THE ASSOCIATION OF AMERICAN INDIAN PHYSICIANS (AAIP)

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MESCALERO APACHE RESERVATION
Health Status and Rates of Selected Chronic Diseases for American Indian and Alaska Native Nonelderly Adults, 2011

- **Fair/Poor Health**: 28% (AI/AN), 16% (US Population)
- **Overweight or Obese**: 69% (AI/AN), 64% (US Population)
- **Diabetes**: 11% (AI/AN), 7% (US Population)
- **Cardiovascular Disease**: 9% (AI/AN), 5% (US Population)
- **Frequent Mental Distress**: 44% (AI/AN), 38% (US Population)

American Indian and Alaska Native includes people of Hispanic origin. Includes nonelderly adults 18-64. All measures for AI/ANs significantly different from the U.S. population at p<.05.

HISTORY OF INDIAN HEALTH

- Per U.S. Constitution, federally-recognized AI/AN tribes are sovereign nations

- Snyder Act of 1921 and the Indian Health Care Improvement Act (IHCIA) of 1976 authorized Federal health services to AI/AN tribes

- The Indian Health Service, under the U.S. Public Health Service, was created in 1955

- The Indian Health Care Improvement Act, the cornerstone legal authority for the provision of health care to AI/ANs, was reauthorized without expiration when President Obama signed the bill on March 23, 2010, as part of the Patient Protection and Affordable Care Act

http://www.ihs.gov
MAJOR HEALTH DISPARITIES FOR AI/AN AGE-ADJUSTED DEATH RATES (>U.S. POPULATION)

- Alcoholism – 740% higher
- TB – 500% higher
- Diabetes mellitus – 390% higher
- Injuries – 340% higher
- Suicide – 190% higher
- Homicide – 180% higher

(Indian Health Service 2001)

AI/AN CRC Mortality per 100,000 (CHSDA), 1999-2009

Alaska 33.0
Pacific Coast 21.9
South West 12.7
Eastern 17.7
Northern Plains 26.9
Southern Plains 30.4

Relative Risk for CRC Mortality for AI/AN Compared to White

• Overall AI/AN mortality risk 1.39 times (39%) higher than for Whites:
  • 22.0 vs 15.8 per 100000, respectively

• Regional mortality risk for AI/AN vs White
  • 2.3 times higher in AK region
  • 1.4 – 1.7 times higher for Plains, Pacific Coast
  • ~0.8 times (20% less) for Southwest and East

Mortality Trends AI/AN Compared with White, 1990-2009

• Decreasing mortality rates for Whites overall, all regions
• No significant change in mortality rates among AI/AN overall
  • Increasing: Southern Plains, Pacific Coast, East, and Southwest
  • For other areas, improvements in mortality slower for AI/AN Whites than for AI/AN

Survival and Late Stage Diagnosis

- AI/AN poorer overall CRC survival than Whites
- Incidence of LATE STAGE of disease at diagnosis higher among AI/AN than White:
  - 28.1 vs 22.4 per 100000, respectively

TAKE HOME POINTS

- Understand the social determinants of health
- Avoid jargon
- Accept cultural beliefs
- Assist research, rather than guide research
- Understand the role tribal "IRB" and of elders in Native communities
- See patients as individuals
- Respect and understand tribal variation
- Recognize the use of traditional medicine
- Do not stereotype
- Communicate openly
- Use interpreters as necessary
- No one can be completely culturally competent