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 Al/AN in Idaho. While heart disease was the leading cause of death, Al/AN did not experience higher mortality than NHW from heart disease and screening rates are on the rise. Al/AN stroke mortality rates were also similar to NHW. Cancer incidence was lower among Al/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. Allcause 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 Al/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.

Appendix |: Maps

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

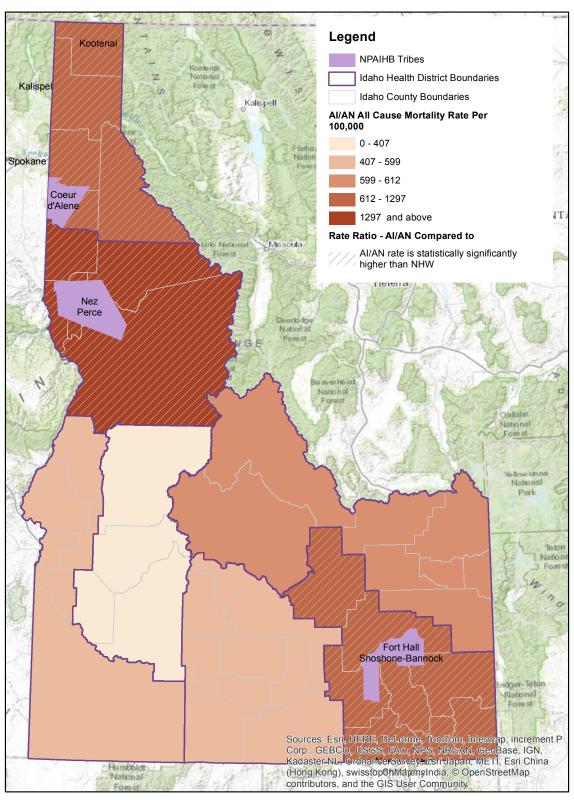
Nez Perce - District 2

Shoshone Bannock - District 6

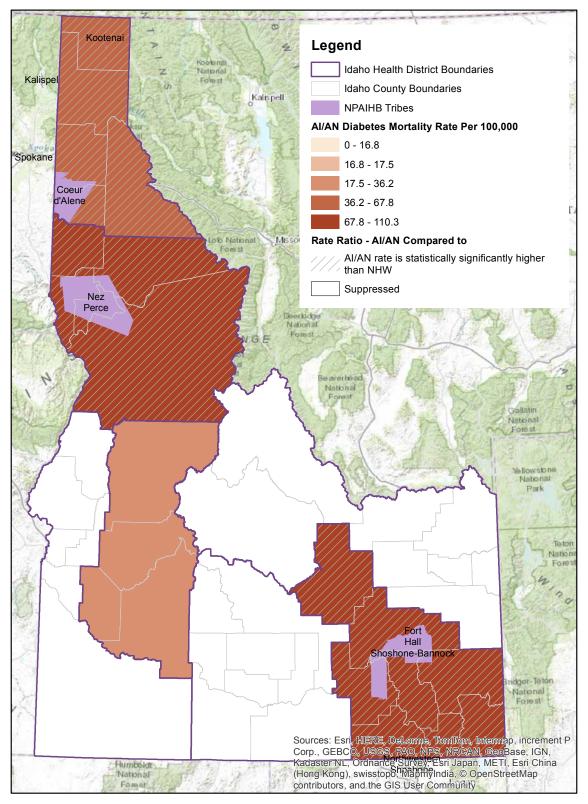
Districts shown with diagonal lines across are those for which the Al/AN mortality rate was statistically significantly higher than the NHW rate in the district.

Districts shown as plain white are those for which there were fewer than five AI/AN deaths and thus the rates were not calculated.

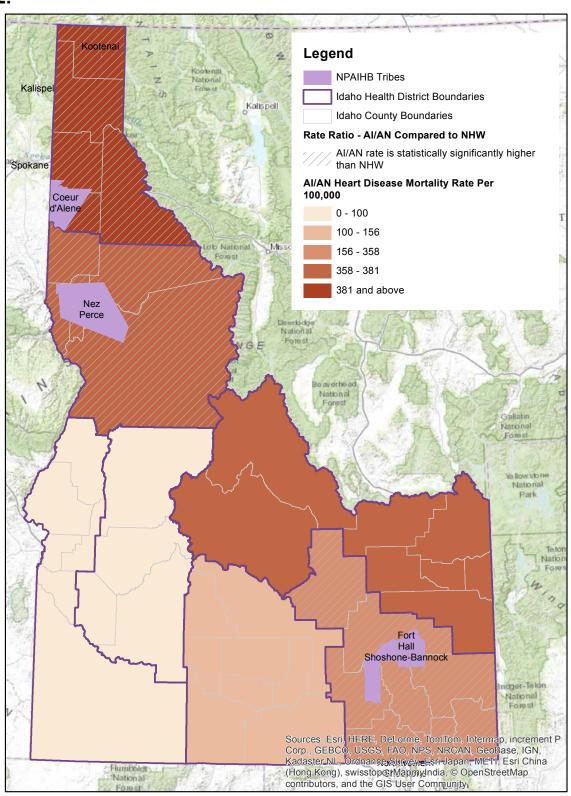
Map 1: Al/AN age-adjusted all cause mortality rates by health district, Idaho, 2006-2012.



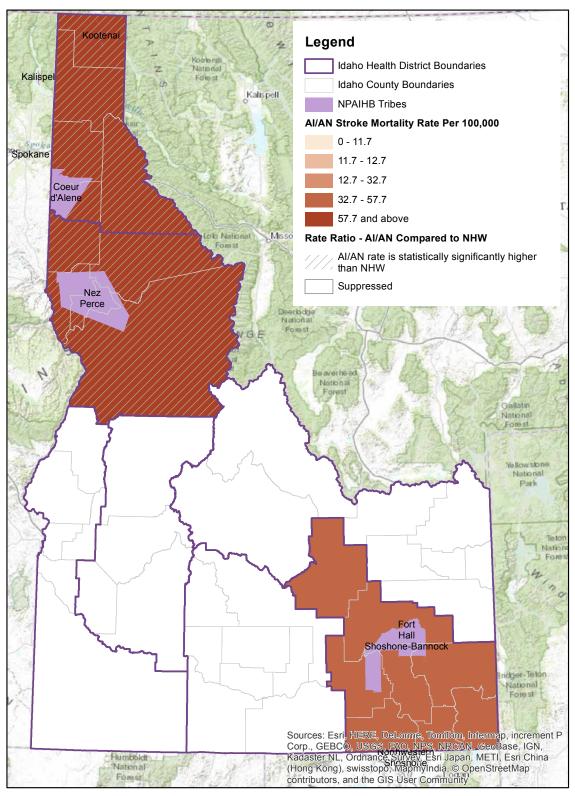
Map 2: Al/AN age-adjusted diabetes mortality rates by health district, Idaho, 2006-2012.



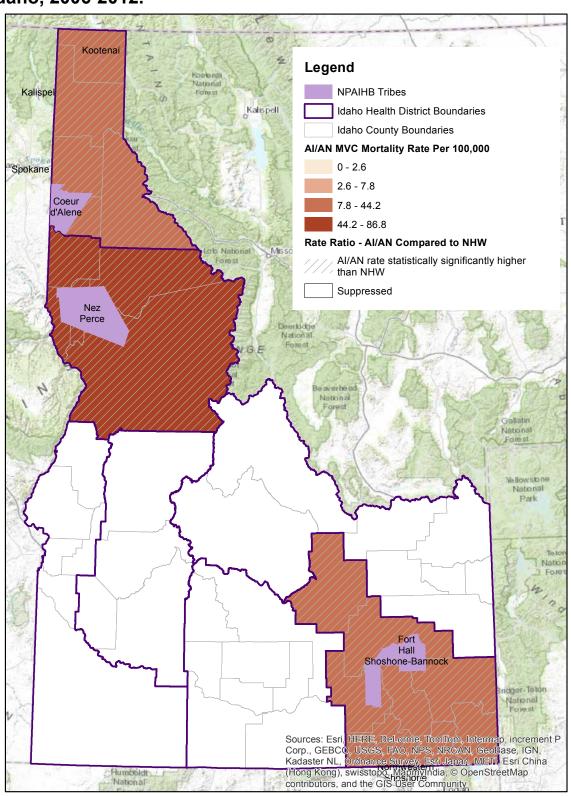
Map 3: Al/AN age-adjusted heart disease mortality rates by health district, Idaho, 2006-2012.



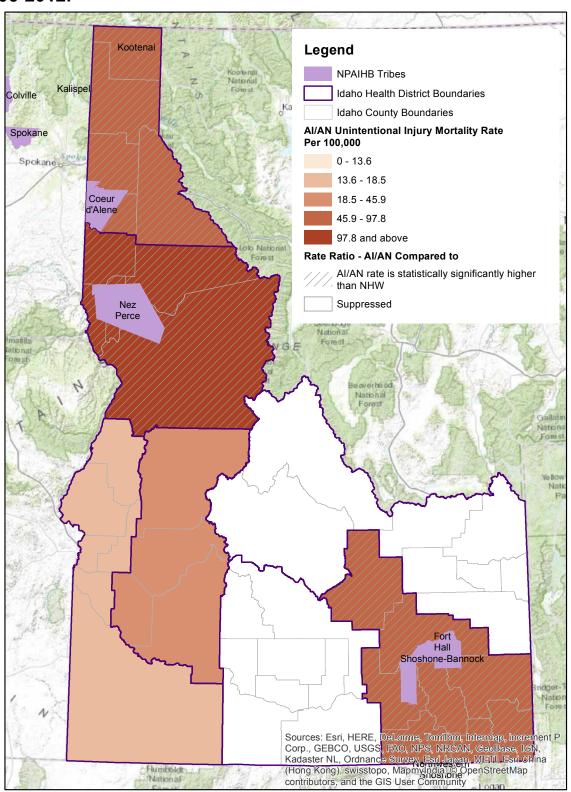
Map 4: Al/AN age-adjusted stroke mortality rates by health district, Idaho, 2006-2012.



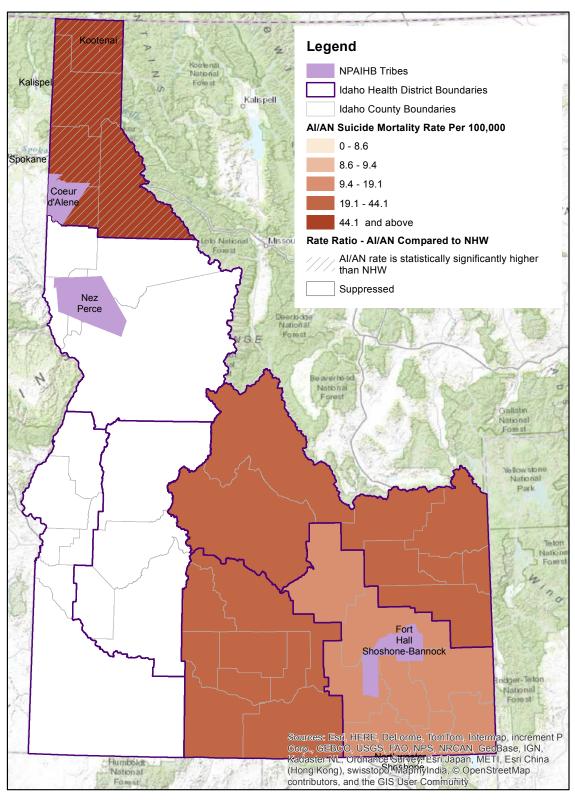
Map 5: Al/AN age-adjusted motor vehicle crash (MVC) mortality rates by health district, Idaho, 2006-2012.



Map 6: Al/AN age-adjusted unintentional injury mortality rates by health district, Idaho, 2006-2012.



Map 7: Al/AN age-adjusted suicide mortality rates by health district, Idaho, 2006-2012.



Appendix | Life Tables

				()		, carrier .			
	Mortality rate per 1,000 for	Probablity of dying between	Number surviving to	Number dying between ages	Person-years lived between	Total number of person-years lived	Expectation of		
Age Interval	x to x+n	ages x to x+n	age x	x to x+n	ages x to x+n L/\x	above age x	life at age x	Lower CI	Upper CI
Both Sexes, Idaho									
Birth to 1 year	3.63	0.003	100,000	338	99,792	7,445,971	74.46	73.13	75.79
4-1	0.42	0.002	99,662	167	398,123	7,346,179	73.71	72.40	75.02
9-9	0.13	0.001	99,495	59	497,271	6,948,056	69.83	68.53	71.14
10-14	0.25	0.001	99,437	123	496,755	6,450,785	64.87	63.57	66.18
15-19	1.32	0.007	99,314	663	495,236	5,954,030	59.95	58.65	61.25
20-24	2.57	0.013	98,651	1,272	490,116	5,458,794	55.33	54.05	56.62
25-29	2.19	0.011	97,379	1,034	484,064	4,968,678	51.02	49.78	52.27
30-34	2.33	0.012	96,345	1,136	478,840	4,484,614	46.55	45.33	47.76
35-39	3.02	0.015	95,209	1,446	472,981	4,005,773	42.07	40.89	43.26
40-44	3.68	0.018	93,763	1,720	464,104	3,532,792	37.68	36.52	38.83
45-49	6.13	0.030	92,044	2,785	453,896	3,068,688	33.34	32.21	34.47
50-54	6.73	0.033	89,258	2,961	439,126	2,614,792	29.29	28.21	30.38
55-59	9.25	0.046	86,297	3,940	422,083	2,175,666	25.21	24.16	26.26
60-64	14.02	0.070	82,357	5,743	399,278	1,753,584	21.29	20.28	22.31
62-29	17.27	0.084	76,614	6,432	368,319	1,354,306	17.68	16.72	18.63
70-74	33.24	0.158	70,182	11,060	326,518	982,986	14.05	13.15	14.95
75-79	50.43	0.231	59,122	13,660	263,312	659,468	11.15	10.34	11.96
80-84	83.53	0.330	45,463	14,991	186,589	396,156	8.71	8.01	9.42
85+	145.40	1.000	30,471	30,471	209,567	209,567	6.88	6.29	7.46
CI = 95% confidence interval	ence 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 (Both Sexes)

Abridged Life Tables for American Indians and Alaska Natives of Idaho, 2008-2010 (Male)

Age Interval	Mortality rate per 1,000 for x to x+n	Probablity of dying between ages x to x+n	Number surviving to age x	Number dying between ages x to x+n	Person-years lived between ages x to x+n	Total number of person- years lived above age x	Expectation of life at age x	Lower CI	Upper CI
x to x+n	m\\x	d/\x	I\\x	d/\x	L // x	X/IT	ellx		
Male AI/AN, Idaho	aho								
Birth to 1 year	2.15	0.003	100,000	338	99,792	7,348,537	73.49	71.41	75.56
1-4	0.28	0.001	99,662	101	398,295	7,248,745	72.73	79.07	74.80
5-9	0.25	0.001	99,561	118	497,392	6,850,450	68.81	66.75	70.87
10-14	0.00	0.000	99,443	1	497,215	6,353,058	63.89	61.83	65.94
15-19	1.60	0.008	99,443	804	496,053	5,855,843	58.89	56.83	60.94
20-24	3.89	0.019	98,639	1,888	488,089	5,359,790	54.34	52.31	56.36
25-29	2.43	0.012	96,751	1,121	480,413	4,871,701	50.35	48.40	52.31
30-34	2.33	0.011	95,630	1,034	475,092	4,391,288	45.92	44.00	47.84
35-39	4.35	0.022	94,595	2,049	468,600	3,916,196	41.40	39.52	43.28
40-44	5.53	0.027	92,546	2,538	455,852	3,447,596	37.25	35.42	39.09
45-49	6.52	0.032	90,008	2,884	442,873	2,991,744	33.24	31.46	35.02
50-54	79'.	0.038	87,124	3,307	427,086	2,548,871	29.26	27.52	30.99
55-59	7.49	0.038	83,817	3,194	412,457	2,121,785	25.31	23.63	27.00
60-64	14.01	0.073	80,622	5,924	391,657	1,709,328	21.20	19.56	22.85
65-59	16.67	0.082	74,699	6,143	360,865	1,317,671	17.64	16.06	19.22
70-74	39.55	0.177	68,556	12,161	312,419	926,806	13.96	12.44	15.47
75-79	43.59	0.198	56,394	11,150	253,436	644,387	11.43	10.03	12.83
80-84	113.21	0.429	45,244	19,408	172,962	390,951	8.64	7.34	9.94
85+ 118.5; CI = 95% confidence interval	118.52 ence interval	1.000	25,836	25,836	217,989	217,989	8.44	7.37	9.51

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)

Abridged Life	Tables for Am	Abridged Life Tables for American Indians and Alaska Natives of Idaho, 2008-2010 (Female)	nd Alaska Nat	ives of Idaho, 2	:008-2010 (Fem	ale)			
	Mortality rate per 1.000 for	Probablity of dving between	Number surviving to	Number dying between ages	Person-years lived between	lotal number of person-vears lived	Expectation of		
Age Interval	x to x+n	ages x to x+n	age x	x to x+n	ages x to x+n	above age x	life at age x	Lower CI	Upper CI
x to x+n	m\\x	d/\x	II/x	d\\x	L//x	T/\x	e/\x		
Female AI/AN, Idaho	Idaho								
Birth to 1 year	5.02	0.003	100,000	338	99,792	7,538,064	75.38	73.63	77.13
1-4	0.58	0.002	99,662	236	397,942	7,438,272	74.63	72.92	76.35
9-9	0.00	0.000	99,426	1	497,132	7,040,331	70.81	69.11	72.51
10-14	0.51	0.003	99,426	260	496,223	6,543,199	65.81	64.11	67.51
15-19	1.01	0.005	99,167	200	494,329	6,046,975	86.09	59.29	62.66
20-24	1.17	900.0	98,667	634	492,302	5,552,647	56.28	54.62	57.94
25-29	1.93	0.010	98,033	951	487,883	5,060,344	51.62	49.99	53.25
30-34	2.33	0.013	97,081	1,227	482,774	4,572,461	47.10	45.51	48.69
35-39	1.68	0.009	95,854	856	477,591	4,089,687	42.67	41.12	44.21
40-44	1.78	0.009	94,998	840	472,726	3,612,096	38.02	36.51	39.54
45-49	5.73	0.029	94,158	2,686	465,320	3,139,370	33.34	31.85	34.84
50-54	5.83	0.029	91,473	2,634	451,557	2,674,050	29.23	27.80	30.67
55-59	10.94	0.052	88,839	4,630	432,303	2,222,493	25.02	23.63	26.41
60-64	14.03	0.067	84,209	5,674	407,267	1,790,190	21.26	19.94	22.58
62-29	17.84	0.085	78,536	6,680	375,791	1,382,922	17.61	16.38	18.83
70-74	26.63	0.144	71,856	10,315	340,767	1,007,131	14.02	12.89	15.14
75-79	56.74	0.268	61,541	16,477	270,626	666,364	10.83	9.82	11.84
80-84	65.38	0.259	45,064	11,668	191,311	395,738	8.78	7.95	9.61
85+	163.37	1.000	33,396	33,396	204,427	204,427	6.12	5.42	6.82
CI = 95% confidence interval	nce 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 Feeback 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

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☐ Hard copy given to me by someone else	☐ Extremely difficult to understand
☐ Electronic copy emailed directly to me from NPAIHB	☐ Somewhat difficult to understand
☐ Electronic copy forwarded to me from someone else	☐ Somewhat easy to understand
□ Downloaded from NPAIHB website	☐ Extremely easy to understand
☐ Other (please specify):	Extremely easy to understand
a cirici (picase spessily).	Q6. What would have made it easier to understand?
Q2. Which best describes your position or role?	go. That would have made it oddier to anderstand.
☐ Tribal council member or other tribal leader	
☐ Tribal health director	
□ Clinic staff	
☐ Grant writer	Q7. How will you use the information in this report?
□ Researcher	☐ Grants
☐ Other (please specify):	☐ Program planning
	☐ Financial allocation planning
Q3. Overall, how useful did you find this report?	☐ Presentations
□ Not at all useful	☐ Manuscripts
☐ Somewhat useful	☐ Advocacy
☐ Very useful	□ Not sure
☐ Extremely useful	☐ Other (please specify):
Q4. Which section did you find the most useful?	Q8. Do you have any other comments or questions?
☐ Demographics	
☐ Maternal & Child Health	
☐ Mortality	
□ Diabetes	
☐ Cardiovascular Disease & Stroke	If you would like a staff person to respond to your
□ Cancer	questions or comments, please share your contact
☐ Injury & Violence	information below:
☐ Mental Health & Suicide	Name
☐ Substance Abuse	Job Position
☐ Communicable Diseases	
☐ Healthy Lifestyles, Healthy Environments	Address
☐ Access to Care	
	Email
	Phone Fax
	Do you prefer to be contacted by ☐ Email or ☐ Phone



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