

California Tribal Epidemiology Center

Indian Health Priorities

2008—2010





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2008 — 2010

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SUMMARY

The California Tribal Epidemiology Center (CTEC) was established in 2005 to improve the health of American Indians in California. CTEC relies on accurate health information from tribal communities. CTEC developed a health priorities survey to assist in determination of priority health topics. Since October 2008, CTEC has been seeking input from American Indian community members, as well as Indian Health Clinic staff from both Tribal and Urban Health Clinics, as to what they think are the most important health concerns in their community.

Participants were asked in the survey to rank their top 10 health concerns from a list of 27 health topics. An 'other' option was provided for participants to fill in if a concern was not listed. Participants were also asked to explain why they ranked their number one health issue as the highest concern in their community. Basic demographic questions were included in the survey.

This report describes the results of the 594 surveys collected by CTEC from October 2008 to August 2010. Comments made by respondents on why the health issues chosen were of highest concern in their community are dispersed throughout this report. The health issues of greatest concern to our respondents for CTEC to focus on in the coming years are:

- 1. Diabetes**
- 2. Drug Abuse**
- 3. Alcohol Abuse**
- 4. Eating Healthy, Exercise, and Controlling Obesity**
- 5. Mental Health**
- 6. Heart Disease and Stroke**
- 7. Dental Health**
- 8. Elder Care and Support**
- 9. Getting or Paying for Medications**
- 10. Cancer or Tumors**

Many of the health priorities respondents listed of high concern, are documented health issues throughout Indian Country and are often leading causes of death. The leading causes of death of American Indians and Alaska Natives nationally are: heart disease, cancer, unintentional injuries, and diabetes.¹ The health priority results do vary slightly by age and community status.

CTEC is excited to provide future services to improve American Indian health in these established priority focus areas. Currently, CTEC is part of a workgroup to prevent obesity with local stakeholders. We have applied for a dental caries prevention grant that will provide oral health education through storytelling. CTEC is also developing protocols to account for racial misclassification of American Indians and Alaska Natives in state health databases, specifically looking at mental health concerns, such as suicide and hospitalizations related to injuries from substance abuse.

CTEC would like to thank all those who took the time to fill out the health priorities survey, this information assists us in providing focused services that address the needs of American Indians and Alaska Natives residing in California.

BACKGROUND AND PURPOSE

The California Tribal Epidemiology Center's (CTEC) goal is to improve the health of American Indians in California. CTEC aims to achieve healthier Indian communities via providing timely and accurate health information.

To identify health priorities of American Indians and Alaska Natives in California, CTEC has been seeking input from American Indian community members, as well as Indian Health Clinic staff from both Tribal and Urban Health Clinics, as to what they think are the most important health concerns in their community. The results of the health priorities survey will assist CTEC in determining which grants to apply for, and which health topics require surveillance and intervention efforts. CTEC seeks to fill the gap in health information, and does this by first seeking guidance from California Indian communities.

METHODS

A survey was developed to identify the most important health concerns in California Indian communities (Appendix pages 20-21). In the survey, participants were asked to rank their top 10 health concerns from a list of 27 health topics. An 'other' option was provided for participants to fill in if a concern was not listed. Participants were also asked to explain why they ranked their number one health issue as the highest concern in their community. In the development of the survey tool, other Tribal Epidemiology Centers were queried as to what methods they used to develop health priority areas. Topics included in the survey are known health issues and disparities in Indian Country, and are Healthy People 2010 leading health indicators. The survey was pilot tested with California Rural Indian Health Board (CRIHB) staff. Further edits were made after the first distribution of the survey in October 2008. Originally the survey included labels for the categories of health concerns, these were removed as it was evident that participants thought they had to choose at least one from each category, or would rank their top 10 health concerns in each category.

CTEC gathered surveys at various California Indian conferences and gatherings or through consultations with the 19 CTEC-member Tribal Health Programs:

Central Valley Indian Health Services
Feather River Tribal Health
Greenville Rancheria Tribal Health Program
Indian Health Council
Karuk Tribal Health Program
Lake County Tribal Health Consortium
MACT Health Board
Northern Valley Indian Health
Pit River Health Services
Redding Rancheria Indian Health Program
Riverside/San Bernardino County Indian Health
Round Valley Indian Health Center
Santa Ynez Tribal Health Program
Shingle Springs Tribal Health Program
Sonoma County Indian Health Project
Toiyabe Indian Health Program
Tule River Indian Health Center
United Indian Health Services
Warner Mountain Indian Health Program

Consultations were lead by CTEC staff. The Tribal Health Programs were also emailed a fillable PDF version of the survey for further distribution, although few surveys were completed through this method. To solicit community input, some Tribal Health Programs placed the survey in their waiting room for patients to complete, while others distributed it at local Tribal events.

A fillable PDF version of the survey was used as a data entry form, which included answer validation. The data file from the form was imported into an Excel database. Emailed versions of the survey were saved as data files and imported into the Excel database. All surveys were coded with a unique identifier, and twenty percent were randomly checked by using a random digit generator.

Ten survey items were ranked from 1 to 10, totaling fifty-five points for each survey using linear weights. If a participant ranked more than ten items, the additional items were not included in the calculation of the total score. If the survey total did not equal fifty-five points, then the survey was evaluated to determine errors in data entry or completion of the survey. If less than ten health issues were ranked, the weights stay the same, and thus the total score would be less than fifty-five points. If check marks were used instead of ranked numbers to indicate health priorities, fifty-five points were divided by the number of check marks, and that averaged value was applied to each checked item. Since the highest rank was ten points, the maximum value a check mark could be worth was ten points. For example, 55 points/four check marks = 10 points each. Sometimes more than ten survey items were checked. For example, 55 points/twelve check marks = 4.58 points each. If a number was used more than once, then the value of the weights was based on a percentage of the total fifty-five points, and only ten survey items were used to calculate a total score. For example, in the case of three number 1's, two number 2's, two number 3's, four number 4's, and two number 5's, the number 5's and any other ranked items would be scored as zeros since eleven items were already ranked. From this example, the calculations are as follows:

1=10 points	three #1's=30 points
2=9 points	two #2's=18 points
3=8 points	two #3's=16 points
4=7 points	four #4's=28 point
Total points=92 points	

Value of #1: $55 \text{ points} / 92 \text{ points} = x / 10 \text{ points}$ $x = 5.98 \text{ points each}$

Value of #2: $55 \text{ points} / 92 \text{ points} = x / 9 \text{ points}$ $x = 5.38 \text{ points each}$

“Other” responses were categorized, some resulted in creating unique health items, whereas some were aggregated into an already existing survey item.

The database was created in Excel 2007 and SAS 9.2 was used for the analysis of data. Priority health concerns were determined by the overall points they received. Figures included in this report show the percent of participants who ranked the health concern as a top 10 health concern.

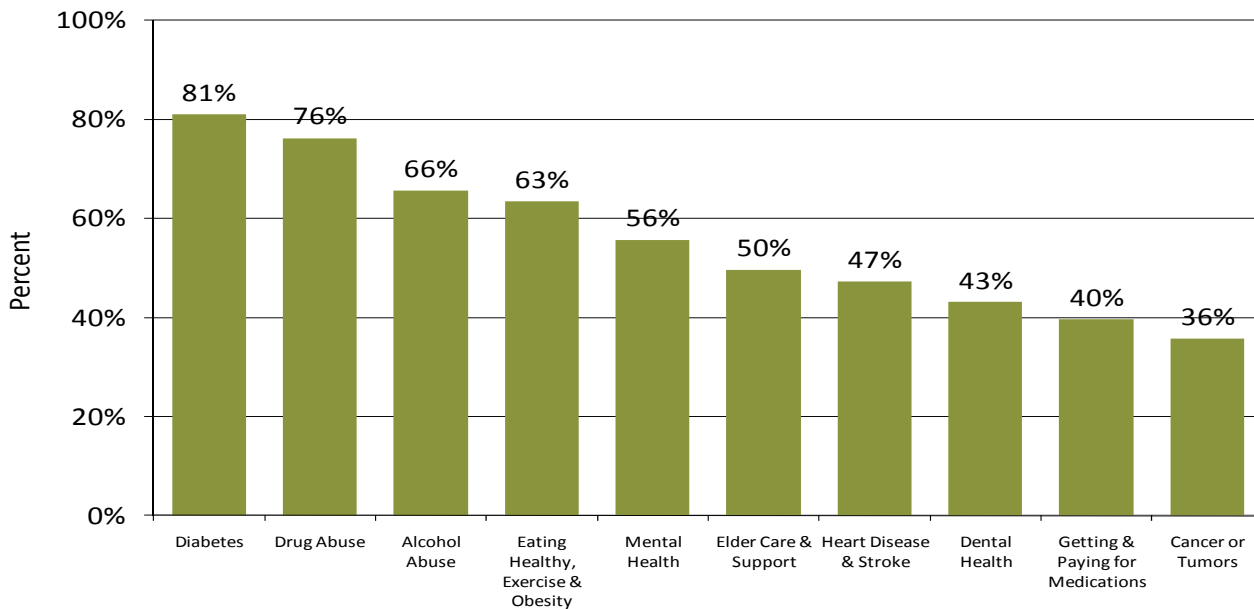
The qualitative data from the question asked on why participants chose their number one health issue as the highest concern in their community was grouped by health issue. When possible, themes were identified for each health issue. Comments made by participants on why the health issue was of highest concern in the community are dispersed throughout this report.

RESULTS

Health priorities are a combined result of the 594 surveys collected from October 2008 to August 2010. The health issues of highest concern in the community for CTEC to focus on in the coming years are:

1. Diabetes (3,334 points)
2. Drug Abuse (2,924 points)
3. Alcohol Abuse (2,559 points)
4. Eating Healthy, Exercise, and Controlling Obesity (2,151 points)
5. Mental Health (1,789 points)
6. Heart Disease and Stroke (1,471 points)
7. Dental Health (1,410 points)
8. Elder Care and Support (1,337 points)
9. Getting or Paying for Medications (1,228 points)
10. Cancer or Tumors (1,117 points)

Figure 1. Percent of Respondents Ranking Health Concern in Top 10 (n=594)



Diabetes was determined to be of highest concern in California Indian communities, accounting for 11% of the points, and as seen in Figure 1, 81% (n=481) of people ranked it as a top 10 health concern. The results are seen in Table 1 on page 22 of the Appendix. Behavioral health topics were also shown to be a high concern in Indian communities: three-quarters (76%, n=453) of participants ranked Drug Abuse as a top 10 health concern, leading it to be the second priority health concern; Alcohol Abuse was ranked third and 66% (n=390) of participants stated it to be a top 10 health concern; and Mental Health is the fifth leading health concern, with 56% (n=331) of participants ranking it as a top 10 health concern.

Health Program Distribution

In an attempt to identify areas of concern throughout California, the survey asked ‘What Indian health program or clinic are you associated with?’ According to the responses, the survey was distributed to participants associated with 26 of the 32 Tribal Health Programs, and all 9 of the Urban Indian Health Centers in California. The range is 1 to 86 surveys completed for an Indian

Health Program, with six of the Tribal Health Programs serving rural communities, having more than twenty participants associated with their facility completing the survey. Participants are associated with a facility by either utilizing their health services or working at the facility.

Age Categories

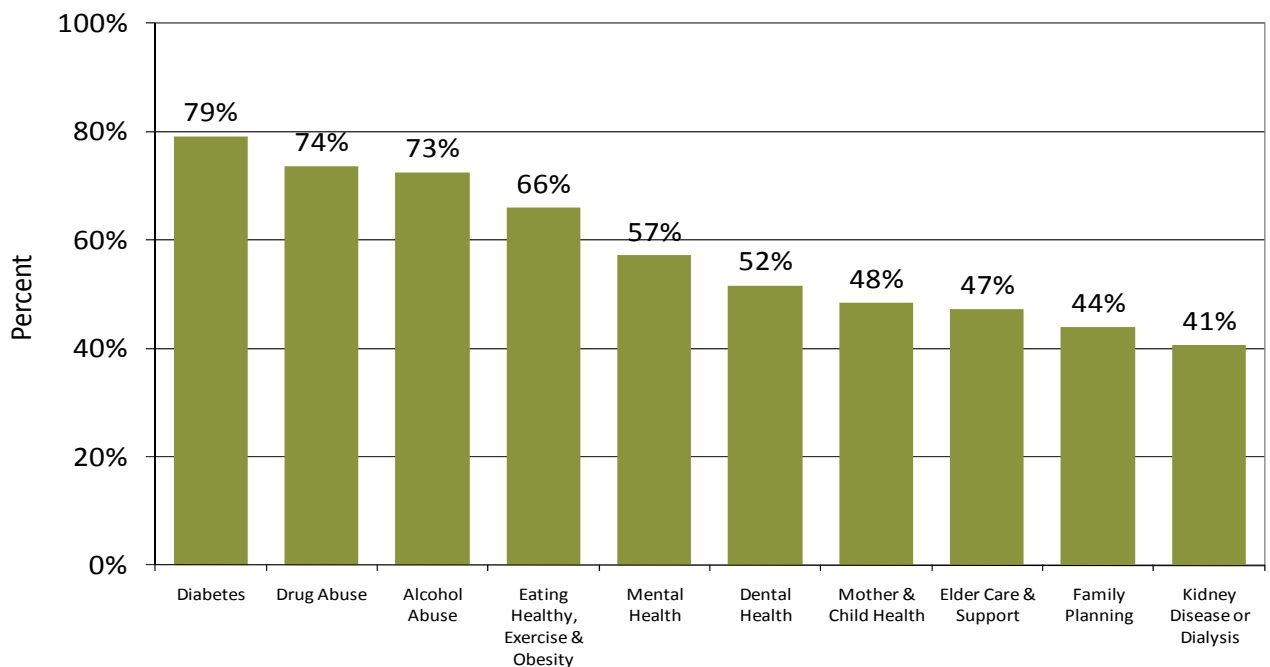
Aged 18-29 Years

Ninety-one participants, aged 18 to 29 years completed the health priorities assessment. The health issues of highest concern in the community for this age group are:

1. Diabetes (473 points)
2. Alcohol Abuse (381 points)
3. Drug Abuse (358 points)
4. Eating Healthy, Exercise, and Controlling Obesity (355 points)
5. Dental Health (225 points)
6. Mental Health (221 points)
7. Getting or Paying for Medications (192 points)
8. Mother and Child Health (189 points)
9. Family Planning (188 points)
10. Kidney Disease or Dialysis (186 points)

Figure 2 shows the percent of participants that ranked the health concerns in their top 10. Participants ranked Family Planning (188 points), Kidney Disease or Dialysis (186 points), and Mother and Child Health (189 points) as a top 10 health concern for their community; these health concerns were not ranked high enough by all age groups to be included as a top ten focus area in the overall results. Mother and Child Health and Family Planning are ranked as priority areas for this age group and not others, which is understandable since 18 to 29 year olds are more likely to use those services. Diabetes is the highest concern for all age groups, and 79% (n=72) of participants aged 18 to 29 years ranked it as a top ten health concern. Drug Abuse was ranked second for this age group and 74% (n=67) of participants stated it to be a top 10 health concern. Data stratified by Age Categories are available on page 23 of the Appendix in Table 2.

Figure 2. Percent of Respondents Aged 18-29 Years Ranking Health Concern in Top 10 (n=91)

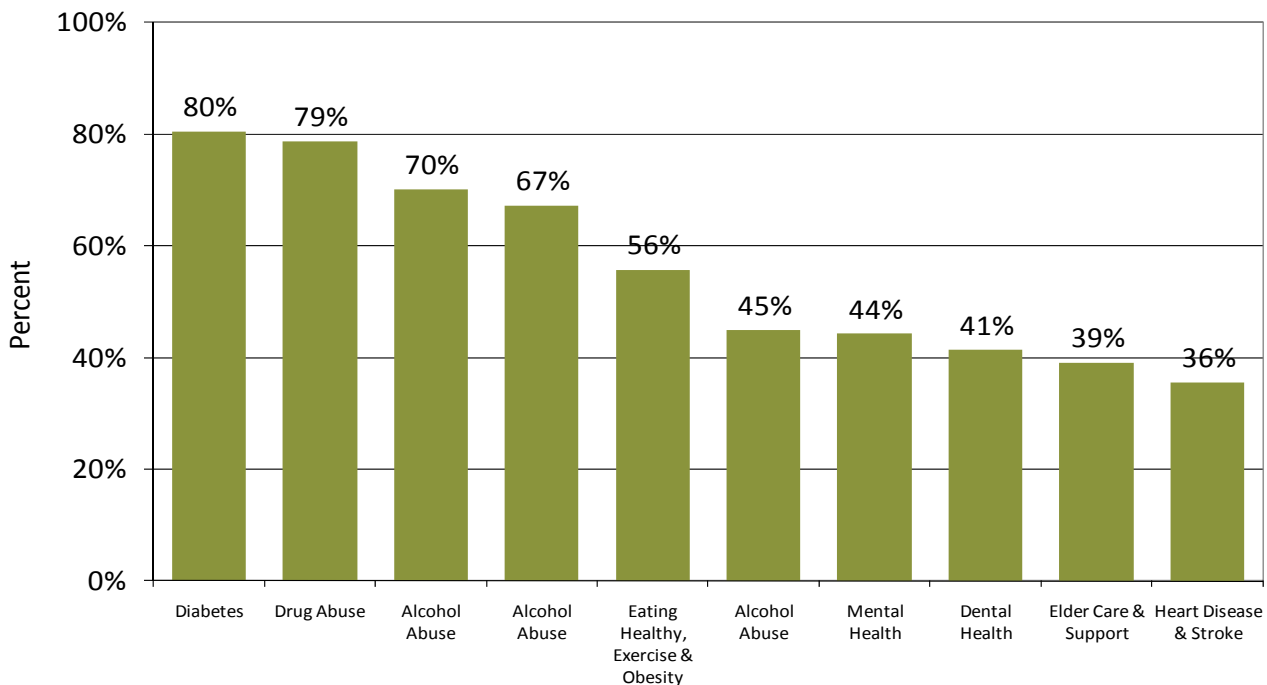


Aged 30-44 Years

Figure 3 shows the percent of participants aged 30 to 44 years who ranked specific health concerns in their top 10. One hundred seventy-four participants completed the survey for the age group 30 to 44 years, and their top ten concerns remained the same as the overall top ten health concerns. The top five health concerns remained in the same order, whereas Dental Health (428 points, 41% ranking it as a top 10 concern) and Getting and Paying for Medications (405 points, 39% ranking it as a top 10 concern) were higher priority concerns for this age group.

1. Diabetes (1,003 points)
2. Drug Abuse (926 points)
3. Alcohol Abuse (773 points)
4. Eating Healthy, Exercise, and Controlling Obesity (662 points)
5. Mental Health (576 points)
6. Dental Health (428 points)
7. Getting or Paying for Medications (405 points)
8. Heart Disease and Stroke (394 points)
9. Elder Care and Support (384 points)
10. Cancer or Tumors (341 points)

Figure 3. Percent of Respondents Aged 30-44 Years Ranking Health Concern in Top 10 (n=174)

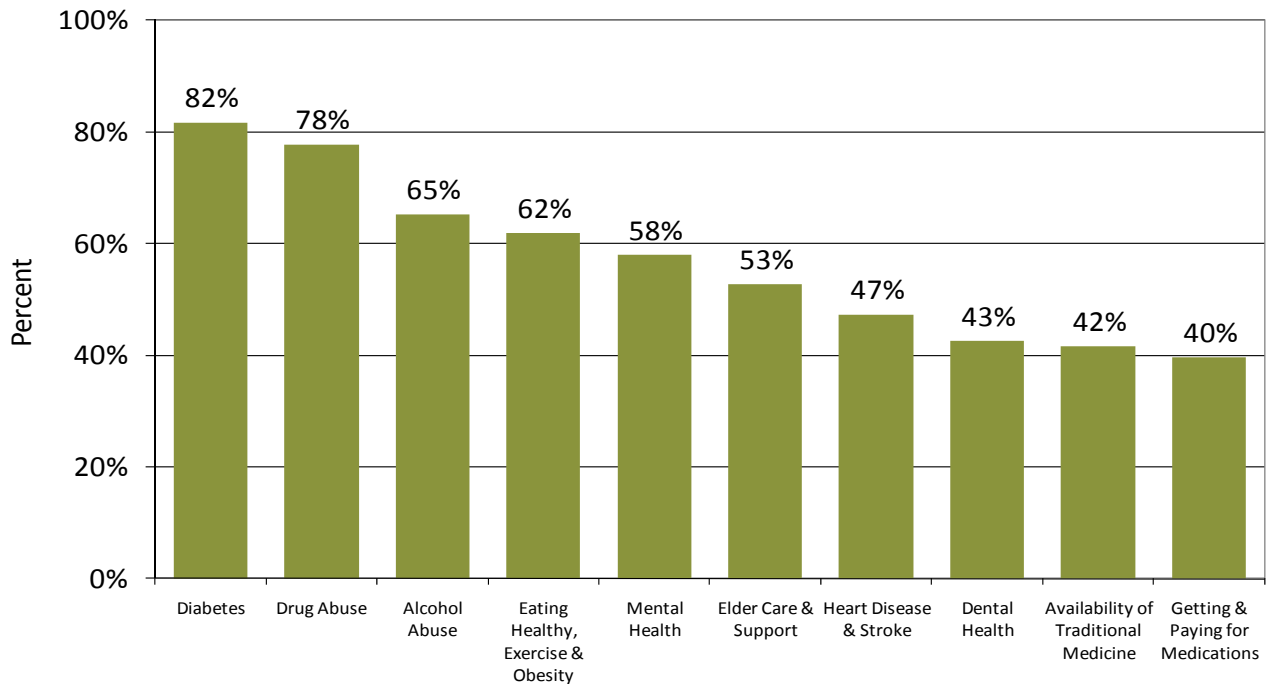


Aged 45-59 Years

The age group of 45 to 59 years had the most participants, with 207 participants completing the survey. Figure 4 shows the percent of participants aged 45 to 59 who ranked health concerns in their top 10. The Availability of Traditional Indian Medicine is the tenth (465 points) health concern for this age group, instead of Cancer (402 points) which is included in the overall community health priorities. The rest of the priorities remain the same although Elder Care and Support moved up one to be the seventh health concern for those 45 to 59 years old. Diabetes is still the highest concern, with 82% (n=169) ranking it as a top 10 health concern in their community; and Drug Abuse was ranked second for those 45 to 59 years old with 78% (n=161) of participants stated it to be a top 10 health concern. The health issues of highest concern in the community for this age group are:

1. Diabetes (1,200 points)
2. Drug Abuse (1,013 points)
3. Alcohol Abuse (838 points)
4. Eating Healthy, Exercise, and Controlling Obesity (757 points)
5. Mental Health (647 points)
6. Heart Disease and Stroke (569 points)
7. Elder Care and Support (557 points)
8. Dental Health (495 points)
9. Getting or Paying for Medications (468 points)
10. Availability of Traditional Medicine (465 points)

Figure 4. Percent of Respondents Aged 45-59 Years Ranking Health Concern in Top 10 (n=207)



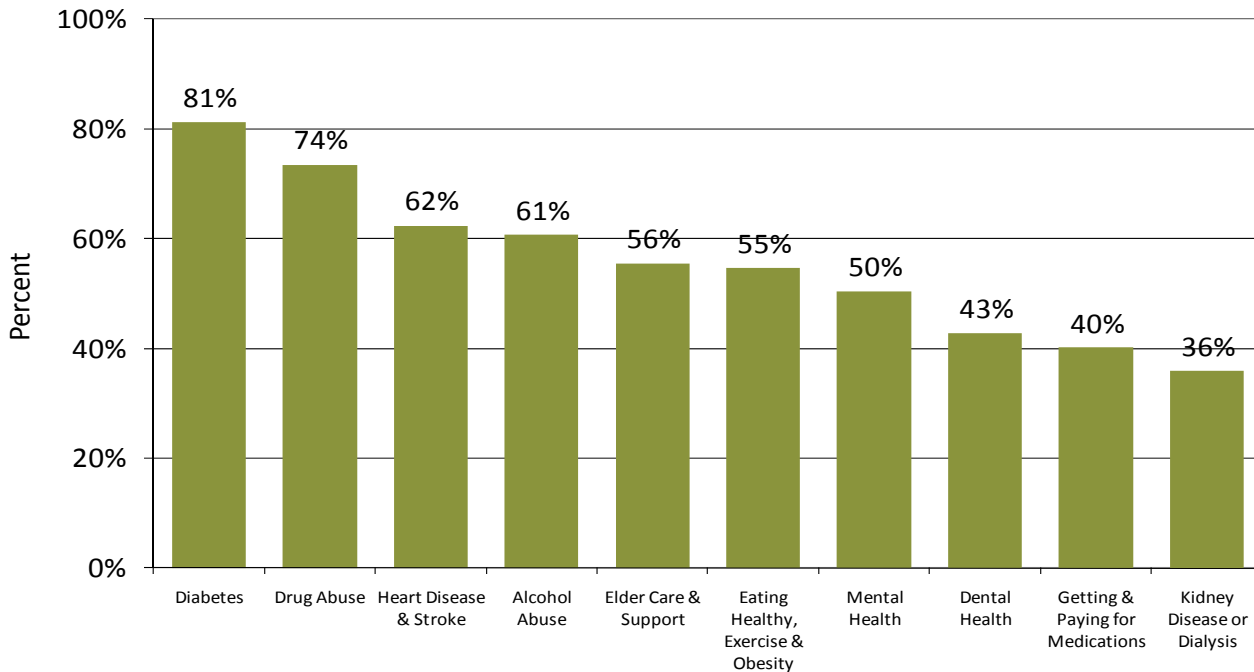
Aged 60 Years and Older

One hundred seventeen participants were aged 60 years and older. The health issues of highest concern in the community for this age group are:

1. Diabetes (647 points)
2. Drug Abuse (549 points)
3. Heart Disease and Stroke (432 points)
4. Alcohol Abuse (426 points)
5. Eating Healthy, Exercise, and Controlling Obesity (370 points)
6. Mental Health (307 points)
7. Elder Care and Support (285 points)
8. Dental Health (268 points)
9. Getting or Paying for Medications (247 points)
10. Cancer or Tumors (244 points)

Figure 5 shows that this group ranked Heart Disease and Stroke as their third (432 points) concern, which is a more common health condition as age increases, whereas it is ranked number six in the overall health priorities. Elder Care and Support moved up one rank to be the seventh (285 points) health concern for those aged 60 years and older, with 56% (n=65) ranking it as a top 10 concern.

Figure 5. Percent of Respondents Aged 60 and Older Ranking Health Concern in Top 10 (n=117)



Community Status Categories

Participants were asked to mark how they would best describe themselves, they could choose more than one category: 219 respondents identified themselves as Clinic Staff, 109 as Health Board Members, 62 as Tribal Council Members, and 300 identified themselves as Community Members. Since participants could choose more than one Community Status Category, the data and figures in this section are not mutually exclusive.

Health Board Members

One hundred and nine participants stated they were Health Board Members. Figure 6 shows the top 10 health concern percentages. Participants ranked Kidney Disease or Dialysis (213 points) as a top ten health concern for the community, although it was ranked thirteenth in the communities overall focus areas. Diabetes (672 points) is the highest concern for all Community Status Categories, although slightly more participants ranked Drug Abuse (88%, n=96) as a top 10 health concern than Diabetes (86%, n=94). The health concerns of Elder Care and Support (375 points) and Cancer or Tumors (240 points) moved up in rank for Health Board Members. Data stratified by Community Status are found on page 24 of the Appendix in Table 3.

- 1. Diabetes (672 points)**
- 2. Drug Abuse (614 points)**
- 3. Alcohol Abuse (432 points)**
- 4. Elder Care and Support (375 points)**
- 5. Mental Health (354 points)**
- 6. Eating Healthy, Exercise, and Controlling Obesity (325 points)**
- 7. Heart Disease and Stroke (333 points)**
- 8. Cancer or Tumors (240 points)**
- 9. Kidney Disease or Dialysis (213 points)**
- 10. Dental Health (211 points)**

Figure 6. Percent of Health Board Members Ranking Health Concern in Top 10 (n=109)

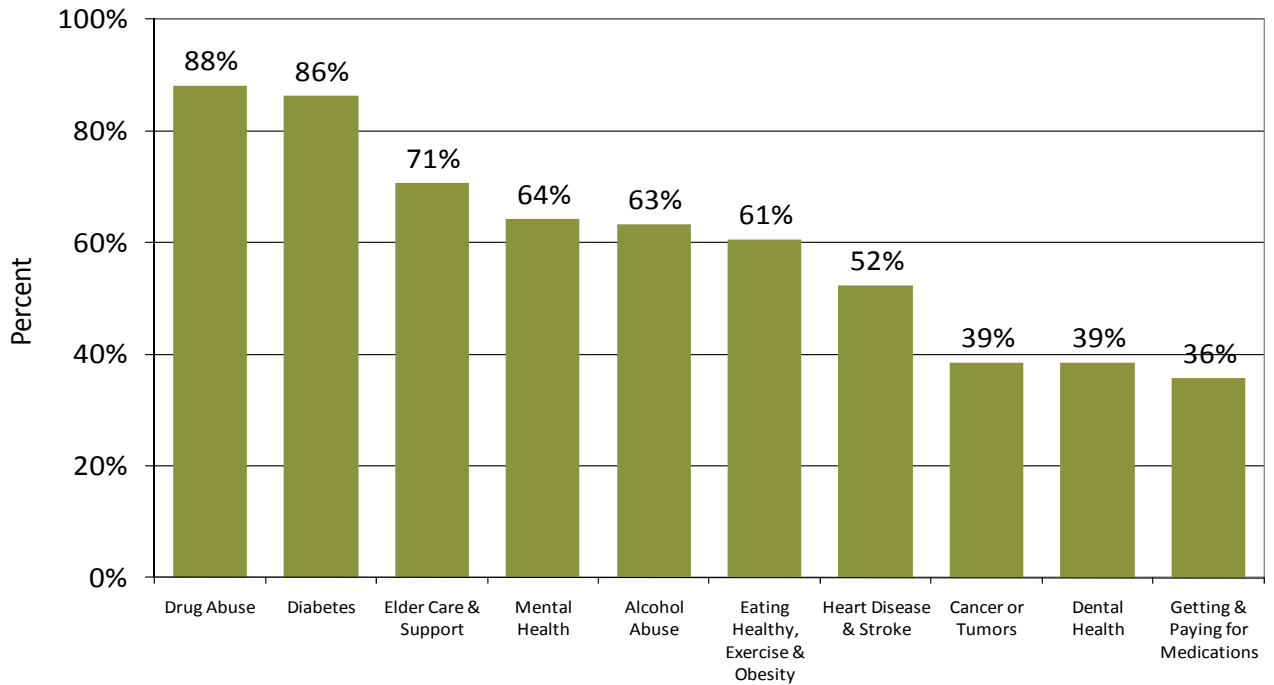
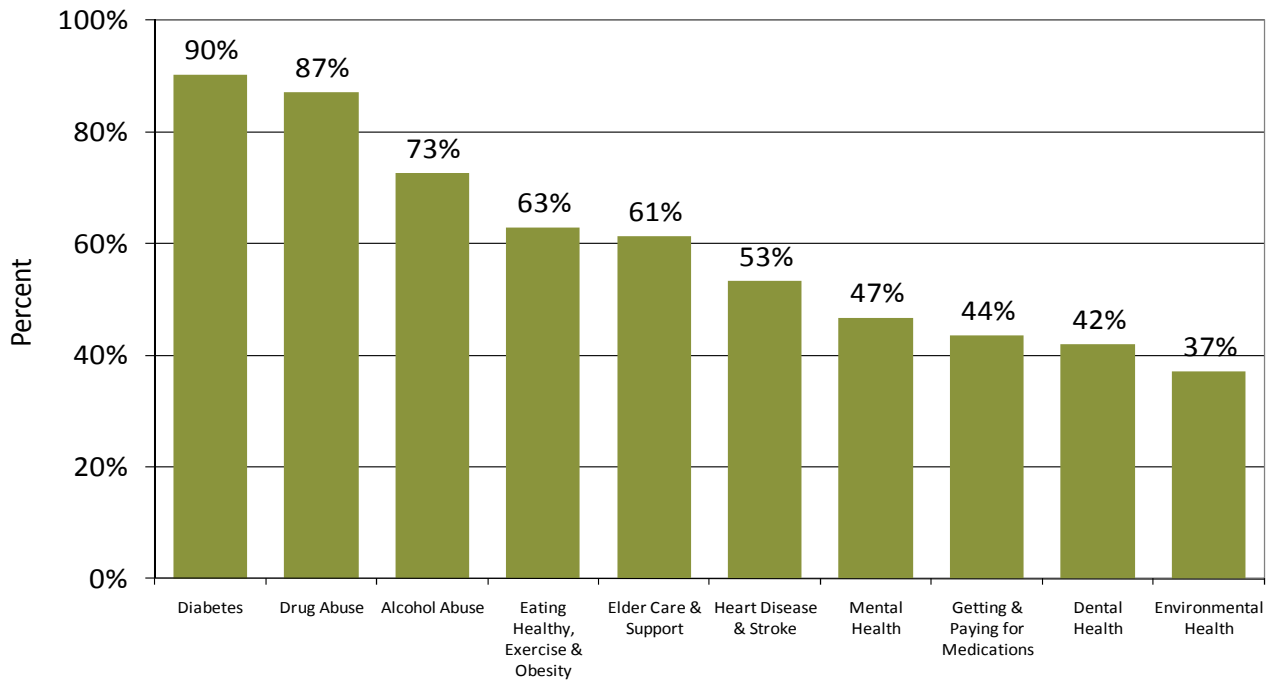


Figure 7. Percent of Tribal Council Members Ranking Health Concern in Top 10 (n=62)



Tribal Council Members

Sixty-two Tribal Council Members completed the survey. Figure 7 shows the percent of participants that ranked the health concerns in their top 10. Getting an Appointment or Transportation is the eighth (142 points) health concern, whereas it is the fourteenth overall community health priority. Elder Care and Support and Cancer or Tumors were a higher health priority for Tribal Council Members compared to overall community health priorities, with 61% (n=38) and 35% (n=22) respectively ranking the health concerns as a top 10. The health issues of highest concern in the community are based on points, for Tribal Council Members the highest concerns are:

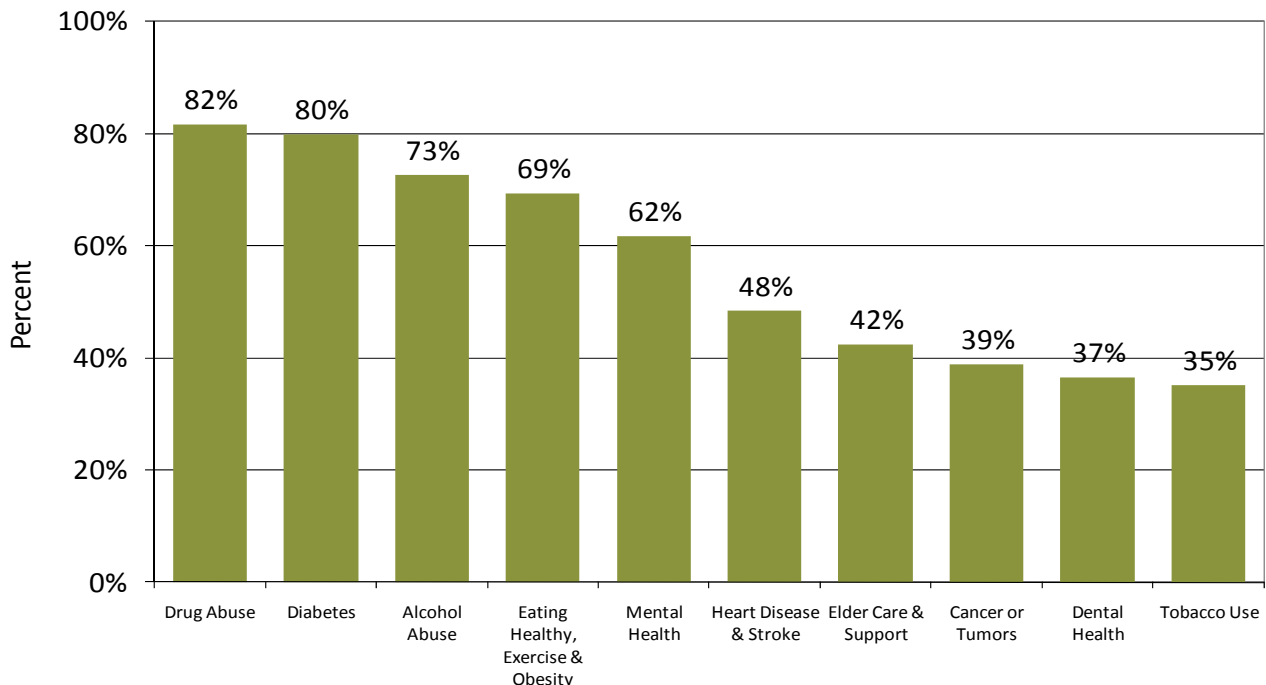
1. Diabetes (409 points)
2. Drug Abuse (345 points)
3. Alcohol Abuse (284 points)
4. Elder Care and Support (216 points)
5. Eating Healthy, Exercise, and Controlling Obesity (205 points)
6. Heart Disease and Stroke (158 points)
7. Mental Health (148 points)
8. Getting an Appointment and Transportation (142 points)
9. Getting or Paying for Medications (139 points)
10. Cancer or Tumors (125 points)

Clinic Staff

Two hundred nineteen participants completed the survey that were Clinic Staff. The top six health concerns remain in the same order as the overall community health priorities. Cancer moved up to be the 7th (483 pints) health concern, with 39% (n=85) of Clinic Staff ranking it as a top 10 health concern. Clinic Staff also found Tobacco Use to be a higher health priority than the rest of the Community Status Categories, with 35% (n=77) ranking it as a top 10 health concern. Figure 8 shows the percent of Indian Clinic Staff ranking the health concerns in their top 10.

1. Diabetes (1,307 points)
2. Drug Abuse (1,200 points)
3. Alcohol Abuse (1,043 points)
4. Eating Healthy, Exercise, and Controlling Obesity (978 points)
5. Mental Health (770 points)
6. Heart Disease and Stroke (641 points)
7. Cancer or Tumors (483 points)
8. Dental Health (461 points)
9. Elder Care and Support (407 points)
10. Tobacco Use (382 points)

Figure 8. Percent of Indian Clinic Staff Ranking Health Concern in Top 10 (n=219)

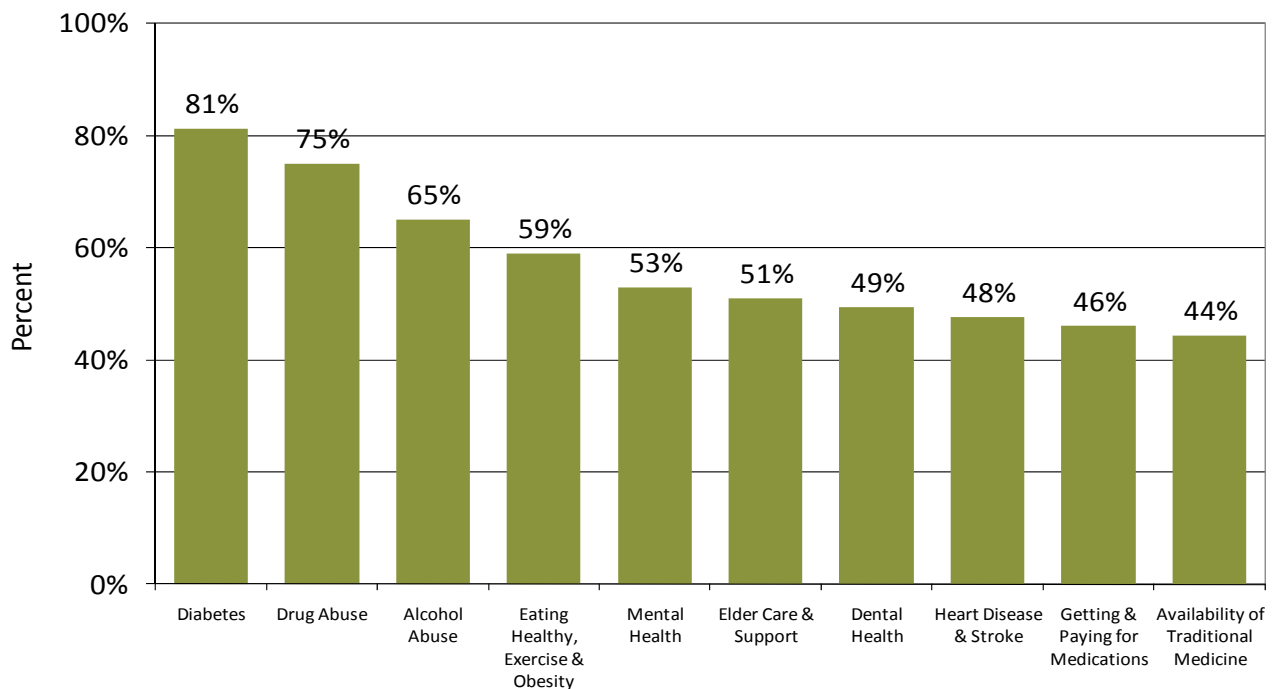


Community Members

Three hundred respondents stated they were Community Members. Figure 9 shows that these respondents ranked the Availability of Traditional Medicine as their tenth (710 points) health concern for the community with 44% (n=133) ranking the health concern as a top 10, although it was not ranked as a top ten health concern by communities overall. The health concerns of Getting or Paying for Medications moved up in rank for Community Members as the fifth (805 points) health concern when compared to the overall health priorities.

1. Diabetes (1,609 points)
2. Drug Abuse (1,352 points)
3. Alcohol Abuse (1,161 points)
4. Eating Healthy, Exercise, and Controlling Obesity (945 points)
5. Getting or Paying for Medications (805 points)
6. Mental Health (796 points)
7. Dental Health (773 points)
8. Heart Disease and Stroke (773 points)
9. Elder Care and Support (768 points)
10. Availability of Traditional Medicine (710 points)

Figure 9. Percent of Community Members Ranking Health Concern in Top 10 (n=300)



Health Categories

Twenty-seven health concerns were listed in the survey and they are grouped together into six categories following.

Chronic Diseases

Chronic diseases refers to persistent and long lasting conditions. It includes heart, liver, and kidney diseases, diabetes, cancer and asthma. Many people suffer from chronic diseases, although often the condition does not impair normal daily activities. Survey respondents ranked chronic diseases as being of high concern in Indian Country in California.

Diabetes

Diabetes was ranked as the highest concern by Indian communities. More than half (55%, n=325) of those surveyed ranked Diabetes as a top 5 health concern in their community, and 19% (n=110) ranked Diabetes as their number 1 concern in their community. Sixty-six percent (n=73) of those that ranked Diabetes as their number 1 concern provided feedback on the reason why. Thirty-eight respondents (52% of those providing a reason) stated their concern was over the prevalence in their community. Statistics also show the high prevalence of Diabetes; it is the fourth leading cause of death for American Indians and Alaskan Natives in the United States.¹ It is also approximately three times higher in American Indians and Alaskan Natives than in the general United States population.² Twelve other people felt that there needs to be more Diabetes preventative approaches. Prevention is important since Diabetes is associated with obesity, poor nutrition, and low levels of exercise, which were ranked collectively as the fourth community health concern in the overall results.

“Many of our elders suffer and die from diabetes, now it is hitting our young.”

Heart Disease and Stroke

Another health priority is Heart Disease and Stroke, with an overall rank of number six. Almost a quarter (23%, n=139) of those surveyed ranked Heart Disease and Stroke as a top five health concern. Heart disease is the leading cause of death for American Indians and Alaska Natives.¹ High blood pressure and cholesterol, smoking, a lack of physical activity, and obesity all contribute to the development of heart disease and stroke.

Cancer

Routine cancer screenings are a prevention tool that can help detect cancer before symptoms occur and before it reaches a more serious stage. Respondents to the CTEC survey ranked Cancer as the tenth health concern for the community, with 16% (n=98) ranking it as a top five health concern. Cancer is the second leading cause of death in American Indians and Alaska Natives.¹

Kidney and Liver Disease

Thirteen percent (n=79) of those surveyed ranked Kidney Disease or Dialysis as a top five health concern in their community. Kidney or end-stage renal disease is often associated with diabetes, which is known to be highly prevalent in Indian Country. American Indian and Alaska Native women are 40% more likely to have kidney/renal cancer than non-Hispanic White women.³

Liver Disease or Cirrhosis was ranked as the seventeenth health concern with 9% (n=54) of those surveyed ranking it a top five health concern in their community. Liver Disease can also be associated with diabetes, hepatitis and substance abuse. American Indians and Alaska Natives are twice as likely to be diagnosed with chronic liver disease compared to non-Hispanic Whites.⁴

Asthma

Asthma is caused by reversible inflammation of the airways in the lungs. When inflamed, airways narrow making breathing laborious and at times life threatening. Asthma attacks can be prevented from avoiding asthma triggers or using medications. Eight percent (n=45) of those surveyed ranked Asthma as a top five health concern in their community.

“When you have trouble breathing everything else that may be bothering you doesn't matter.”

Behavioral Health

Behavioral health refers to the relationship between human behavior and the well-being of the body, mind, and spirit. It includes mental health and the abuse of substances, such as drugs, tobacco and alcohol. Substance abuse frequently disrupts family and community life and is often associated with injuries, such as car wrecks and violence. Survey respondents ranked behavioral health as being of high concern in Indian Country.

Drug Abuse

Of the topics included in behavioral health, Drug Abuse was ranked to be the highest concern, with an overall rank of number two. Nearly half (45%, n=265) of those surveyed ranked Drug Abuse as a top five health concern, with 11% (n=67) ranking it as a number 1 concern in their community. Drug Abuse includes both illegal substances and non-medical use of prescription pills, all of which can lead to heart problems, overdoses, and death. Of those who ranked Drug Abuse as a number one concern, 72% (n=48) provided feedback on why it was regarded as a top health concern. Twenty-five respondents (52% of those providing feedback) felt the issue of Drug Abuse was its high prevalence in their community. Drug Abuse, especially methamphetamine use, has been a growing concern for Indian communities. It is also associated with injuries such as car wrecks, violence, and sexually transmitted diseases. Drug Abuse commonly disrupts family, work, and community life. Ten people (21% of those providing feedback) stated their highest concern was Drug Abuse amongst the youth.

“Drug abuse is killing our Native People and our young children are learning it.”

Alcohol Abuse

Another health priority is Alcohol Abuse, with 37% (n=222) ranking Alcohol Abuse as a top 5 health concern. Alcohol Abuse is associated with violence, injuries such as car wrecks and drowning, teen pregnancy and sexually transmitted diseases. It can lead to heart disease, cancer, and liver disease. Alcohol-related deaths are six times higher in American Indians and Alaska Natives than the United States population.²

Estimates of binge drinking represent the risk of immediate alcohol related health consequences. Binge drinking is considered to be five or more drinks at a time for males and four or more drinks at a time for females. According to the California Health Interview Survey, 18% (95% Confidence Interval (CI): 15.9%-19.2%) of American Indians and Alaska Natives reported binge drinking in the past month compared to 15% (CI: 14.7%-15.5%) of non-Hispanic Whites in California.⁵

“Alcohol use is endemic in our community. We need to help our families and youth to prevent the cyclical nature of this disease.”

Of those completing the health priorities survey, 7% (n=44) ranked Alcohol Abuse as their number 1 concern, and 66% (n=29) provided feedback on their reasons why. The prevalence of Alcohol Abuse was a major concern for 11 people (38% of those providing feedback). Ten people (35% of those providing a reason) stated that the effect from Alcohol in their community is their highest concern.

Mental Health

Screening and seeking help for Mental Health issues will help to ensure the mind stays well. Respondents to the CTEC survey ranked Mental Health as the fifth health concern for their community, with 27% (n=159) ranking it as a top five health concern. Depression is the most common mental health issue, and is treatable. More than a quarter (27%, n=9,062) of adult patients at reporting California Tribal health clinics were screened for depression.⁶ The Healthy People 2010

goal for the United States is to screen at least 50% of patients 18 years and older for depression.

Non-Traditional Tobacco Use

Many studies have shown that American Indians and Alaska Natives use non-traditional tobacco – cigarettes and chewing tobacco – at higher rates than other races and ethnicities. Ten percent (n=57) of those surveyed ranked Tobacco Use as a top 5 health concern in their community. It is a major risk factor for lung cancer, chronic lung diseases, heart disease, and stroke, and is the most preventable cause of disease and death in the United States.

“Mental Health Services are extremely limited in availability. It makes it hard on the community and the staff providing services.”

Healthy Lifestyle and Preventive Health

Health promotion and prevention refers to improving the health of the individual, the family and the community. It includes eating healthy and exercising, utilizing dental, immunization, and family planning services, monitoring the environment and preparing for emergencies.

Eating Healthy, Exercise and Controlling Obesity

Eating Healthy, Exercise, and Controlling Obesity were collectively ranked as the fourth highest concern in Indian communities in California. One-third (30%, n=177) of the people surveyed ranked Eating Healthy, Exercise, and Controlling Obesity as a top five health concern in their community, and 8% (n=39) ranked it as their number 1 concern. There are many attributable reasons for the lack of healthy foods, exercise, and high rates of obesity, 67% (n=31) of those that ranked this as their number 1 health concern shared their reasons why. Eight people (26% of those providing a reason) felt there was a need for prevention, and eight others stated that childhood obesity was their main concern. Obesity, poor nutrition, and low levels of exercise are associated with heart disease, arthritis and diabetes, along with other chronic conditions.

“Children are our legacy. We need to get them early before habits become entrenched.”

Dental Health

Another health priority is Dental Health, with an overall rank of number seven. Twenty-two percent (n=130) of those surveyed ranked Dental Health as a top five health concern. According to the California Health Interview Survey, almost 8% (CI: 4.4%-11.4%) of American Indians and Alaska Natives reported they could not afford dental care compared to 4% (CI: 2.9%-4.7%) of non-Hispanic Whites in California.⁵

Elder Care and Support

Elders are the foundation of Indian communities. Respondents to the survey ranked Elder Care and Support as the 8th health concern for the community, with 16% (n=79) of the people ranking it as a top five health concern.

Environmental Health

Environmental Health addresses all the external physical, chemical, and biological factors and their potential affect on health in the goal of preventing disease and creating healthy environments. It includes topics such as: access to clean water and air, food safety, and

“Until we find balance in our environment we will always be finding something new killing us.”

preventing lead and mercury poisoning. Ten percent (n=59) of those surveyed ranked environmental health as a top five health concern in their community.

Mother and Child Health, and Family Planning

Ten percent (n=57) of those surveyed ranked Mother and Child Health as a top five health concern in their community. Maternal Health refers to the health of women during pregnancy, childbirth and the postpartum period. Mother and Child Health is significant because children represent the future.

Family Planning was ranked as the eighteenth health concern with 8% (n=48) of those surveyed ranking it a top five health concern in their community. Family Planning services includes access to birth control and condoms and routine exams and testing for sexually transmitted diseases to ensure sexual health.

Immunizations

Immunizations are an effective method to prevent and control the spread of infectious diseases. Survey respondents ranked Immunizations as a low health priority (twenty-third), with 21% (n=124) ranking it in their top 10 priorities.

Preparing for Community Disasters

Being prepared for community disasters such as a fire, flood, or earthquake can decrease the effects and damage to the individual, family and community. Twenty-two percent (n=128) of survey respondents ranked Preparing for a Community Disaster as a top 10 health concern for their community.

Injuries

Injuries may be intentional or unintentional. Intentional injuries include self inflicted and interpersonal acts of violence, such as domestic violence, suicide, or those related to the use of fire arms. Unintentional injuries may be from car wrecks, drowning, falls, poisonings, and burns from a fire. Even though survey respondents did not rank injuries as a top concern in Indian Country, injuries are disproportionately higher in Indian communities compared to other race/ethnic groups and are one of the leading causes of death.

Domestic Violence

Of the injuries, Domestic Violence was ranked to be the highest concern in Indian communities, with an overall rank of number 20. Thirty-one percent (n=184) of those surveyed ranked Domestic Violence as a top 10 health concern. Domestic violence and abuse are behaviors used by one person in a relationship to control the other. These behaviors can include mental, physical, emotional, and spiritual abuse. Domestic Violence is often associated with alcohol and drug abuse, and is known to disrupt the family and community. Domestic Violence, whether it is by a family member or friend, continues to affect Indian communities at a higher rate than other races/ethnicities.

"I feel like the prevalence of domestic violence contributes to many other health issues."

Suicide

Suicide may occur for a number of reasons, including depression, emotional stress, guilt, anxiety, physical pain, or other difficult situations. Suicide is the eleventh leading cause of death in the United States. American Indians aged 25 to 29 years have the highest rate of suicide among any

racial group of the same age. Almost a quarter (23%, n=139) of people completing the health priorities survey ranked suicide as a top 10 health concern for their community, with an overall ranking of twenty-two for health priority results.

Depression is associated with more than two-thirds of suicides, and is the most common mental health issue. The California Health Interview Survey shows that almost 16% (CI: 12.7%-18.9%) of American Indians and Alaska Natives reported psychological distress in the past year compared to 8% (CI: 7.6%-8.8%) of non-Hispanic Whites in California. Seven percent (CI: 4.9%-8.6%) of American Indians and Alaska Natives reported psychological distress in the past month in comparison to 3% (CI: 2.7%-3.4%) of non-Hispanic Whites.⁵ Psychological distress was determined using the Kessler 6 Series, which consists of variables such as feeling restless, depressed, nervous, and worthless. Mental health screening is an important preventative measure, many health conditions such as depression are treatable. Community awareness of suicide is important in Indian communities.

“Suicide is a permanent solution to a temporary problem.”

Unintentional Injuries

Unintentional Injuries or accidents are common and can occur at any time. Respondents to the CTEC survey ranked Unintentional Injuries as the twenty-fourth health concern for the community, with 21% (n=123) of participants ranking it as a top ten health concern. Unintentional Injuries are the 3rd leading cause of death for American Indians and Alaska Natives in the United States.¹ Ways to prevent or diminish the effects of Unintentional Injuries include wearing a seatbelt, having a child use a car seat, wearing a bicycle helmet, installing hand rails to prevent falls, wearing a life vest while swimming, and installing a smoke and carbon monoxide alarm in the home. Unintentional Injuries are often associated with drug and alcohol abuse, which were ranked, respectively, as the second and third health priorities overall.

Access to Healthcare

Access to healthcare is often insufficient in rural and Indian communities. Access to care helps to prevent illness and reduce the complications of many illnesses by identifying health conditions early and providing treatment. The types of healthcare access issues vary by community. Transportation to and from doctors appointments, the availability of medicine and treatment options, having clinics open and fully staffed, and having culturally competent healthcare are all challenges throughout Indian Country.

Access to Medications

Getting and Paying for Medications was ranked as a high concern in Indian communities, with a ranking of number nine. More than one-third (40%, n=235) of those surveyed ranked Access to Medications as a top 10 health concern in their community. Medications are used to treat and prevent disease and complications. The cost or availability of certain medications is often an issue in receiving proper care and treatment. The California Health Interview Survey shows that in California, about 25% (CI: 18.3%-30.7%) of American Indians and Alaska Natives delayed or did not obtain prescriptions because they could not afford it, compared to 17% (CI: 14.8%-18.2%) of non-Hispanic Whites.⁵ Out of the total respondents to the health priorities survey, about 5% (n=32) ranked access to medications as their number 1 concern, and 90% (n=29) of those provided feedback on the reason why, with the cost of medications being of most concern.

“Cost of prescriptions are extremely high even with insurance. When you must take multiple medications it can literally come down to choosing between eating and having medication.”

Availability of Traditional Indian Medicine

The availability of Traditional Indian Medicine had an overall rank of eleven in the health priorities. More than one-third (36%, n=212) of those surveyed ranked the availability of Traditional Indian Medicine as a top 10 health concern. Honoring and practicing traditional ways helps Indian communities to be healthy, strong and balanced. Barriers in Indian communities includes inadequate availability of traditional medicines or herbs and limited access to a medicine person or spiritual leader. Often there is limited knowledge and data on the effectiveness of traditional treatments, therefore Indian clinics may not offer these services nor have a referral system in place.

“Traditional medicine is fading away fast. There is vast knowledge there, we need to preserve.”

Access to the Clinic

Access to medical care is important in remaining healthy and preventing illness. Respondents to the CTEC survey ranked access to a clinic as the thirteenth health concern for the community, with 30% (n=179) of the respondents ranking it as a top 10 health concern. Barriers to access include not having health insurance, not having enough money to cover payments, lack of providers or specialists, not knowing when or how to seek care, and lack of transportation and telephone service in rural areas and on Tribal lands. Survey respondents mentioned that limited funding and access to specialty care was a high concern in their community.

“Without access none of the treatments or resources can be delivered, and without funding everything else is just a empty promise.”

Individuals with health insurance are more likely to seek needed healthcare. The California Health Interview Survey reported almost 19% (CI: 16.6%-20.8%) of American Indians and Alaska Natives in California do not have medical insurance compared to 7% (CI: 6.8%-7.5%) of non-Hispanic Whites.⁵

Infectious Diseases

Infectious diseases are often transmittable to other individuals, and includes sexually transmitted diseases, HIV/AIDS, influenza and tuberculosis. Survey respondents ranked infectious diseases as being of lower concern in their communities.

Sexually Transmitted Diseases and HIV/AIDS

Of the topics included in Infectious Diseases, Sexually Transmitted Disease (STDs) and HIV/AIDS was ranked to be the highest concern in Indian communities, with an overall rank of nineteen. Nearly one-third (30%, n=181) of those surveyed ranked STDs and HIV/AIDS as a top 10 health concern. It is recommended by the Centers for Disease Control that everyone who is sexually active be tested for STDs and HIV.

Influenza and Pneumonia

Survey respondents ranked Influenza and Pneumonia as a low priority, 16% (n=93) ranked it as a top 10 health priority. Influenza can be preventable by receiving the vaccine annually, and is especially important for children and elders.

Tuberculosis

Survey respondents ranked Tuberculosis as a low priority, 10% (n=60) ranked it as a top 10 health priority. Although it is ranked as the lowest priority (27th), Tuberculosis has been considered an

important health concern in Indian communities. In 2005, tuberculosis was six times higher in American Indians and Alaska Natives than in the United States population.³

DISCUSSION

Between October 2008 and June 2010, 594 surveys were collected by CTEC at tribal consultations and various Indian events. Many of the health priority issues that respondents stated were of high concern are issues of known health disparities throughout California Indian Country, and include the leading causes of death of American Indians and Alaska Natives in the United States: heart disease, cancer, unintentional injuries, and diabetes. Chronic diseases and behavioral health issues were the areas of highest concern. The results vary slightly by age and community status, with Elder Care and Support and Heart Disease and Stroke being of higher concerns in older age groups and Family Planning and Maternal and Child Health being of higher concern in the youngest age group.

There are limitations to the health priorities survey: it is based on a sample of convenience and 21% of the surveys were completed incorrectly, either by respondents using the number more than once or using a check mark instead of a number to rank health concerns. Personal identifying information was not collected in this survey and therefore duplication of respondents may have occurred.

This survey was utilized by CTEC to determine the health concerns in which to focus our efforts. We learned a great deal about the communities we serve through providing consultations and attending and having a table at Indian events. The consultations included discussions which provided valuable feedback to CTEC on health issues of concern. We are excited to provide future services to improve the health in these top ten focus areas.

Currently, CTEC is part of a local stakeholder workgroup to prevent obesity. We have applied for a dental caries prevention grant to provide oral health education to Indian communities through storytelling. CTEC is also developing protocols to account for racial misclassification of American Indians and Alaska Natives in state health databases, specifically looking at mental health concerns, such as suicide and hospitalizations related to substance abuse injuries.

Six Tribal Health Programs had more than twenty respondents associated with the site complete the priority health survey. These Tribal Health Programs will receive a fact sheet on their specific results. They could use this Tribal Health Program-specific information to further focus their public health efforts in their community, and possibly apply for applicable funding or develop new health interventions.

CTEC will continue to gather priority health surveys on our website and is in the process of developing a listserv for future distribution of this survey.

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APPENDIX

Priorities Survey Tool

Table 1. Ranked Respondents Health Concerns

Table 2. Respondents Ranked Health Concerns by Age Group

Table 3. Respondents Ranked Health Concerns by Community Status Categories

Figure 10. Priorities Survey



California Tribal Epidemiology Center

2008-2009 Indian Health Priorities Survey

This survey will help the California Tribal Epidemiology Center (CTEC or EpiCenter) learn from American Indian community members what the most important health matters are in their community. The survey findings will be used to choose which health matters the EpiCenter will focus on most in the coming years.

Thank you for taking the time to fill out this survey. Your answers help us provide better services to American Indians.

To make sure we reach all of the American Indian communities in California, please answer the following questions.

What Tribe or Indian Community are you part of? _____

What Indian Health Program or Clinic are you associated with? _____

How would you best describe yourself (mark all that apply)?

- Health Board Member
- Tribal Council Member
- Indian Health Clinic or Program Staff
- Community Member
- Other: _____

What is your age?

- 18-29
- 30-44
- 45-59
- 60 or older

If you have any questions about this survey or the California Tribal EpiCenter, please contact:

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Check out our website at www.crihb.org/CTEC/

(TURN OVER)

What Diseases and Health Issues in Your Community Concern You the Most?

- Please take a minute to read this list and think about how each one affects your community
- Rank your top 10 concerns from 1 to 10, with number 1 being your highest concern
- Only select **10 total** health issues

___ Availability of traditional Indian medicine	___ Sexually transmitted diseases or HIV/AIDS
___ Getting an appointment or transportation to a clinic	___ Tuberculosis / TB
___ Getting or paying for medication	___ Intentional injury—suicide
___ Cancer or tumors	___ Intentional injury—domestic violence
___ Diabetes	___ Unintentional —car wrecks, fire, falls, bicycle, car seat
___ Heart disease and stroke	___ Asthma
___ Kidney disease or dialysis	___ Flu or pneumonia
___ Liver disease or cirrhosis	___ Tobacco use—non-traditional smoking and chewing
___ Dental health	___ Alcohol abuse
___ Eating healthy, exercise, controlling obesity	___ Drug abuse—meth, cocaine, prescription meds...
___ Elder care and support	___ Mental health—depression, anxiety, bipolar...
___ Environmental health—clean water/air, food safety...	___ Other: _____
___ Family planning—birth control, condoms, sexual health...	___ Other: _____
___ Immunizations / shots	___ Other: _____
___ Mother and child health—prenatal care, well-child care...	___ Other: _____
___ Preparing for community disasters—fire, floods...	

For the health issue you ranked as being most concerned about (number 1), please tell us why.

Thank you!

Table 1. Respondents Ranked Health Concerns

CTEC Overall Rank	Health Issue	Score	Score (%)	Ranked #1 (n)	Ranked #1 (%)	Ranked in top 5 (n)	Ranked in top 5 (%)	Ranked in top 10 (n)	Ranked in top 10 (%)
1	Diabetes	3334	11%	110	19%	325	55%	481	81%
2	Drug Abuse	2924	9%	67	11%	265	45%	453	76%
3	Alcohol Abuse	2559	8%	44	7%	222	37%	390	66%
4	Eating Healthy, Exercise & Obesity	2151	7%	46	8%	177	30%	377	63%
5	Mental Health	1789	6%	18	3%	159	27%	331	56%
6	Heart Disease & Stroke	1471	5%	13	2%	139	23%	281	47%
7	Dental Health	1410	4%	10	2%	130	22%	256	43%
8	Elder Care & Support	1337	4%	16	3%	99	17%	295	50%
9	Getting & Paying for Medications	1228	4%	32	5%	99	17%	235	40%
10	Cancer or Tumors	1117	4%	23	4%	98	16%	212	36%
11	Availability of Traditional Medicine	1007	3%	29	5%	78	13%	212	36%
12	Kidney Disease or Dialysis	991	3%	7	1%	79	13%	191	32%
13	Getting Appointment & Transportation	894	3%	17	3%	71	12%	179	30%
14	Environmental Health	879	3%	12	2%	59	10%	200	34%
15	Mother & Child Health	894	3%	3	1%	57	10%	198	33%
16	Tobacco Use	838	3%	6	1%	57	10%	174	29%
17	Liver Disease or cirrhosis	757	2%	6	1%	54	9%	166	28%
18	Family Planning	821	3%	4	1%	48	8%	169	28%
19	Sexually Transmitted Diseases & HIV	749	2%	1	0%	36	6%	181	30%
20	Intentional Injury - Domestic Violence	731	2%	1	0%	34	6%	184	31%
21	Asthma	668	2%	4	1%	45	8%	144	24%
22	Intentional Injury - Suicide	546	2%	4	1%	31	5%	139	23%
23	Immunizations	552	2%	1	0%	35	6%	124	21%
24	Unintentional Injury	538	2%	7	1%	28	5%	123	21%
25	Preparing for Community Disasters	491	2%	1	0%	26	4%	128	22%
26	Flu or Pneumonia	317	1%	0	0%	18	3%	93	16%
27	Tuberculosis	215	1%	0	0%	8	1%	60	10%

Table 2. Respondents Ranked Health Concerns by Age Group

CTEC Overall Rank	Health Issue	18-29 Years (n=91)				30-44 Years (n=174)				45-59 Years (n=207)				60+ Years (n=117)							
		Rank	Score (%)	Ranked in top 10 (n)	Ranked in top 10 (%)	Rank	Score (%)	Ranked in top 10 (n)	Ranked in top 10 (%)	Rank	Score (%)	Ranked in top 10 (n)	Ranked in top 10 (%)	Rank	Score	% of weight	Ranked in top 10 (n)	Ranked in top 10 (%)			
1	Diabetes	1	473	10%	72	79%	1	1003	11%	140	80%	1	1200	11%	169	82%	1	647	11%	95	81%
2	Drug Abuse	3	358	7%	67	74%	2	926	10%	137	79%	2	1013	9%	161	78%	2	549	9%	86	74%
3	Alcohol Abuse	2	381	8%	66	73%	3	773	8%	117	67%	3	838	8%	135	65%	4	426	7%	71	61%
4	Eating Healthy, Exercise, Obesity	4	355	7%	60	66%	4	662	7%	122	70%	4	757	7%	128	62%	5	370	6%	64	55%
5	Mental Health	6	221	5%	52	57%	5	576	6%	97	56%	5	647	6%	120	58%	6	307	5%	59	50%
6	Heart Disease & Stroke	12	175	4%	35	38%	8	394	4%	72	41%	6	569	5%	98	47%	3	432	7%	73	62%
7	Dental Health	5	225	5%	47	52%	6	428	5%	78	45%	8	495	5%	88	43%	8	268	4%	50	43%
8	Elder Care & Support	11	186	4%	43	47%	9	384	4%	77	44%	7	557	5%	109	53%	7	285	5%	65	56%
9	Getting & Paying for Medications	7	192	4%	35	38%	7	405	4%	68	39%	9	468	4%	82	40%	9	247	4%	47	40%
10	Cancer or Tumors	13	168	3%	32	35%	10	341	4%	60	34%	11	402	4%	77	37%	10	244	4%	41	35%
11	Availability of Traditional Medicine	15	156	3%	27	30%	11	285	3%	62	36%	10	465	4%	86	42%	17	170	3%	34	29%
12	Kidney Disease or Dialysis	10	186	4%	37	41%	16	227	2%	49	28%	13	313	3%	61	29%	11	207	3%	42	36%
13	Getting Appointment /Transport	16	147	3%	29	32%	12	282	3%	52	30%	15	290	3%	60	29%	12	199	3%	36	31%
14	Environmental Health	17	145	3%	36	40%	21	167	2%	42	24%	12	395	4%	83	40%	15	186	3%	38	32%
15	Mother & Child Health	8	189	4%	44	48%	13	274	3%	60	34%	16	270	2%	62	30%	19	135	2%	31	26%
16	Tobacco Use	18	130	3%	28	31%	20	191	2%	41	24%	14	298	3%	63	30%	14	186	3%	40	34%
17	Liver Disease or cirrhosis	21	103	2%	25	27%	18	206	2%	47	27%	18	244	2%	50	24%	13	195	3%	42	36%
18	Family Planning	9	188	4%	40	44%	14	253	3%	59	34%	22	174	2%	43	21%	22	104	2%	26	22%
19	STDs & HIV	14	157	3%	37	41%	15	229	3%	57	33%	21	204	2%	58	28%	20	114	2%	28	24%
20	Injury - Domestic Violence	22	95	2%	26	29%	17	216	2%	55	32%	19	236	2%	62	30%	18	143	2%	40	34%
21	Asthma	24	84	2%	19	21%	19	194	2%	39	22%	20	212	2%	47	23%	16	185	3%	39	33%
22	Intentional Injury - Suicide	26	56	1%	15	16%	23	146	2%	30	17%	17	251	2%	66	32%	25	102	2%	28	24%
23	Immunizations	19	123	3%	30	33%	24	145	2%	29	17%	24	163	1%	39	19%	21	106	2%	25	21%
24	Unintentional Injury	20	111	2%	25	27%	22	150	2%	36	21%	25	152	1%	59	29%	26	95	2%	23	20%
25	Preparing Community Disasters	23	94	2%	23	25%	25	129	1%	32	18%	23	172	2%	46	22%	24	103	2%	27	23%
26	Flu or Pneumonia	25	60	1%	19	21%	26	72	1%	18	10%	26	133	1%	31	15%	23	104	2%	25	21%
27	Tuberculosis	27	40	1%	12	13%	27	47	1%	13	7%	27	75	1%	21	10%	27	50	1%	14	12%

Table 3. Respondents Ranked Health Concerns by Community Status Categories

CTEC Overall Rank	Health Issue	Health Board Member (n=109)			Tribal Council Member (n=62)			Indian Health Clinic Staff (n=219)			Community Member (n=300)										
		Rank	Score (%)	Ranked in top 10 (n) (%)	Rank	Score (%)	Ranked in top 10 (n) (%)	Rank	Score (%)	Ranked in top 10 (n) (%)	Rank	Score (%)	Ranked in top 10 (n) (%)								
1	Diabetes	1	672	12%	94	86%	1	409	12%	56	90%	1	1307	11%	175	80%	1	1609	10%	244	81%
2	Drug Abuse	2	614	11%	96	88%	2	345	10%	54	87%	2	1200	10%	179	82%	2	1352	8%	225	75%
3	Alcohol Abuse	3	432	7%	69	63%	3	284	8%	45	73%	3	1043	9%	159	73%	3	1161	7%	195	65%
4	Eating Healthy, Exercise Obesity	6	325	6%	66	61%	5	205	6%	39	63%	4	978	8%	152	69%	4	945	6%	177	59%
5	Mental Health	5	354	6%	70	64%	7	148	4%	29	47%	5	770	7%	135	62%	6	796	5%	159	53%
6	Heart Disease & Stroke	7	333	6%	57	52%	6	158	5%	33	53%	6	641	6%	106	48%	8	773	5%	143	48%
7	Dental Health	10	211	4%	42	39%	11	110	3%	26	42%	8	461	4%	80	37%	7	773	5%	148	49%
8	Elder Care & Support	4	375	6%	77	71%	4	216	6%	38	61%	9	407	4%	93	42%	9	768	5%	153	51%
9	Getting & Paying for Medications	12	192	3%	39	36%	9	139	4%	27	44%	11	373	3%	66	30%	5	805	5%	138	46%
10	Cancer or Tumors	8	240	4%	42	39%	10	125	4%	22	35%	7	483	4%	85	39%	12	568	4%	99	33%
11	Availability of Traditional Medicine	11	193	3%	34	31%	17	80	2%	18	29%	16	244	2%	54	25%	10	710	4%	133	44%
12	Tobacco Use	20	104	2%	28	26%	16	82	2%	19	31%	10	382	3%	77	35%	18	353	2%	78	26%
13	Kidney Disease or Dialysis	9	213	4%	40	37%	14	87	3%	18	29%	12	355	3%	66	30%	14	496	3%	108	36%
14	Getting Appointment & Transport	13	181	3%	34	31%	8	142	4%	22	35%	23	204	2%	44	20%	11	575	4%	107	36%
15	Environmental Health	14	176	3%	39	36%	12	107	3%	23	37%	17	235	2%	53	24%	13	542	3%	120	40%
16	Mother & Child Health	15	165	3%	36	33%	19	71	2%	19	31%	15	300	3%	70	32%	15	439	3%	100	33%
17	Liver Disease or cirrhosis	18	126	2%	27	25%	23	51	2%	14	23%	13	311	3%	67	31%	19	347	2%	84	28%
18	Family Planning	21	103	2%	23	21%	24	47	1%	12	19%	14	302	3%	67	31%	21	339	2%	85	28%
19	Injury - Domestic Violence	17	129	2%	36	33%	13	88	3%	23	37%	20	216	2%	58	26%	16	410	3%	106	35%
20	STDs & HIV	23	89	2%	26	24%	18	75	2%	18	29%	21	215	2%	55	25%	17	407	3%	103	34%
21	Asthma	16	144	2%	31	28%	15	86	3%	19	31%	22	212	2%	42	19%	20	342	2%	76	25%
22	Intentional Injury - Suicide	19	106	2%	26	24%	21	56	2%	14	23%	18	226	2%	59	27%	23	283	2%	70	23%
23	Immunizations	25	78	1%	18	17%	25	42	1%	10	16%	19	224	2%	49	22%	25	248	2%	59	20%
24	Unintentional Injury	26	62	1%	18	17%	26	39	1%	13	21%	24	195	2%	43	20%	24	259	2%	66	22%
25	Preparing Community Disasters	22	90	2%	23	21%	20	61	2%	12	19%	25	145	1%	38	17%	22	329	2%	81	27%
26	Flu or Pneumonia	24	83	1%	19	17%	22	53	2%	13	21%	26	94	1%	21	10%	26	231	1%	58	19%
27	Tuberculosis	27	38	1%	11	10%	27	39	1%	10	16%	27	42	0%	12	5%	27	150	1%	41	14%

