Journeys Along the Good Red Road

Intersections of Culture, Science, Policy and Health Inequities in American Indians

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Presentation Overview

- A legacy of health inequities among American Indians/Alaska Natives
- The Black Hills Center for American Indian Health
- Our Experience Partnering with Tribal Communities
- The blank sheet of white copy paper exercise A best practices model for community-based participatory research

Acknowledgements

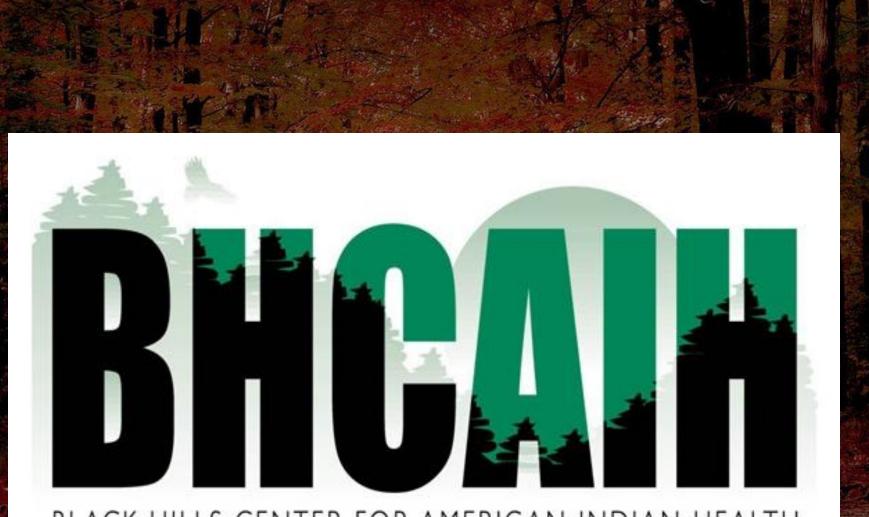
- Our many Tribal partners
- National Institutes of Health
- Centers for Disease Control and Prevention
- Many other partners
- Dr. Patricia Nez Henderson and the wonderful BHCAIH staff

No Financial Conflicts



AI/AN Health Inequities

- A long history of notable differences in health
- Despite profound change in disease causation
- As if AI/ANs have an inborn genetic predisposition to health inequities
- Profound geographic variation in cancer
- High rates of cardiovascular disease
- Leading rates of violence, abuse, self-harm, and abusive smoking and drinking
 - Profound economic impoverishment



BLACK HILLS CENTER FOR AMERICAN INDIAN HEALTH

- Private, community-based 501(c)(3) organization
- Founded in 1998
- To conduct activities that will lead to the enhanced wellness of American Indian peoples, communities, and tribes
- Research, Service, Education, and Philanthropy

Currently home to 6 peer-reviewed health research grants and contracts totaling \$6 million (historical: 32 and over \$24 million since 2001)

- Collaborative to Improve Native Cancer Outcomes (CINCO) CPHHD P50 – NIH/NCI/UW
- 2. Native People for Cancer Control Community Networks Program – NIH/NCI/UW
- 3. Native American Research Centers for Health: Lakota Center for Health Research – NIH/NIGMS/IHS

- 4. Southwest Navajo Tobacco Education and Prevention Project (SNTEPP)– CDC/ANRF/AZ
- 5. Networks Among Tribal Organizations for Clean Air Policies (NATO CAP) NIH/NCI
- Center for Diabetes Translational Research (CDTR) NIH/NIDDK/NCAI&Wash U
- 7. Strong Heart Study NIH/NHLBI/MBIRI

- BHCAIH has consented more than 9,000 American Indians into its various studies in the past 8 years
- Injected more than \$5 million directly into impoverished Native communities
- Directly or indirectly hired more than 40 tribal members, primarily reservation-based
 - 45 scientific publications, 4 book chapters and 1 DHHS guideline update monograph



The BHCAIH Experience

American Indians and Alaska Natives, too, have historical situations that have fostered mistrust

- Thyroid (I_{131}) studies in Alaska in the 1950s
- Barrow alcohol study, 1970s
- Coerced sterilization of American Indian/Alaska Native women, 1970s
- Early use of Depo-Provera and Norplant, 1980s
- Recent situation involving ASU and the Havasupai Tribe, 2004



American Indian and Alaska Native Tribes are unique in many ways

- Domestic, dependent nations with sovereignty
- Unique types and levels of approval, which vary by tribe, PLUS group consent in most cases
- Very different demographics
- DHHS/PHS/Indian Health Service beneficiaries

American Indian and Alaska Native Tribes are unique in many ways

- Frequently lack typical supportive and easily accessible community resources (e.g., colleges and universities, social service agencies, grant-making bodies, etc.)
- Have such pressing needs that often health research falls far down the list of priorities
- Yet have tremendous assets

So What Can We do?

– Be there

Involve tribal collaborators early and often

Solicit broad input and feedback

So What Can We do?

- Add value back to the community in explicit ways
 - Employment
 - Durable medical equipment
 - Diagnostic and therapeutic services
 - Enhanced skills
- Build training and employment opportunities into every grant
- Show that you are willing to think outside the box!



The Blank Sheet of White Copy Paper Approach

CONCLUSIONS

- AI/ANs have a long legacy of health inequities
- These inequities have their roots in profound social and economic inequities across generations
- Many influences on individual- and populationhealth
- Socioeconomic inequities have a profound impact on health status

CONCLUSIONS

- Further research is needed to determine effective preventive interventions
- Successful interventions need to be replicated
- Ongoing surveillance of behaviors and conditions is essential to gauge progress
- Tribal/community, clinical, and national leadership and governmental financial support are essential
- Greater participation on the part of AI/AN Tribes, communities and people is essential to efforts to improve health

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