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2ⁿᵈ International Conference on

Adolescent Medicine and Child Psychology

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Biography:

Donald K Warne, MD, MPH, is Chair of the Department of Public Health at North Dakota State University, and he was the Co-Principal Investigator of the South Dakota Health Survey. NDSU offers the only Master of Public Health in the world that offers a specialization in American Indian Public Health. He is a member of the Oglala Lakota tribe from Pine Ridge, SD. He received his MD from Stanford University and his Master of Public Health from Harvard University. He is the recipient of numerous awards, including the 2015 Public Health Innovation Award from the National Indian Health Board.

Disparities in adverse childhood experiences among American Indians

The American Indian (AI) population in the United States suffers from significant health inequities. Death rates from diabetes, cancer, infant mortality, suicide and other causes are higher among AIs. Numerous psychosocial influences have led to unresolved trauma and associated poor health outcomes. The landmark Adverse Childhood Experiences (ACE) Study exposed a strong dose-response relationship between the breadth of exposure to childhood abuse or household dysfunction and the risk factors for several leading causes of death in adults. ACEs have since been linked to numerous detrimental health behaviors and poor health outcomes across the lifespan including smoking, alcohol abuse, drug abuse, depression, suicide, and general health-related quality of life. Additional research indicates that some vulnerable populations are more likely to have been exposed to childhood trauma, and populations that lack routine access to health care may face greater impacts from childhood trauma. The South Dakota Health Survey (SDHS) was a statewide health needs assessment survey of over 16,000 households in SD conducted from November 2013 – October 2014 and included over-sampling of AI and rural populations. Measures included screening for behavioral health disorders, ACEs, health service use, self-reported prevalence of several chronic diseases, and barriers to accessing care. We tested for differences among urban, rural, isolated, and AI reservation geographic areas after controlling for age and gender. Results showed significant disparities in ACEs among AIs and significant associations between higher ACE scores and health disparities.

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