

Data: What Exists, What is needed?

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Commitment to Action for 7th Generation
Awareness and Education
Colorado State University



Presented by:
The Substance Abuse and Mental Health Services Administration's
Native American Center for Excellence

Talking Points...

- What do we know?
 - Honor Project – Karina Walters
 - New York Needs Assessment – Harlan Pruden
- What should we know?
- How can we learn more?



What Do We Know?

General Population 2012 Census

1.51% of General Population Identify as LGBT

.32% Identify as Lesbian

.70 Identify as Gay Men

.49% Identify as Bisexual

Note: There are no subcategories for race/ethnic distinction for each group and although there is a T in the census classification, there is no percentage, (perhaps no question asked) for Transgender

AI/AN Demographics

- **We are here!** 5.2 million AI/AN
 - 2.9 million AI/AN alone
 - 2.3 million AI/AN in combination with other races
 - 1.2 million report Hispanic/Latino ethnicity (23%)
- **There are 565 Federally Recognized Tribes!!**
- **Rapidly Growing.** 2000-2010 AIAN pop grew by 26.7% vs. 9.7%
 - Projected to grow to 2% of population by 2050
- **We are young.** Median age of AI/AN is 29 years vs. 37 years
- **The majority live off reservation.**
 - 22% live in AI/AN reservation areas
 - 40% live in rural areas compared to 16% of other race/ethnic groups combined
 - 60% + live in urban areas

Native Health Challenges

- Native people die from tuberculosis at a rate of 600% higher than others.
- ...from alcoholism at a rate of 510% higher than others.
- ...from diabetes at a rate of 189% higher than others.
- ...from suicide at a rate of 62% higher than others.
- ...die sooner after an AIDS diagnosis than any other group

For the LGBT Community, Some Health Disparities are Even Higher

LGBT individuals face health issues that are firmly linked to stigma, discrimination and denial of civil rights.

- Depression and Anxiety
- Suicide – LGBT youth 2 to 3 X more likely to attempt suicide
- Smoking – LGBT populations have the highest rates of tobacco use (Lee & Griffin; Xavier, Honnold & Bradford)
- Alcohol Use – LGBT populations have high rates of alcohol and other drug use.
- Cancer Risk is higher
- Violence and injury incidents are high

LGBT Disparities...continued

- Lesbians less likely to get preventative services for cancer
- Lesbian/Bisexual females have higher prevalence of obesity
- Gay men at higher risk of HIV and other STDs
- Elder LGBT persons face additional health barriers due to isolation, lack of culturally competent providers, and lack of social services
- Transgender individuals have high rates of victimization, discrimination, risky medication use (hormones) and lack of preventative care for health issues

The Honor Project

The Honor Project: Two-Spirit Health Study

6-year multi-site
national study 2002-
2008

www.honorproj.org
[NIMH: 5RO1 MH65871]

The poster features a central image of a Native American woman with a feathered necklace, flanked by two profiles of a Native American man. The background is a mix of teal and brown. Text on the poster includes the title 'LIVING WITH HONOR' at the top, contact information on the left, and a list of study sites on the right. At the bottom, it describes the study as a groundbreaking native-run study of GLBT-Two Spirit American Indians and Alaska Natives in seven US cities, and identifies the Two Spirit Honor Project as part of the University of Washington School of Social Work.

LIVING WITH HONOR

EARN \$65 FOR AN INTERVIEW

CALL TOLL FREE: 866.685.0164

WWW.HONORPROJ.COM

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LOS ANGELES
DENVER
OK CITY/TULSA
MINNEAPOLIS/
ST. PAUL
NEW YORK CITY

Art by: Melissa J. Thompson

A GROUNDBREAKING NATIVE-RUN STUDY OF GLBT-TWO SPIRIT AMERICAN INDIANS AND ALASKA NATIVES IN SEVEN US CITIES.

TWO SPIRIT HONOR PROJECT
UNIVERSITY OF WASHINGTON SCHOOL OF SOCIAL WORK

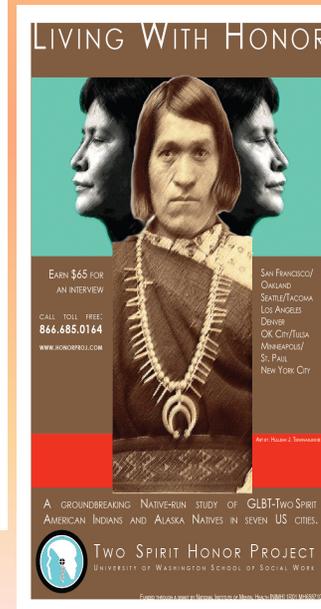
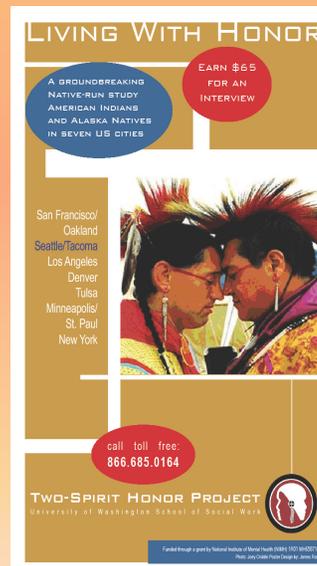
Created through a grant to Terrence, Jerome and Maria Hasko (PIs) 10/01-09/06/07/08

Slide Source: Karina Walters, PI, Ph.D.

The Honor Project: Two-Spirit Health

5-year multi-site national study 2002-2008 (5 RO1 MH065871)

- Funded by the NIMH
- 6 sites, N = 447 :
 - ✓ Seattle/Tacoma
 - ✓ San Francisco/Oakland
 - ✓ Los Angeles
 - ✓ Minneapolis/St. Paul
 - ✓ Tulsa/Oklahoma City
 - ✓ New York City
 - ✓ Denver (a few)
- 65 qualitative interviews
- 4 measurement groups
- 447 survey interviews



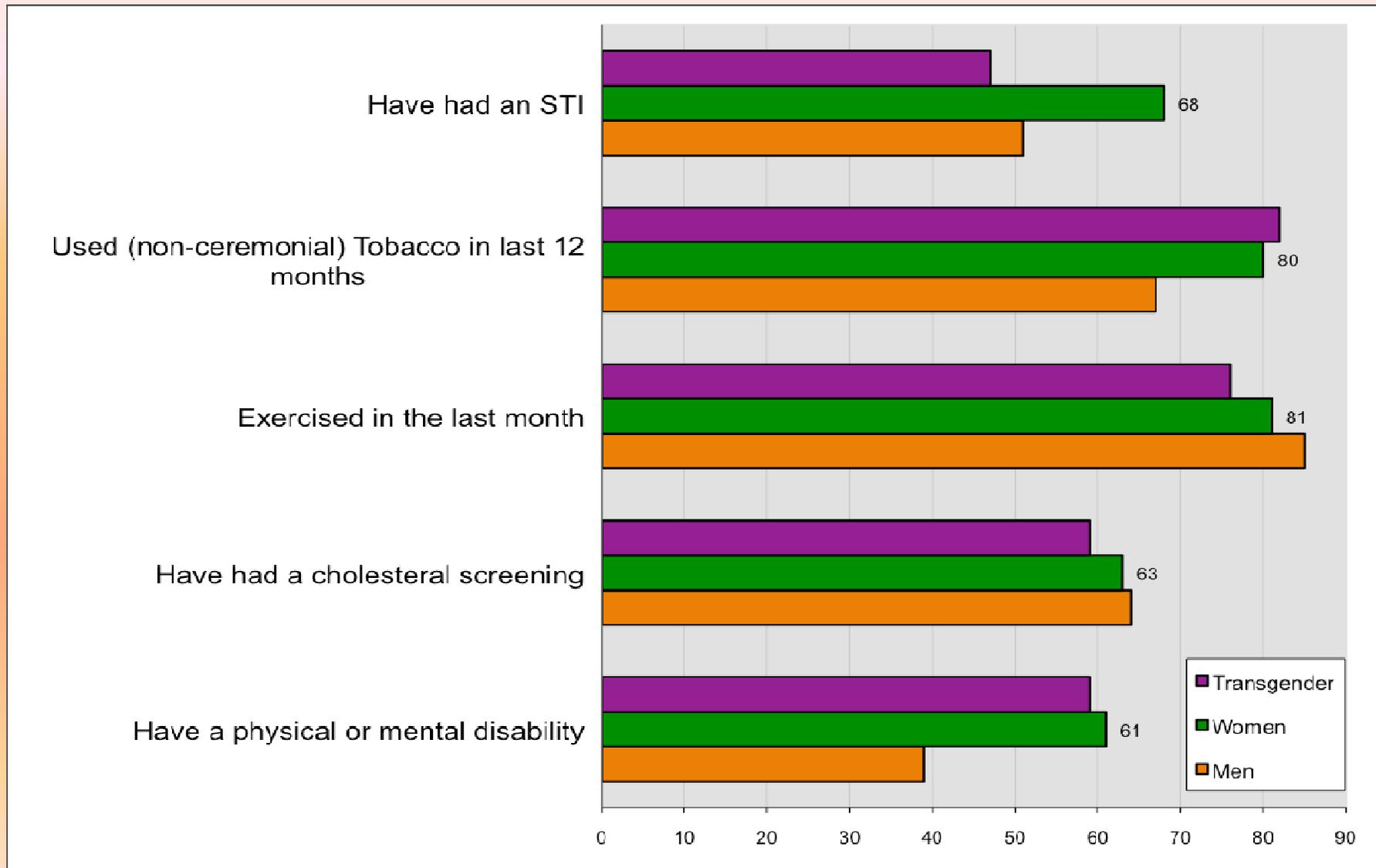
Honor Project: Demographics N=447

- Birthplace (urban 43%, reservation, 25%)
- Tribal Enrollment (73% enrolled) and 76% were 1/2 to full blood
- Median age was 39.8 years
- Education (18% less than HS, 29% HS, 53% Higher Education)
- Gender assignment and ID (51% [227] males, 41% [185] females)
- Household income (75% < \$18,000, 12% > \$30,001)
- Employment (59% unemployed, 19% part time, 22% full time)

Adoption, Foster Care, Boarding School Total Sample

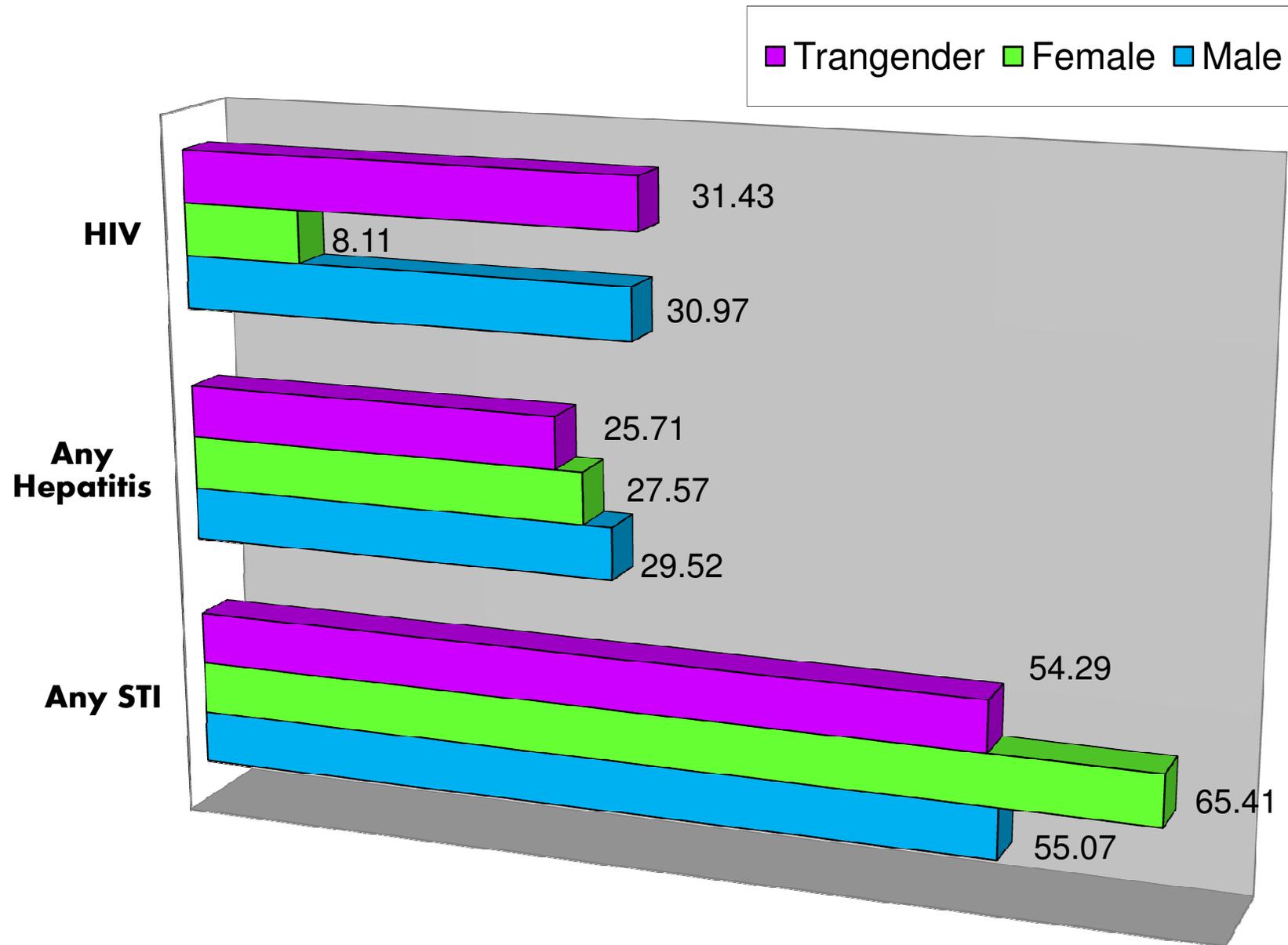
	<u>N</u>	<u>%</u>
Adopted	64	14%
Foster Care	113	25%
Family attended Boarding School	176	39%
Self Boarding School	<u>82</u>	<u>18%</u>
Physically harmed	28	34%
Sexually harmed	23	28%
Spent 1 -2 years in Boarding School	46	56%

Two Spirit Health

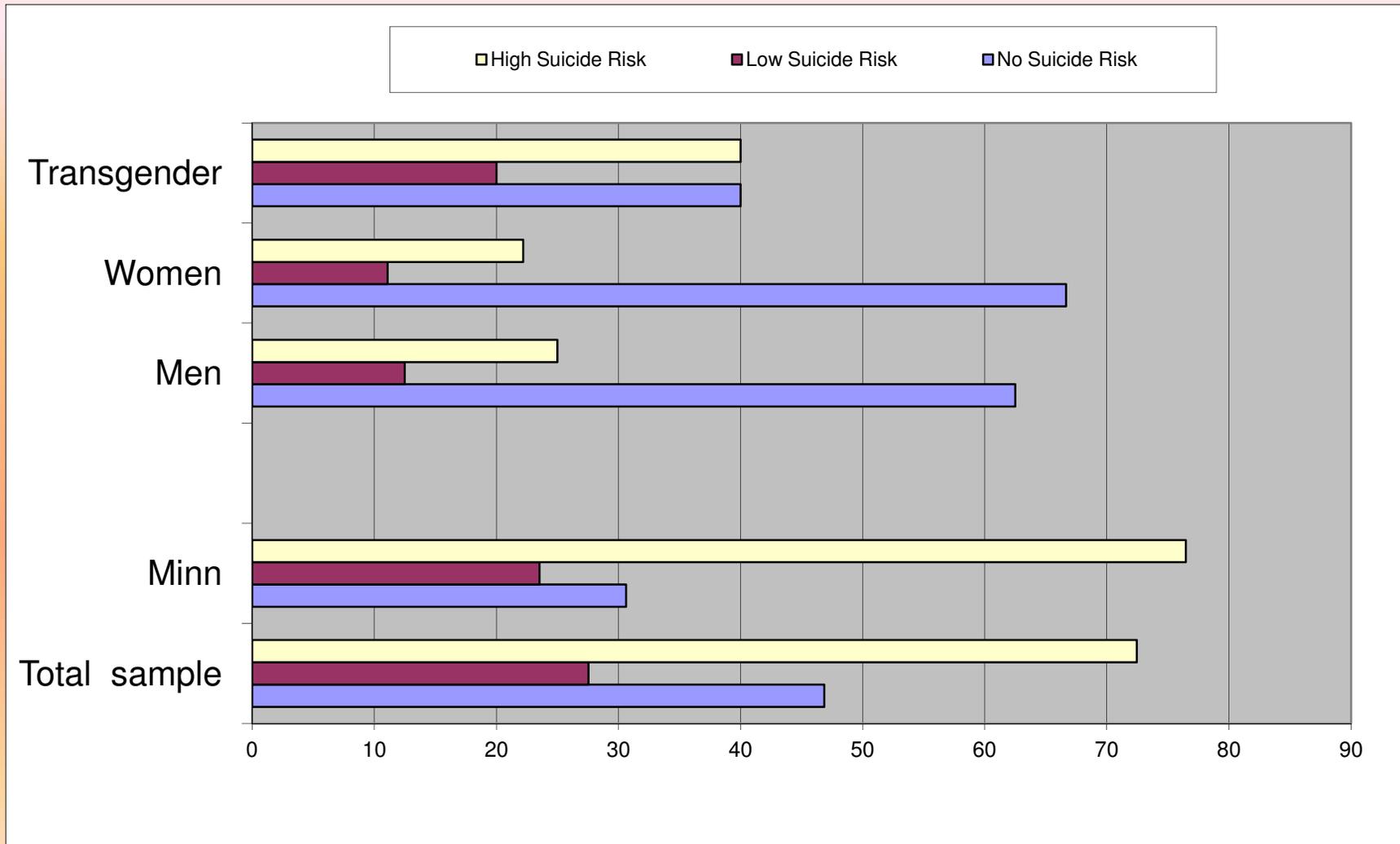


Men more likely to exercise, but women and trans slightly elevated STI exposure, tobacco use, and self-reported having a physical or mental health “disability”

HIV, Hepatitis, STI by Gender (total sample)

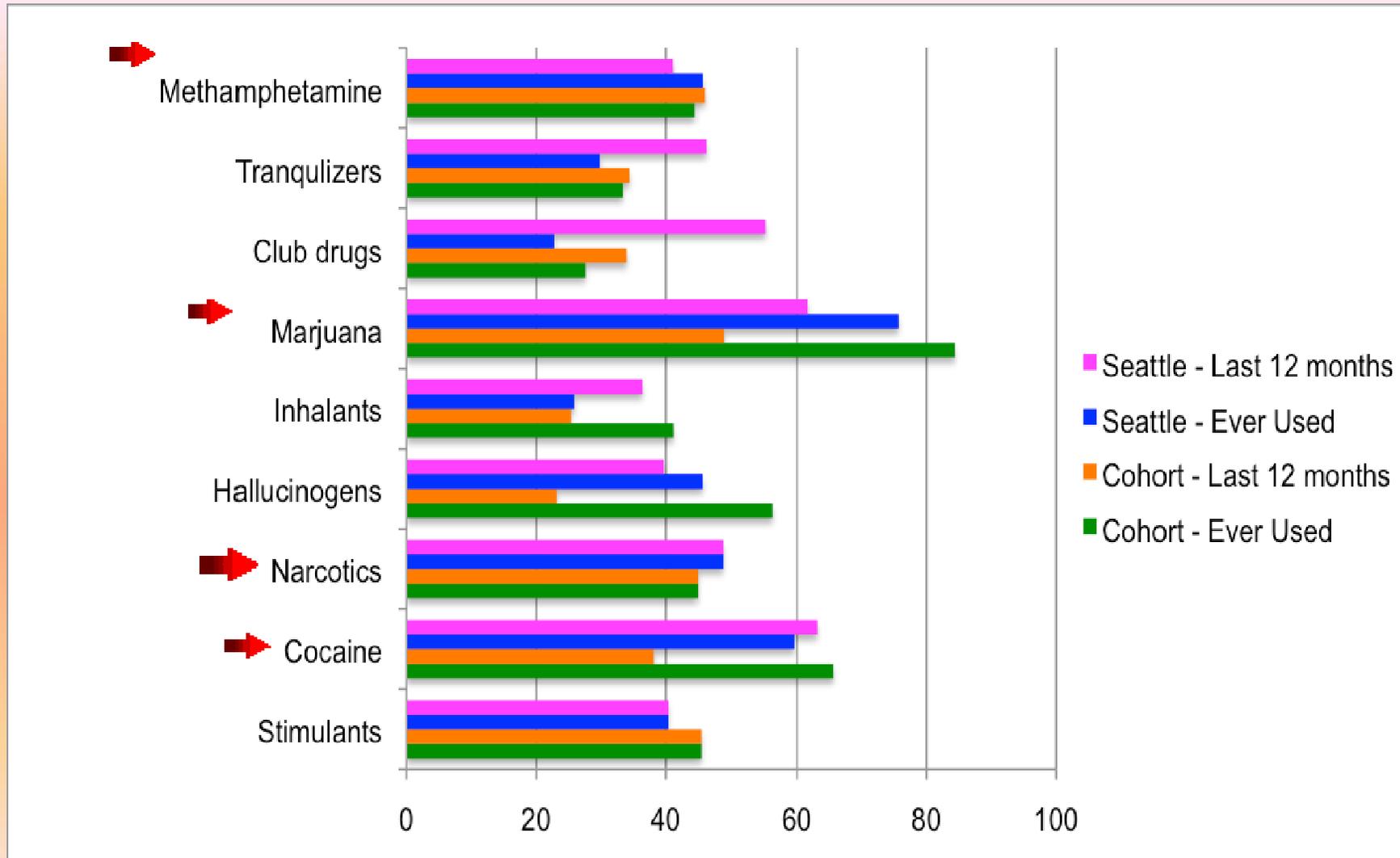


Suicide Risk by Gender*** Total Sample



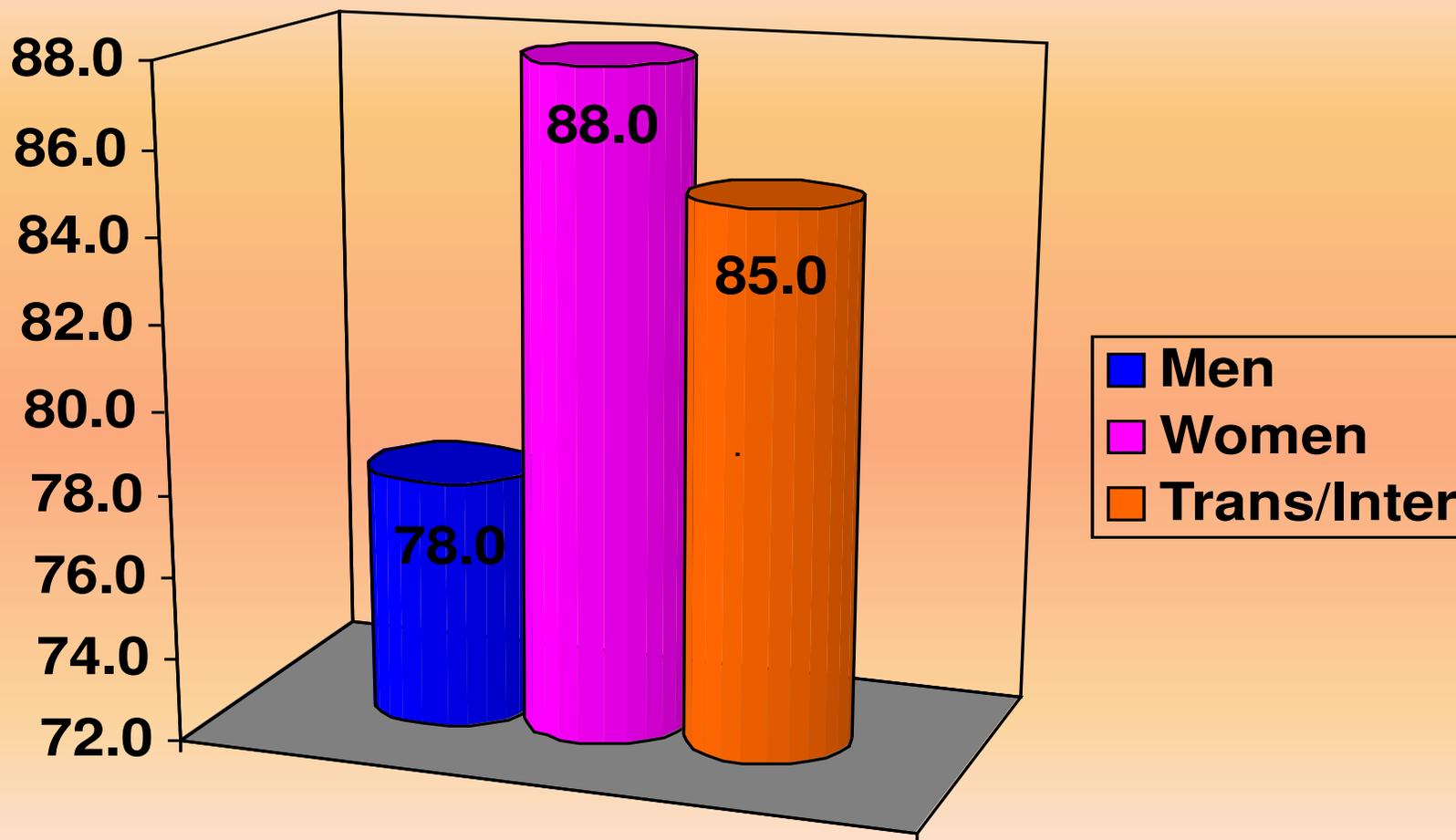
Female and transgender are more likely to be at a high risk for suicide

Substances Used in last 12 months and Lifetime



Over 40% currently using meth, pot, narcotics, stimulants; 35% using club drugs/cocaine

Current Non-Traditional Tobacco Use



Violence and Native Women Nationally

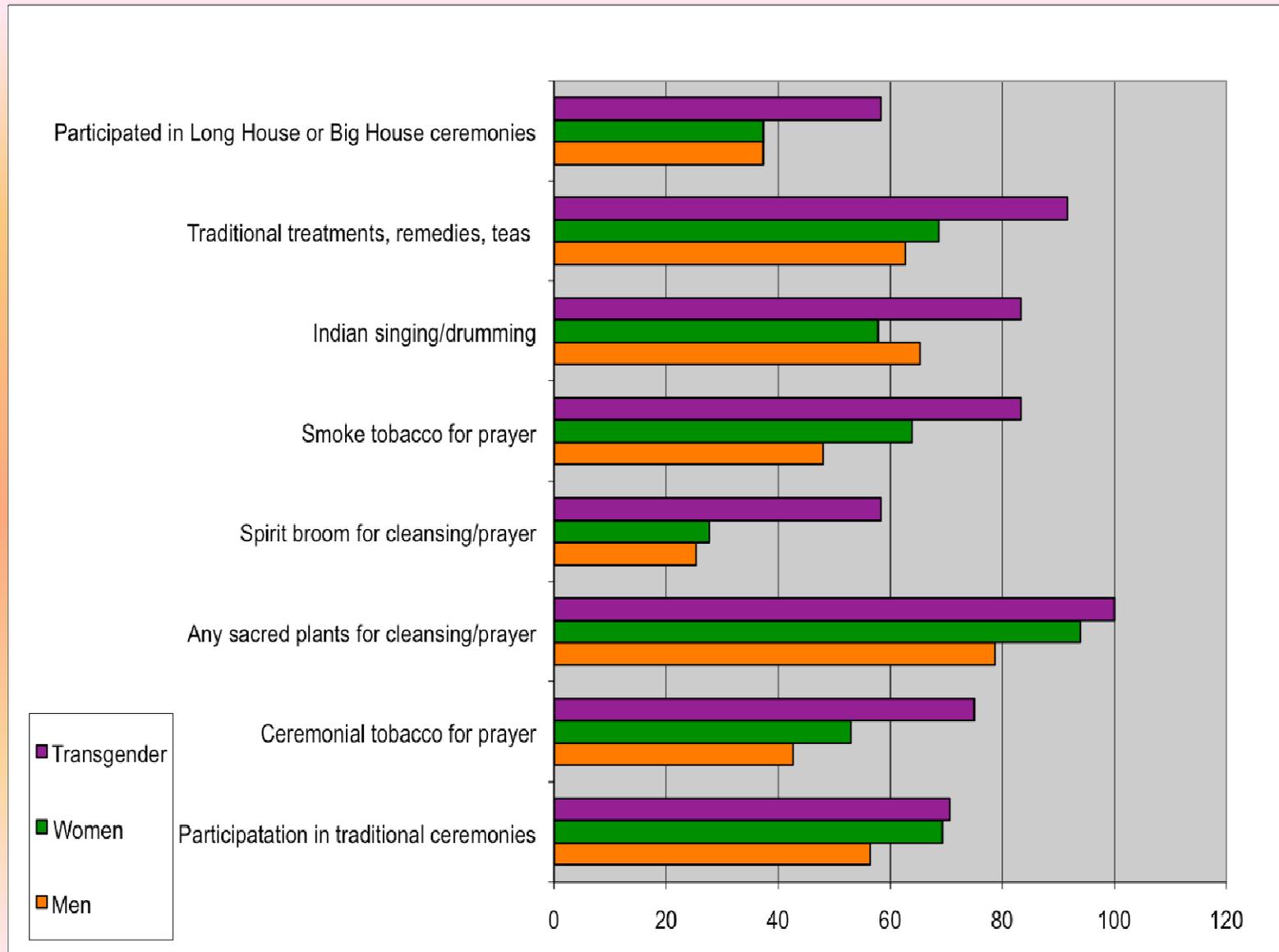
- Natives are victims of violent crimes at 2.5 times the national average (124 per 1,000)
- Native women are *2.5 times more likely to be raped or sexually assaulted than all other women* (5 per 1,000 vs. 2 per 1,000)
- 34.1 per cent, or *more than one in three Native women will be raped during their lifetime*; whereas for women as whole it is less than one in five
- Native women are more likely to experience more physical brutality and sustain greater physical injury during rapes and sexual assaults compared to all other U.S. women (50% vs. 30% all women)

Sources: Amnesty International. (2007). *Maze of injustice: The failure to protect indigenous women from violence in the USA*. Perry, S.W. (2004). *American Indians and crime: A BJS statistical profile 1992-2002*. United States Department of Justice, DC.

Childhood Trauma: Two Spirit Women (N = 152)

- 85% (n=128) sexual assault
 - 74% by a family member or acquaintance
 - 63% by a stranger; 53% by both
- 78% (n = 118) physical assault
 - 70% by family member or acquaintance
 - 67% by a stranger; 59% by both
- 38% had experienced *both* physical and sexual assault by *both* strangers and family members or acquaintances

Cultural Protective Factors: Participation in Cultural & Health Promotion Activities



Protective Factors: Family

- Native Two Spirits who are loved and supported by at least one extended family member for being who they are - are much less likely to have problems in the community and less likely to suffer from depression.
- Family Acceptance Project (Caitlin Ryan, SFU) has shown that those who are accepted and loved by the family of origin exhibit reductions in suicide, depression, HIV, STD risk, and substance use. They demonstrate increased self esteem and improved general health with family acceptance - <http://familyproject.sfsu.edu>

Reclaiming Our Voices: Two Spirit Health & Human Service Needs in New York State

- The data was collected from LGBT Health and Human Services Needs Survey in New York State.
- One of the main data sources for this report was 3,772 responses to an online and/or paper survey conducted from April 6-22, 2009 with a final sample size of 3,441.
- Of the final sample, 99 respondents identified as Native American/American Indian/Native Alaskan.

The following slide set in blue is courtesy of Harlan Pruden

What we know of the NYS Two Spirit Community

- 37% are employed full time vs. 63%
- Unemployment rate for Natives is 26.10% compared to 13.10%
- 23% of Native households compared to 12% are making less 10K in income
- Almost a 2-to-1 ratio of Natives not having income to cover basic living expenses
- Natives receive care from emergency rooms or go without care at a rate of 4X greater than Non-Native people
- Natives are 3X likely to not have health coverage

Barriers to Accessing Healthcare

- Natives are more likely to have Doctors/health care workers who refuse to provide services to LGBT people 9.9% vs. 14.4%
- Natives are more likely to fear that if medical personnel find out that they are LGBT, they will be treated differently - 26.90% vs. 31.10%%
- Natives are more like to feel that there are not enough psychologists, social workers and mental health counselors who can help them with mental health issues – about 50% of Natives.
- Natives, like non-Natives, perceive community fear or dislike of LGBT people roughly the same. 41.60% vs. 46.70%
- Natives are more likely to cite personal financial/resources as a barrier to accessing care than non-Natives 60.70% vs. 42.70%
- Natives are more likely to lack adequate and affordable housing and see it as a barrier to accessing healthcare 30.00% vs. 18.50%
- Natives are more likely to lack transportation to get to the services they need and see it as a barrier to accessing healthcare 9.40% vs. 24.40%

Psychosocial Context of Barriers to Health and Health Care

- Natives were twice as likely to disagree with the statement that they “feel safe in their community – 22.8% vs. 14.7%
- Natives were twice as likely to have experienced hate violence – 29.30% vs. 12.8%
- Natives were twice as likely for probable depression according to PHQ2 Table – 33.00% vs. 16.40%

Why Talk About Data?

- Data paints the picture of the current situation in clearly defined constructs.
- Data is our guide post – it can tell us what services or assistance are needed.
- In what areas do we need to enhance or expand?
- Are we doing the best job that we can do? If not, where can we improve?
- Supports our efforts for future funding.
- Serves as a guide to policy makers!!

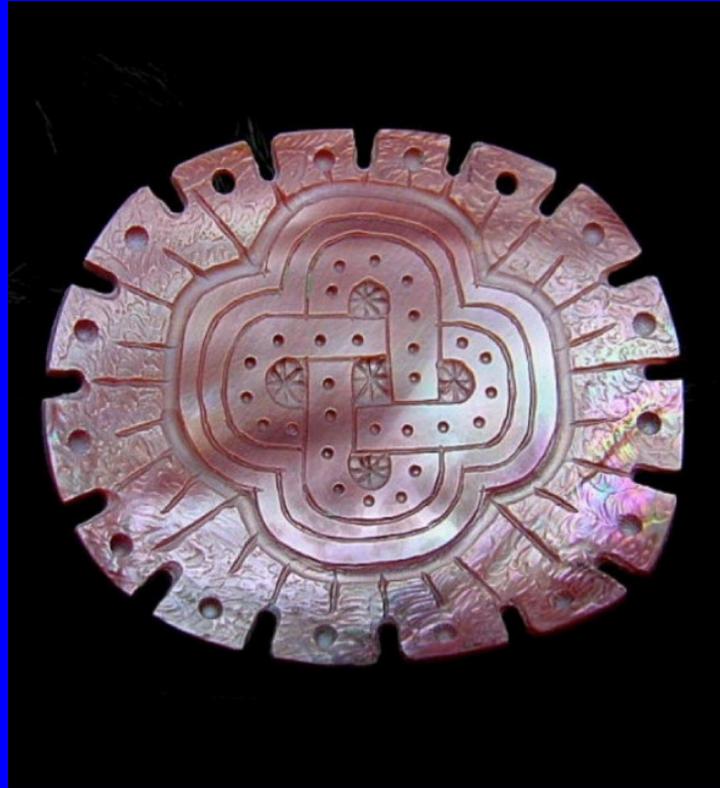
Recommendations & Conclusion from Needs Assessment

- Need for additional Infrastructure for health, trained providers
- Need for culturally relevant mental health and substance abuse treatment services
- Need for cultural programming
- Partnering and networking essential
- We must have federal partners who are aware of data issues
- Females often undersampled, more research is needed that is specific to the lesbian community
- Transgender research nonexistent, unique population

More Recommendations...

- Various agencies collect surveillance and prevalence data, therefore...
 - We must develop collaborations with these federal agencies to educate, inform and guide the data collection and reporting process
 - Planning and data collection initiatives are greatly needed. Example: Circles of Care, Department of Justice.
- We have ground breaking research that has been done, more is needed! Research mentorship are needed such as the iHART project and One Sky.

Finally, we are indigenous, the First Americans and can no longer be the last Americans to be considered.



Wado!

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