the Chickasaw Nation
DEPARTMENT OF HEALTH

Division of Public Health

Community Health Assessment Report

2024



Chikasha saya. *I am Chickasaw.*

Our vision is to be a nation of successful and united people with a strong cultural identity.

The Chickasaw Nation

We are dedicated to our mission to enhance the overall quality of life of the Chickasaw people.

Core Values

THE CHICKASAW PEOPLE
Our focus and commitment is on the Chickasaw people and improving the quality of life of all Chickasaws. We are empowered and unified in purpose.

CULTURAL IDENTITY
We will preserve our cultural history and incorporate it into everything we do.

SERVANT LEADERSHIP
We are accountable to the Chickasaw Nation, and we put our people first.

SELFLESSNESS
We give of ourselves for the betterment of our people.

CAN DO ATTITUDE
We will work graciously with a Can Do attitude and a solution-oriented philosophy by doing the right thing for the right reason.

PERSEVERANCE
We will never quit. We have a warrior tradition.

STEWARDSHIP
We will responsibly use the Chickasaw Nation's resources entrusted to us.

TRUST AND RESPECT
We trust one another and earn the trust of our citizens. We are caring and compassionate.

LOYALTY
We are committed to the Chickasaw Nation, its mission and its goals.

HONESTY AND INTEGRITY
We will do what we say and are honest and trustworthy. We uphold ethical standards and are accountable for our actions.

TEAMWORK
We work as a team with a strong work ethic toward solving the problems of the Chickasaw Nation.

We acknowledge the Chickasaw Nation Department of Health, Division of Public Health and other Chickasaw Nation departments' leadership and contributions to creating this Community Health Assessment 2024 Report.

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Preface

The Chickasaw Nation's pursuit of self-sufficiency and self-determination is deeply rooted in the enduring Chickasaw work ethic and core values that permeate daily life. With the steadfast, visionary leadership of Governor Bill Anoatubby, his cabinet and other Chickasaw leaders, the Chickasaw Nation is firmly anchored in values, ideals and a commitment that will ensure its prosperity for years to come.

This Community Health Assessment Report 2024 provides an overall picture of our health status to inform community decision making, identify health improvement priorities, and develop, implement and evaluate our Community Health Improvement Plan 2024-2027. Developed using a collaborative process, this report provides the most current and reliable information about a community's heath status and where gaps may exist to achieve optimal health.

The Chickasaw Nation provides vital programs and services to promote and protect the health of Chickasaws, First Americans and community members. Pursuing public health accreditation is one of the strategic priorities and the division of public health is charged with the effort. Through the public health accreditation process, the division seeks to better understand the health needs of the community and develop programs and policies to address these needs. This community health assessment, along with our community health improvement plan, are essential to improving the overall quality of life of the Chickasaw people and all others who live, work, play and worship within the Chickasaw Nation.



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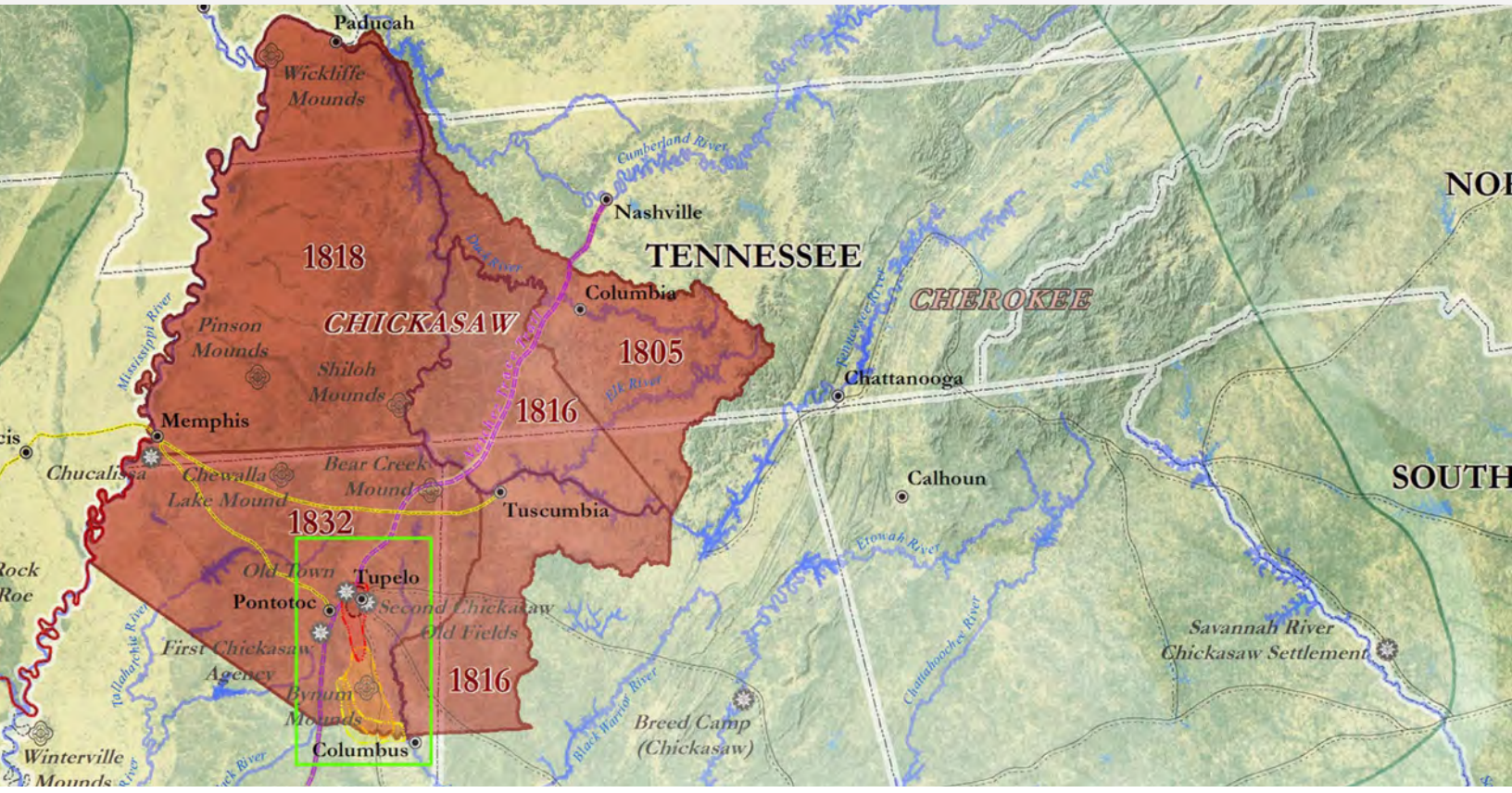
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Our Nation – Past, Present and Future

Our Homeland

From our Homeland located in Mississippi, Kentucky, Alabama and Tennessee, the Chickasaw people were forcibly removed to Indian Territory during the period of Removal, along with neighboring Cherokee, Choctaw, Muscogee and Seminole tribes. The Chickasaws were one of the last tribes to move. In 1837, the Treaty of Doaksville called for the resettlement of the Chickasaws among the Choctaw tribe in present-day eastern Oklahoma. In 1856, the Chickasaws, in order to restore direct authority over their governmental affairs, separated from the Choctaws and formed their own government. Tribal leaders established the capital at Tishomingo, adopted a constitution and organized executive, legislative and judicial departments of government, with offices filled by popular election.[1]

Map 1: Chickasaw Nation Homeland



Present

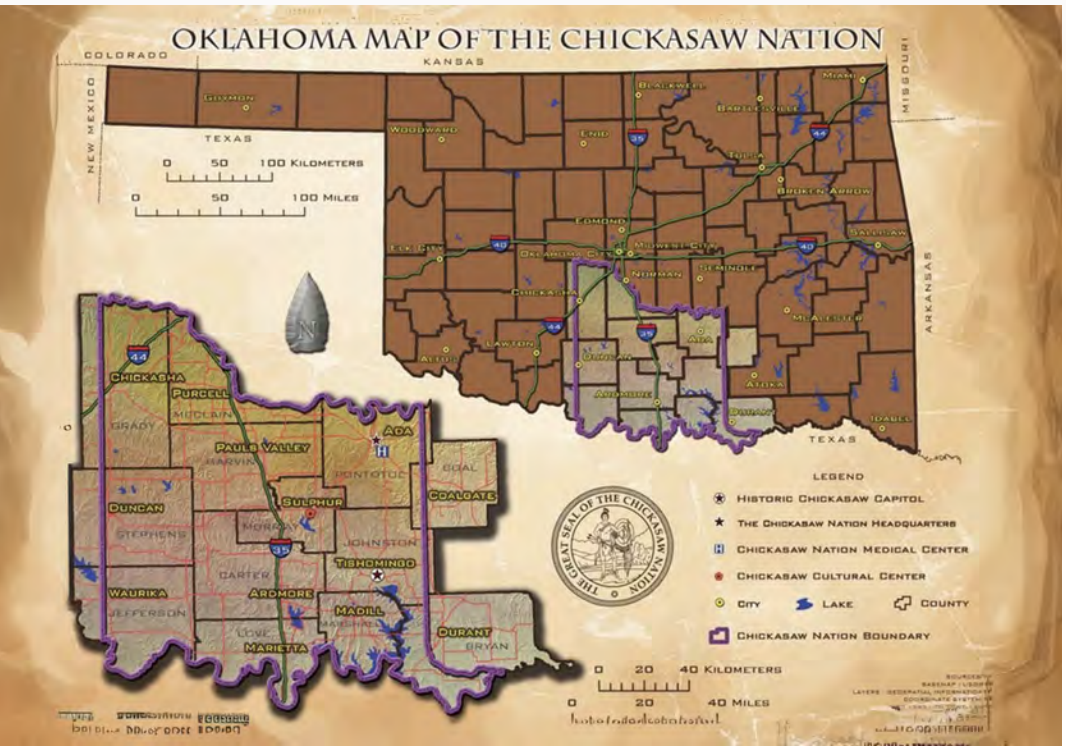
The Chickasaw Nation encompasses more than 7,600 square miles in south-central Oklahoma. The counties located within the Chickasaw Nation include Bryan, Carter, Coal, Garvin, Grady, Jefferson, Johnston, Marshall, McClain, Murray, Love, Pontotoc and Stephens. Today, the Chickasaw Nation is economically strong, culturally vibrant and full of energetic people dedicated to preserving family, community, language and heritage. Since the 1980s, tribal government has focused on building an economically diverse base to generate funds to support First American (the preferred terminology in the Chickasaw Nation) programs and services. Business has flourished, programs and services have grown and the quality of life of Chickasaws has been dramatically enhanced.

1. Chickasaw Nation. “History.” Chickasaw Nation Our Nation: History, www.Chickasaw.net/Our-Nation/History.aspx

Our Nation – Past, Present and Future (cont.)

Key aspects of the Chickasaw Nation's success are governance, economics and cultural preservation:

1. **Work Ethic and Economic Strategy:** The Chickasaw Nation emphasizes a strong work ethic that permeates daily life. This ethic drives income generation through various businesses. The revenue generated is then utilized in two significant ways: reinvestment into further business diversification and support for tribal programs and services.
2. **Self-Sufficiency and Self-Determination:** These principles are central to the Chickasaw Nation's identity. By leveraging economic initiatives and governance structures, we exercise self-sufficiency. This approach empowers us to determine our own path and future as a sovereign people.
3. **Leadership and Vision:** Governor Bill Anoatubby and his administration are leading the Chickasaw Nation's success. Governor Anoatubby's long-term, steady and visionary leadership focuses on values and commitments that ensure the Chickasaw Nation's prosperity and unity, but most importantly, are focused on the Chickasaw people.
4. **Cultural Identity:** The Chickasaw Nation prioritizes maintaining its cultural identity and resilience. The phrase "Unconquered and Unconquerable" reflects our determination to preserve our heritage and sovereignty despite historical challenges.



Map 2: Chickasaw Nation Treaty Territory

The Chickasaw Nation's current three-department system of government was re-established with the ratification of the 1983 Constitution of the Chickasaw Nation. The elected officials provided for in the Constitution share a commitment whereby government policy serves the common good of all Chickasaw citizens today and future generations of citizens. The current government structure encourages strong business ventures and an advanced, prosperous economy. Using new technologies and dynamic business strategies in a global market will sustain these efforts.

Our Nation – Past, Present and Future (cont.)

Chickasaw Nation Executive Branch and Operations:
The executive branch of the Chickasaw Nation is organized into ten departments, each with distinct responsibilities, all working together to support the Chickasaw Nation's vision of growth, prosperity and resilience. These departments are:

1. **Executive and Tribal Administration:** This department, also known as the Office of the Governor, oversees the overall administration and governance of the Chickasaw Nation, ensuring that executive decisions align with the Chickasaw Nation's goals and strategic vision. It provides leadership and coordination across all other departments.
2. **Administration:** Responsible for the internal management and operational functions of the Chickasaw Nation, this department ensures that all administrative processes are efficient and effective, supporting the smooth functioning of government activities.
3. **Commerce:** Manages economic development, business enterprises and commercial activities, promoting financial stability and growth within the Chickasaw Nation. This department works to create economic opportunities and support entrepreneurship.
4. **Communications and Community Development:** Focuses on internal and external communications, public relations and community outreach. It ensures the Chickasaw Nation's initiatives and achievements are effectively communicated to citizens and the broader community.
5. **Community Services:** Provides social services and community support programs, including housing assistance, elder care, family services and community development projects. This department is dedicated to improving the well-being of Chickasaw citizens through a variety of support services.
6. **Culture and Humanities:** Preserves and promotes Chickasaw culture, language, history and arts, ensuring that the rich heritage of the Chickasaw people is maintained and celebrated. This department supports cultural programs, events and educational initiatives.
7. **Education:** Provides educational opportunities to Chickasaw citizens in the form of scholarships, grants, GED classes and guidance through application processes. This department helps current and future generations of Chickasaw citizens achieve their educational goals.
8. **Family Services:** Focuses on supporting Chickasaw families through a range of programs and services, including child care, parenting support and family counseling. This department aims to strengthen families and promote healthy family dynamics.
9. **Health:** Provides comprehensive health care services to Chickasaw citizens and other First Americans, focusing on primary care, public health, mental health and wellness programs. This department is integral to the Chickasaw Nation's commitment to improving health outcomes.
10. **Interior Services:** Manages the physical infrastructure and environmental resources of the Chickasaw Nation, including land management, facilities maintenance and environmental conservation. This department ensures the Chickasaw Nation's physical assets are well-maintained and sustainably managed.
11. **Treasury:** Manages the financial resources of the Chickasaw Nation, including budgeting, accounting and economic planning. This department ensures fiscal responsibility and strategic financial growth, supporting economic stability.

Each of these departments plays a vital role in the governance and service provision of the Chickasaw Nation, working together to enhance the quality of life of its citizens and ensure the Chickasaw Nation's continued growth and prosperity.

Our Nation – Past, Present and Future (cont.)

Chickasaw Nation Department of Health

Clinical health and public health provided within the Chickasaw Nation is through the Chickasaw Nation Department of Health (CNDH). Health services in rural south-central Oklahoma are limited; however, the Chickasaw Nation has always been proactive in making access to health care a priority for its citizens. In 1980, the Chickasaw Nation opened the Carl Albert Indian Health Facility.

In 1994, under Governor Anoatubby's leadership, the Chickasaw Nation entered into a 638 compact for health services, a pivotal agreement that allowed the tribe to assume control and management of health care services previously administered by the federal government. This compact, authorized under the Indian Self-Determination and Education Assistance Act (commonly known as Public Law 93-638), marked a significant step in self-governance and self-determination for health care within the Chickasaw Nation.

The 638 compact empowered the Chickasaw Nation to design, implement and manage its own health programs and services, tailored specifically to meet the needs of Chickasaw citizens and other First Americans. By assuming control over these services, the Chickasaw Nation was able to improve the quality, accessibility and efficiency of health care delivery, ensuring that the health needs of our community were addressed more effectively and culturally appropriately.

Key aspects of the 638 compact include:

1. **Autonomy in Health Management:** The Chickasaw Nation gained the authority to administer its own health care services, allowing for greater flexibility and responsiveness to the specific health needs of its community.
2. **Enhanced Quality of Care:** With direct control over health care programs, the Chickasaw Nation could implement innovative and culturally relevant health initiatives, improving overall health outcomes for its citizens.
3. **Increased Access to Services:** The compact facilitated expansion and enhancement of health care facilities and services, making health care more accessible to Chickasaw citizens and other First Americans within the Chickasaw Nation.
4. **Economic and Community Benefits:** Managing our own health services allowed the Chickasaw Nation to create jobs and invest in local infrastructure, contributing to the economic development and well-being of the community.

The 638 compact for health services was a transformative milestone for the Chickasaw Nation, laying the foundation for the Chickasaw Nation Department of Health. This department has since become a cornerstone of the Chickasaw Nation's efforts to ensure the health and wellness of its people, continually evolving to meet the growing and changing needs of the community.

Our Nation – Past, Present and Future (cont.)

In addition to the transformative 638 compact for health services, in 2010, the Chickasaw Nation embarked upon another landmark initiative: a joint venture project between the Chickasaw Nation and the Indian Health Service to construct the Chickasaw Nation Medical Center (CNMC). The Chickasaw Nation increased its capacity to deliver quality health services by opening a state-of-the-art, 72-bed, 370,000-square-foot facility in Ada, Oklahoma, located in Pontotoc County. The CNMC features a level-three emergency department, numerous ambulatory care departments, a diabetes care center, dental clinic, pediatric clinic, optometry clinic, primary care clinic, diagnostic imaging center and a women's health center. In addition to CNMC, the Chickasaw Nation operates three satellite health clinics, a public health division and employee health clinics. The satellite clinics are in Tishomingo (Johnston County), Ardmore (Carter County) and Purcell (McClain County). To further improve access to health care, a Chickasaw Nation/Indian Health Service joint venture plan is underway to build a new, much larger, multi-service inpatient and outpatient health care facility in Newcastle, Oklahoma, adjacent to the Oklahoma City metro area.

CNDH provides health care services to citizens of any federally recognized First American nation. In fiscal year 2021, the CNDH provided care for 58,620 tribal members representing 225 different nations (Chickasaw 43%; Choctaw 25%; Cherokee 9%; Muscogee 5%; Seminole 5%, and all other tribes 13%) and 34,705 nontribal members resulting in almost 768,999 ambulatory visits to CNDH outpatient facilities and 3,528 inpatient hospitalizations at CNMC.

The Chickasaw Nation Division of Public Health (DPH) was established in 2011 as part of the tribe's ongoing commitment to enhancing the health and well-being of its citizens. This division focuses on advancing public health initiatives and conducting research to inform health policy and practice. By systematically evaluating and improving health programs, processes and services, the research and public health division aims to achieve the highest levels of efficiency, effectiveness and customer satisfaction.

Key functions of the department include:

1. **Public Health Initiatives:** Developing and implementing public health programs addressing the specific needs of the Chickasaw community, such as disease prevention, health promotion and wellness education.
2. **Health Research:** Conducting research to gather data on health trends, outcomes and disparities among Chickasaw citizens and other First Americans. This research informs the development of targeted health interventions and policies.
3. **Quality Improvement:** Systematically evaluating existing public health programs and services to identify areas for improvement. The department works to enhance the quality and effectiveness of public health initiatives.
4. **Collaboration and Partnerships:** Working with internal and external partners, including other departments within the Chickasaw Nation, federal agencies, academic institutions and community organizations, to leverage resources and expertise in addressing public health challenges.
5. **Community Engagement:** Engaging with the community through forums, surveys and key informant interviews to gather input and feedback. This helps ensure that health initiatives are responsive to the needs and preferences of Chickasaw citizens and the community.

The creation of the public health department marked a significant step forward in the Chickasaw Nation's efforts to build a robust public health infrastructure. By focusing on research, quality improvement and community engagement, the department plays a crucial role in promoting health equity and improving the overall health status of the Chickasaw Nation.

Our Nation – Past, Present and Future (cont.)

Future

The Chickasaw Nation's future is poised for continued growth, prosperity and resilience in the years ahead. This trajectory is bolstered by the Chickasaw Nation's solid economic base, dedication to preserving its culture, provision of strong health care and social services, effective leadership and ability to adapt to challenges.

1. **Economic Diversification and Sustainability:** The Chickasaw Nation is strongly committed to economic development and self-sufficiency. As we continue to diversify our business portfolio and investments, we are providing an economic foundation that provides stability and opportunities for growth.
2. **Cultural Preservation and Community Development:** Cultural identity and heritage are integral to the Chickasaw Nation's vision. We actively preserve our traditions, language and customs while fostering community engagement and support. This commitment strengthens social cohesion and resilience within Chickasaw communities.
3. **Leadership and Governance:** A long-term vision guides decisions and initiatives that support sustainable growth and prosperity.
4. **Health Care and Social Services:** The Chickasaw Nation places a significant emphasis on health care and social services for its citizens. Continued investment in these areas ensures access to quality health care, education, housing and other essential services, enhancing the overall community well-being.

The CNDH is committed to delivering essential programs and services to promote and protect the health of Chickasaws, First Americans and community members. A key strategic priority is pursuing public health accreditation, an effort led by the Division of Public Health (DPH). DPH plays a crucial role in advancing public health initiatives, promoting health equity and ensuring that the Chickasaw Nation remains at the forefront of delivering comprehensive and effective public health services.



Tribal Health Department Accreditation

Public health accreditation is a voluntary national program developed to measure governmental health department performance against an established set of nationally recognized standards. The Public Health Accreditation Board (PHAB), is the nation's independent accrediting body for governmental public health, including tribal, state, local and territorial health department. PHAB's mission is to advance and transform public health practice by championing performance improvement, strong infrastructure and innovation.

Public health accreditation is important to the Chickasaw Nation as it validates the quality and effectiveness of its public health programs and services. Accreditation ensures that these programs meet rigorous national standards, demonstrating the Chickasaw Nation's commitment to providing high-quality health initiatives to its citizens and other First Americans. It also enhances credibility and trust among stakeholders, including community members, funding agencies and partnering organizations.

Through the public health accreditation process, DPH seeks to better understand the health needs of the community and develop programs and policies to address these needs.

1. Completing a comprehensive community health assessment to identify the Chickasaw Nation's strengths and challenges to providing a healthy environment for all residents and workers
2. Developing a community health improvement plan to serve as a blueprint for improving the health of our counties over the next three years
3. Engaging partners, organizations and individuals in creating a vision for a healthy Chickasaw Nation and making that vision a reality
4. Positioning the DPH to achieve initial health department accreditation by PHAB

Adherence to PHAB's national standards benefits the Chickasaw Nation by providing a framework for DPH to provide the highest quality services possible and positioning the Chickasaw Nation for future public health funding opportunities.



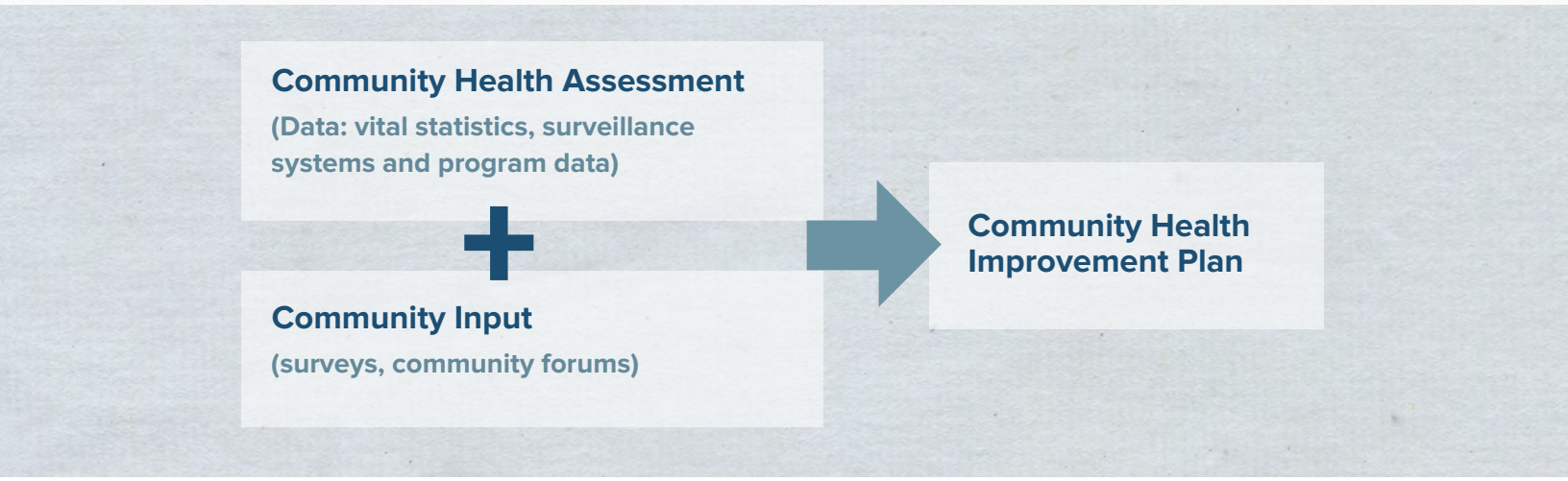
Understanding Community Health

What is a Community Health Assessment?

A community health assessment (CHA) is a systematic process using data and information from multiple sources to understand the health of a community. For example, it can help describe a community's current health status, the factors that can protect from or contribute to higher health risks and poor outcomes and identify community resources available to promote health. Outcomes from a CHA process are used to inform community decision making, identify health improvement priorities, and develop, implement and evaluate a community health improvement plan (CHIP).

The CHA is an important piece to the developing of a CHIP because it provides the supporting health data to help the community understand the health-related issues that need to be addressed. It also provides the most current and reliable information about the health status of a community and where gaps may exist to achieve optimal health. The CHA is a collaborative effort based on the community's intimate knowledge of its own health issues and identified needs. The CHA drives the efforts of the tribal health department, community partners and residents in determining specific health improvements to target. Figure 1 below shows where the Community Health Assessment fits into the community health improvement process.

Figure 1: Community Health Improvement Planning Process



An ideal CHA process includes the following elements:

- Participation from a variety of sectors
- Demographic information
- Information about risk factors, quality of life, mortality, morbidity, community assets, social determinants of health and health inequity
- Descriptions of health issues, specific populations and any health disparities, factors contributing to health challenges, community assets and resources
- Data from a variety of sources and in a variety of forms (qualitative, quantitative, primary and secondary)
- A variety of data collection methods (surveys, focus groups, etc.)

Understanding Community Health (cont.)

Social Determinants of Health

When conducting a CHA, it is also helpful to consider the social determinants of health. "Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[3] They are commonly the root of health inequities experienced by populations. To guide its assessment of social determinants for Chickasaw Nation, DPH looked to the Centers for Disease Control and Prevention Healthy People 2030, a national framework to guide health promotion and disease prevention efforts to improve health for all Americans.

Healthy Peoples 2030 organizes the various social determinants of health into five domains:

Domain	Examples
• Economic Stability	• Employment, food insecurity, housing instability and poverty
• Education Access and Quality	• Early childhood education and development, high school graduation, enrollment in higher education and language and literacy
• Social and Community Context	• Civic participation, discrimination, incarceration and social cohesion
• Health Care Access and Quality	• Access to quality, comprehensive health care, access to preventative care and health literacy
• Neighborhood and Built Environment	• Access to foods that support healthy eating patterns, crime and violence, environmental conditions and quality of housing

Addressing the various social determinants of health and their impact on health and well-being can improve health outcomes.

Health Equity Lens

In addition to considering the social determinants of health, it is important to understand how they disproportionately affect underserved populations. Health equity is defined as all people having "the opportunity to 'attain their full health potential' and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance."[4] A robust assessment of the larger social and economic factors affecting a community (e.g., housing, employment status, the built environment) should capture the disparities and inequities that exist for traditionally underserved groups. According to Healthy People 2030, a science-based platform that provides 10-year national objectives for improving the health of all Americans, achieving health equity requires focused efforts at the societal level to address avoidable inequalities, especially among those who have experienced socioeconomic disadvantage or historical injustices.

A health equity lens guided the community health assessment process to ensure data comprised a range of social and economic indicators and were presented for specific population groups, including First American, elderly and children.

3. Office of Disease Prevention and Health Promotion. Social Determinants of Health. Retrieved from https://www.HealthyPeople.gov/2020/Topics-Objectives/Topic/Social-Determinants-of-Health.
4. Braveman, P.A., Monitoring equity in health and healthcare: a conceptual framework. Journal of Health, Population, and Nutrition, 2003. 21(3): p. 181.

Our Approach to Assessing Health

DPH is committed to providing quality public health services to all First Americans residing in the 13-county Chickasaw Nation through collaborative partnerships. Therefore, the term 'community' as defined in this report is inclusive of the 363,993 Oklahomans living within the Chickasaw Nation, which is predominantly rural. Approximately 28,311 identify as First American alone and approximately 28,005 identify as First American in combination with another race.

Mobilizing for Action through Planning and Partnerships (MAPP) is the model DPH staff utilized to conduct the CHA. MAPP is a community-driven strategic planning process for assessing and improving community health. The MAPP model is comprised of four individual assessments that aim to answer the following:

Community Themes & Strengths Assessment
"What is important to our community?" and "How is quality of life perceived in our community?"

Forces of Change Assessment
"What are the forces (e.g., trends, factors, or events), that are, or will be, influencing the community's health and quality of life, and the tribal public health system?"

Community Health Status Assessment
"What are the health concerns in a community?" "Why do health issues exist?" and "What factors contribute to poor health outcomes?"

Tribal Public Health System Assessment
"What are the components, activities, competencies and capacities of our tribal public health system?", and "How are the Essential Services being provided to our community?"

Figure 2: Mobilizing for Action Through Planning and Partnerships



Mobilizing for Action through Planning and Partnerships (MAPP) process was a joint project of the non-profit National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) in 2001.

Our Approach to Assessing Health (cont.)

This CHA Report 2024 outlines the outcomes from three of the four assessments: Community Themes and Strengths, Forces of Change and the Community Health Status Assessments. Results from the Tribal Public Health System Assessment are found in the DPH Strategic Plan.

Community and Stakeholder Engagement

DPH staff led the CHA process with facilitation and support from Ascendant Healthcare Partners, a consulting firm with more than 25 years of experience and considerable expertise in strategy execution and community transformation. DPH engaged a stakeholder group (Appendix 1) consisting of members from each major department within the Chickasaw Nation and external partners, such as local and regional health departments and the Oklahoma State Department of Health. The purpose of the stakeholder group is to provide a forum for collaborative planning, resource allocation and implementation of programs to address the priority health needs as outlined by this CHA. DPH and the stakeholder group met quarterly in 2018 and 2019 to go over data collected in the community survey that DPH conducted. Due to the COVID-19 pandemic, in 2020 meetings moved to a virtual format and the frequency reduced to annual once the initial report was complete. From this collective assessment of the data, DPH and the stakeholder group were able to fully conduct the following assessments to help inform the health priorities of the community and fully develop the CHA.

Community Themes and Strengths Assessment Results

A community health survey was developed and administered to those who live, work or spend time in the Chickasaw Nation to gather quantitative data not provided by secondary sources, and to understand public perceptions around a range of health issues. The survey was available in English, which is the principal spoken language in the Chickasaw Nation.

The survey was conducted at the Chickasaw Nation Medical Center, Tishomingo clinic, Ardmore clinic and the Purcell clinic from November 2019 through January 2020 with a total of 240 respondents. Because of the COVID-19 pandemic, the amount of time the survey was conducted was severely cut short, which reduced the number of responses DPH collected. A new survey is planned to ensure any gaps from the first survey can be addressed. Respondents to the initial survey were 178 (62%) First American (First American and Alaskan Native), followed by 99 (35%) White or Caucasian.[5] The survey asked respondents about key social, economic and health concerns, access to services and experiences with the public health and health care system. The survey was available primarily online, with some hard copies distributed at Chickasaw Nation's medical center and clinics via outreach workers.

Respondents' top health concerns are: 1) Age-related conditions: Alzheimer's, arthritis, hearing or vision loss, mobility; 2) Mental health: depression, anxiety, stress, bipolar disorder; 3) Heart disease; 4) Drug abuse: opioids, cocaine, ecstasy, heroin, marijuana; and 5) Alcohol: liver disease and alcohol abuse (table 1). Additionally, respondents were asked to select the top social and environmental concerns, described in tables 2 and 3.

5. Chickasaw Nation, Community Health Survey 2019.

Our Approach to Assessing Health (cont.)

Table 1: Top Health Concerns Identified as Affecting Survey Respondents, Families, or Close Social Circle

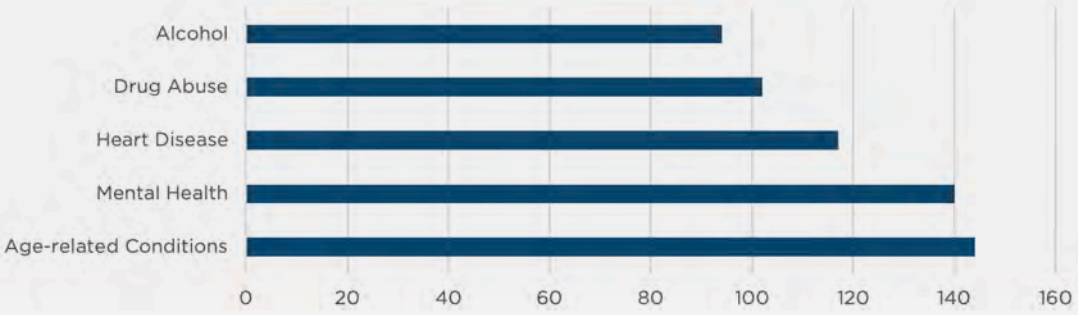


Table 2: Top Social Concerns Identified as Affecting Survey Respondents

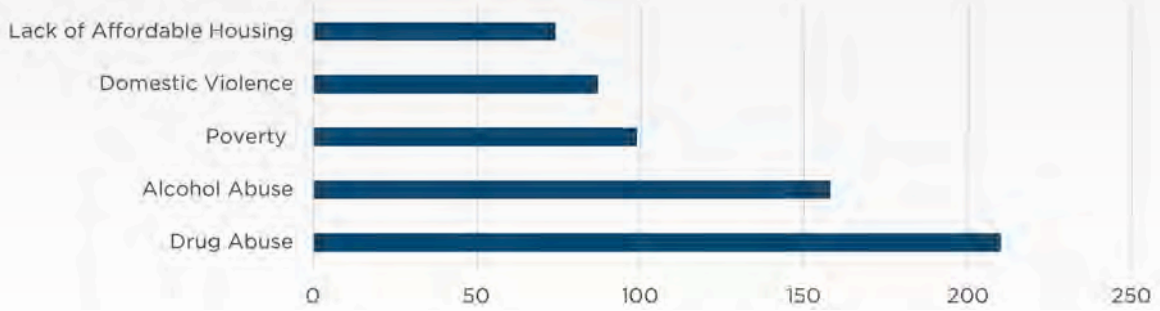
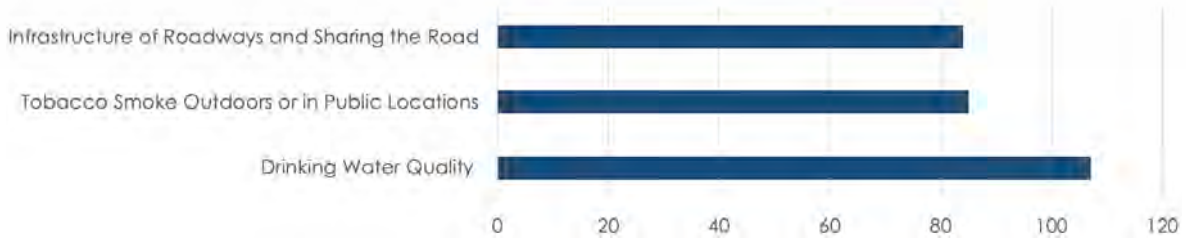


Table 3: Top Three Environmental Health and Safety Issues Affecting Survey Respondents





Our Approach to Assessing Health (cont.)

Forces of Change Assessment Results

Stakeholders participated in a facilitated consensus building process used to generate answers to the following question: "What is occurring or might occur that affects the health of our community or local public health system?" Participants brainstormed trends, factors and events, organizing them into common themes and providing an overarching 'force' for each of the category columns. The following are examples of trends, forces and events:

- Trends: Patterns over time, such as migration in and out of the community or growing disillusionment with government
- Factors: Discrete elements, such as a community's large ethnic population, an urban setting or proximity to a major waterway
- Events: One-time occurrences, such as a hospital closure, a natural disaster or the passage of new legislation

After the consensus workshop, participants were charged with answering the second assessment question: "What specific threats or opportunities are generated by these occurrences?" Participants generated threats and opportunities for all the ideas within each force of change category:

Forces (Trends, Events, Factors)	**Threats Posed**	**Opportunities Created**
Funding	• ACA repeal • Competing priorities • Global economy's effect on US economy • Health care and education state budget cuts • Changes in tribal businesses, revenue and gaming	• Sovereign nation • Health behavior-focused grants/programs • Become less dependent on outside resources • Implement diversified, collaborative and self-sufficient funding opportunities
Leadership	• Power to repeal ACA • Change in presidential leadership • Newly elected officials changing policies • National, state and tribal budget cuts • National, state and tribal legislation changes	• Encourage voting and educate citizens on importance of voting • Strong leaders (Governor Anoatubby) • Lack of Chickasaw Nation leadership position turnover • Changes in leadership can lead to new support for tribes, fresh ideas and increased tribal consultations

Our Approach to Assessing Health (cont.)

Forces (Trends, Events, Factors)	**Threats Posed**	**Opportunities Created**
Public Health Information	• Low health literacy • Difficult to reach isolated communities • Inaccurate and unreliable information • Dependence on social media for health information • People not receiving the information and/or education necessary to respond to health threats	• Increase communication between departments • Utilize Chickasaw social media sites (Facebook, Twitter, Instagram, etc.) • Utilize messaging avenues (CNTV, Holisso Newsletter, Chickasaw Times) • Utilize Chickasaw Nation Outreach programs and events (health fairs, Public Health Nursing, CHR, etc.) • Expand reach of health education programs/ services • Provide reliable, up-to-date, accurate information
Mental Health	• Stigma • More research and data needed • Longer waiting period for patients • Hopelessness of achieving recovery • Limited coverage by insurance plans • Lack of therapists/facilities available • Difficult to distribute programs, services and information to everyone • Decreased funding dedicated to behavioral health	• Be more proactive/not reactive • Request support across departments • Create volunteer/peer support groups • Raise awareness of services available • Ensure professionals are properly trained • Improve quality of and accessibility to care • Actively recruit mental health professionals • Apply for grants dedicated to mental health • Expand Chickasaw Nation integrated care programs (MFT) • Provide follow up appointments, services and support groups • Utilize technology to resolve scheduling and record keeping issue
Cultural Awareness and Respect	• Budget cuts • Racial tensions • Cultural insensitivity • Laws/policies passed without consideration of effects on AI/ AN • Loss of interest in preserving culture and language • Lack of cultural understanding and knowledge	• Rosetta Stone • Tribal consultations • Chickasaw Nation cultural renaissance • Provide opportunities for elder-to-youth communication, storytelling and education • Increase efforts to make Chickasaw history common knowledge • Chickasaw Nation programs to promote culture (cultural center, language department, etc.) • Teach cultural and historical classes in public schools

Our Approach to Assessing Health (cont.)

Forces (Trends, Events, Factors)	**Threats Posed**	**Opportunities Created**
Health Disparities	• Disproportionately high rates of diabetes, obesity, domestic violence, alcoholism, drug and substance abuse, suicide, poverty, depression, high cholesterol and high blood pressure • Comorbid conditions • Dismissing historical neglect • Loss of hope for improving health outcomes	• Increase education on healthy living • Chickasaw Nation programs to address all health conditions • Create more employment opportunities • Services/programs/grants dedicated to health improvement • Distribute health information • Highlight role models that have overcome susceptibility • Tribally funded initiatives
Access to Care	• Health literacy • Lack of providers • Long driving distance to hospitals/clinics • Loss of marketplace insurers under ACA • Limited transportation options to health facilities available for those living in poverty, rural areas and/or with disabilities	• Virtual visits • Telemedicine • Mobile medical units • Section 1115 waiver • Public Health nursing program (Caring Van) • Increase response to state sponsored waivers on how they provide Medicaid programs • Transportation department drives patients to and from appointments
Health Behaviors	• Advertising • Convenience • Taxes associated with ACA (employer plans) • Drug/alcohol abuse • Unsafe neighborhoods • Incompliance with doctor's orders • Built environment inhibits physical activity • Lack of access to grocery stores and fresh, healthy food • Survival mode (ex. eat fast food or nothing at all)	• IDP/Chickasaw Nation Employee Wellness Program • Chickasaw Travel Stop healthy sections • Inspire children to create a better future for themselves • Health behavior-focused education (cooking classes, recipes, workout routines) • Implement evidence-based programs to inspire health behavior changes

Our Approach to Assessing Health (cont.)

Forces (Trends, Events, Factors)	**Threats Posed**	**Opportunities Created**
Disasters (Natural/ Manmade)	• Floods • Droughts • Tornadoes • Winter weather • Lack of shelters • Terrorist attacks • Stock market crashes • Earthquakes • Climate change	• Chickasaw Nation storm shelter program • Improved communication to community during emergency event (ex. siren) • Training, education and awareness on emergency preparedness • Distribute emergency response and preparedness plans to community members • Community involvement and willingness to provide shelter
Built/Physical Environment	• Limited options for physical activity due to bad roads, sidewalks, parks • Limited funding and competing priorities inhibit construction projects • Little/no playgrounds and fitness centers • Unclean and unsafe public environments	• Ergonomics • Chickasaw Nation businesses • Roads program • Funding/grants • Natural solutions • Community coalitions • New holistic wellness centers • Partnerships with the city and other agencies • Educate community on environmental sustainability



Making Sense of the Data

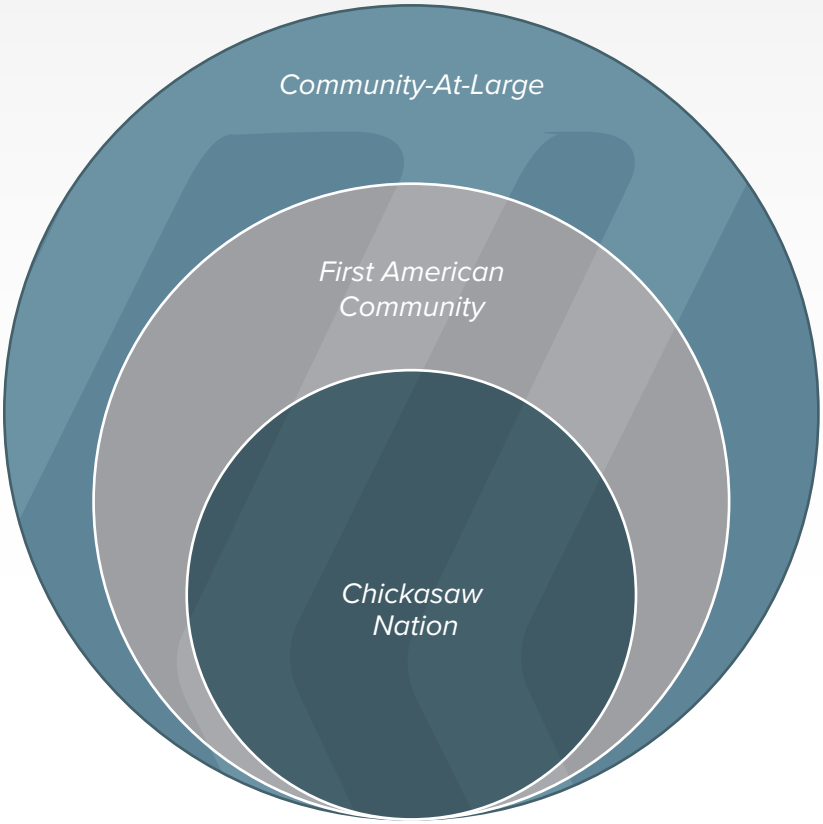
This CHA 2024 Report describes the current health status of a community through the selection and collection of relevant data indicators and the analysis of trends and comparisons to specific benchmarks. More than a thousand county-level health and demographics indicators were reviewed in the process of developing this assessment. While not all indicators are included in this report, these indicators were used as benchmarks for each of the Chickasaw Nation's 13 counties.

To identify overall themes, results were analyzed using the County Health Rankings Model for population health. County Health Rankings emphasize the impact of health factors (e.g., behavior, clinical care, socioeconomic and physical environment) on health outcomes such as mortality, length of life, morbidity and quality of life.

Data Collection

Accurate and timely First American data (First American is the preferred terminology in the Chickasaw Nation for American Indian/Alaskan Native (AI/AN) peoples) at the county, tribal or ZIP code level is extremely limited in Indian Country. Some data tables and charts in this CHA use the AI/AN abbreviation to reference First Americans, based on how the data source classified this population. Many First American nations lack the ability to adequately develop the infrastructure needed to collect and analyze their own data due to limited capacity and funding mechanisms. Without adequate funding to develop the needed infrastructure, tribal nations must rely on external partners, such as national and state agencies for data. Often First American data collected by external sources is inconsistent, inaccurate or irrelevant to tribal goals.

Figure 3. Sphere of Impact



Data collected at the state or national level may not be disaggregated to reflect specific tribal populations. This lack of granularity can mask disparities and unique challenges faced by tribes or can lead to misleading conclusions about the progress of some tribes resulting in incomplete or inaccurate assessments of social determinants of health.

Making Sense of the Data (cont.)

In recent years, many tribal nations are beginning to assert data sovereignty. Tribal nations have the sovereign right to control the collection, ownership and use of their own data.[6] To assert data sovereignty, tribes are securing funding to develop data infrastructure, are becoming more active partners in data collection and analysis with national, state and educational institutes and are protecting valuable First American research data through tribal institutional review boards (IRBs). Tribes' readiness and capacity to assert data sovereignty varies. The Chickasaw Nation protects its data sovereignty through policies and tribal leadership, understanding that all decisions should be data-informed and data-driven.

The data presented in this CHA as accurately as possible represents the population served by the Chickasaw Nation including Chickasaw citizens, other First American citizens and non-Indigenous individuals who live within the Chickasaw Nation. This CHA includes data at the tribal level, data from OSDH that represents all individuals living within the Chickasaw Nation regardless of race and national datasets that represent all individuals living within the Chickasaw Nation. This broad data representation includes both qualitative and quantitative data collection described in the previous section on assessments used to create this report.

The Chickasaw Nation's Division of Public Health, with a grant from the CDC, is leading a Data Modernization Initiative in collaboration with the Cherokee Nation, the Choctaw Nation of Oklahoma and the Muscogee Nation. Together, we are seeking to improve and modernize data and surveillance, as well as public health data governance infrastructure, based on data gaps identified during the COVID-19 pandemic response. The overarching goal is to drive cross-tribal public health actions, including ongoing response to COVID-19 and long-term COVID-19, planning for future infectious disease outbreaks and addressing the Public Health Accreditation Board's Standards and Measures for broad data systems (collect, use and share public health data) and for surveillance protocols and processes (Standards 1 and 2).

Indicators and Benchmarking

State and 13-county data for 938 health status indicators and 168 demographic indicators were collected. For comparison, each indicator was measured against the performance of the state of Oklahoma as a whole. According to United Health Foundation's America's Health Rankings 2022, the state of Oklahoma ranked in the bottom half (45) of all states across the core measures of Behaviors, Community and Environment, Policy and Clinical Care. Oklahoma's rank for each dimension is displayed below. Lower scores indicate a healthier population; thus, the health status of Oklahoma residents ranks in the bottom half of the nation. Our local community aspires to be healthier than the state average. County health rankings produce a similar report ranking the counties in each state.

Results

When indicators were reviewed with structural drivers (inequitable distribution of power, income, opportunity and resources), health inequities were consistently identified. The results of the review of the 938 indicators are available upon request. It is important to note that the CNDH considers a cross section of indicators in the CHA, including additional measures to ensure a holistic approach is used to address population needs and burdens on the community and public health services.

Data Sources

A review of health status assessments from the following organizations: Healthy People 2030, Community Commons, University of Wisconsin and Robert Wood Johnson's County Health Rankings, United States Census Bureau and Chickasaw Nation data.

6. Rainie, Stephanie Carroll, Desi Rodriguez-Lonebear, and Andrew Martinez. 2017. Policy Brief: Indigenous Data Sovereignty in the United States. Tucson: Native Nations Institute, University of Arizona.

Making Sense of the Data (cont.)

Data Limitations

Please note: In creating a community health profile with data specific to a county, there were limitations that should be acknowledged:

1. ZIP code level populations are determined by the U.S. Census data every 10 years through statistical methods; ZIP code level data obtained during years outside of the official census tend to be population estimates.
2. ZIP codes can cross city and/or county boundaries, occasionally resulting in county estimates that are higher than city estimates. Thus, rates and percentages used in this profile are calculated as approximations.
3. Data only represents the population during a specified time. Some rates were calculated based specifically on the census and estimated population counts where complete data is available. We are unable to account for years when full data is not available or is preliminary.
4. Tribal-specific data is still limited. Limited resources to collect representative population-based data hindered the ability to collect all data at the tribal level. Data from trusted partners were utilized to supplement the document and provide a more thorough description of the communities' health.



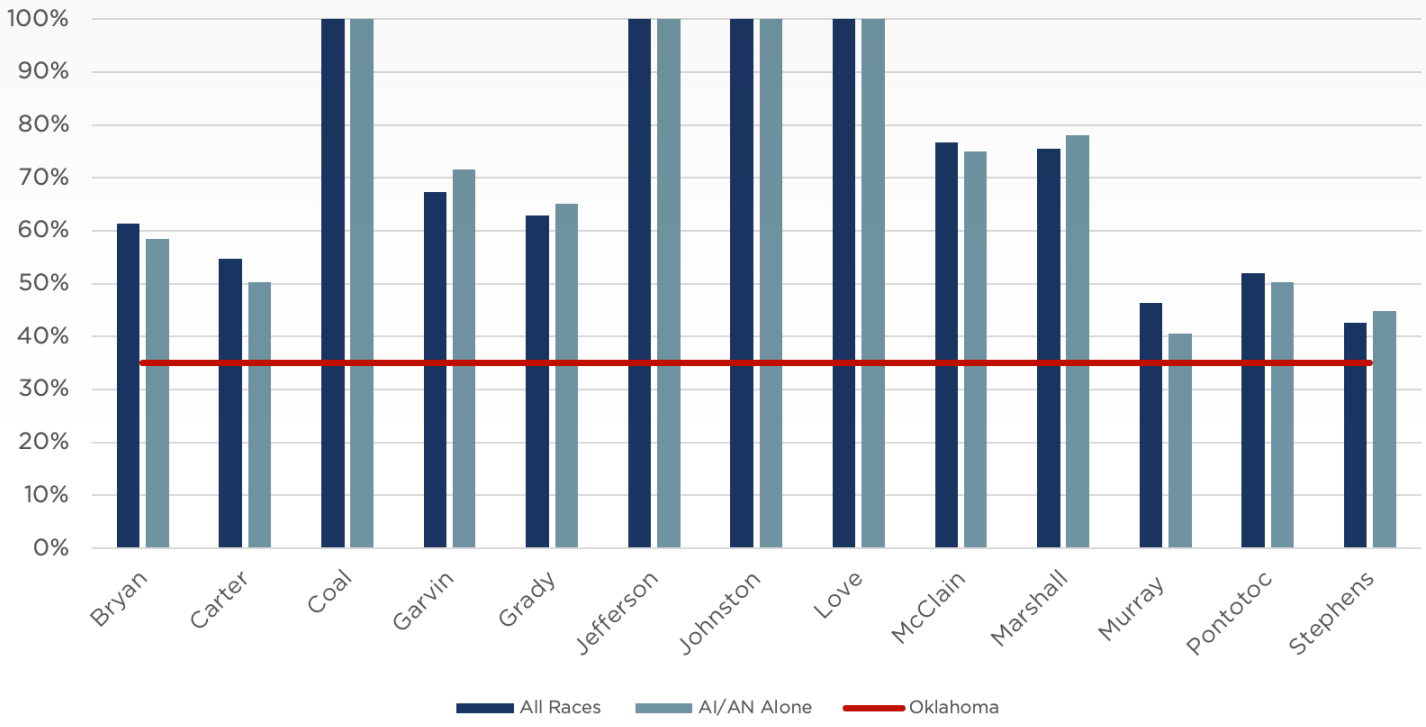
Community Health Status - Demographics

Numerous factors are associated with the health of a community, including the availability of resources and services (e.g., safe green space, access to healthy foods, transportation options) as well as the diversity of the population that resides in the community. While individual characteristics such as age, gender, race and ethnicity impact a person's health, the distribution of these characteristics across a community is also important and can affect the number and types of services and resources available.

Population and Age Distribution

The Chickasaw Nation encompasses 13 counties in predominantly rural south-central Oklahoma (see Table 4).[7] According to the data, First Americans make up the largest proportion of children under the age of 18 in all 13 counties within the Chickasaw Nation (Table 5).[8] First American children in all Chickasaw Nation counties far exceed the state average for all races. Furthermore, the seven counties have a higher proportion of First American residents who are over the age of 65, compared to the Oklahoma First American population who are over the age of 65 (Table 6).[8]

Table 4: Percent of Residents Living in Rural Communities by County



7. U.S. Census Bureau, 2010 Census.
8. U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates.

Community Health Status - Demographics (cont.)

Table 5: Percent of Population Under Age 18 by County and Race

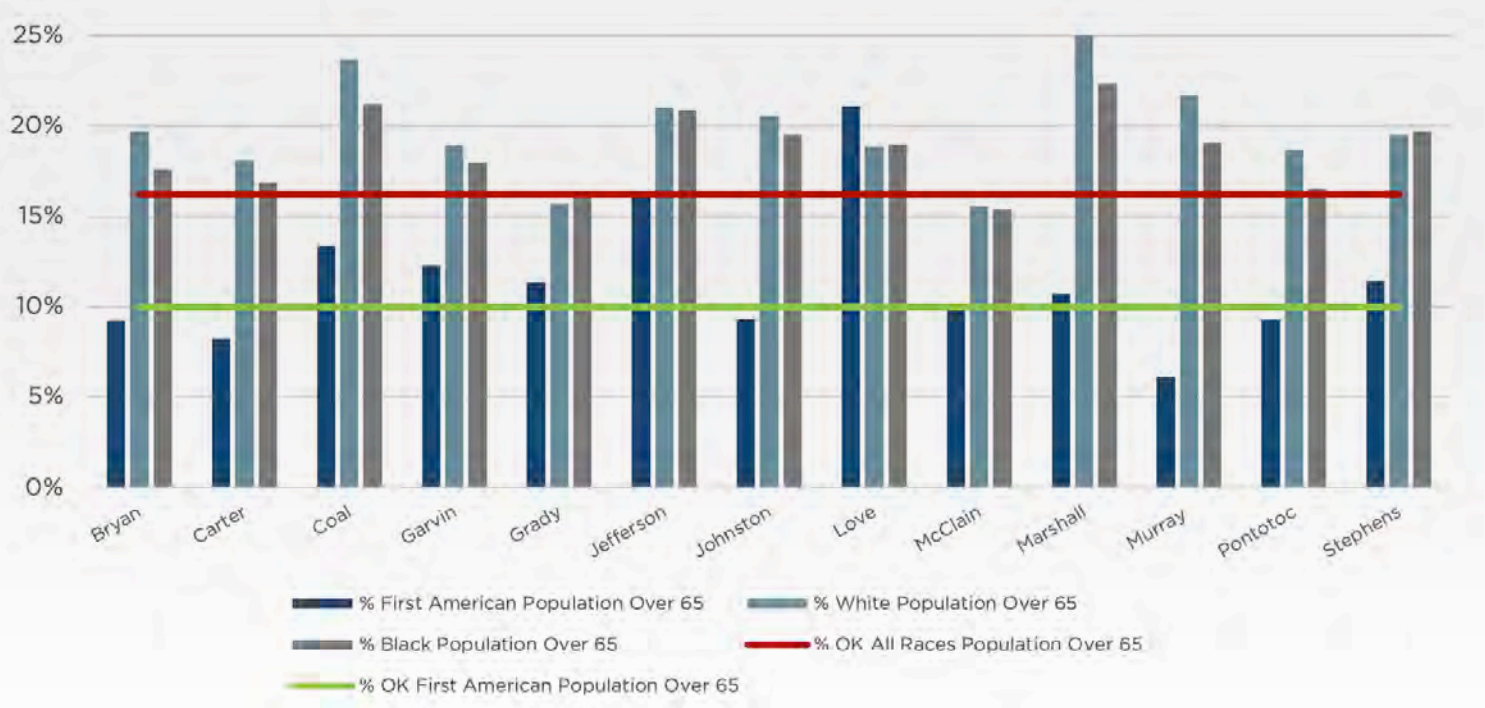
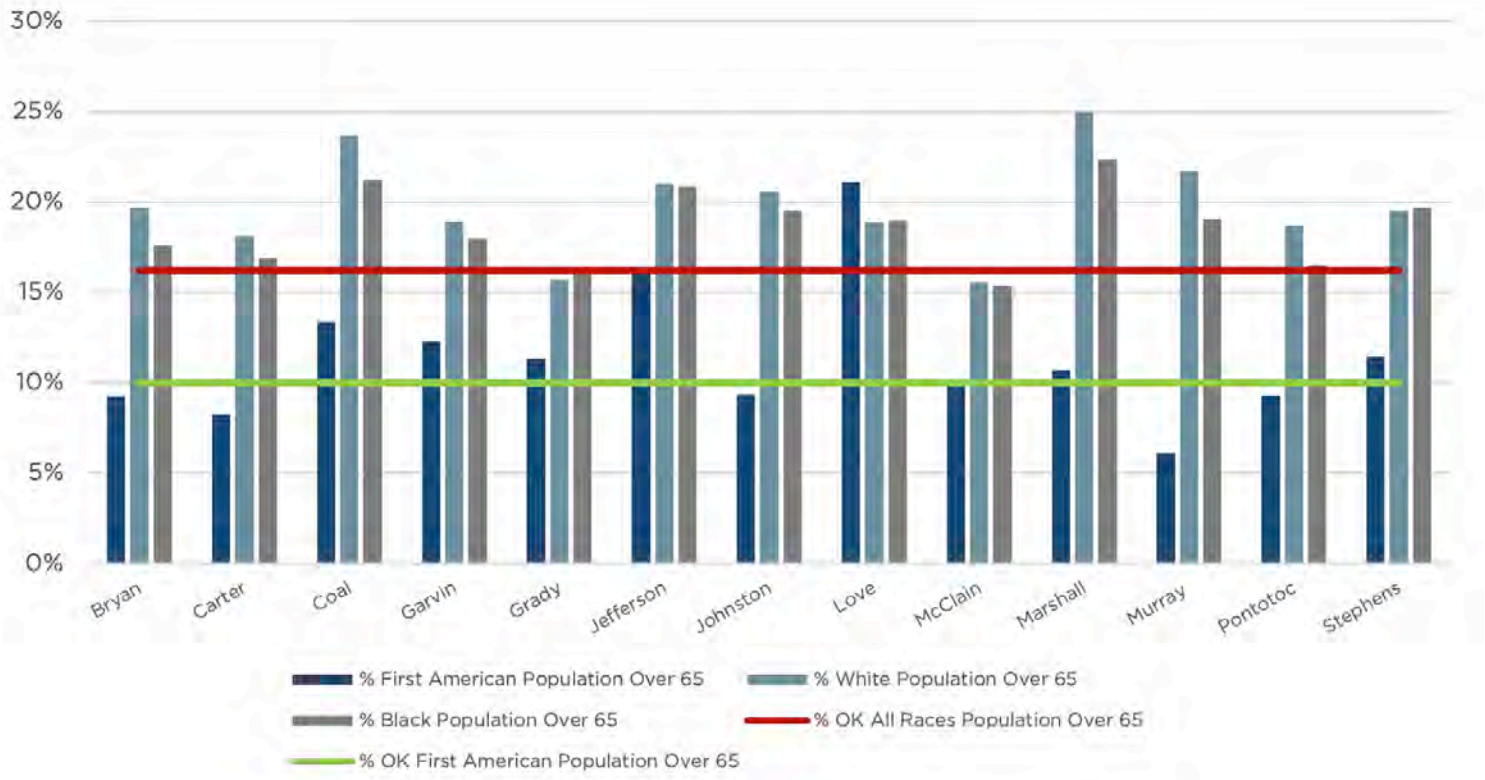


Table 6: Percent of Population Age 65 and Older by County and Race



Community Health Status - Demographics (cont.)

Languages

Although Oklahoma is home to over 39 First American nations, each with their own unique culture and language, English is still the primary spoken language.[9] 94% of households report only speaking English, 5% speak Spanish and the remaining 1% speak other Indo-European languages and Asian and Pacific Island languages. It is important to acknowledge the effects of forced Removal and Indian boarding schools had in the decline of First American culture and language. Both events resulted in the loss of many cultural practices and languages. In 2007, the Chickasaw Nation implemented the Chickasaw Language Revitalization Program to help Chickasaw Nation citizens learn their language that had been diminishing for many years. The Chickasaw Language Revitalization Program partnered with Rosetta Stone to offer Chickasaw language instruction that is free to all Chickasaw Nation citizens; it is available to the public with an associated cost. The Chickasaw Language Revitalization Program offers many other programs such as the Chipota Chikashshanompoli (Youth Speaking Chickasaw) language club, community language classes, college-credit Chickasaw language courses and the first of its kind, a basic language app "Chickasaw Basic." The hope is to grow the number of fluent speakers of the Chickasaw language who can pass the gift of language to future generations.

9. U.S. Census Bureau, 2018-2021 American Community Survey 5-Year Estimates.



Community Health Issues (Social Determinants of Health)

To comprehensively understand the health challenges faced by our community, we employed a mixed-methods approach, gathering both qualitative and quantitative data. Quantitative data were collected through surveys, health records and demographic studies to provide a statistical overview of prevalent health conditions and trends. Concurrently, qualitative data were obtained through focus groups, interviews and community forums, offering in-depth insights into personal experiences and perceptions of health issues. This dual approach ensured that the identified health issues are accurately informed by both measurable data and the lived experiences of community members.

The top community health issues identified through this process are:

1. Economic stability
2. Education and health literacy
3. Social and cultural connectedness
4. Health care access and quality
5. Chronic disease
6. Mental health

Each of these topics are further defined in the subsequent sections.



Community Health Issues (Social Determinants of Health) (cont.)

Economic Stability

Income and poverty are closely correlated with health outcomes, and while conducting our forces of change assessment, economic stability was featured as a priority from our group. From a social determinant of health standpoint, statistically there are significant health disparities between income groups, with lower-income populations experiencing higher rates of chronic conditions and limited access to quality health care.[10] Other impacts of income and poverty on health outcomes are below:

1. **Access to Preventive Care and Early Detection**
   - Preventive Services: Higher-income individuals are more likely to afford and access preventive care, such as vaccinations, screenings and regular check-ups, which can detect and address health issues early.
   - Delayed Treatment: Lower-income individuals often delay seeking medical care due to cost, leading to more advanced stages of illness and higher mortality rates.
2. **Mental Health**
   - Stress and Anxiety: Financial instability is a significant source of chronic stress, anxiety and depression, which can negatively impact overall health.
   - Mental Health Services: Higher-income individuals have better access to mental health services, including therapy and counseling, which can mitigate these effects.
3. **Housing Quality and Stability**
   - Safe Housing: Higher income enables families to afford safer, healthier housing free from hazards such as lead paint, mold and pest infestations, which can contribute to respiratory issues and other health problems.
   - Housing Instability: Lower-income families may experience frequent moves, overcrowding or homelessness, which disrupts continuity of care and access to health services.
4. **Educational Opportunities**
   - Health Literacy: Higher-income families often have greater access to education, leading to better health literacy and the ability to make informed health decisions.
   - School Resources: Schools in wealthier areas tend to have better resources, including health education programs and school-based health services.
5. **Environmental Exposures**
   - Pollution and Toxins: Lower-income communities are more likely to be located near industrial sites, highways or areas with high pollution levels, contributing to higher rates of respiratory and cardiovascular diseases.
   - Green Spaces: Higher-income areas typically have more access to parks, clean air and other environmental factors that promote physical activity and well-being.
6. **Workplace Conditions**
   - Occupational Hazards: Lower-income workers are more likely to be employed in jobs with higher risks of injury, exposure to harmful substances and poor working conditions.
   - Job Benefits: Higher-wage jobs often come with benefits such as paid sick leave, health insurance and wellness programs, which support better health outcomes.
7. **Nutrition and Physical Activity**
   - Food Deserts: Lower-income neighborhoods are more likely to be food deserts, lacking access to affordable, healthy food options, leading to poor nutrition and associated health issues.
   - Recreational Facilities: Higher-income areas have more recreational facilities and safe spaces for physical activity, promoting better physical health.

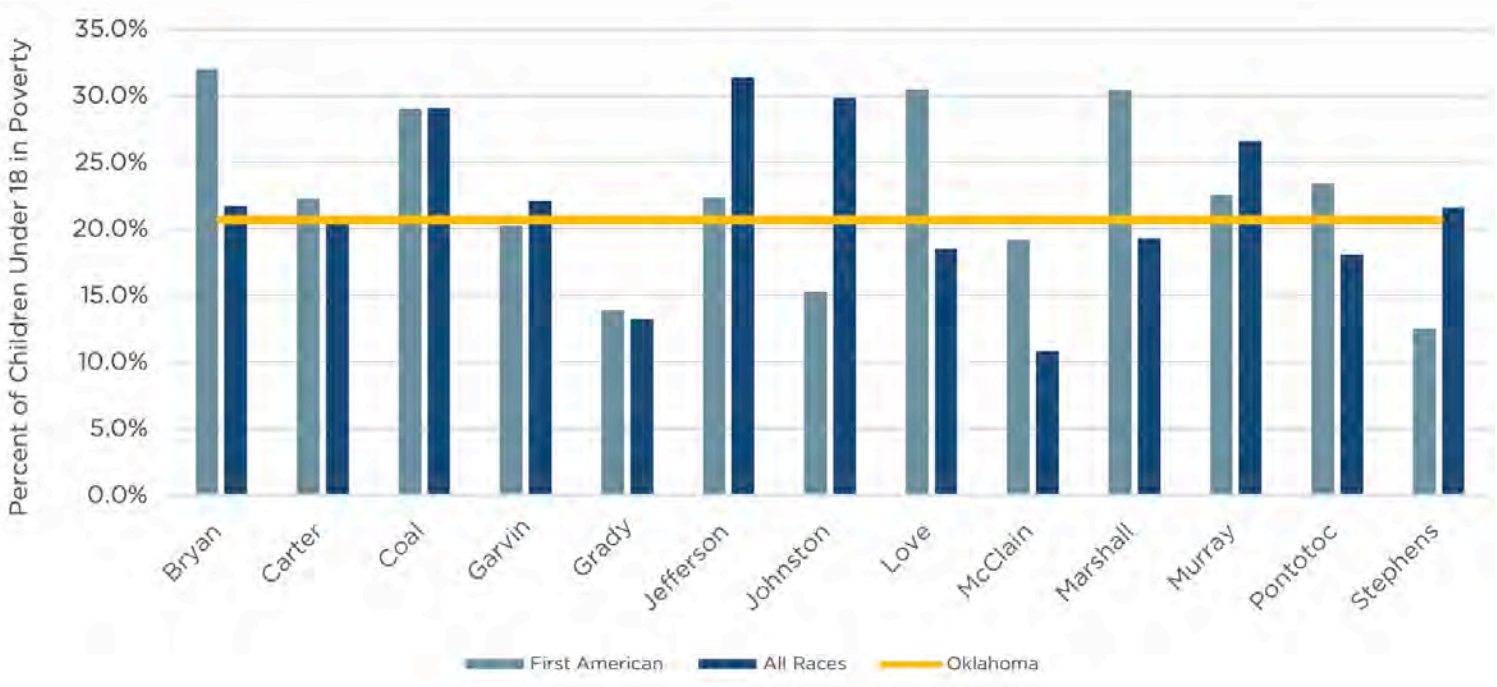
10. Beech, B. M., Ford, C., Thorpe, R. J., Bruce, M. A., and Norris, K. C. (2021). Poverty, racism, and the Public Health Crisis in America. Frontiers in Public Health, 9. https://doi.org/10.3389/fpubh.2021.699049

Community Health Issues (Social Determinants of Health) (cont.)

Childhood poverty profoundly impacts health into adulthood. Childhood poverty is associated with an increased risk of adverse health effects across the life span including obesity, substance use and chronic stress.[11] This data is estimated by using the number of related children under the age of 18 who live in families with incomes below the U.S. poverty threshold. Table 7 shows the rates of poverty among children under 18 years of age residing in Chickasaw Nation. In the Chickasaw Nation, First American children in 8 of 13 counties (all tribes) experience poverty at a rate higher than all children in Oklahoma (20.7%) and the United States (16.8%). Three counties within the Chickasaw Nation (Bryan, Love and Marshall) reported that more than 30% of First American children live in poverty.[12] Addressing childhood poverty is crucial for breaking the cycle of poverty and improving health outcomes throughout the lifespan. By providing support and resources to low-income families, it is possible to mitigate these negative health impacts and promote healthier futures for children as they grow into adults.[13]

The Chickasaw Nation is actively addressing childhood poverty through a comprehensive array of programs and initiatives designed to support the well-being and future success of its youngest members. By investing in education, health care and community services, the Chickasaw Nation ensures that children have access to the resources they need to thrive. Educational initiatives include scholarships, tutoring and early childhood education programs that lay a strong foundation for academic and personal growth. Health care services are robust, offering preventive care, nutrition programs and mental health support to address the holistic needs of children. Additionally, the Chickasaw Nation's commitment to economic development and job training programs helps families achieve financial stability, reducing the socioeconomic barriers that contribute to childhood poverty. Through these multifaceted efforts, the Chickasaw Nation is working diligently to break the cycle of poverty and create a brighter future for its children.

Table 7: Percentage of Children in Poverty by County



11. Khullar, D., and Chokshi, D. A. (2018). Health, income, and poverty: Where we are and what could help. Health Affairs Health Policy Brief. https://doi.org/10.1377/hpb20180817.901935.
12. U.S. Census Bureau; 2016-2020 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months All Counties in Oklahoma.
13. Schickedanz A, Szilagyi PG, Dreyer B. Child Poverty and Health in the United States: Introduction and Executive Summary. Acad Pediatr. 2021 Nov-Dec;21(8S): S81-S85. doi: 10.1016/j.acap.2021.09.003. PMID: 34740430.

Community Health Issues (Social Determinants of Health) (cont.)

The Role of Education in Predicting Health Outcomes

Education is a crucial predictor of health, influencing a wide range of behaviors and outcomes that contribute to overall well-being.[14] Higher levels of education are associated with a greater likelihood of engaging in health-promoting behaviors and achieving better health outcomes. When gathering with our stakeholders within the community, health literacy was pointed out as a concern within our community. Where people are getting their health education was also a concern, but as the group pointed out, it has created many opportunities for public health to further advocate for scientifically backed health information.

Health Behaviors and Education:

1. Smoking and Substance Use: Individuals with higher educational attainment are significantly less likely to smoke or engage in substance abuse. Education provides knowledge about the risks associated with these behaviors and fosters critical thinking skills that encourage healthier lifestyle choices.
2. Physical Activity: Education is positively correlated with regular exercise. Those who complete more education are more likely to understand the benefits of physical activity and have access to resources and opportunities to engage in regular exercise.
3. Diet and Nutrition: Educated individuals are more likely to have a better understanding of nutrition and healthy eating practices, leading to improved dietary habits and reduced risk of obesity and related health issues.

Overall Health and Education:

1. Physical Health: Higher educational attainment is associated with better physical health outcomes. Educated individuals are more likely to seek preventive care, adhere to medical advice and manage chronic conditions effectively.
2. Self-Reported Health: Individuals with more education tend to report higher levels of overall health and well-being. This self-assessment reflects both physical and mental health status, as well as a sense of control and optimism about one's health.

Community Health and Educational Attainment:

In the context of the First American residents in the region, more than 86% have achieved a high school degree (Table 8). This level of educational attainment is promising for several reasons:

1. Community Health Benefits: Higher educational attainment within a community is linked to better overall health outcomes for its members. Educated populations are more likely to engage in healthy behaviors, utilize health care services effectively and support public health initiatives.
2. Economic Stability: Education is a key driver of economic stability and upward mobility. Higher educational levels lead to better job opportunities, higher incomes and improved access to resources that support healthy living.
3. Social and Environmental Factors: Education contributes to social cohesion and community development. Educated individuals are more likely to participate in civic activities, advocate for health-promoting policies and contribute to a supportive environment that fosters overall community well-being.

Community Health Issues (Social Determinants of Health) (cont.)

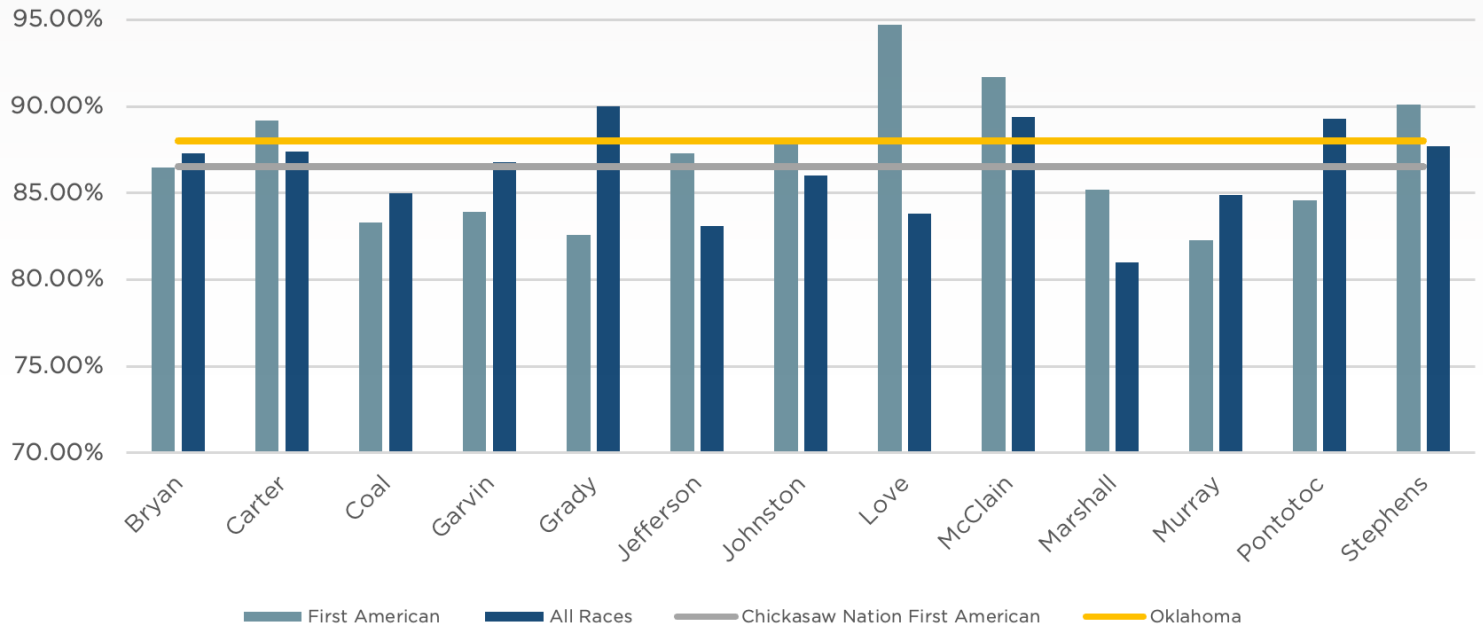
Implications for Policy and Practice:

Given the strong link between education and health, it is essential to continue investing in educational initiatives and policies that promote educational attainment among First American residents and the broader community.[15] Programs that support early childhood education, reduce school dropout rates and provide opportunities for higher education can have a lasting impact on public health.

Additionally, integrating health education into school curricula and community programs can enhance health literacy and encourage lifelong healthy behaviors. By addressing the social determinants of health through education, we can create a healthier, more equitable society.

In summary, education plays a pivotal role in predicting and improving health outcomes. With a high percentage of First American residents achieving a high school degree (more than 86%, Table 8),[16] there is a strong foundation to build upon. Continued efforts to enhance educational opportunities and integrate health education can lead to significant improvements in the health and well-being of individuals and communities.

Table 8: Percentage of High School Graduates by County



The Chickasaw Nation recognizes the critical role of education in influencing the social determinants of health and implements a range of initiatives to support educational attainment and improve health outcomes for its community members.

15. Zajacova A, Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. Annu Rev Public Health. 2018 Apr 1; 39:273-289.
16. U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates; Educational Attainment All Counties in Oklahoma.

Community Health Issues (Social Determinants of Health) (cont.)

The Chickasaw Nation addresses this vital connection through:

Comprehensive Educational Programs

1. Early Childhood Education: The Chickasaw Nation invests in early childhood education through programs like Head Start and early learning centers. These initiatives provide young children with a strong foundation in cognitive and social skills, setting the stage for lifelong learning and success.
2. K-12 Support: Through scholarships, tutoring and after-school programs, the Chickasaw Nation supports students throughout their primary and secondary education. These programs help ensure that children and teenagers stay engaged in school and achieve academic success, which is closely linked to better health outcomes.
3. Higher Education Scholarships: The Chickasaw Nation offers extensive scholarship programs for post-secondary education, including undergraduate, graduate and vocational training. By making higher education more accessible, the Chickasaw Nation empowers individuals to pursue careers that provide financial stability and health benefits.

Health Education and Literacy

1. Community Workshops and Seminars: The Chickasaw Nation conducts workshops and seminars for community members of all ages, focusing on health literacy, disease prevention and wellness. These educational opportunities enhance the community's overall understanding of health issues and empower individuals to take proactive steps in managing their health.

Supportive Learning Environments

1. Safe and Healthy School Environments: The Chickasaw Nation works to create safe and healthy learning environments by addressing factors such as school nutrition, physical activity and mental health services. Ensuring that students have access to healthy meals, physical education and mental health resources supports their overall well-being and academic performance.
2. Cultural Preservation and Identity: Education programs emphasize Chickasaw culture and heritage, fostering a strong sense of identity and community. Cultural education helps to build resilience, self-esteem and a sense of belonging, all contribute positively to mental and emotional health.

Economic and Workforce Development

1. Job Training and Career Development: The Chickasaw Nation provides job training programs and career development services to help individuals gain skills needed for high-quality employment. Stable, well-paying jobs contribute to economic stability, which is a key determinant of health.
2. Economic Support for Families: By supporting educational attainment and workforce development, the Chickasaw Nation helps families achieve economic stability. Economic stability reduces stress and provides the resources needed for healthy living, such as access to health care, nutritious food and safe housing.

Holistic Approach to Education and Health

1. Interdisciplinary Collaboration: The Chickasaw Nation adopts a holistic approach by encouraging collaboration between educational, health care and social service sectors. This interdisciplinary approach ensures that educational programs are complemented by health and social services, providing a comprehensive support system for individuals and families.
2. Continuous Improvement: The Chickasaw Nation continually evaluates and improves its educational programs to ensure they meet the evolving needs of the community. By staying responsive and adaptive, the tribe ensures that its efforts in education directly contribute to better health outcomes.

Community Health Issues (Social Determinants of Health) (cont.)

Through these multifaceted efforts, the Chickasaw Nation effectively addresses the importance of education in relation to the social determinants of health, fostering a healthier, more educated and economically stable community.

Social and Community Context

People are inherently social beings. Relationships with others and community connectedness can have a major impact on an individual's health and well-being. Research indicates higher levels of social connectedness can lead to better health, improved well-being and longer life.[17] In fact, individuals who report strong social bonds have a 50% increased likelihood of survival than those who report having fewer social connections.[18] Social connectedness includes the numbers, types of relationships and bonds a person has with others; meaningful and regular social exchanges; having a sense of belonging; and access to safe public areas to gather. Understanding the availability of opportunities for social connectedness to occur, knowing the barriers that hinder access and identifying which groups are most vulnerable if social connections are limited is essential to address this social determinant of health.

During our forces of change assessment, many of these aspects of social and community connectedness were brought up as areas of concern across multiple of the topics covered. Most of the concerns were due to influences outside of the tribe, such as policies at the state or national level being passed without consideration of the effects they may have on First Americans, dismissal of historical neglect and cultural insensitivity. However, the group identified many ways the Chickasaw Nation is helping to foster social and community connectedness from the strong leadership of Governor Bill Anoatubby. From the Chickasaw community centers and the Chickasaw Nation Cultural Center to the cultural activities that the Chickasaw Nation holds throughout the year, hope for greater community connectedness ran high.

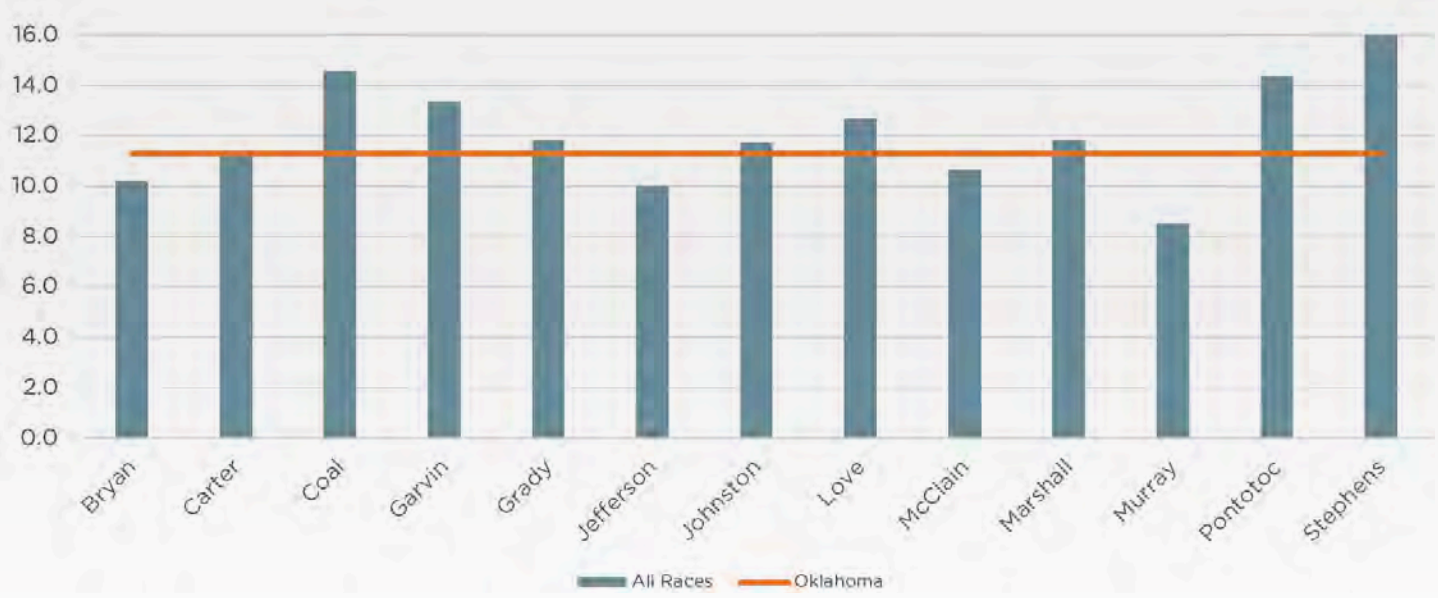
In 2019, more than half of counties within the Chickasaw Nation reported having more opportunities to engage in social associations (clubs, civic groups, etc.) for all races when compared to the overall state rate (Table 9).[19] This indicates that individuals within those counties are more likely to report higher levels of social connectedness, which may serve as a health protective factor for those individuals. It is important to note that this data point may be impacted by the social isolation that occurred during the COVID-19 pandemic and will require close monitoring.

17. "How Does Social Connectedness Affect Health? Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. for 30 Mar. 2023.
18. Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010;7(7): e1000316.
19. University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps 2023. www.countyhealthrankings.org.



Community Health Issues (Social Determinants of Health) (cont.)

Table 9: 2019 Social Associations per 100,000



The Chickasaw Nation places a strong emphasis on fostering social connectedness as a vital component of community well-being and individual health. By creating opportunities for cultural engagement, community participation and support networks, the Chickasaw Nation strengthens the bonds among its members, examples include:

Cultural Preservation and Engagement

1. Cultural Events and Festivals: The Chickasaw Nation hosts numerous cultural events, such as the Chickasaw Annual Meeting and Festival, that celebrate Chickasaw heritage and traditions. These events bring community members together, promoting a sense of belonging and shared identity.
2. Language Programs: Initiatives to preserve and teach the Chickasaw language, such as language classes and immersion programs, help maintain cultural heritage and strengthen ties among generations. Language learning fosters connections through shared cultural practices and communication.
3. Arts and Crafts Workshops: The tribe offers workshops teaching traditional arts and crafts, such as beadwork, pottery and weaving. These activities not only preserve cultural skills but also provide a space for community members to connect and share experiences.

Community Services and Programs

1. Youth and Family Services: Programs designed for youth and families, including after-school programs, sports leagues and mentoring initiatives, promote social interaction and support networks. These programs encourage positive relationships and community involvement.
2. Elders Programs: Services and activities for elders, such as social clubs, wellness programs and intergenerational events, help reduce social isolation and ensure that older community members remain active and engaged.
3. Volunteer Opportunities: The Chickasaw Nation provides numerous volunteer opportunities, allowing members to contribute to community projects and services. Volunteering fosters a sense of purpose and strengthens community ties.

Community Health Issues (Social Determinants of Health) (cont.)

Health and Wellness Programs

1. Group Fitness and Wellness Classes: Group fitness activities, such as yoga, aerobics and walking clubs, encourage physical health while providing opportunities for social interaction and support.
2. Mental Health Support Groups: Support groups for various mental health issues, including grief counseling and stress management, create safe spaces for individuals to share their experiences and connect with others facing similar challenges.

Technology and Digital Platforms

1. Online Communities and Forums: The Chickasaw Nation leverages technology to create online communities and forums where members can connect, share information and support one another. These digital platforms help maintain social connections, especially for those who may be geographically dispersed.
2. Virtual Events and Activities: In response to the need for social distancing, the tribe offers virtual events, such as webinars, cultural presentations and online workshops, ensuring that community members can stay connected even when physical gatherings are not possible. This transition has also allowed the Chickasaw Nation to expand its community events and activities to citizens at large who reside outside the treaty territory.

Community Centers and Gathering Spaces

1. Chickasaw Cultural Center: The cultural center serves as a hub for cultural education and community gatherings. It hosts exhibitions, performances and educational programs that bring people together and celebrate Chickasaw heritage.
2. Community Centers: Various community centers throughout the Chickasaw Nation provide spaces for social gatherings, recreational activities and community meetings. These centers are vital for fostering social interactions and community cohesion.

Intergenerational Initiatives

1. Family Events and Activities: Events that cater to all ages, such as cultural evenings, storytelling sessions and cultural workshops, encourage intergenerational bonding and knowledge sharing.
2. Mentorship Programs: Mentorship initiatives pair youth with elders or more experienced individuals in the community, fostering relationships and providing guidance, support and cultural continuity.

By implementing these diverse strategies, the Chickasaw Nation effectively promotes social connectedness, ensuring that community members feel supported, engaged and connected to their cultural roots and each other.

Within the Chickasaw Nation, First American caregivers and children were identified as potentially vulnerable populations if social connection is limited. To gain a better understanding of the needs and gaps in availability of social connection opportunities, the DPH Tribal Home Visitation program made a concerted effort to capture this data through key informant interviews with First American caregivers. A common theme emerged from these interviews: participants expressed the need for more social support opportunities between pregnant mothers, families and caregivers, and with peers with similar experiences and the home visitation team.[20]

20. Chickasaw Nation Division of Public Health; Tribal Home Visiting Program; 2022-2023 Community Needs Assessment and Implementation Plan.

Community Health Issues (Social Determinants of Health) (cont.)

Caregivers highlighted the importance of building a network of support that could provide emotional, informational and practical assistance. Many noted that such connections could help mitigate feelings of isolation and stress. These are common among caregivers and families, especially in remote or rural areas. Furthermore, participants suggested that regular social gatherings, support groups and community events tailored to the unique cultural and social needs of First American families could enhance their sense of belonging and resilience. They also emphasized the potential benefits of peer mentorship programs, where experienced caregivers and parents could offer guidance and support to those navigating similar challenges.

The feedback from these interviews underscores a significant opportunity for the Chickasaw Nation to expand and enhance its social support initiatives. By developing more structured and accessible social connection opportunities, such as facilitated support groups, culturally relevant community activities and enhanced communication channels between caregivers and the home visitation team, the Chickasaw Nation can better meet the needs of these vulnerable populations. Additionally, integrating technology to create virtual support groups and online communities can further extend the reach of these efforts, ensuring all caregivers and families, regardless of their location, have access to the support they need. This holistic approach can significantly improve the well-being and quality of life of First American caregivers and children, fostering a more connected and resilient community.

Health Care Access and Quality

Access may be defined broadly as ensuring that all people can get the medical, public health and social services they need to live healthier lives. Building a culture of health means that people can access high-quality, affordable care to prevent or treat medical issues. Public health systems are core resources at the local level. Comprehensive access to care is critical for people to get substance use and mental health treatments they may need. Access to comprehensive, quality health care services is also important to achieve health equity and to increase quality-of-life. Access to health care impacts include:

- Overall physical, social and mental health status
- Prevention of disease and disability
- Preventable hospitalization
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy



Community Health Issues (Social Determinants of Health) (cont.)

Access to care is challenging for some residents of the Chickasaw Nation community, particularly mental health and substance abuse services. Despite the presence of a comprehensive medical center and satellites clinics within the Chickasaw Nation, access to health care for citizens can still be challenging due to several factors:

1. Geographic Barriers: First Americans residing in remote or rural areas may face significant travel distances to reach the medical center or satellite clinics. Limited transportation options and long travel times can hinder access to timely health care services.
2. Health Care Provider Shortages: Despite efforts to expand health care facilities, shortages of health care providers, such as physicians, nurses and specialists, can affect appointment availability and lead to longer wait times for care.
3. Health Literacy: Limited health literacy among some citizens may affect their ability to navigate the health care system, understand medical instructions and advocate for their health needs effectively. Often, individuals do not seek medical care until they are already sick or have developed a chronic condition. This behavior can result in more severe health issues and complications that require more intensive treatment. Promoting the importance of preventive care and regular health screenings is essential to encourage early intervention and improving overall health outcomes within the Chickasaw Nation.
4. Capacity and Resource Constraints: Despite efforts to expand services, health care facilities may experience capacity constraints during peak demand periods, affecting the ability to accommodate patients promptly.
5. Work demands: Many individuals may face inflexible work schedules or job responsibilities that make it difficult to attend medical appointments during regular clinic hours. This can lead to delays in seeking necessary health care services, as well as difficulties in scheduling follow-up appointments or accessing preventive care. Efforts to address health care access barriers must consider strategies to accommodate diverse work schedules and ensure that health care services are accessible outside of traditional business hours when feasible.

Access to care within our forces of change assessment brought forward a lot of the community's concerns. Health literacy, provider shortages, driving distances for those in rural areas and limited transportation options were all highlighted as threats to access. Addressing these challenges requires ongoing efforts to enhance health care infrastructure, improve transportation options, recruit and retain health care professionals, provide culturally competent care and promote health education and advocacy among citizens. These initiatives aim to ensure equitable access to quality health care services and support better health outcomes across the Chickasaw Nation.

Access to health services is a broad and complex issue that encompasses four main components: coverage, services, timeliness and workforce.

Community Health Issues (Social Determinants of Health) (cont.)

Coverage

Cost can be a barrier to care even for those who have insurance. Those with private, nongroup insurance were three times as likely as those with employer-sponsored insurance to face such cost.[21] Approximately 30% of First American adults in Chickasaw Nation are not insured.[22] Uninsured children are a particularlly vulnerable population.

Even though the Chickasaw Nation provides health care services at no cost to individuals, not having insurance can still impact access to specialized services that are beyond the scope of what the Chickasaw Nation offers. While basic medical services within the Chickasaw Nation, such as primary care and some specialty care are covered, certain specialized services or treatments may not be available locally. In such cases, individuals without insurance may face challenges accessing these services due to financial barriers, including high out-of-pocket costs or the inability to afford services provided by external health care providers or facilities. Lack of insurance can limit options for seeking care outside of the Chickasaw Nation's health care system, potentially delaying or restricting access to necessary treatments, diagnostics or consultations with specialists. This underscores the importance of insurance coverage in ensuring comprehensive health care access, particularly for specialized medical needs extending beyond the services offered within tribal health care facilities.

The Indian Health Care Improvement Act (IHCIA) and other federal statutes authorize tribes to use federal funds to purchase referred care services for eligible individuals when necessary. This refers to the process by which a tribe can procure health care services beyond what is available within its own health care system.

Purchased and referred care, while essential for providing access to specialized health care services beyond what tribal facilities can offer, has several limitations impacting its effectiveness:

1. Limited Funding: The funding allocated for purchased and referred care may be insufficient to meet the demand for health care services among tribes. This can result in delays in accessing care or restrictions on the types of services obtained through this mechanism.
2. Administrative Burdens: The process of coordinating and approving purchased and referred care can be administratively complex and time-consuming. This includes obtaining authorizations, processing paperwork and adhering to federal regulations and guidelines, which may delay care delivery.
3. Geographic Accessibility: Accessing referred care often requires travel to external health care facilities, which may be located at a considerable distance from tribal communities. Transportation challenges and associated costs can pose barriers to timely health care access.
4. Continuity of Care: Ensuring continuity of care can be challenging when services are provided by external providers who may not be familiar with the patient's medical history, cultural preferences or specific health care needs.
5. Cultural Competency: External health care providers may not always have adequate cultural competency training to effectively communicate and engage with First American patients, potentially impacting the patient-provider relationship and health outcomes.
6. Coverage Restrictions: Certain types of services or treatments may not be covered under purchased and referred care programs, leading to gaps in health care coverage for specific medical needs or conditions.

21. Kaiser Family Foundation. Mapping Marketplace Foundation. 2018.
22. U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Health Insurance Coverage.

Community Health Issues (Social Determinants of Health) (cont.)

Addressing these limitations requires ongoing collaboration between tribal health care systems, federal agencies like the Indian Health Service (IHS), external health care providers and community stakeholders. Efforts to improve funding, streamline administrative processes, enhance cultural competency training and expand local health care infrastructure can help mitigate these challenges and improve access to quality health care for Native American tribes.

The Chickasaw Nation employs patient benefit coordinators who play a crucial role in assisting individuals with obtaining insurance coverage and navigating the health care system. These coordinators help Chickasaw citizens and other First Americans apply for programs such as Medicaid, Medicare and other insurance options. They provide guidance and support throughout the application process, ensuring eligible individuals are enrolled in appropriate health care coverage.

In addition to facilitating insurance enrollment, the Chickasaw Nation also supports individuals with Medicare Part D assistance. This includes helping beneficiaries understand their prescription drug coverage options, providing information on available plans and assisting with enrollment in Medicare Part D plans to meet their needs.

By offering these services, the Chickasaw Nation aims to mitigate financial barriers to health care access for its citizens and community members. Patient benefit coordinators ensure that individuals have access to comprehensive health care coverage, enabling them to receive necessary medical services, including specialized care that may be outside the scope of services provided directly by the Chickasaw Nation's health care facilities. This proactive approach helps enhance health care access and improve health outcomes within the Chickasaw community.

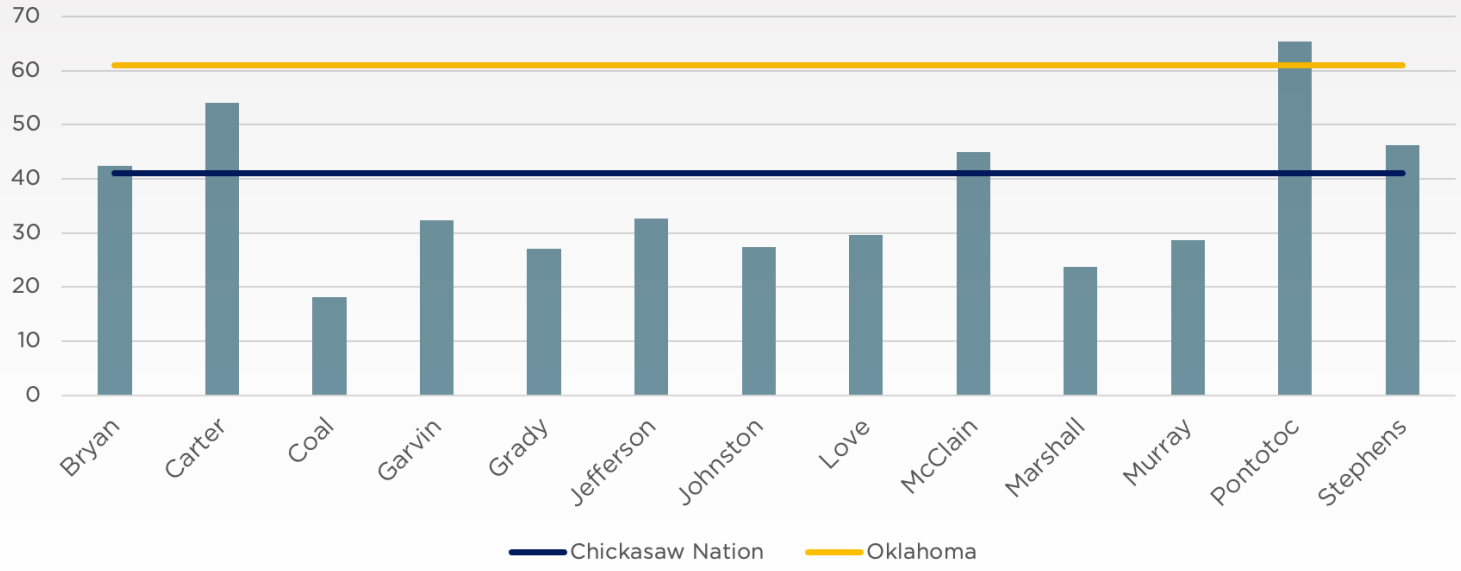


Community Health Issues (Social Determinants of Health) (cont.)

Services

People with a regular source of care have better health outcomes and fewer disparities and costs. Health Resources and Services Administration (HRSA) defines areas and populations as “Medically Underserved” based on four weighted variables: ratio of primary medical care physicians per 1,000 population; percentage of the population with incomes below the poverty level; infant mortality; and percentage of the population age 65 or over.[23] In the Chickasaw Nation, the rate of physicians per 100,000 (41) is lower than the average physician rate in Oklahoma (61) (Table 10).[24]

Table 10: Rate of Physicians per 100,000 Population by County



A similar issue can be found in the rate of pediatricians per 10,000 children, where the Chickasaw Nation (1.6) is slightly lower than Oklahoma (1.7) (Table 11).[25] Oklahoma ranks 40 for the 77.2 percent of children aged 0-17 years who received one or more preventive visits in the past 12 months.[26]

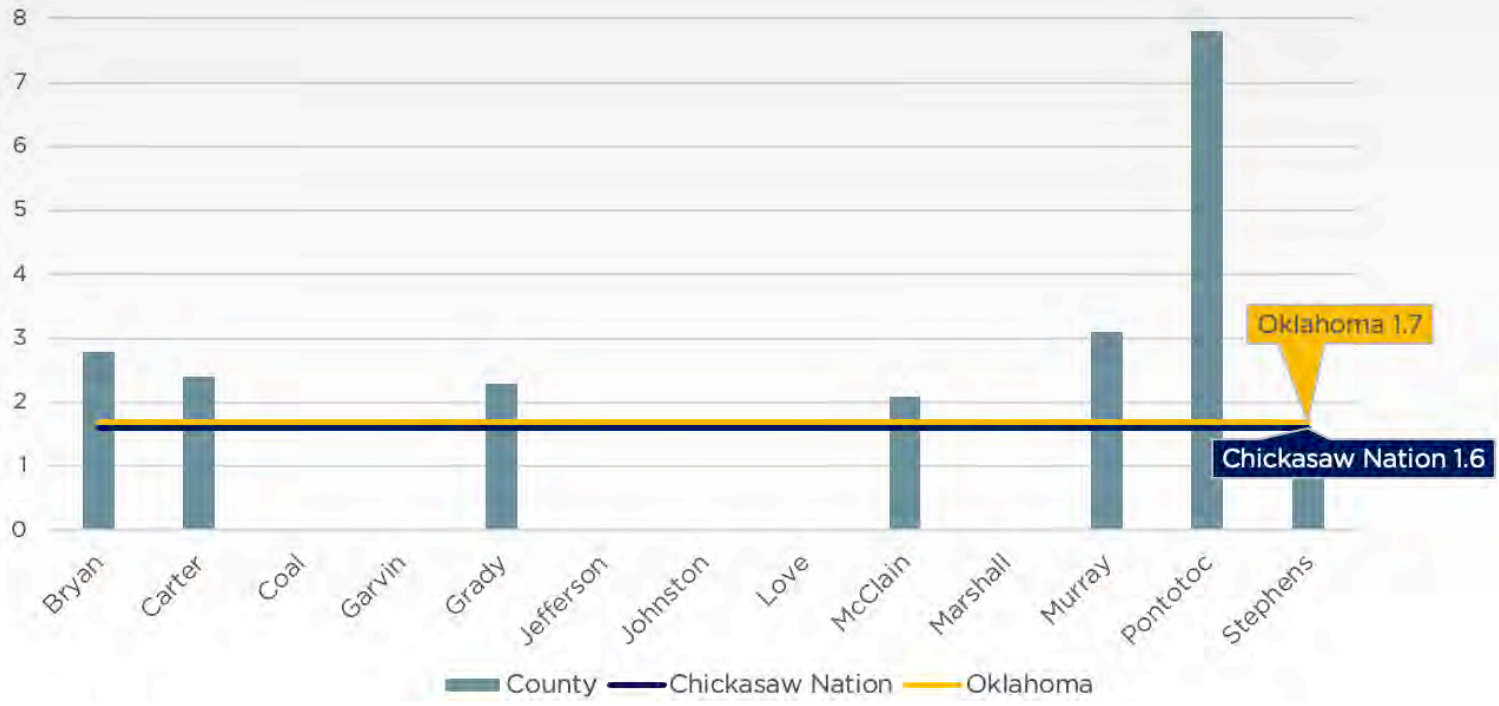
23. Clancy C, Munier W, Brady J, et al. 2012 National healthcare quality report. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); 2013.
24. University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps 2021.CMS, National Provider Identification.
25. U.S. Department of Health and Human Services Office of Minority Health. Infant mortality and American Indians/Alaska Natives.
26. America’s Health Rankings analysis of America’s Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org.



Community Health Issues (Social Determinants of Health) (cont.)

The Chickasaw Nation has implemented several strategic initiatives to address the low rate of physicians in the area. These include establishing medical student rotations to provide hands-on experience within Chickasaw Nation health care facilities and launching a Family Medicine Residency Program aimed at training and retaining primary care physicians. Upcoming plans involve expanding residency programs to include internal medicine, psychiatry and pediatric specialties. Additionally, the Chickasaw Nation offers an attractive recruitment package to entice new physicians, featuring competitive salaries, a matching 401(k) program for retirement savings, loan repayment assistance and employment opportunities for Commissioned Corps officers. These efforts aim to build a sustainable health care workforce capable of meeting the diverse medical needs of Chickasaw Nation communities while enhancing local health care accessibility and quality.

Table 11: Number of Pediatricians per 10,000 Children by County



The Chickasaw Nation provides access to high-quality health care for its citizens and other First Americans through a comprehensive, culturally sensitive and patient-centered approach. Here are several key initiatives and programs through which the Chickasaw Nation ensures its community members receive excellent health care services:

Comprehensive Health Care Facilities

1. Chickasaw Nation Medical Center: Located in Ada, Oklahoma, this state-of-the-art facility serves as the cornerstone of health care services for the Chickasaw Nation. The medical center offers a wide range of medical services, including primary care, emergency care, specialty care, surgical services and advanced diagnostics.
2. Satellite Clinics: To ensure accessibility, the Chickasaw Nation operates three satellite clinics across its territory. These clinics provide essential medical services closer to where people live, reducing travel barriers and improving access to care.

Community Health Issues (Social Determinants of Health) (cont.)

Preventive and Primary Care Services

1. Primary Care: Comprehensive primary care services are provided to address the everyday health needs of citizens, including routine check-ups, vaccinations and chronic disease management. Emphasis is placed on preventive care to detect and address health issues early.
2. Preventive Health Programs: Programs focused on prevention include screenings for diabetes, hypertension and cancer, as well as immunization programs. Health education initiatives are also a key component, promoting healthy lifestyles and disease prevention.

Specialty and Advanced Care

1. Specialty Clinics: The Chickasaw Nation offers access to a range of specialty care services, including cardiology, endocrinology, orthopedics and obstetrics/gynecology. These services ensure that patients receive comprehensive care tailored to their specific health needs.
2. Telehealth Services: Leveraging technology, the Chickasaw Nation provides telehealth services to extend primary and specialty care to remote areas, ensuring all citizens have access to specialist consultations and follow-up care regardless of their geographic location.

Behavioral Health Services

1. Mental Health and Counseling: Recognizing the importance of mental health, the Chickasaw Nation offers extensive behavioral health services, including counseling, psychiatric care, substance misuse programs and crisis intervention. These services support the mental and emotional well-being of citizens.
2. Integrated Behavioral Health: Behavioral health services are integrated with primary care, ensuring a holistic approach to health that addresses both physical and mental health needs.

Supportive Health Programs

1. Maternal and Child Health: Programs aimed at maternal and child health provide prenatal care, childbirth education and pediatric services. These programs ensure that mothers and children receive the best possible start in life.
2. Eldercare Programs: Specialized programs for elders include chronic disease management and social services to support aging in place. These programs are designed to meet the unique health needs of older citizens.

Community Health Initiatives

1. Public Health Outreach: The Chickasaw Nation engages in public health outreach through community education, health fairs and preventive health campaigns. These initiatives raise awareness about important health issues and promote community-wide health improvements.
2. Health Promotion Programs: Programs focused on promoting healthy lifestyles include fitness and nutrition programs, smoking cessation support and wellness workshops. These initiatives encourage citizens to adopt healthy habits and improve their overall well-being.

Cultural Sensitivity and Inclusiveness

1. Culturally Competent Care: Health care services are provided in a culturally sensitive manner, respecting and incorporating Chickasaw traditions and values. This approach ensures that care is not only effective but also respectful of cultural identities.
2. Language Support: To overcome language barriers, the Chickasaw Nation offers translation and interpretation services. This ensures all patients communicate effectively with their health care providers.

Community Health Issues (Social Determinants of Health) (cont.)

Financial Assistance and Accessibility

1. Patient Benefit Coordinators: The Chickasaw Nation employs patient benefit coordinators who assist eligible patients with enrolling in SoonerCare for mom's and children. These coordinators help navigate the complex insurance landscape, ensuring that patients receive the benefits they are entitled to and reducing financial barriers to care.
2. Insurance Assistance: In addition to SoonerCare, the tribe assists citizens with navigating other health care insurance options, including enrollment in state and federal programs, to ensure financial barriers do not prevent access to necessary care.
3. No Cost Programs: The Chickasaw Nation provides health care services at no cost to beneficiaries, ensuring that cost is not a barrier to receiving quality care.

Through these comprehensive and multifaceted efforts, the Chickasaw Nation ensures that its citizens and other First Americans have access to high-quality health care services. This commitment to health care excellence fosters a healthier, stronger and more resilient community.

Timeliness

Timeliness issues include the time elapsed between identifying a need for specific tests and treatments and receiving those services. Actual and perceived difficulties or delays in receiving care when patients are ill or injured likely reflect significant barriers to care. During the pandemic, due to fears related to the spread of the COVID-19 coronavirus, health care providers minimized in-person contact with their patients.

The Chickasaw Nation is dedicated to ensuring timely access to high-quality health care for its citizens and other First Americans through a range of strategic initiatives and programs. By addressing various barriers and enhancing health care infrastructure, the Chickasaw Nation ensures its community members receive the care needed promptly and efficiently.

Primary and Preventive Care Services

1. Regular Check-Ups and Screenings: Emphasis on preventive care and regular check-ups helps detect health issues early, allowing for timely intervention and treatment. Routine screenings for conditions such as diabetes, hypertension and cancer are prioritized to catch potential problems before they become severe.
2. Community Health Outreach: Public health outreach initiatives, including health fairs and mobile clinics, bring preventive services directly to the community. These initiatives increase awareness and accessibility, ensuring more citizens receive timely preventive care.

Community Health Issues (Social Determinants of Health) (cont.)

Efficient Appointment Scheduling

The Chickasaw Nation has implemented efficient appointment scheduling systems to reduce wait times and ensure patients can see health care providers promptly. This includes:

1. Online Establish Care Request: An online establish care request allows patients to request a primary care provider.
2. Extended Ancillary Hours: Offering extended hours, including evenings and weekends, accommodates patients' diverse schedules.

Transportation Services

To overcome transportation barriers, the Chickasaw Nation provides transportation services for patients who need assistance getting to medical appointments. This service ensures that lack of transportation does not prevent citizens from receiving timely care.

Emergency Response and Urgent Care

1. Emergency Medical Services (EMS): The tribe's EMS provides rapid response to medical emergencies, ensuring that patients receive urgent care when needed.
2. Urgent Care Department: Urgent care offers immediate medical attention for non-life-threatening conditions, providing an alternative to the emergency department and reducing wait times for urgent medical needs.

Through these comprehensive efforts, the Chickasaw Nation ensures timely access to health care for its citizens. By addressing barriers, leveraging technology and enhancing health care infrastructure, the Chickasaw Nation continues to foster a healthier, more resilient community with timely and efficient access to care.

The Chickasaw Nation Department of Health has taken numerous steps over the years to reduce the amount time between diagnosis or initial appointments and receiving initial and follow up appointments for services. Through various quality improvement cycles and the addition of new providers, CNDH has been able to reduce the time between these appointments.

Workforce

There has been a decrease in the number of medical students interested in working in primary care.[27] Primary care physicians (PCPs) as a regular source of care allows physicians to develop meaningful and sustained relationships with patients while providing integrated services in the context of family and community. Shortages also exist in other key specialties such as dental and mental health professionals. The Health Resources and Service Administration (HRSA) may designate some geographic areas as "Health Professional Shortage Areas" based on the rate of full-time equivalent health professionals per resident.

27. U.S. Department of Health and Human Services Health Resources and Services Administration Bureau Health Workforce National Center for Health Workforce Analysis 2016, State-Level Projections of Supply and Demand for Primary Care Practitioners: 2013-2025.

Community Health Issues (Social Determinants of Health) (cont.)

To bring needed services to First Americans, CNDH added several providers to bring both more appointment slots for primary care services. In addition, CNDH has consistently added to the services it offers by continuing to add specialty providers. DPH itself has experienced a surge in growth since its inception in 2011 with four employees and growing to over 40 employees enabling DPH to offer a wider variety of program and services.

Workforce Development:
To address the shortage of health care providers and improve access to care, the Chickasaw Nation invests in workforce development initiatives. These include:

1. Training and Education Programs: Programs to train and educate new health care professionals, including nurses, physicians and allied health workers, help build a robust and capable workforce to meet the community's needs.
2. Recruitment and Retention: Efforts to recruit and retain skilled health care providers ensure the Chickasaw Nation has the necessary personnel to deliver timely and high-quality care.

The Chickasaw Nation has taken proactive steps to address the shortage of primary care physicians by establishing a primary care residency program. This initiative aims to train and retain health care professionals within the community, ensuring ongoing access to comprehensive and culturally sensitive health care services for Chickasaw citizens and other First Americans.

Key Components of the Primary Care Residency Program:

1. Training and Education: The residency program offers a structured curriculum that provides hands-on clinical training in primary care settings. Residents gain practical experience in managing a wide range of health conditions and serving diverse patient populations.
2. Community Integration: Emphasizing cultural competency and understanding of Chickasaw traditions, the program integrates residents into the community. This approach fosters trust and enhances the quality of care provided to patients.
3. Mentorship and Support: Experienced health care professionals serve as mentors to residents, guiding them through their training and helping them develop skills in patient care, communication and clinical decision-making.
4. Retention Strategies: By offering competitive stipends and benefits, the Chickasaw Nation incentivizes residents to remain within the community after completing their training. This retention strategy aims to build a sustainable workforce of primary care providers who are committed to serving the health care needs of the Chickasaw Nation.
5. Collaboration with Academic Institutions: Partnering with academic institutions allows the residency program to leverage resources and expertise in medical education. This collaboration ensures residents receive comprehensive training aligned with national standards and best practices in primary care.

Community Health Issues (Social Determinants of Health) (cont.)

Impact and Benefits:

- Improved Access to Care: The residency program enhances the availability of primary care services within the Chickasaw Nation, reducing wait times and improving health outcomes for residents.
- Cultural Continuity: Residents develop an understanding of Chickasaw culture and values, enabling them to deliver culturally competent care respecting and honoring the community's heritage.
- Community Health Improvement: By increasing the number of qualified primary care physicians, the program contributes to overall community health improvement, addressing disparities and promoting wellness among Chickasaw citizens.

Future Directions:

Residency Program: Moving forward, the Chickasaw Nation continues to expand and enhance its primary care residency program. By investing in the training and development of future health care leaders, the tribe reinforces its commitment to providing sustainable, high-quality health care services that meet the evolving needs of its population. Through initiatives like the residency program, the Chickasaw Nation ensures a healthier and more resilient community, equipped with skilled professionals dedicated to the well-being of all individuals.

Public Health: Expanding the Chickasaw Nation public health workforce is pivotal for achieving a greater community impact through enhanced health care services and initiatives. By investing in workforce expansion, the Chickasaw Nation aims to strengthen its capacity to address public health challenges and improve overall community well-being. This initiative involves increasing the number of skilled professionals, including public health educators, epidemiologists and community health workers, who are equipped to implement and manage comprehensive health programs. By nurturing a larger and more diverse workforce, the Chickasaw Nation enhances its ability to provide culturally competent care, promote health equity and respond effectively to emerging health issues within the community. Through collaborative efforts and strategic investments in workforce development, the Chickasaw Nation continues to build a sustainable health care infrastructure supporting the long-term health and resilience of its citizens and contributing to positive health outcomes across the region.



Community Health Issues (Social Determinants of Health) (cont.)

Chronic Disease:

The high incidence of chronic disease within certain communities, including Indigenous populations such as the Chickasaw Nation, can be attributed to intergenerational trauma — a complex issue rooted in historical injustices and ongoing socio-economic disparities. Intergenerational trauma refers to the transmission of trauma and its adverse effects across generations, impacting individuals' health and well-being over time.[28]

For Indigenous communities like the Chickasaw Nation, historical experiences of colonization, forced assimilation policies, displacement from traditional lands and cultural destruction have profoundly impacted their social, cultural and economic foundations. These traumatic experiences have led to disrupted family structures, loss of cultural identity and profound psychological distress, all of which contribute to chronic stress and increased vulnerability to chronic diseases.

The effects of intergenerational trauma are further compounded by ongoing socio-economic challenges such as poverty, limited access to health care, educational disparities and inadequate housing conditions. These factors create environments where individuals may engage in coping mechanisms such as substance abuse, unhealthy dietary habits and sedentary lifestyles, which are known risk factors for chronic diseases like diabetes, cardiovascular disease and mental health disorders.

Additionally, intergenerational trauma can affect epigenetic processes, influencing gene expression related to stress response and immune function across generations. This can predispose individuals to heightened inflammation, metabolic dysfunction and other physiological changes associated with chronic disease development.[29]

Our forces of change stakeholders identified these threats throughout the assessment. Disproportionately high rates of chronic diseases, comorbid conditions and dismissing historical neglect were major themes of the discussion. The group was hopeful after listing some opportunities and noting the many programs and services the Chickasaw Nation already has in place.

Addressing the high incidence of chronic disease in the context of intergenerational trauma requires holistic approaches acknowledging historical trauma while promoting healing, resilience and cultural revitalization within affected communities. Initiatives integrate healing practices, promote cultural continuity, improve socio-economic conditions and enhance access to culturally appropriate health care services are essential to mitigating the long-term health impacts of intergenerational trauma and fostering healthier futures for Indigenous populations like the Chickasaw Nation.

28. Phillips-Beck W, Sinclair S, Campbell R, et al. Early-life origins of disparities in chronic diseases among Indigenous youth: pathways to recovering health disparities from intergenerational trauma. *Journal of Developmental Origins of Health and Disease.* 2019;10(1):115-122. doi:10.1017/S2040174418000661.
29. Yehuda R, Lehrner A. Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. World Psychiatry. 2018 Oct;17(3):243-257. doi: 10.1002/wps.20568. PMID: 30192087; PMCID: PMC6127768.

Chronic Disease

Chronic diseases are defined broadly as conditions requiring ongoing medical attention for one year or more and limiting activities of daily living. Chronic conditions, such as diabetes, cancer and heart disease are excellent indicators of a community's health. They are a common cause of illness and affect people of all ages and are a leading cause of death and disability. Access to care and early diagnosis are important and can be helpful in managing chronic disease. Risk of chronic disease can be reduced through healthy lifestyle changes, such as a healthy diet, physical activity, avoiding commercial tobacco use and limiting alcohol.

Hypertension

Hypertension is a major risk factor for heart disease, stroke and renal disease.[30] Hypertension affects almost one-third of the United States' adults aged 18 and over. In 2009-2010, over 80% of adults with hypertension were aware of their status and 76% were taking medications for hypertension.[31] Among hypertensive adults, 70% were using antihypertensive medications and 46% of those treated had their hypertension controlled.[32] Not surprisingly, hypertension affects certain subpopulations more than others. The prevalence of hypertension increases with age and is highest among older adults. Nearly 8,000 First American adults in the Chickasaw Nation have a diagnosis of hypertension.[33] Heart disease encompasses a range of conditions that effect the heart and blood vessels including heart attack, coronary heart disease and congestive heart failure.

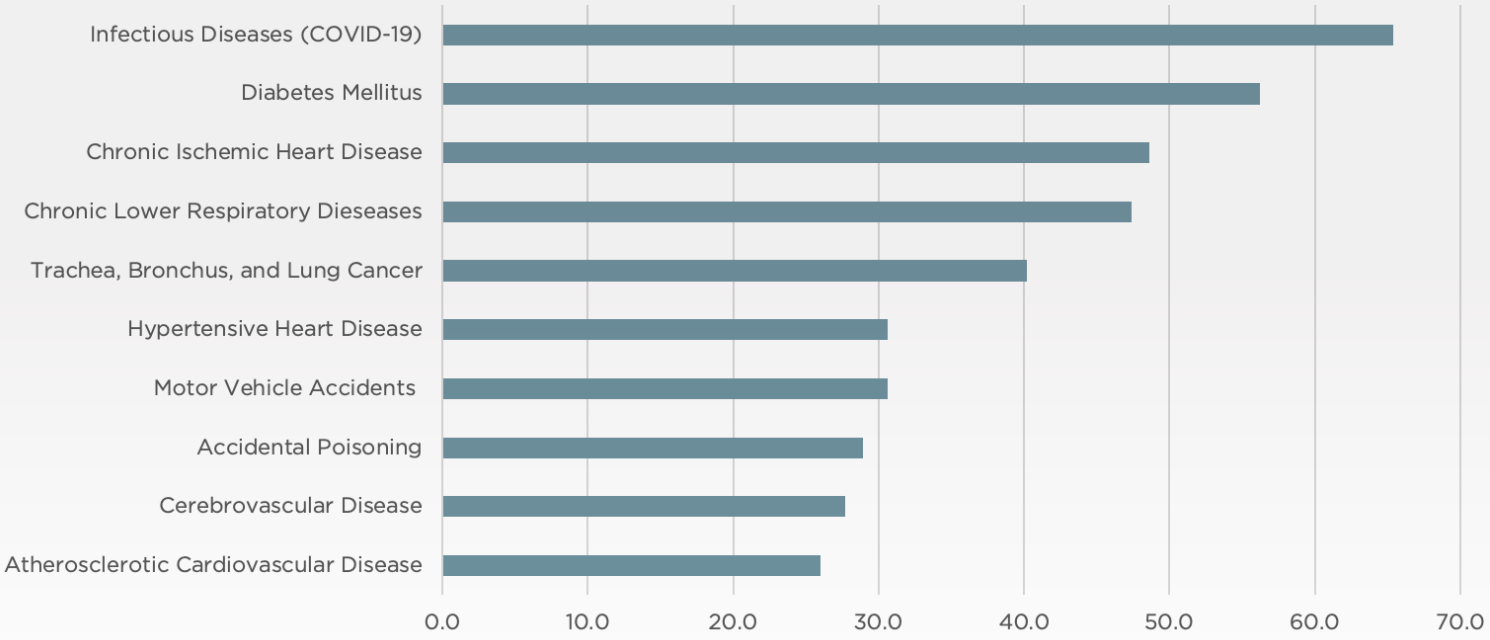
Heart disease is the leading cause of death in the United States, resulting in roughly one in every four deaths. First Americans are 50% more likely to be diagnosed with coronary heart disease than their white counterparts.[34] From 2016 to 2021, Hypertension was the sixth leading cause of deaths for First Americans residing in the Chickasaw Nation (see Table 13).[35] With more than 7,900 First Americans diagnosed with hypertension in the Chickasaw Nation, it is the third highest reason for a visit to the Chickasaw Nation health care system in 2021. Smoking, high cholesterol and high blood pressure are key risk factors that contribute to the likelihood a person will develop heart disease. These risk factors are prevalent across Oklahoma and especially within the First American population.

30. Chobanian AV, Bakris GL, Black HR, et al. Seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure. Hypertension. 2003;42(6):1206–1252.
31. Nwankwo T, Yoo SS, Burt V, Gu Q. Hypertension among adults in the United States: National Health and Nutrition Examination Survey, 2011–2012. NCHS Data Brief. 2013;1–8.
32. CDC. Vital Signs: Awareness and treatment of uncontrolled hypertension among adults in the United States, 2003-2010. MMWR. 2012;65(35):703–710.
33. Chickasaw Nation, GPRA,2021.
34. United States Health and Human Services. Office of Minority Health, Heart Disease and American Indians/Alaska Natives.
35. Oklahoma State Department of Health (OSDH); Vital Statistics; 2016-2020 Cause of Death.



Chronic Disease (cont.)

Table 13: Top Ten Causes of Deaths for American Indians in Chickasaw Nation 2016-2021





Chronic Disease (cont.)

The Chickasaw Nation has implemented a comprehensive approach to address hypertension, focusing on primary care, nutrition, exercise and specialized clinics to manage this chronic condition effectively.

1. Primary Care and Screening: Primary care services within the Chickasaw Nation include regular screenings for hypertension during routine medical visits. This proactive approach ensures early detection and prompt management of high blood pressure, reducing the risk of complications such as heart disease and stroke.
2. Nutrition Programs: The tribe emphasizes nutrition education and healthy eating initiatives to support individuals with hypertension. Programs include dietary counseling, meal planning assistance and access to nutritional resources that promote balanced diets low in sodium and saturated fats.
3. Exercise and Wellness Centers: Wellness centers operated by the Chickasaw Nation provide community members with access to fitness facilities, exercise classes and personal training sessions. Physical activity plays a crucial role in managing hypertension by lowering blood pressure, improving cardiovascular health and supporting overall well-being.
4. Pharmacy Hypertension Clinics: Dedicated hypertension clinics within Chickasaw Nation pharmacies offer specialized care and monitoring for individuals with high blood pressure. These clinics provide medication management, lifestyle counseling and regular blood pressure checks to ensure effective treatment and adherence to prescribed therapies.
5. Health Education and Outreach: The Chickasaw Nation conducts health education campaigns and outreach programs focused on hypertension prevention and management. These initiatives include workshops, seminars and community events raising awareness about the importance of blood pressure control, healthy lifestyle choices and the risks associated with untreated hypertension.
6. Research and Quality Improvement: Continuous research and quality improvement efforts help the Chickasaw Nation evaluate the effectiveness of hypertension interventions, identify best practices and tailor strategies to meet the specific needs of their community. Data-driven approaches inform decision-making and support ongoing efforts to improve health outcomes.

By integrating these comprehensive strategies — from primary care and nutrition to exercise options, specialized clinics and health education — the Chickasaw Nation demonstrates a commitment to combating hypertension effectively. These initiatives not only aim to manage existing cases of high blood pressure but also prioritize prevention efforts to reduce the incidence of hypertension and its associated complications among Chickasaw citizens.

Chronic Disease (cont.)

Diabetes

Diabetes is a disease in which blood glucose levels are higher than normal and the hemoglobin A1c levels are greater than 6.5%. When someone has diabetes, their body does not make enough insulin or cannot use its insulin as well as it should. This causes sugar to build up in the bloodstream and cause discomfort and health problems in the affected individual.

Over 29 million people, or 9.3% of the adult population in the United States, have diagnosed or undiagnosed diabetes.[36] Another 86 million people, or 37%, have prediabetes.[37] Without lifestyle changes to improve their health, 15% to 30% of people with prediabetes will develop Type 2 diabetes within five years.[38] Many people with diabetes also have other chronic conditions, including 71% who have high blood pressure. There is a disproportionate burden of diabetes among racial and ethnic minorities including First Americans (15.9%), non-Hispanic Blacks (13.2%) and Hispanics (12.8%).[39]

Roughly 38 million people are living with diabetes, but 1 in 5 aren't aware of it.[40] The overall age-adjusted death rate for diabetes mellitus in Oklahoma from 2016-2020 was 34.5 per 100,000, while Oklahoma First Americans experience death rate for diabetes mellitus significantly higher (51.1 per 100,000).[41] Diabetes mellitus is the second leading cause of death for First American's residing within the 13 counties of the Chickasaw Nation.[42] 13% of our First American population has a diagnosis of diabetes with the likelihood of a diabetes diagnosis increasing with age (Table 14).[43]

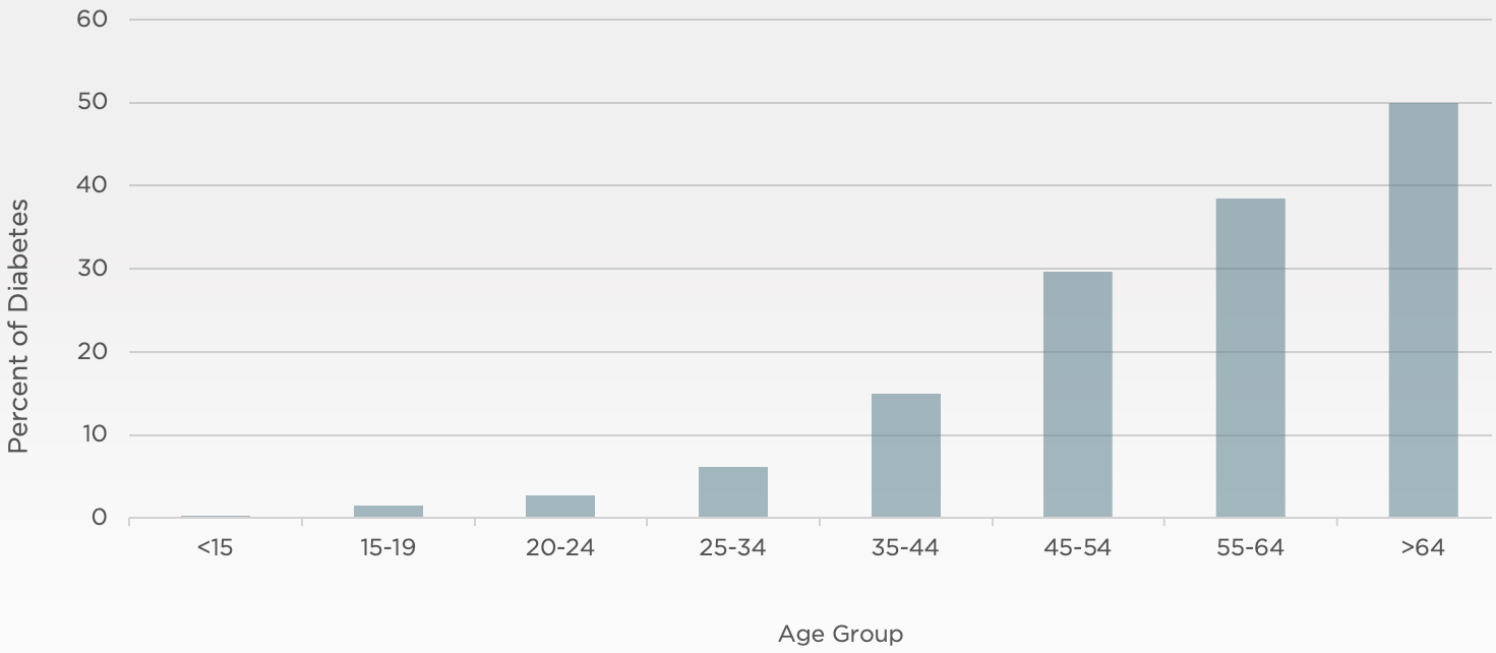
36. CDC. National Diabetes Statistics Report, 2014: Estimates of Diabetes and Its Burden in the United States. U.S. Department of Health and Human Services.
37. CDC. Do I have Prediabetes? Available at:https://www.cdc.gov/diabetes/awareness-campaigns/prediabetes-awareness-campaign.html.
38. CDC. Do I have Prediabetes? Available at:https://www.cdc.gov/diabetes/awareness-campaigns/prediabetes-awareness-campaign.html.
39. CDC. National Diabetes Statistics Report, 2014: Estimates of Diabetes and Its Burden in the United States. U.S. Department of Health and Human Services. Available at: https://stacks.cdc.gov/view/cdc/23442.
40. CDC. "Diabetes Basics," Centers for Disease Control and Prevention, May 15, 2024. https://www.cdc.gov/diabetes/about/index.html
41. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2016-2020 on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).
42. CDC. National Diabetes Statistics Report, 2014: Estimates of Diabetes and Its Burden in the United States. U.S. Department of Health and Human Services. Available at: https://stacks.cdc.gov/view/cdc/23442.

43. Chickasaw Nation. GPRA. 2021.



Chronic Disease (cont.)

Table 14: First Americans witihn Chickasaw Nation with a Diabetes Diagnosis



The Chickasaw Nation has implemented a multifaceted approach to address the high incidence of diabetes within its community, focusing on prevention, education, comprehensive care and cultural integration:

1. Diabetes Prevention Programs: The Chickasaw Nation emphasizes diabetes prevention through programs promoting healthy lifestyles and encouraging regular screenings for early detection. These programs often include nutrition education, physical activity initiatives and weight management strategies aimed at reducing diabetes risk factors.
2. Primary Care and Screening: Primary care services within the Chickasaw Nation include regular screenings for diabetes and prediabetes during routine medical visits. Early detection allows for prompt intervention and management to prevent or delay the onset of diabetes complications.
3. Nutrition Counseling and Support: The Chickasaw Nation provides access to nutrition counseling and support services emphasizing healthy eating habits and meal planning tailored to diabetes management. Educational resources and dietary guidance help individuals make informed food choices to control blood sugar levels effectively.
4. Fitness and Wellness Programs: Wellness centers and community fitness programs offer opportunities for physical activity, which is essential for managing diabetes and improving overall health. These programs may include exercise classes, personal training sessions and recreational activities that promote cardiovascular fitness and weight management.

Chronic Disease (cont.)

5. Diabetes Education and Self-Management: The Chickasaw Nation offers diabetes education programs designed to empower individuals with the knowledge and skills to self-manage their condition effectively. These programs cover topics such as blood glucose monitoring, medication management, symptom recognition and lifestyle modifications.
6. Specialized Diabetes Clinics: Dedicated diabetes clinics within Chickasaw Nation health care facilities provide specialized care and comprehensive management for individuals with diabetes. These clinics offer regular medical assessments, medication adjustments and ongoing support to optimize diabetes control and prevent complications.
7. Cultural Competency and Integration: Recognizing the importance of cultural continuity, the Chickasaw Nation integrates cultural values into diabetes care. This approach ensures health care services are respectful of Chickasaw traditions and preferences, promoting engagement and adherence to treatment plans.
8. Research and Quality Improvement: The Chickasaw Nation engages in research initiatives and quality improvement efforts to evaluate diabetes care outcomes, identify effective interventions and enhance health care delivery. Continuous evaluation and adaptation of strategies help improve patient outcomes and the overall effectiveness of diabetes management programs.

Through these comprehensive initiatives, the Chickasaw Nation demonstrates a commitment to reducing the prevalence and impact of diabetes within its community. By addressing both individual health behaviors and systemic factors, the Chickasaw Nation aims to improve diabetes prevention, management and overall quality of life of Chickasaw citizens.



Chronic Disease (cont.)

Cancer

According to the American Cancer Society, in the United States there will be an estimated 1.9 million new cases of cancer diagnosed and approximately 609,360 deaths due to cancer in 2022.[44] The four most diagnosed cancers in the United States are: breast, prostate, lung and bronchus, and colorectal; the same is true for First Americans living within the Chickasaw Nation (Table 15).[45]

Table 15: First American Cancer Incidence Rates in Chickasaw Nation 2016-2020

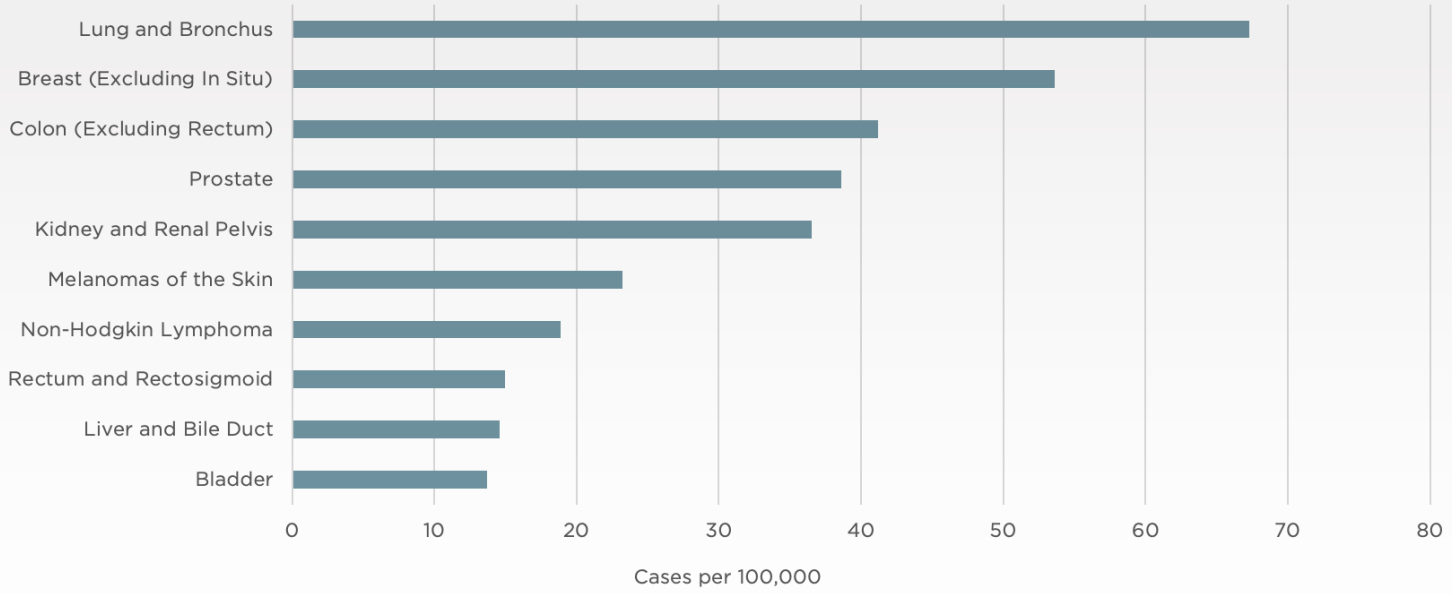


Table 16: 2016-2020 Oklahoma Age-Adjusted Cancer Incidence Rates by Race

Race	Oklahoma Age-Adjusted Cancer Incidence Rate (per 100,000)	Chickasaw Nation Age-Adjusted Cancer Incidence Rate (per 100,000)
White	483.3	472.3
Black	467.8	410.6
First American	445.3	364.4
Asian	343.5	484.8

44. American Cancer Society. Cancer Facts and Figures 2022. Atlanta: American Cancer Society; 2022.
45. Oklahoma State Department of Health (OSDH), Disease, Prevention, and Preparedness Service, Chronic Disease Service, Oklahoma Central Cancer Registry (OCCR) 2016 to 2020, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).
46. Oklahoma State Department of Health (OSDH), Disease, Prevention, and Preparedness Service, Chronic Disease Service, Oklahoma Central Cancer Registry (OCCR) 2015 to 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

Chronic Disease (cont.)

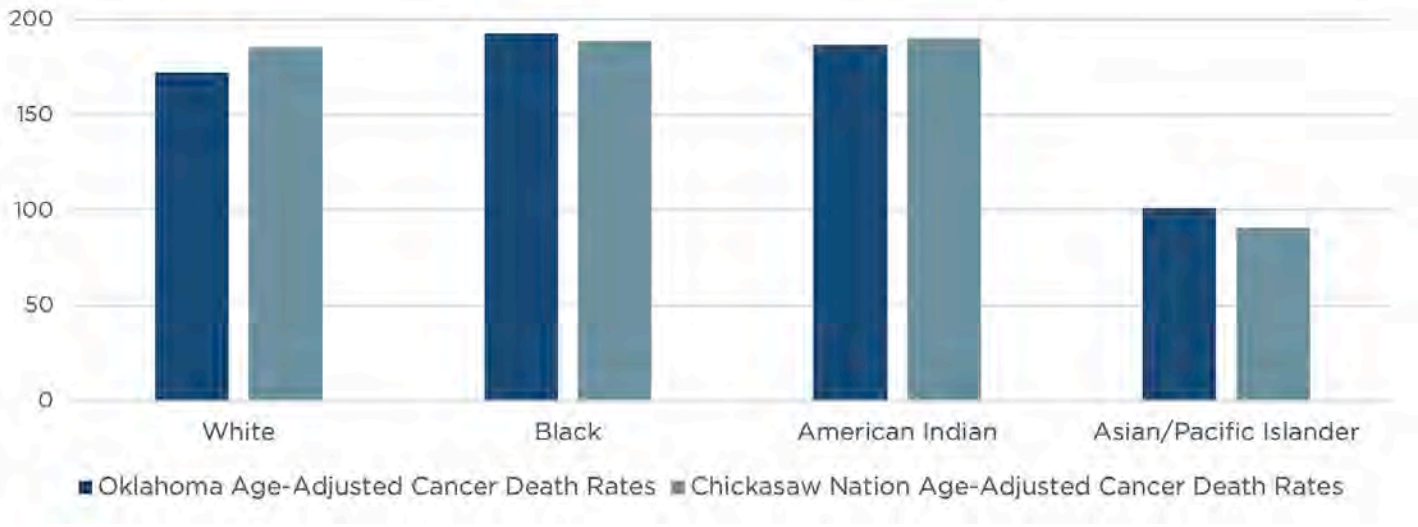
According to Oklahoma Central Cancer Registry, the overall cancer age-adjusted incidence rate for the white and Black populations were the highest (Table 17). However, cancer incidence rates vary greatly by cancer site location and geographical location. Based on the data, the Asian population had the highest cancer incidence rate in the Chickasaw Nation.

Table 17: 2016-2020 Oklahoma Age-Adjusted Cancer Incidence Rates by Race

Race	Oklahoma Age-Adjusted Cancer Incidence Rate (per 100,000)	Chickasaw Nation Age-Adjusted Cancer Incidence Rate (per 100,000)
White	483.3	472.3
Black	467.8	410.6
First American	445.3	364.4
Asian	343.5	484.8

While the incidence of cancer may be higher among other racial groups, the same is not true when examining cancer death rates. Oklahoma First Americans experience the second highest age-adjusted death rate due to cancer among any racial group (Table 18). The age-adjusted death rate for Oklahoma First Americans is 186.6 per 100,000 which is 8% higher than the overall rate of 172.5 per 100,000.[47] Within the Chickasaw Nation, First Americans have the highest age-adjusted death rate when compared to all racial groups. From 2016-2021, cancer was the fifth leading cause of the death for First Americans living in the Chickasaw Nation (Table 13 in the previous section).

Table 18: Age-Adjusted Cancer Rates per 100,000 by Race



47. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2016 to 2020, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

Chronic Disease (cont.)

Researchers and public health officials have been trying to understand why this disparity in cancer incidence and cancer death rates across races exist. According to a literature review conducted by Kaiser Family Foundation, research suggests that people of color are less likely to receive cancer screenings and are more likely to receive later stage diagnosis than their white counterparts.[48] Additionally, the COVID-19 pandemic has greatly impacted cancer screening rates among all races, and so in 2021, fewer First Americans were able to access cancer screening services compared to 2019 cancer screening rates.

The Chickasaw Nation is actively addressing high cancer rates within its community through a range of initiatives aimed at prevention, early detection, treatment and support:

1. Cancer Prevention Education: The Chickasaw Nation prioritizes education about cancer risk factors, emphasizing lifestyle choices such as tobacco cessation, healthy diet promotion and regular physical activity. Community outreach programs raise awareness about the importance of early detection and preventive screenings.
2. Screening Programs: The Chickasaw Nation offers comprehensive screening programs for various types of cancer, including breast, cervical, colorectal and prostate cancers. These programs provide access to regular screenings and promote early detection, which is crucial for improving treatment outcomes and survival rates.
3. Access to Health Care Services: Ensuring access to quality health care services is critical for cancer prevention and treatment. The Chickasaw Nation invests in health care infrastructure and telehealth capabilities to enhance access, particularly for rural and underserved populations within the Chickasaw Nation.
4. Patient Navigation and Support Services: Patient navigation services provided by the Chickasaw Nation, at the state's leading cancer treatment center's, help individuals navigate the complexities of cancer care, from diagnosis through treatment and survivorship. These services provide guidance, advocacy and emotional support to patients and their families throughout their cancer journey.
5. Collaboration and Partnerships: The Chickasaw Nation collaborates with external health care partners, research institutions and community organizations to enhance cancer prevention and treatment efforts. These partnerships facilitate knowledge-sharing, resource allocation and collaborative initiatives aimed at reducing cancer disparities.
6. Research and Data-Driven Approaches: Ongoing research initiatives and data analysis help the Chickasaw Nation identify cancer trends, assess health care outcomes and inform targeted interventions. Evidence-based practices and continuous quality improvement efforts optimize cancer care delivery and patient outcomes.

By implementing these comprehensive strategies, the Chickasaw Nation demonstrates a commitment to reducing the burden of cancer and improving health outcomes for its community members. Through prevention, early detection, culturally sensitive care and supportive services, the Chickasaw Nation can enhance cancer care accessibility, effectiveness and overall quality of life of Chickasaw citizens affected by cancer.

48. Kaiser Family Foundation, "Racial Disparities in Cancer Outcomes, Screening, and Treatment.", 3 Feb. 2022, https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/#.

Chronic Disease (cont.)

Chronic Liver Disease and Cirrhosis

Chronic liver disease and cirrhosis is the fourth leading cause of death among First Americans in the United States.[49] From 2016-2021, the age-adjusted chronic liver disease and cirrhosis death rates were 2.6 times greater in First Americans than non-Hispanic whites. First Americans in Oklahoma and in the Chickasaw Nation have a significantly higher chronic liver disease and cirrhosis age-adjusted death rate (Table 19).[50] The majority of chronic liver disease and cirrhosis cases are preventable and are attributed to excessive alcohol consumption, viral hepatitis or nonalcoholic fatty liver disease.

Table 19: Age-Adjusted Chronic Liver Disease and Cirrhosis Death Rates by Race

Race	Oklahoma Age-Adjusted Cancer Incidence Rate (per 100,000)	Chickasaw Nation Age-Adjusted Cancer Incidence Rate (per 100,000)
White	14.3	15.2
Black	11.3	*
First American	37.0	44.9
Asian	2.5	*

** This data has been suppressed for data protection due to low numbers.*

The Chickasaw Nation has developed robust initiatives to address chronic liver disease, particularly focusing on screening and a dedicated hepatitis C program:

1. Screening and Early Detection: The Chickasaw Nation prioritizes regular screenings for chronic liver disease, including hepatitis C virus (HCV) screening. Routine screenings help identify individuals at risk or with early-stage liver disease, facilitating timely intervention and treatment.
2. Hepatitis C Program: The Chickasaw Nation has implemented a specialized hepatitis C program aimed at screening, diagnosing and treating individuals infected with HCV. The program provides access to state-of-the-art diagnostic testing, comprehensive treatment options and ongoing monitoring to manage HCV effectively.
3. Health Education and Outreach: The Chickasaw Nation conducts extensive health education and outreach efforts to raise awareness about chronic liver disease and hepatitis C within the community. Educational campaigns emphasize risk factors, transmission prevention and the importance of early detection through screening.
4. Data-Driven Approach and Quality Improvement: Ongoing data analysis and quality improvement initiatives help the Chickasaw Nation evaluate the effectiveness of its hepatitis C program. Data-driven insights inform decision-making, identify areas for improvement and optimize health care delivery to enhance patient outcomes.

49. United States Department of Health and Human Services, Office of Minority Health. Chronic Liver Disease and American Indians/Alaska Natives. 2021.
50. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2016 to 2020, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE).

Chronic Disease (cont.)

In addition to addressing chronic liver disease and hepatitis C, the Chickasaw Nation has implemented comprehensive initiatives to tackle substance abuse prevention, substance use treatment and obesity prevention and treatment:

1. Substance Abuse Prevention Programs: The Chickasaw Nation prioritizes substance abuse prevention through community-based programs and educational initiatives. These programs aim to raise awareness about the risks associated with substance abuse, including alcohol, opioids and other drugs. Prevention efforts focus on promoting healthy lifestyles, building resilience among youth and providing support to individuals and families affected by substance use disorders.
2. Substance Use Treatment: The Chickasaw Nation offers integrated substance use treatment services to support individuals struggling with addiction. Treatment options may include behavioral therapy, medication-assisted treatment (MAT), detoxification services and counseling. These services are tailored to meet the individual needs of each patient, promoting recovery and long-term sobriety.
3. Obesity Prevention and Treatment: Recognizing the impact of obesity on overall health, the Chickasaw Nation implements obesity prevention and treatment programs that promote healthy eating habits, physical activity and weight management. These initiatives include nutrition counseling, fitness programs and access to wellness resources aimed at reducing obesity rates and improving overall health outcomes.
4. Health Education and Outreach: The Chickasaw Nation conducts extensive health education and outreach efforts to address substance abuse and obesity within the community. Educational campaigns emphasize the importance of early intervention, healthy lifestyle choices and access to supportive services for individuals and families affected by these health challenges.
5. Integrative Health Care Services: Integrative health care services within the Chickasaw Nation encompass a holistic approach to wellness, integrating mental health services, primary care and specialty care to address co-occurring disorders and complex health needs associated with substance abuse and obesity.
6. Collaborative Partnerships: Collaborative partnerships with health care providers, community organizations and tribal agencies enhance the effectiveness of prevention and treatment efforts. These partnerships facilitate coordinated care, resource sharing and knowledge exchange to optimize health outcomes for individuals seeking support for substance use disorders and obesity.

Through these integrated strategies, the Chickasaw Nation demonstrates a commitment to promoting health and wellness, addressing substance abuse, managing chronic conditions like obesity and supporting individuals on their journey toward recovery and improved quality of life. By focusing on prevention, treatment, education and community engagement, the Chickasaw Nation will create a supportive environment where individuals can thrive and achieve optimal health outcomes.

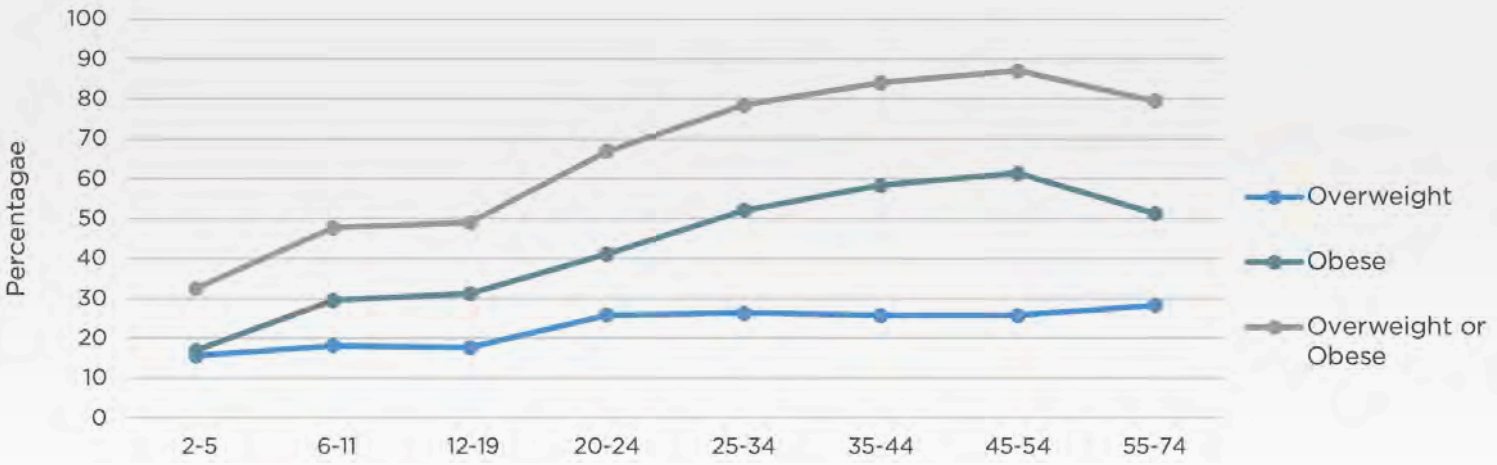


Chronic Disease (cont.)

Obesity

Obesity is a major public health condition that increases the risk of hypertension, Type 2 diabetes, cardiovascular diseases, chronic liver disease, certain cancers and mortality.[51]

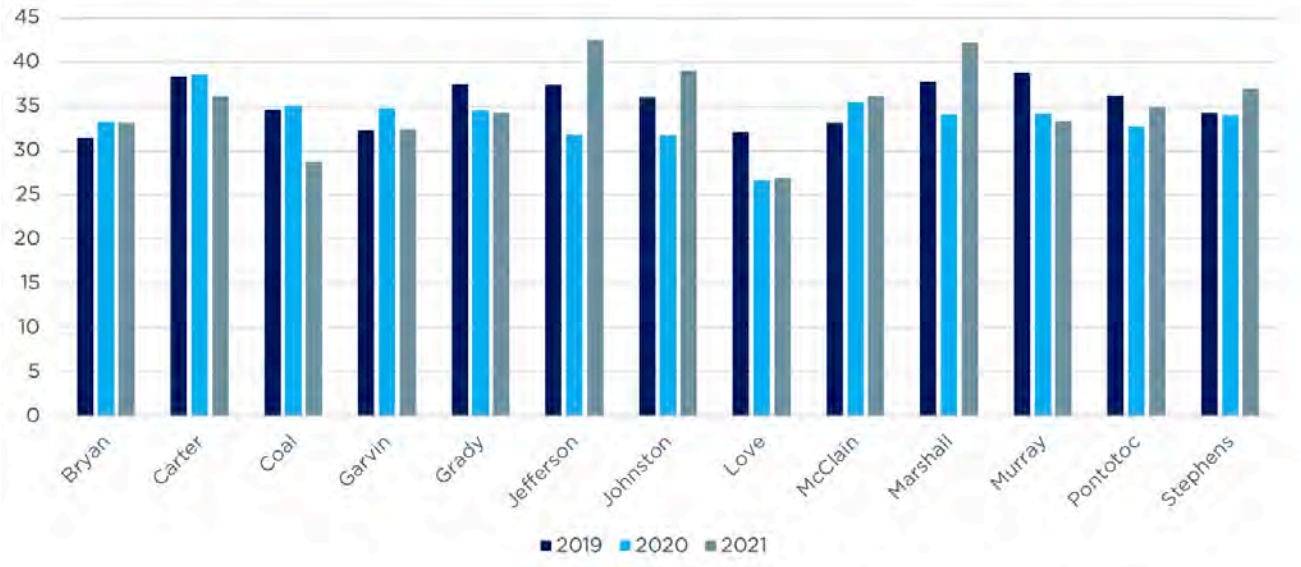
Table 20: First Americans in Chickasaw Nation Obese or Overweight by Age



Adult Obesity

Approximately 31.9% of all American adults are obese; in Oklahoma 36.4% of adults are obese.[52] In the Chickasaw Nation, more than 53% of the First American adult population are obese. Obesity is a common risk factor for many leading causes of death and illnesses within the Chickasaw Nation population. The likelihood of being overweight or obese in this population greatly increases with age. Over 80 percent of the population is overweight or obese by the time they are 35 to 44 years of age (Table 20).[53] Although obesity is a major issue within the First American population, it is also a problem for all races living in Oklahoma (Table 21).[54]

Table 21: Percentage of Adult Population with Obesity **Represents All Races*



51. Centers for Disease Control and Prevention [Internet]. Overweight and Obesity. Adult Obesity Causes and Consequences. 2018.
52. Oklahoma State Department of Health. State of Oklahoma Obesity Prevention Plan. 2022.
53. Chickasaw Nation. GPRA. 2021.
54. University of Wisconsin Population Health Institute. County Health Rankings Oklahoma State Report 2021.

Chronic Disease (cont.)

Childhood Obesity

Unfortunately, obesity is not just a condition that plagues the adult population. According to the Centers for Disease Control and Prevention (CDC), 14.7 million children and adolescents suffer from obesity.[55] From 2017-2020 the obesity prevalence for children aged 2-19 years was 19.7%; 12.7% among aged 2-5 years; 20.7% among aged 6-11 years; and 22.2% among ages 12-19. Oklahoma reported obesity prevalence among 2-4 years of age as 13.8% and 18.7% for ages 10- 17.[56] In the Chickasaw Nation, childhood obesity prevalence rates were higher than the United States and Oklahoma across all age groupings (see Table 22).[57]

Table 22: Prevalence of First American Childhood Obesity in Chickasaw Nation

Age Group	Childhood Obesity Prevalence Rate
2 to 5 Years of Age	16.9%
6 to 11 Years of Age	29.5%
12 to 19 Years of Age	31.2%

55. Centers for Disease Control and Prevention (CDC), Childhood obesity facts, 2021..
56. Chickasaw Nation. GPRA. 2021.
57. Kaiser Family Foundation, "Racial Disparities in Cancer Outcomes, Screening, and Treatment.", 3 Feb. 2022, https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/#.



Chronic Disease (cont.)

Factors of Obesity

Many factors play a role in the development of obesity in one's life span. Risk factors such as poor eating, nutrition and low physical activity levels are common risk factors for developing obesity, but other factors such as sleep routines, social determinants of health, certain medications and genetics also can cause obesity.

Poverty is a social determinant of health indicator that significantly influences one's ability to afford housing close to grocery stores or have transportation to get to stores, purchase healthy food or access exercise facilities. In the Chickasaw Nation, the overall poverty rate for the First American population is higher than both Oklahoma and the United States poverty rates. Ten counties in Chickasaw Nation reported a higher rate of children living in poverty than the United States rate (16.8%), and eight Chickasaw Nation counties reported a higher rate of children living in poverty than the state of Oklahoma (20.7%).[58]

Table 23: Percentage of Population Lacking Adequate Access to Food by County

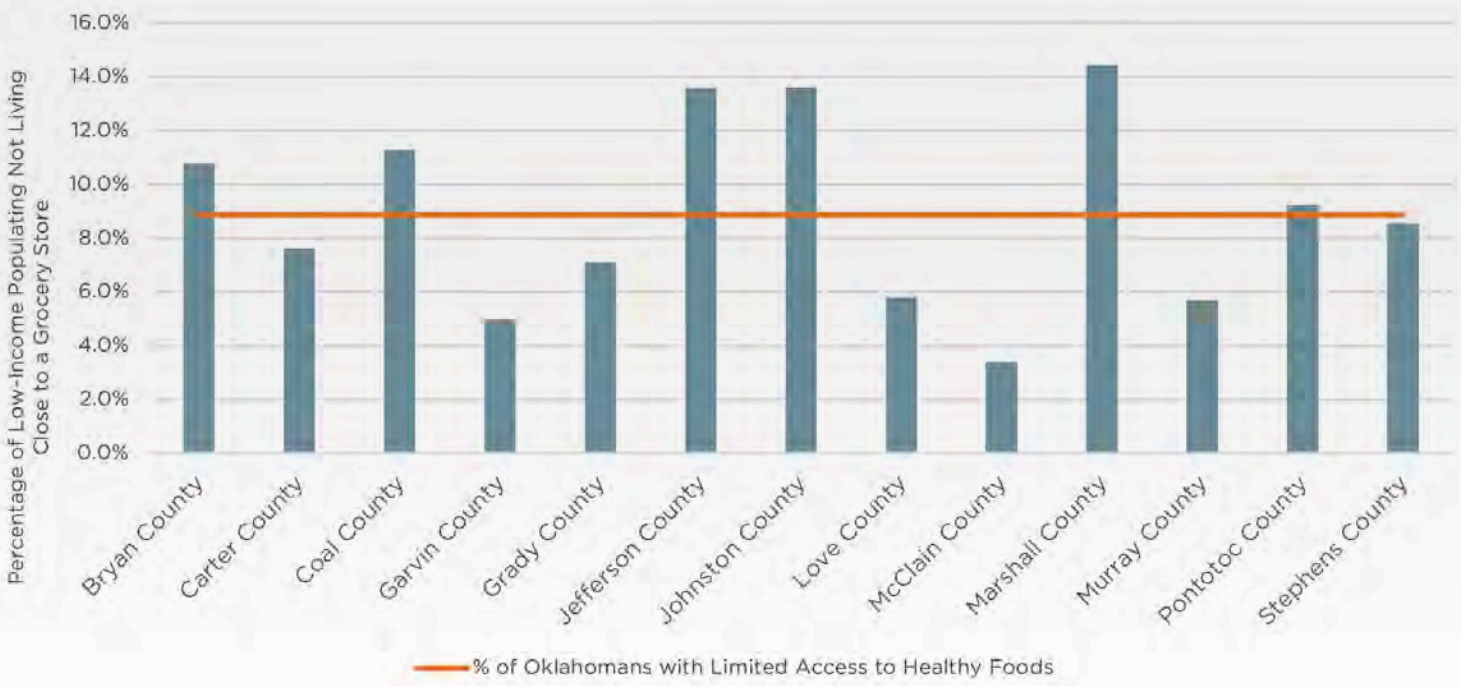


Due to the rural nature of most communities within the Chickasaw Nation, combined with high rates of poverty, many lack adequate access to food sources such as grocery stores. More than 10% of all residents in every county within the Chickasaw Nation indicated they did not have adequate access to healthy foods (Table 23).[59] Having access to healthy foods can be considered a luxury for many. In the Chickasaw Nation, Bryan, Coal, Jefferson, Johnston, Marshall and Pontotoc counties report a higher percentage of people reporting limited access to healthy foods than the entire state of Oklahoma (Table 24).[60]

58. U.S. Census Bureau; 2016-2020 American Community Survey 5-Year Estimates; Poverty Status in the Past 12 Months All Counties in Oklahoma.
59. Feeding America; Map the Meal Gap. 2019.
60. USDA Food Environment Atlas. 2019

Chronic Disease (cont.)

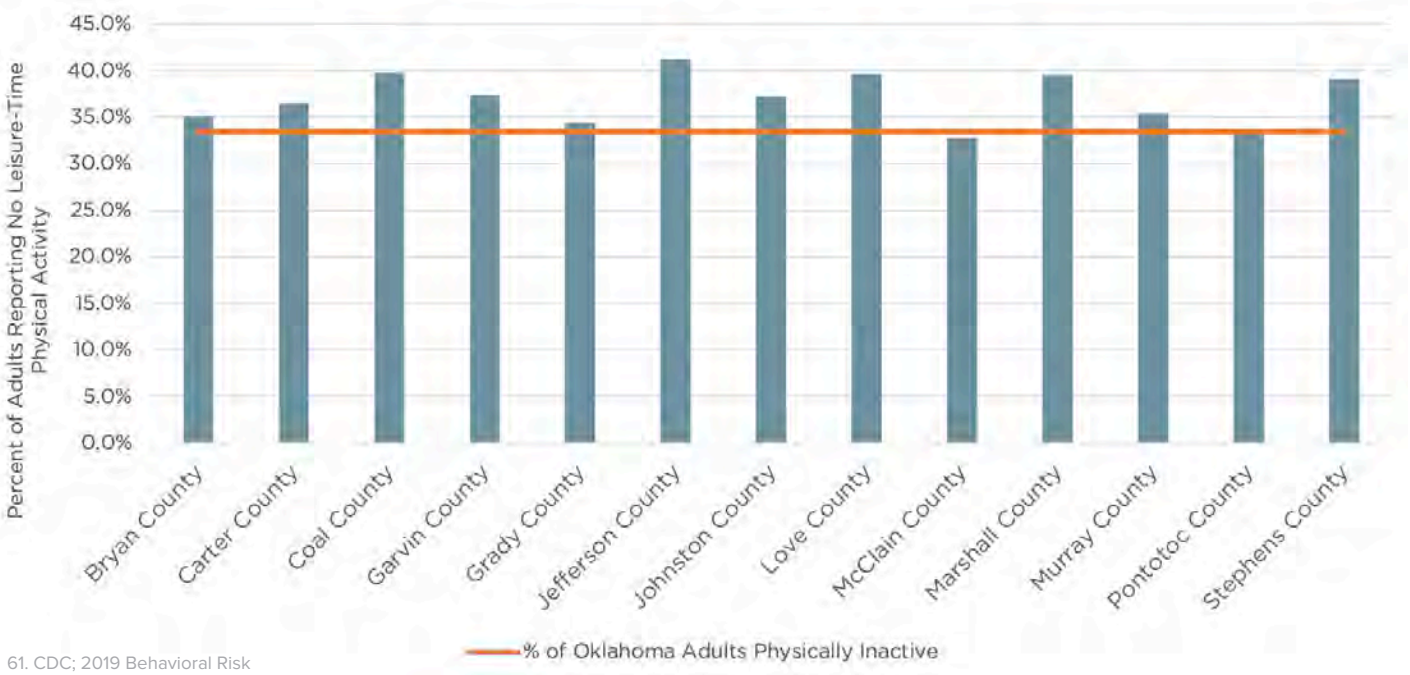
Table 24: Percentage of Population with Limited Access to Healthy Foods by County



Physical Activity

Not meeting the minimum recommended amount of physical activity is a major risk factor for developing obesity. Access to exercise opportunities, unsafe communities or even limited time to exercise due to long commutes are all factors limiting physical activity. Residents of all races residing in 11 of the 13 counties within the Chickasaw Nation reported higher rates of physical inactivity when compared to Oklahoma (Table 25).[61]

Table 25: Percentage of Population Physically Inactive

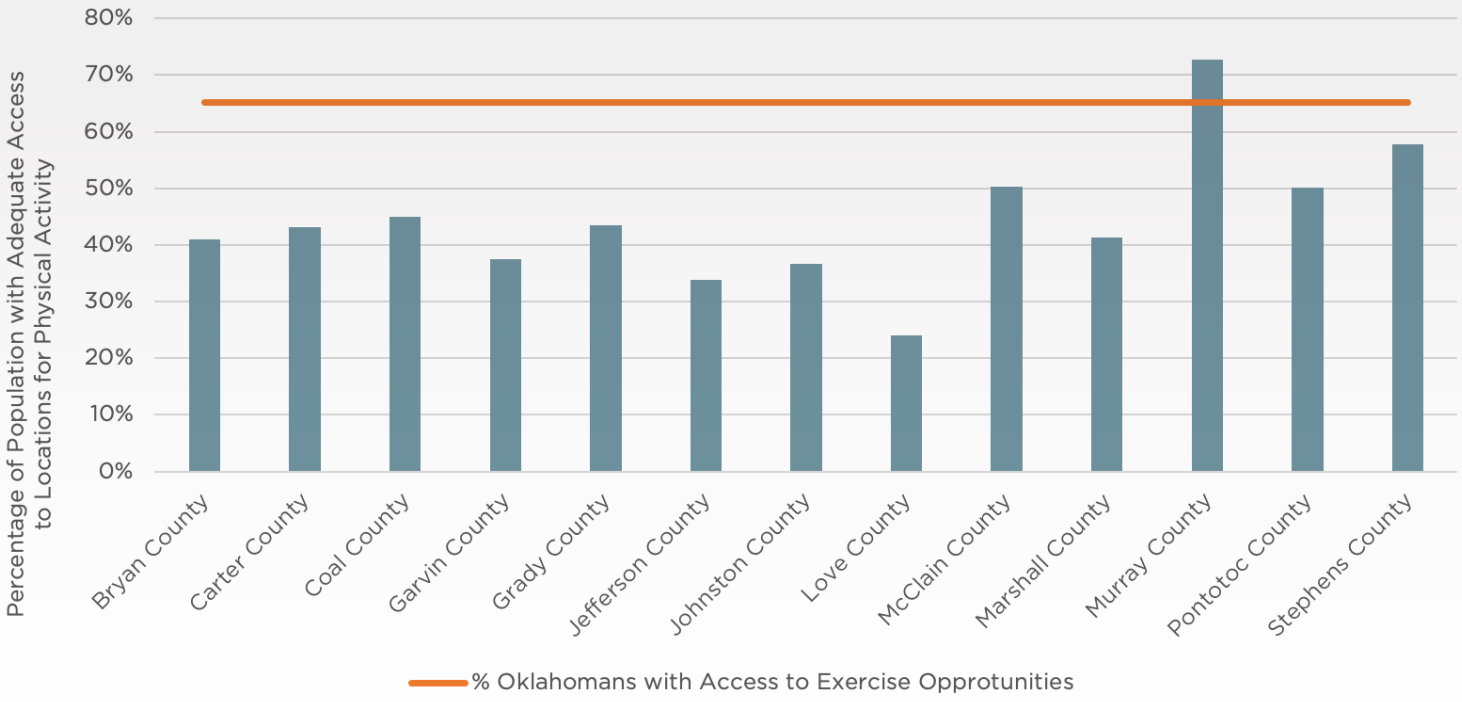


61. CDC; 2019 Behavioral Risk Factor Surveillance System

Chronic Disease (cont.)

On average only 44% of all residents in Chickasaw Nation had access to exercise opportunities (Table 26). Residents of Murray County reported having the most access to exercise opportunities in the Chickasaw Nation, which is not surprising considering the Chickasaw National Recreation Area is in Murray County.

Table 26: Percentage of Population with Limited Access to Healthy Foods by County





Chronic Disease (cont.)

The Chickasaw Nation is actively addressing the high incidence of adult obesity through a range of initiatives focusing on prevention, education and comprehensive care. Despite robust efforts in addressing the social determinants of health, obesity rates remain high due to a combination of factors including cultural dietary preferences, intergenerational trauma, socio-economic challenges and lifestyle changes. Here is how the Chickasaw Nation is tackling this complex issue:

1. Comprehensive Wellness Programs: The Chickasaw Nation operates several wellness centers that offer a variety of fitness classes, personal training and recreational activities designed to encourage physical activity among community members. These centers provide accessible opportunities for exercise and promote active lifestyles.
2. Nutrition Education and Support: The Chickasaw Nation emphasizes the importance of nutrition through educational programs teaching healthy eating habits and providing guidance on meal planning. These programs include cooking classes, workshops and one-on-one nutrition counseling aimed at helping individuals make informed dietary choices.
3. Community Gardens and Farmers Markets: To improve access to fresh, healthy foods, the Chickasaw Nation supports community gardens and farmers markets. These initiatives provide nutritious produce and engage the community in sustainable agricultural practices while promoting local food systems.
4. Health Screenings and Preventive Care: Regular health screenings for obesity and related conditions such as diabetes and hypertension are conducted to identify at-risk individuals early. Preventive care measures, including personalized health plans, are developed to help individuals manage their weight effectively.
5. Behavioral Health Services: The Chickasaw Nation provides behavioral health services to address psychological factors that contribute to obesity, such as stress, depression and emotional eating. Counseling and support groups help individuals develop healthier coping mechanisms and sustain long-term weight management.

Despite these efforts, high obesity rates persist due to several intertwined factors:

1. Cultural and Dietary Preferences: Traditional diets that are high in calories and fat, combined with modern, convenience-oriented eating habits, contribute to higher obesity rates. Transitioning to healthier dietary patterns can be challenging due to cultural preferences and food availability.
2. Intergenerational Trauma and Socio-Economic Challenges: Intergenerational trauma and ongoing socioeconomic challenges can lead to stress, limited access to resources and reliance on cheaper, less nutritious food options. These factors can exacerbate the risk of obesity despite efforts to improve social determinants of health.
3. Sedentary Lifestyles: Modern lifestyles often involve sedentary work and leisure activities, reducing overall physical activity levels. Even with access to wellness centers, consistent exercise participation remains a challenge.
4. Food Environment: The availability and marketing of unhealthy food options in and around the community can undermine healthy eating efforts. Ensuring healthy foods are available, affordable and appealing is crucial.

To address adult obesity, the Chickasaw Nation continues to refine and expand its programs to tackle these underlying factors. By combining culturally sensitive approaches with comprehensive health initiatives, the Chickasaw Nation can create a supportive environment that facilitates healthier choices and ultimately reduces obesity rates among its citizens.

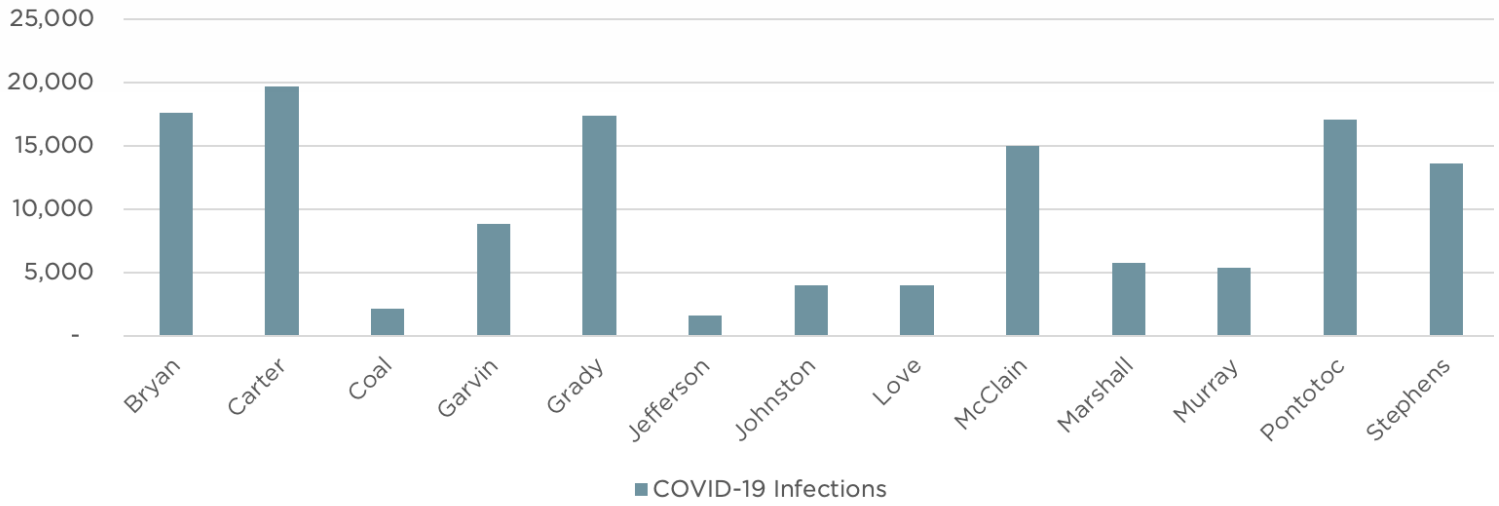
COVID-19: Community Impact

In late 2019, the COVID-19 (SARS CoV-2) pandemic resulted in significant burdens of infectious disease and premature death around the globe, including over 631 million infections and nearly 6.5 million deaths (as of early November 2022). There have also been more than 97 million cases of COVID-19 and over 1 million deaths caused by the virus in the United States; COVID-19 was listed as the third leading cause of death in the U.S. in 2020 and 2021. People from all over the world have been reporting that current restrictive measures taken in response to the COVID-19 pandemic significantly altered the daily course of their lives.

COVID-19 has also had a disproportionate impact on certain ethnic groups, including First Americans. There are myriad reasons why First Americans are particularly susceptible to the virus, including social inequities and disproportionately high rates of pre-existing conditions such as diabetes, heart disease, asthma and obesity. These pre-existing conditions can put First Americans at additional risk of severe illness. Within the Chickasaw Nation First American population, 13% have a diagnosis of diabetes, 71% have a BMI that classifies as overweight or obese and 25% use tobacco; of those that use tobacco more than 80% smoke or vape. Many also live-in multi-generational homes with large families, which can make social distancing a challenge. In the state of Oklahoma 3.9% of households are multi-generational homes. Within the Chickasaw Nation, 4.5% of households are multi-generational homes with more than 17% of those households reporting living at or below the national poverty level.[62]

Pandemics occur sporadically, approximately every 100 years. The Chickasaw Nation's COVID-19 cumulative cases accounted for almost 10% of the total COVID-19 infections in the State of Oklahoma.[63] At the time of the expiration of the public health emergency on May 11, 2023, there were 132,100 COVID-19 infections and 1,708 COVID-19 related deaths in the Chickasaw Nation. Approximately 13.5% of COVID-19 infections and 8.8% of COVID-19 related deaths in the Chickasaw Nation occurred in First Americans.[64]

Table 27: Chickasaw Nation's COVID-19 Cumulative Cases



62. Khullar, D., and Chokshi, D. A. (2018). Health, income, and poverty: Where we are and what could help. Health Affairs Health Policy Brief. https://doi.org/10.1377/hpb20180817.901935.
63. Oklahoma State Department of Health (OSDH); COVID-19 Registry; 2020- May 2023.
64. Oklahoma State Department of Health (OSDH); COVID-19 Registry; 2020- November 2022.

Behavioral Health

Inequity in a community creates challenges which impact its residents. These challenges may present in various forms such as increased crime, poverty and drug use. Oklahoma has the fifth highest prevalence of any mental illness in the United States and the sixth highest prevalence of youth mental illness.[65] Research suggests that First American peoples suffer a disproportionate burden of mental health problems and disorders. 19.2% of First Americans in Oklahoma report frequent mental distress, compared with 15.6% in the state of Oklahoma and 12.9% nationally.[66]

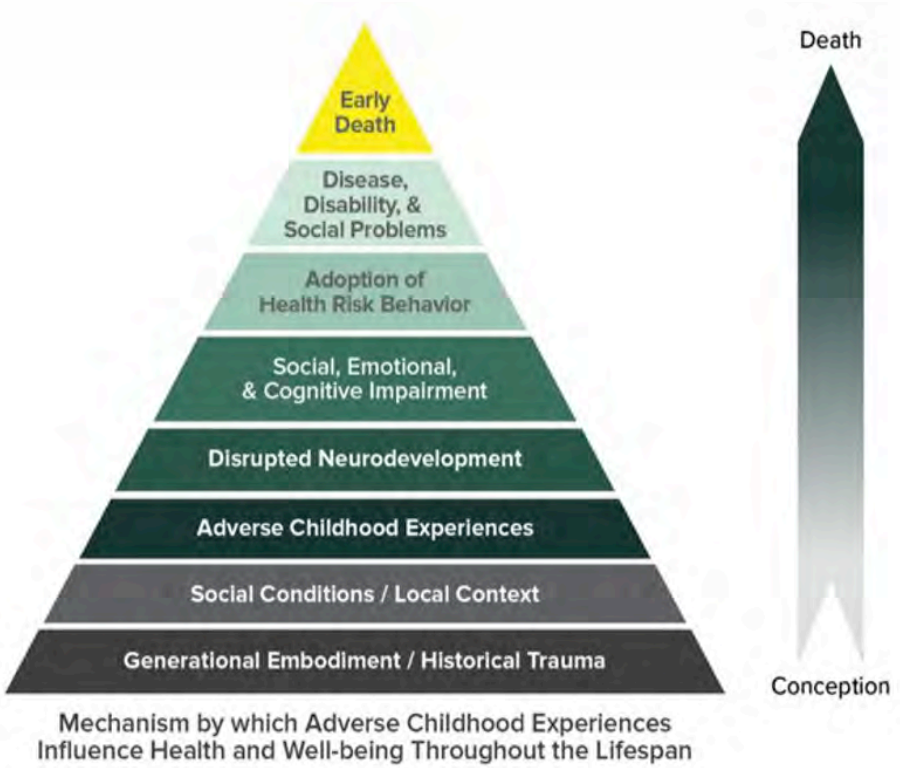
First Americans also disproportionately die by suicide or have a family member or friend die by suicide compared to other racial groups. In 2018, the Oklahoma suicide rate for First Americans was 20.5 per 100,000 compared to the United States rate of 13.4. The suicide death rate amongst First Americans aged 15-24 years of age residing within the Chickasaw Nation was 22.4 compared to the national rate of 13.8 for the same age group.[67]

Adverse Childhood Experiences (ACEs)

Growing evidence indicates adversity and toxic stress during childhood increase chronic physical and mental disease throughout life, making ACEs a significant public health concern. The increased occurrence of physical diseases and mental disorders appear to occur through alterations in molecular and epigenetic activity, which change the development and functioning of a child's neurological, immune and endocrine systems.[68] The most recent estimates available for 2019-2020 show that 17.5 percent of Oklahoma children have experienced two or more ACEs from a list including: parental divorce or separation; living with someone with an alcohol or drug problem; experiencing or witnessing neighborhood violence; living with someone with mental illness or suicidality; witnessing domestic violence; having an incarcerated parent; experiencing discrimination due to race or ethnicity; and experiencing the death of a parent.[69] This can be compared with a national average of 14.8 percent of children experiencing two or more ACEs. Oklahoma has the thirteenth highest rate of ACEs for children aged 0-17 years among all 50 states.[70] At this time, there is no county level data on the rate of ACEs in Oklahoma.

Figure 4: The ACE Pyramid

Centers for Disease Control and Prevention. (2021, April 6). About the CDC-Kaiser Ace Study



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

65. Mental Health America. The State of Mental Health in America Report. 2021.
66. United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030, Social Determinants of health, 2022.
67. Oklahoma State Department of Health (OSDH); Vital Statistics. 2018.
68. Boullier, M., Blair, M. (2018). Adverse childhood experiences. Paediatrics and Child Health, 28(3), 132-137.
69. America's Health Rankings analysis of National Survey of Children's Health, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, MCHB, United Health Foundation, AmericasHealthRankings.org.
70. America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation.

Behavioral Health (cont.)

Many Oklahomans are not receiving care for their mental health. According to the Oklahoma Department of Mental Health and Substance Abuse Services, 72.6% to 94.8% of adults residing in Chickasaw Nation with mental illness are untreated. Within Chickasaw Nation, anywhere from 7.1% to 86.7% of youth of all races remain untreated for mental illness.[71]

The Chickasaw Nation's ACEs and PCEs Project is a significant initiative aimed at addressing both adverse and Positive Childhood Experiences (PCEs). The project focuses on understanding and mitigating the impact of childhood experiences on long-term health outcomes, thereby influencing the social determinants of health within the community.

Adverse Childhood Experiences: ACEs include various forms of childhood trauma, such as abuse, neglect and household dysfunction. Extensive research has shown that these negative experiences can lead to a multitude of health and social problems later in life, including chronic diseases, mental health disorders and behavioral issues. By identifying and addressing ACEs, the Chickasaw Nation aims to break the cycle of intergenerational trauma and improve overall health outcomes for its citizens.[72]

Positive Childhood Experiences: Conversely, PCEs focus on fostering supportive and nurturing environments for children. Positive experiences, like having supportive family relationships, feeling safe at home and having opportunities for social engagement, can significantly enhance resilience and promote healthy development.[73] The Chickasaw Nation's PCEs initiatives aim to bolster these positive influences to offset the effects of ACEs.

Impact on Social Determinants of Health: The ACEs and PCEs Project directly targets several social determinants of health:

1. Health and Health Care: By addressing ACEs, the project aims to reduce the incidence of chronic diseases and mental health issues that are prevalent due to childhood trauma. Enhanced support systems and preventive care services ensure better health outcomes for individuals affected by ACEs.
2. Education: ACEs can adversely affect educational attainment. The project's focus on creating positive childhood experiences helps improve educational outcomes by providing stable, supportive learning environments and addressing barriers to academic success.
3. Economic Stability: By mitigating the effects of ACEs and enhancing PCEs, the project aims to improve economic stability. Healthier, better-educated individuals are more likely to secure stable employment and contribute positively to the economy.
4. Social and Community Context: The project promotes stronger family and community bonds, reducing social isolation and enhancing social cohesion. Community programs and support networks are designed to foster a sense of belonging and support among citizens.
5. Neighborhood and Built Environment: Safe, supportive neighborhoods are crucial for mitigating ACEs and promoting PCEs. The project works towards creating safer, healthier living environments through community engagement and development initiatives.

71. Oklahoma Department of Mental Health and Substance Abuse Services. Mental Health and Substance Abuse Prevalence for Oklahoma Query System. Percent Untreated in Oklahoma 2021.
72. Webster EM. The Impact of Adverse Childhood Experiences on Health and Development in Young Children. Glob Pediatr Health. 2022 Feb 26; 9:2333794X221078708. doi: 10.1177/2333794X221078708. PMID: 35237713; PMCID: PMC8882933.
73. Baglivio, M. T., and Wolff, K. T. (2021). Positive Childhood Experiences (PCE): Cumulative Resiliency in the Face of Adverse Childhood Experiences. Youth Violence and Juvenile Justice, 19(2), 139-162.

Behavioral Health (cont.)

Implementation and Outcomes: The ACEs and PCEs Project includes comprehensive strategies such as community education, training for health care providers, development of support networks and policy advocacy. By addressing the root causes of health disparities linked to childhood experiences, the project aims to create a healthier, more resilient community.

Through the ACEs and PCEs Project, the Chickasaw Nation is making a profound impact on the social determinants of health, ensuring that future generations have the support and resources they need to thrive. This holistic approach not only addresses the immediate effects of adverse experiences but also builds a foundation for long-term health and well-being.

Unintentional Injury

Although chronic heart disease, cancers of the trachea, bronchus and lung, and diabetes continue to be leading causes of death for First Americans in Chickasaw Nation, accidental poisonings (unintentional overdoses) have quickly become one of the top causes of death. From 2016-2020, accidental poisonings were the sixth leading cause of death for First Americans in the Chickasaw Nation.[74] The many years of potential life lost for unintentional poisoning deaths indicate these deaths are most likely occurring in the younger populations. Accident (unintentional injury) mortality refers to deaths that were unplanned. Unintentional injuries are defined as occurrences in which:

- The injury happens in a brief period (seconds or minutes)
- The negative outcome was not sought or planned
- The outcome was a result of one of the forms of physical energy in the environment or normal body functions being blocked by external means (e.g., drowning)

Opioid Related Health Indicators

In 2021, the United States recorded a record number for drug overdose deaths, topping out at 100,306 deaths, with approximately 75,673 of those deaths involving an opioid.[75] Oklahoma ranks No. 36 in the nation for opioid overdose deaths.[76] According to the CDC, the drug overdose death rate among First Americans is above the national average and is continuing to trend upwards.[77] From 2016 to 2019, drug overdose-related deaths were on the decline in Oklahoma, with only 570 deaths reported.[78] However, the decline in drug overdose deaths was short-lived, with drug overdose-related deaths increasing in 2020 (733) and 2021 (958), which may be a residual impact from the COVID-19 pandemic.

The Chickasaw Nation has taken comprehensive steps to combat the opioid crisis through a variety of prevention and treatment programs. These initiatives aim to reduce opioid misuse, provide effective treatment options and support long-term recovery, thereby enhancing the overall health and well-being of the Chickasaw community.

74. Oklahoma State Department of Health (OSDH); Vital Statistics; 2016-2020 Cause of Death
75. Centers for Disease Control and Prevention. National Center for Health Statistics. “Drug Overdose Deaths in the U.S. Top 100,000 Annually”. 2021.
76. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
77. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021.
78. Oklahoma State Department of Health, Injury Prevention Service.



Behavioral Health (cont.)

Opioid Prevention Programs

1. Education and Awareness Campaigns:
    - The Chickasaw Nation conducts extensive public education campaigns to raise awareness about the dangers of opioid misuse. These campaigns target both the general population and specific at-risk groups, providing information on the risks associated with opioid use, safe medication practices and the importance of seeking help early.
2. Community Outreach and Engagement:
    - Community outreach programs engage local communities in discussions about opioid prevention. Workshops, seminars and community meetings are organized to educate individuals about the signs of opioid misuse, prevention strategies and available resources for help.
3. Prescription Monitoring and Safe Disposal:
    - The Chickasaw Nation has implemented prescription monitoring programs to prevent opioid misuse. These programs track prescription data to identify and prevent inappropriate prescribing practices. Additionally, safe disposal initiatives, such as drug take-back events, ensure that unused or expired medications are disposed of safely, reducing the risk of diversion and misuse.

Opioid Treatment Programs

1. Integrated Treatment Services:
    - The Chickasaw Nation offers integrated treatment services that combine medical, behavioral and social support to address opioid addiction comprehensively. These services include medication-assisted treatment (MAT), which utilizes medications like buprenorphine and naloxone to reduce withdrawal symptoms and cravings, alongside counseling and behavioral therapies.
2. Access to Care:
    - To ensure accessible and timely treatment, the Chickasaw Nation has expanded its health care infrastructure, including the establishment of specialized clinics and telehealth services. These facilities provide convenient access to treatment for individuals in rural or underserved areas, reducing barriers to care.
3. Patient Navigation and Support:
    - Patient navigation services assist individuals in accessing and navigating the complex health care system. Trained navigators provide support, guidance and advocacy, helping patients adhere to treatment plans and connect with additional resources including housing, employment and social services.

Behavioral Health (cont.)

Long-term Recovery Support

1. Recovery Support Services:
   - The Chickasaw Nation offers recovery support services designed to sustain long-term recovery. These services include peer support groups, recovery coaching and life skills training. Peer support groups provide a platform for individuals to share their experiences, receive encouragement and build a supportive community.
2. Relapse Prevention Programs:
   - Relapse prevention programs are integral to the Chickasaw Nation's approach to opioid treatment. These programs teach individuals coping strategies, stress management techniques and ways to identify and address triggers that may lead to relapse.
3. Family and Community Involvement:
   - The Chickasaw Nation emphasizes the role of family and community in the recovery process. Family counseling and education programs help families understand addiction, support their loved ones in recovery and rebuild healthy relationships. Community involvement initiatives foster a supportive environment that promotes recovery and reduces stigma associated with addiction.

Collaborative Efforts and Partnerships

1. Collaboration with Health Care Providers:
   - The Chickasaw Nation collaborates with local health care providers, hospitals and mental health services to create a coordinated response to the opioid crisis. These partnerships enhance the continuum of care and ensure that individuals receive comprehensive and cohesive treatment.
2. Policy Advocacy:
   - The Chickasaw Nation advocates for policies that support opioid prevention and treatment efforts at local, state and national levels. Advocacy efforts focus on securing funding, improving access to care and implementing evidence-based practices.

Impact and Outcomes

Through these multifaceted efforts, the Chickasaw Nation is making significant strides in addressing the opioid crisis. By focusing on prevention, providing integrated treatment, supporting long-term recovery and fostering collaboration, the Chickasaw Nation is working to reduce opioid misuse and its associated harms, ultimately improving the health and well-being of its citizens.



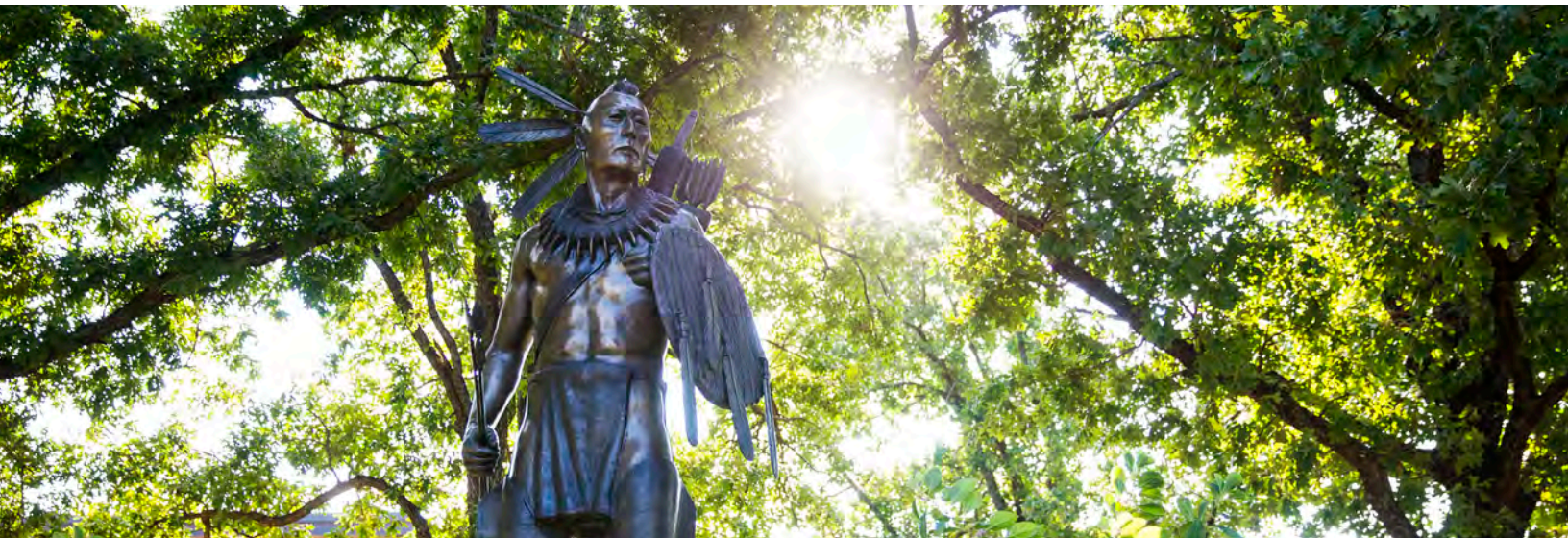
Our Vision for the Future

Understanding the factors that influence the social determinants of health is crucial for directing resources where they will have the biggest impact on ensuring that Chickasaw Nation residents achieve good health outcomes. The intent of the Chickasaw Nation in conducting community forums is to gather direct feedback from individuals who live, work and play in the communities we serve. This feedback helps us understand the factors impacting health and guides our initiatives. Additionally, feedback generated from the Community Health Assessment process is shared with a wide range of stakeholders including Chickasaw Nation leadership and community. This report is essential for developing targeted, evidence-based strategies to enhance the health and well-being of a community. The Chickasaw Nation has undertaken significant efforts to tackle critical health issues such as opioid prevention and treatment, adult obesity, hypertension, diabetes, cancer, chronic liver disease, substance abuse prevention and obesity prevention and treatment. Initiatives include comprehensive wellness programs, nutrition education, behavioral health services, integrated treatment services, health screenings, preventive care and support for long-term recovery.

Additionally, the Chickasaw Nation has invested in workforce development initiatives, including training and education programs, recruitment and retention efforts and the establishment of a primary care residency program. The expansion of the Chickasaw Nation public health workforce is aimed at creating a greater community impact and ensuring timely access to quality health care for all citizens.

The Chickasaw Nation's ACEs and PCEs Project addresses Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) to mitigate the impact of childhood experiences on long-term health outcomes. This project aims to enhance resilience and promote healthy development, directly targeting several social determinants of health.

The vision for the future is one of continued growth, prosperity and resilience for Chickasaw citizens and communities. Despite the challenges, opportunities exist for further improvement through the strategic plan and the Community Health Improvement Plan, which will detail our efforts and guide our initiatives. Overall, the Chickasaw Nation is a diverse and growing community, and although the health issues identified in this Community Health Assessment highlight areas for improvement, the Chickasaw Nation is committed to addressing them through strategic collaborative partnerships. Now more than ever, the Chickasaw Nation is dedicated to improving the overall quality of life of the Chickasaw people and all others who work, play, worship and live within the Chickasaw Nation.



Chickasaw Nation Department of Health Division of Public Health

Community Health Assessment Report

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