

November 2001

Dear Interested Party,

As part of our effort to broaden understanding of the health policy challenges facing American Indians and Alaska Natives, the Kaiser Family Foundation is pleased to send you *Urban Indian Health*. This issue brief was prepared by Ralph Forquera, MPH, executive director of the Seattle Indian Health Board, one of the country's largest urban Indian health programs.

Although American Indians are less likely than other population groups to live in urban areas, the majority now live in American cities. This issue brief describes the urban Indian population, their health, and the major federal programs available to improve their access to health care. Key findings are:

- More than half (57%) of the 2.5 million people who identify themselves solely as American Indian and Alaska Native in the 2000 Census live in metropolitan areas. And, when the people who identify themselves partially as American Indian and Alaska Native are added to this group (for a combined total of 4.1 million), two-thirds (66%) live in metropolitan areas.
- National data on the health status of urban Indians are limited. What is known is that their health, like that of American Indians living on or near reservations, is poorer than that of other Americans, as measured by indicators such as rates of infant mortality, alcohol-related deaths, and tuberculosis.
- The Indian Health Service (IHS) allocates only about 1 percent of its \$2.6 billion budget to urban Indian programs. Of the 20 cities with the largest urban Indian populations, four - - Anchorage, San Antonio, Houston, and Mesa - - have no urban Indian health program or other IHS-funded facility available to all urban Indians.
- Although urban Indians are eligible for health coverage under Medicaid, Medicare, or the State Children's Health Insurance Program (SCHIP) if they otherwise meet the program's eligibility requirements, many eligible Indians are not enrolled. An estimated one in three American Indians are uninsured.

These findings raise a number of important issues for federal and state policymakers, including the collection and reporting of data on urban Indians and the adequacy of federal resources (through IHS, Medicaid, and SCHIP) to meet the health needs of American Indians and Alaska Natives living in urban and rural areas.

We hope you find this issue brief useful. Additional copies are available at www.kff.org or can be obtained by calling 800-656-4533 (ask for publication #6006). For further information about this or related reports, please contact Marsha Lillie-Blanton, DrPH, in our Washington office.

Sincerely,

Drew Altman, Ph.D.
President & CEO