

FACT SHEET:

Urban Indian Health Organizations Healthcare for Urban American Indians and Alaska Natives



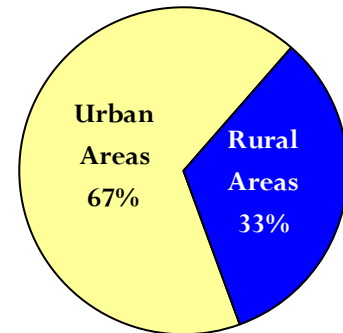
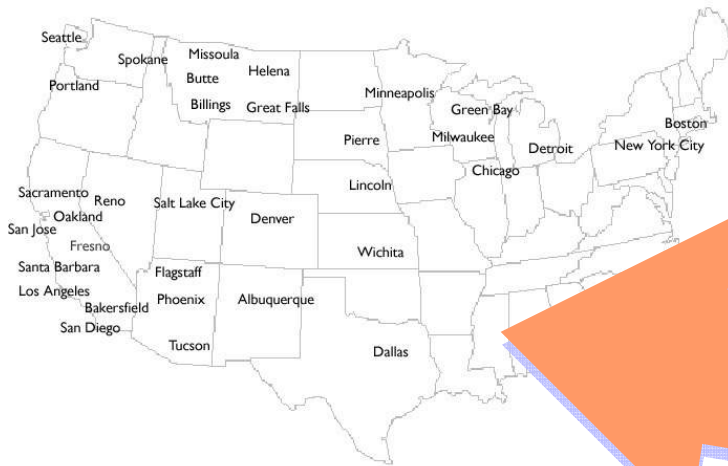
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What are Urban Indian Health Organizations?

Urban Indian health organizations are independent, non-profit, Indian-controlled organizations that contract with the Indian Health Service under authority of Title V of the 1976 Indian Health Care Improvement Act (PL 94-437). Currently, urban Indian health organizations (UIHO) receive financial support from the IHS to provide direct health care and referral assistance. Today, IHS funds are directed at 34 organizations in 19 states serving 94 U.S. Counties. In 2004, the estimated AI/AN population for these agencies was 1,000,254.



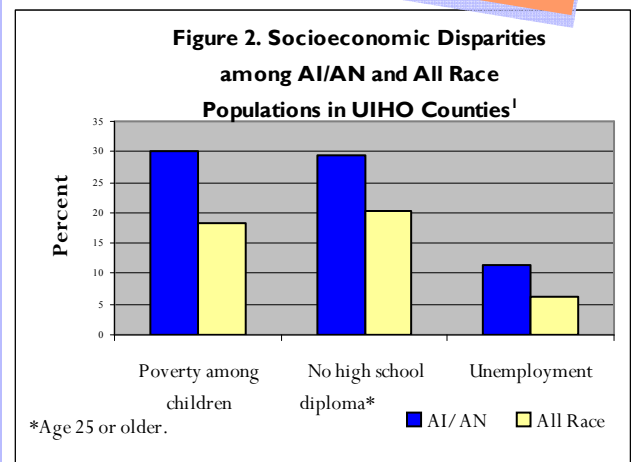
Percentage of American Indian/Alaska Native Population

Urban Indians are American Indian or Alaska Native people who live in American cities. According to the 2000 U.S. Census, more than 4.1 million Americans self-identified as American Indian or Alaska Native. Approximately 2.5 million identified as American Indian or Alaska Native race alone.

There are currently 34 Title V urban Indian health organizations serving the urban American Indian/Alaska Native population in 94 counties, in 19 States.

Why Do Urban Indians Need UIHOs?

Economic, cultural, social, and historical factors have led to severe health disparities among urban Indians (Figure 2). Only recently have we begun to collect information that reinforces these findings. National data sources grossly underestimate the extent of urban Indian health needs on official documents. In spite of this, urban Indians experience higher death rates from accidents (38% higher), chronic liver disease and cirrhosis (126% higher), and diabetes (54% higher). Alcohol-related deaths in general are 178% higher than the rates for all races combined.



Without IHS funding, the UIHOs would not be able to provide the same quality care currently required by the urban American Indian/Alaska Native population. UIHOs offer special medical, psychological and cultural services that specifically target urban American Indian/Alaska Natives. Recently, one UIHO reported, "We have a lot of patients who won't go anywhere else. They worry about finances, what they see as racism, and they're intimidated by the health-care system."¹³

Estimating the Urban AI/AN Population Eligible for UIHO Services:

The Urban Indian Health Program was created to assist the predominantly lower income, uninsured, and underinsured urban Indian. For purpose of this estimate, we therefore will use the standard federal poverty rate as a determinant of the eligible population.



The 2004 urban Indian health status report, found that poverty in the 82 counties included varied from 24.1% to 28.1%. We propose using the mean poverty rate of 26% for this estimate. Thus, multiplying the 2.7 million American Indian/Alaska Natives identified in the 2000 census by the 26% poverty rate, the estimated eligible population is roughly 722,000 individuals. In 2004, urban Indian health organizations helped 78,000 American Indian/Alaska Natives.

Table I. Comparison of Urban Indian Funding to Total Indian Health Service Funding, 1979–2005 (in thousands)²

Year	Total I.H.S Budget	Total Urban Budget	Percentage Urban
1979	\$492,193	\$7,270	1.48%
1985	\$890,567	\$9,800	1.10%
1995	\$1,707,092	\$23,349	1.37%
2005	\$2,967,272	\$32,410	1.09%

From 1996-2001, **American Indian/Alaska Native infant mortality was 41% higher** than the all race population living in UIHO service areas¹¹.

Over time, the infant mortality rate decreased significantly in the all race population living in UIHO service areas, this trend was **not** seen in the American Indian/Alaska Native population.

Indian Health Service Funding for UIHOs

The 1976 Indian Health Care Improvement Act provides the authority for Congress to appropriate funds annually for urban Indians. Since 1979, approximately 1% of the IHS budget has been directed for urban Indians while the number and percentage of Indians living in American cities has risen significantly. The urban Indian health program is an essential base of funding that helps contracting organizations secure additional resources that allow for expanded services and a greater focus on preventive and community activities. Since urban Indians represent many different Indian tribes and are generally geographically dispersed in urban areas, programs designed with cultural and historic factors considered are better accepted and participation is far greater by urban Indians than when these important matters are not incorporated.

¹ 2000 U.S. Census

² 2000 U.S. Census Urban Area definition http://www.census.gov/geo/www/ua/ua_2k.html

⁴ Department of Health and Human Services Budget

⁵ Indian Health Care Improvement Act (PL94-437)

⁶ U.S. DHHS Indian Health Service Fact Sheet http://www.ihs.gov/PublicInfo/PublicAffairs/Welcome_Info/ThisFacts.asp

⁷ Civil Rights Act of 1964 PL 88-352 SEC.201.(a)

⁸ Urban Indian Health Institute. "The Health Status of Urban American Indians and Alaska Natives: An Analysis of Select Vital Records and Census Data Sources", March 2004. <http://www.uihi.org/reports/2004HealthStatusReport.pdf>

⁹ NOTE: Federal Poverty levels do not reflect actual poverty, especially in cities where the cost of living is high. Based on the 2005 Federal poverty guidelines, a family of 4 at 100% poverty has an annual income of only \$19,350.

¹⁰ Stehr-Green P et al. Effect of racial misclassification of American Indians and Alaska Natives on Washington state death certificates, 1989-1997. *AJPH* 2002; 92(3).

¹¹ U.S. National Centers for Health Statistics: Natality Data for 1996-2001

¹² U.S. National Centers for Health Statistics: Linked Birth Infant Death Data for 1993-2002

¹³ Seattle Times, Clinic for Indians faces cut in funds, February 14, 2006.