



## 2015 Collaborative Research Center for American Indian Health Summit

### June 11, 2015 Roundtable Discussion on Health Priorities

This Summit was the third annual summit hosted by the Collaborative Research Center and Sanford Research in Rapid City, South Dakota. From the positive feedback received at our first Summit, 2013, a second opportunity for participants to share and network with other community stakeholders, tribal leadership, future leaders, and scientists was made available to share their knowledge and skills in discussions about health issues, their impact on community and what barriers and possible solutions exist or recommended.

Three questions were presented to the participants at each table:

1. Can you briefly describe, from your perspective, how this health topic impacts your community?
2. What is currently available in your community or in your work to address this health topic?
3. From your perspective or experience, what are barriers and/or solutions to reduce the disparity or for health improvement related to this particular topic?

On average, six participants were at each table. Eighteen health topics were presented with four topics requiring two tables or a subset of the key topic. The following is a list of the topics:

#### **ROUNDTABLE TOPICS**

1. Cancer	6. Healthcare System	11. Obesity	16. Suicide—student (2)
2. Community Interaction	7. Health Literacy	12. Sexual Health	17. Technology
3. Diabetes	8. Heart Disease	13. Sexual Health-- student	18. Tobacco
4. Economics/Poverty	9. Maternal Health (2)	14. Substance Abuse	
5. Environment on Health	10. Mental Health-- depression	15. Substance Abuse--student	

For each topic the responses to each of the questions were written down by the facilitator and another volunteer to capture as many key points and quotes as possible during the discussion. The notes were transcribed and key points or themes were identified per each topic, consolidated similar responses among various health topics, and summarized by each of the three questions. The following is a summary of each of these questions and the key points identified by consolidating health topics' similar responses or specific roundtable topic bolded throughout the summary.



**Themes for Question 1: Can you briefly describe, from your perspective, how this health topic impacts your community?**

The key impacts consistently noted by the participants, across the broad number of **health condition topics**, were issues of poverty and funding. Not only poverty, but more specifically, participants identified community income distribution; lack of jobs; and need for more education and training as key risk factors impacting communities among the **health priority topics**. Most jobs are dependent on grants and federally funded programs with people waiting on funding of programs to be employed. It was also noted by a participant discussing **economics and poverty** that “the reservation was meant for the Native American to have their own land but lately it means negativity.” “No jobs are why people leave the reservation to search for opportunities as well as to get experience of living in a city.” Transportation and availability of treatment services on or near the reservation, including family and support networking for tribal members receiving treatment long distances were other concerns.

**Healthcare** has spent fewer dollars toward prevention when there are high rates of the disease such as **cancer, diabetes, kidney disease, alcohol, substance abuse and obesity**. Current changes in funding streams are promoting more prevention and lifestyle behavior change interventions especially seen in **diabetes** programming and new CDC funding--Partners in Community Health and Good Health and Wellness grants.

‘Most **suicides** are done by youth but it hurts everyone on the reservation; you can sense the sadness in the schools and at work the people it affects exclude themselves from the work.’ Students from Red Cloud at the roundtable brainstormed the things that impact **suicide**—improve maternal health; “broken cycle of drugs, depression and broken homes”. Many think bullying contributes since the person has no one to talk to; family dynamics; not able to express even though close family. Lack of role models; communication skills; don’t want to go to IHS--issues regarding privacy and confidentiality; lack of family support—“others don’t like to see others do good.” ‘Meds only numb rather than heal.’

Another concern voiced was ‘providers are transient within communities and don’t appear to be part of or committed to **community (interactions)**’. Along similar lines a participant asked, ‘can a healthcare provider look at the social determinants of health more closely and try to assist communities in making improvements that would reduce healthcare costs and decreasing use of emergency room care? Housing was noted as to having a dramatic effect on health in tribal communities.

Some of the discussion points in **community interactions** noted difficulties initially working with collaborators with some falling apart and others improve with better joint communication, recognition of Tribal protocols, improvements in efficiency and developing collegial-sharing—missing in communities. Other issues identified as important, which create strain on relationships, where travel distances and lack of partner presence in communities. Outside/non-tribal Institutional Review Boards (IRBs) have tried to have representation from tribes, usually unsuccessful to due to travel distance and travel budget limitations.



**Maternal health** participants noted that important information about substance use like alcohol during pregnancy and its effects on fetus needs to be given; including use of opiates; and issues with under-reporting drinking and drug-using habits. Discussion of teen pregnancies noted that alcohol/other substances were often used. Most of the discussion on impact on community regarding **sexual health** discussed the high rate of teen pregnancies, high rates of sexually transmitted infections, not getting tested, and multiple partners.

**Environment on health** participants identified protection of water and the impact of solid waste; mining chemicals such as arsenic and cadmium; garbage; and landfills are stressing community water quality for humans, animals and plants. Household exposures to cleaning chemicals, mold, lead, asbestos that affect health-- asthma, hormonal effects/obesogens, food supply, air quality, smoke, climate change, etc.

**Cancer** deaths appear to be increasing and more cases than seen in previous generations. Issues with environmental exposures, diet, screening, and prevention gaps are seen in the communities and treatment services often times take patients away from support of family and friends due to high costs away from home for family and caregivers. Use of traditional healing and sweats are available.

**Technology** group identified importance of data collection, analysis and sharing; research and how it is shared and data ownership. Cell phones have provided security for family and friends to connect and ease of contact. Also technology is utilized in health management

**Themes for Question 2: What is currently available in your community or in your work to address this health topic?**

In many of the discussion noted a lack of consistent services; primarily, identifying as a decrease or discontinuation of funding. Many of the programs mentioned several community services but noted limitations such as Commodity Food program and its limitation in choices for healthy diets; transport services availability; contract health limitations in funding and continual under-funding; and access to new treatments. Participants would like to see more third party payers have services locally, such as Dialysis, Inc. and increasing collaborations between Indian Health Service and the tribes. Some saw certain health issues more of an individual's responsibility but need to have services available when tribal members make the decision to seek treatment (**substance abuse, tobacco**, etc.); need assistance for family and/or caregivers, and 'need to be tribal initiatives supported by the Tribal leadership, such as tobacco/smoke-free policy—many council members smoke.'

**Maternal health** does provide essential pregnancy services. Teen pregnancy program in schools provide classes on healthy lifestyle and how to care for baby; provides stipends such as diapers and other baby care items. Also training and car seats provided to mothers. A buddy program is also available for new moms with existing moms who have been in the program for support. Other noted programs and services are Women, Infants and Children (WIC), Public Health nurses, lactation consultants, Electronic Benefit Transfer (EBT) for public service benefits such as food stamps, Temporary Assistance to Needy Families.



**Healthcare system:** Rapid City Regional was discussed and their workgroup on poverty to help determine how best to help and work within the community. They are also conducting a Community Health Assessment to determine healthcare gaps. Rapid City Regional is considering collaborating with Great Plains Tribal Chairmen's Health Board on trying to capture information from hard to reach populations. Dr. S. Puumala's Emergency Room Study was also discussed regarding care for sick children and proper use of the emergency room and how to reduce uncompensated care.

It was noted by some participants that IHS has cultural providers/spiritual practitioners who provide services for **Depression/Mental Health** in their community.

**Suicide** prevention services were identified on the Rosebud and Oglala reservations as offering support.

**Tobacco** prevalence rates and relapse are high on Great Plains reservations. Even with high poverty, money is spent on purchasing cigarettes. Resources are scarce--only Quitline with a short treatment period is available.

**Themes for Question 3: From your perspective or experience, what are barriers and/or solutions to reduce the disparity or for health improvement related to this particular topic?**

For many of the barriers identified were reflective of issues of sustainability of programming and difficulty of programming that requires capacity, usage and staffing in rural areas especially by third-party contractors.

All health topics noted the need to increase community awareness to the issues of the various health topics discussed and the importance of tribal leadership, communication/education and training for staff.

Policy concerns were identified at the national, state, and tribal level impacting priority health needs or implementation of prevention, health promotion, and engaging leadership and community such as the need for Medicaid expansion in South Dakota, tribal smoke-free policies, tribal health research on **poverty**, housing, **environmental issues**, etc.

Communication needs was noted, not only with outside -federal, -state and -organizations but also within the communities and the importance in trust building, reaching out and cultural responsiveness. "Does CRCAIH have access to federal agencies to acknowledge their processes are backward in terms of funding on a federal level?"

Finding solutions for decreasing uncompensated care and improving health care in general are major concerns of **healthcare service systems**. Overuse of emergency room care for meeting healthcare needs could explore ideas or solutions through development of primary or urgent care clinics to reduce cost and non-emergency health care utilization. Other recommendations include reducing the impact of social factors that lead to poor health such as increasing more partnerships for affordable housing; and understanding the role of poverty in health and health care.



Behavioral change interventions are needed in many programs for dealing with chronic diseases such as **cancer, diabetes, cardiovascular diseases, obesity, sexual health**, etc. **Mental Health** services needs are mostly provided through IHS and contract health services. Underfunding is a major concern including issues of privacy and confidentiality in utilization of services within the local community. Cultural norms and values for males and females are not represented in some of the programming used in the treatment of **mental health–depression**. There appears to be 'no line item for cultural application for treatment services'. 'Current immediate need is to develop our accreditation.'

**Sexual health** roundtable identified the following solutions: increase health clinics, teach before behaviors begin--start in middle school talking about sexual health, birth control, need to bridge male and female conversations and expectations with sexual health. Have parents and guardians talk about sexual health issues. Also there is a concern about privacy and confidentiality or someone seeing them at the health clinics or where they need to go for sexual healthcare.

"**Suicide** affects everyone on the reservation—we are all related." Feel some kids don't participate because they feel people don't really listen—too busy with own lives. It is important for adults and youth to talk and listen to each other. 'Adults are still suffering from their pasts.' All kids have been exposed to some type of violence on the reservation.

The health topics of **substance abuse** and **student substance abuse**, the key barriers and solutions noted the importance family home life and authority in family. Barriers include the normalizing of 'traumatic' experiences and negative community and how social media plays role in exposure to 'trauma'. Continuation of awareness for youth on the cause and effect of substance abuse and choose not to use substances. Currently not a lot of positive alternatives for people to turn to alternative activities community centers or sports; include cultural programming throughout the year not just during school year; and youth development programs such as GEAR UP.

### Summary.

These roundtable discussions have provided an opportunity for community stakeholders, researchers, tribal members, tribal leadership and future community leaders to begin or continue discussions about the health of their communities. Perhaps the most important message conveyed through these discussions have been the need to keep the **health of the people** in any discussion regarding community--development, engagement, policy, spirituality, entrepreneurship, healthcare, planning, roads, green space, food supply, environment, politics, finance, systems, administration, research, etc. The partnerships developed from the sharing of these stakeholders' skills and knowledge can only aid in improving the quality, diversity and innovation of solutions to be found that are reflective and unique for each community.