

Fact Sheet



Who is an Urban Indian?

Urban Indian is the term used to describe Indians or descendants of Indians who have moved to the cities and urban areas. Many of today's Urban Indians are in cities because of the government's Relocation program in the 1950s and 60s. Indians were promised jobs and opportunity in exchange for leaving their homeland. The termination of tribal rolls, extreme poverty on reservations, and federal government pressure on Indians to assimilate into mainstream society contributed to the movement to urban areas.

Health Disparities - Alarming Statistics²

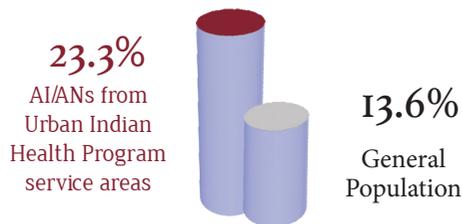
Consider that compared to the general population, American Indians and Alaska Natives (AI/AN) living in urban settings have a:



1/3 of the AI/AN population living in cities suffering from depression.

Correlation Between Poverty and Health

Studies by the Seattle Indian Health Board's Urban Indian Health Institute (UIHI) show that people who live in poverty have shorter life spans and a higher propensity to developing disease. A 2013 report showed that 23.3% of AI/ANs from Urban service populations are below 100% federal poverty level, or live in extreme poverty. This compared to 13.6% of the general population.¹



Below 100% Federal Poverty Level



Disease Knows No Boundaries: The Federal Responsibility to Indians

The U.S. Government holds a special obligation to provide health services to Tribes and tribal members. Treaties between the federal government and Tribes call for the provision of health services to Indian people, and the U.S. Constitution specifically addresses the trust responsibility of the United States to Tribes. Congress has consistently affirmed that the responsibility extends to Indians living off-reservation. Congress has specifically stated, "The responsibility for the provision of health care, arising from treaties and laws that recognize this responsibility as an exchange for the cession of millions of acres of Indian land does not end at the borders of an Indian reservation. Rather, government relocation policies which designated certain urban areas as relocation centers for Indians, have in many instance forced Indian people who did not [want] to leave their reservations to relocate in urban areas, and the responsibility for the provision of health care services follows them there."³

Urban Indians: An Invisible Population

33 Urban Indian Health Programs (UIHP) serve an estimated 117,350 (2010) American Indian/Alaska Native (AI/AN) people per year. The 2010 U.S. Census shows that the total potential user population - AI/ANs living in the metro areas served by UIHPs - is 1,703,856!

Patients served each year by Urban Indian Health Programs



1,703,856
Potential service population, AI/ANs living in UIHP metro areas (2010 Census)

Congress, the President, and the Indian Health Service have recently provided increases to the Urban Indian Health Program. Additional funding is desperately needed throughout Indian Country to reach the unserved Urban Indian population and address the vast health disparities in all of Indian Country.

Urban Indian Health Programs (UIHPs)



Currently there are 33 Urban Indian Health Programs (UIHPs) funded through Title V of the Indian Health Care Improvement Act (IHCIA), as well as 4 American Indian Residential Treatment Center (RTCs) programs. UIHPs serve 21 states and more than 41 counties across the country, providing a multitude of services, including comprehensive primary care services, behavioral health, and social services.

¹Urban Indian Health Commission, Invisible Tribes: Urban Indians and Their Changing Worlds, Seattle Indian Health Board, 2007, p. 29

²Urban Indian Health, p. 28

³Senate Report 100-508, Indian Health Care Amendments of 1987, Sept 14, 1988, p25. Emphasis added

⁴An Honorable Budget for Indian Country: Equitable Funding for Tribes

Unmet Need - Staggering Figures

While it is difficult to determine the level of unmet need, it is well known that the Indian Health Service budget falls far short of its actual need for services. The American Indian Health Commission estimated that the program was funded at 56% of its need, and noted that the figure was only for the Indian Health Service user population, not for the Native population as a whole.⁴

Year	IHS Budget	Budget Needed w/Inflation & Pop- Growth Adjustment	Real Resource Loss
2002	\$2,389,614	\$2,630,009	\$240,395
2003	\$2,475,916	\$2,644,996	\$169,080
2004	\$2,530,364	\$2,661,614	\$131,250
2005	\$2,596,492	\$2,804,211	\$207,719
2006	\$2,692,099	\$2,880,546	\$188,447
2007	\$2,818,922	\$2,976,748	\$157,826
2008	\$2,971,533	\$3,102,325	\$130,792
2009	\$3,190,956	\$3,533,303	\$342,347
2010	\$3,657,618	\$3,449,532	(\$208,086)*

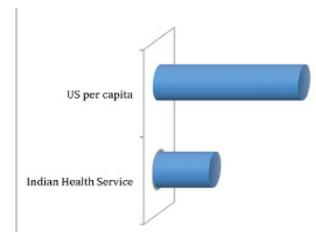
*2010 Real Resource Loss is negative (i.e. the budget was higher than adjust need)

The compounding multiyear shortfalls when taking medical inflation and population growth into account have resulted in huge losses of real resources for the Indian Health Service. The table shows the lost funding from 2000-2009, totaling \$2.25 billion!⁵

Also, the government's expenditure on the general population and federal prisoners is far greater than what is spent per American Indian on health care.⁶

US per capita - \$7,535

Indian Health Service - \$2,896



Maternal and Child Health Disparities

The significant maternal and child health disparities in Indian Country are disheartening and reveal that many American Indian and Alaska Native children are at a disadvantage from the very beginning of their lives.⁷



	AI/AN	All Races
Mother's age < 18	7.9%	4.4%
Mother received late or no prenatal-care	8.6%	4.5%
Mother unmarried	60.1%	35.4%
Premature birth	12.6%	11.6%

⁵Northwest Portland Area Indian Health Board, The FY 2011 Indian Health Service Budget

⁶U.S.C.S.C., Broken Promises, p. 98

⁷Urban Indian Health Commission, p. 30