

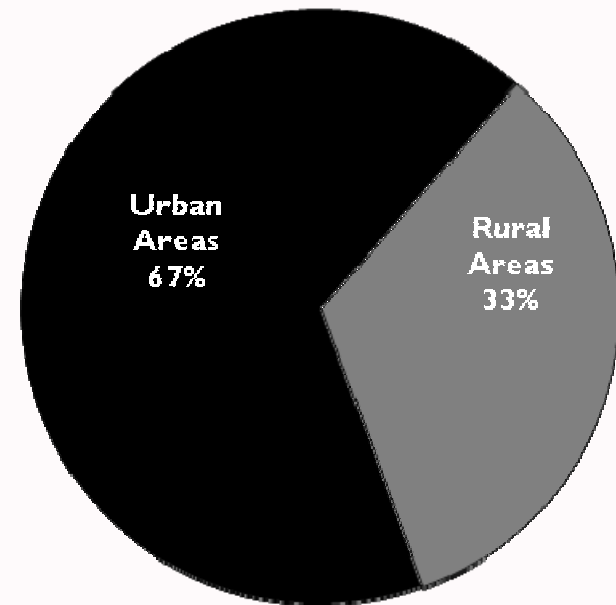


# Invisible Tribes: A Search for Recognition

**Ralph Forquera, Executive Director  
Seattle Indian Health Board, Urban Indian Health Institute**

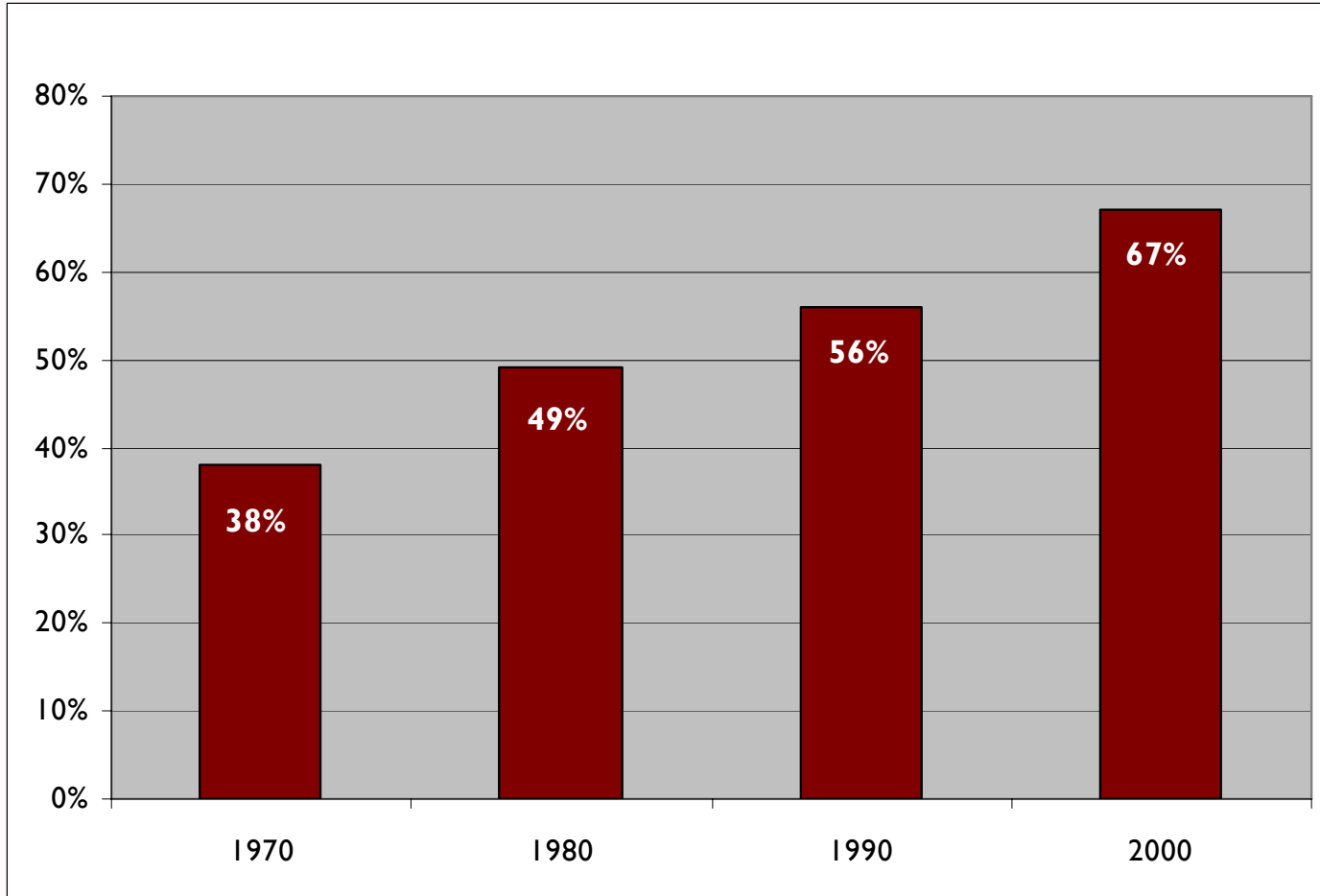
# Urban American Indian and Alaska Native (AI/AN) Population

- 4.1 Million Individuals Identified as AI/AN
  - 1.5% of the Total U.S. Population
  - 67% Live in Urban Areas (2.8 million)



Source: US Census, 2000

# Growth of Urban AI/AN Population



Source: U.S. Census, AI/AN mixed race used in 2000

# Urban Indians are:

- American citizens of American Indian or Alaska Native heritage who are:
  - members of federally-recognized tribes
  - members of state-recognized tribes
  - members of terminated Indian tribes
  - descendants of these groups
  - descendants of adoptees and those no longer affiliated with a given tribe
  - they are Indians who have been abandoned by their tribe or who, for whatever reason, no longer meet tribal membership eligibility
  - Indians by heritage who may no longer be affiliated with an Indian tribe

# AI/AN Population Characteristics

- Younger
  - Median age 28 vs 35 yrs
- Lower educational attainment
  - 29% vs 20%, less than high school
  - 11% vs 24%, bachelors degree/higher
- Higher poverty rates
  - 26% vs 12%, living below poverty level

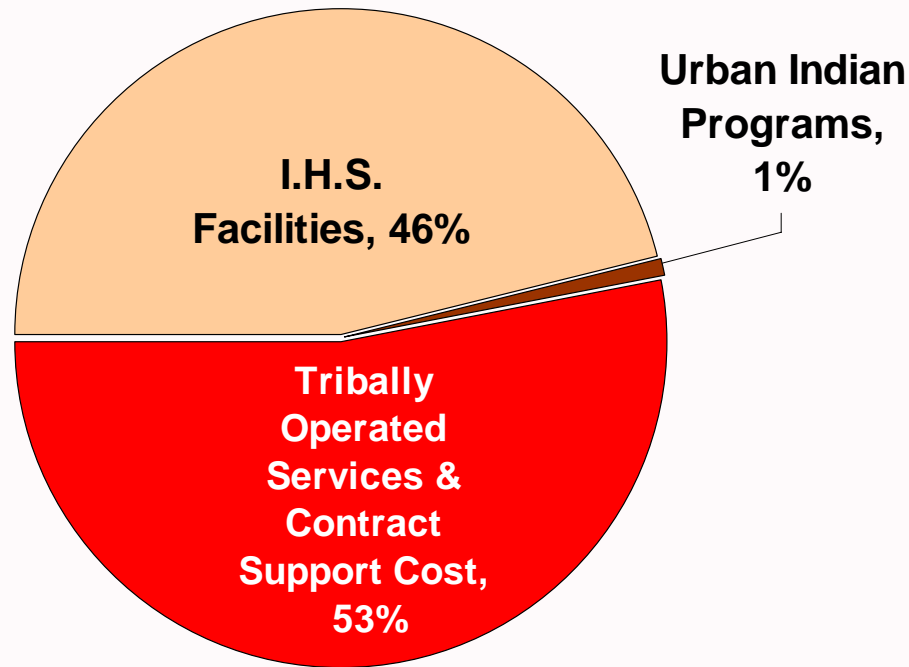


# Not All Indians Are Treated Equal

- There is a general undercurrent toward the assimilation of Indians
- Since the mid 1950s, Indian people are not treated equally by officials
- Some tribes are recognized by the Congress, others are not
- Focus of federal benefits for Indians go to federally-recognized tribes and those living on or near Indian reservations

# Disproportionate and Inadequate Resource Distribution

- Urban Indian population is more than 67%
- 1% of IHS Budget for Urban Indian Programs



# Community Response

- No Adequate Data
- No National Picture of Urban AI/AN Health
- No Local and Regional Mention of Health Disparities
- SIHB Responds by Creating Urban Indian Health Institute

## Urban Indian Community Responds to an Information Crisis

Maile Taualii  
Ralph Forquera

Over the past three decades in the United States, American Indians and Alaska Natives (AIAN) have steadily relocated from rural and reservation communities to urban centers throughout the nation. Urban living may provide more opportunities for American Indians and Alaska Natives, but their departure from the reservation has typically resulted in the loss of health care. Historically health care was provided by the federal Indian Health Service, which has only a handful of facilities in urban areas. Although 61 percent of American Indians and Alaska Natives live in urban areas, according to the 2000 Census, only 1 percent of the Indian Health Service budget goes to address urban AIAN health. This lack of support is evident in all aspects of resources dedicated to urban AIAN, including incomplete and fragmented data collection systems that handicap urban Indian health organizations from effectively describing health needs and advocating for resources to address those needs.

In an effort to address the problem of inadequate data, the Seattle Indian Health Board established the Urban Indian Health Institute ([www.uihi.org](http://www.uihi.org)) in July 2000. The Institute's mission is to provide centralized, nationwide management of health surveillance, research, and policy considerations regarding the health status of urban American Indians and Alaska Natives.

Economic, cultural, social, and historical factors have led to severe health disparities among urban American Indians and Alaska Natives. According to 2000 US Census data, compared to all races combined, this urban group experiences higher death rates from accidents (38 percent higher), chronic liver disease and cirrhosis (126 percent higher), and diabetes (54 percent higher). Alcohol-related death rates are 178 percent higher. (Existing national data sources grossly underestimate the extent of health needs among urban AIAN as a result of inadequate data collection and racial misclassification on official documents.)

The Seattle Indian Health Board is one of 34 nonprofit, community-based urban Indian health organizations that contract with the Indian Health Service to provide assistance to off-reservation and urban American Indians and Alaska Natives. Similar to community health centers but with an expanded focus, most of these organizations provide medical and dental care, and lab, pharmacy, nutrition, and mental

health services within a primary care model. However, these programs go beyond primary health care. Most also offer an array of public health and community health activities designed to improve the overall health status of urban American Indian and Alaska Native people. These services include traditional healing and access to culturally specific and appropriate care.

### Building a research database

The Urban Indian Health Institute is unique in that it provides a mechanism to focus attention on the work of the 34 urban Indian health organizations so that a unified set of data can be acquired to address the urban AIAN health needs and clarify health disparities. Unifying data from 34 percent agencies is no small task, but it is made possible by using Web-based technology as the primary data-gathering tool. Data collected by the Institute include service description, utilization of the services, patient-specific data, and population disease prevalence. This information is crucial for describing the health status of the population. To establish its infrastructure, the Institute solicited financial support from local foundations to purchase hardware, and pursued software donations to build the data-gathering platform.

The Web-based data collection system demonstrated its effectiveness in early 2001 when an inquiry was made about the activities of the 34 urban Indian health organizations operating under a new diabetes initiative. The organizations were asked to provide data on the success of the initiative's interventions, which enabled them to offer services to address the burden of diabetes in the population. Within days after the request, 30 of the 34 organizations submitted program service and disease prevalence information via the Web-based survey tool.

The information allowed the Institute to deliver a data-supported response, demonstrating the success of the initiative. This demonstration of success helped reinforce the value of the urban Indian health organizations as effective means to address the diabetes epidemic in Indian Country. It also resulted in additional resources for the urban Indian health organizations. The success of this approach illustrates the importance of using centralized data collection by an organization that understands the scientific, cultural, and political characteristics of inquiry and that can respond rapidly and effectively.

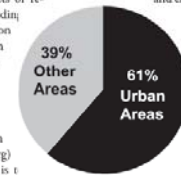


Figure 1. US AIAN population living in urban areas. (US Census, 2000)





- **Created in July 2000**
- **Division of Seattle Indian Health Board**
- **Partial Funding from the IHS**
- **One of 12 “Tribal” Epidemiology Centers**
- **Serve primarily the 34 UIHOs**

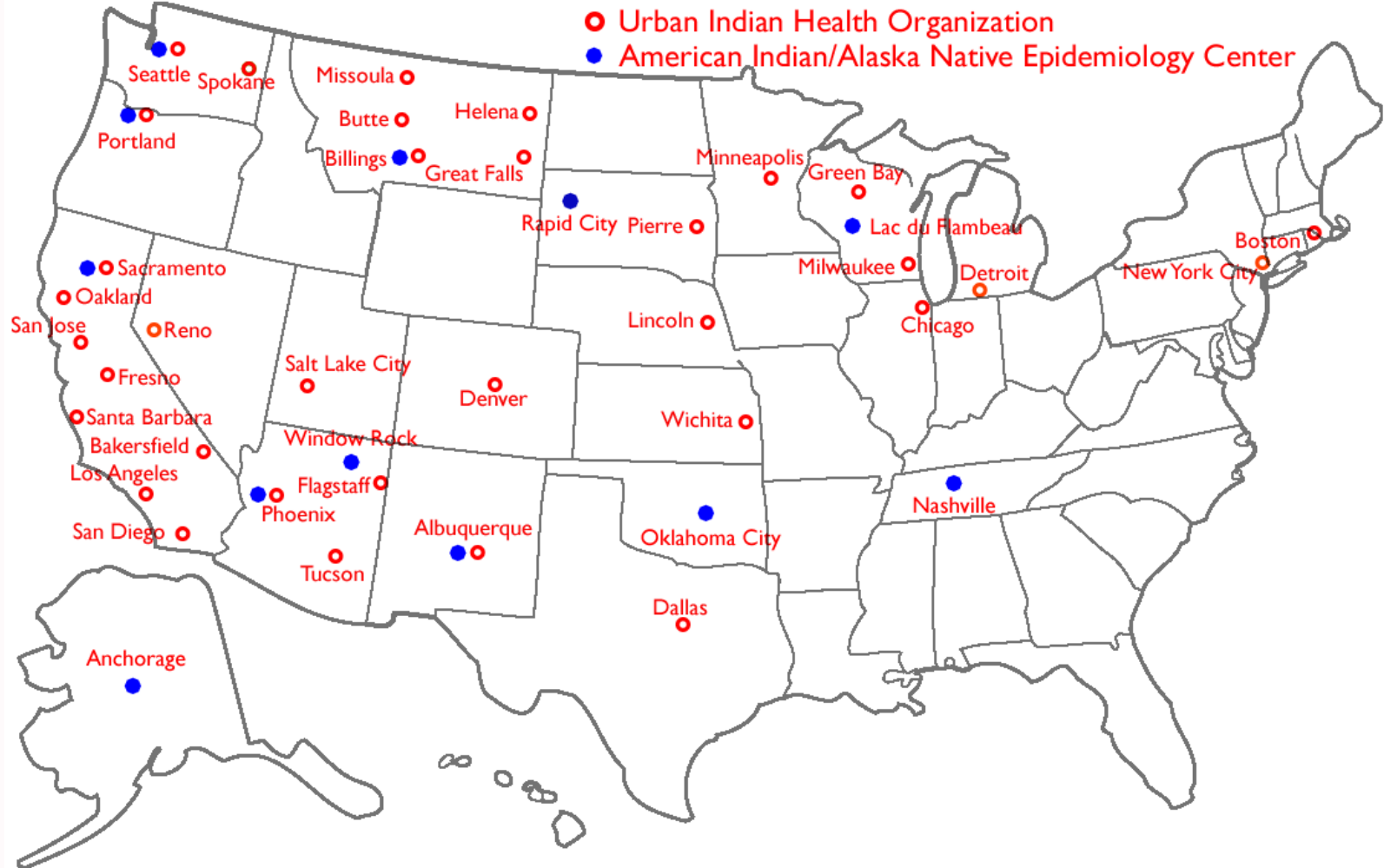
# MISSION

The UIHI supports the health and well being of the nation's urban Native communities through information, scientific inquiry, and technology.

# Healthcare for Urban AI/AN

- Urban Indian Health Organizations (UIHO) recognized through Title V of Indian Health Care Improvement Act (1976)
  - Indian Health Service (IHS) contract and grant program for urban Indian health organizations
  - Created to improve access to healthcare
- Urban Indian Health Organizations (UIHO) today
  - Private, not-for-profit corporations
  - Vary in size and service options
  - Serve approximately 151,000 clients
  - Direct care - sliding scale payment systems
  - 1/3 Federally Qualified Health Centers

# Urban Indian Health Organization Network



# UIHI Service Strategy

- Provide Technical Assistance to UIHO
- Produce National Urban Indian Health Reports
- Develop instruments for data gathering
- Widely report finding to broader community to raise awareness of Urban AIAN needs
- Serve as a clearing house of information essential to UIHO & the communities they serve
- Advocate for opportunities and resources for urban Indians

# Research and Publications

## Urban Indian Health Institute

- **The Urban Indian Information Management Center (UIIMC)**
- **The Urban Indian Epidemiology Center (UIEC)**
- **Center for Advanced Communication (CAC)**

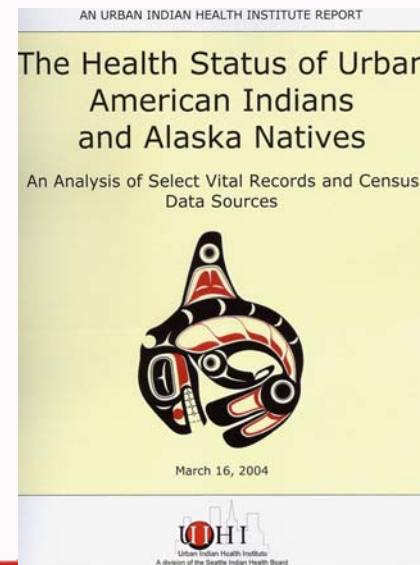
# Secondary Data Analyses Projects at UIHI

**Dataset:      Goals:**

YRBS	-Describe prevalence of health risk behaviors in urban AI/AN youth -Identify disparities in health risk behaviors between urban AI/AN and white youth
Birth & Death files (PPOR)	- Identify the periods of risk with the most deaths and highest rates among AI/AN in WA, OR and ID
NSFG	-Examine unintended pregnancy and its correlates among AI/AN women, as compared to non-AIAN women
PRAMS	-Examine stressful life events and social support among AI/AN pregnant women in WA and OR

# Health Status Report

- **First national report on the health status of the urban AI/AN population**
- **Describes the health status of urban AI/AN in select urban settings as recorded by national data sources**
- **Covered in local and national press**
- **Presented to the White House and other government officials**





# Conclusion

- Focus Efforts Essential to Effectively Address Health Disparities and Needs of Urban AIAN
- Data Plays a Critical Role
- Creative Strategies Necessary to Address Concerns
- Sustained efforts essential for maintaining visibility

- The Urban Indian Health Institute (UIHI) was established as a division within the Seattle Indian Health Board (SIHB), a community health center targeting urban American Indians and Alaska Natives.
- The UIHI supports the health and well being of the nation's urban Native communities through information, scientific inquiry, and technology.

## **Urban Indian Health Institute**

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