

Director of American Indian Health

2020-2022



Strategic Plan



Healthy People. Healthy Communities

Department of Public Health & Human Services

For more information visit dphhs.mt.gov

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A Message from the Director of American Indian Health

I am pleased to present the Director of American Indian Health's 2020-2022 Strategic Plan. This plan is based on input and feedback from Tribes, tribal organizations, urban Indian organizations, Indian Health Services, Montana Department of Health and Human Services (DPHHS) leaders, and other key stakeholders.

As the leader for American Indian Health at DPHHS, my overarching goal is to empower American Indians to achieve better health outcomes. I am guided by DPHHS's commitment to tribal sovereignty and to providing leadership to decrease the health disparities that contribute to a nearly 20-year gap in life expectancy for American Indians in Montana, compared to all Montanans. Our commitment is grounded in DPHHS's mission to improve and protect the health, well-being, and self-reliance of all Montanans.



Karen Cantrell

My role is to assist DPHHS in identifying factors contributing to American Indian health disparities and to promote strategies DPHHS and its partners will pursue to address them. To achieve a reduction in health disparities among American Indians, DPHHS advocates for effective state and tribal health policy and resource allocation through increased tribal-state collaboration. We are committed to building mutually-respectful relationships by collaborating with tribal leaders, urban Indian organizations, other Indian organizations, state agencies, and additional key stakeholders.

As we move forward with implementation of the strategic plan and building out an annual action plan, I am excited about what we will achieve together to improve the health of American Indians in Montana.

My background: In October 2018, I was recruited to serve as the Director of American Indian Health. I am an enrolled member of the Fort Peck Tribe (Assiniboine/Sioux) and was born and raised in Great Falls, where I graduated from Great Falls High School. I attended Montana State University in Bozeman and graduated with a BA in Political Science. Upon graduation, I joined the National Tribal Employment Rights Office (TERO) in Seattle for four years before pursuing a career in healthcare. I worked as an Admission/Marketing Director at a skilled nursing facility for several years where I gained much of my nursing and healthcare experience while serving as a tribal liaison. I worked for the Muckleshoot Tribe of Indians starting in 2013 as the Director and co-founder of Washington's largest tribally-owned and operated in-home care agency. I bring over 20-years combined healthcare and tribal experience to DPHHS.

In the work I engaged in this last year as Director of American Indian Health for Montana and in my previous work nationally, I continue to be inspired by Chief Crazy Horse's vision of our people rising up and coming together, respecting each other's differences, and re-establishing broken relationships to heal a sick world. Much of his vision can be seen coming to light today in the efforts American Indians are engaged in across the nation. These efforts are rooted in the healing ways of our ancestors, and

emphasize the use of traditional foods, spiritual healing, equine therapy, and improved state and tribal relations, to name just a few.

As Crazy Horse's vision has inspired my leadership in American Indian health in Montana, I am also grounded in the stories of our people in Montana and a belief that our collective wisdom and history provide a roadmap toward health and wholeness.



Crazy Horse Monument, Black Hills, South Dakota

Crazy Horse's Vision

Crazy Horse (Lakota: *Thašųka Witko*, literally "His-Horse-is-Crazy")

Shortly before his death on September 5, 1877, the Teton Sioux Chief Crazy Horse had a final vision in which he saw his people being driven into spiritual darkness and poverty while the white people prospered in a material way all around them. But even in the darkest times, he saw that the eyes of a few of his people kept the light of dawn and the wisdom of the earth, which they passed on to some of their grandchildren. He saw the coming of automobiles and airplanes, and twice he saw the great darkness and heard the screams and explosions when millions of people died in two great world wars.

But he saw, after the second great war passed, a time come when his people began to awaken, not all at once, but a few here and there, and then more and more, and he saw that they were dancing in a beautiful light of the Spirit World under the Sacred Tree even while still on Earth. Then he was amazed to see that dancing under the tree were representatives of all races who had become brothers, and he realized that the world would be

made new again and in peace and harmony not just by his people, but by members of all races of mankind.

Crazy Horse shared his vision with Chief Sitting Bull during a pipe ceremony just days before he was murdered. He said, "upon suffering beyond suffering, the red nation shall rise again and it shall be a blessing for the sick world. A world filled with broken promises, selfishness and separations. A world longing for light again. I see a time of seven generations, when all the colors of mankind will gather under the sacred tree of life and the whole earth will become one circle again. In that day, those among the Lakota who will carry knowledge and understanding of unity among all living things, and the young white ones will come, to those of my people to ask for wisdom. I salute the light within their eyes where the whole universe dwells, for when you are at the center within you and I am at the at place within me, we are as one." - Crazy Horse from James Medicine Tree¹

¹Brown, V. (1974). *Voices of Earth and Sky: The Vision Life of the Native Americans and Their Culture Heroes*. Harrisburg, PA: Stackpole Books.



Vision: To empower, heal, and transform health for current and future generations of American Indians in Montana.



Mission: To improve and promote the health, well-being, and self-reliance of American Indians in Montana.



RESPECT

Continually exhibit a deep respect for beliefs and cultures different from our own.

HONOR

Honor tribal sovereignty and established government-to-government relationships, upholding all promises and commitments made, so that we may teach others and ourselves that we can be trusted.

HUMILITY

Exemplify humility and honesty in order to recognize opportunities to build trusted relationships between Tribes, urban Indian organizations, and state.

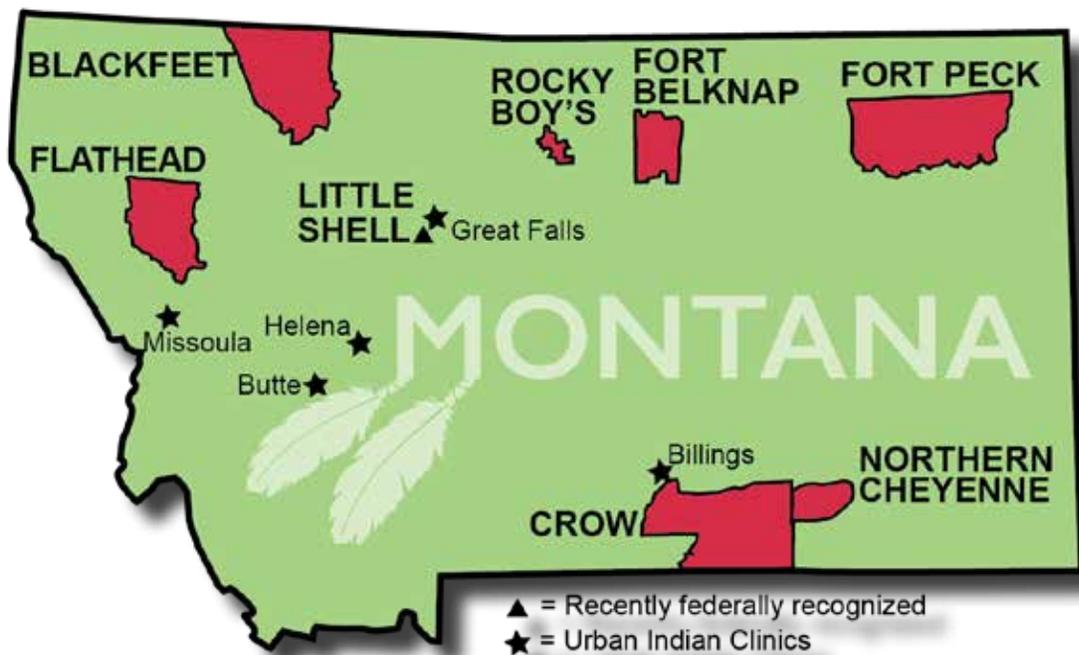
EMPOWER

Build on diverse strengths, skills, and resources to empower American Indians to embrace traditional and cultural practices to uplift one another.

Background

In a 2013 report on the health of Montanans², DPHHS documented severe health disparities among American Indians living in Montana. The report found that American Indians in Montana die at a median age of 50 years, more than 20 years earlier than non-Indian Montanans. The gap in life expectancy is driven by elevated death rates for heart disease, cancer, respiratory illnesses, injuries, and suicide is also substantially higher. These health disparities are rooted in longstanding challenges, including poverty and unemployment, racial discrimination and historical trauma, inadequate housing, and food insecurity, among others.

As a result of consultation with tribal health directors, urban Indian health organizations, and other Indian organizations, Governor Steve Bullock established a Director of American Indian Health position within the Director's Office at DPHHS in 2015, to lead the state's effort in addressing the main factors contributing to health disparities experienced by American Indian people in Montana. The Director of American Indian Health is responsible for identifying the sources of health disparities and developing strategies for health equity, while providing a forum for addressing tribal-state health issues. Montana became one of the first states in the country to create a Director of American Indian Health position under an Executive Order of the Governor, although a handful of others have created small programs as part of larger minority-health initiatives.



The Director of American Indian Health within the DPHHS's Directors Office works on behalf of the eight federally-recognized Tribes and the five urban Indian health organizations in Montana. This model has been presented in state, regional, and national settings as a tool to form strong tribal-state partnerships on health care issues. This framework serves as an effective forum for achieving unity and guiding the collective needs of tribal governments and urban Indian health programs to address the health of American Indians in Montana. In October 2018, DPHHS recruited Karen Cantrell, an enrolled member of the Fort Peck Tribe (Assiniboine/Sioux), to serve as the Director of American Indian Health.

²MT DPHHS. (2013). The State of the State's Health: A Report on the Health of Montanans.



Horses in the foothills of Montana.

The primary responsibilities for the Director of the American Indian Health outlined in the Governor's Executive Order were developed with feedback from tribal government representatives.

The primary responsibilities of the Director of American Indian Health are to³ :

1. Oversee the development and implementation of an action plan that identifies specific factors contributing to health disparities and strategies DPHHS will pursue for addressing those factors;
2. Coordinate efforts within DPHHS branches and divisions to develop, implement, and monitor strategies that reduce health disparities;
3. Establish regular and consistent opportunities for consultations with and input from tribal government leaders, tribal health leaders, urban Indian health centers, American Indian health experts, federal government agency representatives, and other stakeholders committed to reducing health disparities in Indian Country;
4. Coordinate efforts with other State agencies whose work is critical to reducing health disparities through policies and practices that address social determinants of health in areas such as commerce, insurance, housing, transportation, criminal justice, education and food;
5. Identify and develop a list of state programs that are accessible to tribal health programs and communicate such information directly to tribal representatives; and,
6. Provide annual updates on actions taken and progress made in reducing health disparities in American Indian health.

³ State of Montana Office of the Governor Executive Order No. 06-2015, (2015). Executive Order Establishing a State Office of American Indian Health.



Ninepipes National Wildlife Refuge

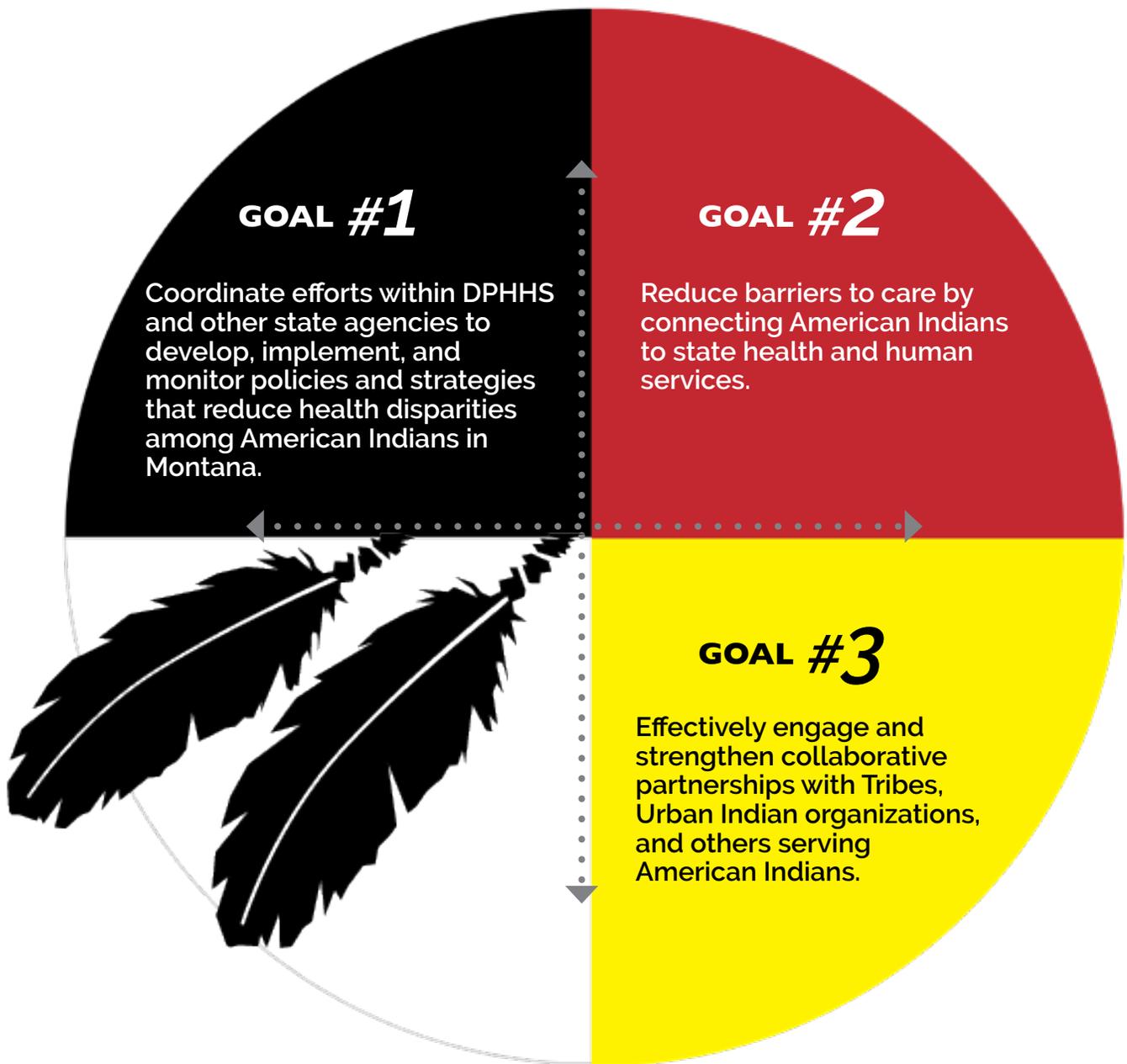
Strategic Plan Development

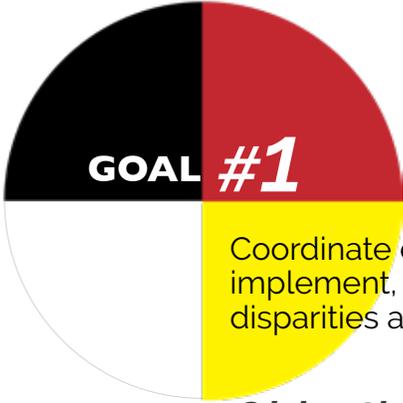
The Director of American Indian Health's 2020-2022 Strategic Plan details goals and objectives to support strategies empowering American Indians to achieve better health outcomes. DPHHS divisions and programs, state agency partners, as well as the Governor's initiatives, will all contribute to the achievement of the plan's goals and objectives.

Director of American Indian Health requested feedback from key stakeholders, including: Tribal/Urban Indian Health leaders (whom are members of the American Indian Health Leaders group); DPHHS Director, Sheila Hogan; Medicaid State Director and Medicaid Health Services Branch Manager, Marie Matthews; Montana Healthcare Foundation American Indian Health Program Officer, Tressie White; Jason Smith, Director of Governor's Office of Indian Affairs; and Jessica Rhoades, Health Policy Officer at Montana Office of the Governor.

Annual action plans will be developed to supplement this strategic plan and will be based on ongoing input from tribal leaders, urban Indian health leaders, other Indian organizations, state agencies, and additional key stakeholders grounded in the needs of American Indians and their communities in Montana.

Goals Overview





Coordinate efforts within DPHHS and other state agencies to develop, implement, and monitor policies and strategies that reduce health disparities among American Indians in Montana.

Objectives

- 1.1. Establish and facilitate internal coordination to ensure that DPHHS programs develop, implement, and monitor strategies that address social determinants of health.
- 1.2. Develop and implement an action plan that identifies specific factors contributing to health disparities in American Indians and strategies DPHHS will pursue to address these factors.
- 1.3. Encourage other state agencies to adopt policies and practices that address social determinants of health.
- 1.4. Advocate for incorporation of trauma-informed and culturally appropriate practices into the policies, strategies, and programs of DPHHS and other state agencies serving American Indians.

Strategies

- Direct an internal committee (the Indian Health Collaborative) consisting of senior staff representing DPHHS's various divisions and guide this committee's work to implement strategies that address social determinants of health, and ensure information sharing and accountability within the Department.
- Update action plan regularly based upon regular communication and feedback from tribal leaders on identified needs among American Indians.
- Coordinate efforts and facilitate communication among state legislators and stakeholders to encourage state agencies to adopt policies and practices aimed at reducing health disparities by prioritizing their work through a racial equity lens.
- Coordinate the delivery of trauma-informed trainings for state agency employees, ensuring that these trainings address historical trauma.
- Encourage program-based interventions to incorporate trauma-informed and culturally appropriate practices.

Success Indicators

- Trauma-informed and culturally appropriate practices incorporated within DPHHS programs
- State agency employee participation in trauma-informed trainings
- Development and implementation of an annual action plan
- DPHHS leaders committed to active roles on the Indian Health Collaborative Committee



Reduce barriers to care by connecting American Indians to state health and human services.

Objectives

2.1. Identify and develop a list of state programs that are accessible to tribal health programs and communicate such information directly to tribal representatives.

2.2. Collaborate with internal and external partners to coordinate and advocate access to services that are critical to addressing social determinants of health.

2.3. Facilitate technical assistance to strengthen the capacity of Tribes and urban Indian health organizations to improve the health of their members.

Strategies

Create and maintain a resource guide of DPHHS programs accessible to tribal health programs.

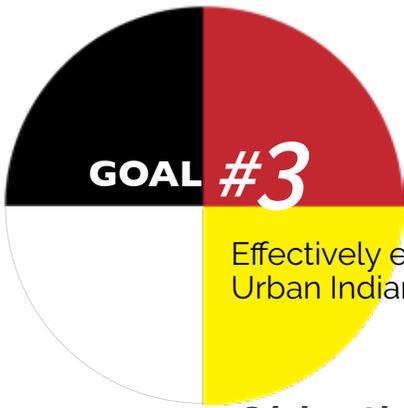
Assist in reducing barriers to care for American Indian individuals by facilitating access to services with relevant state agencies.

Develop partnerships to provide training to unlock power within American Indian individuals to promote self-advocacy to "improve programs and overall health outcomes."

Provide support to Tribes, tribal organizations, and Urban Indian organizations to access existing state resources and identify and seek new potential funding sources.

Success Indicators

- Access and increased usage to healthcare and social services for American Indians in Montana
- Letters of support provided to Tribes, tribal organizations, and Urban Indian organizations seeking federal funding opportunities



Effectively engage and strengthen collaborative partnerships with Tribes, Urban Indian organizations and others serving American Indians.

Objectives

3.1. Establish regular and consistent opportunities for communication with and input from tribal government leaders, tribal health leaders, urban Indian organizations, American Indian health experts, federal government representatives, and other stakeholders committed to reducing health disparities among American Indians.

3.2. Support educational training for state agency employees on working effectively and culturally appropriately with Tribes.

Strategies

Advocate for strategies to address tribal concerns, creating outlets to listen to input, and priorities identified by tribal health stakeholders on a consistent basis.

Facilitate and advocate for strong relationships between DPHHS employees and Tribes through increased and consistent information sharing and opportunities to visit tribal communities

Engage in ongoing communication with tribal health stakeholders, such as the Montana Healthcare Foundation, on actions taken and progress made in reducing health disparities in American Indian health on a regular basis.

Encourage increased attendance of the Governor's Office of Indian Affairs annual education on formal tribal consultation process and protocols and tribal relations (Tribal Relations Training).

Success Indicators

- Regular and consistent communication between DPHHS and Tribes, tribal organizations, Urban Indian organizations, Indian Health Services, and other key stakeholders committed to reducing health disparities among American Indians
- Participation in annual Tribal Relations Training