

**Physical and Behavioral Health Disparities in the Indian Community and How They are Being Addressed**  
Spokane, WA  
SAIGE  
Guiding Our Destiny with Heritage and Traditions  
Thurs. June 10, 2013



---

---

---

---

---

---

---

**Presenter**

Thomas L. (Tom) Crofoot (Colville), MSW, Ph.D., Associate Professor  
Eastern Washington University  
School of Social Work  
[tcrofoot@ewu.edu](mailto:tcrofoot@ewu.edu)  
[tomcrofoot@gmail.com](mailto:tomcrofoot@gmail.com)



---

---

---

---

---

---

---

**Red Paper Project**

- ♦ Thomas L. Crofoot, MSW, PhD, Eastern Washington University
- ♦ Crystal Tetrick, MPH, Community Health Services, Public Health King County (*Urban Indian Health Institute, UIHI*)
- ♦ Leslie Phillips, PhD, Urban Indian Health Institute (UIHI)
- ♦ Victoria Warren-Mears, PhD, Northwest Portland Area Indian Health Board (NPAIHB)
- ♦ Jacqueline Mercer, M.A., (LPCC), CADCI, Native American Rehabilitation Association Northwest (NARA NW)
- ♦ Jami Bartgis, PhD, National Council of Urban Indian Health



---

---

---

---

---

---

---

### Red Paper Project Goal

- ♦ Summarize health data for American Indians and Alaska Natives in the Pacific Northwest, primarily Oregon and Washington some data from Idaho
- ♦ Show challenges
- ♦ Show strengths
- ♦ Show opportunities

4

---

---

---

---

---

---

---

---

### What do you want to know?

5

---

---

---

---

---

---

---

---

### Pacific Northwest Indian Country Map

6

---

---

---

---

---

---

---

---

### Native Population

- ♦ The state of Washington has 29 federally recognized tribes.
- ♦ Oregon has nine federally recognized tribes
- ♦ Idaho has five federally recognized tribes.
- ♦ The population of American Indians and Alaska Natives in the Pacific Northwest includes tribal members throughout the United States.

7

---

---

---

---

---

---

---

---

### AI/AN Diversity PNW

- ♦ Seattle Indian Health Board serves people from more than 238 tribes
- ♦ NARA NW, Portland Oregon, serves people from more than 250 tribes.
  - ♦ One sample of NARA NW clients found 37.7% were from the Pacific Northwest, 10.4% were from Alaska, 34.9% were from Midwest Plains Tribes, 9.4% were from Southwest Tribes, and 4.7% were from Northeast or Southeast Tribes (Crofoot, et al., 2008)

8

---

---

---

---

---

---

---

---

### AI/AN Census Population PNW

	Number	Percent	Total Pop 1,567,582
<b>Idaho</b>			
American Indian or Alaska Native Race alone (one race)	21,441	1.4	
White; American Indian and Alaska Native (2 or more races)	12,488	0.8	
American Indian or Alaska Native Race alone or in combination with one or more other races:	36,385	2.3	

9

---

---

---

---

---

---

---

---

### AI/AN Census Population PNW

	Number	Percent	Total Pop
<b>Washington</b>			<b>6,724,540</b>
American Indian or Alaska Native Race alone (one race)	103,869	1.5	
White; American Indian and Alaska Native (2 or more races)	66,769	1.0	
American Indian or Alaska Native Race alone or in combination with one or more other races:	198,998	3.0	

10

---

---

---

---

---

---

---

---

### AI/AN Census Population PNW

	Number	Percent	Total Pop
<b>Oregon</b>			<b>3,831,074</b>
American Indian or Alaska Native Race alone (one race)	53,203	1.4	
White; American Indian and Alaska Native (2 or more races)	44,530	1.2	
American Indian or Alaska Native Race alone or in combination with one or more other races:	109,223	2.9	

11

---

---

---

---

---

---

---

---

- ### Urban Population PNW
- ♦ Portland Metropolitan Area including Clark County, WA 44,838, 2.1%
  - ♦ Spokane Metropolitan Area including Kootenai County, ID 21,885, 3.3%
  - ♦ Seattle Metropolitan Area, 64,524 2.4%
  - ♦ From Census Data, approximately 38% of AI/AN in PNW live in Urban Areas
- 12

---

---

---

---

---

---

---

---

13

## History and Health Policy



---

---

---

---

---

---

---

### History of Health in Pacific Northwest

- ♦ Epidemics - tended to come from south and east to Pacific Northwest
  - ♦ Some came from Asia west with fur trade
- ♦ Reservation
  - ♦ Attempted to remove and eliminate traditional healers
  - ♦ Failed to provide western medical care
  - ♦ Failed to provide food and nutrition
- ♦ (Ruby & Brown, 1981; Trafzer, 1999)

14



---

---

---

---

---

---

---

### Opportunities in Health Care

- ♦ Introduction of Indian Health Service in 1955
- ♦ Indian Self-Determination and Education Assistance Act of 1975
  - ♦ (ISDEAA, P. L. 93-638; Warne, 2011). ISDEAA gave tribes more flexibility to develop and provide their own health programs

15



---

---

---

---

---

---

---

### Recent Indian Health Policy Developments

- ♦ Patient Protection and Affordable Care Act (2010) P.L. 111-48 (Obama Care)
  - ♦ Extends Services and continual authorization of IHS
  - ♦ Potential for change of definition of who is Indian for IHS Services
  - ♦ Changes relationship of Indian Health Clinics and State/Insurance contracts

16

---

---

---

---

---

---

---

---

### Health Data Cautions for AI/AN Populations

17

---

---

---

---

---

---

---

---

### Health Data Cautions

- ♦ Misclassifications by race
- ♦ Small population, low incidence rates cause problems for accurate statistics
- ♦ Health data tends to focus on negatives-
  - ♦ % at risk
  - ♦ Should also flip % to see % healthy
- ♦ Review health data with an epidemiologist familiar with American Indian and Alaskan native data issues
- ♦ (Roubideaux et al., 2011)

18

---

---

---

---

---

---

---

---

**Mobility**

- ♦ Service counts and data counts are difficult to do given mobility
- ♦ Extended family households allows movement
- ♦ Traditional movement to participate in cultural events and ceremonies
- ♦ Employment in jobs that relocate
  - ♦ construction, agriculture, fishing, and transportation
- ♦ (Crofoot, et al. 2008; Lujan, 1990)

19

---

---

---

---

---

---

---

---

**Improving Health Data**

- ♦ Record Linkages
- ♦ The Northwest Tribal Epidemiology Center (the EpiCenter, NPAIHB, 2013)
  - ♦ [http://www.npaihb.org/epicenter/about\\_the\\_epicenter/](http://www.npaihb.org/epicenter/about_the_epicenter/)
- ♦ Correcting racial misclassification

20

---

---

---

---

---

---

---

---

**Major Health Areas**

- ♦ Diabetes
- ♦ Mental Health
- ♦ Substance Abuse
- ♦ Cancer

21

---

---

---

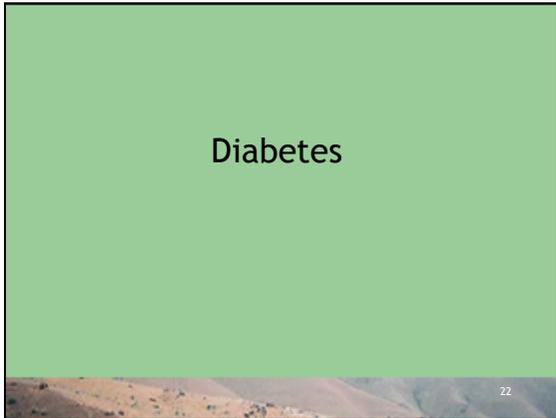
---

---

---

---

---



---

---

---

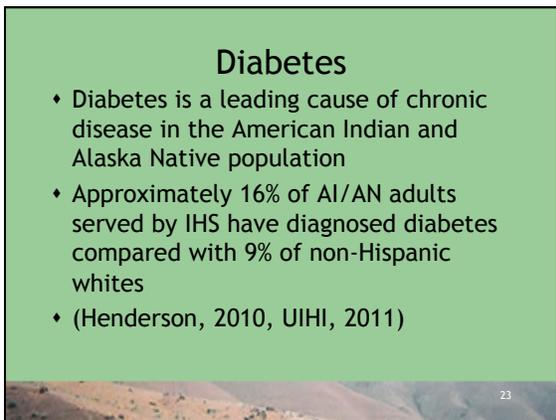
---

---

---

---

---



---

---

---

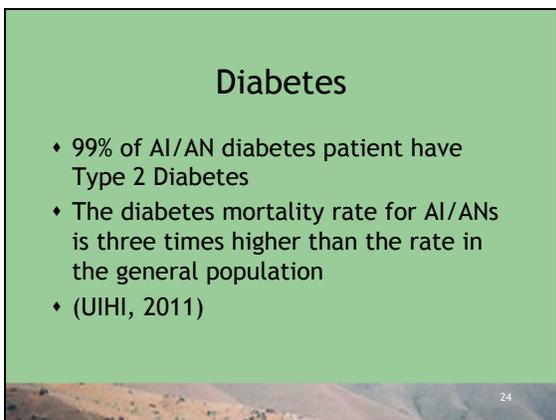
---

---

---

---

---



---

---

---

---

---

---

---

---

### Increasing Rates of Diabetes

- From 1990-1998, the prevalence of diabetes among AI/ANs under age 35 increased by 46%
- Among adolescents 15-19 prevalence of diabetes increased by 68%
  - From 3.2 per 1,000 to 5.4 per 1,000
- (UIHI, 2011)



25

---

---

---

---

---

---

---

---

### Opportunities for Improved Diabetes Care

- Federal Indian Health Service Special Diabetes Program for Indians (SDPI)
  - Indian Health Service clinics
  - Tribal clinics
  - Urban Indian Health Organizations (UIHO)
  - Provide coordinated diabetes screening, prevention and clinical care services



26

---

---

---

---

---

---

---

---

### Conditions of SDPI Patients

- Most patients seen in clinics have had a diagnosis of diabetes for 5 or more years (66% of patients seen in 2010)
- 92% are overweight or obese
- 63% are not using tobacco
- (UIHI, 2011)



27

---

---

---

---

---

---

---

---

### SPDI Working

- ♦ The Special Diabetes Program for Indians (SDPI) making strides toward:
  - ♦ Optimum control of this chronic disease
  - ♦ Reducing co-morbidities in patients with diabetes

28

---

---

---

---

---

---

---

### Specific Example in Pacific NW HbA1c levels

- ♦ Patients with diabetes should maintain HbA1c, a measure of blood glucose level, at 7.0%
  - ♦ NARA NW patients were not maintaining his level
  - ♦ NARA added a casemanager to work with patients
  - ♦ Increased % of patients with good diabetes control
  - ♦ Decreased % of patients with poor control
- ♦ (UIHI, 2011)

29

---

---

---

---

---

---

---

### Results for HBA1c Levels

- ♦ Between 2007 and 2011
- ♦ 6.8% increase in the proportion of audited patients with HbA1c levels below 7.0%
- ♦ 19.5% decrease in the proportion of audited patients with HbA1c levels above 9.5%
- ♦ (UIHI, 2011)

30

---

---

---

---

---

---

---

31

## Substance Abuse



---

---

---

---

---

---

---

---

## Substance Abuse

- ♦ Substance abuse remains a significant health risk
- ♦ Rates of substance abuse for native youth have not seen the same decline in use of marijuana and other substances as reported by youth in the general population
- ♦ American Indians and Alaska Natives tend to start drinking and abusing substances early
- ♦ (Beauvais, et al., 2008)

32



---

---

---

---

---

---

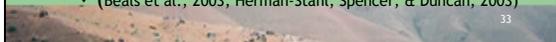
---

---

## Alcohol

- ♦ Alcohol Abuse is not Universal
  - ♦ In many tribes and areas, American Indians are less likely to use alcohol than other populations (Beals et al., 2003).
- ♦ Alcohol Abuse for AI/AN
  - ♦ More problems with binge drinking
  - ♦ More likely to drink large quantities of alcohol
  - ♦ More alcohol-related health problems than other drinkers
  - ♦ (Beals et al., 2003; Herman-Stahl, Spencer, & Duncan, 2003)

33



---

---

---

---

---

---

---

---

### Alcohol Data Urban PNW

	Seattle		Portland		Spokane	
	AI/AN	Gen Pop	AI/AN	Gen Pop	AI/AN	Gen Pop
<b>Binge Drink last 30 days</b>	23.7%	16.3%	21.3%	15.1%	26.8%	16.2%
<b>Liver &amp; Cirrhosis Death</b>	24 per 100K	7.8 per 100K	20.1 per 100K	8.7 per 100K	41.6 per 100K	9.5 per 100K
<b>Alcohol Death</b>	27.9 per 100K	6.8 per 100K	18.2 per 100K	7.1 per 100K	36.5 per 100K	8.5 per 100K

(UIHI, 2011a; UIHI, 2011b; UIHI, 2011c)

---

---

---

---

---

---

---

---

- ### Substance Abuse
- ♦ Increases in abuse of:
    - ♦ Methamphetamines
    - ♦ Prescription opiates
  - ♦ (Beauvais et al., 2008)

---

---

---

---

---

---

---

---

- ### Stereotypes Pose Risks
- ♦ First responders may be less likely to diagnose health conditions and assume alcohol or substance abuse
  - ♦ CPS workers overestimate amount and severity of substance abuse by native parents
  - ♦ AI/AN twice as likely as other parents in child welfare to be sent to substance abuse treatment
    - ♦ Far more likely to be referred to substance abuse treatment than referred for mental health treatment
  - ♦ (Carter, 2009; Carter, 2010; Libby, et al., 2007)

---

---

---

---

---

---

---

---

**Culturally Appropriate Substance Abuse Treatment**

- ♦ Lack of mainstream
  - ♦ Acceptance
  - ♦ Acknowledgement
  - ♦ Funding
- ♦ For indigenous practices that can provide improved treatment and service (Goodkind et al., 2010)

37

---

---

---

---

---

---

---

---

**Policy Recommendations for Substance Abuse Treatment**

- ♦ 1) Expand methods to pay for Traditional Healers
- ♦ 2) Create alternative licensing and credentialing for Native service providers
- ♦ (Goodkind et al., 2010)

38

---

---

---

---

---

---

---

---

**Examples of PNW Programs for Prevention and Treatment**

- ♦ Confederated Tribes of Umatilla Indian Reservation
- ♦ Daughters of Tradition classes for middle school students
  - ♦ Wellbriety coalition meetings
  - ♦ Sons and Daughters of Tradition summer session
  - ♦ Traditional campout
- ♦ (Oregon DHS, 2010)

39

---

---

---

---

---

---

---

---

**Examples of PNW Programs for Prevention and Treatment**

- ♦ Confederated Tribes of Umatilla Indian Reservation
  - ♦ Annual Basketball against Alcohol and Drugs (BAAD) Tournament
    - ♦ Mandatory participation in prevention and health workshops
  - ♦ Red Ribbon week activities
    - ♦ Prevention awareness
    - ♦ Stomp Out Drugs Walk
    - ♦ Honoring people in recovery
- ♦ (Oregon DHS, 2010)

---

---

---

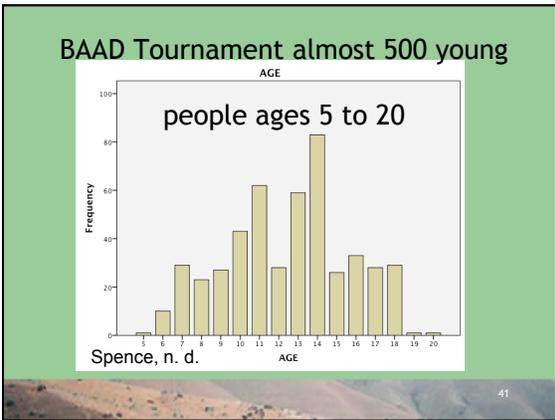
---

---

---

---

---




---

---

---

---

---

---

---

---

**BAAD Tournament Results 2013**

	Frequency	Percent
NO	27	5.5%
MAYBE	46	9.3%
YES	418	84.4%
TOTAL	491	99.2%
MISSING	4	.8%
TOTAL	495	100%

This activity helped me figure out risky behaviors or risky situations that I could avoid to keep myself from using alcohol and other drugs. (Spence, n. d.)

---

---

---

---

---

---

---

---

43

## Mental Health



---

---

---

---

---

---

---

## Mental Health

- ♦ Stigma presents a barrier to seeking care (Grandbois 2005)
  - ♦ Even when mental health issues are severe enough to merit consideration of suicide, young American Indians cite fears of being viewed as “crazy” as a reason for not seeking help (Freedenthal, 2006)
- ♦ Compared to Whites, AI/ANs are 58% more likely to experience serious mental health issues, but are not more likely to seek treatment (Harris 2004)

44



---

---

---

---

---

---

---

## Mental Health

- ♦ Depression, anxiety, suicide, and post-traumatic stress disorders comprise areas of particular public health concern in the AI/AN community
- ♦ Prevalence of anxiety or depression was estimated to be as high as 18-22% in a one Northern Plains American Indian community (Gnanadesikan, Novins, & Beals, 2005)

45



---

---

---

---

---

---

---

### PTSD

- ♦ PTSD ranked as the most common non-substance abuse disorder with a lifetime prevalence of 12-13% (Beals et al., 2005)
- ♦ Multiple Risks for PTSD Include
  - ♦ Historical trauma
  - ♦ Family stress
  - ♦ Veteran status
  - ♦ Sexual trauma
  - ♦ Multiple traumatic experiences
- ♦ (Gnanadesikan et al., 2005)



---

---

---

---

---

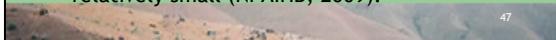
---

---

---

### Suicide

- ♦ From 1999 to 2007, suicide was the 2<sup>nd</sup> leading cause of death for Native youth 12 to 18 (CDC, 2012)
- ♦ Suicide rate for AI/AN youth in the Portland, Oregon area 18.3 per 100,000
  - ♦ Significantly greater than general youth population rate 12.3 per 100,000
- ♦ At the state level, annual suicide rates for AI/AN tend to fluctuate widely because the actual number of deaths each year is relatively small (NPAIHB, 2009).



---

---

---

---

---

---

---

---

### Suicide Attempts

- ♦ AI/AN youth were 3x as likely to report a suicide attempt compared to white youth (CDC, 2012)
- ♦ 28% of AI/AN youth reported that they had “seriously considered” suicide compared to 19% of white youth
- ♦ AI/AN youth were also much more likely to have required medical treatment as a result of a suicide attempt compared to white youth (11% versus 2%, CDC, 2012)



---

---

---

---

---

---

---

---

**Opportunities for Mental Health Improvements**

- ♦ Improve AI/AN trust in mental health services (Crofoot et al., 2008)
- ♦ Develop proper assessment tools (Kim et al., 2011, West et al., 2011)
- ♦ Support culturally specific interventions (Iwasaki, Byrd, & Onda, 2011; Beals et al., 2005)
- ♦ A more diverse workforce with AI/AN mental health professionals able to provide culturally competent care (Grandbois, 2005)



49

---

---

---

---

---

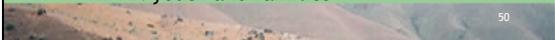
---

---

---

**Pacific Northwest Examples**

- ♦ Native American Youth and Family Center (NAYA), NICWA) & the Regional Research Institute (RRI) at Portland State University document culturally appropriate services
- ♦ NARA NW offers
  - ♦ Life is Sacred Native Youth Suicide Prevention Project & Meth Prevention Project
  - ♦ Nak-Nu-Wit Systems of Care Program for AI/AN youth and families



50

---

---

---

---

---

---

---

---

**Pacific Northwest Examples**

- ♦ Yakama Nation
  - ♦ The LISTEN TOGETHER youth activities program
- ♦ Confederated Tribes of Umatilla Indians (CTUIR) Yellowhawk Tribal Health Center
  - ♦ Targeted suicide prevention program via a Garrett Lee Smith Memorial act funding
  - ♦ Planning children's mental health services with a Circles of Care award
  - ♦ Intensive outpatient counseling
  - ♦ Certified counseling staff
  - ♦ Growing roster of prevention programs



51

---

---

---

---

---

---

---

---



---

---

---

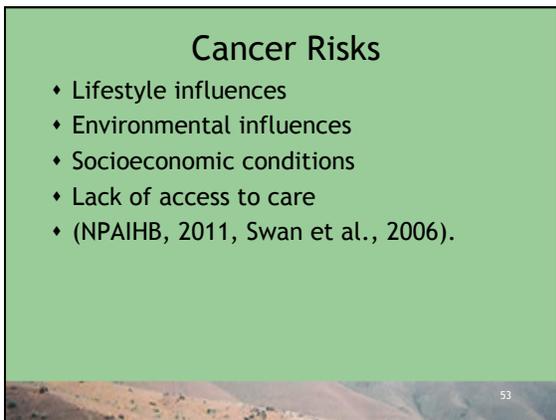
---

---

---

---

---



---

---

---

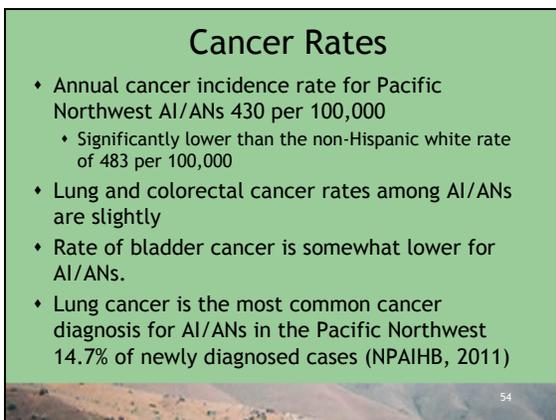
---

---

---

---

---



---

---

---

---

---

---

---

---

### Cancer for Men

- ♦ Cancer incidence rate for AI/AN males is 454 per 100,000,
  - ♦ Lower than the rate for non-Hispanic White males (548 per 100,000)
- ♦ Prostate cancer (21.7% of new cases)
  - ♦ AI/AN rate lower than White males
- ♦ Lung cancer (14.8% of new cases)
  - ♦ AI/AN rate slightly higher than White males
- ♦ Colorectal cancers (12.0% of new cases) respectively)

55

---

---

---

---

---

---

---

---

### Cancer for Women

- ♦ Cancer incidence rate for Northwest AI/AN females similar to rate for non-Hispanic white females (416 vs. 436 per 100,000, respectively)
- ♦ Breast cancer represents over 1 in 4 cancers diagnosed AI/AN females (27.4%)
- ♦ Lung cancer 14.6% (rate slightly higher than for white females)
- ♦ Colorectal cancer (9.6%)
- ♦ (NPAIHB, 2011,)

56

---

---

---

---

---

---

---

---

### Screening for Cancer

- ♦ AI/ANs less likely to be screened for cancer
- ♦ 38% of active IHS patients received appropriate colorectal screening in 2010
- ♦ About 40% of women had documented mammography within the past 2years
- ♦ 56% Cervical cancer screening
- ♦ Northwest AI/AN cancer patients tend to be diagnosed at later stages
- ♦ (NPAIHB, 2011)

57

---

---

---

---

---

---

---

---

**Opportunities to Improve Cancer Care**

- ♦ Increased collaboration and partnership between IHS, tribes, tribal and urban health programs, tribal epidemiology centers, research institutions, and other public health partners
- ♦ Better data collection and data use
- ♦ Targeted, meaningful, and culturally-appropriate cancer control programs
- ♦ PAIHB (2011)



58

---

---

---

---

---

---

---

---

**Opportunities to Improve Cancer Care**

- ♦ Increase cancer screening with cultural education and outreach
- ♦ Use clinical tracking systems
- ♦ Decrease barriers to patients
- ♦ Increase participation in state Breast and Cervical Cancer Early Detection programs.
- ♦ Increased provider training in the latest screening recommendations and best practices
- ♦ PAIHB (2011)



59

---

---

---

---

---

---

---

---

**Opportunities to Improve Cancer Prevention**

- ♦ Smoking prevention and cessation
- ♦ Lifestyle modification
- ♦ Policy and programs promoting wellness and prevention should be holistic and comprehensive, with a multi- disciplinary approach
  - ♦ (diabetes and cancer programs collaborating on work plans)
- ♦ PAIHB (2011)



60

---

---

---

---

---

---

---

---

### Pacific Northwest Program Examples

- ♦ NPAIHB Northwest Tribal Cancer Navigator Program links people diagnosed with cancer with needed services
- ♦ The Native Women's Wellness Program of the South Puget Intertribal Planning Agency (SPIPA) Chehalis, Nisqually, Shoalwater Bay, Skokomish, and Squaxin Island Tribes
  - ♦ no-cost mammograms
  - ♦ clinical breast examinations
  - ♦ Pelvic exams and Pap tests
  - ♦ (NPAIHB, NTCCP, 2007)

61

---

---

---

---

---

---

---

---

### References

Arias, E., Schauman, W. S., Eschbach, K., Sorlie, P. D., Backlund, E. (2008). The validity of race and Hispanic origin reporting on death certificates in the United States. *Vital Health Stat 2*, 148.1-23.

Beals, J., et al. (2005). Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: Mental health disparities in a national context. *Am J Psychiatry*, 162(9), 1723-32.

Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 56-78.

Centers for Disease Control (CDC) Youth Risk Behavior Survey, in *Centers for Disease Control and Prevention*. 1999-2007. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Centers for Disease Control (CDC) (2009, Summer). *Facts at a glance: Suicide*. Retrieved from [www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention).

Center for Disease Control (CDC). (2012). *Web-based injury statistics query and Reporting system (WISQARS)*.

Corrigan, P. W. (2004) *How stigma interferes with mental health care*. *American Psychologist*, 59(7), 614-625. doi: 10.1037/0003-066X.59.7.614

Cross, T. L., Friesen, B. J., Jivanjee, P., Gowen, K., Bandurraga, A., Matthew, C., & Maher, N. (2011). Defining youth success using culturally appropriate community-based participatory research methods. *Best Practices in Mental Health*, 7(1), 94-114.

62

---

---

---

---

---

---

---

---

### References

Freedenthal, S. and A.R. Stiffman, "They Might Think I Was Crazy": Young American Indians' Reasons for Not Seeking Help When Suicidal. *Journal of Adolescent Research*, 2006: p. 58-77.

Gnanadesikan, M., Novins, D. K., & Beals, J. (2005). The relationship of gender and trauma characteristics to posttraumatic stress disorder in a community sample of traumatized northern plains American Indian adolescents and young adults. *Journal of Clinical Psychiatry*, 66(9), 1176-83.

Grandbois, D. (2005). Stigma of mental illness among American Indian and Alaska Native nations: Historical and contemporary perspectives. *Issues in Mental Health Nursing*, 26, 1001-1024. doi:10.1080/01612840500280661

Harris, K.M., Edlund, M. J., & Larson, S. (2005). Racial and ethnic differences in the mental health problems and use of mental health care. *Medical Care*, 43(8), 775-784.

Henderson, L. C. (2010). Divergent models of diabetes among American Indian Elders. *Journal of Cross-Cultural Gerontology*, 25, 303-316.

Hoopes, M. J., Tauli M., Weiser T. M., Brucker, R., & Becker T. M. (2010). Including self-reported race to improve cancer surveillance data for American Indians and Alaska Natives in Washington State. *Journal of Registry Management*, 37(2):43-8.

63

---

---

---

---

---

---

---

---

### References

Indian Health Service. (2013). *Special Diabetes Program for Indians (SDPI)*. Retrieved from: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI>

Jarvenpa, R. (1985). The political economy and political ethnicity of American Indian adaptations and identities. *Ethnic & Racial Studies*, 8(1), 29.

Kennedy, R. D., & Deapen, R. E. (1991, January-February). Differences between Oklahoma Indian Infant Mortality and other races. *Public Health Reports*, 106(1), 97-99.

Lujan, C. (1990, May). *As simple as one, two, three: Census underenumeration among the American Indians and Alaska Natives*. Undercount Behavioral Research Group Staff Working Paper # 2. Retrieved from [www.census.gov/srd/papers/pdf/ev90-19.pdf](http://www.census.gov/srd/papers/pdf/ev90-19.pdf).

McFarland, B., Gabriel, R., Bigelow, D., & Walker, D. (2006). Organization and financing of alcohol and substance abuse programs for American Indians and Alaska Natives. *American Journal of Public Health*, 96(8), 1469-1477.

Meister, C. W. (1980). Methods for evaluating the accuracy of ethnohistorical demographic data on North American Indians: A brief assessment. *Ethnohistory*, 27(2), 153-168.

64

---

---

---

---

---

---

---

---

### References

Northwest Portland Area Indian Health Board (NPAIHB) (2011). *Cancer among Northwest American Indians and Alaska Natives*. Portland, OR: Northwest Tribal Epidemiology Center, 2011. Retrieved from: [http://www.npaihb.org/images/epicenter\\_docs/NW-Idea/CancerAmongNWAIAN2011.pdf](http://www.npaihb.org/images/epicenter_docs/NW-Idea/CancerAmongNWAIAN2011.pdf)

Northwest Portland Area Indian Health Board (NPAIHB). (2013). *About the Epicenter*. Retrieved from: [http://www.npaihb.org/epicenter/about\\_the\\_epicenter/](http://www.npaihb.org/epicenter/about_the_epicenter/)

Northwest Portland Area Indian Health Board (NPAIHB). (n. d.). *Improving Data & Enhancing Access - Northwest (IDEA-NW)*. Retrieved from: [http://www.npaihb.org/epicenter/project/improving\\_data\\_enhancing\\_access\\_northwest\\_idea\\_nw/](http://www.npaihb.org/epicenter/project/improving_data_enhancing_access_northwest_idea_nw/)

Northwest Portland Area Indian Health Board (NPAIHB). (2009). *Northwest Suicide Prevention Tribal Action Plan: A five-year strategic plan for tribes of Idaho, Oregon, and Washington: 2009-2013*. Retrieved from: [http://www.npaihb.org/images/healthissues\\_docs/suicide/NW%20Tribal%20Suicide%20Action%20Plan%202009.pdf](http://www.npaihb.org/images/healthissues_docs/suicide/NW%20Tribal%20Suicide%20Action%20Plan%202009.pdf).

Northwest Portland Area Indian Health Board (NPAIHB) and Northwest Tribal Comprehensive Cancer Program (NCCP). (2007). *Northwest Tribal Cancer Resource Guide*. Retrieved from: [http://www.npaihb.org/images/projects\\_docs/TribalResourceGuide1-23-07Final4Web.pdf](http://www.npaihb.org/images/projects_docs/TribalResourceGuide1-23-07Final4Web.pdf)

National Center for Health Statistics. *Death Certificate Data: United States, 1999-2005*.

Northwest Tribal Registry Project. (n. d.). Northwest Portland Area Indian Health Board. Unpublished data, 1999-2011.

65

---

---

---

---

---

---

---

---

### References

Puukka E., Stehr-Green P., & Becker T. (2005). Measuring the health status gap for American Indians/Alaska Natives: Getting closer to the truth. *American Journal of Public Health*, 95(5), 838-843.

Spence, J. D. (n. d.). *Basketball Against Alcohol and Drugs (BAAD) Tournament: An Oregon Tribal Best Practice: Evaluation 2013*. Unpublished Draft Report.

Stehr-Green, P., Bettles, J., Robertson, L.D. (2002). Effect of racial/ethnic misclassification of American Indians and Alaskan Natives on Washington State death certificates, 1989-1997. *American Journal of Public Health*, 92(3), 443-444.

Swan, J., Breen, N., Burhansstipanov, L., Satter, D. E., Davis, W. W., McNeel, T., & Snipp, M. (2006). Cancer screening and risk factor rates among American Indians. *American Journal of Public Health*, 96(2), 340-350.

Trafzer, C. E. (1999). Infant mortality on the Yakama Indian reservation, 1914-1964. *American Indian Culture and Research Journal*, 23(3), 77-96.

66

---

---

---

---

---

---

---

---

# Health Overview AI/AN PNW

## References

Urban Indian Health Institute. (2009). *Urban Indian Health Organization Aggregate Diabetes Care and Outcomes Audit Report 2004-2008*.

Urban Indian Health Institute, Seattle Indian Health Board. (2011a, December). *Community health profile: Native American Rehabilitation Association of the Northwest*. Seattle, WA: Urban Indian Health Institute.

Urban Indian Health Institute, Seattle Indian Health Board. (2011b, December). *Community health profile: N.A.T.I.V.E. Project*. Seattle, WA: Urban Indian Health Institute.

Urban Indian Health Institute, Seattle Indian Health Board. (2011c, December). *Community health profile: Seattle Indian Health Board: Seattle, WA*. Seattle: Author.

Urban Indian Health Institute, Seattle Indian Health Board. (2012, May). *Urban Diabetes Care and Outcomes Audit Report: Aggregate Results from Urban Indian Health Organizations, 2007-2011*. Seattle: Author.

Urban Indian Health Institute. (2011). *Diabetes fact sheet: Native American Rehabilitation Center of the Northwest, Inc*. Seattle: Author.

U.S. National Center for Health Statistics. (2012). *Population (July 1st): Census populations with bridged race categories in Death Certificate Data 1990-2005 (rel 8/16/2006)*.

Wahl, O. F. (2012). Stigma as a barrier to recovery from mental illness. *Trends in Cognitive Sciences*, 16(1), 9-10.

Warne, D. (2011). Policy issues in American Indian health governance. *Journal of Law, Medicine & Ethics*, 39(42-45). doi:10.1111/j.1748-720X.2011.00564.x

---

---

---

---

---

---

---

---