

The image features a series of overlapping, stylized profile silhouettes of people's heads and necks, facing right. The silhouettes are rendered in various shades of purple, magenta, and brown. The background is a solid, warm brown color. The silhouettes are layered, with some appearing more prominent than others, creating a sense of depth and conversation.

# American Indian/ Alaskan Native Health Coalition

Local Conversations on  
Minority Health

Report to the  
Community 2016 Update





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## **The National Partnership for Action to End Health Disparities**

Spearheaded by the Office of Minority Health, the National Partnership for Action to End Health Disparities (NPA) was established to mobilize a national, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation forward in achieving health equity. Through a series of Community Voices and Regional Conversations meetings, NPA sought input from community leaders and representatives from professional, business, government, and academic sectors to establish the priorities and goals for national action. The result is the National Stakeholder Strategy for Achieving Health Equity, a roadmap that provides a common set of goals and objectives for eliminating health disparities through cooperative and strategic actions of stakeholders around the country.

Concurrent with the NPA process, federal agencies coordinated governmental health disparity reduction planning through a Federal Interagency Health Equity Team, including representatives of the Department of Health and Human Services (HHS) and eleven other cabinet-level departments. The resulting product is the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, launched simultaneously with the NPA National Stakeholder Strategy in 2011. The HHS plan outlines goals, strategies, and actions. HHS will take to reduce health disparities among racial and ethnic minorities. Both

documents can be found on the Office of Minority Health webpage at <http://minorityhealth.hhs.gov/npa/>.

## **Ohio's Response to the NPA**

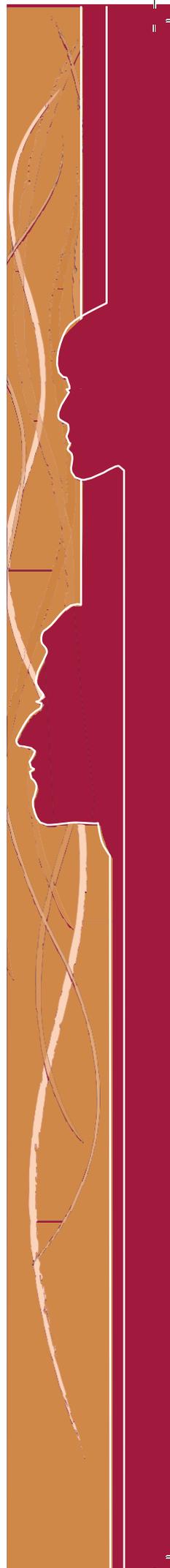
In support of the NPA, the Ohio Commission on Minority Health (OCMH), an autonomous state agency created in 1987 to address health disparities and improve the health of minority populations in Ohio, sponsored a statewide initiative to help guide health equity efforts at the local and state levels.

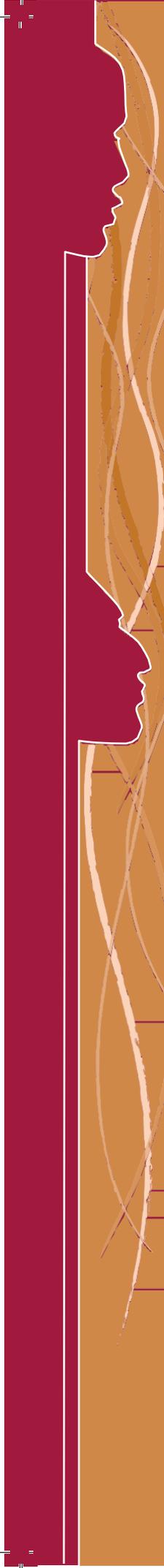
In Phase I of this initiative, OCMH sponsored a series of nineteen Local Conversations on Minority Health throughout the state. The purpose of these gatherings was to carry out community-wide discussions on local health disparities in which health needs could be identified and prioritized from the community's perspective, and strategies could be generated toward local action plans to address minority health needs. Sixteen of the Local Conversations were geographically-based and were held in the state's large and small urban regions. In addition, three statewide ethnic health coalitions convened ethnic-specific Local Conversations for Latino, Asian American, and Native American groups which brought in representatives from these populations across the state.

In Phase II, the Local Conversations communities continued broad-based dialogues on health disparities and refined their local action plans. The American Indian/Alaskan Native Health Coalition Health Disparity Reduction Plan in this document is a result of this process.

## **North American Indian Cultural Center**

The Local Conversations on Minority





Health and the development of the American Indian/Alaskan Native Health Disparity Reduction Plan were facilitated by the North American Indian Cultural Center.

The North American Indian Cultural Center, Inc. (NAICC) is a multifaceted, statewide, non-profit social service organization, founded in 1974 to provide education, employment, training, supportive and technical services, and advocacy to the American Indian/Alaskan Native (AI/AN) population of Ohio.

Since its inception and incorporation in 1974, NAICC has identified many disparities within Ohio's social service delivery system, for both the AI/AN and general population. Today, as a result, NAICC also provides many services to the general population in the areas which their offices are located (Tallmadge and Celina, Ohio).

For over three decades, NAICC has also endeavored to educate both the general public, as well as state, federal, local organizations, agencies and groups about the unique traditional customs and beliefs of the AI/AN population. Today, NAICC is actively involved with many state, federal and local boards and is instrumental in helping to develop and design services for the AI/AN community of Ohio.

### **Geographic Scope**

Talking Feather Circles is a statewide project addressing the health disparities affecting the American Indian/Alaskan Native (AI/AN) population in Ohio. The state's name comes from the Seneca word meaning "beautiful river" and Ohio has a history that is rich in the culture and traditions of its native people. Once home to the Delaware, Miami, Mingo, Ottawa, Shawnee, Seneca, and Wyandot tribes. Ohio lost much of its AI/AN population through the Indian Removal Act, a

national policy enacted in 1830 that forced American Indians to leave their homes and relocate in lands west of the Mississippi. Today there are no reservations in Ohio and the AI/AN population, which represents only .3% of the state's population, is spread throughout the state. Talking Feather Circles brought together representatives from diverse AI/AN communities across the state to discuss and prioritize needs of American Indian/Alaskan Natives in Ohio and to develop a strategic plan to improve their health.

### **Demographics of the AI/AN Population in Ohio**

The last Census was in the year 2000 and identified 24,486 tribally enrolled American Indians in the State of Ohio. In addition, there are 75,666 people registered on this same Census as American Indian in combination with another population, including 34,561 people registered as American Indian and white, 7,673 people registered as American Indian and African American and 16,515 people registered as American Indian alone. Census projections in 2009 estimated the size of the American Indian population in Ohio at 34,628 and the estimates for 2015-2016 are 25,292. Which poses the question, exactly how many American Indians/Alaska Natives are living in the state of Ohio?

During the last 40 years of our work with the American Indian/Alaska Native population, there seems to be a question as to exactly how many of the AI/AN population have even had the opportunity to participate in the US Census or if they even have a clear understanding of how to register. And depending on how they

identify, as American Indian alone or American Indian and multiple different races, this could impact whether or not they get counted as American Indian even if they are.

These facts and figures in themselves, clearly present an issue about the accuracy of the numbers of American Indians in Ohio, as well as figures nationwide, which in turn could impact jobs, poverty, funding and minority status just to name a few. These figures effect almost all aspects of life and definitely need to be addressed if the American Indian population can finally move forward and heal.

The residence pattern of the AI/AN population are still different than that of other minority groups in the State. Approximately 39% of the American Indian/Alaska Natives live in urban areas, 14% live in rural Appalachian counties and about 47% live in small cities, suburban counties, or rural regions in other parts of the State of Ohio. And nationally, 75% of the American Indian/Alaska Natives today live off reservation.

We reviewed the disparities data that was included in the 2011 Talking Feather Circle Health Coalition Report for updates, and realized that at present, this would be the latest actual statistical data available for AI/ANs in Ohio.

Many hours were dedicated to researching AI/AN disparities in Ohio. While researching for newer data, what we discovered is that there was very little data at all on AI/ANs in Ohio. In fact, on many maps, reports, etc., under the AI/AN category, the AI/AN category seemed to be almost non-existent and in some cases were listed as zero. As a result we have updated a couple of the figures, but feel that the figures listed are as accurate as the present data supports.

We felt it was important to mention that not only was there very little actual current, Ohio based data available, but most of the reports being generated contained only African American, Hispanic, Asian and White categories. This seems to be the basis for health disparity comparison, leaving a very apparent gap for AI/NA data.

Due to the difficulty in finding current AI/AN data, it is clear that there is a need for current, disaggregated data, through strategic oversampling of all minority populations. Without disaggregated data, it is extremely difficult to truly determine health priorities within Ohio's minority populations.

We found that in reviewing data contained in the Round I report, an additional adjustment was needed for AI/AN insurance coverage. The need for AI/NA insurance coverage lowered from approximately 30% not being covered, to 28% not being covered. This is due to the Affordable Care Act (ACA). Even with this slight improvement, there is still the issue that ACA enrollment representatives that are not knowledgeable enough about the dynamics between ACA and the Indian Health services. In fact, we have dealt with many AI/AN clients who were told that they were not eligible because they could get services through Indian Health Services (IHS), and in some cases IHS is listed on forms as a resource for AI/AN participants which eventually causes a delay in health resources or an interruption in health service for this population. If ACA representatives had received the proper cross cultural training, most of these issues may have been avoided, as ACA representatives would have known that the closest IHS facility is either on, or close to the reservations. Or in the case of Ohio, which is not a reservation state, the closest facility would be in Nashville, Tennessee, or Chicago, Illinois.

We feel that the lack of consistent, strategic, oversampling of the AI/AN and other minority populations will continue to leave gaps in minority health data. Which, in turn, is a barrier for the development of effective health policy and programming.

The 2004 Ohio Family Health Survey (OFHS) has provided a demographic profile of the AI/AN respondents. AI/NA were oversampled in this survey. A majority of AI/AN respondents indicated living at or near poverty levels or were identified as low income (54.7%), compared to about 33% of white respondents. The high poverty rates were linked to high



unemployment rates, estimated at 42.1% in the survey—nearly one and a half times greater than unemployment in the white population. Nearly 28% lacked health insurance coverage compared to 13.7% of white respondents. These figures were comparable to an earlier survey, the We Count Project funded by the Ohio Commission on Minority Health, which found 28% uninsured or underinsured and a poverty rate of 72.1%.

### Health Disparities in the AI/AN Population in Ohio

There are significant health concerns and health disparities affecting Ohio's American Indian/Alaskan Native population. They are more likely than white respondents to have hypertension, heart conditions circulatory problems, diabetes, and unmet mental health, substance abuse treatment, prescription drug, and dental needs. They are also more likely to use emergency rooms as their usual sources of health care. The chart below, based on data from the 2004 OFHS, illustrates some of the key areas of disparity.

#### Selected Health Disparity Indicators for AI/AN in Ohio

<i>Health Indicator</i>	<i>White % Reporting</i>	<i>AI/NA % Reporting</i>
Report poor health status	4.0	11.6
Report needing mental health or substance abuse treatment or counseling	4.8	10.8
Told they have hypertension	28.1	42.2
Told they have heart condition	13.4	19.7
Told they have diabetes	8.8	14.8
Smoke cigarettes	27.8	37.3
Unmet health care needs	9.4	18.5
Unmet dental needs	9.6	21.5
Emergency Room as usual source of care	3.9	14.8

### Local Conversations on Minority Health

North American Indian Cultural Center, Inc. (NAICC), at the request of, and funded by Ohio Commission on Minority Health, once again engaged the American Indian/Alaska Native (AI/AN) community through the Talking Feather Circle Health Coalition, to update the 2011 Report on Local Conversations on Minority Health.

NAICC a statewide community-based, Urban Indian Center, located in Tallmadge, Ohio, has a 42 year history of providing essential services such as job training, development, placement, education, and supportive and technical services to the AI/AN population, in addition to health related services as well as the assessment of health and other related needs and necessary program development and implementation. It has also been NAICC's goal to serve as a focal point and a voice for the AI/AN and to educate the general public about not only their traditional, spiritual, and cultural differences and distinctions, but also about the many disparities that exist within the AI/AN communities.

#### Round II Local Conversations on Minority Health

In Round II, the AI/AN Talking Feather Circle Health Coalition, upon the request of and funded by Ohio Commission on Minority Health, began the process of reviewing the 2011 Report on Local Conversations. The purpose of this process was to not only review and evaluate the health disparities that had been identified in the 2011 report, but also the strategies recommended, and update and document any changes or new health disparities/needs to reflect a more accurate picture of the 2016 AI/AN needs, and recommend strategies that are relevant to these 2016 needs. Round II began with a planning stage in which the decision

was made to hold meetings on a statewide basis instead of all of them being held in Tallmadge, Ohio at the NAICC Community Room. This decision was made so as to allow more people access to this process. We started with the distribution of the 2011 Reports as well as personal letters to the community explaining our task, and requesting their participation and input. These packets were mailed and handed out at several gatherings, and when possible, personal phone calls followed the mailings, and any and all comments were recorded. We also attended several gatherings handing these out and talking to the community at every opportunity, and again all comments suggestions were recorded. After this initial planning process, we held a series of six meetings on 9/23/15, 10/20/15, 1/9/16, 2/6/16, 3/21/16, and 5/16/16. The meetings were held in Celina, Circleville and Tallmadge. and had a combined total of 121 participants. This is in addition to the 90 people who were contacted and interviewed by telephone, and the 30 people who we spoke with and interviewed at the three gatherings we attended. The activities combined are a total of 241 participants that contributed to not only the health disparities piece, but also the recommendations process. Also contributing to this process were a diverse cross section of health professionals both AI/AN as well as non native. We also had a representative from University of Akron School of Nursing as well as a representative from Visiting Nurses from Cleveland Clinic, in addition to a Drums Across Ohio Representative, the only AI/AN newspaper in the State of Ohio.

#### 2016 Revised AI/AN Health Disparities

As in the 2011 Report, the participants continued to express that they felt that AI/AN poverty/financial conditions statewide fueled by a lack of jobs, training, skill sets and job opportunities seemed to be the root cause of and one of the main factors impacting disparity issues such as the ability to purchase and maintain health in-

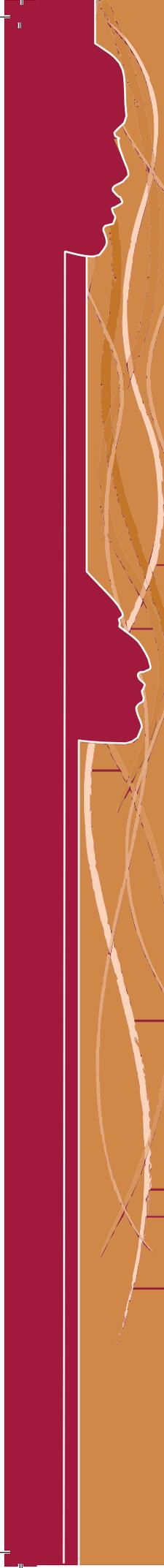
urance, which in turn impacts the ability to access quality medical care and obtain and retain a family physician/medical home. They also felt that it had a really serious effect on their families ability to purchase healthy food, maintain a healthy diet, and access items necessary for a minimal daily basic existence.

In the past the fact that the majority of AI/AN people do not have family physicians/ medical homes, and access emergency rooms was discussed, and deemed to be a major issue with reference to continuity of care, and this concern carried over into Round II. In addition, the confusion around Obama Care and the difficulty that AI/AN people have had accessing health insurance and services through Obama Care because of myths involving their eligibility for Indian Health Services when living off reservation.

Again, as in Round I, the rampant spread of Diabetes and the increase in diabetes related illnesses in the AI/AN communities statewide was identified as a major issue, but during Round II, it was identified as one of the most serious health issues facing the Ohio AI/AN communities today, as it is decimating many of our AI/AN families who are now dealing with multi-generational cases of diabetes. And, while possible causes identified during Round I cited poor diets, lack of good nutrition, obesity, lack of culturally sensitive prevention information, and the non-existence of culturally sensitive AI/AN health professionals and programming, in Round II, it was decided that one of the major issues that should be added to this list of causes is a total lack of understanding by the AI/AN community about the disease of diabetes, its causes, and how it can be cured and/or controlled.

The geographic spread of the AI/AN population across the State remained an issue, and continues to create unique communications problems, including a general lack of cohesiveness within the





community and specific difficulties in disseminating beneficial health and other information to those in need and most vulnerable. And the lack of technological knowledge within the AI/AN community statewide is also hindering communication issues as well as the communities ability to locate and access health information and services that are available to them.

A new issue that was raised at numerous meetings was the rise in the incidence of domestic violence related situations in AI/AN families statewide. Information received through our Local Round II discussions again mentioned stressors such as poverty, as well as alcohol/drug issues and the loss of traditional AI/AN family values as a root cause. During these conversations it was felt that this should be listed as an issue, and we should start doing some research into this area.

Additional issues discussed at almost every meeting included the lack of or loss of funding for AI/AN basic services and programming in Ohio, apathy within the AI/AN communities, loss of identity by our AI/AN children, and a feeling of isolation because the AI/ANs have no comfort zone and have the feeling that they are an invisible minority not a viable part of Ohio's minority population. This is reflected in the lack of AI/AN health and other related data as well as the lack of programming that is available to deal with their issues.

## **Health Disparity Reduction Plan**

### **Strategies**

1. Create and train at least three funded AI/AN positions to work within their respective communities statewide to identify the needs of the AI/AN communities, educate them about services that are available, provide referrals and advocacy and assist them with navigating through the very complex process of locating and accessing necessary services, with quality follow-up for needed health education and other services.
2. Do a statewide comprehensive needs assessment/survey to determine exactly what services and programming is needed.
3. Develop and expand programming and services in all the areas of health needs for the AI/AN communities statewide, in an effort to eliminate the AI/AN health programming disparity that exists in Ohio.
4. In Round I, it was recommended that we create a web site "Ohio AI/AN Information Highway" to act as a central point of information distribution for Ohio's AI/AN population. This strategy was implemented through the creation of the [ohioindians.org](http://ohioindians.org) website which NAICC established in 2010, and it has been operational since its inception with all inquiries being reviewed and answered through NAICC's staff. We need to continue to work on this site to make it more visible.
5. Develop and make available AI/AN cross cultural training for Health Care Providers as well as health care educators so that they are more knowledgeable about the distinct cultural, spiritual and traditional customs of the AI/AN so that they can provide culturally adequate health services.
6. Work with Medical facilities in areas statewide to develop AI/AN family events which include not only culturally related activities but also health screenings and the presence of local health professionals in a health fair format. These could be held twice a year, allowing the AI/AN communities to access health related screenings they so

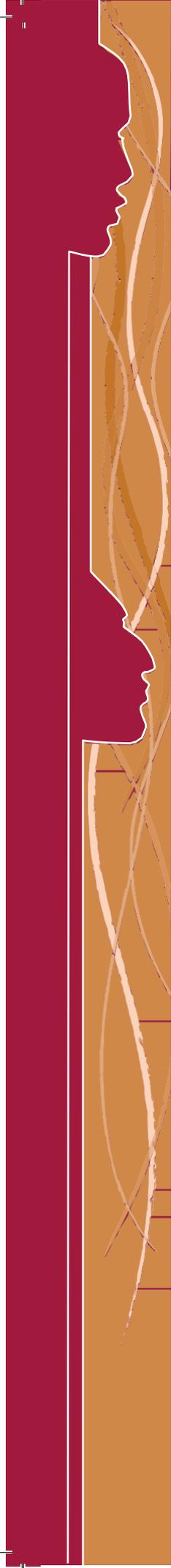
desperately need but also become familiar with health services that are available and get to know and become more comfortable with the actual local providers. In addition it would also provide cultural education and exposure for the health providers.

7. Develop a culturally specific program to deal with the AI/AN Diabetes Crisis. This program would have to provide culturally sensitive education that would include AI/AN trained staffing and culturally based materials and information so that they will more readily understand and absorb the information we are trying to provide to them. It would also provide culturally sensitive and quality diabetes services aimed at prevention, early diagnosis and culturally specific supportive services with adequate follow-up. This program could be developed as a stand-alone, or in conjunction with an already existing program.
8. Develop several area based, statewide AI/AN diabetes education/health oriented AI/AN youth groups utilizing cultural and traditional values. It was also suggested that we form an AI/AN Youth Conference that could begin working on health and other issues. It was felt that involving AI/AN youth in the process would not only educate and create an awareness and greater understanding of Diabetes and the seriousness of the threat it presents to the AI/AN communities, but would also serve to educate and involve the families and the general community. If this activity was founded on AI/AN cultural and traditional values, it could also strengthen the family unit itself and restore traditional family values.
9. Develop AI/AN culturally sensitive workshops taught by AI/AN nutritionists and other diabetes related health professionals who could talk about and teach the AI/AN community about diabetes, healthy eating habits, how to prepare healthy foods within a realistic low income budget, and in a way that they can understand. This

workshop could also provide diabetes information and education about the actual disease, other related diseases, and how to deal with the diagnosis of “Diabetes”, and the fact that it does not have to be a death sentence.

10. Initiate several meetings across the State to explain Obama Care and clarify the process for the AI/AN community as they are being denied and told that they are not eligible as they have Indian Health Services, which is erroneous information as IHS does not apply and is not available unless they are living on reservation.
11. Try to develop or locate funding for the re-establishment of cultural activities in areas across the State of Ohio to begin pulling our AI/AN people together in a traditional way and provide a venue for our young people and families to interact in a cultural environment. This type of cultural education is important not only to the AI/AN population, but also to the general public as well as funding sources, as if they do not understand the culture or it is not visible, they will not find funding of activities to be important. And the AI/AN culture is already almost invisible in the State.
12. Establish relationships with the Ohio Benefits Bank Program as well as Health related outreach initiatives in the State and attempt to connect them with the AI/AN groups, communities, and centers so that they can begin working with them to help them locate affordable/free health and other needed Services. Provide advocacy and assistance to all involved.
13. Begin actively contacting all State entities to re-educate them about the existence of the AI/AN population, their needs and the fact that they are not included in most health and other related Ohio data. Also initiate discussions on where and how data is being gathered about the Ohio AI/AN population.
14. Try to work with health professionals





to explain the importance of understanding AI/AN beliefs and customs in relation to the use of traditional medicines, spiritual ceremonies, and the presence of Spiritual leaders in the treatment of AI/AN people, and especially in the older generation. Arrange a series of speakers/workshops for this purpose.

15. Compile and maintain a list of AI/AN professionals, as well as other Health professionals, that are educating and providing information/referrals for AI/AN diabetes patients.
16. Make a greater effort to see that AI/ANS are included in health related trainings or programs especially those that have certifications attached.
17. Recommend increases or funding be made available for AI/AN Programming.
18. Establish AI/AN Violence Prevention Programs to begin dealing with the increase of AI/AN Family Violence and other violence issues within our communities. Also start seriously looking at the causes for these increases in violence issues.

### **Native American Acknowledgements**

North American Indian Cultural Center, Inc. would like to begin by expressing our gratitude to all who participated and gave of their time and energy in the Round II Talking Feather Circle Health Coalition, Local Conversations 2016, funded by Ohio Commission on Minority Health, Grant # MGS 16-12.

We would especially like to extend a very special acknowledgement to our colleagues and partners, some who have

participated in both Round I and Round II of the Talking Feather Circle Health Coalition Local Conversations. They are as follows:

University of Akron, School of Nursing and Community Services  
Akron, Ohio  
Lake Erie Native American Community  
Cleveland, Ohio  
Visiting Nurses/Cleveland Clinic  
Akron, Ohio  
Family Healthcare of NW Ohio  
Van Wert, Ohio  
Miami Valley Council of Native Americans  
Dayton, Ohio  
Kenyon College  
Gambier, Ohio  
American Indian Allen County Casa Member  
Lima, Ohio  
Sitka Band of Saponi/Cataba Indians  
Xenia, Ohio  
Drums Across Ohio  
(the only AI newspaper in Ohio)  
Cleveland, Ohio

In addition, we would like to say thank you to all of the Indian and non Indian health and other professionals who gave of their time and expertise to make this a success.

But we would especially like to recognize and applaud the most important group of people involved in our Talking Feather Circle Health Coalition, who without their support and knowledge, we could never have been able to accomplish this very important project, our American Indian elders and grass roots communities, for the elders are the carriers of wisdom, and the grass roots communities are the heart of our people.







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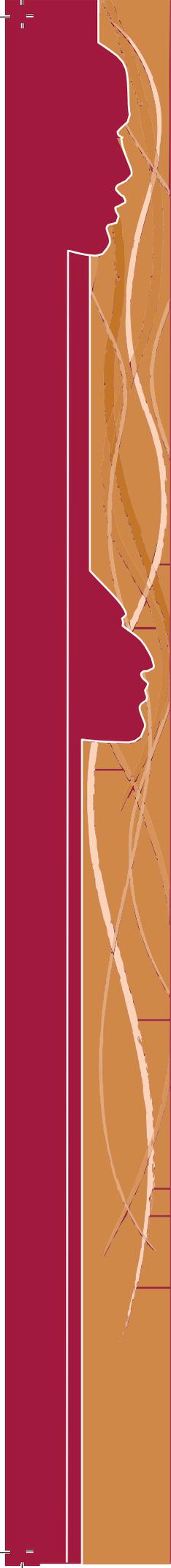
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national policy enacted in 1830 that forced American Indians to leave their homes and relocate in lands west of the Mississippi. Today there are no reservations in Ohio and the AI/AN population, which represents only .3% of the state's population, is spread throughout the state. Talking Feather Circles brought together representatives from diverse AI/AN communities across the state to discuss and prioritize needs of American Indian/Alaskan Natives in Ohio and to develop a strategic plan to improve their health.

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### Local Conversations on Minority Health

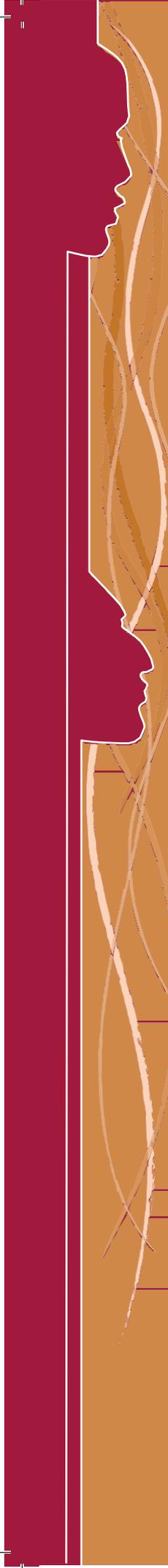
The North American Indian Cultural Center, Inc. (NAICC) engaged the AI/AN community in the “Talking Feather Circle” program, a series of discussions on health disparities funded by the Ohio Commission on Minority Health as part of the statewide Local Conversations program. NAICC is a community-based organization based in Akron, Ohio with more than a 30-year history of providing services such as job training and AIDS education to the AI/AN community. The purpose of these meetings, which would be held in two phases, Phase I and Phase II, was to identify the specific needs of the statewide AI/AN community and to develop strategies to address those needs.

#### Phase I

Phase I, held on July 21, 2008 at the NAICC Community Room, located in Tallmadge, Ohio, was a gathering of approximately 32 individuals representing areas statewide. Those in attendance represented a very diverse sector of the AI/AN community with representatives from 7 of Ohio’s AI/AN groups/centers, in addition to the only statewide AI/AN newspaper, AI/AN health professionals, community members and other representatives from outside of the AI/AN community. Phase I was the initial planning meeting, and participant comments were recorded on community needs and strategies relating to AI/AN Resources, Services, Capacity Building and Infrastructure.

During the period between the Phase I and Phase II meetings, the AI/AN community continued discussions on the issues prioritized during the first meeting via gatherings, e-mail, and telephone.





## Phase II

Phase II included four AI/AN meetings, on 10/6/09, 11/16/09, 1/4/09 and 1/14/10. All of the meetings were held in Tallmadge, Ohio at the NAICC Community Room. There were a combined total of 71 participants in attendance at these meetings, representing the AI/AN community, several of the AI/AN Centers, as well as a diverse cross section of health professionals and non-native community members from a statewide venue. These meetings were held to further identify and prioritize the AI/AN community needs, as well as to develop a final plan with recommendations and strategies.

The majority of participants felt that the AI/AN financial conditions statewide, fueled by the lack of jobs and job opportunities, seemed to be one of the main factors impacting health disparity issues, such as the ability to purchase and maintain health insurance, the ability to access medical care, and the ability of families to purchase healthy foods, maintain a healthy diet, and access other items necessary for just a minimal daily basic existence.

Another major concern was the rampant spread of diabetes and the rise in diabetes-related diseases within the AI/AN communities. Possible causes that were identified included poor diet, the lack of good nutrition, obesity, the lack of culturally sensitive prevention information, and the almost non-existent culturally sensitive AI/AN trained health professionals and AI/AN specific programming.

Additionally, the participants felt that the geographic spread of AI/AN communities throughout the state creates unique communication problems, including a general lack of cohesiveness within the community and specific difficulties in disseminating beneficial health and other information to those in need. The groups

noted that among the native populations, there was a lack of knowledge available on what programs and services were already available and how to access these services. This problem is compounded by the fact that a large segment of the AI/AN population is computer illiterate, lacks access to computers, is unfamiliar with internet use, and is unaware that they could have free computer access at public libraries and that classes could be available to them at no cost.

## Health Disparity Reduction Plan

### Strategies

1. Create at least three funded positions for AI/AN Information Navigators in the state of Ohio. These positions would be utilized to identify the needs of the population, educate them about services that are available, and assist them with navigating through the very complex process of locating and accessing necessary services, with quality follow-up.
2. Train these AI/AN people to work with the AI/AN population statewide, to provide needs assessments, information, referrals, advocacy, and follow-up for needed health education and other services.
3. Do a statewide comprehensive AI/AN needs assessment to determine exactly what services and programming is needed.
4. Create a web site—"Ohio AI/AN Information Highway"—to act as a central point of information distribution for Ohio's AI/AN population.
5. Develop and expand programming and services in all the areas of health needs for the AI/AN communities statewide, in an

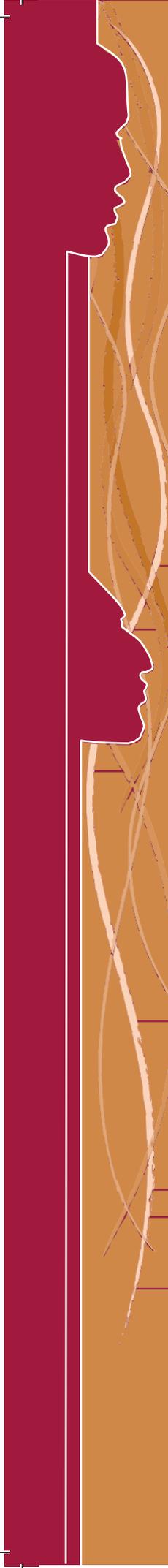
effort to eliminate the AI/AN health programming disparity that exists in Ohio.

6. Provide grant writing and fund-raising training for AI/AN organizations statewide that provide services to the AI/AN communities.
7. Provide information to the AI/AN community on funding opportunities that might be available and utilize the AI/AN Navigators and the AI/AN Information Highway to do this.
8. Recognize the Talking Feather Circle as the AI/AN Health Coalition for the state and provide the resources for these meetings so this group can become more active.
9. Expand the Talking Feather Circle Health Coalition to include the opinions, thoughts and participation of AI/ANS statewide, including recognized AI/AN groups as well as individual AI/AN who are not aligned or associated with any recognized agency or group. This could be accomplished through the Navigators and the web site that we are proposing.
10. Implement AI/AN town hall meetings, and divide the state into five regions for these meetings. The information gathered from these meetings should then be brought back to the TFC Health Coalition for review and recommendations.
11. Increase awareness of the AI/AN population by advocating for advisory board positions with local and state organizations and agencies, i.e. the Ohio Department of Health and Mental Health, the

Ohio Department of Alcohol and Drug Addiction Services, the Ohio Commission on Minority Health, and similar organizations.

12. Develop a culturally specific program to deal with AI/AN diabetes. This program would include not only education, but quality diabetes services aimed at prevention, early diagnosis, and culturally specific supportive services with adequate follow-up. This program could be developed as a stand-alone, or in conjunction with an already existing program.
13. Implement several AI/AN diabetes education/health oriented youth groups statewide, utilizing AI/AN cultural and traditional values.
14. Develop a method to make AI/AN groups aware of existing services in the state as well as other services/programs that might be available for obtaining low cost/no cost supplies and/or services such as free clinics.
15. Compile and maintain a list of AI/AN professionals, as well as other health professionals, that are educating and providing information/referrals for AI/AN diabetes patients.
16. Make a greater effort to include AI/ANS in any health trainings or programs for certifying health professionals.
17. Recommend an increase in funding for AI/AN programs that target employment, training and job development.
18. Develop a method for increasing dialogue between AI/ANS statewide, for the purpose of exchange





and distribution of information as well as the development of needed services. An example of this might be the Ohio AI/AN Information Highway (The Highway).

19. Stress the impact that lack of jobs and employment is having on AI/AN health issues, and encourage new job creation and training be made available in health professions as well as generally.
20. Develop a list of programs and services that are already established and available to the AI/AN communities statewide.

### **Native American Acknowledgements**

North American Indian Cultural Center, Inc. would like to express our gratitude to all of our American Indian friends and colleagues who gave of their time and energy to participate in our Ohio Talking Feather Circle Health Coalition. We were only the instrument that put your concerns and thoughts on paper, and without all of you, this very important work would not have been accomplished.

We also need to thank any agencies that sent representatives to take part in our conversations, as well as *Drums Across Ohio* newspaper that not only participated in, but covered these sessions in the newspaper as well.

In addition we would also like to thank Michael London for his help in narrating our sessions and for his technical savvy, as well as Dr. Betty Yung from Wright State University, who worked closely with us to help assemble this report.

And last, but certainly not least, we need to express our thanks to the Ohio Commission on Minority Health who

for many years has walked beside, and guided us, in our quest to overcome Ohio American Indian health disparities in our communities. It is because of this support that we have found the courage to continue and persevere. Even though we are still not there, we know that someday we will be able to say, *“Our people are healthy and well.”*



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