

The left side of the cover features a vertical stack of stylized profile silhouettes of people's heads and shoulders, facing right. The silhouettes are layered and semi-transparent, with colors ranging from dark maroon to light beige. Some silhouettes have thin white outlines. The background behind the silhouettes is a solid dark maroon color, which transitions into a lighter, golden-brown background for the rest of the cover.

American Indian/ Alaskan Native Health Coalition

Local Conversations on
Minority Health

Report to the
Community 2011



Funded by the Ohio Commission on Minority Health Grant #MGS 09-11

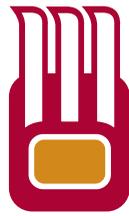
US Department of Health and Human Services

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National Partnership for Action to End Health Disparities*



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**NORTH
AMERICAN
INDIAN
CULTURAL
CENTER**

The National Partnership for Action to End Health Disparities

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity. Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the National Stakeholder Strategy for Achieving Health Equity, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions HHS will take to reduce health disparities among racial and ethnic minorities. Both

documents can be found on the Office of Minority Health webpage at <http://minorityhealth.hhs.gov/npa/>.

Ohio's Response to the NPA

In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

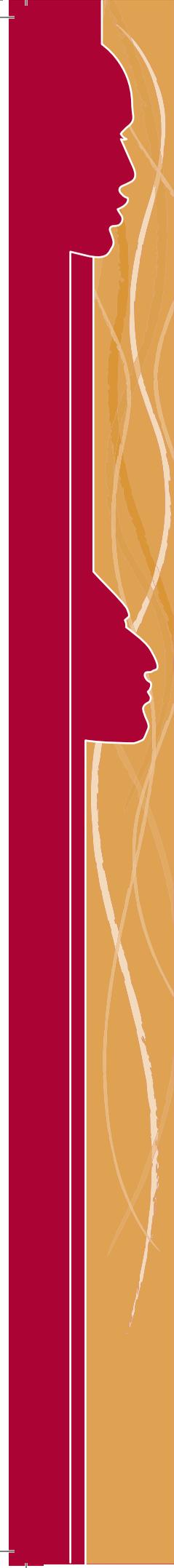
In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined their local action plans. The American Indian/Alaskan Native Health Coalition Health Disparity Reduction Plan in this document is a result of this process.

North American Indian Cultural Center

The Local Conversations on Minority





Health and the development of the American Indian/Alaskan Native Health Disparity Reduction Plan were facilitated by the North American Indian Cultural Center.

The North American Indian Cultural Center, Inc. (NAICC) is a multifaceted, statewide, non-profit social service organization, founded in 1974 to provide education, employment, training, supportive and technical services, and advocacy to the American Indian/Alaskan Native (AI/AN) population of Ohio.

Since its inception and incorporation in 1974, NAICC has identified many disparities within Ohio's social service delivery system, for both the AI/AN and general population. Today, as a result, NAICC also provides many services to the general population in the areas which their offices are located (Tallmadge and Celina, Ohio).

For over three decades, NAICC has also endeavored to educate both the general public, as well as state, federal, local organizations, agencies and groups about the unique traditional customs and beliefs of the AI/AN population. Today, NAICC is actively involved with many state, federal and local boards and is instrumental in helping to develop and design services for the AI/AN community of Ohio.

Geographic Scope

Talking Feather Circles is a statewide project addressing the health disparities affecting the American Indian/Alaskan Native (AI/AN) population in Ohio. The state's name comes from the Seneca word meaning "beautiful river" and Ohio has a history that is rich in the culture and traditions of its native people. Once home to the Delaware, Miami, Mingo, Ottawa, Shawnee, Seneca, and Wyandot tribes, Ohio lost much of its AI/AN population through the Indian Removal Act, a

national policy enacted in 1830 that forced American Indians to leave their homes and relocate in lands west of the Mississippi. Today there are no reservations in Ohio and the AI/AN population, which represents only .3% of the state's population, is spread throughout the state. Talking Feather Circles brought together representatives from diverse AI/AN communities across the state to discuss and prioritize needs of American Indian/Alaskan Natives in Ohio and to develop a strategic plan to improve their health.

Demographics of the AI/AN Population in Ohio

The 2000 U.S. Census identified 24,486 tribally enrolled American Indians in the State of Ohio. In addition, there are 75,666 people registered on this same census as American Indian in combination with another population, including 34,561 people registered as AI/AN and white, 7,673 people registered as AI/AN and African American, and 16,515 people registered as American Indian alone. Census projections for 2009 estimate the size of the AI/AN population in Ohio at 34,628.

The residence patterns of the AI/AN population are different than other minority groups in the state. Only 39% of American Indians live in the urban areas of the state. About 14% of the population lives in rural Appalachian counties and the remaining 47% live in small cities, suburban counties, or rural regions in other parts of the state.

The 2004 Ohio Family Health Survey (OFHS) has provided a demographic profile of the AI/AN respondents who were oversampled in this survey. A majority of AI/AN respondents indicated living at or near poverty levels or were identified as low income (54.7%), compared to about 33% of white respondents. The high poverty rates were linked to high

unemployment rates, estimated at 42.1% in the survey—nearly one and a half times greater than unemployment in the white population. Nearly 30% lacked health insurance coverage compared to 13.7% of white respondents. These figures were comparable to an earlier survey, the We Count Project funded by the Ohio Commission on Minority Health, which found 28% uninsured or underinsured and a poverty rate of 72.1%.

Health Disparities in the AI/AN Population in Ohio

There are significant health concerns and health disparities affecting Ohio’s American Indian/Alaskan Native population. They are more likely than white respondents to have hypertension, heart conditions circulatory problems, diabetes, and unmet mental health, substance abuse treatment, prescription drug, and dental needs. They are also more likely to use emergency rooms as their usual sources of health care. The chart below, based on data from the 2004 OFHS, illustrates some of the key areas of disparity.

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Selected Health Disparity Indicators for AI/AN in Ohio

<i>Health Indicator</i>	<i>White % Reporting</i>	<i>AI/NA % Reporting</i>
Report poor health status	4.0	11.6
Report needing mental health or substance abuse treatment or counseling	4.8	10.8
Told they have hypertension	28.1	42.2
Told they have heart condition	13.4	19.7
Told they have diabetes	8.8	14.8
Smoke cigarettes	27.8	37.3
Unmet health care needs	9.4	18.5
Unmet dental needs	9.6	21.5
Emergency Room as usual source of care	3.9	14.8

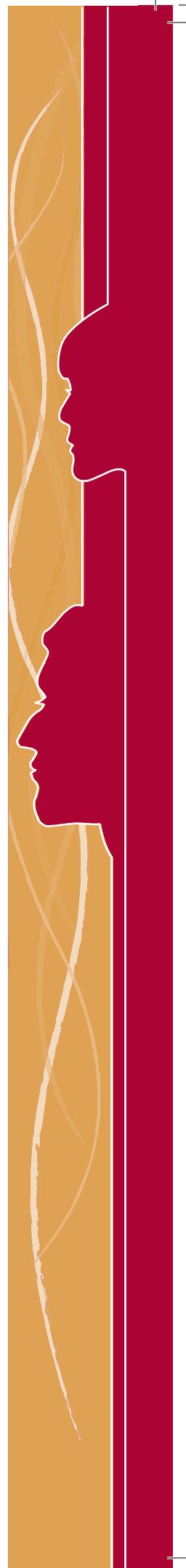
Local Conversations on Minority Health

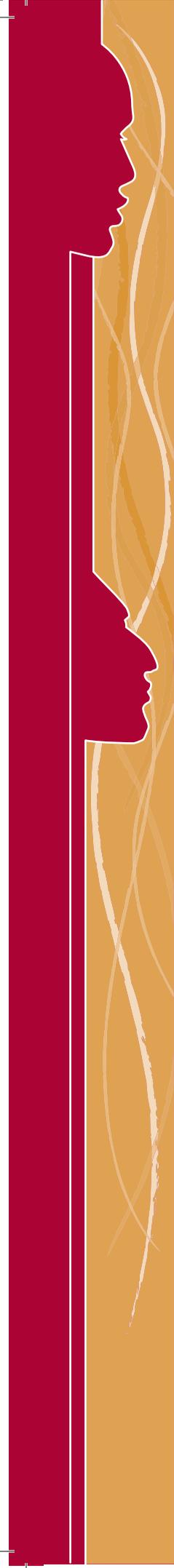
The North American Indian Cultural Center, Inc. (NAICC) engaged the AI/AN community in the “Talking Feather Circle” program, a series of discussions on health disparities funded by the Ohio Commission on Minority Health as part of the statewide Local Conversations program. NAICC is a community-based organization based in Akron, Ohio with more than a 30-year history of providing services such as job training and AIDS education to the AI/AN community. The purpose of these meetings, which would be held in two phases, Phase I and Phase II, was to identify the specific needs of the statewide AI/AN community and to develop strategies to address those needs.

Phase I

Phase I, held on July 21, 2008 at the NAICC Community Room, located in Tallmadge, Ohio, was a gathering of approximately 32 individuals representing areas statewide. Those in attendance represented a very diverse sector of the AI/AN community with representatives from 7 of Ohio’s AI/AN groups/centers, in addition to the only statewide AI/AN newspaper, AI/AN health professionals, community members and other representatives from outside of the AI/AN community. Phase I was the initial planning meeting, and participant comments were recorded on community needs and strategies relating to AI/AN Resources, Services, Capacity Building and Infrastructure.

During the period between the Phase I and Phase II meetings, the AI/AN community continued discussions on the issues prioritized during the first meeting via gatherings, e-mail, and telephone.





Phase II

Phase II included four AI/AN meetings, on 10/6/09, 11/16/09, 1/4/09 and 1/14/10. All of the meetings were held in Tallmadge, Ohio at the NAICC Community Room. There were a combined total of 71 participants in attendance at these meetings, representing the AI/AN community, several of the AI/AN Centers, as well as a diverse cross section of health professionals and non-native community members from a statewide venue. These meetings were held to further identify and prioritize the AI/AN community needs, as well as to develop a final plan with recommendations and strategies.

The majority of participants felt that the AI/AN financial conditions statewide, fueled by the lack of jobs and job opportunities, seemed to be one of the main factors impacting health disparity issues, such as the ability to purchase and maintain health insurance, the ability to access medical care, and the ability of families to purchase healthy foods, maintain a healthy diet, and access other items necessary for just a minimal daily basic existence.

Another major concern was the rampant spread of diabetes and the rise in diabetes-related diseases within the AI/AN communities. Possible causes that were identified included poor diet, the lack of good nutrition, obesity, the lack of culturally sensitive prevention information, and the almost non-existent culturally sensitive AI/AN trained health professionals and AI/AN specific programming.

Additionally, the participants felt that the geographic spread of AI/AN communities throughout the state creates unique communication problems, including a general lack of cohesiveness within the community and specific difficulties in disseminating beneficial health and other information to those in need. The groups

noted that among the native populations, there was a lack of knowledge available on what programs and services were already available and how to access these services. This problem is compounded by the fact that a large segment of the AI/AN population is computer illiterate, lacks access to computers, is unfamiliar with internet use, and is unaware that they could have free computer access at public libraries and that classes could be available to them at no cost.

Health Disparity Reduction Plan

Strategies

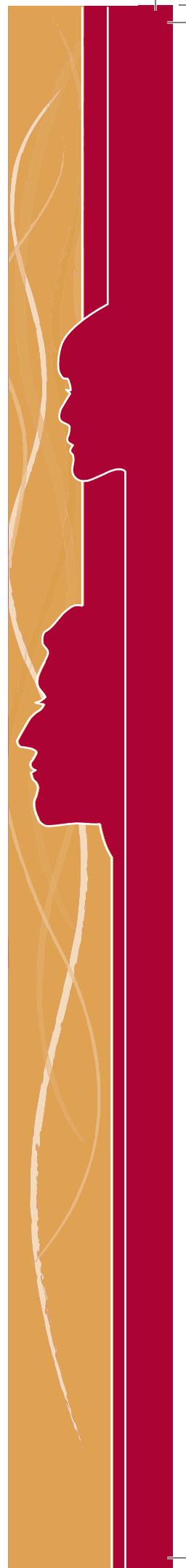
1. Create at least three funded positions for AI/AN Information Navigators in the state of Ohio. These positions would be utilized to identify the needs of the population, educate them about services that are available, and assist them with navigating through the very complex process of locating and accessing necessary services, with quality follow-up.
2. Train these AI/AN people to work with the AI/AN population statewide, to provide needs assessments, information, referrals, advocacy, and follow-up for needed health education and other services.
3. Do a statewide comprehensive AI/AN needs assessment to determine exactly what services and programming is needed.
4. Create a web site—"Ohio AI/AN Information Highway"—to act as a central point of information distribution for Ohio's AI/AN population.
5. Develop and expand programming and services in all the areas of health needs for the AI/AN communities statewide, in an

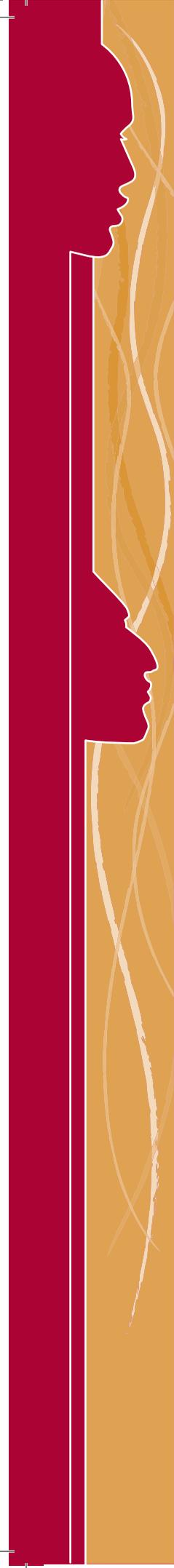
effort to eliminate the AI/AN health programming disparity that exists in Ohio.

6. Provide grant writing and fund-raising training for AI/AN organizations statewide that provide services to the AI/AN communities.
7. Provide information to the AI/AN community on funding opportunities that might be available and utilize the AI/AN Navigators and the AI/AN Information Highway to do this.
8. Recognize the Talking Feather Circle as the AI/AN Health Coalition for the state and provide the resources for these meetings so this group can become more active.
9. Expand the Talking Feather Circle Health Coalition to include the opinions, thoughts and participation of AI/ANS statewide, including recognized AI/AN groups as well as individual AI/AN who are not aligned or associated with any recognized agency or group. This could be accomplished through the Navigators and the web site that we are proposing.
10. Implement AI/AN town hall meetings, and divide the state into five regions for these meetings. The information gathered from these meetings should then be brought back to the TFC Health Coalition for review and recommendations.
11. Increase awareness of the AI/AN population by advocating for advisory board positions with local and state organizations and agencies, i.e. the Ohio Department of Health and Mental Health, the

Ohio Department of Alcohol and Drug Addiction Services, the Ohio Commission on Minority Health, and similar organizations.

12. Develop a culturally specific program to deal with AI/AN diabetes. This program would include not only education, but quality diabetes services aimed at prevention, early diagnosis, and culturally specific supportive services with adequate follow-up. This program could be developed as a stand-alone, or in conjunction with an already existing program.
13. Implement several AI/AN diabetes education/health oriented youth groups statewide, utilizing AI/AN cultural and traditional values.
14. Develop a method to make AI/AN groups aware of existing services in the state as well as other services/programs that might be available for obtaining low cost/no cost supplies and/or services such as free clinics.
15. Compile and maintain a list of AI/AN professionals, as well as other health professionals, that are educating and providing information/referrals for AI/AN diabetes patients.
16. Make a greater effort to include AI/ANS in any health trainings or programs for certifying health professionals.
17. Recommend an increase in funding for AI/AN programs that target employment, training and job development.
18. Develop a method for increasing dialogue between AI/ANS statewide, for the purpose of exchange





and distribution of information as well as the development of needed services. An example of this might be the Ohio AI/AN Information Highway (The Highway).

19. Stress the impact that lack of jobs and employment is having on AI/AN health issues, and encourage new job creation and training be made available in health professions as well as generally.
20. Develop a list of programs and services that are already established and available to the AI/AN communities statewide.

Native American Acknowledgements

North American Indian Cultural Center, Inc. would like to express our gratitude to all of our American Indian friends and colleagues who gave of their time and energy to participate in our Ohio Talking Feather Circle Health Coalition. We were only the instrument that put your concerns and thoughts on paper, and without all of you, this very important work would not have been accomplished.

We also need to thank any agencies that sent representatives to take part in our conversations, as well as *Drums Across Ohio* newspaper that not only participated in, but covered these sessions in the newspaper as well.

In addition we would also like to thank Michael London for his help in narrating our sessions and for his technical savvy, as well as Dr. Betty Yung from Wright State University, who worked closely with us to help assemble this report.

And last, but certainly not least, we need to express our thanks to the Ohio Commission on Minority Health who

for many years has walked beside, and guided us, in our quest to overcome Ohio American Indian health disparities in our communities. It is because of this support that we have found the courage to continue and persevere. Even though we are still not there, we know that someday we will be able to say, *“Our people are healthy and well.”*

