American Indian Public Health: An Emerging Discipline

Pathways Into Health

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OVERVIEW

• AI Health Disparities
• Cultural Competence in Healthcare Workforce
  • Definitions, Barriers & Benefits
• Workforce Development Challenges
• American Indian Public Health
AI Health Disparities

Death rates from preventable diseases among AIs are significantly higher than among non-Indians:

- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater

Indian Health Service. *Regional Differences in Indian Health 2002-2003*
CULTURAL COMPETENCE

Definitions

• **Culture:** The totality of socially transmitted behavioral patterns, beliefs, values, customs and thought characteristics of a population that guides world view and decision making.

• **Cultural Competence:** The ability of systems to provide services to clients with diverse values beliefs and behaviors, including tailoring services to meet clients’ social, cultural and linguistic needs.
CULTURAL COMPETENCE

Definitions

• **Culture Shock:** Anxiety resulting from inability to predict the behavior of others or to act appropriately in a cross-cultural setting.

• **Ethnocentrism:** Tendency to interpret or evaluate other cultures in terms of one’s own cultural standards; seeing one’s own group/culture to be superior to others.
Demographics

- Whites: 71%
- Hispanic: 12%
- Black: 12%
- A/I: 1%
- API: 4%
AI Demographics

• ~2.9 million *American Indian Only* in 2010 Census
• Over 5 million *AI and ‘other’* in 2010 Census
• ~60% of AI people live in urban areas
• Over 35,000 AI people live in North Dakota (~6% of population)
• Over 80,000 AI people live in South Dakota (~9% of population)
• Over 560 federally recognized AI/AN tribes
AI/AN Population by County

Alone or in Combination

Source: U.S. Census Bureau, 2010 Census Redistricting Data (Public Law 94-171) Summary File, Table P1.
## States with > 5% AI/AN Population

1. Alaska  14.8%
2. New Mexico  9.4%
3. South Dakota  8.8%
4. Oklahoma  8.6%
5. Montana  6.3%
6. North Dakota  5.5%
7. Arizona  5.0%
Culturally Competent Care

Patients and consumers need to receive effective, understandable, and respectful health care.
Cultural Competent Care

Significant need for recruitment, retention, and promotion of diverse staff and leadership.
CULTURAL COMPETENCE

Barriers

• URM under represented in professional leadership and workforce.

• Systems and services poorly designed to meet the needs of diverse patient populations.

• Poor communication between point of services providers and consumers of different racial, ethnic or cultural backgrounds.
Racial and Ethnic Distribution of Selected Health Professions: Source: HRSA, U.S. Census 2000
CULTURAL COMPETENCE

Benefits

• Improved communication
• Improved quality of service delivery
• Reduction in economic, social and health disparities
• Improvement in quality of life
CULTURAL COMPETENCE

Purnell’s Model:

Person, Family, Community, Society

• Unconsciously incompetent
• Consciously incompetent
• Consciously competent
• Unconsciously competent
Workforce Challenges

Low AI/AN High School Graduation Rates

• Variable quality of core subjects in both urban and reservation settings
• Tribal colleges are aware of this and address it

AI/AN college enrollment: under 1% of students

• Most are in 2 year colleges
• 0.7% are awarded AA, BA, advanced degrees
American Indian Socio-economics

- HS grad
- Poverty

%
Percent At or Below FPL

- US All Races
- IHS Total
- Aberdeen

Legend:
- US
- IHS
- AAIHS
Workforce Challenges

National AI/AN physician workforce

- Medical student enrollment: 0.3%
- Physician pool: 0.3%
- Lower than our % in 2010 Census (1-2%)

Public Health Disciplines

• Epidemiology
• Health Promotion
• Health Policy & Management
• Community Health
• Global Health
• Culture and Health
• Others
Unique Features of AI Public Health

AI PH Curriculum (5 core / 2 electives)

- American Indian Health Policy
- American Indian Health Disparities
- Cultural Competence in Indian Health
- Research in Tribal Communities
- Case Studies in Indian Health
- American Indian Elder Care (elective)
- Indigenous Food Systems & Nutrition (elective)
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American Indian Health Policy
• Treaties
• I/T/U Delivery System
• Tribal Sovereignty and PL 93-638
• Role of Medicaid & Medicare in Indian Health
• IHCIA
• NIHB, NCAI, NCUIH, Regional Health Boards
• Issues in Urban Indian Health
TREATY WITH THE POTOAWATOMIE NATION, 1846.

Whereas the various bands of the Pottowatomie Indians, known as the Chippewas, Ottawas, and Pottowatomies, the Pottowatomies of the Prairie, the Pottowatomies of the Wahash, and the Pottowatomies of Indians, have, subsequent to the year 1838, entered into separate and distinct treaties with the United States, by which they have been separated and located in different countries, and difficulties have arisen as to the proper distribution of the stipulations under various treaties, and being the same people by kindred, by feeling, and by language, and having, in former periods, lived on and owned their lands in common; and being desirous to unite in one common country, and again become one people, and receive their annuities and other benefits in common; and to abolish all minor distinctions of bands by which they have heretofore been divided, and are anxious to be known only as the Pottowatomie Nation, thereby reinstating the national character; and

Whereas the United States are also anxious to restore and concentrate said tribes to a state so desirable and necessary for the happiness of their people, as well as to enable the Government to arrange and manage its intercourse with them;

Now, therefore, the United States and the said Indians do hereby agree that said people shall hereafter be known as a nation, to be called the Pottowatomie Nation; and to the following Articles of a treaty made and concluded at the Agency on the Missouri River, near Council Bluffs, on the fifth day of June, and at Pottowatomie Creek, near the Osage River, south and west of the State of Missouri, on the seventeenth day of the same month, in the year of our Lord one thousand eight hundred and forty-six, between T. P. Anderson, John H. Harvey, and Gideon C. Matlock, commissioners on the part of the United States, on the one part, and the various bands of the Pottowatomie, Chippewa, and Ottawa Indians on the other part:

ARTICLE 1. It is solemnly agreed that the peace and friendship which so happily exist between the people of the United States and the Potowatamies shall continue forever; the said tribes of Indians giving assurance, hereby, of fidelity and friendship to the Government and people of the United States; and the United States giving, at the same time, promise of all proper care and parental protection;
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American Indian Health Disparities

• Regional Differences in Indian Health
• Risk Factors: Tobacco, Poverty
• Diseases: Diabetes, Cancer, Alcohol, Tuberculosis, Infant Mortality, Unintentional Injuries, Etc.
• Food Sources: FDPIR, WIC, etc
• Historical Trauma
• Adverse Childhood Experiences & Role of Boarding Schools
Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives
Nazi Concentration Camp

Wounded Knee
Nazi Concentration Camp

Wounded Knee
Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives

Historical Trauma

Genocide

Boarding School Experiences
- Abuse (physical, sexual)
- Neglect
- Abandonment
- Forced Removal
- Loss of culture & language
- Forced Christianity
- Lost traditional parenting & family structure

Gestational Stressors

Birth

Chronic Disease Disparities

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Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives

Historical Trauma

Gestational Stressors

Childhood Stressors

Birth

Chronic Disease Disparities

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WIC

Adverse Childhood Experiences
- Abuse (physical, sexual)
- Neglect
- SA in the home
- MH issues in the home
- Witnessing violence
- Divorce
- Food insecurity
- Family member in prison

FDPIR

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Gestational Stressors

- Birth

Childhood Stressors

- WIC

Adulthood Stressors

- FDPIR

Chronic Disease Disparities

Adverse Childhood Experiences
- Abuse (physical, sexual)
- Neglect
- SA in the home
- MH issues in the home
- Witnessing violence
- Divorce
- Food insecurity
- Family member in prison

Adverse Adulthood Experiences
- Poverty
- Alcoholism & Substance Abuse
- Poor nutrition
- Community death rates
- Role models
  - Few positive
  - Many negative
  - Parenting

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Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives

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Gestational Stressors

Childhood Stressors

Adulthood Stressors

Birth

WIC

FDPIR

Chronic Disease Disparities

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Next generation
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Unique Features of AI Public Health

Cultural Competence and Indian Health

• Models of Cultural Competence (Purnell’s, etc.)
• Traditional Cultural Perspectives on Health
  • >500 Tribes
• Medicine Wheel Model
• Culture of Poverty and Culture of Diabetes
• Role of Ceremony in Health Promotion
• Commercial Tobacco and Traditional Ceremony
Traditional Tobacco ≠ Commercial Tobacco
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Unique Features of AI Public Health

Research in Tribal Communities

• Tribal Sovereignty

• Research Review Processes
  • Tribal IRBs, Research Review Boards

• IHS IRB Process

• Setting Tribal Research Agendas

• Benefits, Barriers, Challenges, and Next Steps

• Case Studies
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Case Studies in Indian Health

• Similar to Harvard Business School Model
• Successes in Self-Determination (ANMC, GRHCC)
• Model Tribal-State Health Policy (SD Medicaid)
• National Programs (SDPI)
• Tribal-Private Sector Partnerships (RST-NovO)
• Integration of Traditional Medicine (NN, ANMC, GRIC, others)
• Continuing Identification of Model Programs
Unique Features of AI Public Health

Electives

• American Indian Elder Care (Gerontology)
• Indigenous Food Systems & Nutrition (Food Sciences)
• Health Promotion courses
• Other MPH Courses (ID Management, DEP, etc)
Questions

Is American Indian Public Health an Academic Discipline?

Has it been treated as a Discipline?
SIGNIFICANT DEMOGRAPHIC TRENDS

- MINORITIES IN HIGHER EDUCATION AMERICAN COUNCIL ON EDUCATION (ACE) STATUS REPORT

AMONG FULL - TIME FACULTY OF COLOR:
(Full Prof., Assoc. Prof, Asst. Prof. and Instructors)

- African American 5 %
- Hispanic or Latino 2.7%
- Asian American/PI 5.7%
- American Indian 0.4%
Retention Strategies

1. Academic Support
   • Tutoring, mentoring, studying environment

2. Social Support
   • Other AI/AN students, gathering place, feeling at home

3. Cultural Support
   • Talking Circles, Traditional Healers and Elders, Traditional Ceremonies, Pow-wows, etc.
Contact Information

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