

Needs assessment of the urban Indian health program and the communities it serves

National Combined Councils Meeting
June 22, 2016

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TAKEAWAYS

- 1) Health status and health care needs of the urban AI/AN populations residing in urban centers**
- 2) How UIO assist the public and private health care entities in providing services to urban AI/AN**
- 3) How UIO assist urban AI/AN with utilizing these health services resources**
- 4) Define gaps between unmet health needs and resources available for the urban AI/AN populations**

UIHP BACKGROUND

- The Indian Health Care Improvement Act (IHCIA)
- Through the IHCIA, Congress “established programs in urban centers” (25 U.S.C. § 1651)
- The IHS carries out this authority through contracts with, and grants to, Urban Indian Organizations (UIO). (25 U.S.C. §§ 1652-1653)
- Strengthened UIHP by expanding contract and grant authorities to include:
 - direct medical services, alcohol and substance abuse services, mental health services, human immunodeficiency virus (HIV) prevention and treatment services, and health promotion and disease prevention services, CHR, IHS Policy on Conferring

UIHP BACKGROUND

- The IHS contracts nationwide with 34 qualifying UIO defined as:
 - 501(c)(3) non-profit organizations
 - Controlled by an urban AI/AN board of directors
 - Serving a significant population of urban AIAN

- Levels of UIHP Healthcare Service Providers:
 - Comprehensive Ambulatory Programs
 - Limited Ambulatory Programs
 - Outreach and Referral

- IHS – HRSA Dually-funded UIO:
 - 11 IHS-funded programs – 330 CHC HRSA Program Grants

WHO IS AN URBAN AIAN?

- An “Urban Indian” eligible for services under the IHClA is any individual who both:
 - (1) Resides in an urban center; and
 - (2) Meets one or more of the following criteria:
 - (A) Irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including:
 - (i) those tribes, bands, or groups terminated since 1940, and
 - (ii) those recognized now or in the future by the State in which they reside; or
 - (B) Is a descendant, in the first or second degree, of any such member described in (A); or
 - (C) Is an Eskimo or Aleut or other Alaska Native; or
 - (D) Is a California Indian; or
 - (E) Is considered by the Secretary of the Department of the Interior to be an Indian for any purpose; or
 - (F) Is determined to be an Indian under regulations pertaining to the Urban Indian Health Program that are promulgated by the Secretary of HHS.

STUDY APPROACH-MIXED METHODS

- Morbidity and mortality of urban AIAN; availability of health resources, and, the gap between available and needed resources for the urban AI/AN population
- CDC's Behavioral Risk Factor Surveillance System (BRFSS) – smoking and alcohol
- Stakeholder engagement and examination of existing data
- IHS-funded UIHP and local UIO or AI/AN leaders in 17 potential new sites

STUDY POPULATION

- AI/AN people residing in Metropolitan Statistical Areas (MSA) where the IHS-funded UIHP are located.
- AI/AN people in the 17 MSA with the largest AI/AN populations.
- Data from the 17 MSA was examined to assess the health status and health needs of urban AI/AN populations.

DATA COLLECTION

- Quantitative data on infant mortality was compiled from the CDC NVSS, in collaboration with the UIHI.
- Prevalence data from CDC's BRFSS
- Qualitative data was collected through engagement of UIHP. Site visits and interviews were conducted with IHS-funded UIHP.

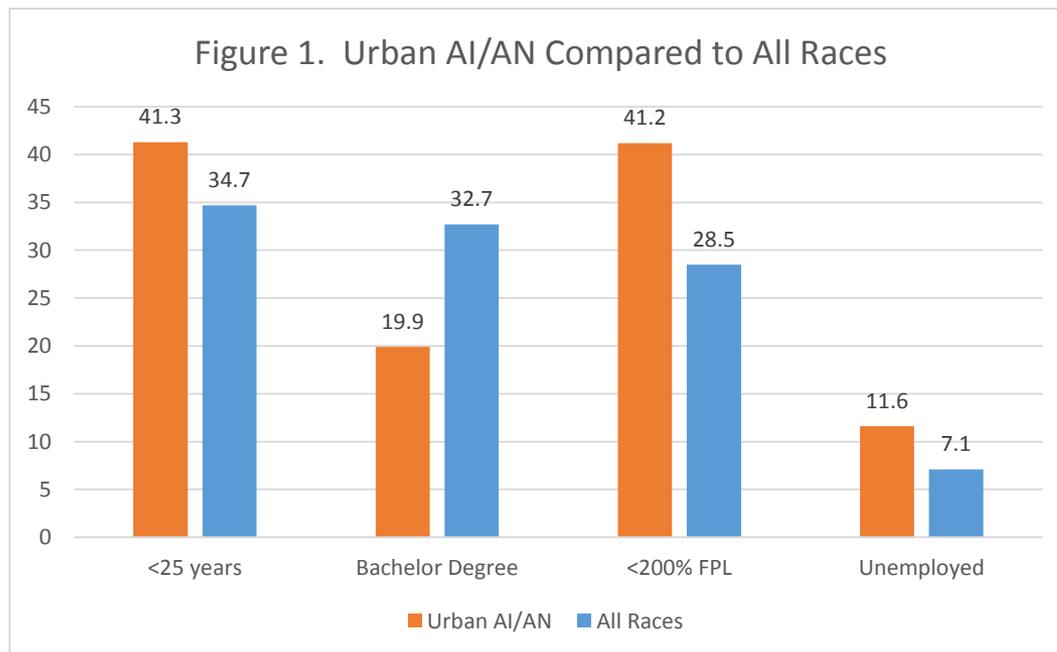
DATA COLLECTION

- Data was collected to determine the health care resources available to these populations.
- Census Bureau's American Community Survey for demographic, income, and health care coverage
- The IHS UIHP 2013 Uniform Data System (UDS) report was an integral component of the examination of data.
- Secondary data sources:
 - U.S. Census Bureau's American Community Survey
 - UIHP utilization
 - Patient profile data

STUDY RESULTS

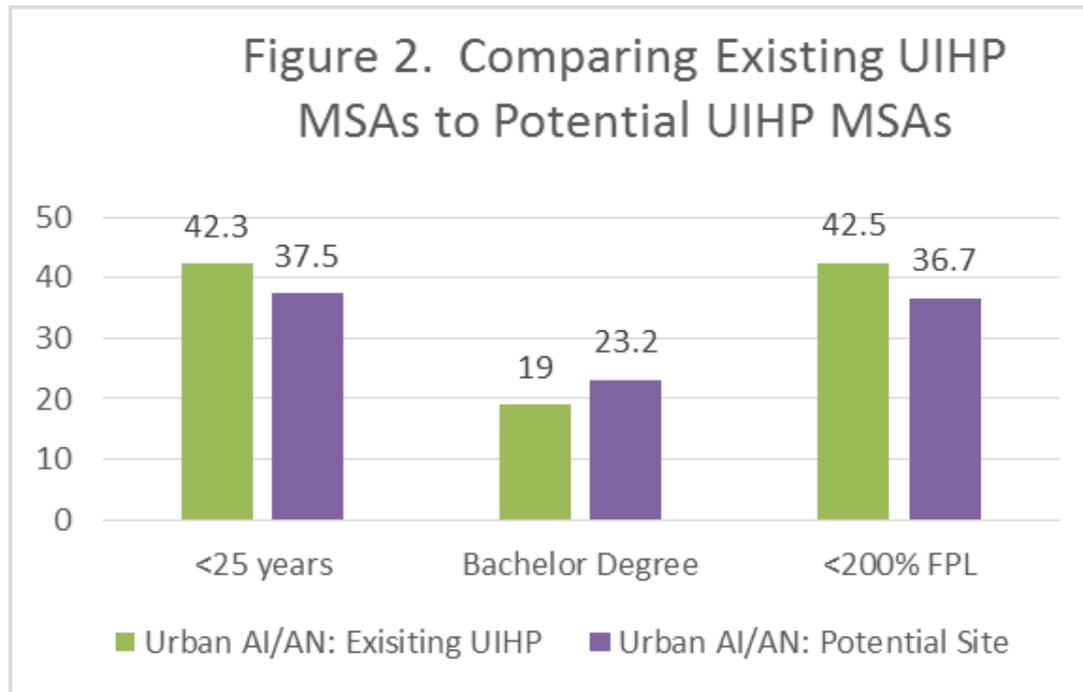
1) Estimate the Population of Urban Indians Residing in Urban Centers who are or could be Recipients of Health Care or Referral Services:

- The urban AI/AN population experiences socioeconomic disparities with respect to age, education, income, and employment.



STUDY RESULTS (cont.)

- Comparing urban AI/AN people from the MSAs with existing HS-funded UIHP to the 17 potential new MSA sites:



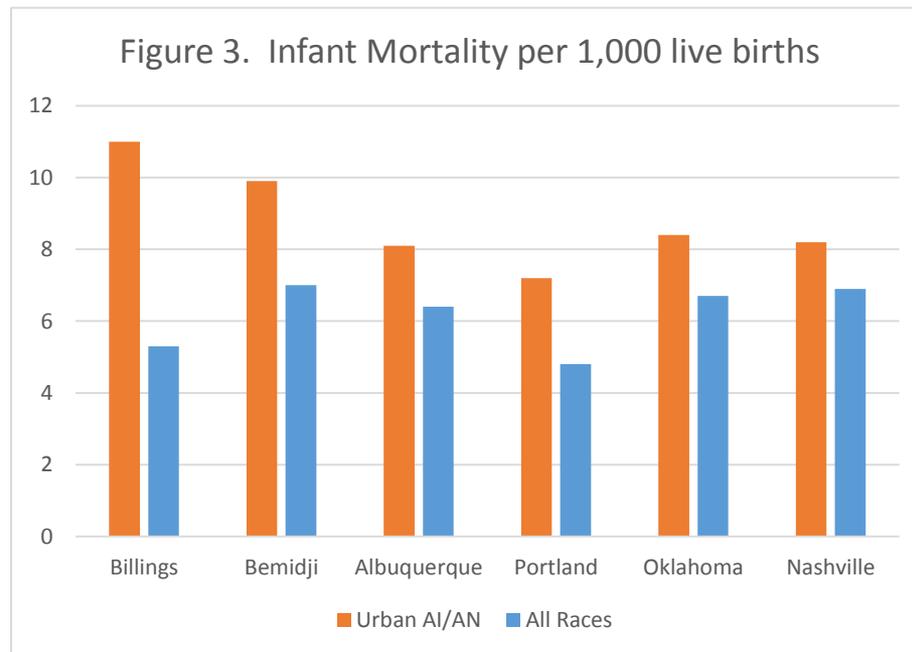
STUDY RESULTS (cont.)

2) Estimate the Current Health Status of Urban Indians Residing in Urban Centers

- Unique morbidity and mortality profile.
- Substance abuse, chronic disease, infant mortality, suicide, accidents, HIV-related mortality, health risk behaviors, preventive health, health insurance, culturally competent care

STUDY RESULTS (cont.)

- IHS Areas – significant infant mortality disparity urban AI/AN people compared to all race population



STUDY RESULTS (cont.)

3) Estimate the Current Health Care Needs of Urban Indians Residing in Urban Centers

This UIHNA has identified three systemic needs that will have the greatest impact on overall quality improvement.

- ***Integrate Behavioral Health Programs***
- ***Improved Infrastructure and Capacity***
- ***Explore Potential New Sites***

STUDY RESULTS (cont.)

4) Identify All Public and Private Health Services Resources within Urban Centers which are or may be Available to Urban Indians

➤ Existing health resources

➤ Integrated services

STUDY RESULTS (cont.)

5) Determine the Use of Public and Private Health Services Resources by Urban Indians Residing in Urban Centers

- Referrals to public and private health services
- Partnering with the local university

STUDY RESULTS (cont.)

6) Assisting Such Health Services Resources in Providing Services to Urban Indians

- MOAs with local public and private health organizations
- UIHP provide T/TA to understand AI/AN cultures and cultural practices

STUDY RESULTS (cont.)

7) Assisting Urban Indians in Becoming Familiar with and Utilizing Health Services Resources

- Community integration
- UIHP provide health services information

STUDY RESULTS (cont.)

8) Provide Basic Health Education, Including Health Promotion and Disease Prevention Education, to Urban Indians

- Provide health education
- Health promotion and disease prevention programs

STUDY RESULTS (cont.)

9) Identify Gaps between Unmet Health Needs of Urban Indians and the Resources Available to Meet Such Needs

➤ ***Unmet Health Needs***

➤ ***Resources Available to Meet the Needs of Current IHS-Funded UIHP***

➤ ***Resources Available to Meet Needs in Additional Sites – Exploring New Site Expansion***

POTENTIAL NEW UIHP SITES

- Site demonstrates strong community leadership, local support, and active efforts to develop health care program for urban American Indians and Alaska Natives.
- 8 Former NIAAA Programs: (25 U.S.C. §1661c)

NEXT STEPS

- UIHNA Report to Congress – final and distributed
- Use in planning efforts – locally, Area, Nationally
- Consolidated Appropriations Act of 2016:
 - Congress directs Agency to develop UIHP Strategic Plan