American Indian & Alaska Native

Community Health Profile

IDAHO

Issued October 2024

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Table of Contents

Mission

The Northwest Portland Area Indian Health (NPAIHB) is a Tribally owned and operated non-profit organization serving the 43 federally recognized Tribes in the states of Idaho, Oregon, and Washington. Led by our Board of Directors, NPAIHB's mission is to "eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high-quality health programs and services."

Acknowledgments

The Epidemiology & Surveillance Unit (under the Northwest Tribal Epidemiology Center and housed at NPAIHB) would like to thank all of the Tribal members and families who have contributed to our understanding of health and well-being in Northwest Tribal communities; NPAIHB delegates and staff at Indian Health Services (IHS) and Tribal health facilities; IHS and State partners who have supported this project; and program officers at funding agencies for their guidance and support.

Suggested Citation

Northwest Portland Area Indian Health Board. *American Indian & Alaska Native Community Health Profile – Idaho*. Portland, OR: Northwest Tribal Epidemiology Center, 2024.

Introduction

American Indians and Alaska Natives in the Pacific Northwest represent a vibrant array of cultures, histories, and resilient communities. Despite this vibrancy, they have endured centuries of colonization and broken promises, which continue to profoundly affect the health and well-being of Northwest Tribes. Shifting this narrative requires valid and reliable data. Unfortunately, Northwest Tribes have far too often faced significant challenges in accessing data, being accurately represented within datasets, and finding comprehensive indicators that reflect the full scope of their communities' experiences.

This report offers an overview of health conditions affecting American Indians and Alaska Natives at the statewide level in Idaho. Tribal leaders, staff, and communities can leverage this data to

- identify health priorities
- apply for grants
- guide program planning & resource allocation
- inform policy development
- prioritize research aimed at closing data gaps
- design targeted & culturally relevant interventions
- track health outcomes over time

Although this report addresses some issues related to data accessibility and exclusion of Indigenous people from data, further research and data collection are needed to explore protective factors within Tribal communities. These factors, which promote resilience and well-being, are essential for providing a fuller understanding of the strengths and lived experiences of Northwest Tribes.

While American Indians and Alaska Natives have demonstrated resilience for centuries, it is time they are seen as more than just resilient – they should be allowed to thrive and define their identities on their own terms, beyond the narrative of survival. One hope of this report is to help provide data that Tribal leaders, staff, and communities can use to continue to push for this shift.

Methodology

The Northwest Tribal Epidemiology Center (NWTEC) strives to use the most reliable and up-to-date data and methods available during analysis. However, these data and methods may change over time. As a result, some information in this report, such as rate estimates, may differ from other reports produced by NWTEC. These differences usually stem from updates in datasets or changes in population numbers used to calculate rates.

A unique aspect of NWTEC reports is the process of correcting for racial misclassification of American Indians and Alaska Natives (AI/AN). Through NWTEC's Improving Data and Enhancing Access (IDEA-NW) Project, the Northwest Tribal Registry is frequently linked with state datasets in order to identify Native individuals who may have been misclassified as a different race or ethnicity. AI/AN is also defined as AI/AN alone or in combination with another race or ethnicity. Because of this process and definition of AI/AN, the data in this report may differ from data published by state or federal agencies that do not make these race corrections or utilize the same definition of AI/AN.

To provide a comparison group, Non-Hispanic Whites (NHW) were included because they make up the majority of the population. Depending on data sources, the definition of White may include Non-Hispanic and Hispanic because of data limitations and is defined as White.

When possible, rates were adjusted for age using the US Standard 2000 population. Population numbers from 2000-2009 (intercensal bridged race estimates) and 2010-2020 (postcensal bridged race estimates) were used to calculate rates.

When applicable, 95% confidence intervals (CI) were included as lines around the top of column/bar graphs and as dotted lines on trend graphs to show the precision of rate estimates. However, due to small population sizes of some groups, the rates presented here may be less stable, as shown by wider confidence intervals. This means some changes in rate estimates may not represent true differences, so caution should be used when interpreting the data.

Methodology (continued)

For trends over time, the figures in this report display a 3-year rolling average along the horizontal axis. This means that each data point represents the average of three years to ensure greater statistical stability. For example, a data point may be labeled "2010-2013", or simply as the last year (2013) for space purposes.

In some cases, data was suppressed due to data sharing policies with state or federal partners, along with the need to protect individual privacy and confidentiality. Additionally, gender-related data was limited, as there wasn't enough information to include identities beyond male and female, such as Two-Spirit, non-binary, and transgender individuals. One hope for the future is that state and federal surveillance systems will invest more resources in collecting data on people outside the gender binary to better support their health and well-being.

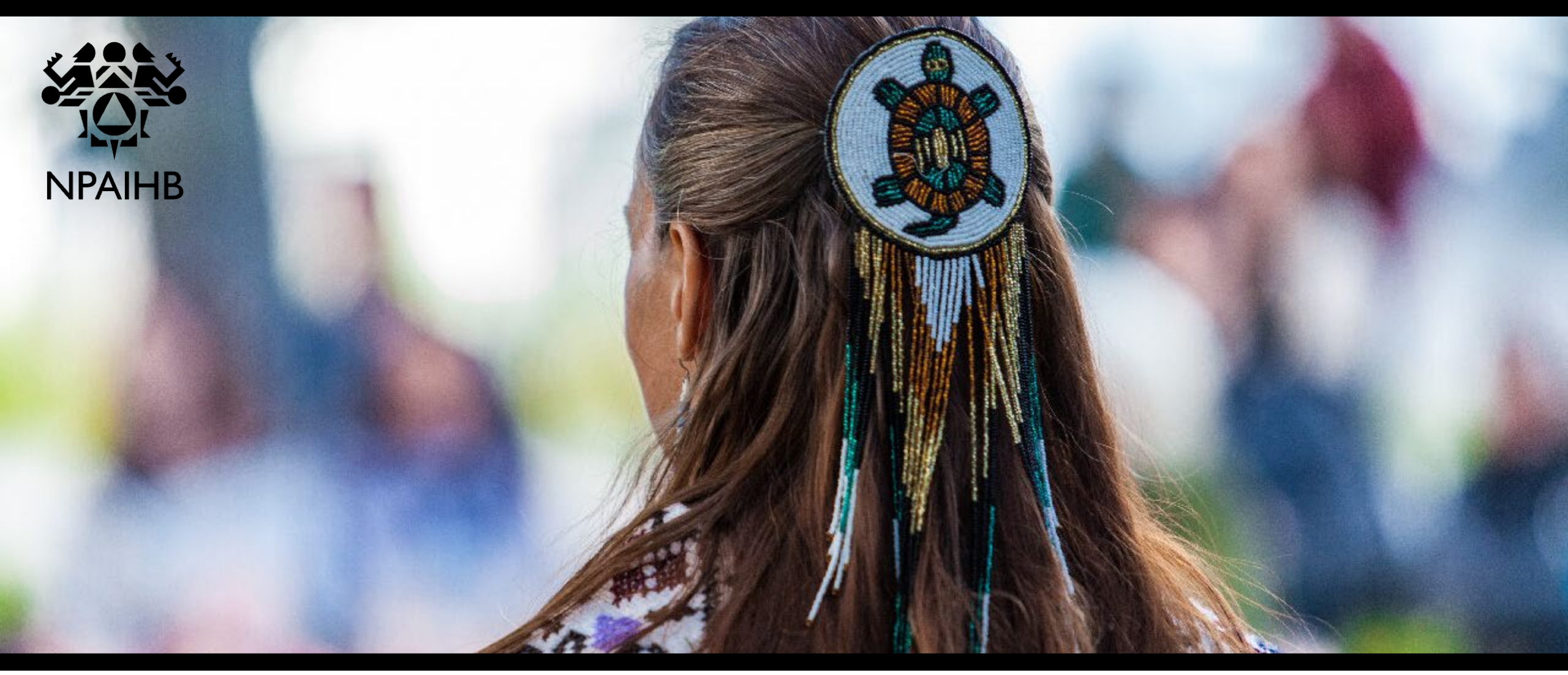
Data sources in this report include the following:

- The U.S. Census Bureau conducts the Decennial Census every 10 years and the American Community Survey annually to gather information on population distribution, social, and economic factors.
- The Centers for Disease Control and Prevention (CDC) collects communicable disease surveillance data and CDC's National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases, & Tuberculosis Prevention has developed an interactive tool called AtlasPlus that provides customizable tables on communicable diseases.
- CDC's Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey that provides data on health-related conditions and behaviors.
- The Cancer Data Registry of Idaho includes information on demographics, cancer site incidence, and stage at diagnosis. This data source was linked to the Northwest Tribal Registry to correct race misclassification among AI/AN Idaho residents.
- Idaho death certificate data contain demographics and cause of death information of Idaho residents. This data source was linked to the Northwest Tribal Registry to correct race misclassification among AI/AN Idaho residents.

Idaho State Demographics

Demographics provide information on the age, gender, and geographic distribution of a population. Demographics also include data on social and economic factors that influence people's health, including income levels, educational attainment, and employment status. This information can be an empowering asset to Tribal and urban AI/AN communities for making informed decisions about their communities and addressing disparities.

AI/AN comprise about 4.4% of the population in the Northwest region (Idaho, Oregon, and Washington). AI/AN in the Northwest have unique characteristics and differences when compared to the general and Non-Hispanic White (NHW) populations. This section describes key demographic characteristics of AI/AN in Idaho and includes data on age distribution, educational attainment, and economic indicators from the U.S. Census Bureau.



Population

Census Population Estimates

In 2020, there were 65,552 AI/AN living in Idaho. AI/AN represented about **3.6%** of the total state population (Table 1.1).

Table 1.1. Population by Race and Sex, 2020

	Male		Female		Total	
	Population	%	Population	%	Population	%
AI/AN	33,353	3.6	32,199	3.5	65,552	3.6
NHW	723,444	78.7	727,079	79.0	1,450,523	78.9
Other Races	162,399	17.7	160,632	17.5	323,031	17.6
All Races	919,196	100.0	919,910	100.0	1,839,106	100.0

Data Source: U.S. Census Bureau, 2020. Data Notes: Data are from the Decennial Census Table P12. AI/AN include people who identify as AI/AN alone or in combination with other races of both Hispanic and non-Hispanic ethnicity

Age Distribution

Figure 1.1. Age distribution of AI/AN by sex, 2021

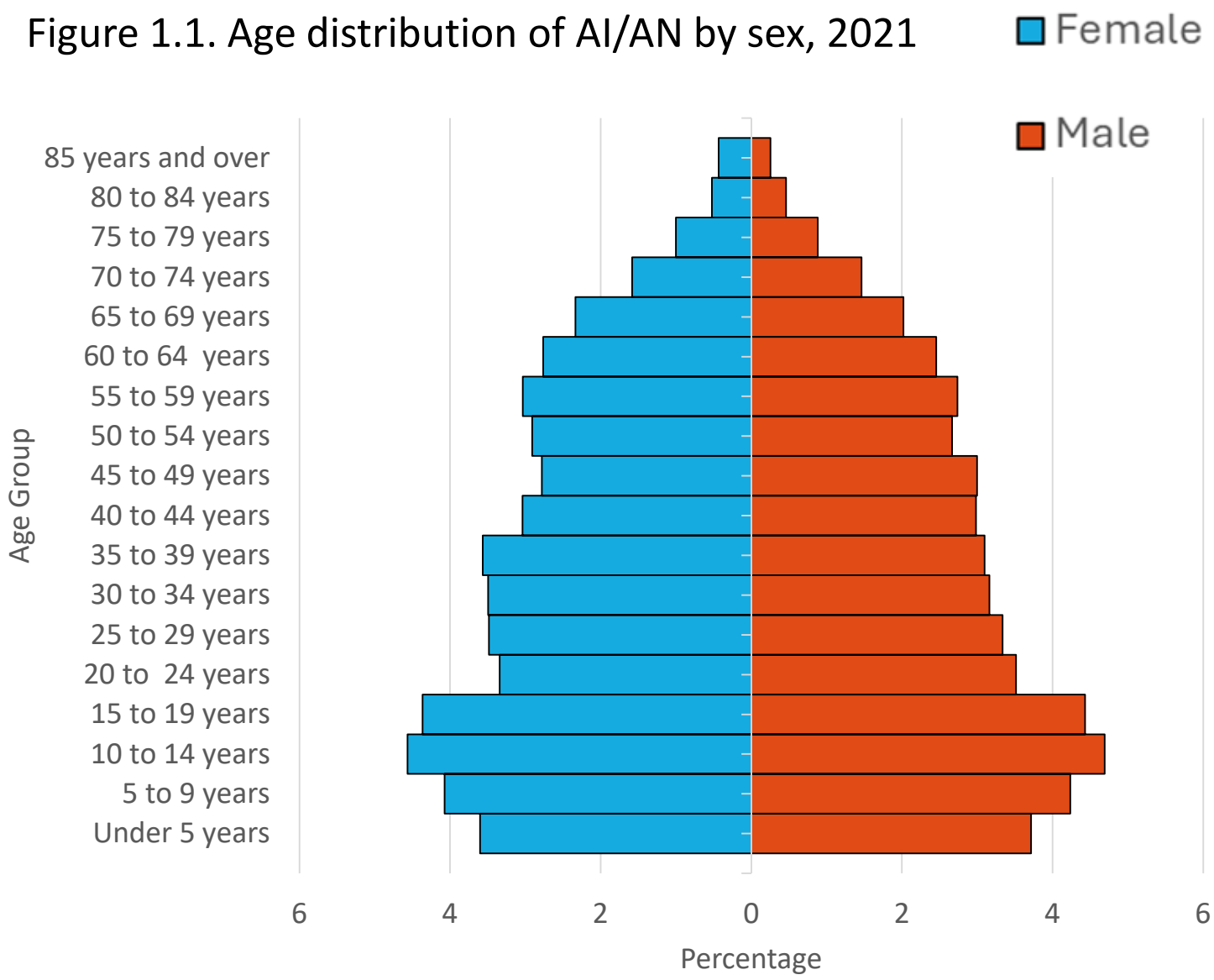
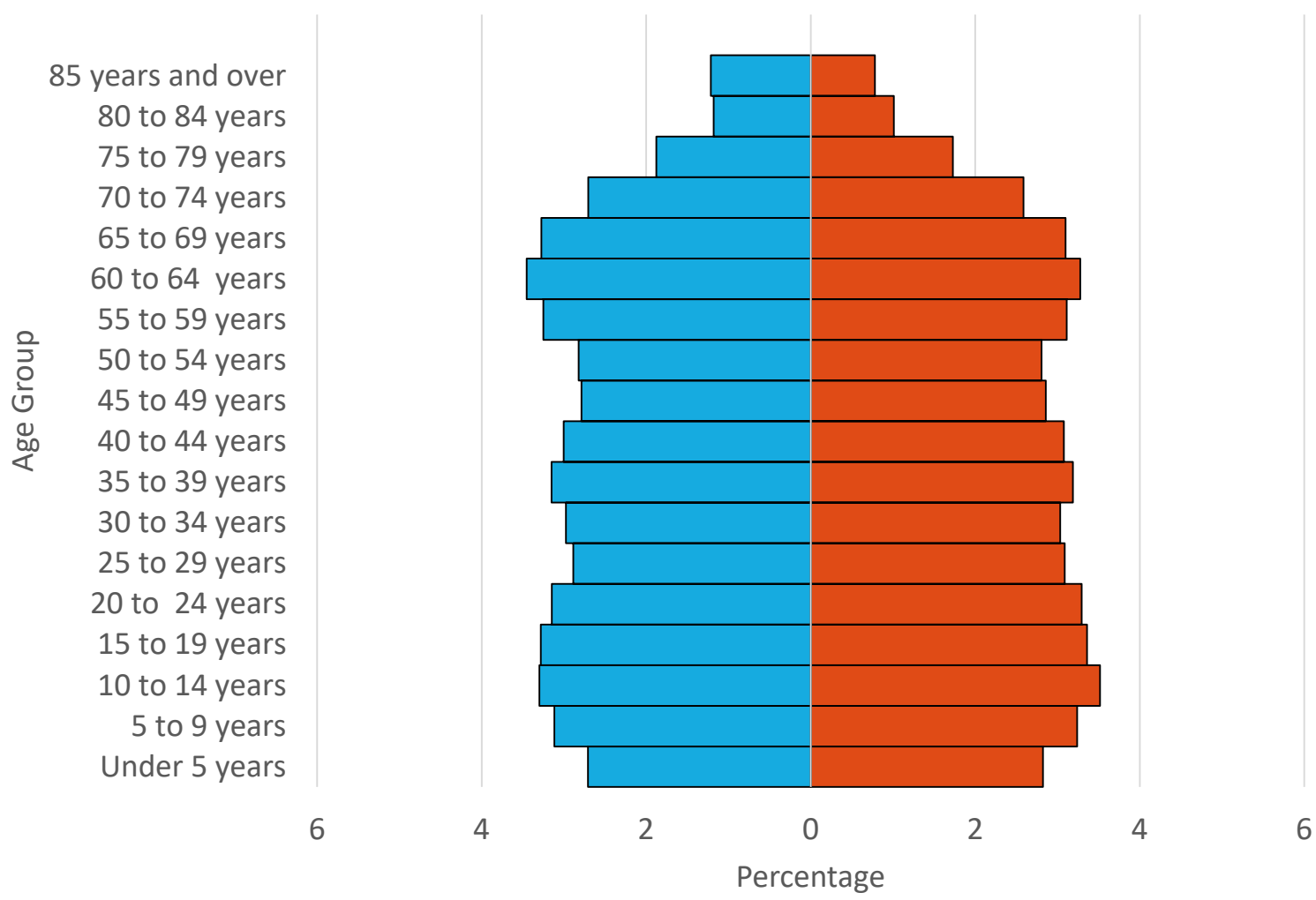


Figure 1.2. Age distribution of NHW by sex, 2021



On average, AI/AN people in Idaho **are younger** than NHWs in the state. In 2021, the median age for AI/ANs was **32.8 years**, 7.6 years younger than the median age for NHW (40.4 years).

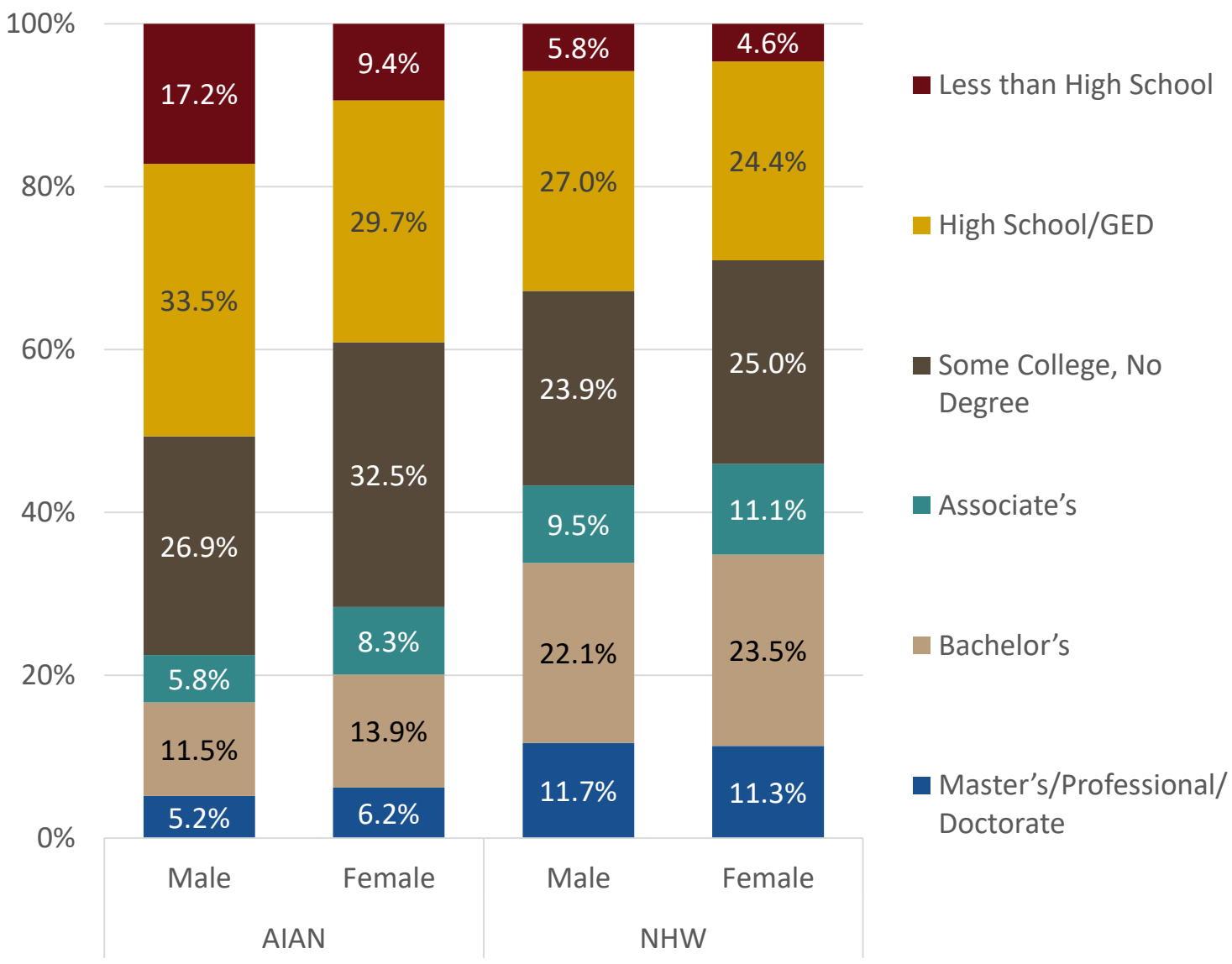
The age distributions of these two populations in Idaho are noticeably different. For example, the distribution for AI/AN (Figure 1.1) represents a younger, **growing** population.

Data Source: U.S. Census Bureau, 2021. Data Notes: Data are from American Community Survey 5-year Estimates Table B01002. AI/AN include people who identify as AI/AN alone or in combination with other races of both Hispanic and non-Hispanic ethnicity.

Educational Attainment

A higher proportion of AI/AN reported having a less than high school education and some college while a lower proportion obtained post-secondary educational degrees (e.g. Associate's, Bachelor's Master's, etc.) compared to NHW, highlighting a need to support AI/AN students entering and succeeding in college.

Figure 1.3. Highest level of educational attainment by race & sex, 2021



Compared to NHW, a higher percentage of AI/AN did not complete high school. About **33.5% of AI/AN males** and **29.7% of AI/AN females** had a high school diploma or GED as their highest degree of education. In comparison, 27.0% of NHW males and 24.4% of NHW females had this level of educational attainment.

AI/AN were more likely than NHW to have some college education but no degree. NHW females were most likely to have attained a post-secondary degree (45.9%), followed by NHW males (43.3%), AI/AN females (28.4%), and AI/AN males (22.5%).

Data Source: U.S. Census Bureau, 2021. Data Notes: Data are from American Community Survey 5-year Estimates Table B15002. AI/AN include people who identify as AI/AN alone or in combination with other races of both Hispanic and non-Hispanic ethnicity.

Economic Indicators

On average in 2021, AI/AN earned nearly $16,000 less median household income compared to NHW

Table 1.2. Economic indicators by race, 2021

Economic Indicator	AIAN	NHW
Median Household Income	$48,840	$64,579
Percent of Families in Poverty	16.3%	6.4%
Percent of People in Poverty	20.9%	9.6%
Percent of Children in Poverty	25.8%	10.6%
Percent Unemployed	7.8%	3.8%
Receives Food Stamp Benefits	17.2%	7.8%

AI/AN families, individuals, and children were more than twice as likely to live in poverty than NHW in Idaho. In 2021, almost 7.8% of AI/AN were unemployed. Additionally, 17.2% of AI/AN received food stamp benefits compared to 7.8% NHW.

Data Source: U.S. Census Bureau, 2021. Data Notes: Data are from American Community Survey 5-year Estimates Table B17001, B17006, B22001, B23025. AI/AN include people who identify as AI/AN alone or in combination with other races of both Hispanic and non-Hispanic ethnicity

Chronic Diseases in Idaho

Chronic diseases, such as heart disease and diabetes, are the leading causes of death and disability in the United States.[1] The Centers for Disease Control and Prevention suggests that many preventable chronic diseases are caused by common risk behaviors: smoking, poor nutrition, physical inactivity, and excessive alcohol use. Some communities are at higher risk due to conditions where they are born, live, work, and age – these factors are known as social determinants of health. Social determinants of health can positively or negatively influence opportunities to make healthy choices and receive adequate medical care.

A shift in disease prevalence has occurred from predominately acute illness to chronic illness as adults 65 and older comprise a larger proportion of the Native population than ever before.[2] The Indian Health Service reports diabetes, cardiovascular disease, and Alzheimer's disease and related dementias have emerged as the leading causes of morbidity and mortality among aging AI/AN.[3] In 2020, about 28.5% of AI/AN people ages 18 and above reported regular chronic pain, whereas, among White 23.4% reported chronic pain.[4]

---

1. About Chronic Diseases | Chronic Disease. Centers for Disease Control and Prevention. Accessed June 20, 2024. https://www.cdc.gov/chronic-disease/about/index.html.

2. Manson SM, Buchwald DS. Aging and Health of American Indians and Alaska Natives: Contributions from the Native Investigator Development Program. J Aging Health. 2021 Aug-Sep;33(7-8_suppl):3S-9S. doi: 10.1177/08982643211014399. PMID: 34167345; PMCID: PMC8627114.

3. Indian Health Service. (2019). Disparities [fact sheet]. https://www.ihs.gov/newsroom/factsheets/disparities/

4. National Center for Health Statistics. Percentage of regularly experienced chronic pain for adults aged 18 and over (95% confidence intervals), United States, 2020. National Health Interview Survey. Generated interactively: Jul 29 2024 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html

Chronic Diseases in Idaho

The Northwest Portland Area Indian Health Board is committed to addressing these existing health disparities and to closing the health outcome gap between AI/AN and other racial-ethnic groups. Programs such as the Western Tribal Diabetes Project empower tribal communities to utilize diabetes data at the local level to track the Indian Health Service Standards of Care for Patients with Type 2 Diabetes, ensure patients receive timely care, improve case management, identify gaps in care, and better address program planning.

Idaho death certificate data provide information on cause of death for Idaho residents who died in Idaho. This report is produced using the Idaho death certificates from 2006 to 2020, which summarizes the burden of chronic conditions like stroke, diabetes, cardiovascular and heart diseases among AI/AN population in Idaho. These records were linked to the Northwest Tribal Registry to correct for race misclassification among American Indian/ Alaska Native (AI/AN) Idaho residents. The data were limited to AI/AN and Non-Hispanic White (NHW) deaths. Mortality rates are age-adjusted and reported as per 100,000 persons.

CHRONIC DISEASES

Cardiovascular Disease (CVD)

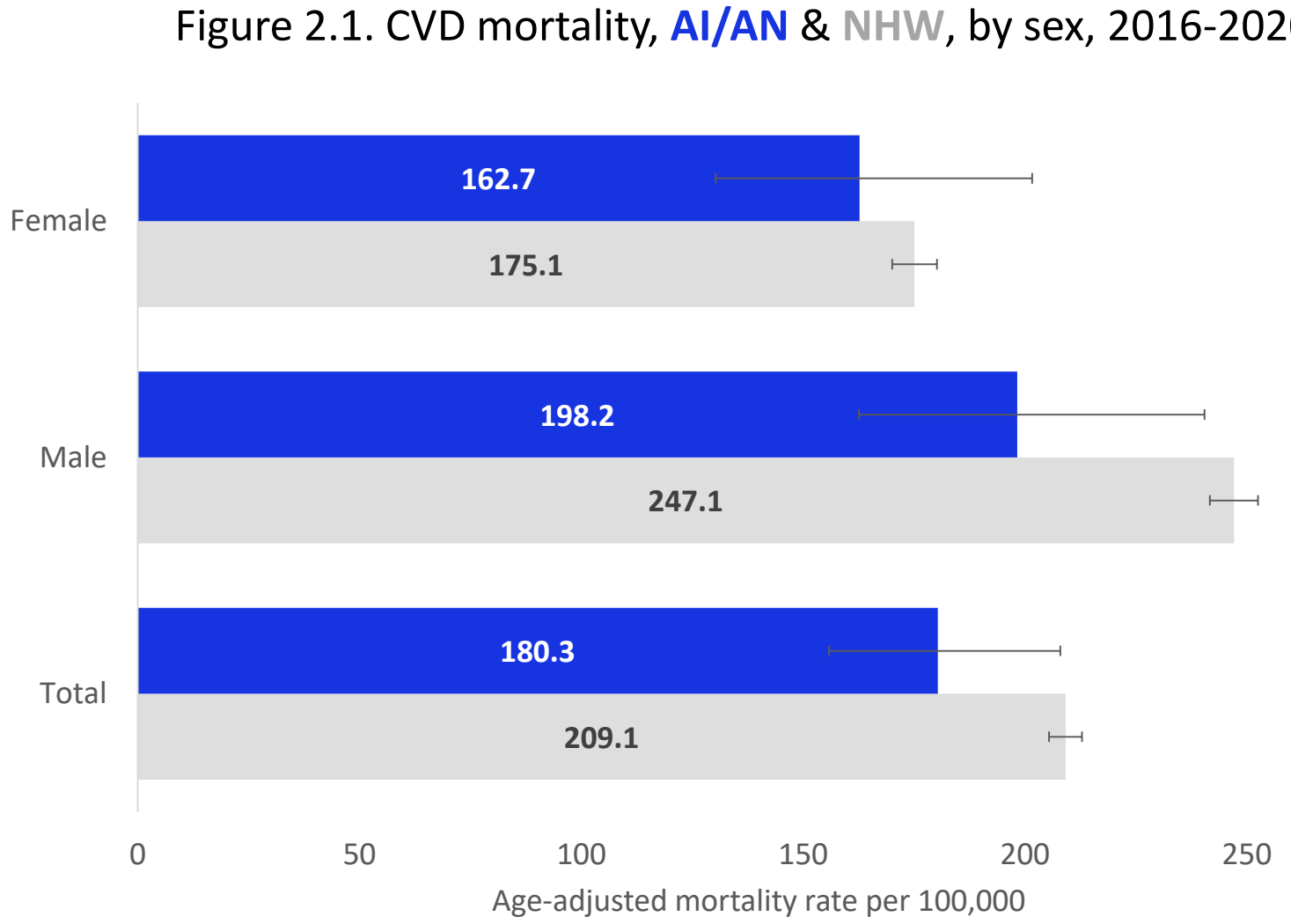
CVD is the term for all types of diseases that affect the function of the heart or blood vessels

AI/AN females had approximately **7%** lower CVD mortality rate compared to **NHW** females.

AI/AN males had a **20%** lower CVD mortality rate compared to **NHW** males.

AI/AN people experienced **14%** lower CVD mortality rates compared to **NHW** people.

Figure 2.1. CVD mortality, **AI/AN** & **NHW**, by sex, 2016-2020



NPAIHB's IDEA-NW project works to address racial misclassification of AI/AN people by correcting inaccurate race information in health datasets. Without race correction, 26 CVD deaths among AI/AN would not have been represented from 2016-2020. This would have resulted in AI/AN rates incorrectly lowered by up to 14%.

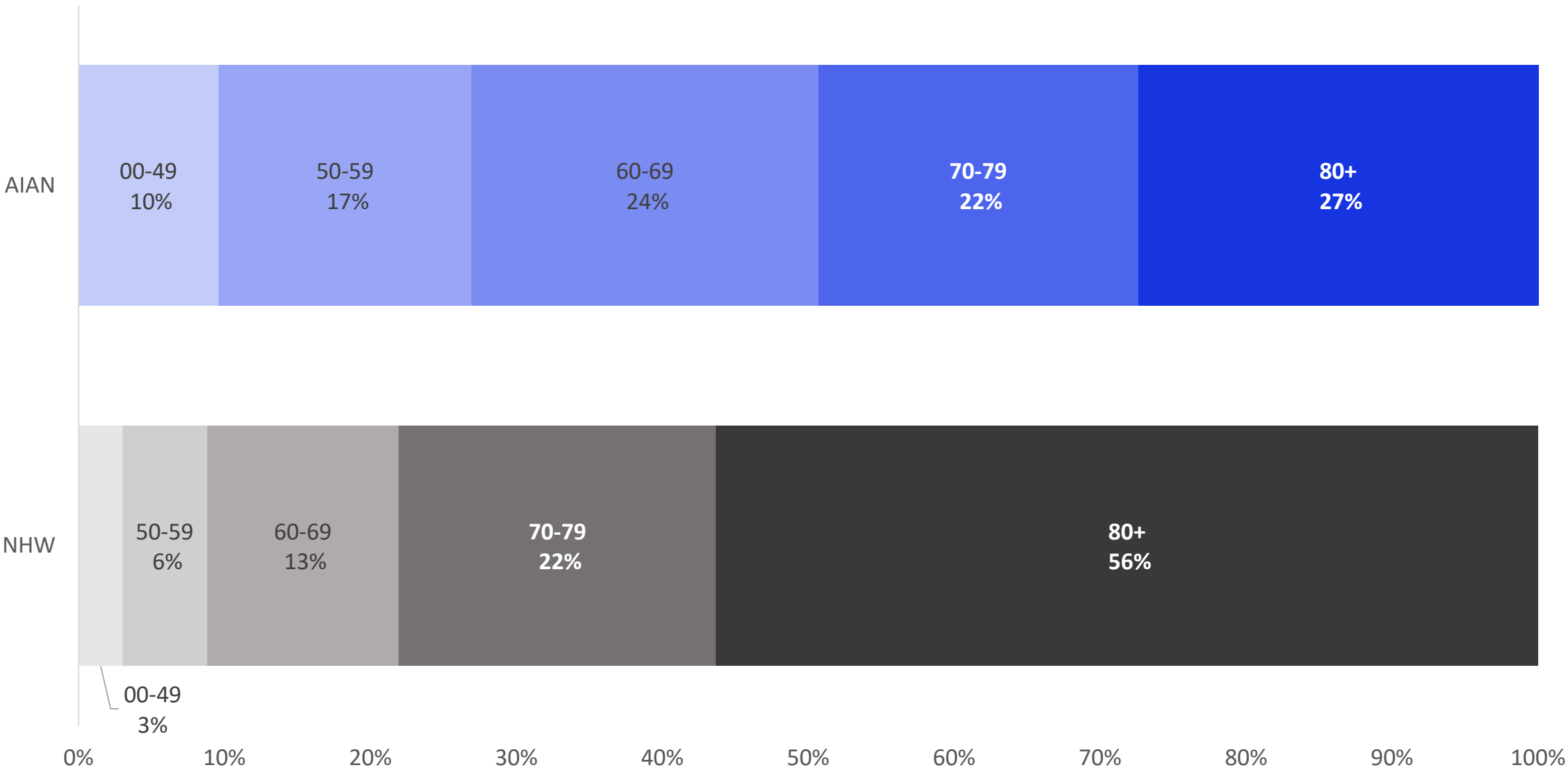
Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Cardiovascular Disease (CVD)

AI/AN died from CVD at a **younger** age than **NHW** in Idaho. Only **27%** of CVD related deaths occurred among **AI/AN** individuals 80+ years old compared to **56%** of **NHW** CVD deaths.

Figure 2.2. Percentage of CVD mortality, **AI/AN** & **NHW**, by age, 2016-2020



Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

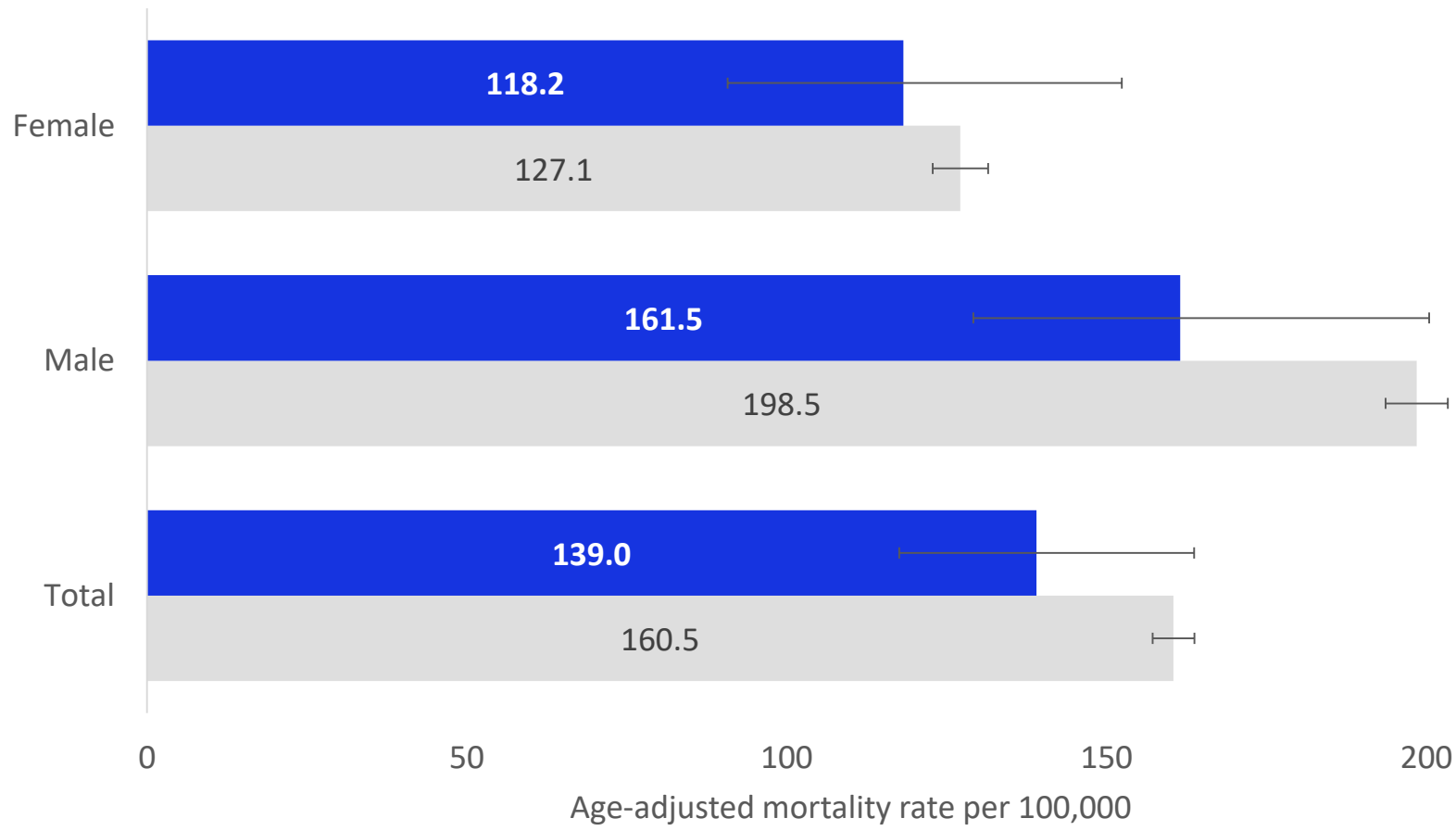
Heart Disease

Heart disease is a phrase for a variety of conditions that affect the heart's structure and function. All heart diseases are CVDs, but not all CVDs are heart disease.

Overall, **AI/AN** had an estimated **13%** lower heart disease mortality rate than **NHW**.

Among **AI/AN** and **NHW**, males seemed to face elevated heart disease mortality rates compared to females.

Figure 2.3. Heart disease mortality, **AI/AN** & **NHW**, by sex, 2016-2020



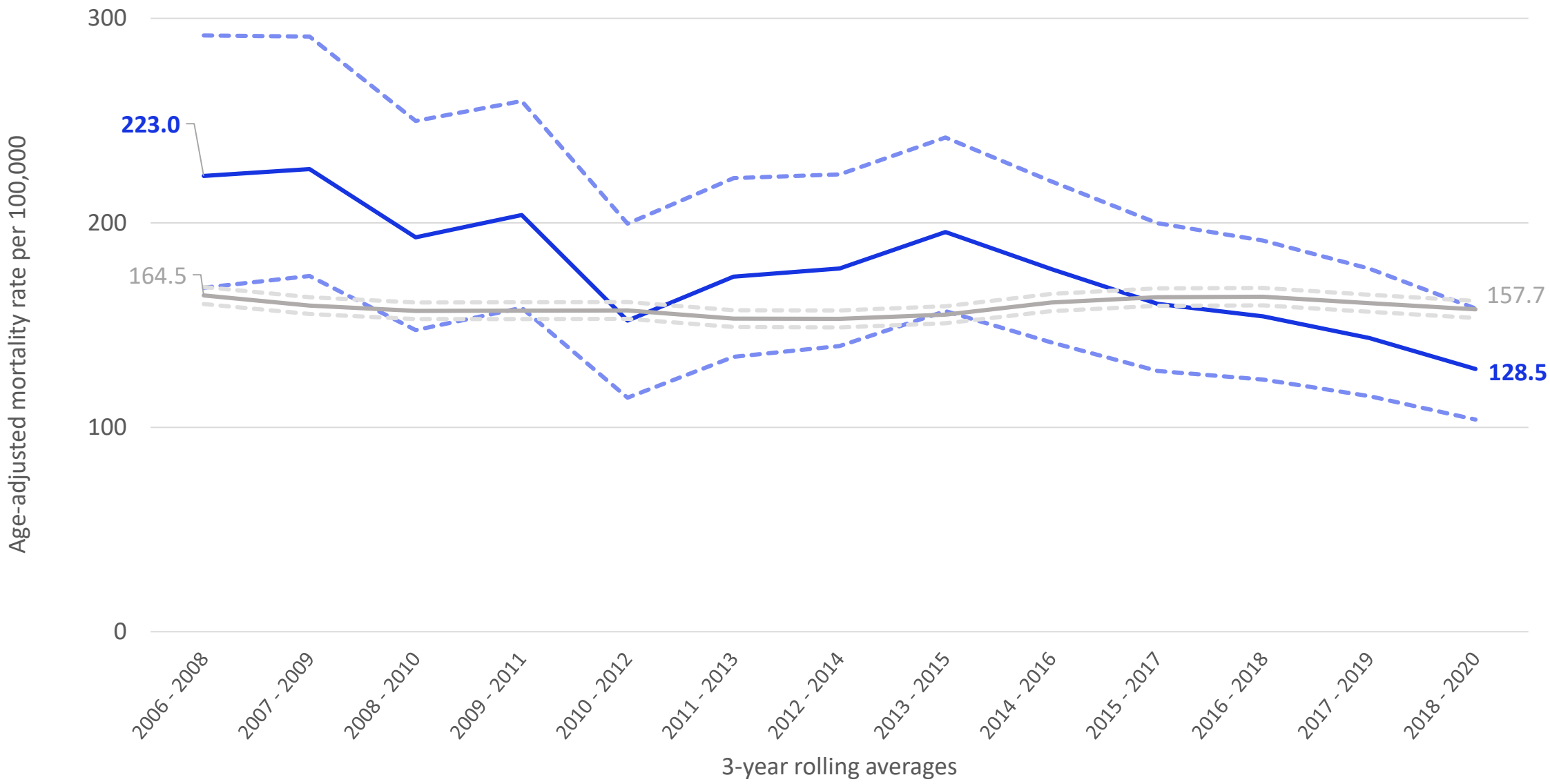
Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Heart Disease

Over the past two decades, heart disease mortality rate has decreased among **AI/AN** by **42%**. The **NHW** rate has remained relatively steady in the same period.

Figure 2.4. Heart disease mortality, **AI/AN** & **NHW**, 2006-2020



Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Stroke

Stroke can occur when blood flow to the brain is blocked or there is sudden bleeding in the brain.

Figure 2.5. Stroke mortality, **AI/AN** & **NHW**, by sex, 2016-2020

Stroke mortality rates were **similar** between **AI/AN** and **NHW** across sexes.

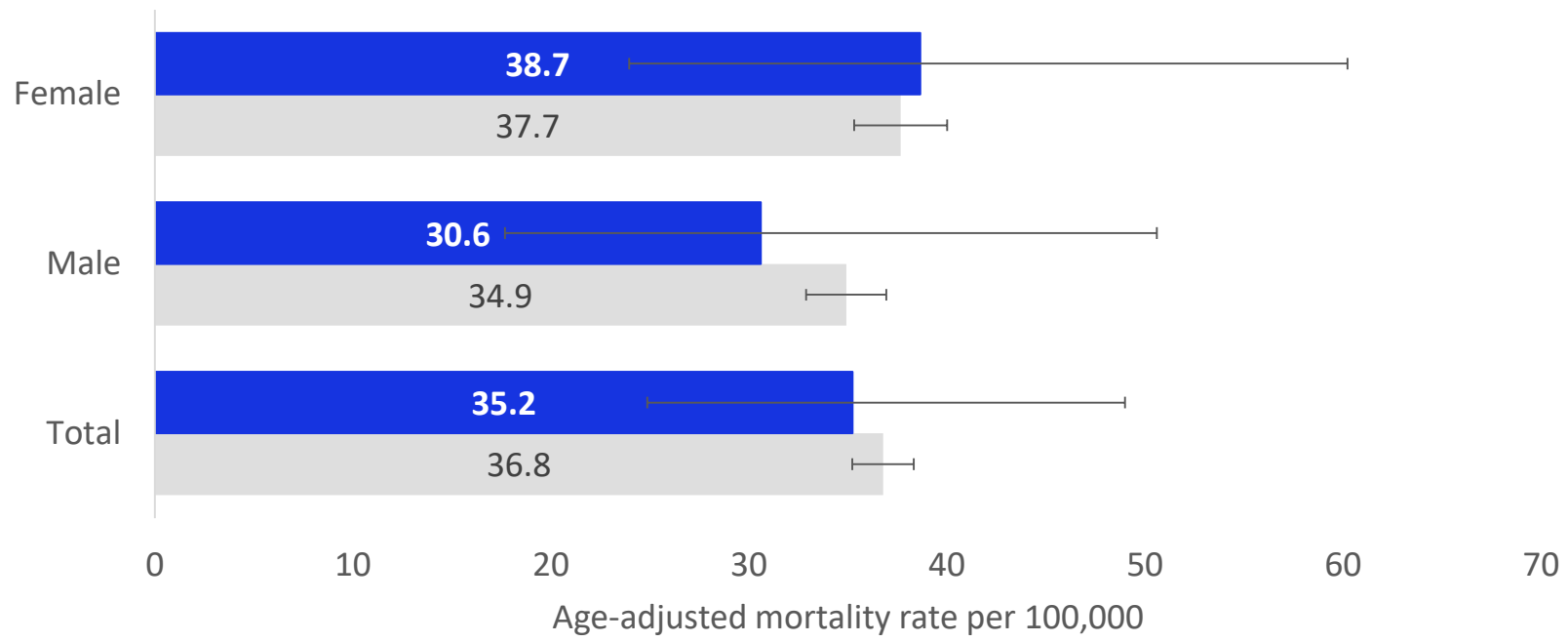
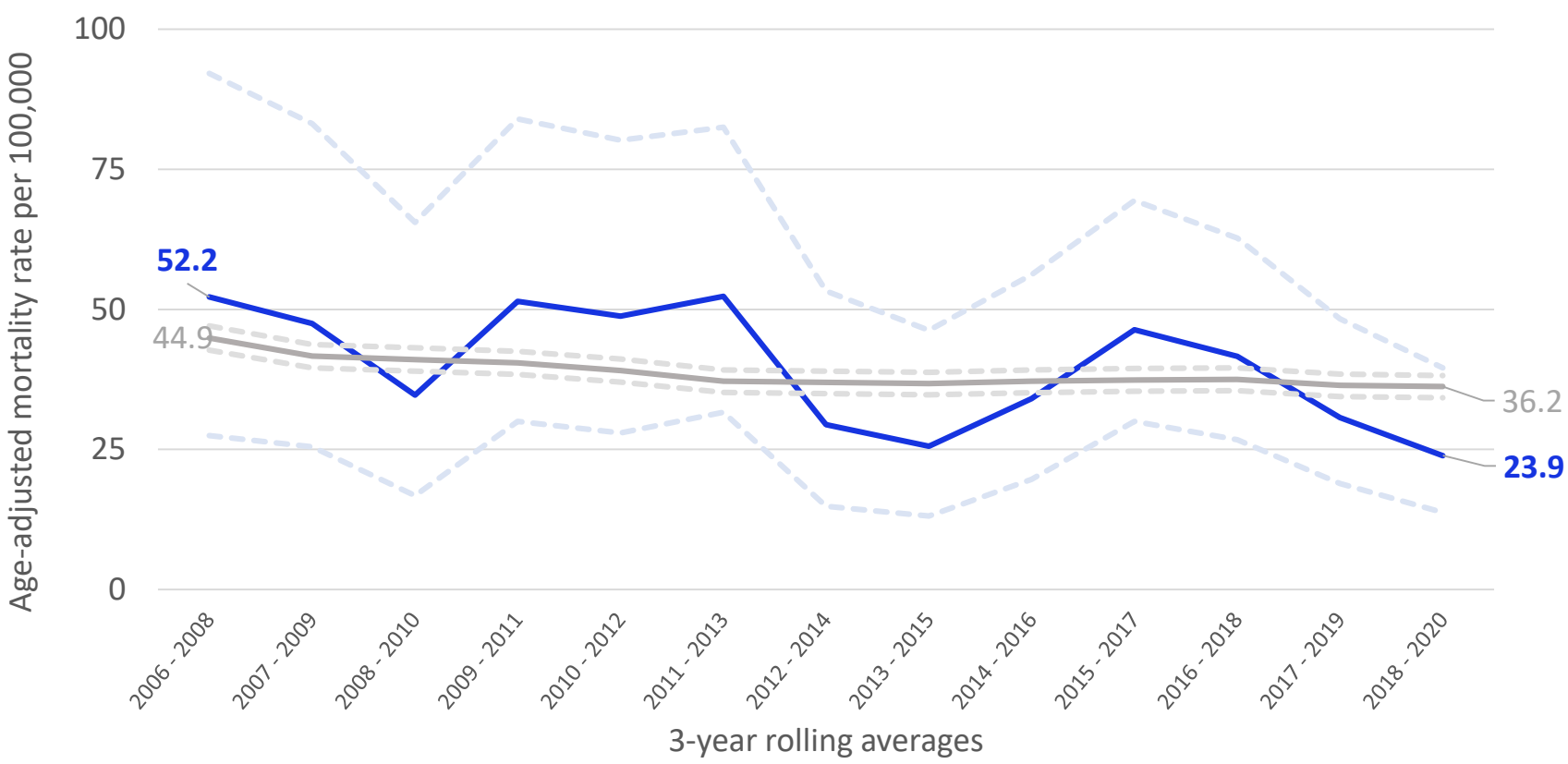


Figure 2.6. Stroke mortality, **AI/AN** & **NHW**, 2006-2020



The stroke mortality rate among **AI/AN** **decreased by 54%** from 2008 to 2020.

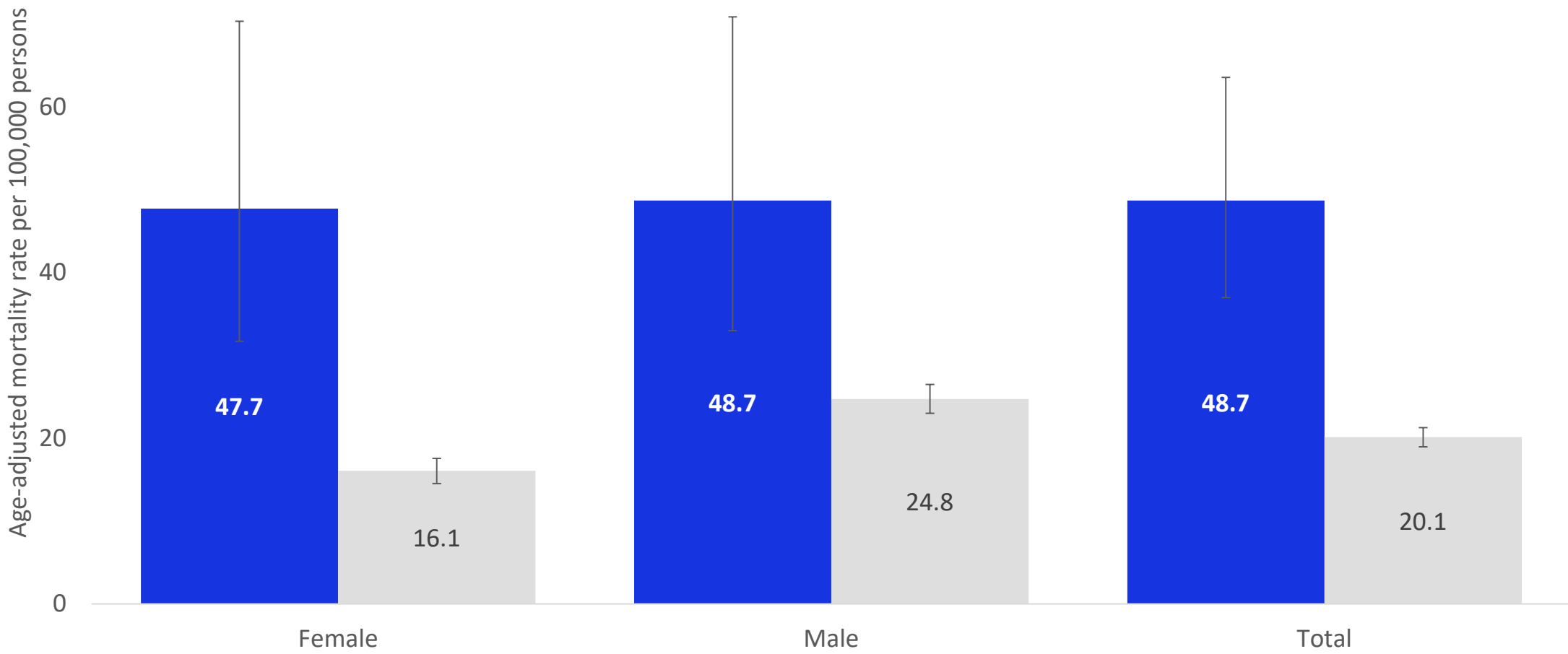
Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Diabetes

Diabetes is a chronic health condition that affects how the body processes glucose, a sugar that is the body's main source of energy.

Figure 2.7. Diabetes mortality rates, **AI/AN** & **NHW**, by sex, 2016-2020



AI/AN people experienced a diabetes mortality rate over **twice** the rate of **NHW** people.

Among **AI/AN females**, the diabetes mortality rate was almost **3 times** the **NHW female** diabetes mortality. Among **AI/AN males**, the diabetes mortality rate was over **twice** the **NHW male** rate.

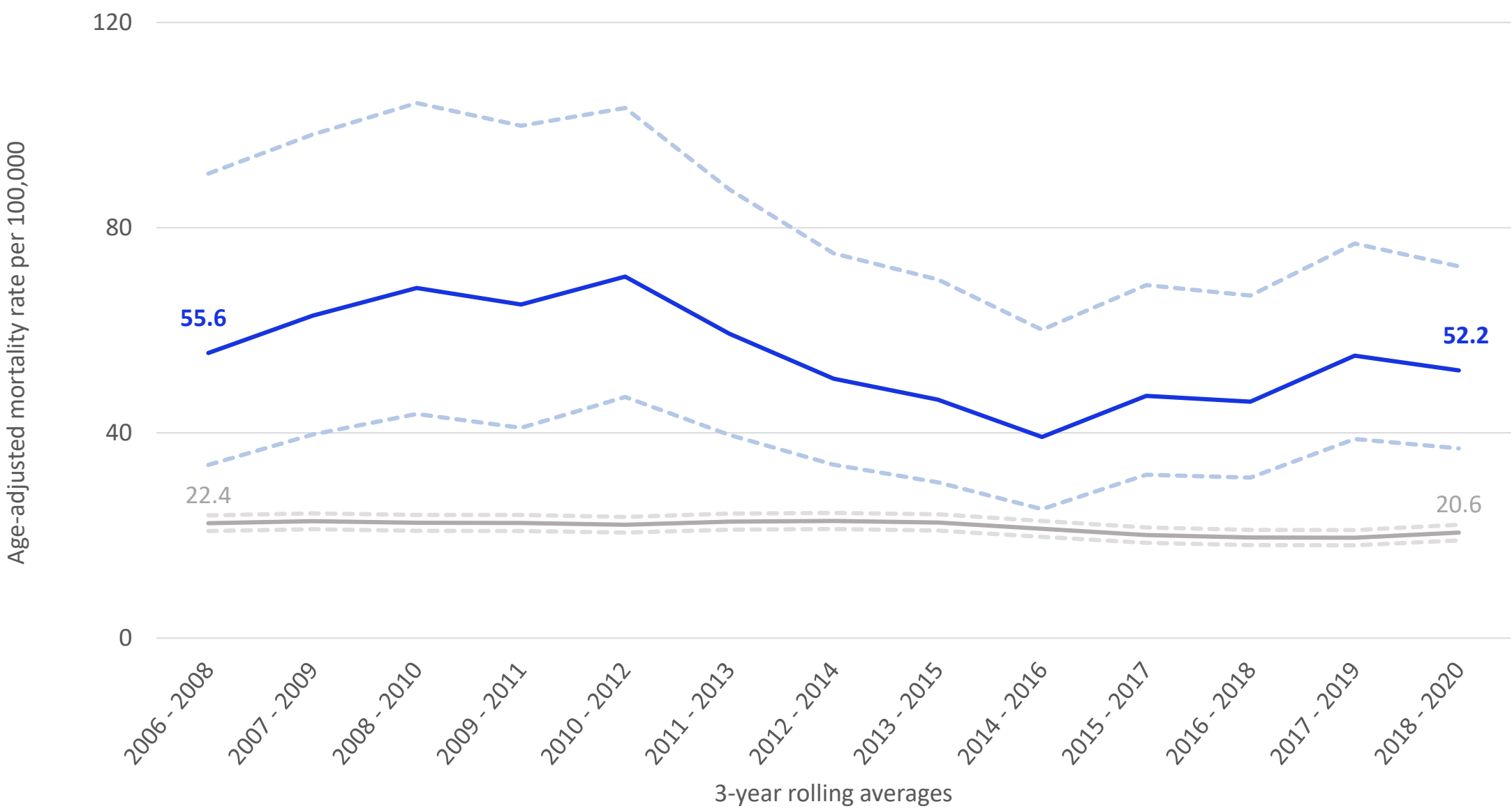
Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Diabetes

From 2006-2020, diabetes mortality has fluctuated among **AI/AN** but stayed consistent among **NHW**. The mortality rate among **AI/AN** has remained around twice as high compared to the rates among **NHW**.

Figure 2.8. Diabetes mortality rates, **AI/AN** & **NHW**, 2006-2020



Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

Cancer in Idaho

Cancer, a genetic disease altering the normal growth and spread of cells in the body, is among the leading causes of death worldwide. There are over 100 different cancers with breast, lung and bronchus, prostate, and colorectal cancers making up nearly half of all new cases nationally.[5] Though the diverse disease has many presentations and several causes still unknown, some factors are associated with a higher risk of cancer, including age, excessive alcohol and commercial tobacco consumption, sunlight and radiation exposure, obesity, and exposure to some infectious agents.[6]

Nationally, Native populations display unique cancer patterns because of cultural norms, environmental influences, lifestyle factors, and history of institutionalized racism. Many Native languages do not have a word for *cancer;* in some tribal communities, cancer has only recently been openly discussed. In the Pacific Northwest and nationally, AI/ANs are more likely to report no usual source of health care than other race groups.[7] Several of these risk factors could contribute to a documented unequal national burden of cancer on Native communities, with cancer rates significantly higher in the AI/AN population than in the non-Hispanic White (NHW) population for lung cancer, colorectal cancer, kidney cancer, liver cancer, stomach cancer, and myeloma.[8] Nationally aggregated data, however, masks the regional differences in cancer trends. This profile provides a snapshot of the cancer story for AI/AN living in Idaho, sourced from the Cancer Data Registry of Idaho (CDRI) and Idaho Death Records, both corrected for racial misclassification.

The Northwest Tribal Comprehensive Cancer Program (NTCCP) has existed for over 20 years and was the first CDC funded Tribal Comprehensive Cancer Project. NTCCP offers resources to 43 Tribes in Oregon, Washington, and Idaho and hosts coalition meetings twice a year to bring Tribal community members who work on Cancer Prevention and Control together. We offer four work groups on prevention, screening, data, and survivorship and also provide technical assistance, cancer materials, updated cancer data, cancer mini-grants, Kiki the large inflatable colon, trainings, and support on identifying speakers and resources. NTCCP can help Tribal programs and communities identify cancer prevention and treatment resources.

---

5. National Cancer Institute. (2024). *Cancer Stat Facts: Common Cancer Sites*. SEER. https://seer.cancer.gov/statfacts/

6. *What is cancer?*. National Cancer Institute. (2024). https://www.cancer.gov/about-cancer/understanding/what-is-cancer

7. Centers for Disease Control and Prevention (CDC): Behavioral Risk Factor Surveillance System Survey Data [Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2016-2020]]

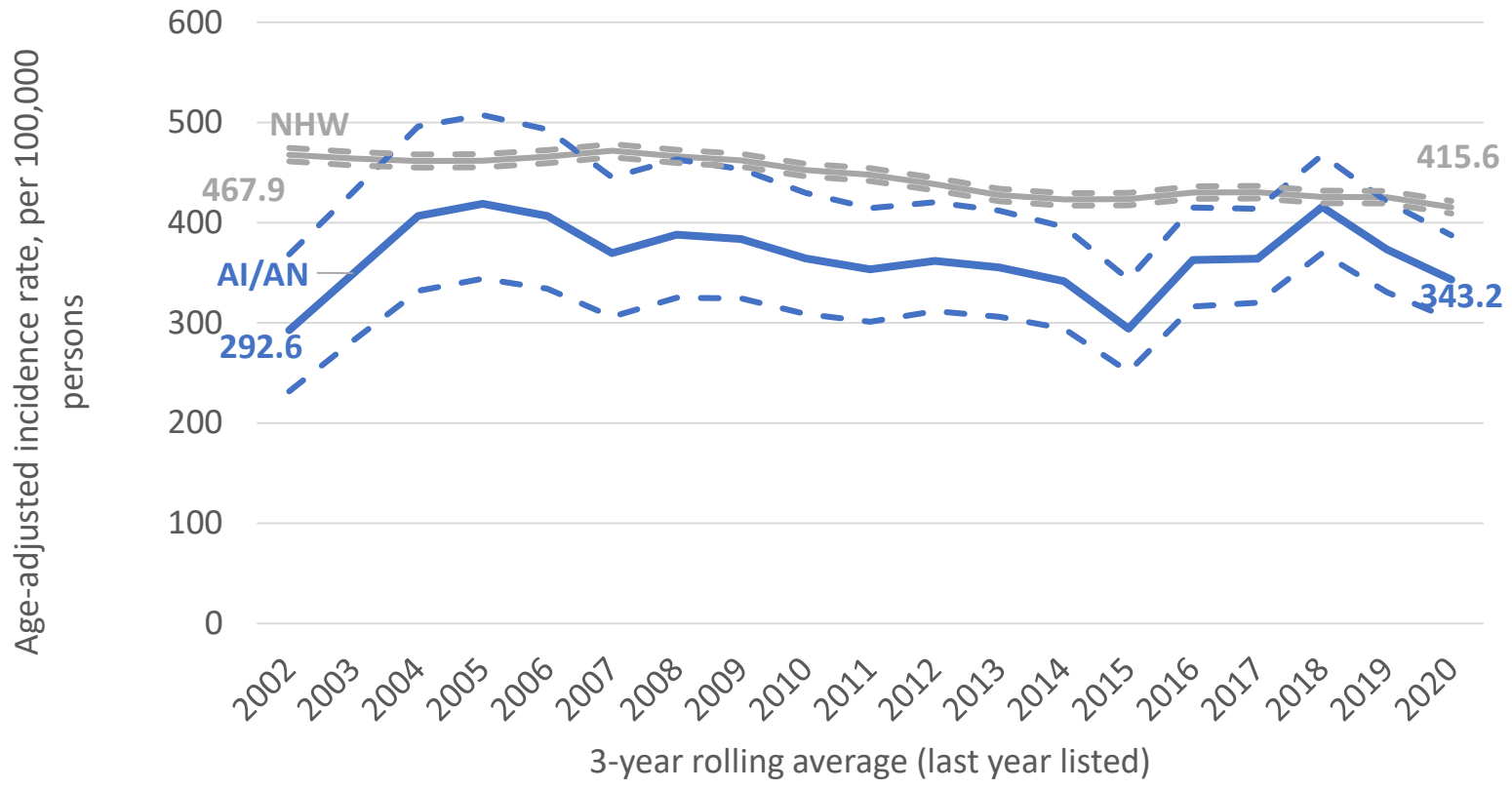
8. Melkonian, S. et al. (2019). Disparities in cancer incidence and trends among American Indians and Alaska Natives in the United States, 2010–2015. *Cancer Epidemiology, Biomarkers & Prevention*, *28*(10), 1604–1611. https://doi.org/10.1158/1055-9965.epi-19-0288

CANCER

All-site incidence

Cancer incidence measures the number of new diagnoses in a population during a specific time period. From 2016 – 2020, the rate of new cancers in **AI/AN was about 372.5 cases per 100,000 persons**, compared to **421.2 among** NHW (not shown).

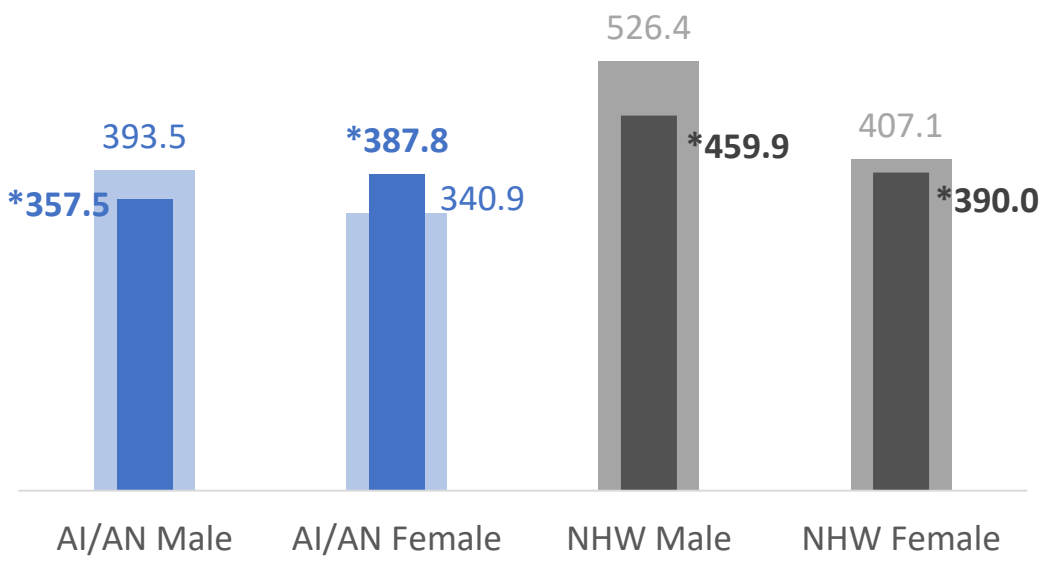
Fig 3.1. Incidence rate of invasive cancer in **AI/AN** & **NHW** per 100,000 persons, 2000 - 2020



The rate of all-site cancer incidence **increased about 17.3%** among **AI/AN** in the last 20 years. The incidence rate among NHW **decreased 11.2%.**

Cancer incidence has **increased 13.8%** among **AI/AN** females since 2006-2010.

Fig 3.2. Age-adjusted rate of newly-diagnosed invasive cancers in **AI/AN** & **NHW** males and females, 2006-2010 & **2016-2020*** (per 100,000 persons)



Data Source: Cancer Data Registry of Idaho, 2000-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CANCER

All-site mortality

Cancer mortality measures the number of cancer deaths in a population during a specific time period. The rate of cancer mortality in **AI/AN** in 2016-2020 was **133.4 deaths per 100,000 persons**, compared to **141.4** among **NHW** (not shown).

Cancer mortality rates have **decreased** since 2006, among **AI/AN** and **NHW**.

Fig 3.3. Mortality rate of invasive cancer in **AI/AN** & **NHW** per 100,00 persons, 2006 - 2020

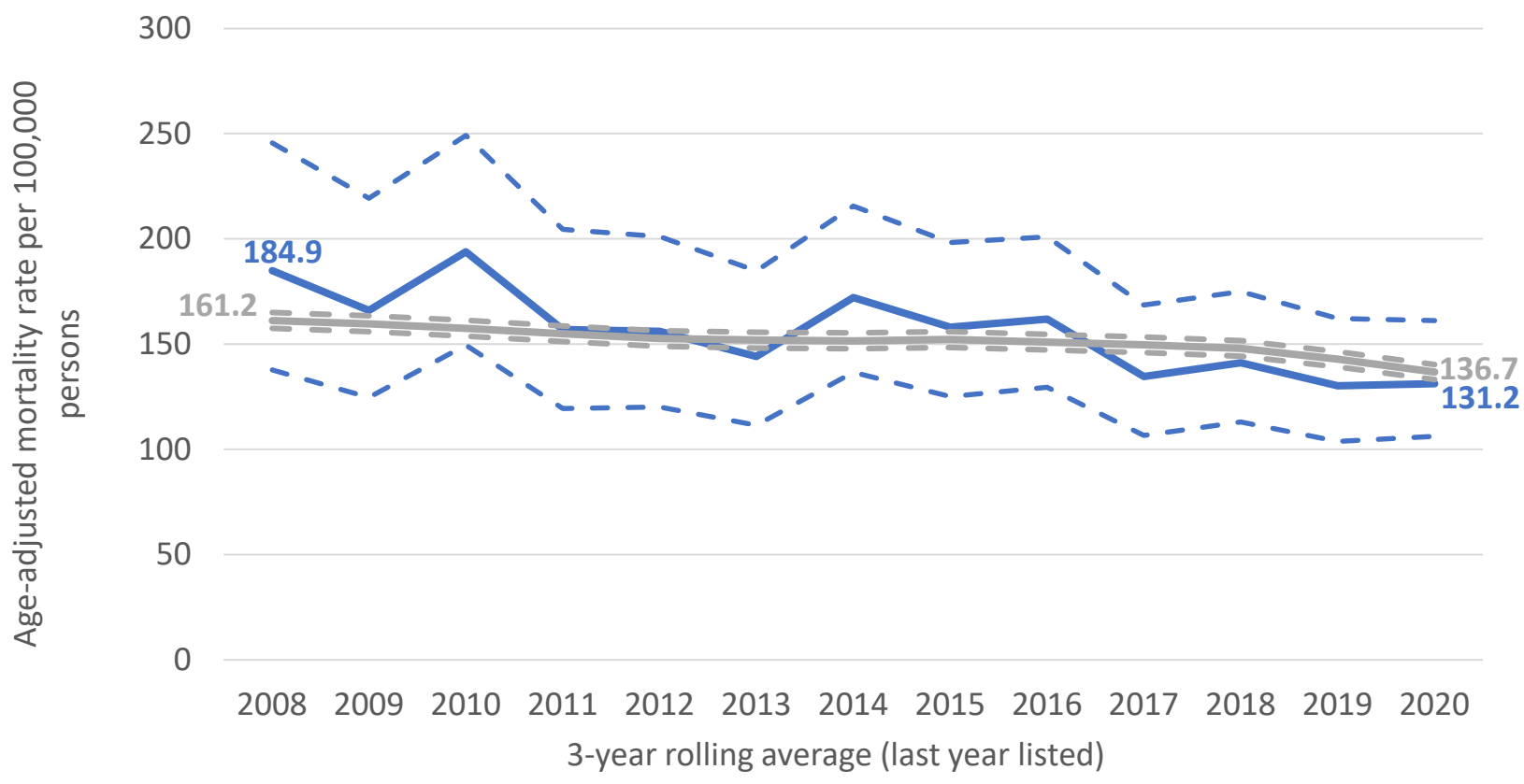
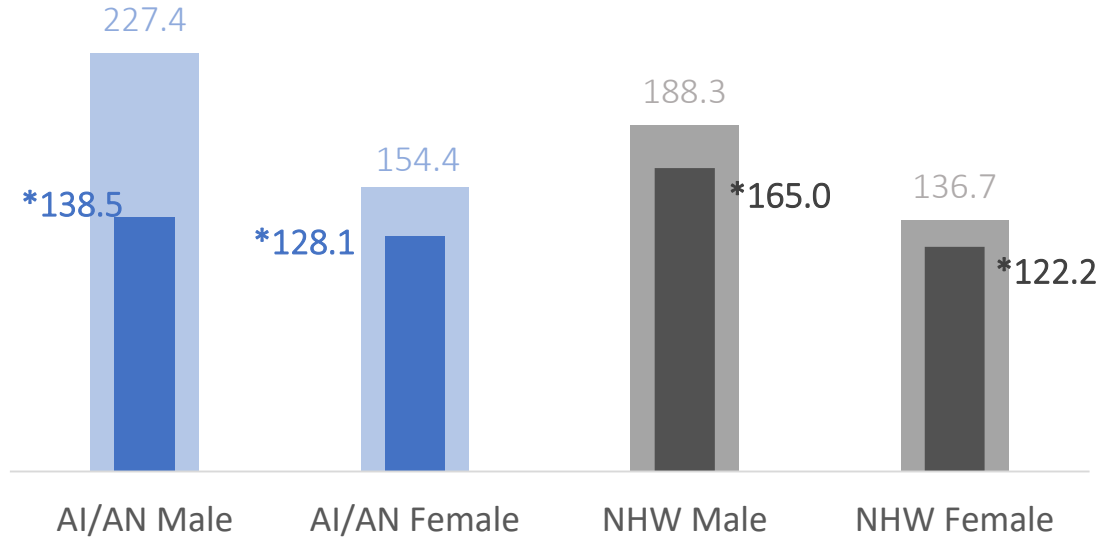


Fig 3.4. Age-adjusted rate of cancer-related mortality in **AI/AN** & **NHW** males and females, 2006-2010 & **2016-2020*** (per 100,000 persons)



Cancer mortality among **AI/AN males** has **decreased over 39%** in the last 10 years.

Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CANCER

Top 5 cancer sites among AI/AN: *Incidence*

Over half of all new cancers diagnosed in **AI/AN females** are breast, lung & bronchial, or colorectal cancers. Over half of new cancers diagnosed in **AI/AN males** are represented by the top 5 cancer sites shown in Figure 3.6.

Fig 3.5. Age-adjusted incidence rates by cancer site for **AI/AN** & **NHW** females (rate per 100,000), 2016-2020

AI/AN females are diagnosed with breast cancers at a **lower** rate than their **NHW** counterparts.

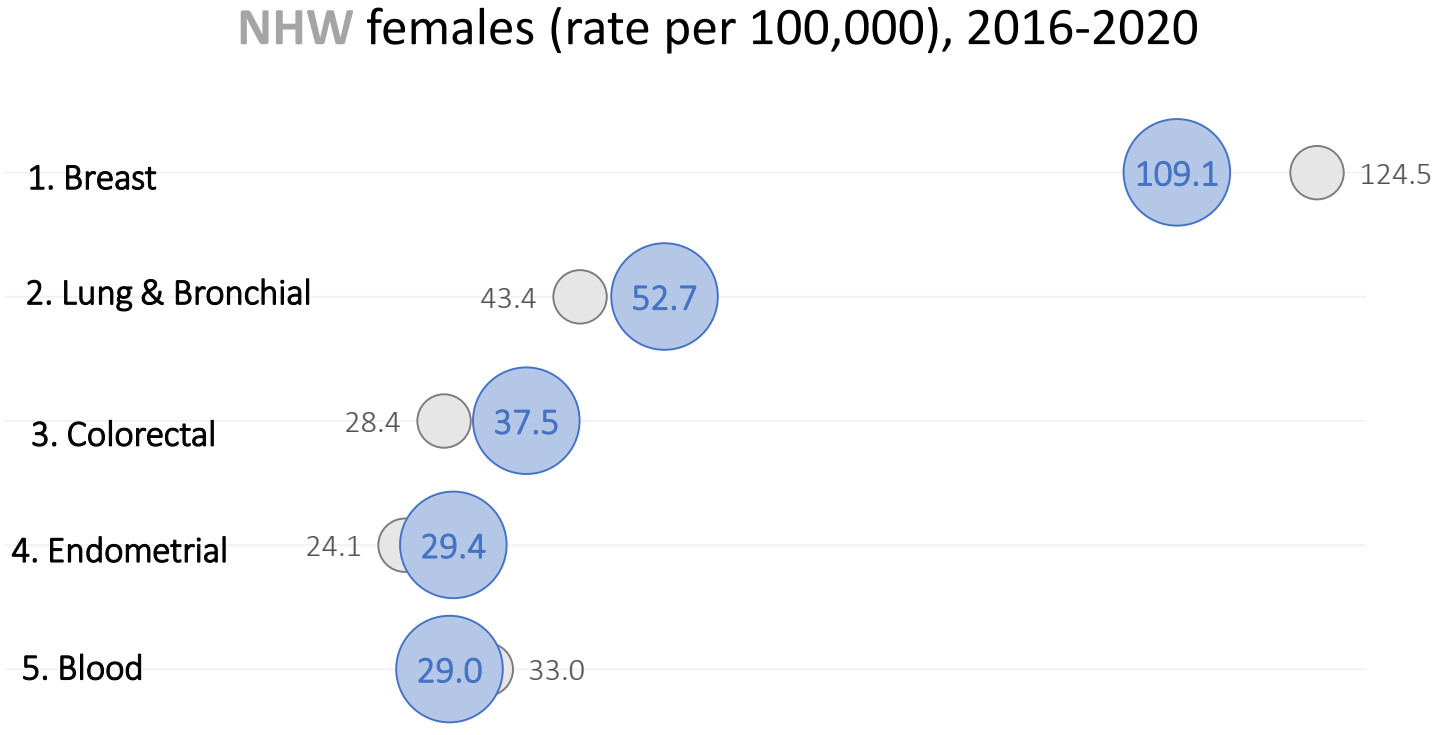
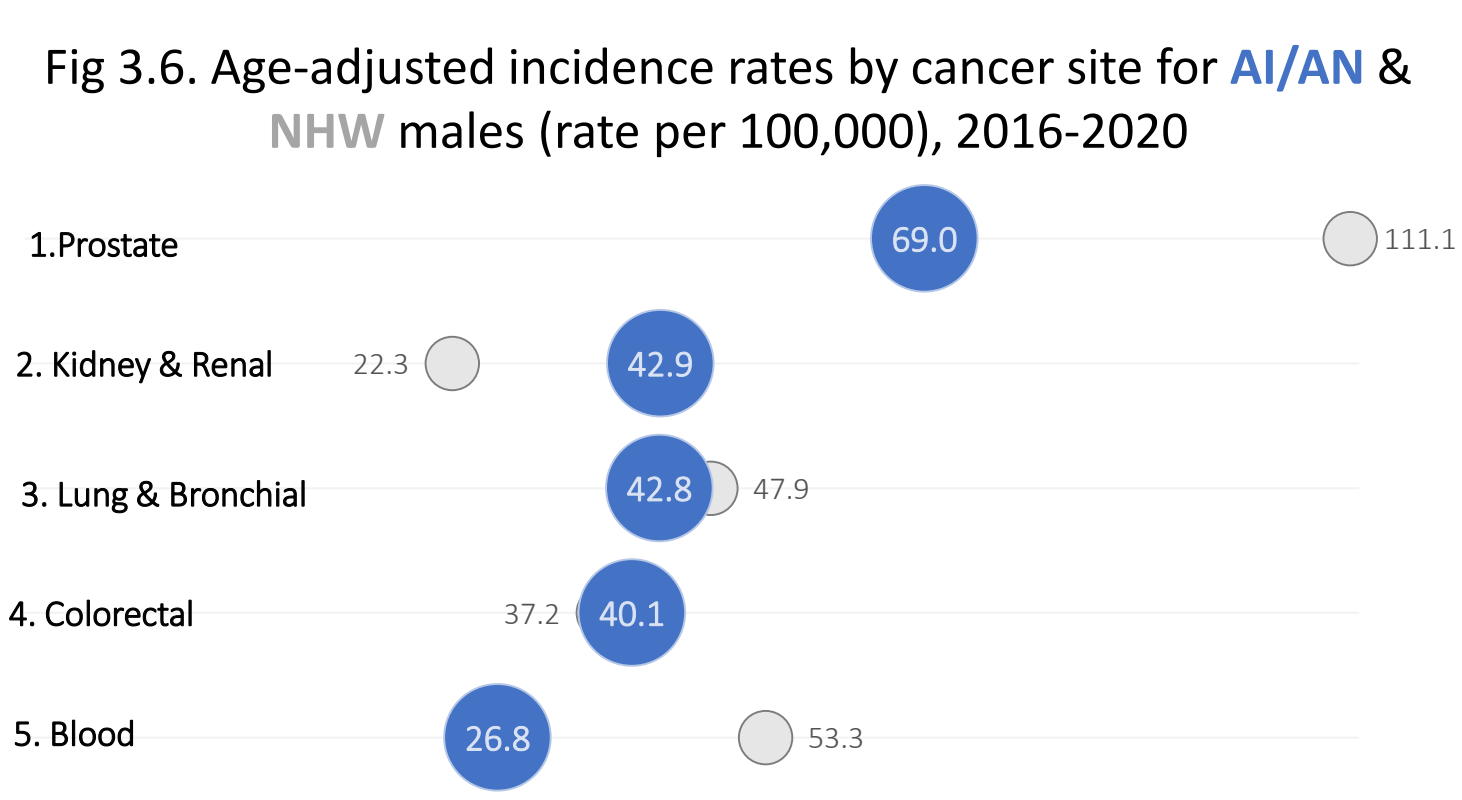


Fig 3.6. Age-adjusted incidence rates by cancer site for **AI/AN** & **NHW** males (rate per 100,000), 2016-2020



AI/AN males have **lower** rates of prostate, lung and blood cancer incidence compared to their **NHW** counterparts.

Data Source: Cancer Data Registry of Idaho, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

**Rankings based on proportion of cancer patients diagnosed, not age-adjusted rate*

CANCER

Top 5 cancer sites among AI/AN: *Mortality*

For both **AI/AN males** and **females,** lung & bronchial cancer drives cancer-related mortality. From 2016-2020, 44 AI/AN deaths in Idaho were attributable to lung cancer, for a mortality rate of **30.5 deaths per 100,000 person** (not shown).

In 4 of the top 5 cancer-related causes of death, **AI/AN females** experience **higher** rates of mortality than **NHW females**.

Fig 3.7. Age-adjusted mortality rates by cancer site for **AI/AN** & **NHW** females (rate per 100,000), 2016 - 2020

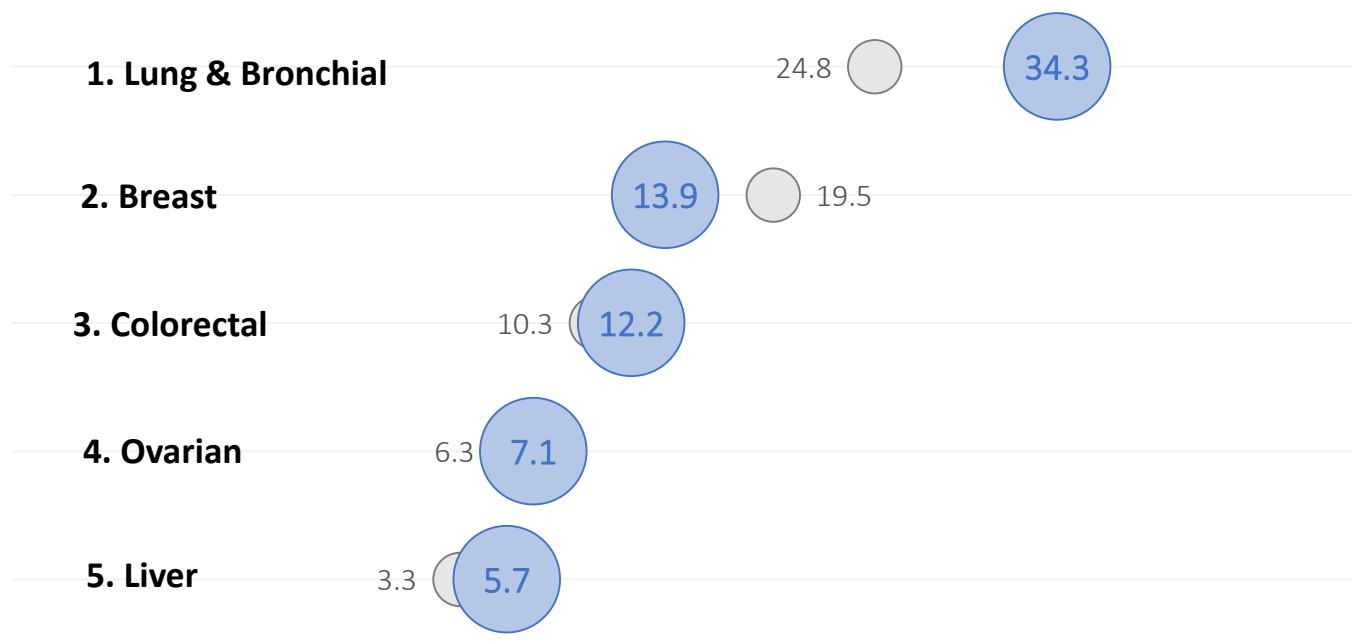
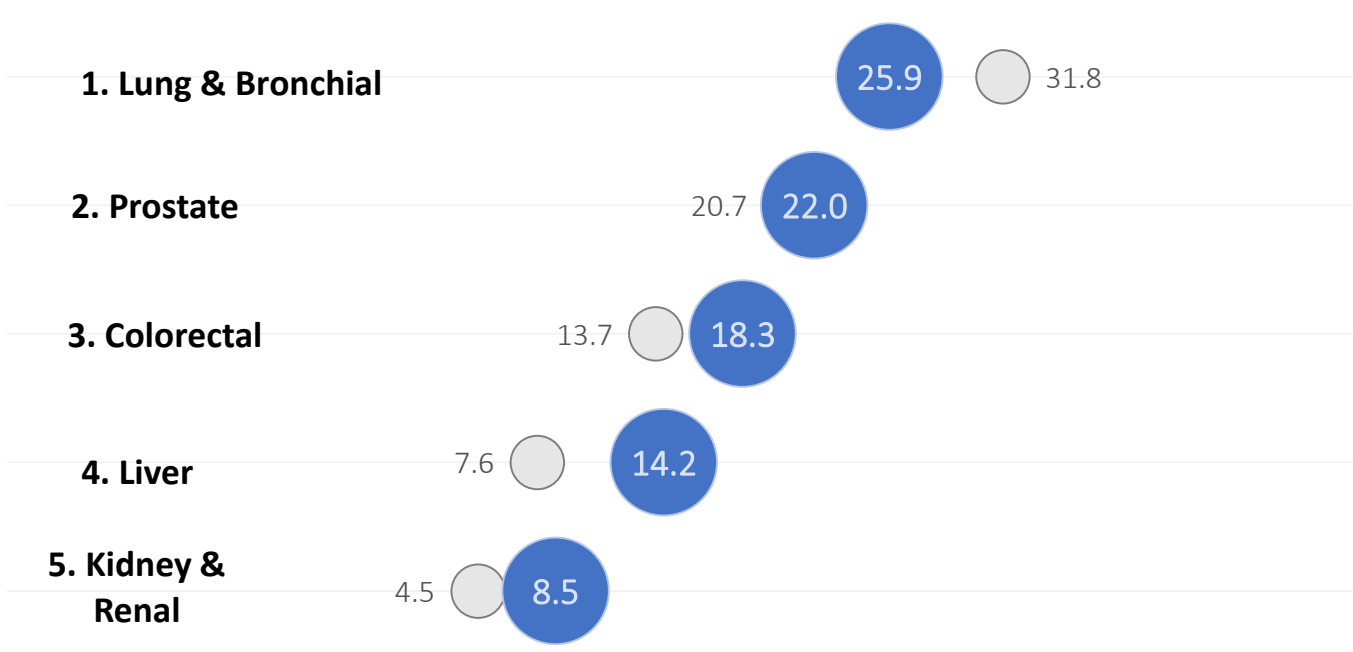


Fig 3.8. Age-adjusted mortality rates by cancer site for **AI/AN** & **NHW** males (rate per 100,000), 2016 - 2020



AI/AN males have a **18.6% lower** mortality rate due to lung & bronchial cancer compared to their **NHW** counterparts.

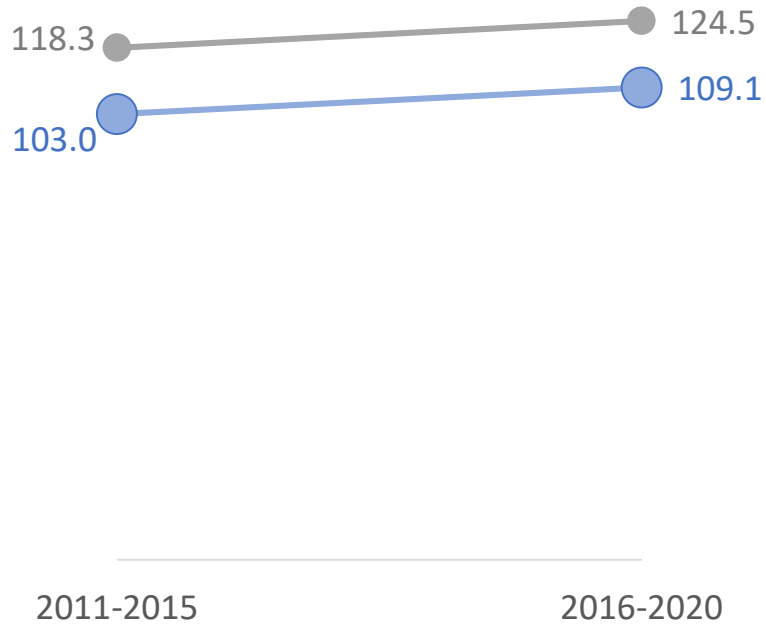
Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CANCER

Breast Cancer (Female)

Breast cancer is the most commonly diagnosed cancer among both **AI/AN** and **NHW** females in Idaho. With the help of regular screening for females over the age of 40, many cases can be detected early and properly treated.

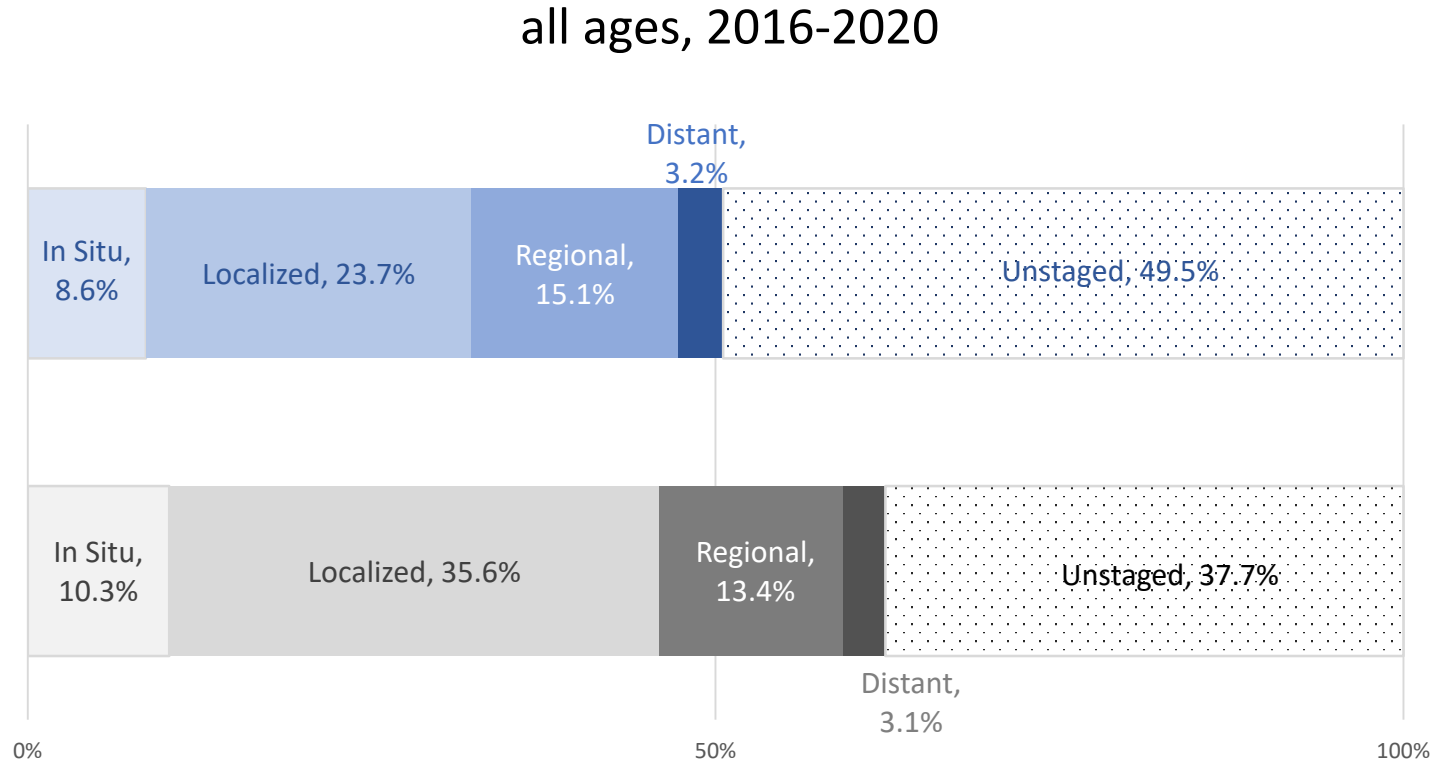
Fig. 3.9. Age-adjusted incidence rate of breast cancer in **AI/AN** & **NHW** females, 2011-2015 and 2016-2020 (per 100,000)



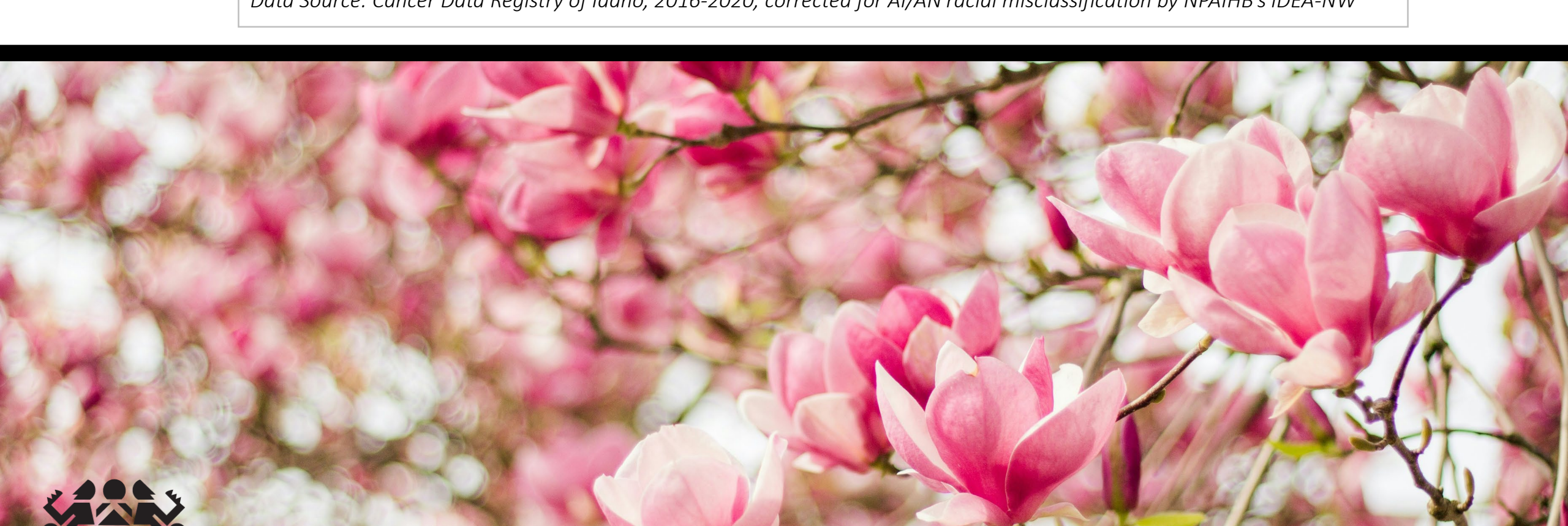
In both **AI/AN** and **NHW** females in Idaho, the rate of newly diagnosed breast cancer has **increased** in the last 10 years.

64.0% (not shown) of staged breast cancer cases in **AI/AN** females are diagnosed at an early stage (in situ or localized), compared to **73.7%** of staged breast cancer cases in **NHW** females. The percentage of **missing** stage information (unstaged) was also **high** for both.

Fig 3.10. Breast cancer stage at diagnosis for **AI/AN** & **NHW** females, all ages, 2016-2020



Data Source: Cancer Data Registry of Idaho, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW



CANCER

Prostate Cancer (Male)

There has been **little change** in the incidence rate of prostate cancer among **AI/AN males** in Idaho in the last 10 years.

Fig. 3.11. Age-adjusted incidence rate of prostate cancer in **AI/AN** & **NHW** males, 2011-2015 and 2016-2020 (per 100,000)

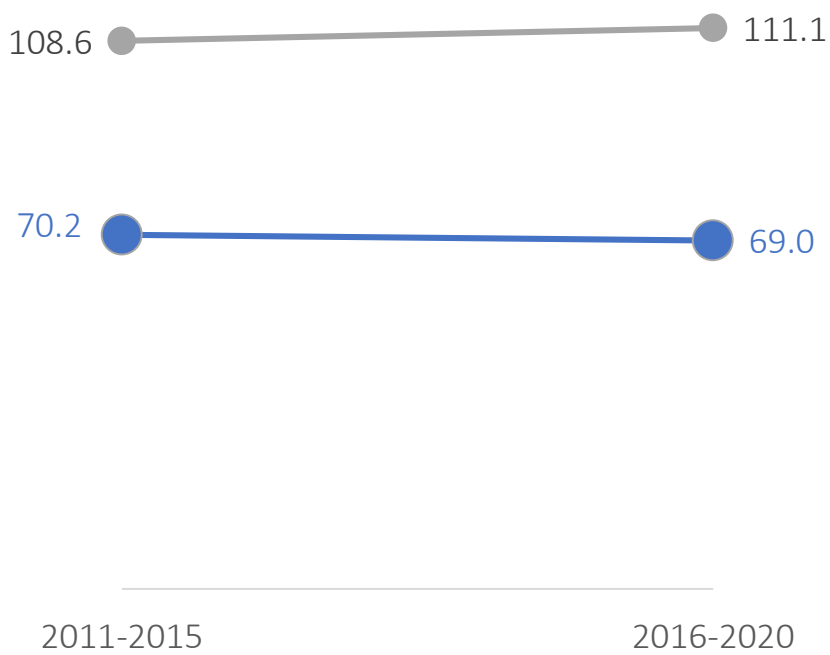
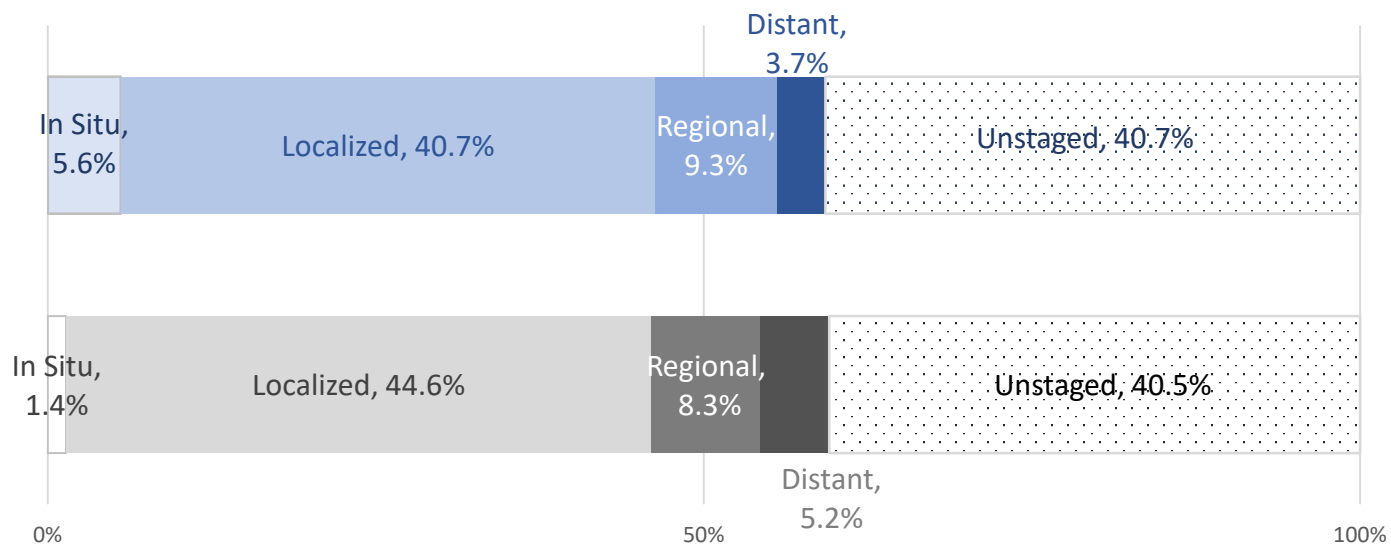


Fig. 3.12. Prostate cancer stage at diagnosis for **AI/AN** & **NHW** males, all ages, 2016-2020



Of all staged prostate cancer cases in **AI/AN** males, **78%** (not shown) are being diagnosed at an early stage (in situ or localized). The percentage of **missing** stage information (unstaged) was also **high** for both.

Data Source: Cancer Data Registry of Idaho, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CANCER

Colorectal Cancer

For **AI/AN** males and females, colorectal cancer is one of the most frequently diagnosed cancers. Use of tools like colonoscopies, sigmoidoscopies, fecal occult blood tests and DNA stool tests can help detect cases early and reduce mortality. While these tools are available, it is common for symptoms to not show during its early stages, which can lead to delayed screening.

The rate of newly diagnosed cases of colorectal cancer in Idaho **AI/AN** and **NHW** has **stayed consistent**.

Fig. 3.13. Age-adjusted incidence rate of colorectal cancer in **AI/AN** & **NHW**, 2011-2015 and 2016-2020 (per 100,000)

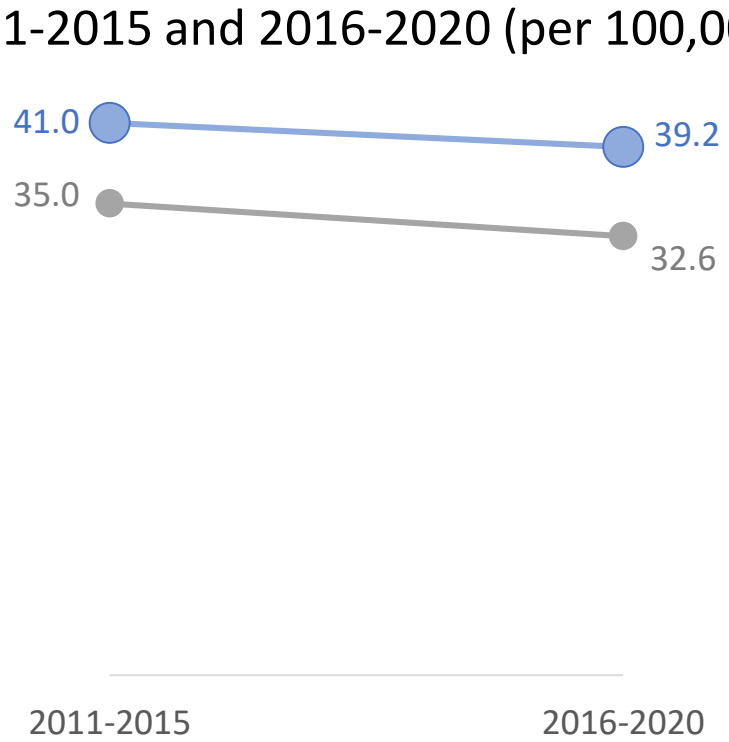
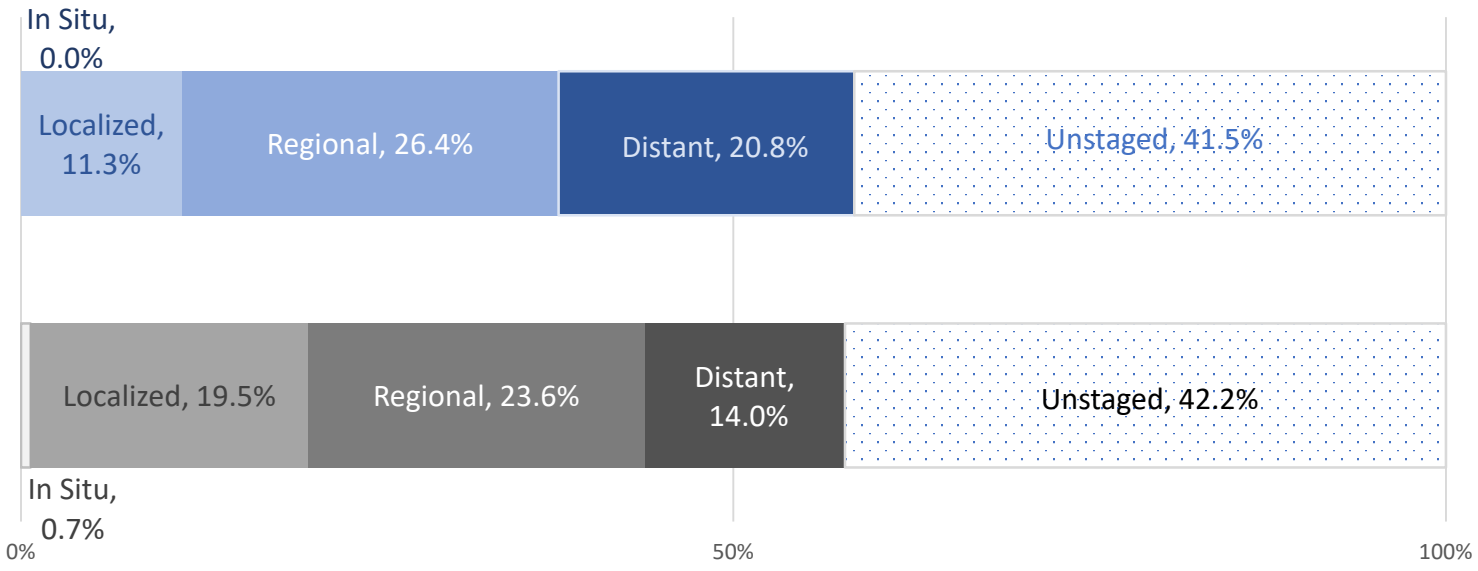


Fig 3.14. Colorectal cancer stage at diagnosis for **AI/AN** and **NHW**, all ages, 2016-2020



The **majority** of staged cases in **AI/AN** and **NHW** colorectal cancer patients were diagnosed “late stage” (regional or distant). The percentage of **missing** stage information (unstaged) was also **high** for both.

Data Source: Cancer Data Registry of Idaho, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB’s IDEA-NW

Communicable Diseases in Idaho

Communicable diseases are illnesses that are spread from person to person by bacteria and viruses. Communicable diseases spread in various ways: through the air, skin-to-skin contact, contact with bodily fluids, insect bites, or from contaminated foods or surfaces. Communicable disease prevention requires both structural interventions, such as epidemiologic tracking and vaccine development, and personal interventions, such as masking and staying home when ill.[9] American Indian and Alaska Native individuals face higher rates for many communicable diseases and greater risks of severe complications.[10]

COVID-19, influenza, and pneumonia are highly contagious communicable diseases that spread through the air and primarily cause respiratory symptoms. Severe cases may result in hospitalization or death. Vaccines are available to reduce the risk of severe illness and are particularly important for Elders and immunocompromised individuals.[11]

Sexually transmitted infections (STIs) are typically transmitted from person to person through sexual contact, though some can be transmitted from mother to child during pregnancy/birth. STIs such as gonorrhea, chlamydia, and syphilis may have few to no symptoms (asymptomatic) and thus routine screening for sexually active persons is a vital part of sexual health to treat and stop the spread of the infection. All three conditions are treatable, but if left untreated, can cause serious long-term complications to a person's health.

---

9. Edemekong, P. F., & Huang, B. (2017). Epidemiology of prevention of communicable diseases.

10. Holman, R. C., Folkema, A. M., Singleton, R. J., Redd, J. T., Christensen, K. Y., Steiner, C. A., ... & Cheek, J. E. (2011). Disparities in infectious disease hospitalizations for American Indian/Alaska Native people. Public Health Reports, 126(4), 508-521.

11. Canadian Lung Association. (2020). Flu, Pneumonia and COVID-19 at a Glance. Retrieved July 2024 from https://www.lung.ca/sites/default/files/LungAssociation_FactSheet_WhatIsIt_EN.pdf.

HIV is a virus that impacts the immune system and can be passed from person to person through sexual contact, injection drug use, or from mother to child through pregnancy or breastfeeding. While there is currently no cure for HIV, consistent use of antiretroviral (ARV) medications can suppress HIV viral load within the body, rendering the virus untransmissible to others and reduce the risk of severe outcomes caused by the virus; and from progressing to stage 3 (AIDS).[12]

STI incidence rates in this report are crude rates and rely on **CDC surveillance data** obtained through **AtlasPlus**. AtlasPlus is an interactive tool that gives users the ability to create customized tables on communicable diseases. AtlasPlus does not provide categories for multi-race American Indian and Alaska Natives or for non-Hispanic White. For this reason, data derived from AtlasPlus compare AI/AN (including Hispanic) and White (including Hispanic) race groups.

Idaho **death certificate** data provide information on the cause of death for those who died within the state of Idaho. This analysis utilized communicable disease data (**COVID-19, influenza and pneumonia**) from Idaho death certificates from 2018-2020. 2018-2020. These records were linked to the Northwest Tribal Registry to correct for race misclassification among American Indian/ Alaska Native (AI/AN) Idaho residents. The data were limited to AI/AN and Non-Hispanic White (NHW) deaths.

12. U.S. Department of Health & Human Services. (2023). Ending the HIV Epidemic. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

COMMUNICABLE DISEASE

COVID-19

COVID-19 is a respiratory disease that can be very contagious and spread quickly. While most experience mild symptoms, COVID-19 can damage the lungs and respiratory system causing severe illness or death.[13] Older individuals and immunocompromised are more at risk of severe COVID-19 illness.

Fig. 4.1. COVID-19 mortality rate, **AI/AN** & **NHW**, by sex, 2020

The **AI/AN** COVID-19 mortality rate was **higher** than the **NHW** mortality rate across both males and females

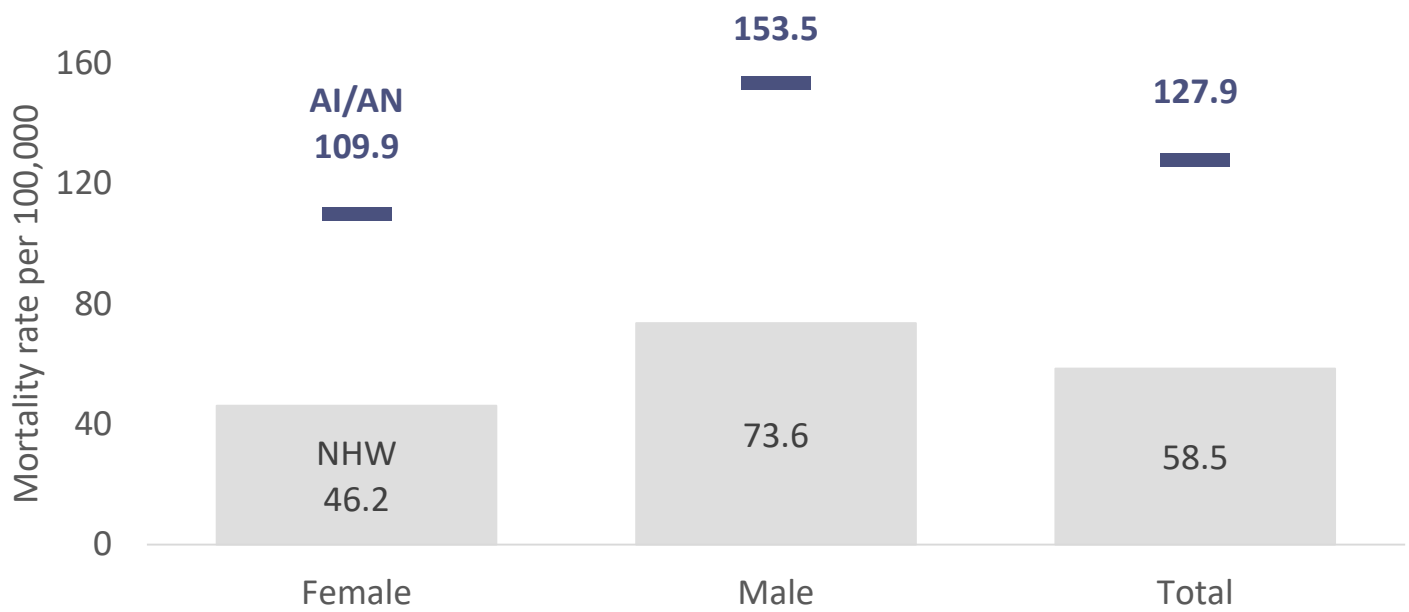
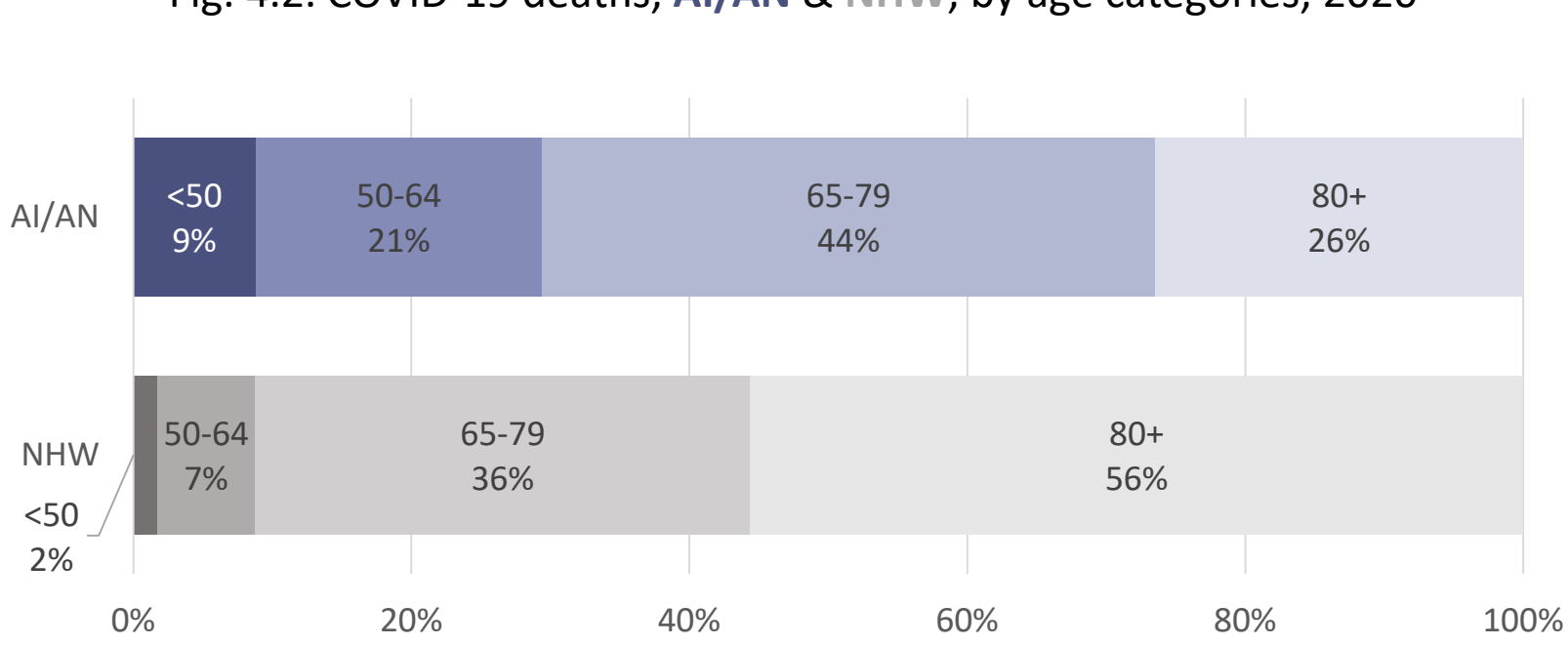


Fig. 4.2. COVID-19 deaths, **AI/AN** & **NHW**, by age categories, 2020

A **higher** proportion of COVID-19 deaths occurred in **younger age groups** for **AI/AN** compared to **NHW**.



Data Source: Idaho Death Certificates, 2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

13. Centers for Disease Control and Prevention. (2024). About COVID-19. Retrieved July 2024 from https://www.cdc.gov/covid/about/index.html.

NPAIHB

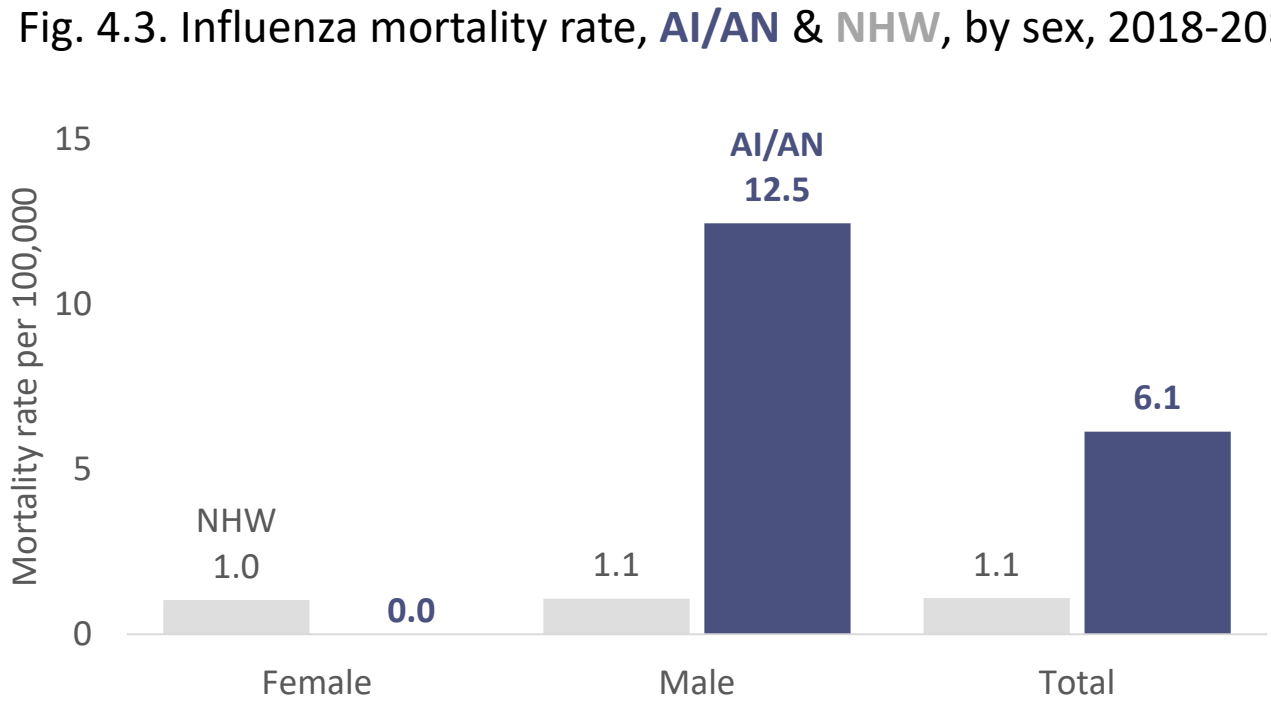
COMMUNICABLE DISEASE

Influenza

Influenza is a respiratory infection caused by the *influenza virus* and can spread quickly from person to person, particularly within the fall and winter months.
Older individuals and immunocompromised are more at risk of severe influenza complications.

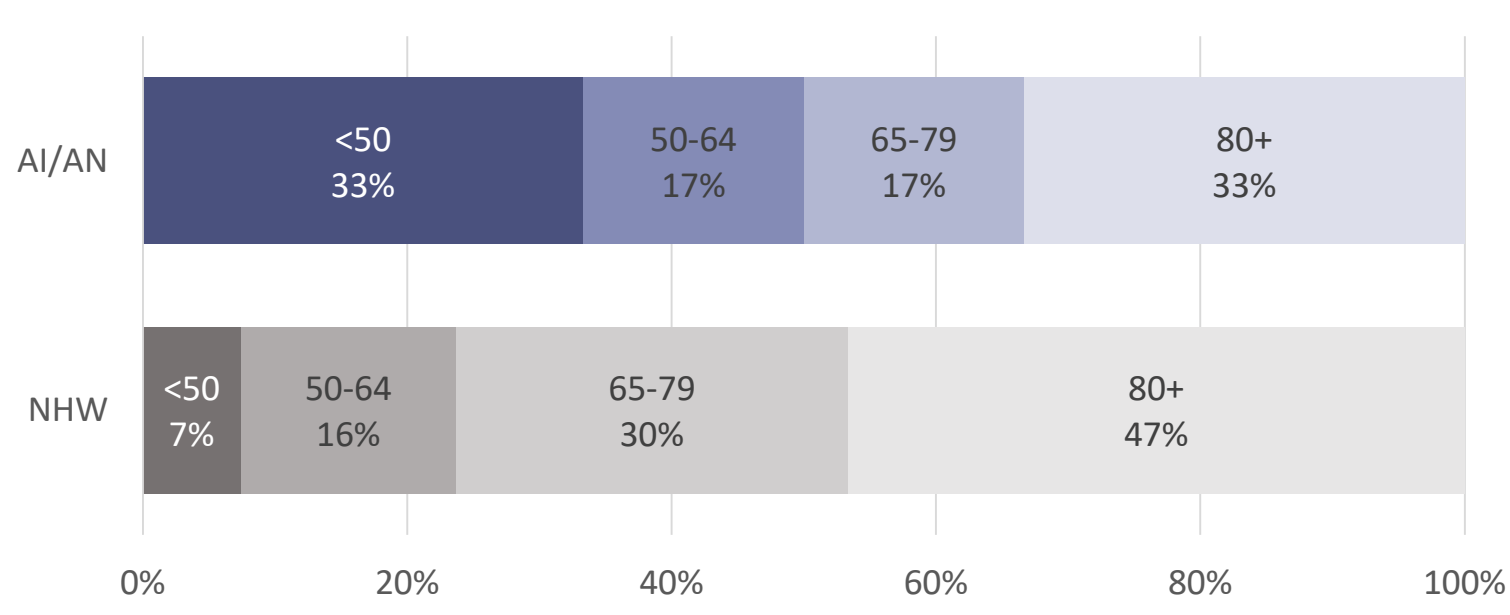
The **AI/AN** influenza mortality rate was **higher** than the **NHW** mortality rate among males

Fig. 4.3. Influenza mortality rate, **AI/AN** & **NHW**, by sex, 2018-2020



One-third of **AI/AN** influenza deaths occurred among those less than 50 years old while **only 7%** occurred among **NHW** in the same age group

Fig. 4.4. Influenza mortality proportions, **AI/AN** & **NHW**, by age categories, 2018-2020



Data Source: Idaho Death Certificates, 2018-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

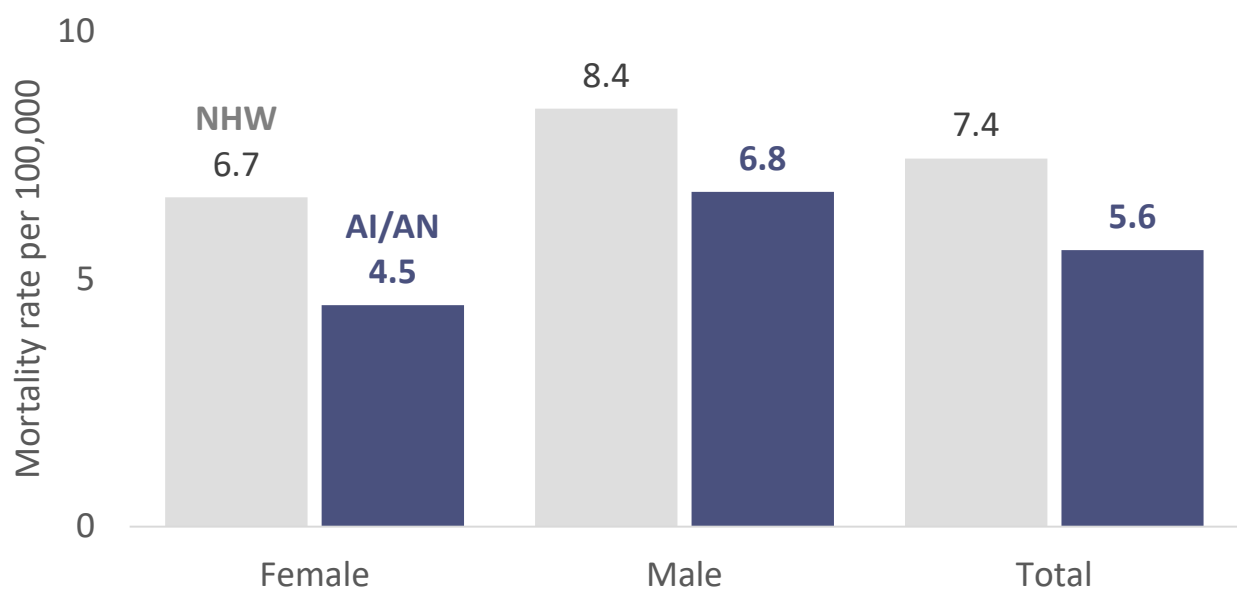
COMMUNICABLE DISEASE

Pneumonia

Pneumonia is an infection that causes the lungs to swell and fill with fluid. It is mostly spread from person to person by bacteria and viruses but can also be caused by fungi and parasites.[14] Some forms of pneumonia resolve on their own while others require medical treatment. Older individuals and immunocompromised are more at risk of severe pneumonia complications.

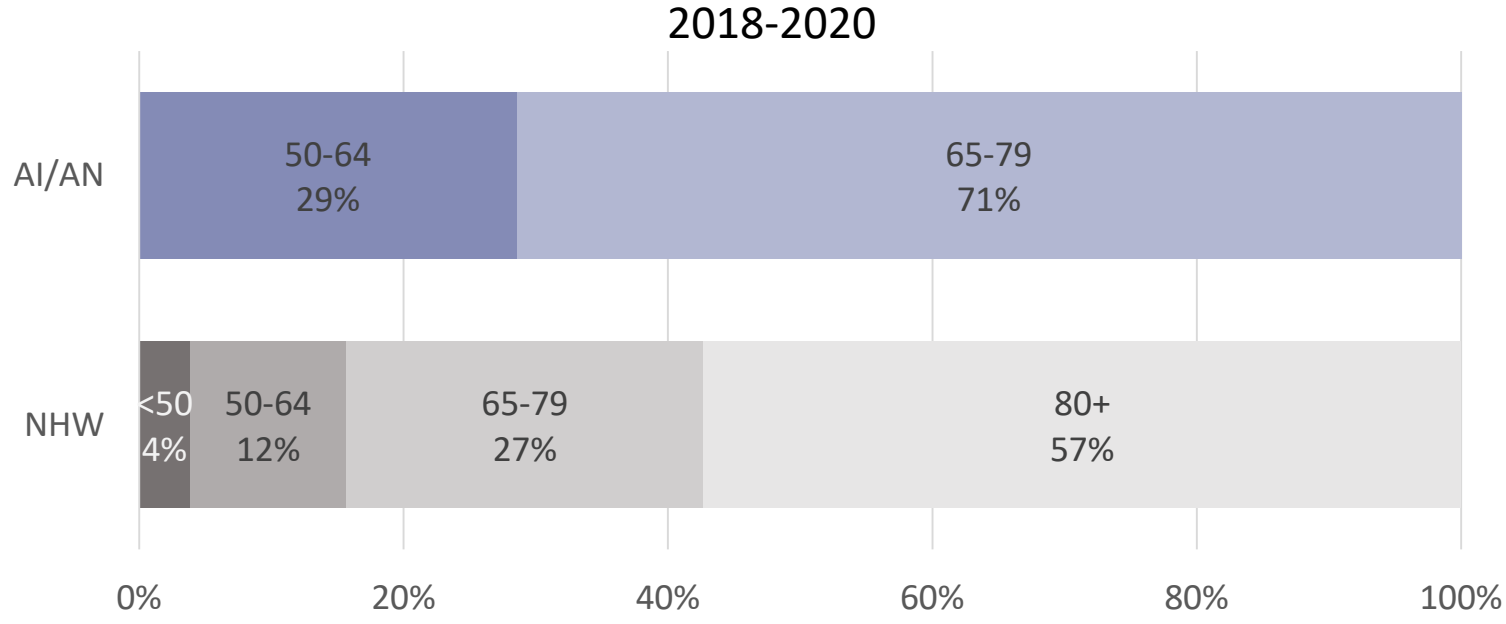
The **AI/AN** pneumonia mortality rate was **lower** than the **NHW** mortality rate across both males and females

Fig. 4.5. Pneumonia mortality rate, **AI/AN** & **NHW**, by sex, 2018-2020



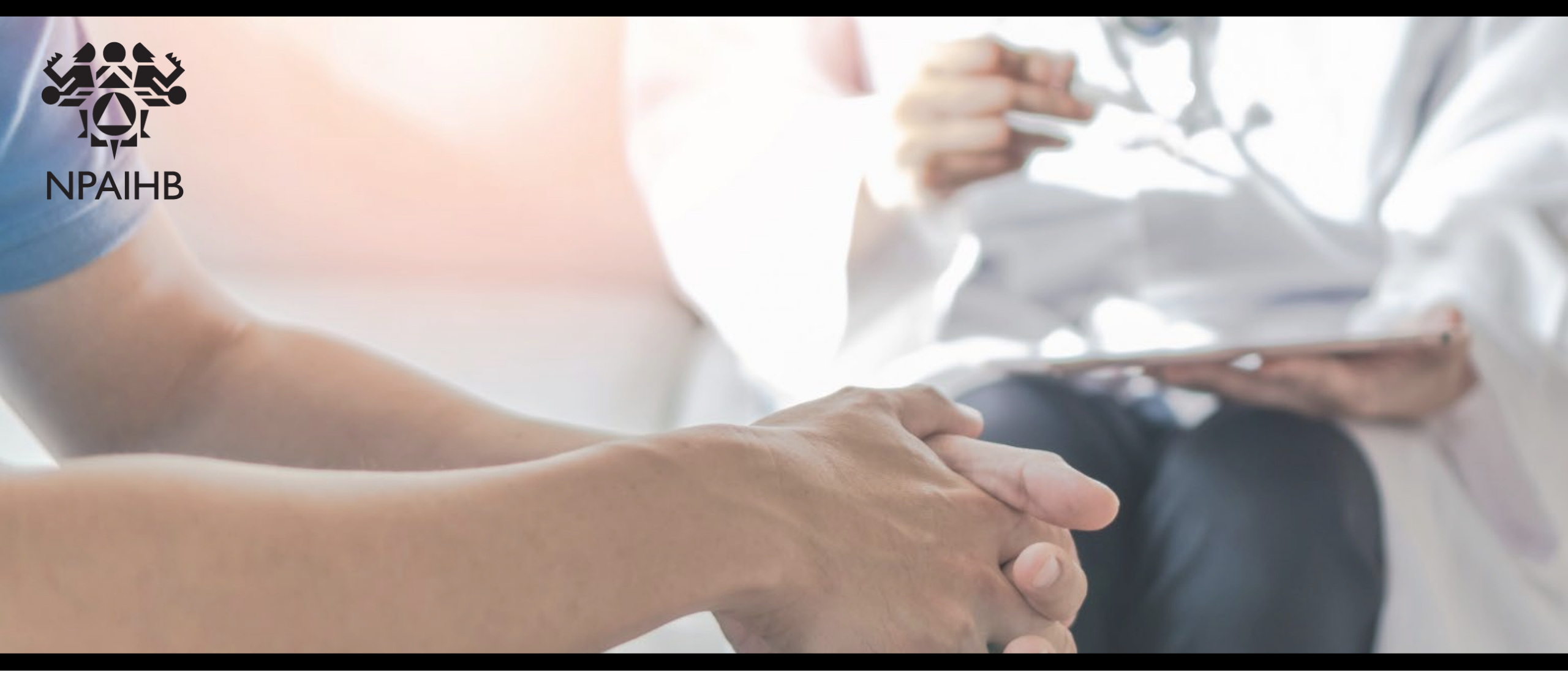
Among **AI/AN**, pneumonia mortality was seen only in the **50-79** age group

Fig. 4.6. Pneumonia mortality proportions, **AI/AN** & **NHW**, by age categories, 2018-2020



Data Source: Idaho Death Certificates, 2018-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

14. Centers for Disease Control and Prevention. (2024). About Pneumonia. Retrieved July 2024 from https://www.cdc.gov/pneumonia/about/index.html.



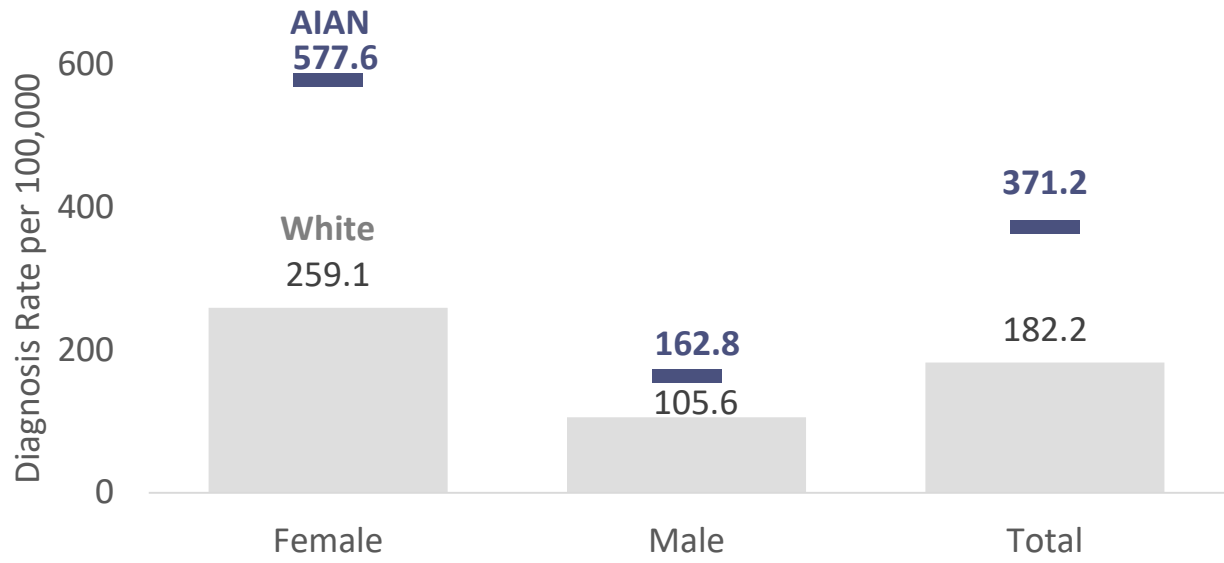
COMMUNICABLE DISEASE

Chlamydia

Chlamydia is one of the most common STIs. Women have a greater risk of developing serious health complications if chlamydia is left untreated.[15] Untreated chlamydia in women is also associated with pre-term birth, as well as conjunctivitis and pneumonia in infants.

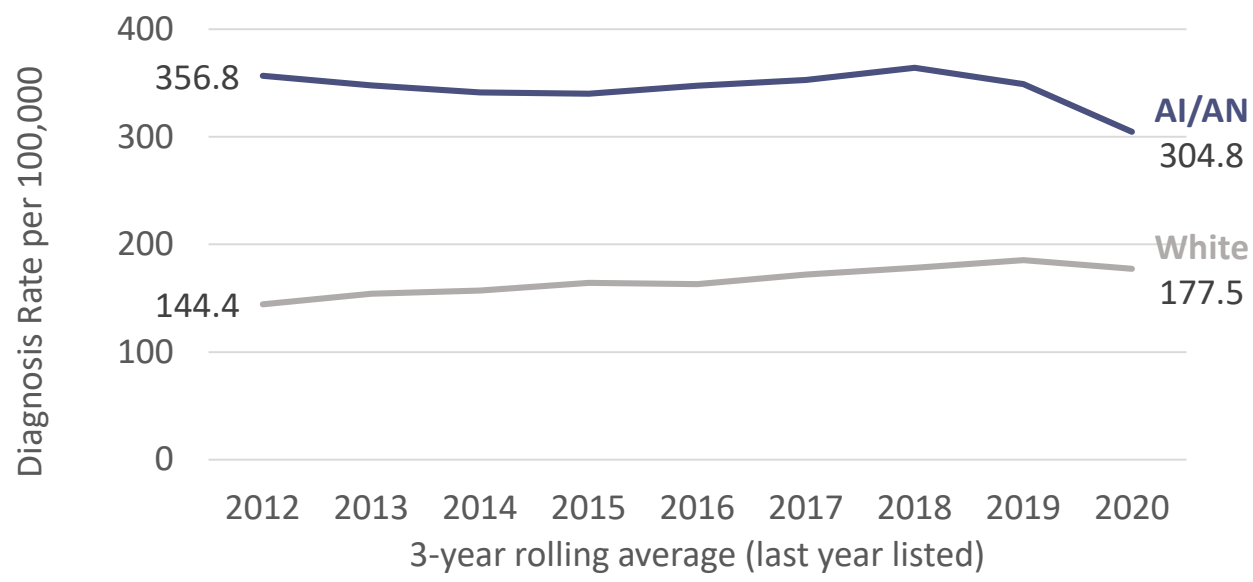
Chlamydia diagnosis rates were **higher** among male and female **AI/AN** than **White**

Fig. 4.7. Chlamydia diagnosis rate, **AI/AN** & **White**, by sex, 2010-2020



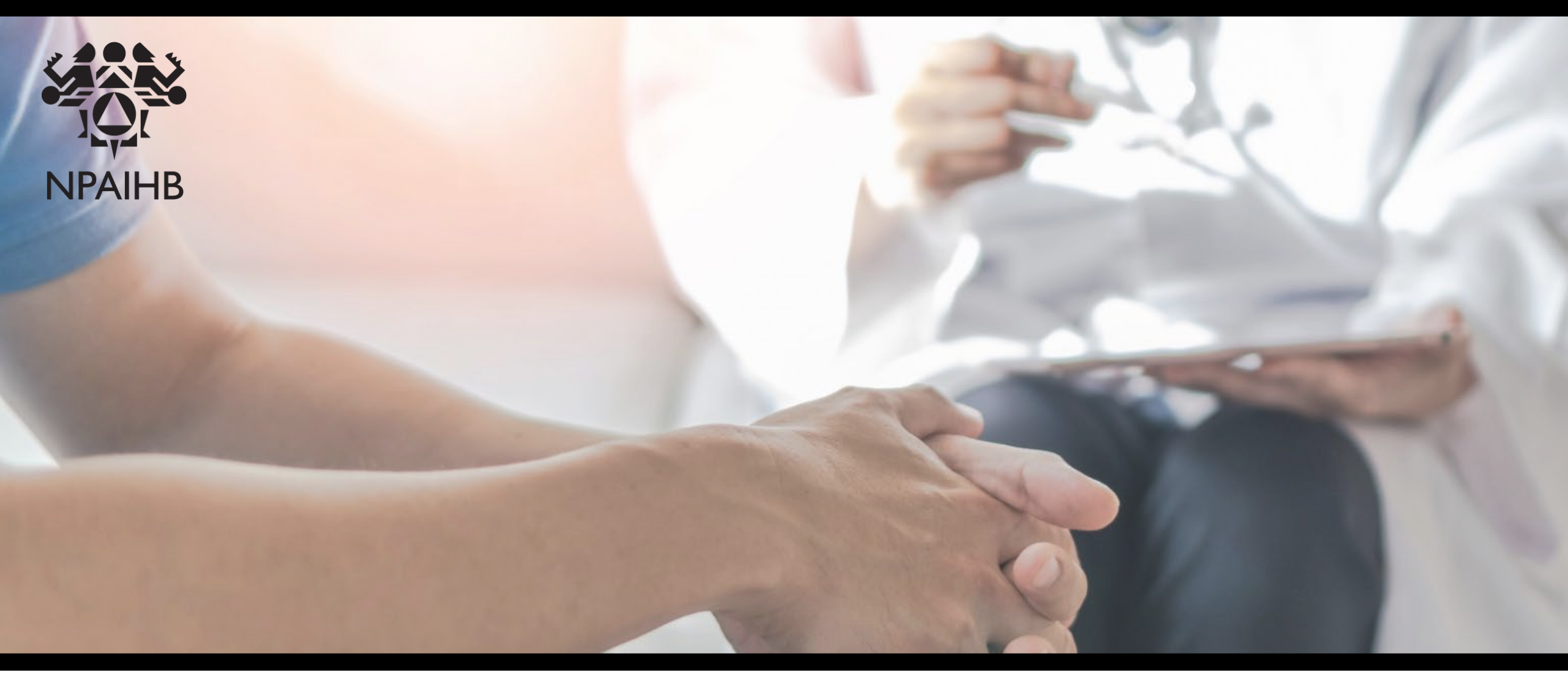
Chlamydia diagnosis rates remained **higher** among **AI/AN** across this period

Fig. 4.8. Chlamydia diagnosis rate, **AI/AN** & **White**, 2010-2020



Data Source: Atlas Plus, Idaho 2010-2020

15. Centers for Disease Control and Prevention. (2024). About Chlamydia. Retrieved July 2024 from https://www.cdc.gov/chlamydia/about/index.html.



COMMUNICABLE DISEASE

Gonorrhea

Many people with gonorrhea are asymptomatic, though symptoms include urethral discharge for men and vaginal discharge and bleeding between menstrual cycles for women.[16]
If left untreated, gonorrhea can cause serious health complications for men and women, and for the infants of mothers with an untreated infection.

Gonorrhea diagnosis rates were **higher** among male and female **AI/AN** than **White**

Fig. 4.9. Gonorrhea diagnosis rate, **AI/AN** & **White**, by sex, 2010-2020

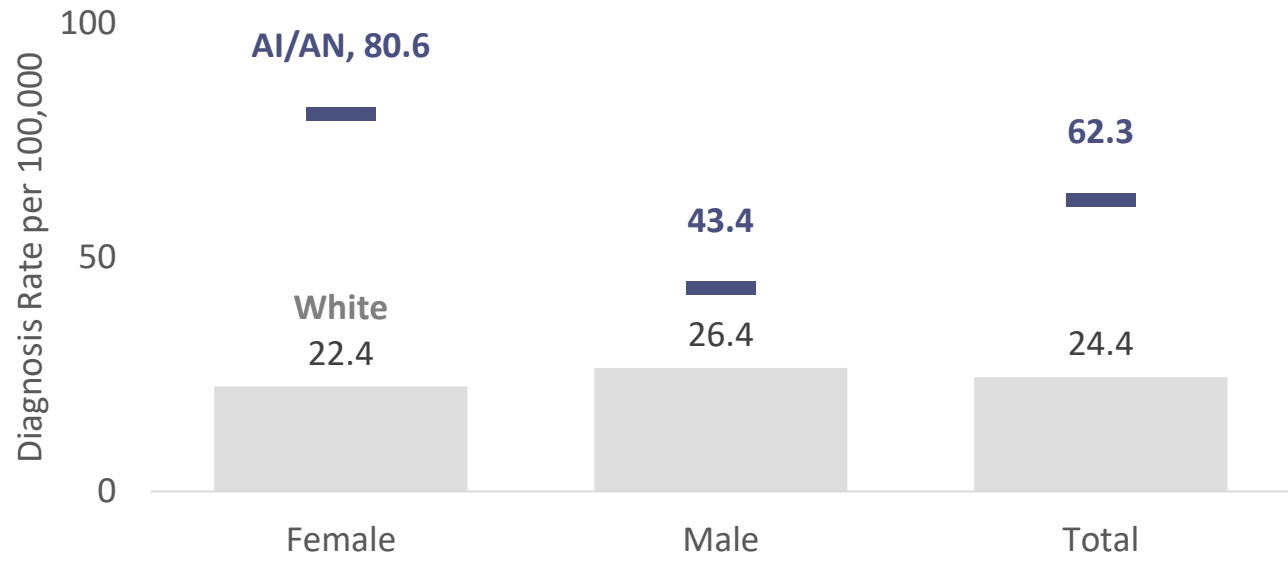
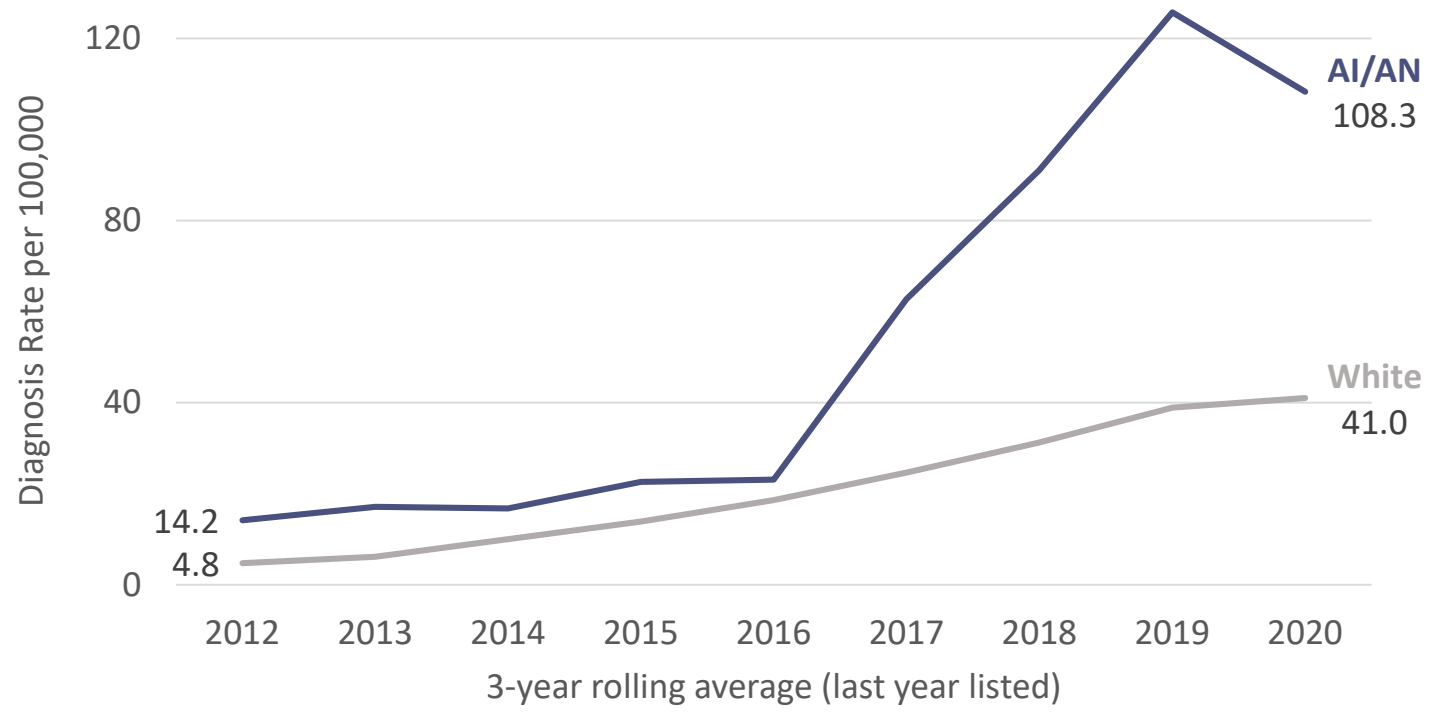


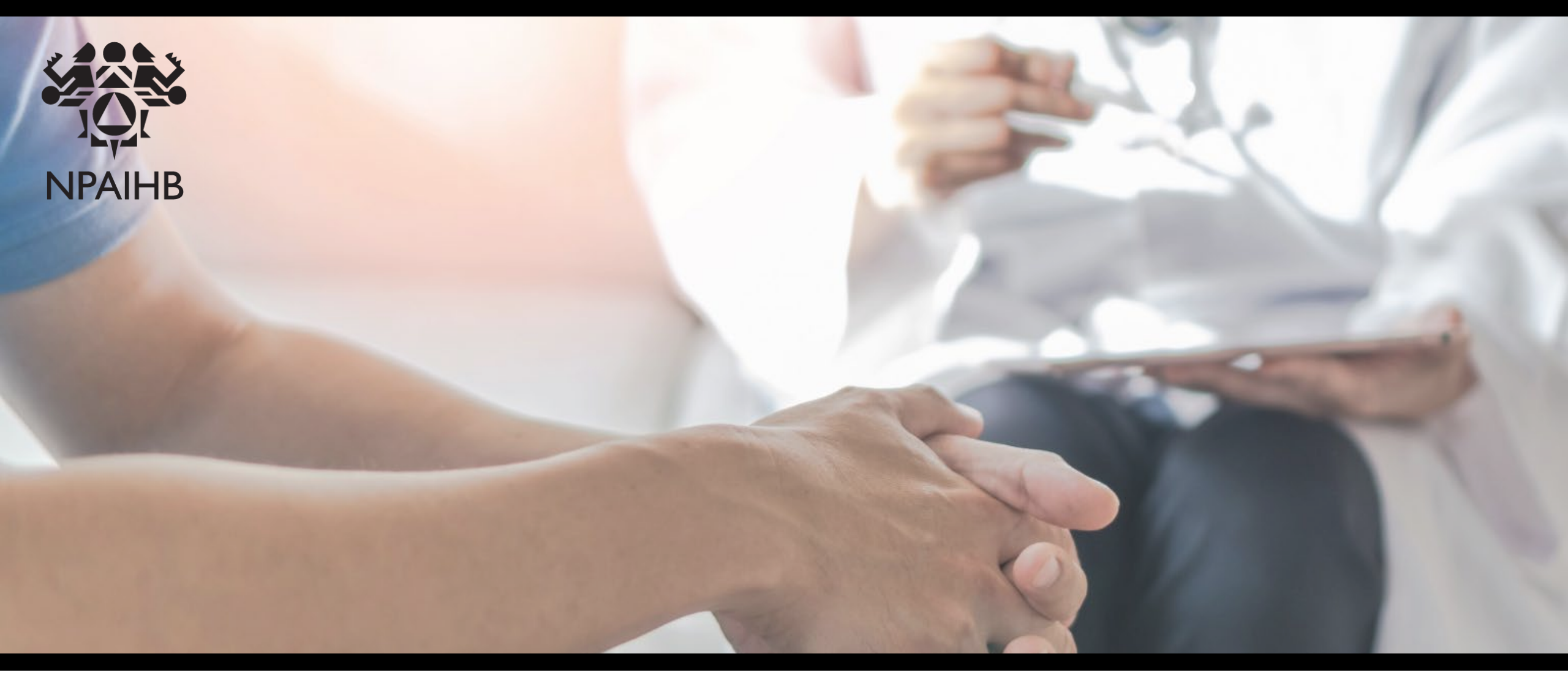
Fig. 4.10. Gonorrhea diagnosis rate among **AI/AN** & **White**, 2010-2020

Gonorrhea diagnosis rates have **increased more** for **AI/AN** than for **White** throughout this period



Data Source: Atlas Plus, Idaho 2010-2020

16. Centers for Disease Control and Prevention. (2024). About Gonorrhea. Retrieved July 2024 from https://www.cdc.gov/gonorrhea/about/index.html



COMMUNICABLE DISEASE

Syphilis

Syphilis can have a myriad of symptoms, from painless chancres (genital ulcers) to neuro and ocular syphilis that can occur at any stage of syphilis infection.[17] Syphilis symptoms often get missed or misdiagnosed, and therefore, the infection can go unnoticed for many months or even years without proper screening.

Fig. 4.11. Syphilis diagnosis rate, **AI/AN** & **White**, by sex, 2010-2020

Syphilis rates were **highest** among **AI/AN** males compared to **White** males

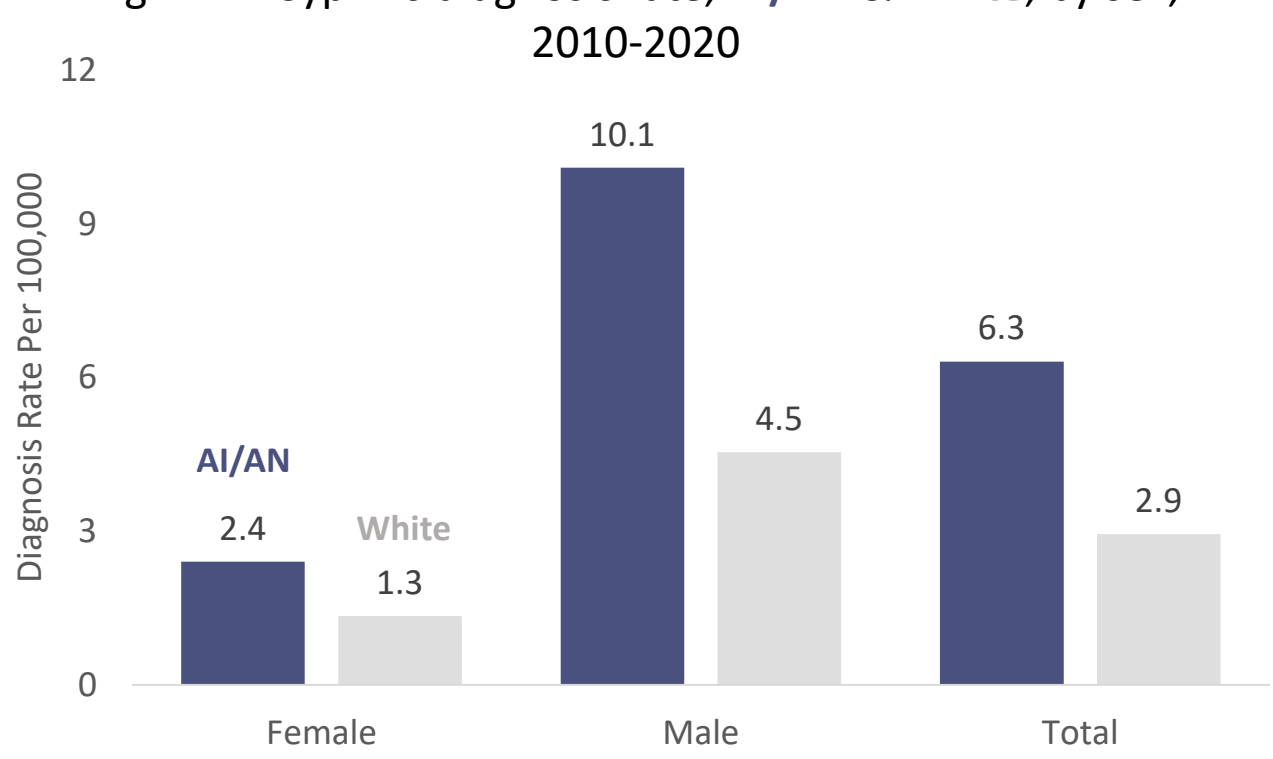
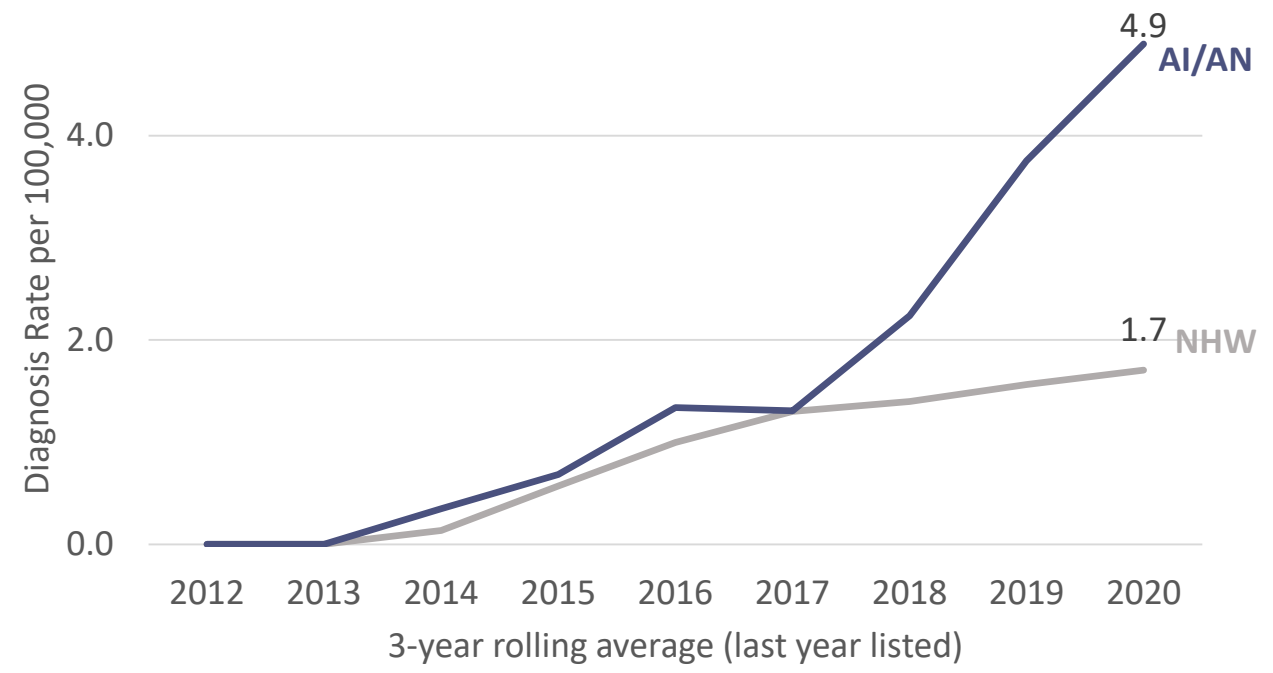


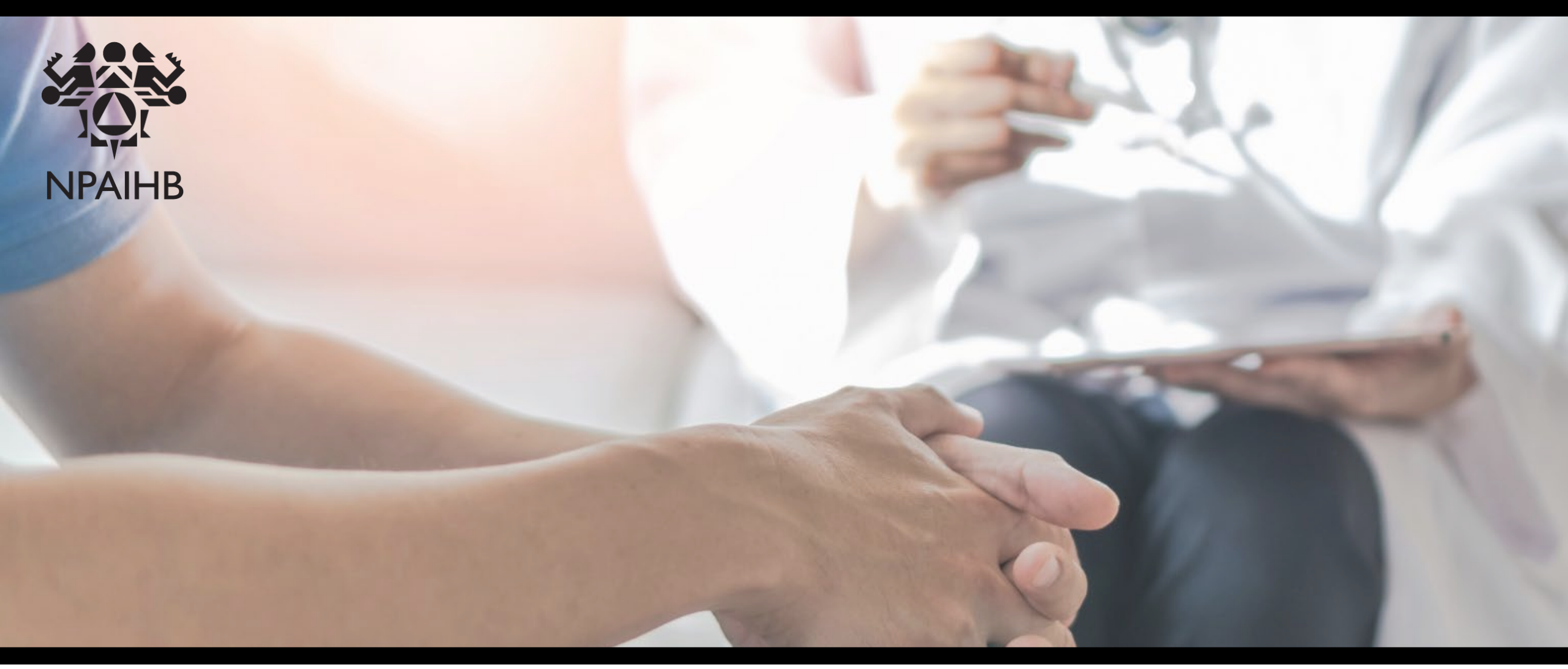
Fig. 4.12. Syphilis diagnosis rate, **AI/AN** & **White**, 2010-2020

Throughout this period, syphilis rates among **AI/AN** increased to **2.8 times** that of **White**



Data Source: Atlas Plus, Idaho 2010-2020

17. Centers for Disease Control and Prevention. (2024). About Syphilis. Retrieved July 2024 from https://www.cdc.gov/syphilis/about/index.html.



COMMUNICABLE DISEASE

Human Immunodeficiency Viruses (HIV)

HIV is a virus that impacts the immune system and can be passed from person to person through sexual contact, injection drug use, or from mother to child through pregnancy or breastfeeding.[18]
HIV can be prevented through the proper use of condoms, pre-exposure prophylaxis (PrEP) & post-exposure prophylaxis (PEP), and never sharing needles or syringes.

New HIV diagnosis rates were overall **similar** among **AI/AN** and **NHW**

Fig. 4.13. New HIV diagnosis rate, **AI/AN** & **White**, by sex, 2010-2020

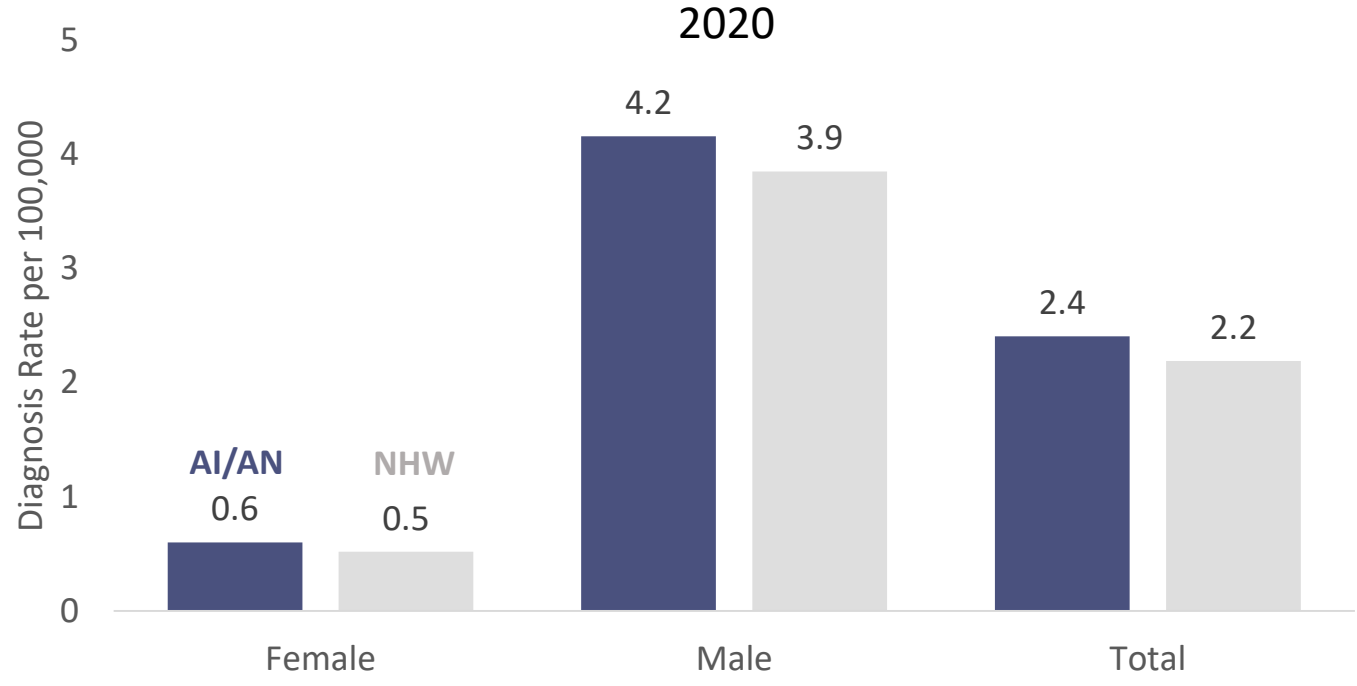
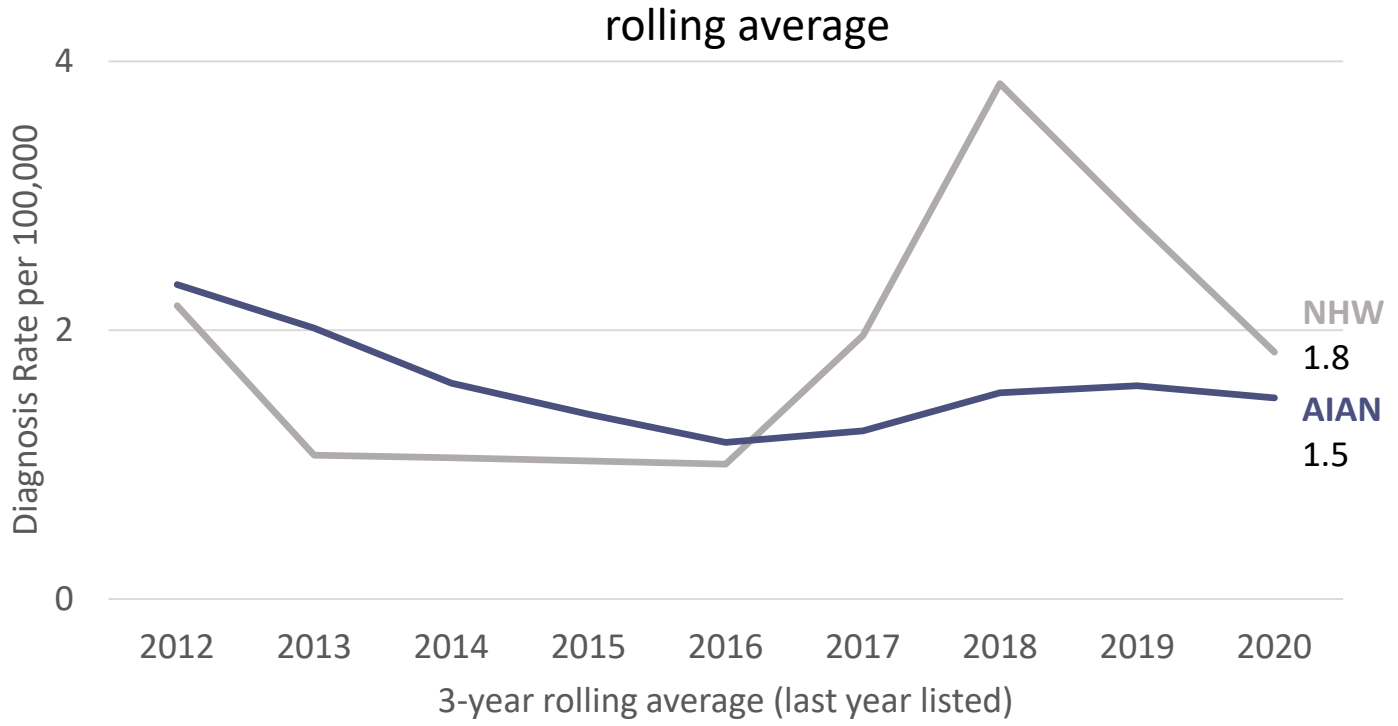


Fig. 4.14. New HIV diagnosis rate, **AI/AN** & **White**, 2010-2020, 3-year rolling average

HIV diagnosis rates are **lower** among **AI/AN** throughout the latter half of this aggregated period



Data Source: Atlas Plus, Idaho 2010-2020

18. Centers for Disease Control and Prevention. (2024). About HIV. Retrieved July 2024 from https://www.cdc.gov/hiv/about/index.html.

Substance Use in Idaho

Substance use disorders can impair an individual's ability to carry out daily activities, work, maintain relationships, maintain mental health, and connect with the community. Furthermore, substance use is often associated with health issues, including lung or heart disease, stroke, cancer, or mental health conditions. Specific drugs have their own impacts, methamphetamine use can cause severe dental problems, and inhalants may damage or destroy nerve cells.[19]

In 2020-2021, an average of 178,000 deaths per year were attributed to excessive alcohol use among the total US population; a 29% increase from 2016-2017. [20] Moreover, in 2020, there were approximately 93,655 deaths due to drug overdose in the United States. Approximately, 70,029 of these deaths involved an opioid.[21] CDC Vital Signs reports from data in 25 states and the District of Columbia, it was estimated that there was a 39% increase in overdose death rates for American Indian/Alaska Natives (AI/AN) from 2019 to 2020. This was the second largest increase among different racial/ethnic groups, behind Black Americans who experienced a 44% increase.[22]

The Northwest Portland Area Indian Health Board is committed to addressing these disparities and to closing the health outcome gap between AI/AN and other racial-ethnic groups. Programs, such as Tribal Opioid Response (TOR), aim to assist NW Tribes in developing and implementing a complex and comprehensive opioid response, including increasing awareness of and preventing substance use disorder.

---

19. NIDA. Addiction and Health. National Institute on Drug Abuse website. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health. Published March 22, 2022. Accessed June 28, 2024.
20. Centers for Disease Control and Prevention, National Center for Health Statistics. https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html. Published April 16, 2024. Accessed June 28, 2024.
21. Centers for Disease Control and Prevention, National Center for Health Statistics. cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm. Published May 11, 2022. Accessed June 28, 2024.
22. Centers for Disease Control and Prevention, Newsroom. https://www.cdc.gov/media/releases/2022/s0719-overdose-rates-vs.html. Published July 18, 2022. Access June 28, 2024.

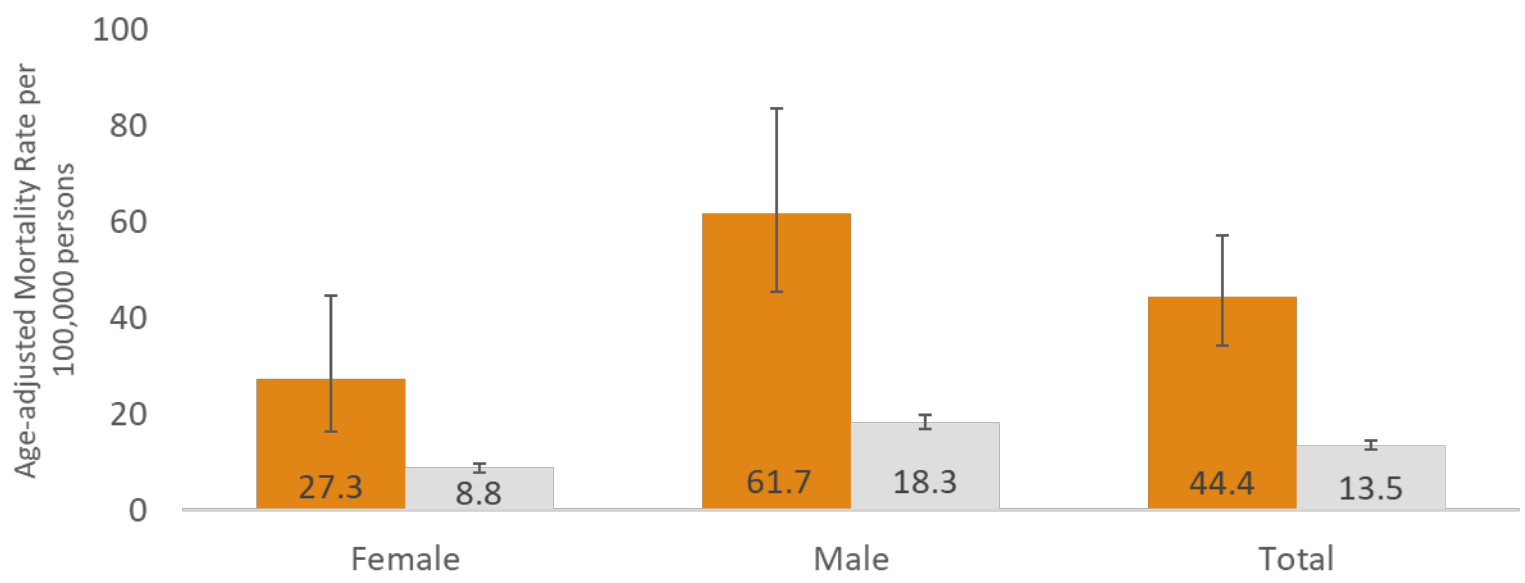
SUBSTANCE USE

Alcohol Induced Deaths

Alcohol induced deaths include deaths attributed to chronic conditions developed by drinking alcohol over time as well as instances of binge drinking or drinking too much on one occasion.

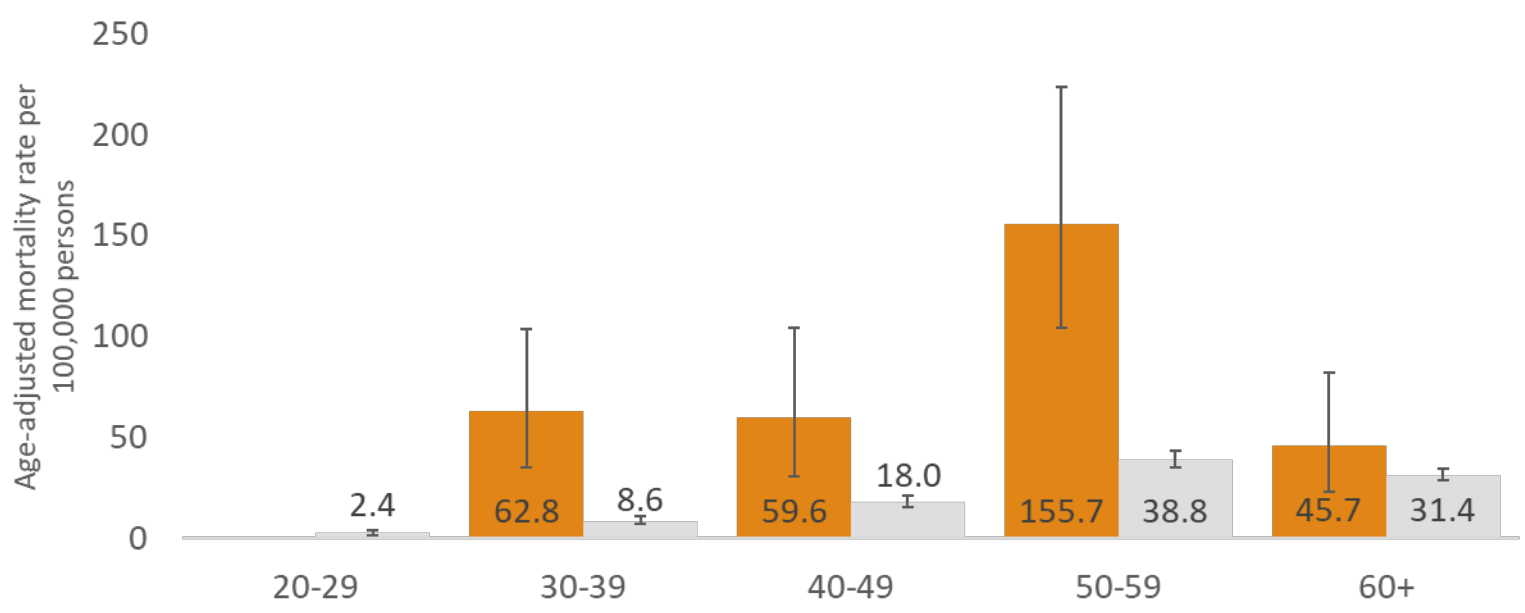
AI/AN people had an alcohol death rate over **3 times** that of the **NHW** rate. **AI/AN** males had the highest alcohol death rates compared to all other groups.

Fig. 5.1. Alcohol induced death rate, **AI/AN** & **NHW**, by sex, 2016-2020



AI/AN people had higher rates of alcohol induced death compared to their NHW counterparts. Additionally, **AI/AN** **50-59-years-old** had the **highest** alcohol death rates.

Fig. 5.2. Alcohol induced death rate, **AI/AN** & **NHW**, by age, 2016-2020



Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

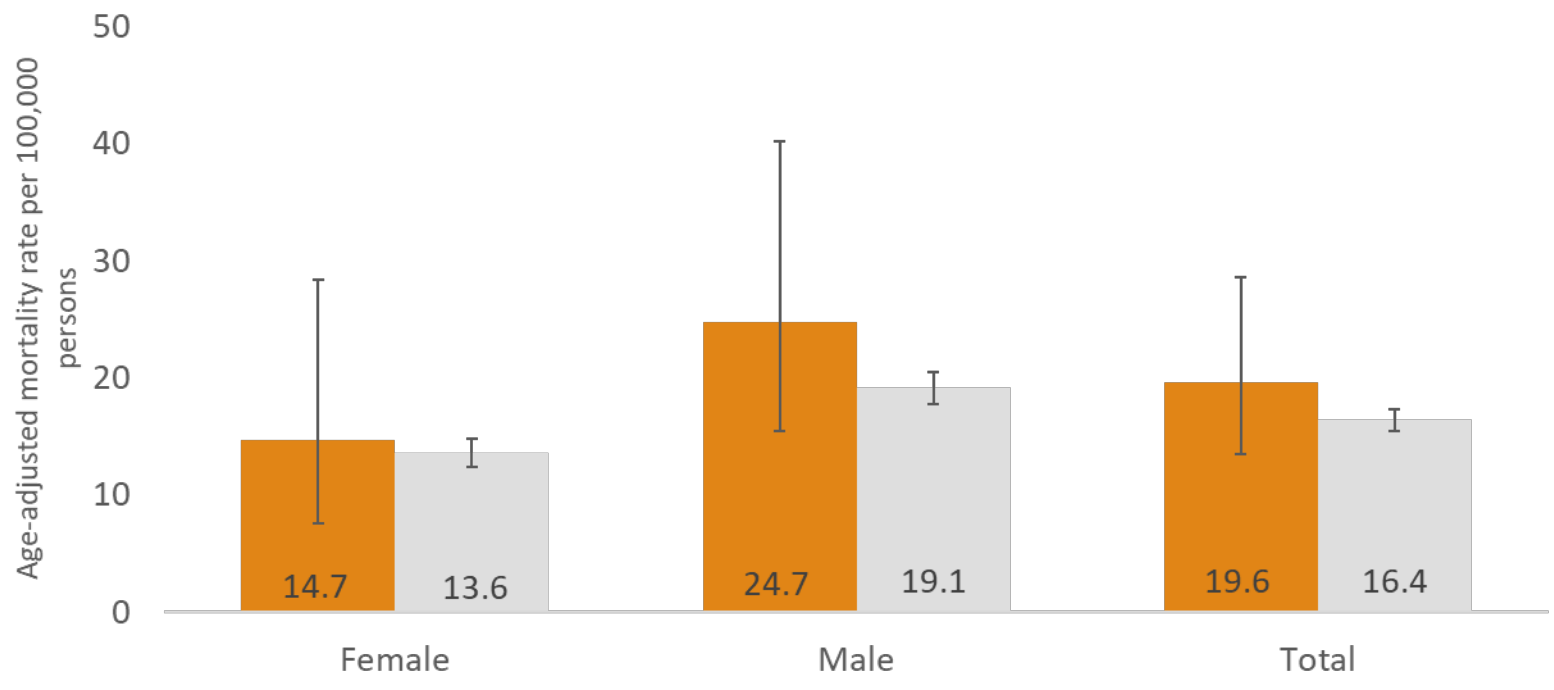
SUBSTANCE USE

Drug Overdose Deaths

Drug overdose deaths include overdose deaths caused by or including, opioids, psychostimulants, cocaine and benzodiazepine, among other possible drugs.

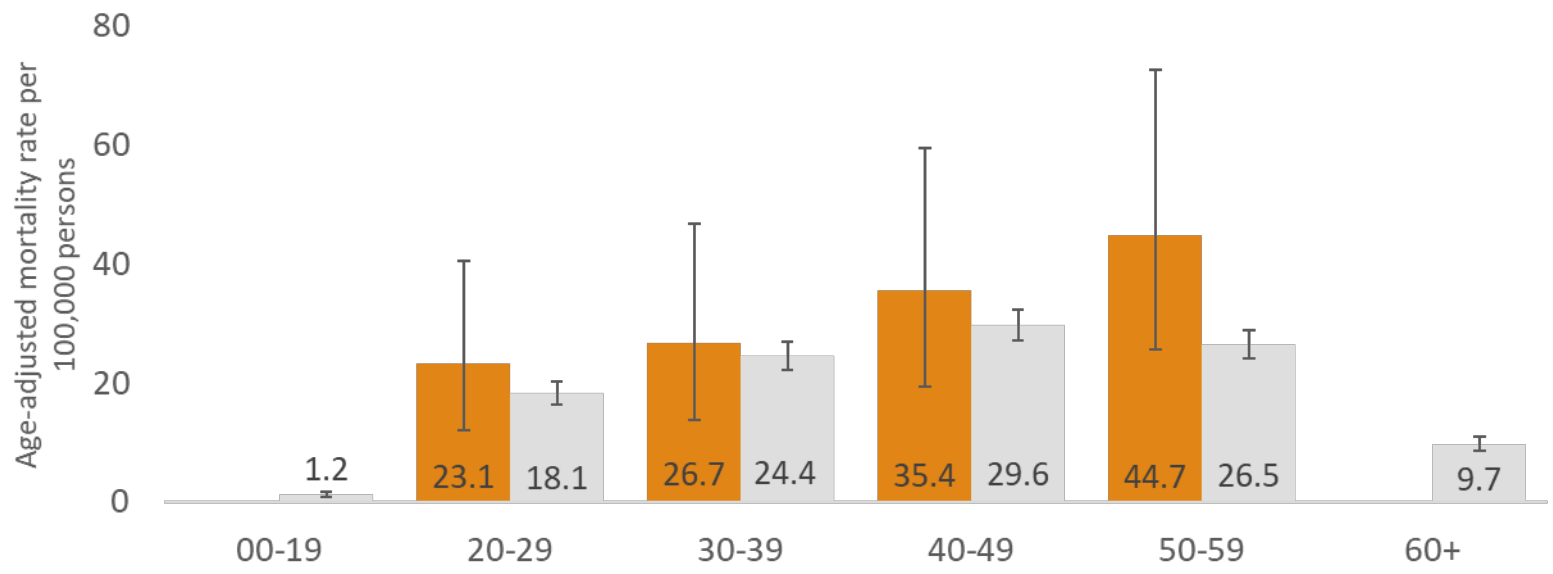
Overall, the drug overdose death rates among **AI/AN** were similar to the rates among their **NHW** counterparts.

Fig. 5.3. Drug overdose death rate, **AI/AN** & **NHW**, by sex, 2011-2020



Across all age groups, **AI/AN** had drug overdose death rates similar to their **NHW** counterparts. Drug overdose death rates increased with age among **AI/AN**.

Fig. 5.4. Drug overdose death rate, **AI/AN** & **NHW**, by age, 2011-2020



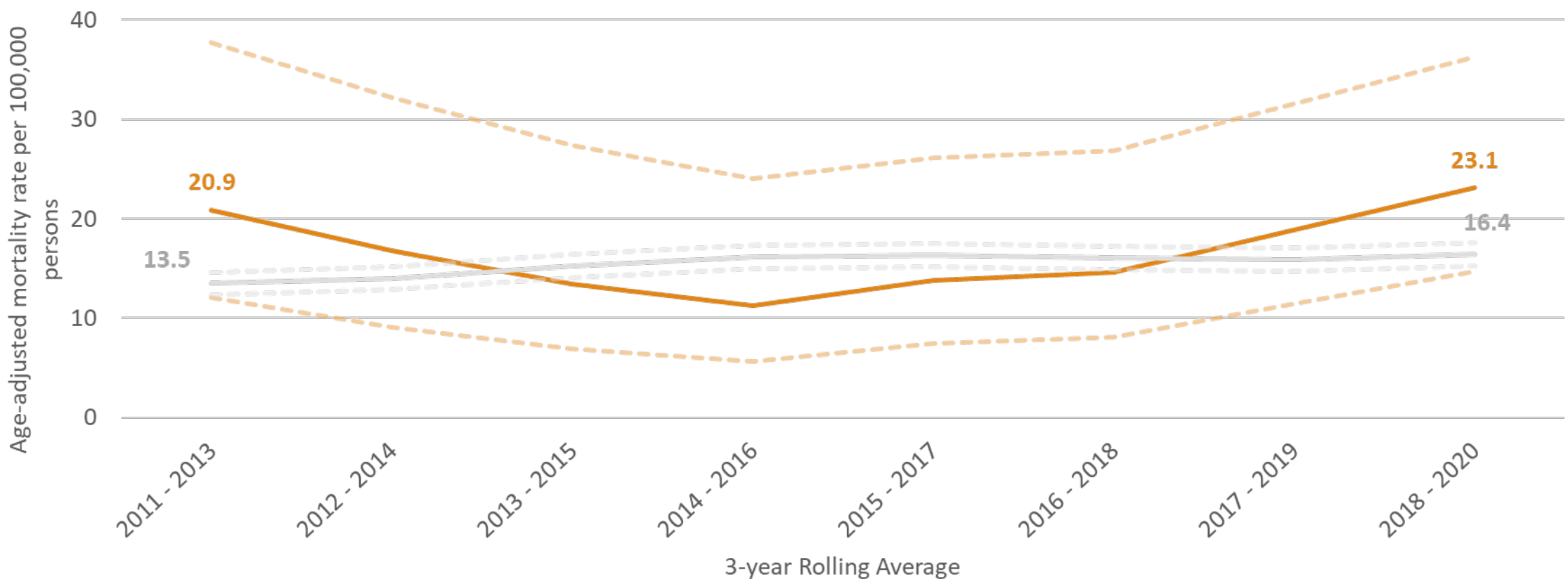
Data Source: Idaho Death Certificates, 2011-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

SUBSTANCE USE

Drug Overdose Deaths

Among the **AI/AN** population of Idaho, the drug overdose death rate dipped to its lowest in 2014-2016 then started to increase from 2015-2017 on. Drug overdose death rates among **AI/AN** have remained similar compared to the **NHW** population.

Fig. 5.5. Drug overdose death rates, **AI/AN** & **NHW**, 2011-2020



From 2011 to 2020, without race correction, this report would have excluded 7 drug overdose deaths. This would have resulted in AI/AN **rates being incorrectly lower by up to 37%.**

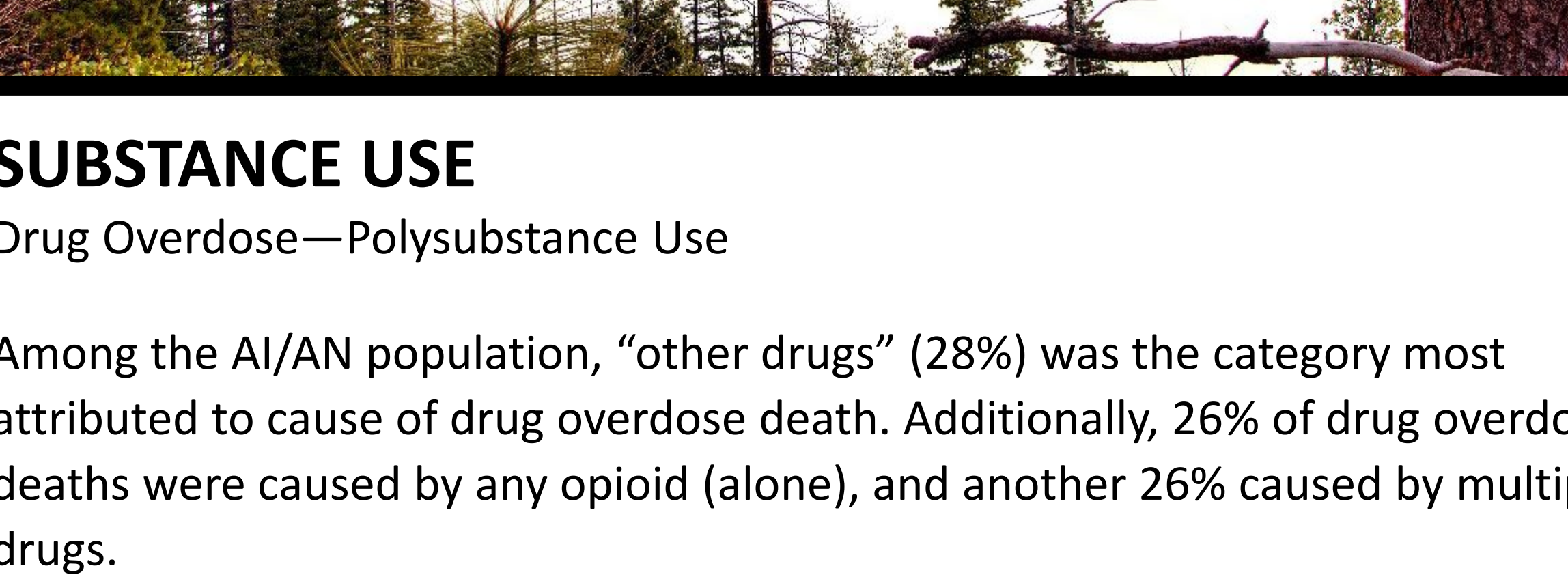
Data Source: Idaho Death Certificates, 2011-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

SUBSTANCE USE

Drug Overdose—Polysubstance Use

Among the AI/AN population, “other drugs” (28%) was the category most attributed to cause of drug overdose death. Additionally, 26% of drug overdose deaths were caused by any opioid (alone), and another 26% caused by multiple drugs.

Fig. 5.6. Percentage of drug type listed as cause of death among **AI/AN**, 2011-2020



Of the 26% of deaths that were caused by multiple drugs:

- 47% of meth overdoses also included an opioid
- 17% of opioid overdoses included another opioid
- 17% of opioid overdoses also included a benzodiazepine

Definitions:

- Any opioid includes other synthetic opioids (primarily fentanyl), heroin, methadone and natural/semi-synthetic opioids (hydrocodone, oxycodone, etc).
- Psychostimulant primarily includes methamphetamine.
- Other represents instances where a drug was not specified.

Data Source: Idaho Death Certificates, 2011-2020, corrected for AI/AN racial misclassification by NPAIHB’s IDEA-NW

SUBSTANCE USE

Opioid Overdose

Opioid overdose includes all overdoses caused by a synthetic opioid (primarily fentanyl), all natural and semi-synthetic opioids (hydrocodone, oxycodone, etc), methadone and heroin.

Overall, the **AI/AN** population had a **similar** opioid overdose death rate compared to the **NHW** population.

Fig. 5.7. Opioid overdose death rate, **AI/AN** & **NHW**, by sex, 2011-2020

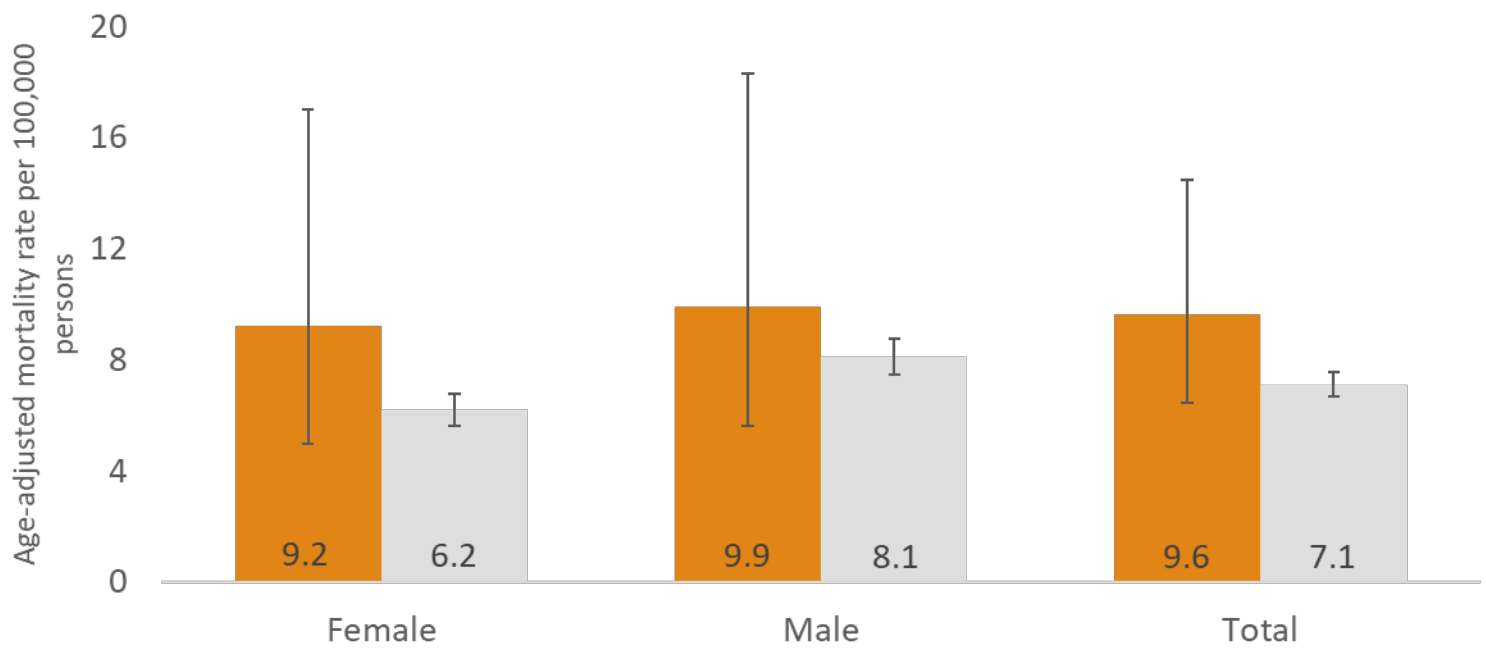
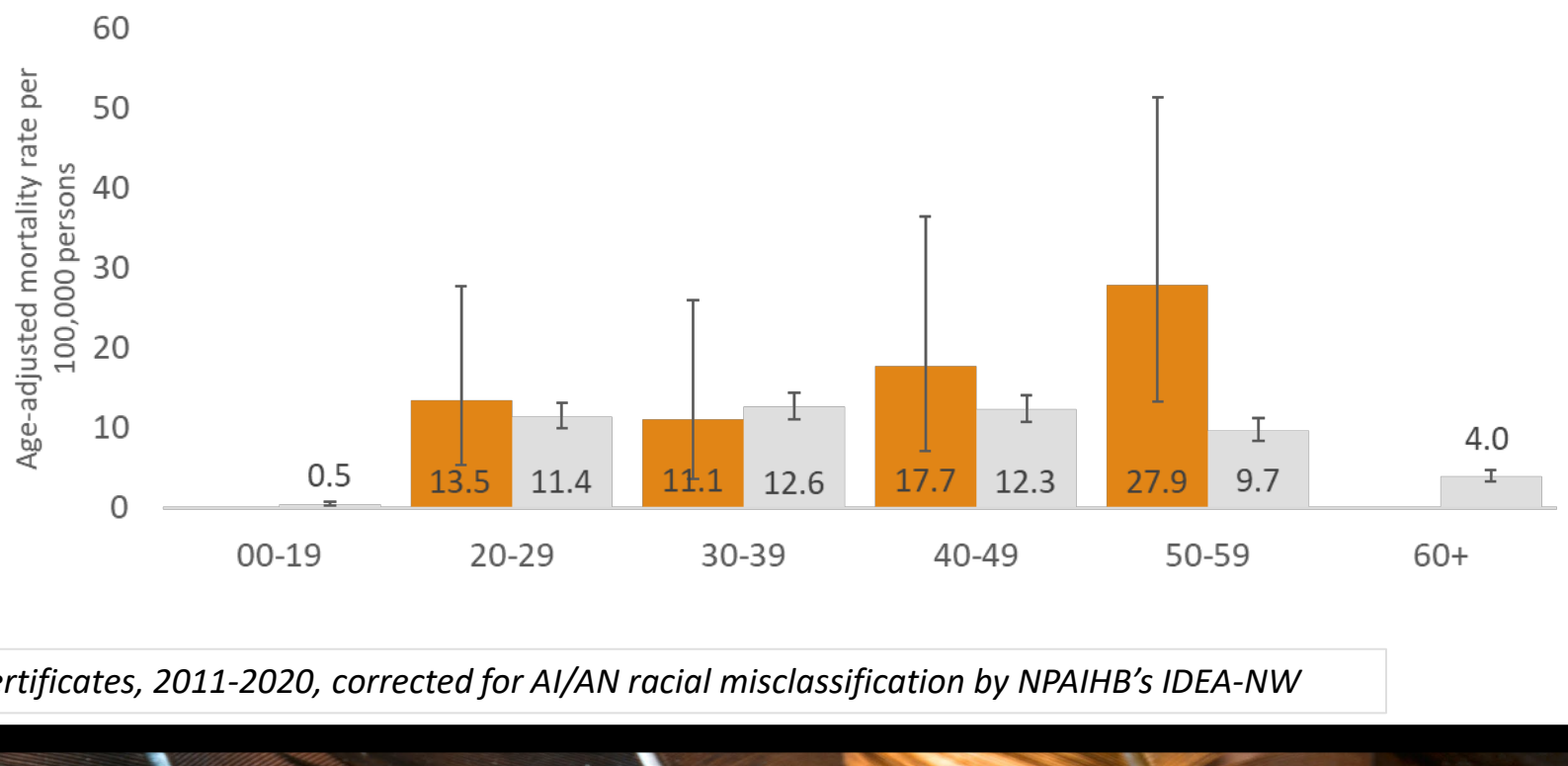
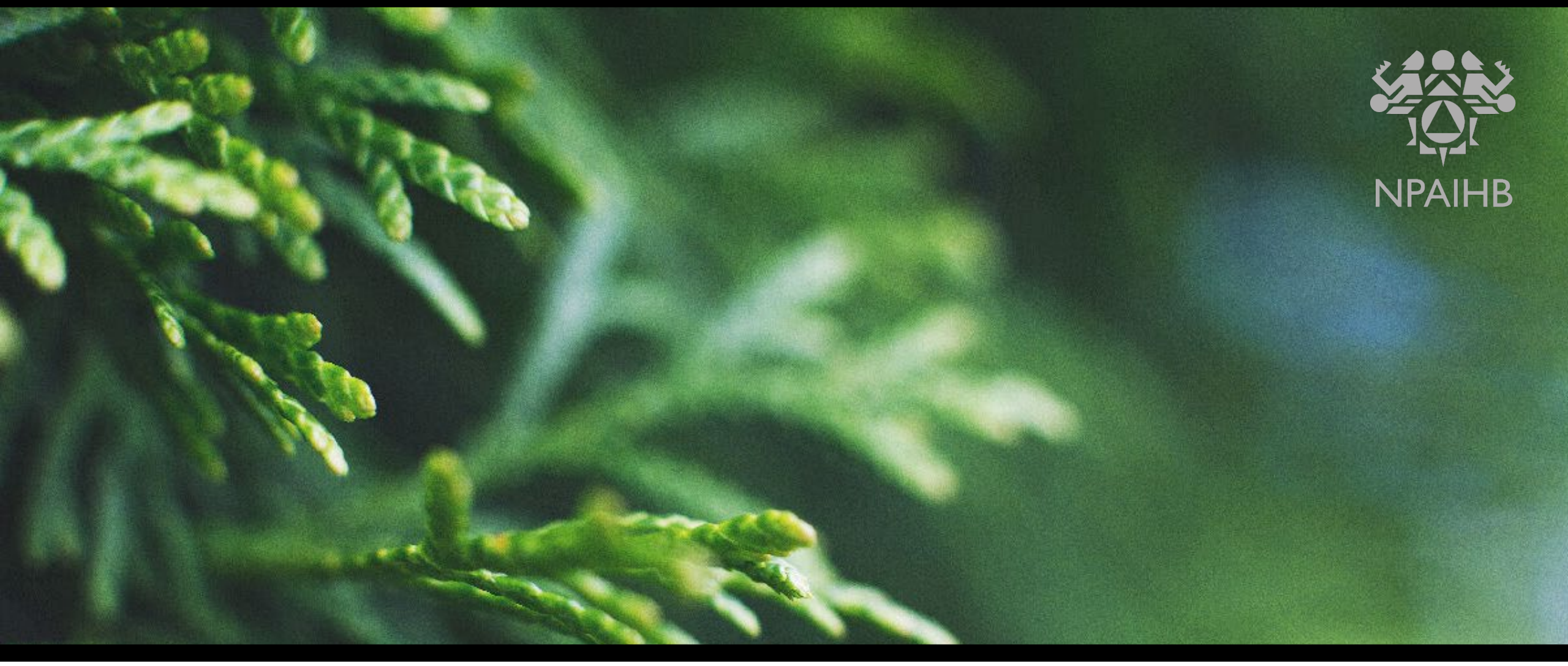


Fig. 5.8. Opioid overdose death rate, **AI/AN** & **NHW**, by age, 2011-2020

AI/AN aged **50-59-years-old** had a **higher** opioid overdose death rate compared to their **NHW** counterparts.



Data Source: Idaho Death Certificates, 2011-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW



Injury & Violence in Idaho

Generally, injuries are separated into two categories: unintentional injuries, which result from events such as motor vehicle crashes, falls, accidental poisoning, or drowning; and intentional injuries, which are caused deliberately by one person to another or to themselves, such as physical abuse, homicide, or suicide. Injury and violence can have both short-term impacts, like missing work or financial strain, and long-term consequences, such as ongoing chronic pain or even trauma that can affect future generations.

Health disparities are exacerbated for American Indians and Alaska Natives, especially with injury and violence disproportionately impacting Native communities. Nationally, in 2020, unintentional injuries were the leading cause of death for American Indians and Alaska Natives ages 1-9 and 15-34, with suicide as the leading cause of death for those 10-14 years of age and homicide as the third leading cause of death for ages 1-24.[23]

The Northwest Portland Area Indian Health Board (NPAIHB) is committed to addressing these disparities and to closing the health outcome gap between American Indian/Alaska Native (AI/AN) and other racial-ethnic groups. Programs, such as Tribal Health: Reaching out InVolves Everyone (THRIVE), aim to improve the health and well-being of AI/AN communities through programmatic assistance, suicide prevention trainings such as QPR (Question Persuade Refer), and resources, such as the Caring Text Message Intervention Campaign.

This section includes analysis of **Idaho death certificate data**, which provides information on demographics and health outcomes of Idaho residents. This analysis utilized data from 2004-2020 and focuses on **suicide, homicide, and unintentional injury**. These records were linked to the Northwest Tribal Registry to correct for race misclassification among AI/AN Idaho residents by NPAIHB's IDEA-NW. The data were limited to AI/AN and Non-Hispanic White (NHW) deaths.

---

23. WISQARS Leading Causes of Death Visualization Tool. Centers for Disease Control and Prevention. Accessed June 27, 2024. https://wisqars.cdc.gov/lcd/.

INJURY & VIOLENCE

Suicide

Suicide is defined as a death due to intentional self-harm.

The suicide rate was about **50% higher** among **AI/AN**, compared to **NHW**. Among **AI/AN**, **males** had the **highest** rate of suicide, **more than triple** that of females.

Fig. 6.1. Suicide mortality, **AI/AN** & **NHW**, by sex, 2016-2020

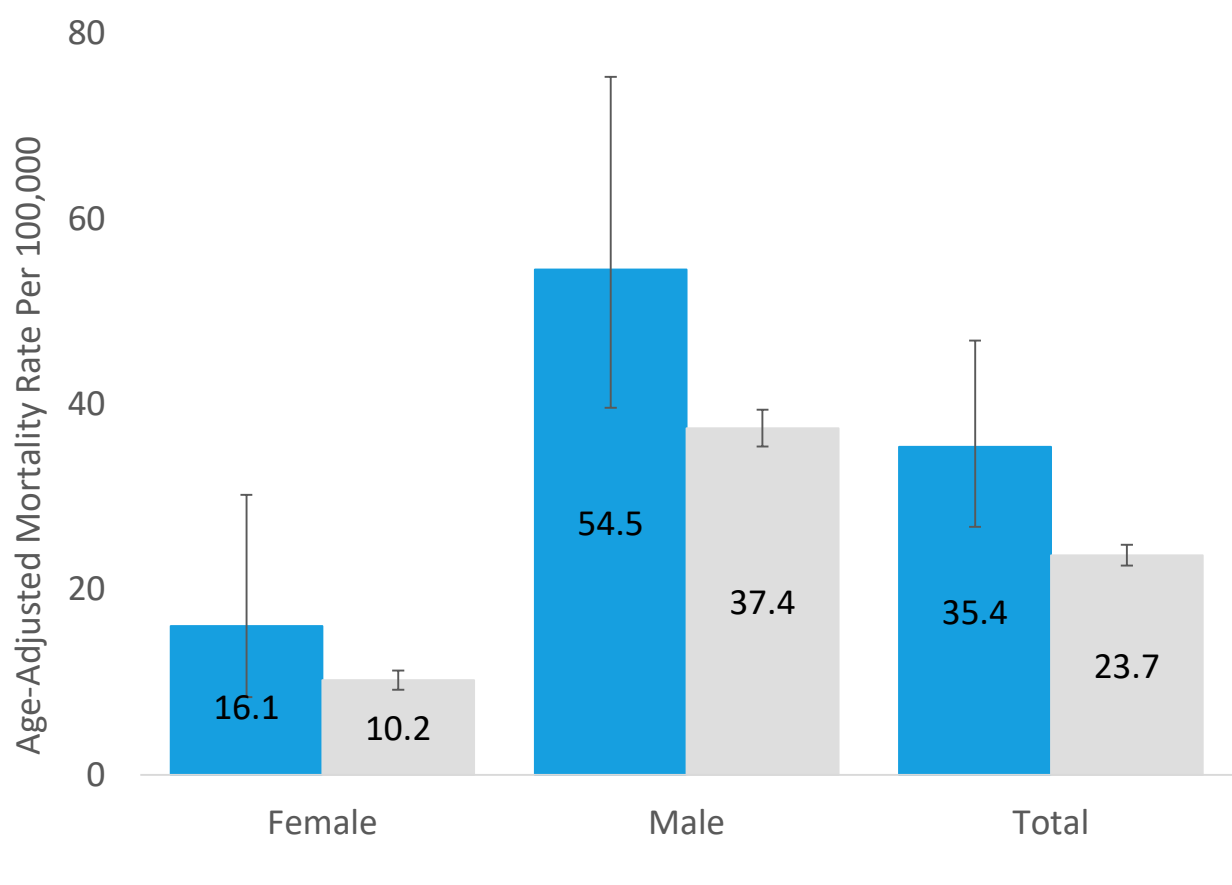
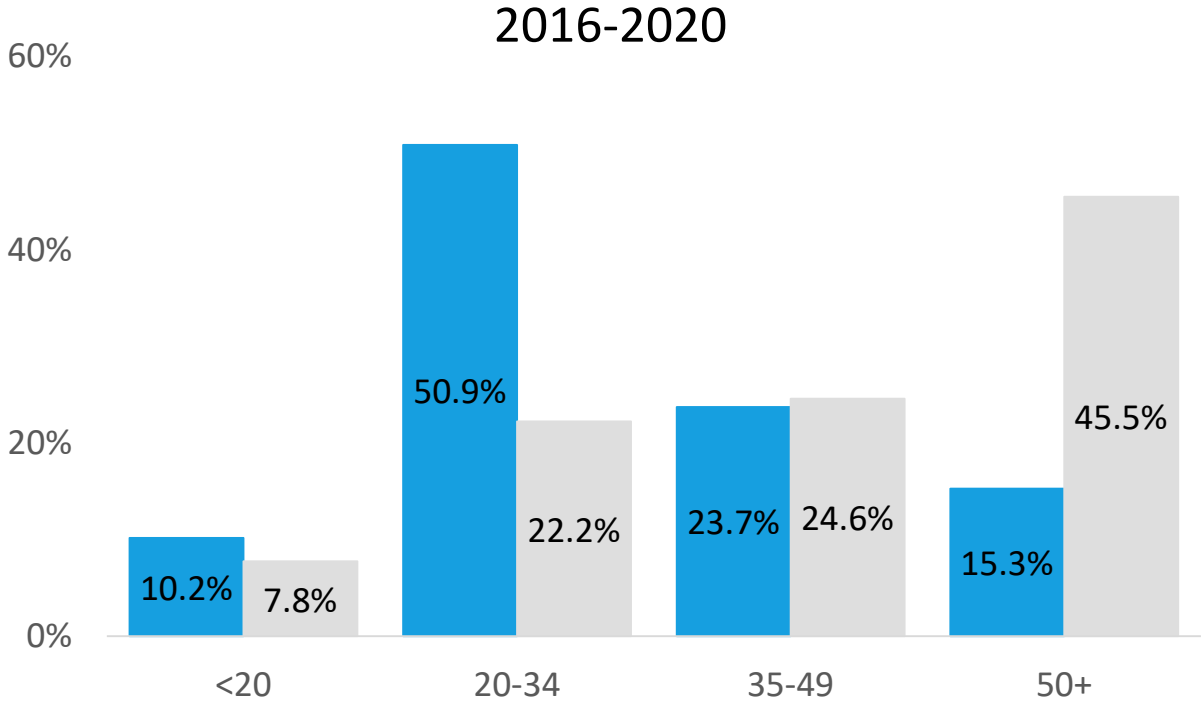


Fig. 6.2. Percentage of suicide deaths, **AI/AN** & **NHW**, by age, 2016-2020



More than half of suicides among **AI/AN** occurred in the **20-34** age group, while the highest proportion of suicides among **NHW** occurred in the **50+** age group.

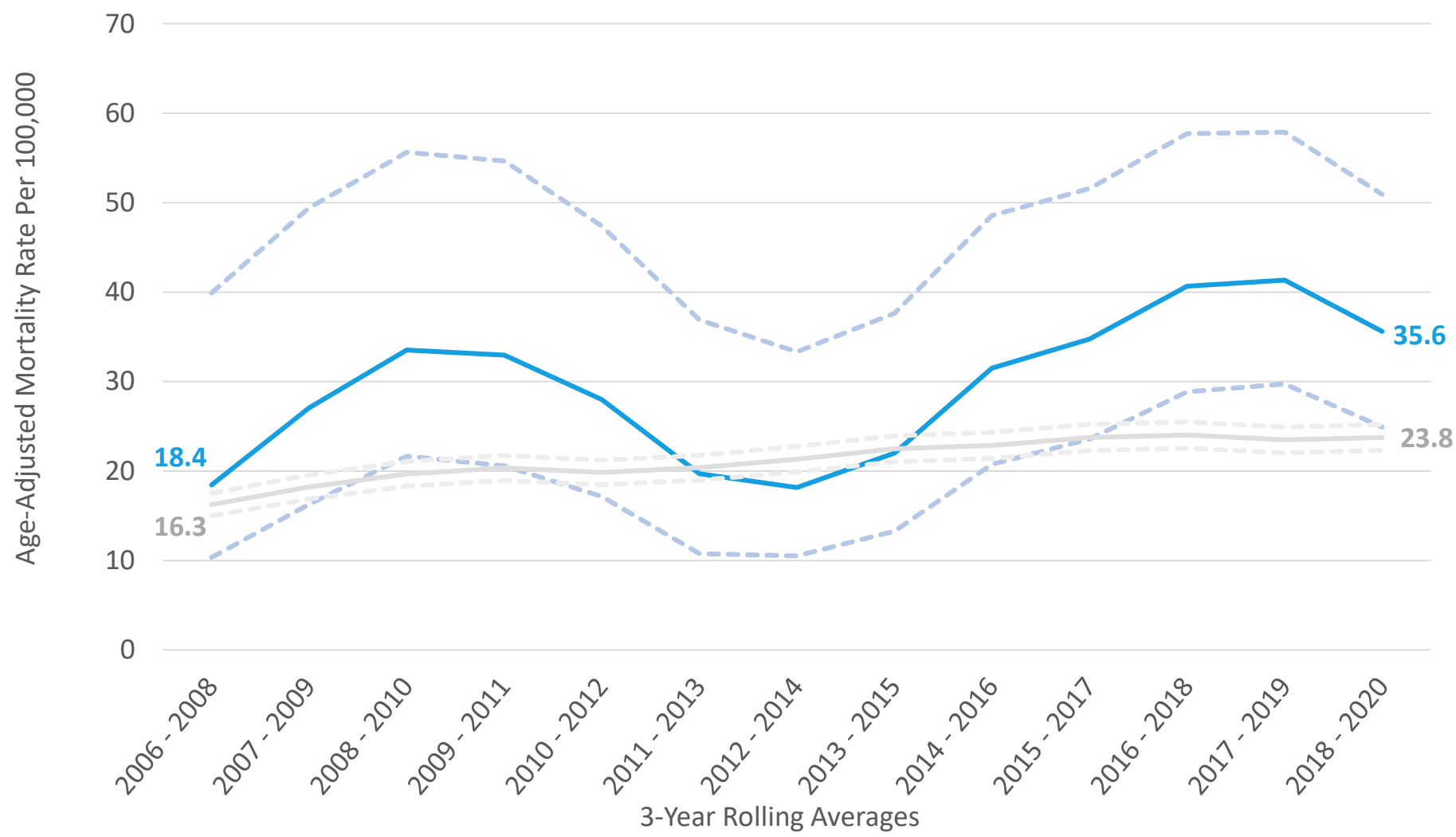
Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Suicide

From 2006-2020, the suicide rate among **AI/AN** **doubled** by the end of the period. In comparison, the suicide rate among **NHW** had consistently increased over time, with it being **46% higher** by the end of the period.

Fig. 6.3. Suicide mortality, **AI/AN** & **NHW**, 2006-2020



If you or someone you know is having a mental health emergency, please dial 988 to reach the Suicide & Crisis Lifeline, or text "Native" to 741741 for free 24/7 support from the Crisis Text Line.

Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Homicide

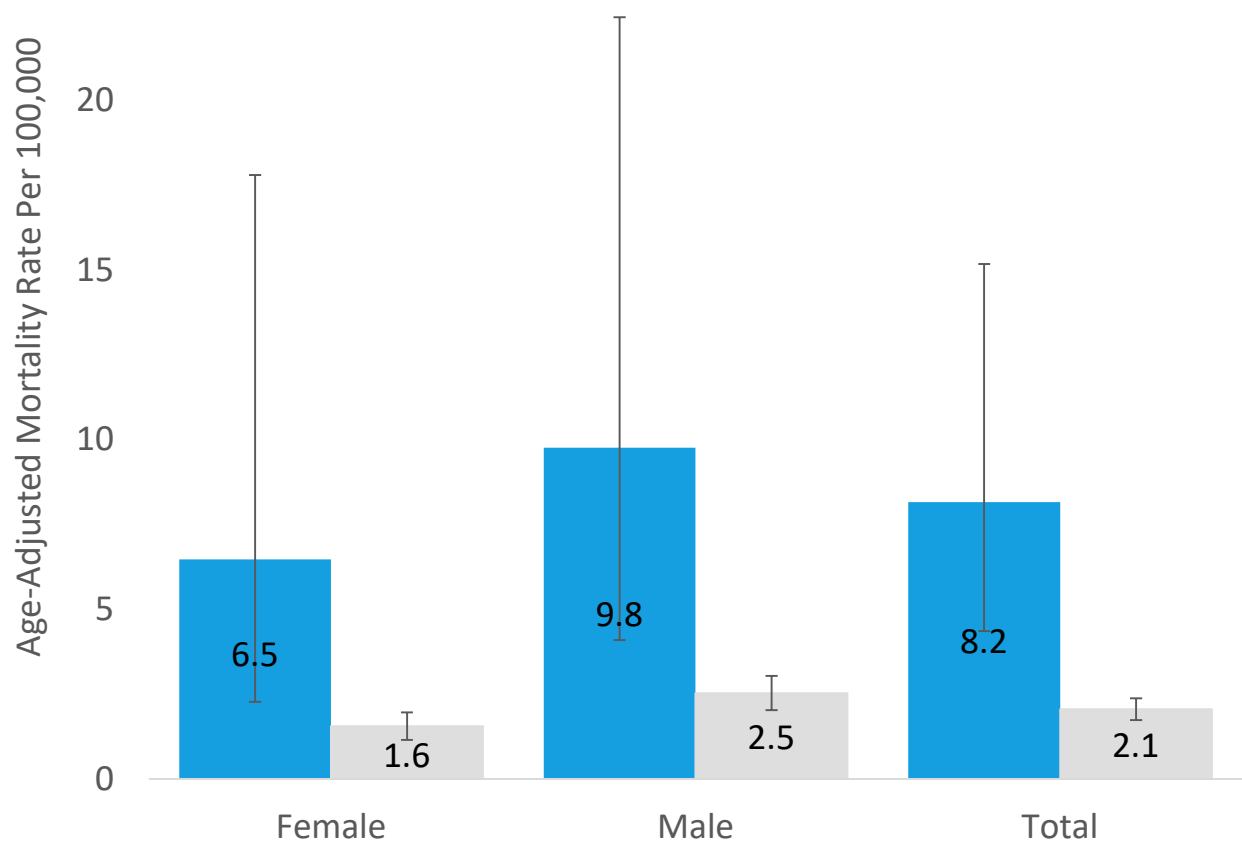
Homicide is defined as a death due to assault or attack from one person to another.

During 2016-2020, the homicide rate for **AI/AN** was **nearly 4 times** that of **NHW**.

Among females and males, the homicide rate was estimated to be **higher** for **AI/AN** than for **NHW**.

The majority of homicides occurred in the **20-34** and **35-49** age groups for both **AI/AN** and **NHW**.

Fig. 6.4. Homicide mortality, **AI/AN** & **NHW**, by sex, 2016-2020



Missing and Murdered Indigenous Women and People (MMIWP) is a crisis that organizations such as the National Missing and Unidentified Persons System (NamUS) (https://namus.nij.ojp.gov/) and Strong Hearts Native Helpline (https://strongheartshelpline.org/) help to address.

Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury

Unintentional injury is defined as a death due to an accident, such as a poisoning from a toxic substance, motor-vehicle accident, drowning, firearm incident, or fall.

Among **AI/AN**, the unintentional injury death rate was estimated to be **nearly twice as high** for males than for females.

Fig. 6.5. Unintentional injury mortality, **AI/AN** & **NHW**, by sex, 2016-2020

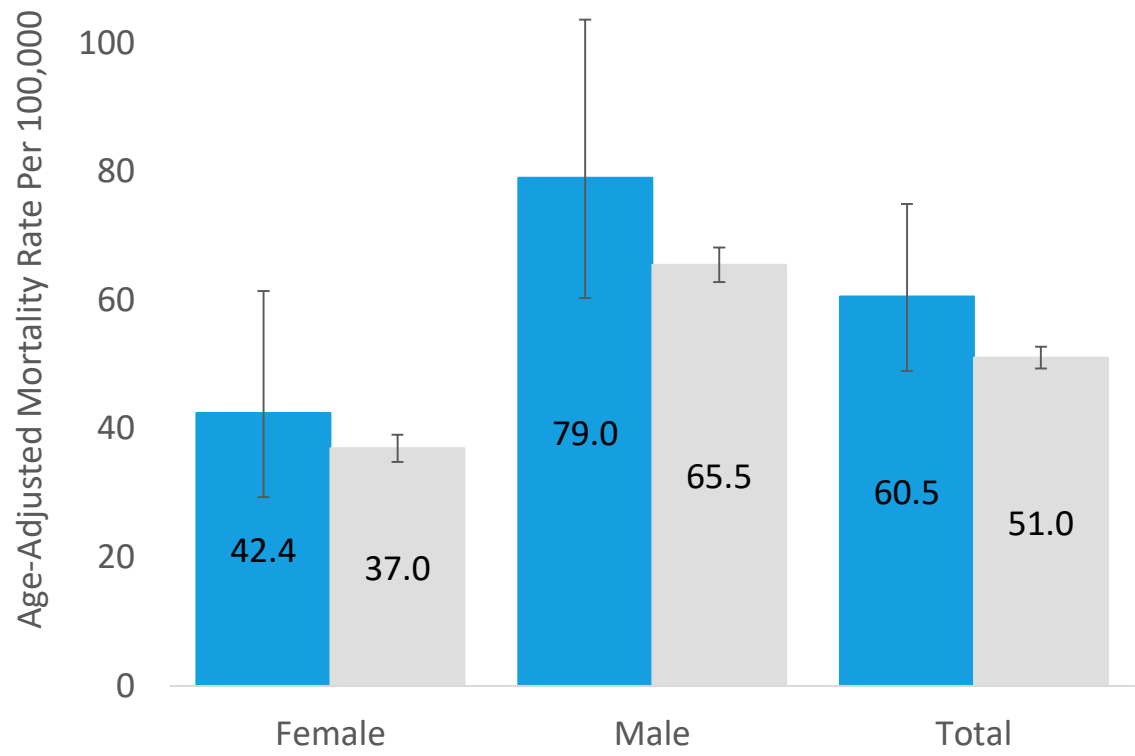
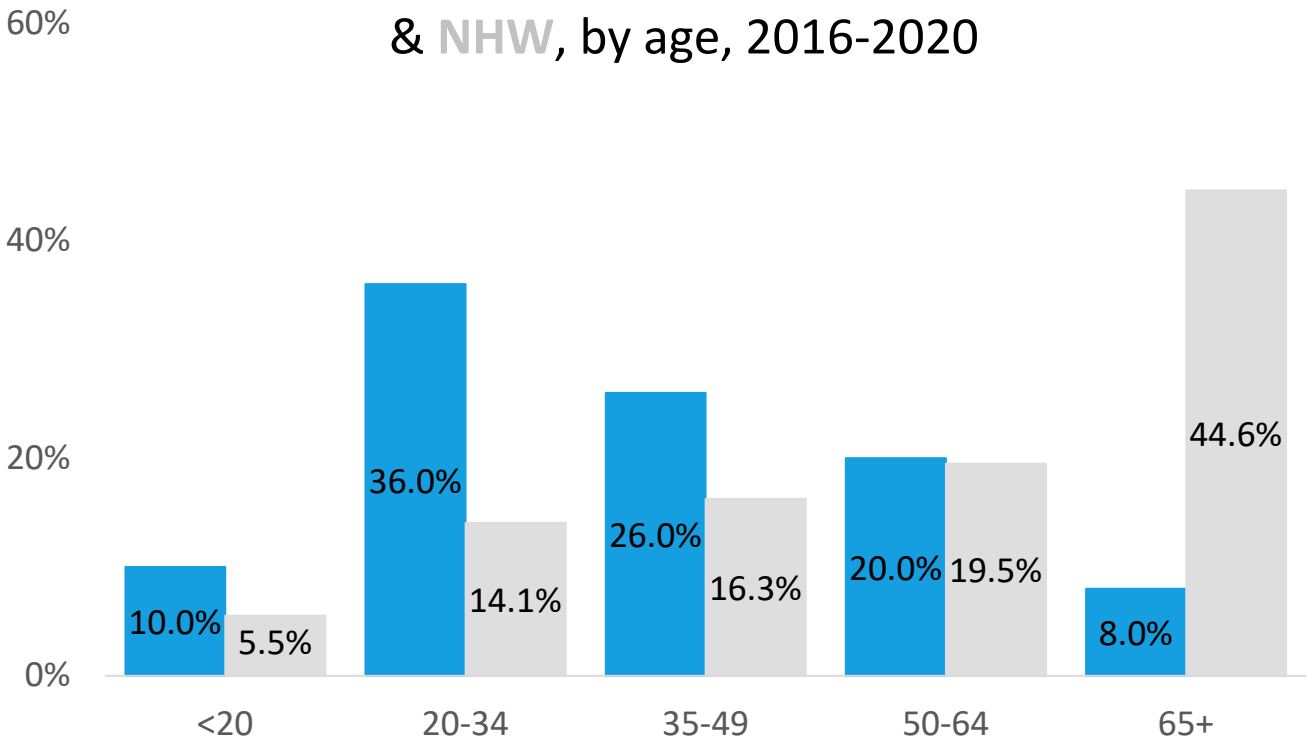


Fig. 6.6. Percentage of unintentional injury deaths, **AI/AN** & **NHW**, by age, 2016-2020



The proportion of deaths due to unintentional injuries was highest for the **20-34** age group among **AI/AN** and the **65+** age group among **NHW**.

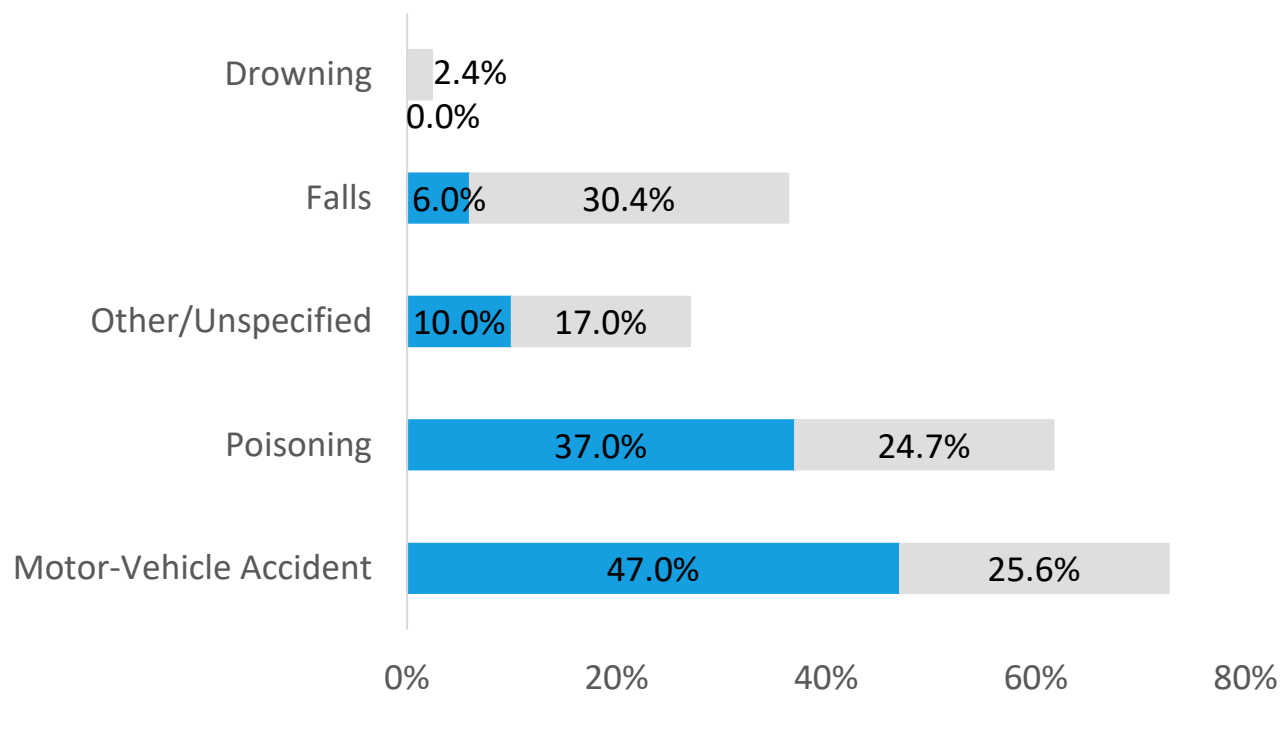
Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury

During 2016-2020, the highest proportion of unintentional injury deaths occurred in **motor-vehicle accidents** among **AI/AN** and **falls** among **NHW**.

Fig. 6.7. Percentage of unintentional injury mortality by cause, **AI/AN** & **NHW**, 2016-2020



NPAIHB's IDEA-NW project works to address racial misclassification of AI/AN people by correcting inaccurate race information in health datasets. Without race correction, 10 unintentional injury deaths among AI/AN from 2016 to 2020 would not have been represented. This would have resulted in AI/AN rates incorrectly lower by up to 13%.

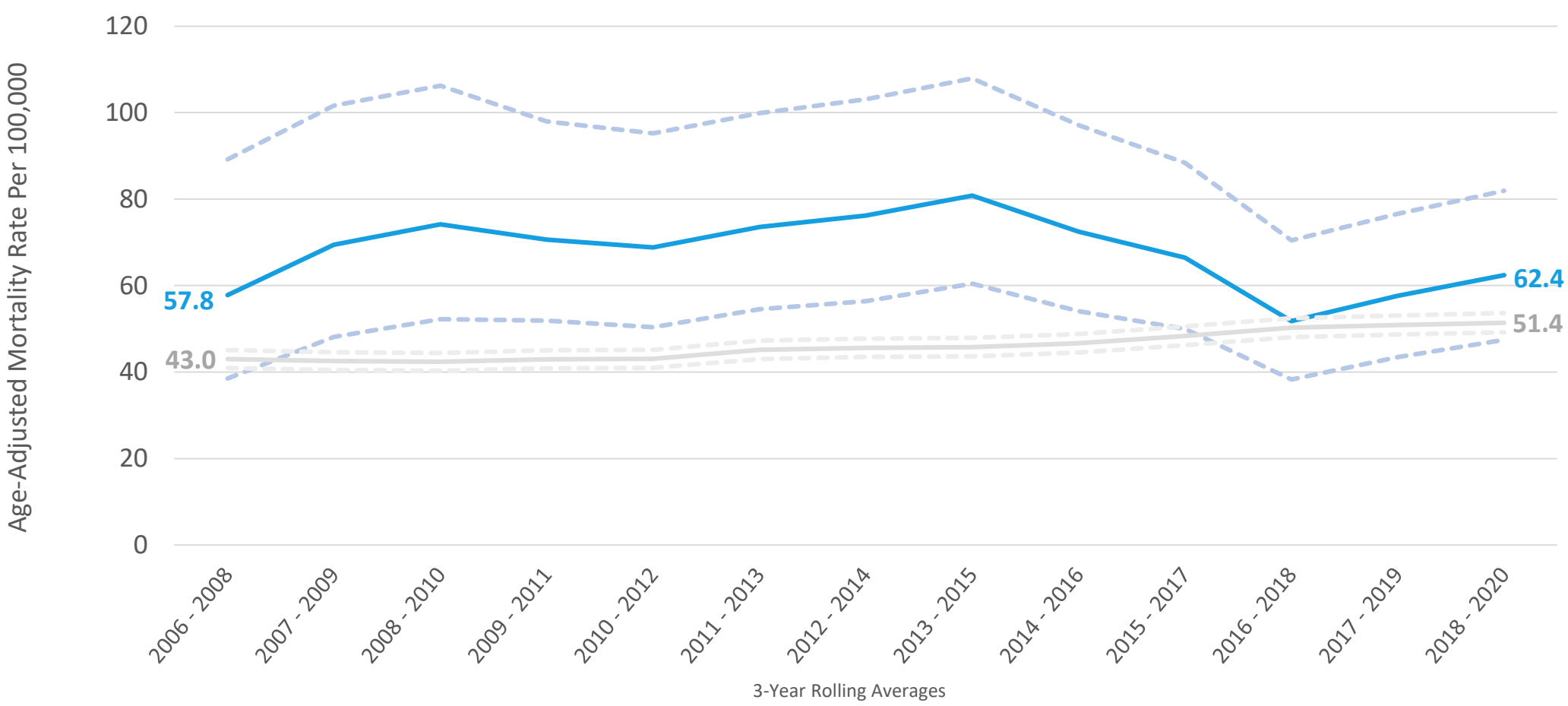
Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury

From 2006-2020, the unintentional injury death rate **increased overall for both AI/AN** and **NHW.**

Fig. 6.8. Unintentional injury mortality, **AI/AN** & **NHW**, 2006-2020



Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury: Motor-Vehicle Accidents

Motor-vehicle accident mortality is defined as an unintentional death that involved a motor-vehicle, which includes being struck by a motor-vehicle or being inside one.

AI/AN males had the **highest** mortality rate due to motor-vehicle accidents; however, the **AI/AN female** mortality rate was **nearly triple** that of **NHW females**.

Fig. 6.9. Motor-vehicle accident mortality, **AI/AN** & **NHW**, by sex, 2016-2020

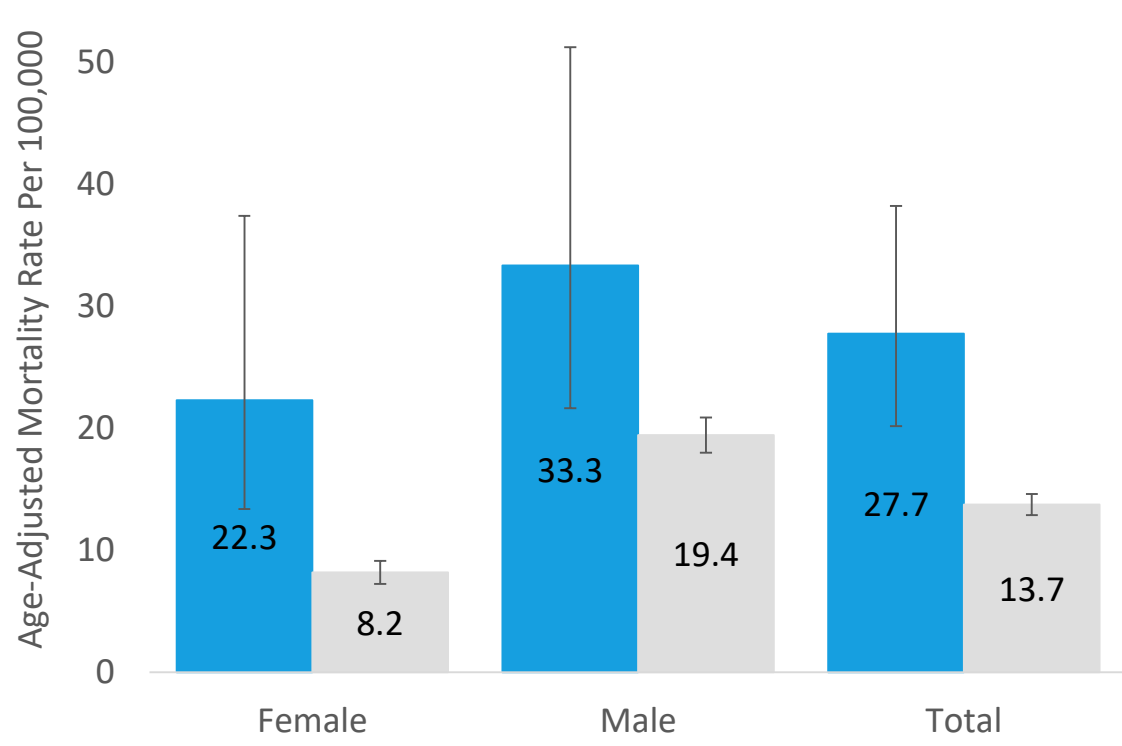
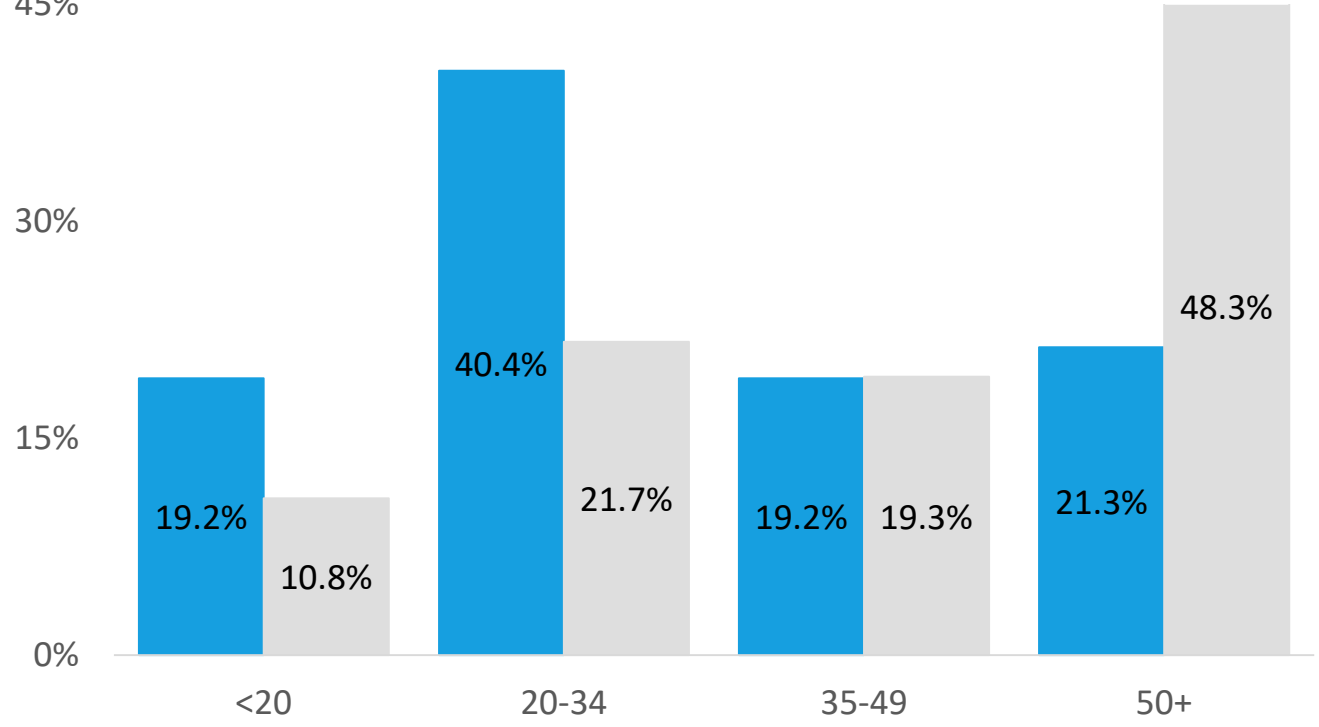


Fig. 6.10. Percentage of motor-vehicle accident deaths, **AI/AN** & **NHW**, by age, 2016-2020



The proportion of motor-vehicle accident deaths was highest for the **20-34** age group among **AI/AN** and the **50+** age group among **NHW**.

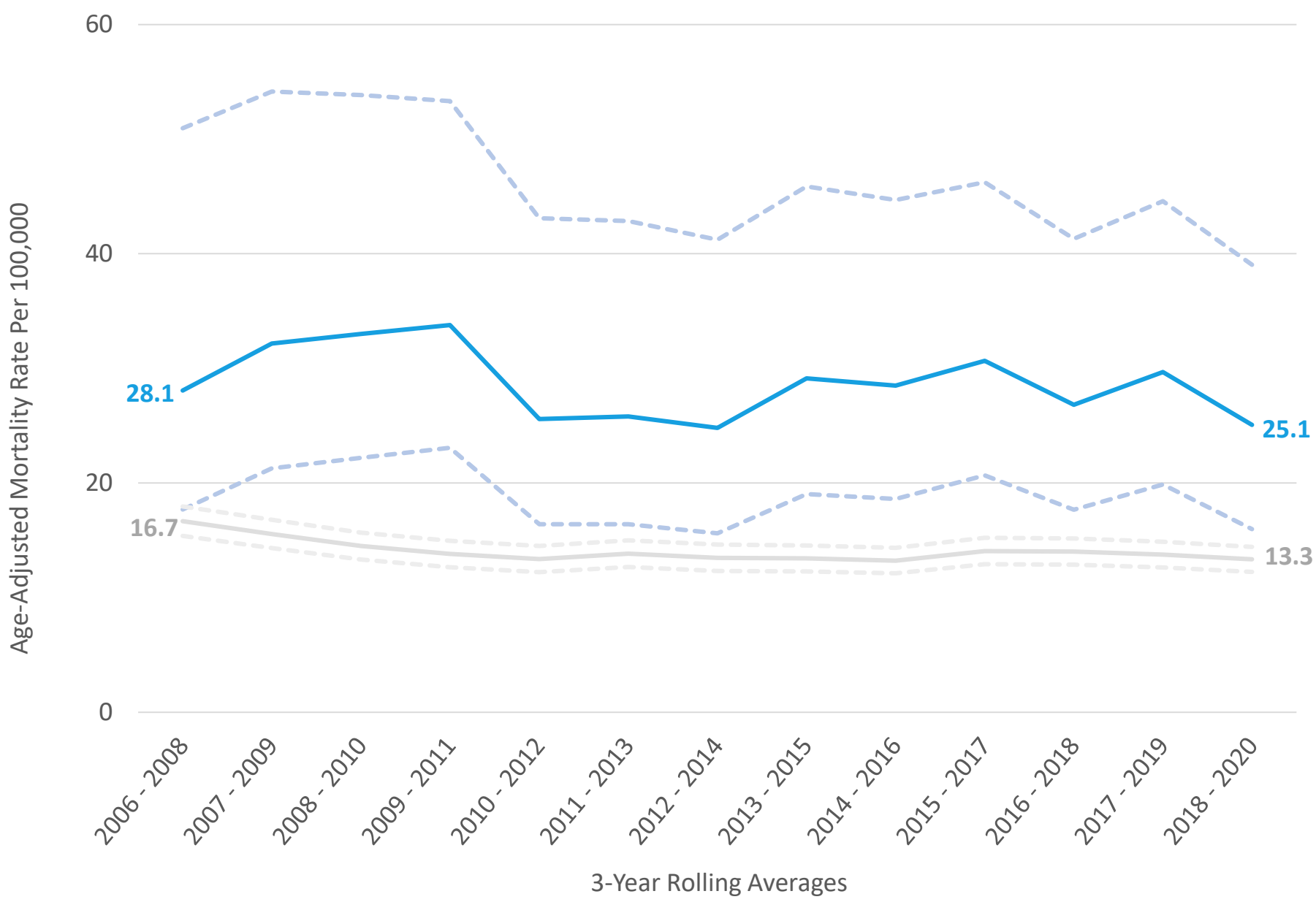
Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury:
Motor-Vehicle Accidents

From 2006-2020, the mortality rate due to motor-vehicle accidents for **AI/AN** was about **1.7-2.4 times higher** than **NHW** throughout the period.

Fig. 6.11. Motor-vehicle accident mortality, **AI/AN** & **NHW**, 2006-2020



Data Source: Idaho Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

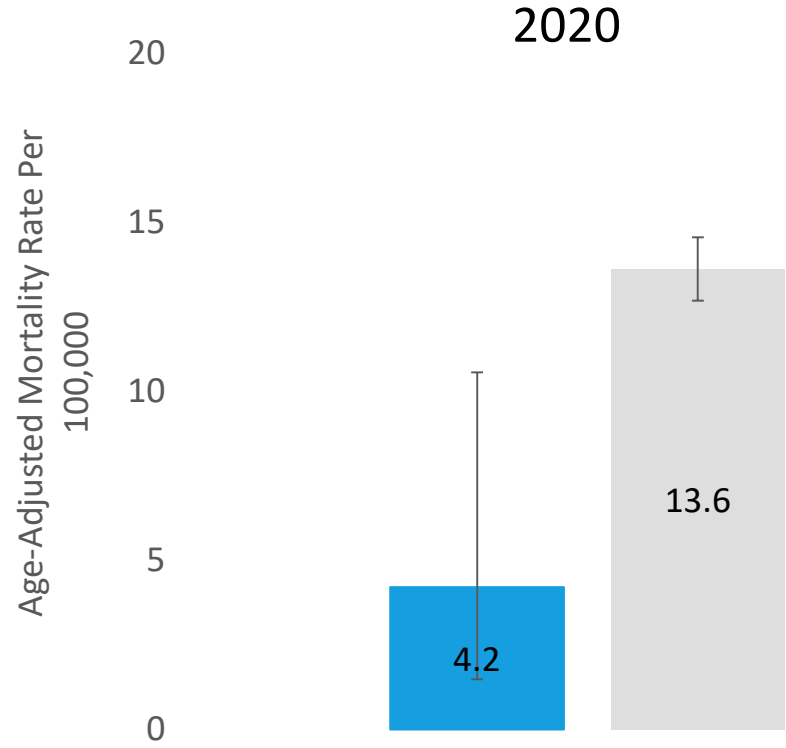
INJURY & VIOLENCE

Unintentional Injury: Falls

A fall occurs when a person unintentionally drops down to the ground or a lower level. Falls can lead to broken bones or head injuries.

The mortality rate due to falls was **lower** among **AI/AN** at **4.2** deaths per 100,000 people, compared to **NHW** at **13.6** deaths per 100,000 people.

Fig. 6.12. Falls mortality, **AI/AN** & **NHW**, by sex, 2016-2020



The rate of falls-related deaths was **higher for males** for both **AI/AN** and **NHW**. The majority of falls occurred among the **65+** age group for both **AI/AN** and **NHW** (not shown).

Data Source: Idaho Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

SUPPLEMENT: Maternal & Child Health in Idaho

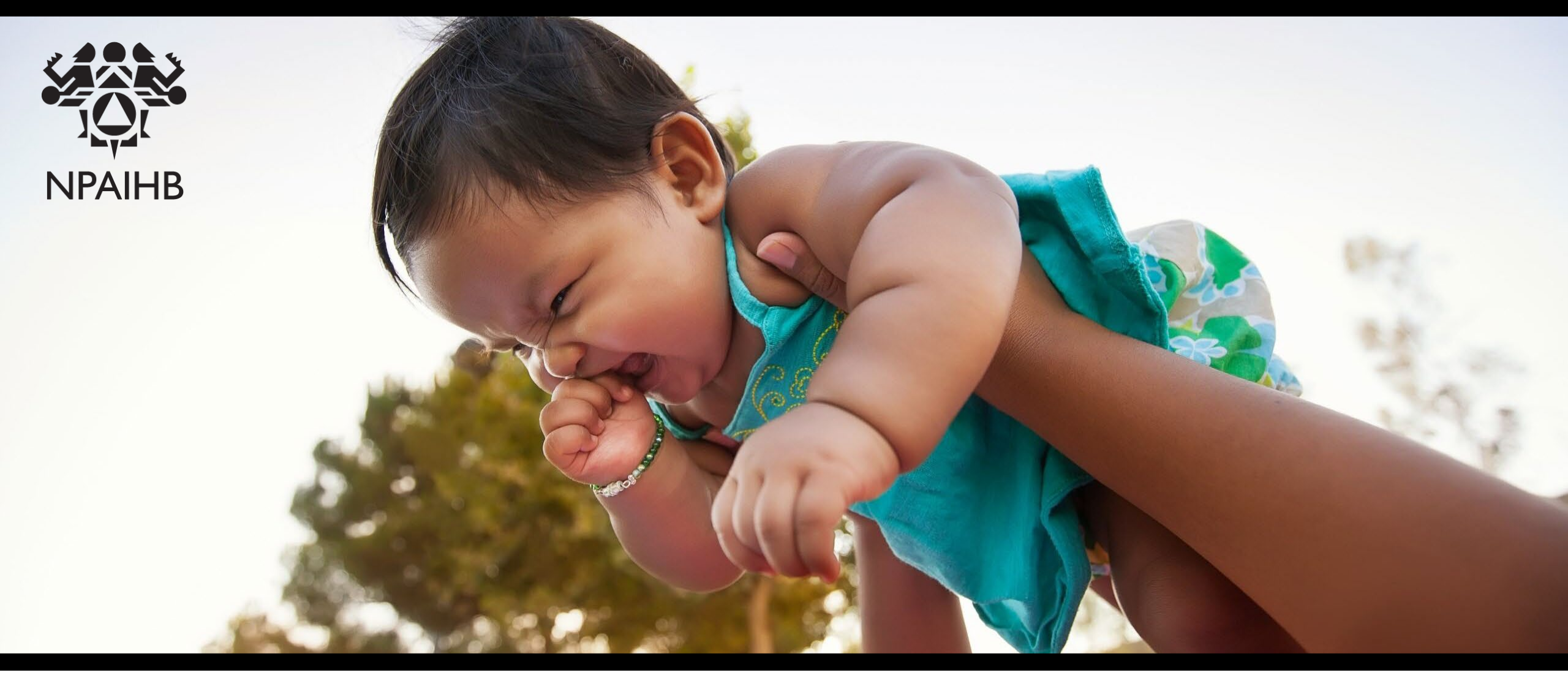
Maternal and child health indicators speak to the lived experiences of mothers, infants and families— and can often point to life-long implications for the health of children. Beyond the present generation, maternal outcomes can also have a significant effect on the well-being of subsequent generations of pregnant people, children, and communities.

While the United States has seen improvement in many maternal and child health indicators in recent decades, pregnant people living in the United States continue to experience higher rates of preterm birth, infant mortality and maternal mortality in comparison to nations of similar GDP (gross domestic product) and healthcare resources. Furthermore, racial and ethnic disparities are exacerbated for American Indians and Alaska Natives, populations who continue to face serious maternal health burdens.

The Northwest Portland Area Indian Health Board is committed to addressing these disparities and to closing the health outcome gap between AI/AN and other racial-ethnic groups. By narrowing in specifically on maternal and child health indicators, we aim to improve the health and well-being of AI/AN pregnant people, children, and communities, and preserve the health of future generations.

Idaho birth certificate data provide information on maternal and infant health, maternal demographics and pregnancy risk factors of Idaho residents who gave birth in Idaho. This analysis utilized data from Idaho birth certificates from 2018-2020. These records were linked to the Northwest Tribal Registry to correct for race misclassification among American Indian/ Alaska Native (AI/AN) Idaho residents. The data were limited to AI/AN and Non-Hispanic White (NHW) births.

Across 2018-2020, the Idaho birth rate (births per 1,000 population) was 9.6 for the AI/AN population compared to 9.9 for NHW. The AI/AN fertility rate (births per 1,000 women age 15-44) was 46.8 for the AI/AN population and 57.5 for the NHW population.



MATERNAL & CHILD HEALTH

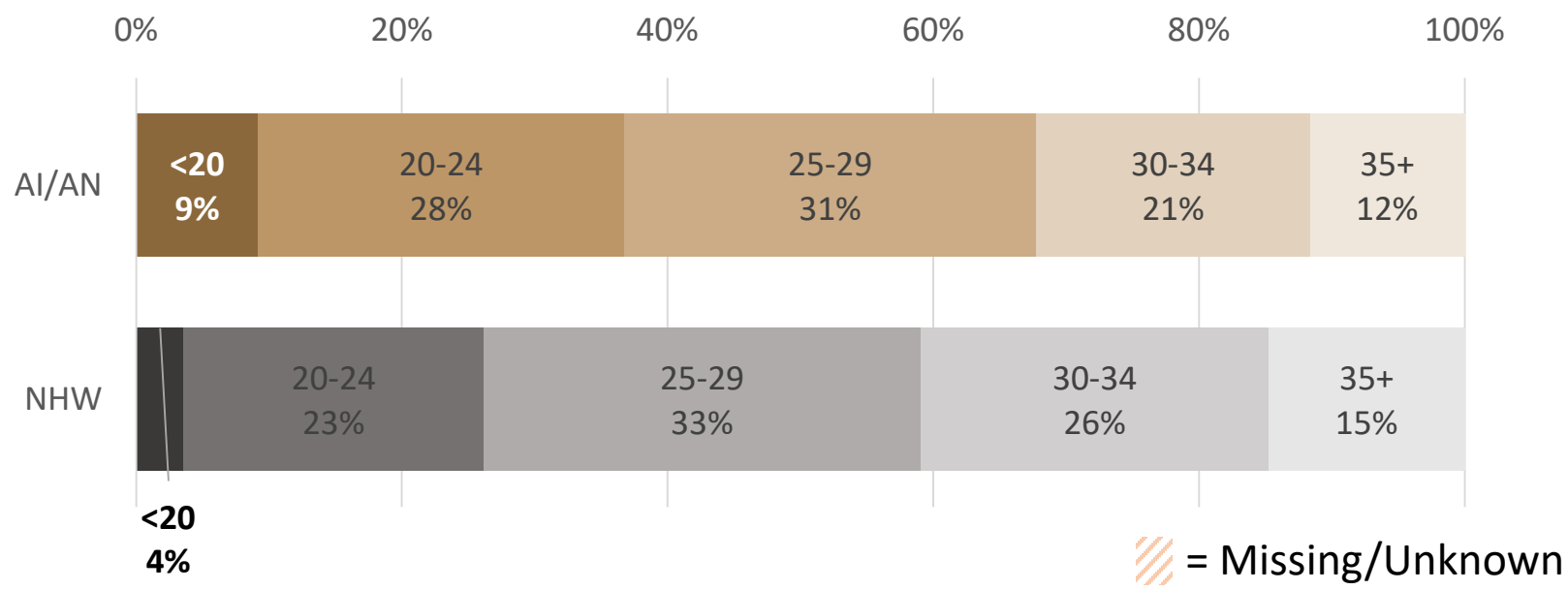
Maternal Demographics

AI/AN pregnant people faced greater socioeconomic barriers to healthy pregnancy.

Pregnancy under the age of 20 and above the age of 35 is associated with **increased risk of pregnancy complications**, including poor fetal growth, preeclampsia, and pre-term birth.

AI/AN pregnant people were **2 times** more likely to be under the age of 20 at time of delivery than **NHW** pregnant people.

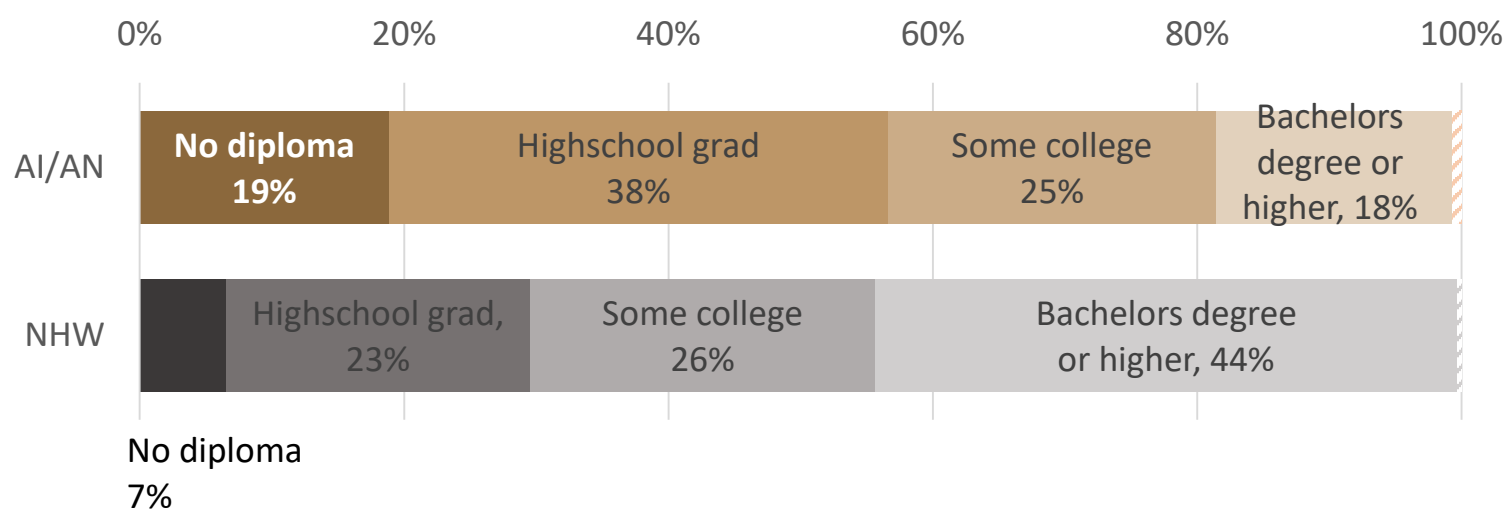
Fig. 7.1. Age at time of delivery, **AI/AN** & **NHW**, 2018-2020



AI/AN pregnant people were nearly **3 times** more likely to not have a high school diploma or GED at time of delivery.

43% of **AI/AN** pregnant people received WIC support during pregnancy in comparison to **22%** of **NHW** pregnant people (not shown).

Fig. 7.2. Educational Attainment of mother at time of delivery, **AI/AN** & **NHW**, 2018-2020



Data Source: Idaho Birth Certificates, 2018-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

MATERNAL & CHILD HEALTH

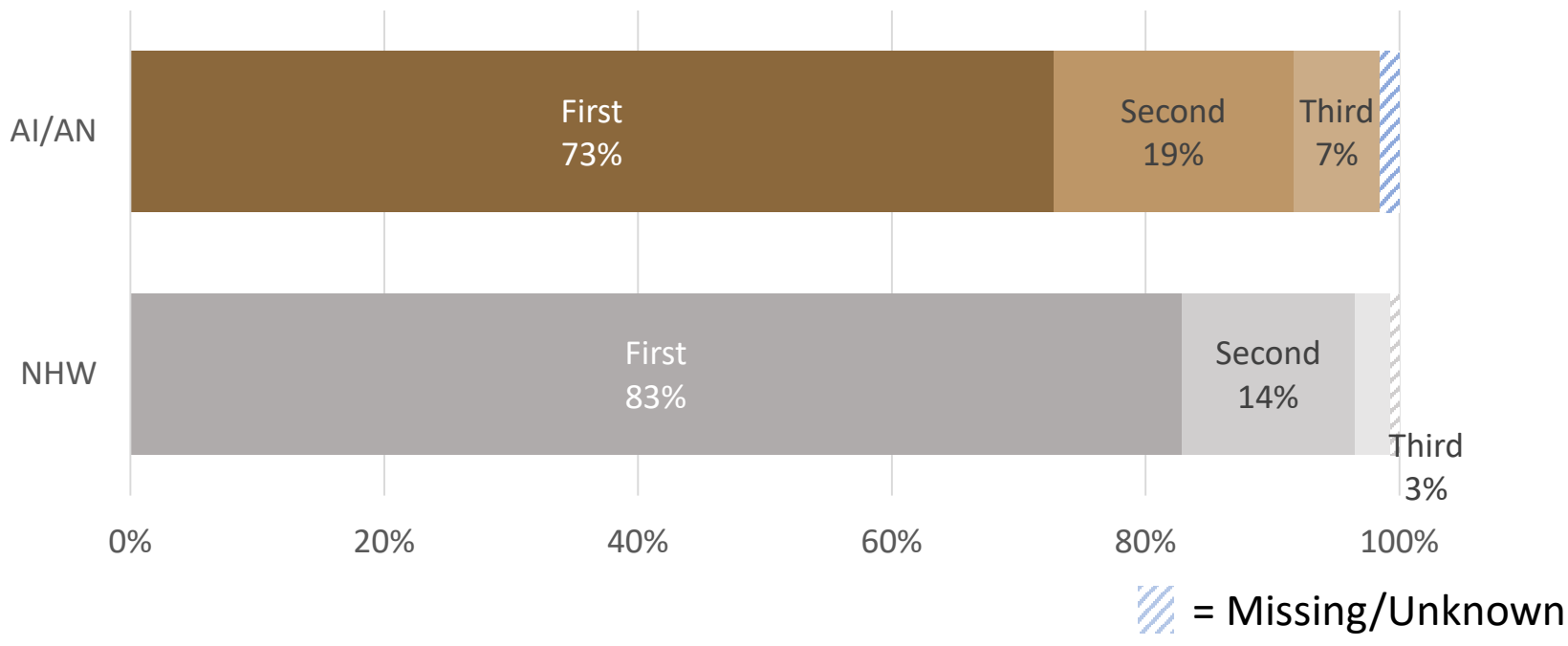
Prenatal care adequacy

AI/AN pregnant people were nearly **2 times** more likely than **NHW** pregnant people to receive no prenatal care during pregnancy.

Starting prenatal care early in pregnancy increases the chances of a healthy pregnancy by decreasing the risk of preterm delivery and low birthweight.

Among those who received prenatal care, **AI/AN** pregnant people were less likely to receive prenatal care in the first trimester.

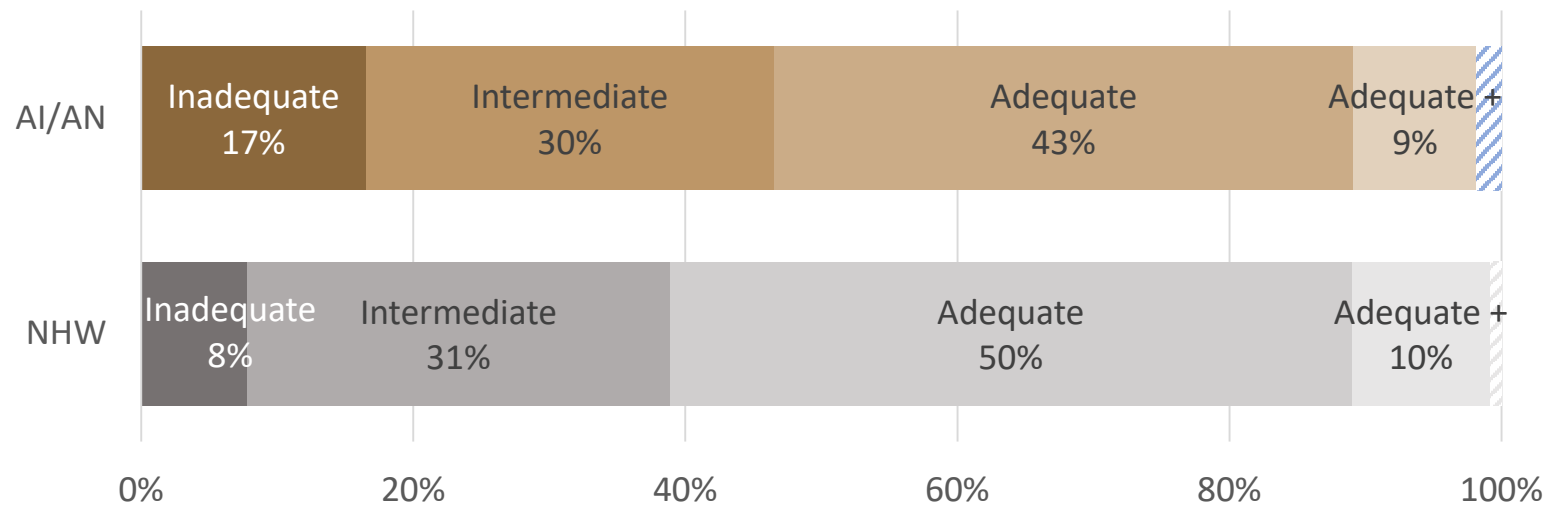
Fig. 7.3. Term Received Prenatal Care, **AI/AN** & **NHW**, 2018-2020



The adequacy of received care score compares the received number of prenatal visits to the expected number of visits for a pregnancy of that length.

AI/AN pregnant people were more likely than **NHW** pregnant people to receive inadequate prenatal care.

Figure 7.4. Adequacy of Prenatal Care, **AI/AN** & **NHW**, 2018-2020



Data Source: Idaho Birth Certificates, 2018-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

MATERNAL & CHILD HEALTH

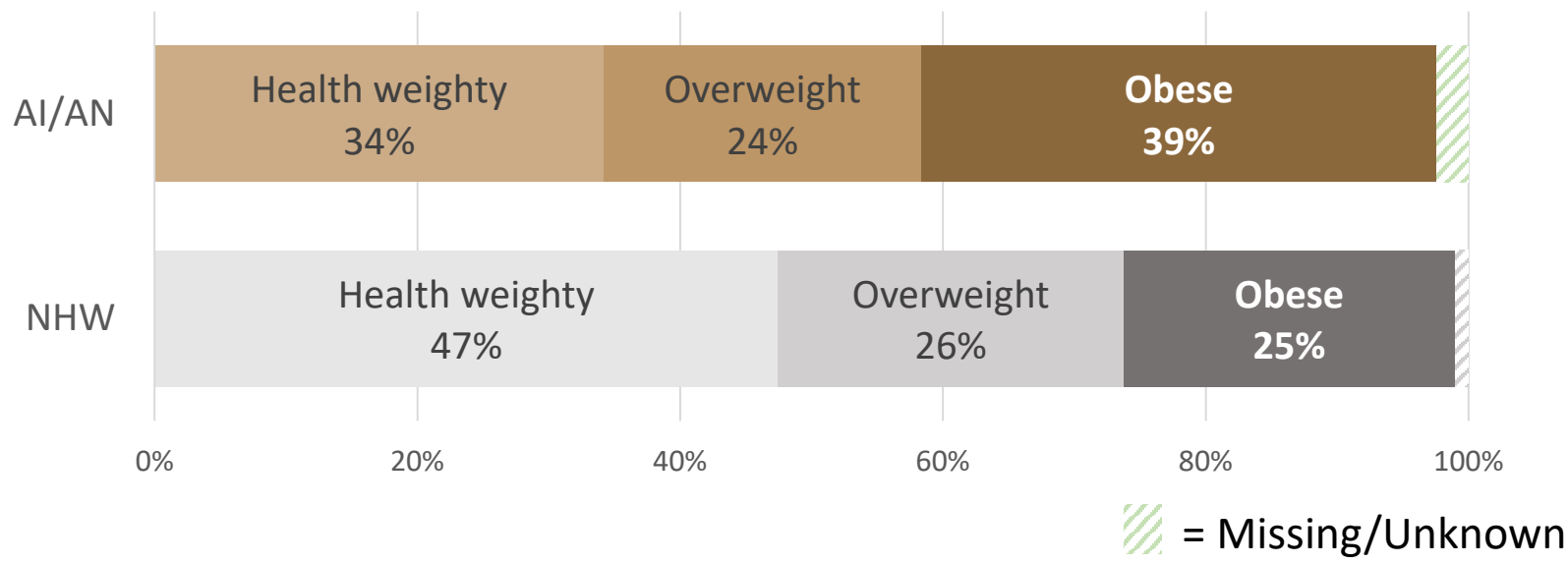
Pregnancy Risk Factors

AI/AN pregnant people were more likely to have health complications before and during pregnancy.

Having a high BMI during pregnancy increases the risk of gestational diabetes and hypertension for the pregnant person, as well as miscarriage and stillbirth.

AI/AN pregnant people were more likely to be obese than **NHW** pregnant people

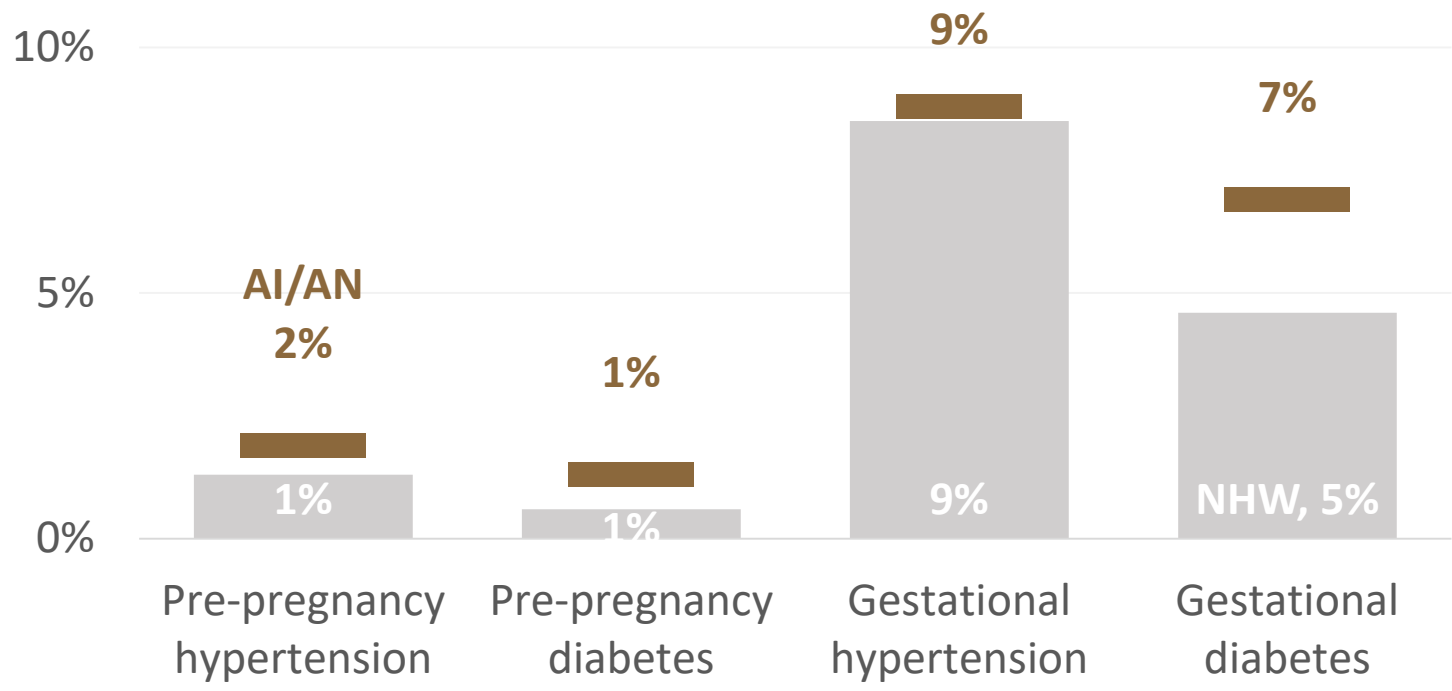
Fig. 7.5. BMI of mother at time of delivery, **AI/AN** & **NHW**, 2018-2020



AI/AN pregnant people faced a marginally higher risk of pre-pregnancy and gestational diabetes.

Hypertension during pregnancy increases the risk of eclampsia and preterm birth. Diabetes puts the mother and infant at risk of complications.

Fig. 7.6. Hypertension and diabetes status of mother, **AI/AN** & **NHW**, 2018-2020



Data Source: Idaho Birth Certificates, 2018-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

MATERNAL & CHILD HEALTH

Smoking during pregnancy

AI/AN pregnant people use commercial tobacco at higher rates than **NHW** pregnant people.

Smoking before pregnancy increases the risk of miscarriage, low birth weight and preterm birth.

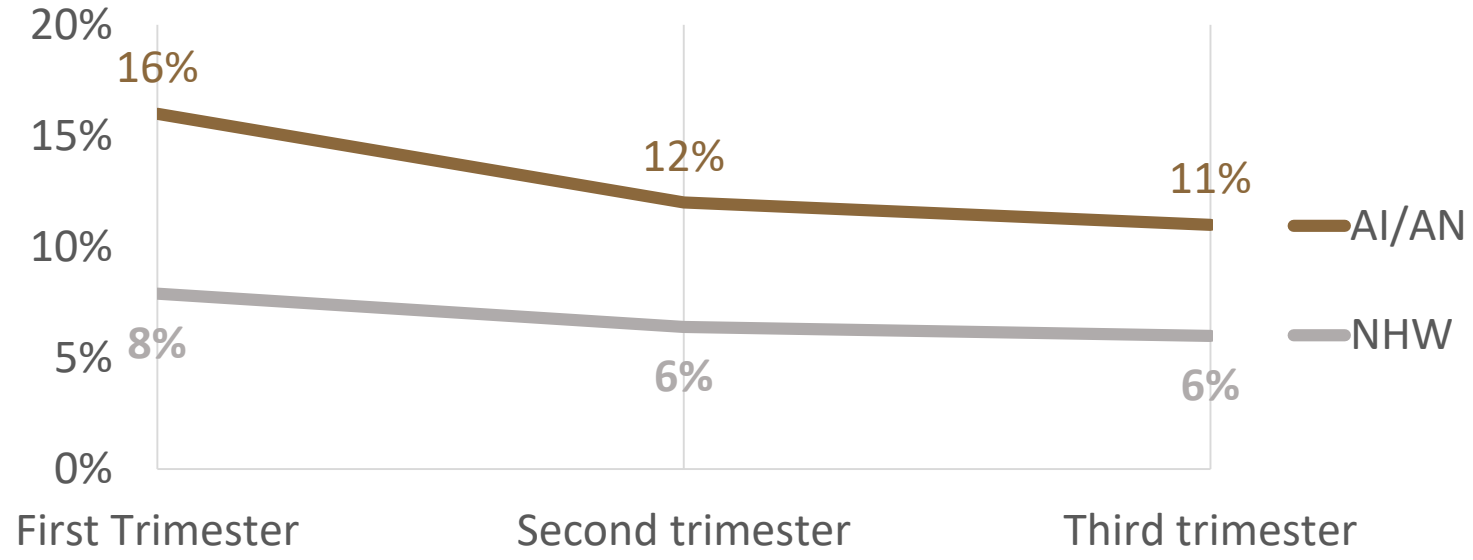
20%

of **AI/AN** pregnant people smoked in the three months before pregnancy, in comparison to **11%** of **NHW** pregnant people (not shown).

AI/AN pregnant people smoked cigarettes at higher rates than **NHW** pregnant people across pregnancy.

Fig. 7.7. Smoking during pregnancy, **AI/AN** & **NHW**, 2018-2020

Smoking during pregnancy is associated with numerous pregnancy risks including poor fetal growth, preterm birth and stillbirth.



Data Source: Idaho Birth Certificates, 2018-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

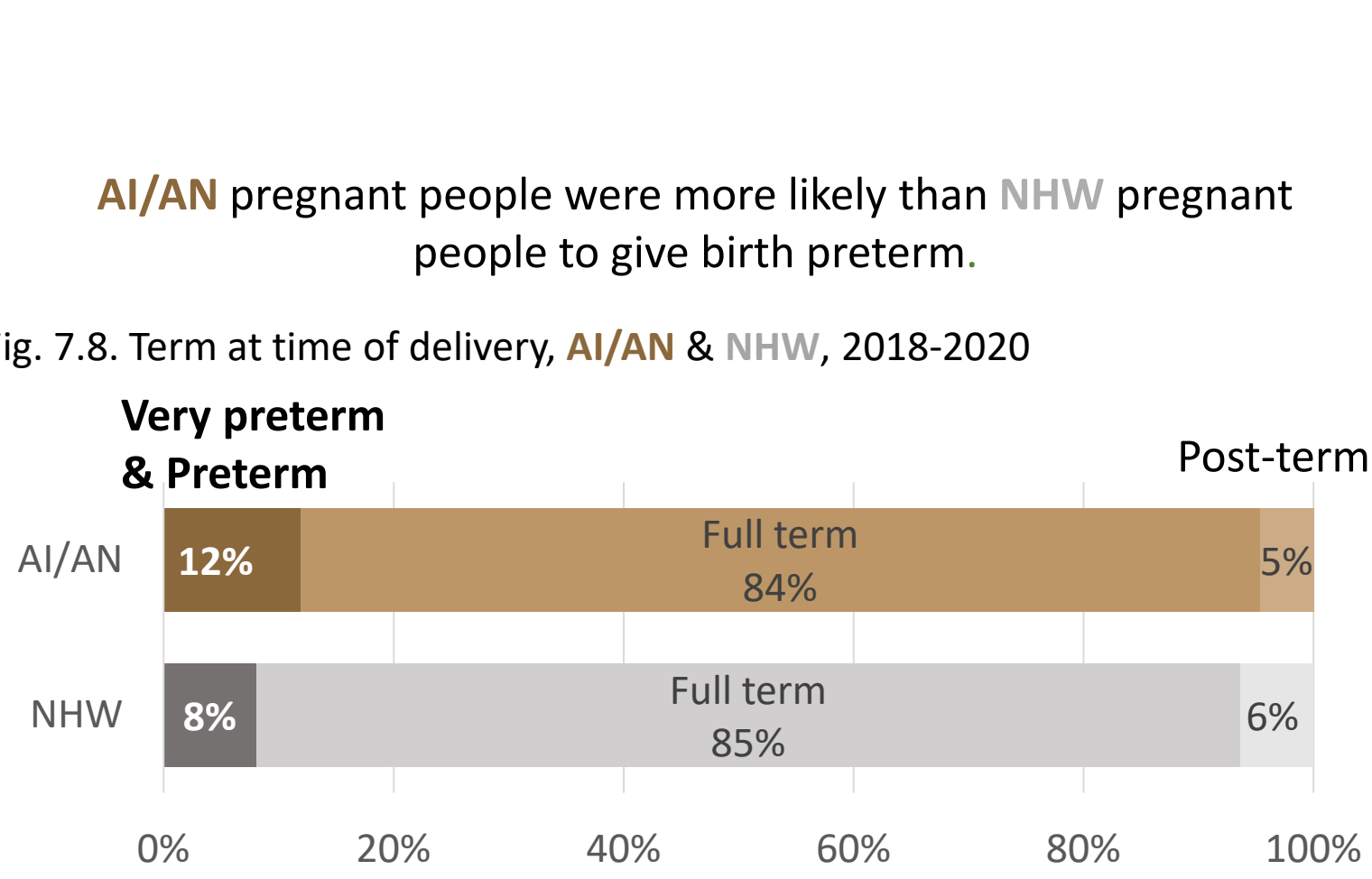
MATERNAL & CHILD HEALTH

Infant health

AI/AN pregnant people were more likely than **NHW** pregnant people to give birth preterm.

Very preterm births occur before 32 weeks of pregnancy. Preterm births occur between 32 and 34 weeks of pregnancy. Preterm babies are more likely to have medical complications.

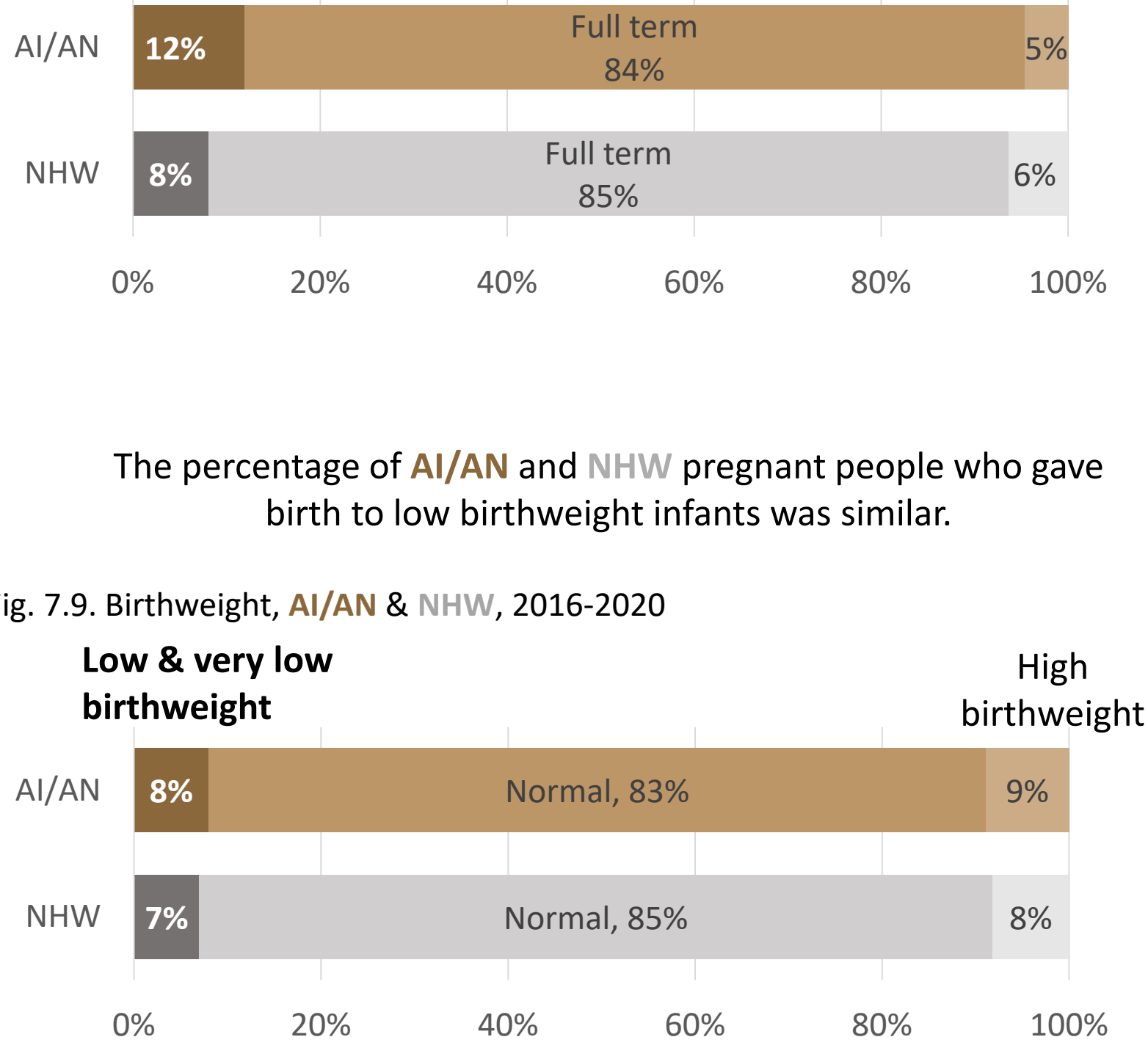
Fig. 7.8. Term at time of delivery, **AI/AN** & **NHW**, 2018-2020



The percentage of **AI/AN** and **NHW** pregnant people who gave birth to low birthweight infants was similar.

Babies who have very low or very high weight at birth can be at a higher risk of death and other complications as they grow up.

Fig. 7.9. Birthweight, **AI/AN** & **NHW**, 2016-2020



Data Source: Idaho Birth Certificates, 2018-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW