

**Summary Report of Findings**

**From The**

**Native American Health Assessment Survey**

**Produced For The**

**SC Department of Health and Environmental Control**

**Diabetes Prevention, Tobacco Prevention and Control**

**Produced By**

**The SC Commission for Minority Affairs**

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**Table of Contents**

**Introduction .....1**

**Development of Health Needs Assessment Tool .....1**

**Methodology and Procedures .....2**

**Geographic Area .....2**

**Methodology .....3**

**Unique Challenges.....4**

**Data Analysis .....4**

**Report Findings.....6**

**Report Findings on Demographic Information .....6**

**Age, Race and Ethnicity .....7**

**Tribal Status, Predominant Language Spoken at Home, Time in South  
    Carolina and Marital Status .....13**

**Housing and Household Status.....17**

**Tribal Ancestry in South Carolina .....17**

**Employment Status, Weekly Earnings and Benefits.....19**

**Transportation - Communication .....24**

**Report Findings on the Health Assessments Regarding Health and  
    Healthcare .....28**

**Information Regarding Routine Health Visits to the Doctor .....28**

**Places to Seek Medical Care .....29**

**Medical Insurance – Sources of Medical Care .....34**

**Medical Conditions .....34**

**DHEC Specific Response Information from the Native American  
    Population.....37**

**Smoking and Tobacco Use .....37**

**Survey Responses for Women Only .....41**

**Summary .....44**

## **Introduction**

The South Carolina Commission for Minority Affairs (CMA) entered into a contract with the South Carolina Department of Health and Environmental Control. The Commission entered into the contract agreement to provide the following: 1) A Health Needs Assessment Tool specific to the state's Native American and Hispanic-Latino populations, 2) to provide a report on the findings of the survey among each of the target minority groups, and 3) to serve on the DHEC Diabetes and Tobacco Prevention Advisory Council.

The CMA developed a culturally appropriate Health Needs Assessment tool that was utilized to reach the specific target population. The Health Needs Assessment tool was approved by the South Carolina Department of Health and Environmental Control–Division of Diabetes and Tobacco Prevention and Control. Each tool has been tailored to meet the needs of each target group: Native American, Hispanic-Latino and African American.

This report includes the findings obtained from surveys disseminated to the Native American population only. The process that was undertaken to complete this report will be outlined with the following information: Development of the Assessment Tool, Methodology and Procedures, Data Analysis, and Findings of the Health Needs Assessment Survey.

## **Development of Health Needs Assessment Tool**

The CMA originally developed the Health Needs Assessment Tool as part of a larger comprehensive Native American Community Needs Assessment survey. Work on the Native American Community Needs Assessment survey began in 2007 and was piloted by the CMA in 2008 with the Catawba Indian Nation, South Carolina's only Federally recognized tribe and in the Trident Region-Berkeley, Charleston and Dorchester Counties. The survey proved to be very comprehensive but needed additional work as recommended by the Native American Advisory Committee and pilot site organizations and Tribes.

The CMA processed data for a draft report on the Health Section-Native American Community Needs Assessment Survey in 2009, which was given to participating entities and shared with DHEC staff. Although the survey was comprehensive in nature, it did not reflect the information that needed to be obtained for the purposes of this grant, nor did it reflect the unique questions that would allow us to obtain demographic and health information from the Native American Indian communities as it was written.

## Methodology and Procedures

### Geographic Area

Once the survey was completed a determination was made as to where the surveys would be administered and the sample size of the surveys that would be needed to be collected.

For urban counties with populations over 65,000 data was obtained from the U.S. Bureau of the Census American Community Survey and consideration was given to those counties with the highest concentration of Native American Indians<sup>1</sup>. Additionally, given identity issues and concerns over governmental surveys and reports, the Native American Health Assessment Survey was administered state wide in communities previously identified by the Commission as Native American Communities<sup>2</sup>. These communities are not listed as having high population concentrations of Native American Indians on the American Community Survey and Census, due to their rural location and a lack of participation in the Census, but do have a significant number of Native Americans in these communities. Attendees at the CMA Native American Affairs Conference were also contacted via telephone and interviewed.

Surveys were conducted in the following counties around the state: Aiken, Bamberg, Calhoun, Greenville, Charleston, Colleton, Dorchester, Berkeley, Barnwell, Orangeburg, Laurens, Lexington, Richland, Sumter, Lancaster, and York, (maybe more need to check).

The Health Needs Assessment was conducted by one-on-one interviews, via telephone and email. Ms. Marcy Hayden had additional assistance from individuals<sup>1, 2</sup> across the state that assisted in the survey process. The surveyors were known cultural brokers and leaders within their communities which helped to facilitate the survey process. Additionally, it should be noted that not all communities were open to participating in this type of survey, although they continue work with the CMA.

### Methodology

The CMA utilized the online sample size calculator<sup>3</sup> to determine the sample size that would be utilized for this target group. Demographic information on the total number of the Native American Indian population in South Carolina was obtained from the SC Budget and Control Board's Office of Research and Statistics-SC Community Profile 2008. The formula utilized to calculate the sample sized is based on the estimated Native American Indian population in South Carolina of 19,091. Our margin for error is 8.9%, based on a sample size of 70 completed and

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1 The American Community Survey provides statistics for cities or counties with a total population above 65,000. For counties with a population below 65,000, the 2000 Census data was used.

2 South Carolina Native American Entity Map located in appendix.

3 RAOSOFT-[www.raosoft.com/samplesize.html](http://www.raosoft.com/samplesize.html). The formula can be provided upon request.

returned surveys and a confidence level at 90%. Information was entered in an Excel spreadsheet and then calculated for complete analysis of the findings.

Organizations that helped facilitate the survey process are as follows:

- SC Commission for Minority Affairs-Native American Affairs Advisory Committee
- Catawba Indian Nation
- Pee Dee Indian Nation of Beaver Creek
- Town of Neeses, SC
- Black River Native American Organization/Croatan Indian People
- University of South Carolina-Department of Social Work Interns
- University of Florida-Volunteer Interns
- South Carolina State University-Department of Social Work Interns

The following procedures were undertaken to complete the survey process:

- Review of Native American Community Needs Assessment Survey by Native American Advisory Committee, Pilot Committee, and CMA staff.
- Review of Health Section-Native American Community Needs Assessment Survey by Pilot Committee, and CMA staff.
- Review of Health Section-Native American Community Needs Assessment Survey by CMA staff and DHEC staff.
- Revisions made by CMA staff per feedback from Native American Advisory Committee, Pilot Committee, CMA staff and DHEC Staff.
- Revisions were made to DHEC Health Needs Assessment specific for Native American Indian population.
- Population and geographic area was reviewed by the CMA staff to determine sample size.
- A time-line to complete surveys was established.
- Key Stakeholders, Cultural brokers and leaders were contacted for assistance.
- Surveys were conducted in a variety of settings (Tribal Offices, Adult Education Programs, Community events, Cultural events, tribal meetings, state offices and individual's homes).
- Telephone interviews were conducted and where attempted, face-to-face surveys were and e-mailed surveys were difficult to obtain.
- One-on-one interviews were conducted across the State.
- Surveys were entered in Excel spreadsheets by volunteers/interns<sup>4</sup> and CMA staff.
- Analysis of data was conducted by the Research Program Manager at the CMA.
- Final Report of findings was prepared.

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4 Volunteers and CMA interns from the University of Florida, University of South Carolina-Department of Social Work, and South Carolina State University-Department of Social Work.

## Unique Challenges

During the survey process there were some unique challenges to getting the surveys completed. Incentives and printed information about how the information will be used by DHEC may have increased participation. Additionally, past surveys and governmental reports about Native American Indian communities within the State and nationally have decreased willingness to participate due to perceived and actually negative outcomes, as well as exclusion of Native American Indian Communities.

In communities across the state, the past experiences and cultural assimilation have led many Native American Indian people to identify themselves as other races such as White or Black. During our work on the survey, in speaking with leadership in the state, and the review of national literature, the issues of identity and identity-confusion are common place among Native American Indian communities of the Southeast. Some individuals agreed to answer questions, but only identified themselves as White or Black and therefore were not included in the entire survey. While others were hesitant to participate and identified themselves as White and Native American Indian, others who participated in the survey listed themselves as White but that they were a member of a state or federally recognized entity within the state. The issues of self identification are reflective in traditionally gathered data through agencies and organizations as they attempted to outreach to Native American Indian communities and collect data to improve outreach efforts.

In addition to issues of identity, collecting demographic information was difficult to obtain. Individuals participating in the survey were hesitant to answer questions about income and employment. Some surveys were not completed and some of the individuals choose not to answer the entire question or did not see the relevance in answering certain questions. The findings of the survey may indicate they did not understand why we needed to know certain information such as the number of people living in the home, birth date, and other demographic data. Information regarding specific health questions did not appear to be a problem; however questions regarding certain demographic information were not well received. Based on these series of issues, a total of seventeen (17) surveys had missing or incomplete data.

## Data Analysis

In order to analyze the surveys collected by the staff and various organizations, the data obtained was entered into Microsoft Excel. Because of the way that the survey instrument was constructed through questions and statements, the final data was divided into six (6) spreadsheets:

1. **Spreadsheet on Demographic Information** – this spreadsheet contains the following survey response information:

**A. Personal and Household Information**

- Race and Ethnicity – including country of birth, state, length of time in the United States
- Language Spoken in the Home
- Marital Status

**B. Type of Housing and Persons Living in the Home**

- Employment Status, Type of Work, and Weekly Earning
- Whether the respondent receives Public Benefits and Type of Benefits
- Transportation Ownership, Access and Utilization
- Communication Access (Home or Cell Phone), Computer and Computer Access

- C. **Spreadsheet on Health and Health Care** – this spreadsheet contains the following survey response information:

- Whether the respondent has visited the doctor within the past twelve months
- Whether the child(ren) has had a doctor visit within the past twelve months
- Where was the doctor visit conducted
- Purpose of the doctor visit
- Whether the respondent and their dependents have medical insurance
- Place where the respondent seeks medical care

**D. Listing of Medical Conditions and Medical History**

1. Selection of specific (health) conditions (31 Overall Conditions)
2. DHEC-CDC Health and Medical Conditions
  - a. Diabetes and Diabetes Risk
  - b. Pre-Diabetes
  - c. Tobacco Use: Cigarettes

- d. Tobacco Use: Smokeless Tobacco-Dip
- e. Tobacco Use: Smokeless Tobacco-Snuff
3. Smoking-Length of time smoking or using tobacco, whether individuals in the household smoke
4. Prevalence or Diagnosis by a Medical Worker of Diabetes
5. Whether the respondent or a household member has been told that they are diabetic or at risk for diabetes

#### **E. Women's Health Status**

1. Woman's pregnancy status in the past year
2. Number of children delivered
3. Whether the mother was diagnosed with borderline or gestational diabetes
4. Whether or not the mother smoked during her pregnancy
5. Whether or not the mother drank during her pregnancy
6. Whether or not the mother used illegal drugs during her pregnancy

The remainder of this document provides an analysis of report findings from the Health Assessment Survey of the Native American population.

### **Report Findings**

#### **Report Findings on the Demographic Information**

Chart 1 provides a summary of overall information from the Native American Health Assessment Survey. Chart 2 provides a bar chart of the percentage of respondents by gender based on a total of 69 completed surveys.

**Chart 1: Summary Information from the Native American Needs Assessment Survey**

<b>Information on the Health Assessment</b>	<b>Total</b>	<b>Percent</b>
Surveys Administered	130	100.0%
Completed Surveys Returned	69	53.1%
Male <sup>5</sup>	25	36.2%
Females <sup>6</sup>	43	62.3%
Number of SC Counties in Which Surveys were Administered and Completed	13	100.0%
Number of Surveys Returned Completed from Native Americans From Out of State	13	

The total and percentage statistics reveal that:

- The Health Assessment survey was administered within the top thirteen counties in which the Native American population was highest
- Approximately one out of every three surveys (36.2%) was completed by men
- Six out of ten surveys (62.3%) were completed by women

### Age, Race and Ethnicity

Data obtained from the completed Health Assessment Surveys for the Native American Population reveal important information regarding the Native American population. First, Native Americans can represent any racial category. However, each respondent who completed the entire survey did specify their racial and which ethnic group.

Charts 3 and 4 respectively show the total and percentage Native Americans who completed the survey. Native Americans completing the race statements self identified themselves in each category. Based on the totals completing the survey, Chart 4 provides percentages of respondents by race. The data reveals:

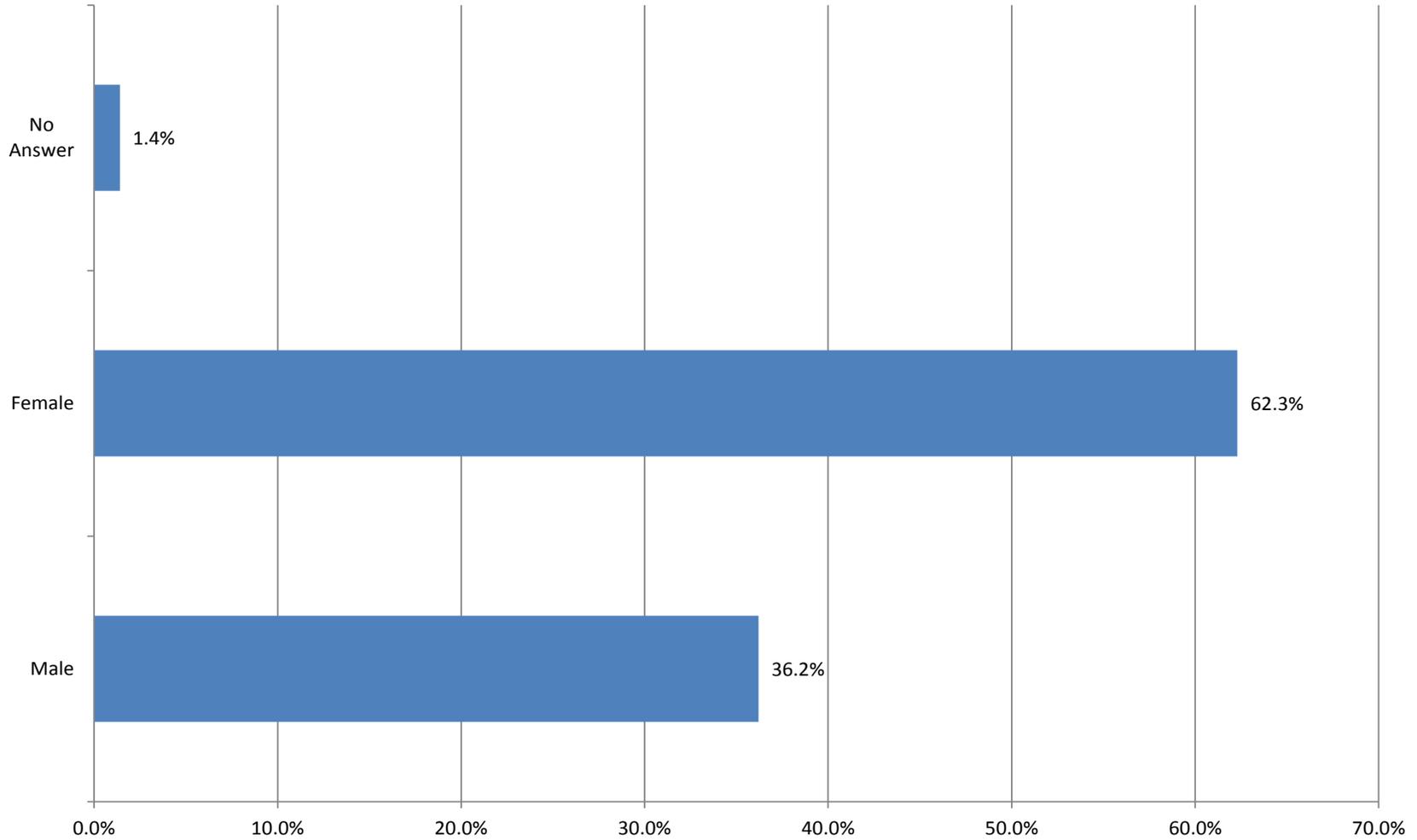
- 63.4% of respondents identified themselves as Native American – 44 respondents
- 10.1% of respondents identified themselves as African-American – 7 respondents

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<sup>5,6</sup> Percentages are based on the number of completed surveys

- 24.6% of respondents identified themselves as White – 17 respondents
- 1.6% of respondents identified themselves as Hispanic Latino – 1 respondent

**Chart 2: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents by Gender**

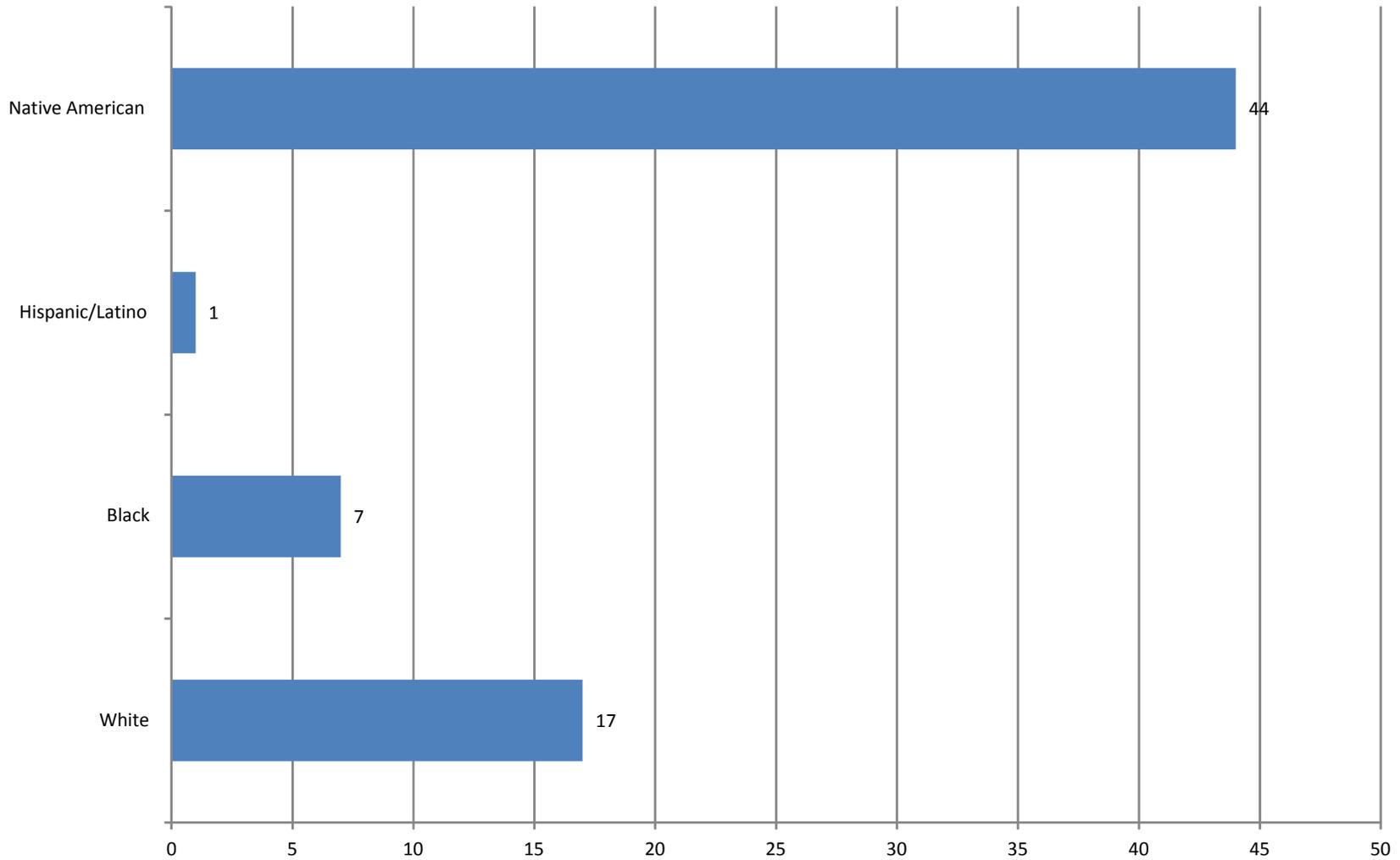


Key findings of age, race and ethnicity from the Native American Needs Assessment include:

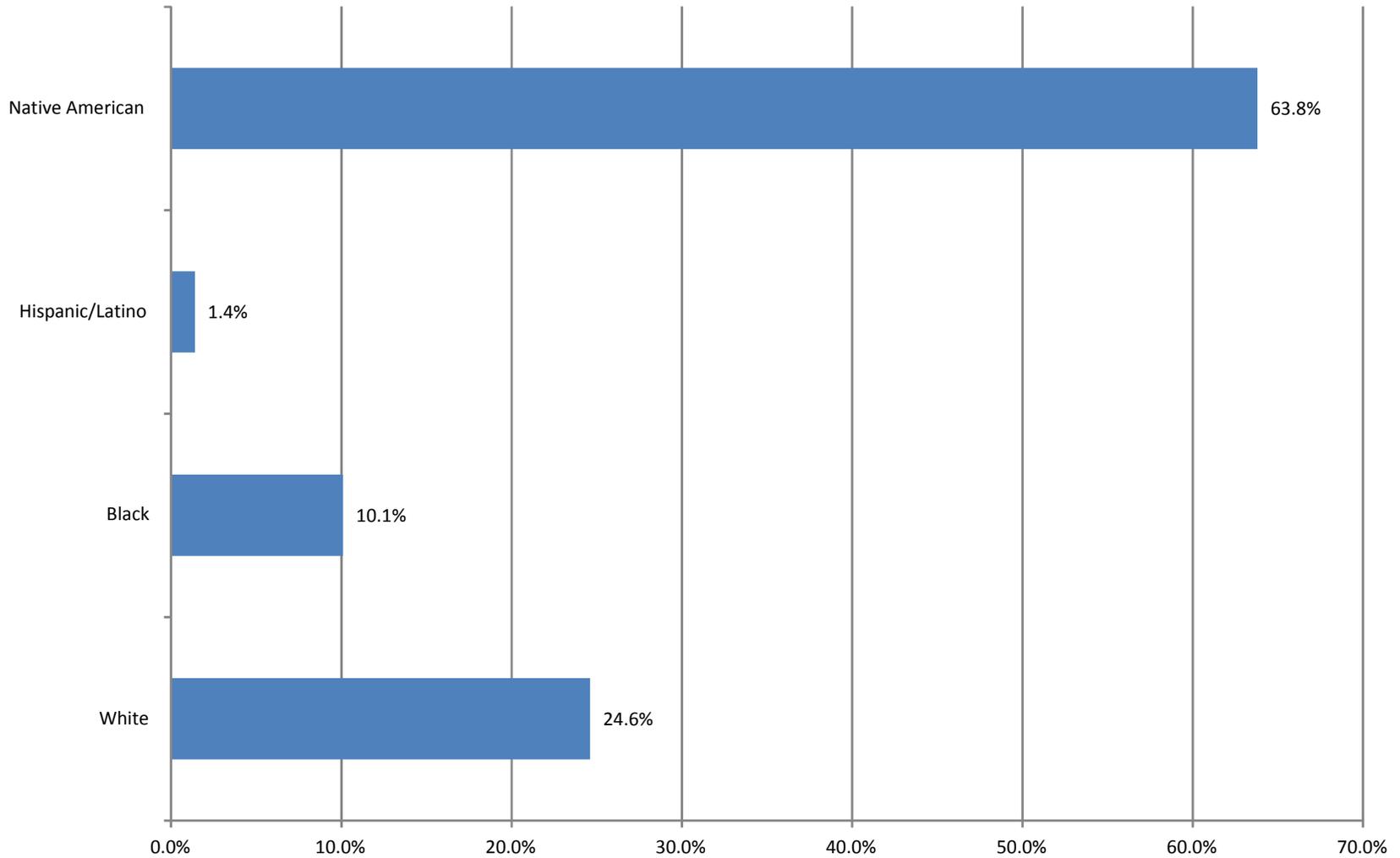
- The average number of persons within each household was two persons; with the highest number persons within a household being four persons.
- The average length of time in the United States given by respondents was 46 years. The average length of time in South Carolina was 45 years.
- The average age of the respondent completing the survey was 55 years. Also:
  1. The youngest respondent completing the survey was 19 years of age.
  2. The oldest respondent completing the survey was 84 years of age.

Individual respondents completing the Health Assessment Survey represented four racial and (ethnic) groups as shown in Chart 3. Chart 3 reveals that slightly more than six of every ten persons completing surveys identified themselves as single race Native American. One of every five persons was from an individual of Native American Origin who was mixed race, while one respondent (1.4%) was completed by a respondent Hispanic-Latino origin. The remaining surveys and percentages are provided in Charts 3 and 4.

**Chart 3: 2011 Native American SC DHEC Health Assessment:  
Total Number of Respondents by Race or Ethnicity**



**Chart 4: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents by Race or Ethnicity**



**Tribal Status, Predominant Language Spoken at Home, Time in South Carolina and Marital Status**

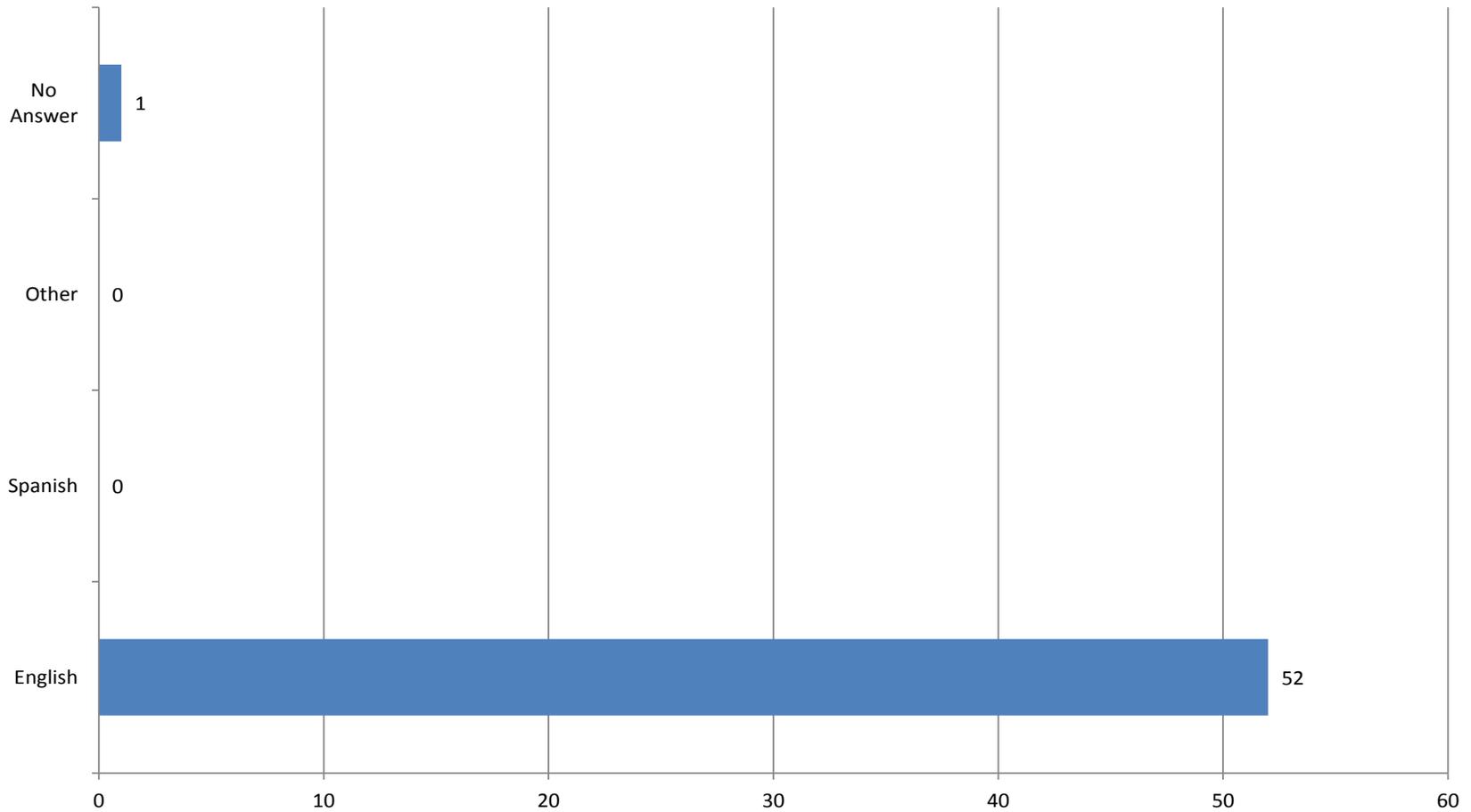
Survey respondents were asked to provide information regarding their tribal status, length of time in South Carolina the predominant language spoken at home and their present marital status in Charts 5 through 8. These findings are listed below as follows and are based on a total of 53 responses. Note the total respondents for the predominant language spoken at home are less than the total number of completed surveys. This indicates that approximately one of every four individual respondents did not provide information to this survey question.

<b>Predominant Language Spoken</b>	<b>Total Responses</b>	<b>Percent of Responses</b>
No Answer	16	30.2%
English	52	98.1%
No Answer	1	1.9%

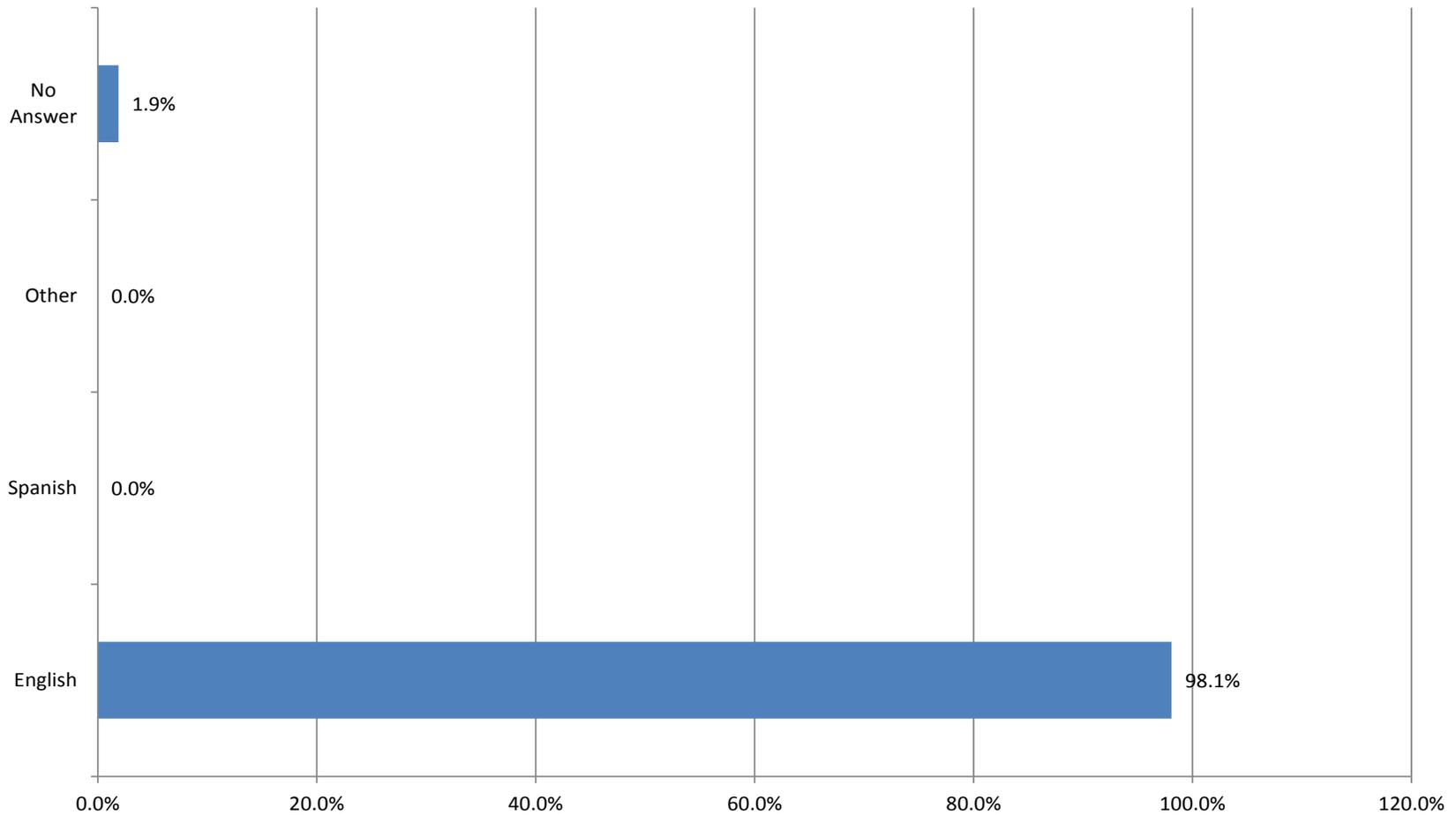
Marital Status – the total and percentage of respondents by marital status for those completing the Needs Assessment were as provided in Chart 8 and 9 follows:

<b>Chart 8: Marital Status of Respondent</b>	<b>Total Responses</b>	<b>Percent of Responses</b>
All Respondents	53	100.0%
Single	13	24.5%
Married	24	45.3%
Divorced	10	18.9%
Common Law	1	1.9%
Live In Partner	2	3.8%
Widowed	3	5.7%

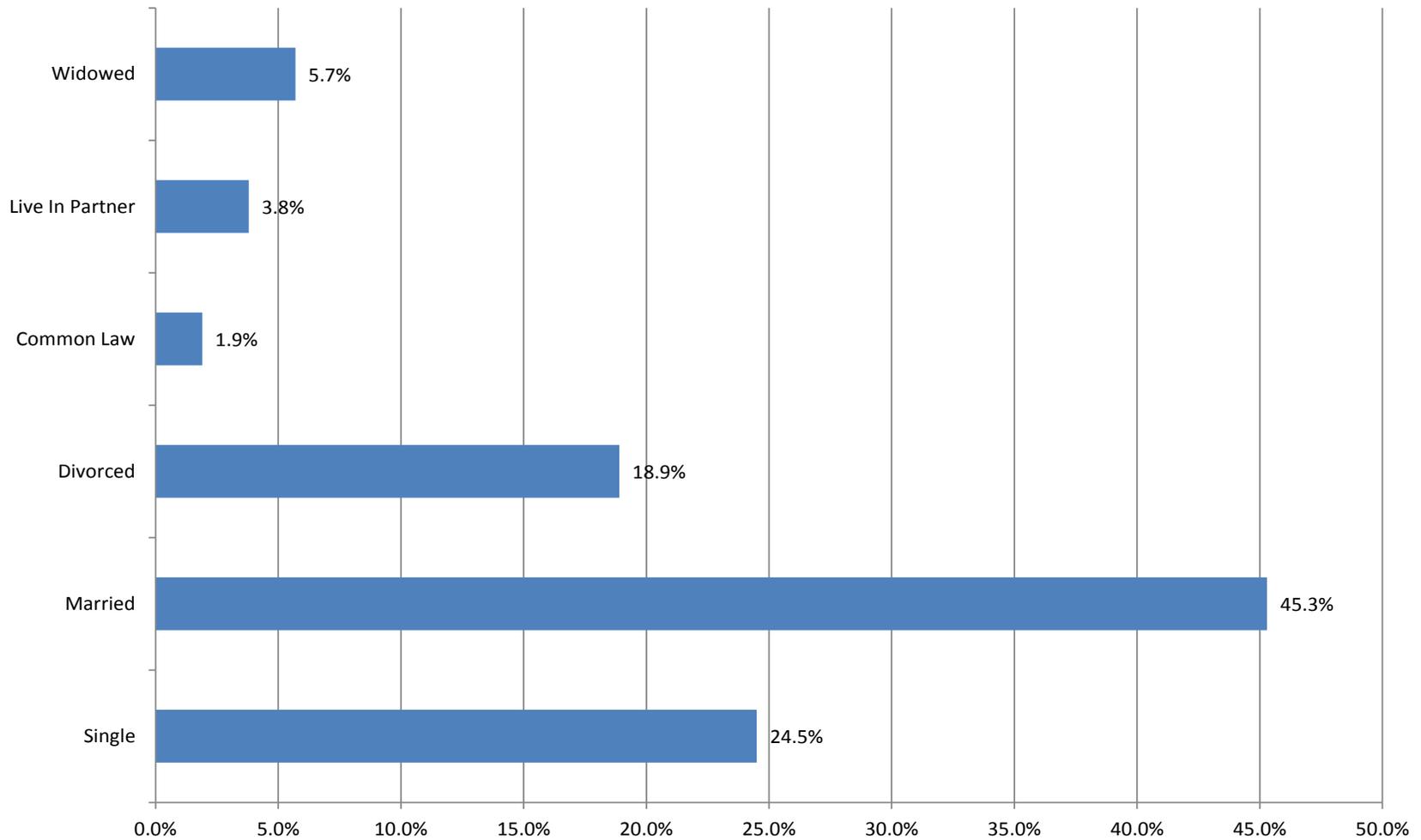
**Chart 5: 2011 Native American SC DHEC Health Assessment:  
Total Number of Respondents by Predominant Language  
Spoken in the Home**



**Chart 6: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents by Predominant Language  
Spoken in the Home**



**Chart 7: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents by Marital Status**



## Housing and Household Status

Section 2 of the Needs Assessment focused on Housing, Living Arrangements and Household Status. Respondents were asked to provide information on the Health Needs Assessment Regarding Housing (living arrangements), number of family members, as well as the ages of those living in the home (children, friends, etc.).

Housing arrangements consisted of houses, apartments, mobile homes, and other (non-specified) living arrangements. Respective totals and percentages were as follows:

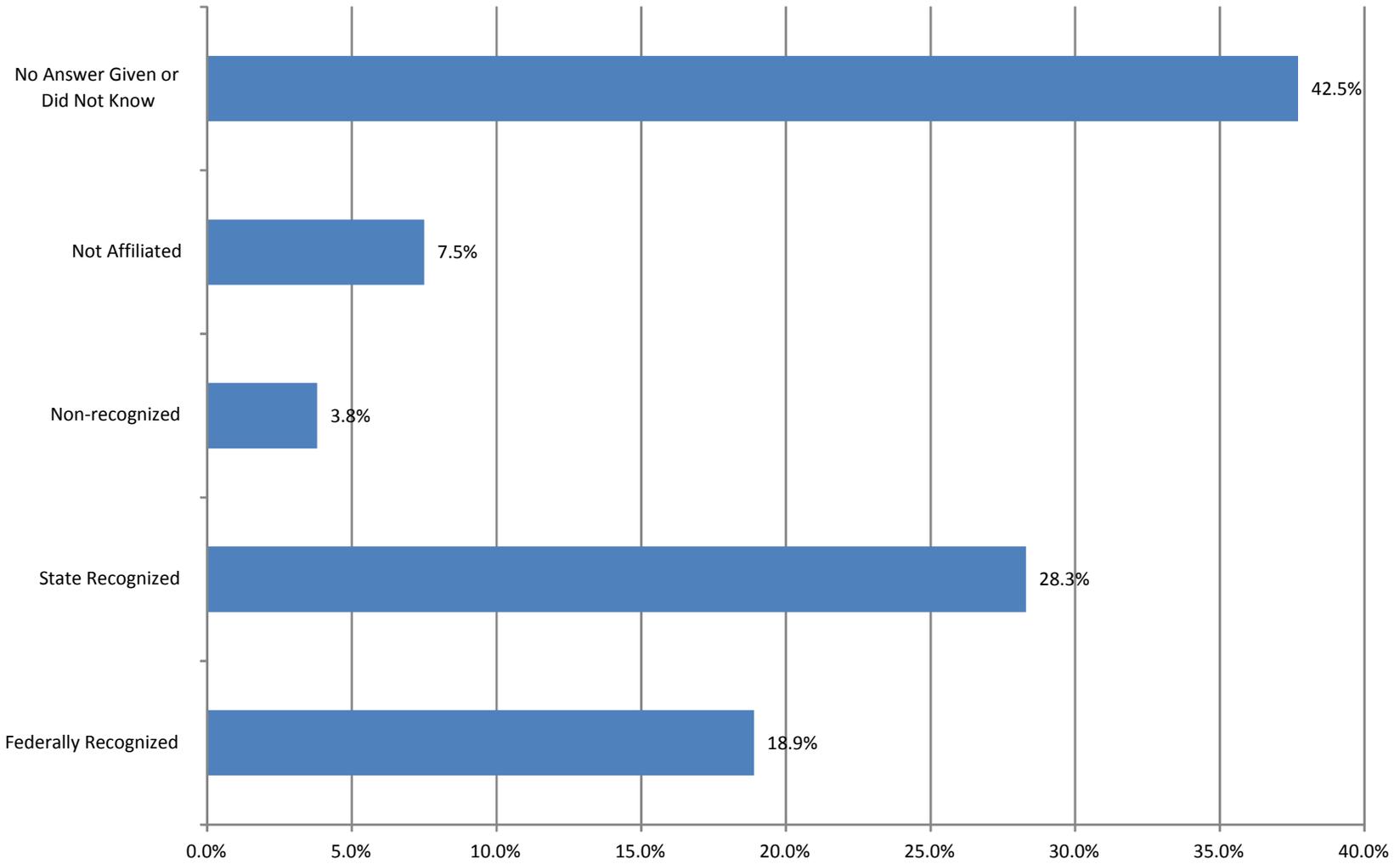
<b>Type of Housing (Living Arrangements)</b>	<b>Total Responses</b>	<b>Percent of Responses</b>
House	39	78.0%
Apartment	1	2.0%
Mobile Home	8	16.1%
Other	2	4.0%
Total Survey Population in Housing:		160 Persons
Age of Youngest Housing Respondent:		19 Years
Age of Oldest Housing Respondent		84 Years
Age of Persons Living in the Home:		56 Years

The average age of the respondent completing the survey was 55 years of age.

## Tribal Status, Ancestry, Birth Place and Time in South Carolina

Chart 9 provides percentages on the tribal affiliation of respondents who completed the question regarding current tribal affiliation and tribal status as

**Chart 9: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents by Tribal Type**



As was mentioned in the Methodology and Unique Challenges sections of the Native American Needs Assessment, Native Americans who currently live in South Carolina, the combination of issues related to identity, identity confusion, and reluctance to provide information relative to tribal affiliation household income, employment, well as other information deemed confidential by the respondents completing the Survey, has had an impact on participation levels, and more importantly, a willingness to provide information in this section, and proceeding sections of the document.

When respondents were asked about tribal affiliation and tribal status, the percentages provided in Chart 9 reveal the following.

- 42.5% or 21 persons either did not know their tribal affiliation or would not answer
- 28.3% or 15 respondents identified their tribal affiliation as with a state recognized tribe
- 18.9% or 10 respondents completing this part of the Needs Assessment survey, identified themselves as tribal members of the Catawba Indian Nation of SC, the states only Federal recognized tribe
- 3.8% and 7.5% (2 and 4 respondents, respectively), were either members of a non-recognized tribal entity, or were Native American Indian, but not affiliated with any tribe, group or Native American Indian organization.

### **Employment Status, Weekly Earnings and Benefits**

Survey respondents were asked to provide information regarding their current employment status, weekly earnings, and whether or not they received any type of governmental and related benefits. Not all survey respondents were willing to disclose their weekly earnings, as was covered in the Unique Challenges section. This information is summarized as follows below as well as in Charts 10 through 12:

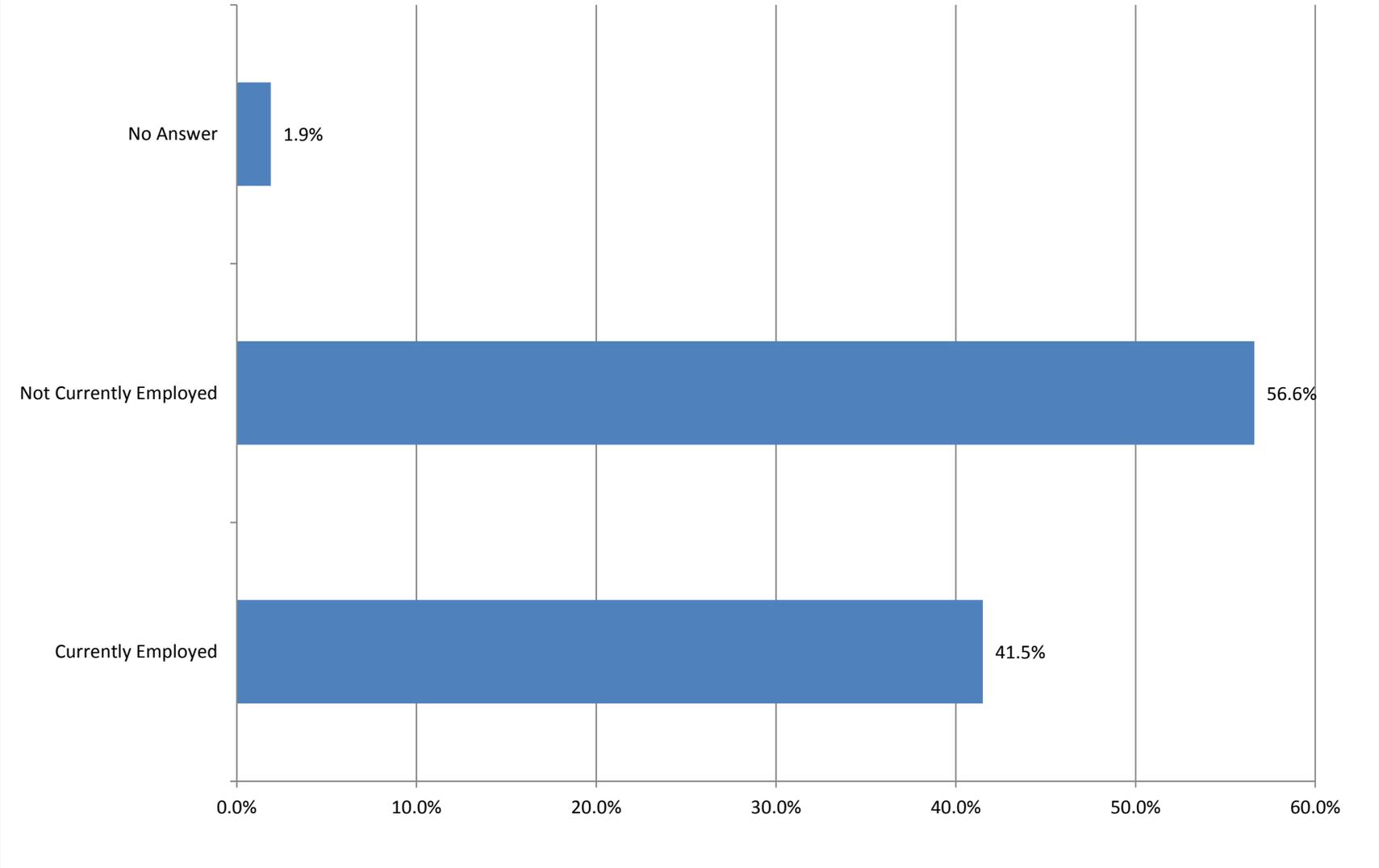
- 30 of 53 respondents (56.6%) stated that they were currently employed at the time the Assessment Survey was administered (Chart 10)
- 22 of 53 respondents (41.5%) stated that they were currently unemployed (Chart 10)
- Average weekly earnings among those respondents who were employed at the time that the Assessment Survey was administered were \$ 196.05 per week, or approximately \$ 10,194 annually. Only 14 respondents (26.4%) provided data on weekly earnings.
- In regards to governmental benefits received:
  1. 26.4% of respondents (14 of 53) stated that they did receive governmental assistance compared to 62.3% who received no governmental assistance (Chart 11)

2. Governmental Benefits received include (Chart 12)

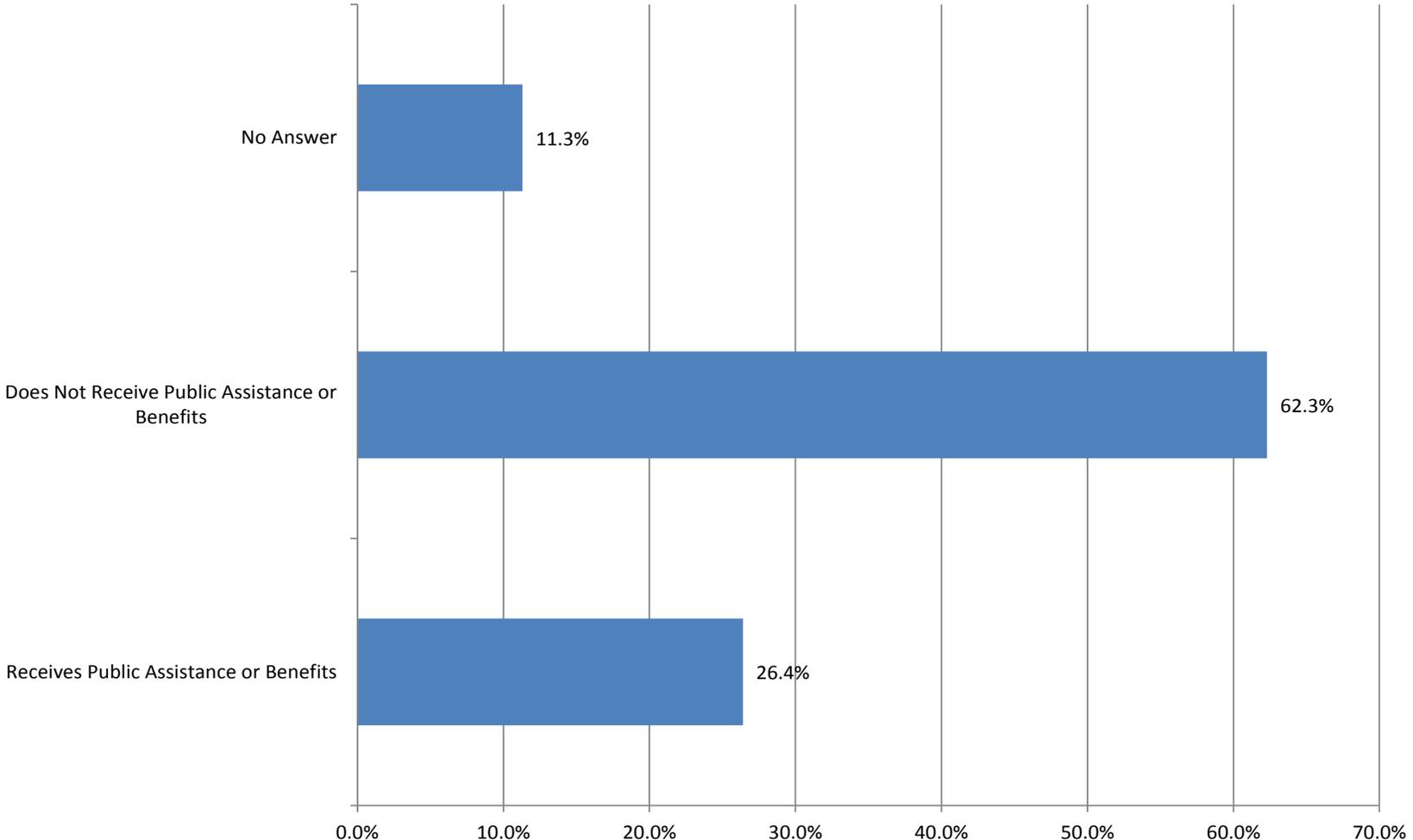
SNAP (Food Stamps)	– 4 respondents, 7.5%
WIC	– 0 respondents, 0.0%
Medicaid	– 10 respondents, 18.9%
SSI-Disability	– 8 respondents, 15.1%
Other Disability	– 7 respondent, 13.2%

Collectively, only 29 of 53 respondents indicated that they received some form of governmental assistance.

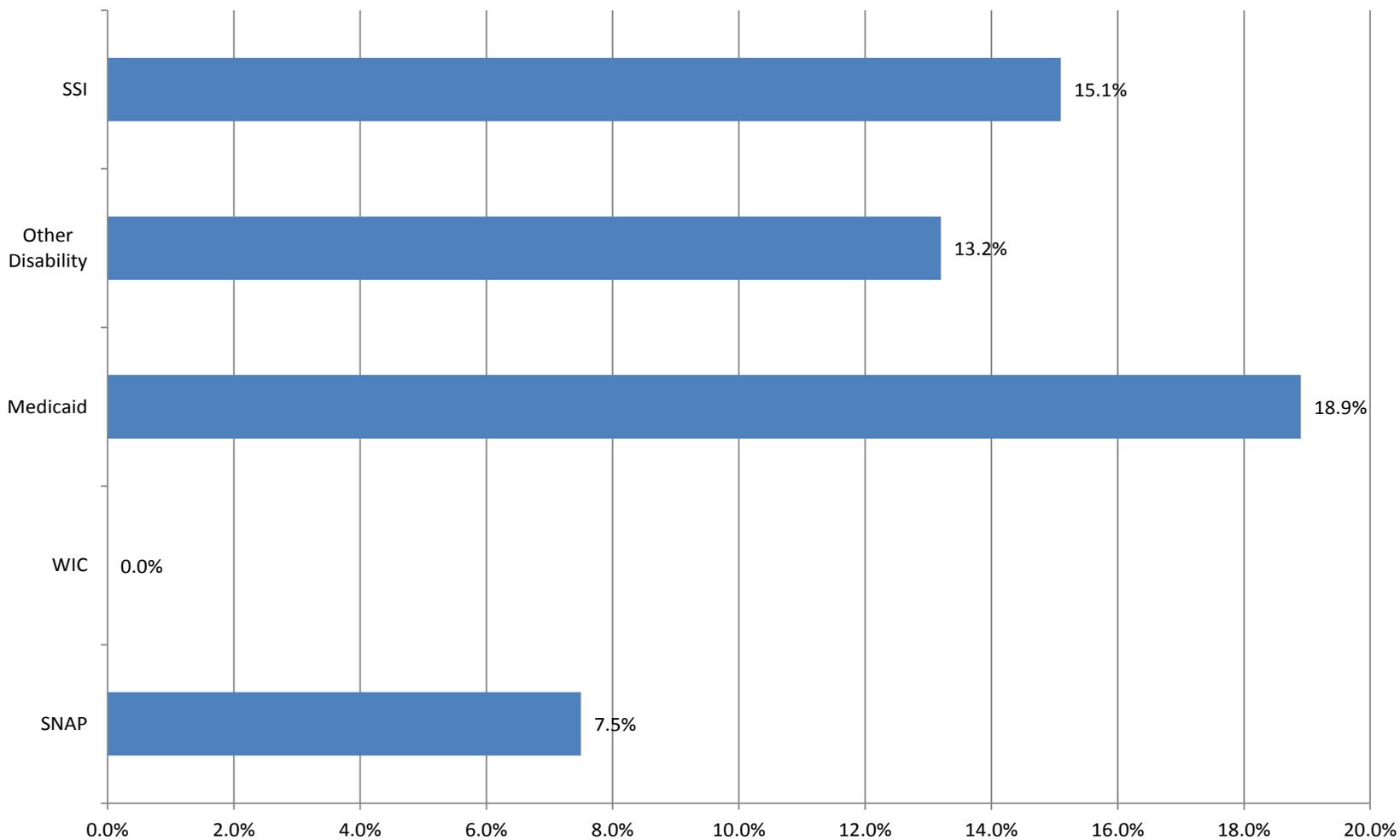
**Chart 10: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Employment Status**



**Chart 11: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Public Benefits**



**Chart 12: 2011 Native American SC DHEC Health Assessment:  
Percent of Public Benefit Recipients by Type**



## Transportation and Communication

The final sections focused on the collection of demographic information for the Health Assessment involved access to transportation, and forms of communication for the Native American population. Totals and percentages are provided below for those respondents completing the Assessment Survey.

For respondents indicating transportation access:

- Own a Personal Vehicle: 46 of 53 respondents (86.8%) – (Chart 13)
- Someone else in the Household Owns a Personal Vehicle: 30 of 53 respondents (56.6%) – (Chart 14)

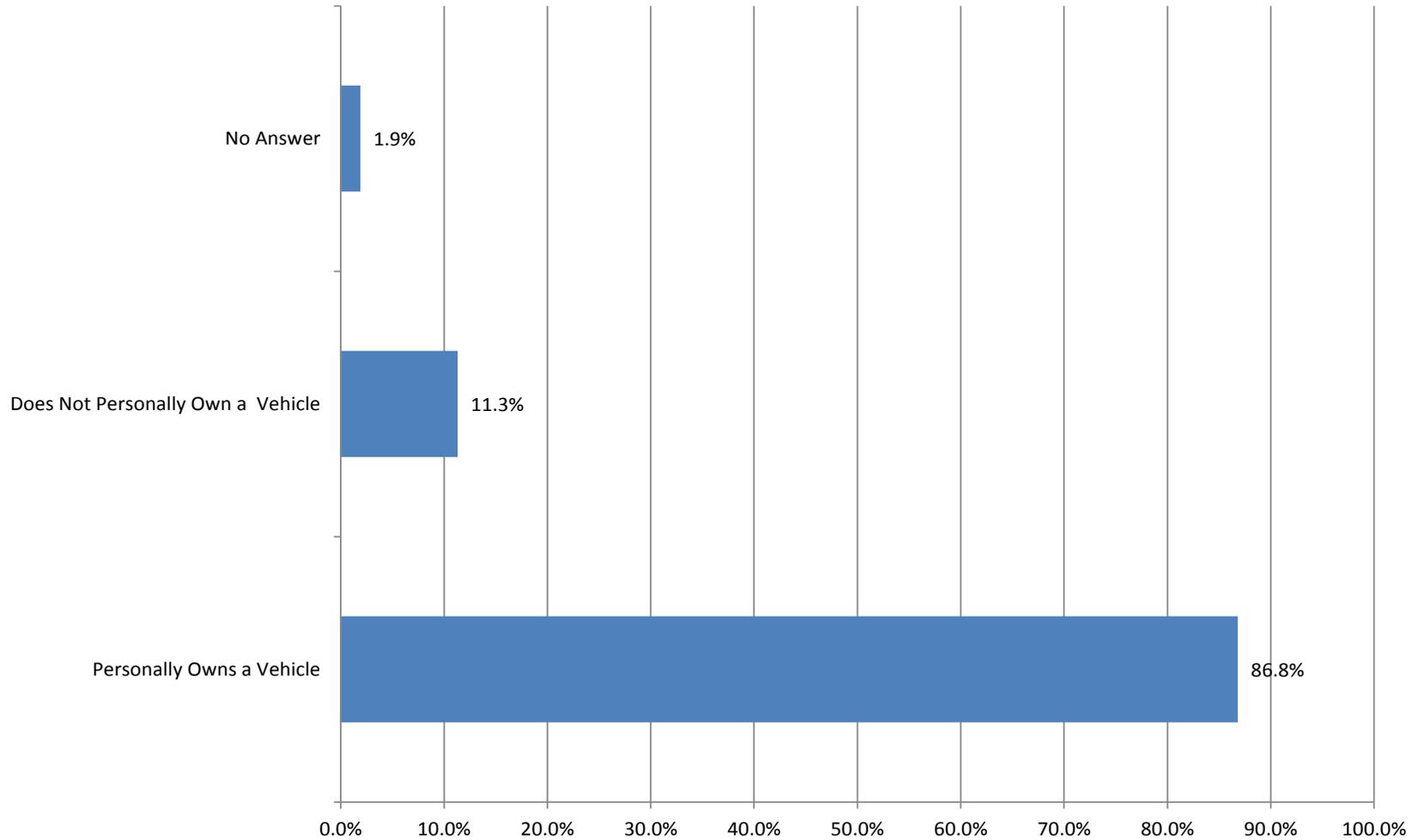
Primary Mode of Transportation (Chart 15):

- Car – 50 of 53 respondents (94.3%)
- Public Transportation – 1 of 53 respondents (1.9%)
- Taxi – 0 of 53 respondents (0.0%)
- Bicycle – 0 of 53 respondents (0.0%)
- Walking – 1 of 53 respondents (1.9%)

For respondents providing answers to the statements regarding communications:

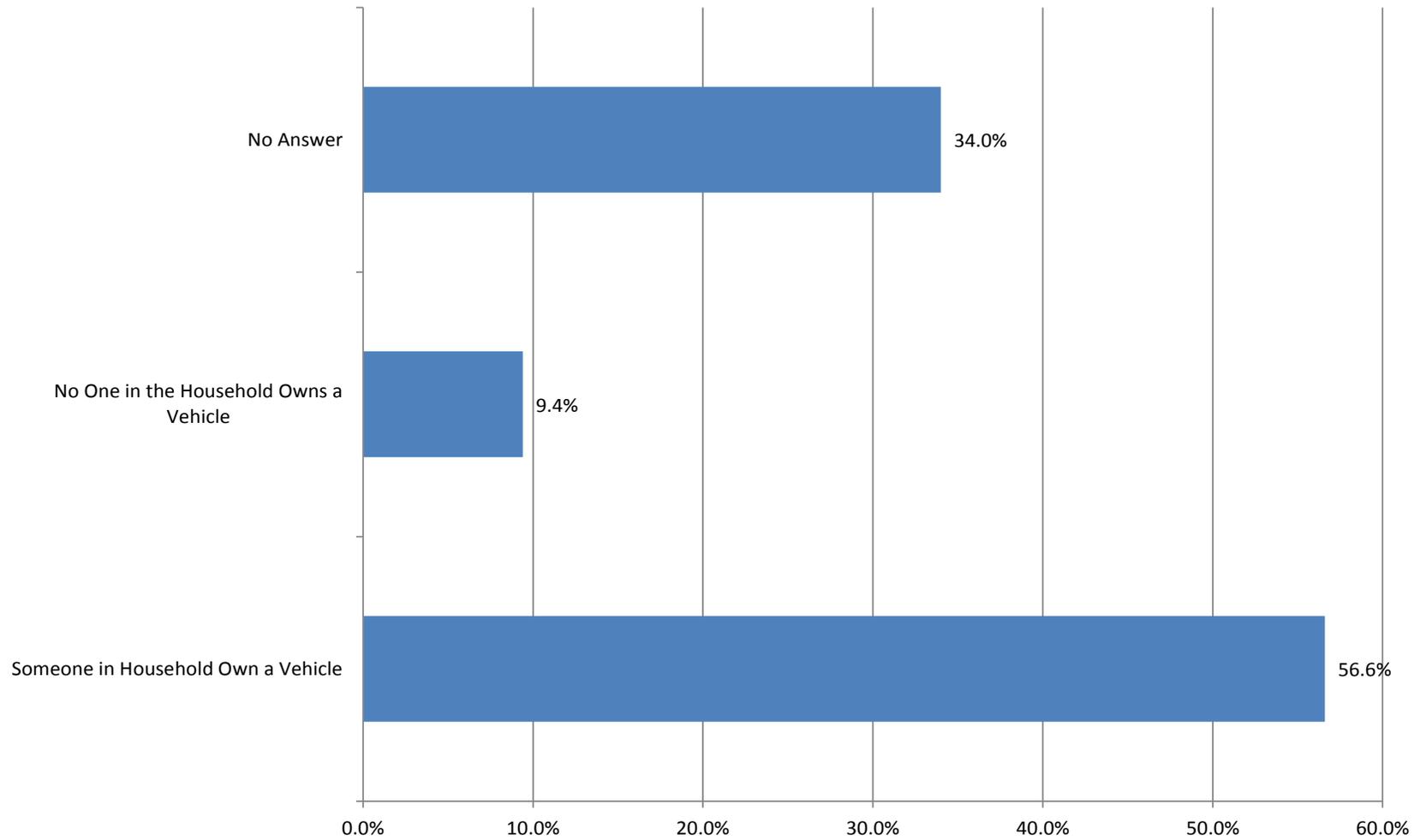
- 48 of 53 respondents, (90.6%) stated that they had a home phone or cell phone.
- 43 of 53 respondents (81.1%) indicated that they had a working home computer.
- 41 of 53 respondents (77.4%) indicated that they had internet access; with 17 or one-of-every six total respondents (32.1%) reporting that they did not have access to a computer with internet service.

**Chart 13: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Personal Transportation**

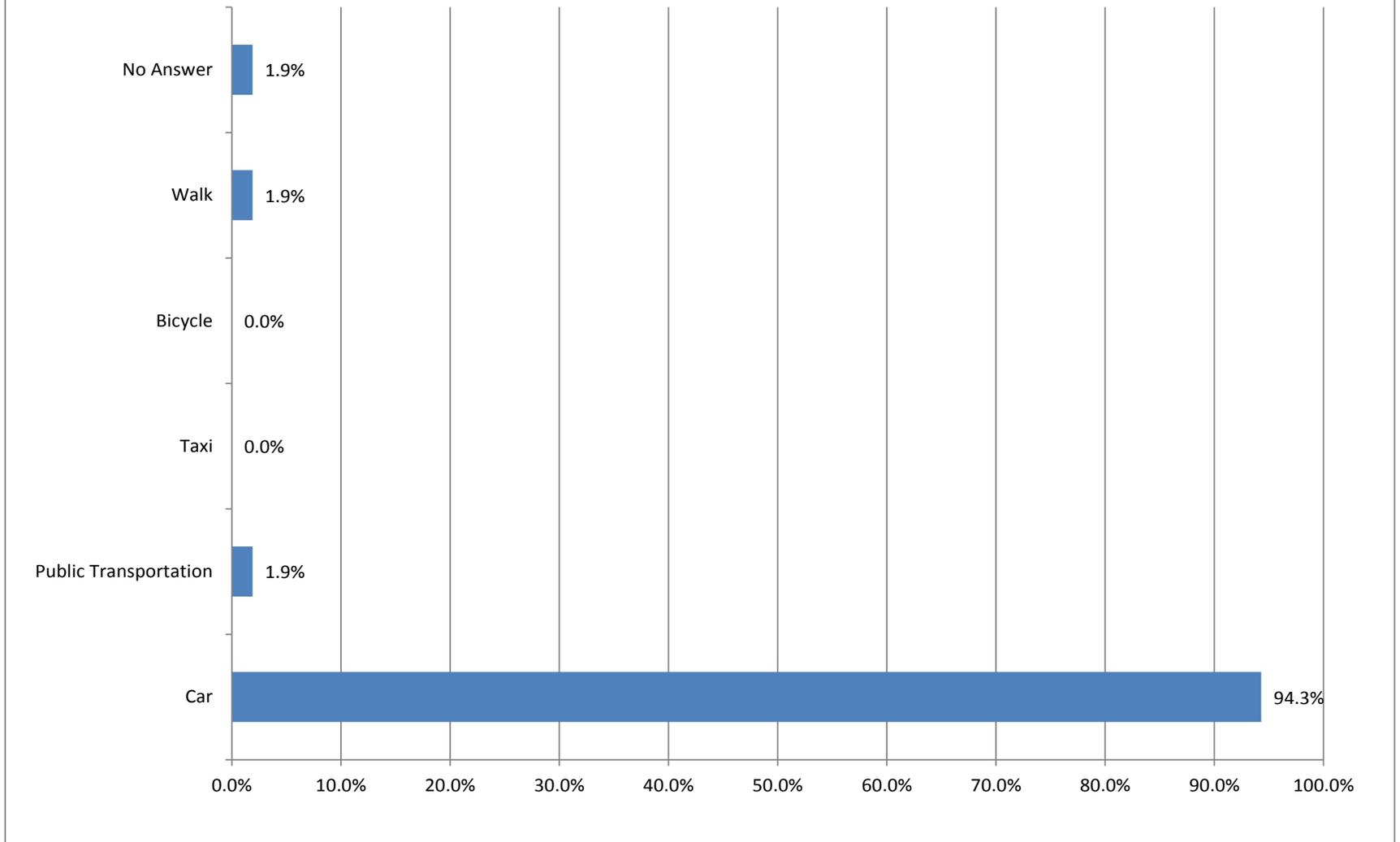


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**Chart 14: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Available Household Transportation**



**Chart 15: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents by Transportation Type**



## Report Findings on the Health Assessment Regarding Health and Healthcare

The last section of the Health Assessment Survey requested information from the Native American population regarding their access to health and utilization of healthcare services. The remainder of this document provides a summary of assessment findings.

### Information Regarding Routine Health Visits to the Doctor

The first set of health questions asked to respondents sought information regarding the following:

- Whether the respondent sees a doctor on a routine basis when someone in the home is sick
- Whether a health service was utilized within the past twelve (12) months
- Whether a child was taken to the doctor in the past twelve (12) months
- Place of the last doctor visit

Of those individuals completing the questions:

- 79.2% of respondents indicated that they have seen a doctor when someone is sick (42 of 53 persons responding) – (Chart 16)
- 83.0% of respondents have seen a doctor within the past 12 months (44 of 53 respondents) – (Chart 17)
- 26.4% of respondents had taken their child to the doctor (14 of 53 respondents) – (Chart 18)

In regards to where the respondents go to visit the doctor, Chart 19 provides the following information:

- 11.3% of respondents (6 of 53) saw the doctor in the emergency room
- 15.1% of respondents (8 of 53) went to a doctor's office
- 3.8% of respondents (2 of 53) went to an urgent care or other place to see the doctor
- 7.5% of respondents (4 of 53) utilized some other type of Health Facility
- 1.9% of respondents (1 of 53) saw the doctor at a Free (or Reduced Price) Clinic.

- Over 60 respondents did not provide an answer.

Most of the visits to the doctor were for routine well or sick visits, or treatable illnesses based on routine or seasonal events (colds, sinus, immunizations for the flu, H1N1, and sick or well baby visits).

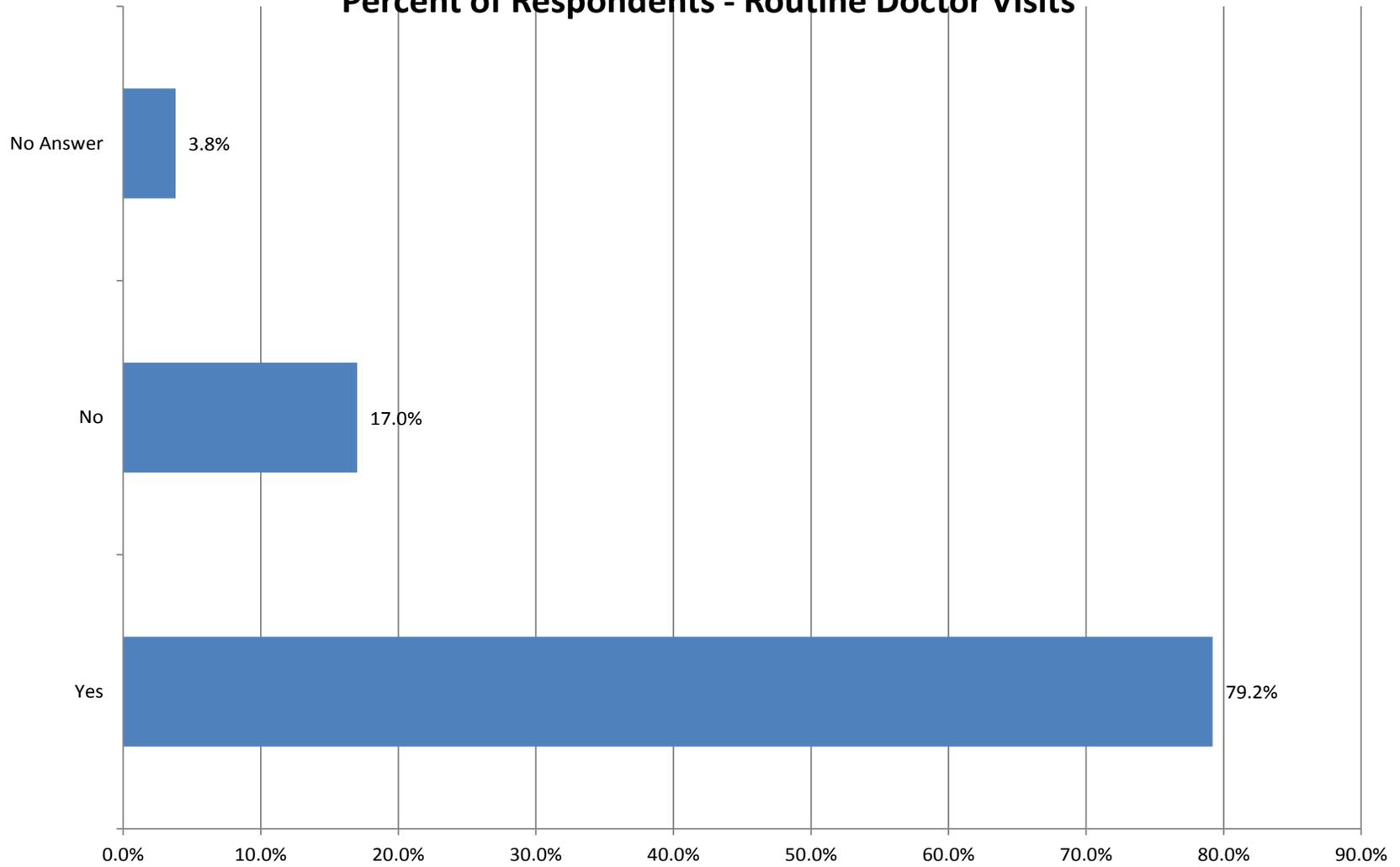
### Places to Seek Medical Care

In order to properly serve the unique medical needs of Native American Indians in South Carolina, the Department of Health and Environmental Control (DHEC) professionals must understand the unique cultural history and traditions of Native culture, avoid forming inaccurate or stereotypical conclusions regarding the behaviors and practices of Native peoples, seek to better understand the unique culture of individual tribes, and most importantly, have an appreciation and respect for tribal leaders. This holds true in the area of medical care. Chart 20 provides respondent percentages on places where Native Americans who respond to the Needs Assessment seek medical care. This section along with the remaining sections on medical conditions and women's health care are of utmost importance for future collaboration between DHEC officials and representatives of Native American Indians across South Carolina. As mentioned in the Unique Challenges section of this document, the reluctance of respondents to provide information on where health services are sought points to the need for further partnerships and collaboration between tribal leaders, DHEC and other government agencies. This will help break down long standing perceived and actual barriers which prevent the various healthcare needs of Native American Indians in South Carolina from being met.

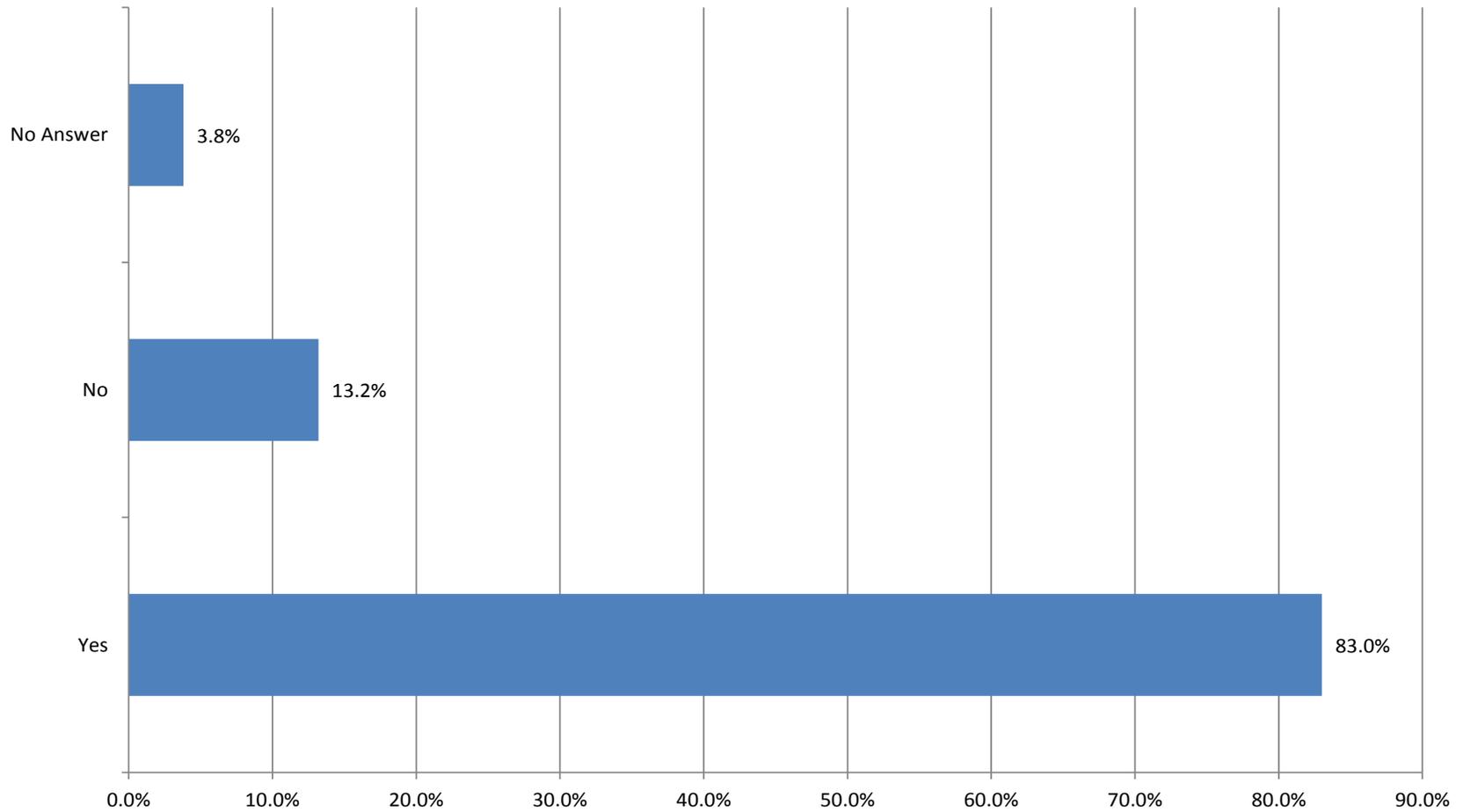
The data in Chart 20 indicates the following information:

- 39.6% (21 of 53 respondents) utilized the doctors' offices for medical care
- 37.7% (20 of 53 respondents) utilized the emergency room as the place to seek medical care
- 7.5% (4 of 53 respondents) used the pharmacy to seek medical care or medical information
- 5.7% (3 of 53 respondents) utilized either Urgent Care or Free Medical Clinics as the place for medical care
- 1.9% (1 of 53 respondents) utilized a tribal Folk Medicine Man for medical care.

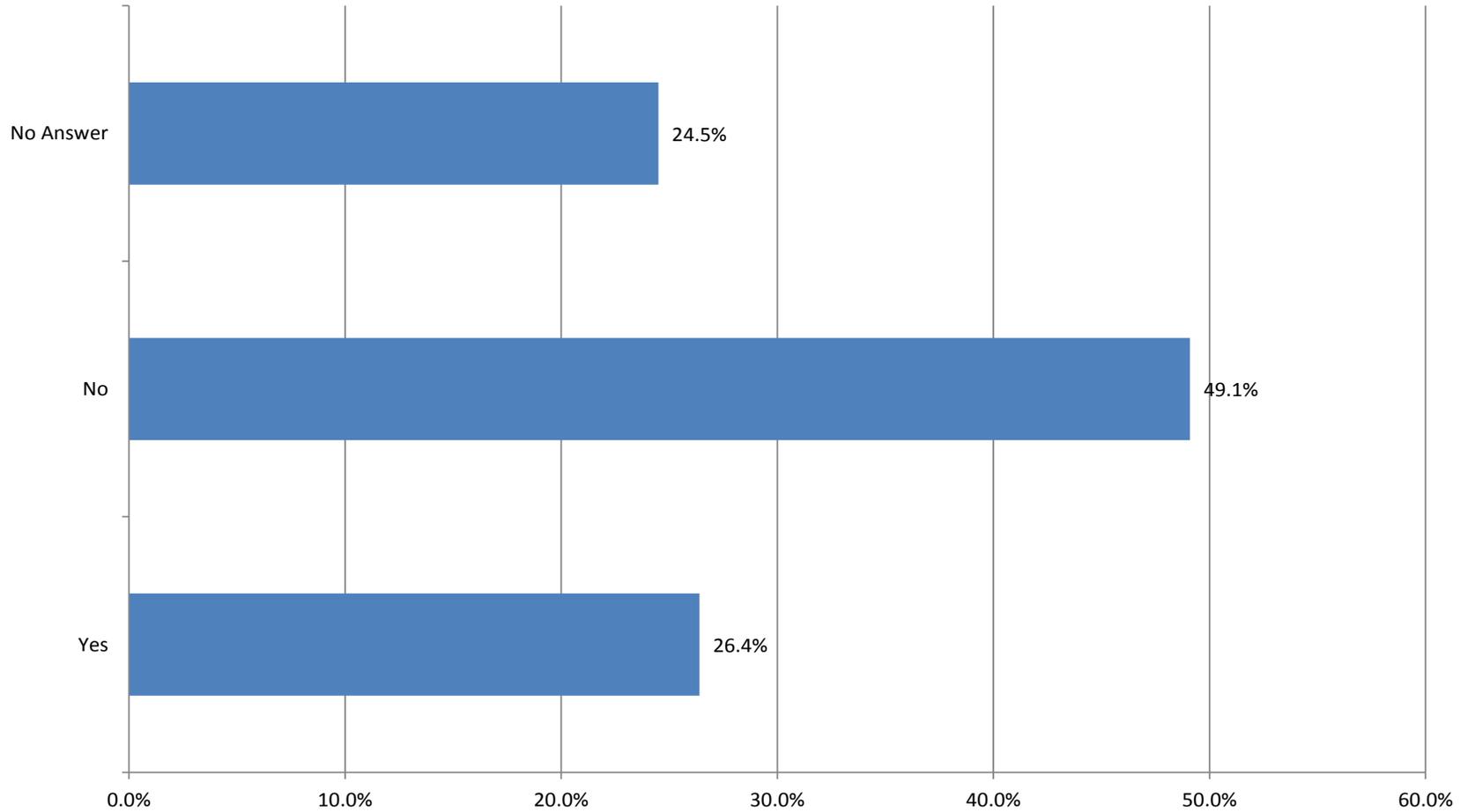
**Chart 16: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Routine Doctor Visits**



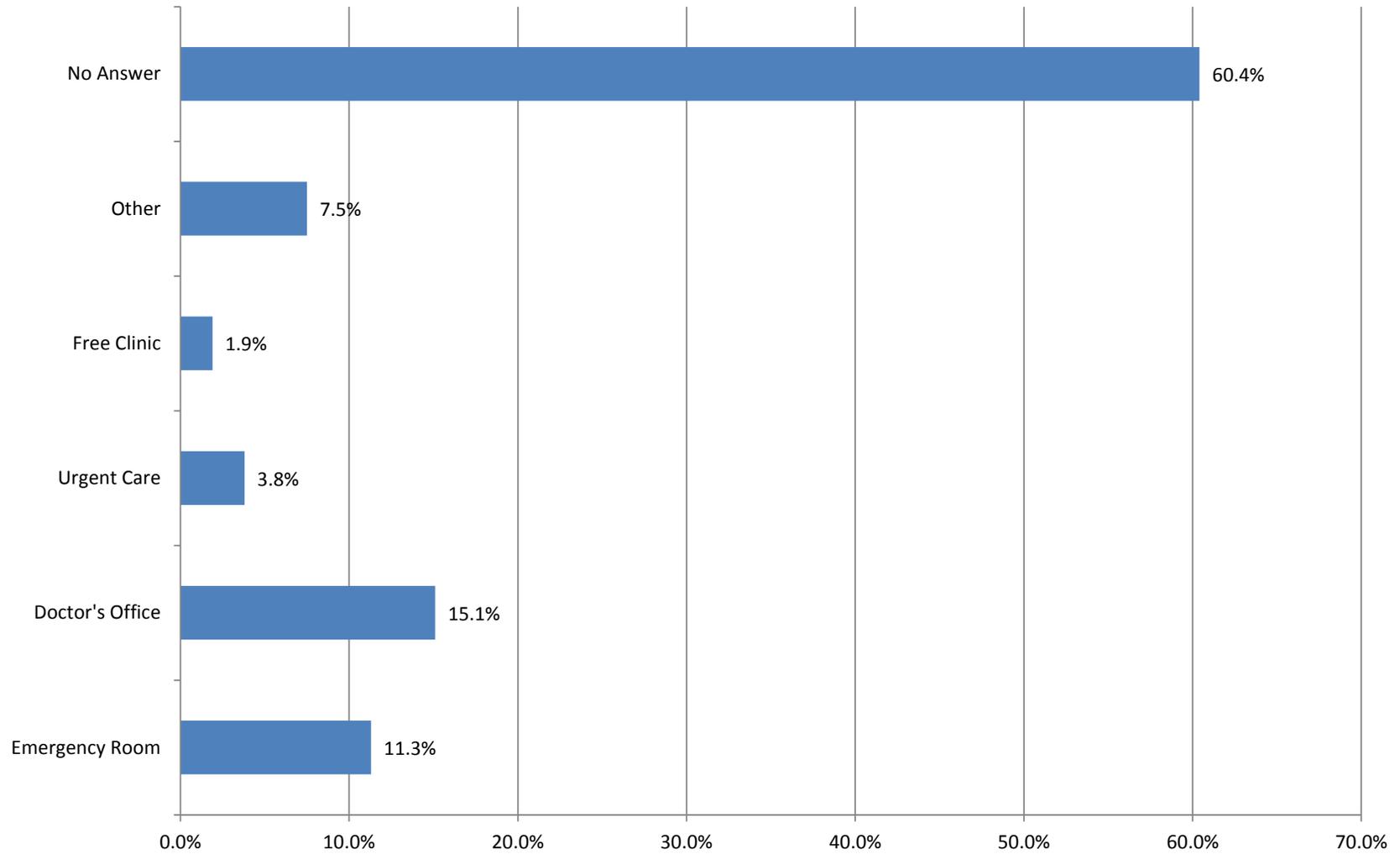
**Chart 17: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Use of Health Services  
Within the Past 12 Months**



**Chart 18: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Children Seen By Doctor  
Within the Past 12 Months**



**Chart 19: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Health Visits Facility Type**



When examining the responses for this section, it is important to note that collectively, over half of the respondents (28 respondents or 52.8%) utilized an emergency room, Urgent Care facility, and local Pharmacy or Folk Medicine person to address medical care concerns. The percentages indicate that low income levels, poverty, access issues and community isolation from medical and health professionals lead to poor health conditions among Native American Indians in South Carolina. This means that more outreach, availability and dissemination of health resources, and collaboration between tribal leaders, government agencies and federal Community Health Centers will need to occur to better address the health needs of the Native American Indians in South Carolina.

### **Medical Insurance - Sources of Medical Care**

The next section of the Health Assessment collected information on which respondents indicated that they have medical insurance for themselves or their dependents. The findings are as follows:

- A total of 35 of 53 respondents (66.0%) indicated that they currently have health insurance (Chart 21)
- Chart 22 reveals that 34.3% of respondents indicated that they did have dependent care insurance. In most cases, this insurance was only for the child or children within the family.

Respondents were also asked about where they would go to receive medical care for themselves or their dependents. Overall, respondents had a difficult time providing one answer. This was due to the fact that each medical situation was unique for individual respondents and members of their families. However, each of the 53 respondents was provided information on where they could obtain the medical care services for themselves and family members. This again points to the need for collaboration and true partnership between tribal leaders, government officials, and state Health Agencies.

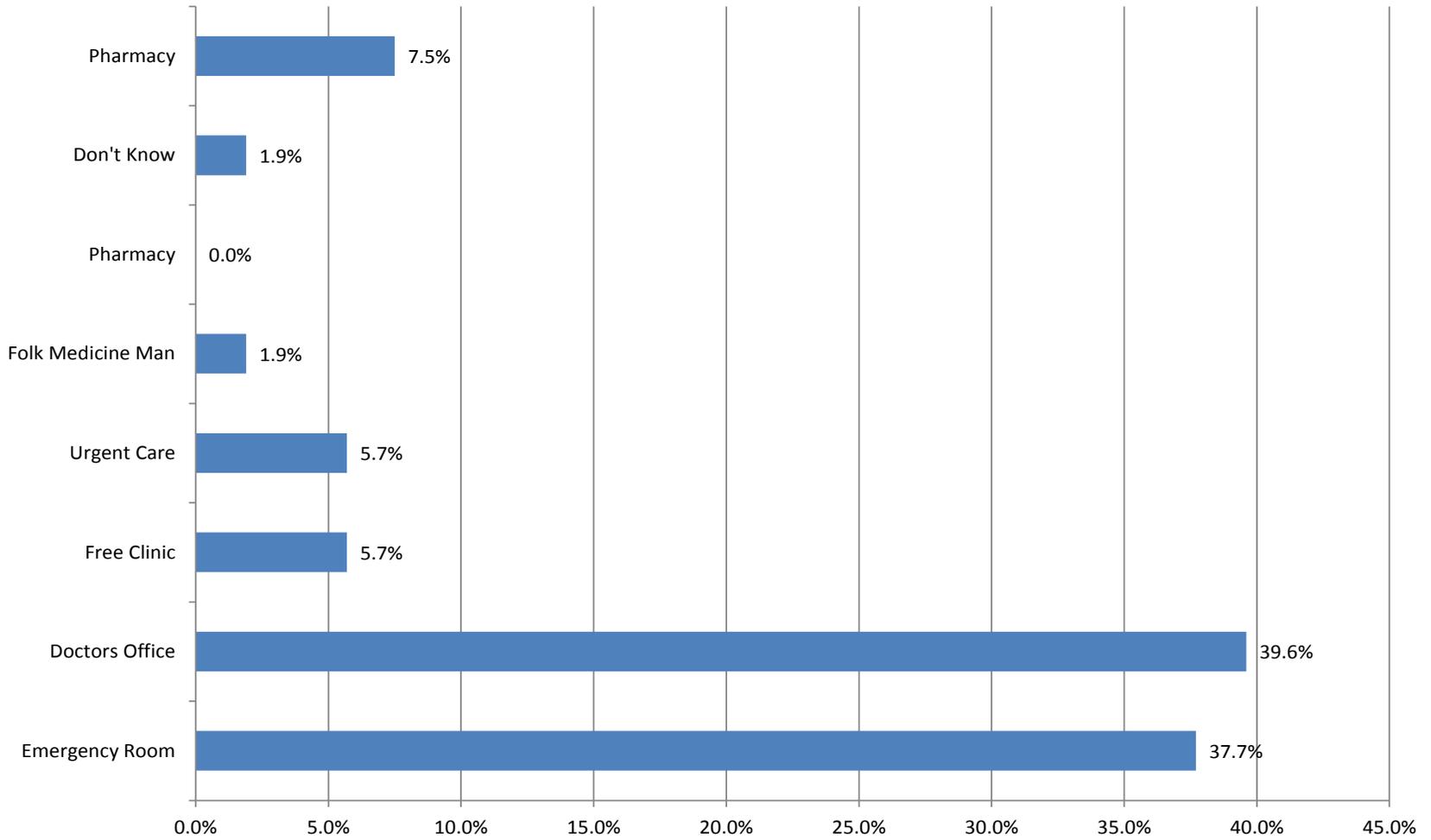
### **Medical Conditions**

The last major section of the Native American Health Assessment sought information on two areas of importance to the Native American Indians in South Carolina: (1) medical conditions experienced by the respondents to the Assessment Survey and (2) medical conditions of Native American Women only. Medical conditions receiving the highest percentages of responses as reported in Chart 23 by the respondents themselves include the following health problems:

1. High Blood Pressure (37.7%, 20 respondents)
2. Obesity (35.8%, 19 respondents)

3. Abnormal Vision (28.3%, 15 respondents)
4. Diabetes (26.6%, 12) and Pre-Diabetes (3.8%, 2) respondents
5. Depression and Digestive Problems (20.8%, 11 respondents)
6. High Cholesterol and Stomach Problems (17.0%, 9 respondents).

**Chart 20: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Place to Seek Medical Care**



## DHEC Specific Response Information from the Native American Population

A key component of the Assessment Survey on the Native American Population was to collect information pertaining to diabetes, diabetes risk, smoking and tobacco use by type among the Native American population. Charts 23 and 24 provide percentages for each of these health conditions. Key findings are summarized within this section of the Report.

### Smoking and Tobacco Use

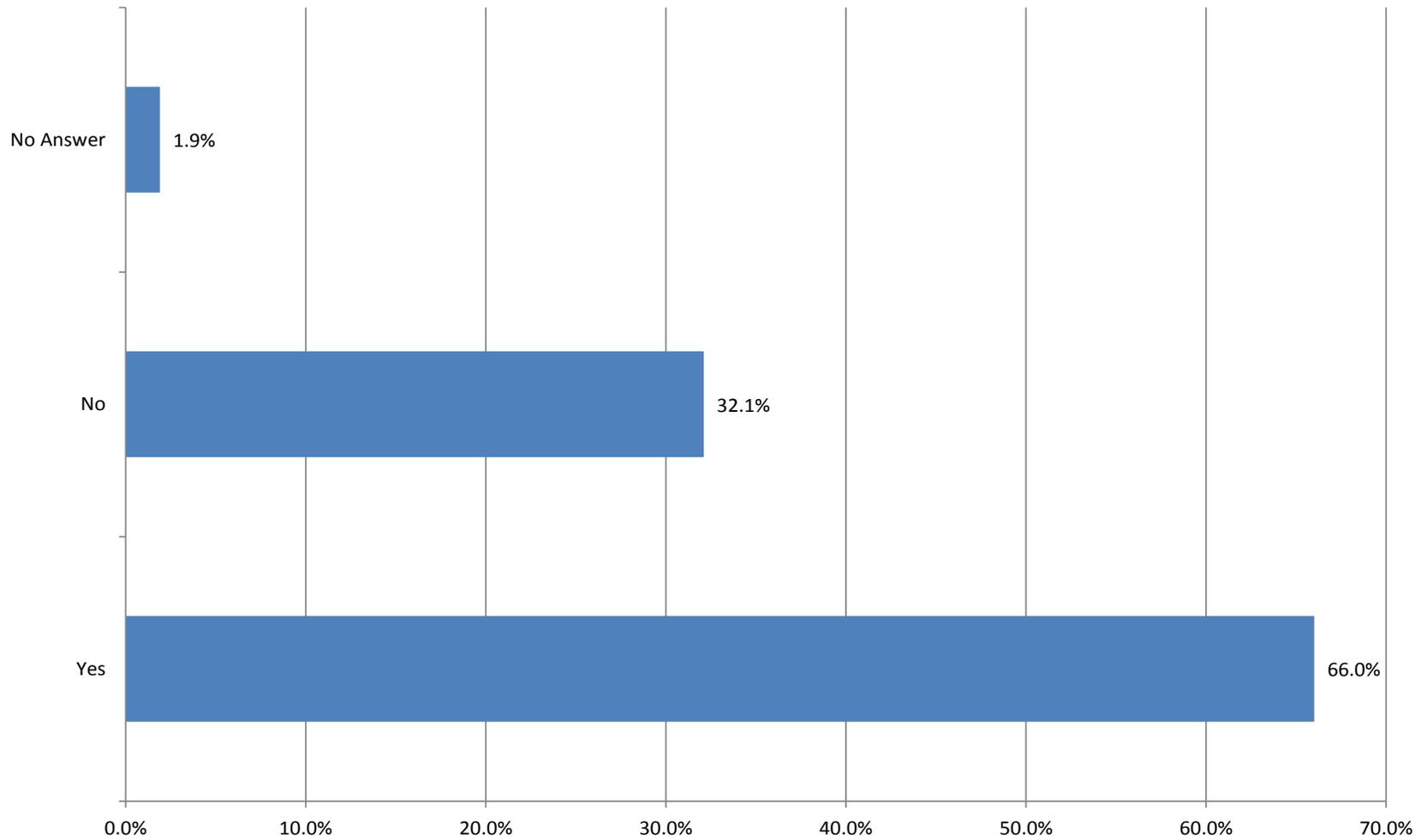
Overall, only 17 of 53 (32.1%) respondents indicated that tobacco use was prevalent within the Native American population. An equal number of respondents indicated that they tried to quit smoking. This represents approximately one of every three respondents who completed the Assessment Survey: Specific tobacco use indicated by the respondents includes:

- Cigarettes – 12 respondents
- Snuff – 5 respondents
- Other tobacco products not specified – 11 respondents

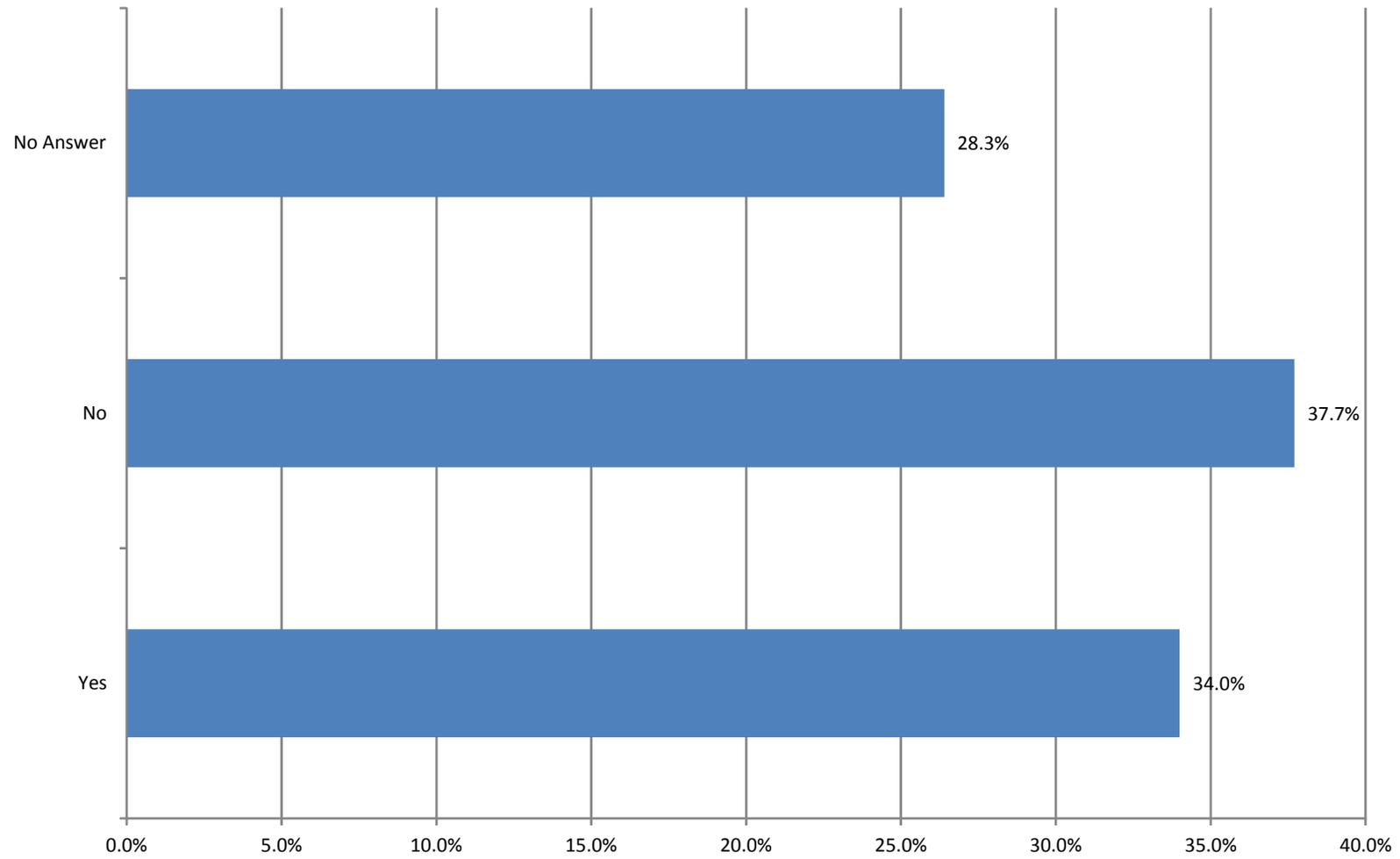
In addition to the risk of smoking, respondents were also asked to indicate whether or not they or someone in the household have been diagnosed as diabetic by a medical worker or physician, or were officially determined at risk for diabetes based on a diagnosis from a medical worker or physician. Of the sample of 69 persons surveyed, only 14 persons surveyed answered the statements on tobacco use and diabetes diagnosis. However, the information provided by the respondents indicates that:

- 26.4%, or 14 (of 53) respondents were told that they have diabetes
- 39.6% or 21 (of 53) respondents were told that someone in their household was at risk for becoming diabetic

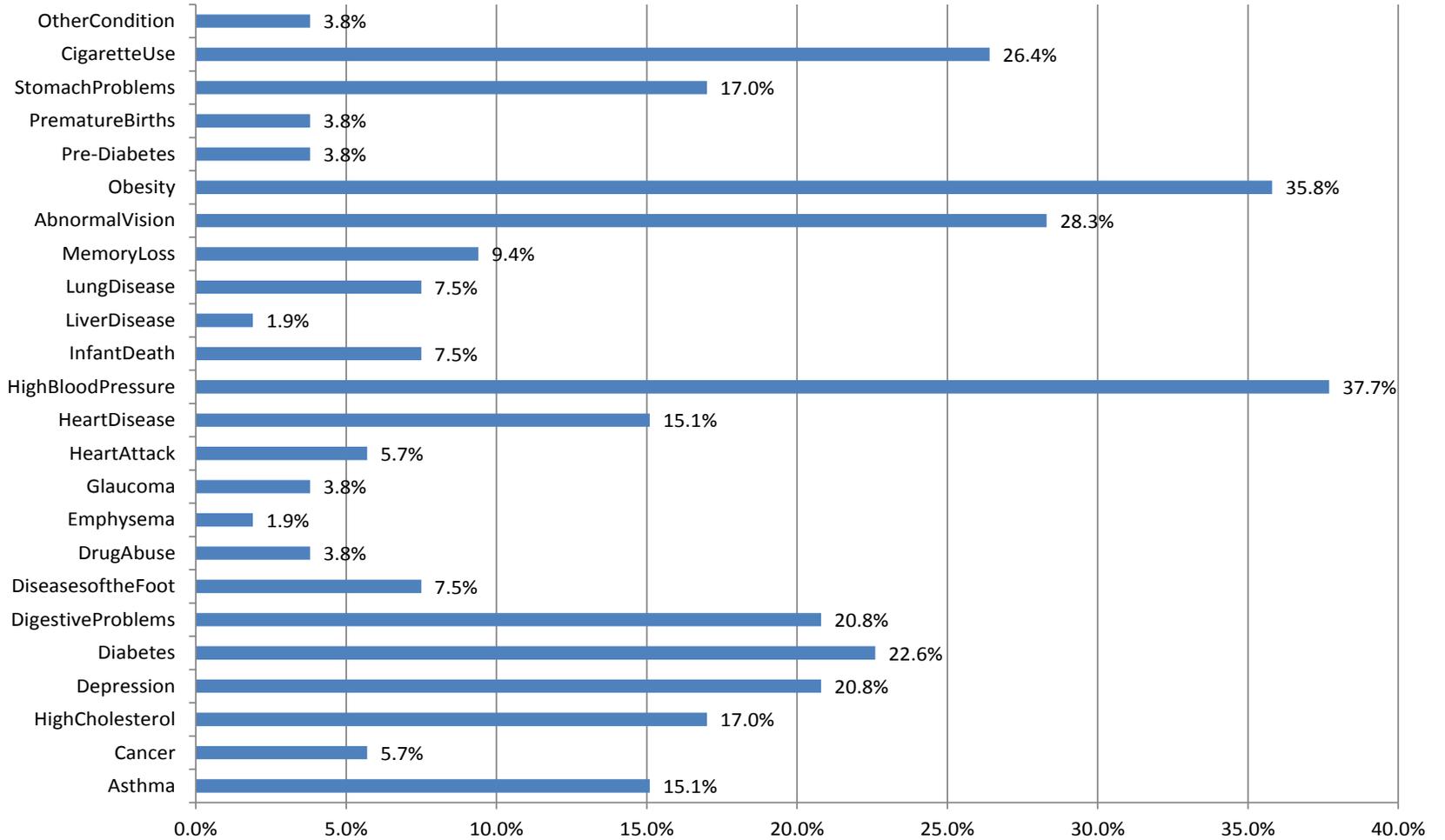
**Chart 21: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Personal Medical Insurance**



**Chart 22: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents - Dependent Medical Insurance**



**Chart 23: 2011 Native American SC DHEC Health Assessment:  
Total Number of Respondents With Listed Medical Conditions**



## Survey Responses for Women Only

The last section of the Native American Health Assessment Survey requested response information from Native American women only regarding prenatal health and risks for diabetes. Unfortunately, very few women responded to this section of the Health Assessment Survey.

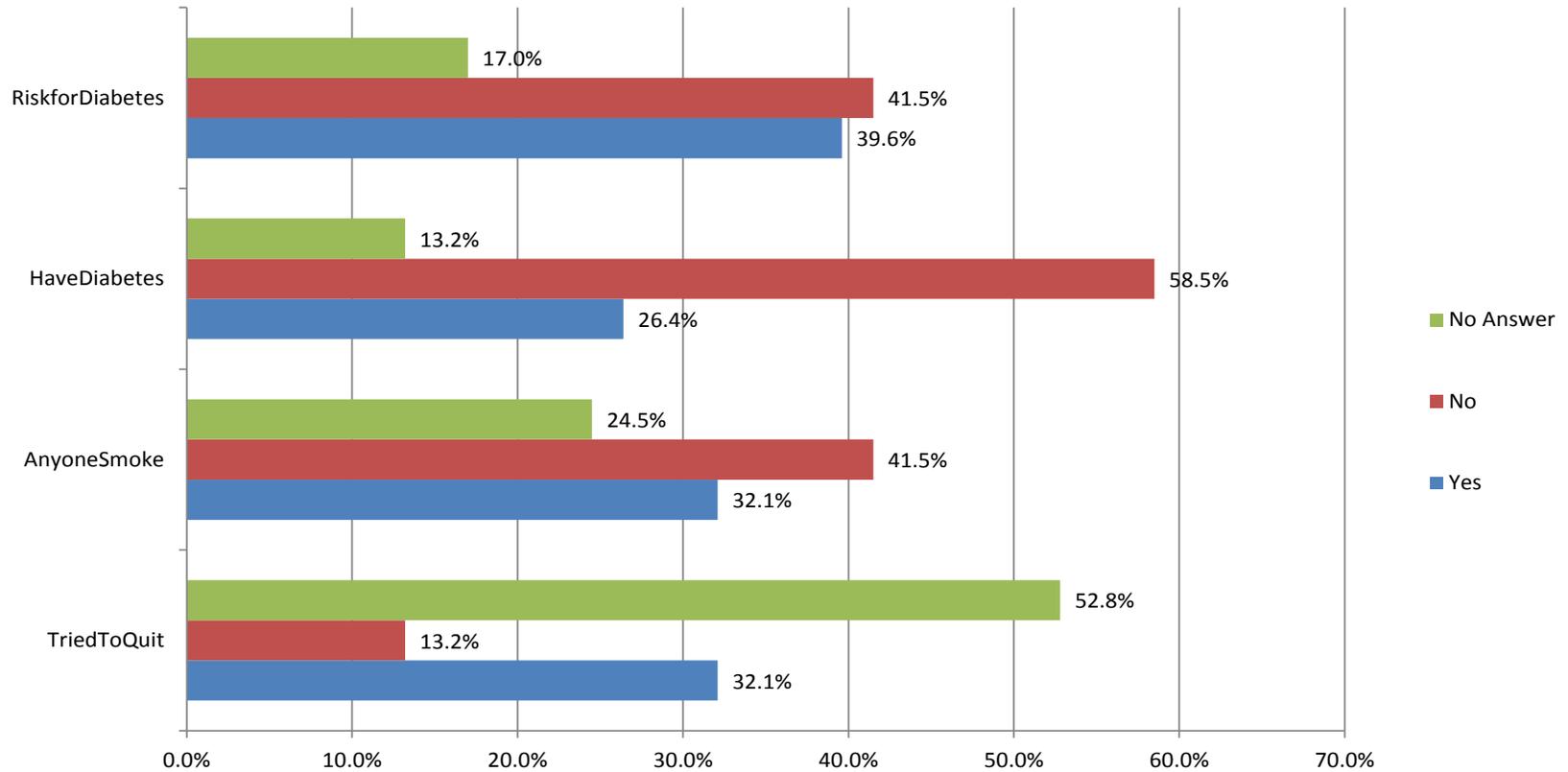
This may indicate that of the sample of women surveyed, they were not of child bearing age, they did not use illicit drugs, were not diabetic or at risk for diabetes or some combination of these responses. Chart 25 provides percentage responses for this section of the Needs Assessment. Findings from this section reveal:

- Only 2 of 53 women respondents surveyed (3.8%) indicated that they had been pregnant in the past year
- A total of six children were born to the five women who stated that they experienced a pregnancy within the past year. One respondent stated that she had twins. One respondent experienced a miscarriage of a child within the past year. Three of the answers provided by respondents were mistyped, making it difficult to determine from the data if these three women respondents actually had a baby.
- In regards to gestational or borderline gestational diabetes:
  1. Only 2 women (3.8%) reported that they had experienced gestational diabetes
  2. 14 of 53 women were not diagnosed as having gestational diabetes

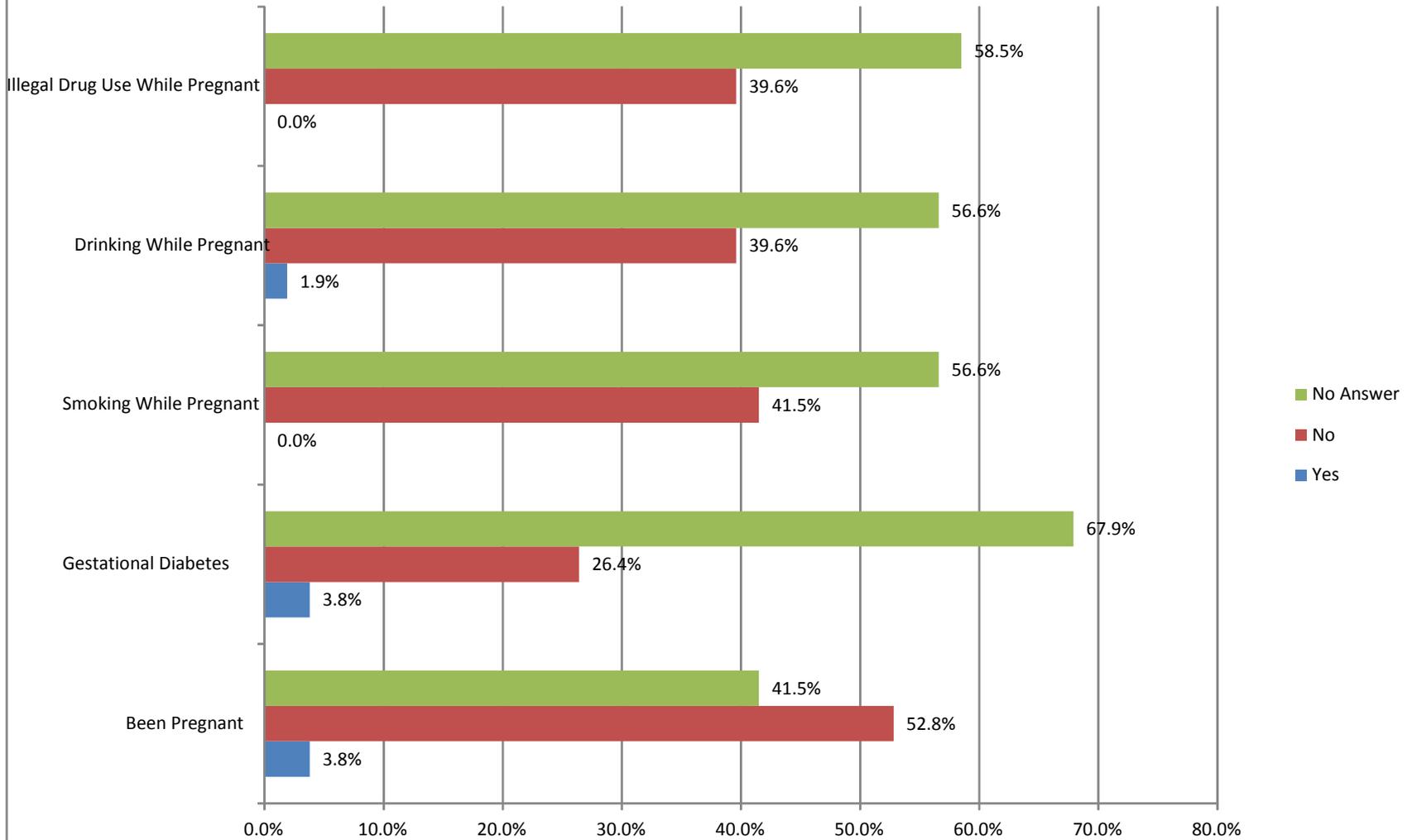
This section of the Assessment Survey will require additional follow-up due to the uncertainty of the level of understanding by those women who responded to the survey.

- In regards to prenatal health at some time during pregnancy:
  1. 22 female respondents (41.5%) indicated that they did not smoked while pregnant
  2. 21 respondents (39.6%) indicated that they did not drink while pregnant
  3. 21 respondents (39.6%) indicated that they did not take any illegal drugs while pregnant.

**Chart 24: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents With Listed Smoking Conditions**



**Chart 25: 2011 Native American SC DHEC Health Assessment:  
Percent of Respondents Relating to Pregnancy Conditions**



## Summary

This report has provided a summary and analysis of data collected from a random survey of the Native American population. The Native American population is a relatively stable population in South Carolina, and is prevalent in metropolitan and rural counties across the state. There are many people, even those who work in state agencies, who are not aware that Native American Indians live in the state. This remains an unfortunate situation since Native American Indians in the state experience some of the same health issues as other minorities and the general population in South Carolina. Care was undertaken by the staff of the Commission to account for this in the administration and collection of survey data. In collaboration with DHEC, and the securing of additional funding, the staff of CMA is willing to collect data during the remainder of this partnership on the health conditions experienced by the Native American population. This data will be used to provide additional information to DHEC staff regarding the incidence of tobacco use and the presence of diabetes within the Native American population. At the time of the completion of this report, the new 2010 Census had just been released (on March 24, 2011). The staff of CMA where possible, will work in partnership with DHEC staff to provide additional assistance in outreach to other communities where the Native American populations reside in South Carolina.