

Moving Forward in Improving the Health of Indigenous Peoples

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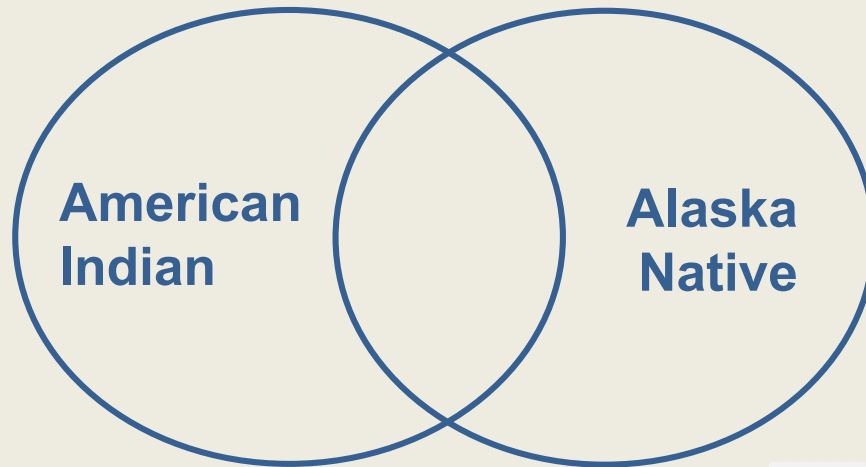
Johns Hopkins University



Overview

- Definitions:
 - American Indian/Alaska Native
 - Native American; Indigenous
- Historical Context & Positionality
- AI/AN Maternal Health Disparities
- Data Sources & “Data Sovereignty”
- ACIMM Recommendations
- Next Steps & Considerations

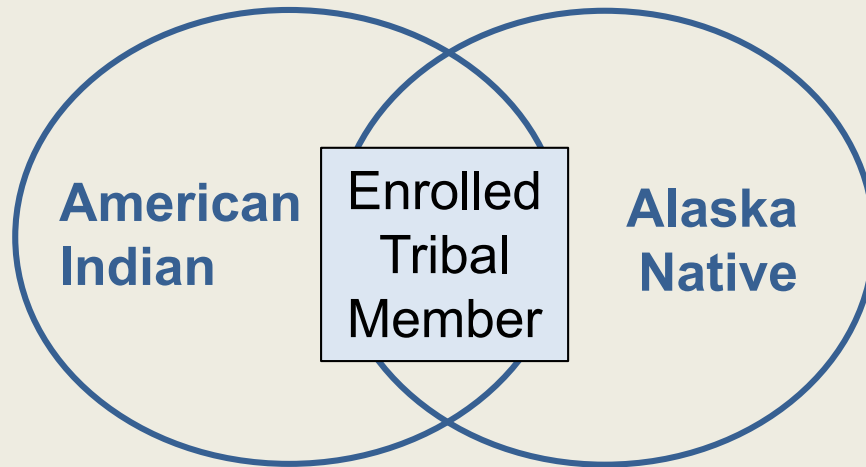
What does AI/AN Mean



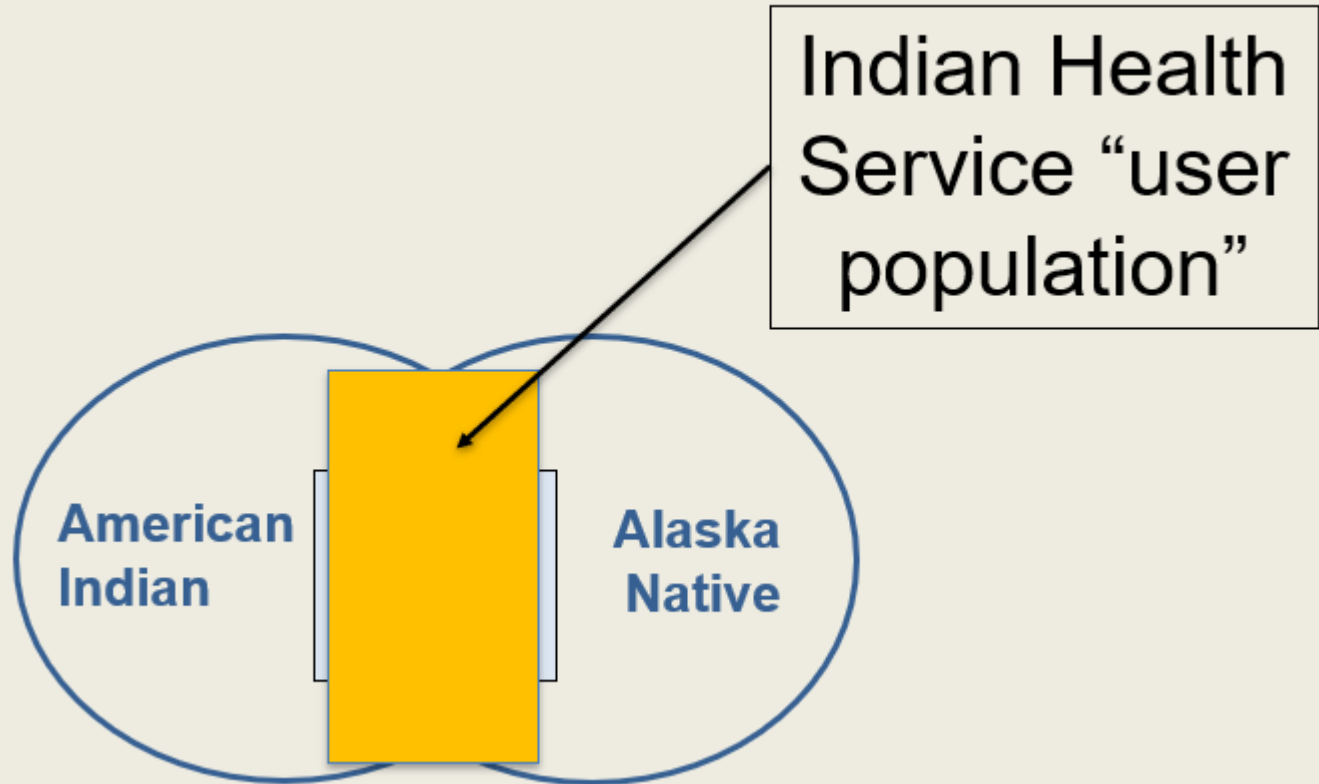
9.7 million
2020 US Census



What is an enrolled tribal member?

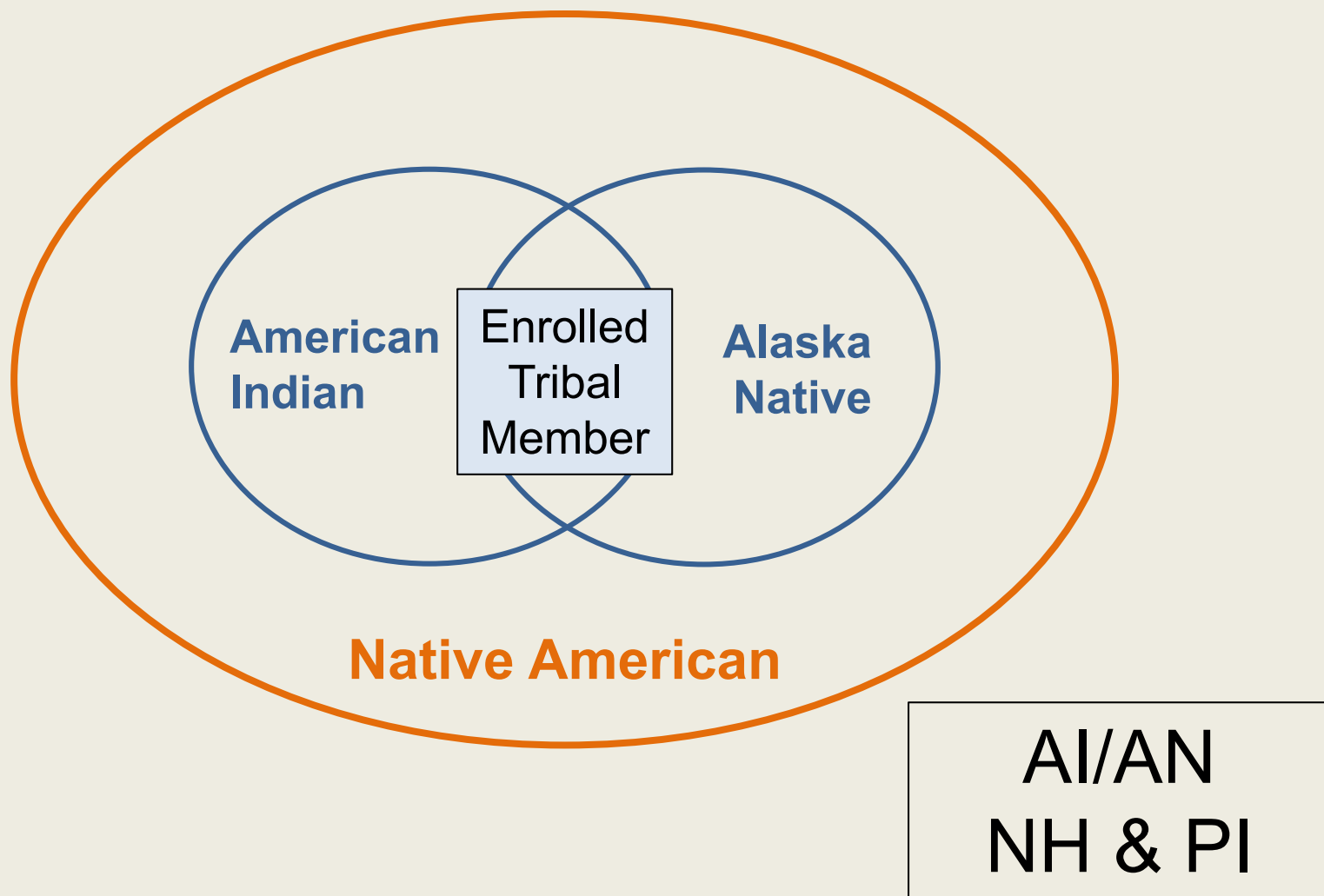


Indian Health Service “User Population”

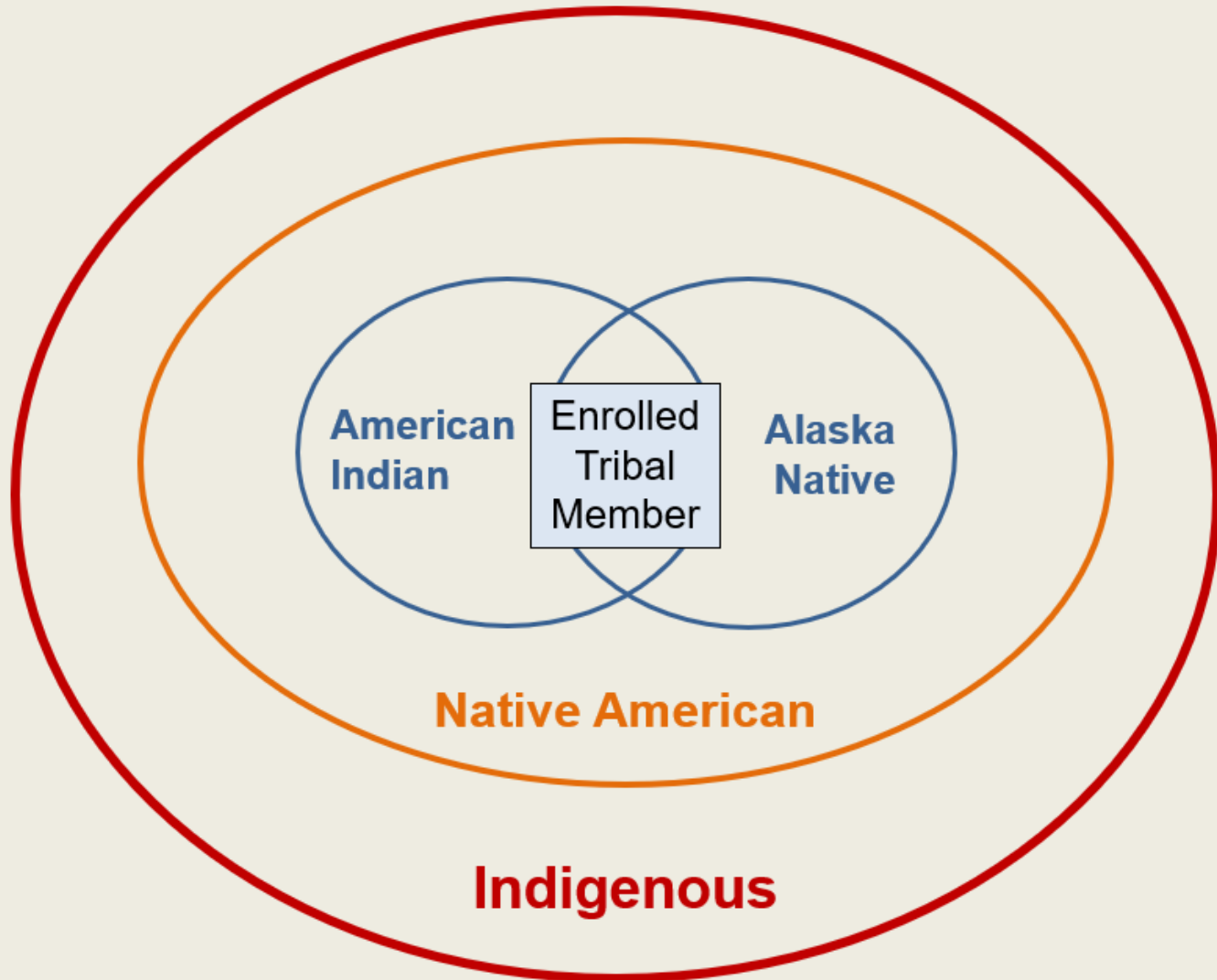


2.6 million
2020 US Census

What is Native American?



What is Indigenous?



Map of Nakota, Lakota, and Dakota areas



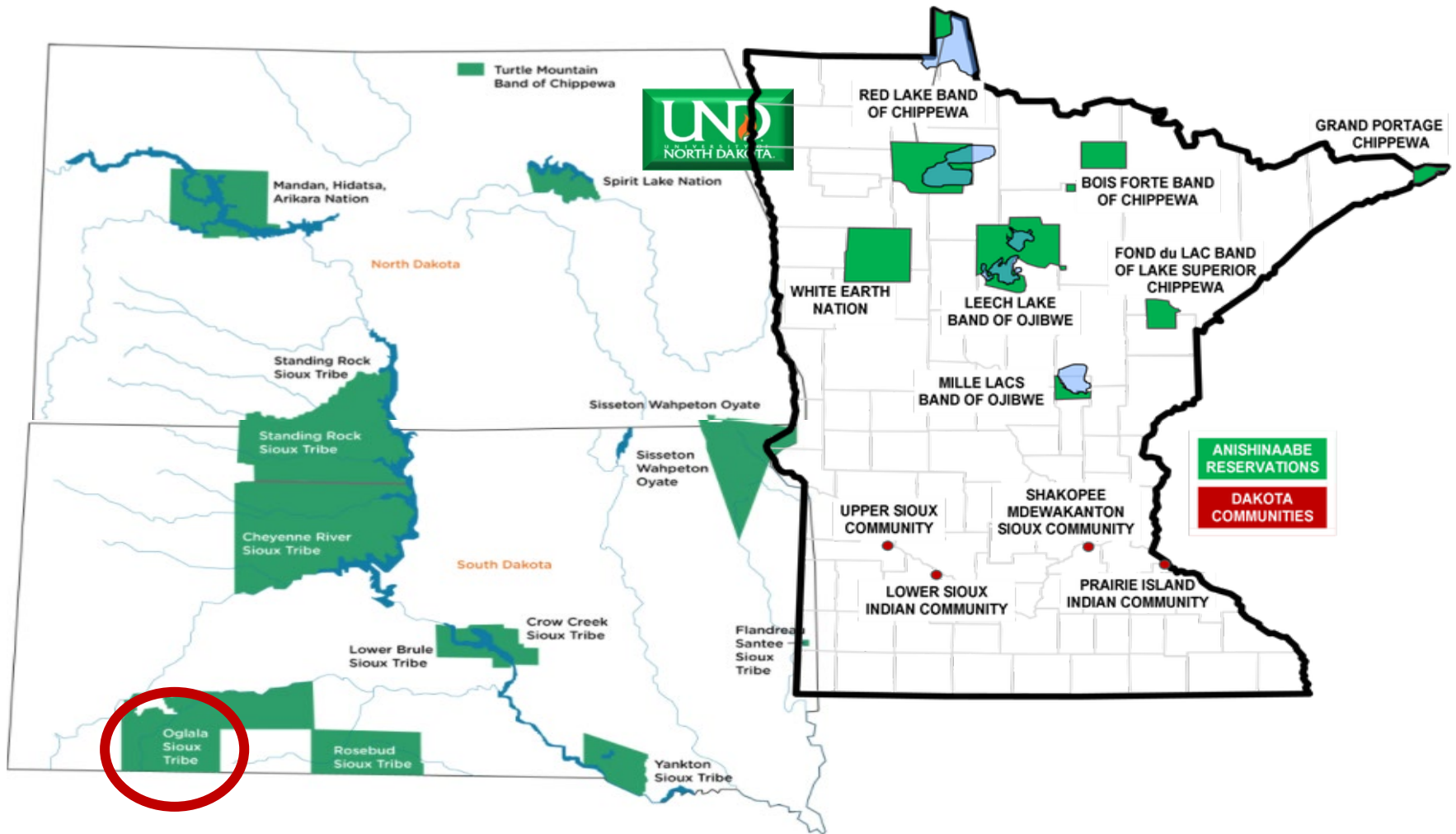
Map of the area along the red river



Photo of lake



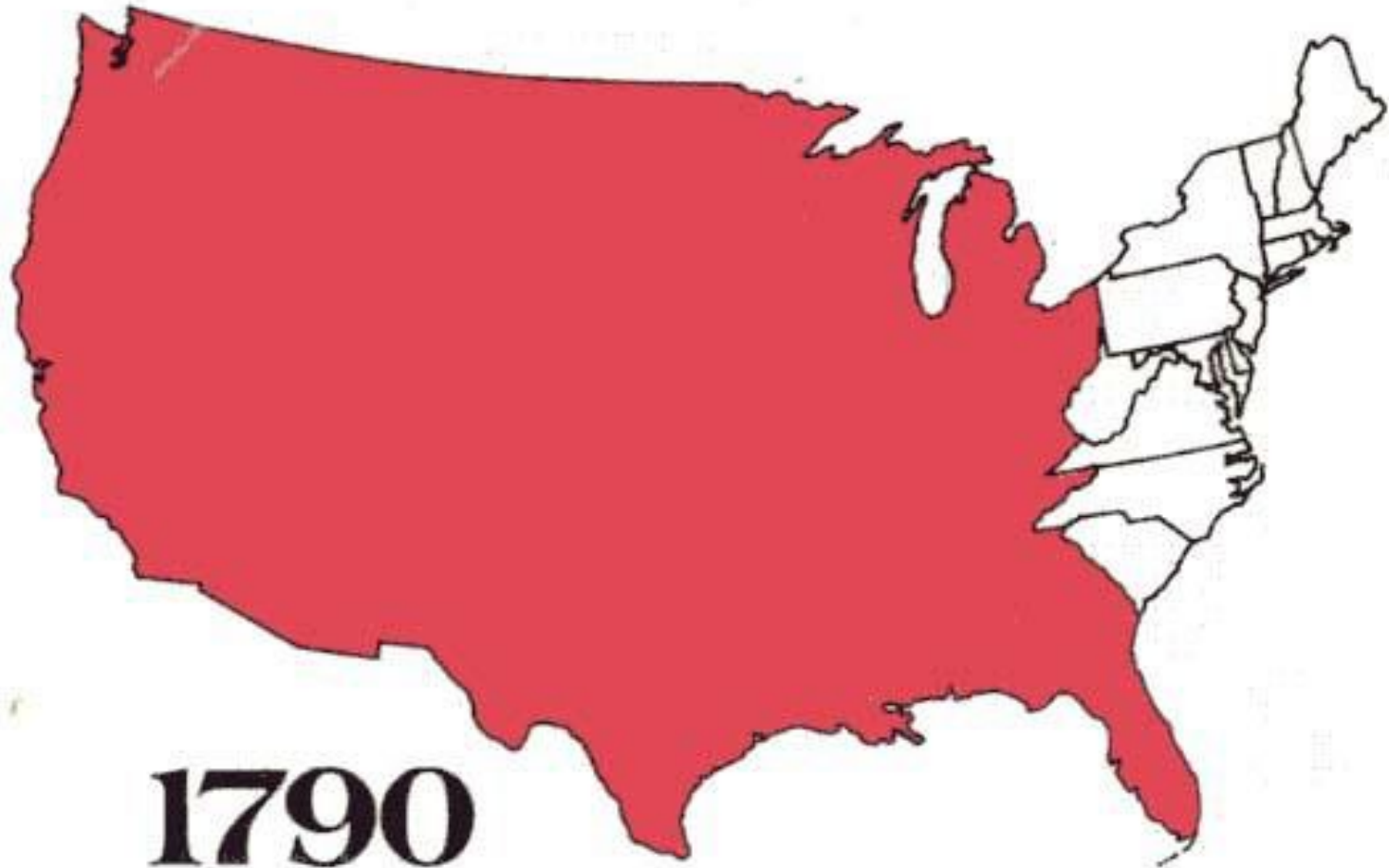
Map of North Dakota, South Dakota, and Minnesota



Historical Context, 1492



Historical Context, 1790



Biological Warfare



Smallpox Blankets

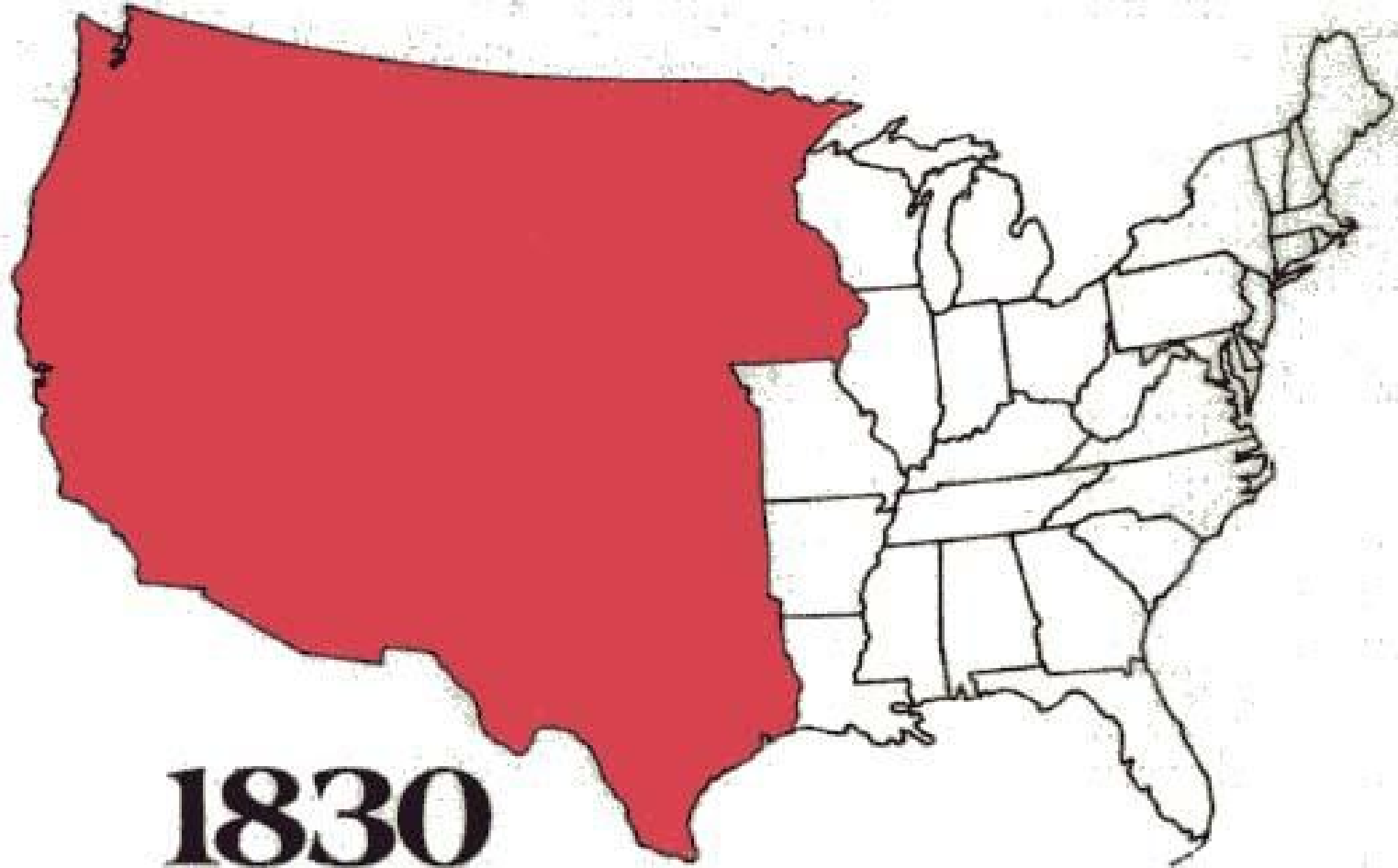
(B.S.)

You will do well to try to Inoculate the
Indians by means of Blanketts, as well as to try
Every other Method that can serve to extirpate
this execrable Race. I should be very glad your
Scheme for Hunting them Down by Dogs could take
Effect

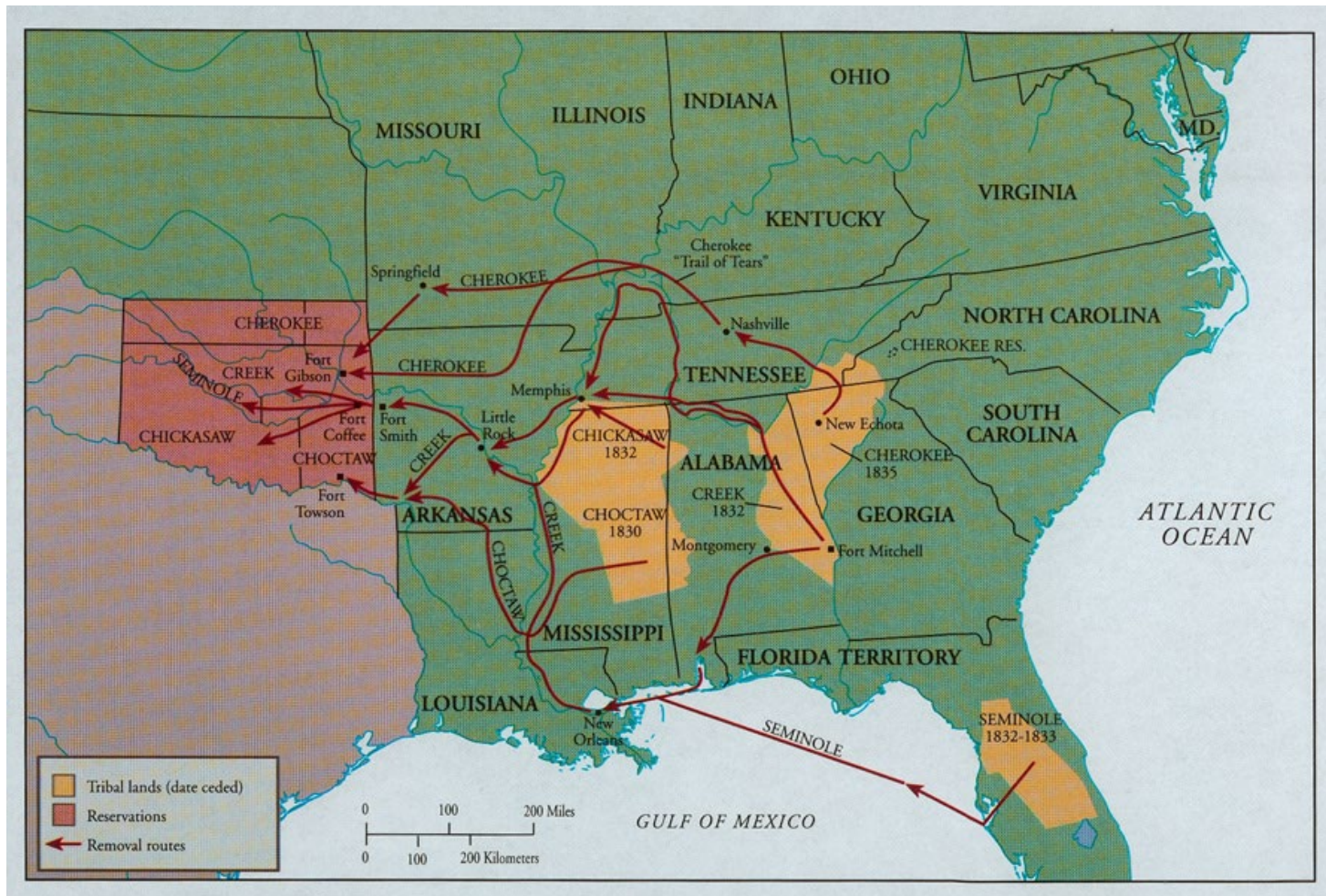
Effect, but England is at too great a Distance
to think of that at present

You will do well to try to inoculate the Indians by means of Blanketts, as well as to try every other method that can serve to Extirpate this Execrable Race. I should be very glad your Scheme for hunting them Down by Dogs could take effect...

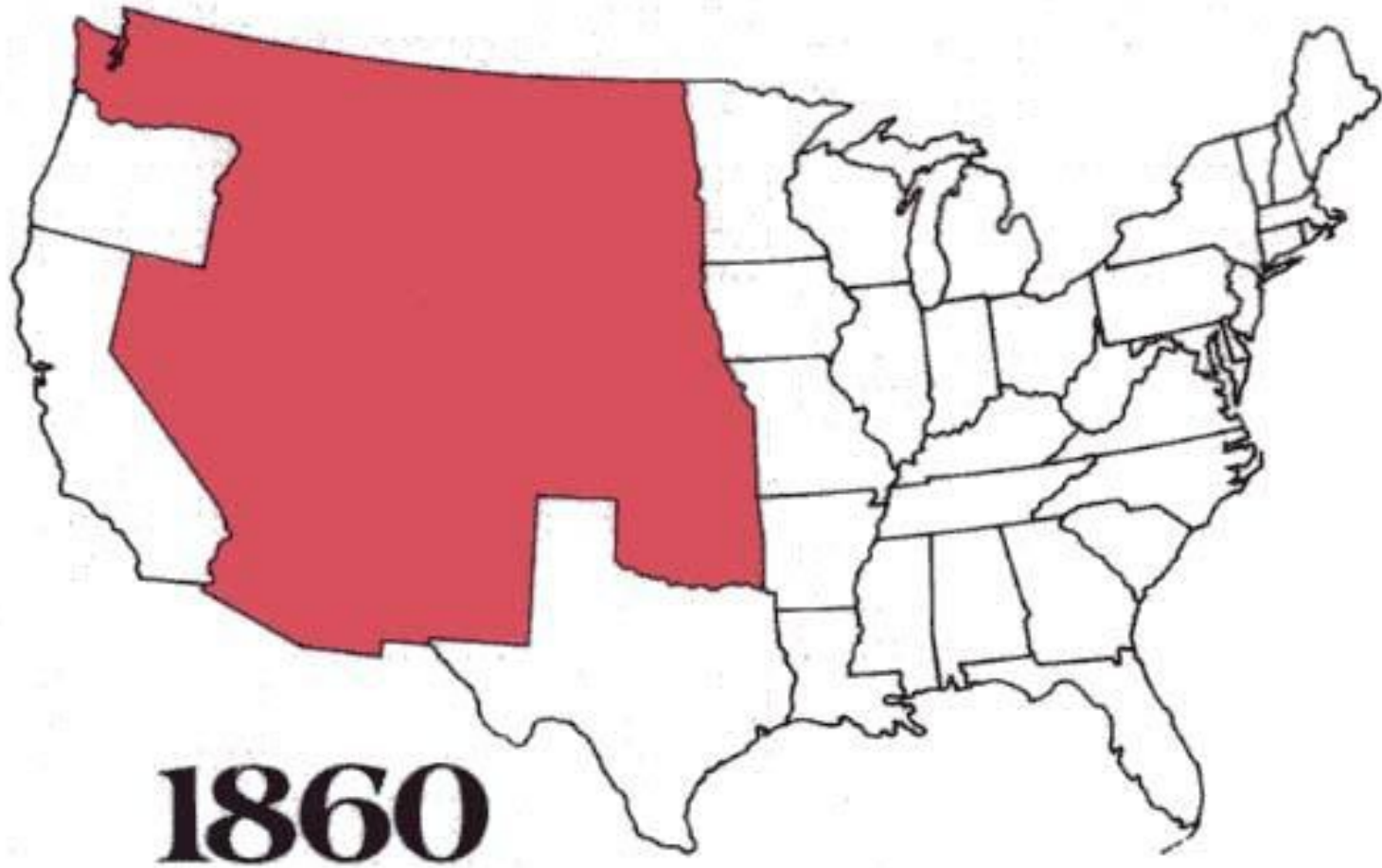
Historical Context, 1830



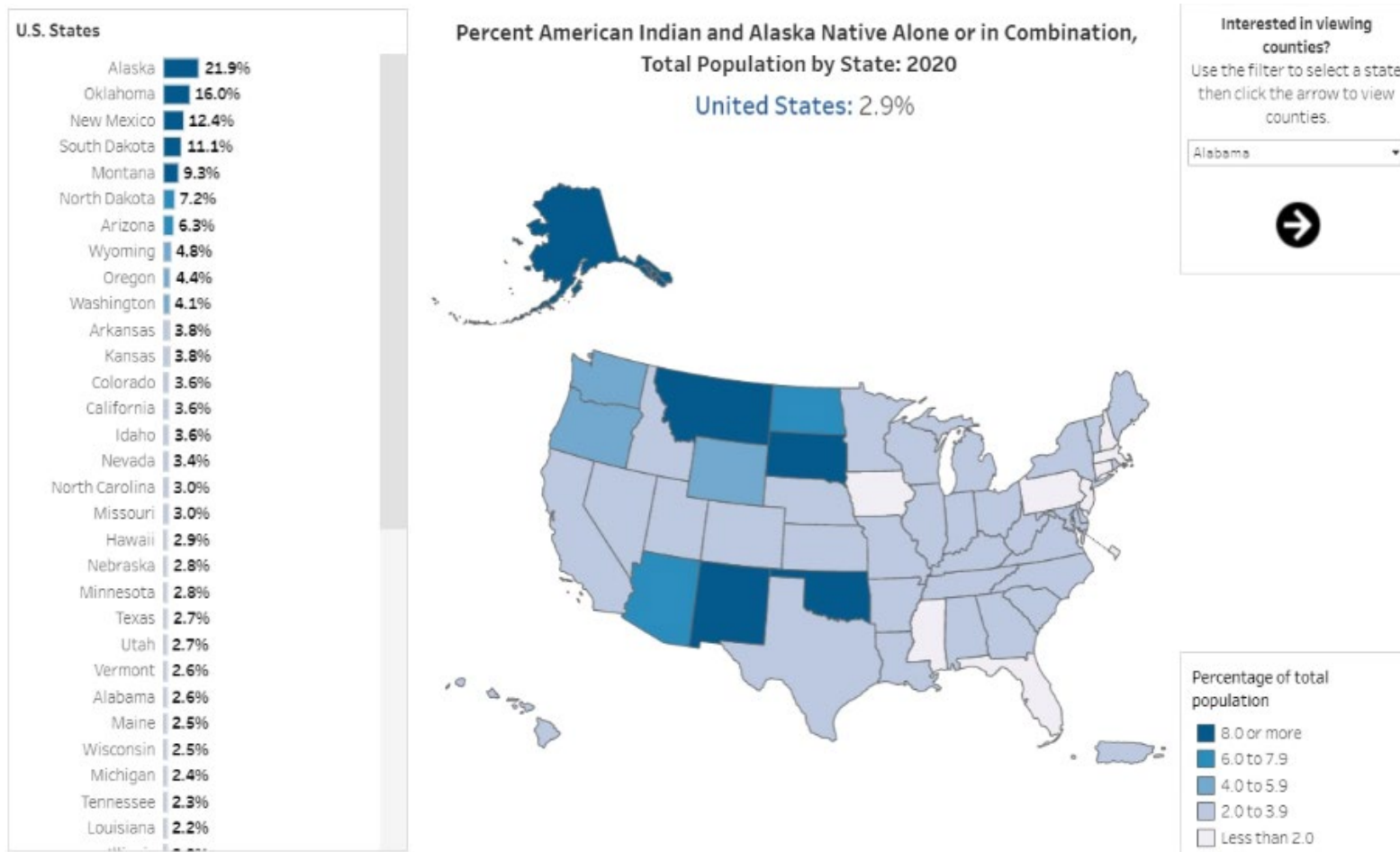
Map of forced American Indian Migration from the southeast to Oklahoma



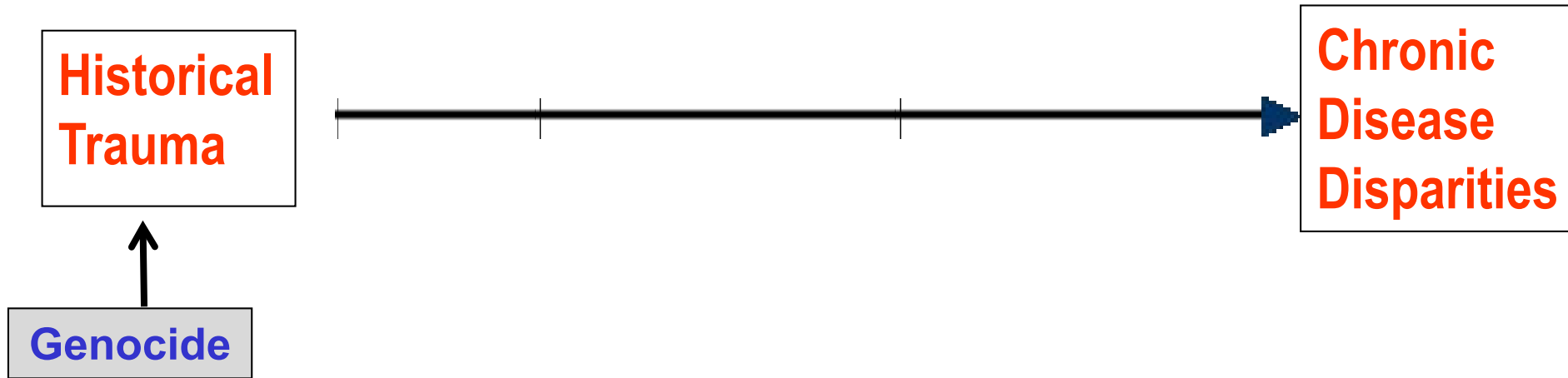
Historical Context, 1860



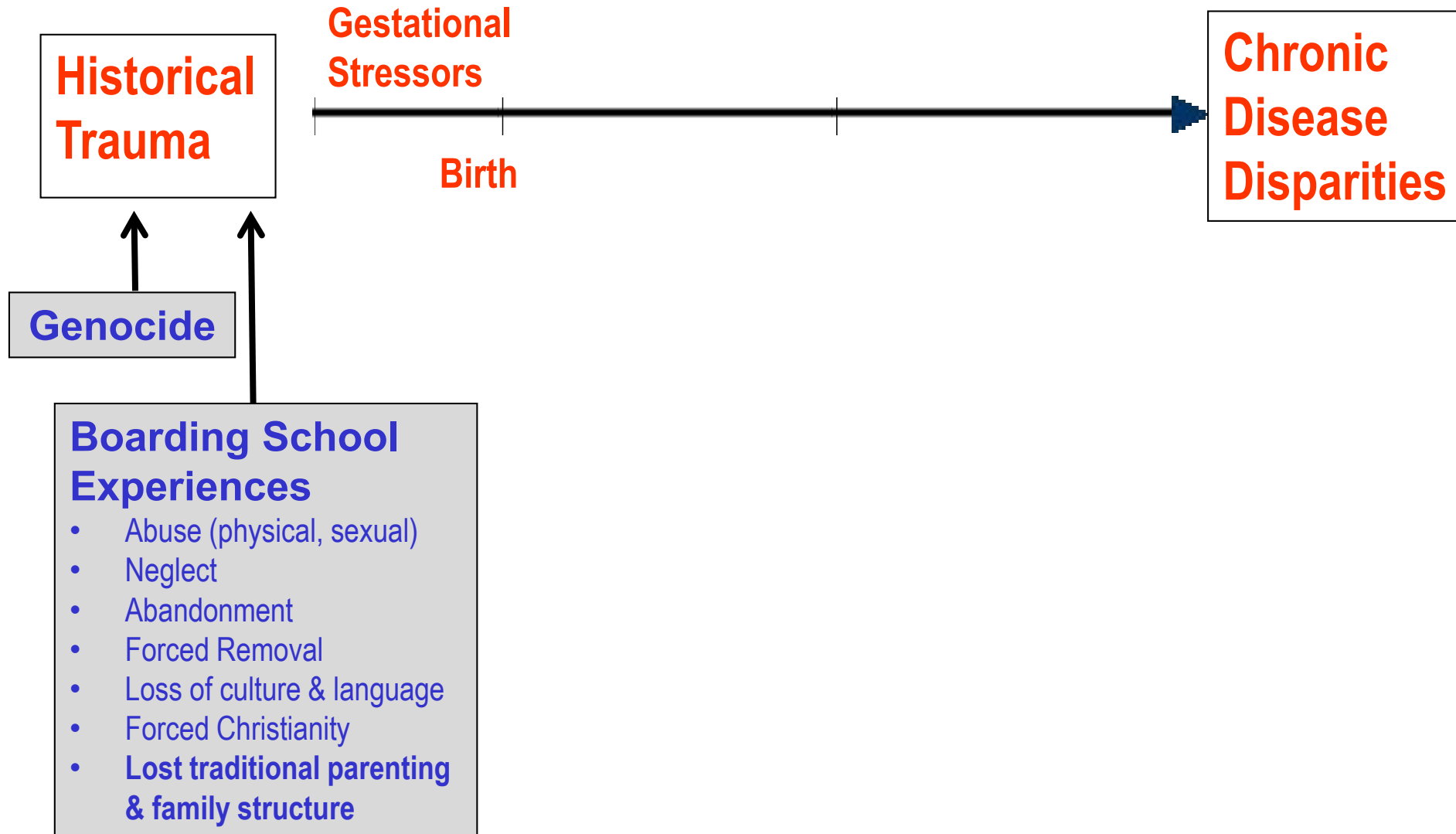
AI/AN Population



Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives



Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives



Historical Trauma

Historical trauma is the collective emotional wounding across generations that results from massive cataclysmic events – Historically Traumatic Events (HTE)*



- This trauma is held personally and transmitted over generations. Thus, even family members who have not directly experienced the trauma can feel the effects of the event generations later.

Carlisle Indian Industrial School

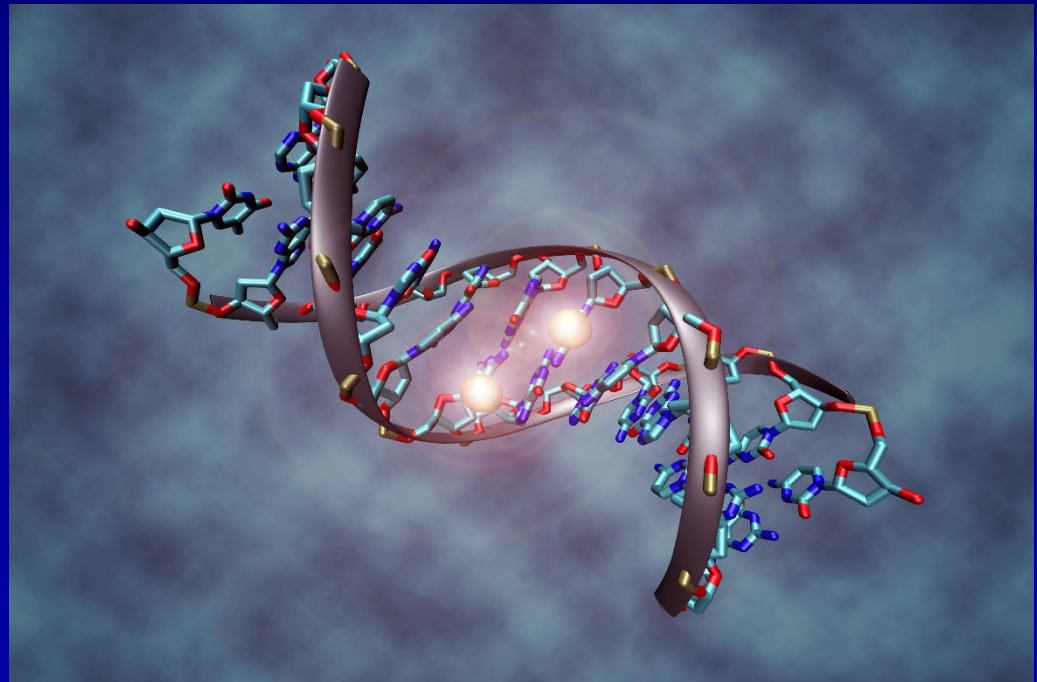


Effects of the Carlisle Indian Industrial School

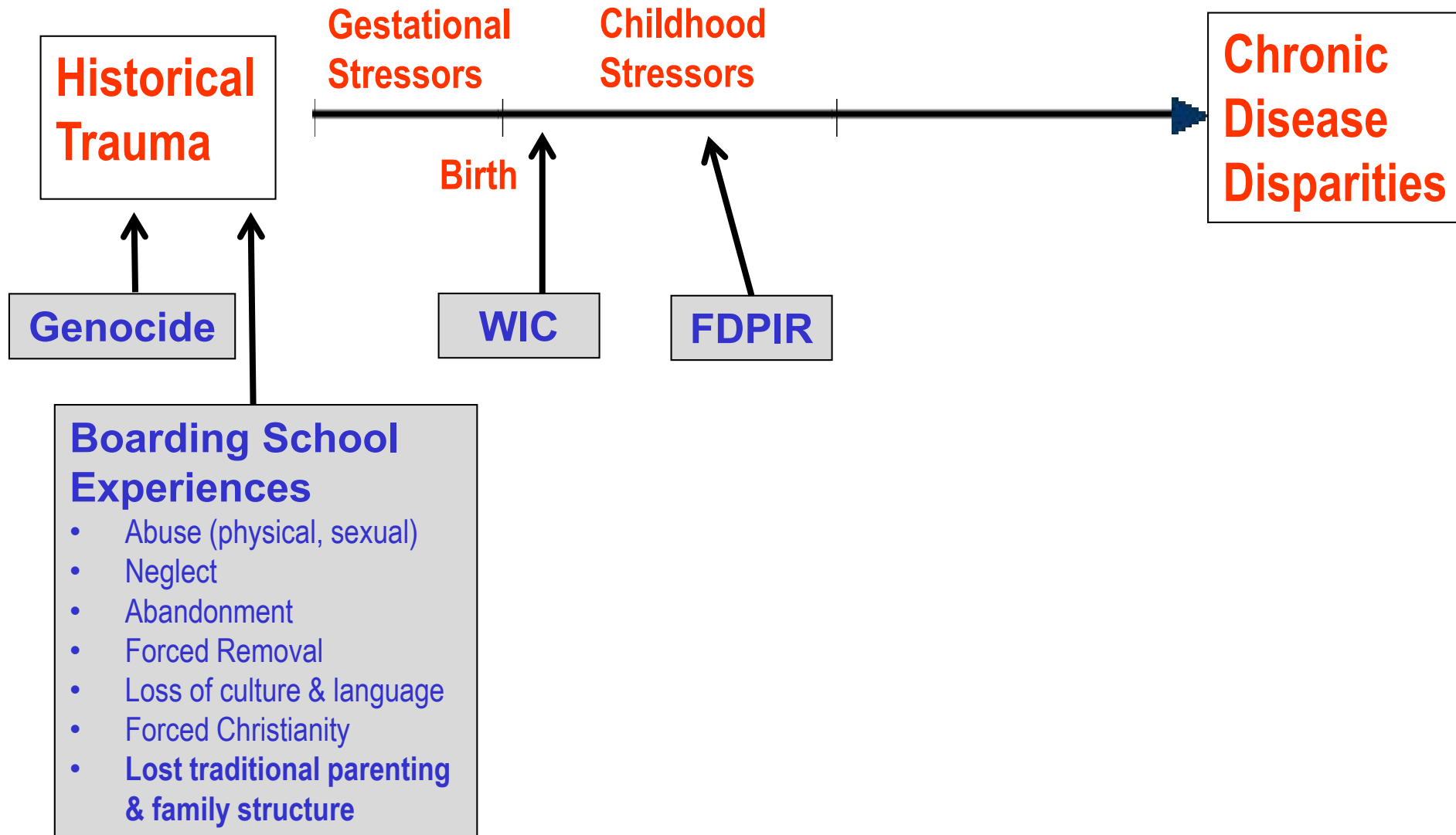


Epigenetics

- **Epigenetics** refers to the study of changes in the regulation of gene activity and expression that are not dependent on DNA sequence.



Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives



Fry Bread



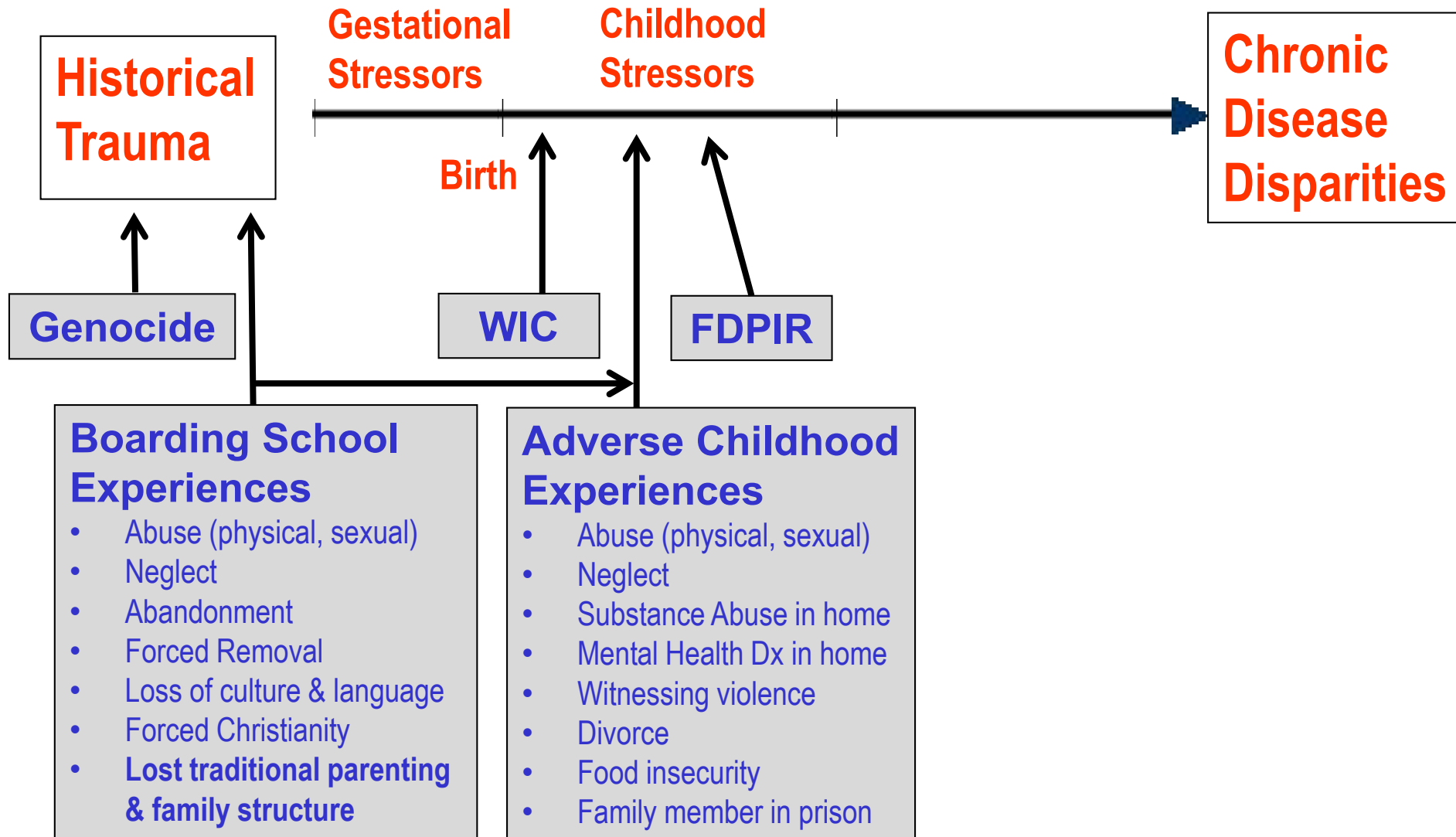
USDA Food on Reservations



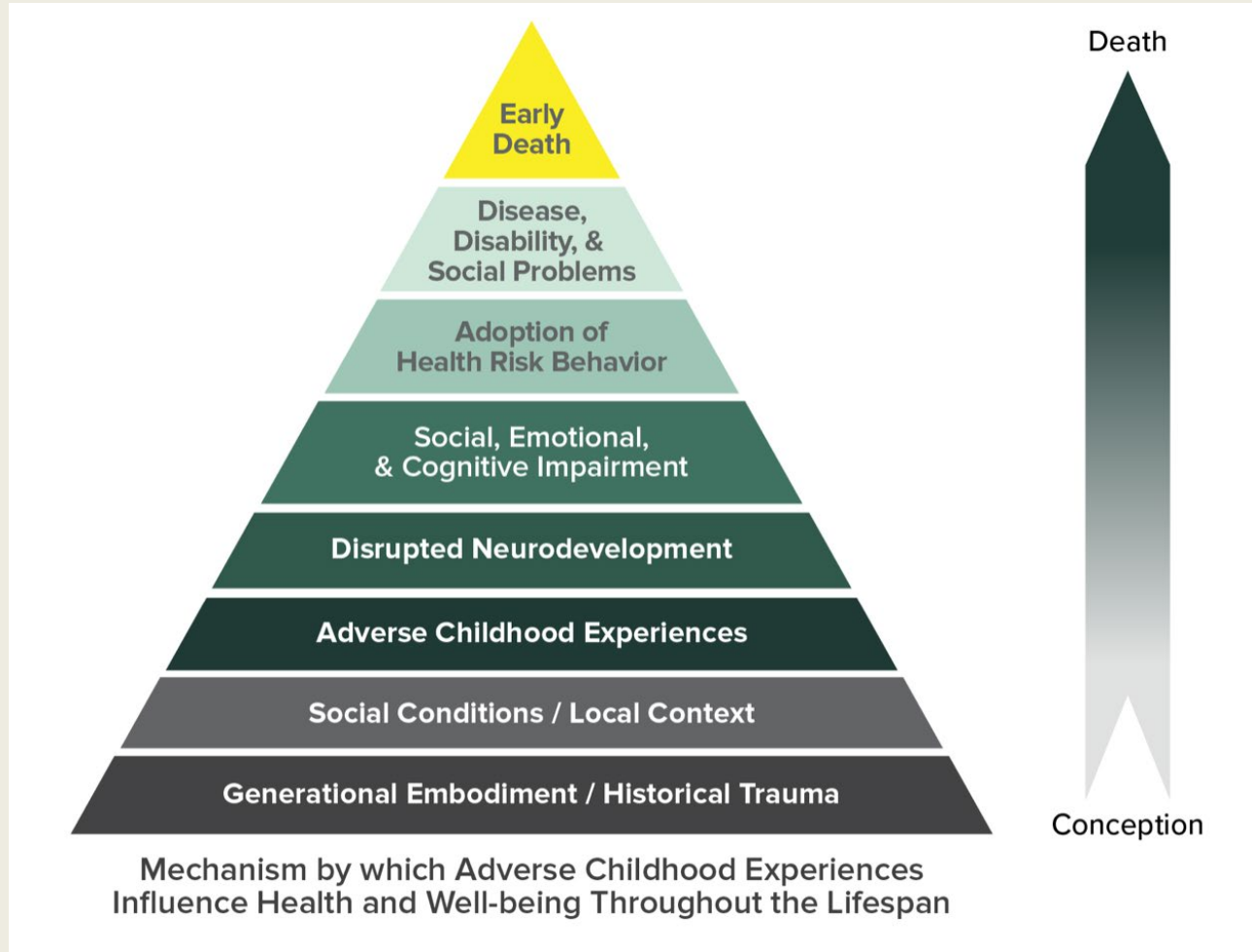
@MacarioAeugus



Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives



Mechanism by which adverse childhood experiences influence health and well-being throughout the lifespan



Impact of ACEs on Health

ACES can have lasting effects on....



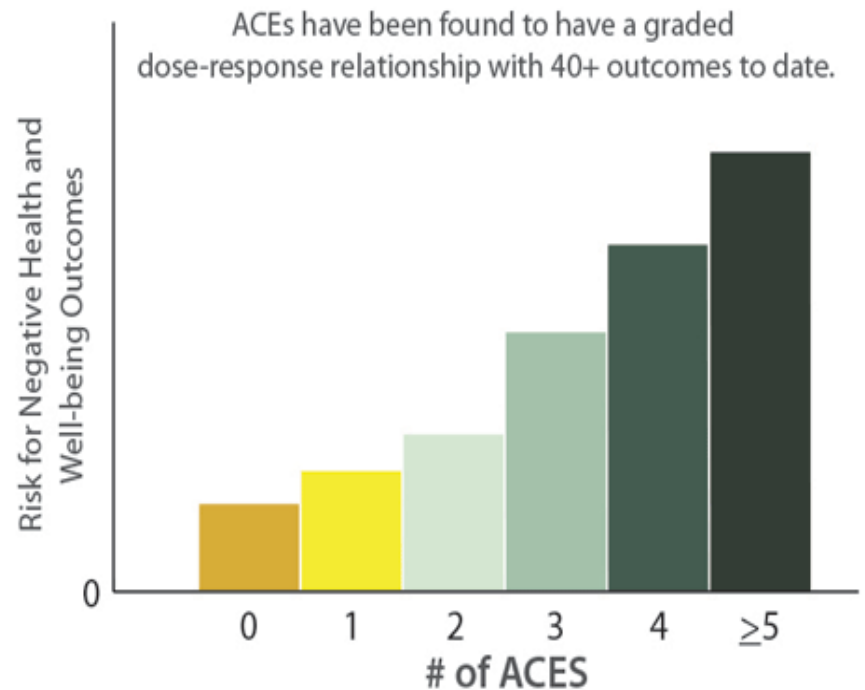
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)

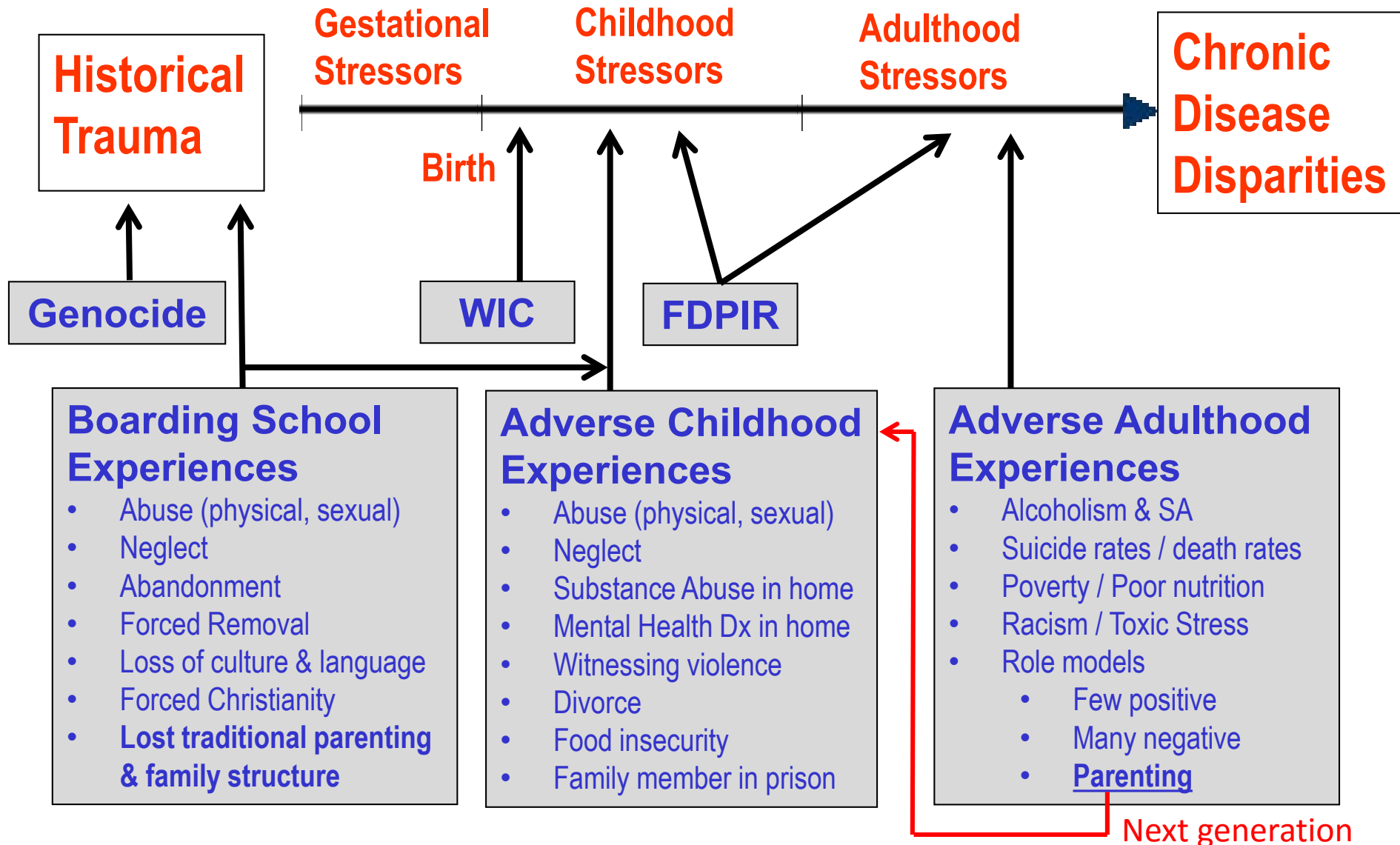


Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives



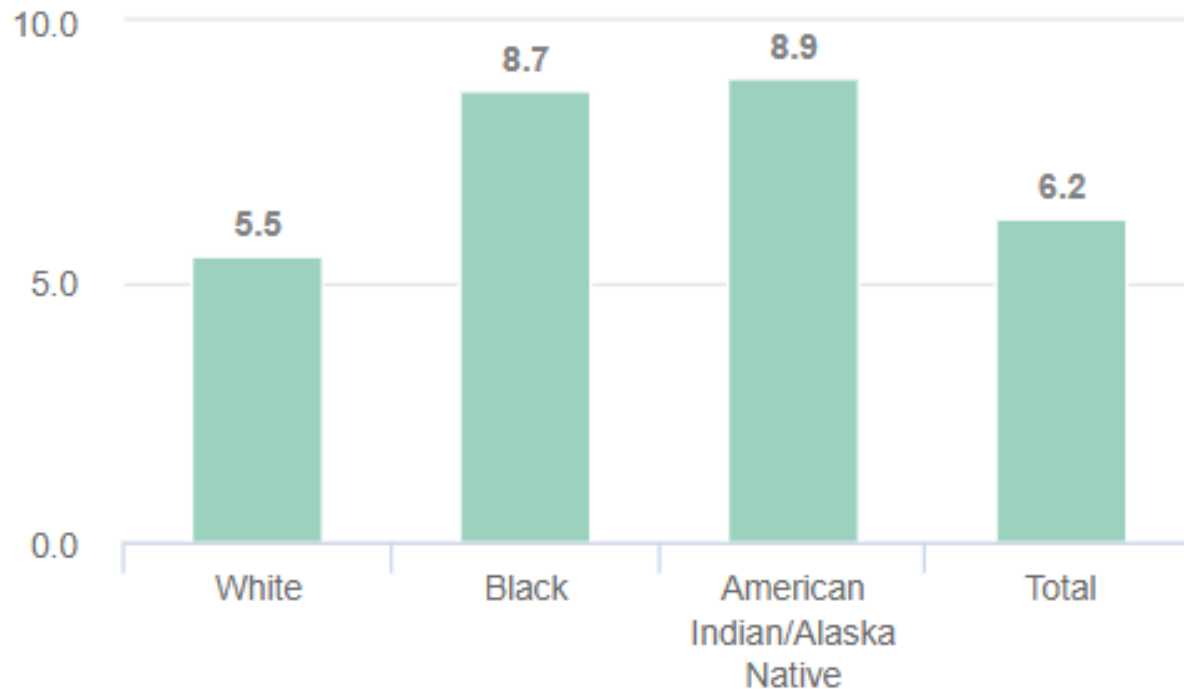
AI/AN Maternal Health Disparities

- **3-4 times** more likely than white women to die of complications related to pregnancy and/or childbirth
- **>2 times** more likely than white women to have severe maternal morbidity, including a preterm labor & obstetrical hemorrhage
- Greater rates of *Gestational Diabetes* and *Pre-eclampsia*—link to obesity
- Smoking and SA during pregnancy—regional differences

Infant mortality rates by race: South Dakota

Infant mortality rates by race: South Dakota, 2016-2018 Average

Rate per 1,000 live births



• Data only available for categories shown.

Infant mortality rates by race: North Dakota

Infant mortality rates by race: North Dakota, 2016-2018 Average

Rate per 1,000 live births



• Data only available for categories shown.

Draft Recommendations to the Health and Human Services Secretary Pertinent to the Health of Indigenous Mothers and Infants

*“Broken Promises: Continuing Federal
Funding Shortfall for Native Americans”*
USCCR, 2018

General Comments & Considerations

- In the introduction/framing of recommendations, should make reference to the ***strengths, resilience, and wisdom*** that exist in Indigenous communities around how to ensure healthy birth outcomes and protect women and infants.
- There is a call to “include Indigenous individuals as active participants” in efforts; consider them to be “***key leaders and decision makers***”?

General Comments & Considerations

- In the framing of the historical context, there is no mention of the ***Boarding School era*** or other child removal policies and practices; with the recent release of the first DOI Investigative Report, it seems this is should be mentioned.



Federal Indian Boarding School Initiative Investigative Report

https://www.bia.gov/sites/default/files/dup/inline-files/bsi_investigative_report_may_2022_508.pdf

General Comments & Considerations

- Consider inclusion of root causes, including racism, to inequities and social determinants.
Call for leaders of institutions and systems to:
 - “dig deep” to uncover and understand the deep roots of structural racism that persist and that impact how decisions and resource allocations are made; and
 - commit to ongoing exploration and learning about what allyship and full partnership with Indigenous communities could look like.

General Comments & Considerations

- Encourage the expansion of maternal and infant programs that support caregivers in the prenatal and post partum period. These programs improve outcomes. This includes expansion, support and funding for home visiting programs, access to doulas, and access to midwifery.
- Huge issues exist in tribal communities with access to these supports and subsequent access to OPTIONS for prenatal care and postpartum care/support.
- These programs need to be highlighted as ESSENTIAL programs (not demonstration programs) that will contribute to reduction in inequities in maternal and infant outcomes.

General Comments & Considerations

- Indigenous people have ***inherently protective teachings embedded in culture*** that have contributed to wellness and resilience. Much of what is now considered evidence-based practice has always been woven into Indigenous cultures, including: “breast is best” messaging, wet nursing/ cross nursing, separate but proximate co-sleeping, sleep hygiene, “back to sleep” SIDS prevention (e.g. traditional cradleboards), birth supporters (i.e. doulas), and the positive impact of family, social, and cultural connectedness on child health.

General Comments & Considerations

- Telemedicine—for many patients, telemedicine is difficult and often not culturally congruent.

Other solutions to consider:

1. Invest in the education and professional development of AI/AN medical professionals and paraprofessionals
2. Develop alternative care models that extend both virtual and in-person care into communities (mobile units, home visits).

General Comments & Considerations

- Advocate for Medicaid Expansion.
- Despite the need for Indigenous doulas and the growing number of Indigenous doula training programs, state doula accreditation standards restrict Medicaid coverage to doulas who have attained *nationally accredited training*. National doula accrediting organizations are **cost-prohibitive and do not adequately address the cultural and social determinants of AI/AN maternal health.**

General Comments & Considerations

- **Healthy Start** (HRSA's primary Infant Mortality Prevention Initiative)
- **MIECHV** (Maternal, Infant & Early Childhood Home Visiting)
- **Title V** (State MCH Block grant)
- **IHS** funding & programming

AI/AN Maternal Health Data Coordination & Next Steps

- Support **Tribal data sovereignty** by giving Tribes more direct and easy access to data on your communities
- Build capacity within Tribes for utilizing data for public health planning, grant writing, policy development, education, and advocacy
- Maximize use of data assets, especially data that has been corrected for AI/AN misclassification
- Modernize data infrastructure to provide better service to Tribes
- Expand **Tribal PRAMS** programs

Family Spirit Program

- **Family Spirit** addresses intergenerational behavioral health problems, applies local cultural assets, and overcomes deficits in the professional healthcare workforce in low-resource communities.
- It is the only evidence-based home-visiting program ever designed for, by, and with American Indian families. It is used in over 100 tribal communities across 16 states

<https://caih.jhu.edu/programs/family-spirit/>

Family Spirit Program

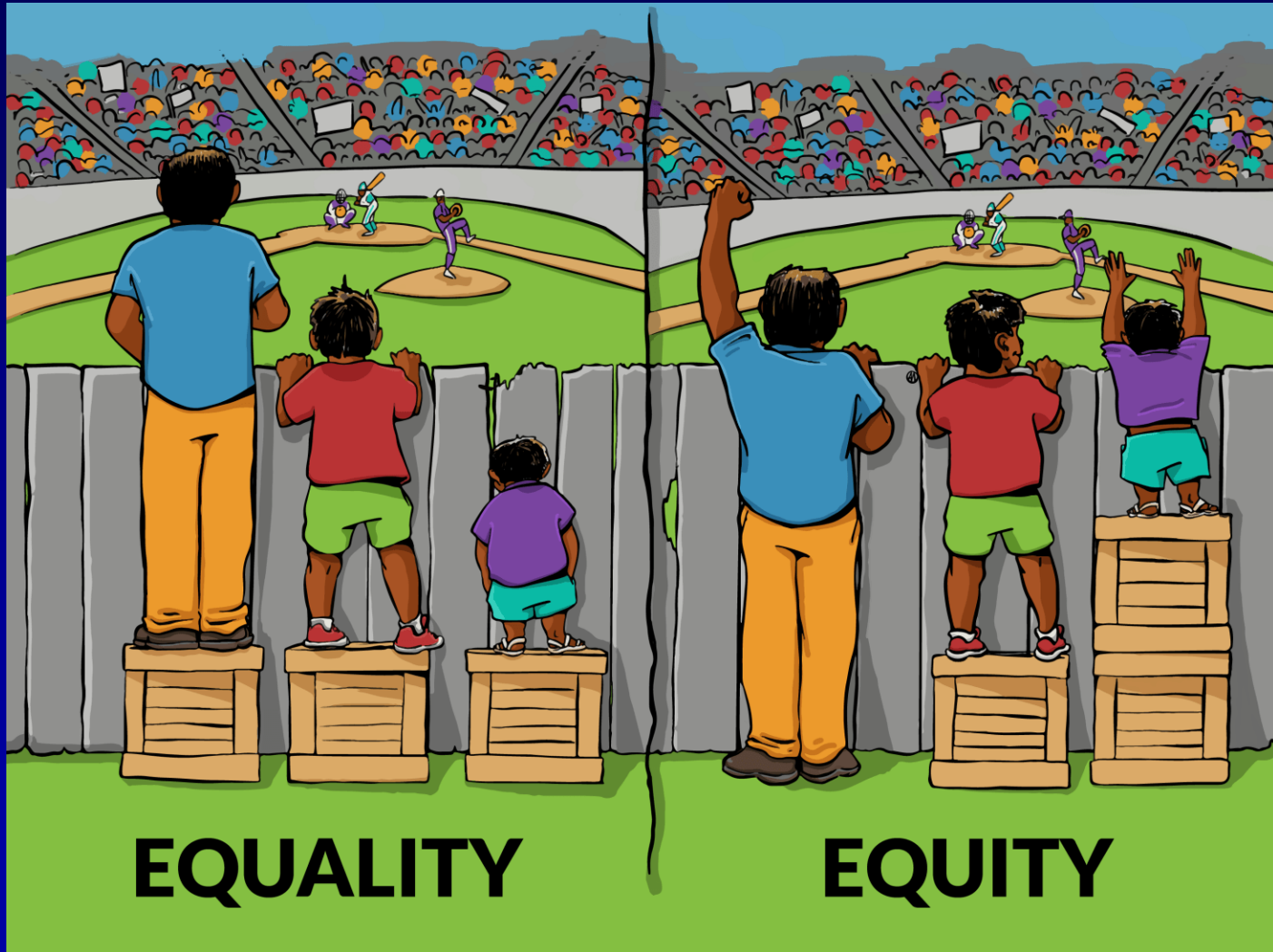
Family Spirit model goes above and beyond MIECHV programs in several areas:

- Leverages cultural assets and an Indigenous understanding of health;
- Encourages the use of paraprofessionals to deliver the program; and
- Addresses behavioral health disparities.

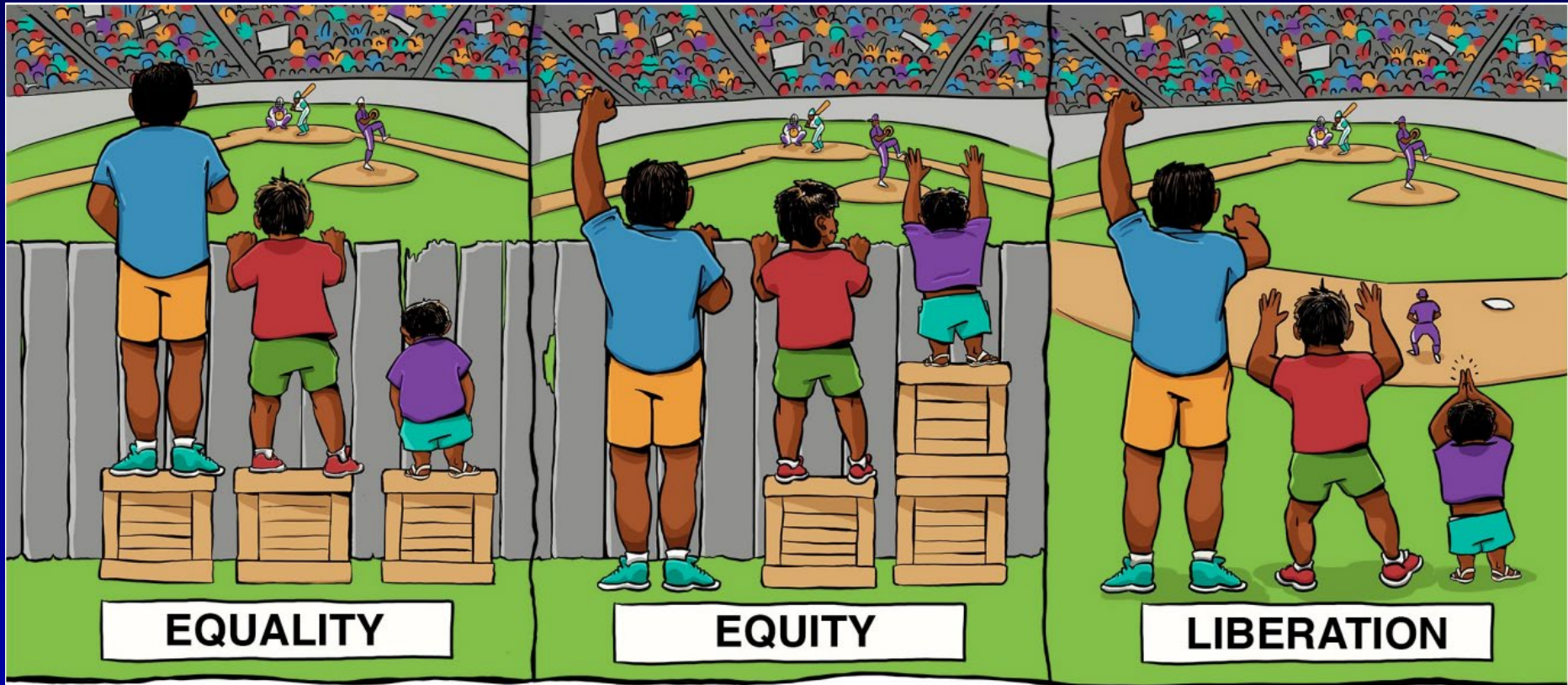
Family Spirit Program

Three RCTs including the latest, “**Cradling Our Future**” study funded by NIH (NIDA R01 DA019042-01A1) that enrolled N = 322 AI mother-child dyads, demonstrated *Family Spirit significantly improves parenting efficacy, reduces mothers’ drug use and depressive symptoms, and improves social, emotional, and behavioral development for children through 3 years postpartum* in ways that would predict less substance use and lower suicide risk and related problems across mothers’ and youth’s developmental life course

Equality and Equity

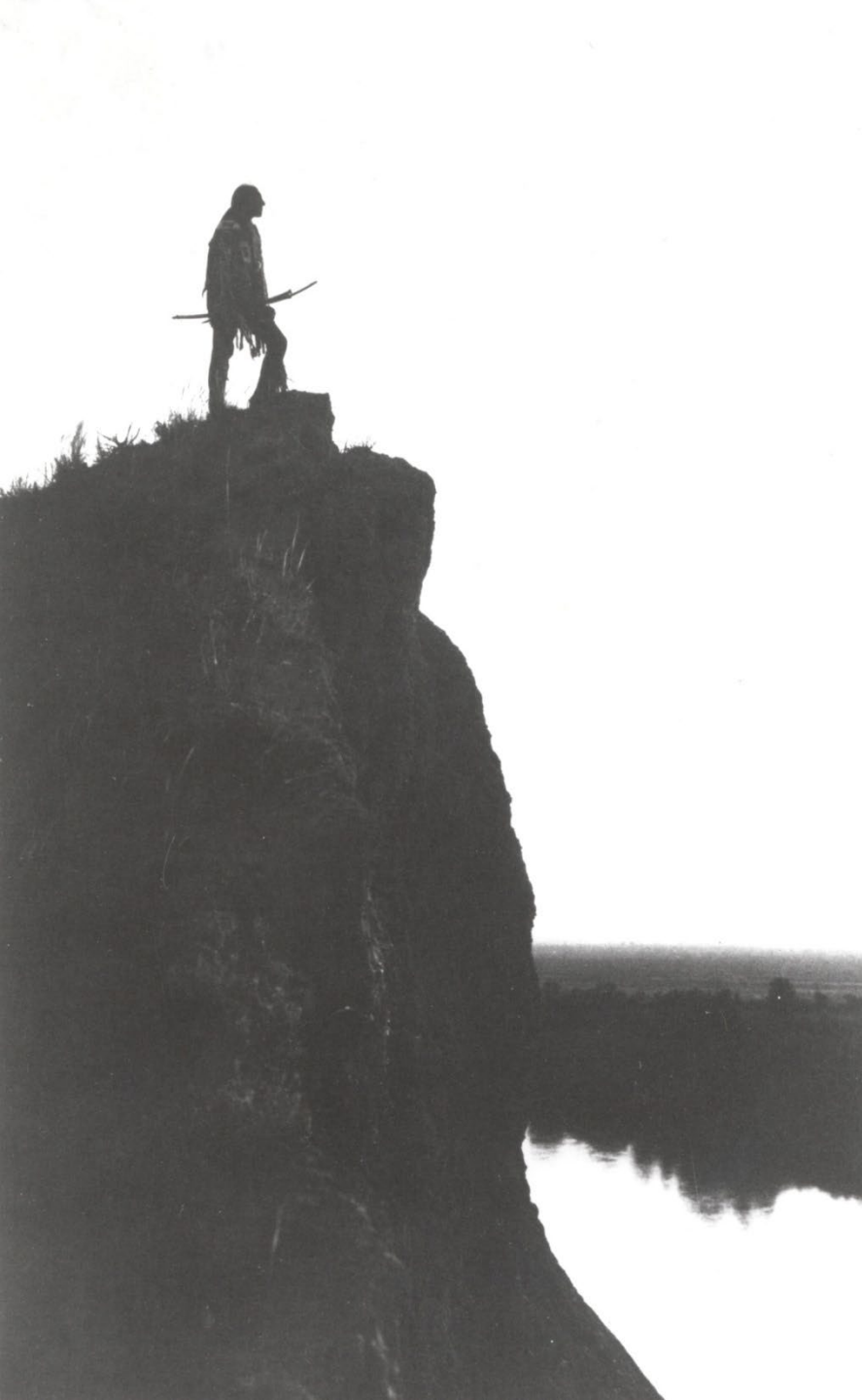


Equality, Equity, Systemic Barriers



Buffalo Protect the Vulnerable Members of Their Herd





Contact Information

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