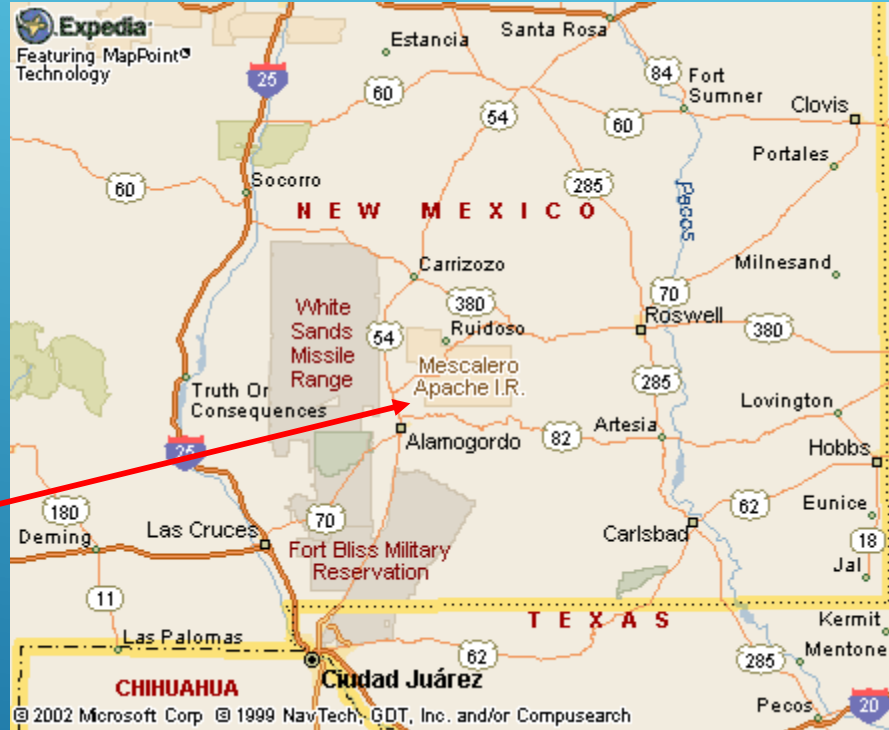




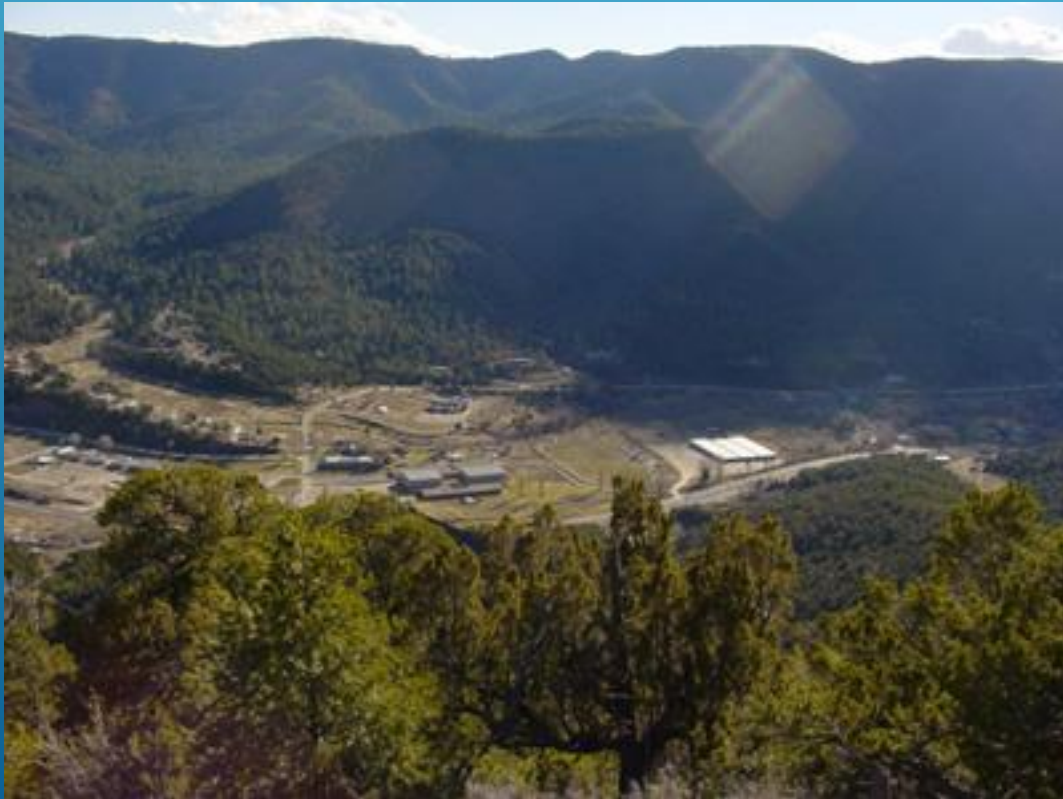
# ***THE ASSOCIATION OF AMERICAN INDIAN PHYSICIANS (AAIP)***

NICOLE STERN, MD, FACP  
(MESCALERO APACHE)  
INTERNAL MEDICINE/SPORTS MEDICINE  
PAST AAIP PRESIDENT  
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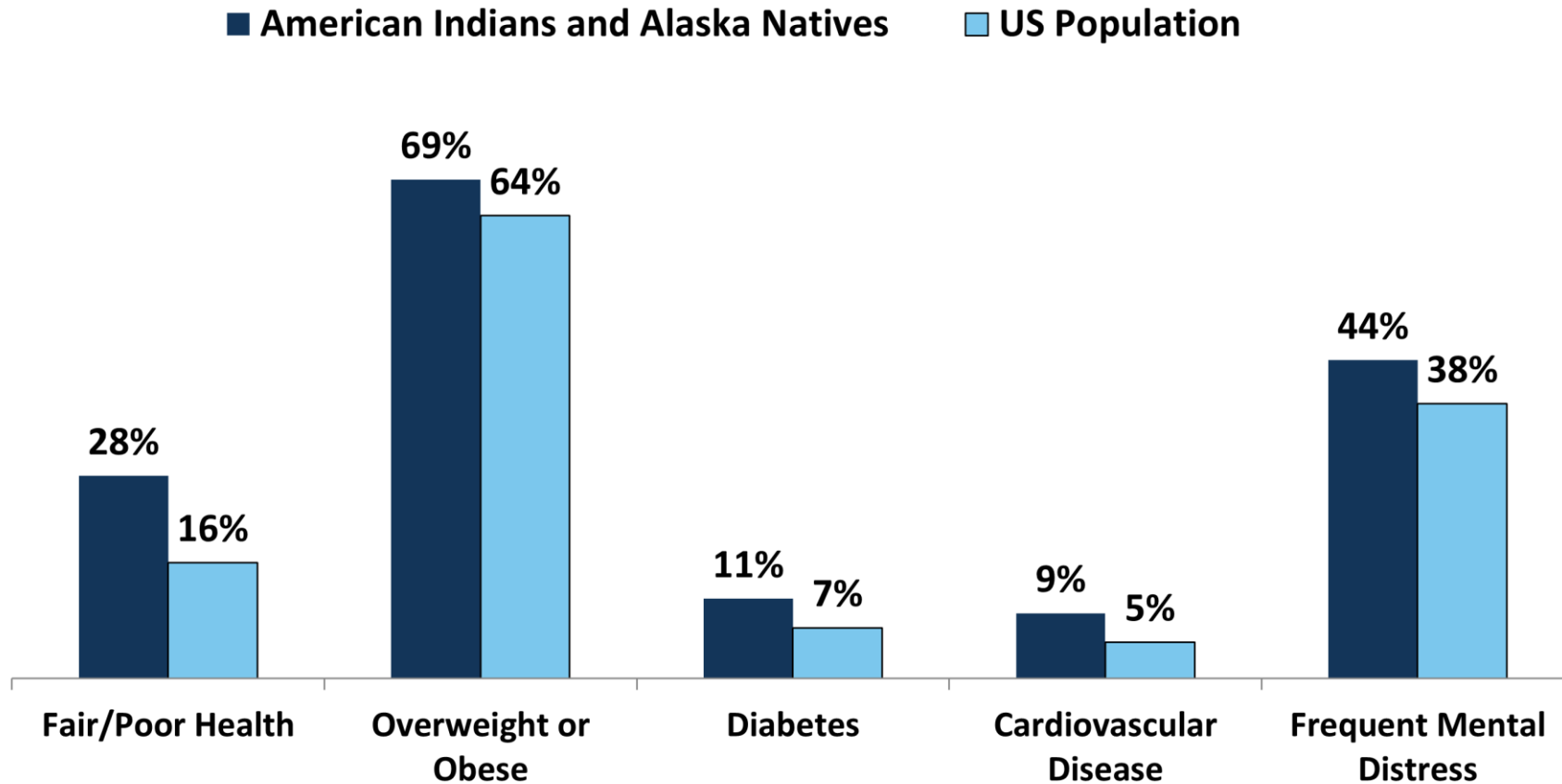
# MESCALERO, NEW MEXICO



# MESCALERO APACHE RESERVATION



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



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

SOURCE: Kaiser Family Foundation Analysis of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2011.

# 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

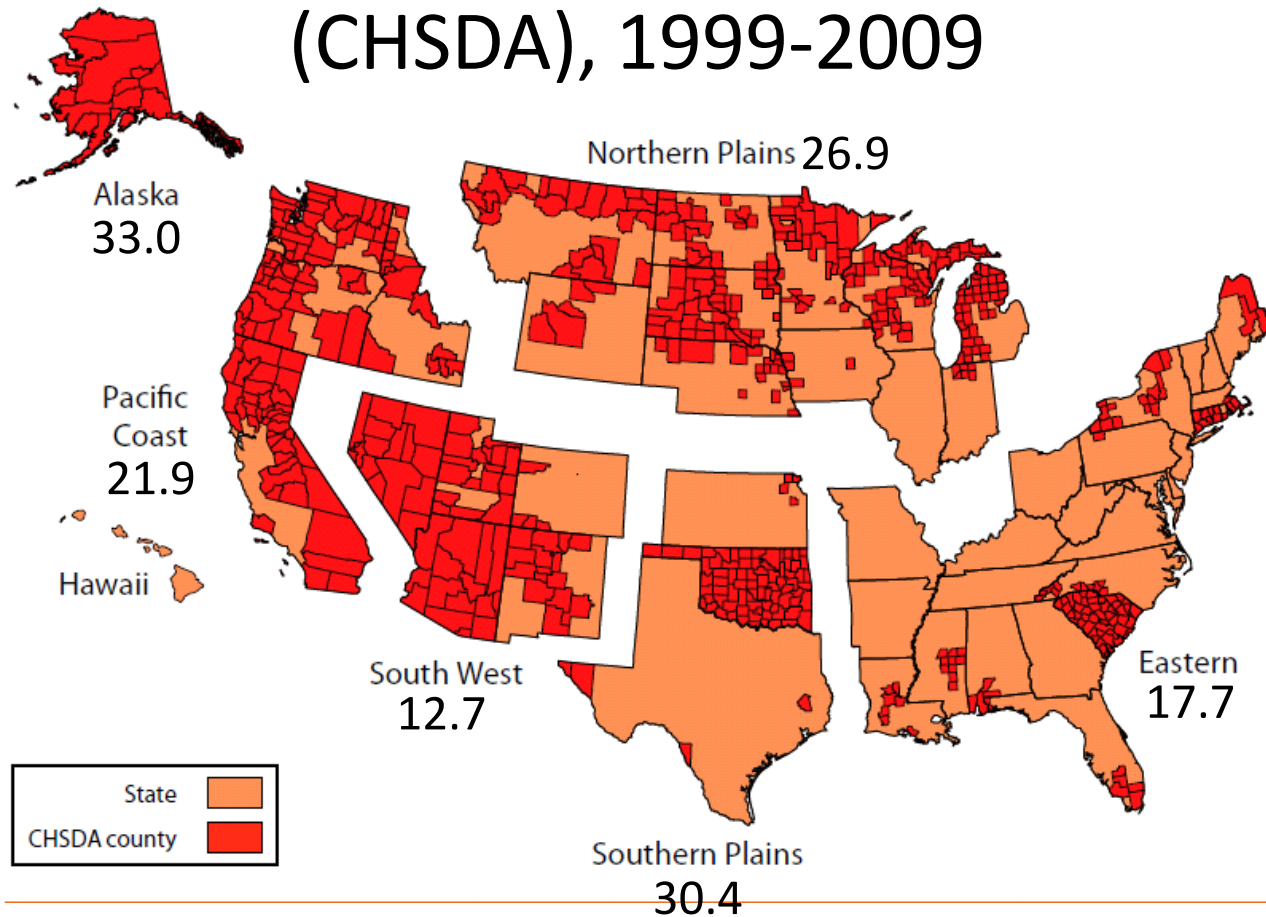
# MAJOR HEALTH DISPARITIES FOR AI/AN AGE-ADJUSTED DEATH RATES (>U.S. POPULATION)

- ▶ 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



Adapted from Perdue, et. al. *Am J Public Health*. 2014;104:S404–S414. doi: 10.2105/AJPH.2013.301654

## 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

Adapted from Perdue, et. al. *Am J Public Health*. 2014;104:S404–S414. doi: 10.2105/AJPH.2013.301654



# 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

Adapted from Perdue, et. al. Am J Public Health. 2014;104:S404–S414. doi: 10.2105/AJPH.2013.301654



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# Survival and Late Stage Diagnosis

- AIAN 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

Jemal, et al. *Cancer*. 2004;101(1):3-27.

Cueto, et. al. *J Am Coll Surg*. 2011;213(4):469-474.

Perdue, et. al. *Am J Public Health*. 2014;104:S404–S414.



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# 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
- 
- A series of three parallel white diagonal lines extending from the bottom right towards the center of the slide.