HEALTH FACTS ABOUT NATIVE AMERICANS

■ American Indians and Alaska Natives have the highest prevalence of type 2 diabetes in the world. The incidence is increasing in these two groups faster than in any other ethnic population.

■ Cardiovascular disease is the leading cause of mortality among Native Americans, with a rising rate that is significantly higher than the rest of the U.S. general population.

■ Rates of substance dependence and abuse among people 12 and older is highest among American Indians and Alaska Natives, and rates of overall illicit drug, alcohol, and binge alcohol use are among the highest in the nation.

■ American Indians and Alaska Natives die at higher rates than all other Americans from alcoholism, tuberculosis, diabetes, accidents, homicide, and suicide.
No phone. No running water. A lack of healthy food. Two hours to travel for healthcare services. Living situations comparable to those found in a third-world country. These are the conditions that many Native Americans face every day.

Their poverty hurts. Native Americans die at higher rates than other Americans from alcoholism, tuberculosis, diabetes, accidents, homicide, and suicide. They have limited access to preventive services, including cancer screening, immunizations, and management of chronic diseases such as diabetes and heart disease. Not surprisingly, their life expectancy is six years shorter than the general U.S. population.

One of the biggest healthcare challenges for Native Americans is a lack of physicians. The Indian Health Service (IHS) reports a nearly 15-percent vacancy rate in essential clinic positions. In keeping with Brigham and Women’s Hospital’s (BWH) commitment to community health, Phyllis Jen, MD, of the Department of Medicine, with Howard Hiatt, MD, and Amy Judd, both of the Division of Global Health Equity, viewed the IHS physician shortage as an opportunity to care for patients and to teach clinicians.

In spring 2007, the trio traveled to New Mexico to assess the healthcare needs at IHS hospitals in Gallup and Shiprock. As a result of the trip, they submitted a proposal to the BWH Physicians’ Council to support a physician volunteer outreach project.

“The IHS program appealed to the council because physicians from different specialties could participate and make an impact in just a week or two,” says Jessica Dudley, MD, chief medical officer for the BWH Physicians Organization and co-chair of the Physicians’ Council. “In addition, the program’s location in the United States made it easier to handle travel logistics and language issues. And, perhaps most important, the need was great.”
Christian Arbelaez, MD, MPH, the first physician to volunteer for the program, couldn’t be more enthusiastic about his Gallup experience. “The emergency department, the intensive care unit, and the wards don’t look as different from the Brigham as you might think,” Arbelaez says. “The shortage of physicians and staff was most striking. Luckily, this is one area where we could help. I encourage physicians at all levels to donate a week or two and help by teaching and caring for patients.”

Assessing the needs and developing a plan for collaboration were the goals of the Shiprock visit of Sarah Feldman, MD, and Michael Muto, MD, of the BWH Division of Gynecologic Oncology. “Shiprock physicians wanted more training in minimally invasive gynecology surgery,” says Feldman. “Yet with such a low volume of surgery cases, it is nearly impossible for them to practice these skills. Thus, we invited John Heusinkveld, MD, the chair of Obstetrics and Gynecology at Shiprock, to the Brigham to observe our colleagues in action. John may see 11 surgery cases a year, while some of our doctors handle 11 a day.”

In the program’s first year, more than a dozen BWH physicians from eight different specialties volunteered at one of the hospitals. “As the program matures, BWH will look for creative ways to meet the needs of the IHS hospitals—using e-mail consults, long-distance learning, and innovative technology,” says Dudley. “Our challenge is to provide sustainable support. We want our efforts to last beyond that volunteer week.”

**SEQUIST TO LEAD PHYSICIAN VOLUNTEER PROGRAM**

In October 2009, BWH named Thomas Sequist, MD, MPH, the clinical director for its Indian Health Service Physician Volunteer Program. Sequist is an assistant professor of medicine and healthcare specialties.
policy at Harvard Medical School and BWH, and a primary care physician at Harvard Vanguard Medical Associates. He has served for more than 15 years as director of the Four Directions Summer Research Program, which has given nearly 150 American Indian undergraduate students a research experience, career advice, and mentoring.

Sequist, who is a Native American from the Taos Pueblo tribe in northern New Mexico, is committed to the advancement of Native Americans in medicine. “It is an incredible privilege to be able to carry on this important work,” he says. “I am excited about the high level of interest from our physicians and plan to continue developing a meaningful experience for BWH physicians, IHS clinicians and staff, and the Native American community.”

ADAPTING PACT TO HELP NATIVE AMERICANS

Since 2003, BWH’s Prevention and Access to Care and Treatment (PACT) program has used community health workers to improve the health of Boston’s sickest HIV/AIDS patients. Now an international model, PACT has expanded its program to other chronic diseases. Using the PACT approach, the BWH Division of Global Health Equity has teamed up with the Indian Health Service and the Navajo Nation Division of Health’s Community Health Representative (CHR)/Outreach program to help tribal community health representatives manage chronic diseases of Native Americans in Gallup and Shiprock.

Under the leadership of Sonya Shin, MD, MPH, a BWH physician who relocated to New Mexico, the project, which is supported by the Rx Foundation, is initially focusing on diabetes. Native Americans have the highest rate of type 2 diabetes in the world. Without careful management, high-risk diabetes patients are more likely to suffer from heart attacks, strokes, and renal failure.

Support, technology, and training from BWH help community health representatives take on new responsibilities. Helping patients and family members to develop strategies to take their pills and make their appointments, they also coordinate with medical providers to deliver close follow-up care in the community.

The program complements work underway by the Indian Health Services medical system and will be adapted to other disorders, such as HIV/AIDS, hypertension, and heart disease. At stake is the opportunity for a healthier life for thousands of Native American patients.

To support either of the BWH programs for the Indian Health Service, contact Nancy Sandman at the BWH Development Office at 617-424-4345 or nsandman@partners.org.

Aaron Mann, MD, (right) is shown with a patient at the medical center in Shiprock. In 2008, when Mann was a junior resident at BWH, he spent a month at Shiprock as part of a residency elective. The experience clearly had an impact. A year later, when Mann completed his residency, he and his family moved to Shiprock, where he is a staff physician today.