Our vision is that all tribal nations and communities in the Great Plains will reach optimum health and wellness through lasting partnerships with health organizations and embrace culturally significant values that are empowered by tribal sovereignty.
Great Plains Area

The Great Plains Area Office in Aberdeen, South Dakota, works in conjunction with its 19 Indian Health Service Units and Tribal managed Service Units to provide health care to approximately 122,000 Native Americans located in North Dakota, South Dakota, Nebraska, and Iowa. The Area Office’s service units include seven hospitals, eight health centers, and several smaller health stations and satellite clinics.

Each facility incorporates a comprehensive health care delivery system. The hospitals, health centers, and satellite clinics provide inpatient and outpatient care and conduct preventive and curative clinics. The Great Plains Area also operates an active research effort through its Area Epidemiology Program. Research projects deal with diabetes, cardiovascular disease, cancer, and the application of health risk appraisals in all communities.

Tribal involvement is a major objective of the program, and several tribes have assumed management for their own health care programs through contractual arrangements with the Indian Health Service.
We are pleased to welcome you to the official website of the Sac and Fox Tribe of the Mississippi in Iowa/Meskwaki Nation. The Sac & Fox Tribe lives on a reservation, which is different from a settlement where the land is owned by the tribe on the settlement whereas a reservation is land set aside by the Government to allow tribes to reside. The Meskwaki Settlement is located in Central Iowa.

Omaha Tribe

Welcome to Macy
Homeland of the Omaha Nation

Macy is the headquarters for the Omaha Tribe

Greetings from the Ponca Tribe of Nebraska!
The Ponca Tribe of Nebraska is a federally recognized tribe headquartered in Nebraska. Although the Ponca Tribe of Nebraska does not have a reservation, the Ponca Restoration Act established our fifteen-county Service Delivery Area across Nebraska, Iowa, and South Dakota. We offer a broad range of health, social, educational, and cultural services through five office sites.

The Ponca Tribe of Nebraska’s NYLA-HOPE Program held its first graduation ceremony on Sunday, January 26, in Lincoln. Eight students participated in the ceremony. Click here to read the Lincoln Journal Star’s story about the event.
Health Disparities in Indian Country

Maternal and Child Health CDC

A candlelight vigil is held to honor 15-year-old suicide victim Dusti Rose Jumping Eagle.

Suicide CDC

Photograph by Aaron Huey
A candlelight vigil is held to honor 15-year-old suicide victim Dusti Rose Jumping Eagle.

Injuries CDC

Because of the dead horses and accidents, police were forced to close both north and southbound lanes of Highway 169, Tulsa, Oklahoma. newson6.com

Alcohol/Substance Abuse CDC

A young man suffering from the effects of a neurological disease and alcoholism sleeps in the living room of his home, six miles from the nearest town.

Photograph by Aaron Huey
A young man suffering from the effects of a neurological disease and alcoholism sleeps in the living room of his home, six miles from the nearest town.
Of all AI/AN people who died during 2007-2009, 25 percent were under 45 years of age. These AI/AN rates have been adjusted to compensate for misreporting of AI/AN race on the state death certificates. This compared to 8 percent for the U.S. all races population (2008).

*Trends in Indian Health 2014*
Figure 3

Fatal Injuries: Leading Mechanisms, by Age Group, 2012

Percent of total Fatal Injuries

Age (Years)


Child Trends DATA BANK- Unintentional Injuries
Native American Youth Suicide Rates Are At Crisis Levels

The numbers are staggering.

A stuffed bear is placed on a white picket fence on Monday, Nov. 19, 2012 in New Town, N.D.
Chart 4.4: Death Rates, Leading Causes: Ages 25 to 44 Years

- **Unintentional Injuries**
  - U.S. All Races (2008): 40.5
  - AI/AN Unadjusted (2007-2009): 98.6

- **Chronic Liver Disease and Cirrhosis**
  - U.S. All Races (2008): 3.9
  - AI/AN Unadjusted (2007-2009): 33.1

- **Diseases of the Heart**
  - U.S. All Races (2008): 15.7

- **Suicide**
  - U.S. All Races (2008): 16.4

- **Malignant Neoplasms**
  - U.S. All Races (2008): 17.9

Deaths per 100,000 Population

*Trends in Indian Health 2014*
Among AI/AN 19 years and younger, motor vehicle crashes are the leading cause of unintentional injury-related death, followed by drowning and poisoning.

CDC Tribal Road Safety: Get the Facts
Pine Ridge Indian Reservation
Alcohol possession is prohibited at Pine Ridge. But just 200 feet from the reservation's border lies White Clay, Neb. (population: 14), where vendors sold some 4 million cans of beer to Pine Ridge residents in 2010. In 2007, police detained Duane Martin Sr., pictured above, and two others who helped organize a blockade in an attempt to confiscate beer headed from White Clay to the reservation.

The streets of Whiteclay, Neb., just across the state border from the Pine Ridge Indian Reservation, often include groups of people in various states of inebriation. Four rickety metal shacks that line the main road in this town of maybe 10 people sell an average of 13,000 cans of beer and malt liquor a day.
Chart 4.7
Death Rates, Leading Causes: Ages 65 Years of Age and Older

Diseases of the Heart
- U.S. All Races (2008): 1,278.4
- AI/AN Unadjusted (2007-2009): 980.8
- U.S. White (2008): 1,301.4

Malignant Neoplasms
- U.S. All Races (2008): 1,010.2
- AI/AN Unadjusted (2007-2009): 908.8
- U.S. White (2008): 1,021.4

Diabetes Mellitus
- U.S. All Races (2008): 131.2
- AI/AN Unadjusted (2007-2009): 325.9
- U.S. White (2008): 122.5

Chronic Liver Disease and Cirrhosis
- U.S. All Races (2008): 312.6
- U.S. White (2008): 334.9

Cerebrovascular Diseases
- U.S. All Races (2008): 295.3

Deaths per 100,000 Population

Trends in Indian Health 2014
Chart 4.8

Death Rates for Leading Causes for All Ages


- Diseases of the Heart: 116.8
- Malignant Neoplasms: 113.0
- Unintentional Injuries: 87.4
- Diabetes Mellitus: 39.6
- Chronic Liver Disease and Cirrhosis: 35.8
Iowa and Great Plains Tribal Communities Issues

- Medicaid/Medicare (CMS) Accreditation and Funding for IHS Facilities *

- Overall Federal Funding for Tribal and IHS Health Care *

- Bakken Pipeline: Sacred Sites, Graves, and Environmental Issues *
MEDICARE FUNDING PULLED AT INDIAN HEALTH SERVICE HOSPITAL IN WINNEBAGO

By Native News Online Staff / Currents, Health / 07 Aug 2015

Indian Health Service hospital in Winnebago, Nebraska

Published August 7, 2015

Winnebago Tribe Demands Feds Fix Problems & Restore Medicare Funding at Failing Indian Health Service Hospital
The Rosebud Sioux Tribe of South Dakota filed a lawsuit against the Indian Health Service on Thursday, accusing the agency of violating its trust responsibility by shutting down the emergency room on the reservation.

The emergency room that's part of the Rosebud Service Unit was placed on "divert status" last December amid long-standing complaints about the quality of care at the facility. The closure was meant to be temporary but the leader of the IHS has indicated it will continue at least through the summer.

Meanwhile, reservation residents are forced to travel long distances for urgent care -- the nearest emergency rooms are 45 miles and 55 miles away. According to tribal leaders, six people have died since the diversion and two babies have been born in transit to area hospitals.

"IHS' actions in placing the Rosebud Hospital's emergency services on divert status have caused and continue to cause the tribe and its members immediate and irreparable injury," the complaint states.
Tribal Technical Advisory Group (TTAG)

CMS Tribal Technical Advisory Group Overview

The Centers for Medicare & Medicaid Service Tribal Technical Advisory Group (CMS TTAG) was established in the fall of 2003 with the first face-to-face meeting held in February 2004.

TTAG was formed to provide advice and input to the CMS on policy and program issues affecting delivery of health services to American Indians and Alaska Natives (AI/AN) served by CMS-funded programs. Although not a substitute for formal consultation with tribal leaders, the TTAG enhances the Government-to-Government relationship and improves increased understanding between CMS and Tribes.

The TTAG carries out its responsibilities as an advisory group by holding monthly conference calls and three face-to-face meetings each year. In order to be more effective and perform more in-depth analysis of Medicare, Medicaid, CHIP, and the Marketplace policies having tribal implications, the TTAG has formed smaller subject specific subcommittees:

- Data Research
- Outreach & Enrollment
- Long Term Care (LTC)
- Strategic Plan & Budget
- Across-State borders (ASB)
- Tribal Consultation
- ACA Policy
- 1115 Waivers
2013 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita

Per Capita spending in the year for which data are available – see base of each bar.

- 2012: Medicare spending per beneficiary ($12,042)
- 2013: National health spending per capita ($7,535)
- 2013: Veterans medical spending per patient ($6,980)
- 2010: Medicaid spending per enrollee ($6,206)
- 2009: FDI cost benchmark per enrollee (To be updated in 2013) ($4,817)
- 2013: IHS spending per user

(Note: “Other” refers to Indian Health Service expenditures for facilities.)

Source: NCIA Recommendations on the Indian Health Service Fiscal Year 2016 Budget
Tribal land issues block Bakken pipeline in Iowa

Pipes for the proposed Dakota Access oil pipeline, which would stretch from the Bakken oil fields in North Dakota to Patoka, Ill., are stacked May 9, 2015, at a staging area in Worthing, S.D. (Photo: Nati Harnik/AP)
Dakota Access Letter

Iowa Commission on Native American Affairs

April 28, 2016

Colonel Craig Baungartner
Commander
U.S. Army Corps of Engineers
Clock Tower Building
P.O. Box 2004
Rock Island, Illinois 61204-2004

Re: Dakota Access Pipeline Project

Dear Colonel Baungartner:

The Iowa Commission on Native American Affairs (ICNA) wishes to express our strong concerns regarding the proposed Dakota Access Pipeline impacts on Iowa’s Native communities. The route of the proposed pipeline would cut through and damage ancestral lands of religious and cultural significance, damage the natural environment, and risk serious pollution of Iowa’s aquifers with impacts on Native communities’ drinking water supplies and agriculture.

With regard to the Dakota Access pipeline’s potential impacts on Native American graves, cultural sites, ceded treaty lands, and other archeological sites, none of the key federal agencies to date have been in direct consultation with the affected Native Nations/Tribes in Iowa. Serious concerns have been raised by the Iowa Tribe of Kansas and Nebraska, and the Meskwaki Nation (Sac and Fox of the Mississippi in Iowa) about the pipeline affecting indigenous sacred and traditional sites in the State of Iowa. We urge the Corps of Engineers to conduct a thorough assessment, in collaboration with all affected Tribal communities, to address the preservation of lands with cultural and religious significance. This process should be in compliance with Section 106 of the National Historic Preservation Act (NHPA) and the Native American Graves Protection and Repatriation Act (NAGPRA).

The environmental impacts of the Dakota Access pipeline include damage during construction to wildlife, waterways, and agriculture serving Native communities in Iowa. Further, a leak or spill from the pipeline would impact the waters that Iowa tribes/Nations, and individual tribal members residing in the area, rely upon for drinking, for livestock, for food gardens, and for other purposes. The Winnebago Tribe of Nebraska, the Omaha Tribe of Nebraska, and the Ponca Tribe of Nebraska all possess reservation/trust land along the Missouri River in both Iowa and Nebraska. The Iowa River runs through the Meskwaki Nation Settlement.

Again, we strongly urge the Corps of Engineers to undertake an environmental assessment, in consultation with Iowa’s Tribes and Nations, which recognizes the significant impacts from construction, from operation and maintenance, and from any potential leak or spill. This assessment should address concerns of the U.S. Environmental Protection Agency and the U.S. Department of Interior regarding the National Environmental Policy Act (NEPA) compliance as it affects Iowa’s Tribal Nations and communities. In particular, the Corps of Engineers assessment should specifically address concerns about: 1) protecting drinking water resources; 2) emergency preparedness/response measures in the event of the pipeline leak or spill; 3) other potential impacts, including construction and maintenance of the pipeline, on Iowa tribal communities; 4) an Environmental Justice analysis to address potential impacts on Iowa Tribal Nations and communities; 5) coordination and collaboration of Iowa Tribal Nations in the environmental assessments; 6) an alternatives analysis of pipeline route alternatives, including disapproval of the pipeline project.

On behalf of Iowa Native Americans, we look forward to reviewing the Corp of Engineers Environmental Assessment and any draft of the Finding of No Significant Impact (FONSI).

If you should have further questions or concerns, please contact Ms. Jill Fullman Avery, Office of Native American Affairs, Iowa Department of Human Rights (515-242-6334).

Sincerely,

Karen Mackey
Chair, Iowa Commission on Native American Affairs
Iowa Department of Human Rights

C.C.: Brent Cossette, U.S. Army Corps of Engineers, Omaha District
       Philip S. Strobel, U.S. Environmental Protection Agency, Region 8
       Lawrence S. Roberts, Indian Affairs, Department of Interior
       Steve King, Iowa State Historic Preservation Office
       Geri H. Hussey, Iowa Utilities Board
       Troy Wanatee, Chairman, Meskwaki Nation
       Tim Rhoad, Chairman, Iowa Tribe of Kansas and Nebraska
       Darla LaPointe, Chairwoman, Winnebago Tribe of Nebraska
       Vernon Miller, Chairman, Omaha Tribe of Nebraska
       Larry Wright, Chairman, Ponca Tribe of Nebraska
Advocacy for Tribal Health Equity

Create, Participate in Partnerships for Health

1. Identify Community Problem(s)/Issue(s)
2. Develop Community Partnerships
3. Select and Implement Approach for Change
   Consciousness Raising, Media Advocacy,
   Health Promotion, Risk Reduction,
   Systemic Change, Legal/Political Action
4. Document, Evaluate, and Share

As a Community Member
The Community Guide

Report to Congress
Features Cardiovascular Disease Prevention

The Community Preventive Services Task Force released its 2013 annual report to Congress, the first to focus on evidence-based recommendations on specific health topic.

1 2 3 4

Task Force

2013 Meetings
October 23–24

2014–2016 Meetings

Annual Reports to Congress

Topics

Adolescent Health  Diabetes  Motor Vehicle Injury  Social Environment
Alcohol - Excessive Consumption  Emergency Preparedness  Nutrition  Tobacco
Asthma  Health Communication  Obesity  Vaccination
Birth Defects  Health Equity  Oral Health  Violence
Cancer  HIV/AIDS, STIs, Pregnancy  Physical Activity  Worksite
Cardiovascular Disease  Mental Health

What is The Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Learn more about The Community Guide, collaborators involved in its development and dissemination, and methods used to conduct the systematic reviews.

The Community Guide
Promoting Health Equity

Health equity is achieved when everyone has an equal opportunity to reach his or her health potential regardless of social position or other characteristics such as race, ethnicity, gender, religion, sexual identity, or disability. Health inequities are closely linked with social determinants of health — elements of a society's organization and process that affect the overall distribution of disease and health. Examples include education, housing and the built environment, transportation, employment opportunities, the law, and the justice system. The health care and public health systems are also social determinants of health.

Social determinants affect health by influencing risk and protective factors for disease and injury in many different and complex ways. They affect the capacity to earn a good living, live and work in a safe and healthy environment, and effectively use available resources, including health care resources.

Current Community Guide reviews are focused on interventions to reduce health inequities among racial and ethnic minorities and low-income populations.
## Advocacy for Health Equity
### Levels of Engagement
#### As a Health Provider/Practitioner

**Culturally and Linguistically Appropriate Standards (CLAS)**

### Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

### Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
Challenges Summary:

- Cultural Competence in Understanding Working with Tribal Communities
- Understanding Tribal Health and Indian Health Service
- Tribal Social Services: Indian Child Welfare, Family Support, Disabled, Victim Services, Veterans
- Health Disparities Knowledge, Measurement and Mitigation in Tribal Communities
- Coordinating Community Partners in Health Assessment, Social Service Delivery, Outcomes
American Indian/Alaskan Native Health Resources

- Native Americans In Iowa
- Great Plains (Aberdeen Area) IHS
- Trends in Indian Health 2014
- Indian Health Service (IHS)
- Indian Health Service: Publications
- Great Plains Tribal Chairman's Health Board
- Center for Rural Health (University of North Dakota)
- National Indian Health Board
- National Congress of American Indians
- National Center for Minority Health and Health Disparities NIH
- CDC Tribal Support
Health Disparities Resources

Advocacy for Health Equity

(At each site Search, type in: “Advocacy”)

- The Community Guide
- Committed to Improving Health in Every Community
- Culturally and Linguistically Appropriate Services (CLAS)
- Agency for Healthcare Research and Quality
- CDC Health Disparities  CDC Minority Health
- National Center for Minority Health and Health Disparities
- National Healthcare Disparities Report
- Healthy People 2020
- Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care - Institute of Medicine
- Campus Community Partnerships for Health
Thanks for Your Attention!

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