

Native Americans in Chicago: Health, Education, Economics

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This presentation, "Native Americans in Chicago," discusses the findings of two collaborative research projects with the Native American community, in which I was a participant. One project was a needs assessment study of the dispersion, service needs, and interests of Native Americans in Metropolitan Chicago. This study identified the cultural, educational, socio-economic, and health issues within the Native community, as articulated by its members. The other project evaluated the health status and health needs of Native Americans in Chicago. The research examined the health risks specific to Native Americans, health services and resources available to Native Americans, and barriers to health care access. Both studies, which were completed in August 2004, exposed the disparities in the socio-economic status, educational attainment, employment status, and health status of Native Americans. Through the dissemination of the findings of these studies, my presentation aims to expose the "invisible minority" status of Native Americans, and to frame these issues in the context of social justice.

This presentation seeks to disseminate the findings of two collaborative research projects focused on the Native American community in Chicago, namely: the Anawim Community Geographic Dispersion and Needs Assessment Study, and the American Indian Health Services Needs Assessment Study: Metropolitan Chicago Region. These studies were intended to be collaborative research projects between Loyola's Center for Urban Research and Learning (CURL) and Native American community organizations. Both projects were completed in August 2004.

Project goals, methodology, and output

The Anawim Community Geographic Dispersion and Needs Assessment Study was a needs assessment study of the location, service needs, and

interests of Native Americans who currently receive, or could potentially receive services from Anawim Center, a spiritual and cultural center for Native Americans located in Uptown. The study accomplished three goals. First, the research identified the geographic locations and general demographic information of Native Americans living and/or working in Cook and Lake Counties, the service area of Anawim Center. Second, the research provided a profile of the current needs and interests of Native Americans in Cook and Lake Counties, which Anawim Center could consider in its cultural, educational, and spiritual programs.

Third, the research examined issues specific to Anawim Center and made particular recommendations. In their collection of data, the researchers analyzed 2000 Census data and studies on the educational attainment of Native Americans and conducted interviews and focus groups with Native Americans in Cook and Lake Counties.

The companion study, the American Indian Health Services Needs Assessment Study, was an evaluative study of the health status and corresponding health needs of Native Americans in the Metropolitan Chicago region who currently receive, or could potentially receive services from American Indian Health Services (AIHS), a health care organization providing direct services to Native Americans in Metropolitan Chicago. The study accomplished five goals. First, the research estimated the population of Native Americans residing in Cook, DuPage, Kane, Lake, McHenry, and Will Counties, the service area of AIHS. Second, the research provided a profile of the current health status of Native Americans residing in the AIHS service area. Third, the research

estimated the current health needs of Native Americans in the Chicago region. Fourth, the research identified all public and private health services and resources within the AIHS service area that were available to Native Americans who reside in the metropolitan Chicago area, as well as barriers to their access to health care. Fifth, the research determined the use of public and private health service resources by Native Americans residing in the AIHS service area.

The researchers utilized 2000 Census data to provide a profile of the population density and dispersion of Native Americans residing in the AIHS service area and the socio-economic factors affecting their health status and access to health care, namely poverty levels, receipt of public assistance, income levels, employment status, housing, educational attainment, and age distribution. The researchers also used local and national health reports census disability data to provide an estimate of the health status, corresponding health needs, and specific health risks of Native Americans in the Chicago region. Furthermore, the researchers did a 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*, and if applicable for Native Americans who were served within this system.

Major findings

The researchers found that there are approximately 30 Native American organizations in Chicago, including Anawim Center and AIHS. These organizations meet different needs in the Native American community, such as:

employment, health care, skills training, education, spirituality, family support, tribal assistance, and food, clothing, daily living, and rental assistance.

The Chicago Native American Community: A Demographic Profile

According to the 2000 Census, 48,449 individuals across Cook, DuPage, Kane, Lake, McHenry, and Will Counties self-identified as Native American alone or in combination with other races. Two key findings dominated the analysis of census data and other secondary demographic data. First, 46% of the Native American population in Chicago indicated that they were Hispanic, while the remainder reported that they were not of Hispanic origin. Significant differences were found in terms of educational attainment, age distribution, language, citizenship, between those Native Americans who self-identified as Hispanic and those who self-identified as non-Hispanic. This raises key questions for the Native American social service community in Chicago. Are Indians from Central American and South American countries to be included in the Native American population in the United States? By implication, are they then included in the actual or target service population of Native American organizations in the Chicagoland area? If Central American and South American Indians are to be distinguished from North American Indians, should organizations serving the Latino community develop a special understanding of Hispanic Native Americans and programs targeting them?

Second, while Native Americans are dispersed throughout the service areas of both Anawim Center and AIHS, the majority of Native Americans live in Cook County. A concentration of Native Americans remains on the North and

Northwest sides of Chicago, to the extent that the population in these areas accounts for 19% of the Native American population in the Chicago region.

The Native American population, specifically in Cook and Lake Counties, increased by 47% between 1990 and 2000, which was significantly higher than the 7% growth rate of the general population. However, the increase is primarily attributed to the increase of Native Americans of Hispanic origin, many of whom are immigrants to the United States.

The age of non-Hispanic Native Americans is slightly younger than that of the general population in the region. The Hispanic Native Americans are significantly younger, reflecting more the age patterns of the immigrant Latino population.

Native Americans have a lower educational attainment than the general population. The census for 2000 revealed that a small number were graduates of institutions of higher education (e.g. they held bachelor's, master's, and doctoral degrees). Those who self-identified as Native American in combination with other races had a higher educational level, compared to those who claimed to be Native American alone. Those who self-identified as Native American alone and non-Hispanic also had a better educational attainment than those who claimed to be Native American alone and Hispanic.

On the whole, Native Americans also have a lower socio-economic status and employment status, in comparison to the general population. The researchers identified economic risk factors associated with the health status of Native Americans.

Native American Health: A Profile

As a forewarning, it is very difficult to draw a precise picture of the health status of Native Americans in the Chicago region. There is little city-wide or state-wide data that lists Native Americans a separate 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. As such, the research team utilized local and national reports and census data on disability status to provide a profile of the health status and corresponding health needs of Native Americans in Chicago.

That said, the health status of Native Americans is both a glass half-full and a glass half-empty. On one hand, national studies report that overall health status of Native Americans has substantially improved. The gap in the life expectancy of whites vis-à-vis Native Americans has narrowed from 13.2 years to 2.9 years (Smedley, Stith, & Nelson, 2003). On the other hand, Native American 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 to rate their health as poor or fair than whites (7.9%) and Asians (7.4%).

Native Americans were at a greater risk for disabilities, compared to the general population. About 25% of Native Americans in the Chicago region, and over half of Native Americans aged 65 years and older, reported having a

disability. By contrast, the disability rate for the population including all races was lower than 20%.

When compared to the general population, in terms of maternal and child health, Native American mothers in the Chicago region were more likely to be unmarried, to have received little or no prenatal care, and to smoke. There were no significant differences between Native Americans and the general population on all indicators of infant health. However, the 21.5% infant death rate for Native Americans in Cook County was much higher than that of the general population (Urban Indian Health Institute, 2000).

Native American children in Chicago aged six and below, who were screened for levels of lead in their blood between 1996 and 1998, had alarmingly high rates. These rates were lower than those among African Americans and Latinos, but higher than those of whites and Asians in the Chicago area.

Compared to the general population in the U.S., Native Americans experience excessive risk for several illnesses, namely: heart disease, cancer, unintentional accidents, chronic liver disease/cirrhosis, diabetes mellitus, cerebrovascular disease, pneumonia/influenza, suicide, homicide, tuberculosis, and all causes except cardiovascular disease and cancer. AIHS data from 1994 to 1996 indicates that Native Americans have higher rates of death due to alcoholism (627%), tuberculosis (533%), diabetes mellitus (249%), accidents (204%), suicide (72%), pneumonia and influenza (71%), and homicide (63%), compared to the general population (Smedley, Stith & Nelson, 2003). Since

Native Americans are not always identified correctly in death certificates, these rates could be higher.

Native Americans also face mental health concerns. Mental disorders accounted for 7% of the primary diagnosis of encounters at the American Indian Health Services, Inc. Health Center in 2002 and 2003.

In a similar vein, Native Americans are not spared from domestic violence. Of all Native American 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).

Using the census data, the researchers estimated that at least 3,596 and as many as 13,008 Native Americans in the Chicago region possibly could lack insurance. The researchers also estimated that at least 1,631, and as many as 7,198 Native Americans in Chicago, could be at risk of poor health due to living at or below poverty.

Issues in the Native American Community

Interviews with representatives of Native American organizations in Chicago and focus groups with various Native American residents of the region identified key issues of concern within the Native American community. These included the need for affordable housing, problems related to alcoholism, cultural identity issues including a desire to learn and preserve Native American tribal languages, access to health care and illness/disability prevention programs;

Comment [IS1]: National statistics were cited in the report because they could be interpolated to give an estimate of the health status of Native Americans in Chicago. 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.

issues related to poverty and educational attainment; and the general public's stereotyping of Native Americans.

Output

Findings from the Anawim project will be utilized in Anawim Center's strategic planning process. Anawim Center also presented the findings to the broader Native American social service community in Chicago in December 2004

The findings from the AIHS project were presented at a conference organized by AIHS in June 2004. In addition, AIHS plans to use the research findings to review the health needs of its service population, per the requirement of its funding

Implications

The findings of the Anawim and AIHS research projects reveal the extent to which Native Americans remain an invisible minority not only in Chicago, but also on a national level. The lack of precise data on them, compounded by their dispersion, also means that Native Americans are likely to be undercounted and underserved. The invisibility of the social, educational, and health issues and needs of Native Americans is a matter that needs to be addressed—and a matter of justice