


Health and Nutrition: What Works for American Indians and Other Diverse Populations
Leading the Way in Public Health Nutrition and Physical Activity: Blazing New Trails

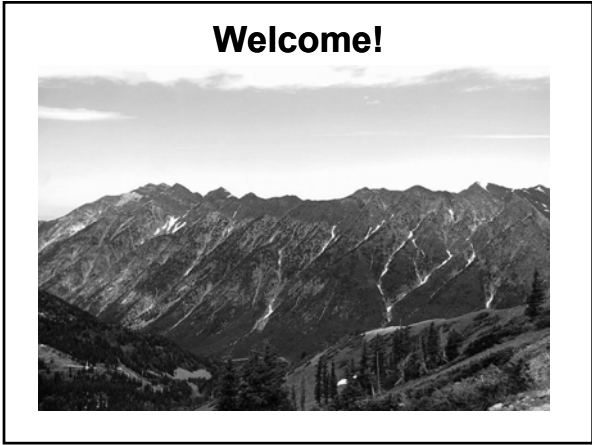
**Salt Lake City, Utah
 June 12-14, 2011**



Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division


Faculty

**Melissa Zito, MS, RN
 Consultant
 Indian Health Liaison/Health Policy
 Utah Department of Health**



Subsistence Perspective

- **Subsistence strategies**
 - **Ways in which societies transform the material resources of the environment into food, clothing, and shelter**



Subsistence Perspective

- **Components**
 - **Time and energy to do the work (labor)**
 - **Available tools and knowledge (technology)**
 - **Natural resources in the environment**

Subsistence Perspective

- **Organization**
 - **Allocating productive work to different kinds of people**
 - **Cooperation**
 - **Conflicts over access to natural resources**

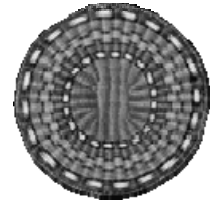
Strategies

- Foraging
- Pastoralism
- Horticulture
- Agriculture
- Industrialism



Cultural Values and Beliefs

- Food has political, economic and social patterns
- It is a gift from the Creator



Cultural Values and Beliefs

- Food is linked to:
 - Celebrations
 - Gathering of family and friends
 - Health
 - Happiness
 - Sharing of values

Social and Political

- Health, happiness, and sharing are values that are passed on as part of being 'in balance' and of being healthy
- Spiritual wellbeing is a relationship between the supernatural to peoples' actions, thoughts and dreams

Social and Political

- Living arrangements
 - Individual
 - Clusters or Bands
 - Villages
- Social Networks
 - Matrilineal
 - Patrilineal



Strategy Changes


- The adoption of farming undoubtedly increased fertility and hence the human population density increased dramatically
 - Although some have argued that this was associated with the onset of many new diseases and possibly generally lower levels of health

Strategy Changes

- Changed with contact introduction of refined foods purchased in bulk, convenience stores, etc.

Strategy Changes

- Domestication of animals increased epidemic disease among humans
 - Small pox and measles
 - Cattle
 - Influenza
 - Pigs and chickens



Strategy Changes

- Some argue the reason these 'crowd' diseases were not seen in the America pre-contact with Europeans was due to the lack of domesticated animals

Social, Economic, and Political Structure Shifting

- Some see the change in culture; how food is procured, processed etc. as an element of their people losing faith in themselves
- Resistance to change or willingness to modify diet is seen as disrespectful and inhibiting the balance of living

Social, Economic, and Political Structure Shifting

- Youth are moving to cities, obtaining education, working outside the 'traditional' role
- Education by elders is more and more difficult
 - Loss of language

Social, Economic, and Political Structure Shifting

- Convenience shopping and media are the voices now
 - Traditional medicine

Background

- **Government to Government**
 - Commerce clause
 - U.S. Constitution
 - Treaties
 - Snyder Act 1921
- **Federal Recognition**
- **Consultation**



Historical Perspective of Indian Health

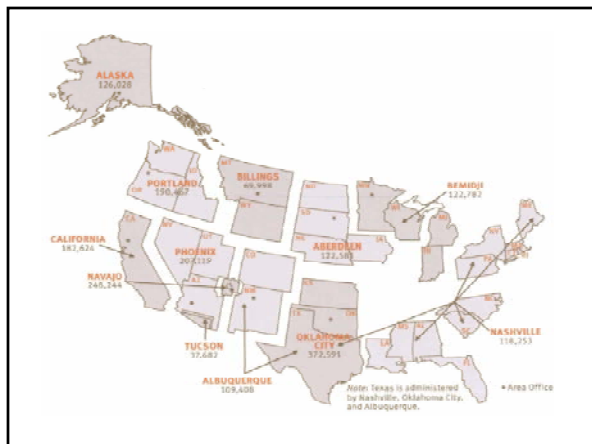
- 1802 - War Department
- 1824 - Bureau of Indian Affairs (BIA)
- 1849 - BIA agency of the Department of the Interior
- 1900 - 1910 BIA & PHS prevention education
- 1935 - BCG vaccine for TB

Historical Perspective of Indian Health

- 1953 - Termination Act
- 1954 - BIA transfers health care services to PHS → IHS is established
- 1972 - Indian Health Care Improvement Act
- 1974 - Indian Self Determination & Education Assistance Act
- 1976 - Title V

Historical Perspective of Indian Health

- 1978 - Title I and V
- 2001 - Reauthorization of 911
- 2009 - ARRA & CHIPRA
- 2010 - Permanent Reauthorization of the IHCA



Indian Tribes in Utah

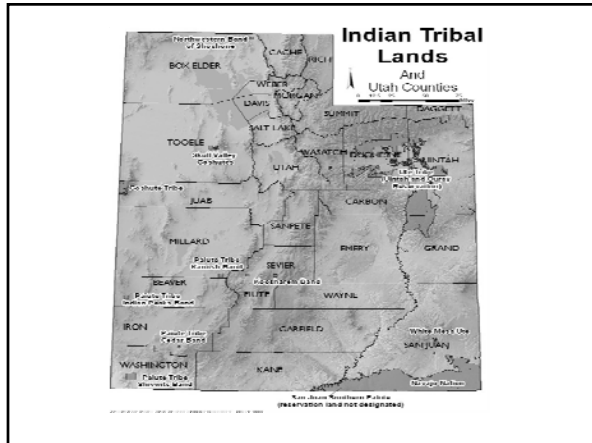
- **Five federally recognized tribes in Utah and seven tribal governments**
 1. Skull Valley Band of Goshute
 2. Confederated Tribes of Goshute Indian Reservation
 3. Northwestern Band of Shoshone Nation

Indian Tribes in Utah

- 4. Ute Indian Tribe of Utah
- 5. Ute Mountain Ute, White Mesa
- 6. Paiute Indian Tribe of Utah
 - Kanosh Band
 - Koosharem Band
 - Indian Peaks Band
 - Cedar Band

Indian Tribes in Utah

- Shivwits Band
- 7. Navajo Nation, Utah Strip
 - Montezuma Creek
 - Blanding
 - Monument Valley
 - Navajo Mountain



Public Health Triad

- Access
- Cost
- Quality



Data

- Overweight and obesity contribute to 300,000 deaths each year in the United States
- Association with chronic illnesses
 - Heart disease
 - Diabetes
 - Stroke
 - Arthritis
 - Depression



Health Indicators

- National statistics
 - AI/AN compared to the general population
 - Life expectancy is 73 years
 - 6 years less than the general US population



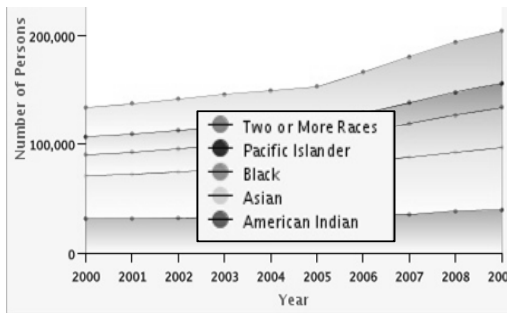
Health Indicators

- Death rates are significantly higher compared to the general US population
- Alcoholism (44%)
- TB (2%)
- Diabetes (74%)

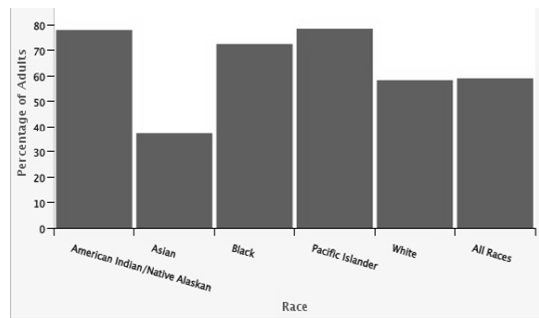
Health Indicators

- Unintentional injuries (95%)
- Suicide (18%)
- Homicides (12%)
- Pneumonia and flu (32%)

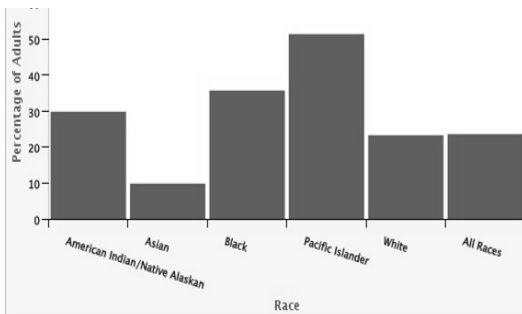
Utah Population Estimates by Race, Non-white Population, 2000-2009



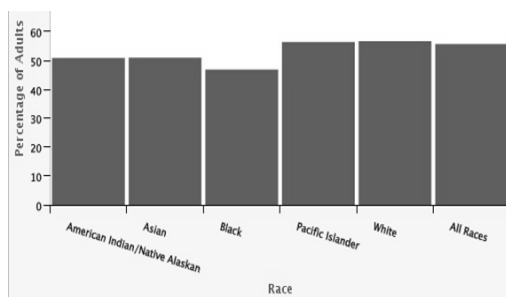
Adults Overweight or Obese 2005-2009

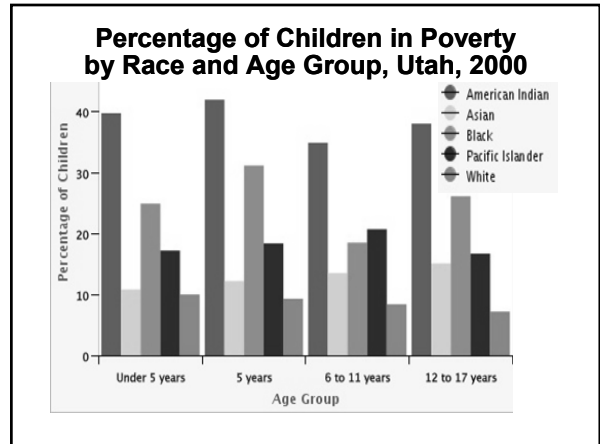
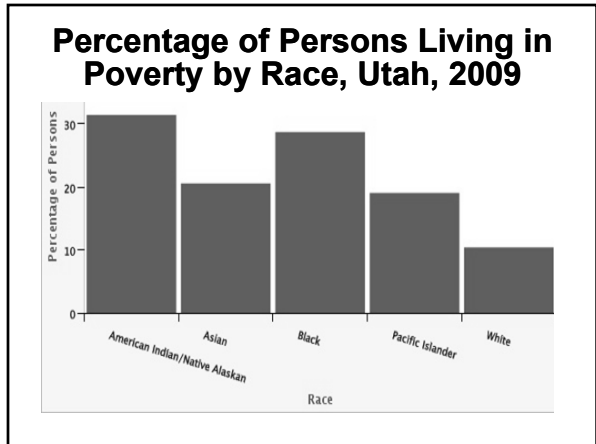
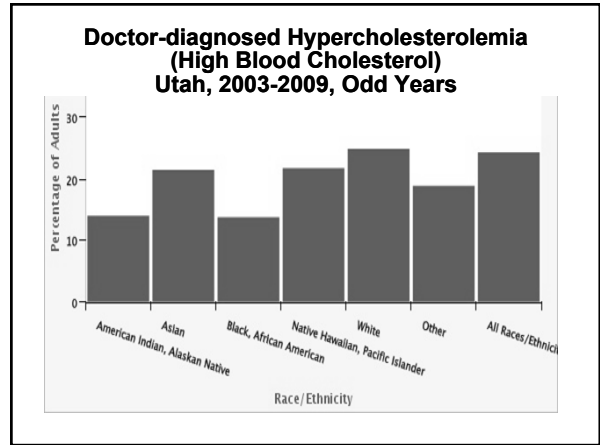
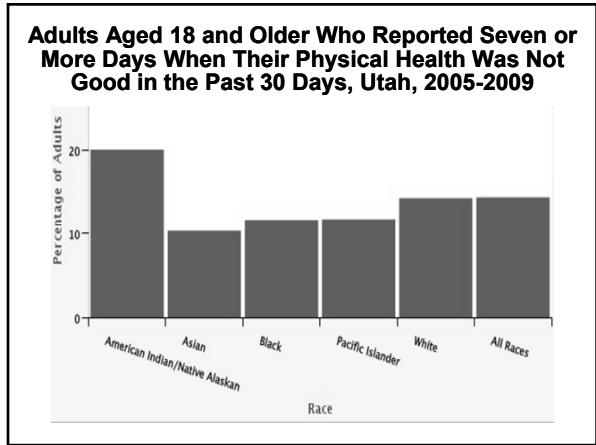
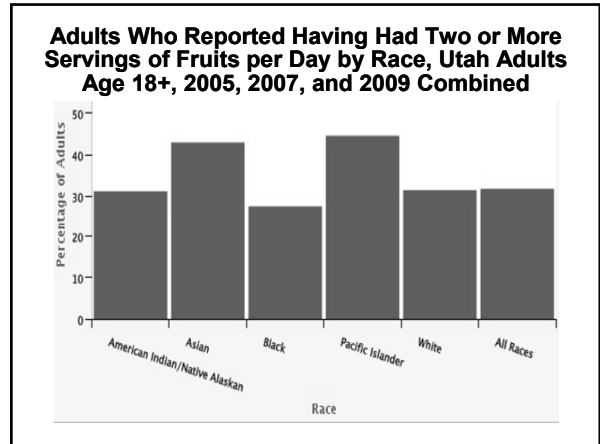
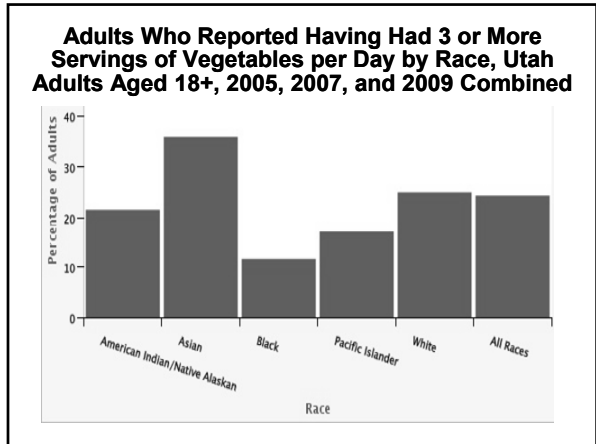


Percentage of Adults 18+ Who Were Obese by Race, Utah, 2005-2009




Recommended Amount of Physical Activity by Race Utah Adults 2005, 2007 and 2009





Chronic Illness and Risk Factors

 UTAH DEPARTMENT OF HEALTH	AI/AN pop	Utah general pop
Poor mental health	23%	15%
Poor physical health	19%	14%
Overall health	22%	11%
Diabetes	9%	6%
Suicide	19%	14%
Homicide	10%	2%
Unintentional	40%	28%
Chronic drinking	7%	3%
TB	4%	1%

Funding for this conference was made possible, in part, by the cooperative agreement award number 1U58DP002846 from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices or organizations imply endorsement by the U.S. Government.