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Native American Healthcare Needs Assessment: Omaha and Lincoln, Nebraska, Final Report

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NATIVE AMERICAN HEALTHCARE NEEDS ASSESSMENT: OMAHA AND LINCOLN, NEBRASKA

FINAL REPORT
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EXECUTIVE SUMMARY

This executive summary of the final report documents the major findings of an assessment of needs conducted for the Nebraska Urban Indian Health Coalition (NUIHC). The purpose of the study is to provide a comprehensive analysis of the problems and unmet healthcare needs of Native American populations in Nebraska's Douglas and Lancaster counties (approximately 3,700 persons) using a community-based model and innovative data-gathering technology.

An extensive social and health needs questionnaire was developed and delivered to targeted samples of adult, urban Native American populations at least 19 years of age, at community meetings held in Omaha and Lincoln during October-December 2008.[1] The survey questions were formatted for participants using an Audience Response System (ARS), a computer assisted tool consisting of hand-held key pads linked wirelessly to an audiovisual display.

The ARS keypads allowed participants to respond anonymously in real time and to hear and see questions and answer choices that were read by a culturally-sensitive facilitator. In addition, ARS demonstrated other advantages to traditional surveying and focus-group techniques that have been documented in previous studies,[2] and was shown to be a particularly successfully tool in working with Native American populations in Nebraska.

HEALTHCARE NEEDS ASSESSMENT FINDINGS

Despite not having medical insurance coverage at more than three times the rate of all Nebraskans, most Native Americans are able to access medical services in Omaha and Lincoln and a majority of these are relatively satisfied with the care and services they receive. These and other major findings, including identified problem-areas, unmet needs and community perceptions are presented in the following four sub-sections: 1) healthcare insurance coverage, 2) healthcare services and usage, 3) satisfaction with services and 4) perceptions of personal and community health.

1. Healthcare Insurance Coverage

- Over half (52%) of Native Americans in both Omaha and Lincoln reported having no healthcare coverage of any kind for themselves.[3] This compares with an overall uninsured rate of 15.5% of all Nebraska adults.[4]

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[1] Based on the "Bimidji Area American Indian Needs Assessment Instrument," Bemidji Indian Health Service; A Project of the Urban Indian Health Institute (2007).

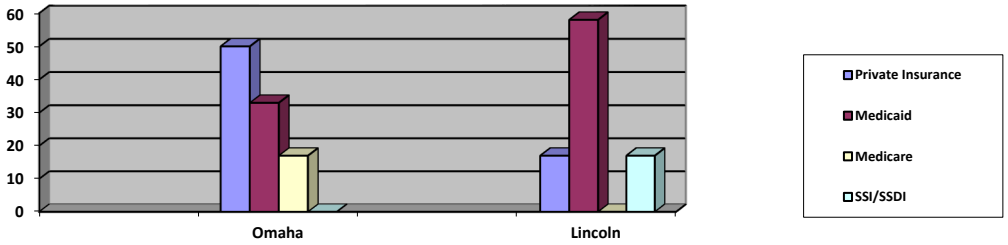
[2] See "Get on the Path to Health (Breast, Cervical, Colon, Lung, Prostate Cancer Prevention and Control)," Society for the Advancement of Chicanos and Native Americans in Sciences Conference, October 2004, "Enhancement of Cancer Education Interventions with and Electronic Audience Response System (ARS)," Native American Cancer Research Corporation.

[3] Respondents also reported current rates of unemployment 40% in Omaha and 28.5% in Lincoln compared to less than 5% for all Nebraskans (Omaha World Herald 12/7/08).

[4] U. S. Census Bureau: 2007 Current Population Survey (CPS); Annual Social and Economic (ASEC) Supplement.

- As shown in Figure 1, half (50%) of those with coverage in Omaha have private insurance, one third (33%) are covered by Medicaid and 17% are covered by Medicare. In Lincoln, however, only 17% of respondents with coverage have private insurance, almost three-fifths (58%) are covered by Medicaid and another 17% have SSI/SSDI (Supplemental Security Income, Social Security Disability Insurance).

Figure 1 Type and Percent of Insurance Coverage in Omaha and Lincoln

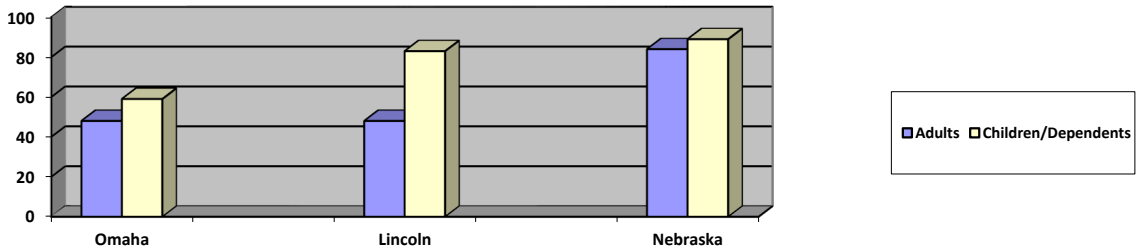


- Of those with children and dependents, only 59% in Omaha have coverage for them (75% covered by Medicaid/SCHIP[5] and 25% by private insurance). By comparison, 89% of all Nebraska children have medical insurance coverage.[6]

  Significantly more Native Americans in Lincoln (83%) have coverage for their children and dependents (90% Medicaid/SCHIP, 5% private insurance and 5% Medicare).

Figure 2 shows the percentage of adults and children/dependents in Omaha, Lincoln and all Nebraska who have public or private insurance coverage.

Figure 2 Percent Covered by Insurance in Omaha and Lincoln



- Significantly, of the 48% of Native Americans who have public or private medical insurance, only slightly more than half (55%) in Omaha said their coverage meets their needs. Respondents in Lincoln expressed more

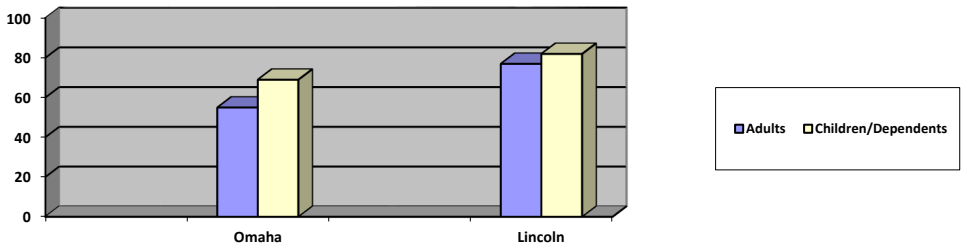
[5]State Children's Health Insurance Program.
[6] U. S. Census Bureau: 2007 Current Population Survey (CPS); Annual Social and Economic (ASEC) Supplement.

satisfaction with their coverage as about three-fourths (77%) said it meets their needs.

- Of those with coverage for their children or dependents, a smaller proportion in Omaha (69%), also feel that their coverage meets their needs compared to 82% in Lincoln.

Figure 3 shows the percentages of respondents satisfied that their coverage for themselves and their children/dependents meets their needs.

Figure 3 Percent Who Feel Insurance Coverage Meets Their Needs



2. Healthcare Services and Usage

Adults

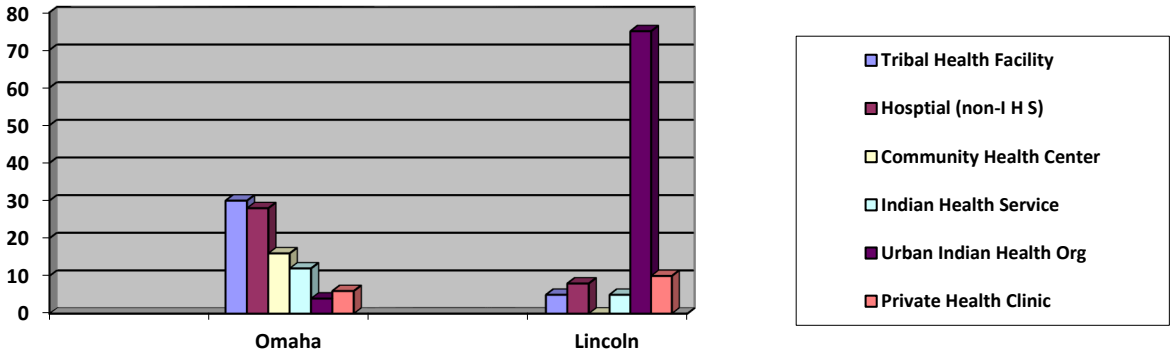
- Despite very low rates of medically-insured (48% in both Omaha and Lincoln, see previous section), about 84% of Native Americans in both cities received health services within the past 12 months.

- A majority of respondents in Omaha (30%) received most of their services at a tribal health facility (a clinic on or off reservation), slightly fewer (28%) go to a hospital (non-Indian Health Services), 16% go to a community health center (free or public clinic), and 12% use an Indian Health Service facility.

  In contrast, three-fourths (75%) in Lincoln received most of their services at an urban Indian health organization (compared to only 4% in Omaha), 10% use a private health clinic (doctor in private practice or HMO), 8% go to a hospital (non-Indian Health Services) and only 5% use a tribal health facility.

Figure 4 shows the types of healthcare facilities where Native Americans in Omaha and Lincoln receive most of their services:

Figure 4 Type of Healthcare Facilitiy Where Most Services Are Received



- As shown in Table 1, significantly larger proportions of Native American adults and children/dependents in Lincoln (with few exceptions) accessed the various healthcare services available to them, compared to those in living in Omaha.

  The most frequently accessed services among adult respondents in Omaha were: Doctor visits (69%), prescriptions (59%), tests (hearing, blood, diagnostics) (57%), dental care (53%), emergency care (41%), prevention/education services (e.g. diabetes, STDs, alcohol/drugs, nutrition, etc.) (41%) and eye care (35%).

  The most frequently accessed services among adults in Lincoln were: Doctor visits (95%), prescriptions (93%), tests (hearing, blood, diagnostics) (69%), dental care (50%), emergency care (71%), prevention/education services (e.g. diabetes, STDs, alcohol/drugs, nutrition, etc) (52%) and eye care (55%).

Table 1
Percent of Native American Target Populations Accessing Various Healthcare Services

Type of Healthcare Service	Omaha Adults (Percent)	Lincoln Adults (Percent)	Omaha Children/ Dependents (Percent)	Lincoln Children/ Dependents (Percent)
Doctor Visits	69%	95%	50%	84%
Prescriptions	59%	93%	38%	86%
Tests (hearing, blood, diagnostics, etc)	57%	69%	21%	55%
Dental Care	53%	50%	59%	75%
Emergency Care	41%	71%	44%	62%

Prevention/Education Services (e.g. diabetes, STDs, alcohol/drug treatment, nutrition)	41%	52%	15%	12%
Eye Care	35%	55%	44%	72%
Traditional Native American Medicine/Healing	25%	19%	18%	26%
Hospitalization/Surgery	25%	52%	21%	46%
Non-Emergency Care at Emergency Care Facilities	24%	31%	n/a	n/a
Alcohol/Drug Treatment	18%	12%	15%	17%
Pre-Natal Care	16%	5%	6%	11%
Other Unspecified Services	14%	17%	12%	4%
Mental/Emotional Healthcare	10%	29%	29%	41%
Dialysis	6%	2%	6%	0%

The least frequently accessed services by adults in Omaha were: dialysis (6%), mental/emotional health (10%), other unspecified services (14%), pre-natal care (16%), alcohol and drug treatment (18%), non-emergency care at emergency care facilities (24%), hospitalization/surgery (25%) and traditional Native American healing (25%).

The least frequently accessed services by Lincoln adults were: dialysis (2%), mental/emotional health (29%), other unspecified services (17%), pre-natal care (5%), alcohol and drug treatment (12%), non-emergency care at emergency care facilities (31%), hospitalization/surgery (52%) and traditional Native American healing (19%).

Traditional Native American Medical Services

- Almost two-thirds (65%) of respondents in Omaha have used traditional Native American medical services in the past, while only 21% in Lincoln have done so.

- Three-fourths (75%) of participants in Omaha and said they would like to access traditional services in the future, while 54% in Lincoln said they would and another 29% were unsure.

- Majorities of Native Americans in both cities said they would like to use traditional healers and healing for a wide variety of conditions, including: general physical and emotional/mental health problems, for specific diseases/illnesses and for spiritual assistance/purification.

- A majority of respondents in both cities also said they wanted to learn more about traditional medicine and healing.

Children and Dependents

- Despite medical insurance coverage of only 59% of Native American children and dependents in Omaha, about three-fourths (76%) of them received health services within the past 12 months (compared to 84% of adults who accessed services there).

  In comparison however, almost 90% of children/dependents in Lincoln received health services within the past year (with 83% of them being covered by insurance).

- The most frequently accessed services by children/dependents in Omaha (see Table 1) were: Doctor visits (50%, compared to 69% of adults), prescriptions (38%, compared to 59% of adults), tests (hearing, blood, diagnostics) (21%, compared to 57% of adults), dental care (59%), emergency care (44%), prevention/education services (e.g. diabetes, STDs, alcohol/drugs, nutrition, etc) (15%, compared to 41% of adults) and eye care (44%).

- Health services were accessed by considerably higher proportions of children/dependents in Lincoln than in Omaha, though often less than for Lincoln adults (see Table 1), as follows: Doctor visits (84%, compared to 50% in Omaha), prescriptions (86%, compared to 38% in Omaha), tests (hearing, blood, diagnostics) (55%, compared to 21% in Omaha), dental care (75%, compared to 59% in Omaha), emergency care (62% compared to 44% in Omaha), prevention/education services (e.g. diabetes, STDs, alcohol/drugs, nutrition, etc) (12%) and eye care (72%, compared to only 44% in Omaha).

  The least frequently accessed services by children dependents in Lincoln were: dialysis (0%), mental/emotional health (41% compared to 29% in Omaha), other unspecified services (4%), pre-natal care (11%), alcohol and drug treatment (17%), hospitalization/surgery (46% compared to 21% in Omaha) and traditional Native American healing (26% compared to 18% in Omaha).

Access to Healthcare

- While about three-quarters (74%) of respondents in Omaha said they did not have problems obtaining a medical appointment, 42% had wait times of four

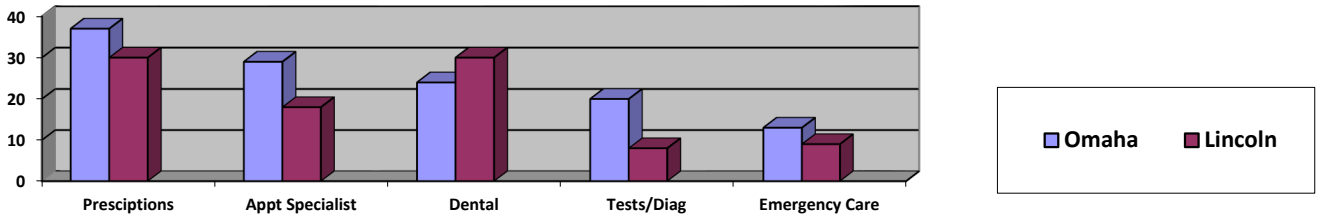
(4) days or more for an appointment and 16% had to wait more than one week.

In Lincoln, while an even greater proportion (85%) said they did not have problems obtaining a medical appointment, one-third (33%) still had wait times of four (4) days or more for an appointment and 14% had to wait more than one week.

- Native Americans in Omaha had the greatest difficulties obtaining the following services: prescriptions (37%), appointments with specialists (29%), doctor visits (28%), dental care (24%), tests and diagnostic services (e.g. x-rays) (20%) and emergency care (13%). And they had the least difficulties obtaining dialysis (0%), post-hospitalization care (4%), alcohol/drug treatment (10%), and mental health services (11%).

  As shown in Figure 5, generally smaller proportions had difficulties obtaining services in Lincoln, compared to those in Omaha, as follows: prescriptions (30%), appointments with specialists (18%), doctor visits (15%), dental care (30%), tests and diagnostic services (e.g. x-rays) (8%) and emergency care (9%), dialysis (0%), post-hospitalization care (10%), alcohol/drug treatment (0%), and mental health services (14%).

Figure 5 Difficulties Obtaining Healthcare Services by City



- Of those who had difficulty receiving medical appointments or services in Omaha, almost 40% went to the emergency room or urgent care, over a third (36%) self-medicated using someone else's or over-the-counter medicine and 17% did nothing.

  Of those who had difficulties with services in Lincoln, an even greater proportion (over 50%) went to the emergency room, another 10% went to urgent care, 29% self-medicated using over-the-counter medicine and 12% did nothing.

- Of the 22% of respondents who needed but did not receive healthcare services in Omaha in the past 12 months, almost two-thirds (64%) said that not having health coverage was the primary reason, followed by lack of transportation (27%) and cost (9%).

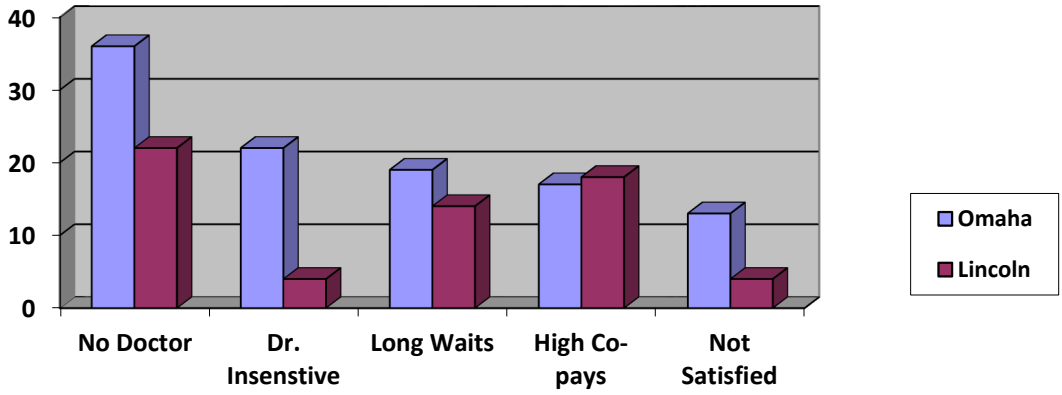
Almost double the proportion of respondents in Lincoln (40%) needed but did not receive healthcare services in the past 12 months. Of these, however, only about one-third (29% compared to 64% in Omaha) said that not having health coverage was the primary reason, 41% said it was an "other" reason not listed and 12% cited the fear of diagnosis.

3. Satisfaction with Healthcare Services

- About two-thirds of Native Americans who received healthcare services in the past 12 months (67% in Omaha and 72% in Lincoln) felt they had an "excellent" or "good" impact on their health. About one-fourth in both cities (26% in Omaha and 24% in Lincoln), however, thought the effect was only "fair" or "poor."

- As shown in Figure 6, the most important reasons given in for rating their outcomes as "fair or poor" were that no doctors were available (36% in Lincoln and 22% in Omaha), doctors were not culturally sensitive (22% in Omaha, but only 4% in Lincoln), long wait times for appointment or after arrival (19% Omaha, 14% Lincoln), high co-pays or deductibles (18% Lincoln, 17% Omaha), not satisfied with services received (13% Omaha, 4% Lincoln) and low quality of care (11% Omaha and 4% Lincoln).

Figure 6 Reasons for Fair or Poor Healthcare Outcomes



- In comparison, 87% of respondents in Omaha and 85% in Lincoln, who received healthcare services for their children or dependents in the past 12 months, felt the services had an "excellent" or "good" impact on their health. Less than 10% in Omaha and 15% in Lincoln thought the result was only "fair" or "poor."

- Despite these relatively positive perceptions of personal health outcomes related to the services they received for themselves and their

children/dependents, respondents in both cities were split in their overall rating the healthcare system available to them.

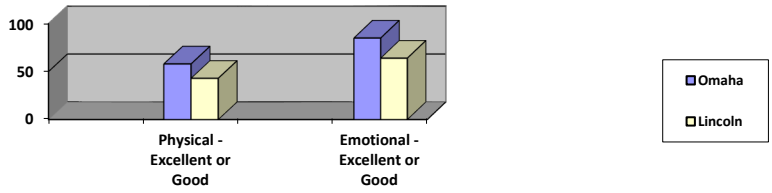
In Omaha 41% rated it "excellent or good" and 38% said it was "fair or poor," while in Lincoln 44% rated it "excellent or good" but 53% thought it was only "fair" or "poor."

4. Perceptions of Personal and Community Health

- As shown in Figure 7, 58% of Native Americans in Omaha rated their current physical well-being as "excellent" or "good," while 42% said it was only "fair" or "poor." Only 43% said their physical-well being was "excellent or good" in Lincoln and 57% said "fair or poor."

- Eighty-five percent (85%) of respondents in Omaha, however, said they thought their mental and/or emotional well-being was "excellent" or "good." In Lincoln, almost two-thirds (64%) said theirs was "excellent or good," while 36% said it was only "fair or poor."

Figure 7 Perceptions of Physical and Mental/Emotional Well-Being in Omaha and Lincoln



- As shown in Table 2, only about half of respondents in Omaha (48%) and Lincoln (50%) strongly agreed or agreed that their neighborhood is safe. About 60% in Lincoln and only 40% in Omaha believe police would respond in a timely manner if called to their neighborhoods.

- Almost four-fifths (78%) of survey participants in Omaha and 38% in Lincoln know a Native American who is in a gang, while almost a third (33%) in Omaha and 24% in Lincoln said it is easy to get an illegal gun in their neighborhoods.

- Over seven in ten (71%) in Omaha and almost half (45%) in Lincoln said illegal drugs are easy to get in their neighborhoods.

- Eighty-five percent (85%) of respondents in Omaha and almost three-fourths (74%) in Lincoln strongly agreed or agreed that they have a hard time finding affordable housing.

Table 2
Community Perceptions in Omaha and Lincoln

COMMUNITY PERCENTION	YES Omaha (percent)	YES Lincoln (percent)
Believe that their neighborhood is safe.	48%	50%
Believe police would respond in a timely manner.	40%	60%
Know a Native American in a gang.	78%	38%
Believe it is easy to get an illegal gun in their neighborhood.	33%	24%
Believe illegal drugs are easy to get in their community.	71%	45%
Have a hard time finding affordable housing.	85%	74%
Believe Native Americans in their community can afford health aids they need.	49%	10%
Know a Native American who cannot afford food.	69%	71%
Knew a Native American who has committed suicide.	81%	48%
Know a Native American who is a single-parent under 19 years old.	58%	85%
Know a Native American who does not get pre-natal care.	46%	29%

- Only 10% of Native Americans in Lincoln believe the people in their neighborhood can afford the health aids they need (e.g. glasses, hearing aids,

wheelchairs, canes, walkers, etc.) Almost half (49%) in Omaha, however, felt their people could afford them.

- About 70% of participants in both Omaha and Lincoln know a Native American who cannot afford food.

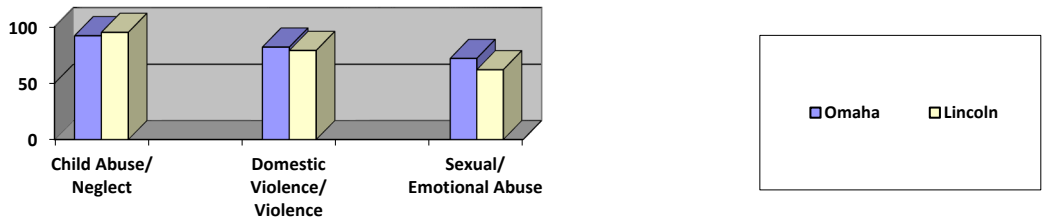
- Eighty-one percent (81%) in Omaha and almost half (48%) in Lincoln knew a Native American who committed suicide.

- Almost three-fifths (58%) of respondents in Omaha and 85% in Lincoln know a Native American single-parent under 19 years of age.

- Almost half (46%) in Omaha and almost a third (29%) in Lincoln know a Native American who is not receiving pre-natal care.

- As shown in Figure 8, almost all respondents in Omaha (92%) and Lincoln (95%) believe that there is a problem with child abuse/neglect in their communities.

Figure 8 Perceived Problems of Abuse, Neglect and Violence in Omaha and Lincoln



- About 80% in both Native American communities also believe there is a domestic violence or violence problem, while 72% in Omaha and 62% in Lincoln perceive that there is a sexual and/or emotional abuse problem.

INTRODUCTION

Native Americans Healthcare Needs Assessment

The Native American Healthcare Needs Assessment (NAHNA) was conducted through a targeted survey of adult respondents (19 years old or older) in the cities of Omaha and Lincoln, Nebraska, during fall 2008. The survey instrument was developed by the Center for Organizational Research and Evaluation (CORE) at the College of Public Affairs and Community Service (CPACS) at the University of Nebraska at Omaha (UNO) in association with the Nebraska Urban Indian Health Coalition (NUIHC). The survey consists of 146 questions organized in 14 sections aimed at the identification of various characteristics of the respondents and their community and their perceptions of healthcare delivery systems. The survey instrument is included in the Appendix.

One of the primary purposes of NAHNA was to collect information on how Native American populations perceive healthcare services in their communities as well as their most urgent healthcare needs. The expected outcome of the survey is greater empowerment of local Native Americans to define and express their needs and priorities in improving their health and social conditions.

Methodology and Data Collection Technology

The needs assessment was conducted through multiple sessions that were held in both communities during October-December 2008. NUHIC employed previously successful of generating large turnouts for community-building events in Nebraska to contact Native American populations in Omaha and Lincoln. In addition to personal contacts by staff, survey announcements were posted at places of congregation of the targeted populations.

Respondents were required to sign in and provide proof of age and residence information. As a result, several respondents were disqualified from the survey due to their age (younger than 19 years old). Valid residence information was required for anticipated Geographical Information System (GIS) mapping.

Respondents were guaranteed confidentiality and anonymity of their responses. Elimination of this worry has been demonstrated to improve accuracy of responses and participation rates. In addition, any respondents concerned about the legitimacy of the survey were provided the telephone numbers of the principal investigators and NUIHC.

Errors can creep into data in a number of ways during survey administration. For example, respondents may misunderstand questions or not properly record their answers. While the extent of respondents' misunderstanding the questions cannot be estimated, survey participants were provided a correction sheet that allowed them to correct their response in case of accidental improper recording. In addition, facilitators and researchers made every effort to minimize the potential for these types of errors throughout the survey process, and their effect on the results of the NAHNA is likely very small.

Sampling Frame

The sampling frame is the list of units from which the sample is drawn. Ideally, the sampling frame consists of all members of the population under study. In practice such a list is rarely available, so a proxy that resembles the ideal is used.

A list of phone numbers for Native American households could not be used because a significant proportion of the target population does not have a valid phone number or a permanent residence. As a result, the information about survey had to be disseminated in various other ways. To obtain a representative sample, NUIHC disseminated the information through announcements at places where Native American populations typically congregate, such as Native American community centers, associations, and healthcare facilities.

The preliminary sample for Omaha consisted of 54 participants and 42 in Lincoln. The sample has a maximum sampling error of plus or minus 5.8 percent at the 90 percent level of confidence. In other words, there is a 90% chance that the true value of an item is no more than 5.8 percentage points higher or lower than the value reported.

While the number of survey participants in both cities is smaller than originally anticipated by NIUHC, based on their extensive experience and knowledge of the Native American populations in Nebraska, they believe the samples are highly representative.

NEEDS ASSESSMENT FINDINGS

Results in Omaha

The following tables and figures provide summary descriptions of social, economic, and demographic information of NAHNA participants, as well as healthcare survey responses in the city of Omaha, Nebraska. The complete questionnaire and data set is included in the Appendix.

Social, Economic, Demographic Characteristics

Table 1: NAHNA Responders Demographic Characteristics in Omaha

		Number*	Percent
A.	Persons 19 Year or Older	52	100.0%
B.	Persons 19 Years and Older by Gender (q. 1)		
	Female	34	63.0%
	Male	18	33.3%
	Two-Spirited	1	1.9%
C.	Persons by Age (q. 2)		
	19-29	17	31.5%
	30-39	8	14.8%
	40-49	8	14.8%
	50-59	8	14.8%
	60 and older	9	16.7%
D.	Marital Status (q. 17)		
	Married	10	18.5%
	Divorced	5	9.3%
	Widowed	1	1.9%
	Separated	3	5.6%
	Single Never Married	20	37.0%
	Long-Term Partnership	11	20.4%
E.	Persons 19 Years and Older by Tribe Enrollment (q. 20)		
	Enrolled in a Federally Recognized Tribe	37	68.5%
	Not Enrolled	13	24.1%
	Non-Responder	4	7.4%

F.	Specific Tribe Enrollment (q. 21)		
	Omaha Tribe	25	46.3%
	Ogallala Sioux	7	13.0%
	Santee Sioux	4	7.4%
	Other	18	33.3%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Table 2: NAHNA Responders' Household and Insurance Coverage Characteristics

		Number*	Percent
A.	Household Size (q. 6)		
	1 person	8	14.8%
	2 persons	10	18.5%
	3 persons	5	9.3%
	4 persons	9	16.7%
	5 persons	5	9.3%
	6 persons or more	17	31.5%
B.	Nr. Of Dependents in Household (q. 7)		
	None	8	14.8%
	1	21	38.9%
	2	13	24.1%
	3	5	9.3%
	More than 4 Dependents	7	13.0%
C.	Possession of Personal Healthcare Insurance (q. 8)		
	Yes	24	48.0%
	No	26	52.0%
D.	Types of Primary Healthcare Insurance (q. 9)		
	Private Insurance	12	50.0%
	Medicaid	8	33.3%
	Medicare	4	16.7%
E.	Possession of Healthcare Coverage for Dependents (q. 13)		
	Yes	23	59.0%
	No	16	41.0%
F.	Types of Dependents' Primary Healthcare Insurance (q. 14)		
	Private Insurance	5	25.0%
	Medicaid/CHIP	15	75.0%

*Sample numbers may not sum up to totals due to missing data
Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Table 3: NAHNA Responders' Employment and Income Data

	Number*	Percent
A. Responders that are: (q. 17)		
Employed Full Time	10	17.6%
Employed Part Time	5	8.8%
Self Employed	1	1.9%
Seasonally Employed	3	5.6%
Unemployed	20	37.5%
Retired	4	7.4%
Disabled/Unable to Work	7	13.0%
B. Respondent's Personal Annual Income (q. 18)		
Less than $10,000.00	22	40.7%
$10,000-$19,999	11	20.4%
$20,000-$29,999	9	16.7%
$30,000-$39,999	2	3.7%
More than $40,000	5	9.3%
Do Not Know/ Not Sure	5	9.3%
C. Respondent's Household Annual Income (q. 19)		
Less than $10,000.00	12	22.2%
$10,000-$19,999	13	24.1%
$20,000-$29,999	4	7.4%
$30,000-$39,999	5	9.3%
More than $40,000	6	11.1%
Do Not Know/ Not Sure	10	18.5%

*Sample numbers may not sum up to totals due to missing data
Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Healthcare Services Usage

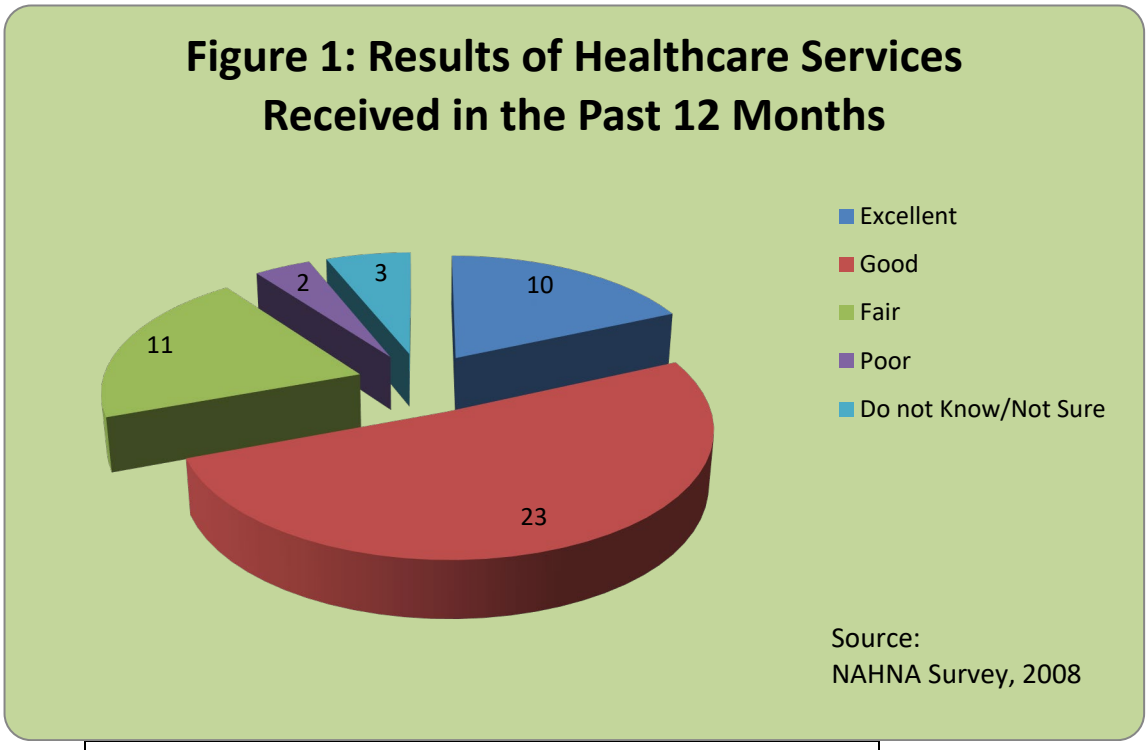
The majority of surveyed population utilized healthcare services in past 12 months (84% of respondents). 65% of these who used healthcare services did so less than once a month. In other words, 35% of surveyed population extensively used healthcare services during 2008. The top 5 of medical services utilized most often is presented in table 4. It includes (1) general doctor visits (69% of users seeking medical services required this type of medical care), general prescriptions (59%) and regular medical tests (blood, hearing, etc) (57%). Dental care (53%) and

emergency care (41%) concluded the top 5 most demanded services by Native American Populations in Omaha.

Table 4: Type of Most Often Used Healthcare Services

Type of Service	% of people who used that particular type:
Dr. Visits:	69%
Prescriptions :	59%
Tests (hearing, blood, diagnostics, etc):	57%
Dental Care:	53%
Emergency Care:	41%
Source: NAHNA Survey conducted by CORE & NUIHC, 2008	

It is important to note that majority of population assessed that healthcare services received by them positively affected their health. Sixty-seven percent (67%) of respondents assessed that results from healthcare services received were either good or excellent. The overall perception of influence of healthcare services received on respondent's health condition is summarized in the following figure 1:



Results of Healthcare Services Received in the Past 12 Months		
Response	**People**	**%**
Excellent	10	22%

Good	23	50%
Fair	11	24%
Poor	2	4%
Total	46	100%

Primary reasons for “fair” and “poor” assessments of Omaha Healthcare system are summarized in the following table:

Table 5: Reasons for "Fair" and "Poor" Assessment of Healthcare Services Received

	Response	**People***	**%**
A.	Most Important Reason:		
1	No Doctors Available	10	22%
2	Doctors Were Not Culturally Sensitive	10	22%
3	High Co-Pays/Deductibles	8	17%
4	Not Satisfied with Services Received	6	13%
5	Low Quality of Care	5	11%
B.	Second Most Important Reason:		
1	High Co-Pays/Deductibles	9	31%
2	Long Wait Times	6	21%
3	Lack of Information about Services	5	17%
4	Not Satisfied with Services Received	4	14%
5	Other	5	17%
	Total	29	100%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Almost three-quarters (74%) of respondents did not have problems obtaining an appointment with a doctor. The wait time for a doctor appointment is summarized in the following figure 2 and table:

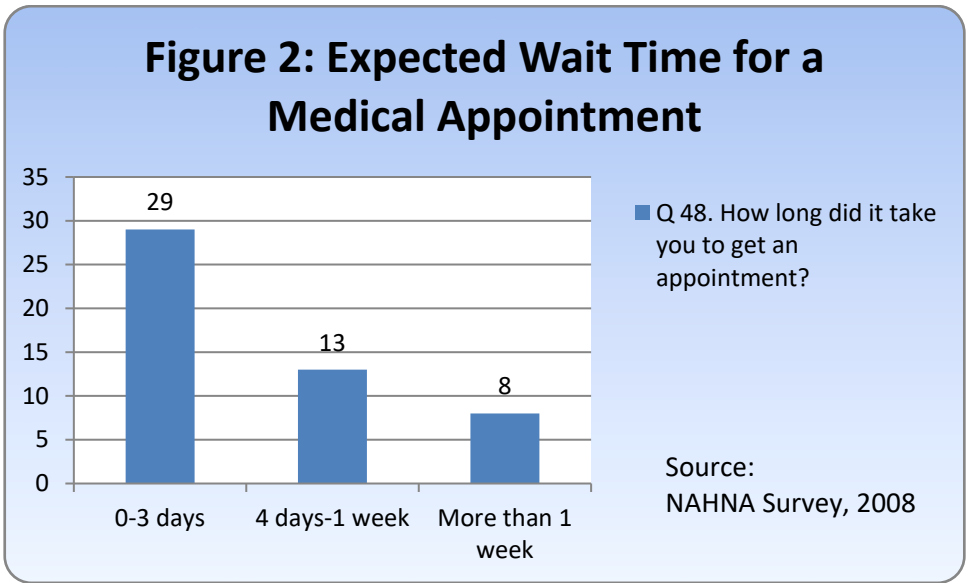


Table 6: Expected Wait Time for a Medical Appointment

Wait Time	People	%
0-3 days	29	58%
4 days-1 week	13	26%
More than 1 week	8	16%
Total	50	100%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Table 7: Solution for Medical Problems in Case of Difficulties Obtaining Medical Services

Response:	People	%
Go to Emergency Room	10	21%
Go to Urgent Care	7	15%
Self-medicate	19	40%
Do Nothing	8	17%
Do Something Else	4	8%
Total	48	100%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

The services with respondents had difficulties obtaining are summarized in the following table:

		Yes	No

	SERVICES	People	%	People	%
1	Appointment from a medical specialist	10	29 %	24	71 %
2	Tests and Diagnostic Services (e.g. x-rays)	5	20 %	20	80 %
3	Prescriptions	7	37 %	12	63 %
4	Dental Care	9	24 %	29	76 %
5	Mental Health Services	2	11 %	16	89 %
6	Rehabilitation Therapy	1	7%	14	93 %
7	Post-Hospitalization Care	1	4%	25	96 %
8	emergency Care	3	13 %	20	87 %
9	Alcohol/Drug Treatment	1	10 %	9	90 %
10	Dialysis	0	0%	7	100%
11	Dr. Visit	10	28 %	36	72%

Healthcare Services Usage By Dependents

The NAHNA survey included a section in which respondents were asked to assess healthcare services received by their dependents. 50% of respondents claimed that they have children under 18 or others as dependents. Over three-fourths (76%) of respondents' dependents required some sort of healthcare services within past 12 months.

A solid majority of respondents in Omaha (87%) assessed that healthcare services received by their dependents have positively affected their health and that the results of these service were either "excellent" or "good."

Attitudes Toward Traditional Services

It is important to mention that Native Americans in Omaha are strongly interested in using "Traditional" Native American healthcare services and practices.
Almost two-thirds (65%) of respondents have used traditional medical services in the past, and three-quarters (75%) expressed their desire to use these types of services in the future.

The top 5 choices for traditional services usages are summarized in the following table:

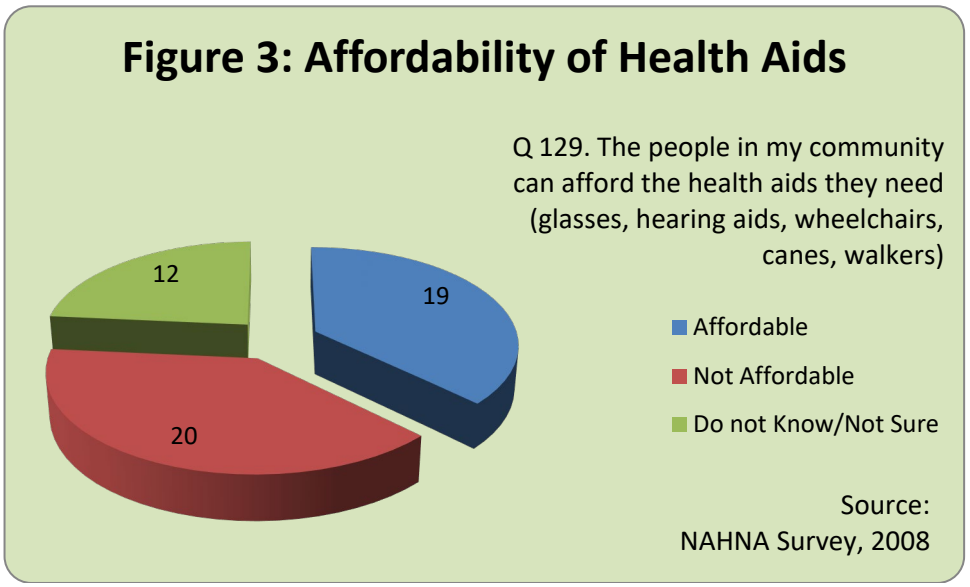
Table 8: Top Preferences for Traditional Services

Type of Traditional Service:	People	%
1. Traditional services for spiritual assistance or purification.	43	80%
2. Traditional services for a specific disease or illness	41	76%
3. Traditional services for Traditional Healing	38	70%
4. Sweat-lodge/inipi	38	70%
5. Traditional services for general physical health problems	36	67%
Source: NAHNA Survey conducted by CORE & NUIHC, 2008		

Perceptions of Health Promotion/Disease Prevention in Their Community

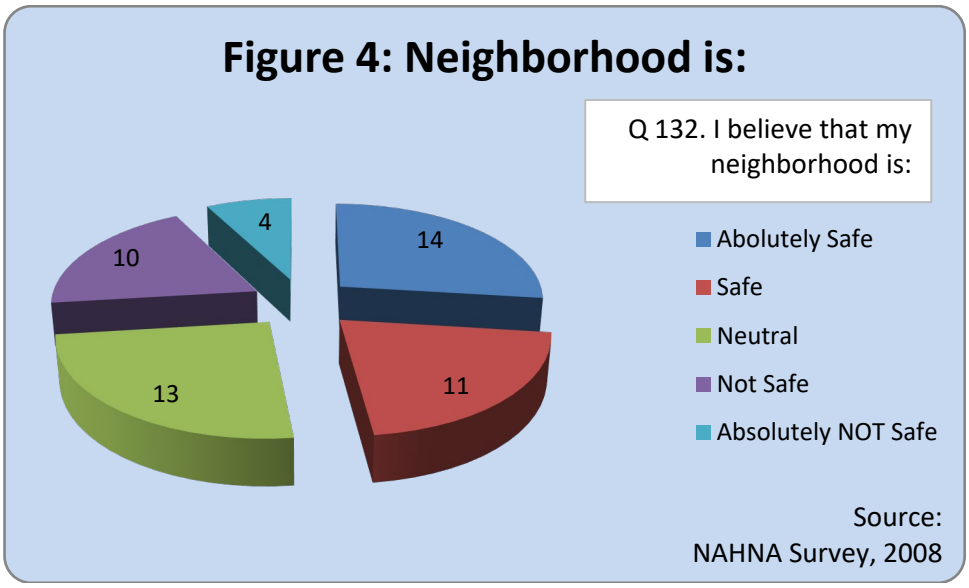
Overall, Native American populations of Omaha are aware about various healthcare testing services (e.g. AIDS, Hepatitis C, Diabetes testing). The least know service is "Substance Abuse Treatment" (about 50% of responders in Omaha are not aware of existence and location of such service).

Although these types of services are generally known about and available to significant portions of the population, respondents are not sure whether they can afford such health services and aids. Figure 6 summarizes the participants' perception of the affordability of health aids.



Perceptions of Community Safety and State of Well-Being

General perception of Native American Communities' safety is not unanimous. Responders exhibited mixed feelings when asked to rate safety of their community. This perception is summarized in following figure:



At the same time, there is near unanimous agreement among respondents in Omaha that there is a significant problem with child abuse (92%), domestic and general violence (80%) and sexual or emotional abuse (72%) in their communities. The primary causes of violence in Native American communities are perceived to be alcohol (38%), followed by unemployment (24%) and poverty or historical trauma (16% each).

Results in Lincoln

The following tables and figures provide summary descriptions of social, economic, and demographic information of NAHNA participants, as well as healthcare survey responses, in the city of Lincoln, Nebraska. The complete questionnaire and data set is included in the Appendix.

Social, Economic, Demographic Characteristics

Table 9: NAHNA Responders Demographic Characteristics

		Number*	Percent
A.	Persons 19 Year or Older	42	100%
B.	Persons 19 Years and Older by Gender		
	Female	30	71%
	Male	12	29%
C.	Persons by Age		
	19-29	7	17%
	30-39	14	33%
	40-49	12	29%
	50-59	6	14%
	60-69	3	7%
D.	Marital Status		
	Married	9	21%
	Divorced	3	7%
	Widowed	7	17%
	Separated	4	10%
	Single Never Married	15	36%

	Long-term Partner	4	10%
E.	Persons 19 Years and Older by Tribe Enrollment		
	Enrolled in a Federally Recognized Tribe	37	88%
	Not Enrolled	4	10%
	Non-Responder	1	2%
F.	Specific Tribe Enrollment (q. 21)		
	Omaha	21	50%
	Ogallala Sioux	9	21%
	Other	12	29%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Table 10: NAHNA Responders' Household and Insurance Coverage Characteristics

		Number*	Percent
A.	Household Size		
	1 Person	6	14%
	2 Persons	9	21%
	3 Persons	6	14%
	4 Persons	4	10%
	5 Persons	6	14%
	6 Persons or more	6	14%
B.	Nr. Of Dependents in Household		
	None	6	14%
	1	9	21%
	2	2	5%
	3	5	12%
	4 or more	3	7%
C.	Possession of Personal Healthcare Insurance		
	Yes	20	48%
	No	22	52%
D.	Types of Primary Healthcare Insurance		
	Medicaid	14	58%
	SSI/SSDI	4	17%
	Other	4	17%
E.	Possession of Healthcare Coverage for Dependents		
	Yes	19	83%
	No	4	17%

F.	Types of Dependents' Primary Healthcare Insurance		
	Medicaid/SCHIP	19	90%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

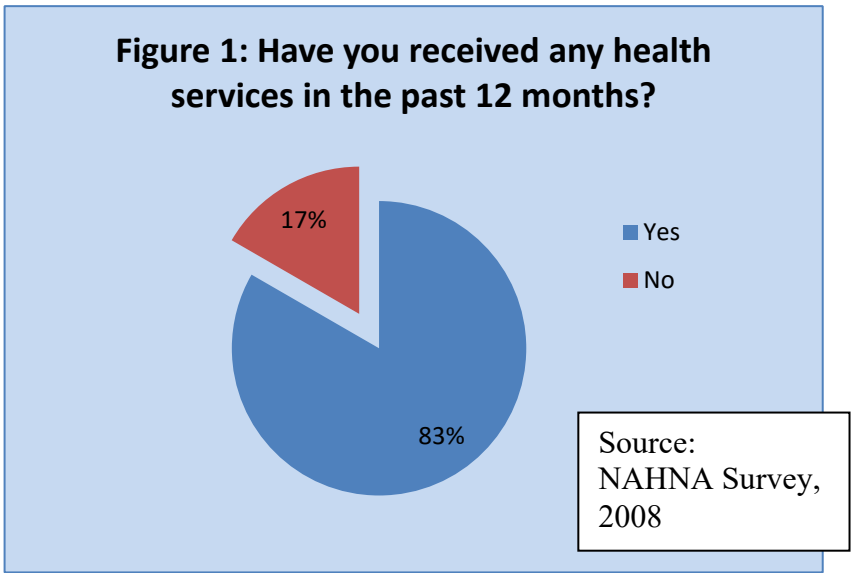
Table 11: NAHNA Responders' Employment and Income Data

A.	Responders that are:	Number*	Percent
	Out of work (unemployed)	12	29%
	Disabled or unable to work	11	26%
	Employed for wages – Full time	6	14%
	Out of Work and Not Looking for Work	5	12%
	Seasonal / Shift Work	4	10%
	Retired	3	7%
	Employed for wages – Part time	1	2%
B.	Respondent's Personal Annual Income		
	Less than $10,000	24	57%
	$10,000 to $19,999	8	19%
	Do not know/not sure	5	12%
	$20,000 to $29,999	3	7%
	$30,000 or more	2	5%
C.	Respondent's Household Annual Income		
	Less than $10,000	17	40%
	$10,000 to $19,999	8	19%
	Do not know/not sure	8	19%
	$20,000 to $29,999	5	12%
	$30,000 or more	4	10%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Healthcare Services Usage



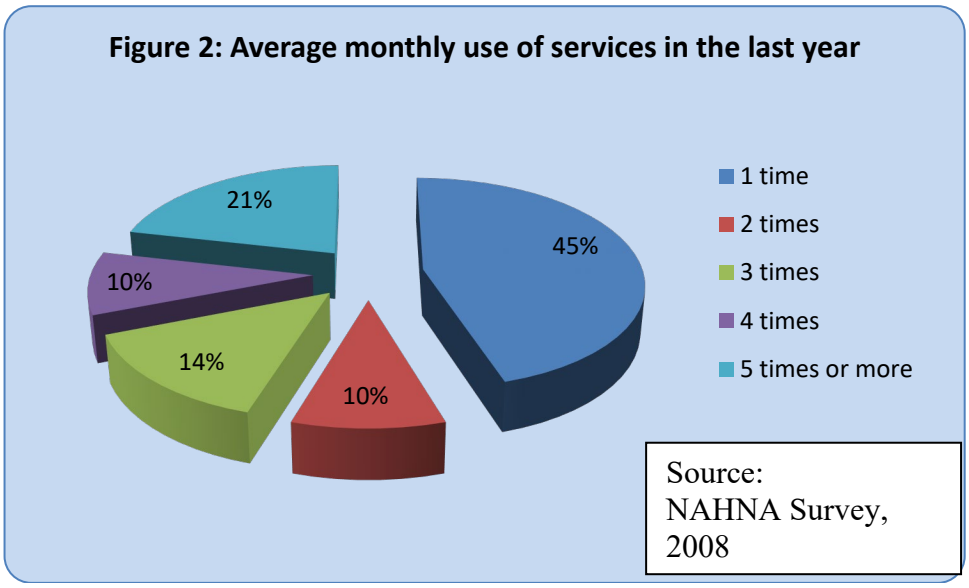


Table 12: Types of Most Often Used Healthcare Services

Nr.	Type of Service	People	Percent
1	Dr. Visits:	40	95%
2	Prescriptions :	39	93%
3	Emergency Care:	30	71%
4	Tests (hearing, blood, diagnostics, etc):	29	69%
5	Eye Care:	23	55%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

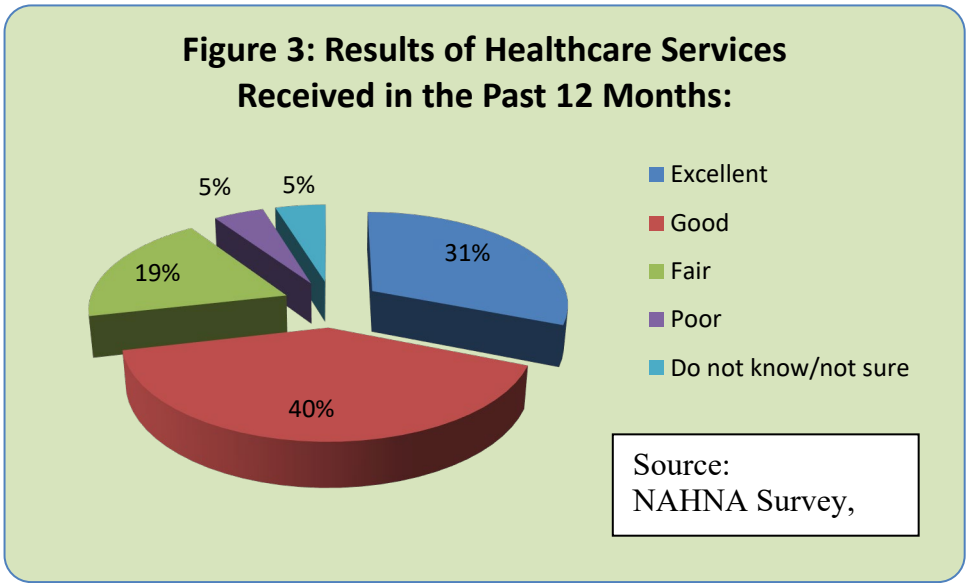


Table 13: Results of Healthcare Received within Last 12 Months

Nr.	Quality	People	Percent
1	Excellent	13	31%
2	Good	17	40%
3	Fair	8	19%
4	Poor	2	5%
5	Do not know/not sure	2	5%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Figure 4: Expected Waiting Time for aMedical Appointment

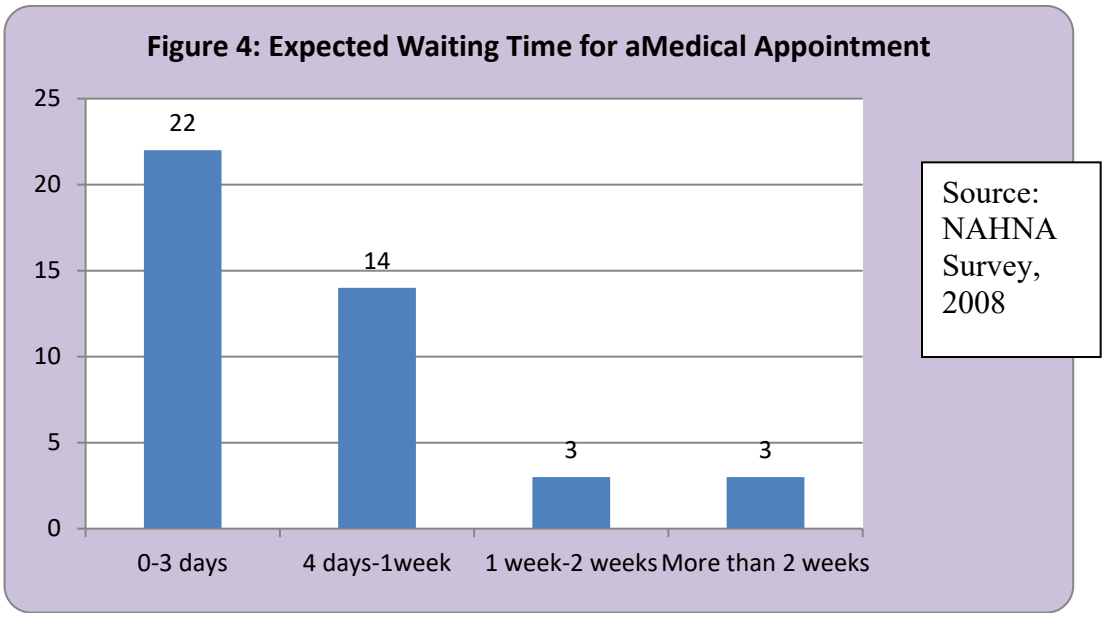


Table 14: Waiting Time for Medical Appointment

Nr	Expected Waiting Time	People	%
1	0-3 days	22	52%
2	4 days-1week	14	33%
3	1 week-2 weeks	3	7%
4	More than 2 weeks	3	7%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Table 15: Most Difficult Services to Obtain

Nr	Type of Service	People*	%
1	Prescriptions	12	30%
2	Dental care	10	30%

3	Medical specialist	6	18%
4	Mental Health Service	3	14%
5	Other Services	13	31%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Table 16: Reasons for Respondents' Difficulties Obtaining Healthcare Services

A. Most Important Reason		People*	Percent
1	Long waiting time for an appointment	8	30%
2	Transportation problems	7	26%
3	Difficulty finding a provider willing to accept insurance	3	11%
4	Difficulty finding a physician who is taking new patients	2	7%
5	Other	7	26%
	Total	27	100%
B. Second Most Important Reason			
1	Long waiting time for an appointment	4	17%
2	Difficulty finding a physician who is taking new patients	4	17%
3	Transportation problems	3	13%
4	Long waiting time at the office	2	9%
5	Other	10	43%
	Total	23	100%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Table 17: Solution for Medical Problems in Case of Difficulties Obtaining Medical Services

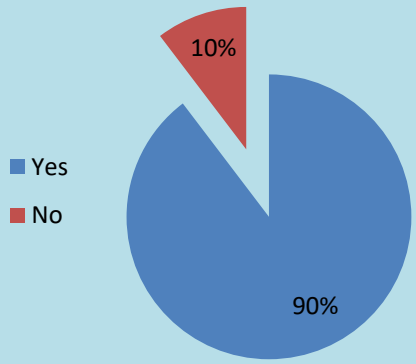
Nr.	Respondent's Action	People*	%
1	Go to Emergency Room	21	50%
2	Self medicated by taking over the counter medicine	12	29%
3	Did Nothing	5	12%
4	Go to Urgent Care	4	10%
	Total	42	100%

*Sample numbers may not sum up to totals due to missing data

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Healthcare Services Usage By Dependents

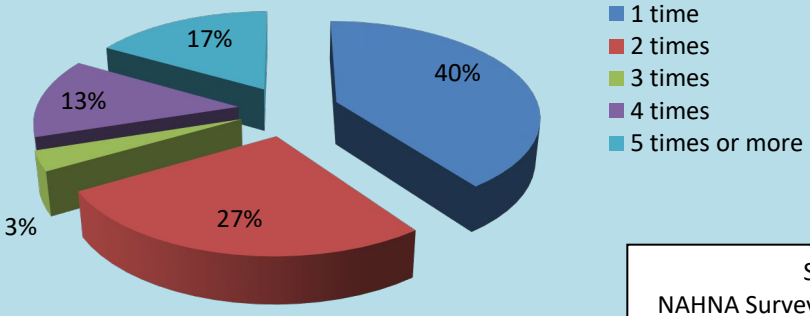
Figure 5: Respondents' Dependents' Usage of Healthcare services in Past 12 months.



Q 66. Have your dependents received any health services in the past 12 months?

Source:
NAHNA Survey, 2008

Figure 6: Average Monthly Use of Healthcare by Respondent's Dependents

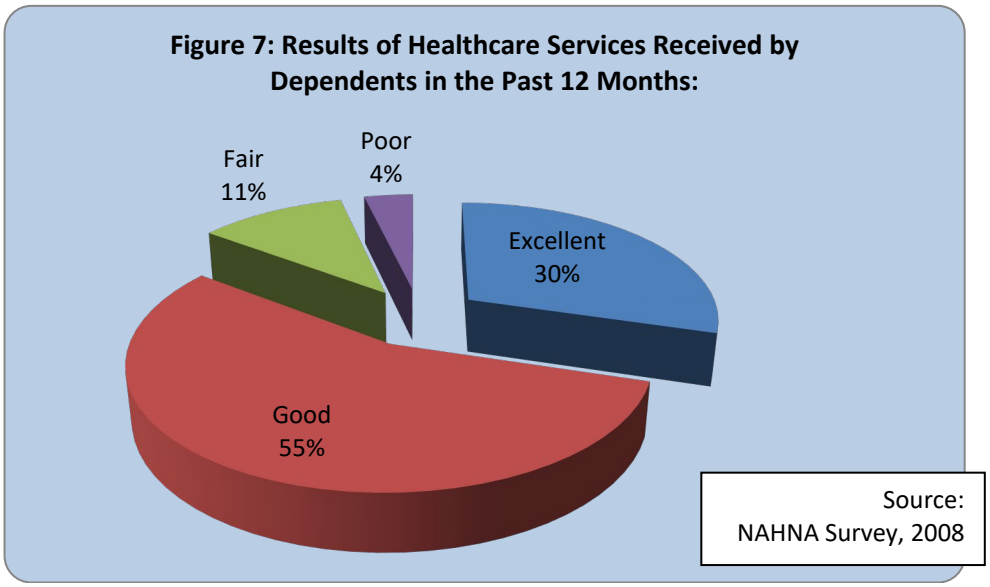


Source:
NAHNA Survey, 2008

Table 18: Types of Dependents' Most Often Used Healthcare Services

Nr.	Type of Service	People	Percent
1	Dr. Visits:	27	84%
2	Prescriptions :	24	86%
3	Eye Care:	21	72%
4	Dental Care:	21	75%
5	Emergency Care:	16	62%

Source: NAHNA Survey conducted by CORE & NUIHC, 2008



Attitudes Toward Traditional Services

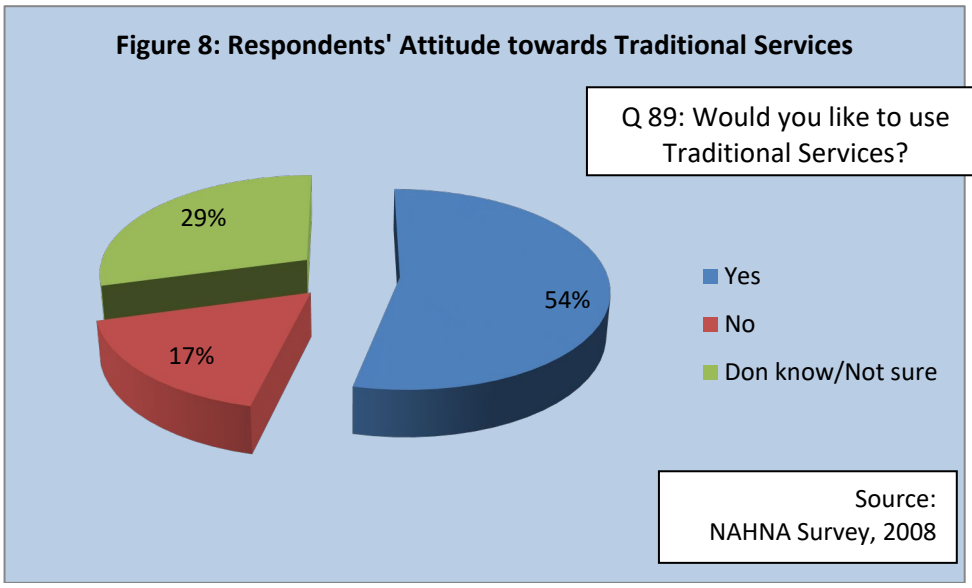


Table 19: Respondents' Preferences of Traditional Services

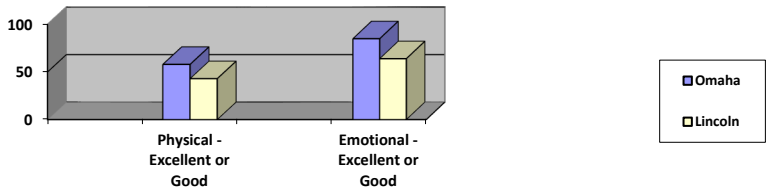
Nr.	Type Of Service	People*	%
1	Spiritual assistance or purification	31	0.738095
2	Traditional Healing	29	0.690476
3	Emotional or mental health problems	28	0.666667
4	Specific disease or illness	26	0.619048
5	Sweat-lodge/inipi	26	0.619048

Source: NAHNA Survey conducted by CORE & NUIHC, 2008

Perceptions of Health and Community

Only 43% of Native Americans in Lincoln rated their current physical well-being as "excellent" or "good," while 57% said it was only "fair" or "poor." Almost two-thirds (64%) of respondents there, however, said their mental and/or emotional well-being was "excellent or good," while 36% said it was only "fair or poor." Figure 9 shows the relative perceptions of well-being of respondents in Omaha and Lincoln.

Figure 9 Perceptions of Physical and Mental/Emotional Well-Being in Omaha and Lincoln



As shown in Table 20, only about half of respondents in Omaha (48%) and Lincoln (50%) strongly agreed or agreed that their neighborhood is safe. About 60% in Lincoln believe police would respond in a timely manner if called to their neighborhoods.

About 38% in Lincoln know a Native American who is in a gang, while almost a quarter of respondents (24%) there said it is easy to get an illegal gun in their neighborhood. Almost half (45%) also said illegal drugs are easy to get in their neighborhoods.

Almost three-fourths (74%) of survey participants in Lincoln strongly agreed or agreed that they have a hard time finding affordable housing. And very significantly, only 10% of Native Americans in Lincoln believe the people in their neighborhood can afford the health aids they need (e.g. glasses, hearing aids, wheelchairs, canes, walkers, etc.)

Table 20
Community Perceptions in Omaha and Lincoln

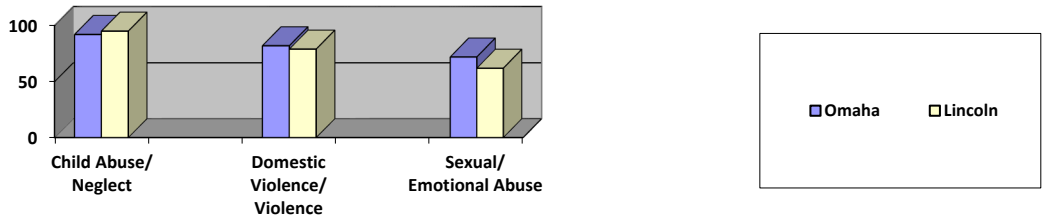
COMMUNITY PERCENTION	YES Omaha (percent)	YES Lincoln (percent)
Believe that their neighborhood is safe.	48%	50%
Believe police would respond in a timely manner.	40%	60%
Know a Native American in a gang.	78%	38%
Believe it is easy to get an illegal gun in their neighborhood.	33%	24%
Believe illegal drugs are easy to get in their community.	71%	45%
Have a hard time finding affordable housing.	85%	74%
Believe Native Americans in their community can afford health aids they need.	49%	10%
Know a Native American who cannot afford food.	69%	71%
Knew a Native American who has committed suicide.	81%	48%
Know a Native American who is a single-parent under 19 years old.	58%	85%
Know a Native American who does not get pre-natal care.	46%	29%

About 70% of participants in both Omaha and Lincoln know a Native American who cannot afford food. Almost half (48%) in Lincoln knew a Native American who committed suicide.

Eighty-five percent (85%) in Lincoln know a Native American single-parent under 19 years of age and almost a third (29%) also said they know a Native American who is not receiving pre-natal care.

As shown in Figure 8, almost all respondents in both Omaha (92%) and Lincoln (95%) believe that there is a problem with child abuse/neglect in their communities. About 80% in both Native American communities also believe there is a domestic violence or violence problem, while 72% in Omaha and 62% in Lincoln perceive that there is a sexual and/or emotional abuse problem.

Figure 10 Perceived Problems of Abuse, Neglect and Violence in Omaha and Lincoln



APPENDIX

ATTACHMENT A

Needs Assessment Questionnaire