



# **Addressing Health Disparities among American Indian Populations: A Look at Collaborative Work between the Center for American Indian Community Health (CAICH) and Tribal Communities**

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# Who is CAICH?



**NIMHD**

National Institute on Minority Health  
and Health Disparities

- ❖ CAICH was established in 2010 through a National Institute on Minority Health and Health Disparities Center of Excellence grant
- ❖ Our mission is to improve the physical, mental spiritual, and cultural health of American Indian communities and individuals throughout Kansas, the region, and the nation through collaborative research, education, and service
- ❖ Our vision is health equity and equality for all American Indians
- ❖ We have membership across multiple KU campuses and other schools in the region
- ❖ We are one of the largest Native research teams in the country
- ❖ We are a part of the American Indian Health Research & Education Alliance







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# Who are American Indians/Alaska Natives/Native Americans/Native People/Indigenous People, etc?

- ◇ **American Indian** – people whose pre-Columbian ancestors are from the lower 48 states
- ◇ **Alaska Native** – people whose pre-Columbian ancestors are from Alaska
- ◇ **Native Hawaiian** – people whose pre-Columbian ancestors are from Hawaii
- ◇ **Native American** – generic term referring to anyone whose pre-Columbian ancestors are from the Americas
- ◇ **Indigenous Peoples** – generic term referring to any of the fourth world nations (i.e. people currently or previously living under colonialism)
- ◇ **First Nations Peoples** – similar to indigenous peoples, also the preferred term for people whose pre-Columbian ancestors are from Canada
- ◇ **Native People** – generic term similar to indigenous or first nations people, often preferred in the lower 48 if a tribal name is unknown





# Who is included in the health statistics?

- ◆ The category most often seen is “American Indian/Alaska Native”
  - ◆ Not always useful – health outcomes are very different between American Indians and Alaska Natives
  - ◆ Health outcomes vary regionally across the US
- ◆ Native Hawaiians are included with Pacific Islanders
- ◆ Sometimes data refer to only federally recognized tribes, other times they include state recognized tribes or self-report data
- ◆ Inter-marriage blurs the lines and varies across the country
- ◆ Often the % AI/AN in the sample is too small for accurate estimates, especially if the data are local
- ◆ Racial miscoding is a huge problem!



# Are there still Indians in the US?

- ◆ Pre-Columbus there were over 2000 distinct cultures in the Americas and over 500 in the lower 48 contiguous states
- ◆ Today there are 566 federally recognized American Indian nations and Alaska Native villages and over 2.5 million individuals claiming American Indian or Alaska Native ancestry
- ◆ About 2% of the US population claims AI/AN ancestry
  - ◆ Of that, 49% are AI/AN alone and 51% are AI/AN in combination with another race



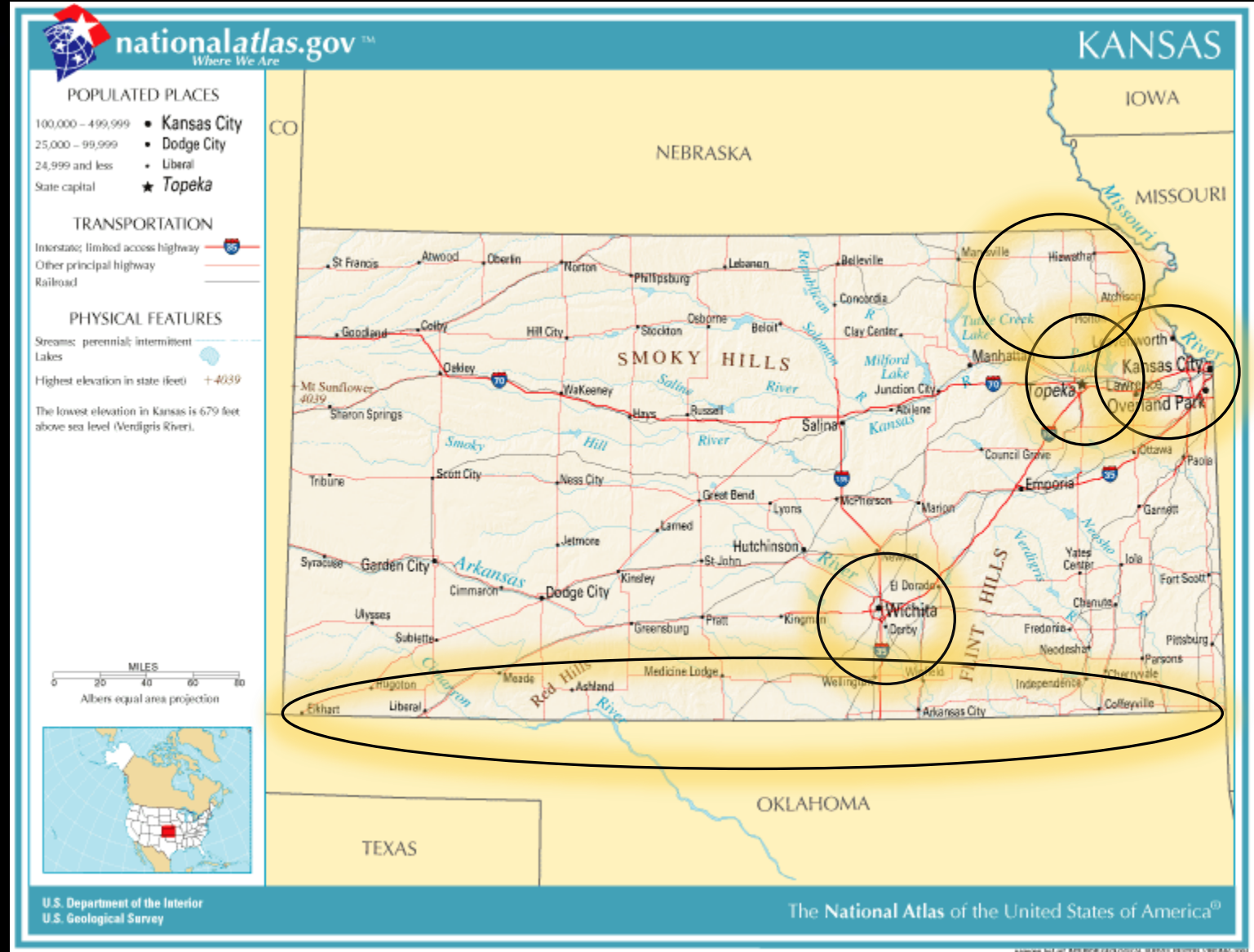
# American Indians in Kansas

## ◆ Kansas

- ◆ 67,435 people identify themselves as either solely or partially AI/AN (2.33% of the population)
  - ◆ US Census, 2013 data
- ◆ The majority of AI/AN in Kansas live in urban areas of the state
- ◆ 4 Federally-recognized tribes (Prairie Band Potawatomi Nation, Kickapoo Tribe in Kansas, Sac & Fox Nation of Missouri in Kansas and Nebraska, and Iowa Tribe of Kansas and Nebraska)
- ◆ Haskell Indian Nations University
  - ◆ 1000 students representing over 200 AI nations and 30 AN incorporated villages









# Health Disparities Among American Indians

- ◆ Mental Health
- ◆ Obesity and Cancer Disparities



# Historical Trauma

- ❖ Defined as: “cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences”. (Brave Heart, 2003)
- ❖ Shaped by boarding schools, imposed reservation systems, criminalization of cultural practices, extermination of language, broken treaties, sterilization of Indigenous women. (Nutton & Fast, 2015)
- ❖ Historical trauma is thought to be a risk factor for mental illnesses, physical illnesses, suicide, substance use, and different forms of violence. (Nutton & Fast, 2015)

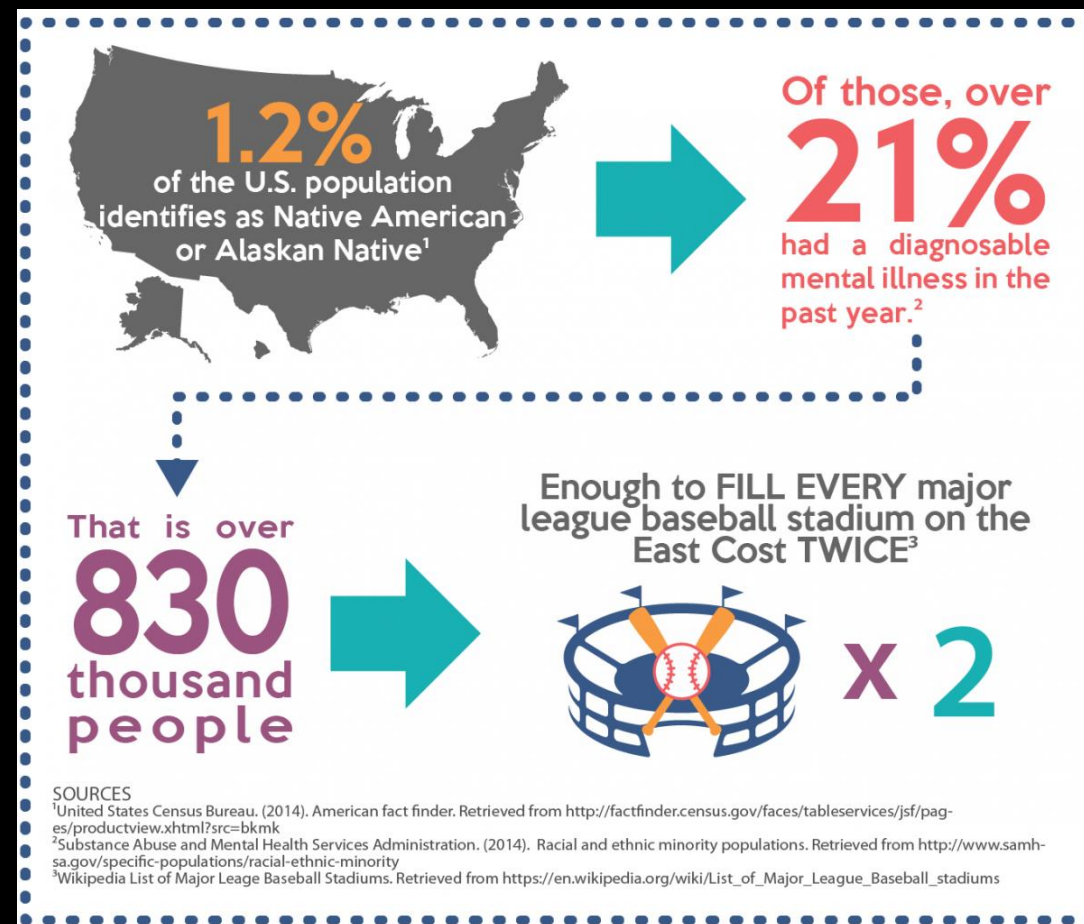






# Mental Health

- ◆ 16.1 million U.S. adults had at least one major depressive episode in 2015. Of these, 8.9% were American Indian/Alaska Native. The second highest percentage behind those who identified as 2 or more race/ethnicities (12.2%). (National Institute of Mental Health)
- ◆ When compared with Non-Hispanic Whites, higher adjusted odds of lifetime personality disorders (Men: 1.74, Women: 1.43), mood disorders (Men: 1.42, Women: 1.43), and anxiety (Women: 1.40) were shown to exist. (Brave Heart et al., 2016)





# How CAICH is addressing it



- ◆ Mental Health Survey
  - ◆ Provides a better understanding of the community with which we work.
- ◆ Native 24/7
  - ◆ Allows for an updated understanding of what it means to be Native today.



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# Obesity and Our health



- ◇ Increase the risk of various diseases and health conditions:
  - ◇ Hypertension
  - ◇ Type II diabetes
  - ◇ Coronary Heart Disease
  - ◇ Stroke
  - ◇ Many types of cancers
- ◇ Childhood obesity is also associated with having obesity as an adult



# Obesity Prevalence in AI/AN Children & Youth

- ◇ Disparities in AI/AN health research
  - ◇ Lack of national prevalence rates for all age groups
- ◇ 2010 Pediatric Surveillance System (2 to 4 years of age)
  - ◇ 41.2% overweight
  - ◇ 21.2% obese
  - ◇ Higher than any other racial group
- ◇ 2013 High School Youth Risk Behavior Survey
  - ◇ 22.8% AI/AN high school students were overweight
  - ◇ 9.1% AI/AN high school students were obese





# Obesity Prevention in AI/AN Adults

- ❖ 31.2% of AI/AN 18 years and older are overweight
- ❖ 42.3% of AI/AN are considered obese (BMI greater than 30)
- ❖ Twice as likely to be diagnosed with diabetes (17.6% vs. 7%)



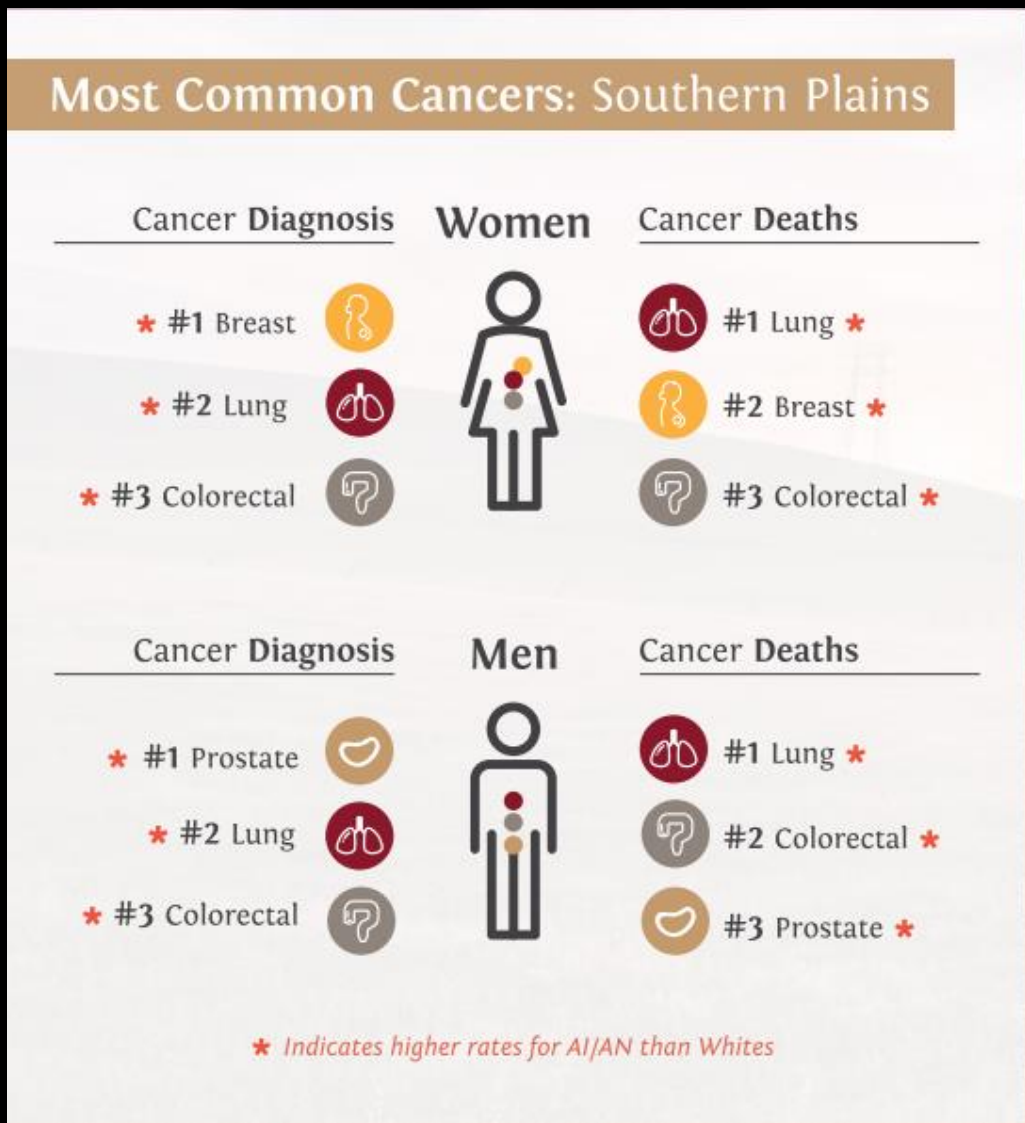
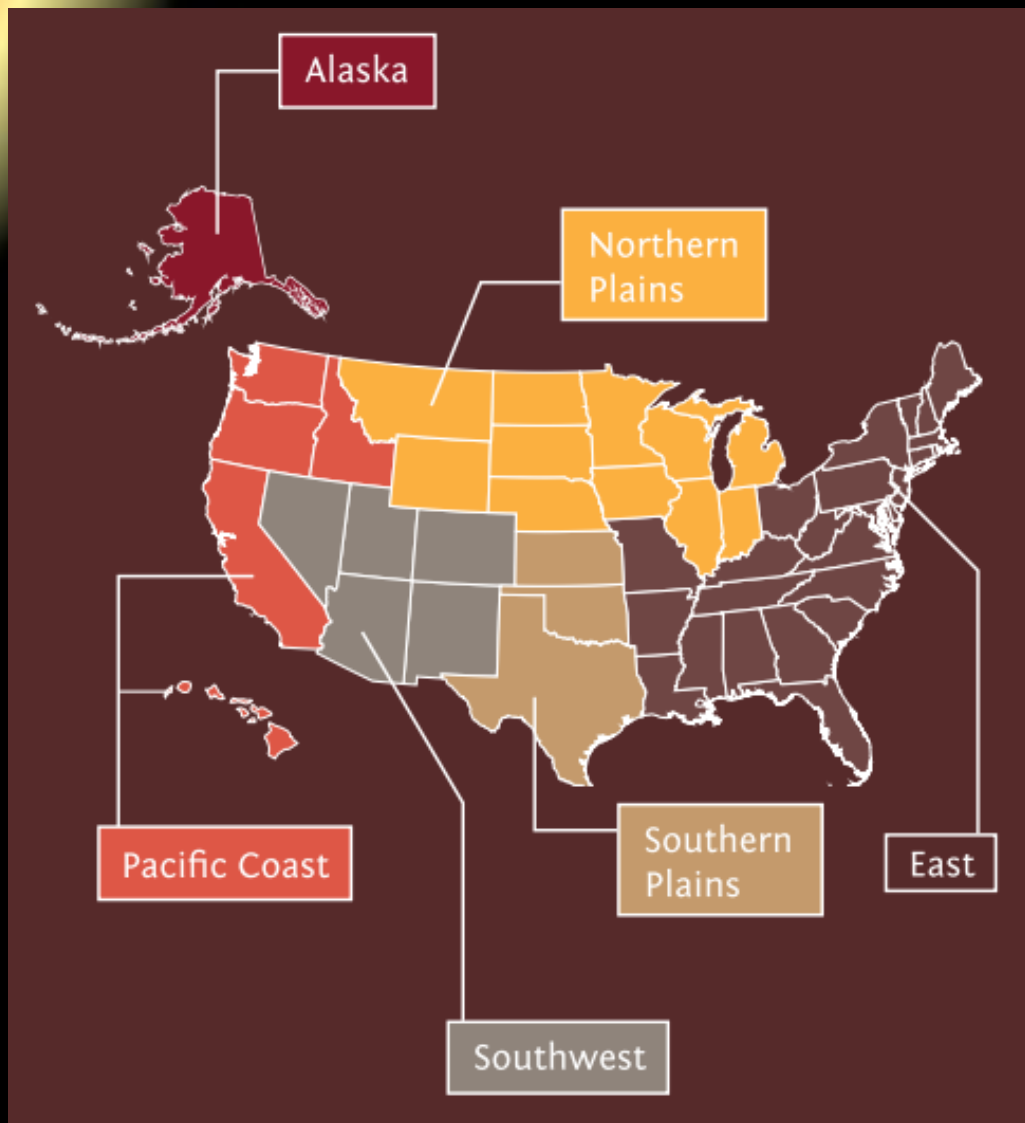




# What is CAICH doing to combat obesity disparities?

- ◊ Worked directly with tribal diabetes coalitions
- ◊ Completed a nutrition and physical activity survey for AI children and adolescents
- ◊ Provided culturally tailored healthy cooking demonstrations
  - ◊ Healthy cooking demonstration evaluation
- ◊ Provided various chronic disease screenings at cultural events







# A high burden of cancer risk factors

- ◇ Tobacco abuse (smoking and chewing) and cigarette smoke exposure
- ◇ Alcohol abuse
- ◇ Diets high in animal fats and low in fiber, fresh fruits, and vegetables
- ◇ Lack of regular physical activity
- ◇ Obesity
- ◇ Diabetes
- ◇ Family genes that increase cancer risk







# Individual barriers to prevention and care

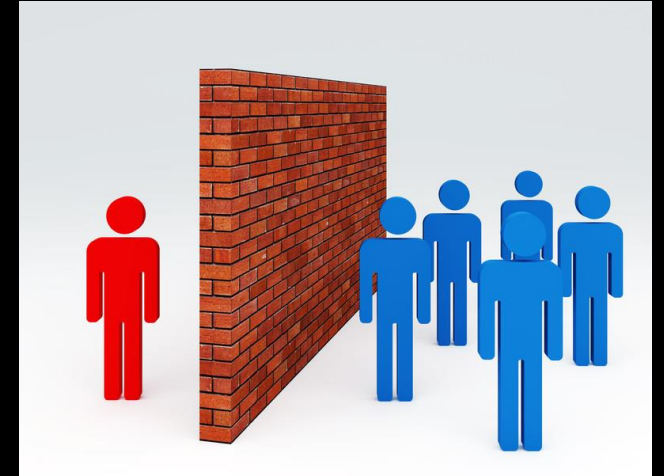
- ◇ Low awareness of cancer risks
- ◇ Low awareness of screening options
- ◇ Distrust of medical systems and research
- ◇ Fear of screening tests or results
- ◇ Health beliefs that may conflict with prevention practices





# Community and system level barriers

- ◇ Underfunded urban and tribal health systems
- ◇ Lack of accurate population-specific data
- ◇ High rates of poverty
- ◇ Poor access to health care due to low rates of health insurance
- ◇ Limited availability of prevention programs, cancer screening and specialist care





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# CAICH Community Engagement

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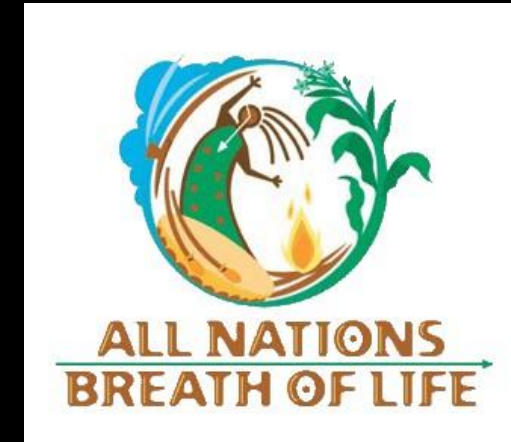






# Our programs

- ◇ All Nations Breath of Life
  - ◇ I-ANBL
  - ◇ T-ANBL
- ◇ All Nations Snuff Out Smokeless
- ◇ Native American Weight Loss Movement
- ◇ Cancer Education
- ◇ Cancer Screening
- ◇ Susan G. Komen for the Cure Scholars





# Questions?



# Contact Us

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