Healthy American Indian
Alaska Native Seven Generations
Healthy Babies, Healthy Moms, Healthy Families
Objectives:

- Introduce the American Indian Health Commission and raise awareness of AIHC’s:
- Pulling Together for Wellness, a comprehensive framework that integrates western and Native epistemology;
- Tribal/Urban Indian Maternal, Infant, and Early Childhood Home Visiting work and efforts to achieve health equity;
- Maternal Infant Health proposal for a Maternal Infant Health-Community Health Representative/Aid pilot project to the WA State Healthy Pregnancy Outcomes Advisory Committee;
- The historical role and current developments of Community Health Representatives/Aides in tribal and urban Indian community settings; and
- Explore seven generation strategies to support Healthy Babies, Healthy Moms, Healthy Families.
American Indian Health Commission for Washington State

Tribal-driven, nonprofit Tribal Organization (Unique best practice model)

Created: 1994 – by Tribal Leaders.

Mission: Improve the health of American Indian and Alaska Natives through tribal-state collaboration on health policies and programs that will help decrease disparities.

Constituents: The commission works with and on behalf of the 29 federally-recognized tribes and two urban Indian health programs in Washington State.

Commission Membership: Tribal councils appoint delegates by council resolution to represent their tribes on the commission.
TRIBAL PUBLIC HEALTH

AIHC Mission: Improve the Overall Health of Indian People of WA State

Strategy: Advocacy, Policy and Programs to Advance Best Practices

Maternal Infant Health Strategic Plan

Leadership

Tribally and Urban Indian Driven

In Partnership with WA State Departments of Health, Early Learning and the Health Care Authority, and Department of Social and Health Services

DATA

Historical and Intergenerational Trauma
Equity and Health Disparities
Adverse Childhood Experience
Lateral Violence and Oppression

Culturally Appropriate and Community Specific

Engagement

PULLING TOGETHER FOR WELLNESS

Maternal Infant Health
Women, Infant, Children (WIC)
Maternal, Infant, Early Childhood Home Visiting
Immunizations
Food Sovereignty, Healthy Eating and Active Living
Commercial Tobacco and Vaping
Youth Marijuana Prevention and Education
Youth Suicide Prevention
Elder’s Chronic Care Blood Pressure Self-Mgt.
Foundational Public Health Services
Public Health Emergency Preparedness Response

4/25/2018
Pulling Together for Wellness

The *Pulling Together for Wellness* is a comprehensive, tribally-driven, and culturally-grounded prevention framework developed through the guidance of Washington Tribal and Urban Indian Leaders. It adapts evidence-based practice by integrating western science and Native epistemology.
Pulling Together for Wellness

Culture is key to our Health in all aspects of our lives.

- It is reflected in the way we live, work, pray and play.
- The framework supports a tribally-driven approach using the medicine wheel model; a holistic view of health including social, emotional, physical, and spiritual health—heart, mind, body, and soul.
Native Epistemology

- Seven Generations Vision.
- Embrace a life-long learning perspective with the *Wisdom of the Elders* as fundamental.
- Looking back though the “*Eyes of our Ancestors*” and then moving forward; a traditional practice.
- Seasonal way of life is traditional and ecological.
- Knowledge gathering and giving back.
Principles

- Understand and know the history of the Tribe(s) and Indian communities in the region.
- Understand Tribal Sovereignty and Self-Determination.
- Terminology and concepts must resonate with Tribal and Urban Indian Communities.
- Use the medicine wheel model to depict a holistic approach including: social, emotional, physical, and spiritual health—heart, mind, body, and soul.
- Position culture as a core component – Culture is Key to our Health — interwoven in of all aspects of health to maintain balance and to ensure long-term sustainability of social change.
### Pulling Together for Wellness

- **Culturally Grounded Healthy Communities framework**
- **Vision / Values**
  - Life-course approach
  - Culture as a key factor in health
  - Importance of traditional values
  - Community and Place based
  - Social Ecological Public Health Context
  - Knowledge and Expertise based on Community Wisdom
Health Equity
American Indian/Alaska Native Infant Mortality

- Washington has one of the lowest Infant Mortality Rates (IMR) in the nation. However, inequities exist within populations of color, specifically, NH American Indian and Alaska Native, NH African American, and NH Native Hawaiian and other Pacific Islander populations.*

- Babies born to Non Hispanic (NH) American Indian and Alaska Native (AI/AN) mothers are twice as likely to die before their first birthday than those born to the NH White mothers; and three times as likely as babies born to NH Asian mothers. *

- The report indicates that disparities among these populations have had no statistically significant decrease in IMR in the last decade.

- To achieve health equity for AI/AN mothers and infants, issues related to high rates of infant mortality including poor maternal health, poor quality of and access to medical care as well as preventive services, and low social economic status must be addressed. **

** AHIC’s 2017 Update on Tribal and Urban Indian Healthy Communities: Maternal, Infant, Early Childhood Home Visiting Project
Health Equity
American Indian/Alaska Native Infant Mortality

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<th>Top Causes of NH AI/AN Infant Mortality with comparison to NH White</th>
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<td><strong>SUID</strong></td>
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<td><strong>Congenital Malformations</strong></td>
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<td><strong>Short Gestation and LBW</strong></td>
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<td><strong>Unintentional Injury (Accident)</strong></td>
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AI/AN Underlying Causes of Infant Mortality, 2006 – 2015
*This rate is the overall rate for WA State, not the rate for NHW
Health Equity
Healthy Babies, Healthy Moms, Healthy Families

Equity: Diverse Populations; Diverse Challenges
Comparison of Infant Mortality Issues

NH AI/AN
NH Black
Hispanic/Latino
NH White

SUID  Congenital Malformations  Short Gestation and LBW
### Health Equity

**American Indian/Alaska Native Infant Mortality**

#### Strategies to Relevant Risk Factors*:

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<th>Smoking Prevention</th>
<th>Mental Health Screening, etc.</th>
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<td>Equipment</td>
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*AIHC, Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan, 2010.*
AIHC’s Maternal, Infant, Early Childhood Home Visiting Project

- Evidence exists that home visiting services help to improve:
  - Maternal and child health
  - Child abuse and neglect and injury prevention
  - Reduction of domestic violence
  - Coordination of community resources and supports
  - Child development and parenting
  - Economic self-sufficiency

Project Risks

Recent reports suggest that maternal infant and early childhood home visiting services should be a core service in Indian Country, like the Head Start and the Diabetes programs.
AIHC’s Maternal, Infant, Early Childhood Home Visiting Project

Suggested Strategies

- Acknowledge expert knowledge existing within tribal communities at multiple levels.
- Acknowledge historical and intergenerational trauma, ongoing discrimination, and Adverse Childhood Experiences (ACEs) as a root cause of the health status of American Indians and Alaska Natives.
- Use culturally appropriate strategic engagement:
  - Elders set the path—Oral Histories of Elders.
  - Youth lead the future—Youth involvement in strategic planning.
- Acknowledge that culturally-responsive, strength-based strategies that resonate with cultural values enhance resiliency.
- Use existing strength and value of CHRs/CHWs serving as home visitors.
- Use culturally-responsive trauma-informed strategies in all stages of life using seven generation principles.
Culturally Appropriate Maternal, Infant, Early Childhood Home Visiting

• *Returning to our Aunties and Grandmas old ways of being through home visiting*, by Pam James, video
Tribal Natural Helpers Awards

- Trusted community members that help us to see hope when we struggle.
- Provide needed encouragement or words of wisdom that help us in our journey forward to good health and well-being.
- Perpetuate cultural and traditional knowledge and inspire us to fulfill the vision of healthy Native families for generations to come.
- Make a positive impact on the health of our communities by contributing to the well-being of mothers, babies, fathers, children, and families.

2016 Honorees: Pam Nason, Colville, United Indians of All Tribes; Carmen Watson-Charles, Lower Elwha; Joyce McCloud, Nisqually; Lynn Clark, Councilwoman and trainer, Shoalwater Bay Tribe; Marie Zackuse, Councilwoman, Muckleshoot; Penny Carol Hillaire, Lummi (Lutie Hillaire accepting on behalf of Penny Carol; and Linnette Hernandez, Councilwoman, Upper Skagit.

2017 Honorees: Senator John McCoy presents awards to Pam Drake, Shoalwater Bay Tribe; Suzanne Carson, Tulalip Tribes; Elaine McCloud, Chehalis Tribes; and Eileen Penn, (Lummi) Quileute Tribe.
“Maternal Infant home visiting with tribal people requires the integration of traditional cultural generational wisdom to be shared from the elder generation with the young adult families to keep the promising practice from the past to survive.”

Marilyn Scott, Vice Chair, Upper Skagit Tribe
Maternal Infant Health Proposed Pilot Community Health Representatives/Aide (CHR/CHA)

Recommendation to WA State Healthy Pregnancy Advisory Committee
A Pilot Program recommendation to positively impact AI/AN pre-term birth, low birth weight and overall AI/AN infant mortality.

- A Tribally-driven approach that utilizes local expertise and knowledge and builds community capacity and sustainable services reaching AI/AN families through the Federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) at Tribal/UIHP sites.

- Designating a Maternal Infant Health-Community Health Representative/Aide (MIH-CHR/CHA) as a billable provider type.
Community Health Representatives (CHR)

The CHR/CHA program in the Indian Health Service system was established in 1968 and has been critical in providing access to healthcare, wellness programs, and public health education in Tribal communities. CHR/A's are culturally competent health professionals who provide a variety of public health services, including increasing access to health care through transportation of people and health products, educating the community on health and wellness, and providing case management for a variety of health conditions, including assisting people in monitoring chronic diseases. Currently there is national work underway to:

- Establish a National Community Health Aide Program (CHAP)
- Establish a CHAP Tribal Advisory Group and workgroups
  - Behavioral Health Aide
  - Community Health Aide*
  - Dental Health Aide

*Alaska Only
Challenges and Other Factors

- There is limited funding for CHR/As through Indian Health Services.
- There isn’t a reimbursement mechanism for CHR/As.
- A specific CHR/A to support Maternal Infant Health does not exist.
- There is a need for funding to build capacity and support for culturally appropriate Maternal Infant, and Early Childhood home visiting programs in Tribal and Urban Indian settings.
- There is a need to raising awareness of the effectiveness of culturally appropriate home visiting programs within Tribal/Urban Indian Communities.
- CHR's are an important investment in Tribal public health, however, the Fiscal Year (FY) 2019 President's Budget recommends that the CHR program be eliminated.
Seven Generations Principle
Contacts:

Jan Ward Olmstead, MPA
Lead, Public Health Policy and Project Consultant
American Indian Health Commission for WA State
Janolmstead@gmail.com

Cindy Gamble, MPH
Tribal Public Health Consultant
American Indian Health Commission for WA State
csgamble5@gmail.com