Considerations for Equity: American Indian and Alaska Native Health

Presented by Dr. Carol Arnold

Health Disparity

• A particular type of health difference that is closely linked with social economic and or environmental disadvantage.

Health Equity

“Attainment of the highest level of health for all people. This requires valuing everyone equally and ongoing efforts to address avoidable inequalities historical and contemporary injustices and the elimination of health and health care disparities.”
Difference between equality and equity

Everyone gets a pair of Nike shoes

Everyone gets a pair of Nike shoes IN THEIR SIZE!

An equitable view

Requires some awareness of yourself, stereotypes/bias you may have and the culture and people of the American Indian community

To help you understand your bias: www.implicit.com
A Tiny Bit on Theory

- Culture Care Diversity and Universality - Sunrise Model
- Requires understanding of values, beliefs and practices of a client’s culture
  - Examine our own preconceived ideas as what it means to be American Indian
  - Be open to learn about the history of the Indian people and their way of life
- Providing humanistic - holistic care
- Within the environmental context

Ways of Getting to know

- Look at the art, literature, music
- Involve yourself in the celebrations of accomplishment
- Look at the cultural health care ways through the glass of Airhinhenbuwa’s PEN THREE
  - Person, extended family, neighborhood
  - Positive, Exotic, Negative

American Indian/Alaska Native People today

- 5.2 Million people
- About 2% of our population
- 22% Live on Reservations
- 60% Live in urban areas
- The only group of people referred to in our Constitution

CDC, 2015; Indian Health Service, 2015; U.S. Census Bureau, 2014
American Indian/Alaska Native People today

- As a group have a political relationship with the Federal government through treaties between sovereign nations
  - Criteria:
    - Existence pre-date European discovery
    - Has continued to remain separate and distinct

American Indian/Alaska Native People today

- 566 federally recognized Nations over 35 reservation states
- 20% speak another language at home
  - 200 different languages still spoken
- A young population with median age of 30.8

American Indian/Alaska Native People today

- 85% (2012) have at least a high school education
- 17% hold a BA or BS degree, 6% hold advanced degrees
- Approximately 73% are employed but unemployment for adults 18-64 is the second highest in the Nation
American Indian/Alaska Native People today

- Median household income is $37,353
- Approximately 32% live below the poverty level
- This is the highest poverty rate of any race group
- The poverty rate for the nation as a whole is 15.9%

CDC, 2015; USDHHS, IHS 2015

American Indian/Alaska Native People today

- Approximately 2 million AI/AN have health care through the IHS
  - But more than 4 out of 10 have no access to IHS services
- 26.9% have no insurance coverage (2013)
- American Indian and Alaska Natives have a life expectancy 4.2 years less than all U.S. populations

Office of Minority Health 2015; Indian Health Service 2015; USDHHS, Women's Health

Sustaining and Protective Factors

- Close family and extended family relationships
- Strong spiritual beliefs
- Harmony with nature
- Health is synonymous with harmony of body, mind and spirit
- Resilience
A Different World View

<table>
<thead>
<tr>
<th>Nature and environment</th>
<th>Earth to be cared for and respected, take only what is needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Present orientation, time is without beginning or end</td>
</tr>
<tr>
<td>Family</td>
<td>Strong family ties, with extended family connections who nurture and support each other</td>
</tr>
<tr>
<td>Spiritual</td>
<td>A way of life</td>
</tr>
<tr>
<td>Self</td>
<td>Harmony and balance between spiritual, social, emotional and physical</td>
</tr>
</tbody>
</table>

World View

<table>
<thead>
<tr>
<th>Group</th>
<th>More important than the individual people should be discreet and humble</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>Use of herbs, foods, ceremonies, purifying sweat baths</td>
</tr>
<tr>
<td>Elders</td>
<td>Revered, advise and support younger people</td>
</tr>
<tr>
<td>Health and medicine</td>
<td>Mind, body and spirit cannot be separated, treat cause not symptoms; illness means the individual is out of balance</td>
</tr>
</tbody>
</table>

A few cultural comparisons

**American Indian**
- Elders revered
- Group welfare
- Traditional
- Giving, sharing
- Listen
- Modesty
- Harmony with nature
- Cooperation
- Fate
- View time in circles

**Non Indian**
- Emphasis on youth
- Individualism
- All things new/change
- Taking, saving
- Verbal
- Self attention
- Mastery over nature
- Competition
- Personal control
- Time is linear
Points to Remember

- Emphasis on present rather than future
- Practice traditional medicine along with western
- View time in circles rather than linear
- Silence is OK in communication
- Elders are highly respected
- Group is more important than the individual
- Spiritual and human interaction dominates

Health Challenges

- Lower health status
- Lower life expectancy
- Disproportionate disease burden
- Disproportionate poverty
- Discrimination in health care

Leading Causes of Death

<table>
<thead>
<tr>
<th>The Causes</th>
<th>Ratio AI/AN to all US races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>0.9</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>0.9</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>2.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2.8</td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>4.7</td>
</tr>
<tr>
<td>Stroke</td>
<td>0.9</td>
</tr>
<tr>
<td>Suicide</td>
<td>1.6</td>
</tr>
<tr>
<td>Nephritis</td>
<td>1.5</td>
</tr>
<tr>
<td>Influenza and Pneumonia</td>
<td>1.4</td>
</tr>
<tr>
<td>Assault (homicide)</td>
<td>1.9</td>
</tr>
</tbody>
</table>

USDHHS, IHS 2015; U.S. Census Bureau, 2014; USDHHS, OMH 2015
Other Important Health Issues

• Teen pregnancy
• Infant mortality
• HIV/AIDS
• Obesity
• Mental Health
• Alcohol use
• Smoking and tobacco use
• Substance abuse

Some Health Issues for American Indian Women

• Alcoholism and drug abuse
• Breast cancer
• Cancer
• Diabetes
• Infant death/SIDS
• Overweight and obesity
• Mental health problems and suicide
• Smoking
• Violence

A closer look and Maternal and Child Health disparities

• At 8.2% American Indian/Alaska Native mothers had the highest rate of late or no prenatal care as compared to all U.S. populations

• At 13.4% AI/AN mothers had the second highest rate of preterm births in the U.S.
Infant Mortality

- AI/AN have 1.6 times the infant mortality rate as non-Hispanic whites
- The major causes:
  - Congenital malformations
  - Low-birthweight
  - SIDS (1.8 times more)
  - Accidents (2.1 times more)

U.S. DHHS, Office of Minority Health, 2013

In Nevada

- The percent of late or no prenatal care for AI/AN mothers is 16.8% second only to Black mothers at 16.9%
- The percent of preterm births for AI/AN women is 13.4% second to Black mothers at 16.5%

March of Dimes, Peristats, 2015

Smoking during pregnancy

- American Indian/Alaska Native women have the highest rate of smoking during pregnancy
- At 26% vs. 14.3% in 2013
- Approximately 23.8% of AI/AN women smoke as compared to non-Hispanic whites at 17.2%

American Lung Association 2015; CDC
- MMWR, 2013
Office of Minority Health, 2013
Other risk factors

- Obesity
  - Less than 50% of AI/AN women are at a healthy weight

- Violence
  - Have the highest rate of intimate partner violence in US. 1 in 3 AI/AN women have been a victim of rape or attempted rape

USDHHS, Office of Minority Health, Women's Health 2012 and 2015

Other risk factors

- Alcohol and substance abuse
  - One of the most significant health problems
  - AI/AN have highest rates of FAS in the Nation at 1.5 to 2.5 per 1000 births
  - AI/AN have higher rates of Marijuana, cocaine and hallucinogenic use

USDHHS, Substance Abuse and Mental Health Services Admin, 2007; Office of Women's Health 2012

So why do the disparities Continue?

- Recognized barriers including IHS barriers
- History and Intergenerational Trauma
  - Wounding of the Spirit
  - Federal policy of extermination
  - Forced resettlement
  - Boarding schools
  - Continued discrimination

Jones, 2006; Moss, 2008; Sequist et al, 2010; USDHHS, IHS, 2015; USDHHS OMH, 2015;
Barriers to seeking healthcare

- Geographic isolation
- Low income
- Lack of transportation
- IHS - Shortage of providers in areas where AI/AN live
  - Lack of funding
  - Difficulty in recruitment
  - Population growth
  - Medical inflation
- Cultural barriers
  - Wounding to the spirit
- Significant issues of trust, respect and discrimination and perceived lack of cultural awareness and attitudes of providers

Jones, 2005; Moss, 2008; Sequist et al., 2010; USDHHS, IHS, 2015; USDHHS OMH, 2015.

Their History

1700’s - 1800’s: Westward Expansion and Indian removal
- Indian Removal Act of 1830
- Treaty making (ends 1871)
- Indian wars

1880-1930’s: Assimilation and Allotment
- General Allotment Act of 1887 (Dawes Act)
- Boarding Schools
- Re-naming

1950’s: Termination and Relocation
1970’s: Self-determination
1980’s: Self-governance

History

- Historical and intergeneration trauma resulting from systematic racism, policies of assimilation and cultural genocide - although some authors would argue that it was ethnic cleansing

Anderson, 2014
Wounding of the Spirit - Forced Removal from Homelands

- "The massive dispossession that removed native people from their ancestral lands and took away their language, culture, and labor resulted in significant damage in health, in educational levels, and in social well-being. ..."


Wounding of the Spirit - Boarding Schools

- 1879 first off reservation school - Carlisle
- Forced removal at an early age
- Carlisle school modeled after the school at Fort Marion Prison in Florida
- Remake the child and remove the "Indian from the child"

Wounding of the Child's Spirit

"I must learn about the birds and the rocks and the trees from books instead of daily interaction with them. This is what the White Man says I must do, and I have no choice but to obey." - Virginia Indian School Student, 1910.
Boarding School

• By 1909:
  – 25 off reservation schools
  – 157 on reservation schools
  – 307 day schools
  – Over 100,000 AI/AN children forced to attend
  – Attendance mandatory or parents would be imprisoned

Historical and Intergenerational Trauma - wounding of the spirit

• Collective and cumulative emotional wounding across generations that results from cataclysmic events
• Held personally and transmitted over generations and is passed to offspring*
• It is crucial to examine historical experiences of the American Indian client’s nation, village and family to understand…..

*First recognized in 1966 due to the numbers of children of survivors of the Nazi Holocaust seeking treatment

The Results to the Indian way of life

• Seek to find balance in body, mind, spirit BUT the cultural traumas or spirit wounding have taken a toll
• Symptoms
  – Suicide
  – Depression
  – Self-destructive behavior
  – Anxiety
  – Guilt
  – Lost Generation

An AI/AN Cultural Awareness Orientation Curriculum from Oklahoma City Tribal Health Care program. Info: health.gov/australians/indians.html, USDHHS, 2015
Equity............what You and I can do to support a healthy AI/AN family

Culturally Competent Care

• You must have some awareness of the American Indian/Alaska Native culture and people if you plan to work cross culturally

Culturally Competent Care

• Tailoring health care to the American Indian
  – You show respect for cultural values, beliefs and practices
  – You can draw on their support and strengths of family and community to help guide their health care
  – Culturally appropriate tools
Ways to Communicate

- Good communication that starts with listening
- Be open minded
- Work to build trust relationship
- Be flexible and adaptable
- Be genuine with your feelings and aware of your own bias
- Assume an advocacy role
- Provide culturally appropriate information and why and how it can be used
- Do understand that cultural issues may seem complex but following the “Golden Rule” is the basic foundation

Ways to Communicate

- Be positive in your interactions
- Have a sense of humor
- Be comfortable with the use of silence
- Use formal titles especially with the elders
- Remember the language is oral and not written

With a Health Promotion Program

- Community members should be involved at all levels of planning and implementation
- Let the community lead — You need their ownership and buy in
- Use effective collaboration
- Holistic thinking
- Include family and extended family
- The presence of elders is critical to the provision of culturally competent care
- Spirituality
  - Religion/spiritual belief permeates all aspects of their life
  - Healing is considered sacred work
Ways you would not want to communicate

• Engage in fixed eye contact
  – Seen as disrespectful

• Don’t try to be overly friendly
  – A handshake is sufficient

• Don’t use blunt questions
  – May be perceived as hostile or an attack on their character

• Don’t infringe on their space, keep a comfortable social distance

• Don’t expect Indian people to act or think the same as you would. Their history and upbringing is based on an entirely different set of experiences

• A negative comment can alter willingness to seek continued care

THE END

Some sites for culturally appropriate materials

• Campaign for Tobacco-Free kids, American Indian/Alaska Native & Tobacco use:
  www.tobaccofreekids.org

• Fetal Alcohol Spectrum Disorders, resource kit, brochures, fact sheets:
  http://fasdcenters.samhsa.gov/Products/Nativekit.aspx

• Native Generations Resources for Families:
  www.urii.org/project/nativegenerations/resources-for-families/
More sites

• Healthy Native Babies Project Workbook Packet

• National Institute of child Health and Human Development
  Information on SIDS, Back to Sleep, videos
  www.nichd.nih

A site for a cultural awareness orientation program:
An AI/AN Cultural Awareness Orientation Curriculum from Oklahoma city Tribal Healthcare program: http://ophtc.ouhs.edu/CCC.html

You Can Reach Us

• Carol Arnold, PhD, RN: carnold@twu.edu

• Coming of the blessing:
  www.comingoftheblessing.com

• March of Dimes: www.marchofdimes.org

References


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