Integration of Care in Tribal Communities and American Indian/Alaska Native-serving Agencies: Emergent Issues from the Field

Edwin González-Santin, M.S.W.
Christopher Sharp, M.S.W, M.P.A.
Office of American Indian Projects (OAIP) School of Social Work

• Founded in 1977
• Purpose – Capacity development
• Vision – Tribal delivery of social and human services
• Mission
  ◦ American Indian research and grant projects that reinforce Tribal-Federal relationship
  ◦ Student recruitment, retention, mentorship
OAIP Staff

Team Members

• Edwin González-Santin, Director
• Chris Sharp, Project Coordinator
OAIP Projects

• Weaving Native Perspectives
• National Child Welfare Workforce Institute University Partnership
• Programmatic Technical Assistance for Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV) programs – twenty-four Tribes
Project Background

- Twenty-two federally recognized tribes
- Nearly one-forth land in Arizona
- Poverty - American Indian/Alaskan Native (AI/AN) AI/AN 38.5% (general population 17.9%)
- AI/AN population is younger than general (American Community Survey, 2008-2012)
  - Age 15-24 – AI/AN 19.5% and general population 14.1%
  - Median age – AI/AN 27.3 years and general population 36 years
High Level of Health Disparities

Arizona Department of Health Services (2017)

- Ranked worse on 49 of 65 health indicators
- On average 16 years younger at age of death
- Alcohol-induced deaths, 531.0% higher
- Chronic Liver disease and cirrhosis, 420.8%
- Mortality of young children between 1-14 years old, 225.8%
- Mortality of adolescents between 15-19 years old, 129.1%
- Mortality of young adults between 20-44 years old, 189.2%
- Assault (homicide), 180.4.6%
AI/AN Disparities

- 2006-2011 Suicides of people under 25
  - AI/AN, 50%
  - General population, 12%

- 2006-2011 homicides (per 1,000)
  - AI/AN, rate of 24.6
  - General population, 9.4

*Arizona Injury Surveillance and Prevention Plan, 2012-2016*
Barriers in Arizona Tribal Areas

- Rural and remote areas
- Lack of infrastructure
- Inadequate workforce
- Lack of specialized programs
- In urban areas, significant cultural and social barriers
Systemic Gaps

- Lack of availability of services
  - Tribes expressed concerns on the lack of services available to tribal people. In some cases, services are simply not available or there is lack of access to the services. Rural areas face unique barriers in providing services to tribal people.

- Limited capacity
  - Tribes face challenges in recruiting and retaining qualified behavioral health staff, including licensure. The definition of qualified varied, but most attendees considered cultural competency as a significant part of a qualified behavioral health professional.

Statewide Arizona American Indian Behavioral Health Form IV Report: “Tribal Unity during a Time of Transition”
Limited funding to address need

- National Congress of American Indians estimated that Indian Health Service (IHS) funding appropriations have only met fifty-nine percent of need.
- IHS per capita expenditures for patient health services were just $2,849 compared to $7,717 nationally.

Health Care: Reducing Disparities in the Federal Health Care Budget
Weaving Native Perspectives Project

Partners

• Three initial partners
  ◦ One urban agency in Phoenix
    • Native American Community Health Center, Inc.
  ◦ Two reservation-based agencies
    • Gila River Health Care located in the Gila River Indian Community
    • Wassaja Memorial Health Center located in the Fort McDowell Yavapai Nation
Additional Field Placement Agencies

- Salt River Pima-Maricopa Indian Community
- Wesley Community and Health Center, Phoenix
- Native American Connections, Phoenix
- The Haven, Tucson
- CareMore, Tucson
- Banner University Hospital, Phoenix
- St. Luke's Hospital, Tempe
Weaving Native Perspectives Project

- Nineteen Graduates
- Additional Stipends for upcoming year
- Interprofessional training focusing on AI/AN medical and behavioral health
- Partnership with Macy Interprofessional Education Project, now known as the Center for Advancing Interprofessional Practice Education and Research (CAIPER)

https://ipe.asu.edu/
Weaving Native Perspectives Project (cont’d)

Training needs

- Common language between behavioral health and primary care
- Understanding addiction effects on health and recovery
- Shared strategic planning
- Medication
- Cross-Cultural training
- Electronic medical records
- Diabetes
- Communication
Accomplishments

- **Partnerships**
  - Initial commitments
  - Additional partnerships
  - Establishment of Master Agreement with Phoenix Area Indian Health Service

- **Collaboration with Macy Project**

- **Graduating trainees**

- **Participation on Advanced Direct Practice (ADP) Committee**

- **Enhanced course on AI/AN social work practice**
Challenges

- Limited integrated behavioral health/primary care clinics in Arizona
- Limited number of sites that have existing affiliation with Arizona State University School of Social Work
- Student transportation to rural agencies
Moving forward…

- Continuing application
- Ongoing recruitment
- Evaluation
- Partner with CAIPER (Macy Project) for training
- Ongoing meeting with the Office of American Indian Projects (OAIP) Advisory Committee and partners
- Placements at all partner sites
- Establishing longitudinal, meaningful partnerships with other agencies
- Include summer block placements as an option
Key Considerations in Establishing Partnerships

- Acknowledge and respect for tribal sovereignty
- Reinforce the government-to-government approach
- Take time to establish equal partnerships
- Empowerment Approach
- Using the strengths perspective as a guiding principle
Key Considerations for Enhancing Curriculum

- Acknowledge the impacts of colonization and attempts at cultural genocide
- Trauma-informed approach includes examination of historical/intergenerational trauma
- Content on evidence-based practice inclusive of practice-based evidence and cultural adaptations/enhancements
- Include cultural strengths, resilience, and protective factors of AI/AN
Protective Factors Rainbow

Ethos & Values
Religion & Spirituality
Language
Extended Family
Responses from Culture
Sense of Humor
Moving Forward to the Seventh Generation

The Rainbow

(Goodluck & Willetto, 2009)
Indigenist Stress-Coping Model

Walters & Evans-Campbell (2002)
Nurturing Family Systems

Figure 6.1 Nurturing family systems

Cultural Competence and Responsiveness

“We must trust our own thinking. Trust where we're going. And get the job done.”

--Wilma Mankiller, Cherokee Chief

• The “lens” of integrated care - Allowing tribes to define integrated behavioral health
  ◦ Align with cultural concepts of wellness
    • Context
    • Mind
    • Body
    • Spirit (Cross, 2017)
  ◦ Incorporation of traditional cultural practices

• Engagement of issues around historical trauma and cultural renewal, and a community-level approach to healing
AI/AN Worldview = Relational Worldview

The relational worldview

• Connectedness with the family, community, tribe, and “creation”
• Sense of belonging
• Interdependence
• Interrelatedness
• Sense of cultural identity

(Hill, 2006)
Cultural Competence and Responsiveness (con’t)

- Values and Ethics of the community
  - e.g., Solidarity, Stewardship, and spirituality

- Self-Awareness

- Identify strengths

- Client/patient will be cultural guide
Discussion


http://www.nicwa.org/Relational_Worldview/

References (cont’d)


National Tribal Behavioral Health Agenda. (December 2016). Strategic plan developed in collaboration with Substance Abuse and Mental Health Services Administration, Indian Health Service, National Indian Health Board. Retrieved from: http://store.samhsa.gov/shin/content//PEP16-NTBH-AGENDA/PEP16-NTBH-AGENDA.pdf
Contact Information

Edwin González-Santin, M.S.W.
Director
Office of American Indian Projects
Arizona State University School of Social Work
Phone: 602-496-0099
E-mail: eqspr@asu.edu

Christopher Sharp, M.S.W., M.P.A.
Project Coordinator
Office of American Indian Projects
Arizona State University School of Social Work
Phone: 602-496-0100
E-mail: christopher.sharp@asu.edu