



An Overview of AI/AN Health Disparities and Emerging Efforts to Address Them

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Health Equity Definition



Health Equity is the attainment of the highest level of health for all people

Achieving health equity requires:

- Valuing everyone equally
- Focusing and on-going efforts to address avoidable inequalities
- Attention to historical and contemporary injustices
- Elimination of significant health disparities



Imperatives



- Significant racial/ethnic health disparities exist
- “Majority-minority” states increasing
- Impact on American healthcare problem
- Limited resources
- Healthy people goal to eliminate disparities



American Indian and Alaska Native Health Disparities



A snapshot of current and historical health conditions presents a picture of growing disparity

AI/AN Mortality Disparities Based on IHS Service Population*

CAUSE OF DEATH	Rate:	Rate:	Ratio:	Rate:	Rate:	Ratio:	% Change	RATE	RATE	RATIO:	% Change
	AI/AN 2003- 2005	U.S. All Races 2004	AI/AN All Races 2004	AI/AN 1996- 1998	U.S. All Races 1997	AI/AN All Races 1997	AI/AN 1996- 1998 to 2003- 2005	AI/AN 1972- 1974	All Races 1973	AI/AN (72- 74) All Races 1973	AI/AN '72-'74 to '03-2005
All causes	1015.6	800.8	1.3	1071.7	877.7	1.2	-5.2	1433.8	1209.9	1.2	-29.2
Alcohol-induced	43.3	7.0	6.2	45.0	4.0	11.3	-3.8	77.5	4.9	15.8	-44.1
Breast Cancer	20.0	24.4	0.8	19.8	28.9	0.7	1.0	16.9	35.0	0.5	18.3
Cerebrovascular disease	49.7	50.0	1.0	62.7	61.1	1.0	-20.7	107.2	136.2	0.8	-53.6
Cervical Cancer	4.0	2.4	1.7	5.2	3.2	1.6	-23.1	19.0	8.6	2.2	-78.9
Diabetes	72.2	24.5	2.9	77.1	23.7	3.3	-6.4	47.2	23.2	2.0	53.0
Heart Disease	219.7	217.0	1.0	271.5	277.7	1.0	-19.1	335.1	491.5	0.7	-34.4
HIV	3.3	4.5	0.7	3.3	6.0	0.6	0.0	1.2	6.9	0.2	175.0
Homicide (assault)	11.3	5.9	1.9	12.6	7.0	1.8	-10.3	26.6	10.3	2.6	-57.5
Infant Deaths	8.4	6.8	1.2	8.9	7.2	1.2	-5.6	25.0	17.7	1.4	-66.4
Malignant Neoplasms	179.9	185.8	1.0	187.0	203.5	0.9	-3.8	150.0	202.2	0.7	19.9
Maternal Deaths	17.8	13.1	1.4	8.0	8.4	1.0	122.5	28.5	15.2	1.9	-37.5
Motor Vehicle Crashes	47.9	15.2	3.2	43.2	15.9	2.7	10.9	100.4	26.7	3.8	-52.3
Pneumonia/ Influenza	33.0	19.8	1.7	31.3	33.3	0.9	5.4	50.5	38.4	1.3	-34.7
Suicide	18.8	10.9	1.7	17.9	11.2	1.6	5.0	29.4	13.2	2.2	-36.1
Tuberculosis	1.2	0.2	6.0	2.0	0.4	5.0	-40.0	10.8	1.7	6.4	-88.9
Unintentional Injuries	94.0	37.7	2.5	97.1	35.8	2.7	-3.2	223.2	59.5	3.8	-57.9



The Good News

From IHS Service Population* data collected 1972-1974 to the most recently compiled three year period of 2003-2005, overall mortality for AI/ANs has decreased by 29%

*IHS Service Population : AI/AN people identified to be eligible for IHS services. (These AI/AN people live in service areas defined as geographic areas in which IHS has responsibilities – “on or near” reservations)

Cause of Death	% Decrease
Tuberculosis	89%
Cervical Cancer	79%
Infant Deaths	66%
Unintentional Injuries	58%
Homicide	58%
Cerebrovascular Disease	54%
Motor Vehicle Crashes	52%
Alcohol Induced	44%
Suicide	36%
Pneumonia & Influenza	35%
Diseases of the Heart	34%



The Bad News

The overall mortality disparity in the AI/AN population and the U.S. All Race population has actually increased over the past 30 years

Years of Measure	AI/AN Rate	U.S. All Races Rate	% Difference
1972-1974	1434	1210	18%
2003-2005	1016	801	21%



The Bad News

Actual increases in mortality rates for AI/ANs have occurred for two major causes of death during the past 30 years

Cause of Death	% Increase
Diabetes	53%
Cancer	20%



The Bad News

The disparity gap between the AI/AN population and the U.S. All Race population remains very high for the following causes based on the percentage greater rate for AI/ANs compared to the U.S. All Race

Cause of Death	% Greater
Alcohol Induced	519%
Tuberculosis	500%
Motor Vehicle Crashes	215%
Diabetes	195%
Unintentional Injuries	149%
Homicide	92%
Suicide	72%
Pneumonia/ Influenza	66%



The Silent Health Crisis

Question: What do death rates caused by suicide, diabetes, alcohol, injuries, HIV, and homicide have in common across the AI/AN populations?

Answer: They are all 100% to almost 500% greater for AI/AN males than for the AI/AN females in many age groups, and:

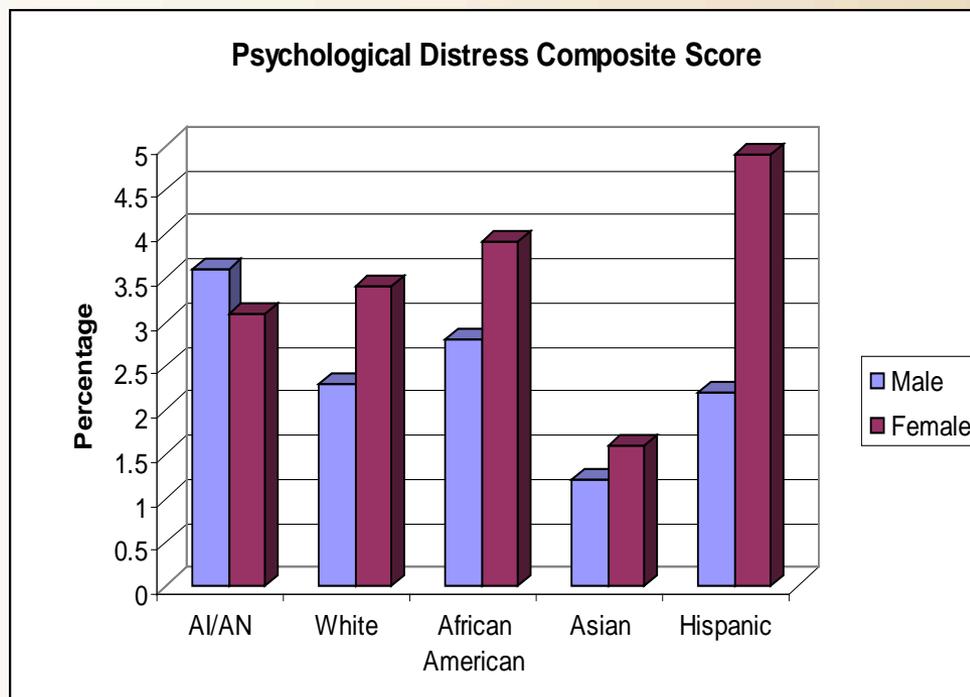
- Death rates for cancer, heart disease, and liver disease are 10%-50% greater across most age groups for AI/AN males than AI/AN females.
- The AI/AN gender gap in mortality widens where health problems are most extreme



More Bad News

The AI/AN population experience some of the greatest disparities in health status and general well-being

Data from CDC's National Health Statistic Reports (No. 20, March, 9, 2010) *Health Characteristics of the American Indian or Alaska Native Adult Population: United States, 2004-2008*





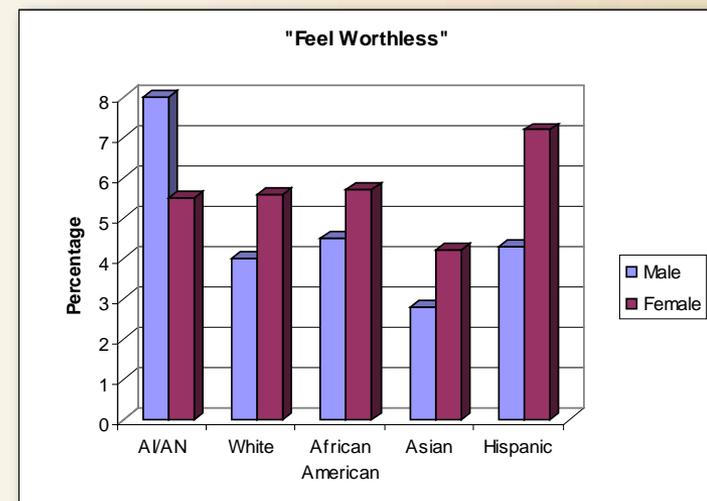
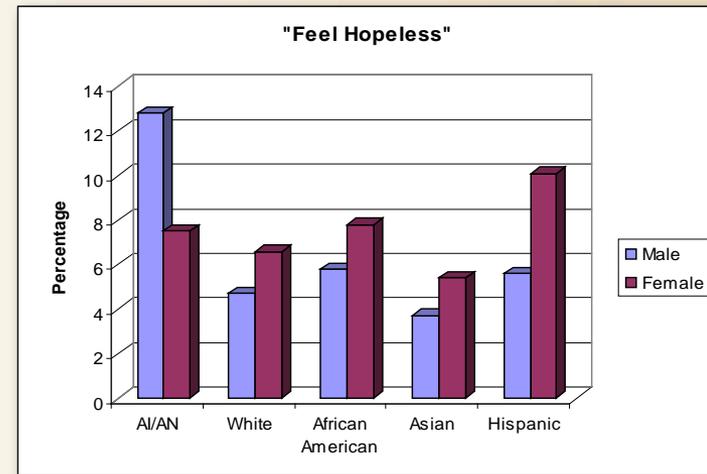
More Bad News

AI/AN male population is particularly at risk

✓ Suicide rates for AI/AN males 14-44 are 300% higher than male U.S. All Races

✓ Psychological distress is a contributing factor in many disparity related diseases

Data from CDC's National Health Statistic Reports (No. 20, March 9, 2010) *Health Characteristics of the American Indian or Alaska Native Adult Population: United States, 2004-2008*



National Partnership for Action (NPA)



Increase the **effectiveness** of programs that target the elimination of health disparities through the coordination of **partners**, leaders, and stakeholders committed **to action**.



Office of Minority Health National Plan for Action Draft



- ✓ One of Three Components of the National Partnership for Action
- ✓ Regional Blueprints



AI/AN Communities

Current Strategies in Prevention



Improving collaboration/coordination

- ✓ Target agencies directed at addressing social determinants of health

Enhancing community empowerment

- ✓ Social Networks

Assuring culturally appropriate access to community and clinic-based care



AI/AN Communities

Preliminary Blueprint Strategies



Pilot projects offer opportunity

- ✓ Concentrate limited resources
- ✓ Scientifically test and verify best practices
- ✓ Demonstrate cost-effectiveness essential in leveraging resources

Community Oriented Primary Care (COPC) model

- ✓ Effective, systematic approach to improving community health
- ✓ Based on principles of epidemiology, primary care, preventative medicine and health promotion
- ✓ Three implementation requirements



AI/AN Communities

Preliminary Blueprint Strategies



COPC Implementation Requirements

1. A primary care system in place providing continuous, coordinated and accountable services
2. A defined community for whose health the system has assumed responsibility
3. The systematic application of four steps
 - ✓ Defining and characterizing the community and support resources
 - ✓ Identifying community health problems
 - ✓ Modifying programs to address community-defined health priorities
 - ✓ Monitoring the effectiveness program modifications



AI/AN Communities

Preliminary Blueprint Strategies

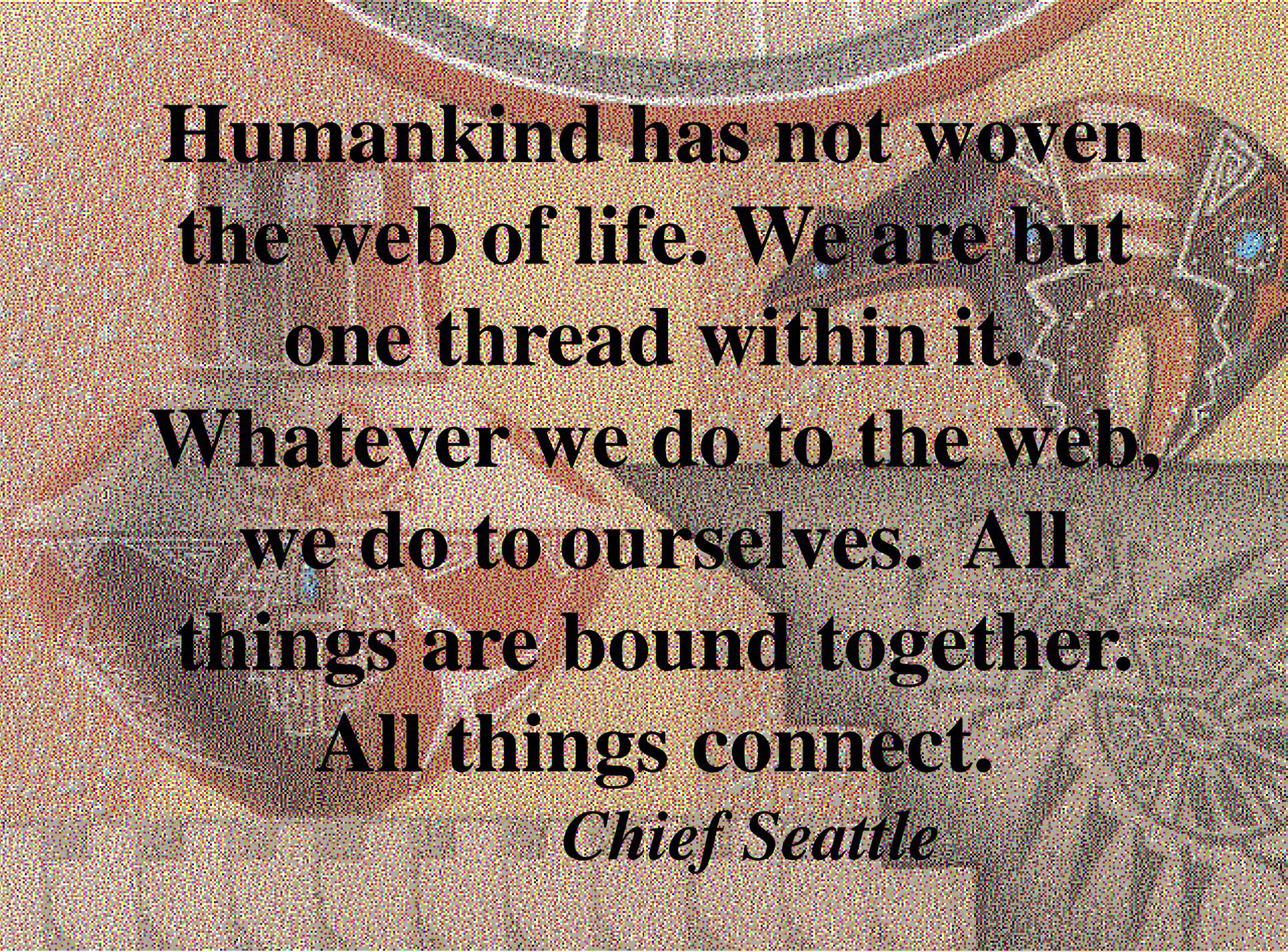


- ✓ Better define and address the social determinants of health driving male health disparities
- ✓ Provide communications, community collaboration, and participation strategy considerations
- ✓ Consider use of multi-agency supported pilot/demonstration COPC projects including grant braiding to document cost effectiveness needed to secure Congressional support
- ✓ Consider AI/AN communities as ripe settings to implement pilot COPC projects both in terms of health disparities and needs but also the opportunity to document success

In Summary



- ✓ AI/AN Blueprint will be developed in collaboration with AI/AN leaders
- ✓ Effective Communications will be key in successful collaboration
- ✓ Understanding current environment of health disparities identifying representative baseline measures
- ✓ Define business case for investment and ROI to eliminate health disparities
- ✓ Coordinate and collaborate with federal partners to serve the whole community



**Humankind has not woven
the web of life. We are but
one thread within it.**

**Whatever we do to the web,
we do to ourselves. All
things are bound together.
All things connect.**

Chief Seattle