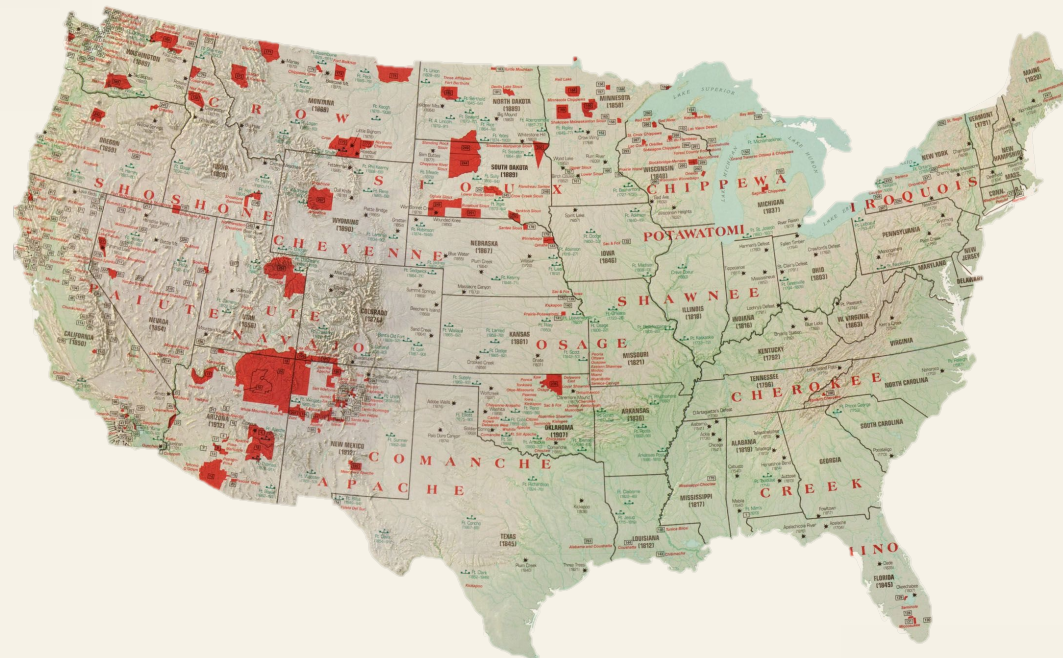


Guide to Indigenous DC

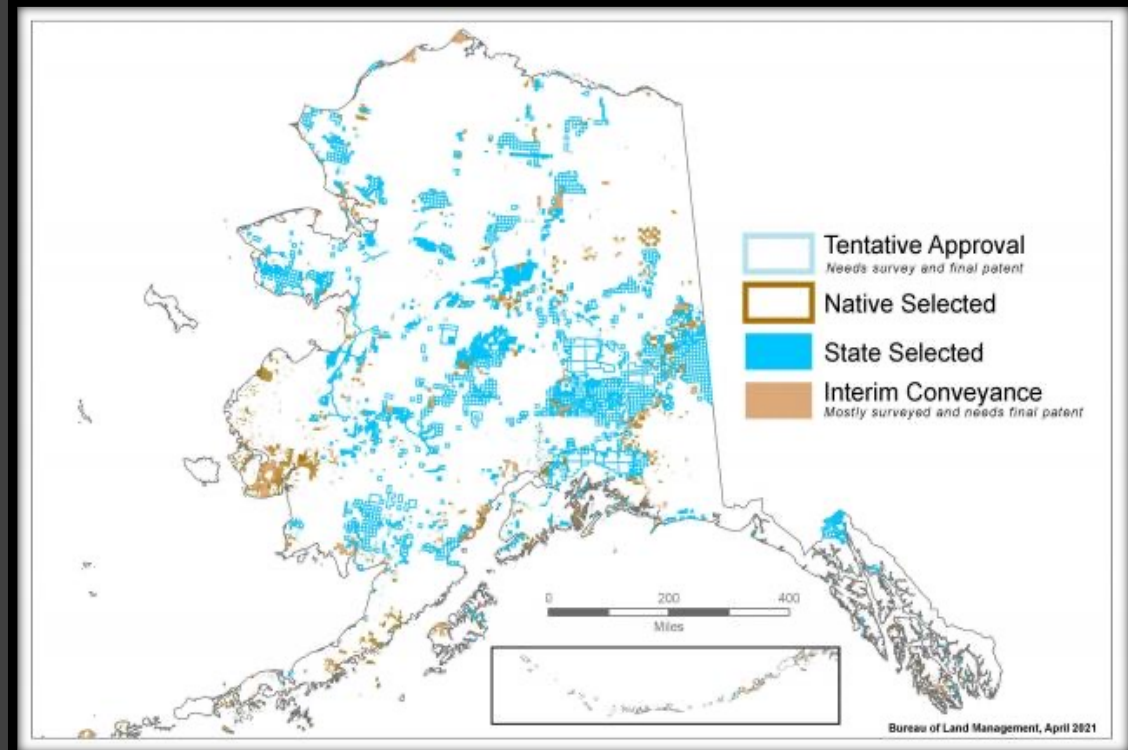
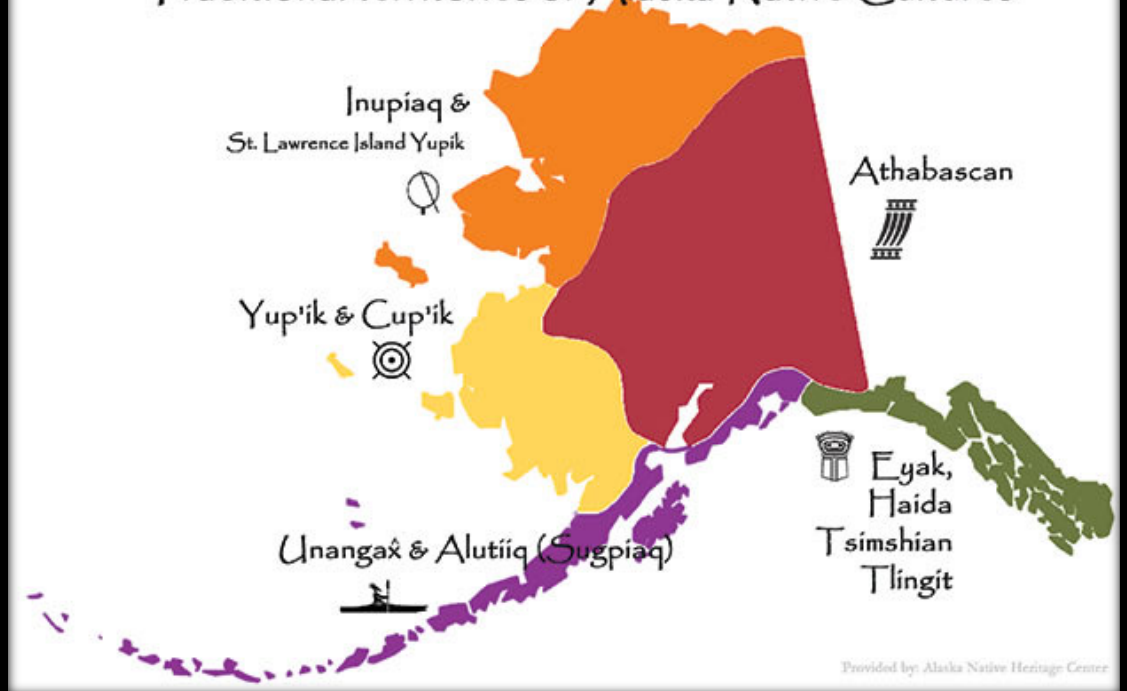


The Alaska Native Story of Sleeping Lady



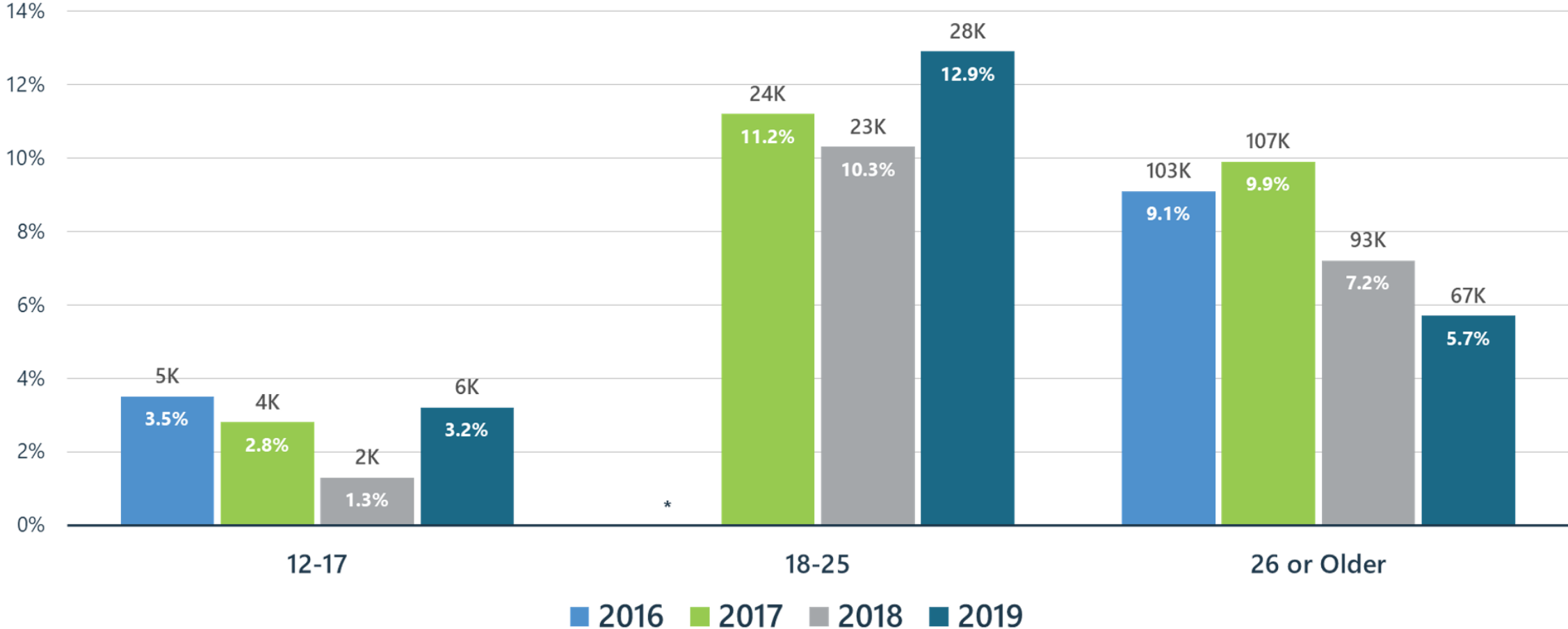
- 574 Federally recognized tribes
- 175 Indigenous languages
- 2.9 million AIAN alone
- 2.3 million mixed AIAN
- 22% live on reservations

Traditional territories of Alaska Native Cultures



Alcohol Use Disorder among AI/ANs

PAST YEAR, 2016-2019 NSDUH, AI/AN 12+



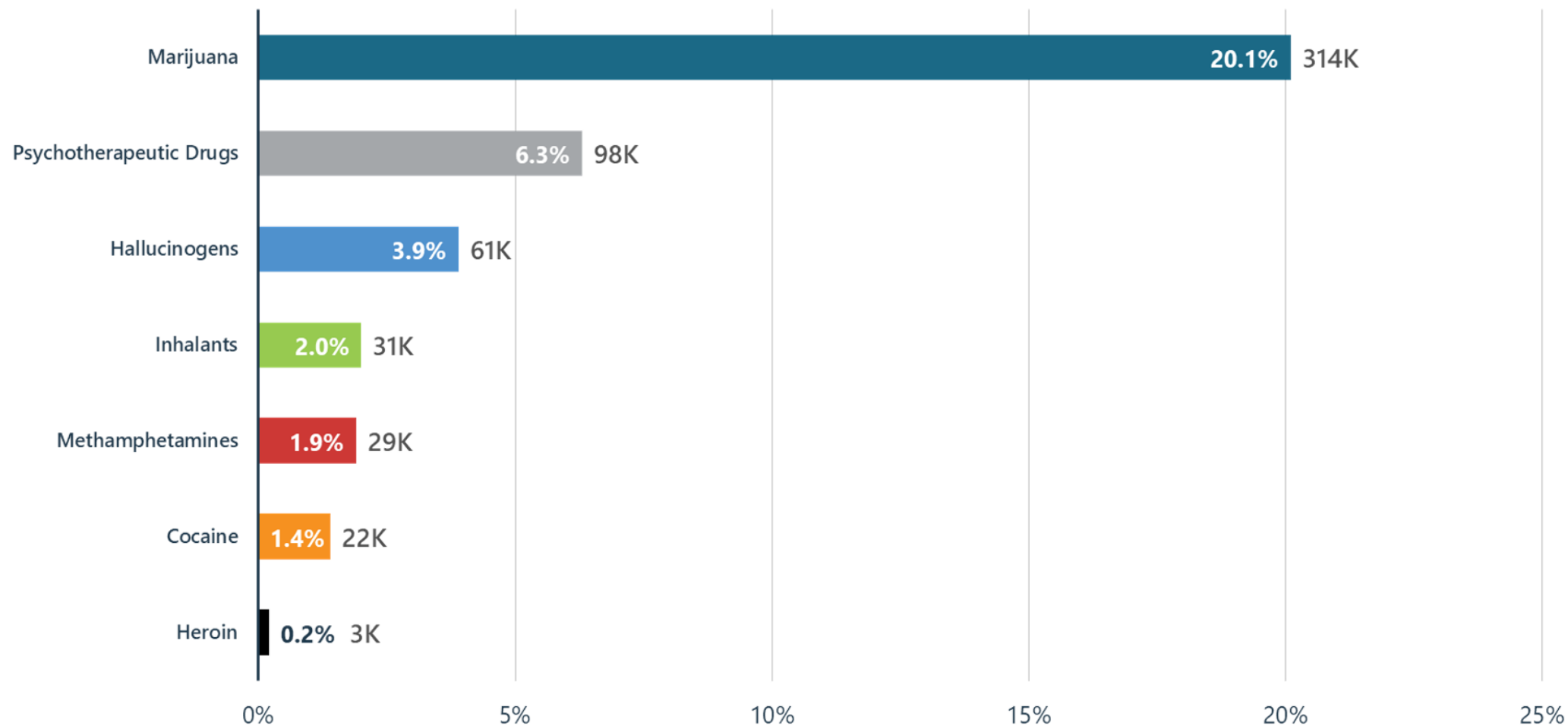
* Estimate not shown due to low precision.

No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.



Illicit Drug Use among AI/ANs: Major Concerns: Opioids, Marijuana, Methamphetamines

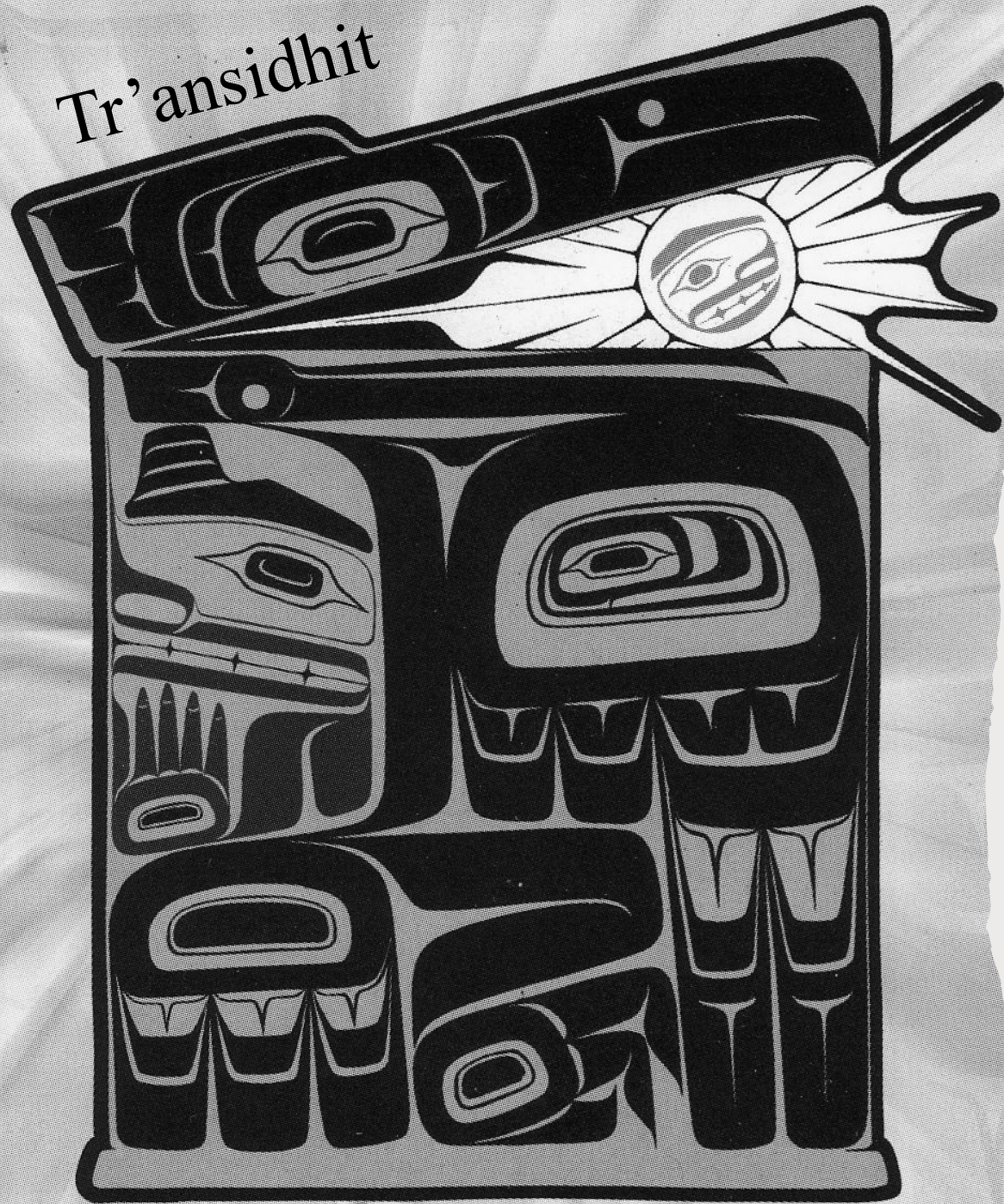
PAST YEAR, 2019 NSDUH, AI/AN 12+





Be Careful of the Stories You Tell...

Tr'ansidhit



Cultural Treatments and Traditional Medicines

- Talking Circles
 - Healing Ceremonies
 - Herbal Remedies
 - Smudging
 - Sweat Lodge
 - Counseling
 - Regionally Specific Remedies
-
- 70% of urban & 90% of reservation AIAN people use traditional medicine

When working with Native peoples...



Understand YOUR place in social history



Work with leadership



Recognize community strengths



Identify where research/intervention already exist

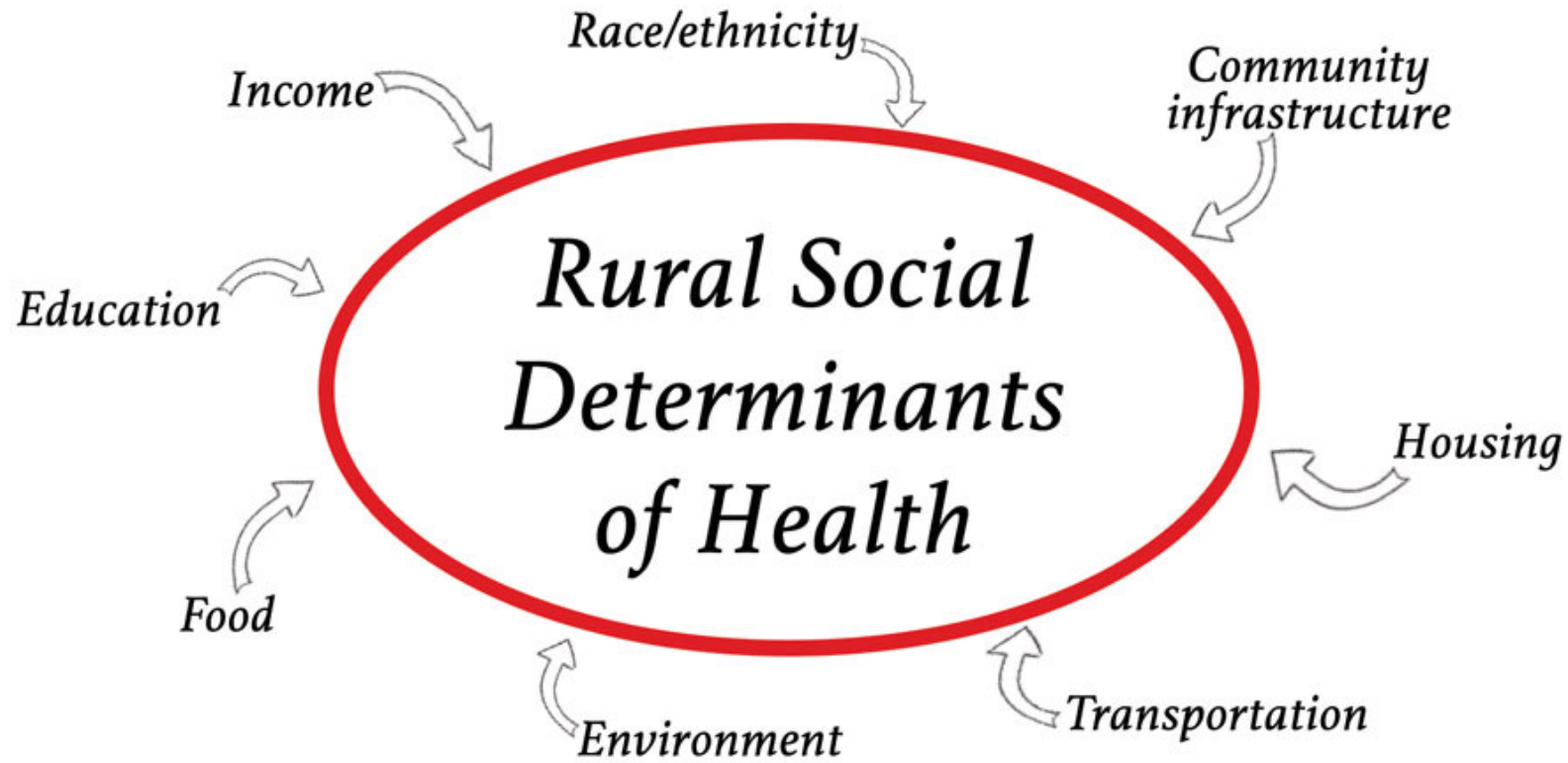


Understand how decisions are made



Share knowledge and be collaborative and communicative

Innovation is needed

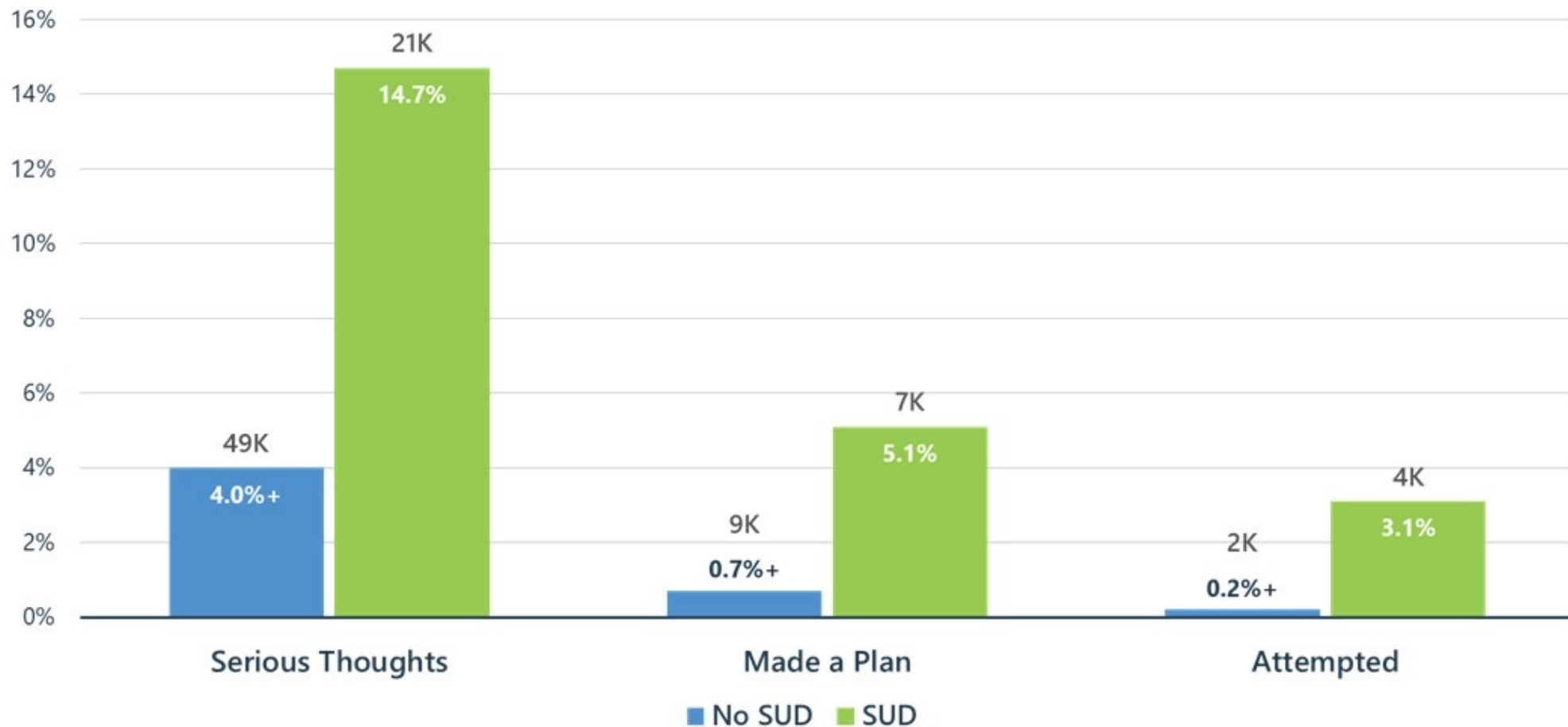


Speaking is Healing



Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among AI/AN Adults ≥ 18 y.o.

PAST YEAR, 2019 NSDUH, AI/AN 18+

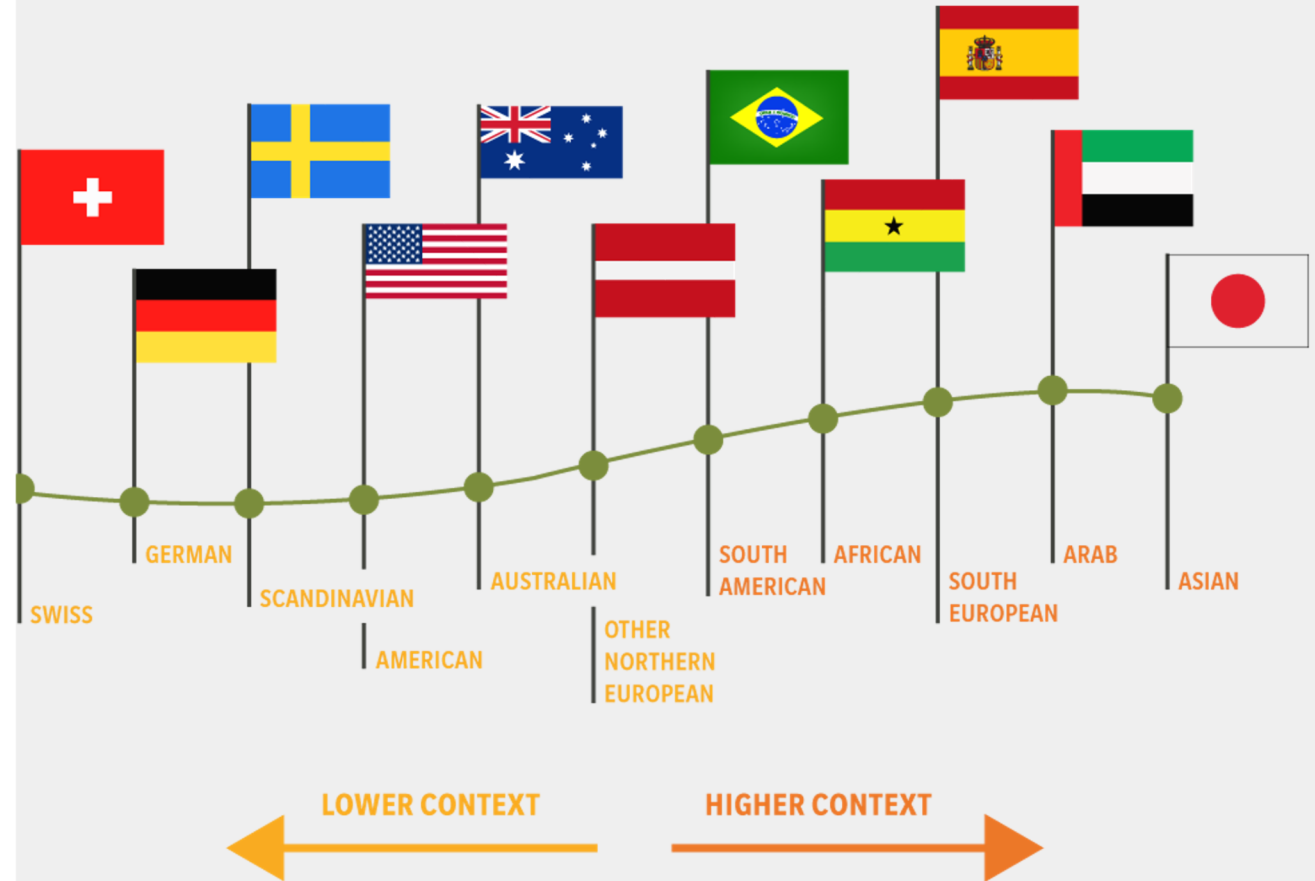


+ Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.

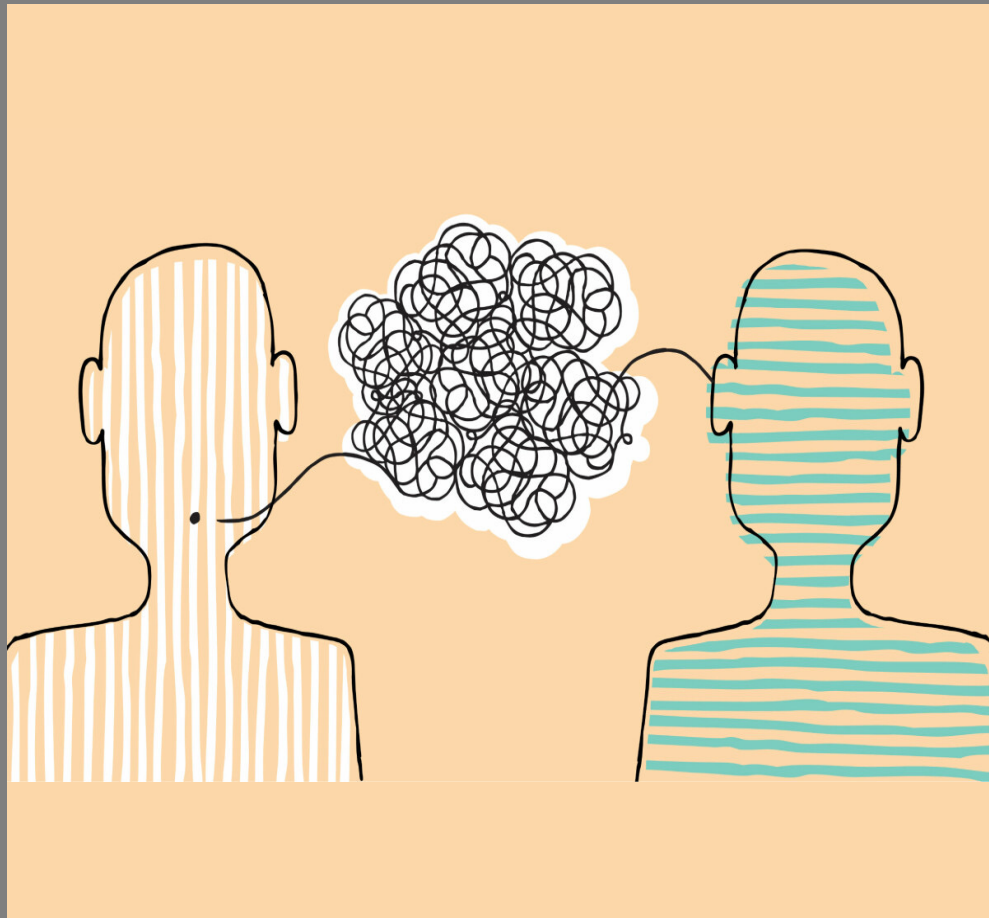
SAMHSA

Language

HIGH CONTEXT VS. LOW CONTEXT CONTINUUM



Communication



Communication & Healing







Dogidinh (Thank you)!

Quyana! Tsin'aen! Qagaasakung! Chin'an! Awa'ahdah! Mahsi'!
Haw'aa! Quyanaq! Baasee'! Basi'! Tsin'ee! Gunalcheesh! Way Dankoo!
Quyanaaghalek! Dwoyackshin! Quyanaa!

Welcome!



AMERSA

47TH ANNUAL CONFERENCE
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ADVOCACY FOR EQUITY AROUND EVIDENCE-BASED TREATMENTS

WIFI PASSWORD: AMERSA2023

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SCAN FOR ONLINE CONFERENCE PROGRAM


Native Health Plenary:
Advocating for Culturally Centered
Evidence-Based Treatment with Native
Americans
AMERSA 2023 Conference

LORETTA CHRISTENSEN MD (DINE')

NOVEMBER 3, 2023





 Christina Peterson

IHS Mission and Vision

- **The IHS mission** is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
- **The IHS vision** is healthy communities and quality health care systems through strong partnerships and culturally responsive practices.



Indian Health Care System

Data as of August 2020

	Hospitals	Health Centers	Alaska Village Clinics	Health Stations	School Health Ctr	Youth Reg. Tx Ctr.
IHS	24	51	-	24	12	6
Tribal	22	279	59	79	6	6

The IHS also provides funding to 41 urban-centered organizations.



Indian Health Service

- Provides a comprehensive health service delivery system for approximately **2.56 million** American Indians and Alaska Natives
- Serves members of **574** federally recognized tribes
- IHS total staff consists of about **15,370** employees
 - Includes approximately 2,380 nurses, 776 physicians, 798 pharmacists, 195 sanitarians, 104 physician assistants, and 270 dentists



Data as of August 2020. Source: <https://www.ihs.gov/newsroom/factsheets/ihsprofile/>

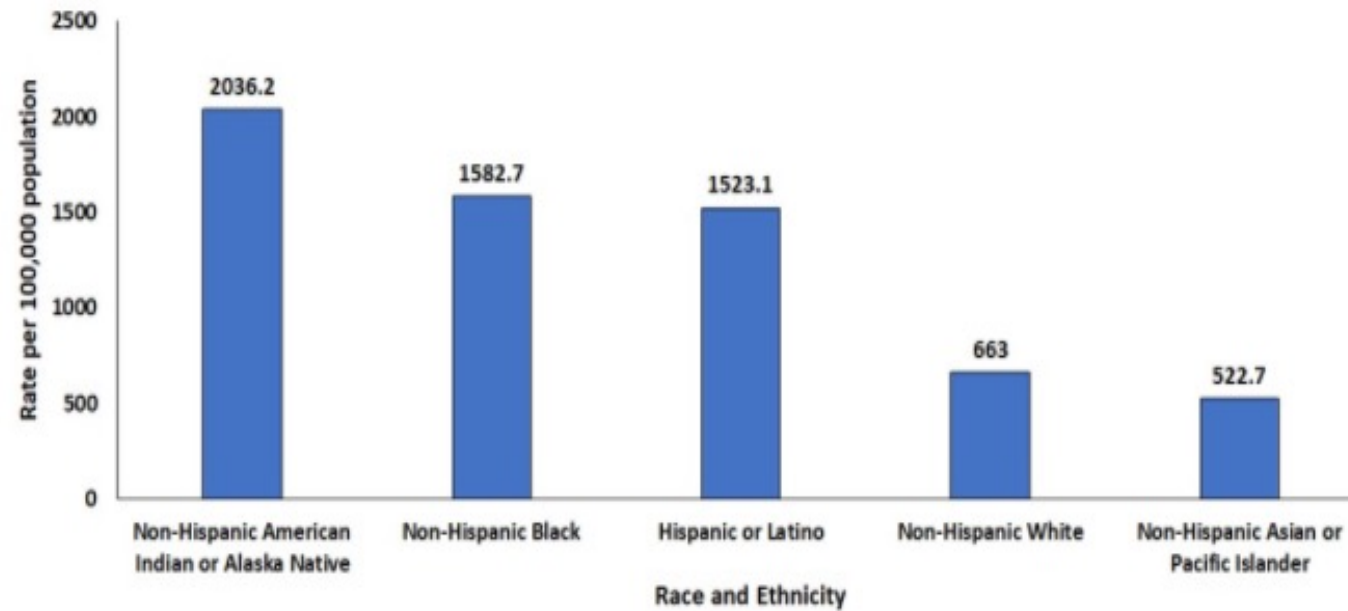
IHS Jurisdiction

Distribution Preference	IHS
Alaska	0
Albuquerque	28
Bemidji	36
Billings	20
California	73
Great Plains	24
Nashville	28
Navajo	23
Oklahoma City	63
Phoenix	34
Portland	23
Tucson	3
Grand Total	355



Hospitalization by Race/Ethnicity

Age-adjusted Laboratory-Confirmed COVID-19-Associated Hospitalization Rates by Race/Ethnicity*†— COVID-NET, March 1, 2020–March 19, 2022

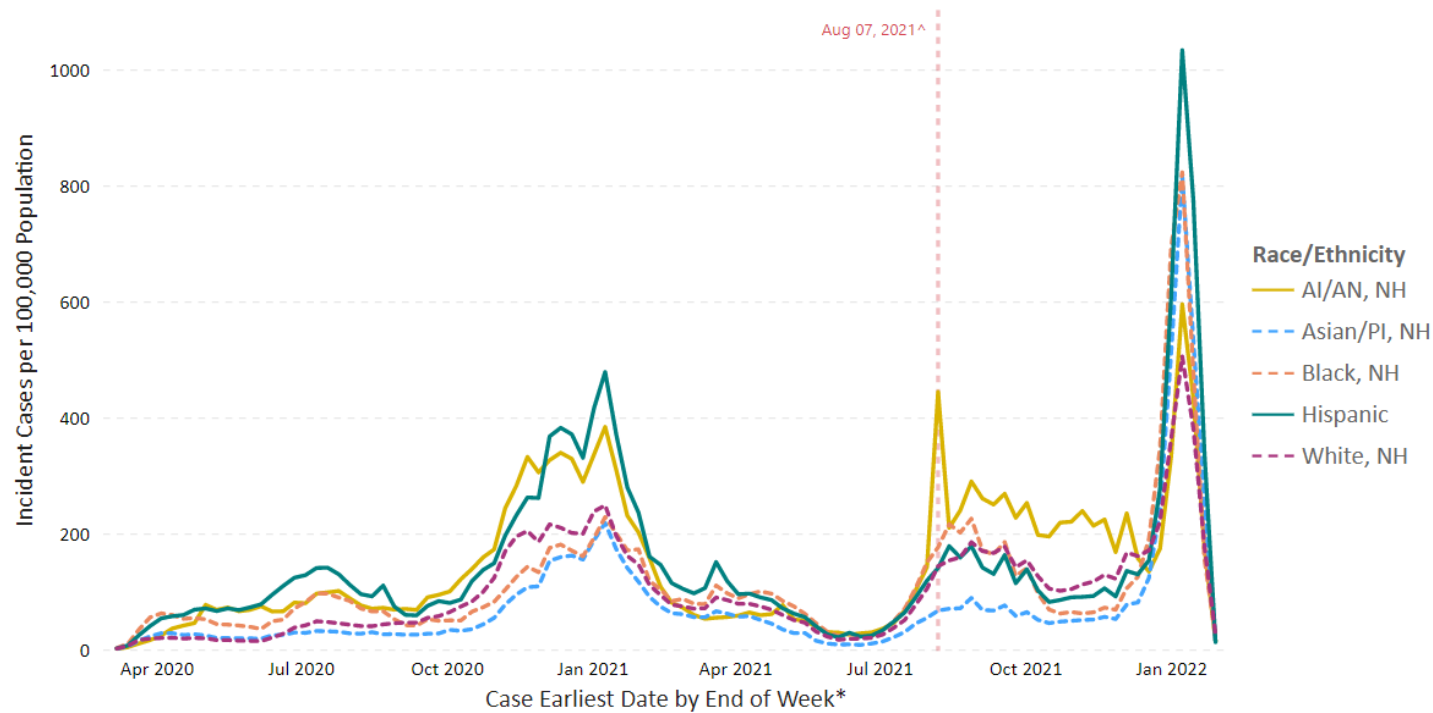


Cases by ethnicity

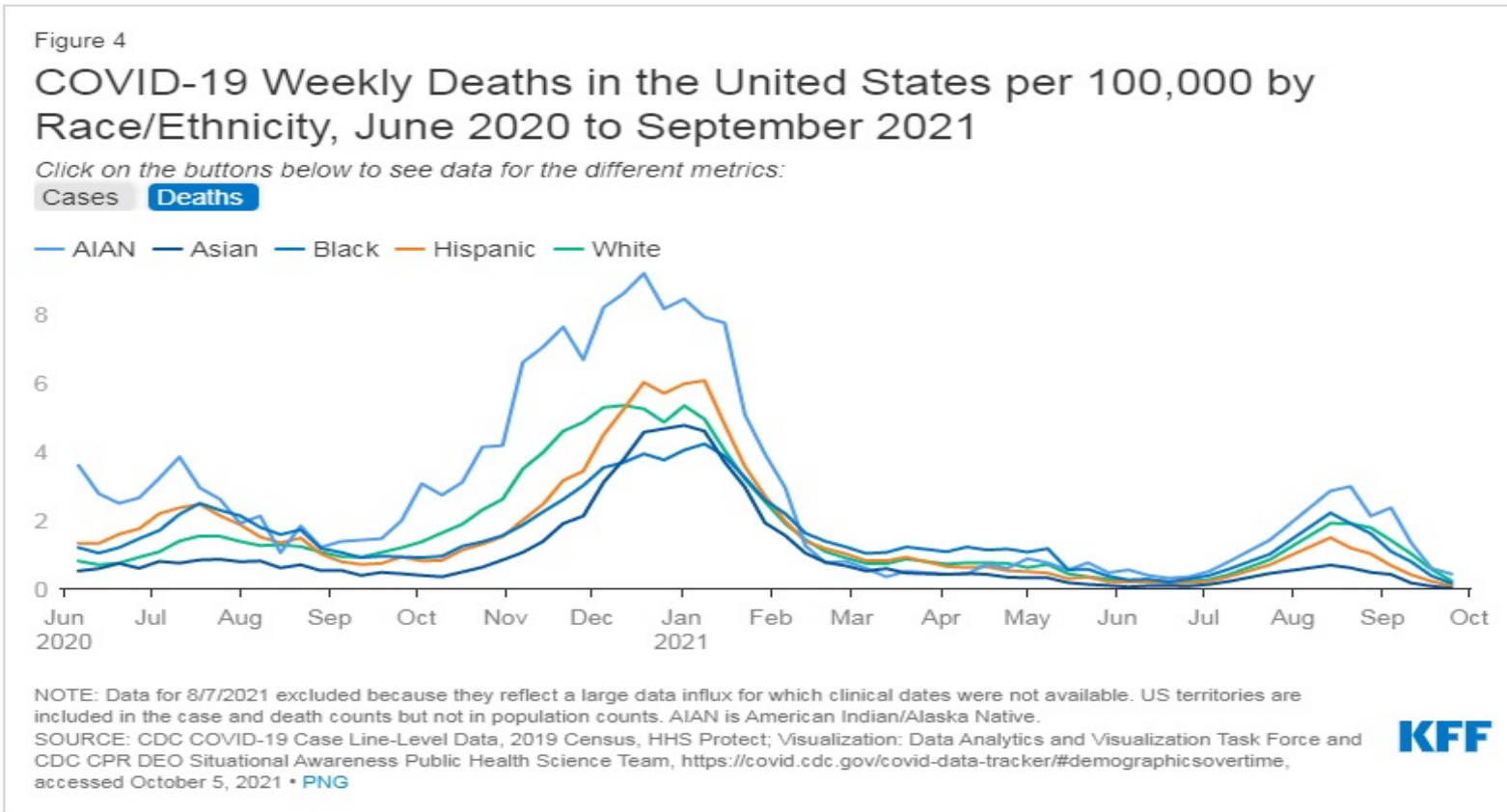
COVID-19 Weekly Cases per 100,000 Population by Race/Ethnicity, United States



March 01, 2020 - January 29, 2022*



Deaths by ethnicity



Equality versus equity

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.



Engaging tribal and urban partners

- ❖ Change of paradigm
- ❖ Inclusion
- ❖ Listening
- ❖ Collaboration
- ❖ Consensus



Tribal Consultation and Urban Confer

- ❖ Formal process of meeting and hearing concerns and comments
- ❖ All agencies should have tribal consultation and urban confer policies
- ❖ Valuable feedback on important issues



Clinical and Public Health

- ❖ Create collaborative forums for sharing of information and best practices
- ❖ Working on a sustainable method of communication so all information is accessible
- ❖ Inclusion on work teams for agency initiatives
- ❖ Tribal organization collaboration



Impact of disparities on public health

- ❖ Housing
- ❖ Transportation
- ❖ Food insecurity
- ❖ Access to healthcare
- ❖ Environmental hazards
- ❖ Access to water, electricity
- ❖ Access to broadband



What does not work

Important data on American Indians and Alaska Natives is missing

- People are not asked their racial identification
- If more than one race, only one can be recorded

Initiatives failed to account for AI/AN needs

- Home test distribution
- Test 2 Treat (T2T)

Switching between equality and equity

- Allocation of therapeutics



Statistics

In 2022, the CDC reported that the American Indian and Alaska Native population had the highest drug overdose death rates in 2020 and 2021, at 42.5 and 56.6 deaths per 100,000 persons. (May 9 2023)



Results of the Impact

Higher deaths from unintentional injury

Substance abuse disorders, higher number of overdoses

High rates of obesity, metabolic syndrome, diabetes

High tobacco use

Higher suicide and mental health issues

Lack of access to information



Public Health Mitigation

- ❖ Sustainable Infrastructure
- ❖ Improve transportation
- ❖ Mobile healthcare access
- ❖ Innovation for provision of healthcare
- ❖ Education and training for public health jobs
- ❖ Partnering with external resources
- ❖ Healthy food access
- ❖ Preventative care



What did work

- ❖ Advocacy
- ❖ Adaptation by the Indian Health Service to provide therapeutics, and supplies
- ❖ Amazing community response to support our people
- ❖ Tribal leadership
- ❖ Protecting our elders and our history



IHS HOPE COMMITTEE

- ❖ The Indian Health Service (IHS) National Committee on Heroin Opioids and Pain Efforts (HOPE Committee) works with tribal stakeholders to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment.
- ❖ Identify local resources that are available to treat pain and substance use disorders
- ❖ Ensure adequate administrative support to effectively coordinate patient care
- ❖ Encourage IHS facilities to increase clinical capacity and identify viable training and educational resources to support IHS prescribers, practitioners, tribal leadership, and community members
- ❖ Facilitate meaningful discussions surrounding development of comprehensive medication assisted treatment (MAT) strategies



Resources

IHS Opioids Data
Technical Assistance
Best and Promising Practices
Pain Management
Training Opportunities
Medication Assisted Recovery
Prevention
Harm Reduction and Prevention
Naloxone
HOPE Committee
Maternal and Child Health and Wellness
Contact Us



Harm Reduction

The IHS continues to support low barrier access to naloxone for overdose reversal. The Indian Health Manual Part 3: Chapter 35 *Dispensing of Naloxone to First Responders and Community Representatives* was updated in September 2023 to broaden the first responder definition to include community representatives and volunteers serving in tribal communities.

The IHS also partnered with the Bureau of Indian Education to develop a Naloxone in Schools toolkit to equip overdose response in community spaces where people gather.

The IHS is evaluating feasibility to establish a Naloxone Safety Net Program -- the aim of this proposal is to create a strategic supply request process that supports emergent naloxone needs and addresses naloxone access shortfalls in tribal communities based upon local overdose rates and available capacity. (Timeline November 2023)



Treatment and Recovery

- ❖ The IHS continues to expand efforts to screen patients for risky substance use. In July, the IHS released a new GPRA development measure to collect and report efforts surrounding screening adult patients for risky substance use.
- ❖ The IHS is working with OIT to enhance and update screening tools and documentation in the IHS legacy Electronic Health Record.
- ❖ The IHS Pain and Addiction Care in the Emergency Department (PACED) pilot project resulted in accreditation of five direct-service Emergency Departments. The programs promote access to naloxone, evidence-based treatment, and enhanced care coordination.
- ❖ The IHS is partnering with BIA Corrections to develop an MOU to improve access to care and care coordination for justice-involved populations.



Need for Congressional Support

Naloxone added to Strategic National Stockpile with supply to tribes

Dedicated funding to support creation of a pilot program to expand peer recovery services/community navigator services to connect persons to care

Stafford Act Emergency Declaration related to fentanyl overdoses for tribes

Dedicated funding to purchase and provide comprehensive harm reduction services including naloxone, syphilis contact tracing and treatment, and treatment of secondary complications of substance use.

Funding to support a pilot program for transitional housing/supportive housing (\$10 million)



How IHS is Supporting HOPE

for Patients Affected by Heroin, Opioids and Chronic Pain



The Indian Health Service National Committee on Heroin, Opioids and Pain Efforts, or HOPE Committee, works with tribal stakeholders to ensure American Indians and Alaska Natives have access to safe and effective long-term chronic pain treatments, to improve access to culturally appropriate care and to reduce overdose deaths from heroin and prescription opioid misuse.

The IHS Opioid Strategy promotes an appropriate, sensitive and understanding message among health systems and the communities we serve to improve perceptions and beliefs associated with substance use.

We are working to eliminate stigma and encourage positive patient outcomes through appropriate and effective pain management, reducing overdose deaths from heroin and prescription opioid misuse, and improving access to culturally appropriate treatment. The IHS ensures a coordinated and collaborative response through active participation in listening sessions, formal consultation, and community round-tables to ensure relevance of HOPE Committee work to tribal communities.

Strategy 1: Expand access to culturally relevant Substance Use Disorder (SUD) prevention, treatment and recovery services.

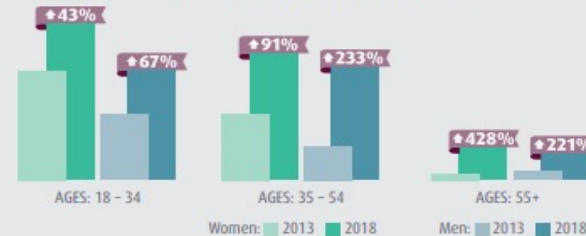
OBJECTIVE

Increase access to Medication Assisted Treatment (MAT) through policy and workforce development initiatives, to expand health system capacity and to support integrated MAT models in communities where needed.

- » Chronic Pain and Opioid Management ECHO Trainings
- » Providers Clinical Support System MAT Trainings
- » University of California, San Francisco, National Substance Use Warmline
- » American Society of Addiction Medicine (ASAM) Treatment of Opioid Use Disorder Course

KEY OUTPUT

From 2013 to 2018, Opioid Use Disorder treatment with prescribed buprenorphine among AI/AN patients served by IHS increased 95% across all genders and ages, as follows:



Strategy 2: Expand harm reduction interventions to include enhancing education and improving access to opioid overdose reversal medications.

OBJECTIVES

1. Increase education and trainings for the administration and distribution of naloxone for law enforcement and other first responders and collaborate with stakeholders to develop community naloxone trainings and distribution models.

- » Indian Health Manual, Ch. 35: Dispensing of Naloxone to First Responders
- » Naloxone Toolkit
- » Naloxone Training Video

2. Support prescribing naloxone for patients and families of individuals at risk for opioid overdose, including those using opioids for chronic pain management. Develop models for IHS pharmacists to co-prescribe and dispense naloxone when patients meet criteria.

- » IHS Opioids Best Practices
- » Naloxone Information

KEY OUTPUT

Naloxone Procurement by Month, FY2015 – Q2 FY2019



Note: Each unit of naloxone purchased represents a potential life saved.

For more information visit ihs.gov/opioids.

Strategy 3: Develop comprehensive and interdisciplinary approaches to improve the management of acute and chronic pain.

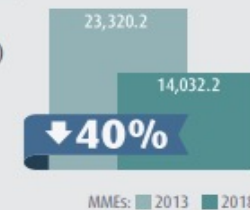
OBJECTIVE

Increase training opportunities, resources specific to AI/AN populations and collaboration among health providers to support better pain management strategies including setting realistic treatment goals and incorporating nonpharmacologic and complementary therapies for symptom management.

- » IHS Essential and Refresher Trainings on Pain and Addiction
- » IHS ECHO Programs

KEY OUTPUT

From 2013 to 2018, total daily Morphine Milligram Equivalents (MMEs) prescribed per 100 prescriptions decreased by 40% in IHS facilities.



Strategy 4: Reduce the impact of perinatal substance exposure on future generations.

OBJECTIVES

1. Evaluate and increase resources to support enhanced access to integrated traditional/cultural care models and systems of care that include MAT for pregnant women. Increase screening for SUD among pregnant women and women of childbearing age to link them to care.

- » **Maternal Health**
- » **American College of Obstetricians and Gynecologists (ACOG) Recommendations**
- » **Initiating Buprenorphine for Pregnant Women Webinar**

2. Increase educational and training resources available for providers, paraprofessionals and patients on the impact of fetal substance exposure. Expand access to high-quality home visiting services for families affected by SUDs.

- » **Child Health and Wellness**
- » **American Academy of Pediatrics (AAP) Neonatal Opioid Withdrawal Syndrome Recommendations**

KEY OUTPUT

Implementation of a workforce development strategy and two clinical practice recommendations to provide standards of care surrounding screening, diagnosing and treatment of pregnant mothers and infants affected by opioid exposure.



Strategy 5: Better data-extraction methods and metrics to support informed decision making surrounding pain management and Opioid Use Disorders.

OBJECTIVE

Improve availability, monitoring and use of clinical opioid prescribing and Opioid Use Disorder data to inform IHS policy and practices and improve safety and quality surrounding treatment of chronic pain syndromes and Opioid Use Disorders.

KEY OUTPUT

Creation of an opioid surveillance dashboard to provide near real-time data on opioid prescribing across IHS at the local (Tribal) and Area level.






Nothing about us

without us.



The image shows two Native American women standing on a large, reddish-brown rock in a desert landscape. They are wearing traditional clothing, including colorful shawls and dresses. The background features a vast, flat desert with sparse vegetation and a few prominent rock formations under a clear sky. The lighting suggests it is either sunrise or sunset, with a warm, golden glow on the horizon.

*I see a time of Seven Generations
when all the colors of mankind
will gather under the
Sacred Tree of Life
and the whole Earth will
become one circle again.*

- Crazy Horse



Ahe'hee'
Thank you!



Welcome!



AMERSA

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ADVOCACY FOR EQUITY AROUND EVIDENCE-BASED TREATMENTS

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SCAN FOR ONLINE CONFERENCE PROGRAM

Advocating for Culturally Centered Evidence-based Treatments with Native Americans

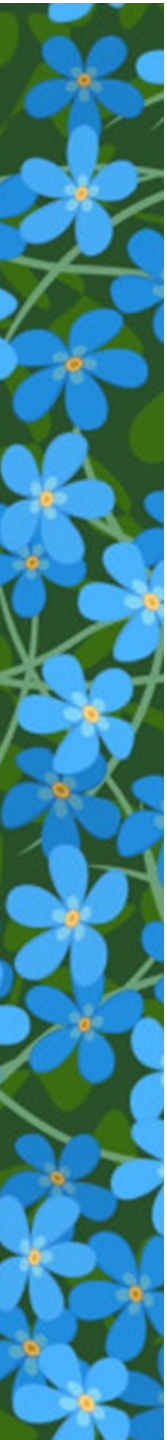
Kamilla L. Venner, Ph.D.

Ahtna Athabascan

Associate Professor



CENTER ON ALCOHOL,
SUBSTANCE USE,
& ADDICTIONS



CONFLICT OF INTEREST DISCLOSURE

- Kamilla Venner has conflict of interest management plan at the University of New Mexico due to conducting research on evidence-based treatments (EBTs) and also providing consultation for fee on those same EBTs



OVERVIEW

Work done before first session

First Session

- Introductions**
- Cultural identity assessment**

Case conceptualization

- Address etiological models of addiction within holistic model of wellbeing**

Key factors to consider for cultural adaptations

Cultural adaptation examples

Conclusions

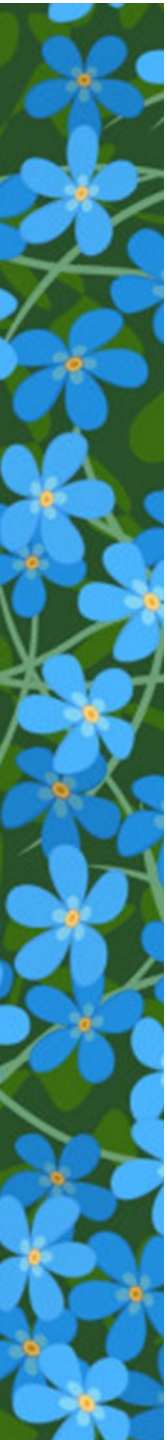


PRIOR TO SESSION & ONGOING



KNOW THYSELF

- Know your own culture and everybody has a culture and has grown up within a culture (recommend a cultural self-study)
- Learn about racial identity models (e.g., white racial identity models) and where you are and where you would like to be
- Know your own biases and everybody has them – it is how our brain works to organize vast amounts of information and make quick decisions
- Learn about discrimination and microaggressions towards AI/AN people
- Practice responding openly and nondefensively when you have committed a microaggression
- Be willing to make mistakes and correct them the best you can
- Also know that you likely represent a University or Institution that has power & participation in past and current discriminatory practices



LEARN ABOUT AI/AN PEOPLE

- Sovereign Nations
- Have always been scientists
- Culture
- Language
- Spirituality
- Health and well-being models (beware of deficit models)
- U.S.A. history with Tribes

*The groundbreaking work by the preeminent
spokesperson for American Indian rights*

VINE **DELORIA**, JR.

*Behind the Trail
of Broken Treaties*

AN INDIAN DECLARATION
OF INDEPENDENCE



FIRST SESSION



CULTURAL ADAPTATIONS

Introductions

- Greet the spirit in each person
- Introduce self in terms of heritage, clans
- Call client by the relative term (e.g., auntie, brother, son)



CULTURAL IDENTITY

Assessment of salience

- **Cultural/racial identity development models**

- Conformity;
- Dissonance & Appreciation;
Resistance & Immersion;
Introspection;
- Integrative Awareness

- **Acculturation Strategies**

- Integration
- Separation
- Assimilation
- Marginalization

- Avoid stereotyping
- Dimensions: attitudinal, behavioral, language, values
- Measures

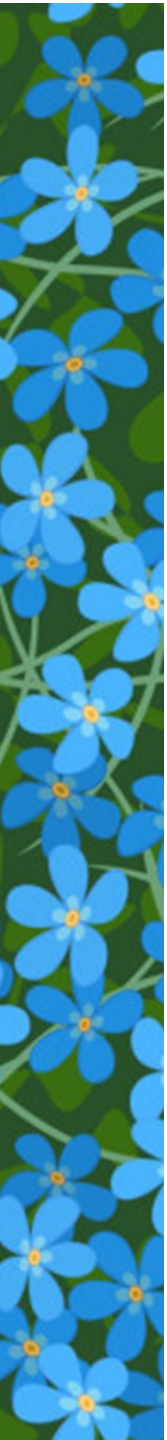
<https://www.ncbi.nlm.nih.gov/books/NBK248425/>



4 OPTIONS FOR CULTURALLY APPROPRIATE TREATMENT

(Eap & Hall, 2007; Venner & Bogenschutz, 2008)

Deliver evidence based treatment (EBT)	Acculturated
Deliver culturally based intervention (CBI)	Traditional
Integrate EBT and CBI	Bicultural or Multicultural
Develop new intervention	Bicultural, Multicultural, Traditional



CASE CONCEPTUALIZATION

Determines choice of treatment and treatment goals



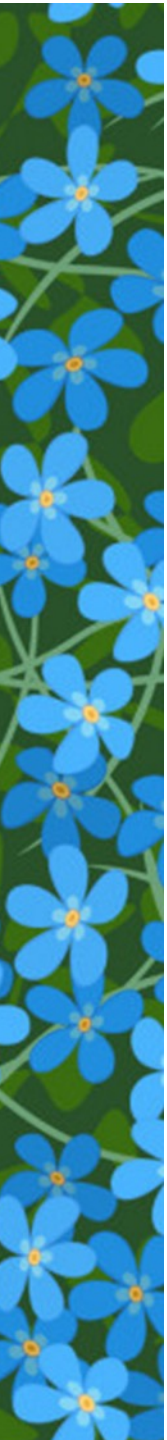
EVIDENCE-BASED TREATMENT (EBT)

- One way to address substance related health inequities is to use EBTs
- Funding agencies require EBTs
- Bridging: Western Science & Indigenous Science

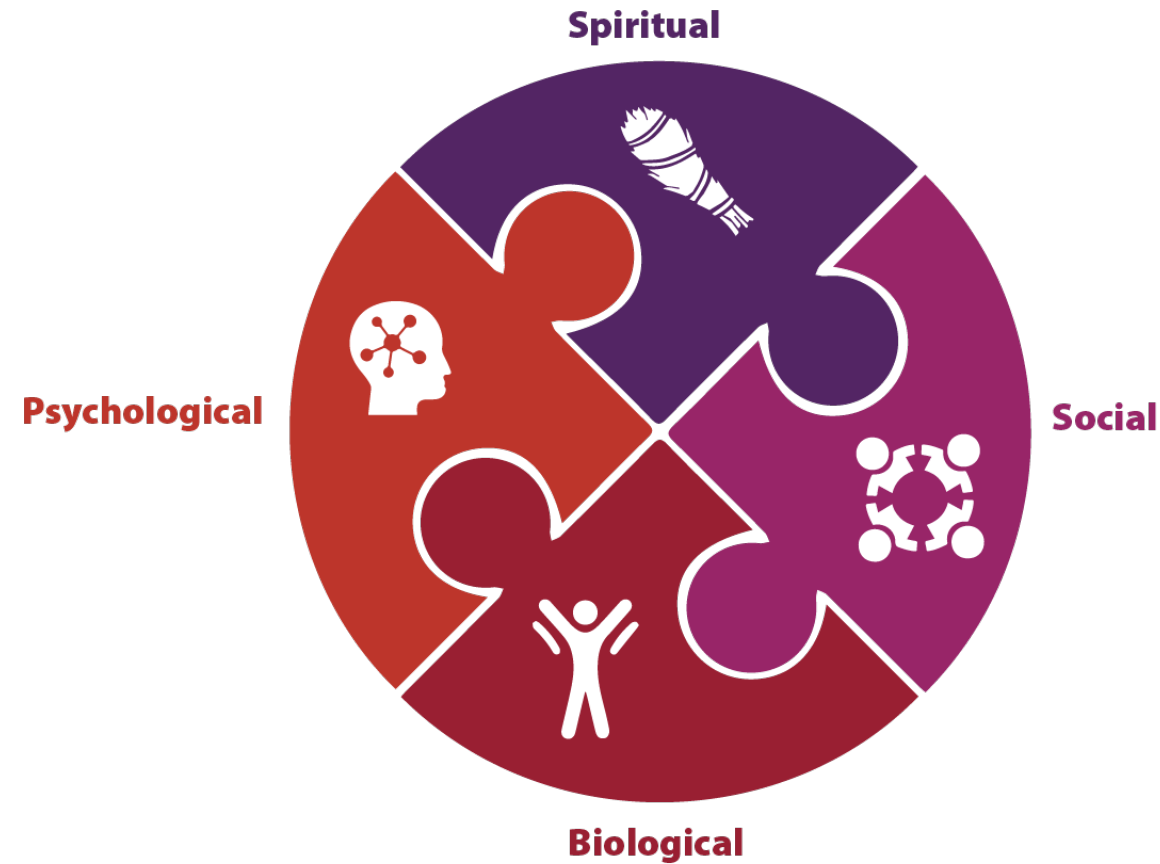


ARGUMENT AGAINST Evidence-based treatments (EBTs)

EBTs	Traditional Healing
Dyadic	Communal
Stigmatized	Admired
Secular	Sacred
No AI/AN culture	Preserves culture



INDIGENOUS HOLISTIC PERSPECTIVE



Credit: NIH HEAL Initiative

- What about your identity, values, worldview would be important for us to include during our work together?
- What do you think caused this problem?
- What is the best way to improve/heal?
- How might stressors such as poverty or discrimination affect your health?
- How important is spirituality to you?
- How might spirituality help you with this problem?



The Social Ecological Model of Health



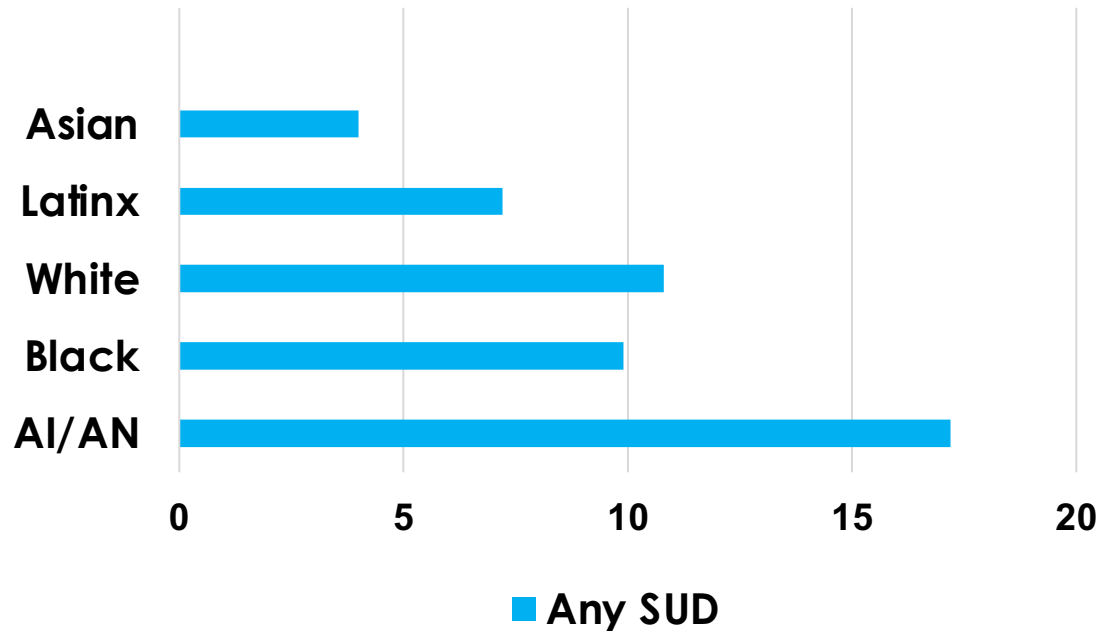
When therapists only look at the individual client level to understand mental health, "...it can have the unintentional effect of **blaming clients** for problems that originate in the social environment." (Sue, Sue, Neville, & Smith, 2022)



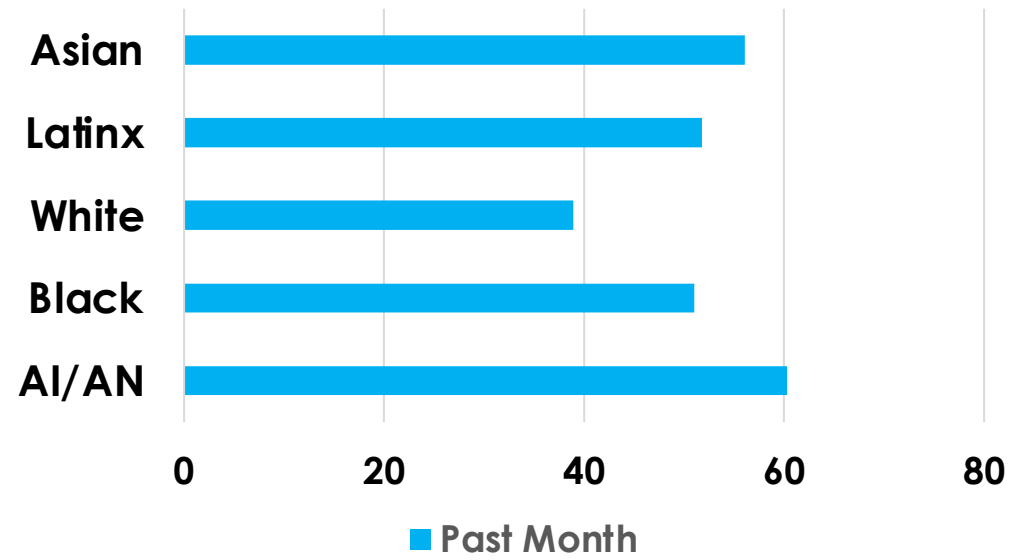
Western & Indigenous Science

BALANCE OF DISPARITIES & STRENGTHS

Lifetime SUD



Percentage Abstaining



REASONS FOR HEALTH INEQUITIES

- Biology?
 - No evidence of differing rates of metabolizing alcohol
 - Genetics for developing alcohol use disorder similar to mainstream
- Social Determinants of Health
 - Poverty
 - Lower quality of education
 - Neighborhood factors
 - Social context
 - Access to Health Care
 - Historical Trauma



CULTURAL ADAPTATIONS EXAMPLES



DIMENSIONS FOR CULTURAL ADAPTATIONS

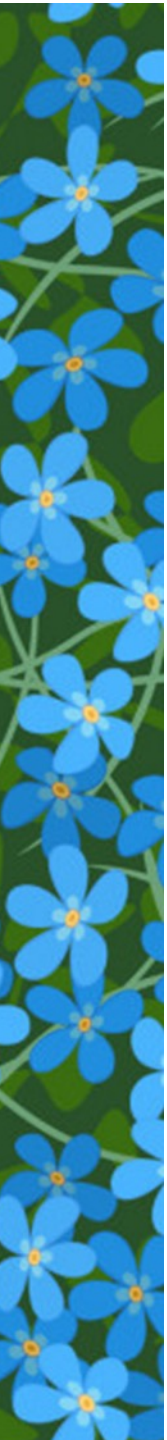
(Bernal et al., 1997)

1. Language
2. Persons: client and therapist (e.g. ethnic matching)
3. Metaphors: symbols and concepts (e.g., sayings, stories)
4. Content: cultural knowledge, values, traditions
5. Concepts: treatment (e.g. independence vs interdependence)
6. Goals: related to positive and adaptive cultural values
7. Methods: (e.g. modeling, cultural reframing, formality)
8. Context: (e.g. acculturative stress, systemic oppression)



CULTURALLY ADAPTING TREATMENTS

- Hall, 2001 encouraged the consideration of factors such as:
 - Religion and spirituality,
 - Cultural values and acculturation, and
 - Racism & discrimination
- Avruch & Shaia (2022) *MACRO MI*
 - Expand beyond individual presenting problems such as alcohol use disorder
 - “The SHARP framework represents a desire to understand individual problems through the lens of relevant systemic factors and to envision solutions that include changing problematic systems.” (p. 184)



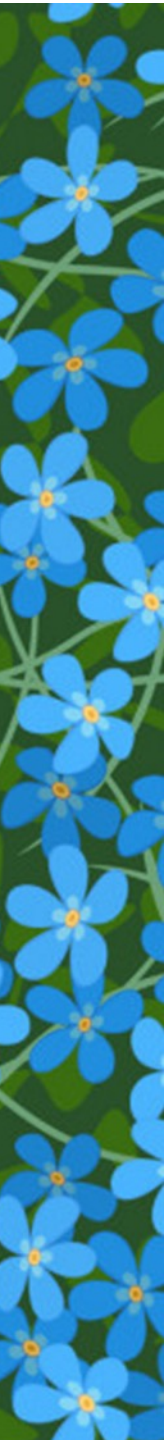
CULTURALLY ADAPTED RULERS

0 . . 1 . . 2 . . 3 . . 4 . . 5 . . 6 . . 7 . . 8 . . 9 . . 10

Not at all

Extremely

It is not important to make a change	You are unsure about making a change	It is important to make changes	It is extremely important to make changes
You haven't prepared the ground for planting	A seed is in the soil but hasn't been watered	Your plant just broke through the soil	Your plant is ready to be harvested



CONCLUSIONS

- Prior to session, do your own work and homework
- Cultural adaptations may be more important for those who are more enculturated and less acculturated
- Important to use models for adaptation (content or process)
- Crucial to involve the community in adaptations
- Introductions, Cultural identity assessment, Case conceptualization, and cultural adaptations
- Listening for aspects of spirituality, extended family, collectivism, and social forces like discrimination may hold key aspects of motivation, functioning, and well-being



TSIN'AEN (THANK YOU) QUESTIONS?



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