American Indian Maternal and Infant Mortality

HHS Secretary's Advisory Committee on Infant Mortality

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American Indian Public Health and Wellness System

We acknowledge that we are located on Dakota land. We recognize the vast amount of indigenous knowledge that this land has seen, and encourage everyone to be respectful of the distinctive and permanent relationship that exist between the Dakota people and their traditional territories. We would also like to pay respect to the elders, both present and past to allow us to be here today.

As sovereign nations, American Indian/Alaska Natives (AI/AN) are responsible for the overall health and well-being of their members along with the land and environment of each of their respective tribes. Tribes are becoming increasingly involved in more public health activities and regulations. They currently deliver public health and wellness services through various funding sources including: grants, contracts, collaborations with other tribes, federal government and local, county and state health departments.

This presentation is designed to help the audience understand the legal background and federal government responsibilities for AI/ANs, as well as examining maternal and infant mortality issues facing AI/AN communities.

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Overview of Presentation

It is vitally important to know the true history of American Indians and Alaska Natives - **FIRST** – to provide a platform for success into the future.

- Various definitions of culture
- Discussion of cultural humility
- Importance of understanding **historical factors and legal status** about American Indians and Alaska Natives for health and wellness services

Understanding American Indian/Alaska Native Basis for Experiences with Health Services: Brief History

- When Columbus arrived it is estimated there where 10 million American Indian/Alaska Native (AI/AN) people in America.
- By 1850 the population decreased to 250,000.
- The three primary causes for decline:
  - Foreign Diseases
  - Starvation
  - Extermination
- Current populations estimates there are presently 5 million AI/AN growing to 6.3 million by 2050.
- AI/ANs have become one of the fastest growing segments of the American population.

Tribal Governance – Cultural Changes

- Currently, there are 574 federally and 74 state recognized tribal governments.
- There remain many tribal communities that are still seeking recognition by the federal government.
- Historically before colonization overran Indian territories, there were multitudes of governance models:
  - matriarchal
  - patriarchal
  - spiritual
  - warrior
  - inherited
  - conquered
- So could one say that the current tribal governance structure is based on the "colonized/western" model?
- Basically millennia of cultural practices were discarded!

Tribal Governance (cont.)

- Today the 574 federally recognized tribal governments all have *Constitutions*:
  - Each and every tribe has their **OWN** *Constitution*
- Elections are held to elect tribal leadership
  - Election governance is guided by **EACH** tribe's *Constitution*
    - Some elect every year
    - Some have staggered terms
- Each tribal government is directly responsive to their individual members.

Tribal Governance (cont. 2)

- Tribal governments have a direct **government** to **government** relationship with the **federal** government.

- American Indians and Alaska Natives are identified as a **Political Group** - ***NOT*** a **racial** group.

- Tribal governments are **not** governed by states.

  - In fact some reservations have physical boundaries that cross state boundaries.

  - Others may have historical populations that now are divided by international boundaries – Canada & Mexico.

- **Some federal funding is only accessible through a state, e.g. Medicaid, various Block Grants.**

Legal Foundation

- *Treaty of Hopwell* actually preceded the *Constitution* for dealing with the Cherokee Nation
- U.S. Constitution
- 1849 – War Department (Bureau of Indian Affairs) began providing health services
- 1921 – Snyder Act
- **1955 – Transfer Act (from War Dept. to HHS)**
- 1975 – Indian Self-Determination & Education Assistance Act (P.L. 93-638)
- 1976 – Indian Health Care Improvement Act (P.L. 94-347)
- 2010 – Affordable Care Act, permanently reauthorized Indian Health Care Improvement Act

Cornerstones of Federal Indian Policy

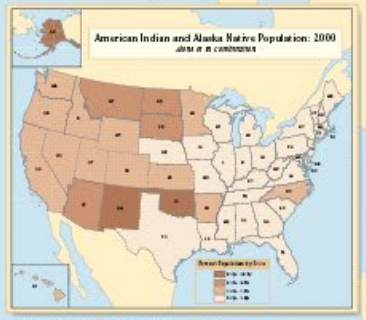
U.S. Constitution

• The initial court case that challenged the federal trust responsibility was: Cherokee Nation v. Georgia (1831). Note that in the *Treaty of Hopwell* actually preceded the *Constitution* for dealing with the Cherokee Nation. The court ruling further identified tribes with the unique designation of **"domestic dependent nations"**.

• Commerce Clause (Article I, Section 8, Clause 3) authorizes Congress to regulate commerce "with foreign Nations, and among the several States, **and** with **Indian Tribes**."

American Indians and Alaska Natives

in the United States



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United States of America Constitution

Tribal Constitution

Tribal Chairperson
Executive Branch

President of U.S.
Executive Branch

Tribal Council

Tribal Court

Legislative Branch

Judicial Branch

Chief Executive Officer

Executive Committee

Tribal Boards, Committees, Commissions
Agencies, Divisions, Departments

Federal Departments

Independent Establishments
And Corporations

Governor of Minnesota

Executive Branch

Legislative Branch

Judicial Branch

Agencies, Departments, Boards,
Colleges and Universities

*Note: All of the 574 Federally Recognized Tribes have their own unique governmental structure. The sample above is a summary structure, designed to demonstrate the government to government hierarchy of the *United States Constitution*.

The Indian Health System

- The Indian health system includes the Indian Health Service/Tribal /Urban. system commonly referred to as: **I/T/Us**
- The Omnibus Reconciliation Act (OBRA) of 1993, added tribal 638, and Title V, urban programs were added to the list of specific programs automatically eligible for FQHC designation

- **Indian Health Service (IHS) federal agency, established in 1955**
- **Federally Recognized Tribes and *Tribal* Organizations (P.L. 93-638 - compacts and contracts)**
- **Urban Indian Health Programs (UIHP) consist of 35 non-profit 501(3) (c) programs nationwide.**

The Indian Health System - IHS

- Federal **Indian Health Service** (IHS) established in 1955
  - Divided into 12 administrative "Areas"
  - 31 Hospitals (Service Units)
  - 83 Health Centers (satellite clinics)
  - 2 School health centers
  - 35 Urban Indian Health programs
- Health facilities are located in 34 states
- The Indian health system is referred to as the Indian Health Service/Tribal//Urban system commonly referred to as: **I/T/Us.**

The Indian Health System - Tribal

Tribes and Tribal Organizations (compacts and contracts)

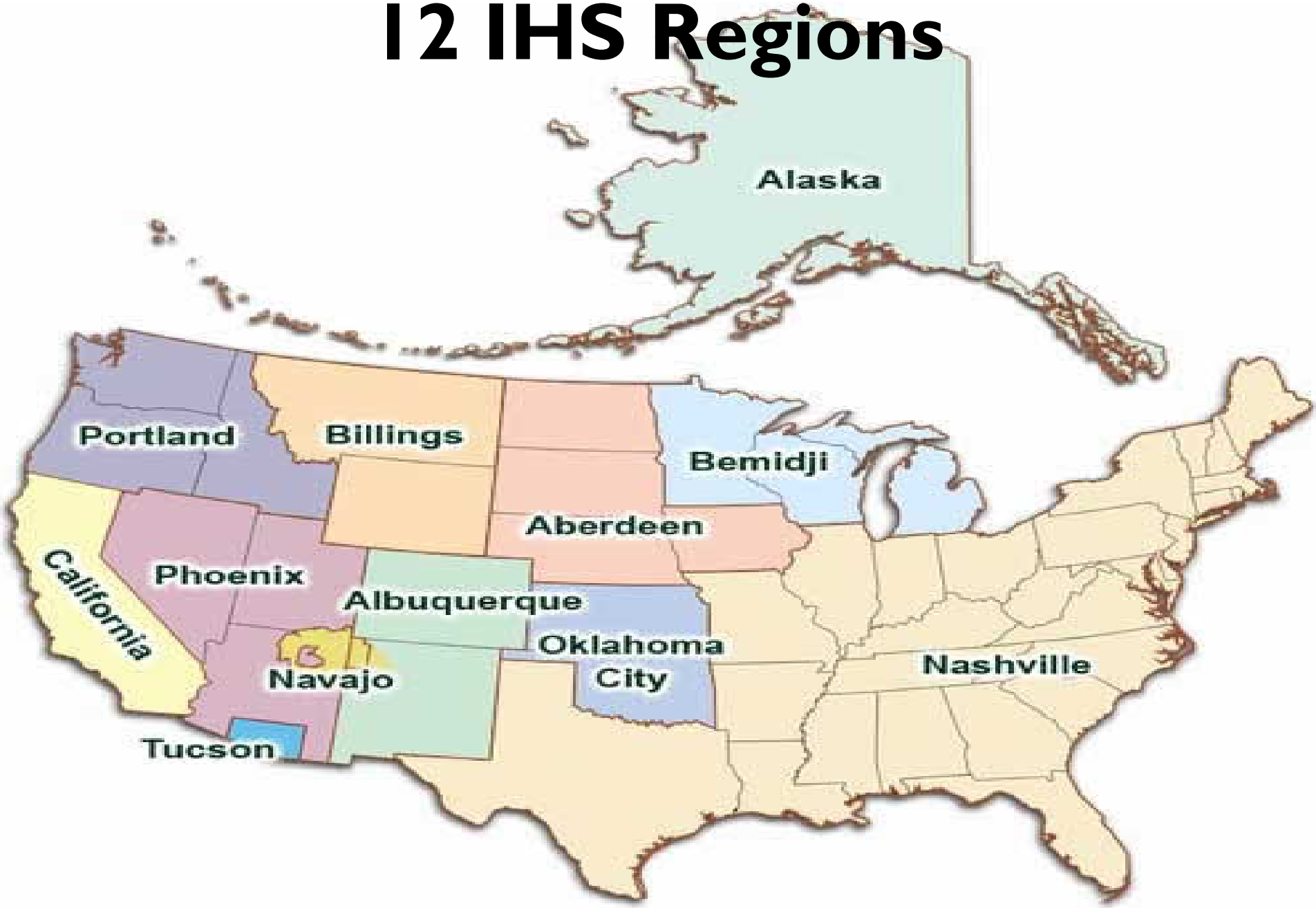
- P.L. 93-638
- 15 Hospitals (Service Units)
- 538 Health Centers (satellite clinics)
  - Including 166 Alaska Native village clinics
- 9 School health centers
- 10 Regional Youth Substance Abuse Treatment Centers (both IHS and tribal)
- The Omnibus Reconciliation Act (OBRA) of 1993, added tribal 638, and Title V, urban programs were added to the list of specific programs automatically eligible for FQHC designation. (look alikes)

The Indian Health System - Urban

Urban Indian programs

- Urban Indian Health Programs (UIHP) consist of 35 non-profit 501(3) (c) programs nationwide.
- Programs are funded through grants and contracts from the IHS, under *Title V* of the *Indian Health Care Improvement Act.*
- Approximately 45% of the UIHPs receive Medicaid reimbursement as Federally Qualified Health Centers (FQHC) and others receive fees for service under Medicaid for allowable services.

12 IHS Regions



2013 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita

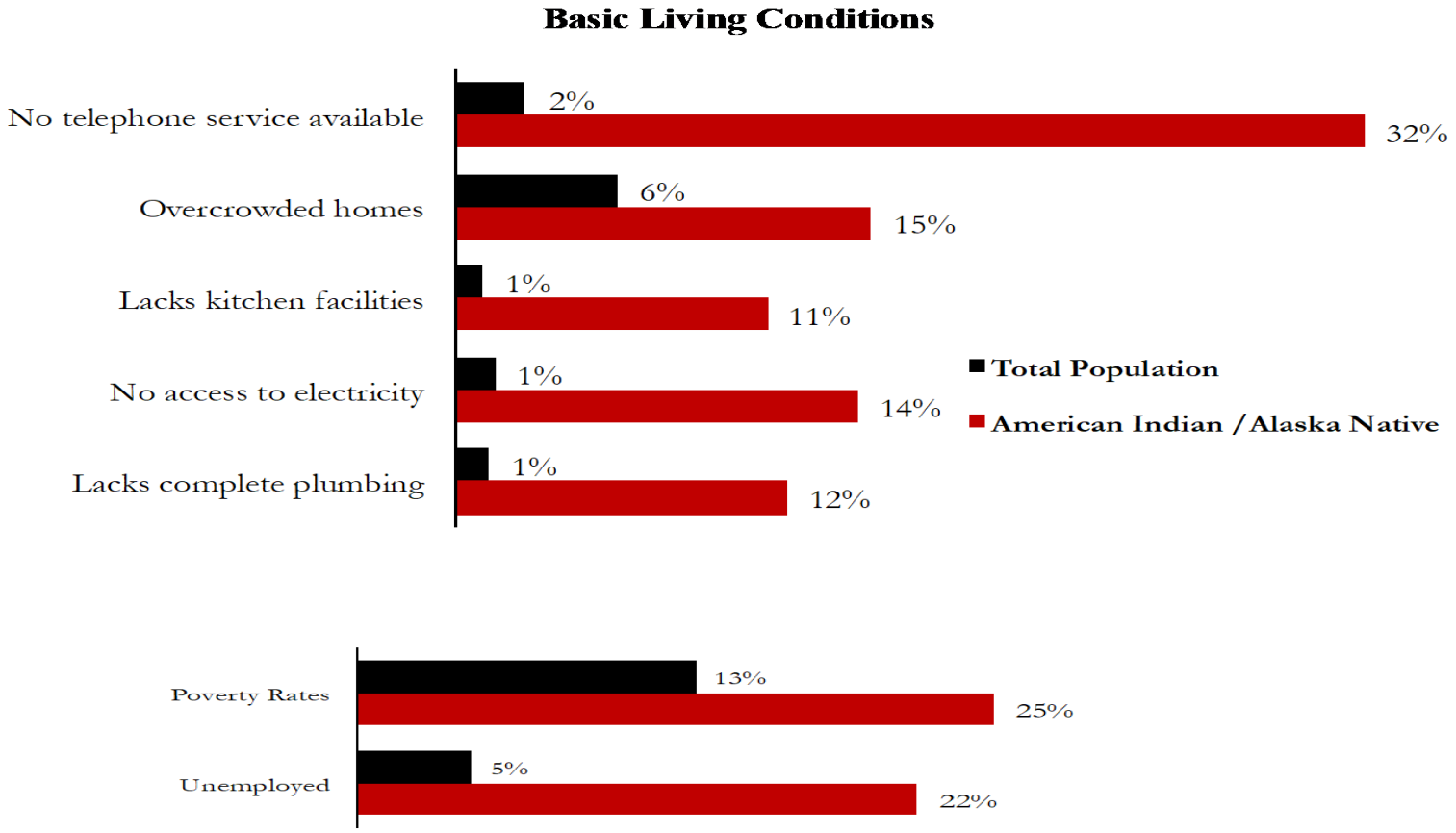
Key Question

Are we moving the dial on Health Disparities?

AI/AN General Mortality Statistics to US all-races

	2002-2004	2007-2009
Tuberculosis	750% Greater	450% Greater
Alcoholism	524% Greater	520% Greater
Motor Vehicle	234% Greater	207% Greater
Diabetes	193% Greater	171% Greater
Unintentional Injury/accidents	153% Greater	141% Greater
Homicide	103% Greater	86% Greater
Pneumonia/Flu	47% Greater	37% Greater
Suicide	66% Greater	60% Greater

National Congress of American Indians, Policy Research Center released a revised Geographic & Demographic Profile of Indian Country in 2012 from 2010 Census.



Violence and Poverty Population Concerns

- American Indians are likely to experience a range of violent and traumatic events involving serious injury or threat of injury to self or to witness such threat or injury to others.

- Risk factors derived from various surveys typically show violence and gang involvement. This factor is related to other risk behaviors, such as alcohol and drug use; suicide attempts; and vandalism, stealing, and truancy.

- American Indian children are exposed to repeated loss because of the extremely high rate of early, unexpected, and traumatic deaths due to injuries, accidents, suicide, homicide, and firearms—all of which exceed the U.S. all- races rate by at least two times and directly related to poverty

Infant Mortality and Maternal Health and Wellness

- Social determinants are conditions in the environments that start at pre-birth and effects health, functioning, and quality of life outcomes and risks.
- Resources that enhance quality of life can have a significant influence on population well being, such as:
  - Availability to have safe housing and nutritious food.
  - Access to cultural activities and traditions.
  - Access to learning within a family or educational system.
  - Access to economic means to support living (job, service).
  - Transportation options or ability to access safe, efficient movement to secure livelihood.
  - Ability to live, work, congregate, and recreate in safety.
  - Social support that embraces culture, language, and well being of all.

Historically, Americans Indians Suffer Inordinate High Infant Mortality Rates

- Despite recent improvements, disparities persists for American Indians infants that continue to die at a rate 2 to 3 times higher than the rate for non-Indian infants

- American Indians continue to experience high incidence of sudden infant death syndrome, sadly reported to be as high as more than three to four times the rate for non-Indians.

- A major cultural impact and deaths was the result of:
  - forced relocation from traditional lands
  - **residential schools**
  - changes in food eaten having poor nutritional value
  - loss of "community"
  - forced to practice a "learned dependence"

Huge Issues with American Indian Data?

- History of misuse of American Indian Data
- Too many data gathering practices are not respectful of "traditional customs"
- Census data improved when using local American Indians
- "Over sampling" American Indian populations almost always results in an invalid analysis because of tribal differences (n=574 tribes)
- Surveying by zip codes is invalid in Rural America
- Problems often result in "ownership of data"
- Information/research data gathering methods often reflect outsiders personal agendas. Not the stakeholders.

More Issues with American Indian Data?

- Data on crime in Indian country is also lacking. This is partially due to the **underreporting of crimes** to tribal authorities and partly due to underreporting to the federal authorities
- **Comprehensive data on violence against women under tribal jurisdiction does not exist since no federal or Indian agency nor organization systematically collects this information**
- In small, isolated communities, victims often fear retribution from **perpetrators' friends and family**. Many Native women also never speak of their abuse because they see it as futile; **they believe no one can or will help them**

- Racial Misclassification, as high as 80 percent

Cultural Considerations

- Consider historical issues of "trust" of health services providers
- Consider factors that include the mother's access to prenatal care, her age, income, education level, health habits, the amount of stress she experiences during pregnancy and her relationship with the child's father
- Lack of language understanding (cultural, tribal) access presents a barrier for many American Indians in obtaining quality health care
- American Indians who do have access to health care, often report being discriminated against because of their race, myths and lack of understanding by health providers

Facts on Violence Against American Indian/Alaska Native Women

- American Indian women residing on Indian reservations suffer domestic violence and physical assault at rates far exceeding women of other ethnicities and locations.
- A 2004 Department of Justice report estimates these assault rates to be as much as 50% higher than the next most victimized demographic.
- These very disturbing findings have been common over the years. And worse in Canada.
- In a 2008 CDC study, 39% of Native women surveyed identified as victims of intimate partner violence in their lifetime, a rate higher than any other race or ethnicity surveyed.

Recommendations

- Suicide is catastrophic in Indian Country, There needs to be a coordinated, multidisciplinary effort involving federal, state, tribal, and local health officials to address this important public health issue.
- The AI/AN populations continues to experience much higher death rates than non-Indians. Patterns of mortality are strongly influenced by the high incidence of **diabetes**, smoking prevalence, problem drinking, and social determinants. Much of the observed excess mortality can be addressed through known public health interventions.
- Improve race classification among AI/ANs and decedents to strengthen AI/AN accurate mortality data, and analyze deaths by geographic region to aid in planning, implementation, and evaluation of efforts to reduce health disparities in this population.
- Increase awareness of mental health and chronic disease connections, e.g. diabetes
- Conduct stigma awareness training with gatekeepers

Recommendations (cont.)

- State that AI/ANs are entitled to health care on the basis of their enrollment in federally recognized tribes and/or descendants of enrolled members of tribes. Explicitly recognize the special relationship AI/ANs have with the federal government as a political group to establish policies that demonstrate recognition of the government-to-government relationship that AI/ANs have that is not a classification as a "minority group" or a racial group.
- If new legislation creates special programs to address health disparities, inequities or access to care, include AI/ANs in lists of target groups.
- Traditional practices and customs must be respected. Respect for cultural beliefs requires blending of traditional practices with a modern medical model and emphasizing public health and community outreach. The CMS should include access to traditional medicine as part of the services available to AI/AN people and fully recognize traditional medicine as an integral component of the Indian health care delivery system.

Recommendations (cont. 2)

- Educate providers about unique mental health issues
- Increase presence of AI/ANs in research (as researchers and subjects)
- Advocate for policies that promote social justice, equity, and equality
- Increase comprehensive, (including mental health and substance use disorders), affordable, health insurance coverage for all
- Focus on prevention, early intervention
- Develop systems that endorse the integration of traditional healing and **spiritual practices**
- Increase use of technologies (e.g. telepsychiatry) to better serve remote populations
- Increase person-centered services and respect for the role of the family

Lastly, it is fundamentally necessary to understand that the Indian health system is unlike any other. It serves the poorest, sickest and most remote populations in the United States. Each tribe's culture under-grids and guides their elected leadership to meet their respective unique needs in this complex environment.

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The University of Minnesota, as a leading predominate University, that has limitless opportunities to venture into uncharted educational and service collaborations that are critically needed to STOP the continued decline of health status of American Indians.

American Indian and Alaska Native Health & Wellness

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