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# UIHI Newsletter

UIHI is a division of  
The Seattle Indian  
Health Board

## Special Interest Articles:

- The UIHI's role in Urban Indian Health
- Expansion of the UIHI
- EpiCenters Annual Meeting
- Supplemental Maternal and Child Health Funding
- New Staff

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## UIHI's Role in Urban Indian Health

### How the UIHI helps Urban Indian Health

Before the publication of the health status report in March of this year, urban Indian health organizations were standing on shaky ground. While all of us knew that we are providing care to very needy Indian people, there was no national published report which showed that urban Indians were experiencing health disparities.

When I decided to create the Urban Indian Health Institute (UIHI) in 2000, one of my primary goals was to create a scientifically sound document to support this position. It is now in print for the public, and has been quoted in numerous settings, including in statements by Senator Bill Frist, Senate Majority Leader, on the floor of the U. S. Senate.

There should be no doubt in anyone's mind that urban Indians experience health disparities.

It was important that we make this assertion because much of the health care debate in this country is couched around the idea of health disparities. The federal policy espoused in Healthy People

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New location and expansion of UIHI

## Expansion of the UIHI

In the four years since the creation of UIHI, we have experienced an amazing amount of growth in both our number of staff and our capacity.

This time last year we were comprised of five staff. Since then, the UIHI has doubled its numbers and its capacity to ten staff. This growth has led the UIHI to find a larger facility to hold its growing numbers.

On September 1<sup>st</sup> we took residence in a new facility just one building over from the Seattle Indian Health Board. The building has the capacity to house the UIHI current staff, and allow for any additional expansion.

Please make a note that the UIHI has a new main number. The mailing address and e-mail information has remained the same.

## UIHI's Role in Urban Indian Health (continued)

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*“Urban Indian health is now a player in the health disparities arena.”*

2010 states that it is a goal to eliminate health disparities among minority groups by 2010. While I do not think any of us believe this is achievable, particularly as the health care system in this country continues to swirl out of control with escalating costs, record profits for pharmaceutical companies, and poorly thought out federal policies as exemplified by the ill conceived Medicare Modernization Act, we have a responsibility to try.

But, in order to get into the game, one must show that they are a player. Urban Indian health is now a player in the health disparities arena. Therefore, for me, Goal #1 has been achieved.

But getting in the game and being an effective player is another story. Because so few people truly understand the history and plight of urban Indians, there is a need to tell more of the story in both qualitative and quantitative ways. There is need to take all of the issues and conditions that other groups have clearly shown are problematic and showing that urban Indians also share these concerns. Thus, our work in the areas of smoking, infant mortality, elder care,

diabetes, etc., is necessary to document and codify that the meaning of health disparities among urban Indians is similar to the meaning among other groups.

By demonstrating that our cancer rates are similar to those among urban blacks or Hispanics means that initiatives and programs created to address cancer among these groups must also be made available to urban Indians.

But knowing this information puts a burden on all of us now to do something about it. No longer can we avoid evaluating our work to see if we are being effective. The future will demand that we have strong evaluation component to all of our work.

The capturing of operational cost and outcome data must become a central function of our agencies.

That our work shows results, or that we change course when the evidence indicates that our efforts are not being productive, is critical to our survival.

The UIHI was created to study various aspects of health from an urban Indian perspective, and to develop and disseminate tools to help you determine your best course of action.

All of our communities are different. Some of us will be more effective than others in certain areas. Demands will differ based on local needs.

The UIHI was also established to collect as much national and local information as possible so that we can answer the big picture questions and keep us in the game. This will not be an easy task. We are under considerable pressure to maintain the visibility that we achieved with the health status report. It is easy for us to get overlooked, but with your help, we can stay actively involved in the evolution of new health directions and hopefully, leverage resources that will help us meet the coming challenges.

Ralph Forquera, MPH  
UIHI Director  
Executive Director  
Seattle Indian Health Board

## IHS Epidemiology Centers Annual Meeting 2004

In late August, seven tribal epidemiology centers and the Indian Health Service (IHS) National Epidemiology Office, met in Seattle for the annual IHS Tribal Epidemiology Centers meeting. Centers included: Northwest Portland Area Indian Health Board, Great Lakes Inter-Tribal Council Epi-Center, Seattle Indian Health Board (Urban Indian Health Institute), Northern Plains Tribal Epidemiology Center, United South and Eastern Tribes, Inc., Alaska Native Health Board, and the Inter Tribal Council of Arizona Epidemiology Center, Inc.

Each center reported on recent activities and/or projects. In addition, updates were provided by IHS Headquarters, IHS National Epidemiology Office, and the Centers for Disease Control and Prevention (CDC). Discussion included the development of a Healthy People 2010 survey tool and the maternal child health program.

CDC presentations included the Behavioral Risk Factor Surveillance System and racial misclassification issues as shared by Dr. Elizabeth Arias from the National Center for Health Statistics. Dr. Arias' preliminary work, used a nationwide sample to

compare racial status reported through population surveys with racial status reported from death certificates. Disparities were found between American Indians/Alaska Natives (AIAN) and Whites; the AIAN population was also more likely to be misclassified as white than any other racial group. Within the AIAN population, misclassification was found to be greater in the urban versus rural population.

The recent UIHI report on the health status of urban AIAN populations raised concerns about how racial misclassification errors may compromise data quality. The work by Dr. Arias provides important insights into the nature of such errors and provides much of the critical information needed to successfully address them.

In summary, the meeting provided an important forum for the centers to update one another, share their successes and challenges, and forge potential partnerships. Many of the identified challenges may be best addressed through such collaborative efforts.

## Announcement of Supplemental Funding for Maternal and Child Health Activities

The IHS National Epidemiology Program is providing supplemental funding for currently funded Epidemiology Centers to enhance core maternal and child health (MCH) epidemiology activities. The purpose of the supplemental funding is to respond to the Department of Health and Human Service "Closing the Health Gap on Infant Mortality – American Indian and Alaska Native Sudden Infant Death Reduction" through:

1. Enhancement of surveillance for perinatal disease conditions
2. Epidemiologic analysis, interpretation, and dissemination of surveillance data
3. Investigation of outbreaks or elevated rates
4. Development and implementation of epidemiologic studies
5. Development and implementation of SIDS reduction and risk reduction programs
6. Coordination of activities with other public health authorities in the region.

With this supplemental funding, the UIHI proposes to:

- Conduct a comprehensive MCH needs assessment
- Obtain and utilize existing MCH datasets (natality, infant mortality, Pregnancy Risk

Assessment Monitoring System and Youth Risk Behavior Surveillance System)

- Track progress on 2010 goals and Title V MCH Block grant national performance and outcome measures.
- Assemble a broad-based urban MCH council.
- Establish an infant mortality review board.
- Conduct 2-3 special studies based on the needs assessment and urban MCH council priorities that will include data collection and analysis.
- Provide technical assistance to UIHOs.

For more information, contact Mei Castor or Alice Park, who are responsible for MCH activities within UIHI.





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We're on the Web!

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## UIHI Staff

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Mei Lin Castor, MD, MPH  
Lead Epidemiologist

Susan Mathew, MS, RN, CNS,  
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Diabetes Training Specialist

Alice Park, MPH  
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Jennifer Mas, MPH  
Research Coordinator

Matt Remle  
Youth Research Specialist

Kelvin James  
Informatics Specialist

Bernard Miller  
Database Developer

Doretha Walker  
Administrative Assistant

## New Staff

### Lead Epidemiologist:

Mei Lin Castor – Mei is a Commissioned Corps Officer with the U.S. Public Health Service. She is trained as a family practice physician and worked 4 years for Indian Health Service as a clinician in rural New Mexico. Following this, she spent several years with the Centers for Disease Control and Prevention as an Epidemic Intelligence Service Officer at the Minnesota Department of Health followed by completion of a Preventive Medicine Residency. While exposed to a spectrum of public health activities, she is particularly interested in the translation of research findings into meaningful interventions and programs for communities. Mei was born and raised in Southeast Asia in a bi-cultural family. She has lived in Kenya, Africa and various regions in the U.S. but is very pleased to have landed in Seattle to work with the team at UIHI.

### Administrative Assistant:

Doretha Walker - Doretha brings over twenty years administrative support experience, has a strong command of computer applications operations, and the ability to multi-task. In addition to her role as the Administrative Assistant for UIHI, Doretha serves on different non-profit committees and boards, and is actively involved in community service volunteering. Doretha is married and has five beautiful children. Born in Fairbanks, Alaska, is a 4/4 Eskimo of Inupiaq and Yup'ik descent. Doretha's Eskimo name is: Aasaahvregae, meaning "to push against the current."

### Diabetes Training Specialist:

Susan Mathew – Susan is a Commander in the United States Public Health Service and has served the last fifteen years in the Indian Health Service. Her first assignment for the Indian Health Service was with the Alaska Native population in Barrow, Alaska. She served as a registered nurse and became involved with her area of expertise diabetes. After two years in the arctic cold, Susan transferred into the Model Diabetes Program on the reservation in Warm Springs, Oregon. Susan received her certified diabetes educator, CDE, a Master's of Science degree, MS, from Oregon Health & Science University and is a board certified clinical nurse specialist, CNS. Susan will be focusing her attention on the Urban Alaska Native/American Indian population and diabetes. She is looking forward to meeting you and Susan can be contacted through the UIHI for diabetes technical and training needs.

### Research Coordinator:

Jennifer "Jay" Mas – Jennifer has worked with the homeless youth community through a variety of medical and social programs in Seattle for the past 5 years. She has also managed programs for University of Washington (UW) health science students to promote practice in rural and urban medically underserved areas. She is a recent graduate from the Master in Public Health Program at the UW and has spent the past year in South America traveling and working.

### Youth Research Coordinator:

Matt Remle (Hunkpapa Lakota) – Matt will be working with Native youth ages 12-18 on reducing cardiovascular disease through the promotion of traditional physical and cultural activities. Matt is the father of two beautiful children.