American Indian & Alaska Native

Community Health Profile

WASHINGTON STATE

Issued October 2024

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

NPAIHB

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NPAIHB

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."

Acknowledgements

The Epidemiology & Surveillance Unit (under the Northwest Tribal Epidemiology Center) at the 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

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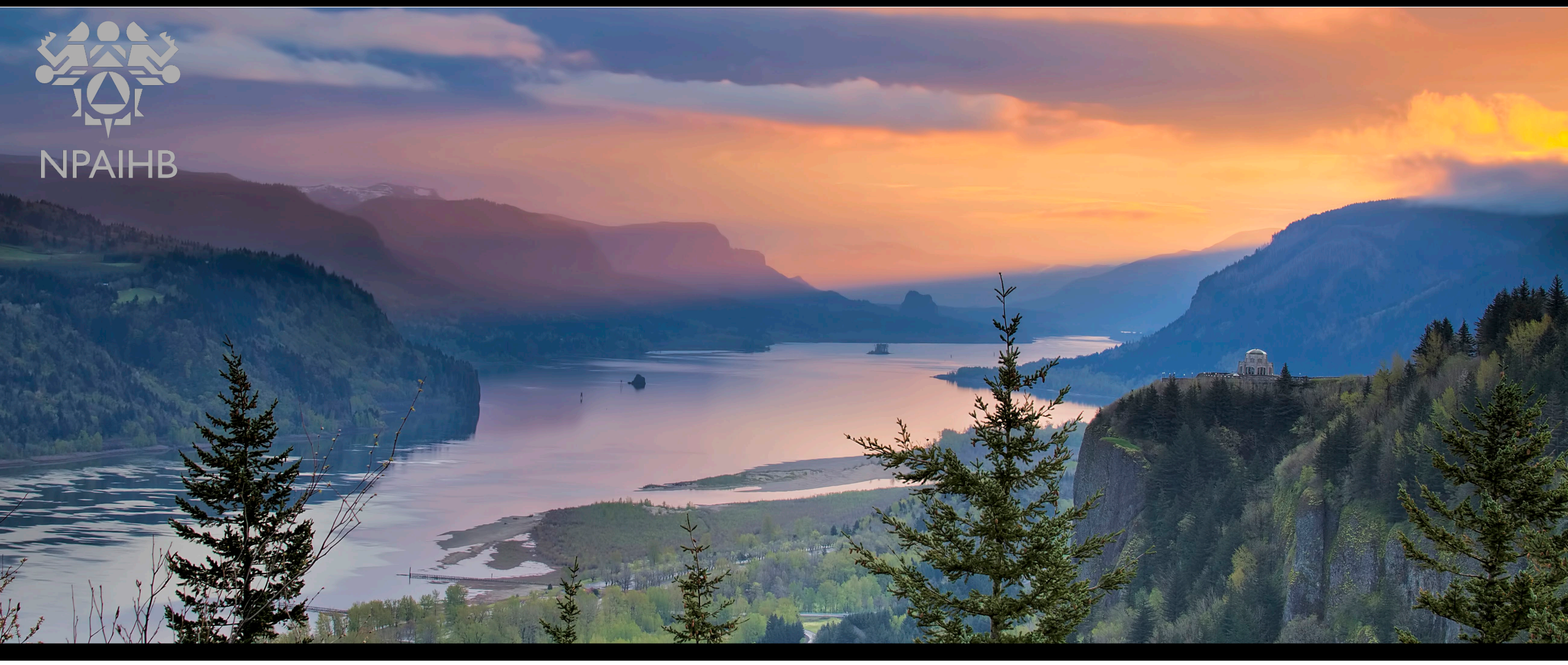


Introduction

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 Washington State. 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.

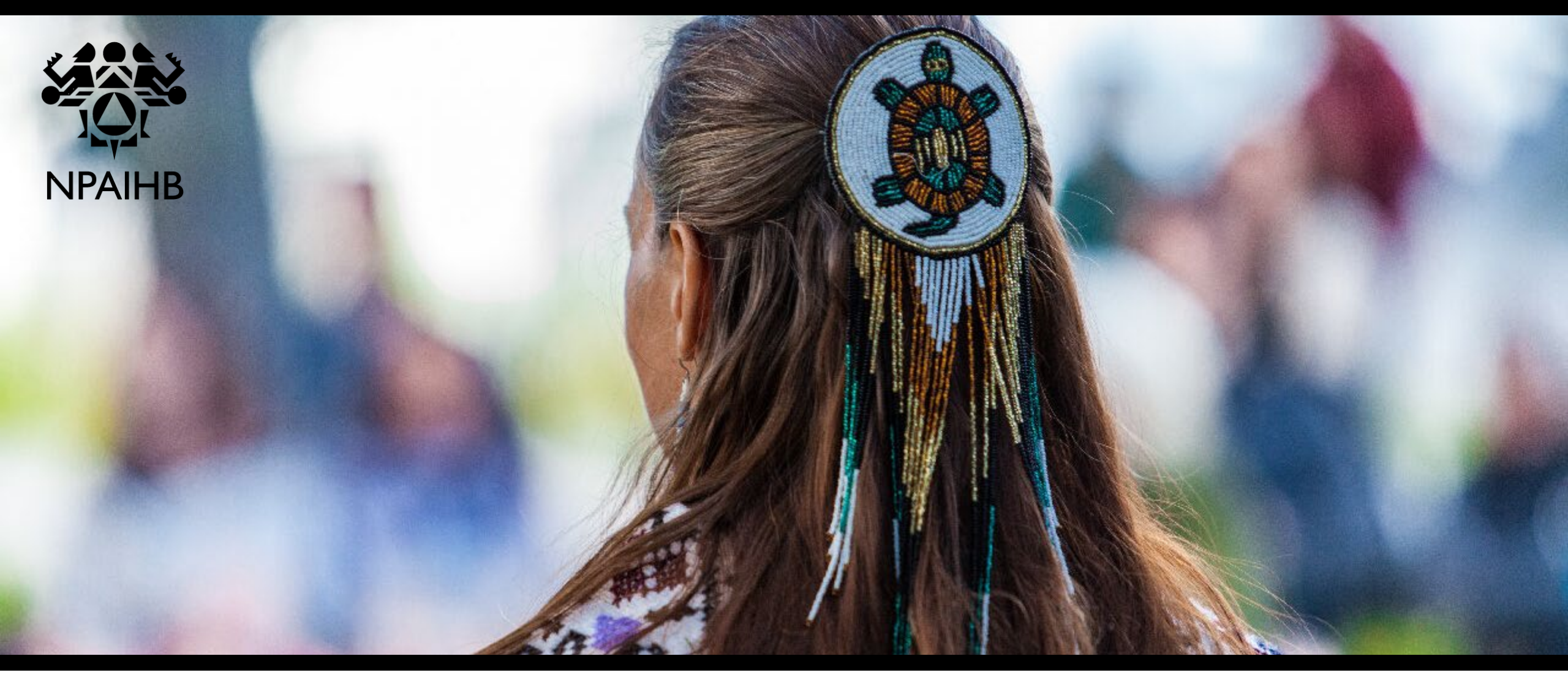
Data sources in this report include the following:

- 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 Washington State Cancer Registry 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 Washington State residents.
- Washington State death certificate data contain demographics and cause of death information of Washington State residents. This data source was linked to the Northwest Tribal Registry to correct race misclassification among AI/AN Washington State residents.

Washington 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 Washington State 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 313,633 AI/AN living in Washington State. AI/AN represented about **4.1%** of the total state population (Table 1.1).

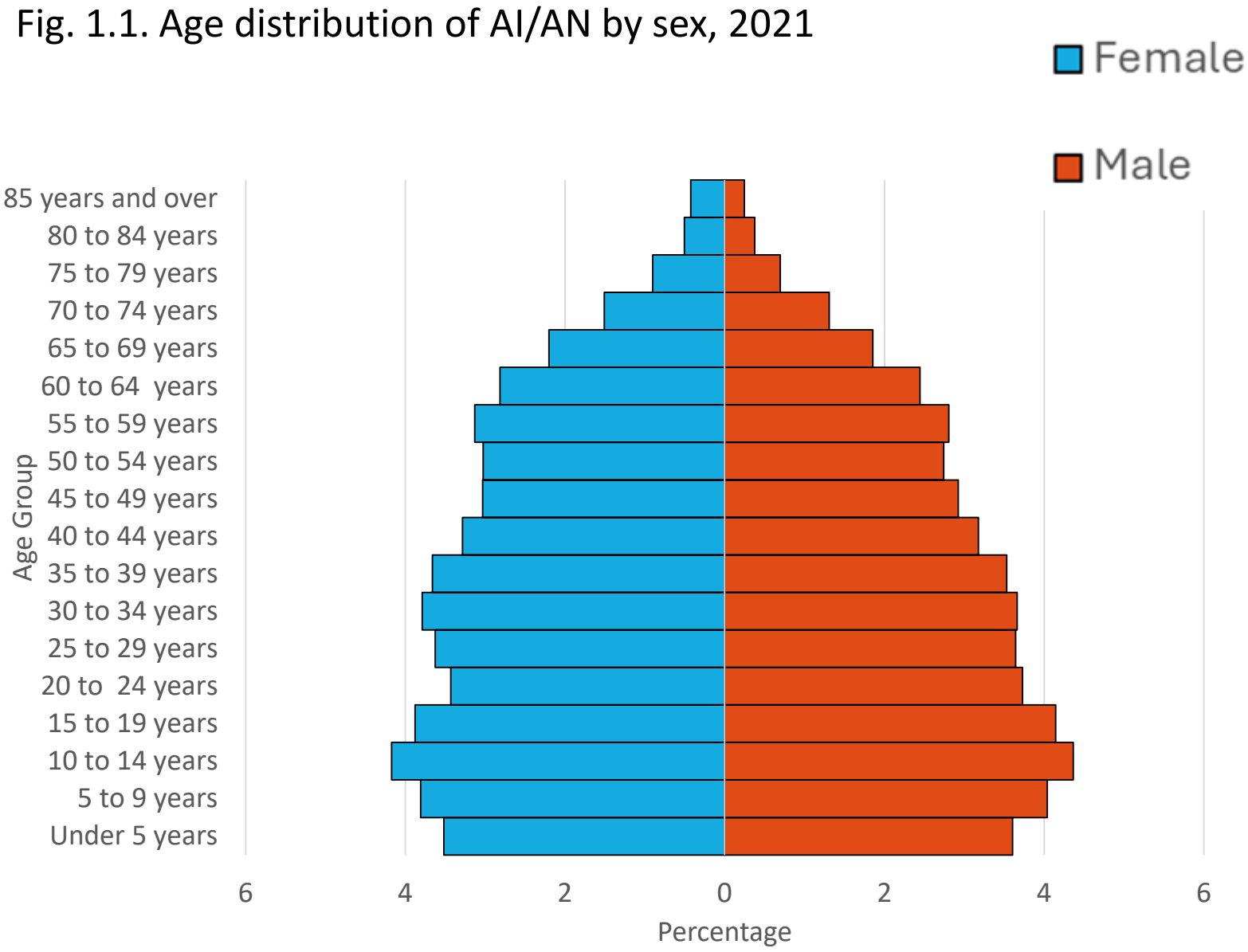
Table 1.1. Population by Race and Sex, 2020

	Female		Male		Total	
	Population	%	Population	%	Population	%
AI/AN	159,027	4.1	154,606	4.0	313,633	4.1
NHW	2,466,150	63.9	2,452,670	63.8	4,918,820	63.8
Other Races	1,236,332	32.0	1,236,496	32.2	2,472,828	32.1
All Races	3,861,509	100.0	3,843,772	100.0	7,705,281	100.0

Data Source: U.S. Census Bureau, 2020. Data Notes: Data are from 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

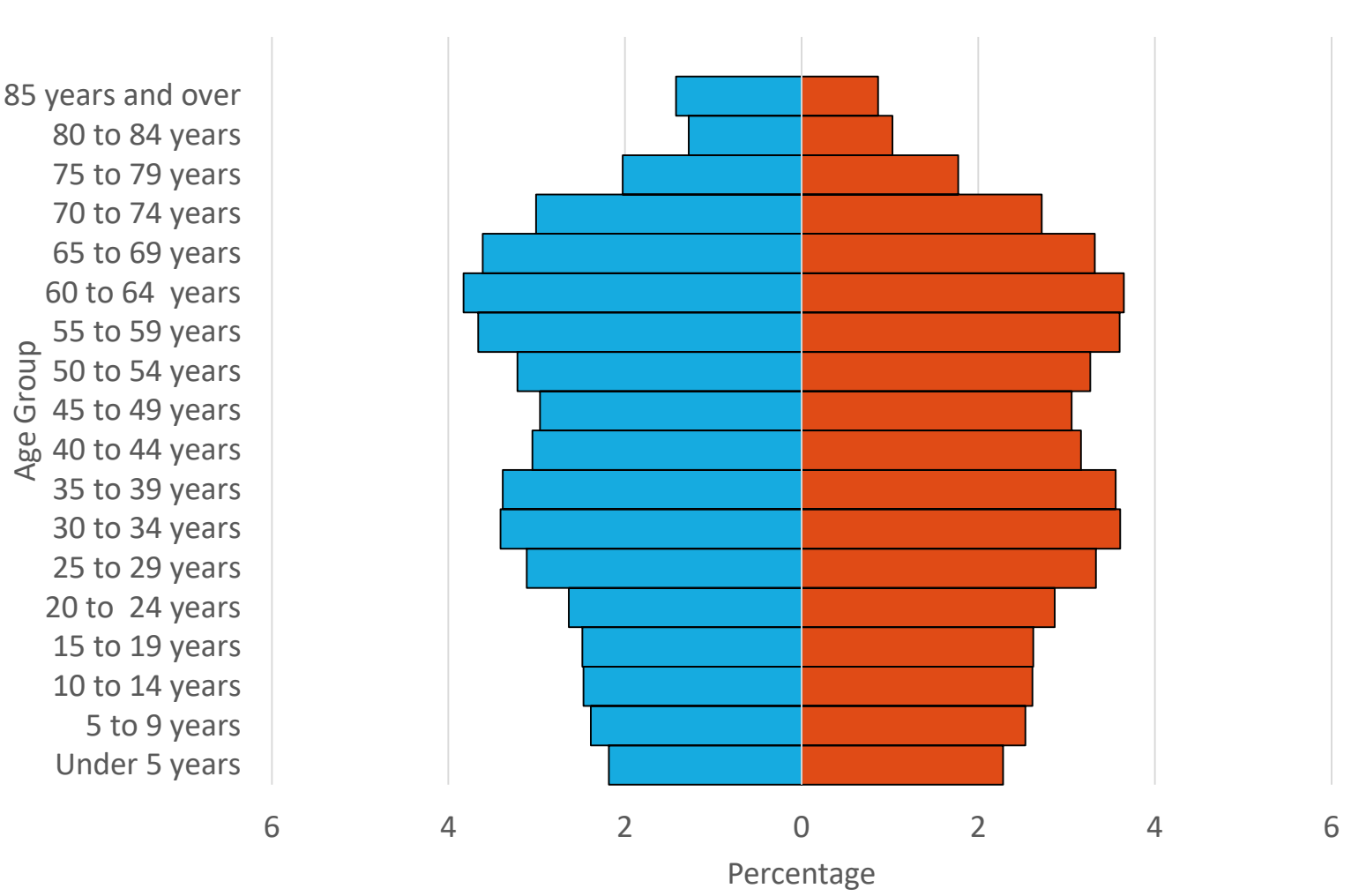
Age Distribution

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



AI/AN in Washington State **are younger** than NHW in the state. In 2021, the median age for AI/AN was 31.5 years, which was 12.0 years younger than the median age for NHW (43.5 years).

Fig. 1.2. Age distribution of NHW by sex, 2021



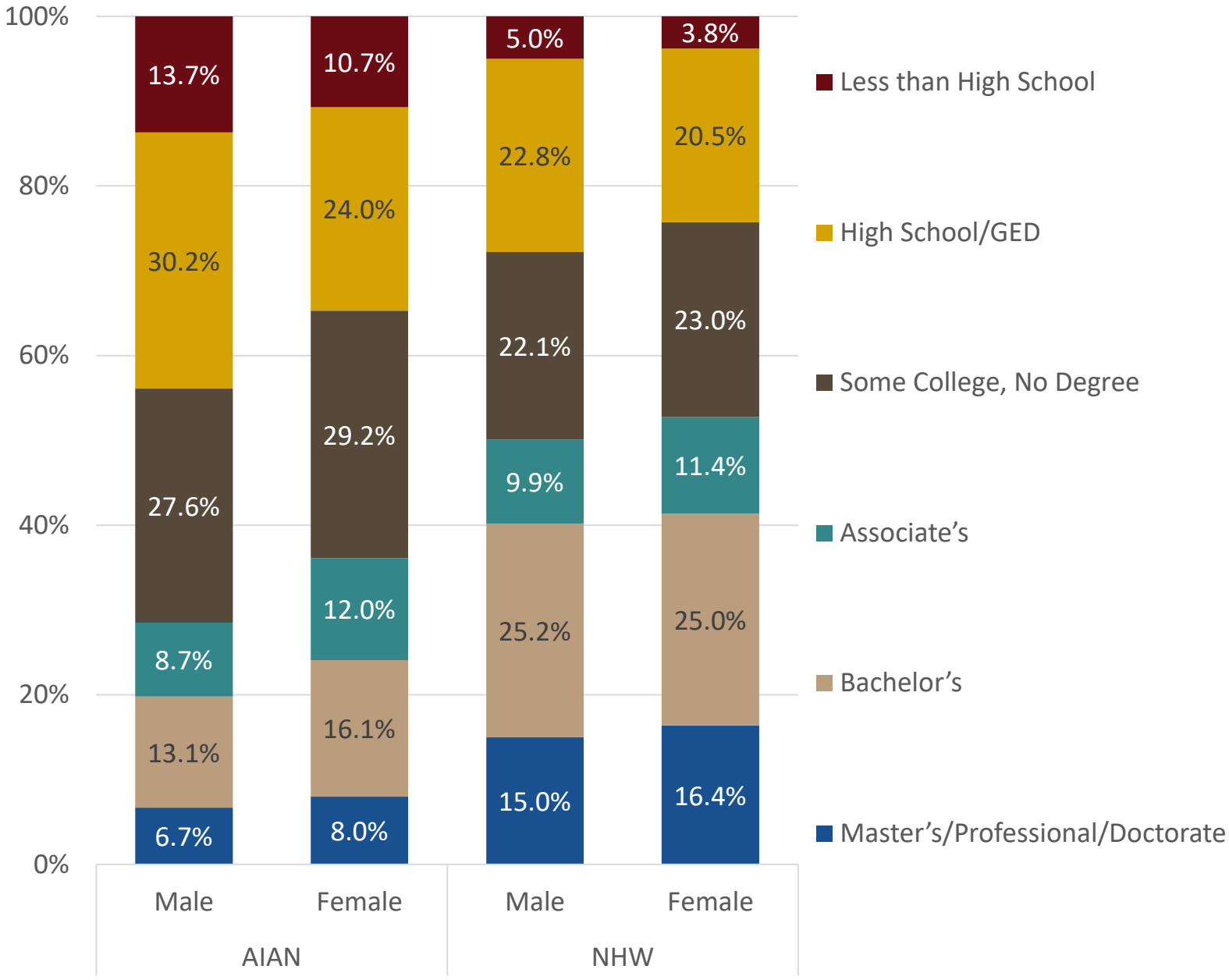
A larger proportion of the AI/AN population falls in the younger age groups, representing a **growing** population.

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.

Fig. 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 **30.2% of AI/AN males** and **24.0% of AI/AN females** had a high school diploma or GED as their highest degree of education, while 22.8% of NHW males and 20.5% 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 either a post-secondary degree (52.8%), followed by NHW males (50.1%), AI/AN females (36.1%), and AI/AN males (28.5%).

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 over $23,000 less median household income compared to NHW

Table 1.2. Economic indicators by race, 2021

Economic Indicator	AI/AN	NHW
Median Household Income	$60,626	$83,742
Percent of Families in Poverty	13.8%	4.7%
Percent of People in Poverty	17.2%	8.5%
Percent of Children in Poverty	19.5%	8.2%
Percent Unemployed	9.1%	4.7%
Receives Food Stamp Benefits	23.0%	9.4%

AI/AN families, individuals, and children were **nearly twice as likely** to live in poverty than NHW in Washington State. In 2021, almost 9.1% of AI/AN were unemployed compared to 4.7% of NHW. Additionally, 23.0% of AI/AN received food stamp benefits compared to 9.4% of 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 Washington State

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]

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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 Washington State

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.

Washington State death certificate data provide information on cause of death for Washington State residents who died in the state. This report is produced using the Washington State death certificates from 2000 to 2020, which summarizes the burden of chronic conditions like stroke, diabetes, cardiovascular and heart diseases among AI/AN population in Washington. These records were linked to the Northwest Tribal Registry to correct for race misclassification among American Indian/ Alaska Native (AI/AN) Washington State 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)

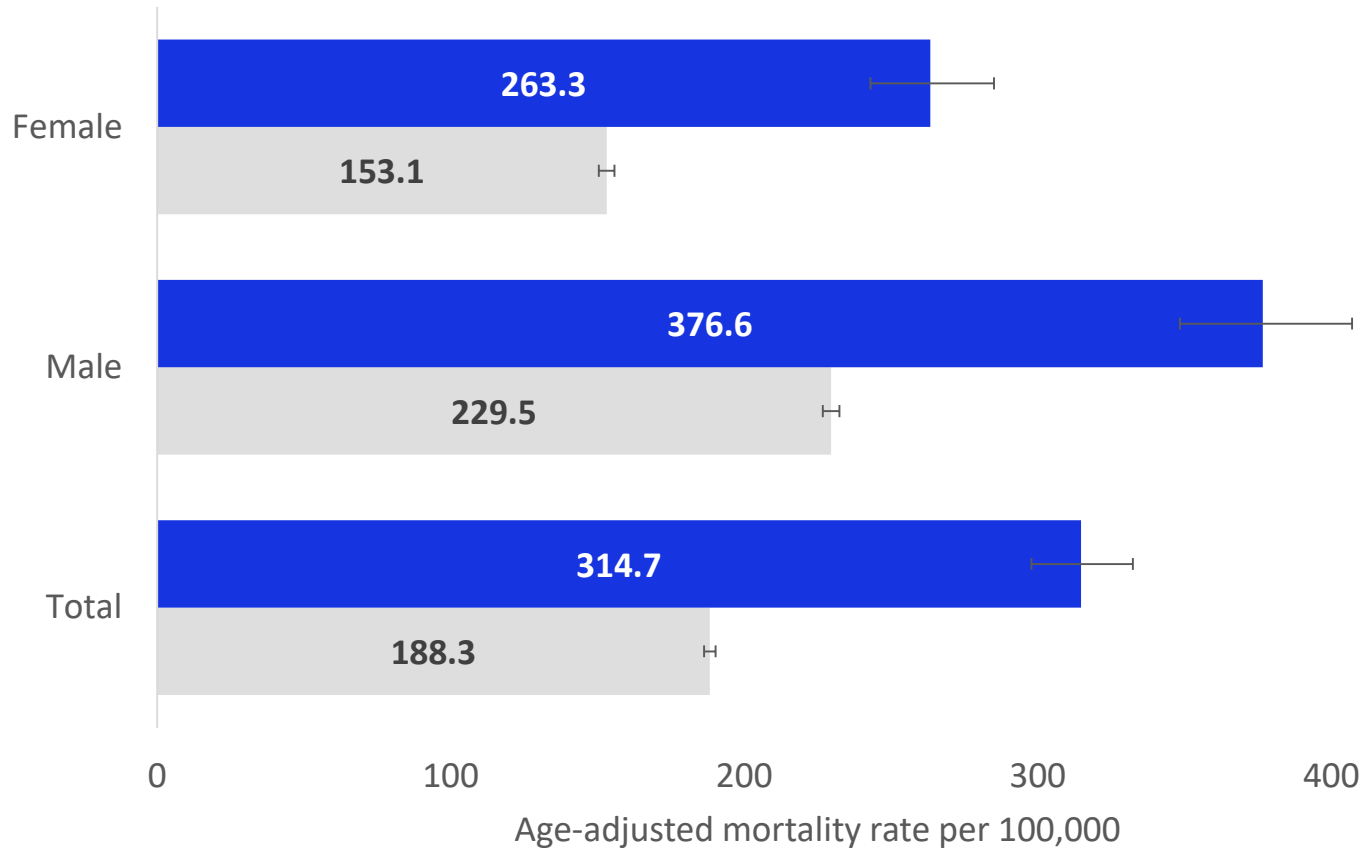
CVD is the term for all types of diseases that affect the function of the heart or blood vessels

AI/AN females had a **72% higher** CVD mortality rate compared to **NHW** females.

AI/AN males had a **64% higher** CVD mortality rate compared to **NHW** males.

AI/AN people experienced **67% higher** CVD mortality rates compared to **NHW** people.

Fig. 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, 135 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 9%.

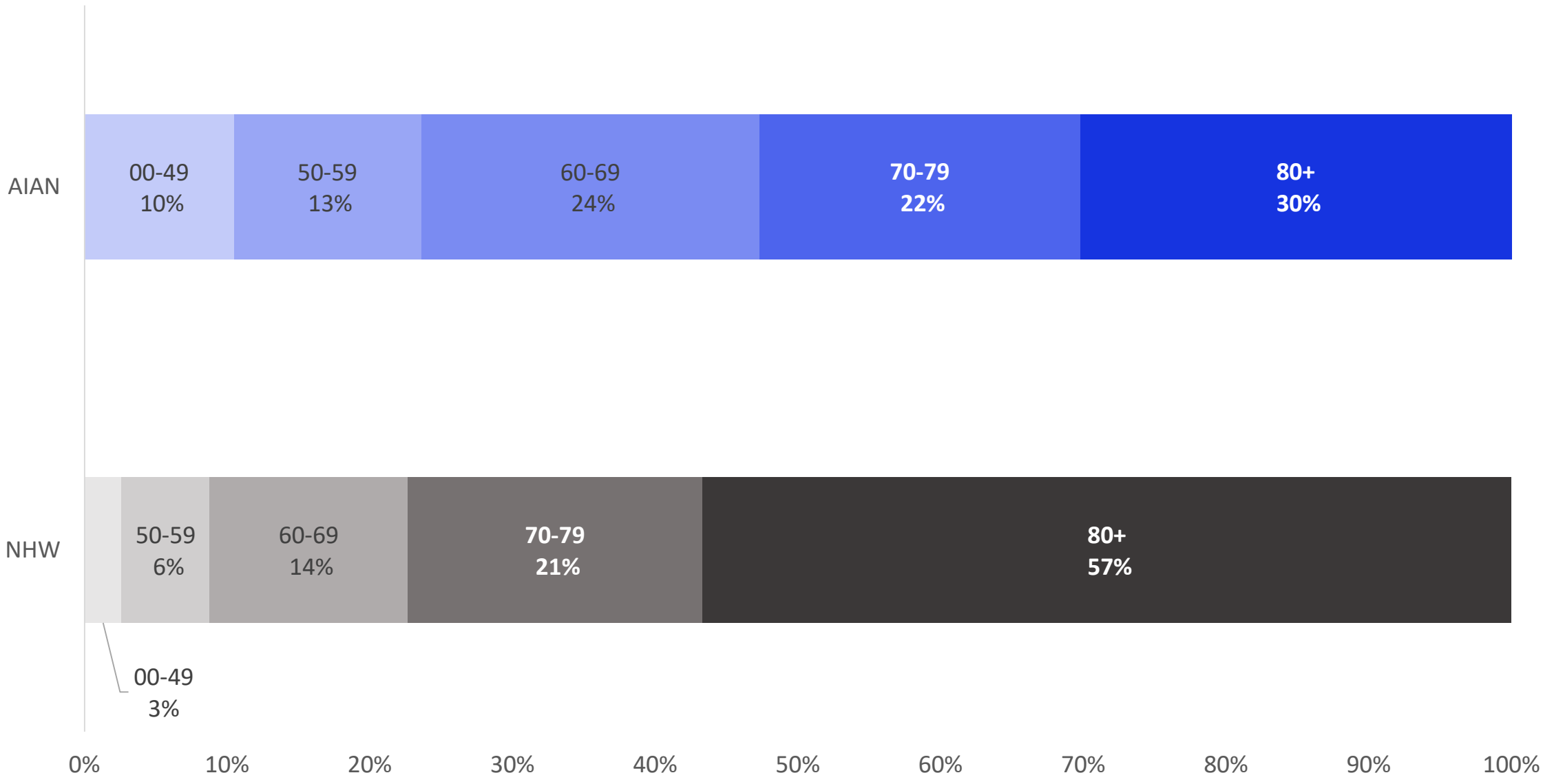
Data Source: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Cardiovascular Disease (CVD)

AI/AN died from CVD at a younger age than **NHW** in Washington. Only 30% of CVD related deaths occurred among **AI/AN** individuals 80+ years old compared to 57% of **NHW** CVD deaths.

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



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

CHRONIC DISEASES

Heart Disease

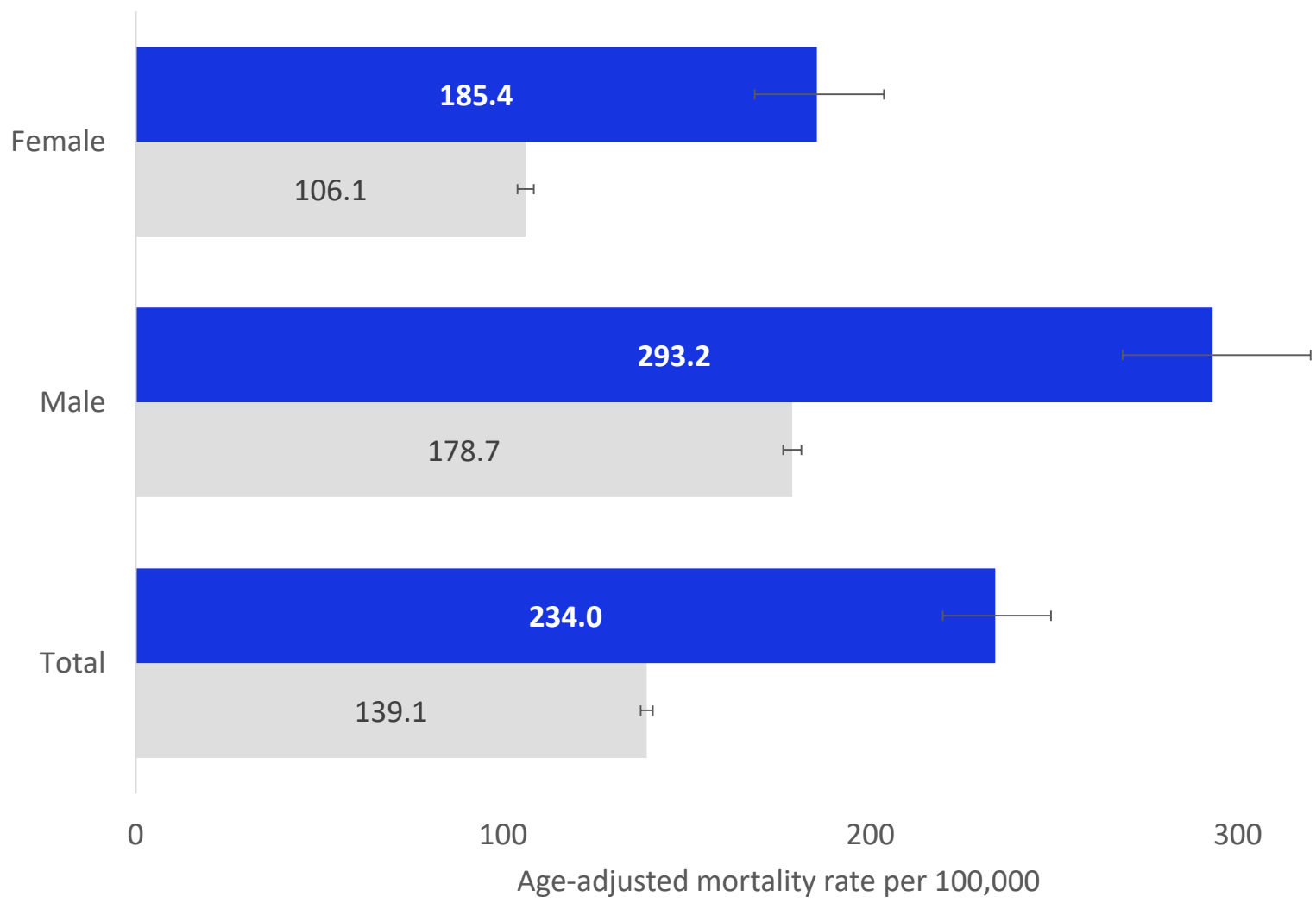
Heart disease is a phrase for a variety of conditions that affect the heart's structure and function. All heart diseases are CVDs, but not all CVDs are heart disease.

AI/AN females had a **75% higher** heart disease mortality rate compared to **NHW** females.

AI/AN males had a **64% higher** rate compared to **NHW** males.

AI/AN people experienced **68% higher** rate compared to **NHW** people.

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



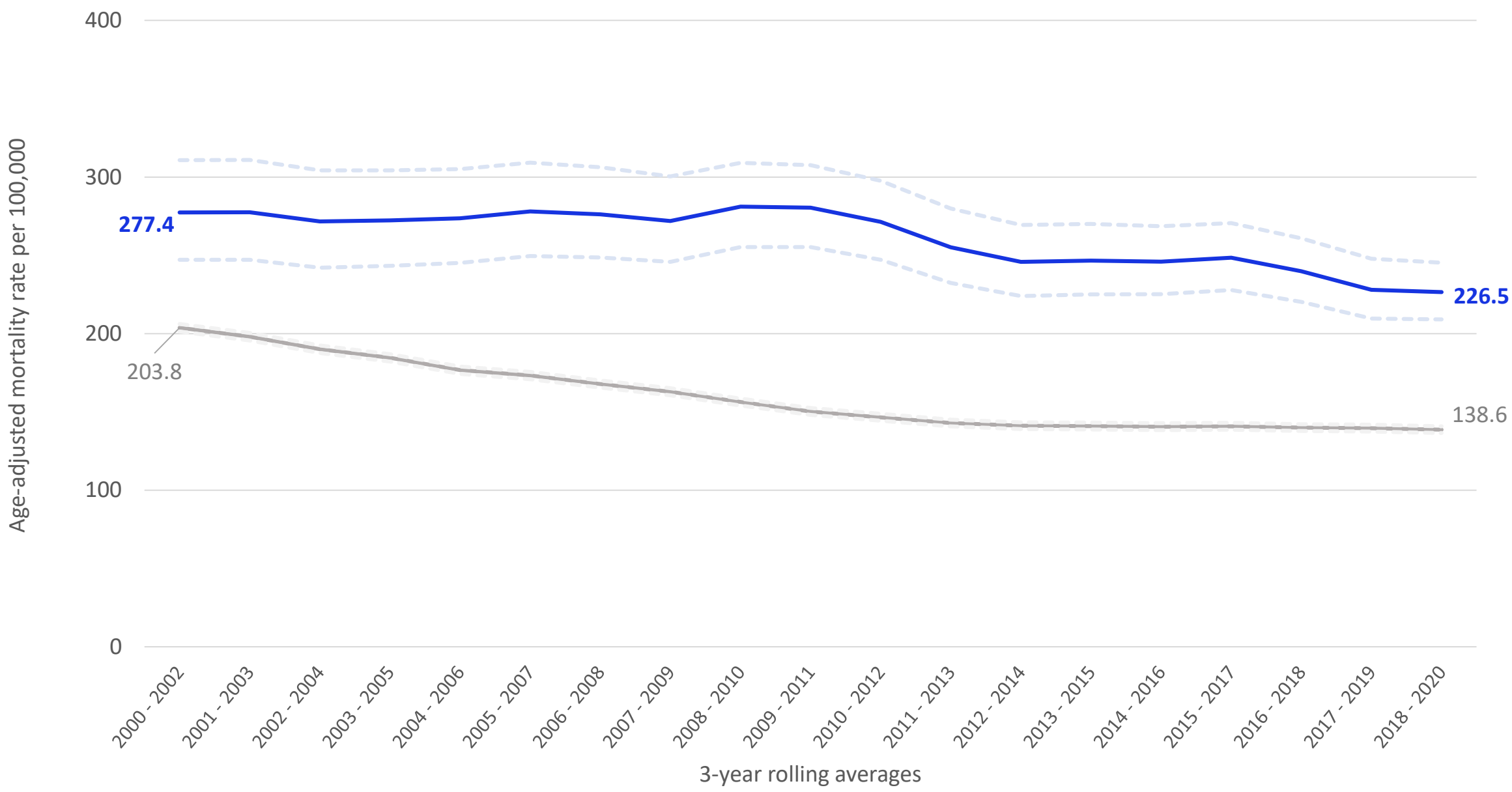
Data Source: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Heart Disease

Over the past two decades, heart disease mortality has decreased among **AI/AN** by **18%**. However, the death rate among **AI/AN** remains consistently higher than the rate among **NHW**, by 1.4 to 1.9 times.

Fig. 2.4. Heart disease mortality, **AI/AN** & **NHW**, 2000-2020



Data Source: Washington State Death Certificates, 2000-2020, 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.

Overall, **AI/AN** had a **77% higher** rate than **NHW**.

Stroke mortality rates were **similar across sexes** within racial groups.

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

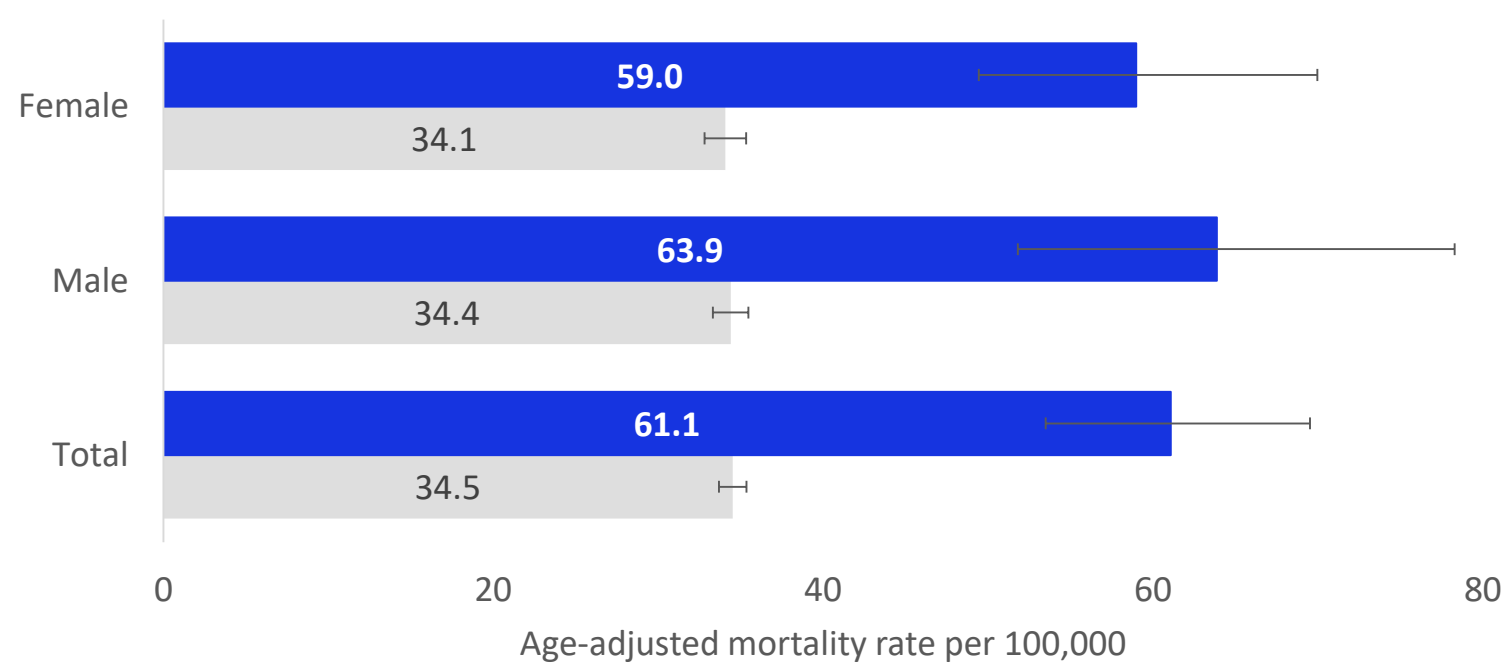
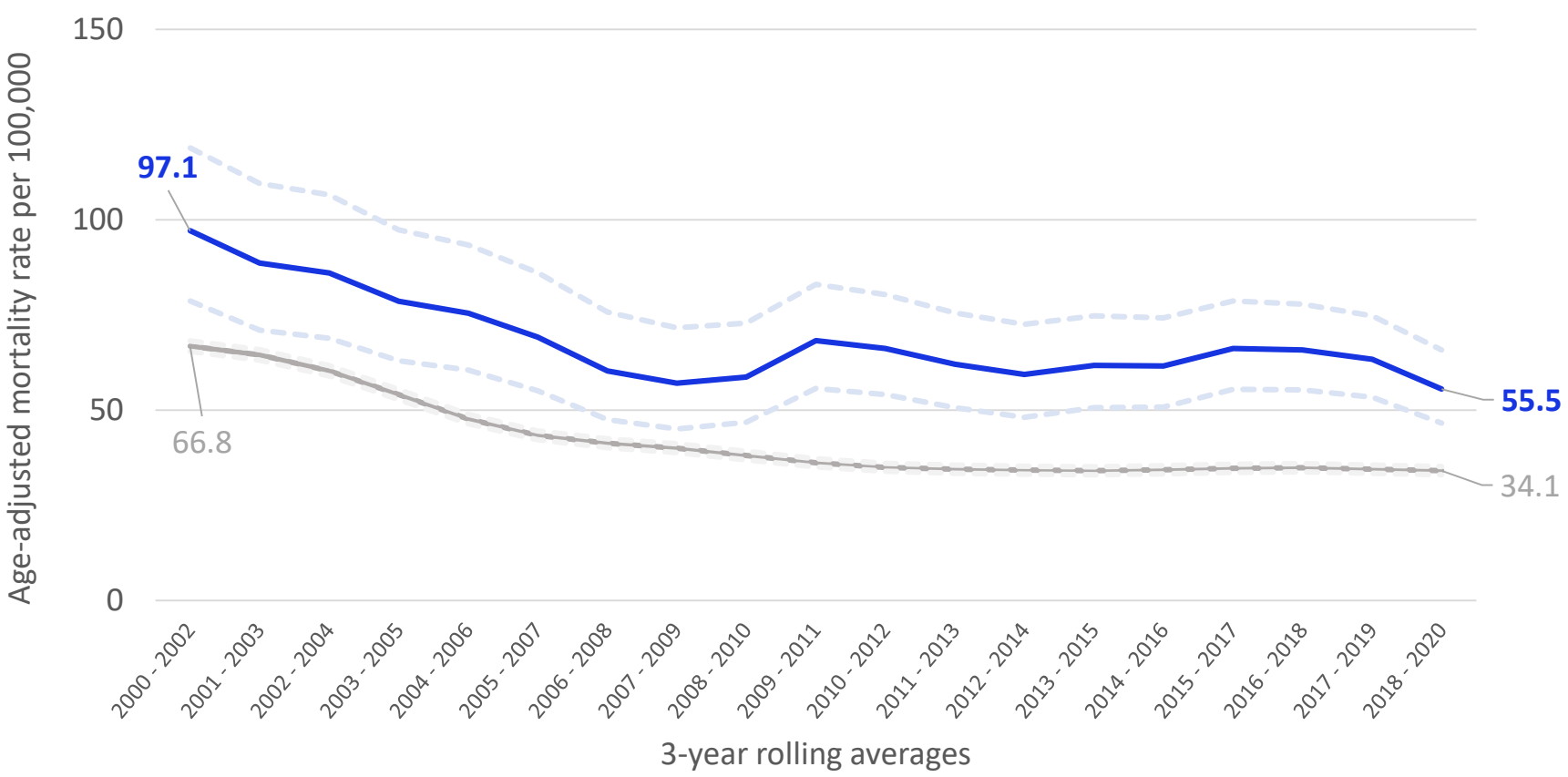


Fig. 2.6 Stroke mortality, **AI/AN** & **NHW**, 2000-2020



The stroke mortality rate among **AI/AN** **decreased by 43%** from 2002 to 2020.

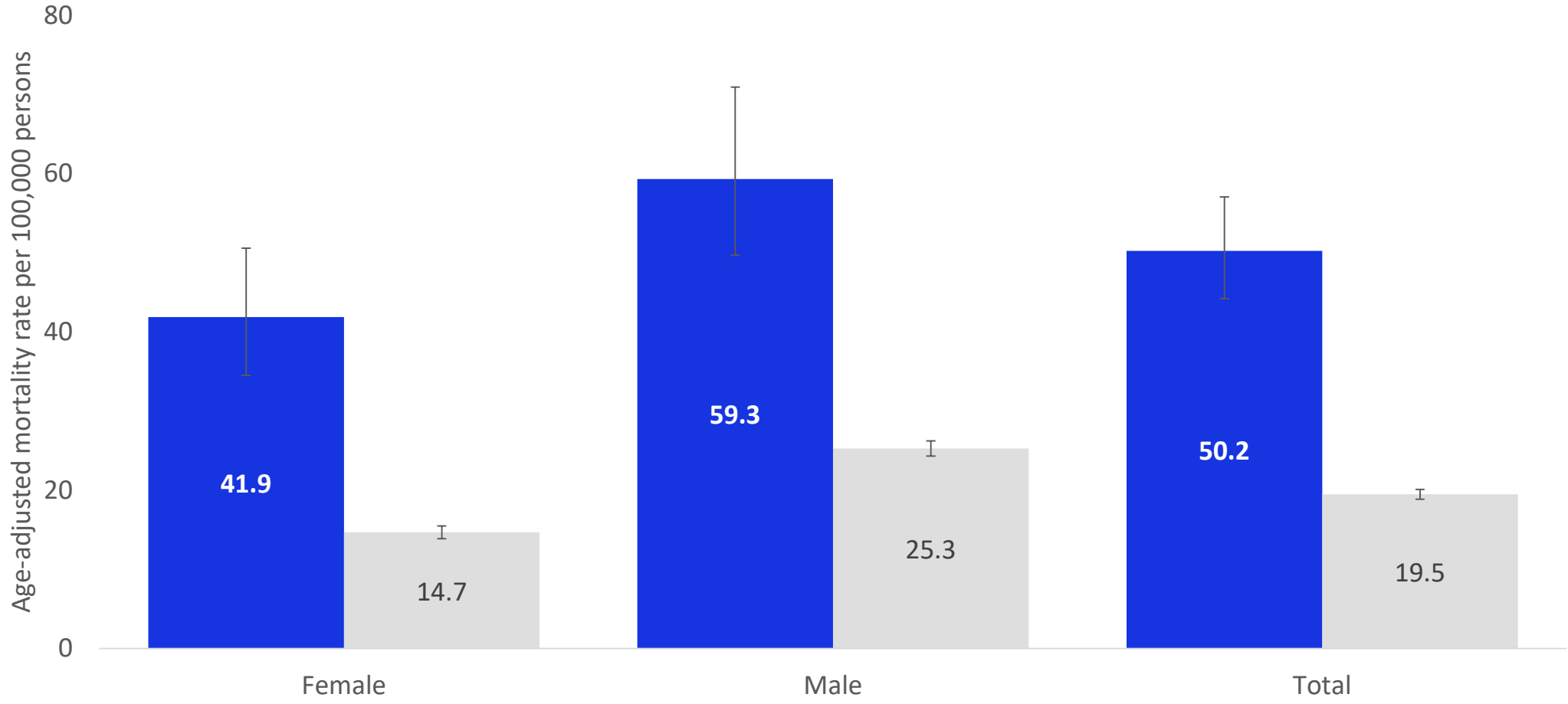
Data Source: Washington State Death Certificates, 2000-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

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.

Fig. 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.

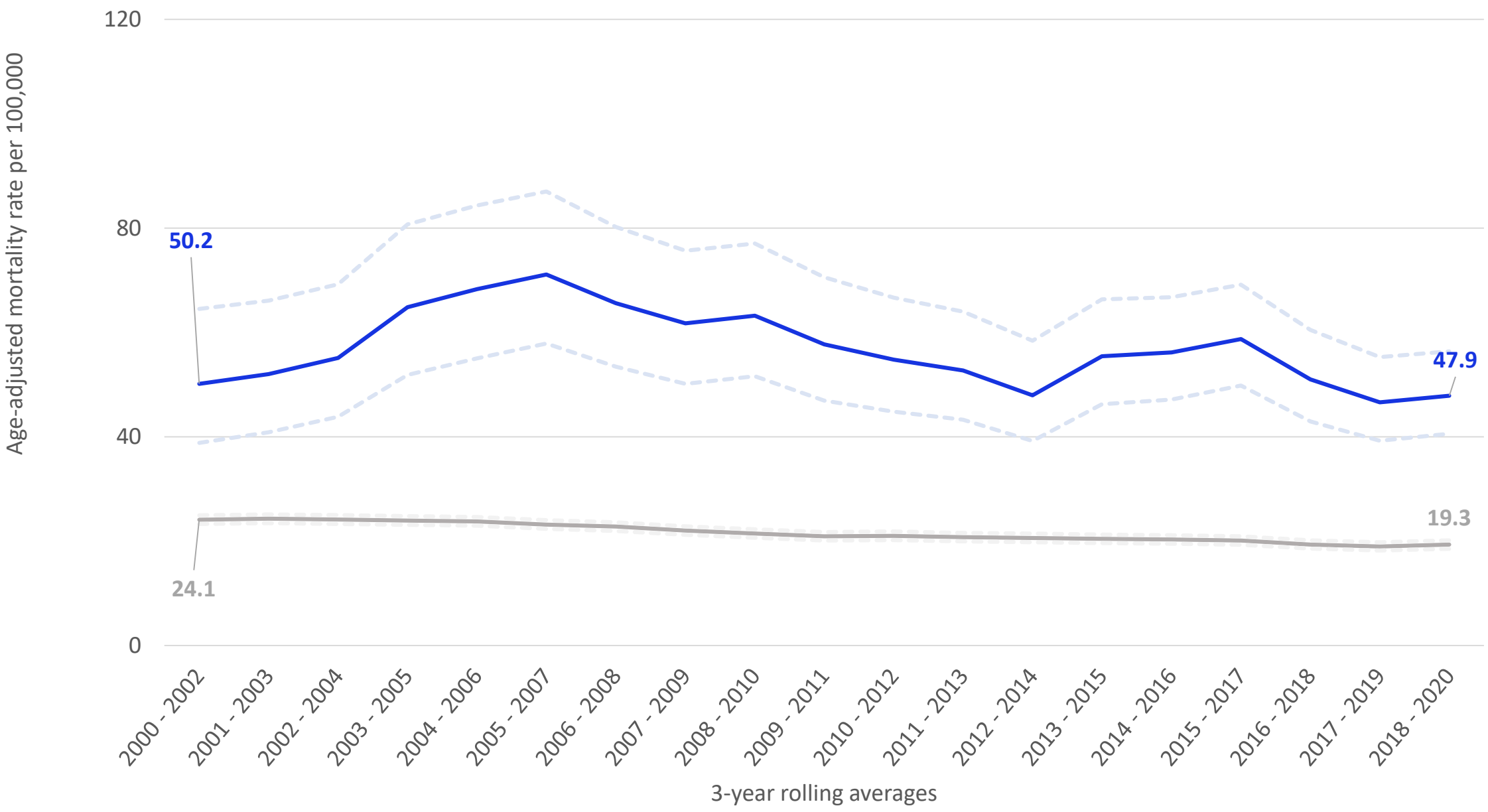
Data Source: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CHRONIC DISEASES

Diabetes

Over the past two decades, 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**.

Fig. 2.8. Diabetes mortality rates, **AI/AN** & **NHW**, 2000-2020



Data Source: Washington State Death Certificates, 2000-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

Cancer in Washington State

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 Washington State.

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.

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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

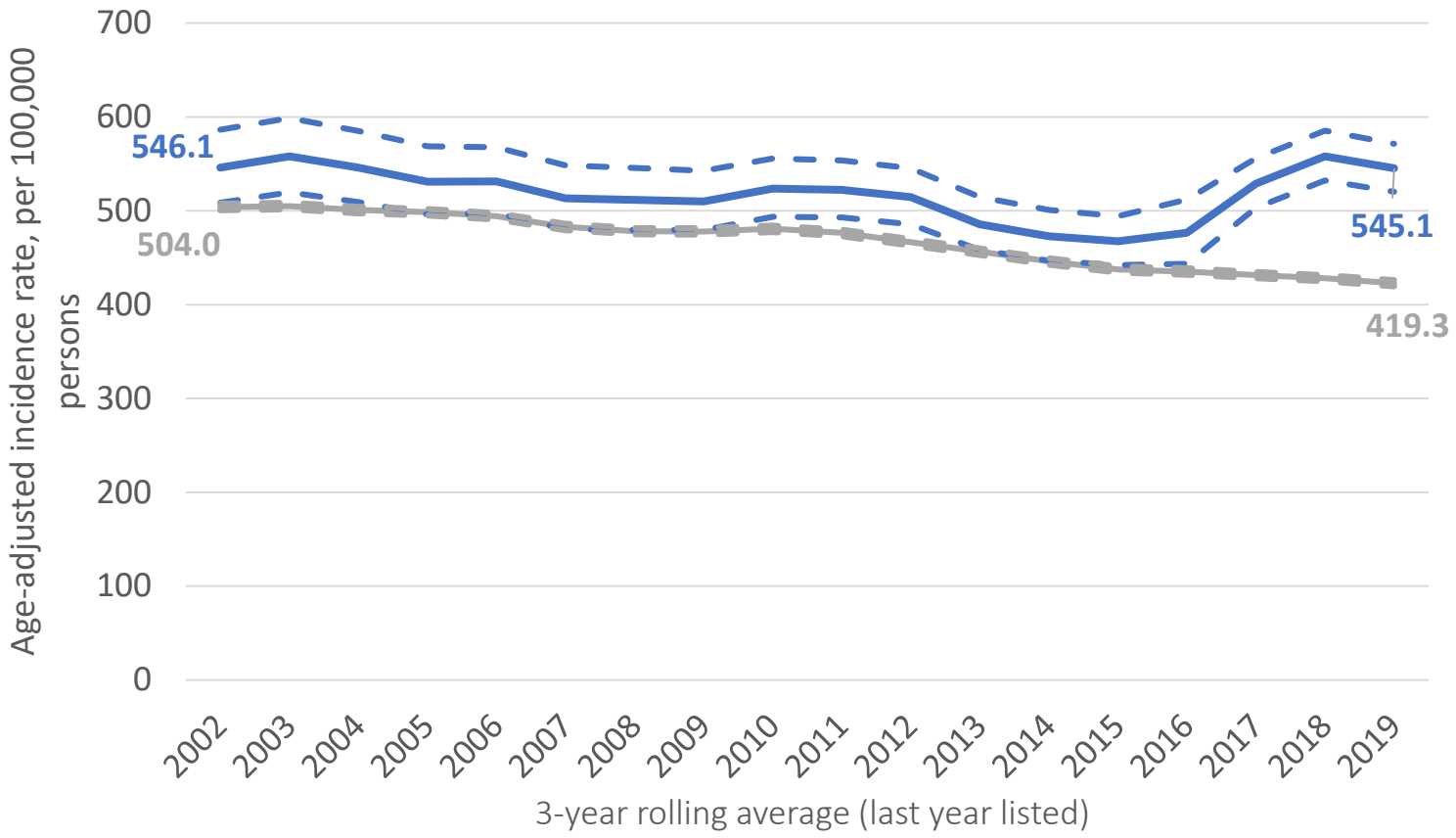
NPAIHB

CANCER

All-site incidence

Cancer incidence measures the number of new diagnoses in a population during a specific time period. From 2015 – 2019, the rate of new cancers in **AI/AN** **was 526.4 cases per 100,000 persons**, compared to **426.8 among** **NHW** (not shown).

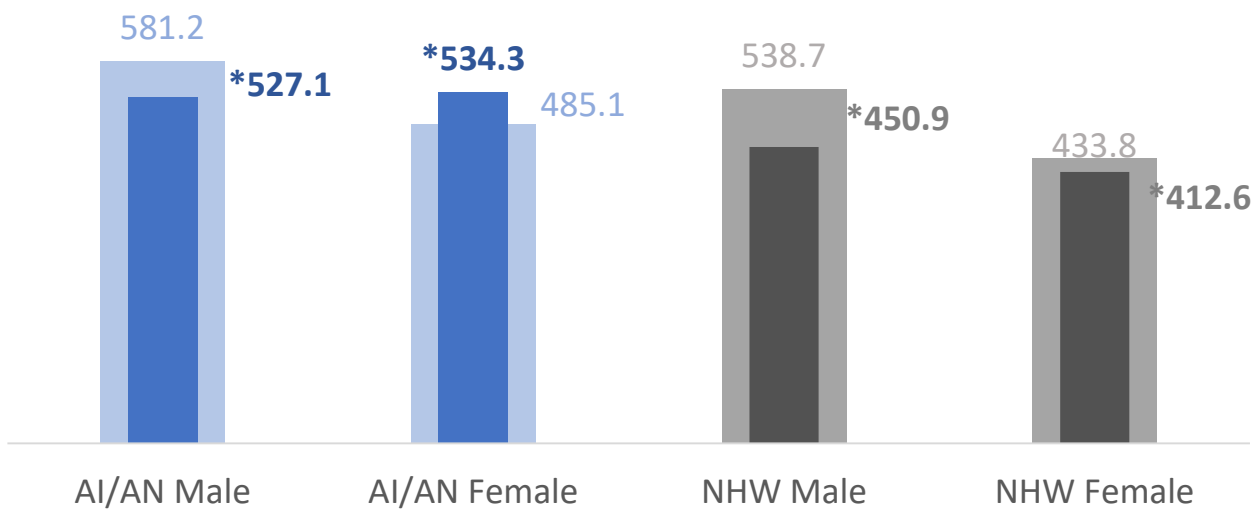
Fig. 3.1. Incidence rate of invasive cancer in **AI/AN** & **NHW** per 100,000 persons, 2000-2019



The rate of all-site cancer incidence has **increased 17% among** **AI/AN** in the last 5 years. The incidence rate among **NHW** **decreased consistently** since 2000.

Cancer incidence has **increased 10.1%** 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 & **2015-2019*** (per 100,000 persons)



Data Source: Washington State Cancer Registry, 2000 – 2019, 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. Rates of cancer mortality for AI/AN have remained consistently higher than rates among NHW. The rate of cancer mortality in **AI/AN** in 2015-2019 was **213.8 deaths per 100,000 persons**, compared to **145.7 among NHW** (not shown).

Rates of cancer mortality **remain higher** among **AI/AN** compared to **NHW**.

Fig. 3.3. Mortality rate of invasive cancer in **AI/AN** & **NHW** per 100,00 persons, 2000-2019

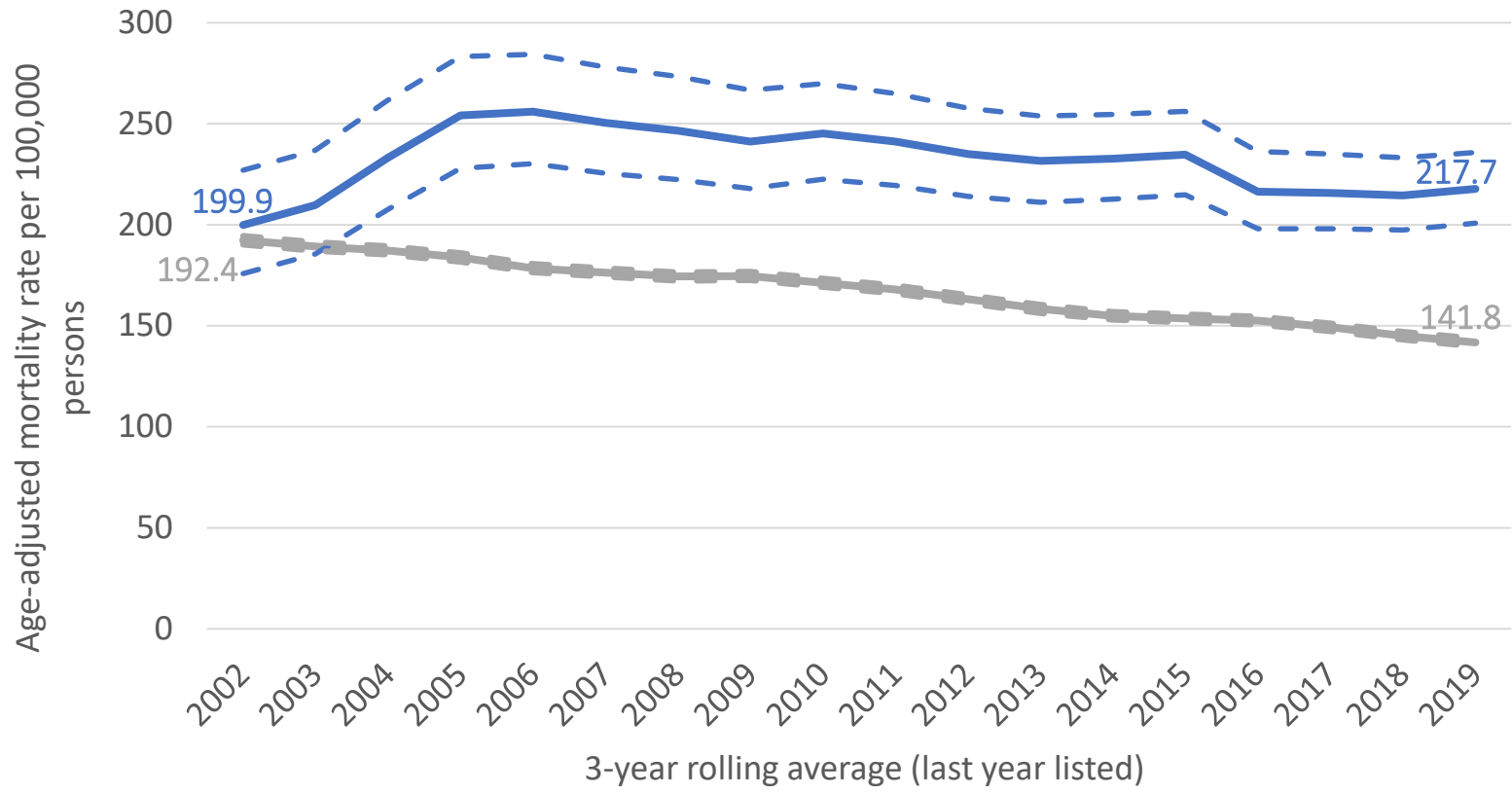
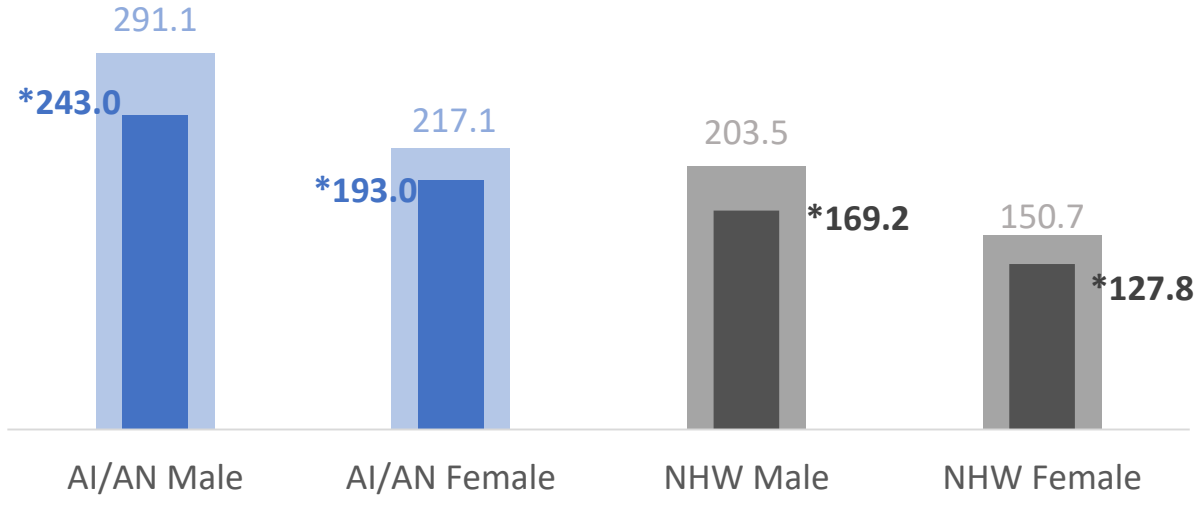


Fig. 3.4. Age-adjusted rate of cancer-related mortality in **AI/AN** & **NHW** males and females, 2006-2010 & **2015-2019*** (per 100,000 persons)



Though mortality rates have decreased since 2010, **AI/AN** males and females still experience **higher rates** of cancer mortality compared to their **NHW** counterparts.

Data Source: Washington State Death Certificates, 2000-2019, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

NPAIHB

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, while 68% of new cancers diagnosed in **AI/AN males** are represented by the top 5 cancer sites shown in Figure 3.6.

AI/AN females have **higher rates** of cancer incidence in each of the top 5 cancer sites compared to their **NHW** counterparts.

Fig. 3.5. Age-adjusted incidence rates by cancer site for **AI/AN** and **NHW** females (rate per 100,000), 2015-2019

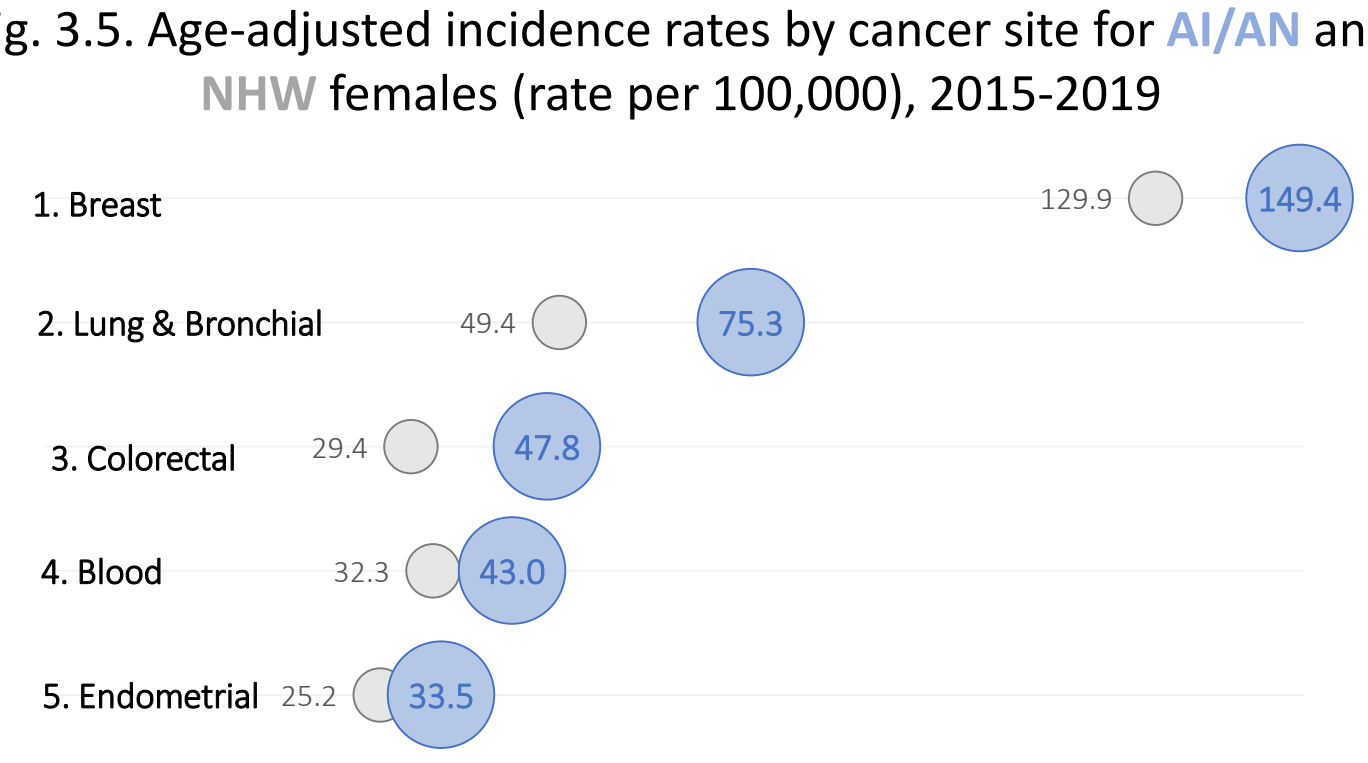
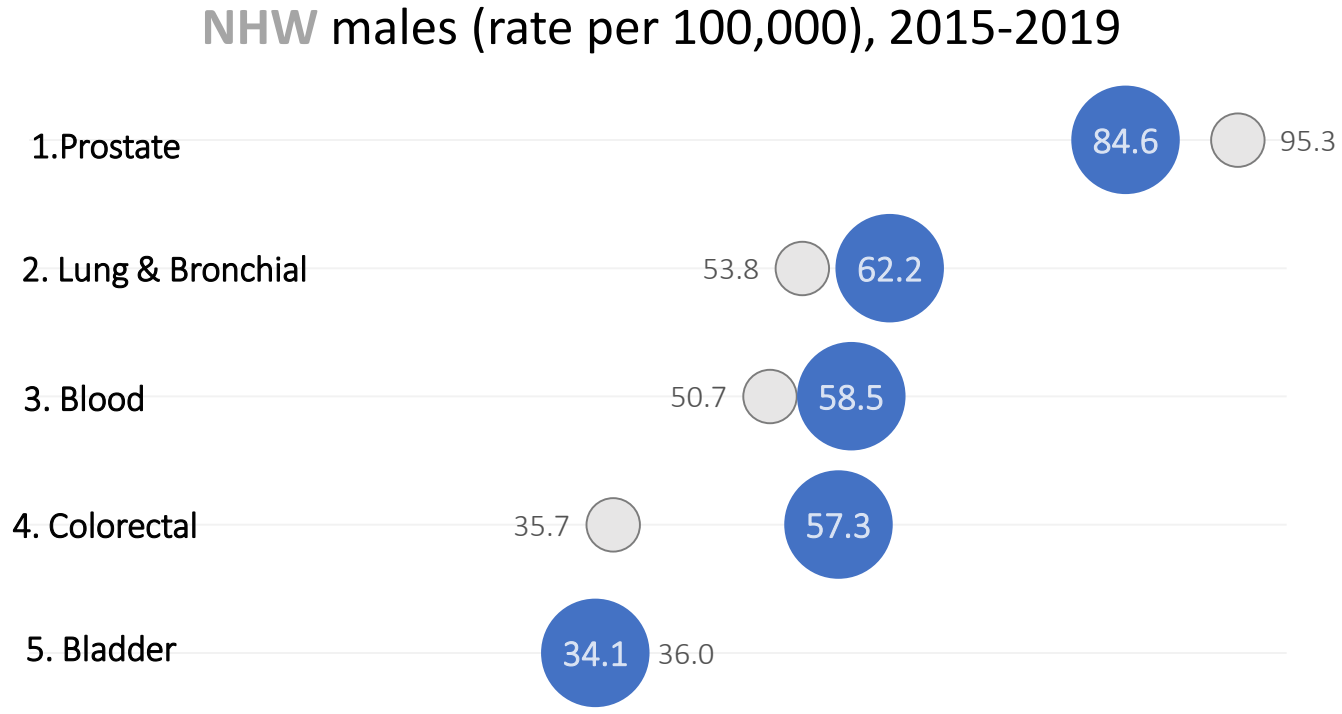


Fig. 3.6. Age-adjusted incidence rates by cancer site for **AI/AN** and **NHW** males (rate per 100,000), 2015-2019



AI/AN males have **1.6 times the rate** of colorectal cancer compared to their **NHW** counterparts.

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

Data Source: Washington State Cancer Registry, 2015 – 2019, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CANCER

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

For both **AI/AN males** and **females**, lung & bronchial cancer drives mortality. From 2015-2019, **280** Native deaths in Washington were attributable to lung cancer, for a mortality rate of **53.6 deaths per 100,000 persons**.

In 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)

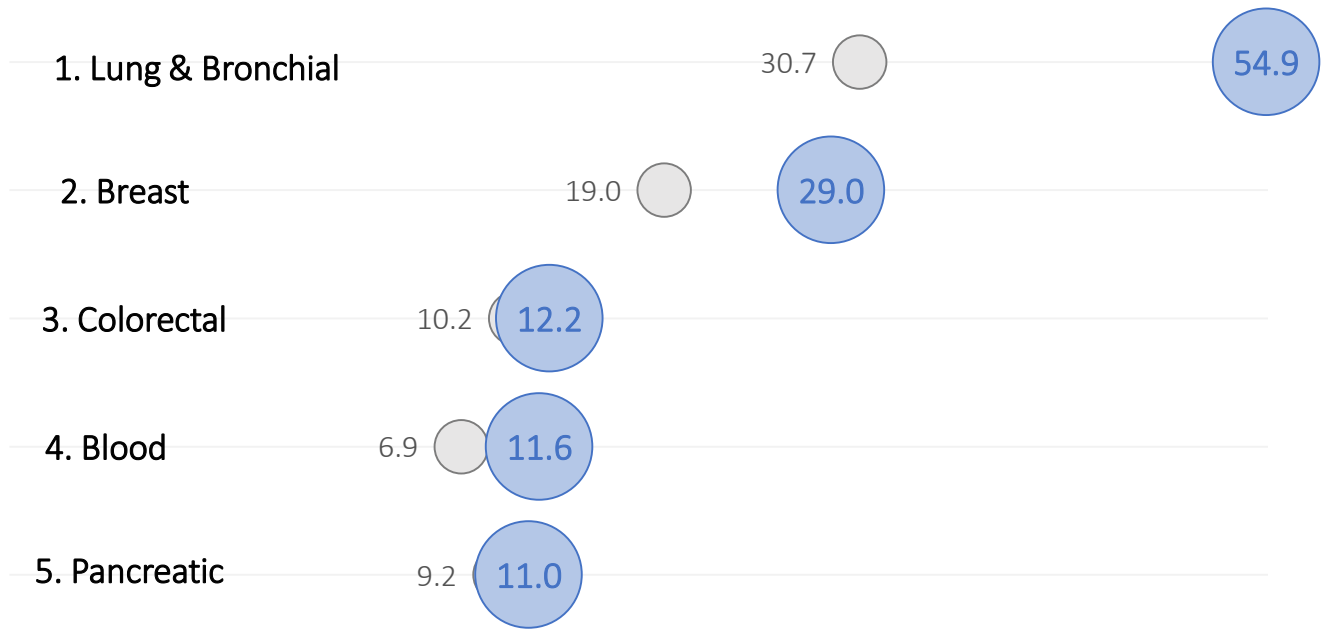
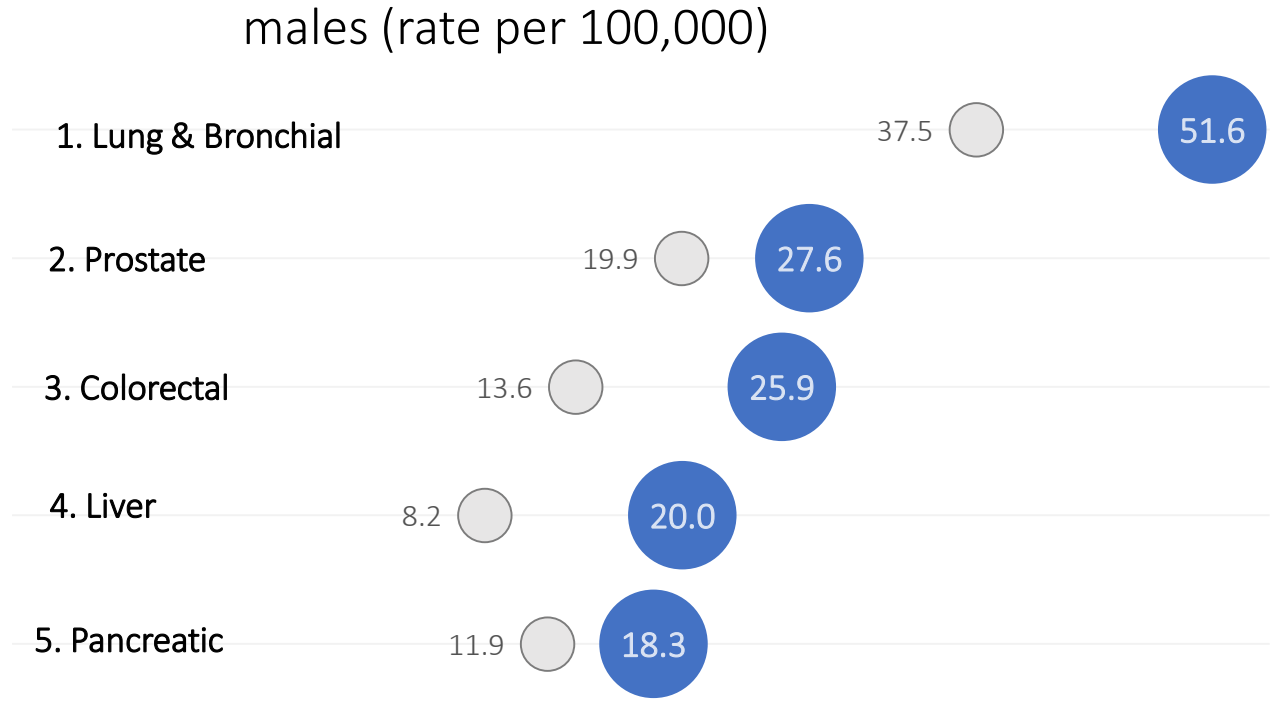


Fig. 3.8. Age-adjusted mortality rates by cancer site for AI/AN & NHW males (rate per 100,000)



AI/AN males have a **38% greater** mortality rate due to lung & bronchial cancer compared to their **NHW** counterparts.

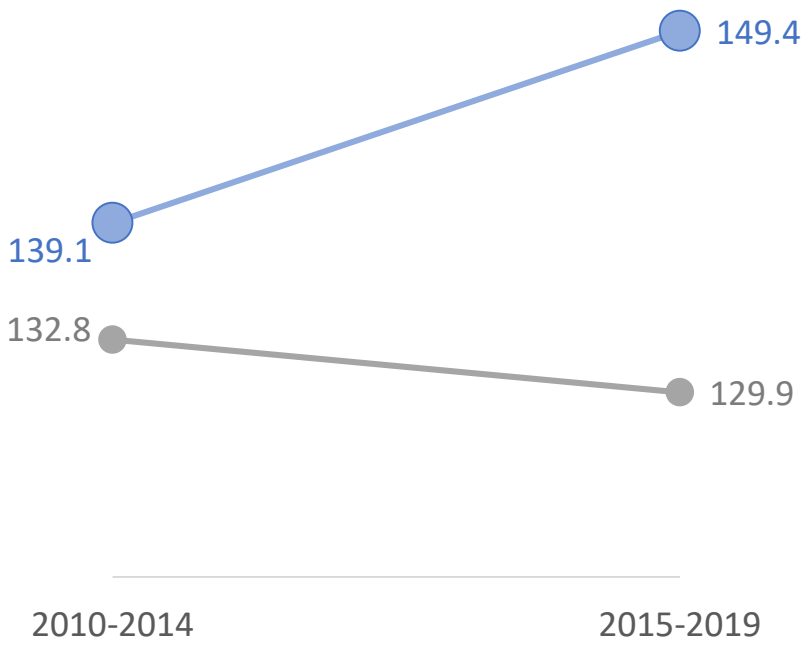
Data Source: Washington State Cancer Registry, 2015– 2019, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

CANCER

Breast Cancer (Female)

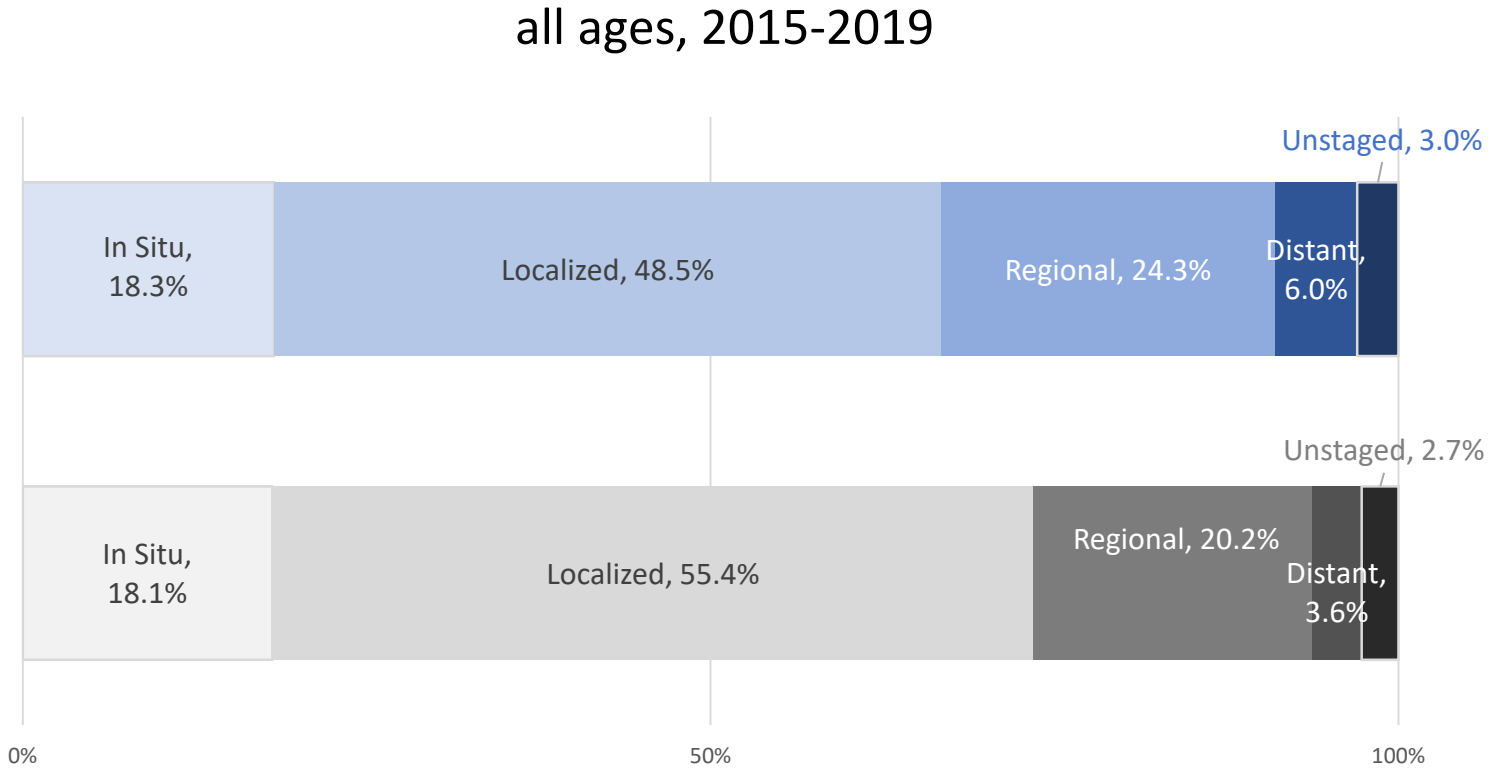
Breast cancer is the most commonly diagnosed cancer among both **AI/AN** and **NHW** females in Washington State. With the help of regular screening for women over the age of 40, many cases can be detected early and properly treated.

Fig. 3.9. Age-adjusted incidence rate of breast cancer in **AI/AN** & **NHW** females, 2010-2014 & 2015-2019 (per 100,000)



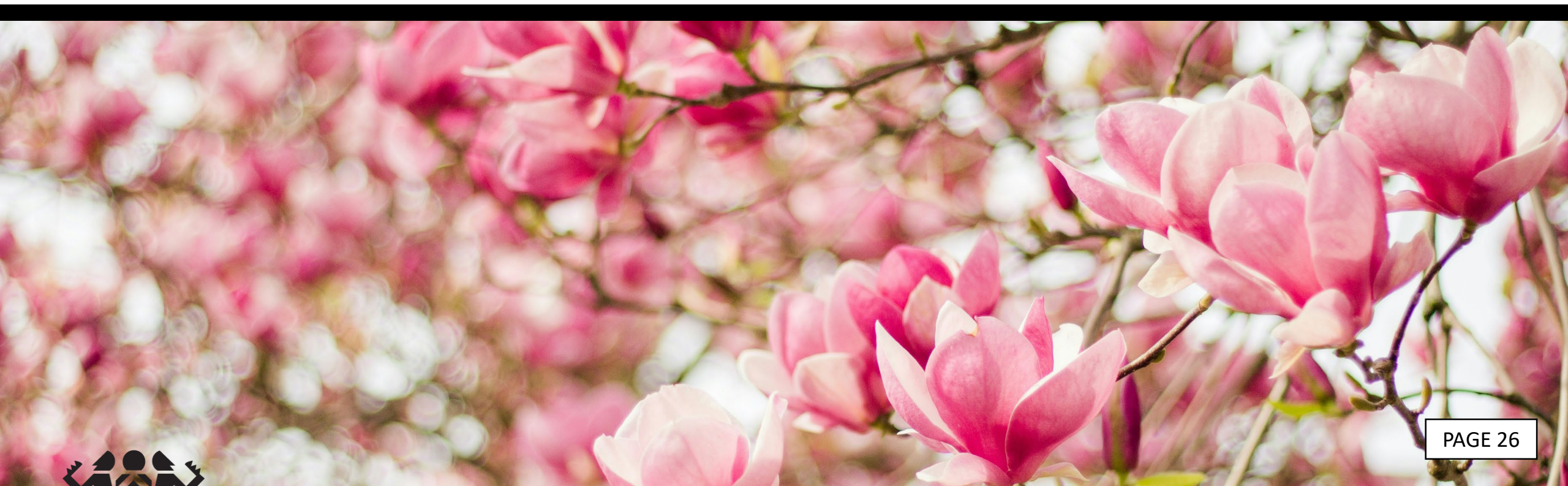
In the early 2010's **NHW females** and **AI/AN females** had more similar rates of newly diagnosed breast cancer. In recent years, however, the **disparity has grown**, with rates among **AI/AN females** increasing.

Fig. 3.10. Breast cancer stage at diagnosis for AI/AN & NHW women, all ages, 2015-2019



Over 60% of breast cancer cases in both **AI/AN** and **NHW** women are diagnosed at an early stage (in situ & localized).

Data Source: Washington State Cancer Registry, 2010– 2019, 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 Washington State, though the rate of incidence among **NHW males dropped** since the early 2010's.

Fig. 3.11. Age-adjusted incidence rate of prostate cancer in **AI/AN** & **NHW** males, 2010-2014 and 2015-2019 (per 100,000)

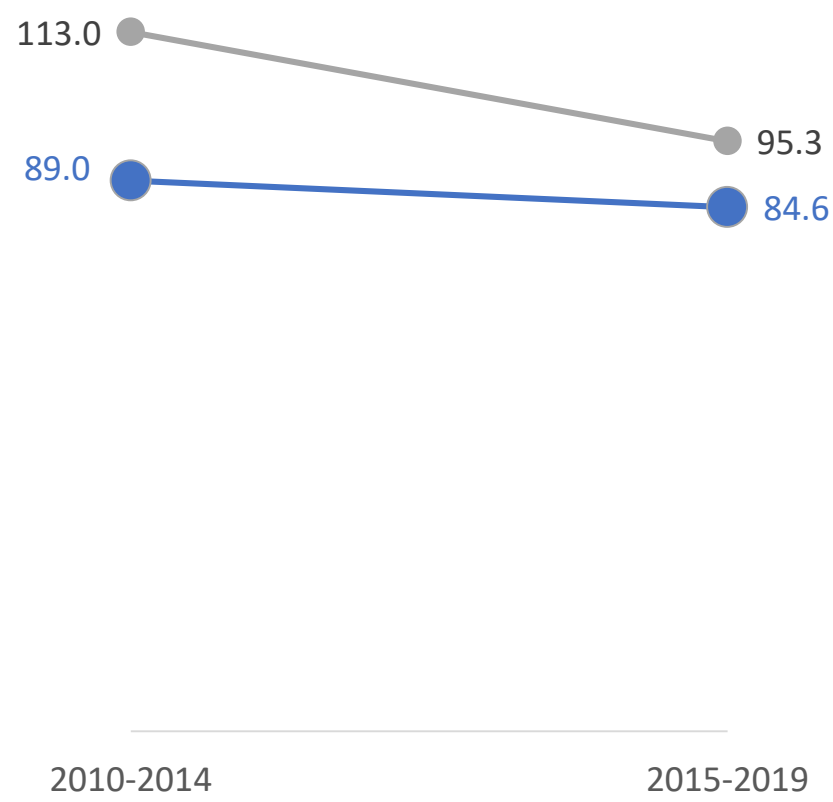
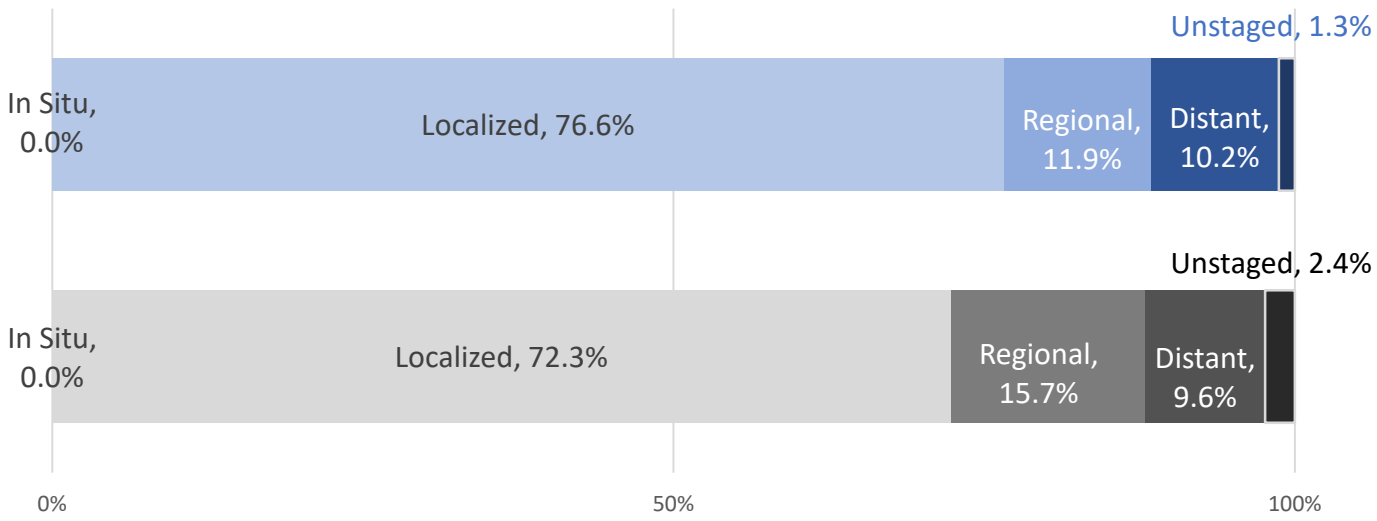


Fig. 3.12. Prostate cancer stage at diagnosis for **AI/AN** & **NHW** males, all ages, 2015-2019



Among **AI/AN** and **NHW** males, **over 70%** of prostate cancer cases are being diagnosed at an early stage (in situ & localized).

Data Source: Washington State Cancer Registry, 2010– 2019, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

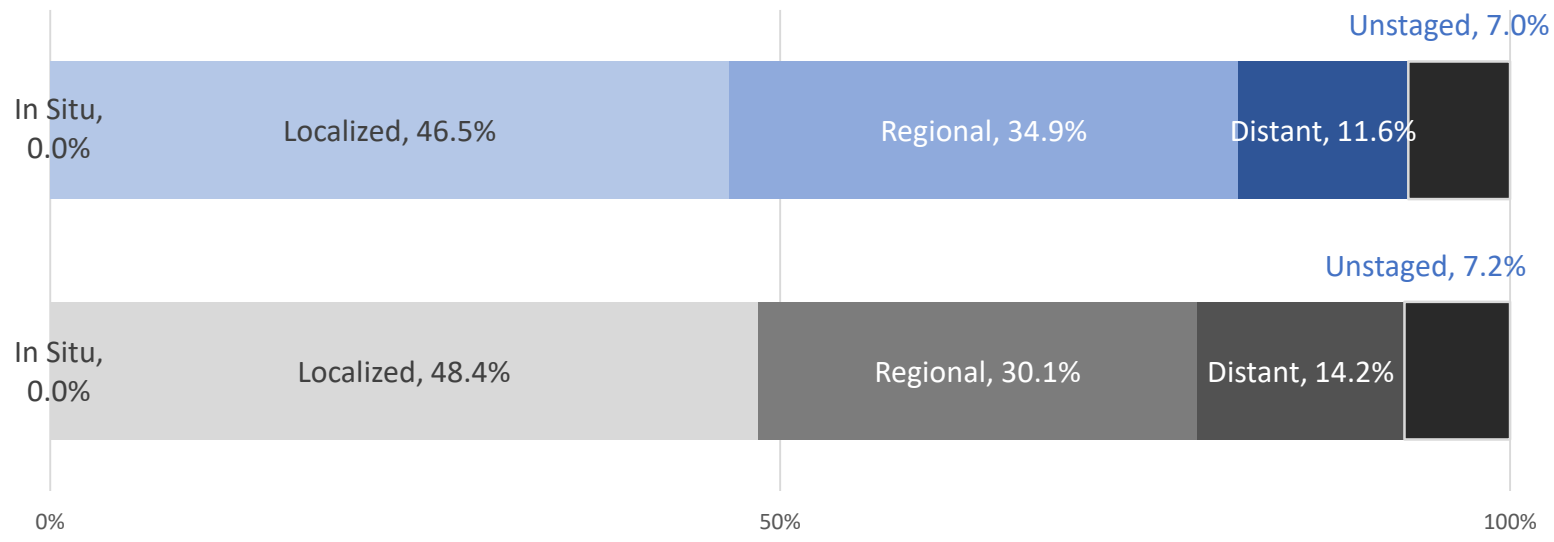
CANCER

Cervical Cancer (Female)

Cervical cancer is linked with Human Papilloma Virus (HPV), making it one of the few cancers that can be protected against through vaccination.

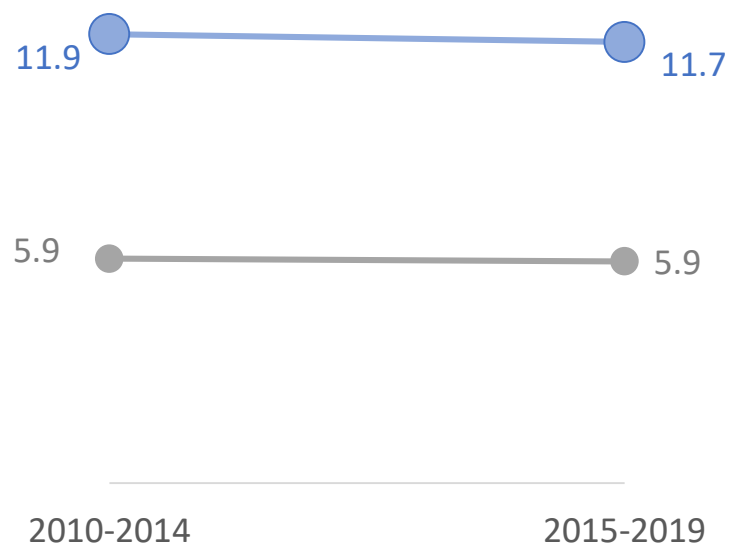
In Washington State, **AI/AN females** with cervical cancer are being diagnosed slightly later than **NHW females**.

Fig. 3.13. Cervical cancer stage at diagnosis for **AI/AN** & **NHW** females, all ages 2015-2019



The rate of newly diagnosed cervical cancer cases among **AI/AN females** in Washington has remained **nearly double** the rate among **NHW females** over the past 10 years.

Fig. 3.14. Age-adjusted incidence rate of cervical cancer in **AI/AN** & **NHW** females, 2010-2014 and 2015-2019 (rate per 100,000)



Data Source: Washington State Cancer Registry, 2010– 2019, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

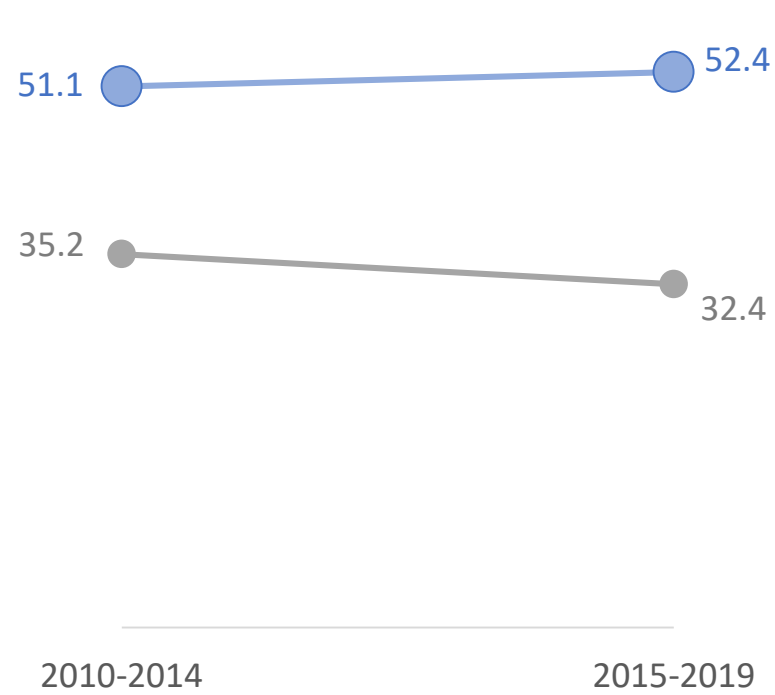
CANCER

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.

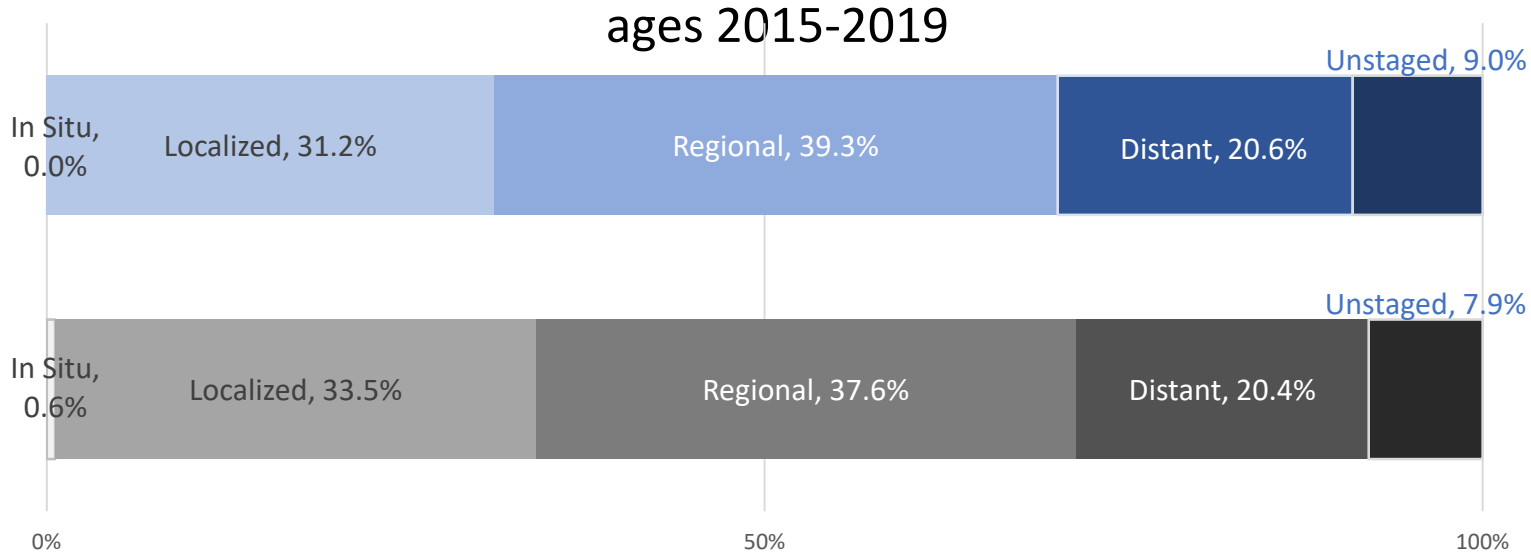
In the past ten years, the rate of newly diagnosed cases of colorectal cancer in Washington **AI/AN** has remained consistently higher than the rate among NHW Washingtonians.

Fig. 3.15. Age-adjusted incidence rate of colorectal cancer in **AI/AN** and **NHW**, 2010-2014 and 2015-2019 (per 100,000)



Over half of the staged cases in **AI/AN** and **NHW** colorectal cancer patients were diagnosed “late stage” (regional or distant)

Fig. 3.16. Colorectal cancer stage at diagnosis for **AI/AN** and **NHW**, all ages 2015-2019



Data Source: Washington State Cancer Registry, 2015– 2019, corrected for AI/AN racial misclassification by NPAIHB’s IDEA-NW

Communicable Diseases in Washington State

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 or 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.

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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.

Washington State death certificate data provide information on the cause of death for residents who died within the state. This analysis utilized communicable disease data (**COVID-19, influenza and pneumonia**) from Washington State death 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) Washington 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

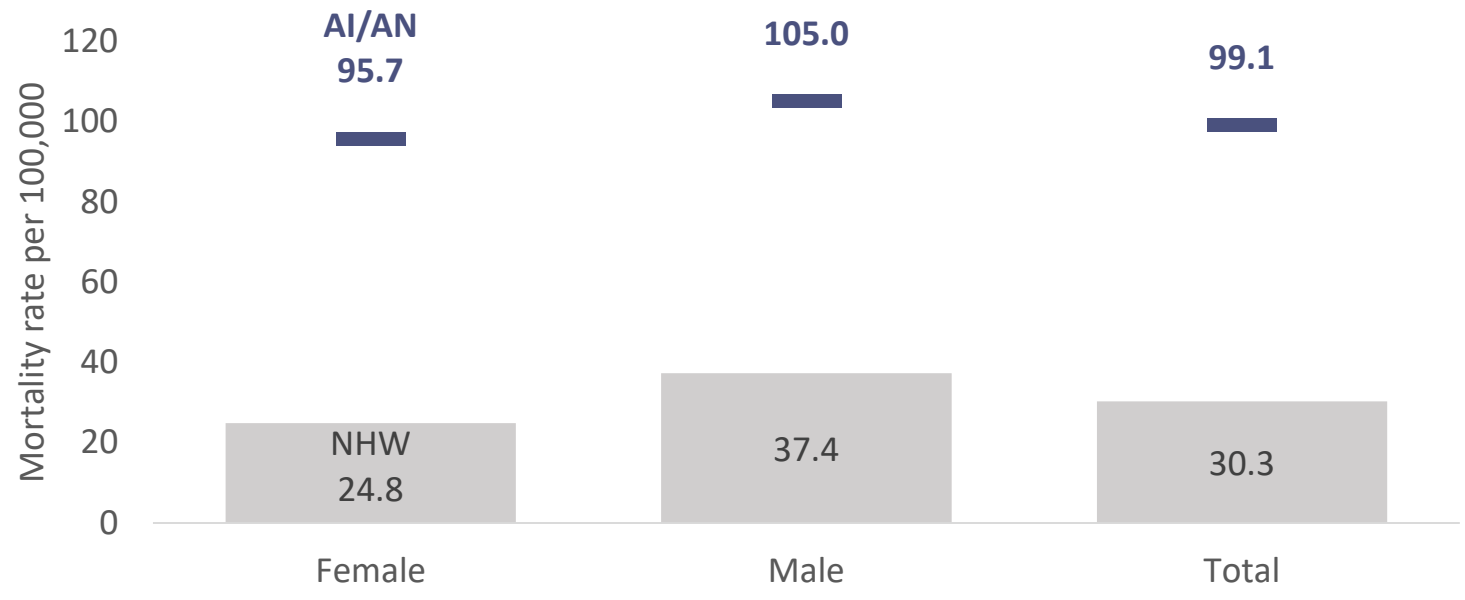
COMMUNICABLE DISEASE

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.

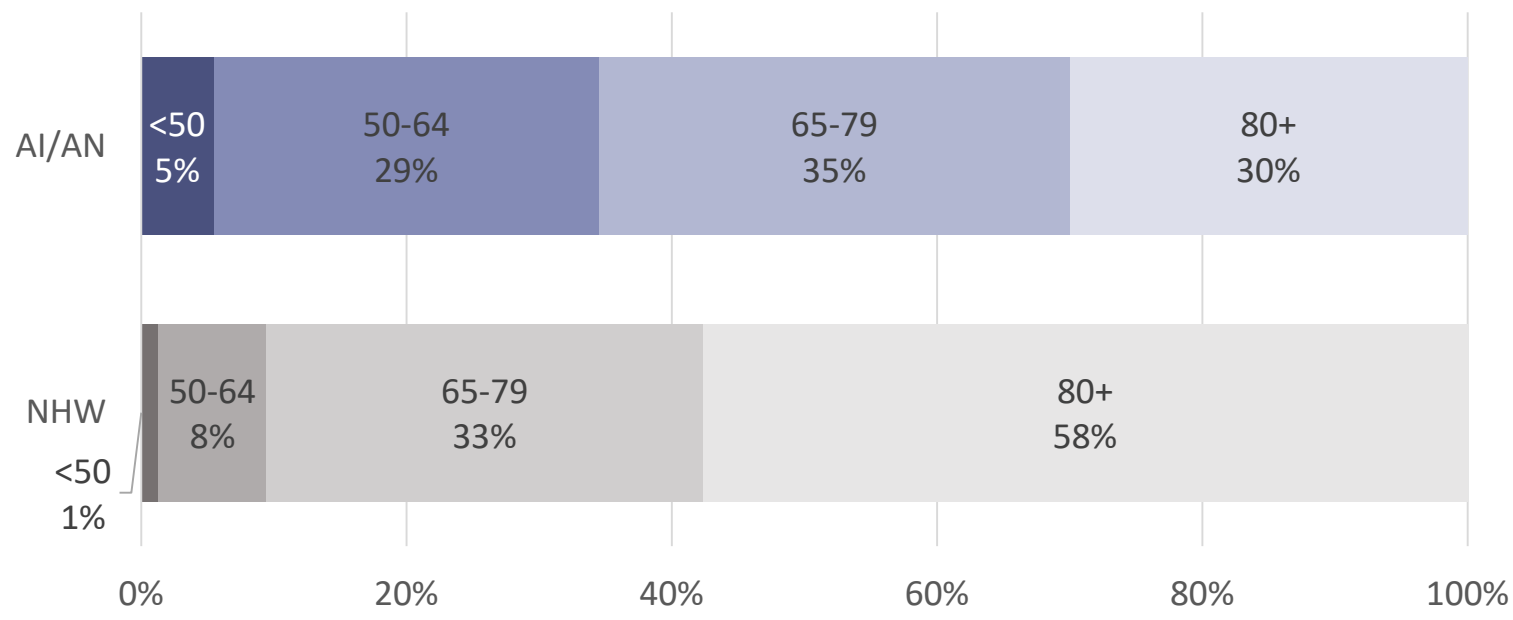
The **AI/AN** COVID-19 mortality rate was **higher** than the **NHW** mortality rate across both males and females

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



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

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



Data Source: Washington State 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.

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.

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

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

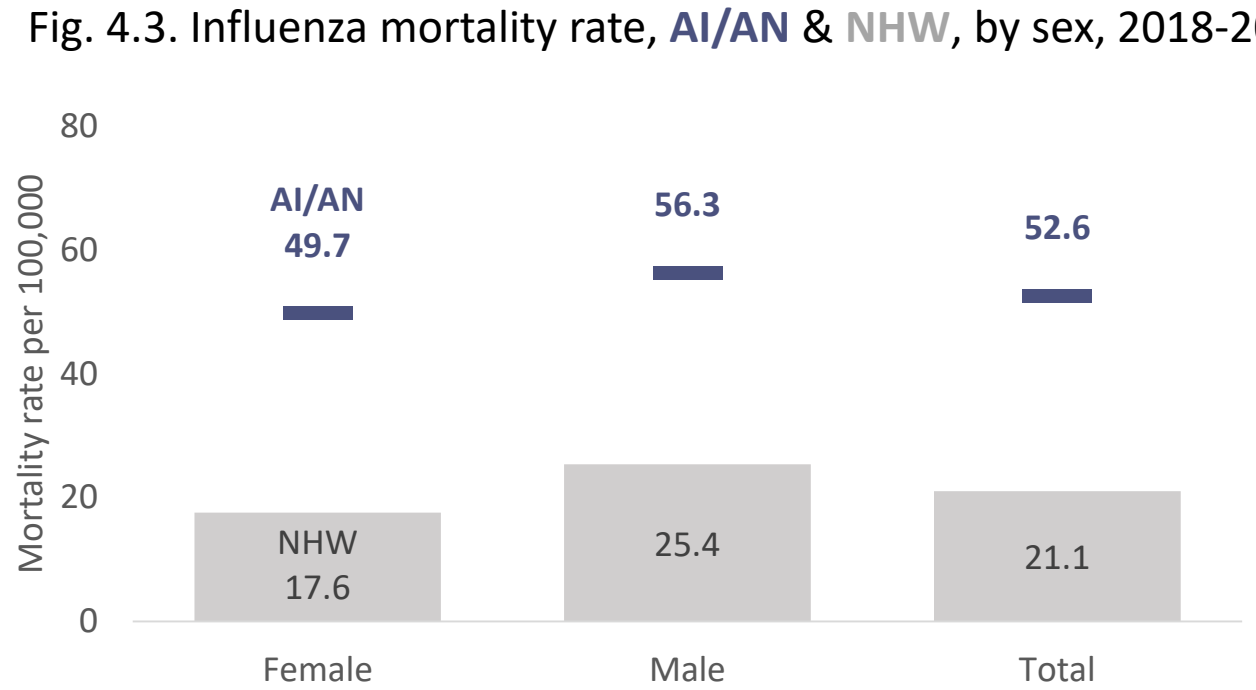


Fig. 4.4. Influenza mortality proportions, **AI/AN** & **NHW**, by age categories, 2018-2020

Most influenza deaths for **AI/AN** occurred among the **50-64** age group compared to the **80+** age group for **NHW**

Data Source: Washington 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.

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

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

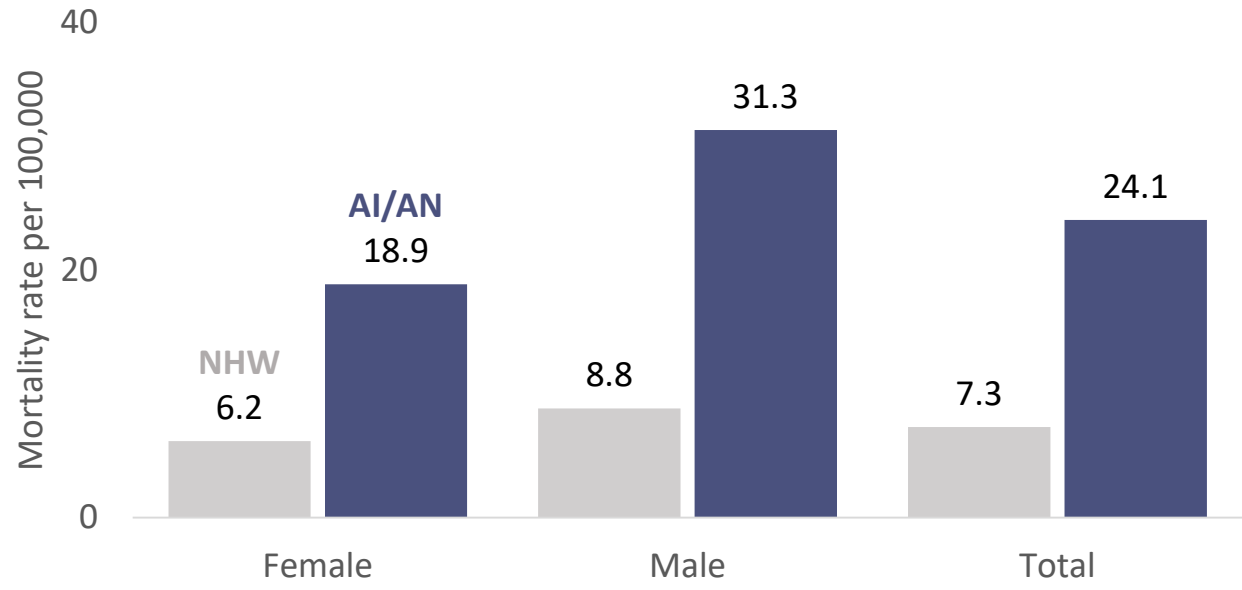
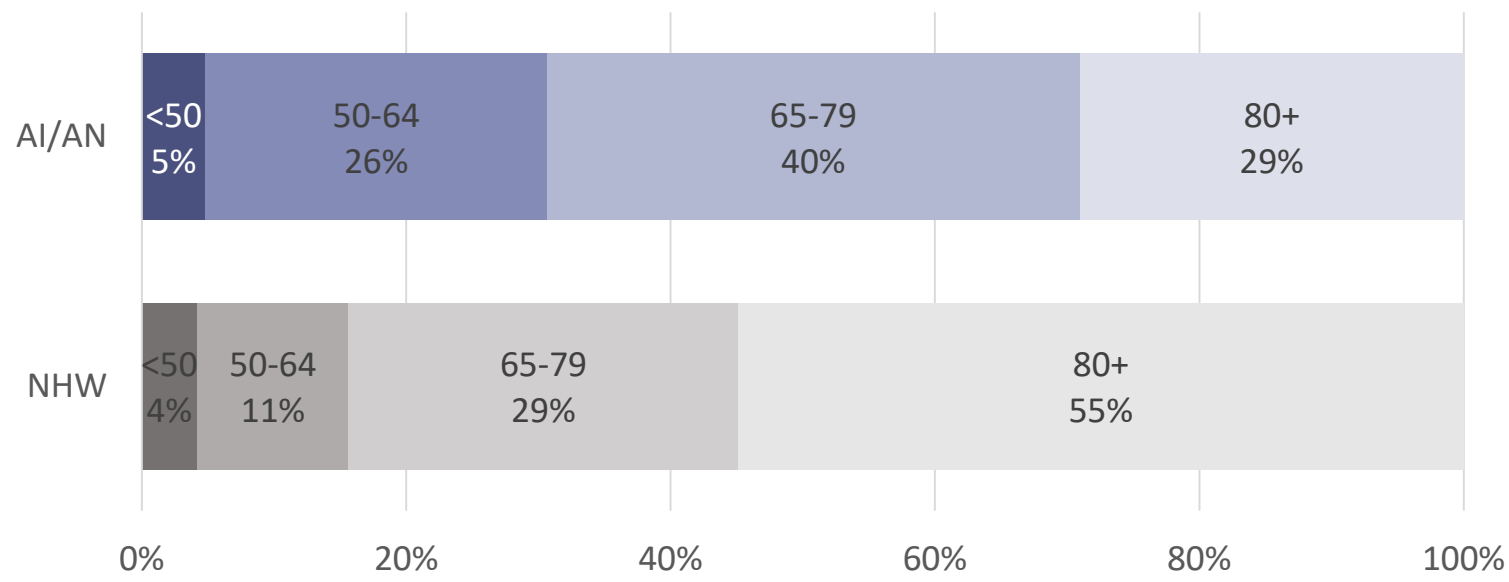


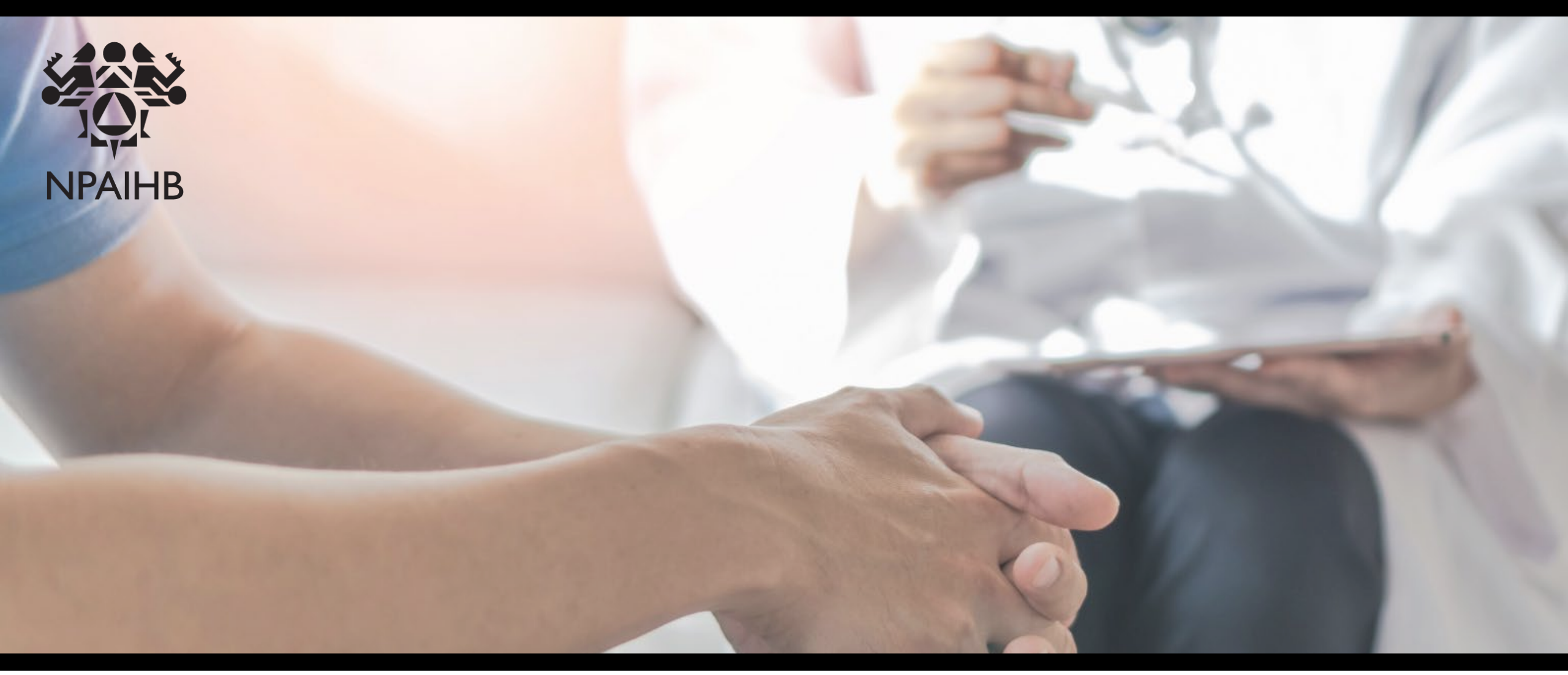
Fig. 4.6. Pneumonia mortality proportions, **AI/AN** and **NHW**, by age categories, 2018-2020

Most pneumonia deaths for **AI/AN** occurred among the **65-79** age group compared to the **80+** age group for **NHW**



Data Source: Washington 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.



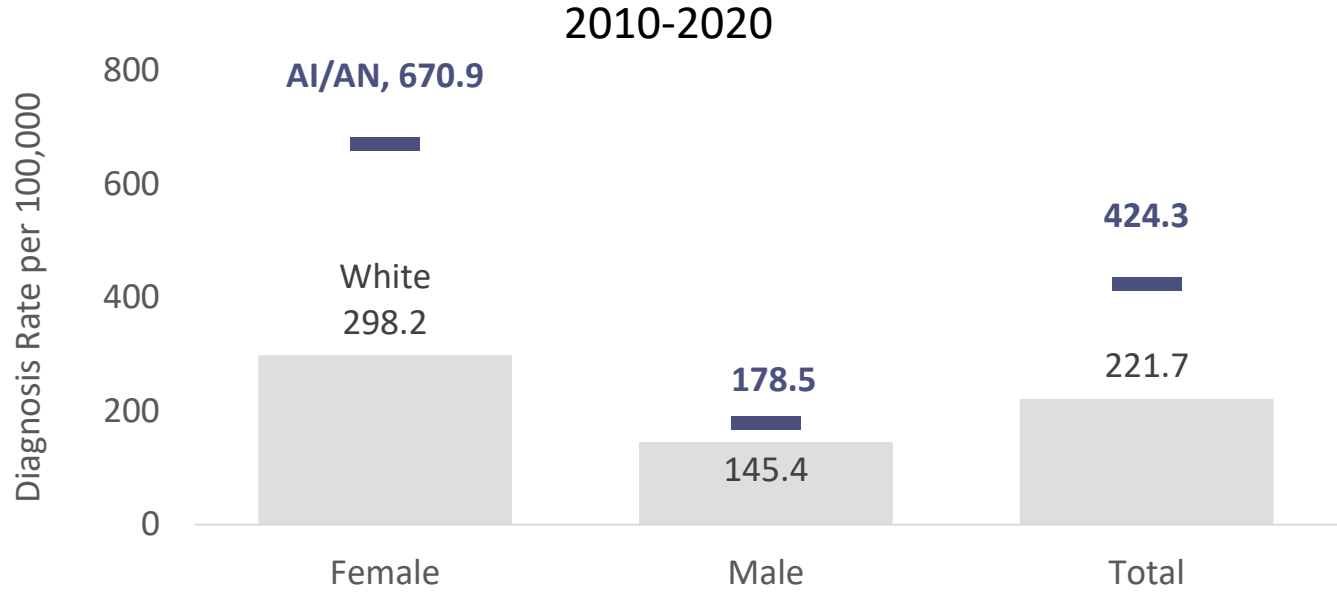
COMMUNICABLE DISEASE

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.

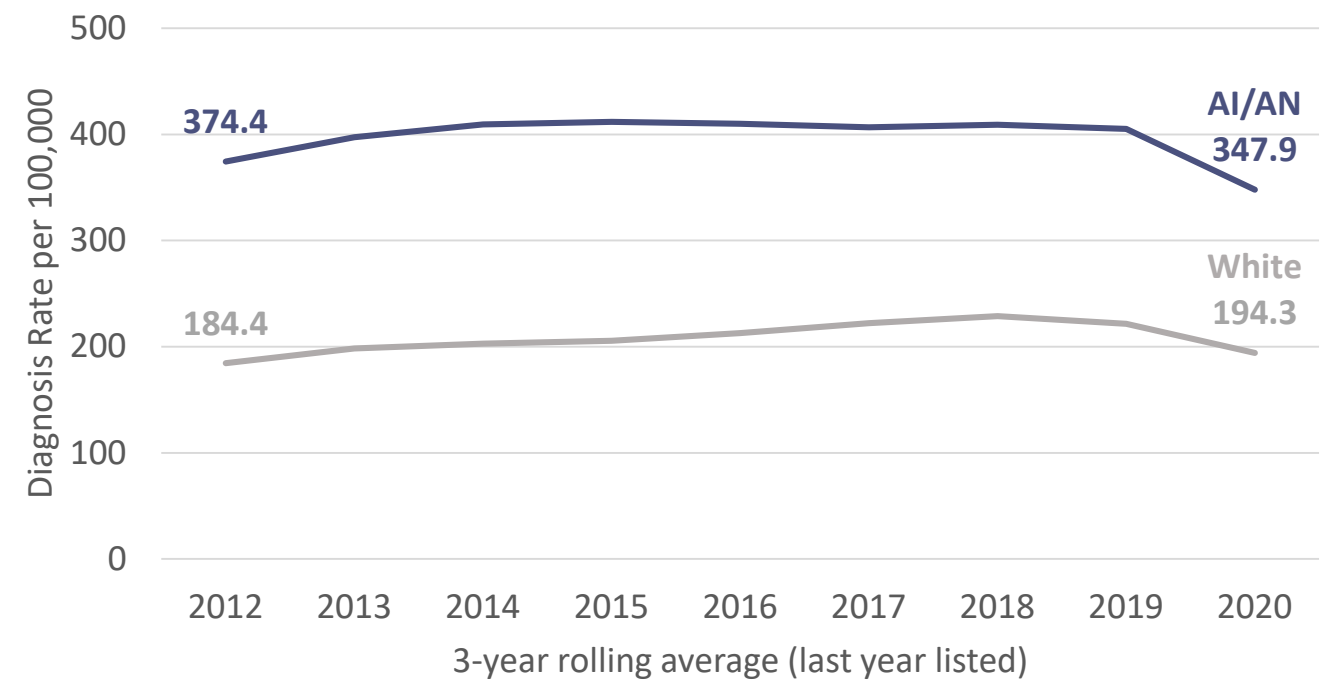
The incidence rate of chlamydia among **AI/AN females** was **over 2.2 times** that of **White females**

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



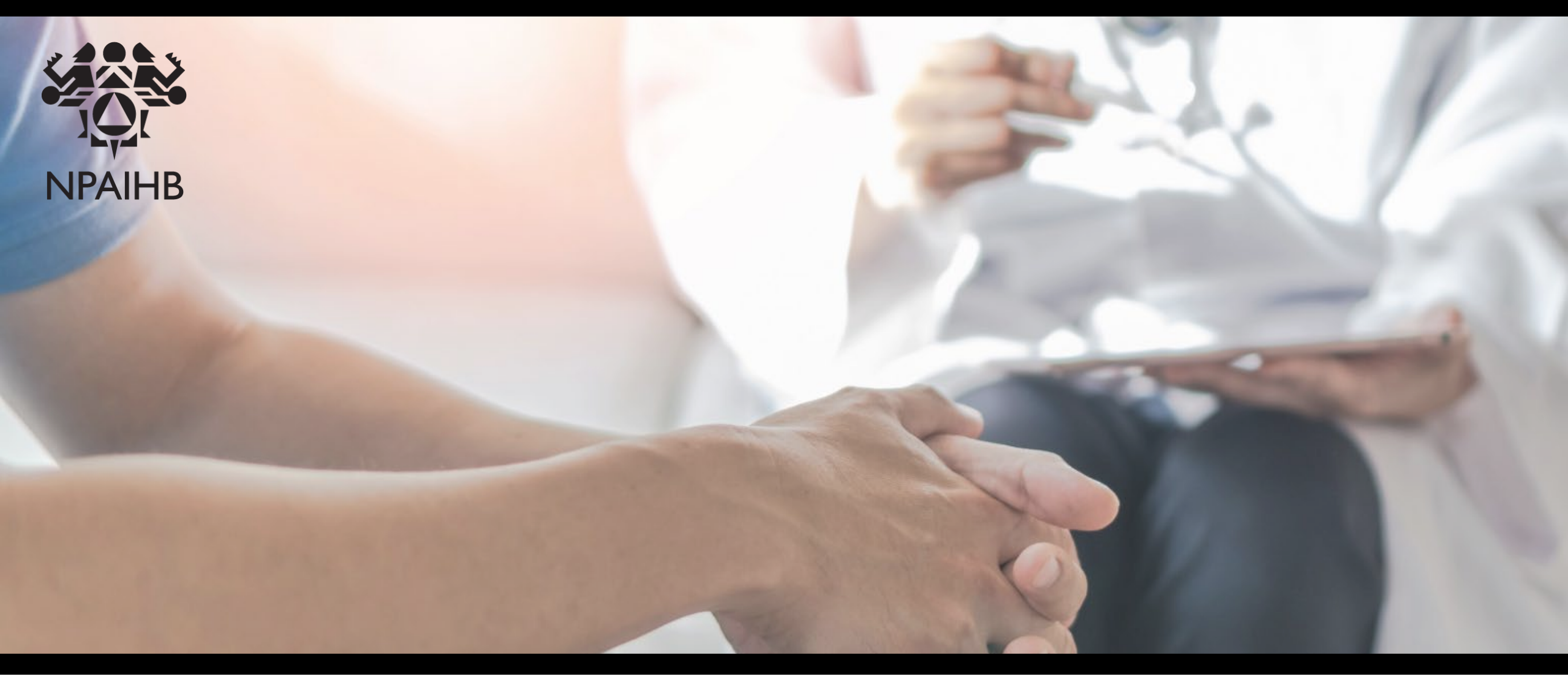
Chlamydia diagnosis rates remained **higher** among **AI/AN** across this period

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



Data Source: Atlas Plus, Washington State, 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.

The incidence rate of gonorrhea was **nearly 3 times** that of **AI/AN females** than **White females**

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

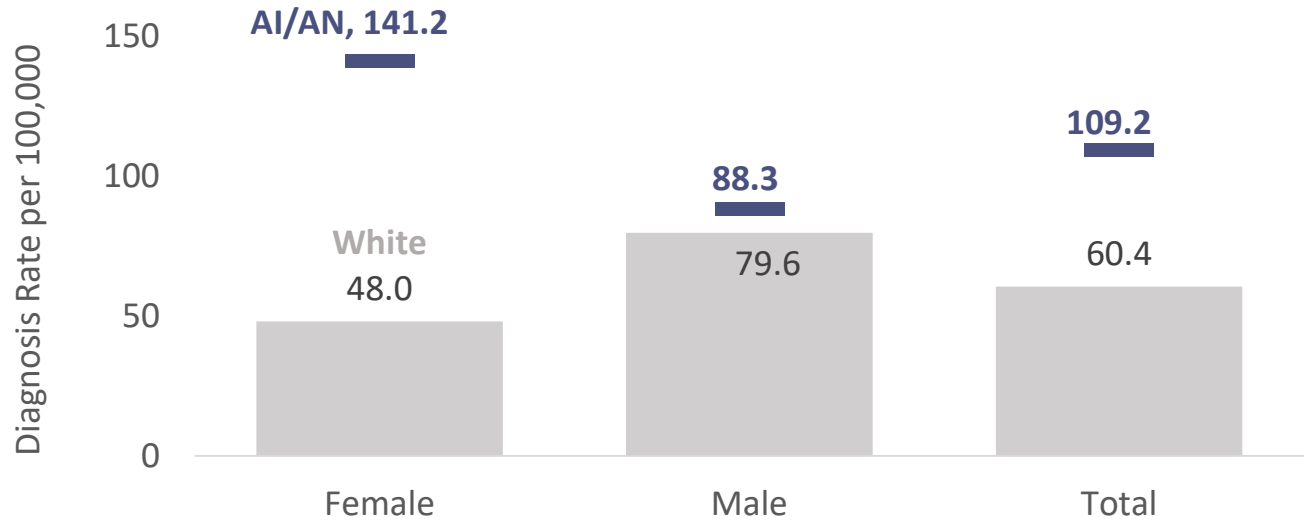
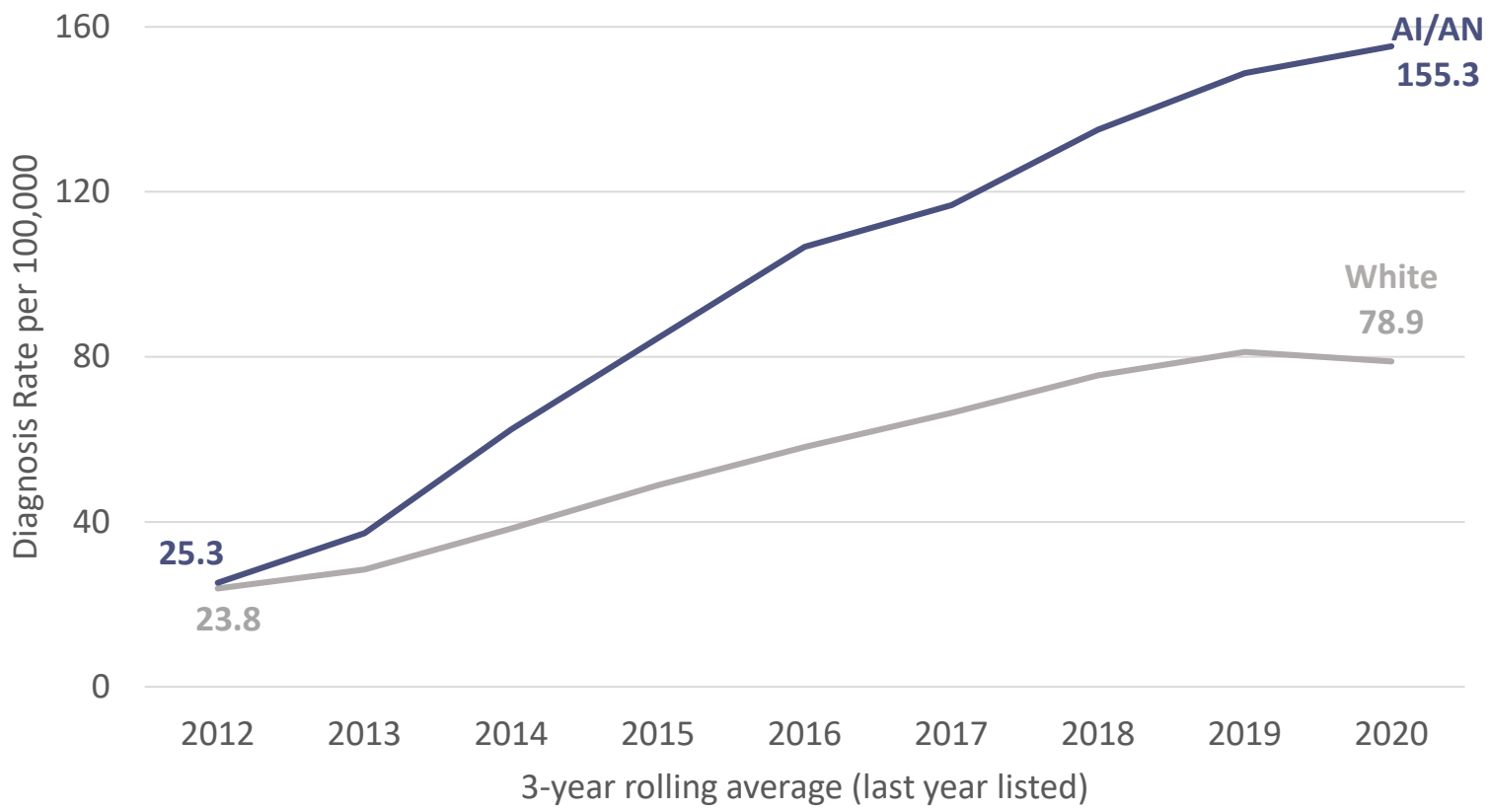


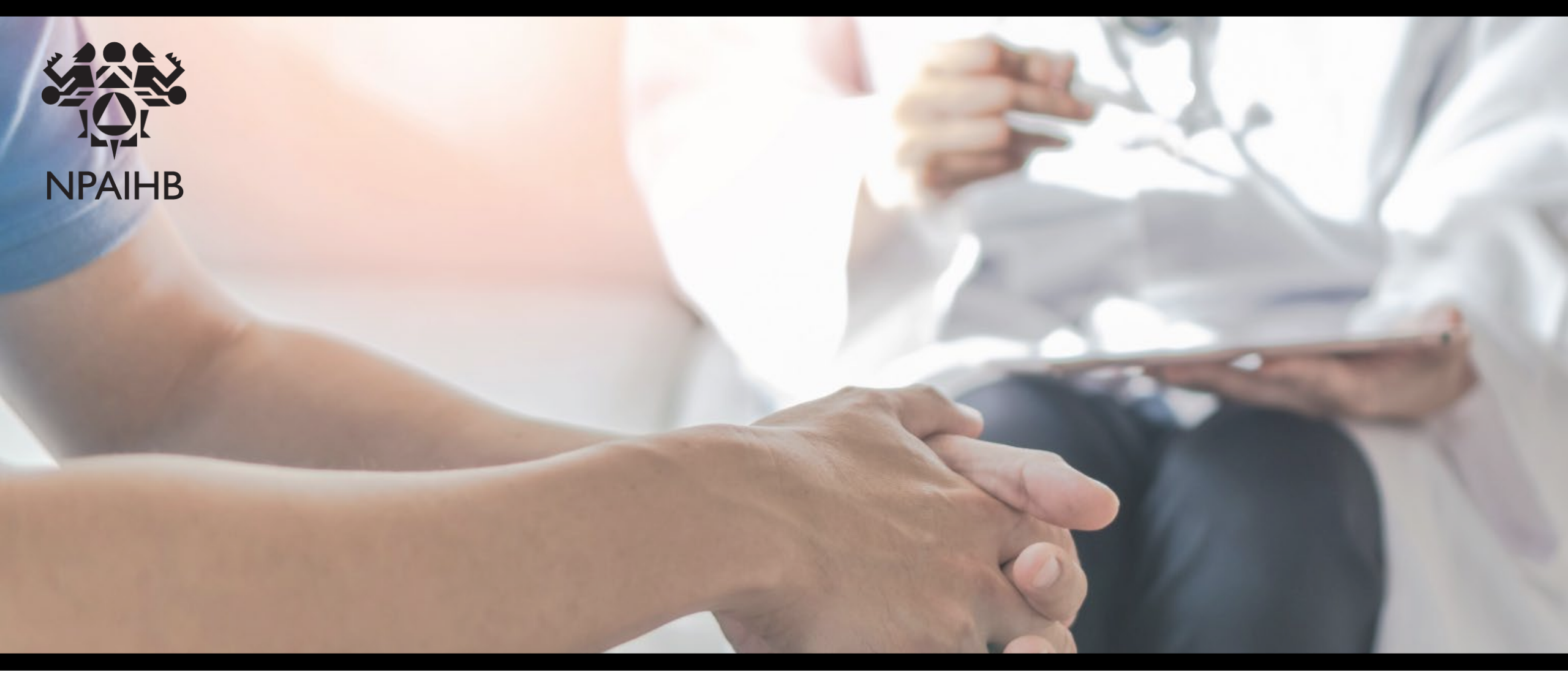
Fig. 4.10. Gonorrhea diagnosis rate among **AI/AN** and **White**, 2010-2020

Gonorrhea diagnoses have **increased faster** for **AI/AN** than **White** across this period.



Data Sources: Atlas Plus, Washington State, 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.

Syphilis rates were **higher** among **AI/AN females** than **White females** but **lower** among **AI/AN males** than **White males**

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

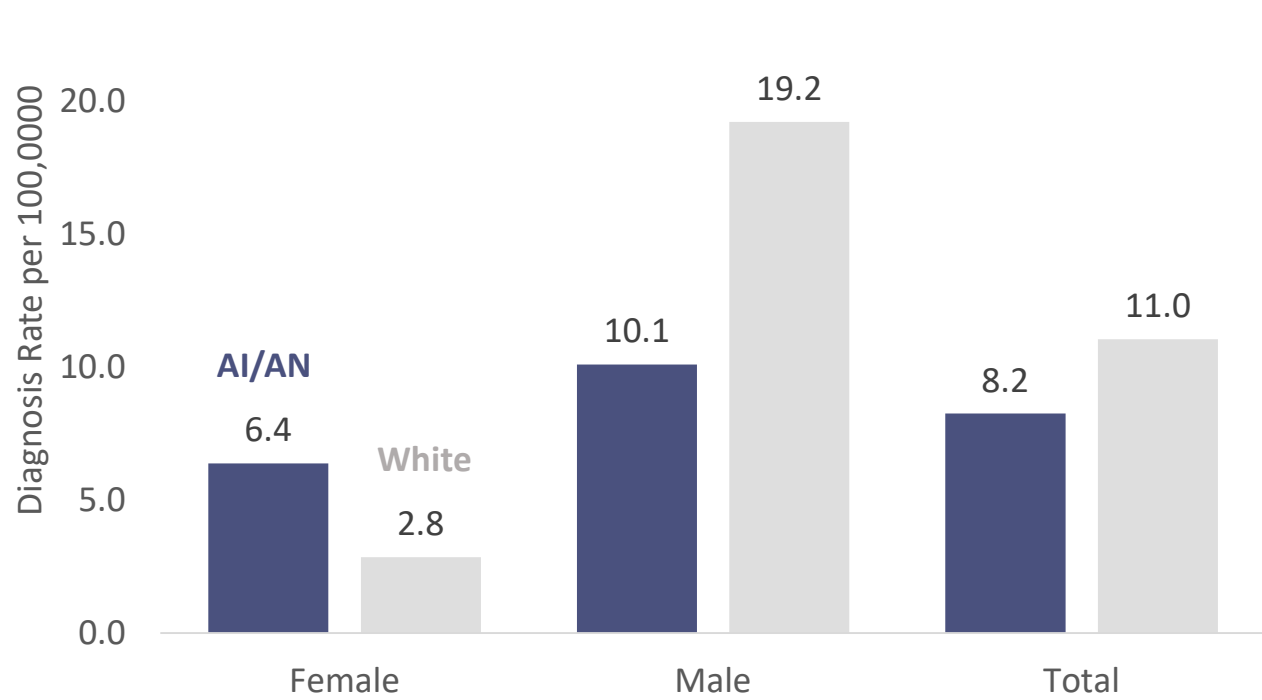
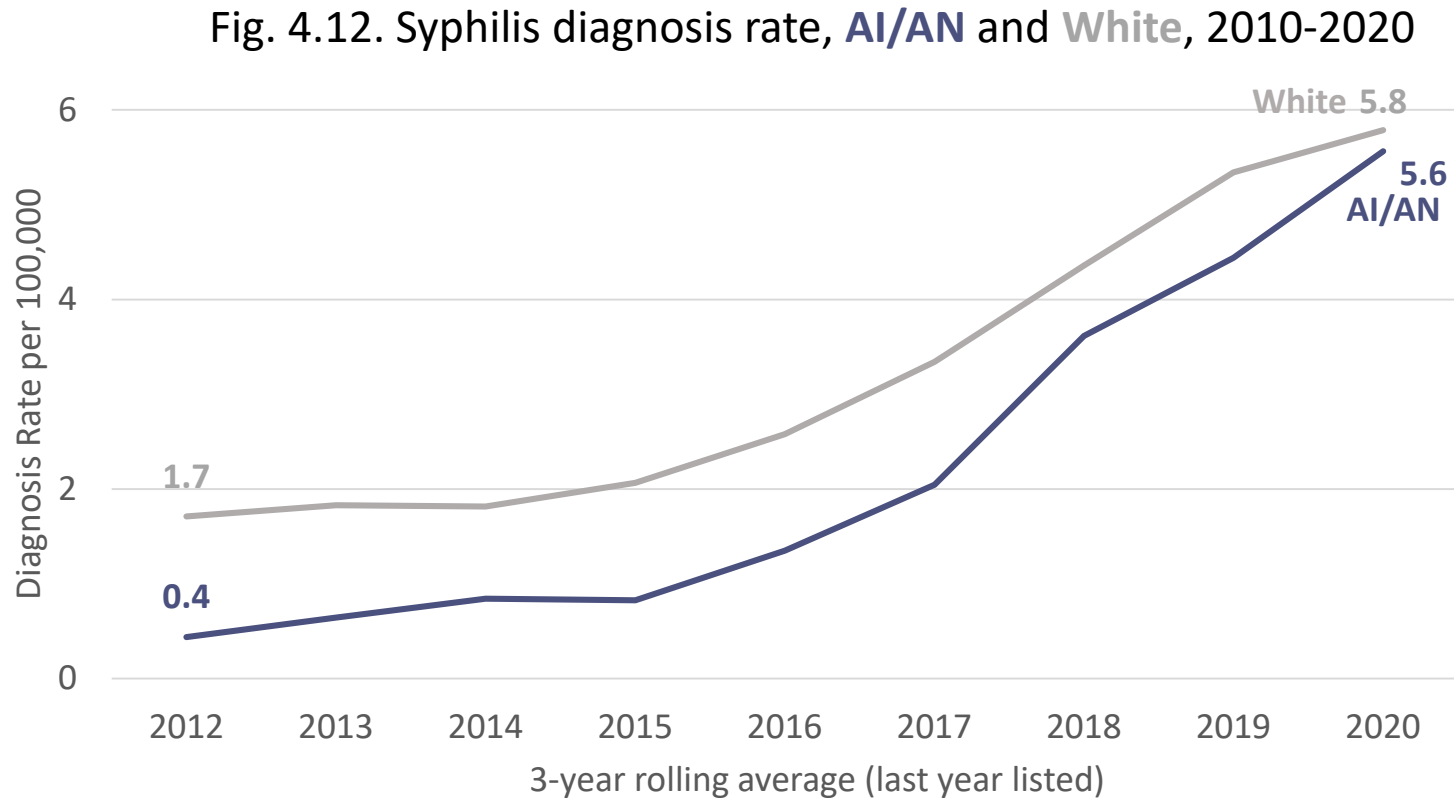


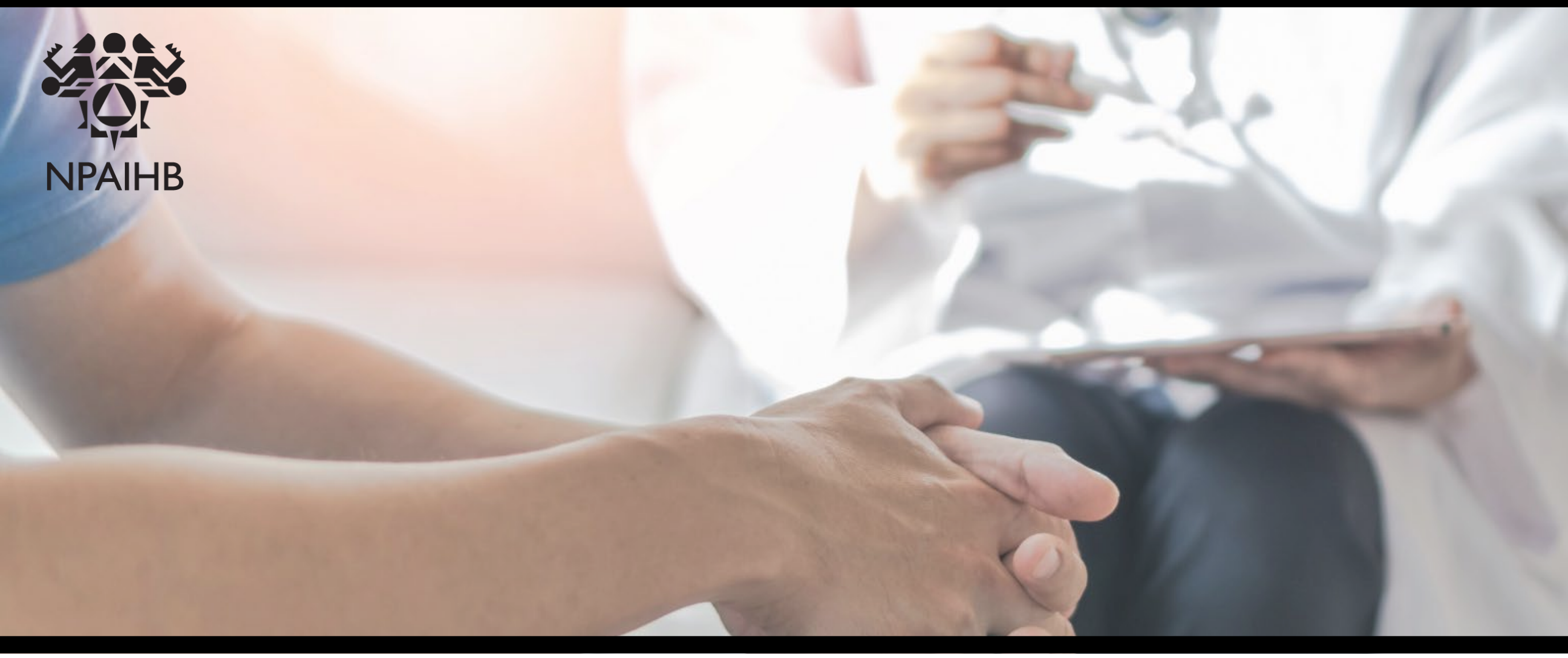
Fig. 4.12. Syphilis diagnosis rate, **AI/AN** and **White**, 2010-2020

Syphilis rates were **lower** for **AI/AN** consistently through this period



Data Source: Atlas Plus, Washington State, 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.

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

New HIV diagnosis rates were **lower** among **AI/AN males** than **White males**, but **higher** among **AI/AN females** than **White females**

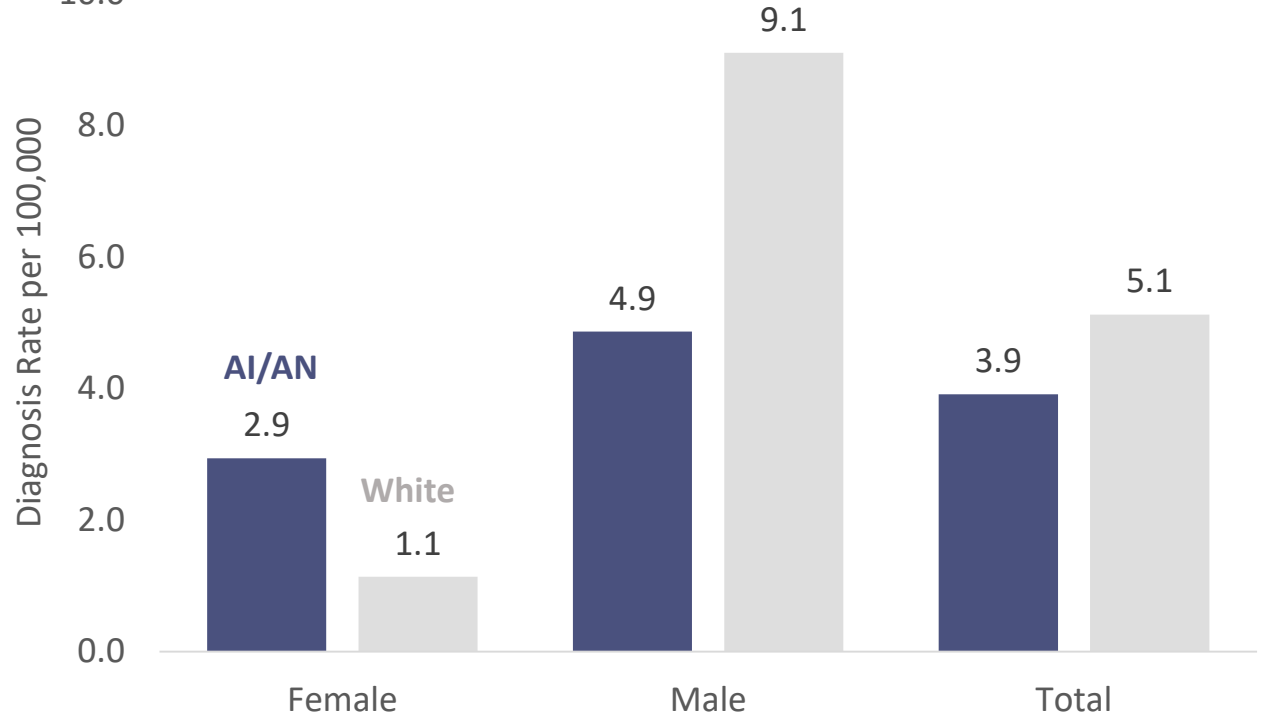
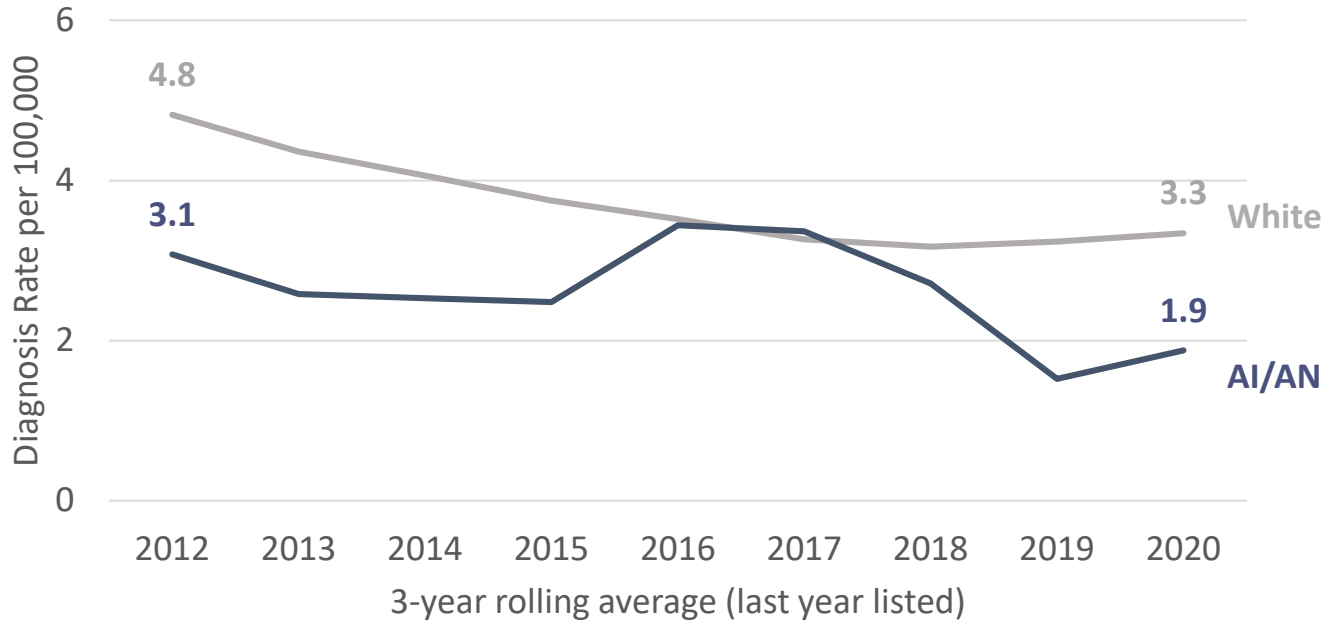


Fig. 4.14. New HIV diagnosis rate, **AI/AN** and **White**, 2010-2020

HIV diagnosis rates remained **lower** among **AI/AN** across the aggregated period



Data Source: Atlas Plus, Washington State, 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 Washington State

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.

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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.

NPAIHB

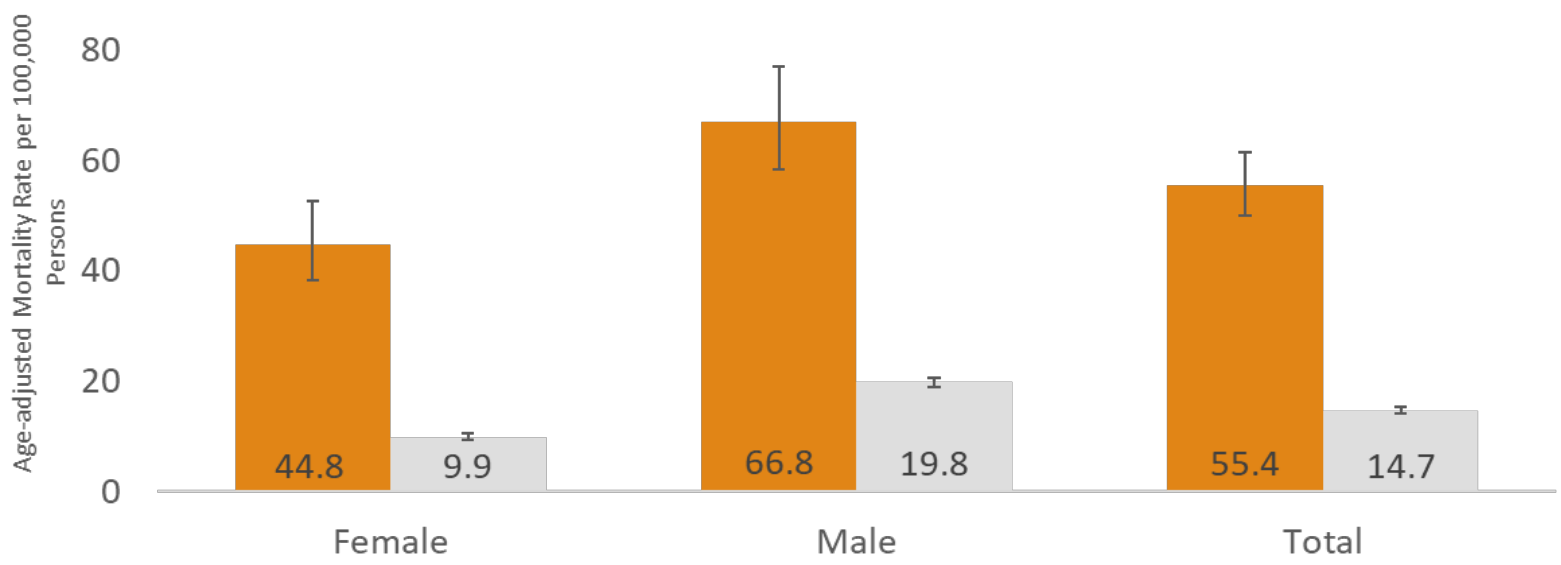
SUBSTANCE USE

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.

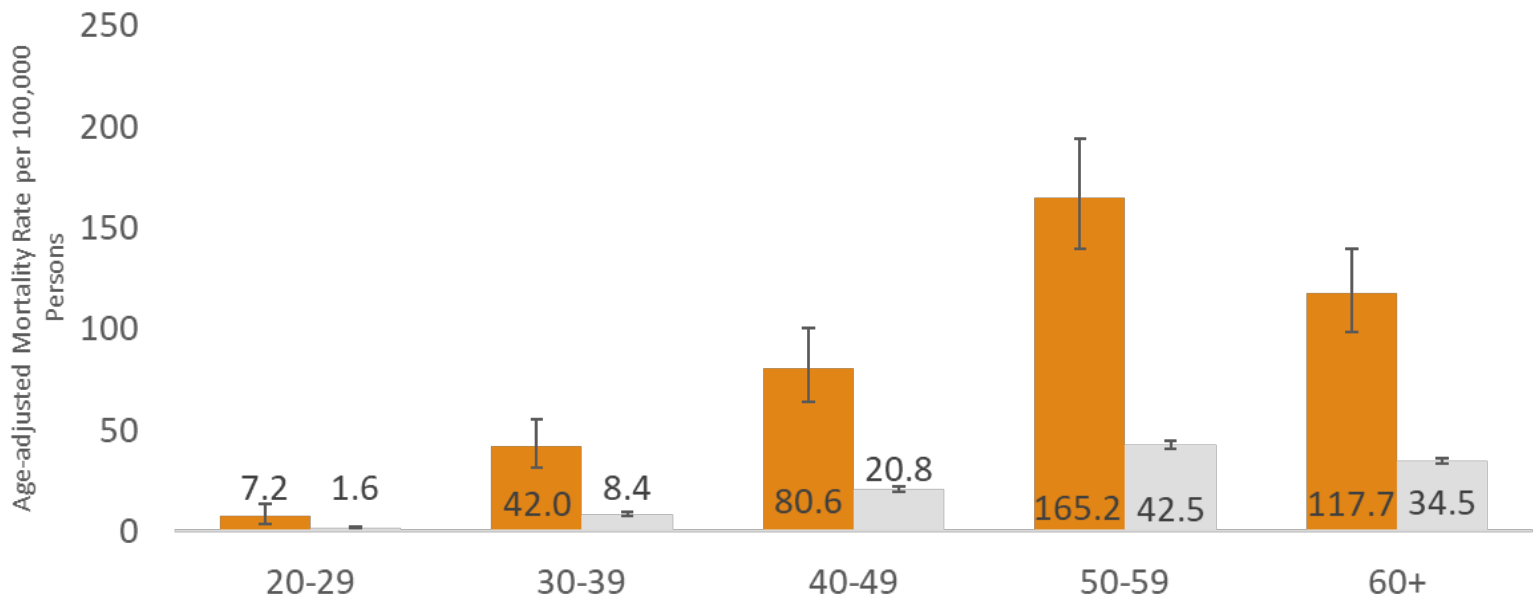
AI/AN people had an alcohol induced death rate **3.8 times** that of the **NHW** alcohol death rate. **AI/AN males** had the **highest** alcohol death rates.

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



Across all age groups shown, **AI/AN** had **higher** rates of alcohol induced deaths compared to their **NHW** counterparts. **AI/AN** age 50-59-years-old had the **highest** alcohol death rate.

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



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

SUBSTANCE USE

Self-Reported Alcohol Use

Binge-drinking is defined as 4+ drinks for women and 5+ for men on a single occasion. Heavy alcohol consumption is defined as 8+ drinks for women and 15+ for men per week.

Among Washington adults, a **similar** proportion of non-Hispanic **AI/AN** reported binge-drinking compared to **NHW**.

Fig. 5.3. Proportion of self-reported binge drinking, non-Hispanic **AI/AN** & **NHW**, 2016-2020

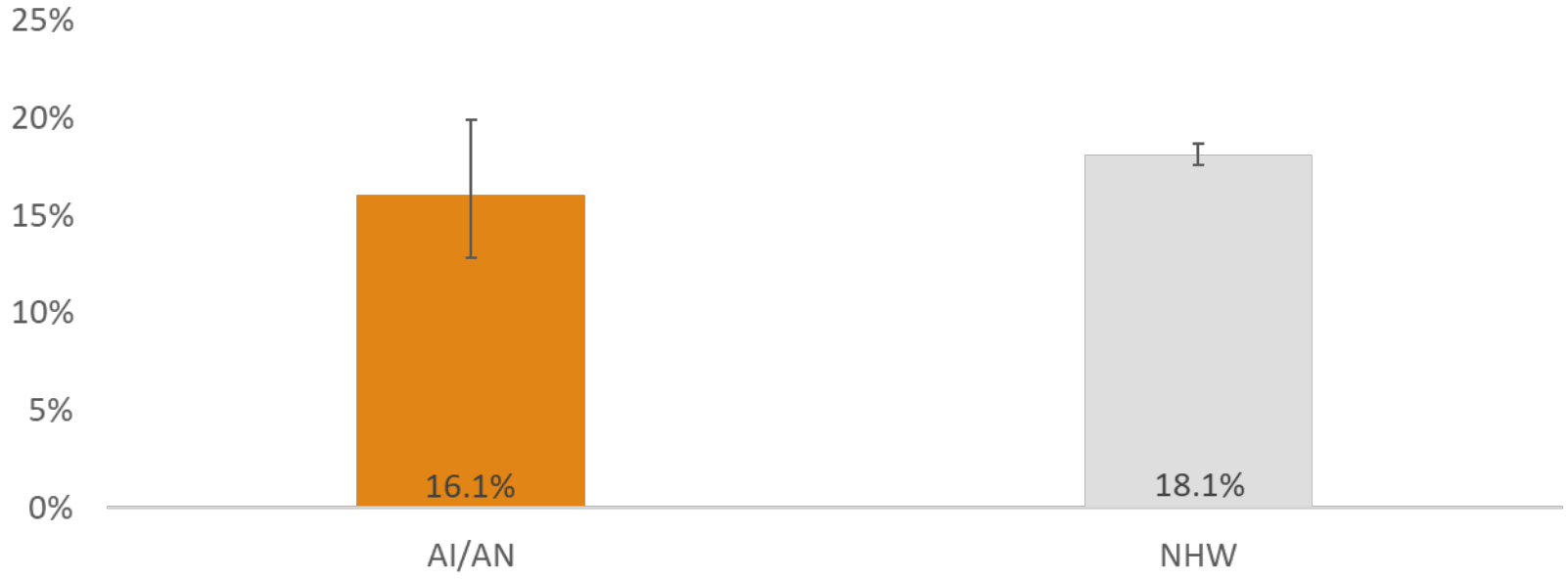
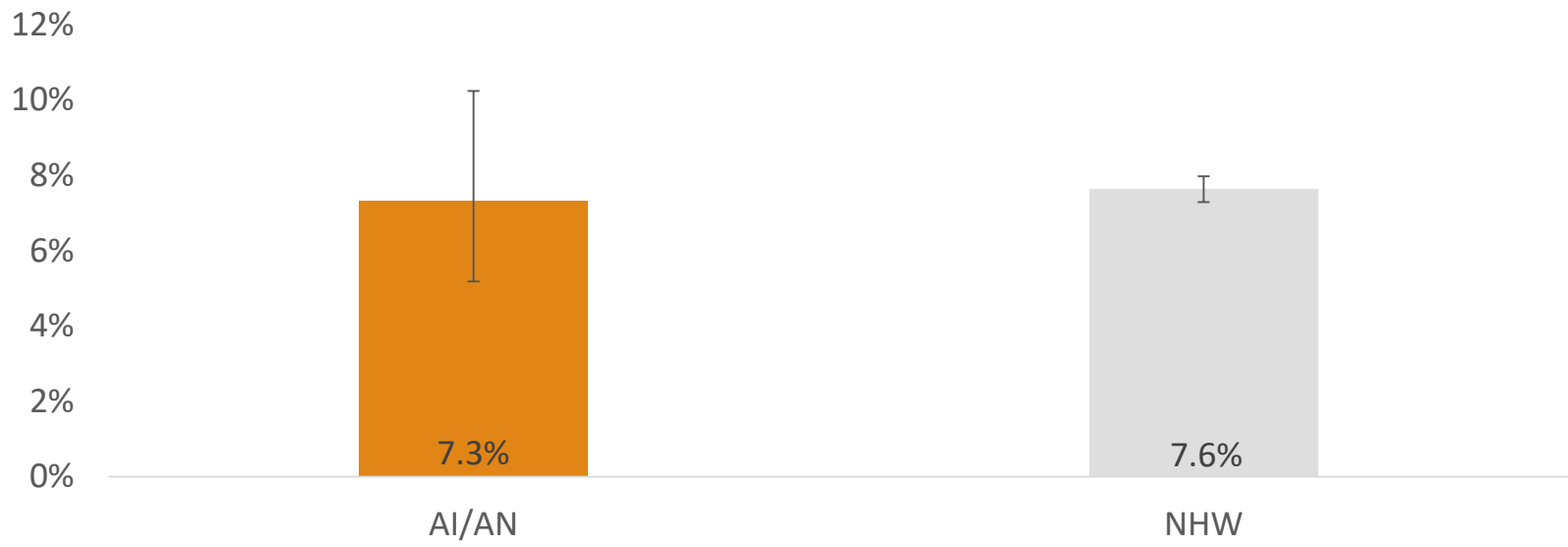


Fig. 5.4. Proportion of self-reported heavy alcohol consumption, non-Hispanic **AI/AN** & **NHW**, 2016-2020

A **similar** proportion of non-Hispanic **AI/AN** adults in Washington reported heavy alcohol consumption compared to **NHW**.



Data Source: Behavioral Risk Factor Surveillance System (BRFSS) 2012-2021. Washington State Department of Health, Center for Health Statistics, Community Health Assessment Tool (CHAT), October 2023.

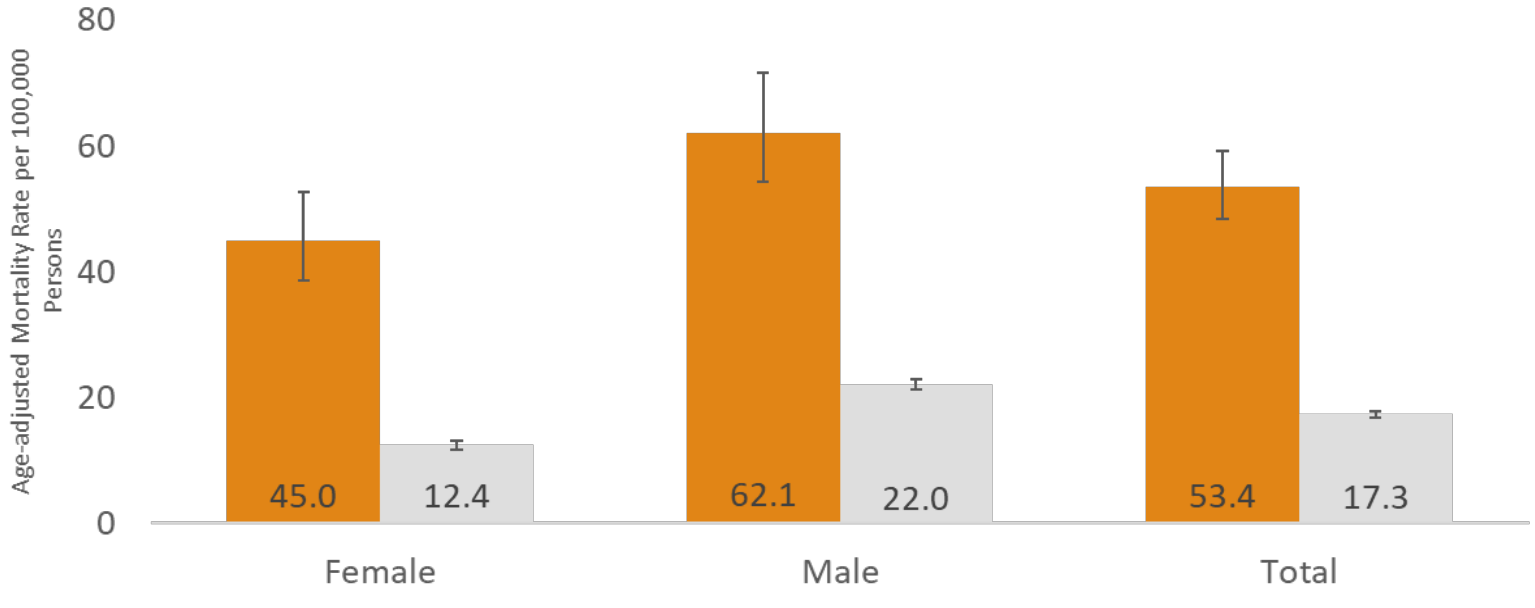
SUBSTANCE USE

Drug Overdose Deaths

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

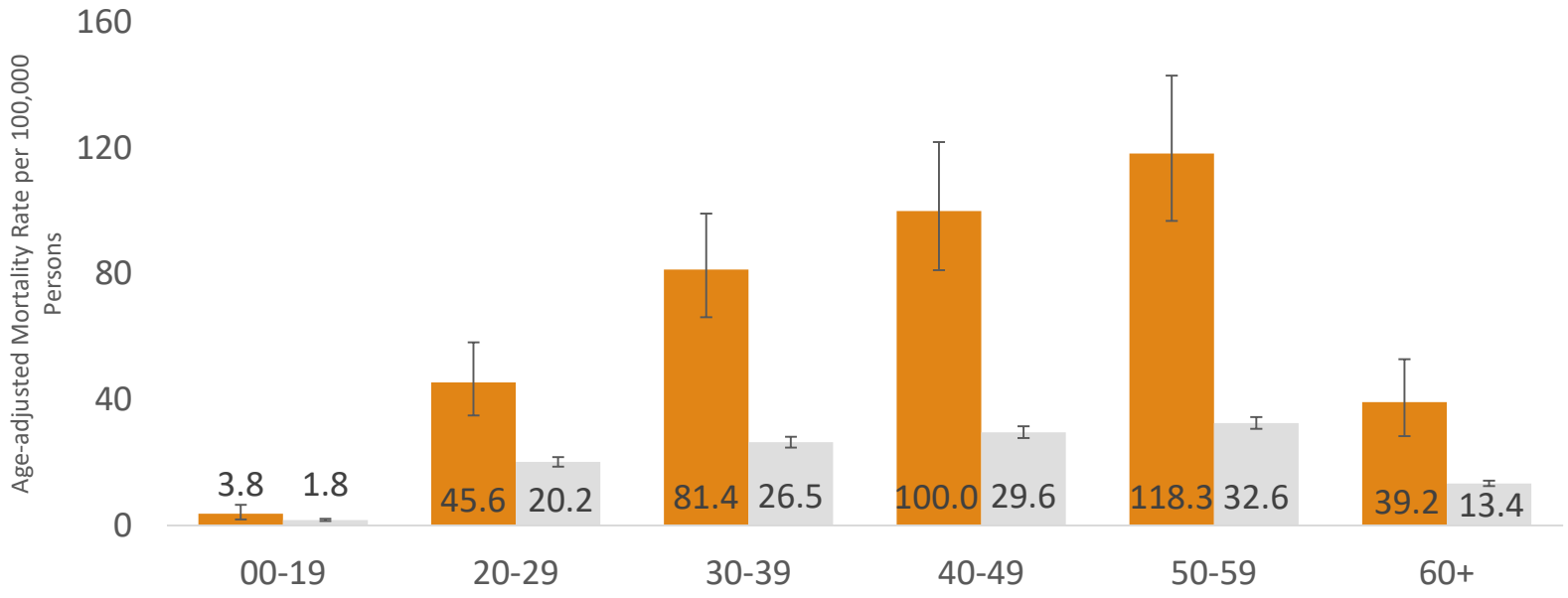
The drug overdose death rate among **AI/AN** was **three times** that of the **NHW** rate. **AI/AN males** had the **highest** drug overdose death rate.

Fig. 5.5. Drug overdose death rate, **AI/AN** & **NHW** by sex, 2016-2020



AI/AN in the **30-59-year-old** age groups had the highest drug overdose death rates.

Fig. 5.6. Drug overdose death rate, **AI/AN** & **NHW** by age, 2016-2020



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

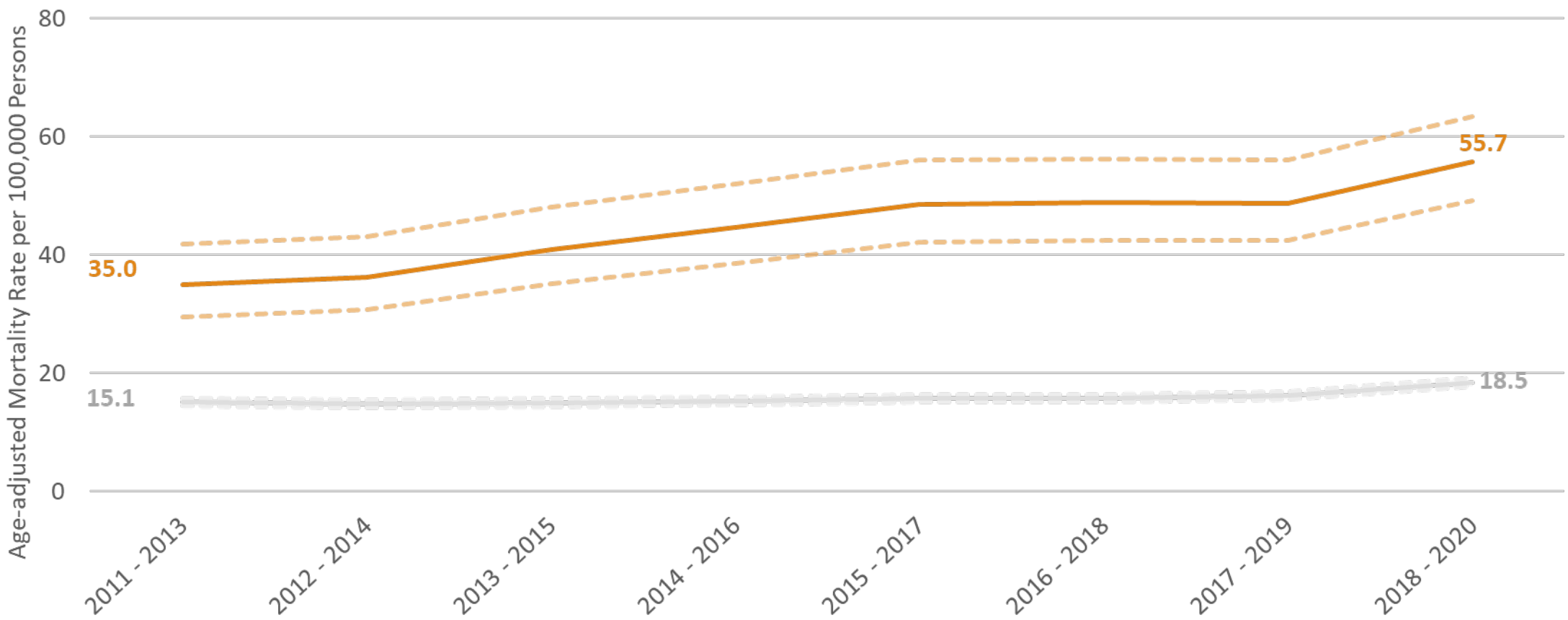
SUBSTANCE USE

Drug Overdose Deaths

Drug overdose death rates have increased among both **AI/AN** and **NHW** populations in Washington state since 2011. Drug overdose death rates are **higher** among the **AI/AN** population compared to **NHW**.

From 2019 to 2020, the single year drug overdose rate **increased 78.8%** (not shown).

Fig. 5.7. Drug overdose death rates, **AI/AN** & **NHW**, 2011-2020



From 2011 to 2020, without race correction, this report would have excluded 63 drug overdose deaths. This would have resulted in AI/AN **rates being incorrectly lower by up to 24%.**

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

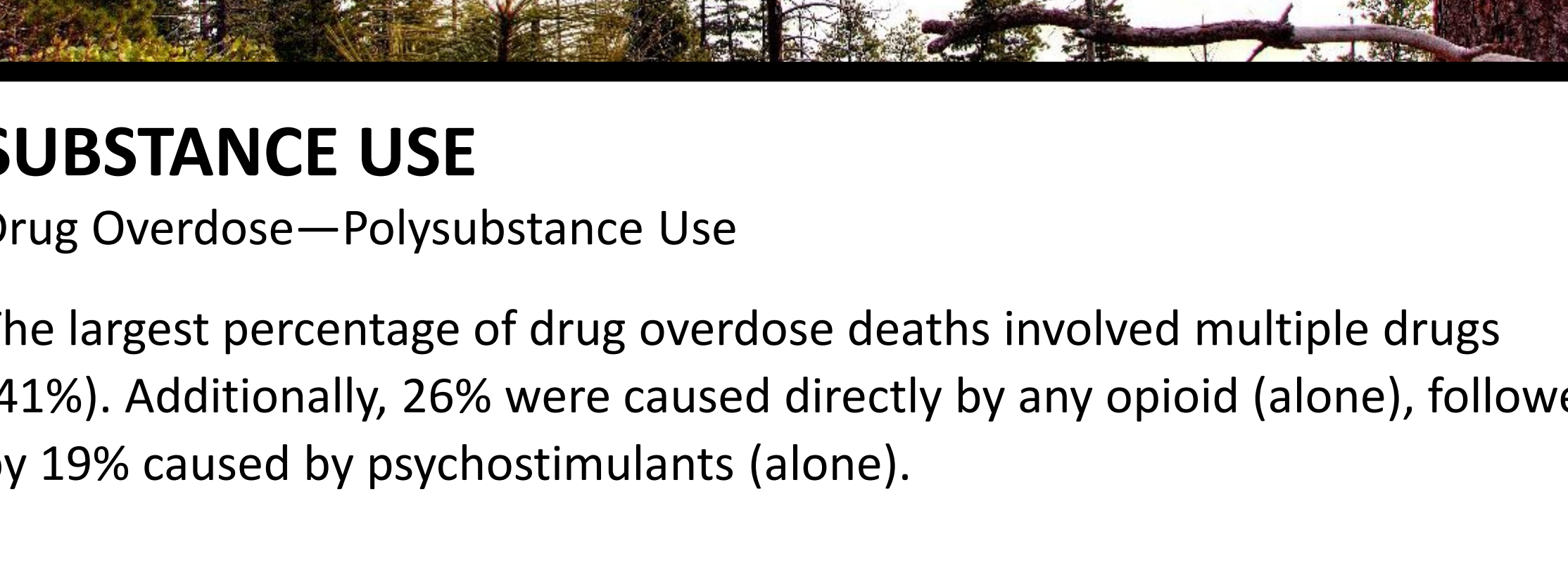
NPAIHB

SUBSTANCE USE

Drug Overdose—Polysubstance Use

The largest percentage of drug overdose deaths involved multiple drugs (41%). Additionally, 26% were caused directly by any opioid (alone), followed by 19% caused by psychostimulants (alone).

Fig. 5.8. Percentage of drug type listed as cause of death among **AI/AN**, 2016-2020



Of the 41% of deaths that caused by multiple drugs:

- 71% of cocaine overdoses also included an opioid
- 55% of meth overdoses also included an opioid
- 34% of opioid overdoses included another opioid
- 7% 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: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

SUBSTANCE USE

Opioid Overdose Death

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

AI/AN had **higher** opioid overdose death rates compared to the **NHW**.

AI/AN males had an opioid overdose death rate **2.7 times** that of **NHW** male rate and **1.4 times** that of **AI/AN female** rate.

Fig. 5.9. Opioid overdose death rate, **AI/AN** & **NHW** by sex, 2016-2020

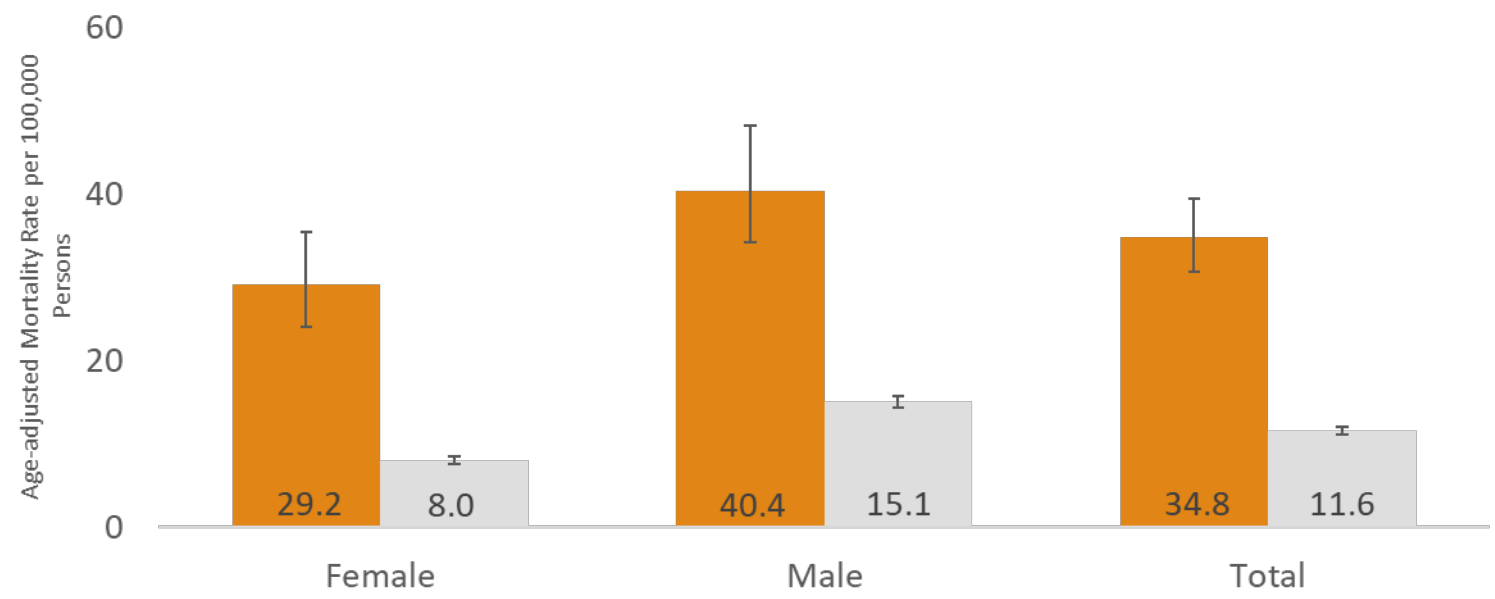
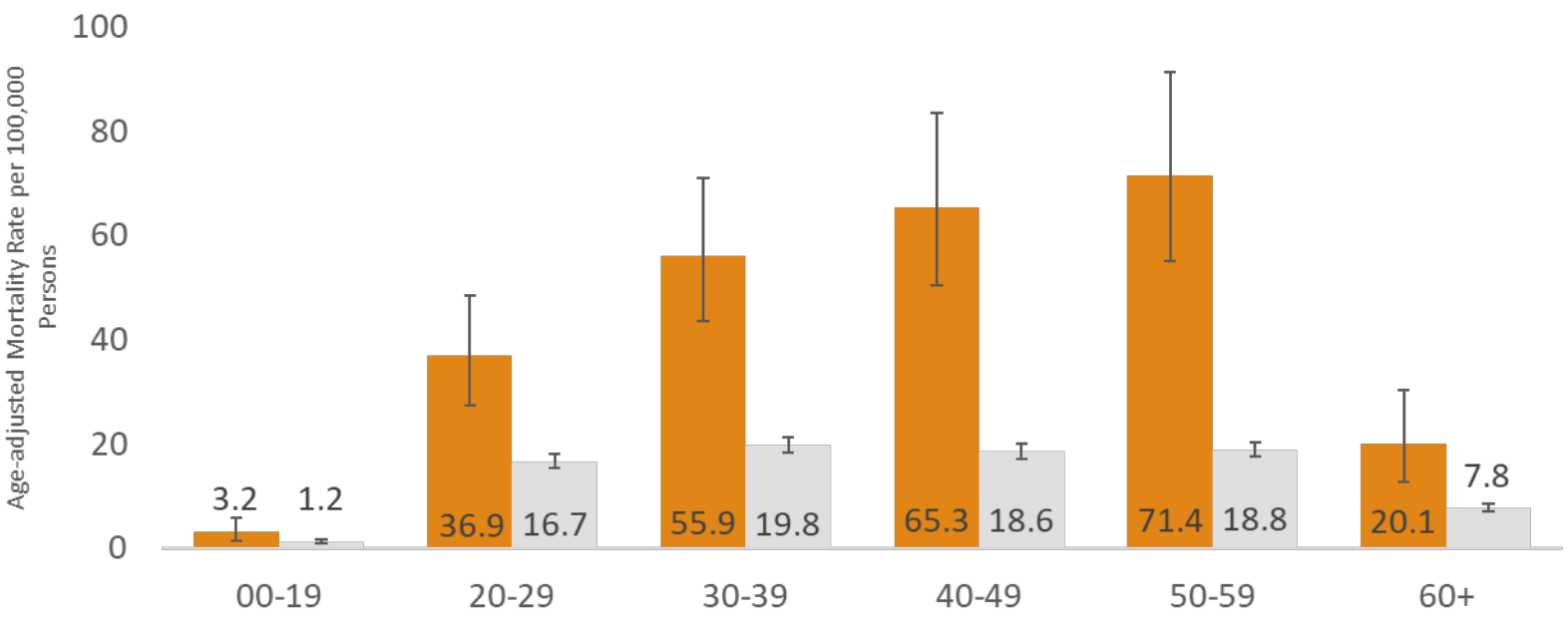
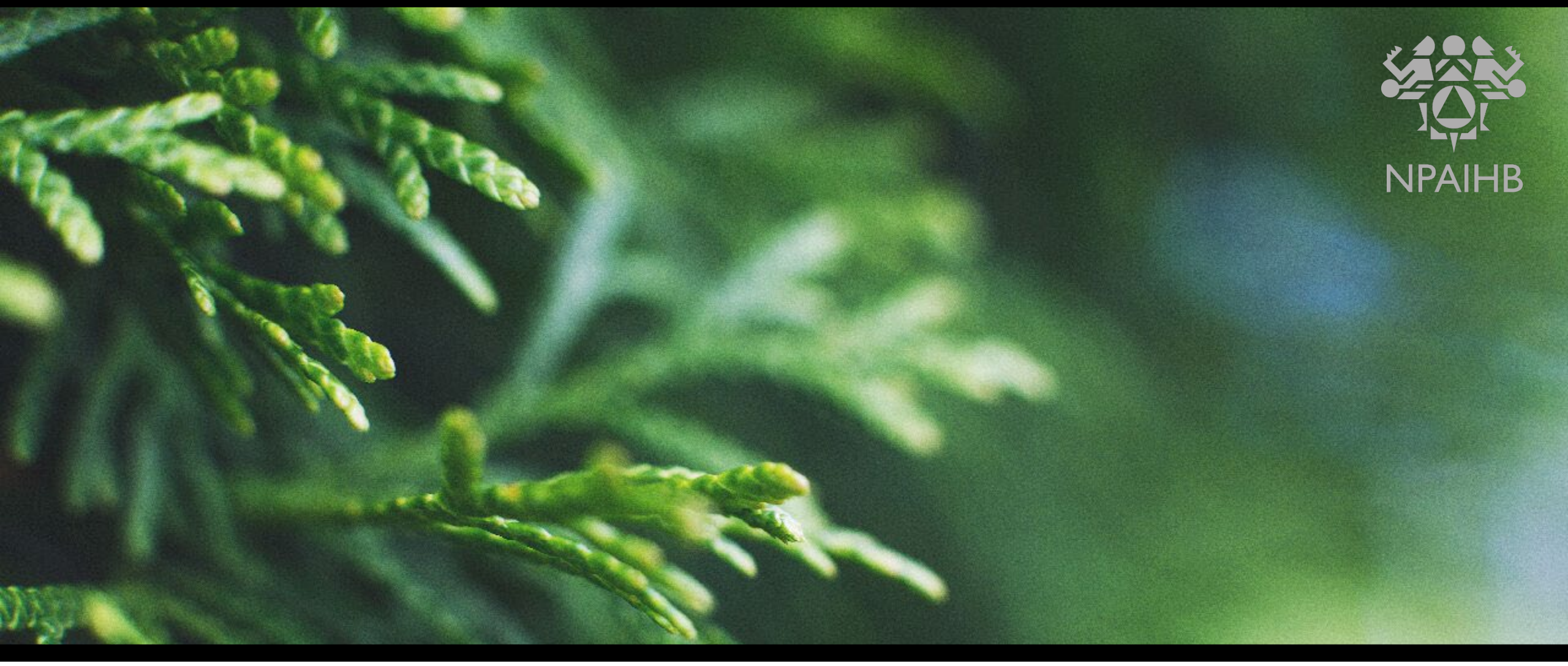


Fig. 5.10. Opioid overdose death rate, **AI/AN** & **NHW** by age, 2016-2020

Opioid overdose deaths were most common among age **AI/AN** age **30-59**, which is similar to the distribution for all overdose deaths.



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



Injury & Violence in Washington State

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 technical 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 **Washington State death certificate data**, which provides information on demographics and health outcomes of Washington State 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 Washington State residents by NPAIHB's IDEA-NW. The data were limited to AI/AN and Non-Hispanic White (NHW) deaths.

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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 **58% higher** among **AI/AN**, compared to **NHW**. Among **AI/AN**, **males** had the **highest** rate of suicide.

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

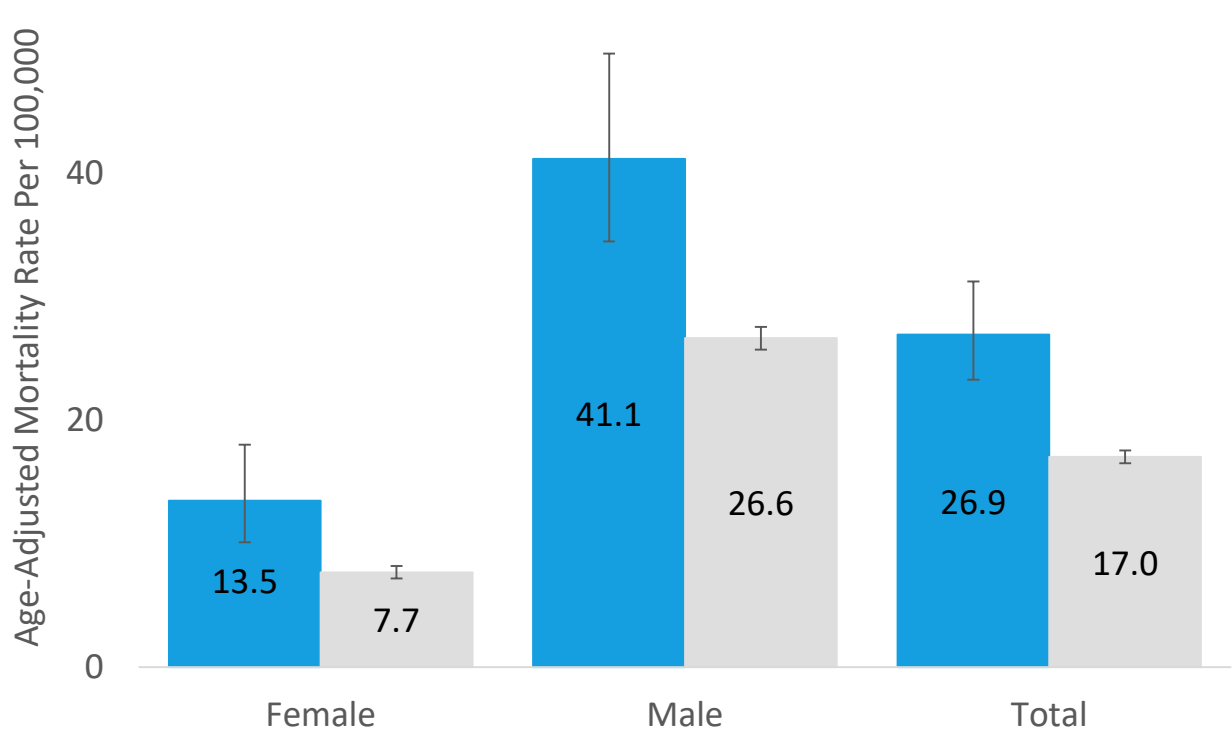
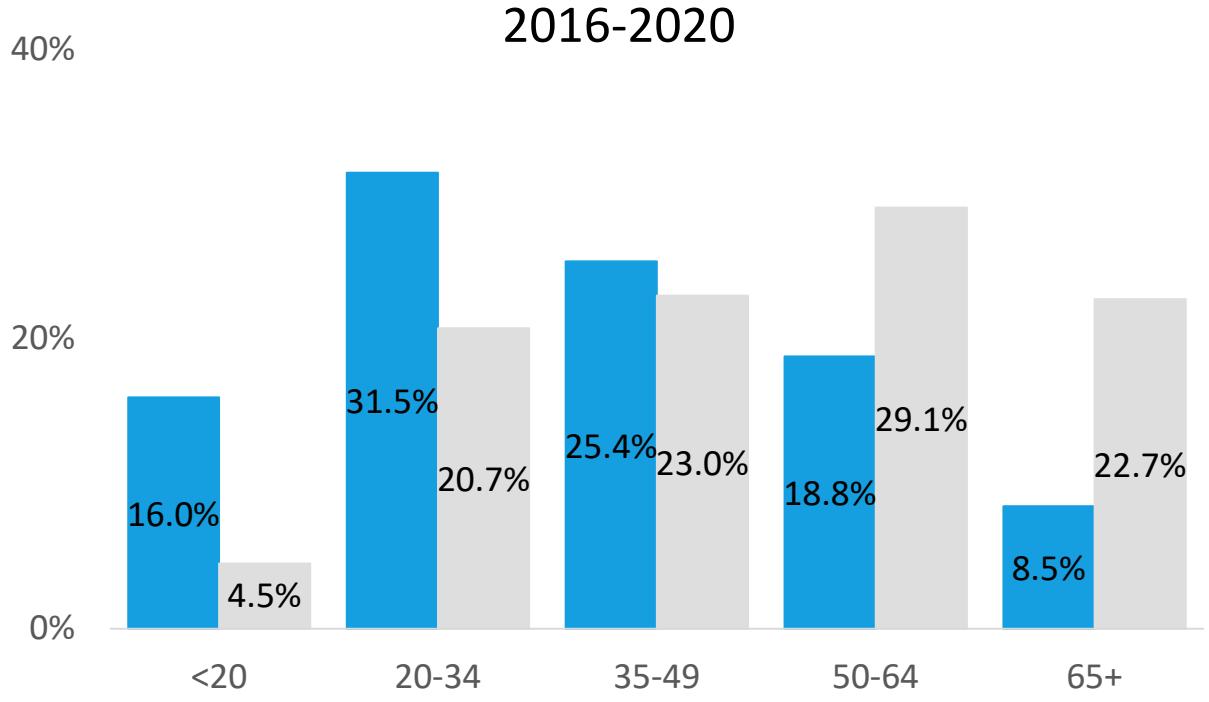


Fig. 6.2. Percentage of suicide deaths, **AI/AN** & **NHW**, by age, 2016-2020



About 32% of suicides among **AI/AN** occurred in the **20-34** age group, while the highest proportion of suicides among **NHW** were in the **50-64** age groups.

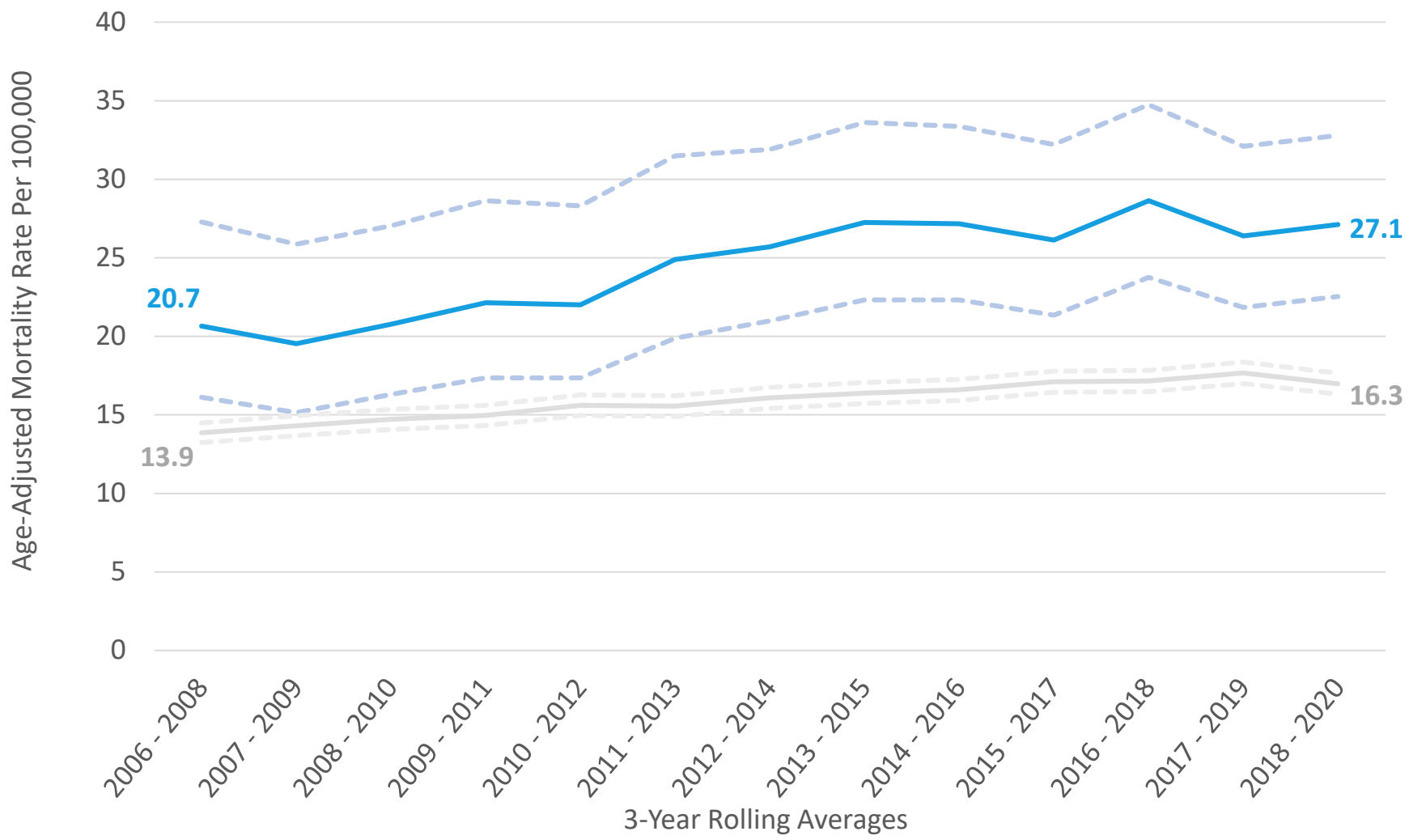
Data Source: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Suicide

From 2006-2020, the suicide rate among **AI/AN** **increased**, with the suicide rate among **NHW** also **slightly rising** with time. However, the rate among **AI/AN** remained higher than **NHW** throughout 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: Washington State Death Certificates, 2006-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

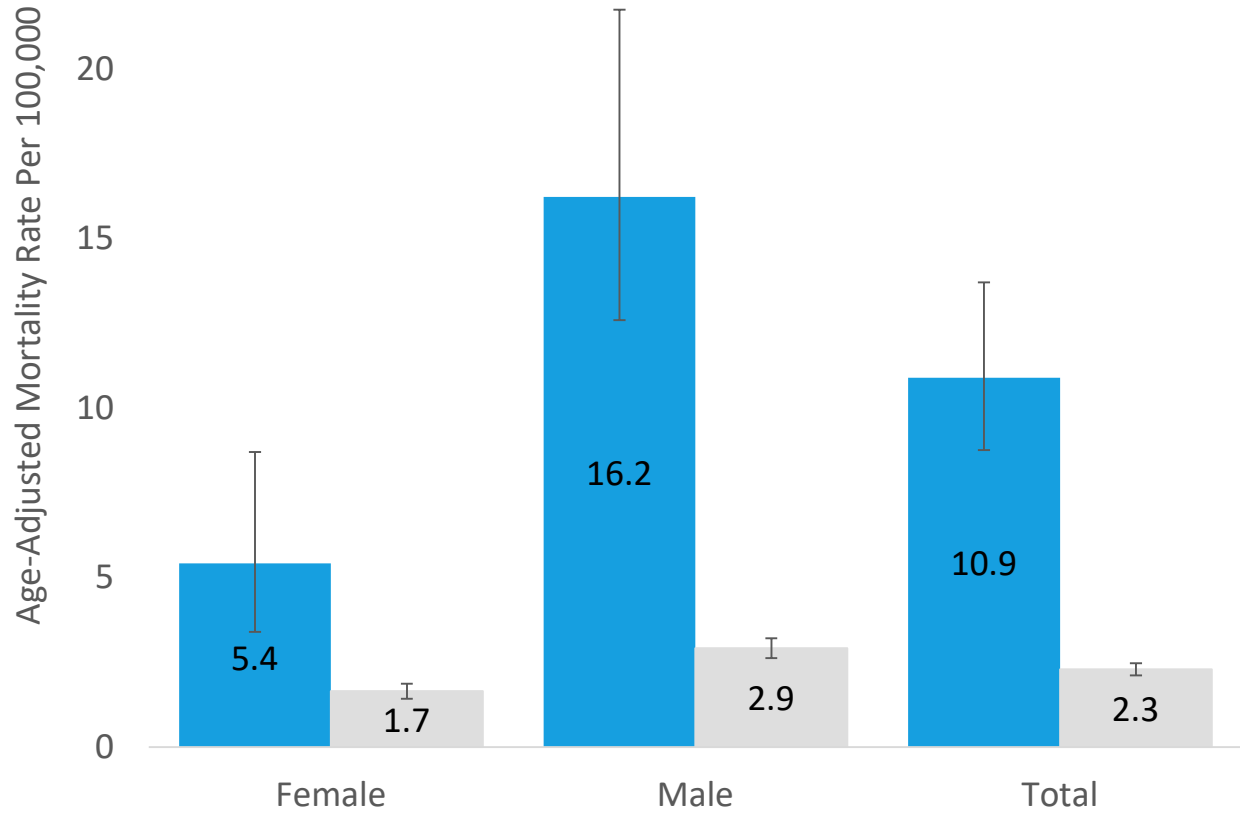
Homicide

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 **4.7 times** that of **NHW**. The homicide rate was **higher for males** among both **AI/AN** and **NHW**; however, the rate for **AI/AN males** was **5.6 times** that of **NHW males**.

The highest proportion of homicides occurred in the **35-49** and **50-64** age groups for **AI/AN** and the **65+** age group for **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: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

NPAIHB

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.

The unintentional injury death rate for **AI/AN** was **2.6 times** that of **NHW**.

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

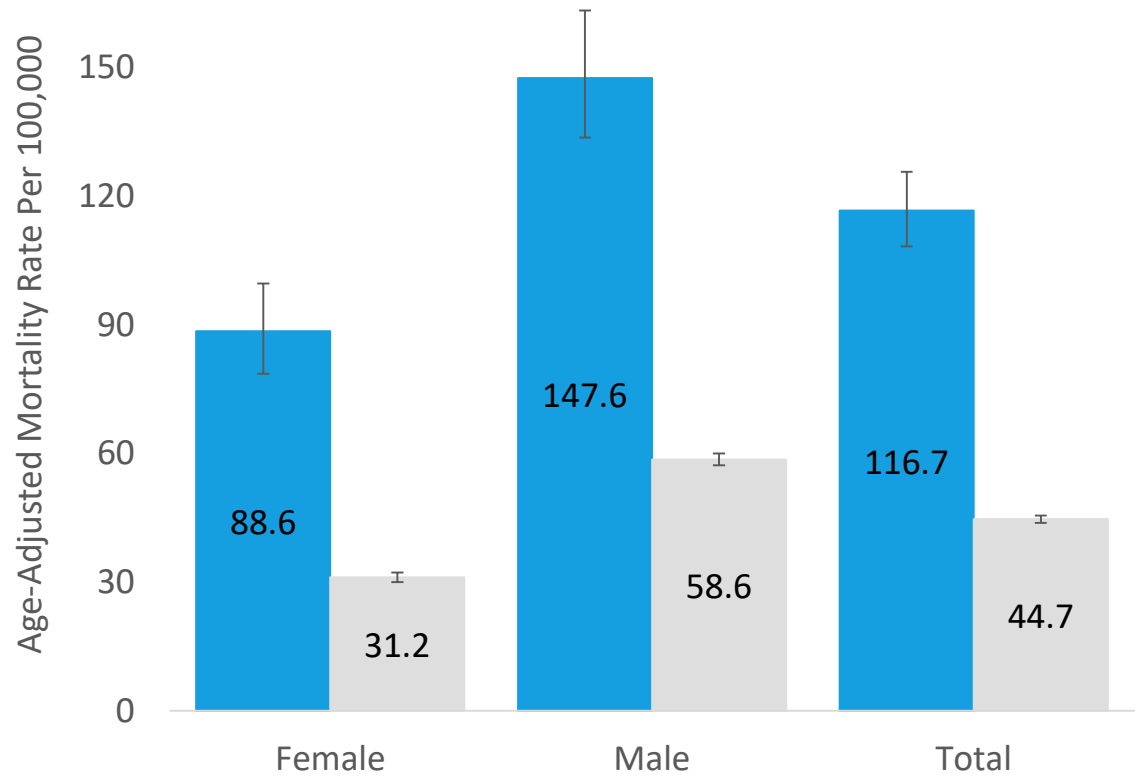
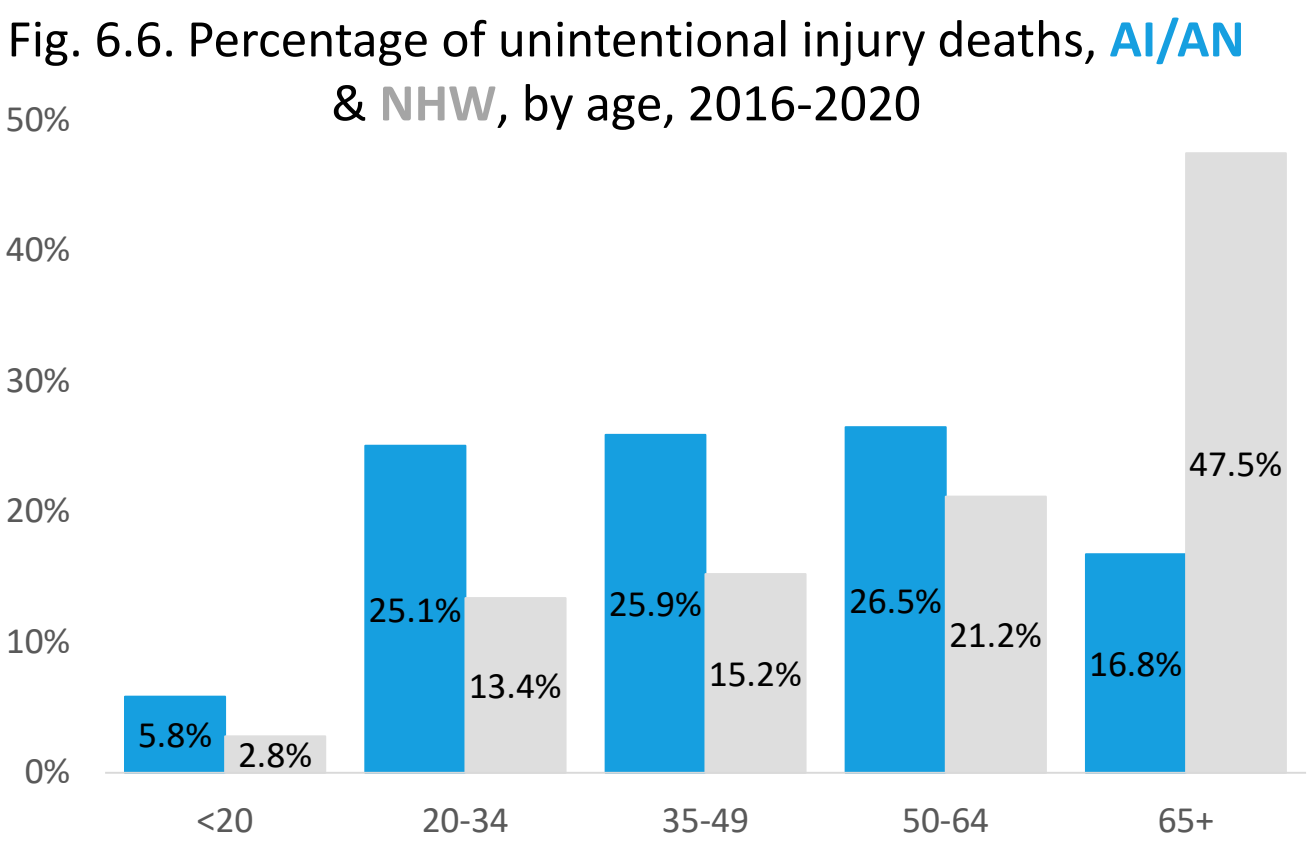


Fig. 6.6. Percentage of unintentional injury deaths, **AI/AN** & **NHW**, by age, 2016-2020



Deaths due to unintentional injuries occurred more commonly among **older** **NHW** age groups, but more evenly among **younger** **AI/AN** age groups.

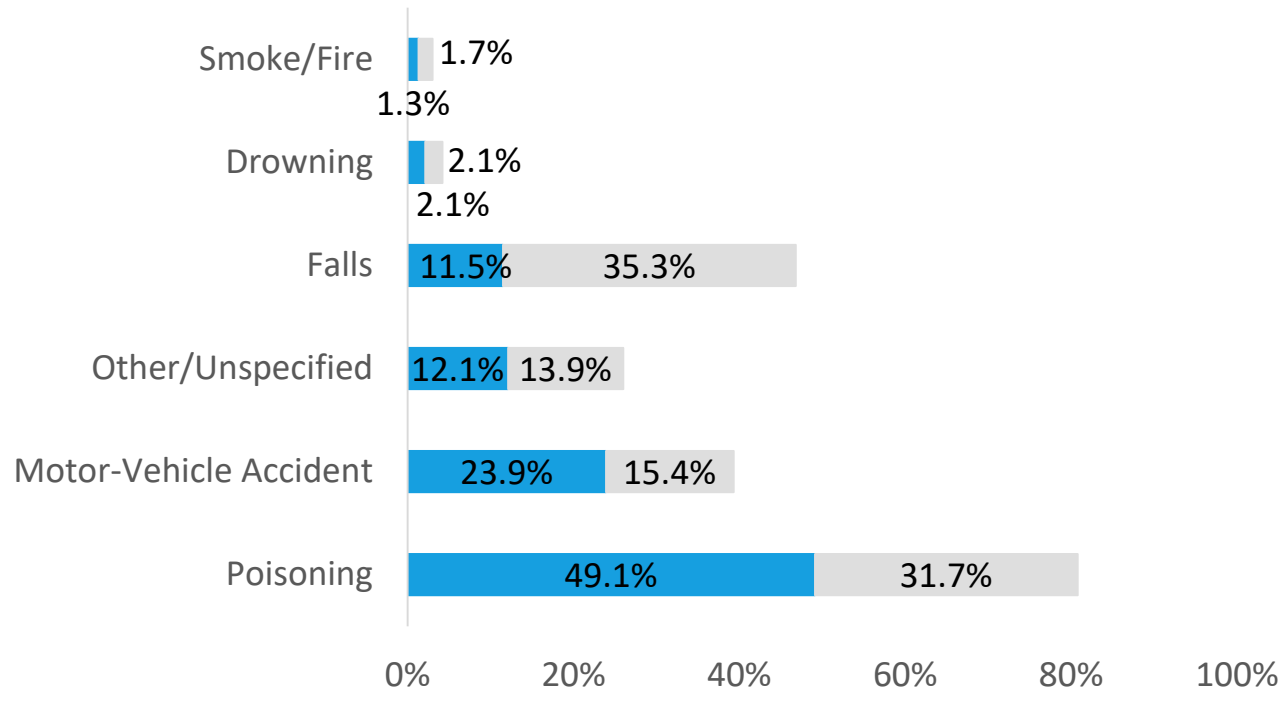
Data Source: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury

During 2016-2020, the highest proportion of unintentional injury deaths was attributed to **poisonings** 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, 59 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 8%.

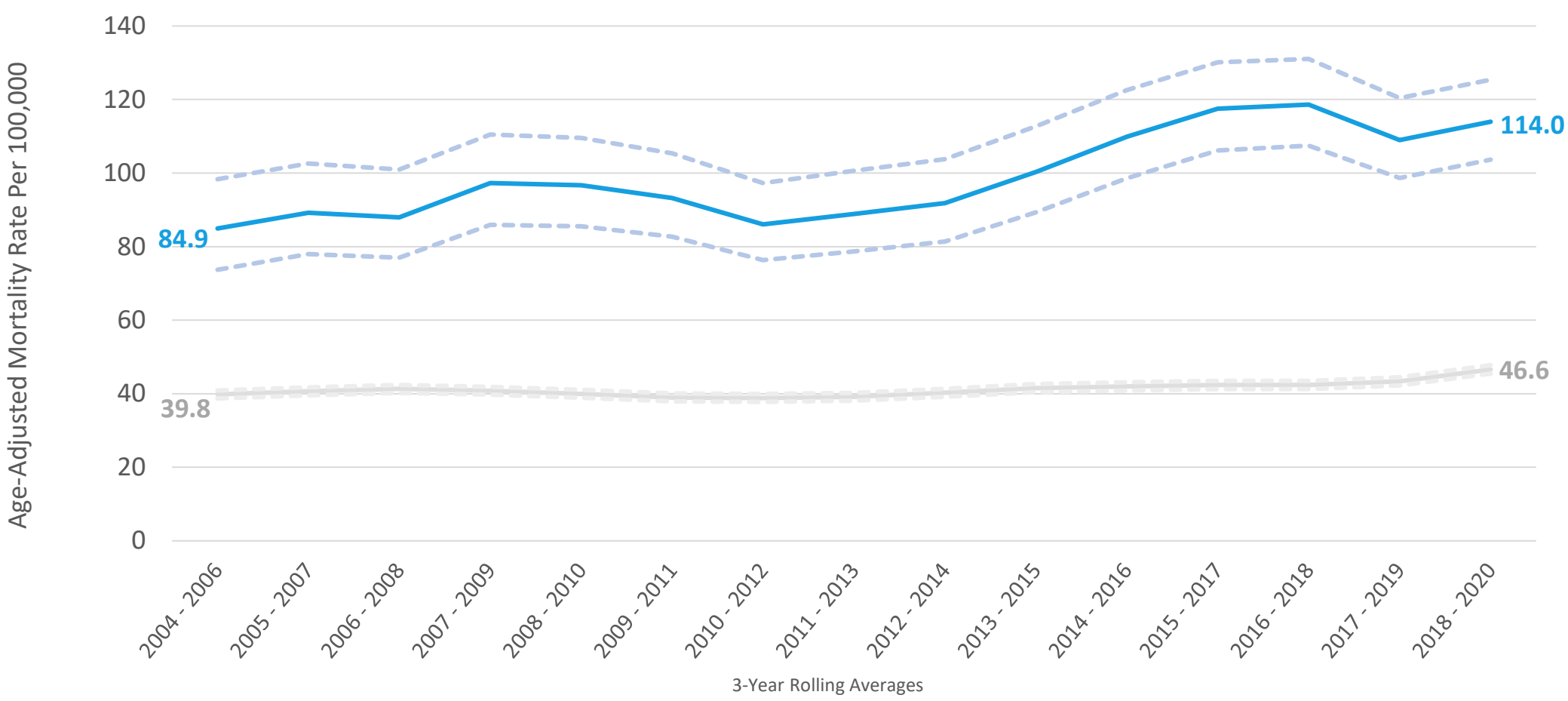
Data Source: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury

From 2004-2020, the unintentional injury death rate **increased** overall for both **AI/AN** and **NHW; however, the rate for AI/AN remained higher than NHW** throughout the period and **increased at a sharper rate.**

Fig. 6.8. Unintentional injury mortality, **AI/AN** & **NHW**, 2004-2020



Data Source: Washington State Death Certificates, 2004-2020, 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 **quadruple** that of **NHW females**.

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

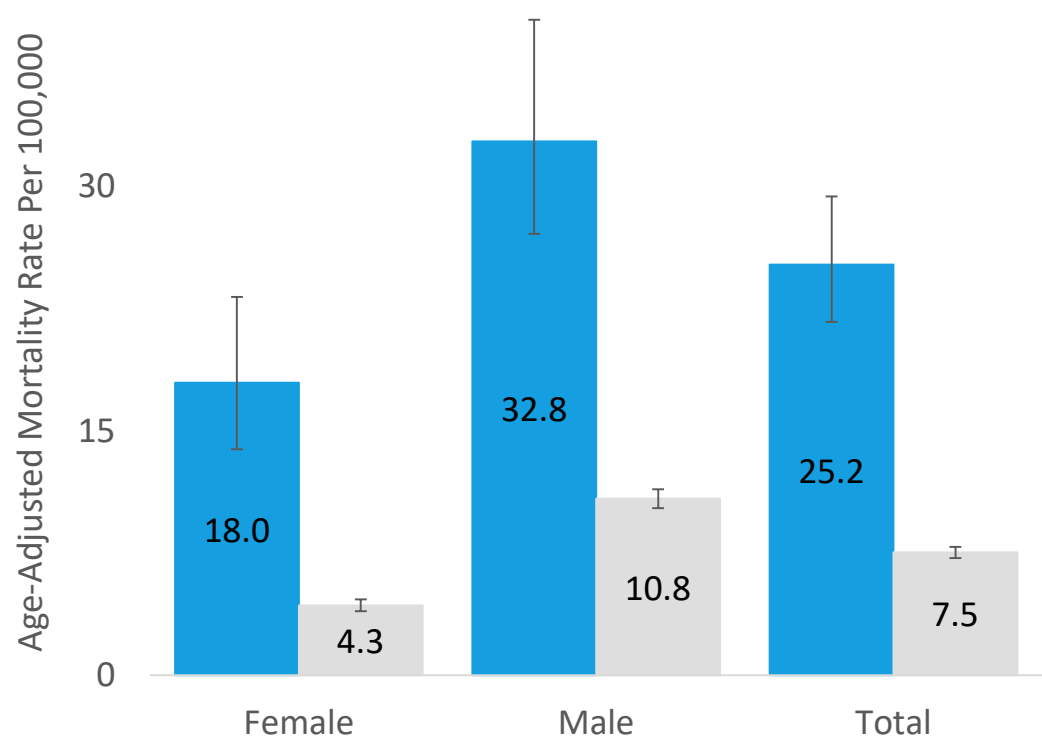
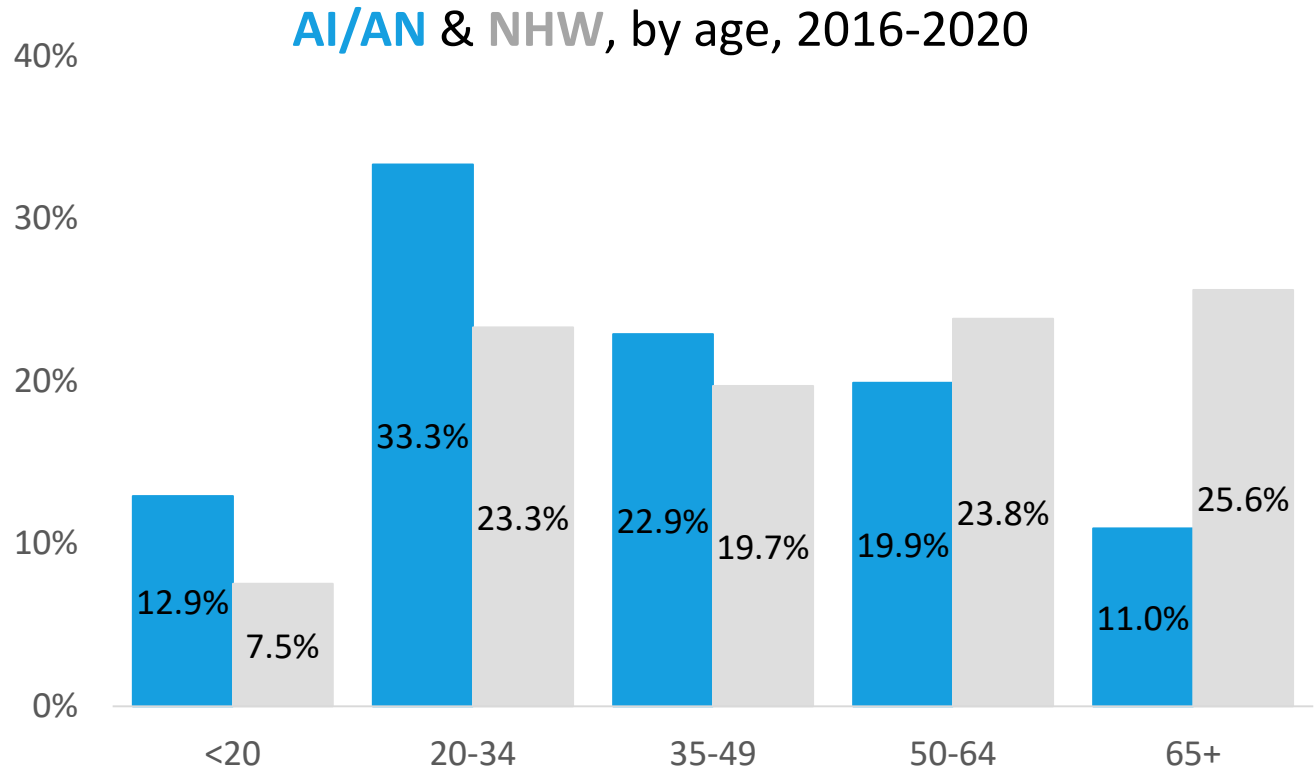


Fig. 6.10. Percentage of motor-vehicle accident deaths, **AI/AN** & **NHW**, by age, 2016-2020



The highest proportion of motor-vehicle deaths occurred in the **20-34** age group among **AI/AN** and more commonly for **older age groups** among **NHW**.

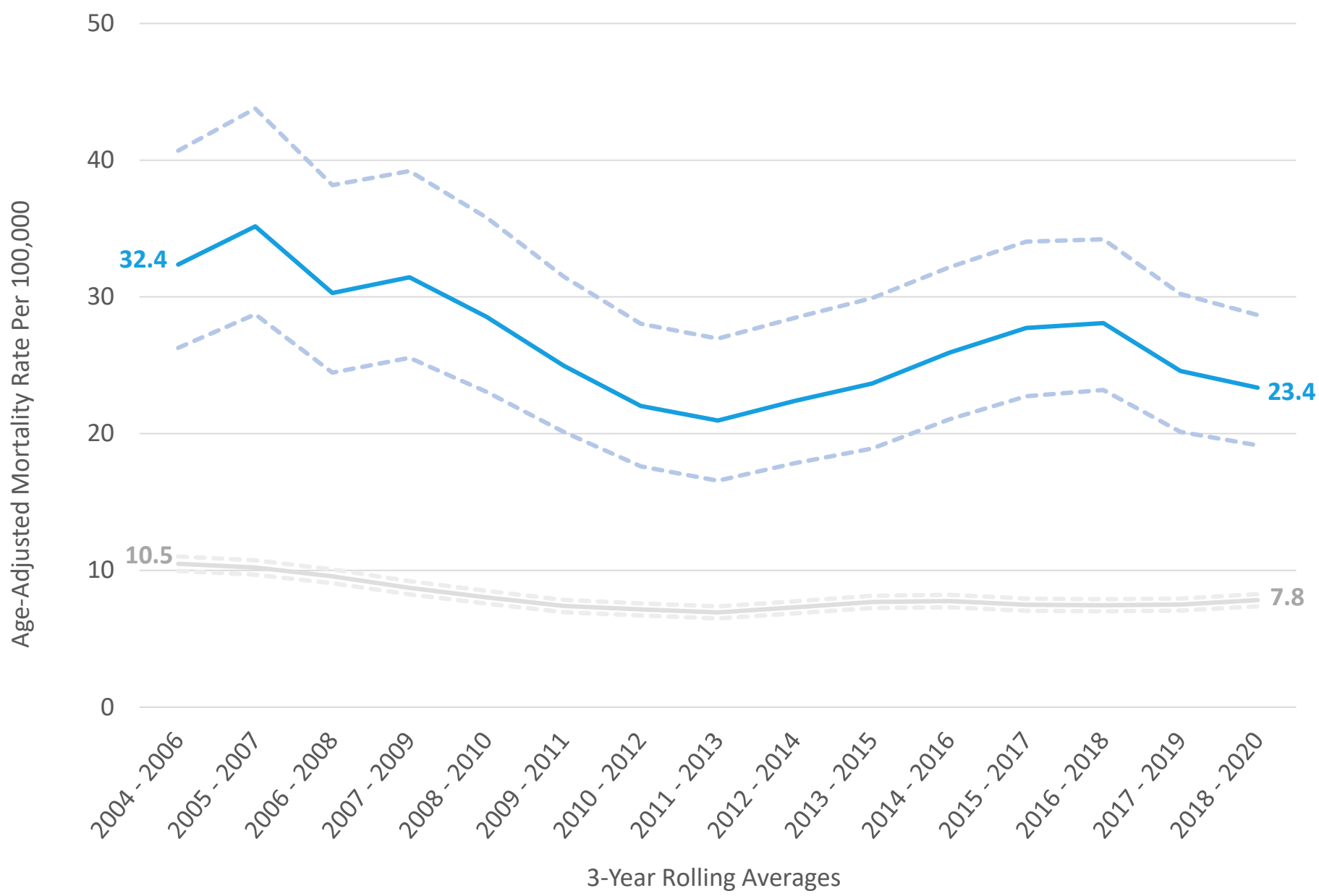
Data Source: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

INJURY & VIOLENCE

Unintentional Injury:
Motor-Vehicle Accidents

From 2004-2020, the mortality rate from motor-vehicle accidents generally **decreased** for **AI/AN**. However, throughout the period, the rate for **AI/AN** was consistently **3 times** that of **NHW**.

Fig. 6.11. Motor-vehicle accident mortality, **AI/AN** & **NHW**, 2004-2020, 3-year rolling average



Data Source: Washington State Death Certificates, 2004-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW

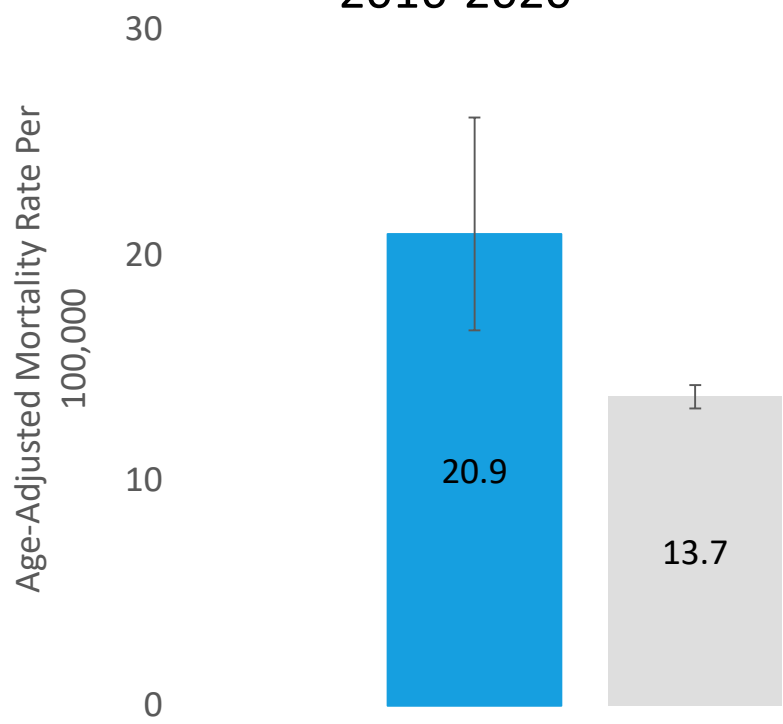
INJURY & VIOLENCE

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 **higher** among **AI/AN** at **20.9** deaths per 100,000 people, compared to **NHW** at **13.7** 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: Washington State Death Certificates, 2016-2020, corrected for AI/AN racial misclassification by NPAIHB's IDEA-NW