California Tribal Epidemiology Center

Shingle Springs Health and Wellness Center (SSHWC) Community Health Profile

Issued December 2015

Funded by the Indian Health Service
Cooperative Agreement #U1B1IHS0014

Shingle Springs Health and Wellness Center (SSHWC) Community Health Profile

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Attention:

All data in this report should be interpreted with caution and reported accurately. Some of the data are not reliable estimates due to low participant numbers/rates, and many confidence intervals overlap. For questions please contact the California Tribal Epidemiology Center (CTEC) staff at 916-929-9761 or epicenter@crihb.org.

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IMPORTANT TERMS

Active User: An American Indian or Alaskan Native enrolled member or descendant of a federally recognized tribe, who has had a reportable medical or dental visit to an Indian Health Service (IHS) system provider within the last three fiscal years.

AIAN: American Indian and Alaska Native.

CDC: Centers for Disease Control and Prevention.

CI: 95% confidence interval. A confidence interval is an interval specifying a range within which the real value is estimated to be, showing the precision of the estimate. A 95% confidence interval means that if the data collection and analysis could be replicated, the CI should include within it the correct value 95% of the time. All confidence intervals contained in this report are 95% confidence intervals.

Eligibility for Indian Health Service (IHS) Services: A person may be regarded as within the scope of the Indian health program if they are not otherwise excluded by provision of law, and:

1. Is of American Indian and/or Alaska Native descent as evidenced by one or more of the following:
   A. Is regarded by the community in which he/she lives as an American Indian or Alaska Native;
   B. Is a member, enrolled or otherwise, of an American Indian or Alaska Native Tribe or Group under Federal supervision;
   C. Resides on tax-exempt land or owns restricted property;
   D. Actively participates in tribal affairs;
   E. Any other reasonable factor indicative of Indian descent; or
2. Is an Indian of Canadian or Mexican origin recognized by any Indian tribe or group as a member of an Indian community served by the Indian Health program; or
3. Is a non-Indian woman pregnant with an eligible Indian's child for the duration of her pregnancy through post partum (usually 6 weeks); or
4. Is a non-Indian member of an eligible Indian's household and the medical officer in charge determines that services are necessary to control a public health hazard or an acute infectious which constitutes a public health hazard;
5. Is a California Indian as evidenced by one or more of the following:
   A. Is a descendant of an Indian who was residing in California on June 1, 1852, if such descendant is a member of the Indian community served by a local program of the Service; and is regarded as an Indian by the community in which such descendant lives;
   B. Is an Indian who holds trust interests in public domain, national forest, or reservation allotments in California;
   C. Is an Indian in California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat. 619), and any descendant of such an Indian.

Ethnicity: A social group characterized by a distinctive social and cultural tradition, maintained within the group from generation to generation, a common history and origin; and a sense of identification with the group. Members of the group have distinctive features in their way of life, shared experiences, and often a common genetic heritage (Last, 2001). S*ee also Race*.

IMPORTANT TERMS

Federal Trust Responsibility: The federal government has a trust responsibility to provide health care for American Indians and Alaska Natives, based on multiple treaties, court decisions, and legislative acts (Roubideaux, 2002).

IHS: Indian Health Service. There are 12 IHS Administrative Areas in the United States.

Race: Having distinct physical characteristics. Biologic classification of human races is difficult because of significant genetic overlaps among population groups. Social scientists have challenged the biologic definition of race, arguing that the concept of race most often reflects social and ideological conventions. However, race is a useful concept from the public health perspective because some diseases are strongly correlated with race (Last, 2001). *See also Ethnicity*.

Race for AIANs can be classified by self-identification, tribal enrollment, Indian descendent, and many other factors. In this report, each data source defines AIAN in different ways. *See "Notes on Data Sources" section at end of document.*

Sample Size (n): The number of people included in a population sample.

Statistically Unstable: Data cannot be reliably estimated due to low participant numbers/rates and should be interpreted with caution.

THP: Tribal Health Program.

UIHP: Urban Indian Health Program.

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WHY A COMMUNITY HEALTH PROFILE?

In 2005, the California Tribal Epidemiology Center (CTEC) was established to assist California Tribes and Indian Health Programs in their efforts to improve wellness and prevent disease.

What can this Community Health Profile help you do?

- Better understand how data are collected and reported for AIAN living in California.
- Complete grant applications that require data, facts, and figures.
- Decide where your health program can focus its time, money, and efforts related to health issues.

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CALIFORNIA INDIAN HISTORY

Background and Historical Context

There are currently 109 federally recognized Indian tribes, rancherias, and federations in the state of California and approximately 40 unrecognized tribes and 10 terminated tribes eligible for restoration, with 78 entities petitioning for recognition in California. It is estimated that there were over 100 distinct languages from five different language families spoken in California prior to contact. Traditionally, most California tribal communities lived in small, independent, self-governing villages or tribal communities located within boundaries established by many factors. Today, tribes are organized into their own sovereign governments. Tribes determine their membership by selecting enrollment criteria that may include ancestral lineage and ties to specific communities. Enrollment in a federally recognized tribe is a political distinction and therefore being AIAN is not solely a racial category, rather it is often a political grouping.

Due to the unique geography of the state ranging from rigid coastal lines, thick forested mountain ranges and dry desert areas, the cultural diversity through the state is vast. Religious and social structures of tribes in California are unique and can vary even between neighboring tribes.

The Spanish were the first outsiders to arrive in California in 1542 moving as far north as Santa Barbara. Beginning in 1769, their organized movements brought a devastating mission system, soldiers, labor camps, and destructive diseases to California, stretching from San Diego to Santa Rosa. White settlers and frontiersmen began to arrive in California during the Mexican War in 1846. While California was becoming a state, the Gold Rush started. Hordes of white "forty-niners" descended on the territory after the discovery of gold at Sutter's Mill in 1848. The disease and violence brought by non-Native immigrants decimated the California Indian population.

California entered the Union on September 9, 1850. The new California legislature passed a series of laws legalizing both Indian murder and slavery. Under the policy that came from these laws, white

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CALIFORNIA INDIAN HISTORY

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Californians could kill Indian parents and kidnap and indenture their children until they reached the age of thirty for males and twenty-five for females. California finally repealed this law in 1867, four years after President Lincoln's Emancipation Proclamation. In 1851 three federal commissioners were sent to California with orders to extinguish Indian land titles, in return, the Indians would get guaranteed reservations and would be protected from white encroachment.

The U.S. Government promised the California Indians 7.5 million acres of reserved land, along with assistance to help them "civilize" themselves in exchange for the Indians' agreement to give up all their rights to the lands to the U.S. forever. Many governmental policies were aimed to "civilize" Indian people by making them individual land owners in an effort to diminish traditional communal land ownership. The 18 treaties signed by Indian leaders in 1851 were never ratified by the U.S. Senate; therefore, many promises made in those treaties were not upheld.

Beginning in 1854, the federal government developed a somewhat more coherent Indian policy for California, and began establishing reservations. The 1887 Dawes (allotment) Act sought to further tear apart the close-knit structure of California's tribal villages. Many tribes in California were forced to adapt to a "checkerboard" reservation where Indian lands were awarded in alternate square miles within the boundaries of a reservation. These small land awards are commonly referred to as individual allotments. These pieces of land were owned by an individual rather than the community, which forced assimilation when the U.S. Government sold the remaining plots to non-Indian settlers. Still many other tribes were essentially impounded on small plots, sometimes only large enough for a few houses and a garden plot, called rancherias on or near the original tribal lands.

One of the keys to survival of many California Indians' way of life is that although they suffered many

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CALIFORNIA INDIAN HISTORY

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of the same incursions and devastation that Indians elsewhere did and their land was stolen, many were not entirely uprooted or displaced from their ancestral lands. Despite a century of ordeals, in the mid-twentieth century, California's Indians drew strength from the ancestral sustenance of place. In the northwestern region of California, the villages of some dozen tribes lined the many rivers, lagoons, and bays. In the northeast, a handful of groups settled among the mountains in the west and the high deserts in the east. In the vast central part of the state, more than two dozen tribes put down deep roots in the grasslands and oak flats of the Central Valley or the pine blanketed coast. In Southern California, about a dozen tribes dwelled in the Mojave Desert or along the Coachella and Colorado River Valleys.

California Indians 1950s—Present

In June 1953, Public Law 83-280 was passed. This law gave the state jurisdiction over criminal and civil offenses on federal Indian lands. It allowed state and county law enforcement authority on tribal lands for the first time since the federal reservations were created. In 1958 the U.S. Congress passed Public Law 85 -671, the California Rancheria Termination Act. This law called for the distribution of all the assets of reservations and rancherias to individual Indians resulting in the number of rancherias in California dropping from 117 to 78. Hundreds, if not thousands, of Indians lost federal recognition under this policy.

The Transfer Act of 1954 shifted responsibility for Indian health to the Public Health Service; a division of the Department of Health, Education and Welfare. Also during the 1950s, due to governmental Indian relocation policies and personal reasons, many Indians from other states came to large urban areas such as San Francisco and Los Angeles to find work.

In 1980 the Department of Health, Education and Welfare was renamed the Department of Health and Human Services (DHHS). The IHS is currently housed within DHHS and is organized into 12 service areas that cover the entire U.S., which vary in size and by American Indian/Alaska Native population. California is its own service area, though there are some counties inside of the state borders that are shared with other

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CALIFORNIA INDIAN HISTORY

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IHS service areas. During the 1960's Civil Rights movement, American Indian people across the nation formed the American Indian Movement (AIM). In 1969 over 100 college students and members of the AIM took over Alcatraz Island in the San Francisco Bay in an attempt to reclaim the land and the closed federal prison building for Indian use. The occupation of Alcatraz increased the visibility of American Indians in California as well as nationally.

The California Rural Indian Heath Board, Inc. (CRIHB) was formed by nine tribes in 1969 to provide a space for California tribes to advocate for their health needs and address common problems under a unified board. Other statewide tribal organizations were also formed during this time period, some of these include California Indian Manpower Consortium, Inter-Tribal Council of California, and California Indian Legal Services. Like CRIHB, these statewide organizations were formed to help address the needs of all California Indian people in unity with other tribes.

In 1975, Public Law 93-638, also known as the Indian Self Determination and Education Assistance Act (ISDEA), was established because of tribes and tribal leadership nationally. The ISDEA requires federal agencies to contract and compact with tribes to administer, plan, and conduct programs that are provided by the federal government for the benefit of Indian people, including health care. In 1976, the Indian Health Care Improvement Act (IHCIA) was enacted by Congress for the purpose of providing "the highest possible health status to Indians and to provide existing IHSs with all resources necessary to effect that policy." In passing the Act, Congress noted the government's "unique legal relationship with, and resulting responsibility to" Indians, requiring the creation of a comprehensive health care system. Through the advocacy of strong Indian leadership, other laws were passed in the 1970s, such as the American Indian Religious Freedom Act and the Indian Child Welfare Act. These two laws, though serving separate needs, helped to reinforce tribal rights and tribal sovereignty.

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CALIFORNIA INDIAN HISTORY

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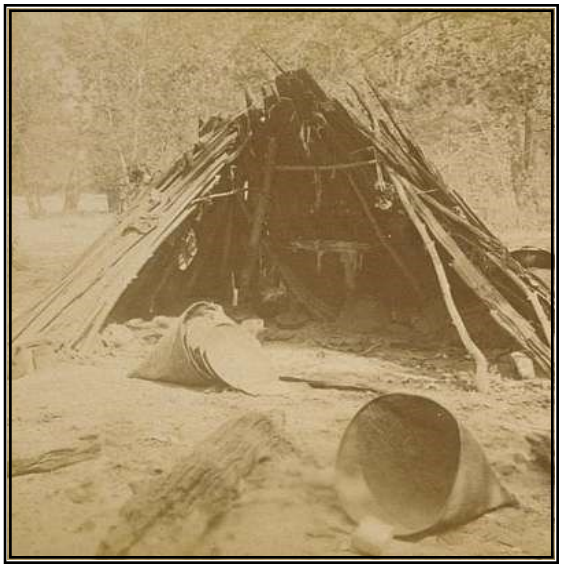
In the 2000s, many legislative changes impacted health care for AIAN. In 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH Act) was enacted. HITECH Act provided financial incentives for Indian health clinics to begin utilizing Electronic Health Records (EHR), which made it easier for clinics to transfer patient's medical records to other clinics and hospitals. In 2010, the Government Performance and Results Act Modernization Act of 2010 (GPRAMA) was signed into law. This required that government agencies such as IHS to publish their strategic plans, goals, and data in computer-readable formats, which did not have to be published previously.

In 2010, the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA) was passed into law, and full implementation began in 2014. The ACA requires that all individuals have health insurance through employers, the subsidized marketplace, or through their state insurance program. This created greater opportunities for health insurance coverage for AIAN. The ACA also placed an emphasis on increasing prevention and wellness for individuals through their insurance benefits. Through ACA, the IHCIA was permanently reauthorized. The permanent IHCIA authorized new programs for IHS to increase the status of health of AIAN. It also allowed tribal clinics to begin serving veterans with direct care services, and be reimbursed for those services by the Department of Veteran's Affairs (VA).

Although there have been challenges with AIAN health care in California, these challenges have been met through innovative programs and advocacy work. The California Great Recession brought budget cuts to many state programs and eliminated the state's AIAN health program as well as optional benefit reimbursements to clinics, including dental, optical, chiropractic and other benefits for AIAN in California. CRIHB developed a demonstration project, CRIHB Care and CRIHB Options, that reimbursed THPs for certain Medi-Cal optional benefits provided to IHS eligible Medi-Cal beneficiaries.



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CALIFORNIA INDIAN HISTORY

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As California geared up to implement ACA, Medi-Cal began moving into managed care programs. With the raising of income levels for Managed Care Programs (MCPs), more AIAN became eligible for services. Managed care programs originally did not certify THPs due to their physicians being licensed out-of-state, despite California law which recognizes out-of-state licensed doctors as eligible to practice at THPs. This meant that THPs could not be reimbursed by MCP. As of 2015 and after much advocacy work, all MCPs recognize and reimburse physicians for their work at THPs.

Due to the passage of many of these laws, health care for Indian people in California has improved. More AIAN have health insurance coverage. There are currently 46 Indian Health Programs in California that operate under contracts and compacts with the IHS. Of these, 32 are THPs, eight are UIHPs, four are substance abuse programs, and one is the IHS California Area Office. The 32 THPs provide direct health care services in rural California. Many of these rural programs are commonly supported and governed by a consortium of tribes. The IHS does not provide direct health care service in the California designated IHS area. The California IHS health care service area does not cover the entire state of California; only 43 of the 58 counties in the state are covered. California Indian lands designated by the federal government can intersect both county and state lines. Currently, the Federal Bureau of Land Management has documented that 592,000 acres in California are tribal lands where there is a federal trust responsibility.

The history of European contact, land acquisition, tribal government formation, assimilation, implications and federal policies, and health care service delivery is unique in many ways to California. Due to the size of California's population and land mass, and along with diverse tribal cultures and languages that exist throughout the state, there exists a rich story of Indian people in California. California Indian tribes and tribal communities have endured a grueling history like many tribes throughout the nation, yet like other areas, tribes remain strong, self-governing, independent nations.

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CALIFORNIA INDIAN HISTORY

California Timeline

1542—Captain Juan Rodriguez Cabrillo lands on the California coast and claims it for Spain.

1579—Sir Francis Drake lands on the California coast, spends five weeks with a local tribe, and claims the whole area for the British Crown before leaving.

1769—The Spanish founded the first California mission, Mission San Diego de Alcalá. The Spanish go on to create 21 missions where thousands of California Indians are forcibly removed from their traditional villages and homelands and brought to work as slaves in the missions.

1824-1847—The Mexican government issues over 800 land grants to Mexican citizens. The land grants includes the ancestral territories of many Indian tribes then enslaved at nearby missions.

1834—Governor Jose Figueroa begins secularizing all California missions. The process provides that half of all mission property would go towards the support of local Indian tribes.

1848—Treaty of Guadalupe Hidalgo ends the Mexican-American war in which Mexico cedes 525,000 square miles which includes the territory now known as California. The U.S. promises to uphold the Mexican land grants previously issued. Gold is also discovered during this time. This discovery sparks what is known as the Gold Rush.

1850—On September 9, California became a state.

1852—The ratification of 18 treaties that would have set aside nearly 7.5 million acres of California land for Indians was blocked in U.S. Senate meetings.

1875—President Ulysses S. Grant signs an Executive Order to establish reservations for the Santa Ysabel, Pala, Sycuan, La Jolla, Rincon, Viejas, and Capitan Grande bands.

1887—Congress passes the General Allotment Act (Dawes Act), which provides for the distribution of land to Indians for the various reservations, but also gives the federal government power to evict Indians from their current location.

1888—The Cupeños of Warner Springs challenges the Dawes Act in an effort to halt their eviction. In 1903, the U.S. Supreme Court decides against them, and they are evicted from their homes.

1893—Land allotments are made to the Rincon, Morongo, and Pala Reservations.

1894—Land allotments are made at the Round Valley Reservation.

1917—The California Supreme Court declares California Indians as citizens, stating: "That the granting of such citizenship shall not in any manner impair or otherwise affect the right of any to tribal or other property."

1924—Congress passes the Indian Citizenship Act, granting citizenship to all American Indians born in the U.S.

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CALIFORNIA INDIAN HISTORY

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1928—The U.S. Congress passes the California Indian Jurisdictional Act (Lea Act). For the first time, California Indians have the support of the federal courts to file a land claim based on the 18 "lost treaties."

1934—President Franklin D. Roosevelt signs the Indian Reorganization Act (25 U.S.C. 461). Sixty-one California reservations totaling 7,500 acres are set aside for Indian tribes.

1944—The U.S. Court of Claims awards the California Indians a settlement of more than $17.8 million. However, by following the mandate stated in the Lea Act, benefits already granted by the government, which included the administrative costs of the Bureau of Indian Affairs in California, are excluded from the claim, leaving a net figure of $5 million.

1952—The Bureau of Indian Affairs enacts the policy of Termination -- the process of removing Indians and their land from federal trust. Several termination bills are introduced in Congress, and government assistance to Indians in California is prematurely halted.

1953—The U.S. Congress passes Public Law 83-280, which declares that crimes occurring on Indian land are no longer under the federal government's jurisdiction but are under the state's jurisdiction.

1958—The Rancheria Termination Act is enacted. It transferred the title of rancheria land and assets from the government to individual Indians, resulting in the loss of federal recognition and tribal sovereignty for many tribes.

1959—The Indian Claims Commission issued an order stating that California Indians held title to 64 million acres of land west of the Sierra Nevada. A settlement was reached for $29,100,000 for the lands from which California Indians had been evicted.

1968—Indian Civil Rights Act enacted. It developed constitutional rights for individual Indians under tribal governance.

1969—The California Rural Indian Health Board is established by nine California Tribes. The occupation at Alcatraz Island begins.

1972—60,000 California Indians are compensated $633 each according to the settlement of the 18 "lost treaties."

1975—Indian Self Determination and Education Assistance Act is enacted by Congress.

1976—The Indian Health Care Improvement Act is enacted by Congress, ensuring the provision of health care to American Indians.

1978—American Indian Religious Freedom Act and Indian Child Welfare Act are passed.

1988—Indian Gaming Regulatory Act is passed allowing tribes to operate casinos.

1990—Native American Languages Act and Native American Graves Protection and Repatriation Act are enacted reinforcing tribal rights and sovereignty.

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COMMUNITY AT A GLANCE

The Shingle Springs Health and Wellness Center (SSHWC) operates one clinic in Placerville and serves El Dorado County and the greater Sacramento region. The Shingle Springs Band of Miwok Indians owns the clinic, which is located at the Tribe's Shingle Springs Rancheria. The Tribe is comprised of Miwok and Southern Maidu "Nisenan" Indians.

The SSHWC offers medical, dental, and behavioral health services for AIAN and the general population. The medical clinic offers family medicine, pediatrics, chiropractic, physical therapy, and podiatry. It also offers teleophthalmology for diabetes patients. The dental clinic offers general dentistry and orthodontics. The behavioral health services offer adult and child psychiatry, psychology, counseling, a wide variety of support groups, and traditional healing. In addition, SSWHC offers Hepatitis C treatment and counseling support. According to SSHWC, in 2014, the clinic had a total active user population of 6,537. Of these users, 1,236 identified as AIAN.

The providers and staff at the SSHWC are pleased to provide a safe, inclusive, and welcoming environment to all patients.

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CALIFORNIA AT A GLANCE

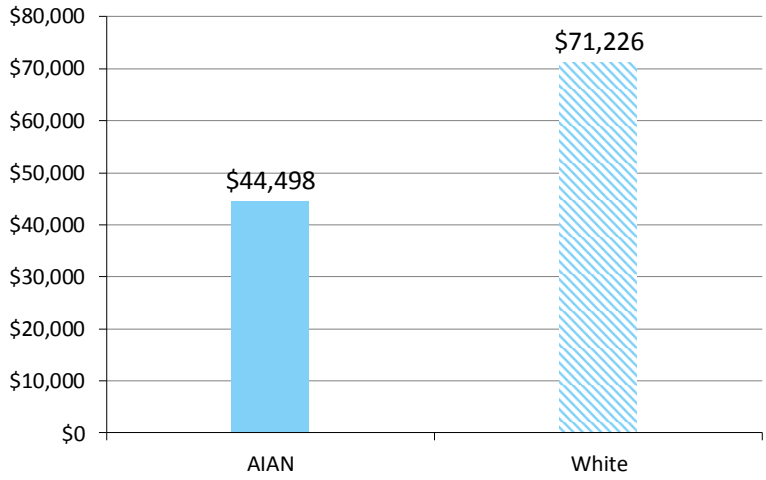
California is a beautifully varied land, one of the most diverse in the country, and is home to an array of tribes, Indian Health Programs, and Native people. California contains mountain ranges, a multitude of rivers, lakes and streams, and an expansive coastline with a variety of beaches. Climates range from heavy snow to desert temperatures, coastal breezes to inland heat, and everything in between. As far as rural and tribal lands, the environmental differences between coastal, inland, northern, central and southern locations, presents both strengths and challenges to the well-being of a Native community.

The state of California is home to 109 federally recognized Indian Tribes, and 78 tribal communities which have petitioned for recognition but have not yet received recognition. All descendants of Indian ancestors residing in California from the 1852 rolls are eligible for services by California THPs. The 2010 Census reported that there were 723,225 self-identified AIAN who reported their race as either only AIAN or AIAN in combination with one or more other races. Of this group, 362,801 reported their race as being only AIAN. A total of 1.9% make up the population of California; however, California has the largest number of AIAN living in any state. Fourteen percent of the national AIAN population resides in California.

CALIFORNIA AT A GLANCE

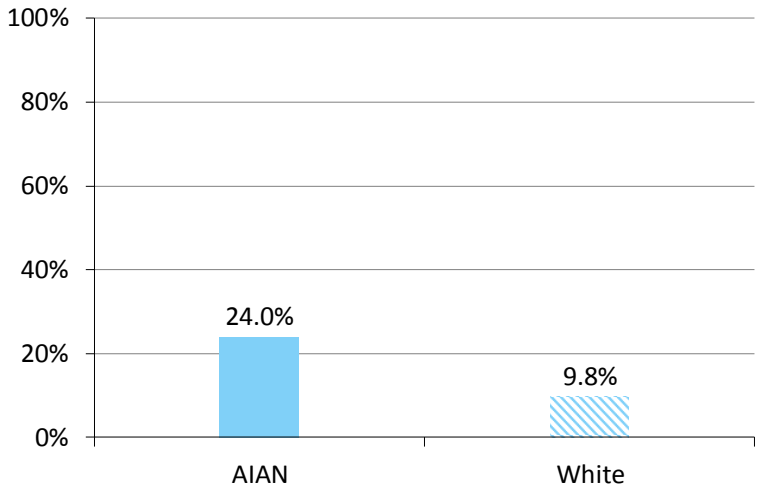
DEMOGRAPHICS

Median Household Income (ACS, 2009-2013)



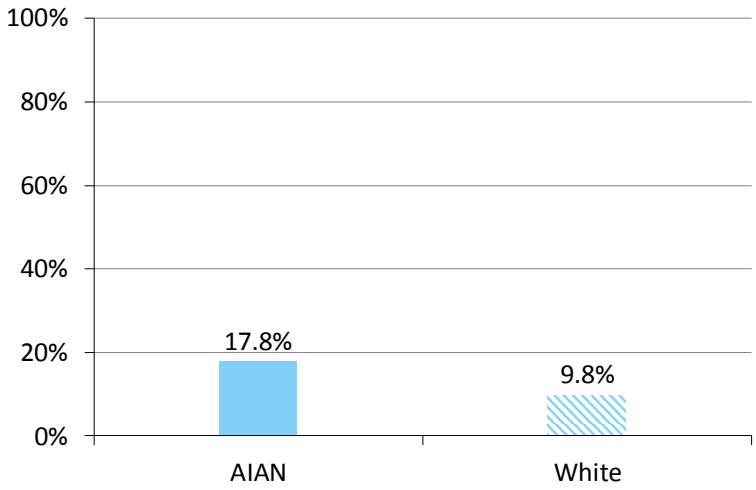
The median household income of AIAN in California was lower than the median household income of non-Hispanic Whites. The AIAN median household income was $44,498 (Margin of Error +/- $1,419), while the median household for Whites income was $71,226 (Margin of Error +/- $256).

Below Poverty (ACS, 2009-2013)



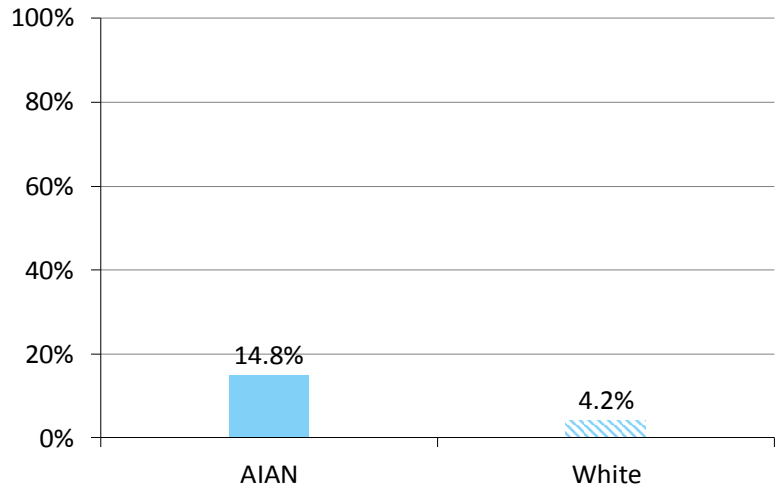
In California, nearly 1 out of 4 AIAN (24%, Margin of Error +/- 1%) lived below the poverty line, in comparison to 1 out of 10 non-Hispanic Whites (10%, Margin of Error +/- 0.1%) who lived below the poverty line.

Unemployment Rate (ACS, 2009-2013)



During The Great Recession in California, AIAN experienced a higher rate of unemployment than non-Hispanic Whites, with almost 18% of AIAN unemployed, compared to about 10% of Whites.

Utilized Supplemental Nutrition Assistance Program (ACS, 2009-2013)



AIAN received food stamps at a higher rate than non-Hispanic Whites. Between 2009-2013, nearly 15% of AIAN received food stamps, while only about 4% of non-Hispanic Whites received food stamps.

Note: Food Stamps are now known as the Supplemental Nutrition Assistance Program.

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A Healthy Spirit

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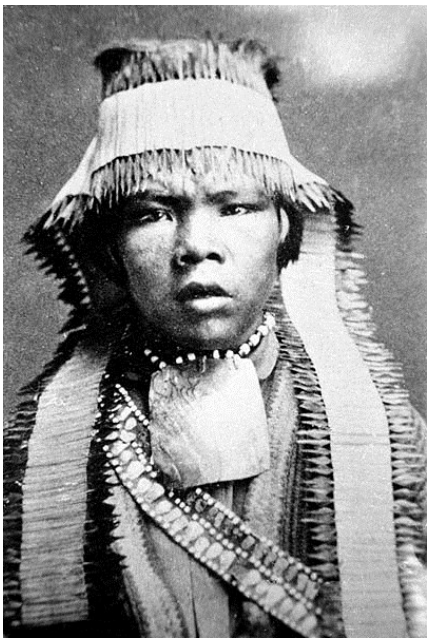
A HEALTHY SPIRIT

A healthy spirit is the basis and foundation for any aspect of health, whether it is body, mind, or community. Spirituality is one of the approaches that many traditional Native people and experts agree can help heal a number of health problems. A person with a healthy spirit is able to connect themselves to the world and to beings beyond themselves and the physical world. A healthy spirit, therefore, gives a person a sense of purpose and connection in life and allows them to draw from higher powers. This gives strength to live a balanced and well nourished life and without this, a truly healthy body, mind and community is not possible.

While California Native spirituality can vary from tribal nation to tribal nation, community to community, and among individuals, common themes are evident. Such themes include creation stories, deities, ceremonies, language and traditional foods and culture among many other activities and beliefs. Traditional Native culture encompasses many things but typically includes believing in a Creator or Creators. Many have a traditional leader, hero or trickster who teaches the people how to live in a proper way. Most have a strong reverence for their homelands. Many have genesis stories that are tied to specific and identifiable places. In general, traditional Native people believe they do not own the land, but are responsible for taking care of and deriving sustenance from the earth.



Brush Dances in the Northwest, Big Times in Central and Eastern California, and Bird Songs in the South are some examples of the ceremonies we as California Native people continue to practice as a way to keep our bodies, minds and communities healthy. Each tribe has unique ceremonies and religious beliefs that keep them grounded and reminds them how to live as healthy Native people. During many of our ceremonies we eat traditional foods that provide a well balanced nutritional diet which is much different from what is offered by mainstream America. Foods such as acorns are a significant food source for nearly all California Native peoples. Traditional healers play a key role in providing culturally appropriate health care. Traditional healers offer traditional healing methods, medicines, and spiritual guidance that have proven through generations to be effective in improving health.

Overall, the various practices of California Natives reveal a united worldview of the sacred and secular, of what is seen and unseen, all of which affects health and wellness.

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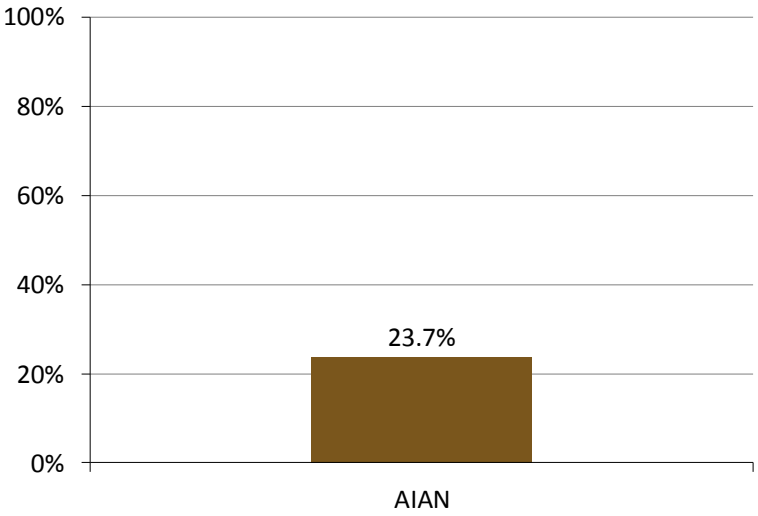
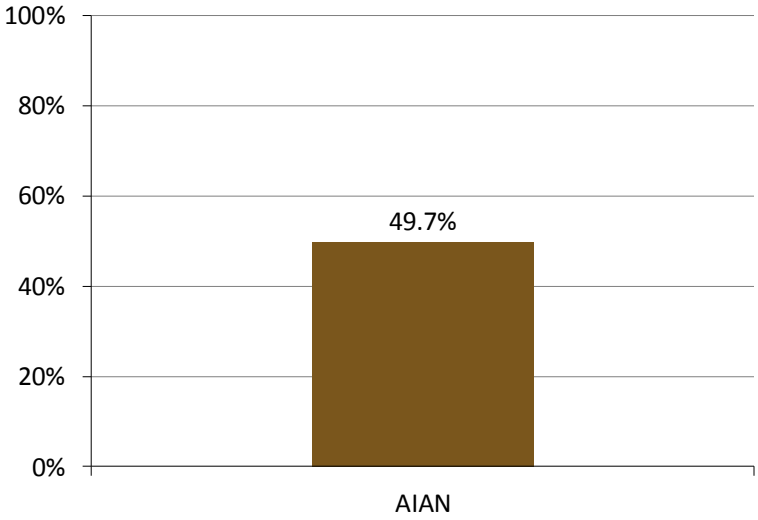
Practiced Traditional Healing in Past Year (CTBRFCS, 2012-2013)



In Central California, about 24% (n=70) of AIAN visited a traditional healer, wise/medicine man, and/or had a ceremony in the past year for their health and well-being.

Used Tobacco for Ceremonial, Prayer, or Traditional Use (CTBRFCS, 2012-2013)



In Central California, nearly 50% (n=144) of AIAN used tobacco in a ceremonial way, in prayer, and/or other traditional uses.

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A Healthy Body

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A HEALTHY BODY

A healthy body is important for overall health and wellness. Eating right, exercising, visiting the doctor regularly for screenings, and practicing safe behaviors helps to ensure that individuals, families, and communities have healthy bodies and live balanced, healthy lives.

This section will cover the topics of Diabetes; Heart Disease; Healthy Eating, Exercise, and Controlling Obesity; Cancer; Dental Health; Maternal and Child Health; and Personal Health. **Diabetes** can come in two forms: Type I and Type II. Type I is when the body cannot produce enough insulin to allow the body to turn sugars in food into usable energy for warmth, movement, and growth. Type I Diabetes is less common and is typically evident at an early age. The majority of people with diabetes have Type II Diabetes. Type II Diabetes occurs when cells in the liver, brain, muscles, and other organs are poorly responsive to insulin. This means that insulin does not allow cells to accept sugar needed for energy. The rate of diabetes is almost twice as high for AIAN than it is for the rest of the United States population. Having a healthy heart is also important for overall health and wellness, but **Heart Disease** is one of the leading causes of death of Native people. Heart disease includes narrowed or blocked coronary arteries as a result of high cholesterol and high blood pressure. Heart disease can lead to heart attacks (myocardial infarctions) and strokes. **Exercise, Controlling Obesity, and Eating Healthy** can help prevent diabetes and heart disease.

Cancer screening involves undergoing medical testing, which can help detect cancer before a patient has symptoms. Early detection through screening is crucial in improving treatment outcomes and survival. Furthermore, having annual gynecological exams and testing for sexually transmitted diseases can help keep individuals and communities safe. **Maternal and Child Health** indicators can provide information about individual, family, and community health. Examples of maternal health indicators include breastfeeding rates and the month prenatal care began during pregnancy. One of the most important preventative components to **Personal Health** involves regular screenings for sexually transmitted diseases. **Dental Health** is important as well. Research has shown that more and more diseases are related to poor tooth and gum hygiene, so brushing, flossing and visiting the dentist every six months promotes overall wellness.

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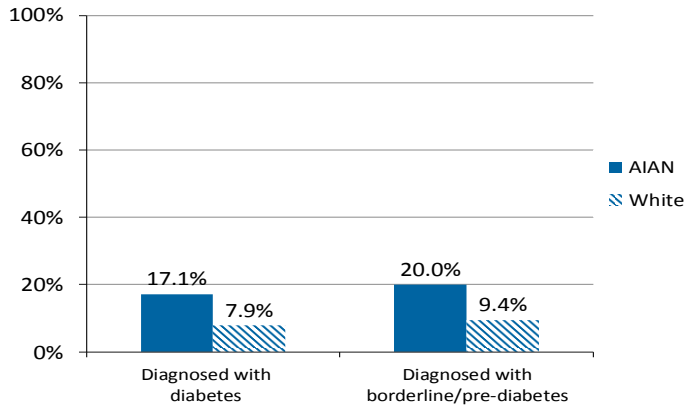
DIABETES

Diabetes is a chronic illness that can lead to heart disease, blindness, kidney disease, and amputations. It is the fourth leading cause of death for AIAN in the United States. Rising rates of obesity have contributed to the growing number of people diagnosed with diabetes. Early screenings and diabetic assessments can help identify the disease and reduce associated complications.

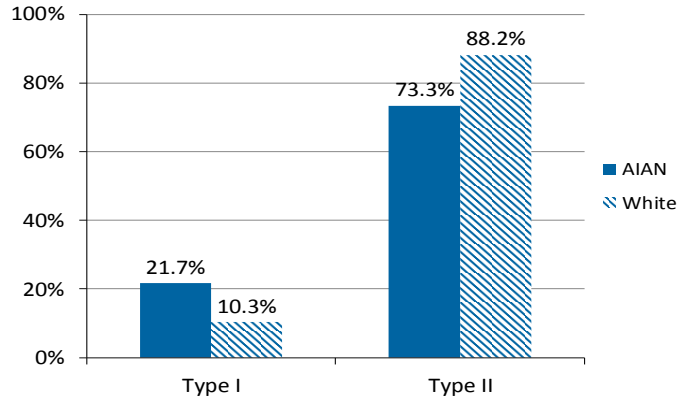
Ever Diagnosed with Diabetes (CHIS, 2011-2012)



In Central California, about 17% (CI: 8.3-25.9%) of non-Latino AIAN and nearly 8% (CI: 6.9-8.9%) of non-Latino Whites reported being diagnosed with diabetes. A total of 20% (CI: 7.4-32.5%*) of Central California non-Latino AIAN reported being told that they have pre- or borderline diabetes. About 9% (CI: 8.5-10.3%) of non-Latino Whites reported that they had pre- or borderline diabetes. Pre- or borderline diabetes is an impaired fasting glucose wherein the blood sugar level is higher than average is but not yet diabetic.

**Includes statistically unstable AIAN data*

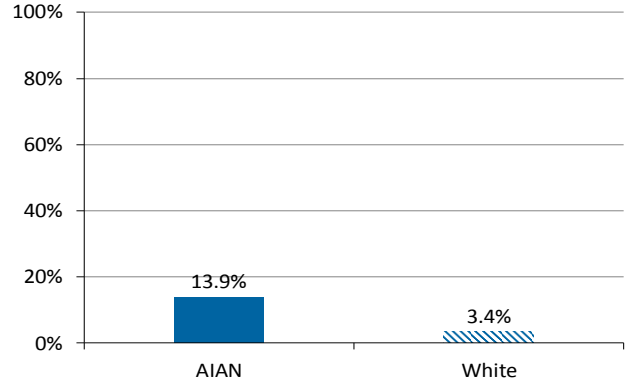
Type I or Type II Diabetes (CHIS, 2011-2012)



Of those in Central California who reported being diagnosed with diabetes, 22% (CI: 1.8-41.7%*) of non-Latino AIAN had Type I Diabetes, compared to 10% (CI: 6.2-14.4%) of non-Latino Whites, and 73% (CI: 51.7-94.9%*) of non-Latino AIAN had Type II Diabetes, compared to 88% (CI: 83.9-92.5%) of non-Latino Whites. Type I Diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type II Diabetes results from insulin resistance and is the most common form of diabetes.

**Includes statistically unstable AIAN data*

Ever Diagnosed with Diabetes During Pregnancy (CHIS, 2011-2012)



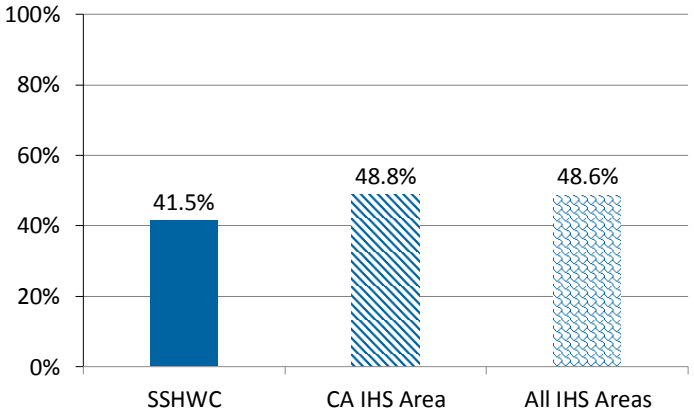
Having diabetes only while pregnant is known as gestational diabetes. For current non-diabetic adult women in Central California, almost 14% (CI: 0.2-27.7%*) of non-Latino AIAN and about 3% (CI: 2.4-4.4%) of non-Latino Whites reported they had been diagnosed with diabetes during pregnancy.

**Includes statistically unstable AIAN data*

DIABETES

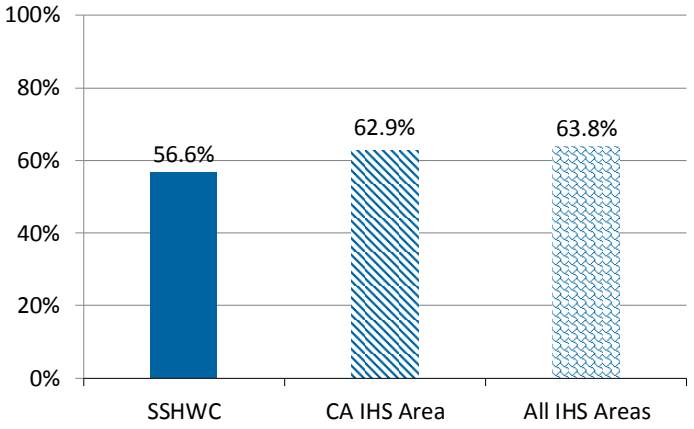
Good Glycemic Control (IHSPM, 2013-2014)

Good sugar (glycemic) control means keeping blood sugar (HbA1c) levels below eight. Having a hemoglobin A1c level below seven reflects ideal glycemic control and is essential in slowing or preventing diabetic complications of the eyes, kidneys, heart, and nerves. Of AIAN diabetic patients seen at SSHWC, about 42% (n=22) had an A1c measure less than eight, compared to almost 49% (n=3,271) at reporting California IHS clinics, which was comparable to about 49% in all IHS areas.



Blood Pressure Control (IHSPM, 2013-2014)

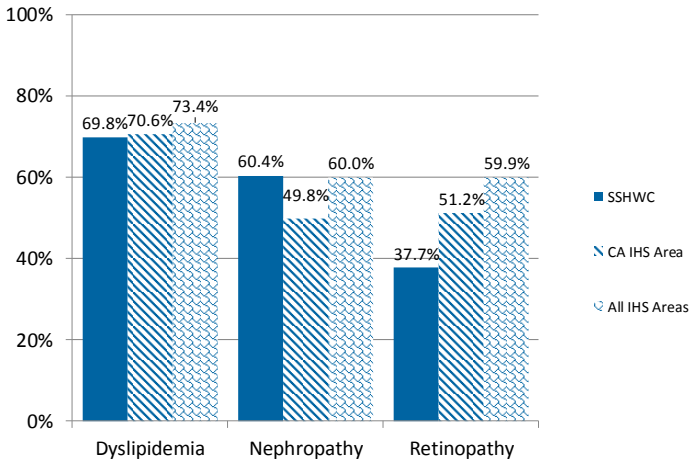
Blood pressure control means achieving a pressure less than 140/90. Reaching this goal reduces the likelihood of a person experiencing diabetic complications or other adverse health outcomes. Of AIAN diabetic patients seen at SSHWC, almost 57% (n=30) achieved blood pressure control, compared to nearly 63% (n=4,216) at reporting California IHS clinics, and almost 64% achieved control in all IHS areas.



Diabetic Assessments (IHSPM, 2013-2014)

Patients may reduce diabetic complications by undergoing comprehensive assessments. These assessments include tests for dyslipidemia (high cholesterol), nephropathy (kidney disease), and retinopathy (eye complications).

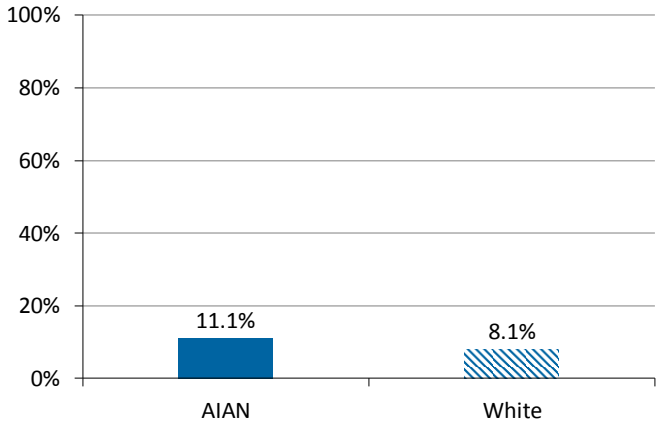
Almost 70% (n=37) of AIAN diabetic patients seen at SSHWC were screened for dyslipidemia, compared to about 71% (n=4,732) at reporting California IHS clinics and over 73% of AIAN patients across all IHS areas. Over 60% (n=32) of SSHWC AIAN diabetic patients were screened for nephropathy, compared to almost 50% (n=3,338) in reporting California IHS clinics, and 60% in all IHS areas. Almost 38% (n=20) of SSHWC AIAN diabetic patients were screened for retinopathy, compared to about 51% (n=3,333) across reporting California IHS clinics, and nearly 60% in all IHS areas.



HEART DISEASE

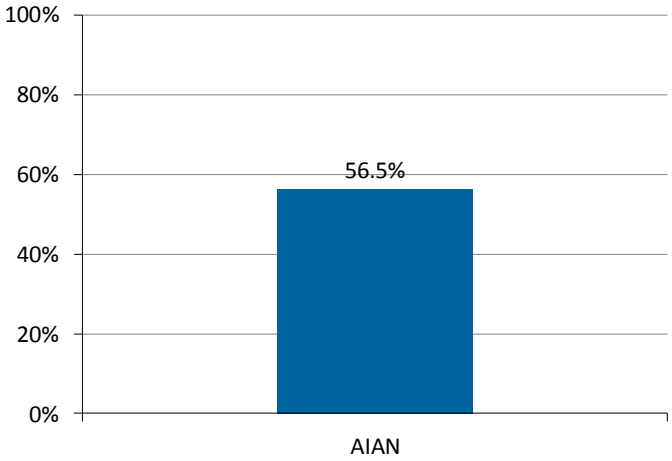
Heart disease is one of the leading causes of death for AIAN. High blood pressure, high cholesterol, smoking, limited physical activity, and obesity can all contribute to the development of heart disease.

Ever Diagnosed with Heart Disease (CHIS, 2011-2012)



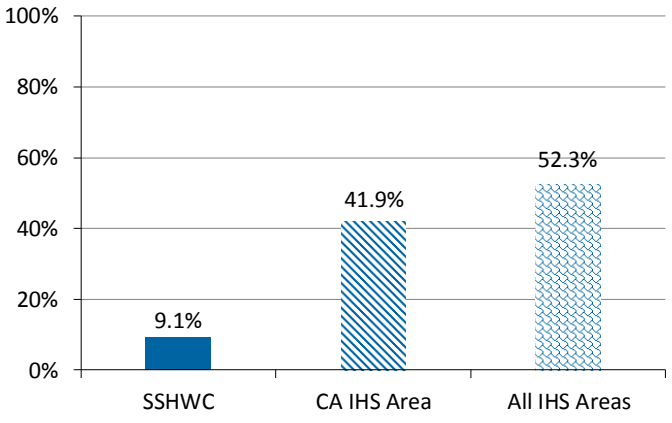
About 11% (CI: 2.9-19.3%*) of non-Latino AIAN and 8% (CI: 7.3-9.0%) of non-Latino Whites in Central California reported being diagnosed with heart disease.
**Includes statistically unstable AIAN data*

Cholesterol Level Screening (CTBRFCS, 2012-2013)



A high level of cholesterol in the blood is a major risk factor for coronary heart disease or stroke. Having a cholesterol check can help determine whether medication or lifestyle changes are necessary. An ideal total cholesterol level is less than 200 mg/dL. The recommended national target for Healthy People 2020 is for at least 82.1% of adults to have a cholesterol screening. Almost 57% (n=165) of AIAN in Central California had ever had a cholesterol check.

Cardiovascular Disease Assessment (IHSPM, 2013-2014)



Of AIAN patients seen at SSHWC who had been diagnosed with coronary heart disease, about 9%** had a comprehensive cardiovascular disease assessment, compared to nearly 42% (n=584) in reporting California IHS clinics, and over 52% in all IHS areas. The assessment, which is recommended annually, includes the following tests: blood pressure, cholesterol levels, tobacco use, Body Mass Index (BMI), and lifestyle counseling. BMI is an estimated measure of body fat based on height and weight.
***n value not reported; sample size smaller than 10*

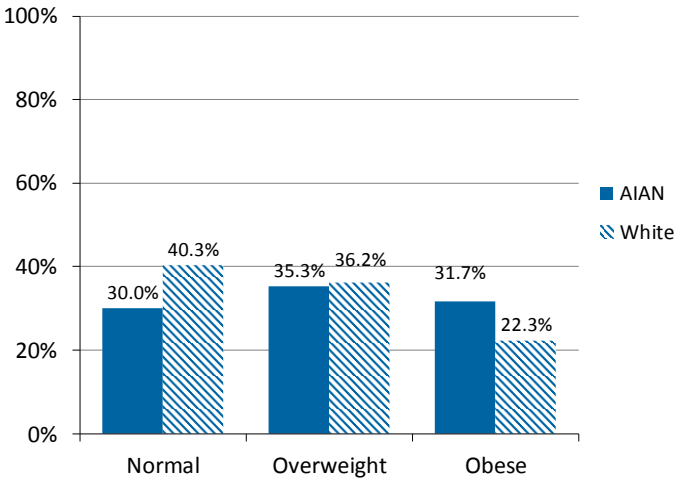
EXERCISE, CONTROLLING OBESITY, EATING HEALTHY

A HEALTHY BODY

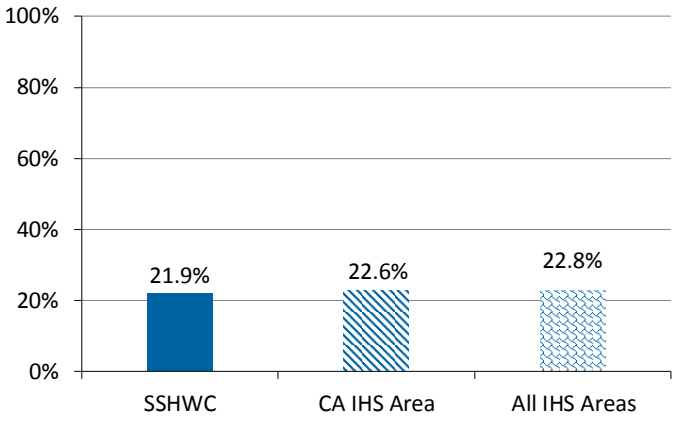
Healthy eating and regular physical activity are important for maintaining a healthy body and weight. Being overweight or obese increases the chances of high blood pressure and cholesterol, heart disease, Type II Diabetes, and arthritis. A balanced diet and physical activity are essential to maintaining a healthy weight.

Adult Body Mass Index (CHIS, 2011-2012)

Body Mass Index (BMI) is an estimated measure of body fat based on a ratio of height and weight. This calculation is used to determine a person's weight category. A person with a BMI between 18.5-24.9 is normal weight, while someone with a BMI between 25.0-29.9 is overweight, and someone with a BMI of 30 or greater is considered obese. In Central California, 30% (CI: 18.1-41.9%) of non-Latino AIAN have a normal BMI, compared to about 40% (CI: 38.4-42.3%) non-Latino Whites. About 35% (CI: 23.1-47.6%) of non-Latino AIAN have BMI considered to be overweight, compared to about 36% (CI: 34.0-38.3%) of non-Latino Whites. Finally, nearly 32% (CI: 21.0-42.3%) of non-Latino AIAN are considered to be obese, compared to about 22% (CI: 20.7-23.8%) of non-Latino Whites.



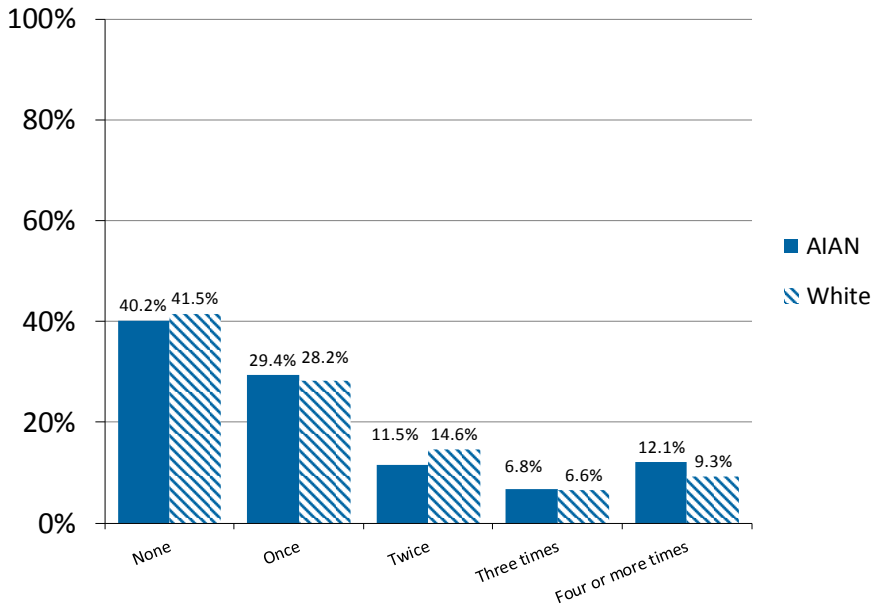
Proportion of Young Children with Age-Calculated BMIs At or Above the 95th Percentile (IHSPM, 2013-2014)



Of AIAN children aged 2 to 5 years old, nearly 22%** served by SSHWC areas had an age-calculated BMI in the 95th percentile or higher, about 23% (n=647) served by reporting California IHS clinics and almost 23% served across all IHS areas. Children with BMIs in the 95th percentile are considered to be obese.

***n value not reported; sample size smaller than 10*

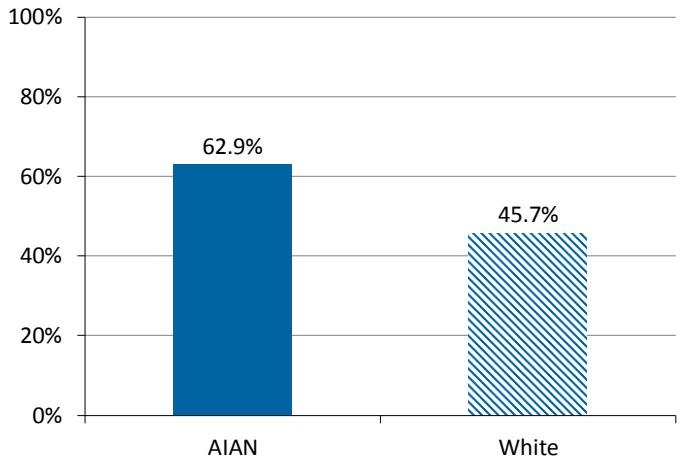
Fast Food Consumption in the Last Week (CHIS, 2011-2012)



In Central California, about 12% (CI: 4.8-19.3%*) of non-Latino AIAN ate fast food four or more times in the past week, compared to about 9% (CI: 7.9-10.6%) of non-Latino Whites. Nearly 7% (CI: 1.7-12.0%*) of AIAN ate fast food three times in the past week, compared to about 7% (CI: 5.6-7.5%) of non-Latino Whites. Furthermore, approximately 40% (CI: 27.7-52.7%) of non-Latino AIAN did not eat fast food in the past week, compared to about 42% (CI: 39.7-43.2%) of non-Latino Whites.

**Includes statistically unstable AIAN data*

Daily Fruit and Vegetable Consumption (CHIS, 2011-2012)



For children in Central California, nearly 63% (CI: 32.9-92.8%*) of non-Latino AIAN, compared to almost 46% (CI: 40.2-51.3%) of non-Latino Whites consumed five or more servings of fruits and/or vegetables daily.

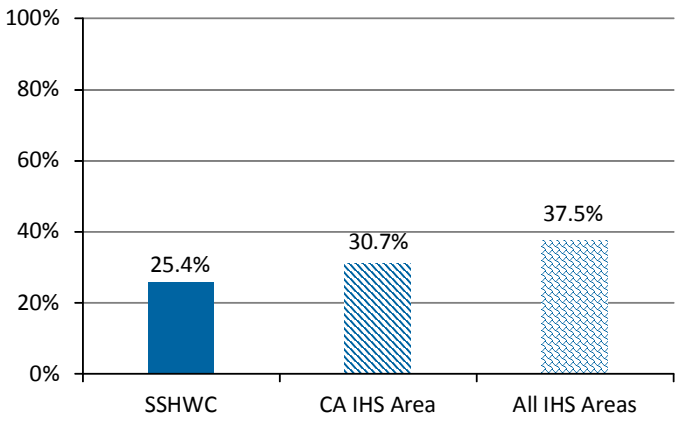
**Includes statistically unstable AIAN data*

CANCER

Cancer is a leading cause of death among AIAN. Cancer screenings can detect early stages of cancer, prevent the onset of symptoms, reduce the severity of illness, and prevent disease-related death through identification and treatment at the earliest stages of the disease.

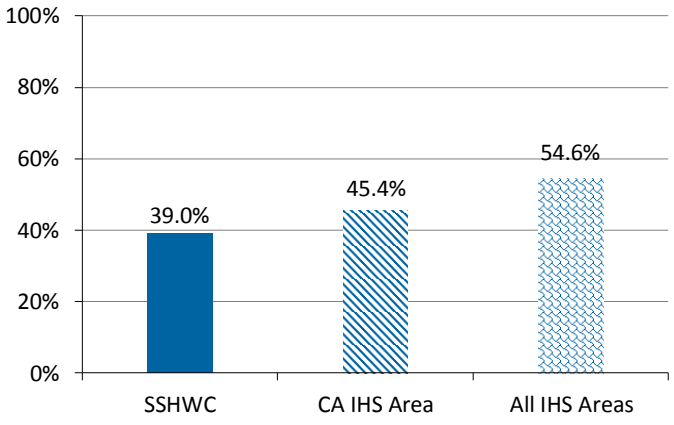
Colon Cancer Screening (IHSPM, 2013-2014)

The Healthy People 2020 goal aims for at least 70% of eligible patients completing the colorectal cancer screening series. Colorectal cancer screening is routinely performed through a high-sensitivity fecal occult blood test (annually), sigmoidoscopy (every 5 years), or colonoscopy (every 10 years). Of patients aged 50 years old and older, over 25% (n=51) of AIAN patients served by SSHWC had a colorectal cancer screening, compared to almost 31% (n=4,320) at reporting California IHS clinics, and about 38% of AIAN patients in all IHS areas.



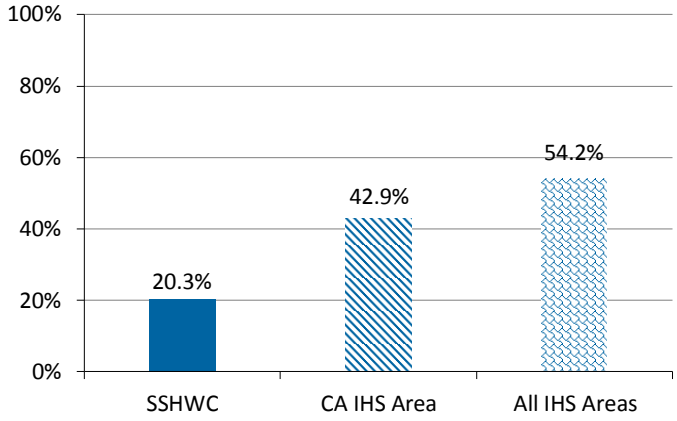
Cervical Cancer Screening (IHSPM, 2013-2014)

The Healthy People 2020 goal states that at least 93% of adult women aged 21 to 65 years old with a typical health history will have had a pap smear to screen for cervical cancer in the past three years. For AIAN women aged 24 to 64 years old, 39% (n=87) of those served by SSHWC had a pap smear to screen for cervical cancer at least once within the past three years, compared to over 45% (n=7,951) of those served by reporting California IHS clinics, and almost 55% of those served across all IHS areas.



Breast Cancer Screening (IHSPM, 2013-2014)

The Healthy People 2020 goal is that at least 81% of women aged 50 to 64 years old with a typical health history will have a mammogram screening for breast cancer every two years. Of AIAN women aged 50 to 64 years old, approximately 20% (n=14) of those served by SSHWC had a mammogram within the past two years, compared to nearly 43% (n=2,132) of those served by reporting California IHS clinics, and about 54% of those served across all IHS areas.

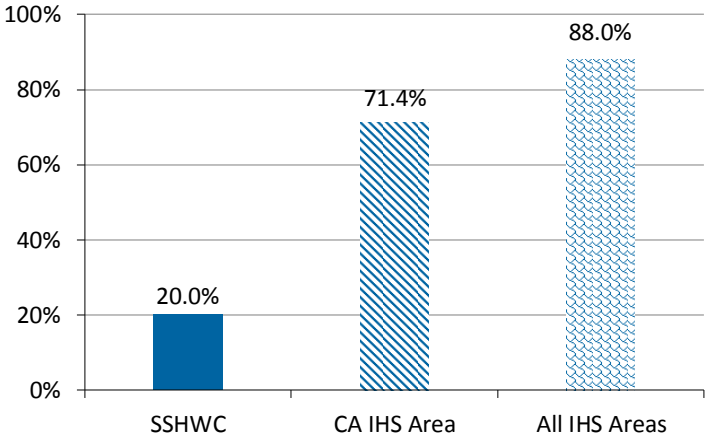


PERSONAL HEALTH

A HEALTHY BODY

Sexually transmitted diseases (STDs) are common in the United States. Women typically suffer more serious complications from STDs than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, and cervical cancer. In addition, having an STD increases the likelihood of contracting or transmitting human immunodeficiency virus (HIV). Not knowing whether you are infected with HIV can lead to serious complications and increases the risk of transmitting infections to others. It is recommended by the CDC that everyone who is sexually active be tested for STDs and HIV.

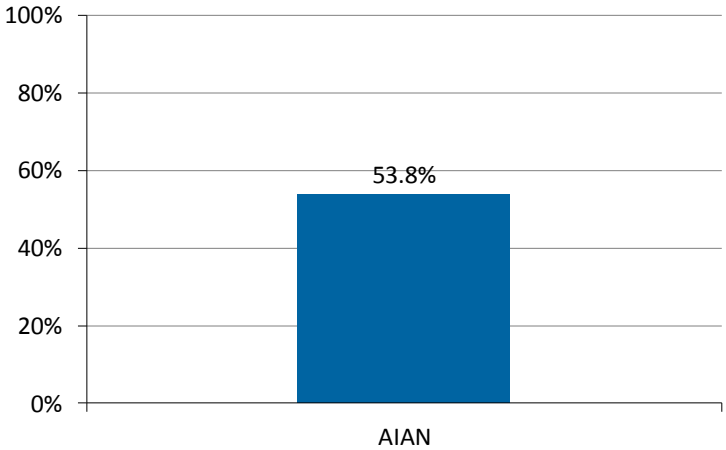
HIV Screening During Pregnancy (IHSPM, 2013-2014)



Prenatal HIV screening is essential for reducing the risk of transmission from mother to child. Across all IHS areas, 88% of pregnant AIAN women were screened for HIV, while over 71% (n=845) of pregnant AIAN women at reporting California IHS clinics, and 20%** of pregnant AIAN women at SSHWC were screened for HIV.

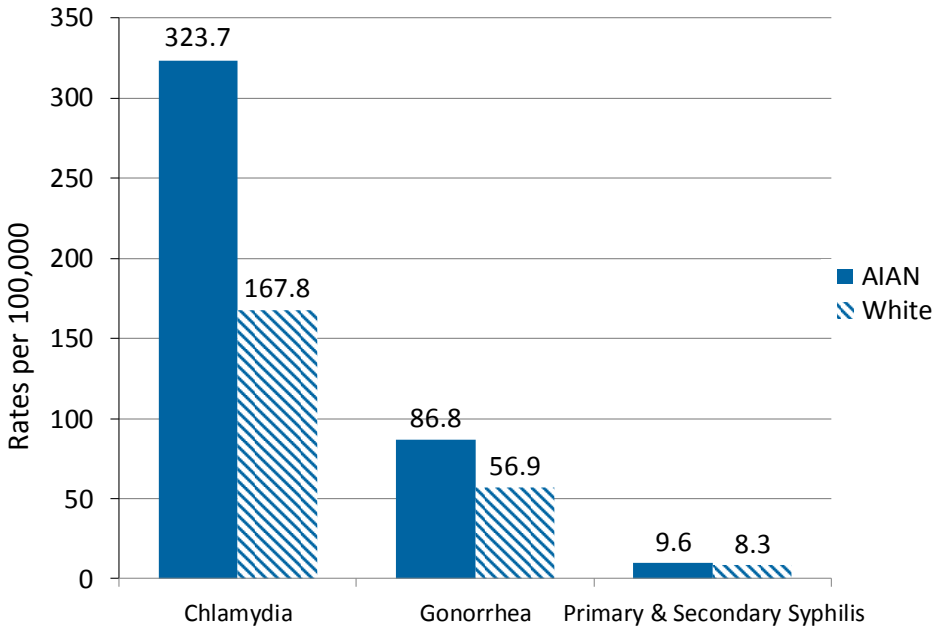
***n value not reported; sample size smaller than 10*

Ever Tested for HIV (CTBRFCS, 2012-2013)



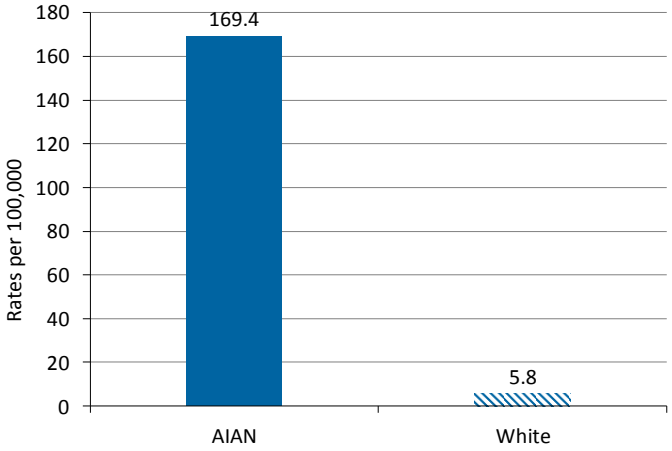
In Central California, almost 54% (n=156) of AIAN adults reported ever being tested for HIV.

Rates of Sexually Transmitted Diseases (CDPH, 2013)



In California, 324 non-Hispanic AIAN per 100,000 persons had Chlamydia, compared to 168 non-Hispanic Whites per 100,000 persons. A rate of 87 non-Hispanic AIAN per 100,000 had gonorrhea, compared to 57 non-Latino Whites per 100,000 persons. The rate of Syphilis diagnosis was 10 non-Hispanic AIAN per 100,000, compared to 8 non-Hispanic Whites per 100,000 persons.

Congenital Syphilis (CDPH, 2013)



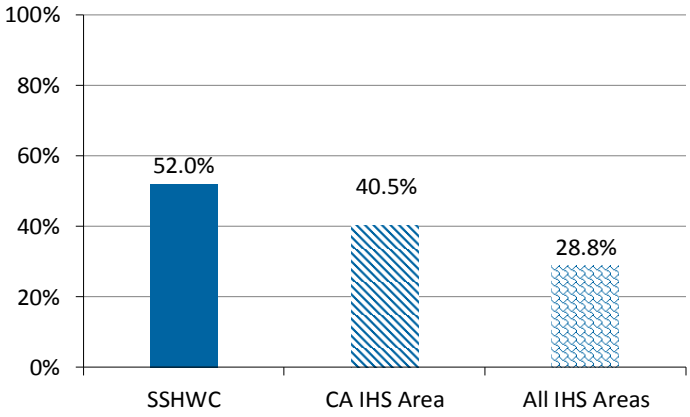
In California, approximately 169 non-Hispanic AIAN per 100,000 persons had Congenital Syphilis compared to approximately 6 non-Hispanic Whites per 100,000 persons. Congenital Syphilis is syphilis that is present in utero and at birth, meaning that a child was born to a mother with syphilis.

DENTAL HEALTH

A HEALTHY BODY

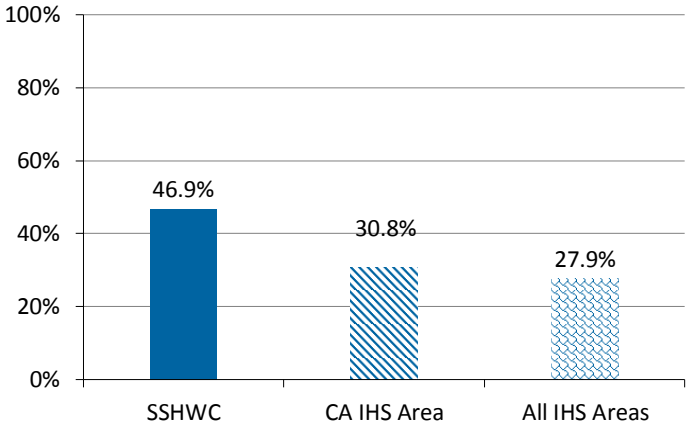
Proper dental care improves oral health and contributes to overall health. Dental care is important for children because childhood tooth decay is a common and preventable chronic infectious disease.

Dental Visits (IHSPM, 2013-2014)



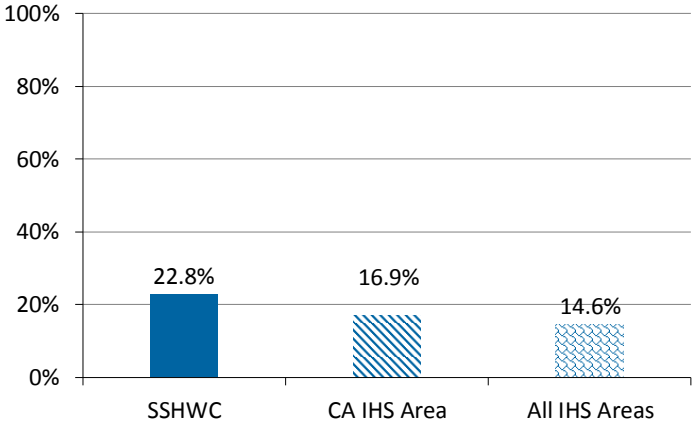
A total of 52% (n=669) of AIAN who were patients at SSHWC attended a dental visit during the past year, compared to approximately 41% (n=37,476) of AIAN patients at reporting California IHS clinics, and nearly 29% of AIAN patients across all IHS areas.

Topical Fluoride Treatments (IHSPM, 2013-2014)



Almost 47% (n=134) of AIAN aged 1 to 15 years old who were patients at SSHWC, and approximately 31% (n=7,368) of reporting California IHS clinic patients received one or more topical fluoride treatments during the past year, compared to nearly 28% of AIAN patients aged 1 to 15 years old across all IHS areas.

Dental Sealants (IHSPM, 2013-2014)



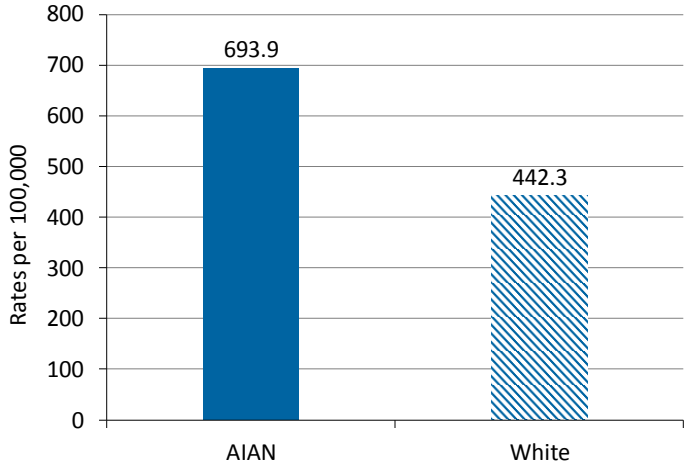
An effective, low-cost way to prevent tooth decay is to apply dental sealants. Of AIAN children aged 2 to 15 years old who previously received dental sealants, almost 23% (n=62) had intact dental sealants when examined at SSHWC, compared to nearly 17% (n=3,829) at reporting California IHS clinics and about 15% of AIAN children across all IHS areas.

MATERNAL AND CHILD HEALTH

A HEALTHY BODY

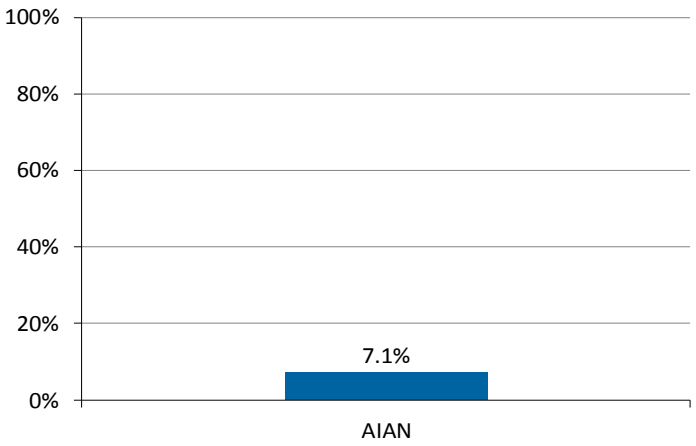
Maternal and child health indicators are useful in understanding health across generations. Infant mortality is not only an important indicator of maternal and child health but also overall population health and is often used to demonstrate disparities between groups. Many infant deaths are the result of preterm births and low birth weight, emphasizing the importance of receiving prompt prenatal care.

Infant Mortality (NVSS, 2010-2012)



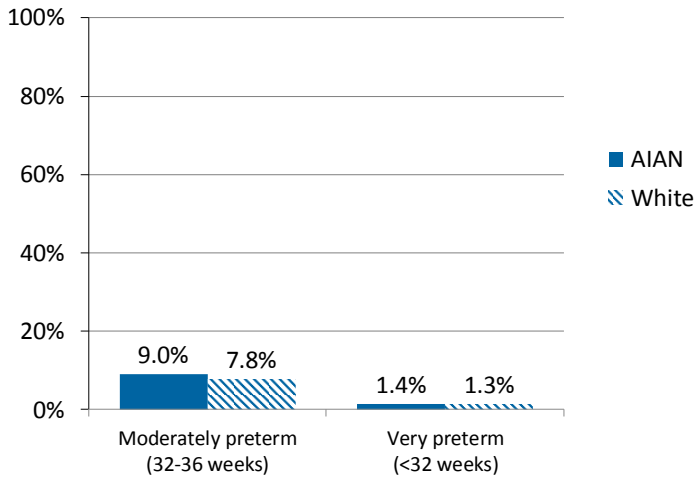
In California, from 2010-2012, the incidence rate of infant mortality for all causes in AIAN was 694 per 100,000 people, compared to 442 per 100,000 people for Whites.

Infant Low Weight at First Encounter (EDM, 2012-2013)



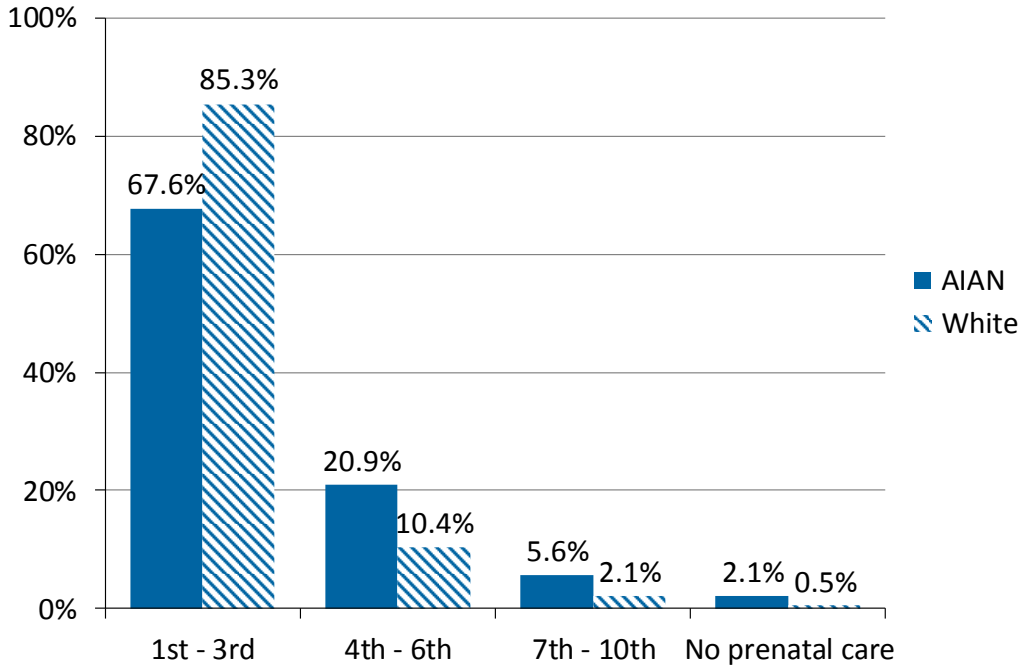
Infants who weighed under 2,500 grams (5.5 pounds) at first encounter at a THP or UIHP are considered to be at low weight. In California between 2012-2013, 7% (n=68; CI: 5.5-8.7%) of AIAN infants had low weight at their first encounter at a THP or UIHP.

Preterm Birth (NVSS, 2011-2013)



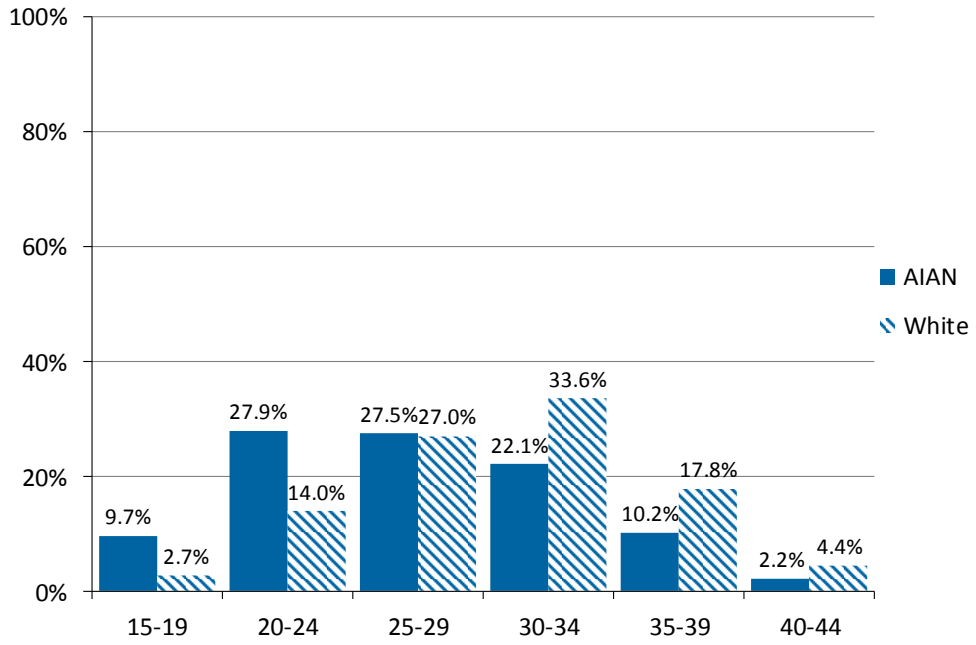
Overall, about 10% of California AIAN babies were born pre-maturely under 37 weeks gestation compared to about 9% of White babies. Most preterm births were classified as moderately premature, with 9% of AIAN births and almost 8% of White births occurring between 32 and 36 weeks gestation. Just over 1% of both AIAN and White births were classified as very premature, meaning that preterm births occurred before 32 weeks gestation.

Month Began Prenatal Care (NVSS, 2013)



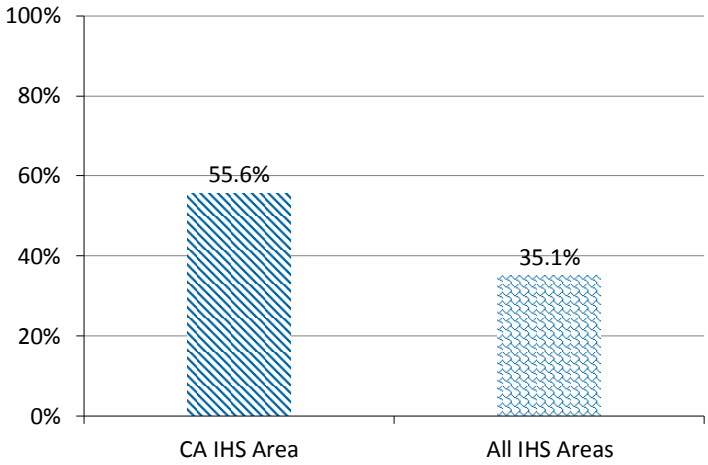
Nearly 68% of non-Hispanic AIAN women began prenatal care in the first trimester of pregnancy, compared to about 85% of non-Hispanic White women. About a quarter of non-Hispanic AIAN women began prenatal care in the second or third trimesters of pregnancy. A total of 2% of non-Hispanic AIAN women received no prenatal care during pregnancy, compared to less than 1% of non-Hispanic White women.

Age of Mother at Birth of First Child (NVSS, 2013)



In California, almost 10% of first child non-Hispanic AIAN births were to teenage mothers (aged 15 to 19 years old), compared to 2.7% of first child births being to non-Hispanic White teenage mothers. Overall, the majority (about 65%) of first child non-Hispanic AIAN births were to mothers under 30 years old, while among non-Hispanic Whites, the majority of first child births (about 56%) were to women 30 years old and above.

Breastfeeding Rates (IHSPM, 2013-2014)



Breastfeeding can be beneficial for both mothers and children. Among AIAN women receiving services at California IHS clinics, almost 56% (n=109) indicated that their babies were mostly or exclusively breastfed at 2 months of age. Across all IHS areas, about 35% of AIAN mothers mostly or exclusively breastfed 2-month-old babies. Note: SSHWC data not available for 2013-2014 reporting period.

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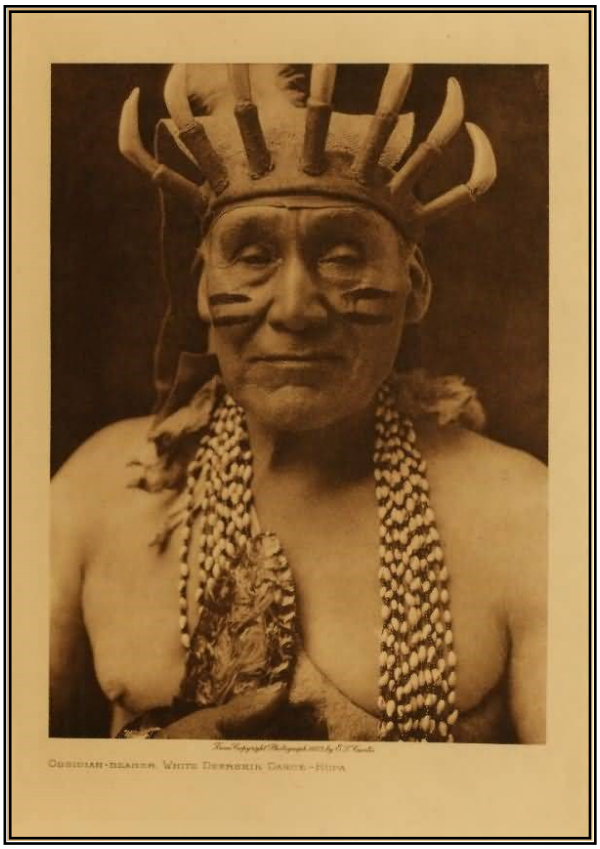
A Healthy Mind



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A HEALTHY MIND

This section will cover Alcohol Abuse, Commercial Tobacco Use, Drug Abuse, and Mental Health. A healthy mind is integral to quality of life, as well as the quality of life for those in the community. Limiting alcohol intake, quitting smoking, and abstaining from abusing illegal and prescription drugs will promote a clean, clear, healthy mind. The cultural and traditional practices of Native people inherently promote healthy, balanced lifestyles that prevent mental health problems. Traditional healers in many Native communities successfully treat and provide counsel for those in need of spiritual and mental guidance. For Native people, all things are connected: A healthy mind, body, community and spirit are tied together.

A poor mental health status can lead to deterioration of hormonal and immune systems that ward off disease, and to behaviors that put the physical and spiritual health of the body at risk, such as substance abuse, domestic violence, and undesirable mental states of mind. Screening and seeking help for **Mental Health** issues will help to ensure the mind stays well. Meeting with a medicine person, spiritual leader, or psychiatrist has helped others improve their mental state. Other traditional and Western methods have shown to improve the overall health and well being for many people, such as traditional medicine, sweats, smudging, and Western medication.

Many studies have shown that AIAN use **Commercial Tobacco** (cigarettes and chewing tobacco) and alcohol at a higher rates than other races and ethnicities. Traditional tobacco can be enormously beneficial to the mind and to the spirit, however, commercial tobacco contains many additives that are addicting and harmful to the body and mind. Commercial tobacco use can lead to lung cancer and many other health problems. **Alcohol Abuse**, can lead to liver problems later in life, and is a factor in many car accidents and deaths. While AIAN have high rates of alcohol abuse, they also have the highest rate of complete abstinence from alcohol, indicating the power of the AIAN community, resources, and support systems. Quitting smoking and reducing alcohol intake (1 serving of alcohol per day for females, 2 for males) or abstaining from alcohol for those with addiction issues, can greatly improve overall health and well being. **Drug Abuse**, whether by using illegal substances (heroin, cocaine, methamphetamines) or prescription drugs, is harmful to the body and can lead to poor mental health.

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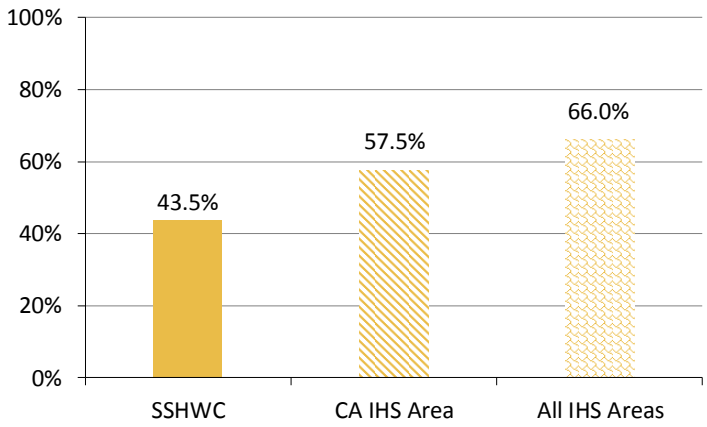
MENTAL HEALTH

A HEALTHY MIND

Depression is the most commonly experienced mental health issue. Depression is associated with more than two-thirds of suicides as well as with heart disease, diabetes, cancer, and alcohol and drug abuse.

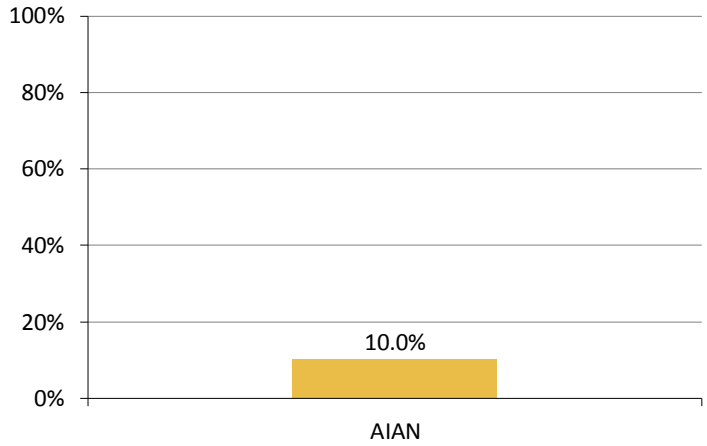
Depression Screening (IHSPM, 2013-2014)

Depression is a common yet treatable mental illness, and screening for depression is an important preventative measure. About 44% (n=273) of adult AIAN patients at SSHWC were screened for depression, compared to about 58% (n=26,112) at reporting California IHS clinics, and 66% across all IHS areas.



Depression Diagnosis (EDM, 2012-2013)

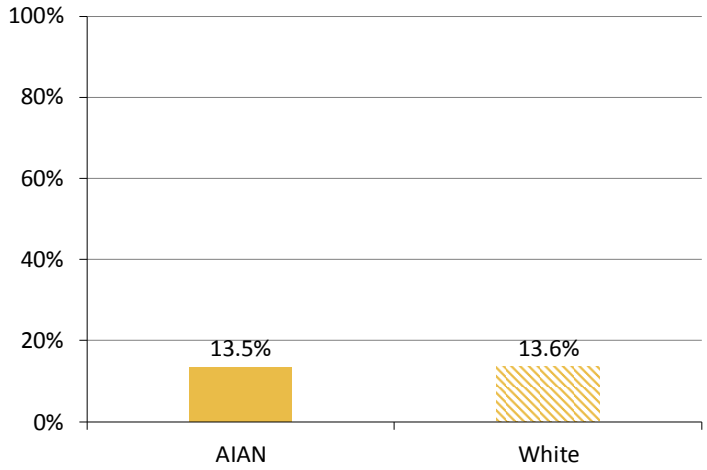
In California from 2012-2013, 10% (n=10,585; CI: 9.8-10.1%) of AIAN were diagnosed with some form of depression, including major depressive disorders, bipolar disorders with depressed episodes, dysthymia, and depressed mood.



Prescription Medication for Mental Health Issues (CHIS, 2011-2012)

In Central California, approximately 14% (CI: 5.5-21.5%*) of non-Latino AIAN reported taking prescription medication for a mental health issue at least two weeks during the past year, whereas about 14% (CI: 12.1-15.0%) of non-Latino Whites reported taking prescription medication for at least two weeks during the past year.

**Includes statistically unstable AIAN data*

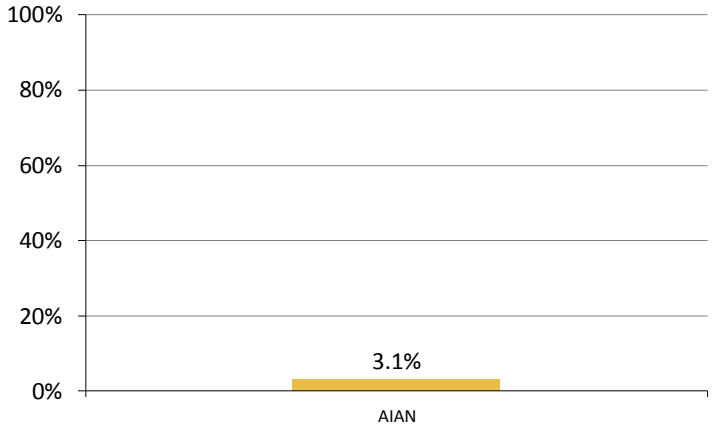


ALCOHOL ABUSE

Alcohol abuse can be associated with violence, teen pregnancy, sexually transmitted diseases, and/or injuries from car accidents or drowning. Alcohol abuse can also lead to heart disease, cancer, and liver disease. Because of its effect on various health factors, alcohol abuse can influence individual, family, and community well-being.

Alcohol Dependence and Abuse (EDM, 2012-2013)

Approximately 3% (n=3,303; CI 3.0-3.2%) of AIAN adults in California were diagnosed with some type of alcohol dependence or alcohol abuse including alcoholism.

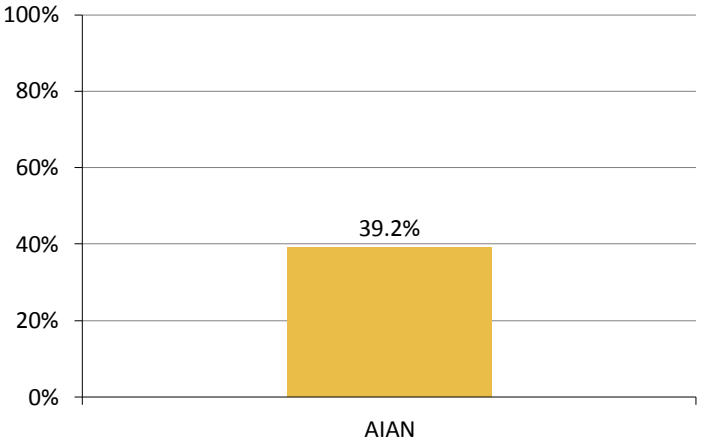


Binge Drinking (CHIS, 2011-2012)

Estimates of binge drinking represent the risk of immediate alcohol related health consequences. Binge drinking is considered to be 5 or more drinks at a time for males and 4 or more drinks at a time for females. In Central California, almost 38% (CI: 23.9-51.3%) of non-Latino AIAN and about 34% (CI: 31.4-35.8%) of non-Latino Whites reported binge drinking in the past year (graph not shown).

Drank in Past 30 Days (CTBRFCS, 2012-2013)

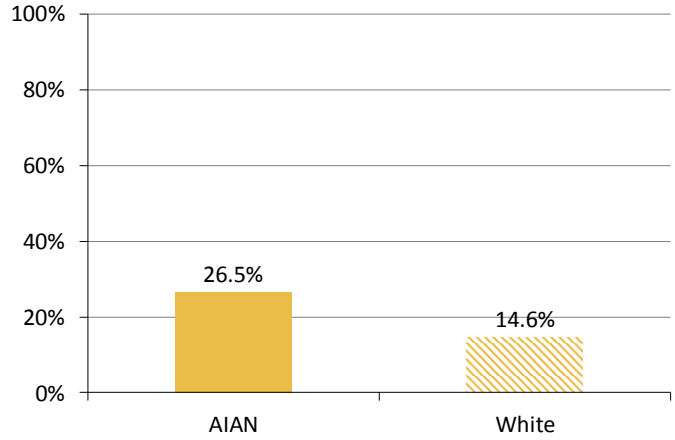
About 39% (n=80) of Central California AIAN reported drinking in the past 30 days.



COMMERCIAL TOBACCO USE

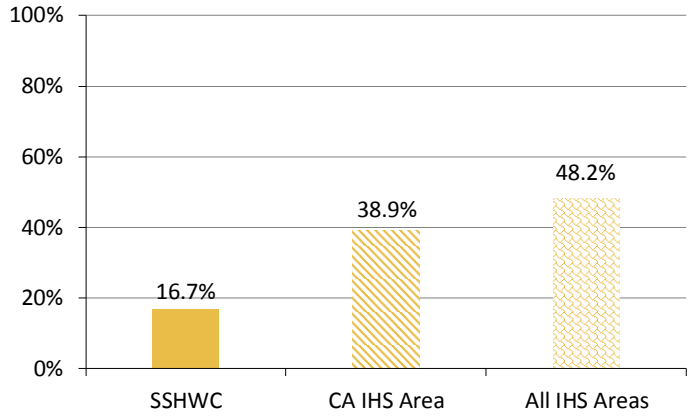
Commercial tobacco is filled with additives, is addictive, and has been linked to the development of lung cancer, chronic lung diseases, heart disease, and stroke.

Current Smoker (CHIS, 2011-2012)



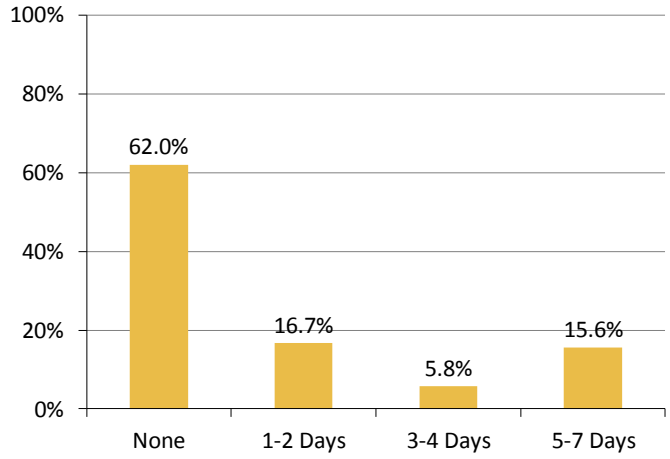
Current smokers are individuals who report smoking daily and who have smoked at least 100 cigarettes in their lifetime. In Central California, about 27% (CI: 14.3-38.7%) of non-Latino AIAN reported being current smokers, whereas almost 15% (CI: 13.0-16.3%) of non-Latino Whites reported being current smokers.

Smokers Received Tobacco Cessation Intervention (IHSPM, 2013-2014)



Of AIAN commercial tobacco users served at SSHWC, almost 17% (n=47) reported receiving a tobacco cessation intervention, compared to almost 39% (n=6,232) at reporting California IHS clinics, and about 48% across all IHS areas.

Days Breathed Secondhand Smoke in Indoor Workplace (CTBRFCS, 2012-2013)

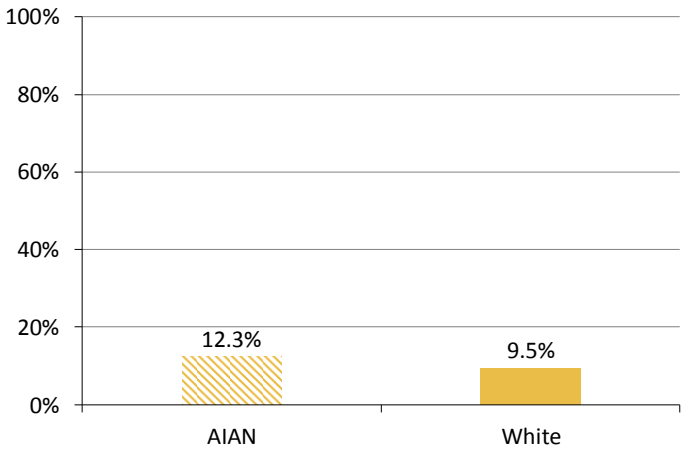


Approximately 38% (n=105) of adult Central California AIAN reported breathing secondhand smoke in an indoor workplace 1 or more days during the past 7 days. Nearly 16% (n=43) of adult Central California AIAN reported breathing secondhand smoke in an indoor workplace for 5-7 days during the past 7 days.

DRUG ABUSE

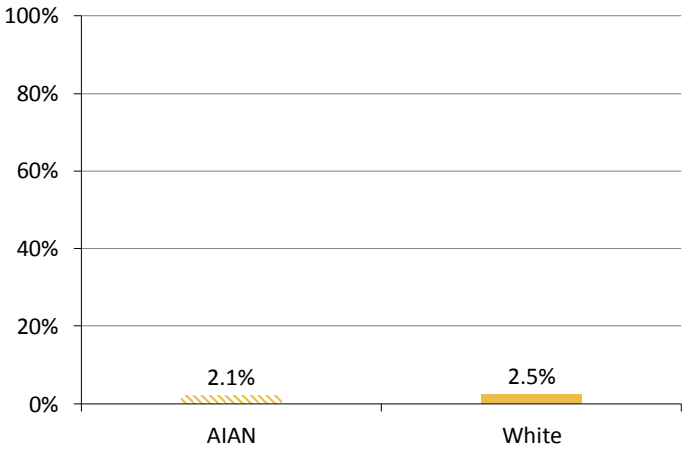
Drug abuse includes abuse of both illegal substances (marijuana/hashish, cocaine, heroin, hallucinogens, inhalants) and non-medical use of prescription pills, including pain relievers, tranquilizers, stimulants, or sedatives. Drug abuse can lead to heart problems, overdoses, and death. Drug abuse can also lead to heart disease, cancer, and liver disease. Because of its effect on various health factors, drug abuse can influence individual, family, and community well-being.

Illicit Drug Use (NSDUH, 2013)



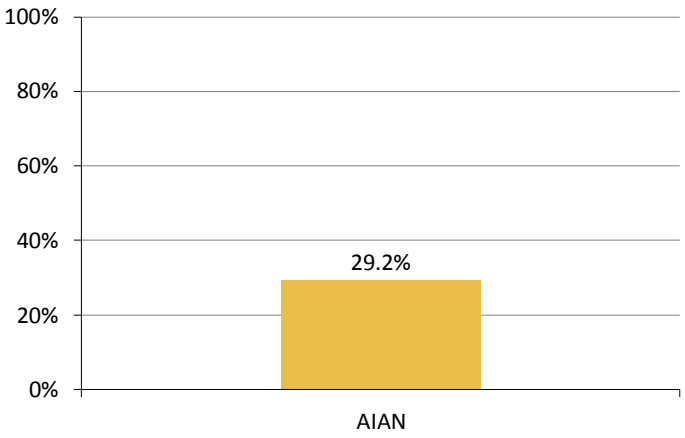
In the United States, approximately 12% of AIAN aged 12 or more years old reported using illicit drugs during the past month, compared to almost 10% of non-Hispanic and non-Latino Whites.

Non-medical Use of Prescription Drugs (NSDUH, 2013)



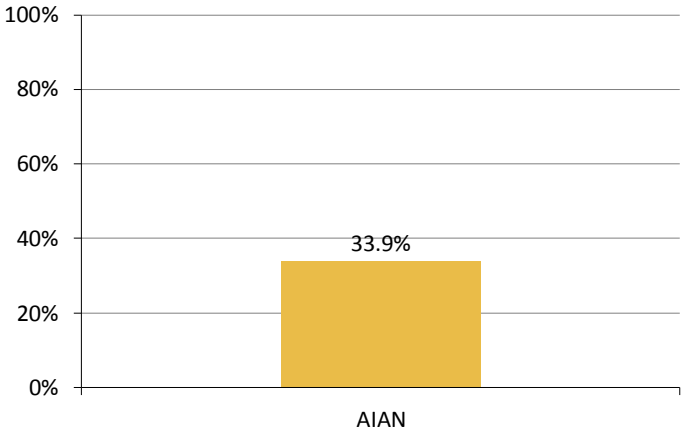
Nationally, approximately 2% of AIAN aged 12 or more years old reported using prescription psychotherapeutic for non-medical reasons during the past month, compared to almost 3% of non-Hispanic and non-Latino Whites.

Methamphetamine Use (CTBRFCS, 2012-2013)



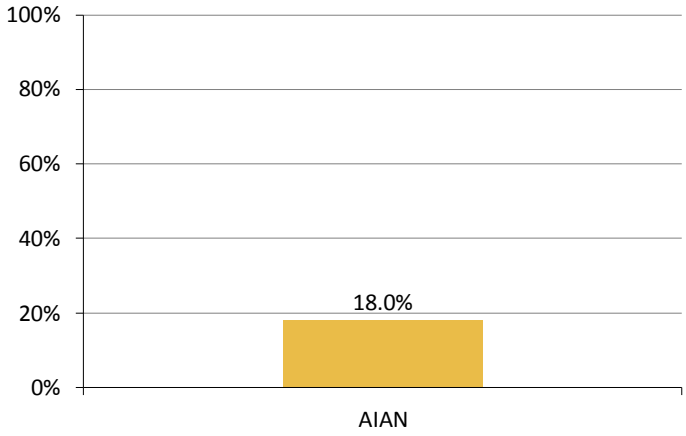
Approximately 29% (n=86) of Central California AIAN have ever used crank, methamphetamine (meth), or ice.

Cocaine Use (CTBRFCS, 2012-2013)



Nearly 34% (n=100) of Central California AIAN have ever used cocaine.

Inhalant Use (CTBRFCS, 2012-2013)



In Central California, 18% (n=53) of AIAN have ever sniffed or inhaled glue, gasoline, lighter fluid, Freon, white out, nail polish remover, whip-its, or paint to get high.

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A Healthy Community

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A HEALTHY COMMUNITY

The Native community is unique, and one of the most supportive communities in the country - many AIAN people rely on their community, tribe, and culture to sustain health and wellness. This section will cover Access to Health Care, Immunizations, Elder Falls, Environmental Health, and Domestic Violence, all of which can affect the health and wellness of a community.

Often times **Access to Health Care** is insufficient in rural and Native communities. Transportation to and from doctor's appointments, the availability of medicine and treatment options, having clinics open and fully staffed at all hours, and having culturally competent health care are all challenges that many Native communities face. **Immunizations** are an effective method to prevent disability and death from infectious diseases as well as to control the spread of diseases, yet many Native children and adults do not receive immunizations that can prevent illnesses. In addition, it is important for Native families and communities to work together to **Support Elders** and prevent elder falls.

The health of the immediate **Environment** can be in poor condition with respect to housing facilities and water supplies. Having safe drinking water and adequate plumbing facilities are essential to a healthy community on rural and reservation/rancheria lands. Finally, **Domestic Violence**, whether it be by a family member or friend, continues to affect Native communities at a higher rate than other communities.

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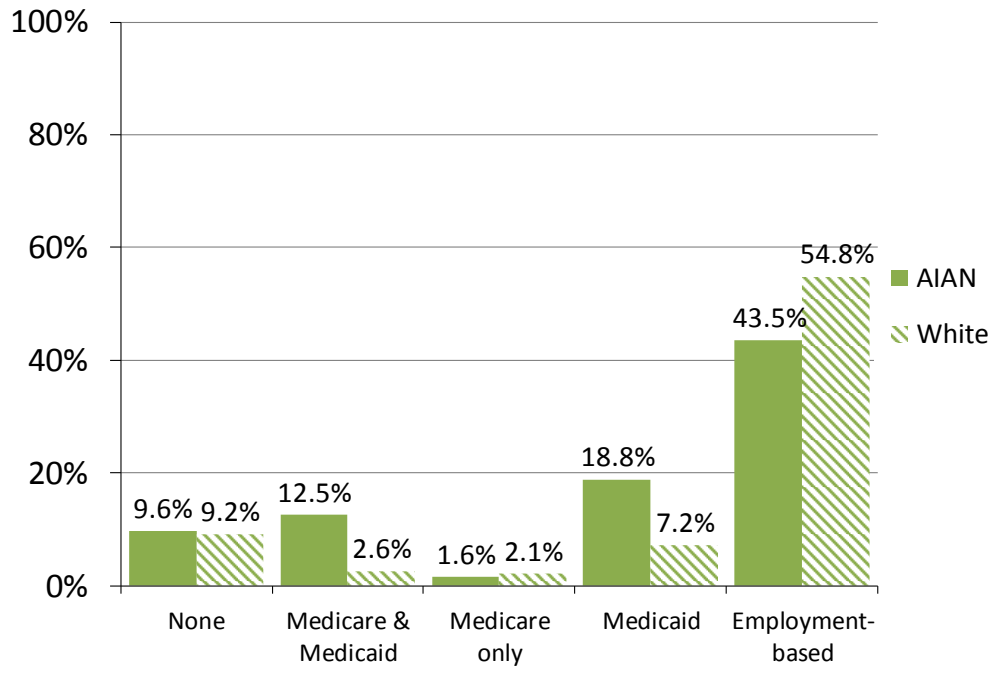
ACCESS TO HEALTH CARE

Access to health care is necessary for preventing and treating many illnesses. Accessibility of health care varies by individual and community, but it is often defined by whether or not an individual has health insurance.

Type of Medical Insurance (CHIS, 2011-2012)



In Central California, almost 10% (CI: 2.0-17.1%*) of non-Latino AIAN reported having no medical insurance, compared to about 9% (CI: 7.9-10.5%) of non-Latino Whites. About 13% (CI: 2.5-22.6%*) of non-Latino AIAN reported having Medicare and Medicaid, compared to about 3% (CI: 2.1-3.1%) of non-Latino Whites, while almost 2% (CI: 0.0-3.9%*) of non-Latino AIAN reported having Medicare only, compared to 2% (CI: 1.7-2.5%) of non-Latino Whites. About 19% (CI: 9.7-28.0%) of non-Latino AIAN reported being enrolled in Medicaid, compared to just over 7% (CI: 6.2-8.2%) of non-Latino Whites. Finally, about 44% (CI: 30.2-56.8%) of non-Latino AIAN reported having employment-based insurance, compared to almost 55% (CI: 53.0-56.6%) of non-Latino Whites.

Note: Data were reported prior to implementation of the Affordable Care Act in 2014.

**Includes statistically unstable AIAN data*

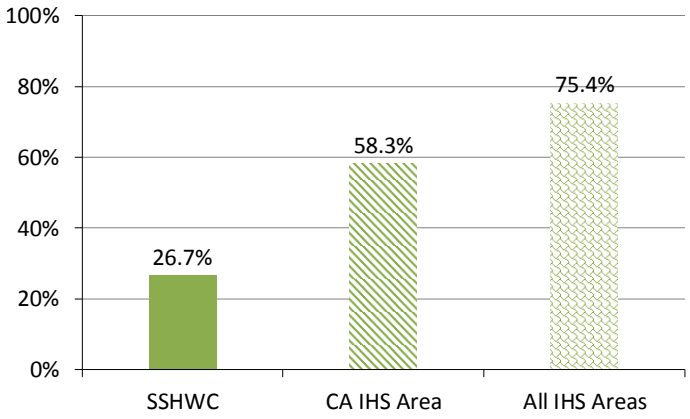
IMMUNIZATIONS

Immunizations are an effective method to prevent disability and death from infectious diseases as well as to control the spread of diseases.

Childhood Immunizations (IHSPM, 2013-2014)

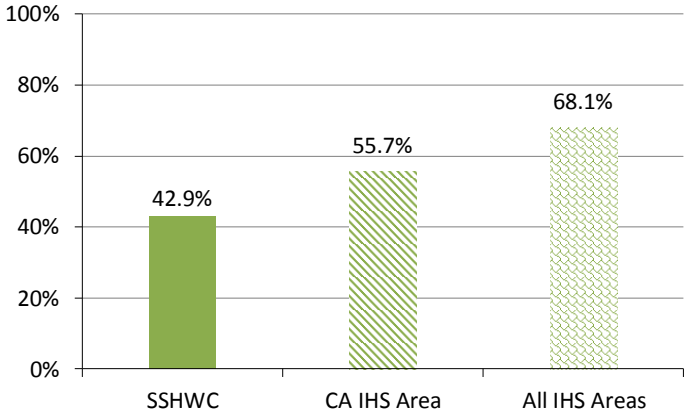
Immunizations for children aged 19 to 35 months old include 4 doses of DTaP (diphtheria, tetanus, and pertussis), 3 doses of IPV (polio), 1 dose of MMR (measles, mumps and rubella), 3 doses of Hepatitis B, and 3 doses of Hib (Haemophilus influenzae type b). About 27%** of children at SSHWC received these immunizations, compared to over 58% (n=837) of children at reporting California IHS clinics, and over 75% of children across all IHS areas. The Healthy People 2020 goal is for at least 80% of children to be fully immunized.

***n value not reported; sample size smaller than 10*



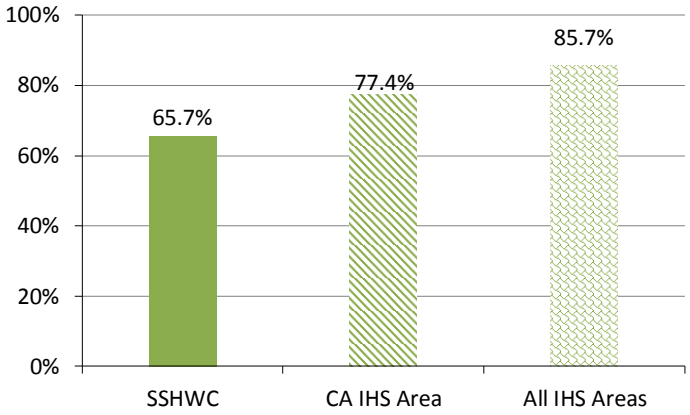
Influenza Immunizations (IHSPM, 2013-2014)

Almost 43% (n=30) of AIAN patients at SSHWC who were 65 years old and above received a flu shot, while nearly 56% (n=2,864) of patients at reporting California IHS clinics, and about 68% of patients across all IHS areas received a flu shot. The Healthy People 2020 goal is for at least 90% of individuals 65 years old and above to receive a flu shot annually.



Pneumococcal Immunizations (IHSPM, 2013-2014)

At SSHWC, nearly 66% (n=46) of patients who were aged 65 years old and above received the pneumococcal vaccine, which increases protection against pneumonia, bacteremia, meningitis, and other severe infections. Over 77% (n=3,979) of patients in reporting California IHS clinics, and nearly 86% of patients across all IHS areas received this vaccine. The Healthy People 2020 goal is for at least 90% of individuals 65 years old and above to receive the pneumococcal vaccine.

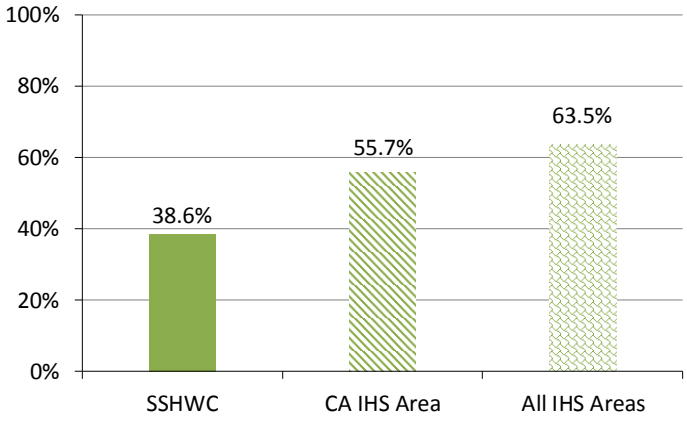


DOMESTIC VIOLENCE

Domestic violence includes abusive behaviors used by one person in a relationship to control the other person. Domestic violence can include mental, physical, emotional, verbal, and spiritual abuse, and it is often associated with alcohol and drug abuse and other risky health behaviors. Domestic violence can be disruptive to individual, family, and community functioning.

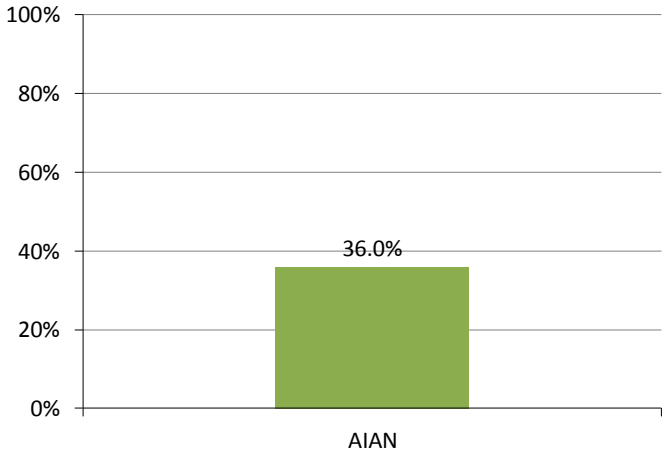
Domestic Violence Screening (IHSPM, 2013-2014)

At SSHWC, about 39% (n=80) of women were screened for domestic violence, compared to almost 56% (n=8,344) in reporting California IHS clinics and about 64% of female clients aged 15 to 40 years old in all IHS areas.



Violence by Intimate Partner (CTBRFCS, 2012-2013)

A total of 36% (n=104) of AIAN in Central California have experienced violence by an intimate partner.

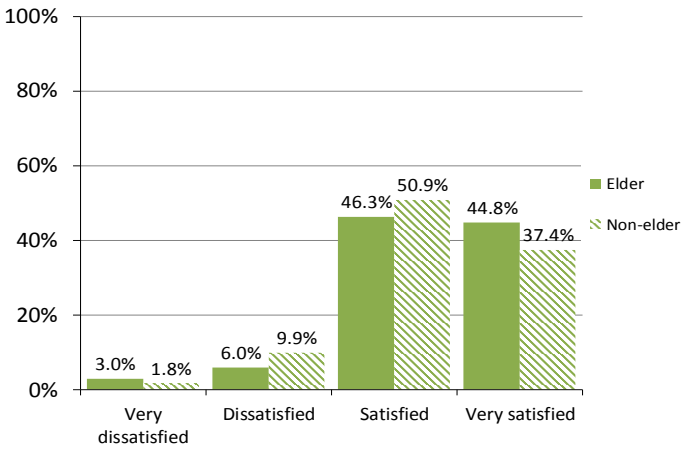


ELDER CARE AND SUPPORT

A HEALTHY COMMUNITY

Elders are the foundation of strong and healthy California Native communities. Therefore, it is vital that special care is provided to this group who preserve and share important traditions and greatly enhance the communities in which they live. One major health concern for elders includes unintentional falls. Elder falls can lead to serious injuries and sometimes even death, but they can be prevented by individuals, families, and medical providers. Elders who are physically active; who have had home safety inspections; and who participate in ongoing medication management and regular vision exams have a reduced risk of falling.

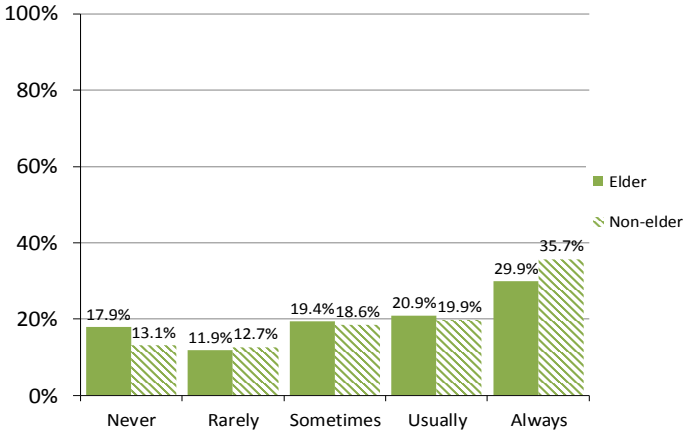
Life Satisfaction (CTBRFCS, 2012-2013)



In Central California, about 91% (n=61) of elders aged 55 years old and above stated that they are satisfied or very satisfied with life, compared to about 88% (n=196) of non-elders aged 18 to 54 years old. A total of 9%** of elders and almost 12% (n=26) of non-elders reported feeling dissatisfied or very dissatisfied with life.

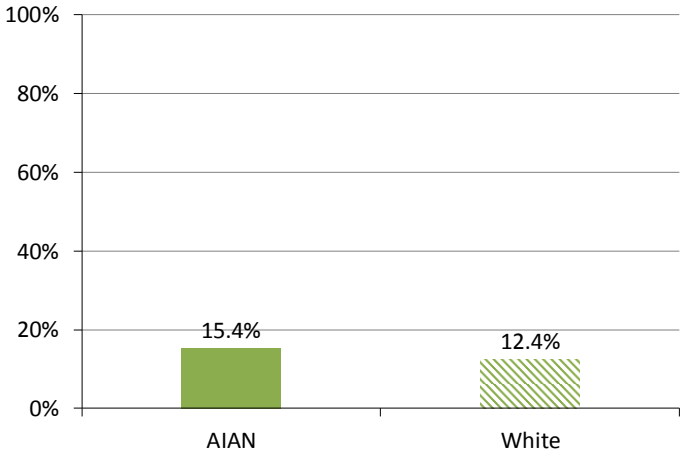
*** n value not reported; sample size smaller than 10*

Emotional and Social Support (CTBRFCS, 2012-2013)



When asked how often do they receive the emotional and social support that they need, almost 30% (n=20) of Central California elders aged 55 years old and above said never or rarely, compared to almost 26% (n=57) of non-elders aged 18 to 54 years old. Furthermore, about 51% (n=34) of elders said they usually or always receive the emotional support they need, compared to almost 56% (n=123) of non-elders.

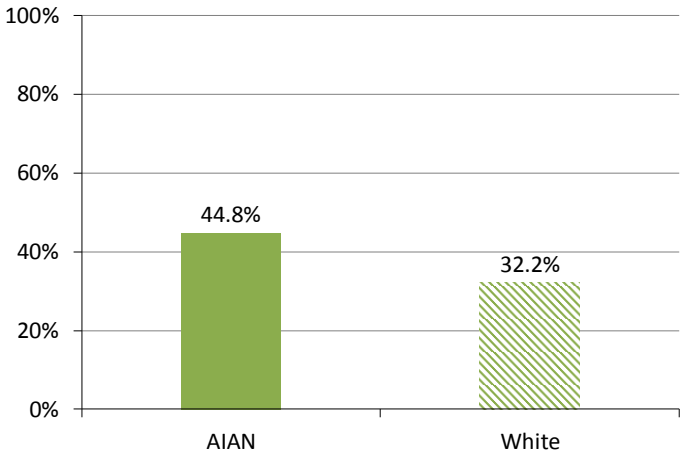
Elder Fell More Than Once in Past Year (CHIS, 2011-2012)



About 15% (CI: 0.0-34.9%*) of non-Latino AIAN in Central California aged 65 years old and above reported accidently falling to the ground more than once during the past year, whereas about 12% (CI: 10.6-14.2%) of non-Latino Whites reported falling that often.

**Includes statistically unstable AIAN data*

Elder Hospitalized Due to Falls in Past Year (CHIS, 2011-2012)



In Central California, of those 65 years old and above who had fallen during the past year, nearly 45% (CI: 32.6-57.0%*) of non-Latino AIAN and about 32% (CI: 21.4-43.0%) of non-Latino Whites were hospitalized due to the fall.

**Includes statistically unstable AIAN data*

ENVIRONMENTAL HEALTH

A HEALTHY COMMUNITY

Sanitation facilities and quality housing with safe water and sanitary waste disposal systems reduce the risk of infectious disease outbreaks and result in healthier communities. In 2007, IHS reported that approximately 11% of AIAN homes were without a safe and reliable water supply; however, the IHS goal is that at least 94% of AIAN homes have a safe water supply. As part of the Indian Health Care Improvement Act, a **Sanitation Deficiency System (SDS)** was established by IHS to identify deficiency levels for each home and community. Assessments are scored from Level 0 to 5 as described below, with the goal of having each home score at a Level 0 or Level 1.

- **Level 0:** No deficiencies to correct.

- **Level 1:** Sanitation system complies with all applicable water supply and pollution control laws, and deficiencies relate to routine replacement, repair, or maintenance needs. Fully adequate water supply, sewage disposal, and solid waste facilities exist for a home/community.

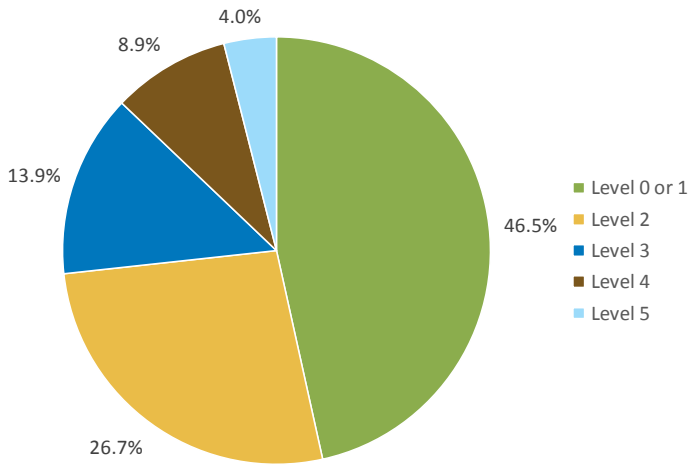
- **Level 2:** Sanitation system complies with all applicable water supply and pollution control laws, and deficiencies relate to capital improvements that are necessary to improve the domestic sanitation facilities. Water supply, sewage disposal, and solid waste facilities exist but water storage tank or pipes are too small or water well capacity is not adequate.

- **Level 3:** Sanitation system has inadequate or partial water supply and a sewage disposal facility does not comply with applicable water supply and pollution control laws, or has no solid waste disposal capacity. Safe water supply and sewage disposal systems exist but there are significant problems with water quantity; the sewage lagoon is overloaded/overflowing and effluent does not meet discharge standards; or there are no solid waste disposal functions.

- **Level 4:** Sanitation system lacks either a safe water supply system or a sewage disposal system.

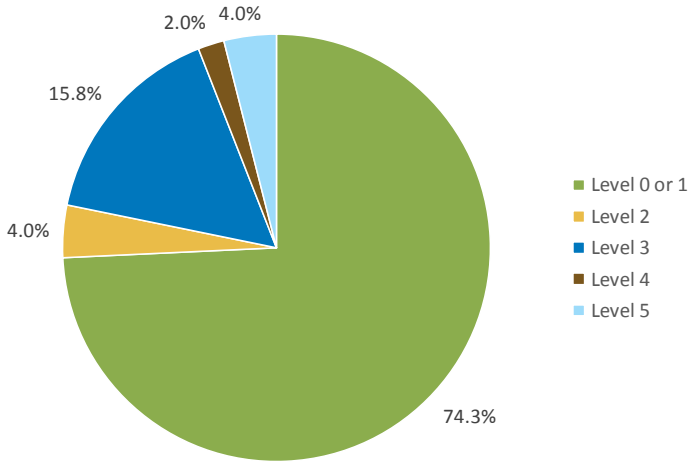
- **Level 5:** No safe water supply and no sewage disposal system.

Water Deficiency (SDS, 2014)



In California, nearly 47% (n=19,401) of the homes in the AIAN SDS system had sufficient water systems (Levels 0 to 1), but approximately 13% (n=5,029) of the homes lacked potable (drinkable) water, with deficiency Levels 4 or 5. IHS estimated that the cost of projects to correct water deficiencies in eligible AIAN homes would be $138 million.

Sewer Deficiency (SDS, 2014)



Approximately 74% (n=30,917) of California AIAN homes in the SDS system were connected to adequate sewer systems, with a Level 0 or 1 deficiency. However, 6% (n=2,242) of homes scored at a Level 4 or 5, indicating that they did not have adequate disposal systems. IHS estimated that it would cost over $150 million to supply eligible AIAN homes with adequate sewage disposal systems.

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TECHNICAL NOTES

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NOTES ON DATA SOURCES

American Community Survey (ACS)

The American Community Survey (ACS) is conducted by the United States Bureau of the Census. The ACS includes a series of monthly samples for census tracts and block areas. These samples are then used to update the United States Census yearly. In 2010, the ACS replaced the United States Census long-form survey. The same definition of race applies for the ACS as in the United States Census. For this California AIAN Community Health Profile, CTEC used combined 2009-2013 data from those who indicated their race was AIAN alone or AIAN combined with one or more race.

California Department of Public Health (CDPH) Sexually Transmitted Disease (STD) Control Branch

California data are from the STD surveillance systems operated by state and local STD control programs. Case reports are submitted electronically to local health jurisdictions in the form of laboratory reports and Confidential Morbidity Reports (CMRs). Local health jurisdictions then submit the data to the California Department of Public Health (CDPH). Rates by county were calculated using State of California, Department of Finance, California County Population Estimates and Components of Change from 2013. The race and ethnicity reported are non-Hispanic AIAN and non-Hispanic White. *The substantial amount of missing race/ethnicity data from the laboratory reports and county medical records limits the interpretation of race/ethnicity data from surveillance data.* The majority of case reports originate from laboratories, which do not routinely collect data on race/ethnicity. Furthermore, some managed care organizations and other health care service providers do not routinely record race/ethnicity.

NOTES ON DATA SOURCES

California Health Interview Survey (CHIS)

The California Health Interview Survey (CHIS) is conducted by the UCLA Center for Health Policy Research in collaboration with the California Department of Public Health, the Department of Health Care Services, and the Public Health Institute. CHIS is a telephone survey that uses a random-digit-dial (RDD) design of land lines and cellular phones for a sample that is representative of the state's population. CHIS is the nation's largest state health survey. Through 2012, it was conducted on a continual two year basis on a wide range of health topics. CHIS 2011-2012 surveyed more than 44,000 households, including more than 42,000 adults and 10,000 teens and children, with oversampling done among AIAN to give a better sample of rural and urban AIAN**.** The number of individually represented California counties is 41 (with the remaining smaller counties grouped into three strata). CHIS aggregates several smaller counties in sampling procedures.

There are several definitions of race that can be used in describing data in AskCHIS (CHIS currently uses the 2010 Census definition of race). Race is self-reported by the interviewee in CHIS. CTEC decided to use "any mention of American Indian or Alaska Native" when describing the AIAN population in this report, so that a large enough sample size could be obtained for health status questions in the survey. This profile includes individuals who reported being AIAN and not Latino. The non-Latino AIAN population is compared to non-Latino Whites. California changed reporting terminology from non-Hispanic White to non-Latino White.

Central California regional data include CHIS responses from individuals who resided in Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Monterey, Nevada, Placer, Sacramento, San Benito, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Stanislaus, Tulare, and Tuolumne counties.

All data from this report comes from 2011-2012 CHIS. 95% Confidence Intervals (CIs) are reported for CHIS data, and 95% CIs are reported for all data for which there was a statistically significant difference. All data contained in this report are available at the CHIS website: http://www.chis.ucla.edu

NOTES ON DATA SOURCES

California Tribal Behavioral Risk Factor Community Survey (CTBRFCS)

California Tribal Behavioral Risk Factor Community Survey (CTBRFCS) was funded by and adapted from the Centers for Disease Control (CDC) Behavioral Risk Factor Community Survey (BRFSS). BRFSS is conducted annually and nationwide by each state. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. BRFSS was established in 1984 by the CDC; currently data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

CTBRFCS was developed to ensure that the health needs of California AIAN are documented, met, and understood. The California Rural Indian Health Board (CRIHB) and CTEC use CTBRFCS data to identify emerging health problems, establish and track health objectives, and to develop and evaluate public health policies and programs. CTBRFCS data are also used to support health-related legislative efforts.

CTBRFCS was a sample of convenience. From 2012 through 2013, self-administered CTBRFCS data were collected at 13 AIAN cultural events throughout California. CTBRFCS data include respondents from who self-reported that they were AIAN or AIAN in combination with another race.

Central California regional data include CTBRFCS responses from individuals who resided in Alpine, El Dorado, Fresno, Inyo, Kings, Madera, Merced, Mono, Monterey, Nevada, Placer, Sacramento, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Stanislaus, and Tulare counties.

Epi Data Mart (EDM)

Epi Data Mart data are unaltered, de-identified IHS patient registration, encounter, and visit data reported by California THPs and UIHPs into the IHS National Data Warehouse (NDW) via multiple reporting programs, including Resource and Patient Management System (RPMS) and NextGen. EDM data used in this profile include unduplicated AIAN active users from federal fiscal year 2013, which runs from October 1, 2012 to September 30, 2013. EDM data are from encounter records of AIAN who had at least one visit to a California THP or UIHP during the federal fiscal year.

NOTES ON DATA SOURCES

Indian Health Service Performance Measure (IHSPM)

The Indian Health Service (IHS) developed a set of performance indicators as part of the Government Performance and Results Act (GPRA). GPRA indicators are reported for AIAN Active Users. An Active User is an AIAN enrolled member or a descendant of a federally recognized tribe, who has had a reportable medical or dental visit to a clinic funded by the IHS within the last three fiscal years.

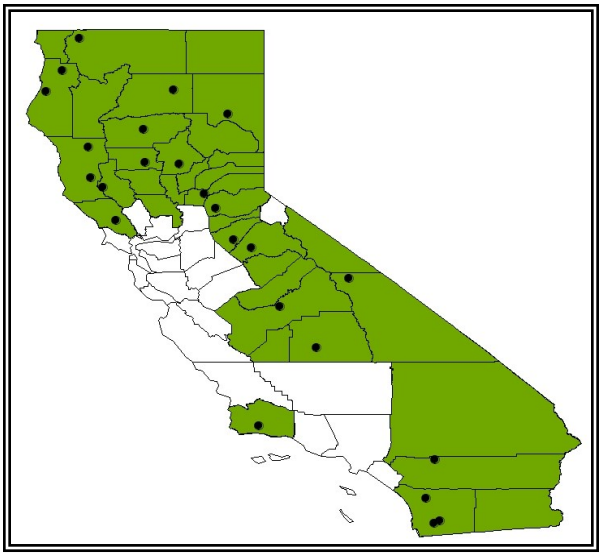
GPRA data are not available for all IHS funded health facilities. California IHS area 2014 GPRA data (July 1, 2013 to June 30, 2014) are available for approximately 87% of AIAN Active Users. There are 12 IHS Administrative Areas in the United States: Aberdeen, Alaska, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson.

IHS Performance Measures (IHSPM) in this report include GPRA data from IHS for 34 reporting IHS Health Programs. Thus, California data in this report include information from 26 Tribal and 8 Urban Indian Health Programs. At the state level, IHSPM data were merged with data from the Indian Health Center of Santa Clara Valley; Mariposa, Amador, Calaveras, Tuolumne Health Board; Native American Health Center of Oakland and San Francisco; Redding Rancheria Tribal Health Clinic; and the United Indian Health Service, although it is important to note these health programs have their own reporting mechanisms and these data have not been validated by the IHS (see map and list of IHSPM sites).

In this profile, IHSPM data for California were compared to IHSPM data reported by Shingle Springs Health and Wellness Center and to IHSPM data for all IHS areas.

California Area IHSPM data are available online at: http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf

California IHSPM Sites & CHSDA Counties



NOTES ON DATA SOURCES

TRIBAL HEALTH PROGRAMS

IHSPM THP	Location
Anav Tribal Health Clinic	Fort Jones
Central Valley Indian Health, Inc.	Clovis
Chapa-De Indian Health Program, Inc.	Auburn
Consolidated Tribal Health Project, Inc.	Redwood Valley
Feather River Tribal Health, Inc.	Oroville
Greenville Rancheria Tribal Health Program	Greenville
Indian Health Council, Inc.	Valley Center
K'ima:w Medical Center	Hoopa
Karuk Tribal Health and Human Services Program	Happy Camp
Lake County Tribal Health Consortium, Inc.	Lakeport
Lassen Indian Health Center	Susanville
Mariposa, Amador, Calaveras, Tuolumne Health Board, Inc.*	Angels Camp
Northern Valley Indian Health, Inc.	Willows
Pit River Health Service, Inc.	Burney
Redding Rancheria Tribal Health Center*	Redding
Riverside-San Bernardino County Indian Health, Inc.	Banning
Round Valley Indian Health Center	Covelo
Santa Ynez Tribal Health Clinic	Santa Ynez
Shingle Springs Health and Wellness Center	Placerville
Sonoma County Indian Health Project, Inc.	Santa Rosa
Southern Indian Health Council, Inc.	Alpine
Sycuan Medical Dental Center	El Cajon
Toiyabe Indian Health Project, Inc.	Bishop
Tule River Indian Health Center, Inc.	Porterville
Tuolumne Me-Wuk Indian Health Center	Tuolumne
United Indian Health Services, Inc.*	Arcata

*Data have not been validated by the IHS.

NOTES ON DATA SOURCES

URBAN INDIAN HEALTH PROGRAMS

IHSPM UIHP	Location
American Indian Health & Services	Santa Barbara
Bakersfield American Indian Health Project	Bakersfield
Fresno American Indian Health Project	Fresno
Indian Health Center of Santa Clara Valley*	San Jose
Native American Health Center*	Oakland/San Francisco
Sacramento Native American Health Center	Sacramento
San Diego American Indian Health Center	San Diego
United American Indian Involvement	Los Angeles

*Data have not been validated by the IHS.

National Vital Statistics System (NVSS)

The National Vital Statistics System (NVSS) is a system that the National Center for Health Statistics (NCHS) uses for reporting deaths, births, marriages, divorces, and fetal deaths. NVSS information is reported to NCHS by contract through the jurisdiction that is legally required to report that information in each state. Data are available through tables and keyword searches. Categories and keywords were used to collect the data for this report. Some data are reported in 3 year annual averages. Information was accessed from: http://www.cdc.gov/nchs/nvss.htm.

Please Note: Race and ethnicity for infant mortality rates are based on the mother's reported race and ethnicity. Data are reported 2010 through 2013.

National Survey on Drug Use and Health (NSDUH)

The National Survey on Drug Use and Health (NSDUH) is the primary source of information on the use of illegal drugs by the U.S. population. Each year, about 70,000 individuals aged 12 years old and above are surveyed across the 50 United States and the District of Columbia. Race and Hispanic origin were collected using the 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Data are reported as AIAN-only (Not Hispanic or Latino) in comparison to White-only (Not Hispanic or Latino). Data are not California specific and are reported for the entire United States. Data are reported for 2013. NSDUH data can be accessed at http://www.samhsa.gov/data/population-data-nsduh.

NOTES ON DATA SOURCES

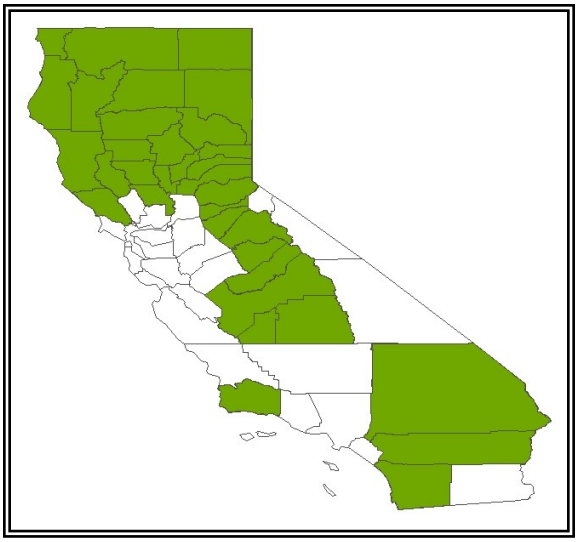
Sanitation Deficiency System (SDS)

The Sanitation Deficiency System (SDS) is a web-based database used by IHS to track sanitation facilities projects and existing operation and maintenance organizations. The IHS Sanitation Facilities Construction (SFC) Program works with tribes to provide construction, development, technical assistance and continued operations of safe water, sewer, and solid waste systems. Sanitation services are provided to AIAN that are eligible to receive IHS services. Eligible AIAN include: any member of a federally recognized tribe or any descendant of an Indian who was residing in California on June 1, 1852; any Indian who holds trust interests in public domain, national forest, or Indian reservation allotments in California, or any Indian in California who is listed on the plans for distribution of the assets of California rancherias and reservations and any descendant of such an Indian. In addition, the home must be located within the sponsor tribe's Contract Health Service Delivery Area (CHSDA), be in like-new condition, and mobile homes must be skirted and on a permanent foundation.

In the California IHS Area, the California SFC service area includes 38 counties. Four counties in California have sanitation services through the Phoenix IHS Area, these include Alpine, Imperial, Inyo, and Mono, therefore data are not included in this report for these counties.

This map shows the California SFC service area. The SDS data system is one of six major data systems in the IHS Sanitation Tracking and Reporting System (STARS). SDS documents information about sanitation deficiencies related to AIAN individual homes and communities. In the SDS classification system, homes are often grouped at the community level and there is often more than one community grouped within a reservation. The California IHS Area SDS contains 160 communities. Data for this profile were from the 2014 SDS.

California SFC Service Areas



NOTES ON DATA SOURCES

United States Census

The United States Census is collected on a decennial schedule, and United States citizens are required by law to complete the Census survey. Data for the Census are gathered via mailed surveys to 120 million households throughout the United States. For households that did not receive a survey in the mail or for whom a survey was not returned in the mail to the government, enumerators go door-to-door to collect Census data. In 2010, the long-form survey of the United States Census was reduced to 10 questions called the American Community Survey (ACS), and it replaced the long-form Census survey.

Race is self-reported in the United States Census. In 2010, respondents were allowed to mark more than one race. In the Census survey, AIAN is defined as having descended from any of the original peoples of North and South America (including Central America) and maintain community attachment of tribal affiliation (https://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf). In this California AIAN Community Health Profile, CTEC used 2010 Census data from those who indicated that their race was "AIAN alone" or "AIAN combined with one or more race."

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NOTES ON FIGURES

Important Terms

Race and Ethnicity Definitions
A Dictionary of Epidemiology. 4th Edition. Oxford University Press, 2001. Edited by John M. Last.

Federal Trust Responsibility
Roubideaux, Yvette. Perspectives on American Indian Health, 2002. American Journal of Public Health: Vol 92, No 9. Pgs 1401 - 1403.

California At A Glance

Median Income
Source: 2009-2013 American Community Survey: https://www.census.gov/acs/www/data/data-tables-and-tools/index.php
Geography: Entire State of California. AIAN alone compared to non-Hispanic White.

Below Poverty
Source: 2009-2013 American Community Survey: https://www.census.gov/acs/www/data/data-tables-and-tools/index.php
Geography: Entire State of California. AIAN alone compared to non-Hispanic White.

Unemployment
Source: 2009-2013 American Community Survey: https://www.census.gov/acs/www/data/data-tables-and-tools/index.php
Geography: Entire State of California. AIAN alone compared to non-Hispanic White.

Utilized Supplemental Nutrition Assistance Program
Source: 2009-2013 American Community Survey: https://www.census.gov/acs/www/data/data-tables-and-tools/index.php
Geography: Entire State of California. AIAN alone compared to non-Hispanic White.

A Healthy Spirit

Practiced Traditional Healing in Past Year
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center.
Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Used Tobacco for Ceremonial, Prayer, or Traditional Use
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center.
Geography: Central California. AIAN only. Respondents aged 18 years old and above.

NOTES ON FIGURES

A Healthy Body

Diabetes

Ever Diagnosed with Diabetes
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Adults. Pooled two years of data.

Type I or Type II Diabetes
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Patients with diagnosed diabetes. Pooled two years of data.

Ever Diagnosed with Diabetes During Pregnancy
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Non-diabetic adult women. Pooled two years of data.

Good Glycemic Control
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Patients with diagnosed diabetes.

Blood Pressure Control
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Patients with diagnosed diabetes.

Diabetic Assessments
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Patients with diagnosed diabetes.

Heart Disease

Ever Diagnosed with Heart Disease
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Adults. Pooled two years of data.

Cholesterol Level Screening
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Cardiovascular Disease Assessment
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. At risk patients.

Exercise, Controlling Obesity, Eating Healthy

Adult Body Mass Index
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Any Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Adults. Pooled two years of data.

Proportion of Young Children with Age-Calculated BMIs At or Above the 95th Percentile
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Children aged 2 to 5 years old.

Fast Food Consumption in the Last Week
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Respondents 2 years old or above. Pooled two years of data.

Daily Fruit and Vegetable Consumption (5 or more)
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Children aged 2 to 11 years old. Pooled two years of data.

Cancer

Colon Cancer Screening
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Patients aged 50 years old and above.

Cervical Cancer Screening
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Female patients aged 24 to 64 years old with a Pap screen completed within the past 3 years and women aged 30 to 64 years old with a Pap screen and an HPV DNA completed within the past 5 years.

Breast Cancer Screening
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Female patients aged 50 to 64 years old screened within the past 2 years.

Personal Health

HIV Screening During Pregnancy
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Pregnant women.

Ever Tested for HIV
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Rates of Sexually Transmitted Diseases
Source: 2013 California Department of Public Health STD Control Branch: http://www.cdph.ca.gov/data/statistics/Pages/STDDataTables.aspx Geography: Entire state of California. Native American/Alaska Native compared to non-Hispanic White.

Congenital Syphilis
Source: 2013 CDPH Annual Surveillance Report. http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2013-Report.pdf Geography: Entire state of California. Native American/Alaska Native compared to non-Hispanic White.

Dental Health

Dental Visits
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Patients.

Topical Fluoride Treatments
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Patients aged 1 to 15 years old.

Dental Sealants
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Patients aged 2 to 15 years old.

Maternal and Child Health

Infant Mortality
Source: National Vital Statistics System. http://www.cdc.gov/nchs/nvss.htm Geography: Entire State of California. AIAN compared to White. Infants under 1 year old.

Infant Low Weight at First Encounter
Source: 2012-2013 IHS Epi Data Mart. Geography: California IHS Area. AIAN Active Users. Infants weighing under 2,500 grams at first visit to a California THP or UIHP. Infants.

Preterm Birth
Source: National Vital Statistics System. http://www.cdc.gov/nchs/nvss.htm Geography: Entire State of California. AIAN compared to White. Births.

Month Began Prenatal Care
Source: National Vital Statistics System. http://www.cdc.gov/nchs/nvss.htm Geography: Entire State of California. Non-Hispanic AIAN compared to non-Hispanic White. Women who gave birth.

Age of Mother at Birth of First Child
Source: National Vital Statistics System. http://www.cdc.gov/nchs/nvss.htm Geography: Entire State of California. Non-Hispanic AIAN compared to non-Hispanic White. Women who gave birth to their first child.

Breastfeeding Rates
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. New mothers.

A Healthy Mind

Mental Health

Depression Screening
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Adults aged 18 years old and above.

Depression Diagnosis
Source: 2012-2013 IHS Epi Data Mart. Geography: California IHS Area. AIAN Active Users. Adults aged 18 years old and above who received a diagnosis of some form of depression, major depressive disorders, bipolar disorders with depressed episodes, dysthymia, and depressed mood.

Prescription Medication for Mental Health Issues
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Adults who received medication for emotional/mental/substance abuse problems in the past 12 months. Pooled two years of data.

Alcohol Abuse

Alcohol Abuse and Dependence
Source: 2012-2013 IHS Epi Data Mart. Geography: California IHS Area. AIAN Active Users. Adults aged 18 years old and above who received a diagnosis of some form alcohol dependence or alcohol abuse, including alcoholism.

Binge Drinking
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Adults. Pooled two years of data.

Drank in Past 30 Days
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Commercial Tobacco Use

Current Smoker
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Respondents 12 years old and above. Pooled two years of data.

Smokers Received a Tobacco Cessation Intervention
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Tobacco-using patients.

Days Breathed Secondhand Smoke in Indoor Public Workplace
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Drug Abuse

Illicit Drug Use
Source: Health, United States 2002-2013, National Survey on Drug Use and Health: http://www.cdc.gov/nchs/data/hus/hus14.pdf#055 Geography: United States. Respondents 12 years old and above. AIAN only compared to White only.

Non-medical Use of Prescription Drugs
Source: Health, United States 2002-2013, National Survey on Drug Use and Health: http://www.cdc.gov/nchs/data/hus/hus14.pdf#055 Geography: United States. Respondents 12 years old and above. AIAN only compared to White only.

Methamphetamine Use
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Cocaine Use
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Inhalant Use
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

NOTES ON FIGURES

A Healthy Community

Access to Health Care

Type of Medical Insurance
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Any mention of AIAN compared to Office of Management and Budget definition of non-Latino White. All respondents. Pooled two years of data.

Immunizations

Childhood Immunizations
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Children aged 19 to 35 months old.

Influenza Immunizations
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Adults aged 65 years old and above.

Pneumococcal Immunizations
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Adults aged 65 years old and above.

Domestic Violence

Domestic Violence Screening
Source: 2014 IHS Performance Measure. http://www.ihs.gov/california/tasks/sites/default/assets/File/2014_California_Book.pdf Geography: 34 California Tribal and Urban Indian Health Programs compared to Shingle Springs Health and Wellness Center and all 12 IHS areas. Female clients aged 15 to 40 years old.

Violence by Intimate Partner
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Elder Care

Life Satisfaction
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Emotional and Social Support
Source: 2012-2013 California Tribal Behavioral Risk Factor Community Survey: California Tribal Epidemiology Center. Geography: Central California. AIAN only. Respondents aged 18 years old and above.

Elder Fell More Than Once in Past Year
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Respondents 65 years old and above. Pooled two years of data.

Elder Hospitalized Due to Falls in Past Year
Source: 2011 and 2012 California Health Interview Survey: AskCHIS. http://www.chis.ucla.edu
Geography: Central California. Non-Latino AIAN compared to Office of Management and Budget definition of non-Latino White. Respondents 65 years old and above who have fallen in the past 12 months. Pooled two years of data.

Environmental Health

Water Deficiency
Source: 2014 IHS Sanitation Deficiency System. http://www.ihs.gov Geography: California IHS Sanitation Facilities Construction reporting area (34 counties).

Sewer Deficiency
Source: 2014 IHS Sanitation Deficiency System. http://www.ihs.gov Geography: California IHS Sanitation Facilities Construction reporting area (34 counties).

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CALIFORNIA TRIBAL HEALTH PROGRAMS

THP	City	Active Users		
		AIAN	Non-AIAN	Total
Anav Tribal Health Clinic	Fort Jones	144	95	239
Cabazon Band of Mission Indians	Indio	9	9	18
Central Valley Indian Health, Inc.	Clovis	8263	2996	11259
Chapa-De Indian Health Program, Inc.	Auburn	5630	13473	19103
Colusa Indian Health Clinic	Colusa	96	45	141
Consolidated Tribal Health Project, Inc.	Redwood Valley	3021	1297	4318
Feather River Tribal Health, Inc.	Oroville	5222	5116	10338
Greenville Rancheria Tribal Health Program	Greenville	1269	11439	12708
Indian Health Council, Inc.	Valley Center	4816	710	5526
K'ima:w Medical Center	Hoopa	2861	1113	3974
Karuk Tribal Health and Human Services Program	Happy Camp	2017	4547	6564
Lake County Tribal Health Consortium, Inc.	Lakeport	2271	4571	6842
Lassen Indian Health Center	Susanville	1009	1460	2469
Mariposa, Amador, Calaveras, Tuolumne Health Board, Inc.	Angels Camp	2195	11430	13625
Mathiesen Memorial Health Clinic	Jamestown	-	-	-
Northern Valley Indian Health, Inc.	Willows	3532	17155	20687
Pit River Health Service, Inc.	Burney	959	794	1753
Redding Rancheria Tribal Health Center	Redding	4262	2886	7148
Riverside-San Bernardino County Indian Health, Inc.	Banning	14019	2849	16868
Round Valley Indian Health Center	Covelo	1131	1297	2428
Santa Ynez Tribal Health Clinic	Santa Ynez	1079	5082	6161
Shingle Springs Health and Wellness Center	Placerville	1307	8275	9582
Sonoma County Indian Health Project, Inc.	Santa Rosa	5437	1860	7297
Southern Indian Health Council, Inc.	Alpine	2757	5075	7832
Strong Family Health Center	Alturas	195	79	274
Sycuan Medical Dental Center	El Cajon	56	16	72
Table Mountain Rancheria Medical	Friant	0	4	4
Toiyabe Indian Health Project, Inc.	Bishop	2968	3163	6131
Tule River Indian Health Center, Inc.	Porterville	2596	396	2992
Tuolumne Me-Wuk Indian Health Center	Tuolumne	196	448	644
United Indian Health Services, Inc.	Arcata	7626	344	7970
Warner Mountain Indian Health Program	Fort Bidwell	97	2	99

Active User numbers were reported by IHS in 2014.

CALIFORNIA URBAN INDIAN HEALTH PROGRAMS

UIHP	City	Active Users		
		AIAN	Non-AIAN	Total
American Indian Health & Services	Santa Barbara	225	3071	3296
Bakersfield American Indian Health Project	Bakersfield	267	17	284
Fresno American Indian Health Project	Fresno	4	0	4
Indian Health Center of Santa Clara Valley	San Jose	489	235	724
Native American Health Center	Oakland/San Francisco	1428	318	1746
Sacramento Native American Health Center	Sacramento	1121	2971	4092
San Diego American Indian Health Center	San Diego	1756	2921	4677
United American Indian Involvement	Los Angeles	253	121	374

Active User numbers were reported by IHS in 2014.