NCIPC American Indian/Alaska Native Workgroup

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NCIPC Board of Scientific Counselors Meeting

December 5, 2019
Injury and violence across the lifespan and generations

Early Childhood ➔ Adolescence ➔ Adulthood ➔ Future Generations
Overview

- Injury and violence burden among AI/AN communities
- Challenges for AI/AN public health efforts
- AI/AN communities and public health have solutions
- NCIPC Tribal Workgroup and funded projects
Injury and Violence Burden among AI/AN Communities
## Ten Leading Causes of Death, AI/AN, 2013-2017

<table>
<thead>
<tr>
<th>Rank</th>
<th>Age Groups</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Congenital Anomalies 342</td>
<td>Unintentional Injury 173</td>
<td>Unintentional Injury 98</td>
<td>Unintentional Injury 1,131</td>
<td>Unintentional Injury 2,100</td>
<td>Unintentional Injury 1,665</td>
<td>Unintentional Injury 1,941</td>
<td>Malignant Neoplasms 4,122</td>
<td>Heart Disease 10,791</td>
<td>Heart Disease 17,076</td>
<td>Malignant Neoplasms 10,457</td>
</tr>
<tr>
<td>2</td>
<td>Short Gestation 205</td>
<td>Malignant Neoplasms 24</td>
<td>Malignant Neoplasms 18</td>
<td>Malignant Neoplasms 30</td>
<td>Malignant Neoplasms 285</td>
<td>Liver Disease 424</td>
<td>Heart Disease 741</td>
<td>Malignant Neoplasms 1,763</td>
<td>Unintentional Injury 1,367</td>
<td>Chronic Low Respiratory Disease 3,108</td>
<td>Unintentional Injury 10,553</td>
</tr>
<tr>
<td>3</td>
<td>SIDS 194</td>
<td>Congenital Anomalies 48</td>
<td>Congenital Anomalies 16</td>
<td>Malignant Neoplasms 30</td>
<td>Malignant Neoplasms 285</td>
<td>Liver Disease 424</td>
<td>Heart Disease 741</td>
<td>Malignant Neoplasms 1,763</td>
<td>Unintentional Injury 1,367</td>
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<td>Unintentional Injury 10,553</td>
</tr>
<tr>
<td>4</td>
<td>Unintentional Injury 190</td>
<td>Malignant Neoplasms 19</td>
<td>Malignant Neoplasms 16</td>
<td>Malignant Neoplasms 30</td>
<td>Malignant Neoplasms 285</td>
<td>Liver Disease 424</td>
<td>Heart Disease 741</td>
<td>Malignant Neoplasms 1,763</td>
<td>Unintentional Injury 1,367</td>
<td>Chronic Low Respiratory Disease 3,108</td>
<td>Unintentional Injury 10,553</td>
</tr>
<tr>
<td>5</td>
<td>Placenta Cord Membranes 75</td>
<td>Influenza &amp; Pneumonia 13</td>
<td>Chronic Low Respiratory Disease 7</td>
<td>Heart Disease 5</td>
<td>Heart Disease 58</td>
<td>Heart Disease 276</td>
<td>Malignant Neoplasms 498</td>
<td>Diabetes Mellitus 968</td>
<td>Chronic Low Respiratory Disease 762</td>
<td>Chronic Low Respiratory Disease 4,287</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Maternal Pregnancy Comp. 74</td>
<td>Heart Disease 12</td>
<td>Heart Disease 5</td>
<td>Congenital Anomalies 0</td>
<td>Congenital Anomalies 33</td>
<td>Malignant Neoplasms 170</td>
<td>Diabetes Mellitus 968</td>
<td>Chronic Low Respiratory Disease 762</td>
<td>Chronic Low Respiratory Disease 4,287</td>
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<td></td>
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<tr>
<td>7</td>
<td>Heart Disease 26</td>
<td>Cerebrovascular 6</td>
<td>Influenza &amp; Pneumonia 5</td>
<td>Chronic Low Respiratory Disease 21</td>
<td>Chronic Low Respiratory Disease 47</td>
<td>Septicemia 47</td>
<td>Septicemia 110</td>
<td>Cerebrovascular 273</td>
<td>Cerebrovascular 493</td>
<td>Unintentional Injury 1,463</td>
<td>Cerebrovascular 3,359</td>
</tr>
<tr>
<td>8</td>
<td>Septicemia 8</td>
<td>Perinatal Period 3</td>
<td>Chronic Low Respiratory Disease 3</td>
<td>Chronic Low Respiratory Disease 3</td>
<td>Septicemia 47</td>
<td>Chronic Low Respiratory Disease 232</td>
<td>Septicemia 324</td>
<td>Nephritis &amp; Pneumonia 1,216</td>
<td>Suicide 2,856</td>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Circulatory System Disease 27</td>
<td>Chronic Low Respiratory Disease 3</td>
<td>Meningitis 2</td>
<td>Perinatal Period 3</td>
<td>Septicemia 47</td>
<td>Septicemia 214</td>
<td>Septicemia 294</td>
<td>Nephritis 1,116</td>
<td>Influenza &amp; Pneumonia 1,816</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Necrotizing Enterocolitis 24</td>
<td>Perinatal Period 4</td>
<td>Three Tied 1</td>
<td>Three Tied 1</td>
<td>Septicemia 47</td>
<td>Septicemia 214</td>
<td>Septicemia 294</td>
<td>Nephritis 1,116</td>
<td>Influenza &amp; Pneumonia 1,816</td>
<td>Nephritis 1,708</td>
<td></td>
</tr>
</tbody>
</table>

AI/AN Injury Burden

- American Indians and Alaska Natives (AI/AN) face a disproportionately high rate of injury-related death compared with other races.
- Between 2013 and 2017 the overall injury mortality rate for AI/AN was 1.6 times the rate of non-Hispanic whites.

Adverse Childhood Experiences among AI/AN populations

- According to National Survey of Children’s Health, AI/AN children were more likely to experience
  - 2+ ACEs (40.3% versus 21.0%)
  - 3+ ACEs (26.8% versus 11.5%)
  - 4+ ACEs (16.8% versus 6.2%)

  Compared to non-Hispanic White children

- According to the South Dakota Health Survey, AI/AN adults were more likely to experience:
  - 3 ACEs (13.0% versus 6.0%)
  - 4-5 ACEs (13.1% versus 7.4%)
  - 6 or more ACEs (19.3% versus 3.9%)


## AI/AN People are More Likely to Experience ACES

### Table 1: ACES among AI/AN Children and Non-Hispanic White Children

<table>
<thead>
<tr>
<th>ACES</th>
<th>AI/AN Children (%)</th>
<th>Non-Hispanic White Children (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2+</td>
<td>40</td>
<td>21</td>
</tr>
<tr>
<td>3+</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td>4+</td>
<td>17</td>
<td>6</td>
</tr>
</tbody>
</table>

### Table 2: ACES among AI/AN Adults and Comparison Group

<table>
<thead>
<tr>
<th>ACES</th>
<th>AI/AN Adults (%)</th>
<th>Comparison Group (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>4-5</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>6+</td>
<td>19</td>
<td>4</td>
</tr>
</tbody>
</table>


Challenges for AI/AN public health efforts
Racial Misclassification

- Misclassification of race is a widespread problem that affects the accuracy of fatal and non-fatal AI/AN injury data
- Misclassification results in an underrepresentation of AI/ANs in state and national data sets
- Rates of racial misclassification vary widely among Indian Health Service administrative areas
Historical Trauma among AI/AN

- Government policy toward AI/ANs has resulted in significant historical traumas that continue to affect AI/AN communities
  - Forced removal and relocation from traditional lands
  - Boarding school era
  - Assimilation policies
- Historical trauma contributes to a health inequity for AI/AN
Protective Factors

- AI/AN communities also have unique cultural protective factors
  - Cultural traditions
  - Connection to community
  - Extended family
AI/AN Communities and public health have solutions
Preventing ACEs, injury, and violence requires understanding why some children and families are at greater risk than others.
The power of prevention

Preventing ACEs in future generations could reduce levels of:

- Early sex (before age 16) by 33%
- Unintended teen pregnancy by 38%
- Smoking (current) by 16%
- Binge drinking (current) by 15%
- Cannabis use (lifetime) by 33%
- Heroin/crack use (lifetime) by 59%
- Violence victimisation (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Poor diet (current; <2 fruit & veg portions daily) by 14%
NCIPC AI/AN (Tribal) Workgroup

- Established by NCIPC staff in 2017
- Mission
  - Foster collaboration and advancement in the field of Injury and Violence Prevention for AI/AN people in support of CDC’s commitment to promote health, prevent disease and injury, and improve quality of life
- Staff membership represents a cross-section of injury prevention topics and public health functions
NCIPC Tribal Workgroup Objectives

1. Support ongoing AI/AN injury and violence work at CDC.
2. Promote collaboration to eliminate, control, and prevent injury and violence in AI/AN communities.
3. Support research and programmatic activities to reduce injury and violence among AI/AN people.
4. Maximize synergies across NCIPC’s activities and programs related to AI/AN people and communities.
5. Foster cross-division sharing of ideas and information related to injury and violence among AI/AN people and communities.
6. Inform NCIPC and Division leadership on AI/AN issues and gaps in the field and propose solutions.
NCIPC Funding Targeting AI/AN Populations

- NCIPC is currently funding tribes and tribal organizations in the following topic areas:
  - Opioids
  - Motor vehicle crashes
  - Older adult falls
  - Violence
  - Cross topic
    - ACEs
    - Tribal Listening Sessions
  - Federal Agency Partnerships – CDC/IHS Conference
Opioid Overdose Prevention

- NCIPC has dedicated over $12M to combat the opioid epidemic in AI/AN communities
  - Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Opioid Supplement
  - Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement
  - Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation’s Health
Collaborative projects to address ACEs in Native Communities

- Eagle Books – focus on protective factors to prevent violence
- Partnership with AAIP – ACEs toolkit
  - [https://www.aaip.org/programs/aces-toolkit/](https://www.aaip.org/programs/aces-toolkit/)
  - Article about AI/AN physicians and addressing ACEs
- Partnership with NIHB – ACEs Resource Basket
- Tribal Convenings to better understand violence prevention need (previously mentioned)
National Conference on AI/AN Injury and Violence Prevention (IVP)

- NCIPC collaborated with the Indian Health Service Injury Prevention Program to co-host the first National Conference on AI/AN IVP in July 2019
- Impacts:
  - Over 250 attendees representing researchers, practitioners, students, and federal partners from across Indian Country
  - Strengthened partnerships with federal partners, especially IHS
  - Overwhelmingly positive evaluations with a strong interest in continuing the conference in future years
Tribal Listening Sessions

- NCPIC is convening 2 different sets of tribal listening sessions during FY 2020 to gather input from tribes to inform future initiatives
  - Division of Violence Prevention
    - Focus on establishing priorities for ACEs, sexual/intimate partner violence and other violence areas
  - Division of Injury Prevention
    - Focus on injury surveillance issues and priorities for tribes and tribal organizations
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.