Conclusions

The information presented in this report paints a picture of a population facing serious health challenges, and yet resilient. In spite of socioeconomic disadvantage and barriers to accessing care, there are strengths.

Birth outcomes were good among AI/AN in Idaho. While heart disease was the leading cause of death, AI/AN did not experience higher mortality than NHW from heart disease and screening rates are on the rise. AI/AN stroke mortality rates were also similar to NHW. Cancer incidence was lower among AI/AN than NHW, and did not increase in the past two decades. Immunization rates were high relative to the Portland Area as a whole, and have mostly been above IHS target levels.

However, there are also areas of concern. All-cause mortality rates were 30% higher among AI/AN than NHW in the state. Diabetes and liver disease showed the largest disparities (2.8 times higher and 5.5 times higher respectively). IHS GPRA data show that diabetes prevalence is higher among Idaho AI/AN patients than it is for the Portland Area as a whole – in 2013, 16% of patients had diabetes, and only about one third had their blood sugar and blood pressure under control. Cancer registry data show that while incidence is lower, mortality is not. Unintentional injuries are also concerning, particularly among children and young adults. Motor vehicle crashes and accidental overdose are the leading contributors to unintentional injury death among AI/AN in Idaho. Rates of suicide, binge drinking, and drug and alcohol associated deaths were higher among AI/AN than NHW. STIs were also an issue, with AI/AN chlamydia rates on the rise (especially among females) and AI/AN gonorrhea rates more than triple that of NHW.

There is a common thread among many of these disparities in that the causes are often preventable. This also points to an opportunity to improve them. The healthy lifestyles and environments section brings these underlying factors into sharp focus. Here we learn that less than 20% of AI/AN in Idaho had a healthy body mass index (BMI), and Idaho AI/AN children were more likely to be obese than AI/AN children anywhere else in the Northwest. Very few Idaho AI/AN reported getting any exercise, and most ate fewer than three servings of fruits and vegetables each day. Tobacco use was still common (more than one third were smokers), although tobacco cessation counseling rates were high relative to the Portland Area and nationally, and almost a third had quit smoking.

Programs aimed at encouraging healthy lifestyles may be the best approach to move the needle on some of the disparities currently faced by the AI/AN population in Idaho. A reduction in BMI through improved nutrition and exercise could impact diabetes, cancer, heart disease and stroke among others. Injury prevention efforts targeting motor vehicle safety and overdose prevention are particularly needed among youth. Mental health programs including suicide prevention and campaigns targeting substance abuse will have broad reaching effects across the spectrum of both community and personal health and well-being. Cancer screening is the most effective tool to reduce mortality from the disease, and screening rates among AI/AN in Idaho show room to improve.

This report provides a baseline of where we stand today. But it can also help tribes plant the seeds for healthier AI/AN communities, showing where there are strong roots from which to grow, and where there are challenges to be addressed.
The maps presented in this section show how mortality rates for AI/AN vary across the state of Idaho. Lighter color indicates a lower rates, and darker color higher rates.

Rates are given for by “health districts”, which are the same as the seven public health districts as used by Idaho’s department of Health and Welfare.

Counties included in each district are:

**District 1 (Panhandle):** Boundary, Bonner, Kootenai, Benewah, Shoshone

**District 2 (North Central):** Latah, Clearwater, Nez Perce, Lewis, Idaho

**District 3 (Southwest):** Adams, Washington, Payette, Gem, Canyon, Owyhee

**District 4 (Central):** Valley, Boise, Ada, Elmore

**District 5 (South Central):** Camas, Blaine, Gooding, Lincoln, Jerome, Minideka, Twin Falls, Cassia

**District 6 (Southeastern):** Butte, Bingham, Power, Bannock, Caribou, Oneida, Franklin, Bear Lake

**District 7 (Eastern):** Lemhi, Custer, Clark, Fremont, Jefferson, Madison, Teton, Bonneville

Tribal lands are found in the following districts:

- Kootenai - District 1
- Coeur d’Alene - District 1
- Nez Perce - District 2
- Shoshone Bannock - District 6

Districts shown with diagonal lines across are those for which the AI/AN mortality rate was statistically significantly higher than the NHW rate in the district.

Districts shown as plain white are those for which there were fewer than five AI/AN deaths and thus the rates were not calculated.
Map 1: AI/AN age-adjusted all cause mortality rates by health district, Idaho, 2006-2012.

Legend
- NPAIHB Tribes
- Idaho Health District Boundaries
- Idaho County Boundaries

AI/AN Suicide Mortality Rate Per 100,000
- 0 - 8.6
- 8.6 - 9.4
- 9.4 - 19.1
- 19.1 - 44.1
- 44.1 and above

Rate Ratio - AI/AN Compared to NHW
- AI/AN rate is statistically significantly higher than NHW
- Suppressed

Sources: Esri, HERE, DeLorme, TomTom, increment P Corp., AP, USGS, FAO, NPS, NRCAN, Geosbase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, accuratEarth, © OpenStreetMap contributors, and the GIS User Community
## Abridged Life Tables for American Indians and Alaska Natives of Idaho, 2008-2010 (Both Sexes)

<table>
<thead>
<tr>
<th>Age Interval</th>
<th>Mortality rate per 1,000 for x to x+n</th>
<th>Probability of dying between ages x to x+n</th>
<th>Number surviving to age x</th>
<th>Number dying between ages x to x+n</th>
<th>Person-years lived between ages x to x+n</th>
<th>Total number of person-years lived above age x</th>
<th>Expectation of life at age x</th>
<th>Lower CI</th>
<th>Upper CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 1 year</td>
<td>3.63</td>
<td>0.003</td>
<td>100,000</td>
<td>338</td>
<td>99,792</td>
<td>7,445,971</td>
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<td>73.13</td>
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CI = 95% confidence interval

Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
### Abridged Life Tables for American Indians and Alaska Natives of Idaho, 2008-2010 (Male)

<table>
<thead>
<tr>
<th>Age Interval</th>
<th>Mortality rate per 1,000 for x to x+n</th>
<th>Probability of dying between ages x to x+n</th>
<th>Number surviving to age x ( l_x )</th>
<th>Number dying between ages x to x+n ( d_x )</th>
<th>Person-years lived between ages x to x+n ( L_x )</th>
<th>Total number of person-years lived above age x ( T_x )</th>
<th>Expectation of life at age x ( e_x )</th>
<th>Lower CI</th>
<th>Upper CI</th>
</tr>
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<tbody>
<tr>
<td>Birth to 1 year</td>
<td>2.15</td>
<td>0.003</td>
<td>100,000</td>
<td>338</td>
<td>99,792</td>
<td>7,348,537</td>
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<td>217,989</td>
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</table>

CI = 95% confidence interval

Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
Abridged Life Tables for American Indians and Alaska Natives of Idaho, 2008-2010 (Female)

<table>
<thead>
<tr>
<th>Age Interval</th>
<th>Mortality rate per 1,000 for x to x+n</th>
<th>Probability of dying between ages x to x+n</th>
<th>Number surviving to age x</th>
<th>Number dying between ages x to x+n</th>
<th>Person-years lived between ages x to x+n</th>
<th>Person-years lived above age x</th>
<th>Expectation of life at age x Lower CI Upper CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 1 year</td>
<td>5.02</td>
<td>0.003</td>
<td>100,000</td>
<td>338</td>
<td>99,792</td>
<td>7,538,064</td>
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</tbody>
</table>

CI = 95% confidence interval
Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
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Community Health Profile Feedback Questionnaire

We hope you found this report useful, but we know it isn’t perfect! Your feedback is important to make sure future versions better meet your community’s needs. Please take a moment to complete the following questionnaire. If you prefer, you can also complete the same survey online at www.surveymonkey.com/s/D38NS9G. To return the form you can mail it to NPAIHB at 2121 SW Broadway, Suite 300 Portland OR 97201. You can also fax it to 503-416-3265 or scan and email to ideanw@npaihb.org.

Q1. How did you receive this report?
- Hard copy mailed or given to me from NPAIHB
- Hard copy given to me by someone else
- Electronic copy emailed directly to me from NPAIHB
- Electronic copy forwarded to me from someone else
- Downloaded from NPAIHB website
- Other (please specify): ____________________

Q2. Which best describes your position or role?
- Tribal council member or other tribal leader
- Tribal health director
- Clinic staff
- Grant writer
- Researcher
- Other (please specify): ____________________

Q3. Overall, how useful did you find this report?
- Not at all useful
- Somewhat useful
- Very useful
- Extremely useful

Q4. Which section did you find the most useful?
- Demographics
- Maternal & Child Health
- Mortality
- Diabetes
- Cardiovascular Disease & Stroke
- Cancer
- Injury & Violence
- Mental Health & Suicide
- Substance Abuse
- Communicable Diseases
- Healthy Lifestyles, Healthy Environments
- Access to Care

Q5. How easy or difficult was it for you to understand this report?
- Extremely difficult to understand
- Somewhat difficult to understand
- Somewhat easy to understand
- Extremely easy to understand

Q6. What would have made it easier to understand?
- ____________________
- ____________________
- ____________________

Q7. How will you use the information in this report?
- Grants
- Program planning
- Financial allocation planning
- Presentations
- Manuscripts
- Advocacy
- Not sure
- Other (please specify): ____________________

Q8. Do you have any other comments or questions?
- ____________________
- ____________________
- ____________________

If you would like a staff person to respond to your questions or comments, please share your contact information below:

Name ____________________
Job Position ____________________
Address ____________________
Email ____________________
Phone ____________________ Fax ____________________

Do you prefer to be contacted by ☐ Email or ☐ Phone

Thank you for your feedback!