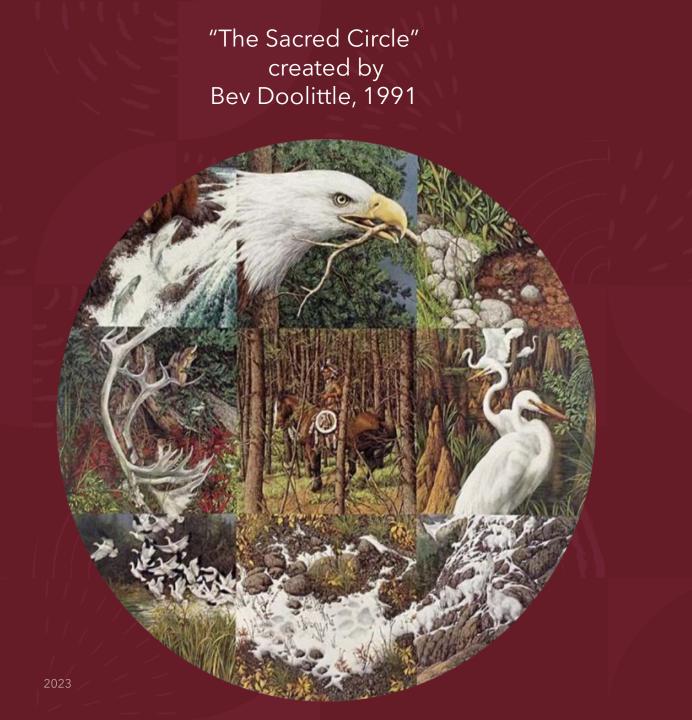


INDIAN HEALTHCARE RESOURCES FOR OUR NATIVE ELDERS

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Gerontology RN Educator, Indian Healthcare Resource Center of Tulsa





Introduction

To better understand and serve a vastly underserved population, you must first know some historical points and how this system, set up for Native Americans and Alaskan Natives, works.

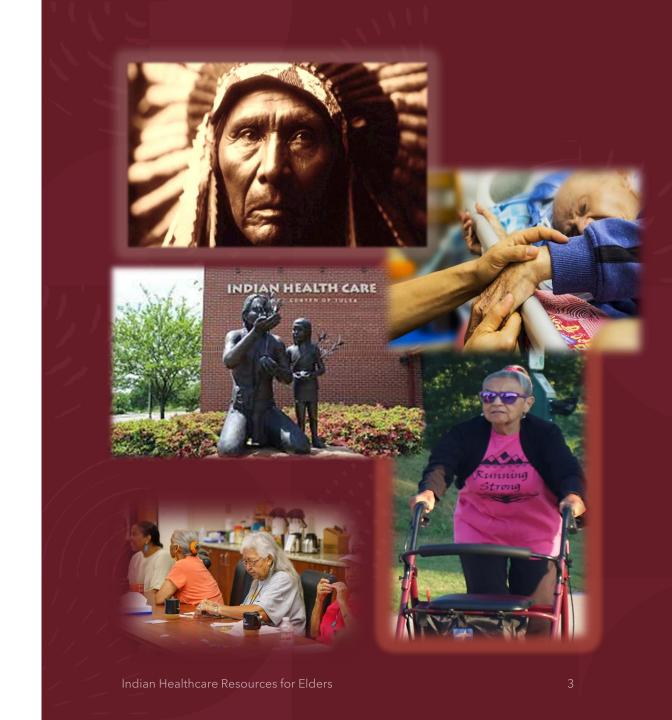
Humankind has not woven the web of life. We are but one thread within it.

Whatever we do to the web, we do to ourselves. All things are bound together. All things are connected.

Chief Seatle

Agenda

- Brief History
- CDIB
- Tribal Assistance
- Urban Clinic
- Referrals to outside providers



Historical Significance



- In 1789, The Secretary of War took over the Indian Affairs.
- In 1830, President Andrew Jackson signed the Indian Removal Act.
- In 1851, the Indian Reservation System was created.

- In 1849, Indian Affairs was transferred to the U.S. Department of Interior.
- In 1924, the Indian Citizenship Act was signed.
- In 1947, Indian Affairs was renamed as Bureau of Indian Affairs.
- In 1955, Indian Health Services was established.
- In 1968, the Indian Civil Rights Act was signed.





The "BIA" Bureau of Indian Affairs



BIA

Created in 1824, the BIA has been witnessing, negotiating and being a primary player between the Federal

- Government and Indian tribes and Alaskan Natives.The mission of BIA is to enhance the
- quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of the American Indians and Alaskan Natives.
- The Dawes Act 1887

The Dawes Rolls

The Dawes Rolls (1898-1914) listed every Native American within the 5 Civilized Tribes, who lived within their nation, in Indian Territory, and chose to participate in this commission for enrollment and land.

Today, The five civilized tribes continue to use the Dawes Rolls to determine citizenship. If an individual can link themselves to an ancestor on the original Dawes rolls and if approved, receive a CDIB Card. The Certificate of Indian Blood shows the degree of Indian Blood an individual has and the tribal affiliation.



IHS

Indian Healthcare Service also referred to as IHS was formed in 1955 within the U.S. Department of Health and Human Services.

IHS is the principal federal healthcare provider and health advocate for Native people. IHS works with tribal governments to ensure comprehensive, culturally appropriate, personal and public health services are available and accessible to the American Indian and Alaskan Native People.

Where to Start

Is your client a member of one of the 574 Federally recognized American Indian and Alaskan Native tribes?

If so, do they have their CDIB card?

A CDIB card is a Certificate of Degree of Indian Blood, an official US document, issued by the Bureau of Indian Affairs (BIA).



CDIB Card



Has CDIB Card

- Start with their tribe! If your elder
 has a CDIB card, have them contact
 their respective tribes for assistance.
- Many tribes offer food, housing, medical, social, spiritual, and educational benefits.
- Some tribes will even help with lawn care and minor household repairs, if within so many miles of the reservation.

Has no CDIB Card

- Have the client contact their respective tribe to ask about enrollment into the Dawes Roll.
- The Dawes Roll is a federal list of Native Americans who have successfully shown Native Heritage. To prove Native Heritage, client must be able to trace their family history to a relative originally on the Dawes Rolls when or after the rolls were started in 1887.





CDIB Card





Tribe.



The Tribal Nations

There are 39 Tribal Nations of Oklahoma. We will cover the more common tribes within Green Country and Tulsa Metro Area.

- Cherokee Nation
- Muscogee Creek Nation
- Osage Nation
- Chickasaw
- Choctaw
- Potawatomi Nation



The Cherokee Nation



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Cherokee Nation Contact Information

Main Number (Operator) 918-453-5000 or 800-256-0671

Unless otherwise specified hours of operation are Monday-Friday 8 a.m. to 5 p.m.



Attn: (Department Name)

2023

■ P. O. Box 948 Tahlequah, OK 74465

Physical Address

- W.W. Keeler Tribal Complex
- 17675 S. Muskogee Ave. Tahlequah, OK 74464

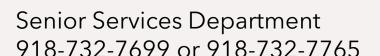


Shipping Address

- Attn: (Department Name)
- 22361 Bald Hill Road Tahlequah, OK74464

Website Address: https://www.cherokee.org

The Muscogee Nation



Elder Services Department

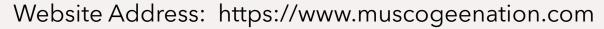
The Muscogee Nation Elder Service Department was created in 1999 to further develop and enhance services for the growing elderly population. This responsibility includes establishing supportive services to improve the quality of life for citizens that are 55 years of age or older, the frail, the impaired, and for those citizens who are in need.

We also provide an avenue for social interaction and development through a monthly elders meeting, local trips, and group travel to cultural activities and events such as Elder Games, Grandparents Day Celebrations, and a Holiday Luncheon.

All communities, churches, ceremonial grounds, and elder groups are encouraged to share information about activities with the Elders Department in order to disburse information and create unity nationwide.



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2023

The Osage Nation

Phone: 918-287-5389 **Fax**: 918-287-5502

Email: CDIB@osagenation-nsn.gov

Physical Address: 239 West 12th Street, Pawhuska, OK 74056

Mailing Address: 239 W. 12th Street, Pawhuska, OK 74056

Toll-free Osage Nation Information Line

1-800-320-8742

Phone

918-287-5555



Elder Nutrition Program Director: Amy Dobbins

Pawhuska Phone: 918-287-5454 Fairfax Phone: 918-287-5248

Fax: 918-287-1165

Physical Address

Pawhuska: 350 Senior Drive, Pawhuska, OK 74056

Fairfax: 401 South 8th, Fairfax, OK 74637





The Chickasaw Nation



Physical Address

520 E. Arlington Ada, Oklahoma 74820 Pontotoc County

Phone Number

Main Line: (580) 436-2603

Mailing Address

P.O. Box 1548 Ada, Oklahoma 74821



Website Address: https://www.chickasaw.net/Services

The Choctaw Nation



Contact

MAILING ADDRESS:

PO Box 1210, Durant, OK 74702-1210

800-522-6170

Hours: Mon-Fri 8am – 4:30pm

PHYSICAL ADDRESS:

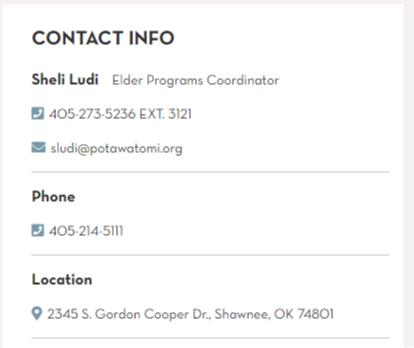
1802 Chukka Hina

Durant, OK 74701



Website Address: https://www.choctawnation.com







All CPN members 55 and older who live in the Citizen Potawatomi Nation jurisdiction are encouraged to participate in the program. The program provides a meal at noon Monday through Friday, bingo every day, and exercise equipment and activities are available every day at the Wellness Center located in the same building.

Website Address: https://www.potawatomi.org



Indian Health Services

It is not enough

Despite the pervasive belief that the Indian Health Services will address all Native healthcare needs, Native American and Alaskan Natives are negatively impacted by the gaps in insurance and lack of access to health-related needs. Although Healthcare is a legal right of any member of federally recognized tribes, IHS is severely and chronically underfunded. IHS is not an insurance provider, and it cannot protect against unseen costs. When Healthcare demand is greater than funding, many Natives are denied treatment. Thus, further increasing health disparities of our Native Elders. Currently, 60-70% of Native Americans and Alaskan Natives are living in a non-reservation setting or outside of tribal jurisdiction, further decreasing access to all services available to tribe members.

Urban Clinics

Urban Clinics try to bridge the gap by allowing access to those 60-70% of the Native Americans and Alaskan Natives who do not live within the reservation.

Urban Clinics



Seven out of ten Native Americans and Native Alaskans do not live on federally determined tribal lands. Due to being off tribal lands and not being eligible for resources, urban Native Americans are often overlooked. This is where Urban Clinics have been created to bridge the gap. Urban clinics will serve any Native American or Alaskan Native if they have an ID and CDIB cards. Once this is established, the Urban Clinic can support the client's needs, from primary care to referring to a specialist.

However, if a referral to an outside provider of the clinic, the client must have a chart started at their local Contract Health office. This is determined by the area in which they reside.

Urban clinics can provide more than just primary care. An urban clinic may have specialties located within its clinics.



INDIAN HEALTH CARE

RESOURCE CENTER OF TULSA



Proudly serving all nations and tribes.

Members of ANY federally recognized tribe and their dependents under the age of 18 are eligible to receive care at Indian Health Care Resource Center.

Caring is Strong Medicine! 918-588-1900 | www.ihcrc.org









Filling the Gap & Removing Barriers

As an Urban Clinic, we fill the gap and help remove barriers for our Urban Native community.

IHCRC's mission is to provide quality comprehensive healthcare to Tulsaarea Indian people in a culturally sensitive manner that promotes good health, well-being and harmony.

The vision of IHCRC is to eliminate health disparities, expand innovative family-focused practices and promote an embracing approach to care that strengthens physical, mental, emotional and spiritual wellness within the Indian community.



Indian Healthcare Resource Center

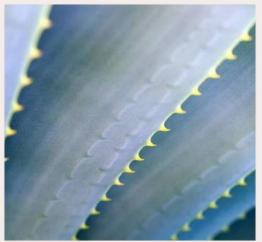
Tips to know

The best resource for a Native American or Alaskan Native is their tribe. If they do not live on reservation territory or within tribal jurisdiction, direct them to an Urban Clinic. Clinics will have resources for your client. However, most may need further outside support from local community non-profits and other non-tribal resources.

Clinics and Native hospitals may differ in how they process prescriptions, but at IHCRC, if a patient is discharged or given medication scripts to fill and they utilize the Indian Health System, they will need the hard copy of the script along with medical records from the visit. IHCRC has a pharmacy on site that processes thousands of prescriptions each month. The issue many have is the pharmacy is closed on the weekend. It may be feasible to send a small quantity amount to an outside pharmacy while the patient uses the original prescription at the clinic pharmacy when it opens. This would decrease rehospitalizations and gaps in medication administration.

THANK YOU

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Resources

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