

UIHI Newsletter

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The Seattle Indian
Health Board

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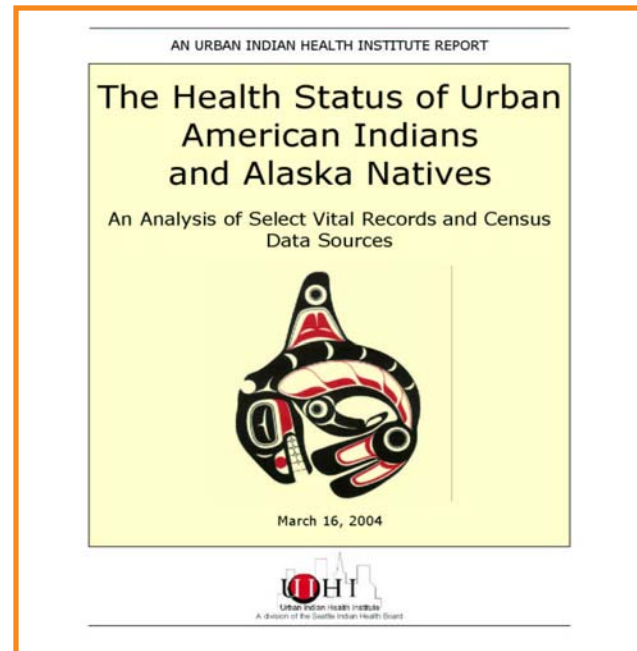
UIHI Health Status Report

Health Disparities Report Receives National Attention

On March 16, 2004 UIHI released the ground breaking report "The Health Status of Urban American Indians and Alaska Natives." This report documented for the first time American Indians and Alaska Natives (AIAN) living outside reservations in urban areas suffer from poorer health and experience significantly higher disparities in their health status than other racial and ethnic groups in the United States.

"American Indians and Alaska Natives living in urban environments may truly be experiencing a crisis in their health," stated Ralph Forquera, Director of the Urban Indian Health Institute. "This report reflects considerable health disparities experienced by urban Indians. Additionally, we know racial misclassification is a significant problem in vital statistics reporting, therefore the problem may be greater than what is reflected in this report."

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Census Data

Technical Note

When answering the question: "How many American Indians and Alaska Natives (AIAN) live in urban areas?" the census provides different answers depending on how AIAN is defined.

Most people know that in the 2000 census, respondents could choose one race such as AIAN or more than one race such as AIAN and White. Previous census allowed people living in the United States to choose only

However there is another reason why different numbers may appear.

The 2000 census had two different forms for people to fill out: the "short form" and the "long form." The short form goes out to

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Health Status Report (continued)

This report reviews select census, mortality, and birth data in an effort to assess the health status of Urban Indians living in Urban Indian Health Organization (UIHO) service areas. Key findings from this assessment include:

- Four million Americans indicated they were of American Indian or Alaska Native heritage on the 2000 census. Of these, nearly 70% lived in urban areas and 25% lived in counties served by UIHO.

- Based on 1999 income, nearly one in four Indians (25%) residing in UIHO areas lived in poverty [i.e., below 100% of Federal Poverty Level (FPL)] compared to 14% for the general population.

- Nearly half (48%) of AIAN lived in households with incomes below 200% FPL compared to 30% for the general (all races combined) population.

- Unemployment among AIAN was twice the general population rate (12% and 6% respectively).

- Nearly 1 in 4 (24%) AIAN reported having a disability compared to 1 in 5 (19%) in the general population. Substantial disparities in disability status were particularly evident at older ages, with 55% of AIAN age 65 and older reporting a disability compared to 42% for all races.

- Despite racial miscoding on death records, several significant disparities are evident with respect to higher rates

of death due to accidents (38% higher than the general population rate), chronic liver disease and cirrhosis (126% higher), and diabetes (54% higher). Alcohol-related deaths in general were 178% higher than the rate for all races combined.

Press Coverage

UIHI sent a press release to major media in Seattle the day the report was issued. The following Seattle media covered the story:

Health of urban Indians

American Indians who don't live on reservations suffer from poorer health than the general public as a whole.

	NATIONWIDE	
	American Indians/ Alaska Natives* rate per 100,000 population	Rate per 100,000 population for all races
Heart Disease	145	290
Lung Cancer	25	51
Accidents	43	31
Diabetes	32	21
Respiratory diseases	22	40
Alcohol-related deaths	28	10
Liver disease	28	12
Homicide	9	11
Injury by firearms	8	14
Drug-related deaths	9	9

* Represents Native Americans and Alaska Natives living in metropolitan areas served by 34 Urban Indian Organizations.

** For 1990-1999

Current Research Projects

Long-Term Care Needs of Urban American Indian/Alaska Natives

Little is known about the long-term care (LTC) needs of urban American Indian/Alaska Natives (AIAN). Although the majority of AIAN now live in urban areas, formal LTC services for AIAN elders are lacking. This past winter, the UIHI held focus groups and performed a survey of elders to address this growing need. Participants were age 55+ living in King County with a recent visit to an urban Indian health organization or recruited through word of mouth. Thirty-two elders participated in the focus group discussions and 198 elders participated in the survey.

Forty-five percent of elders rated their health as fair or poor. AIAN elders were less likely to be physically active compared to elders of all races nationwide and suffered from multiple health conditions. Forty percent reported needing assistance with any Instrumental Activities of Daily Living (IADL) and 15% for any Activity of Daily Living (ADL). Number of health conditions, IADL limitations, ADL limitations and gender were found to predict LTC service use. Number of IADL limitations was found to predict need for LTC services. Eighty-four percent of elders preferred living in their own home and 53% preferred an AIAN LTC facility. Sixty-three percent intended to stay in the area rather than return to the reservation.

The findings suggest significant unmet need for LTC services and support development of programs for AIAN elders residing in urban areas.

Other Projects

- ☀ Diabetes Audit
- ☀ Viral Hepatitis Integration Project
- ☀ Infant Mortality
- ☀ Adult Tobacco Utilization Survey
- ☀ Youth Tobacco Prevention
- ☀ Youth Cardiovascular Disease Prevention

Census Data (continued)

everyone, a massive undertaking to achieve the goal of a complete count of all persons living in the US. The long form goes to approximately 1 in 6 households, it is a "sample" of American households. As the name implies, the long form contains additional questions about socio-economic and housing information.

Race and urban geography information is available from both forms, but there are cases where one must use sample data only available on the long form. Therefore the number of AIAN may vary slightly, depending on whether the long form or the short form was used to describe the population. The table below demonstrates this difference:

Race:	Population	% Urban (short form)	% Urban from sample data (long form)
AIAN alone	2,475,956	60%	61%
AIAN alone or in combination	4,119,301	67%	69%
All races	281,421,906	79%	79%

Source: SF2 PCT2, SF4, 2000 Census

Director's Message

The issue of health disparities has been around for some time, but until of late, urban Indians have not been directly represented. Conditions faced by urban Indians differ than those living on Indian reservations. Therefore, the need to put forth an agenda that is in line with our needs, and not just tagging along with tribal initiatives is an essential response to the health disparities debate.

For decades, only anecdotal data existed to show that urban Indians were affected by poorer health than other Americans. As the debate over health disparities took a more visible place in American politics, the need to quantify our position became increasingly important. We did not know whether there was sufficient evidence to demonstrate our issues because no uniform method for capturing this data existed. But we decided to find out. The result is the first comprehensive national report on the health status of urban Indians. The report clearly shows that urban Indians are, in fact, experiencing a greater health burden than other Americans and little effort currently exists to try and rectify this problem.

This topic will continue to gain momentum with the introduction of the *Closing the Healthcare Gap Act of 2004* introduced by Senate Majority Leader Bill Frist. The bill offers many opportunities for urban Indian health organizations to capture resources and gain important technical support for their work. A key component of the bill is a call to improve data collection in a manner that will allow greater tracking of health conditions among various ethnic groups. We must make sure we are included in the discussion of just how data is gathered and reported so our message is heard.

We can now authoritatively state that urban Indians are experiencing generally poorer

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We're on the Web!

See us at:

www.uihi.org

New Staff

Informatics Specialist:

Kelvin James- Kelvin works hard to keep in touch with the latest developments in hardware and software for the purpose of implementing new technology into the area of public health. He chose to focus more on the human element by graduating from the University of Washington with a degree in Philosophy and a degree in English. After graduation, he interned at the University of Iowa's Hospitals and Clinics as a microcomputer information specialist. He later returned to public service by taking a job as a Computer-Lab manager at the University of Washington. Currently, Kelvin spends his days managing the technological infrastructure of UIHI—where he is committed to applying the latest and most efficient technological advancements in the Urban Indian Health Institute's mission.

Research Coordinator:

Shelley Lawson- Shelley is a descendant of the Tsimshian Nation from the village of Metlakatla, Alaska and has lived in Seattle for 13 years. Shelley received her Bachelor of Arts from Carleton College and her Masters in Public Administration from the Kennedy School of Government at Harvard University. She worked for the Puyallup Tribal Health Authority, the Muckleshoot Indian Tribe, the City of Seattle, and Public Health – Seattle & King County before joining the Urban Indian Health Institute in 2004. The UIHI has allowed Shelley to combine her interests in public health research with Native community based work. Shelley is married and has a 2-year-old son.

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Director's Message (continued)

overall health than other Americans. We can clearly show that socio-economic factors play an important role in these disparities. Now is our time to take leadership for our communities by using our agencies as tools for social, economic, and health care development for urban Indians across the nation. The future of Indian people living in American cities will depend on our initiative. --Ralph