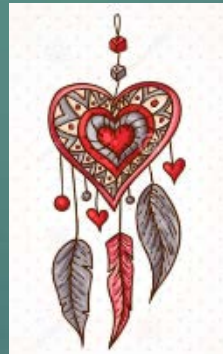


Working with American Indian Communities - Cultural Consideration

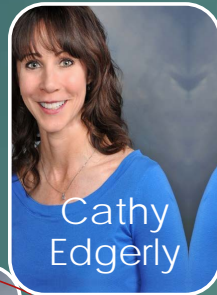
Inter-Tribal Council of Michigan



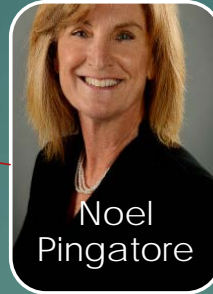
2018



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Cathy
Edgerly



Noel
Pingatore



Josh
Hudson



Raeanne
Madison



Chris
Sams

Health Education and Chronic Disease Department and MCH



Josh
Mayo



Michelle
Schulte

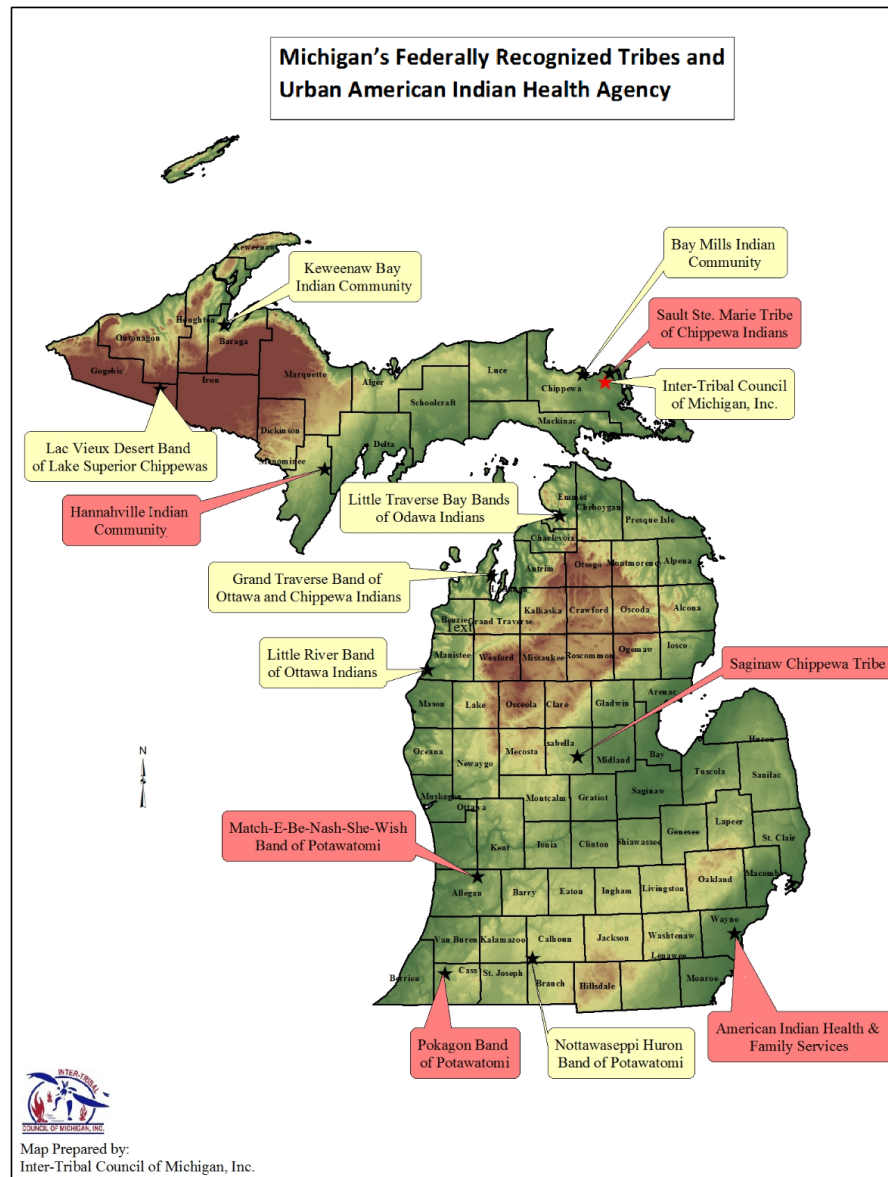


Mike
Willette

Inter-Tribal Council of Michigan

- 501 C 3
Non-Profit
Organization
- Tribal Consortium
Governed by the
Tribal Chair-
people
- Began in 1966





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Introductions

► "What's in a Name?"



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TRIBAL HEALTH SYSTEMS: LAW, BUDGET, AND REALTIES

Joshua Hudson

Program Manager, National Native Network
Inter-Tribal Council of Michigan, Inc.



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SOVEREIGNTY

- What is 'sovereignty' and what does it look like?
 - **Sovereignty**: the recognition of power and autonomy; an inherent right of self-governance
 - Sovereignty at Federal, State, Local: pieces of a whole, starting in 1789
 - Sovereignty of Tribes: pre-contact autonomy, many tribes entered into treaties with colonizers
- Why does it matter?
 - Sovereignty is the cornerstone of governmental legal frameworks.
 - Tribes have judicial establishment of their inherent sovereignty
 - Nation-to-Nation relationship (i.e. current federal consultation)
 - Federal trust responsibility

NATIVE/SETTLER RELATIONS

- Varied Relations:
 - Conquest
 - Treaties
 - Assimilation
 - Reorganization
 - Termination
 - Self-Determination
- “Indian Affairs”:
 - Originated in War Department
 - Transferred to Interior Department
 - ‘Enemy’ to manageable ‘resource’*

LEGAL STANDING AND KEY LEGISLATION: EARLY PRECEDENT

- “Marshall Trilogy” (1823-1832): Established the judicial and federal relationship;
 - *Johnson v. M’Intosh* (1823): Only US Government can purchase Native lands
 - *Cherokee Nation v. Georgia* (1831): “Domestic-Dependent Nation” (guardian/ward relationship)
 - *Worcester v. Georgia* (1832): Established relationship structure; Federal-Tribal relations
- *United States v. Kagama* (1886): Congressional Acts instead of treaties; Tribes owe no allegiance to states
- Snyder Act (1921): Funding for American Indian Health Care
- Indian Reorganization Act (1934): Created process for tribes to form distinct governments
- Indian Citizenship Act of 1924: Granted citizenship (for taxation purposes) to Native people

LEGAL STANDING AND KEY LEGISLATION: PRESENT DAY

- Indian Health Service Established (1955): New department under Public Health Service
- Indian Self-Determination and Education Assistance Act of 1975 [PL 93-638]: Allows for “638” contracting for Tribes to administer Federal Programs. (i.e. Tribal Clinics)
- Indian Health Care Improvement Act (1976, 2010): ensuring access to quality health programs, aid in developing capacity and infrastructure, and advocacy efforts.
 - **Permanent re-authorization as part of Affordable Care Act in 2010.*
- Consultation (1998 – Present): Federal guidance under Executive Order to conduct Nation-to-Nation consultation

TRUST RESPONSIBILITY?

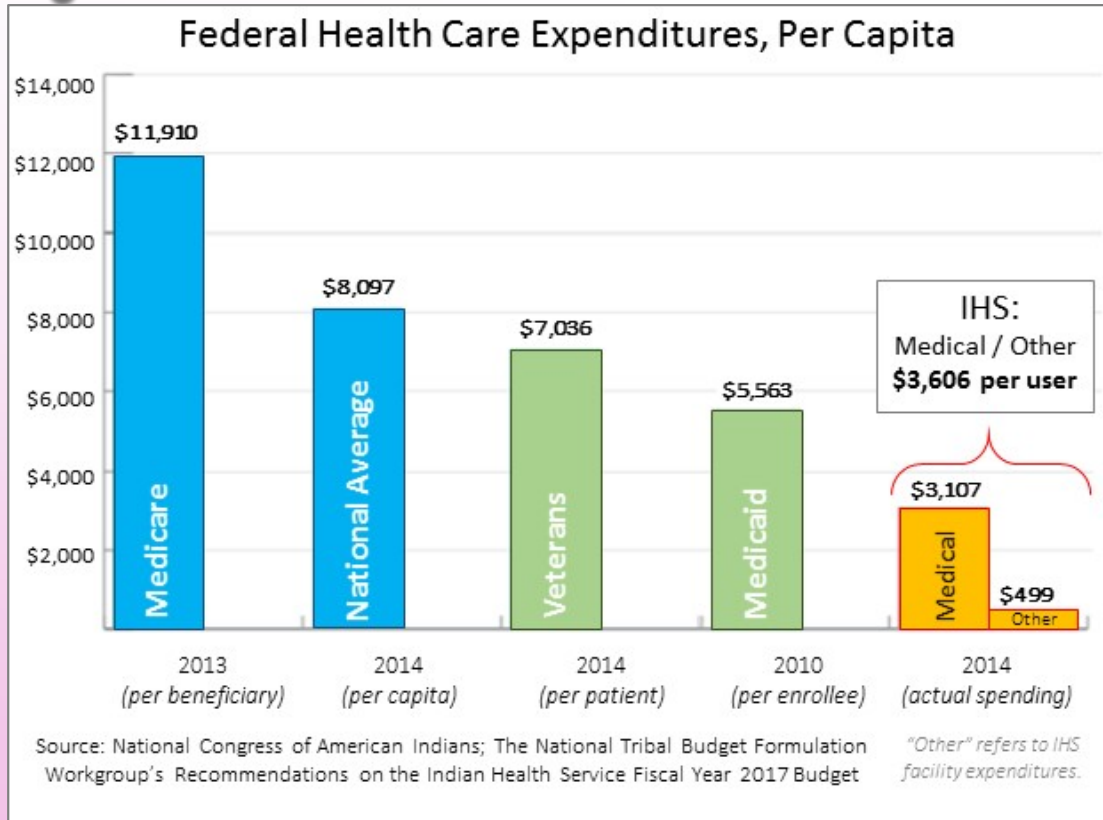
The Federal Government, as a treaty signatory, agreed to certain trust responsibilities. The scope varies, but some larger examples include:

- Health Care
- Education
- Land Management

Why should the government provide these services for tribes?

- As the treaties stipulate, these services must be provided in exchange for the land cession.
 - Tribes “paid in advance” for these rights and services, and should continue to benefit for as long as the US uses the land and resources.

MEDICAL EXPENSES



*IHS has never been fully funded

IHS operates at 50-60% less funding than every other federal program that is responsible for health care delivery.

IHS REGIONAL OFFICES



Michigan is part of the Bemidji Area Office,
which included in the Northern Plains
Region

Alaska
Pacific Coast
Southwest
Northern Plains
Southern Plains
East

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Newsroom

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[Fact Sheets](#)

[Director's Speeches](#)

[IHS Blog](#)

[Press Releases](#)

[Reports to Congress](#)

[Tribal Leader Letters](#)

[Urban Leader Letters](#)

Fact Sheets

The Indian Health Service's "Fact Sheets" contain general overview information on the IHS and on specific healthcare topics concerning American Indian and Alaska Native people.

- [Basis for Health Services](#)
- [Behavioral Health](#)
- [Credentialing Software and Policy Update](#)
- [Critical Access Hospitals](#)
- [Disparities](#)
- [Environmental Health Services](#)
- [Health Facilities Construction](#)
- [IHS Partnerships](#)
- [IHS Profile](#)
- [Injuries](#)
- [National Accountability Dashboard for Quality](#)
- [Patient Experience of Care Survey](#)
- [Patient Wait Times](#)
- [Purchased/Referred Care \(PRC\)](#)
- [Quick Look](#)
- [Safe Water and Waste Disposal Facilities](#)
- [Special Diabetes Program for Indians](#)
- [Tribal Consultation](#)
- [Tribal Self-Governance](#)
- [Urban Indian Health Program](#)

Related Information:

Search

Search

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TRIBAL GOVERNANCE STRUCTURES

- Tribes are sovereign entities – answers to their people, and the Federal Government (only in limited instances)
- All tribes are unique in structure, organizational flow, and processes
- Typically centralized, small governments requiring multiple levels of approval
- Essentially a city or municipality – without taxation revenues (generally)
- Executive Leadership typically oversees health programs
 - limited knowledge and awareness to the nuances in federal health care delivery
 - vast breadth and depth of responsibility, not enough time to fully immerse in health care needs
- Signature authority placement varies with each tribe (i.e. President, Health Director, Manager)
- Not beholden to outside influences (i.e. State, ITCM)

TRIBAL HEALTH PROGRAMS

- “638” programs: IHS programing in Michigan
 - Tribes are administering Federal programs and being reimbursed
Allows for self-determination of how programs are administered, albeit underfunded
 - Late repayment and/or underpayment is not uncommon – multiple class action lawsuits for contract support costs
 - Budgets are constrained and have a “cap” – and any over-expense is the Tribe’s responsibility
 - IHS isn’t insurance, and insurance coverage can be hard to attain.
- Priorities:
 - Over-worked, over-burdened staff working to fulfill multiple duties and roles – lack of resources for multiple FTEs and in conjunction with chronic understaffing
 - Focus is primarily on treatment, not enough time or resources for preventative efforts

National Native Network



keepitsacred.itcmi.org

Apps HP Connected www.google.com Inbox (42) Connect to Wi-Fi

VISIT: [in](#) [f](#) [twitter](#)

NAVIGATE

- HOME
- ABOUT US
- TOBACCO & TRADITION
- CANCER
- GET INVOLVED
- RESOURCES
- LATEST NEWS & EVENTS

Category

Type

Q

IMPROVING OUR COMMUNITY

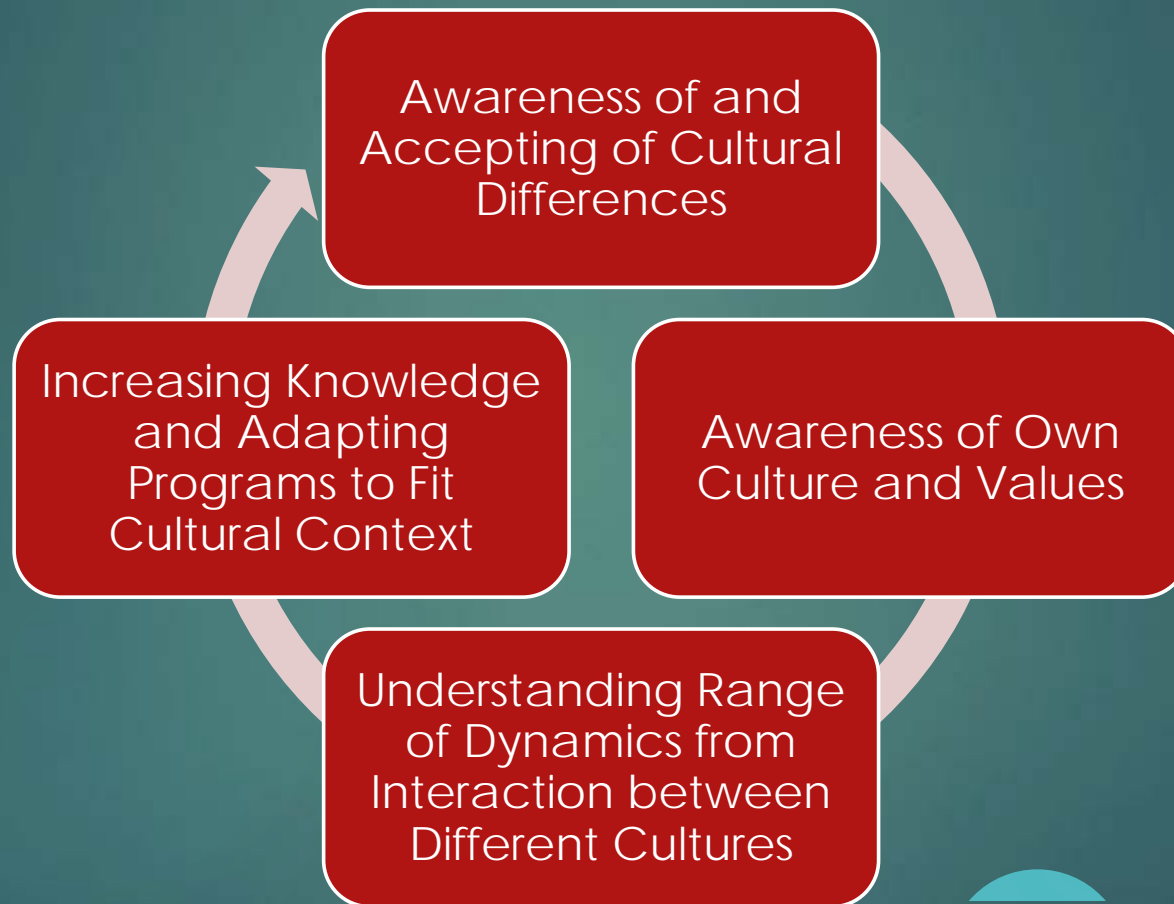
Through Better Health

The mission of the National Native Network is to enhance the quality and performance of public health systems to reduce commercial tobacco-related illnesses and cancer disparities among American Indian and Alaska Native populations.

About The National Native Network »

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Cultural Competence



Communication-Speech

Walking on words (speaking at the same time) is disrespectful

Some AI/AN speak at a slower pace, there may be a long pause in a person's response....

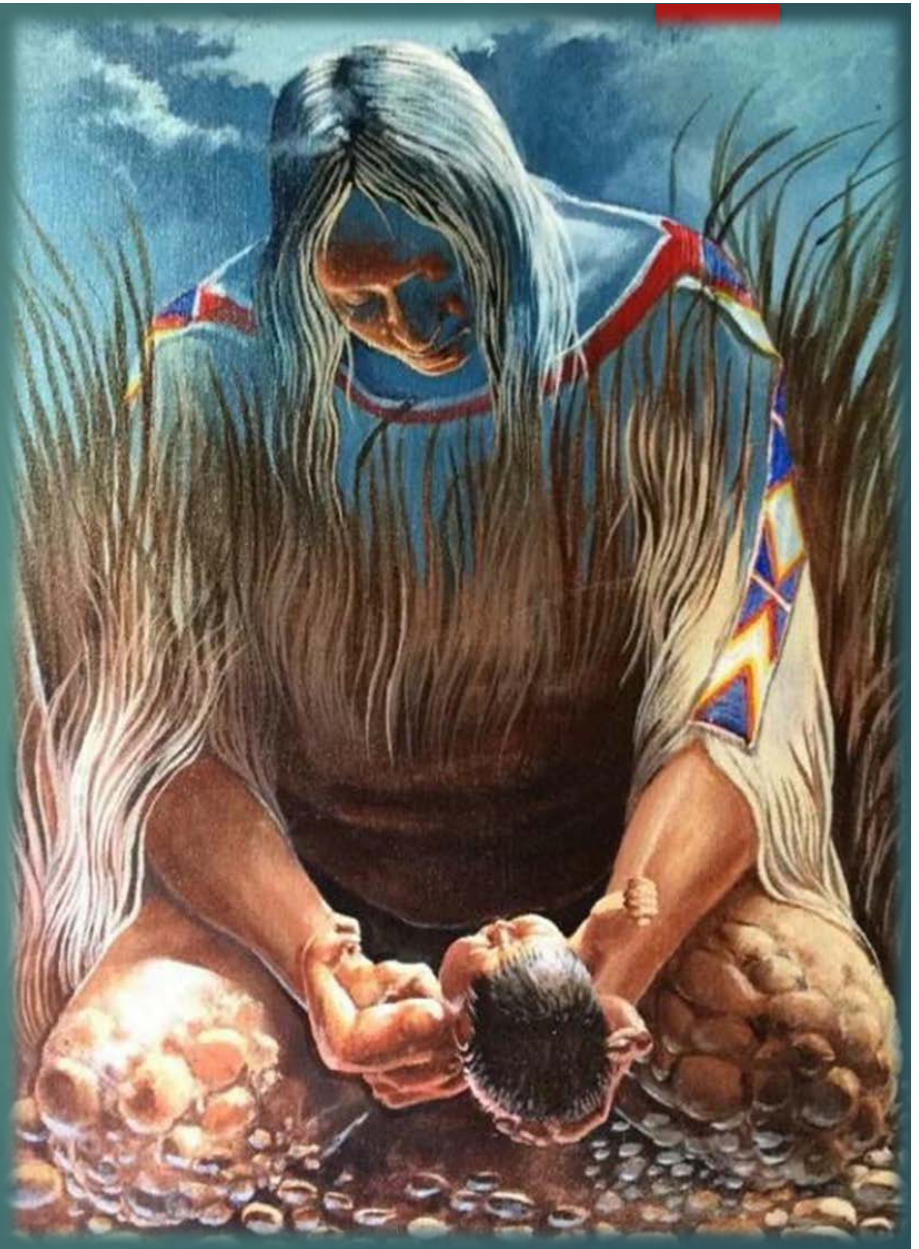


You may think that your question was not heard, you may repeat it just as participant responds: **walking on words**

The participant may stop speaking because either they are offended or they may think that they have offended you

Trust Issues

- ▶ Some AI/AN may mistrust academics, health care providers, authority figures
- ▶ This is due to previous abuses of tribal communities



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Trauma-Informed Practices

- ▶ Model respect
- ▶ Stay open, genuine & honest
- ▶ Value questions
- ▶ Avoid judgment
- ▶ Focus on positive communication, strength-based approaches



Respectful Communication



- ▶ Remember every person is different with unique life experiences:
 - ▶ urban vs. rural
 - ▶ reservation vs. non-reservation
 - ▶ traditional vs. non-traditional
 - ▶ Beware of stereotypical ("Hollywood") views of AI/AN...
- 

Culture and Language

- ▶ Some people may not be accustomed to answering direct questions
 - ▶ Humility
 - ▶ Modesty
 - ▶ Privacy
 - ▶ Respect for elders
 - ▶ Tobacco protocols



Culture and Language

- ▶ Humor is very important to AI/AN people
- ▶ Laughter, teasing, and joking is common and expected
- ▶ Previous researchers say that it's a pleasure to work with AI/AN people in Michigan 😊

For additional TRADITIONAL TEACHINGS, please follow the link below to Anishinawbe Health Toronto and scroll to the bottom of the page:
<https://www.aht.ca/>



Who is Native American?



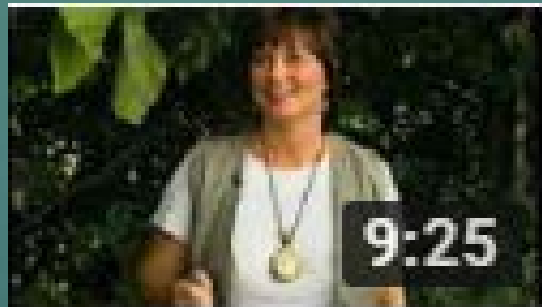
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5 Minute Break



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Opening Doors Videos



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Questions and Discussion

What is one way
you plan to apply
what you have
learned to your
work?





Megwetch!
(thank-you)