

Life Expectancy of Oregon AI/ANs

Using Linkage-Corrected Mortality Rates

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Background





AI/AN disparities & lack of data

- NW AI/AN mortality rates exceeded NHW for 9 out of 10 leading causes
- Life tables are an important population health indicator
- Due to high rates of racial misclassification on death certificates, life tables have not been available for AI/ANs
 - Only published estimate by IHS (1999-2001) found NW AI/AN life expectancy 4 years below US all-races



AI/AN often misclassified on death certificates

- Race not often based on family's own report
- AI/ANs misclassified more frequently than other races/ethnicities
- Net result: mortality measures are *underestimated* for AI/AN



The IDEA-NW Project

- **Improving Data & Enhancing Access (IDEA-NW)**
 - Goal: Reduce misclassification of AI/AN race in surveillance systems; disseminate local-level health data to NW tribes
 - Grant funding: AHRQ (2010 to 2013), OMH (2012-2017)
- **Northwest Tribal Registry (NTR)**
 - All AI/AN registered at IHS or tribal clinic in the NW
 - Augmented with data from urban clinics
- Linkages conducted with public health datasets in OR, ID, and WA

Methods



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Data sources

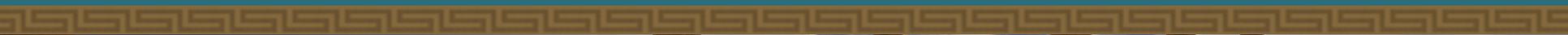
- Death certificates: Oregon, 2006-2010
- Linked with NTR (known AI/AN)
 - Using LinkPlus software, compared data sets to find individuals who appear in both
 - Matched based on identifiers (name, birthdate, SSN, date of death)
 - Probabilistic linkage - allow for errors, misspellings, missing data, nick names, etc.
 - Each pair given a score indicating likelihood of a match
 - “Grey area” matches reviewed by hand



Analysis

- Age- and sex-specific mortality rates computed using 2008-2010
 - race-corrected death certificate data in numerator
 - bridged-race population estimates from NCHS in the denominator
- Three years combined to lessen impact of annual fluctuations
- Complete and abridged life tables constructed using these rates

Results



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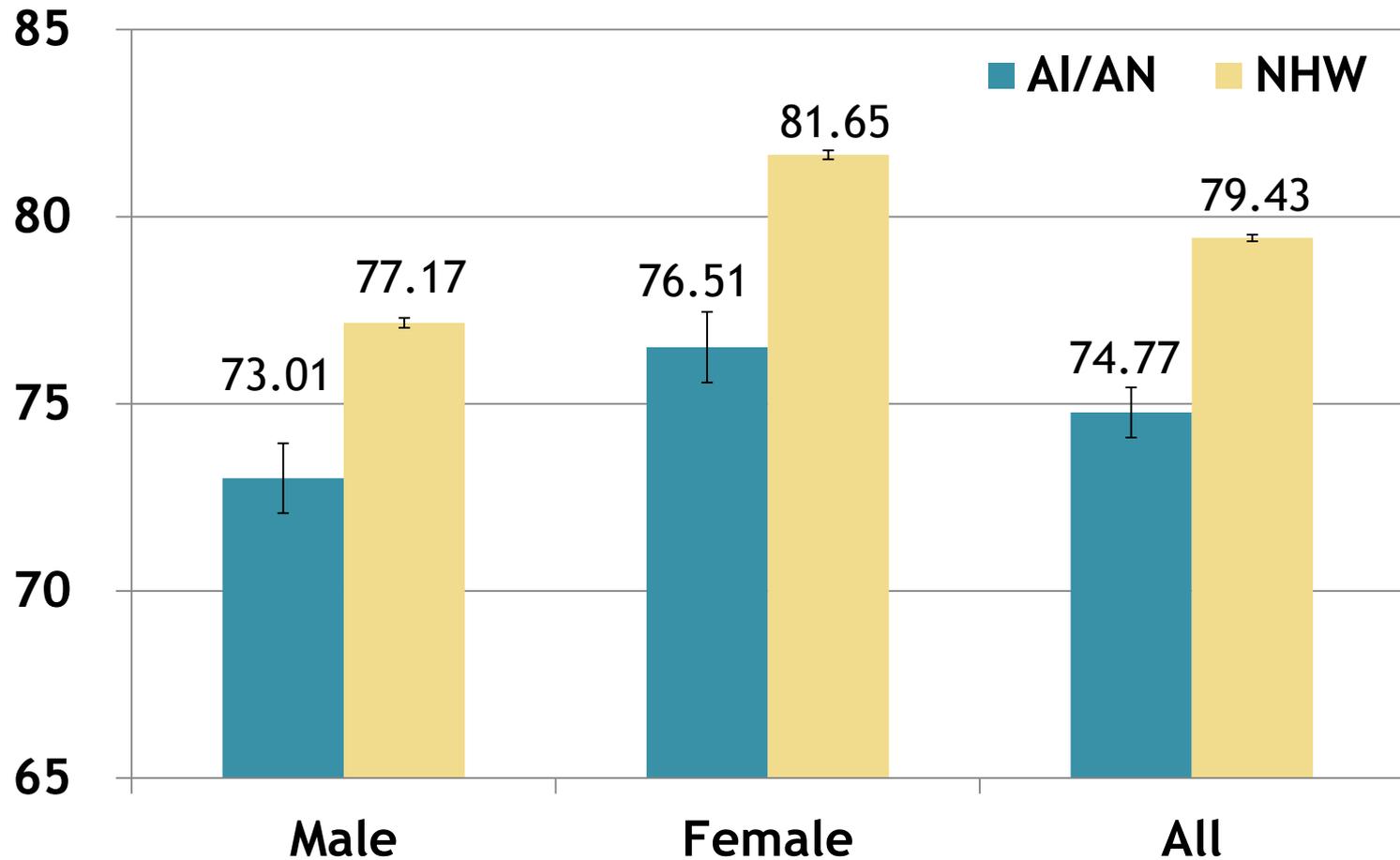
Racial misclassification

- Linkage with NTR found 699 matches among Oregon deaths
- Of these, 149 were misclassified or missing race
- Overall misclassification rate of 21%
- Linkage with NTR increased case ascertainment of AI/AN deaths by 14%
- Linkage decreased life expectancy at birth by 2.15 years



Life expectancy at birth: Oregon

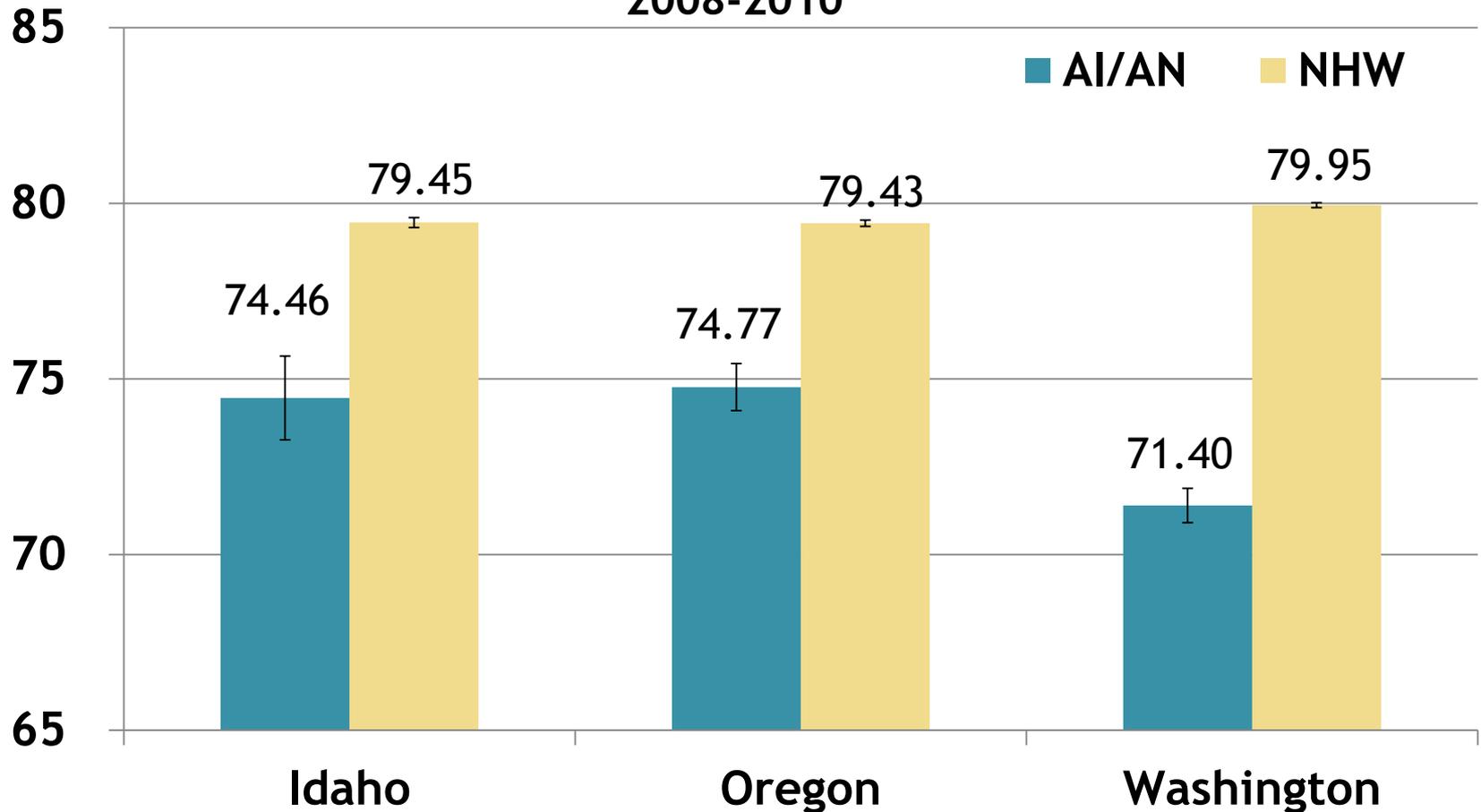
Life Expectancy at Birth by Race, Oregon 2008-2010





Life expectancy at birth: NW Region

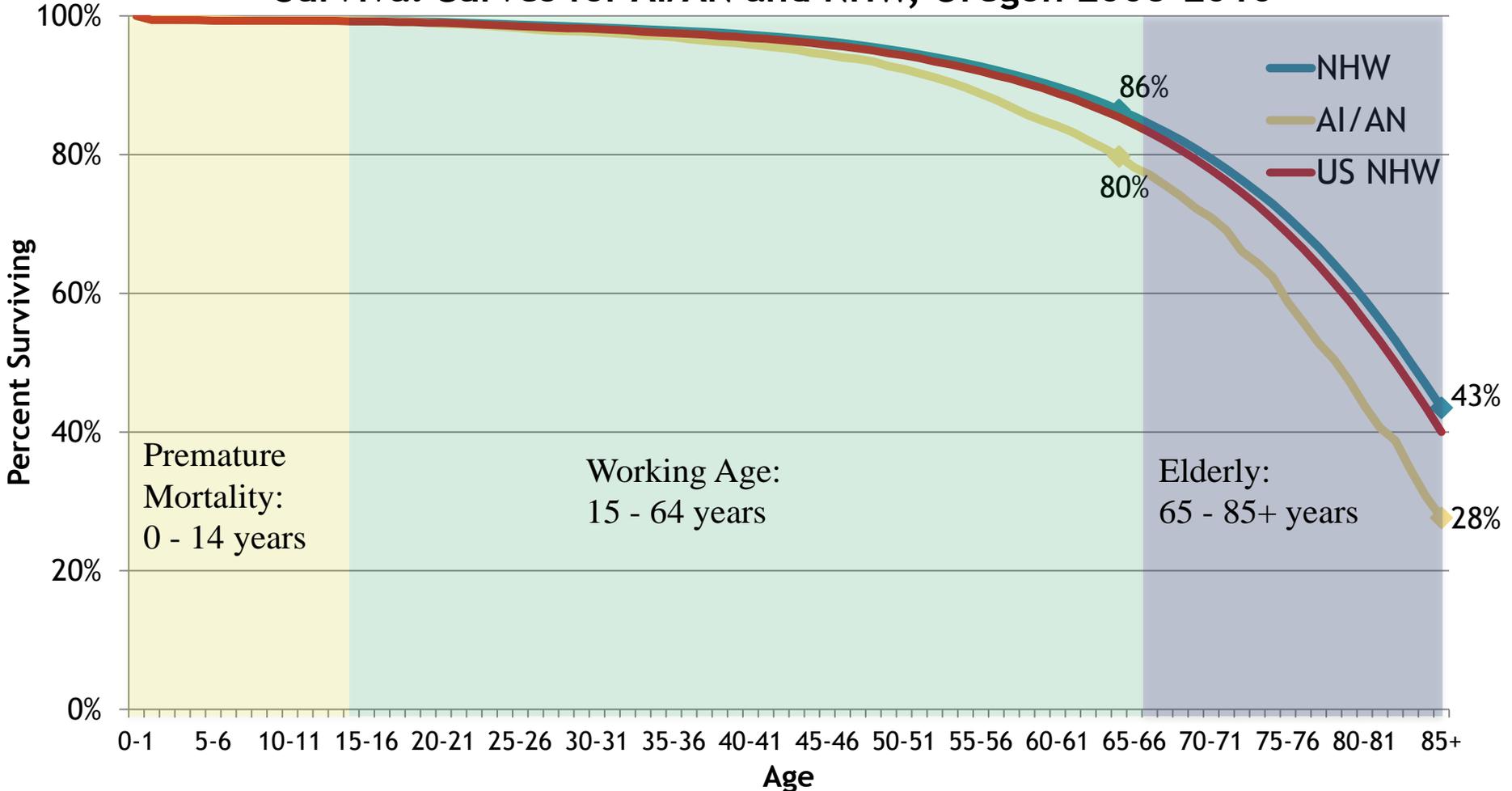
Life Expectancy at Birth by Race, NW Region
2008-2010





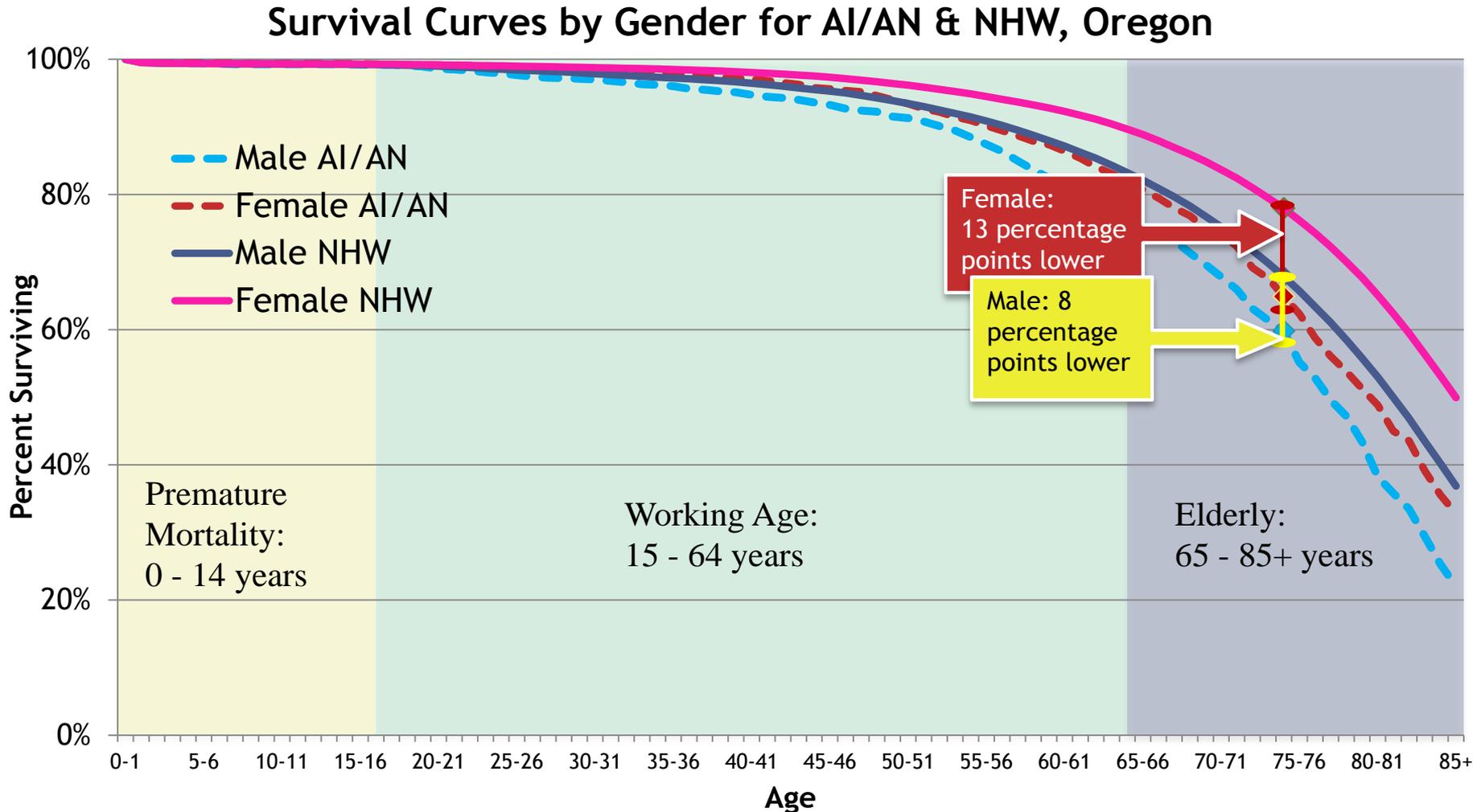
Survival patterns by race

Survival Curves for AI/AN and NHW, Oregon 2008-2010





Survival patterns by gender, AI/AN



Discussion



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Life tables highlight AI/AN disparities

- Oregon AI/AN life expectancy 4.7 years shorter than the NHW population
 - Gap is larger for females
- Disparity is small among younger AI/ANs, but grows larger as they reach working age and beyond
- This disparity is similar to what has been shown in other indigenous populations
 - 5 years lower for First Nations & Métis in Canada
 - 5 years lower for Native Hawaiians
- And is actually better than in some countries
 - 7 years lower for Maori in NZ
 - 17 years lower for Australian Aboriginals



Impact of racial misclassification

- Found racial misclassification rates of 21%
- If left uncorrected, would have given life expectancy estimates 2.15 years too high
- Federal/state efforts underway improve race data collection upstream, at the point of collection
- Until these efforts have gained traction, data linkage remains an effective and inexpensive option



Tribal uses of data

- Tribes use life tables for:
 - Health assessment
 - Grant writing and reporting
 - Program planning and evaluation
 - Policy and advocacy
- Abridged life tables will be disseminated to Tribes
- Cancer registrars will be conducting AI/AN survival analysis using these life tables



Limitations

- Tribal Registry under-represents urban AI/AN and those with private insurance
 - Captures 75-80% of AI/AN population
- Even with combined data years, small numbers make AI/AN rates unstable
- Age misreporting on death certificates
 - could not correct due to AI/AN race not being identified in Medicare records in the past
- Due to methodological differences, should not be compared directly to national estimates



Thank You!



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