

NATIVE AMERICANS' HEALTH CARE ATTITUDES AND EXPERIENCES

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Introduction

Over the past several years, the scientific and health professional communities have paid increasing attention to disparities in health care across minority groups in the United States. Much of this research was summarized by a 2003 Institute of Medicine report, which concluded that a large number of studies have corroborated the existence of serious disparities in health care and health outcomes among racial and ethnic minorities (Smedley et al. 2003).

Specifically, studies have demonstrated the existence of disparities in the experiences of Native Americans (American Indians)¹ in terms of health care quality and access (U.S. Commission on Civil Rights 2004; Agency for Healthcare Research and Quality 2006). Federal government studies show that Native Americans are more than twice as likely as non-Hispanic whites to have a disability (Wolf, Armour, and Campbell 2008), live in poverty (U.S. Census Bureau 2006), and have no health insurance (National Center for Health Statistics 2009a, 2009b). Among adults, Native Americans are twice as likely as whites to have diabetes (U.S. DHHS 2009). Native Americans are also more than six times as likely as others to die of tuberculosis (U.S. Commission on Civil Rights 2004). On a whole range of measures, Native Americans receive lower-quality medical care than non-Hispanic whites do (Agency for Healthcare Research and Quality 2006).

The purpose of this paper is to examine the health care attitudes and reported experiences of Native Americans (American Indians), in comparison with non-Hispanic whites, over a wide range of topics, including views of the health care and public health systems, access to and quality of health care, quality of life, concern about future health problems, and pandemic

¹ Throughout this paper we use the term “Native American” because it has been the common parlance over the past two decades. The U.S. Census Bureau uses the term “American Indian/Alaska Native” in its reports.

influenza. The paper uses results from three surveys conducted by the Harvard School of Public, two of them in collaboration with the Robert Wood Johnson Foundation, that examined the health care attitudes and experiences of a broad array of racial and ethnic groups. The field work for each of these studies was conducted by ICR/International Communications Research. (The division of ICR that conducted the interviews was recently renamed Social Science Research Solutions.) The methodology of the three surveys is discussed in Appendix A.

Health System Ratings

In 2006 respondents were asked to rate the U.S. systems for providing medical care (often called the health care system) and protecting the public from health threats and preventing illness (often called the public health system). Two-thirds of Native Americans rated the health care system as fair or poor. This rating was not significantly different from that given by non-Hispanic whites, 56 percent of whom rated the health care system as fair or poor (Table 1).

Three-fourths of Native Americans rated the public health system as fair or poor. This was significantly more negative than the rating given by non-Hispanic whites, about half (49%) of whom rated the system as fair or poor (HSPH/RWJF 2006).

Table 1 – Health System Ratings (in percent)

	Native American	White (non-Hispanic)
	<i>(n=132)</i>	<i>(n=769)</i>
Rate nation's system for providing medical care to Americans as fair or poor	67	56
Rate nation's system for protecting the public from health threats and preventing illness as fair or poor	75*	49

Note: * = significantly higher percentage than Whites (non-Hispanic), $p < .05$.

Harvard School of Public Health/Robert Wood Johnson Foundation Survey, July 6-September 18, 2006.

Access to Medical care

In 2006 Native Americans were significantly more likely than non-Hispanic whites to report various problems with access to the health care system. Native Americans were twice as likely as non-Hispanic whites (29% to 14%) to report that they or a family member in their household did not get needed medical care at some time during the past 12 months, and that they had not gotten needed care for financial reasons (22% to 10%) (Table 2).

More than one-third (35%) of Native Americans, about twice the proportion among non-Hispanic whites (18%), believed that if they were sick, they would not have access to the best medical care in their community. Fifteen percent of Native Americans reported having been discriminated against because of race or ethnicity at some time in the last five years in trying to get health care. Only 5 percent of non-Hispanic whites reported racial or ethnic discrimination (HSPH/RWJF 2006).

In 2007 one-fourth of Native Americans, compared with 13 percent of non-Hispanic whites, reported that they had had to wait a week or more to get an appointment with a doctor or other health provider the last time they were sick or needed attention, or never got an appointment (HSPH/RWJF 2007).

Table 2 – Access to Care (in percent)

	Native American	White (non-Hispanic)
	<i>(n=132)</i>	<i>(n=769)</i>
You/family member in household needed medical care and did not get it, last 12 months ¹	29*	14
--for financial reasons ¹	22*	10
If sick, think you would not have access to best medical care in community ¹	35*	18
Discriminated against trying to get health care because of race/ethnicity, last five years ¹	15*	5
	<i>(n=137)</i>	<i>(n=1001)</i>
Had to wait a week or more to get doctor/health provider appointment the last time you were sick or needed medical attention, or never got appointment ²	25*	13

Note: * = significantly higher percentage than Whites (non-Hispanic), $p < .05$.

¹Harvard School of Public Health/Robert Wood Johnson Foundation Survey, July 6-September 18, 2006. ²Harvard School of Public Health/Robert Wood Johnson Foundation Survey, May 17-August 10, 2007.

Quality of Medical care

In 2007 respondents were asked to rate the quality of medical care or services they had received. Among those who had made one or more visits to a doctor or other health care provider in the past year, one-third of Native Americans rated the medical services they used as fair or poor. This proportion was significantly higher than among non-Hispanic whites (14%). Among those who said that they have a regular doctor or health care provider, Native Americans were twice as likely as non-Hispanic whites (17% to 9%) to rate the quality of care they received from that doctor or provider as fair or poor (Table 3).

Nearly one-third (31%) of Native Americans felt that there was at some time during the last 12 months a problem with the quality of health care services they or a family member in their household had received. This was significantly higher than the proportion of non-Hispanic whites (21%) who felt they or a family member had had such a problem.

More than one-fourth (28%) of Native Americans believed that a medical mistake or prescription error had been made in their or a family member's treatment or care some time in the past two years. This was significantly higher than the proportion of non-Hispanic whites (19%) who believed such an error had been made (HSPH/RWJF 2007).

In 2006 respondents were asked whether they had gotten poor medical treatment or care in the past five years for different reasons. Nearly one-third of Native Americans (32%), compared with 16 percent of non-Hispanic whites, reported that they had gotten poor quality care because they were not able to pay. More than one in five Native Americans (22%), compared with 4% of non-Hispanic whites, reported that they have received poor quality care because of their racial or ethnic background (22% to 4%). They were not significantly more likely to report poor quality care because of something in their medical history (HSPH/RWJF 2006).

Table 3 – Quality of Care (in percent)

	Native American	White (non-Hispanic)
	<i>(n=113)</i>	<i>(n=896)</i>
Rate medical/health services you used in past 12 months as fair or poor (among those who made one or more visits to doctor or other health care provider in past year) ¹	33*	14
	<i>(n=117)</i>	<i>(n=924)</i>
Rate quality of medical care you received from your regular doctor/health care provider in last 12 months as fair or poor (among those who have regular doctor/provider) ¹	17*	9
	<i>(n=137)</i>	<i>(n=1001)</i>
Felt there was problem with quality of health care services you/family member in household received, ever in last 12 months ¹	31*	21
Believe medical mistake or prescription error was made in treatment/care you/family member in household, ever in last two years ¹	28*	19
Got poor quality medical treatment/care in past five years because... ²	<i>(n=132)</i>	<i>(n=769)</i>

Not able to pay	32*	16
Your racial/ethnic background	22*	4
Something in your medical history	12	9
Your accent/how well you speak English	8*	3

Note: * = significantly higher percentage than Whites (non-Hispanic), $p < .05$.

¹Harvard School of Public Health/Robert Wood Johnson Foundation Survey, May 17-August 10, 2007. ²Harvard School of Public Health/Robert Wood Johnson Foundation Survey, July 6-September 18, 2006.

Quality of Life

One area where there has been relatively little survey research is on Native Americans' perceptions of the quality of their lives. In 2006 respondents were asked to rate the quality of life in their community overall and on a variety of health-related aspects. The high proportion of Native Americans giving negative ratings and the differences from ratings given by non-Hispanic whites are striking (Table 4).

Between 30 percent and 50 percent of Native Americans rated these aspects of their community as fair or poor. On nearly all of these measures Native Americans were significantly more likely than non-Hispanic whites to give a negative rating. These include overall quality of life (46% of Native Americans and 18 percent of non-Hispanic whites reported quality as fair or poor), as well as the quality of drinking water (50% to 25%), the air (44% to 29%), and emergency services such as police, fire, and ambulance (34% to 16%), and the availability of recreational facilities (43% to 28%), preventative health services like immunizations and health screening (40% to 19%), and fresh fruits and vegetables (30% to 12%) (HSPH/RWJF 2006).

Table 4 – Quality of Life (in percent)

	Native American	White (non-Hispanic)
	<i>(n=132)</i>	<i>(n=769)</i>
Rate the quality of life in your community as fair or poor	46*	18
Rate the following aspects of life in your community as fair or poor		
Quality of drinking water	50*	25
Quality of addiction treatment services	45	34
Quality of air	44*	29
Availability of recreational facilities for exercise and sports	43*	28
Availability of preventative health services like immunizations and health screenings	40*	19
Quality of emergency services, such as police, fire, and ambulance	34*	16
Availability of fresh fruits and vegetables	30*	12

Note: * = significantly higher percentage than Whites (non-Hispanic), $p < .05$.

Harvard School of Public Health/Robert Wood Johnson Foundation Survey, July 6-September 18, 2006.

Concern about Future Health Problems

In 2006 respondents were asked how concerned they were that they or a family member might have each of several medical problems during the next 12 months. More than one in three Native Americans said they were very concerned that they or a family member might develop heart disease (39%) or diabetes (34%) or become obese or develop an obesity-related illness (34%). Nearly three in ten Native Americans (29%) were concerned that they or a family member would develop an alcohol- or drug-related problem. In each of these cases, non-Hispanic whites were significantly less likely to report that they were very concerned (HSPH/RWJF 2006) (Table 5).

These concerns about future health problems correspond to some of the leading diseases and causes of death among Native Americans (U.S. DHHS).

Table 5 – Concern about Future Health Problems (in percent)

	Native American	White (non-Hispanic)
	<i>(n=132)</i>	<i>(n=769)</i>
Very concerned that you/family member might have the following problems in the next 12 months		
Develop heart disease	39*	21
Develop diabetes	34*	17
Become obese or develop an obesity-related illness	34*	13
Develop an alcohol or drug-related problem	29*	7

Note: * = significantly higher percentage than Whites (non-Hispanic), $p < .05$.

Harvard School of Public Health/Robert Wood Johnson Foundation Survey, July 6-September 18, 2006.

Pandemic Influenza

In 2008 nearly half (46%) of Native Americans said they had not heard of the term “pandemic flu”. This was a substantially higher level of unfamiliarity than among non-Hispanic whites (29%) (Table 6).

Respondents were asked how likely it was that they or a family member would have various problems if they were asked to stay home 7 to 10 days and avoid contact with anyone outside their household during a pandemic flu outbreak. Nearly six in ten Native Americans (57%) said that it was very or somewhat likely that they or a family member would lose pay or have money problems and nearly four in ten (38%) said it was likely that they would lose their job or business. These figures were significantly higher for Native Americans than for non-Hispanic whites (44% and 21%, respectively).

Adults who said they had a major responsibility for a child under age 5 in childcare or age 5 to 17 were asked if any children in their household got free breakfast or lunch at school or childcare. Nearly six in ten Native Americans (58%) in this group said a child in their household did get free meals, compared with 17 percent of non-Hispanic whites. Asked if it would be a problem that the children could not get free meals if schools and childcare closed for three months, nearly one in five Native Americans responsible for children in school or daycare said it would be. However, only 4 percent said it would be a major problem (HSPH 2008).

Table 6 – Pandemic Influenza (in percent)

	Native American	White (non-Hispanic)
	<i>(n=442)</i>	<i>(n=1013)</i>
Never heard of the term "pandemic flu"	46*	29
In a pandemic flu outbreak, if you were asked to stay home 7-10 days and avoid contact with anyone outside your household, think it is very/somewhat likely that you or a member of your household might have the following problems		
Lose pay or have money problems	57*	44
Lose job or business	38*	21
	<i>(n=116)</i>	<i>(n=204)</i>
Any children in household get free breakfast or lunch at school or childcare (among those who have major responsibility for a child under age 5 in childcare or age 5-17)	58*	17
--If schools/childcare closed for three months, it would be a problem that children could not get free breakfast or lunch	19*	5

Note: * = significantly higher percentage than Whites (non-Hispanic), $p < .05$.

Harvard School of Public Health Survey, May 6-June 19, 2008.

Survey Demographics and Reported Health Status

We include on the following pages the demographics of the 2008 survey, which is the latest and has the largest sample of Native Americans. These data are reweighted to U.S. Census parameters. The purpose of this table is to remind readers of a few basic demographic points. First, as is the case with other minority populations, such as African Americans and Hispanics, Native Americans do not enjoy as high a socio-economic status as non-Hispanic whites. Second, Native Americans are more likely than non-Hispanic whites to live in the West region and in rural areas. Third, about one in five Native Americans identify themselves as being of Hispanic origin or background.

Table 7 also shows that Native Americans are more likely than non-Hispanic whites to report being in fair or poor health, having a chronic illness, and being uninsured. These are not demographics per se, but they are aspects of health that correspond roughly with the findings of large federal surveys.

Table 7 – Weighted Survey Demographics and Reported Health Status (in percent)

	Native American	White (non-Hispanic)
	<i>(n=442)</i>	<i>(n=1013)</i>
Age ¹		
18-29	26*	14
30-49	38	35
50-64	21	29**
65+	11	19**
Education ¹		
Less than HS	23*	10
HS Grad	35	35
Some college	29	24
College graduate+	12	30**
Income ¹		
< \$25K	36*	16
\$25K – 49.9K	29	24
\$50K – 74.9K	9	16**
\$75K +	13	28**
Region ¹		
Northeast	7	20**
North Central	16	26**
South	35	34
West	43*	20
Metro Status ¹		
Urban	16	25**
Suburban	34	50**
Rural	50*	25
Hispanic ¹		

Yes	21*	--
No	78	100**
Health Status ¹		
Excellent/very good/good	76	87**
Fair/Poor	23*	12
Chronically ill - Have you been told by a doctor or health professional that you have any of the following medical conditions: heart or lung disease, asthma, kidney disease, diabetes, or a disease that causes decreased immunity such as cancer or HIV/AIDS? ¹		
Yes	32*	24
No	67	75**
Insurance Status (among those under 65 years of age) - Are you, yourself, now covered by any form of health insurance or health plan? ²	<i>(n=119)</i>	<i>(n=802)</i>
Yes	70	85**
No	30*	15
Employment ¹	<i>(n=442)</i>	<i>(n=1013)</i>
Employed (NET)	46	61**
Full-time	37	48**
Part-time	9	12
Not at all	54*	39

Note: * = significantly higher percentage than Whites (non-Hispanic), p<.05. ** = significantly

higher percentage than Native Americans, $p < .05$.

¹Harvard School of Public Health Survey, May 6-June 19, 2008. ²Harvard School of Public Health/Robert Wood Johnson Foundation Survey, May 17-August 10, 2007.

Discussion

For a variety of reasons, Native Americans are a difficult group to survey on a relatively limited budget. The survey data presented in this paper come from three national surveys that were able to reach nationally representative samples of Native Americans. Although the sample sizes did not enable us to break down the data according to some of the more interesting subcategories, such as source of health care (especially from the Indian Health Service) or residence on a reservation, we were able to look at the views and experiences of Native Americans across a broad range of health and health care related issues.

Large majorities of Native Americans give the health care and public health systems negative ratings. Moreover, a substantial minority, sometimes one-third or more, report having problems involving access to and quality of medical care. On many of these measures Native Americans are significantly more likely than non-Hispanic whites to report problems.

One of the most striking findings was the high proportion of Native Americans who rated negatively the quality of life in their community overall and on a variety of health related aspects. This is an area where more research is needed.

Because socio-economic status (SES) affects access to care, many of the differences in the survey responses could be related to socio-economic factors rather than reasons that are particular to a racial or ethnic group. Multivariate models would help clarify the role of income and education in these differences. In any case, some of the differences in real life between Native Americans and non-Hispanic whites are likely to be affected by SES.

In addition, geographical isolation may play a role, given that Native Americans are more likely than non-Hispanic whites to live in rural areas. In some cases, such as perceived discrimination because of racial/ethnic background or language, differences between Native Americans and non-Hispanic whites may partially be explained by the fact that one-fifth of the Native American population identifies as (also) being Hispanic. Because of the way we have defined the white comparison group in this paper, possible problems of discrimination because of being Hispanic are not a factor for the white population.

Like many other minority populations, Native Americans experience disparities in medical care compared with whites. However, Native Americans are different from other minority populations in the unique role they have played in the nation's history, as well as the

fact that many of them live on reservations and get their health care from a government agency (the IHS). At the same time, Native Americans are a diverse group whose relatively small numbers make them difficult to survey on a national level. More surveys that look at the views and experiences of the multi-racial and multi-ethnic variety of the U.S. population should devote attention to Native Americans.

Appendix A: Data Sources and Methods

The survey data presented in this paper are derived from three sources:

Harvard School of Public Health/Robert Wood Johnson Foundation

- Interviews conducted via telephone by ICR/International Communications Research
- Interview dates: July 6-September 18, 2006
- Sample: 4,157 adults nationwide, including 132 Native Americans (American Indians) and 769 non-Hispanic Whites.
- Margin of error at 95% confidence level: plus or minus 3.1 percentage points for the total sample; 8.5 percentage points for Native Americans; 4.4 percentage points for non-Hispanic Whites
- Response rate: 59%

Harvard School of Public Health/Robert Wood Johnson Foundation

- Interviews conducted via telephone by ICR/International Communications Research
- Interview dates: May 17-August 10, 2007
- Sample: 4,334 adults nationwide, including 137 Native Americans (American Indians) and 1,001 non-Hispanic Whites
- Margin of error at 95% confidence level: plus or minus 2.6 percentage points for the total sample; 8.4 percentage points for Native Americans; 3.6 percentage points for non-Hispanic Whites
- Response rate: 54%

Harvard School of Public Health Survey

- Interviews conducted via telephone by ICR/International Communications Research
- Interview dates: May 6-June 19, 2008
- Sample: 4,457 adults nationwide, including 442 Native Americans (American Indians) and 1,013 non-Hispanic Whites

- Margin of error at 95% confidence level: plus or minus 2.9 percentage points for the total sample; 4.7 percentage points for Native Americans; 4.0 percentage points for non-Hispanic Whites
- Response rate: 47%

In the 2006 and 2007 surveys the Native American interviews were obtained from nationally representative surveys of the general adult population, stratified by telephone exchanges to increase the probability of reaching not only Native Americans, but also a host of other groups, from Vietnamese Americans to Cuban Americans to African Americans born in the Caribbean. Native Americans were specifically oversampled within two strata targeted toward them, “high” and “medium” incidence strata. However, the sample was an open design, meaning that all ethnicities were obtained from any strata when they were encountered. This, along with statistical reweighting to U.S. Census parameters, ensured national representation for each group, including Native Americans. A similar methodology was used in the 2008 survey, except that the stratification was designed to increase the probability of reaching larger groupings: whites, Hispanics, African Americans, Asian Americans, and Native Americans.

Some of the results from the first two of these surveys were published earlier (Blendon et al. 2007, 2008). In those papers, however, the definition of Native Americans excluded Hispanics in order to create mutually exclusive groups and make comparisons possible with Hispanics overall and with specific Hispanic groups. In this present paper we include in the definition of Native Americans those Hispanics who self-report as Native American. This definition better reflects the actual make-up of the Native American population in the U.S.

In this paper “Native Americans” are those who described themselves that way in response to the question: “What is your race? Do you consider yourself to be white, black or African American, Asian, Native American, or some other race?” “Non-Hispanic whites” are those who described themselves as “white” in this same question and who also replied “no” to the question: “Are you, yourself of Hispanic or Latino origin or descent, such as Mexican, Puerto Rican, Cuban, Dominican, Central or South American, Caribbean, or some other Latin American background?”

Wherever differences are noted between the responses of subgroups, significance is at the $P < .05$ level.

Appendix B: Question Wordings:

Health system ratings:

How would you rate the nation's system for providing medical care to Americans: excellent, good, fair, or poor?

How would you rate the nation's system for protecting the public from health threats and preventing illness: excellent, good, fair or poor?

Access to medical care:

Was there a time over the past 12 months when you or another family member living in your household needed medical care, but did not get it? (If yes) Was it mainly for financial reasons, or for some other reasons?

If you were sick, do you think you would have access to the best medical care in your community, or not?

During the past 5 years, have you ever felt discriminated against trying to get health care because of your race/ethnicity?

Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor or health care provider? Please do not include a visit to the hospital emergency room. Did you get an appointment on the same day, the next day, in 2 to 3 days, in 4 to 6 days, in a week or more, were you never able to get an appointment?

Quality of medical care:

(Asked of those who made one or more visits to doctor or other health care provider in past year)
Overall, how would you rate the medical and health services that you have used in the past 12 months? Was the medical care excellent, good, fair, or poor?

(Asked of those who have regular doctor/provider) Overall, how would you rate the quality of medical care that you have received from your regular doctor or healthcare provider in the past 12 months? Was the medical care excellent, good, fair, or poor?

Was there any time in the past 12 months when you felt that there was a problem with the quality of the health care services you or another family member living in your household received?

Thinking about the last 2 years, do you believe a medical mistake or prescription error was made in the treatment or care of yourself or a family member?

During the past five years, have you ever felt that you got poor quality medical treatment or care because...?

- You were not able to pay for care
- Of your racial or ethnic background
- Of something in your medical history
- Of your accent or how well you speak English

Quality of life:

How would you rate the quality of life in your community? Would you say excellent, good, fair, or poor?

Now I'd like you to rate some aspects of life in your community. For each of the following, please tell me if you would rate this aspect of life in your community as excellent, good, fair or poor. How about the...?

- Quality of drinking water

- Quality of addiction treatment services
- Quality of air
- Availability of recreational facilities for exercise and sports
- Availability of preventative health services like immunizations and health screenings
- Quality of emergency services, such as police, fire, and ambulance
- Availability of fresh fruits and vegetables

Concern about Future Health Problems:

How concerned are you that you or an immediate family member will (INSERT ITEM) during the next 12 months? Are you very concerned, somewhat concerned, not too concerned, or not at all concerned?

- Develop heart disease
- Develop diabetes
- Become obese or develop an obesity-related illness
- Develop an alcohol or drug-related problem

Pandemic influenza:

How familiar are you with the term “pandemic flu”? Do you know what this term means, have you heard of it, but are not sure what it means, or have you never heard of the term “pandemic flu” before?

How likely do you think it is that there will be a pandemic flu outbreak in the United States in the next five years? Is it very likely, somewhat likely, not too likely, or not at all likely?

Here is a list of problems people might have while staying at home in the event of an outbreak of pandemic flu. If you were asked to stay at home for 7 to 10 days and avoid contact with anyone outside your household, how likely do you think it is that each of the following would happen to

you or a member of your household? How about (READ ITEM)? Do you think that is very likely, somewhat likely, not too likely, or not at all likely?

- You or a member of your household might lose pay and have money problems
- You or a member of your household might lose your job or business as a result of having to stay home

(Asked of those who have major responsibility for a child under age 5 in childcare or age 5-17)

Do any of the children in your household get free breakfast or lunch at school or childcare? (If yes) If schools and childcare were closed for three months, how much of a problem would it be that these children could not get these free meals at school or childcare? Would it be a major problem, a minor problem, or not a problem?

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