

Addressing Health Disparities in MI's American Indian Population

PUBLIC HEALTH PROBLEM (ISSUE)

The 2007 Michigan Public Act 653, the Michigan Health Equity Roadmap and the HHS Office of Minority Health National Partnership for Action include recommendations to improve the collection and quality of health related data on racial and ethnic minority and tribal populations. To that end, the goal of the 2017 Native American Behavioral Risk Factor Survey (NaBRFS) was to provide an up-to-date health data source for Native Americans in Michigan which is home to 12 federally recognized tribes. Other state data sources indicate higher rates of no health care coverage, heart disease, diabetes prevalence and cancer mortality among Michigan's tribal populations.

TAKING ACTION (INTERVENTION)

The Behavioral Risk Factor Surveillance System (BRFSS) is a CDC administered telephone survey to collect data on health risk behaviors, preventative services, and chronic health conditions. The Michigan BRFSS does not contain enough respondents for robust analysis of racial/ethnic populations, beyond Black and White. To improve data accuracy and availability for Michigan's minority populations, the Michigan Department of Health and Human Services (MDHHS) Health Disparities Reduction and Minority Health Section (HDRMHS) conducts Behavioral Risk Factor Surveys (BRFS) for select racial and ethnic minority adult populations. Michigan has completed stand-alone BRFSSs for Asians (2012), Hispanics (2012, 2014), Arabs/Chaldeans (2013, 2016), and Native Americans (2017).

Some data suggest that there is an association between self-assigned and socially-assigned racial classifications and reported health status. To better understand this, the Reactions to Race module, developed at CDC, is included in all BRFSS stand-alone surveys conducted by HDRMHS. This module was also included as part of the NaBRFS to assess the degree to which this association is reflected in Native American survey responses.

MDHHS approaches each BRFSS project as a collaborative effort that includes an advisory group comprised of representatives from the focused community and/or organizations that serve the focused community. The advisory group members work with MDHHS in all phases of the project including selection of additional survey modules, community outreach and education, survey implementation, aggregate data analysis, and report preparation and dissemination.





Completed survey information and the resulting data analysis are used to produce a BRFSS report which is publically disseminated in various

formats. The long-term goal of these efforts is to provide data that inform program, policy and funding decisions.

IMPACT

The NaBRFS was conducted in 2017. The NaBRFS project represented a strong collaboration across a number of organizations including: the Michigan Department of Health and Human Services, the Inter-tribal Council of Michigan (ITCM) and three federally recognized tribes across Michigan's Lower and Upper Peninsulas. The survey efforts were led by the ITCM and included outreach to the Michigan Tribal Health Directors and other tribal organizations to determine interest in participating with three Michigan tribes agreeing to move forward with the project.

The collaboration between MDHHS, ITCM, and the tribes continued throughout the project. The ITCM utilized its proven community-based focus to promote tribal member participation and to keep tribal members informed of the project progress. Efforts to encourage participation in the survey included tribal leaders' endorsements, fact sheet dissemination via web and mail, and information about the survey listed in other publications. The ITCM provided training to survey interviewers from Michigan State University on Michigan Native American culture and language patterns and continued to utilize community-based approaches throughout the survey implementation.

Through this approach, the total goal of American Indian/Alaskan Native (AI/AN) respondents for all three tribes was exceeded by 71 completes for a total of 610 completes and is referred to as the 2017 NaBRFS. The respondent data were combined with the State of MI's 2017 BRFSS (MiBRFS) AI/AN respondents for a total of 870 AI/AN respondents. The combined 2017 NaBRFS and MiBRFS data were included in the Inter-Tribal Council of Michigan's 2017 Health Risk Behavior among Native Americans in Michigan Report.

The 2017 report includes MiBRFSS core modules for comparison to identify health disparities. Tribes had the option to select additional modules which was provided in their Tribal Specific BRFSS reports. Tribes also received Key Recommendation Fact Sheets for Diabetes, Colorectal Cancer, Weight Status, and Smoking with recommendations.

The 2017 NaBRFS gives credit to its success through the collaboration of its partners and the proven culturally appropriate community-based approach. The resulting valuable tribal specific data may be used to apply for health grant funding and to drive program planning, and policy, systems, and environmental change with the ultimate goal of reducing health disparities and improving health for MI's Native American population.