Urban American Indian and Alaska Native (AI/AN) Health 101

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Historical Precedence for Urban Indian Policy

- Doctrine of Discovery: 1492-1600s
- Treaty Making Era: 1600s-1871
- Indian Removal: 1830-1850
- Reservation Era: 1850-1880s
- Allotment and Assimilation: 1887-1930s
- Indian Reorganization: 1930-1945
- Termination and Removal: 1945-1968
- Self-Determination without Termination: 1970- Present
Who or What?

- Marshall Trilogy (1823-1832) stipulated that AI/ANs were to be treated differently than U.S. citizens, established the interdependence of tribes with federal authority, and that Indian sovereignty was limited to direct federal oversight. Created the basis for the government to government relationship (G2G).

- AI/ANs were not citizens until Indian Citizenship Act of 1924.

- Assistant Secretary of the Interior Harrison Loesch Letter stating the federal government can only afford to work with federally recognized tribes.

- Morton v. Mancari (1974) noted Congress was to view all AI/AN policy as political and not racial.
Federal Trust Responsibility

The Federal Trust Responsibility was created through 372 Ratified Treaties and several pieces of legislation.

Federal Trust Responsibility in the areas of:

- Food
- Housing
- Education
- Healthcare
- Economic/Workforce Development
Barriers to AI/AN Health Delivery

• Federal
  • Lack of funding (Funded at 32% of need)
  • Paternalistic system
  • Forcing evidence based practices
  • Move to Value Based Purchasing

• State
  • Lack of federal trust responsibility transfer with federal monies divestiture
  • Legislature does not have to consult with tribes

• Local
  • Lack of understanding of federal trust responsibility

• Community
  • Lack of health system understanding
  • Lack of I/T/U system definition
  • Adversarial funding system
Indian Health Service: I/T/U System of Care

- **Indian Health Service** Direct Service Facility
- **Tribal** 638
- **Urban** Indian Health Program (UIHP)
  - Do not have tribal autonomy, but are Indian Health Care Providers under Subchapter IV (formerly Title V) of IHCIA*.

*Indian Health Care Improvement Act 25 U.S.C. § 1601 (IHCIA) – 1976*
Indian Health Service: I/T/U System of Care

- Indian Health Care Improvement Act (1976) made permanent in 2010 with Patient Protection and Affordable Care Act.

- Social Security Act 1905(b) creates 100% FMAP for IHS eligible patients at IHS Direct Facilities.

- Indian Self Determination And Education Assistance Act (1975) amended SSA 1905(B) and added Tribal Health Authority 638 Facilities to IHS facilities list.
I/T/U Services

Primary
- Low barrier access
- Assessment/referral/outreach
- Stabilization and preventative health/fully integrated care

Behavioral Health
- Addiction Medicine
- Mental Health
- Substance Use Disorder (Inpatient/Outpatient)

Traditional Practice
- Talking Circle
- Storytelling
- Smudging
- Sweat Lodge
- Drumming
UIHPs are Unique

- We are the U in the IHS’s I/T/U system of health care delivery.

- We are a **Community Health Center**.

- We are a **meeting place** for the AI/AN community.

- We provide resources for **social and educational services** for our AI/AN community.

- We **serve our population** from pre-birth to after walking on regardless of economic standing.
Who are Urban Indians?

• 1950’s Urban Relocation Program and Termination Policy

• Complex Identities

• Rise of Urban Indian Health Organizations
1,289,490 American Indians and Alaska Natives alone or in combination with other races

78% of American Indians and Alaska Natives live off reservation

71% of American Indians and Alaska Native live in urban areas

Historical Trauma & Historical Trauma Response

“A cumulative emotional and psychological wounding, over the lifespan, across generations resulting from massive group trauma experiences.”

- Dr. Maria Yellow Horse Braveheart

Historical Trauma Response:

Suicidal ideation, PTSD, survivor guilt, substance use, etc.
Indigenous Knowledge Informed Care

IMPACT
Leading an environment, anchored in tradition, that empowers our community to walk in a culture of wellness.

VALUES
• Natives First
• Diversity
• Respect
• Leadership
• Quality
• Social Justice
• Empowerment
• Humor
• Celebration

MISSION
To advocate and ensure culturally appropriate, high quality, and accessible health and human services to All American Indian Natives.

VISION
All American Indian Natives have healthy and successful lives.
Indigenous Knowledge Informed Care

- **Strengths based** approach to trauma informed care.

- Utilizing all services for **holistic care**.

- **Parity** in all disciplines.

- **Culturally attuned** service profile and delivery.
What We’ve Done

Community Engagement
  • Elders Council
  • Youth Council
  • Patient Engagement Events

Employee Ownership
  • Operations Roundtable
  • Building Needs
  • Communication Structure
Results!

- **Theory of Change & Core Concepts** design by entire staff and community.
- Designing and Implementing **Indigenous Knowledge Informed Care** model.
- **Redesigned clinic space** (including elders space).
- **Capitol campaign** informed by full staff and community.
- **Housing** and shared **community space** a priority.
A Design for Integrated Care

Seattle Indian Health Board
For the Love of Native People

Draft Floor Plan for Seattle Indian Health Board Clinic
Draft Floor Plan for Seattle Indian Health Board Housing

An Understanding for Integrated Care

Seattle Indian Health Board
For the Love of Native People
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