

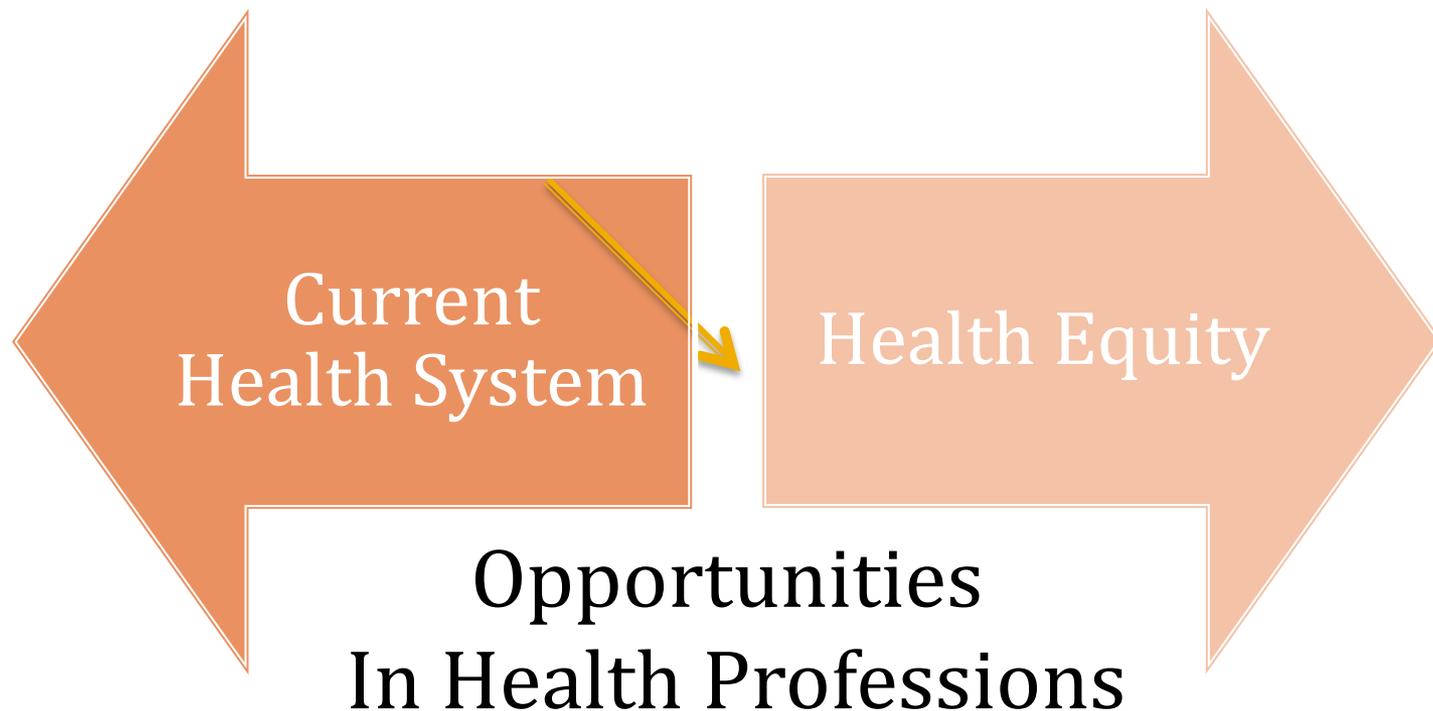
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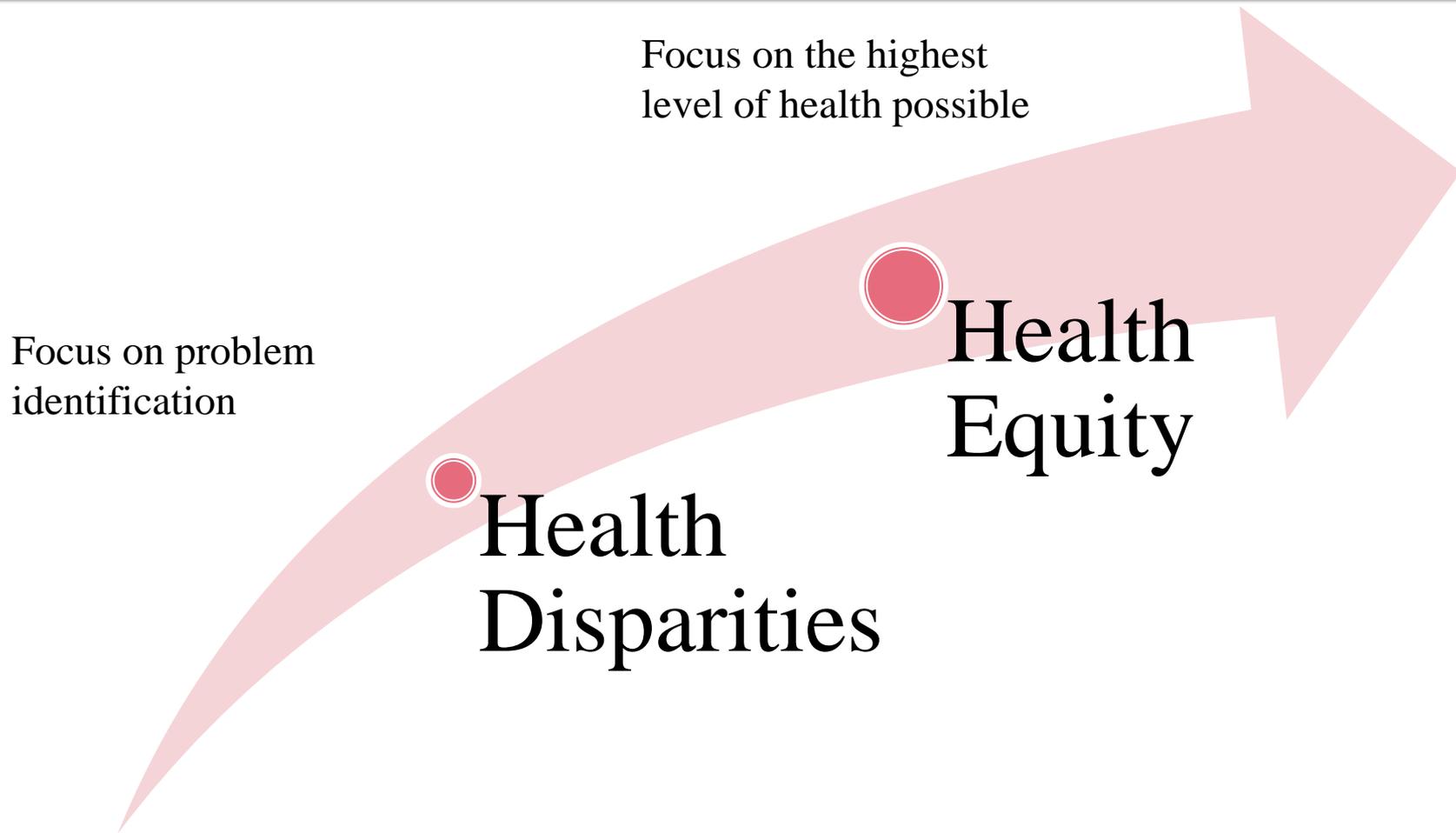
# Social Determinants of Health and Native Peoples

# The Paradox of Health

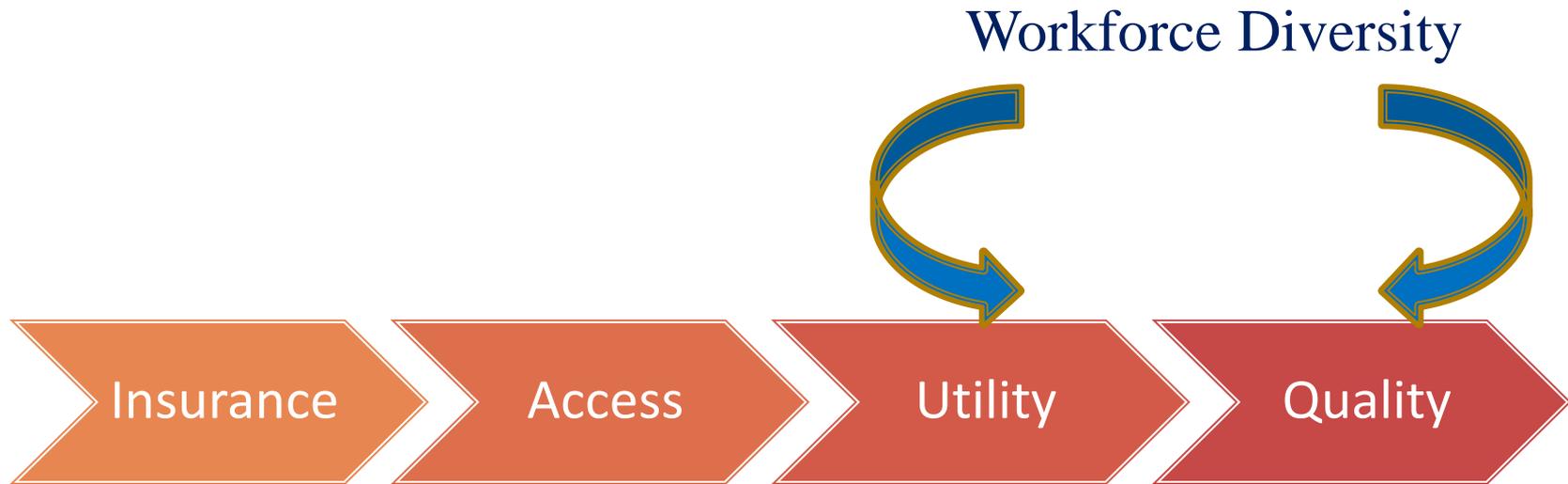
When our values related to health are not in alignment with our outcomes.



# Paradigm Shift



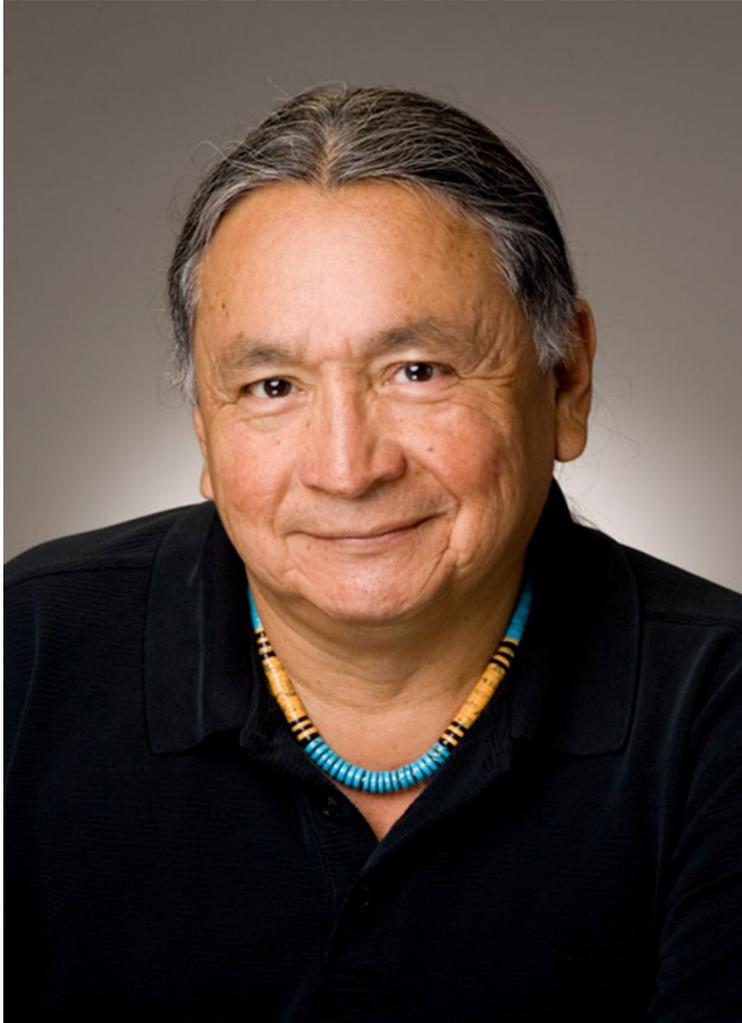
# Health Equity



# SDH: Discrimination and Stress

- Immediate effects (Psychological & Physiological)
  - Hypervigilance/Stress
  - Impaired working memory
  - Impaired self-regulation
- Long-term effects
  - Withdrawal and avoidance behaviors

# SDH: Stress/Discrimination and Allostatic Load



Michael E. Bird is a national consultant to AARP on Native American/Alaskan Native communities and an Indian health expert.

# SDH: Structural Violence

Definition: *“a form of violence which corresponds with the systematic ways in which a given social structure or social institution kills people slowly by preventing them from meeting their basic needs.”*

## **Examples of Outcomes:**

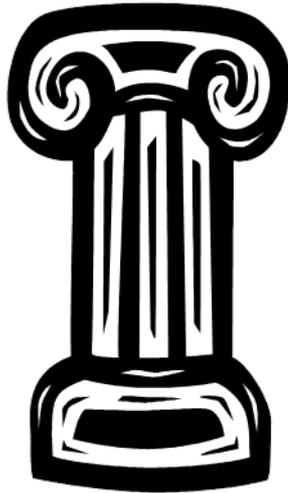
- Life Expectancy for Native Americans is about 4.4 years less than the general population in the US.
- Tribes have some of the worst health disparities and economic conditions of all minorities.

# SDH: Environment (The Rez)



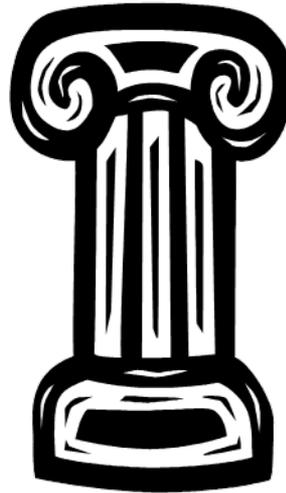
# SDH: Food Insecurity

**Food Availability**



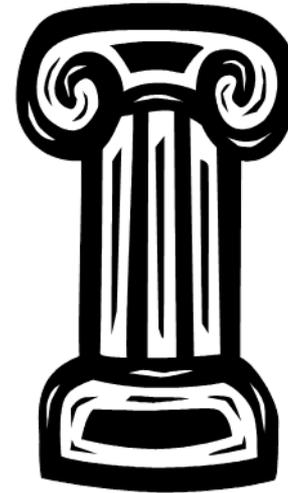
sufficient quantities  
of food available on a  
consistent basis

**Food Access**



sufficient resources to  
obtain appropriate foods  
for a nutritious diet

**Food Use**



appropriate use based  
on knowledge of basic  
nutrition and care

# SDH: Food Insecurity

## Combating Food Insecurity on Native American Reservations

At least 60 reservations in the United States grapple with food insecurity. The condition is common in what are referred to as “food deserts” – rural or urban areas that are vapid of fresh fruits and vegetables and other healthy whole foods. These food deserts offer more convenience stores and fast-food restaurants than supermarkets and grocery stores – thus contributing to communities of people with poor diets and higher levels of obesity and diet-related diseases such as diabetes and heart disease.

Food deserts are prevalent on many American Indian reservations. This is coupled with the reality of Native Americans enduring one of the highest rates of poverty in the U.S., with 35 percent of Native American children living in poverty. Households of Native American families are 400 percent more likely than other U.S. households to report not having enough to eat, largely as a result of living in remote, isolated locations where food supplies and jobs are scarce.

# SDH: Food Insecurity

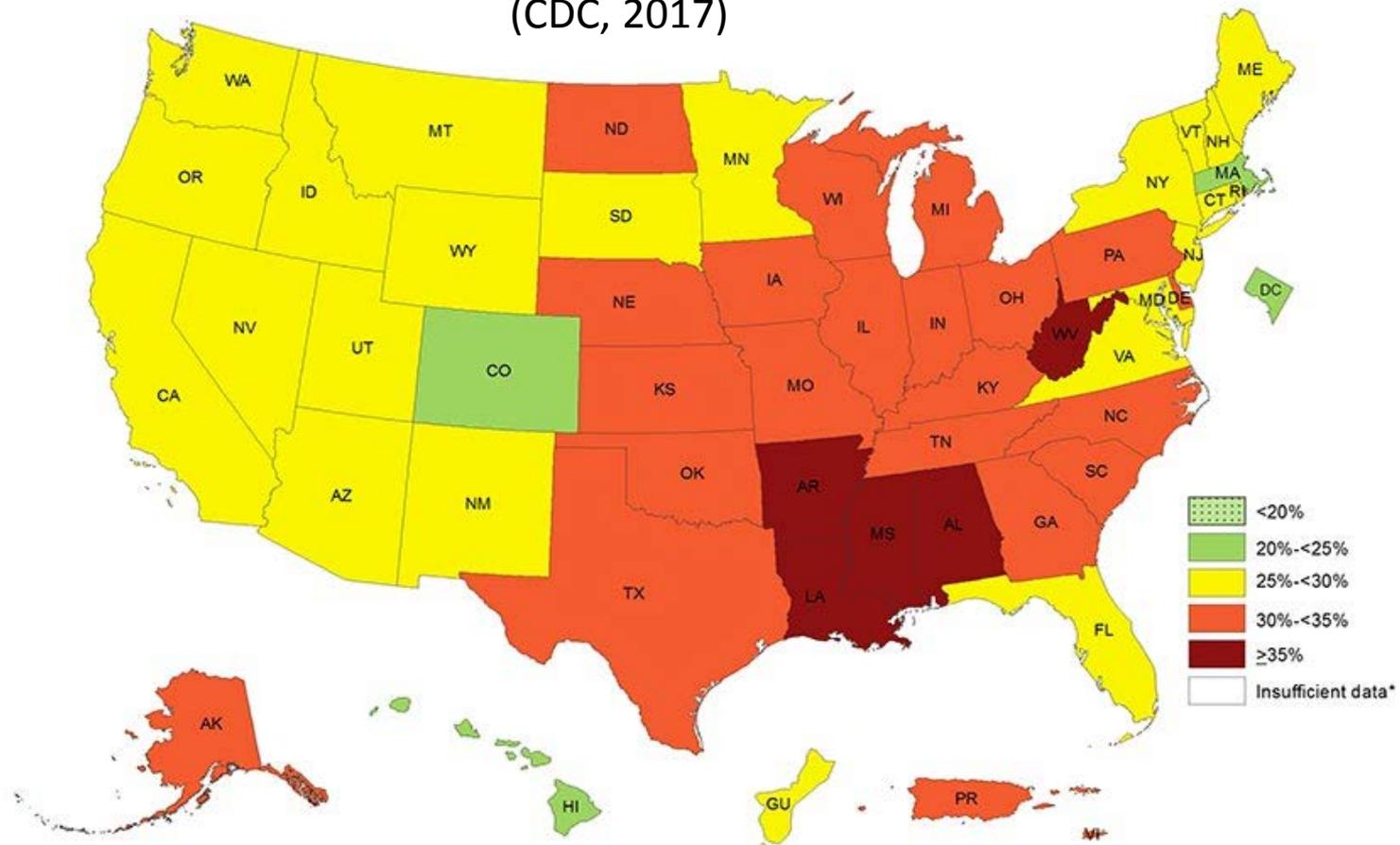
## The Realities of Food Insecurity

The U.S. government provides food commodities to low-income tribal members, as they do to other low-income Americans. These commodities help feed families but are often limited to foods that are **low in nutritional value and high in fats and carbohydrates**, in part contributing to the poor health in Indian country.

Native Americans face multiple health issues, including the **highest rate of type 2 diabetes** in the country and being nearly twice as likely as other Americans to die from diabetes. **An estimated 42 percent of Native Americans also struggle with obesity.**

# SDH: Food Insecurity

Overall obesity rates (BMI greater than 30): 36.5%  
(CDC, 2017)



# SDH: Food Insecurity

- Dr. Donald Warne, MD, MPH  
Diabetes among Native Americans- Genes or Environment

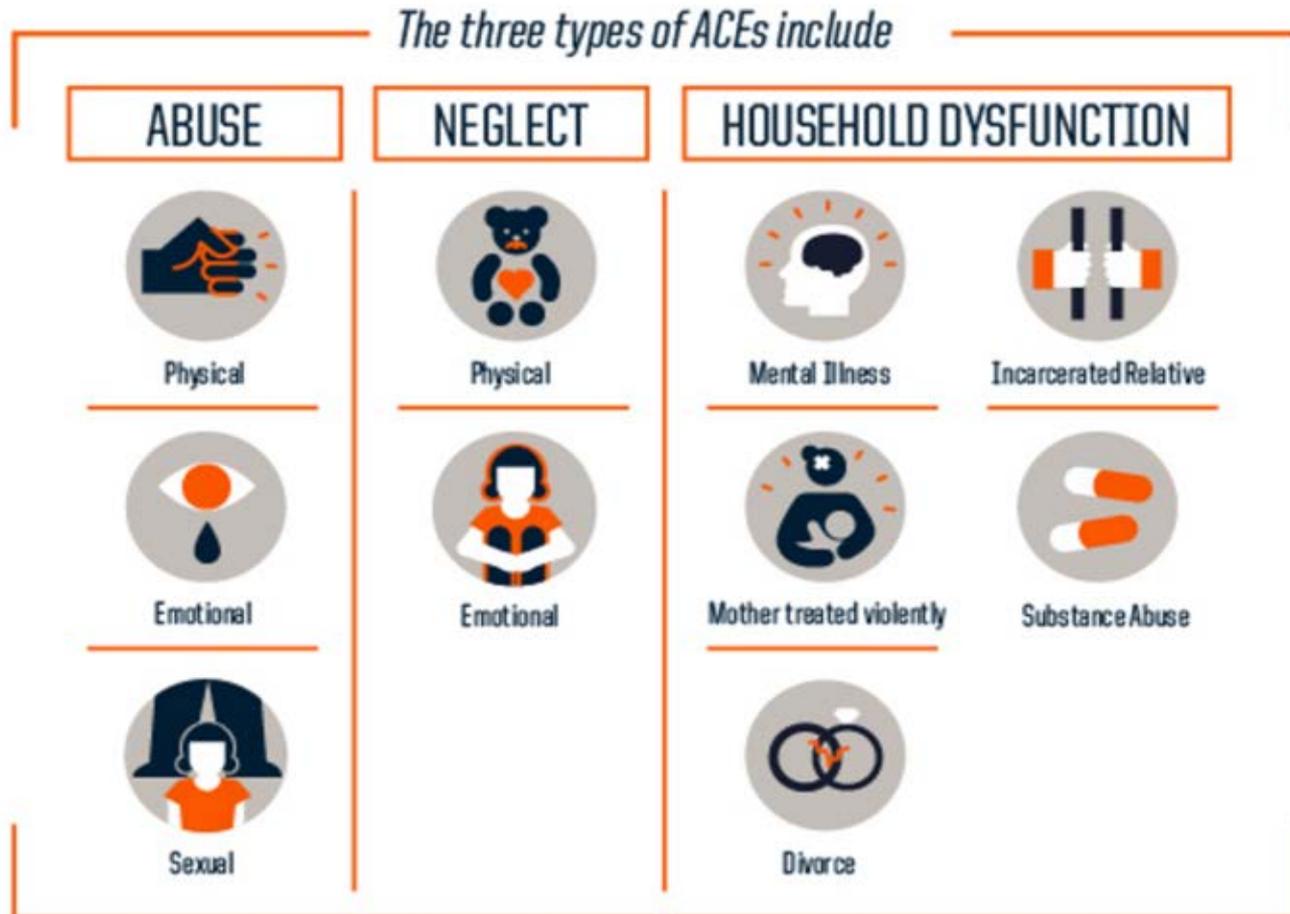


# SDH: Poverty

## Federal poverty line (2016)

- \$24,300 for family of four (\$2025/mo)
- \$11,880 for one person (\$990/mo)
- General Population in 2016 12.7%
- Native Americans in 2016 28.6%

# SDH: Adverse Childhood Experiences



**Prior to your 18th birthday (count the number of yeses)**

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Were your parents ever separated or divorced?
7. Was your mother or stepmother:  
  
Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

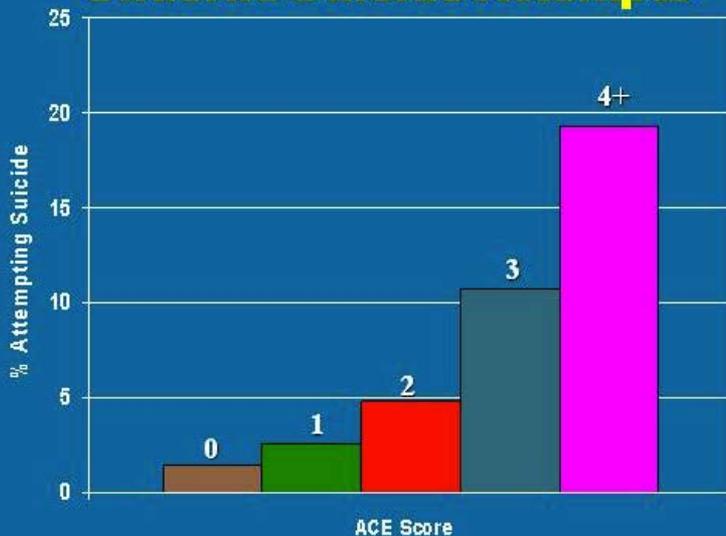
# SDH: Adverse Childhood Experiences

Dose/Rate relationship: the higher your score the your higher risk of chronic physical and mental health conditions.

**2/3** of people surveyed had a score of **1 more**  
**15%** had a score of **4 or higher**.

## Mental Health

### Childhood Experiences Underlie Suicide Attempts



## Health Risks

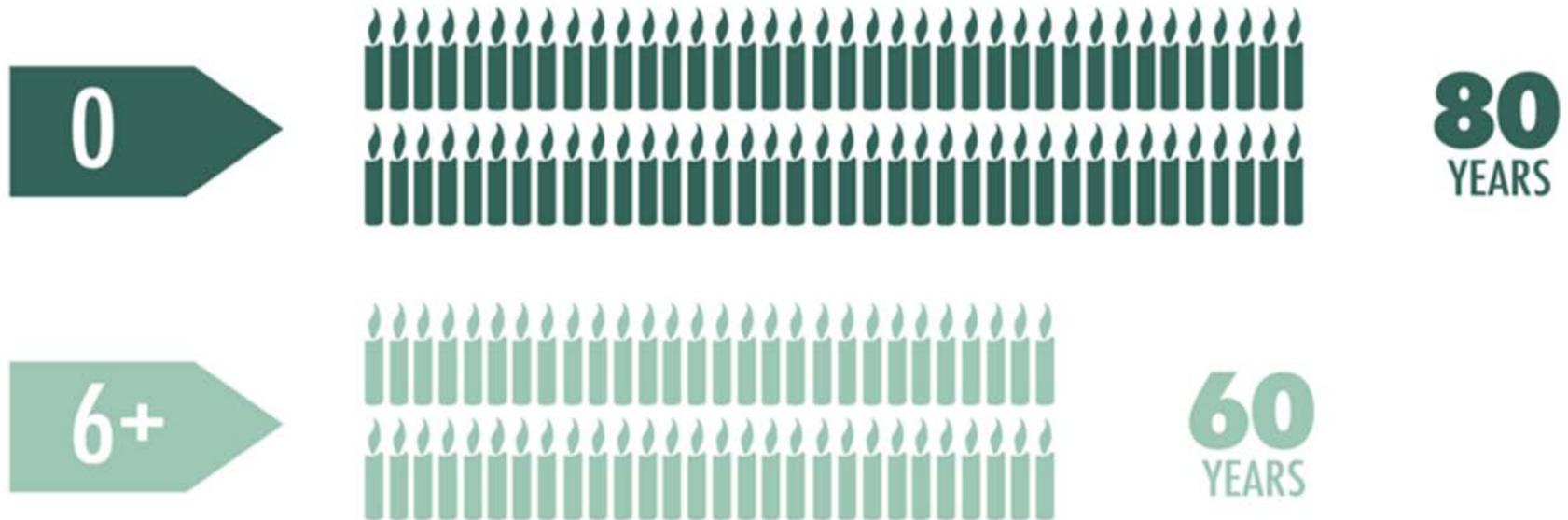
### Childhood Experiences vs. Adult Alcoholism



# SDH: Adverse Childhood Experiences

## LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.

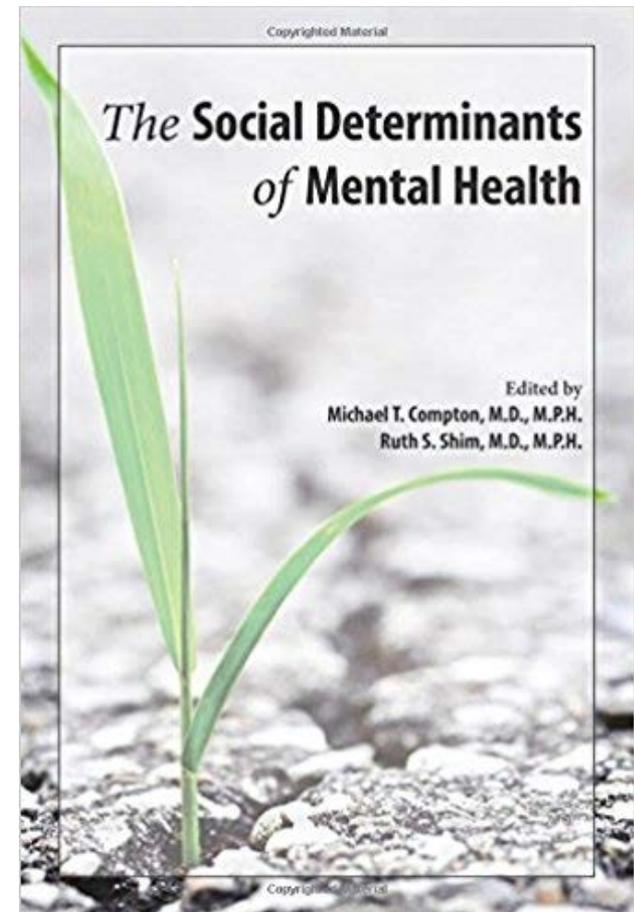


# Philadelphia Expanded ACES

Builds on the original ACE Study to better understand the potential impact of additional stressors

Expanded ACEs:

- Witnessing Violence
- Living in Unsafe Neighborhoods
- Experiencing Racism
- Living in Foster Care
- Experiencing Bullying

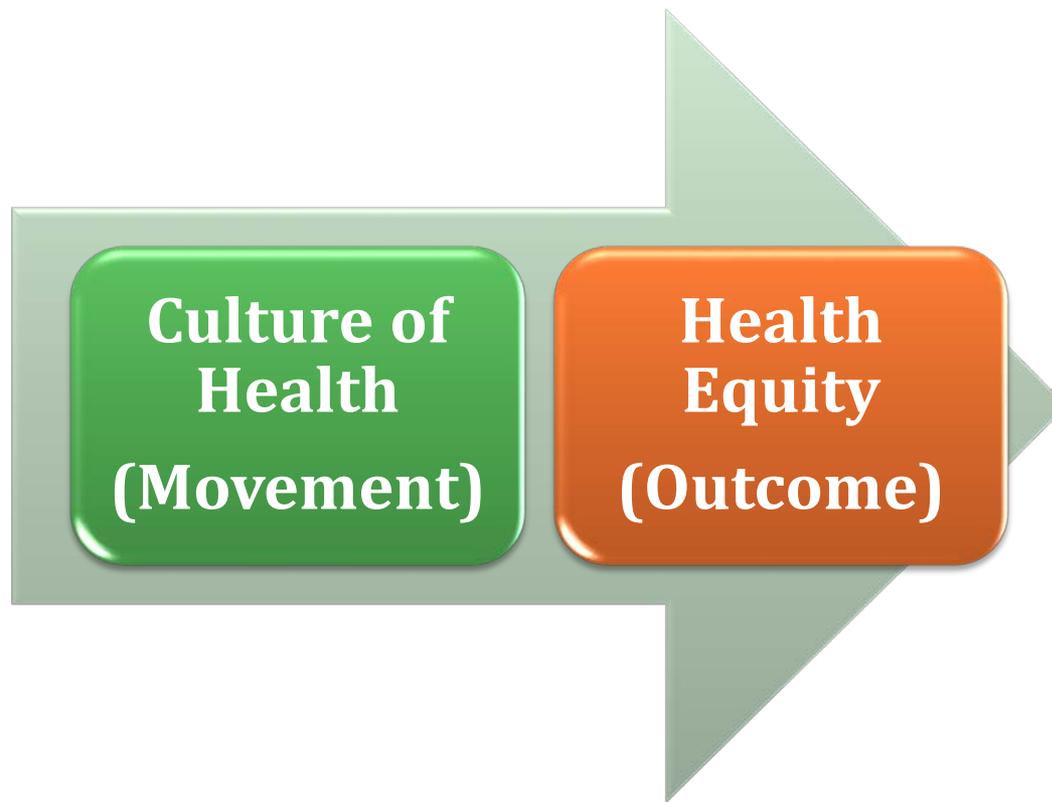


# Trauma

- **Complex Trauma and Toxic Stress:** strong, frequent and/or prolonged trauma which accumulates without corresponding or proportional support. Frequent response is high-risk behaviors which make the trauma controlled and predictable for the individual.
- **Generational Trauma:** Trauma that is passed on from one generation to another. The study of epigenetics may be confirming what Native American folk have been telling us: “the trauma is in our blood”

# What we are asking of healthcare providers

**Move** from the idea to an **outcome** and seeing ourselves as central to that process.



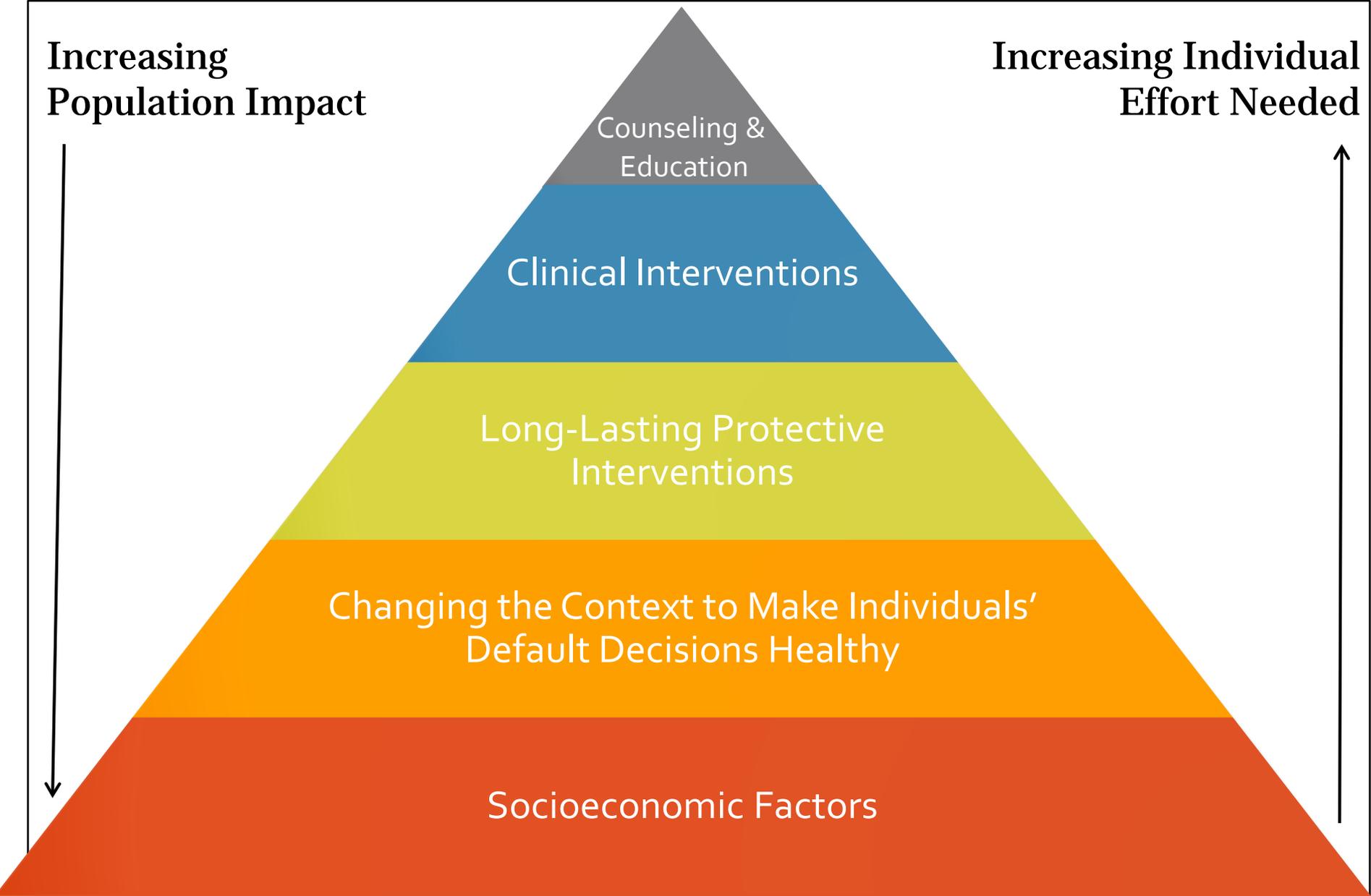
# Representative and Informed Leadership and Change

- Policies and practices
- Research
- Resource allocation
- Multicultural education/equity pedagogy

**This is what we in this room are tasked with tackling.**

Increasing  
Population Impact

Increasing Individual  
Effort Needed



Frieden, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health, 100*(4), 590.; Compton and Shim, 2015.

# Health in All Policies

“Housing policy is health policy.  
Educational policy is health policy. Anti-  
violence policy is health policy.  
Neighborhood improvement policies are  
health policies. **Everything that we can  
do to improve the quality of life of  
individuals in our society has an  
impact on their health and is a health  
policy.**”

# Individual Inequities



## **Unconscious Bias** *(Implicit Bias, Prejudice)*

Although many underlying causes contribute to health care disparities, the IOM concluded that bias, stereotyping and prejudice on the part of health care providers may be major contributing factors.<sup>8</sup> New evidence has shed light on the following: the dynamics of conscious and unconscious biases; the effects of bias on patients and providers; and the correlation between bias, differential treatment, and disparities in the health status and outcomes for specific racial, ethnic, and other cultural groups.

# What We Can Do About Individual Inequities

**Develop the ability to self-observe**



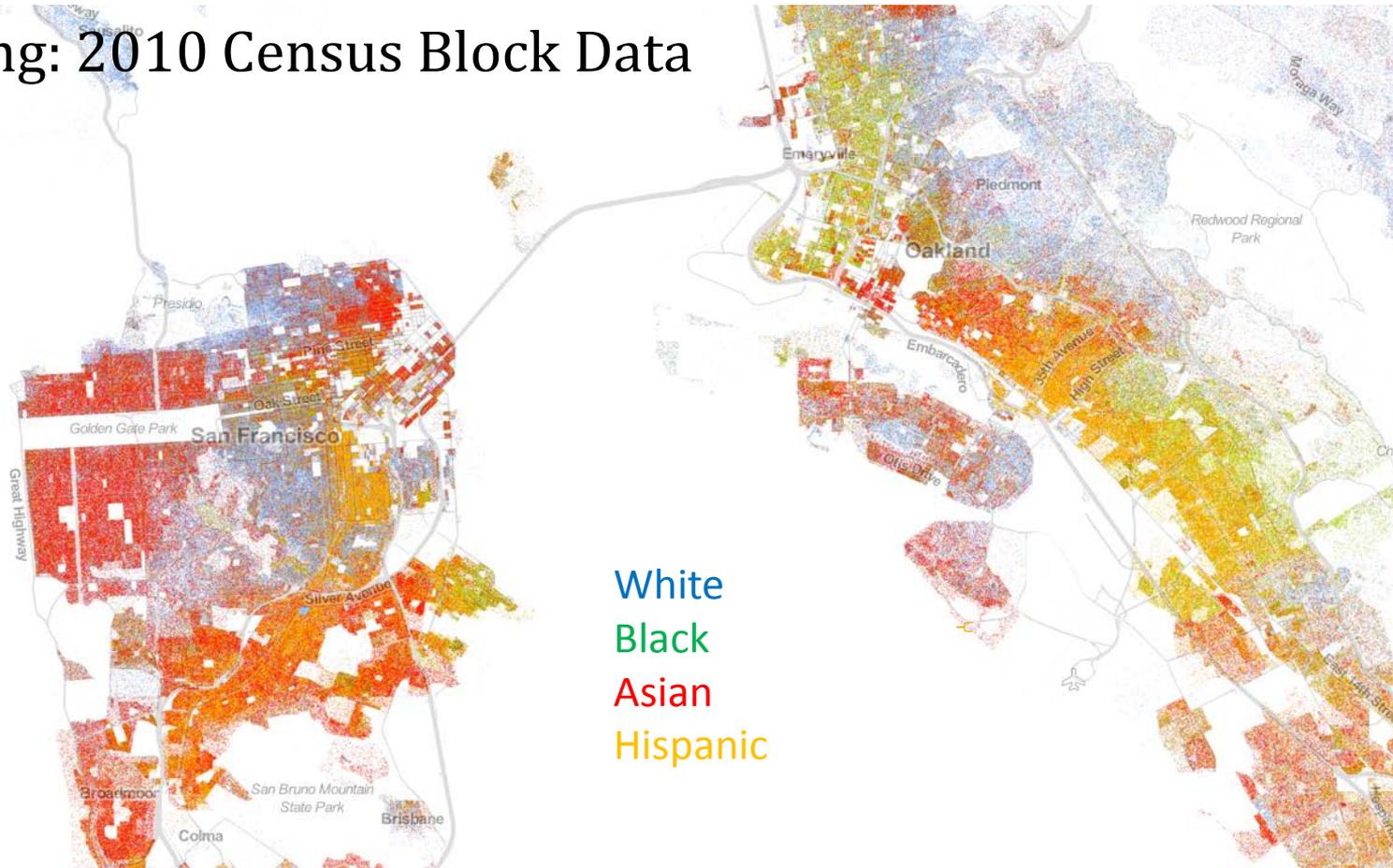
# What We Can Do About Individual Inequities

**Experiential Reality** (actively moving toward learning about groups you don't naturally have contact with in an authentic way- seeing patients doesn't count alone)



# Structural Inequities: Segregation

Redlining: 2010 Census Block Data



# Structural Inequities: Segregation

- Our heritage: understand our history and the generational impacts
- This is not our fault, but it is our reality. (*It is our fault if we kick it down the road*)
- How can we know the needs of communities different from our own if we don't interact?

# What We Can Do About Individual Inequities

Be an ally

**An ALLY**  
is not an noun.

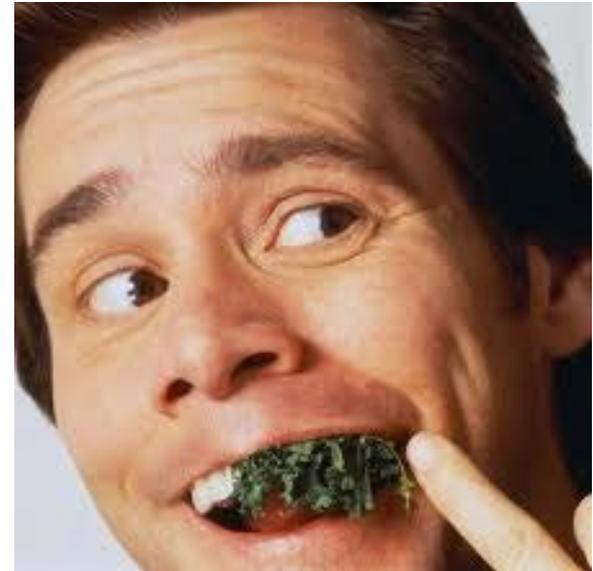
*It isn't an identity, a label, or something to claim.*

Being an ally is taking action,  
making a stand  
doing something to make a difference  
**by standing up**  
against oppression and marginalization.

**You are an ally**  
when someone else recognizes you as an ally

# What We Can Do About Individual Inequities

**Get feedback and data.  
Listen.**

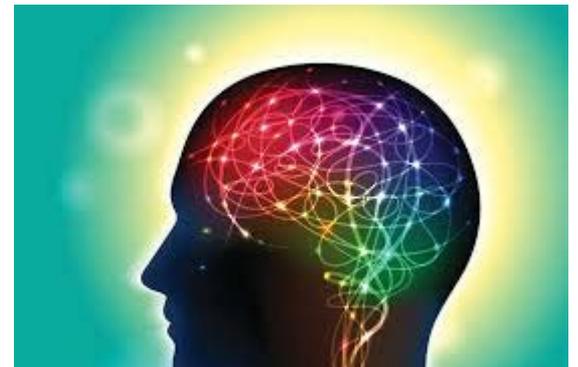


# What We Can Do About Individual Inequities

## Rewards system:

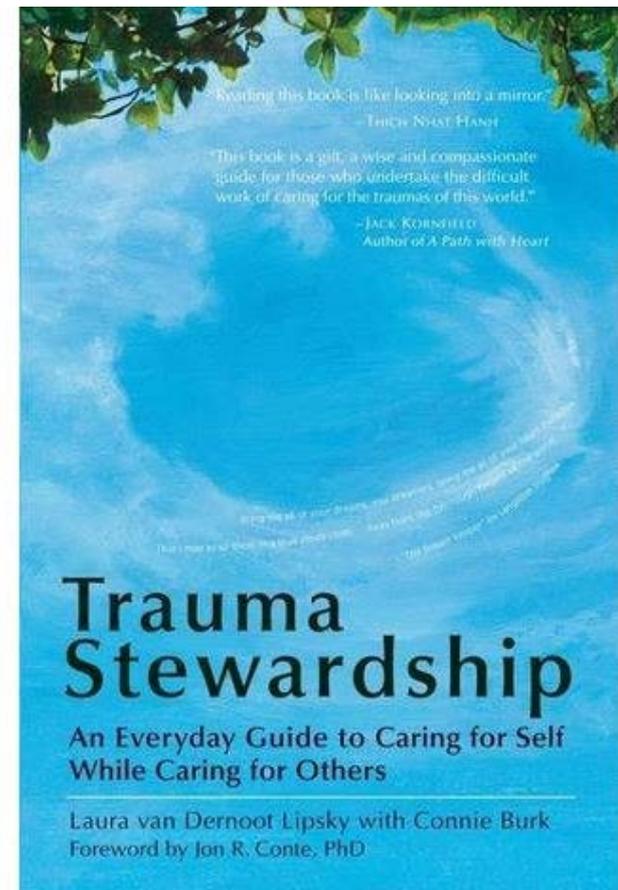
- Ask “what can I learn from this?”
- Gently bringing others toward learning.

*(These activities activate the reward system in the brain)*



# What We Can Do About Individual Inequities

**Trauma Stewardship to mitigate compassion fatigue.**



# What We Can Do About Individual Inequities

## Cultural Humility

- Lifelong Learning and Critical Self-Reflection
- Mitigating Power Imbalances
- Promoting Mutually Beneficial, non-paternalistic partnerships with communities. Recognize that the expertise reside in community.

Dr. Melanie Tervalon & Dr. Jann Murray-Garcia, 1998

