A Health Guide for
American Indian Women
Rebecca Brewington pushed her needle into the quilt then pulled it through the red cotton square with growing fear. Rumors had made their way through the mostly American Indian church congregation. Looking across the quilting frame, Rebecca suspected the rumors were true. Mrs. Maynor stitched an intricate swirl design but her hands shook. All the women had prayed together when they arrived for the Saturday morning quilting group, but Mrs. Maynor had remained silent.

So, they took their places around the quilting frame in the small fellowship hall. Soon, Mrs. Maynor left her needle in the quilt, “My youngest, Lorie…” Her voice shook. “Lorie has breast cancer. She’s just twenty-three years old… It’s bad. The doctors say American Indian women don’t survive breast cancer like other races of women. Cancer…they say all kinds of cancer together..is the second most diagnosed reason American Indian women die.” Rebecca felt afraid. At thirty-one, she had ignored some things while hoping she was too young to have…cancer.

The next week lying on an exam table, Rebecca pointed out the hard knot under the nipple of her left breast. Rebecca found it months earlier but didn’t see a doctor because she had no health insurance. She had hoped that being fairly young meant she would be okay. Mrs. Maynor’s revelation last Saturday frightened Rebecca into admitting that cancer doesn’t respect age or one’s ability to have health insurance. Rebecca saw her doctor’s eyes widen as he felt the lump. After the breast exam, Rebecca had a pap smear-the first one in ten years. The following days were spent having mammograms, ultrasounds, and biopsies, seeing other doctors and then waiting for results.

At night, Rebecca struggled to fall asleep then would soon wake-scared that some other woman would raise her children and grow old with her husband. She explained to God how much she wanted to see her children run and learn and get married someday. She wanted to hug her husband when they were old. Tearfully, she would pray, ‘Please, God…let me live.’ Finally, the doctor’s office called for her to come in and bring her husband, Matthew. They arrived on-time and were soon led to a
room where the doctor waited for them. He smiled but Rebecca could tell he wasn’t happy. He sat a minute then took a deep breath and began, “Rebecca, you have a normal pap smear but need to get one every year. I know you’ve been worried about not having health insurance but that’s the last thing you worry about.”

Then, he pulled his chair closer, “Rebecca, you have cells which aren’t normal in your left breast. They are cancer. Tests suggest that the cancer has spread…” Tears began to run down Rebecca’s face. She felt Matthew put his arms around her and heard him begin to cry. The doctor continued, “Unfortunately, American Indian women tend to wait, for one reason or another, before seeing a doctor and then when they do, their cancer is advanced… Women need to see a doctor immediately when they find anything that seems different or wrong regardless of whether they are afraid or have concerns about money. The earlier cancers are found the more chance women have of surviving.” The fear which began while Rebecca sat at the quilting frame that Saturday morning had become her reality.
Mary Richardson heard the most shocking news of her life last July. After collapsing at a powwow, she later learned that she has diabetes. Mary and her daughter Ramona go to powwows in North Carolina where they enjoy dancing the women's traditional as mother and daughter. When not dancing in her regalia, Mary talks with other American Indians and samples foods vendors have for sale.

At that powwow last July, Mary danced then returned to her tent with fry bread topped with powdered sugar. Later, Ramona found Mary slumped in a folding chair and unresponsive when Ramona called her name. Emergency personnel took Mary to a hospital where she was admitted to the intensive care unit. Ramona was afraid her mother would die. Thankfully, Mary didn’t. When she regained consciousness, a doctor announced the shocking news, “You have diabetes.”

In the hospital, Mary was told how to control her diabetes and she intended to do everything “right” but at home it hasn’t been easy. Mary couldn’t remember how to work the meter to check her blood sugar. So, Ramona explained the directions until Mary could remember which buttons read her sugar then recorded it.
Mary’s blood sugars were often high after breakfast. Frustrated, she gathered her medicines, meter, and food journal then went to the doctor. The journal showed Mary drank orange juice and ate pork sausage with one buttermilk biscuit most mornings. Mary had forgotten orange juice raises blood sugar. She agreed to reduce the orange juice but it was hard to accept that she also needed to eat pork sausage less often. Learning she has diabetes was a shock for Mary but making the changes to keep it controlled is a daily challenge Mary is determined to win.

Stories written by Lisa H. Oxendine and are not based upon real individuals
Heart disease can be prevented. Know your risk factors and take steps to control them!

**Risk Factors**
- Hypertension (high blood pressure)
- High cholesterol
- Diabetes
- Obesity
- Lack of physical activity
- Smoking
- Age (being 50 years old or older)
- Family history of heart disease before age 55.

Heart disease includes any illness that can affect the function and health of the heart. Heart disease is one of the leading causes of death among men in the United States; every year, nearly 1 million people die from it. Heart disease is especially on the rise among American Indians. The good news, however, is that heart disease can be prevented.

**Control and Treatment**
The most important thing is to keep risk factors under control to reduce your risk of heart disease:
- Normal blood pressure is below 120/80 mmHg; the higher your blood pressure, the greater your risk for heart disease.
- A normal total cholesterol level is less than 200 mg/dL. LDL (bad) cholesterol should be less than 100 mg/dL, or in high risk groups, less than 70 mg/dL.
- If you have diabetes, be sure to keep your blood sugar (hemoglobin A1c) levels under control. A normal level of hemoglobin A1c is less than 6.5 percent.
- Don’t smoke, and avoid being around others who smoke.
- Follow a healthy diet low in fat and salt
- Be active; any type of physical activity helps
- Maintain a healthy weight

Many effective medicines can help you control high blood pressure, high cholesterol, and diabetes; your healthcare provider can help you with the best treatment for you.
The Centers for Disease Control and Prevention estimate that each year about 700,000 people will have a stroke. Of those who have a stroke, up to 14% will have an additional stroke within one year!

A stroke (or brain attack) occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. When blood flow to the brain is interrupted and no oxygen reaches the brain, the cells begin to die (brain damage). When brain cells die during a stroke, abilities controlled by that area of the brain are lost. These may include the ability to speak, to move (paralysis), or to remember things.

The risk for stroke increases with age; after the age of 55 your stroke risk doubles for every decade. Some risk factors for stroke cannot be controlled, such as age, gender, and family history.

Controllable risk factors:

High blood pressure - High blood pressure is the number one risk factor for stroke, and 1 in 3 African-Americans suffer from high blood pressure. You can prevent and control blood pressure with drug therapy and/or lifestyle modifications (for example, < 140/90 if you have diabetes < 130/80).

Diabetes - American Indians suffer from diabetes at a higher rate than whites. To decrease stroke risk, it is important that diabetes is controlled.

Obesity & Overweight - More than half of U.S. adults are overweight and more than 30% are obese. Regular physical activity and proper diet can help decrease the obesity.

High cholesterol - High blood levels of cholesterol can increase the risk of atherosclerosis, which leads to blockage of blood vessels and contributes to stroke risk. It is important to have your cholesterol levels measured by a physician. If your levels are high, diet and/or medication can be given to control blood cholesterol.

Smoking – Cigarette smoking doubles the risk of stroke! Among other things, smoking damages the blood vessel walls (speeding up the process of atherosclerosis), raises blood pressure, and makes the heart work harder. Women who smoke have special concerns. If a woman smokes, takes oral contraceptives, and has a history of migraines, her risk for stroke is increased dramatically! Within 5 - 15 years of quitting smoking, the risk of stroke decreases to that of someone who has never smoked. So, it’s worth it to get help to quit now.

Heart disease - Heart disease rates are on the rise among American Indians. People with heart disease are at greater risk of stroke than those whose hearts work normally. You can reduce your risk for heart disease by adopting some of the healthy lifestyle changes discussed in this article, such as quitting smoking, eating healthy, exercising, and decreasing stress.
Breast Cancer

Although breast cancer is less common among American Indian women than among white women, studies suggest that American Indian women are more likely to die from it. Because we do not know the precise causes of breast cancer, no one can tell who will develop it. However, controllable and uncontrollable factors may increase the risk of developing breast cancer.

Controllable risk factors
• drinking (more than one alcoholic drink per day),
• being obese and/or eating a high fat diet,
• not getting enough exercise,
• using oral contraceptives (birth control pill) for 5+ years
• never having children,
• having a first child after the age of 30, and
• use of combined estrogen and progesterone hormone replacement therapy.

Uncontrollable risk factors
being female, advancing in age, having a family history of breast cancer, having a previous biopsy that shows a precancerous condition, having a first period before the age of 12, having menopause after the age of 55, or having a mutation of breast cancer genes. Two genes, BRCA-1 and BRCA-2, are associated with breast cancer risk, although not all individuals who develop breast cancer have one or both of them.

Screening, or testing for breast cancer, can help detect the disease early so it can be treated early. Current screening recommendations include mammography (a breast x-ray) every year starting at age 40; your healthcare provider should also complete a clinical breast exam at least every three years between ages 20-39 and yearly beginning at age 40. All women should perform monthly self breast examinations beginning at age 20.
Infant Mortality

Infant mortality refers to the rate at which babies die before their first birthday and is an indicator of the overall health of a community.

Leading causes of infant death are prematurity, birth defects, low birth weight, Sudden Infant Death Syndrome (SIDS), and complications of pregnancy. SIDS is the leading cause of death in babies between one month old and one year old. The rate of SIDS among American Indians is more than twice that of whites.

_Taking the following steps during pregnancy can increase your chances of having a healthy baby:_

- Quit smoking and ask others not to smoke around you, in your home, or in the car. Also, stop drinking or using illegal drugs,
- See a health care provider for pre-natal care as soon as you know you are pregnant or even before you become pregnant.
- Eat well and maintain a healthy weight.
- Take a daily multivitamin that includes 400 mcg (100% daily value) of Folic Acid. Folic Acid helps prevent birth defects if you take it before you become pregnant; it is recommended that all women of childbearing age take a daily multivitamin with folic acid.
- If you are in a violent home situation, try to leave. Safety is always important and is especially so during pregnancy.
- Many women who go into labor months too early literally do not know they are in labor. Know the signs of preterm labor (such as contractions) and call the doctor or go to the emergency room as soon as you think you might be in preterm labor.
- What about after the baby is born?
  - To help prevent SIDS, ALWAYS put babies on their back to sleep. Do not leave stuffed animals, pillows, or loose blankets in the crib with the baby, because the baby could suffocate.
  - Do not let anyone smoke around the baby. The second hand smoke that babies breathe harms their lungs and can cause many illnesses.
  - Make sure you take your baby to all doctor’s appointments so that he or she can receive their recommended immunizations and so that the doctor can be aware of any problems that occur during your child’s development.

Doctors recommend that women who plan to become pregnant see a health care provider before trying to conceive.
Cervical Cancer

Cervical cancer begins when normal cervical cells undergo changes that eventually become cancerous. Factors that may influence a woman’s chances of developing cervical cancer include:

• family history,
• long-term oral contraceptive use,
• smoking,
• age greater than 40, and
• HIV/AIDS.

A virus called Human Papilloma Virus (HPV) causes many (but not all) cases of cervical cancer.

Important information about HPV:

• It is spread through sexual intercourse.
• Often, HPV infection causes no symptoms or signs at all, so women may be infected with the virus and not know it.
• Condom use can help prevent the spread of HPV.

The Pap smear allows for detection of early, pre-cancerous changes that can be successfully treated. It involves a simple examination in which the healthcare provider swabs some cells from the woman’s cervix. This sample is then examined under a microscope to detect the presence of pre-cancerous cells.

• Screening for cervical cancer should begin approximately 3 years after a woman becomes sexually active and no later than age 21 years.
• It should be done every year with regular Pap tests and screening for HPV infection.
• After age 30, if a woman has normal tests for 3 consecutive years, screening may take place every 2-3 years. However, your physician may advise more regular tests if you have certain risk factors.

Schedule an appointment with your local health care provider for a pap smear and to inquire about the HPV vaccine. For women without insurance, cervical cancer testing and the HPV vaccine are available for free or at a minimal cost through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP); this service is offered at your local health department.
Colorectal Cancer

Colorectal cancer, or CRC, is the third most common type of cancer in the United States, claiming over 50,000 lives each year. It affects women of all races and ethnicities. Colorectal cancer is cancer of the colon (large intestine) or the rectum. It primarily affects people aged 50 or over.

Common symptoms
- change in bowel habits;
- blood in the stool;
- narrower stools than usual;
- abdominal discomfort;
- frequent gas, pains, or indigestion;
- unexplained weight loss;
- fatigue; and
- nausea and vomiting.

CRC frequently develops from polyps (abnormal growths), so it can often be detected early with screening tests. Screening enables your doctor to remove the polyps before they turn into cancer or to treat cancer early if it has already formed. Common screening tests include:

- Fecal Occult Blood Test (FOBT): Detects blood in the fecal matter;
- Digital Rectal Exam: Doctor inserts a gloved, lubricated finger into the rectum to palpitate any nodule or abnormal area;
- Barium Enema: Liquid containing the chemical barium is inserted into the rectum and covers the lower gastrointestinal tract, and X-Rays are taken to look for polyps or other abnormalities; and
- Colonoscopy: Exam of the rectum and entire colon using a thin lighted tube called a colonoscope. This is done while the patient is under sedation.

Studies have shown that you can reduce your risk of developing CRC by:
- increasing physical activity,
- eating fruits and vegetables,
- limiting alcohol consumption, and
- avoiding tobacco.

Also, screening is critical for reducing your risk of developing or dying from CRC.
- The current recommendation is that all persons aged 50 and older should get a colonoscopy every 10 years.

Persons who are at higher risk include those with family or personal history of CRC, those with polyps, and those with other colon diseases such as ulcerative colitis or Crohn’s disease. These persons should talk to their doctor about having the screening tests done more frequently and starting at an earlier age.
Diabetes

Diabetes is the 4th leading cause of death for American Indians. The Centers for Disease Control and Prevention state that American Indians are twice as likely to be diagnosed with diabetes compared to other Americans.

Diabetes is a disease in which the body is unable to produce and/or utilize insulin appropriately to transfer glucose (sugar) from the blood into the cells and use it for energy. Insulin is a hormone that helps the body’s tissues absorb glucose and regulates how much glucose the body makes.

Risk factors include (not limited to):
• being overweight,
• family history,
• sedentary lifestyle,
• being a member of a high-risk ethnic group such as American Indians and Latinos, and
• having high blood pressure, and having high cholesterol or triglycerides.

Uncontrolled diabetes can lead to many problems and eventually death.
• High levels of glucose in the blood damages blood vessels and causes death of cells in the body.
• Diabetes is linked to heart disease, and is a leading cause of kidney disease and the need for dialysis.
• Diabetes can also cause blindness and nerve damage, and
• Can lead to infections such as ulcers which may eventually lead to amputations.

Controlling your diabetes earlier will lead to a better quality of life and protect your body from the effects of the disease.

Change your diet – Avoid foods and beverages high in sugars and carbohydrates. Ask your doctor about a diabetic diet and food preparation course near you.

Exercise and lose weight – Losing weight can actually help you control your glucose better, and it may mean you take less medicines.

See your doctor regularly – There are a number of safe medications and insulin available and proven to help control diabetes; it is important to develop a good action plan between yourself and your doctor.

THERE ARE TWO FORMS OF DIABETES:

**Type 1**: occurs when the pancreas is unable to produce insulin and usually appears in lean children or young adults.

**Type 2**: occurs when the body becomes less sensitive to insulin, which makes the body use insulin less effectively; it most often occurs in overweight or obese individuals.
Depression is a serious medical illness that affects about 30 million American adults of all races and ethnicities. Many women experience postpartum depression (after the birth of a child) and depression due to stress and anxiety. There are also many unknown triggers for depression.

Depression is a type of illness known as a mood disorder, meaning that it significantly alters your thoughts and your mood. Many people think that depression is “in the imagination” and that a depressed person should “get over it.” However, depression is a real condition that is caused by changes in the chemicals in the brain. Most importantly, it is not the victim’s fault that he or she suffers from the disease, and having it does not make him or her “weak” or “crazy.”

Common symptoms

- Persistent sad, anxious, and/or “empty” mood;
- Feelings of hopelessness and/or pessimism;
- Feelings of guilt, worthlessness, and/or helplessness;
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, and/or feeling “slowed down”;
- Difficulty concentrating, remembering, and/or making decisions;
- Insomnia, early-morning awakening, or oversleeping;
- Appetite changes with weight loss or weight gain;
- Restlessness and/or irritability;
- Mood fragility, such as crying easily and/or inappropriately;
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain; and
- Thoughts of death or suicide or suicide attempts.

Generally, at least 5 of these symptoms are present in clinical depression.
HIV/AIDS

Since the 1980s, AIDS has killed more than 25 million people worldwide, and over 1,800 American Indians/Alaskan Natives have died from AIDS since the epidemic began.

HIV/AIDS is a health problem that many people do not understand, and risk factors for this condition are more common among ethnic minority groups. AIDS is the deadly consequence of being infected with the HIV virus. The HIV virus is transmitted from one person to another by:

Blood transfusions,
Unprotected sex,
Sharing contaminated hypodermic needles

HIV/AIDS weakens the immune system, which increases the risk of developing other illnesses. A person can have the HIV virus for as long as 10 years and have no symptoms; however at any time after infection the virus can be transmitted to other people.

Major forms of transmission among AI/ANs are from high risk male to male sexual contact, injection illegal drug abuse and high-risk male-female sexual contact.

Treating and preventing HIV/AIDS in these communities is complicated by As a result of higher rates of poverty among AIANs.

While there is no cure for HIV/AIDS, medications are available to reduce the rate that the disease progresses.

Personal responsibility is critical in preventing the spread of HIV. It is essential to:

• Know your HIV status: people who engage in risky behaviors (unprotected high-risk sexual contact, injection drug use) should be tested regularly for HIV.
• Become knowledgeable about the virus and its related disease states.
• Abstain from risky sexual behavior or practice safe sex by using a latex condom, especially if you do not know the HIV status of your partner.
• Refrain from injecting illegal drugs, and never share a needle with anyone.

According to the Centers for Disease Control and Prevention, American Indian/Alaskan Native (AI/AN) women are less likely than AI/AN men to be diagnosed with HIV, but AI/ANs have the highest rate of HIV due to injection drug use compared to all other races/ethnicities.
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