

National Indian Health Board



National Indian Health Board Resolution 18-08

BUILDING RELATIONSHIPS TO EXPLORE AND UNDERSTAND COMMONALITIES IN HEALTH DISPARITIES, HEALTH OUTCOMES, DETERMINANTS OF HEALTH, AND HEALTH SYSTEMS AMONGST INDIGENOUS POPULATIONS OF OTHER COUNTRIES

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian and Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, NIHB has done extensive work to understand, document and report on the state of health disparities amongst AI/AN populations in order to advance policy efforts, support appropriate resource allocation, and stimulate informed planning and decisions making at both the Tribal and federal levels; and

WHEREAS, across almost all diseases, AI/ANs are at greater risk than other Americans. AI/ANs are 520% more likely to suffer from alcohol-related deaths; 450% more likely to die from tuberculosis; 368% more likely to die from chronic liver disease and cirrhosis; 207% greater to die in motor vehicle crashes; and 177% more likely to die from complications due to diabetes. Infant mortality rates for AI/ANs is 8.3 per 1,000 live births compared to the overall U.S. rate of 6.6. Cancer rates in Indian Country are 12% higher than the rest of the country, and AI/AN cancer patients are 26% more likely to die from cancer than the rest of the population. Suicide rates for AI/ANs are nearly 50% higher compared to non-Hispanic whites. CDC and SAMHSA state that AI/ANs saw a fivefold increase in overdose deaths between 1999 and 2014; a higher increase than any other group; and

WHEREAS, research reveals that many Māori are more likely to suffer than non-Māori from diabetes, oral hygiene, heart disease, asthma, smoking, alcohol, drugs, and mental health. It is estimated that around one in every five people who commit suicide are Māori. Furthermore, Māoris had the highest incidence of lung cancer demonstrating a failure of tobacco cessation efforts to reach the Indigenous communities of New Zealand; and

WHEREAS, recent estimates show that in Australia, both Aboriginal and Torres Strait Islander males and females are likely to die ten years earlier than a non-Indigenous male or female. Aboriginal and Torres Strait Islander babies are almost twice as likely to die in their first year as non-Indigenous babies. Furthermore, the death rate from diabetes is almost five times higher for Aboriginal and Torres Strait Islanders than for non-Indigenous people; and

WHEREAS, there has been little work to document the causes for the display of similar health outcomes amongst Indigenous populations with differing histories of colonization, differing health administration systems, differing levels of governing autonomy, differing levels of resources, and differing cultural perspectives and practices; and

WHEREAS, Indigenous groups, organizations, and individuals from the United States, Canada, New Zealand and Australia with a focus on Indigenous health have begun to communicate, exchange resources, and collaborate to strengthen internal health and advocacy capacities; and

WHEREAS, members of the NIHB Board of Directors have existing relationships with international Indigenous communities and systems and have found value in fostering the communication and collaboration with these entities; and

WHEREAS, it is a well-accepted and celebrated Indigenous tradition to conduct business, share information, and enhance relationships in-person within the homelands of Indigenous partners; and

WHEREAS, the Board of Directors of NIHB had directed the staff of the organization, through the adoption of its 2018-2022 strategic plan to promote systems level change to improve the health of AI/AN Tribal members; and

WHEREAS, NIHB has an opportunity to learn from the successes and challenges faced by Indigenous communities in their quest for health equity in other countries and regions and bring those lessons home and adapt them to strengthen AI/AN Tribal health systems and advocacy efforts; and

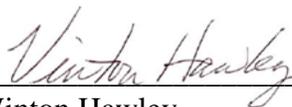
NOW THEREFORE BE IT RESOLVED, the National Indian Health Board will actively seek out the resources to create and support a program within the organization that will permit travel, communication, relationship-building, and the active engagement necessary to work with and explore these topics with Indigenous communities, governments, systems and entities abroad.

BE IT FURTHER RESOLVED, the National Indian Health Board will engage in reciprocal capacity building activities with Indigenous communities abroad in order to both benefit from the expertise and experiences of other Indigenous populations and to share NIHB's expertise and experiences in national advocacy, policy and program development, and community mobilization.

BE IT FURTHER RESOLVED, the National Indian Health Board will conduct this work in such a manner as to garner information, resources, and knowledge that will ultimately elevate the health status of American Indians and Alaska Native living with the United States.

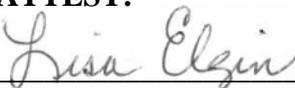
CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 10th day of April, 2018.



Vinton Hawley
NIHB Chairperson

ATTEST:



Lisa Elgin
NIHB Secretary