

Disparities in Health and Healthcare in North Carolina

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CMD

Leadership NC 2/3/2021



O'GVABL TSLoDET

Group Harmony

DL0vY O'LS0vA

Spirituality

O'CHYL DL0vJ SG^A0T

Strong Individual Character

ARC^A JSL0vT

Sense of Place

57v^J O'Gf0vA

Honoring the Past

JhAC JbHJ

Educating the Children

O'P'P'oDJ Zδ O'0C^J DL0vJ

Sense of Humor



Qualla Boundary

- 56,000-acre Qualla Boundary adjacent to the Great Smoky Mountains National Park.
- There are more than 13,000 enrolled members of the tribe, over 60% of whom live on the Boundary.



Tribal Health Assessment

- This document is a collaborative product of the Cherokee Health System (EBCI PHHS and Cherokee Indian Hospital Authority [CIHA]), WNC Healthy Impact (via Western North Carolina Health Network [WNCHN]), the United South and Eastern Tribes (USET) Tribal Epidemiology Center (TEC), and our county and state public health partners.
- The THA is both a process and a document to:
 - Collect and present data specific to the health status of the Cherokee community from existing sources, including current assets and resources for health
 - Invite and present input from the Cherokee community on health status
 - Start a cycle of assessment, analysis, prioritization, improvement, and evaluation to pull together efforts to reach the best possible health for the Cherokee community

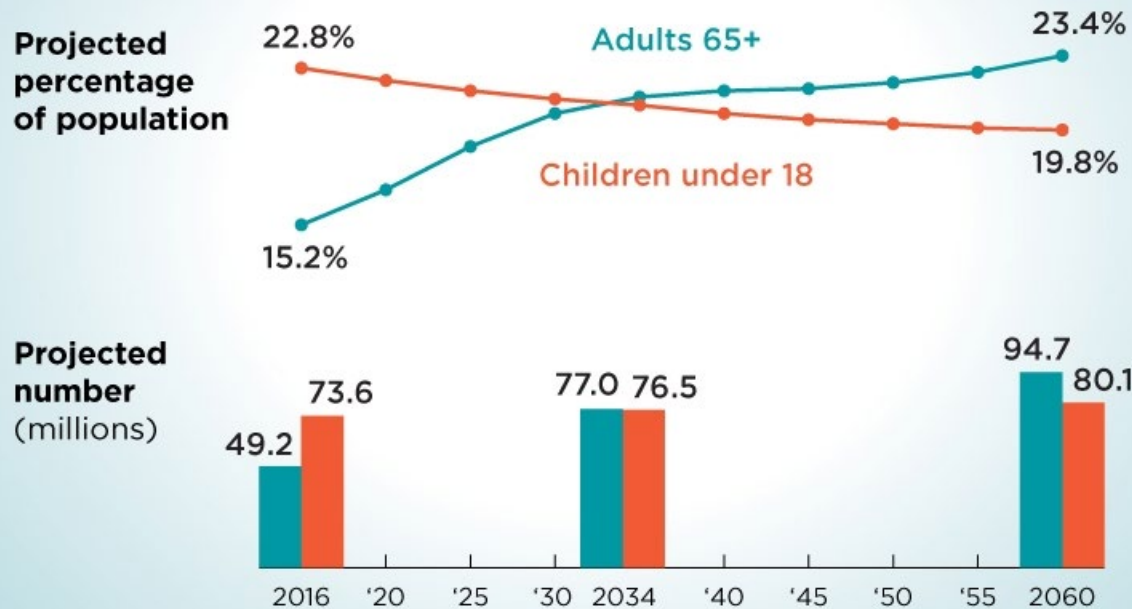




An Aging Nation

Projected Number of Children
and Older Adults

For the First Time in U.S. History Older Adults Are
Projected to Outnumber Children by 2034



Note: 2016 data are estimates not projections.

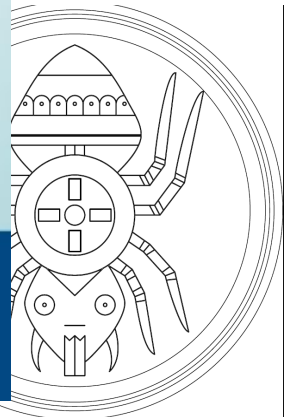
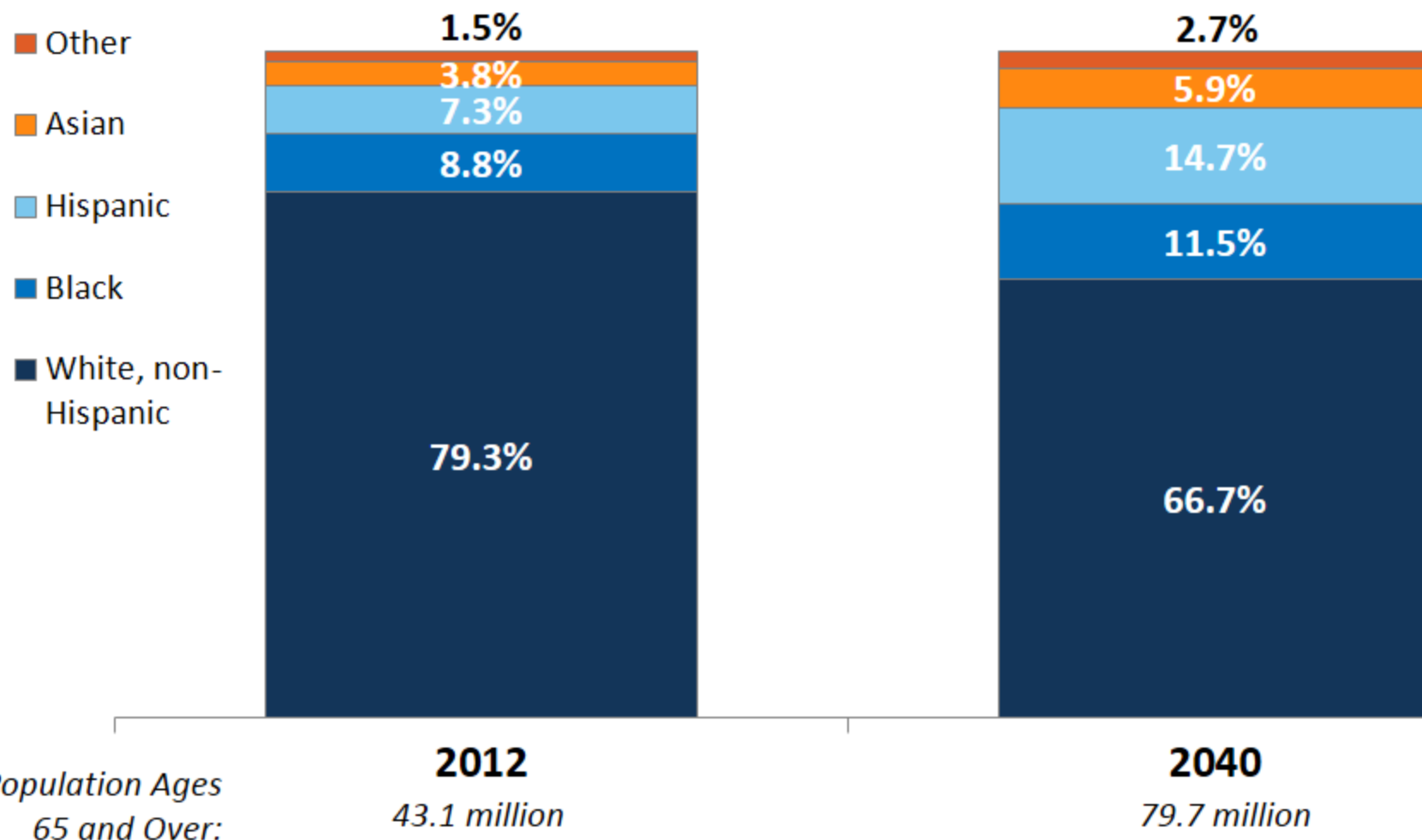


Figure 1

Distribution of U.S. Population Ages 65 and Over, by Race/Ethnicity, 2012 and 2040

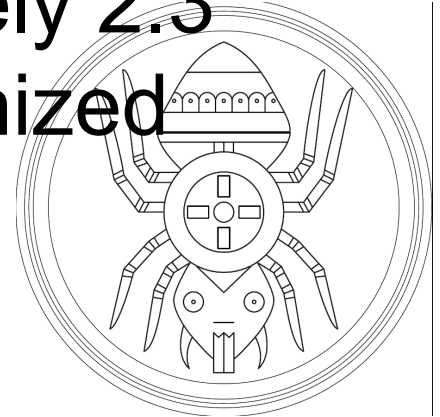


NOTE: Categories sum to more than 100% in both years because Hispanics may be of any race. "Other" includes American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, and people reporting two or more races.

SOURCE: Kaiser Family Foundation analysis of data from U.S. Census Bureau, *An Aging Nation: The Older Population in the United States* (May 2014).

Insurance

- Federally recognized AIANs entitled to healthcare
- 48% private
- 38% medicaid
- 23% none
- IHS provides care to approximately 2.3 million AIANs of Federally-recognized tribes



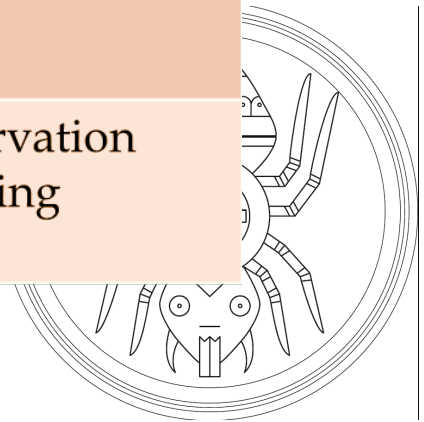
Provision of services

- Indian Health Care Improvement Reauthorization and Extension Act of 2009
- Amended the Indian Health Care Improvement Act (IHCIA) and was included in the Affordable Care Act.
- authorize services but not new funding specific to long-term care.



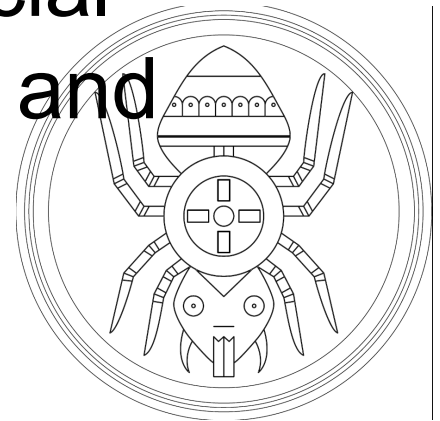
Historical experiences of elders

1900-1920	1920-1940	1940-1960	1960-1980	1980-Present
Reservations	Citizenship	World War II Service	Vietnam War	Education of Professionals
“Vanishing America”	Adoption of Indian Children by Whites	Relocation by BIA to Urban Areas	Indian Activism	Litigation
Forced Boarding Schools	Loss of Land by Allotment System	Forced Assimilation	Urbanization for Education & Jobs	Urban Pan-Indianism
Law Banned Spiritual Practices	Boarding Schools			Reservation Gaming



Risk factors for neurocognitive disorders-modifiable

- traumatic brain injury in mid-life
- exposure to air pollution in later life,
- excessive alcohol use (>than 14 drinks a week)
- less education, hearing loss, hypertension, obesity, smoking, depression, social isolation, lack of physical activity, and diabetes.



Healthy heart, healthy brain

Healthy Heart, Healthy Brain...

The River of Life Flows Through the Heart, Protecting the Mind and Body

Everyone slows down as they get older, both in body and mind. But big changes with forgetfulness, thinking, or how you solve problems that make it hard to get through the day don't happen to everyone. These changes could be a sign of early dementia or Alzheimer's disease.



5.7 Million

Americans have
Alzheimer's disease



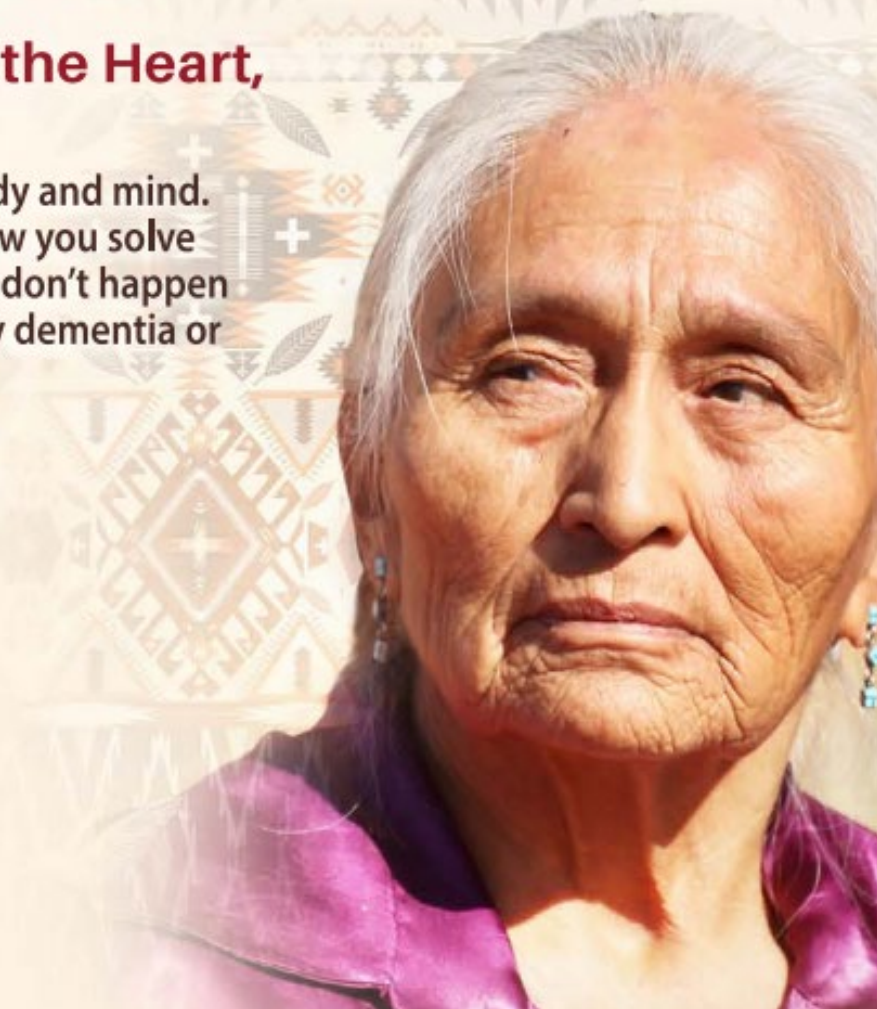
1 in 10

People age 65 and older
has Alzheimer's



1 in 3

American Indians over 65
develops dementia, including
Alzheimer's



Foreman, Richard, and James W. Mahoney. *The Cherokee Physician: Or, Indian Guide to Health...* Chi-ga-u, 1975

- “The Aborigines of our country found the means of mitigating and curing their diseases, in the uncultivated wilds which gave them birth,--they knew nothing of foreign drugs, but with roots, herbs, and plants found in their own country, they mitigated and cured the diseases most common to that country. That their knowledge of the medical properties of the roots and herbs common in the American forest, is superior to that possessed by the whites will hardly be denied. Neither will be denied by those acquainted with their success, in treating disease, that they have, in many instances, performed cures, by means of roots, herbs and plants, after the usual remedies prescribed by white physicians have failed.” – Richard Foreman and Jas.W. Mahoney 1849
- “The time is not far distant, when most; if not all the diseases, of our country, will be healed without the use of calomel and mercurial preparations, and when foreign drugs will be disused by administering physicians.”



Empowerment

- Framing and language....



Empowerment

- the process of becoming stronger and more confident, especially in controlling one's life and claiming one's right
- Rather than remove decision-making
- We aren't "allowing" them to do anything
- "Nothing about me, without me"- a place for Mom



Language

- A person/people with dementia
- A person/people living with dementia
- A person/people with a diagnosis of dementia
- Sufferer
- Victim
- Demented person
- Not all there
- Crazy



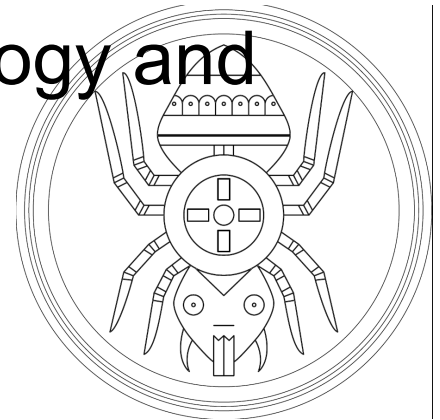
Caregiver Burden

- Alternatives?



NICOA goals

- help improve health equity among AI/AN Elders
- 1) establish health education, awareness and prevention programs for AI/AN Elders
 - 2) fund on-going research of health disparities in aging
 - 3) improve health care access and quality for Elders; and
 - 4) promote inclusion of AI/ANs in gerontology and geriatric research



The background/history of someone is the most important aspect of helping our elders



Questions?

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