



Cheyenne River Sioux Tribe

Crow Creek Sioux Tribe

Flandreau Santee Sioux Tribe

Lower Brule Sioux Tribe

Mandan, Hidatsa, & Arikara Nation
(Three Affiliated Tribes)

Oglala Sioux Tribe

Omaha Tribe of Nebraska

Ponca Tribe of Nebraska

Rosebud Sioux Tribe

Sac & Fox Tribe of the Mississippi in Iowa
(Meskwaki Nation)

Santee Sioux Tribe of Nebraska

Sisseton-Wahpeton Oyate of the Lake Traverse Reservation

Spirit Lake Tribe

Standing Rock Sioux Tribe

Trenton Indian Service Area

Turtle Mountain Band of Chippewa Indians

Winnebago Tribe of Nebraska

Yankton Sioux Tribe

Improving Health Services for Native Children

Jerilyn Church

CEO Great Plains Tribal Leaders Health Board

Great Plains Tribal Leaders' Health Board

Established in 1986, the Great Plains Tribal Leaders' Health Board (GPTCHB) is an organization representing the 18 tribal communities in the four-state region of South Dakota, North Dakota, Nebraska, and Iowa.

Through public health practices and the formation of tribal partnerships, we work to improve the health of the American Indian peoples we serve by providing public health support, health care advocacy, and direct care at the Oyate Health Center.

Serving as a liaison between the Great Plains Tribes and the various Health and Human Services divisions including the Great Plains Area Indian Health Service, GPTCHB works to reduce public health disparities and improve the health and wellness of the American Indian people...



Health Disparities for Native Infants 2014-2018

- Infant Mortality
 - AI/AN infants in the Great Plains Area died in their first 365 days of life at a rate two times higher than white infants between 2014 and 2018.
- Postneonatal mortality
 - AI/AN infants in the Great Plains Area died between their 28th and 365th day of life at a rate three times higher than whites between 2014 and 2018.
- SIDS
 - SIDS deaths occurred in Great Plains Area AI/AN infants at a rate 6 times higher than white infants between 2014 and 2018.
- Births to Teens 17 and Under
 - Births by Great Plains Area AI/AN teens 17 and under occurred at a rate 6 times higher than white teens between 2014 and 2018.

*North Dakota, South Dakota, and Nebraska Departments of Health



Health Disparities for Native Children 2016-2020

- Infant Mortality
 - AI/AN infants in ND and SD died in their first 365 days of life at a rate two times higher than white infants between 2016 and 2020.
- Postneonatal mortality
 - AI/AN infants in the ND and SD died between their 28th and 365th day of life at a rate three to four times higher than whites between 2016 and 2020.
- Preterm Birth
 - AI/AN infants in the ND and SD were born preterm at a rate almost double white infants between 2016 and 2020.
- Births to Teens 17 and Under
 - Births by ND and SD AI/AN teens 17 and under occurred at a rate 8 times higher than white teens between 2016 and 2020.
- SIDS
 - SIDS deaths occurred in ND AI/AN infants at a rate 6 times higher than white infants between 2016 and 2020; SIDS deaths occurred in SD AI/AN infants at a rate 3 times higher than white infants between 2016 and 2020.

*South Dakota and North Dakota Departments of Health



Challenges of Living in Poverty

- AI/AN children ages 0-5 in the GPA lived in poverty at a rate almost double that of white children ages 0-5 from 2011 to 2015.
- AI/AN children ages 6-11 in the GPA lived in poverty at a rate almost double that of white children ages 6-11 from 2011 to 2015.
- AI/AN children ages 12-14 in the GPA lived in poverty at a rate almost double that of white children ages 12-14 from 2011 to 2015.
- In total AI/AN children ages 0-14 lived in poverty at a rate double that of white children of the same ages from 2011-2015.
- Of the total number of 0-5 year old AI/AN's living in the GPA, 53.6% were living below the FPL. Comparatively, of the total number of 0-5 year old White's living in the GPA, 14.7% were living below the FPL.
- Of the total number of 6-11 year old AI/AN's living in the GPA, 49.4% were living below the FPL. Comparatively, of the total number of 6-11 year old White's living in the GPA, 12.5 were living below the FPL.



Disparities in Access to Health Coverage

- AI/AN children ages 0-5 in the GPA were uninsured at a rate almost four times that of white children ages 0-5 from 2011 to 2015.
- AI/AN children ages 6-17 in the GPA were uninsured at a rate almost four times that of white children ages 6-17 from 2011 to 2015.
- AI/AN children ages 0-17 in the GPA were uninsured at a rate almost four times that of white children ages 0-17 from 2011 to 2015.



Oyate Health Center Opens in 2019

GPTLHB begins managing Rapid City Service Unit on behalf of Oglala Sioux Tribe, Cheyenne River Sioux Tribe, and Rosebud Sioux Tribe.

GPTLHB immediately moved to implement Nuka Care Model and strives to treat the entire person instead of simply bandaging ailments.

The Oyate Health Center has worked to integrate behavioral health into primary care services as a means of healing our relatives.

Oyate Health Center places emphasis on acquiring health coverage for its users.



Integrating Behavioral Health into Primary Care

- Co-locating Services. The GPTLHB acquired a new building using federal grants to house traditional behavioral health programming with grant funded community behavioral health programs.
- Improved and implemented policies that foster better coordination between Primary Care providers and behavioral health staff.
- Increased access to screening for mental health and substance use disorders using grant funding and created culturally appropriate therapies. Great Plains Tribal Opioid Response Team is an example.
- Trained staff to perform multiple roles.



Youth Behavioral Health Referrals at OHC

OHC patients who are less than or equal to 5 years of age who have been seen at least once in the last year equal 1,079 children. Of these patients, 9 patients had a visit with Behavioral Health.

However, out of the 2,544 youth between the ages of 6-17 who have been seen at the Oyate Health Center in the last year, 205 of them have been referred to and received Behavioral Health services.



Sexually Transmitted Infection and Teen Pregnancy Prevention Initiative (ACF)

- STIIPPI is a dual program that promotes and supports community awareness of and education on sexually transmitted infections prevention as well as reduction of teen pregnancy and associated risk behaviors through funding administered under the U.S. Department of Health and Human Services (HHS).
- Awarded approximately \$470k this year and is funded from 2021-2026.



Tribal Maternal, Infant, and Early Childhood Home Visiting (ACF)

- Great Plains Tribal Maternal, Infant, Early Childhood Home Visiting (GP-TMIECHV) is a five-year grant that provides home visits to eligible families who reside on the Sisseton-Wahpeton Oyate of the Lake Traverse Reservation. This includes expectant mothers, parents, family members, and/or other caregivers of children ages 0 to 5 years old.
- This is a voluntary home visitation program designed to work and provide parents with health & life skills education, social support, and referrals to community resources & services, home safety, and positive parenting.
- Awarded approximately \$475k this year and is funded from 2018-2023



Addressing Domestic Violence (IHS)

The program will foster relationships with local, state, and federal organizations to develop Sexual Assault Response Teams to improve response services.

Additionally, a collaborative will train Oyate Health Center medical personnel and partner with Native Women's Health to offer sexual assault medical forensic examinations, forensic interviewing, and advocacy for survivors.

The Wo'ohitke Collaborative will build an enhanced referral service network and implement culturally appropriate, trauma-informed approaches to affect survivors' positive outcomes and wellbeing.

Wo'ohitke Collaborative Program (IHS)

This initiative will create a partnership between Health Board programs to address existing regional gaps in data sharing, reporting, education, and advocacy.

Through these partnerships, the Trauma and Violence Prevention Initiative will conduct needs-based assessments within 16 tribal communities and design a strategic training curriculum for tribal law enforcement, tribal school administrative staff, students, domestic violence shelter staff, and community members.

CWOY Combatting Suicide (IHS)

CWOY, a suicide prevention, intervention, and postvention program that serves the Rapid City area helps youth connect with their traditional identity to combat suicidal thoughts and self-harming behavior. New funding will expand services to those over the age of 25.



Honor Every Woman

- Through the Direct Screening & Reimbursement Services, we provide payment or reimbursement to the screening facilities that we work with for the eligible women enrolled in the program. We pay for the screening appointments and procedures as well as any diagnostic procedures related to breast and cervical cancer screening.
- We provide small subawards to several of the IHS/Tribal facilities to implement Evidence Based Interventions (EBI's) to help increase screening rates. The EBI's include Provider Reminder and Recall Systems, Client Reminders, Provider Assessment and Feedback, and Reducing Structural Barriers. This last EBI is a popular one, as it allows for the purchase of travel vouchers/gas cards that are given to any woman completing a screening appointment to help offset the cost of transportation.
- Finally, we will be implementing patient navigation in which we can provide payment to our screening facilities who navigate patients to their screening appointments through phone calls, letters, and in-person assistance. Screening facilities bill Honor Every Woman for these services for additional income generating revenue.



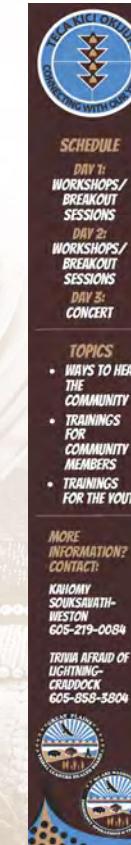
Great Plains Navigator Program

- The Great Plains Navigator Program works to decrease the rate of uninsured Native American people in the Great Plains Area.
- Efforts the program and others within the organization has reduced the rates of uninsured patients at the Oyate Health Center by nearly 15% .
- Has made strides to improve public knowledge of the advantages of having health coverage.



**NAVIGATOR
PROGRAM**

Connecting With Our Youth



Maternal and Childhood Health Program

**ATEYAPI KICOPI
EDUCATIONAL EVENT**
“CALLING BACK OUR FATHERS”
MARCH 17TH, 2022
8AM-6PM
RAMKOTA CONVENTION CENTER
RAPID CITY, SD

Educational sessions on families and family strengthening, mental health, and community resources. Come and learn with us. There will be vendors, breakout educational sessions, games, door prizes, swag & most importantly FUN! To Register Follow the link in the description.

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***Wisdom of
Our
Ancestors***

Substance Use Disorder, Neonatal Exposure, and Lifegivers.

Thursdays at 12PM
on Facebook

