

ACTIVITY/MECHANISM BUDGET SUMMARY  
 Department of Health and Human Services  
 Public Health Service - Indian Health Service  
 Indian Health Service - 75-0390-0-1-551

**URBAN HEALTH PROGRAMS**

Program Authorization:

Program authorized by Title V, P.L. 94-437, Indian Health Care Improvement Act, as amended.

	FY 1999	FY 2000	FY 2001	Increase Or Decrease
	<u>Actual</u>	<u>Appropriation</u>	<u>Estimate</u>	
Budget Activity	\$26,382,000	\$27,813,000	\$30,834,000	+\$3,021,000
(HIV/AIDS)	(\$748,000)	(\$773,000)	(\$820,000)	(+\$47,000)
FTE	4	4	4	0

Program  
Output Data:

Svc Provided:				
Medical	262,500	263,000	265,000	+2,000
Dental	53,400	54,000	55,000	+1,000
Outreach/ Com. Svcs	218,600	219,000	221,000	+2,000
Other	<u>184,500</u>	<u>185,000</u>	<u>186,000</u>	<u>+1,000</u>
Total	719,000	721,000	727,000	+6,000

**PURPOSE AND METHOD OF OPERATION**

The IHS Urban Indian Health Program supports contracts and grants to 34 urban health programs funded under Title V of the Indian Health Care Improvement Act. Approximately 100,000 American Indians use 23 Title V Urban Indian health programs and are not able to access hospitals, health clinics, or contract health services administered by IHS and tribal health programs because they either do not meet IHS eligibility criteria or reside outside of IHS and tribal service areas. Another 49,000 AI/AN use 11 Title V programs in cities that are located in IHS or tribal service delivery areas.

Recent studies on the urban AI/AN population documented poor health and revealed that the lack of adequate health care was a serious problem for most families. Since 1972, the IHS has gradually increased its support for health related activities in off-reservation settings aimed at assisting AI/AN populations to gain access to available health services, and also to develop direct health services when necessary.

In its 1992 amendments to the Indian Health Care Improvement Act, the Congress specifically declared the policy of the Nation "in fulfillment of

its special responsibilities and legal obligations to the American Indian people to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to affect that policy."

The IHS addresses this responsibility by funding 34 urban Indian health organizations operating at 41 sites located in cities throughout the United States. Primary care clinics and outreach programs provide culturally acceptable, accessible, affordable, accountable, and available health services to an undeserved urban off-reservation population.

The 34 programs engage in a variety of activities, ranging from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Services currently include medical services, dental services, community services, alcohol and drug abuse prevention, education and treatment, AIDS and sexually transmitted disease education and prevention services, mental health services, nutrition education and counseling services, pharmacy services, health education, optometry services, social services, and home health care. Fourteen of the programs are designated as Federally Qualified Health Centers (FQHC) and provide services to Indians and non-Indians.

Ambulatory medical care services are provided throughout the off-reservation Indian health programs, including: pre-and postnatal care; women's health; immunizations for both children and adults; pediatrics; chronic disease (geriatric health and diabetes) clinics; adult health; maintenance; acute medical care, infectious disease treatment and control (tuberculosis, sexually transmitted disease); and referral to specialized providers when needed.

Dental care services are provided by many programs, including direct patient care - preventive and restorative. Dental education and screening for both children and adults are provided in both the clinic and community settings. When needed, referrals are made to specialists for orthodontics, periodontics, selected restorative procedures, and oral surgery.

Community outreach services are provided throughout the urban (off-reservation) health programs, including: patient and community education; patient advocacy; outreach and referral; and transportation. The outreach worker serves an important function as a liaison between the off-reservation health program and the community, and works to make health services more available and accessible to those community members who need them.

Alcohol and substance abuse prevention, education, treatment, and rehabilitation services are provided through program and community based services. Included as prevention and education programs are as follows: community education conferences, seminars, and workshops targeting adolescents; identification of high-risk clients in the clinic and community; and appropriate referral for those at risk. Included in the treatment and rehabilitation programs are assessments for alcohol and drug abuse, appropriate intervention, outpatient and treatment programs, and aftercare and follow-up services.

Alcohol treatment services are provided at 10 off-reservation Indian sites that were originally funded by the National Institute of Alcohol Abuse and Alcoholism. Funds were transferred into the Urban Indian Health Program in

FY 1993 to continue these Urban treatment centers under Title V of the Indian Health Care Improvement Act. At least 28 additional NIAAA programs are in the process of being transferred.

The AIDS and sexually transmitted disease (STD) information is provided at conferences, seminars, workshops, and community meetings at all of the IHS Title V funded off-reservation Indian health programs. These education and prevention services include culturally sensitive information provided to a variety of audiences through the use of posters, pamphlets, presentations, and community education. Additional AIDS services include HIV testing, pre- and post-test counseling, family support groups, and referral for additional treatment for AIDS if needed.

Mental health and social services include individual family and group counseling and support groups to address the problems of abuse, self-esteem, depression, and other emotional problems and conditions. Additional services available at various off-reservation Indian health programs include primary and secondary prevention activities, i.e., diabetes, maternal and child health, women's health, men's health, nutrition education and counseling for prenatal care and chronic health conditions, social services, community health nursing and home health care, and other health promotion and disease prevention activities.

#### **ACCOMPLISHMENTS**

Some of the accomplishments of the urban Indian health program (UIHP) include: continued substantial programmatic involvement with the national urban Indian health organization through a cooperative agreement, continued participation in the IHS budget formulation process, participation in the reauthorization of the Indian Health Care Improvement Act (P.L. 94-437), facilitation of urban Indian health program board of director training, and planning for urban information technology and data collection.

The national urban Indian organization is the National Council of Urban Indian Health (NCUIH). The Council focuses on its' policy concerns and communications among the nation's urban Indian health programs.

The urban Indian health program was involved in and participated in the FY 2000 and FY 2001 budget formulation processes. The purpose is to formulate a budget that reflects the priorities of the Indian Health Service, Tribal health programs and urban Indian health programs.

The urban Indian health programs and NCUIH participated in the reauthorization process of the Indian Health Care Improvement Act from the regional conferences to the National Consultation Meeting in Washington D.C. The results will assist the IHS and local tribes and urban health officials define the many issues involved in the pending reauthorization; changes in the health care environment affecting Indian health today; and an analysis of the opportunities presented through the passage of comprehensive health care legislation.

The urban Indian health program provided board of director training to urban Indian health programs throughout the nation. The training addresses the roles and responsibilities of a board of directors, as well as its relationship to its executive directors. An outcome of the training is the

development of a specific plan of action for each participating board of directors.

The urban Indian health program is continuing to refine its present stand alone data collection system known as the Urban Common Reporting Requirements (UCRR). The Urban Indian Health program is supporting the continuing implementation of a project for improved processes that provide data to the IHS Data Center.

**Performance Plan**

The following performance indicators are included in the IHS FY 2001 Annual Performance Plan and are primarily dependent upon the activities funded within this budget line item for achievement. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN.

Indicator 16: By the end of FY 2001, at least 30 percent of the Urban Indian health care programs will have implemented mutually compatible automated information systems which capture health status and patient care data.

Following are the funding levels for the last 5 fiscal years:

<u>Year</u>	<u>Funding</u>	<u>FTE</u>
1996	\$23,768,000	7
1997	\$24,768,000	9
1998	\$25,288,000	5
1999	\$26,382,000	4
2000	\$27,813,000	4

**RATIONALE FOR BUDGET REQUEST**

**TOTAL REQUEST** -- The request of \$30,834,000 and 4 FTE is an increase of \$3,021,000 over the FY 2000 Appropriation of \$27,813,000 and 4 FTE. The increase includes the following:

Current Services - Built-in Increases - +\$47,000

The request of \$47,000 for personnel related cost will partially fund the increased cost of providing health services to IHS beneficiaries by providing for the FY 2001 pay raise and within grade increases.

Urban Health - +\$2,974,000

These funds would support the implementation/delivery of a variety of individual/community-based prevention, intervention and treatment services that include urban Indian program infrastructure, development of centers of excellence, and expand the urban programs' communication and computing capabilities. These programs will lead to access to services and improved health of urban American Indian/Alaska Natives. The urban programs will continue to form partnerships and networks with schools, community service organizations, institutions, public and private foundations; to engage in community-based prevention initiatives;

to include but not limited to; HIV/AIDS risk behavior, violence prevention, child/spousal/elder abuse, alcohol and substance abuse, health promotion/disease prevention, mental health, immunizations, infectious diseases, diabetes, cancer, heart disease, dental health, respiratory disease, obesity, and other programs.