



COMMUNITY OUTREACH



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Office Updates

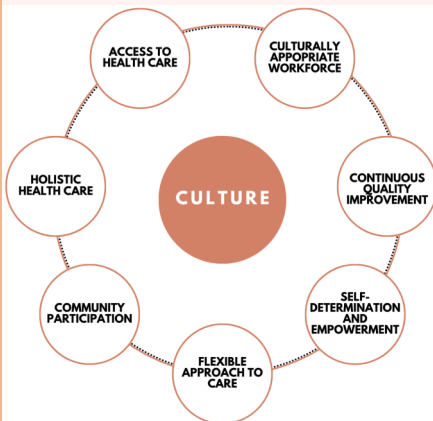
The office of health policy is busy preparing for the 2024 interim studies. So far, we have selected 34 interim studies to follow. Each year, we focus on studies impacting the health of Chickasaws. This year, there are several studies impacting the health of children including early childhood interventions and corporal punishment. Information on the effects of vaping will be studied, as well as substance use disorders. These are just a few of the issues we will monitor that could impact the health of Chickasaws no matter where they live.

On the national scene, we are closely following the Special Diabetes Program for Indians. We are hoping and advocating for increased funding. This is a federal program dramatically impacting the health of First Americans by improving access to care, as well as improved health outcomes. These outcomes include lower blood sugars, decreased amputations and improvements in diet and exercise as interventions. Please let us know what you would like to hear in the future by emailing Judy.Parker@Chickasaw.net.



Indigenous Social Determinants of Health

Over the years, federal health equity initiatives have proceeded without a large focus on critical components impacting First American health. The World Health Organization (WHO) has emphasized the importance of understanding the impact social conditions can have on a person's health. At times, this impact can be greater than an individual's behaviors, genetics or health care routine (WHO). These social conditions, in which individuals grow, live and age, can include early childhood experiences, social inequity, access to food and water, access to employment and stress (Carroll et al., 2022).



Because of Indigenous communities' historic, social and political experiences, they yield distinctive social determinants of health including self-determination; settler colonialism; migration; globalization; cultural continuity and attachment with land and nonhuman relatives; social support, capital and cohesion; social exclusion; and justice systems (Carroll et al., 2022). Tribal advocacy is important in all aspects. It is important tribal advocacy is focused on in health settings so Indigenous determinants can be established in health frameworks. Having a framework clearly identifying the drivers most important to the health of Indigenous peoples is trans-

formative for Indigenous health. Equity cannot be reached without the understanding of the importance of Indigeneity itself — culture, language, traditional foods as well — but these factors rarely have a presence in federal plans or diagrams (NIHB).

Data Sovereignty

As technology has evolved, mechanisms to protect data have evolved as well. The data here is the bits of information collected and stored on computers and servers. This includes personal information collected when ordering products on our smartphones, and information found in medical health records. Laws protecting certain information include the 1974 Privacy Act, the 1996 Health Insurance Portability and Accountability Act, the 1998 Children's Online Privacy Protection Act and the 2001 Patriot Act. With our data now a part of social media and other outlets, the importance of data sovereignty has intensified. Data sovereignty is defined as the concept that data, and the information derived from it, are subject to laws and regulations setting permissible standards for collecting, managing, sharing and using data. As sovereign nations, tribes have an enormous amount of data to be governed and protected. Just as First American nations are protective in the way research is conducted, they must protect their data as well. Data sovereignty is important because it helps to make sure regulations are observed when it comes to the protection of data. The challenges to data sovereignty include changing laws, storage locations and financial commitments.



Summer Internship

Throughout the summer, the Chickasaw Nation welcomes interns to learn on the job in a variety of departments. The internship program allows applicants the opportunity to gain experience through the Chickasaw Nation and partnering external organizations throughout Indian Country. During the program, interns take trips to cultural sites, learn the Chickasaw language and learn key job search and performance skills. The office of health policy mentored our own intern—Noah Ayers.

Ayers maintained our office's regularly scheduled material and completed special projects assigned to him over the summer. He received opportunities to work with a variety of mediums and topics within health policy, and learn about the operation of the Chickasaw Nation as a whole. Sitting in on state, federal and national meetings allowed Ayers to grasp information about health policy. Weekly meetings offered new insights and perspectives on those areas in health policy.

Having Ayers here has been an amazing experience for him and the office of health policy. For more information about the internship program, visit [internship program's webpage](#).

Communicable Diseases

Flu, human respiratory syncytial virus (RSV) and COVID-19 season is upon us. It is important to stay aware and use caution during this season. Although we can contract these viruses year-round, they tend to be worse during colder months due to a decline in our immune response, lower vitamin D levels, more time indoors with larger crowds and viruses' ability to survive longer in colder temperatures.

We can boost our immunity by getting adequate sleep, staying hydrated, eating a balanced diet, exercising regularly, managing our stress, maintaining a healthy weight, avoiding smoking and alcohol intake, and staying up to date with vaccinations. Washing hands frequently is another way to protect against illness. Flu vaccines are recommended by the CDC for all individuals 6 months and older. RSV vaccines are recommended by the CDC for adults ages 60-74 who are at increased risk of severe RSV and for everyone 75 and older; all infants whose mothers did not receive RSV vaccine during pregnancy, and some children 8-19 months who are at increased risk for severe RSV; and all pregnant women during weeks 32-36 of pregnancy.

Have questions or suggestions for the office of health policy?

Please send an email to
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