

Health Priorities Survey Report



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TABLE OF CONTENTS

TABLE OF CONTENTS.....	1
EXECUTIVE SUMMARY	2
OVERVIEW OF HEALTH PRIORITIES SURVEY	3
Purpose	3
Data Collection and Ranking Approach.....	3
RESULTS	4
Demographic Information	4
Self-Rated Health Status (n=1,404).....	4
Self-Rated Health Status and Age (n=1,394)	5
Self-Rated Health Status and Role in the Community (n=1,379).....	5
Community Health Status (n=1,404).....	5
Self-Rated and Community Health Statuses (n=1,383).....	5
Health Concerns (n=1,388)	6
Health Concerns and Self-Rated Health Status (n=1,382)	6
Health Concerns and Community Health Status (n=1,372)	6
Health Priority Rankings (n=1,357).....	7
Health Priority Rankings and Age.....	7
Health Priority Rankings and Gender	9
Health Priority Rankings and Role in the Community	9
Health Priority Rankings and Geographic Region	10
Top Health Priority Narrative	10
Community Resources for Top Health Priority (n=1,307)	12
Additional Comments	13
Summary	14
Appendix A	15
Appendix B	18

EXECUTIVE SUMMARY

A total of 1,404 adults participated in the Health Priorities Survey throughout California. Through the survey process, individuals provided demographic information; an overall rating of self and community health; and tallies and rankings of a variety of health concerns. Table 1 describes the health priority rankings for California. “Other” describes health priorities such as cancer(s) (unspecified type) and other access-related health issues (e.g., transportation). Top ten health priority rankings were similar across participants, regardless of their age, gender, role in the community, self and community health status, and geographic region.

Table 1.

Rank	Health Priorities
1.	Diabetes
2.	Alcohol/substance abuse
3.	Obesity
4.	Mental/emotional health issues
5.	High blood pressure
6.	Limited access to medical care
7.	Chronic pain
8.	Other
9.	Heart disease
10.	Suicide

OVERVIEW OF HEALTH PRIORITIES SURVEY

Purpose

The California Tribal Epidemiology Center (CTEC) within the California Rural Indian Health Board, Inc. was established in 2005 as 1 of 12 Indian Health Service (IHS) Division of Epidemiology and Disease Prevention-funded Tribal Epidemiology Centers. CTEC's mission is to collect and interpret health information for American Indians and Alaska Natives (AIAN) in California. CTEC works directly with California Tribal and Urban Indian Health Programs (IHPs) to monitor AIAN health priorities and status, including conducting a Health Priorities Survey every five years. The purpose of the 2017 Health Priorities Survey was to: (1) provide local-level AIAN health priorities data for each site that participated in the project; and (2) prioritize topics for CTEC's future work.

Data Collection and Ranking Approach

The 2017 Health Priorities Survey was conducted between February and August 2017 with IHPs that have active Data Sharing Agreements with CTEC. A total of 20 sites and 1,404 adults participated in the survey statewide (see Figure 1). A total of 744 (53.0%) participants were from Northern California, 366 (26.1%) were from Central California, and 294 (20.9%) were from Southern California.

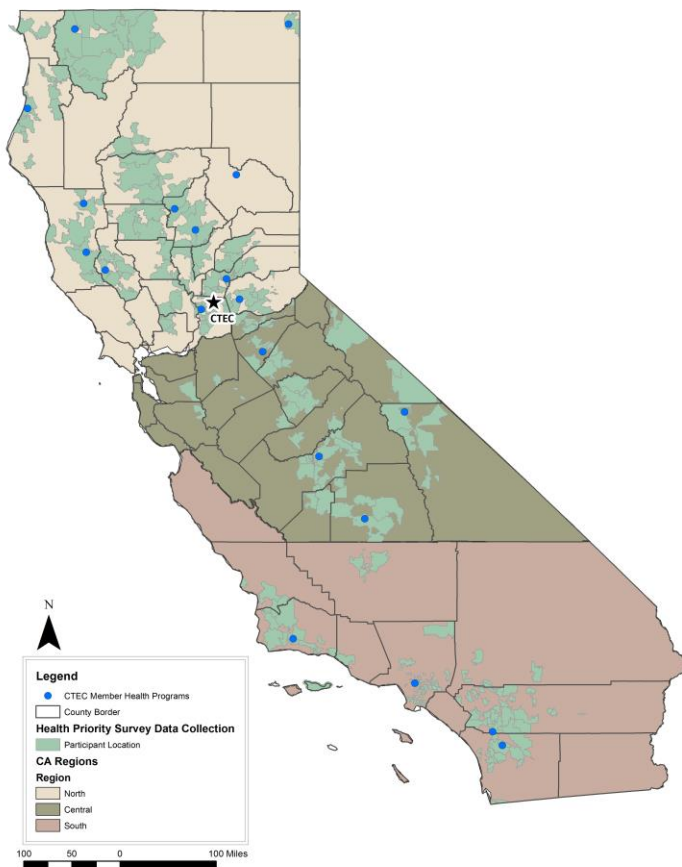


Figure 1

Through the survey process, participants provided demographic information; an overall rating of self and community health; tallies and rankings of a variety of health concerns; narrative information about their top health priority; whether their IHP provides services to address their topic health priority; and other comments/recommendations related to the health of the AIAN community (see Appendix A). All individuals received a \$15 gift card for participating in the 2017 Health Priorities Survey.

Note: Throughout this report, 'n' refers to the number of individuals (i.e., participants/respondents) who answered a particular Health Priorities Survey question.

RESULTS

Demographic Information

Role in Community (n=1,385). When asked to describe their role in the community, Health Priorities Survey respondents could report being a Tribal member*, Tribal leader, and/or IHP staff member. A total of 73.1% of participants identified as a Tribal member, 3.1% identified as a Tribal leader, and 34.7% identified as an IHP staff member. Additionally, 1.8% described their role as both a Tribal member and Tribal leader, while 9.5% described their role as both a Tribal member and IHP staff member.

Age and Gender (n=1,369). A total of 73.5% of Health Priorities Survey respondents identified as female and 24.2% as male. A total of 17.6% of respondents reported being 18-29 years old, 32.8% reported being 30-44 years old, and 29.4% reported being 45-59 years old. A total of 20.3% of respondents reported being at least 60 years old or older. Distribution of participants by age and gender are presented below (see Table 2).

Table 2.

Age and Gender of Participants			
Age Group	Female (n=1,029)	Male (n=340)	Total (n=1,369)
18-29	12.8%	4.7%	17.6%
30-44	25.1%	7.7%	32.8%
45-59	22.5%	6.9%	29.4%
60 or older	14.8%	5.5%	20.3%

Self-Rated Health Status (n=1,404)

Generally, self-rated health status is a good indicator of overall health of an individual. Participants were asked to describe their current health status as “Very Poor,” “Poor,” “Fair,” “Good,” or “Very Good.” Approximately 50% of respondents rated their health as “Good.” About 6% of respondents rated their health as either “Very Poor” or “Poor,” while nearly 18% rated it as “Very Good” (see Figure 2).

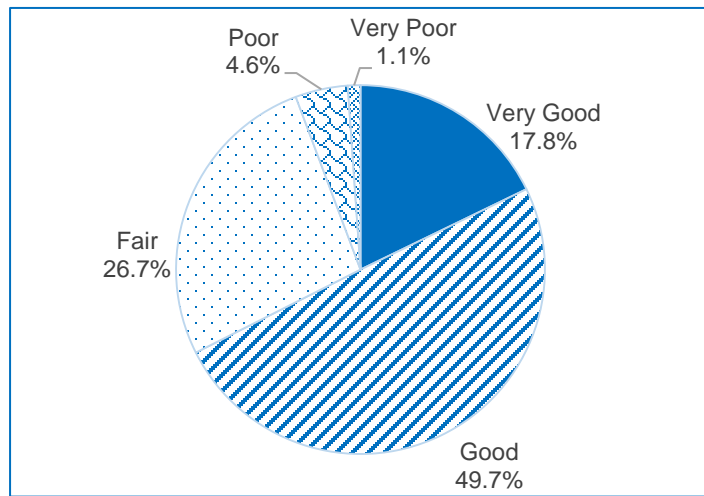


Figure 2

* For the purposes of this document, “Tribal member” includes those who identify as American Indian/Alaska Native, but may not be enrolled in a Tribe.

Self-Rated Health Status and Age (n=1,394)

Participants' self-rated health status and age were negatively correlated.¹ In other words, older participants reported lower self-rated health status, and younger participants reported higher self-rated health status.

Self-Rated Health Status and Role in the Community (n=1,379)

Participants' self-rated health status was negatively correlated with participants' role as Tribal member² but positively correlated with participants' role as an IHP staff member.³ This means that Tribal members rated their health status lower, and Indian Health Program staff rated their health status higher.

Community Health Status (n=1,404)

Community health status is the perceived health of a community. Participants were asked to rate the community health status as "Very Poor," "Poor," "Fair," "Good," or "Very Good." Approximately 50% of respondents rated the community health status of California as "Fair." A total of 21.0% of respondents rated their community health status as "Very Poor" or "Poor," while 29.2% rated it as "Good" or "Very Good" (see Figure 3).

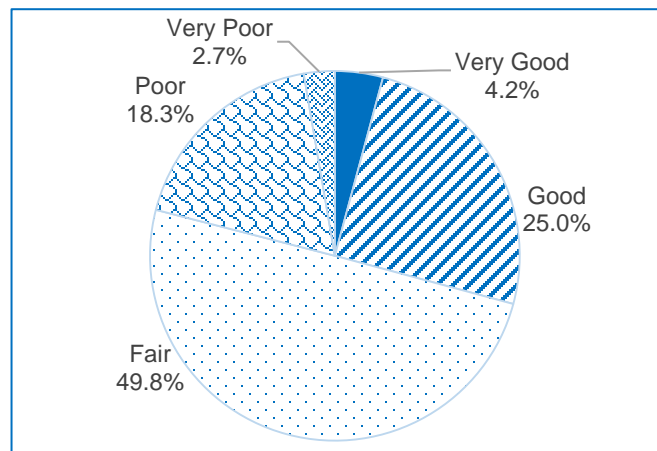


Figure 3

Self-Rated and Community Health Statuses (n=1,383)

Participants' self-rated and community health statuses were positively correlated.⁴ In other words, participants who reported higher self-reported health status also reported higher community health status.

¹ $r=-0.108, p<0.001$

² $r=-0.188, p<0.001$

³ $r=0.219, p<0.001$

⁴ $r=-0.244, p<0.001$

Health Concerns (n=1,388)

Participants were asked to circle up to 38 health concerns they believed to affect their community. On average, Health Priorities Survey respondents circled 11 health concerns. The minimum number of health concerns circled was 1, and the maximum number of health concerns circled was 38. See Figure 4 and Appendix B for the total number of times each concern was circled by Health Priorities Survey respondents.

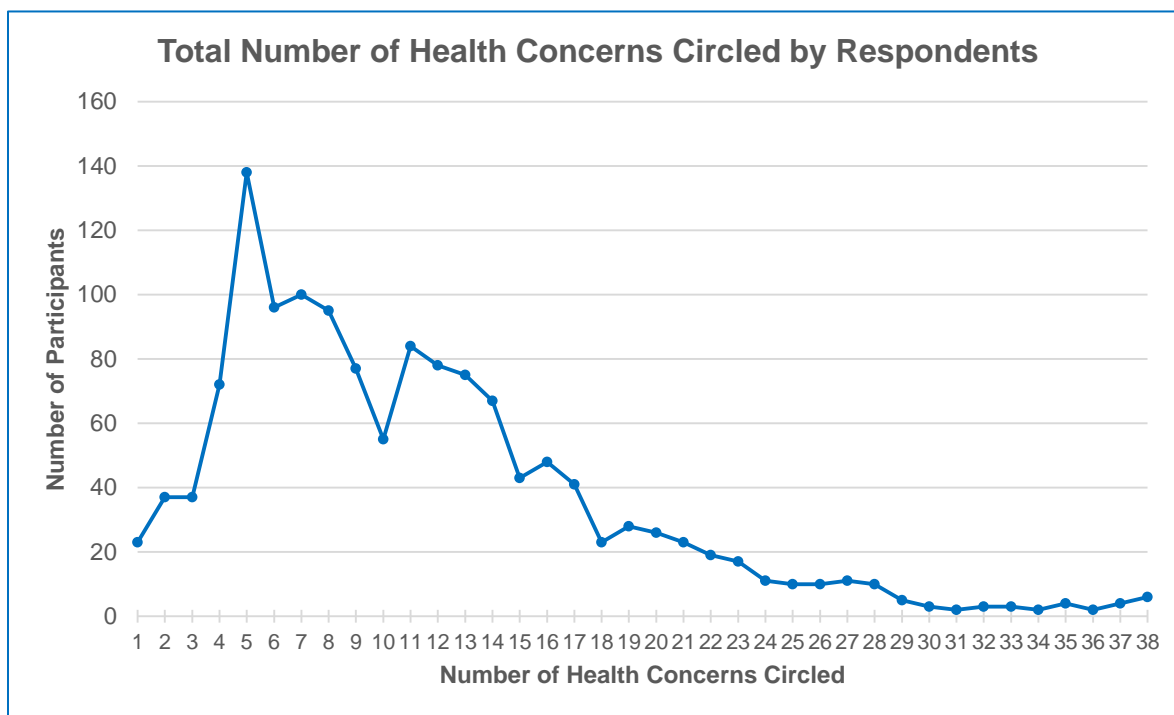


Figure 4

Health Concerns and Self-Rated Health Status (n=1,382)

Participants' self-rated health status and the number of health concerns circled were negatively correlated,⁵ meaning people who circled more health concerns reported poorer self-rated health status.

Health Concerns and Community Health Status (n=1,372)

Participants' rating of community health status and the number of health concerns circled were negatively correlated.⁶ In other words, people who circled more health concerns reported poorer community health status.

⁵ $r=-0.068$, $p=0.011$

⁶ $r=-0.229$, $p<0.001$

Health Priority Rankings (n=1,357)

Participants ranked the top five health concerns from those they circled. The top five ranked concerns were considered an individual's top health priorities. The first, second, and third highest health priorities across all participants were diabetes, alcohol/substance abuse, and obesity, respectively. Table 3 presents all 10 health priorities across all participants. "Other" describes health priorities such as cancer(s) (unspecified type) and other access-related health issues (e.g., transportation).

Table 3.

Rank	Health Priorities
1.	Diabetes
2.	Alcohol/substance abuse
3.	Obesity
4.	High blood pressure
5.	Mental/emotional health issues
6.	Chronic pain
7.	Limited access to medical care
8.	Other
9.	Heart disease
10.	Domestic violence

Health Priority Rankings and Age

Health priorities were examined by age group. Among 18-29 year olds, the top three health priorities were alcohol/substance abuse, diabetes, and obesity (see Figure 4). Among all other age groups, the top three health priorities were diabetes, alcohol/substance abuse, and obesity with slight variations in the remaining seven health priorities (see Table 4).

Table 4.

Health Priorities by Age				
Rank	18-29 years old (n=245)	30-44 years old (n=447)	45-59 years old (n=398)	60 years old and over (n=263)
1.	Alcohol/substance abuse	Diabetes	Diabetes	Diabetes
2.	Diabetes	Alcohol/substance abuse	Alcohol/substance abuse	Alcohol/substance abuse
3.	Obesity	Obesity	Obesity	Obesity
4.	High blood pressure	Mental/emotional health issues	Mental/emotional health issues	High blood pressure
5.	Mental/emotional health issues	High blood pressure	High blood pressure	Mental/emotional health issues
6.	Limited access to medical care	Chronic pain	Other	Other
7.	Suicide	Suicide	Chronic pain	Arthritis
8.	Chronic pain	Other	Limited access to medical care	Chronic pain
9.	Domestic violence	Limited access to medical care	Heart disease	Heart disease
10.	Heart disease	Domestic violence	Domestic violence	Limited access to medical care

Health Priority Rankings and Gender

Health priorities were assessed by gender. Females and males had similar health priorities overall, with slight differences in mental/emotional health and high blood pressure. For both, “other” describes health priorities such as cancer(s) (unspecified type) and other access-related health issues (e.g., transportation) (see Table 5).

Table 5.

Health Priorities by Gender		
Rank	Females (n=1,000)	Males (n=326)
1.	Diabetes	Diabetes
2.	Alcohol/substance abuse	Alcohol/substance abuse
3.	Obesity	Obesity
4.	Mental/emotional health issues	High blood pressure
5.	High blood pressure	Mental/emotional health issues
6.	Limited access to medical care	Heart disease
7.	Other	Chronic pain
8.	Chronic pain	Limited access to medical care
9.	Domestic violence	Other
10.	Suicide	Arthritis

Health Priority Rankings and Role in the Community

Health priorities were assessed by respondents’ role in the community. Diabetes, alcohol/substance abuse, and obesity remained the top health priorities across community roles. Among each community roles, “other” described similar cancer and access-related health issues (see Table 6).

Table 6.

Health Priorities by Role in Community			
Rank	Tribal Member (n=984)	Tribal Leader (n=44)	IHP Staff Member (n=483)
1.	Diabetes	Diabetes	Diabetes
2.	Alcohol/substance abuse	Alcohol/substance abuse	Alcohol/substance abuse
3.	Obesity	Obesity	Obesity
4.	High blood pressure	Mental/emotional health issues	Mental/emotional health issues
5.	Mental/emotional health issues	Chronic pain	High blood pressure
6.	Other	High blood pressure	Chronic pain
7.	Chronic pain	Heart disease	Limited access to medical care
8.	Domestic violence	Other	Heart disease
9.	Limited access to medical care	Limited access to medical care	Other
10.	Heart disease	Commercial tobacco use	Suicide

Health Priority Rankings and Geographic Region

Health priority rankings were assessed by regions in California (Northern, Central, and Southern). Northern California respondents ranked alcohol/substance abuse as their number one health priority, while respondents from the Central and Southern regions ranked diabetes as their number one health priority. Generally, the top ten health priorities remained similar across the regions in California.

Top Health Priority Narrative

The following quotes illustrate some reasons why participants were concerned about their community's top health priorities.

Diabetes

- “Diabetic medications and supplies are expensive and not everyone can afford them.”
- “Diabetes in the population I serve hits earlier, hits harder, is more refractory to usual medications, is more prevalent/widespread, and is associated with earlier complications (including death).”
- “[There is an] epidemic of diabetes due to poor health choices.”
- “Diabetes has many effects on the whole body system. Uncontrolled blood sugars can lead to loss of eye sight, infections, loss of limbs, etc.”

Alcohol/substance abuse

- “It just seems that people self-medicate to unwillingly deal with reality. [Substance abuse] hurts themselves, others, and others that love them.”
- “The drugs and alcohol have plagued our communities and we have lost loved ones because of drugs and alcohol at an alarming rate. [It] is taking our people's lives!”
- “It causes other social ills in the community - violence, robbery, motor vehicle accidents, neglect of children, elder abuse, and mental health issues.”

Obesity

- “Young children and young adults are overweight and if they got help at a young age, it would help with their health when they are older.”
- “I am most worried about obesity because the majority of my community is overweight. I do not know enough about healthy choices!”
- “So many people suffer from obesity it is so common that it is considered normal.”
- “When obesity goes away, most health issues improve or vanish.”
- “Due to our modern diet, obesity has become a major problem which is linked to many other diseases. It is not always convenient and cost effective to eat healthy.”

High blood pressure

- “90% of our patients have high blood pressure; a lot of them didn't even know and most don't think it is serious because they feel fine.”
- “Most people/patients have high blood pressure due to lack of exercise, poor eating habits, and not taking care of themselves.”
- “Undetected high blood pressure leads to multiple health problems. Also patients aren't educated about controlling it nor taking medications consistently.”
- “I didn't know I had high blood pressure before I came to the clinic. They told me to take medication.”
- “[It's] the most common and least treated disease that affects every organ system.”

Mental/emotional health issues

- “Mental health affects all areas of well-being, including physical. A low mental health status can negatively impact the ability to improve health status.”
- “The cycle of mental health affects generations after generations, which leads to alcohol and substance abuse.”
- “Mental health should be a priority in California and throughout the United States. However, the funds available always place mental health access last in medical care.”
- “A lot of people have many mental and emotional issues, but don't know how to ask for help and/or receive help without getting judged.”
- “Untreated mental health/emotional health issues are a root cause of substance abuse, obesity, violence, and suicide.”

Chronic pain

- “Chronic pain can, and most of the time does, lead to substance abuse.”
- “Patients who have chronic pain have limited access to doctor due to insurance purposes. Or they have to travel out of the area which causes hardship.”
- “Working in the clinic I see a lot of patients who are using and abusing narcotics and opioid medications due to chronic pain.”

Limited access to medical care

- “Doctors in our clinic seem to come and go so often; need a steady doctor.”
- “I have limited transportation to medical facility – too far of a drive.”
- “There are not enough affordable clinics in the area or access to healthcare services.”
- “Some don't get regular care until they have serious health problems causing them to visit the Emergency Room.”

Other

- “My concerns in regard to poor nutrition are due to the fact that a lot of disease stem from poor diet and health management. Obesity, diabetes, and high blood pressure all back track to nutrition.”
- “[There is an] alarming increase in the rate of all types of cancers within our communities.”
- “If I could afford to eat well/healthy I wouldn’t be affected by my other health concerns.”
- “My highest health concern is that we are so rural that if someone came in with a life threatening [condition], we are sometimes 50+ miles from the nearest hospital.”

Heart disease

- “Many lifestyle choices plus hereditary issues contribute to heart disease.”
- “Not many people in my community understand how much heart disease can affect their lives and do not realize it is a silent killer.”
- “Many people have heart disease and do not know it.”
- “[Heart disease] is due to less physical activity and more fast food intake.”

Domestic violence

- “Because sometimes the outcome is death and sometimes no one knows what is going on.”
- “Violence and emotional abuse affect generations and are the cause of many suicidal tendencies, alcoholism, drug abuse, and many other problems.”
- “Most go unreported – families need to know how to protect themselves from the assault.”

Community Resources for Top Health Priority (n=1,307)

Health Priorities Survey respondents were asked whether their community has resources to address their top health concerns. Nearly 60% of respondents said there were resources available (see Figure 5). Examples of community resources provided by respondents who said “Yes” were:

- Health program/clinic services
- Diabetes-related programs and services
- Behavioral Health Department
- Counseling services
- Community health resources (e.g., walks, health fairs, workshops)
- Classes and trainings
- Alcoholics Anonymous (AA) meetings

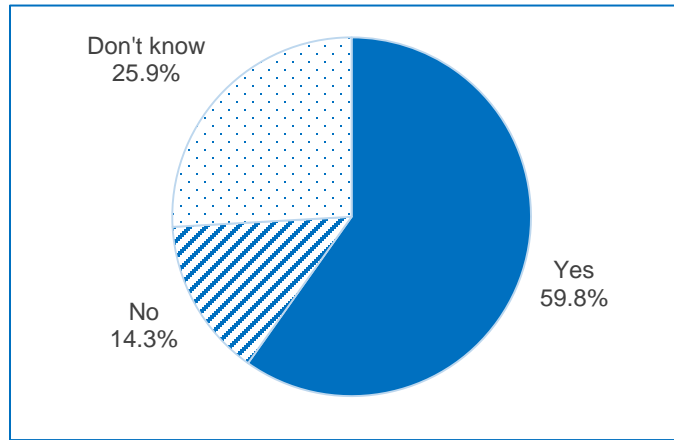


Figure 5

Additional Comments

The last question of the Health Priorities Survey offered participants the opportunity to share additional information about the health of their community. Selected comments include the following illustrative quotes:

- “[A] community gym would help prevent obesity and health related issues.
- Increase in mental health providers to help increase access to mental health.”
- “My community has many issues. Diabetes, alcohol and drug abuse, mental illness, sometimes people don't know what or where to go for help. More outreach would help.”
- “I believe elders need to be cared for better for a longer healthy life.”
- “Our community is crying out for loss of culture and traditional medicine/healers.”
- “We need more community events related to health-related activities.”
- “A lot of the issues that we face as indigenous people are not brought to a community awareness level. Prevention and healthy living classes/demonstrations.”
- “Elder assisted living in tribal community so they don't have to move away.”
- “Environmental impact is a big issue that is rarely understood and addressed in community health issues.”
- “I would like to see my community have a fitness center. We have some places to go such as the school or [health program]. But a fully equipped gym is so very needed. Our communities would benefit.”
- “One of the most important things that I feel should be addressed more often through our community is the importance of nutritional management. Through the years childhood obesity has skyrocketed because of poor nutritional education. Onset of diabetes in children has been more prevalent in underserved areas. I feel like it is important to address this issue and in part avoid preventable diseases.”

Summary

Top ten health priorities were similar across 2017 Health Priorities Survey participants, regardless of their age, gender, role in the community, self and community health status, and geographic region. CTEC as well as Tribal Health Programs, Urban Indian Health Programs, and AIAN communities in California can use the results of this report to guide future epidemiologic, evaluation, prevention, and/or intervention work.

Appendix A



California Tribal Epidemiology Center Health Priority Survey

Thank you for taking time to complete this survey and help the California Tribal Epidemiology Center (CTEC) prioritize the health issues most important to American Indian and Alaska Native (AIAN) communities throughout California. For the purposes of this survey, the word "community" means a place where you live and share common cultural and historical practices with other people nearby. Results from this survey will guide future CTEC projects and help CTEC better serve AIAN people in California.

1. Describe your role in the community. (Choose all that apply)

- American Indian/Alaska Native and/or Tribal member
- Tribal leader
- Tribal or Urban Indian health program staff member

2. Age (Choose one)

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

3. Gender (Choose one)

- Male
- Female
- Transgender
- Other

4. Zip Code: _____

5. Do you currently receive medical, dental, behavioral, or vision health services from a Tribal or Urban Indian Health Program? (Choose one)

- Yes (If yes, at what health program): _____
- No
- Don't know

6. How would you describe your current health status? (Choose one)

- Very Poor
- Poor
- Fair
- Good
- Very Good

7. How would you describe the overall health of your community? (Choose one)

- Very Poor
- Poor
- Fair
- Good
- Very Good

8. Read the list of health concerns in the box below and circle the health concerns that you believe affect your community the most. (Choose all that apply)

Limited access to medical care	Arthritis	Liver disease/Cirrhosis
Limited access to dental care	Chronic pain	Lung disease
Limited access to eye care	Diabetes	High blood pressure
Limited access to traditional medicine/healer	Obesity	Sexually Transmitted Infections (STI's)
Limited access to affordable prescription medications	Breast cancer	HIV/AIDS
Getting or keeping health insurance coverage	Colorectal cancer	Hepatitis C
Poor maternal, infant, and child health	Lung cancer	Immunizations
Accidents (unintentional injuries)	Prostate cancer	Domestic violence
Alcohol abuse	Eye problems	Poor elder health
Substance abuse	Heart disease	Environmental issues that impact health
Commercial tobacco use	Stroke	Historical trauma
Mental/emotional health issues	Influenza/pneumonia	Violence and trauma
Suicide	Tuberculosis	Other: _____

9. Of the health concerns you circled above, rank your top 5 highest health concerns:

1st highest concern: _____

2nd highest concern: _____

3rd highest concern: _____

4th highest concern: _____

5th highest concern: _____

10. Why are you most worried about your 1st highest health concern?

11. Does your community have resources to address your 1st highest health concern?
(Choose one)

- Yes (If yes, what resources?) _____
- No
- Don't know

12. Please write any additional information you believe we should know about the health of your community.

Appendix B

Health Concern	Number of Times Circled
Limited access to medical care	398
Limited access to dental care	366
Limited access to eye care	351
Limited access to traditional medicine/healer	367
Limited access to affordable prescription medications	317
Getting or keeping health insurance coverage	420
Poor maternal, infant, and child health	236
Accidents (unintentional injuries)	174
Alcohol/substance abuse	1073
Commercial tobacco use	527
Mental/emotional health issues	761
Suicide	427
Arthritis	464
Chronic pain	581
Diabetes	1106
Obesity	995
Breast cancer	275
Colorectal cancer	133
Lung cancer	202
Prostate cancer	150
Eye problems	413
Heart disease	543
Stroke	344
Influenza/pneumonia	180
Tuberculosis	91
Liver disease/Cirrhosis	391
Lung disease	165
High blood pressure	865
Sexually Transmitted Infections (STI's)	254
HIV/AIDS	150
Hepatitis C	356
Immunizations	178
Domestic violence	614
Poor elder health	471
Environmental issues that impact health	247
Historical trauma	350
Violence and trauma	450
Other: _____	209

Note: Unweighted values in Appendix B may not directly correspond to the weighted health priorities rankings presented earlier in this report.