



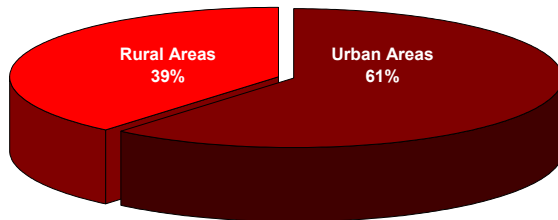
SPRING 2003 NEWSLETTER

BACKGROUND

In July 2000, the Urban Indian Health Institute (UIHI) was established as a division within the Seattle Indian Health Board, a community health center targeting urban American Indians and Alaska Natives.

FOCUS

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.



61% of American Indians and Alaska Natives Live in Urban Areas
Source: 2000 US Census

PRINCIPAL COMPONENTS

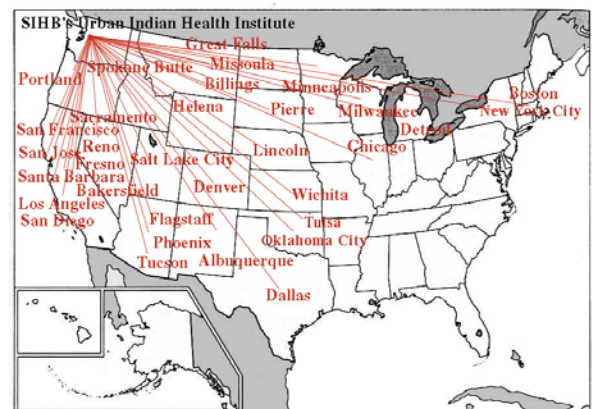
The Urban Indian Information Center (UIIMC)

The UIIMC is designed as a web-based solution to gathering and storing information on the health of urban Indians. To perform the type of data gathering and tracking needed to meet the demand for demonstrating health disparities, we believe a central repository for data collection and on-going disease tracking is essential. To be effective, this Center requires the cooperation of current and

future IHS funded urban Indian health programs from across the nation as well as other information management institutions such as the US Census Bureau, the CDC, and local and state health departments. We use a web-based solution for both cost efficiency as well as ease of operation.

The Urban Indian Epidemiology Center (UIEC)

The UIEC is designed to study and analyze the data collected through the Urban Indian Information Center and other outlets to understand health dynamics effecting urban Indians. Drawing upon the expertise of epidemiologists and statisticians, and adding interpretative skills from anthropologists and sociologists, we have established and are maintaining a permanent tracking system to understand the health status of urban Indians on a national, regional, and perhaps state and local level for advocacy and planning. The Urban Indian Epidemiology Center is becoming the national center on urban Indian health, performing both routine and special studies.



The Center for Tele-Health/Tele-Education and Advanced Communication (CTAC)

This center utilizes best practices in teleconferencing technology to provide education alternatives and improve communication between the disperse urban Indian health programs. The center assesses the capabilities of each of our urban Indian health partners and develops a plan for any necessary improvements. This technology reduces the expense associated with employee travel and out-of-office time.

CURRENT RESEARCH PROJECTS

Tobacco Study

The UIHI, in conjunction with Native American Rehabilitation Association of the Northwest, Inc. (NARA), is conducting a pilot study to determine the prevalence and patterns of tobacco use among urban AI/AN living in the Seattle/King County and Portland/ Multnomah County areas. Approximately 640 interviews (320 in each area) will be conducted either by telephone or in person.

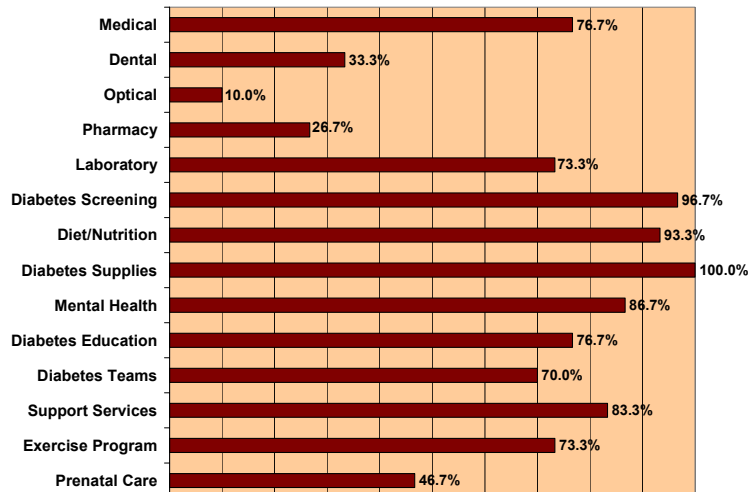
Elders/ Long Term Care

This needs assessment will be the first of many studies to look at the needs of Urban Indian Elders and Long Term Care. We are looking at long term care utilization, unmet needs, eligibility for services under 1915c waiver, and the potential impact of availability of AI/AN long term care services.

Diabetes Non-Clinical Audit

The UIHI developed and produced a web based survey/audit tool designed to collect descriptive and other program data including description of services, data collection capabilities and methods, client demographics, service volume by type of service, referral data and outcome, costs, etc. The next phase of the diabetes project will be under way upon the hiring of the Diabetes Trainer who will be responsible for building best practice models, standardizing service descriptions, and building capacity.

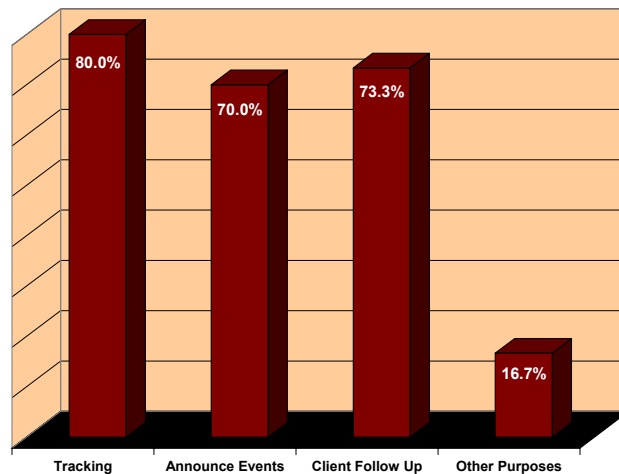
On Site Services Offered to Diabetic Clients



30/34 Programs Responded
Source: UIHI 2001 Non-Clinical Survey

Diabetes Registry Use

26/30 Reported Having a Diabetes Registry



Source: UIHI 2001 Non-Clinical Survey

Other Projects:

- Research Guideline Manual
- Self-Sufficiency Study
- Technology Infrastructure
- Training Site for Graduate Students
- Utilization/Penetration Report
- VHIP (Hepatitis C Project)

NEW STAFF

Lead Epidemiologist:

Richard Campman, PhD - Richard comes to the UIHI from the Texas Department of Health where he had served as Border Epidemiologist since 1993. Prior to that, he held the position of Director of Planning for a large migrant and community health center.

We believe his unique experience in both epidemiology and community health clinics, as well as his research and anthropology background, will assist us in moving the Urban Indian Health Institute in an informative direction.

Research Coordinator:

Alice Park, MPH – Alice comes to the UIHI with extensive experience in conducting epidemiologic analyses and in providing technical assistance to community health centers. She excels in the area of project management and the utilization of data for diabetes care.

Her experience with informatics and research practice will help us meet the needs of the Urban Programs.

Research Assistant:

Bernard Miller – Besides his excellent scientific research talents, Bernard has extensive computer system experience, including working for the technical support division of Microsoft. Inventor of a database language, he has an extensive understanding of database technology, and will play a critical role in building the UIHI capacity.

Administrative Assistant:

Teresa Martinez – As our main point of contact, Teresa's experience and talents in customer service will guarantee consistency and accuracy in working with the UIHI staff. She will be a major point of contact for the programs.

UIHI STAFF

Ralph Forquera, MPH
Director

Maile Taualii
Program Manager

Richard Campman, PhD
Lead Epidemiologist

Alice Park, MPH
Research Coordinator

Bernard Miller
Research Assistant

Teresa Martinez
Administrative Assistant

Michael Smyser, MPH
Contract Epidemiologist



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