RWJF Culture of Health
Sentinel Community Snapshot:

Chickasaw Nation, Oklahoma
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About This Report
The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community's history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

The Chickasaw Nation, made up of about 52,000 members throughout the United States, has formal territory boundaries that encompass all or most of 13 counties in predominantly rural South-Central Oklahoma (see map on next page). Because Oklahoma has no reservations, Chickasaw members live in communities with non-Chickasaw members. Of the roughly 350,000 residents in the 13-county region, approximately 76 percent is white; 7 percent is American Indian (of these, only about 1 percent, or 32,000 are members of the Chickasaw Nation); and the remaining 17 percent is made up of Hispanic, multiracial, and black residents.

DISPLACEMENT OF TRIBE MEMBERS
Like many other tribes in the United States, the Chickasaw Nation experienced a history of displacement and discrimination. The federal government forcibly relocated the tribe from its original residence in Mississippi to Oklahoma in 1836 along what became known as the “Trail of Tears,” named for the hardship and deaths that occurred on the journey. In Oklahoma, members of the Chickasaw Nation became farmers and ranchers and prospered, at first on land in the Southeast leased from the Choctaw and then establishing their own tribal territory in the South-Central region. However, when Oklahoma became a state in 1907, the federal government dissolved the tribal government, and the Chickasaw Nation ceased to exist as a recognized tribal entity. As tribal lands were broken up into allotments, many members moved away or were absorbed into the local population, losing touch with their

* Available sociodemographic and health data for the region do not capture outcomes specific to the Chickasaw Nation members, making it difficult to capture accurate information and assess social, economic, and health disparities among Chickasaw tribal residents in particular. We are working with the Nation to acquire more tribal-level data and information. In the meantime, where possible, weighted averages of indicators and outcomes for the 13-county region are used to represent the Chickasaw Nation as a whole. To calculate weighted averages for communities comprising multiple counties, we averaged county-level indicators (e.g., obesity) based on the size (or weight) of each county’s population as compared to the population as a whole.
Chickasaw cultural identity. Today, fewer than 120 people speak the language, all of whom are older than age 55. Chickasaws continued to gather socially during this time period, speaking their language and practicing traditional activities when possible. Eventually, in 1970, the Chickasaw Nation gained the right to re-establish its government, and in the following year, members elected their first Governor, Overton James. In 1983, they passed and ratified the Chickasaw Constitution, re-instating the Chickasaw Nation.

POVERTY, OBESITY, MENTAL ILLNESS, AND SUBSTANCE ISSUES

Today, the Nation is seeking to overcome previous decades of oppression and poverty by building a diversified economy within the context of the Chickasaw culture. Data specifically on Chickasaw members’ poverty and average income are unavailable. However, 16 percent of all residents in the 13-county region live in poverty, which is similar to the state (17%) and the nation (16%). Although white residents in the region have a lower median income than those in the state and the nation, American Indians in the region (including members of Chickasaw and other federally recognized tribes) have a higher median income than American Indians in the state and nation. Although the Chickasaw Nation has seen success in growing its economy and expanding health infrastructure, members continue to face challenges that may be linked to historical discrimination, obesity, and substance abuse.

Although data specifically on Chickasaw tribal members’ health are unavailable, 30 percent of all residents in the 13-county region are obese, which mirrors the U.S. national rate. Obesity is a risk factor for gestational and type 2 diabetes and heart disease, which have been prioritized by Tribal leadership. In addition to high rates of obesity in the 13-county region, substance abuse and mental health problems are serious health issues. In 2012, 21 percent of all residents had a mental illness, with 4 percent having a severe mental illness. The prevalence of substance abuse in the region is nearly 8 percent.

Access to health care has historically been problematic for Chickasaw tribal members. In a 13-county rural region with no public transportation, the federal Indian Health Service provided health care in just three sites: Ada, Tishomingo, and Ardmore. The health facility in Ada was built in the 1980s to handle about 20,000 outpatient visits annually, but by 2005, it had handled more than 238,000 patient visits. Patients often waited 30 days for routine appointments and waited in line at the clinic for hours just to make an appointment.

Data specifically on Chickasaws’ education are also unavailable; however, we know that more than 15 percent of all residents in the 13-county region have less than a high school degree, with nearly 85 percent having less than a college degree. The rates for American Indians in the region are slightly less than among white residents.

Reconnecting to Achieve Cultural Unity

Since ratification of its constitution, the Chickasaw Nation has focused on strengthening its cultural identity and unity among members who are dispersed across a large, diverse geographic area. The Chickasaw Nation has focused on reconnecting its own members with their heritage by integrating traditional values of the tribe into policies and programs to improve the health and well-being of residents.

To address mental illness, a cross-cultural learning collaborative between the Nation, Oklahoma Tribal State Relations Workgroup, and Oklahoma Department of Mental Health and Substance Abuse Services educated stakeholders about how to integrate Chickasaw cultural aspects into mental health and addiction services at the Chickasaw Cultural Center in 2011. Formed in 2006, the Oklahoma Tribal State Relations Workgroup engages representatives from the state of Oklahoma and 37 federally recognized tribal governments to provide effective mental health and substance abuse services.
The Chickasaw Cultural Center, opened in 2010, includes a living, traditional village; cultural camps for children; a center for the study of Chickasaw history and culture that provides a genealogy service; a theater that features culturally focused films or films made by Chickasaw citizens; and a Chickasaw artist exhibition center. The Chickasaw Nation’s Cultural Center has attracted more than 443,000 visitors since it opened. In addition to tourism, the center aims to boost cultural unity and visibility by promoting the teaching of the Chickasaw language, which was once forbidden in American Indian boarding schools, and by airing television commercials to educate both Chickasaw and non-Chickasaw residents about their culture and history.

The tribe also aims to strengthen members’ cultural identities by preserving the Chickasaw language. In 2007, the Chickasaw Nation began an immersion master-apprentice program that pairs a young person with an elder speaker. Training also is offered through community language classes, camps, and clubs. In 2015, the tribal government signed a contract with the language training company, Rosetta Stone, to develop a language curriculum for distribution to all tribal members.

**Working Toward Economic Self-Sufficiency**

The Chickasaw Nation has taken great steps to strengthen its economy and support well-being. Its overarching philosophy that “a rising tide raises all ships” recognizes the common capacities and prosperity of tribal members and nontribal residents who live and work together.

Self-sufficiency and economic diversification are long-term goals of the Chickasaw Nation. Gaming has anchored the tribe financially and provides approximately 91 percent of its annual revenue. However, the tribal government has been working to attract new and diverse businesses—including tourism, banking, and health care—to the area by developing relationships with nontribal organizations and with local, state, and federal governments. For example, the tribe recently opened its first health care business, Sovereign Medical Solutions, which is available to the general public.

As it did for many other tribes, the passage of the Indian Gaming Regulatory Act of 1988 facilitated major economic growth for the Chickasaw Nation. The tribe opened its first bingo parlor in the 1990s, and by 1999, it had three bingo parlors generating $16.5 million in annual revenue. With the expansion from bingo to video slots and table games, the tribe’s direct revenue from gaming catapulted to $1.39 billion from 17 gambling casinos and halls in 2011. As required by its constitution, the Chickasaw Nation re-invests gaming profits into governmental programs, including expanded health care, housing, and college tuition assistance, and existing and new economic ventures. Oklahoma casinos also support a broader system of businesses and jobs in retail, dining, and tourism that reach beyond tribal members. In 2015, the Oklahoma Gaming Association found that gaming supported more than 27,900 jobs, over 56 percent of which were filled by nontribal residents. However, some critics point to increased crime, debt, and risky behaviors as consequences of gaming. One study found a 10 percent increase in substance abuse; suicide; violent crime; theft; and bankruptcy in counties four years after a casino has opened. In addition, some critics say it is not clear which residents benefit most from the casinos, because many of the employees are not actually tribe members.

The Nation has also forged partnerships with nontribal members and institutions to help boost the region’s commerce and tourism. In 2015, the Nation launched Adventure Road, a partnership with more than 220 private businesses to promote the “Great American Roadtrip,” spanning 100 miles with stops at the Chickasaw Cultural Center and an American Indian art gallery. The Chickasaw Nation has also worked with other communities to promote festivals that highlight both tribal and nontribal events and crafts, such as the annual Artesian Arts festival, which features American Indian art and music. The festival brought approximately 5,000 visitors in each of its first two years. The government also funded construction and maintenance of the Chickasaw National Recreation Area visitor center, which provides information about the Nation’s culture and attractions and is staffed by the National Park Service.

In addition to growing its primary industries of gaming and tourism, the Nation is leading initiatives to diversify its economy. In 1996, the tribal government started Chickasaw Nation Industries, Inc. (CNI), a holding company that operates numerous limited-liability companies. CNI contributes a portion of its profits to support Chickasaw citizens through education; health care; nutrition services; housing programs; legal services; and elder and child care. These efforts earned the company awards for corporate responsibility from corporate finance groups, including Acquisition International and Corporate LiveWire, in 2014 and 2015. Recent diversification efforts also include investments in aviation and technology firms, such as Corvid Engineering, which it acquired in 2015. As a result of these various efforts, the tribe now owns more than 60 businesses and has developed a Chickasaw Preferred Vendor Program, with more than 200 businesses registered, to support and increase opportunities for Chickasaw citizen-owned businesses.

Chickasaw Nation–supported businesses and tourism activities have contributed to a local economy—benefiting tribal and nontribal members of the 13-county region and the state more broadly. In 1988, the tribe employed about 260 people and operated four businesses. By 2012, the Nation’s business enterprises generated an annual revenue of $1.39 billion and contributed more than $2.4 billion to the state’s economy through revenue and jobs. In 2015, Chickasaw Nation directly employed nearly 14,000 people, making it the seventh largest employer in Oklahoma. However, about 58 percent of Chickasaw members living in the tribal area are employed in civilian, nontribal jobs.

The Chickasaw Nation recognizes the health challenges faced by residents and has focused on improving the health of both tribal and nontribal members. The Nation’s emphasis on health likely stems from its leader, Governor Bill Anoatubby, who served as the tribe’s health services director before becoming governor in 1987. Since then, he has been elected to eight 4-year terms, serving 29 years thus far.

**Nutrition and Wellness Programs Addressing Obesity**

Tribal leadership is addressing the 30 percent obesity rate throughout the 13-county region. Farmers’ market programs; cooking classes; collaborations with schools; and storytelling are among the creative
approaches the Chickasaw Nation is taking to address these health concerns among tribal and nontribal residents:

- The Chickasaw Nation Farmers’ Market Nutrition Program partners with the tribe’s Women, Infants, and Children program to subsidize purchases of fresh produce from Chickasaw farms. In 2011, the program distributed more than $414,000 to supplement local farmers.36

- The Food and Distribution Program provides nutrition education, food demonstrations, and cooking classes. The program also partners with grocery stores to provide fresh seasonal produce. In 2015, the program distributed food valuing nearly $2.5 million to Chickasaw families.31

- The Farm to School program, funded through the U.S. Department of Agriculture (USDA), brings healthy foods into the community through school districts and markets foods to appeal to consumers.31

- The Summer Food program purchases nutritious meals for students during the summer vacation months at 31 sites throughout the region. It had distributed more than 30,000 nutritious meals to children during summer 2015.31

- Since 2012, the Chickasaw Nation has participated in a USDA-funded demonstration project, the Summer Electronic Benefit Transfer for Children. This project provided more than 12,000 students in 57 Oklahoma Public School Districts with nutritious food benefit packages during the 2015 summer months.31

- The Chickasaw Nation’s Eagle Adventure program, another demonstration project funded by USDA, targets American Indian children in grades 1 to 3 and their families. The program uses storytelling and lessons to show the fun of physical activity, eating healthy foods, and learning traditional healthy habits.37

Chickasaw Nation funded Wellness Centers in three communities—Ada, Ardmore, and Tishomingo (a fourth center in Purcell is under construction)—which offer educational programs, incentives, and access to activities that promote exercise, nutrition, and overall improved health. To make these programs widely accessible, certain programs, such as a walking track, aerobics, and martial arts, are available to tribal members at no cost. The Chickasaw Nation has also been recognized by the American Heart Association for promoting health and wellness among tribal employees.38,39

The wellness centers integrate Chickasaw culture through the physical space and aesthetic design of their buildings. For instance, every patient room in the Chickasaw Nation Medical Center has space to accommodate family visits and large windows with views of nature. Additionally, department names, meeting rooms, and public spaces are identified in both the Chickasaw and English languages; and the chapel includes an outdoor area for performance of native rituals.14

### TABLE 1. SAMPLE INITIATIVES TO ADDRESS SUBSTANCE ABUSE AND MENTAL HEALTH NEEDS

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<thead>
<tr>
<th>PROGRAM SPONSOR</th>
<th>INITIATIVE</th>
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<tbody>
<tr>
<td><strong>SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION</strong></td>
<td><strong>AAFOLOTA’ (Chickasaw for Turning Point) is a youth (ages 12–24) substance abuse counseling program that provides family-centered substance abuse and mental health treatment. Services include evidence-based and culturally specific treatment therapies in tribal provider sites in both urban/suburban and rural locations.</strong></td>
</tr>
<tr>
<td><strong>OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</strong></td>
<td><strong>The Healthy Lifestyles program is a voluntary residential substance abuse program focused on a holistic approach to care that focuses on the mental, societal, physical, and spiritual aspects of addiction. The program provides individual and family counseling, group therapy, alcohol and drug education, nutrition education, wellness, and GED classes.</strong></td>
</tr>
<tr>
<td><strong>CHICKASAW NATION BEHAVIORAL HEALTH SERVICES DEPARTMENT</strong></td>
<td><strong>Chickasaw Nation Behavioral Services Department offers outpatient mental health care and services to prevent substance abuse through clinics located inside and outside the Chickasaw Nation’s boundaries.</strong></td>
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<tr>
<td></td>
<td><strong>The Office of Strong Family Development, within the health department, offers an Early Intervention Program to help parents and teachers recognize and address signs of mental health issues in children. The Office also provides individual, couples, and family counseling services, in addition to workshops on parenting, grief, relationships, anxiety, and substance abuse.</strong></td>
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### COMBATING SUBSTANCE ABUSE AND MENTAL HEALTH

The Chickasaw Nation is working to meet the high prevalence of mental illness and substance abuse issues through multiple programs and initiatives (see examples in Table 1).

### IMPROVING ACCESS TO HEALTH CARE

To address its severe lack of available health care facilities, the Chickasaw tribal government funded a new medical center and rebuilt and expanded two existing clinics. The 370,000 square foot Chickasaw Nation Medical Center opened in August 2010 and is operated by the...
Chickasaw Nation with support from Indian Health Service funds. It is almost triple the size of the clinic it replaced and serves all American Indians (not only Chickasaws) who provide a certificate of Indian blood. In 2015, the medical center provided care for 800 births and 800,000 patient visits, filled 1.2 million prescriptions, and administered 3,000 MRI exams.

The tribe has expanded the health clinics in Tishomingo and Ardmore and built two additional health clinics in Ada and Purcell. The Nation’s health care services are available not only to Chickasaw members, but also to members of other tribes and non–American Indians who are employees of the Chickasaw Nation.

The tribe has taken several approaches to facilitate access to medical care within the region’s vast geographic area. In 2001, it established the Chickasaw Nation Transportation Services program. The program provides transportation to and from medical clinics and delivers prescription refills. In addition, nurses with the Public Health Nursing Program are assigned to satellite clinics throughout the region and conduct home visits, including pre- and postpartum visits. The Chickasaw Nation Caring Van, a collaborative effort between the Nation and the Oklahoma Caring Van, also provides preventive health and dental screenings throughout the 13-county region.

The Chickasaw Nation’s economic prosperity has allowed the tribe to develop an infrastructure and resources to begin redressing historic trauma and promote the health and well-being of Chickasaw members and other American Indians in the region. The tribal government has developed a wide variety of programs and resources within the past 10 years to address issues identified through epidemiological and clinical health data, including housing, elder care, and education. In addition, the tribal government solicits input from its members through tribal councils and surveys at health centers, the hospital, and the Cultural Center.

**Continuing the Conversation**

In the three decades since the ratification of its constitution, the Chickasaw Nation has made tremendous strides in achieving its goals of economic self-determination and restored cultural identity. Yet modern-day challenges persist, affecting the health and well-being of residents in the 13-county region. Some notable challenges are high rates of unemployment; obesity; substance abuse; and mental health issues. The extent to which Chickasaw Nation initiatives are addressing its priority community health concerns requires further examination. Additional surveillance, data and information gathering, analysis, and reporting can examine whether gaps are emerging in priority areas. We are working with the Chickasaw Nation to acquire tribal-level data and information to support future research considering the following questions:

- How does the Nation’s economic success and growth influence the well-being of both tribal members and nontribal residents in the 13-county region? What are the challenges or issues with the region’s reliance on gaming as a revenue generator?
- How is the Nation working with local, state, and federal governments to improve the health and well-being of its members and nontribal residents?
- How is the Nation collaborating with other populations in the 13-county region to address social, economic, and health challenges, such as substance abuse, obesity, and poverty?
- To what extent have the Nation’s local programs, including obesity prevention, elder care, and educational initiatives, achieved their goals? Who are they reaching and how?
- How does the Nation’s efforts—to integrate Chickasaw culture into its business enterprises, community-based programs, and wellness initiatives—affect social, economic, and health outcomes for the tribe’s members?
References


