



## Abstract

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**PI Title:** PROFESSOR

**Project Title:** WELLNESS CIRCLES--AN AMERICAN INDIAN APPROACH

**Abstract:** *DESCRIPTION (Adapted from the Investigator's Abstract): The health status of American Indians in California is well below national averages and has been for many years. Identified health problems include a pattern of social problems, poverty, and chronic diseases that is unparalleled among ethnic and racial minorities in the U.S. Such long term chronic diseases as diabetes, and tuberculosis are significant threats. Obesity is a serious problem and at 40% cigarette smoking is double the California average. Alcoholism accident and violence are recorded as the leading causes of inpatient and outpatient care. American Indians have one of the highest mortality and lowest 5 year survival rates for cervical cancer compared to other ethnic groups. This population also utilizes less cancer screening, and even when screening is obtained, those Indian patients with abnormal findings are frequently lost to follow-up. California has the second largest number of Indians in the U.S. The majority of Indians who reside in rural communities live on or near the 85 reservations/rancherias and obtain their medical care at one of the 23 rural Indian health clinics. The urban Indian population consists largely of Indians from other states who were relocated under Federal programs to California in the 1950s. The goal of this project is to design, implement and evaluate, a community-based health care model for American Indian families which incorporates culturally appropriate approaches to primary and secondary disease prevention. Our target population is American Indians residing in rural counties throughout the State of California. In Phase I of this three phase study, a needs assessment will be conducted in order to identify the health needs of and health services used by the target population. Data will be collected from adult Indians age 18 and over. The sampling frame will be constructed from lists of patients attending rural Indian clinics. In Phase II, a randomized clinical trial will be implemented. Clinic*

*sites will be matched in pairs according to site, geographic location, and size. They will be randomized into intervention sites, participating in a series of Wellness Talking Circles and control sites receiving usual care. Phase III will consist of data analysis and evaluation. The leadership of this team includes American Indian investigators experienced in cancer control research and knowledgeable in the provision of culturally sensitive care.*

***Thesaurus Terms:***

*Native American, community health service, disease /disorder prevention /control, health behavior, health care model  
clinical trial, culture, human therapy evaluation, nursing intervention, rural area  
alternative medicine, behavioral /social science research tag, clinical research, health services research tag, human subject*

**Institution:** UNIVERSITY OF MINNESOTA TWIN CITIES  
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