

# American Indian Health Services Needs Assessment Study Chicago Metropolitan Region

Center for Urban Research and Learning  
Loyola University Chicago

Christine George, Ph.D., Senior Research Fellow  
Diana Veloso, Graduate Fellow  
Chiara Sabina, M.A., University: Community Collaborative Researcher  
Irene Tostado, Undergraduate Fellow  
Brian Halberg, Undergraduate Fellow

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## Introduction

American Indian Health Services (AIHS) is a health care organization that provides direct services to American Indians and Alaska Natives in Metropolitan Chicago. The organization sought to undertake a review of the health status of American Indian/Alaska Native people in its service areas so as to ascertain health needs, per the requirements of its major funding agency, Indian Health Services (IHS). As such, AIHS collaborated with the Center for Urban Research and Learning (CURL) at Loyola University Chicago on a needs assessment study to meet the said requirement. The research team of AIHS and CURL identified several goals for this study. First, the research project is intended to estimate the population of urban Indians residing in the AIHS service area, who are or could be recipients of AIHS' health care or referral services. Second, the study provides a profile of the current health status of urban Indians residing in the Chicago area covered by AIHS' services. Third, the research offers an estimate of the current health needs of the population of American Indians and Alaska Natives based in AIHS' service area. Fourth, the study identifies all public and private health services and resources within AIHS' service area that are available to urban Indians, as well as the barriers to health care. Fifth, the research seeks to determine the use of public and private health service resources by urban Indians residing in AIHS' service area.

### General Profile of American Indians and Alaska Natives in the Metropolitan Chicago Area

In this section, we identify the geographic locations and general demographic information of American Indians and Alaska Natives included in AIHS' service population. We relate such demographic indicators as population density, dispersion, socio-economic factors, housing, age composition, and educational attainment, to American Indians and Alaska Natives' health status and access to health care. We will disaggregate the data on American Indian/Alaska Native people in this report whenever possible, and make distinctions between those who report one race or more than one race and those who report Hispanic or non-Hispanic origin.

#### *Population Density*

According to the 2000 Census, there are 48,449 individuals who identify themselves as American Indian/Alaska Native in the American Indian Health Services (AIHS) service area in Metropolitan Chicago, which includes Cook County, DuPage County, Kane County, Lake County, McHenry County, and Will County<sup>1</sup>. About 44% (21,555) of these individuals reported that they were American Indian/Alaska Native alone, while the remainder self-identified as American Indian/Alaska Native in combination with one or more races. While the Chicago metropolitan area's population is 0.3% American Indian/Alaska Native alone, it ranks eleventh (seventh, if you include American Indians and Alaska Natives of more than one race) of the 24 urban communities served by Urban Indian Health Organizations, in terms of the size of its American Indian/Alaska Native population (Urban Indian Health Institute, 2004).

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<sup>1</sup> These six counties are approximately within a 50-mile radius of site of American Indian Health Service's Clinic. Since much of the health data available on the national level is by tribal area, we sought to identify the "tribes of origin" of the American Indian/Alaska Natives living in the Chicago metropolitan area.

While it is not likely that all these individuals are enrolled members of tribes and thus the target population of the American Indian Health Services Clinic, Inc. it is very difficult to estimate those that are. Tribal enrollment is complicated by the fact that different tribes have different criteria for tribal enrollment.

In addition, while we might be able to assume that those who self-identified as American Indian/Alaska Native alone are likely to be enrolled in a tribe, this is not necessarily the case. In the 2000 census, 52% of those who claimed to be American Indian/Alaska Native Alone also identified themselves as Hispanic. While there is much missing data, many of these Hispanic American Indian/Alaska Natives identified affiliations with tribes that are from Mexico and Central America (see Appendix A). Approximately half of those reported they were Hispanic also reported that they were “foreign born.”<sup>2</sup>

It is also difficult to estimate the tribal membership of those who identify themselves as American Indian/Alaska Native and of another race. While many of these individuals identify tribal origins, this information alone does not necessarily indicate tribal enrollment.

In order to address this issue, and facilitate planning, whenever possible in this report, we will disaggregate the American Indian/Alaska Native data, identifying Hispanic and non-Hispanic American Indians/Alaska Natives, as well as those who report one race or more than one race (see Table 1).

Table 1. American Indian/Alaska Native population in the AIHS service area

	Total Population	American Indian/Alaska Native alone, Hispanic		American Indian/Alaska Native alone, non-Hispanic		American Indian/Alaska Native in combination with one or more other races, Hispanic		American Indian/Alaska Native in combination with one or more other races, non-Hispanic		Total American Indian/Alaska Native Population	
		Number	% of Total Population	Number	% of Total Population	Number	% of Total Population	Number	% of Total Population	Number	% of Total Population
Cook County	5,376,741	8,742	0.2%	6,754	0.1%	4,916	0.1%	13,529	0.3%	33,941	0.6%
DuPage County	904,161	608	0.1%	912	0.1%	446	0.0%	2,023	0.2%	3,989	0.4%
Kane County	404,119	719	0.2%	536	0.1%	286	0.1%	939	0.2%	2,480	0.6%
Lake County	644,356	753	0.1%	1,048	0.2%	453	0.1%	1,854	0.3%	4,108	0.6%
McHenry County	260,077	93	0.0%	352	0.1%	117	0.0%	557	0.2%	1,119	0.4%
Will County	502,266	366	0.1%	672	0.1%	242	0.0%	1,532	0.3%	2,812	0.6%
Total	8,091,720	11,281		10,274		6,460		20,434		48,449	

From Census 2000 Summary File 2, PCT 1. Total Population.

<sup>2</sup> Census 2000 American Indian and Alaska Native Summary File (SFAIAN)—Sample Data, PCT39, Nativity by Language Spoken in the Home by Ability to Speak English for Population 5 and Over.

## *Dispersion*

The American Indian/Alaska Native population is dispersed throughout the metropolitan Chicago (Northeastern Illinois) region (see Table 2). American Indian/Alaska Natives, both alone and more than one race, residing in Cook, DuPage, Kane, Lake, McHenry, and Will Counties altogether comprise .6% of the total population of these counties. The majority (70%) of American Indians/Alaska Natives included in the AIHS service population reside in Cook County.

Looking more closely at the City of Chicago, American Indian/Alaska Natives live in virtually every neighborhood in the city (see Table 2).

Table 2. Community areas in Chicago with American Indian/Alaska Native residents

	American Indian/Alaska Native alone			American Indian/ Alaska Native in combination with one or more races	American Indian/Alaska Native alone and in combination with other races
	Total	Hispanic	Non-Hispanic		
City of Chicago	10290	5738	4252	10608	20898
Rogers Park	365	171	194	433	798
West Ridge	256	86	170	343	599
Uptown	383	128	255	434	817
Lincoln Square	220	104	116	187	407
North Center	186	76	110	160	346
Lakeview	234	95	139	276	510
Lincoln Park	129	43	86	150	279
Near North Side	92	24	68	255	347
Edison Park	14	8	6	15	29
Norwood Park	48	5	43	87	135
Jefferson Park	61	19	42	65	126
Forest Glen	37	12	25	51	88
North Park	60	23	37	56	116
Albany Park	260	127	133	274	534
Portage Park	218	112	106	225	443
Irving Park	307	168	139	279	586
Dunning	69	40	29	77	146
Montclare	34	18	16	36	70
Belmont Cragin	479	406	73	201	680
Hermosa	184	159	25	45	229
Avondale	230	147	83	351	581
Logan Square	463	299	164	401	864
Humboldt Park	295	210	85	219	514
West Town	446	287	159	332	778
Austin	147	47	100	315	462
West Garfield Park	20	0	20	24	44
East Garfield Park	16	9	7	35	51
Near West Side	88	36	52	131	219
North Lawndale	64	18	46	80	144
South Lawndale	610	249	61	179	789

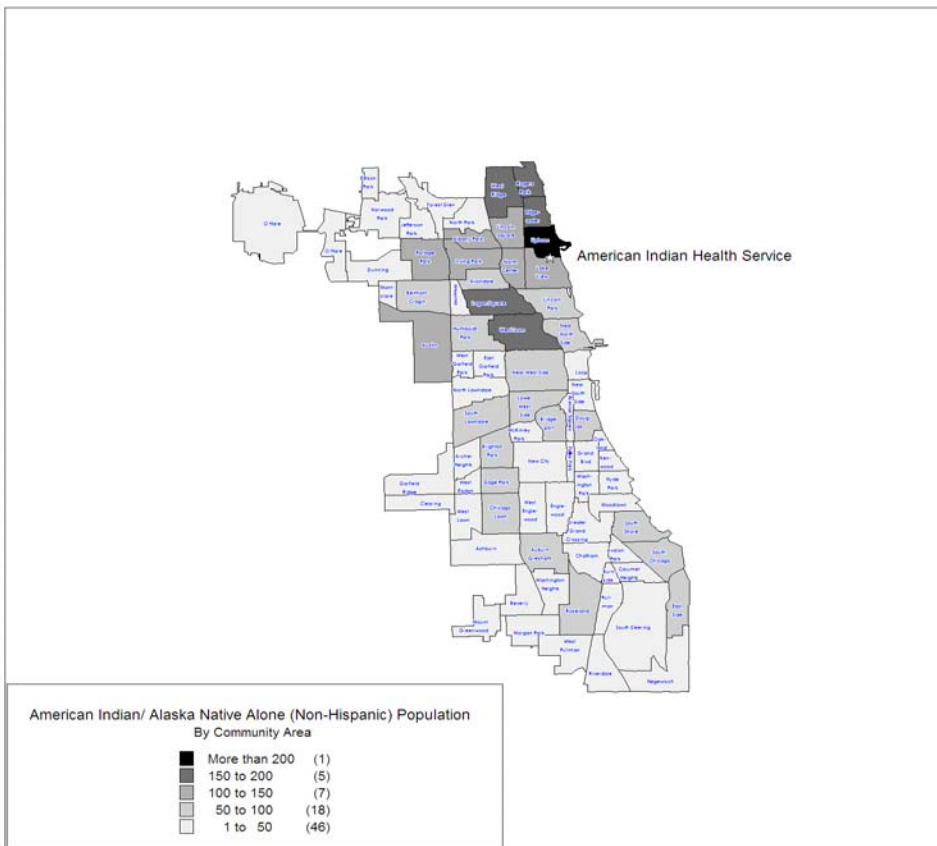


Lower West Side	430	364	66	170	600
Loop	46	9	37	76	122
Near South Side	16	6	10	30	46
Armour Square	31	22	9	38	69
Douglas	67	6	61	102	169
Oakland	2	0	2	20	22
Fuller Park	11	1	10	14	25
Grand Boulevard	36	10	26	76	112
Kenwood	37	2	35	131	168
Washington Park	22	1	21	51	73
Hyde Park	40	9	31	191	231
Woodlawn	42	7	35	127	169
South Shore	75	4	71	232	307
Chatham	34	2	32	126	160
Avalon Park	17	1	16	41	58
South Chicago	161	99	62	232	393
Burnside	1	0	1	2	3
Calumet Heights	32	17	15	73	105
Roseland	65	14	51	214	279
Pullman	15	8	7	27	42
South Deering	52	30	22	67	119
East Side	188	137	51	68	256
West Pullman	78	31	47	113	191
Riverdale	22	11	11	50	72
Hegewisch	67	42	25	49	116
Garfield Ridge	57	30	27	75	132
Archer Heights	43	37	6	36	79
Brighton Park	415	356	59	170	585
McKinley Park	109	87	22	70	179
Bridgeport	226	157	69	125	351
New City	276	228	48	137	413
West Elsdon	60	48	12	34	94
Gage Park	285	224	61	127	412
Clearing	36	17	19	69	105
West Lawn	99	69	30	85	184
Chicago Lawn	319	261	58	209	528
West Englewood	48	8	40	157	205
Englewood	44	7	37	91	135
Greater Grand Crossing	54	8	46	112	166
Ashburn	122	88	34	110	232
Auburn Gresham	80	8	72	160	240
Beverly	41	12	29	81	122
Washington Heights	37	4	33	110	147
Mount Greenwood	20	8	12	89	109
Morgan Park	16	3	13	108	124
O'Hare	18	3	15	21	39
Edgewater	283	116	167	396	679

From 2000 Census data—PL94-171 file (as counted), April 2000. Downloaded by the Center for Urban Research and Learning (CURL) from the profiles extracted and printed by Northeastern Illinois Planning Commission and Cagis, University of Illinois at Chicago. U.S. Census Bureau, Census 2000, Redistricting Data Summary File, Tables PL1, PL2, PL3, and PL4, March 2001.

As can be seen in Figure 1, a preponderance of the American Indian/ Alaska Native population lives on the north side of Chicago close to the American Indian Health Center. Community areas with significant concentrations of American Indian/Alaska Native residents include: Lakeview, Lincoln Square, Albany Park, Austin, Edgewater, Irving Park, Logan Square, North Center, Portage Park, Rogers Park, Uptown, West Ridge, and West Town (refer to shaded areas in Table 1). In total, these 13 community areas account for 45% of all the individuals in Chicago who self-identified as American Indian/Alaska Native alone and not of Hispanic origin. The American Indian/Alaska Native population in these community areas also makes up 19% of the total population in the region.

Figure 1. American Indian/Alaska Native (Non-Hispanic) Population in Chicago.



From Census 2000 PL94-171 file, April 2000. (Downloaded from NIPCE website.)

### *Socio-economic factors*

In the following sections, we will be looking at socio-economic factors that impact and/or indicate American Indians and Alaska Natives' health status and access to health care. Since both health status and access to health care have a strong correlation with income, it is especially valuable to look at the economic status of American Indians and Alaska Natives in the Chicago region.<sup>3</sup> Below, we first look at four factors, namely: the number of American Indian/Alaska Natives living in poverty; the number of American Indian/Alaska Natives receiving welfare; the average income of American Indian/Alaska Natives; and the employment status of American Indian/Alaska Natives. Economic factors are deemed especially important because they have a strong correlation to American Indians and Alaska Natives' access to health care.

They are also likely to be more at risk than their neighbors. Following the economic factors, we will look at housing issues; age composition; and educational attainment. We find that although American Indian/Alaska Natives in this region seem to be better off than the national average for American Indian/Alaska Natives, a substantial number are at risk.

#### *Living in Poverty*

Nationally, it is estimated that 25% of American Indian/Alaska Natives live in poverty (Proctor & Dalaker, 2002; Urban Indian Health Institute, 2004)). In the Chicago metropolitan region, while fewer American Indian/Alaska Natives are below poverty than the national average for American Indian/Alaska Natives, the number is still very sizable. Most of those living below poverty live in Cook County. The table and graph below (see Figure 2 and Table 3) show the poverty rates for various groups. In other counties, except for Kane County, the American Indian/Alaska Natives are faring worse than their neighbors. For instance, in Cook County 13.5% of the general population had incomes below the poverty line in 1999, yet 21% of those who self-identified as American Indian/Alaska Native Alone had incomes below the poverty line, and 18% of American Indians and Alaska Natives alone or in any combination with other races had incomes below the poverty line.<sup>4 5</sup> Looking at the poverty rate in the 13 Chicago communities with the highest concentration of urban Indians, in all but two, the urban Indians are likely to be poorer on the average, than their neighbors (see Appendix C).

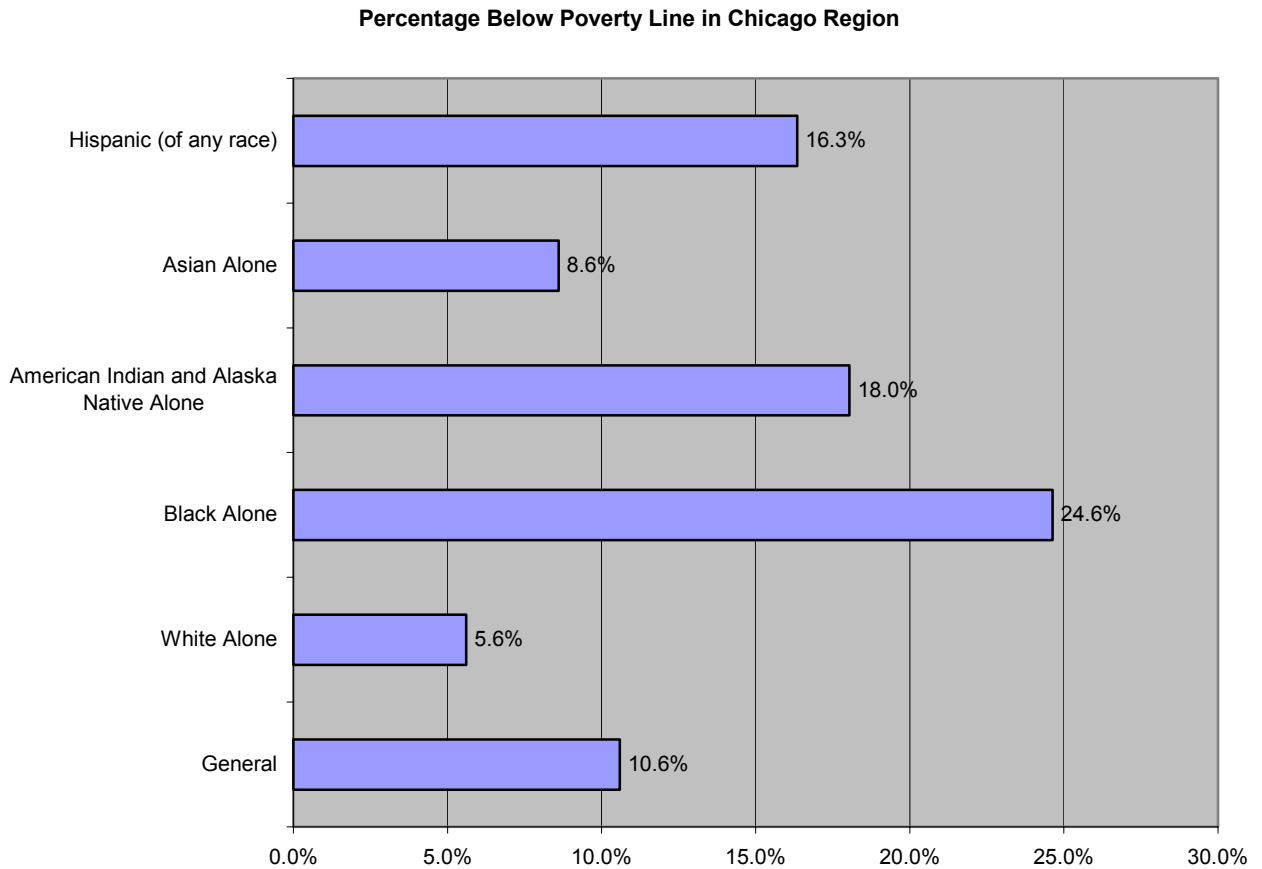
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<sup>3</sup> Census 2000 information was garnered for the six county areas served by American Indian Health Center. The counties include Cook, DuPage, Kane, Lake, McHenry, and Will counties. To be consistent with Census terminology, the American Indian/Alaska Native Alone racial category could include Hispanic ethnics. When respondents reported more than one racial category, they are not included in the American Indian/Alaska Native category and are rather reported in the American Indian/Alaska Native Alone or in combination category. As the Census permitted, figures are reported for American Indian/Alaska Native Alone and American Indian/Alaska Native Alone or in combination. Also to examine the population more closely, where possible, figures are reported for the above populations excluding Hispanic ethnics to attempt to differentiate Latin American tribes. When this is done, the terms American Indian/Alaska Native Alone, Non-Hispanic and American Indian/Alaska Native Alone or in combination, Non-Hispanic are used.

<sup>4</sup> Other studies, such as the recent Urban Indian Health Institute Study (2004) report lower percentage in poverty (19.4 for Cook County as opposed to the 21% reported here. Its figures included individuals who identified as Hispanic. In this computation, ours do not.

<sup>5</sup> While the percent living in poverty here refer to those living below 100% of poverty, The Urban Institute study reports that 42% of those who self-identified as American Indian/Alaska Native alone and 36.6% of those who self-identified as American Indian/Alaska Native alone or in combination with other races live below 200% of poverty in Cook County (as opposed to 29.5% of the total Cook County population).

Figure 2. Poverty Levels of Racial or Ethnic Groups in the Chicago Region



From Census 2000 Summary File 4, PCT 142. Poverty Status in 1999 by Sex by Age.

Table 3. Number and Percentage of Each Group Below Poverty Line<sup>6</sup>

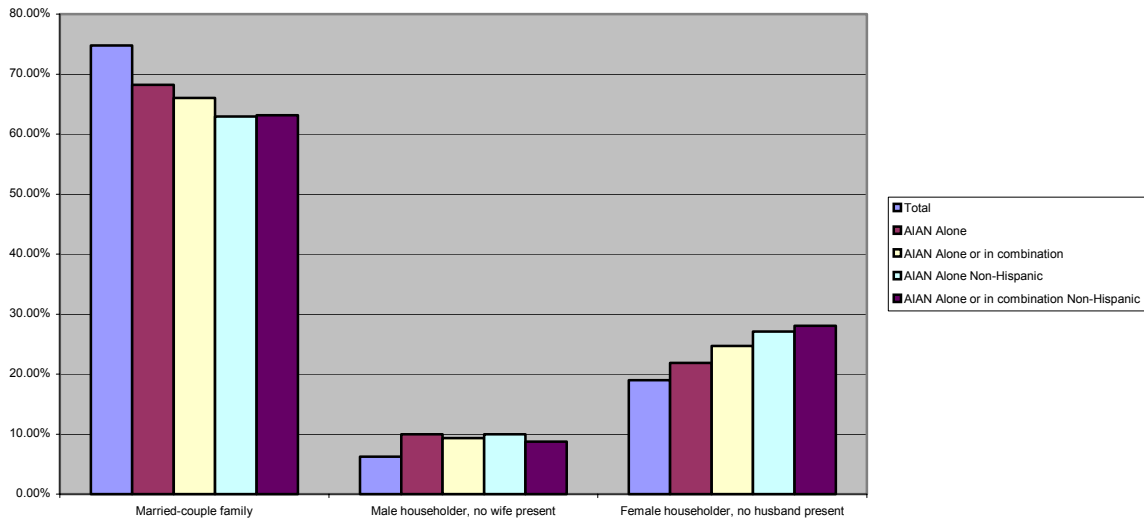
	Number	%
Total population	841,175	10.6%
American Indian and Alaska Native alone	1,783	16.8%
American Indian and Alaska Native alone or in any combination	7,350	14.8%
American Indian and Alaska Native alone, non-Hispanic	1,631	16.7%
American Indian and Alaska Native alone or in any combination, non-Hispanic	4,481	13.3%

From Census 2000 Summary File 4, PCT 142. Poverty Status in 1999 by Sex by Age.

<sup>6</sup> To determine whether there were variations in the poverty among the American Indian/Alaska Native population, we made distinctions among individuals who self-identified as American Indian/Alaska Native alone (including those of Hispanic origin), American Indian/Alaska Native alone or in combination with other races (including those of Hispanic origin), American Indian/Alaska Native alone and not of Hispanic origin, and American Indian/Alaska Native alone or in combination with other races and not of Hispanic origin. We also looked at the proportion of people living below the poverty line in the general population, and compared this figure to the different sub-groups within the American Indian/Alaska Native population.

*Family Composition.* Living in poverty is also associated with living in female-headed households. American Indians/Alaska Natives were more likely to live in female and male-headed households than the general population in the Chicago region (see Figure 3). The 2000 Census indicates that 66% of all American Indian/Alaska Native families were married-couple families, 9% were male-headed families and 25% were female-headed households.

Figure 3. Family Composition among American Indian and Alaska Native Population



From Census 2000 Summary File 4, PCT 100. Public assistance income in 1999 for households.

### Public Assistance

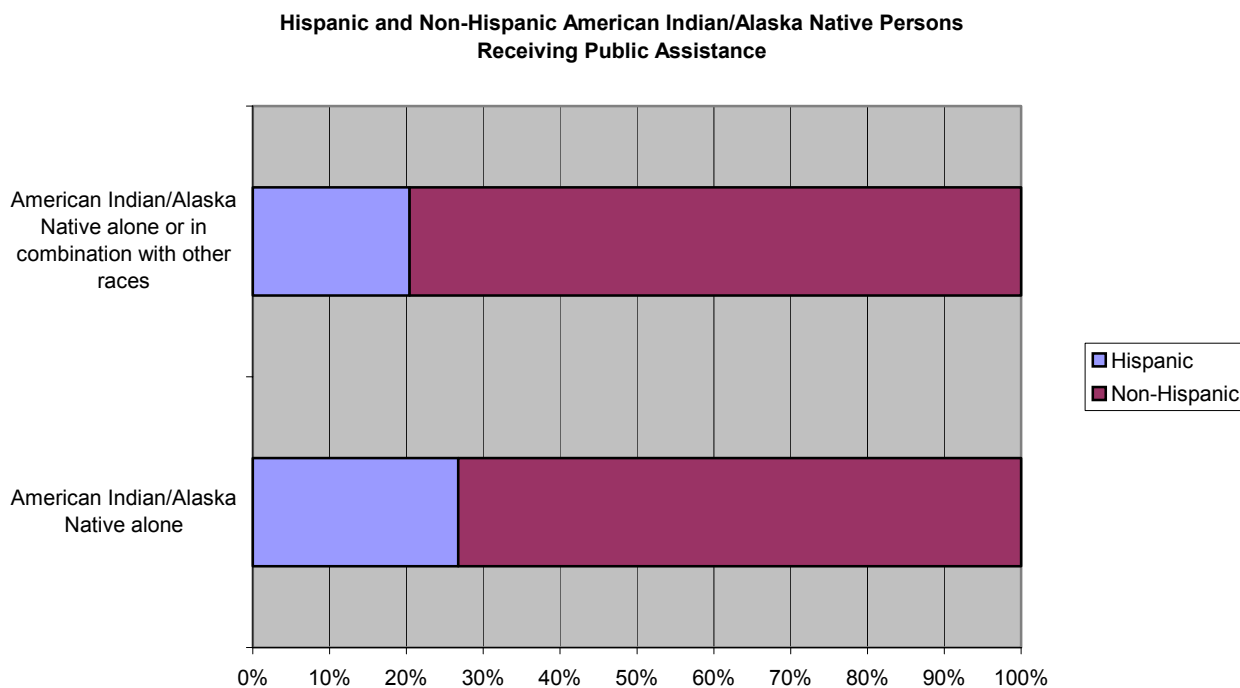
Another indicator of general economic standing of American Indian/Alaska Natives is the percentage of persons receiving public assistance. As can be seen in Table 4, a larger percentage of American Indian/Alaska Natives received public assistance than did the general population. Also, individuals who self-identified as American Indian/Alaska Native alone and not of Hispanic origin were more likely to receive public assistance than their counterparts of Hispanic origin. Eighty-five percent ( $N = 683$ ) of American Indians and Alaska Natives (alone or in combination with other races) who received public assistance in 1999 lived in Cook County.

Table 4. Percent and Number Receiving Public Assistance in Chicago Region

	Number receiving Public Assistance	% of Population receiving Public Assistance
General Population	106,033	4%
American Indian/Alaska Native Alone	374	6%
American Indian/Alaska Native Alone or in combination	803	5%
American Indian/Alaska Native Alone, Non-Hispanic	274	8%
American Indian/Alaska Native Alone or in combination, Non-Hispanic	639	5%

From Census 2000 Summary File 4, PCT 100. Public assistance income in 1999 for households.

Figure 4. Hispanic and Non-Hispanic American Indian and Alaska Native People Receiving Public Assistance



From Census 2000 Summary File 4, PCT 100. Public assistance income in 1999 for households.

### *Average Income*

The average income for American Indian/Alaska Native households differs according to ethnicity, county, and gender. Across all six counties included in the service area of AIHS, the median household income for the “American Indian and Alaska Native Alone” population was \$47,476. For those who self-identified as “American Indian and Alaska Native in combination with one or more other races,” the median household income across all six counties was \$52,178. Examining the non-Hispanic population, the American Indian/Alaska Native Alone, non-Hispanic population had a median household income of \$49,192 and the American Indian/Alaska Native Alone or in combination, non-Hispanic population had a median household income of \$52,077. By contrast, the median household income of the general population was \$61,119 (Census 2000 Summary File 4, PCT 89. Median household income in 1999). Thus, the median household income for people who were American Indian/Alaska Native Alone was the lowest among the groups considered.

### *Employment Status*

Employment status, as well as income, can have a very significant impact on one’s access to health care. In particular, individuals who are unemployed are unlikely to have medical insurance. While we have only limited data on American Indian/Alaska Native employment<sup>7</sup>, the

<sup>7</sup> U.S. Bureau of Labor Statistics publishes annual Illinois unemployment data from the Current Population Survey by age, gender, Hispanic Origin and race. However, American Indian is not among the categories, presumably because of the small household sample size (Reinhold, 2004).

data we do have points to vulnerability in this area. With regard to unemployment, 11% ( $N = 1034$ ) of the American Indian and Alaska Native population in the labor force across the six counties was reported as unemployed in the 2000 Census (see Table 5). This was significantly higher than the general population's unemployment rate of 6%. Given the current economic situation, it could be expected that this figure is higher.

Table 5. Employment Status of American Indian and Alaska Native Population

	Number Unemployed	Civilians in Labor Force <sup>8</sup>	% Unemployed
General Population	253,440	4,039,179	6%
American Indian/Alaska Native Alone	1,034	9,368	11%
American Indian/Alaska Native Alone or in combination	2,408	24,919	10%
American Indian/Alaska Native Alone, Non-Hispanic	408	5,028	8%
American Indian/Alaska Native Alone or in combination, Non-Hispanic	1,532	17,733	9%

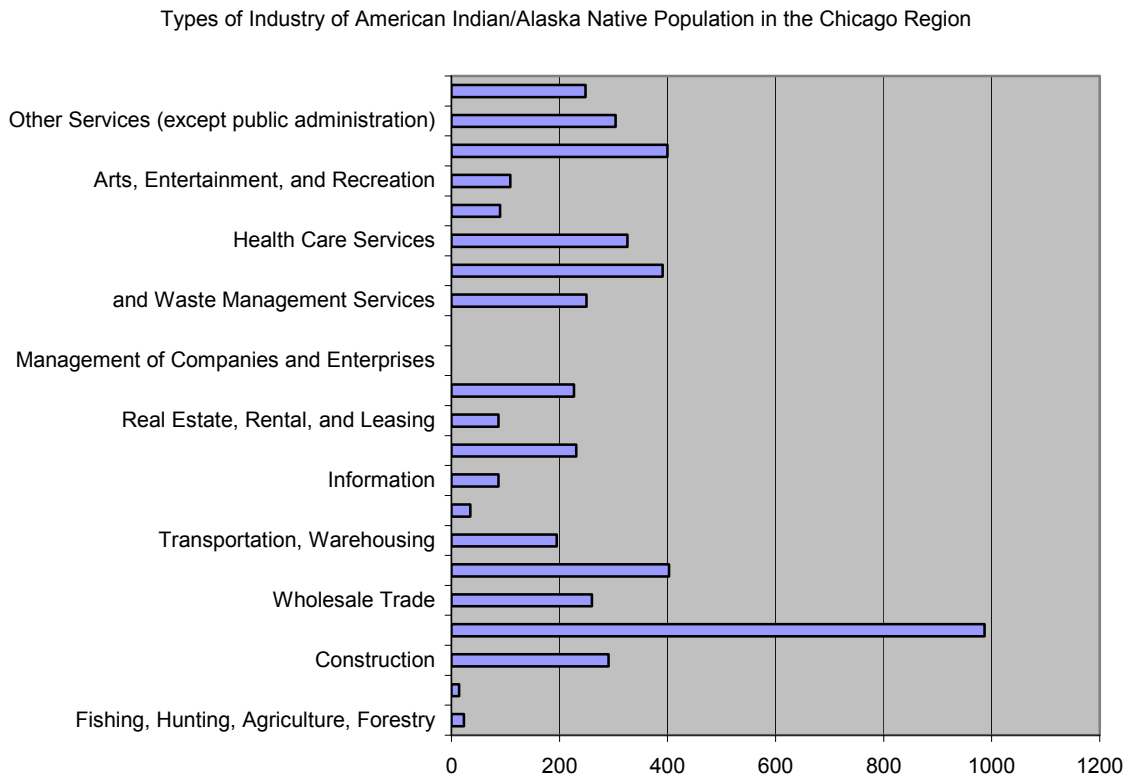
From Census 2000 Summary File 4, PCT 79. Sex by age by employment status for the population 16 years and over.

Looking at the kinds of jobs in Figure 5, we see that American Indian/Alaska Natives in the Chicago region were mostly employed in manufacturing (20%), retail trade (8%), and accommodation and food services (8%; Census 2000 Summary File 4, PCT 85. Sex by industry for the employed civilian population 16 years and over). Given that manufacturing has been especially strongly affected in this recession, it follows that American Indian/Alaska Natives have probably been hit hard.

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<sup>8</sup> This was calculated using U.S. 2000 Census data pertaining to the employment status of the general population and the American Indian/Alaska Native population based in Cook, DuPage, Kane, Lake, McHenry, and Will Counties.

Figure 5. Types of Industry among the American Indian/Alaska Native Population in the Chicago Region



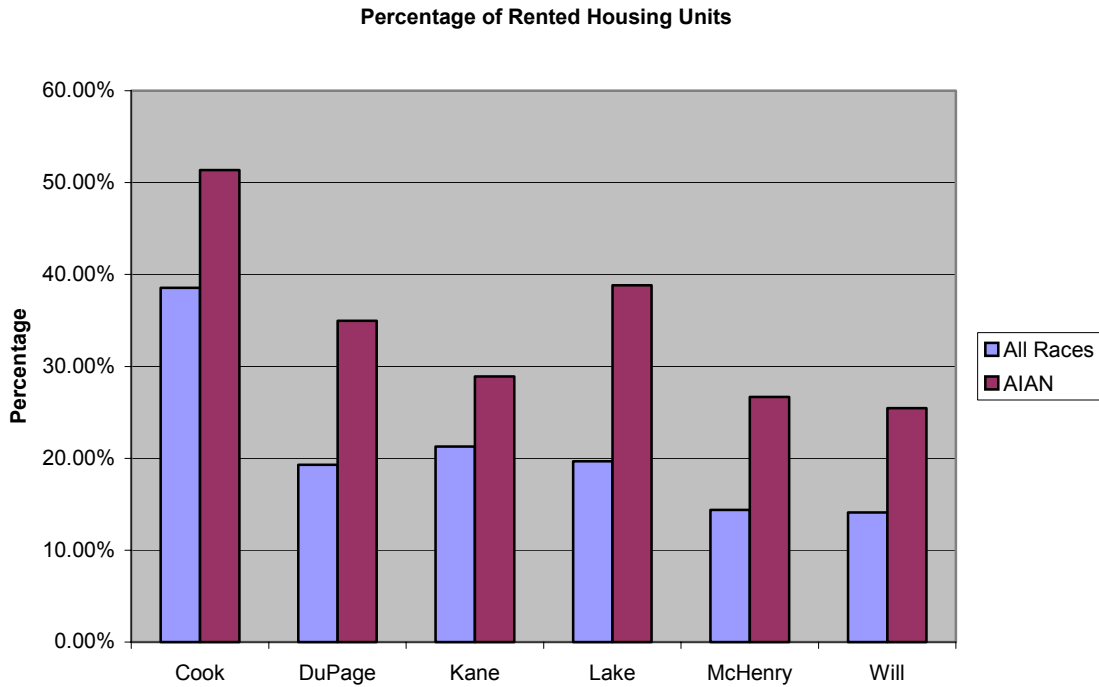
From Census 2000 Summary File 4, PCT 85. Sex by industry for the employed civilian population 16 years and over.

### *Housing*

American Indians/Alaskan Natives were more likely to reside in rented housing units. American Indians/ Alaska Natives lived in a total of 21,072 housing units in 2000 across the six counties. Forty-six percent of these were rented, which is higher than the 31% of the universe in the six counties that rented.



Figure 6. Rented Housing Units among American Indian/Alaska Natives in the AIHS' Service Area

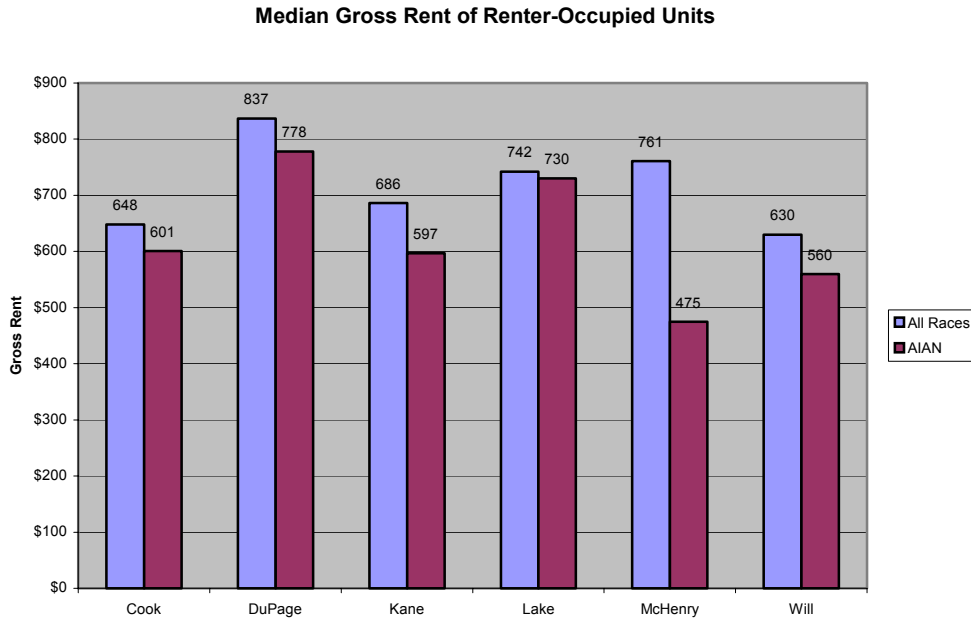


From Census 2000. Summary File 3. H11 and H11C. Total population in occupied housing units by tenure.

*Rent.* Looking specifically at American Indians and Alaskan Natives that rented housing units, we find that the average rent for American Indian/Alaska Native households across the six counties was \$623, while the total population’s median rent was \$717. The median rent of American Indians and Alaska Natives was lower than that of the general population in four out of six counties (see Figure 7).

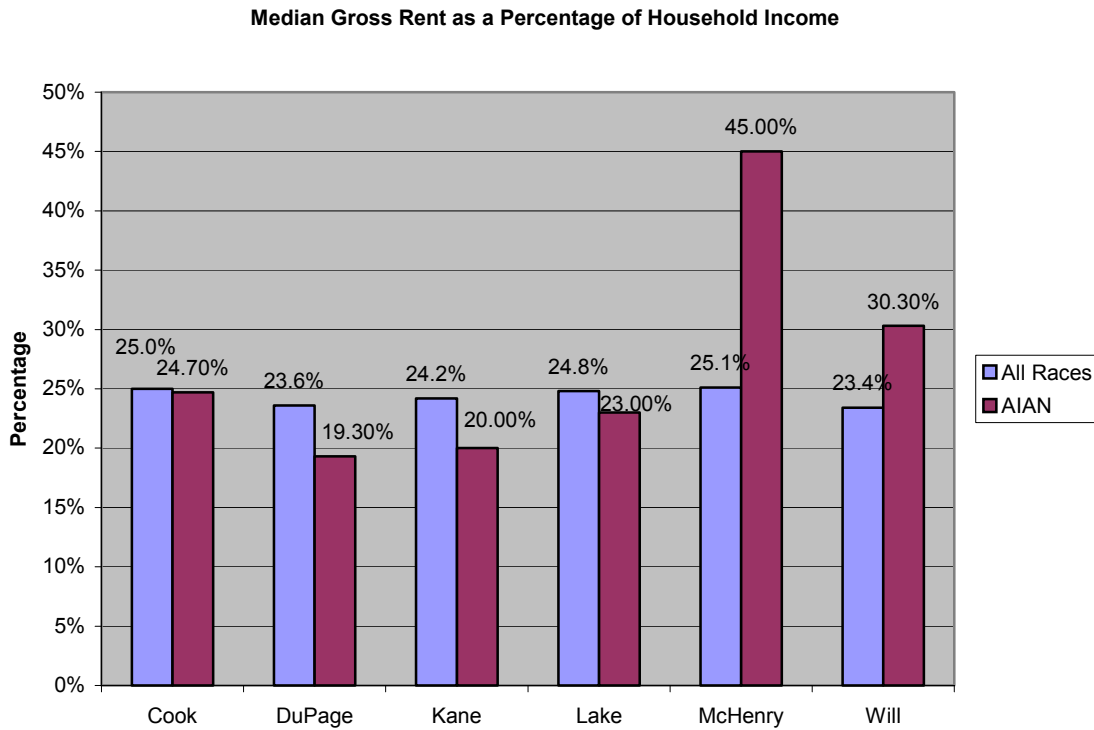
American Indians/Alaskan Natives, on average across the six counties, use a higher percentage of their income towards rent. American Indians/Alaskan Natives used 27% of their income for rent while the total population used 24% of their income towards rent (see Figure 8). This is most likely due to American Indians/Alaskan Natives earning less than the total population.

Figure 7. Median Rent for Renter-Occupied Units



From Census 2000. Summary File 3. H63 and HCT37C. Median gross rent.

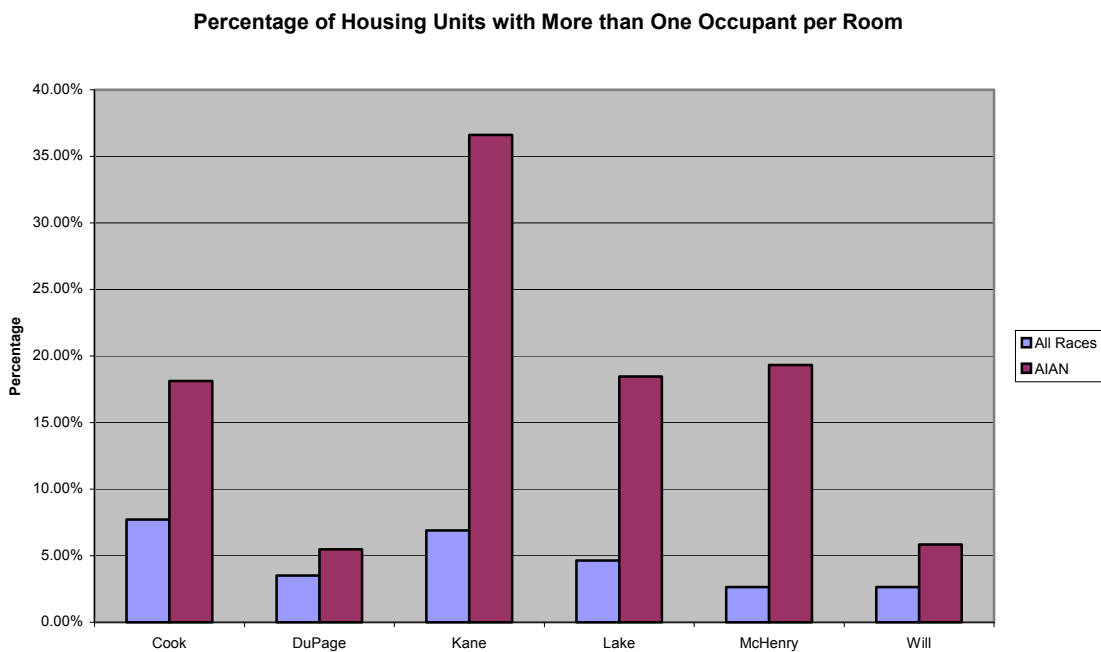
Figure 8. Median Gross Rent as a Percentage of Household Income



From Census 2000. Summary File 3. H70 and HCT40C. Median gross rent as a percentage of household income in 1999.

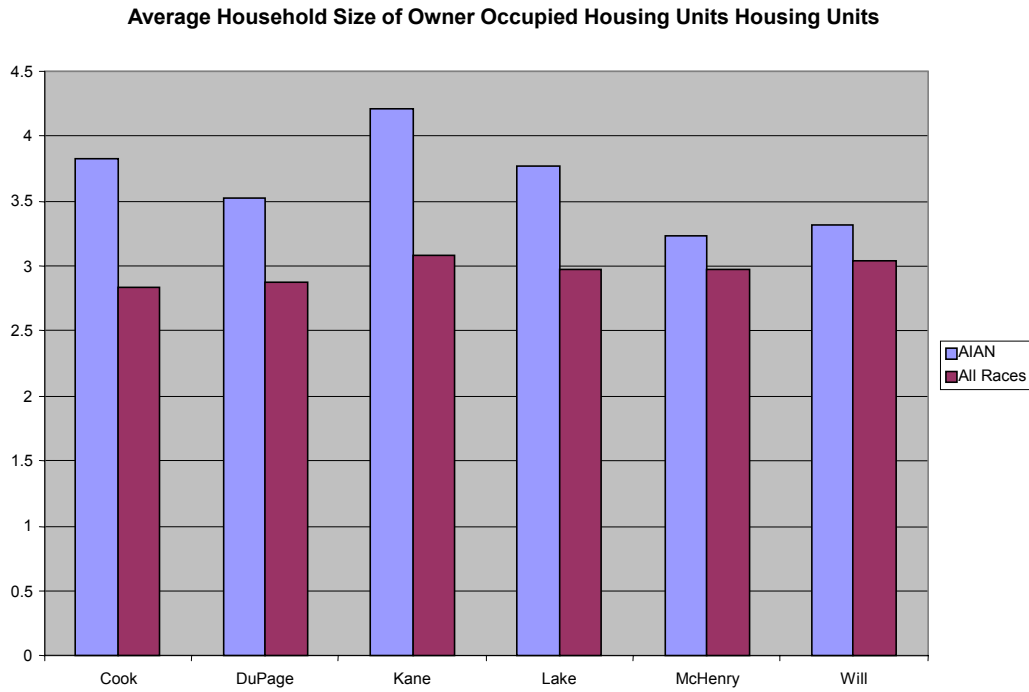
*Crowding.* American Indians/Alaskan Natives had a much higher percentage of housing units with more than one occupant per room (18%) than the total population (7%). The average household size for owner occupied units for American Indians/Alaskan Natives across the six counties was 3.64 and for the total population had an average of 2.97 persons per owner occupied housing unit. The trend was the same for renter occupied housing units with 2.97 persons on average in a rented household for American Indians/Alaskan Natives and 2.46 persons on average in a rented household for the total population. Again, this is an indication of socio-economic status. Additionally, cultural values might play a role in that American Indians/Alaskan Natives are more likely to live with extended family. (See *Housing* on p. 16.)

Figure 9. Housing Units with More than One Occupant per Room



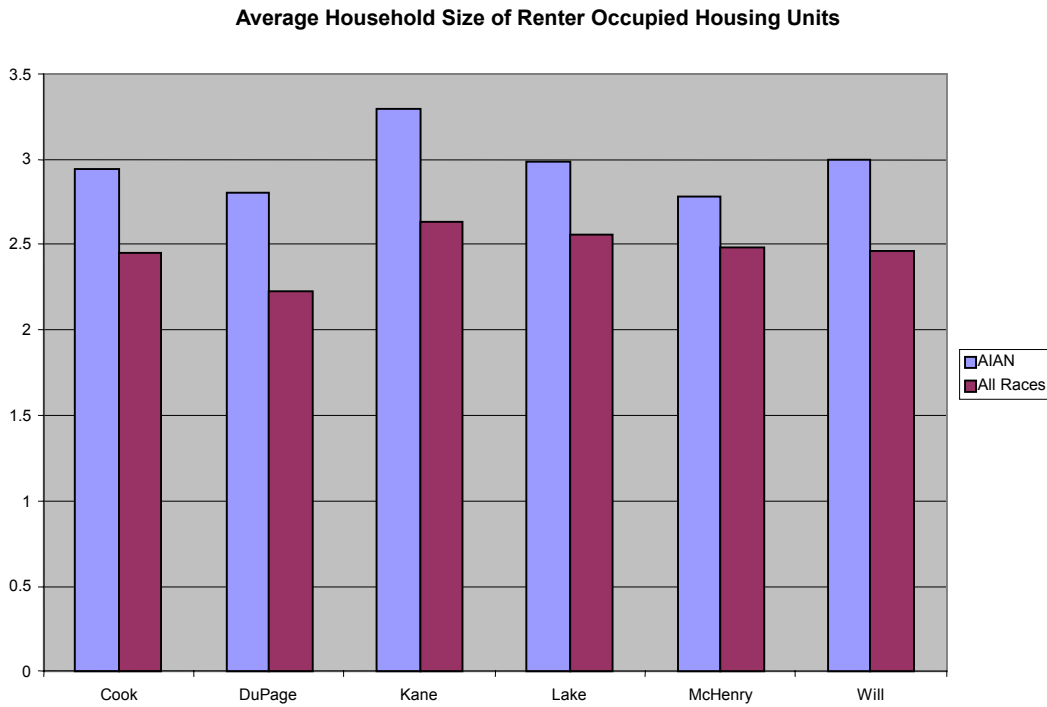
From Census 2000. Summary File 3. H20 and HCT29C. Occupants per room.

Figure 10. Average Household Size of Owner Occupied Housing Units



From Census 2000. Summary File 3. H12 and H12C. Average household size of occupied housing units by tenure.

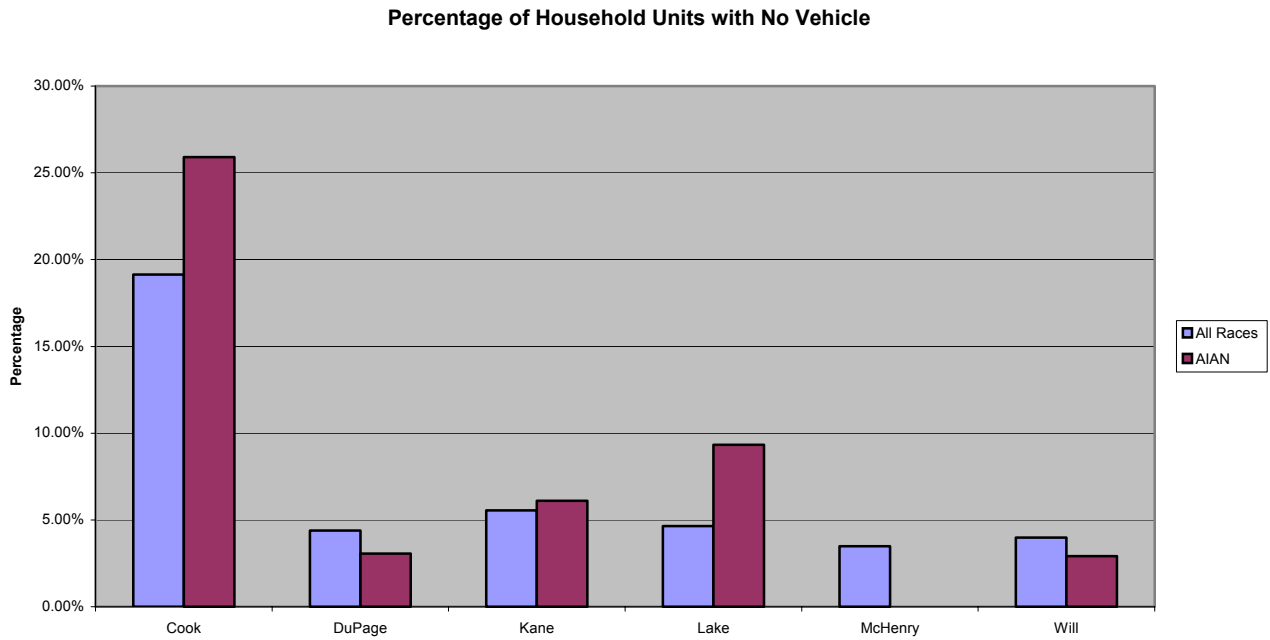
Figure 11. Average Household Size of Renter Occupied Housing Units



From Census 2000. Summary File 3. H12 and H12C. Average household size of occupied housing units by tenure.

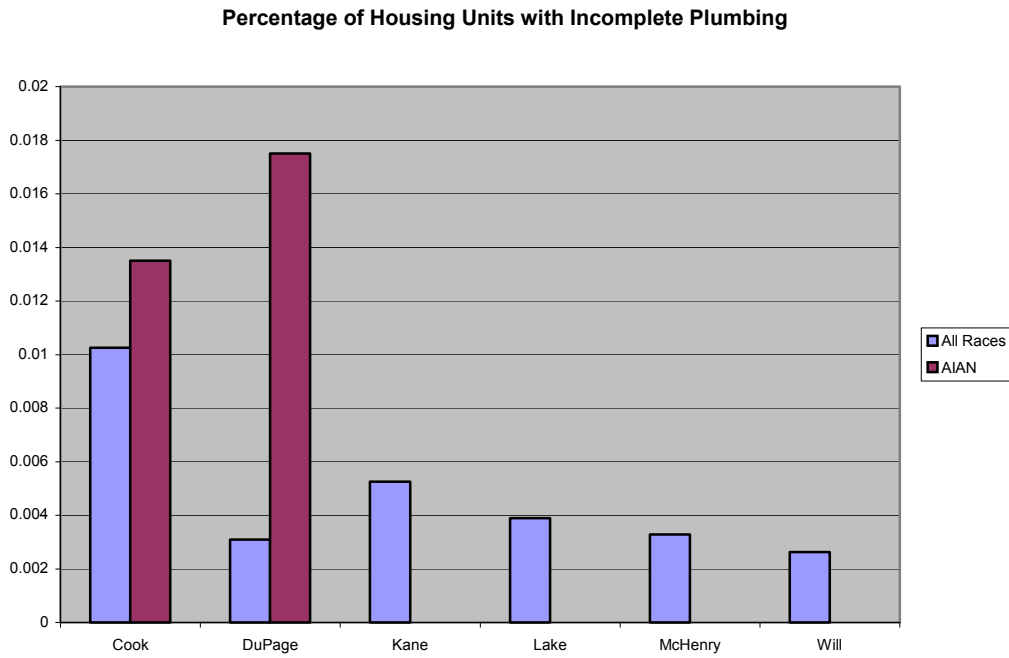
*Living Conditions.* Indicators of worse living conditions include: not having a vehicle, not having telephone service, and not having complete plumbing. Across the six counties included in the AIHS service area, 1,262 American Indian/ Alaska Native households did not have a vehicle. Furthermore, 417 American Indian/Alaska Native households did not have telephone service, and 69 households did not have complete plumbing. These figures are higher than those pertaining to worse living conditions among the general population. (See *Housing* on p. 16).

Figure 12. Household Units without Vehicles



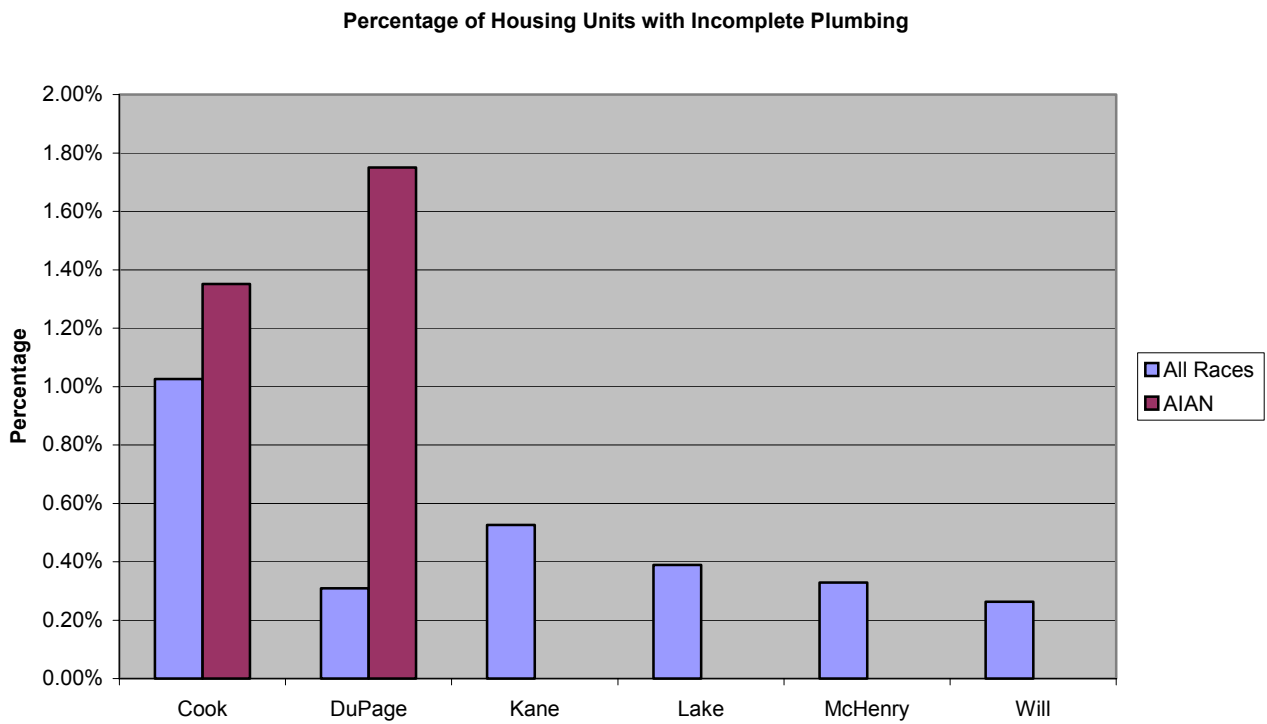
From Census 2000. Summary File 3. H44 and HCT33C. Vehicles available.

Figure 13. Occupied Housing Units without Telephone Service



From Census 2000. Summary File 3. HCT27 and HCT32C. Telephone service available.

Figure 14. Housing Units with Incomplete Plumbing



From Census 2000. Summary File 3. H47 and HCT34C. Plumbing facilities.

### Age Distribution

The average age of urban Indians in the region is younger than that of the all races population. However, most of the age difference can be attributed to those who report that they are Hispanic. As can be seen in Table 6, while the age disparity still exists, it is significantly lower if non-Hispanic American Indians and Alaska Natives are not included in the analysis.

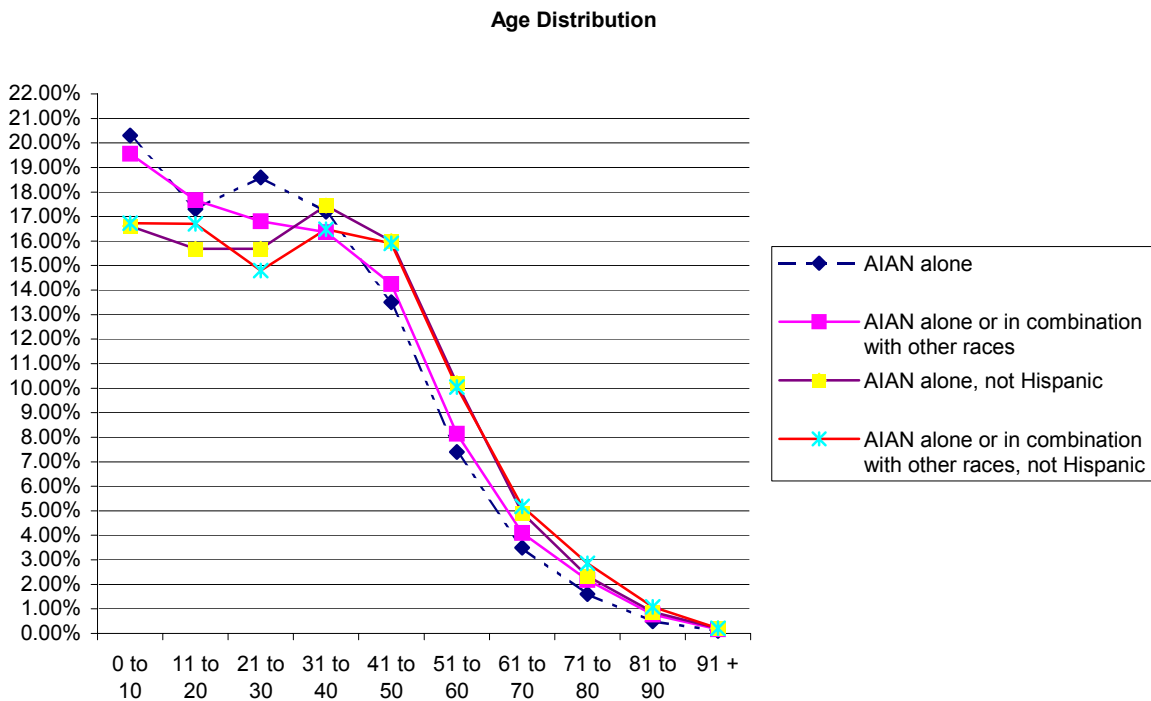
Table 6. Median Age of American Indians and Alaska Natives in the Chicago Region

	All Races	American Indian/Alaska Native alone	American Indian/Alaska Native alone or in combination with other races	American Indian/Alaska Native alone, non-Hispanic	American Indian/Alaska Native alone or in combination with other races, non-Hispanic
Cook	33.6	27.6	28.9	32.6	33.1
DuPage	35.2	29.5	29.6	33.3	32.1
Kane	32.2	26.4	27.0	31.4	30.4
Lake	33.8	26.4	25.5	28.0	27.0
McHenry	34.2	33.0	28.6	33.9	30.5
Will	33.3	29.6	29.5	32.5	32.1

From Census 2000. Summary File 2. PCT4. Median Age by Sex.

Non-Hispanic urban Indians are more likely to be in their 30s and 40s, while Hispanic urban Indians are more likely to be under 20 (see Figure 15).

Figure 15. Age Distribution of American Indians and Alaska Natives in the Chicago Region



From Census 2000, Summary File 2. PCT3. Total population for each sex by age.

Also, there are more individuals over 65 who are non-Hispanic than who are Hispanic (Table 7). It is noteworthy to mention that although elderly American Indians and Alaska Natives are assumed to leave urban areas as they reach retirement age, a number (769 American Indians and Alaska Natives and 1,500 American Indians and Alaska Natives in combination with another races) stay in this urban region.

Table 7. Percentage of Individuals 65 Years and Older

All races	American Indian/ Alaska Native alone	American Indian/ Alaska Native alone or in combination with other races	American Indian/ Alaska Native alone, non-Hispanic	American Indian/ Alaska Native alone or in combination with other races, non-Hispanic
6.3%	3.5%	5.6%	4.2%	7.4%

From Census 2000, Summary File 2. PCT3. Total population for each sex by age.

### *Education*

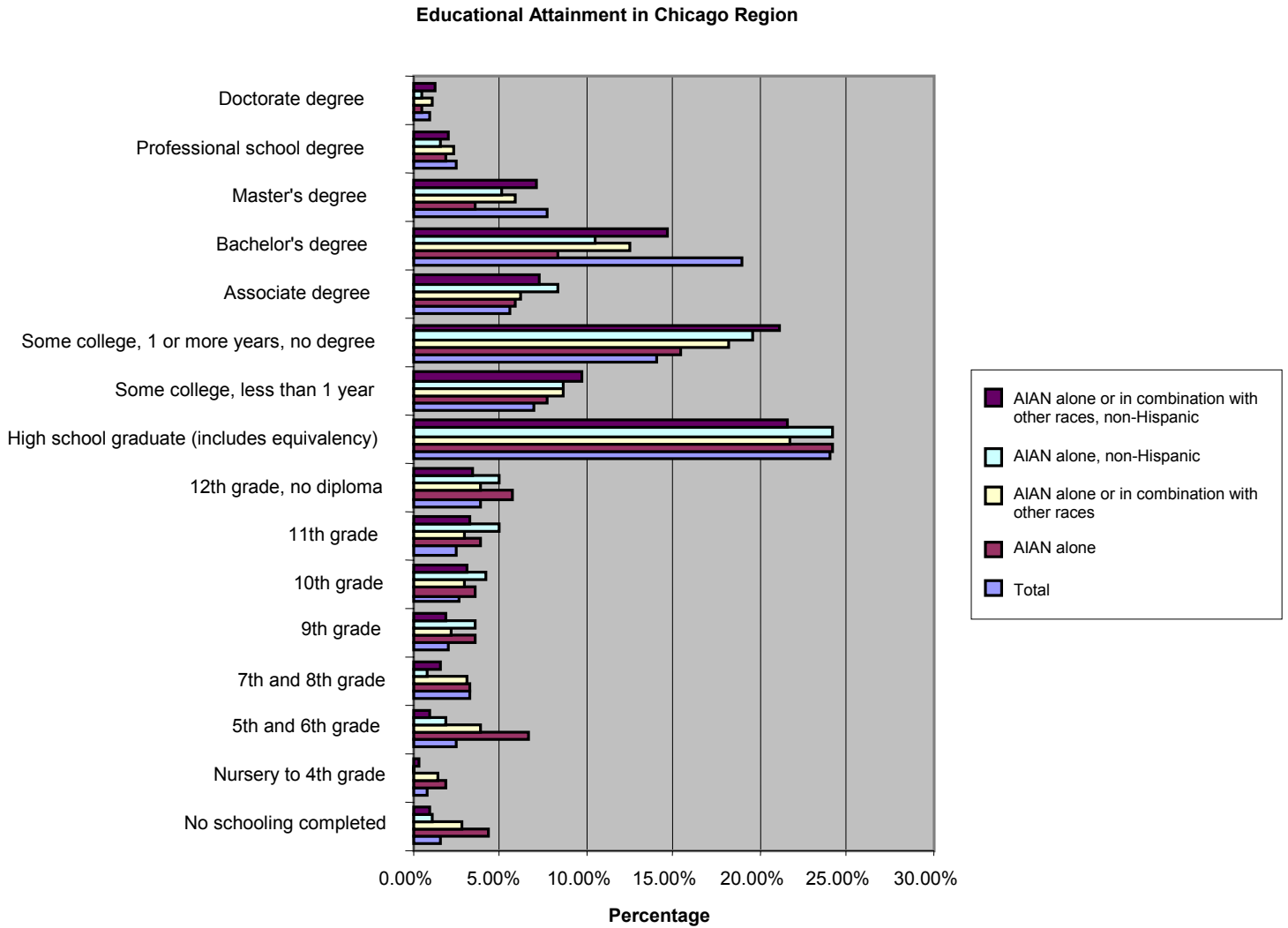
Education is another factor that is associated with health status. In general, American Indian/Alaska Natives have a lower educational attainment than the general population, although there is great diversity among the American Indian/Alaska Native population. A small number of American Indian/Alaska Natives were graduates of higher education in 2000 (e.g., bachelors, master's, and doctorates; Census 2000 Summary File 4, PCT 64. Sex by educational attainment for the population 25 years and over). As seen below, individuals who self-identified as American Indian/Alaska Native in combination with another race had a higher educational level than those who claimed to be American Indian/Alaska Native alone.

Also, it should be noted that those individuals reporting to be Non-Hispanic American Indian/Alaska Native alone have better educational attainments than those that reporting to be Hispanic American Indian/Alaska Native Alone. Since we believe that most of the latter group are unlikely to be from North American tribes, as discussed earlier, it is likely that issues associated with immigration and the lack of command of English are especially are at work here.

The regional data is similar to national data and shows some pervasive problems. Another researcher on the issue (Swanson, 2003), who used a unique procedure for analyzing graduation rates, reported that American Indian and Alaska Native female students had a graduation rate of 51.4% and that their male counterparts had a graduation rate of 47.0% in 2001. According to an in depth study of American Indian Health Care by the National Research Council (2003), American Indian and Alaska Native females have the lowest graduate rate, compared to students who are American Indians and Alaska Natives in general, Asians and Pacific Islanders, Hispanics, black and white. American Indian/Alaska Native males had the second lowest graduate rates among the same populations. Swanson's study also analyzed data for each region of the United States. Unfortunately, American Indian and Alaska Native students consistently have the lowest graduation rates in the Midwest. (However, these Midwest rates and Eastern rates are higher than the graduation rates of American Indians and Alaska Natives in other parts of the country). The graduation rate is reported at 40.2% for females and 33.0% for males.

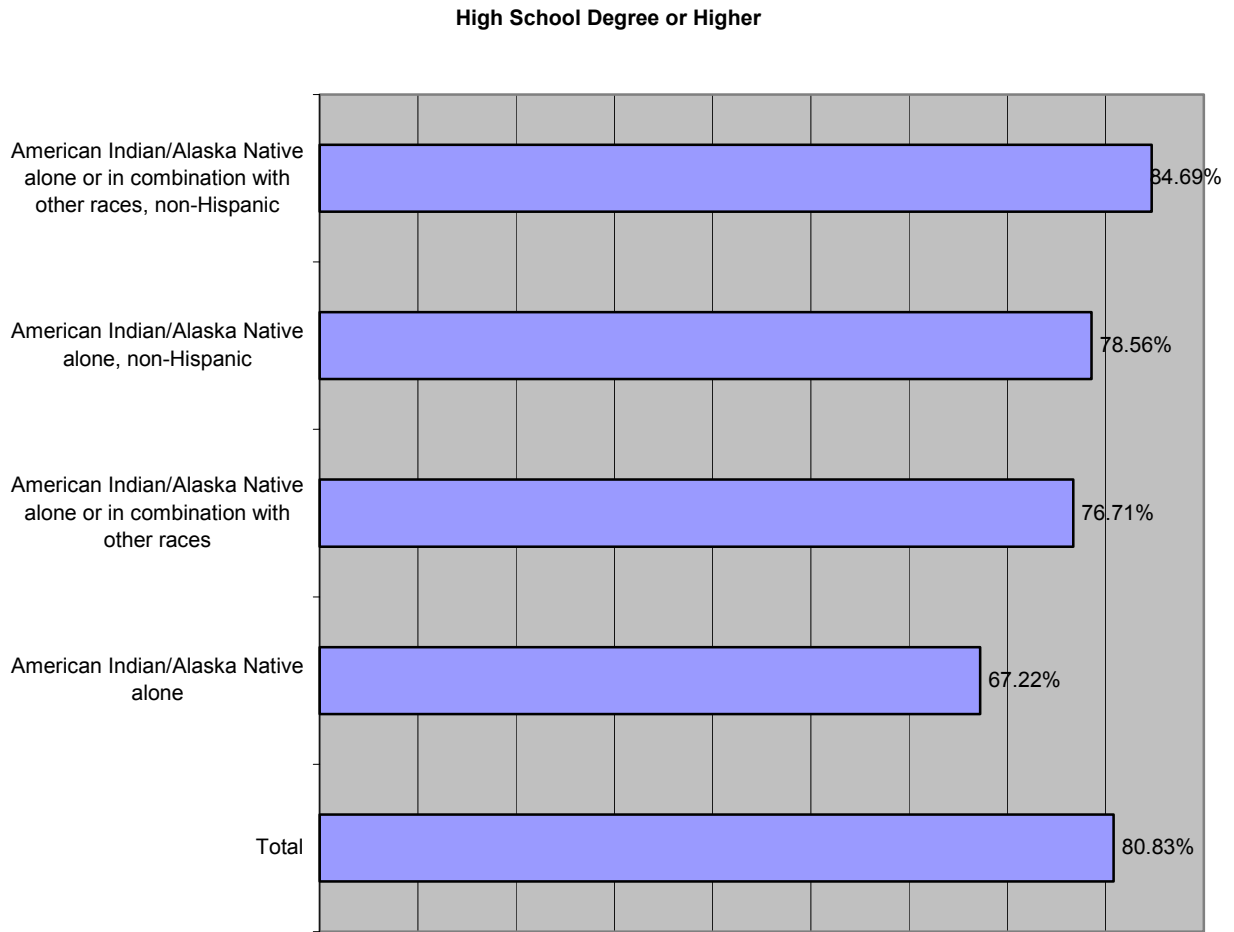


Figure 16. Educational Attainment of American Indian/Alaska Natives in the Chicago Region



From Census 2000. Summary File 4. Sex by educational attainment for the population 25 years and over.

Figure 17. American Indian/Alaska Natives with High School Degrees or Higher



From Census 2000. Summary File 4. Sex by educational attainment for the population 25 years and over.

## General Health Status of American Indians and Alaska Natives in the Region

It is very difficult to draw a precise picture of the health status of American Indian/Alaska Natives in the region. There is little city-wide or state-wide data that particularly specifies American Indian/Alaska Natives as a category. Second, because of their dispersion throughout the population and their small numbers, it is very difficult to get accurate health statistics, even on a state level. In the following section, we will provide an estimate of the health status of urban Indians in the Chicago Region using local and national health reports and data and census disability data.

The health status of American Indian/Alaska Natives is a glass both half-full and half-empty. On one hand, national studies report that overall health status of American Indians and Alaska Natives has substantially improved. Between 1940 and 1990, life expectancy has increased by 17.8 years for men and 25.6 years for women. The gap in the life expectancy of whites vis-à-vis American Indian/Alaska Native people has narrowed from 13.2 years to 2.9 years. The most dramatic declines in mortality have been for two infectious diseases—tuberculosis and gastroenteritis. Cancer and death associated with motor vehicles are now the greatest cause of death, with suicide and homicide having the intermediate position. Of these, all three causes of death have shown a decline, except for cancer, whose rates since the early 1970's have been relatively stable (Smedley, Stith, & Nelson, 2003).

On the other hand, American Indian/Alaska Native health status is worse than that of the general population. Nationally, American Indian/Alaska Native people (17.2%), along with African Americans (14.6%) and Latinos (12.9%) are more likely than whites (7.9%) and Asians (7.4%) to rate their health as poor or fair. Individuals living in poverty are more likely to report worse health than the non-poor (Henry Kaiser Family Foundation, 2003). Given that as many as 7,198 of American Indians/Alaskan Natives in the Chicago region live on and below the poverty line, we can assume that they are at risk for poor health. Locally, in 2002 survey of American Indian/Alaska Natives, 26% rated their general health as either poor or fair. Mental health problems were reported more frequently than were physical health problems.

Compared to the general population in the United States, American Indian/Alaska Natives experience excessive risk for a number of illnesses, namely: heart disease, cancer, unintentional accidents, chronic liver disease/cirrhosis, and diabetes mellitus, cerebrovascular disease, pneumonia/influenza, suicide, homicide, tuberculosis, and all causes except cardiovascular disease and cancer. For example, Indian Health Services data from 1994-1996 indicate that the following causes of age-adjusted death rates for American Indians/Alaska Natives are greater than for all other races in the United States (Smedley, Stith, & Nelson, 2003):

- Alcoholism—627%
- Tuberculosis—533%
- Diabetes mellitus—249%
- Accidents—204%
- Suicide—72%
- Pneumonia and influenza—71%
- Homicide—63%

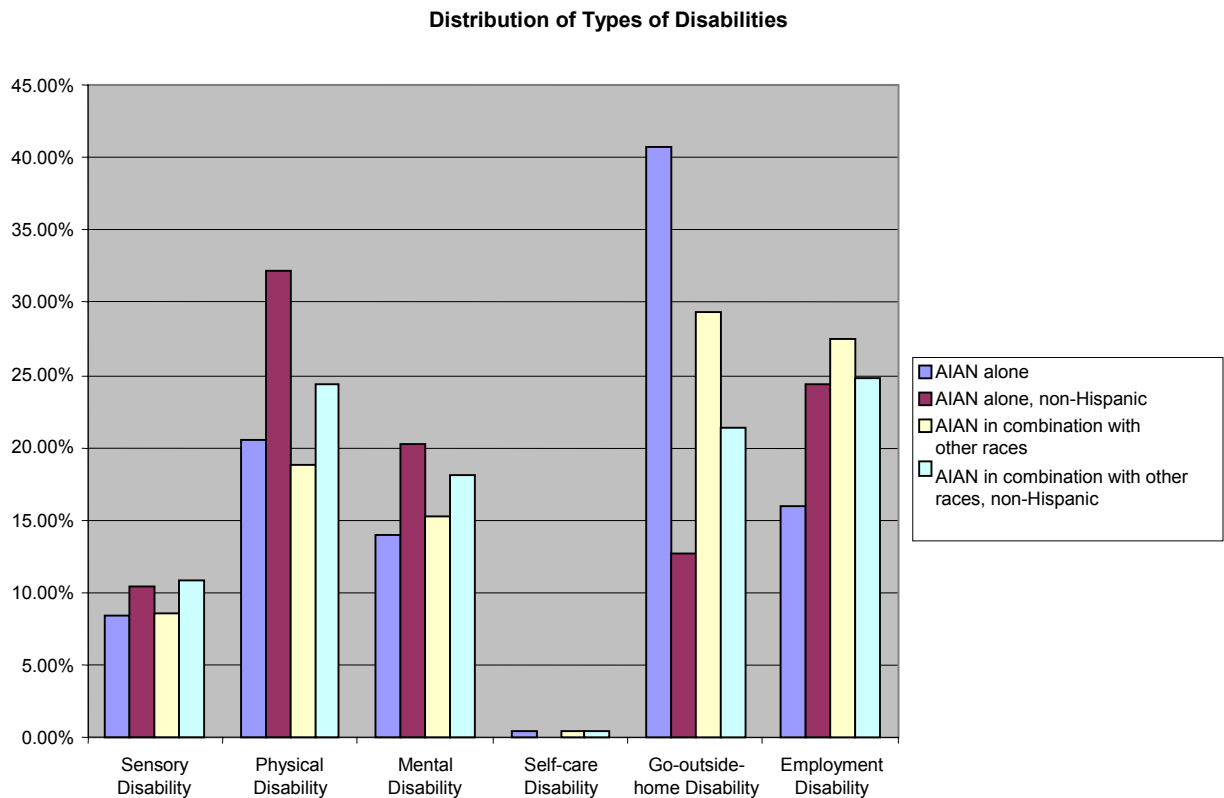
## *Disability Status*

Twenty five percent of the American Indian/Alaska Natives in the Chicago region report having a disability. This is significantly higher than the disability rate in the region for all races, which is just under 20%. Over half (56%) of American Indian/Alaska Natives 65 years and older have a disability.

### *Types of Disability*

As can be seen in Figure 18, most disabilities among American Indian/Alaska Native people are physical and employment disabilities. Disabilities that hinder people from “going outside home” seem to be especially related to individuals who report themselves as Hispanic.

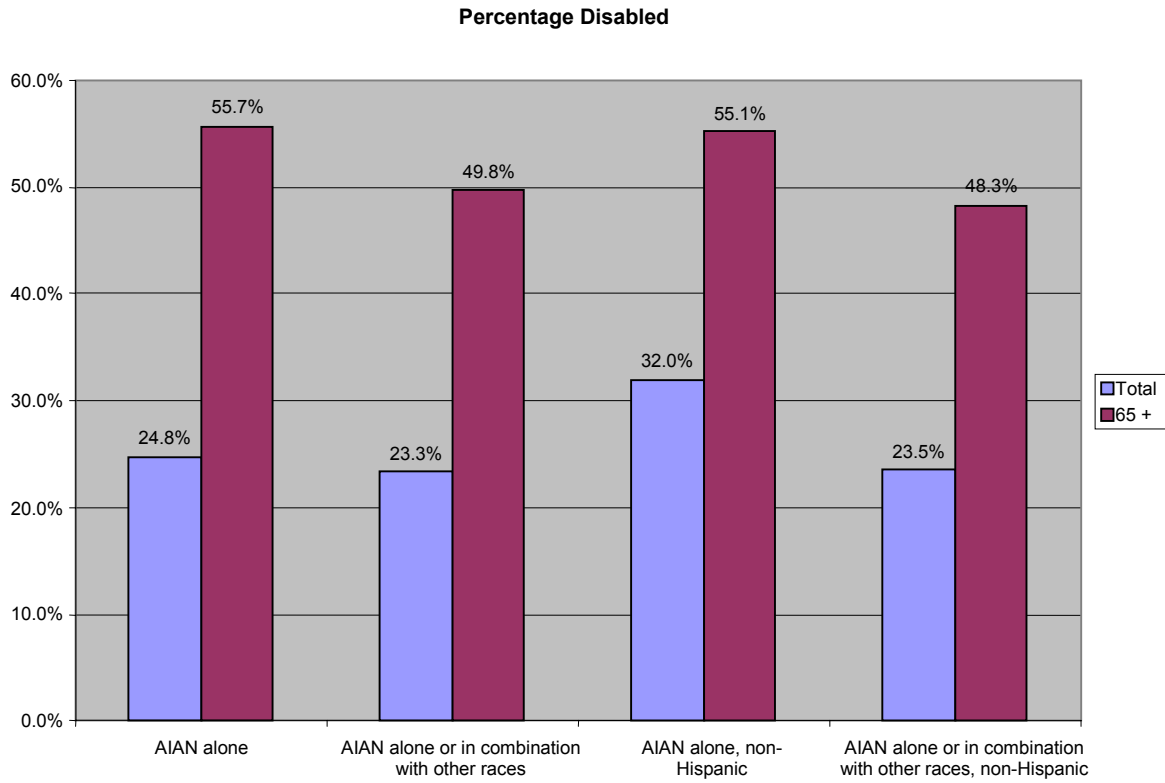
Figure 18. Types of Disabilities in the American Indian/Alaska Native Population



From Census 2000, Summary File 4. PCT69. Sex by age by types of disability for the civilian noninstitutionalized population 5 years and over.

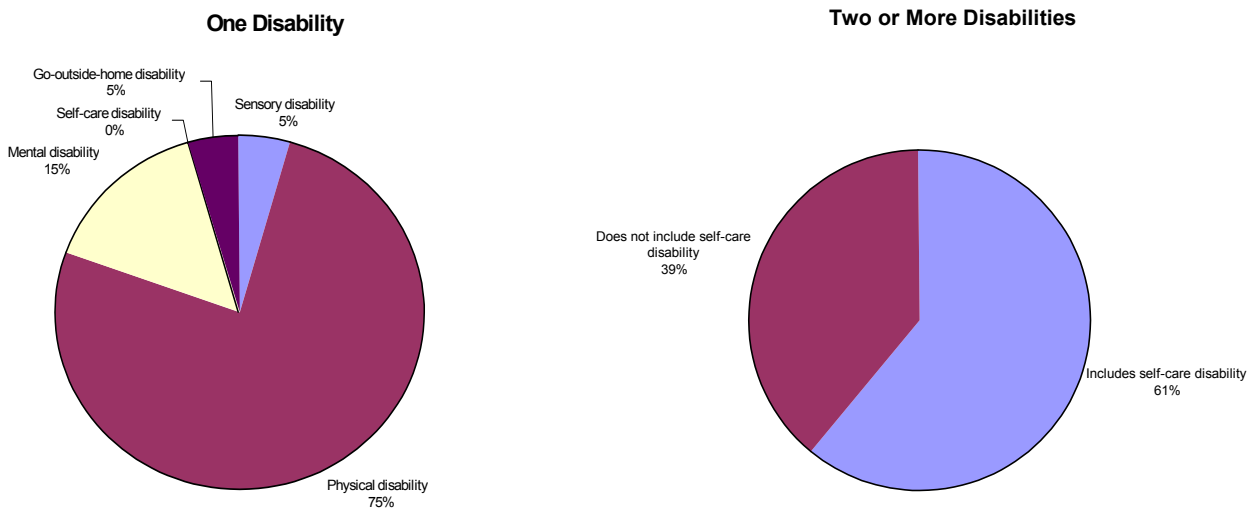
Disability among the urban Indians is especially associated with aging. Around 50% of those 65 and over are disabled (see Figure 19). Sixty-two percent of them have more than one disability (nd). As can be seen in Figure 20, a substantial number of people of those with two or more have a “self-care” disability.

Figure 19. American Indian/Alaska Native Persons with Disabilities in the Population 65 Years and Older



From Census 2000, Summary File 4. PCT69. Sex by age by types of disability for the civilian noninstitutionalized population 5 years and over.

Figure 20. Types of Disabilities for Non-Hispanic American Indians and Alaska Natives 65 Years and Older



From Census 2000, Summary File 4. PCT69. Sex by age by types of disability for the civilian noninstitutionalized population 5 years and over.

### Maternal and Child Health

The 6.2 birth rate from 1991 to 2000 among American Indian/Alaska Natives in Cook County is much lower (by 63%) than among the general population and seems to be decreasing over time<sup>9</sup> (Urban Indian Health Institute, 2000). Eight percent of the births were low birth weight and seem to be increasing over time, although very low birth rate seems to be decreasing during the same time period (see Table 8).

Table 8. American Indian/Alaska Native Infant Birth, Mortality, and Morbidity in Cook County from 1991 to 2000

Birth and Mortality Indicators	Number of cases
Number of Births	1,123
Low Birth Weight	88
Very Low Birth Weight	20
Premature Births	139
Late or No prenatal Care	60
Births to Unmarried Mothers	569
Births to Mothers under 18	65
Births to Mothers who smoked	183
Births to Mothers who reported using alcohol	< 10

From Urban Indian Health Institute, 2000.

<sup>9</sup> The urban birth rate for American Indian/Alaska Natives during this period is lower than the national American Indian/Alaska Native birth rate, which was increasing during this period. The Urban Indian Health Institute report suggests that some rates in urban organization areas might be impacted by racial misclassification on birth certificates.

Compared to the general public, the Native America mothers were more likely to be unmarried; to have little or no prenatal care, and to smoke than the mothers in the general population<sup>10</sup>. On all other indicators of infant health there were no significant differences from the general population.

### *Infant Mortality*

From 1995, 14 infants born in Cook County to American Indian/Alaska Native mothers died. This infant death rate of 21.5% is much higher than that of the general population (Urban Indian Health Institute, 2000). While this is a small sample size, the high rate reflects the national high infant mortality rate for American Indians and Alaska Natives. The infant mortality rate among American Indians and Alaska Natives, as well as African Americans, is higher than that of other racial/ethnic groups, even when one draws comparisons between women of similar socioeconomic conditions (Henry Kaiser Family Foundation, 2003; CDC, 2004). The infant mortality rate among American Indians and Alaska Natives in Cook County is also much higher than the infant mortality rate of the 13 Chicago communities with the highest concentration of urban Indian residents (see Appendix C). The infant mortality rates in these areas ranges from 5.7% to 16.1%.

We do not know the causes of death among infants in Cook County. However, in general, Sudden Infant Death Syndrome (SIDS) was the leading cause of death among infants born to American Indian/Alaska Native mothers living in Urban Indian Health organization counties with populations greater than 250,000 (Urban Indian Health Institute, 2000). The SIDS rate among American Indians and Alaska Natives is the highest of any population group, more than double that of whites in 1999 (CDC, 2004).

### *Lead Poisoning*

American Indian/Alaska Native children in Chicago aged six years old and below, who were screened for levels of lead in their blood, had alarmingly high rates of lead poisoning (see Table 9).

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<sup>10</sup> In 1997, only 1.9 percent of American Indian/Alaska Native women in Chicago reported that they smoked when pregnant, as compared to Latinos (2.2%); whites (9.3%); and African Americans (16.2%) (Human Relations Foundation/Jane Addams Policy Initiative, Loyola University Center for Urban Research and Learning, 2003).

Table 9. Levels of Lead in the Blood for Children Aged Zero to Six Years in Chicago, 1996-1998

Racial or Ethnic Group	1996			1997			1998		
	Screened	Elevated		Screened	Elevated		Screened	Elevated	
	Number	Number	%	Number	Number	%	Number	Number	%
Total	94,349	26,052	27.6%	95,712	26,401	27.6%	91,621	20,503	22.4%
Asian/Pacific Islander	1,576	127	8.1%	1,450	151	10.4%	1,322	119	9.0%
Non-Latino African American	48,351	18,135	29.0%	46,074	16,916	36.7%	41,165	12,253	29.8%
Latino	27,586	5,097	18.5%	29,090	5,198	17.9%	25,999	3,712	14.3%
Native American	86	15	17.4%	79	20	25.3%	46	5	10.9%
Non-Latino White	7,347	559	7.6%	4,798	475	9.9%	4,200	306	7.3%
Other	2,952	356	12.1%	2,197	234	10.7%	2,934	164	5.6%
Unknown	6,451	1,763	27.3%	12,024	3,407	28.3%	14,955	3,944	26.4%
Total	94,349	26,052	27.6%	95,712	26,401	27.6%	91,621	20,503	22.4%

From Binns, 2001 cited in Human Relations Foundation, et al, 2003

Table 10. Leading Causes of death Among American Indian/Alaska Natives in Cook County, 1990-1999<sup>11 12</sup>

Cause of Death	American Indian/Alaska Native			All Races		American Indian/Alaska Native compared to All Races	American Indian/Alaska Native 10-year trend
	Rank	Total Deaths	Rate	Rank	Rate		
All Causes		351	379.6		988.2	-62%	Decreasing
Heart Diseases	1	93	119.6	1	325.8	-63%	Ns
Malignant neoplasms	2	45	53.5	2	229.3	-77%	Ns
Lung Cancer		14	17.6		58.4	-70%	ns
Chronic Liver Disease and cirrhosis	3	26	21	10	14.4	ns	Decreasing
Accidents	4	24	15.8	4	31.9	-51%	Decreasing
Assaults	5	15	7.9	6	17.7	-55%	Decreasing
Septicemia	6	13	19.4	9	17.8	ns	ns
Cerebrovascular Diseases	6	13	15.3	3	64.8	-76%	ns
Diabetes mellitus	8	12	16.2	5	25.8	ns	ns
HIV	9	11	7.3	8	16.6	ns	ns
Nephritis, nephritic syndrome and nephro	10	10	15.2	7	18.2	ns	ns
Alcohol-related deaths		24	19.8		9.3	+114%	ns

From Urban Indian Health Institute, 2000.

<sup>11</sup> From Appendix D-1 of Urban Indian Health Institute, (2000). All mortality rates may be significantly underreported and should be used with caution.

<sup>12</sup> A recent review of data from 2000 and 2001 by the Chicago Department of Public Health Epidemiology Office ranked Leading Causes of death among Non-Hispanic American Indians/Alaska Natives as Heart diseases (1); Cancer (2); Stroke (3); Diabetes (4); Influenza & Pneumonia (5); Accidents (6); Septicemia (7); Chronic Lower Resp. Disease (8); Nephritis (8). (See Appendix B).



## *Diseases and Health Risks*

### *Heart Disease*

As seen in Table 10, heart disease is the leading cause of death among American Indian/Alaska Natives in Cook County. This reflects national data. It is the leading cause of death of both American Indian men and women (Henry Kaiser Family Foundation, 2003; Joe, 1996). While heart disease has declined in the general population since 1984, it continues to increase in the American Indian/Alaska Native population and rose by 8% between 1990-1992 (Joe, 2001).

### *Cancer*

Cancer is the second leading cause of death among American Indian/Alaska Natives in Cook County. While cancer rates as a whole are lower than the general population, rates for certain kinds of cancer: nasopharyngeal, gall bladder, and stomach, are higher than the general population. (Joe, 2001) Cancer is the second leading cause of death for American Indian women. (Orians et al., 2004).

Cancer rates are masked by a lower life expectancy, which leaves less time to develop cancer. Due to this it is found in younger age brackets with higher than average rates of manifestation and mortality in American Indian/Alaska Native men between 15-24. In addition, And while cancer incidents are lower, five-year survival rates are significantly lower due to problems with diagnosis and access to follow-up care (Joe, 2001).

### *Sexually transmitted diseases (STDs)*

Nationally, the syphilis and Chlamydia rates among American Indian/Alaska Natives in 2001 were both six times higher than those among the non-Hispanic white population. Meanwhile, the gonorrhea rate among American Indians and Alaska Natives was four times higher than that among non-Hispanic whites (CDC, 2004).

### *HIV/AIDS*

In addition to the 11 American Indian/Alaska Natives who died of AIDS in Cook County between 1990-1999, the Chicago Department of Public Health reported 34 American Indian/Alaska Native with AIDS from 1990 to 2000 (2003)<sup>13</sup>. Almost half (16 individuals) of the American Indian/Alaska Natives with AIDS in Chicago are women (CDC, 2004).

While the rate of death from AIDS among American Indian/Alaska Natives is significantly less in Cook County than the rate in the general population, there are indications that at a national level, HIV rates and Hepatitis C are beginning to rise and the Indian health-care system might not have the resources to provide adequate treatment.

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<sup>13</sup> There could be a double count between these two figures.

American Indians and Alaska Natives are more aware of their risk of AIDS than the general population. American Indian/Alaska Native respondents were more likely to indicate that they were at medium or high risk of HIV infection than respondents of other racial/ethnic groups (9.2% versus 6.7%). Respondents of other racial/ethnic groups were more likely to report never being tested for HIV infection than were American Indian/Alaska Native respondents (55.8% versus 50.5%) (Denny, Holtman, & Cobb, 2003).

### *Diabetes*

While locally the mortality rate of American Indians/Alaska Natives with diabetes is not distinguishable from the rate in the general population, nationally the mortality rate for American Indian/Alaska Native individuals with diabetes is almost three times the rate for the total population in the United States. Fifteen percent of American Indians and Alaska Natives who received care from the Indian Health Services have been diagnosed with diabetes (NDIC, 2004).

Locally, 21% of all encounters reported by the American Indian Health Service of Chicago, Inc. (AIHS) had primary diagnoses of “endocrine, nutritional, metabolic diseases and immunity disorders.” Also, in a 2002 survey of a convenience sample conducted by American Indian Health Services Clinic, one of the two most often reported medical problems was diabetes (18%). American Indian/Alaska Native respondents were more likely to report awareness of having diabetes (9.7%) than respondents of other racial/ethnic groups (5.7%) (Denny, Holtman & Cobb, 2003).

American Indian/Alaska Native people tend to develop diabetes at younger ages and suffer a higher rate of complications such as amputations and end-stage renal disease (Gohdes, Kaufman, and Valway, 1993, [Medical Letter on the CDC & FDA](#), 2003). There are increased health concerns for young women of child-bearing age. Also, there is an increase in the lifetime duration of the disease, as opposed to that of the general population. Nationally, 9% of 20-year-old American Indians and Alaska Natives who have gone to Indian Health Service are diagnosed with diabetes. By contrast, only 4% of whites of the same age have been diagnosed with diabetes ([Medical Letter on the CDC & FDA](#), 2003).

*End-stage Renal Disease.* A national survey using Medicare data indicated that the incidence of End-stage Renal Disease (ESRD) was three times higher among American Indians/Alaska Natives than among whites and the incidence of ESRD due specifically to diabetes was six times higher (Newman, et al, 1990).

### *Alcoholism*

Locally, American Indians/Alaska Natives have twice as many alcohol-related deaths as the general population. For 1994-96 the Indian population has an age adjusted alcoholism death rate that is 7.3 times the rate for all racial groups in the United States and 7.9 the rate for whites. The highest Indian male alcoholism death rate occurs in the 55 to 64 year age group (Trujillo, Hartz, Smith, & Paisano, 1999).

There is some good news. The National Institute on Alcohol Abuse and Alcoholism reported recently that American Indians rate of over-all alcohol abuse has decreased at the same time that rates for other groups has increased. While the overall alcohol abuse rate jumped from 3.03 % to 4.65 %, it rose from 3.33 % to 5.1 % for whites; climbed from 1.46 % to 3.29 % for blacks; *declined from 8.14 % to 5.75 % for American Indians*; rose from 1.08 % to 2.13 % for Asians; and climbed from 2.52 % to 3.97 % for Latinos. The same report, looking at the rate of alcoholism, also found a decrease by one-third among American Indians. According to this report, the current Indian alcoholism rate is now 6.35 compared to the 3.81 rate for all racial groups in the United States.

The study, published in the journal *Drug and Alcohol Dependence*, is based on interviews with 43,093 people in 2001-2002. The results were compared with a similar study in 1991-1992. (Comcast News, 2004)

### *Asthma*

Previously considered to be free of asthma, American Indians now appear to have rates equal to, if not greater than, the general population (Yeh, Eichner, & Rhoades, 2000). Estimates from the National Health Interview Survey (1986-1990) indicate that age-adjusted prevalence for asthma was 4.45% in Native American men and 6.02% in Native American women, while prevalence in white men was 4.26 %, and in white women, 4.30 % (American Lung Association, 2003). The Center for Disease Control reports that asthma (linked with Bronchitis and Emphysema) was among the 10 leading causes of death for American Indians/Alaska Natives aged one to 24 and 45 to 64 years old from 1995 to 1997 (see Appendix F).

This increase reflects alarming national trends among all races. The number of people with asthma increased by 102 between 1979 to 1980 and 1993 to 1994. (Satter, Zubiato, & Wallace, 2003). Asthma is a significant problem in the Chicago area for all races, but especially for residents of poorer neighborhoods, who experience higher rates of asthma and disease-related mortality. Annually, Stroeger (former Cook County) Hospital reports that asthma is responsible for more than 70,000 visits to their emergency room (Cook County Bureau of Health Services, 2004).

Chicago has been called the epicenter of the asthma epidemic. The local asthma statistics are staggering: over 650,000 children and adults in Metropolitan Chicago have asthma; and Chicago's hospitalization rates for children with asthma are 70% higher than the national average (Chicago Lung Association, 2004).

### *Mental Health*

Mental disorders accounted for 7% of the primary diagnosis of encounters at the American Indian Health Services, Inc. Health Center in 2002 and 2003. We have no other data on the local level. Nationally, there are little large-scale epidemiological studies of mental health and American Indian/Alaska Native individuals.

There have been some smaller studies with key findings regarding the mental health of American Indians and Alaska Natives, such as the following (HHS, 2004):

- Smaller studies of older American Indians have found rates of depression ranging from 10 to 30 %.
- One small study with a 20-year follow-up found a lifetime prevalence of mental disorders to be a staggering 70%.
- A Great Smokey Mountain Study found American Indian children had rates (17%) of mental disorder similar to the white children (19%).

The high rate of exposure to trauma puts American Indians and Alaska Natives into a high needs category for mental health services. Nationally, the rate of violent victimization of American Indian/Alaska Native individuals is more than twice the national average. This high rate of traumatic exposure results in a 22% rate of Post Traumatic Stress Disorder (PTSD), compared to 8% in the general population. The American Indian Vietnam Veterans Project found lifetime prevalence of PTSD to 45 to 57% among American Indian veterans—rates much higher than those among other Vietnam veterans (cited in HHS, 2004).

### *Homelessness*

Chicago, like many urban centers, has a large homeless population. Approximately 1,666,000 people experience homelessness in the Metropolitan Chicago area each year. It is estimated that 1% of these individuals is American Indian/Alaska Native (CCH, 2004).

### *Domestic Violence*

According to the *National Violence against Women Survey*, American Indian/Alaska Native women and men were most likely to report Intimate Partner Violence (IPV). By contrast, Asian/Pacific Islander women and men were least likely to report such. It is unclear whether this difference is due to cultural variations in people's willingness to report information about violence or variations in incidence of IPV (Tjaden and Thoennes, 2000b; cited in CDC, 2004). Also, the Bureau of Justice Statistics reports that between 1993 and 1998, American Indians sustained violent victimization at a higher per capita rate than any other group (Rennison, 2001).

As a result of these high rates of violence, American Indian women are at high risk of homicide, including domestic violence (College of Emergency Physicians Report in 1995 cited by Illinois Coalition Against Domestic Violence, 2004). Homicide is the third leading cause of death for American Indian/Alaska Native women. Of all American Indian and Alaska Native women murdered, over 75% were killed by a family member, an acquaintance, or someone they knew (Homicide and Suicide Among Native American 1979-1992; cited by Illinois Coalition Against Domestic Violence, 2004).

In 2002, 215,153 cases of Domestic Disturbance were reported by the Chicago Police Department (Chicago Police Department, 2003). All but one of the 13 Chicago communities that have a concentration of urban Indians report high numbers of domestic violence (see Appendix

C). Urban Indians are just as likely as other Chicago residents to call the city's Domestic Violence Help Line.

### *Homicides*

There is little local homicide data available for American Indians/Alaskan Natives. Chicago had 648 homicides in 2002 (see Appendix D). While assaults ranked 5<sup>th</sup> as a cause of death among American Indians/Alaska Natives alone in Cook County, it was less than half the rate of the all races rate. In addition, it was decreasing during the 1900s, as was the Chicago city homicide rate (see Table 10). In the 13 Chicago Communities with the highest concentration of urban Indians, homicides ranged from a low of 6 to a high of 49, with an average of 13.

### *Accidents*

Accidents rank as the fourth cause of death of American Indian/Alaska Natives in the Chicago region (see Table 10). The local accident rate for American Indian/Alaska Natives is decreasing, as is the case nationally.

In the United States, American Indian/Alaska Native accidents are often associated with drinking and driving, which is also the major reason for early deaths for males and the leading cause of death for men 15 to 44 years old.

While the rates fluctuate from one region of the country to another, American Indian/Alaska Native accident rates are usually higher than those pertaining to the general population. For example, between 1992 and 1994, the adjusted death rate of American Indian/Alaska Native men of all ages was 94.5 per 100,000, compared to 30.3 for non-Hispanic American Indians/Alaskan Natives (Trujillo, Hartz, Smith, & Paisano, 1999).

Of particular concern, the American Indian/Alaska Native age-adjusted suicide death rate in 1994 to 1996 was 54% greater than the 1995 All Races rate and 45 times greater than the 1995 White rate. American Indian/Alaska Native males have a suicide death rate that is five times higher than that for American Indian/Alaska Native females. Also, the concentration of suicides among males occurs earlier in the life course—that is, between 15 to 34 years of age. For women, the concentration of suicides occurs at the end of the life course (Trujillo, Hartz, Smith & Paisano, 1999).

### *Smoking*

In a national study, American Indian/Alaska Native respondents were more likely to report cigarette smoking (32.2%) than respondents of other racial/ethnic groups (22.3%). Cigarette smoking was defined as the respondent having ever smoked  $\geq 100$  cigarettes in his or her life and currently smoking. For American Indian/Alaska Native respondents and those of other racial/ethnic groups, the prevalence of cigarette smoking was higher for men than for women (Denny, Holtman, & Cobb, 2003).

### *No Leisure-time Physical Activity*

In a national study, American Indian/Alaska Native respondents reported a lack of leisure-time physical activity more frequently than did respondents of other racial/ethnic groups (32.5% versus 27.5%). Respondents were asked whether they engaged in any exercise, recreation, or physical activity other than regular job duties during the previous month. For the total American Indian/Alaska Native population, the prevalence of no leisure-time physical activity was slightly greater for men (33.6%) than for women (31.8%) (Denny, Holtman, & Cobb, 2003).

### *Obesity*

Obesity is coming into prominence as a health concern in the United States. Twenty-five percent of adult Indian men and women who participated in the National Medical expenditure were at 120% of the ideal weight<sup>14</sup> (Lefkowitz & Underwood 1991). American Indian/Alaska Native respondents were more likely to report obesity (23.9%) than respondents of other racial or ethnic groups (18.7%) (Denny, Holtman, & Cobb, 2003). For the total American Indian/Alaska Native population, the prevalence of obesity was approximately identical for both men and women.

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<sup>14</sup> This study's sample included a good cross section of American Indians and Alaska Native, allowing for analysis of sub-samples by region of the country and, in some cases, tribal affiliation.

## Public and Private Health Resources available to Urban Indians

The Chicago metropolitan area has a very well developed private care health system. In addition, public health and non-profit community health services are available, although they vary significantly in scope among various counties and municipalities. However it is very difficult to assess how well urban Indians are able to access these services, or what local barriers exist for the resources being accessed by urban Indians, in particular. What follows is a brief review of the system of public health and private health services existing in the metropolitan Chicago area, especially for the non-insured or medically indigent *in general*. Whenever possible, we have included any information available of how urban Indians have been served within this system.

### *Private Health Resources and Access to Health Insurance*

The AIHS staff report that many of their patients do not have access to the private insurance necessary. This is especially problematic for Health Services patients who need to specialty care, diagnostic services available at hospitals and other outpatient institutions and in-patient hospital services. This is not surprising, since according to the Kaiser Foundation (2004), American Indians are not as well insured as whites, blacks, or Latinos. Thirty-five percent of all American Indians are uninsured, and 48% of low-income American Indians are uninsured. Many of those uninsured report that they depended solely on AIHS for their health care.

The Kaiser report found that 26% of American Indians did not have a medical visit in 1999. According to the U.S. Census bureau, American Indians had the fewest visits to the doctor's office in 1999. During that year, whites made 293 visits; Asian Americans, 233; blacks, 211; and American Indians only 54. On the other hand, American Indians made more emergency room visits than did whites or Asians Americans (U.S. Census Bureau, 2001).

Although the Chicago Metropolitan region may be rich in medical resources, these resources are not necessarily readily available for the medically indigent. Other than DuPage County, the urban Indian region of metropolitan Chicago is designated as having areas that are classified as "Professional Shortage and Medically Underserved" (Illinois Primary Health Care Association, 1994).

Medicaid, normally a reliable resource for urban Indians on public assistance seeking private health care, is currently under somewhat unreliable due to state fiscal problems. Due to delays in payment of Medicare by the state, many private physicians do not accept Medicare, and public resources are currently strained by increased demand.

### *Availability of Public Health and Community Health Services*

There are public health clinics and community health centers, many federally qualified, available in some areas of the region. However, there is no public hospital available, except in Cook County. None of the programs surveyed have any special or targeted programs for American Indians and Alaska Natives.

### *Lake County, Illinois*

In terms of medical care, the Lake County Department of Public Health's Federally Qualified Health Center clinics in Waukegan, Zion, North Chicago and Round Lake Park, provide general, dental, pediatric, prenatal care, family planning, and other programs. Last year, these clinics handled more than 88,000 patient visits, making the Health Department the second largest health clinic in Illinois. Clients include many of the county's uninsured and underinsured. For those who have difficulty visiting the Department, a mobile health service brings medical care to township residents throughout Lake County. In collaboration with the Lake County Community Health Partnership, the organization also provides immunizations for approximately 15,000 children at 10 sites each year (Lake County Department of Public Health, 2004).

In 2002, Lake County Public Health Clinic reported serving 56 American Indians/Alaska Natives in its clinics (Illinois Primary Health Care Association, 2004) (see Appendix F for data on American Indians/Alaskan Natives served by Community Health Clinics in the region).

### *Will County*

The Health Center reports serving 36,359 clients in 2002 of which they identified 25 as American Indians/Alaskan Natives. It is a Federally Qualified Health Center. The Health Center currently employs nine physicians with 24-hour accountability and hospital admitting privileges. The Center is also home to a 22-member ancillary staff, as well as medical assistants, translators, and administrative personnel. Multidisciplinary services encompass pediatric through dental.

In 2002, Will County Public Health Clinic reported serving 25 American Indians/Alaskan Natives in its clinics (Illinois Primary Health Care Association, 2004) (see Appendix F for data on American Indians/Alaskan Natives served by Community Health Clinics in the region).

### *Kane County*

The County Board of Health does not provide any primary care services. There are two Federally Qualified Clinics that serve the indigent in the county in its two major cities, Aurora and Elgin. These clinics are part of a Community Health Partnership of Illinois network that primarily targets migrant workers. Nearly all of the patients served by Community Health Partnership of Illinois (CHPI) are recently arrived immigrants from Mexico or Mexican-Americans. Unlike other community health centers, about 95% of CHPI's care is provided through outreach into the farm communities and migrant camps (CHPI, 2004).

The whole network of 14 clinics in a number of counties in Illinois reported serving 71 Native Americans/Alaskan Natives in 2002. However, it is not known how many of those resided in the Urban Indian region (Illinois Primary Health Care Association, 2004).

### *DuPage County*

While the DuPage Public Health Department has some specialty health services (such as a travel clinic, a tuberculosis testing clinic, an STD testing clinic, and so forth), there are no primary care clinics in the county for the indigent or non-insured.



### *McHenry County*

The Public Health Clinics do provide health screening and prevention services to the indigents, but do not treat chronic diseases. The Community Health Partnership of Illinois network does have a clinic that serves the county (see Kane County).

### *Cook County*

There are three sources of health services available for the medically indigent and uninsured in Cook County: City of Chicago Public Health Clinics; Cook County Department of Public Health Clinics and Cook County Hospital; and non-profit community health clinics. Through a number of collaborative arrangements, they form a system of health care services for the medically indigent in the County.

This network includes specialty clinics and programs (i.e. HIV/STD Prevention and Care sites; special programs for individuals with asthma, cancer programs), primary care clinics, mental health centers, and WIC sites, etc.

According to the Illinois Primary Care Association, the federally qualified clinics<sup>15</sup> in this system served at least 192 individuals who identified themselves as American Indian/Alaska Native<sup>16</sup> in 2002. This was approximately 0.1 % of the population served by these clinics (see Appendix F).

Stroeger Hospital and its ambulatory system is important source of hospital and out-patient care for indigent and non-insured citizens of Cook County. A representative of the hospital's ambulatory care system estimates American Indians to be a very small number, less than 2%<sup>17</sup> of the 4000,000 unduplicated patients seen by their system in the past year. Anecdotally, she has observed that it seems that American Indians do not seek primary or preventative care as much as others within the county system<sup>18</sup> (Dricoll, 2004).

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<sup>15</sup> This is probably an undercount. Only those clinics that receive federal money are required to submit a UDS report, the source of Illinois Primary Health Care Association data. Also, it is likely that American Indians/Alaska Natives, especially those in combination with other races, might not identify as American Indian/Alaska Native during clinic registration.

<sup>16</sup> This does not include any patients served by the American Indian Health Services Clinic. Also, most clinics' demographic collection methods are not required to have a listing of more than one race.

<sup>17</sup> This guess is much higher than the data received from the Illinois Primary Care Association. It points to the need for current lack of reliable data in the region on American Indian health care use and needs.

<sup>18</sup> The current billing data system at Stroeger—the only aggregated data system-- does not report demographic data on patients (Driscoll, 2004).

## Current Health Needs of Urban Indians living in Chicago Region

The US Public Health service asserts that American Indians and Alaska Natives are over-represented among high need populations. American Indians and Alaska Natives' income, education, insurance coverage, and unemployment all point to the fact that they are not receiving proper medical care. The US Public Health service cites that American Indians and Alaska Natives are more likely to be homeless, incarcerated, have alcohol and drug problems, and be exposed to trauma than whites. These factors increase their need for medical attention ([www.surgeongeneral.gov](http://www.surgeongeneral.gov), 2004).

Two considerations need to be taken into account in order to estimate the scope of local services needed. First, for those urban Indians without adequate access to health insurance or who are indigent, it is important to estimate the scope of the "access gap." Second, it is important to estimate the need for culturally appropriate services for the whole population of urban Indians. Using both of these assessments, there is a need for a significant increase in the services to American Indians and Alaska Native residing in the region.

### *Access Gap*

Looking at the following estimates of urban Indians needing health services, we can see that there is clearly a health gap. For example, the current systems of public health and community health services throughout the state report that approximately 0.1 % of their users in 2002 self-identified as American Indian/Alaska Native (Illinois Primary Care Association, 2004). This would be 555 individuals<sup>19</sup>. Yet, at least 3,596 American Indian and Alaska Native individuals are probably lacking insurance in the Chicago region. And, at least 1, 631 are likely to be at risk of poor health. The following information, taken from census data and other secondary data, are estimates of the health status and needs of many American Indians and Alaska Natives in the Chicago region:

### *Chicago Region Urban Indians Lacking Insurance*

At least 3,596 and as many as 13,008 urban Indians who might be in the target group to be served by AIHS in the Chicago region could be without insurance<sup>20</sup>. Given the lower median income of American Indians and Alaska Natives in the region, and the higher percentage of income needed for housing, it is likely that these individuals and their families would have difficulty paying for even preventative and primary care health care services, let alone drug costs, out of their own pockets:

- 3, 596 of the 10, 274 individuals who self-identified as American Indian/Alaska Native alone, non-Hispanic; and

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<sup>19</sup> This figure is higher than the total number (342) of individuals who reported that they were American Indian/Alaska Native. It assumes that the racial/ethnic distribution of those who did not report race is similar to those who did. This is still likely to be an undercount, since some report that AIAN are less likely to report ethnicity/race.

<sup>20</sup> The numbers of uninsured were determined by applying national percentage estimates of Native Americans uninsured (Kaiser Foundation, 1994) to 2000 census American Indian/Alaska Native population for Chicago AIHS service area.

- 13,008 of the 37,163 individuals who self-identified as American Indian and Alaska Native alone or in combination with one or more races (excluding American Indian/Alaska Native alone, Hispanic)<sup>21</sup>.

### *Chicago Region Urban Indians Likely to be at Risk of Poor Health due to Living in Poverty*

We estimated that at least 1,631 and as many as 7,198 urban Indians in the AIHS service area could be at risk of poor health due to living at or below poverty. *Eighty three percent of those at risk live in Cook County.*

- 1,631 of the 10, 274 individuals who self-identified as American Indian alone, non-Hispanic.
- 7,198 of the 37,163 individuals who self-identified as American Indian and Alaska Natives alone or in combination with one or more race (excluding those who self-identified as American Indian/Alaska Native alone, Hispanic).

### *Poor Access*

Four times more urban Indians in the service area of AIHS would have to visit doctors in order to equal the access currently practiced by white Americans.

### *Assistance with Self-Care or Care-giving*

There are between 90 and 427 American Indian/Alaska Native seniors in the region who could need assistance with self-care, or whose families might need assistance with caregiving.<sup>22</sup>

### *Culturally Appropriate Programs*

Programs that are culturally appropriate have been found to be important in influencing both the participation in and effectiveness of health services, whether it is increasing mammography re-screening among urban American Indian women (Burhansstipanov & Dignan, 2002) or controlling asthma (Satter, Zubiates, & Wallace, 2003). Also, the particular issues associated with assimilation and alienation, which can also been the experience of urban Indians, need special attention, especially where mental health issues are concerned (HHS, 2004).

Having services in tribal languages does not seem to pose significant problems. Only 384 individuals in the 2000 Census<sup>23</sup> reported that they spoke what might be a tribal language.<sup>24</sup> Of those, only 23 reported that they did not speak English well.

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<sup>21</sup> Individuals who reported themselves as American Indian/Alaska Native alone and Hispanic and who reported a tribe did not identify any tribes that had treaties with the US government. Rather, they all identified tribes from Mexico and Central America. We are assuming that this group is very unlikely to be in the target population (Urban Indians who are enrolled in tribes that have treaties with the US government or otherwise have entitlement with American Indian Health Service). This rationale is utilized in all the computations in the “Current Health Needs” section of this report.

<sup>22</sup> The former figure pertains to those who self-identified as American Indian/Alaska Native alone and non-Hispanic, while the latter pertains to those who self-identified as American Indian/Alaska Native alone or in combination with other races and non-Hispanic.

While many of the public and community health programs in the region (in the Cook County in particular) have developed culturally appropriate programs for many ethnicities, there are no such services specific to American Indians and Alaska Natives, other than those provided by AIHS. There is much education and collaboration work that needs to be done in order to ensure that all public health services in the region connect American Indians and Alaska Natives to culturally appropriate services. Collaboration (i.e. referrals) has just begun between Cook County Hospital and AIHS, Inc. but it is in its early days. Early problems encountered include Cook County Hospital's misidentification of American Indians and Alaska Natives.

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<sup>23</sup> Census 2000 American Indian and Alaska Native Summary File (SFAIAN)—Sample Data, PCT39, Nativity by Language Spoken in the Home by Ability to Speak English for Population 5 and Over.

<sup>24</sup> They reported another language and that language was not Spanish or any Indo-European, South Asian, and Pacific Island languages.

## Conclusion

While there are indeed needs for more health services, there is also a need for more education and outreach for American Indians and Alaska Natives in the Chicago Region.

In this regard, American Indian Health Services (AIHS) is needed to play a primary role in educating the American Indian/Alaska Native community about health-selected needs, issues, and lifestyle changes.

Given the dispersion of American Indians and Alaska Natives across the six counties included in AIHS' service area, it would be helpful for AIHS to form partnerships with local health care providers and initiate training programs that would promote cultural sensitivity toward American Indian/Alaska Native clients.

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## Appendix A

### Tribal Affiliation<sup>25</sup>

Native American individuals also had the opportunity to indicate their tribes upon filling out the census. A plurality of the American Indian/Alaska Natives in the AIHS service area, as with the other areas covered in the 2000 Census, indicated their tribal identification. (Again, there is no way of correlating identification to enrollment). This data is incomplete, since only 47% (14,573) of the non-Hispanic American Indian/Alaska Native population (including American Indian/Alaska Natives alone or in combination with other races) in Cook, DuPage, Kane, Lake, McHenry, and Will Counties disclosed their tribal affiliations. However, the data does give us some indication of the tribal affiliations of American Indian/Alaska Natives residing in the AIHS service area.

The residents of the Cook, DuPage, Kane, Lake, McHenry, and Will Counties belonged to 14 out of 40 tribal groupings listed in the census as follows (excluding that of Latin American Indians): Apache, Blackfeet, Cherokee, Chippewa, Choctaw, Cree, Creek, Iroquois, Menominee, Navajo, Potawatomi, Pueblo, Seminole, and Sioux (see Table 11). It is interesting to note that American Indian/Alaska Natives of mixed racial or ethnic backgrounds seemed to be more inclined to disclose their tribes, compared to their Alone counterparts. Of all the American Indian/Alaska Native individuals who indicated their tribal affiliation, 75% (10,939 out of 14,573) of the respondents self-identified as American Indian/Alaska Native in combination with one or more races, while the remainder consisted of alone American Indian/Alaska Natives. Also, American Indian/Alaska Natives only indicated fewer tribal affiliations than did those who self-identified as American Indian/Alaska Native in combination with other races. None of the alone American Indian/Alaska Natives self-identified as Cree, Creek, Potawatomi, Pueblo, or Seminole Indians (see Tables 12 and 13).

If one includes both Alone and more than one race American Indian/Alaska Natives, the five largest tribal group of American Indian/Alaska Natives in the service area of AIHS are: Cherokee (52%), Chippewa (11%), Blackfeet (8%), Sioux (7%), and both Iroquois and Choctaw (5% each). The Cherokee nation is constantly the largest tribal group among both alone American Indian/Alaska Natives (37%) and American Indian/Alaska Natives of more than one race (57%). This aside, the ranking of similarly large tribal groups varies among alone and more than one race American Indian/Alaska Natives. The second-, third-, fourth-, and fifth-largest tribal groups among Alone American Indian/Alaska Natives include Chippewa (22%), Iroquois (10%), Sioux (8%), and Apache (6%). Meanwhile, for American Indian/Alaska Natives who also belong to other racial or ethnic groups, the second-, third-, fourth-, and fifth-largest tribal groups are Blackfeet (9%), Chippewa (8%), Sioux (6%), and Choctaw (5%).

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<sup>25</sup> Since much of the health data available on the national level is by tribal area, we sought to identify what were the “tribes of origin” of the American Indian/Alaska Natives living in the Chicago metropolitan area.

Table 11. Tribal affiliations disclosed by non-Hispanic American Indian/Alaska Natives

Tribe	Cook County	%	Du Page County	%	Kane County	%	Lake County	%	McHenry County	%	Will County	%	Total	%
Apache	209	7%	0	0%	0	0%	0	0%	0	0%	0	0%	209	6%
Blackfeet	102	3%	0	0%	0	0%	0	0%	0	0%	0	0%	102	3%
Cherokee	854	29%	171	100%	0	0%	182	55%	0	0%	135	100%	1,342	37%
Chippewa	645	22%	0	0%	0	0%	151	45%	0	0%	0	0%	796	22%
Choctaw	157	5%	0	0%	0	0%	0	0%	0	0%	0	0%	157	4%
Iroquois	353	12%	0	0%	0	0%	0	0%	0	0%	0	0%	353	10%
Menominee	164	5%	0	0%	0	0%	0	0%	0	0%	0	0%	164	5%
Navajo	203	7%	0	0%	0	0%	0	0%	0	0%	0	0%	203	6%
Sioux	308	10%	0	0%	0	0%	0	0%	0	0%	0	0%	308	8%
Total	2,995	82%	171	5%	0	0%	333	9%	0	0%	135	4%	3,634	100%

From Census 2000 Summary File 2, PCT 1. Total Population.

Table 12. Tribal affiliations disclosed by Hispanic American Indian/Alaska Natives

Tribe	Cook County	%	Du Page County	%	Kane County	%	Lake County	%	McHenry County	%	Will County	%	Total	%
Latin American Indian alone	2,713	80%	214	6%	258	8%	196	6%	0	0%	0	0%	3,381	100%

From Census 2000 Summary File 2, PCT 1. Total Population.

Table 13. Tribal affiliations disclosed by American Indian/Alaska Natives (alone or in combination with one or more other races, including Hispanic)

Tribe	Cook County	%	DuPage County	%	Kane County	%	Lake County	%	McHenry County	%	Will County	%	Total	%
Apache	263	3%	0	0%	0	0%	0	0%	0	0%	0	0%	263	2%
Blackfeet	752	8%	0	0%	0	0%	142	12%	0	0%	110	10%	1,004	8%
Cherokee	3,813	41%	618	53%	375	100%	646	56%	227	100%	685	65%	6,364	48%
Chippewa	426	5%	177	15%	0	0%	121	10%	0	0%	104	10%	8286	6%
Choctaw	507	5%	0	0%	0	0%	0	0%	0	0%	0	0%	507	4%
Cree	112	1%	0	0%	0	0%	0	0%	0	0%	0	0%	112	1%
Creek	160	2%	0	0%	0	0%	0	0%	0	0%	0	0%	160	1%
Iroquois	313	3%	116	10%	0	0%	0	0%	0	0%	0	0%	429	3%
Latin American Indian	1,830	20%	142	12%	68	15%	110	9%	0	0%	157	15%	2,307	17%
Menominee	96	1%	0	0%	0	0%	0	0%	0	0%	0	0%	96	1%
Navajo	162	2%	0	0%	0	0%	0	0%	0	0%	0	0%	162	1%
Potawatomi	176	2%	0	0%	0	0%	0	0%	0	0%	0	0%	176	1%
Pueblo	167	2%	0	0%	0	0%	0	0%	0	0%	0	0%	167	1%
Seminole	129	1%	0	0%	0	0%	0	0%	0	0%	0	0%	129	1%
Sioux	414	4%	121	10%	0	0%	142	12%	0	0%	0	0%	677	5%
Total	9,320	70%	1,174	9%	443	3%	1,161	9%	227	2%	1,056	8%	13,381	100%

From Census 2000 Summary File 2, PCT 1. Total Population.

## Appendix B

### Causes of Death for American Indians, Chicago Residents, 2000-2001 Chicago Department of Public Health Epidemiology Program

<b>Frequency</b>	<b>2000</b>	<b>2001</b>	<b>Total</b>
Tuberculosis	0	1	1
Septicemia	8	14	22
Viral Hepatitis	2	2	4
HIV/AIDS	0	4	4
Cancer	112	111	223
Benign Neoplasms	1	1	2
Diabetes Mellitus	18	29	47
Nutritional Deficiencies	1	1	2
Parkinson's Disease	1	3	4
Alzheimer's Disease	4	3	7
Heart Disease	118	131	249
Hypertension	8	6	14
Stroke	38	41	79
Atherosclerosis	2	2	4
Aortic Aneurysm	2	3	5
Influenza & Pneumonia	18	20	38
Chronic Lower Respiratory Disease	12	8	20
Pneumoconiosis	1	0	1
Pneumonitis	2	2	4
Peptic Ulcer	1	1	2
Appendix Disease	6	4	10
Liver Disease	6	4	10
Nephritis	12	8	20
Kidney Infections	0	2	2
Pregnancy & Childbirth	1	0	1
Perinatal Conditions	4	4	8
Congenital Anomalies	8	2	10
Accidents	17	18	35
Suicide	3	7	10
Homicide	2	3	5
Complications of Medical & Surgical Care			
Other Causes	39	47	86
<b>Total</b>	<b>444</b>	<b>479</b>	<b>923</b>

From Chicago Department of Public Health Private Correspondence, April 2004.

## Appendix C

### Description of Chicago Community Areas With the Highest Concentration of American Indian/Alaska Native People

There are 13 Chicago community areas with a relatively high concentration of American Indians and Alaska Natives. Demographic and health information is available on these community areas from the Chicago Department of Public Health (Chicago Department of Public Health, 1999). By examining the demographic and health measures of these community areas, we can get a clearer picture of the American Indian/ Alaska Natives living there.

As far as health data, the 13 communities have a range of infant mortality of 5.5 to 16.1. The rate of low birth weight ranges from 6.6 to 15.6. Teen births range from 5.2 to 26.9. The rate of domestic violence, although likely not accurate, ranges from 688 to 5,081 (see Table 14).

American Indian /Alaska Natives live in communities that have a percentage below poverty that ranges from 5.6 to 31.9. The childhood poverty rate ranges from 6.9 to 44.6. American Indian/ Alaska Natives are living in very diverse communities. Non-Hispanic blacks range from .3 to 86.3%, non-Hispanic whites range from 9.1 to 88.9%, Hispanics range from 3.6 to 66.3%, and non-Hispanic others range from .9 to 23.9% (see Table 15).

Table 14. Maternal and Child Health Indicators in Community Areas in Chicago with High American Indian/Alaska Native Concentration

	Infant Mortality	Low Birth Weight	Teen Births	Domestic Violence
Albany Park	5.7	7.6	12.6	2521
Austin	16.1	15.6	26.9	5081
Edgewater	7.4	8.7	11.8	2239
Irving Park	5.5	7.2	11.1	2436
Lakeview	7.5	7.8	5.2	688
Lincoln Square	6.5	6.6	10.4	1685
Logan Square	9.1	8.6	20.2	3479
North Center	6.9	8.3	9.4	1498
Portage Park	5.9	6.6	7.2	1595
Rogers Park	8.3	9.1	15.2	3711
Uptown	10.0	9.0	15.0	2787
West Ridge	8.4	7.5	6.3	1273
West Town	9.2	8.7	19.8	2873

From Chicago Department of Public Health Private Correspondence, April 2004.

Table 15. Childhood Poverty Among Racial Groups in Community Areas in Chicago with High Concentrations of American Indians and Alaska Natives

	Below poverty level	Childhood Poverty	Black, non-Hispanic	White, non-Hispanic	Hispanic	Other race, non-Hispanic
Albany Park	17.5	23.8	3.0	41.3	31.8	23.9
Austin	25.7	35.4	86.3	9.1	3.6	.9
Edgewater	16.9	26.4	19.2	51.2	17.4	12.2
Irving Park	10.2	14.0	.8	66.2	24.4	8.6
Lakeview	10.6	16.4	6.1	74.9	14.2	4.7
Lincoln Square	13.2	19.8	2.4	60.3	23.1	14.2
Logan Square	26.4	36.3	5.4	26.7	66.3	1.6
North Center	12.2	18.9	3.0	63.8	27.4	5.8
Portage Park	5.6	6.9	.3	88.9	7.8	3.0
Rogers Park	19.5	29.5	26.3	44.8	19.9	9.0
Uptown	31.3	44.6	23.7	38.8	22.6	15.0
West Ridge	12.7	17.7	3.1	72.0	8.3	16.6
West Town	31.9	43.7	9.1	27.5	62.0	1.4

From Chicago Department of Public Health Private Correspondence, April 2004.

## Appendix D

### Crimes in Chicago

#### Index Crimes

Although index crime decreased overall between 2001 and 2002, there were exceptions among individual categories. Aggravated assault increased by 2.0 percent; arson, by 1.8 percent; and robbery was essentially stable between the two years (0.4 percent increase). Each of the remaining five categories showed a decrease between 2001 and 2002. In general, the magnitude of the decrease was between 1.5 and 2.6 percent, in line with the overall trend. Motor vehicle theft showed a substantially greater decrease of 8.9 percent, and also had the greatest numeric decrease between the two years (2,451 incidents).

Property crimes outnumbered violent crimes by a ratio of 3.2:1, a ratio typical of recent years. Property index crimes decreased at more than three times the rate of violent index crimes (3.0 percent vs. 0.9 percent), a greater disparity than in 2001.

**Exhibit 2. Index Crimes, 2001-2002**

	2001	2002	% Change
Murder	665	648	-2.6%
Criminal Sexual Assault - Total	1,933	1,971	2.0%
Attempted Criminal Sexual Assault	199	174	-12.6%
Criminal Sexual Assault	1,734	1,797	3.6%
Robbery - Total	18,450	18,533	0.4%
Armed Robbery	11,101	11,408	2.8%
Strongarm Robbery	7,349	7,125	-3.0%
Aggravated Assault/Battery - Total	25,544	25,005	-2.1%
Gun	7,626	7,190	-5.7%
Knife or cutting instrument	6,100	5,244	-14.0%
Other dangerous weapon	10,517	9,656	-8.2%
Hands, fists, feet, etc.	1,301	2,915	124.1%
<b>Violent Crime Subtotal</b>	<b>46,592</b>	<b>46,157</b>	<b>-0.9%</b>
Burglary - Total	26,009	25,399	-2.3%
Forcible Entry	18,440	17,928	-2.8%
Unlawful Entry	6,177	6,224	0.8%
Attempted Forcible Entry	1,392	1,247	-10.4%
Theft	97,939	96,439	-1.5%
Motor Vehicle Theft	27,689	25,238	-8.9%
Arson	1,004	1,022	1.8%
<b>Property Crime Subtotal</b>	<b>152,641</b>	<b>148,098</b>	<b>-3.0%</b>
<b>Total Index Crimes</b>	<b>199,233</b>	<b>194,255</b>	<b>-2.5%</b>

## Appendix E

### 10 Leading Causes of Death American Indian and Alaskan Native (Both Sexes, Males or Females) 1995-97

(Click any colored box for details)

		Age Groups										
Rank		<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	Congenital Anomalies 183	<a href="#">Unintentional Injury and Adv. Effects</a> 162	<a href="#">Unintentional Injury and Adv. Effects</a> 98	<a href="#">Unintentional Injury and Adv. Effects</a> 112	<a href="#">Unintentional Injury and Adv. Effects</a> 775	<a href="#">Unintentional Injury and Adv. Effects</a> 842	<a href="#">Unintentional Injury and Adv. Effects</a> 721	Heart Disease 755	Heart Disease 1,186	Heart Disease 4,447	Heart Disease 6,849	
2	SIDS 170	<a href="#">Homicide &amp; Legal Int.</a> 22	Malignant Neoplasms 12	<a href="#">Homicide &amp; Legal Int.</a> 21	<a href="#">Suicide</a> 253	<a href="#">Suicide</a> 265	Liver Disease 355	Malignant Neoplasms 638	Malignant Neoplasms 1,116	Malignant Neoplasms 2,961	Malignant Neoplasms 5,182	
3	Short Gestation 85	Congenital Anomalies 19	<a href="#">Homicide &amp; Legal Int.</a> 11	<a href="#">Suicide</a> 20	<a href="#">Homicide &amp; Legal Int.</a> 205	<a href="#">Homicide &amp; Legal Int.</a> 204	Heart Disease 314	<a href="#">Unintentional Injury and Adv. Effects</a> 431	Diabetes 402	Cerebrovascular 1,072	<a href="#">Unintentional Injury and Adv. Effects</a> 3,861	
4	<a href="#">Unintentional Injury and Adv. Effects</a> 52	Malignant Neoplasms 17	Congenital Anomalies 5	Malignant Neoplasms 8	Malignant Neoplasms 44	HIV 120	Malignant Neoplasms 289	Liver Disease 357	Liver Disease 273	Diabetes 1,026	Diabetes 1,735	
5	Placenta Cord Membranes 38	Pneumonia & Influenza 8	Benign Neoplasms 4	Heart Disease 5	Heart Disease 26	Liver Disease 119	<a href="#">Suicide</a> 170	Diabetes 196	<a href="#">Unintentional Injury and Adv. Effects</a> 244	Pneumonia & Influenza 721	Cerebrovascular 1,496	
6	Pneumonia & Influenza 34	Heart Disease 6	Pneumonia & Influenza 3	Congenital Anomalies 4	Cerebrovascular 10	Malignant Neoplasms 92	<a href="#">Homicide &amp; Legal Int.</a> 141	Cerebrovascular 134	Cerebrovascular 174	Bronchitis Emphysema Asthma 675	Liver Disease 1,322	
7	Respiratory Distress Synd. 30	Perinatal Period 4	Septicemia 3	Pneumonia & Influenza 4	Congenital Anomalies 9	Heart Disease 88	HIV 133	Pneumonia & Influenza 93	Bronchitis Emphysema Asthma 153	<a href="#">Unintentional Injury and Adv. Effects</a> 422	Pneumonia & Influenza 1,064	
8	Maternal Complications 25	Bronchitis 3	Bronchitis Emphysema Asthma 2	Meningococcal 3	Bronchitis Emphysema Asthma 6	Pneumonia & Influenza 34	Diabetes 91	<a href="#">Suicide</a> 70	Pneumonia & Influenza 98	Nephritis 252	Bronchitis Emphysema Asthma 928	
9	Perinatal Infections 19	Bronchitis Emphysema Asthma 3	Heart Disease 2	Nephritis 3	Pneumonia & Influenza 6	Cerebrovascular 25	Cerebrovascular 73	<a href="#">Homicide &amp; Legal Int.</a> 68	Nephritis 54	Liver Disease 212	<a href="#">Suicide</a> 846	
10	<a href="#">Homicide &amp; Legal Int.</a> 15	Five Tied 2	<a href="#">Suicide</a> 2	Bronchitis Emphysema Asthma 2	Septicemia 6	Diabetes 19	Pneumonia & Influenza 63	Bronchitis Emphysema Asthma 53	Septicemia 45	Septicemia 184	<a href="#">Homicide &amp; Legal Int.</a> 736	



Appendix F

2002 Chicago UDS Users

Health Center	Number of American Indians and Alaska Natives	% of Total Population
Access	46	0.1
Alivio	7	0.0
Chicago Family Health Center	11	0.1
Heartland Outreach	17	0.2
Community Health Partnership of Illinois	71	1.0
Christian Community Health Center	0	0.0
Circle Family Care	2	0.0
Erie Family Health Center	11	0.1
Friend Family Health Center	1	0.0
Greater Elgin Family Care Center	3	0.2
Lawndale Christian Health Center	0	0.0
Mile Square Community Health Center	0	0.0
Near North	2	0.0
PCC	0	0.0
Prime Care	9	0.1
TCA Health	0	0.0
Uptown/ Howard Brown	12	0.2
Aunt Martha's	19	0.3
Total Chicago Area	211	0.1

Source: Illinois Primary Care Association

Figure 21. Community Health Centers Serving Chicago's Health Professional Shortage Areas and Medically Underserved Areas

