FACT SHEET

Urban Indian Health Institute
A Division of the Seattle Indian Health Board

HEALTH DISPARITIES IN UIHO SERVICE AREAS

What are Urban Indian Health Organizations?

Urban Indian Health Organizations (UIHOs) are private, non-profit corporations that serve American Indian and Alaska Native (AI/AN) people in select cities with a range of health and social services, from outreach and referral to full ambulatory care.

UIHOs are a network of 33* independent health agencies funded in part under Subchapter IV of the Indian Health Care Improvement Act and receive limited grants and contracts from the federal Indian Health Service (IHS). UIHOs are located in 19 states serving individuals in approximately 100 U.S. counties, in which over 1.2 million AI/ANs reside (Figure 1).[1]

UIHOs provide traditional health care services, cultural activities, and a culturally-appropriate place for urban AI/ANs to receive health care. Governed by Indian-majority boards of directors, these agencies assure that the programs and services are consistent with the social and cultural priorities of the local urban Indian community. In addition, UIHOs provide innovative, coordinated care to elevate the health of the urban AI/AN population and address the health disparities that currently exist.

Who are Urban Indians?

Over the past half-century, AI/ANs have increasingly relocated from rural communities and reservations into urban centers. From 2000 to 2010, the number of AI/ANs† residing in urban areas grew by 34% (almost 1 million people). Approximately 71% of AI/ANs live in urban areas.[2] Federal policies and practices towards AI/ANs have fragmented AI/AN communities and made it difficult to clearly define who is an urban Indian. Unlike the federal guidelines that restrict resources for AI/ANs to those who are members of federally-recognized tribes, urban Indian identity is broader and encompasses people of AI/AN heritage that may not share in the political standing taken from them by past federal policies.

Chronic Disease

Urban AI/ANs face alarming disparities in chronic disease morbidity and mortality. A significantly higher percentage of AI/ANs in UIHO service areas report being diagnosed with diabetes compared with the general population (Figure2). Cardiovascular disease (CVD) mortality is currently the leading cause of death in urban AI/AN populations.[3] The disproportionately high prevalence of multiple chronic disease risk factors, such as smoking and overweight/obesity, may explain the high rates of CVD. For example, approximately 23% of AI/ANs in UIHO service areas report currently smoking cigarettes compared with 16% of the general population in those areas.[4]

Figure 1: Currently 33 UIHOs* are located in 19 states serving approximately 100 U.S. counties.

† American Indians and Alaska Natives alone or in combination with other races. * The data presented in this fact sheet reflect the service areas of the 33 UIHOs that were designated to receive Subchapter IV IHS contracts as of 2011. The UIHI will update the data in the future based on the revised 33 UIHO service areas.

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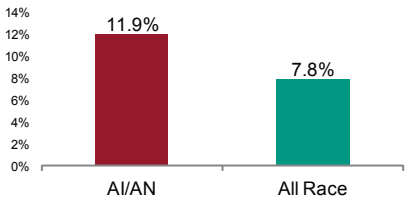
Social and Emotional Wellness

Over 15% of AI/ANs living in UIHO service areas report frequent mental distress compared with 10% in the general population (Figure 3).[5]

Unfortunately, there are few data on the prevalence of depression among urban AI/ANs. A prevalence of 30% has been estimated among AI/ANs in general, although the prevalence may be higher among urban AI/ANs.[6]

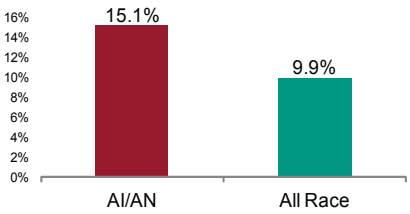
Indicators of social and emotional wellness such as alcohol-induced death rates and binge drinking are disproportionately high among urban AI/ANs. In all UIHO service areas, 20% of AI/ANs report engaging in binge drinking compared with 16% of the general population.[4] The alcohol-induced death rate in all UIHO service areas combined is 16.4 per 100,000 among AI/ANs, significantly higher than the rate of 5.9 per 100,000 in the general population.[3]

Figure 2: Ever received a diagnosis of diabetes, 2005-2010, combined UIHO service areas



Source: CDC, Behavioral Risk Surveillance System

Figure 3: At least 14 poor mental health days in the past 30 days, 2005-2010, combined UIHO service areas

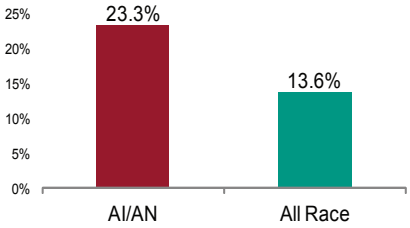


Source: CDC, Behavioral Risk Surveillance System

Socioeconomic Conditions

In addition to disease-specific disparities, urban AI/ANs also fare worse in socio-economic determinants of health. AI/ANs in UIHO service areas are significantly more likely to not have a high school degree/GED (23.9%) than the general population (16.2%).[7] A higher percentage of AI/ANs in UIHO service areas live below the federal poverty level compared with individuals in the general population (Figure 4).

Figure 4: Income below the federal poverty level, 2005-2009, combined UIHO service areas



Source: U.S. Census Bureau, American Community Survey

Disparities also exist in unemployment, where 12.7% of AI/ANs in UIHO service areas report being unemployed compared with 7.5% in the general population.[6] Drastic health disparities are evident when comparing urban AI/AN health with the general urban population, yet these data likely underestimate the true burden of disease among AI/ANs due to racial misclassification and other data quality issues.

Additional Resources

For more information on health issues and health disparities faced by urban AI/ANs in UIHO service areas, access the 2011 Community Health Profiles available here: http://www.uihi.org/urban-indian-health-organization-profiles/.

References

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