

SHAPE 2002 Racial and Ethnic Data Book

Health Status of Hennepin County American Indian Adults

Introduction

The health and well being of American Indians living in Hennepin County is highlighted in this fact sheet. These health data are found in the *SHAPE 2002 Racial and Ethnic Data Book*¹, which includes results from the Survey of the Health of Adults, the Population and the Environment (SHAPE 2002). The survey collected information on health status and factors that affect health from 9,959 randomly selected Hennepin County adult residents, including 224 American Indians.

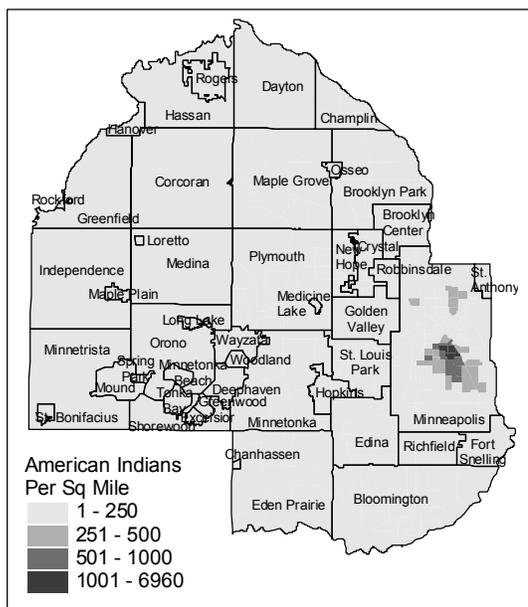
A sizable proportion of American Indians that reside in the state are residents of Hennepin County. The 2000 U.S. Census² indicated that just over 11,000

Hennepin County residents identify themselves as American Indian (alone; that is, not in combination with another race). This represents 20% of all American Indians in Minnesota. Another 7,000 county residents identify themselves as American Indian plus one or more other races. Three out of four American Indian residents of Hennepin County live in the city of Minneapolis (Figure 1).

Among all racial and ethnic populations living in Hennepin County, American Indians experience the highest poverty rate (28.7%) and general unemployment rate (14.2%). These rates are about four times the rates for the county as a whole (8.3% and 3.8%, respectively)².

Coincident with these socioeconomic burdens is persistent, often increasingly poor access to health services, poorer health status, and poorer health outcomes as compared to other groups. However, a lack of comprehensive data on the health status of American Indians and factors related to health has been a major obstacle to effectively addressing their health concerns and reducing health disparities. This fact sheet and the more detailed Data Book are some of the first steps taken by Hennepin County to gather comprehensive data about American Indians and other racial and ethnic groups in the county.

Figure 1. Geographic distribution of American Indian adults in Hennepin County



Data source: U.S. Census, 2000². Data are aggregated and displayed by census tract. Includes adults who identified their race as American Indian or Alaska Native only, not in combination with another race.

How Healthy are Hennepin County American Indian Adults?

Health is determined by the complex interaction of multiple factors, including individual biology and behavior, physical and social environments, and access to health care⁴. The Data Book presents SHAPE 2002 survey results for health status, as well as for a broad spectrum of factors that contribute to health.

Community needs drove SHAPE 2002 priorities. Interviews and focus groups with American Indian community organizations and members identified the most important health concerns and data needs of American Indians³, such as mental health and diabetes. Other issues included health care access, communication with health care providers, cultural / spiritual health and practices, chemical use, barriers to healthy lifestyles, poverty, and discrimination.

The following are highlights from the Data Book.

Overall Health Status

The majority (70.5%) of adult American Indians in Hennepin County reported “good,” “very good” or “excellent” health in 2002. However, this rate is significantly lower than the rate reported by county adults as a whole (90.7%).

Obesity affects one of every three and diabetes affects one of every five American Indians in Hennepin County.

SHAPE 2002 asked respondents if they had ever been told by a health professional that they had some specific chronic diseases and conditions. Respondents were also asked their current height and weight, from which their weight status was calculated. Results show that diabetes, obesity, and specific mental health problems disproportionately affect American Indians:

- The diabetes rate among American Indians is nearly four times the rate for county adults as a whole (17.6% vs. 4.9%).
- One-third (32.4%) of American Indians are obese (that is, having a Body Mass Index of 30 or higher), a rate that is double the rate for all county adults (16.8%).

- The rates of depression and anxiety/panic attack (that have ever been diagnosed by a health professional) among American Indians are two to three times the rates for county adults as a whole (23.6% vs. 12.2%, and 20.5% vs. 7.5%, respectively) (Figure 2).

Social Environmental Factors

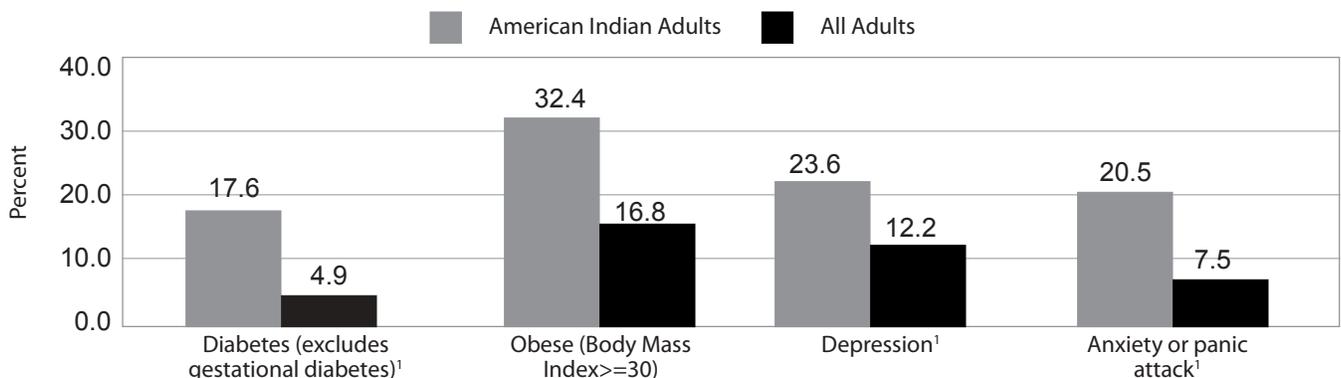
Social environmental factors or conditions in which individuals live, play, go to school, and work, have profound effects on health⁴. These include housing conditions, employment status, connectedness with friends and communities, experiences of discrimination, and neighborhood safety. SHAPE 2002 measured a great array of social environmental indicators.

SHAPE data show that the value placed on cultural heritage is much greater among Hennepin County American Indian adults than that among county adults as a whole.

- 81.8% of American Indians attend activities that are part of their cultural heritage frequently (“a few times a year” or more), while the rate for all county adults is 52.5%.
- 72.1% of American Indians think that it is “very important” to pass along their cultural heritage or the traditions of ancestors to the next generation, while the rate for all county adults was 38.7%.

A great majority (81.8%) of Hennepin County American Indians frequently attend activities that are part of their cultural heritage.

Figure 2. Selected chronic disease and conditions, Hennepin County SHAPE 2002



¹ Percentage of adults who stated that a doctor or other health professional ever told them that they had this health condition

At the same time, county American Indians report feeling discriminated against and unaccepted due to their cultural heritage. For example:

- 24.9% reported that they are in situations that make them feel unaccepted because of their culture at least once or twice a month, compared to the rate of 10.5% for all adults.
- American Indians report much higher rates of being discriminated against in many situations during the past 12 months than county adults as a whole (Figure 3), such as in dealing with the police, applying for social services or public assistance, getting housing or getting medical care.

Besides the higher levels of poverty and unemployment shown by U.S. Census 2000 data, American Indians report experiencing greater economic stress than all county adults:

- 11.3% of county American Indians worried “often” over the last 12 months that food would run out before there was money to buy more (the rate for all adults was 2.4%).
- 9.1% of American Indians missed a mortgage or rent payment over the last 12 months due to not having enough money (the rate for all adults was 3.8%).

Health Care Access and Utilization

Health care access

The health of individuals depends greatly on access to quality health care⁵. For many residents, access of quality care when it is needed is expected. However, this is not always a reality for some other residents, especially American Indians.

Close to one-third of Hennepin County American Indians report currently lacking health insurance.

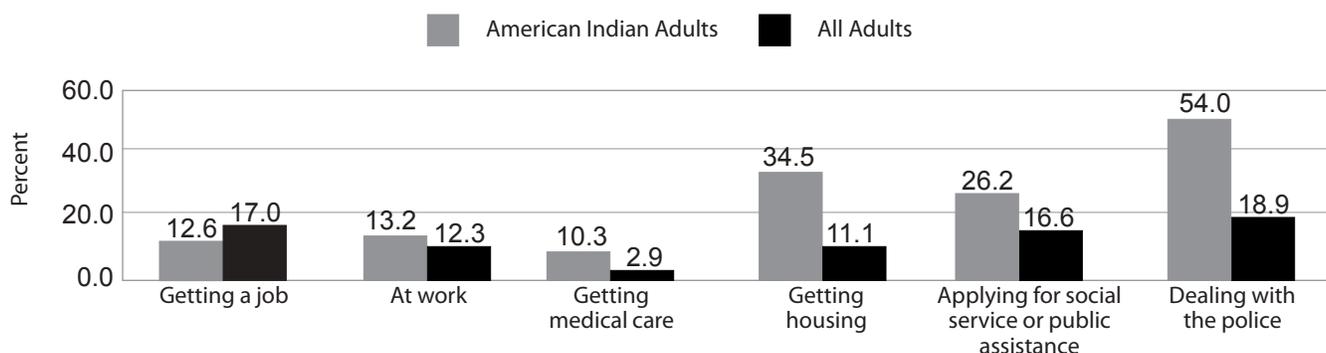
Compared to the county population as a whole, American Indians are more than four times as likely to currently lack health insurance.

This rate is more than four times the rate for all county adults (30.4% vs. 6.7%). Nearly half (43.8%) of American Indian adults report lacking dental insurance, while the rate for all adults is 28.1%. In addition, many American Indians who regularly take prescription medication report that it is “extremely” or “somewhat” difficult to pay for it each month (41.2%). These difficulties in access to health care may prevent many American Indians from seeking needed health care or delaying care until the health issue becomes a crisis.

Use of traditional and alternative medicine

The use of traditional and alternative medicine is becoming an important part of health care, and has shown a significant increase nationwide in recent decades⁶. Using a traditional or spiritual healer has always been part of the cultural traditions of American Indians. Of all racial and ethnic groups in Hennepin County, American Indians report the highest rate (19.8%) of seeking health care through a traditional or spiritual healer in the past 12 months (the rate for all county adults was 4.1%). In contrast, American Indians report the lowest rate of having used a chiropractor in the past 12 months (4.0%); the rate for all adults was 13.8%.

Figure 3. Percentage who felt they were discriminated against, of those who experienced the situation during the past 12 months, Hennepin County SHAPE 2002



Receipt of preventive health screening

Preventive health screening is an effective method for reducing the burden of many chronic diseases and related mortality⁴. Despite disparities in health insurance rates between American Indians and all county adults, American Indians are very comparable to all county adults when comparing rates of time-appropriate preventive health screenings (Table 1). This could be at least partly due to the efforts of local communities, state and federal programs aimed at reducing gaps in preventive screenings.

Lifestyle and Risk Behaviors

Individual lifestyle choices, such as smoking, binge drinking, exercise, and diet, have profound effects on an individual's health⁴. Hennepin County American Indians show similar rates to all county adults for nutrition and physical activity.

- 31.4% of American Indians reported consuming five or more servings of fruit or vegetables the previous day. This rate is similar to the rate for all county adults (37.1%).
- 39.0% of American Indians engage in adequate moderate physical activities, that is, at least 30 minutes of moderate exercise on five or more days during an average week. This rate is very similar to the rate for all county adults (37.5%).
- 39.8% of American Indians engage in adequate vigorous physical activities, that is, at least 20 minutes of vigorous exercise on three or more days during an average week. The rate for all county adults is 45.1%.

On the other hand, cigarette smoking and binge

drinking are disproportionately prevalent among American Indian adults as compared to all adults in the county.

- 38.6% of American Indians currently smoke, while the rate for all county adults is 18.5%.
- 25.1% of American Indians reported binge drinking at least once during the past 30 days, while the rate for all county adults was 16.6%.

Individual lifestyle choices and decisions about diet, smoking, drinking and exercise are often influenced by many complex and interrelated social factors. Successful and sustained behavior changes among individuals must rely on a social environmental approach that focuses not only on individuals, but also on social systems, including social norms, community resources, organizational priorities, environmental changes, and governmental policies⁷.

This Data Book will be useful to American Indian Organizations as they continue to improve their services, understanding that it will take multiple tools to ensure lasting success.

- Minnesota Metropolitan Urban Indian Directors (MUID)

Table 1: Preventive health care screening, Hennepin County SHAPE 2002

Type of preventive health screening	American Indian Adults	All Adults	Targets/Recommendations
Pap Test with the previous 3 years (among women 18 and older)	89.3%	86.6%	HP 2010—90% or more of women 18 and older
Monthly self breast exam (among women 20 and older)	49.7%	36.5%	ACS - monthly self breast exam for women aged 20 and older
Met clinical breast exam guideline (among women 20 and older)	81.8%	77.2%	ACS— exam every three years for women 20-39, and annual exams for women 40 and older
Met mammogram guidelines (women 40 and older)	60.1%	70.3%	ACS— annual mammograms for women aged 40 and older
Blood stool test using a home kit within the previous two years (among persons 50 and older)	38.6%	37.8%	HP 2010— 50% of adults aged 50 and older
Cholesterol checked within the past 5 years (among persons 18 and older)	69.3%	75.6%	HP 2010— 80% or more of adults 18 and over

HP= Healthy People 2010, ACS= American Cancer Society

How SHAPE 2002 data for Hennepin County American Indians can be used

SHAPE 2002 was designed by and for communities. Communities can use SHAPE 2002 data for various purposes. Examples of SHAPE 2002 data uses include:

- Use as baseline data on health status and factors related to health for American Indians in Hennepin County.
- Compare the health of Hennepin County American Indians to that of other racial or ethnic groups (or all county adults) to identify health disparities.
- Investigate the impacts of particular health concerns. For example, SHAPE data can help to examine how having no health insurance affects American Indians' access to health services.
- Use SHAPE 2002 results for health improvement grant applications.

Although the SHAPE 2002 survey results fill many of the gaps in health data for American Indians in Hennepin County, they have limitations that need to be taken into consideration when using the data. The limitations include, but are not limited to, the relatively small sample size of American Indians (N=224), as well as non-telephone and respondent recall biases.

Together, we can work to use and translate the SHAPE 2002 American Indian results into action

The health and wellbeing of American Indian adults in Hennepin County falls short of that reported for all adults on many measures used by public health to determine health status. These disparities include health status, access to health care, some risk behaviors and social conditions that contribute to health.

SHAPE 2002 provides excellent health data about health disparities among American Indians. These data, combined with newly obtained cultural, empirical data from American Indian community, are a formidable combination useful to develop strong action-oriented responses to poor health conditions in our community.

- John Poupart, Minnesota American Indian Policy Center

The Institute of Medicine, a non-governmental advisory body to the nation for matters of health improvement, has acknowledged that racial and ethnic disparities in health care occur in the context of broader historical and contemporary social and economic inequality, and that there is evidence of persistent racial and ethnic discrimination in many sectors of American life⁸. Improving the health of American Indians and reducing health disparities should not focus only on individuals and risk behaviors, but rather also focus on the root causes of the disparities, including socioeconomic inequity. Intervention strategies should build upon cultural pride and acknowledge the cultural traditions that provide pathways to physical, mental and spiritual wellbeing - a holistic view of American Indian health⁹.

References

- ¹ Hennepin County Community Health Department and Bloomington Division of Public Health. SHAPE 2002: Racial and Ethnic Data Book, Survey of the Health of Adults, the Population and the environment. Minneapolis, Minnesota, March 2003.
- ² U.S. 2000 Census
- ³ Hennepin County Community Health Department. SHAPE II: Racial and Ethnic Community Outreach Report, Survey of the Health of Adults, the Population and the environment. Minneapolis, Minnesota, August 2001.
- ⁴ U.S. Department of Health and Human Services. (2000). Healthy People 2010 Understanding and Improving Health (2nd ed.). Washington, DC: Government Printing Office.
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- ⁶ Eisenberg, DM, Davis RB, Ettner SL et al. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. JAMA. 1998;280:1569-75.
- ⁷ Emmons, K.M. (2000). Health Behaviors in a Social Context. In Berkman L.F. & Kawachi, I. (eds), Social Epidemiology, Oxford University Press.
- ⁸ Institution of Medicine. (2003). Unequal Treatment. Washington, DC: National Academy Press.
- ⁹ Dixon, M. & Roubideaux, Y. (Eds) (2001). Promise to Keep: Public Health Policy for American Indians and Alaska Natives in the 21st Century. Washington, DC: American Public Health Association.

For More Information

This fact sheet is a product of the Hennepin County Community Health Department. It is one of several fact sheets that uses SHAPE data to describe the prevalence of selected health conditions and factors that affect the health of populations of color in Hennepin County, Minnesota. The data are primarily from the *SHAPE 2002: Racial and Ethnic Data Book*; however, this fact sheet does not include results for all variables covered in the data book.

Our Web Site

For more information about SHAPE 2002, the Data Book, other reports and examples of using SHAPE data, visit:

www.HennepinCommunityHealth.org/
SHAPE

Contact Us

The Hennepin County Community Health Department is committed to working with individuals, organizations, and community groups to better understand and utilize SHAPE data. These data can be made available in a variety of formats, including Powerpoint presentations, maps, or EXCEL tables/spreadsheets. For more information, please contact:

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This material can be given to you in different formats, such as large print or on tape, if you call Hennepin County Human Services Department at 612/348-3925 (voice) or 612/348-0082 (TTY).

Thank you

Hennepin County wishes to thank the many American Indian residents and communities who provided advice and guidance for SHAPE 2002. The communities' input contributed significantly to making SHAPE 2002 possible and successful. American Indians helped the SHAPE project team with survey planning, implementation and dissemination. They counseled the SHAPE team about what health data were needed, and they helped to make sure that survey questions were delivered in a way that respected American Indians. They provided guidance and assistance in reaching community members and encouraging their participation in the survey. They also advised the SHAPE team on how to get the survey results out and into use by the communities to encourage change³. Special thanks also go to all those residents who generously gave their time to answer this survey.