

## **Ensuring Equitable Access to Migraine Treatment in the Native American and Alaskan Native Communities**



#### Introduction

Native American and Alaskan Native communities have the highest prevalence of migraine disease and severe headaches in the United States. High rates of poverty and unemployment, barriers to accessing higher education, poor housing, lack of transportation and geographic isolation all increase disparities for Native Americans and Alaskan Natives living with migraine disease.

To explore this issue, The Headache & Migraine Policy Forum hosted "Ensuring Equitable Access to Migraine Treatment in the Native American and Alaskan Native Communities," a national virtual policy panel discussion. The event focused on the challenges faced by members of the Native American and Alaskan Native communities who suffer from migraine disease and headache disorders. The forum coincided with the 15th annual Headache on the Hill day, sponsored by the Alliance for Headache Disorders Advocacy.



# Featured Speaker U.S. Representative Teresa Leger Fernández (D-NM3)



U.S. Representative Teresa Leger Fernández, who serves as chair of the House Subcommittee for Indigenous Peoples of the United States, provided opening remarks.

Representative Leger Fernández described how lack of access to health care has impacted her constituents in tribal communities, especially during the COVID-19 pandemic. Rep. Leger Fernández also explained how this lack of access to care is accentuated in Native American patients seeking headache and migraine treatment.

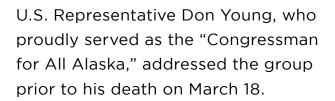
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These disparities
show a clear need
for Congress
and the Indian
Health Services
to bolster
investments
in health care
for Native
Americans."

U.S. Rep. Teresa Leger Fernández

## Featured Speaker U.S. Representative Don Young

(Former R-AK-At-Large)



In his remarks, Rep. Young addressed the increased risk of headaches and migraine attacks for Alaskan Natives. He spoke on how the inaccessibility of health care drastically affects Alaskan Natives communities. He also called on the Indian Health Services to increase research for the Native Alaskan communities dealing with headaches and migraine disease.

He described a better understanding of the causes, prevention and treatment of headache disorders as "our biggest goal."

Rep. Young championed issues that mattered to Alaskan Natives, including those living with headache disorders. The Headache & Migraine Policy Forum honors his life of service and is deeply saddened by his loss.



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Too often, Alaskan
Natives are
underserved in
seeking treatment
for headaches
and migraines.
It is an issue I
hear a lot, and it
is an issue that
Congress needs
to address."

**U.S. Rep. Don Young** 

#### Panel Discussion



Mike Stitzer, MD
Winslow Indian Health Care Center

Mike Stitzer, MD, one of the few neurology specialists in the Navaho area, provided insights on the needs of tribal patients living with headache disorders and migraine disease.

Upon starting work at the Winslow Indian Health Center, Dr. Stitzer noticed a gap in care for neurology patients. He explained that some patients waited months to see a neurologist. "Coming out here to be a full-time neurologist at a tribally run site allowed me to provide that general neurology care," he said. "One of the things that was a large need – and still is – is patients that have migraines and other severe headaches."

Dr. Stitzer described the mission of the Indian Health Service as raising the "physical, mental, social, and spiritual health of American Indians and Alaskan Natives to the highest level." The Indian Health Service, as of 2020, provided health care to about half of the nation's 2.5 million Native American and Alaskan Natives, Dr. Stitzer explained.



**Aaron Yazzie**President of the Tachee (Blue Gap) Navajo Chapter

Aaron Yazzie started getting headache attacks as a result of trauma from an accident involving a drunk driver and described the difficulty many Native Americans face in getting care. "Most of us live in remote areas and travel 30 miles or more to seek medical help," Yazzie explained.

After becoming a patient of Dr. Stitzer's, Yazzie is now an advocate for better headache and migraine care within the community. He highlighted the challenges with getting a proper

diagnosis and explained that, in most cases, headache and migraine evaluations take place outside of the reservation. This leaves many patients unable to receive a diagnosis.

Yazzie emphasized the importance of expanding access to care for the Native American community. "It would be helpful," Yazzie said, "to talk about how we can get resources and medical help to people on the reservation."



Thomas "Blair" Matheson, MD
Association of American Indian Physicians

As a board member of the Association of American Indian Physicians, Blair Matheson, MD, aims to achieve two main goals: taking better care of native patients and developing the pipeline of more native clinicians.

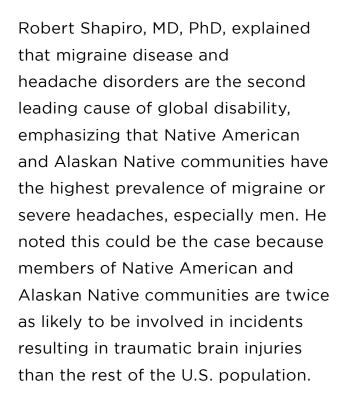
"We're looking at recruiting efforts at different colleges, medical schools and even down into high schools," he described. Dr. Thomas also noted that most natives who graduate from medical school often return home to serve their communities, which increases the need to encourage and make way for more Native American providers.

Having a Headache Center of Excellence for native communities, Dr. Matheson said, would be transformative for those living in remote areas. "We could... start the care for patients early. A diagnosis would already be in process by the time a patient sees a specialist. That would be a huge advantage," he said.

#### Call to Action

Robert E. Shapiro, MD, PhD

Alliance for Headache Disorders Advocacy



Dr. Shapiro explained how the resources within the Indian Health Services are not adequate in addressing these issues. "Within the Phoenix and Navajo Service Areas, there is only one neurologist for every 125,000 people covered by the IHS," Dr. Shapiro said. He went on to note that access to neurologists is five times better for Americans



outside of Indian Health Services compared to those receiving care within the system.

Dr. Shapiro also emphasized the need to establish Headache Disorders Centers of Excellence for patients within the Indian Health Services, following the model used by the Veterans Health Administration, "These centers would provide an opportunity to reach patients where they are, in remote reservations and rural communities," stated Dr. Shapiro. Establishing these centers across the United States would increase education for patients and primary care providers, expand headache research within native communities. and provide adequate staff for patients to receive proper care.



### Policy Recommendation

In light of the data and insights shared during the policy panel discussion, advocates now call for:

**Establishing an IHS Headache Disorders Centers of Excellence.** Initially, six centers would be created within the 12 IHS service areas. Locations would be chosen by Health and Human Services Secretary, with consultation from Native American and Alaskan Native stakeholders to ensure the best care is provided.

Emphasizing training and hiring tribal providers and staff to ensure the most Native American and Alaskan Native-centered care is provided.

To learn more about topics discussed at the event and The Headache & Migraine Policy Forum's policy priorities and advocacy initiatives, visit www.headachemigraineforum.org.



#### The Headache & Migraine Policy Forum

advances public policies and practices that treatments for persons living with headache



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