



## **Chart Book #4**

# **A Profile of Native American Adults Ohio, 2004**

**The Ohio Department of Health**

<http://www.odh.ohio.gov>

*To protect and improve the health of all Ohioans*

Bob Taft  
Governor

J. Nick Baird, M.D.  
Director of Health

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## **A Profile of Native American Adults Ohio, 2004**

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## About The Ohio Family Health Survey (OFHS)

The 2004 Ohio Family Health Survey (OFHS) is the second round of the OFHS which was originally conducted in 1998 by the Ohio Department of Health (ODH). The 2004 OFHS was conducted by the Ohio Department of Job and Family Services (ODJFS), with participation from the ODH and research partners including the Health Policy Institute of Ohio, the Cuyahoga County Department of Job and Family Services, the Center for Community Solutions (formerly Cleveland Federation for Community Planning), the Franklin County Department of Job and Family Services and the Franklin County Health Department.

The 2004 OFHS includes measures of health insurance coverage; health status; tobacco use and caregiving; utilization and quality of health care services and access to care; and unmet health needs. ORC Macro, International, administered the telephone survey beginning in late 2003 through August 2004. The survey is a stratified sample of the community-dwelling population of Ohio. A portion of the sample was targeted to obtain coverage of census tracts with large minority populations and additional minority respondents were sought by obtaining commercially available lists of Hispanic and Asian surnames. The survey was weighted based on the stratified sampling design and the over-sample of minorities, enabling the survey data to generate estimates about the entire Ohio population. Interviews were conducted with one adult in 39,953 Ohio households. Information was also gathered for 15,447 children (ages 0-17) from interviews with adult family members. The number of interviews included 44,214 white, non-Hispanics; 5,396 black, non-Hispanics; 978 Asian, non-Hispanics; 416 Native American, non-Hispanics; 3,710 Hispanics; and 686 other unknown race/ethnicity Ohioans.

For additional information about the second round of the OFHS, see the OFHS Web site at <http://jfs.ohio.gov/ohp/reports/famhlthsurv.stm> or contact ODJFS Communications at 614-466-6650.

## Chart Book Notes and Definitions

- It is important to note that data presented in this chart book do not control for selected variables. Differences in racial groups may be partially due to differences in other variables such as education, income, age and marital status. Information in this chart book is typically presented as a percent of the population surveyed.
- Differences between population groups are noted when the difference is statistically significant at the .05 level unless otherwise stated. In general, this means the reported difference has a 95 percent or better chance of reflecting an accurate difference between populations. When information presented in this report is not significant, the terms “similar,” “no difference” or “not significant” are utilized to describe the data. When presenting items that are significant, terms such as “more likely” or “less likely” are utilized. Statistical significance does not necessarily imply clinical significance. Very small differences may be statistically significant without being considered important in the overall assessment of racial/ethnic differences.
- This report compares survey results of Native American, non-Hispanic adults ages 18 and older to those of white, non-Hispanics of the same age.
- Respondents with special health care needs are defined as adults reported to have at least one of the following five consequences of a health condition that has lasted or is expected to last at least one year: (1) the use of or need for prescription medication, other than vitamins or birth control; (2) the use or need for medical care, mental health or other health services on a regular basis; (3) the use or need for treatment or counseling for a mental health, substance abuse or an emotional problem; (4) difficulty or need for assistance in doing day-to-day activities; and (5) the use or need for special therapy such as physical, occupational or speech therapy.
- The federal poverty level (FPL) varies by family size; for 2003, the year most respondents were asked about their income, the FPL for a family of four was \$18,400. “Poverty” refers to income 100 percent or less of the FPL, “near poverty” refers to income between 101 and 150 percent of the FPL, “low income” refers to income between 151 and 200 percent of the FPL and “middle to high income” refers to income greater than 200 percent of the FPL.
- References to coverage or health care experiences during the past year refer to the 12-month period prior to the date the respondent was surveyed.
- For the purposes of this report, “estimate may not be reliable” refers to high sampling variability, where the ratio of the standard error to the estimate is greater than 30 percent.

## A Profile of Native American Adults, Ohio, 2004

### Key Findings

**Native Americans were nearly twice as likely as whites to live in poverty.** One in four Native Americans lives in poverty. In comparison, 13 percent of whites live in poverty.

**Native Americans were more than twice as likely as whites to report poor health status.** More than 11 percent of Native Americans reported poor health status while only 4 percent of whites reported likewise.

**Native Americans were more likely than whites to have special health care needs.** Fifty-seven percent of Native Americans were identified as having special health care needs versus 48.4 percent of whites. Compared to whites, Native Americans were more likely to need medicine, assistance with day-to-day activities, special therapy and treatment or counseling for health conditions that lasted for at least 12 months.

**Native Americans were more likely than whites to need social or emotional support.** When compared to whites, Native Americans were nearly twice as likely to need emotional or social support such as companionship, recreation and socialization (16.3 percent versus 8.2 percent).

**Native Americans were more likely than whites to have been told they have hypertension.** Forty-two percent of Native Americans have been told they have hypertension. Approximately 29 percent of whites have been told they have this condition.

**Native Americans were more likely than whites to have been told they have a heart condition or circulatory problems.** Approximately one-fifth (19.7 percent) of Native Americans have been told they have a heart condition or circulatory problems. Among whites, 13.4 percent have been told they have these conditions.

**Native Americans were more likely than whites to have been told they have diabetes.** Approximately 15 percent of Native Americans have been told they have diabetes. In comparison, 8.8 percent of whites have been told they have this condition.

**Native Americans were more likely to smoke cigarettes than whites.** Thirty-seven percent of Native Americans smoked cigarettes versus 27.8 percent of whites. Among men, 41.6 percent of Native Americans smoked cigarettes compared to 28.4 percent of whites.

**Native Americans were more than three times more likely than whites to report hospital emergency rooms as their usual source of care.** Nearly 15 percent of Native Americans reported hospital emergency rooms as their usual source of care. Approximately 4 percent of whites reported this source.

**Native Americans were more than twice as likely as whites to report that access to a specialist was a big problem.** More than one-fifth (21.1 percent) of Native Americans reported that access to a specialist was a big problem. Only 7.8 percent of whites reported a similar issue.

**Native Americans were more than twice as likely as whites to report unmet dental and prescription drug needs.** Approximately 22 percent of Native Americans reported unmet dental needs. More than one-quarter (26 percent) reported unmet prescription drug needs. Among whites, 9.6 percent and 12.1 percent, respectively, reported unmet dental and drug needs.

**Native Americans were more likely to report no dental visits within the past year than whites.** Almost one-half (48.9 percent) of Native Americans reported no dental visits within the past year. Approximately 35 percent of whites reported likewise.

**Among adults under age 65, Native Americans were more than twice as likely as whites to be uninsured.** Approximately 30 percent of Native Americans and 13.7 percent of whites were uninsured.

**Among adults under age 65, Native Americans were more likely than whites to be covered by Medicaid and less likely to have employer-based coverage.** Nearly 16 percent of Native Americans and 8.3 percent of whites were covered by Medicaid. Almost seven in 10 (68.9 percent) whites had employer-based coverage. Forty-two percent of Native Americans had similar coverage.

**Insured Native Americans under age 65 were more than three times as likely as their white counterparts to lack prescription drug coverage.** More than 15 percent of Native Americans reported no prescription drug coverage. Among whites, 4.8 percent lacked coverage.

**Among insured adults under age 65, Native Americans were more likely than whites to lack mental health coverage.** Approximately 18 percent of Native Americans and 10 percent of whites with health insurance lacked mental health coverage.

## I. Demographics

Table 1.

Selected Demographic Characteristics of White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Region</b>		
Appalachian	14.4	17.6
Metropolitan	50.7	53.6
Rural, Non-Appalachian	15.5	11.7
Suburban	19.4	17.1
<b>Gender</b>		
Men	47.9	49.9
Women	52.1	50.1
<b>Age</b>		
18-24	12.1	9.5
25-34	17.1	17.9
35-44	20.9	20.9
45-54	18.2	19.9
55-64	13.0	11.2
65 years and over	18.7	20.6
<b>Educational Attainment</b>		
Up to high school, no diploma	10.4	18.9
High school graduate or equivalent	46.1	47.9
Some college	17.1	15.9
Received a degree	26.5	17.3
Associate degree	7.5	6.9
Four year degree	11.8	8.5
Advanced degree	7.1	1.9*
<b>Marital Status</b>		
Married	61.0	56.0
Divorced/Separated	11.9	17.3
Widowed	7.4	10.3
Never Married	17.0	12.4
Unmarried Couple	2.7	4.0*
<b>Currently Employed</b>		
Yes	70.8	57.9
No	29.2	42.1
<b>Income</b>		
Poverty	13.1	25.4
Near Poverty	9.7	14.5
Low Income	10.8	14.7
Middle to High Income	66.4	45.4
Total	100.0	100.0
Highlighted rates are significantly different when compared to the white rate (p<.05)		
*The estimate may not be reliable.		
Source: Ohio Family Health Survey, 2004		

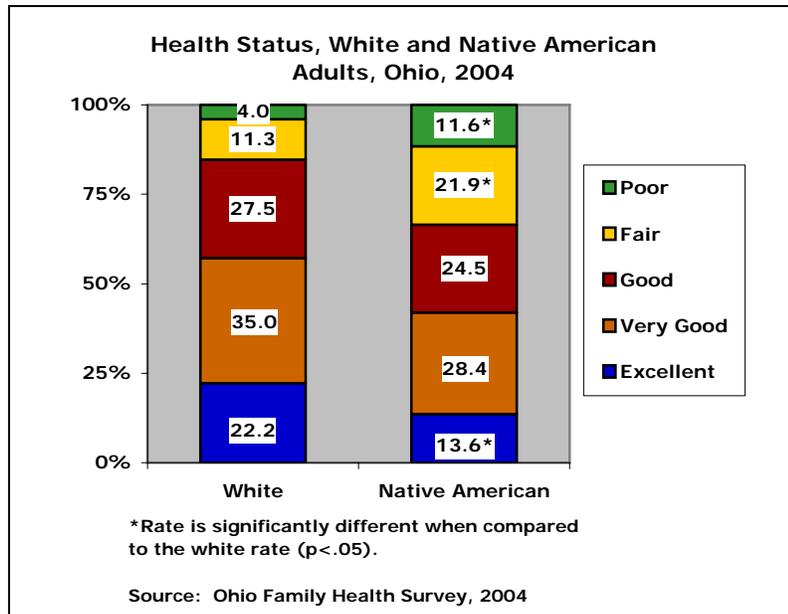
There was a similar distribution of Native Americans and whites by region. Native Americans were the only racial or ethnic minority group with less than 70 percent of its residents in metropolitan areas and more than 10 percent in Appalachia. Corresponding rates for blacks, Asians and Hispanics in Appalachian areas were 2.1 percent, 3.2 percent and 4.8 percent, respectively.

Compared to whites; Native Americans were:

- less likely to have attained a high school diploma or to have received a college degree;
- more likely to be divorced or separated;
- more likely to be unemployed;
- nearly twice as likely to live in poverty (25.4 percent versus 13.1 percent, respectively);
- less likely to have middle to high incomes (45.4 percent versus 66.4 percent, respectively).

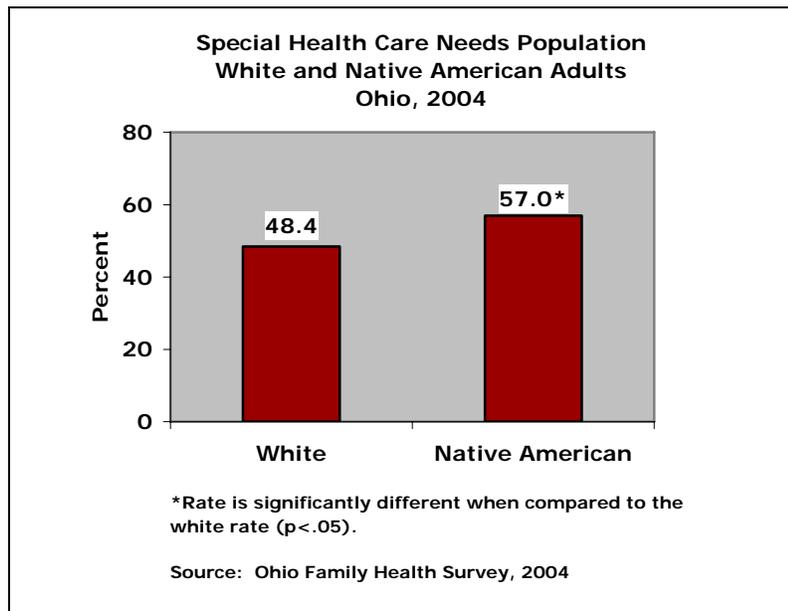
## II. Health Status

Figure 1.



- Native Americans were more than twice as likely as whites to report poor health status.
- Native Americans were less likely to report fair or excellent health than whites.

Figure 2.



- Native Americans were more likely to have special health care needs than whites.

Table 2.

Selected Health Status Characteristics of White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Need Medicine on a Regular Basis*</b>		
Yes	45.4	54.2
No	54.6	45.8
<b>Need Health Care on a Regular Basis*</b>		
Yes	24.8	36.1
No	75.2	63.9
<b>Need Assistance With Day-to-Day Activities*</b>		
Yes	7.5	13.9
No	92.5	86.1

\*Respondent needs medicine or service for a medical, mental health or other health condition that lasted for at least 12 months.

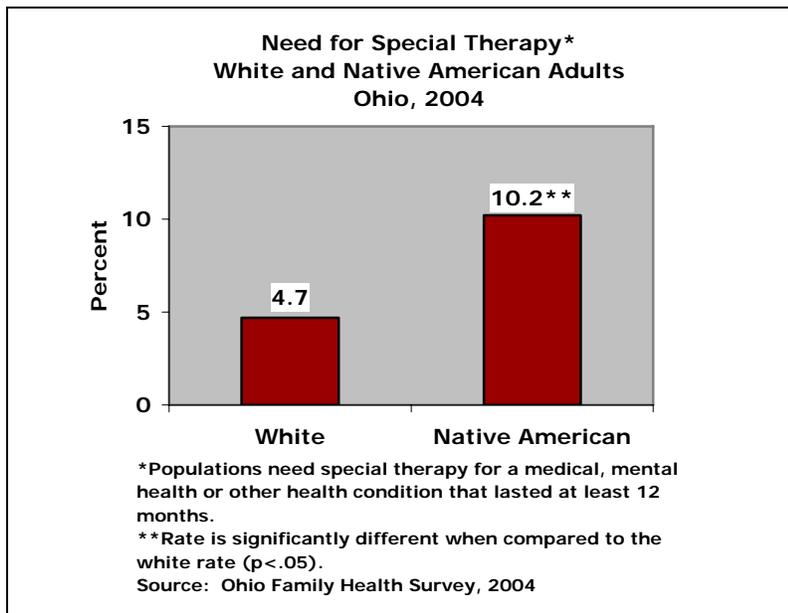
Highlighted rates are significantly different when compared to the white rate (p<.05).

Source: Ohio Family Health Survey, 2004

Compared to whites; Native Americans were:

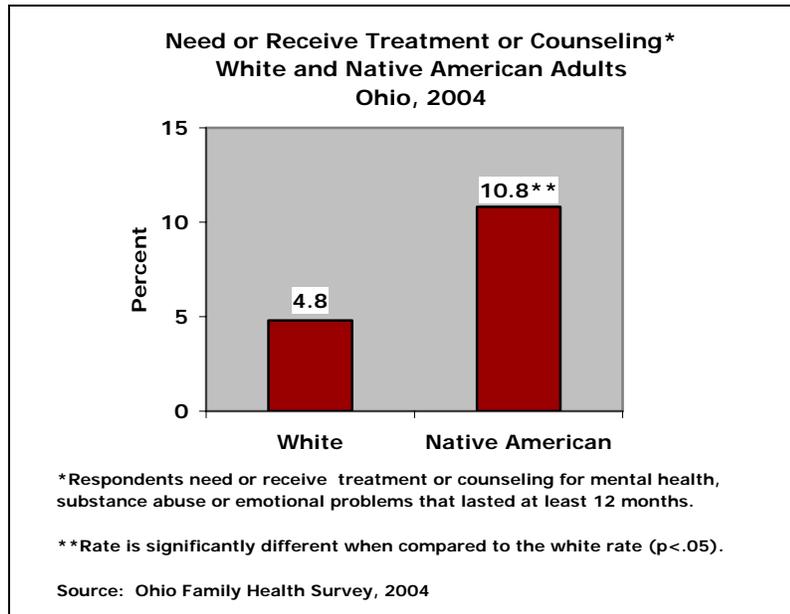
- more likely to need medicine and need health care on a regular basis;
- more than twice as likely to need assistance with day-to-day activities.

Figure 3.



- Native Americans were more than twice as likely as whites to need special therapy (10.2 percent versus 4.7 percent, respectively).

Figure 4.



- Native Americans were more than twice as likely as whites to need or receive treatment or counseling for mental health, substance abuse or emotional problems.

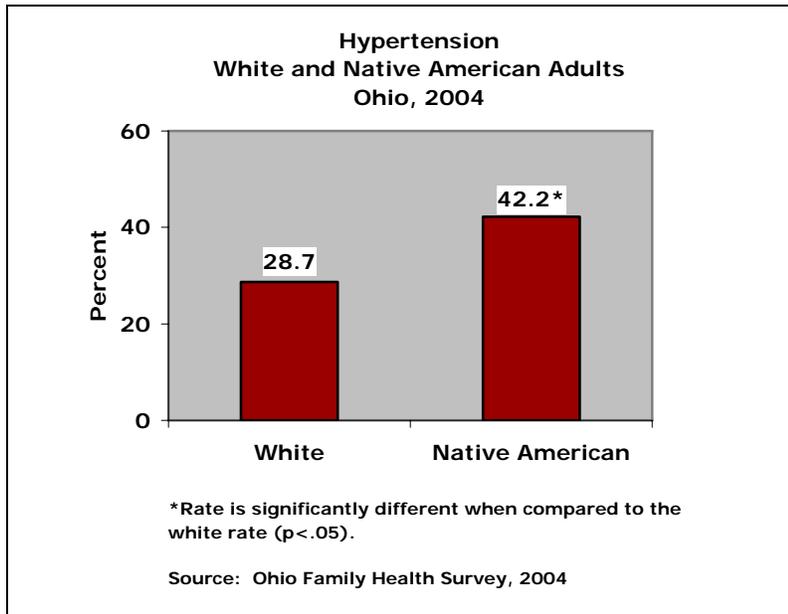
Table 3.

Selected Health Status Characteristics of White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Needs Social or Emotional Support*</b>		
Yes	8.2	16.3
No	91.8	83.7
<b>Needs Other** Types of Assistance</b>		
Yes	24.5	36.2
No	75.5	63.8
<b>Highlighted rates are significantly different when compared to the white rate (p&lt;.05).</b>		
* Respondents need support such as companionship, recreation and socialization.		
** Respondents need assistance with personal care (such as bathing, dressing, toileting or feeding), domestic activities (such as shopping, laundry, housekeeping, cooking or transportation), household maintenance (such as painting or yard work), coordinating health care (such as making appointments for doctor's visits or therapies) or managing financial affairs (such as managing a checkbook or legal affairs).		
Source: Ohio Family Health Survey, 2004		

Compared to whites; Native Americans were:

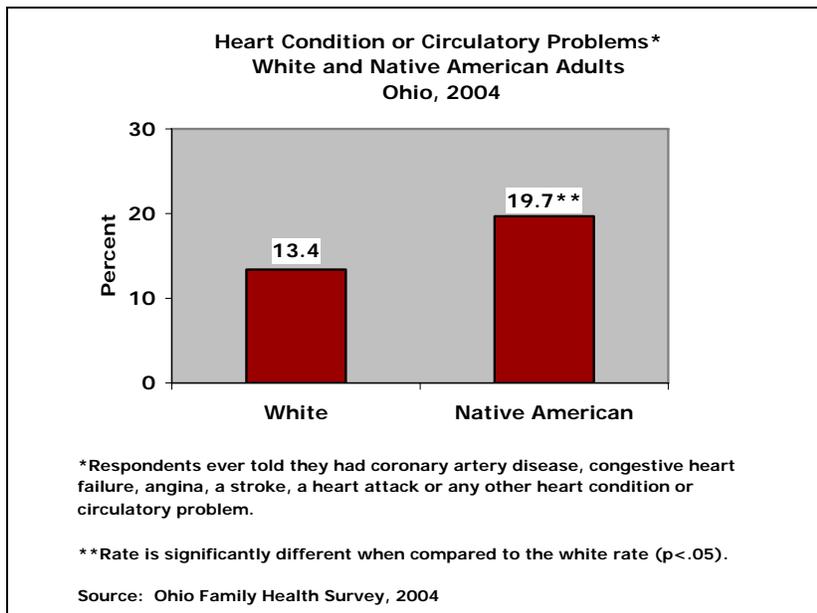
- nearly twice as likely to need social or emotional support;
- more likely to need other types of assistance.

**Figure 5.**



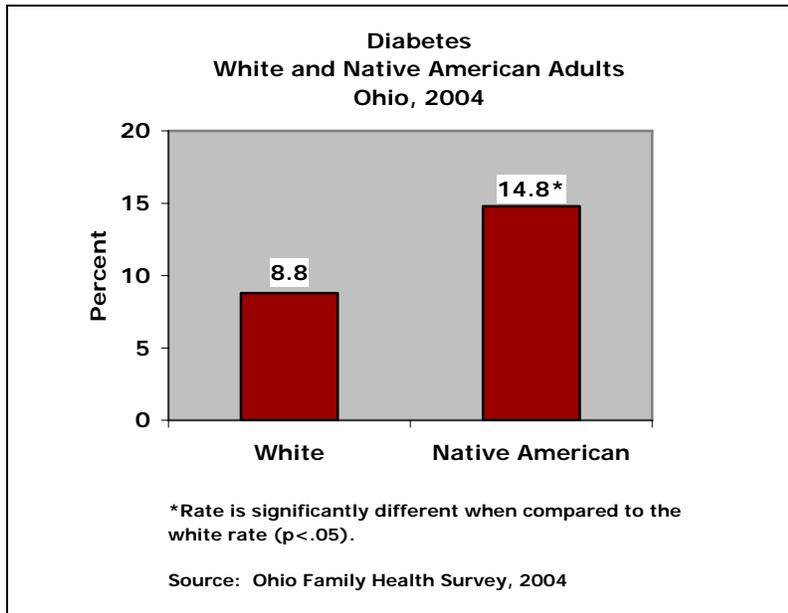
- **Native Americans were more likely than whites to have ever been told they had hypertension.**

**Figure 6.**



- **Approximately one-fifth of Native Americans had ever been told they have heart conditions or circulatory problems. Thirteen percent of whites had been told they have these conditions.**

**Figure 7.**



- **Native Americans were more likely than whites to have ever been told they have diabetes.**

### III. Caregiver Status

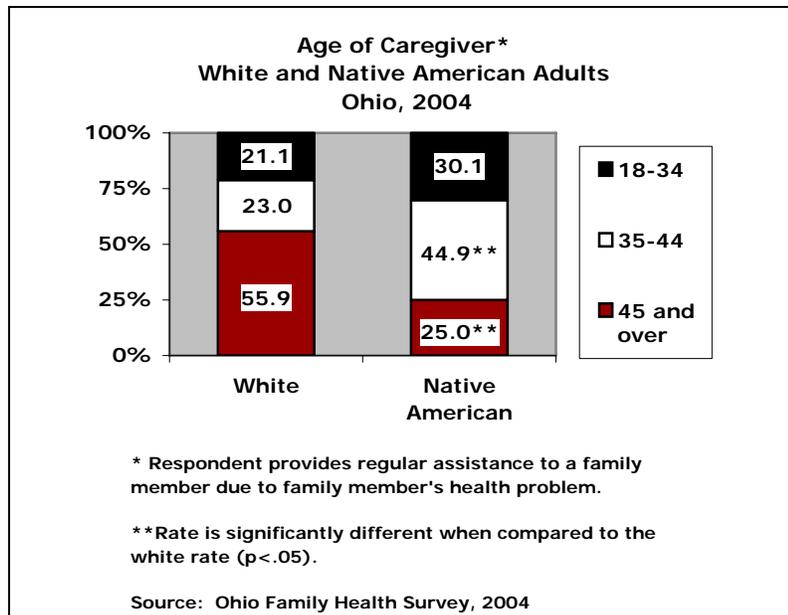
Table 4.

Selected Caregiver Characteristics, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Provides Regular Assistance to Family Member Due to a Health Problem</b>		
Yes	14.5	20.0
No	85.5	80.0
<b>Gender of Care Giver</b>		
Men (percent of men)	12.5	21.6
Women (percent of women)	16.4	18.4
<b>Age of Person Receiving Care</b>		
Under 65	55.8	65.5
65+	44.2	34.5

*Source: Ohio Family Health Survey, 2004*

- A larger percentage of Native Americans than whites of both sexes provided assistance to a family member due to a health problem. A greater percentage of Native Americans than whites cared for persons under 65 years of age. These differences were not significant.

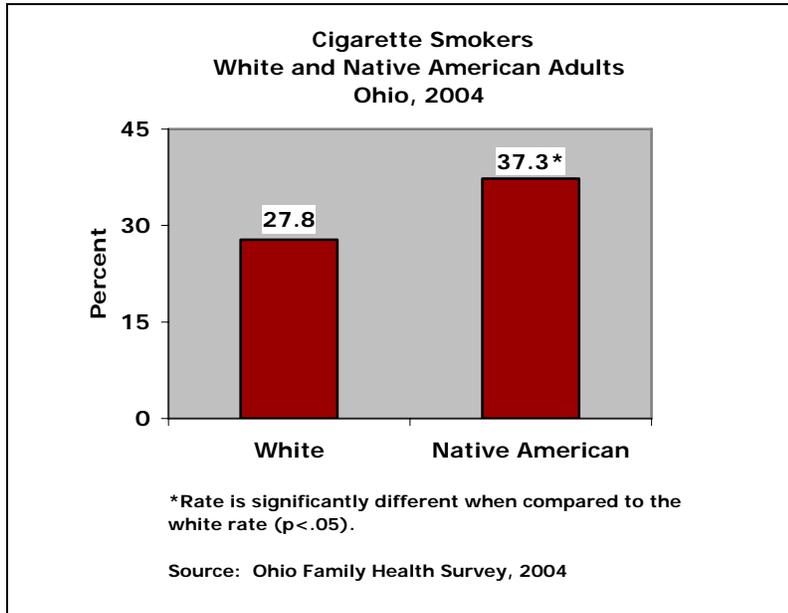
Figure 8.



- Native Americans age 35 and older were more likely than whites of the same age to provide regular assistance to a family member due to a health problem.

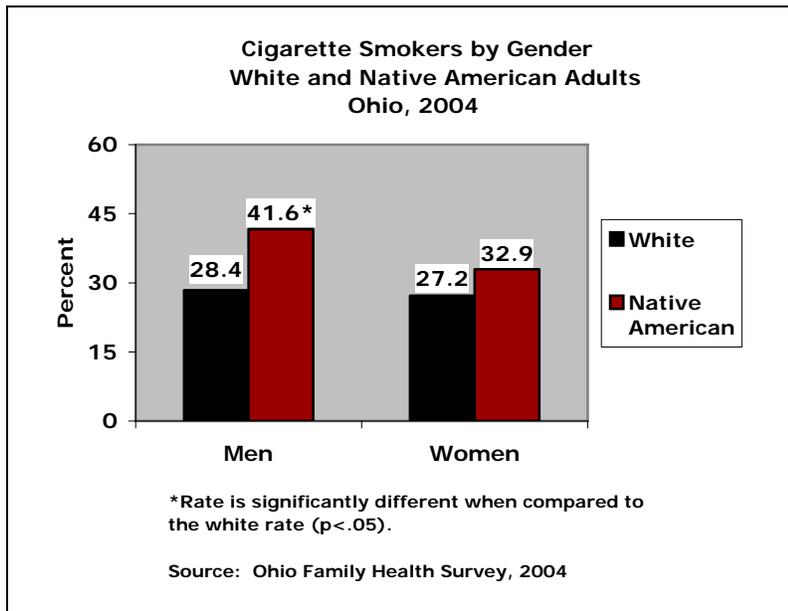
## IV. Tobacco Use

Figure 9.



- Native Americans were more likely to smoke cigarettes than whites.

Figure 10.



- Native American men were more likely to smoke cigarettes than white men.

**Table 5.**

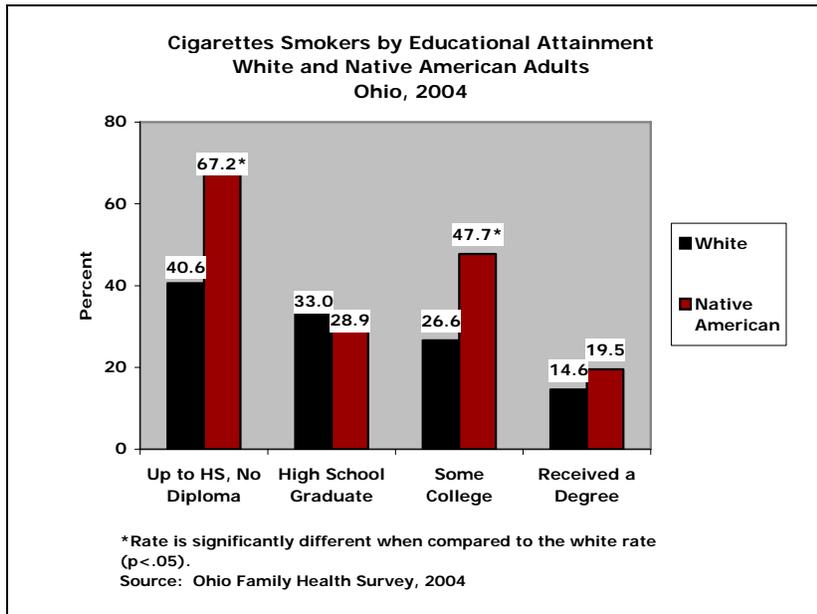
Selected Characteristics of Cigarette Smokers, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Age of Cigarette Smoker</b>		
18-24	14.9	11.6*
25-34	21.7	24.6
35-44	26.0	32.7
45-54	19.3	13.1
55-64	10.7	10.0*
65 years and over	7.4	8.0*
<b>Age Started Smoking Cigarettes</b>		
12 and under	18.0	26.2
13-17	50.2	54.0
18 years and over	23.8	15.6
Don't know or refused	8.0	4.1*
<b>Income (Percent Cigarette Smokers)</b>		
Poverty	42.8	46.0
Near Poverty	36.1	39.6
Low Income	30.0	41.3
Middle to High Income	23.3	30.3

\*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- There were no significant differences between Native American and white cigarette smokers by current age, age they started smoking or income.

**Figure 11.**



- Native Americans with less than a high school education and those with some college were more likely to smoke than their white counterparts.

**Table 6.**

Efforts to Stop Smoking Cigarettes, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Ever Tried To Stop Smoking Cigarettes</b>		
Yes	51.4	56.5
No	48.6	43.5
<b>Ever Tried To Stop Smoking Cigarettes</b>		
Men (percent of men who smoke cigarettes)	50.4	56.6
Women (percent of women who smoke cigarettes)	52.3	56.3
<i>Source: Ohio Family Health Survey, 2004</i>		

- There were no significant differences between Native Americans and whites with respect to attempts to stop smoking cigarettes.

**Table 7.**

Selected Characteristics of Cigar, Pipe and Smokeless Tobacco Users, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Cigar or Pipe Smoker</b>		
Yes	4.2	7.5
No	95.8	92.5
<b>Gender of Cigar or Pipe Smoker</b>		
Men (percent of men in racial group)	7.4	12.0
Women (percent of women in racial group)	1.3	3.0*
<b>Use Smokeless Tobacco</b>		
Yes	3.9	5.8
No	96.1	94.2
<b>Gender of Smokeless Tobacco User</b>		
Men (percent of men in racial group)	7.3	9.8
Women (percent of women in racial group)	0.9	1.8*
*The estimate may not be reliable.		
<i>Source: Ohio Family Health Survey, 2004</i>		

- A larger percentage of Native Americans than whites of both sexes were cigar or pipe smokers or used smokeless tobacco. These differences were not significant.

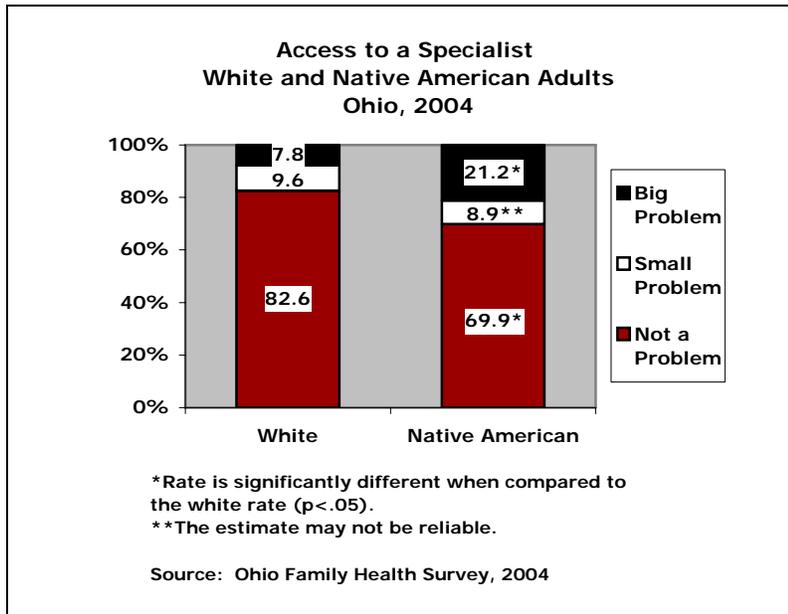
## V. Access to Care and Unmet Needs

Table 8.

Selected Access to Care and Unmet Needs Characteristics of White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Have A Usual Source of Care</b>		
Yes	94.1	91.6
No	5.9	8.4
<b>Usual Source of Care</b>		
Doctor's Office or HMO	79.0	63.4
Clinic or Health Center	12.6	12.2
Hospital Emergency Room	3.9	14.8
Hospital Outpatient Department	3.2	6.1*
Other	1.3	3.5*
<b>See Same Doctor Each Visit</b>		
Yes	91.5	91.4
No	8.5	8.6
<b>Need Help Coordinating Health Care</b>		
Yes	19.6	27.7
No	80.4	72.3
<b>Received Help Coordinating Care</b>		
Never	5.7	4.3*
Sometimes	35.2	35.6
Usually	16.9	13.0*
Always	42.2	47.2
<b>Needed to See a Specialist</b>		
Yes	42.8	42.3
No	57.2	57.7
Highlighted rates are significantly different when compared to the white rate ( $p < .05$ ).		
*The estimate may not be reliable.		
Source: Ohio Family Health Survey, 2004		

- Similar percentages of Native Americans and whites reported having a usual source of care, seeing the same doctor each visit and needing to see a specialist.
- Native Americans were more likely than whites to report the hospital emergency room as their usual source of care and less likely to report a doctor's office or HMO.

Figure 12.



- Native Americans were more than twice as likely as whites to report that access to a specialist was a big problem.

Table 9.

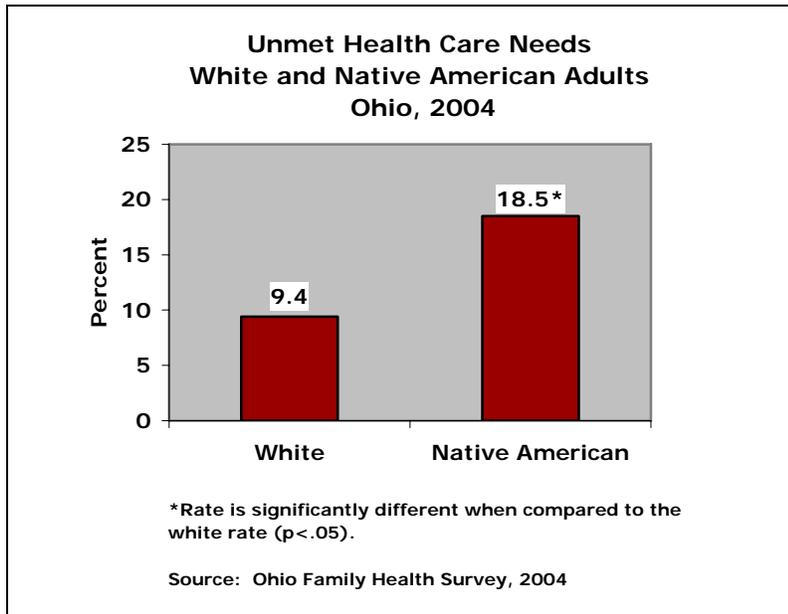
Barriers to Seeing a Specialist, White and Native American Adults, Ohio, 2004		
Barrier	Percent	
	White	Native American
Financial or Coverage	69.1	73.5
Geographic	15.2	15.1*
Other	15.7	11.4*

\*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- There were no significant differences between Native Americans and whites in the types of barriers to seeing a specialist.

Figure 13.



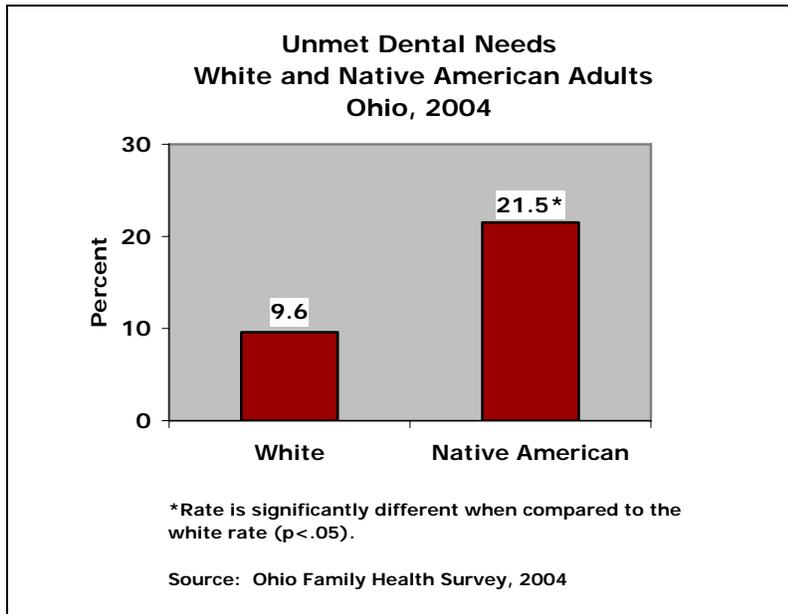
- Native Americans were nearly twice as likely as whites to report unmet health care needs.

Table 10.

Unmet Health Care Needs by Gender, Age and Income, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Gender</b>		
Men (percent of men in racial group)	8.1	19.2
Women (percent of women in racial group)	10.5	17.7
<b>Age</b>		
18-34 (percent of age group)	10.8	17.8*
35-44 (percent of age group)	9.7	34.5
45+ (percent of age group)	8.4	12.4
<b>Income</b>		
Poverty (percent of income level)	15.3	19.3
Near Poverty (percent of income level)	16.7	18.1*
Low Income (percent of income level)	13.1	26.9*
Middle and High Income (percent of income level)	6.5	15.3
Highlighted rates are significantly different when compared to the white rate (p<.05).		
*The estimate may not be reliable.		
Source: Ohio Family Health Survey, 2004		

- Native American men and middle- and high-income Native Americans were more than twice as likely as their white counterparts to report unmet health care needs.
- Native Americans ages 35 through 44 were more than three times as likely as whites of the same age to report unmet health care needs.

Figure 14.



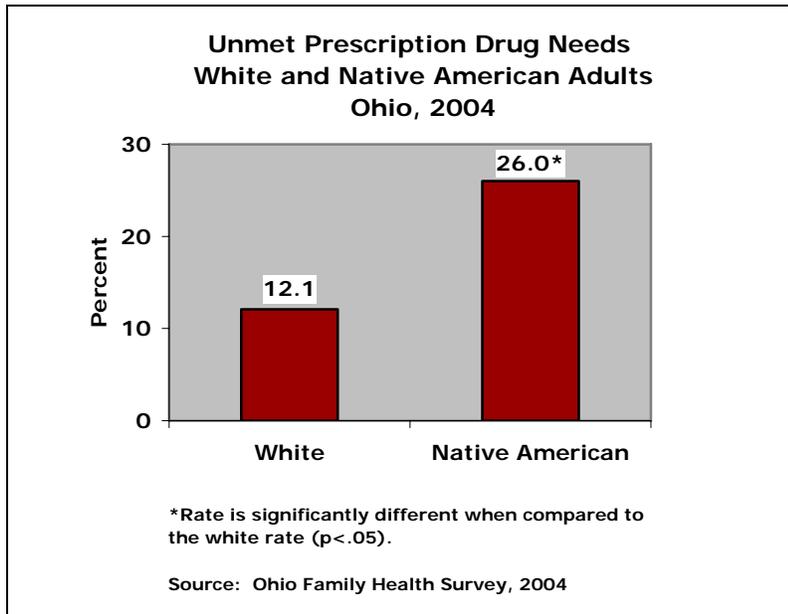
- Native Americans were more than twice as likely as whites to report unmet dental needs.

Table 11.

Unmet Dental Needs by Gender, Age and Income, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Gender</b>		
Men (percent of men in racial group)	8.8	21.7
Women (percent of women in racial group)	10.3	21.3
<b>Age</b>		
18-34 (percent of age group)	13.3	33.3
35-44 (percent of age group)	10.7	38.9
45+ (percent of age group)	6.9	8.8*
<b>Income</b>		
Poverty (percent of income level)	19.3	20.0
Near Poverty (percent of income level)	17.4	23.1*
Low Income (percent of income level)	13.8	39.1
Middle and High Income (percent of income level)	5.9	15.8
Highlighted rates are significantly different when compared to the white rate (p<.05).		
*The estimate may not be reliable.		
Source: Ohio Family Health Survey, 2004		

- Native Americans of both sexes, those ages 18 through 34 and those with low and middle to high incomes were more than twice as likely as their white counterparts to report unmet dental needs.
- Native Americans ages 35 through 44 were more than three times as likely as whites of the same age to report unmet dental needs.

Figure 15.



- Native Americans were more than twice as likely as whites to report unmet prescription drug needs.

Table 12.

Unmet Prescription Drug Needs by Gender, Age and Income, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Gender</b>		
Men (percent of men in racial group)	9.9	23.2
Women (percent of women in racial group)	14.2	28.7
<b>Age</b>		
18-34 (percent of age group)	12.6	32.0
35-44 (percent of age group)	13.1	24.6
45+ (percent of age group)	11.4	23.7
<b>Income</b>		
Poverty (percent of income level)	19.1	25.5
Near Poverty (percent of income level)	21.1	28.2*
Low Income (percent of income level)	16.8	47.9
Middle and High Income (percent of income level)	8.7	18.1
Highlighted rates are significantly different when compared to the white rate (p<.05).		
*The estimate may not be reliable.		
Source: Ohio Family Health Survey, 2004		

- Native Americans of both sexes, those ages 18 through 34 and 45 and older, and those with low and middle to high incomes were more than twice as likely as their white counterparts to report unmet prescription drug needs.

Table 13.

Comparison of Ability to Receive Medical Care Now Versus 3 Years Ago, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Ability to Receive Care Now Versus 3 Years Ago</b>		
Easier	8.0	10.7
Harder	21.9	32.7
Stayed the Same	70.1	56.6
Highlighted rate is significantly different when compared to the white rate (p<.05).		
<i>Source: Ohio Family Health Survey, 2004</i>		

- Native Americans were more likely than whites to report that it was harder to receive medical care now than it was three years ago.

## VI. Utilization and Quality of Care

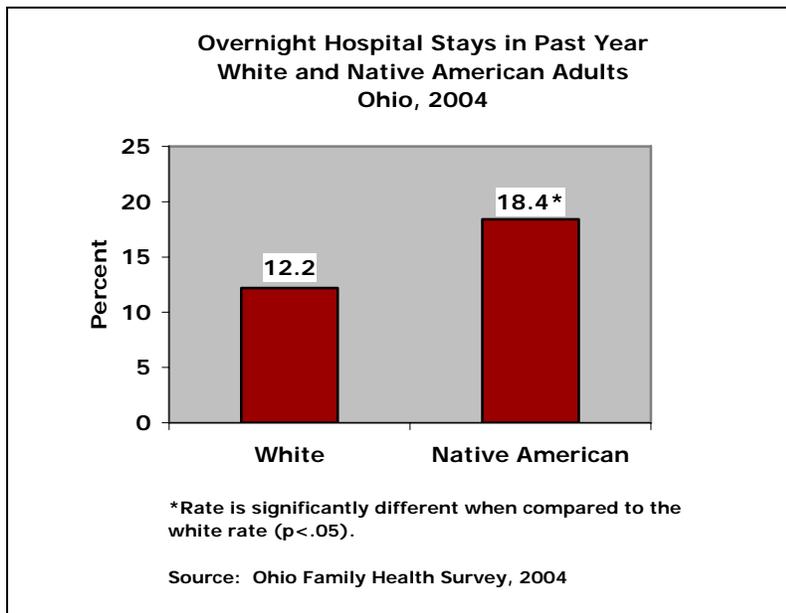
Table 14.

Selected Utilization Indicators, White and Native American Adults, Ohio, 2004		
	Percent	
	White	Native American
<b>Doctor's Visit Within Past Year</b>		
Yes	83.9	79.9
No	16.1	20.1
<b>Length of Time Since Last Checkup</b>		
Checkup in the Past Year	70.0	68.8
No Checkup in the Past Year	30.0	31.2

*Source: Ohio Family Health Survey, 2004*

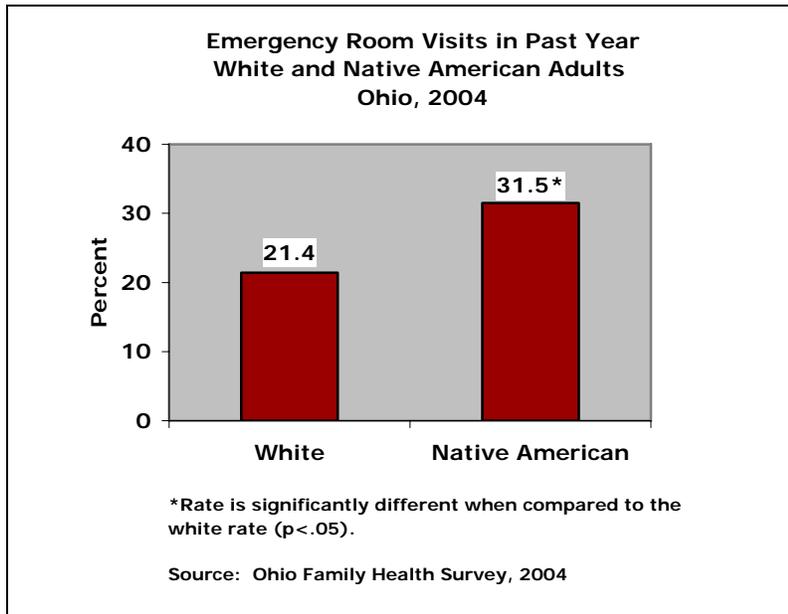
- There were no significant differences between Native Americans and whites in doctor's visits within the past year and length of time since last checkup.

Figure 16.



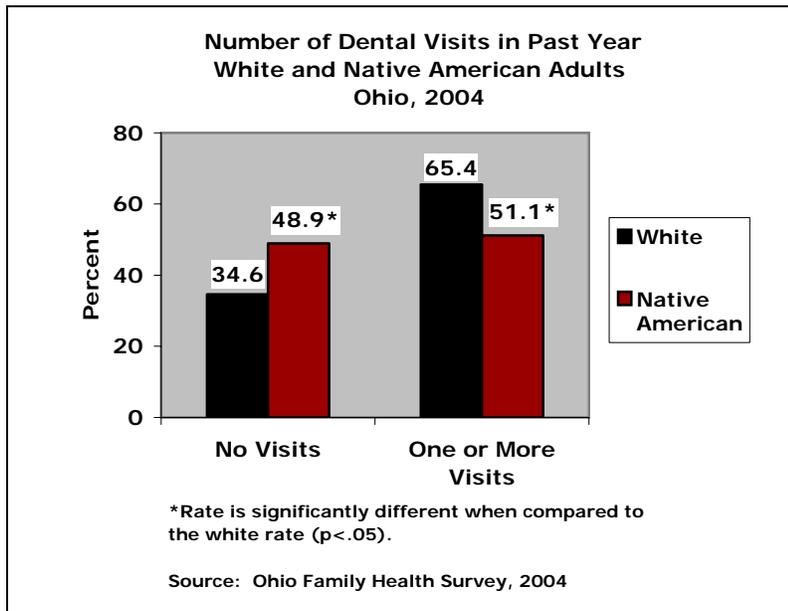
- Native Americans were more likely than whites to report overnight hospital stays in the past year.

Figure 17.



- Native Americans were more likely to report emergency room visits than whites.

Figure 18.



- Native Americans were more likely than whites to report no dental visits within the past year.

Table 15.

Quality of Hospital Care, White and Native American Adults, Ohio, 2004		
Quality of Care	Percent	
	White	Native American
Below Average	6.5	10.5*
Average	8.8	6.2*
Good	27.4	22.3*
Very Good/Excellent	57.4	61.0
*The estimate may not be reliable.		
<i>Source: Ohio Family Health Survey, 2004</i>		

- There were no significant differences in ratings of quality of hospital care between Native Americans and whites.

Table 16.

Quality of Emergency Room Care, White and Native American Adults, Ohio, 2004		
Quality of Care	Percent	
	White	Native American
Below Average	11.9	16.6
Average	16.0	14.8
Good	30.9	27.5
Very Good/Excellent	41.1	41.1
<i>Source: Ohio Family Health Survey, 2004</i>		

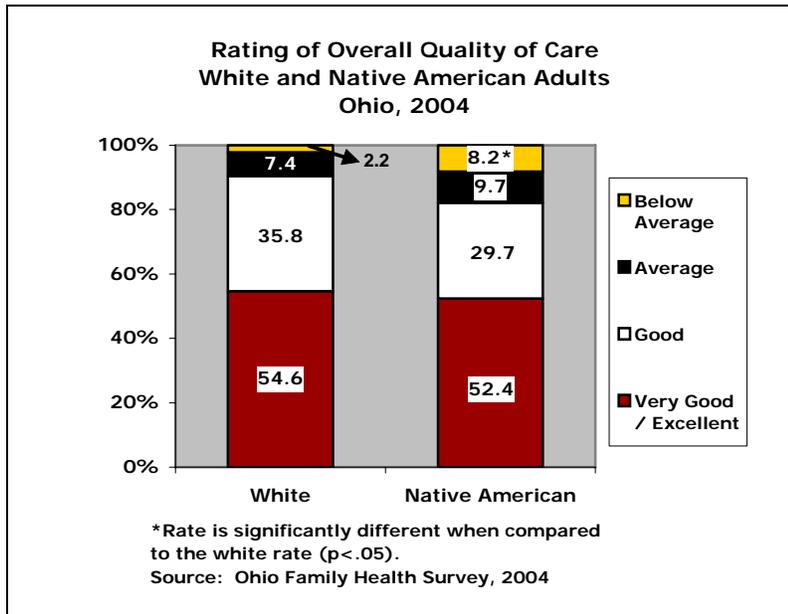
- There were no significant differences in ratings of quality of emergency room care between Native Americans and whites.

Table 17.

Quality of Dental Care, White and Native American Adults, Ohio, 2004		
Quality of Care	Percent	
	White	Native American
Below Average	2.5	5.4*
Average	5.2	6.3*
Good	22.8	20.7
Very Good/Excellent	69.5	67.6
*The estimate may not be reliable.		
<i>Source: Ohio Family Health Survey, 2004</i>		

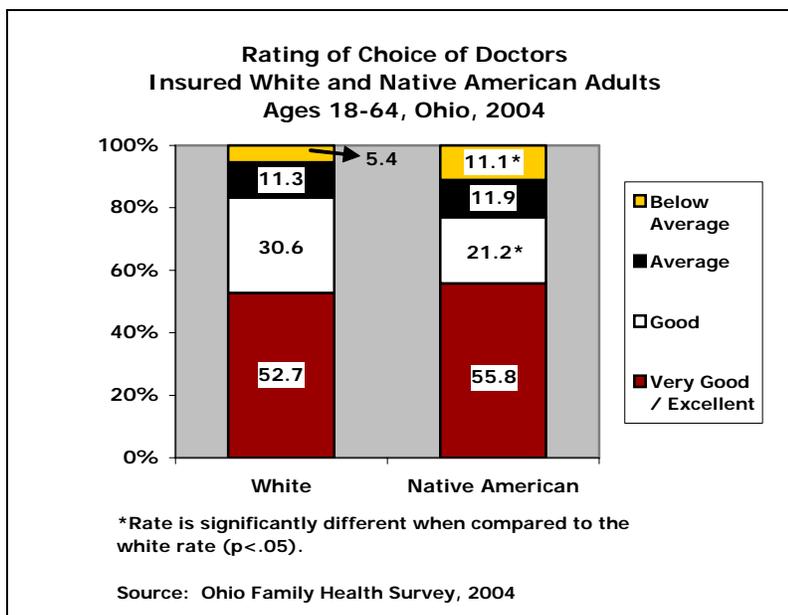
- There were no significant differences in ratings of quality of dental care between Native Americans and whites.

Figure 19.



- Native Americans were nearly four times more likely than whites to rate their overall quality of care as below average.

Figure 20.



Compared to insured whites under age 65, insured Native Americans of the same ages were:

- more likely to rate their choice of doctors as below average;
- less likely to rate their choice of doctors as good.

Table 18.

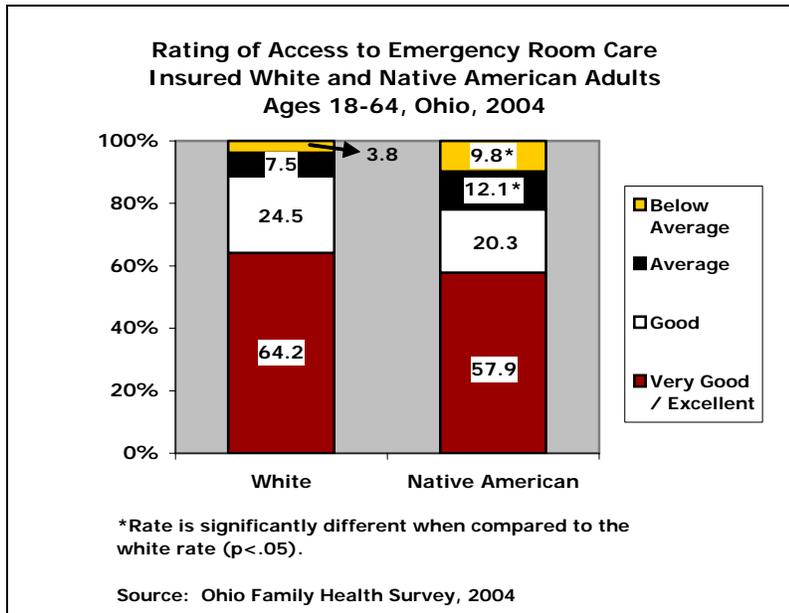
Rating of Benefits Covered, Insured White and Native American Adults Ages 18-64, Ohio, 2004		
Rating	Percent	
	White	Native American
Below Average	8.1	14.0
Average	16.3	15.1
Good	40.6	36.5
Very Good/Excellent	35.0	34.4

Highlighted rate is significantly different when compared to the white rate (p<.05).

Source: Ohio Family Health Survey, 2004

- Insured Native Americans under age 65 were more likely than their white counterparts to rate their insurance benefits as below average.

Figure 21.



- Insured Native Americans under age 65 were more likely than insured whites of the same age to rate their access to emergency room care as below average or average.

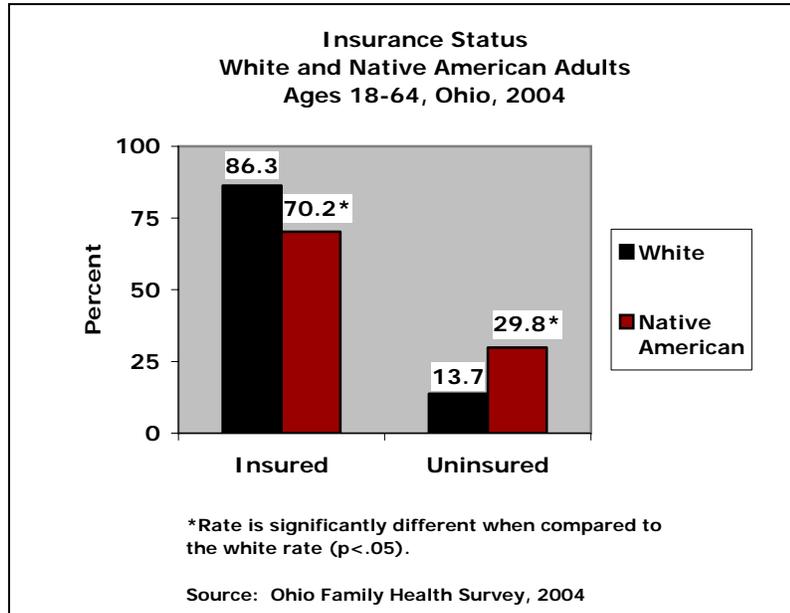
**Table 19.**

<b>Rating of Amount Paid for Medical Services, Insured White and Native American Adults Ages 18-64, Ohio, 2004</b>		
	<b>Percent</b>	
	<b>White</b>	<b>Native American</b>
<b>Rating</b>		
<b>Below Average</b>	<b>14.0</b>	<b>15.0</b>
<b>Average</b>	<b>20.7</b>	<b>20.6</b>
<b>Good</b>	<b>33.1</b>	<b>26.8</b>
<b>Very Good/Excellent</b>	<b>32.2</b>	<b>37.6</b>
<i>Source: Ohio Family Health Survey, 2004</i>		

- There were no significant differences between insured Native Americans and whites under age 65 in ratings of amount paid for medical services.

## VII. Insurance (Adults Ages 18-64)

Figure 22.



- Native Americans were more than twice as likely as whites to be uninsured.

Table 20.

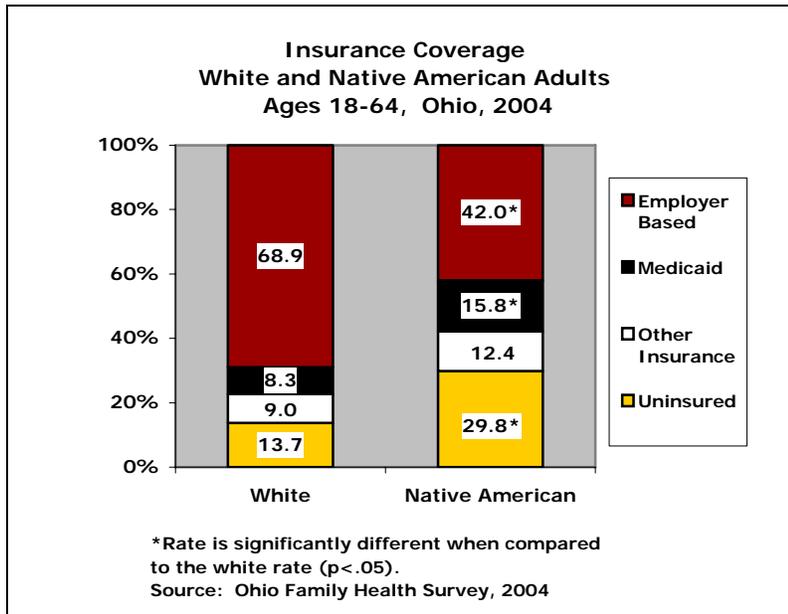
Length of Time Uninsured, White and Native American Adults Ages 18-64, Ohio, 2004		
Length of Time Uninsured	Percent	
	White	Native American
One Year or Less	33.5	23.4
More Than One Year	62.7	63.7
Don't Know or Refused	3.8	12.9*

\*The estimate may not be reliable.

Source: Ohio Family Health Survey, 2004

- There were no significant differences in length of time uninsured between Native Americans and whites.

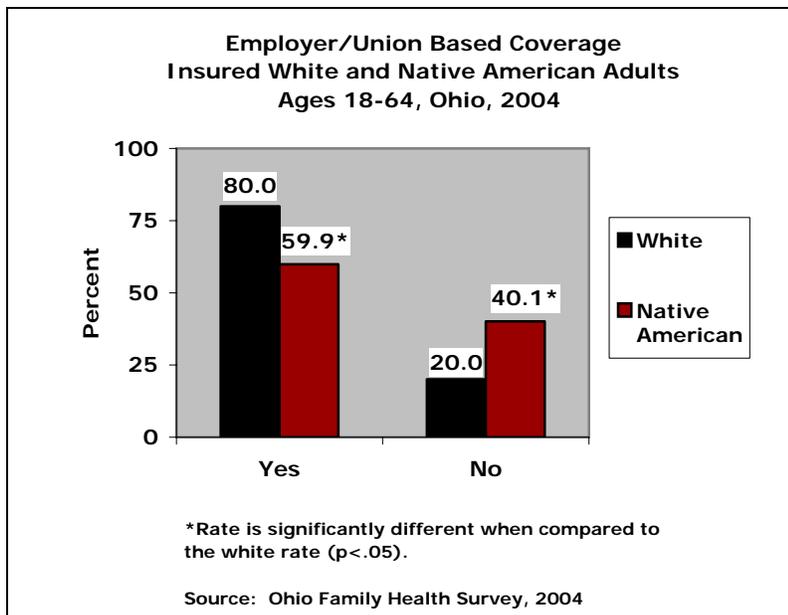
Figure 23.



Compared to whites, Native Americans were:

- less likely to have employer-based insurance coverage;
- more likely to be covered by Medicaid;
- more than twice as likely to be uninsured.

Figure 24.



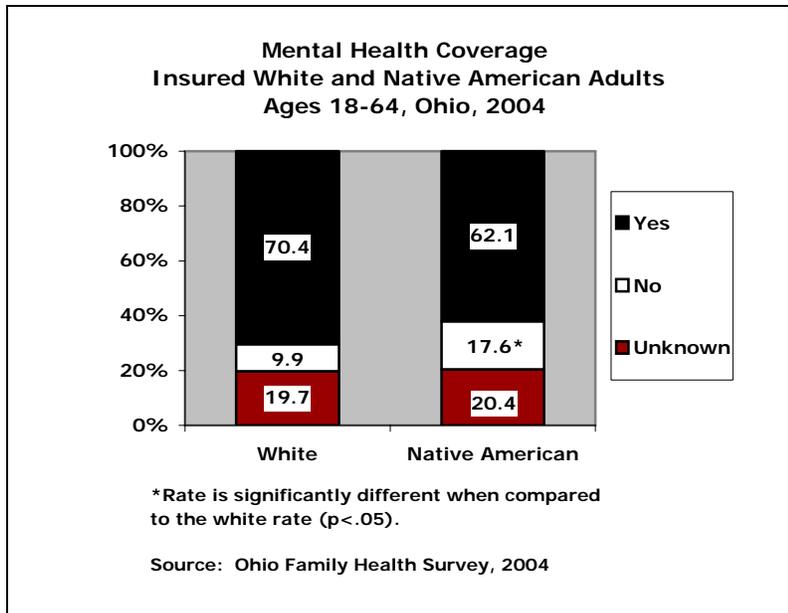
- Native Americans were twice as likely as whites not to have employer- or union-based insurance coverage.

Table 21.

	Percent	
	White	Native American
<b>Dental Coverage Provided</b>		
Yes	71.6	69.4
No	28.4	30.6
<b>Vision Coverage Provided</b>		
Yes	64.2	66.3
No	35.8	33.7
<b>Prescription Drug Coverage Provided</b>		
Yes	95.2	84.4
No	4.8	15.6
<b>Highlighted rate is significantly different when compared to the white rate (p&lt;.05).</b>		
<i>Source: Ohio Family Health Survey, 2004</i>		

- Insured Native Americans and whites reported similar dental and vision coverage.
- Native Americans were more than three times as likely as whites to lack prescription drug coverage.

Figure 25.



- Native Americans were more likely than whites to lack mental health coverage.

## **VIII. Conclusions**

This report identifies a number of disparities that exist between Native American and white Ohio adults. Native Americans were more likely than whites to live in poverty, be uninsured and have special health care needs and conditions such as hypertension, heart conditions or diabetes. In comparison to their white counterparts, Native Americans were also more likely to identify access to care and unmet needs as problems. Use of hospital emergency rooms as a usual source of care, problems seeing a specialist and unmet dental and prescription drug needs were reported more frequently by Native Americans than whites. Native Americans were more likely than whites to lack a dental visit within the past year. Among insured adults under age 65, Native Americans were more likely to be covered by Medicaid and to lack mental health and prescription drug coverage than whites. A multifaceted approach will be needed to reduce disparities and improve the overall health of Native Americans in Ohio.

## **IX. Limitations of Data**

Like any survey, the Ohio Family Health Survey (OFHS) has limitations. Despite the large sample size, sampling error will exist because the characteristics of individuals selected for interviews may differ from the true distribution of those characteristics in the total population. The potential sampling error can be estimated statistically and described with confidence intervals.

Other limitations are more difficult to measure or control. With any survey, individuals choose whether to participate in the survey as a whole, and in their accuracy or willingness to provide information on an individual question. These choices may create unknown and immeasurable biases in the responses.

Telephone surveys are an established way to obtain interviews from large numbers of respondents at relatively low cost. However, that survey technique assumes phone coverage is universal in the population being selected. In recent years, decreases in land-line phone coverage have occurred as many persons have switched to mobile telephones. This may exclude some people from the sampling universe, and could lead the survey to under-represent low-income groups and minorities. Because research has shown that some individuals with interruptions in phone coverage have characteristics similar to persons without phones, additional survey weights have been assigned to some respondents who reported interruptions in telephone service so they could represent those without phones. However, the respondents with interrupted service may differ from persons without telephones in ways that are not captured by the survey.

The users of the OFHS data should be mindful that measurement error, selective participation and other sources of potential bias cannot be completely controlled in any survey.



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