SPOTLIGHT: AXTHMA DISPARITIES AMONG INDIGENOUS AMERICANS

Asthma Disparities in America
ASTHMA DISPARITIES AMONG INDIGENOUS AMERICAN POPULATIONS

The American Indian (AI) and Alaska Native (AN) people have long experienced health disparities when compared to other American people. A disproportionate burden of disease leads to poorer quality of life and lower life expectancies.

The causes of health disparities experienced by AI/AN people are complex. Factors such as lack of available health services or insurance coverage, long distances from health care services, language and communication barriers, lack of diversity in health care workforce, discrimination and racism, high rates of poverty and unhealthy housing conditions, and proximity to high levels of air pollution are just some of the factors contributing to health disparities in AI/AN communities.

Asthma prevalence and risk factors differ between tribal nations given the varied cultures, traditions, lifestyles and environmental exposures that are experienced by AI/AN populations. Data on asthma conditions for AI/AN communities are limited. The Centers for Disease Control and Prevention’s (CDC) National Health Interview Survey (NHIS) datasets do not consistently contain reliable asthma data for AI/AN groups (i.e. data with relative standard error below 30%).

According to an analysis of 2016-2018 data from the NHIS, 10.4% of AI/AN individuals have asthma compared to 8.0% of white individuals. The disparity is even greater in children (Table 1).

Table 1. National Prevalence of Current Asthma

<table>
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<tr>
<th></th>
<th>TOTAL</th>
<th>CHILDREN</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>10.4%</td>
<td>10.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>White</td>
<td>8.0%</td>
<td>6.8%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Source: CDC, National Center for Health Statistics, National Health Interview Survey (2016-2018)

Prevalence estimates for AI/AN and white race do not include people of Hispanic ethnicity.

Three major mechanisms by which systemic racism influences health equity:

- Discrimination (including implicit bias)
- Segregation
- Historical trauma
To better evaluate asthma disparities in these populations, we sought information from other sources such as the Indian Health Service (IHS), tribal health organizations and state health departments.

IHS reports that AI/AN people have a 10% higher risk of death from chronic lower respiratory diseases (including asthma). IHS regional rates of asthma hospitalizations declined in all regions except Alaska from 2003–2005 to 2009–2011. The Navajo Nation is the most populous of all Indian Nations and reports the highest rates for asthma hospitalizations among the six IHS regions. Potential risk factors for health disparities in Navajo children with asthma living on reservations include poverty, limited access to specialty care, and environmental challenges, which include high levels of indoor and outdoor air pollution.

Information on potential asthma-relevant environmental determinants remains sparse, but indoor use of wood-burning stoves and tobacco smoke is suspected to be common. Exposure to air pollution (ambient, atmospheric, and indoor) is associated with the development of asthma in young children and increased asthma exacerbations in all populations. Toxic pollutants known to worsen asthma are present in wood smoke including particulate matter, carbon monoxide, nitrogen oxides, and volatile organic compounds. Air pollution from secondhand smoke is a leading risk factor of lung disease and increasing asthma severity. Additional causes of poor air quality in tribal communities include mold, formaldehyde, forest and grass fires, particulates, airborne toxins, and radon.

Comorbidities including high body mass index (obesity) are also linked to increased asthma prevalence in AI/AN populations. Obesity is a risk factor for the development of asthma, worsening asthma symptoms and poor asthma control. The Child Health Measures project studied students in 4th through 12th grades in five reservation communities in Montana and Wyoming. The study found students who were overweight or obese were more likely to self-report current asthma. The Office of Minority Health reports AI/AN adolescents are 30% more likely than non-Hispanic white adolescents to have obesity. AI/AN adults are 50% more likely to have obesity.
Washington state has 29 federally recognized American Indian tribes and has the seventh highest AI/AN population in the United States. In 2012, the Washington State Asthma Program (part of the Washington State Department of Health) conducted a study to assess and address asthma burden on the AI/AN populations living in the state of Washington. Table 2 summarizes the findings of the Asthma Among American Indians and Alaska Natives in Washington report.

### Table 2. Asthma Among American Indian and Alaska Natives in Washington

The Washington AI/AN population has higher prevalence of other chronic conditions, risk factors, and worse outcomes. The ten-year combined asthma death rate of AI/AN is two times higher than the general population.

<table>
<thead>
<tr>
<th>AI/AN ADULTS</th>
<th>AI/AN CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher asthma prevalence than general population in all income levels</td>
<td>Only one in four have received a written asthma action plan from their provider</td>
</tr>
<tr>
<td>Nearly twice as likely to experience asthma symptoms every day than other adults with asthma</td>
<td>30% of 12th graders reporting having lifetime asthma (general population reported 20%)</td>
</tr>
<tr>
<td>Report more asthma episodes or attacks compared to general population</td>
<td>High school youth with asthma were nearly four times as likely to report having a long-term disability or health problem than youth without asthma</td>
</tr>
<tr>
<td>Report waking up more during the night because of asthma related symptoms than other adults with asthma do</td>
<td>Twice as likely to smoke and about 1/3 of high school youth with asthma are exposed to secondhand smoke</td>
</tr>
<tr>
<td>More likely to experience poor mental health and emotional issues including stress and depression</td>
<td>Over 1/3 of high school youth with asthma are depressed and one in six has seriously thought about suicide</td>
</tr>
</tbody>
</table>


AI/AN: defined as people who are Non-Hispanic American Indians or Non-Hispanic Alaska Natives.
Centuries of racism and government-sponsored land redistribution have displaced AI/AN communities who continue to experience poverty, housing problems and instability at a higher rate than the average U.S. population.\textsuperscript{15}

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
<th>ESTIMATED PERCENT OF POPULATION BELOW POVERTY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>9.5%</td>
</tr>
<tr>
<td>Black</td>
<td>22.5%</td>
</tr>
<tr>
<td>American Indian / Alaska Native</td>
<td>23.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>10.8%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>16.7%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>15.9%</td>
</tr>
<tr>
<td>Hispanic or Latino (any race)</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, American Community Survey (2018)

The Tribal Public and Environmental Health Think Tank, commissioned by the CDC and supported by the American Public Health Association, has focused on five social determinants which have affected tribal health:

1. Unsafe, inadequate housing
2. Barriers to educational achievement
3. Persistent generational poverty
4. Deeply rooted historical trauma
5. Societal and institutional racism and discrimination

The Think Tank is working to advance American Indian and Alaska Native health by addressing environmental factors and social determinants of health that are contributing to poorer health incomes experienced by the AI/AN communities.\textsuperscript{16}
Historical trauma is another form of structural racism that shapes the health outcomes of certain racial and ethnic groups, including American Indians and Alaska Natives.17

To address asthma health specifically, tested solutions include:

- Providing in-home asthma care, visits, education and assessments19
- Using community health workers
- Training providers to offer culturally competent care
- Installing home interventions to reduce asthma triggers in the home (e.g. air quality monitors, chimney thermometers, green cleaning kits, allergy abatement products)20

In addition to addressing the structural inequities prioritized by the Tribal Public and Environmental Health Think Tank, the following strategies can improve health outcomes for AI/AN people with asthma:

- Improve data collection to monitor disparities experienced by AI/AN populations
- Expand funding of the CDC’s National Asthma Control Program to support tribal health organizations with their efforts to improve asthma care
- Build asthma programs with tribal health leaders and AI/AN patient advisors
- Improved regulations and enforcement of Clean Air Act near tribal communities

“Over multiple generations, American Indian communities have endured a succession of traumatic events that have enduring consequences for community members.”18

— Teresa Evans-Campbell
REFERENCES


