuwu (Southern Paiute) peoples. These lands continue to be a gathering place for Indigenous Peoples and we recognize their deep connections to these places. We extend our appreciation for the opportunity to live and learn on their territory.



# Housekeeping

- Webinar recording and materials
- Certificates of attendance



# Mark your Calendars!\*

## **Prevention with Purpose: The Importance of Strategic Planning in Preventing Drug Misuse Among College Students**

January 23, 2024

*Please visit [pspttc.org](https://pspttc.org) for registration and more information!*

\*all times 3:00 Pacific, unless otherwise noted.

# Presenter Bio



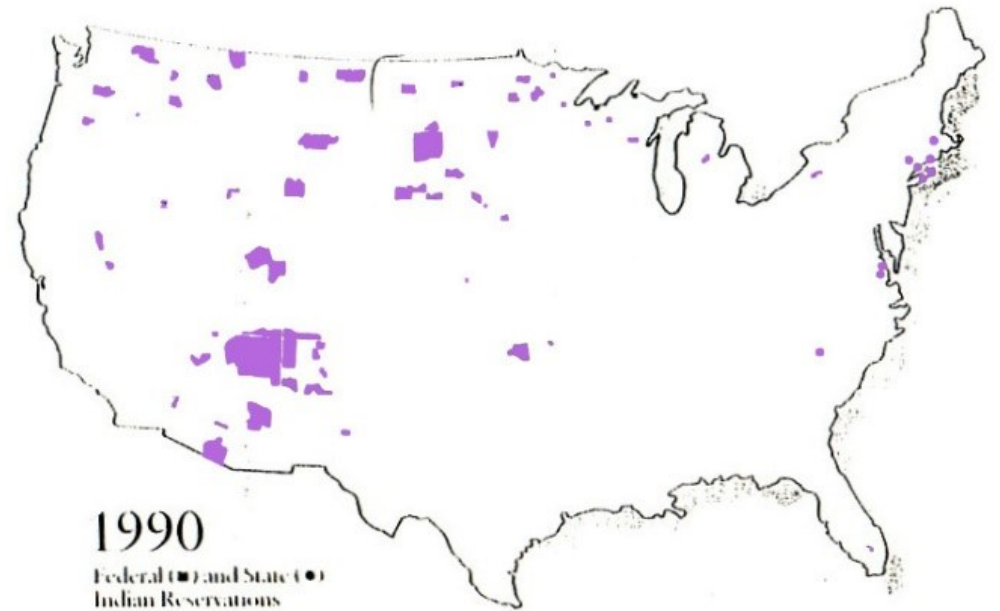
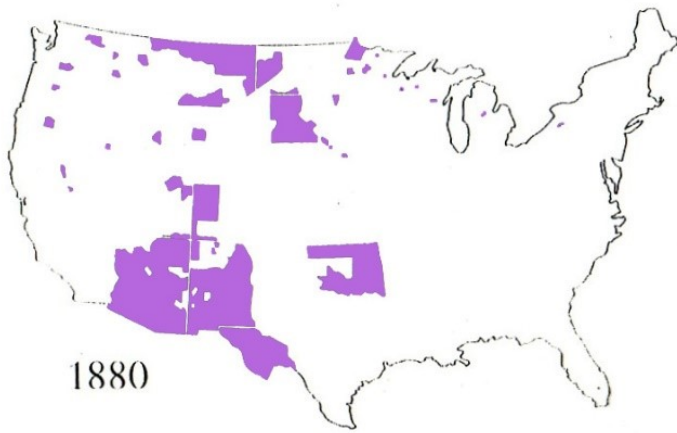
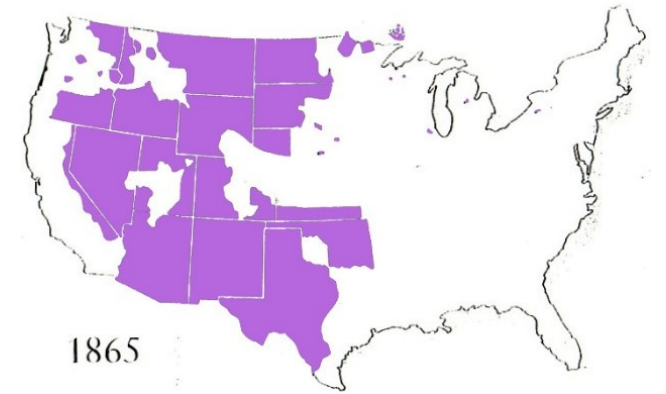
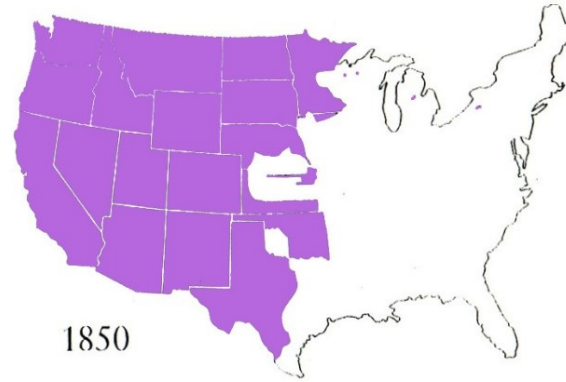
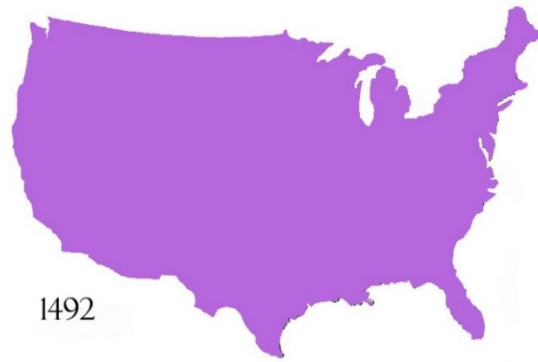
Evelina is a member of the Dine' People (Navajo tribe) and resides in Northern Arizona.

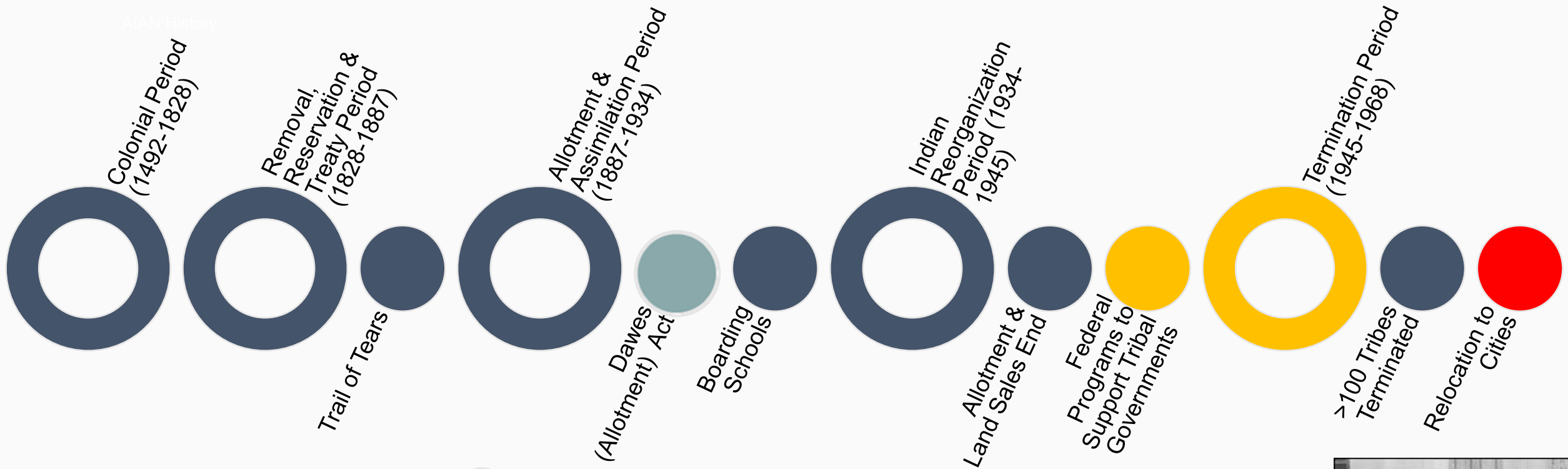
Holds a Master's Degree in Administration with an emphasis in Health Sciences, Undergraduate Degree in Clinical Dietetics and Chemistry from Northern Arizona University; carries executive leadership and directorship experience in the healthcare arena.

# Objectives

1. Understand how Social Determinants of Health has contributed to substance use in AI/AN populations.
2. Participants will be introduced to “Culture is Prevention” approach in the work of substance use prevention work.
3. Learn common AI/AN cultural approaches and practices used in AI/AN healthcare systems addressing Substance Use and Abuse.
4. Learn how agencies can meaningfully and respectfully collaborate with Tribes.

# AI/AN Population Historically





● Estimated 90 million acres (2/3rds the size of US) lost



**INDIAN LAND FOR SALE**

GET A HOME OF YOUR OWN

EASY PAYMENTS

PERFECT TITLE

POSSESSION WITHIN THIRTY DAYS

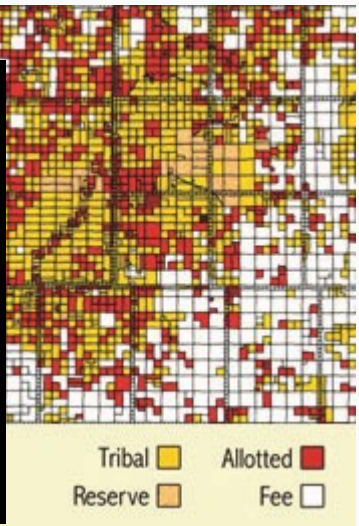
**FINE LANDS IN THE WEST**

IRRIGATED IRRIGABLE GRAZING AGRICULTURAL DRY FARMING

IN 1910 THE DEPARTMENT OF THE INTERIOR SOLD UNDER SEALED BIDS ALLOTTED INDIAN LAND AS FOLLOWS:

Location	Acres	Average Price per Acre	Location	Acres	Average Price per Acre

001.002-5.17 Advertisement: Library of Congress



Self-Determination Period (1968-2000)



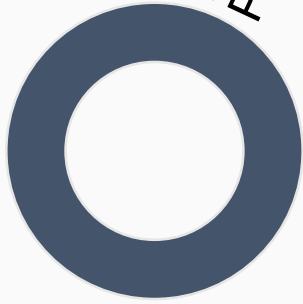
Indian Self-Determination & Education Assistance Act of 1975 (amendments)

Indian Health Care Improvement Act (IHCIA) of 1976

Indian Child Welfare Act of 1978

1992 IHCIA Amendment

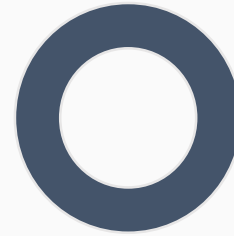
Nation-to-Nation Period (2000 - )



White House Tribal Nations Conference

Permanent Reauthorization of IHCIA

Uncertainty....



Dakota Access Pipeline

ICWA Challenges

Mashpee Wampanoag Trust Land

Established Urban Indian Organizations

Congress declared the policy of the Nation "in fulfillment of its special responsibilities and legal obligations to the American Indian people to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to affect that policy."



Morning Mix  
Court strikes down Native American adoption law, saying it discriminates against non-Native Americans



Madonna Pappan hugs her 4-year-old daughter in Rapid City, S.D., on March 21, 2013. (Kristina Barker/Rapid City Journal/AP)  
By Meagan Flynn  
October 10, 2018



# Kill the Indian, save the man

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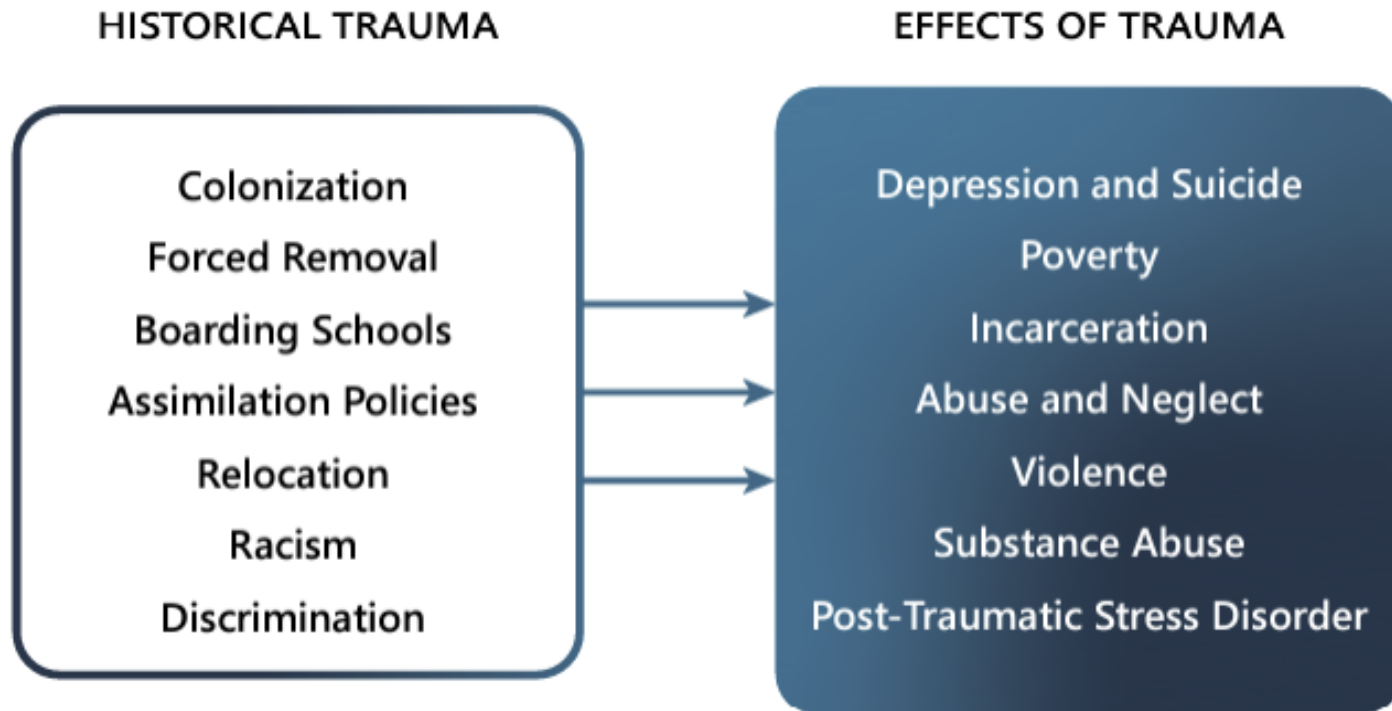


“Kill the Indian, save the man” ushered in a movement of cultural and actual genocide, which included **forcing** Natives off reservations

Part of this relocation into cities was the creation of Boarding schools. Native children were kidnapped and ripped from their families, **stripped of their culture**, and mistreated on a regular basis.



# FACTORS CONTRIBUTING TO SOCIAL AND ECONOMIC DISPARITIES IN NATIVE COMMUNITIES



# AI/AN Mortality Rates (compared to non-Hispanic whites)

4.6x  
Chronic Liver  
Disease

340%  
higher  
Injuries

390%  
higher  
Diabetes

190%  
higher  
Suicide

180%  
higher  
Homicide

500%  
higher  
Tuberculosis

740%  
higher  
Alcoholism

**AI/ANs**

28.4%

Poverty

**National Average**

15.3%

\$35,062

Medium Household Income

\$50,046

54%

Housing Ownership

65%

17%

Post-Secondary Education

>60%

# Misclassified As Other

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Over a third of Native deaths across the nation are **misclassified** as other.



The Maryland Department of Health puts American Indians and Alaska Natives in the “**Other**” racial and ethnic category for COVID-19 cases and death numbers due to low statistical occurrence given the population of Natives in the state.

**More than 65,000** people who identify as Native American live in DC, Maryland and Virginia metropolitan area but without public-facing numbers of COVID-19 cases and deaths, it is a mystery how many the disease has affected.

# Federal Trust Responsibility for Health Services

“Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.”

25 U.S.C. § 1601 (1)

## Declaration of National Policy

“Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians— to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy”

25 U.S.C. § 1602 (1)

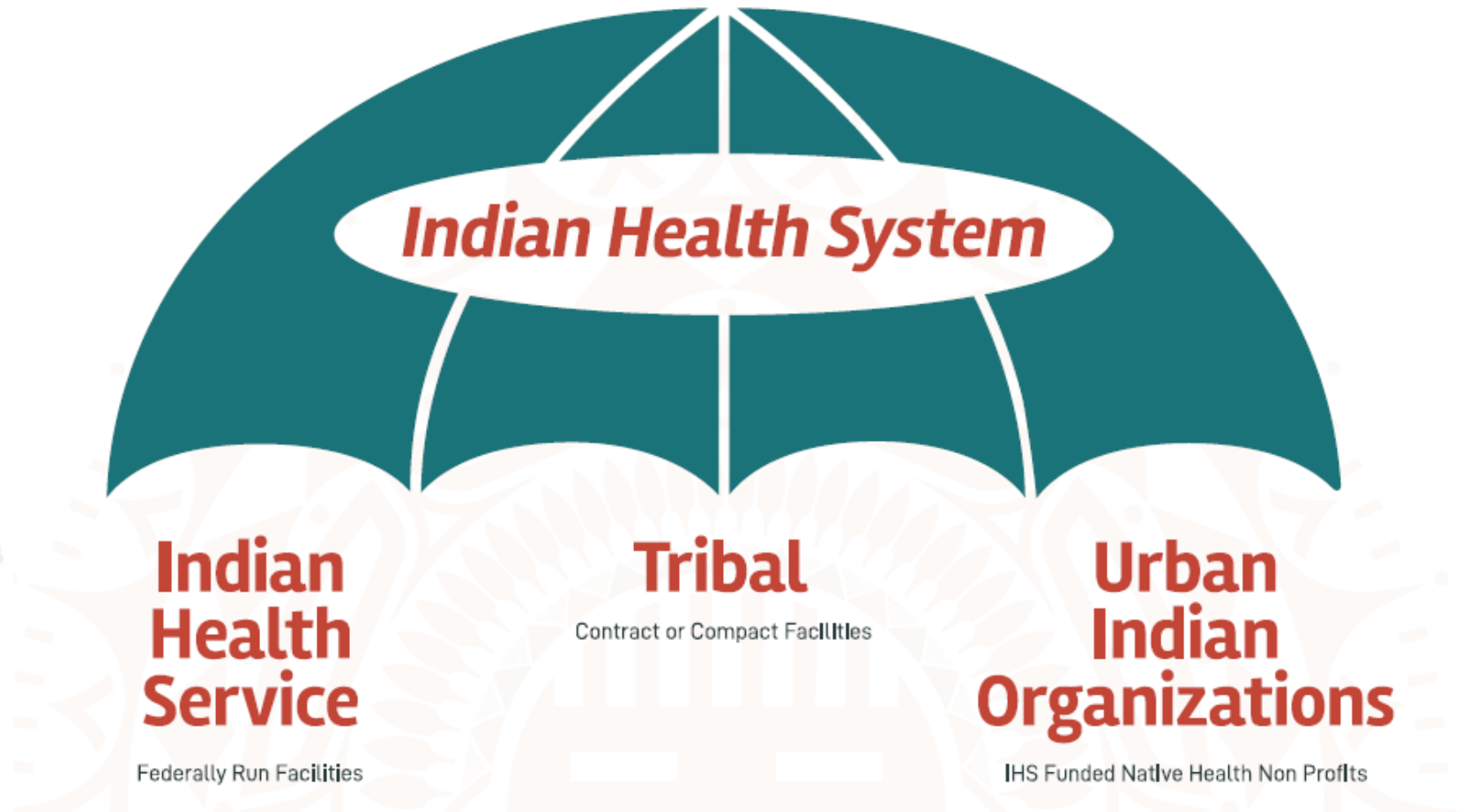
## LEGAL BASIS FOR FEDERAL SERVICES TO AMERICAN INDIANS AND ALASKA NATIVES

- ✓ United States Constitution
- ✓ Treaties between the United States and Tribes
- ✓ The Snyder Act of 1921
- ✓ The Transfer Act of 1954
- ✓ Indian Sanitation Facilities and Services Act of 1959
- ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
- ✓ Indian Healthcare Improvement Act of 1976
- ✓ Indian Child Welfare Act of 1978
- ✓ The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986
- ✓ The Indian Child Protection and Family Violence Prevention Act of 1990
- ✓ Indian Health Care Improvement Act of 2010

*This is not an all-inclusive list*

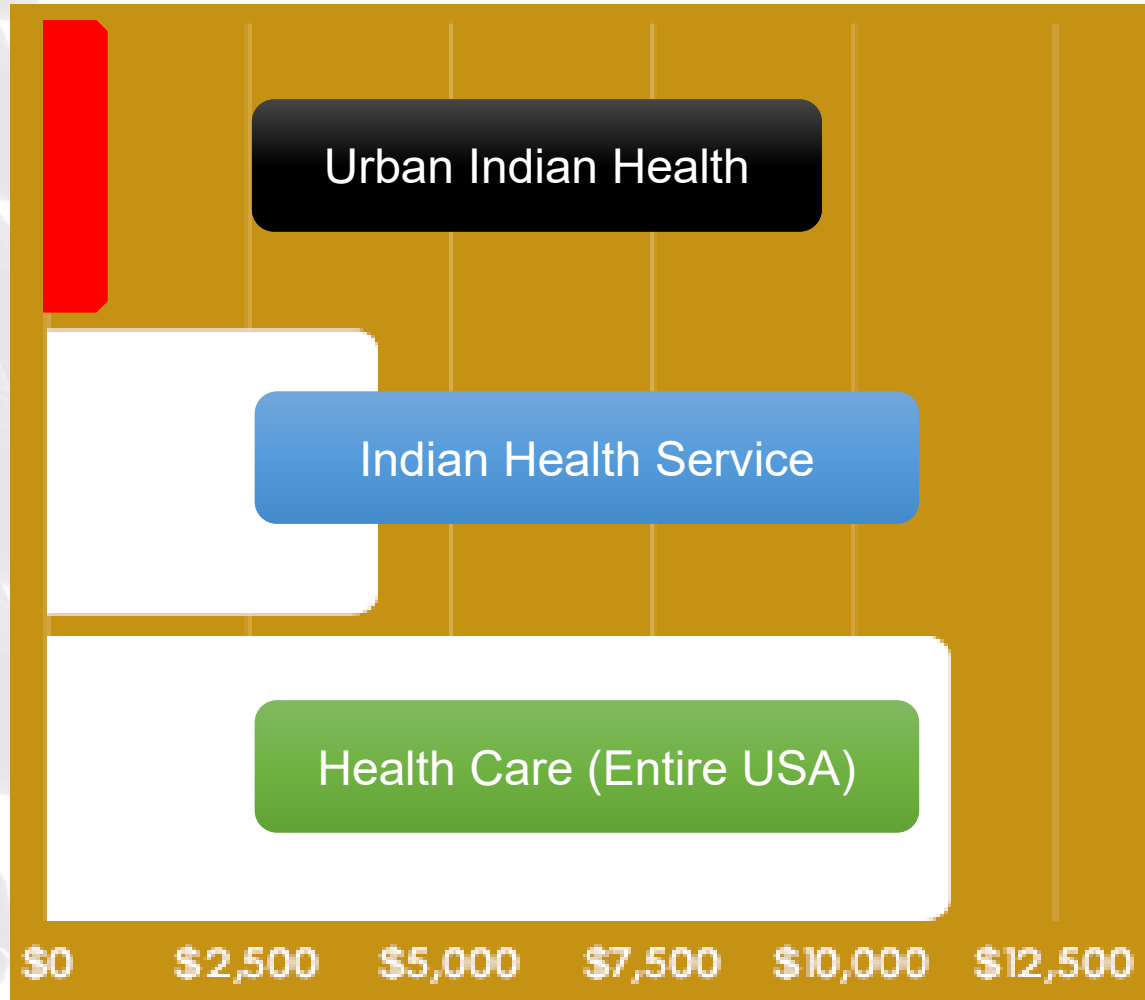


# AI/AN Healthcare System in the US



# Significantly Underfunded

- Indian Health Service has been significantly underfunded



On average, IHS receives about **1/3** of the funds per patient as compared to the national average per capita of healthcare spending

IHS is **only funded at 12%** of need

# A Public Health Crisis: Healthcare Spending

U.S. HEALTH CARE SPENDING GREW  
4.6%, REACHING \$3.6 TRILLION  
OR **\$11,172** PER PERSON<sup>1</sup>



HOWEVER

FOR INDIAN HEALTH SERVICE PATIENTS  
THE AMOUNT SPENT PER PERSON WAS  
ONLY **\$4,078** PER PERSON<sup>2</sup>



FOR URBAN IHS PATIENTS, UIOS RECEIVED  
JUST **\$672** PER AMERICAN INDIAN/ALASKA  
NATIVE (AI/AN) PATIENT FROM THE IHS URBAN  
INDIAN LINE ITEM<sup>3</sup>

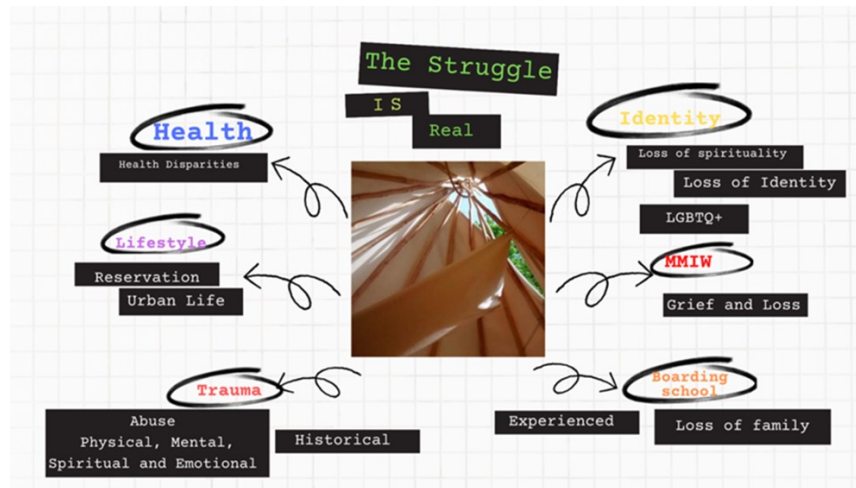




# Discussion Questions

*What historical policy(ies) strike(s) your attention?*

*What correlation exists between AI/AN history and the health of the AI/ANs?*

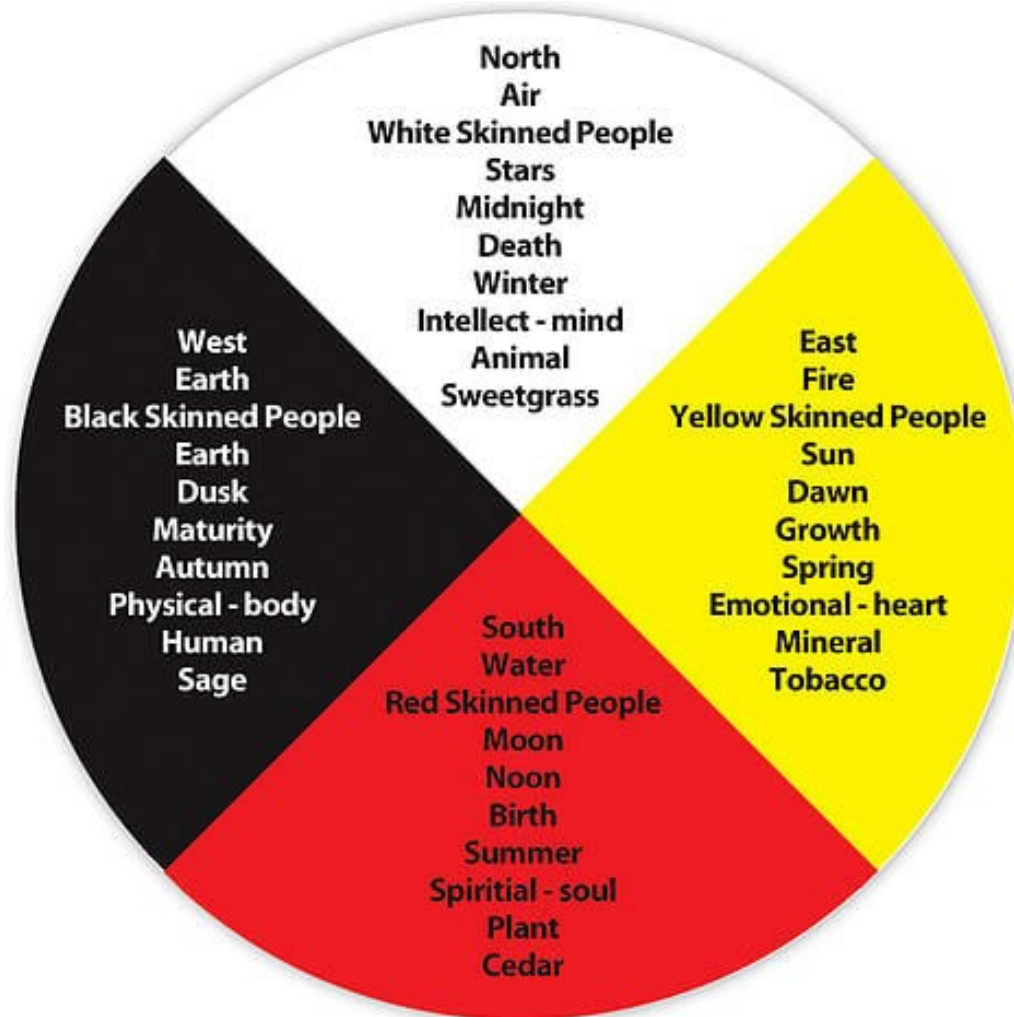




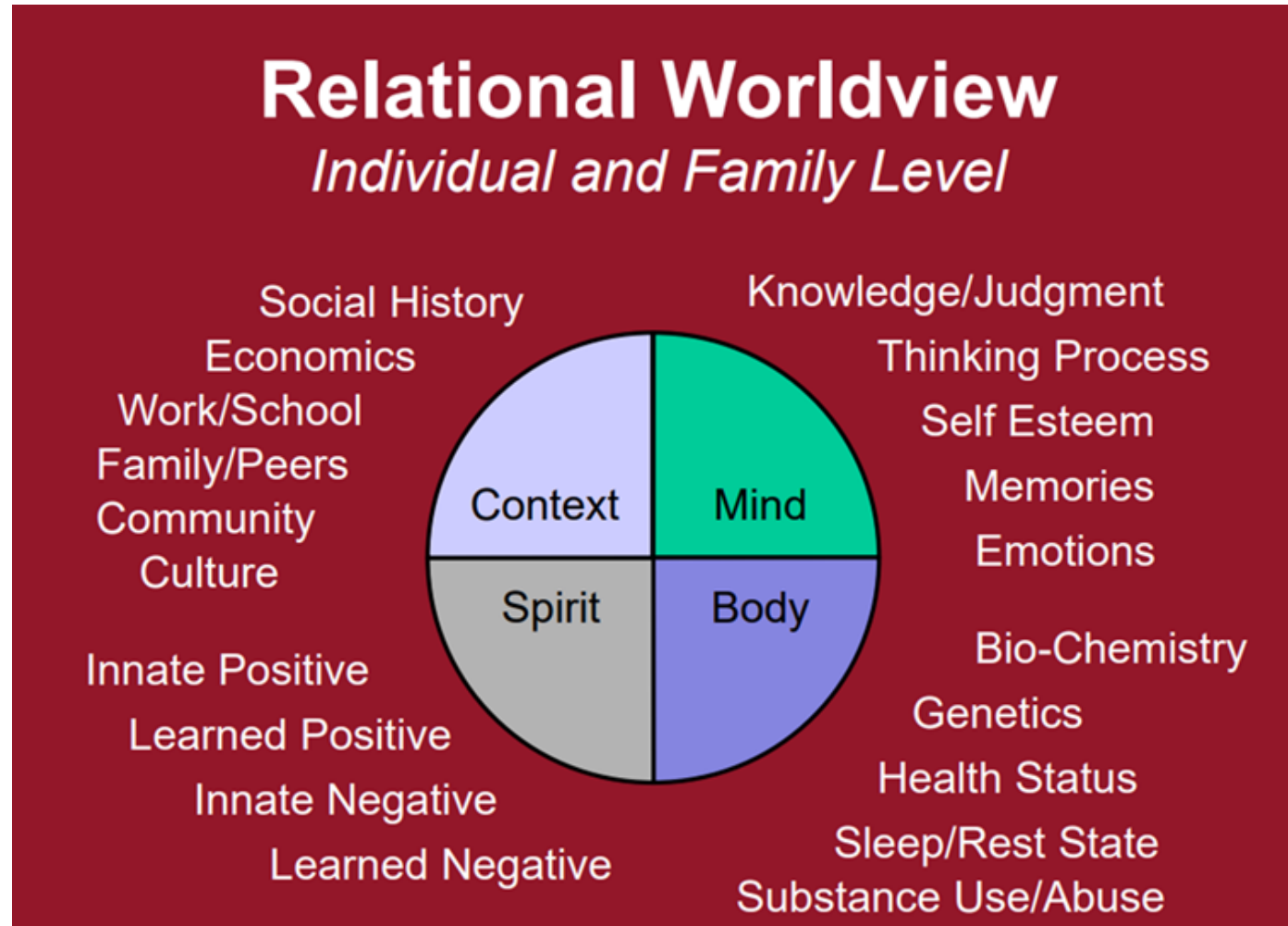
Where do we begin?



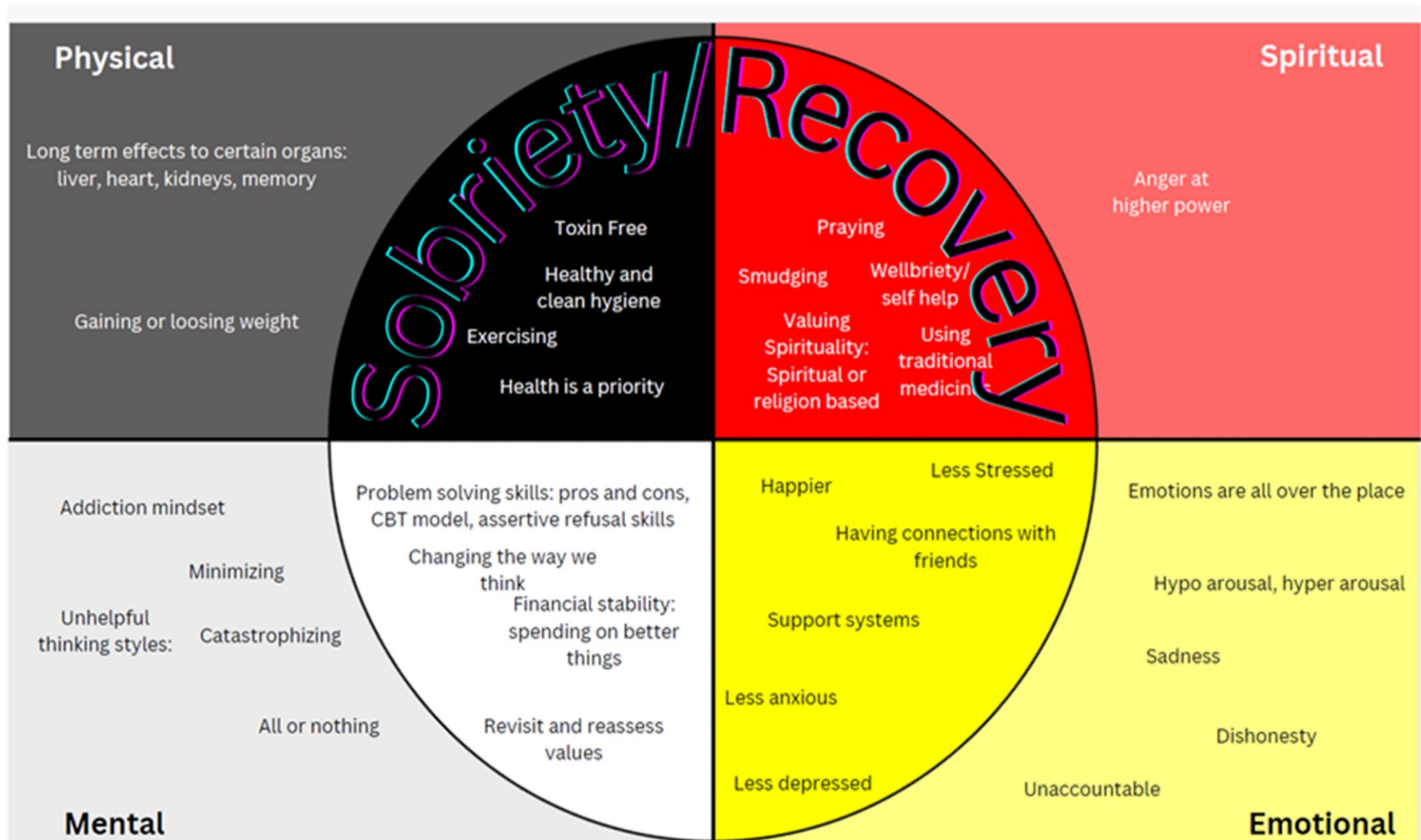
# Medicine Wheel




# Common Values, Mindset, Approaches



# Returning to the Circle



# Integrating Traditional Healing Practices in to Modern Approaches



**"RETURNING TO THE CIRCLE" GROUP**

WEDNESDAYS 4:00 PM- 5:30 PM

**ABOUT US**

Learn culturally based principles, values and teachings to support healing from alcohol, substance abuse, co-occurring disorders, and intergenerational trauma


**CONTACT US**

720-612-7134  
RSMALL@DIHFS.ORG  
[HTTPS://WWW.DIHFS.ORG](https://www.dihfs.org)

**TOPICS AND SKILLS**


- STRATEGIES OF CHANGE
- SYMPTOMS OF RECOVERY, DEPRESSION AND ANXIETY, DUAL DIAGNOSIS
- MANAGEMENT OF HIGH-RISK SITUATIONS
- STRESS AND ANGER MANAGEMENT TECHNIQUES
- UNHELPFUL THOUGHTS IDENTIFICATION

ONLINE GROUPS VIA TEAMS, UNTIL FURTHER NOTICE.



## Your Body is Medicine

Cognitive Behavioral-  
Mindfulness Skills Based  
Group



**Details:**

- In person at 2880 West Holden Place  
Denver, CO 80204
- Co-ed
- Open to ages 18-99

**Questions?**  
Please call the DIHFS Behavioral Health Line at 720-612-7134

**Wednesdays**  
5:45 pm to 7:15 pm

6 sessions-  
March 29th to  
May 10th, 2023

## Current State of Medicaid and CHIP Reimbursement for Traditional Healing Services

- Traditional Healing services are utilized throughout the I/T/U system
- Congress has specifically authorized the use of federal appropriations to support the use of traditional healing within the I/T/U system
- However, most state Medicaid programs do not provide reimbursement
- Currently, funding for services generally comes from tribal funds, pilot programs, grants, and personal resources from staff within the I/T/U system
- Certain states are exploring options to expand reimbursement for Traditional Healing services provided to Medicaid beneficiaries

# Section 1115(a) Demonstrations

- States can make changes on a demonstration basis, with the goal of promoting Medicaid objectives
- Federal government has the authority to waive compliance with requirements of the SSA
  - Secretary of HHS must determine if the project will assist in promoting Medicaid's objectives and CMS approves for an initial 5-year period
- 1115(a) demonstrations offer a mechanism for states to explore innovative approaches to improve health outcomes and promote the well-being of Medicaid beneficiaries
- 1115(a) demonstrations can be leveraged to address SDOH by considering the non-clinical factors that profoundly impact an individual's health (ie: housing instability, food insecurity, and access to medications).
- **Several states have submitted Section 1115(a) demonstration project waivers to expand access to traditional healing services at I/T/U facilities through their state Medicaid program.**



# State Use of 1115 Demonstrations to Support Traditional Healing

- Four states currently have pending Section 1115 demonstration program waivers which seek to expand reimbursement for traditional healing within Medicaid

- Oregon
- California
- Arizona
- New Mexico



State	Number of UIOs	Traditional Healing Services Offered?
Arizona	4 UIOs	Yes, all UIOs
California	10 UIOs	Yes, all UIOs
New Mexico	1 UIO	Yes
Oregon	1 UIO	Yes

# “Culture is Prevention” Model for Traditional Healing

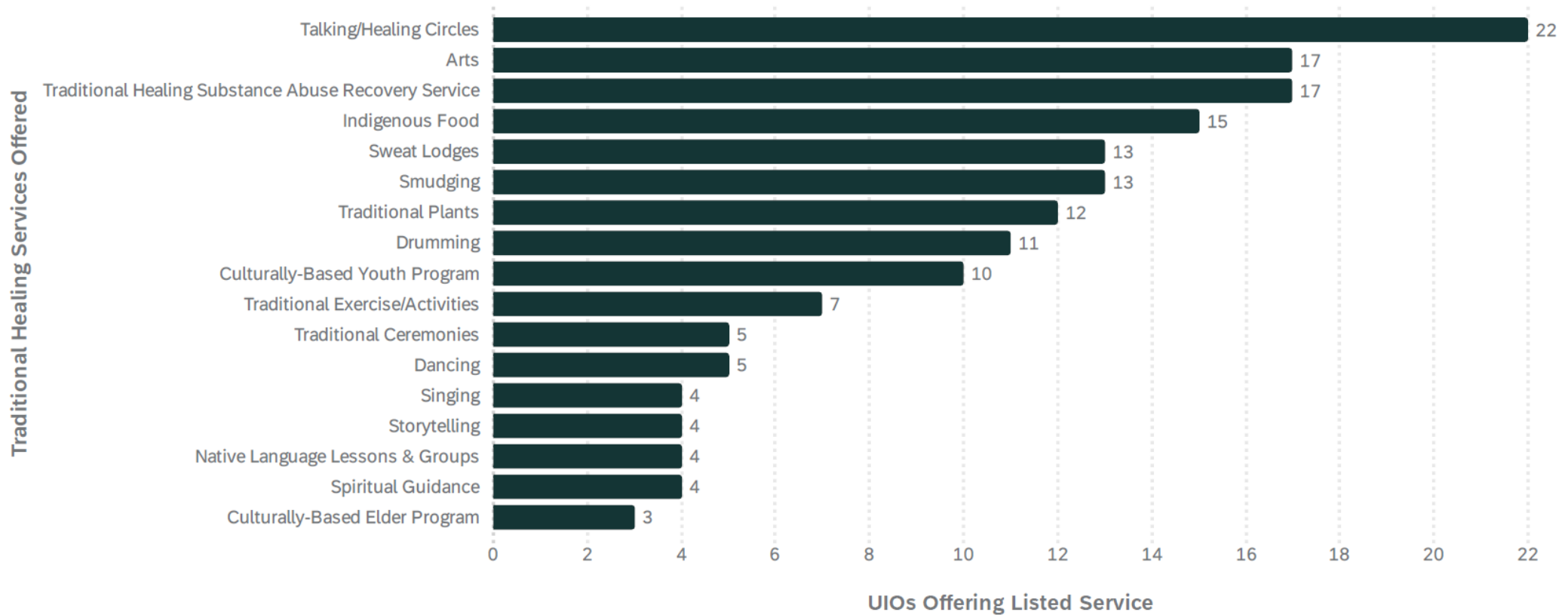
- Use of culture and cultural activities and experiences to restore and maintain health of an individual and of the community
  - Developed by a community advisory workgroup of multiple UIOs through a SAMSHA funded project to indigenize substance use and mental health prevention in Indian Country
  - Focus on the prevention of illness
- Allows for a multi-tribal definition that recognized commonalities across traditions while acknowledging that these traditions will vary among tribes and locations

**"Traditional healing for American Indians has outcomes equivalent to conventional interventions in other populations."**

- Minnesota Department of Health

# Traditional Healing in 2022

Commonality of Different Traditional Healing Offerings at UIOs



National Council of Urban Indian Health. (2022). *UIO Program Profiles 2022*.

# Common key Interventions Among I/T/Us

- Talking Circles
- Sweat Lodge Ceremonies
- Smudging
- Traditional Diets and Foods
- Indigenized Substance Use Recovery Programs



# Role of Traditional Healing

- UIOs utilized pan-tribal traditional healing activities to sustain cultural connection and enhance community wellness in their multi-Tribal urban American Indian and Alaska Native service population.
- Traditional Healing is incorporated into all aspects of care
  - It is **not confined to behavioral health treatment**
- Holistic approaches to health is used for all patients, but specific ceremonies and traditional healing offerings can always be requested by a patient
  - ITUs have a number of community outreach programs utilizing traditional healing for the greater community that are not regular patients
    - I.e. pre-release prison programs, local hospitals, school programs, homeless outreach programs, Child Protective Services, etc.

# Uses and Benefits of Traditional Healing

- Health is viewed from a holistic approach and traditional healers ensure that all four aspects of a person's being are in balance.
- Traditional Healing used to:
  - Increase cultural connection
  - Enhance preventative care
  - Combat loneliness and isolation
  - Specifically address historical trauma



# Tracking Traditional Healing Health Outcomes

- Community consensus around traditional healing is positive, however there was a mixed consensus from the community of tracking traditional healing outcomes for research into their effectiveness
  - “keep that information sacred and private” (California UIO)
  - Staff at some UIOs do track health outcomes for traditional healing in ways they find culturally appropriate
    - Desire to show TH is beneficial to their patients to outsiders
    - Inconsistent methodology across UIOs
      - Electronic Health Records (EHRs)
      - Patient surveys
      - Outside researchers
      - Patient surveys
      - Storytelling
- Patient **autonomy and privacy** need to be respected when tracking occurs

# Challenges to Offering Traditional Healing

- Sourcing necessary materials for traditional healing practices
  - Gardens cannot meet demand for sacred medicines for entire patient population
  - Buying sacred medicines
- Ordinances and city regulations
  - Culturally inappropriate and uneducated policies
- Referrals offsite
  - Transportation
  - Certification process
  - Unable to guarantee multi-Tribal urban approach for traditional healing





# Challenges to Offering Traditional Healing

- Requiring a diagnosis for traditional healing, if reimbursement is sought through private insurance or Medicaid
- Barriers to expanding existing traditional healing offerings to meet community demand
  - Lack of staff who have access to training necessary to lead traditional healing
  - Lack of space to hold ceremonies and other activities
  - Funding
- **Funding for Traditional Healing programs**

# How UIOs Fund Traditional Healing Outside of Medicaid

- Grants
  - Native Connections from SAMSHA
  - Special Diabetes Program for Indians (SDPI)
  - California's Affordable Housing and Sustainable Communities (ASHC) Program
  - Other local and state grants
- Donations
  - Donation of supplies
    - Relationships with nearby Tribes
    - From UIO staff members
  - Community donations

# Expressed Support for Medicaid Reimbursement

- Universal support for expanding Medicaid reimbursement for traditional healing
  - Increased reimbursement would be used for:
    - Expansion of services and necessary facilities
    - Create more positions for TH staff
  - Noted concerns for Medicaid reimbursement
    - Administrative burden associated with Medicaid billing
    - Requiring diagnosis codes for TH activities
    - Onerous credentialing process
      - Burden for smaller healthcare centers

# Engaging with Native Communities



# Engagement and Collaboration with Native Communities

- Understand that each Native community is unique.
  - *Be aware of cultural, linguistic, and spiritual diversity, cultural customs, and perspectives.*
- Identify and engage tribal liaisons to establish relationship with the community and leadership.
  - *Create a receptive environment with offering for their time (e.g., food, coffee, small gifts of appreciation).*
- Learn about elected, traditional, and spiritual leadership and other decision makers.
  - *Learn how to address them appropriately and understand protocols for communication in each community.*
- Show cultural humility.
  - *Approach communities with positive intent and be open to other ways of thinking and behaving.*

# Engagement and Collaboration with Native Communities

- Listen and observe
  - Pay attention and observe tribal members, who are experts on their own communities
- Be patient
  - Rapport and trust may not come easily. Don't take it personally if you experience initial suspicion or frustration
- Use a Tribal perspective; Avoid using a Western, non-Native perspective
- Incorporate culturally based (approved) practices
  - Research and utilize culturally, community-based practices along with evidence-based practices


# Engagement and Collaboration with Native Communities

- Reinforce cultural strengths
  - Learn community protective factors and incorporate community traditions into programming
- Honor confidentiality
  - Respect the right of the tribe to control information, data, and public information about services
- Be flexible
  - Adapt to the community's pace, changing needs and traditions
- Understand communication methods
  - Understand language, geographical and technological barriers, and appropriate methods of communication

# Engagement and Collaboration with Native Communities

- Use culturally specific messaging.
  - Develop a culturally appropriate approach and intervention. Ask tribal leaders and liaisons to shape the message and activities of your program based on their knowledge of community.
- Seek permission.
  - Get approval from the Native community before proceeding with activities. •
- Be respectful.
  - Respect and honor the tribes' choices, culture, and values





Open Space for Questions, Discussion,  
and Share Thoughts

# Contact Information

Email: [eymaho@gmail.com](mailto:eymaho@gmail.com)



Pacific Southwest (HHS Region 9)

PTTC

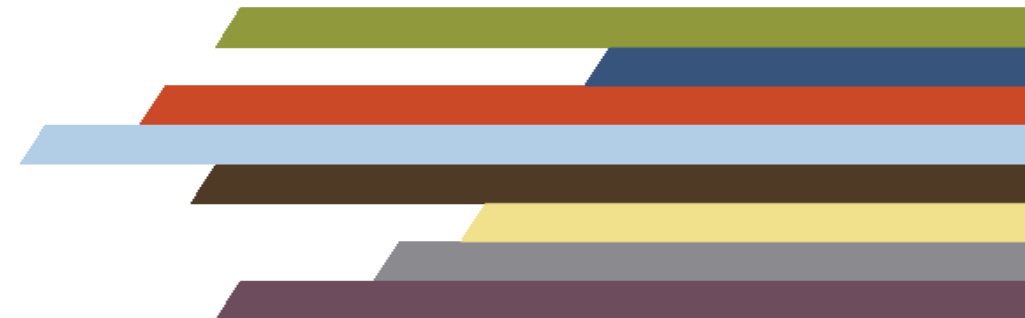
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# Ahe'hee' (Thank You)

# CASAT

 Center for the Application of  
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# Post-Webinar Feedback

Please click on the link in the chat to complete a very brief online feedback form!

*Thank you!*



# Connect with us!

Find us on the web: [www.pspttc.org](http://www.pspttc.org)

Join our mailing list: <http://eepurl.com/glssWD>

Email with general questions: [pspttc-info@casat.org](mailto:pspttc-info@casat.org)

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Call us toll-free: 1-833-9SW-PTTC

# Pacific Southwest PTTC Contact Info

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# Thank You!

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