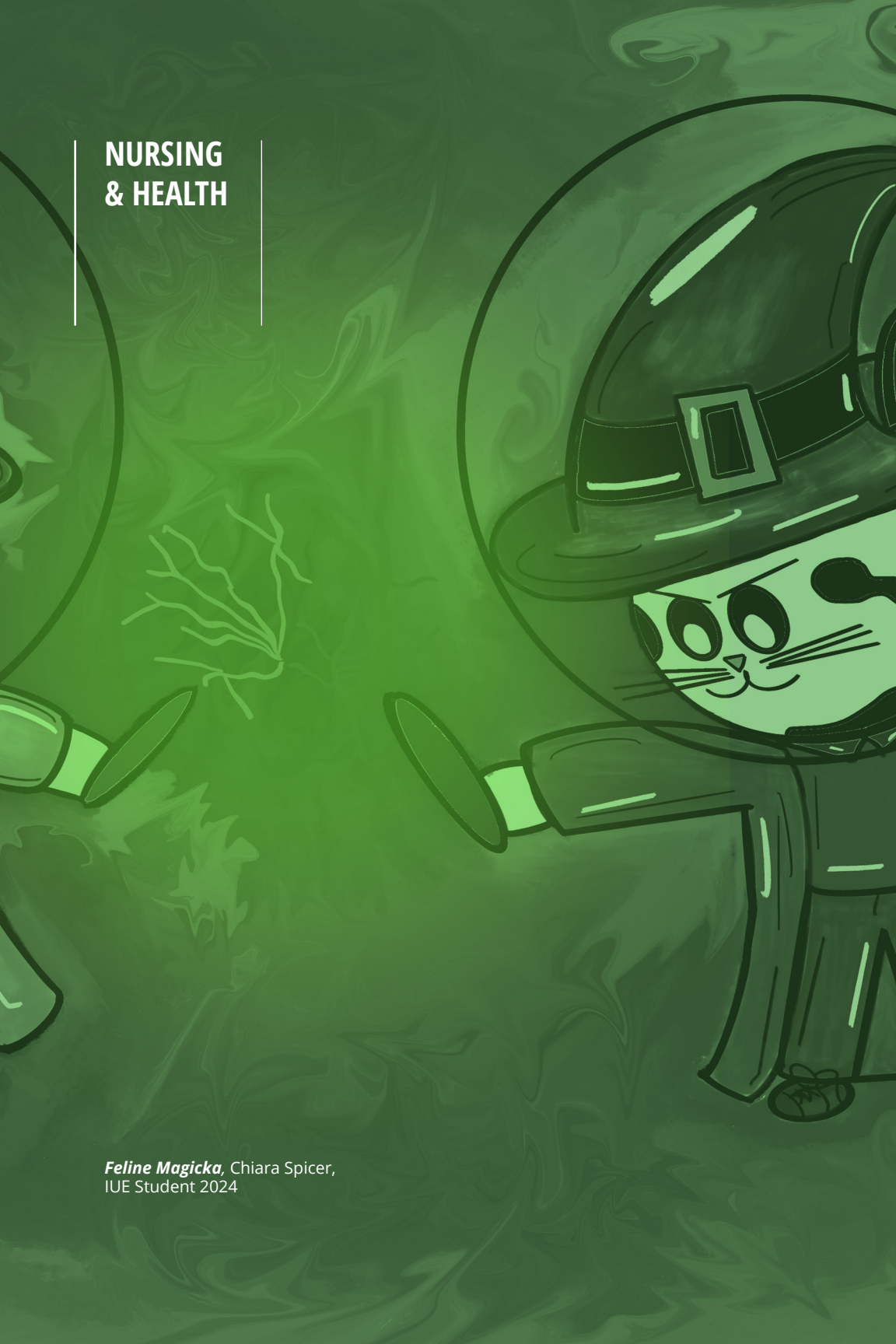


NURSING  
& HEALTH



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# HEALTH DISPARITIES AMONG ALASKAN NATIVES AND AMERICAN INDIANS

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## **Abstract**

The thesis statement: The Indian Health Service (IHS) in conjunction with the Southeast Alaskan Regional Health Consortium (SEARHC) to overcome health disparities in the Alaskan Native and American Indians by providing culturally competent care in Haines and Juneau. The primary research method for this research is peer-reviewed articles, immersion experiences, and interviews. To achieve the proposed research, peer-reviewed articles will be researched and thoroughly read. After analyzing peer-reviewed articles, the research will continue the Alaska immersion clinical conducting interviews with healthcare providers at SEARHC in Haines, AK and Juneau, AK.

*Keywords: health, disparities, stakeholders, analysis, Indian Health Service (IHS), Alaskan Native, American Indian, peer-reviewed articles, Work Plan, disproportionate poverty, discrimination in the delivery services, alcoholism*

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## **Thesis Statement**

The Indian Health Service (IHS) in conjunction with the Southeast Alaskan Regional Health Consortium (SEARHC) to overcome health disparities in the Alaskan Native and American Indians by providing culturally competent care in Haines and Juneau.

## **Methodology**

The primary research method for this study is peer-reviewed articles, immersion experiences, and interviews. To achieve the

proposed research, peer-reviewed articles will be studied and thoroughly read. After analyzing peer-reviewed articles, the research will continue the Alaska immersion clinical conducting interviews with healthcare providers at SEARHC in Haines, Alaska and Juneau, Alaska.

## **Introduction**

Alaskan Natives are one of the populations that live in health disparities within Southeast Alaska because of how rural the area is. There are very few resources within the region and change is happening every day for them to be able to use and get these resources. The Indian Health Service is one of the many resources that is used to help Alaskan Natives and American Indians to better their health. The Indian Health Service (IHS) agency in the Department of Health and Human Services provides federal health services for Alaskan Natives and American Indians. IHS was established on July 1, 1955, one year after the transfer from the Bureau of Indian Affairs (BIA) to the Public Health Service (PHS). The IHS agency recognizes tribes in 37 states and delivers federal health services to almost 2.6 million Alaskan Natives and American Indians (Indian Health Service, 2023).

The IHS mission and vision influence the goal of improving population health outcomes to the highest quality of care possible. According to the Indian Health Service, "Our mission: raise the physical, mental, social, and spiritual health of American Indians and Alaskan Natives to the highest level. Our vision: healthy communities and quality healthcare systems through strong partnerships and culturally responsive practices. Strategic goals: to ensure that comprehensive, culturally appropriate personal and public health services are available and accessible... to promote excellence and quality through innovation of the Indian health system into an optimally performing organization, and to strengthen IHS program management and operations" (Indian Health Service, 2023). The mission, vision, and goals of IHS guide the organization to work for the same goals and provide an outline of

expectations. Without their mission, vision, and goals, the IHS would not be able to achieve the highest level of care for the Alaskan Natives and American Indians.

Since 2019, the Indian Health Service has changed significantly due to its new idea of a Work Plan. The Work Plan is used to progress and implement that will “identify, assess, report, and manage enterprise-level risks that impact the IHS environment” (Indian Health Service, 2023). This Work Plan receives recommendations from IHS-commissioned reviews and other external systems to help implement new IHS policies and processes that can help better protect the Alaskan Native and American Indian population and to hold employees accountable to comply with the goals. Since COVID-19 in 2020, the IHS has also improved significantly.

During COVID, it has affected the population 3.5 times higher than non-Hispanic whites. They administered over a million doses of the vaccine, increased drive-through testing sites, and provided at-home tests and rapid tests. This has improved the organization and has helped improve the population’s health. Over time, the IHS has invested more than \$9 million to provide for the tribes and urban Indian health program, Alaskan Native, and American Indians Indian Health Service, 2023).

### **Impact**

When compared with other Americans, Alaskan Natives, and American Indians experience more health disparities and lower health status. According to the IHS, “lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery services, and cultural differences” (Indian Health Services, 2019). The causes of health disparities are more than just about the health of a person; the causes are more indirect such as education, cultural differences, poverty, and discrimination.

As mentioned, education, cultural differences, poverty, and discrimination are social determinants that cause these health disparities. The leading causes of death in Alaskan Natives and American Indians are diseases of the heart, malignant neoplasms, unintentional injuries, and diabetes (Indian Health Service, 2019). Alaskan Natives and American Indians have a higher rate of death than other Americans in many categories and have a life expectancy of 5.5 years less than the U.S. all-race population (Indian Health Service, 2022).

Poverty is one main determinant of health disparities within the Alaskan Natives and American Indian population. According to Sarche and Spicer at the National Institutes of Health, "More than one-quarter of the American Indian and Alaska Native population is living in poverty, a rate that is more than double that of the general population and one that is even greater for certain tribal groups" (Sarche et al., 2008). Poverty is related to economic development challenges including geographic isolation and the availability of primarily low-wage jobs. Twenty seven percent of Alaskan Natives and American Indian children and families are more likely to live in poverty (Indian Health Service, 2023). With this poverty, they are unable to get the healthcare they need and more health issues tend to occur. Poverty can also be associated with inadequate education, which complicates the health disparities. Fewer individuals attain a high school diploma or a bachelor's degree (Indian Health Service, 2022). This discrepancy appears early on as children's math and reading skills fall fast compared to the whites. The progressive fall occurs as early as kindergarten to fourth grade (Indian Health Service, 2022).

Since many Alaskan Natives live in remote areas, they are unable to get the critical resources they do not have access to. Adequate health care due to hospitals being far away and proper education due to children working because of poverty. Without education, Alaskan Natives and American Indians are unaware of the resources out there

for them. Educational opportunities and adequate economic resources must continue to improve to eliminate these health disparities.

Discrimination and cultural differences are other factors that lead to health disparities in Alaskan Natives and American Indians. This population has close family ties and strong cultural values, which are passed down to the next generation. With these cultural differences, others need to understand needs adequately. The Indian Health Service strives to bridge the care gap and make sure that health needs are met including cultural sensitivity.

Another significant health disparity in the Native Alaskan population is alcoholism. They are 3.6 times more likely to die from alcohol-related causes when compared to non-Hispanic whites (Karaye et al., 2023). Conflicts of cultural identity, and racism forced the Native American population to neglect their heritage and adapt to a new culture. A way for young Alaskan Native men and women to cope and to bury those feelings is to drink alcohol. The current impact is about 10% of the Alaskan Native population, and 14.9% are dependent on alcohol (Karaye et al., 2023). Without implementing preventative measures, the percentage of alcohol dependence and abuse will likely increase and result in more premature deaths of Alaskan Natives.

Research demonstrates that health disparities negatively impact Alaskan Natives and American Indians face with quality of life. According to IHS, "Death rates are significantly higher in many areas than that for the U.S. general population, including heart disease, chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, substance use, and chronic lower respiratory disease" (Indian Health Service, 2019).

### **Program and Interventions**

The IHS provides a variety of programs and funding for Alaskan Natives and American Indians regarding their health disparities. The IHS strives to deliver healthcare needs that meet and respect their

cultural beliefs and practices. One program that the IHS provides is the Youth Regional Treatment Center (YRTC). According to IHS, they “provide recurring funding to 12 Youth Regional Treatment Centers (YRTCs) to address the ongoing issue of substance abuse and co-occurring disorders among American Indian and Alaska Native youth (Indian Health Service, 2022). Not only does the organization provide funding but they provide education and cultural-based prevention initiatives. They will also provide evidence-based and practice-based models of treatment, family strengthening, and recreational activities (Indian Health Service, 2022). With these initiatives, the youth receive support to overcome their challenges and recover and help lessen the health disparity. Not only can these interventions prevent the youth and future generations from using alcohol dependency, but the program can also help Alaskan Natives understand their cultures at a slower pace and help with cultural identification and behaviors.

Some resources that the Youth Regional Treatment Center provides are “clinical evaluation, substance abuse education, group, individual, and family psychotherapy; art therapy; adventure-based counseling; life skills; medication management or monitoring; evidence-based/practice-based treatment; and aftercare relapse prevention” (Indian Health Service, 2022). The strengths of this program go beyond helping the youth of Alaskan Natives, they also provide treatment of other illnesses found during treatment, develop independent living skills, provide appropriate schooling, and help implement aftercare when discharged (Indian Health Service, 2022). The Indian Health Service reviews these data monthly and yearly and creates an evaluation of the annual report. The report shows data of each therapy session, evaluations, and future recommendations for the following year. A challenge of this program is the follow-up evaluations of youths after they have finished the program. The yearly data evaluation paper does not mention any type of evaluation or follow-up after the program.

Regular evaluations after completing the program, could improve the program and further prevent the youths from alcoholism and dependence. Another initiative that the IHS provides to prevent disparities is the IHS facilities. Across the United States, the Indian Health Service has facilities that provide outpatient care, and they focus on preventative care such as screenings and health education (CRS Report, 2016). There are more central and west coast locations than in the Midwest and east coast. When certain health conditions cannot be treated at the IHS facilities, they are referred to other healthcare facilities or private providers. Private providers are also known as purchased/referred care (PRC). These facilities consist of small hospitals (46 total) with services that vary depending on the hospital, Youth Regional Treatment Centers (10 total), Health Centers (344 total) that provide outpatient care and primary preventative care, Health Stations (105 total) that provide the same service as Health Centers, and Alaska Village Clinics (150 total) that are unique to Alaska and they provide services “using paraprofessional assisted by health professionals via telehealth technologies” (CRS Report, 2016).

IHS facilities such as the Youth Regional Treatment Center provide mental health and substance use disorder treatments. Even if individuals do not use substances or have mental health diagnoses, education is provided to support each individual's well-being. A strength of the IHS facilities is that each health center is located in the most populated area of Alaskan Natives and American Indians. This is an advantage because some regions are rural, and they are unable to get the healthcare they need. According to the Mercatus Center at George Mason University, “IHS officials have said that the most common negative issue they face is the lack of a solid organizational structure regarding the management of IHS hospitals, including policies” (Mercatus Center, 2022). Without the structure of management of the hospitals and un-updated policies, these facilities would lead to poor performances and poor health care initiatives.

## **Indian Health Service Policy**

Health policies within the IHS greatly impact the organization and the Alaskan Natives and American Indians. For example, the Special General Memorandums (SGM) is a policy that according to the Indian Health Service, "SGM is used to interpret... existing IHS policy that requires special attention by the IHS employees. The SGM format may be used to announce a new IHS policy that must be implemented immediately" (Indian Health Service, 2021). The benefit of this policy is that employees at IHS facilities can agree or disagree on policies regarding their care for the population. This requires healthcare workers to be more aware of the population, and when policies are made, immediate action is necessary to provide proper care. Another public health policy is Chapter 18 - alcohol/substance abuse. The policy aims to "establish general policy, staff responsibility, operating relationship, standards, and guidelines for the development of alcoholism/substance abuse treatment and preventative services" (Indian Health Service, 2018). It specifically recognizes those who struggle with alcoholism and substance use. With this policy, employees can provide specific care for addiction. The overall health disparity is to reduce addiction and alcoholism. A law that makes a huge impact on the Alaskan Natives and American Indians population is the Indian Health Care Improvement Act - Public Law 94-437.

According to the IHS, "the act implements the Federal responsibility for the care and education of the Indian people by improving services and facilities of Federal Indian health programs and encourages maximum participation of Indians..." (Indian Health Service, 2015). This is the law that mandates the federal government has the responsibility to care for the Alaskan Natives and American Indians. Without it, the federal government relinquishes the responsibility of caring for and providing health outcomes for this population.

### **Alaska Immersion Experience**

The purpose of the Alaska immersion trip related to IHS is to through clinical experience on how the IHS affects health care within the Alaskan Native and American Indian population. Southeast Alaska Regional Health Consortium (SEARHC) works with IHS to prevent health disparities within the population. The immersion trip occurred in Haines and Juneau, Alaska from September 16 to September 22, 2023. The trip involved senior nursing clinical experience in Haines at the SEARHC health clinic as well as the SEARHC clinic in the Klukwan village.

SEARHC is a non-profit health consortium that provides healthcare services to residents of Southeast Alaska. The organization provides a variety of services such as women's health, preventive care, surgery, weight loss programs, dentistry, general surgery, hospital services, primary care, specialty care, support services, and rehabilitation services.

Direct interactions such as gathering subjective and objective patient data with patients took place at both clinics. This cultural immersion trip provided the opportunity to experience diversity, become more culturally aware, and potentially change our practice.

While at the clinics, health disparities of Alaskan Natives and American Indians were identified. Diabetes is one of the many health disparities. During clinical practice in Haines at the SEARHC clinic, many patients came in with either a family history of diabetes or were diagnosed with diabetes. To reduce the effects of this disparity, the clinic has a certified diabetic educator nurse who specifically teaches and interacts with patients who have diabetes. The diabetic educator nurse teaches patients to understand the effects, signs and symptoms, and preventative measures such as medication and dietary changes for the patients experiencing diabetes.

Indian Health Service also plays an important part at the Haines SEARHC clinic in Haines. When interviewing a nurse practitioner at the clinic, she stated that certain criteria have to be met in order to keep

IHS funding at the clinic in place. At the Haines health clinic, the Patient Access Supervisor is responsible for tracking and reporting information to the IHS.

Since the area is so rural, specialty healthcare workers such as cardiologists, dermatologists, dentists, etc. come into the Haines clinic one to two times a month. Specialty healthcare workers also rotate and come into the clinic at scheduled times. For example, mammographer technologists come into the clinic two or three times every month to take X-rays of those who need it or for a routine breast examination. Education is provided to all patients after every visit to the Haines and Klukwan clinics. Education is another issue linked to health disparity within the region. A patient came into the Klukwan clinic with her two children. One child was 3 years old and had fetal alcohol syndrome and the other was a one-month-old infant who just came in for a wellness checkup. The nurse practitioner (NP) educated the mother based on the 3-year-old diagnosis. Even though the mother already had education on this, it was important that the nurse educated her again. During this visit, the NP added more information such as milestone development with a child who has fetal alcohol syndrome. With the one-month-old infant, the nurse educated the mother about the importance of vaccinations.

There were a few patients at the Haines clinic who came in with a history of alcoholism. When caring for the patient, subjective data was collected such as asking the individual if they had any drinks in the past week, any other substance use, or if they are in rehab, and other information pertaining to their diagnosis or use. Objective data was also collected such as physical examinations, vital signs, and blood work. After subjective and objective data was obtained, education was the next step in the individual's care. Education provided to patients with alcoholism included withdrawal, medication education, rehabilitation centers, and resources for behavioral health. Poverty was also experienced in the clinic at the Klukwan Village. When

interacting with a patient with diabetes, they kept asking how much medication and their visit to the clinic cost. The patient was concerned and feared that they would not be able to afford their medication. The nurse ensured the patient that resources would be provided for the patient to meet the patient's needs.

A health disparity that the Alaskan Natives and American Indian population have is diabetes. A resource that is available in Southeast Alaska is the Southeast Alaska Regional Health Consortium (SEARHC). SEARHC intended to have the IHS programs and facilities turned over to tribal management. This organization is in Sitka and has a Diabetes Self-Management Program (DSMP) for Sitkans with type 2 diabetes. The program started in February 2018. Their program is an interactive workshop that is led by trained professionals who meet for 2.5 hours once a week for six days (Crabtree, 2017). The mission of the program is to help those with diabetes deal with symptoms and how to manage their life with diabetes. It is open to all Sitka community members with diabetes. Family and friends are also allowed to attend for support. Education is another health disparity and this program impacts education.

Another health disparity within the Alaskan Native and American Indian populations is education. Without education, they are unable to learn about their conditions and unable to prevent those health conditions from happening. A resource that provides education specifically for those who have heart disease is the Barlett Regional Hospital located in Juneau. Not only do they provide treatment for those with heart disease but provide education classes to prevent heart disease. They provide a comprehensive cardiac rehabilitation program, screenings, and assessments. Assessments include patient, exercise, nutrition, psychosocial, blood pressure, lipid, diabetes, tobacco, and physical activity counseling (Bartlett Regional Hospital, 2023).

This immersion trip will impact the future of my nursing practice by recognizing the Alaskan culture, gaining confidence in my roles

as a student nurse, being more flexible, and making meaningful connections. This experience has helped us understand our own culture and appreciate the differences in the patient's culture. During clinical experience, it has allowed us to be exposed to certain cultures and become culturally aware. The Alaska immersion trip experience has reshaped and transformed us to make decisions not only for our future nursing practice but also in our personal lives that would forever honor our experience in Alaska.

### **Conclusion**

In conclusion, the research and immersion clinical experience confirmed that health disparities among Alaskan Natives and American Indians in the Southeast region include alcoholism, poverty, education, and diabetes. These factors greatly affect this population within the region. The Indian Health Service works with SEARHC to eliminate these health disparities. The IHS provides funding and resources to the clinic in Haines and the Klukwan village. A certified educational diabetes nurse is available to educate patients, resources such as IHS to cover medical costs to the population, and all nurses are certified to provide education for each of their patients based on diagnosis.

There are very few resources available within Southeast Alaska, but these are the few that have been created to help the Alaskan Native and American Indian health disparity. These programs can create a better future for the population and one day eliminate these health disparities. ■

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