

AN INDIGENOUS COMMUNITY'S JOURNEY TO ACCESS CULTURALLY APPROPRIATE HEALTHCARE

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THE PROBLEM

The lack of data on urban Indians greatly impedes the ability to raise funds for services, to provide culturally appropriate, comprehensive services, and to make the case to local policy-makers and legislators that Indian health is an important issue in urgent need of attention and investment.

Of the 5.2 million American Indians 78% live off reservation; while 72.3% live in urban areas (Kaufman Report, 2011).

There were 42,996 AI's living in ND in 2010; 3,917 live in a large metro area w/o access to Indian Health Services.

There are virtually no healthcare provisions for urban Indians in ND and no Title V Funding to assist them.

One-third of American Indians under 65 lacked health insurance in North Dakota (34%), the highest uninsured rate of any racial or ethnic group in North Dakota.

The Average Age of Death for the AI population in ND is 54.7 years; it is 75.7 for ND's non-natives

COMMUNITY GRASSROOTS ORGANIZATIONS

To Meet Community Needs:

- Native American Coalition
- Native American City Commission
- City appointed Cultural Planner and Community Liaison
- Native American Center
- Sacred Spirits
- Daughters of the Earth
- The 4 Directions Newsletter
- The Urban Indian Health & Wellness Center

CULTURALLY APPROPRIATE HEALTHCARE

Defined as health that incorporates cultural respect within a systematic framework that understands and recognizes the worldviews of the clients being served.

WE ARE ONE PEOPLE, ONE COMMUNITY, OUR CHILDREN ARE OUR FUTURE



We Must Change the Picture of Poverty that Engulfs Far Too Many of Our Native Families

METHODS

This CBPR study utilized a sequential, mixed-methods design with quantitative and qualitative components. The urban Indian community, funded by the Native American City Commission, conducted a survey that was made available to the community either by paper, with an IRB certified community member available to respond to questions or by accessing the survey through the internet. The NDSU Group Decision Center was hired for this process. Participants were able to complete the survey on their own time and demographics are easily identified through generated reports; while maintaining confidentiality and anonymity. These reports are generated automatically including statistics, charts, and graphs. This survey used the same tool developed by the mainstream community. This survey will be followed up by qualitative methodology utilizing focus groups and community forums to provide clarity and validation of the results. The survey can easily be replicated by the community; empowering them to gage their progress.

SPECIFIC AIMS

Specific Aim 1: Use a community-based participatory research (CBPR) approach to facilitate a community-academic partnership, to co-define and clarify the problem from a strengths based perspective.

Specific Aim 2: To determine, using quantitative survey methodology, the specific demographics and health and wellness needs of the ND Urban Indian community.

Specific Aim 3: To assess the needs of the community using qualitative methods to compare, validate, and corroborate results, thereby utilizing both methods to accurately define community needs.

Expected outcomes: To provide important health and community data and input to inform the development of a comprehensive service system, to enhance the quality of services available, and support community partnered applications for external funding for a culturally responsive Urban Indian Health and Wellness Center.

OUTCOME SUMMARY

- Urban Indian community members were inadvertently missed in the 2012 Greater Community Health Needs Assessment (GCHNAC) conducted in response to the 2010 Health Care Reform enactment (N = 236).
- The survey provided the foundation for Community Asset Mapping, as well as County Health Profiles, County Diversity Profiles, and County Aging Profiles.
- Under the direction of the Native American PI and Co-investigator, the same survey was implemented within the Native American Community (N = 101). The PI was a charter member of the GCHNAC.
- Results of both survey's were presented to the Key Community Stakeholders at a community-wide forum.

FINDINGS

- There were stark differences between the findings of larger community and the urban Indian community.
- In response to the findings the Principal Investigator and the Co-investigator involved with the Native American Community survey will conduct focus groups and community forums to investigate these differences.
- The findings from this qualitative study will be brought back to Greater Community Health Needs Assessment Collaborative and both the City Commission and the Native American Commission to determine next steps.
- The Native American study data will be included in the data bank at ND Compass, a social indicators project at NDSU, which serves the state of North Dakota.

WHERE WE ARE GOING

- ★ This urban Indian community has the capacity to generate their own data on a continual basis to empower them to monitor their own progress toward a health system that meets their specific needs; as well as the biopsychosocial and economic status of the community.
- ★ They can use this data to help prioritize community needs and in grant applications to raise funds for necessary services.
- ★ They are an important segment of the greater community and are now a viable partner in key community health and socioeconomic strategic plans, as a result of their CBPR/Community-Driven efforts.
- ★ Native community leaders can now support and make the case to local, state, and federal policy-makers and legislators that the health of our states urban Indians is an important issue in urgent need of attention and investment.
- ★ With the advent of the Affordable Care Act more urban Indians will be qualified for an insurance program that will enable them to access culturally compatible services.
- ★ The data and the development of community cohesiveness, partnerships, and collaborations will be vital as this urban Indian community works to develop a system of culturally appropriate and responsive healthcare for urban Indians.

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