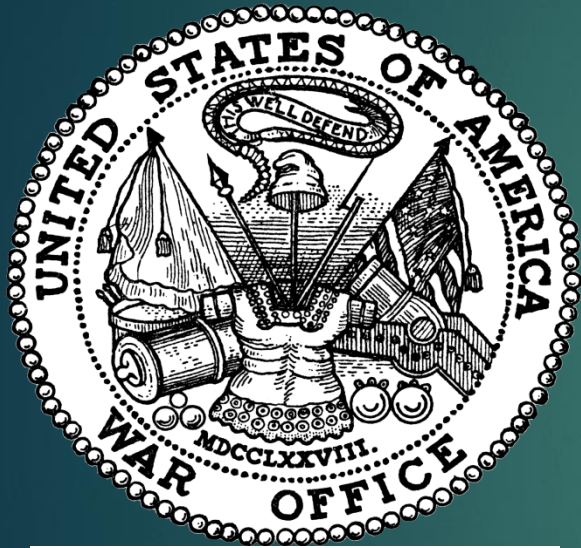


A Healthy Nation

CHERISHES HEALTHY CHILDREN

Testimony of Dr. Jennie Joe, University of Arizona
Commission on Native Children Public Hearing, Scottsdale, AZ, March 14, 2020

A History of Health Care Delivery System under three Federal Banner



Military: U.S. War Department



Goal: Removal, Relocation, and Containment

Smallpox vaccination for
“friendly” tribes

Unfulfilled Treaties agreement
promising healthcare resources

Outsourcing to missionaries—
schools, healthcare

Department of Interior



Goals: Boarding Schools

Children battling cycles of infectious disease

Field nurses: case finding, diagnoses, and hospitalization (Sanatoriums)

Boarding School-"hotbed" for contagious diseases

PHS/IHS/TRIBAL/URBAN



Health facilities, qualified health care providers,
community-based services,
chronically underfunded

Tribal & Urban: Implementation of Self-
determination

Indian Child of Yesterday



Home births

**Attended by kin/midwives
Prenatal, Postpartum care and
child rearing patterns guided by
tribal and cultural practices**

**No local or national birth registry
No morality/morbidity
records**

**Multiple births forced by high
infant and maternal
mortality**

Yesterday's Health Issues for Children & Youth



Lives taken on the path to civilization: Crowded boarding schools “hot beds” for contagious diseases=tuberculosis, trachoma, etc.

Indian baby of today



Born in the hospital
possible gestational birth
birth and childhood data recorded
issued a hospital registry number

Mother received some prenatal care-?
third trimester

Child Seen in one or more well baby
clinics

Receives needed immunization

Childrearing practices: non-native culture
Attends Head Start near home

Health risks are non-communicable
diseases==type 2 diabetes, etc.

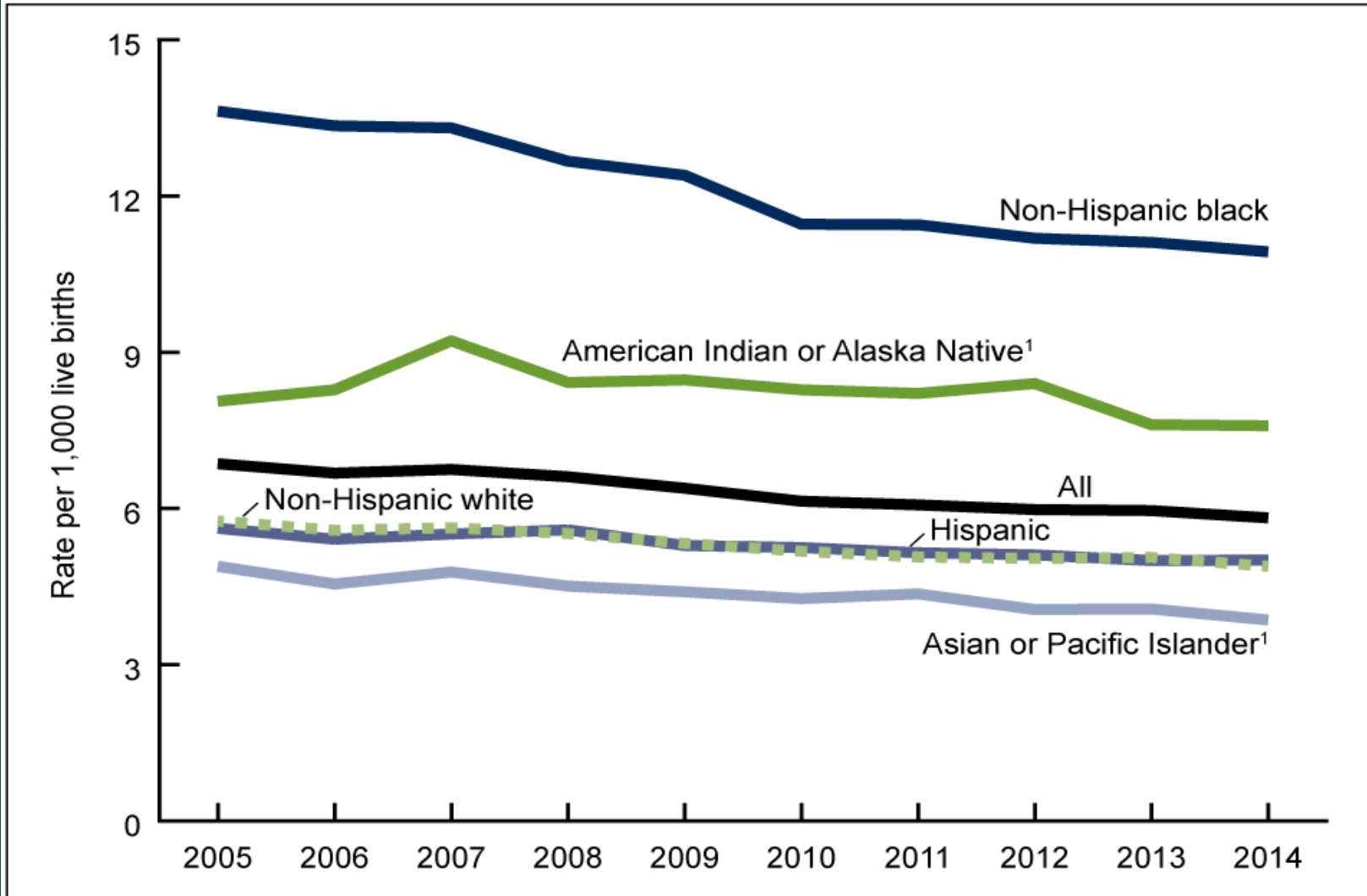
Healthcare coverages



Private
insurance

High rates of uninsured

Figure 1. Infant mortality rates, by race and Hispanic origin of mother: United States, 2005–2014

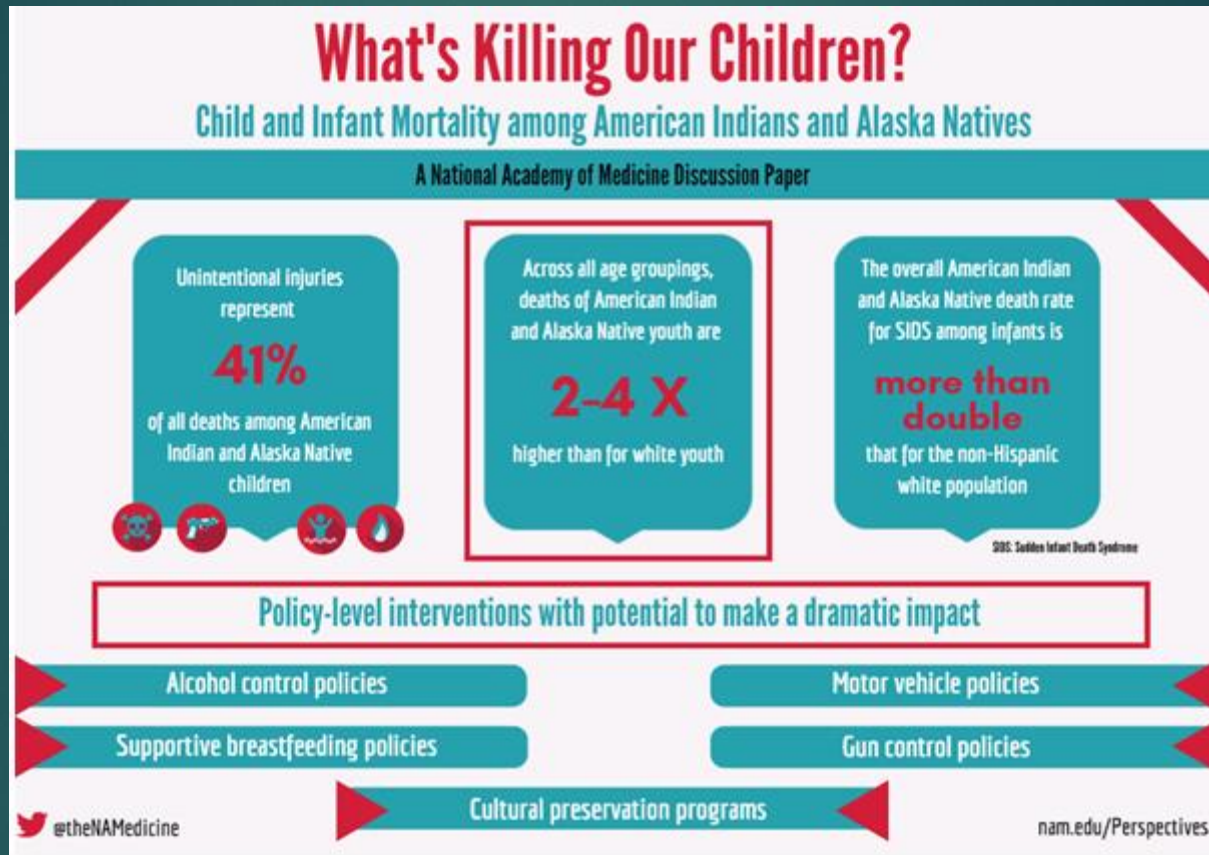


¹Includes persons of Hispanic and non-Hispanic origin.

NOTES: For “All” and each race and Hispanic origin group, the decline in the rate for 2005–2014 is statistically significant ($p < 0.05$). Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db279_table.pdf#1.

SOURCE: NCHS, National Vital Statistics System.

National Academy of Medicine



Early Childhood

May live with grandparent(s) or with mother (single head of household).

Takes a bus to school—if not in residential boarding schools

Family's primary source of income: SS;SSI; GA, etc.

Nutritional Needs: National School Lunch Program; Supplemental Nutrition Assistance Program; WIC—Supplemental Nutrition Program for Women, Infant, & Children; USDA Food Commodities

Gets a school physical periodically

Not likely to speak his/her tribal language



Some of Today's Challenges



Chronic diseases—childhood obesity related diabetes, Asthma. etc.

Mental health problems—substance abuse, suicide, depression, etc.

Developmental Disabilities/Developmental Delays

Oral health

Unintentional injuries

Autism, Asthma, SIDS

Genetic abnormalities

Child abuse/neglect

Looking for Solutions



Develop and institute measurements of well-being that go beyond data physical health, education, economic, social to better understand “healthy families, healthy children.”

Create Child-centered Mental Health Services Models

Establish Comprehensive Childhood Diabetes Prevention & Treatment Models

Invest in Innovative culturally appropriate Child abuse prevention & treatment programs

Increase access to pediatric specialist (developmental pediatricians)

Increase Early interventions: home visiting; developmental disabilities; high risk

Advocate for More Head Start Programs w/qualified teachers