

# URBAN AMERICAN INDIANS AND ALASKA NATIVES

## The Need for Voice and Opportunity

The urban American Indian/Alaska Native (AI/AN) population experiences documented health disparities that are exacerbated by location. Seven out of 10 AI/ANs live in urban settings,<sup>1</sup> and their culturally responsive health care options are limited by the availability of only 34 Urban Indian Health Organizations throughout the nation.<sup>2</sup> Because they dwell outside the areas where federally recognized tribes have jurisdiction, they are left voiceless in informing policy created for the wellbeing of the entire AI/AN population. This leaves urban AI/ANs and urban AI/AN serving organizations without opportunities for resources meant to alleviate the health and social disparities of the overall AI/AN population.<sup>3</sup> The Indian Health Care Improvement Act (IHCA) was a confirmation of the federal government's duty to all AI/AN people, making permanent the urban Indian health program and recognizing that AI/ANs need to be served where they reside.

### Indian Health Care Improvement Act

- The IHCA must be protected to maintain UIHPs, which are often the only hope for culturally relevant care for the 1.2 million urban AI/ANs living in their service areas.<sup>4</sup> The ACA was the vehicle that made the IHCA permanent, and provides important protections for the AI/AN population. If the ACA is changed or repealed, a permanent solution for the IHCA must be put in place.

### 100% FMAP

- 100% FMAP should be expanded for all eligible AI/AN seeking services at I/T/U. Unfortunately, 100% FMAP is not extended to UIHPs, requiring them to be dependent on states to pay for Medicaid services for urban AI/ANs.
- For UIHPs to receive 100% FMAP payments for their IHS eligible AI/AN population, the Social Security Act Section 1905(b) must be amended to include UIHPs as eligible sites under the IHS.

### Medicaid Block Grant

- If Medicaid is made into a block grant, many costs will be shifted to the states, affecting eligibility, benefits, and provider payment rates, which will hurt I/T/Us ability to serve the AI/AN population.

### Medicaid Block Grant

- Many AI/AN will lose coverage if Medicaid expansion is discontinued through changes or the repeal of the ACA.

### Appropriations

- UIHPs have been able to enhance third party revenue and increase quality improvement efforts, despite the fact that less than 1% of IHS funding is allocated to the urban AI/AN population. Increased appropriations for UIHPs must be made for this progress to continue.

### References

- 1) U.S. Census Bureau. Census 2010 American Indian and Alaska Native Summary File; Table: PCT2; Urban and rural; Universe: Total Population; Population group name: American Indian and Alaska Native alone or in combination with one or more races. *2010 Census American Indian and Alaska Native Summary File*. 2010.
- 2) Urban Indian Health Institute, Seattle Indian Health Board. *About Urban Indian Health Organizations*. <http://www.uihi.org/about-urban-indian-health-organizations/>
- 3) Castor ML, Smyser MS, Tauaali MM, Park AN, Lawson SA, Forquera RA. A nationwide population-based study identifying health disparities between American Indians/Alaska natives and the general populations living in select urban counties. *American Journal of Public Health*. 2006;96(8):1478-1484.
- 4) U.S. Census Bureau.



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