

Urban Indian Health Institute Advisory Council

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On April 27, 2007, the UIHI's Advisory Council convened for their annual meeting to discuss the UIHI's infrastructure, the UIHI's projects, and future direction for the organization. The fourteen-member Council welcomed two new members: Susan Barkan, an epidemiologist with Public Health - Seattle and King County and Tim Feetham, a data analysis consultant who has served as a Senior Research Analyst for the Data Warehousing Institute and continues to write for them on a regular basis.

The Advisory Council meeting focused on three issues regarding the UIHI's future: research directions, the UIHI's place within the urban American Indian/Alaska Native health network, and the importance of creating long-lasting, quality partnerships.

Foremost on the agenda was the

decision that the UIHI's primary work is not research. Included in this was the resolution that the UIHI ought to pursue work on a standardized data system for urban Indian health organizations and undertake concrete partnerships on a larger scale.

Advisory Council members were enthusiastic about the UIHI's spread of "preventive" health messages to partners and collaborators. They called for increased awareness of preventive health messages both internally and externally.

Finally, the Advisory Council urged UIHI staff to expand their current project prioritization, supplementing macro-decisions with protocols on a micro-decision level. As with past years, the Council urged the UIHI to focus on a chosen agenda and pursue work within that area. ~

Progress Report: The Bemidji Area Urban Needs Assessment

The Bemidji Area Urban Needs Assessment project is well underway, as staffers are roughly halfway through testing of the survey instrument.

The primary goal of this project is to provide characterizing information about the health needs of urban American Indians and Alaska Natives living in the Bemidji area.

The six urban sites will include the five urban Indian health organizations in the Bemidji area (Chicago, Minneapolis, Green Bay, Milwaukee and Detroit) as well as Grand Rapids, Michigan.

Participating sites recently completed the first round of interviews for pretesting the survey instrument. After a second round of upcoming

interviews, Urban Indian Health Institute staffers will analyze the data and incorporate changes to create the final survey tool.

Ultimately, this information may be used for program planning and priority setting. The lack of data on urban AI/AN impedes the ability to raise funds to support or expand services, and to make the case to local policy-makers and legislators that AI/AN health is an important issue in urgent need of attention and investment. ~

Contact UIHI Manager Alice Park (alicep@uihi.org) for more information about the project or to request a copy of the final survey tool.

Urban Indian Health Institute Mission:

The UIHI provides centralized nationwide management of health surveillance, research, and policy considerations regarding the health status deficiencies affecting urban American Indians and Alaska Natives.



Urban Indian Health Institute Newsletter

Speaking Our Way to Better Health

Family history and the oral tradition of storytelling are highly valued in American Indian/Alaska Native communities. For generations, stories have passed down priceless memories, values, and morals. An exciting new project fuses traditional American Indian storytelling traditions with the quest for better health.

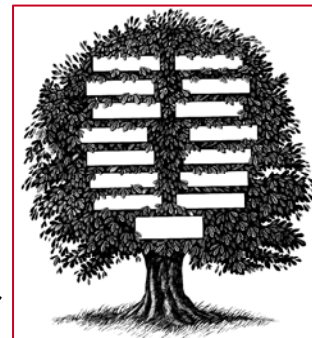
Urban Indian Health Institute Project Coordinator, Ursula Tsošie, is currently leading the Family Health History Project, which will work with American Indian/Alaska Native families over the course of the project.

The aim is to translate patient knowledge of personal family health history into a *Family Health History Awareness Tool* for health care consumers and providers.

Based on previous groundwork, the Urban Indian Health Institute will produce a tool, bringing together a traditional medical model of a *Family Health History Awareness Tool* and a community based approach, which enables storytelling to drive the collection of family health history.

After this, Community Based Participatory Research principals will be used to evaluate the tool influenced by community members knowledgeable in the American Indian/Alaska Native culture. ~

For more information, please contact Project Coordinator Ursula Tsošie. ursulat@uihi.org



UIHI's Associate Director Maile Taulii gave birth to Maliatoa Kealiiaukaio kamoana Kukuihoolua Taulii on November 27th, 2006.

Rachel Brucker, a Project Coordinator at the UIHI, gave birth to Lillian Brucker the morning of March 4, 2007.

New Faces at the Urban Indian Health Institute: Ursula Tsošie, Project

Please join us in welcoming Ursula Tsošie, the Urban Indian Health Institute's new Project Coordinator. With an MSPH in Epidemiology from the University of North Carolina at Chapel Hill and a Microbiology BS from California Polytechnic State University at San Luis Obispo, Ursula brings extensive experience in epidemiology studies and analysis to the UIHI.

A Navajo tribal member, Ursula was born Arizona and raised in Southern California. Her professional experience includes work as a research assistant at the Centers for Disease Control and Prevention, the Carolina Mammography Registry and at the North Carolina State Health Department.

Ursula has jumped into the UIHI's Viral Hepatitis Education, Diabetes and Family Health History projects. She is looking forward to working with the UIHI and having the opportunity to apply her knowledge of epidemiology to help reduce disease in the American Indian population. ~



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Youth at Risk: Findings from National Data Sources

UIHI staff recently conducted in-depth analysis of data on urban American Indian/Alaska Native youth. This particular study focused on youth risk behaviors, analyzing national data sources to identify characteristics of urban American Indian/Alaska Native youth and to examine disparities in health risk behaviors.

Four national data sources were analyzed:

- 1) Mortality or U.S. death certificate data for 1999-2001;
 - 2) Natality or U.S. birth certificate data for 2000-2002;
 - 3) 2000 U.S. Census data; and
 - 4) Data from the national Youth Risk Behavior Survey (YRBS) for the years 1997- 2000
- (Total sample = 59, 839 people)

Study findings indicate a need for interventions to address health status and risk behaviors among urban American Indian/Alaska Native youth. The high prevalence of risk behaviors in urban American Indian/Alaska Native youth represents a significant disparity compared to youth in the white population.

Urban American Indian/Alaska Native students were significantly more likely than urban white students to engage in behaviors resulting in unintentional injuries and violence, drug use and risky sexual behavior. Higher rates of death, poverty, school non-enrollment and teen births were also seen in American Indian/Alaska Native youth as compared to white youth.

More resources need to be focused on American Indian/Alaska Native health if these gaps in health status and risk are to be reduced or eliminated. The high prevalence of many of the risk factors examined implies that health promotion and disease prevention activities have the potential to make a significant impact on risk reduction for urban American Indian/Alaska Native youth.

Data to continue monitoring trends in risk behavior is crucial for efforts to obtain funding to support intervention programs and other action steps.~

For copies of the report, contact Project Coordinator Shira Rutman. shirar@uihi.org

Leading Causes of Death: In UIHO service areas, the leading cause of death among both American Indian/Alaska Native and white youth ages 15-19 years was unintentional injuries; primarily motor-vehicle related. The second and third leading causes of death were homicide and suicide, respectively.

Risk Behaviors: The presence of several risk behaviors were at least two-fold higher in American Indian/Alaska Native compared to white youth in urban areas, including: being forced to have unwanted sex (16.4% and 6.6%, respectively), being physically hurt by a boy/girlfriend (17.0% and 8.0%), having been pregnant or gotten someone pregnant (10.6% and 3.6%), and having ever used heroin (7.4% and 2.6%), or injected drugs (5.1% and 1.9%) among other illicit drug use behaviors.

Suicide: Medical treatment from a suicide attempt was nearly five-fold higher among American Indian/Alaska Native youth as compared to white youth (10.5% and 1.9%). Prevalence estimates for attempted suicide (20.7% and 6.8%), not going to school because of feeling unsafe (12.6% and 3.7%) and medical treatment from a fight (10.8% and 3.1%) were greater than three-fold higher in American Indian/Alaska Native youth. ~

Urban Indian Health Institute Newsletter

November 1: Washington DC Urban Indian Health Commission

Partnering with the Robert Wood Johnson Foundation (RWJF), in 2005 the Urban Indian Health Institute convened the Urban Indian Health Commission (UIHC). A two year project, the Commission is comprised of a group of experts who are merging their scientific, cultural, and policy expertise to provide outreach and education to politicians, academics, public health officials and the general public as a strategy to increase awareness of the health of the urban Indian population and to improve urban Indian health. In addition to accomplishing the important work of highlighting the needs of urban Indians to political, research and health service audiences, this Commission paves new ground as the first RWJF-funded urban Indian Commission of it's kind.

On November 1st and 2nd 2007, the UIHC will conclude with the release of a monograph publication that addresses the history of urban Indians, the health topics of diabetes, depression and cardiovascular disease, data issues, and recommendations for future actions. This ground breaking monograph release will be held in Washington DC, presented to an audience of Congressional members and staff, and health disparities advocates.

Following the official release, presentations will continue on November 5th and 6th 2007 at the American Public Health Association convention in Washington DC. Intended to reach a wider public health audience, the presentations include a general UIHC overview session, an oral presentation on diabetes, and a poster presentation on depression.

For more information on the UIHC, please visit the Urban Indian Health Institute website at www.uihi.org. Information on how to obtain a copy of the monograph will be posted on the Urban Indian Health Institute website in the Fall of 2007. ~



(Top L-R) Linda Burhansstipanov, Jennie Joe, Eve Slater, Theresa Maresca (Bottom L-R) Jeffrey Henderson, Michael Bird, Michael Trujillo, Clifford Trafzer, Jarrett Clinton (Not pictured) Martin Waukazoo, Charles Wilson, Philip Lee (Advisor), Andy Schneider (Advisor)



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National Council of Urban Indian Health: In Challenges Lie Opportunity

By Alejandro Bermudez, National Council of Urban Indian Health

“Challenges have been very intense, but so has been the support and sympathy towards the Urban Indian Health cause” said Mr. Geoff Roth during his speech at the American Association of Indian Physicians’ (AAIP) Annual Conference in Nashville TN from July 29 to August 2, 2007. The fact that the AAIP chose Urban Indian Health as their conference focus is but one of the signs of a new era for the Urban Indian Health sector.

NCUIH has received unprecedented support from diverse sectors in the country. The battles for reauthorization of the Indian Health Care Improvement Act have both increased the issue’s complexity and generated a series of opportunities for NCUIH to create and strengthen links with a series of important political players.

In addition to the fraternal solidarity shown by other native organizations; NCUIH’s cause has received sympathy and support from new Tribal Leaders, mainstream institutions, and critical legislative figures such as: Senators Dorgan and Murkowski, from the Senate Committee of Indian Affairs. Although 2007 was

another tough, uncertain year for urban Indian health issues, the opportunities to be heard and seen have grown exponentially.

Today’s support for our cause is not fortuitous, though. Urban Indian unity has been a major component of this quest. It is the result of all Urban Indian Health Organizations (UIHO) and NCUIH’s continuous efforts in making sure that our united message is sent out, our voice heard and our opinion taken into account. Outreach and awareness have been critical to gain the current level of support. Networking in events, providing a variety of technical assistance services, attending meetings as well as carrying our educational activities across the country have been equally important to gather support from diverse institutions and Tribal Leaders. In fact, NCUIH carried out a joint press conference with NIHB and NCAI in March, 2007. This event addressed the zeroing out of Title V. This press conference helped garner a wider, more general audience for the plight of urban Indians, gave urban Indians a forum to rebut the Administration’s arguments against the reauthorization and joined

efforts with other sister Indian organizations.

Another opportunity stemming from a challenge was the negotiation that NCUIH embarked on with a series of Tribal Leaders from the Aberdeen Area. These leaders publicly expressed concern about how the definition of urban Indians and the role of the UIHOs could affect the government to government relationships that the tribes have with the US Government as established under treaties. However, through the intense networking efforts and a trip to Tribal lands. NCUIH was able to amend this misunderstanding and improve urban Indian relations with the concerned leaders. Additionally, urban Indians were blessed with the support shown by other regions Tribal Leaders.

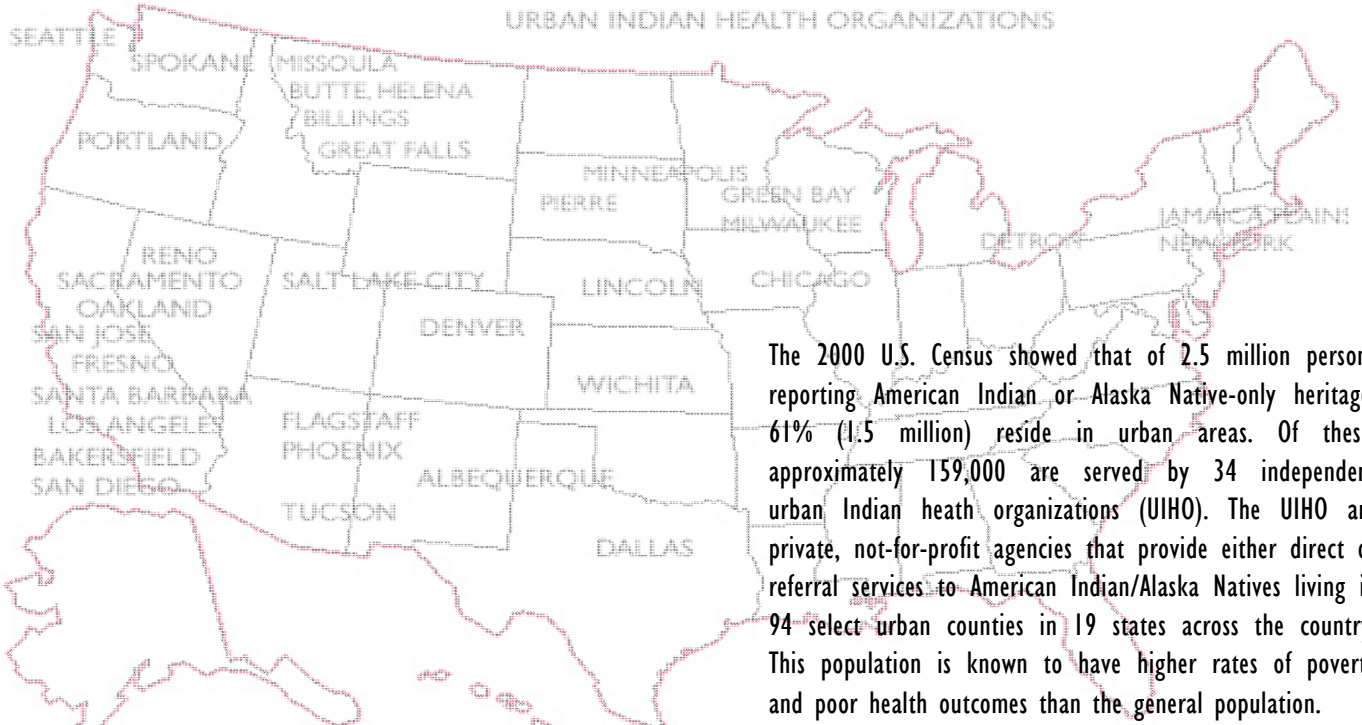
Challenges still lie ahead; however, urban Indian unity and efforts will be the clue to sort out difficulties that shall come in the future. NCUIH’s Annual Conference will take place in September 18-21, 2007 in Washington, DC and will provide the sector with tailored technical assistance as well as an excellent occasion to renew UIHOs fraternity and design further strategies for success. ~

Visit us at
www.uihi.org

Urban Indian Health Institute

PO Box 3364
Seattle, WA
98114

Phone: 206-812-3030
Fax: 206-812-3044
E-mail: info@uihi.org



Urban Indian Health Institute

P.O. Box 3364, Seattle, WA, 98114

Phone: (206) 812-3030 Fax: (206) 812-3044

Ralph Forquera, MPH

Executive Director

Maile Tualii, MPH

Associate Director

Alice Park, MPH

Manager

Mairead Widby, MA

Communications Specialist

Mei Castor, MD, MPH

Medical Epidemiologist

Susan Mathew, RN, MS

Diabetes Training Specialist

Rachel Brucker, RN, MPH

Project Coordinator

Jessie Folkman, MPH

Project Coordinator

Shira Rutman, MPH

Project Coordinator

Ursula Tsosie, MPH

Project Coordinator

Bernard Miller, BS

Database Developer

Jim La Roche, BA

Project Assistant

Erin Tompkins, MPH

Project Assistant