

# Health, Social Justice, and the Importance of Telling the Stories of American Indian/Alaska Native Women

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	All Women in LA County	AIAN	Asian	Black	Latina	White
Income <200% FPL	43.7	57.2	35.8	46.0	64.0	19.0
Uninsured (18-64yo)	19.1	31.2	15.2	13.1	26.7	10.5
Ever thought of suicide	7.7	40.2	6.0	9.6	7.1	9.4
Diabetes death rate	18.6	65.0	15.6	30.1	24.7	12.9

# Roadmap

- 500 years of history
- 200 years of Federal policy
- AIAN Women in Los Angeles today
- Recommendations

# First, a story...

**Upper left:** Lillian Whitman (1903-1981)

**Bottom left:** Geraldine Motschman (1936-1999)

**Right:** Andrea Garcia



# Timeline of Federal Policies Affecting Indian Health

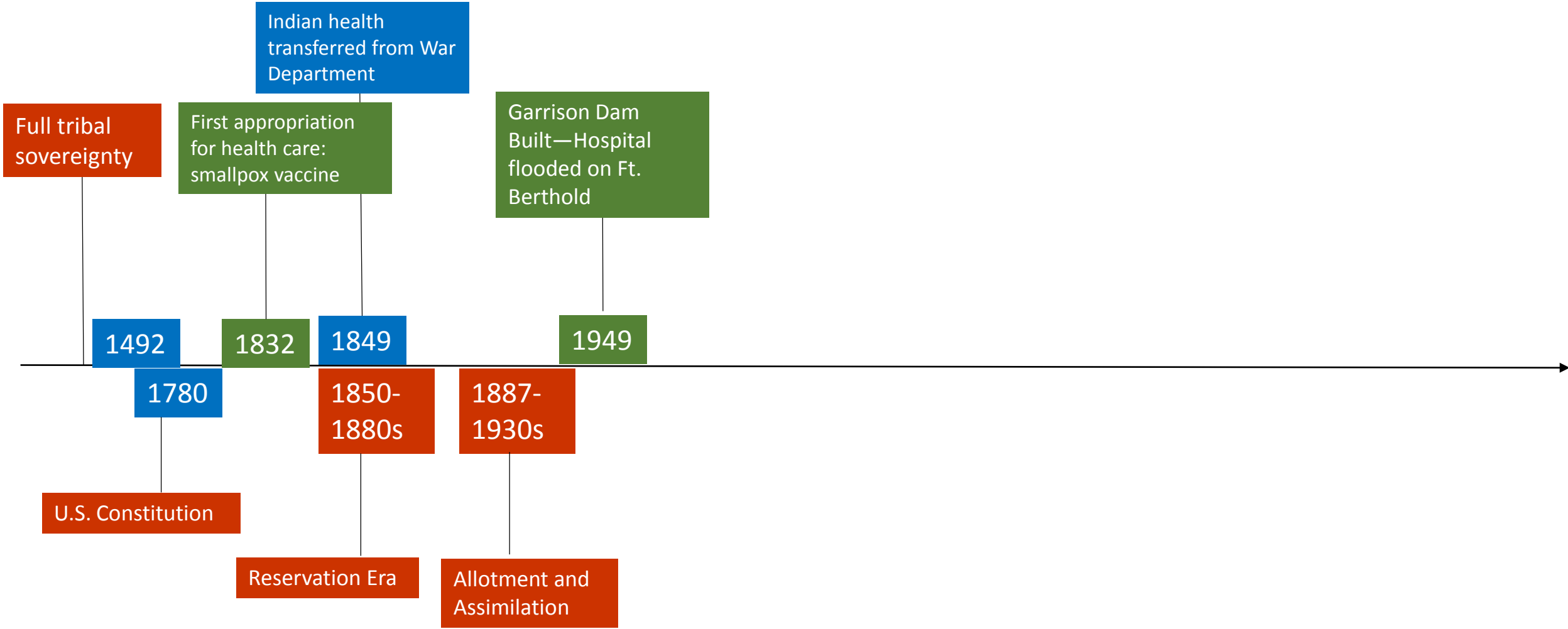




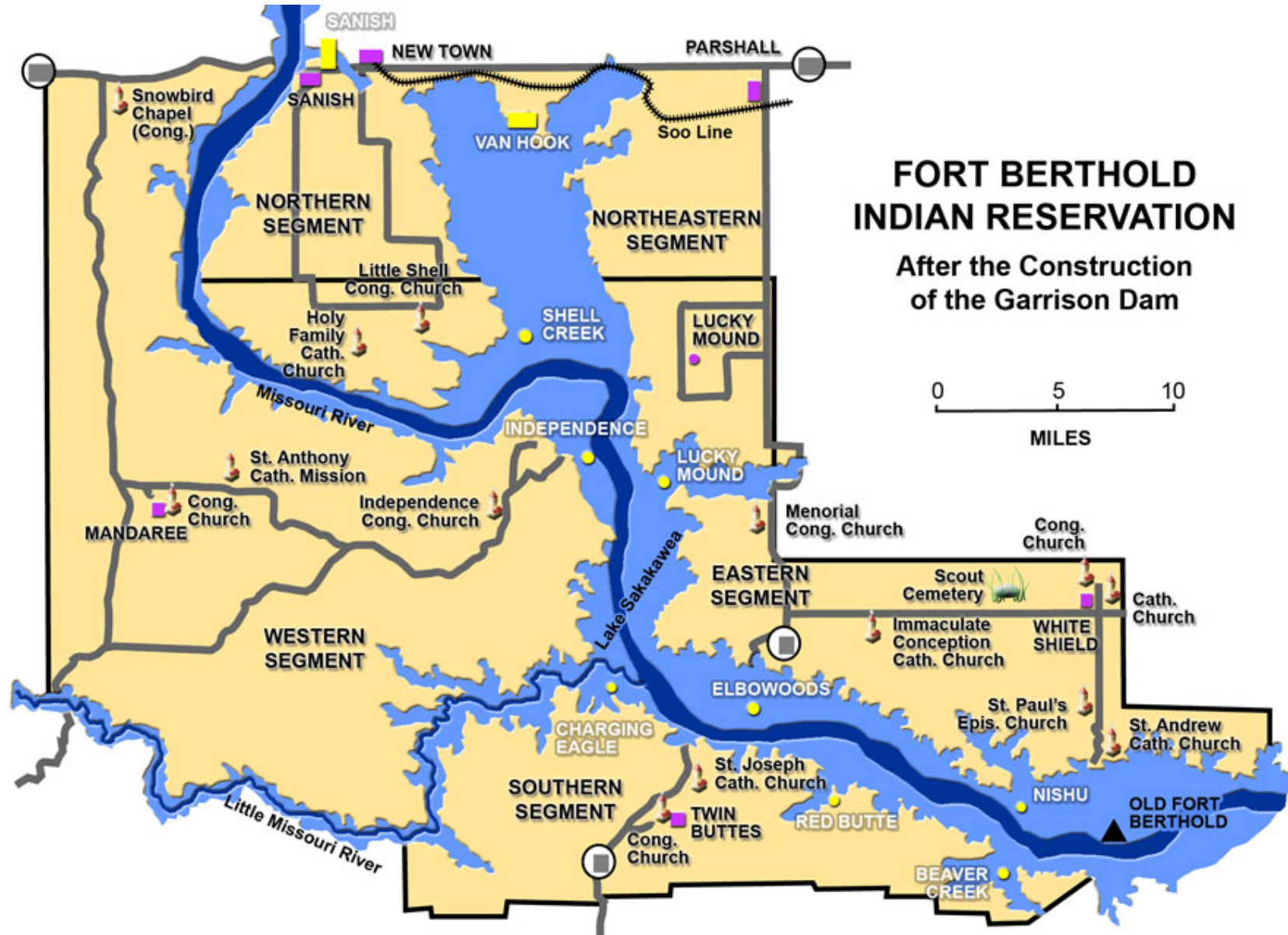
"We are still here"



# Timeline of Federal Policies Affecting Indian Health

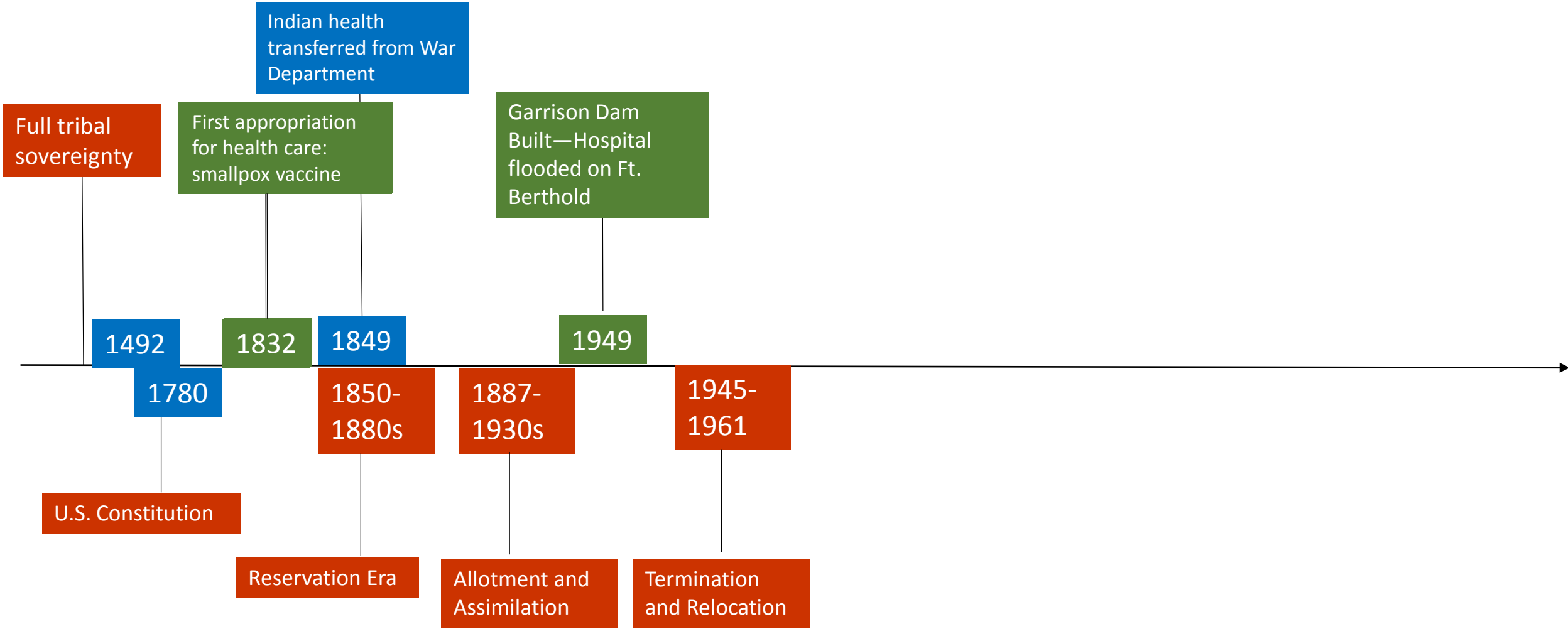








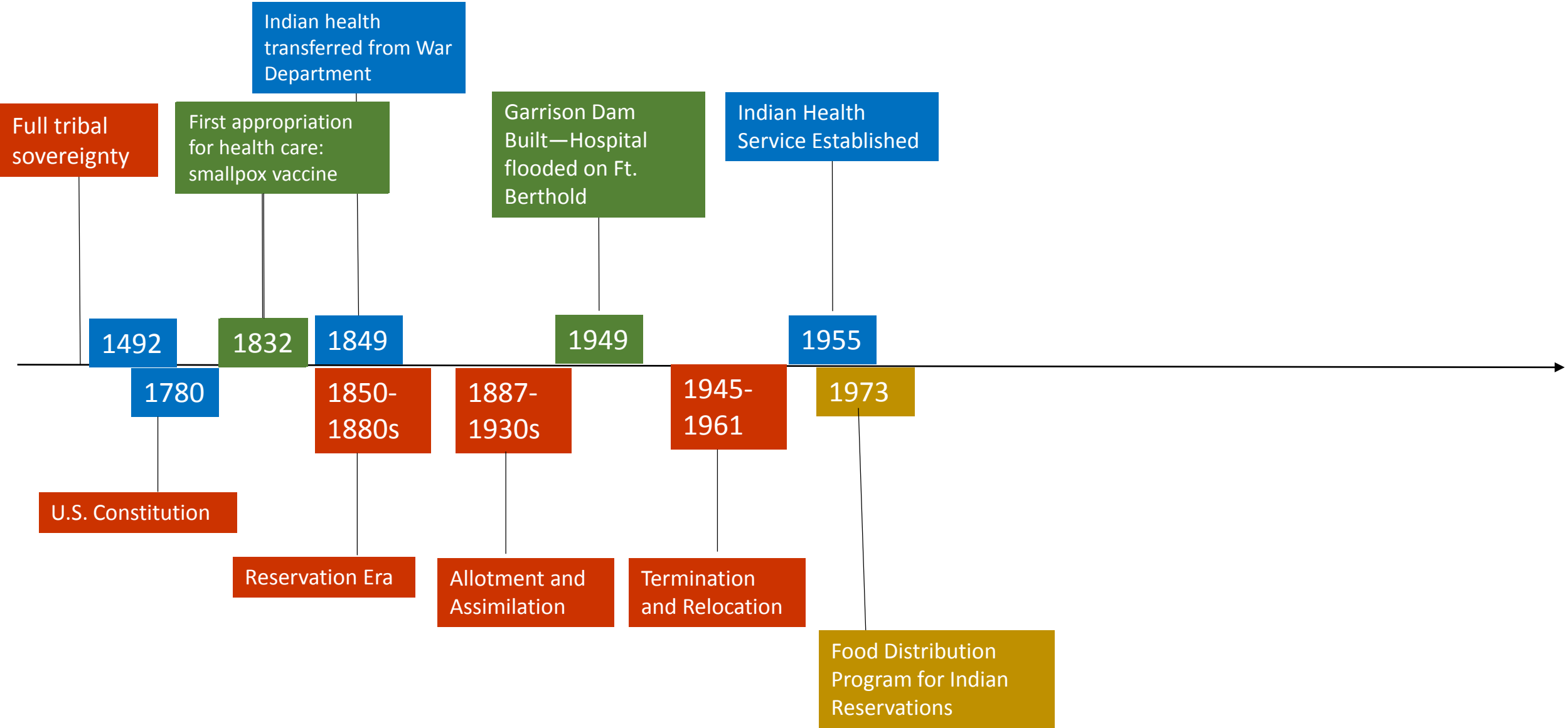
# Timeline of Federal Policies Affecting Indian Health



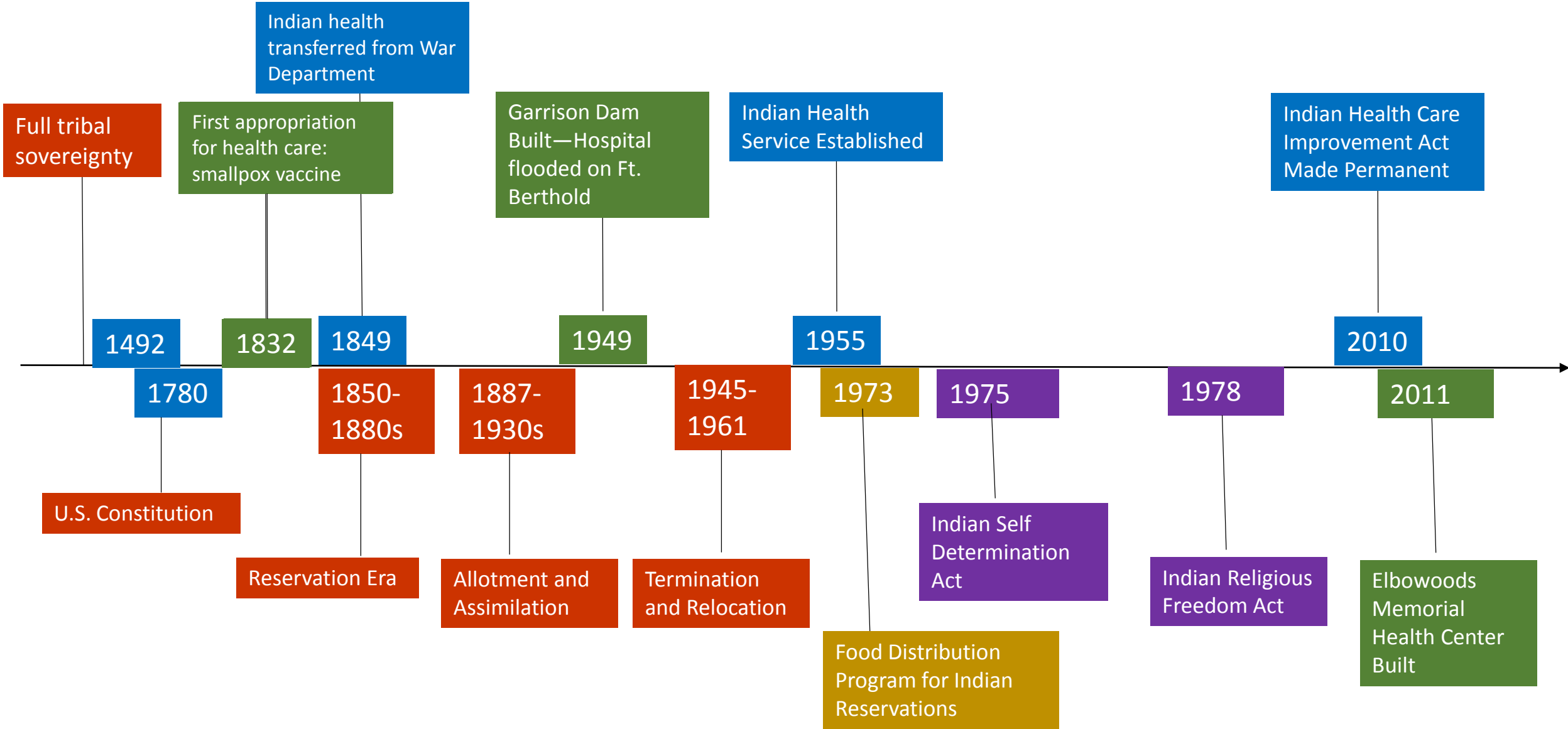
# From North Dakota to Los Angeles....



# Timeline of Federal Policies Affecting Indian Health



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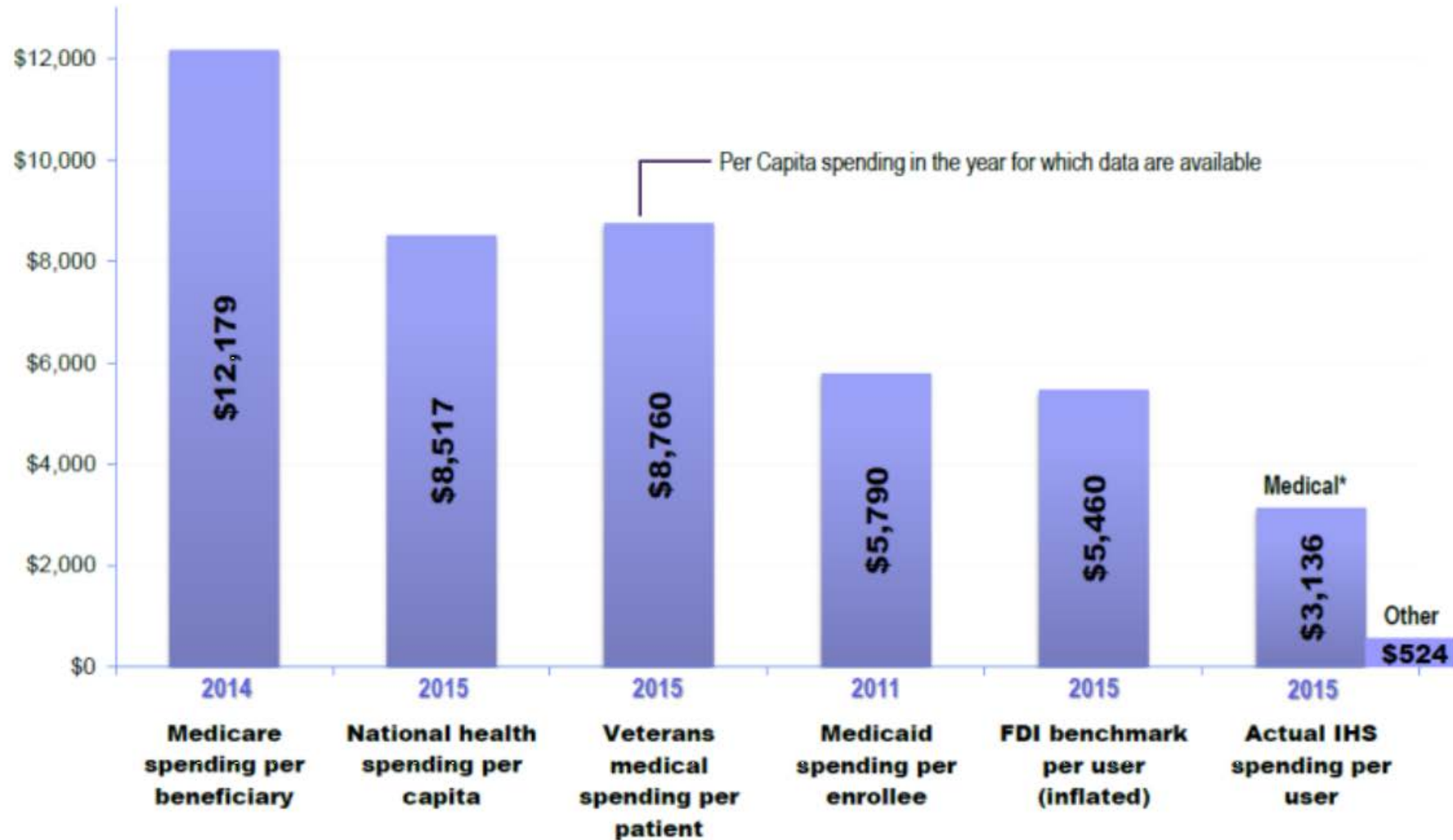


# A Snapshot of the Indian Health Service Today

- Population Served:
  - Members of 567 federally recognized Tribes
  - 2.2 million American Indians and Alaska Natives
- Financing
  - FY 2016 IHS budget appropriation: \$4.8 billion
  - 1% of the entire budget is spent on Urban Indian Health Programs
- Human Resources:
  - Total IHS employees: 15,369
  - Includes 2,648 nurses, 725 physicians, 698 pharmacists, 272 dentists, 115 physician assistants, and 110 sanitarians



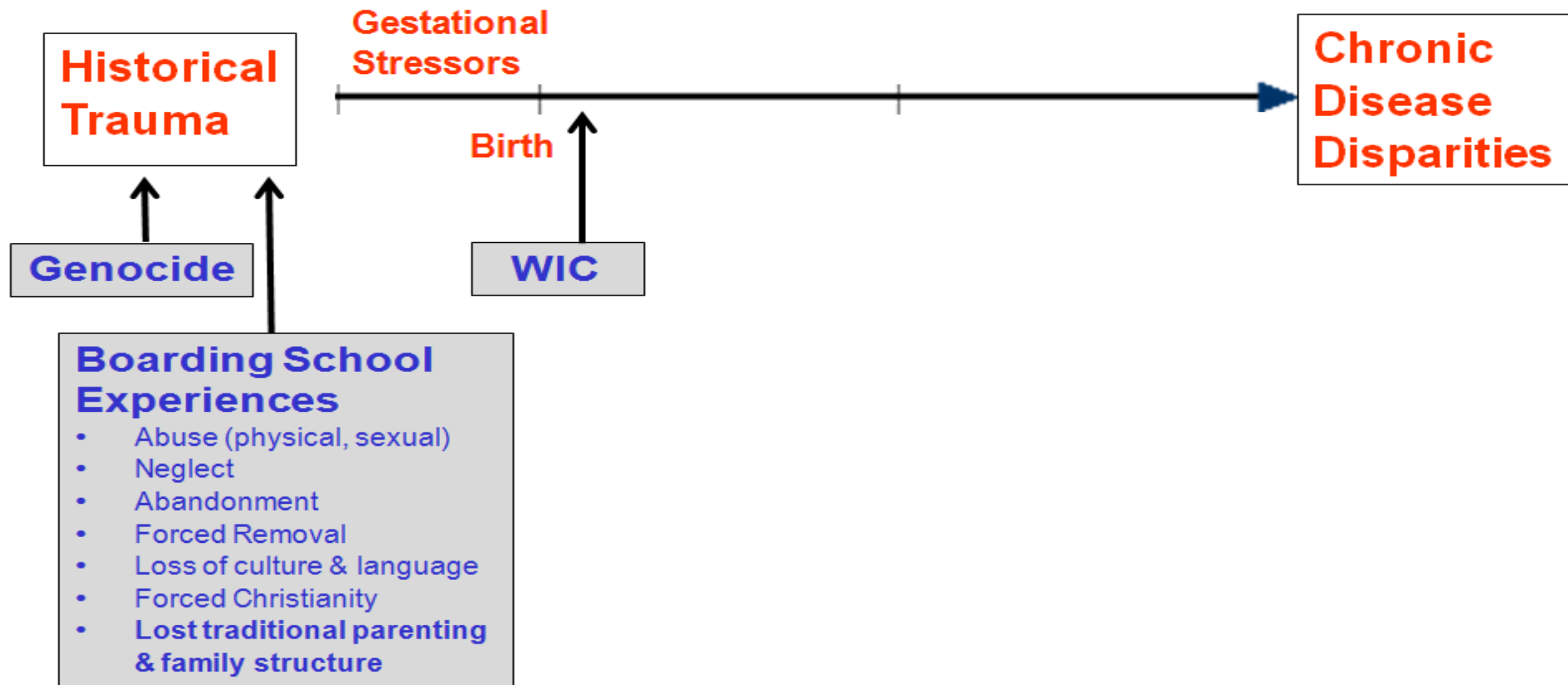
# 2015 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



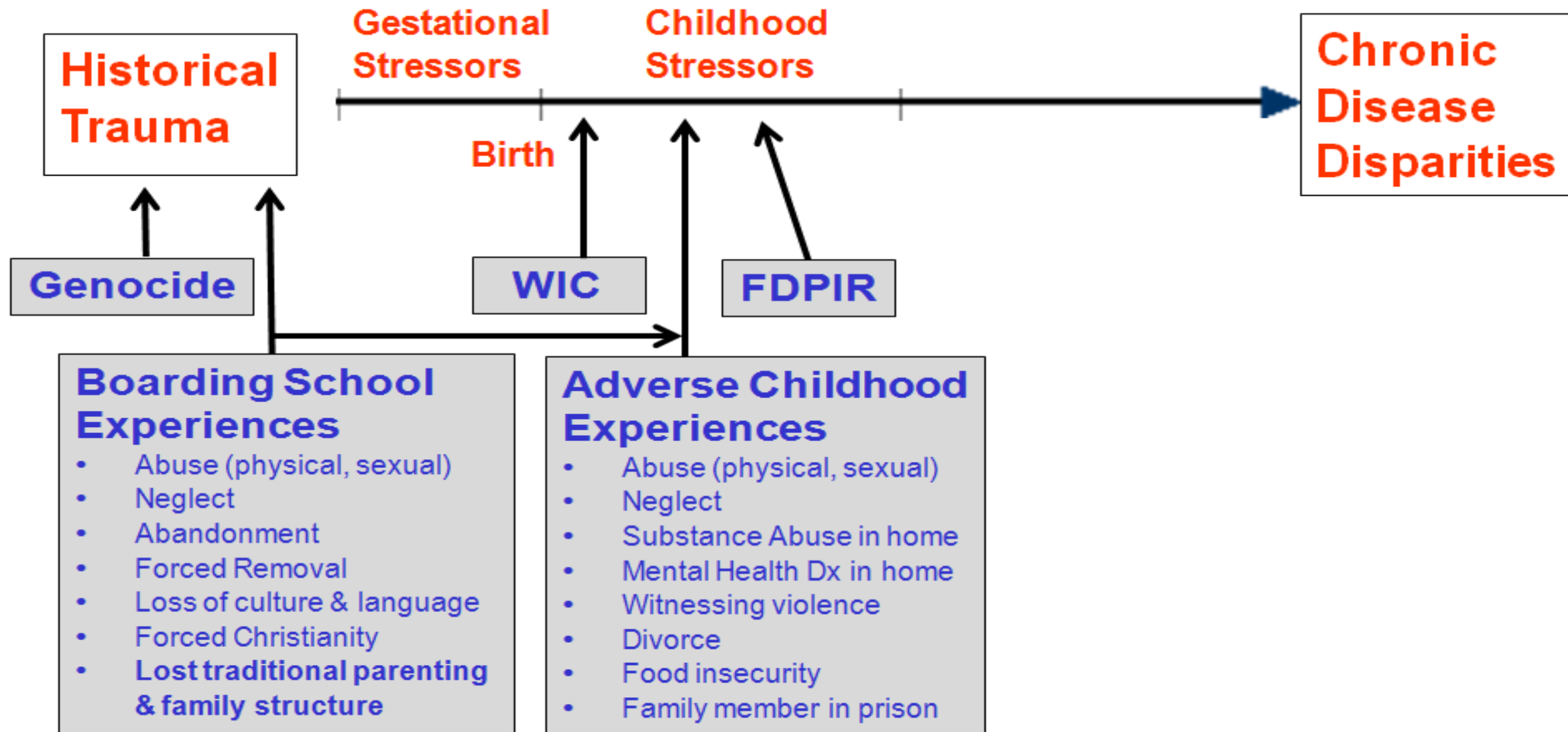


# The Confluence of Trauma, Policy, and Health Disparities

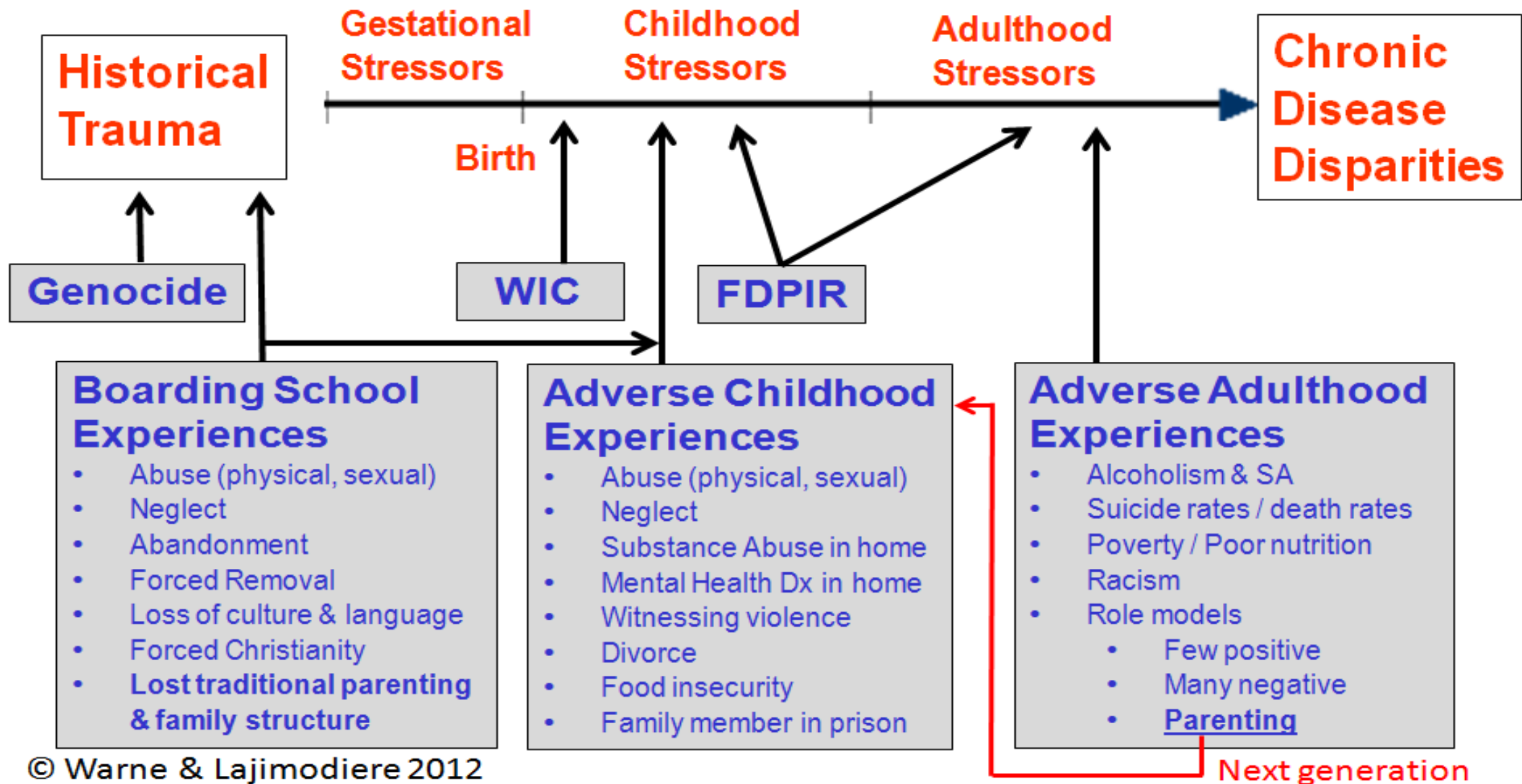
# Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives



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# AIAN in Los Angeles County

- 156,000 – 220,000 AIAN in Los Angeles County
- Second largest population in the United States
- **ONE** Indian Health Service clinic
- >100 Federally recognized tribes
- >60 unrecognized tribes
- 3 tribes indigenous to Los Angeles



Recommendations



# 1. Data

- Insist on collecting and reporting AIAN data when possible
- Disaggregated data on AIAN tribal affiliation and/or tribal enrollment status can have important implications on access to resources
- Data collection using a partnered approach with culturally congruent methods can be a win-win

## 2. Best Practices in a Culturally Sensitive Medical Home

- Given excess morbidity and mortality, intergenerational and historical trauma, access to a culturally sensitive medical home is a best practice in promoting health equity among AIAN.
- Community informed and traditional practices can be complementary to conventional therapies
  - Consideration should be given to how these complementary practices can be made available to the community (e.g., expansion, reimbursement, etc.).

# 3. Applying an Equity Framework

- Transforming organizations from within
- Working with communities to build partnerships and share power
- Addressing policies that impact social and health equity

# Thank you

- Dr. Rita Singhal, The Los Angeles County Department of Public Health, Office of Women's Health
- Los Angeles Department of Public Health
  - Division of Chronic Disease and Injury Prevention
  - Office of Health Assessment and Epidemiology
- Los Angeles Department of Health Services
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- United American Indian Involvement
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