

# Nebraska Native Americans: Healthcare History & Future Challenges

**Fifth Annual**

**Nebraska CARES Cancer Summit**

**October 2, 2009**

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*Oglala Lakota*

Executive Director

Aberdeen Area Tribal Chairmen's Health Board

# OBJECTIVES

Overview of:

- Issues in Health Law & Policy
- AI Health Disparities
- AI Resource Disparities
- AI Cancer Policy
- Social Justice and Indian Health

# AMERICAN INDIAN HEALTH POLICY

## Health Policy Defined:

- Do people have a legal right to healthcare in the US?
- Approximately \$2.5 trillion spent annually on healthcare in the US
- Over 45 million uninsured people in the US

## Legal Basis for Federal Services to American Indians and Alaska Natives

- ✓ United States Constitution
  - ✓ The Snyder Act of 1921
  - ✓ The Transfer Act of 1954
  - ✓ Indian Sanitation Facilities and Services Act of 1959
  - ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
  - ✓ Indian Health Care Improvement Act of 1976
  - ✓ The Indian Alcohol and Substance Abuse prevention and Treatment Act of 1986
  - ✓ The Indian Child Protection and Family Violence Prevention Act of 1990
- This is not an all-inclusive list.*

### TREATY WITH THE POTAWATOMI NATION, 1846.

Wichetas:  
 To-sa-quas, (White Tail,  
 Cho-wash-ta-ha-da, (Runner,  
 Kow-wah, (Shirt Tail,  
 Wich-qua-sa-is, (Contrary,  
 His-si-da-wah, (Stubborn.)  
 Towa-karroos:  
 Ke-chi-ko-ra-ko, (Stubborn,  
 Nes-ho-chil-lash, (Traveller,  
 Na-co-ah, (Dangerfield,  
 Ka-ra-ko-ris, (Deceiver,  
 Ha-ke-di-ad-ah, (Gallant Man,  
 Wha-cha-ash-da, (Looker-on,  
 Wash-le-doi-ro-ka, (Don't you do so,  
 Te-ah-kur-rah, (Lightman,  
 Sar-rah-de-od-a-sa, (Straight Looker.)  
 Wacoos:  
 A-qua-gosh, (Short Tail.)

Ho-hed-orah, (Long Ways over the River,  
 Chos-toch-ka-a-wah, (Charger,  
 Cha-to-wait, (Ghost.)  
 Secretaries:  
 Thomas J. Wilson,  
 Isaac H. Du Val.  
 Witnesses:  
 Robt. S. Neighbors,  
 Hugh Rose,  
 Jno. H. Rollins,  
 Thomas J. Smith,  
 E. Morehouse.  
 Interpreters:  
 Louis Sanches,  
 John Conner,  
 Jim Shaw.

(To each of the names of the Indians is affixed his mark.)

### TREATY WITH THE POTAWATOMI NATION, 1846.

Whereas the various bands of the Pottowautomie Indians, known as the Chippewas, Ottawas, and Pottowautomies, the Pottowautomies of the Prairie, the Pottowautomies of the Wabash, and the Pottowautomies of Indiana, have, subsequent to the year 1828, entered into separate and distinct treaties with the United States, by which they have been separated and located in different countries, and difficulties have arisen as to the proper distribution of the stipulations under various treaties, and being the same people by kindred, by feeling, and by language, and having, in former periods, lived on and owned their lands in common; and being desirous to unite in one common country, and again become one people, and receive their annuities and other benefits in common, and to abolish all minor distinctions of bands by which they have heretofore been divided, and are anxious to be known only as the Pottowautomie Nation, thereby reinstating the national character; and

Whereas the United States are also anxious to restore and concentrate said tribes to a state so desirable and necessary for the happiness of their people, as well as to enable the Government to arrange and manage its intercourse with them:

Now, therefore, the United States and the said Indians do hereby agree that said people shall hereafter be known as a nation, to be called the Pottowautomie Nation; and to the following

*Articles of a treaty made and concluded at the Agency on the Missouri River, near Council Bluffs, on the fifth day of June, and at Pottowatomie Creek, near the Osage River, south and west of the State of Missouri, on the seventeenth day of the same month, in the year of our Lord one thousand eight hundred and forty-six, between T. P. Andrews, Thomas H. Harvey, and Gideon C. Matlock, commissioners on the part of the United States, on the one part, and the various bands of the Pottowautomie, Chippewas, and Ottawas Indians on the other part:*

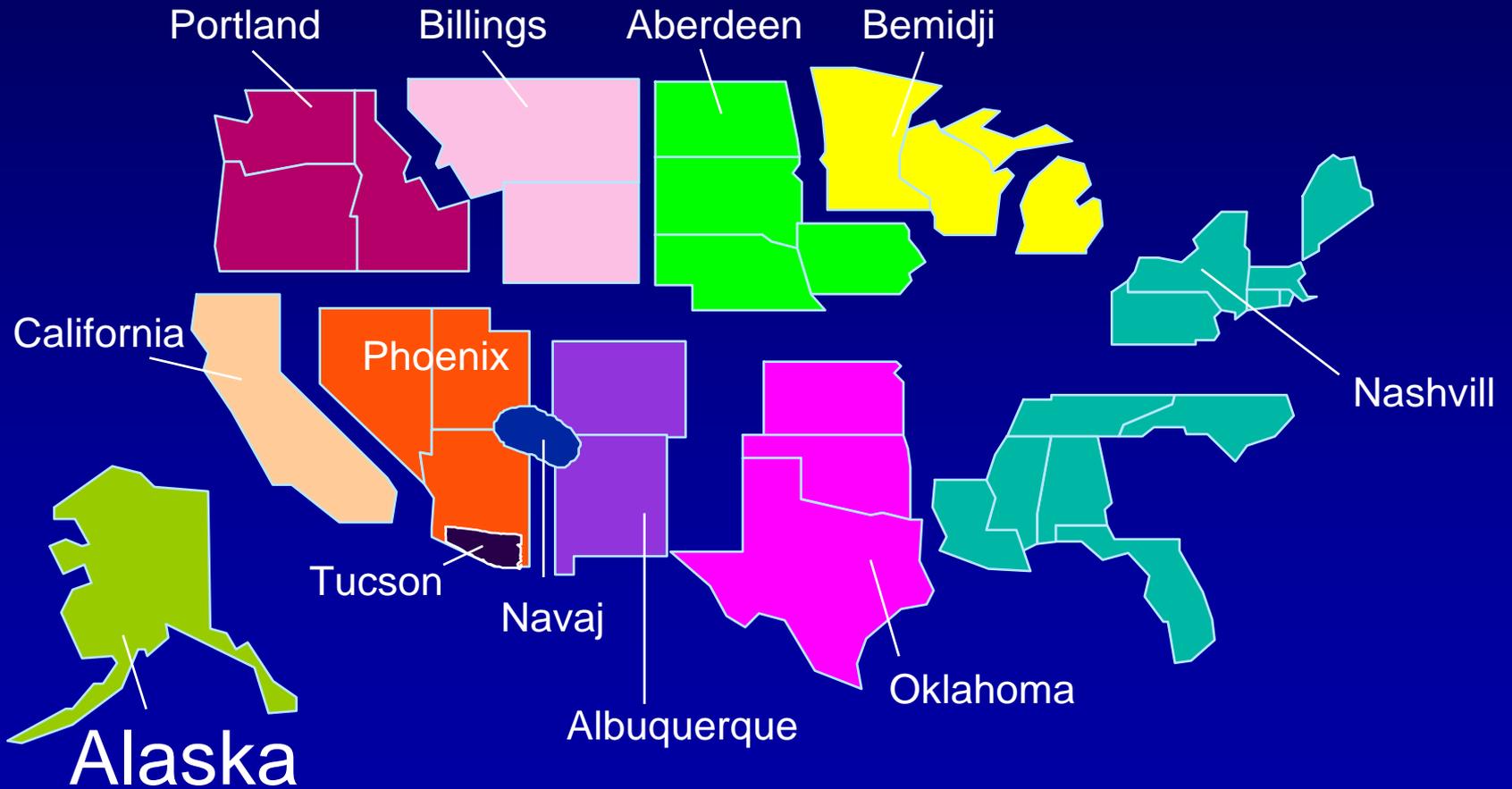
ARTICLE 1. It is solemnly agreed that the peace and friendship which so happily exist between the people of the United States and the Pottowautomie Indians shall continue forever; the said tribes of Indians giving assurance, hereby, of fidelity and friendship to the Government and people of the United States; and the United States giving, at the same time, promise of all proper care and parental protection.

June 5 and 17, 1846  
 9 Stat. 863.  
 Ratified, July 1846.  
 Proclaimed, July 1846.

Preamble.

Peace and friendship to continue forever.

# IHS Areas



# INDIAN HEALTH SERVICE

- The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people
- Its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people

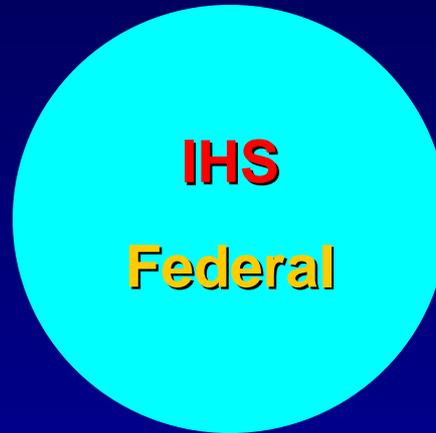
# AI HEALTH POLICY ISSUES

- Complexity of Health Policy in US
- Political Relationships with Federal & State Governments
- Trust Responsibility & Entitlement
- Contract Health Services (CHSDA System)
- IHS-Medicaid and Medicare Interaction
- Sovereignty & Self-Determination  
(PL 93-638)

# Government to Government



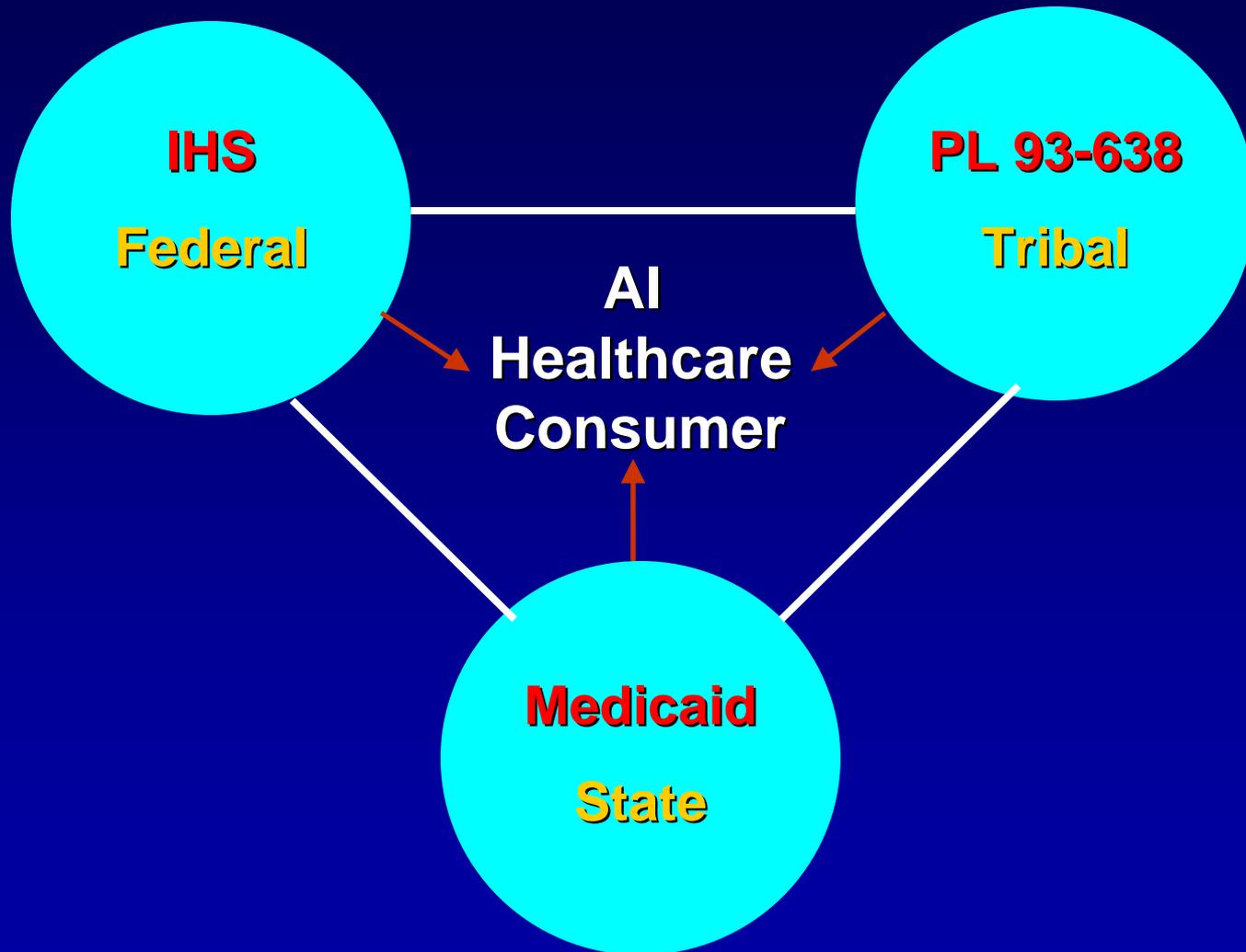
# Indian Health System 1955-1975



# Indian Health System 1975-1985



# Indian Health System



*Health Sector*

# AI Health Disparities

## Life Expectancy in Years:

	<u>Men</u>	<u>Women</u>	<u>Total</u>
U.S.	74.1	79.5	76.9
AAIHS	<b>63.5</b>	<b>71.0</b>	<b>67.3</b>
<i>Disparity:</i>	10.6	8.5	9.6

## Median age at death in SD (2007):

81.0 General Population

**59.0** AI Population

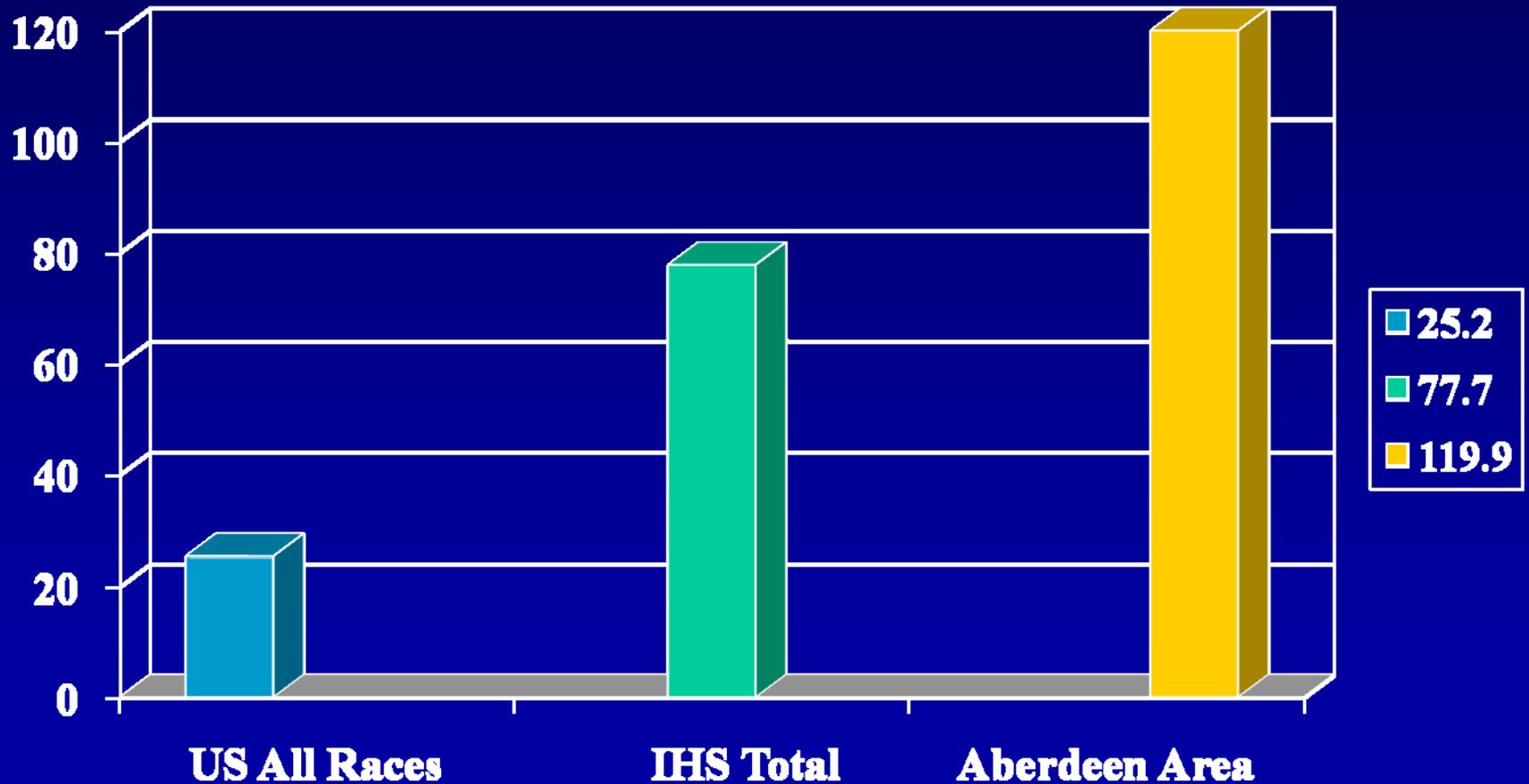
# AI Health Disparities

Death rates from preventable diseases among AIs are significantly higher than among non-Indians:

- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater

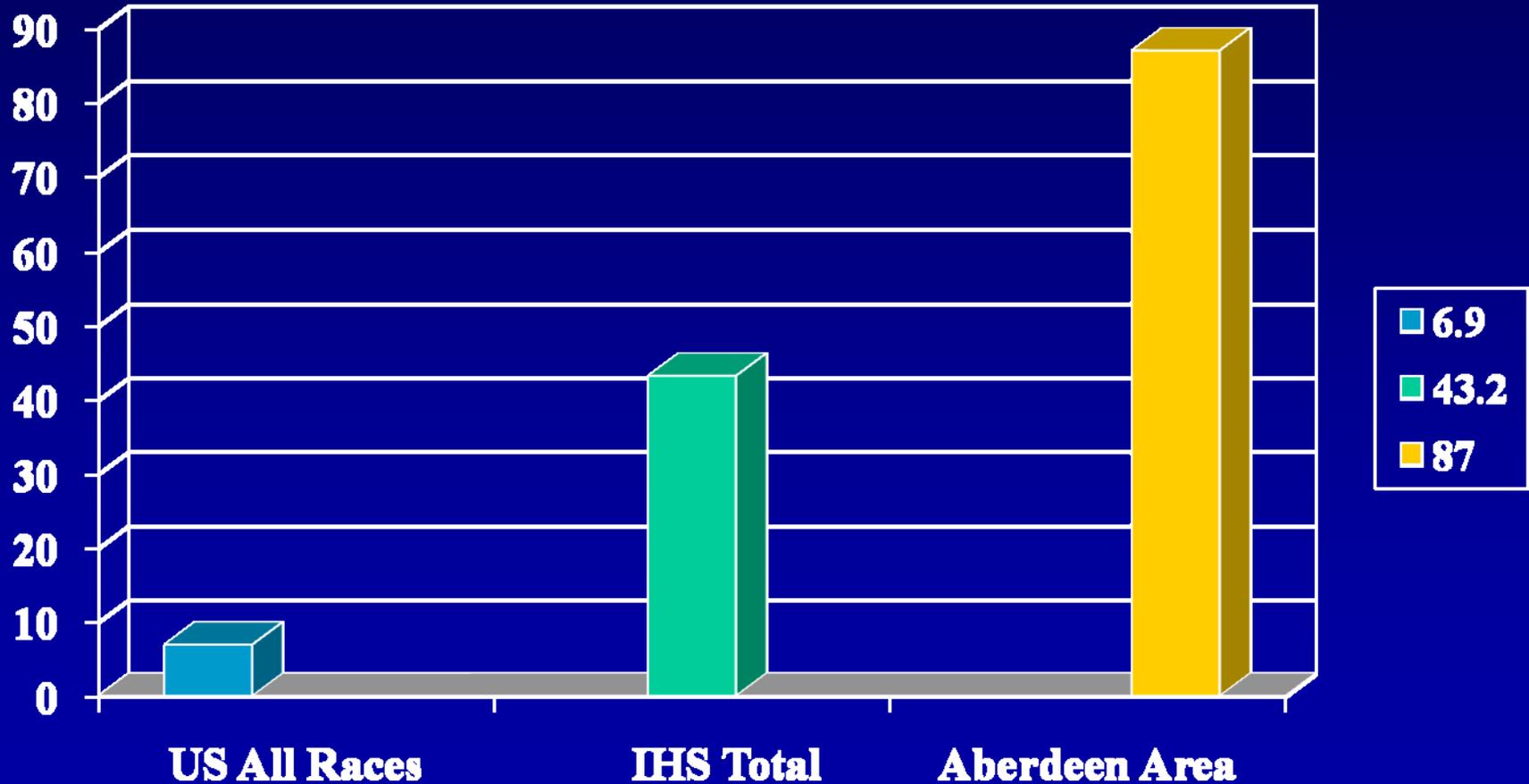
# Diabetes Death Rates

(Rate/Per 100,000 Population)

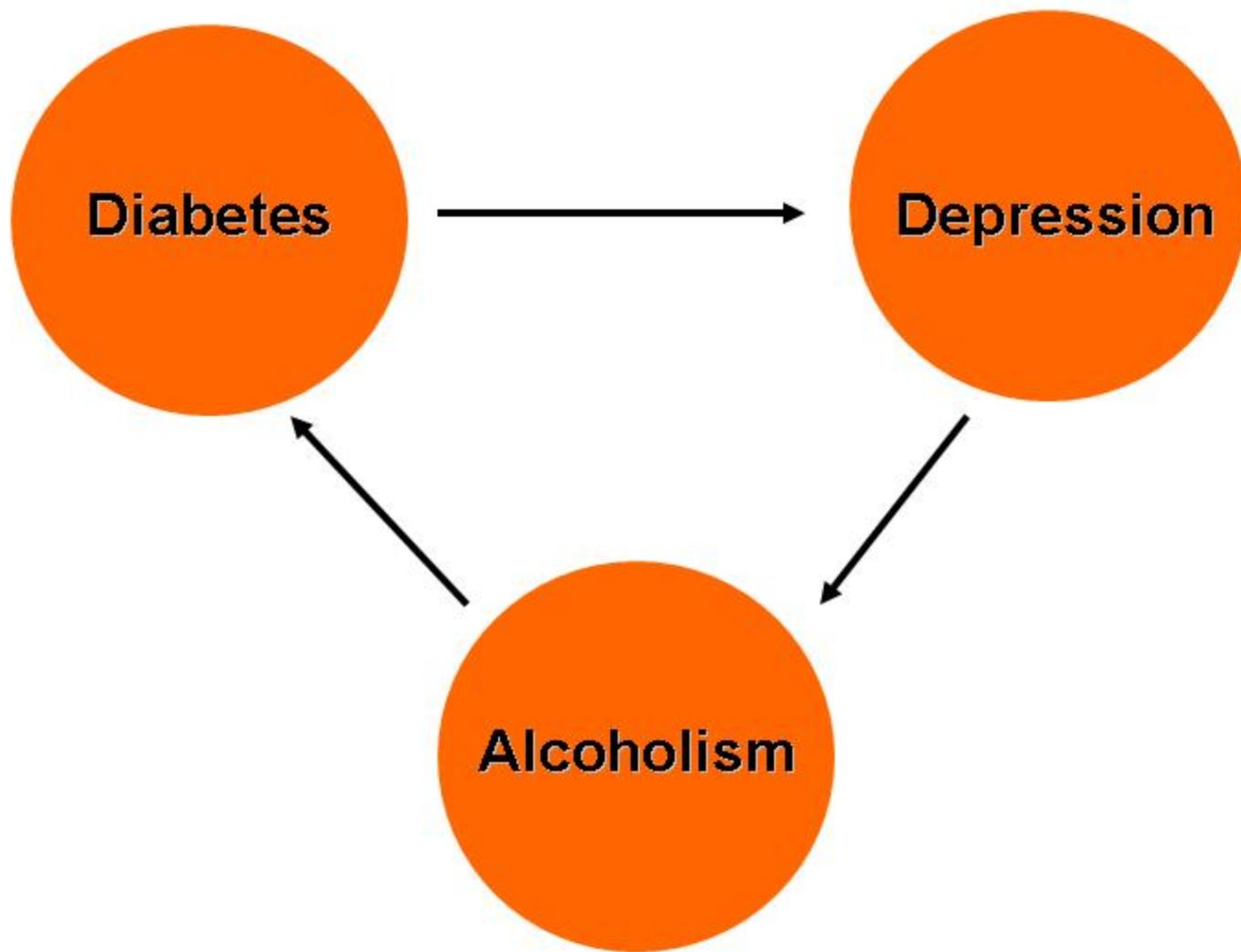


# Alcohol Related Death Rates

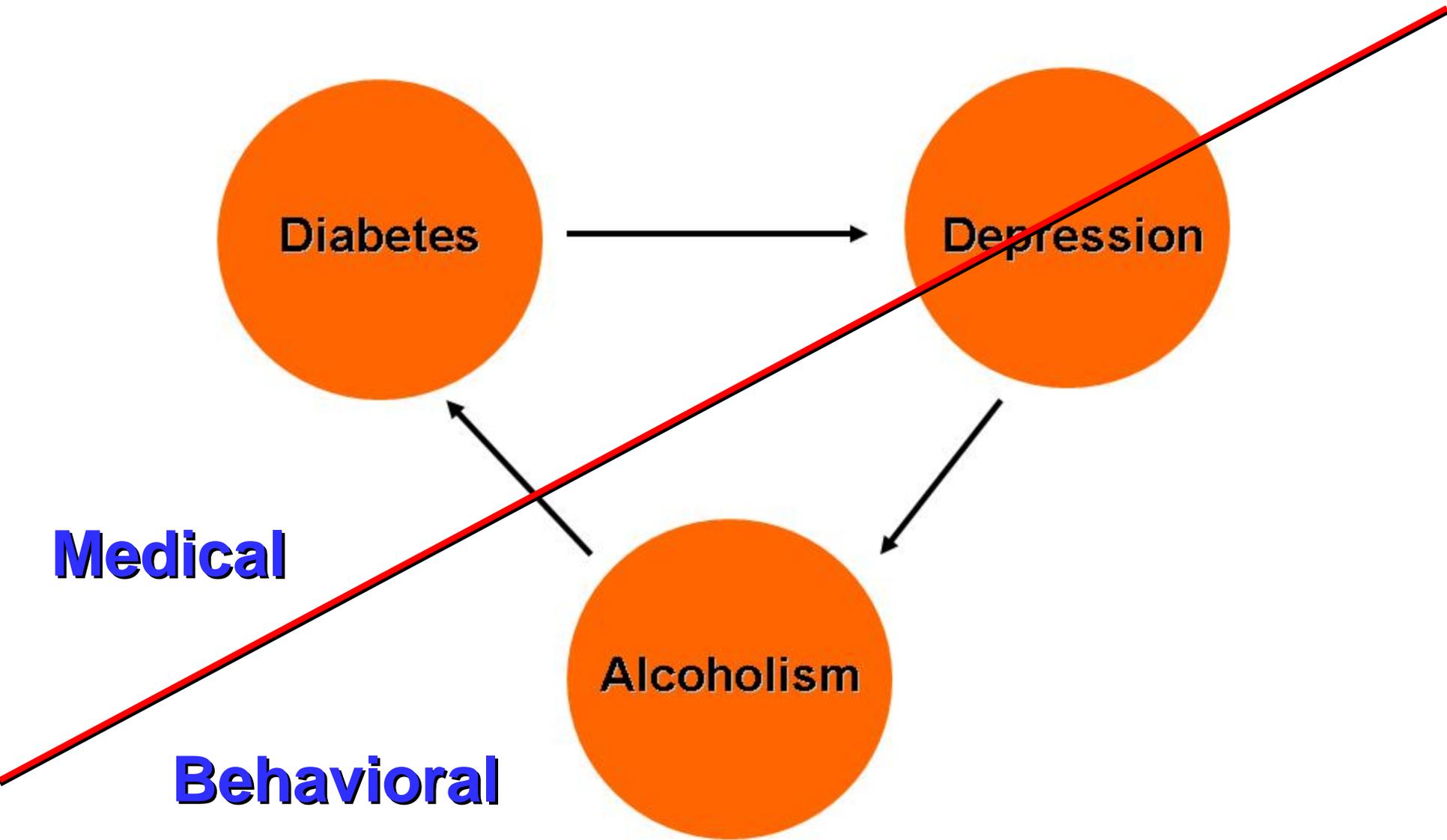
(Rate/Per 100,000 Population)



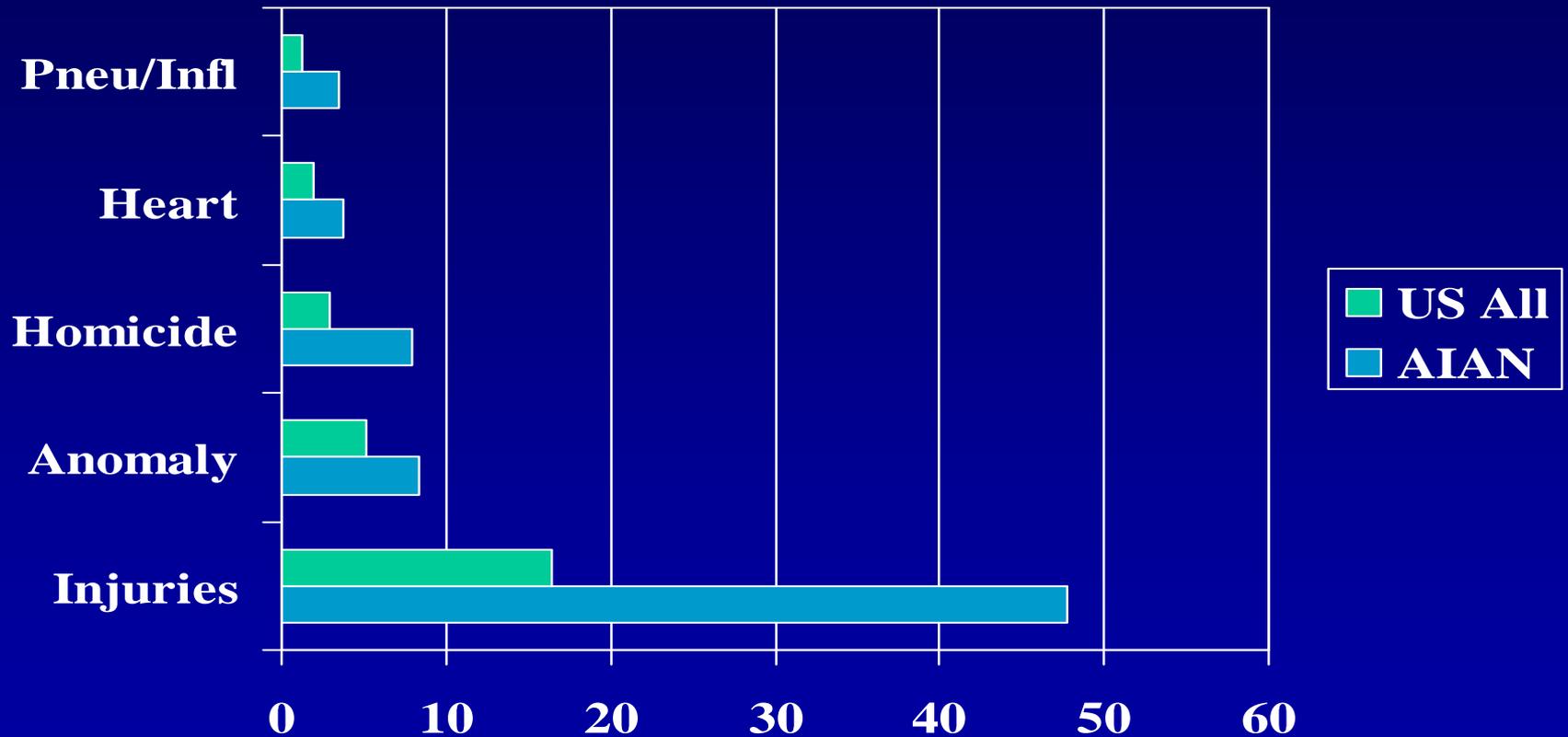
# Diabetes-Depression-Alcoholism Triad



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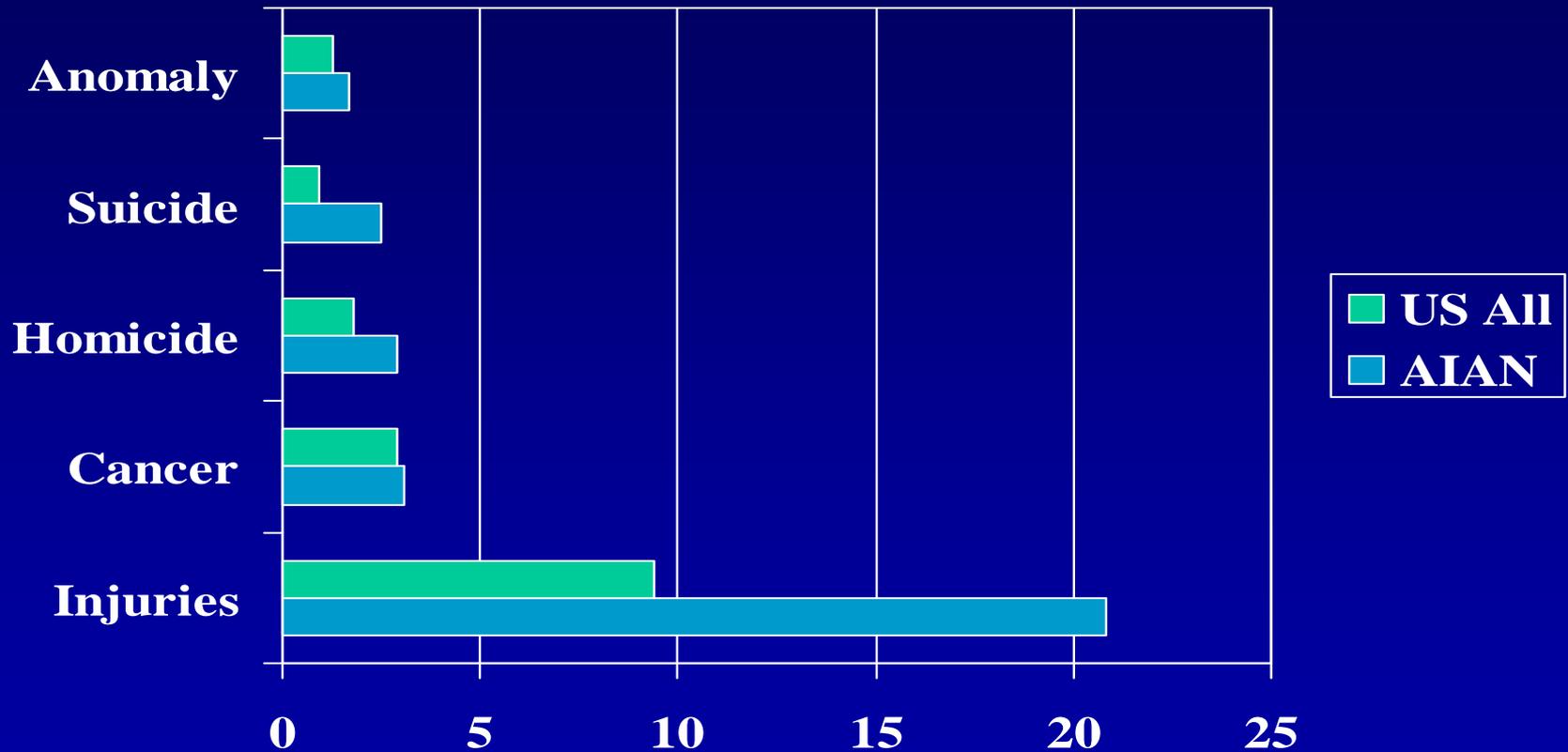


# Leading Causes of Death Ages 1-4



Death Rates Per 100,000 Population

# Leading Causes of Death Ages 5-14

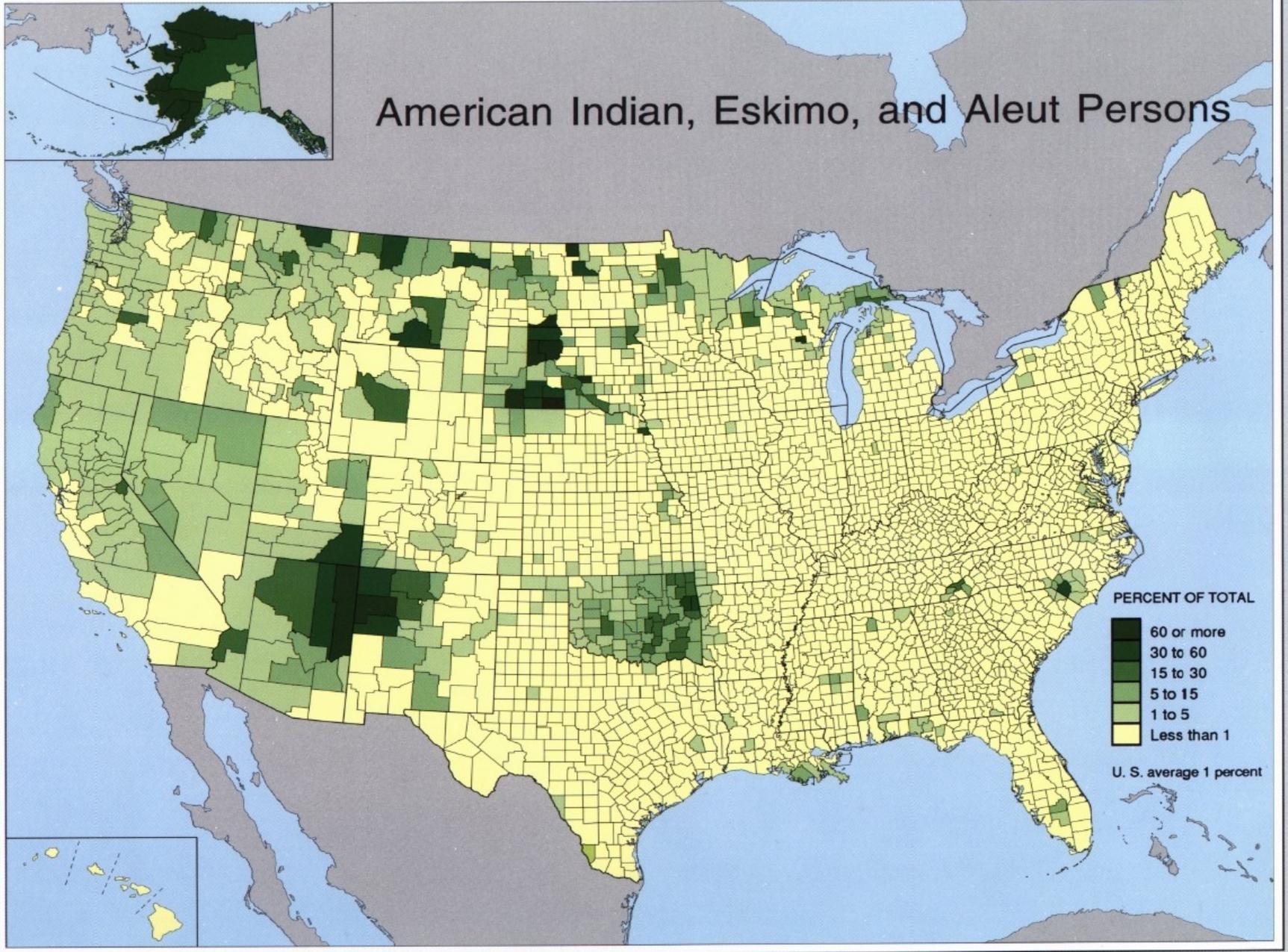


Death Rates Per 100,000 Population

# AI Demographics

- Over 2 million *American Indian Only* in 2000 Census
- Over 4 million *AI and 'other'* in 2000 Census
- >60% of AI people live in urban areas
- Over 560 federally recognized AI/AN tribes
- Four federally recognized tribes in NE  
(Winnebago, Omaha, Santee Sioux, Ponca)

# American Indian, Eskimo, and Aleut Persons

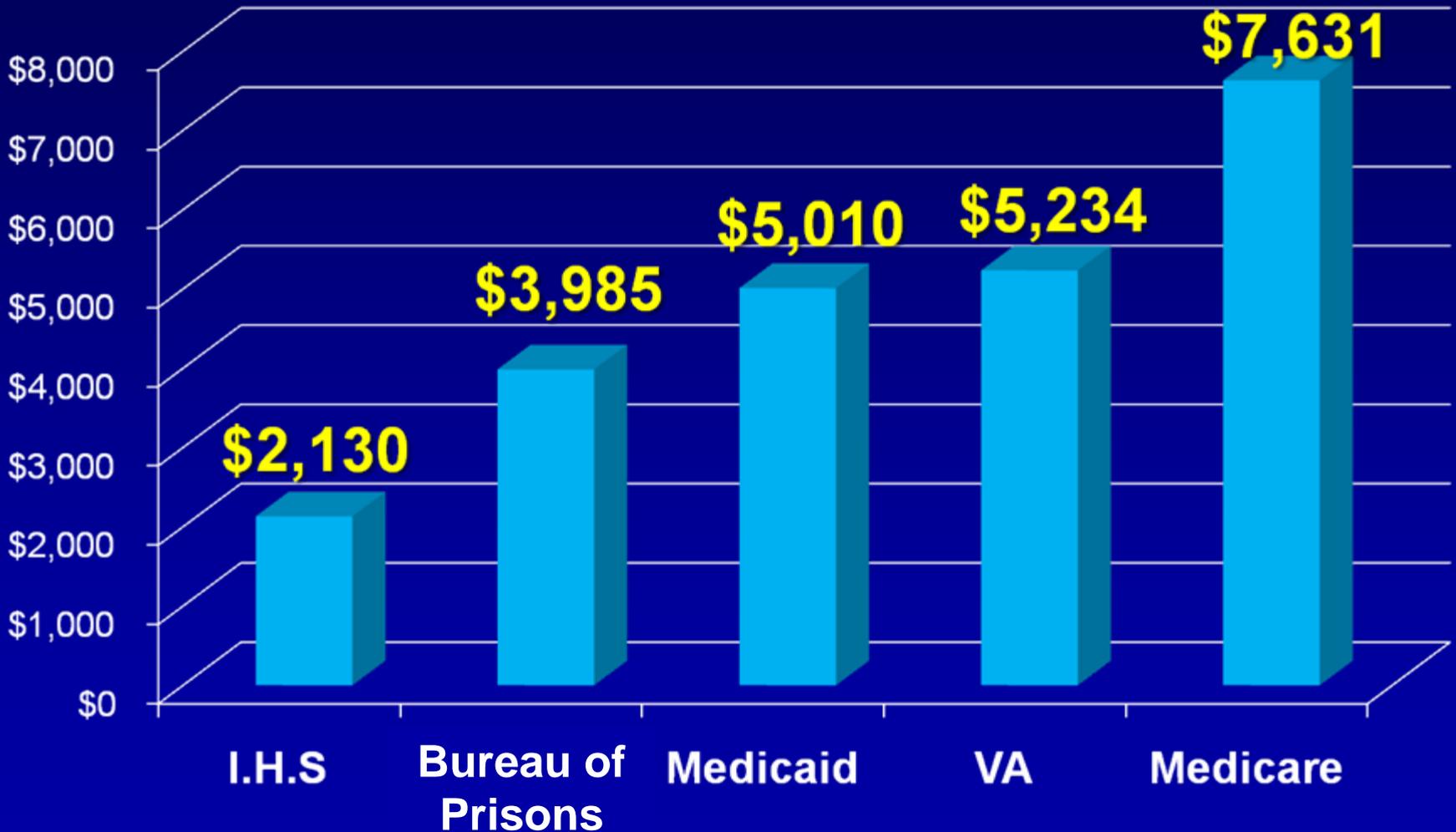


# AI Resource Disparities

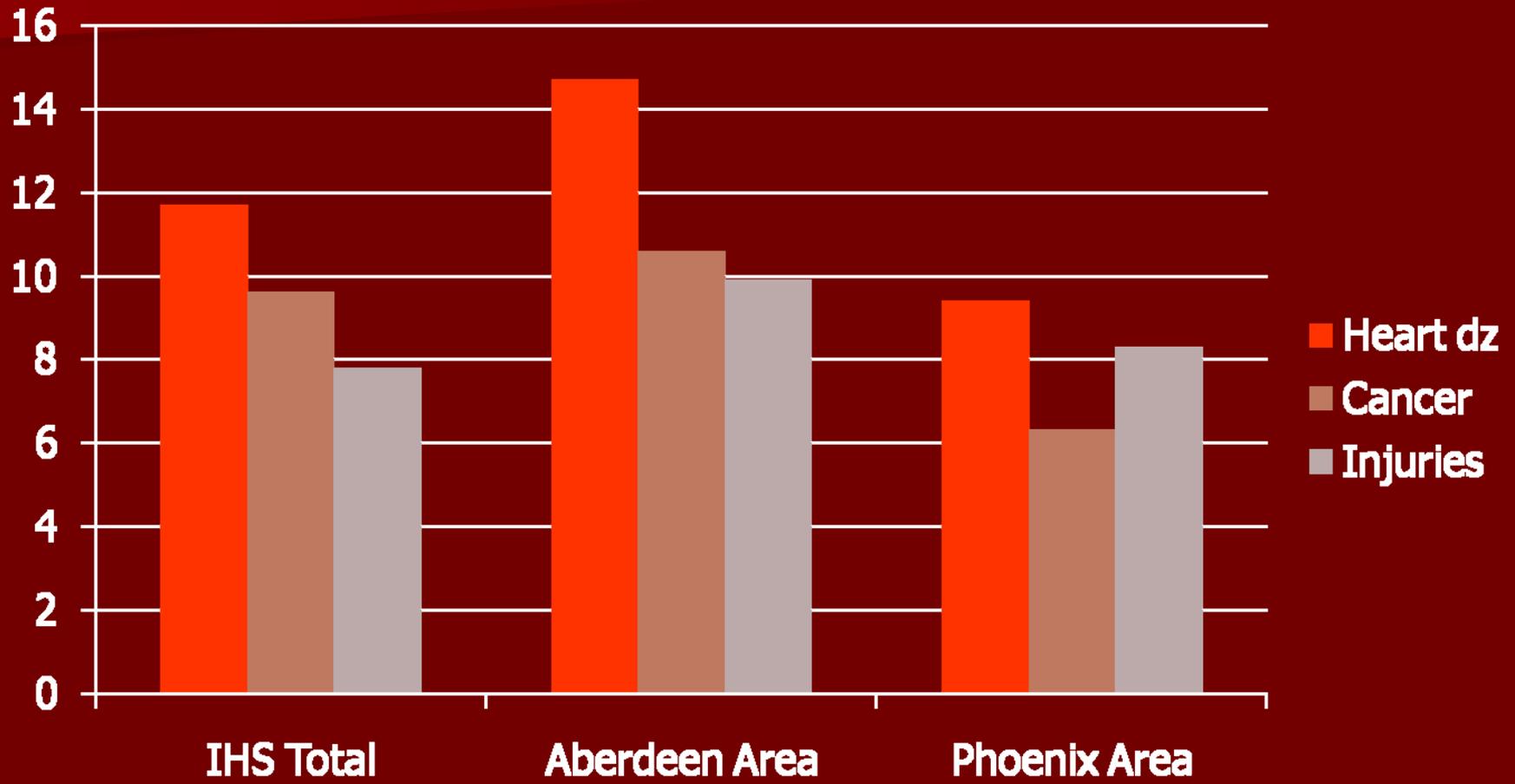
Per capita medical expenditures in 2005 federal budget:

- Indian Health Service \$2,130
- Medicaid recipients \$5,010
- VA beneficiaries \$5,234
- Medicare \$7,631
- Bureau of Prisons \$ 3,985

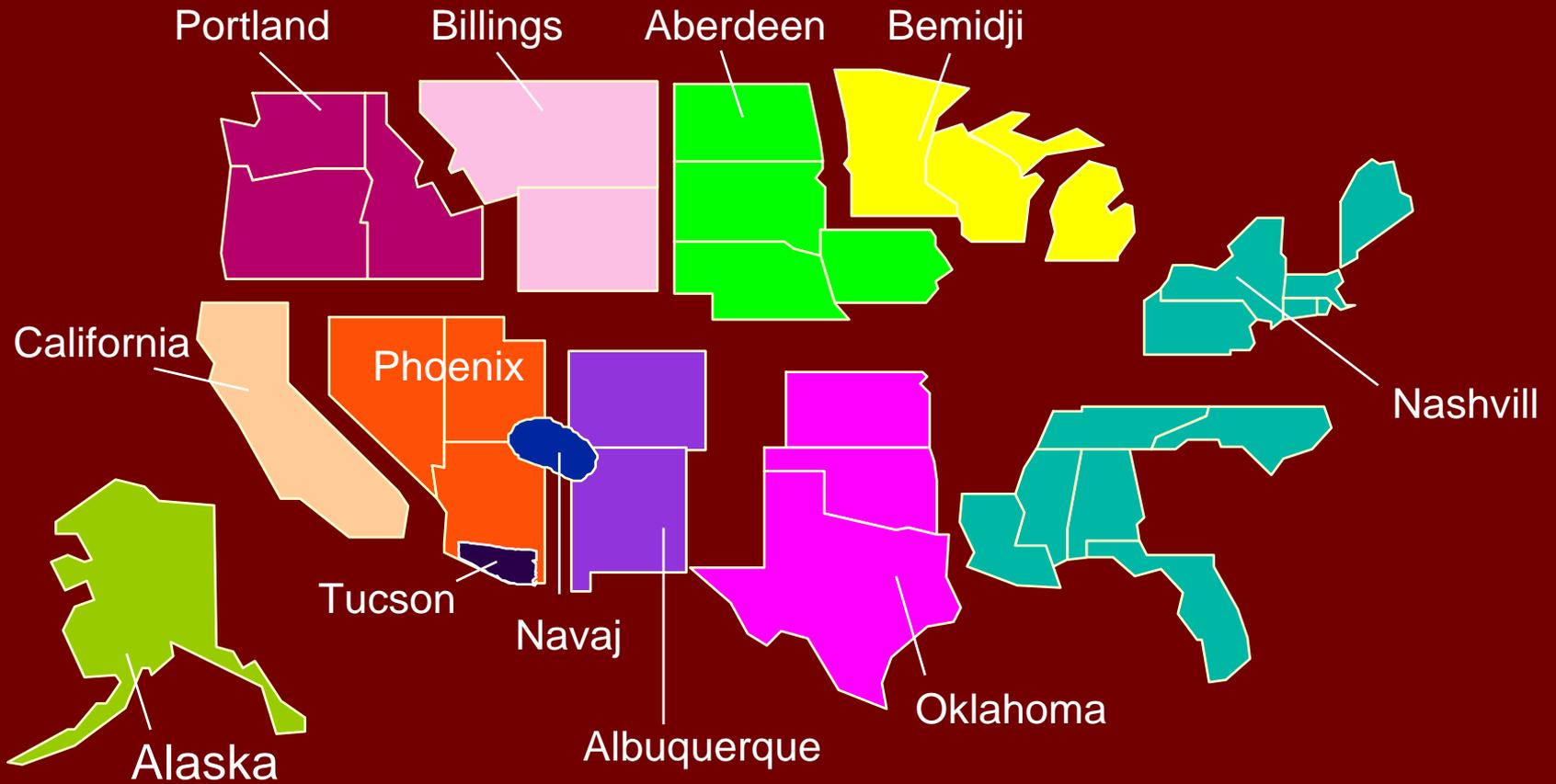
# AI Healthcare Resource Disparities



# AI/AN Cancer Disparities

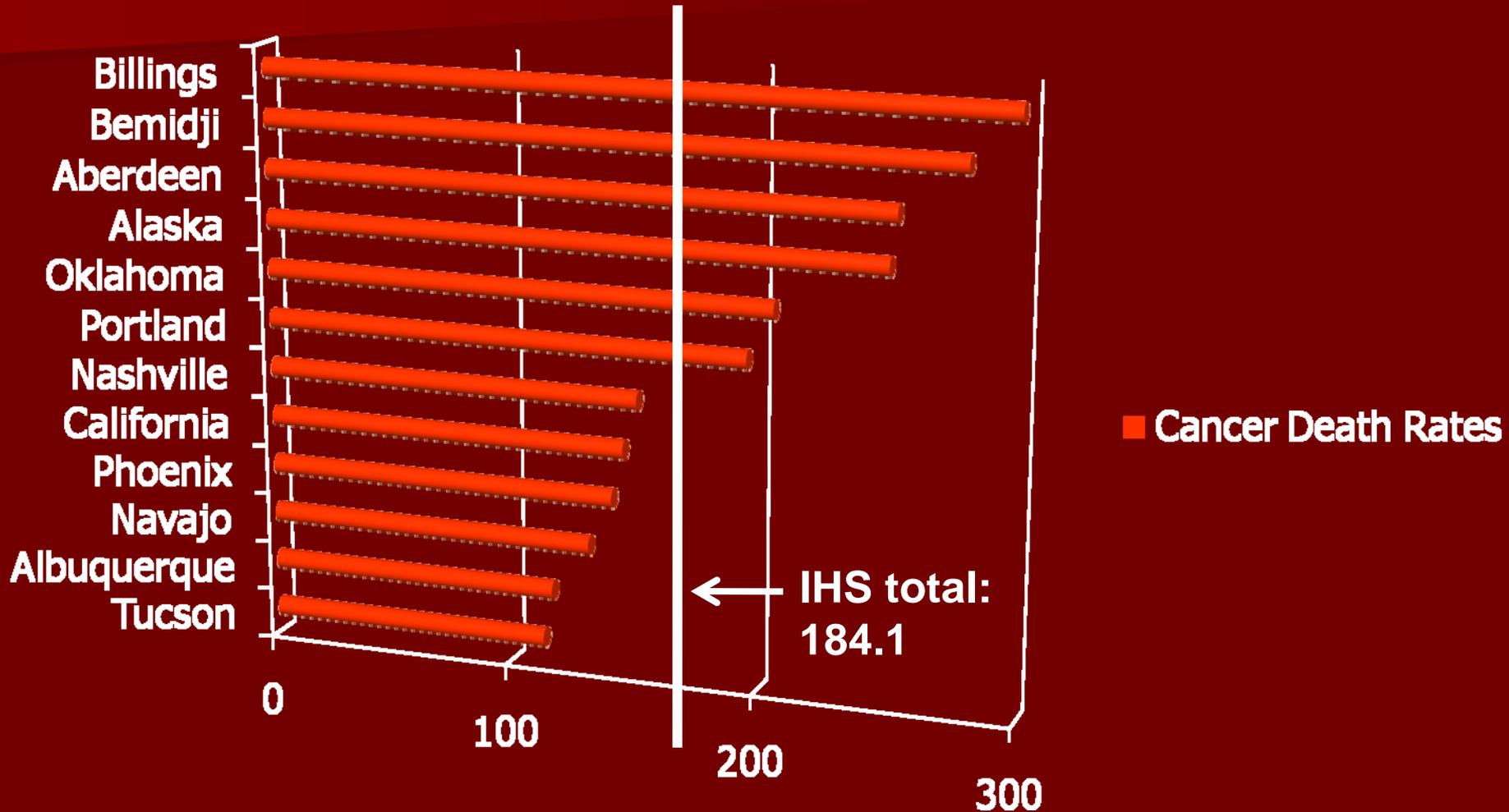


# IHS Areas



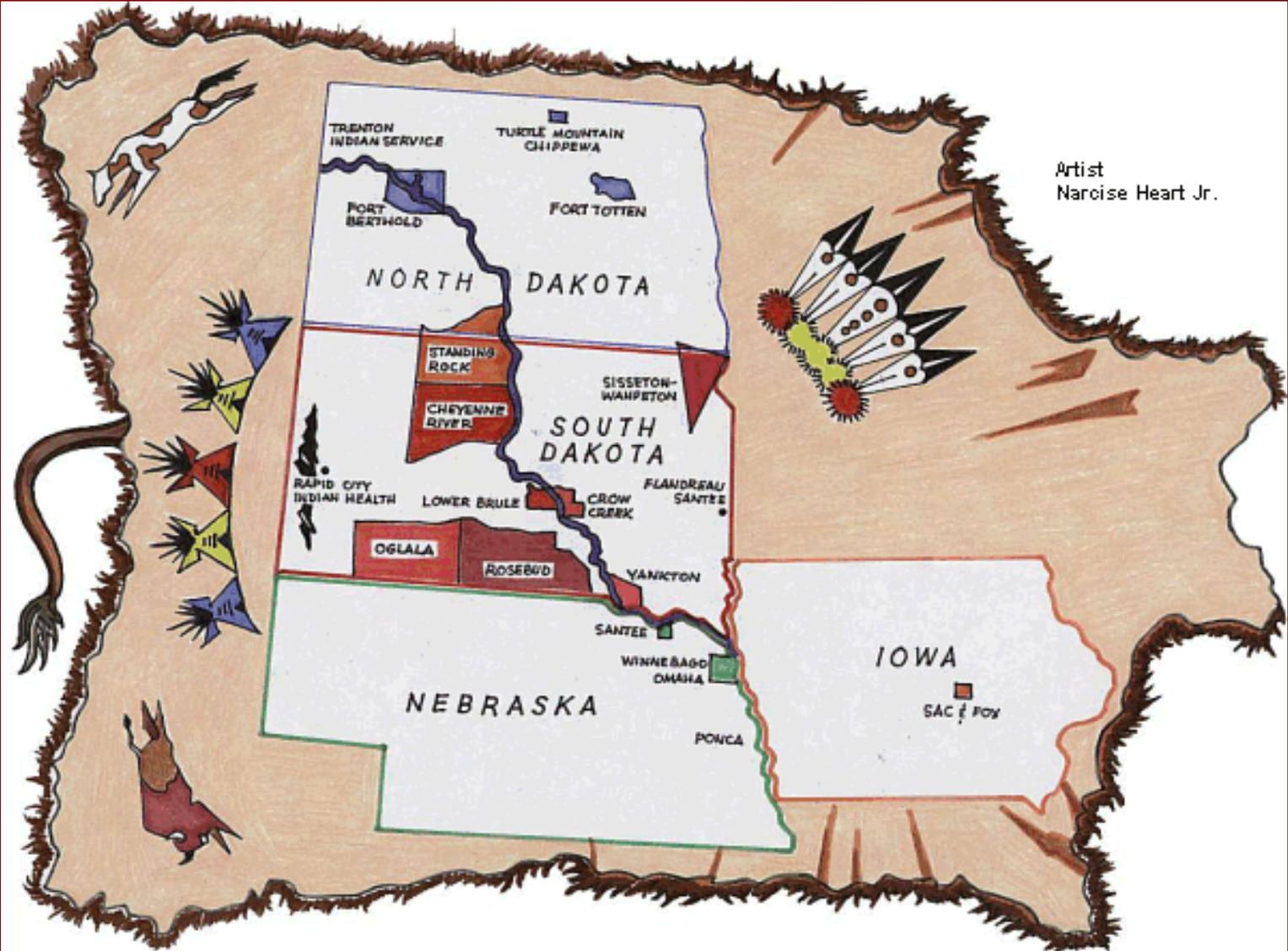
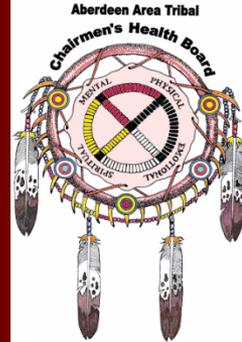
# AI/AN Cancer Disparities

## Cancer Death Rates





# AAIHS / AATCHB



# Strategies for Maximizing Community Engagement for Reducing Disparities

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## Causes of Racial Disparities – Culture

- Culture plays an important role in determining health related beliefs, practices & activities
- Individuals from specific cultures may require screening for diseases that are more prevalent in that culture, react differently to medicines or use traditional healing practices
- Health care delivery organizations are legally required to respond to language and cultural needs of their service area by becoming “culturally competent”

# Strategies for Maximizing Community Engagement for Reducing Disparities

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## Causes of Racial Disparities - Access to & Utilization of Healthcare Services

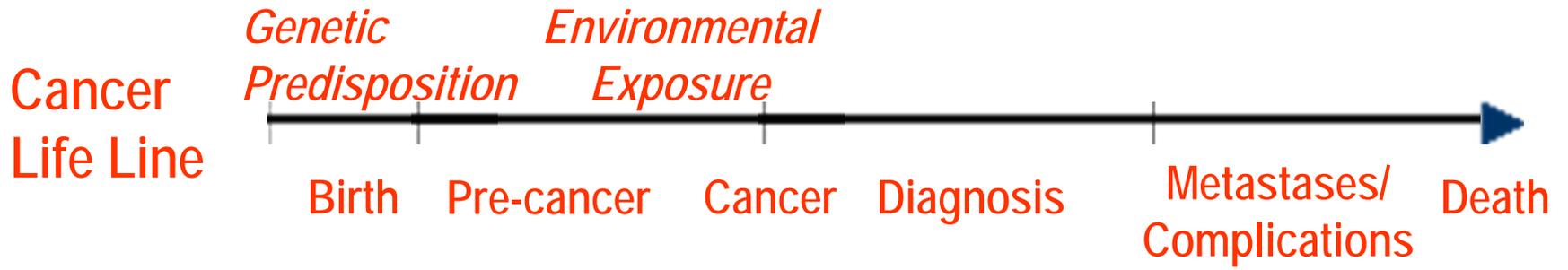
- Inequalities in use of preventive and primary care services have been documented with:
  - cancer screening
  - prescription medicines
  - equipment for the management of asthma
  - mental health services
  
- ***AI population has among the poorest survival from all cancers combined***  
**<http://www.ncbi.nlm.nih.gov/pubmed/10328320>**

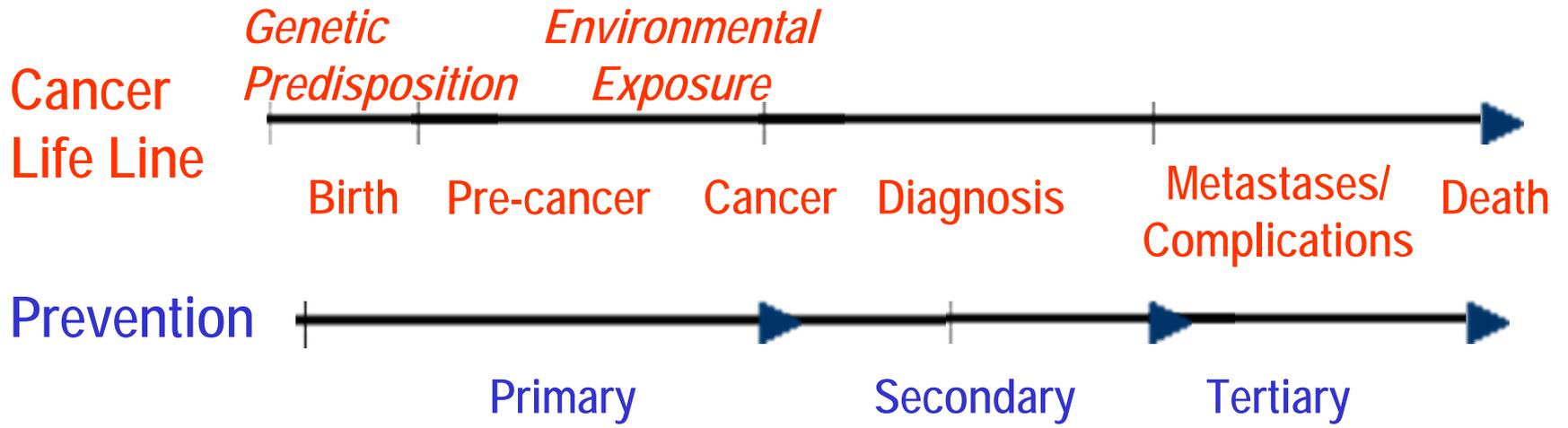
# Strategies for Maximizing Community Engagement for Reducing Disparities

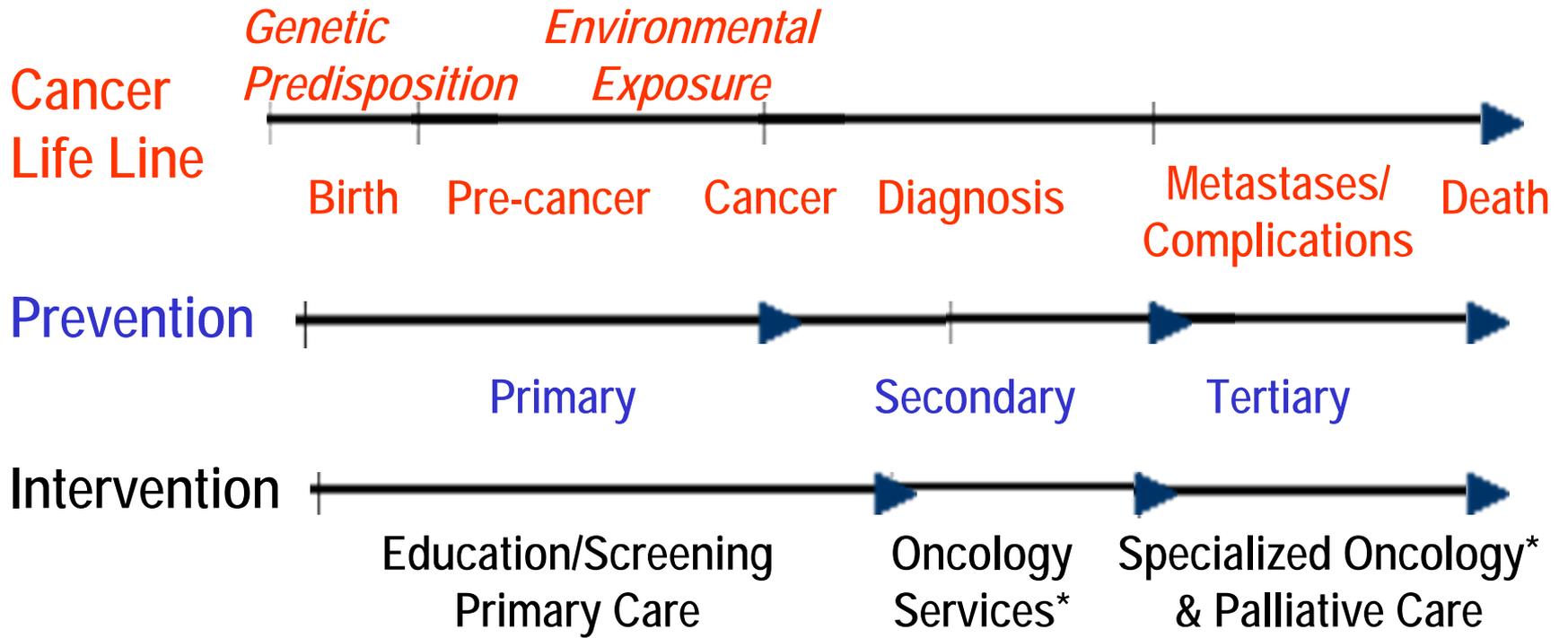
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“Trially-Driven Participatory Research is a way of addressing disparities in American Indian Communities”

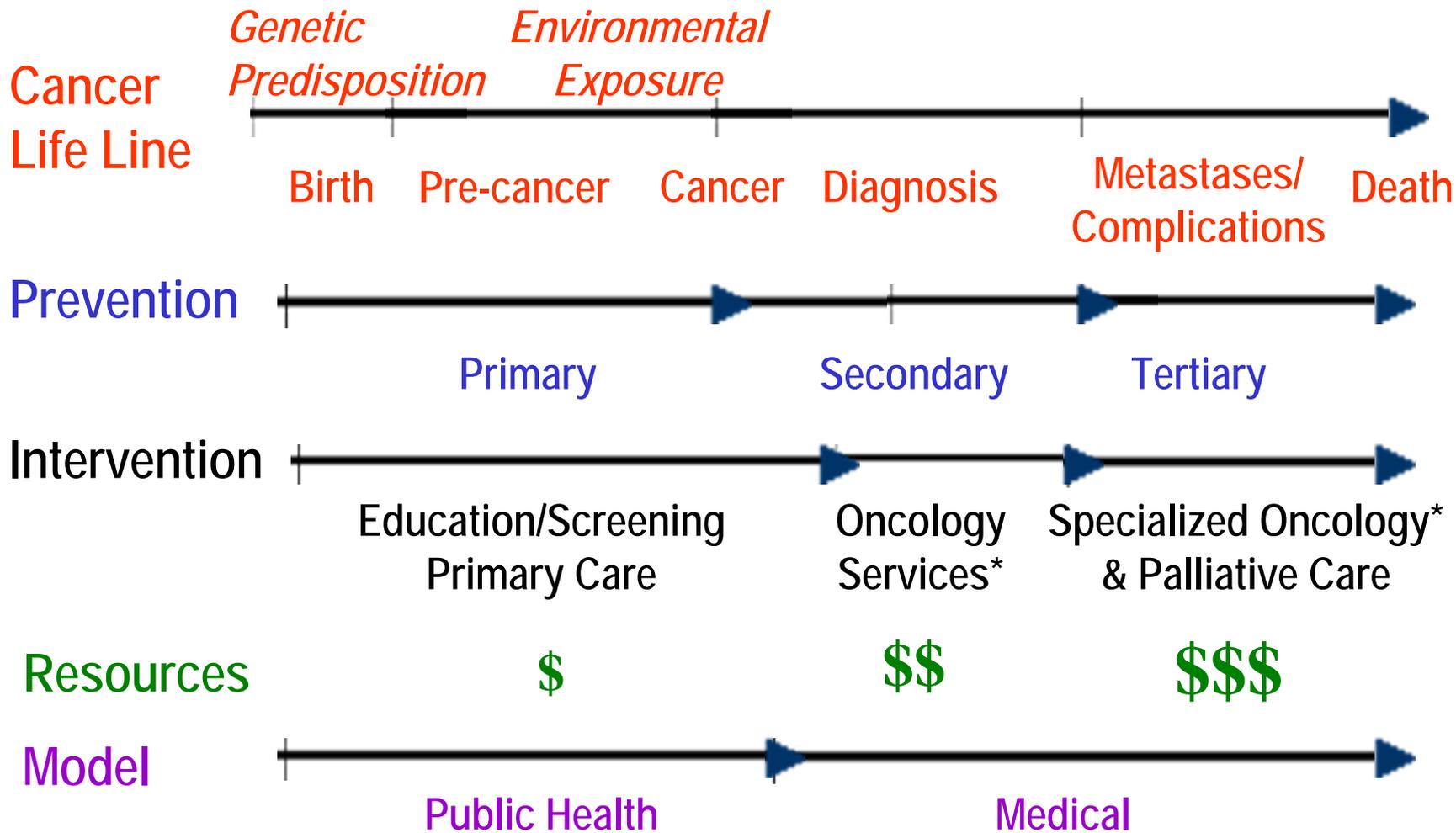
- Allows for community recognition
- Allows for Tribal ownership of data
- Allows Tribal approval of publications, manuscripts
- Allows for informed consent by individuals

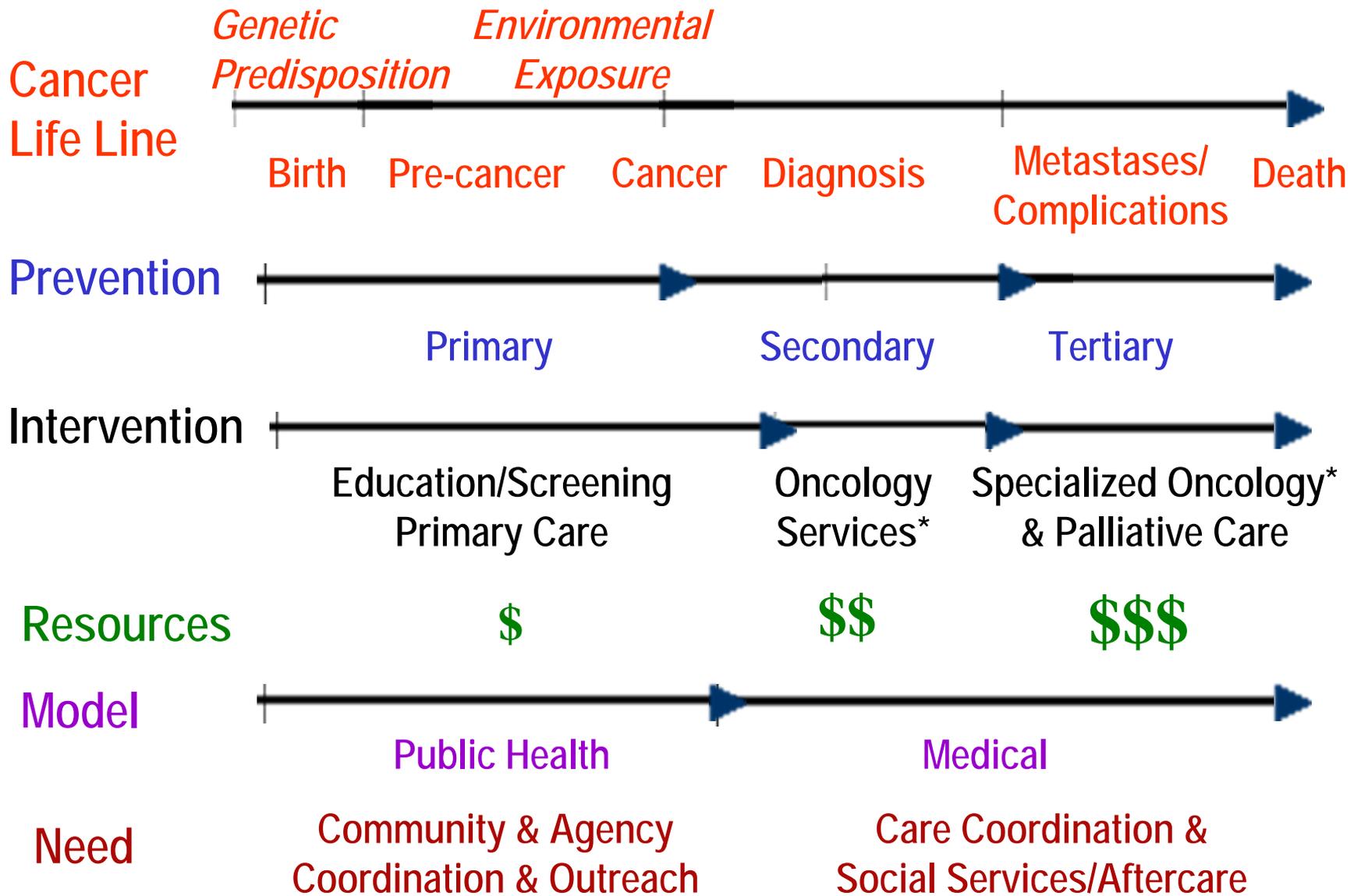


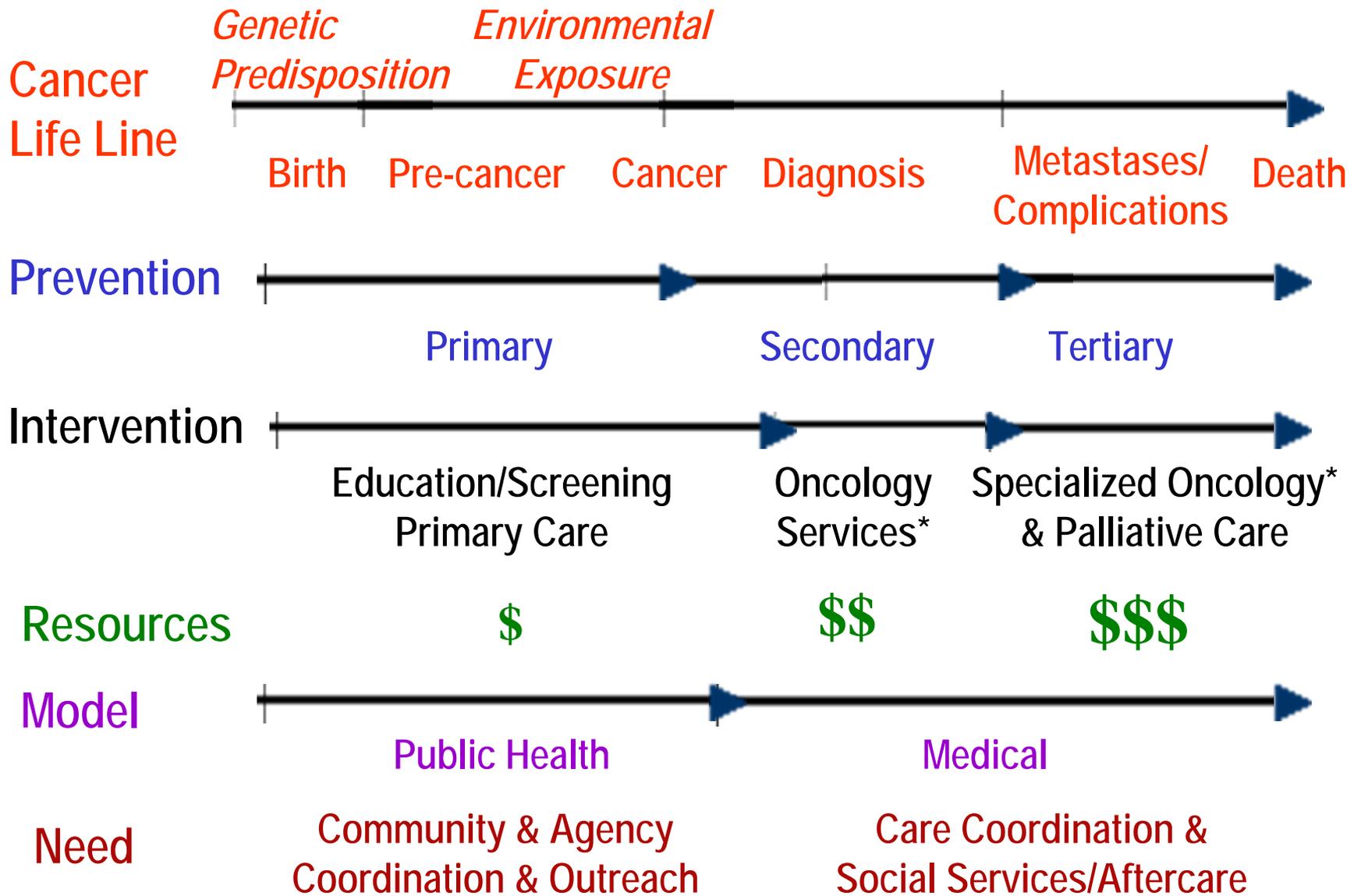






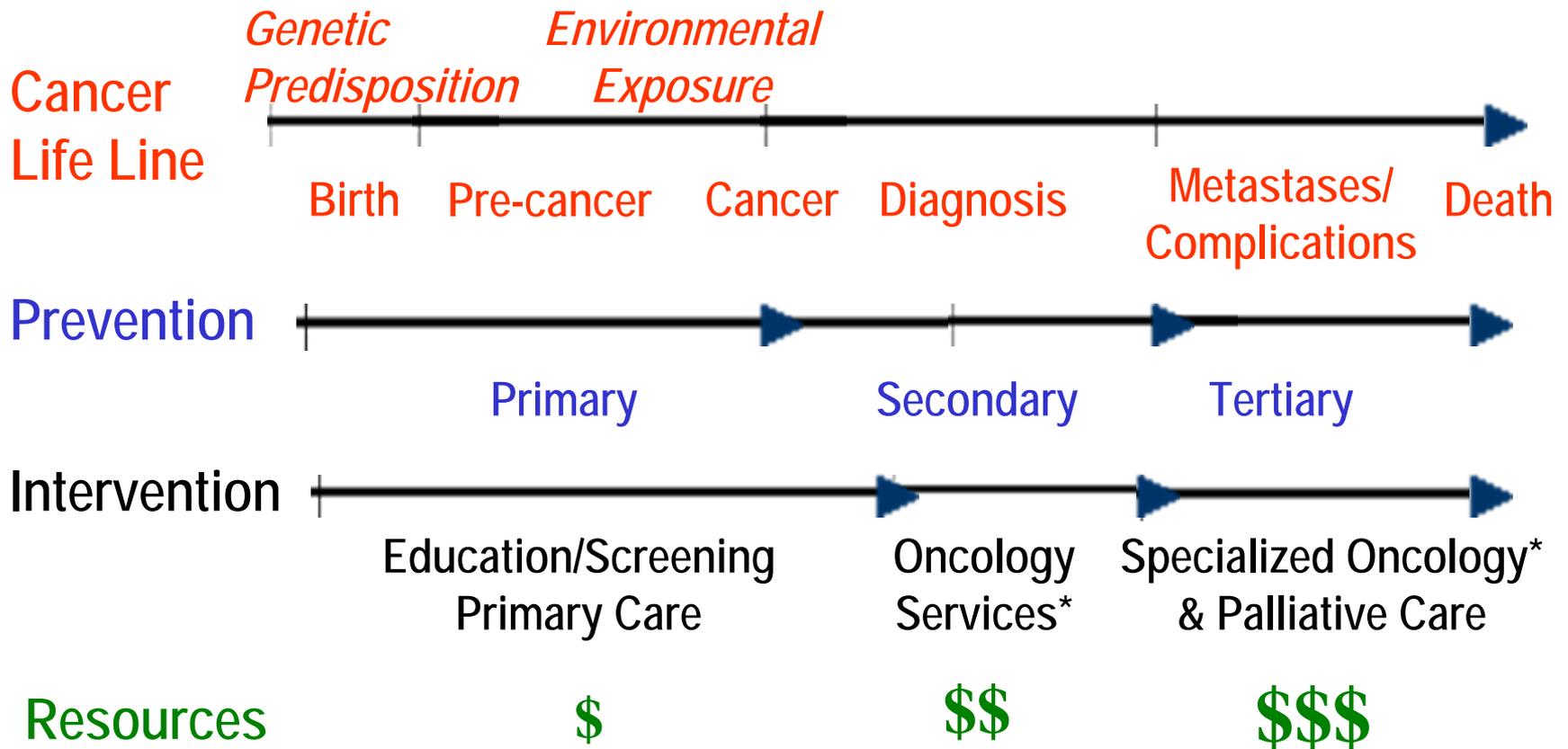






Goals—Increase time between birth and cancer onset, decrease time between cancer onset and diagnosis, increase time between diagnosis and death

\*Oncology Services include surgery, chemotherapy, radiation, pain mgmt, etc

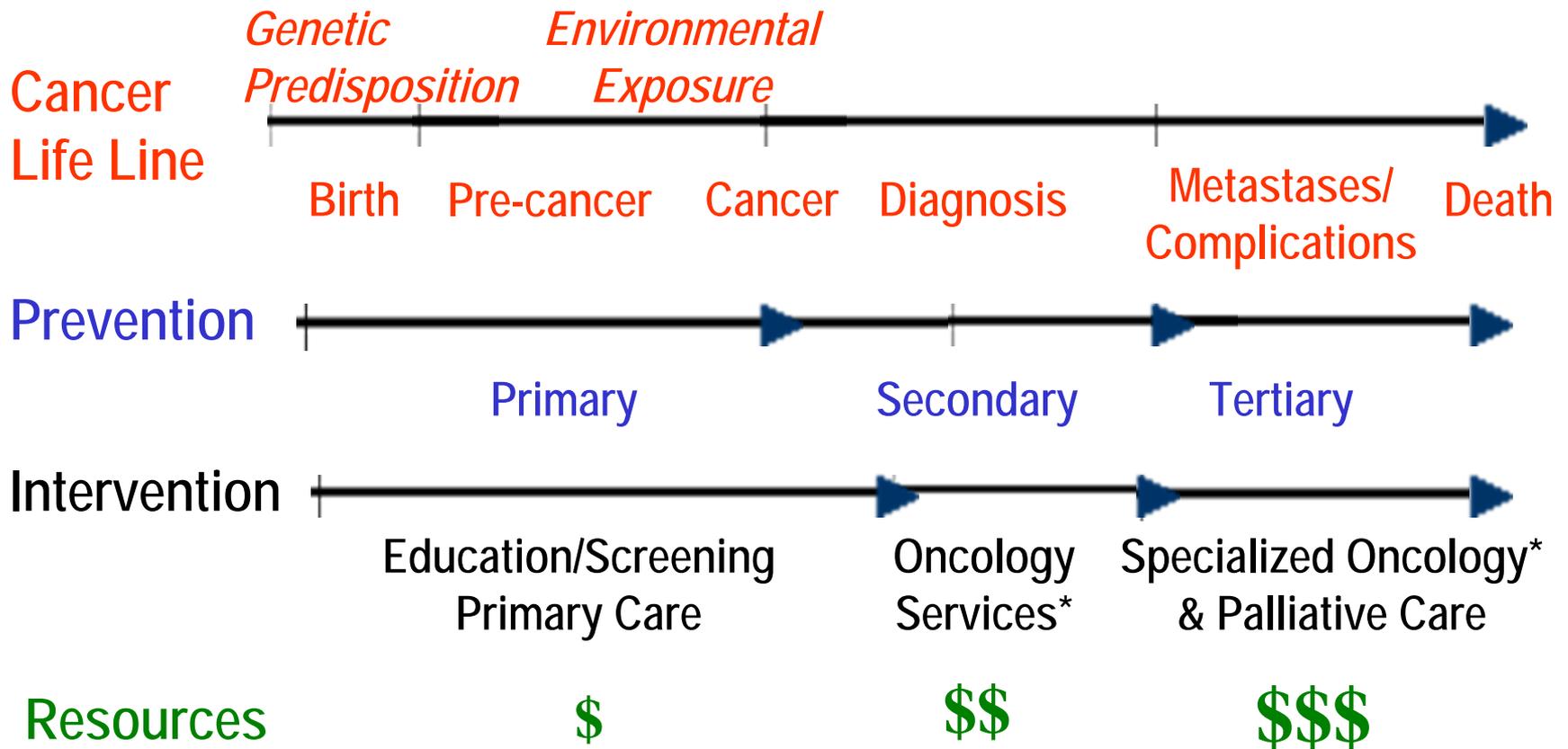


**Disparities:**

- Incidence/Prevalence
- Screening
- Funding
- Treatment

- Education
- Care Coordination
- Survival
- Environ Exposure
- Population Size

- Clinical Trials
- Palliative Care
- Pain Management
- Professionals
- Cultural Competence



### Policy Interventions:

- |                  |                    |                      |
|------------------|--------------------|----------------------|
| •Funding         | •Education         | •Palliative Care     |
| •Prevention      | •Care Coordination | •Pain Management     |
| •Screening       | •Clinical Trials   | •Professionals       |
| •Case Management | •Research Design   | •Cultural Competence |



# CHSDA System



# Health Equity?



**Thank You!!**



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