

Urban Indian Health Program

ISSUE

The 2000 census indicated that more than 4 million Americans were of American Indian and Alaska Native heritage. Of those, approximately 60% lived in urban areas, with 25% (approximately 605,000) of them residing in counties served by urban Indian health programs authorized and funded through Public Law (P.L.) 94-437, Title V.



BACKGROUND

Urban Indians not only share the same health problems as the general Indian population; their health problems are exacerbated in terms of mental and physical hardships because of the lack of family and traditional cultural environments. Urban Indian youth are at greater risk for serious mental health and substance abuse problems, suicide, increased gang activity, teen pregnancy, abuse, and neglect. Recent studies of the urban Indian population document poor health status and reveal that lack of adequate health care services are a serious problem for most families. This is reflected in a 2004 report “The Health Status of Urban American Indians and Alaska Natives: An Analysis of Select Vital Records and Census Data Sources” by the Urban Indian Health Institute, a division of the Seattle Indian Health Board. The report, which was limited to the counties served by Title V funded urban Indian programs, demonstrated that although progress had been made toward better health among this population, substantial health disparities continue to exist when compared to the general population.

SITUATION

Section 3 of P.L. 94-437, the Indian Health Care Improvement Act, declares that “it is the policy of the Nation, in fulfillment of its special responsibilities and legal obligations to the American Indian people, to ensure the highest possible health status for Indians and urban Indians.” The IHS provides contracts and grants to 33 community-based, nonprofit urban Indian programs providing health care services at 40 sites throughout the United States. The programs define their scopes of services based upon the documented and unmet needs of the urban Indian communities they serve. The 33 programs engage in a variety of culturally appropriate activities to increase access to health services for urban Indians. These services range from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Title V funds are but one source of funding for urban Indian health programs; most obtain supplemental resources from other federal, state, local, and private sources.

OPTIONS/PLANS

Since January 2006, the IHS has implemented HHS priorities directed at ensuring accountability and provision of high quality health services for the urban Indian population served by the IHS. This includes improving the collection of clinical data and enhancing the urban program patient record systems through the implementation of the IHS clinical information technology system, the Resource and Patient Management System (RPMS), in 29 urban Indian health programs. The primary objective is to integrate patient care and cost data in a single automated data processing system that collects and stores a core set of health and management data that cuts across disciplines and facilities. Effective implementation of the RPMS is nearly complete. The major goal now is to implement the Electronic Health Record component of RPMS in these urban programs.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.