Healthcare Disparities in American Indian and Alaska Native Populations

Spotlight on Health Policy Loma Linda University Health April 26, 2023

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INDIAN HEALTH SERVICE





IHS Mission and Vision

•The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

•The IHS vision is healthy communities and quality health care systems through strong partnerships and culturally responsive practices.



Indian Health Service

- Provides a comprehensive health service delivery system for approximately **2.56 million** American Indians and Alaska Natives
- Serves members of **574** federally recognized tribes
- IHS total staff consists of about **15,370** employees
 - Includes approximately 2,380 nurses, 776 physicians, 798 pharmacists, 195 sanitarians, 104 physician assistants, and 270 dentists



Data as of August 2020. Source: https://www.ihs.gov/newsroom/factsheets/ihsprofile/

Health Equity

Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Public Health Rep. 2014 Jan-Feb; 129(Suppl 2): 5-8.



Equality versus Equity

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



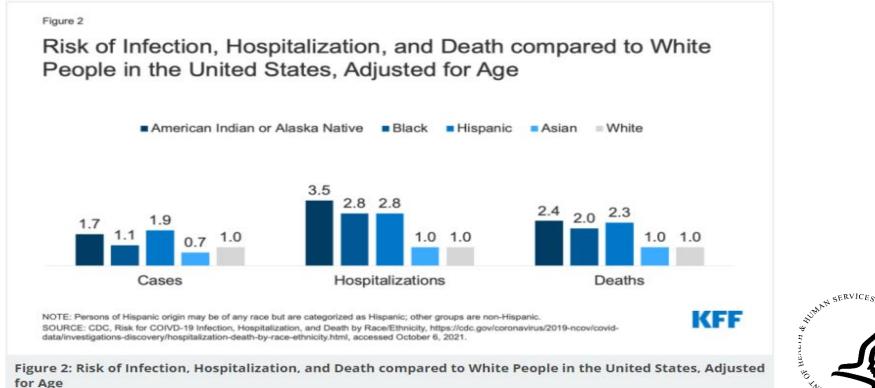
In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

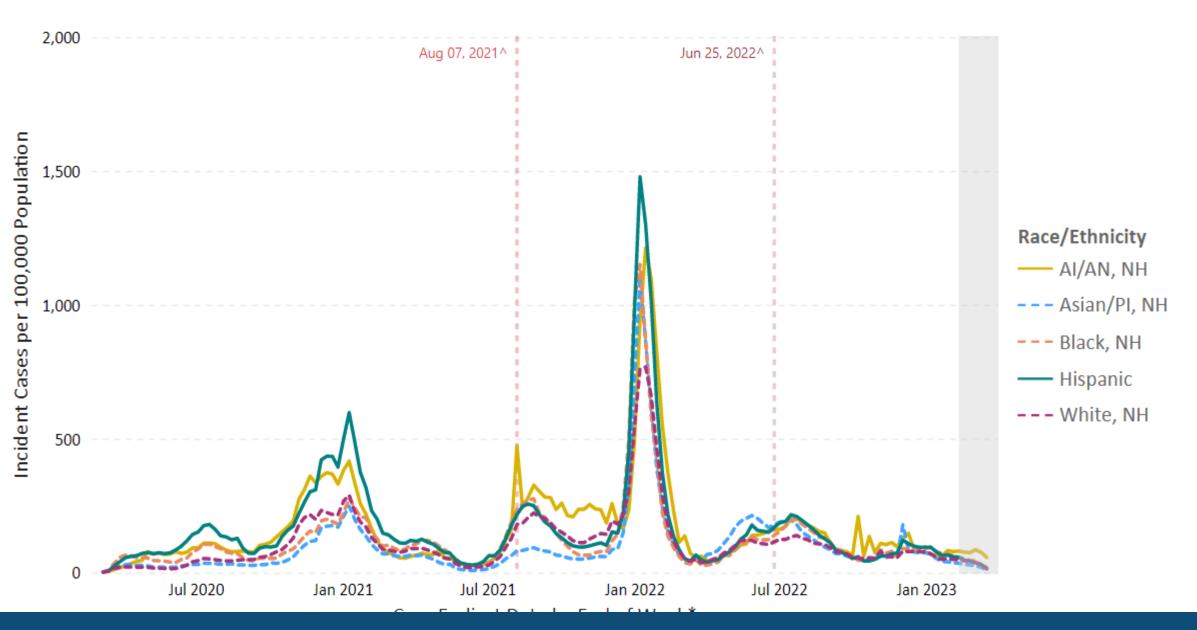


Comparison Data Kaiser Foundation

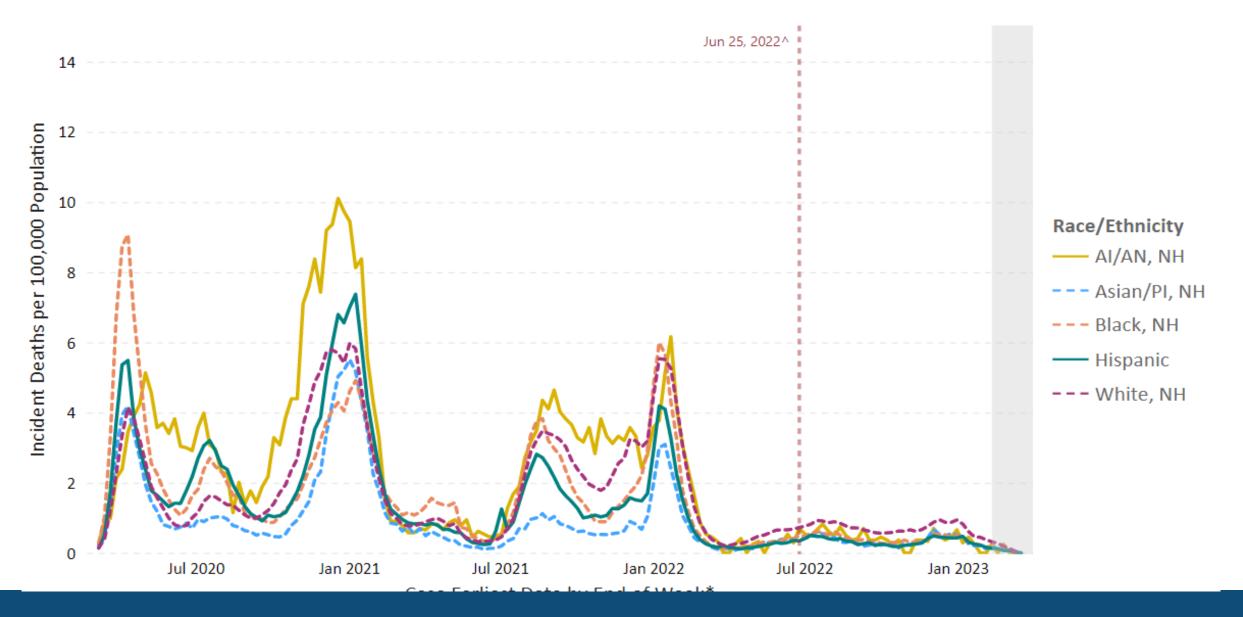




March 01, 2020 - March 18, 2023*



March 01, 2020 - March 18, 2023*



Trust Building

- Unified messaging
- Meetings were held regularly with open forums
- All information about the development of the vaccines was shared
- Trusted and respected tribal leaders provided support to the population



Historical Trauma

Boarding schools

- Experimental treatment
- Devaluation
- ✤Bias
- Inequitable funding



What was Done Well

Drive thru Vaccination clinics and vaccine campaigns

- Public Health Orders and Unified Command
- •Unified Command and Navajo Area EOC

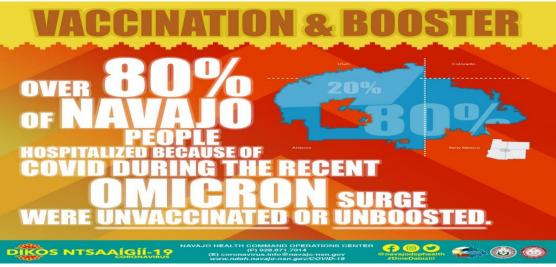
Exceptional EPI team and Contact Tracer Program

- Dedicated Testing and Vaccine Teams
- Advocacy for supplies and vaccines
- Effective Partnerships
- Surge Plan and Vaccine Plans
- Good communication

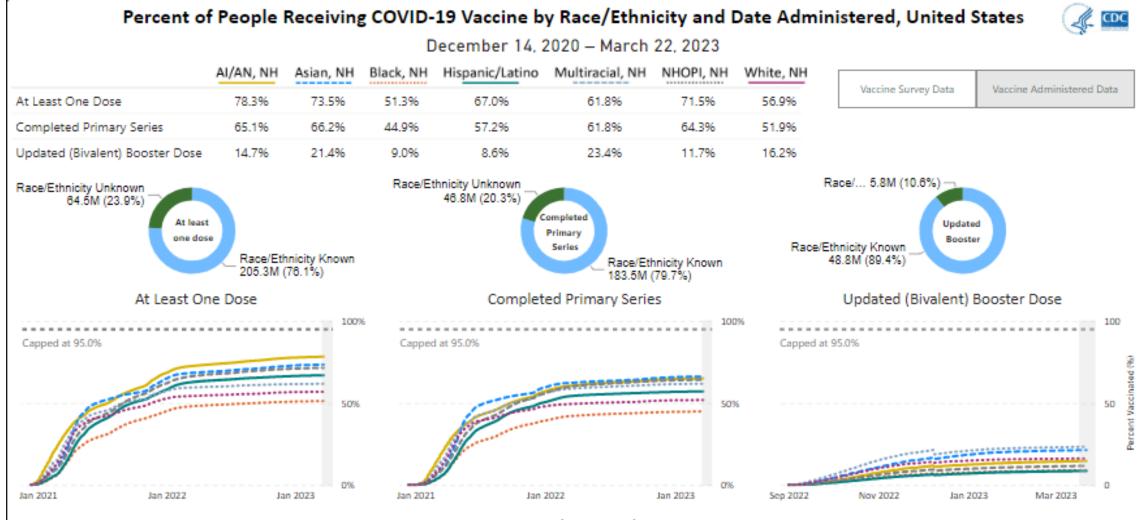


Public Health Messaging









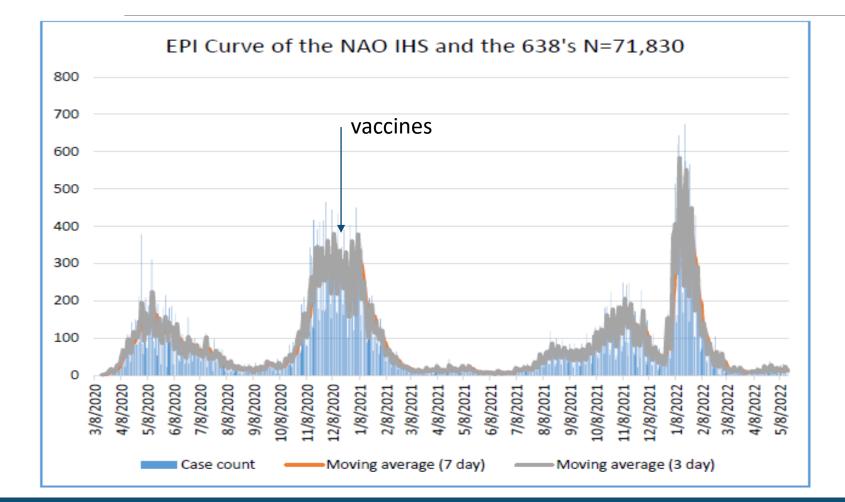
Date Administered

Al/AN = American Indian/Alaska Native; NH = Non-Hispanic/Latino; NHOPI = Native Hawalian or Other Pacific Islander; People receiving at least one dose: total count represents the total number of people who received at least one dose of COVID-19 vaccine. People with a completed primary series: total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine, or the second dose in a 2-dose COVID-19 vaccine series. People with an updated (bivalent) booster dose: total count represents the number of people who received at least one dose; COVID-19 vaccine, or the second dose in a 2-dose COVID-19 vaccine series. People with an updated (bivalent) booster dose: total count represents the number of people who received an updated (bivalent) booster dose; CDC uses US Census estimates for the total populations within each specified demographic group regardless of prior vaccination status as denominators. Due to the time between vaccine administration and when records are reported to CDC, vaccinations administered during the last week may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Mar 22, 2023

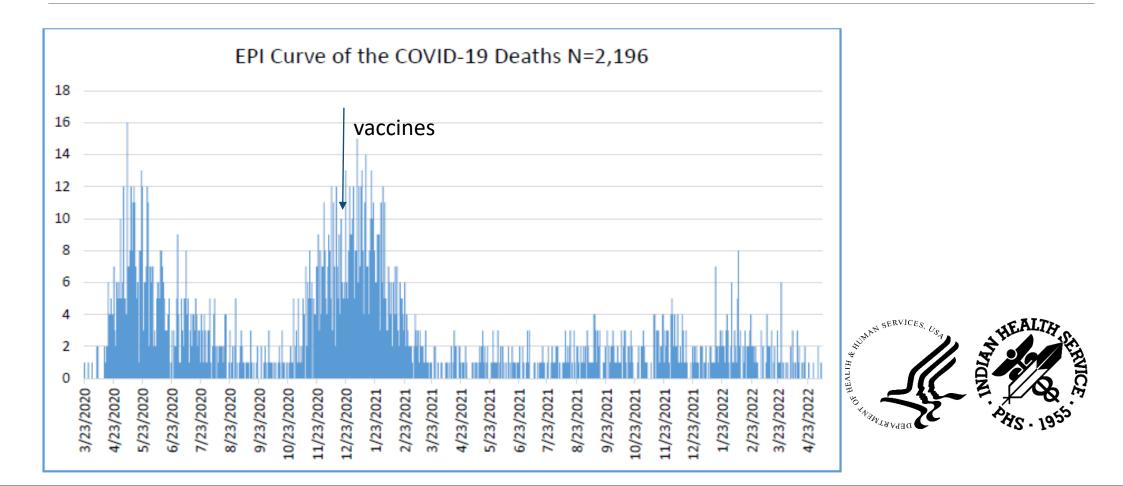
Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

EPI Curve of Navajo





EPI Curve of COVID-19 Deaths



Result of Trust Building

 Early acceptance of vaccination prevented many cases of COVID-19 and subsequent hospitalizations, critical illness and death

- The work done in advance to build trust resulted in high vaccination rates
- There is likely more vaccinated as all American Indian/Alaska Natives did not receive their vaccines by the Indian Health Service
- It is possible that in Navajo many received vaccines from other sources but due to no single database that identifies AI/AN it is challenging to obtain that number



Initiatives for AI/AN

Test 2 Treat EQUITY project for Mpox E3 Strategy



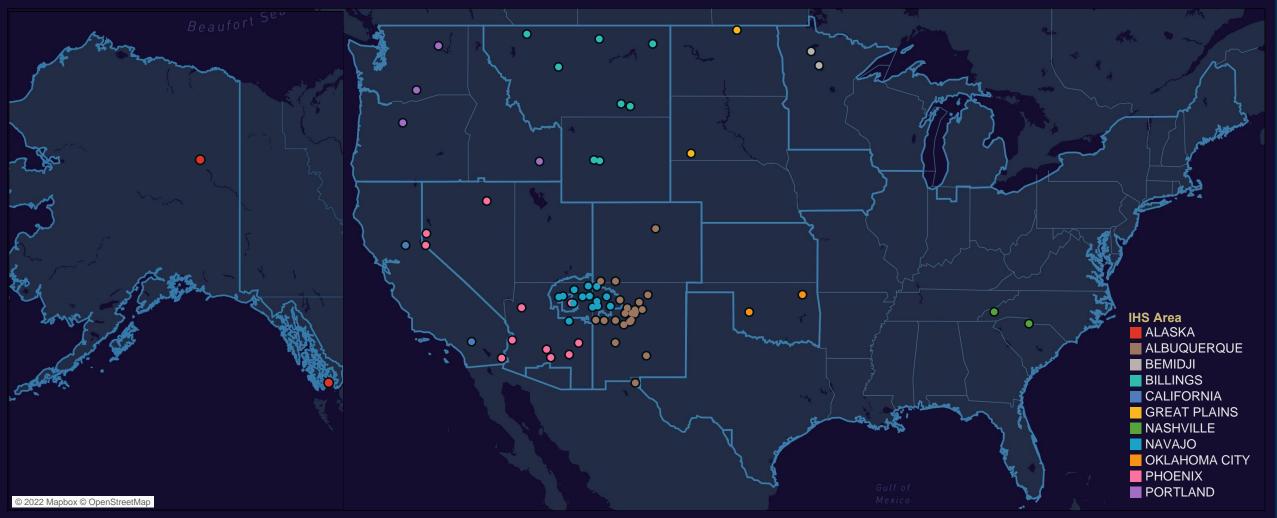
Test and Treat

Established Test and Treat for our communities up to 81 registered sites with another 200 providing Test2Treat

- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites



IHS Test To Treat Sites



IHS Equity Pilot Projects MPox

- IHS worked with ASPR, CDC, and SNS to craft a simplified process for eligibility and application for equity pilot proposals in tribal communities.
- IHS has received and approved proposals from three Areas (Phoenix, Navajo, Great Plains) and has received a supplement of 1500 intradermal doses to support these Equity Pilot Program activities, which commenced in late September.
- Events include community and clinic-based vaccination of high-risk populations.



E3 Vaccine Strategy

PROTECTING TRIBAL COMMUNITIES

EVERY PATIENT. EVERY ENCOUNTER. EVERY RECOMMENDED VACCINE.



What is the E3 Vaccine Strategy?

Every Patient

Every Encounter

Every Recommended Vaccine Offered, when appropriate

Leading Causes of Death

10 Leading Causes of Death Among the American Indian and Alaska Native

Cause of Death	AI/AN	White	Black	Hispanic
Heart diseases	1	1	1	2
Malignant neoplasms	2	2	2	1
Accidents (unintentional injuries)	3	4	3	3
Diabetes mellitus	4	7	5	5
Chronic liver disease and cirrhosis	5	11	14	7
Chronic lower respiratory disease	6	3	6	8
Cerebrovascular diseases	7	5	4	4
Suicide	8	9	16	9
Influenza and pneumonia	9	8	12	11
Alzheimer's disease	10	6	9	6

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Health Programs

Access and impact of government based programs

Addressing tribal needs and effect with program requirements

Proscriptive programs



Impact of Disparities on Health

- Housing
- Transportation
- Food insecurity
- Access to healthcare
- Environmental hazards
- Access to water, electricity
- Access to broadband



Results of the Impact

Higher deaths from unintentional injury

- Substance abuse disorders
- •High rates of obesity, metabolic syndrome, diabetes
- High tobacco use
- •Higher suicide and mental health issues
- Lack of access to information



Mitigation

- Sustainable Infrastructure
- Improve transportation
- Mobile healthcare access
- Innovation for the provision of healthcare
- Education and training for public health jobs
- Enhanced support for recruitment
- Partnering with external resources
- Healthy food access
- Preventative care



Mitigation

- Enhanced support for recruitment
- Partnering with external resources
- Healthy food access
- Preventative care
- Mandatory tribal consultation and urban confer
- Inclusiveness
- Communication
- Constant feedback with early mitigation



Equity in Policies



Grants

Sovereignty and Indian Law



Agency Funding

- Advanced appropriations
- Mandatory Funding
- Equitable funding per person



Grants

EligibilityOpen competition

Matching funds



Indian Law

The tribal communities should be classified as sovereign nations with the borders of the reservations

- Under Federal law tribes aren't a racial group but a political group
- Many reservations cross over state lines so there are inherent challenges
- The new court decisions: McGirt v Oklahoma
- Indian Child Welfare Act
- Brackeen v Haaland in the Supreme Court
- Dobbs Case



Lessons Learned

Engaging Tribal and Urban Partners

Change of paradigm from lessons learned

- Inclusion
- Listening
- Collaboration
- Consensus



Tribal Consultation and Urban Confer

Formal process of meeting and hearing concerns and comments

All agencies should have tribal consultation and urban confer policies

Valuable feedback on important issues



Clinical and Public Health

Create collaborative forums for sharing of information and best practices

Working on a sustainable method of communication so all information is accessible

Inclusion on work teams for agency initiatives

Establish Public Health Infrastructure for

Indian Country that is sustainable



AI/AN Military Service (Census Data)

- 11.3 million AI/AN (3.4% of the U.S. population)
 - (4.3 million Solely AI/AN)
- 10.5% of eligible AI/AN have served (9.6% of eligible non-AI/AN served)
- 394,439 AI/AN have served
- 341,183 AI/AN served on active duty (86.5%)
- 79.3% of those serving on active duty served during war periods

War Periods	AI/AN Served	% AI/AN Served]
Gulf War 8/1990 or later	155,132	2.2%	
Vietnam Era	107,730	1.7%	
Korean War	13,694	0.9%	
WWII	4,050	0.6%	





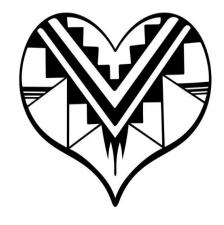
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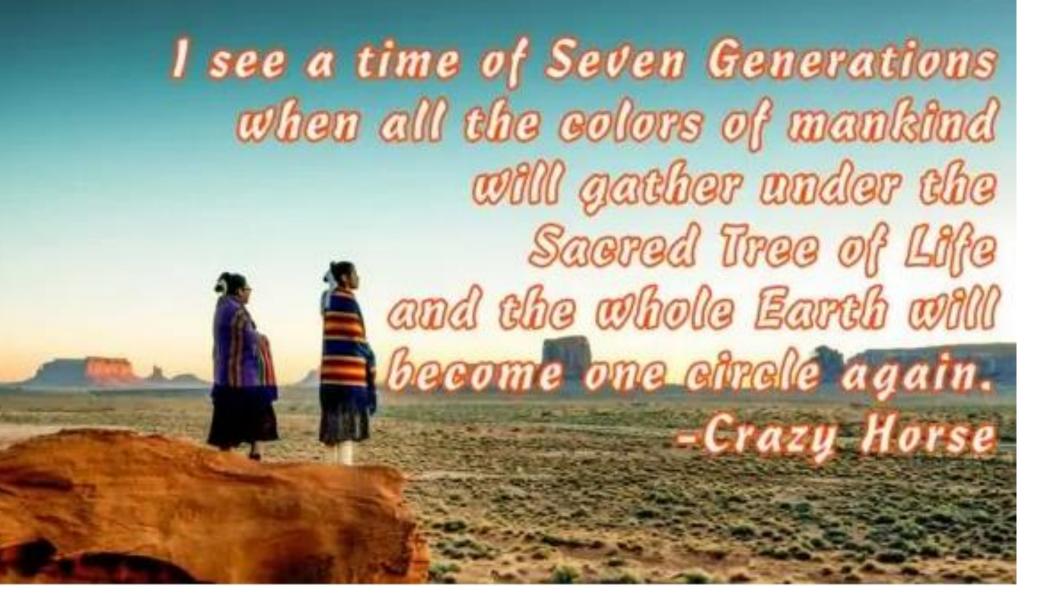
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Nothing about us without us.



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Ahe'hee' Thank you!



