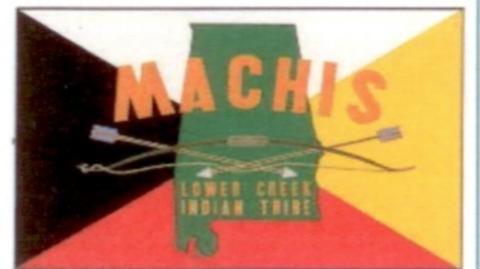
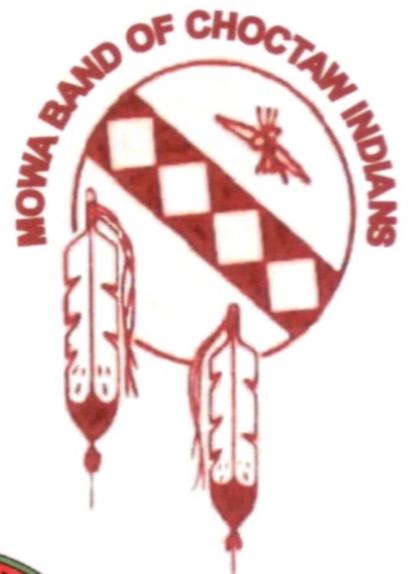


HEALTH SURVEY OF AMERICAN INDIANS OF ALABAMA 2008



*KEEPING
THE
CIRCLE
HEALTHY*



HEALTH SURVEY OF AMERICAN INDIANS OF ALABAMA 2008

This publication was produced by:

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF MINORITY HEALTH
CENTER FOR HEALTH STATISTICS
DIVISION OF STATISTICAL ANALYSIS
ALABAMA RURAL HEALTH ASSOCIATION
UAB SCHOOL OF PUBLIC HEALTH**

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Information materials in alternative formats will be made available upon request.

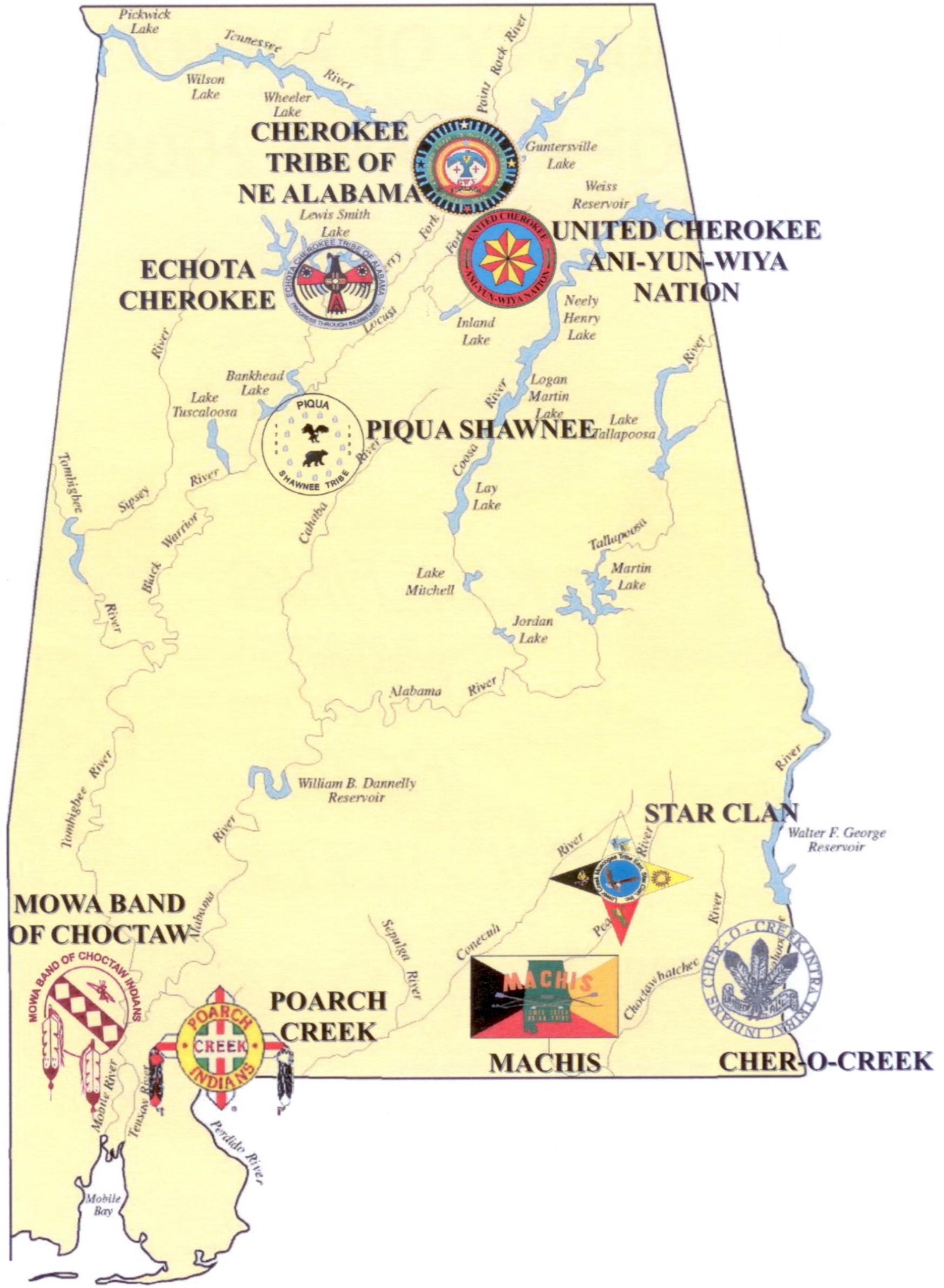


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<i>Cherokee Tribe of Northeast Alabama</i>	<i>Adelangela Paita</i>
<i>Ma-Chis Lower Creek Indian Tribe of Alabama</i>	<i>Nancy Carnley</i>
<i>Star Clan of Muscogee Creeks</i>	<i>Marcia Sanders</i>
<i>Cher-O-Creek Intra Tribal Indians</i>	<i>Violet Hamilton</i>
<i>Piqua Shawnee Tribe</i>	<i>Jane Dainas</i>
<i>United Cherokee Ani-Yun-Wiya Nation</i>	<i>Gina Williamson</i>

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EXECUTIVE SUMMARY

The majority of American Indians in the United States are now living in cities and not on reservations. Federal health care policy continues to focus, largely, on the needs of those living on reservations in rural areas. Alabama is consistent with this national trend. Only two of the nine Indian tribes in Alabama live on reservations. Only one of the nine Indian tribes in Alabama, the Poarch Band Creek Indians, is federally recognized and receives health services via the Federal Government, Indian Health Services. Only one of the eight State Recognized Tribes, the MOWA Band of Choctaw Indians, has a health care facility located on their reservation. These two tribes are able to monitor health trends and potentially prepare preventive strategies based upon health assessments and screening results.

The other seven State Recognized Tribes, profiled in this document, identified their usual source of medical care as community-based, private pay, insured, or uninsured. Their Tribal members are located throughout the state. This unique characteristic made it difficult to systematically retrieve health data, due to the lack of a uniform health services tracking system. Many of the Alabama's Indians health services are based upon a combination of traditional healing practices and modern Western medicine. For several years, we have heard the request for more inclusion of Indian people in the state's statistical health reports. We know that health data for American Indians is often aggregated with data for "others" so that real differences in outcomes have become obscured. There is a need for true statistical data analysis. However, the small numbers of tribal populations located in Alabama have made it difficult to provide a uniform and readily accessible health care system where the data can be retrieved.

Differences in health status by race and ethnicity have been well documented. Yet, there is only a small body of knowledge on the health needs and health outcomes of Alabama Indians. This document, *The Health Survey of American Indians of Alabama 2008*, presents for the first time a picture of the risk factors, health status and lifestyle behavior of Alabama Indians. It is hoped that this document will aid policy makers, clinicians and researchers in understanding the health status of Alabama Indians, in order to formulate policies to improve the health of Indian people. The challenge in this body of health research is that the data collected is self-reported and lacks a scientific knowledge base that will permit reliable conclusions to be drawn. The survey instrument used to collect the health data was based on the Behavioral Risk Factor Surveillance Survey (BRFSS) structure but was framed on the input from a household rather than from an individual. Hopefully, the integrity of the instrument used to collect the data will not distract from the rigorous efforts needed to reduce the risk of disease and minimize the disability from chronic disease for Indian people.

In this spirit, we join in the vision of the federal Indian Health Service Director, Robert McSwain, who said, "*The beliefs, traditions, and customs handed down through many generations shape Indian values about life, health and healing. We will remain respectful of these values of listening, mutual respect, generosity, compassion, and reverence in all our efforts...*"

INTRODUCTION—TRIBES OF ALABAMA



CHER-O-CREEK INTRA TRIBAL INDIANS

Raymond (Dick) Hull, Chief

The seven Cherokee clans are known as follows: Bird; Paint; Deer; Wolf; Long Hair; Wild Potato; and Blue. The Tribal Government is made up of an Executive Committee; Principal Chief, Administrative Chief, and the Tribal Council, which consists of a Clan Chief, Vice Clan Chief, Medicine Man, Beloved Woman, and the War Chief. Tribal Council members are elected by the tribal members from the districts they serve, with the exception of the War Chief who is elected by general membership. The Medicine Man and the Beloved Woman are appointed by the Principle Chief. Under the Tribal Customs, when a male reaches the age of 18 years, the ceremony to “bring him from boyhood to manhood” is performed on his birthday. There is no formal ceremony to bring a female from girlhood to womanhood, and she can participate in the princess contest from birth until marriage, under the tribal customs. Each tribal member has a roll number and is issued a membership card.



CHEROKEE TRIBE OF NORTHEAST ALABAMA

Stan Long, Chief

The Cherokee Tribe of Northeast Alabama is one of the nine tribes recognized by the State of Alabama with representation on the Alabama Indian Affairs Commission. Tribal membership currently consists of over 4,000 members. The tribe was incorporated on December 11, 1980, and was known as the Cherokees of Jackson County. In 1997, the tribal name was changed to the Cherokee Tribe of Northeast Alabama. The Cherokee Tribe of Northeast Alabama is dedicated to preserving the history and culture of the Indian people while continuously moving forward into the future.

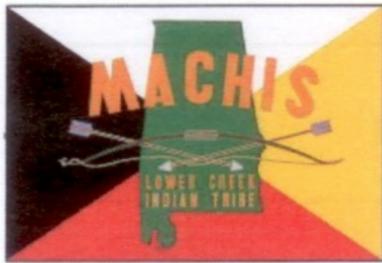


ECHOTA CHEROKEE TRIBE OF ALABAMA

Charlotte S. Hallmark, Chief

The members of the Echota Cherokee Tribe of Alabama are the descendants of the Indian people who escaped the infamous “Trail of Tears” by hiding out in the mountainous backwoods and lowlands of the Southeast. They kept to themselves, did not speak the language and did not teach it to their children for fear the children might speak it in the presence of someone who would learn the secret of their ancestry. If identity was revealed, they could immediately be taken into custody and sent to Indian Territory in the west. Everything they owned could be given away by the State.

On March 16, 1980 in Opelika, Alabama, after years of struggling to preserve their history and culture, the tribe became formally known as “ECHOTA.” The Phoenix is the tribe’s symbol, because members of the tribe said that they were rising from the ashes of their burned villages and forced removal, to join and reclaim that which was almost lost to them.



MACHIS LOWER CREEK INDIAN TRIBE OF ALABAMA

James C. Wright, Chief

MaChis Lower Creek Indian Tribe of Alabama (Ma-Chis Nation) citizens are remnants of the "Creek Confederacy" as European explorers knew them. Their first contact with white settlers was during the European expansion, into what is now known as the southeastern part of the United States of America. This area of America was inhabited by the Muskogee language-speaking Native Americans, and they were called the "*friendlies*" of the "*Five Civilized Tribes*." Because the tribe members loved their homeland, they denied being Indians and blended with the "*settlers*." This tribe also avoided relocation to the west during the forced removal under the Indian Removal Act of the 1830's. The tribe is a God-fearing nation, anti-gaming, active in historical preservation with the Samson Museum Commission in Samson, Alabama, along with a world-class collection of biblical manuscripts, which includes a "*TORAH*" (Books of Moses) scroll, approximately 1,100 years old. This Torah is important to both the spiritual culture and the Tribe.



MOWA BAND OF CHOCTAW INDIANS

Wilford Taylor, Chief

The MOWA Band of Choctaw Indians are a physically, culturally and linguistically identifiable reservation-based community of Choctaw Indians who escaped the Choctaw Removal of 1830, by staying behind on their marginal lands, located 40 miles north of the City of Mobile, Alabama, and not far from the Mississippi state line. Approximately 45 families of these Choctaw Indians were joined by other refugee Indian families escaping removal in subsequent years, and by a few disaffected non-Indian families from the regional area. By 1850, these small groups of families had been further pushed to the margins of Southern society, and were left as squatters on their own lands.

Due to decades of persistence, the Alabama Choctaws (now known as MOWA Band of Choctaw Indians) and due to the reservations proximity to the Mobile and Washington County lines, were the first tribal community in Alabama to receive state recognition in 1970.



PIQUA SHAWNEE TRIBE

Gary Hunt, Chief

The State of Alabama has long been the home of many Shawnee people. Some archaeologists set the date of 1685 as the first evidence of Shawnee settlement in Alabama. However, oral tradition states that the tribe has been in Alabama much earlier than that time frame.

Early French and English maps show several Shawnee towns, in what would be considered Upper Creek territory in Alabama. Some of the most notable were near modern Alabama towns. One village was near present day Talladega and was known in English as Shawnee Town. Another town was near Sylacauga. In 1750, the French took a census mentioning the Shawnee at Sylacauga as well as enumerating another.

TRIBES OF ALABAMA (CONTINUED)

PIQUA SHAWNEE TRIBE (CONTINUED)

Shawnee town called Cayomulgi, (currently spelled Kyamulga town) that was located nearby. Kiamulgatown was also listed in an 1832 census. A 1761 English census names Tallapoosa Town, which was also named in a 1792 census by the town of Marbury. French military records mention a Shawnee presence at Wetumpka, near Fort Toulouse.

In most cases, the traders called Alabama Indians “*Creeks*” because they lived on the numerous creeks and waterways in the area. Many of these “*Creeks*” were not of the same tribe or nation. They were known by a large number of names. Each group maintained their own unique heritage while living side-by-side with their neighbors. On July 10, 2001, the Alabama Indian Affairs Commission, under the authority of the Davis-Strong Act, recognized the Piqua Sect of Ohio Shawnee Tribe as an Indian tribe in the State of Alabama, thus making the Piqua Sect the first petitioning group to be recognized in 17 years.



POARCH CREEK

Buford Rolin, Chief

The Poarch Creek Indians are descendents of a segment of the original Creek Nation, which once covered almost all of Alabama and Georgia. Unlike many eastern Indian tribes, the Poarch Creeks were not removed from their tribal lands and have lived together for almost 200 years in and around the reservation in Poarch, Alabama. The reservation is located eight miles northwest of Atmore, Alabama in rural Escambia County, and 57 miles east of Mobile.

The Poarch Band of Creek Indians is the only federally recognized Indian Tribe in the state of Alabama, operating as a sovereign nation with its own system of government and bylaws. The Tribe operates a variety of economic enterprises, which employ hundreds of area residents. Poarch Creek Indian Gaming manages three gaming facilities in Alabama, including: the Creek Entertainment Center in Atmore; Riverside Entertainment Center in Wetumpka; and, Tallapoosa Entertainment Center in Montgomery. The Poarch Band of Creek Indians is an active partner in the state of Alabama, contributing to economic, educational, social and cultural projects benefiting both tribal members and residents of these local communities and neighboring towns.



STAR CLAN OF MUSCOGEE CREEKS

C. Scott Sanders, Chief

The Creeks were the largest, most important Indian group living in Alabama. They called themselves "*People of the One Fire.*" The English traders called them "*Creeks*" because their villages were built primarily along creeks and rivers. In the early days, most of the Creek villages were in Georgia. However, with the arrival of the English colonists in 1730, the majority of the Creek nation was forced to join their relatives who had taken residence in the "western wilderness," which would eventually become known as Alabama. The name "*Alabama*" was taken from the "Alibamos" Indians, the first Creek tribe to populate the region.

The scattered Creek villages were united in a loose Confederacy. Each village was independent and made its own decisions. However, in times of war, many villages united to defeat a common enemy. Those who chose to fight were called "*Red Villages,*" and those who decided not to engage in war were known as "*White Villages.*" The "Mico," or Chief, was the most important person in the village. The Yufala "Star" Clan of Lower Muscogee Creek Indians takes its name from both the Muscogee word

"Y'ufala" (Eagle), and the Star, which is found within the Tribal symbol. The home of the Yufala "Star" Clan is Pike County, Alabama. Tribal membership consists of families in the States of Texas, Louisiana, Florida, Indiana, Tennessee, and Georgia, as well as in Alabama.



UNITED CHEROKEE ANI-YUN-WIYA NATION

Gina Williamson, Chief

The United Cherokee Ani-Yun-Wiya Nation is based in northern Alabama. Tribal leadership serves members of the tribe living in counties from the northeastern and northwestern corners, south to Jefferson County. One of the tribe's greatest concerns is healthcare for the Indian community. The tribe has been involved in a health census focusing on Indian Communities and Tribes through the Alabama Department of Public Health. The tribe works with State and Federal government agencies, communities and educational systems to enhance knowledge of the Indian community through communications and cultural understanding. The tribal center is in Marshall County.

SURVEY NARRATIVE REPORT OF THE SELF-REPORTED ASSESSMENT OF THE AMERICAN INDIAN TRIBES OF ALABAMA 2008

GENERAL HEALTH

Overall, younger members and male members self-reported to be more physically active than older member or female members. The women self-reported to be overweight, except the Ma-Chis Lower Creek Indian who self-reported more men to be overweight. Star Clan and the United Cherokee Ani-Yun-Wiya Nation who self-reported to be younger, also had their elders, 65 plus, self-reporting to be physically active. Star Clan also self-reported the lowest, 11 percent, overweight compared to the other tribes, while the state average is 19 percent.

HEALTH CARE

Cher-O-Creek Intra Tribal Indians and Ma-Chis Lower Creek Indian also rated more “good” and “excellent” when asked about their health. Both of these tribes also accessed both traditional and modern medicine for their health care. Although Piqua Shawnee self-reported the lowest identification with their tribes, but access traditional healers the most compared to the other tribes.

Ma-Chis Lower Creek Indian, however, reported the lowest, 52 percent, to have some form of health care provider available to them, while the Star Clan reported the highest, 94 percent.

Star Clan, although self-reported to be younger, reported to have no one in their tribe connected to the All Kids/Alabama Child Caring Foundation (ACCF).

Echota Cherokee self-reported the lowest and a very low 13 percent of their elderly, 65 plus, having vaccination. Similarly, Piqua Shawnee self-reported the lowest, and a very low ten percent who have had a dental visit. Cher-O-Creek Intra Tribal Indians members self-reported only 30 percent who have had eye exams.

HEALTH BEHAVIOR

Smoking

Piqua Shawnee and Ma-Chis Lower Creek Indian self-reported as smoking more than the state average, while the Echota Cherokee self-reported the lowest smoking. Men self-reported to be smoking more than chewing tobacco, while women self-reported to be chewing more tobacco than smoking. Cherokee

HEALTH BEHAVIOR (CONTINUED)

Smoking

of North East Alabama and Ma-Chis Lower Creek Indian self-reported their young, less than 18, to be smoking, and Cherokee of North East Alabama and United Cherokee Ani-Yun-Wiya Nation self-reported their young to chew tobacco.

Alcohol

Ma-Chis Lower Creek Indian self-reported having two or more drinks per day more so than the other tribes, which also exceeded the state and national averages, while bingeing was self-reported amongst the Star Clan to be higher than all the other tribes assessed. Both of these clans self-reported alcohol consumption and bingeing more amongst men than women.

Activity Limitations

The Piqua Shawnee, Echota Cherokee and Cherokee of North East Alabama self-reported almost a third of their tribal members experienced activity limitation due to physical, mental and emotional reasons. The elderly, 65 plus, self-reported the highest limitations to their activity, except in Echota Cherokee tribe, where the less than age 65 had more activity limitations.

Fruits and Vegetables

Except the Piqua Shawnee tribe, 15 percent, every other tribe self-reported consumptions of five or more fruits and vegetables per day. Especially, 71 percent of the Ma-Chis Lower Creek Indian tribal members self-reported to have had consumed five or more fruits and vegetables per day. Although low in consumption in the Piqua Shawnee tribe, the elderly, 65 plus, who consumed five or more fruits and vegetables daily. In general, the younger people, less than age 65, consumed five or more fruits and vegetables daily than the elderly.

HEALTH INDICATORS

Infectious Diseases

Star Clan self-reported the most diseases which was also the state tribal percentages. Star Clan self-reported measles, mumps and varicella, Piqua Shawnee self-reported measles, mumps and hepatitis, followed by Cherokee of North East Alabama self-reported measles and mumps, whose percentages were all above the state's tribal values.

Cher-O-Creek Intra Tribal Indians and Ma-Chis Lower Creek Indian self-reported the highest, 83 percent, and 76 percent, respectively who have not had a flu shot. Star Clan self-reported the lowest diabetes in their members, possible a reflection of the age group distribution in that tribe.

SUMMARY HIGHLIGHTS

DEMOGRAPHIC PROFILE:

According to BRFSS 2006 reporting, 17 percent of the US population and 18 percent of the Alabama population is over 65 years of age. The proportion of this population is highest in Cher-O-Creek Intra Tribal Indians, 23 percent, and is lowest in the United Cherokee Ani-Yun-Wiya Nation, seven percent, among all the Indian tribes in the State of Alabama.

Average household size is almost similar for all the tribes being around 2.5 per house, also consistent with overall state at 2.5 person per household, and the national household size is 2.6.

The State of Alabama and the nation as a whole, has little excess of male compared to female, according to the gender distribution of BRFSS-2006; while there is an excess of female compared to male in all the tribes, except for the Star Clan of Muskogee Creeks.

About 74 percent of the tribal population identifies themselves as being American Indian, when asked during the survey, with highest being the Ma-Chis Lower Creek Indians, 99 percent, and lowest being the Piqua Shawnee, 48 percent.

HEALTH AND ACCESS:

Only less than ten percent of the tribal population reports their health as poor, and this is also consistent with the state and national reporting in the BRFSS-2006. About 81 percent have any kind of health care provider. About half of the Ma-Chis Lower Creek Indians don't have any health care provider and about 90 percent of the Piqua Shawnee Indians have traditional healers as their health care providers. For most of the tribes there is an equal mixture of traditional and non-traditional healers, or both as health care providers.

About one-third (1/3) of Piqua Shawnee and Ma-Chis Lower Creek Indians are un-insured, while all of the Star Clan Indians are insured. In the State of Alabama, 16 percent of overall population is un-insured and this proportion is 15 percent for the entire nation. The majority of the tribal populations among all of the tribes has employer group coverage, or Medicare/Medicaid as the most prevalent type of health insurance provider.

Almost 70 percent of the state and national population had dental visits while this proportion is around 50 percent for the tribal population with lowest being in Piqua Shawnee Indians, ten percent, and the highest being in Star Clan Indians, 70 percent. Dental visits for female were a little higher compared to male for all the tribes, and dental visits decreased with the age groups.

Almost 60 percent of the tribal population had eye examinations performed, with the lowest being in Ma-Chis Lower Creek Indians, 35 percent, and the highest being in Cherokee of North East Alabama Indians, 75 percent. Eye examinations for female were a little higher compared to male for all the tribes, and eye examinations increase with the age groups. More than half of the elderly population in all the tribes received pneumonia vaccination, except for Echota Cherokee Indians, 13 percent, and the United Cherokee Ani-Yun-Wiya Nation Indians, 43 percent.

LIFESTYLE AND HABITS:

Surprisingly, self reported prevalence of physical activity is much higher among all the tribes compared with the state average of 71 percent and the national average of 77 percent reported in BRFSS-2006. Male tend to have higher prevalence than that of female and prevalence of physical activity reduces with the age groups. Overweight prevalence is around 20 percent for all the tribes, except for the Star Clan of Muscogee Creeks, where it is only 11 percent. Female tend to have a higher prevalence than that of the male; and, the majority of the overweight population is age 18 and higher.

Self-reported prevalence of smoking is about 20 percent for the tribal population of Alabama, the State of Alabama and the United States. Among all the tribes, Piqua Shawnee and Ma-Chis Lower Creek Indians have the highest prevalence of smoking, 30 percent, while Ma-Chis Lower Creek Indians also have the highest prevalence of smokeless tobacco use, 15 percent, compared to overall the tribal population of the state, six percent. The majority of the Tobacco users are male and tend to be of ages 18 and above.

Self reported prevalence of alcohol drinking is about five percent or less for the tribal population of Alabama, the State of Alabama and the United States. Among all the tribes, Ma-Chis Lower Creek Indians has the highest prevalence of alcohol drinking, 20 percent.

Prevalence of binge drinking is much less in most of the tribal population, less than five percent, compared with state prevalence of about ten percent, and the national prevalence of about 15 percent. The majority of the alcohol users are male.

About a quarter of the tribal population had experience of activity limitation due to physical, mental or emotional problems, with the majority being female. Prevalence of activity limitation increases with the age group.

Surprisingly, 40 percent of the tribal population mention, during the survey, that they consume five (5) or more fruits or vegetables in a day, with the highest being in Ma-Chis Lower Creek Indians, 71 percent, and the lowest being in Piqua Shawnee Indians, 15 percent. This proportion is about half for the state and for the nation, 20 percent. There is no difference by gender or age group in fruits and vegetable consumption.

INFECTIOUS DISEASES:

Listed below are the top five infectious diseases in the tribal population in descending order:

1. Measles
2. Mumps
3. Varicella
4. Shigellosis
5. Whooping cough

SUMMARY HIGHLIGHTS (CONTINUED)

INFECTIOUS DISEASES: (CONTINUED)

Shigellosis is a major problem in Piqua Shawnee Indians, with about one-quarter (1/4) of the population affected, while Varicella is a major problem in Star Clan of Muscogee Creeks, with approximately 40 percent of the population affected. Also, more than half of the Echota Cherokee and Cherokee of North East Alabama Indians are at a high risk for developing the flu, and, yet only half of the high risk received a flu shot.

CARDIOVASCULAR HEALTH:

Hypertension and high cholesterol are the risk factors for most of the cardiovascular health problems. Self-reported prevalence of hypertension and high cholesterol is about 25 percent for the tribal population of Alabama, while prevalence is about 30 percent for the State of Alabama and the United States. Also both the risk factors are almost equally prevalent in all the tribes. Self-reported prevalence of heart diseases, heart attack and stroke is about ten percent for the tribal population of Alabama, while approximately five percent for the State of Alabama and the United States, with the highest being in Cherokee of North East Alabama Indians. The elderly and male populations tend to have a little higher prevalence for heart diseases, heart attack and stroke in all tribal populations.

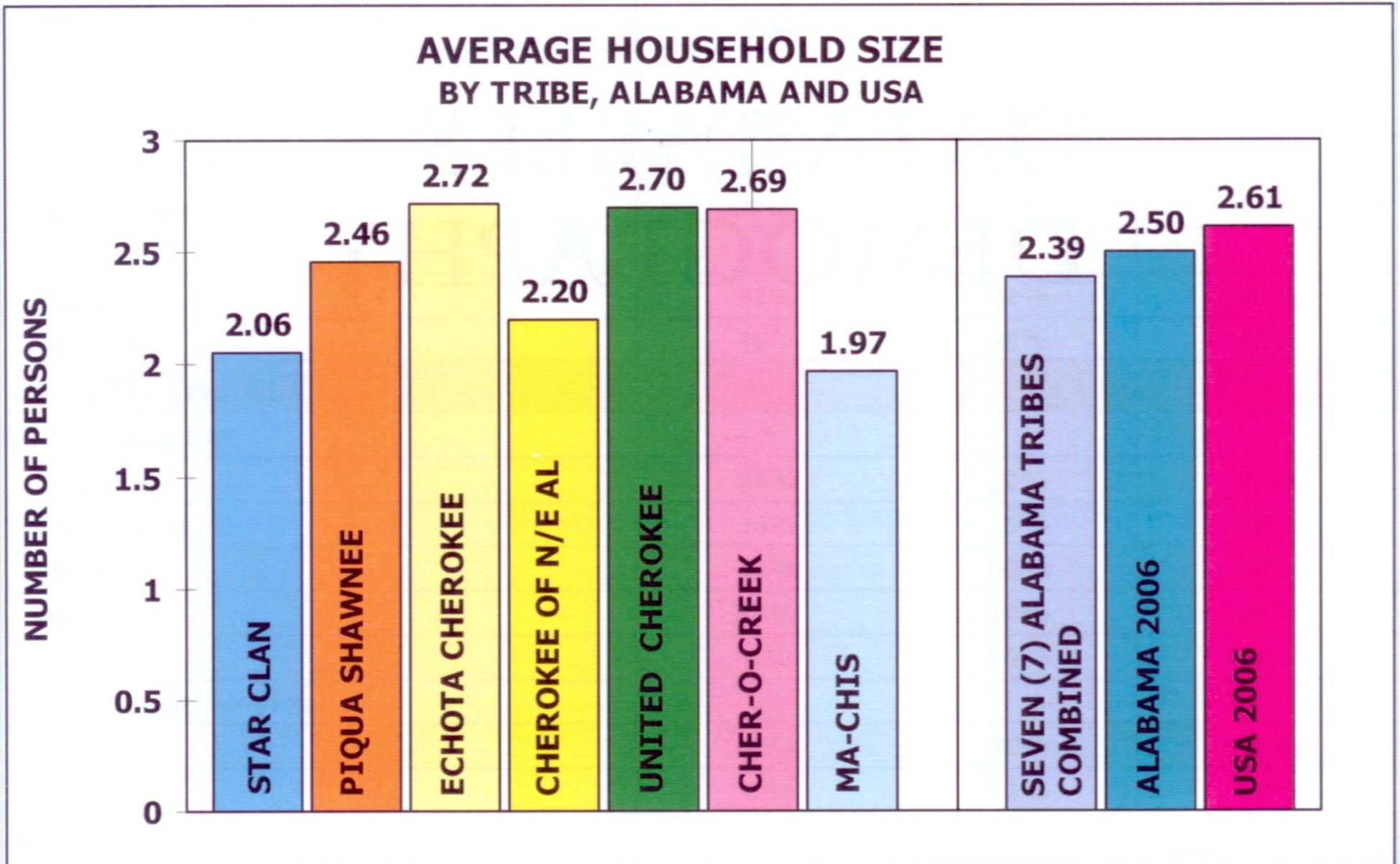
SCREENING OF THE DISEASES:

The survey gathered information for screening of prostate cancer, colonoscopy, mammography, pap test and cholesterol problems. Prevalence for cholesterol screening is almost around 70 percent for the tribal population of Alabama, the State of Alabama and the United States. For the rest, Star Clan Indians have the highest prevalence for all screening tests, with prevalence being 100 percent for the pap smear test and mammography. Screening for diseases is less popular among United Cherokee Ani-Yun-Wiya Nation, Cher-O-Creek Intra Tribal and Ma-Chis Lower Creek Indians.

DATA TABLES— DEMOGRAPHY

QUESTION:

How many members of your family/household are you providing information for? _____

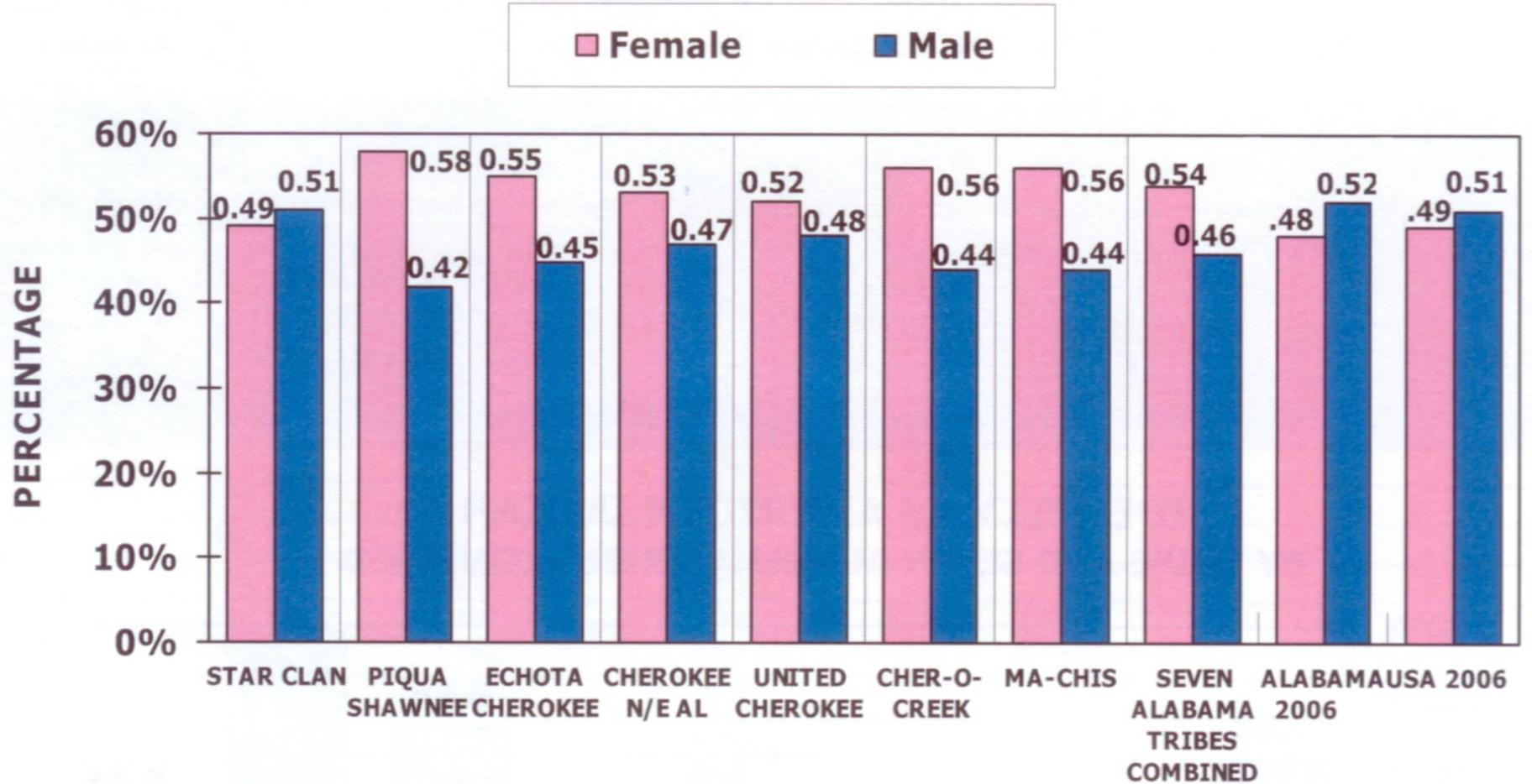


- + The average household size is almost similar for all the tribes being around 2.5 per house; also consistent with overall state 2.5, and the national household size is 2.6.

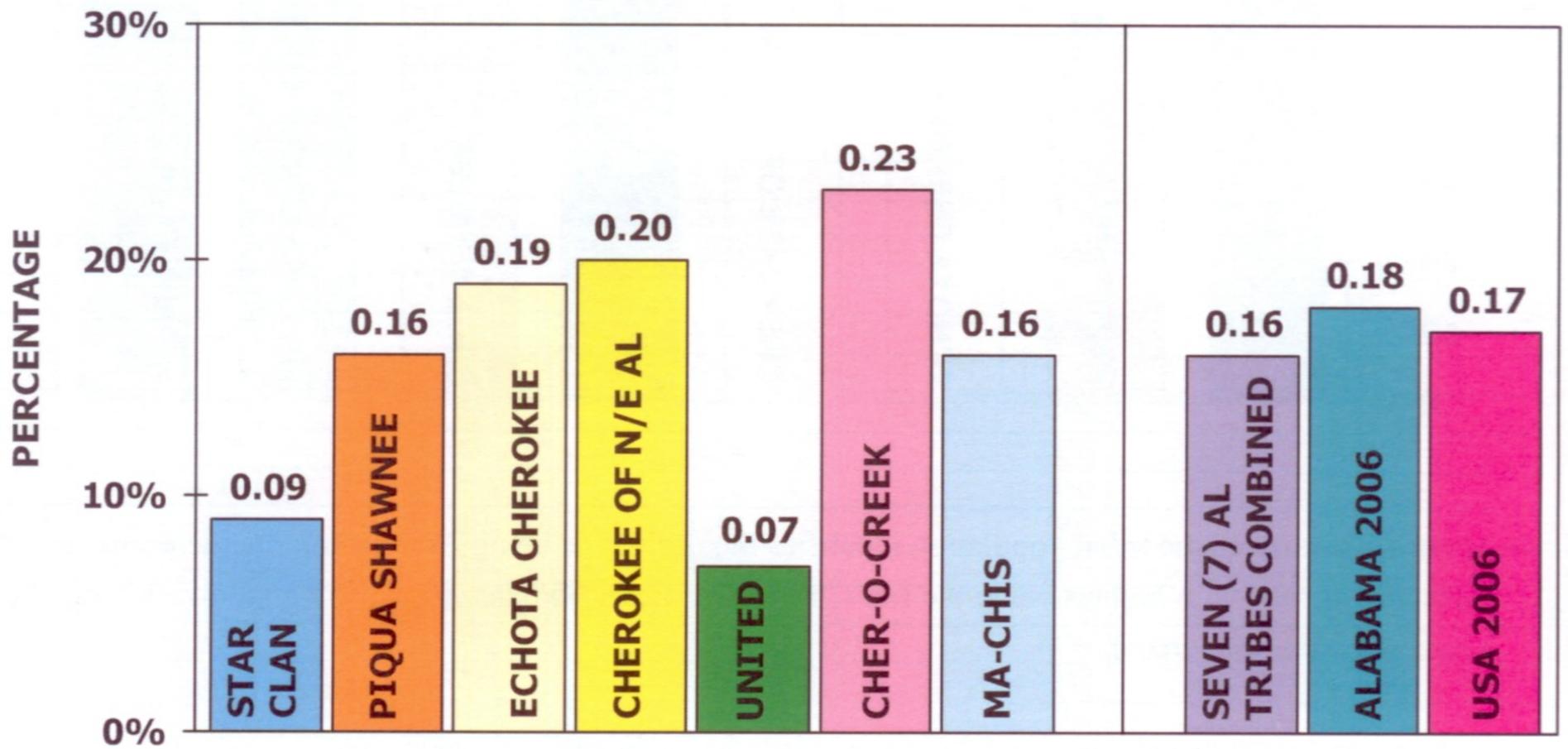
QUESTION:

How many by gender/age? Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

**GENDER DISTRIBUTION OF RESPONDENTS
 BY TRIBE, ALABAMA AND USA**



**POPULATION AGE 65 AND UP
 BY TRIBE, ALABAMA & USA**



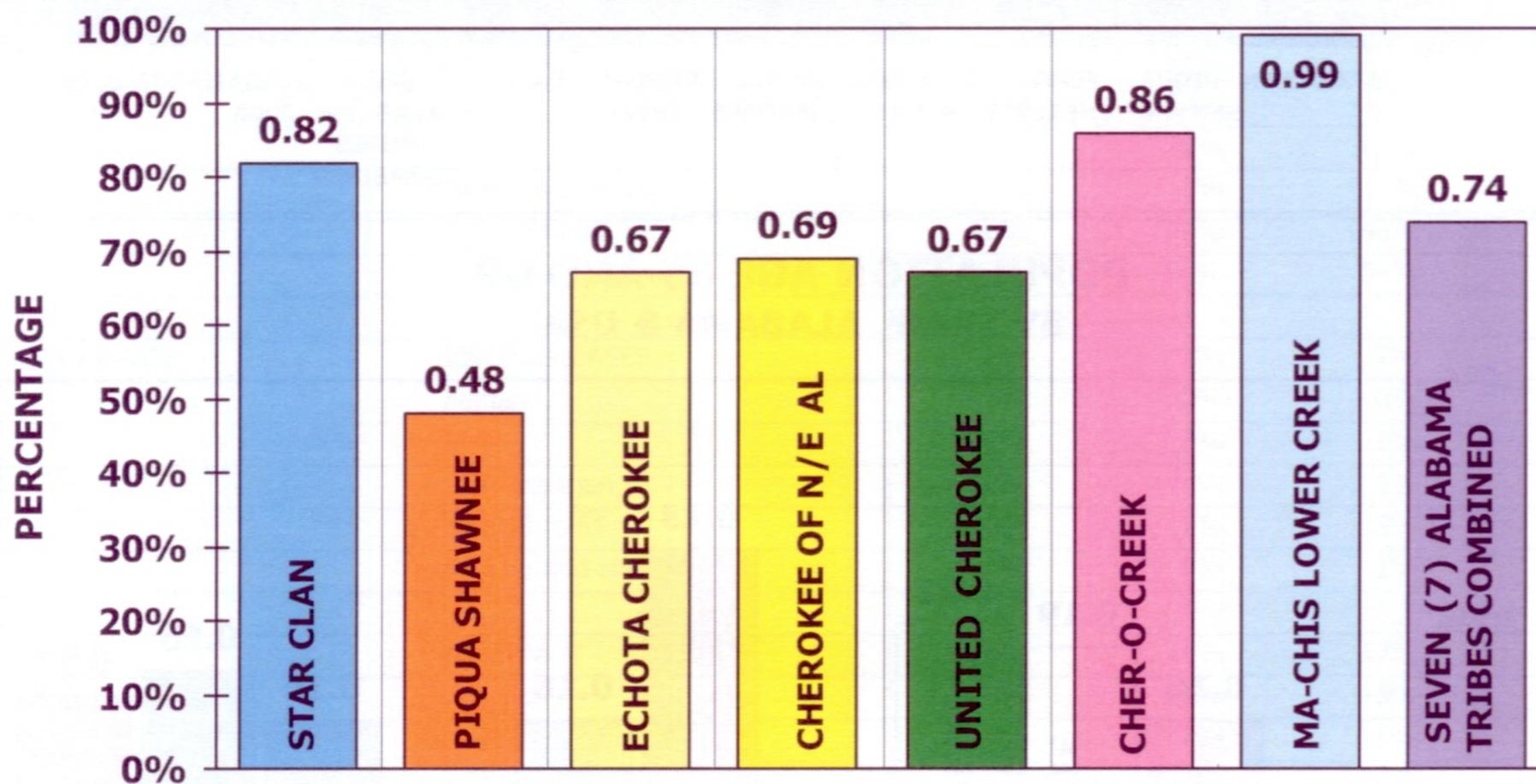
- † The State of Alabama, and the nation as a whole, has little excess of male compared to female according to the gender distribution of BRFSS-2006; while there is an excess of female compared to male in all the tribes, except Star Clan of Muskogee Creeks.
- † According to BRFSS 2006 reporting, 17 percent of the US population and 18 percent of the Alabama population is over 65 years of age. The proportion of this population is highest at 23 percent for Cher-O-Creek Intra Tribal Indians, while the lowest is United Cherokee Ani-Yun-Wiya Nation, seven percent among all the Indian tribes in the State of Alabama.

QUESTION 1:

Do the members of your family/household usually identify yourselves as being American Indians when asked for your race? Yes or No or Unknown

Females	_____	Age 65+	_____	Age 18-64	_____	Age 17 or less	_____
Males	_____	Age 65+	_____	Age 18-64	_____	Age 17 or less	_____

**IDENTITY AS AMERICAN INDIAN
BY TRIBE AND SEVEN ALABAMA TRIBES COMBINED**



- † About 74 percent of the tribal population identifies themselves as being American Indian when asked during the survey with highest being the Ma-Chis Lower Creek Indians, 99 percent and lowest being the Piqua Shawnee, 48 percent.

Question numbers two and three have been excluded, due to inconsistent reporting.

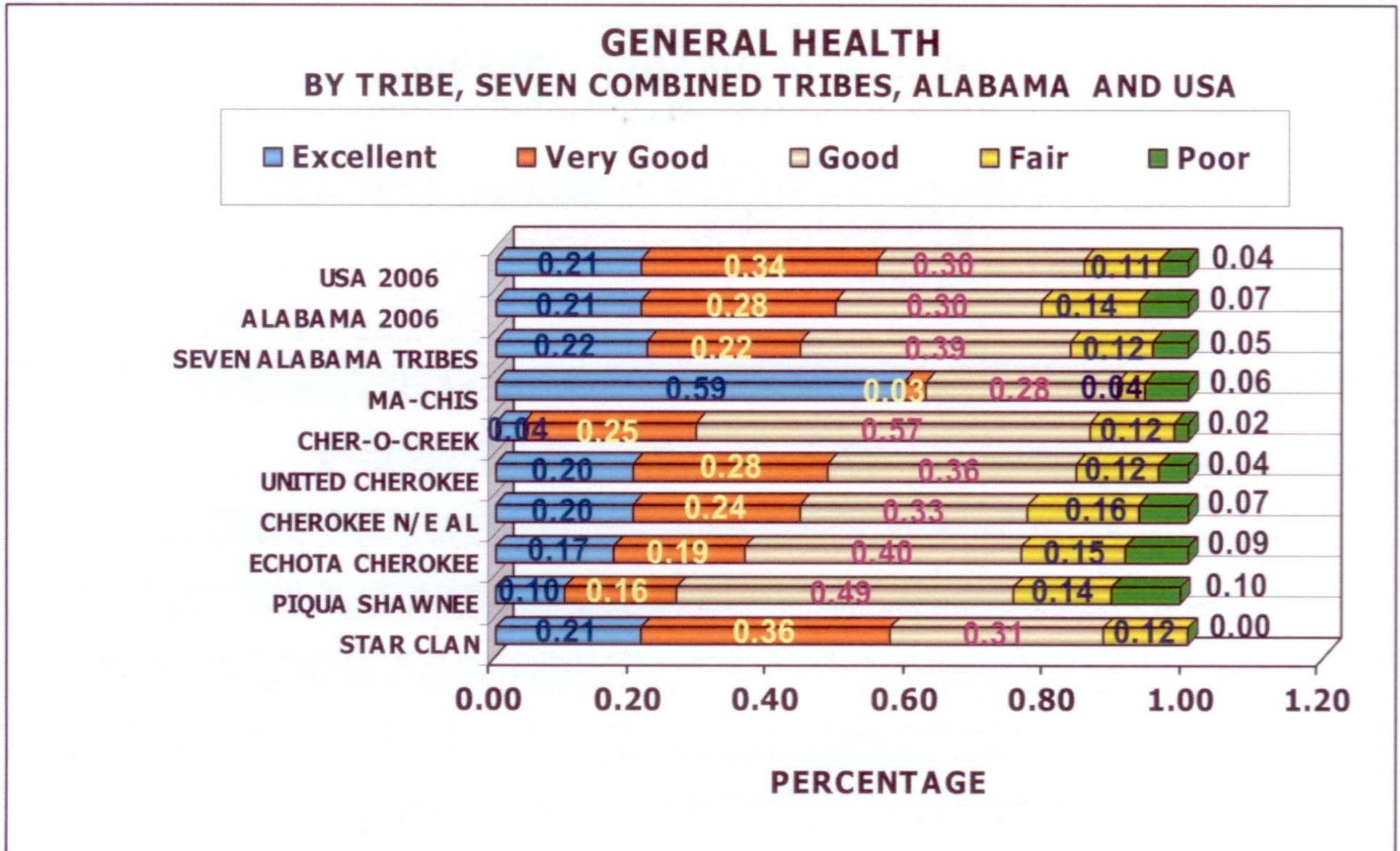
QUESTION 4:

How would you rate the general health of the members of your family/household?

(Excellent, Very Good, Good, Fair, Poor)

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____



✦ Only less than ten percent of the tribal population reported their health as poor, which is also consistent with the state and national reporting in the BRFSS-2006. About 81 percent have any kind of health care provider. About half of the Ma-Chis Lower Creek Indians don't have any health care provider, and about 90 percent of the Piqua Shawnee Indians have traditional healers as their health care providers. For most of the tribes there is an equal mixture of traditional and non-traditional healers, or both as health care providers.

QUESTION 5:

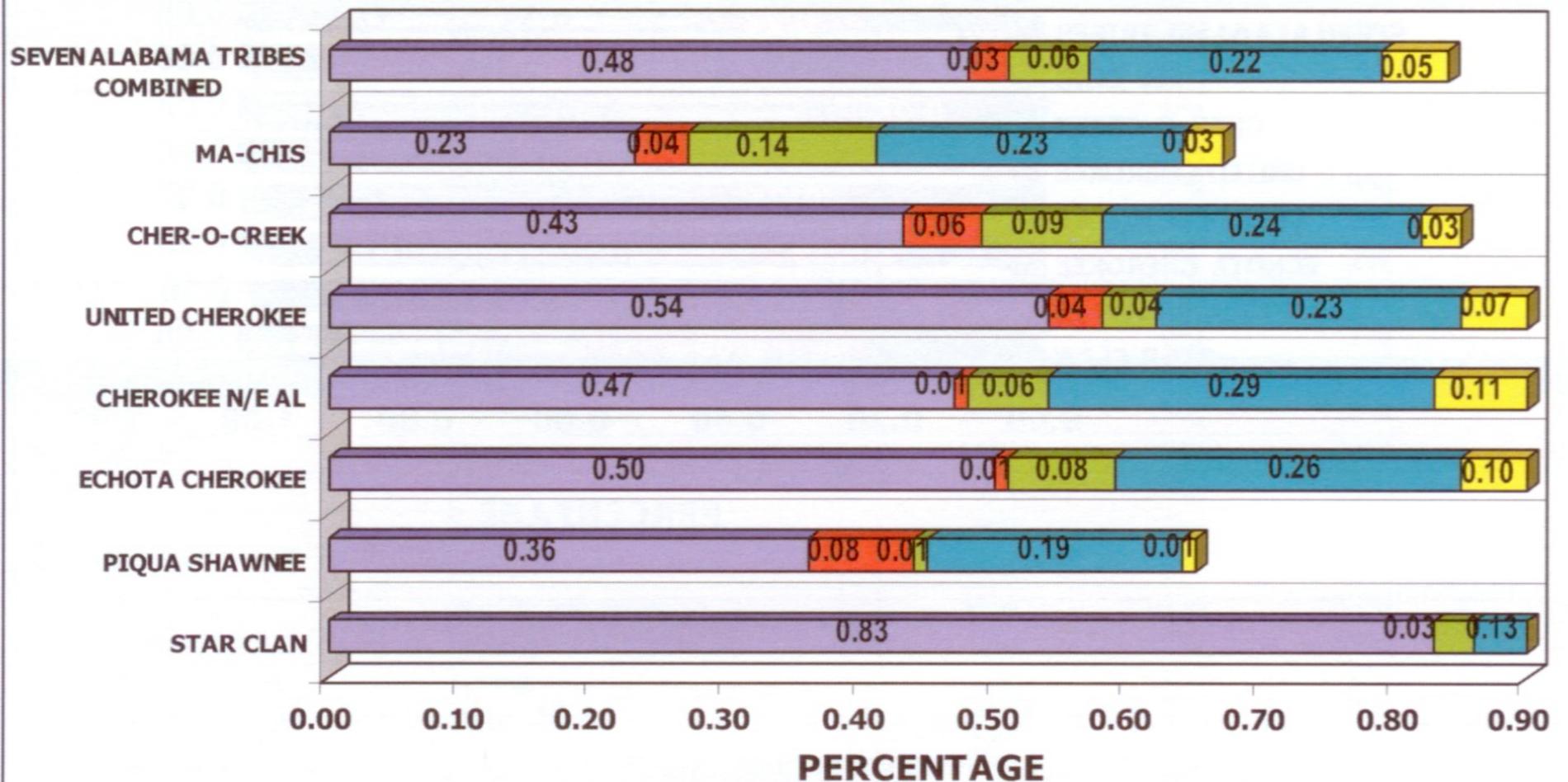
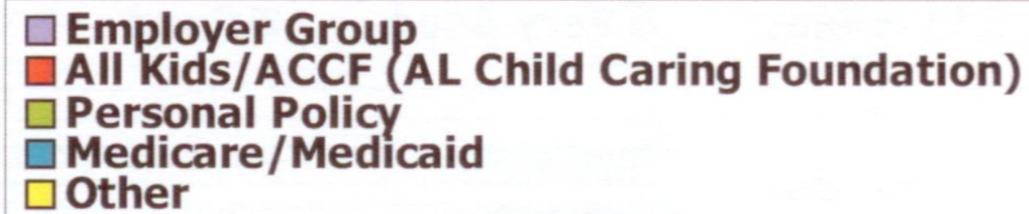
What kind of health insurance coverage do the members of your family/household have?

None, Employer Group, Medicare or Medicaid, All Kids or ACCF, Personal policy, Other

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

HEALTH INSURANCE COVERAGE BY TRIBE AND SEVEN COMBINED TRIBE



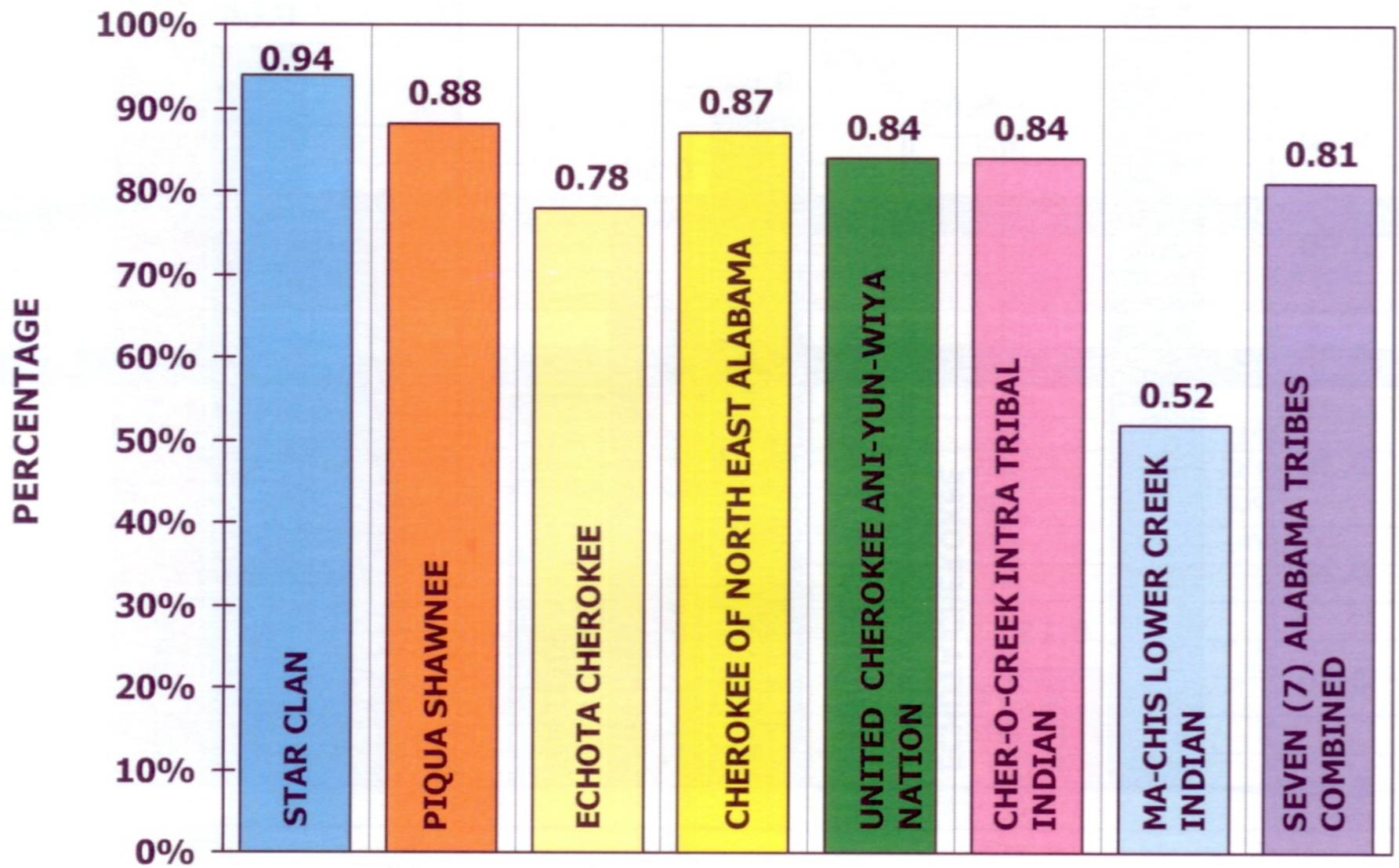
- ✦ About one-third (1/3) of Piqua Shawnee and Ma-Chis Lower Creek Indians are un-insured, while all of the Star Clan Indians are insured. In the State of Alabama, 16 percent of overall population is un-insured and this proportion is 15 percent for the entire nation. The majority of the tribal populations among all of the tribes has employer group coverage, or Medicare/Medicaid as the most prevalent type of health insurance provider.
- ✦ Star Clan, although self-reported to be younger, reported to have no one in their tribe connected to the All Kids/Alabama Child Caring Foundation (ACCF).

QUESTION 6:

Do the members of your family/household have a particular health care provider that they usually go to see? Yes, No or Unknown

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

**TRIBE MEMBER HAVING A HEALTH PROVIDER
 BY TRIBE AND SEVEN ALABAMA TRIBES COMBINED**



+ About 81 percent of the tribal members surveyed have a health care provider. About half of the Ma-Chis Lower Creek Indians don't have any health care provider, and about 90 percent of the Piqua Shawnee Indians have non-traditional healers as their health care providers. For most of the tribes, there is an equal mixture of traditional (physician) and non-traditional healers (medicine man or woman), or both as health care providers.

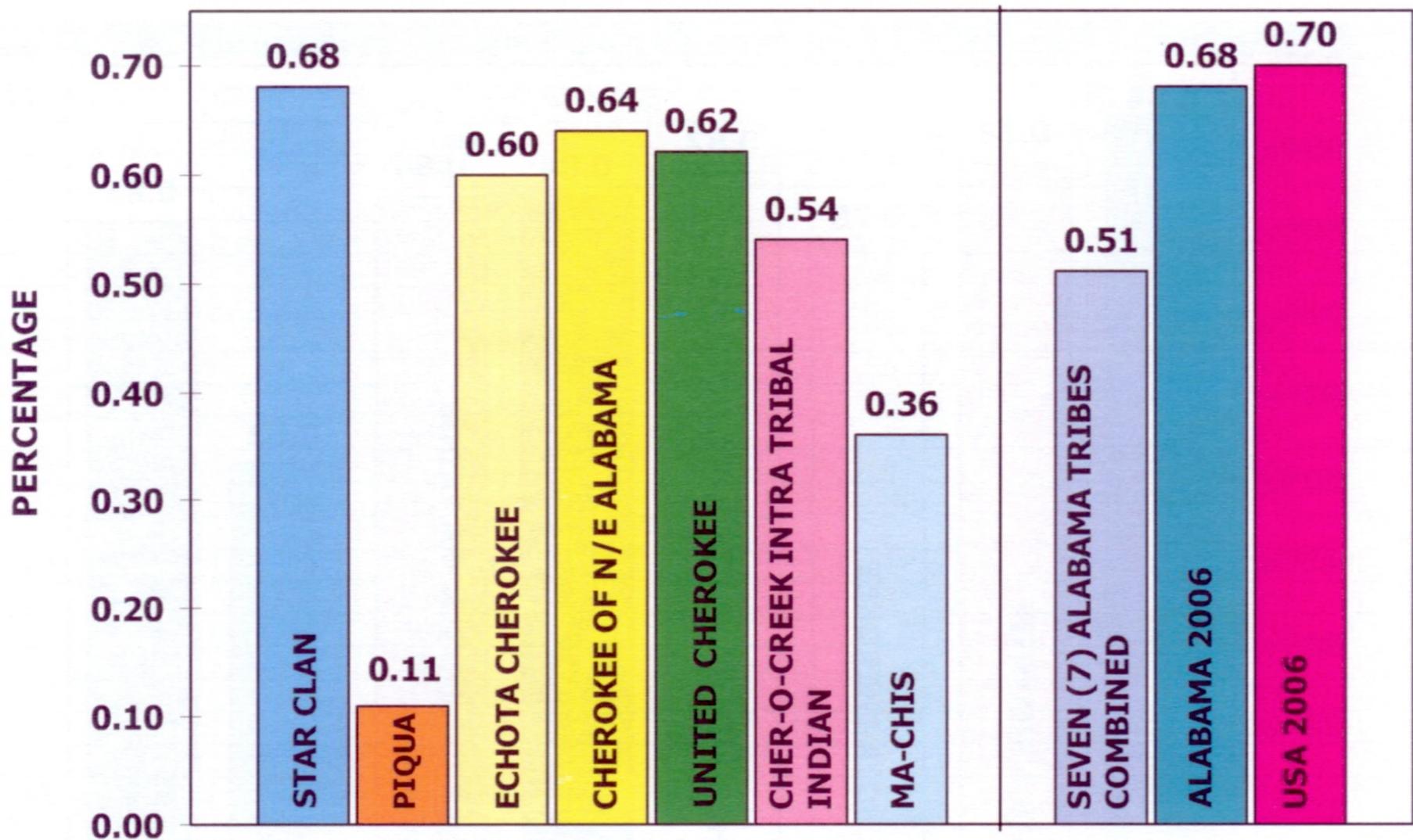
QUESTION 7:

Have the members of your family/household visited a dentist within the past year for any reason?

Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

DENTAL VISITS BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



- + Almost 70 percent of the state and national population had dental visits while this proportion is around 50 percent for the tribal population, with lowest being in Piqua Shawnee Indians, ten percent, and the highest being in Star Clan Indians, 70 percent. Dental visits for female were little higher compared to male for all the tribes and dental visits decreases with the age groups.

QUESTION 8:

Have the members of your family/household had an eye examination within the past five years?

Y or N or U

Females _____

Age 65+ _____

Age 18-64 _____

Age 17 or less _____

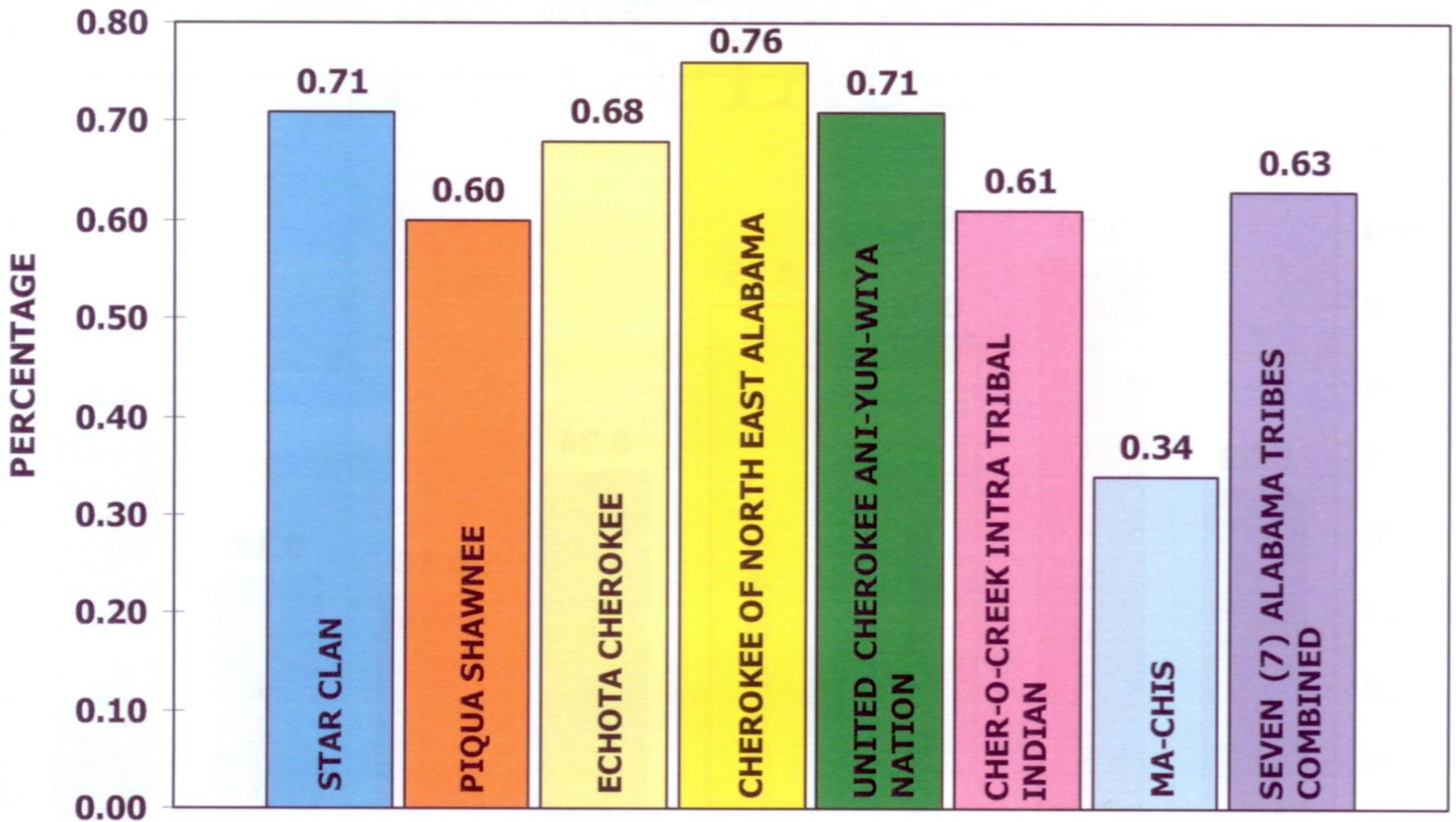
Males _____

Age 65+ _____

Age 18-64 _____

Age 17 or less _____

**EYE EXAMINATION
BY TRIBE AND SEVEN COMBINED ALABAMA TRIBES**



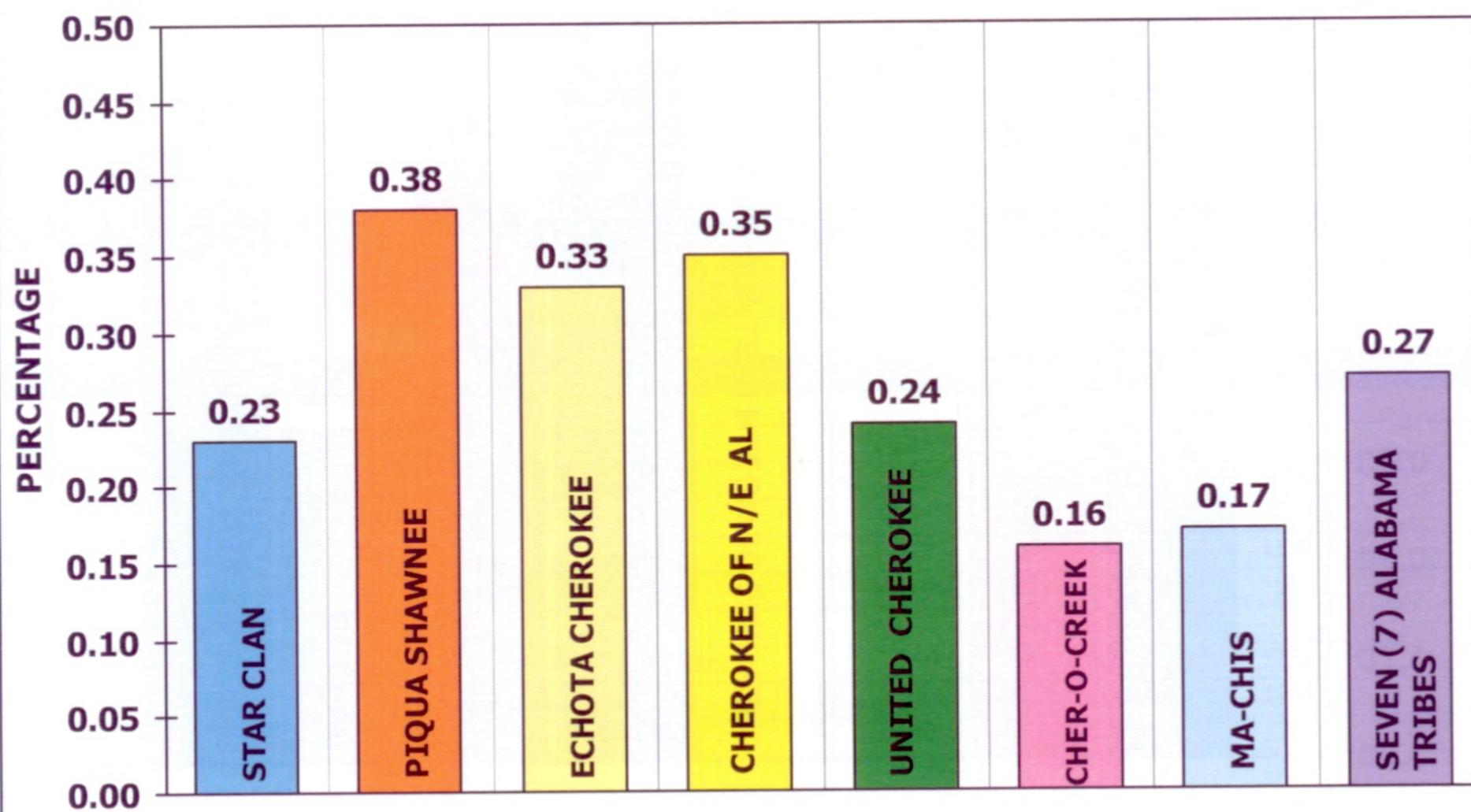
- † Almost 60 percent of the tribal population had eye examinations performed, with lowest being in Ma-Chis Lower Creek Indians, 35 percent and the highest being in Cherokee of North East Alabama Indians, 75 percent. The eye examinations for female were a little higher compared to male for all the tribes and eye examinations increased with the age groups.

QUESTION 9:

Are the members of your family/household limited in activities because of physical, mental, or emotional problems? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

ACTIVITY LIMITATION (Emotional, Mental or Physical Reasons) BY TRIBE AND SEVEN COMBINED TRIBES



- ✦ About a quarter of the tribal population had experience of activity limitation due to physical, mental or emotional problems with majority being female. Prevalence of activity limitation increases with the age group.

QUESTION 10:

Do the members of your family/household usually consume 5 or more fruits/vegetables each day?

Y or N or U

Females _____

Age 65+ _____

Age 18-64 _____

Age 17 or less _____

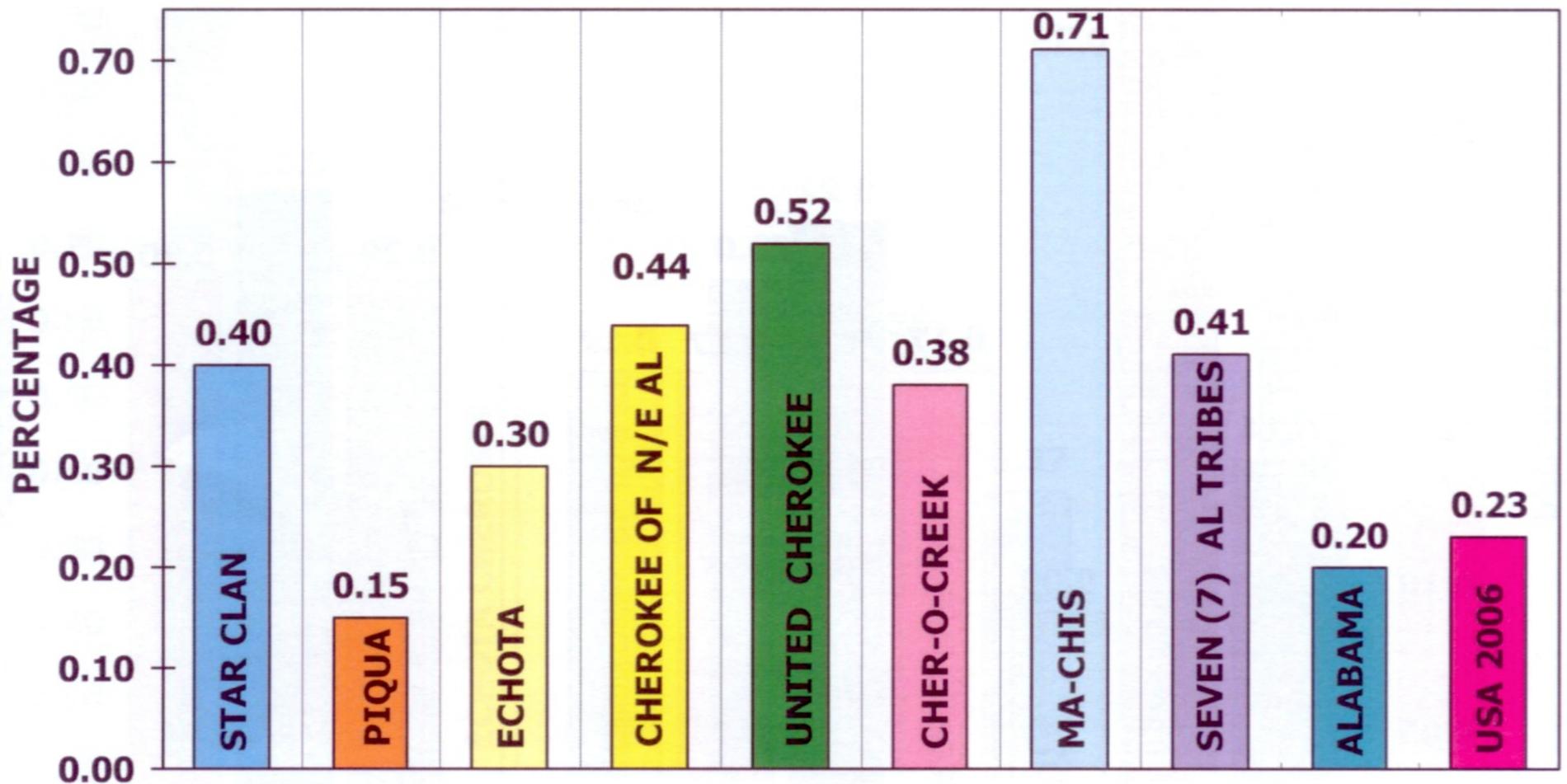
Males _____

Age 65+ _____

Age 18-64 _____

Age 17 or less _____

FRUITS & VEGETABLES CONSUMPTION- 5+ Daily BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



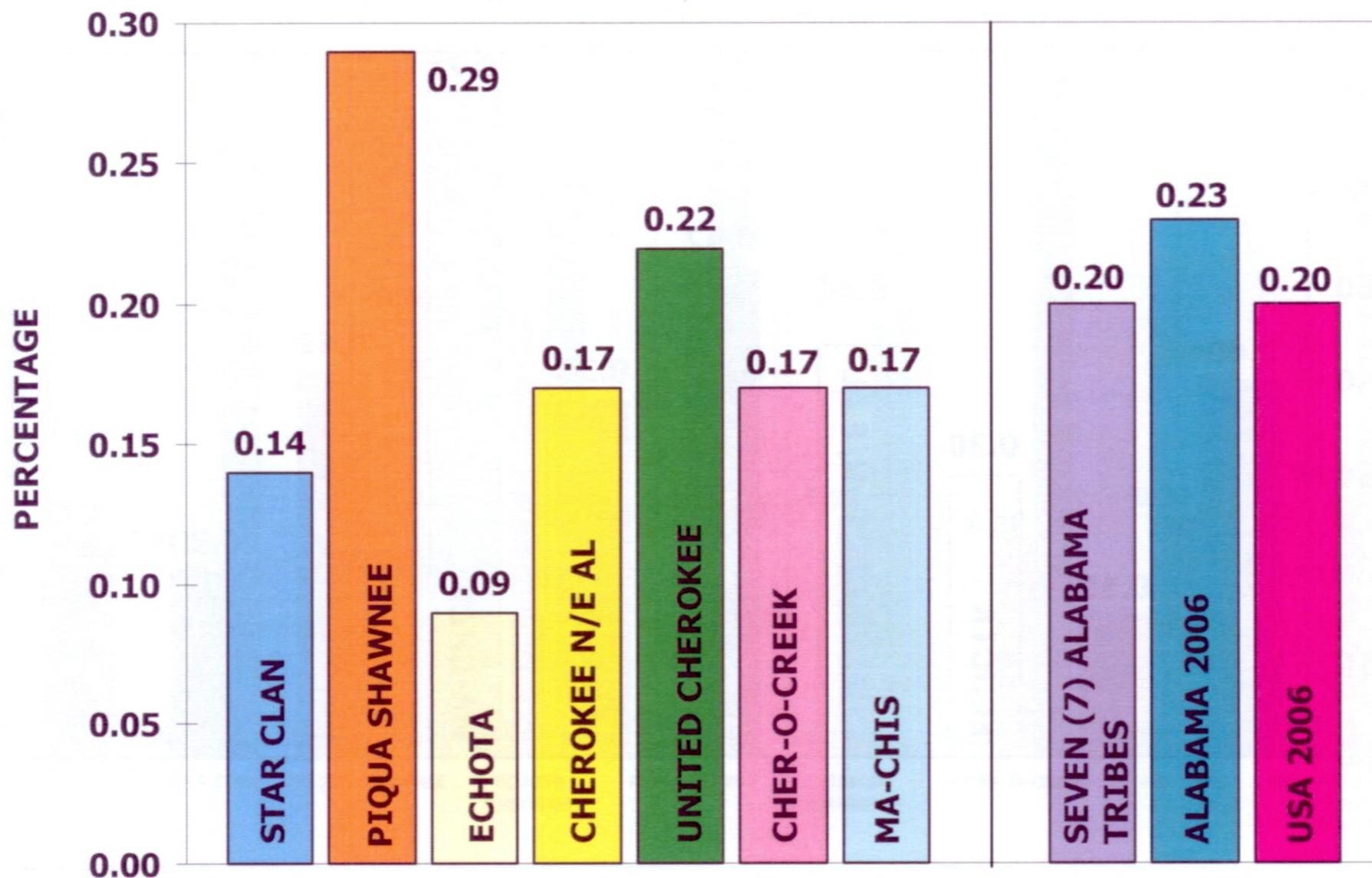
- † Surprisingly, 40 percent of the tribal population mentions, during the survey, that they consume five (5) or more fruits or vegetables in a day, with highest being in Ma-Chis Lower Creek Indians, 71 percent, and the lowest being in Piqua Shawnee Indians, 15 percent. This proportion is about half for the state and nation—20 percent. There is no difference by gender or age group in fruits and vegetable consumption.

QUESTION 11:

Do the members of your family/household currently smoke? Y or N or U?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

TOBACCO USE- SMOKING BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



✦ Self-reported prevalence of smoking is approximately 20 percent for the tribal population of Alabama, the State of Alabama and the United States. Among all the tribes, Piqua Shawnee and Ma-Chis Lower Creek Indians have the highest prevalence of smoking, 30 percent. The majority of the Tobacco users are male and tend to be of age 18 or above.

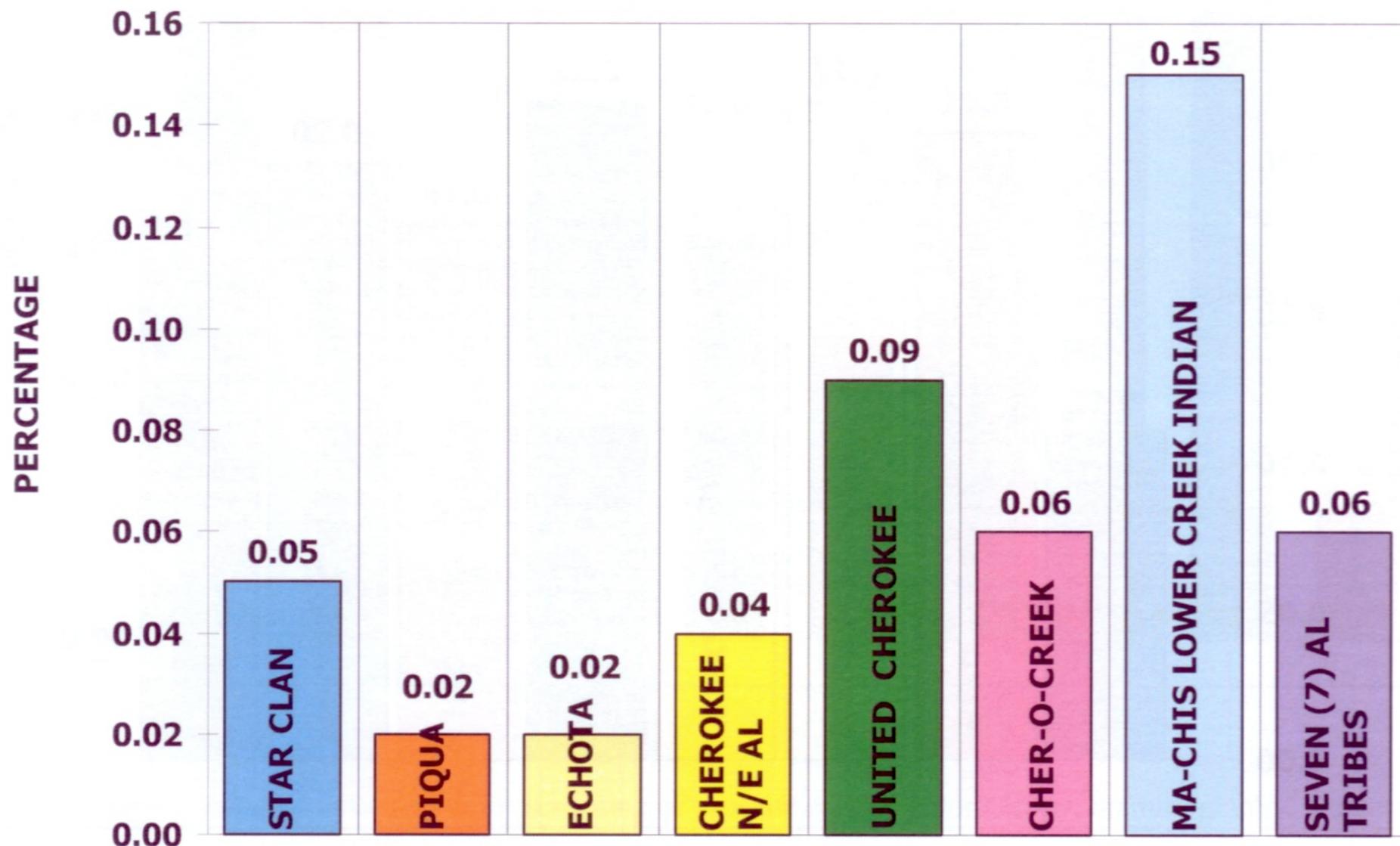
QUESTION 12:

Do the members of your family/household currently use smokeless tobacco? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

**TOBACCO USE- SMOKELESS
BY TRIBE AND SEVEN ALABAMA TRIBES COMBINED**



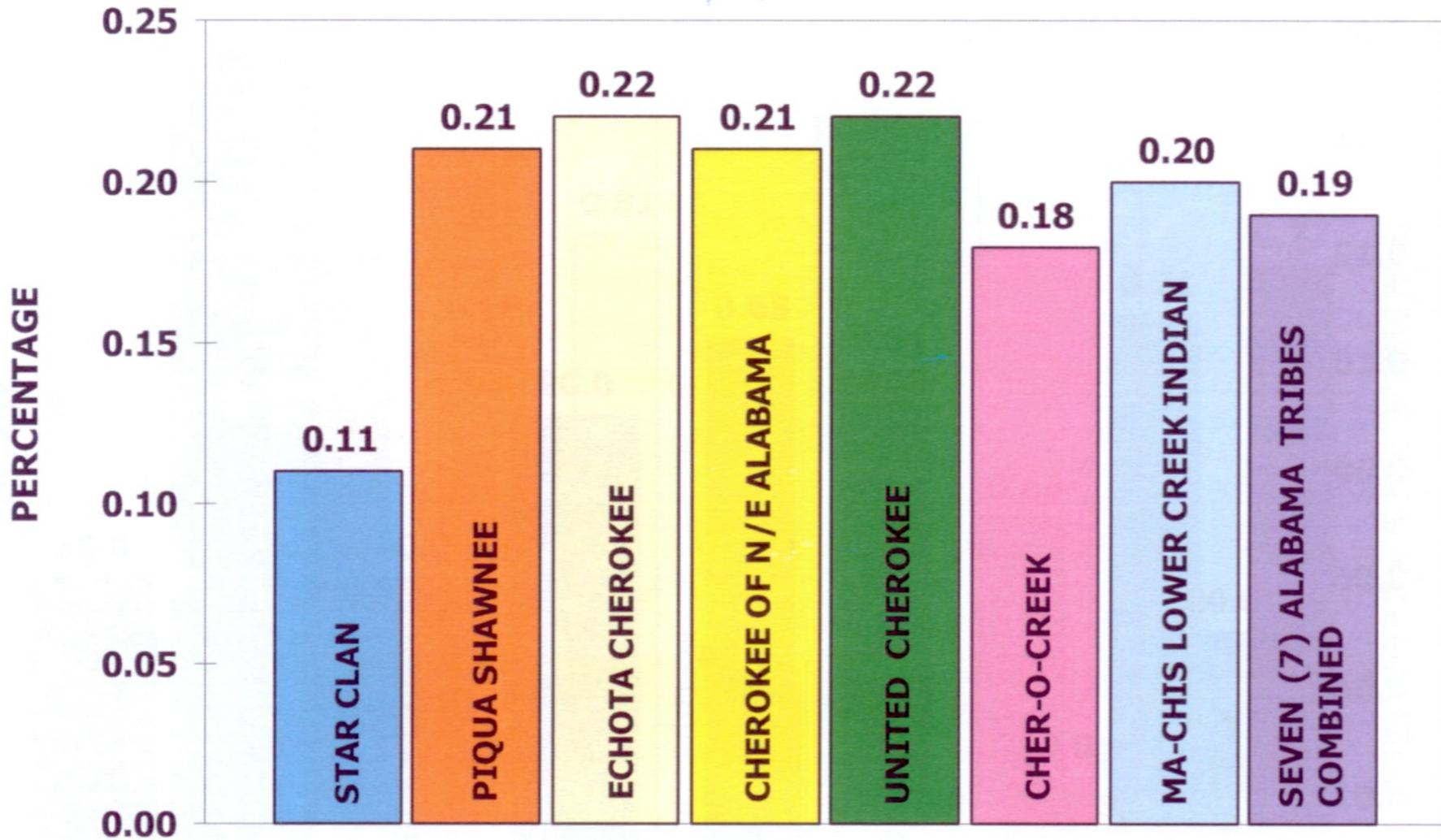
- † Ma-Chis Lower Creek Indians have the highest prevalence of smokeless tobacco use, 15 percent compared to the overall tribal population of the state, 6 percent. The majority of the Tobacco users are male and tend to be of age 18 or above.

QUESTION 13:

Are the members of your family/household at risk for health problems due to overweight?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

OVERWEIGHT BY TRIBE AND SEVEN COMBINED ALABAMA TRIBES



- † The women self-reported to be overweight, except the Ma-Chis Lower Creek Indian who self-reported more men to be overweight. Star Clan and the United Cherokee Ani-Yun-Wiya Nation who self-reported to be younger, also had their elders, 65 plus, self-reporting to be physically active. Star Clan also self-reported the lowest, 11 percent, overweight compared to the other tribes, while the state average is 19 percent.

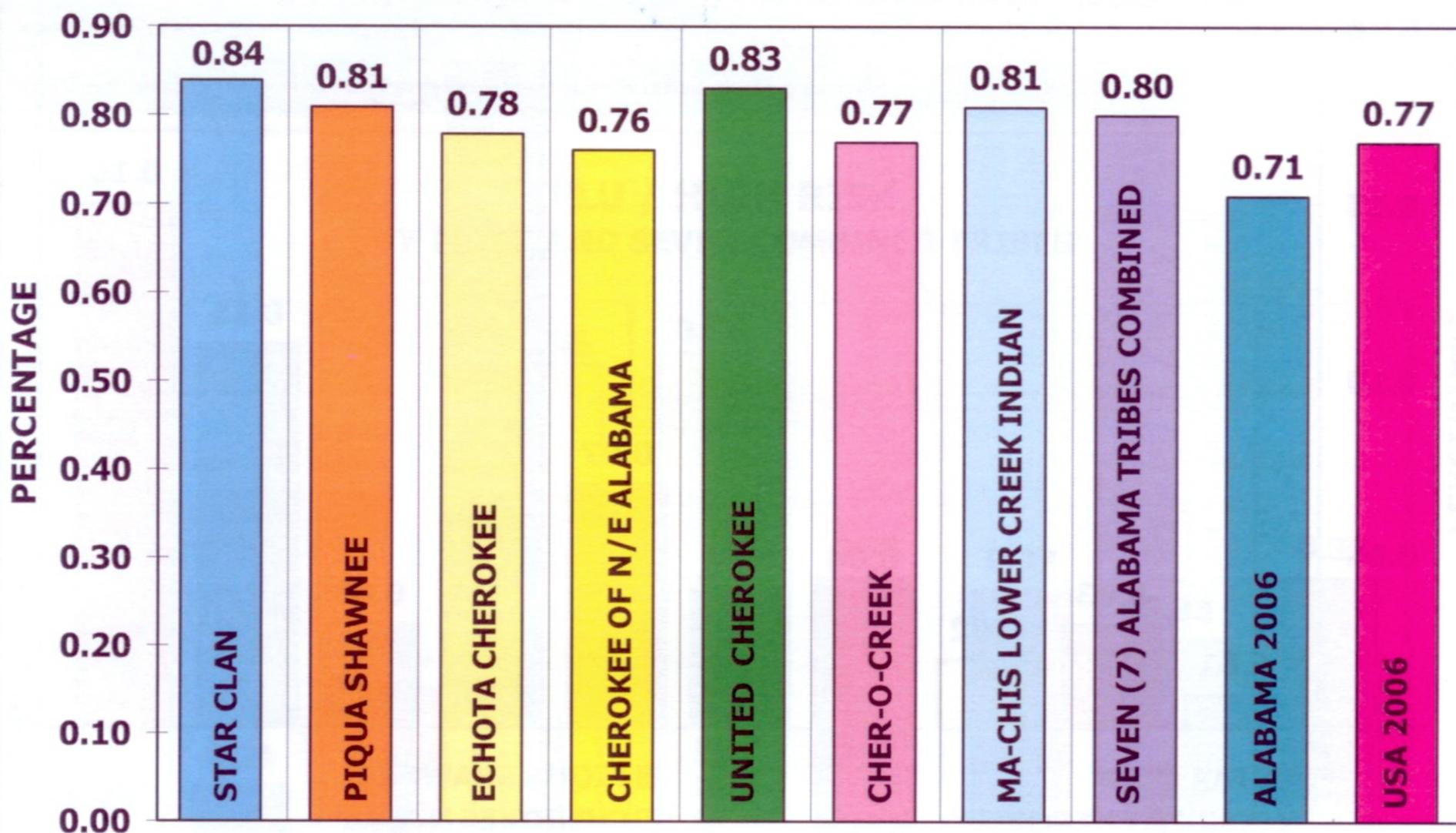
QUESTION 14:

Are the members of your family/household physically active? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

**PHYSICAL ACTIVITY
BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA**



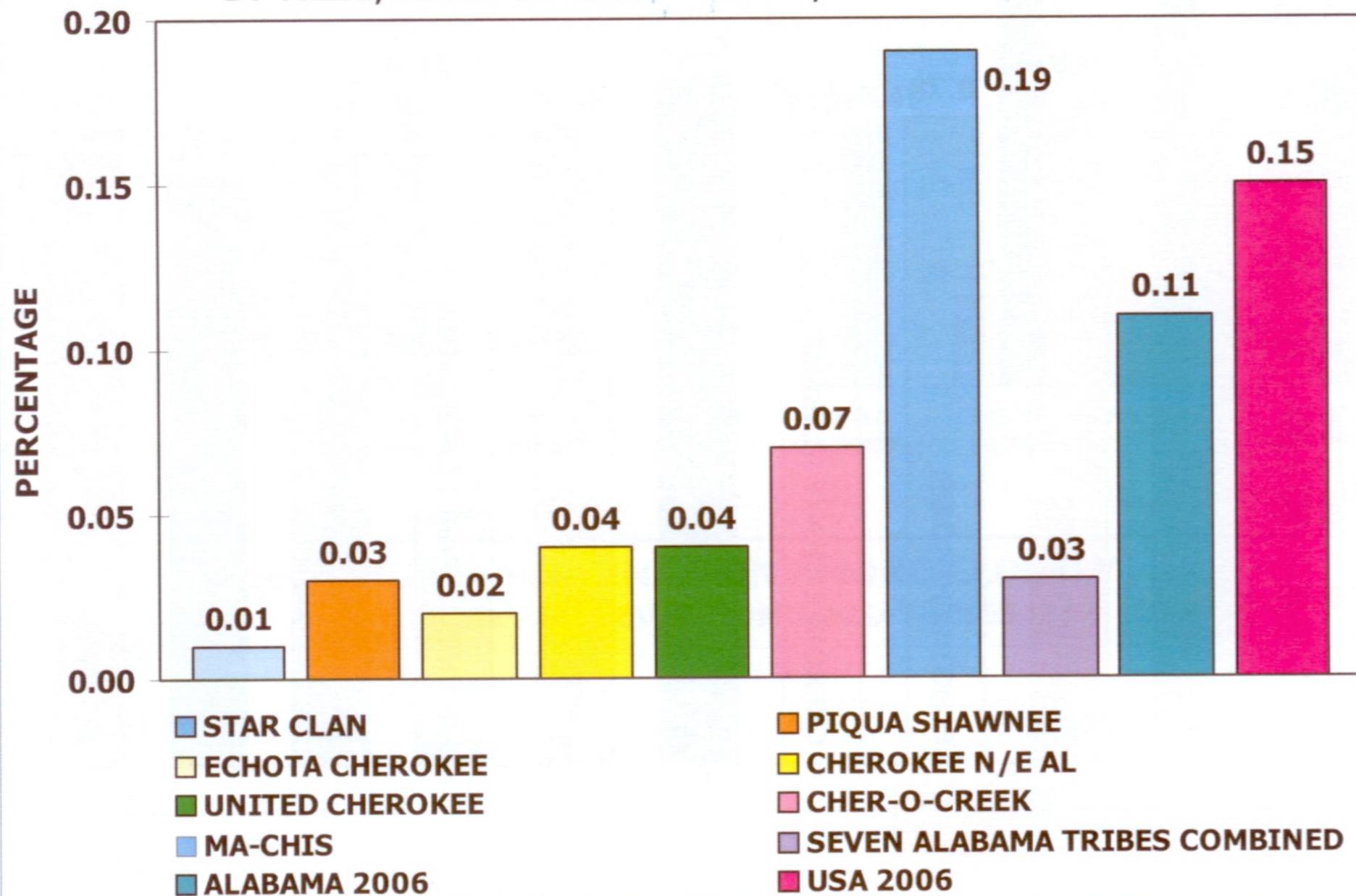
- ✦ About a quarter of the tribal population had experience of activity limitation due to physical, mental or emotional problems, with the majority being female. Prevalence of activity limitation increases with the age group.

QUESTION 15:

Do the members of your family/household consume alcohol as follows (more than 2 drinks per day for males, or more than 1 drink per day for females)? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

**MORE THAN TWO DRINKS PER DAY
 BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA**



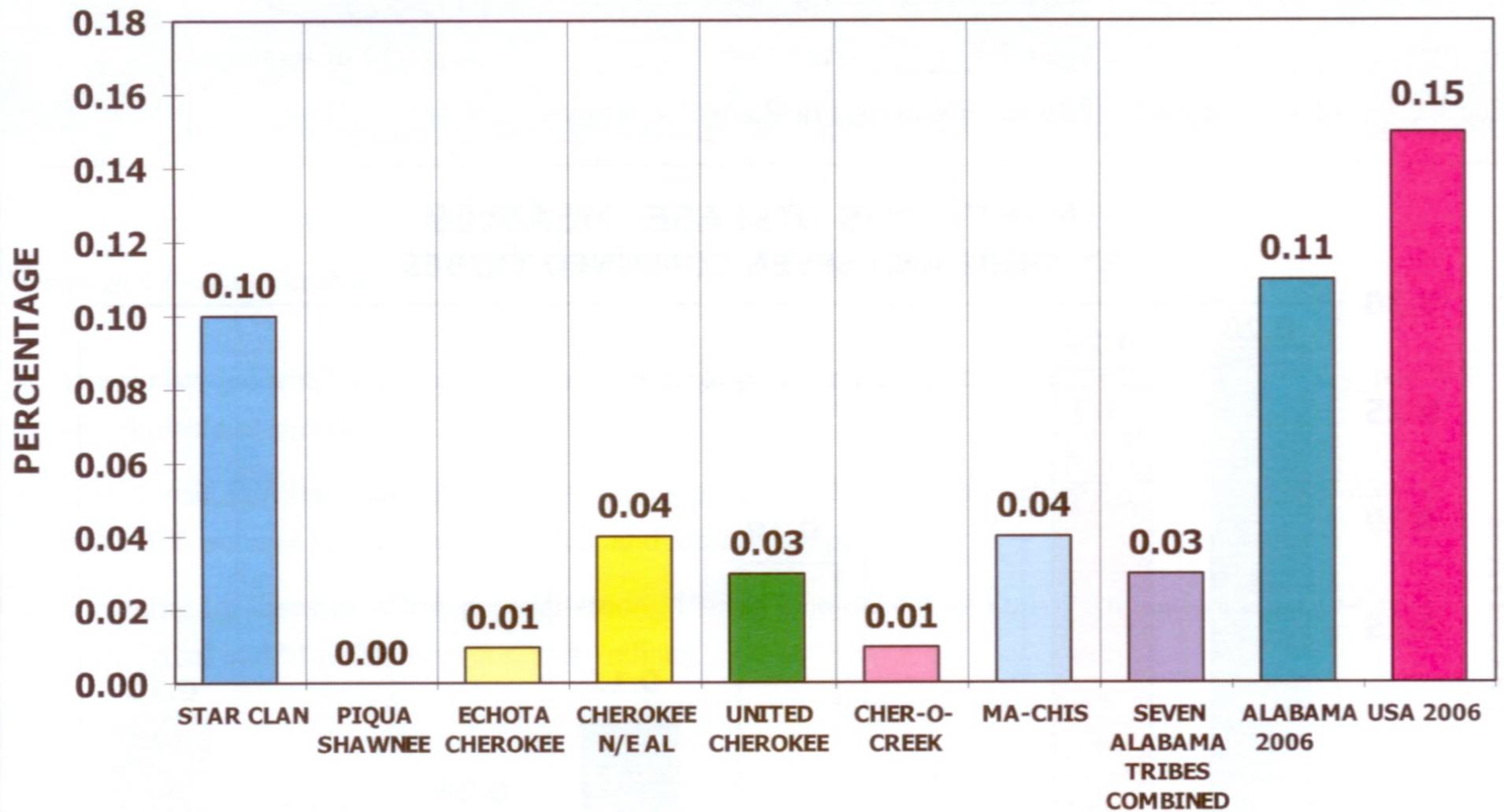
† Self reported prevalence of alcohol drinking is about five percent or less for the tribal population of Alabama, the State of Alabama and the United States. Among all the tribes, Ma-Chis Lower Creek Indians has the highest prevalence of alcohol drinking, 20 percent.

QUESTION 16:

Are the members of your family/household binge drinkers (more than 5 drinks at any one time over the past 30days)? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

**MORE THAN FIVE (BINGE) DRINKS PER DAY
 BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA**



† Prevalence of binge drinking is much less in the most of the tribal population, less than five percent, compared with state prevalence of about ten percent and the national prevalence of about 15 percent. The majority of the tribal population alcohol users are male.

Question number 17 has been excluded, due to inconsistent reporting.

QUESTION 18:

Have the members of your family/household ever been diagnosed with infectious/parasitic diseases other than tuberculosis? Y or N or U

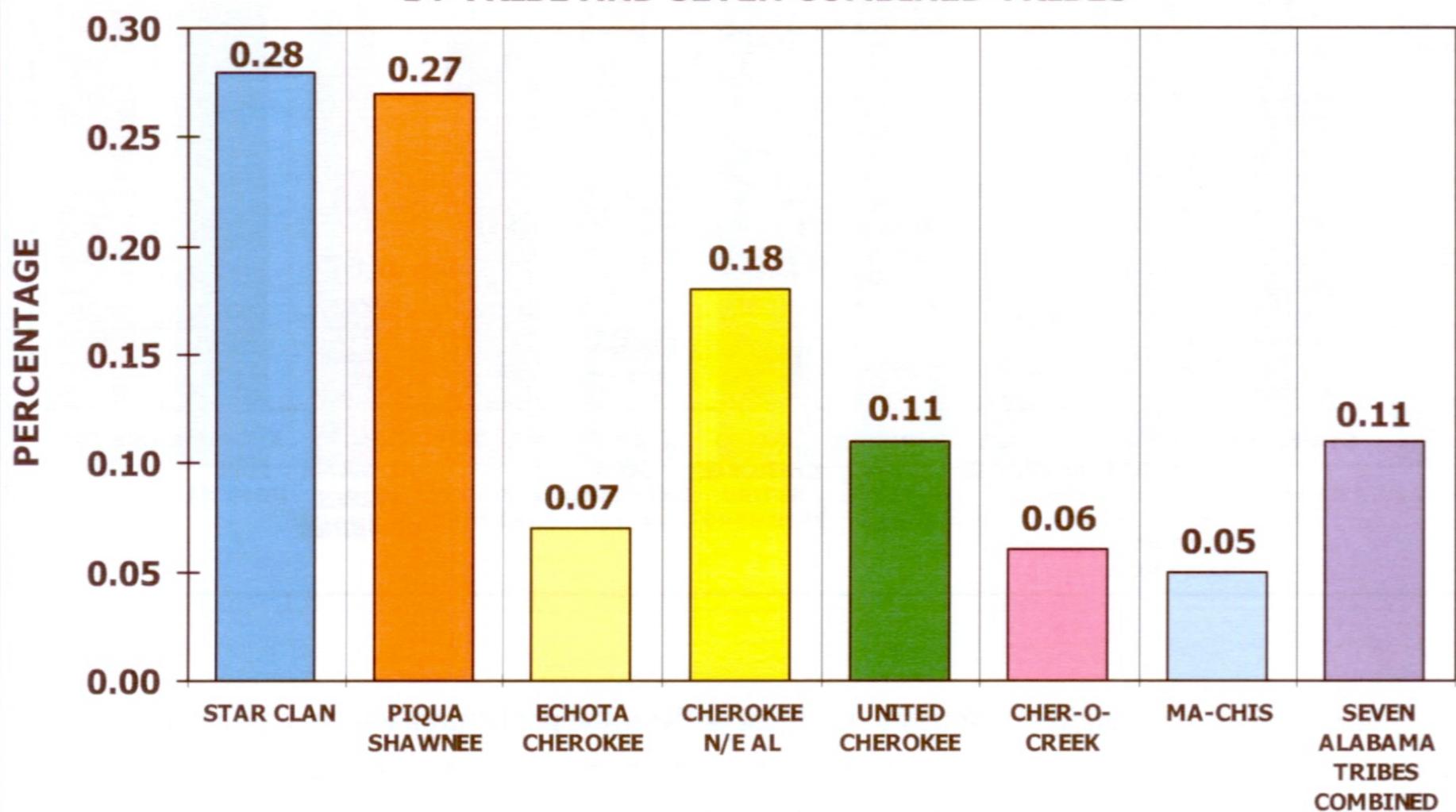
(Anthrax, Botulism, Brucellosis, Campylobacteriosis, Cholera, Crypto, Dengue Fever, Diphtheria, E. Coli, Ehrlichioses, Encephalitis, Giardia, Hepatitis, Histoplasmosis, Legionnaires Disease, Leprosy, Leptospirosis, Listeriosis, Lyme Disease, Malaria, Meningitis, Measles, Mumps, Pertussis, Polio, Psittacosis, Q Fever, Rabies, Rocky Mountain Spotted Fever, Rubella, Salmonella, SARS, Scarlet Fever, Septicemia (blood poisoning), Shigellosis, Tetanus, Toxic Shock Syndrome, Trichinosis, Tularemia, Typhoid Fever, Varicella, Vibrosis, Whooping Cough, Yellow Fever, and Yersiniosis)

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

For YES responses, please circle the disease (s) in the listing above.

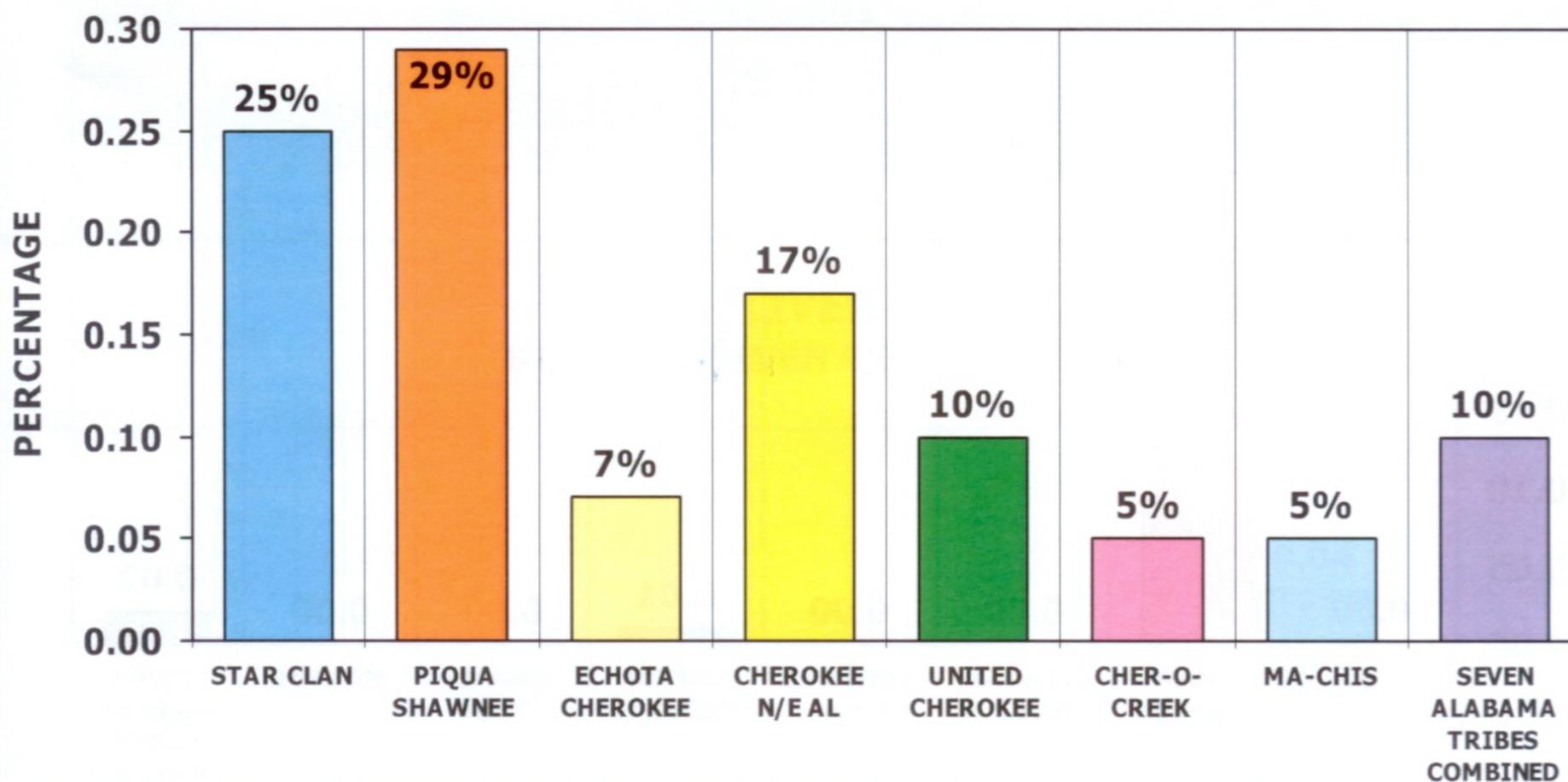
**INFECTIOUS DISEASE- MEASLES
BY TRIBE AND SEVEN COMBINED TRIBES**



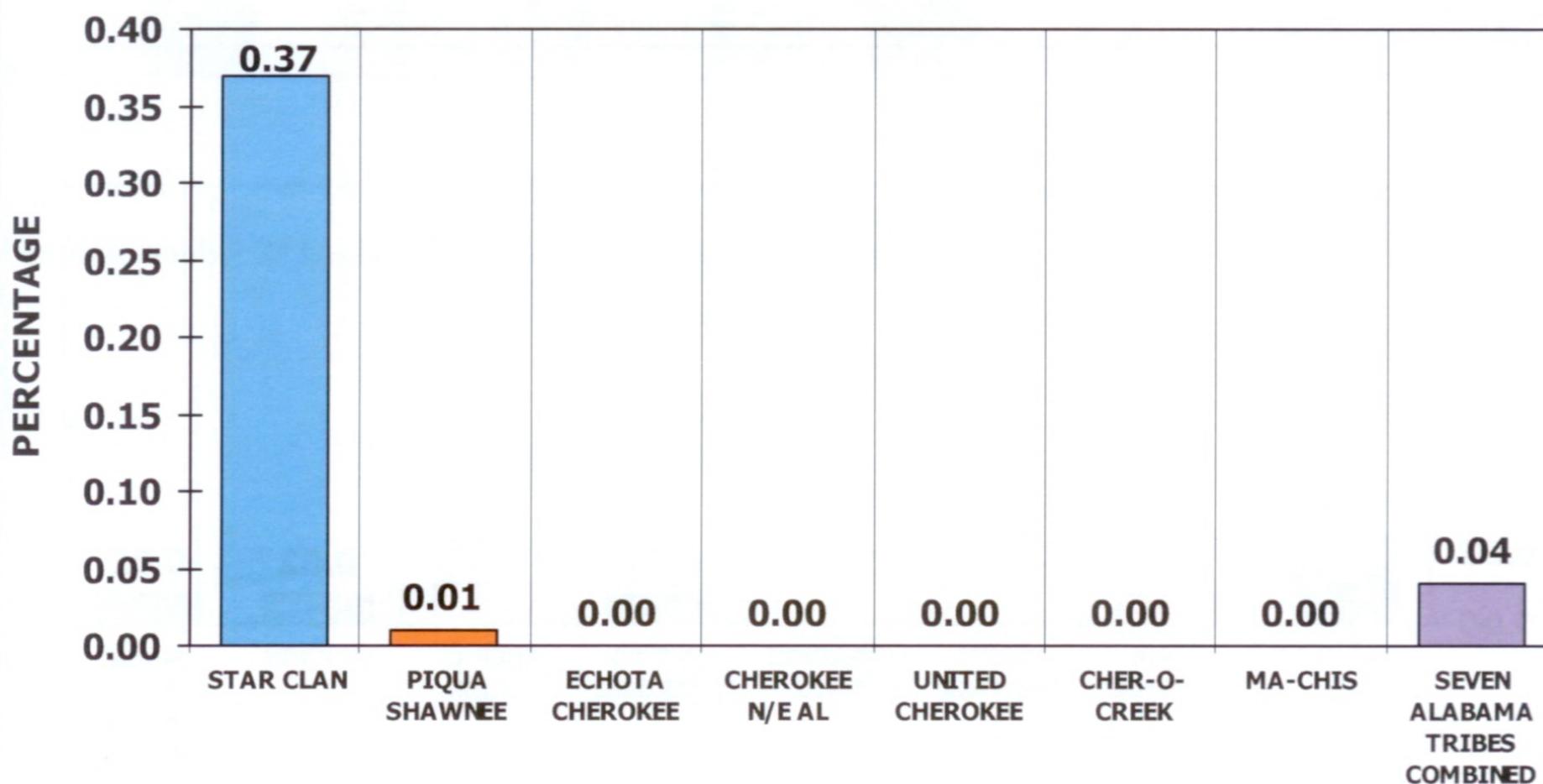
Listed below are the top five infectious diseases in the tribal population in descending order:

1. Measles
2. Mumps
3. Varicella
4. Shigellosis
5. Whooping cough

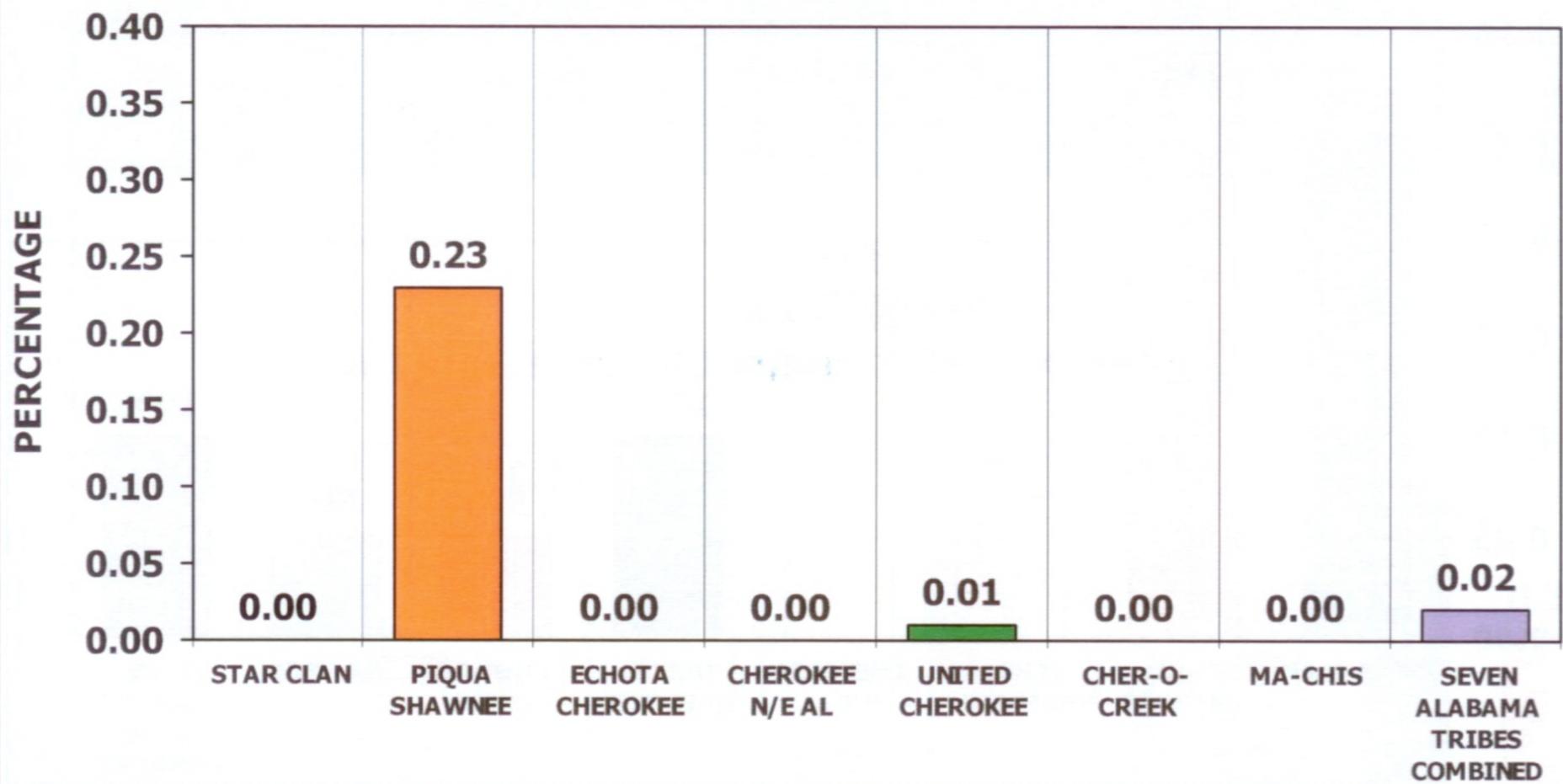
INFECTIOUS DISEASE- MUMPS BY TRIBE AND SEVEN COMBINED TRIBES



INFECTIOUS DISEASE- VARICELLA BY TRIBE AND SEVEN COMBINED TRIBES

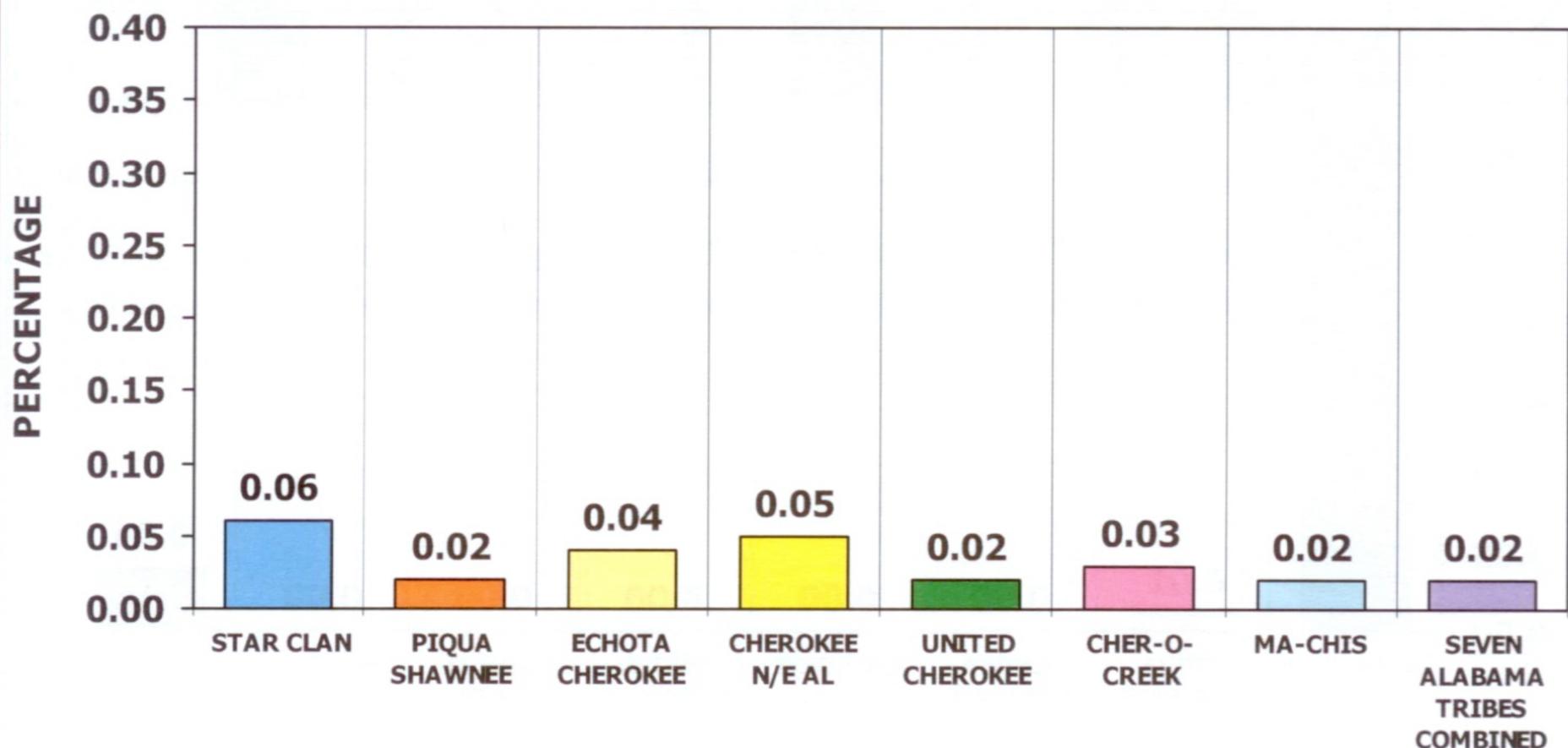


INFECTIOUS DISEASE- SHIGELLOSIS BY TRIBE AND SEVEN COMBINED TRIBES

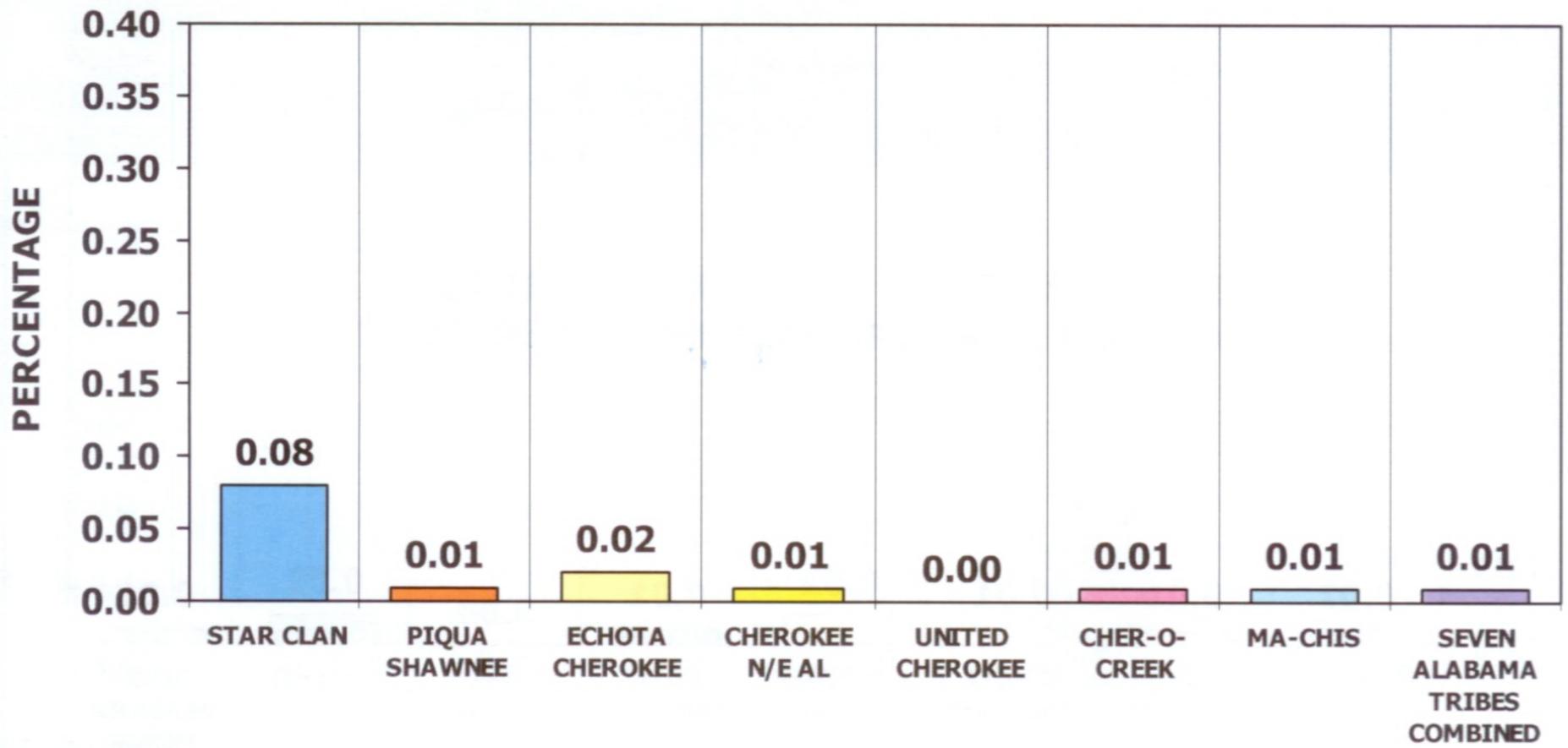


+ Shigellosis is a major problem in Piqua Shawnee Indians, with about one-quarter (1/4) of the population affected, while Varicella is a major problem in Star Clan of Muscogee Creeks, with about 40 percent of the population affected.

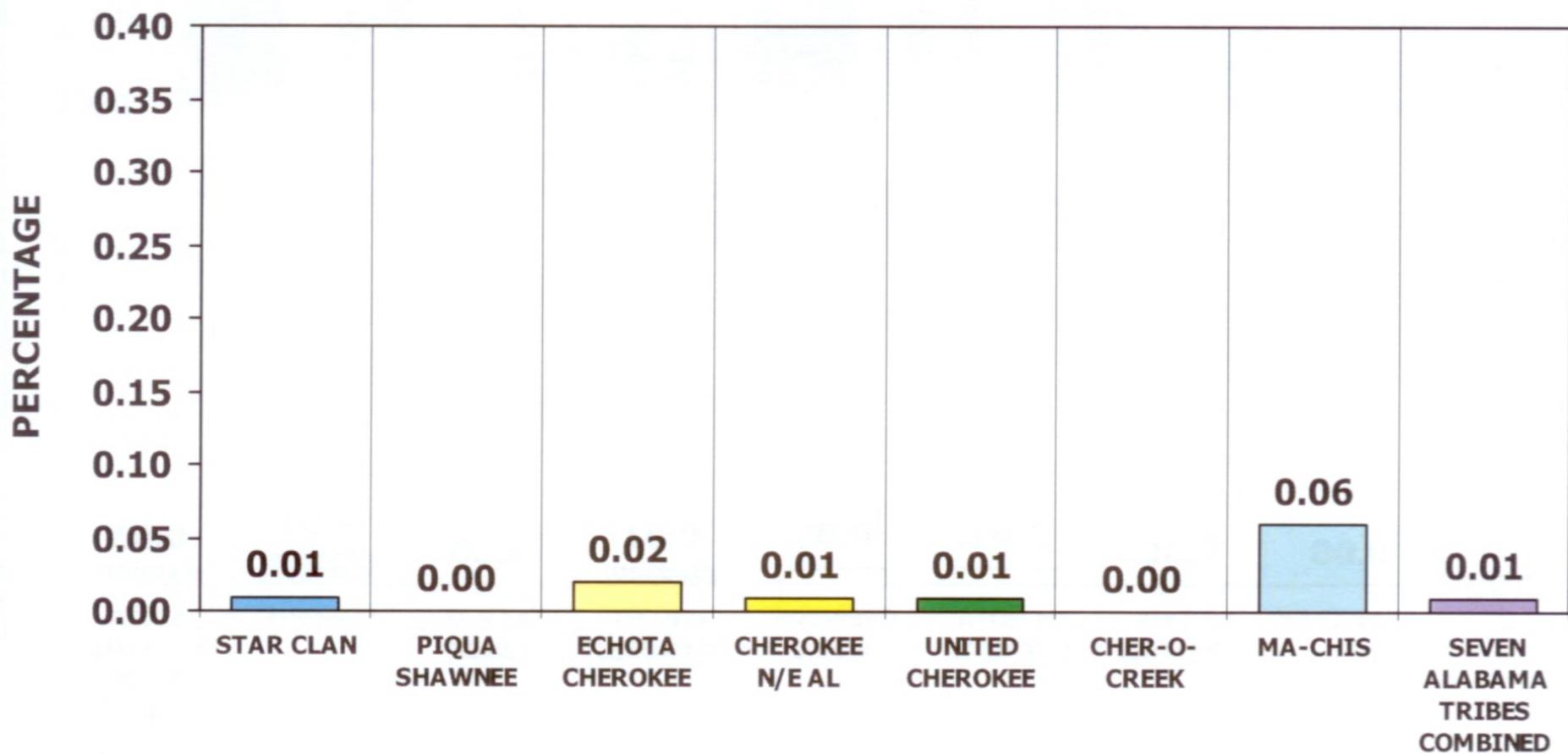
INFECTIOUS DISEASE- WHOOPING COUGH BY TRIBE AND SEVEN COMBINED TRIBES



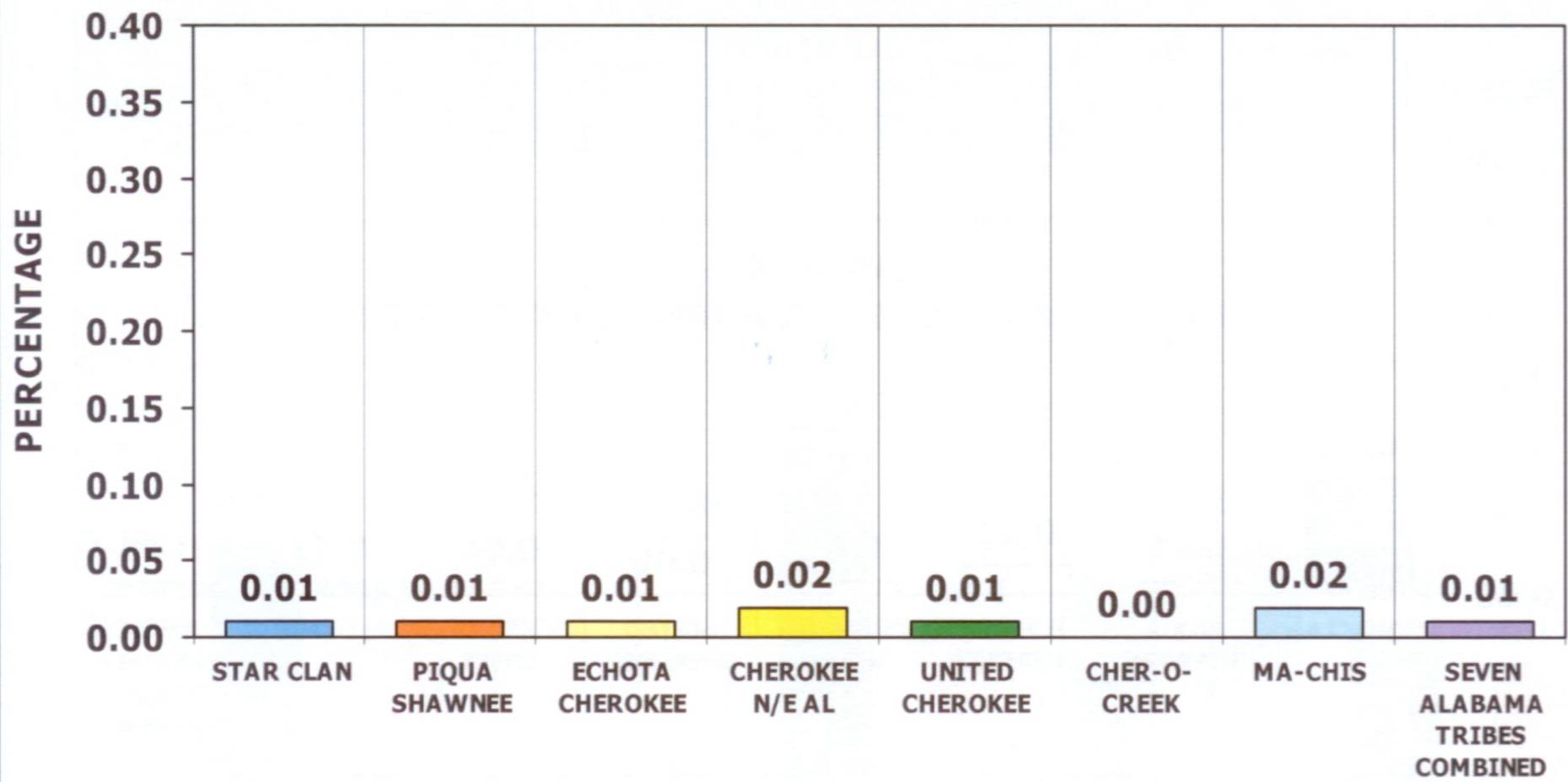
INFECTIOUS DISEASE- RUBELLA BY TRIBE AND SEVEN COMBINED TRIBES



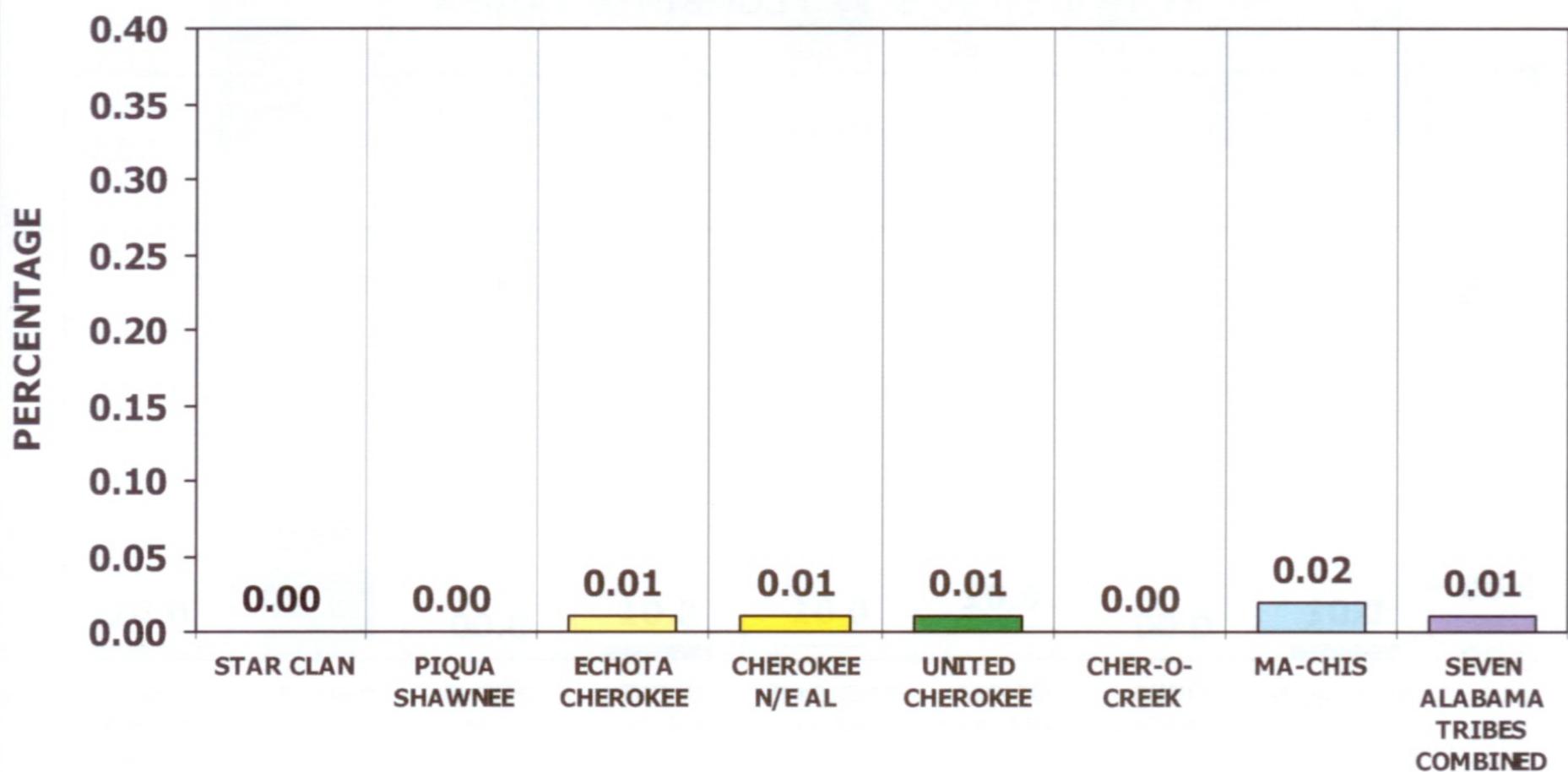
INFECTIOUS DISEASE- SCARLET FEVER BY TRIBE AND SEVEN COMBINED TRIBES



INFECTIOUS DISEASE- HEPATITIS BY TRIBE AND SEVEN COMBINED TRIBES



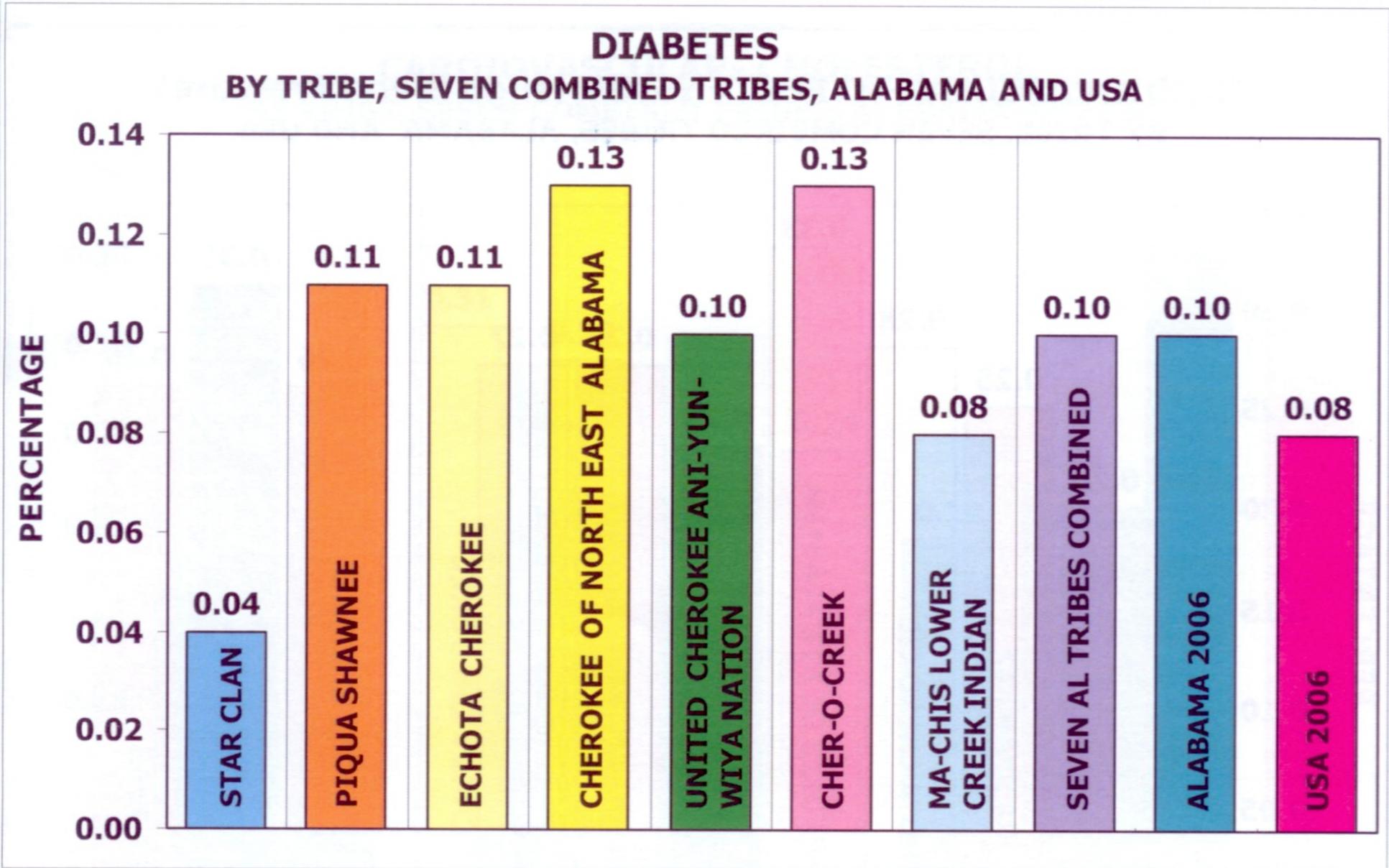
INFECTIOUS DISEASE- SEPTICEMIA BY TRIBE AND SEVEN COMBINED TRIBES



QUESTION 20:

Have the members of your family/household ever been diagnosed with diabetes? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____



+ Star Clan self-reported the lowest diabetes in their members, possibly a reflection of the age group distribution in that tribe.

Question numbers 19 and 21 have been excluded, due to inconsistent reporting.

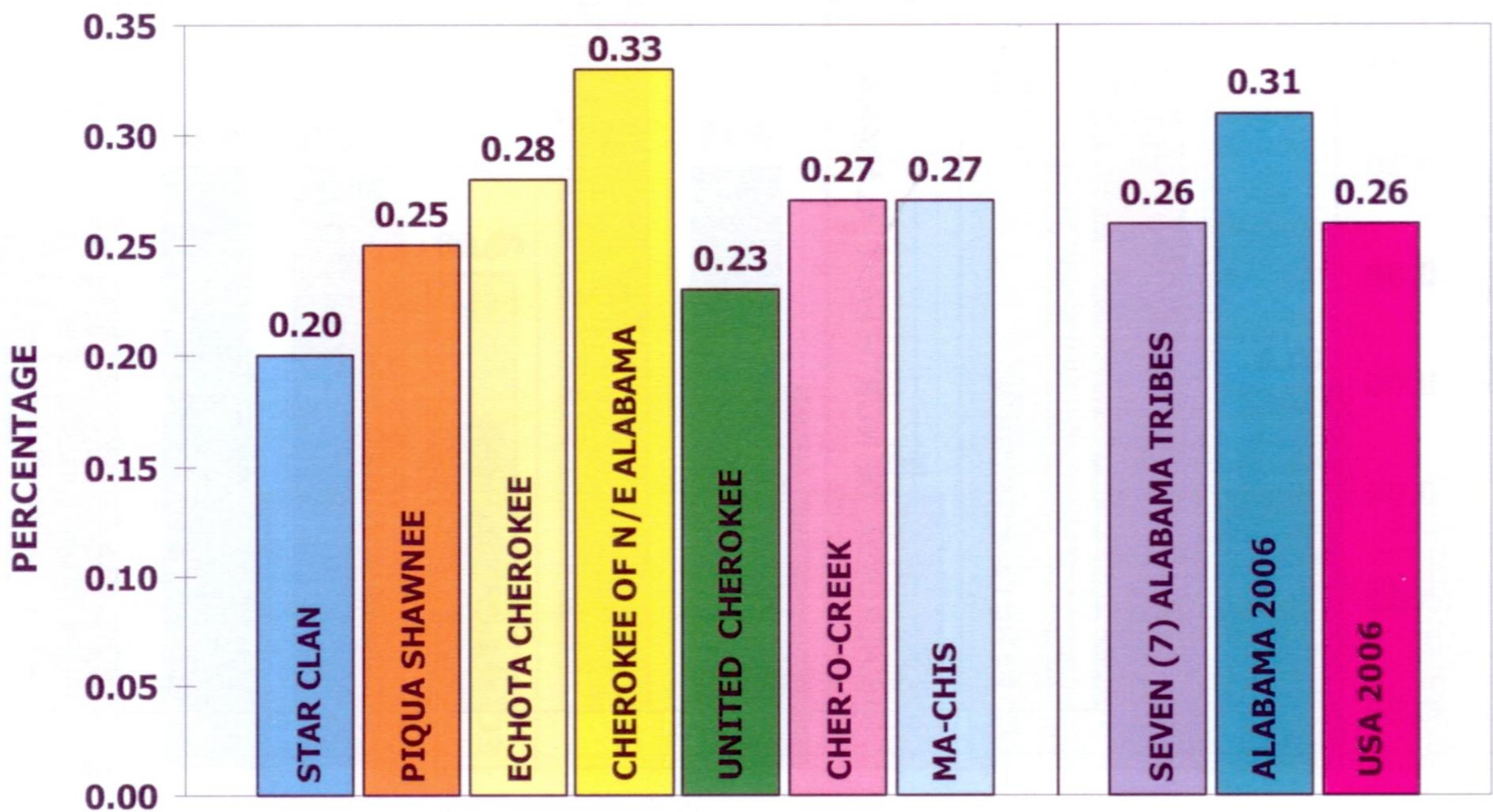
QUESTION 22:

Have the members of your family/household ever been told that they have high blood pressure?

Y, N or U?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

CARDIOVASCULAR-HYPERTENSION (High Blood Pressure) BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



- † Hypertension and high cholesterol are the risk factors for most of the cardiovascular health problems. Self-reported prevalence of hypertension and high cholesterol is about 25 percent for the tribal population of Alabama, while the State of Alabama and United States reported about 30 percent. Also both the risk factors are almost equally prevalent in all the tribes.

QUESTION 23:

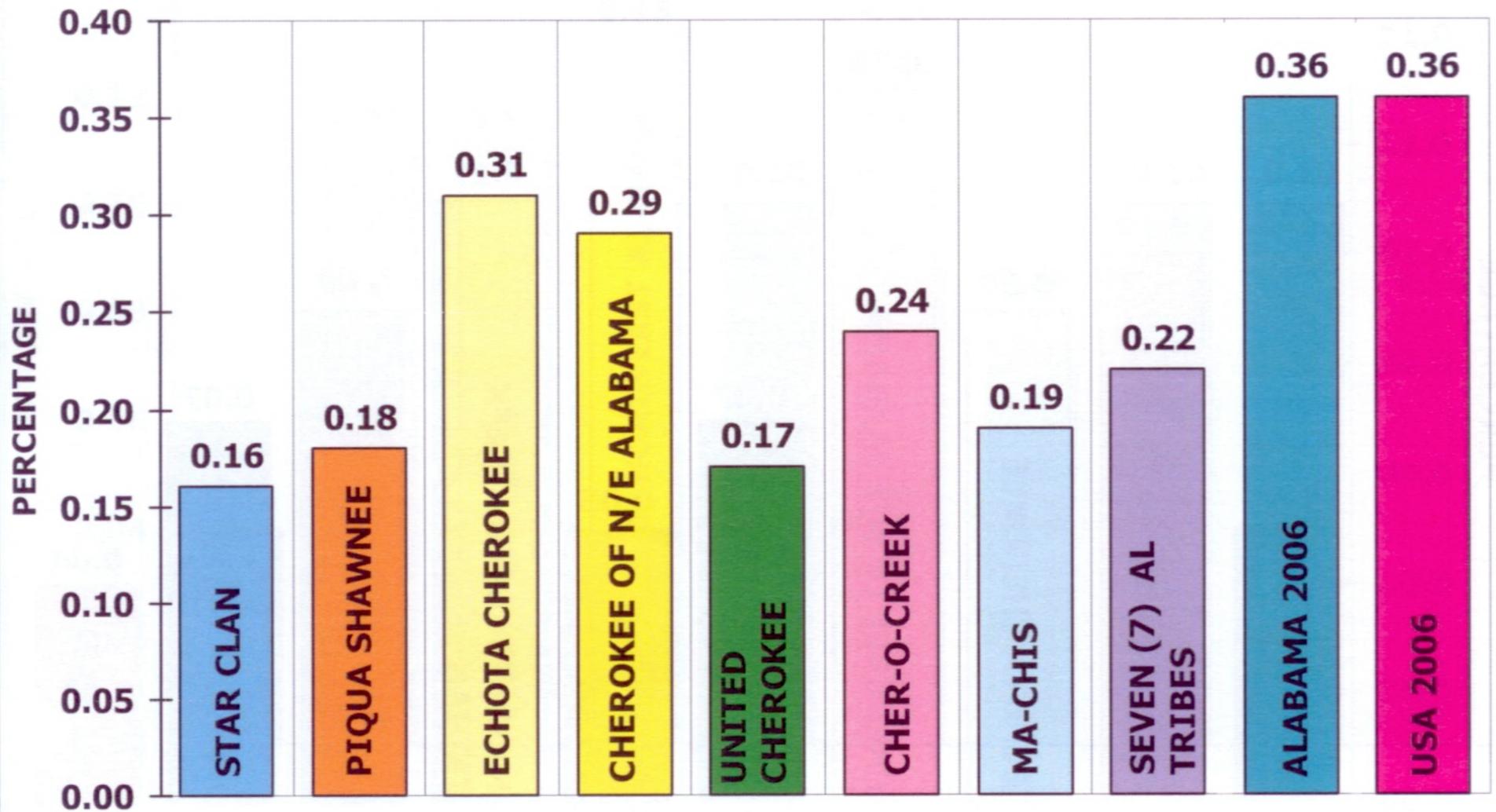
Have the members of your family/household ever been told that they have blood cholesterol problems?

Y, N or U?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

CARDIOVASCULAR- CHOLESTEROL BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



+ Refer to page 24.

QUESTION 24:

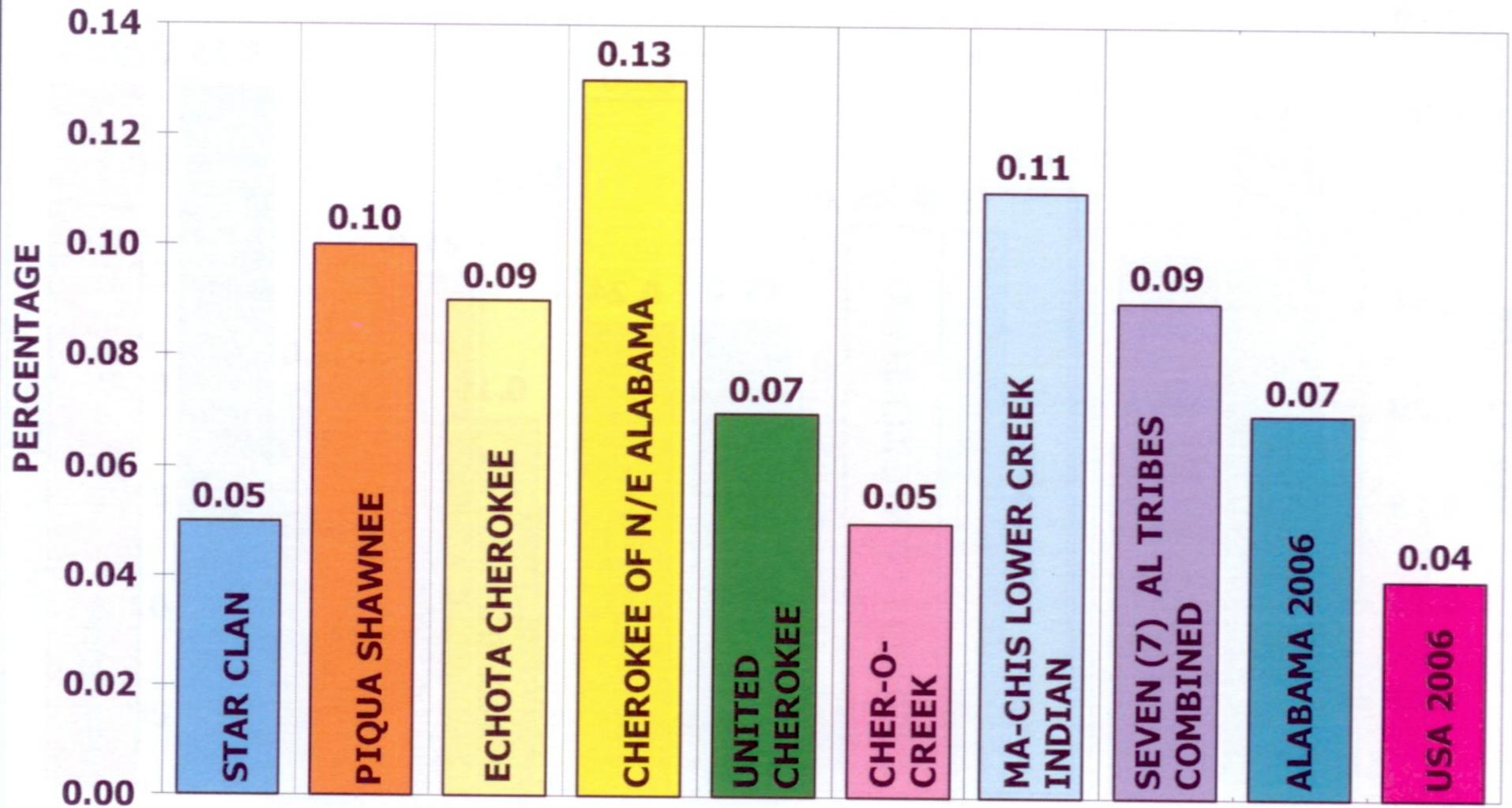
Has a doctor ever told the members of your family/household that they had a heart attack or stroke?

Y or N or U?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

CARDIOVASCULAR- HEART ATTACK OR STROKE BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



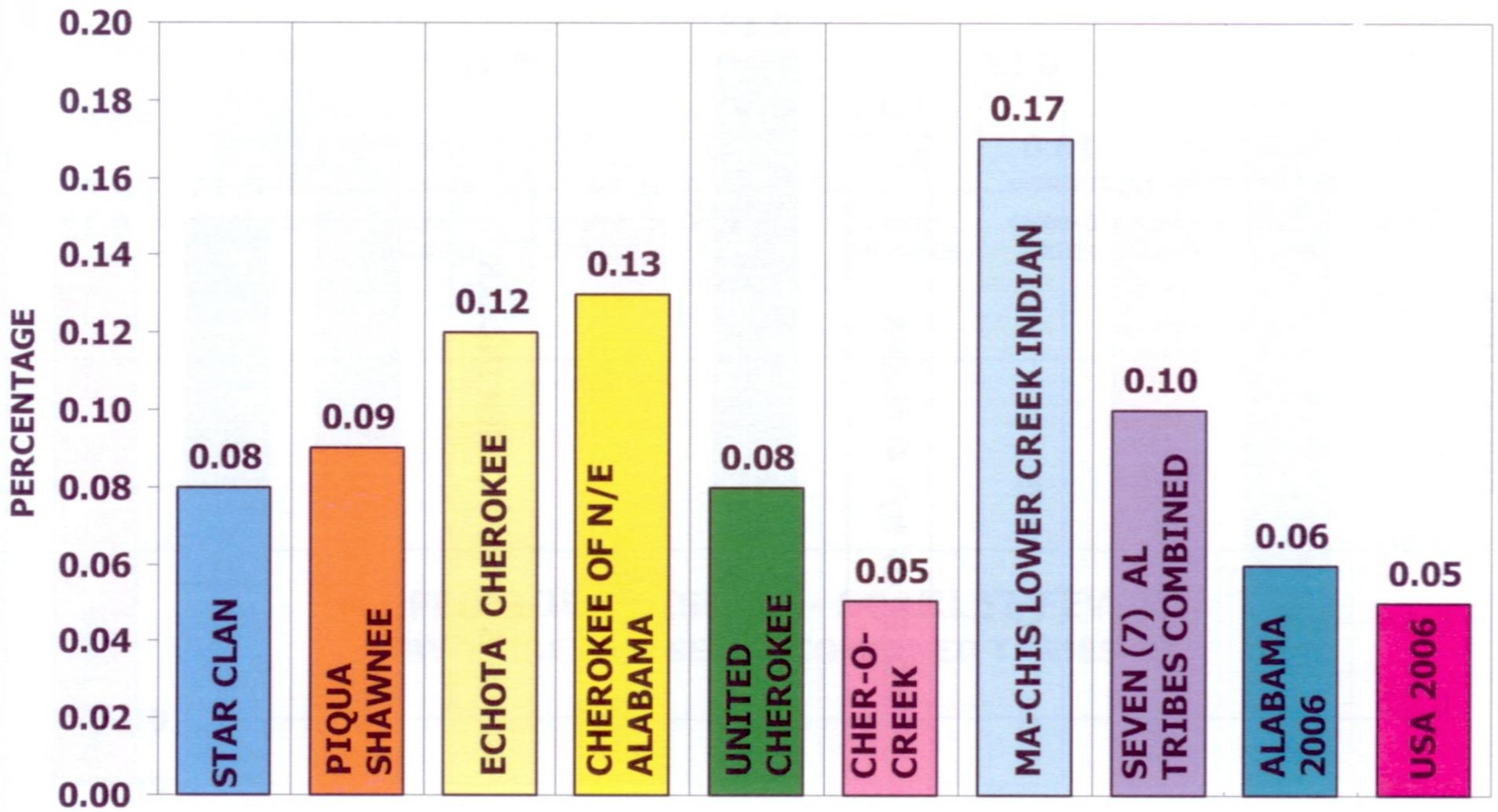
- † Self-reported prevalence of heart diseases, heart attack and stroke is about ten percent for tribal population of Alabama, while approximately five percent for the State of Alabama and the United States, with the highest being in Cherokee of North East Alabama Indians. The elderly and male populations tend to have a little higher prevalence for heart diseases, heart attack and stroke in all tribal populations.

QUESTION 25:

Have the members of your family/household ever been diagnosed with heart disease? Y or N or U?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

**CARDIOVASCULAR- HEART DISEASE
 BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA**



+ Refer to Page 26.

QUESTION 26:

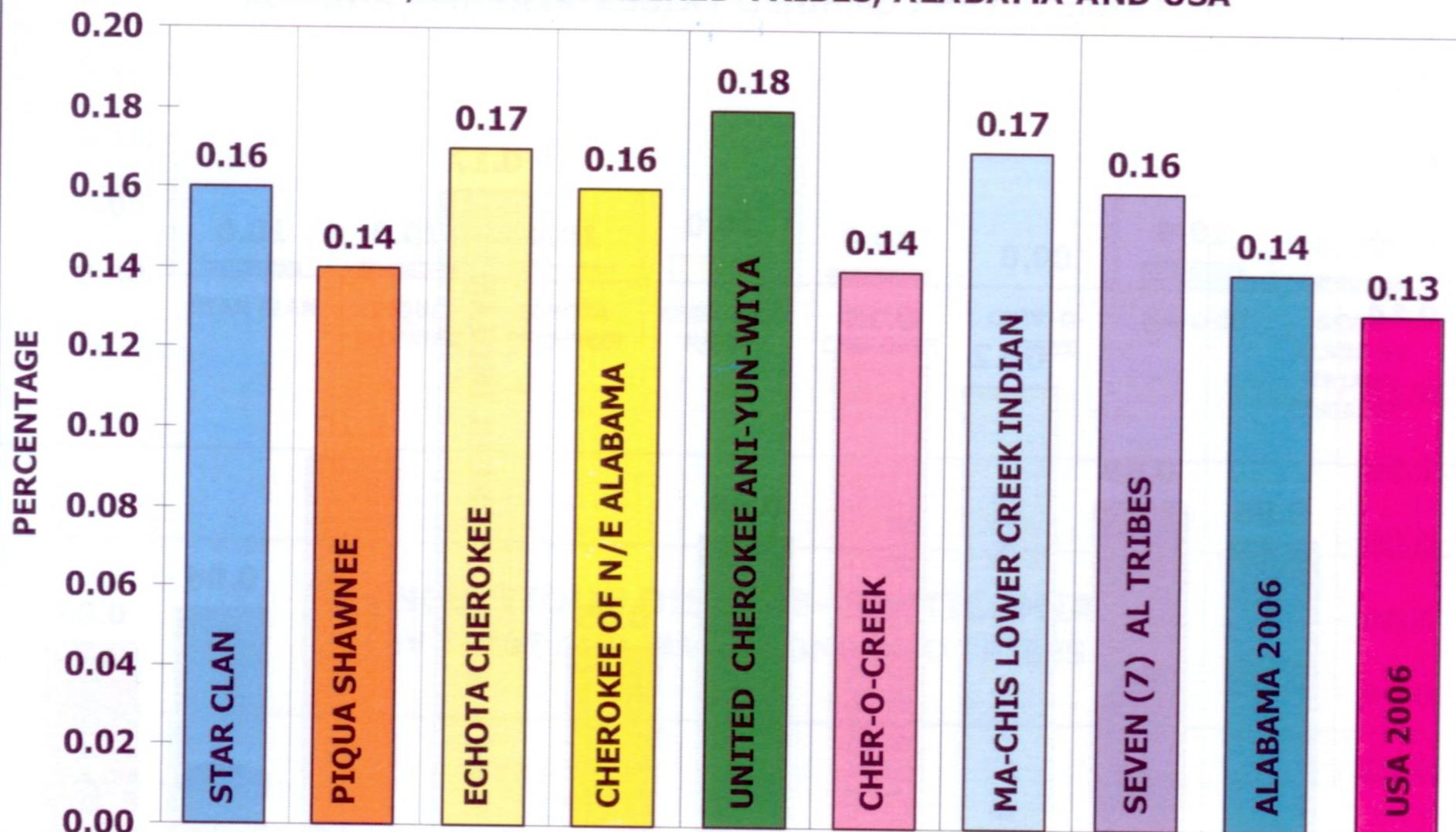
Have the members of your family/household ever been diagnosed with asthma? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

ASTHMA

BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA

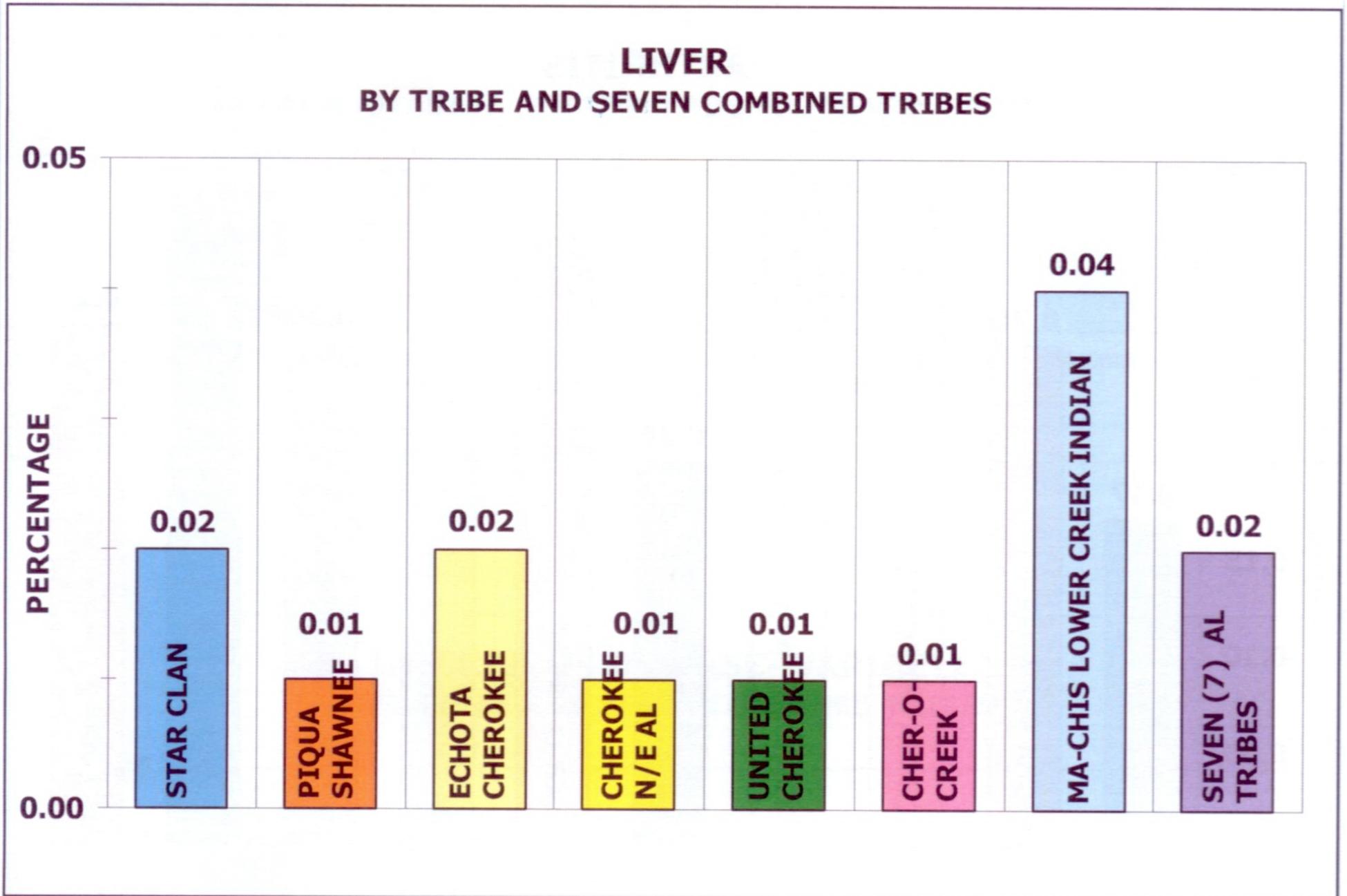


QUESTION 27:

Have the members of your family/household ever been diagnosed with liver diseases? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____



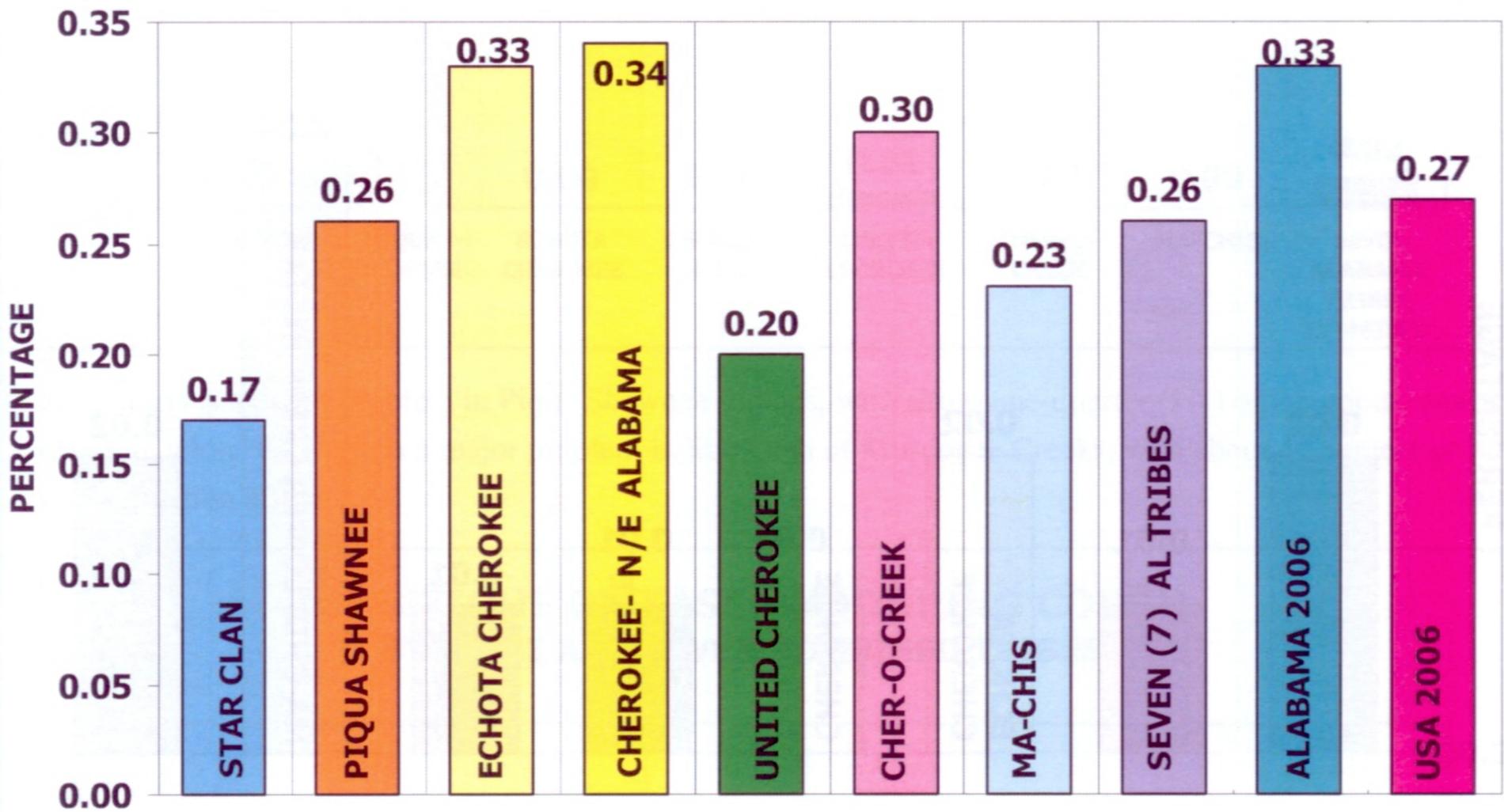
Question number 28 has been excluded, due to inconsistent reporting.

QUESTION 29:

Have the members of your family/household ever been diagnosed with arthritis? Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

ARTHRITIS
BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



+ About a quarter of the tribal population had experience of activity limitation due to physical, mental or emotional problems with majority being female. Prevalence of activity limitation increases with the age group.

QUESTION 30:

Do the members of your family/household have a history of cancer? () Yes () No

If YES, please indicate the following for living members of your family/household (if members of your family/household have died from a type of cancer that you feel may be high among members of your tribe, please indicate this in Section A):

<u>Gender</u>	<u>Site(s)</u>
M F	_____

See pages 32 and 38—Cholesterol Screening

See page 35—Colonoscopy Screening

See page 36—Mammography Screening

See page 37—Pap Screening

- + The survey gathered information for screening of prostate cancer, colonoscopy, mammography, pap test and cholesterol problems.
- + For the rest, the Star Clan Indians have the highest prevalence for all screening tests, with prevalence being 100 percent for the pap smear test and mammography.
- + Screening for diseases is less popular among United Cherokee Ani-Yun-Wiya Nation, Cher-O-Creek Intra Tribal and Ma-Chis Lower Creek Indians.

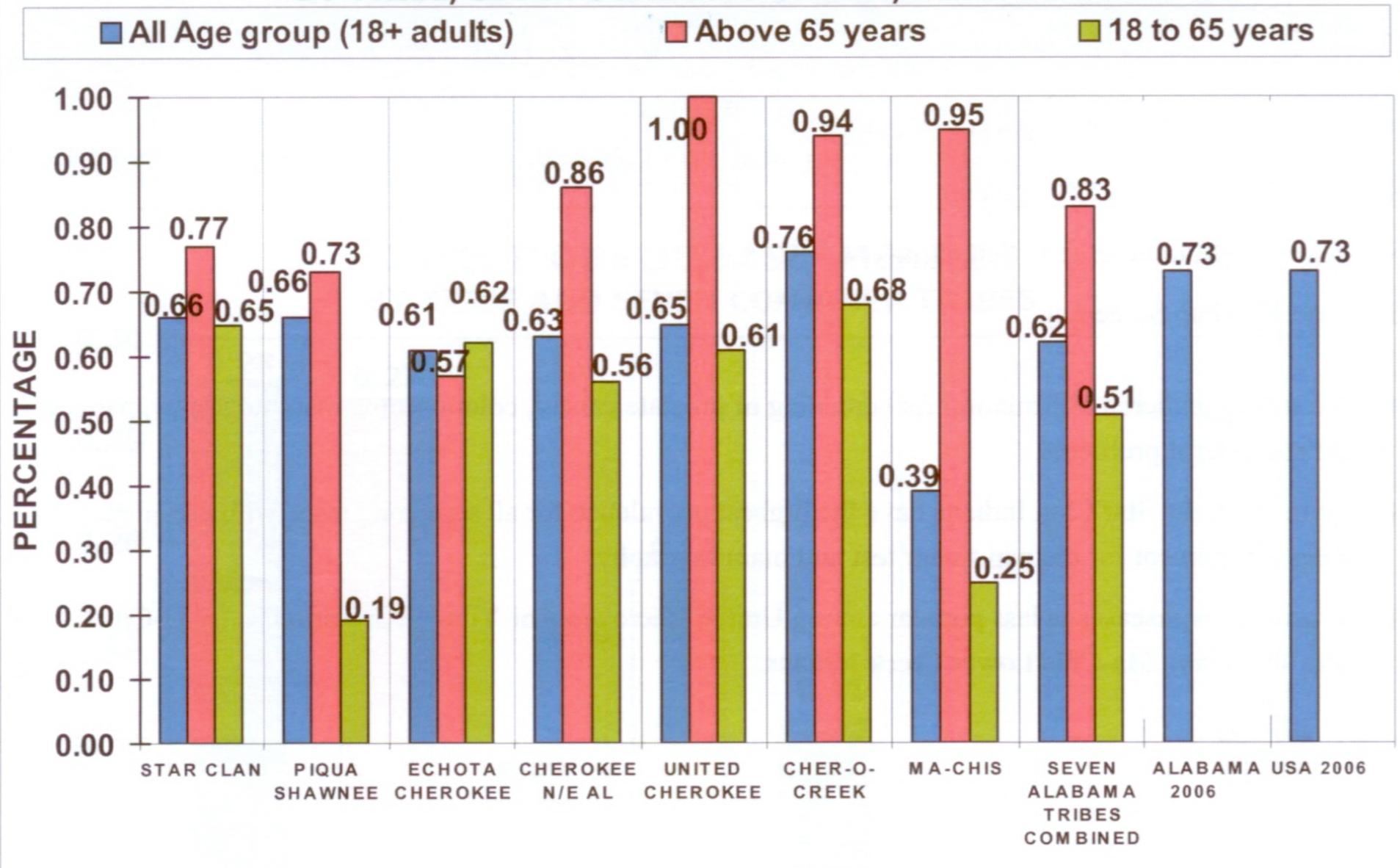
QUESTION 31:

Have the adult members of your family/household had their blood cholesterol checked within the past 5 years? Y or N or U?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
 Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

SCREENING- CHOLESTEROL

BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



✦ Prevalence for cholesterol screening is almost around 70 percent for the tribal population of Alabama, the State of Alabama and the United States.

QUESTION 32:

Have the high-risk members of your family/household had a flu shot within the past year?

(Those at high-risk include age 65+; children aged 6 months-2 years; pregnant women; nursing home residents; those with respiratory diseases; those who have had cancer, are HIV positive, have AIDS, or are transplant patients; healthcare personnel; and those caring for the elderly.)

No high-risk persons in family/household ()

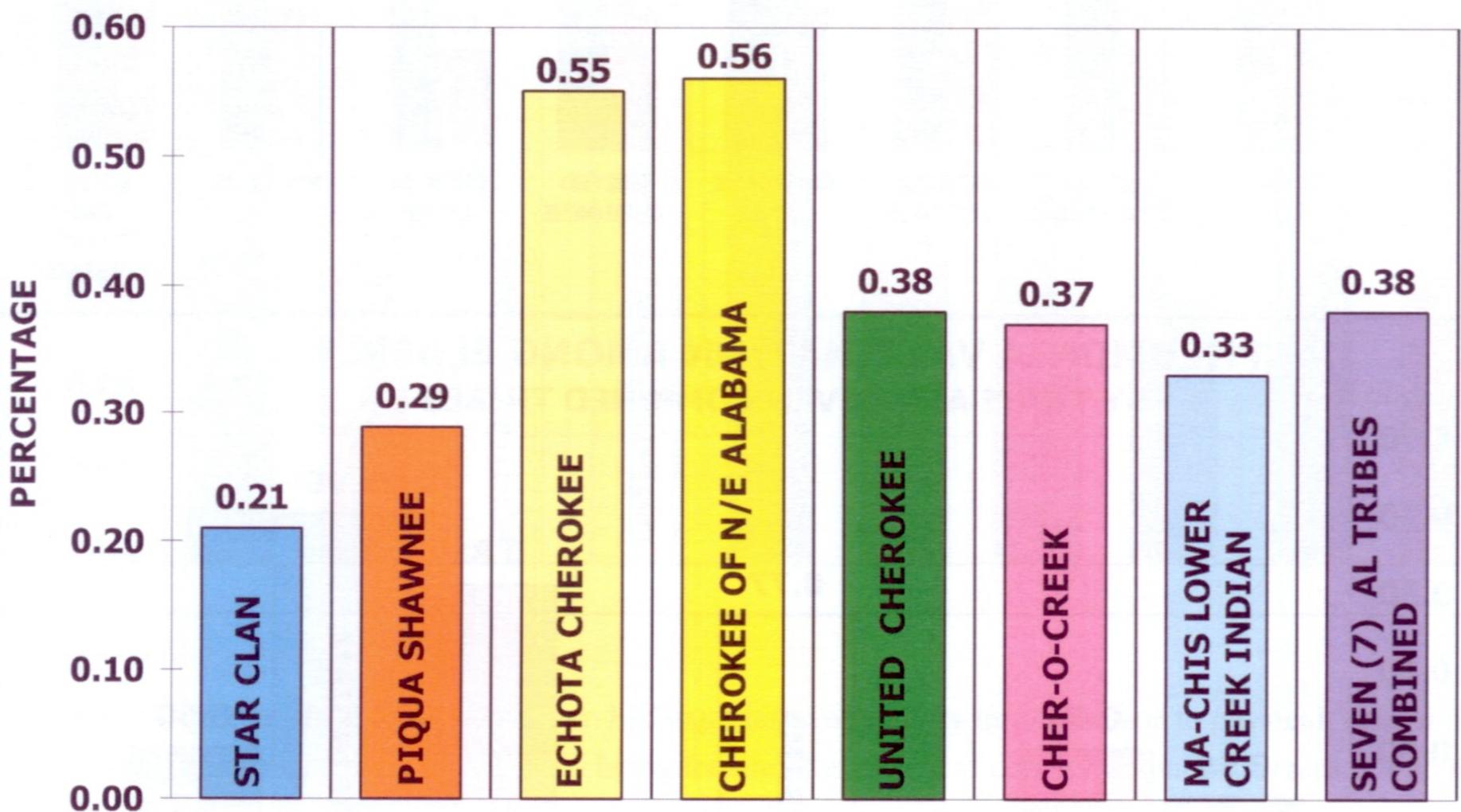
Number of high-risk persons in family/household # _____

Number receiving flu shot within past year # _____

Number NOT receiving flu shot within past year # _____

Number unknown about receiving flu shot within past year # _____

**FLU / HIGH RISK
BY TRIBE AND SEVEN COMBINED TRIBES**



- + More than half of the elderly population in all the tribes received pneumonia vaccination except for Echota Cherokee Indians, 13 percent, and the United Cherokee Ani-Yun-Wiya Nation Indians, 43 percent.
- + Echota Cherokee self-reported the lowest and a very low 13 percent of their elderly, 65 plus, having vaccination.
- + More than half of the Echota Cherokee and Cherokee of North East Alabama Indians are at a high risk for developing the flu, and, yet only half of the high risk received a flu shot.

QUESTION 33:

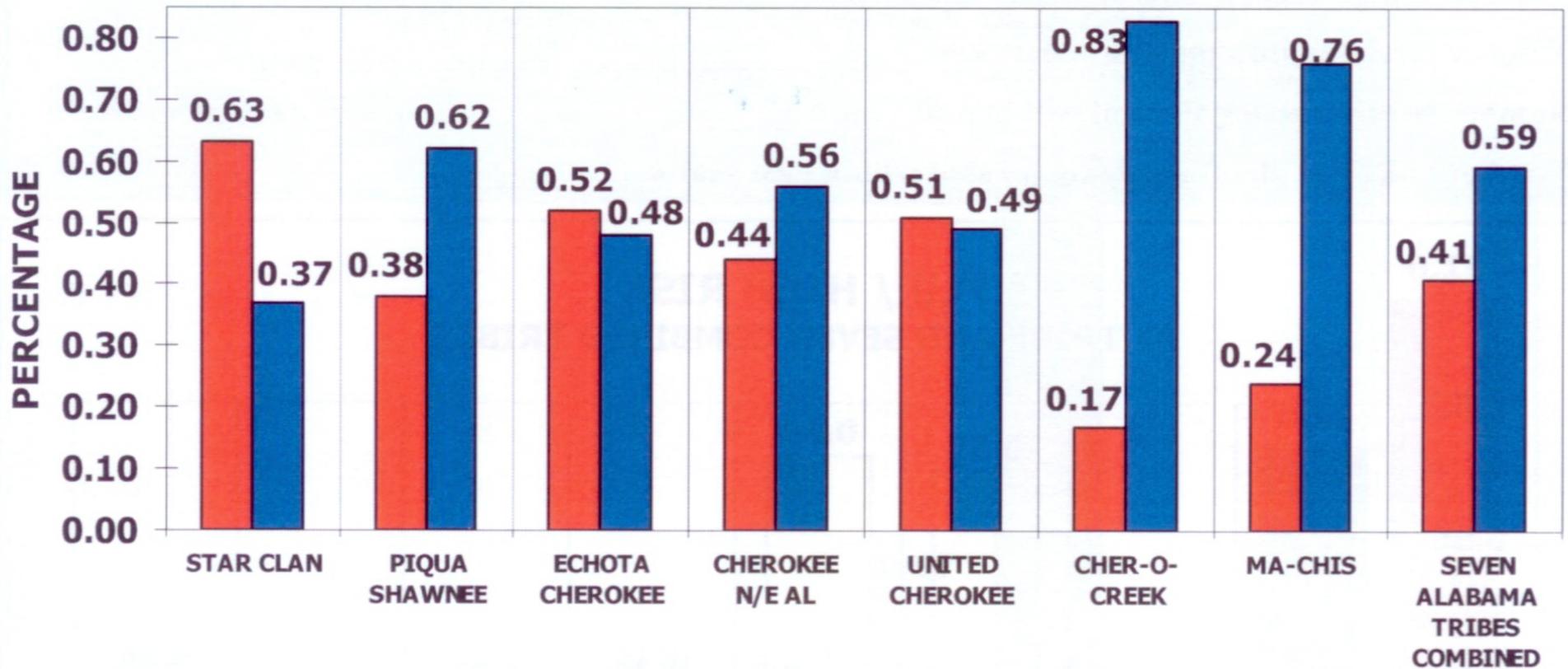
Have the adult members of your family/household aged 65+ ever had a pneumonia vaccination?

No adults 65+ () Yes - # _____ No - # _____ Unknown - # _____

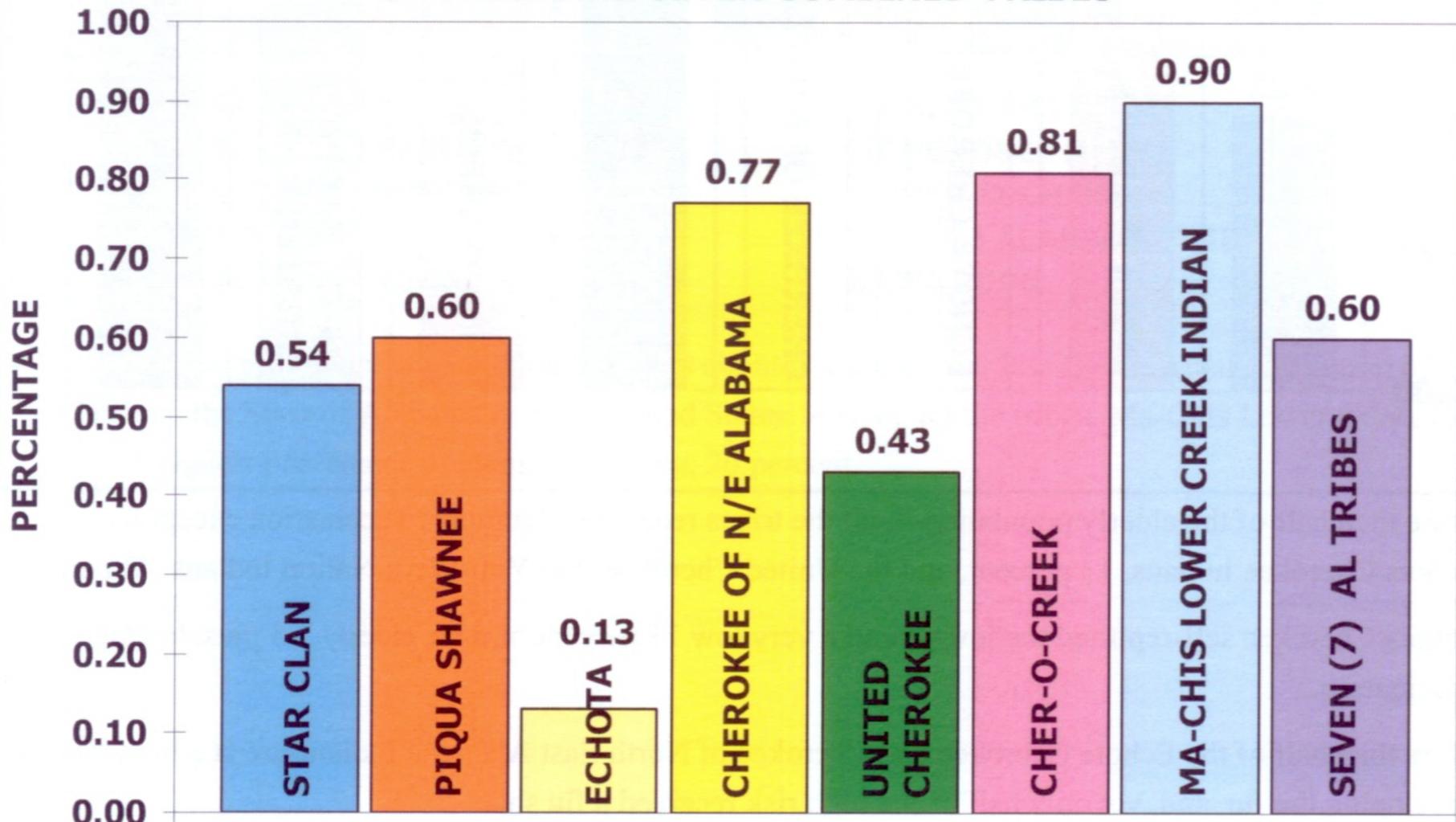
FLU SHOT

BY TRIBE AND SEVEN COMBINED TRIBES

■ Flu Shot NOT received ■ Flu Shot received



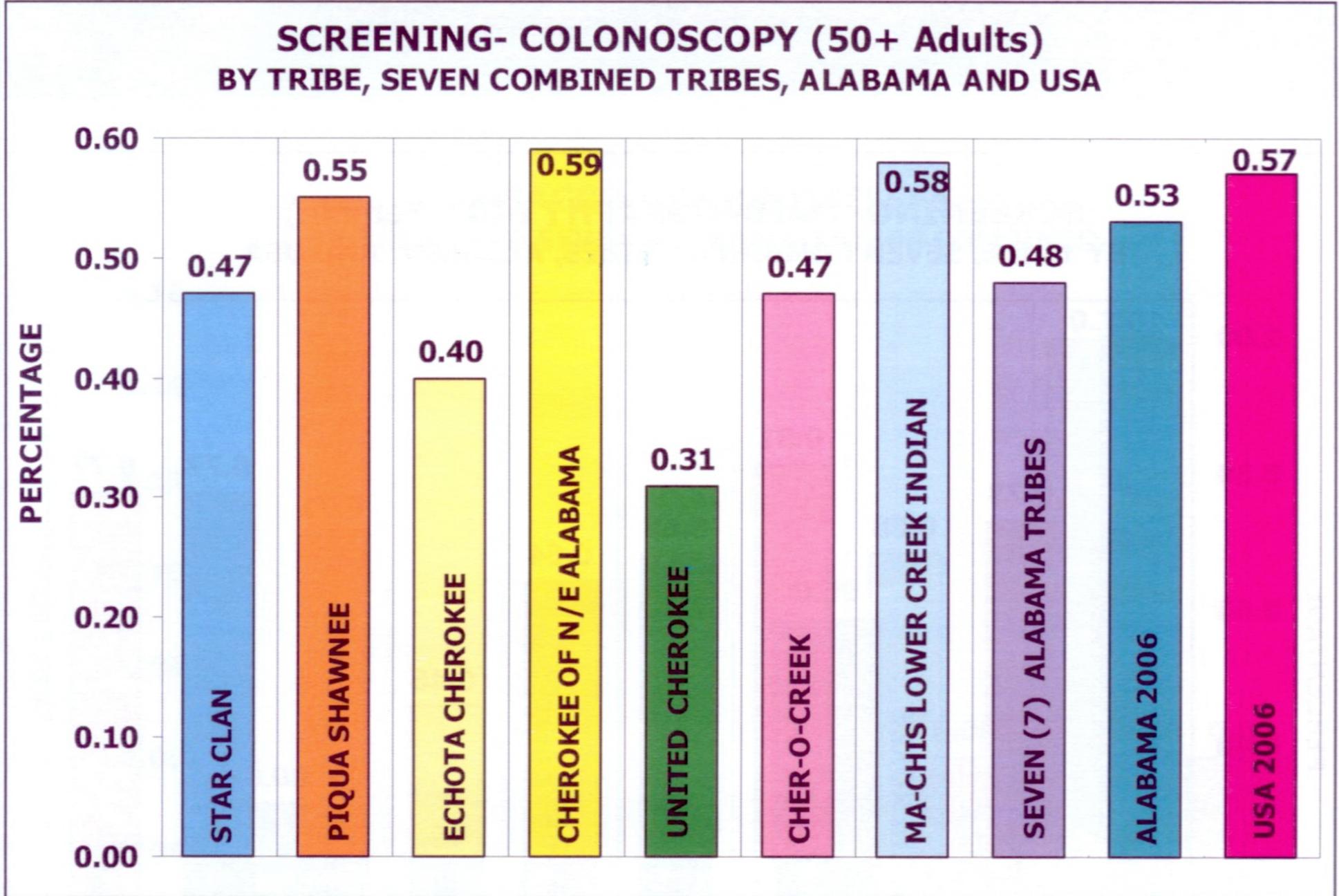
PNEUMONIA VACCINATION AMONG ELDERLY BY TRIBE AND SEVEN COMBINED TRIBES



QUESTION 34:

Have the adult members of your family/household aged 50+ ever had a colonoscopy or sigmoidoscopy?

No adults 50+ () Yes - # _____ No - # _____ Unknown - # _____



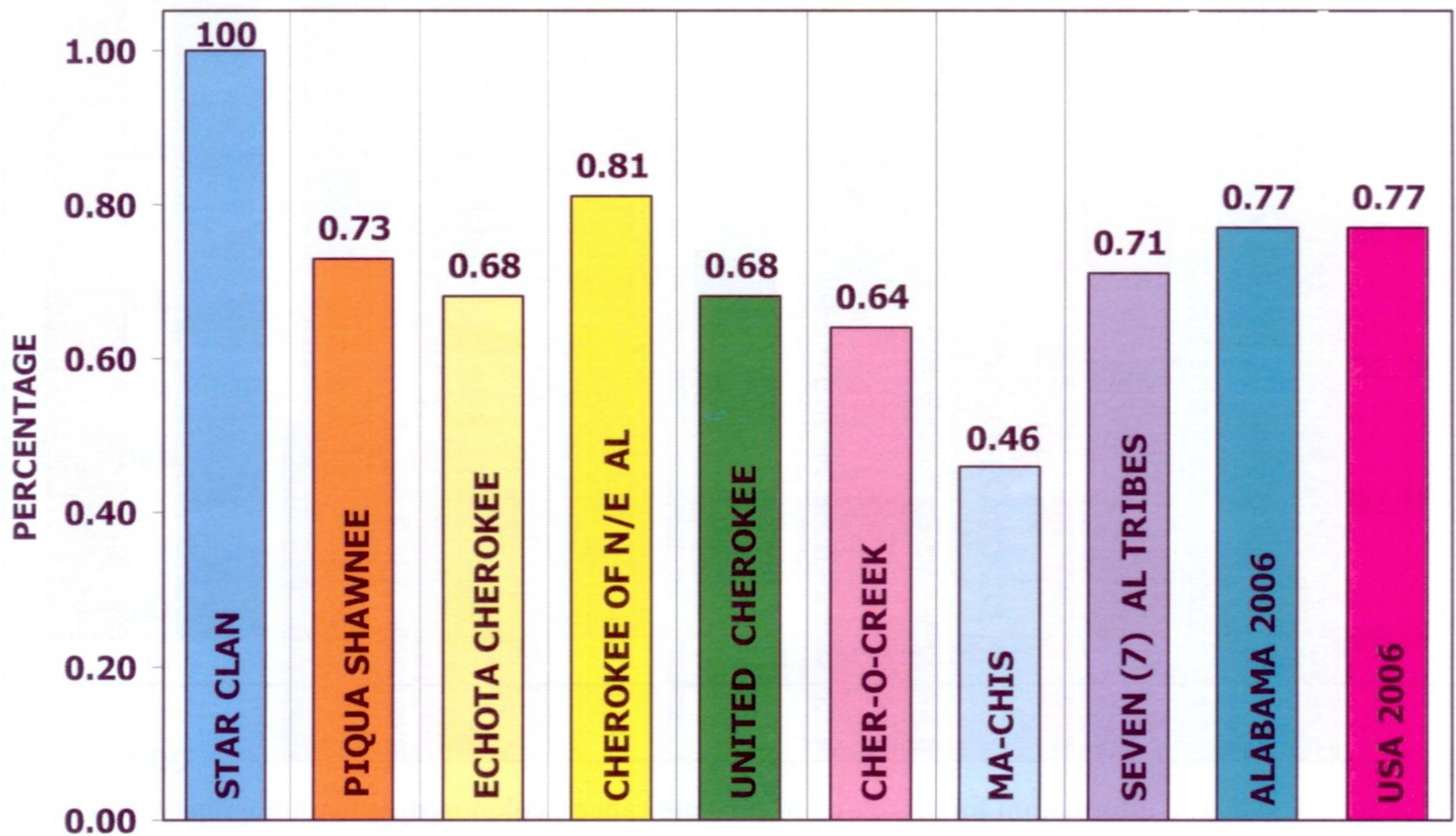
- † The survey gathered information for screening of prostate cancer, colonoscopy, mammography, pap test and cholesterol problems. Prevalence for cholesterol screening is almost around 70 percent for the tribal population of Alabama, the State of Alabama and the United States. For the rest, Star Clan Indians have the highest prevalence for all screening tests, with prevalence being 100 percent for the pap smear test and mammography. Screening for diseases is less popular among United Cherokee Ani-Yun-Wiya Nation, Cher-O-Creek Intra Tribal and Ma-Chis Lower Creek Indians.

QUESTION 35:

Have the female members of your family/household aged 40+ had a mammogram within the past 2 years?

No females 40+ () Yes - # _____ No - # _____ Unknown - # _____

**SCREENING- MAMMOGRAPHY (40+ Female)
BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA**



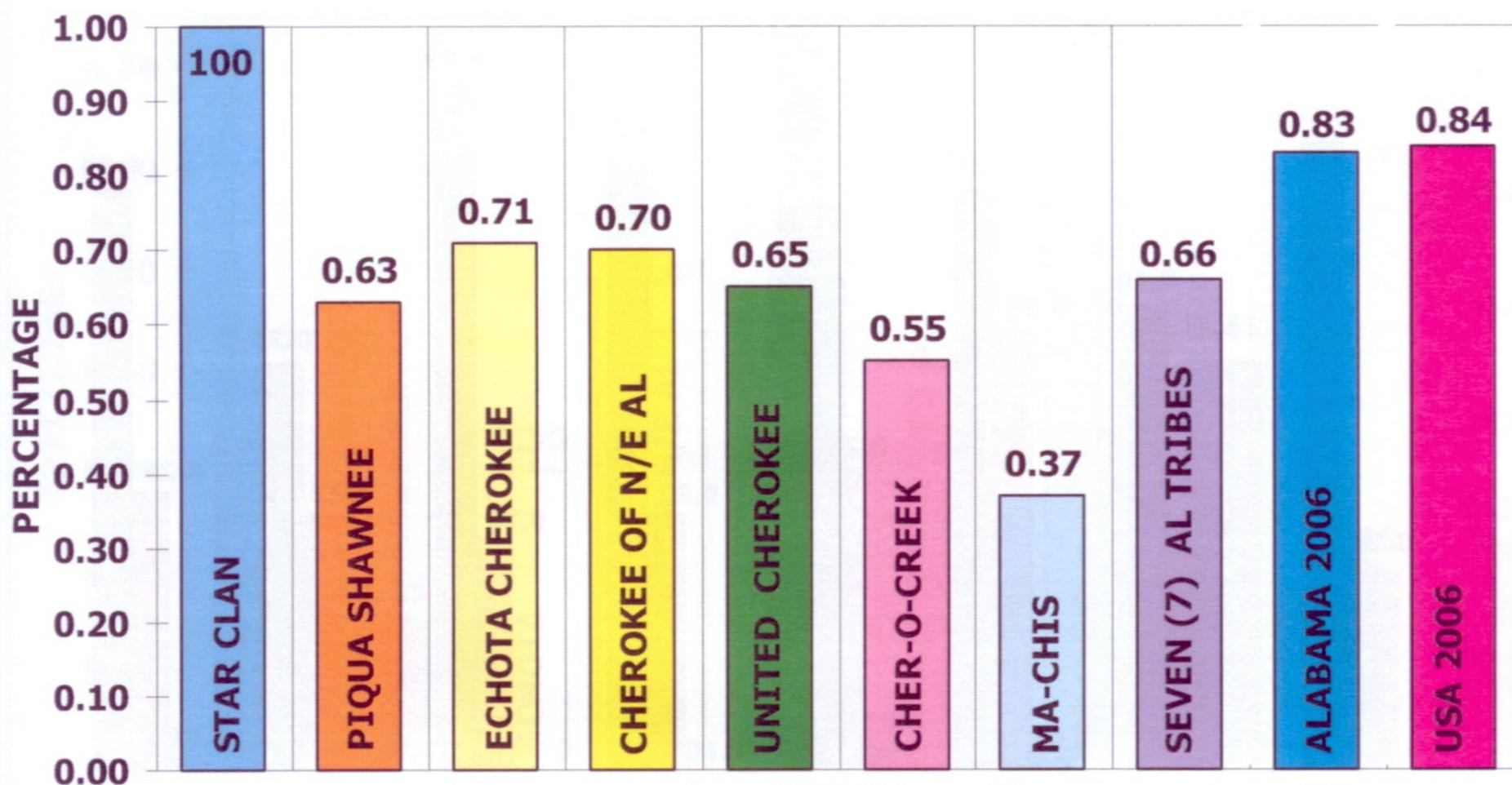
+ Refer to page 37.

QUESTION 36:

Have the female members of your family/household aged 18+ had a pap test within the past 3 years?

No females 18+ () Yes - # _____ No - # _____ Unknown - # _____

SCREENING- PAP TEST (18+ Female)
BY TRIBE, SEVEN COMBINED TRIBES, ALABAMA AND USA



- † The survey gathered information for screening of prostate cancer, colonoscopy, mammography, pap test and cholesterol problems. Prevalence for cholesterol screening is almost around 70 percent for the tribal population of Alabama, the State of Alabama and the United States. For the rest, Star Clan Indians have the highest prevalence for all screening tests, with prevalence being 100 percent for the pap smear test and mammography. Screening for diseases is less popular among United Cherokee Ani-Yun-Wiya Nation, Cher-O-Creek Intra Tribal and Ma-Chis Lower Creek Indians.

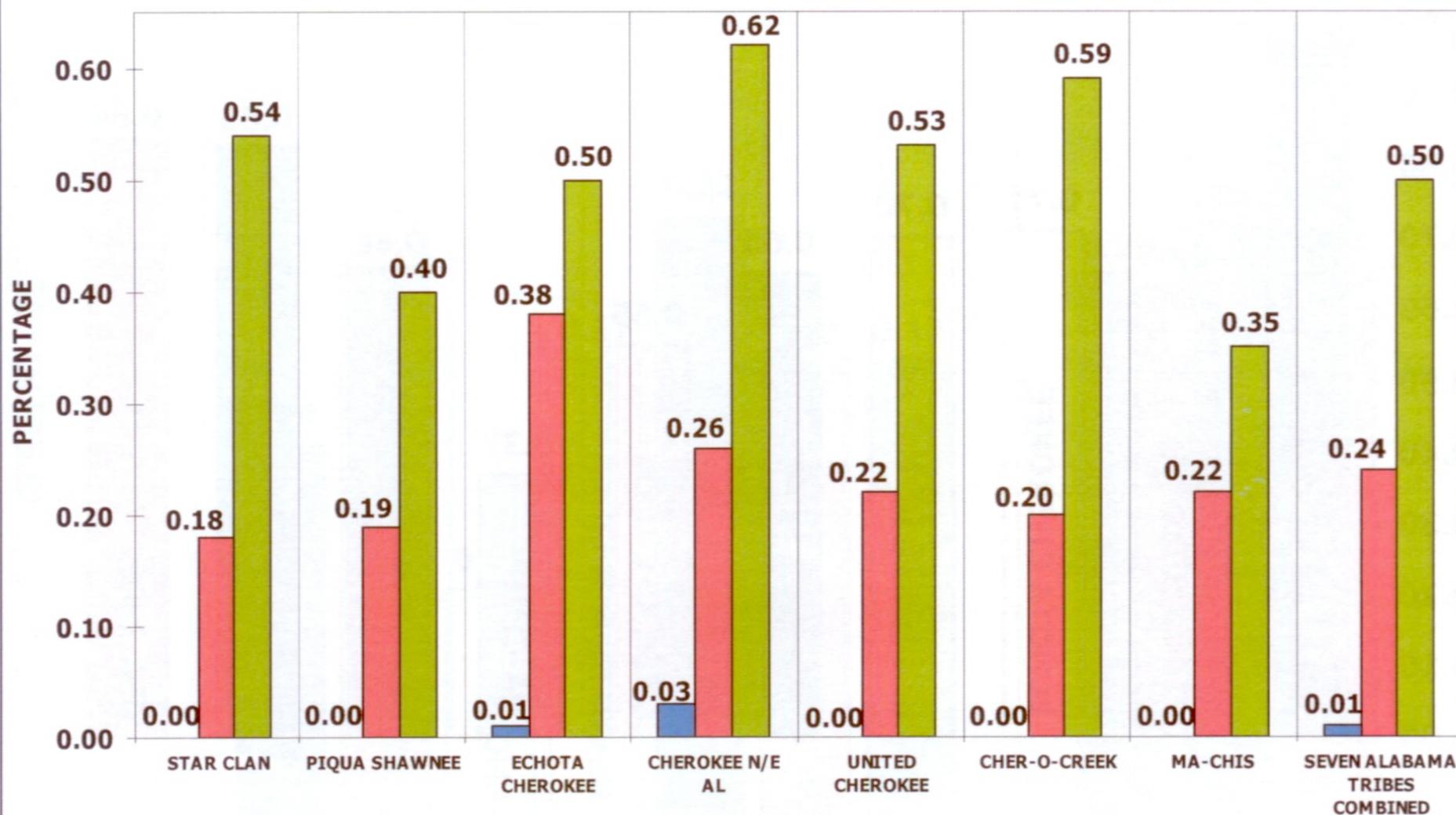
QUESTION 37:

Have the adult members of your family/household had their blood cholesterol checked within the past 5 years? Y or N or U?

No males 40+ () Yes - # _____ No - # _____ Unknown - # _____

**CARDIOVASCULAR- CHOLESTEROL / GROUPS
BY TRIBE AND SEVEN COMBINED TRIBES**

■ AGE less than 18 ■ AGE 18 to 65 ■ AGE 65 and above



✦ About a quarter of the tribal population had experience of activity limitation due to physical, mental or emotional problems with majority being female. Prevalence of activity limitation increases with the age group.

DATA TABLES

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

VARIABLE	GROUP	STAR CLAN	PIQUA SHAWNEE	ECHOTA CHEROKEE	CHEROKEE N/E AL
DEMOGRAPHICS					
HOUSEHOLD		71	37	141	258
TOTAL POPULATION	TOTAL POPULATION	146	91	384	567
AVERAGE HOUSEHOLD SIZE	AVERAGE HOUSEHOLD SIZE	2.06	2.46	2.72	2.20
AGE GROUP	AGE less than 18	27%	25%	24%	19%
	AGE 18 to 65	64%	58%	57%	61%
	AGE 65 and above	9%	16%	19%	20%
GENDER	Female	49%	58%	55%	53%
	Male	51%	42%	45%	47%
IDENTITY as AMERICAN INDIAN					
AMERICAN INDIAN	AMERICAN INDIAN	82%	48%	67%	69%
HEALTH & ACCESS					
GENERAL HEALTH	Excellent	21%	10%	17%	20%
	Very Good	36%	16%	19%	24%
	Good	31%	49%	40%	33%
	Fair	12%	14%	15%	16%
	Poor	0%	10%	9%	7%
HEALTH CARE	Traditional Healers (Doctor)	41%	90%	51%	55%
	Non Traditional	18%	3%	19%	21%
	Both	38%	7%	17%	24%
	Unknown	3%	0%	12%	0%
HEALTH INSURANCE	Un-Insured	0%	31%	5%	6%
HEALTH INSURANCE	Employer Group	83%	36%	50%	47%
	All Kids/ACCF (AL Child Caring Fnd)	0%	8%	1%	1%
	Personal Policy	3%	1%	8%	6%
	Medicare/Medicaid	13%	19%	26%	29%
	Other	1%	1%	10%	11%
HEALTH CARE PROVIDER	HEALTH CARE PROVIDER	94%	88%	78%	87%
DENTAL EXAMINATION	DENTAL EXAMINATION	68%	11%	60%	64%
DENTAL EXAMINATION	Female	72%	11%	62%	65%
	Male	64%	11%	58%	63%
	AGE less than 18	85%	0%	60%	80%
	AGE 18 to 65	66%	11%	63%	63%
	AGE 65 and above	31%	27%	50%	54%

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

UNITED CHEROKEE	CHER-O-CREEK	MA-CHIS	SEVEN ALABAMA TRIBES COMBINED	ALABAMA 2006	USA 2006
DEMOGRAPHICS					
212	232	252	1203		
572	625	496	2881		
2.70	2.69	1.97	2.39	2.50	2.61
32%	24%	22%	25%		
61%	52%	62%	59%		
7%	23%	16%	16%	18%	17%
52%	56%	56%	54%	48%	49%
48%	44%	44%	46%	52%	51%
67%	86%	99%	74%		
20%	4%	59%	22%	21%	21%
28%	25%	3%	22%	28%	34%
36%	57%	28%	39%	30%	30%
12%	12%	4%	12%	14%	11%
4%	2%	6%	5%	7%	4%
42%	9%	52%	49%		
17%	40%	7%	18%		
41%	50%	41%	31%		
0%	1%	0%	2%		
8%	15%	33%	14%	16%	15%
54%	43%	23%	48%		
4%	6%	4%	3%		
4%	9%	14%	6%		
23%	24%	23%	22%		
7%	3%	3%	5%		
84%	84%	52%	81%		
62%	54%	36%	51%	68%	70%
64%	57%	36%	52%		
59%	50%	36%	49%		
75%	56%	70%	61%		
56%	63%	30%	50%		
45%	29%	15%	36%		

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

VARIABLE	GROUP	STAR CLAN	PIQUA SHAWNEE	ECHOTA CHEROKEE	CHEROKEE N/E AL
DEMOGRAPHICS					
EYE EXAMINATION	EYE EXAMINATION	71%	60%	68%	76%
EYE EXAMINATION	Female	59%	64%	69%	79%
	Male	60%	55%	67%	72%
	AGE less than 18	41%	35%	48%	69%
	AGE 18 to 65	65%	60%	70%	74%
	AGE 65 and above	58%	100%	89%	90%
PNEUMONIA VACCINATION	AGE 65 and above	54%	60%	13%	77%
LIFESTYLE & HABITS					
ACTIVITY LIMITATION	ACTIVITY LIMITATION	23%	38%	33%	35%
	Female	22%	38%	35%	36%
	Male	24%	39%	30%	33%
	AGE less than 18	8%	4%	37%	18%
	AGE 18 to 65	21%	49%	37%	36%
	AGE 65 and above	85%	53%	15%	44%
PHYSICAL ACTIVITY	PHYSICAL ACTIVITY	84%	81%	78%	76%
	Female	83%	77%	76%	74%
	Male	85%	87%	80%	79%
	AGE less than 18	87%	96%	84%	83%
	AGE 18 to 65	82%	79%	79%	72%
	AGE 65 and above	92%	67%	68%	83%
OVERWEIGHT	OVERWEIGHT	11%	21%	22%	21%
	Female	14%	26%	27%	22%
	Male	8%	13%	17%	20%
	AGE less than 18	3%	9%	5%	4%
	AGE 18 to 65	13%	30%	29%	27%
	AGE 65 and above	23%	7%	25%	16%
SMOKING	SMOKING	14%	29%	9%	17%
	Female	13%	21%	8%	17%
	Male	16%	39%	10%	17%
	AGE less than 18	0%	0%	0%	8%
	AGE 18 to 65	22%	42%	14%	22%
	AGE 65 and above	0%	27%	4%	10%
SMOKELESS TOBACCO	SMOKELESS TOBACCO	5%	2%	2%	4%
	Female	0%	0%	1%	2%
	Male	9%	5%	2%	7%
	AGE less than 18	0%	0%	0%	1%
	AGE 18 to 65	6%	2%	2%	5%
	AGE 65 and above	8%	7%	1%	4%
ALCOHOL	ALCOHOL	1%	3%	2%	4%
ALCOHOL	Female	0%	2%	1%	3%
	Male	1%	5%	3%	5%
	AGE less than 18	0%	0%	2%	6%
	AGE 18 to 65	1%	6%	3%	4%
	AGE 65 and above	0%	0%	0%	3%

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

UNITED CHEROKEE	CHER-O-CREEK	MA-CHIS	SEVEN ALABAMA TRIBES COMBINED	ALABAMA 2006	USA 2006
DEMOGRAPHICS					
71%	61%	34%	63%		
76%	62%	35%	63%		
66%	60%	33%	59%		
74%	46%	56%	53%		
69%	63%	31%	62%		
76%	72%	15%	71%		
43%	81%	90%	60%		
24%	16%	17%	27%		
28%	15%	17%	27%		
20%	18%	16%	26%		
4%	3%	0%	11%		
31%	11%	14%	28%		
58%	42%	50%	50%		
83%	77%	81%	80%	71%	77%
80%	77%	81%	78%		
86%	77%	82%	82%		
91%	80%	93%	88%		
78%	82%	83%	79%		
87%	61%	60%	74%		
22%	18%	20%	19%		
25%	22%	19%	22%		
19%	13%	22%	16%		
14%	5%	19%	8%		
28%	21%	18%	24%		
16%	26%	30%	20%		
22%	17%	29%	20%	23%	20%
21%	14%	32%	18%		
24%	21%	25%	22%		
0%	0%	7%	2%		
34%	21%	35%	27%		
21%	24%	35%	17%		
9%	6%	15%	6%		
5%	5%	3%	2%		
13%	8%	31%	11%		
5%	0%	0%	1%		
11%	5%	17%	7%		
0%	15%	30%	9%		
4%	7%	19%	6%	4%	5%
2%	2%	16%	4%		
6%	13%	24%	8%		
1%	0%	0%	2%		
5%	8%	23%	7%		
3%	12%	30%	7%		

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

VARIABLE	GROUP	STAR CLAN	PIQUA SHAWNEE	ECHOTA CHEROKEE	CHEROKEE N/E AL
DEMOGRAPHICS					
BINGE DRINKING	BINGE DRINKING	10%	0%	1%	4%
BINGE DRINKING	Female	6%	0%	1%	3%
	Male	14%	0%	2%	5%
	AGE less than 18	0%	0%	0%	3%
	AGE 18 to 65	15%	0%	2%	4%
	AGE 65 and above	0%	0%	0%	5%
FRUITS & VEGETABLES	FRUITS & VEGETABLES	40%	15%	30%	44%
	Female	39%	15%	29%	49%
	Male	41%	16%	33%	38%
	AGE less than 18	41%	4%	36%	48%
	AGE 18 to 65	38%	11%	30%	40%
	AGE 65 and above	46%	47%	24%	52%
INFECTIONS					
INFECTIOUS DISEASES	Measels	28%	27%	7%	18%
	Mumps	25%	29%	7%	17%
	Varicella	37%	1%	0%	0%
	Shigellosis	0%	23%	0%	0%
	Whooping Cough	6%	2%	4%	5%
	Rubella	8%	1%	2%	1%
	Scarlet fever	1%	0%	2%	1%
	Hepatitis	1%	1%	1%	2%
	Septicemia	0%	0%	1%	1%
CARDIOVASCULAR HEALTH					
HYPERTENSION	HYPERTENSION	20%	25%	28%	33%
HYPERTENSION	Female	19%	25%	28%	29%
	Male	20%	26%	28%	38%
	AGE less than 18	0%	0%	3%	0%
HYPERTENSION	AGE 18 to 65	23%	26%	31%	34%
	AGE 65 and above	54%	60%	53%	62%
HEART ATTACK/STROKE	HEART ATTACK/STROKE	5%	10%	9%	13%
HEART ATTACK/STROKE	Female	1%	9%	9%	11%
	Male	9%	11%	10%	15%
	AGE less than 18	0%	0%	0%	0%
HEART ATTACK/STROKE	AGE 18 to 65	5%	11%	9%	8%
	AGE 65 and above	23%	20%	22%	37%
HEART DISEASES	HEART DISEASES	8%	9%	12%	13%
HEART DISEASES	Female	1%	8%	13%	10%
	Male	14%	11%	10%	16%
	AGE less than 18	0%	0%	2%	0%
HEART DISEASES	AGE 18 to 65	6%	6%	12%	9%
	AGE 65 and above	38%	33%	22%	37%
CHOLESTEROL	CHOLESTEROL	16%	18%	31%	29%
CHOLESTEROL	Female	15%	17%	32%	22%
	Male	18%	18%	30%	30%
	AGE less than 18	0%	0%	1%	3%
CHOLESTEROL	AGE 18 to 65	18%	19%	38%	26%
	AGE 65 and above	54%	40%	50%	62%

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

UNITED CHEROKEE	CHER-O-CREEK	MA-CHIS	SEVEN ALABAMA TRIBES COMBINED	ALABAMA 2006	USA 2006
DEMOGRAPHICS					
3%	1%	4%	3%	11%	15%
1%	1%	4%	2%		
5%	1%	4%	4%		
0%	0%	0%	0%		
5%	0%	6%	5%		
0%	2%	0%	1%		
52%	38%	71%	41%	20%	23%
54%	39%	71%	42%		
50%	37%	71%	41%		
63%	41%	81%	45%		
45%	37%	73%	39%		
66%	36%	50%	46%		
DEMOGRAPHICS					
11%	6%	5%	11%		
10%	5%	5%	10%		
0%	0%	0%	4%		
1%	0%	0%	2%		
2%	3%	2%	2%		
0%	1%	1%	1%		
1%	0%	6%	1%		
1%	0%	2%	1%		
1%	0%	2%	1%		
DEMOGRAPHICS					
23%	27%	27%	26%	31%	26%
22%	26%	26%	25%		
25%	28%	29%	28%		
1%	1%	0%	1%		
29%	22%	26%	27%		
82%	64%	70%	64%		
7%	5%	11%	9%	7%	4%
6%	4%	13%	8%		
8%	7%	9%	10%		
0%	0%	0%	0%		
8%	2%	6%	7%		
28%	18%	45%	28%		
8%	5%	17%	10%	6%	5%
10%	5%	20%	10%		
7%	6%	13%	11%		
1%	0%	7%	1%		
10%	2%	13%	8%		
34%	19%	45%	33%		
17%	24%	19%	22%	36%	36%
16%	22%	20%	21%		
19%	27%	18%	23%		
0%	0%	0%	1%		
22%	20%	22%	24%		
53%	59%	35%	50%		

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

VARIABLE	GROUP	STAR CLAN	PIQUA SHAWNEE	ECHOTA CHEROKEE	CHEROKEE N/E AL
DEMOGRAPHICS					
SCREENING					
PROSTATE	Prostate (40+ male)	70%	71%	63%	67%
COLONOSCOPY	Colonoscopy (50+ adults)	47%	55%	40%	59%
PAP TEST	Pap Test (18+ female)	100%	63%	71%	70%
MAMMOGRAM	Mammography (40+ female)	100%	73%	68%	81%
CHOLESTEROL SCREENING	All Age group (18+ adults)	66%	66%	61%	63%
	Above 65 years	77%	73%	57%	86%
	18 to 65 years	65%	19%	62%	56%
FLU					
	High risk	21%	29%	55%	56%
	Flu Shot NOT received	63%	38%	52%	44%
	Flu Shot received	37%	62%	48%	56%
OTHER DISEASES					
ARTHRITIS	ARTHRITIS	17%	26%	33%	34%
ARTHRITIS	Female	14%	32%	37%	38%
	Male	20%	18%	29%	30%
	AGE less than 18	0%	0%	2%	4%
	AGE 18 to 65	18%	26%	40%	35%
	AGE 65 and above	62%	60%	54%	59%
LIVER DISEASES	LIVER DISEASES	2%	1%	2%	1%
	Female	3%	0%	0%	1%
	Male	1%	3%	3%	2%
	AGE less than 18	0%	0%	1%	0%
	AGE 18 to 65	2%	2%	2%	2%
	AGE 65 and above	8%	0%	1%	2%
ASTHMA	ASTHMA	16%	14%	17%	16%
ASTHMA	Female	19%	11%	18%	20%
	Male	14%	18%	15%	12%
ASTHMA	AGE less than 18	8%	4%	27%	16%
	AGE 18 to 65	19%	21%	13%	17%
	AGE 65 and above	23%	7%	15%	13%
DIABETES	DIABETES	4%	11%	11%	13%
DIABETES	Female	3%	11%	11%	12%
	Male	5%	11%	10%	13%
	AGE less than 18	0%	0%	0%	0%
	AGE 18 to 65	3%	11%	11%	13%
	AGE 65 and above	23%	27%	26%	22%

AMERICAN INDIAN TRIBES OF STATE OF ALABAMA

UNITED CHEROKEE	CHER-O-CREEK	MA-CHIS	SEVEN ALABAMA TRIBES COMBINED	ALABAMA 2006	USA 2006
DEMOGRAPHICS					
36%	38%	36%	54%	57%	54%
31%	47%	58%	48%	53%	57%
65%	55%	37%	66%	83%	84%
68%	64%	46%	71%	77%	77%
65%	76%	39%	62%	73%	73%
100%	94%	95%	83%		
61%	68%	25%	51%		
38%	37%	33%	38%		
51%	17%	24%	41%		
49%	83%	76%	59%		
20%	30%	23%	26%	33%	27%
23%	34%	26%	29%		
18%	25%	18%	23%		
1%	1%	0%	1%		
28%	26%	18%	27%		
53%	69%	70%	61%		
1%	1%	4%	2%		
2%	1%	3%	1%		
0%	1%	5%	2%		
1%	1%	0%	0%		
2%	1%	5%	2%		
0%	1%	5%	2%		
18%	14%	17%	16%	14%	13%
17%	18%	19%	17%		
19%	9%	15%	15%		
19%	10%	19%	15%		
17%	14%	16%	17%		
18%	19%	20%	16%		
10%	13%	8%	10%	10%	8%
10%	16%	9%	10%		
9%	10%	7%	9%		
1%	3%	4%	1%		
13%	12%	6%	10%		
26%	27%	20%	24%		

STATUS INDICATOR	STAR CLAN of MUSCOGEE CREEKS	PIQUA SHAWNEE	ECHOTA CHEROKEE
DEMOGRAPHY			
Household Surveyed	71	37	141
Population Surveyed	146	91	384
Average Household size	2.06	2.46	2.72
AGE			
Age 17 or less	27%	25%	24%
Age between 18 & 65	64%	58%	57%
Age above 65	9%	17%	19%
GENDER			
Male	51%	42%	45%
Female	49%	58%	55%
HEALTH and ACCESS			
Health Status*			
Excellent	21%	10%	17%
Very Good	36%	16%	19%
Good	31%	50%	40%
Fair	12%	14%	15%
Poor	0%	10%	9%
Health Care Provider			
Yes	95%	88%	78%
No	5%	12%	22%
Health Care			
Traditional Healers	41%	90%	51%
Non Traditional Healers	18%	3%	19%
Both	38%	7%	17%
Unknown	3%	0%	12%
Healthcare Access - Insurance*			
None	4%	32%	5%
Employer Group	80%	38%	50%
Personal Policy	3%	1%	8%
Medicare/ Medicaid	13%	19%	26%
Allkids	0%	8%	1%
Other	1%	1%	10%
Dental Examination-Oral Health*			
Eye Examination	71%	60%	68%

CHEROKEE of NORTH EAST ALABAMA	UNITED CHEROKEE ANI-YUN-WIYA NATION	CHER-O-CREEK INTRA TRIBAL INDIANS	MA-CHIS LOWER CREEK INDIAN	SEVEN ALABAMA TRIBES COMBINED	ALABAMA 2006	USA 2006
258	212	232	252	1203		
567	572	625	496	2881		
2.20	2.70	2.69	1.97	2.39	2.50	2.61
19%	32%	24%	22%	25%		
61%	61%	52%	62%	59%		
20%	7%	23%	16%	16%	18%	17%
47%	48%	44%	44%	46%	48%	49%
53%	52%	56%	56%	54%	52%	51%
20%	20%	4%	59%	22%	21%	21%
24%	28%	25%	3%	22%	28%	34%
33%	36%	57%	28%	39%	30%	30%
16%	12%	12%	4%	12%	14%	11%
7%	4%	2%	6%	5%	7%	4%
87%	84%	84%	52%	81%		
13%	16%	16%	48%	19%		
55%	42%	9%	52%	49%		
21%	17%	40%	7%	18%		
24%	41%	50%	41%	31%		
0%	0%	1%	0%	2%		
6%	8%	15%	33%	14%	16%	15%
47%	54%	43%	23%	48%		
6%	4%	9%	14%	6%		
29%	23%	24%	23%	22%		
1%	4%	6%	4%	3%		
11%	7%	3%	3%	5%		
64%	62%	54%	36%	51%	68%	70%
76%	71%	61%	34%	63%		

STATUS INDICATOR	STARCLAN of MUSCOGEE CREEKS	PIQUA SHAWNEE	ECHOTA CHEROKEE	CHEROKEE of NORTH EAST ALABAMA
IDENTITY as AMERICAN INDIAN				
American Indian	82%	48%	67%	69%
LIFESTYLE and HABITS				
Activity Limitation*	23%	38%	33%	35%
Physical Activity*	84%	81%	78%	76%
Overweight	11%	21%	22%	21%
Smoking*	14%	29%	9%	17%
Smokeless Tobacco	5%	2%	0%	4%
Alcohol*	1%	3%	2%	4%
Binge Drinking*	10%	0%	1%	4%
Fruits and Vegetables*	40%	15%	40%	44%
INFECTIONS				
Measles	28%	27%	7%	18%
Mumps	25%	29%	7%	17%
Varicella	37%	1%	0%	0%
Shigellosis	0%	23%	0%	0%
Whooping cough	6%	2%	4%	5%
Rubella	8%	1%	2%	1%
Scarlet fever	1%	0%	2%	1%
Hepatitis	1%	1%	1%	2%
Septicemia	0%	0%	1%	1%
CARDIOVASCULAR HEALTH				
Hypertension*	13%	25%	28%	33%
Heart Attack/Stroke*	6%	10%	9%	13%
Heart Disease*	8%	9%	12%	13%
Cholesterol*	16%	18%	31%	29%
SCREENING				
Mammogram*	100%	73%	68%	81%
Pap test*	100%	63%	65%	70%
Colonoscopy*	47%	55%	40%	59%
Prostate examination*	70%	71%	63%	67%
Cholesterol screening*	75%	66%	61%	63%
FLU				
High Risk	21%	29%	55%	56%
Flu shot received	37%	62%	48%	56%

UNITED CHERO- KEE ANI-YUN- WIYA NATION	CHER-O-CREEK INTRA TRIBAL INDIANS	MA-CHIS LOWER CREEK INDIAN	SEVEN ALABAMA TRIBES COMBINED	ALABAMA 2006	USA 2006
67%	86%	99%	74%		
24%	16%	17%	27%		
83%	77%	81%	80%	71%	77%
22%	18%	20%	19%		
22%	17%	29%	20%	23%	20%
9%	6%	15%	6%		
4%	7%	19%	6%	4%	5%
3%	1%	4%	3%	11%	15%
52%	38%	71%	41%	**20%	**23%
11%	6%	5%	11%		
10%	5%	5%	10%		
0%	0%	0%	4%		
1%	0%	0%	2%		
2%	3%	2%	2%		
0%	1%	1%	1%		
1%	0%	6%	1%		
1%	0%	2%	1%		
1%	0%	2%	1%		
23%	27%	27%	26%	**31%	**26%
7%	5%	11%	9%	7%	4%
8%	5%	17%	10%	6%	5%
17%	24%	19%	22%	**36%	**36%
68%	64%	46%	71%	77%	77%
65%	55%	37%	66%	83%	84%
31%	47%	58%	48%	53%	57%
36%	38%	36%	54%	57%	54%
65%	76%	39%	62%	**73%	**73%
38%	37%	33%	38%		
49%	83%	76%	59%		

STATUS INDICATOR	STARCLAN of MUSCOGEE CREEKS	PIQUA SHAWNEE	ECHOTA CHEROKEE	CHEROKEE of NORTH EAST ALABAMA
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OTHER DISEASES

Diabetes*	4%	11%	11%	13%
Asthma*	16%	14%	17%	16%
Arthritis*	17%	26%	33%	34%
Liver Diseases	2%	1%	2%	1%

***For Alabama state and USA, compared with the BRFSS reported data for 2006.**

****If 2006 data was not available in BRFSS, 2005 data is reported**

UNITED CHERO- KEE ANI-YUN- WIYA NATION	CHER-O-CREEK INTRA TRIBAL INDIANS	MA-CHIS LOWER CREEK INDIAN	SEVEN ALABAMA TRIBES COMBINED	ALABAMA 2006	USA 2006
10%	13%	8%	10%	10%	8%
18%	14%	17%	16%	14%	13%
20%	30%	23%	26%	**33%	**27%
1%	1%	4%	2%		

SUMMARY TABLE

<u>Household surveyed:</u> 1,203 <u>Total Population:</u> 2,881 <u>Average Household size:</u> 2.39			
INDICATORS	Percentage	95% Confidence Interval	
Gender		Lower	Upper
Male	54	52	56
Female	46	44	48
Age distribution			
Age 17 or less	25	24	27
Age 18 to 64	59	57	61
Age 65 and above	16	14	17
General Health			
Excellent	22	21	24
Very good	22	21	24
Good	39	37	40
Fair	12	11	13
Poor	5	5	6
Health care provider	81	80	83
Un-insured	14	13	16
Dental Visits	51	49	53
Eye examinations	63	61	64
Pneumonia Vaccination	60	55	65
Activity Limitation	27	25	28
Physical Activity	80	78	81
Overweight	19	17	20
Smoking	20	18	21
Smokeless tobacco use	6	4	7
Alcohol use	6	5	7
Binge drinking	3	2	3
Fruits and Vegetable consumption	41	38	42
Infectious diseases			
Measles	11	9	12
Mumps	10	9	12
Varicella	4	2	4
Shigellosis	2	1	2
Whooping Cough	2	1	2
Hypertension	26	24	28
Heart attack / Stroke	9	8	11
Heart diseases	10	9	12
High Cholesterol	22	20	24
Arthritis	26	24	28
Asthma	2	1	3
Liver diseases	16	14	18
Diabetes	10	9	12

SURVEY

SURVEY OF THE HEALTH STATUS OF INDIAN ALABAMIANS

ID Code: _____

I understand that the health information I am providing to the Alabama Department of Public Health Indian Tribal Consultant will be used by the Office of Minority Health to compile aggregate data and publish a profile of the health concerns and needs of Alabama Indian Tribes. This information will assist the Department of Public Health in addressing these health needs and in developing a state wide plan of action to address health disparities. All information will be kept confidential. No individual identifiers pertaining to names, and location will be used, only Tribal affiliation will be noted.

How many members of your family/household are you providing information for? _____

How many by gender/age?

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

1. Do the members of your family/household usually identify yourselves as being American Indians when asked for your race? **Yes** or **No** or **Unknown**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

2. Do your family/household members receive any health care from traditional healers or non-traditional doctors? **Traditional, only** or **Non-traditional, only** or **Both**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

3. In your opinion, do the members of your family/household eat tribal or culture-specific food? **Yes** or **No** or **Unknown**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

For YES responses, please elaborate:

4. How would you rate the general health of the members of your family/household?

(**Excellent, Very Good, Good, Fair, Poor**)

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

5. What kind of health insurance coverage do the members of your family/household have? **None, Employer Group, Medicare or Medicaid, All Kids or ACCF, Personal policy, Other**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

6. Do the members of your family/household have a particular health care provider that they usually go to see?
Yes, No or Unknown
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
7. Have the members of your family/household visited a dentist within the past year for any reason? Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
8. Have the members of your family/household had an eye examination within the past five years? Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
9. Are the members of your family/household limited in activities because of physical, mental, or emotional problems?
Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
10. Do the members of your family/household usually consume 5 or more fruits/vegetables each day? Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
11. Do the members of your family/household currently smoke? Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
12. Do the members of your family/household currently use smokeless tobacco? Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
13. Are the members of your family/household at risk for health problems due to overweight? Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
14. Are the members of your family/household physically active? Y or N or U
- Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____
- Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

15. Do the members of your family/household consume alcohol as follows (more than 2 drinks per day for males, more than 1 drink per day for females)? **Y** or **N** or **U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

16. Are the members of your family/household binge drinkers (more than 5 drinks at any one time over the past 30 days)? **Y** or **N** or **U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

17. Have the members of your family/household ever been diagnosed with tuberculosis? **Y** or **N** or **U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

18. Have the members of your family/household ever been diagnosed with infectious/parasitic diseases other than tuberculosis? **Y** or **N** or **U**

(Anthrax, Botulism, Brucellosis, Campylobacteriosis, Cholera, Crypto, Dengue Fever, Diphtheria, E. Coli, Ehrlichioses, Encephalitis, Giardia, Hepatitis, Histoplasmosis, Legionnaires Disease, Leprosy, Leptospirosis, Listeriosis, Lyme Disease, Malaria, Meningitis, Measles, Mumps, Pertussis, Polio, Psittacosis, Q Fever, Rabies, Rocky Mountain Spotted Fever, Rubella, Salmonella, SARS, Scarlet Fever, Septicemia (blood poisoning), Shigellosis, Tetanus, Toxic Shock Syndrome, Trichinosis, Tularemia, Typhoid Fever, Varicella, Vibrosis, Whooping Cough, Yellow Fever, and Yersiniosis)

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

For YES responses, please circle the disease(s) in the listing above.

19. Have the members of your family/household ever been diagnosed with sexually transmitted diseases (Chlamydia, Gonorrhea, HIV, Syphilis)? **Y** or **N** or **U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

20. Have the members of your family/household ever been diagnosed with diabetes? **Y** or **N** or **U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

21. Have the members of your family/household ever been diagnosed with Alzheimer's? **Y** or **N** or **U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

22. Have the members of your family/household ever been told that they have high blood pressure? **Y** or **N** or **U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

23. Have the members of your family/household ever been told that they have blood cholesterol problems? **Y, N or U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

24. Has a doctor ever told the members of your family/household that they had a heart attack or stroke? **Y or N or U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

25. Have the members of your family/household ever been diagnosed with heart disease? **Y or N or U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

26. Have the members of your family/household ever been diagnosed with asthma? **Y or N or U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

27. Have the members of your family/household ever been diagnosed with liver diseases? **Y or N or U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

28. Have the members of your family/household ever been diagnosed with kidney diseases? **Y or N or U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

29. Have the members of your family/household ever been diagnosed with arthritis? **Y or N or U**

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

30. Do the members of your family/household have a history of cancer?

() Yes () No

If YES, please indicate the following for living members of your family/household (if members of your family/household have died from a type of cancer that you feel may be high among members of your tribe, please indicate this in Section A):

<u>Gender</u>	<u>Site(s)</u>
M F	_____

31. Have the adult members of your family/household had their blood cholesterol checked within the past 5 years?
Y or N or U

Females _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

Males _____ Age 65+ _____ Age 18-64 _____ Age 17 or less _____

32. Have the high-risk members of your family/household had a flu shot within the past year? (Those at high-risk include age 65+; children aged 6 months-2 years; pregnant women; nursing home residents; those with respiratory diseases; those who have had cancer, are HIV positive, have AIDS, or are transplant patients; healthcare personnel; and those caring for the elderly.)

No high-risk persons in family/household ()

Number of high-risk persons in family/household # _____

Number **receiving** flu shot within past year # _____

Number **NOT receiving** flu shot within past year # _____

Number **unknown** about receiving flu shot within past year # _____

33. Have the adult members of your family/household aged 65+ ever had a pneumonia vaccination?

No adults 65+ () Yes - # _____ No - # _____ Unknown - # _____

34. Have the adult members of your family/household aged 50+ ever had a colonoscopy or sigmoidoscopy?

No adults 50+ () Yes - # _____ No - # _____ Unknown - # _____

35. Have the female members of your family/household aged 40+ had a mammogram within the past 2 years?

No females 40+ () Yes - # _____ No - # _____ Unknown - # _____

36. Have the female members of your family/household aged 18+ had a pap test within the past 3 years?

No females 18+ () Yes - # _____ No - # _____ Unknown - # _____

37. Have the male members of your family/household aged 40+ had a prostate examination or test within the past 2 years?

No males 40+ () Yes - # _____ No - # _____ Unknown - # _____

SECTION A:

Are there any diseases or conditions which you think may be more common among members of your tribe than among other Alabamians? If so, do you think there are any conditions, behaviors, etc. that you feel may make this a greater concern among your tribe? This information is requested by age group.

CHILDREN AND YOUNG ADULTS: (babies through 17 years)

1. _____

2. _____

3. _____

4. _____

5. _____

ADULTS: (18 years through 64 years)

1. _____
2. _____
3. _____
4. _____
5. _____

ELDERLY: (65 or more years of age)

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION B:

List any access, behavior, or other concerns that you have noticed which could make the risk of poor health greater among members of your tribe and any particular group these may involve. (Examples: High poverty, Teenage pregnancy, Drug usage among teens, Inadequate transportation among the elderly, Unemployment, High number of high school dropouts, Inadequate housing, High number of divorces, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

SECTION C:

Note anything else about the health or health practices (good or not good) of members of your tribe that you would like to mention. (Examples: Use of traditional healers, Consumption of ethnic food, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____

Notes on any given responses: _____

2007 NATIONAL HEALTHCARE DISPARITIES REPORT AT A GLANCE

The National Healthcare Disparities Report (NHDR) describes the quality of and access to care for multiple subgroups across the United States, and also represents a source of information for tracking the Nation's progress over time. The observed disparities vary by condition and population.

Overall, disparities in quality and access for minority groups and poor populations have not been reduced since the first NHDR. Based on 2000 and 2001 data compared with this (the) year's 2004 and 2005 data (depending on the data source), the number of measures on which disparities have gotten significantly worse or have remained unchanged since the first NHDR is higher than the number of measures on which they have gotten significantly better for Blacks, Hispanics, American Indians and Alaska Natives, Asians, and poor populations.

While some of the biggest disparities in quality remain, progress has been made in reducing disparities. Some examples of disparities that have been reduced include:

- The disparity between Black and White hemodialysis patients with adequate dialysis was eliminated in 2005.
- The disparity between Asians and Whites who had a usual primary care provider was eliminated in 2004.
- The disparity between Hispanics and non-Hispanic Whites and between people living in poor communities and people living in high income communities for hospital admissions for perforated appendix was eliminated in 2004.
- Significant improvements were observed in childhood vaccinations for most priority populations.

In 2007, the NHDR also reports on the biggest disparities in quality documented over the years where there has not been improvement:

- Blacks had a rate of new AIDS cases 10 times higher than Whites.
- Asian adults age 65 and over were 50% more likely than Whites to lack immunization against pneumonia.
- American Indians and Alaska Natives were twice as likely to lack prenatal care in the first trimester as Whites.
- Hispanics had a rate of new AIDS cases over 3.5 times higher than that of non-Hispanic Whites.
- Poor children were over 28% more likely than high income children to experience poor communication with their health care providers.

The relationship between access to care and quality of care is complex. The 2007 NHDR shows that the uninsured face greater challenges than the insured in getting access to high quality health care. Moreover, based on analyses of a set of core quality measures, the factor most consistently related to better quality is whether a patient is insured.

Source: National Healthcare Disparities Report 2007 / Agency for Healthcare Research and Quality (AHRQ) / www.ahrq.gov



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