

California Tribal Epidemiology Center

Indian Health Priorities



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Indian Health Priorities

Produced by the California Tribal Epidemiology Center

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SUMMARY

The California Tribal Epidemiology Center (CTEC) was established in 2005 to improve the health of American Indians in California by providing accurate health information to tribal communities. CTEC developed a health priorities survey to assist in determining priority health topics. In October 2008, CTEC sought 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 survey was redistributed among American Indian community members from March 2012 to May 2013 to determine if there has been a change in the health areas of priority for our communities.

Participants were asked in the survey to rank their top 10 health concerns from a list of 27 health topics. “Other” options were 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 463 surveys collected by CTEC from March 2012 to May 2013. Comments made by respondents on why health issues chosen were of highest concern in their community are dispersed throughout the 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. Eating healthy, exercise, controlling obesity**
- 4. Mental health**
- 5. Alcohol abuse**
- 6. Dental health**
- 7. Elder care and support**
- 8. Heart disease and stroke**
- 9. Getting or paying for medications**
- 10. Mother and child health**

Diabetes and drug abuse remained the top two health priorities among respondents from California Indian communities while mother and child health surfaced in the top ten for this report, replacing cancer/tumors. The results varied slightly by age and community status.

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, in 2009 were: heart disease, cancer, unintentional injuries, diabetes, chronic liver disease and cirrhosis, chronic lower respiratory disease, stroke, suicide, influenza and pneumonia, and nephritis, nephrotic syndrome and nephrosis.¹ The CDC also cites teen pregnancy, HIV/AIDS, obesity, diabetes, mental health, alcohol use, and smoking and tobacco use as other important health issues for American Indians and Alaska Natives.¹

CTEC would like to thank all those who took the time to complete 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

CTEC's goal is to improve the health of American Indians in California. CTEC aims to achieve healthier Indian communities by 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. In 2010, CTEC released an Indian Health Priorities report for 2008-2010. The results of the health priorities survey assisted CTEC in determining specific health outcomes topics to focus surveillance and intervention efforts on. This is the second cycle of the Indian Health Priorities assessment and the report will be used to determine health topics for future grant applications, surveillance, and interventions applicable to the community.

METHODS

A survey was developed to identify the most important health concerns in California Indian communities (Appendix) and was used for the 2008-2010 cycle of the Indian Health Priorities Assessment. The survey was developed by CTEC using other Tribal Epidemiology Centers' input. Topics included in the survey are known health issues and disparities in Indian Country, and are the Healthy People 2010 leading health indicators. In this new cycle of the assessment, the same survey was used but survey dissemination was mainly conducted electronically. CTEC gathered survey data in three different ways: fillable PDF files were distributed via email, the survey was posted on the CTEC website, and as a link on SurveyMonkey (SurveyMonkey Inc., Palo Alto, California, USA). Paper copies of the survey were made available at community events, as well as upon request. Some Indian Health Programs placed the survey in their waiting room for patients to complete, while others distributed it at local Native events. The survey posted on the CTEC website was taken down before the completion of data collection after observed fields were not displayed correctly.

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 health outcomes that did not appear in the list of 27. Participants were given the option to provide a reason for why they ranked their number one health issue as the highest concern in their community. Demographic information asked on the survey included respondents' tribe or Indian community and age. Other questions included Indian Health Program or Clinic respondents associated with, and their community status (health board member, tribal council member, Indian Health Clinic or program staff, community member, other).

A fillable PDF version of the survey was used as a data entry form. Three individuals preformed data entry and 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 an error check was performed on surveys that were manually entered. Twenty percent of the data entered by person 1 and 2 was checked manually (error rate = 0.27%). Person 3 had an error rate greater than 50%; these data were re-entered by person 1 and rechecked (error rate = 0.28%).

To determine scores, participants ranked their top ten survey items from 1 to 10, totaling 55 points for each survey using linear weights. Assigned weights were reversed ranks, i.e. a rank of 1 equals 10 points, 2=9 points, 3=8 points etc. 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 55 points, then the survey was manually evaluated to determine errors in data entry or completion of the survey. For surveys that totaled 55 points, proc freq in SAS was used to assess errors in data entry or completion of the survey.

If less than ten health issues were ranked, the weights remained the same, and thus the total score would be less than 55 points. During the data entry process, if checkmarks were used instead of ranked numbers to indicate health priorities, they were entered as “1” and 55 points were divided by the number of check marks and the 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, 55points/four check marks = ten points each. Sometimes more than ten survey items were checked. For example, 55 points/12 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 55 points, and only ten survey items were used to calculate a total score, with priority given to higher ranked items. For example, in the case of three number 1s, two number 2s, two number 3s, four number 4s, and two number 5s, the number 5s and any other lower-ranked items would be scored as zeros since eleven items were already ranked. From this example and assuming our traditional system of assigning linear weights with no duplicate ranks, total points would be calculated in the following manner:

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 points

Total points = 92 points

When assigning weights to the ranks (given non-unique ranks), the following calculation was performed:

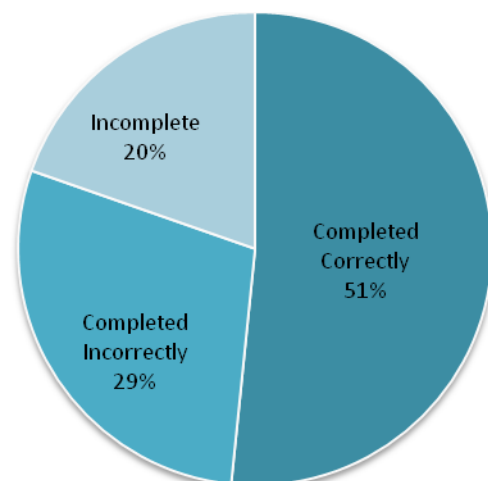
Weight of each #1 (X_1): 55 points/92 points = $X_1/10$ points $X_1 = 5.98$ points each;
 Weight of each #2 (X_2): 55 points/92 points = $X_2/9$ points $X_2 = 5.38$ points each; and so on.

The database was created in Excel 2007 and SAS 9.3 (SAS Institute Inc., Cary, NC, USA) was used for the recoding and final data analysis. The overall points each received determined priority of health concerns. Descriptive statistics, including distribution of tribe/Indian community affiliation, Indian health program/clinic association, community member status, and age were calculated. Points were totaled for each health concern, assigning each topic a score. Scores were used to rank the health concerns from highest (largest score) to lowest (smallest score). “Other” responses were categorized; some resulted in creating unique health items, whereas some were aggregated into an already existing survey item. The ranking of health concerns were prepared overall, by community member status, and by age group. For each of the top ten health priorities, frequencies and percentages of respondents that indicated that particular health priority among their top ten were calculated overall, by community member status, and by age group. For the top health priority as well as top five health priorities, frequencies and percentages of respondents that indicated these were calculated.

Figure 1 shows the distribution of survey completion. Half of the surveys were correctly filled out (n=239), 29% were incorrectly filled out surveys (n=133), partially ranked surveys (n=72), and incomplete surveys that respondents did not rank any health concerns (n=19).

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,

Figure 1. Distribution of Survey Completion



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.

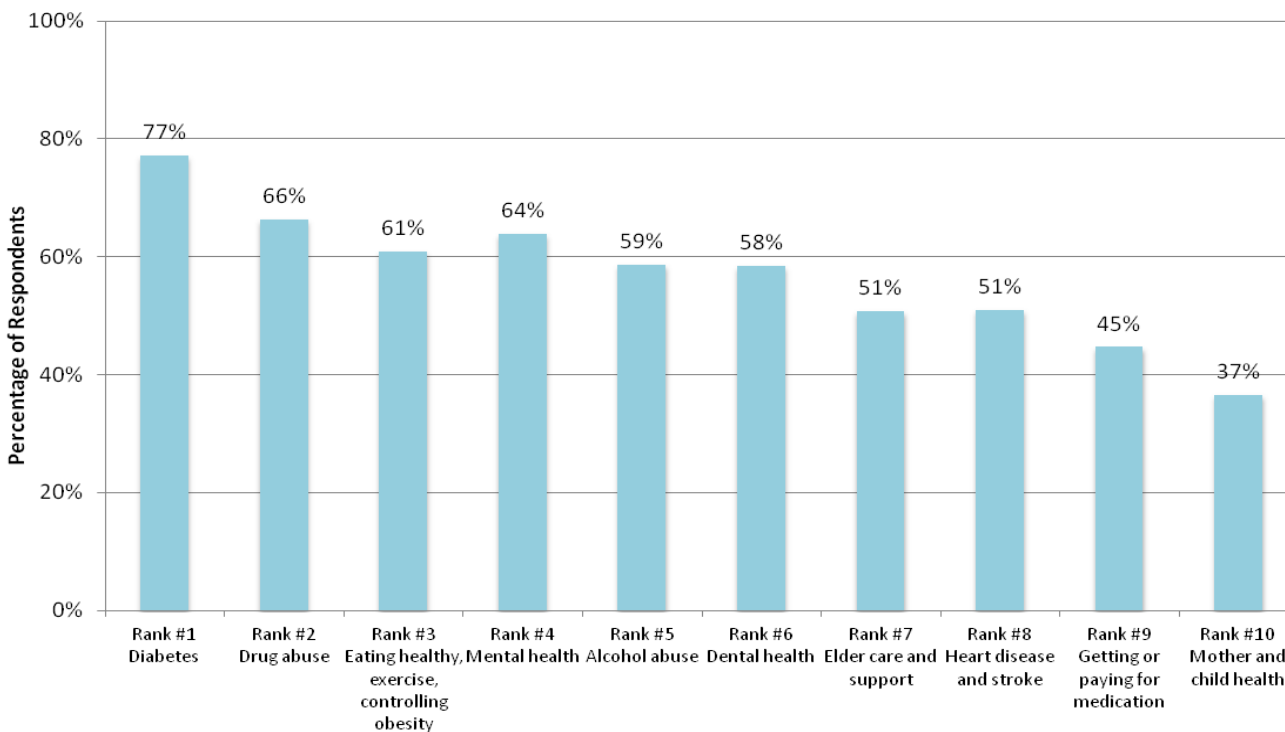
RESULTS

The health priorities are a combined result of the 463 surveys collected from March 2012 to May 2013. Of the surveys, 355 were fillable PDFs, 94 from the CTEC website, and 14 from SurveyMonkey. Manual data entry was performed for the 226 (48.8%) surveys which were received as paper copies. The health issues of highest concern in the community for CTEC to focus on in the coming years are:

- 1. Diabetes (2,315 points)
- 2. Drug abuse (1,803 points)
- 3. Eating healthy, exercise, controlling obesity (1,562 points)
- 4. Mental health (1,450 points)
- 5. Alcohol abuse (1,447 points)
- 6. Dental health (1,412 points)
- 7. Elder care and support (1,307 points)
- 8. Heart disease and stroke (1,217 points)
- 9. Getting or paying for medications (1,096 points)
- 10. Mother and child health (788 points)

Among respondents from California Indian communities, diabetes was determined to be of highest concern for the second time, accounting for 9.9% of the points. There was a 4 percent decrease from the 2008-2010 report with 77.2% (n=342) of people ranking diabetes as a top ten health concern (**Figure 2**). The results are presented in **Table 2** on page 27 of the appendix. Drug abuse was the second highest priority health concern for a second time, accounting for 7.7% of the points, and 66.4% (n=294) of participants ranked it as a top ten health concern. Eating healthy, exercise, and

Figure 2. Percentage of Respondents Ranking a Health Concern as a Top 10 Priority

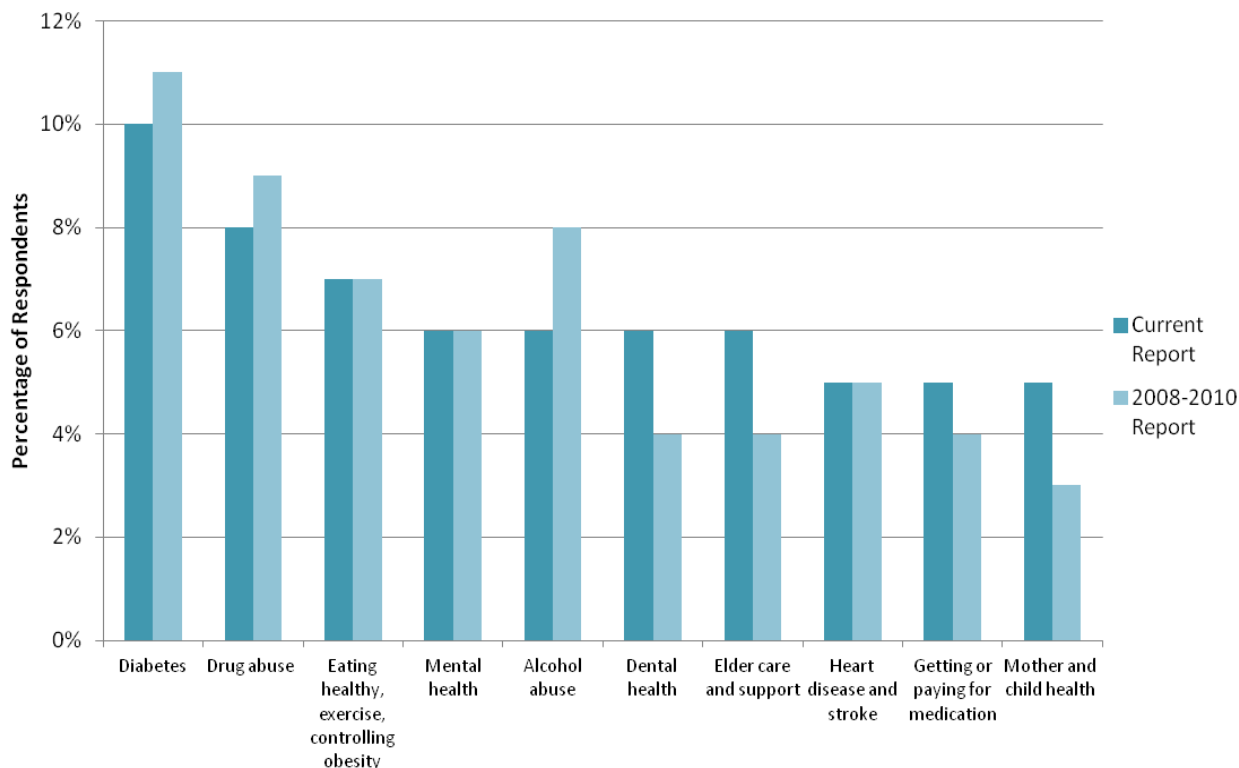


Note: Rankings of health concerns from total points can differ from the number of respondents who ranked the health concern as a top ten priority.

controlling obesity and mental health were ranked third and fourth with 60.9% (n=270) and 63.9% (n=283) of respondents ranking them as a top ten health concern, respectively (**Figure 2**).

Table 1 on page 26 of the appendix shows the descriptive characteristics of the respondents, including community status and age.

Figure 3. Percentage of Total Weighted Points Assigned to Health Outcomes



When compared to the top ten health priorities from 2008-2010, participants from 2011-2013 replaced cancer with mother and child health as the tenth ranked health priority. Diabetes and drug abuse remained the top two health priorities. Obesity control and mental health both moved up one ranking from the 2008-2010 report. Alcohol abuse fell in ranking from 3 (in the 2008-2010 report) to 5 with 58.7% (n=260) of respondents ranking it as a top ten health concern. Differences in the rankings and percentage of total points assigned to a specific health outcome between the 2008-2010 report and the current report are shown in **Figure 3** and **Table 3**.

Health Program Distribution

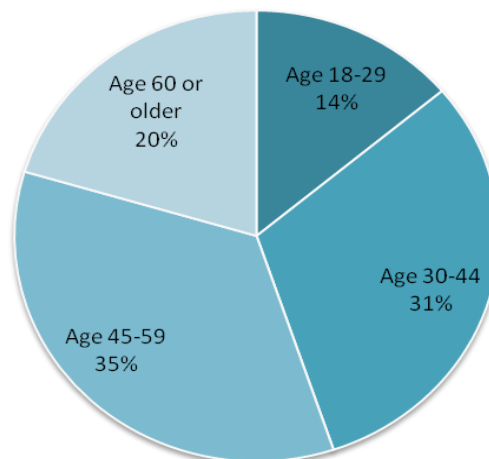
In an attempt to identify areas of concern throughout California, the survey asked, “What Indian health program or clinic are you associated with?” Respondents represent 33 California Indian health programs/clinics. Although 6.1% of respondents left the answer blank or stated they were not associated with a California Indian health program. The range was 1 to 134 surveys completed for an Indian Health Program. Participants are associated with a facility by either utilizing their health services or working at the facility.

Age Categories

Age was categorized into four groups. The age distribution of survey respondents is shown below (**Figure 4**).

All age groups ranked diabetes, controlling obesity, drug and alcohol abuse, mental health, elder care, dental health, and getting or paying for medications as health priorities in their top ten. Diabetes and drug abuse was always in the top three while obesity and alcohol abuse were in the top six for all age groups. Health priorities by age group are presented in **Table 4** on page 29 of the appendix.

Figure 4. Age Distribution of Survey Respondents



Ages 18-29 Years

Sixty-two participants who completed the health priorities assessment were between the ages of 18 and 29 years old. The health issues of highest concern in the community for this age group are:

1. Drug abuse (267 points)
2. Diabetes (252 points)
3. Dental health (223 points)
4. Eating healthy, exercise, controlling obesity (212 points)
5. Alcohol abuse (193 points)
6. Getting or paying for medication (188 points)
7. Mental health (144 points)
8. Family planning (143 points)
9. Mother and child health (127 points)
10. Elder care and support (126 points)

Figure 5. Top 10 Health Concerns of Respondents Ages 18-29 Years

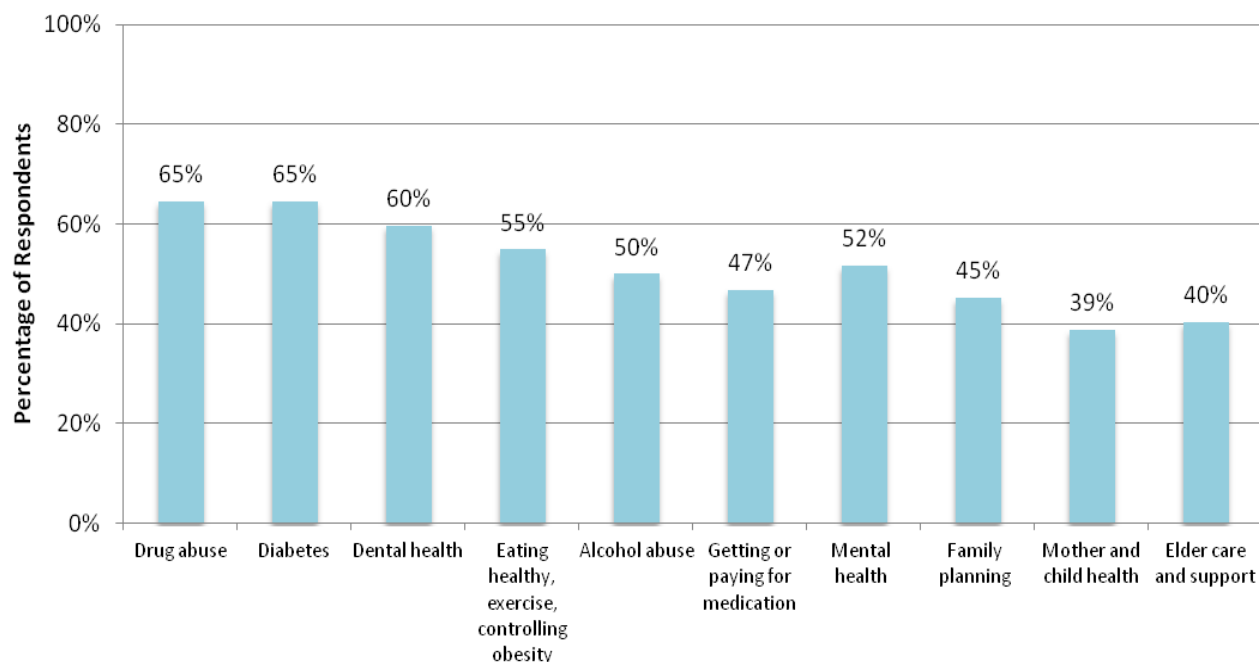


Figure 5 shows the percent of participants, ages 18 to 29 years, top health concerns. Participants in this age group ranked family planning – birth control, condoms, sexual health as a top ten concern for their community; this health concern was not ranked high enough to be included as a top ten focus area in the overall results. This is understandable since 18 to 29 year olds are more likely to use those services. Drug abuse was ranked as the highest concern for the 18 to 29 year old respondents. Sixty-five percent (n=40) of respondents ranked it among their top ten health concerns. Diabetes was ranked second for this group and 65% (n=40) of respondents ranked it among their top ten health concern.

When compared to the top ten health priorities from 2008-2010, participants 18 to 29 years old from 2011-2012 replaced kidney disease with elder care in the top ten. Also, drug abuse moved up replacing diabetes as the number one health priority for this age group.

Ages 30-44 Years

There were 138 participants who completed the health priorities assessment were between the ages of 30 and 44 years old. The health issues of highest concern in the community for this age group are:

1. Diabetes (672 points)
2. Eating healthy, exercise, controlling obesity (545 points)
3. Drug abuse (538 points)
4. Alcohol abuse (452 points)
5. Dental health (445 points)
6. Mental health (422 points)
7. Elder care and support (381 points)
8. Getting or paying for medications (333 points)
9. Heart disease and stroke (285 points)
10. Intentional injury – domestic violence (250 points)

Figure 6. Top 10 Health Concerns of Respondents Ages 30-44 Years

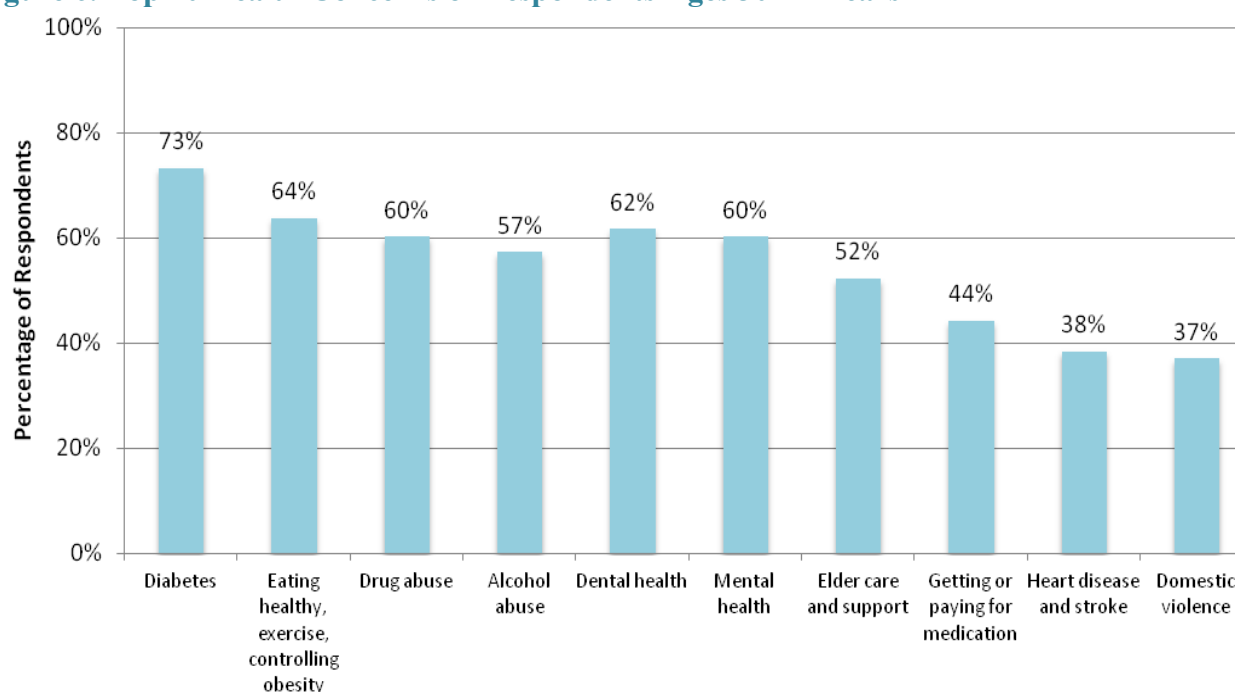


Figure 6 shows the percent of participants, ages 30 to 44 years, top health concerns. Participants ranked domestic violence as a top ten concern for their community; this health concern was not

ranked high enough to be included as a top ten focus area in the overall results. Diabetes and controlling obesity were ranked as the highest concerns for 30 to 44 year old respondents. Seventy-three percent (n=101) of respondents ranked diabetes and 64% (n=88) of respondents ranked controlling obesity as one of their top ten health concerns.

When compared to the top ten health priorities from 2008-2010, participants 30 to 44 years old replaced cancer with domestic violence in the top ten. Diabetes remained the top health priority for this age group.

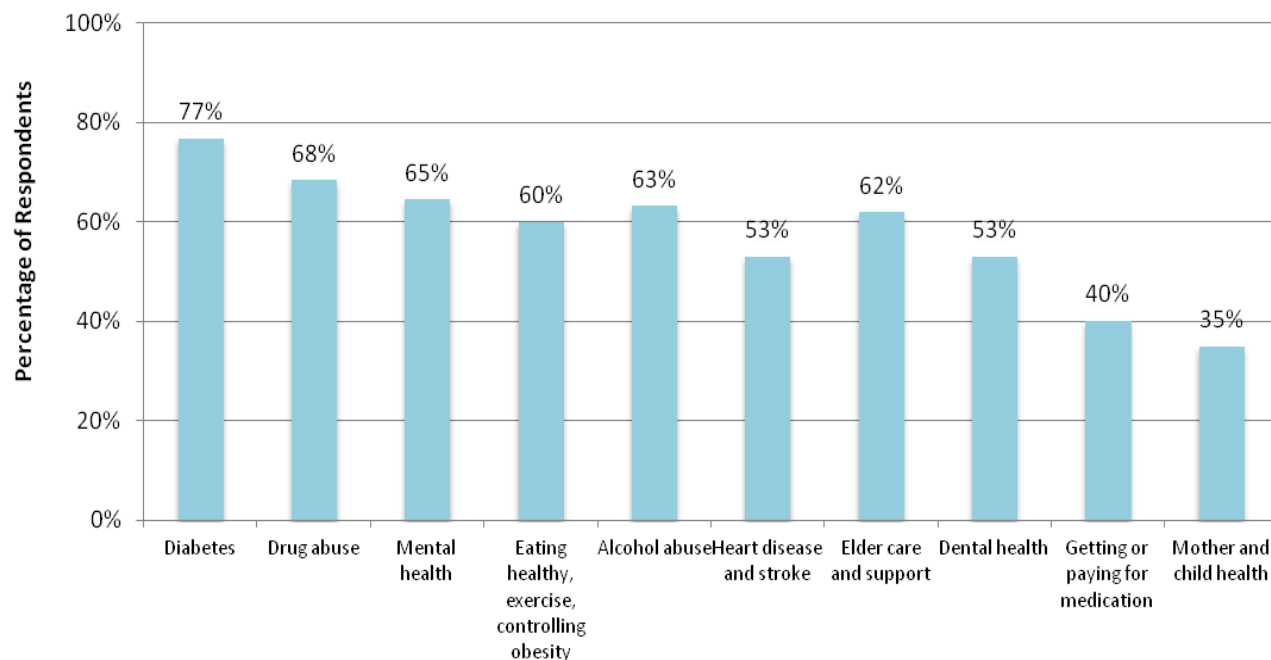
Ages 45-59 Years

The age group 45-59 had the most participants with 155 participants who completed the health priorities assessment. The health issues of highest concern in the community for this age group are:

1. Diabetes (794 points)
2. Drug abuse—meth cocaine, prescription medications (605 points)
3. Mental health (558 points)
4. Eating healthy, exercise, controlling obesity (503 points)
5. Alcohol abuse (497 points)
6. Heart disease and stroke (492 points)
7. Elder care and support (482 points)
8. Dental health (447 points)
9. Getting or paying for medications (317 points)
10. Mother and child health (285 points)

Figure 7 shows the percent of participants, ages 45 to 59 years, who ranked specific health concerns in their top ten. Their top ten concerns remained the same as the overall top ten concerns, although the order is different. Diabetes was ranked as the highest concern for the 45 to 59 year old respondents. Seventy-seven percent (n=119) of respondents ranked it as a top ten health concern. Drug abuse was ranked second for this group and 68% (n=106) of respondents stated it to be a top ten health concern.

Figure 7. Top 10 Health Concerns of Respondents 45-59 Years



When compared to the top ten health priorities from 2008-2010, participants 45 to 59 years old replaced availability of traditional medicine with mother and child health in the top ten. Diabetes remained the top health priority for this age group.

Ages ≥60 Years

Ninety-one participants who completed the health priorities assessment were 60 years or older. The health issues of highest concern in the community for this age group are:

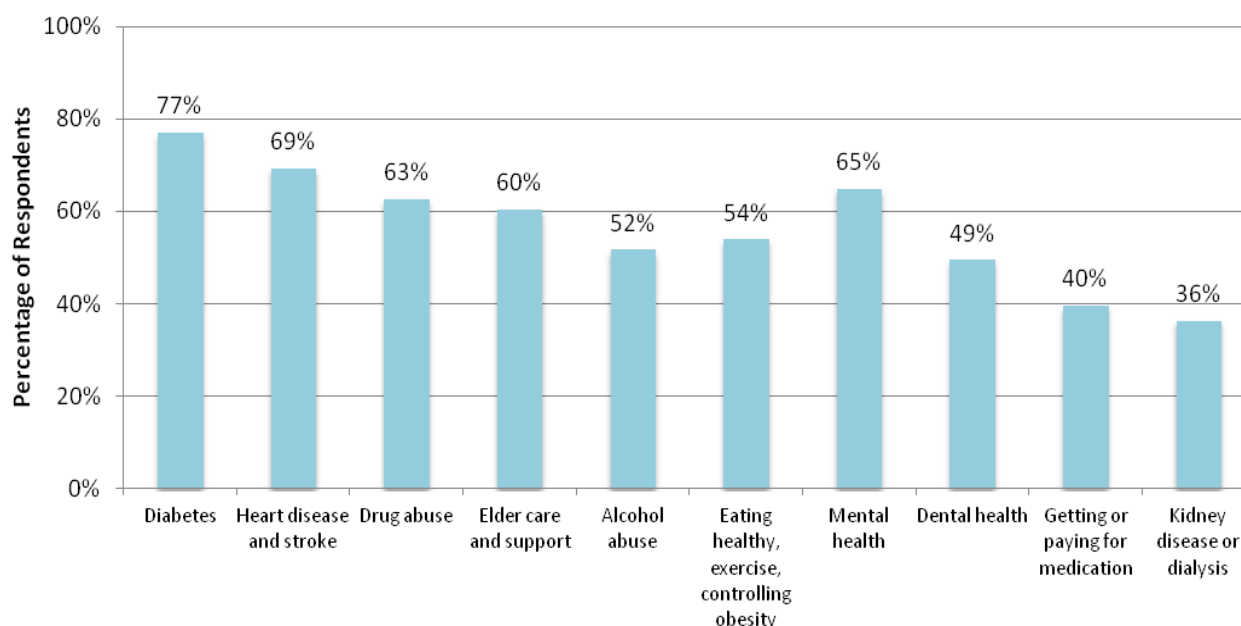
1. Diabetes (526 points)
2. Heart disease and stroke (367 points)
3. Drug abuse (348 points)
4. Elder care and support (284 points)
5. Alcohol abuse (277 points)
6. Eating healthy, exercise, controlling obesity (276 points)
7. Mental health (258 points)
8. Dental health (254 points)
9. Getting or paying for medications (202 points)
10. Kidney disease or dialysis (184 points)

"...it is very important to me to have doctors who understand and know how to treat my heart. It is also important that they understand the limits and other problems that my heart problem creates."

Figure 8 shows the percent of participants, ages 60 years and older, who ranked specific health concerns in their top ten. Participants ranked kidney disease as a top ten concern for their community; this health concern was not ranked high enough to be included as a top ten focus area in the overall results. This is understandable, because this age group suffers the most from kidney disease. Diabetes and heart disease were ranked as the highest concerns for respondents who were 60 years and older. Seventy-seven percent (n=70) of respondents ranked diabetes and 69% (n=63) of respondents ranked heart disease as one of their top ten health concerns.

When compared to the top ten health priorities from 2008-2010, participants that were 60 years or older from 2011-2012 replaced cancer with kidney disease in their top ten and heart disease moved up in ranking from eight to two. Diabetes remained the top health priority for this age group.

Figure 8. Top 10 Health Concerns of Respondents Ages ≥60 Years



Community Status Categories

Participants were asked how they would best describe themselves (community status). Categories included health board member, tribal council member, Indian health clinic or program staff, and community members. The categories were not mutually exclusive.

Participants in all categories ranked diabetes, drug and alcohol abuse, mental health, elder care, and controlling obesity as health priorities in their top ten. All community status groups chose diabetes as their number one health priority. Drug abuse was consistently ranked as the second or third priority and mental health was in the top five for all groups. The results are presented in **Table 4** on page 29 of the appendix.

Health Board Members

There were 47 participants who completed the health priorities assessment and identified themselves as health board members. The health issues of highest concern in the community for this community group are:

1. Diabetes (287 points)
2. Drug abuse (248 points)
3. Alcohol abuse (177 points)
4. Elder care and support (160 points)
5. Mental health (146 points)
6. Heart disease and stroke (143 points)
7. Eating healthy, exercise, controlling obesity (122 points)
8. Intentional injury – suicide (106 points)
9. Kidney disease or dialysis (87 points)
10. Mother and child health (81 points)

Figure 9. Top 10 Health Concerns of Health Board Members

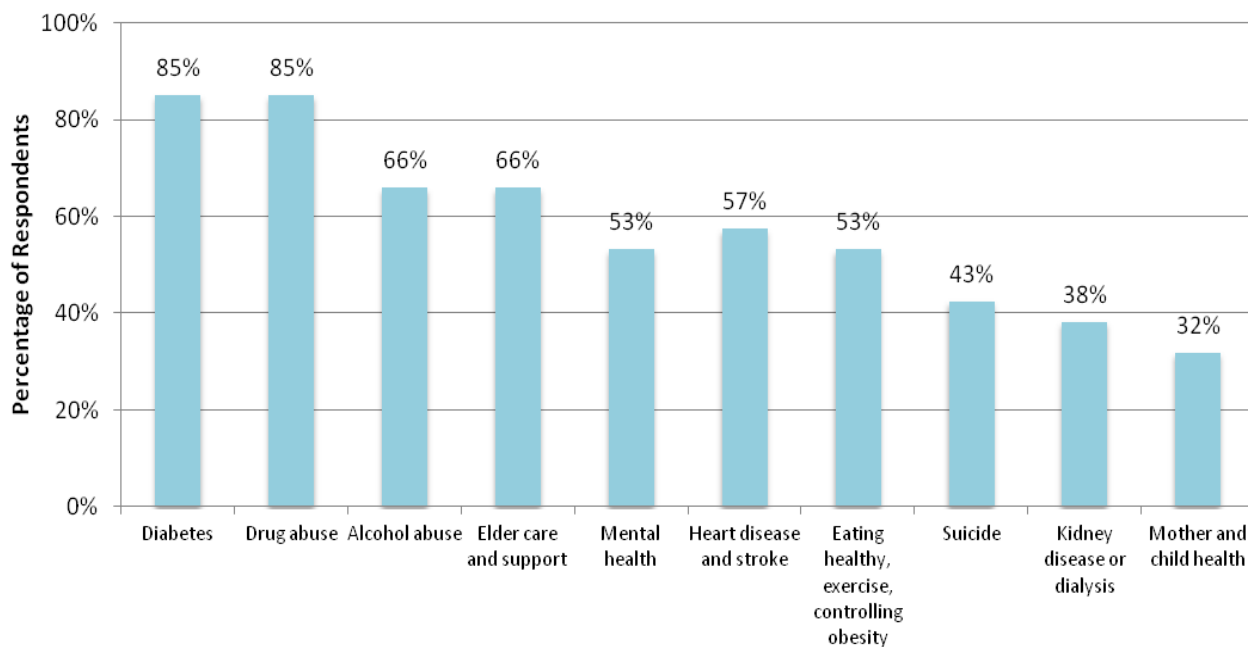


Figure 9 shows the percent of health board members who ranked specific health concerns in their top ten. Health board members ranked suicide and kidney disease as top ten concerns for their community; these health concerns were not ranked high enough to be included as a top ten focus

area in the overall results. Health board members were also the only individual group to not rank dental health in their top ten health priorities. Diabetes and drug abuse were the top two health concerns for health board members. Eighty-five percent (n=40) of participants in this group ranked both diabetes and drug abuse as a top ten health concern.

When compared to the top ten health priorities from 2008-2010, health board members replaced cancer, dental health, and getting and paying for medications with suicide, kidney disease, and mother and child health in the top ten. Diabetes superseded drug abuse as the top health priority among health board members.

Tribal Council Members

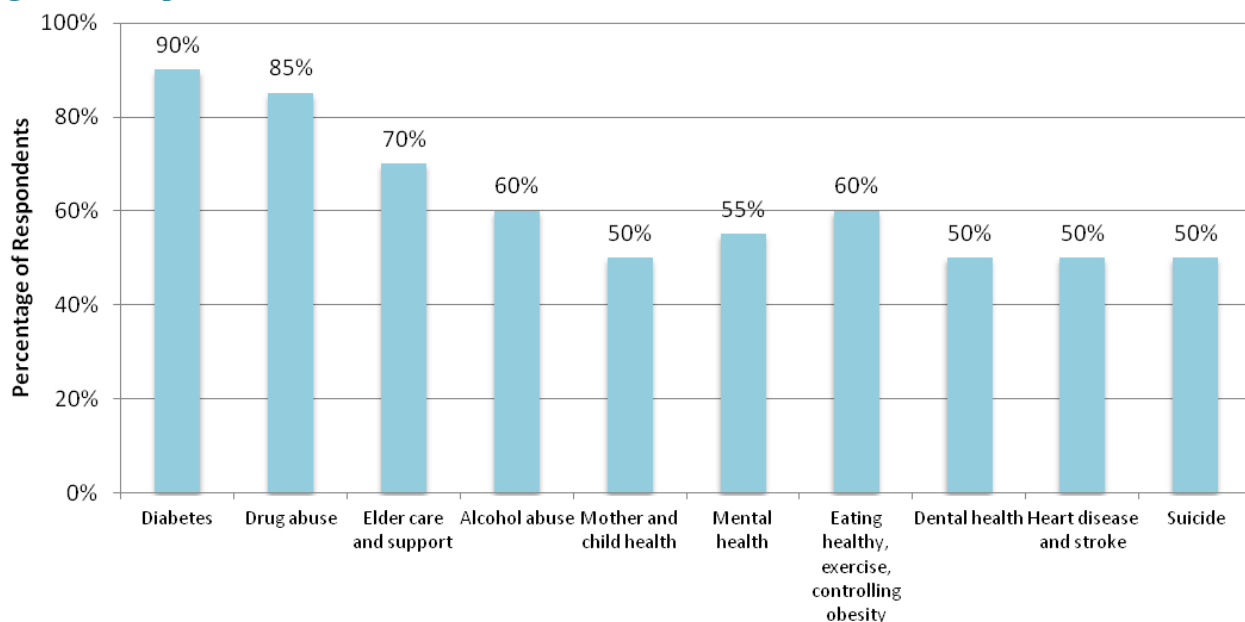
There were 20 participants who completed the health priorities assessment and identified as tribal council members. The health issues of highest concern in the community for this group are:

1. Diabetes (133 points)
2. Drug abuse (104 points)
3. Elder care and support (84 points)
4. Alcohol abuse (63 points)
5. Mother and child health (61 points)
6. Mental health (59 points)
7. Eating healthy, exercise, controlling obesity (54 points)
8. Dental health (45 points)
9. Heart disease and stroke (44 points)
10. Intentional injury – suicide (44 points)

“Not all elders have people and support to assist them with [prescriptions], numerous appointments, safety issues, such as handicap bars in bathrooms...”

Figure 10 shows the percent of tribal council members who ranked specific health concerns in their top ten. They ranked suicide as a top ten concern for their community; this health concern was not ranked high enough to be included as a top ten focus area in the overall results. Diabetes was ranked as the highest concern for tribal council members. Ninety percent (n=18) of respondents ranked it as a top ten health concern. Drug abuse was ranked second for this group and 85% (n=17) of respondents stated it to be a top ten health concern. When compared with the overall top ten health priorities, elder care and mother and child health were ranked higher by tribal council members.

Figure 10. Top 10 Health Concerns of Tribal Council Members



When compared to the top ten health priorities from 2008-2010, tribal council members from 2011-2012 replaced getting an appointment or transportation, getting or paying for medication, and cancer with mother and child health, dental health, and suicide in the top ten. Diabetes remained the top health priority among tribal council members.

Indian Health Clinic Staff

There were 143 participants who completed the health priorities assessment and identified as Indian health clinic staff. The health issues of highest concern in the community for this group are:

1. Diabetes (878 points)
2. Eating healthy, exercise, controlling obesity (652 points)
3. Drug abuse (623 points)
4. Alcohol abuse (536 points)
5. Mental health (485 points)
6. Dental health (457 points)
7. Heart disease and stroke (451 points)
8. Elder care and support (367 points)
9. Getting or paying for medication (284 points)
10. Mother and child health (256 points)

Figure 11. Top 10 Health Concerns of Indian Health Clinic Staff

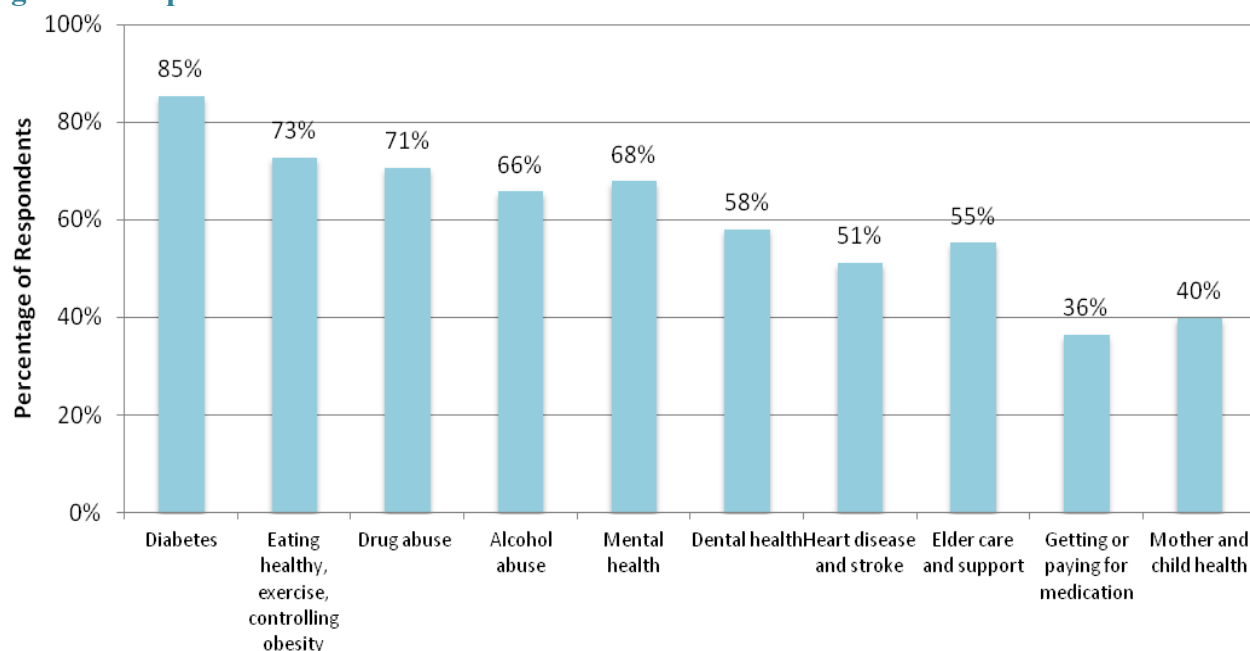


Figure 11 shows the percent of Indian health clinic staff that ranked specific health concerns in their top ten. Their top ten concerns remained the same as the overall top ten concerns. Diabetes was ranked as the highest concern for tribal council members. Eighty-five percent (n=122) of respondents ranked it as a top ten health concern. Controlling obesity was ranked second for this group and 71% (n=101) of respondents stated it to be a top ten health concern.

When compared to the top ten health priorities from 2008-2010, clinic staff from 2011-2012 replaced cancer and tobacco use with getting or paying for medication and mother and child health in the top ten. Additionally, diabetes surpassed drug abuse as the number one health concern among clinic staff.

Community Members

There were 242 participants who completed the health priorities assessment and identified as community members. The health issues of highest concern in the community for this community group are:

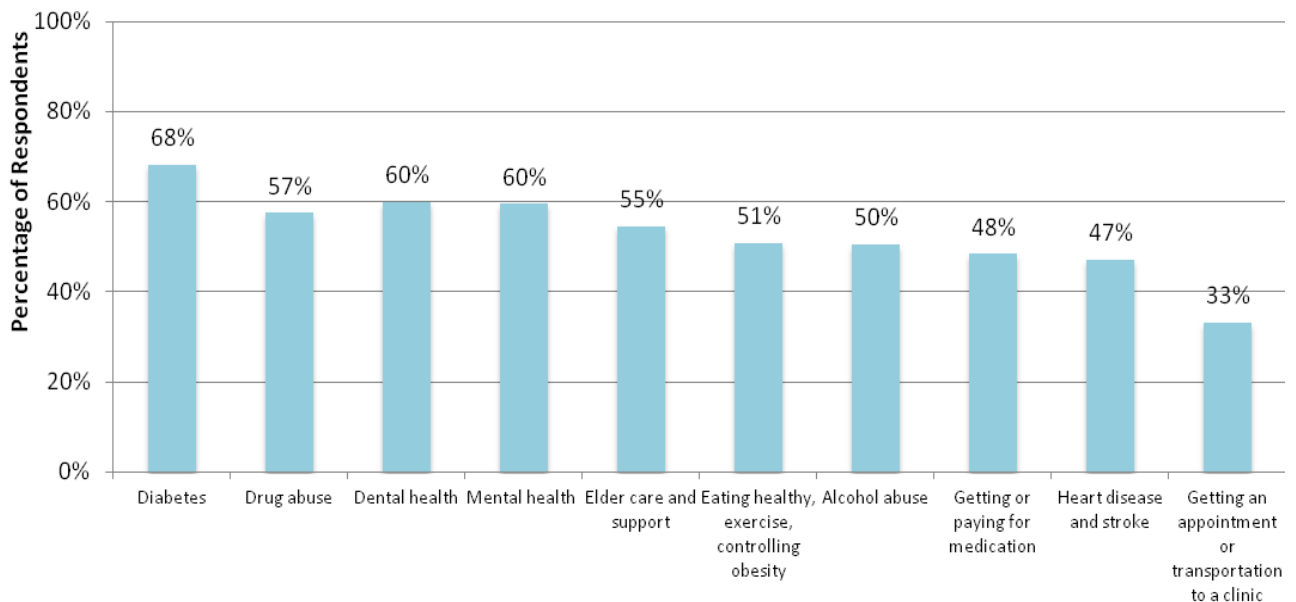
1. Diabetes (1,061 points)
2. Drug abuse (848 points)
3. Dental health (803 points)
4. Mental health (748 points)
5. Elder care and support (728 points)
6. Eating healthy, exercise, controlling obesity (674 points)
7. Alcohol abuse (667 points)
8. Getting or paying for medication (652 points)
9. Heart disease and stroke (611 points)
10. Getting an appointment or transportation to a clinic (442 points)

Figure 12 shows the percent of community members that ranked specific health concerns in their top ten. Community members ranked getting an appointment or transportation as a top ten concern for their community; this health concern was not ranked high enough to be included as a top ten focus area in the overall results. Diabetes and drug abuse were ranked as the highest concerns for community members. Sixty-eight percent (n=165) of respondents ranked diabetes and 57% (n=139) of respondents ranked drug abuse as a top ten health concern.

"Being on a limited income and no dental insurance makes it impossible to have good dental care."

When compared to the top ten health priorities from 2008-2010, clinic staff from 2011-2012 replaced availability of traditional medicine with getting an appointment or transportation to a clinic in the top ten. Diabetes remained the number one health concern among community members.

Figure 12. Top 10 Health Concerns of Community Members



Health Categories

There were 27 health concerns listed in the survey and were grouped into the six following categories. Results are presented in **Table 5**.

Chronic Disease

Chronic disease refers to diseases of long duration and generally slow progression and includes heart disease, cancer, diabetes, kidney disease, liver disease, and asthma. Compared to other race/ethnic groups, American Indians and Alaskan Natives have the highest prevalence of heart disease, asthma, and liver disease and the second highest prevalence of diabetes (behind Native Hawaiians or Other Pacific Islanders) and kidney disease (behind African Americans).² California survey respondents ranked chronic disease as being of high concern in Indian Country with two in the top ten.

Diabetes

When compared to the 2008-2010 Indian Health Priorities Report, diabetes remained the highest concern. Almost half (49.5%, n=229) ranked diabetes as a top five health concern in their community and 17.5% (n=81) ranked diabetes as their number one priority. Many respondents who provided feedback on the reason why they chose diabetes as their number one health concern acknowledged they had diabetes. Also, several participants commented on the fact that diabetes is increasing and is becoming an epidemic. One community member said, *“It is what I see the most, affecting not only the elderly but also the young. This issue requires lifestyle changes in order to treat and control and that is something a pill can’t fix.”*

“Diabetes seems to affect the majority of our patients and it affects all parts of a person’s life.”

Data shows that diabetes is a problem, with American Indians and Alaska Natives having the highest rates of type II diabetes in the United States and in California, 6.7% adults were diagnosed with diabetes in 2007.^{3, 4} Diabetes was also the fourth leading cause of death for American Indians and Alaska Natives in 2009.⁵ Another commonality among responders was prevention and control as a necessity. “Diabetes seems to affect the majority of our patients and it affects all parts of a person’s life - prevention, nutrition, exercise focus would be of a huge benefit for our population.” Prevention is essential; diabetes is associated with obesity, poor nutrition, and low levels of exercise.⁶

Heart Disease and Stroke

Heart disease and stroke remained in the top ten health concerns with an overall rank of eight. Even though heart disease descended from the sixth ranked health priority in the 2008-2010 Indian Health Priorities Report to eight, 28.3% (n=131) of those surveyed ranked heart disease in their top five. Heart disease was ranked second by respondents 60 years and older. Heart disease was the leading cause of death among American Indians and Alaska Natives in 2009 and there were 5.7% of Californian American Indian and Alaska Natives diagnosed with congestive heart failure in 2007.^{3, 4} Preventable risk factors for heart disease include smoking, a poor diet, high blood pressure, high blood cholesterol levels, diabetes, obesity, physical inactivity, and high stress.⁷

Kidney Disease

Kidney disease or dialysis remained the twelfth ranked health concern among those surveyed and 14.5% (n=67) of respondents ranked it as a top five health concern in their community. Respondents 60 years and older and health board members ranked kidney disease in their top ten. National data shows that the risk for kidney disease is two times higher in American Indians relative to non-Hispanic whites.⁸

Liver Disease

Liver disease is associated with hepatitis, long-term alcohol consumption and substance abuse, and malnutrition. Liver disease was the fifth leading cause of death for American Indian and Alaska Native men in 2009.⁷ Additionally, American Indians and Alaska Natives are twice as likely to be diagnosed with chronic liver disease compared to non-Hispanic whites.⁹ Liver disease or cirrhosis increased in overall ranking from the 2008-2010 Health Priorities Report from seventeenth to fourteenth and 12.5% (n=58) of respondents ranked liver disease as a top five health concern.

Asthma

Asthma fell one rank from the previous health priorities report to twenty-second with 7.8% (n=36) of survey participants ranking it in their top five health priorities in their community. Data shows that six percent of Californian American Indian and Alaska Native adults and 5.3% of children, ages 1-17, were living with active asthma in 2007 compared with 8.1% of adults and 10.4% statewide.⁴ Asthma is characterized by a reversible airflow obstruction and inflammation of the airways in the lungs. When inflamed, the airways narrow, causing breathing to become difficult and potentially life threatening. Using medication and avoiding triggers such as tobacco smoke, dust mites, and pollution can prevent asthma attacks.

Cancer

Eating a healthy diet, being physically active, and not using tobacco products are ways to reduce your risk for cancer. Similarly, regular cancer screenings and self-exams can increase the chance of discovering cancer early, making it more treatable.¹⁰ Cancer was the most significant change from the 2008-2010 health priorities report. Previously being in the top ten overall health concerns, cancer was ranked twenty-third by survey respondents; however, 9.3% (n=43) ranked cancer as a top five health concern.

"I am a cancer survivor and I see a need for better information in my community."

Behavioral Health

Behavioral health refers to the relationship between individual or social human behavior and the well being of the body, mind, and spirit including mental health and substance abuse. Survey respondents ranked behavioral health topics as being of high concern in Indian Country, with three in the top ten.

Drug Abuse

Drug abuse remained as the second ranked health concern and the highest ranked behavior health concern among survey respondents. Likewise, many groups ranked it as their number one health concern including respondents ages 18-29 years. While two-thirds of survey participants ranked drug abuse in their top ten, 38.4% (n=178) ranked it as a top five health concern and 11.2% (n=52) ranked it as the number one health priority for their community. Drug abuse includes illegal substances, such as amphetamines and marijuana and non-medical use of prescription medications. Drug abuse can lead to social problems such as driving under the influence, stress, violence, homelessness, and crime. There are also serious health consequences involved with drug abuse including heart problems, overdose, and death.

"It's hard where I come from, there's not enough help or programs to help people stay clean and sober."

Many themes surfaced from survey respondents that provided feedback on why drug abuse was regarded as a top health concern. Respondents recognize drug abuse as a problem in their communities because it is very prevalent, increasingly among the youth of the communities, and

drugs are becoming easy to acquire. One participant said, “Drugs are very common and readily available to adults and children. Marijuana is now discussed and labeled as medicine. Parents smoke it with their children. The user’s grandparents, parents, siblings, children, friends, community, future generations, entire family are mired in the affect of drugs.” Respondents also acknowledge drug abuse leads to other health issues, dangers, and even death and believe it is of high priority because of this. Other reasons respondents chose drug abuse as their number one health concern include not enough education and knowledge and lack of support from the community.

Alcohol Abuse

With 30.5% (141) of survey participants ranking alcohol abuse as a top five health concern in their communities, alcohol abuse was a topic of high concern. Alcohol abuse fell from the number three health concern to the fifth ranked overall health priority among respondents. American Indians and Alaska Natives are more at risk than other racial groups to develop an alcohol addiction. Influence of the loss of culture and current social factors play a role in alcohol addiction in American Indians and Alaska Natives.¹¹ Similar to drug abuse, alcohol abuse can lead to social and health issues. Long-term health risks include neurological, cardiovascular, psychiatric, and problems, certain types of cancer, and liver disease. Short-term risks include unintentional injuries, violence, risky sexual behavior, miscarriage and stillbirth, and alcohol poisoning.

“Alcohol abuse effects our tribal communities, and more needs to be done to prevent, educate, and heal our people.”

Respondents who chose alcohol abuse as their number one health priority had many reasons for their concern, including the high prevalence, safety concerns, and that it affected youth.

Mental Health

Mental health is defined as psychological well-being or an absence of a mental disorder including bipolar, anxiety, depression, schizophrenia, and eating disorders. Survey participants ranked mental health as the fourth health concern (compared with fifth from the 2008-2010 Health Priorities Report) in their community with 29.2% (n=135) ranking it in their top five and 5.0% (n=23) ranking it as number one. Data shows mental health is a concern with American Indians and Alaska Natives being twice as likely to experience feelings of nervousness or restlessness compared to non-Hispanic whites and in 2007, 8.5% of Californian American Indians and Alaska Natives had likely psychological distress.^{4, 12} Additionally, 9.6% of American Indian and Alaska Native adults in the United States receive mental health treatment or counseling compared to 16.0% of non-Hispanic whites.¹⁰

Non-Traditional Tobacco Use

Falling from the sixteenth ranked health priority among survey respondents, non-traditional tobacco use was seventeenth overall; 10.8% (n=50) of participants ranked it as a top five health concern. Thirty-two percent of American Indians and Alaska Natives smoke cigarettes and 8.6% use chewing tobacco compared to an estimate of 20.9% and 3.3% of all adults in the United States, respectively.¹³ Tobacco use is a major risk factor for many health outcomes such as lung cancer and heart disease and is the most preventable cause of disease and death in the United States. Lung cancer is the leading cause of cancer death and cardiovascular disease (described above) is the leading cause of death among American Indians and Alaska Natives.¹³

Healthy Lifestyle and Preventive Health

Health promotion and prevention refers to improvement of individual, family, and community health including eating healthy and exercise, utilizing dental care, immunizations, family planning, and monitoring the environment and preparing for emergencies. Four of the top ten health concerns fall under this category.

Eating Healthy, Exercise, and Controlling Obesity

Obesity is a rising concern throughout the U.S. and American Indians and Alaskan Natives are 1.6 times as likely to be obese than non-Hispanic whites.¹² In 2010, 39.6% of American Indians and Alaska Natives were obese while 53.9% did not meet federal physical activity guidelines.¹⁴ Obesity, poor nutrition, and lack of physical activity are associated with heart disease, arthritis, diabetes, other chronic conditions, and poor quality of life. Overall, eating healthy, exercise, and controlling obesity were collectively ranked as the third highest concern (compared to fourth from the previous health priorities report) with 32.6% (n=151) of survey respondents ranking it in their top five. Additionally, 7.1% (n=33) ranked controlling obesity as their number one health priority. There are many reasons why controlling obesity is important to take into consideration as a concern. Participants who responded explained that the reason why they chose it as their number one health concern for their community was because the prevalence of obesity is extremely high in adults and youth, these lifestyle factors contribute to other issues such as diabetes and poor overall health, and many people do not have the proper information to make a lifestyle change.

"The availability of healthy choices to persons in our community could use improvement, as well as how to incorporate healthy choices into their everyday life."

Dental Health

Another health priority in the top ten was dental health, with 28.5% (n=132) of those surveyed ranking it as a top five health concern. American Indian and Alaska Native children are disproportionately affected by oral disease compared with the general population, having the highest tooth decay rate of any group in the United States.¹⁵ Additionally, children have limited access to professional oral health care; two major factors that have contributed to this inadequate access to care are geographic remoteness and the inability to attract dentists to practice for tribal health facilities.¹⁵

Elder Care and Support

Elders in American Indian communities are leaders and help make up the foundation of the community. Elder care raised one rank from the eighth health priority to seventh and 25.3% (n=117) of survey participants ranked elder care in the top five. Participants ages 60 and older and tribal council members ranked elder care the highest out of all groups.

Mother and Child Health

Mother and child health refers to the health of a woman and child during pregnancy, childbirth, and postpartum period. This is an important health concern because their well-being determines the health of the next generation. Pregnancy and childbirth have an enormous influence on the physical and mental health of women and their families. Infant mortality rates in 2005, for American Indian and Alaska Natives, was 8.06, well above the United States average of 6.86 with non-Hispanic black infants and Puerto Rican infants being the only racial/ethnic groups with a higher rate.¹⁶

Mother and child health was ranked as the tenth health concern among survey respondents and

13.8% (n=64) respondents ranked it as a top five health priority. Mother and child health was previously ranked at the fifteenth health concern in the previous Health Priorities Report.

Family Planning

Family planning includes access to birth control and condoms and sexual health, which consists of routine exams and testing for sexually transmitted diseases. Ranked thirteenth overall, 11.4% (n=53) of those surveyed ranked family planning as a top five health concern. Respondents of the survey, ages 18-29 years, ranked family planning as the eighth health priority, as it is important for this age group. Family planning was ranked eighteenth in the previous health priorities report.

Environmental Health

Ranked as the nineteenth health priority among survey respondents, 10.4% (n=48) ranked environmental health as a top five health concern. Environmental health is concerned with all aspects of the natural and built environment that may affect human health; this includes access to clean water, air quality, and food safety. Respondents of the 2008-2010 Health Priority Report ranked environmental health as the fourteenth health concern overall.

Preparing for Community Disasters

Preparing for community disasters such as fires and floods are imperative to health. Disaster preparedness can decrease the effects and damage to the individual, family, and community. Ranked twenty-first (climbing ranks from twenty-fifth) 8.0% (n=37) of participants ranked it as a top five health concern for their community.

Immunizations

Six percent (n=28) of those surveyed ranked immunizations as a top five health concern in their community. Falling one rank from twenty-third, immunizations were a lower health priority. Immunizations are essential to the overall health of a community, preventing diseases such as influenza, pneumonia, measles, mumps, rubella, hepatitis, polio, and tetanus among others.

Injuries

Injuries can be intentional or unintentional. Intentional injuries are caused on purpose or with intent and can be excluded from coverage under types of health insurance policies. They include self inflicted and interpersonal acts of violence, such as domestic violence, suicide, or those related to the use of firearms. Unintentional injuries involve accidents; for example, car wrecks, drowning, falls, poisoning, and burns.

Domestic Violence

Ranked fifteenth, domestic violence was ranked as a top five health concern by 9.9% (n=46) of respondents. Participants, ages 30-44 years, ranked domestic violence as the tenth health concern; the only group to rank it in the top ten. Domestic violence is a pattern of behavior that involves abuse by one partner in an intimate relationship against another and often involves alcohol and drug abuse and was ranked twentieth in the previous health priorities report. American Indian women that reside on Indian reservations suffer domestic violence at rates that exceed women of other ethnicities by an estimated 50%.¹⁷ According to the Centers for Disease Control and Prevention, 39% of Native American women identified as victims of domestic violence in their lifetime.¹⁷

Suicide

Suicide was the second leading cause of death for American Indians and Alaska Natives between the ages of 10 and 34 and the death rate from suicide for American Indian and Alaska Native adolescent females are almost four times the rate of non-Hispanic white females in the same age group.¹⁸ Suicide is often associated with depression, historical trauma and other mental health issues. Community awareness of suicide and depression symptoms is important in Indian communities and mental health screening is a critical preventative measure since depression and other mental health conditions are treatable.

"Our youth are suffering and don't have mental health access due to transportation at times."

Moving up from the twenty-second ranked health priority in the 2008-2010 Health Priorities Report to eighteenth, 11.0% (n=51) of survey participants ranked suicide as a top five health concern for their community. Health board and tribal council members ranked suicide among their top ten health concerns. Respondents who ranked suicide as their number one health concern commented on how suicide is becoming more prevalent in Indian Country and affecting the youth.

Unintentional Injuries

Unintentional injuries (accidents) include car wrecks, fire, falls, and bicycle accidents and are very common among American Indians and Alaska Natives. Unintentional injuries were the third leading cause of death among American Indians and Alaska Natives in 2009¹; however, survey respondents did not rank injuries as a top concern for their communities. Falling from the twenty-fourth ranked health priority to the twenty-fifth, 5.2% (n=24) of survey respondents ranked accidents as a top five health concern. Unintentional injuries can be prevented or diminished by wearing a seatbelt, utilizing child car seats appropriately, 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.

Access to Healthcare

Access to healthcare is often insufficient in rural and Indian communities. It assists in illness prevention, helps in avoiding complications from health conditions by identifying them early, and contributes to providing treatment for existing illnesses and injuries. Types of healthcare issues vary by community and include transportation to and from hospitals and doctor appointments, availability of medicine and treatment options, fully staffed and open clinics, and having culturally competent healthcare systems.

Access to Medications

There were 21.4% (n=99) survey respondents who ranked access to medication as a top five health concern and 5.6% (n=26) who ranked it as the number one health concern, making it the ninth ranked overall health concern and the highest ranked "access to healthcare" concern. Medications are used to treat and prevent disease and complications. Cost and availability can cause issues in receiving proper care and treatment. Those who provided feedback to why they chose access to medications as the number one health priority in their communities all commented on the cost and availability of medications being of the most concern.

"There are people who need medication and can't afford it, to remain healthy, to be an asset to their community."

Access to the Clinic

Getting an appointment and transportation to a clinic are barriers in rural areas. Reasons include geographical distance, not having health insurance, not enough money to cover payments, lack of providers, and not having means to seek care. Ranked eleventh, 14.5% (n=67) of survey participants ranked access to the clinic as a top five health concern in their community and those who identified themselves as community members ranked it among their top ten. Access to the clinic was ranked thirteenth in the 2008-2010 Health Priorities Report.

Availability of Traditional Indian Medicine

Availability of traditional Indian medicine was ranked sixteenth overall, falling from eleven in the previous health priorities report with 29.3% (n=130) and 11.4% (n=53) ranking it in the top ten and top five health concerns, respectively. There are many barriers in Indian Country to traditional medicine such as inadequate availability of traditional medicines or herbs and limited access to a medicine person or spiritual leader. One respondent who ranked traditional Indian medicine as their number one health concern said, “Living in an urban area doesn't allow for much access to traditional healers or traditional events.” Honoring and practicing traditional ways helps Indian communities to be healthy, strong, and balanced. There is limited knowledge and research on the effectiveness of traditional treatments; this causes it to be difficult to house these services in clinics.

“I don't think there is enough information being pushed about traditional Indian medicine. And there should be. This is always been our ways, so why isn't in our clinics?”

Infectious Diseases

Infectious diseases are transmittable to other individuals that result from infection of a pathogenic agent. This includes sexually transmitted diseases, influenza, and tuberculosis. Infectious diseases were collectively ranked as being of lower concern in among respondents.

Sexually Transmitted Diseases (STDs) and HIV/AIDS

In 2011, American Indians and Alaska Natives had 4.1 times the reported chlamydia, 4.6 times the reported gonorrhea, and 1.2 times the reported syphilis rates of non-Hispanic whites.¹⁹ Compared with other race/ethnic groups, American Indians and Alaska Natives have poorer survival rates after an HIV diagnosis.²⁰ Among survey respondents, 10.8% (n=50) ranked STDs and HIV/AIDS as a top five health concern and 26.6% (n=118) ranked it as a top ten health concern. Similarly to the 2008-2010 Health Priorities Report, STDs and HIV/AIDS was ranked twentieth overall.

Influenza and Pneumonia

Influenza and pneumonia was a low priority among survey respondents; 5.6% (n=26) ranked it as a top five health concern making it the twenty-sixth ranked priority. Influenza prevention is important for all age groups, but particularly for children and the elderly and can be prevented by an annual vaccine.

Tuberculosis

Like influenza and pneumonia, tuberculosis was a low priority among respondents, being the lowest ranking health concern from the survey. Almost ten percent (9.5%, n=42) of respondents ranked tuberculosis in the top ten and 1.7% (n=8) ranked it in the top five health concerns. Rates among American Indians and Alaska Natives is declining, 8.2 in 2003 to 6.3 in 2012, although is still well above non-Hispanic Whites at 0.8 in 2012.²¹



Other Topics

Respondents were given the opportunity to rank an “other” option and fill in what they thought was an important health concern in their communities. Many of the topics filled in by survey participants are chronic diseases:

- Arthritis
- Hepatitis
- Lupus
- Thyroid diseases
- Allergies
- Chronic obstructive pulmonary disease (COPD)

Other topics filled in by participants included:

- Eye care
- Skeletal health
- Hygiene
- Health education
- Homelessness and unemployment
- Sleep

Discussion

This report is the evaluation of the data collected from the Indian Health Priorities Survey. Between March 2012 and May 2013, 463 surveys were collected by CTEC. Well-documented health issues throughout California Indian Country were of high concern, including heart disease, diabetes, and substance abuse. Chronic disease and behavior health issues were the areas of highest concern. The specific rankings varied slightly by age and community status.

Diabetes and drug abuse were ranked in the top three overall and by all age and community status groups. Additionally, obesity control, mental health, alcohol abuse, and elder care were ranked in the top ten overall and by all age and community status groups. Perhaps since adults 45 and older are more likely to be diagnosed with heart disease and kidney disease, these health priorities were of higher concern in older age groups. Family planning was of a higher concern in the youngest age group, which is understandable because 18-29 year olds are more likely to use family planning services. Using age specific health concern information, tribes and health centers can use these results and target individuals and groups in more specific and applied ways.

Diabetes and drug abuse were ranked in the top three for all community groups. Health board members and tribal council members ranked suicide as a top ten health concern, unique to any other group, and community members ranked access to the clinic as high priority. Tribal council members also ranked elder care higher than any other age or community group. Furthermore, health board members were the only group to not rank dental care of high importance.

There are a number of limitations to the health priorities survey. First, respondents were a sample of convenience and are not representative of all AIAN in California. There is the possibility of selection bias, due to the main method of distribution being online, and not everyone has internet. Furthermore, 28.7% 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 and 4.1% of the respondents did not rank any health concerns. Also, staff at a small number of Indian Health Programs put forth extra effort into delineating the survey fields for participants, which may have likely resulted in better quality survey responses, while other Indian health programs spent extra

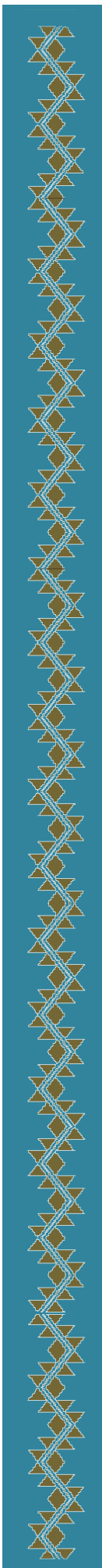
time distributing the survey which could bias the results towards specific geographic regions in California. Moreover, personal identifying information was not collected in the survey and therefore duplication of respondents may have occurred.

This survey is 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 the responses, which have provided valuable feedback to CTEC on health issues of concern. We have used the previous assessment cycle to focus our direction and plan to continue to provide future services to improve the health in the top ten health concern areas.

CTEC is currently addressing some of the priority areas. We received a grant funded through the National Institute of Health to test a dental health intervention, resulting in our Native Oral Health Project. We are also developing a childhood obesity community health profile, based on state data from the department of education. Furthermore, the Tribal Behavioral Risk Factor Surveillance System (BRFSS) Project will provide additional information for California Indian Country on various topics, including diabetes, heart disease, physical activity and drug and alcohol use. Additionally, CTEC has partnered with the state and Indian Health Service to correct for misclassification of AIAN race in STD and injury databases. We look forward to continuing our efforts in these areas and expanding our projects based on the priorities to further enhance the health of AIANs in California.

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Appendix

Priorities Survey Tool

Table 1. Descriptive Characteristics of Respondents

Table 2. Respondents Ranked Health Concerns

Table 3. Health Priority Previous and Current Rankings

Table 4. Respondents Ranked Health Concerns by Age Group

Table 5. Respondents Ranked Health Concerns by Community Status



California Tribal Epidemiology Center

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 prioritize 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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Office Use Only

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. Descriptive Characteristics of Respondents

Community member status	N	%
Community Member	242	47.2%
Indian Health Clinic or Program Staff	143	27.9%
Other	61	11.9%
Health Board Member	47	9.2%
Tribal Council Member	20	3.9%
Missing	16	
Age	N	%
18-29	62	13.90%
30-44	138	30.94%
45-59	155	34.75%
60 or older	91	20.40%
Missing	17	

Table 2. Respondents Ranked Health Concerns

CTEC Overall Rank	Health Issue	Score (%)	Number (%) of respondents that ranked health outcome as #1	Number (%) of respondents that ranked health outcome as a top 5 priority	Number (%) of respondents that ranked health outcome as a top 10 priority
1	Diabetes	2325 (9.9%)	81 (17.5%)	229 (49.5%)	342 (77.2%)
2	Drug abuse	1803 (7.7%)	52 (11.2%)	178 (38.4%)	294 (66.4%)
3	Eating healthy, exercise, controlling obesity	1562 (6.7%)	33 (7.1%)	151 (32.6%)	270 (60.9%)
4	Mental health	1450 (6.2%)	23 (5.0%)	135 (29.2%)	283 (63.9%)
5	Alcohol abuse	1447 (6.2%)	23 (5.0%)	141 (30.5%)	260 (58.7%)
6	Dental health	1412 (6.0%)	20 (4.3%)	132 (28.5%)	259 (58.5%)
7	Elder care and support	1307 (5.6%)	16 (3.5%)	117 (25.3%)	225 (50.8%)
8	Heart disease and stroke	1271 (5.4%)	12 (2.6%)	131 (28.3%)	226 (51.0%)
9	Getting or paying for medication	1096 (4.7%)	26 (5.6%)	99 (21.4%)	198 (44.7%)
10	Mother and child health	788 (3.4%)	6 (1.3%)	64 (13.8%)	162 (36.6%)
11	Getting an appointment or transportation to a clinic	748 (3.2%)	16 (3.5%)	67 (14.5%)	147 (33.2%)
12	Kidney disease or dialysis	660 (2.8%)	3 (0.6%)	67 (14.5%)	130 (29.3%)
13	Family planning	636 (2.7%)	2 (0.4%)	53 (11.4%)	142 (32.1%)
14	Liver disease or cirrhosis	631 (2.7%)	5 (1.1%)	58 (12.5%)	131 (29.6%)
15	Intentional injury-domestic violence	617 (2.6%)	1 (0.2%)	46 (9.9%)	143 (32.3%)
16	Availability of traditional Indian medicine	615 (2.6%)	12 (2.6%)	53 (11.4%)	130 (29.3%)
17	Tobacco use	589 (2.5%)	4 (0.9%)	50 (10.8%)	137 (30.9%)
18	Intentional injury-suicide	579 (2.5%)	5 (1.1%)	51 (11.0%)	130 (29.3%)
19	Environmental health	562 (2.4%)	5 (1.1%)	48 (10.4%)	127 (28.7%)
20	Sexually transmitted diseases or HIV/AIDS	542 (2.3%)	4 (0.9%)	50 (10.8%)	118 (26.6%)
21	Preparing for community disasters	477 (2.0%)	6 (1.3%)	37 (8.0%)	102 (23.0%)
22	Asthma	472 (2.0%)	5 (1.1%)	36 (7.8%)	110 (24.8%)
23	Cancer or tumors	467 (2.0%)	6 (1.3%)	43 (9.3%)	172 (38.8%)
24	Immunizations / shots	394 (1.7%)	5 (1.1%)	28 (6.0%)	95 (21.4%)
25	Unintentional injury	341 (1.5%)	3 (0.6%)	24 (5.2%)	88 (19.9%)
26	Flu or pneumonia	311 (1.3%)	2 (0.4%)	26 (5.6%)	76 (17.2%)
27	Tuberculosis / TB	144 (0.6%)	1 (0.2%)	8 (1.7%)	42 (9.5%)

Table 3. Health Priority Current and Previous Rankings

Health Issue	Current Rank (%)*	Previous Rank (%)*
Diabetes	1 (10)	1 (11)
Drug abuse	2 (8)	2 (9)
Eating healthy, exercise, controlling obesity	3 (7)	4 (7)
Mental health	4 (6)	5 (6)
Alcohol abuse	5 (6)	3 (8)
Dental health	6 (6)	7 (4)
Elder care and support	7 (6)	8 (4)
Heart disease and stroke	8 (5)	6 (5)
Getting or paying for medication	9 (5)	9 (4)
Mother and child health	10 (3)	16 (3)
Getting an appointment or transportation to a clinic	11 (3)	14 (3)
Kidney disease or dialysis	12 (3)	13 (3)
Family planning	13 (3)	18 (3)
Liver disease or cirrhosis	14 (3)	17 (2)
Intentional injury-domestic violence	15 (3)	19 (2)
Availability of traditional Indian medicine	16 (3)	11 (3)
Tobacco use	17 (3)	12 (3)
Intentional injury-suicide	18 (3)	22 (2)
Environmental health	19 (2)	15 (3)
Sexually transmitted diseases or HIV/AIDS	20 (2)	20 (2)
Preparing for community disasters	21 (2)	25 (2)
Asthma	22 (2)	21 (2)
Cancer or tumors	23 (2)	10 (4)
Immunizations / shots	24 (2)	23 (2)
Unintentional injury	25 (2)	24 (2)
Flu or pneumonia	26 (1)	25 (1)
Tuberculosis / TB	27 (1)	27 (1)

*Percentage of participants who ranked health issue as a top ten health priority

Table 4. Respondents Ranked Health Concerns by Age Group

CTEC Over-all Rank	Health Issue	18-25 Years (n=62)			30-44 Years (n=138)			45-59 Years (n=155)			≥60 Years (n=91)		
		Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority	Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority	Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority	Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority
1	Diabetes	2	252 (8.3%)	40 (64.5%)	1	672 (9.8%)	101 (73.2%)	1	794 (9.7%)	119 (76.8%)	1	526 (11.8%)	70 (76.9%)
2	Drug abuse	1	267 (8.8%)	40 (64.5%)	3	538 (7.9%)	83 (60.1%)	2	605 (7.4%)	106 (68.4%)	3	348 (7.8%)	57 (62.6%)
3	Eating healthy, exercise, obesity	4	212 (7.0%)	34 (54.8%)	2	545 (8.0%)	88 (63.8%)	4	503 (6.2%)	93 (60.0%)	6	276 (6.2%)	49 (53.8%)
4	Mental health	7	144 (4.8%)	32 (51.6%)	6	422 (6.2%)	83 (60.1%)	3	558 (6.8%)	100 (64.5%)	7	258 (5.8%)	59 (64.8%)
5	Alcohol abuse	5	193 (6.4%)	31 (50.0%)	4	452 (6.6%)	79 (57.2%)	5	497 (6.1%)	98 (63.2%)	5	277 (6.2%)	47 (51.6%)
6	Dental health	3	223 (7.4%)	37 (59.7%)	5	445 (6.5%)	85 (61.6%)	8	447 (5.5%)	82 (52.9%)	8	254 (5.7%)	45 (49.5%)
7	Elder care and support	10	126 (4.2%)	25 (40.3%)	7	381 (5.6%)	72 (52.2%)	7	482 (5.9%)	96 (61.9%)	4	284 (6.4%)	55 (60.4%)
8	Heart disease	12	98 (3.2%)	21 (33.9%)	9	285 (4.2%)	53 (38.4%)	6	492 (6.0%)	82 (52.9%)	2	367 (8.2%)	63 (69.2%)
9	Getting/paying for medication	6	188 (6.2%)	29 (46.8%)	8	333 (4.9%)	61 (44.2%)	9	317 (3.9%)	62 (40.0%)	9	202 (4.5%)	36 (39.6%)
10	Mother and child health	9	127 (4.2%)	24 (38.7%)	11	246 (3.6%)	52 (37.7%)	10	285 (3.5%)	54 (34.8%)	14	111 (2.5%)	27 (29.7%)
11	Getting an appt/transport	13	89 (2.9%)	17 (27.4%)	13	217 (3.2%)	44 (31.9%)	15	244 (3.0%)	49 (31.6%)	12	148 (3.3%)	28 (30.8%)
12	Kidney disease or dialysis	19	64 (2.1%)	25 (40.3%)	19	138 (2.0%)	27 (19.6%)	11	265 (3.3%)	51 (32.9%)	10	184 (4.1%)	33 (36.3%)
13	Family planning	8	143 (4.7%)	28 (45.2%)	12	237 (3.5%)	52 (37.7%)	20	172 (2.1%)	39 (25.2%)	22	73 (1.6%)	19 (20.9%)
14	Liver disease or cirrhosis	18	66 (2.2%)	12 (19.4%)	22	118 (1.7%)	29 (21.0%)	12	262 (3.2%)	50 (32.3%)	11	171 (3.8%)	35 (38.5%)
15	Injury-domestic violence	15	81 (2.7%)	20 (32.3%)	10	250 (3.7%)	51 (37.0%)	18	194 (2.4%)	47 (30.3%)	18	86 (1.9%)	22 (24.2%)
16	Availability of traditional medicine	23	60 (2.0%)	13 (21.0%)	15	184 (2.7%)	40 (29.0%)	14	246 (3.0%)	49 (31.6%)	15	105 (2.3%)	24 (26.4%)
17	Tobacco use	14	84 (2.8%)	21 (33.9%)	17	173 (2.5%)	38 (27.5%)	16	234 (2.9%)	52 (33.5%)	20	77 (1.7%)	19 (20.9%)
18	Injury-suicide	24	53 (1.8%)	14 (22.6%)	16	177 (2.6%)	37 (26.8%)	19	187 (2.3%)	48 (31.0%)	13	134 (3.0%)	26 (28.6%)
19	Environmental health	21	62 (2.1%)	11 (17.7%)	21	126 (1.8%)	32 (23.2%)	13	258 (3.2%)	57 (36.8%)	16	101 (2.3%)	23 (25.3%)
20	STDs and HIV	11	111 (3.7%)	22 (35.5%)	14	201 (2.9%)	43 (31.2%)	23	162 (2.0%)	37 (23.9%)	25	49 (1.1%)	11 (12.1%)
21	Preparing for community disasters	22	61 (2.0%)	14 (22.6%)	23	115 (1.7%)	23 (16.7%)	17	208 (2.6%)	44 (28.4%)	19	83 (1.9%)	18 (19.8%)
22	Asthma	20	63 (2.1%)	14 (22.6%)	20	133 (1.9%)	28 (20.3%)	21	166 (2.0%)	40 (25.8%)	21	74 (1.7%)	20 (22.0%)
23	Cancer or tumors	26	46 (1.5%)	17 (27.4%)	18	147 (2.1%)	45 (32.6%)	24	162 (2.0%)	66 (42.6%)	17	98 (2.2%)	36 (39.6%)
24	Immunizations / shots	16	77 (2.6%)	18 (29.0%)	25	90 (1.3%)	22 (15.9%)	22	163 (2.0%)	37 (23.9%)	26	39 (0.9%)	12 (13.2%)
25	Unintentional injury	25	50 (1.7%)	14 (22.6%)	24	96 (1.4%)	25 (18.1%)	25	114 (1.4%)	29 (18.7%)	23	62 (1.4%)	15 (16.5%)
26	Flu or pneumonia	17	68 (2.3%)	13 (21.0%)	26	88 (1.3%)	19 (13.8%)	26	85 (1.0%)	25 (16.1%)	24	58 (1.3%)	15 (16.5%)
27	Tuberculosis / TB	27	11 (0.4%)	5 (8.1%)	27	36 (0.5%)	11 (8.0%)	27	51 (0.6%)	14 (9.0%)	27	25 (0.6%)	6 (6.6%)

Table 5. Respondents Ranked Health Concerns by Community Status Categories

CTEC Over-all Rank	Health Issue	Health Board Member (n=47)			Tribal Council Member (n=20)			Indian Health Clinic Staff (n=143)			Community Member (n=242)		
		Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority	Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority	Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority	Rank	Total inverse weighted score (%)	Number (%) respondents that ranked issue as a top ten priority
1	Diabetes	1	287 (12.6%)	40 (85.1%)	1	133 (12.9%)	18 (90.0%)	1	878 (11.8%)	122 (85.3%)	1	1061 (8.7%)	165 (68.2%)
2	Drug abuse	2	248 (10.9%)	40 (85.1%)	2	104 (10.1%)	17 (85.0%)	3	623 (8.4%)	101 (70.6%)	2	848 (7.0%)	139 (57.4%)
3	Eating healthy, exercise, obesity	7	122 (5.3%)	25 (53.2%)	7	54 (5.2%)	12 (60.0%)	2	652 (8.8%)	104 (72.7%)	6	674 (5.5%)	123 (50.8%)
4	Mental health	5	146 (6.4%)	25 (53.2%)	6	59 (5.7%)	11 (55.0%)	5	485 (6.5%)	97 (67.8%)	4	748 (6.1%)	144 (59.5%)
5	Alcohol abuse	3	177 (7.7%)	31 (66.0%)	4	63 (6.1%)	12 (60.0%)	4	536 (7.2%)	94 (65.7%)	7	667 (5.5%)	122 (50.4%)
6	Dental health	17	54 (2.4%)	13 (27.7%)	8	45 (4.4%)	10 (50.0%)	6	457 (6.2%)	83 (58.0%)	3	803 (6.6%)	145 (59.9%)
7	Elder care and support	4	160 (7.0%)	31 (66.0%)	3	84 (8.2%)	14 (70.0%)	8	367 (4.9%)	79 (55.2%)	5	728 (6.0%)	132 (54.5%)
8	Heart disease	6	143 (6.3%)	27 (57.4%)	9	44 (4.3%)	10 (50.0%)	7	451 (6.1%)	73 (51.0%)	9	611 (5.0%)	114 (47.1%)
9	Getting/paying for medication	14	60 (2.6%)	14 (29.8%)	12	38 (3.7%)	10 (50.0%)	9	284 (3.8%)	52 (36.4%)	8	652 (5.3%)	117 (48.3%)
10	Mother and child health	10	81 (3.5%)	15 (31.9%)	5	61 (5.9%)	10 (50.0%)	10	256 (3.5%)	57 (39.9%)	13	382 (3.1%)	76 (31.4%)
11	Getting an appointment or transport	12	67 (2.9%)	11 (23.4%)	11	39 (3.8%)	8 (40.0%)	14	203 (2.7%)	49 (34.3%)	10	442 (3.6%)	80 (33.1%)
12	Kidney disease or dialysis	9	87 (3.8%)	18 (38.3%)	15	24 (2.3%)	5 (25.0%)	12	235 (3.2%)	41 (28.7%)	18	313 (2.6%)	67 (27.7%)
13	Family planning	16	56 (2.5%)	11 (23.4%)	24	12 (1.2%)	3 (15.0%)	16	180 (2.4%)	43 (30.1%)	14	344 (2.8%)	76 (31.4%)
14	Liver disease or cirrhosis	13	64 (2.8%)	12 (25.5%)	26	7 (0.7%)	1 (5.0%)	13	221 (3.0%)	46 (32.2%)	16	322 (2.6%)	66 (27.3%)
15	Injury-domestic violence	21	32 (1.4%)	10 (21.3%)	20	19 (1.8%)	6 (30.0%)	15	200 (2.7%)	44 (30.8%)	15	325 (2.7%)	73 (30.2%)
16	Availability of traditional medicine	11	73 (3.2%)	18 (38.3%)	16	24 (2.3%)	8 (40.0%)	19	132 (1.8%)	35 (24.5%)	12	396 (3.2%)	75 (31.0%)
17	Tobacco use	19	46 (2.0%)	12 (25.5%)	17	20 (1.9%)	5 (25.0%)	11	237 (3.2%)	53 (37.1%)	22	260 (2.1%)	59 (24.4%)
18	Injury-suicide	8	106 (4.6%)	20 (42.6%)	10	44 (4.3%)	10 (50.0%)	17	170 (2.3%)	39 (27.3%)	19	295 (2.4%)	69 (28.5%)
19	Environmental health	18	49 (2.1%)	11 (23.4%)	13	34 (3.3%)	7 (35.0%)	22	106 (1.4%)	28 (19.6%)	11	415 (3.4%)	87 (36.0%)
20	STDs and HIV	24	25 (1.1%)	8 (17.0%)	21	18 (1.7%)	5 (25.0%)	18	155 (2.1%)	33 (23.1%)	17	314 (2.6%)	64 (26.4%)
21	Preparing for community disasters	22	32 (1.4%)	6 (12.8%)	14	26 (2.5%)	5 (25.0%)	21	110 (1.5%)	27 (18.9%)	20	284 (2.3%)	57 (23.6%)
22	Asthma	15	58 (2.5%)	13 (27.7%)	19	19 (1.8%)	5 (25.0%)	23	103 (1.4%)	26 (18.2%)	21	273 (2.2%)	62 (25.6%)
23	Cancer or tumors	20	35 (1.5%)	24 (51.1%)	25	10 (1.0%)	9 (45.0%)	20	129 (1.7%)	44 (30.8%)	23	260 (2.1%)	102 (42.1%)
24	Immunizations / shots	23	26 (1.1%)	6 (12.8%)	22	16 (1.6%)	3 (15.0%)	24	91 (1.2%)	23 (16.1%)	24	239 (2.0%)	53 (21.9%)
25	Unintentional injury	26	17 (0.7%)	4 (8.5%)	18	20 (1.9%)	6 (30.0%)	25	76 (1.0%)	21 (14.7%)	25	227 (1.9%)	57 (23.6%)
26	Flu or pneumonia	25	25 (1.1%)	4 (8.5%)	23	13 (1.3%)	6 (30.0%)	26	51 (0.7%)	15 (10.5%)	26	215 (1.8%)	48 (19.8%)
27	Tuberculosis / TB	27	8 (0.4%)	3 (6.4%)	27	0 (0.0%)	0 (0.0%)	27	29 (0.4%)	10 (7.0%)	27	93 (0.8%)	26 (10.7%)

*Community status is not mutually exclusive

