TAB 18

THE HEALTH STATUS OF AMERICAN INDIANS/NATIVE AMERICANS IN MASSACHUSETTS
(MASS. DEP'T OF PUBLIC HEALTH, NOV. 2006)
(EXCERPTED)

The Health Status of American Indians/Native Americans in Massachusetts

Massachusetts Department of Public Health

Center for Health Information, Statistics, Research, and Evaluation
Division of Research and Epidemiology

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The Health Status of American Indians/Native Americans in Massachusetts

Mitt Romney, Governor
Kerry Healey, Lieutenant Governor
Timothy R. Murphy, Secretary of Health and Human Services
Paul J. Cote, Jr., Commissioner of Public Health

Gerald F. O'Keefe, Director
Center for Health Information, Statistics, Research and Evaluation
Bruce Cohen, Director
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Massachusetts Department of Public Health

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III. Mashpee Wampanoag Community Health Survey, 2002

In 2002, the Mashpee Wampanoag Tribal Council and the Massachusetts Department of Public Health (MDPH), Division of Chronic Disease and Health Promotion, Bureau of Family and Community Health co-sponsored the Community Health Survey, 2002. This section uses the results from this survey.

Three-hundred and twenty four people (ages 18 and older) were interviewed in their homes by trained interviewers. The survey was modeled on the Massachusetts BRFSS. The results from the Mashpee Wampanoag Tribe are compared with the Massachusetts BRFSS, 2001.

- The percentage of Mashpee Wampanoag adults in poor health was 2.0 times higher than the general adult Massachusetts population. The percentage of Mashpee Wampanoag Tribe members in poor emotional health was 1.5 times higher than the adult Massachusetts population.

- The percentage of Mashpee Wampanoag adults that reported dental care in the previous year was 52% lower than the general adult Massachusetts population.

- The obesity rate for Mashpee Wampanoag adults was 2.4 times higher than the rate for the general adult Massachusetts population.

- The smoking rate for Mashpee Wampanoag adults was 2.6 times higher than the general adult Massachusetts.

- The percentage of Mashpee Wampanoag adults ages 18 and older with diabetes was nearly 2 times higher than the general adult Massachusetts.

- The percentage of Mashpee Wampanoag adults with high blood pressure was 1.4 times higher than the general adult Massachusetts, and the percentage of Wampanoag adults with high cholesterol was 1.3 times higher than the general adult Massachusetts.

Table 13. Mashpee Wampanoag Community Health Survey Selected Indicators Massachusetts: 2002				
	Mashpee Wampanoag		**Massachusetts BRFSS - 2001**	
	Percent	95% confidence interval	Percent	95% confidence interval
Health Status				
Reported poor health	23.8*	19.1-28.5	12.0	11.2-12.8
15+ days poor emotional health	14.5*	10.7-18.4	9.6	8.9-10.4
Health Insurance, Access & Utilization				
Routine checkup in previous year	76.7	72.1-81.4	79.7	78.6-80.8
Visited dentist for routine checkup in previous year	50.6*	45.1-56.0	76.9	75.2-78.5
Pap test last previous year	73.6	65.9-81.3	76.1	73.6-78.5
Health Risks				
Obese	40.5*	34.9-46.1	16.7	15.7-17.6
Current Smoker	52.4*	45.8-58.9	19.8	18.8-20.8
Chronic Conditions				
Diabetes	10.7*	7.3-14.1	5.5	4.9-6.0
High Blood Pressure	32.6*	27.4-37.7	23.1	22.1-24.1
High Cholesterol	36.8*	31.4-42.1	27.8	26.6-28.9

Source: Massachusetts Department of Public Health. Wampanoag Community Health Survey, 2002.
* Statistically significant at *p=0.05.*

Discussion of Differences between Tribal Surveys and Statewide American Indian Surveys

Tribal surveys, such as the Mashpee Wampanoag Community Health Survey show different outcomes than statewide surveys of American Indians, such as the BRFSS do. (This discussion refers to the BRFSS results shown in the "Behavioral Risk Factor Surveillance System Data, 2001-2005" section of this report.) This difference in results may be because tribal members are reluctant to report negative health risks to a general survey. However, when a survey is done in person within the community, and when it is clear that participation could help improve tribal health, members may be willing to report more negative behaviors. If this is case, the Mashpee Wampanoag Survey, may capture the health risks and health behaviors of tribal members more accurately than statewide surveys.

It should be noted that the Mashpee Wampanoag Survey and the BRFSS survey use different survey modes. The BRFSS is a telephone interview, whereas, the Mashpee Wampanoag Community Health Survey was a face-to-face interview. According to Dillman and Christian[13], there is evidence that the survey mode can affect respondent answers to questions, even when questions have the same wording. Research has found that telephone respondents were more likely to give socially desirable responses across a range of indicators[14]. For instance, in the Mashpee Wampanoag Community Health Survey, tribal members had significantly higher obesity and smoking rates than those of American Indians in the BRFSS.

Another possible reason for the discrepancy in health outcomes between the Mashpee Wampanoag Survey and the BRFSS is that the Mashpee Wampanoag Tribe members (n=324 in 2002) may not be representative of American Indians in Massachusetts as a whole. The BRFSS Survey results are the combined results for **5 years** (n=318, 2001 through 2005), and the majority of the American Indians in the BRFSS (90%) were from the following counties: Worcester, Bristol, Hampden, Suffolk, Essex, Middlesex, Plymouth, and Norfolk. Only 10 respondents were from Barnstable County, the county in which the Mashpee reside, and 1 respondent was from Dukes County where the Aquinnah Wampanoag live. Since the BRFSS was done over 5 years, the outcomes could be affected by changes in health behaviors over time.

[13] Dillman, D. A. and Christian, L. M. (2003). Survey Mode as a Source of Instability in Responses across Surveys. Revised version of a paper presented at the Workshop on Stability of Methods for Collecting, Analyzing and Managing Panel Data, American Academy of Arts and Sciences, Cambridge, MA March 27, 2003. Forthcoming in the journal, Field Methods.
[14] Jäckle, Annette, Caroline Roberts and Peter Lynn (August 2006) 'Telephone versus Face-to- Face Interviewing: Mode Effects on Data Quality and Likely Causes. Report on Phase II of the ESS-Gallup Mixed Mode Methodology Project', ISER Working Paper 2006-41. Colchester: University of Essex.