

# INDIAN HEALTH 101

PRESENTED BY

National  
Indian  
Health  
Board



# Today's Speakers



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# QUIZ



# NATIONAL INDIAN HEALTH BOARD



*Established in 1972 by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIOB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People*



# WHAT IS THE NATIONAL INDIAN HEALTH BOARD?

The National Indian Health Board (NIHB) is a **501(c)(3) nonprofit organization** dedicated to **ensuring the federal government fulfills** its responsibility to **provide health care to all Federally recognized Tribes**. NIHB advocates for **improved health care services and systems** for American Indian and Alaska Native (AI/AN) communities, **providing policy analysis, public health programs, and critical information** to Tribal governments.





# WHAT IS THE NATIONAL INDIAN HEALTH BOARD?

## CREATING CHANGE

For centuries, Tribal governments have faced challenges in elevating the visibility of Indian health care and public health issues. For over 50 years NIHB has been at the forefront of these efforts, advocating for Indian Country's health care needs and making significant progress. NIHB was formed by Tribes to serve as a unified voice to Congress, IHS, federal agencies, and potential allies, addressing health disparities and public health challenges in Indian Country. The future of AI/AN health care is deeply tied to the Federal Trust Responsibility and policy decisions at the federal level. NIHB equips Tribal governments with timely information, empowering them to make informed health care policy decisions in an evolving health care landscape.

# WHAT IS THE NATIONAL INDIAN HEALTH BOARD?

## OUR BOARD OF DIRECTORS

The National Indian Health Board (NIHB) serves all federally recognized Tribes, ensuring its work reflects Tribal unity, diversity, and cultural values. This is achieved through collaboration with regional health boards, Tribes, and organizations across the 12 IHS Service Areas. The NIHB is governed by a Board of Directors, with each Area electing a representative and alternate through their regional Tribal Health Board or health-serving organization. In areas without a health board, Tribal governments select a representative.

# WHAT IS THE NATIONAL INDIAN HEALTH BOARD?

## NIHB MEMBERSHIP

The membership of NIHB is comprised of all Federally Recognized Tribes through the 12 regional Tribal health organizations:

- Alaska Native Health Board
- Albuquerque Area Indian Health Board
- California Rural Indian Health Board
- Great Lakes Area Tribal Health Board
- Great Plains Tribal Chairmen's Health Board
- Inter-Tribal Council of Arizona
- Navajo Nation Department of Health
- Northwest Portland Area Indian Health Board
- Rocky Mountain Tribal Leaders Council
- Southern Plains Tribal Health Board
- United South and Eastern Tribes, Inc.



# LEARNING OBJECTIVES:

1. Understand the Structure of the Indian Health System
2. Recognize the Foundations of Indian Health
3. Identify Key Health Disparities and Barriers





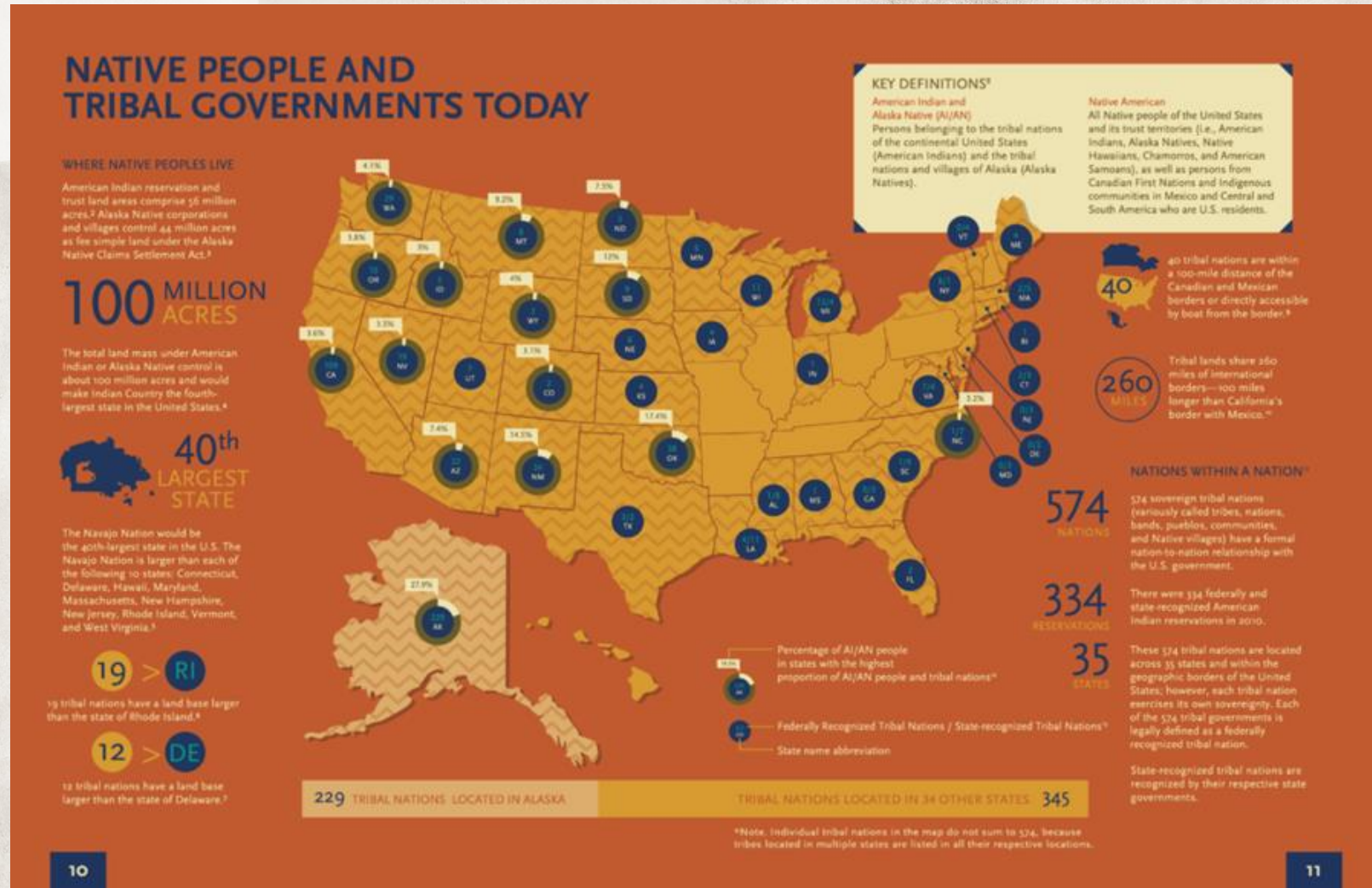
PART I:  
TRIBAL NATIONS &  
THE UNITED STATES





# TRIBAL NATIONS & THE UNITED STATES

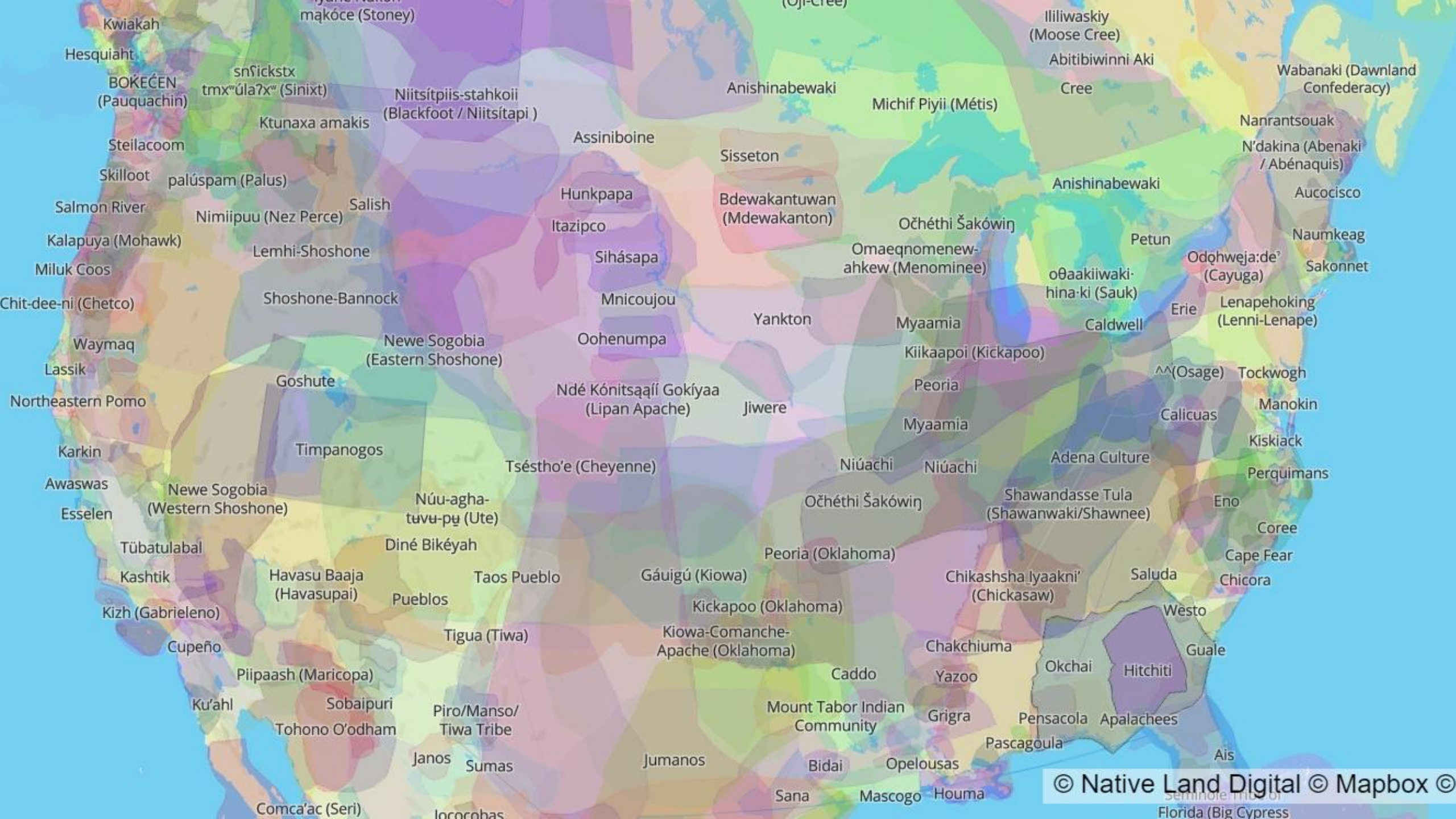
- ❑ 574 federally recognized Tribal Nations
- ❑ About 229 of these diverse nations are in Alaska, with the rest in 35 other states.
- ❑ State-recognized tribes are also spread across the U.S., recognized by state governments.







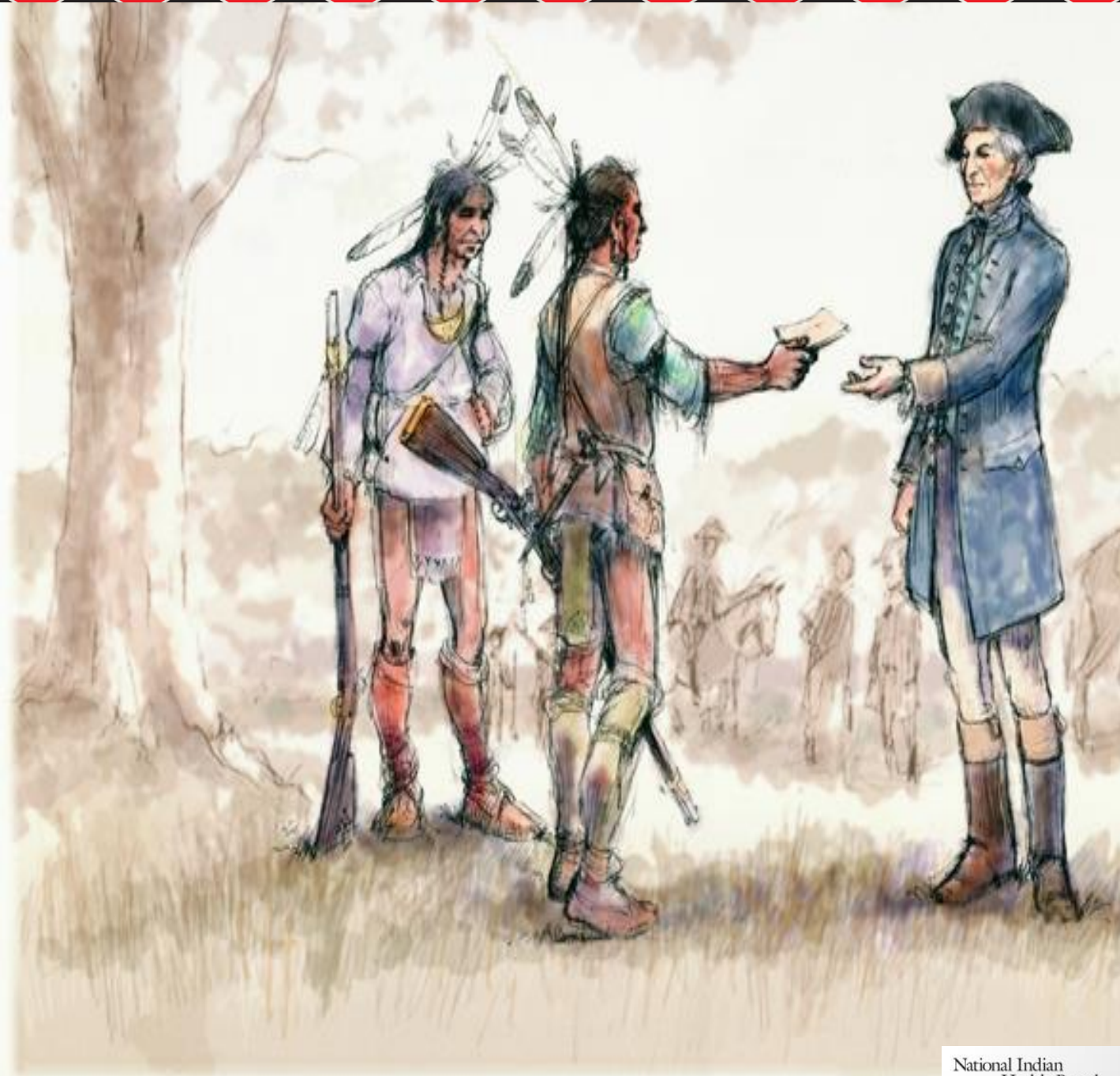






# TRIBAL NATIONS – THE OLDEST GOVERNMENTS IN NORTH AMERICA

- ❑ Colonists encountered already settled sovereign nations.
- ❑ Doctrine of Discovery: European Christian theory from the 15th century justified treating Indigenous peoples as subjects in "discovered" lands.





# TREATIES

*The Congress shall have the power to...regulate commerce with foreign nations, and among the several states, and with the Indian tribes.*

*– Article 1, Section 8, U.S. Constitution*

- Treaties: Contracts between Sovereign nations
- 370+ treaties between Tribal Nations and other governments (originally with British, now only U.S. federal government)





# TREATIES

- Represent an exchange/acknowledgment of rights.
  - Agreements that recognize the rights that Indigenous peoples already hold, whether those are related to land, resources, or other aspects of sovereignty.
- Basic relationship: Land/resources for federal support.
- Treaties promised federal health care, education, housing, development, and agricultural aid for land.
- **No expiration date**



*The Congress shall have the power to...regulate commerce with foreign nations, and among the several states, and with the Indian tribes.*  
– Article 1, Section 8, U.S. Constitution



# TRIBAL NATIONS THROUGH HISTORY

- European colonies became the dominant presence on the East coast
- New diseases across Native societies
- European countries sign treaties with the tribes
- Treating Indian tribes as sovereign entities sets and precedent for future relations
- But after Revolutionary War pressure for settlers for even MORE land

## Colonial Period

- Granted Citizenship
- Dawes Act
- Citizenship 1924
- Wounded Knee Massacre

## Allotment and Assimilation

- Relocation Act 1956
- Some govt status taken away from tribes
- 1958-67 Indian Adoption Project

## Termination Period

## Nation-to-Nation

1828–1887

1934–1945

1968–2000

1492–1828

1887–1934

1945–1968

2000–Present

## Removal, Reservation, and Treaty Period

- Manifest Destiny
- Trail of Tears
- 1879 Fort Robinson Breakout 1879
- Boarding Schools
- 1883 illegal to practice religion

## Indian Reorganization

- Indian New Deal (IRA)
- Blood Quantum
- Problems with 2 tribes that are on one reservation
- Built constitutions but only the way US govt wanted it organized
- 1936 Alaska Native Tribes as American Indian Tribes

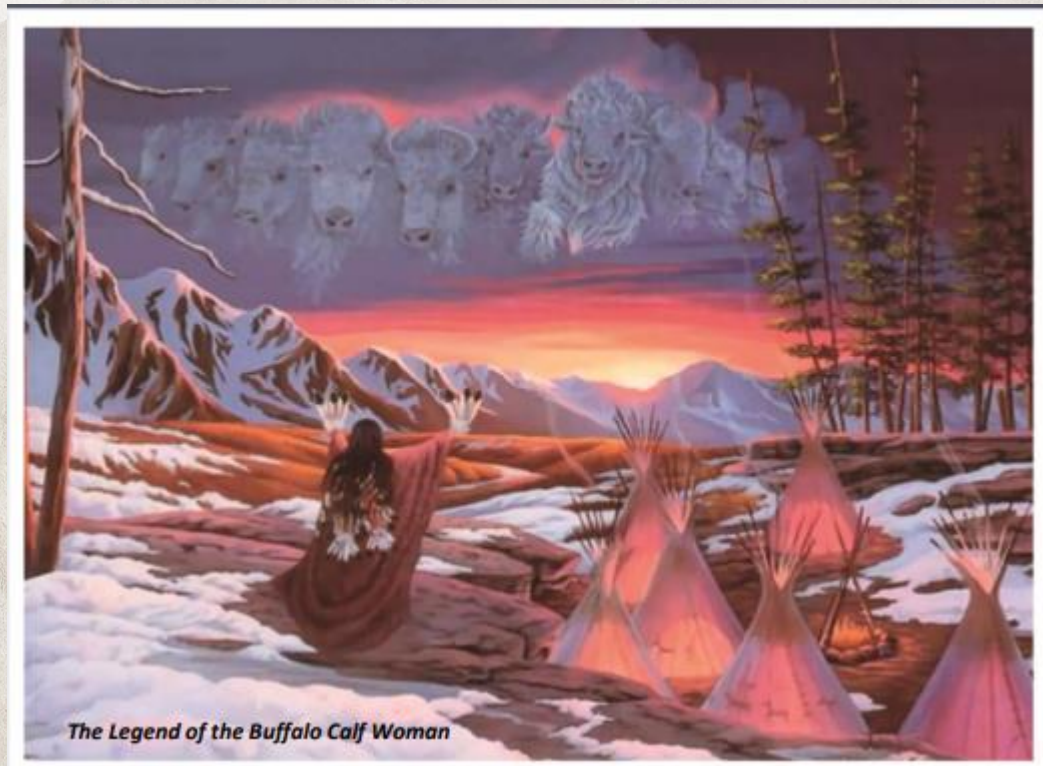
## Self-Determination Period

- 1957 out of State Law all right to vote
- 1978 American Indian Religious Freedom ACT



# PART II

## Legal Foundations of Indian Health





# TRIBAL SOVEREIGNTY

*The right and power to self-govern*



<https://mainebeacon.com/denial-of-tribal-sovereignty-is-an-archaic-remnant-of-a-racist-past/>

- ❑ **Tribes are sovereign nations**, with the power and duty to safeguard their citizens' health
- ❑ **Tribal nations predate the formation of the United States** – they retain their sovereignty
- ❑ **Tribal sovereignty has been repeatedly recognized and affirmed** by the U.S. Supreme Court, the U.S. Constitution, and hundreds of Indian treaties and federal statutes
- ❑ Tribes maintain a **Nation-to-Nation relationship** with the United States
- ❑ **“American Indian/Alaska Native”** is first and foremost a **political status**
- ❑ **Recognized NOT Granted**



# TRIBAL SOVEREIGNTY

means Tribes have the right to...

- ☐ Design public health and health care systems
- ☐ Collect, access, manage data
- ☐ Act as a Public Health Authority
- ☐ Set public health priorities
- ☐ Determine “best practices” for their people
- ☐ And more







**Tribal  
Sovereignty**

**Federal Trust  
Responsibility**

□ “Their relations to the United States resemble that of a ward to his guardian. They look to our Government for protection, rely upon its kindness and its power, appeal to it for relief to their wants[.]” *Cherokee Nation v. Georgia (1831)*

□ The "Government, following a humane and self-imposed policy ... has charged itself with moral obligations of the highest responsibility and trust' obligations to the fulfillment of which the national honor has been committed...Congress has expressed this policy in a series of statutes that have defined and redefined the trust relationship between the United States and the Indian tribes...[W]e have found that particular statutes and regulations ... clearly establish fiduciary obligations of the Government.” *United States v. Jicarilla (2011)*



# THE FEDERAL TRUST RESPONSIBILITY

means the federal government has a legal obligation to:

1. Promote Tribal self-government
2. Provide for the health and wellbeing of American Indians and Alaska Natives
3. Protect Tribal lands and resources

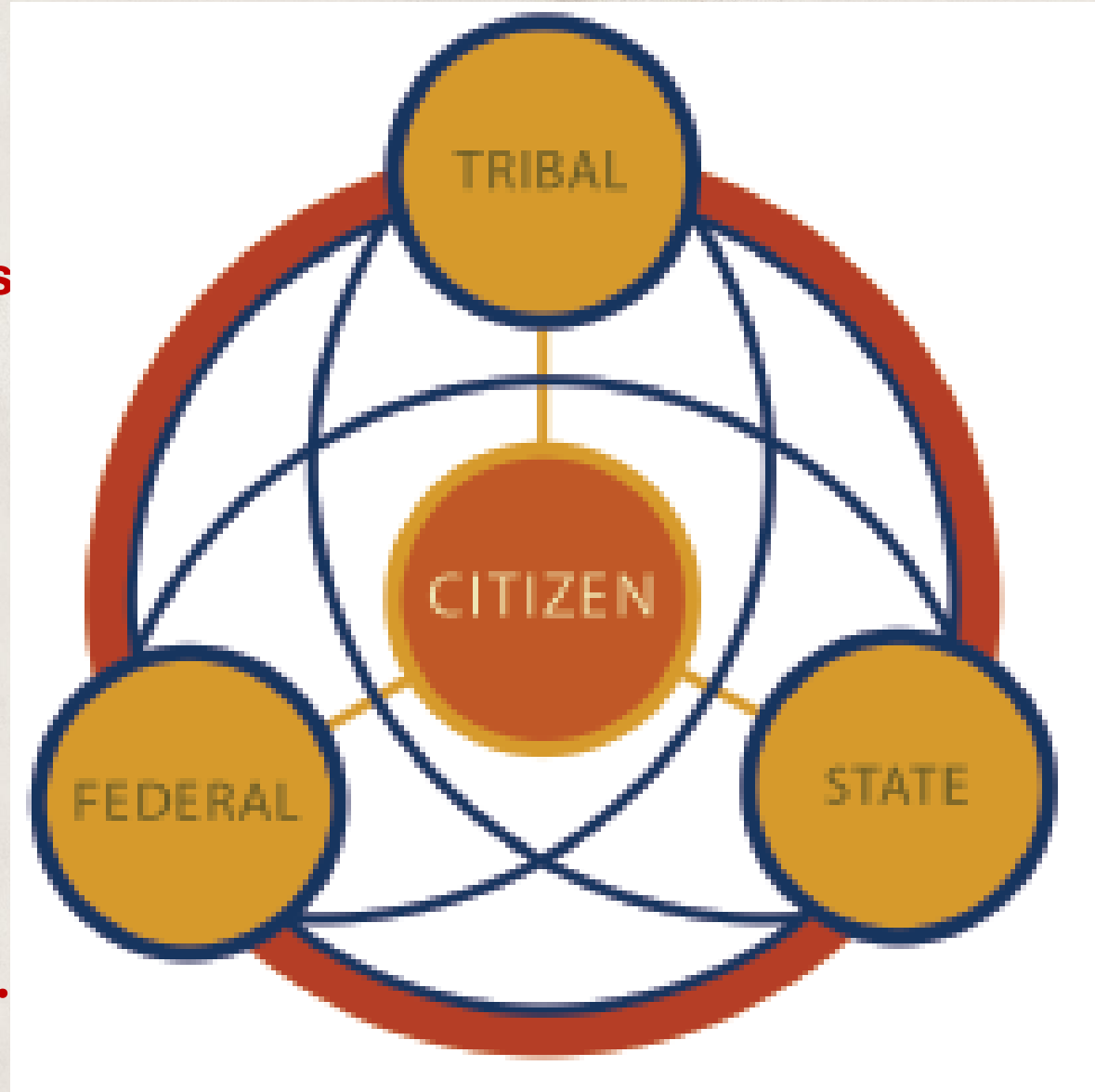
"The special relationship between Indians and the Federal government is the result of solemn obligations which have been entered into by the United States Government ... **[T]he special relationship ... continues to carry immense moral and legal force.** To terminate this relationship would be no more appropriate than to terminate the citizenship rights of any other American." Public Papers of the President: Richard M. Nixon, Special Message on Indian Affairs (July 8, 1970).





# A POLITICAL RELATIONSHIP

- ❑ US continues to recognize Tribal nations as sovereigns with a unique political status
- ❑ Does not derive from race or ethnicity
- ❑ Tribal citizens are citizens of three sovereigns:
  - Tribal nations
  - United States
  - State in which they reside
- **Federal Plenary Power: Congress has authority over all Tribal matters, not states.**





# LEGAL BASIS FOR THE INDIAN HEALTH SYSTEM



- ☐ US Constitution & Treaties
- ☐ Snyder Act of 1921
- ☐ Transfer Act 1954
- ☐ Indian Sanitation & Facilities and Services Act 1959
- ☐ Indian Self-Determination and Education Assistance Act (1975)
- ☐ Indian Health Care Improvement Act 1976
- ☐ ***Many other laws and legally binding documents reaffirm these obligations.***



# INDIAN SELF-DETERMINATION AND EDUCATION ASSISTANCE ACT (ISDEAA)

- ❑ Passed in 1975
- ❑ Establishes statutory framework for the federal government's Self-Determination Policy
- ❑ Provides path for Tribes to take control over federal programs for Indians by contracting or compacting with the federal government to carry out those programs





# ISDEAA (CONT.)



- ❑ Rebuild Tribal capacity to perform essential governmental functions previously taken from Tribes
  - E.g. health care, law enforcement, tribal courts, education, social services, natural resources management, and child welfare programs
  
- ❑ Improve the programs themselves by making them more responsive to local tribal needs, including by reallocating program funding
  - Limited to BIA and IHS programs



# INDIAN HEALTH CARE IMPROVEMENT ACT (IHCA)

- ❑ First federal legislation to enact specific statutory programs for Indian health care
- ❑ Intended not only to increase the “quantity and quality of health services” available to Indians, but also to “encourage the maximum participation of Indians in the planning and management of those services.”
- ❑ “It is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians... to ensure the highest possible health status for Indians... and to provide all resources necessary to effect that policy.”



# TRIBAL CONSULTATION: GOVERNMENT-TO-GOVERNMENT

- ❑ Government agencies who create policy that affects Tribes or with data on AI/AN people have a responsibility to engage in **government-to-government consultation with through Tribal Consultation**
- ❑ Consultation required by statute, regulations, and Executive Orders, like Executive Order 13175, which directs **federal agencies to “engage in regular, meaningful, and robust consultation with Tribal officials in the development of federal policies that have Tribal implications”**





# PARTS I & II SUMMARY

- ✓ Tribal Nations have been part of the fabric of the United States since the dawn of the republic, and are sovereigns as established by U.S. law and confirmed by SCOTUS
- ✓ In return for land and peace, Tribal Nations were promised health care services, among other benefits.
- ✓ Congress supported this promise through laws such as the Snyder Act, the Indian Health Care Improvement Act, and the Affordable Care Act.
- ✓ The political status of Tribal Nations is based on their sovereignty, not on race.
- ✓ The Indian Self-Determination and Education Assistance Act (ISDEAA) changed Tribal health systems to support self-governance, focusing on Tribal control, local management, and improving health outcomes and program efficiency.



# Indian Health Service Overview





# 12 IHS REGIONS

## Indian Health Care System Overview

- ☐ The Indian Health System includes IHS, Tribal, and Urban Indian programs (I/T/U system)
- ☐ Over 660 IHS and Tribal campuses across 37 states
- ☐ Mostly rural and remote locations
- ☐ Supports more than 850 major health facilities and 1,000 support structures





# INDIAN HEALTH SERVICE OVERVIEW

## ❑ **Creation and Mission:**

- Indian Health Service (IHS) created in 1955 by the federal government.
- Tasked with providing health services to AI/AN.
- Goal: Raise the health status of AI/AN to the highest possible level.
- Operates under the Department of Health and Human Services.

## ❑ **Serving the People**

### **Primary Federal Health Provider:**

- Serves 2.8 million AI/AN people across 565 federally recognized Tribes.
- Services include primary care, behavioral health, and dental care.



# DELIVERING HEALTH SERVICES

## I/T/U System: IHS/Tribal/Urban

- ☐ Services delivered through IHS, Tribally-contracted and operated programs, and private providers (through the Purchased/Referred Care program).
- ☐ Tribes can choose direct services from IHS, contracting/compacting agreements to run their own health programs, or a combination.
- ☐ IHS also funds Urban Indian health services.





# INDIAN FACILITY HEALTH SNAPSHOT

## ☐ IHS-Operated (Federal)

- 21 hospitals
- 53 health centers
- 25 health stations

## ☐ Tribal-Operated (638 Contracts/Compacts)

- 22 hospitals
- 330 health centers
- 76 health stations
- 146 Alaska Native village clinics

## ☐ Urban Indian Health Programs

- 41 urban Indian health program sites across the U.S.

## ☐ Additional Services & Infrastructure

- 11 regional youth substance abuse treatment centers
- 2,300+ staff quarters/housing units



# IHS FUNDING-FY 2025 STATUS GAP

## FY 2025 Appropriations

### ❑ \$8.2 billion total funding

- \$8.0 b discretionary + \$0.26 b mandatory (for Special Diabetes Program) **16 % increase** over FY 2023 discretionary levels **Tribal Request vs. Actual**
- Tribally-developed needs-based request: **\$53.8 b to \$73.0 b**
- FY 2025 funding meets only **~1/7 of that need**

### ❑ Structural Improvements & Shortcomings

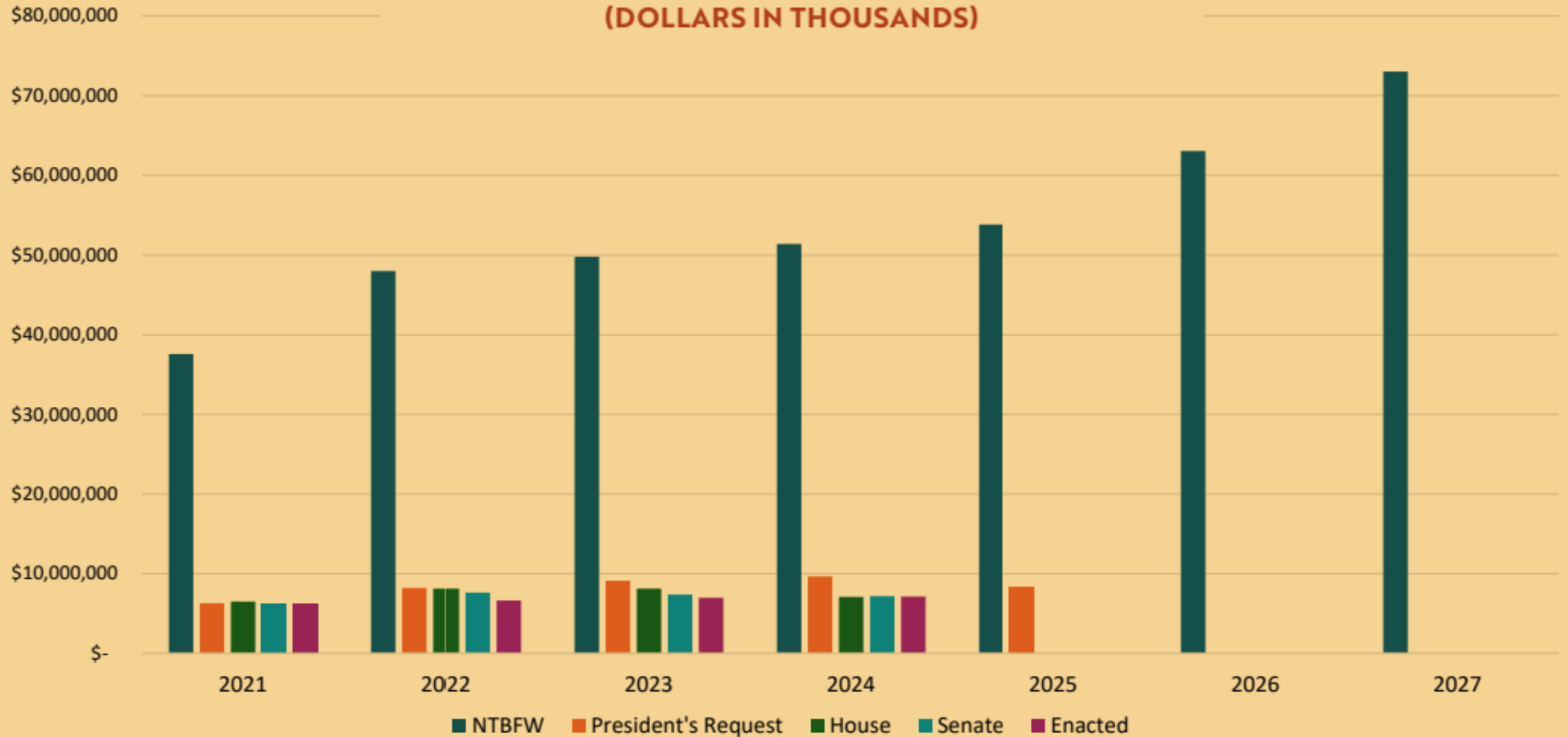
- Advance appropriations protect most IHS funding from shutdowns Chronic underfunding remains; affects services like cancer screening & preventive care (referred care limits)

### ❑ Importance of Full Funding

- **Critical reliance:** many AI/AN individuals, especially in remote areas, depend solely on IHS
- Limited alternative access due to geography and cost
- Full funding & infrastructure investment needed to close health disparities



## IHS BUDGETS REQUEST VS ENACTED SPENDING (DOLLARS IN THOUSANDS)





# Vacancy Rates

Indian Health Service Vacancy Rates – February 2024

Area	Vacancy Rate Overall	Physicians Vacancy Rate	Nurse Vacancy Rate	Advanced Practice Nurse Vacancy Rate	Dentist Vacancy Rate	Pharmacist Vacancy Rate	Physician Assistant Vacancy Rate	Engineer Vacancy Rate	Behavioral Health Vacancy Rate	Human Resources Specialist Vacancy Rate	Contract Specialist Vacancy Rate	Information Technology Specialist Vacancy Rate
Alaska	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Albuquerque	41%	40%	51%	62%	44%	40%	40%	28%	78%	52%	31%	32%
Bemidji	31%	50%	30%	30%	50%	19%	0%	36%	62%	0%	17%	17%
Billings	41%	58%	49%	50%	27%	39%	53%	38%	59%	16%	31%	23%
California	26%	0%	29%	0%	0%	0%	0%	32%	32%	33%	29%	9%
Great Plains	36%	63%	37%	51%	45%	23%	20%	42%	47%	12%	30%	26%
Headquarters	20%	0%	6%	0%	22%	25%	0%	6%	0%	24%	9%	10%
Nashville	27%	50%	36%	0%	40%	50%	0%	19%	73%	45%	0%	20%
Navajo	23%	24%	32%	28%	32%	28%	31%	49%	27%	25%	38%	20%
Oklahoma City	22%	29%	13%	21%	29%	11%	0%	39%	34%	32%	40%	21%
Phoenix	34%	32%	34%	32%	43%	32%	35%	51%	49%	31%	37%	34%
Tucson	34%	0%	0%	0%	0%	0%	0%	40%	0%	0%	0%	0%
Portland	36%	48%	45%	32%	43%	20%	33%	40%	36%	50%	50%	20%
Total	30%	36%	34%	35%	37%	27%	32%	38%	44%	27%	30%	21%

\*This date is from February 2024.



PART IV:  
HEALTH EQUITY IN  
INDIAN COUNTRY





"Since our nation's founding, the United States and Native Americans have committed to and sustained a special trust relationship, which obligates the federal government to promote tribal self-government, support the general wellbeing of Native American tribes and villages, and to protect their lands and resources."



## BROKEN PROMISES:

Continuing Federal Funding Shortfall  
for Native Americans



BRIEFING  
REPORT



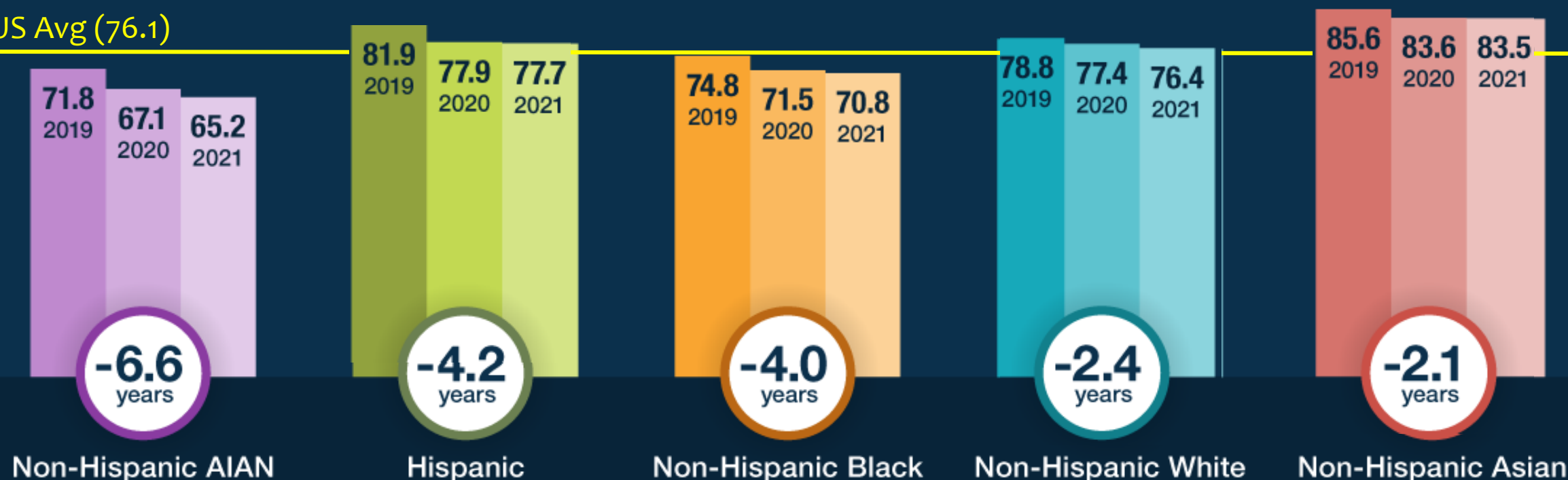
DECEMBER 2018



# U.S. LIFE EXPECTANCY AT BIRTH, PROVISIONAL MORTALITY DATA FOR 2021

The non-Hispanic American Indian and Alaska Native (AIAN) population experienced the largest decline in life expectancy between 2019 and 2021

2021 US Avg (76.1)



SOURCE: National Center for Health Statistics, National Vital Statistics System.  
For more information, visit [www.cdc.gov/nchs/data/vsrr/vsrr023.pdf](https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf).

[www.cdc.gov](https://www.cdc.gov)





Colonialism introduced foreign structures and systems

- Federalism
- Capitalism
- US Government paternalism
- Structural discrimination

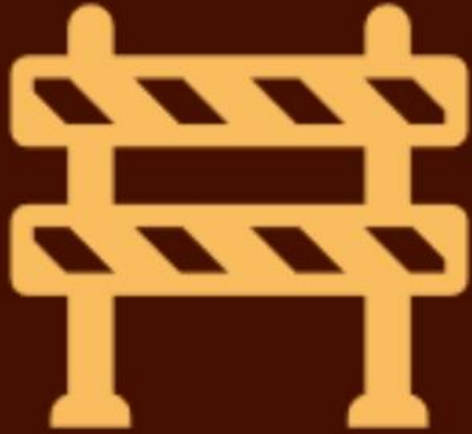


Colonialist aims separated AI/AN from community, identity, and culture

- Genocide
- Forced relocation
- Taking of lands
- Forced assimilation policies
- Federal Indian boarding schools



As a direct result,  
Colonialism  
created:



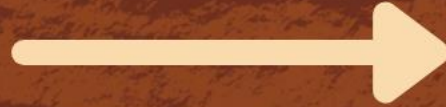
- Erasure of AI/AN from mainstream American society & consciousness
- Barriers to Tribal self-governance
- Distrust between Tribes and state/federal governments
- Governance structures that limit meaningful Tribal participation
- Generational poverty
- Tension between majority American culture and Native cultures
- Historical and intergenerational trauma
- Small, minority population of AI/AN





## Leading to self-perpetuating problems for AI/AN

- Disparities in opportunities (education, jobs, healthcare)
- Exclusion of AI/AN and Tribes in decision-making
- Data practices that exclude AI/AN from representation
- Severely underfunded public sector



- Tribes have limited resources to address these systemic problems.
- AI/AN must leave their homes and communities to access resources, meet needs, and pursue opportunities.

AI/AN are then further separated from their communities and culture





Complex Grief

Substance Use  
Disorder

Oppression



Systemic Racism

Acute  
Trauma

Collective  
Trauma

ACEs

Epigenetic mechanisms

Intergenerational Trauma

Historical Trauma

Lateral Violence

PTSD



Community Trauma

Mental Health  
Disorder

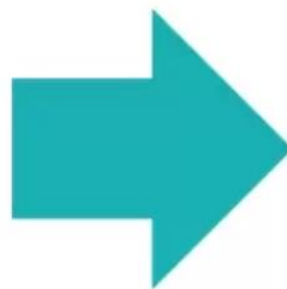




Of those, over  
**19%**  
reported having a  
mental illness in the  
past year<sup>2</sup>



That is over  
**827**  
thousand  
people



Enough to FILL EVERY major  
league baseball stadium on the  
East Coast TWICE<sup>3</sup>



x 2



INDIGENOUS  
PERSPECTIVES  
OF HEALTH  
EQUITY

Safety  
reparative  
spiritual  
resources  
justice  
community  
well-being  
holistic  
cultural  
language  
tradition  
knowledge  
experience  
wisdom  
strength  
resilience  
endurance  
perseverance  
courage  
bravery  
determination  
commitment  
dedication  
passion  
love  
compassion  
empathy  
kindness  
generosity  
gratitude  
humility  
patience  
forgiveness  
mercy

thriving

The ability to obtain optimal health

joy

[illegible]

A collage of words related to healthcare and justice, including "S", "creating", "prioritizing", "equal", "fairness", "medicine", "Justice", "system", "Traditional Medicine", "resource", and "let's". The words are in various colors (blue, red, yellow, white) and fonts, overlapping each other.

# Safety

visibility  
access

ity  
ess  
sovereignty  
supports health for everyone  
gene

[illegible]

# quality healthcare for all

cultural competency

*“When I think of those two words, they're the same thing, because if you have inequity, you can't have health.”*

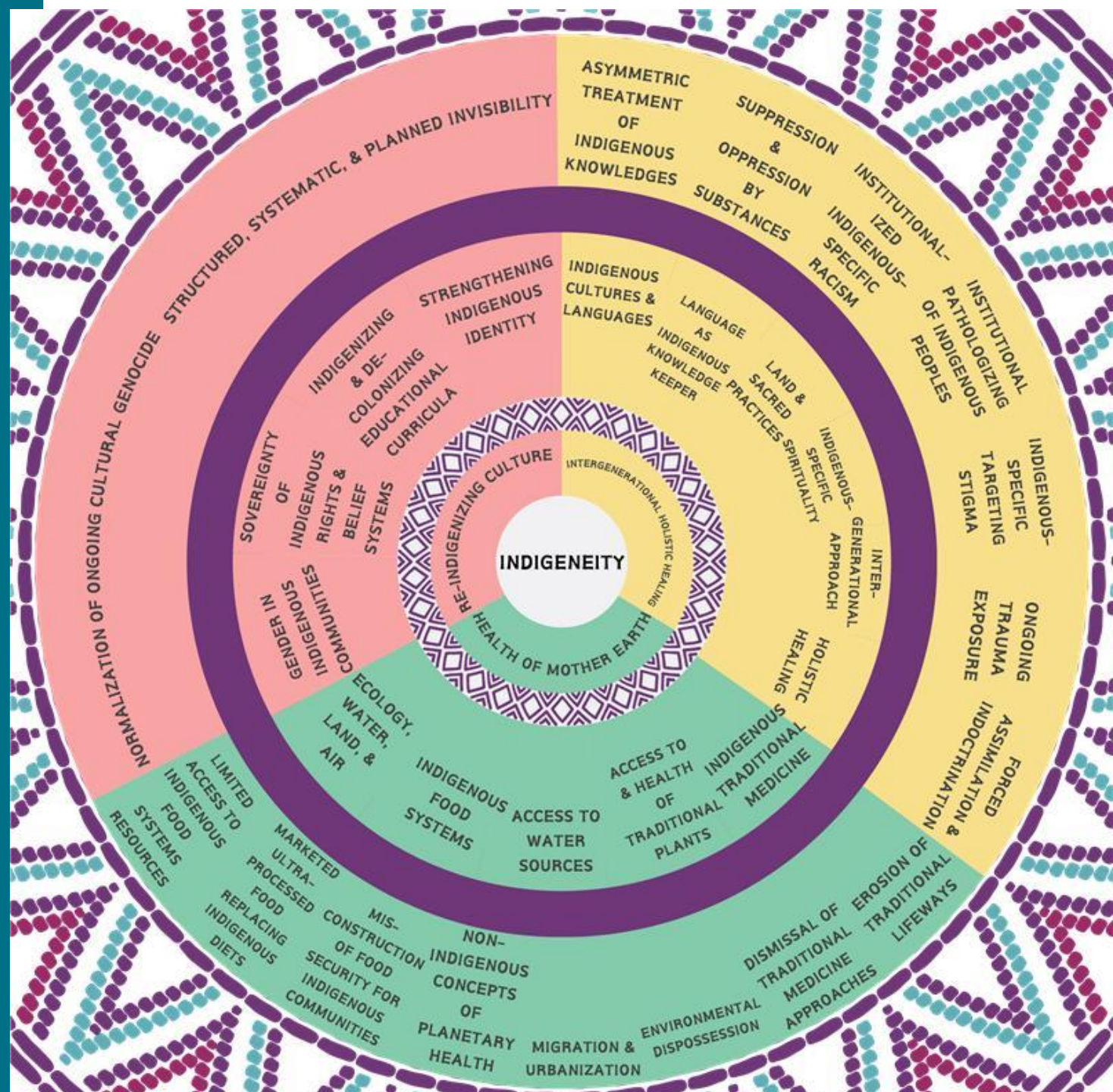


# INDIGENOUS DETERMINANTS OF HEALTH

Health of Mother Earth

Re-Indigenizing Culture

Intergenerational Holistic Healing





# FOUNDATIONS OF HEALTH EQUITY

— for American Indians and Alaska Natives (AI/AN) —

5 Essential Components

## 1. Tribal Sovereignty

Respect for Tribal Nations as sovereigns and expanded Tribal self-governance are foundational to AI/AN health equity.

## 2.

### Resilience through Culture

Leaning into traditional values and worldviews opens new paths forward.

- Extended family structures
- Traditional healing
- Traditional food systems
- Community, connection, and belonging
- Native perspectives on health & wellbeing

## 3.

### Strong Tribal Institutions

With collaboration, emphasis on traditional values, and prioritization of health and wellbeing, Tribal institutions can be powerful forces for AI/AN health equity.

- Tribal governments
- Regional and National Indian organizations
- Schools & colleges
- Healthcare systems
- Justice systems

## 4.

### Tribal Empowerment in State & Federal Governance

Undoing centuries of harm to AI/AN requires dedication to rebuilding relationships and trust and purposeful inclusion of Tribes in decision-making.

- Meaningful Tribal consultation
- Inclusion in agency task forces & committees
- Active Tribal Advisory Committees
- Expanded pathways for AI/AN to become elected officials and government employees

## 5.

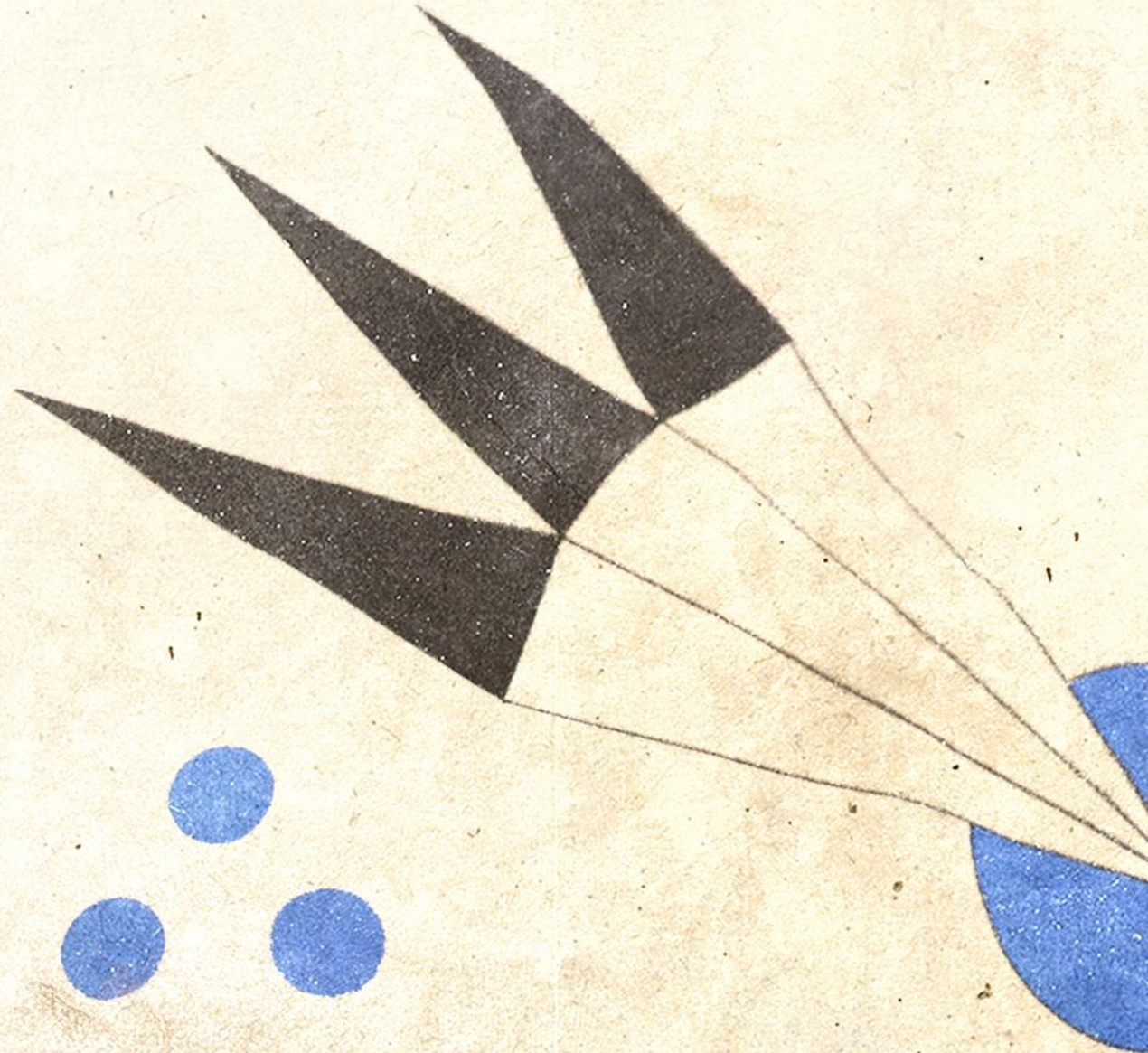
### Federal Trust Responsibility

To fulfill the trust responsibility for protecting AI/AN health, the US government must:

- Fully fund the Indian health system
- Ensure Tribes have sufficient resources and capacity to meet needs and participate actively in governance
- Reverse AI/AN erasure through cultural competence training of government employees, Tribally informed public school curricula, and improved data practices



# Part V: Working With Tribes





**States, funders, and health organizations can use existing laws and legal principles as tools for AI/AN health equity, including by:**

expanding Tribal self-governance,

investing in Tribal public health capacity,

prioritizing Tribal consultation

respecting Tribal sovereignty

training their organizations on Tribal sovereignty and cultural safety

translating law principles in theory -> policy on paper -> practical impact

- Making sure the promise and possibilities are realized; No more “broken promises”



5 KEY CONCEPTS  
TO ADVANCE  
AI/AN HEALTH  
EQUITY

RESPECT,  
RELATIONSHIPS,  
RECIPROCITY

Tribal  
Sovereignty

Start at  
Home

Focus on  
Relationships

Health  
Equity

Data  
Sovereignty  
& Access

Tribal  
Consultation



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**QUESTIONS?**





**Nea'ese**

**THANK YOU!**