NATIVE AMERICANS IN IOWA
A Snapshot of Health Disparity Issues

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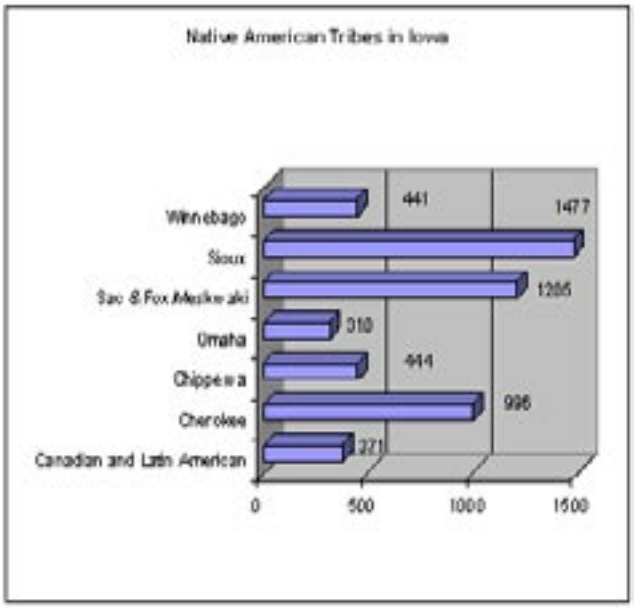

Figure 1: Census Count of Native Americans in Iowa by Tribe[1]

Introduction

Like most indigenous populations around the world, Native Americans throughout their histories have experienced ethnic cleansing, broken treaties, forced displacement, wars, excessive mortality from imported illnesses, legal discrimination, and human rights abuses. Today, although their situation is improving, Native Americans continue to experience some of the highest death and illness rates of any group in the country, and have the shortest lifespan. Most Native Americans today speak English as their primary language, although various indigenous phrases and words are often worked into everyday speech. Some elders still know their native language, which in Iowa would usually be Meskwaki. Sadly, many young Native Americans today do not know the language of their ancestors, and must relearn it in special classes in school. Many Native American languages historically had no written form, although the Cherokee, some of the Northeast tribes, and others did. [2]

Historically, Iowa was inhabited by upwards of 20 Indian tribes from three different language groups. The Iowas, Sioux or Dakotas (including subtribes Yanktons and Yanktonias), Winnebagoes, Otoes, Missouris, and Omahas were from the Siouan language group. The Sacs, Foxes, Mascoutins, Illinois (including subgroups Moingwenas and Peorias), Potawatomis, Ottawas and Chippewas belonged to the Algonkian language group. And the Pawnees of the Caddoan language group had hunting grounds in Iowa.[3] Currently in the US there are 562 tribal entities with federal recognition as well as numerous tribes without that recognition.[4]

Currently the most populous tribes in Iowa are the Sioux , the Cherokee, and the Meskwaki. Only the Meskwaki have all of their tribal land in Iowa. The Omaha and Winnebago tribes have pieces of their reservations that overlap in Iowa, but reside predominantly in Nebraska.[5]

Limitations of Data

As a whole, the data available for Native Americans are lacking. While Native Americans are referred to as a group for data collection, their tribes are not homogeneous and generalizations cannot be made for all tribes based on data from a specific tribe. Indeed, there are over 532 federally recognized tribes in the United States.

Native Americans are underrepresented in surveys, as well as the U. S. Census. Indeed, the U S Census did not always include the Native American population living in Indian Territory and reservations and currently many households on reservations are still excluded. Additionally, some Native Americans choose not to participate in the census as a protest against the US Government and its treatment of Native Americans.

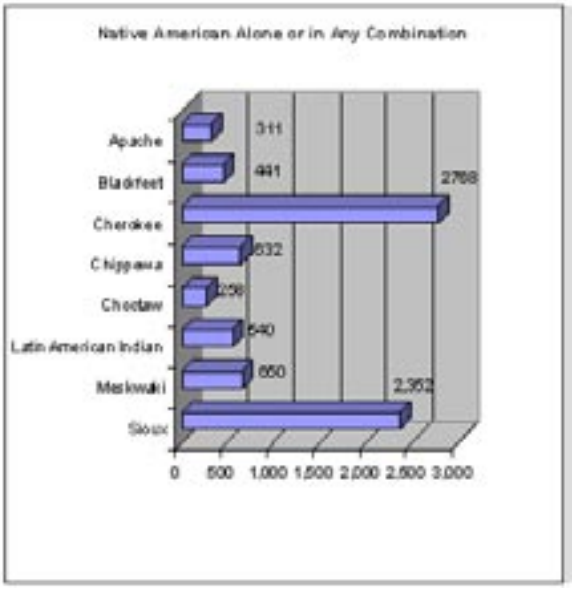

Figure 2: Native American Alone or in Any Mixed Race Combination[12]

The Indian Health Services provide service to all those living in their service area. The IHS databases however, are by no means comprehensive. The data include their "user population", native people who have used their services within the last three years, but anyone who uses a private practitioner or veterans services is not part of the count.

There is significant diversity among Native Americans, even within a tribe. Some may be "pure-blooded," while others have family ancestries of intermarriage with whites, Latinos, blacks, or other ethnic groups.[6] For example, in the Meskwaki tribal bloodline is passed down through the males. If a father was not a Meskwaki then the child will not be put on the tribal enrollment.[7]

Other complications in data collection are racial misclassification, blood quantum (percentage of American Indian heritage), and tribal enrollment. One study performed on birth and death certificates by the National Cancer Institute showed that racial misclassification took place about 50% of the time. Also, "the number of people identifying themselves as American Indian…depends on whether the survey allows identification through ancestry, blood quantum, or tribal enrollment." [8] Thus data from different sources do not always match.

Population Characteristics

According to the 2000 Census, there were 19,117 self-identified Native Americans in Iowa. [9] The 10 cities in Iowa with the highest Native American Population are: Sioux City (1661) with large numbers of Santee Sioux, Winnebago and Omaha tribes[10], Des Moines (705), Davenport (368), Cedar Rapids (306), Council Bluffs (263), Iowa City (191), Waterloo (150), Toledo (148), Tama (131), Dubuque (112), Marshalltown (96), Clinton (90), Muscatine (83), and Ottumwa (82).[11]

Native Americans Alone

According to the 2000 Census, there were 6,677 Native Americans of one race living in Iowa. They had a median age of 26.2 with 19% 9 and under, and 6% 60 and older. They lived in 2,064 households. Of these:

- 39% were married couples
- 22% were single parents with their own children under the age of 18
- 21% were one person households

The average family size was 3.43 and the average household size was 3.07 [13]

Native Americans in Any Mixed Race Combination

For Native Americans of one race or any combination, the total Iowa population was 18,101. Their median age was 26.8 with 20% 9 and below and 7% 60 and older. They lived in 5,751 households. Of these:

- 40% were married couples
- 18% were single parents with their own children under the age of 18
- 27% were one person households

The average family size was 3.22 and the average household size was 2.72[14]

Whites Alone

The total population for Whites in Iowa was 2,710,344. Their median age was 37.9 with 4% 9 and below and 20% 60 and older. They lived in 1,098,906 households. Of these:

- 56.5% were married couples
- 10.6% were single parent households with own children
- 27.4% were one person households

Their average family size was 2.97 and their average household size was 2.43[15]

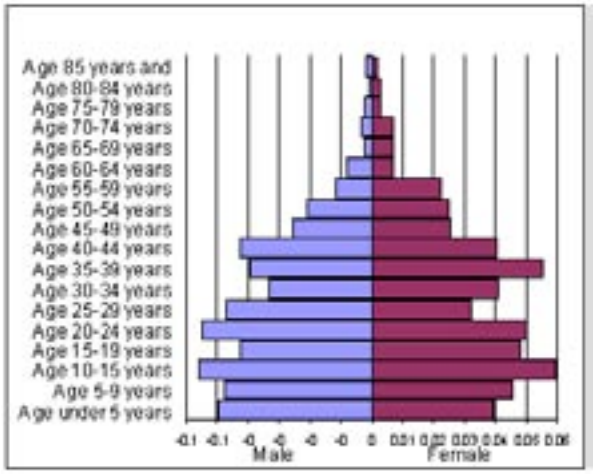

Figure 3: Ages of Iowa's Native American Population in Percentages [16]

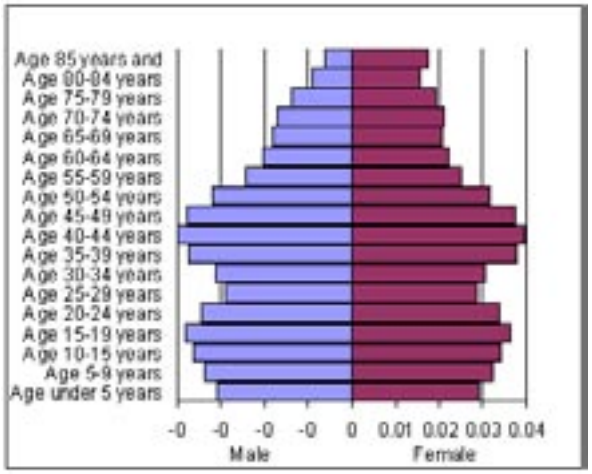

Figure 4: Ages of Iowa's White Population in Percentages[17]

Case Histories of Tribes in Iowa That Have Their Own Land

MESKWAKI

The **MESKWAKI** (called Renards by the French and translated as Fox by the Whites) migrated to Iowa from Wisconsin in the late 1700s after a severe series of wars with the French based on resistance to the encroaching fur trade. They were closely allied with the Sauks both by language (both derived from the Algonkian language) and social customs. However, after the Louisiana Purchase they were peaceful with the Whites moving into their region. In 1804 the federal government signed a treaty with the "Sauk and Fox" insisting on treating them as one tribe. Over time their territory was taken over by White settlers and in 1846 they were removed to Kansas. Conditions there were terrible, including bad water, typhus and lack of game. In 1856 the tribal leaders sought and received permission from the Iowa General Assembly to purchase their own land in Iowa. By purchasing their own land they were able to evade the harmful federal Indian policies of the late 1800s and early 1900s. With their own lands they were able to retain their culture and political and social institutions.[18]

The Meskwaki or Sac and Fox Tribe of Iowa are highly unique in that they do not live on a reservation but rather on their own settlement which they purchased. Even so, the census bureau lists the Meskwaki's land as Sac and Fox/Meskwaki Reservation and Off-Reservation Trust Land, IA.

This support of the tribe by the state of Iowa is highly significant. The legislature continued to advocate for the Meskwaki's rights through the rest of the 1800s. "The picture that emerges from the history of the Meskwakis in Iowa in the nineteenth century is one of a highly intelligent people, working nonviolently to preserve or recover their rights and their way of life, refusing co-optation but skillfully using White allies. This close cooperation between state government and tribe flies in the face of historical generalities."[19] The Census lists the current American Indian Alone population of the settlement as 608[20].

WINNEBAGO

The **WINNEBAGO** tribe lived in the Green Bay and Lake Winnebago areas of Wisconsin when the Europeans arrived on the North American continent. The tribe ceded millions of acres of aboriginal land before being moved to Iowa and Minnesota and then to South Dakota. The Nebraska Winnebago, consisting of about 1,200 people, were settled near the Omaha people in 1865, and in March of that year the treaty establishing the Winnebago reservation was negotiated. At that time "…the Omaha transferred the northern half of their reservation to the Winnebago tribe."[21] The current population of the Winnebago reservation is 1405[22], while the number of Winnebagos living in Iowa is 441[23].

The Omaha and Winnebago reservations overlap into Iowa from Nebraska. However, their members reside primarily in Nebraska.

OMAHA

In 1854 the **OMAHA** tribe made a treaty with the United States that created their reservation. In 1867 the eastern boundary of the reservation was defined as the "center" of the Missouri River's main channel. This included the portion of land known as Blackbird Bend that jutted into Iowa. The Missouri river wandered back and forth over the Omaha's land until the 1940s at which time the channel was stabilized by the Corps of Engineers. The river " "straightened" itself to the west and south, leaving the Blackbird Bend lobe on the Iowa side of the river. As that land was cut off from the remainder of the reservation, non-Indians in Iowa gradually took control of the property."[24]

In 1966 the Omaha tribe sought to regain 11,000 acres which were now located east of the Missouri River in Iowa. Their claim was it had been part of the reservation before the river had changed its course. What ensued was a legal battle that did not end until January of 1995.

(Omaha, Continued)

The Omaha tribe had an adversarial role not only with the White Iowan farmers who "owned " the land, but with the legal representation that was provided for them by the Bureau of Indian Affairs (the Bureau of Indian Affairs started addressing the tribes claim seven years after it was initially filed and also appointed the former Attorney General for the State of Iowa to the tribe as its legal council.)

"More grievously the Omahas believed that the department of Justice Attorneys were acting in concert with Iowa State Officials and the 'politically and financially powerful squatters occupying the tribe's lands' to defraud the tribe. As the Omahas continued to press their charges of fraud, conflict of interest and collusion on the part of their opponents and the courts, procedural conflicts and animosity among the attorneys escalated to the point that the district court ultimately imposed the harshest possible sanction against the tribe…and *dismissed* all of the Omaha's remaining claims…the tribe was left with 1,900 acres awarded to it in the Blackbird Bend I Litigation, and the Iowans whose lands had been threatened in Blackbird Bend II escaped on procedural grounds, without being required to defend against the Omaha's claims on their merits."[25]

Besides ongoing resentment on behalf of the Omahas as well as the Iowans, there are issues of a tribes "representation" provided by it by its "trust" relationship with the federal government" "…the precise nature and extent of those trust responsibilities must be reexamined and more clearly delineated.

The Omaha tribe currently benefits from the land they regained in two ways through successful gaming operation "Casino Omaha" and farming.[26] The current population on the Omaha reservation is 2,198.[27] However, the population of Omahas in Iowa is 310.[28]

Communication Style

From a communications standpoint, Native American culture tends to be reserved, thoughtful, and subtle in the direct expression of feelings and thoughts. Saving face and avoiding conflict can be important in many of the tribal cultures. Ask open-ended questions, and allow Native patients adequate time to respond.

Like many non-western cultures, Native Americans generally place less emphasis on time. Non-native medical providers should expect that not all appointments will be kept, and that their patients may not call to cancel or reschedule. Flexible, open scheduling is probably better with this population if possible.

Most Native American cultures value face-to-face informal education and interaction over written, formal information. Storytelling, particularly with younger Native audiences, can be a valuable health education tool.[29]

Native American Income and Poverty in Iowa

Census 2000[30]	Indian Alone	Indian*	Meskwaki	Cherokee	Sioux	White
Total Population	7,019	19,117	605	996	1,477	2,713,026
Median Household Income	$28,100	$29,100	$18,750	$35,395	$24,886	$39,986
Median Family Income	$30,198	$33,040	$22,667	$32,279	$22,244	$48,790
Per Capita Income	$13,454	$12,803	$7,872	$16,356	$8,383	$20,249
*American Indian alone or in any combination						

In 1999, Native Americans Alone in Iowa had a median household income of $28,100, a median family income of $30,198 and a per capita income of $13,454.

The Meskwaki tribe had a median household income of $19,821, a median family income of $22,667 and a per capita income of $7,740.

White Iowans had a Median household income of $39,986, a median family income of $48,790 and a per capita income of $20,249.

Native Americans alone or in any mixed race combination had a median household income of $29,100, a median family income of $33,040 and a per capita income of $12,803.

For full time workers over the age of 16, White earnings ($29,452) averaged 14% more than Native Americans alone ($25,336), and 15% more than Native Americans in any mixed race combination $25,066). [31]

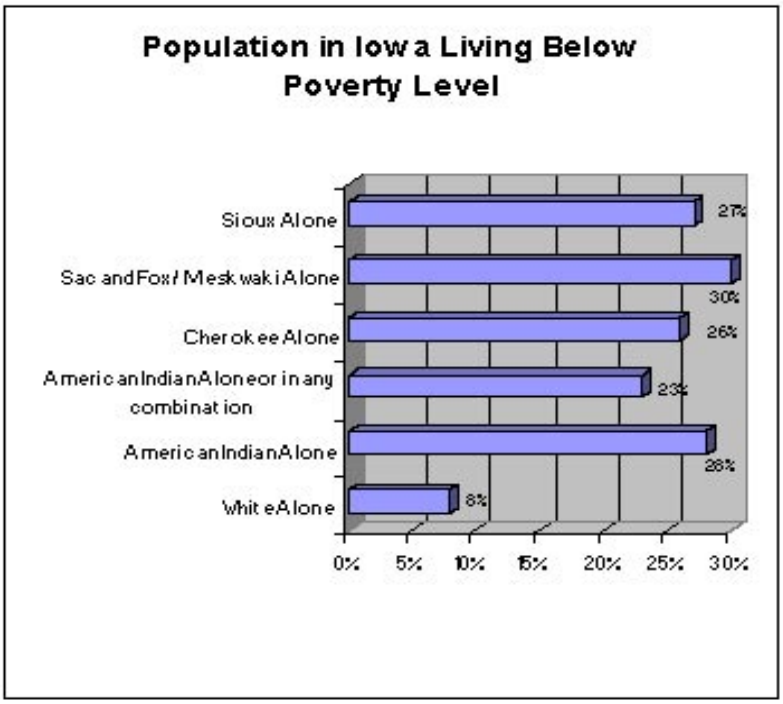

Figure 5: Poverty Levels from the 2000 Census[32]

Education

35% of Meskwaki's age 25 or above have not attained a high school diploma, as compared to 18% of Cherokees, 23% of Sioux, and 13% of Whites.[33]

While generally a higher percentage of Native Americans enter higher education than Whites, fewer of them earn degrees[34]

Educational Attainment Census 2000[35]	American Indian	American Indian*	Cherokee	Meskwaki	Sioux	White
Less Than 9th Grade	7%	8%	3%	8%	6%	5%
9th Grade to 12th Grade No Diploma	15%	14%	15%	27%	17%	8%
High School Graduate (includes equivalency)	33%	33%	28%	20%	44%	37%
Some College, no degree	26%	26%	31%	34%	21%	22%
Associates Degree	8%	7%	8%	6%	3%	8%
Bachelors Degree	7%	7%	11%	3%	5%	15%
Graduate or Professional Degree	4%	4%	5%	2%	4%	6%
*American Indian Alone or in Any Mixed Race Combination						

Traditional Health Practices

Native Americans have a well-developed traditional health system that is very holistic, combining physical, mental, emotional, and spiritual wellbeing. Physical problems are understood as usually being caused ultimately by emotional, mental, or spiritual imbalances. So, harmony and a sense of balance in all things, including mind, body, spirit, and the environment, are important for wellness. As such, Native American health beliefs tend to be more circular and indirect, in comparison to the more linear "cause-and-effect" view of Western medicine. Native American healing cannot be separated from spirituality. This spirituality is different from religion, and emphasizes the interconnectedness, sacredness, and balance of all things.

Many Native Americans will combine western medicine with traditional medicine practices, such as using herbal remedies, participating in a healing ceremony with a medicine man, performing ritual purification and sweating ceremonies, and other. They recognize that Western medicine may be powerful for treating disease symptoms in the body, but generally feel that Native American healing is ultimately best for the soul. Western providers should try to learn as much as they can from the local healers that work with the Native clients.[36]

Health Disparities

Birth Events in Iowa[37]	Post-Neonatal Infant Mortality	Neonatal Infant Mortality	Very Low Birth Weight	Low Birth Weight	Out of Wedlock Births	Live Births*
Native American/ Alaskan Native	*.*	0	*.*	64.7	594.8	50.7
White	2.2	3.3	11.2	61.3	270.8	24.9
Rates Per 1000 live Births ; *.* indicates numbers below threshold						

Definitions:

Post-Neonatal Infant Mortality:
Deaths of a live born infant occurring after the 27th day of life, but before one year of age.

Infant Mortality Rate:
Calculated rate that divides the number of deaths for live births less than 1 year of age by the total number of live births.

Very Low Birth Weight Rate:
Calculated rate that divides the number of live births with a birth weight of less than 1,500 grams by the total number of live births.

Low Birth Weight Rate:
Calculated rate that divides the number of live births with a birth weight less than 2,500 grams by the total number of live births.

Out-of-Wedlock Births Rate:
Calculated rate that divides the number of live births to unmarried women by the total number of live births.

***Live Births Rate:**
Calculated rate that divides the total number of live births by the estimated midyear female population. [38]

Meskwaki Birth Events

October 2002-September 2003[39]

Total Births	70
Mothers under 20	21%
Births out of wedlock	11%
Low weight births	10%
Neonatal deaths	0%
Fetal deaths	3%
Infant deaths	1%

Meskwaki Leading Causes of Death

While exact numbers are not available, the Meskwaki Health Services report that the leading causes of death for the Sac & Fox tribe are: [40]

(1) Diabetes and resulting complication, including: heart disease, artery disease, renal failure, and stroke

(2) Cancer, and

(3) Accidents, many alcohol-related

All Meskwaki tribal members have medical insurance through the tribe.[41]

Barriers to Health Care

Many Native Americans have difficulty accessing medical care in the United States for a variety of reasons. Because many are impoverished, they have limited financial means to purchase services, unless they are provided free or at low-cost by organizations operated by the Indian Health Services or individual tribes. Transportation and geographic barriers are also significant, particularly if they live on large, sparsely populated reservations with few medical providers. Culturally, many Native Americans value their traditional healing practices and do not always feel comfortable seeking care from hospitals or white providers.

Native Americans suffer very disproportionately from many diseases and conditions in the United States, particularly diabetes, alcoholism, accidents, and intentional injuries.

Providers need to allow adequate time to establish a close, trusting relationship with Native American patients. Before conducting business, it is important to take time to get to know the clients as people, rather than just patients. When working on a reservation or with a clearly defined group of Native Americans, it is also helpful to be invited into the group by one or more of them. It tends to be somewhat difficult to just "break into" the culture, because of the importance of trust and personal relationships.[42]

Leading Causes of Mortality in Iowa

Native Americans/Alaska Natives	
Iowa Vital Statistics 2001[43]	National Health Statistics 2001[44]
Heart Disease	Heart Disease
Cancers	Cancers
Chronic Liver Disease & Cirrhosis	Liver Disease
Diabetes Mellitus	Cerebrovascular Disease
Cerebrovascular Disease	Diabetes Mellitus
Bronchitis, Emphysema, etc.	Septicemia
Congenital Anomalies	Five Tied
Nephritis, Nephrosis, etc.	Five Tied

Whites	
Iowa Vital Statistics 2001[43]	National Health Statistics 2001[44]
Heart Disease	Heart Disease
Cancers	Cancers
Cerebrovascular Disease	Cerebrovascular Disease
Bronchitis, Emphysema, etc.	Chronic Low Respiratory Disease
Pneumonia or Influenza	Unintentional Injury
Diabetes Mellitus	Influenza & Pneumonia
All Other Accidents	Alzheimer's Disease
Suicide	Diabetes Mellitus

Years of Potential Life Lost

Ranking of Years of Potential Life Lost[45]	**Native American/ Alaskan Native**	**White Only**
Iowa 2001	Percent	Percent
All Causes	100%	100%
Liver Disease	15.4%	1.7%
Cerebrovascular Disease	9.1%	2.4%
Septicemia	8.2%	Not Listed
Unintentional Injury	8.2%	18.9%
Heart Disease	6.2%	14.4%
Cancer	5.3%	20.7%
Nephritis	2.5%	Not Listed

Bereavement

The bereavement practices of Native Americans are as diverse as their tribes, individual ethnicities, and religions. It is therefore extremely hard to generalize for this group. Providers should make an effort to learn as much about the Native American patient while he or she is still well enough to communicate, so as to avoid any cultural misunderstandings during severe illness or death.

In general, large numbers of extended family members and friends can be expected to come visit the ill or deceased patient. If the patient or family is fairly traditional, a variety of ritual healing and purification ceremonies may be conducted with the patient. Many of these ceremonies will be communally performed. Often, powerful herbs such as sage are burned as a method of ceremonial purification and harmonizing.

Open expressions of grief and sadness may be somewhat reserved in this population. Indeed, mourning is not usually displayed in the presence of the patient.

Family meetings at the end of life are helpful to determine the wishes and beliefs of the patient regarding funeral arrangements.

The spirits of the dead in most Native cultures are honored regularly for generations. Most consider death to be merely the beginning of another journey into the next world. The patient's loved ones often have particular dietary, spiritual, and behavioral practices which they must follow for set periods of time while grieving for the dead. Even if the patient is Christian, many will interweave elements of Native spirituality into the funeral, such as placing sacred herbs or prayer ribbons near the grave. [46]

From a religious standpoint, many Native Americans will practice some form of Christianity or other religion, while others follow Native American spirituality. Others will mix both in a unique manner. Native American spirituality is not considered to be a religion that is "practiced" by indigenous peoples, but rather is a way of approaching life in a sacred and holistic manner. [47]

Working With Native Americans

Avoid Generalizations:
Become familiar with the cultural practices of the tribe which patients represent

Learn the Tribe's History:
Be aware that history texts in the United States are often written from a white or Western point of view, and many Natives will understandably have a different viewpoint of key historical events.

Not All Tribes Are Patriarchal:
A large number of tribes are matriarchal. Western providers should not stereotype and assume that women have a low status in their society.

Parts of a Whole:
Most Native cultures place great emphasis on individuality and equality, and the important role that individuals play in contributing to the group.

Consensus:
Tribal group consensus can be extremely important before undertaking new initiatives or projects.

Respect Elders:
Native Americans usually place great value on elders and the practical knowledge they possess. Younger providers should always treat the elders with genuine and sincere respect.

Honor:
There tends to be a strong responsibility among Native American culture to bring honor to one's family, tribe, ancestors, and community. It is important not to shame the family through individual actions.

Don't Rush:
Health providers wishing to establish programs on reservations, for example, usually will need to meet with multiple parties and ultimately gain tribal council approval before operating, even if it takes lengthy amounts of time.[48]

Endnotes

[1] U S Census Bureau, Census 2000, Table 41, Characteristics of American Indians and Alaskan Natives by Tribe and Language://www.census.gov/census2000/pubs/phc-5.html
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[11] U. S. Census Bureau, Census 2000.
[12] U. S. Census Bureau, Census 2000. SF 2
[13] *ibid*
[14] U. S. Census Bureau, Census 2000. SF 4
[15] U. S. Census Bureau, Census 2000. SF 2
[16] U. S. Census Bureau, Census 2000. SF 3
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[24] Imperfect Victory: The Legal Struggle for Blackbird Bend, 1966-1995. Mark R Scherer. The Annals of Iowa, Volume 57, Winter 1998, pages 38-71. The State Historical Society of Iowa, 1998. Page 43.
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[26] *ibid*
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[28] U S Census Bureau, Census 2000, Table 41, Characteristics of American Indians and Alaskan Natives by Tribe and Language://www.census.gov/census2000/pubs/phc-5.html
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[30] U. S. Census Bureau, Census 2000
[31] *ibid*
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[33] *ibid*
[34] *ibid*
[35] U. S. Census Bureau, Census 2000, SF4
[36] A Health Providers Pocket Guide to Working With Immigrants, Refugees and Minority Populations in Iowa. Michele Yehieli and Mark A. Grey, University of Northern Iowa Project EXPORT and New Iowans Program
[37] Iowa Department of Public Health-Bureau of Vital Records
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[47] *ibid*
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