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RESEARCH PERTAINING TO AMERICAN INDIAN/ALASKA NATIVE PEOPLE WITH DISABILITIES

ABUSE

Childhood physical and sexual abuse and subsequent depressive and anxiety disorders for two American Indian tribes.

Libby AM, Orton HD, Novins DK, Beals J, Manson SM; AI-SUPERPPF Team. American Indian and Alaska Native Programs, University of Colorado Health Sciences Center, Aurora, CO, USA. anne.libby@uchsc.edu Psychol Med. 2005 Mar;35(3):329-40.

BACKGROUND: This study examined the relationship of childhood abuse, both physical and sexual, with subsequent lifetime depressive and anxiety disorders--depression or dysthymia, post-traumatic stress disorder (PTSD), and panic or generalized anxiety disorder (GAD)--among American Indians (AIs).

METHOD: Three thousand and eighty-four AIs from two tribes--Southwest and Northern Plains--participated in a large-scale, community-based study. Participants were asked about traumatic events and family history, and were administered standard diagnostic measures of depressive/anxiety disorders.

RESULTS: Prevalence of childhood physical abuse was approximately 7% for both tribes. The Southwest tribe had higher prevalence of depressive and anxiety disorders, with rates of PTSD being the highest. Childhood physical abuse was significant in bivariate models of depressive/anxiety disorders, and remained so in the multivariate models.

CONCLUSIONS: Childhood physical abuse was a significant predictor of all disorder groups for males in both tribes except for panic/GAD for the Northern Plains tribe in multivariate models; females showed a more varied pattern. Childhood sexual abuse did not significantly differ for males and females, and was an independent predictor of PTSD for both tribes, controlling for childhood physical abuse and other factors, and was significant for the other disorder groups only in the Southwest. Additional covariates that increased the odds of depressive/anxiety disorder, were adult physical or sexual victimization, chronic illness, lifetime alcohol or drug disorder, and parental problems with depression, alcohol, or violence. Results provided empirical evidence of childhood and later life risk factors and expanded the population at risk to include males.

Lifetime physical and sexual abuse, substance abuse, depression, and suicide attempts among Native American women.

Bohn DK. University of Minnesota, School of Nursing, Minneapolis, Minnesota, USA. bohn002@tc.umn.edu Issues Ment Health Nurs. 2003 Apr-May;24(3):333-52.

Although there is preliminary evidence that violence against women and children may be particularly prevalent in some Native American communities, associations between abuse and substance abuse, mental health problems, and suicide attempts have rarely been studied in this population. This study examined lifetime and current physical and sexual abuse among 30 Native American women. Nearly half had experienced physical and/or sexual abuse as children, over half were sexually abused at some time in their lives, and over three-fourths were abused by a partner. All but four women (87%) had experienced physical or sexual abuse in their lifetime. Significant relationships were found among childhood abuse, substance abuse, and adult revictimization, and among cumulative lifetime abuse events, substance abuse, and depression. Further research is needed to examine abuse and relationships between abuse and health sequelae in Native American populations. An accelerated public health and community response is needed to address abuse issues in this community.

ADOLESCENTS

Trends in diabetes prevalence among American Indian and Alaska native children, adolescents, and young adults.

Acton KJ, Burrows NR, Moore K, Querec L, Geiss LS, Engelgau MM. Indian Health Service, Rockville, MD, USA. Am J Public Health. 2002 Sep;92(9):1485-90. Erratum in: Am J Public Health 2002 Nov;92(11):1709.

OBJECTIVES: This study determined trends in diabetes prevalence among young American Indians and Alaska Natives.

METHODS: American Indian and Alaska Native children (< 15 years), adolescents (15-19 years), and young adults (20-34 years) with diabetes were identified from the Indian Health Service (IHS) outpatient database. The population living within IHS contract health service delivery areas was determined from census data.

RESULTS: From 1990 to 1998, the total number of young American Indians and Alaska Natives with diagnosed diabetes increased by 71% (4534 to 7736); prevalence increased by 46% (6.4 per 1000 to 9.3 per 1000 population). Increases in prevalence were greater among adolescents and among young men.

CONCLUSIONS: Diabetes should be considered a major public health problem among young American Indians and Alaska Natives.

ARTHRITIS

Rheumatoid arthritis in American Indians and Alaska Natives: a review of the literature.

Ferucci ED, Templin DW, Lanier AP. Alaska Native Tribal Health Consortium, Anchorage, USA. edferucci@anmc.org Semin Arthritis Rheum. 2005 Feb;34(4):662-7.

BACKGROUND AND OBJECTIVES: An increased prevalence of rheumatoid arthritis (RA) has been reported in several American Indian and Alaska Native (AI/AN) populations. This article reviews the prevalence of RA in these populations, including clinical and serologic features.

METHODS: References were taken from Medline through November 2003, in addition to the Arctic Health Literature Database and the American Indian and Alaska Native Health Bibliography.

RESULTS: Published articles reveal an increased prevalence of RA in the Tlingit, Yakima, Pima, and Chippewa Indians. Clinically the disease in these groups is often severe, with early age of onset, high frequency of radiographic erosions, rheumatoid nodules, and positive rheumatoid factor. Studies of HLA alleles in cases and controls have found a high frequency of HLA DRB1*1402.

CONCLUSIONS: The increased prevalence of RA and more severe disease in specific AI/AN populations suggest an important genetic influence on the development of RA in AI/AN populations. A high frequency of specific high-risk HLA alleles in these populations may account for some of the increased risk, but other genetic factors are likely to contribute. Environmental factors have not been studied in detail, but may also play an important role.

RELEVANCE: Understanding the patterns and burden of disease in AI/AN populations may contribute to understanding the etiology of RA and to the development of preventive strategies.

DEVELOPMENTAL DISABILITIES

Cultural diversity: caring for minority children with mental retardation and other disabilities.

Waldman HB, Swerdloff M, Perlman SP Dental Health Services, Department of General Dentistry, State University of New York at Stony Brook, Stony Brook, NY 11794-8706, USA. ASDC J Dent Child. 2001 Jul-Aug;68(4):280-5, 229.

Providing services for minority group children with mental retardation and other disabilities can challenge the abilities of any dental practitioner. The added challenge, however, is for the practitioner to recognize and understand the different cultures which can and do affect the relationships between the practitioner, the patient, the family, and the care that is provided. An introduction is provided to these complex and diverse minority group family settings which increasingly are becoming a component of our communities.

ELDERLY

Diabetes care among older urban American Indians and Alaska Natives.

Rhoades DA, Roubideaux Y, Buchwald D. Native Elder Research Center, University of Colorado Health Sciences Center, Denver, Colorado, USA.
drhoades@u.washington.edu Ethn Dis. 2004 Autumn;14(4):574-9. Comment in: Ethn Dis. 2004 Autumn; 14(4):610-1.

OBJECTIVE: To assess the prevalence of, and quality of care for, diabetes mellitus among the understudied, yet growing, population of older, urban American Indians and Alaska Natives (AI/ANs).

DESIGN: Medical record review.

SETTING: Urban Indian primary care clinic in Seattle, Washington.

PATIENTS: All (N = 550) AI/AN patients > or = 50 years of age.

MAIN OUTCOMES MEASURES: Provider-documented medical diagnoses and indicators of quality of care of diabetes.

RESULTS: Diabetes mellitus was documented in 113 (21%) of the medical records. Persons with diabetes were more likely than those without ($P > \text{or} = .05$) to be obese, and to have hypertension, coronary artery disease, and depression. Most patients with diabetes were treated with either insulin (43%) or oral hypoglycemic medication (39%), but 16% received neither. Screening rates within 12 months were high for glycosylated hemoglobin (72%), lipid profile (84%), and foot examination (72%), but were low for urinalysis (23%), ophthalmology referral (23%), and influenza vaccination (46%). Only 46% of patients had ever received pneumococcal vaccination, and even fewer (26%) had received tuberculin skin testing (24%). Although 65% of patients had ever been referred to a dietitian, only 40% had received exercise counseling. The total number of health problems was the factor most often associated with quality of care indicators.

CONCLUSIONS: The prevalence rate of diabetes among this urban clinic population of older AI/ANs was high. Although performance of quality indicators was suboptimal, it was comparable to, or better than, that found in other older populations for many measures.

Functional disability and associated factors among older Zuni Indians.

Moss MP, Roubideaux YD, Jacobsen C, Buchwald D, Manson S. University of Minnesota School of Nursing, Minneapolis, MN 55455, USA. mossx015@umn.edu J Cross Cult Gerontol. 2004 Mar;19(1):1-12.

Few studies have focused on American Indian elderly and functional disability, and none have explored potential moderating or mediating factors that may lend themselves to subsequent intervention. The purpose of this study was to describe the extent of functional disability in elders and to determine which factors were associated with a higher number of Activities of Daily Living (ADL) limitations. The study was a secondary data analysis of an existing survey of American Indian elders in one southwest tribe. Functional disability was defined as limitations in ADLs and was measured by the percent of respondents reporting specific limitations and by the mean total ADL limitations. Multiple linear regression analyses were used to determine the demographic, socioeconomic and health factors associated with ADL limitations. In the 90 elders surveyed, 40 percent of respondents reported a limitation with bathing, 31 percent with walking, and 22 percent with dressing. Only 6 percent of the elders surveyed, however, reported their health status as "poor" on a 5-point scale. Factors associated with more ADL limitations included poorer health status, less frequent exercise, and more elder care services used. Rates of functional disability in this tribe were higher than those found in the U.S. for all races. Further studies are needed to understand functional disability in American Indian elders and their need for long-term care services.

Functional limitations among older American Indians and Alaska natives: findings from the census 2000 supplementary survey.

Fuller-Thomson E, Minkler M Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario, Canada. esme.fuller.thomson@utoronto.ca Am J Public Health. 2005 Nov;95(11):1945-8. Epub 2005 Sep 29.

The objectives of this study were to determine the national prevalence and profile of American Indian and Alaska Natives with functional limitations. Data were obtained from 4763 American Indian and Alaska Native respondents aged 45 years or older in the Census 2000 Supplementary Survey. Functional limitations were reported by 28% of American Indian and Alaska Natives aged 45 years or older. These individuals were poorer, older, less educated, and less likely to be married or employed than American Indian and Alaska Natives without such limitations (for all comparisons, $P < .001$). American Indian and Alaska Natives have high disability rates, and many are not receiving benefits for which they qualify.

Using GIS in a first national mapping of functional disability among older American Indians and Alaska Natives from the 2000 census.

Moss MP, Schell MC, Goins RT University of Minnesota, School of Nursing, 308 Harvard Street, 6-138 Weaver-Densford Hall, Minneapolis, MN 55455, USA.
mossx015@umn.edu Int J Health Geogr. 2006 Sep 1:5:37.

BACKGROUND: Geographical information systems (GIS) have been used mainly in understanding infectious diseases and environmental threats in health research. Here, GIS was used to examine patterns of functional disability as one impact of chronic disease in American Indians and Alaska Natives. The study purpose was to create the first national mapping of functional disability for AIANs using the 2000 U.S. Census.

RESULTS: American Indians and Alaska Natives over age 65 reported disability at a rate of 57.6% versus 41.9% for all people over 65 ($P < \text{or} = 0.0001$). Regional differences in levels and type of disability were evident.

CONCLUSION: Maps help visualize those who might otherwise be 'lost' from the data. The significance of this study is that gerontologic programs and policies are data-driven, yet there is a lack of reliable national level data from US health systems on functional disability among American Indians and Alaska Natives. One study limitation was that Census questions regarding disability differed from traditional measures of activities of daily living and instrumental activities of daily living. An immediate policy recommendation would be to incorporate standard activities of daily living and instrumental activities of daily living language into future Census for a comprehensive, linked database for the future.

PSYCHIATRIC DISABILITIES

Electrophysiological responses to affective stimuli in American Indians experiencing trauma with and without PTSD.

Ehlers CL, Hurst S, Phillips E, Gilder DA, Dixon M, Gross A, Lau P, Yehuda R. The Scripps Research Institute, 10550 N Torrey Pines Road, CVN-14, La Jolla, CA 92037, USA. cindy@scripps.edu Ann N Y Acad Sci. 2006 Jul;1071:125-36.

American Indians are at high risk for exposure to violence and other traumatic events, yet few studies have investigated posttraumatic stress disorder (PTSD) or its neurobiological consequences in Indian communities. In the present study, a sample of American Indians ($n = 146$) were given a structured diagnostic interview that additionally indexed traumatic life events and symptoms emerging following those events. Electroencephalogram (EEG) spectra and visual event-related potentials (ERPs) to happy, sad, and neutral faces were also recorded from each participant. Ninety-nine percent of the sample had experienced at least one category of trauma with the mean

number being 5, 27% had experienced at least 8 categories, and 13% met DSM-IV criteria for PTSD. The PTSD group did not differ on any demographic or diagnostic variables from the larger sample. An electrophysiological signature for PTSD was found that included increases in high-frequency gamma activity (20-40 Hz, $F = 8.7$, $P < 0.004$) in frontal leads, higher N1 amplitudes to sad stimuli in frontotemporal leads ($F = 12.4$, $P < 0.001$, $F = 5.0$, $P < 0.03$), and longer latency P3 components to happy stimuli in midline, central, and right frontal leads ($F = 4.7$, $P < 0.03$; $F = 4.1$, $P < 0.04$; $F = 4.0$, $P < 0.05$). These findings were observed in participants with PTSD, but not in a group with equivalently high trauma counts. These findings suggest that PTSD is associated with EEG hyperarousal, higher attentional levels to sad stimuli, and slower processing of happy stimuli. They also partially confirm ERP data reported in combat victims with PTSD suggesting that PTSD may induce neurobiological consequences that transcend type of eliciting trauma as well as ethnic and cultural factors.

Perceived discrimination, traditional practices, and depressive symptoms among American Indians in the upper Midwest.

Whitbeck LB, McMorris BJ, Hoyt DR, Stubben JD, Lafromboise T. Department of Sociology, 739 Oldfather Hall, University of Nebraska-Lincoln, Lincoln, Nebraska 68588-0324, USA. lwhitbeck2@unl.edu J Health Soc Behav. 2002 Dec;43(4):400-18.

American Indian adults are thought to experience significant depressive symptoms at rates several times higher than adults in the general population, yet we know very little about factors associated with depressive symptoms among this under studied group. Many researchers have argued that depressive symptoms are associated with conflicts between American Indian traditional cultural values, practices, and beliefs and those of the majority culture. This report, based on a sample 287 American Indian adults from the upper Midwest, takes into account two measures of cultural effects: perceived discrimination, as one indicator of culture conflict, and traditional practices, as a measure of cultural identification. The results indicate that discrimination is strongly associated with depressive symptoms among American Indian adults and that engaging in traditional practices is negatively related to depressive symptoms. Moreover, interaction effects between perceived discrimination and traditional practices indicate that engaging in traditional practices buffers the negative effects of discrimination among those who regularly participate in them.

Prevalence and correlates of mental disorders among Native American women in primary care.

Duran B, Sanders M, Skipper B, Waitzkin H, Malcoe LH, Paine S, Yager J. Department of Family and Community Medicine, University of New Mexico School of Medicine, Albuquerque, NM 87131-0001, USA. bonduran@unm.edu Am J Public Health. 2004 Jan;94(1):71-7.

OBJECTIVES: We examined the lifetime and the past-year prevalence and correlates of common mental disorders among American Indian and Alaska Native women who presented for primary care.

METHODS: We screened 489 consecutively presenting female primary care patients aged 18 through 45 years with the General Health Questionnaire, 12-item version. A subsample (n = 234) completed the Composite International Diagnostic Interview. We examined associations between psychiatric disorders and sociodemographic variables, boarding school attendance, and psychopathology in the family of origin.

RESULTS: The study participants had high rates of alcohol use disorders, anxiety disorders, and anxiety/depression comorbidity compared with other samples of non-American Indian/Alaska Native women in primary care settings.

CONCLUSIONS: There is a need for culturally appropriate mental health treatments and preventive services.

Use of biomedical services and traditional healing options among American Indians: sociodemographic correlates, spirituality, and ethnic identity.

Novins DK, Beals J, Moore LA, Spicer P, Manson SM; AI-SUPERPFP Team. douglas.novins@uchsc.edu Med Care. 2004 Jul;42(7):670-9.

OBJECTIVE: The objective of this study was to describe the use of biomedical services and traditional healing options among a reservation-based sample of American Indians from 2 culturally distinct tribes.

METHODS: Participants were 2595 American Indian adolescents and adults ages 15 to 57 randomly selected to represent 2 tribes living on or near their rural reservations. First, we examined the prevalence and correlates of use of biomedical services and traditional healing for both physical health and psychiatric problems. Second, we developed logistic regression models predicting the independent and combined use of biomedical services and traditional healing

RESULTS: The prevalence of combined and independent use of biomedical services and traditional healing varied by tribe. The prevalence of biomedical service use ranged from 40.9% to 59.1% for physical health problems and 6.4% to 6.8% for psychiatric problems. The prevalence of the use of traditional healing ranged from 8.4% to 22.9% for physical health problems and 3.2% to 7.8% for psychiatric problems. Although combined use of both types of services was common (10.4-22.6% of service users), many used only traditional healing (3.5-40.0%). Correlates of service use included age, educational level, and ethnic identity. For example, use of traditional healing was correlated with higher scores on a scale measuring identification with American Indian culture.

CONCLUSIONS: Both biomedical services and traditional healing are important sources of care in American Indian communities, and are used both independently and in combination with one another.

SMOKING CESSATION

Smoking cessation and its determinants among older American Indians: the Strong Heart Study.

Henderson PN, Rhoades D, Henderson JA, Welty TK, Buchwald D. American Indian and Alaska Native Programs, Department of Psychiatry, University of Colorado Health Sciences Center, Denver, Colorado, USA. pnhenderson@bhcaih.org Ethn Dis. 2004 Spring;14(2):274-9. Comment in: Ethn Dis. 2004 Spring;14(2):185-8.

OBJECTIVE: To examine the relationship between sociodemographic, clinical, and smoking history factors, and smoking cessation among older American Indians.

DESIGN: Nested cohort study of cigarette smokers in the Strong Heart Study, a longitudinal study of cardiovascular disease among American Indians.

SETTING: Thirteen American Indian tribes from Arizona, Oklahoma, and North and South Dakota.

PARTICIPANTS: American Indian men and women (N = 998), aged 45-74 years, who identified themselves as smokers at the initial Strong Heart Study examination.

MEASUREMENTS AND MAIN RESULTS: Twenty-one percent of smokers quit during the 4-year follow-up period. Multivariate logistic regression was used to assess the relationship between baseline sociodemographic, clinical, and smoking history factors, and smoking cessation. Factors associated with smoking cessation included being 65-74 years old (odds ratio [OR] 2.1; 95% confidence interval [CI], 1.3 to 3.3), being examined at the Arizona regional center (OR 2.2; 95% CI 1.3, 3.7), being non-daily smokers (OR 5.4; 95% CI 1.3, 18.5), smoking fewer than 6 cigarettes daily (OR 2.8; 95% CI 1.3, 4.7), being a smoker for fewer years (OR 2.0; 95% CI 1.0, 3.9), beginning to smoke at an older age (17 years or older, OR 1.6; 95% CI 1.1, 2.4), and having a history of diabetes (OR 1.7; 95% CI 1.2, 2.3). Factors not associated with smoking cessation included gender, level of education, childhood exposure to tobacco smoking, and a history of cardiovascular diseases, cancer, or respiratory diseases.

CONCLUSION: Several determinants of smoking cessation among older American Indians identified in this study may have important implications for designing appropriate interventions for this special population.

SUBSTANCE ABUSE

Adverse childhood exposures and alcohol dependence among seven Native American tribes.

Koss MP, Yuan NP, Dightman D, Prince RJ, Polacca M, Sanderson B, Goldman D. Division of Health Promotion Sciences, Mel and Enid Zuckerman Arizona College of Public Health, University of Arizona, Tucson, Arizona, USA. mpk@email.arizona.edu Am J Prev Med. 2003 Oct;25(3):238-44.

BACKGROUND: Alcohol abuse and alcoholism are leading causes of death among Native Americans. Little is known about the impact of negative childhood exposures, including parental alcoholism, childhood maltreatment, and out-of-home placement, on risk of lifetime DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition) diagnosis of alcohol dependence in this population.

METHODS: Face-to-face interviews were conducted with 1660 individuals from seven Native American tribes from 1998 to 2001. Logistic regression was used to estimate the impact of specific types and number of different adverse childhood experiences on alcohol dependence. Relationships between tribe-specific cultural characteristics and alcohol dependence were also examined.

RESULTS: There were significant tribal differences in rates of alcohol dependence and several adverse childhood exposures. Lifetime prevalence of alcohol dependence was high among all tribes (men: 21%-56%, women: 17%-30%), but one (men: 1%, women: 2%). High prevalence rates were documented for one or more types of adverse childhood experiences (men: 74%-100%; women: 83%-93%). For men, combined physical and sexual abuse significantly increased the likelihood of subsequent alcohol dependence (odds ratio [OR]=1.58; 95% confidence interval [CI], 1.10-2.27). For women, sexual abuse (OR=1.79; 95% CI, 1.21-2.66) and boarding school attendance increased the odds of alcohol dependence (OR=1.57; 95% CI, 1.03-2.40). Two separate patterns of dose-response relationships were observed for men and women. Significant inter-tribal differences in rates of alcohol dependence remained after accounting for tribe-specific cultural factors and geographic region.

CONCLUSIONS: Effects of childhood exposures on high-risk behaviors emphasize screening for violence in medical settings and development of social and educational programs for parents and children living on and near tribal reservations.

Alcoholism and co-morbid psychiatric disorders among American Indians.

Westermeyer J. Veterans Medical Center, Minneapolis, MN and Department of Psychiatry, University of Minnesota, Minneapolis, MN, USA Am Indian Alsk Native Ment Health Res. 2001;10(2):27-51.

Much of the data reported here regarding American Indian (AI) people has originated from specific areas with particular peoples. Thus, one must be cautious in applying information from one tribe to the hundreds of tribes living across the United States. As with any people, psychiatric disorder may be a pre-existing rationale for using alcohol. Or alternatively, alcohol may lead to various psychiatric disorders, such as organic mental conditions, posttraumatic stress disorder, or other conditions. A third alternative is that both alcoholism and other psychiatric disorder merely happen to affect the same person by chance. Recognizing alcoholism and treating it in a timely manner before disabling or even permanent psychiatric disorders ensue are key strategies. In addition, clinicians must be able to recognize and then either treat or refer co-morbid patients for appropriate care. Some psychiatric disorders, such as panic disorder, posttraumatic stress disorder, and various organic mental disorders may occur more often in some AI groups. Other co-morbid conditions, such as eating disorders, may occur less often among AI patients with alcoholism. It could be argued that resources should go solely to preventive efforts, thereby negating the need for psychiatric services. However, successful prevention of alcoholism may hinge upon, and increase the need for greater psychiatric services in AI communities.

Cultural connection and transformation: substance abuse treatment at Friendship House.

Edwards Y. J Psychoactive Drugs. 2003 Jan-Mar;35(1):53-8.

This research investigates the transformational experiences of Native Americans during the course of their retraditionalization and treatment for drug and alcohol dependence. Twelve graduates of the residential treatment program at Friendship House in San Francisco were interviewed about the kind and quality of their healing experiences in this particular program which provides a comprehensive matrix of Native American medicine as well as Western models of psychological treatment. The purpose of this study was to understand and document the experience of substance abuse recovery from the perspective of the Native Americans in treatment. Twelve themes emerged from the data analysis: feeling cared for; spiritual experience; insight; making a commitment; empowerment/self-esteem; releasing emotional pain; remorse; reconnecting to traditional values; forgiveness; relief; safety; and gratitude.

Factors affecting American Indian adolescent tobacco use.

Yu M, Stiffman AR, Freedenthal S. George Warren Brown School of Social Work, Washington University, Campus Box 1196, One Brookings Drive, St. Louis, MO 63130, USA. msy1@wustl.edu Addict Behav. 2005 Jun;30(5):889-904.

The present study merged problem behavior and social ecological theories to examine how mental health and environmental factors, including culture, were associated with American Indian youth tobacco use. A stratified random sample of 205 reservation and

196 urban American Indian adolescents living in a Southwestern area was interviewed in 2001. Two-thirds of the reservation youth and half of the urban youth in this sample reported lifetime tobacco use. Logistic regression showed that, when controlling for age and location, a mental health factor (substance abuse/dependence) and environmental factors (e.g., family members' mental health problems and peer misbehavior) were significant predictors of American Indian adolescent tobacco use. Cultural factors and location (reservation vs. urban) were not significant predictors of their tobacco use. Therefore, environmental and mental health factors should be assessed for and incorporated into tobacco use intervention and prevention plans for American Indian youth in both reservation and urban areas.

Native American women in alcohol and substance abuse treatment.

Peterson S, Berkowitz G, Cart CU, Brindis C. Institute for Health Policy Studies, University of California, San Francisco, USA. J Health Care Poor Underserved. 2002 Aug;13(3):360-78.

Alcohol and other drug use is a serious problem among American Indian and Alaska Native women. However, information about their needs for treatment is lacking. In response, a study was conducted to document the life experiences and perceived recovery needs of American Indian and Alaska Native women at nine treatment centers nationwide. The data show that most of these women have experienced various forms of abuse and neglect from childhood into adulthood and have been exposed to alcohol and other drugs from an early point in their lives. Most of these women have made multiple attempts to recover from their addictions, often for the sake of their children. The information derived from this study can be used as the foundation for further research about the treatment needs of American Indian and Alaska Native women.

Organization and financing of alcohol and substance abuse programs for American Indians and Alaska Natives.

McFarland BH, Gabriel RM, Bigelow DA, Walker RD. One Sky Center (the American Indian/Alaska Native National Resource Center for Substance Abuse), Oregon Health and Science University, Portland 97239, USA. mcfarlab@ohsu.edu

OBJECTIVES: Although American Indians and Alaska Natives have high rates of substance abuse, few data about treatment services for this population are available. We used national data from 1997-2002 to describe recent trends in organizational and financial arrangements.

METHODS: Using data from the Indian Health Service (IHS), the Substance Abuse and Mental Health Services Administration, the National Institute on Alcohol Abuse and Alcoholism, the Henry J. Kaiser Family Foundation, and the Census Bureau, we estimated the number of American Indians served by substance abuse treatment

programs that apparently are unaffiliated with either the IHS or tribal governments. We compared expected and observed IHS expenditures.

RESULTS: Half of the American Indians and Alaska Natives treated for substance abuse were served by programs (chiefly in urban areas) apparently unaffiliated with the IHS or tribal governments. IHS substance abuse expenditures were roughly what we expected. Medicaid participation by tribal programs was not universal.

CONCLUSIONS: Many Native people with substance abuse problems are served by programs unaffiliated with the IHS. Medicaid may be key to expanding needed resources.

Outcomes of drug and alcohol treatment programs among American Indians in California.

Evans E, Spear SE, Huang YC, Hser YI. UCLA Integrated Substance Abuse Program, 1640 South Sepulveda Blvd, Suite 200, Los Angeles, CA 90025, USA.
laevans@ucla.edu Am J Public Health. 2006 May;96(5):889-96. Epub 2006 Mar 29.

OBJECTIVES: We examined differences in substance abuse treatment outcomes between American Indians and their non-American Indian counterparts in California, during 2000 to 2002.

METHODS: A total of 368 American Indians and a matched sample of 368 non-American Indians from 39 substance abuse treatment programs in 13 California counties were assessed at multiple time points. Records on arrests, driving while under the influence of alcohol or drugs, and mental health care were obtained 1 year before and 1 year after treatment entry. Differences in pretreatment characteristics, services received, treatment satisfaction, treatment completion and retention, and outcomes were examined.

RESULTS: Pretreatment problems were similarly severe among American Indians and non-American Indians. About half in both groups either completed treatment or stayed in treatment more than 90 days; American Indians in residential care had significantly shorter treatment retention. American Indians received fewer individual sessions and out-of-program services, especially for alcohol abuse, but were nevertheless generally satisfied with their treatment. Both groups improved after treatment, with American Indians demonstrating greater reductions in arrests than non-American Indians.

CONCLUSION: American Indians benefit from substance abuse treatment programs, although the type and intensity of services offered could be improved.

Substance abuse prevalence and treatment utilization among American Indians residing on-reservation.

Herman-Stahl M, Chong J. RTI International, Research Triangle Park, NC 27709-2194, USA. mindy@rti.org. Am Indian Alsk Native Ment Health Res. 2002;10(3):1-23.

American Indians residing on-reservation were interviewed regarding their substance use and treatment utilization. One-third had a current substance abuse problem. Predictors included gender, tribe, age, employment status, household income, and educational attainment. Almost two-thirds of those with substance abuse problems had received no treatment within the past year. A combination of formal and informal treatment was the most common approach. Treatment utilization was predicted by gender, age, and insurance coverage.

Substance dependency among homeless American Indians.

Lobo S, Vaughan MM. University of Arizona, Tucson, Arizona 85719, USA. J Psychoactive Drugs. 2003 Jan-Mar;35(1):63-70.

Extensive qualitative research in the San Francisco Bay Area in California and in Tucson, Arizona, indicates strong associations between substance abuse and homelessness among American Indians. This article takes a comparative approach to describe and analyze precipitating factors and survival patterns of those who are both homeless and who suffer from substance dependency. Possible precipitating factors presented through case studies consider the complex interaction of childhood fostering or adoption into non-Native families, different types of involuntary institutionalization during youth, and the personal impact of accident, trauma and loss. Coping strategies and keys to survival are examined, including the role of the extended family and close friendships, American Indian and mainstream organizations that offer formal and informal services, the existence of anchor or key households, the helping relationships and sobriety groups among homeless individuals, spirituality, and cultural resiliency.

SUICIDE

American Indians and suicide: a neglected area of research.

Olson LM, Wahab S. Department of Pediatrics, University of Utah, USA. Trauma Violence Abuse. 2006 Jan;7(1):19-33

Suicide is a major public health problem for American Indians in the United States. Published studies indicate that American Indians experience the highest rate of suicide of all ethnic groups in the United States. This article synthesizes the epidemiology and risk factors associated with suicide among American Indians, barriers to research, prevention, mental-health services, and recommendations for research and practice. The authors' recommendations arise from the current literature as well as interviews with practitioners and academics in the field of suicide prevention. The authors present significant substantive and methodological issues that inform research on suicide in American Indian communities, as well as existing contemporary interventions. Overall,

socioeconomic characteristics, substance abuse, barriers to mental health services and acculturation play a role in the occurrence of suicide in American Indian communities. These findings suggest suicide is an important public health problem that needs to be addressed for American Indians.

VISUAL DISABILITIES

Causes of visual impairment and common eye problems in Northwest American Indians and Alaska Natives.

Mansberger SL, Romero FC, Smith NH, Johnson CA, Cioffi GA, Edmunds B, Choi D, Becker TM. Devers Eye Institute/Discoveries in Sight at Legacy Health System, Portland, OR 97210, USA. smansberger@discoveriesinsight.org Am J Public Health. 2005 May;95(5):881-6

OBJECTIVES: Little information exists regarding the causes of visual impairment and the most common eye problems in American Indians/Alaska Natives.

METHODS: We randomly sampled American Indians/Alaska Natives older than 40 years from 3 tribes within the Northwest region.

RESULTS: We found a higher prevalence of visual impairment and normal-tension glaucoma, as well as a lower prevalence of ocular hypertension, in American Indians/Alaska Natives compared with previous results in other racial/ethnic groups.

CONCLUSIONS: American Indians/Alaska Natives have a need for vision correction. Future interventions in American Indians/Alaska Natives should include providing spectacles for refractive error, detecting glaucoma, and preventing visual impairment from age-related maculopathy and cataracts.

Visual impairment and eye abnormalities in Oklahoma Indians.

Lee ET, Russell D, Morris T, Warn A, Kingsley R, Ogola G. Center for American Indian Health Research and Department of Biostatistics and Epidemiology, College of Public Health, University of Oklahoma Health Sciences Center, Oklahoma City 73104, USA. Arch Ophthalmol. 2005 Dec;123(12):1699-704

OBJECTIVE: To determine the prevalence of visual impairment and eye abnormalities in Oklahoma Indians.

METHODS: The cross-sectional study included 1019 Oklahoma Indians, aged 48 to 82 years; 60.2% were women. All participants gave a personal interview, and all underwent an eye examination, including the determination of best-corrected visual acuity and an ophthalmoscopic examination. In addition, two 45 degrees fundus photographs were

taken of each eye, and these photographs were graded by the Fundus Photography Reading Center at the University of Wisconsin, Madison.

RESULTS: Among the 1019 participants, 77.4% had a visual acuity of 20/20 or better, 19.5% and 2.5% had visual acuities of between 20/25 and 20/40 and between 20/50 and 20/190, respectively; and 0.6% were legally blind, all in the better eye. Cataract was the most frequent contributing cause and age-related macular degeneration the second most frequent contributing cause of visual impairment. The overall prevalence proportions of age-related macular degeneration, cataract, diabetic retinopathy, and definite glaucoma were 33.6%, 39.6%, 20.1%, and 5.6%, respectively. Most of the other eye abnormalities were rare in the study participants, except for pinguecula (42.4%) and dermatochalasis (30.1%).

CONCLUSIONS: Oklahoma Indians have a higher prevalence of visual impairment, age-related macular degeneration, and diabetic retinopathy than other ethnic groups. The implementation of adequate treatment and prevention programs for eye diseases is indicated.

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