



Indian Health Service

4-in-1 Grant Program Unmet Needs and Recommendations Report



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Introduction

This report presents recommendations based on findings from an analysis of the unmet needs reports from the 4-in-1 Grant Program conducted by the Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP). The grant program is an integral component of the Indian health care delivery system supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to provide direct services for four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services. Currently, grantees are required to complete quarterly reports for each of the four health program areas and report on unmet health care needs. IHS has been working to optimize this process and build grantees' capacity to use the data for formative purposes to inform program implementation and improve outcomes. The unmet needs and recommendations reports capture data for each Urban Indian Organization that focuses on the unmet health needs, available resources to meet such needs, and recommendations for improving health services for Urban Indians. This report summarizes the unmet needs and recommendations that emerged from the unmet needs analysis.

Background

In 1976, Congress passed the Indian Health Care Improvement Act (IHCA) to improve the health and well-being of American Indians and Alaska Natives. Title V of the IHCA specifies discrete contract and grant funding for UIOs to “establish programs in urban centers to make health services more accessible to Urban Indians.”¹ Funding for Urban Indian health services was reauthorized in the Affordable Care Act of 2010.²

Today, IHS enters into limited, competitive contracts and grants with 41 nonprofit UIOs. UIOs are a network of independent health agencies that provide services including outreach and referral, limited ambulatory care, comprehensive ambulatory care, and residential and outpatient substance abuse treatment programs. Limited ambulatory care UIOs provide direct medical care to the population served for less than 40 hours per week while full ambulatory care UIOs provide direct medical care for 40 or more hours per week. Many UIOs provide traditional healing and medicine services and cultural activities as part of their health promotion and disease prevention programming. Many UIOs also integrate traditional health with medical and behavioral health care.³

¹ IHCA of 1976, Pub. L. No. 94-437, § 501 (n.d.). https://www.ssa.gov/OP_Home/comp2/F094-437.html

² IHCA of 1976, Pub. L. No. 94-437, Title 25, Chapter 18, Subchapter IV (2013). https://www.ihs.gov/sites/ihsia/themes/responsive2017/display_objects/documents/home/USCode_Title25_Chapter%2018.pdf

³ See IHS' UIO webpage at <https://www.ihs.gov/urban/urban-indian-organizations/> for a comprehensive list of all 41 UIOs, a description of services, and community profile reports.

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According to a recent analysis by the Urban Indian Health Institute using 2019 National Center for Health Statistics and Census Bureau data, 76.7% (5,290,278) of American Indian and Alaska Native (AI/AN) people who identified as AI/AN alone or in combination with another race resided in urban areas.⁴ An Urban Indian who is eligible for IHS services is defined as any individual who resides in an urban center, irrespective of whether they live on or near a reservation, and is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940.⁵ According to the IHS Uniform Data System, 76,760 American Indians and Alaska Natives received one or more services from UIOs in 2019.⁶

The 4-in-1 Grant Program provides funding to UIOs to ensure comprehensive, culturally appropriate health care services are available and accessible for the Urban Indian population.⁷ Grants were awarded for a 3-year funding cycles to fund services provided within the four health program areas, as delineated in the IHCA.⁸ Grantees are required to participate in a national evaluation of the 4-in-1 Grant Program, which includes reporting on their integrated cultural interventions and practice-based and evidence-based approaches. The IHCA specifically states that UIOs that enter into IHS contracts or are awarded grants must report on the health care status and unmet health care needs of the Urban Indians they serve. In addition, UIOs are expected to identify gaps between the unmet health needs of Urban Indians and the resources available to meet those needs and make recommendations to the Secretary and Federal, State, local, and other resource agencies on methods of improving health service programs to meet the needs of Urban Indians.⁹

Methodology

This report summarizes the analysis of the 4-in-1 grantees' unmet needs and recommendations reports for Fiscal Year (FY) 2019-2020 (April 1, 2019, to March 31, 2020). Recorded demographic information included the grantees' names, reporting quarter and dates, health outcomes, and broad themes for unmet needs. The methodology included three phases: (1) data submission to IHS, (2) coding and analysis of qualitative data, and (3) findings development. A framework was then created based on common and frequent themes that emerged from the reports. This framework consists of nine thematic categories (Table 1).

⁴ U.S. Census Bureau. (2020). *Monthly population estimates by age, sex, race, and Hispanic origin for the United States: April 1, 2010 to July 1, 2019 (With short-term projections to December 2020)*. <https://www2.census.gov/programs-surveys/popest/technical-documentation/file-layouts/2010-2019/nc-est2019-alldata.pdf>

⁵ For a full definition of *Urban Indian*, see IHCA of 1976, Pub. L. No. 94-437, § 1603 (n.d.). See Footnote 1 for reference location.

⁶ IHS OUIHP. (2020). *National uniform data system summary report—2019*. https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/2019_UIO_UDS_Summary_Report_Final.pdf

⁷ IHS OUIHP. (n.d.). *4-in-1 Grant Program*. Accessed on March 1, 2021. <https://www.ihs.gov/urban/4-in-1-grant-program/>

⁸ IHCA of 1976, Pub. L. No. 94-437, Title 25, Chapter 18, Subchapter II (2013). See Footnote 2 for reference location.

⁹ IHCA of 1976, Pub. L. No. 94-437, § 1653, (a)(10), Chapter 18 (2013). See Footnote 2 for reference location.

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Table 1. Unmet needs assessment framework thematic categories

Unmet Needs Assessment Framework
Social determinants of health (SDOH) ¹⁰ – Economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social community context
Funding – Medicaid expansion, IHS funding, state funding, other Federal funding, local funding, Medicare, and other
Capacity needs – Staffing levels, staffing expertise, medical supplies, facilities, leadership, professional development/training, technology/electronic health record (EHR) systems, grant writing, billing, and other
Cultural practices – Traditional practitioners, community gardens, integrated care, community outreach, and other
Data needs – Community assessments, benchmarking practices, accurate counts of the AI/AN population, data extraction from EHR systems, data validity, and other
Target population – All ages, youth 0–18, adults 19–49, elders 50 and older, and other
Programming/services – Maternal, child, and infant health; childcare; transportation; medical care; behavioral health; dental care; residential treatment; outpatient substance use disorder (SUD) treatment; pharmacy; optometry; medication-assisted treatment (MAT); case management; transgender health; and other
External challenges – Partnerships, lack of health insurance coverage for some members of the community, unfavorable policies, COVID-19, access to medical services, lack of psychiatric care, Medicaid reimbursement, weather, disinformation of vaccines, and barriers with local governments
Major areas with gaps between health needs and resources – Diabetes, dental, prenatal, nutrition, respiratory health, behavioral health, opioid abuse, alcohol abuse, other substance abuse, HIV/AIDS, and Hepatitis C

Analysis

The unmet needs and recommendations reports were submitted quarterly to IHS by their 33 grantees nationwide. IHS received at least one quarterly report from all 33 grantees. The breakdown of the number of grantees who submitted unmet needs and recommendations reports are as follows: 22 grantees submitted four quarterly reports, 3 grantees submitted three quarterly reports, 2 grantees submitted two quarterly reports, and 6 grantees submitted one quarterly report. Of the 33 grantees, 30 had to submit reports on all four quarters, while three grantees were new and started later in the fiscal year, thus were only required to submit three quarterly reports, for Quarters 2 through 4. The unmet

¹⁰ World Health Organization. (2010). *A conceptual framework for action on the social determinants of health*. <https://drum.lib.umd.edu/handle/1903/23135>

needs and recommendations reports covered the period from April 1, 2019, through March 31, 2020. The themes that were analyzed include health program areas, social determinants of health, funding, data needs, external challenges, gaps between needs and resources, cultural expertise, and capacity needs. It is important to note that grantees could write in multiple needs and recommendations; therefore, the theme categories are not mutually exclusive.

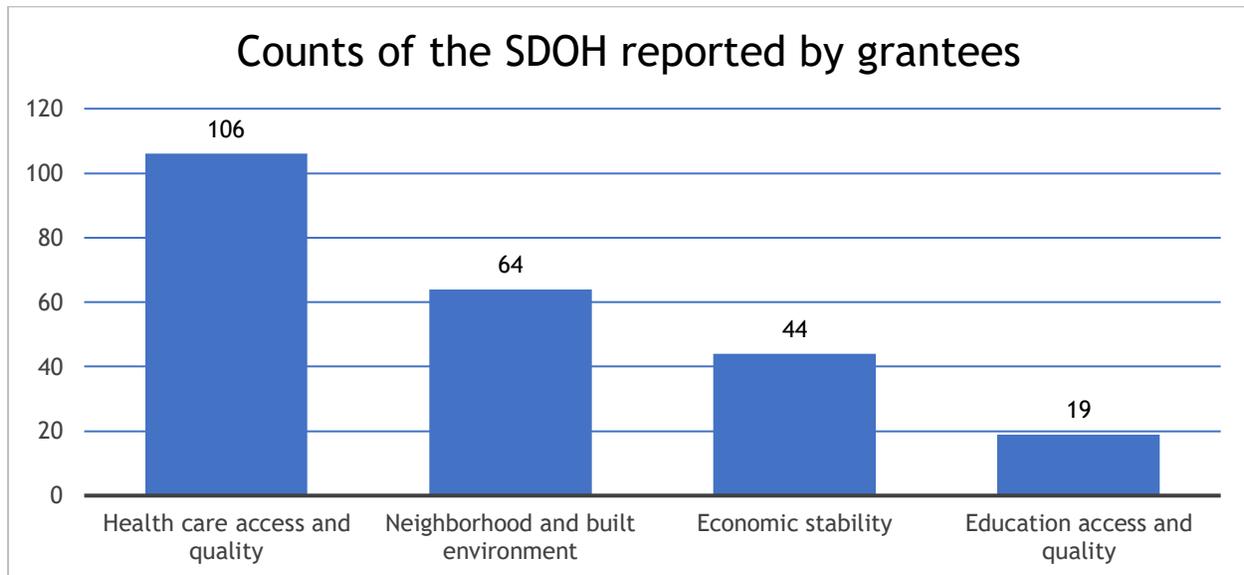
Reported Health Program Areas

Most of the 33 grantees reported providing one, two, three, or all four health program areas in their individual quarterly reports. Grantees are required to provide services in all four health program areas. Of the grantees who self-reported, the breakdown for their health program areas are as follows: 13 grantees reported they provided services in all four health program areas; 4 grantees reported on three health program areas; 2 grantees reported serving two health program areas; 6 grantees reported serving one health program area; and grantees delivered reports that did not identify serving any health program area. The grantees who did not report offering services under any health program area used a different reporting method and did not record which services were provided regarding the four health program areas. Instead, they submitted reports according to their own templates, which often only provided brief summaries about their programs.

Social Determinants of Health

Many grantees reported that SDOH—or conditions in places where people live, work, and play—were major factors in preventing improvements in their patients' outcomes. Health care access and quality of care were the most frequently reported SDOH. Many grantees reported they needed support for providing quality and affordable health care to their communities. The second-most-reported SDOH were neighborhood and built environment. Grantees reported that some of their community members faced challenges in transportation to access health care and their communities lacked the infrastructure to support their health needs. Economic stability was the third most frequently reported SDOH. Grantees stated that many of their community members do not have job security or stability, which makes it hard for them to pay for their health care needs, health insurance, and daily living expenses. Lastly, the fourth-most-reported SDOH was education access and quality, which prevented many grantees' community members to be able to move upward socioeconomically and negatively impacted their ability to make healthy living decisions. These findings are shown in Figure 1.

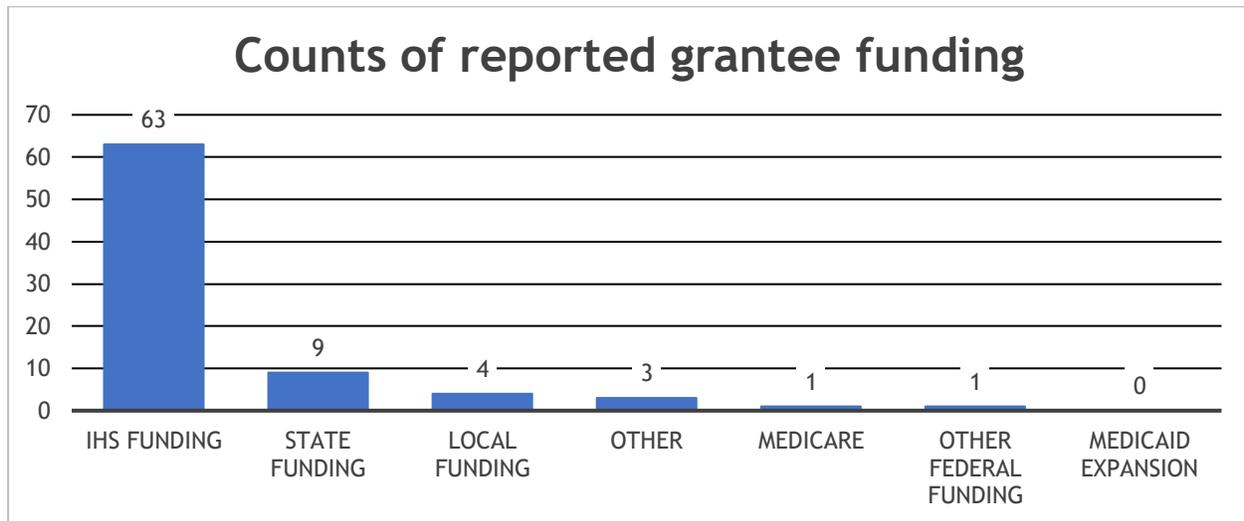
Figure 1. Counts of the SDOH reported by grantees



Funding

There were 21 grantees who reported, in their quarterly reports, that IHS funding is a major unmet need. **Figure 2** describes the total number of times each funding request was stated by grantees across all unmet needs reports. The grantees mentioned IHS funding 63 times, state funding 9 times, local funding 4 times, other types of funding 3 times, and Medicare 1 time. There was no mention of Medicaid expansion. Many grantees stated they needed more IHS funding to continually run their programs and to provide expanded health care services. Examples of these expanded services included dental care, in-house testing and laboratory services, mental health services, and in-house substance abuse treatment. Without sufficient funding, grantees felt they were unable to properly serve their patients and the Urban Indian communities who rely on them for care.

Figure 2. Counts of reported grantee funding



Grantees also made recommendations for the IHS budget, such as enabling single advanced payments of contract dollars and increasing the Urban Indian health budget line item to support expansion of services and renovation of facilities. Grantees also struggled with implementing the 4-in-1 grant with the transition to telehealth and additional expenses related to the COVID-19 pandemic, which include “technology tools, telehealth platforms, education and outreach vehicles, and promotion of coordination and collaboration between [the] urban and Tribes” for the people the grantees serve. Below are examples of some recommendations to increase IHS funding for UIOs.

“Ensure all Tribal citizens have access to health care and services regardless of location. IHS FY 21 budget request: \$106 million in the Urban Indian health line item, \$24 million in the Tribal epidemiology centers line item, allow for single advanced payment of IHS contract dollars from IHS Area Directors to Indian health care providers at the beginning of each fiscal year.”

“Expand urban program by \$30 million and urban facilities renovation by \$25 million. Additional funding would be utilized to implement new health activities, to include primary care, behavioral health, and community health programs that are desperately needed to meet the needs of the population (IHClA, Section 164). Pursuant to Title I, Subtitle E: Health Services for Urban Indians, Section 161, as amended (25 U.S.C. Section 1659 Facilities Renovation), the center respectfully requests (national funding of) \$25 million for the expressed purpose of facility construction, acquisition, and/or major renovations.”

Grantees said they were also concerned about state funding and barriers to enrolling into Medicaid. All grantees who reported a need for increased state funding were from states that expanded Medicaid. Despite Medicaid expansion, the grantees indicated their programs would benefit from more direct state funding. They expressed concern about qualification requirements for Medicaid. For example, one grantee described how the Medicaid work requirements hurt the ability of Urban Indians to enroll in Medicaid. They stated, “The act, within itself, violates the sovereign agreements established with Tribal nations and is allowing for the state to impose guidelines that violate treaty rights for recognized Tribal members.”

Few grantees reported receiving any local funding. There was a general theme that local investments in UIOs were minimal. For example, a grantee said that “[a lack of] reliable transportation, not having a long-term provider, uninsured and underinsured, and other social determinants are [the] main factors for AI/AN population[s] not accessing services for their continuum of care,” and that they lack “sufficient community resources” to address these needs. It was generally reported that there was little to no local funding or infrastructure to contribute to improving the overall health of the Urban Indian community.

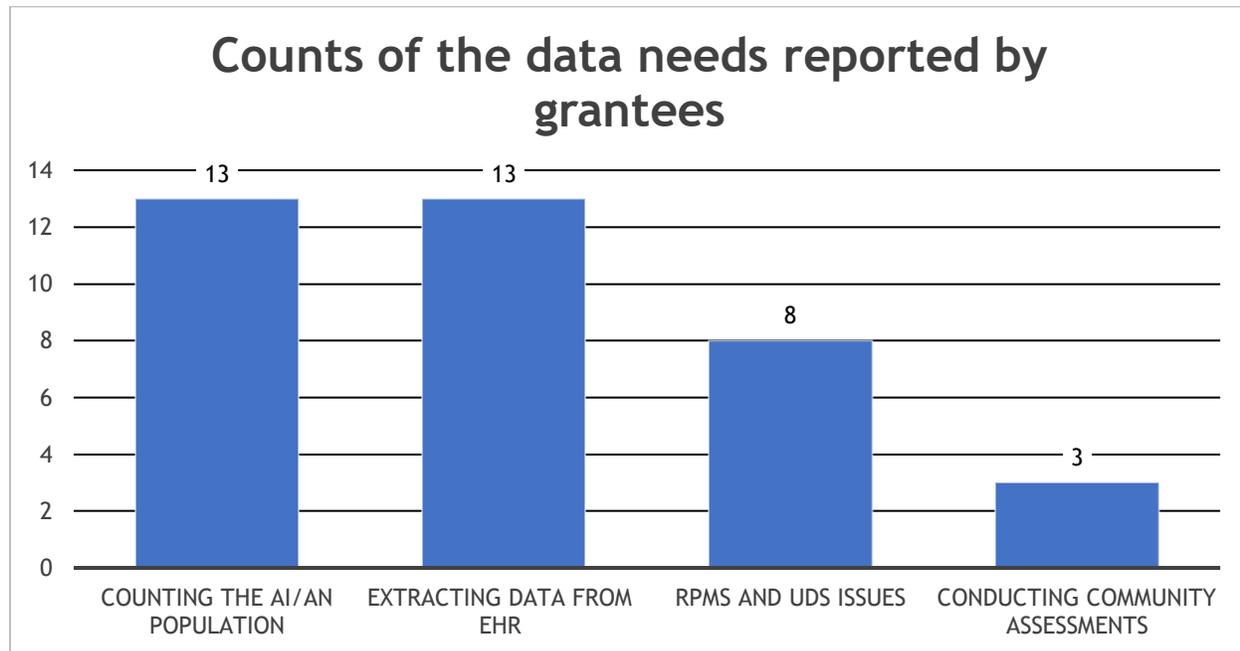
Medicaid was also reported as a funding issue. Despite Medicaid expansion, grantees indicated their programs would benefit from more direct state funding. Some grantees reported how certain aspects of their state’s Medicaid policy inhibited eligibility for some people. For example, one grantee stated, “Medicaid work requirements going into effect in the state of Michigan do not take into account the health disparities effecting Urban Indians and the difficulty this will impose on individuals from Tribal and urban communities.” The Medicaid work requirements were described as detrimental to a person’s ability to receive health care. Two states that expanded Medicaid and enacted work requirements estimated that tens of thousands of people would lose their Medicaid coverage.¹¹ If a grantee’s patients are not on Medicaid, it reduces the Urban Indian Organization’s ability to receive reimbursement to cover the services rendered.

Data Needs

Five grantees reported limitations in their ability to precisely count the AI/AN population and questioned the validity of how AI/AN people are represented in the U.S. Census (Figure 3). Grantees noted that the U.S. Census underreports AI/AN people, which limits UIOs’ ability to accurately identify their service area populations. Furthermore, many grantees stated that even though the U.S. Census reported that the majority of American Indians and Alaska Natives live in urban areas, UIOs only “receive 1% of the total IHS budget.” Many grantees also reported having issues extracting data from their EHR systems. Grantees stated that their EHR systems were hard to use and outdated. The grantees described how they needed their EHR system to easily “check population health measures.” They also needed it to be compatible with other health services, such as primary care, behavioral health, and dental care. With additional resources and training for using the EHR system, grantees could be more productive in managing the health of their communities. In addition to the EHR issues, grantees also stated concerns about the Resource and Patient Management System (RPMS) and Uniform Data System (UDS). They reported, “RPMS is outdated,” and referenced “RPMS legacy system woes,” while another mentioned having “UDS troubles,” without providing additional explanation. Lastly, some grantees noted they wanted to conduct community assessments to understand how to best address their populations’ needs; however, some did not have the capacity to do it. If grantees received assistance with this, they would be able to better identify their communities’ needs.

¹¹ Fadulu, L. (2019). Why states want certain Americans to work for Medicaid. *The Atlantic*. <https://www.theatlantic.com/health/archive/2019/04/medicaid-work-requirements-seema-verma-cms/587026/>.

Figure 3. Counts of the data needs reported by grantees



External Challenges

A list of 10 external challenges emerged from the analysis of unmet needs. The most frequently reported external challenges consisted of SDOH, such as limited access to affordable transportation, early childhood education, safe neighborhoods, quality schools, fresh and affordable fruits and vegetables, quality afterschool programs, professional clothing attire, and job training programs, as well as the cost of other daily living expenses. These challenges were followed by a lack of health insurance coverage and how many people had job insecurity, which reduced their ability to get prolonged coverage. Despite Medicaid expansion, UIOs were still very much the safety-net provider for the under- and uninsured.

The third most frequently reported external challenge included Federal and state policies. One grantee was concerned about the “implementations of the [Affordable Care Act] in 2010” because it caused UIOs to be “pushed out of the IHS/Tribal/Urban Indian Organization (ITU) system of care and forced into mainstream systems.” This change resulted in UIOs struggling to keep their “AI/AN residents above 30% of their patient population in [their] SUD treatment center.” This grantee suggested that “Urban Indian health programs be included in the SUD carve-out through Centers for Medicare and Medicaid Services (CMS).” Another grantee recommended that “increased funding and reimbursement opportunities (e.g., Federal Medical Assistance Percentage, Medicaid enrollment) for urban programs will allow them to expand, enhance, and sustain their services to address the needs of their AI/AN community members and to address their infrastructure and capacity needs.” On a state level, one grantee was limited by revisions that restrict “who would be qualified to provide substance use disorder treatment services.” The grantee stated, “These proposed rules impose a new requirement that programs hire only licensed professional counselors or licensed master social workers.” Such policies can substantially impact the structure of a UIOs’ outpatient alcohol treatment programs.

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The fourth most frequently reported external challenge was responding to the COVID-19 outbreak. In one grantee’s fourth-quarter report, they discussed the “exacerbated needs” and limitations on their resources due to the COVID-19 pandemic. Another grantee stated, “The impact of [the] COVID-19 pandemic has expanded the gaps between unmet health needs of Urban Indians and resources available to meet needs.” Some grantees noted they were unprepared for the COVID-19 pandemic because they were already underfunded and limited in the number of services they could provide. Because of the pandemic, some grantees struggled financially in their ability to provide health, social, and behavioral health services due to having to limit operating hours, reduce staffing, shift staff to do testing and vaccinations, and staff shortages due to illness. Thus, health and well-being gaps widened for their more vulnerable populations, such as people who are homeless, victims of crime or domestic abuse, or those who have behavioral health disorders. Grantees who offered physical exercise services to try to prevent and/or manage chronic disease, such as cardiovascular disease or Type 2 diabetes, were challenged because they could not provide in-person exercise classes. Instead, these services were provided through online platforms, like Zoom, which were not as effective due to limited internet accessibility. Limited internet also constrained people trying to receive medical or behavioral health services through telehealth platforms. The full list of external factors is shown in Table 2, below.

Lastly, partnerships were another major external challenge reported by grantees. Grantees reported that they would benefit from having community partnerships to measure and record outcomes and improve the overall health of their communities. One grantee stated, “One area of need is with data collections to generate and use local data to measure outcomes,” while another grantee identified the need for “collaborations with various local systems of care.” An additional grantee stated, “Community collaborations address many of the basic subsistence and other needs of [the] Urban Indian community.” Having the ability to work with community-based organizations and local health departments helps with the sharing of resources and sustainability of services. As an example, one grantee indicated that partnerships between local Tribes have increased their AI/AN patient population, noting, “We were then able to work directly with our Tribes [the 29 Federally recognized Tribes in Washington] to receive referrals; we immediately jumped to 50% of our patient population was AI/AN and now we operate at 80% AI/AN.”

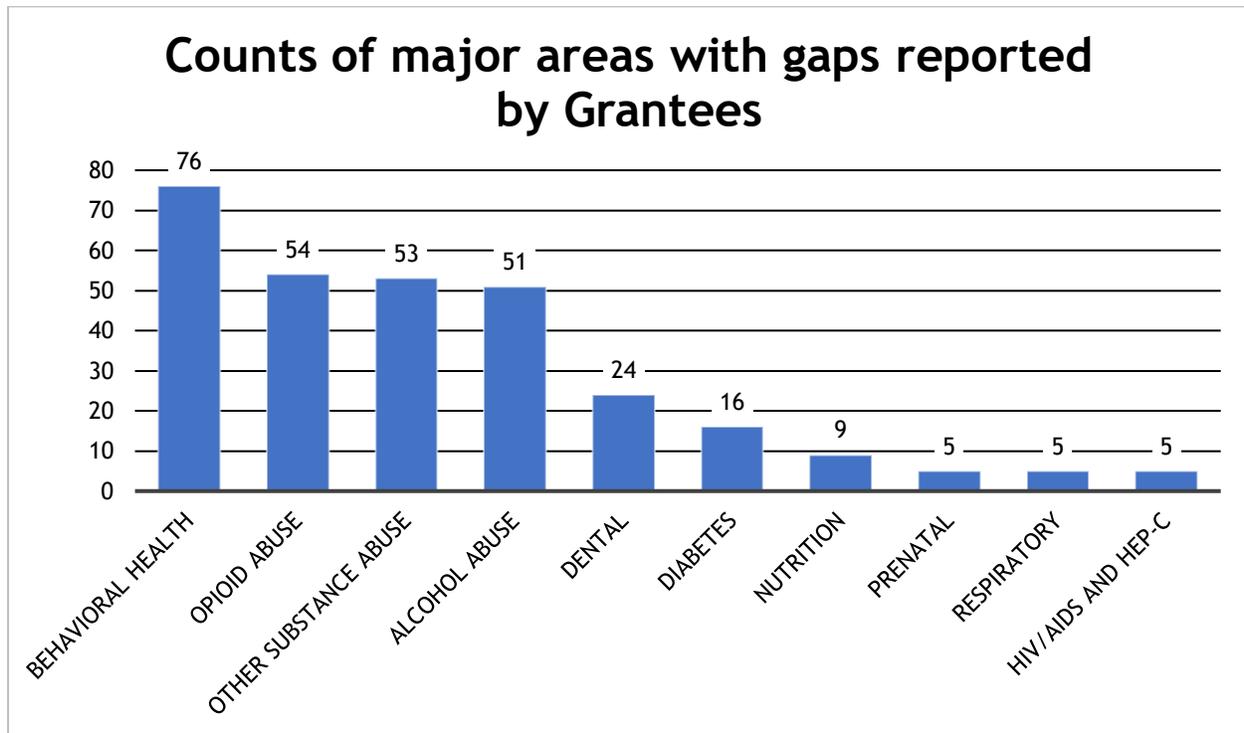
Table 2. External Challenges – Other

External Challenges	Count of each time the external challenge was mentioned
1. SDOH	26
2. Health insurance of community	18
3. Policies	16
4. COVID-19	13
5. Partnerships	7
6. Access to medical services: psychiatric	2
7. Medicaid reimbursement	1
8. Weather	1
9. Disinformation on vaccines	1
10. Local governments	1
Total	86

Major Areas with Gaps Between Needs and Resources

The grantees provided services for communities in a wide variety of areas. As such, they had insight into the gaps in service areas between their communities' needs and available resources. Grantees stated that they would like to fill the gaps and provide services in these areas; however, they were limited in both budget and capacity. Grantees stated that they faced gaps in 10 overarching categories, with the most prevalent being behavioral health. Behavioral health gaps included shortages of psychiatrists, lack of training for staff, opioid abuse, other substance abuse, and alcohol abuse. Many grantees reported having difficulties obtaining and retaining psychiatrists. They reported a shortage of medical professionals who can oversee their behavioral health programs, including, "a lack of psychiatrists in our community currently" and a "current need for resources for a psychiatrist for referrals for patients and funding to assist patients in appointments." Grantees also reported needing more training for specific behavioral health treatments, including Medication Assisted Treatment (MAT), and more staff training for treating patients with histories of substance abuse. Furthermore, grantees reported an overall need for resources for treating people with SUDs, such as getting "increased funding for a substance abuse counselor on a full-time basis" and "continued funding support to fight opioid addiction among patients and training for providers." Other major areas with gaps between needs and resources were dental, diabetes, nutrition, respiratory health, prenatal, HIV/AIDs, and Hepatitis C services. Although dental care was not one of the highest-reported needs by grantees, it was prevalent among the reports. One grantee reported that their community had 2,190 patients needing dental care, at an estimated total cost of \$328,500. Another grantee reported that an additional 10% of their total population had begun receiving care at their dental clinic.

Figure 4. Counts of major areas with gaps reported by grantees



Summary of Findings and Recommendations

The majority of grantees’ unmet needs, as identified by the UIOs, fell into six categories: (1) SDOH, (2) funding issues, (3) capacity needs, (4) cultural expertise, (5) data needs, and (6) external challenges. Below is a summary of each category of unmet needs and recommendations to address the needs.

Social Determinants of Health

Under SDOH, grantees’ unmet needs fell under two topics: (1) health care access and quality; and (2) grantee neighborhoods and built environments. Grantees requested that the local, state, and Federal agencies invest more into urban, low-income communities to help support the health and well-being of Urban Indian people. This section discusses the identified needs for these topics and the recommendations to address them.

Health Care Access and Quality

The UIOs most frequently reported health care access and quality as a need under SDOH (Figure 1). This need was reported by each type of Urban Indian Organization (residential substance abuse treatment, outreach and referral, and limited and comprehensive ambulatory care centers). They reported that health care access was limited or unreachable for several grantees’ communities or unavailable due to patients’ monetary constraints, including lacking health insurance or having limited income. Transportation was a persistent barrier for patients, which prevented them from accessing regular and timely care. Grantees, especially those who provide outreach and referral, and limited ambulatory care services, as well as residential substance abuse treatment centers, expressed the need to expand their

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services to provide more access to care for the underserved Urban Indian community and to increase outreach to those who would benefit from Urban Indian Organization services but were not currently connected to an Urban Indian Organization.

Grantee Neighborhoods and Built Environments

The UIOs reported that neighborhoods and built environments where their patients live had persistent negative impacts on their patients' health. This impact can be attributed to unsafe neighborhoods; poor-quality housing and homelessness; and lack of access to affordable, high-quality, healthy food. These negative impacts make it difficult to improve health outcomes for patients with chronic diseases, such as diabetes and obesity. Patients trying to recover from SUDs often struggle with living in environments where substance use is pervasive and due to socio-economic conditions, they cannot relocate to healthier, safer neighborhoods.

Recommendations

It is recommended that the scope of the health promotion and disease prevention programming remain broad, allowing grantees to choose their areas of focus. Often, this program area can have the greatest impact on SDOH. If grant funds increased for this program area, UIOs could provide more transportation, which was a commonly reported unmet need. UIOs could also continue to work with community partners in creative ways to address many SDOH that were reported as unmet needs, such as childcare, job placements, and education scholarships. Lack of affordable housing in many cities where UIOs are located was also noted as a persistent issue for their patients. Some UIOs indicated they are exploring building housing for their patients to reduce homelessness or lower the risk for homelessness. Providing housing for certain patients, such as elderly patients, would also help with health care access and management of chronic diseases.

Funding for health promotion and disease prevention programming is also essential for supporting traditional healing and medicine services. This funding would support traditional healers and practitioners, by enabling community gardens and providing programs for harvesting and preparing traditional foods. Traditional healing and medicine services are vital for the health and well-being of Urban Indian communities, as they are unique, provide cultural connection, and support holistic health care.

Funding

The chronic underfunding of IHS and the significant health disparities in morbidity and mortality for American Indians and Alaska Natives are persistent problems for UIOs. An overwhelming majority of grantees recommended an increase in IHS funding to support their programming and sustainability (Figure 6). Many UIOs use their IHS grant and contract dollars to fund a basic level of services and infrastructure and depend on other grants and third-party revenue to expand services and programming. Outreach and referral UIOs and limited ambulatory care UIOs have few to no opportunities to bill third-party insurers, making them dependent on IHS, other grants (e.g., from the Health Resources and Services Administration and private foundations), and contract funds to sustain their services. Few grantees reported receiving any local funding, and local investments in UIOs were minimal.

Many UIOs recommended increased IHS grant and contract funding to help support outreach and referral UIOs to expand their services to include medical and dental care, which are greatly needed in

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Urban Indian communities like Baltimore and Tucson. Support for outreach and referral UIOs to expand and provide limited or comprehensive ambulatory care services would improve access to limited ambulatory care programs for the underserved, growing Urban Indian population. Increasing IHS funds would also help UIOs fund projects that address SDOH, which could have a significant positive impact on the health of the most vulnerable Urban Indian people served by UIOs.

Recommendations

Many UIOs and advocates for increased Urban Indian Health funding take the position that the Federal government's trust responsibility to provide health care to all AI/AN people extends beyond reservations to urban settings. They point to the IHS budget line item for urban Indian health, however, has historically constituted only 1% of the total IHS budget¹², despite the large proportion (76.7%)¹³ of AI/AN people residing off-reservation. It is recommended that IHS continue to provide technical assistance to Congress to address UIOs' unmet needs and recommendations, which would increase resources and help UIOs recruit and retain physicians and psychiatrists, support staff training in technology, build internal capacity for expanding health services, and potentially pay for new facilities – all of which were reported as unmet needs in this evaluation.

Some UIOs reported on the issue of not being eligible for 100% Federal Medical Assistance Percentage (FMAP) for billable Medicaid services. Congress authorized the Federal government to pay 100% of costs under Medicaid for AI/AN people served by IHS and Tribes to ease the burden on state Medicaid programs for reimbursing costs for health care services to IHS-eligible AI/AN people.¹⁴ However, 100% FMAP did not include UIOs until the passage of the American Rescue Plan (ARP) in March 2021.¹⁵ The ARP provides a new incentive to states to expand Medicaid by increasing their FMAP to 100% for a 2-year period for UIOs.¹⁶ Extending 100% FMAP to Medicaid services received through UIOs will help states to access more Federal dollars thereby freeing up state funding for other purposes that could potentially benefit UIOs.

¹² Dixon, M. and Roubideaux, Y. Promises to Keep. Public Health Policy for American Indians and Alaska Natives in the 21st Century. (Washington D.C., APHA, 2001), pg. 125.

¹³ U.S. Census. (2020). Monthly Population Estimates by Age, Sex, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019 (With short-term projections to December 2020). <https://www2.census.gov/programs-surveys/popest/technical-documentation/file-layouts/2010-2019/nc-est2019-alldata.pdf>

¹⁴ National Council of Urban Indian Health. (n.d.). *Establishment of a Federal Medical Assistance Percentage of 100 for urban Indian health programs*. Accessed on February 2, 2021. https://www.ncuih.org/policy_fmmap_fact_sheet

¹⁵ Improving Access to Indian Health Services Act, H.R. 1888 (2021). <https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/BILLS-117hr1888ih.pdf>

¹⁶ Committee on Energy & Commerce. (2021, March 19). *Hearing on "Building on the ACA: Legislation to expand health coverage and lower costs"* [Memorandum]. https://energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/Briefing%20Memo_HE%20Hearing_2021.03.23.pdf

Capacity Needs

Grantees' capacity needs fell within four related topics: staffing, technology, medical supplies, and training. This section discusses the identified needs for these topics and recommendations to address them.

Staffing Expertise and Staffing Levels

Grantees most frequently reported their primary capacity need was for professional staffing, which included more medical doctors, dentists, psychiatrists, and behavioral health staff with the appropriate licensure, advanced training, and experience. A lot of the grantees reported being understaffed and said they could not recruit and hire qualified medical doctors because of competition with local health systems that could pay higher salaries or offer more financial incentives. A few noted the lack of certified medical doctors or psychiatrists to oversee needed MAT programs to treat opioid addiction. Many grantees also mentioned inadequate staffing levels to serve their patient needs.

Technology

Some grantees noted that they were not technologically savvy and had difficulties using their EHR systems to their full capacity. Some reported their EHR systems were outdated, which limited their ability to serve their communities. One grantee stated the need for interoperable systems that work across medical, behavioral health, and dental departments, instead of having multiple systems unique to each department. Grantees also needed help extracting data from their EHR systems and upgrading their systems to current versions. Some mentioned needing assistance with the RPMS upgrades and training for staff.

Medical Supplies

The third need was medical supplies, which mainly pertained to dental and pharmaceutical supplies. Specifically, dental services were reported as a high need. One grantee stated, "Treatments continue to be limited to fillings and extractions, as we are unable to offer caps, crowns, bridges, or dentures." Pharmaceutical supplies are also important. A grantee recommended "expanding the formulary to carry a wider variety of medications, as our current inventory is limited."

Training

A few grantees, like American Indian Health and Family Services in Detroit, MI, reported changes in their state SUD treatment license requirements, which now require SUD staff to be licensed professional counselors or licensed master social workers, thereby restricting the employment of certified addiction treatment professionals. Historically, many UIOs depended on certified professionals to provide SUD outpatient and residential treatment services, as they were often AI/AN individuals from urban communities who worked their way through their own SUD treatment and became certified to help their communities recover from SUDs. Pathways are needed to help certified SUD and mental health professionals achieve licensure. The licensing requirements present a threefold risk to UIOs: (1) UIOs' costs will increase to cover salaries and benefits, (2) AI/AN populations will see lower socio-economic gains as non-AI/AN licensed and certified SUD professionals gain employment at UIOs, and (3) UIOs will lose AI/AN SUD treatment professionals who are able to provide culturally appropriate care.

Grantees also described a need to train their staff on updated mental health and substance abuse treatment models. For example, one grantee stated, "There is a lack of training available for topics such

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as trauma-informed care for adults and children.” Another grantee noted they wanted more culturally specific training and recommended “additional funding for group education instructors inclusive of powwow fitness, low-impact and chair exercise for elders, hula for health and movement, and chaperoned elder walking activities.”

Table 3. Grantees’ capacity needs

Grantees’ Capacity Needs	The number of times the grantees’ reports mentioned each capacity need
1. Staffing expertise	49
2. Staffing levels	33
3. Technology/EHR	21
4. Medical supplies	20
5. Professional development/training	7
6. Facilities	5
7. Billing	1
Total	136

Recommendations

Most grantees recommended additional funding and partnerships with other providers in their local health systems to fill gaps in staffing and address their workforce capacity needs. In its strategic plan, IHS identified recruitment and retention of a dedicated, competent, and caring workforce as its top goal to ensure quality health care for AI/AN people across the Indian health care system.¹⁷

Strategies to achieve this goal that would most likely support UIOs include providing IHS scholarships to specialized leadership programs to recruit future clinical and administrative leaders and expanding the use of National Health Service Corps and IHS scholarships and loan repayment programs to increase the number of health care providers. IHS could also help support Urban Indian Organization training programs, such as the Family Medicine Residency Program at the Seattle Indian Health Board in Seattle, WA, where more than half of the graduates go on to work in Indian health and three-quarters go on to work in underserved communities.¹⁸ Additionally, IHS could expand IHS grants, such as the American Indians Into Psychology program and Indians Into Medicine program, and provide grants to help establish similar successful training programs, scholarships for individuals who select these specialized residency programs, and bonuses to graduates who choose to work for a Urban Indian Organization.

¹⁷ IHS. (n.d.). *IHS strategic plan 2019-2023*. <https://www.ihs.gov/strategicplan/goal-1/>

¹⁸ Seattle Indian Health Board. (2020). *Swedish Family Medicine Residency Cherry Hill: Seattle Indian Health Board*. https://www.sihb.org/wp-content/uploads/Swedish-Family-Medicine-Residency_Info-Sheet.pdf

Data Needs

Under data issues, unmet needs fell within two topics: technology and identifying the AI/AN population. This section discusses the identified needs for these topics and recommendations to address them.

Technology

This need was almost redundant to the technology/EHR needs identified as a capacity need for UIOs (above). Grantees repeated that they had difficulties using their EHR systems to their full capacity and staff needed more training on using EHRs (Figure 7). Some reported their EHR systems were outdated. One grantee stated again the need for interoperable systems that work across medical, behavioral health, and dental departments, instead of having multiple systems unique to each department. Grantees needed help extracting data from their EHR systems and upgrading their systems to current versions. Also mentioned was the need for assistance with the RPMS upgrades and training for staff.

Identifying the AI/AN Population

Accurate data collection that identifies the AI/AN population continues to be a challenge for UIOs (Figure 2). Almost half of the grantees reported limitations in their ability to precisely count the AI/AN populations in their service areas and questioned the validity of how AI/AN people are counted in the U.S. Census (Figure 2). Grantees said they felt the U.S. Census underreports American Indians/Alaska Natives, which limits UIOs ability to accurately identify their service area populations and can impact the amount of IHS funds they receive. In addition, local and state data collection efforts vary across the country with respect to their accuracy and whether they count only those who are AI/AN alone or include those who are AI/AN in combination with another race, or count American Indians/Alaska Natives as other. Many non-ITU data collection efforts continue to classify American Indians/Alaska Natives as other, causing severe under-representation in population counts and public health studies that could benefit AI/AN people.

Recommendations

An opportunity for IHS that crosses all four grant program areas is to dedicate more funds to support Urban Indian Organization information technology (IT) infrastructure, such as for IT staffing and staff training on EHRs, registration, and billing systems. This support would benefit UIOs using RPMS and non-RPMS systems, staff IT training, and the general use of EHR systems. For example, IHS could establish an EHR academy where Urban Indian Organization staff and providers learn the fundamentals of EHR systems, the importance of accurate data entry, how to extract data, and how to conduct quality improvement studies to enhance health outcomes using their EHR data. In addition, training could include how to maximize EHR system functions or how to design templates to reduce data entry and improve productivity.

IHS could support grantees who provide limited and comprehensive ambulatory care in becoming patient-centered medical homes and help them learn how to use patient data to improve the quality of care and individual and population health outcomes. Supporting programs to become certified patient-centered medical homes aligns with IHS' strategic goals to modernize health care and the triple aim of health care (improve the experience of care, improve the health of populations, and reduce costs). This support would position UIOs to be competitive in states like Washington that are undergoing health care payment reform and moving from payments for visit quantity to payments for visit quality.

It is recommended that IHS continue to fund the Tribal epicenters; to provide trainings on how to approach data collection, extraction, and interpretation; and respond to data requests by UIOs and Tribes. Ongoing training and tutorials on how to interpret data, such as census and American Community Survey data, are a need for UIOs with staff turnover or who need refreshers on data collection and interpretation. IHS should also continue supporting the Tribal epicenters’ role as public health authorities to work with local, state, and Federal agencies on improving population counts of AI/AN people residing in urban areas.

Cultural Expertise

The analyses of the unmet needs reports revealed culturally appropriate care and practices were not identified as an unmet need, but rather a strength of all grantees. UIOs applied cultural expertise and practices across all four health program areas (Table 4). Of the three most common practices grantees engaged in was community outreach. Eighty-five percent of grantees used community outreach workers to increase access to services and connect patients to programs within the Urban Indian Organization and to other services in the community. The second-most-common practice applied across the four health program areas was the use of traditional health practitioners, with most grantees using them to provide mental health services. Lastly, many grantees reported integrating traditional health within their SUD programs.

Table 4. Program area and cultural practices

Health Program Areas	Traditional Practitioners	Integrated Care	Community Outreach
Health Promotion and Disease Prevention	67%	60%	80%
Immunizations	78%	67%	89%
Mental Health	86%	79%	79%
Substance Abuse	80%	80%	90%
Average	78%	72%	85%

Recommendations

Although not an unmet need, it is recommended that IHS keep the 4-in-1 Grant Program objectives flexible and broad so UIOs can design culturally appropriate services that meets the needs of their patients, like using traditional health practitioners and integrating traditional health into services such as mental health and SUD.

External Challenges

The most frequently reported external challenges by UIOs consisted of SDOH regarding access to affordable transportation, early childhood education, safe neighborhoods, quality schools, fresh and affordable fruits and vegetables, quality afterschool programs, professional clothing attire, and job training programs, as well as the cost of other daily living expenses (Table 2). These challenges were followed by job insecurity and a lack of health insurance coverage, which reduced their patients’ abilities

to get prolonged insurance coverage. Despite Medicaid expansion, UIOs are still the safety-net providers for the underinsured and uninsured. Proposed Medicaid work requirements, such as those in Michigan, threaten people's ability to qualify for Medicaid, which impacts Medicaid reimbursement for the UIOs.

Recommendations

The 4-in-1 Grant Program should remain as flexible as possible to enable UIOs to broadly address the four health program areas to account for SDOH factors that UIOs identified as impacting the health of AI/AN patients and populations. IHS should help UIOs define immediate and long-term program objectives to help positively impact SDOH. For example, an Urban Indian Organization could identify that connecting clients to job training programs is a part of their substance use program and then monitor the number of clients who access those training programs.

With respect to Medicaid billing, IHS should support UIOs having Medicaid and Medicare enrollment staff (many who are funded by local health departments or states) and analyze the disproportionate impacts of policies restricting Medicaid eligibility, like work requirements, on the AI/AN population.

COVID-19

Many grantees reported facing overwhelming challenges in responding to the COVID-19 pandemic. They struggled to provide testing, contact tracing, and care to individuals sick with COVID-19 on top of their regular services. One grantee said the COVID-19 pandemic increased gaps between Urban Indians' unmet health needs and the resources to meet those needs. Before pandemic relief was made available by the Federal government through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, some grantees reported struggling financially in their ability to provide health, social, and behavioral health services due to having to limit operating hours, reduce staffing, shift staff to do testing and vaccinations, and staffing shortages due to illness. Some grantees reported widening gaps for their more vulnerable populations, such as people who experience homelessness, victims of crimes or domestic abuse, and those suffering from behavioral health disorders. Limited internet also constrained people trying to access medical or behavioral health services through telehealth platforms.

Recommendations

It is recommended that IHS support UIOs in revising emergency response plans to account for their successes and lessons learned during the COVID-19 pandemic and to help them better prepare for future pandemics and disasters. Plans for identifying, hiring, and onboarding supplementary staff during such emergencies will be needed for future emergencies. Additionally, IHS could help UIOs leverage the National Health Service Corps and Commissioned Corps of the U.S. Public Health Service during future emergency responses.

Conclusion

The evaluation of grantee unmet needs for the IHS 4-in-1 Grant Program underscores the importance of UIOs in the provision of and access to health care for Urban Indian people. UIOs provide access to a variety of basic health and social services for Urban Indian populations and are an important and necessary part of the system of health care for AI/AN people in the United States. This evaluation illuminated the important investment of the 4-in-1 Grant Program that funds Urban Indian Organization services. Despite this investment, there remains a significant level of unmet need that the UIOs grapple

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with when providing services in the four grant areas. This analysis was conducted to understand the 4-in-1 grantees' unmet needs and provide recommendations for how IHS can address those needs. Most unmet needs identified by the UIOs fell into five categories: (1) SDOH, (2) funding issues, (3) capacity needs, (4) data needs, and (5) external challenges. Although funding issues were captured in a specific category, they were reported across each of the five categories as well. Chronic underfunding in the IHS budget, and specifically in the Urban Indian Health budget line item, was reported frequently as an unmet need.

The following seven recommendations are based on the grantees' recommendations and subject matter expertise that conducted the evaluation:

1. Invest more into urban, low-income communities to help support the health and well-being of Urban Indian people and reduce health disparities.
2. Support outreach and referral and limited ambulatory care programs to become comprehensive ambulatory care programs.
3. Keep the 4-in-1 Grant Program objectives broad and flexible so that UIOs can design programming and provide cultural practices that meet the needs of their unique patient population through direct or indirect services.
4. Support the Urban Indian Organization workforce through more training programs, loan repayment, scholarships, and placement incentives.
5. Support training for UIOs on data collection, analysis, and reporting.
6. Advocate for better data collection in national surveys.
7. Help UIOs revise their emergency response plans and design a system for deploying National Health Service Corps staff to UIOs during emergencies.

Finally, the recommendations in this report reflect work already underway at IHS to meet its mission to raise the physical, mental, social, and spiritual health of AI/AN people, as described in IHS' FY 2019-2023 Strategic Plan.¹⁹ The plan includes improving access to culturally appropriate care, developing the health care workforce, promoting data quality, and increasing patient awareness of health care coverage like Medicaid and Medicare, as well as modernizing health information technology and data processes. The recommendations in this report align with these strategic goals and are intended to help advance the mission of IHS. The 4-in-1 grant program is an integral component of the Indian health care delivery system that enables UIOs to provide necessary and culturally appropriate health services to the Urban Indian population.

¹⁹ See Footnote 17

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Appendix A – List of UIOs

Table 8. UIOs by IHS Area

UIOs by IHS Area
Albuquerque Area (2 UIOs)
Denver Indian Health and Family Services, Inc.
First Nations Community HealthSource
Bemidji Area (6 UIOs)
American Indian Health & Family Services of Southwestern MI
American Indian Health Service of Chicago, Inc.
Gerald L. Ignace Indian Health Center, Inc.
Indian Health Board of Minneapolis
Juel Fairbanks Chemical Dependency Services
American Indian Council on Alcoholism, Inc.
Billings Area (5 UIOs)
Helena Indian Alliance – Leo Pocha Memorial Clinic
Indian Family Health Clinic
All Nations Health Center
Butte Native Wellness Center
Billings Urban Indian Health and Wellness Center
California Area (10 UIOs)
American Indian Health & Services, Inc.
Bakersfield American Indian Health Project
Fresno American Indian Health Project
Friendship House Association of American Indians, Inc., of San Francisco
Native Directions, Inc.
Indian Health Center of Santa Clara Valley
Native American Health Center
San Diego American Indian Health Center
Sacramento Native American Health Center, Inc.
United American Indian Involvement, Inc.
Great Plains Area (2 UIOs)
Nebraska Urban Indian Health Coalition, Inc.
South Dakota Urban Indian Health
Nashville Area (2 UIOs)
Native American Lifelines of Baltimore/Boston
New York Indian Council, Inc.
Navajo Area (1 UIO)
Native Americans for Community Action, Inc.

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UIOs by IHS Area
Oklahoma City Area (5 UIOs)
Hunter Health
Urban Inter-Tribal Center of Texas
Kansas City Indian Center
Indian Health Care Resource Center of Tulsa
Oklahoma City Indian Clinic
Phoenix Area (4 UIOs)
NATIVE HEALTH
Nevada Urban Indians, Inc.
Urban Indian Center of Salt Lake
Native American Connections
Portland Area (3 UIOs)
Native American Rehabilitation Association of the Northwest, Inc.
The NATIVE Project
Seattle Indian Health Board
Tucson Area (1 UIO)
Tucson Indian Center

Appendix B - Individual Grantee Factsheets

All Nations Health Center

All Nations Health Center, Missoula, Montana

Unmet Needs Analysis

All Nations Health Center (All Nations) provides medical and behavioral health services through an integrated care model. All Nations' mission of "providing sustainable healthy lives for our Native people and the surrounding community through culturally based, holistic care" is rooted in an Integrated Care model.

All Nations Health Center Unmet Needs Report Analysis

This report presents All Nations-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

All Nations' findings from the unmet needs reports are presented below.

All Nations Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the reports All Nations identified all five factors as unmet needs except for social community context (Figure 5).

All Nations reported housing and human assistance as a significant need. They recommended providing a variety of services, including "housing assistance, i.e., security deposits, application fees, rental assistance (Human Resource Council, Salvation Army, Missoula Housing Authority), limited housing for



Figure 4. Community members dancing

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felons (Partners for Reintegration, Good Neighbors), school assistance with paperwork (UM admissions), application fees for college, gas vouchers, work supplies or items, school lunches (Missoula Public Schools resource centers), clothing (Bethel Church, Salvation Army, River of Life Church, YWCA), cell phones or phone cards (churches, 211, 549-HOPE), insurance assistance (St. Patrick Hospital financial counselors), and monetary assistance associated with daily living activities (donation).” Addressing these SDOH would help improve their patients’ lives.

Figure 5. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access & Quality	X	X	X	X
Neighborhood and Built Environment	X	X	X	
Economic Stability	X	X	X	
Education Access and Quality		X	X	
Social Community context				

Funding

Increased funding would help All Nations achieve their goal of “working towards instituting trauma-informed practices and policies in order to achieve holistic wellness for the Missoula Native community.” With additional funds, they could uplift their community’s overall wellness.

Capacity Needs

All Nations is working to provide comprehensive health services to all their patients. All Nations recommended having “more providers trained in health care and behavioral health fields” because licensed and trained staff would enable them to

expand services. They were able to hire a family nurse practitioner and a medical assistant during the reporting period.

External Challenges

All Nations briefly mentioned that they were challenged with providing transportation, affordable housing, and daily living needs to their patients. All Nations is continuously working on these concerns and created a 2020-2023 strategic plan to “revitalize organizational engagement with the local Native community, the community at large, and partners.” With this plan, they strive to fulfill their vision of “a healthy and engaged Missoula Native American community that values wellness and has access to culturally appropriate, trauma-informed services provided by a team of professional community providers who are supported by a network of local, state, Federal, and Tribal partners.”

“Collaborating with other agencies and [memoranda] of understanding to partner with agencies to meet client needs.” – Quote from All Nations



Figure 6. Community member performing

COVID-19 Impact

All Nations was limited in offering their normal services and providing daily living supplies to their community. They stated that their patients needed “daily living items, such as toiletries and clothing, and help with resources to support those affected by COVID-19.”

Conclusion

All Nations’ unmet needs included housing assistance, daily living supplies, additional funding, additional staff, transportation capacity, and providing care during the COVID-19 pandemic. All Nations is continuously working on alleviating their patients’ SDOH challenges and their own funding, capacity, external, and COVID-19 obstacles through their strategic plan for 2020-2023.

American Indian Health & Family Services

American Indian Health & Family Services, Detroit, Michigan

American Indian Health & Family Services (AIHFS) provides services to American Indians and Alaska Natives and non-American Indian/Alaska Native (AI/AN) populations. AIHFS's mission is "to empower and enhance the physical, spiritual, emotional, and mental well-being of AI/AN individuals, families, and other underserved populations [in southeast Michigan] through culturally grounded health and family services."

American Indian Health & Family Services Unmet Needs Report Analysis

This report presents AIHFS-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

AIHFS's findings from the unmet needs reports are presented below.

AIHFS Unmet Needs and Recommendations Report Findings

Funding

AIHFS's major strength was providing traditional services. They provided "traditional healing sessions on both an individual and group basis: smudging, sweat lodges, pipe ceremonies, and talking circles." However, they recommended increased funding and billable opportunities for these services by "ensur[ing] that Federal, state, local, and other resource agencies specifically include cultural services." Having these traditional healing services covered by Medicare, Medicaid, or commercial insurances would "foster both individual and community strengths." In their first quarterly report, they received Access to Recovery Grant (ATR) dollars to cover traditional services, but by their fourth-quarter report, they indicated the funding was no longer available. AIHFS also requested additional support for more specialized care to "maintain the modern medical opportunities that Tribal health clinics are able to provide...such as dental services, chiropractic care, acupuncture, or pharmacy services." Since AIHFS prides itself on integrating "traditional Native American healing and spiritual practices with contemporary Western medicine," additional funding for their services would empower and help treat their patients.



Figure 7. Community member participating in an AIHFS event

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Data Needs

AIHFS recognized the underreporting of Urban Indians in U.S. Census counts and tried to better identify these counts through “social marketing, collaboration with various local systems of care, directly communicating with all Michigan tribal communities, and other activities.” AIHFS wanted to increase the Urban Indian count to receive increased funding. AIHFS provided a recommendation to “encourage a review and revision of intake assessment forms on both a state and Federal level to include the opportunity for appropriate race and ethnic identification for Urban Indians.”

Capacity Needs

AIHFS had difficulty obtaining staff due to competing health care organizations offering high salaries and robust benefits and because of changes by Michigan’s Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems. Although this shift limited AIHFS staffing, they recommended eliminating the “barrier for non-certified workers from securing gainful employment.” With support on this issue, AIHFS can continue their vision of being a “leading Urban Indian health and community center supporting healthy Native people, families, and communities.”

Conclusion

AIHFS’s unmet needs included funds to provide cultural services, the inclusion of AI/AN people in U.S. Census counts, and limited staffing. Despite AIHFS’s concerns, they were strong in their ability to provide traditional healing services and recommendations and to count the Urban Indian population.



Figure 8. Teepee made by AIHFS members

“Urban facilities are only designated 1% of the overall Indian Health Service budget even though we know that 70% of Native Americans and Alaskan Natives are urban.”
– Quote from AIHFS

American Indian Health & Services, Inc.

American Indian Health & Services, Inc., Santa Barbara, California

American Indian Health & Services (AIHS) provides services “to *all* members of [their] community.” AIHS’s mission is “to promote and provide quality services to improve the health and well-being of American Indians/Alaska Natives and all other community members” is supported in the organization’s belief of “putting patients’ needs first.”



Figure 9. American Indian painting near Santa Barbara beach

American Indian Health & Services Unmet Needs Report Analysis

This report presents AIHS-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

AIHS’s findings from the unmet needs reports are presented below.

AIHS Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the reports AIHS identified all five factors as unmet needs (Figure 10).

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Figure 10. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality		X	X	X
Neighborhood and Built Environment	X	X		X
Economic Stability		X		X
Education Access and Quality		X		X
Social Community Context	X			

Before the COVID-19 pandemic and eventual vaccinations, AIHS reported low efficacy rates and community trust issues surrounding vaccinations. This fear is rooted in historic mistrust of Western medicine due to colonization and generational discrimination. AIHS recognized this concern and provided a solution; they “focused communication to the Native community to build trust in vaccination products.” In addition, they instituted “care coordination and communication between the patient and provider and outside specialists.”

AIHS is working on collecting data regarding their community members’ finances, food security,

housing access, and transportation. These are issues that fall under neighborhood and built environment component of the SDOH. AIHS believed that collecting data about this would “quantify the need for safe housing and food resources as a basis for a healthy life.” With these indicators captured and measured, AIHS can help correctly identify and support their community’s needs.

Funding

AIHS recommended changes in billing and reimbursement practices. Their recommendation “to allow full Federal Medical Assistance Percentage (FMAP) to urban programs and require the state of California [to] offer parity in access and payment to us equal to what is offered to California Tribal programs” is rooted in their founding values of providing services to American Indians/Alaska Natives. AIHS believed that if the Federal government paid for the state’s portion of Medicaid, it would provide UIOs access to more Federal dollars for health care services. Furthermore, it would help AIHS to provide more specialized care and assist with reimbursement opportunities.

Capacity Needs

AIHS’s greatest strength is their comprehensive suite of “quality medical, dental, pediatric, and behavioral health services.” Given their growing need for immediate services, AIHS would like to create a peer counseling program to “support sober living” and continue “leading the way in providing higher quality care at lower costs.”

“Urban Indian Programs receive far less reimbursement than our Tribal Programs to serve the same needs and peoples.” – Quote from AIHS

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COVID-19 Impact

COVID-19 impacted services in the following ways.

- **Community's needs** – the pandemic exacerbated their community's needs for housing, food, and employment services.
- **Continued partnerships to provide resources** – AIHS had strong relationships with their local city and county, but they needed additional support from their partners.

Conclusion

AIHS's unmet needs included low vaccine efficacy rates, data collection, funds to provide more services, demand in staffing, and COVID-19 response. AIHS provided several recommendations regarding these unmet needs. With support for these areas, AIHS can continue to "improve [the] overall experience in primary healthcare."

American Indian Health Service of Chicago, Inc.

American Indian Health Service of Chicago, Inc., Chicago, Illinois

American Indian Health Service of Chicago, Inc. (AIHSC) provides services to American Indians and Alaska Natives and non-AI/AN populations. AIHSC's mission of "providing quality health care to the American Indian community and other underserved populations" is rooted in the organization's three primary goals of service. They strive to "1) provide health and family services to American Indian people without health care services who are unable or unwilling to receive health care from other providers in the city; 2) provide culturally sensitive primary, secondary, and tertiary prevention intervention for the Chicago area American Indian community; [and] 3) provide integrated case management programming to the clientele."



Figure 11. AIHSC's 2021 Stay Healthy Campaign

American Indian Health Service of Chicago, Inc. Unmet Needs Report Analysis

This report presents AIHSC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

AIHSC's findings from the unmet needs reports are presented below.

AIHSC Unmet Needs and Recommendations Report Findings

Funding

AIHSC supports their patients' health care through providing in-house care and referrals. With increased funding, they would like to provide in-house gynecology, cardiology, orthopedics, psychiatry, and substance abuse services. AIHSC's major challenge was that "[referring] patients to other health care systems...causes greater confusion for [patients], as these providers do not know how to interact or speak with our community members." With increased funding, AIHSC could hire additional staff, including medical specialists, nurse practitioners, nurse specialists, and ophthalmologists to provide culturally competent care.

Conclusion

AIHSC recognized the challenges of outsourcing medical services as their primary unmet need. With increased funding, AIHSC would like to provide additional in-house services that are culturally competent and respectful of their patients.



Figure 12. Community member sharing

“Providing more funding would allow urban clinics to have funding to create comprehensive culturally appropriate teachings for our community as well as providing greater access if we could have expanded hours of operation.”
– Quote from AIHSC

Bakersfield American Indian Health Project

Bakersfield American Indian Health Project, Bakersfield, California

Bakersfield American Indian Health Project (BAIHP) provides services to the AI/AN population. BAIHP serves “a client population representative of [more than] 220 Tribes across the nation.” BAIHP’s health services are “culture-based” and “culturally rich.” BAIHP’s aim is “to enhance the health and well-being of the Urban American Indian and Alaska Native community in Bakersfield, Arvin, Lamont, and Oildale.”



Figure 13. Beading created by a BAIHP community member

Bakersfield American Indian Health Project Unmet Needs Report Analysis

This report presents BAIHP-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

BAIHP’s findings from the unmet needs reports are presented below.

BAIHP Unmet Needs and Recommendations Report Findings

Funding

Like other UIOs, BAIHP provides dental services, which was a growing need among their patients. With increased funding, BAIHP could expand their dental services as well as their medical and prescription drug assistance services.

Capacity Needs

BAIHP’s major strength was their ability to provide culturally competent and high-quality services to their patients. To continue providing this level of care, BAIHP recommended support in their ability to hire specialized staff. BAIHP would like a care coordinator who “has time to research client eligibility for insurance programs and prescription assistance plans.” With this additional staffing, BAIHP can continue to provide “culturally rich” services to their community.

Conclusion

BAIHP’s unmet needs included funds to provide dental services and specialized staff to support their various programs. With support in these areas, BAIHP can continue to promote the health of their community and provide invaluable services.

Billings Urban Indian Health and Wellness Center

Billings Urban Indian Health and Wellness Center, Billings, Montana

The Billings Urban Indian Health and Wellness Center (BUIHWC) in Billings, MT, provides services to American Indians and Alaska Natives and non-AI/AN populations. BUIHWC's mission to "foster an environment of cultural competency, respecting the values of both team members and customers" is "guided by [the organization's] commitment to collaborate [on] care strategies."



Figure 14. Buffalo in Montana

Billings Urban Indian Health and Wellness Center Unmet Needs Report Analysis

This report presents BUIHWC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

BUIHWC's findings from the unmet needs reports are presented below.

BUIHWC's Unmet Needs and Recommendations Report Findings

Data Needs

BUIHWC's approach "to quality care focuses on a commitment to providing a level of expertise, training, patient service, and monitoring that is difficult to match in our industry." To continue to provide this care, they recommended support for their EHR system and RPMS. In the beginning, they had several challenges to both systems; however, by their last quarterly report, they stated that their EHR system was approved and soon to be fully operational. Their EHR system was used for medical billing, tracking, and monitoring.

External Challenges

BUIHWC provides “the very best to each patient [whom they] serve,” but they were challenged by enrolling their patients in health coverage. In their community, many patients did not have health insurance and needed assistance signing up for Medicaid or Medicare. This need created an additional strain on BUIHWC resources. BUIHWC recognized this challenge and worked with “the Crow/Northern Cheyenne Service Unit to provide insight and registration for resources available for health insurance for AI/AN [people].”



Figure 15. BUIHWC staff members

Conclusion

BUIHWC’s unmet needs included challenges to their EHR system and limited resources to assist patients with getting health care coverage. Even though BUIHWC was challenged by using their EHR system and RPMS and by signing their patients up for health coverage, they were able to alleviate these challenges.

“[RPMS/the EHR system has to be] built from the ground up; therefore, as the patient population grows and the clinic grows, the BUIHWC continues to operate under paper medical charting and hand counting at this time.”

– Quote from BUIHWC

Denver Indian Health and Family Services, Inc.

Denver Indian Health and Family Services, Inc., Denver, Colorado



Figure 16. Staff members of DIHFS

Denver Indian Health and Family Services (DIHFS) provides “culturally appropriate healthcare for American Indian and Alaskan Native adults, children, and families.” DIHFS’s mission and vision is to “provide culturally competent services that promote quality health for American Indian and Alaskan Native adults, children, and families in the Denver metropolitan area.”

Denver Indian Health and Family Services, Inc. Unmet Needs Report Analysis

This report presents DIHFS-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

DIHFS’s findings from the unmet needs reports are presented below.

DIHFS Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access

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and quality, and (5) social community context. Throughout the four quarterly reporting periods, DIHFS stated health care access and quality, neighborhood and built environment, and economic stability as being unmet needs (Figure 17). DIHFS recognized the specific challenges caused by SDOH and is constantly working to alleviate them.

Figure 17. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X	X	X	X
Neighborhood and Built Environment	X	X	X	X
Economic Stability	X	X	X	X
Education Access and Quality				
Social Community Context				

DIHFS recognized that their community faces barriers to accessing health care. They found that many of their patients are challenged by transportation issues which “creates a high no show rate in our clinic.” Transportation encapsulates all three SDOH unmet needs mentioned in Figure 17. Without the money to afford a car or having the relevant affordable public transportation infrastructure, community members cannot go to their local health clinics to receive the care they need.

Funding

One of DIHFS’s biggest challenge was related to funding. They requested additional funding to

support a Medical Director, which was a position they were unable to fill throughout all four quarterly reports. Simultaneously, also throughout all four quarterly reports, they asked for funding to support a full-time medical doctor and dentist. In their last quarterly report, they also recognized the challenges in retaining staff because they have competition from other health clinics that are able to provide higher salaries. Due to their funding restrictions, their staff are also overworked causing high turnover rates. They requested funding in supporting their staff and hiring additional staff to reduce burnout and increase retention rates. In regards to Federal funding, they recommended increased funding to IHS so Urban Indians’ needs are met. Additionally, they stated, “increase the Urban Indian Health Program line item from 1% to 2%.” Furthermore, they stated, “our programs would benefit from FMAP. The increased funding would eliminate some of our internal barriers. The Federal government pays 100% of the costs incurred by the state to reimburse IHS, but the urban programs do not see this amount.”

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Data Needs

Throughout all four quarterly reports, DIHFS stated “although we have transitioned to our electronic health record, we still need the support from the area office to maintain historical data in RPMS. Since we transitioned off RPMS, we have had very minimal support.” They recognized that IHS receives funding for IT infrastructure and RPMS assistance, however in their experience they get “little or delayed responses, whether it is urgent or not.” They recommended that “it would be beneficial if there were a tier for the length of time it takes to get someone to respond to our requests.”

External Challenges

DIHFS recognized the challenges faced by Native American veterans. They recommended improved health care services for Native American Veterans because “it is very challenging navigating services for our vet[erans;] allow[ing] us to have [a memorandum of understanding] will allow for additional assistance.”

COVID-19 Impact

COVID-19 impacted services offered by DIHFS. In particular, DIHFS experienced challenges getting the necessary personal protective equipment (PPE) supplies.

Conclusion

DIHFS’s unmet needs included reducing SDOH challenges, acquiring funds for their staff, supporting their RPMS, developing health care services for Native American veterans, and securing PPE supplies. DIHFS was strong in their ability to provide various recommendations. Having their needs addressed will allow DIHFS to continue providing quality health care services to their community.

“Government shutdowns are a risk to our agency, so it is necessary to fund IHS to address the needs of urban Indians fully adequately.”

– Quote From DIHFS

First Nations Community HealthSource

First Nations Community HealthSource, Albuquerque, New Mexico

First Nations Community HealthSource (First Nations) provides services to American Indians and Alaska Natives and non-AI/AN populations. First Nations provides “accessible, affordable, and available health services to a growing population of underserved and unserved individuals and families, including individuals experiencing homelessness.”



Figure 18. First Nations' health center building

First Nations Community HealthSource Unmet Needs Report Analysis

This report presents First Nations-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

First Nations' findings from the unmet needs reports are presented below.

First Nations Unmet Needs and Recommendations Report Findings

Funding

Although First Nations, as well as other grantees, was challenged by limited funding, First Nations was able to “leverage and maximize existing, local, state, and Federal resources.” To resolve their funding challenges, First Nations presented several recommendations, including providing reimbursement opportunities through Federal Medical Assistance Percentages (FMAP) and Medicaid, and including American Indians/Alaska Natives in Federal, state, and local health care initiatives. The inclusion of American Indians/Alaska Natives in health programs is vital because “providing the necessary coordinated system of care with Tribal and urban programs for American Indians/Alaska Natives who migrate back and forth from the reservation” can help reduce health-related complications.

Capacity Needs

First Nations provides services to overlooked communities through traditional curative interventions, such as cultural mentoring, wellness groups, sweat lodge ceremonies, and prayers. These services build trust among their patients because their patients “tend to use services close to where they live and use services they trust and feel the most comfortable with.” First Nations' cultural competency is rooted in their understanding of the historical prejudices American Indians/Alaska Natives faced, including “associated forms of environmental, institution[al], and interpersonal discrimination.” Furthermore, the expansion of the Affordable Care Act and Medicaid in New Mexico increased coverage for tens of

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thousands of American Indians/Alaska Natives, but First Nations' patients continued to visit them. They believe treatment and prevention are rooted in evidence-based practices and completed through a "culturally appropriate and comprehensive system of care...includ[ing] comprehensive services." With the trust of their community, First Nations believes that expanding their diabetes, women's health, vaccination/immunization, HIV/STD/Hepatitis C, substance use, depression and suicide, and obesity services would greatly improve the health of their community.

COVID-19 Impact

COVID-19 impacted services in the following ways.

- **Patients' increased burden** – First Nations identified that Urban Indians who were experiencing homelessness or were victims of crime, human trafficking, or domestic violence had increased unmet needs.
- **Reduced services** – people who were experiencing homelessness or were victims of crime could not receive face-to-face services, including food pantries, housing assistance, and support services.
- **Collaborations with organizations** – although the pandemic added additional strains to their ability to provide services, First Nations "partner[ed] with the city, county, and other community partners to address the unmet needs of these special populations through leveraging resources (e.g., city's shelter, local hotels, medical outreaches) through its participation on the city's domestic violence and homeless task forces, as well as through other venue[s]."

Conclusion

First Nations' unmet needs included funds for AI/AN services, expanded culturally sensitive care for their patients, and COVID-19 response. Despite these challenges, First Nations is strong in their ability to be an anchor in their community for providing culturally competent services and care to their patients, and for partnering with governments and other community partners.

"For urban programs to expand, enhance, and sustain their services to address the needs of their AI/AN community members and to address their infrastructure and capacity needs."

– Quote from First Nations

Fresno American Indian Health Project

Fresno American Indian Health Project, Fresno, California

Fresno American Indian Health Project (FAIHP) in California provides “culturally sensitive services for the American Indian community.” FAIHP’s slogan is “healing the Native American community since 2007.” FAIHP delivers their services “in a respectful manner with a high regard for cultural, spiritual, [and] personal values, and Tribal affiliation.”



Figure 19. FAIHP's cover photo

FAIHP Unmet Needs Analysis

This report presents FAIHP-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

FAIHP’s findings from the unmet needs reports are presented below.

FAIHP Unmet Needs and Recommendations Report Findings

Funding

Since FAIHP’s services are rooted in culturally competent methods, they work to meet the holistic needs of their clients. FAIHP stated several recommendations for increased funding in order to “increase the educational experiences of their clients; hire a full-time therapist and substance abuse counselor; and provide higher-level psychiatric services to assist clients currently in their Behavioral Health Program.”

Capacity Needs

Due to the increased demand for mental health services, FAIHP supports patients through current behavioral health counseling services—both on- and off-site—and indicated a need to expand services to provide substance abuse treatment, psychiatric care, and more general therapy services. For FAIHP, the competition from other community health centers, hospital systems, and managed care organizations creates challenges for them to offering competitive salaries and benefits. Having the ability to meet these infrastructure and operational needs would grow FAIHP services and help to reduce staff turnover, thus retaining valuable AI/AN employees.

Additionally, the coming of a new ambulatory care facility required FAIHP to advance the quality of services and build the information technology infrastructure by adopting an EHR system. As a result,

adoption became very costly to the organization, and the transition created challenges to ensuring a seamless transfer of patient information and documentation of service details.

COVID-19 Impact

Unfortunately, the worldwide pandemic struck during the final quarter of the funding period, presenting unprecedented challenges and experiences that resulted in the halt and/or delay of planned services. Not surprisingly, unmet needs increased due to the pandemic's impact on services and the tremendous strain on clients and communities served. Notable challenges included the following.



Figure 20. A young community member

Access to mental health support

- FAIHP's community members were "losing their jobs and insurance, therefore losing access to mental health support."
- FAIHP, like many organizations, was forced to move quickly to adopt alternative methods, such as telemedicine, to meet client and community needs and to deliver much-needed services.

Ability to provide quality services

- The pandemic created challenges for FAIHP to provide quality services to their community in alternative ways (e.g., limited broadband access, digital literacy issues, digital divide needs between youth and elders).

Conclusion

FAIHP's unmet needs aligned with other Urban Indian Organization needs, including funding, capacity needs, and COVID-19 challenges. With additional funding and support, FAIHP can continue to provide culturally sensitive services to their community to help alleviate health-related concerns.

"[We would like to provide] telemedicine psychiatry for the urban population."

– FAIHP

Gerald L. Ignace Indian Health Center, Inc.

Gerald L. Ignace Indian Health Center, Inc., Milwaukee, Wisconsin

The Gerald L. Ignace Indian Health Center, Inc. (GLIHC) provides services to the AI/AN population. GLIHC's mission "to improve the health, peace, and well-being of Urban Indians in the Greater Milwaukee area" is supported by the organization's values of "respect, diversity, teamwork, accountability, honesty, family, and helpfulness."

Gerald L. Ignace Indian Health Center Unmet Needs Report Analysis

This report presents GLIHC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

GLIHC's findings from the unmet needs reports are presented below.

GLIHC Unmet Needs and Recommendations Report Findings

Funding

GLIHC recognized that increased funding would reduce health disparities affecting the Urban Indian population. With additional funding, they would provide in-house radiology services and train staff on use of equipment and the testing process. Delivering these services aligns with their mission of providing "comprehensive and culturally sensitive health care for the whole family."

Capacity Needs

In the beginning of GLIHC's reporting period, they had constraints regarding staffing; however, they temporarily mediated the problem by having another staff member become the full-time provider. Although they were not able to find a permanent solution, GLIHC recognized that this was a challenge they wanted to improve.

GLIHC also reported limitations to providing radiological services. To resolve this challenge, they referred their patients to external facilities. However, they identified that this process caused additional challenges, such as transportation and health coverage issues. They recommended additional support for providing in-house radiological services to increase efficiency in diagnosis and treatment.



Figure 21. GLIHC's health center building

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COVID-19 Impact

COVID-19 impacted services in the following ways.

- **Health screenings and education** – COVID-19 limited GLIHC’s ability to provide health screenings and education.
- **Hosting community events**– patients were not able to attend in-person community events to receive services.

Conclusion

GLIHC’s unmet needs included funds to expand services, staffing limitations, transportation and health coverage challenges, and COVID-19 response. Although GLIHC was challenged by limited funding and staffing and the effects of the COVID-19 pandemic, they offered various recommendations and solutions.



Figure 22. A young community member learning about dental care

“Our SUD program [had] struggled primarily due to the lack of a qualified MD[s] to be the medical staff who will oversee the program, based on certification requirements for the state of Wisconsin” –GLIHC

Helena Indian Alliance—Leo Pocha Memorial Clinic

Helena Indian Alliance, Helena, Montana

The Helena Indian Alliance (HIA) provides services for the AI/AN populations. HIA exists “to advocate for and to responsibly serve the mental, physical, spiritual, and social welfare of the Native American population in the Helena community.”

Helena Indian Alliance Unmet Needs Report Analysis

This report presents HIA-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.



Figure 23. Staff members of HIA

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

HIA’s findings from the unmet needs reports are presented below.

HIA Unmet Needs and Recommendations Report Findings

Funding

HIA reported several recommendations, including to allow UIOs the ability to “bill like IHS service units and Tribes,” which would improve the amount of funding HIA receives. Another recommendation was increased funding for additional services. Currently, HIA provides a wide range of services, including primary health care, outpatient Medicare services, diabetes care, prevention and education, nutrition counseling, immunizations, breast and cervical cancer screenings, AIDS/HIV/STD testing and counseling, patient advocacy, Montana Department of Transportation (DOT) physicals, and a medication-assisted treatment (MAT) program. They would like to provide dental care, as it is a popular concern among their patients. HIA recognizes that with increased funding, they could expand their services.

Capacity Needs

Although HIA did not provide in-house dental services, they had a memorandum of understanding with a local community health center that offered dental care to their patients. Not only did they have this memorandum, but HIA also provided transportation to an IHS facility for additional treatment. This was beneficial since “the nearest IHS facility that provides dental, which is on the Browning Indian Reservation, [is] 174 miles one way.”

Moreover, HIA’s strength lies in their ability to form collaborations with “numerous resource agencies, including Center for Mental Health, Adult Probation and Parole (state and Federal), Juvenile Probation,

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MT Chapter of NAMI, Helena Housing Authority, Montana Health Care Foundation, Department of Health and Human Services of Montana, National Council of Behavioral Health, State of Montana Addictive and Mental Health Division, Child Protective Services, and Montana State Public Defender’s Office.” Their ability to collaborate is strong, and they stated that this list “simply reflects the numerous programs, agencies, and resources we work with to provide a continuum of care necessary for holistic patient health care.”

Another major strength of HIA was their ability to provide substance abuse and mental health services. Throughout the reporting period they stated that they provided 5,022 individual sessions, which comprised 2,924 substance abuse visits, 331 psychiatrist visits, 787 mental health visits, and 980 case management visits. Not only did they provide an extensive number of services, but HIA also had an extensive staff, which included four full-time licensed addiction counselors, three part-time licensed mental health providers, and one full-time psychiatric nurse practitioner. Furthermore, HIA provided clinical services and worked on a variety of matters related to divorce, family conflicts, single parenting, cultural issues, poverty, physical disability, homelessness, child abuse and neglect, criminal/forensic issues, and sexual assault. HIA also provided regular clinic visits and required their patients to see their primary provider annually.

Conclusion

HIA unmet needs included funds to increase services needed by their community, such as dental care. Their strength in collaboration was key in their ability to provide holistic health services to their community. With their current network of collaborators and an increase in funding to expand their services, HIA could greatly improve their community’s health and well-being.

“[We recommend an] increase in urban Indian funding [and enabling UIOs to] bill like IHS service units and tribes.” – Quote from HIA

Hunter Health

Hunter Health Clinic, Wichita, Kansas

Hunter Health Clinic (Hunter), in Wichita, KS, provides services to American Indians and Alaska Natives at no charge. Hunter aims to “make health care a better system for everyone” by having a team of professionals work to identify and address medical, behavioral, and health education needs.

Hunter Health Clinic’s Unmet Needs Report Analysis

This report presents Hunter-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

Hunter’s findings from the unmet needs reports are presented below.

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the four quarterly reporting periods, Hunter stated health care access and quality, neighborhood and built environment, and social community as unmet needs throughout different reporting periods (Figure 25).



Figure 24. Hunter's health clinic building

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Figure 25. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access & Quality	X	X	X	X
Neighborhood and Built Environment	X		X	X
Economic Stability				
Education Access and Quality				
Social Community Context	X			

Capacity Needs

Hunter described limitations in hiring staff with specific expertise. Despite this limitation, Hunter partnered with a local community mental health center that provides services on a sliding fee scale. Hunter also partnered with organizations that provide MAT services to patients in need. While Hunter maintains these partnerships, their chief medical officer worked on completing MAT training so they can provide in-house MAT services.

Data Needs

In the beginning of the reporting period, Hunter described difficulties using their EHR system. Their EHR system did not allow them to “easily check population health measures.” Although they had initial concerns, by their Quarter 4 report, they had managed to resolve these issues by transitioning to eClinicalWorks, which allowed them to efficiently access population health tools.

External Challenges

Hunter’s major strength was their ability to form partnerships with other community health organizations. In addition to MAT services, they also created partnerships to provide specialist care and have assistance with their diabetes education pilot program. With this care, they can continue to provide their services and do community outreach.

COVID-19 Impact

COVID-19 impacted services in the following ways.

- **Availability of trainings for staff** – at the onset of the COVID-19 pandemic, Hunter’s staff were unable to attend general national trainings and behavioral health trainings to “help meet patient mental health needs.” However, Hunter was able to provide staff with online trainings.
- **Behavioral and mental health services** – COVID-19 created additional behavioral and mental health concerns among their patients.



Figure 26. A community member with their child

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Conclusion

Hunter’s unmet needs included staffing challenges, EHR difficulties, and limited trainings and available services due to the COVID-19 pandemic. Hunter resolved some needs by partnering with a local community mental health center and community health organizations. These partnerships alleviated their challenges to hiring staff with expertise and their limited MAT and specialty services. They were also able to remedy their EHR complications by transitioning to eClinicalWorks, and they addressed training challenges during COVID-19 by providing online trainings for their staff. Although the pandemic increased behavioral and mental health challenges to their patients, Hunter acknowledged this need and worked to address it.

“In order to support patients in accessing specialist care, we have contracted with local hospitals and have a contract with the Department of Development and Aging Services.” – Hunter

Indian Family Health Clinic

Indian Family Health Clinic, Great Falls, Montana

Indian Family Health Clinic (IFHC) of Great Falls, MT, provides services to American Indians and Alaska Natives and non-AI/AN populations. IFHC’s mission “to provide and promote culturally sensitive, holistic, quality health care for American Indian people” is supported through the organization’s core values of accountability, empowerment and equity, care, courage, community, respect, and integrity.

Indian Family Health Clinic of Great Falls Unmet Needs Report Analysis

This report presents IFHC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 grant program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

IFHC’s findings from the unmet needs reports are presented below.

IFHC Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the reports, IFHC identified all factors as unmet needs except for social community context. Throughout the four quarterly reporting periods, IFHC stated that health care access and quality was an unmet need (Figure 1). Neighborhood and built environment was an unmet need during Quarters 3 and 4, while economic stability was an unmet need during Quarter 4 (Figure 27).

IFHC shared a significant need for patient and staff access to transportation, in that “patients often do not have transportation to receive inpatient care and have to find a ride with family or friends.” In the SDOH framework, transportation falls under neighborhood and built environment, which relates to a patient’s community infrastructure. Not having reliable and affordable access to transportation hinders people’s ability to receive health and social services. Additionally, IFHC staff need transportation to provide culturally sensitive care and healing practices to their patients in direct support of their mission.

Figure 27. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access & Quality	X	X	X	X
Neighborhood and Built Environment			X	X
Economic Stability				X
Education Access and Quality				
Social Community context				

Funding

In addition to transportation, funding was also an important need shared by IFHC. Despite the limitations in funding directly used to support treatment services, IFHC has continued providing addiction treatment and prevention services to the growing AI/AN population. Currently, IFHC has been able to maintain delivery of Level 1 treatment services (outpatient services), but their service population is growing for those in need of Level 2 (intensive outpatient) and Level 3 (residential/inpatient) services. An increase in funding for treatment services would support

operations and increase inpatient services, including the ability to hire professionals to provide mental health services and support clients through culturally sensitive services.

Cultural Expertise

The cornerstone of IFHC's mission is the delivery of culturally sensitive services. IFHC's patients have accessed traditional and cultural activities such as sweat lodges as a way to experience the benefits and learn the importance of culture in health care. IFHC stated, "Many patients want to have some form of connection to traditional practices and have a strong desire and need to participate in cultural activities." Providing culturally relevant services continues to be a challenge, with transportation to nearby reservations to provide these services directly to their patients.

External Challenges

IFHC recommended concerted efforts to educate and inform those at the Federal, state, local, and Tribal levels about Urban Indian Organization programs, services, and value. "Federal and state entities recognize the need to change policy, programmatic requirements, and procedures to allow and promote for agility and flexibility in delivering services." Many UIOs shared the sentiment that, although the COVID-19 pandemic exposed limitations related to service delivery, it also provided an opportunity to address these challenges and promote change.

COVID-19 Impact

COVID-19 impacted services in the following ways.

- **Patients' access to care** – IFHC could not provide the same level of care with stay-at-home and social distancing measures in place. Patients could not access the fitness and wellness center, a key component to chronic disease management, such as for diabetes.
- **IFHC immunization services** – fewer people went to the clinic to receive regular immunizations.
- **Behavioral and mental health services** – COVID-19 exacerbated the need for the IFHC alcohol and substance abuse program.

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Conclusion

IFHC's unmet needs aligned with other UIOs' needs, including those within SDOH, funding, cultural expertise, and external challenges. Transportation, traditional health services, and COVID-19 response resulted in the greatest needs that directly impacted IFHC's services, as they experienced a decline in immunizations, culturally relevant services, telehealth, mental health, and chronic disease prevention services.

“Nearly 70% of the AI/AN population lives in urban areas, yet only 1% of the Indian Health Service budget is allocated for the urban Indian population.”

–Quote from IFHC

Indian Health Board of Minneapolis

Indian Health Board of Minneapolis, Minneapolis, Minnesota

Indian Health Board of Minneapolis (IHB) provides care to American Indians and Alaska Natives. IHB provides “traditional medicines, like sage, cedar, tobacco, and sweet grass, as well as cultural practices, like hand drumming and singing” while also “promoting and preserving our Urban American Indian and Alaska Native traditions and identity.” IHB delivers health care and wellness services that are “patient-centered” and “culturally sensitive.”



Figure 28. Community member creating a handmade drum

Indian Health Board of Minneapolis Unmet Needs Report Analysis

This report presents IHB-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

IHB’s findings from the unmet needs reports are presented below.

IHB Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the reporting period, IHB reported health care access and quality as an unmet need (Figure 29).

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 29. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X	X	X	
Neighborhood and Built Environment				
Economic Stability				
Education Access and Quality				
Social Community Context				

Capacity Needs

Throughout the reporting period, IHB demonstrated that their greatest strength lies in resolving challenges concerning staffing needs and levels. During a certain quarter, they would report searching for new staff, and then, in the next quarter, they would report filling the positions. During Quarter 1, they reported looking for a new recovery services director, and then in Quarter 2, they reported filling that role. In Quarter 2, IHB also looked for staff to serve their MAT recovery services, and by Quarter 3 they had filled the positions. Their MAT services were expanding at such a rapid pace, IHB stated they wanted to move their “counseling and support clinic...offsite” to a new

facility. IHB “believe[s] the best care happens when we listen and work together,” and with additional support in helping to provide facility space, IHB can continue to grow their “IHB family.”



Figure 30. Community member participating in a check-up exam

Conclusion

IHB was challenged by staffing levels and facility space, but they were able to fill positions throughout the reporting period. They also grew their MAT services to the point that they needed a new facility to house their program. With their ability to persevere through hardships, they can continue to provide care to their AI/AN population.

Indian Health Center of Santa Clara Valley

Indian Health Center of Santa Clara Valley, San Jose, California

The Indian Health Center of Santa Clara Valley (IHC) provides services to American Indians and Alaska Natives and non-AI/AN populations. IHC's mission "to help ensure the survival and healing of American Indians/Alaska Natives and our community by providing high-quality, comprehensive health care and wellness services" is supported through the organization's "work of providing high-quality, culturally competent medical and wellness services to American Indians and Alaska Natives and people from all walks of life."



Figure 31. IHC's health clinic's sign

Indian Health Center of Santa Clara Valley Unmet Needs Report Analysis

This report presents IHC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

IHC's findings from the unmet needs reports are presented below.

IHC Unmet Needs and Recommendations Report Findings

Funding

IHC provides a variety of services to their patients, including substance abuse treatment and culturally tailored services, like sweat lodge ceremonies, beading classes, talking circles, and craft classes. With additional funding, IHC could expand these culturally tailored services. In addition to expanding services, an increase in funding for staff trainings would support and refine their services. IHC also briefly recommended working with politicians for increased funding.

Cultural Expertise

IHC's greatest strength is their ability to provide culturally relevant services. Throughout the grant's duration, they provided sweat lodge ceremonies, craft classes, powwows, and talking circles. Additionally, they hosted in-house training that focused on the Lakota language and healing. These programs were identified by IHC as being vital for their populations to heal.



Figure 32. Community members attending an IHC event

External Challenges

IHC recommended collaboration to continue their growth, such as “working with other community health clinics to share best practices” and “working with IHS to develop better process flows and procedures.” With partnerships, IHC could grow and improve services for their community. Their understanding and willingness to create partnerships was another major strength.

Conclusion

IHC’s identified unmet needs were additional funding and collaborations with other community health clinics. IHC’s major strength was their cultural expertise, allowing them to provide culturally relevant services and treatment to their patients. Further

funding and creating partnerships with other health clinics would expand their services.

“Work with elected leaders and politicians to advocate for increased funding.” – Quote from IHC

Native American Connections

Native American Connections, Phoenix, Arizona

Native American Connections (NAC) offers “affordable housing, health, and community development services” to more than “10,000 individuals and families each year.” NAC’s vision “to be recognized as an innovative Native American service and development organization” is represented in the organization’s efforts to “integrate Native American healing with evidence-based practices.”

Native American Connections Unmet Needs Report Analysis

This report presents NAC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NAC’s findings from the unmet needs reports are presented below.

NAC Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. NAC stated in their Quarter 2, 3, and 4 reports that health care access and quality, neighborhood and built environment, economic stability, and education access and quality were unmet needs (Figure 34).



Figure 33. Community members working together

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 34. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality		X	X	X
Neighborhood and Built Environment			X	X
Economic Stability			X	X
Education Access and Quality				
Social Community Context				

Although NAC reported that their patients have higher rates of diabetes, obesity, substance abuse, and mental health and STD challenges, NAC stated they “address critical gaps in services to the Urban Indian population” to help alleviate these complications. Additionally, to address these concerns, NAC provides a variety of services, including “1) Outreach and navigation services to assist with getting the Urban Indian population into substance abuse treatment as quickly and efficiently as possible; 2) Residential substance abuse treatment at the 70-bed Patina Wellness Center, with on-site *medical services from community partners; and 3)*

Homeless housing for chronic[ally] homeless, medically vulnerable people and high medical emergency room utilizers.” These services were aligned with their vision of “champion[ing] community development projects that strengthen the Native American community and celebrate our rich cultural history.”

Funding

NAC noted it is fortunate to receive financial support from “targeted investment program funding from the state of Arizona’s AHCCCS (Medicaid).” They recommended increased funding be available to provide “infrastructure to become an integrated healthcare provider” and boost “capacity while also continuing to offer other unique services to address critical gaps.” With additional funding, they could further “assist in prevention efforts [to] support healthy behavior and awareness for chronic disease prevention.”

COVID-19 Impact

COVID-19 impacted services in the following ways:



- **Safely providing access to care** – NAC created a safe environment for working and providing services without interruption.
- **Increased health disparities** – NAC recognized that the pandemic highlighted and expanded the disparities that already existed for minorities in their community.
- **Collaboration to provide services** – NAC’s leadership “participate[d] in various webinars to learn from other leaders and to share our perspective during this time.”

Figure 35. NAC’s staff supporting a community member

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Conclusion

NAC's unmet needs included more community supports, additional funding, and handling of the health-related outcomes from the COVID-19 pandemic. Despite these unmet needs, NAC was able to work to provide a variety of services to lessen the burdens surrounding these needs.

“Address more robustly the social determinants of health of all its clients.” – Quote from NAC

Native American Health Center

Native American Health Center, Oakland, California

Native American Health Center (NAHC) provides comprehensive services to American Indians and Alaska Natives and non-American Indians/Alaska Natives. NAHC's mission "to provide comprehensive services to improve the health and well-being of American Indians, Alaska Natives, and residents of the surrounding communities with respect to cultural and linguistic differences" is integrated with the organization's "holistic model of care."



Figure 36. NAHC's sign in front of their health center building

Native American Health Center Unmet Needs Report Analysis

This report presents NAHC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NAHC's findings from the unmet needs reports are presented below.

NAHC Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. NAHC reported on health care access and quality and neighborhood and built environment as being unmet needs in their Quarter 1 report (Figure 37).

Figure 37. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X			
Neighborhood and Built Environment	X			
Economic Stability				
Education Access and Quality				
Social Community Context				

NAHC recognized that their community was challenged by several components, including health services, daily living needs, economic stability, and employment. Regarding the SDOH, these factors fall into economic stability, health care access and quality, and neighborhood and built environment. Having the ability to provide these services aligns with their “holistic model of care that treats each member as a whole person, acknowledging and responding to their physical, emotional, spiritual, and social services needs.”

Funding

NAHC recommended increased funding for “adult vaccines for uninsured or under-insured adults.” At the same time, they requested more funding to address “housing, employment, and education barriers” that Urban Indians encounter. NAHC stated that investments should be made in “the health of Urban Indians by considering the importance of community connectedness and social determinants of health when creating policies or programming and making important funding decisions.”

Cultural Expertise

NAHC’s work was guided by their philosophy “that culture is key to prevention,” which is why they recommended that Federal, state, or local IHS organizations support initiatives and programs that work on “traditional healing ceremonies, such as talking circles, sweat lodges, [and] powwows.”



Figure 38. A young community member

Conclusion

NAHC’s unmet needs included services to meet health and daily living needs, funding for vaccinations, funding decisions that are focused on Urban Indians, and incorporation of more traditional healing and practices. Since “NAHC recognizes and respects the culture, identity, and traditions of all people,” they would benefit from increased funding to continue empowering their patients and community.

Native American Lifelines of Baltimore

Native American Lifelines, Baltimore, Maryland

Native American Lifelines (NAL) in Baltimore, MD, provides services to American Indians and Alaska Natives. NAL's mission "to promote health and social resiliency within urban American communities" is supported through the organization's vision to encourage a lifestyle that promotes physical, spiritual, psychological, and social health.

Native American Lifelines Unmet Needs Report Analysis

This report presents NAL-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NAL's findings from the unmet needs reports are presented below.

NAL Unmet Needs and Recommendations Report Findings

Funding

NAL recommended increasing their funding to cover chronic care management, catastrophic illnesses, hospitalization, and rehabilitation. Despite this unmet need, NAL created partnerships to refer uninsured American Indians/Alaska Natives. With additional funding support, NAL could cover these services for patients seeking subsidized care.

Capacity Needs

Although NAL provides extensive services, including substance abuse prevention and treatment, behavioral health services, dental care, and outreach and referral services, they recognized the limitations of being an outreach and referral Urban Indian Organization. They noted wanting to provide medical, ambulatory, and telepsychiatry services for their patients. Additionally, despite providing some dental care, their dental services are limited. They formed relationships with other dentists to provide root canals and complex extractions, but needed additional support covering the expenses. Addressing these needs would help NAL "empower the Native American community, regardless of their socio-economic status."

Data Needs

NAL's approach is "threefold: community-centered, culturally grounded, and trauma-informed." For them to continue providing culturally appropriate services, they recommended assistance with RPMS.



Figure 39. Handmade drums in a window

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RPMS did not work well with the quality of care they delivered. They believed that with approval to use the RPMS EHR package to record and report, they could provide efficient, accurate data.

External Challenges

Although NAL stated that they serve the Baltimore metropolitan area, they have patients who come from Tribes in Virginia, which strains their budget. Their recommendation is to have an “active Richmond Service Unit” to care for members in Virginia.

Conclusion

NAL’s unmet needs included expanding their services to medical, ambulatory, telepsychiatry, and dental care; improving RPMS; and increasing their service capacity. Despite NAL’s unmet needs, the organization works to meet “the somatic and behavioral health needs of Urban Indians.”

“Over 70% of Tribal citizens live outside of their reservation communities, while only 1% of the overall IHS budget is directed to their care.”

– Quote from NAL

Native American Rehabilitation Association of the Northwest, Inc.

Native American Rehabilitation Association of the Northwest, Inc., Portland, Oregon

Native American Rehabilitation Association (NARA) of the Northwest, Inc, in Portland, OR, provides services to American Indians and Alaska Natives and non-AI/AN populations. NARA’s mission “to provide education, physical and mental health services, and substance abuse treatment that is culturally appropriate” is supported through the organization’s “philosophy of honoring and supporting the emotional, physical, spiritual, and mental health of Indian people.”

Native American Rehabilitation Association Unmet Needs Report Analysis

This report presents NARA-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NARA’s findings from the unmet needs reports are presented below.

NARA Unmet Needs and Recommendations Report Findings

Capacity Needs

NARA recommended additional staff for their medical, diabetes prevention, dental, pharmacy, and youth residential services to reach their vision of “achiev[ing] the highest level of physical, mental, and spiritual well-being for American Indians and Alaska Native people.” Although they had some staffing challenges, their cardiovascular program received a “Wise Woman” grant, which allowed them to hire a dietician, lifestyle coach, and health navigator.

Data Needs

NARA recommended having one single health information system to capture data. They found that using three systems—Dentrix, RPMS, and Centricity—created additional complications.



Figure 40. Community members drumming together

External Challenges

Since NARA provides extensive services, they recommended expanding several programs, including their outpatient substance use disorder, mental health, and behavioral health treatment, as well as their physical locations. They stated that expanding would “allow us to bring additional diabetes prevention and case management and give us the opportunity to reach additional patients at risk of obesity, heart disease, and other chronic illnesses with education, early intervention, and nursing case management to improve the overall health of American Indian[s] and Alaska Natives living in our community.” Growing their facilities would help them provide this care and coverage to their community.



Figure 41. A NARA community member elder

Conclusion

NARA’s unmet needs included staffing challenges, difficulties using data systems, and expansion limitations. With additional staffing, data management supports, and expanded services, NARA can continue to provide services that are “centered on the family,” since “without the family circle there will be no future.”

“Prioritizing its marketing and recruitment policies to attract Native Americans to our urban organization.” – Quote from NARA

Native Americans for Community Action, Inc.

Native Americans for Community Action, Inc., Flagstaff, Arizona

Native Americans for Community Action, Inc. (NACA) provides services to American Indians and Alaska Natives and non-AI/AN populations. NACA's mission is "to provide preventative wellness strategies, empower, and advocate for Native peoples and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values."

Native Americans for Community Action Unmet Needs Report Analysis

This report presents NACA-specific findings from analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NACA's findings from the unmet needs reports are presented below.

NACA Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the four quarterly reporting periods, NACA stated health care access and quality, neighborhood and built environment, economic stability, and education access and quality as being unmet needs (Figure 43).



Figure 42. Mountains near NACA's health center building

"Provide funds that assist in prevention efforts supporting healthy behavior and awareness for chronic disease prevention." – Quote from NACA

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 43. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X	X	X	X
Neighborhood and Built Environment			X	X
Economic Stability	X			
Education Access and Quality				X
Social Community Context				

NACA recognized that many of their patients would benefit from daily living assistance, such as transportation and childcare, which fall under the neighborhood and built environment component of the SDOH. They believed that expanding these services would “be greatly beneficial to families and programs,” which is rooted in their goal of providing prevention and wellness services.

Funding

NACA’s strengths are providing funding recommendations regarding prevention efforts, and their youth programs. NACA worked to integrate health care for Urban Indians on and off the

reservation. They recommended “that an internet site or an online access portal be developed for urban and reservation programs to give public notification of current events, workshops, trainings, and other healthful activities being offered during a calendar year.” Furthermore, NACA believes that their ASAP and youth services would greatly improve and continue providing support to their patients if they received additional funding.

Capacity Needs

NACA reported an innovative measure to support their community: they wanted to use a mobile application to provide health education classes and individualized programs to address health concerns and offer health coaching. NACA wanted to present materials through mobile, short informational videos, posters, or AI/AN-sponsored community events to increase accessibility of health information. As an adaptive idea to meet the community’s needs, NACA also planned for distributing information through an electronic system if weather limited their in-person availability. NACA also reported additional capacity challenges, including limited clinical capacity and lack of specialty care for retinopathy, nephropathy, and dental assessments. They believed that providing these services in-house would greatly benefit their patients.



Figure 44. A young community member

Conclusion

NACA’s unmet needs included expansion of services, online access, increased funding, and outreach through a mobile tool. NACA’s greatest strength was their creative idea to use a mobile application to reach their patients. With increased funding and support, NACA could help their patients with daily living needs, specialty care, and other services.

NATIVE HEALTH

NATIVE HEALTH, Phoenix, Arizona

NATIVE HEALTH in Phoenix, AZ, provides services to American Indians and Alaska Natives and non-AI/AN populations. NATIVE HEALTH’s mission “to provide accessible, holistic, patient-centered care, to empower our community to achieve the highest quality health and well-being” is supported through the organization’s core values of community, integrity, respect, compassion, leadership, and excellence.

NATIVE HEALTH’s Unmet Needs Report Analysis

This report presents NATIVE HEALTH-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NATIVE HEALTH’s findings from the unmet needs reports are presented below.

NATIVE HEALTH Unmet Needs and Recommendations Report Findings

Capacity Needs

NATIVE HEALTH prides itself on providing an “atmosphere of hospitality and respect for the dignity of each person involved in the care and healing process.” Within their framework of culturally competent care, they recommended providing continual sexual health education with an emphasis on sexually transmitted infections (STIs). Even though this was an unmet need for them, they worked with partners to identify and test for HIV, which allowed patients to manage their viral rates and reduce transmission. NATIVE HEALTH also determined that their community had high rates of inpatient hospitalization or emergency department visits due to drugs and medicinal and biological substances. To treat these concerns, they said they wanted to hire qualified behavioral health providers so they could “provide culturally competent, responsive care to the target population.”



Figure 45. NATIVE HEALTH's health center building

Figure 46. NATIVE HEALTH's staff



Conclusion

NATIVE HEALTH's unmet needs included provision of sexual health education and staffing limitations. With improved sexual health education and increased staffing levels to treat behavioral health and substance abuse, NATIVE HEALTH can continue "to carry the core values that help strengthen individuals and families."

"Continue to assist the Urban American Indian/Alaska Native population to understand the nature of substance abuse and promote prevention of substance use and protective behaviors."
– Quote from Native Health

Nebraska Urban Indian Health Coalition, Inc.

Nebraska Urban Indian Health Coalition, Inc., Omaha, Nebraska

The Nebraska Urban Indian Health Coalition, Inc. (NUIHC) provides services to American Indians and Alaska Natives and non-AI/AN populations. NUIHC's mission "to elevate the health status of Urban Indians and other underserved populations" is supported through the organization's provision of "education, collaboration, advocacy, and health service delivery."

Nebraska Urban Indian Health Coalition Unmet Needs Report Analysis

This report presents NUIHC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NUIHC's findings from the unmet needs reports are presented below.

NUIHC Unmet Needs and Recommendations Report Findings

Funding

NUIHC provides services to people from across the United States; they deliver care to "tribal members who reside in the Great Plains" and American Indians/Alaska Natives "as far away as Alaska to the north, Florida to the south, Maine to the east, and California to the west." Although they never turn patients away, extending their services outside of their direct care has strained their resources. To remedy this challenge, they recommended additional funding for their services, including their substance abuse and behavioral health services. Before the COVID-19 pandemic outbreak, they also reported funding lapses for medical supplies and recommended additional support for providing the Zoster vaccine and asthma control supplies.



Figure 47. Community members drumming

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

COVID-19 Impact

COVID-19 impacted the services offered by NUIHC. Notably, NUIHC experienced challenges getting lab machines and personal protective equipment (PPE) supplies.

Conclusion

NUIHC's unmet needs included funds for operations and supplies, as well as COVID-19 response. These unmet needs directly impacted NUIHC's ability to provide services. Although they were limited in their funding capacity and affected by the COVID-19 pandemic, they were able to "make a difference in the community" by providing services to people in their community and nationwide.



Figure 48. NUIHC's health center building

"Funding to cover the cost of the Zoster vaccine for those patients who do not have coverage [or those who have Medicare]." – Quote from NUIHC

Nevada Urban Indians, Inc.

Nevada Urban Indians, Inc., Reno, Nevada

Nevada Urban Indians, Inc. (NUI) provides services to American Indians and Alaska Natives and non-AI/AN populations and is the only such provider that serves patients “whose incomes exceed 200% of the Federal Poverty Level.” NUI’s mission is “to enhance the well-being of American Indians and [Alaska] Natives and other underserved members of the community through health care, social services, cultural awareness, and education.”



Figure 49. NUI's health center building

Nevada Urban Indians Unmet Needs Report Analysis

This report presents NUI-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NUI’s findings from the unmet needs reports are presented below.

NUI Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout their four quarterly reports, NUI reported health care access and quality, neighborhood and built environment, economic stability, and education access and quality as being unmet needs (Figure 50).

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 50. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X	X	X	X
Neighborhood and Built Environment	X	X	X	X
Economic Stability	X	X	X	X
Education Access and Quality	X	X		
Social Community Context				

NUI provides various services to their patients, including diabetes, medical, mental health, substance abuse, suicide prevention, and victim care. Although they provide many services, NUI’s unmet needs include offering transportation, addressing homelessness, and providing underemployment services. These unmet needs fall under the economic stability and neighborhood and built environment components of the SDOH.

Funding

NUI recommended additional funding to increase their staff capacity and “close the gaps in barriers of preventive health services.” NUI believes that with

additional funding in these areas, they could “make a genuine difference in the health and well-being of the communities [they] serve.”

Data Needs

In the beginning of NUI’s reporting period, they reported tremendous challenges regarding their RPMS legacy data. However, in their last two quarterly reports, they stated that they transitioned to a new system, Greenway, which was easier to use and increased their productivity and ability to serve their patients.

Conclusion

NUI’s unmet needs included expansion of services, funds to increase staff capacity and services, and challenges with RPMS. With support in these areas, NUI can continue to provide medical and social services to their patients in “Reno, Sparks, Carson City, and all outlying areas, [which] includes all those whose incomes exceed 200% of the Federal Poverty Level!”



Figure 51. NUI staff members

“There is a lack of sufficient community resources, including inadequate Federal funding, which limits NUI from offering comprehensive services within our growing community.”

– Quote from NUI

New York Indian Council, Inc.

New York Indian Council, Long Island City, New York

The New York Indian Council, Inc. (NYIC) provides services to American Indians and Alaska Natives throughout the New York City area, including the Bronx, Brooklyn, Manhattan, Queens, and Staten Island. NYIC's mission is "to promote the well-being of AI/AN people by providing health services that are in tune with our history, traditions, and philosophies."

NYIC Unmet Needs Report Analysis

This report presents NYIC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

NYIC's findings from the unmet needs reports are presented below.

NYIC Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the four quarterly reporting periods, NYIC stated all five factors as being unmet needs (Figure 53). NYIC recognizes the specific challenges caused by SDOH and is constantly working to alleviate them.



Figure 52. NYIC's health center building

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 53. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X	X	X	X
Neighborhood and Built Environment	X	X	X	X
Economic Stability	X	X	X	X
Education Access and Quality	X	X	X	X
Social Community Context	X	X	X	X

NYIC noted wanting to expand their services to include affordable housing, safe neighborhoods, job training programs, and quality early childhood education. These factors fall under two categories of the SDOH: (1) neighborhood and built environment and (2) education access and quality. Despite these challenges, their community received some support in community school programs, dropout prevention programs, funding for childcare subsidies, and affordable, reliable public transportation. NYIC recommended providing services to people who live outside of New York and New York City but are still close in terms of distance. This need aligns with their vision of being a “model for the promotion of quality

health services to American Indians and Alaska Natives in the New York City area and [to] create a Healthy Indian Life Center to combine traditions and a healthy lifestyle.”

Funding

NYIC provides extensive health services that are integrated with a “culturally competent care approach.” They offered recommendations such as changing regulations to allow contract funding to pay for services like healthy food and social activities.

Capacity Needs

One of NYIC’s greatest strengths is their idea of providing a mobile service. They believe that this approach would improve their services and ease accessibility challenges that many members of their community face. They also believe that adding multiple locations and working with New York state programs to expand their services would improve their community’s health.

COVID-19 Impact

COVID-19 impacted NYIC’s services. NYIC was unable to provide face-to-face services to their patients, and many of their health education classes and events were canceled.

“[American Indians and Alaska Natives do not have the] same opportunities for health due to location.” – Quote from NYIC



Figure 54. Community members participating in a NYC event

Conclusion

NYIC's unmet needs included expansion of services, funds to support additional services, mobile services, and effects to their in-person services because of the COVID-19 pandemic. Although they received financial support for some of their programs, they would benefit from more flexible funding to provide for improving their community's SDOH and offering other services.

Sacramento Native American Health Center, Inc.

Sacramento Native American Health Center, Inc., Sacramento, California

Sacramento Native American Health Center, Inc. (SNAHC) in California provides services to American Indians and Alaska Natives, and non-AI/AN populations. SNAHC's purpose, "to continue and share the legacy of a healthy American Indian/Alaska Native community based on cultural values delivered through a traditional, innovative, and accessible patient-centered health home," is supported through the organization's commitment to providing a "culturally competent, holistic, and patient-centered continuum of care."



Figure 55. SNAHC's health center building

Sacramento Native American Health Center Unmet Needs Report Analysis

This report presents SNAHC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

SNAHC's findings from the unmet needs reports are presented below.

SNAHC Unmet Needs and Recommendations Report Findings

Funding

Since SNAHC "envisions a vibrant community built upon a strong foundation of cultures and traditions," they recommended additional funding to continue to provide even more healthy, culturally related activities, such as "powwow fitness, low-impact and chair exercise for elders, hula for health and movement, and chaperoned elder walking activities." SNAHC is also "rooted in and responsive to [their] local community" and would benefit from support for their "residential treatment services for adults and youth, inclusive of transitional housing post-in-patient treatment." With these services, SNAHC can "contribute to the development and empowerment of all members of the Sacramento community."

Capacity Needs

SNAHC is a "safety net" for many of their patients; therefore, they would benefit from discretionary funds and incentives. They believe that removing barriers to care, such as those related to transportation, childcare, food, and social assistance, would greatly improve their community's overall health and well-being. Although they have a "dedicated team of highly trained clinicians" who provide

comprehensive care, they believe it would be productive if they had additional training opportunities for diabetes management, Hepatitis C care, transgender health care in outpatient settings, and HIV care in outpatient settings. These services would help them fulfill their goal of providing “comprehensive health care for adults and children by treating the whole person.”

Data Needs

SNAHC is strong in their ability to provide a culturally competent, holistic, and patient-centered continuum of care, but they believe that additional support from the National Clearinghouse and NextGen could help improve their data collection and reporting.



Figure 56. An elder beading

COVID-19 Impact

Due to the COVID-19 pandemic, many of SNAHC’s in-person and health education classes were transitioned to live video streams or recorded videos, which presented a challenge for patients who preferred an in-person format for receiving care and health education.

Conclusion

SNAHC’s unmet needs included funds to provide culturally relevant activities, daily living assistance needs, data collection and reporting needs, and COVID-19 response. Although SNAHC’s unmet needs reports focused on several minor challenges, the organization maintained and provided culturally competent services for patients before, during, and after the pandemic.

“[We need] transportation assistance in the form of Uber and Lyft funding, childcare vouchers, food boxes or CalFresh enrollment services, and funding for picture ID and/or social security cards.” – SNAHC

San Diego American Indian Health Center

San Diego American Indian Health Center, San Diego, California

San Diego American Indian Health Center (SDAIHC) provides services to Urban American Indians and Alaska Natives and non-American Indians/Alaska Natives. SDAIHC's mission is "to promote excellence in health care with respect to custom and tradition" and "reduce the significant health disparities San Diego's Urban American Indian and under-served populations by improving the excellence of care, resulting in increased life expectancy and improved quality of life."



Figure 57. SDAIHC's health center building

San Diego American Indian Health Center Unmet Needs Report Analysis

This report presents SDAIHC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

SDAIHC's findings from the unmet needs reports are presented below.

SDAIHC Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. SDAIHC reports from Quarters 1 and 2 stated all five factors as being unmet needs during the first quarter, and listed health care access and quality and neighborhood and built environment during the third quarter (Figure 58).

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 58. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X		X	
Neighborhood and Built Environment	X		X	
Economic Stability	X			
Education Access and Quality	X			
Social Community Context	X			

SDAIHC recognizes that behavioral and physical health issues are “interwoven and influenced by social determinants” and that behavioral health issues are due to historical and interpersonal trauma. Behavioral and physical health are both broad terms that are stressors of SDOH. Understanding that underlying health issues stem from various SDOH factors is a major strength and allows for structural, effective changes to be made.

Capacity Needs

To capture a comprehensive overview of their community, SDAIHC conducted a health needs assessment. From this assessment, prenatal care

was determined to be an unmet need for their community. They also found a “lack of capacity to serve low-income American Indians/Alaska Natives” and that American Indians/Alaska Natives faced “cultural stigma” related to seeking help. SDAIHC was well-positioned to reduce these issues because they took “special consideration of the individual’s culture, values, and preferences.” Furthermore, with their relationships and collaborations between “...Federal, state, local, and other resource agencies,” they could greatly promote and enhance the services for primary care and behavioral health.

Conclusion

SDAIHC’s unmet needs included addressing underlying behavioral and physical health issues and having more culturally sensitive services for American Indians/Alaska Natives. With SDAIHC’s strong partnerships and ability to assess the needs of their community, they can continue to effectively meet the needs of their patients.

“Promote American Indian representation in public health coalitions and [consortia] in order to better understand and solve complex societal problems of the AI/AN population, creating channels for effective communication between and alignment of partner organizations.”

– Quote from SDAIHC

Seattle Indian Health Board

Seattle Indian Health Board, Seattle, Washington

Seattle Indian Health Board (SIHB) provides services to “Urban American Indians and Alaska Natives, locally and nationally.” SIHB’s mission “to advocate for, provide, and ensure culturally appropriate, high-quality, and accessible health and human services to American Indians and Alaska Natives” is rooted in Indigenous knowledge and the organization’s “traditional beliefs and practices.”



Figure 59. An elder leading a ceremony

Seattle Indian Health Board Center Unmet Needs Report Analysis

This report presents SIHB-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

SIHB’s findings from the unmet needs reports are presented below.

SIHB Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Throughout the four quarterly reporting periods, SIHB stated health care access and quality as being an unmet need (Figure 60). SIHB recognized the specific challenges caused by SDOH and is constantly working to alleviate them.

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 60. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X	X	X	X
Neighborhood and Built Environment				
Economic Stability				
Education Access and Quality				
Social Community Context				

SIHB recognized that limited access to health care and healthy lifestyles were challenges that needed to be resolved. Therefore, they wrote a detailed plan for tackling the issues: “Address housing and health care infrastructure disparities: request an Urban Indian health program infrastructure assessment to gather baseline data on the national health care infrastructure needs of the 41 Urban Indian health programs (UIHPs) and obtain a Congressional budget office score. Request an assessment on expansion of the Urban Indian health program in urban areas that have high densities of Native people. Allow tribally designated housing entities to extend Indian Preference Policy to UIOs and UIHPs without having

to allocate Indian Housing Block Grant program funding. Address violence against Native women and girls: amend S. 2843/H.R.1585 - Violence Against Women Act.”

Funding

SIHB also had extensive recommendations for funding. They recommended “\$106 million in the Urban Indian health line item; \$24 million in the Tribal epidemiology centers (TEC) line item; and [allowance of] single advanced payment[s] of IHS contract dollars.” They reiterated the importance of funding for TECs because of their “essential ability to perform public health functions” and their capacity to “improve data-driven health care decision making in AI/AN communities.” There was also a recommendation of investing in ending gender-based violence. Specifically, SIHB stated that an additional \$5 million should be invested in the Violence Against Women Act and other programs that work to stop gender-based violence. Furthermore, specific recommendations for the state included passing the H.B. 1365/S.B. 5415 Washington Indian Health Improvement Act, which would create an Indian Health Improvement Reinvestment Account. SIHB stated that this account “reinvests new Medicaid savings from 100% Federal Medical Assistance Percentage (FMAP) encounters through Indian health care providers back into the underfunded ITU system of care to finance capacity and infrastructure projects.”

“Appropriate \$95 million into the urban Indian health program (UIHP) line item in the IHS budget to move towards full funding of the IHS Direct, Tribal 638, UIHP (I/T/U) system care.”
 – Quote From SIHB

Data Needs

SIHB is “the only Tribal epidemiology center focused specifically on the nationwide Urban American Indian and Alaska Native population,” and they are “decolonizing data by identifying the resiliencies and gaps in our communities and using techniques root[ed] in Indigenous knowledge to address them.” With these techniques, SIHB recommended improvements to their EHR system to help them enhance their services. Furthermore, SIHB recommended effectively counting the AI/AN population through census measures to increase AI/AN services.

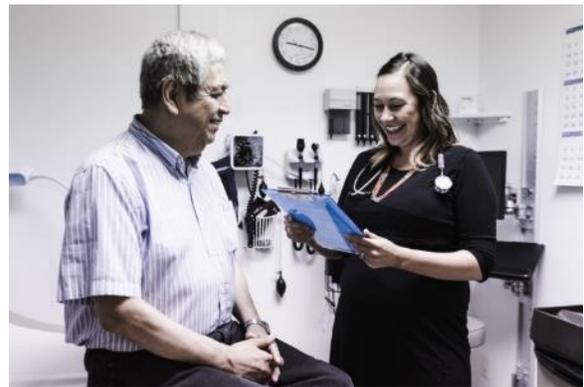


Figure 61. A community member getting a check-up

External Challenges

SIHB recommended areas of improvement for partnerships and policies that would uplift the communities they serve. They provided the following recommendations: “Amend Social Security Act 1905(b) to include UIHPs, which would allow 100% FMAP for American Indian and Alaska Native encounters at UIHPs. Eliminate Medicaid Institutions for Mental Diseases (IMD) exclusions for UIHPs administering substance use disorder services. Authorize cross-state credentialing for entire ITU system[s] of care. Implement an urban confer policy across United States Department of Health and Human Services (HHS) agencies. Uphold the Federal trust responsibility by eliminating the Medicaid work requirements for AI/AN people, ensuring the provision of health care to Native people. Invest \$5 million in Indigenous approaches to ending gender-based violence, such as Violence Against Women Act (VAWA) formulary and discretionary funding programs for urban American Indian and Alaska Native organizations, without impacting funding for Tribal programs.”

Conclusion

SIHB’s unmet needs included access to health care, a healthy lifestyle, more funding for their programs and population, improvements to the EHR system, and improvements to partnerships and policies. SIHB was strong in their ability to provide various recommendations into their unmet needs. With the recommendations provided, SIHB could continue to provide valuable services to their patients.

South Dakota Urban Indian Health

South Dakota Urban Indian Health, Sioux Falls, South Dakota

South Dakota Urban Indian Health (SDUIH) provides services to the AI/AN population. SDUIH’s mission “to provide total quality medical care for Native American people and the economically disadvantaged residing in urban areas of South Dakota” is supported by the organization’s work through a “Patient-Centered Medical Home” model, “where patients have a direct relationship with their provider, who coordinates a cooperative team of health care professionals, takes collective responsibility for the care provided to the patient, and arranges for appropriate care with other qualified providers as needed.”



Figure 62. SDUIH's health center building

South Dakota Urban Indian Health Unmet Needs Report Analysis

This report presents SDUIH-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

SDUIH’s findings from the unmet needs reports are presented below.

SDUIH Unmet Needs and Recommendations Report Findings

Funding

SDUIH offers various services, including medical care, family practice, women’s health care, HIV and STD testing and prevention, physicals, family planning, counseling, fitness, and healthy eating supports, diabetes programs, community programs, cultural programming, and pediatric services. They would like to have additional funding to open and operate a dental clinic. They determined that dental care is a major need among their patients and providing affordable dental treatment would greatly improve their patients’ overall health and well-being.

Capacity Needs

Since SDUIH “provides holistic quality care,” they believe providing dental care would be beneficial. They reported a cost analysis for dental care; 2,089 out of their 2,138 AI/AN patients needed dental care, and they estimated that the cost per visit would be \$150, making the total need \$313,350. Despite this unmet need, SDUIH fostered collaborations with IHS health centers to provide exams and Delta Dental of South Dakota to offer exams to children. Their innovative collaboration with Delta Dental of South Dakota was conducted through a “mobile unit, which travels to several communities.” This resourcefulness inspired SDUIH to create a mobile program, which they hoped would be completed in 2020.



Figure 63. SDUIH's logo on their front door

Conclusion

SDUIH's unmet needs included funding and staffing to open a dental clinic. SDUIH was strong in their ability to collaborate with IHS health centers and Delta Dental of South Dakota to help alleviate their dental needs. With additional support and funding, SDUIH could provide their dental mobile clinic to reach all community members.

“Funding to start the program, which would be greater than \$200,000.00, in addition to ongoing funding for supplies and dentists.” – Quote from SDUIH

The NATIVE Project

The NATIVE Project, Spokane, Washington

The NATIVE Project in Spokane, WA, provides services to American Indians and Alaska Natives and non-AI/AN populations. The NATIVE Project’s mission “to provide quality services that promote wellness and balance of mind, body, and spirit for individuals, staff, families, and communities” is supported through the organization’s “sacred hospitality” care that they provide to all patients seeking their services.



Figure 64. The NATIVE Project's health center building

The NATIVE Project's Unmet Needs Report Analysis

This report presents The Native Project-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

The NATIVE Project’s findings from the unmet needs reports are presented below.

The NATIVE Project's Unmet Needs and Recommendations Report Findings

Social Determinants of Health

The U.S. Department of Health and Human Services defines social determinants of health as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. For this analysis, the social determinants of health that were used in the conceptual framework included (1) health care access and quality, (2) neighborhood and built environment, (3) economic stability, (4) education access and quality, and (5) social community context. Across three quarterly reports, the NATIVE Project reported health care access and quality, neighborhood and built environment, and social community context as being unmet needs (Figure 65).

“Unfortunately, the states do not always provide funding for the special needs of American Indians and Alaska Natives and recently have provided [fewer] services to Native people in Washington state in their recent Medicaid changes.” – Quote from the NATIVE Project

Indian Health Service
4-in-1 Grant Program Unmet Needs and Recommendations Report

Figure 65. Counts of Reported SDOH Unmet Needs

	Q1	Q2	Q3	Q4
Health Care Access and Quality	X	X		X
Neighborhood and Built Environment	X			X
Economic Stability				
Education Access and Quality				
Social Community Context		X		

The NATIVE Project’s “service delivery philosophy is a patient-centered care model that embraces action, education, culture, and spirituality on the road to healing and wellness.” Given this model of care, they recommended additional support in providing transportation, alleviating homelessness, teaching health education, and communicating with their patients. These factors fall under the neighborhood and built environment and health care access and quality factors of the SDOH. The NATIVE Project recognized that these challenges were not fully within the scope of their work, but they understood that these difficulties cause additional health strains to their patients.

Funding

The NATIVE Projected recommended additional funding for AI/AN patients over the age of 19 to receive the human papillomavirus (HPV), Shingrix, and Hepatitis A vaccines. They also recommended further funding for American Indians/Alaska Natives living off-reservation and for the special needs of American Indians/Alaska Natives, including prevention programs, wellness programs, health care, and dental care. Despite these challenges, the NATIVE Project worked with the state of Washington to alleviate some of their other programs. With this collaboration, they were able to provide counseling and treatment for AI/AN youth.

Data Needs

The NATIVE Project delivers “patient-centered care,” but their cancer screenings and their EHR system, Greenway Intergy, create additional complications. With support to improve these measures and processes, the NATIVE Project can help their community live as “warriors, nurturers, scholars, and community activists.”

Capacity Needs

The NATIVE Project provided several recommendations, including having an adult therapist to provide care, offering additional trainings for their staff, and creating room to grow. These needs align with their vision of a “community that promotes balance and harmony.” With support in this area, the NATIVE Project can keep their patients in-house for behavioral health services; provide trainings in trauma-informed care for adults and children; and have facility space for their behavioral health counseling.

Conclusion

The NATIVE Project’s unmet needs included support for providing transportation, alleviating homelessness, teaching health education, communicating with patients, increasing funding for adult vaccinations, expanding programs, improving the EHR system, and increasing staffing. With additional support in all these areas, the NATIVE Project can always continue to “promote healing and wellness in individuals, families, staff, and communities.”

Tucson Indian Center

Tucson Indian Center, Tucson, Arizona

Tucson Indian Center (TIC) provides services to American Indians and Alaska Natives and non-AI/AN populations. TIC's mission "to serve, empower, and advocate for the Tucson Urban American Indian community and others, by providing culturally appropriate wellness and social services," is supported through the organization's core values: integrity, accountability, cultural identity, and family and community.

Tucson Indian Center Unmet Needs Report Analysis

This report presents TIC-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

TIC's findings from the unmet needs reports are presented below.

TIC Unmet Needs and Recommendations Report Findings

Funding

TIC "envisions an empowered, educated, prosperous, healthy, unified, and politically engaged Urban American Indian community." With increased funding, they would continue to work toward their vision and "implement new health activities to include primary care, behavioral health, and community health programs." They wrote specific recommendations, which include providing an additional \$30 million to expand the urban program and \$25 million to provide renovations of urban facilities.

Capacity Needs

One of TIC's strategic goals was to "increase the Center's visibility and influence." They reported growing their "network with peers" by holding national and state conferences. Through this process, they noted that they want to "allow programs to teach and learn from one another to improve the quality and capacity of programs." They also recommended providing regular trainings and supports for "UIHP staff in implementing strong prevention education and recovery support services for Urban Indians." This recommendation also aligns with their strategic goal of "maintain[ing] and expand[ing] the Center's programs and services."



Figure 66. TIC's health center building

Data Needs

TIC is committed to providing quality services to their patients; however, the Uniform Data System (UDS) sometimes inaccurately captures their program. They believe they would meet their deliverables and objectives at “100% or greater” if the UDS was improved and the reporting templates were remedied.

Cultural Expertise

Part of TIC’s strategic goals are to “maintain and expand the Center’s programs and services.” With this in mind, they reported wanting to expand their traditional health services and continue to provide culturally competent care. They found that their patients responded well when care was administered in culturally appropriate ways.

Conclusion

TIC’s unmet needs included funds to continue providing services, ability to pursue growth opportunities and offer trainings, capacity to improve the UDS system, and resources to develop their traditional health services. TIC’s strengths in providing recommendations, growing their network, and trying to expand their programs are ways in which they help their community.



Figure 67. A community member participating in a TIC event

“Implement new health activities to include primary care, behavioral health, and community health programs that are desperately needed to meet the needs of the populations.”

– Quote from TIC

United American Indian Involvement, Inc.

United American Indian Involvement, Inc., Los Angeles, California

United American Indian Involvement, Inc. (UAI) provides services to the AI/AN population. UAI's mission "to promote and support the physical, behavioral, and spiritual well-being of American Indian[s]/Alaska Natives in the urban Los Angeles area by providing comprehensive, integrated services that focus on all age groups and incorporate American Indian/Alaska Native cultures and traditions" is supported by how the organization "integrate[s] traditions, practices, and beliefs" into their delivery of care.

United American Indian Involvement Unmet Needs Report Analysis

UAI participated in the Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program. For the 4-in-1 Grant Program, UAI provided four unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

Conclusion

UAI submitted all four quarterly unmet needs reports. For continuing their work, UAI will focus on following their vision of providing "quality physical and behavioral health, education, and social support services that promote healthy lifestyles and individual responsibility in order to strengthen American Indian/Alaska Native communities, now and for future generations." With their strong mission and goals, UAI can continue to serve their AI/AN populations.

Urban Indian Center of Salt Lake

Urban Indian Center of Salt Lake, Salt Lake City, Utah

The Urban Indian Center of Salt Lake (UICSL) provides services to the AI/AN population. UICSL's mission "to serve the people by honoring Native cultures, strengthening health and wellness programs, and cultivating community" is supported through the organization's strategic priorities to improve and update their policies, procedures, workflows, and staff engagement to therefore empower and uplift the lives of the AI/AN people in their community.



Figure 68. UICSL's health center building

Urban Indian Center of Salt Lake Unmet Needs Report Analysis

This report presents UICSL-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

UICSL's findings from the unmet needs reports are presented below.

UICSL Unmet Needs and Recommendations Report Findings

Funding

UICSL provides general medical care, dental services, vision care, medical referrals, nutrition services, mental health care, substance use services, spiritual healing, and youth services. Although they provide expansive services, they recommended providing discretionary funds for incentives, travel vouchers, and traditional medicinal supplies. UICSL recognizes that these minor services are invaluable, attracting patients and contributing to patients' overall health.

"...Census data indicates that a large majority of American Indians live in urban areas; Urban Indian Health Organizations need more funding" – Quote from UICSL

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Data Needs

UICSL stated concerns about underreporting of American Indians/Alaska Natives in the U.S. Census. They believe that this undercount impacts funding and resource allocations from the Federal and state levels. UICSL created a strategic plan to work on several areas, which included “strategic options for modernization of the Indian Health Service and Health Information.”

Conclusion

UICSL’s unmet needs included additional funds to provide incentives, travel vouchers, and traditional medicinal supplies for their patients, and an accurate count of American Indians/Alaska Natives in the U.S. Census. Despite these concerns, UICSL was strong in their ability to provide numerous services, including medical care, dental care, vision services, medical referrals, nutrition services, mental health care, substance use services, spiritual healing, and youth services, while simultaneously modernizing the services they provide.



Figure 69. A presenter for a UICSL event

Urban Inter-Tribal Center of Texas

Urban Inter-Tribal Center of Texas, Dallas, Texas

The Urban Inter-Tribal Center of Texas (UITCT) provides services to American Indians/Alaska Natives in the Dallas/Fort Worth (DFW) Metroplex. UITCT's mission "to enhance the health and socio-economic status of American Indians living in the DFW metroplex" is supported by providing "culturally sensitive, community-based services."

Urban Inter-Tribal Center of Texas Unmet Needs Report Analysis

This report presents UITCT-specific findings from an analysis of Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) 4-in-1 Grant Program unmet needs reports from 2019 to 2020. The 4-in-1 Grant Program is integral to the IHS health care delivery system in supporting Urban Indian Organizations (UIOs). This funding strengthens the ability of UIOs to expand direct services in four health program areas: (1) health promotion and disease prevention services, (2) immunization services, (3) alcohol and substance abuse services, and (4) mental health services.

The analysis of unmet needs reports began with a national review of 133 grantee reports. Report content included demographic information, health outcomes, and unmet needs, which were coded into six themes: social determinants of health (SDOH), funding issues, capacity needs, cultural expertise, data needs, and external challenges.

UITCT's findings from the unmet needs reports are presented below.

UITCT Unmet Needs and Recommendations Report Findings

Capacity Needs

UITCT offers a variety of services, including primary care, dental care, pharmacy services, behavioral health counseling, and employment and training services. Since these services are in high demand, they have a waitlist of 2 to 3 weeks, and their dental clinic is limited to fillings and extractions, while caps, crowns, bridges, and dentures have to be referred out. Although they have partnerships with other dental clinics to meet this need, the referrals are "difficult to process," and many "patients [do] not have dental insurance and [do] not qualify for public health services." Additionally, many of their patients also do not have health insurance or are underinsured and thus are not able to be referred out for cardiology, neurology, hematology, sleep disorders, or dermatology. UITCT recommended that they expand their services and pharmacy to better provide for their patients.

Data Needs

UITCT's major strength is capturing domestic violence cases. They are working on "developing a domestic violence resource and referral service" to reduce "issues of trust with [the] frequent changes in medical [provider] staffing...and the only available counselor being male." With these improvements, UITCT will be able to support people who may be victims of domestic violence.



Figure 70. UITCT's health center building

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4-in-1 Grant Program Unmet Needs and Recommendations Report

COVID-19 Impact

COVID-19 impacted services in the following ways.

- **In-person services** - UITCT was limited in their ability to provide in-person services, including medical appointments and health education meetings.
- **Transitioning to telehealth services** -UITCT had challenges moving their services to an online platform.

Conclusion

UITCT's unmet needs included the ability to provide additional in-house services, such as dental care, as well as services many of their patients cannot receive due to lack of insurance or being underinsured. UITCT's additional unmet needs included reducing staff turnover rates and continuing to provide services during the COVID-19 pandemic. While they provide various services, including primary care, dental, pharmacy, behavioral health counseling, employment and training, and the tracking of domestic violence cases, they noted they want to improve all the services they provide.