There’s No Prescription for That: What is the Role of Behavioral Health in Addressing Social Determinants of Health?

IHS Integrated Behavioral Health Conference
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Presented by:
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School of Social Work
Arizona State University
“The views expressed in this presentation are solely belonging to the presenters and do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or Indian Health Service, nor does mention of the department or agency imply endorsement by the U.S. Government.”
Indigenous Land Acknowledgement

OAIP acknowledges with respect, that the physical locations of the Arizona State University School of Social Work are within the ancestral homelands of those American Indian tribes that have sustained connections to its lands and waters since time immemorial, including the Akimel O’odham (Pima), Pee Posh (Maricopa), and Tohono O’odham peoples.
Objectives

Participants that engage in this session will:

- Relate the impacts of the Indigenous Health Gap to their lived experiences and daily work with patients/clients systems.

- Identify opportunities and roles for various health professions and opportunities to address root causes of the Indigenous Health Gap.

- Share perspectives and visions for healthy futures for Indigenous peoples, including strategies to work toward that vision.
Chris Sharp

- Colorado River Indian Tribes, Mohave
- Hometown: Parker, Arizona
- ASU Graduate
  - B.S. American Indian Studies (2002)
  - M.S.W. (2011)
- Clinical Assistant Professor & Director, Office of American Indian Projects
  - Program Evaluator
  - Technical Assistance Provider
  - Trainer
  - Advisor/Mentor
  - Field Liaison
  - Field Instructor
  - Course Instructor
  - Researcher
  - Vice Chair, Native American Connections Board of Directors
- Doctoral Candidate – University of Southern California Online DSW program
Turquoise Devereaux

Flathead Indian Reservation in Western Montana
Salish and Blackfeet
BSW- University Of Montana
MSW- Arizona State University
Project Coordinator at The Office of American Indian Projects
Getting Started: Introduce yourself

- Google Jamboard

- Put a “sticky note” on the board and provide the following:
  - First name
  - Position/Job
  - Profession or type “community member”

- What does Integrated Behavioral Health mean to you?
What does Integrated Behavioral Health mean to you? What does it look like?

Collaboration:

Sharing ideas, what works and what doesn't.

Wrap around services for clients:
The ability to sit in a desk, or on a beach, forest, and listen to the wisdom that can be shared.

Whole Person Care:
Providing individuals with access to holistic care.

Talking Circle:
Reaching out to work together.

One Stop Shop:
Helping those without the means to help themselves.

Safety, honoring, listening:
We had a Youth Pow Wow this weekend.

Safety, honoring, listening:
Improving communication between behavioral health and primary care providers.

Finding commonality and collaborating on outcomes:
Collaboration between stakeholders with support of funding sources and government entities.
Office of American Indian Projects
School of Social Work

- Founded in 1977
- Purpose – Capacity development
- Vision – Tribal delivery of social and human services
- Mission
  - American Indian research and Grant projects that reinforce Tribal-Federal relationship
  - Student recruitment, retention, mentorship
Projects & Partnerships

- MMIW Study
  - AZ MMIW Legislation Study
  - Women & Philanthropy funded study

- Inter Tribal Council of Arizona
  - CPS Academy and ICWA Seminar

- Gila River Health Care
  - Tribal Opioid Response Evaluation (TOR I & 2)

Friendship Basket by Marian Cruz, Tohono O’odham
Initiatives

- OAIP Scholarship
- IHS Partnership
  - Pathways Internship
  - Exploring ways to increase # of grads obtaining licensure
- Tribal Title IV-E Partnerships
- Tribal College Partnerships

Now offering fully online MSW and BSW with Live class sessions!
I understand the obstacles that American Indians face. When people hear my story, I want to give them a sense of hope.

- TASHA PEACOCK, MSW ’18
  OAIP WEAVING PERSPECTIVES GRADUATE
Closing the Indigenous Health Gap

Chris Sharp

Indigenous Health Gap

Close the Health Gap Grand Challenge for Social Work

Indigenous Health Gap in the U.S.

INDIGENOUS PEOPLE NEEDED TO LEAD THE WORK
Selected Health Disparities of American Indian Residents for Selected Health Problems, 2008-2018

Source: Arizona Department of Health Services

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<tbody>
<tr>
<td>Alcohol-induced</td>
<td>375.5%</td>
<td>417.5%</td>
<td>501.4%</td>
<td>348.3%</td>
<td>453.5%</td>
<td>439.5%</td>
<td>359.8%</td>
<td>537.1%</td>
<td>599.7%</td>
<td>546.6%</td>
<td>594.1%</td>
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<tr>
<td>Chronic liver disease and cirrhosis</td>
<td>250.4%</td>
<td>342.6%</td>
<td>425.2%</td>
<td>225.4%</td>
<td>335.3%</td>
<td>327.6%</td>
<td>299.5%</td>
<td>420.8%</td>
<td>470.1%</td>
<td>421.1%</td>
<td>525.4%</td>
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<td>Unintentional Injury</td>
<td>203.0%</td>
<td>114.8%</td>
<td>126.5%</td>
<td>121.1%</td>
<td>123.6%</td>
<td>125.6%</td>
<td>97.4%</td>
<td>189.0%</td>
<td>159.1%</td>
<td>156.8%</td>
<td>158.5%</td>
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<tr>
<td>Homicide</td>
<td>81.2%</td>
<td>140.0%</td>
<td>176.9%</td>
<td>95.1%</td>
<td>193.2%</td>
<td>200.0%</td>
<td>58.9%</td>
<td>180.4%</td>
<td>180.4%</td>
<td>179.7%</td>
<td>193.4%</td>
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<td>Suicide</td>
<td>80.0%</td>
<td>-1.2%</td>
<td>12.0%</td>
<td>-13.4%</td>
<td>10.5%</td>
<td>28.8%</td>
<td>-13.9%</td>
<td>6.7%</td>
<td>36.6%</td>
<td>45.6%</td>
<td>87.2%</td>
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<tr>
<td>Drug-induced</td>
<td>-13.4%</td>
<td>-21.4%</td>
<td>-29.0%</td>
<td>-42.9%</td>
<td>-17.8%</td>
<td>10.7%</td>
<td>-27.1%</td>
<td>-20.2%</td>
<td>-17.6%</td>
<td>8.2%</td>
<td>22.8%</td>
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<td>Motor vehicle injury</td>
<td>203.0%</td>
<td>218.1%</td>
<td>275.7%</td>
<td>256.3%</td>
<td>231.6%</td>
<td>178.1%</td>
<td>246.6%</td>
<td>331.0%</td>
<td>275.5%</td>
<td>291.3%</td>
<td>320.5%</td>
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<td>Alcohol use during pregnancy</td>
<td>160.0%</td>
<td>180.0%</td>
<td>266.8%</td>
<td>200.0%</td>
<td>200.0%</td>
<td>175.0%</td>
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In Arizona 38% of all agencies in High Needs areas are IHS, Tribal, or Urban IHO (Mental Health PSA score of 15+)

- Health Resources and Services Administration
  - Designates “Medically Underserved Areas” or “Professional Shortage Areas”
- Mental health shortage areas, scale of 0-25
  - population to provider ratio
  - poverty levels
  - elderly ratio
  - youth ratio
  - alcohol abuse prevalence
  - substance abuse prevalence
  - travel time to nearest source of care
Impacts of Historical and Intergenerational Trauma

Historical context- historical oppression
Impact of high levels of trauma on the body
Epigenetics
Community perspective
Lack of Cultural Safety in Services

Culturally Safe- complexities of Indigenous identity

Created in the 1980s by a Maori Nurse

“an environment... where there is no assault, challenge or denial of their identity, of who they are and what they need... shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening"

(Williams, 1999, p. 2)
Why is Cultural Safety important?

Culturally Safe- complexities of Indigenous identity

“...culturally safe practice moves beyond accepting differences to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers” (NAHO, 2006)
The pandemic has revealed what advocates have been saying for decades…

- The system of care has been chronically underfunded.

"Let me give you some numbers. The average Medicare spending per beneficiary is almost $12,000 a year. The average spending, national health means everyone, is about $8,000. The average spending in the veteran system is $7,000. The average spending in Medicaid, per enrollee, is almost $5,600. When we look at what we spend in Indian health, it is barely $3,000. Is anyone shocked that we are here? Is anyone shocked that we have these problems?"

Senator Heidi Heitkamp, North Dakota. U.S. Senate Committee on Indian Affairs Hearing on Feb. 3, 2016: Reexamining the Substandard Quality of Indian Health Care in the Great Plains
Despite past challenges, we are driven by hope
Social Determinants of Health (SDOH)

- Nonmedical factors that influence health and health outcomes
- **WHO definition** – “the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life”
- American College of Physicians (Daniel et al., 2018) – most health inequalities are attributable to SDOH
Social Work Approaches

- **Person-in-Environment – James Karls**
  - Relationship-centered approach with primary focus on interaction between person in environment

- **Ecological Model – Carel Germain**
  - People and environments compose a system with cultural and historical contextual factors

- **Relational Worldview – Terry Cross**
  - Cyclical, non-linear approach Rooted in tribal cultures. The balance and harmony in relationships between multiple system domains impact health and wellness

Cross (1997)
Interactive Session

• Brainstorm Session
  ◦ Let’s share what we know

• Three ways to share
  ◦ Directly on the Jamboard
  ◦ In the Zoom chat
  ◦ Or through your phone or mic

• How do SDOH impact your daily work?

• What’s missing with the SDOH framework?

Click Here to Join the Jamboard
What are you seeing? Non-medical factors that impact the health of communities & people you serve?

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<tr>
<th>General Population</th>
<th>Indigenous &amp; AI/AN-Specific</th>
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<tr>
<td><strong>Stigma of mental health</strong></td>
<td><strong>Gang violence and DV/SV</strong></td>
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<td>Housing, employment, transportation.</td>
<td>Lack of access to healthy food</td>
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<tr>
<td>Discrepancies in care between on-reservation and off-reservation.</td>
<td>Lack of housing</td>
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<td>Lack of clinical staff to meet the demand on substance use disorders that lead to MH needs</td>
<td><strong>Perpetuation of stereotypical behaviors among generations</strong></td>
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<td>Lack of coordinated services</td>
<td>Lack of awareness of alternative styles of living (role modeling)</td>
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<tr>
<td><strong>Lack of healthy role models</strong></td>
<td><strong>Family is being torn apart</strong></td>
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<td>Lack of gainful employment</td>
<td><strong>bad internet in rural areas</strong></td>
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<td><strong>Lack of resources</strong></td>
<td><strong>Lack of public transport.</strong></td>
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<td>Drug dealers</td>
<td><strong>Transportation challenges</strong></td>
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<td>Denial, lack of trust and resources, breakdown of family</td>
<td><strong>Connection to culture</strong></td>
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<td>Transportation and grief</td>
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The Challenge: Take ideas back with you

- What does a Healthy Indigenous Future look like?
- How can we get there?
- What can you do as an individual (personally and/or professionally)?
Discussion and Q&A
Thank you!

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References


Health Resources and Services Administration. (2020). HPSA Find. HPSA Find (hrsa.gov)

