



Center of Applied Research
for Non-Profit Organizations

Native American
Community Health Survey:
Youth

Fall 2007

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Overview of Indian Health Care Resource Center

Organizational Overview

Indian Health Care Resource Center of Tulsa, Inc., (IHCRC), is a 501(c) (3) nonprofit, comprehensive health care facility, governed by a local volunteer Board of Trustees. IHCRC provides medical, health education, dental, optometry, behavioral health, chemical dependency, HIV/AIDS prevention and pharmacy services directly to the Tulsa Indian community. Quality, health care is provided on a sliding scale fee, ability to pay, basis. Members of any federally recognized tribe and their children under the age of 18 are eligible to receive care. No one is refused services due to inability to pay.

Indian Health Care promotes quality health care by providing culturally sensitive access to comprehensive medical care. Comprehensive health care includes acute and preventive care, chronic disease management, health education, outreach, and therapeutic services.

The organization is strongly committed to maintaining continuity of care and addressing individual health care needs. The family is recognized as the traditional and most important basic social unit in American Indian and Alaska Native communities. Our providers are sensitive to cultural beliefs and practices.

Mission

The mission of the Indian Health Care Resource Center of Tulsa, Inc. (IHCRC) is to provide quality, comprehensive health care to Tulsa area Indian people in a culturally sensitive manner that promotes good health, well being, and harmony.

Vision

The vision of IHCRC is to eliminate health disparities, expand innovative family-focused practices, and promote an embracing approach to care that strengthens physical, mental, emotional, and spiritual wellness within the Indian community.

Health Prevention Goal

The long-term health prevention goal of IHCRC is to improve general health status and reduce the incidence and severity of chronic disease by engaging the Indian community in ongoing health promotion, prevention, and disease management programs.

Purpose of Study:

The purpose of this applied research project was to assess the well-being needs of the American Indian population in the greater Tulsa area. The primary research objective was to identify the perceived well-being and health care needs of American Indian families, adults, and children in the Tulsa area. Funded by a grant from the Indian Health Care Resource Center (IHCRC), one of the prime objectives was to provide the leadership at the IHCRC scientifically valid and reliable information that will be used to develop and enhance the quality of services provided by the IHCRC.

Study Methodology

This study utilized a community based participatory research model (CBPR) for designing, implementing, analyzing data, and communicating results. A community advisory board assembled by IHCRC reviewed and provided input on the research purpose, design, methodology, instrument development, and results. This community advisory board consisted of elders, parents, youth, IHCRC staff, and other people interested in developing programs to support the Native American community in Tulsa. The survey used for this study developed through several iterations and feedback among the community advisory board, IHCRC staff, and the Research Center at the University of Oklahoma until an agreed upon instrument was achieved.

Measure. Staff and the OU Evaluator, in partnership with the Advisory Board, constructed a telephone script (Appendix A) and two surveys—one for adults and one for youth (Appendix B). The surveys went through a number of revisions until an agreement was reached among the partners. After collecting the first round of interviews, some further revisions were made to improve a few items. In addition, during the process of data collection and data analysis with some additional questions were added based on the input of the Advisory Board. The surveys included information about health, behavioral health, wellness, demographics, and community services and supports. Items consisted of Likert-type and open-ended questions resulting in both quantitative and qualitative data.

Procedure. Participants were recruited in a variety of ways including letters mailed out to parents through Indian Education, ads placed in Indian and tribal papers, flyers passed out at area churches and community events, in-person requests at area pow-wows, and in-person requests in the IHCRC waiting room and reception desk. Interviews were conducted via phone or in-person. Interviews took approximately 20 to 25 minutes each. Two hundred community in-person interviews were conducted with IHCRC patients and/or family members of patients on site, 78 interviews were conducted face to face at area pow-wows, and 150 interviews were conducted via telephone (Total number of community adult interviews = 428). Additionally, there were 15 youth interviews conducted at area pow-wows and 30 youth interviews conducted via telephone (Total number of youth interviews = 45). The survey collection will continue until 550 adults and 100 youth total have completed interviews.

Overview of Results

- Participants in the survey consisted of 37.8% male and 62.2% were female with the respondents ranging in age from 14-18 years of age.
- Of the 11 Native American tribes in the survey, Cherokee and Creek tribes were the most represented (24.4% and 22.2%, respectively).
- Regarding satisfaction with their lives, 62.2% reported being “very satisfied”.
- Alcohol abuse rated as the number one problem (37.8% reported it as a severe problem) followed closely by youth tobacco use, drug abuse, obesity and stress. Gangs, depression,

teen pregnancy, diabetes and school dropout rate were also noted as highly significant problems.

- 42.2% rated the level of a neighborhood's safety as "poor" while only 35.6% rated neighborhood safety as "fair". 17.8% "did not know".
- 86.4% responded that they were "somewhat connected" or "very connected" to their tribal community.
- 69.8% of the participants responded that they were at least "somewhat connected" or "very connected" to Tulsa's Native American community.

Demographic Characteristics of the Respondents

Of the 45 youth that participated in the survey, 37.8% were male and 62.2% were female. The average age of the participants was 15.7 years. Participants ranged in age from 14 to 18 years of age. Regarding grade level in school, 4.4% were in the seventh grade, 9.1% eighth grade, 18.2% ninth grade, 27.3% tenth grade, 15.9% eleventh grade, 22.7% twelfth grade, and 2.2% in college.

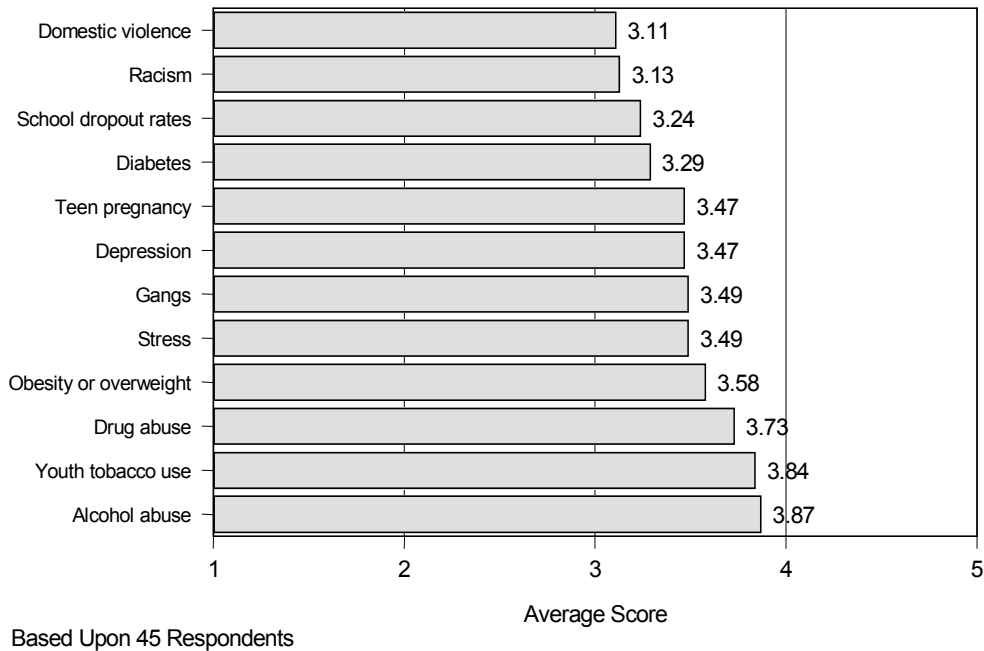
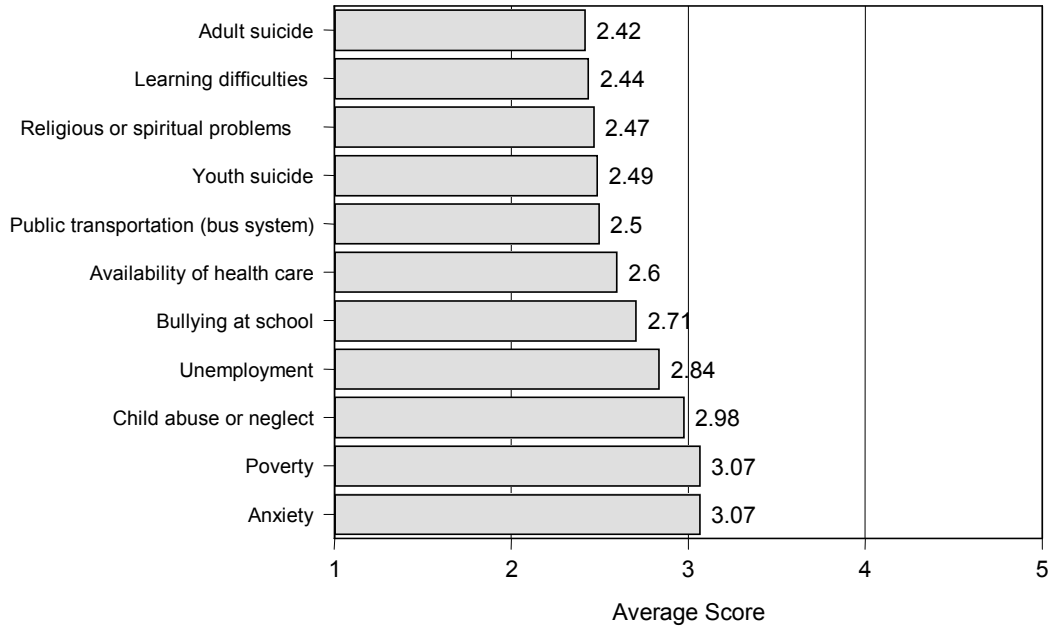
88.9% of the youth responded that they were members of a federally recognized tribe and two respondents did not know their tribal affiliation. Eleven tribes represented in the youth survey. The Cherokee (24.4%) and Creek (22.2%) tribes were the largest percentage of those responding.

Youth Activities

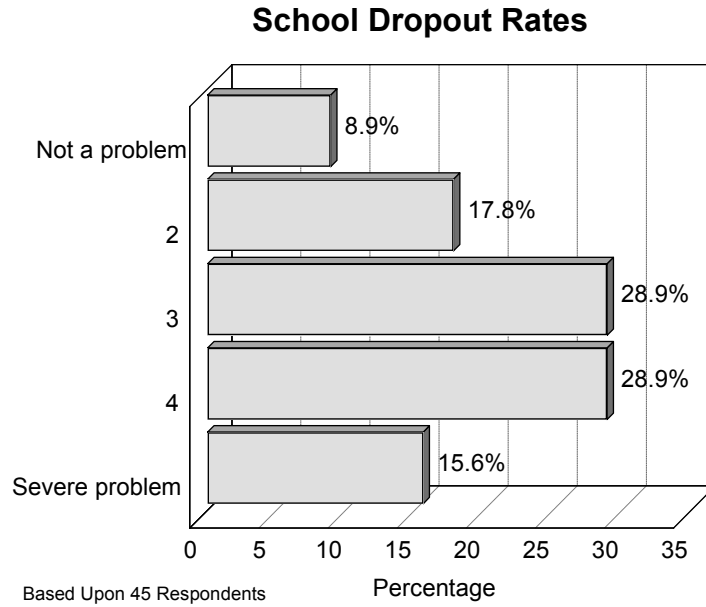
When asked if they play in school or youth sports leagues, 60% responded "yes". Regarding whether they would like to participate in youth sports leagues outside of school 57.8% responded "yes". Eighty percent of the youth indicated that they would be interested in participating in an Indian youth club or council. When asked to describe activities that they would like to participate in that are not available the respondents identified Indian dancing, language classes, bead working, ribbon-working, and learning more about Indian heritage. Regarding the activities that they participate in, the range of activities included softball, basketball, volleyball, baseball, track, soccer, football, cheerleading, tennis, boxing, and golf.

Ratings of Community Problems

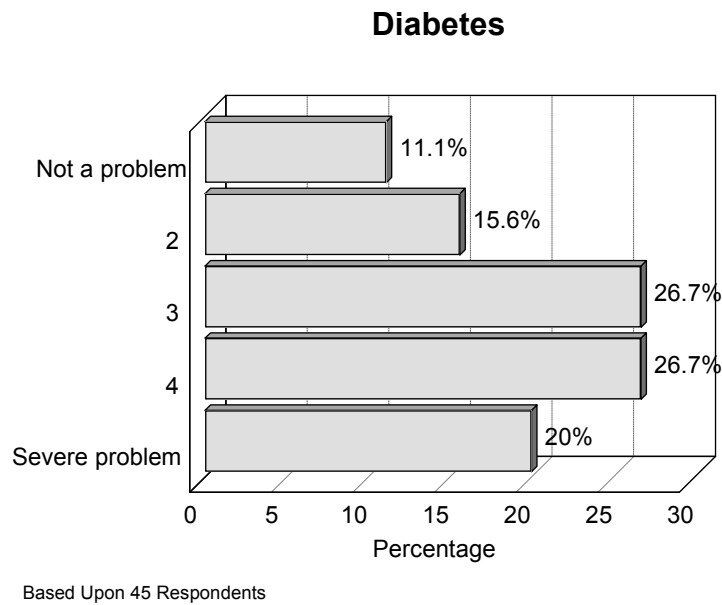
The next two graphs provide a summary depicting how the respondents rated local issues and concerns. A rating scale of 1-5 was used with one being “not a problem” to five being “a severe problem”. The graph provides the mean score for each area.



A more detailed review of the top ten local issues and concerns reported by the respondents follows in ascending order of severity:

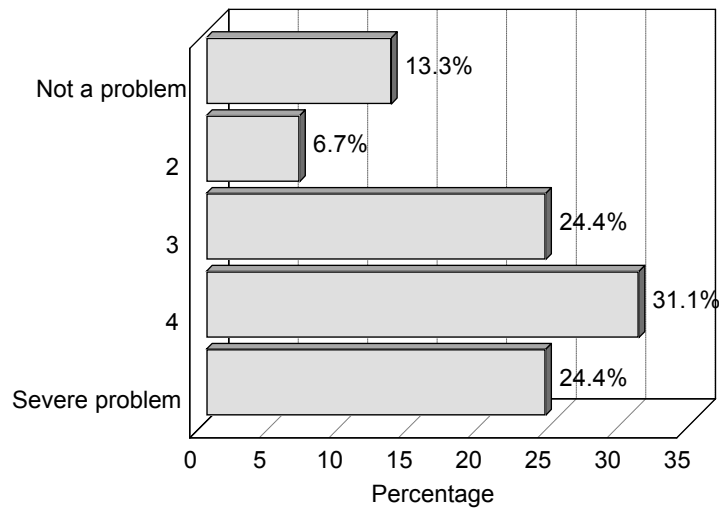


44.5% of the respondents rated school dropout rates as a 4-5 problem (Mean = 3.24, SD = 1.109).



46.7% of the respondents rated diabetes as a 4-5 problem (Mean = 3.29, SD = 1.272).

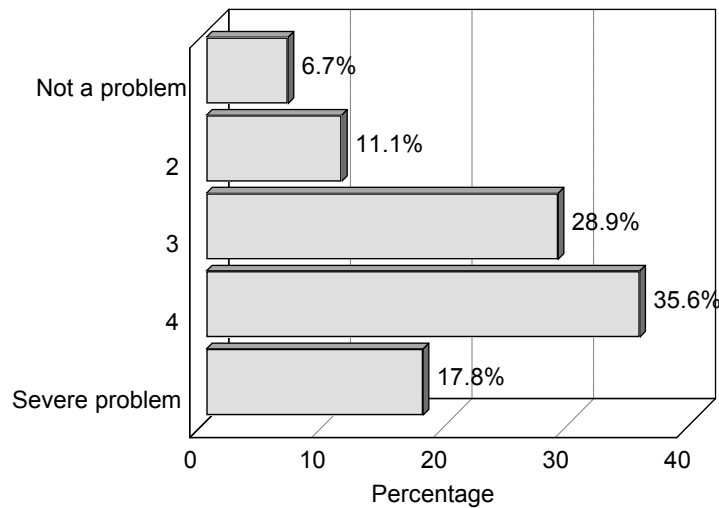
Teen Pregnancy



Based Upon 45 Respondents

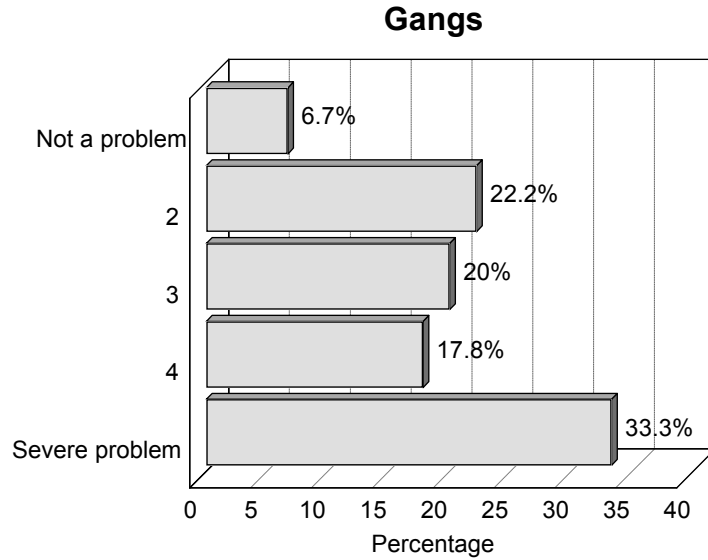
55.5% of the respondents rated teen pregnancy as a 4-5 problem (Mean = 3.47, SD = 1.307).

Depression



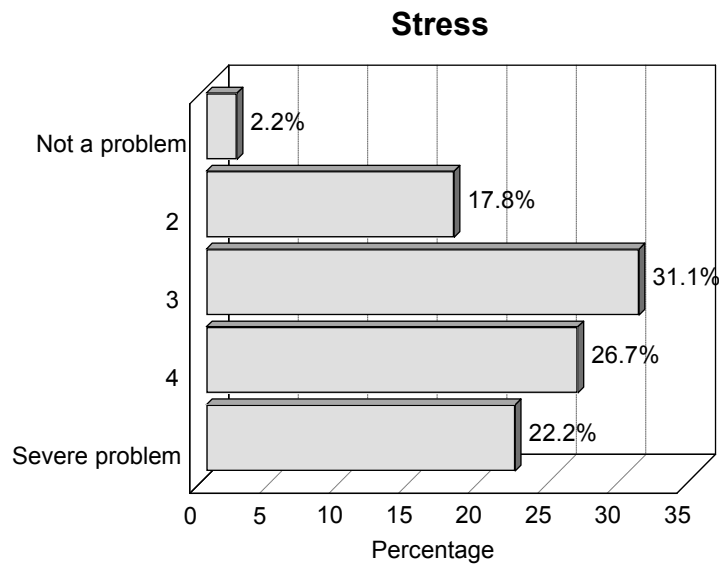
Based Upon 45 Respondents

53.4% of the respondents rated depression as a 4-5 problem (Mean = 3.47, SD = 1.120).



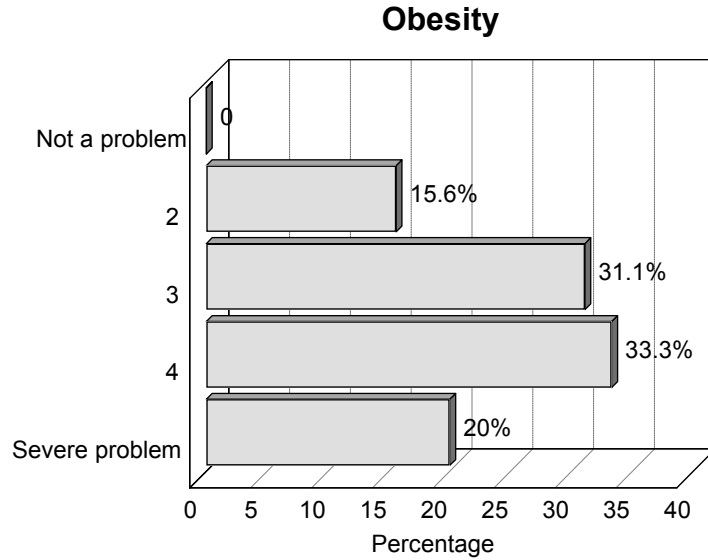
Based Upon 45 Respondents

51.1% of the respondents rated gangs as a 4-5 problem (Mean = 3.49, SD = 1.342).



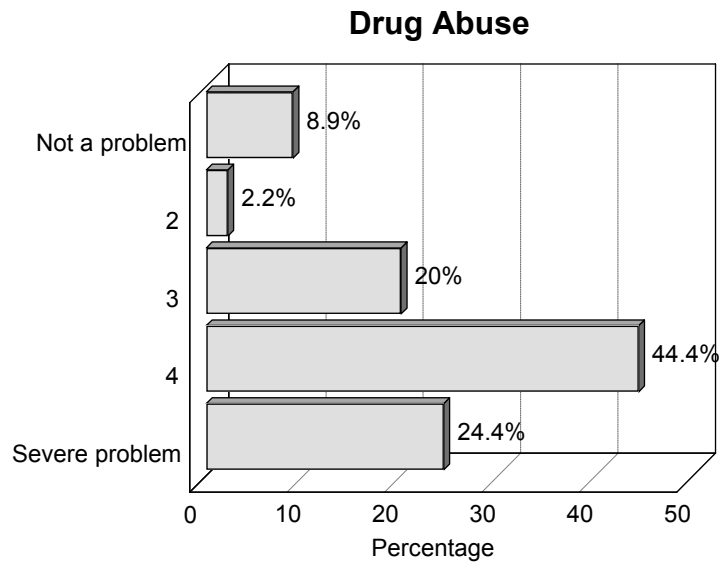
Based Upon 45 Respondents

48.9% of the respondents rated stress use as a 4-5 problem (Mean = 3.49, SD = 1.100).



Based Upon 45 Respondents

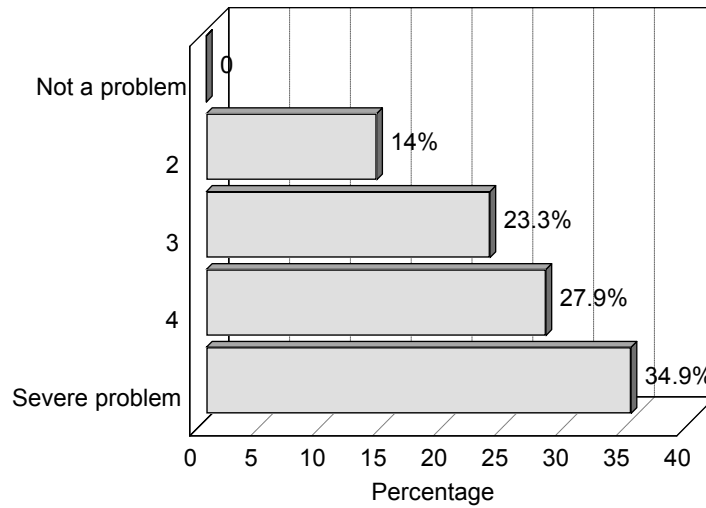
53.3% of the respondents rated obesity as a 4-5 problem (Mean = 3.58, SD = 0.988).



Based Upon 45 Respondents

68.8% of the respondents rated drug abuse as a 4-5 problem (Mean = 3.73, SD = 1.136).

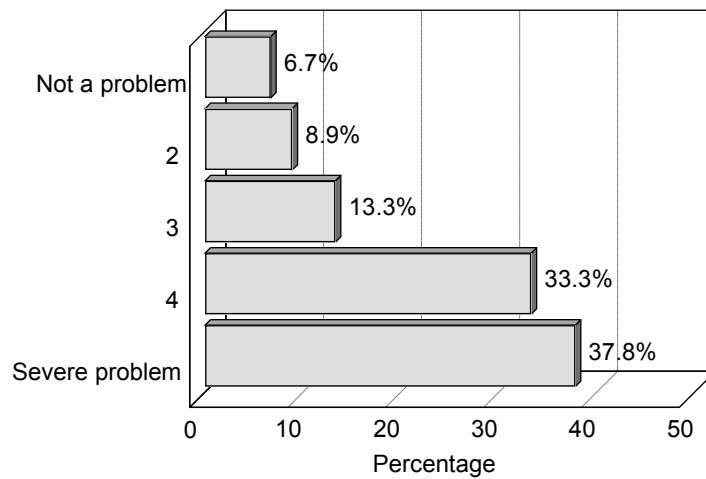
Youth Tobacco Use



Based Upon 45 Respondents

62.8% of the respondents rated youth tobacco use as a 4-5 problem (Mean = 3.84, SD = 1.067).

Alcohol Abuse



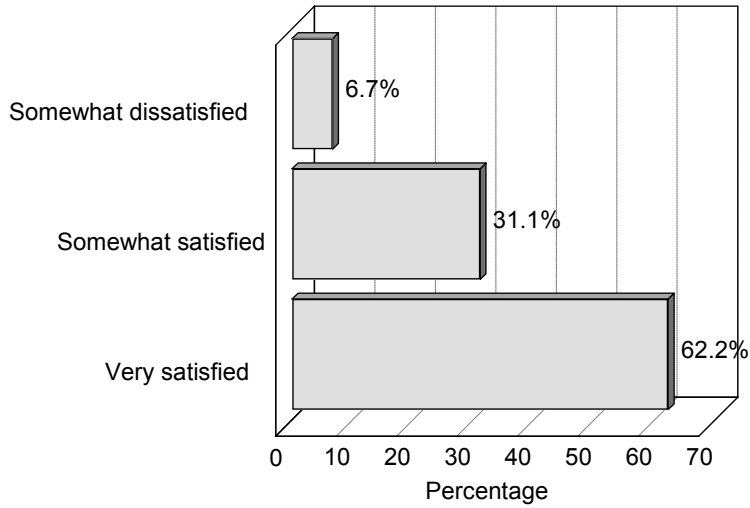
Based Upon 45 Respondents

71.1% of the respondents rated alcohol abuse at a 4-5 level (Mean = 3.87, SD = 1.217).

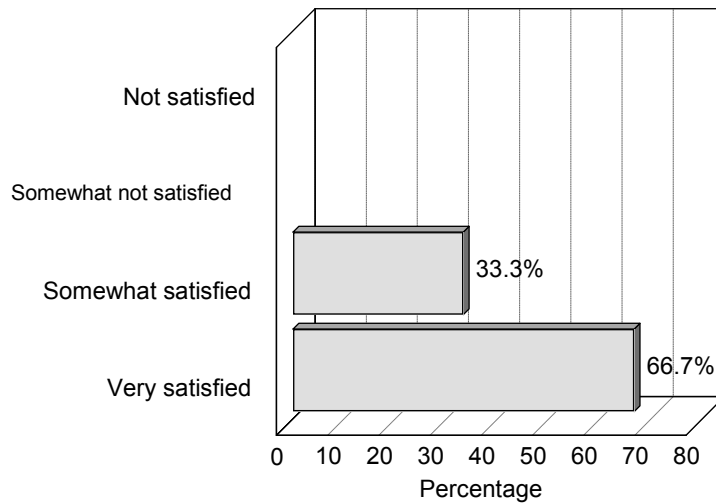
The following pages display graphical illustrations of responses to multiple-choice items.

Personal Well-Being

How satisfied are you with your life right now? Would you say you are . . .

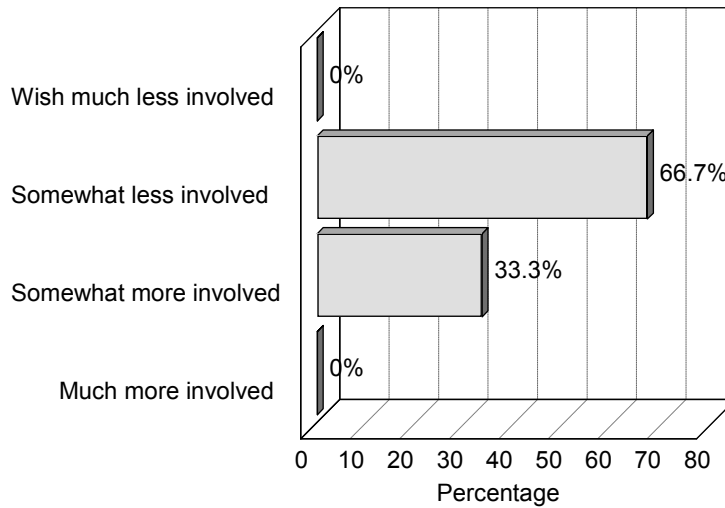


How satisfied are you with the level of your parents' involvement in your life?



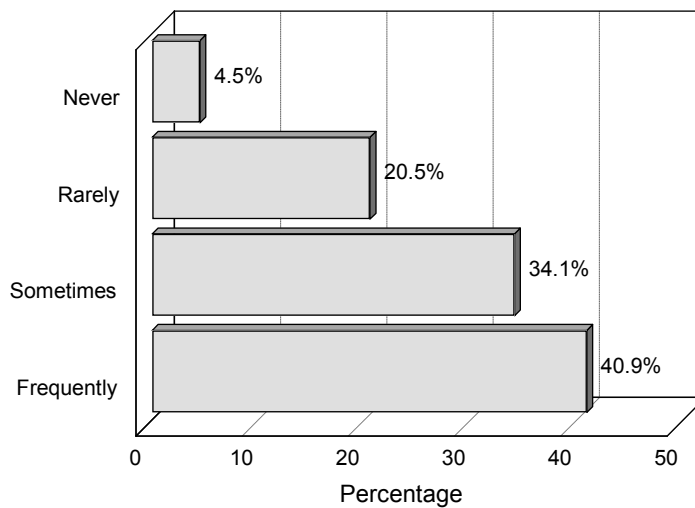
Based Upon 3 Respondents

Choose one of the following statements that best describes your parents' involvement in your life?



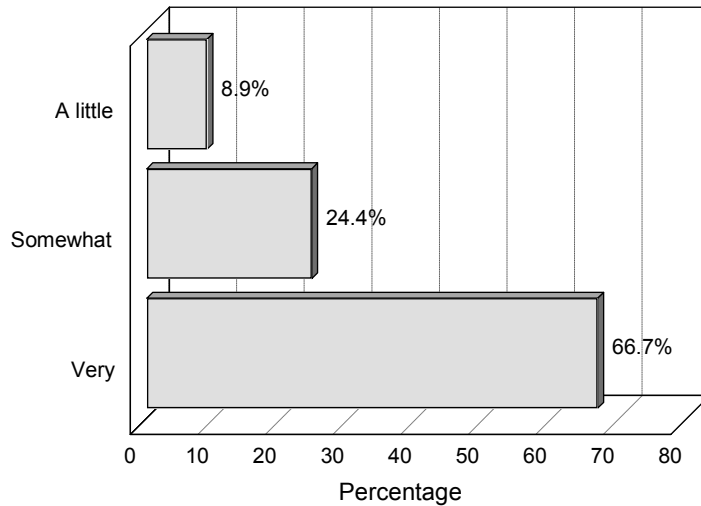
Native American Heritage

How often do you attend traditional/ceremonial Native American events such as powwows, language classes, social dances, or Indian churches? Would you say you attend. . .



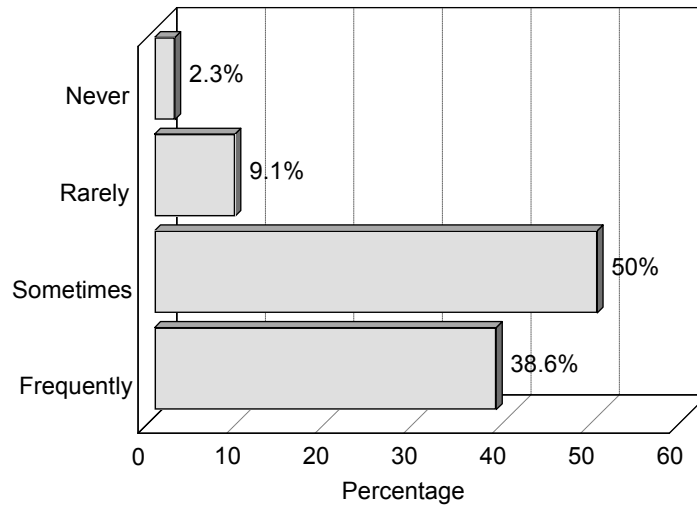
Based Upon 44 Respondents

How important is it to you to learn about Native American culture?



Based Upon 45 Respondents

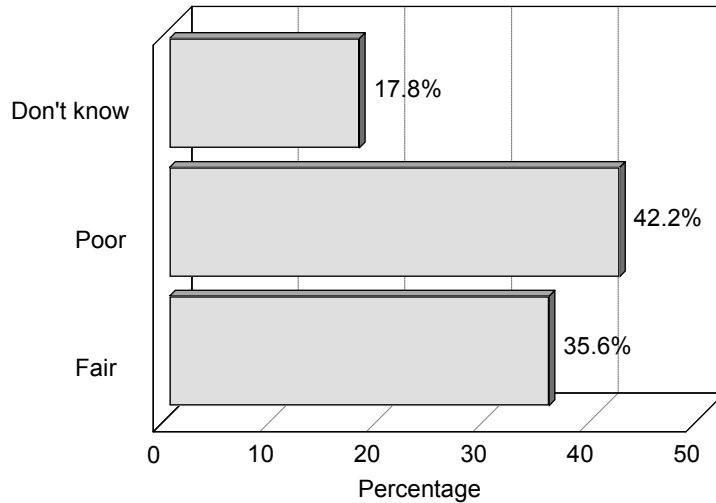
If intertribal community social activities were offered on a regular basis in the Tulsa area (such as social dances, stomp dances, community meals, storytelling, etc.), how often do you think your family would attend these Indian community events? Would you say it would be . . .



Based Upon 44 Respondents

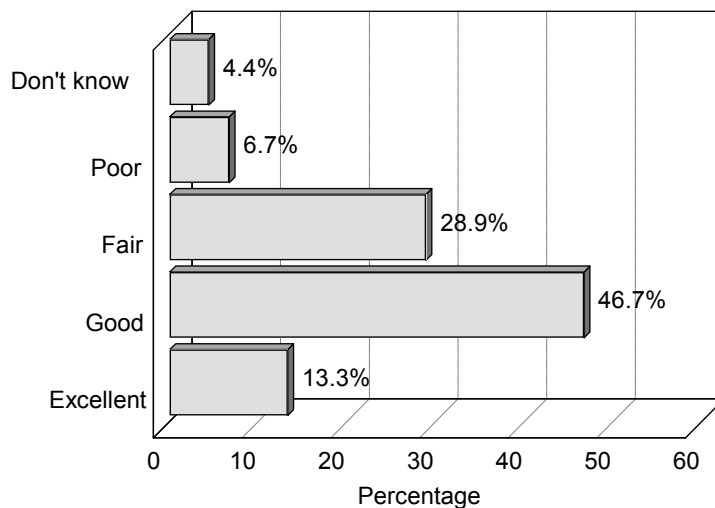
Community or Neighborhood Issues

How would you rate the safety of your neighborhood? Would you say it's . . .



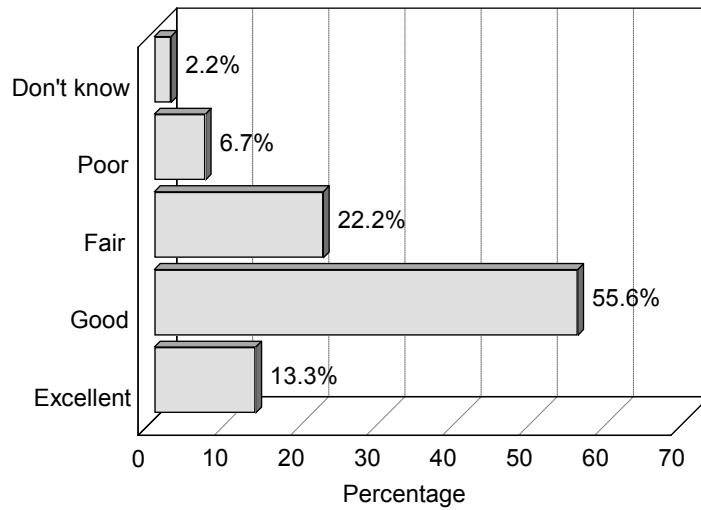
Based Upon 43 Respondents

How would you rate the recreation facilities in your neighborhood such as parks, trails, playgrounds, etc.? Would you say they're . . .



Based Upon 45 Respondents

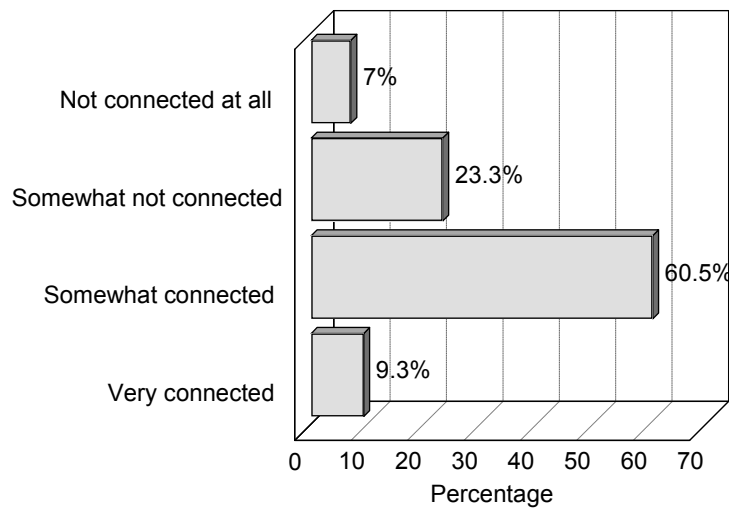
How would you rate the safety of your neighborhood parks, trails, playgrounds, etc.? Would you say...



Based Upon 45 Respondents

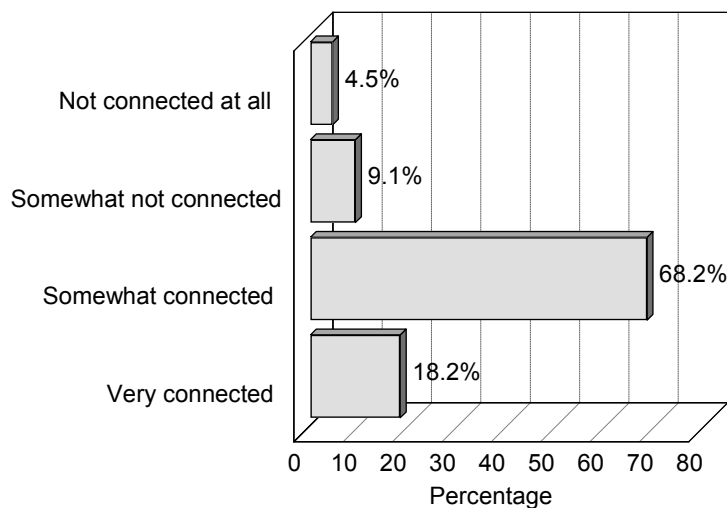
Questions about Connection to Tulsa and Tribal Community

How connected do you feel you are to Tulsa’s local Native American community? Would you say you’re . . .



Based Upon 43 Respondents

How connected do you feel you are to your tribal community? Would you say you’re . . .



Based Upon 44 Respondents

Open-Ended Questions and Responses

Themes were developed based on analysis of the responses to the open-ended questions. These themes are presented below with the number of responses for each theme in parentheses. Representative examples of direct responses from participants are also included.

What are the greatest strengths of Native Americans?

Culture (14) “Heritage” “Ceremonial Grounds” “Rituals” “Tribal ways” “Traditions” “Their beliefs”

Helping Each Other (6) “Take care of each other” “Helping others in need” “Show caring” “Sharing”

Family (5) “Strong family values” “The importance of closeness and connection in the family”

Spirituality and Religion (4) “Spiritual beliefs” “Sense of connection with the sacred” “Church” “Religious beliefs”

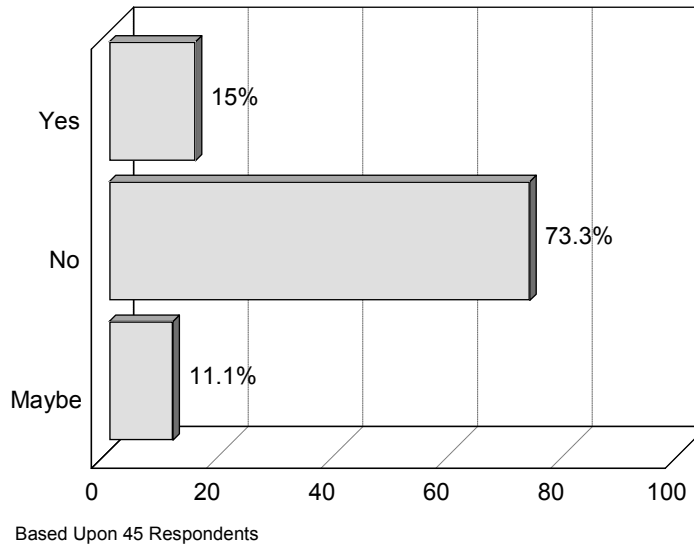
Pride (4)

Unity (3) “The sense of togetherness”

Perseverance (2) “The ability of Native Americans to show courage in the face of adversity” “Survive”

Don’t Know (11)

Do you think there is a stigma – that is, embarrassment or shame – in the Native American community about seeking mental health care? If yes or maybe why do you think people are embarrassed about getting mental health care?



Why there’s a Stigma?

Shame (11) “Ashamed about the way they are and want to be like everyone else but they can’t” “What people might think of them” “Makes them feel stupid” “They don’t want anyone to know they have a problem”

What does “good mental health” mean to you?

Good Health (13) “Keeping a good mind and body” “A healthy mind” “Taking care of yourself” “Healthy body”

Awareness (5) “Knowing what’s going on and what you’re doing.” “Being able to know what you’re doing” “Being aware” “Know what is right or wrong”

Being Smart (4) “That you’re smart” “Intelligent”

Not Ashamed (4) “Not ashamed of yourself” “Internally realize you have a problem and it’s nothing to e ashamed about. Be proud of who you are” “You know what you are and are happy with it.”

Sane (3) “Not crazy” “Someone who is sane”

Positive or Good (3) “Positive attitude” “You are not down in the dumps” “Do good not bad”

Not Smoking, drinking, doing drugs (2)

Don’t Know (14)

What do you think is the main cause of mental health problems for Native Americans?

Substance Use/Abuse (11) “Drinking” “Alcohol” “Alcoholism” “Drug use” “Drug addictions”
Parents (5) “What parents did when they were pregnant” “Either born that way or weren’t raised in a good environment” “Living conditions”
Health Issues (3) “Diabetes” “The way they eat”
Peer Pressure (2) “Negative influences”
Stress or Depression (2)
Don’t Know (17)

Who are good role models for Indian youth? And why?

Parents (7) “They are always teaching right from wrong” “They are always there for you” “You grow up with them”
Elders (6) “They’re wise and they’ve got knowledge of history and they can teach, share, and set a good example” “They know a lot and have life experience”
Teachers (3) “They are like parents away from home” “They teach you things in the world when older”
Family (3) “Grandma and Aunt keeps us all in line and keeps us going” “They have experience and can teach us about our culture”
Native Americans themselves (3) “They know a lot about their heritage and history”
Tribal Council Members and Indian Chiefs (2) “They represent us” “They know a lot about their heritage and history”
Specific People (8) “Mr. Rogers, Indian Education Director at Sapulpa High School. He’s well-organized with all the Indian education events.” “Dana Tiger and Joe Chamberlain. They are inspirations. They talk about the bad stuff they went through.” “Sacajawea. She’s smart” “Scott Bighorse. Being involved” “Iwana Bonahall. President of Indian Club. She sponsored youth and was connected to youth and education” “Wes Studi”
Don’t Know (9)

What do you think are the biggest problems faced by Indian youth who live in the Tulsa area?

Substance Use/Abuse (11) “Drugs” “Drug addiction” “Alcohol” “Drinking”
Racism, Prejudice, Bullying (7) “Being made fun of because they are not the same as everyone else” “People not respecting our culture” “Being bullied by other people”
Lack of Indian Culture or Activities (6) “Not getting involved enough with our culture” “There aren’t any powwows in my neighborhood” “Can’t get in touch with heritage because don’t know what to look for or who to talk to. There is not much offered for us” “The culture is dying”
Money (3) “Finance” “Poverty”
Not Many Indians (3) “You don’t see very many Indian families anymore” “There aren’t that many of us” “Not many other Indians at school”
Gangs, Crime, Imprisonment (3)
Tobacco (2) “Tobacco use”
Don’t Know (9) “Can’t think of any” “Not sure”

What do you think are the biggest problems faced by Indian youth at school?

Racism, Stereotypes, Discrimination, Bullying (9) “Stereotypes about Indians, for example Indians and alcohol” “Racism, singling us out” “Color because they are not white” “Being bullied by other people”

Not Enough Activities (4) “Not being able to participate in many activities” “Not enough programs” “Not enough activities for Indians” “There aren’t any social clubs at school”

Gangs or Fighting (4) “Gangs” “A lot of fighting because of white people or black people”

Dropping Out of School (3) “Not going to school”

Peer Pressure (3) “Trying to fit in”

Not Many Indians at School (3) “Not enough Indians at my school”

Lack of Teaching Indian Culture (3) “They don’t teach our languages or Indian culture” “Not being able to understand their culture”

None (8) “There aren’t any problems”

What do you think are the biggest problems faced by Indian youth at home?

Parents, Family, Home Life (9) “The way they live with their parents” “Family differences and dysfunction” “Not listening to their parents” “Parental pressure”

Abuse (4) “Verbal abuse” “Physical abuse” “Neglect”

Lack of Activities (2) “Not being able to go to different events going on.” “Don’t get to go see how Indians lived or museums or powwows.”

Money (2)

None (10) “There aren’t any problems” “Nothing”

Don’t Know (13) “One respondent included “I come from a good family”

(Complete verbatim responses to open-ended questions are available upon request.)

CONCLUSIONS

Results were presented and discussed at several community advisory board meetings. Comments from these meetings are included in the following discussion.

One of the primary purposes of the study was to identify community health and well-being needs that could then be the target of program and community development. The following section highlights the most pertinent needs according to the participants surveyed, but begins with a discussion of strengths.

Identifying Strengths and Role Models

Youth participants were asked to identify what they believed to be the strengths of Native Americans and how they defined a caring community. Like the adults, youth emphasized its indigenous American Indian culture including Native rituals, heritage, ceremonies, and tribal ways as primary strengths. Second, they identified the willingness and ability of the community to support and care for each other. In addition, participants recognized family—strong family values and the importance of closeness among family members. Pride in themselves and their community was noted as was unity among Native Americans.

In describing role models, youth identified a number of important people. First, parents and elders were seen as important for teaching and educating youth about living well and respecting their traditions. Teachers and family/grandparents were also seen as important role models.

Identified Problems and Needs

The youth identified and ranked a large number of problems and needs in both similar and dissimilar ways from adults. Youth were also asked to consider problems in the community, schools, and home. What follows is a listing and brief discussion of these important issues.

Substance Abuse. In both the ranking and open-ended questions about problems in the Native American community, youth named drug, alcohol, and tobacco as the most serious problems. Youth are as concerned as adults in the perception that Native Americans experience a high rate of alcohol and drug problems.

Health Issues. Obesity was the 4th rated problem behind Alcohol, Youth Tobacco Use, and Drug abuse and Diabetes was ranked 9th out of 23. Youth, like adults, recognize a problem with weight and weight-related issues among Native Americans.

Mental Health Issues. Youth were overwhelming clear in their response to whether there is stigma regarding seeking mental health—73.3% said “No”, 15% said “Yes,” and 11.1% said “Maybe”. This contrasts with adults’ perspective, which is more evenly mixed among “Yes” and “No.” The reason for this discrepancy is unclear. It may be that youth have not yet developed the stigma’s associated with mental health that adults have or that youth tend to be more accepting of emotional/behavioral problems. Stress was the 5th ranked problem, Depression was 7th, Domestic Violence was 12th, and Anxiety was 13th out of 23.

Social Problems. Native American Youth indicated several social problems as major concerns. Gangs were ranked T5th, Teen Pregnancy was T7th, School Dropout was 10th, Racism was 11th, and Poverty was T13th out of 23. Youth rated Gang problems higher than adults did. This may be due to perception or the fact that youth have more interaction with other youth who are involved in gangs.

Family/Home Problems. Most youth responded that they had no problems or did not know of any problems at home. The remainder indicated that dysfunctional families and conflict with parents were important problems. Several also noted problems of abuse and neglect.

Appendix A
Telephone Script

TELEPHONE SCRIPT

"Hello, my name is [fill NAME] and I'm calling about a survey research project that is sponsored by the Indian Health Care Resource Center and the University of Oklahoma. A letter requesting your participation was mailed to your household about this project requesting your participation. You or someone in your household responded to OU about your potential interest in participating in the survey project. Are you an adult? **[If no, then:]**

May I please speak with an adult. **[Once adult is on the line, repeat script from the top]**

[If yes, an adult then:]

Thank you. And, just to confirm that I am speaking with an adult, are you 18 years of age or older? **[If no, then try again to get an adult and repeat script above]** Your household received a letter from the Indian Health Care Resource Center that informed you about a project we are working to conduct a survey of fellow Native American residents to get their opinions about a number of health and community issues. **You were randomly selected to be interviewed because you have a child enrolled in Indian Education.** We are calling now to conduct the survey on the telephone. Your participation in the survey project will help us to better understand the needs and concerns of the American Indian community. We hope you will be willing to participate. Your responses will be tallied with comments from other patients. The summary report of all the people who take the survey will be used to help guide future plans to improve health care and community services.

Your responses to the survey questionnaire will be treated with complete confidentiality. No names will be recorded. You will be able to participate completely anonymously. As a participant in this interview, you will be given a \$20 gift card redeemable at your local Wal-Mart. Would you be interested in participating in the survey?

Thank you. Before I begin, I am required to tell you that participation is voluntary and you are free to refuse to answer any questions or withdraw at any time. There are no risks associated by participating. Participating in the survey will not have any effect on your ability to receive care from Indian Health Care. Remember if there are any questions that you don't feel you can answer, please let me know and we'll move to the next one. The survey will take about 25 minutes to complete. So, if I have your permission, I'll continue.

[Conduct interview]

[At end of interview]

Thank you for your participation in the survey. As you may remember from the letter you received from Indian Health Care Resource Center, we would also like to include the opinions of Native American adolescents. As the parent or guardian, do you have an Indian child who is age 14 to 19 at home today that we could also interview?

[If no, and an eligible child is not at home then ask:]

Is there a time that we could call back in order to conduct the interview with your child?

[If there is no child then:]

Thank you again for your participation. Dr. Chad Johnson of the Human Relations Department is the Project Director for this community survey project. If you have any questions about the survey project, you can contact Dr. Johnson at University of Oklahoma at 918-660-XXXX at OU.

[If yes, then record the information to re-contact the household]

[If yes, and child is available then:]

You are being asked to allow your child to be in a research study. Your child's participation in the project will help us identify the needs of our youth and is also completely anonymous. To

participate in the interview is voluntary. You may refuse to give permission, or you may withdraw your permission for child to participate in the interview for any reason. Even if you give permission, your child can decide not to be in the study or to leave the study at any time. If you have questions about your or your child's rights as a respondent to this interview, you may contact the Project Director, Dr. Chad Johnson, who is with the Department of Human Relations at 918-660-XXXX. If you decide that your child can be in the study, we would like to interview your child for about 25 minutes.

Do I have your permission as the parent to interview your child?

[If yes, ask to speak with the child, then:]

Hello, my name is [fill NAME] and I'm doing an interview sponsored by the Indian Health Care Resource Center and the University of Oklahoma. Your [Mom or Dad or guardian] said it's OK for you to answer the interview questions for me. If you decide to participate in the interview, you will receive a \$20 gift card redeemable at your local Wal-Mart. Before you decide if you want to complete the interview, I want to give you some information. Please listen carefully and feel free to ask questions at anytime. You do not have to be in this study even if your [Mom or Dad or guardian] has already said it's OK. You do not have to answer all the questions and can stop at anytime during the interview. No one will be angry or upset with you if you decide not to answer any question or decide not to continue with the interview. The amount of time that we will need to do the interview is about 25 minutes. All of your answers to the questions will not be shared with anyone and will be private. Just so I can be sure you understand what I have told you, I want to ask you a few questions:

[Obtain positive response for the following questions as reinforcement/confirmation:]

a) Do you understand that your parents say it is OK to speak with me?

- b) Do you understand that you don't have to participate at all if you don't want to?
- c) Do you understand that you do not have to answer any question you don't want to?
- d) Do you understand that you can stop participating at anytime?
- e) Do you understand that no one will be angry or upset if you do not answer or stop taking part in the interview?

[If yes to above questions, then:]

- f) Do you have any questions about what I've told you so far? **(ANSWER QUESTIONS)**.
- g) Ok, so if you understand everything, do you want to participate in this survey?

[If yes to above questions, then:]

Ok, let's get started with the interview questions.

[Conduct interview]

[At end of interview]

Thank you for your help. If you would like to speak with someone besides me about the interview or if you or your [Mom, Dad, or guardians] have any questions or concerns, you may call my supervisor Dr. Johnson at OU with the Department of Human Relations at 918-660-XXXX.

Appendix B

Survey

COMMUNITY ASSESSMENT OF INDIAN YOUTH

Insert Telephone Script

Identification Number : _____ Sex: 1. Female 2. Male

1. What is your age? _____ **YEARS DK REF**

2. What grade are you in at school? _____ **GRADE**

Now I'd like to ask you a couple of questions about your local neighborhood.

3. How would you rate the safety of your neighborhood? Would you say it's . . .

Excellent Good Fair or Poor DK REF

4. How would you rate the adequacy of recreation facilities in your neighborhood such as parks, trails, playgrounds, etc.? Would you say they're . . .

Excellent Good Fair or Poor DK REF

5. How would you rate the safety of your neighborhood parks, trails, playgrounds, etc.? Would you say it's . . .

Excellent Good Fair or Poor DK REF

6. Are there any types of youth programs you would like to participate that aren't currently available?

Describe _____

7. What types of physical activity do you engage in?

Describe _____

8. Do you play in school sports or youth sports leagues? **Yes No DK REF**

9. Would you like to play in youth sports leagues (outside of school sports)?

Yes No Maybe DK REF

10. Would you be interested in being part of an Indian youth club or council?

Yes No Maybe DK REF

11. How satisfied are you with your life right now? Would you say you are . . .

Very satisfied Somewhat satisfied Somewhat dissatisfied or Very dissatisfied? DK REF

Now I am going to ask you some questions about your Native American heritage. Different people have different ways that they experience their Indian culture. Please help me understand what being Native American means to you.

12. Are you an enrolled member of a federally recognized Indian tribe? **Yes No DK**
REF

What tribe? _____

13. How important is it to you to learn about Native American culture?

Very Important Important Somewhat Important Not Important at All DK

REF

14. How often do you attend traditional/ceremonial Native American events such as powwows, language classes, social dances, or Indian churches? Would you say you attend . . .

Frequently Sometimes Rarely or Never DK
REF

15. If intertribal community social activities were offered on a regular basis in the Tulsa area (such as social dances, stomp dances, community meals, storytelling, etc.), how often do you think your family would attend these Indian community events? Would you say it would be . . .

Frequently Sometimes Rarely or Never DK
REF

Now I would like to get your views on how connected you feel you are to the Tulsa and your tribal community. By connected I mean whether or not you feel like you are a part of the community.

16A. How connected do you feel you are to Tulsa's local Native American community? Would you say you're . . .

Very connected Somewhat connected Somewhat not connected or Not connected at all

DK

REF

16B. How connected do you feel you are to your tribal community? Would you say you're . . .

Very connected Somewhat connected Somewhat not connected Not very connected at all

DK

REF

17. What are the greatest strengths of Native Americans?

18. Who are good role models for Native American youth? And why? _____

19. What do you think are the biggest problems faced by Indian youth who live in the Tulsa area?

20. What do you think are the biggest problems faced by Native American youth at school?

21. What do you think are the biggest problems faced by Native American youth at home?

22. Do you think there is a stigma – that is, embarrassment or shame – in the Native American community about seeking mental health care? **Yes No Maybe DK REF**

22A. IF YES OR MAYBE: Why do you think people are embarrassed about getting mental health care?

23. What does “good mental health” mean to you?

24. What do you think is the main cause of mental health problems for Native Americans?

25. Now I am going to read a list of local issues and concerns. Please rate how much of a problem you believe these issues are for Native Americans living in the **Tulsa** area on a scale of 1-“Not a Problem” to 5 “A Severe Problem.” Answer 2, 3 or 4 if you believe it rates somewhere in-between. Is that clear? The first issue is poverty. How much of a problem is this for Native Americans in the Tulsa area? Again, rate this problem on a scale from 1 “Not a problem” to 5 “A Severe Problem”.

	(Not a problem)					(Severe problem)					
a. Poverty	1	2	3	4	5	DK					
b. Unemployment	1	2	3	4	5	DK					
c. Public transportation (bus system)	1	2	3	4	5	DK					
d. Racism	1	2	3	4	5	DK					
e. Teen pregnancy	1	2	3	4	5	DK					
f. Gangs	1	2	3	4	5	DK					

g. Youth suicide	1	2	3	4	5	DK
h. Adult suicide	1	2	3	4	5	DK
i. Depression	1	2	3	4	5	DK
j. Anxiety	1	2	3	4	5	DK
k. Stress	1	2	3	4	5	DK
l. Obesity or overweight	1	2	3	4	5	DK
m. Alcohol abuse	1	2	3	4	5	DK
n. Drug abuse	1	2	3	4	5	DK
o. Youth tobacco use	1	2	3	4	5	DK
p. Diabetes	1	2	3	4	5	DK
q. Child abuse or neglect	1	2	3	4	5	DK
r. Domestic violence	1	2	3	4	5	DK
s. School dropout rates	1	2	3	4	5	DK
t. Bullying at school	1	2	3	4	5	DK
u. Learning difficulties	1	2	3	4	5	DK
v. Availability of health care	1	2	3	4	5	DK
w. Religious or spiritual problems	1	2	3	4	5	DK

26. How satisfied are you with the level of your parents' involvement in your life?

Not Satisfied Somewhat Not Satisfied Somewhat Satisfied Very Satisfied

27. Choose one of the following statements that best describes your parents' involvement in your life?

"I wish they were somewhat more involved." "I wish they were much more involved."

"I wish they were somewhat less involved." "I wish they were much less involved."

Appendix C

Institutional Review Board Documents



The University of Oklahoma

OFFICE FOR HUMAN RESEARCH PARTICIPANT PROTECTION

IRB Number: 11558
Approval Date: December 12, 2006

December 13, 2006

Chad Johnson
Human Relations - OU Tulsa
4502 E. 41st Street
Tulsa, Ok 74135

RE: A Community Needs Assessment with American Indians

Dear Dr. Johnson:

On behalf of the Institutional Review Board (IRB), I have reviewed and granted expedited approval of the above-referenced research study. This study meets the criteria for expedited approval category 7. It is my judgment as Chairperson of the IRB that the rights and welfare of individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with the requirements of 45 CFR 46 as amended; and that the research involves no more than minimal risk to participants.

This letter documents approval to conduct the research as described:

- Survey Instrument Dated: November 27, 2006 Indian Youth
Survey Instrument Dated: November 27, 2006 Adult Indian Families & Individuals
Other Dated: November 27, 2006 Telephone script
Letter Dated: November 27, 2006 Introductory letter to Indian Community Members
Protocol Dated: November 27, 2006 Summary of study activities
IRB Application Dated: November 27, 2006

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form. All study records, including copies of signed consent forms, must be retained for three (3) years after termination of the study.

The approval granted expires on December 11, 2007. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with an IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request an IRB Application for Continuing Review from you approximately two months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB office at (405) 325-8110 or send an email to irb@ou.edu.

Cordially,

[Handwritten signature of Lynn Devenport]

Lynn Devenport, PhD
Vice Chair, Institutional Review Board



The University of Oklahoma
Center of Applied Research
for Non-Profit Organizations