



Background

In 2016, the Urban Indian Health Institute produced the [Community Health Profile National Aggregate of Urban Indian Health Program Service Areas](#) to provide an overview of the health status of urban American Indians and Alaska Natives in 33 Urban Indian Health Program service areas.

The report use data on demographics, social determinants of health, mortality, sexually transmitted infections, maternal and child health, substance use, and mental health to examine health outcomes that exist among the urban Native population compared to the non-Hispanic White population.

Making Data Actionable

Data found in the Aggregate Community Health Profile are a tool for urban Native communities to reclaim narratives of health and well-being. By coupling data with community-responsive and culturally-adapted approaches, urban Native communities actively address systemic health inequities and effectively decolonize data.

Findings from the Community Health Profiles can be used to:

Identify strength based programs and interventions



Assist in program planning, grant writing, and advocacy



Help programs identify health priorities



Document and assess health disparities



Urban Indian Health Programs

Urban Indian Health Programs are a network of independent health agencies that provide primary health care services including traditional health care, cultural activities, and a culturally appropriate place for urban Natives to receive health care. The programs are located in 19 states and serve individuals in approximately 100 U.S. counties where over 1.2 million Native people reside.

2016 Map of Urban Indian Health Programs



Key Findings

The following statistics offer a glimpse of the health status of the urban Native population compared to the non-Hispanic White population. Despite racial disparities among some social, economic, and health outcomes, the strength and resiliency of Native people is evident.

Sociodemographics	Urban Natives continue to face significant socio-economic disparities. More than twice as many urban Natives over 16 are unemployed compared to their White counterparts (15.8% vs 7.4%).
Mortality	Urban Natives experience significantly lower overall and gender-specific mortality rates compared to Whites. Suicide rates are 42% lower among urban Natives than Whites; however, the homicide rate was three times higher among urban Natives.
Sexually Transmitted Infections	Sexually transmitted infection rates were higher among urban Natives. The chlamydia infection rate was 3.9 times higher among urban Natives than Whites in the program service areas.
Maternal and Child Health	While urban Native women gave birth at younger ages than White women, they are significantly less likely to deliver by cesarean section. Maternal and infant mortality were significantly higher among urban Natives (4.5 and 2.5 times higher, respectively).
Substance Abuse	Significantly fewer urban Natives (44%) reported using alcohol in the past month compared to Whites (60%). Use of pain relievers, marijuana, and other illicit drugs was higher among urban Natives.
Mental Health	Among mental health measures, urban Natives had similar proportions of mental health effects and service use compared to Whites.



Seattle Indian Health Board
611 12th Avenue South
Seattle, WA 98144

E info@uihi.org
P (206) 812-3030
W www.uihi.org

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