

Social Determinants of Health and Health Disparities among American Indians in ND

Demographic Conference

March, 20, 2018

NDSU NORTH DAKOTA
STATE UNIVERSITY

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Agenda

- ▶ American Indian Public Health Resource Center
- ▶ Brief Introduction to ND tribes
 - ▶ Tribal community characteristics
- ▶ Common Health Disparities among North Dakota Tribes
- ▶ Digital Story - personal perspective
- ▶ Social Determinants
- ▶ Data considerations
- ▶ Honoring the process
- ▶ Conclusion
- ▶ Resources

American Indian Public Health Resource Center

Regional Tribes

Turtle Mountain Band of Chippewa
Indians

Spirit Lake Tribe

Mandan, Hidatsa, Arikara Nation

Standing Rock Sioux Tribe



The Standing Rock Sioux Tribe

- ▶ The Standing Rock Sioux Reservation is located in North and South Dakota.
- ▶ Tribal land base - 2.3 million acres
- ▶ The tribe has approximately 16,000 Enrolled members (2011)
- ▶ Population - 8,542
- ▶ 53% reside on reservation
- ▶ Reference: US Department of Interior Affairs, ND



The Turtle Mountain Band of Chippewa

- ▶ The Turtle Mountain Band of Chippewa Indians is located in central North Dakota
- ▶ Tribal land base - 79,176 acres
- ▶ The tribe has approximately 32,117 enrolled members
- ▶ Population - 9,271
- ▶ 30% reside on the reservation
- ▶ References: Tribal enrollment office, July 2, 2015. US Department of Interior Affairs, ND



Mandan, Hidatsa and Arikara Tribes

- ▶ The Mandan (Nueta), Hidatsa, and Arikara (Sahnish) is located in western North Dakota
- ▶ Tribal land base - 980,000 acres
- ▶ The tribe has approximately 14,487 enrolled members
- ▶ Population - 7,611
- ▶ 50% living on the reservation
- ▶ Reference: Tribal enrollment office, May 2015. US Department of Interior Affairs, ND



Spirit Lake Tribe

- ▶ The Spirit Lake Tribe is located in eastern ND
- ▶ Tribal land base - 67,479 acres
- ▶ Currently 7,600 enrolled members
- ▶ Population - 4,323
- ▶ 57% live on the reservation.
- ▶ Reference: US Department of Interior Affairs, ND



Tribal communities/ND characteristics

- ▶ Median age - 23.8-29.3 (ND - 34.6)
- ▶ Age 65+ - 6-9% (ND-14%)
- ▶ Age 17 and younger - 33-41% (ND-23%)
- ▶ Disabled - 7.9-15% (ND-10.7%)
- ▶ Older population with 1 disability - 38.8-52% (ND-35.9)
- ▶ Median income - \$27,500-34,423 (MHA - \$53,284) (ND-\$60,557)
- ▶ Live below the poverty level - 40-46% (MHA 25%)(ND-11%)
- ▶ Employed - 47-53% of adult population (MHA 64%)(ND-78.5%)
- ▶ High school - 77.2-88.2% (ND-90.0)
- ▶ Bachelors or higher - 10-20% of the adults (ND-29.1%)

Health disparities

- ▶ According to the North Dakota Department of Health, the Office of Indian Affairs Commission, and the North Dakota Department of Human Services health disparities work group... "Health disparities in North Dakota are defined as inequalities in health status, utilization or access due to structural, financial, personal or cultural barriers."
- ▶ Northern plains American Indians have some of the worst health disparities in the nation
- ▶ Are very diverse representing many tribes

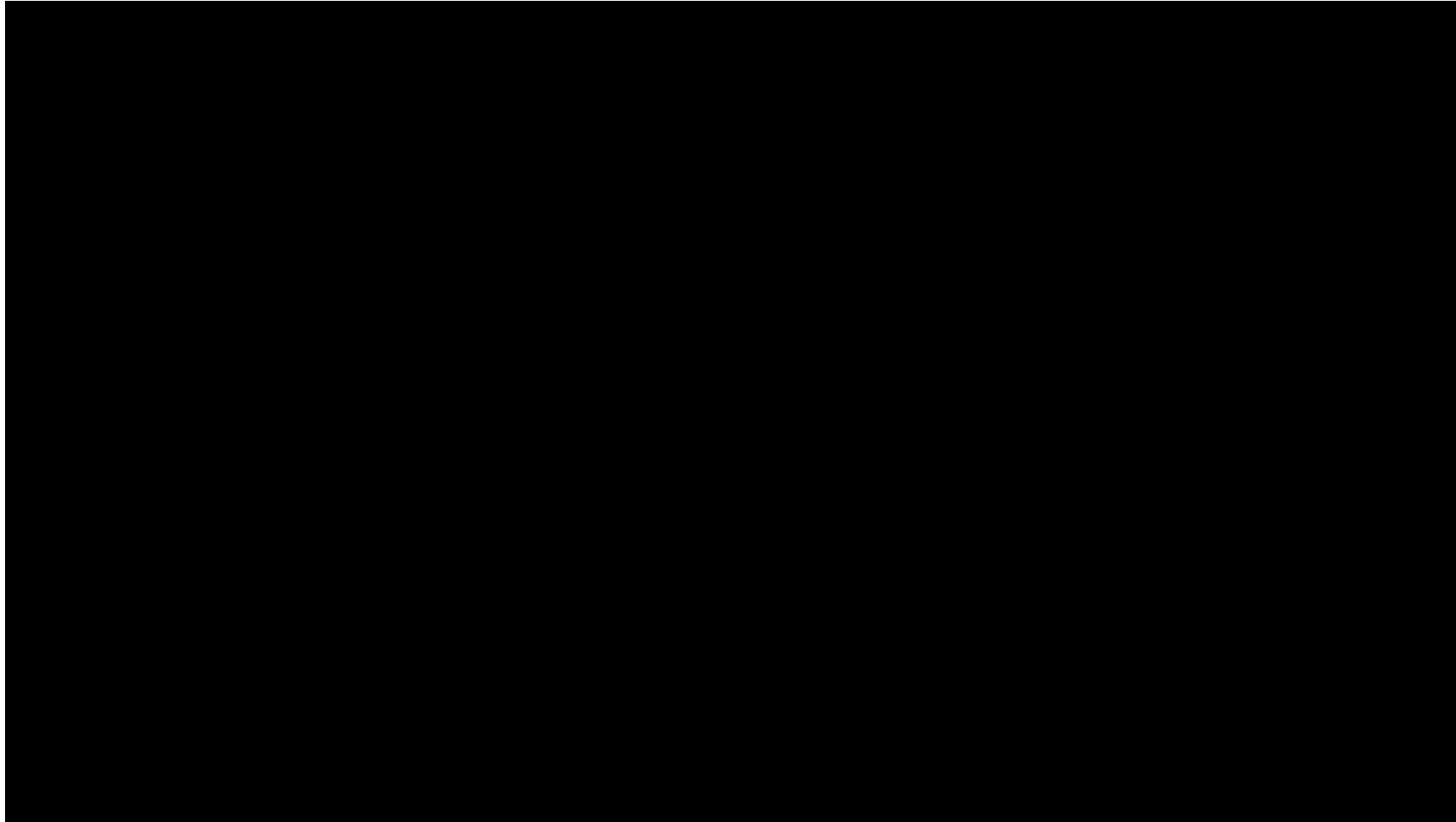
Common health disparities among ND tribes

- ▶ Leading causes of death
 - ▶ Diseases of the heart
 - ▶ Cancer
 - ▶ Unintentional injuries
 - ▶ Diabetes
- ▶ Suicide
- ▶ Substance abuse (overdose)
- ▶ Sexually transmitted diseases
- ▶ Obesity
- ▶ Infant mortality
- ▶ Risk factors
 - ▶ Smoking
 - ▶ Alcohol use
 - ▶ Drug use
 - ▶ Lack of physical activity
 - ▶ Sexual behavior

Historical context among tribes

- ▶ Upon European contact in the late 15th century
 - ▶ Population estimate of Indigenous peoples living in North America are between 9 and 12 million people, perhaps as high as 18 million
- ▶ Late 19th century
 - ▶ Reduced to less than 200,000
- ▶ Due to:
 - ▶ Warfare
 - ▶ Genocide
 - ▶ Infectious disease
 - ▶ Blankets that were used by smallpox patients distributed to tribes
 - ▶ Tuberculosis
 - ▶ Trachoma
 - ▶ Measles
 - ▶ Diphtheria
- ▶ 2010 census
 - ▶ Increased to 5 million

My Digital Story



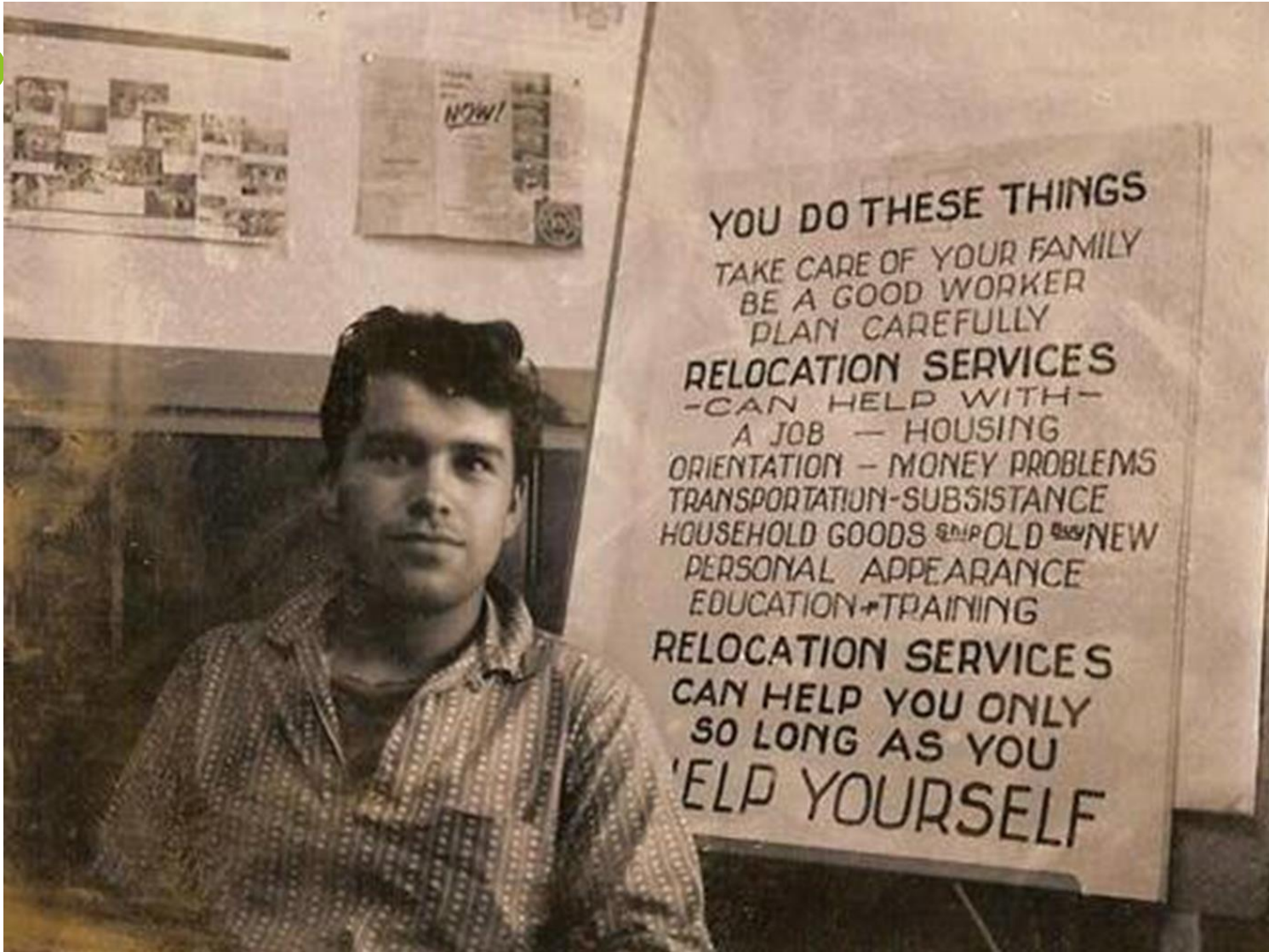
What impacts our health?



Social Determinants of Health

- ▶ Traditional ways of life have been disrupted
 - ▶ Poor housing conditions
 - ▶ Lack of access to quality education
 - ▶ Poverty
 - ▶ High rates of unemployment
 - ▶ Poor infrastructure
 - ▶ Historical trauma
 - ▶ Boarding schools
 - ▶ Relocation
 - ▶ Homeland displacement
 - ▶ Environmental contamination
 - ▶ Food insecurity
 - ▶ Limited access or proximity to health care or medical services
 - ▶ Health insurance
 - ▶ Limited access to fitness facilities/health promotion programs
 - ▶ Complex historical and legal nuances

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Data Considerations

- ▶ Misclassification
- ▶ Tribal affiliation is often not collected
- ▶ Quality of data
- ▶ State rates are often reported by county when tribal lands often cover multiple counties and do not share the same boundaries
- ▶ Geographical differences also exist
- ▶ Limitations will also differ based on which data source is used

Challenge / Recommendation

▶ Challenge

▶ Approval process

- ▶ Indian Health Service Great Plains IRB
- ▶ University of Minnesota IRB
- ▶ Turtle Mountain Band of Chippewa (TMBCI) resolution
- ▶ TMBCI Research Review Board
- ▶ IHS Clinic CEO letter
 - ▶ Letter of support versus letter of accommodation

▶ Recommendation

- ▶ Researchers should ensure that they receive proper approval from all proper entities
- ▶ Researchers should request letter of accommodation

Challenge / Recommendation

▶ Challenge

- ▶ Background check
- ▶ Training
 - ▶ Health Insurance Portability and Accountability Act (HIPAA)
 - ▶ Privacy Act
 - ▶ Information System Security Trainings
- ▶ Resource and Patient Management System

▶ Recommendation

- ▶ Researchers should allocate adequate time

Honor the Process

- ▶ Engagement of a multitude of stakeholders
 - ▶ identify cultural norms and common beliefs around tribal health equity and wellness
 - ▶ Identify issues of interest to community partners
- ▶ Education & evidence to build capacity for action and innovation
 - ▶ shared information
 - ▶ opportunities
 - ▶ space for collaborations
 - ▶ increase resilience and ownership around a common set of tribal health equity goals
 - ▶ strategies for collective impact
- ▶ Foster ownership and action
 - ▶ develop, enact and enforce policies that promote tribal health equity and healthy norms within American Indian communities

Conclusion

- ▶ By improving the health of American Indians
 - ▶ improved overall health status
 - ▶ decreased burden on the health care system,
 - ▶ less uncompensated medical services in the private sector
 - ▶ Improved rural health equity

Resources

- ▶ US Department of Interior Indian Affairs. (n.d.). *Great Plains Region*. Retrieved from <https://www.bia.gov/regional-offices/great-plains/programs-service>.
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- ▶ American Indian Cancer Foundation. (2012). *Working Towards Health Equity*. Retrieved from <https://www.americanindiancancer.org/wp-content/uploads/2012/02/THereport-electronic1.28.pdf>

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QUESTIONS