

# Governor's interagency Governor's Interagency Council on Health Disparities -

September 15, 2022

## AMERICAN INDIAN HEALTH COMMISSION APPROACH AND PRIORITIES 2021-2022

Vicki Lowe, Executive Director, AIHC and  
JanMarie Ward, Senior Public Health Policy and Project Advisor

[www.aihc-wa.com](http://www.aihc-wa.com)



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## PRESENTERS



**Vicki Lowe, Executive Director, American Indian Health Commission (AIHC)**, a descendant of the Jamestown S'Klallam and Bella Coola First Nations, began working in the Jamestown Tribes Health Program and has seen this program through many changes in the world of healthcare. In July of 2015, Ms. Lowe became the Executive Director of the AIHC. Working with the AIHC, she has utilized her vast knowledge of the Indian Health Care Delivery System, as well as state and federal regulations that govern Indian Health to implement statewide strategies supporting Tribal and Urban Indian health programs.



JanMarie Ward (*Chumash*) is a lineal descendant Santa Ynez and Barbareño, California Mission Indians. She serves as a Senior Tribal Public Health Policy and Project Advisor in a consultant capacity to AIHC. She leads the development and alignment to the Pulling Together for Wellness framework. Jan, for many years, has promoted culturally relevant models and strategic thinking rooted in health equity in a public health context. She also serves on multiple boards and committees to address systemic racism and historic inequities in support of community-driven capacity building in health and wellness systems change for American Indian and Alaska Native and BIPOC communities.





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## **American Indian Health Commission for Washington State**

# **About Us**

### **Pulling Together for Wellness**

We are a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.





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## AIHC's Presentation will include 4 topics:

- **Role and Approach**
- **Legislative Priorities**
- **2021 Accomplishments**
- **Next Steps for 2022**





# **AIHC's Role:**

- **Identifies health policy issues and advocate Tribal and Urban Indian Health Organizations (UIHO) concerns**
- **Coordinates Tribal and Urban Indian Organization (UIHOs) engagement**
- **Collaborates with to response to state initiatives**
- **Coordinates health systems changes and impacts to ensure AI/ANs receive quality care and services**
- **Disseminates health information and provide technical assistance**
- **Advances culturally grounded best practices to promote health equity and eliminate barriers to AI/AN**
- **Promotes the government-to-government relationships**
- **Convenes quarterly delegates meetings**
- **Convenes Biennial Tribal and State Leaders' Health Summit**



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# **AIHC Supports:**

- **Centennial Accord annual meeting**
- **Governor's Indian Health Advisory Committee**
- **Governor's Interagency Committee on Health Disparities**
- **State Agency Committee and Workgroup Participation - to support ongoing work of agencies that align with priority areas of AIHC**
- **Convenings as requested by Tribes/UIHOs**
- **Professional Development Training**



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# AIHC Staff

**The AIHC has 5 key staff:**

- **Executive Director**
- **Finance Administrator**
- **Legislative Intern**
- **Communications Specialist**
- **Administrative Assistant**

- AIHC has grown from 1 staff person to five over the last few years and has 11 consultants that support the Commission's priorities.
- Over 60% of the combination of staff and consultants are American Indian/Alaska Native.



## Cultural Bias

The tendency to interpret and judge phenomena in terms of the distinctive values, beliefs, and other characteristics of the society or community to which one belongs. This sometimes leads people to form opinions and make decisions about others in advance of any actual experience with them.

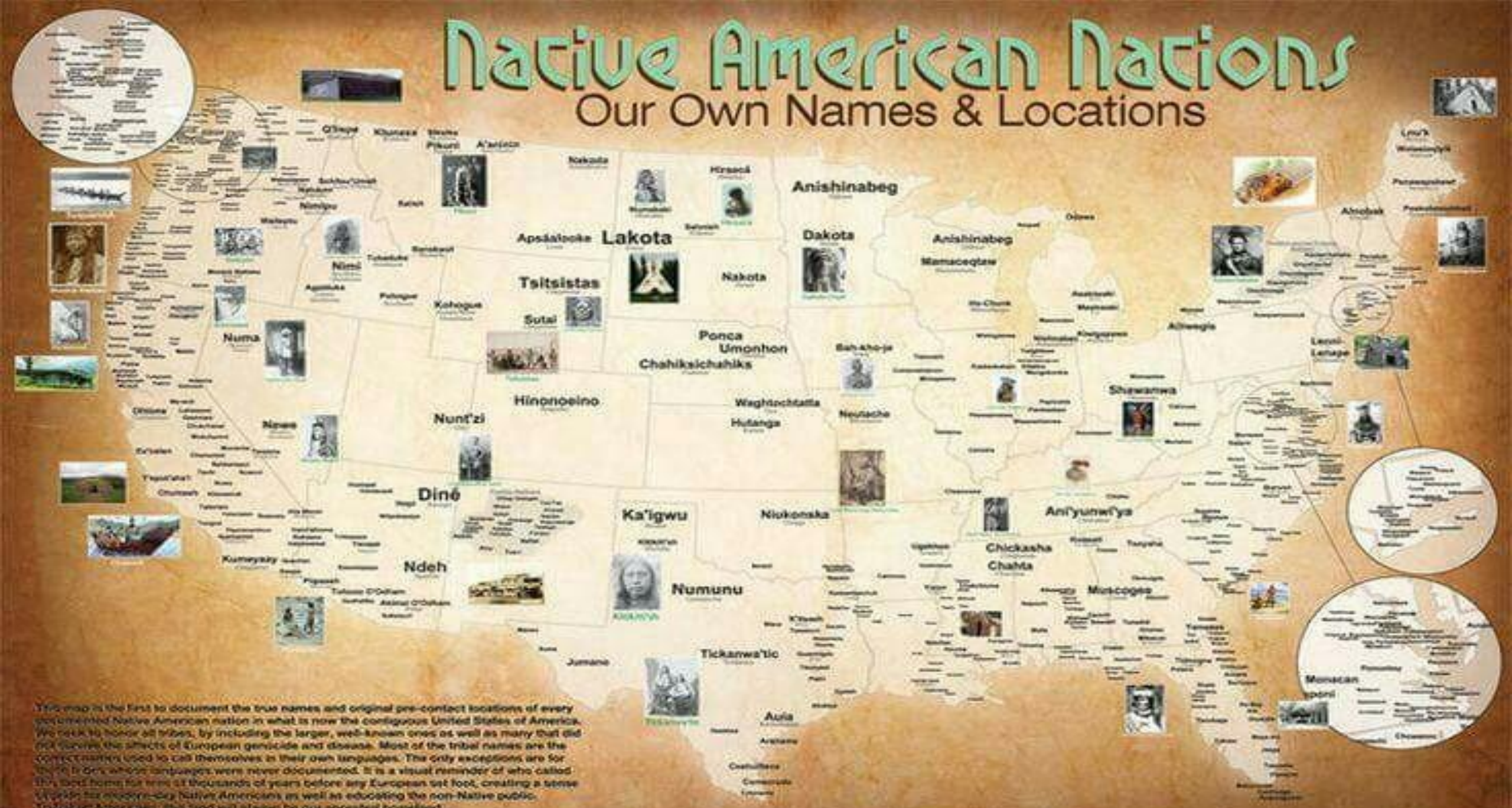
*APA Dictionary of Psychology*





# Native American Nations

## Our Own Names & Locations



This map is the first to document the true names and original pre-contact locations of every documented Native American nation in what is now the contiguous United States of America. We seek to honor all tribes, by including the larger, well-known ones as well as many that did not survive the effects of European genocide and disease. Most of the tribal names are the correct names used to call themselves in their own languages. The only exceptions are for those tribes whose languages were never documented. It is a visual reminder of who called this land home for tens of thousands of years before any European set foot, creating a sense of pride for modern-day Native Americans as well as educating the non-Native public. To Native Americans, this land will always be our ancestral homeland.

Map created by [Name] in [Year].  
Source: [Source]



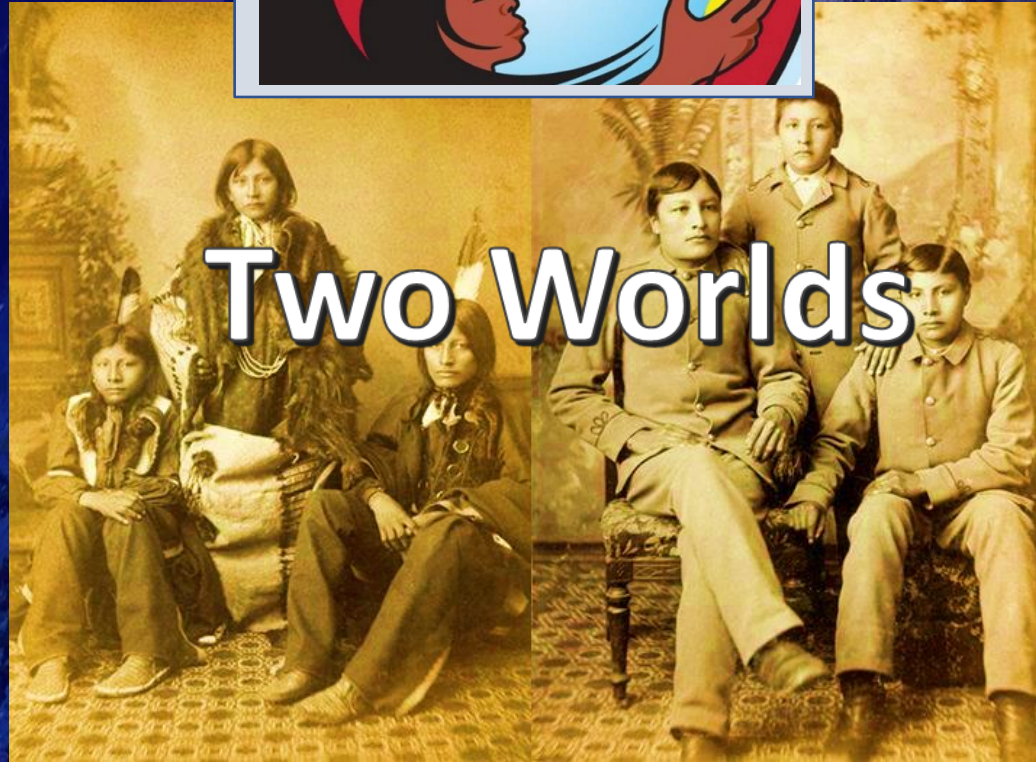


## The Court of Indian Offenses established, 1883

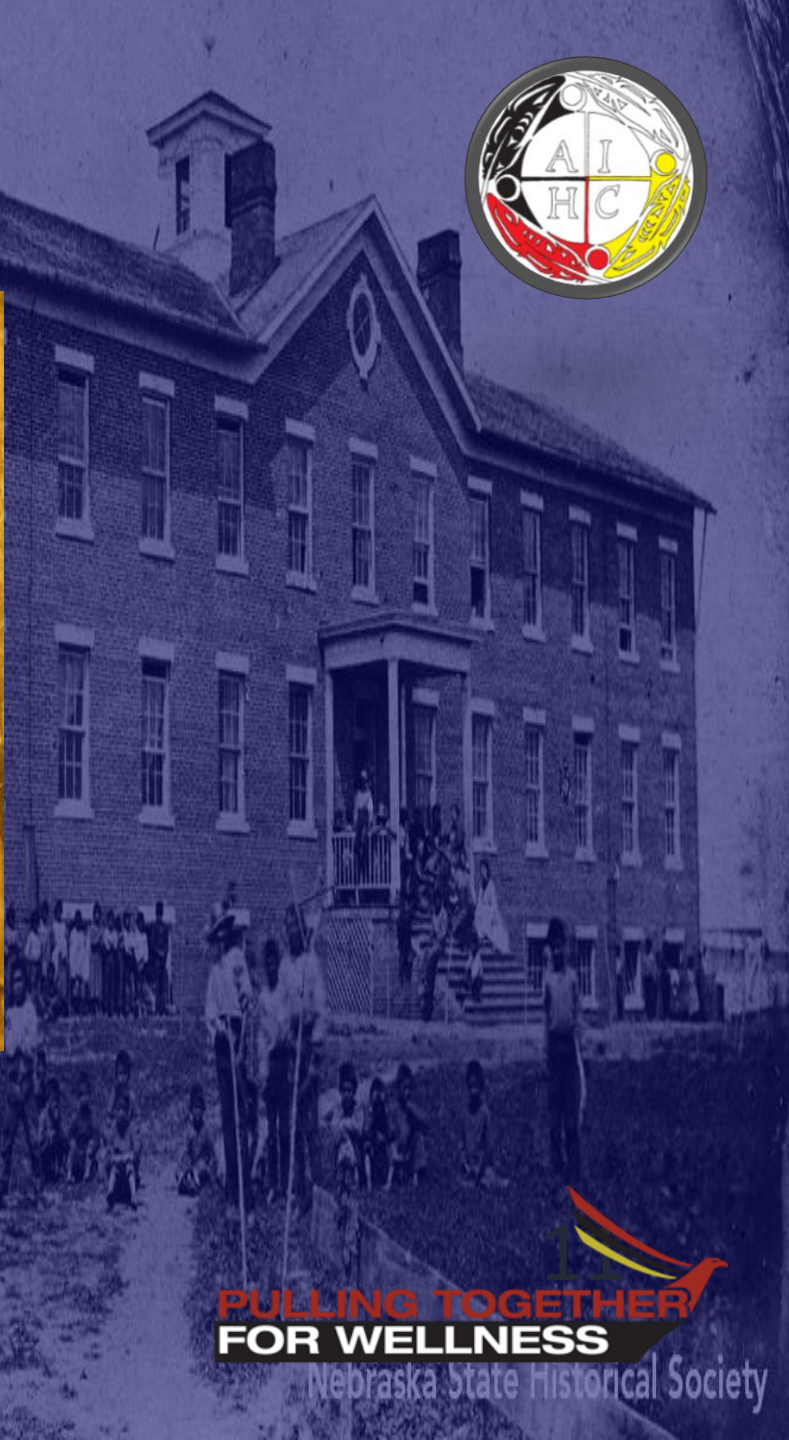
The federal government establishes the Courts of Indian Offenses to prosecute Indians who participate in traditional ceremonies such as the Sun Dance and other ceremony or gatherings. The U.S. seeks to replace these ancient spiritual practices with Christianity. The court is one of various methods that the U.S. employs to try to restrict the cultural identity of American Indian tribes. Many political, cultural, and spiritual leaders are imprisoned.

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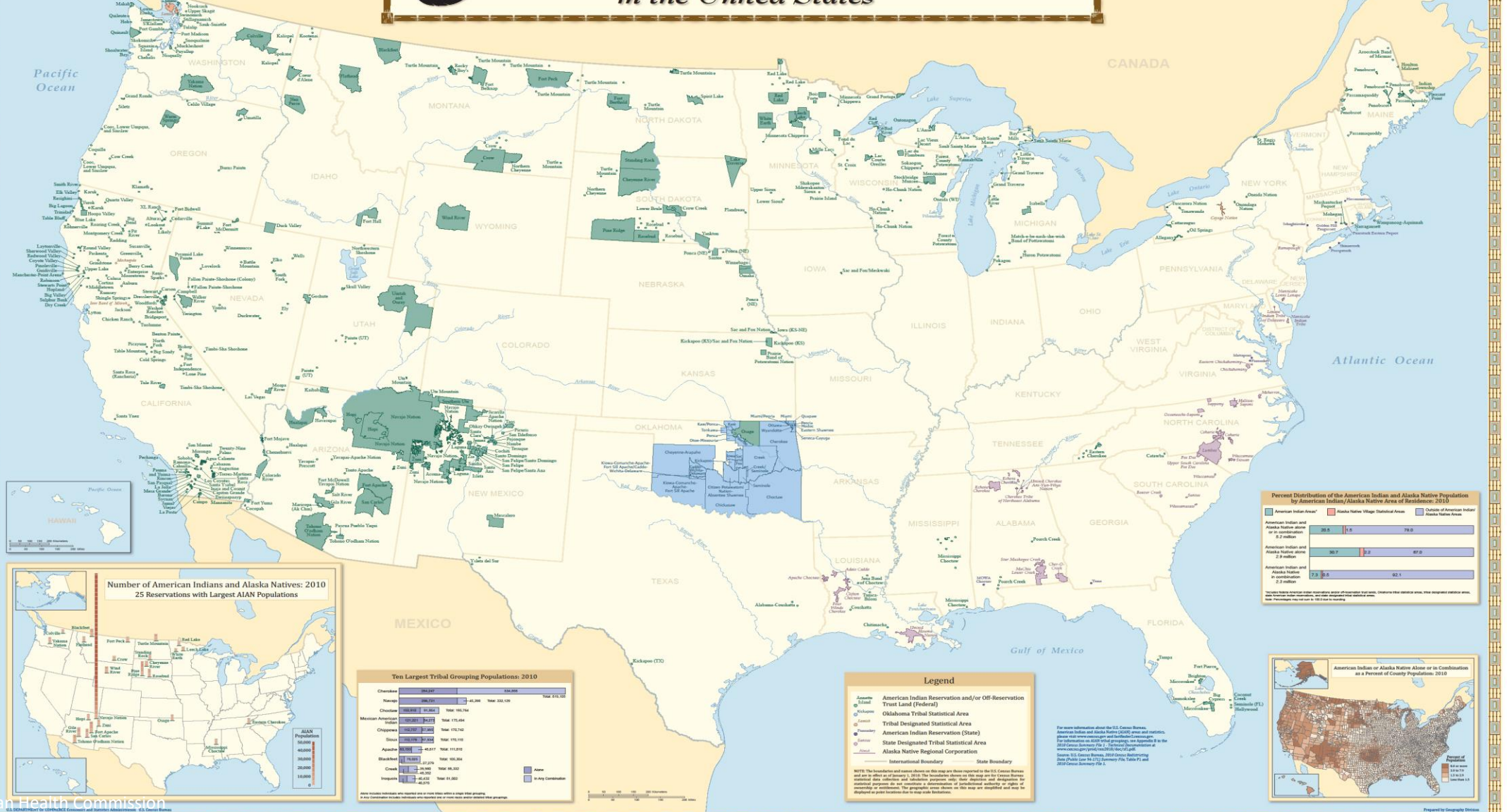


# Two Worlds



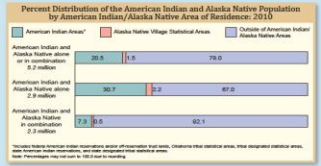


# American Indians and Alaska Natives in the United States



### Ten Largest Tribal Grouping Populations: 2010

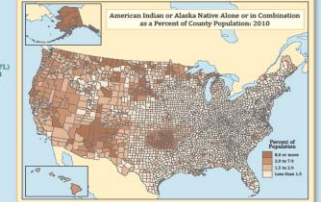
| Tribal Grouping    | Population | % of Total | Total      |
|--------------------|------------|------------|------------|
| Cherokee           | 382,847    | 1.1%       | 34,151,167 |
| Native             | 282,729    | 0.8%       | 34,151,167 |
| Cherokee           | 198,158    | 0.6%       | 34,151,167 |
| Muscogean American | 172,081    | 0.5%       | 34,151,167 |
| Chippewa           | 162,517    | 0.5%       | 34,151,167 |
| Southern           | 152,116    | 0.4%       | 34,151,167 |
| Apache             | 142,000    | 0.4%       | 34,151,167 |
| Blackfoot          | 132,000    | 0.4%       | 34,151,167 |
| Crow               | 122,000    | 0.4%       | 34,151,167 |
| Irish              | 112,000    | 0.3%       | 34,151,167 |



### Legend

- American Indian Reservation and/or Off-Reservation Trust Land (Federal)
- Oklahoma Tribal Statistical Area
- Tribal Designated Statistical Area
- American Indian Reservation (State)
- State Designated Tribal Statistical Area
- Alaska Native Regional Corporation
- International Boundary
- State Boundary

NOTE: The boundaries and names shown on this map are those reported to the U.S. Census Bureau and do not constitute a representation of jurisdictional authority or rights of sovereignty or entitlement. The geographic names shown on this map are established and may be displayed on other boundaries than those shown here.





# American Indian Religious Freedom Act, 1978



The American Indian Religious Freedom Act, Public Law No. 95-341, 92 Stat. 469, codified at 42 U.S.C. § 1996, is a United States federal law, was enacted by joint resolution of the Congress in 1978.

**“...THAT HENCEFORTH IT SHALL BE THE POLICY OF THE UNITED STATES TO PROTECT AND PRESERVE FOR AMERICAN INDIANS THEIR INHERENT RIGHT OF FREEDOM TO BELIEVE, EXPRESS, AND EXERCISE THE TRADITIONAL RELIGIONS OF THE AMERICAN INDIAN, ESKIMO, ALEUT, AND NATIVE HAWAIIANS, INCLUDING BUT NOT LIMITED TO ACCESS TO SITES, USE AND POSSESSION OF SACRED OBJECTS, AND THE FREEDOM TO WORSHIP THROUGH CEREMONIALS AND TRADITIONAL RITES.”**



## CHALLENGES

In Washington the mortality rate for AI/AN was 1233.6 per 100,000. A rate about 71% higher than the rate for Non-Hispanic Whites

### Top 10 Leading Causes of Death

Heart Disease 19.3%\*

Cancer 19.2%\*

Unintentional Injury 12.6%

Diabetes 4.8%\*

Chronic Liver Disease 4.7%

Chronic Lower Respiratory Disease 4.5%\*

Stroke 3.9%\*

Suicide 3.2%

Alzheimer's Disease 2.4%

Influenza & Pneumonia 1.6%



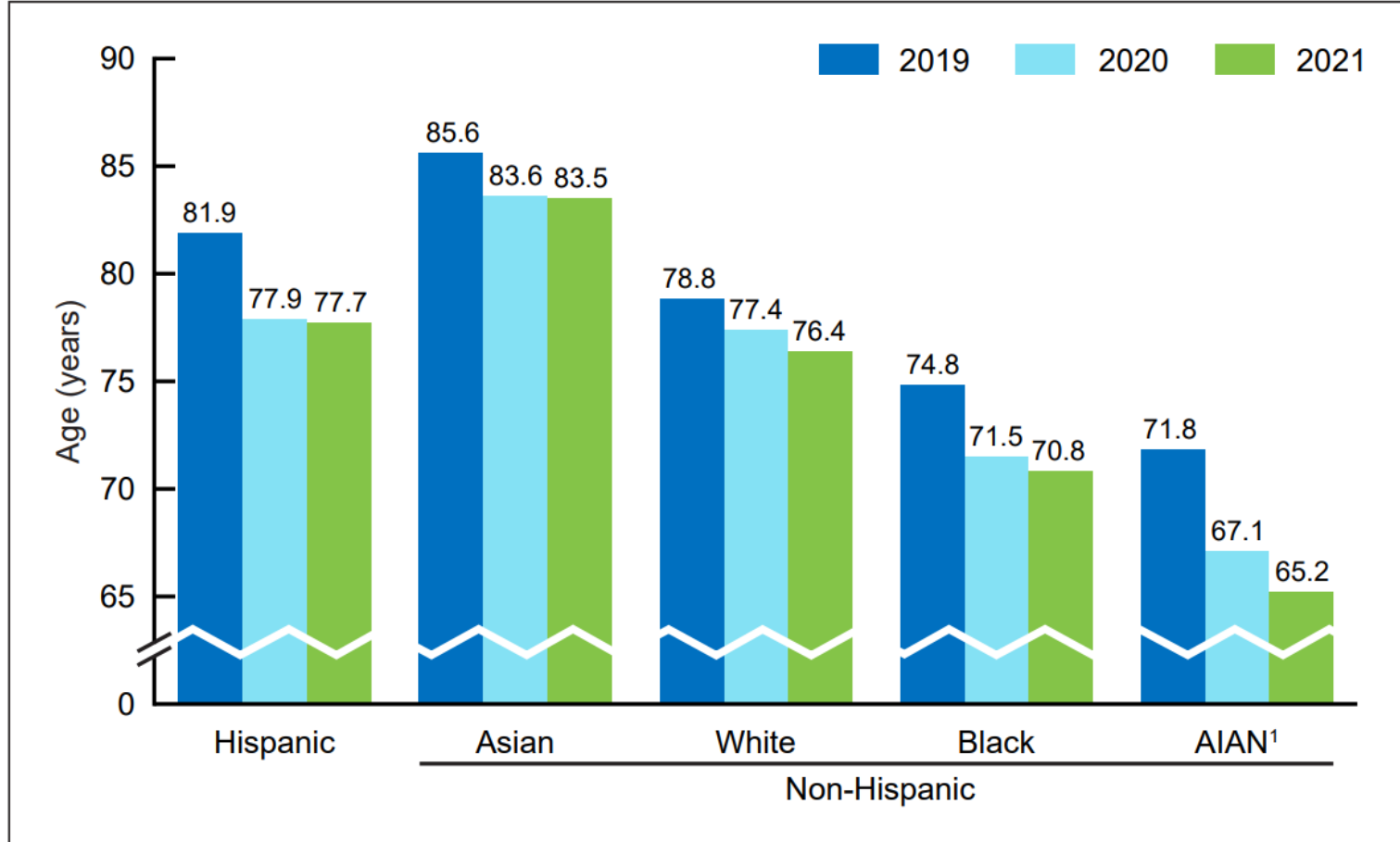
**\*Indicates causes or complications caused by commercial tobacco use.**

Data Source: Northwest Portland Area Indian Health Board. American Indian and Alaska Native Community Health Profile - Washington. Portland, OR; Northwest Tribal Epidemiology Center, 2014 (WA State death certificates, 2006-2010, corrected for misclassified AI/AN race.)



The non-Hispanic AIAN population experienced the largest decline in life expectancy, from 67.1 in 2020 to 65.2 years in 2021, the same life expectancy of the total U.S. population in 1944 (8

Figure 2. Life expectancy at birth, by Hispanic origin and race: United States, 2019–2021

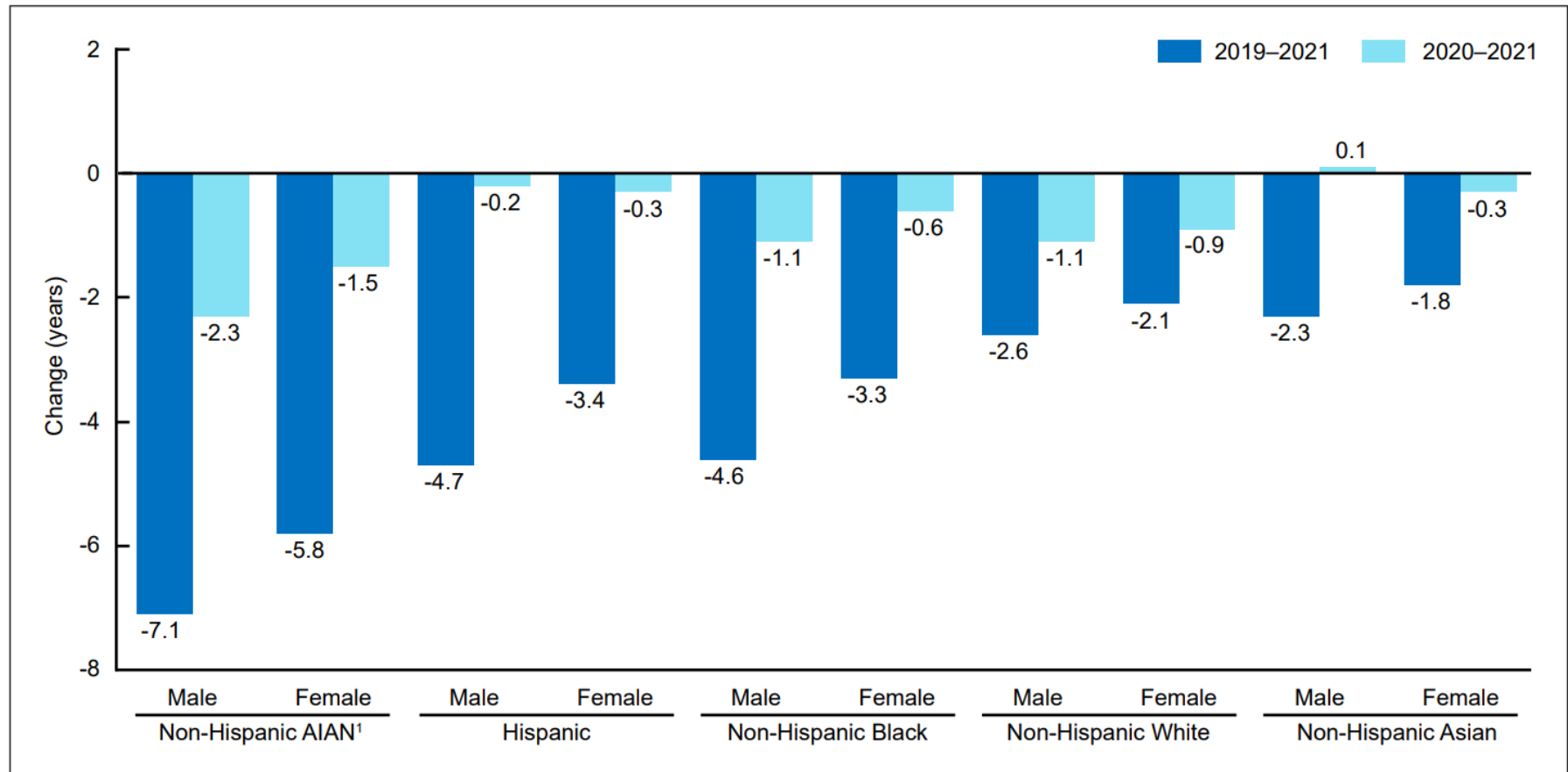


<sup>1</sup>American Indian or Alaska Native.  
 NOTES: Estimates are based on provisional data for 2021. Provisional data are subject to change as additional data are received. Estimates for 2019 and 2020 are based on final data. Life tables by race and Hispanic origin are based on death rates that have been adjusted for race and Hispanic-origin misclassification on death certificates; see Technical Notes in this report.  
 SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



The non-Hispanic AIAN population experienced the largest decline in life expectancy, from 67.1 in 2020 to 65.2 years in 2021, the same life expectancy of the total U.S. population in 1944.

Figure 3. Change in life expectancy at birth, by Hispanic origin and race: United States, 2019–2021 and 2020–2021



<sup>1</sup>American Indian or Alaska Native.

NOTES: Estimates are based on provisional data for 2021. Provisional data are subject to change as additional data are received. Estimates for 2019 and 2020 are based on final data. Life tables by race and Hispanic origin are based on death rates that have been adjusted for race and Hispanic-origin misclassification on death certificates; see Technical Notes in this report.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



# AIHC'S APPROACH ROOTED IN COMMUNITY STRENGTHS, VISION, AND VALUES



***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 integrates Native epistemology and western science. It is evidenced-informed.

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# TRIBAL PUBLIC HEALTH



**AIHC Mission: Improve the Overall Health of Indian People of WA State**  
**Strategy: Advocacy, Policy and Programs to Advance Best Practices**

*Leadership Engagement*

*Community Engagement*

## PULLING TOGETHER FOR WELLNESS



### Maternal Infant Health Strategic Plan

**DATA**

**DATA**

**H**istorical and Intergenerational Trauma

**E**quity, Health Disparities, and Social Justice (Determinants of Health)

**A**dverse Childhood Experiences (NEAR)

**L**ateral Violence, Oppression, Ongoing Discrimination, and Racism

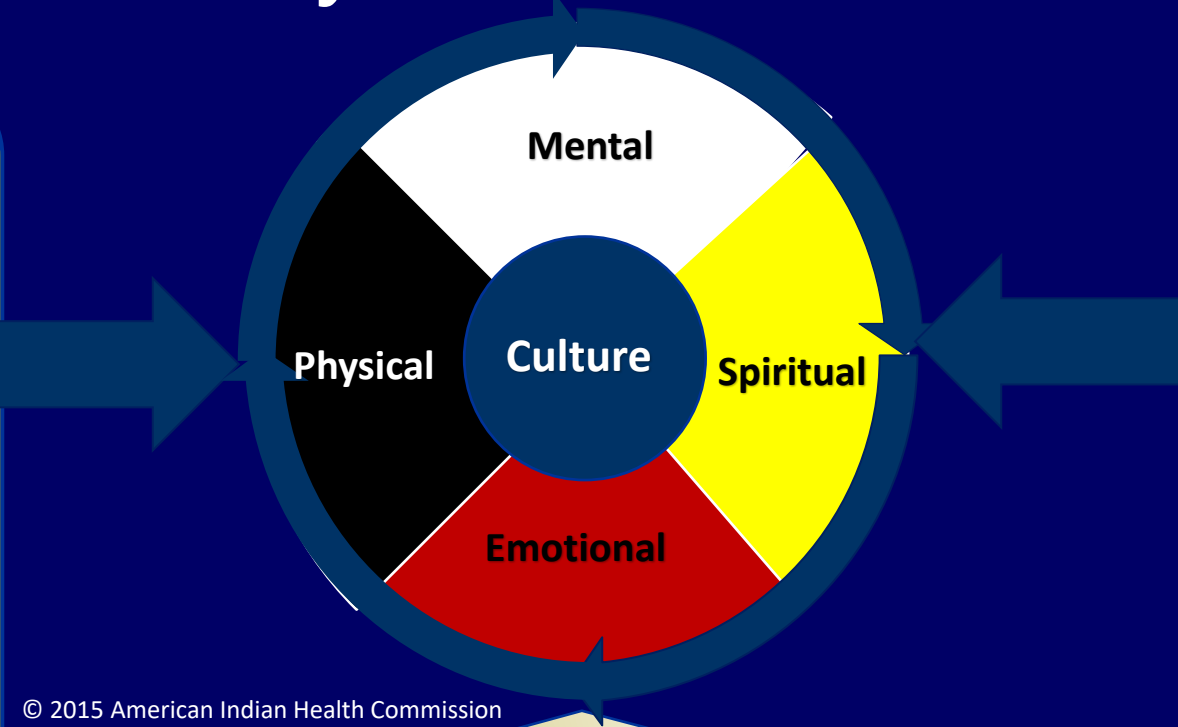


# Pulling Together for Wellness A Tribally-driven Framework



**Components of the PTW framework:**

- Mobilizing at the Tribal/Community Level
- Leadership and Community Engagement
- Recruit and Retain Partners
- Specific Outreach to Youth and Elders
- Engagement of Cultural Resources and Traditional Healers
- Inclusion of Cultural Consideration in the Planning Process
- Use of Storytelling – Balance of Data and Stories
- 7 Generation Strategies – Strength-based
- Integrates Trauma Informed Strategies



© 2015 American Indian Health Commission

**Tools of the PTW Framework:**

- Definition, Vision and Values of the PTW Framework
- Partnership Development Inventory and Process
- Community Health Assessments, Surveys, and Environmental Scans
- Inventory of Cultural Appropriate Strategies
- Matrix: Vision, Goals, Indicators, Strategies (including PSE, EB, PB, PP)
- 21 Competence Domains (knowledge, skills, and abilities)

## Generational Clarity

**HEAL**

- H**istorical and Intergenerational Trauma effect
- E**quity, Health Disparities and Social Justice (Social Determinants of Health)
- A**dverse Childhood Experiences (NEAR)
- L**ateral Violence and Oppression, Ongoing Racism and Discrimination





IMAGE B

# Pulling Together for Wellness




## A Tribally-driven Framework

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*A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.*

**Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.**

| Our Vision   | Our Values   |
|--|--|
| <ul style="list-style-type: none"> <li>• Our babies are born healthy; our mothers and fathers are supported.</li> <li>• Our tribal youth and adults are strong in mind, body, and spirit.</li> <li>• Our elders live long healthy lives (100+).</li> <li>• Our families have access to healthy nutritious food and know how to hunt, catch, gather, grow, harvest and preserve it.</li> <li>• Our families play and learn together in safe and nurturing environments.</li> <li>• Our people are self-sufficient and have opportunities for employment and life-long learning.</li> <li>• Our people have safe affordable housing.</li> <li>• Our people have self-responsibility.</li> <li>• Our people are happy, kind, and have good humor.</li> <li>• Our communities nurture our children and respect our elders.</li> <li>• Our communities embrace traditional values about respect and honor of all people of all ages.</li> <li>• Our communities have food sovereignty and access to clean toxic free plant foods and medicines.</li> <li>• Our communities practice and hand down traditions from generation-to-generation in ceremony, language, and living.</li> <li>• Our communities value ceremonial use of tobacco.</li> <li>• Our communities respect and are connected to our natural environment.</li> <li>• Our environments are safe and provide all people with culturally appropriate choices to be healthy.</li> <li>• Our environments are free of alcohol, commercial tobacco, and other drugs.</li> <li>• Our systems, policies, and environments are trusted, empower our people, are culturally competent, and promote health equity.</li> </ul> | <p>A commitment to the following values will inform and guide the development and implementation of the Pulling Together for Wellness prevention framework:</p> <ul style="list-style-type: none"> <li>• We acknowledge tribal sovereignty and self-identity are the highest principles.</li> <li>• We encourage a shared responsibility for the health of our communities.</li> <li>• We acknowledge the importance of culture as our way of life and as a key to health prevention.</li> <li>• We serve our elders and our next generation.</li> <li>• We help our Tribe and/or community.</li> <li>• We embrace a life course perspective; starting with babies and moms.</li> <li>• We respect all people.</li> <li>• We acknowledge how resources are distributed show community values as in investing in vulnerable members of society.</li> <li>• We understand the importance of community incentives and healthy competition.</li> <li>• We protect and strengthen culture, traditional values, and spirituality.</li> <li>• We embrace the importance of rest and seasonal living.</li> <li>• We acknowledge the importance of ceremony and time to heal.</li> <li>• We embrace the seven-generation principle with the wisdom and experience of our ancestors and elders as fundamental for the protection of our future generations.</li> <li>• We acknowledge our stewardship and interconnected relationship with Mother Nature to serve as a voice to protect the natural environment.</li> <li>• We acknowledge the value of Medical and Native science.</li> <li>• We promote social justice and health equity.</li> </ul> |

Rev. May 2018

© 2013 AIHC

### Culturally Grounded Healthy Communities Prevention Framework

- Vision / Values acknowledges
  - Seven Generations Philosophy and Life course Approach
  - Cultural health is a key factor in reaching holistic health/life balance
  - Tradition and Culture provide Protective Factors and Strengthen Communities
  - Community and Place based Strengths and Knowledge
  - Indigenous Social Ecological Framework include the interconnection to the land and world around us
  - Knowledge and Expertise based on Community Wisdom
  - Integration of Indigenous and Western Epistemology and Science



# WASHINGTON STATE DEFINITIONS



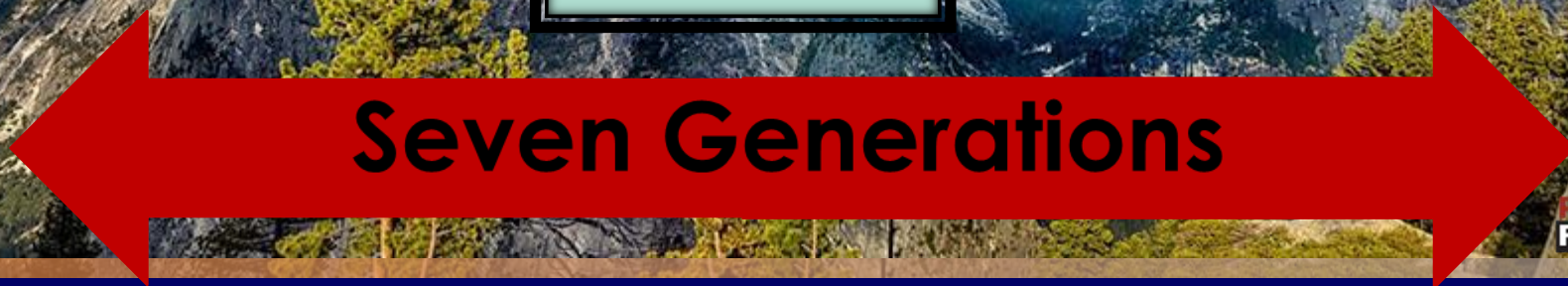
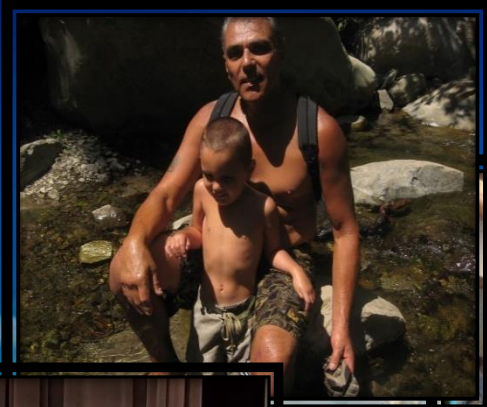
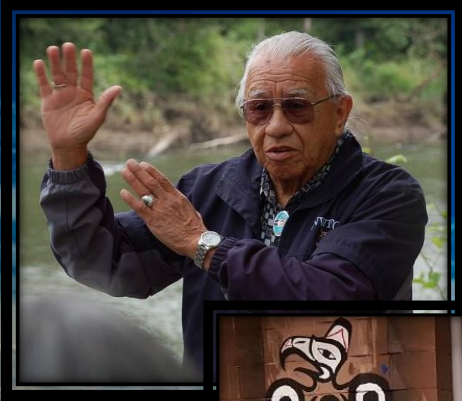
**"Historical trauma"** means situations where a community experienced traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent. (SSB 6259, passed 2019-20)

**"Resilience"** means the personal and community qualities that enable individuals to rebound from adversity, trauma, tragedy, threats, or other stresses, and to live productive lives. (SSB 6259, passed 2019-20)





# Seven Generation Strategies



**Seven Generations**

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# RESPECT FOR TRADITIONAL MEDICINE POLICY, ENVIRONMENT, AND SYSTEMS CHANGE



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Not all peoples have the same historic and cultural backgrounds. We honor that there is more than one belief system and accept that the values, knowledge, and behavior of a people must be understood within their own story and cultural context. *Vicki Lowe, AIHC*



# 2021-22 WASHINGTON STATE LEGISLATIVE PRIORITIES



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# TRIBAL ADMINISTRATION OF LONG TERM SUPPORT SERVICES

- ← Address barriers identified in the Washington Indian Health Improvement Act when non-governmental entities are gatekeepers to coverage for the American Indians and Alaskan Natives.
- ← Enables Medicaid long term services and supports eligibility determinations to be completed by tribal governments who best understands tribal income and assets specific to their tribal government.
- ← Staff within the tribal community offer an appropriate trust relationship to work with Tribal Elders and their families with this sensitive information.

**HB 2060/ SB5866 – Aging and Long-Term Services Administration request**





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# BARRIERS OF NON-TRIBAL ENTITIES AS GATEKEEPERS TO COVERAGE FOR AMERICAN INDIANS AND ALASKAN NATIVES

Understanding of Tribal Income and Tribal Assets to determine eligibility

Not having trusted community members to help gather information needed for application

Lack of understanding of Tribal Programs, such as General Welfare programs

Honoring knowledge of Tribal Staff.



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# MISSING INDIGENOUS PERSON'S ENDANGERED DESIGNATION

- ▶ Similar to an “Amber Alert” or a “Silver Alert
- ▶ MMIWP is the result of intergenerational trauma and gaps in jurisdiction
- ▶ MMIWP phenomenon like boarding schools, people taken, no one addressing trauma to communities
- ▶ Criminals know where to go to
- ▶ Does not address causes but gets people looking for our missing relative sooner.

**HB 1725- also HB 1571 Attorney General's Office Request**



# ESTABLISHING DENTAL HEALTH THERAPY STATEWIDE

- ▶ This bill will not even get a hearing
- ▶ The bill passed in 2017 establishing DHATs on reservation land, only providing services to I.H.S. eligible did not fix anything
- ▶ The state is paying the full cost of Medicaid services for DHAT.
- ▶ Without a change in language, Urban Indian Health Programs and Tribes with dental clinics off reservation land cannot implement DHAT Services and there will not be 100% Federal match for these claims.

**HB 1885**



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# PUBLIC RECORDS REQUEST

- ← Intent: Preserve each Tribe's authority over their own data and prevent unauthorized disclosures of Tribal data.
- ← Tribes/UIHPs are the subject matter experts on their own data. In order to deter inappropriate analysis or use, Tribes' need be the authority in how their data are used
- ← Exempt mandatory public records disclosure of any information pertaining to American Indians and Alaska Natives or Indian tribes or information received by Indian tribes maintained in the files or databases of agencies as defined in RCW 42.56.010(1) from the public records act.
- ← These data are Tribal data and not for the state or any other entity to share.





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# UPDATING INVOLUNTARY COMMITMENT LAWS TO INCLUDE TRIBAL GOVERNMENTS

- ← Continues efforts of Indian Behavioral Health Act of 2020 to address barriers in involuntary treatment laws for Tribal governments to help Tribal citizens/members experiencing behavioral health crisis.
- ← This includes tribal law enforcement and tribal courts. Adding this language in no way diminishes the States responsibility to provide crisis services to Tribal Members/Citizens. This offers an opportunity for Tribes to participate if they so chose. Tribal Behavioral Health Crisis Protocols will outline who is responsible.
- ← Adds access to traditional cultural healers where there is access to religious advisor or treatment under a less restrictive alternative.
- ← A budget neutral bill.





Drumming in the rotunda of the capital building on January 16, 2019

<https://vimeo.com/414904857>





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# AIHC 2021 ACCOMPLISHMENTS







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2011-2022

# WASHINGTON STATE LEGISLATION

Completely virtual meetings with legislature.

Tribal Representation on Emergency Management Council – Passed!

Tribal Involuntary Treatment Provisions- Passed!

Missing and Murdered Indigenous Women and Girls Taskforce- Passed!

FPHS Funding –  
Funded

Health Equity Zone –  
Funded

988 Suicide  
Prevention Line-  
Funded



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# AIHC COVID-19 RESPONSE ACTIVITY

- ▶ Facilitated weekly meetings to provide continuous updated operational guidance for COVID-19 vaccination and other pandemic response functions
- ▶ Developed model policy guidance and legal resources for pandemic response
- ▶ Coordinated resources for Tribes and UIHPs and tribal schools to implement testing and vaccination strategies, including accessing supplies and obtaining additional vaccinators
- ▶ Facilitated efforts for Tribes and neighboring non-tribal jurisdictions to develop processes for coordinating case investigations and contact tracing



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# CROSS-JURISDICTIONAL COLLABORATION

- ▶ Facilitated two meetings in each of the state's nine public health emergency preparedness regions convening Tribes, urban Indian health programs and local health jurisdictions to strengthen cross-jurisdictional partnerships
- ▶ Initiated monthly meetings between local health officers and tribal health officers to increase cross-jurisdictional collaboration
- ▶ Developed model engagement protocols to implement ESSHB 1152 and include Tribes and urban Indian health programs on local boards of health
- ▶ Facilitated monthly meetings with state agency tribal liaisons





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# TRIBAL DATA SOVEREIGNTY

- ▶ Initiated ground-breaking data sharing agreement between Tribes and the Washington State Department of Health to assure tribal sovereign authority over how tribal data and data on AI/AN are collected, utilized and shared
- ▶ Drafted legislation to exclude tribal and AI/AN data from public records disclosure act
- ▶ Initiated pilot projects for Tribes to gain full access to DOH data systems including WDRS and CREST
- ▶ Developed Tribal Data Sovereignty Committee structure



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# TRIBAL CENTRIC BEHAVIORAL HEALTH ADVISORY BOARD

May- Indian Behavioral Health Hub began operating

November 17<sup>th</sup>- Held Statewide Tribal Behavioral Crisis Response Exercise.

Trained Washington State Designated Crisis Responders and Behavioral Health Forensic Navigator Staff on Tribal Sovereignty, Indian Health Deliver and Tribal Behavioral Health

1<sup>st</sup> draft of Model Tribal Behavioral Health Codes Completed



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# MEDICAID TRANSFORMATION

Presented nationally – NIHB MCO Roundtable with HCA on Tribal/State Collaborations

Provided Tribal Sovereignty/Indian Health Care 101 Trainings to many non-Tribal provider and UW students

Continued support of the Projects despite ongoing pandemic





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# TRIBAL FOUNDATIONAL PUBLIC HEALTH SERVICES

Completed Tribal FPHS Assessment, issued report with recommendations for funding

Tribes/UIHPs including in State funding for 2022-23 biennium

Working with DOH on data sharing agreement that honors Tribal ownership of their data- near completion



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# PULLING TOGETHER FOR WELLNESS

PTW Direct support to Tribes in policy, systems, and environment change projects or prevention planning, co-facilitation and technical assistance, effort to support cultural sovereignty, and relevant strategic planning.



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Training requested and conducted in multiple settings and audiences, including:

# GENERATIONAL CLARITY

Tribes and Indian Health Care Providers

Non- Tribal Providers

Early Learning and Education Institutes

Designated Crisis Responders and others





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# WOMEN, INFANT CHILDREN (WIC)

Implemented two new projects in October:

- ▶ A Breastfeeding Listening and Engaging Project and
- ▶ Tribal/Urban Indian Breastfeeding and Nutrition Education Materials Project.
- ▶ National WIC Association (NWA) Policy Conference and the NWA Annual Conference in 2021



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## MIH- HOME VISITING

Continued work on development of 2 MIH Surveys to determine barriers and best practices for access services:

Women and people of Childbearing age

Tribal and Urban Indian Health Program Staff

MIH Data Sheets Project- near completion, data sets and target audience chosen, templates completed.

Funding secured for Tribal and Urban Indian Maternal Mortality Listening Session



# TRIBAL AND URBAN INDIAN HEALTH IMMUNIZATION S COALITION

- ▶ **Vaccine Confidence/Hesitancy:** Established the TUIHC Vaccine Hesitancy/Confidence and convened multiple strategy meetings.
- ▶ **Established and Enhanced Partnerships:** Developed and enhanced collaboration efforts with partners in activities, including: speakers series, presentations/content experts, sharing and dissemination of information and materials, vaccination clinics, in-kind and direct funding support





# AIHC Tribal and Urban Indian Health Immunization Coalition

Facilitated the establishment of the Official Tribal and Urban Indian Vaccination Record cards through support of Tribal Leadership on Tribal, State, and Federal levels. Resolutions passed by Affiliated Tribes of Northwest Indians and National Congress of American Indians.

National Recognition: AIHC Tribal and Urban Indian Health Immunizations Coalition received national recognition from the American Lung Association for its partnership and efforts to address COVID-19 Vaccine Hesitancy and Commercial Tobacco Prevention to address lung and respiratory disease.

COVID-19 Response and Support: Mitigation efforts to include enhanced flu messaging, cultural series of COVID-19 messaging and technical assistance to Tribal clinics and ongoing immunization policy review and ongoing technical assistance.



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# YOUTH TOBACCO AND MARIJUANA PREVENTION

Washington State Public Health Association Presentation, “A Case Study” Pulling Together for Wellness Brings “A Whole New Way of Thinking”

Presentation at the 4th National Marijuana Public Health Conference, September 2021, invitation to present by National planners

Youth and Community Engagement through Virtual Learning and Social Media Messaging



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# YOUTH MARIJUANA PREVENTION AND EDUCATION

AIHC Briefing and Conversation: Tribal and Urban Indian Cannabis and Health and Safety issues related Delta 8, Delta 9, and Delta 10, June 2021

Youth Suicide Prevention, participation in statewide Action Alliance workgroup.

Technical Assistance to Tribes and UIHOs.





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# TRIBAL FOOD SOVEREIGNTY

Established partnerships and ongoing workgroup participation to support traditional food sovereignty content and context.

Identified key learnings from previous food sovereignty convenings.

Discussed partnership with Department of Natural Resources for a statewide conference



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# SUPPORTING ELDERS

Chronic Disease-Blood Pressure Self-Management and Education:  
established partnerships to leverage with other evidenced-  
based (EB) programs serving elders using culturally relevant  
methods.

Arthritis Management:

Trained in the evidenced-based program- Walk with Ease  
Adapting the program to support Walk with an Elder program  
concept with one tribe.



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- Preparation for 2022 Tribal and State Leaders' Health Summit
- Identifying 2002 Accomplishments
- Continuous Support for 2020-22 Priorities Areas
- Identifying additional new priorities for 2022-24
- Actionable and Accountable Plans to be done by the State, Tribes, AIHC and other partners for the next two years to improve the health of American Indian and Alaska Natives

SAVE THE DATE

SEPTEMBER 27-28

# 2022 AIHC TRIBAL AND STATE LEADERS HEALTH SUMMIT

ON SEPTEMBER 27TH AND 28TH, THE AMERICAN INDIAN HEALTH COMMISSION (AIHC) WILL HOLD ITS 2022 TRIBAL & STATE LEADERS HEALTH SUMMIT.

THE TWO-DAY SUMMIT IS A UNIQUE AND STRATEGICALLY SIGNIFICANT EVENT FOR TRIBES IN WASHINGTON STATE.

THE SUMMIT BRINGS TOGETHER TRIBAL LEADERS, STATE LEGISLATORS, TRIBAL AND URBAN INDIAN HEALTH ORGANIZATION STAFF MEMBERS, STATE AGENCY REPRESENTATIVES, FEDERAL REGION 10 REPRESENTATIVES AND THE PORTLAND AREA INDIAN HEALTH SERVICE TO DISCUSS TRIBAL LEGISLATIVE AND PROGRAMMATIC HEALTH PRIORITIES.

THE WORK OF THE SUMMIT WILL BE TO PRODUCE ACTIONABLE AND ACCOUNTABLE PLANS FOR WORK TO BE DONE BY THE STATE, TRIBES, THE AIHC AND OTHER PARTNERS THROUGHOUT THE NEXT TWO YEARS TO IMPROVE THE HEALTH OF AMERICAN INDIANS AND ALASKA NATIVES IN OUR STATE

ADDITIONAL SUMMIT INFORMATION WILL BE PROVIDED SOON.



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# FOR THE HEALTH OF INDIGENOUS PEOPLE TODAY, TOMORROW, AND INTO THE FUTURE

