



Urban American Indian Health & Health Services
in Maryland

Maryland Medicaid Advisory Committee

February 25, 2019



Native American Lifelines is a Title V Urban Indian Health Program funded by the Indian Health Service.

It is the mission of the Indian Health Service to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Mission

The mission of Native American Lifelines is to promote health and social resiliency within Urban American Indian communities. Native American Lifelines applies principles of **trauma informed** care to provide culturally centered behavioral health, dental, and **outreach and referral** services.

Services Provided

Baltimore

- behavioral health services / telebehavioral health
- medical case management (including purchase of care referrals)
- health promotion /disease prevention activities
- general dentistry
- youth & family programming
- *new* Family Spirit Program
- transportation services
- resource workshops & health fair events
- prison outreach
- community outreach & cultural supports

Our Team

Kerry Hawk Lessard , MAA (Shawnee): Executive Director

Dustin Richardson, LCPC (Blackfeet): Clinical Director

Jess McPherson , CACS (Shawnee): Fiscal Manager

Jessica Dickerson (Lumbee): Medical Case Manager

Christopher Simmons: Transportation Coordinator

Tavi Hawn, LCPC (Cherokee): Contracted Mental Health Clinician

Shelly Wiechelt, PhD: Contracted Substance Abuse Treatment

Who is an Urban Indian?

Urban Indians are tribal members or descendants who are currently living outside of federally-defined tribal lands in U.S. cities.

- government policies that forced relocation in the 1950s
- termination policies that forced assimilation into Non-Native culture

For Urban Indians in particular, and the termination policies that forced assimilation into Non-Native culture, have had long-term health consequences.

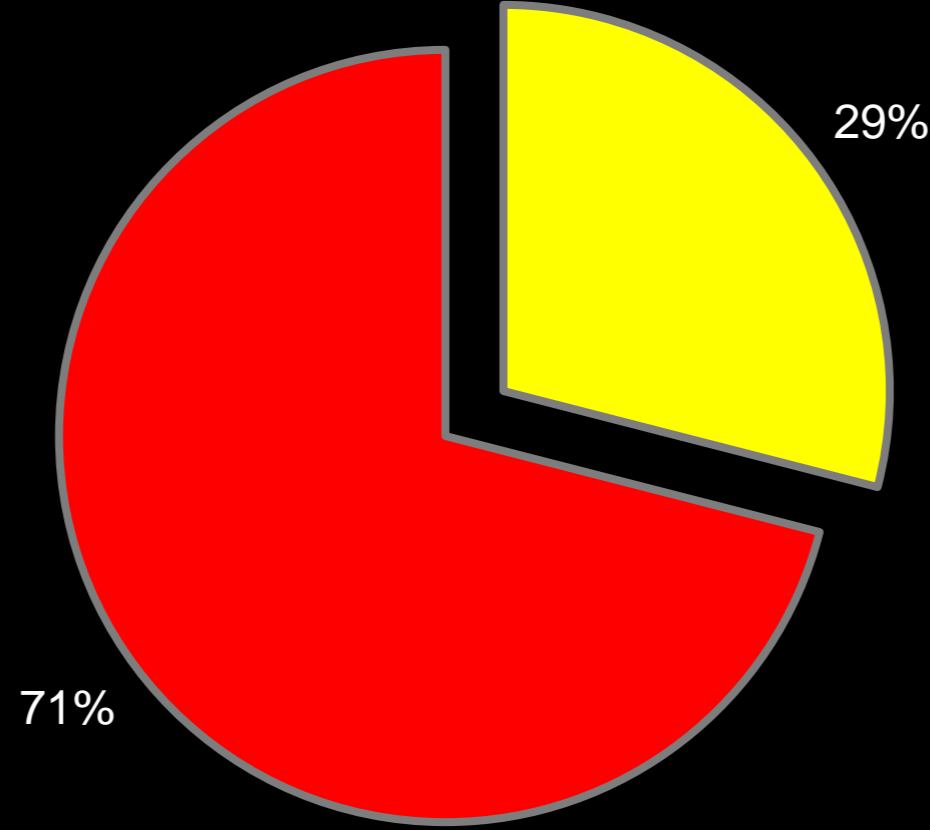
Class '95. Indian School



History of Urban Indian Health Services

- 1950s – 1960s: B.I.A. relocated over 160,000 AI/AN to selected urban centers across the country.
- late 1960s: community leaders advocate for culturally appropriate health programs for AI/AN
- 1966: pilot UIHP in Rapid City, SD
- 1973: Congressional study of unmet needs in Urban AI/AN community in Minneapolis, MN > appropriate funding under Snyder Act of 1924
- 1976: Indian Health Care Improvement Act (PL.94-437)
 - Title V: direct medical services, alcohol services, mental health services, HIV services, health promotion, and disease prevention services

Location of Residence (U.S. Census Bureau, 2010)



■ Non-Urban

■ Urban AI/AN

American Indians in Baltimore, MD (U.S. Census Bureau, 2010)

AI/AN alone: 2,270

AI/AN in combination: 3,591

0.37% of total population

Median age: 35.6

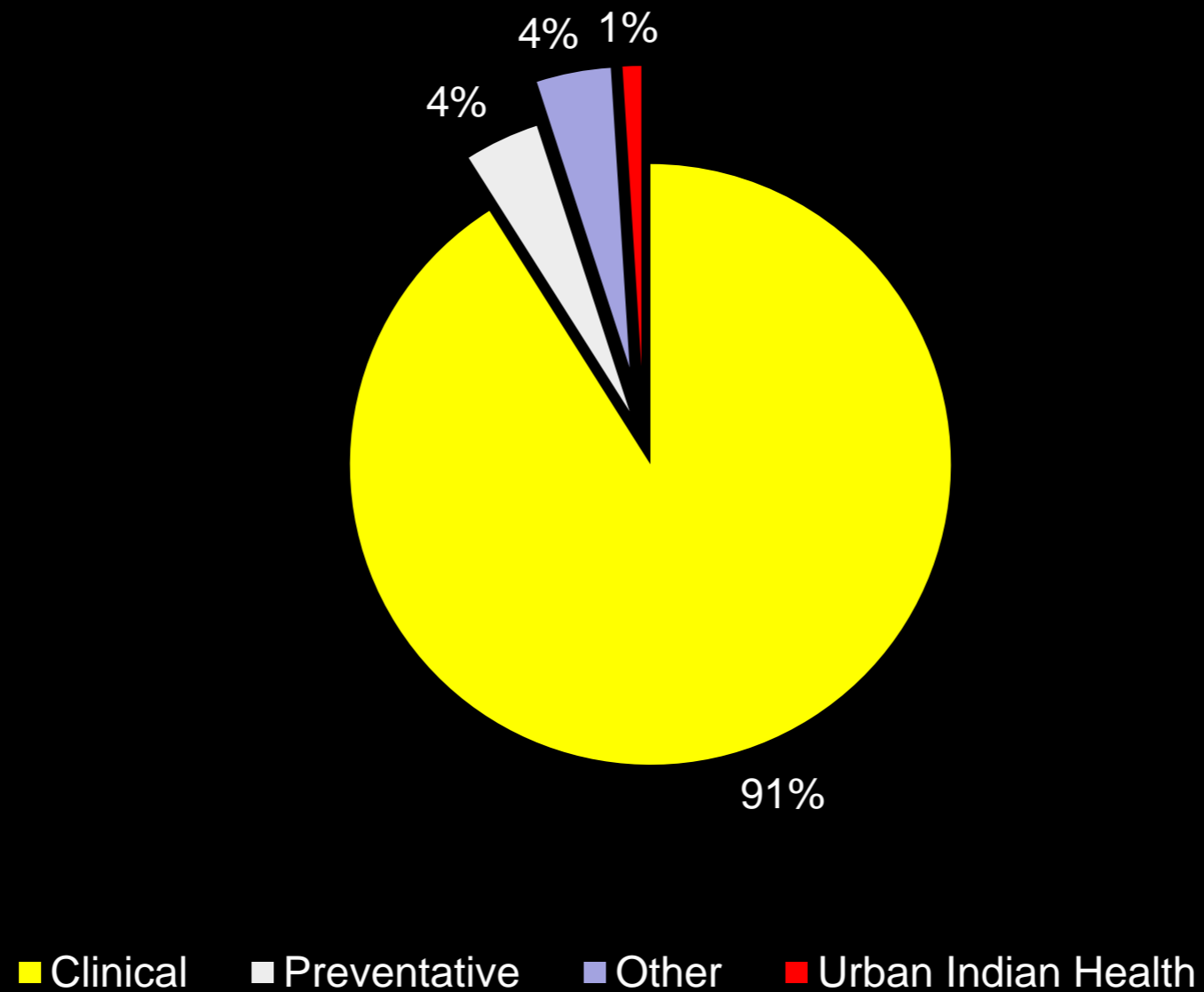
Total Under 18: 498

Majority tribe(s): Cherokee*, Lumbee

** by self-report*



2016 Indian Health Service Budget



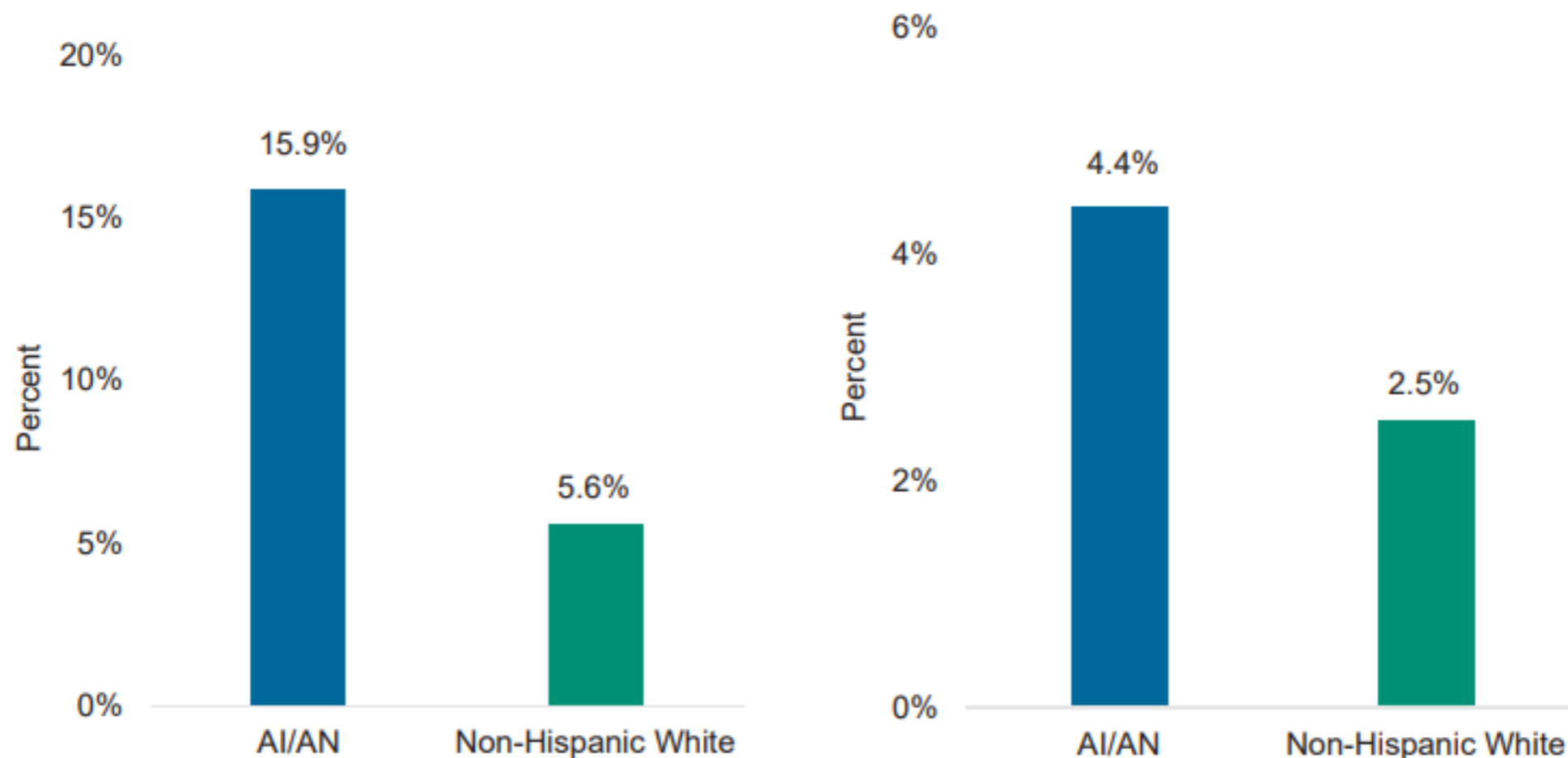
Urban American Indians



- 20.3% of Urban Indians live in poverty compared with 12.7% of urban population in general
- profound health disparities (DM, cancer, cardiac disease, **SA/ETOH abuse, mental distress, etc.**)

Figure 1: Population Under 65 with No Health Insurance Coverage, 2010-2014

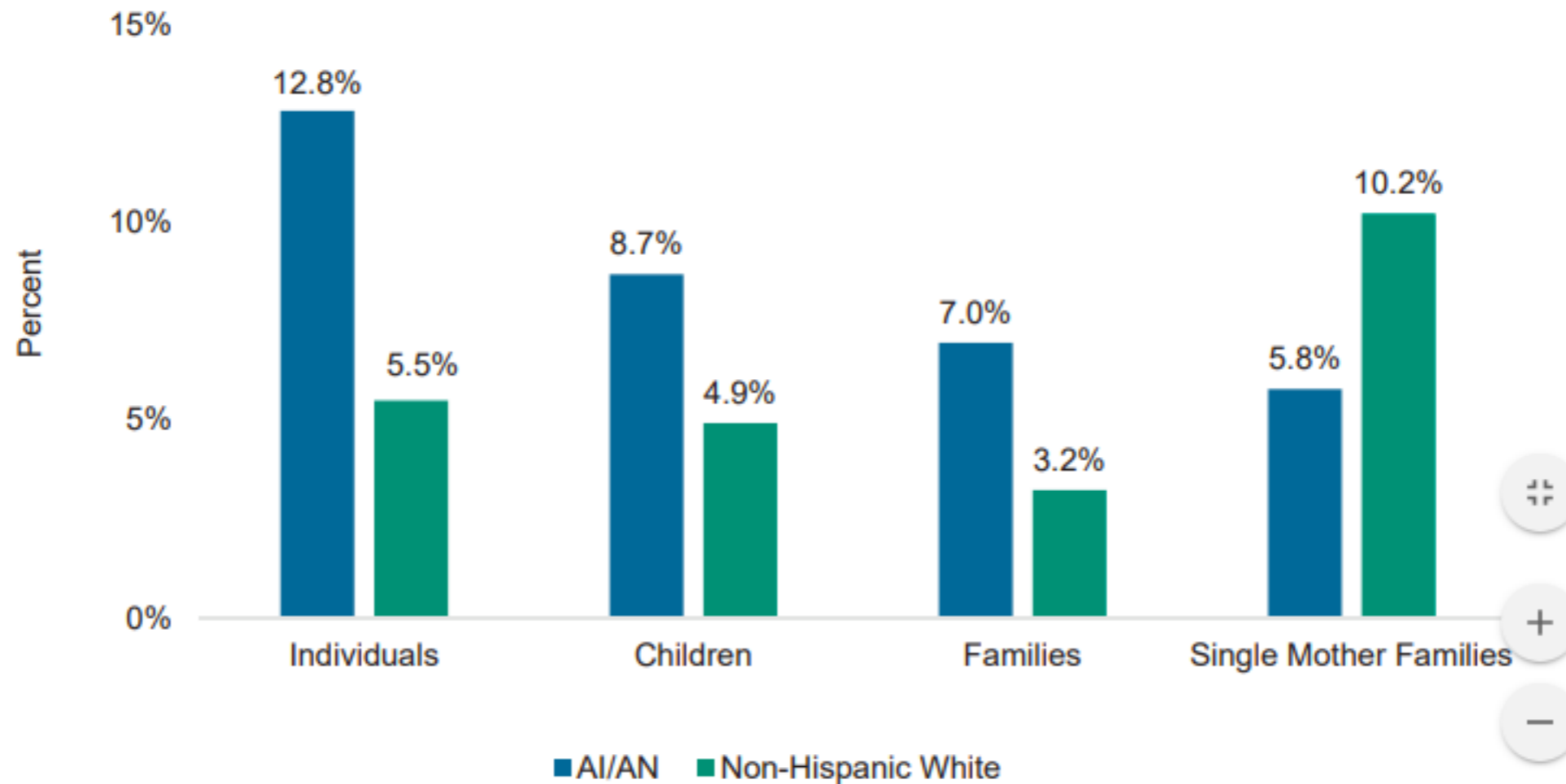
Figure 2: Population Under 18 with No Health Insurance Coverage, 2010-2014



Source: American Community Survey, 2010-2014

Source: American Community Survey, 2010-2014

Income Below the Federal Poverty Level in Past Year, Baltimore Service Area, 2010 - 2014



Source: American Community Survey, 2010-2014

Data matters.

What is your ethnicity?

- White
- Black
- Asian
- Latino
- Other

“Othering”
dehumanizes and
impedes our
ability to fully
understand the
health status of
Urban AI/AN.

Data matters.

Few culturally-specific, evidence-based disease prevention programs exist for American Indians.

American Indians are a very small minority group in Baltimore and have received little attention from researchers or providers.

Very little epidemiological data exists on risk behaviors in this population.

Evidence of rampant racial misclassification in official health, social service, and criminal justice records erases Native people from public health discussions.

Focusing on small but high-risk minority communities within a larger metropolis has the potential for large public health impact.

Program Philosophy

Trauma Informed Care

A program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.

(SAMHSA)

Program Philosophy

Historical Trauma

- cumulative emotional and psychological wounding over the lifespan, across generations, emanating from massive group trauma (Brave Heart & DeBruyn, 1998)
- “intergenerational trauma”
- “the loss of language and culture that has left so many Aboriginal people bereft of their unique place in the world. It is these disorientations and their psychosocial correlates ... that the term [historical trauma] was intended to capture,” (Gone, 2009, 757).

historical trauma



health demoting behavioral practices



HIV/Hepatitis C/ STIs

Program Philosophy

Decolonial Praxis



the struggle “to reclaim and regenerate one’s relational place-based existence by challenging the ongoing, destructive forces of colonization.”

- Jeff Corntassel

Special Activities

National Native HIV/AIDS Awareness Day



HEALTH FAIR & ROUND DANCE

MARCH 31, 2018
5:00 – 9:00 PM



CHICK WEBB
REC CENTER
623 N EDEN ST
BALTIMORE CITY, MD

NATIVE HIV/AWARENESS DAY

- Free Health Screenings
- Free HIV/Hep C Testing
- Community health & wellness information booths
- Speakers: Native & Baltimore Health Leaders
- Giveaways & Raffles
- Indigenous Foods

Featuring Native Drum:
Uptown Boyz
&
Emcee: Dennis Zotigh

FREE & OPEN TO THE PUBLIC



BALTIMORE
CITY HEALTH
DEPARTMENT

For more information, to become a vendor or host a booth, please contact keana@nativelifelines.com



Native Lifelines
100 West Clay Street
Baltimore, MD 21201
Phone (410) 837-2258

National Native HIV/AIDS Awareness Day



Special Activities

Health Promotion / Disease Prevention



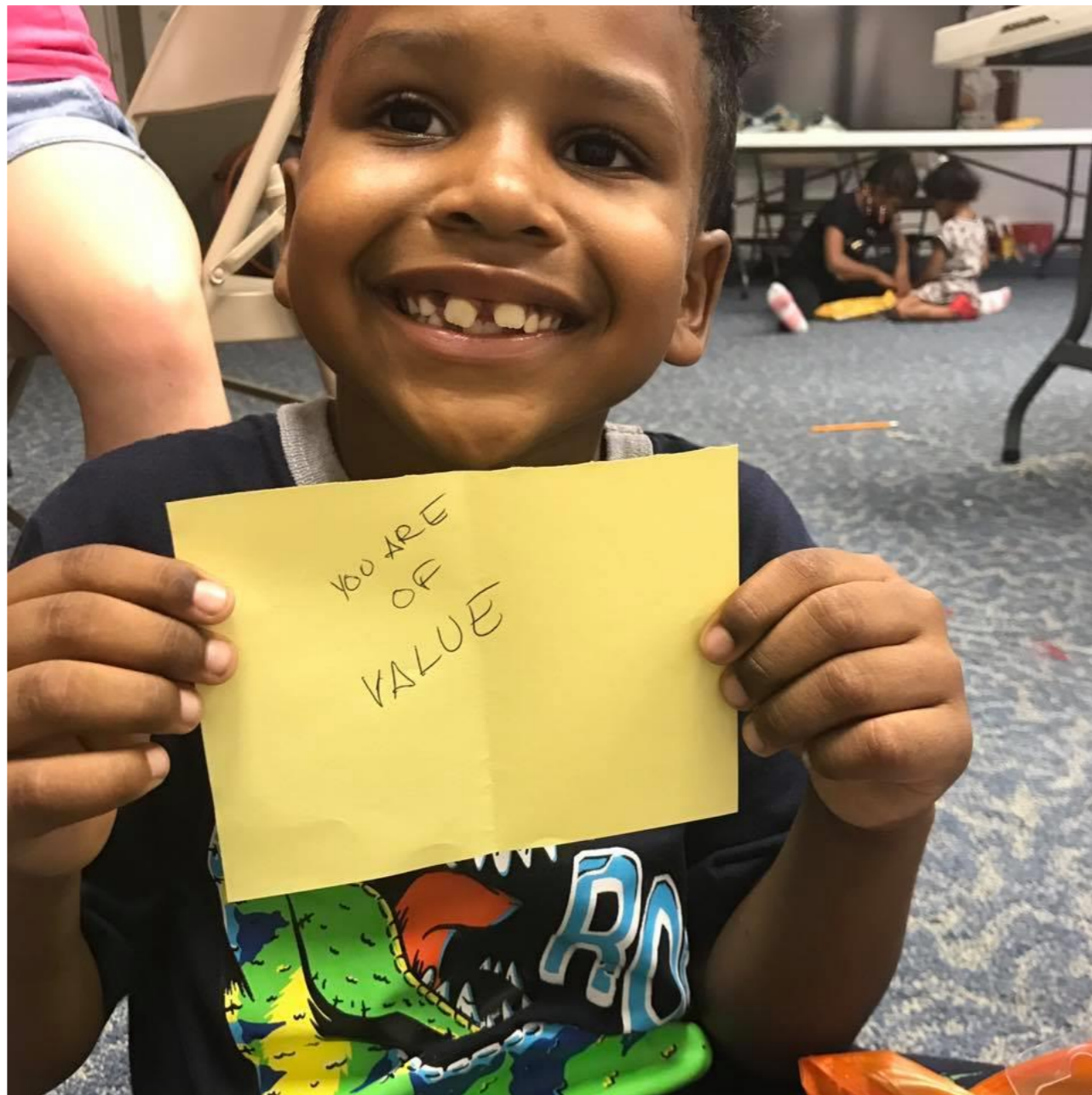
Special Activities

Two Spirit Support



Special Activities

Youth Wellness Programming



Special Activities

National Projects



Outcomes



promoting
healthful living

Outcomes

remembering
our ways



Outcomes



promoting
sobriety

Outcomes

strengthening
indigenous
identity



Outcomes



strengthening
families

Outcomes

strengthening our
community







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