California Tribal Epidemiology Center

TRIBAL HEALTH PROGRAM AND URBAN INDIAN HEALTH PROGRAM HEALTH PRIORITIES SURVEY

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California Rural Indian Health Board, Inc.
www.crihb.org/ctec

About the California Rural Indian Health Board, Inc.

The California Rural Indian Health Board, Inc. (CRIHB) was formed to provide a central focal point in the Indian health field in California for planning, advocacy, funding, training, technical assistance, coordination, fundraising, education, development, and for the purpose of promoting unity and formulating common policy on Indian health care issues.

Mission

CRIHB is a network of Tribal Health Programs, which are controlled and sanctioned by Indian people and their Tribal Governments. We are committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California. CRIHB does this by providing advocacy, shared resources, training, and technical assistance that enhances the delivery of quality, comprehensive health-related services.

Vision

We see culturally revitalized and self-sufficient communities with holistic care and healing places to promote health and well-being to the individual, the family, and the community weaving traditional and western practices into a successful way of life. We see communities where people treat each other with respect and make responsible choices for themselves and for their families. In these communities, Indian youth are happy with who they are, athletic, busy, loved, and surrounded by family members and Tribal elders who know and respect their culture and language. We see communities where people are competent at working with the institutions of the dominant society and comfortable with other communities and their cultures.

We see CRIHB proactively supporting collaborative opportunities with shared funding, services, and staff based on identified community needs. We see the CRIHB network leveraging the voice of California Tribal communities to strengthen advocacy to increase and improve access to quality health care.

About the California Tribal Epidemiology Center

The California Tribal Epidemiology Center (CTEC), housed within CRIHB, 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.

Purpose

CTEC works directly with California Tribal and Urban Indian Health Programs to monitor AIAN health priorities. This year, CTEC administered a Tribal Health Program/Urban Indian Health Program (THP/UIHP) health priorities survey to THPs and UIHPs that have a data sharing agreement with CTEC. The purpose of this survey was to gather information from THP/UIHP Directors or Assistant Directors on the health priorities of the community or communities they serve. For those Directors or Assistant Directors who could not complete the survey, they delegated a staff member to complete the survey. CTEC used the results from Year 1 THP/UIHP health priorities survey to help develop an updated survey for Year 2.

Data Collection

The 2019 THP/UIHP Health Priorities Survey was conducted between January 2019 and August 2019 to Directors/Assistant Directors from THP/UIHP that have an active Data Sharing Agreement with CTEC. The survey was administered utilizing a Survey Monkey link. For those who could not complete the survey through the Survey Monkey link, they completed the survey in-person with a CTEC Epidemiologist. All Directors/Assistant Directors received a $25 gift card for participating in the 2019 THP/UIHP Health Priorities Survey.

Tribal Indian Health Program/Urban Indian Health Program

A total of 22 THPs/UIHPs participated in the survey with 18 THPs and 4 UIHPs completing the survey. THP/UIHP that completed the survey are presented below (see Table 1).

Table 1

Tribal Health Program	Urban Indian Health Program
Anav Tribal Health Clinic	Sacramento Native American Health Center
Central Valley Indian Health, Inc.	Fresno American Indian Health Project
Chapa-De Indian Health Program, Inc.	Indian Health Center of Santa Clara Valley
Feather River Tribal Health, Inc.	United American Indian Involvement, Inc.
Greenville Rancheria Tribal Health Program	
Indian Health Council	
K'ima:w Medical Center	
Karuk Tribe	
Lake County Tribal Health Consortium, Inc.	
MACT Health Board Inc.	
Mathiesen Memorial Health Clinic	
Riverside-San Bernardino County Indian Health, Inc.	
Round Valley Indian Health Center	
Sonoma County Indian Health Project, Inc.	
Southern Indian Health Council, Inc.	
Toiyabe Indian Health Project, Inc.	
Tule River Indian Health Center, Inc.	
Warner Mountain Indian Health Program	

Role in THP/UIHP

The THP/UIHP health priorities survey was completed by Directors or Other. Of the 22 respondents, 57% were "Directors" and 43% were completed by "Others" (see Figure 2).

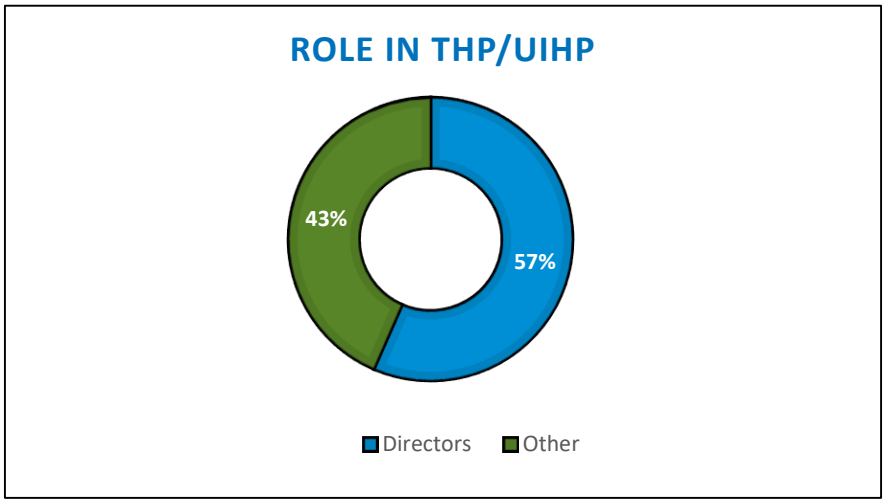


Figure 2

Overall Health of the Community

Respondents were asked to rate the overall health of the communities they serve as "Very Poor," "Poor," "Fair," "Good," or "Very Good". 57% rated the health of the community as "Fair," 26% rated the health of the community as "Good," 13% rated the health of the community as "Poor," and 4% rated the health of the community as "Very Poor" (see Figure 3).

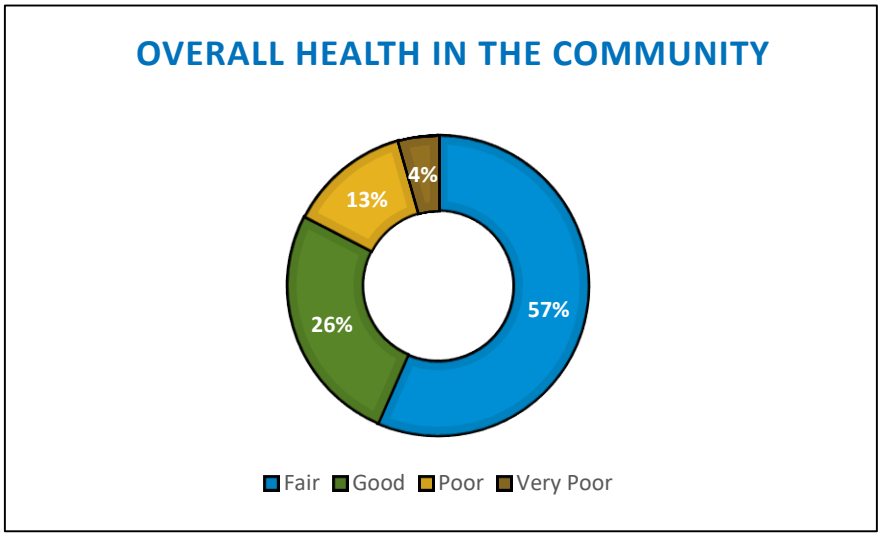


Figure 3

Current Health of the Community

Respondents were asked to rate the current health of the communities they serve as "Very Poor," "Poor," "Fair," "Good," or "Very Good". 65% rated the current health of the community as "Fair," 18% as "Good," 13% as "Poor" and 4% as "Very Poor". (see Figure 4).

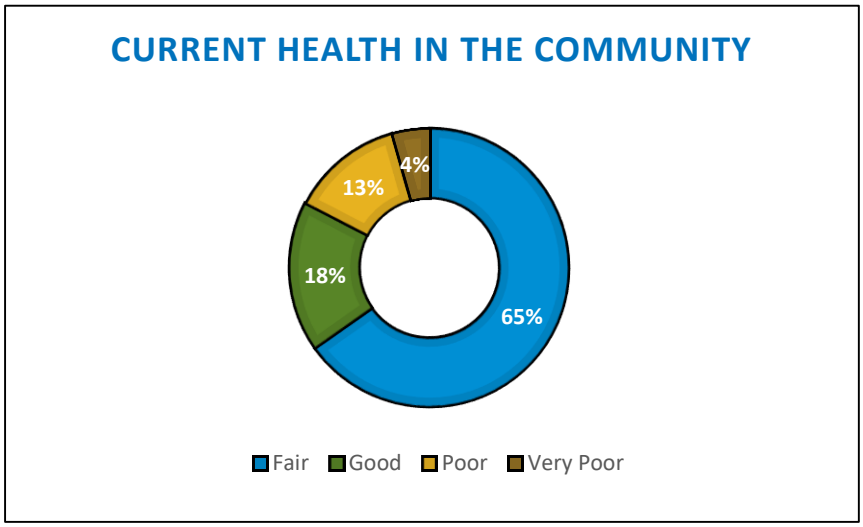
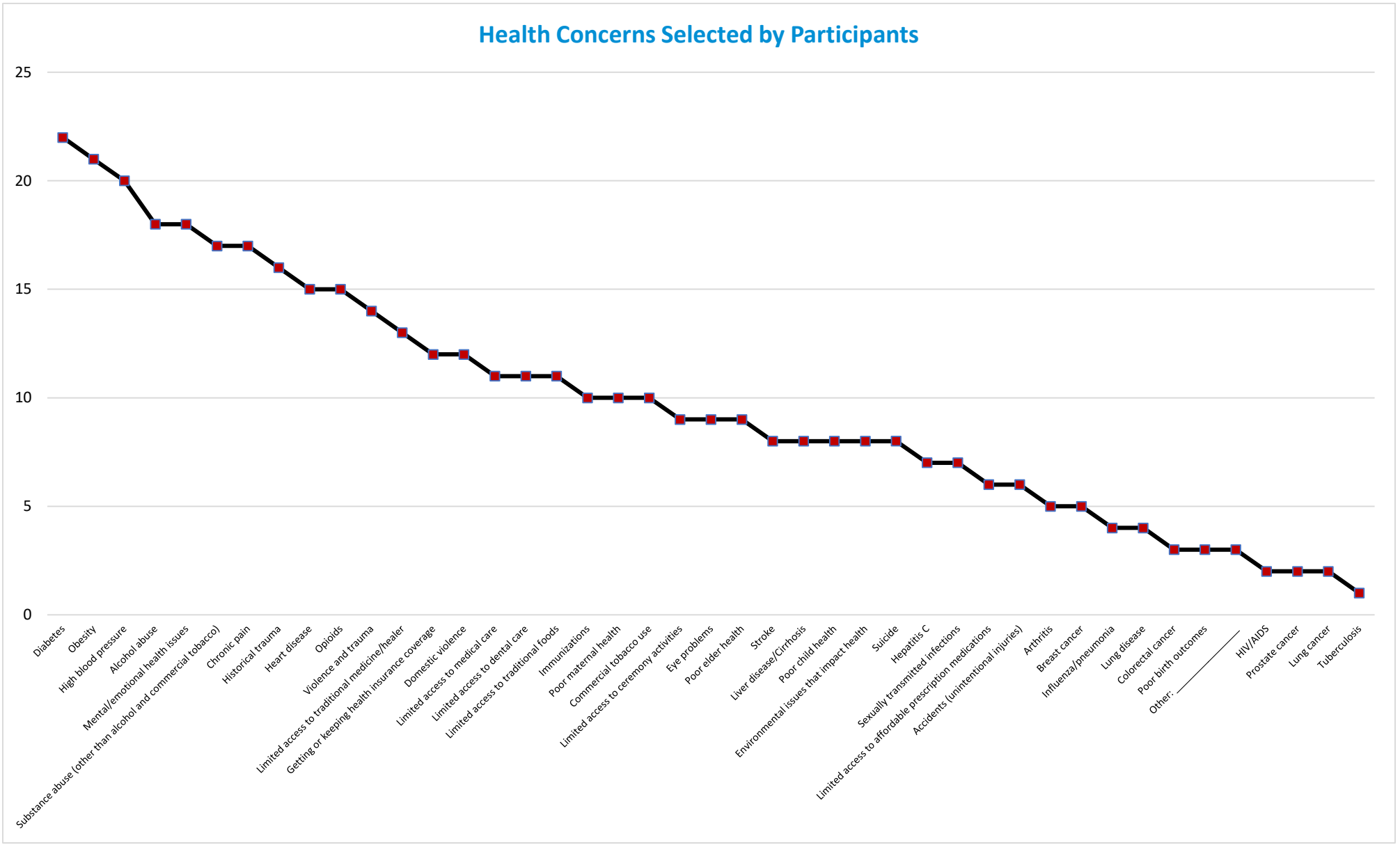


Figure 4

Health Concerns Selected by Participants

Respondents were asked to select up to 43 health concerns they believed affected their community. On the next page, there is a graph that displays the different health concerns selected by the respondents and how many respondents selected the health concern.


Health Concerns Selected by Participants
25
20
15
10
5
0
Diabetes
Obesity
High blood pressure
Alcohol abuse
Mental/emotional health issues
Substance abuse (other than alcohol and commercial tobacco)
Chronic pain
Historical trauma
Heart disease
Opioids
Violence and trauma
Limited access to traditional medicine/healer
Getting or keeping health insurance coverage
Domestic violence
Limited access to medical care
Limited access to dental care
Limited access to traditional foods
Immunizations
Poor maternal health
Commercial tobacco use
Limited access to ceremony activities
Eye problems
Poor elder health
Stroke
Liver disease/Cirrhosis
Poor child health
Environmental issues that impact health
Sexually transmitted infections
Limited access to affordable prescription medications
Accidents (unintentional injuries)
Arthritis
Breast cancer
Influenza/pneumonia
Lung disease
Colorectal cancer
Poor birth outcomes
Other: _____
HIV/AIDS
Prostate cancer
Lung cancer
Tuberculosis

Top Health Priority

Respondents were asked to select their top health concern in the communities they serve. Among the health concerns that were listed, **substance abuse** was the top health priority across most of the participants that completed the health priorities survey.

Respondents were asked to provide a narrative to describe why "substance abuse" was a top concern in the communities they serve.

Below are comments from the respondents regarding substance abuse as the top concern:

- "Our community is leading in opioid overdoses in our county"
- "Prevalence of substance use is beyond our current abilities"
- "It's a "hidden" problem in our community and limited understanding of the health effects of heavy use and abuse"
- "Drug use by our community impairs them to take care of their overall health"
- "Mental/behavior health is a significant challenge as it is an outcome of substance abuse and historical trauma"
- "Opioid use/abuse and death is increasing in the community and children are being affected and/or using"
- "Substance abuse overall is a problem in our area"
- "High alcoholism and substance abuse with little to zero support services"
- "Substance abuse, diabetes, cardiovascular disease, high blood pressure is often found together in the same person and the same family unit."

Community Resources for Top Health Concern

Respondents were asked whether there were community resources to address their top health concern for the communities they serve. 86% had resources for their communities, 9% did not have resources for their communities, and 5% were not sure or did not know if they had the resources to address their top health concern (see Figure 5).

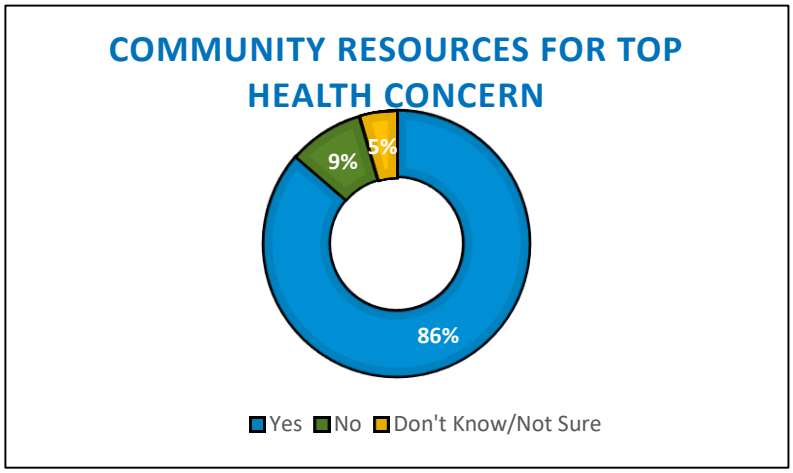


Figure 5

Additional Comments from THP/UIHP

The final question in the health priorities survey allowed the respondents the opportunity to share any additional information about the health of the communities they serve. Below are the additional comments that were shared:

- **"**There is a growing community and leadership will to address the communities' health. Substance abuse, diabetes, cardiovascular disease, high blood pressure is often found together in the same person and the same family unit. Needs to be addressed holistically and not as separate issues for those in recovery and those actively in their addictions.**"**
- **"**Through our patient centered medical home model, we are able to take care of our patients with wrap around services to include but not limited to medical, dental, behavioral health, and social services.**"**
- **"**Recruitment of staff-providers and ancillary. Need staff to be able to provide treatment. Competitive benefits for staff. Physical therapy non-compliance-provide services but patients don't follow treatment plan.**"**
- **"**Integration of traditional medicine to our services is important to our community but difficult to accomplish for many different reasons including identifying teachers/medicine people.**"**
- **"**High alcoholism and substance abuse with little to zero support services.**"**
- **"**We are bringing a Medication Assisted Therapy (MAT) program into our medical/Behavioral Health Service setting to combat our opioid abuse problem. Our Pain Management Program is also very active and involved in the MAT process.**"**
- **"**Require more funding. Hire more skilled and culturally passionate personnel.**"**
- **"**Our community can benefit by having a wellness center.**"**
- **"**We need more providers, who accept patients' insurances for patients to be seen.**"**
- **"**We provide the sense of community as there is no other AIAN service provider in the county, which means needing more opportunities for community events and ceremony.**"**
- **"**Our rural location makes it difficult to recruit and retain health care providers. We operate with service gaps on a consistent basis.**"**
- **"**The community has voiced that they are eager for change but behavior change is not being effectively provided nor modeled.**"**
- **"**Difficulty recruiting specialty providers.**"**
- **"**Substance abuse overall is a problem in our area. Have not seen approaches to this problem that work.**"**
- **"**Food insecurity and housing.**"**

Summary

The results from this survey will help raise awareness for the top health priority (substance abuse) in the AIAN communities. In addition, this will help assist public health professionals in developing preventative programs and treatment programs that target the AIAN community.