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Urban Indian Health Institute in the News

The American Journal of Public Health recently published the Urban Indian Health Institute's nationwide population-based study on American Indian/Alaska Native health disparities. Publication in this national, peer-reviewed journal helped to both legitimize the data and disseminate the findings to the broader scientific community. Media coverage included write-ups in the Native American Times and on indianz.com.

Using US census and vital statistics data for the period of 1990 to 2000, UIHI staff analyzed the health status of American Indian/Alaska Native populations living in areas served by the 34 federally funded urban Indian health organizations. The study documents disparities in socioeconomic, maternal and child health, and mortality indicators between American Indians/Alaska Natives and the general

populations in urban Indian health organization service areas and nationwide.

Some of the findings: American Indians/Alaska Natives are approximately twice as likely as the general populations to be poor, to be unemployed, and to not have a college degree. Similar differences were observed in births among mothers who received late or no prenatal care or consumed alcohol. The same held true for the population that experienced infant mortality attributed to sudden infant death syndrome, chronic liver disease, and alcohol consumption.

UIHI researchers believe that the documented disparities can be addressed through improvements in health care access, high-quality data collection, and policy initiatives designed to provide sufficient resources and a more unified vision of the health of urban American Indians/Alaska Natives. ~

The Importance of Political Memory



Representative Jim McDermott (WA) discusses the importance of effective communication between federal, public health, and tribal organizations.

(l-r) UIHI Director Ralph Forquera, National Council of Urban Indian Health Director Geoffrey Roth and Representative Jim McDermott.

Representative Jim McDermott (D-WA) is a warrior for urban Indian health. This past year he fought valiantly for the continuation of urban Indian health care funding, working closely with Representative Norm Dicks (D-WA), the ranking member on the Interior Appropriations sub-committee.

"The urban Indian health program is a good program that makes a positive difference in the lives of Native American people across the country, including Seattle," McDermott states. Speaking at the Seattle Indian Health Board conference last July, McDermott praised the work of urban Indian health

organizations and spoke of his commitment to working with local, state, and national organizations to ensure adequate funding. As participants of the conference can attest, maintaining a strong commitment to political action is crucial for the survival and continuation of much needed services for Indian people. The conference included training on media relations and community advocacy.

Washington State has a long history of political support for urban Indians. The late U.S. Senator Henry M.

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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

Countdown to 2008: Diabetes Technical Assistance

As the seconds tick down to the end of the Special Diabetes Program for Indians (SDPI) grant cycle in 2008, diabetes programs across the nation are working to ensure that their program may be reported. Diabetes technical assistance may strengthen urban Indian health organization's re-applications to renew their non-competitive funding for Special Diabetes Programs for Indians (SDPI).

The UIHI's Diabetes Training Specialist, Susan Mathew, offers customized diabetes technical assistance, from basic implementation and standardization placement of a diabetes registry to streamlining the process to become eligible for the IHS Integrated Diabetes Education

Recognition Program (IDERP).

If a diabetes program is just starting at an urban Indian health organization, creating a diabetes registry and following the eleven formally established standardization placements is step one. If they haven't already done so, previously established programs may wish to implement additional data measures for diabetes.

Diabetes technical assistance also helps clinical and non-clinical programs to understand the diabetes standards for care and education, an essential component of the Diabetes Self Management Education (DSME) program. From the eleven standardized data elements for placement on the registry to eligibility for the IHS IDERP, diabetes technical assistance is helping to prepare diabetes programs for reporting on the diabetes population they serve.



This information will be most helpful when the Indian Health Service (IHS) appears before Congress in 2008, gives the end of the grant cycle report, and requests renewal of the SDPI funding.

Putting into practice these basic data measures will help to:

- Provide evidence to justify healthcare funding for the diabetes population.
- Strengthen program planning based on needs of the target population.
- Report progress toward improving health status of individuals with diabetes in a clinical and non-clinical setting.

For more information on the UIHI's Diabetes Technical Assistance, please contact Susan Mathew, UIHI's Diabetes Training Specialist. Susan can be reached at 206-812-3037 or susanm@uihi.org.

New Faces at the Urban Indian Health Institute

Jim La Roche, UIHI Research Assistant.

Jim recently graduated from the University of Washington with a BA in Anthropology, a focus on Environmental Anthropology and Botany, and minors in History and American Indian Studies. With previous professional experience interning at the Native Village of Eyak and the Partners for Subsistence Fisheries Management on the Copper River, Jim's interest in subsistence food and ethno-botany stem from a desire to see traditional and healthy foods incorporated into the diet as a way to combat diabetes. Jim is a Lakota of the Lower Brule Sioux Tribe, Kul Wicasa Oyate. .

Erin Tompkins, UIHI Research Assistant.

Erin contributes to research at the UIHI with experience in minority health, statistics, and epidemiology. Erin has an MPH from the University of North Texas Health Science Center, a BA in speech pathology from Baylor University, and a Field Certification in epidemiology from the University of North Carolina, Chapel Hill. Her interest in public health and drive to promote health equality in all aspects of life, supports her commitment to research for the betterment of communities, rather than for scientific achievement alone.

Mairead Widby, UIHI Communications Specialist.

Mairead has an extensive professional background in publishing, public relations/marketing, and development. Most recently a consultant to Tribal Connections, Mairead has a Literature BA from Haverford College with a History minor, a degree from NYU Publishing School, and an MA in Cultural Studies from Georgetown University. Her family's Cherokee and Choctaw heritage have greatly influenced her professional interests, driving her work to create quality communications that are both effective and efficient.



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Technical Assistance: Offering Infectious Disease Prevention and Treatment

Viral hepatitis is a serious public health concern, but one that is largely preventable. As such, the goal of the viral hepatitis trainings (offered by the UIHI to urban Indian health organizations) is to increase hepatitis prevention activities, such as education and vaccination, and to increase use of information materials about viral hepatitis. Rachel Brucker, a UIHI Research Coordinator, recently trained several urban Indian health organization groups, assisting staff members with the knowledge and skills to improve their systems of care.

The three main types of viral hepatitis in the US - hepatitis A, B, and C - all affect the liver and can cause similar symptoms. They differ in how they are transmitted and who is at risk for infection. Hepatitis B and C are of greatest concern, as they have the potential to cause long term chronic infections, which can lead to serious liver damage years later.

To assist staff in preventing cases and complications of viral hepatitis, UIHI trainings include critical information about disease transmission and risk groups, recommendations for patient screenings and vaccination, exploring collaborations with other local

community providers, as well as a discussion of harm reduction and risk assessment to the service population. Integrating viral hepatitis issues into an existing urban Indian health organization program builds routine procedures into their existing infrastructure, thus reducing barriers to service, meeting client needs, and complimenting services that target the same population.

There is good news: since the hepatitis A vaccine was introduced in the mid 1990s, the rates of hepatitis

“The goal of the viral hepatitis trainings, offered by the UIHI to urban Indian health organizations, is a rise in hepatitis prevention activities, such as education and vaccination, & the increased use of information materials about viral hepatitis within UIHO facilities.”

A in the American Indian/Alaska Native population have decreased 99%. Currently, this population has similar or even lower rates of new hepatitis infections when compared with the general population.

A similar drop in rates of hepatitis B nationwide has been reported since the introduction of the hepatitis B vaccine in the mid-1980s. However, communities may still face high rates of

liver disease from hepatitis B due to the ability of the virus to cause long term chronic infection. Hepatitis B can be transmitted sexually and via blood, so high-risk groups include injection drug users as well as those with high risk sexual behavior (multiple partners, no condoms, etc).

There is not a great deal of hepatitis C data available related to American Indian/Alaska Natives, especially for the urban population. The surveillance system is incomplete and race information is often missing or can be inaccurate. The major group at risk for new hepatitis C infection is injection drug users. While no vaccine is available for hepatitis C, there are measures to reduce the risk of becoming infected with the virus and ways to stay healthy if already infected.

The viral hepatitis trainings seek to prevent transmission among high-risk behavior groups within the American Indian/Alaska Native population as a whole. Lifestyle choices, such as the use of methamphetamines and injection drugs, as well as risky sexual behaviors, are major concerns in both urban and reservation communities. ~

Political Memory, *continued*

(Continued from page 1)

Jackson authored the Indian Health Care Improvement Act, in collaboration with Everett, Washington Congressman Lloyd Meeds. When President Reagan tried to eliminate urban funding in the 1980s, Representative Dicks was an ardent champion of protecting urban Indian funding. More recently, when the Bush White House threatened to cut funding, Representative Dicks stepped forward again. Other Congressional members encouraged by urban Indian

“Indian champions have risen from both political parties, understanding their responsibility in helping Indian communities succeed as both a legal obligation and also the right thing to do.”

health organizations also publicly expressed their support.

Indian issues are not usually partisan. Indeed, Indian champions have risen from both political parties, understanding their responsibility to helping Indian communities succeed as both a legal obligation and as the right thing to do. It is important that we continue to educate our elected officials, government employees, and our communities to maintain a political memory for the welfare of all Indian people. ~



In the latter part of the nineteenth century and the first part of the twentieth, American Indian children were forcibly sent to religious boarding schools where the policy was "Kill the Indian, Save the Man."

109 Indian tribes were formally terminated which affected as many as 160,000 Indians. Today many urban Indians are not federally recognized, deeming them ineligible for Indian benefits granted to tribal members by the U.S. government.

"Removed from their original lands and their unique cultural structures destroyed, they now suffer from physical, mental, and spiritual poverty."

Urban Indian Health Institute Newsletter

The Invisible Urban Tribe: Physical, Mental, & Spiritual Poverty

Whittled down through decades of termination, relocation, and assimilation policies, urban American Indians are often invisible, struggling for recognition. Removed from their original lands and their unique cultural structures destroyed, many now suffer from physical, mental, and spiritual poverty. Health care for Native Americans is a civil rights issue, as the U.S. government is obligated to provide health care to American Indians living on U.S. soil.

The rights of American Indians to health care are historically addressed by the 1921 Snyder Act, the 1970 Nixon Message to Congress, and the 1976 Indian Health Care Improvement Act. These three federal policies serve as the legal and legislative foundation for ensuring that Indian people, regardless of their location in the United States, have help in achieving health parity with the rest of the nation.

In 1970, the United States approved a policy of Indian self-determination, giving Indian tribes and urban Indian

communities the authority to directly manage health services for their people. Unfortunately, the Congress failed to adequately appropriate the necessary resources to effectively implement this policy and the result has been an on-going struggle to get both the Congress and the Administration to live up to their promise.

Some of today's tribes have amassed enough wealth to advocate for their needs, but urban Indians, often invisible and without a credible voice, do not share equally in either existing resources or strategies to address future needs.

With more than half of all Indian people now living in American cities, the failure to hold the nation accountable for its promises will result in the loss of another generation of Indian people to poverty, neglect, and social injustice. Rooted in the relationship between the federal government and the original tribes of North America, health care for urban Indians is an inadequately addressed piece of the U.S. government's legal and moral obligation to Indian people. ~

UIHI's Maternal & Child Health Advisory Council

The UIHI is furthering its mission to address disparities in the health of American Indian/Alaska Native women, infants and children with the formation of the Maternal and Child Health Advisory Council.

The MCH Advisory Council is comprised of leaders from grassroots community groups, maternal and infant health, and urban Indian health care including technical experts in:

- Epidemiology, infant and child mortality,
- Maternal alcohol exposure activities,
- Pediatric oral health care,
- MCH nutrition,
- Health representatives,

- Community health representatives
- Health care providers, and others who provide overall program direction.

Their volunteer efforts focus on the health of women, infants and children, ranging from newborn to five years old. Acting as an advocate for American Indian/Alaska Native community members, the MCH Advisory Council will facilitate the integration of positive health activities and attitudes into future decisions.

Over the next year, the Council will focus on the development and implementation of two MCH epidemiologic studies, which will have practical application in improving the



health status of constituent communities.

The soon-to-be-released Maternal, Infant and Child Health Capacity Needs Assessment will be useful to the Council as they recommend directions for future work. The UIHI eagerly anticipates the Council's guidance, which will be used to help determine priorities, hone health programs for women and children, and establish measures for further research. For information about the MCH Advisory Council, please contact Shira Rutman or Jim LaRoche at 206-812-3030. ~

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Planning for the Future: A Vision of Urban Indian Health in 2011

By Tamar Szeps-Znaider, Education and Outreach, National Council of Urban Indian Health

Political and economic turmoil are words best fitted to describe the past year in urban Indian health. A year in which it has become increasingly clear that, if the urban Indian health system is to stay afloat, collective strategic planning and action is indispensable. Accordingly, the IHS Office of Urban Indian Health Programs (OUIHP) convened a strategic planning meeting for urban Indian health organization partners and key stakeholders in October to plan the immediate future of the urban Indian health organizations.

The meeting provided a much needed framework to discuss the current status of urban Indian health and identify strategic goals

for the future. The foremost of these goals were the formulation of a systemic rejection of the notion that the urban Indian health organizations offer duplicative services as well as the wish to

“...if the urban Indian health system is to stay afloat, collective strategic planning and action is indispensable.”

implement effective data and reporting systems for the urban organizations.

Reaching these goals may help

bring about heightened political awareness of the unique status of the urban Indian, thus reducing political aspirations to terminate the urban Indian health programs.

Commenting on the progress of the planning session, NCUIH Executive Director Geoffrey Roth, said, “It is exciting that IHS is putting together this strategic meeting – it’s proof of a dedication and commitment to urban Indian health that restores hope for the future.”

Representing the UIHP at the federal level, NCUIH is working consistently with policy makers to promote greater awareness of urban Indian affairs. ~

Public Health and Human Rights: American Public Health Association

UIHI Project Research Coordinators Rachel Brucker, Jessie Folkman, and Shira Rutman recently attended the American Public Health Association’s (APHA) Annual Meeting in Boston. An association of individuals and organizations, the APHA works to improve the public’s health and to achieve equity in health status for all. This year’s conference focused on “Public Health and Human Rights,” an issue at the core of the UIHI mission. Participants shared information, discussed best research practices, and conferred on the latest public health research.

Rachel Brucker discussed the use of data in viral hepatitis prevention and the Viral Hepatitis Integration Program at the Seattle Indian Health Board. Jessie Folkman presented the UIHI’s project on urban American Indian/Alaska Native adolescent cardiovascular disease risk factors. Shira Rutman presented findings from an analysis of Youth Risk Behavior Survey data (1997-

2003), which examined urban American Indian/Alaska Native youth risk behaviors. Such contributions by UIHI at national conferences help spread the word about urban American Indian/Alaska Native health issues as well as the links between public health, human rights, and indigenous populations.

The UIHI Research Coordinators participated in the American Indian/Alaska Native/Native Hawaiian Caucus-sponsored presentations, meetings and social event, which provided a great opportunity for dialogue. As Shira Rutman stated, “I was glad we were able to present information about urban issues in the APHA sessions and learn about other work that is happening in the American Indian/Alaska Native/Native Hawaiian population nationwide.”

The Research Coordinators concluded their APHA visit by attending the conference’s plenary session, “Are



Jessie Folkman, Rachel Brucker, and Shira Rutman at the APHA Conference.

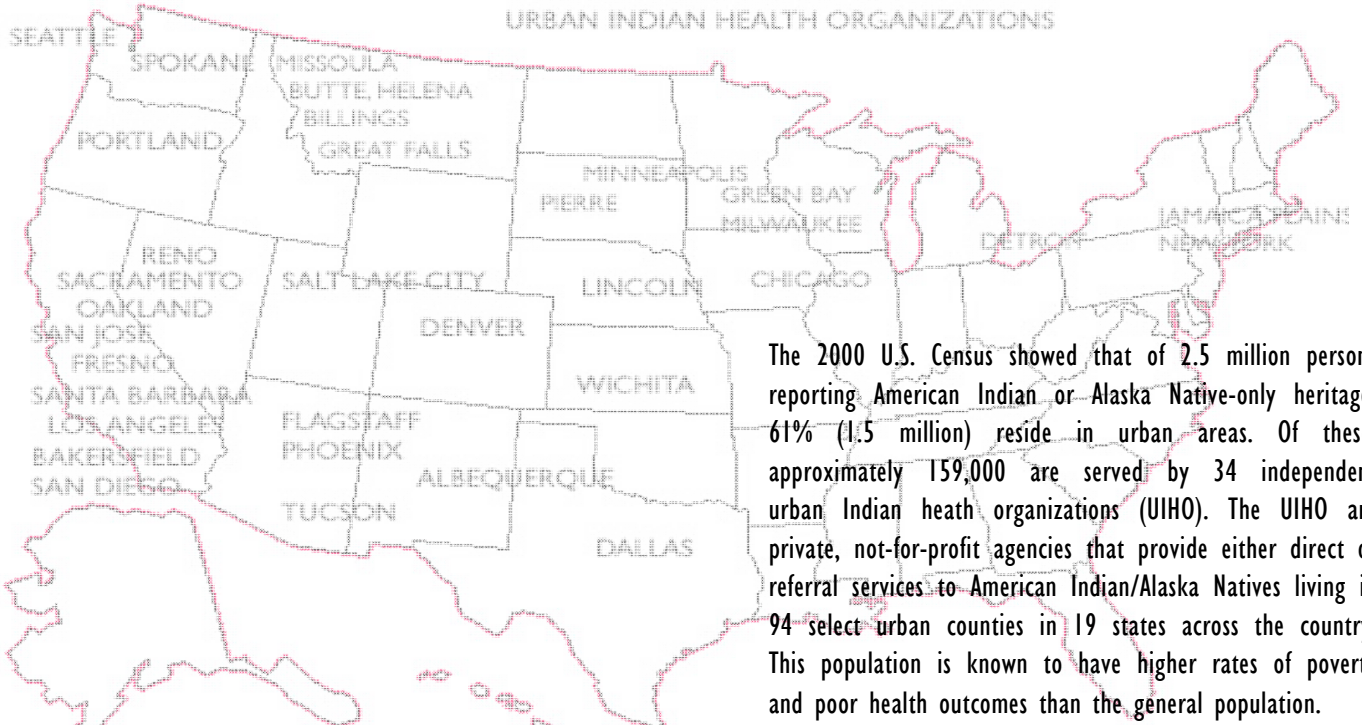
First Americans Still Last Americans? Issues of urban funding were noted as the education panel discussed American Indian/Alaska Native history and health status, concluding with a conversation about the future of American Indian/Alaska Native health.~

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