

1993

Urban American Indian health programs profile.

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URBAN AMERICAN INDIAN HEALTH PROGRAMS PROFILE



**American Indian Health Care Association
245 East Sixth Street, Suite 499
St. Paul, MN 55101
612/293-0233**

December 1993

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ACKNOWLEDGEMENTS AND NOTES

This profile book would not have been possible without the assistance of the participating urban Indian health programs: the American Indian Health Care Association (AIHCA) thanks you for your vital input.

The American Indian Health Care Association is also grateful to the Indian Health Service for supporting this project and assisting us with additional data needs. Specific mention goes to Ray Burgess, Project Officer, and Elmer Brewster, Urban Coordinator.

Project Staff:

- Michele Foster-Jones, Project Coordinator
- Jay Hunter, Research Assistant
- Shanda Martin, Research Assistant
- Michael Arfsten, Health Services Director
- Carol Marquez-Baines, Executive Director

Notes:

Data used throughout this report are the most current available for the particular clinic and respective chart or table. In every case, data was attempted to be obtained from the appropriate source; however, some urban Indian health programs were unable to provide certain information.

Origins of the Urban Indian Health Program

Between 1950 and 1960, the urban Indian population nearly tripled, from 56,900 to 166,000. This rapid growth was in part due to the federal relocation policy in the 1950s, which relocated American Indian and Alaskan Native families and individuals from reservations to metropolitan areas. Voluntary migration of Indian people seeking jobs in urban areas also contributed to the accelerated growth of the urban Indian population, fueled by high unemployment and poverty on reservations.

Once in the urban setting, however, many American Indians and Alaskan Natives found that migration did not necessarily alleviate unemployment and poverty, but rather compounded them with the social stresses of an unfamiliar urban milieu including a disperse, heterogeneous Indian community, and lack of access to and information on affordable, culturally sensitive health care.

In response to the needs of the growing urban Indian population, urban Indian community leaders initiated a grass roots effort in the late 1960s to provide health services to urban Indians in the form of volunteer-run clinics. In 1972, Congress appropriated funds for a pilot urban Indian health program in Minneapolis. The success of this program, as well as documented evidence of cultural and economic barriers to health care, led to the passage of Title V of The Indian Health Care Improvement Act of 1976 (P.L. 94-437), which established and funded additional project in various cities nationwide.

The Urban Indian Health Program (UIHP) is designed to bridge reservation and urban mainstream health care. the UIHP staff are familiar with the special needs of American Indians/Alaskan Natives and in most cases are Indians themselves. They recognize endemic American Indian and Alaskan Native health problems and are able to offer immediate, appropriate and cost-effective medical attention. Urban Indian clinics not only provide essential primary health care, but also contribute to the overall mental and social well-being of urban Indians (Office of Inspector General, 1988).

The following report on the IHS funded urban Indian health programs provides: a brief overview of each program and services offered; a demographic users profile; poverty density in each urbanized area; leading causes of death for each program; a list of services offered by each program; individualized health program workload data; a financial report on each program; age distribution of users; number of encounters at each program; percent of Indian users by type of service at each urban program; tribal affiliation of program users; and the staffing requirements of each program along with current staffing assignments.

IHS FUNDED URBAN INDIAN HEALTH PROGRAMS

BACKGROUND

Urban American Indians and Alaskan Natives

As indigenous people, American Indians and Alaskan Natives are intimately tied to the several geographic areas now called the United States. While American Indians and Alaskan Natives have varied histories and cultural traditions, they do share many common experiences and struggles within the United States such as the rapid and forced change from a cooperative, clan-based society to a capitalistic and nuclear family-based system, the outlawing of language and spiritual practices, the deaths of generations of leaders to infectious diseases or war, and the loss of the ability to use the land walked by their ancestors for thousands of years^{1,2}.

These losses weigh heavily on all Indian people. However, after 500 years, many American Indian/Alaska Native communities are growing stronger. While American Indians and Alaskan Natives are the smallest minority group in the United States, they are the fastest growing. Their current birth rate is almost twice as high as the United States general population rate³. American Indians and Alaskan Natives are a high-risk population for many illnesses; they are more likely than the general population to die from alcoholism, tuberculosis, diabetes, pneumonia, influenza, unintentional injuries, suicide, and homicide⁴ and to have high risk factors associated with these causes.

Although most people have the perception that American Indians and Alaskan Natives live primarily on reservations, the majority (54%) actually live in urban settings⁵. Preliminary data from the 1990 United States Census suggests that this trend has continued and the percentage of American Indians/Alaskan Natives in urban areas has increased to around 60%.

¹ Thorton, Russell. American Indian Holocaust and Survival. University of Oklahoma Press, Norman, OK. 1987.

² Snipp, Matthew. American Indians: The First of This Land. Russell Sage Foundation, New York. 1989.

³ United States Department of the Health and Human Services. Indian Health Service: Chart Series Book. GPO: 1988 O-218-547: QL 3, Washington, DC. 1988.

⁴ United States Department of Health and Human Services. Indian Health Service: Chart Series Book. U.S. GPO: 1988 O-218-547: QL 3, Washington, DC. 1988.

⁵ VanDerwagon C., LaRoque W., & Owan, T. Indian Health Service Urban Indian Health Program: Background, Assessment, Recommendations, and Action Plan. Unpublished manuscript, Indian Health Service. 1988.

DESCRIPTION OF TABLES AND CHARTS

Census Tract Maps: Population Density & Poverty Density

The census tract maps were completed using 1990 U.S. Bureau of the Census data pulled out from data tapes for American Indians/Alaska Natives in the urbanized areas of the United States. These data were then imported into Atlas Pro computer mapping system to obtain two maps for each clinic: one showing population density in conjunction with the location of the urban Indian clinic, which is shown with an 'X'; and a map; and the other map shows 100% below poverty density in the urbanized areas for American Indians/Alaska Natives for each clinic. Although we realize that medical assistance does not kick in until a person is below 200% the poverty level, the U.S. Bureau of the Census has not calculated this yet and the data will not be available until 1994.

Leading Causes of Death by City, 1985-1987

The leading causes of death were calculated from the National Centers for Health Statistics mortality data tapes. Because some cities recorded so few death in one year, a three year average was used (1985-1987) to derive a more stable estimate of mortality by cause. American Indian/Alaska Native population for the years 1985-1987 was derived from the Indian Health Service population estimates for the years 1980-1990. These population estimates are based on a regression algorithm using 1980 and 1990 U.S. Census population counts and the births and deaths for each year. The mortality rate by cause is then calculated by dividing the number of deaths for each cause by the population estimate and then multiplying by 1000.

Receipts by Source

Urban Indian health programs might receive funding and revenue from a broad range of sources. These may include Section 330 (Federally funded Community Health Centers), Third Parties (private and commercial insurance), IHS Title V (Urban Health Program, Indian Health Service), WIC (Women, Infants and Children Supplemental Food program), and Other (private and corporate foundations, churches, and donations).

Percent Functional Costs by Program Component

The Indian Health Service UCRR provides a step-down cost allocation methodology to distribute all accrued operating costs (expenses and donations) to each health service component of the urban Indian health program. The percent of functional cost for each program component is calculated by dividing the allocated costs for the year for each program component by the total operating cost for the urban Indian health program for the year.

Encounters by Type

Encounters are defined as documented, face-to-face patient contacts with a health care provider. Type refers to the component of service provided, i.e., medical, dental, health

education, etc. "Other" types of encounters may include podiatry, audiology, and other kinds of health care services not included elsewhere.

Percent Indian Service Users

A user is defined as an individual who has received an encounter during that year. The percent of Indian users by type of service is calculated by dividing the number of users for each service type who are American Indian/Alaska Native by the total number of users for that type of service.

Full Time Equivalent Staffing

Full time equivalent staff is calculated by dividing the total number of paid and volunteer hours for each staff category by the number of hours the urban Indian health program considers to be full-time (usually 2,080 hours per year).

Project Description

The Traditional Indian Alliance of Greater Tucson, Inc. (TIA) is a community based, non-profit organization. It was begun in 1972 as an unincorporated group of urban Native Americans committed to developing and providing programs in health care and education for Native Americans in the urban setting. Incorporated in 1974, TIA currently provides service to all, with an emphasis on serving the Native American.

TIA provides Home Health Services on a referral basis. Specialty Clinic Services include well baby clinic, immunizations, WIC screening, and other direct care services. Alcohol/Substance Abuse Services include education and prevention, adjunct counseling, and youth program services. AIDS/HIV Services include education and prevention, and referral. Outreach and Referral Services assist Native Americans in accessing into existing community resources, assist with eligibility requirements and criteria, and provides Native language interpreters. Transportation services are also provided. Health Education Services are available in the home, TIA, or public facility and health education classes are provided for individuals or groups.

Services

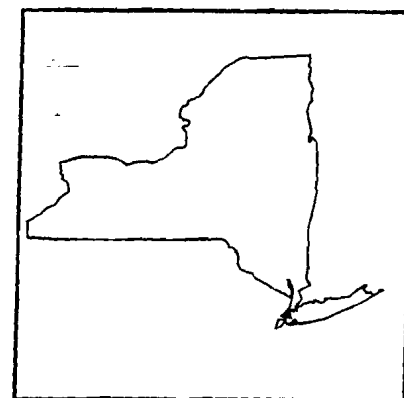
Dental services include complete dental services for children and adults. Limited services include well child exams, immunizations, and referrals for chronic and acute illnesses. Substance abuse prevention services include youth prevention activities, support groups, and substance abuse prevention education and information. Outreach, referral, and transportation are provided to clients in need to assist them in receiving medical and dental care. Preventive health education and mental health services are also provided to encourage health promotion and disease prevention.

AMERICAN INDIAN COMMUNITY HOUSE

**404 Lafayette Street
New York, NY 10003**

**(212) 598-0100
FAX: (212) 598-4909**

Director: Rosemary Richmond



PROJECT DESCRIPTION

The American Indian Community House (AICH) was created to serve and assist the American Indian people of New York City. Representing 57 tribal nations, AICH was founded and is staffed by American Indians. Since 1969 it has grown from a primarily volunteer effort into its present status as a multi-faceted social support agency and cultural center with a staff of 30.

SERVICES

AICH provides many different kinds of human services. Health referral, advocacy, assessment, education, and prevention is available; as well as alcohol/substance abuse counseling, groups, education, prevention, and referral. In response to the climbing numbers of Human Immunodeficiency Virus (hereafter HIV) infection and Acquired Immune Deficiency Syndrome (hereafter AIDS) in Native American communities in New York City, the AICH has instituted the HIV/AIDS Project. The project provides peer counseling, support groups, and workshops. The project also offers referrals and case management services at offsite facilities. AICH also maintains a food and clothing bank, adult day care services, and the Job Training and Placement Administration (JTPA) Program. Also managed by the American Indian Community House is the AICH Gallery/Museum and gift shop, Native Americans in the Arts and Badger's Corner performing arts programs, AICH public relations and information on current affairs, and the Turtle Discovery Center which provides a culturally relevant pre-school program.

Population of American Indians and Alaska Natives in New York City urbanized area:
42,245

AMERICAN INDIAN POPULATION DENSITY IN NEW YORK CITY



AMERICAN INDIANS LIVING IN POVERTY DENSITY IN NEW YORK CITY

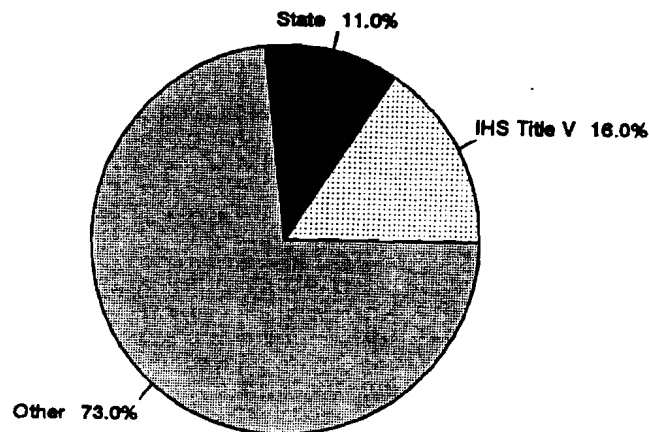


**LEADING CAUSES OF DEATH BY CITY, 1985-1987
NEW YORK, NEW YORK
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Heart Disease	268.5
Cancer	96.6
Residual	75.1
Cirrhosis	32.2
Other Infection	32.2
Violence	32.2

RECEIPTS BY SOURCE AND TYPE, FY 90

American Indian Community House



Total Receipts= \$1,054,030
Percents rounded to nearest tenth.

NEW YORK CITY URBAN INDIAN HEALTH PROGRAM

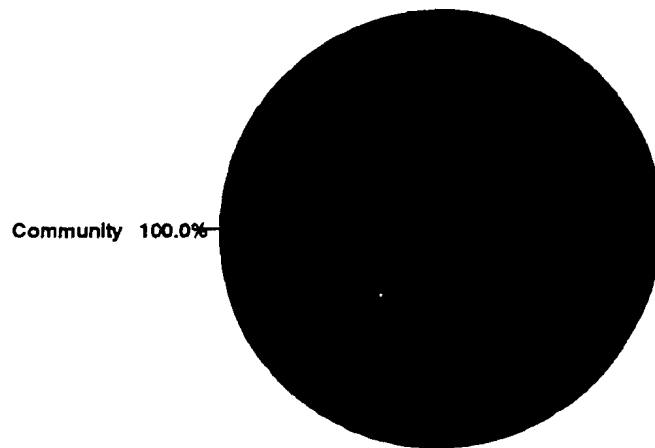
PRIMARY CARE SERVICES	NYC
SECONDARY PREVENTION	
Screening - Adult	on site
SPECIAL PROGRAMS	
Adolescent Care	on site
Health Education	on site
Chemical Dependency Counseling	on site
SUPPLEMENTAL SERVICES	
Social Services	on site
Transportation	on site
Health Education Services	on site
Outreach/Referral	on site

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1991

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	0.5%	0.0%	0.5%	4.6%	26.7%	9.0%	5.7%	0.5%	47.7%
Female	0.5%	0.5%	0.3%	3.8%	18.0%	13.1%	10.9%	5.2%	52.3%
NYC Total	1.1%	0.5%	0.8%	8.4%	44.7%	22.1%	16.6%	5.7%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 1990

American Indian Community House



Total cost: \$181,094

ENCOUNTERS BY TYPE, FY 1991

Program	Community	Other	Total
NYC	4,401	4,401	8,802

PERCENT INDIAN USERS BY TYPE OF SERVICE, FY 1991

Program	Community Services	Project Users
NYC	98.6%	98.6%

TRIBAL AFFILIATION OF CLINIC USERS

NEW YORK	
TRIBE	PERCENT SERVED
Mohawk	24.0%
Sioux	12.0%
Chinacook	10.0%
Cherokee	7.0%
Chippewa	6.0%
Apache	4.0%
Poospatuck	4.0%
Other	33.0%

**FULL TIME EQUIVALENT STAFFING, FY 1991
NYC**

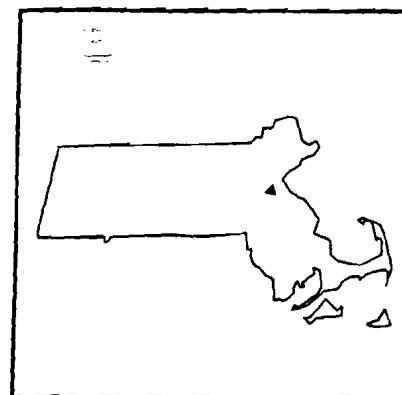
PROGRAM	FTEs
Community Service Providers	4.75
Administration	1.0
Facility	0.4
TOTAL	6.15

NORTH AMERICAN INDIAN CENTER OF BOSTON, INC.
(NAICOB)

**105 South Huntington Avenue
Jamaica Plain, MA 02130**

**(617) 232-0343
FAX: (617) 277-4942**

**Executive Director: Thomas Battiste
Health Director: Barbara Namlas**



PROJECT DESCRIPTION

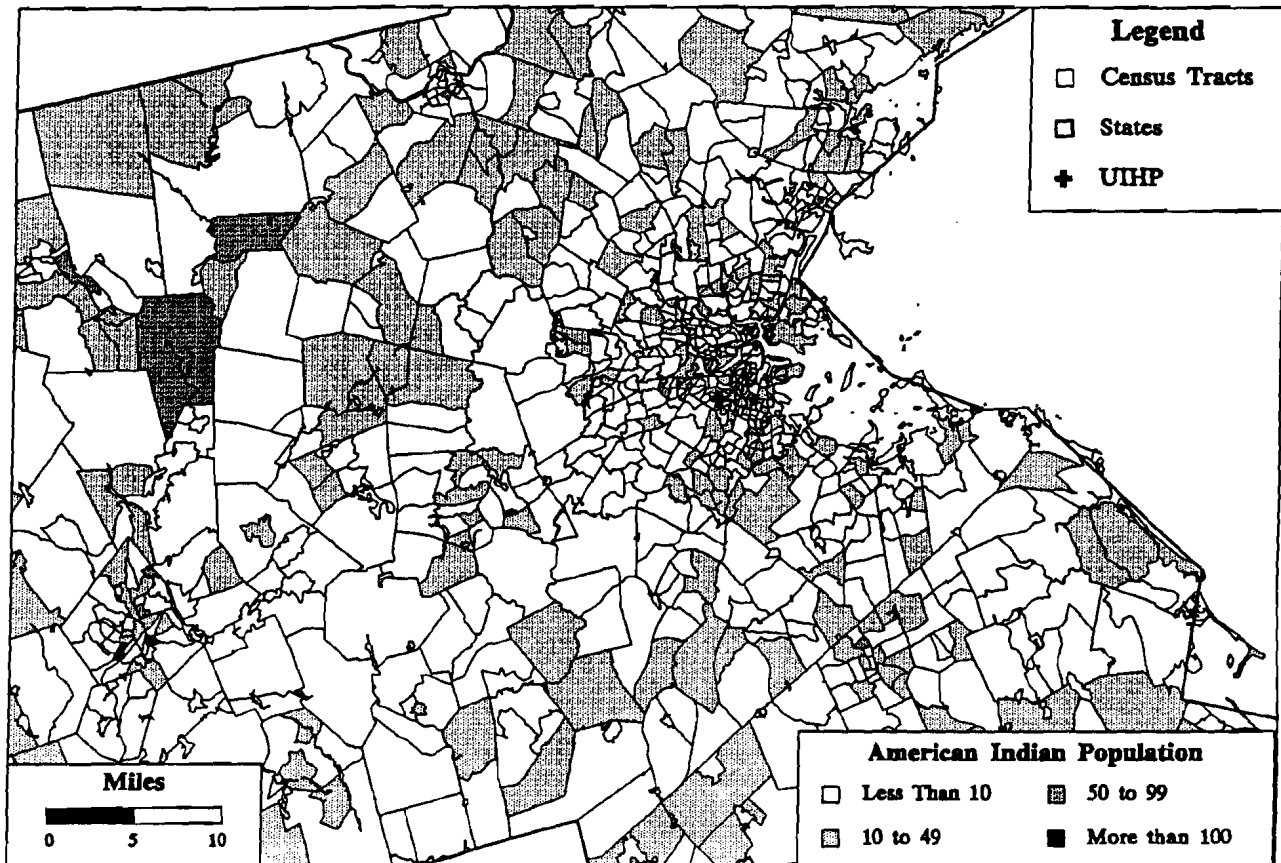
The North American Indian Center of Boston (NAICOB) is a non-profit, community-based agency serving nearly 6,000 Native Americans in the greater Boston area. The center provides a wide range of necessary programs such as health and social services, job training, and educational development. Ultimately the center's goal is to educate, promote self-sufficiency, and enhance spirituality among Native Americans.

SERVICES

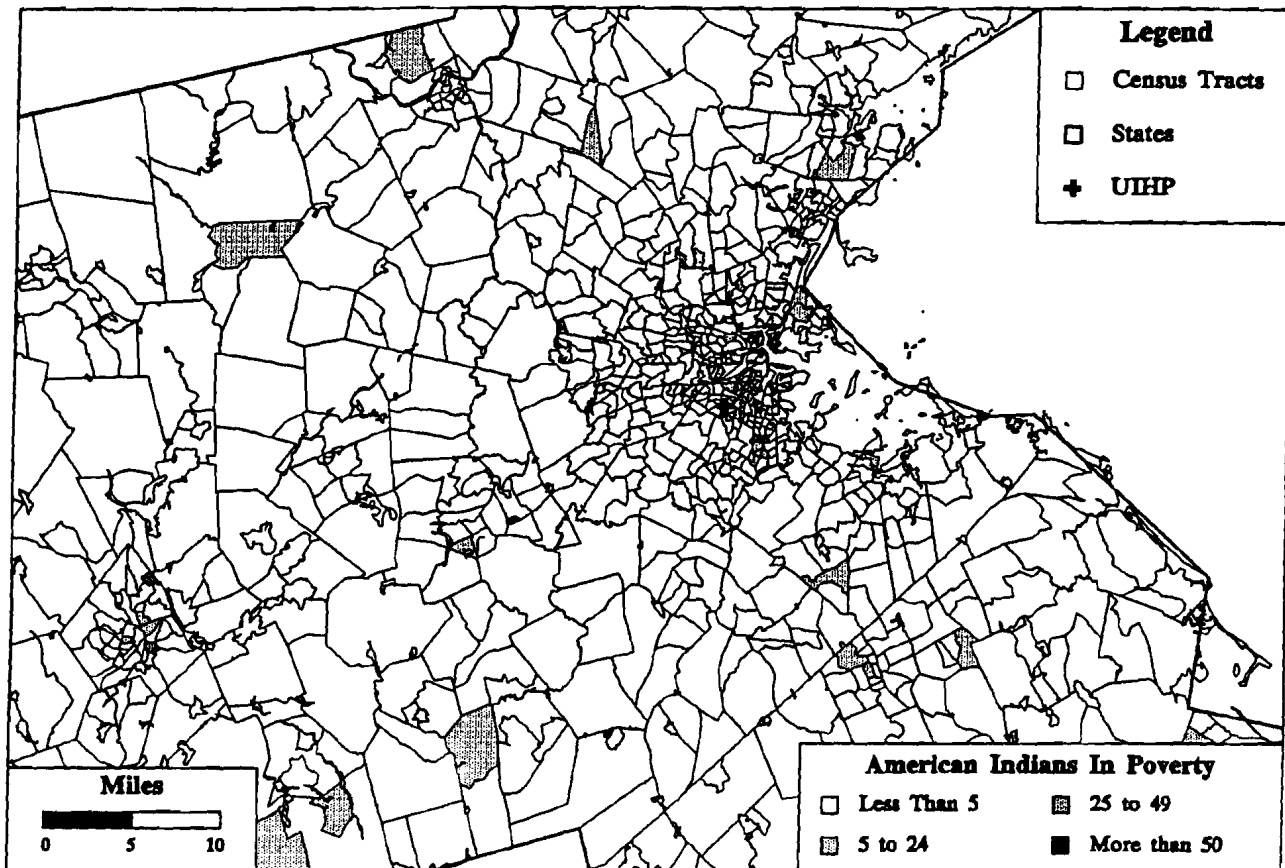
A nurses's station offering medical counseling, education, and referral services to outside medical/dental providers. Home visits are also offered. Health related community services such as transportation to medical/health related appointments and to apply for third-party insurance is also available. Escort advocacy to hospitals, clinics, insurance application appointments, Department of Public Welfare offices, etc. is offered, along with Micmac language interpreters. An immunization program is offered, as well as non-cash assistance with payment of medical/dental service bills. Specialized service providers for adolescent nutritional instruction and support groups for women's health issues are available. An AIDS Education and Prevention Program is offered with a focus to provide NAICOB's community with knowledge of the disease. Monthly health awareness forms are distributed, as well as a health newsletter every month.

Population of American Indians and Alaska Natives in Boston urbanized area: 4,976

AMERICAN INDIAN POPULATION DENSITY IN BOSTON



AMERICAN INDIANS LIVING IN POVERTY DENSITY IN BOSTON

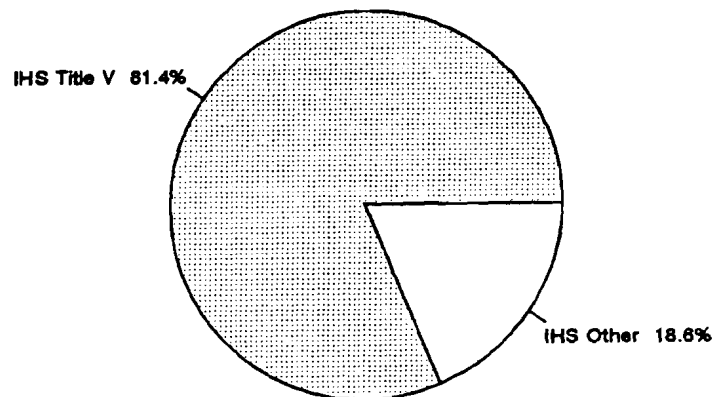


**LEADING CAUSES OF DEATH BY CITY, 1985-1987
BOSTON, MASSACHUSETTS
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Heart Disease	65.88
Cancer	43.92
Stroke	43.92
Cirrhosis	43.92
Other Infection	21.96
Pneumonia	21.96
Perinatal	21.96

RECEIPTS BY SOURCE AND TYPE, FY 90

North American Indian Center of Boston



Total Receipts= \$194,170
Percents rounded to nearest tenth.

BOSTON URBAN INDIAN HEALTH PROGRAM DATA

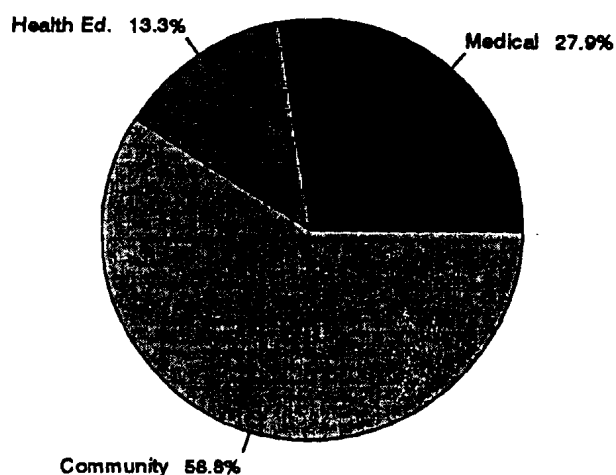
PRIMARY CARE SERVICES	BOSTON
SPECIAL PROGRAMS	
Chemical Dependency Counseling	on site
Health Education	on site
SUPPLEMENTAL SERVICES	
Social Services	on site
Transportation	on site
Health Education Services	on site
Outreach/Referral	on site

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1991

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	1.8%	1.4%	1.1%	0.4%	17.7%	8.2%	6.4%	1.8%	38.7%
Female	1.4%	3.2%	0.4%	1.8%	22.0%	13.1%	15.6%	3.9%	61.3%
Boston Total	3.2%	4.6%	1.4%	2.1%	39.7%	21.3%	22.0%	5.7%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 1990

North American Indian Center of Boston



Total cost: \$140,339
 *percentages rounded to the nearest tenth

ENCOUNTERS BY TYPE, FY 1991

Program	Health Ed.	Community	Other	Total
Boston	347	924	1,271	2,542

PERCENT INDIAN USERS BY TYPE OF SERVICE, FY 1991

Program	Health Ed.	Community Services	Project Users
Boston	97.9%	99.6%	97.5%

TRIBAL AFFILIATION OF CLINIC USERS

BOSTON	
TRIBE	PERCENT SERVED
Micmac	46.0%
Wimpanoag	8.0%
Mohawk	6.9%
Chippewa	4.6%
Chicksaw	2.3%
Eskimo	2.3%
Penobscott	2.3%
Other	10.0%

**FULL TIME EQUIVALENT STAFFING, FY 1991
BOSTON**

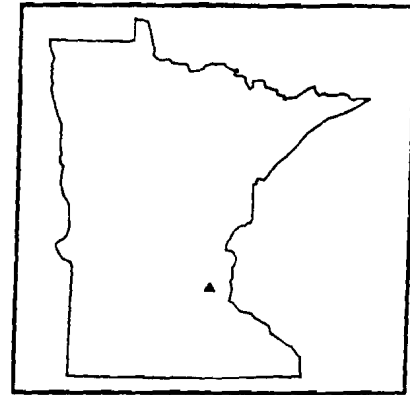
PROGRAM	FTEs
Health Education Providers	0.5
Community Service Providers	1.51
Patient Records	0.16
Administration	2.15
TOTAL	4.32

INDIAN HEALTH BOARD OF MINNEAPOLIS

**1315 East 24th Street
Minneapolis, MN 55404**

**(612) 721-9800
FAX: (612) 721-2904**

Director: Norine Smith



PROJECT DESCRIPTION

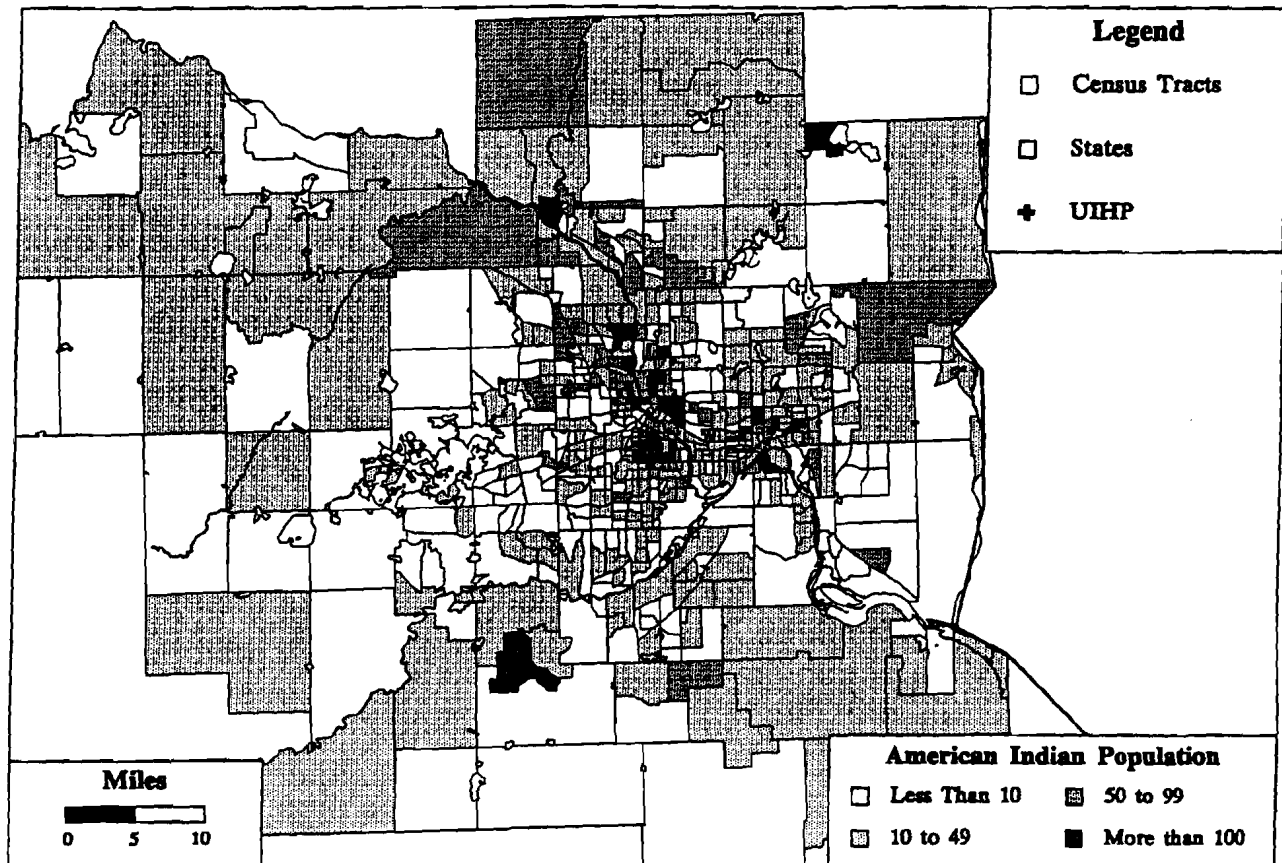
The Indian Health Board Clinic offers complete health care services to the Native American Community of the Twin Cities Metropolitan Area. Care is also available to non-Native people except where limited by provisions of the Indian Health Service funding contract.

SERVICES

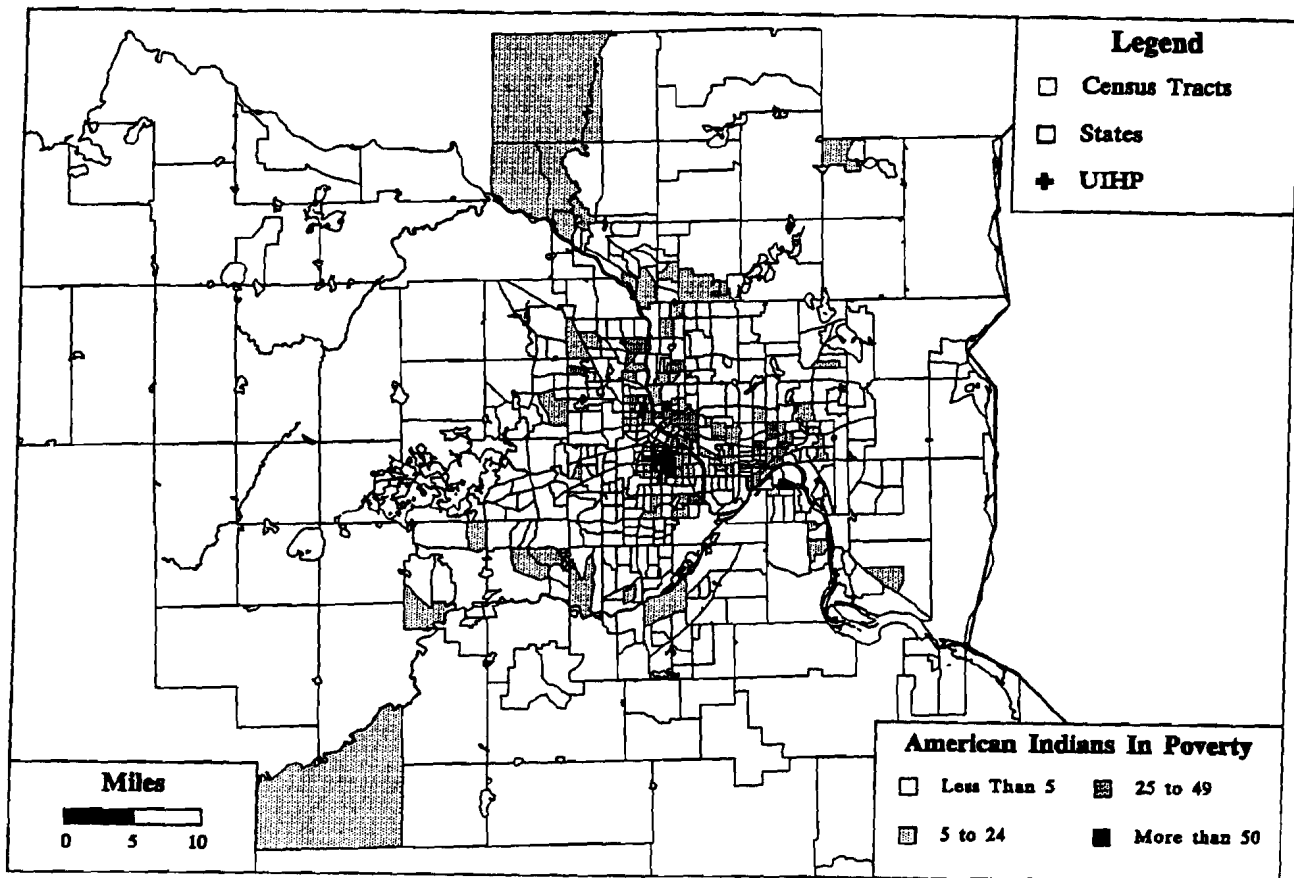
Services provided by the medical clinic include AIDS education and counseling, primary medical care, outreach services, laboratory, specialist referrals, and nutrition counseling. Also provided are adult and children's general dentistry. Health education including Women, Infants, and Children (hereafter the WIC program) and prenatal and parenting are available, as well as a counseling and support clinic. Individual and group therapy, chemical dependency assessments, support groups, social work services and outreach, and consultation and visits with traditional Medicine Men are some of the services offered by the counseling and support clinic.

Population of American Indians and Alaska Natives in Minneapolis urbanized area:
22,451

AMERICAN INDIAN POPULATION DENSITY IN MINNEAPOLIS



AMERICAN INDIANS LIVING IN POVERTY DENSITY IN MINNEAPOLIS

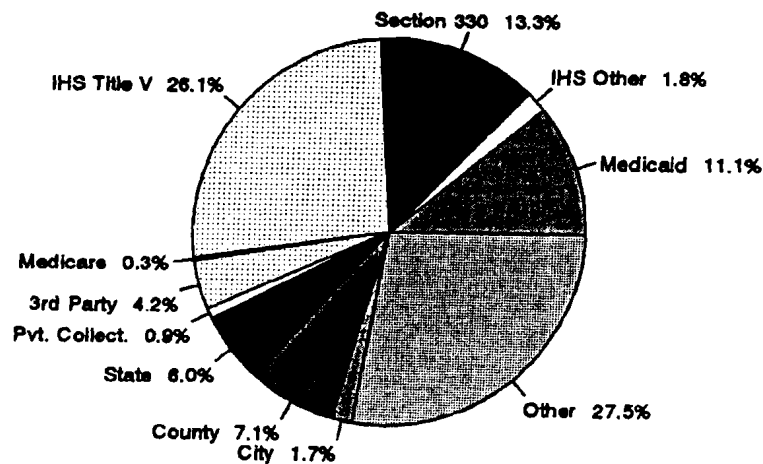


**LEADING CAUSES OF DEATH BY CITY, 1985-1987
MINNEAPOLIS, MINNESOTA
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Heart Disease	94.9
Accidents	79.6
Cancer	70.4
Cirrhosis	58.1
Homicide	30.6

RECEIPTS BY SOURCE AND TYPE, FY 90

Indian Health Board of Minneapolis



Total Receipts= \$2,808,075
Percents rounded to nearest tenth.

INDIAN HEALTH BOARD OF MINNEAPOLIS

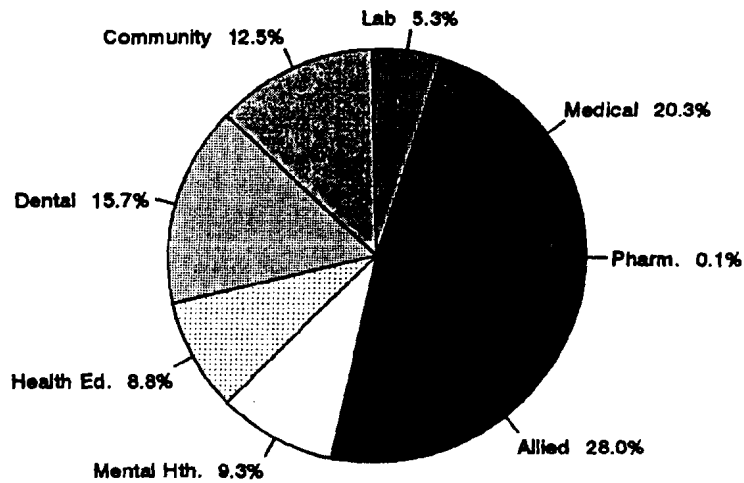
PRIMARY CARE SERVICES	MPLS
PRIMARY PREVENTION	
Family Planning	on site
Prenatal Care/OB	on site
Well Child Care	on site
Well Adult Care	on site
Preventive Dental	on site
Nutrition Education	on site
SECONDARY PREVENTION	
Screening - Child	on site
Screening - Adult	on site
Acute Medical Care	on site
Mgmt Chronic Disease	on site
SUPPORT SERVICES	
Laboratory	on site
SPECIAL PROGRAMS	
Adolescent Care	on site
Health Education	on site
Chemical Dependency Counseling	on site
Mental Health	on site
SUPPLEMENTAL SERVICES	
Dental Treatment	on site
Social Services	on site
Transportation	on site
Health Education Services	on site
Outreach/Referral	on site
WIC Program	on site

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1991

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	9.4%	6.9%	4.9%	2.6%	7.7%	5.7%	4.2%	0.6%	41.9%
Female	10.1%	6.5%	4.6%	4.6%	17.6%	7.0%	6.6%	1.2%	58.1%
Mpls Total	19.5%	13.4%	9.4%	7.2%	25.3%	12.6%	10.8%	1.8%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 1990

Indian Health Board of Minneapolis



Total cost: \$2,657,583
percentages rounded to the nearest tenth

ENCOUNTERS BY TYPE, FY 1991

Program	Medical	Dental	Health Ed.	Mental Health	Community	Substance Abuse	Other	Total
Mpls	16,625	9,068	6,326	1,598	9,441	90,852	108,217	242,127

PERCENT INDIAN USERS BY TYPE OF SERVICE, FY 1991

Program	Medical	Dental	Health Ed.	Mental Health	Community Services	Substance Abuse	Project Users
Mpls	82.9%	82.2%	89.8%	90.1%	81.2%	96.8%	83.4%

TRIBAL AFFILIATION OF CLINIC USERS

MINNEAPOLIS	
TRIBE	PERCENT SERVED
Chippewa	62.0%
Non-Native	22.0%
Sioux	12.0%
Other	3.0%

**FULL TIME EQUIVALENT STAFFING, FY 1991
MINNEAPOLIS**

PROGRAM	FTEs
Physicians	3.64
Mid-Level Practitioners	0.51
Medical Support	7.2
Laboratory (Medical)	2.73
Dentists	2.82
Dental Support	5.12
Health Education Providers	2.22
Mental Health Providers	0.84
Allied Health Support	5.92
Community Service Providers	6.6
Substance Abuse	16.74
Administration	9.23
TOTAL	63.57

MILWAUKEE INDIAN HEALTH CENTER

MAIN OFFICE

**930 North 27th Street
Milwaukee, WI 53208**

SOUTHSIDE OFFICE

**1225 West Mitchell Street
Suite 225
Milwaukee, WI 53204**

MAIN OFFICE

**(414) 931-8111
FAX: (414) 931-0443**

SOUTHSIDE OFFICE

(414) 383-9526

Director: Dee Johnson

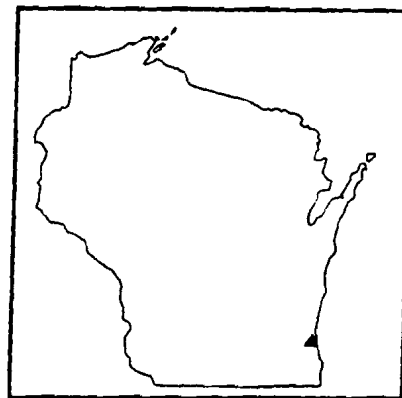
PROJECT DESCRIPTION

The Milwaukee Indian Health Centers offer a complete range of health care services that focus on helping people of all ages and ethnic backgrounds reach their highest level of health. It was incorporated as a not-for-profit agency in 1974.

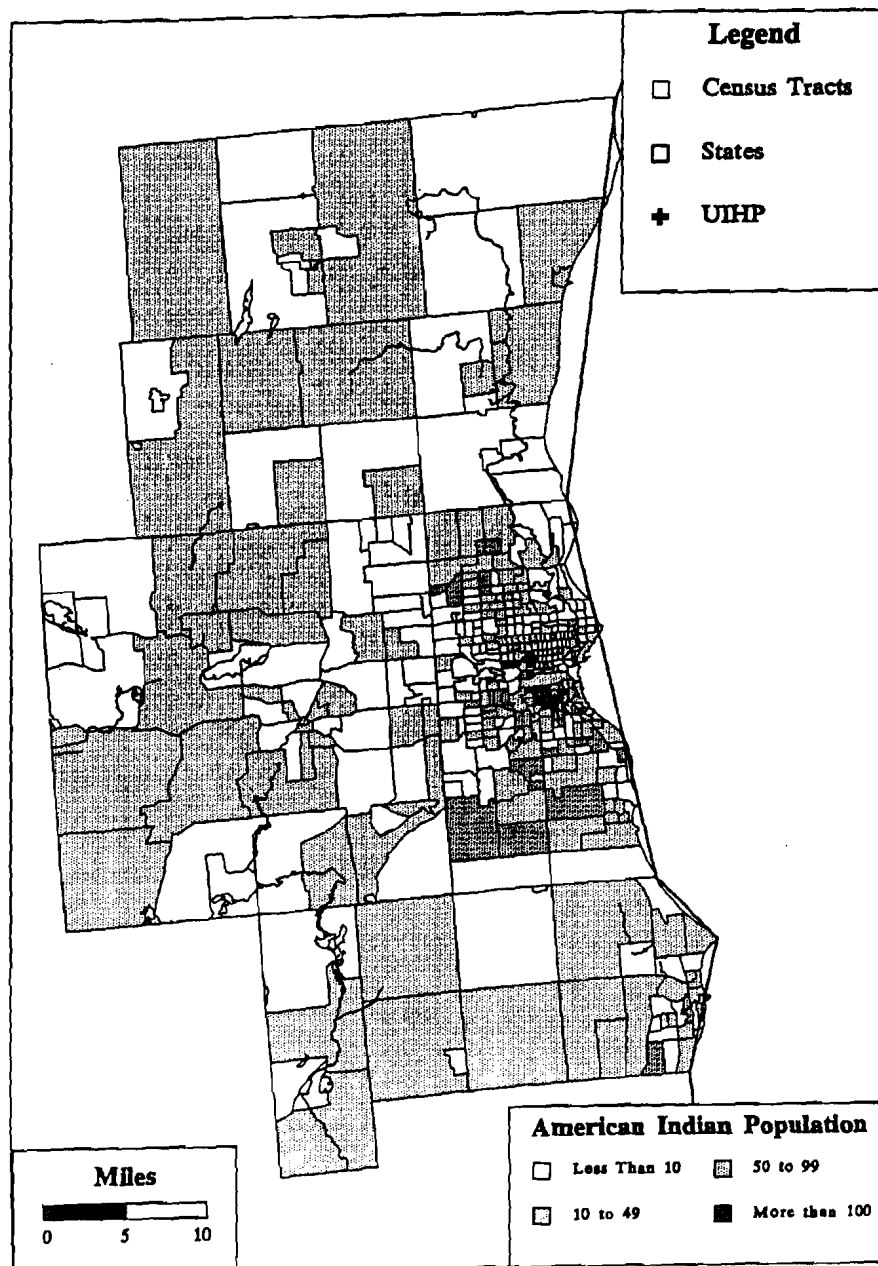
SERVICES

The Medical Department provides routine and emergency care, from check-ups to treatment of illnesses. The Dental Clinics provide preventive care and a full range of dental services. The Main Center has an on-site laboratory to help doctors with diagnosis. A large part of preventive health care is health education. The Center's health educators provide individual and group classes in several areas including AIDS, family planning, and weight loss. The Social Service staff provides short-term assistance for many needs, including emergency food, transportation, and housing referrals. In addition, counseling for individuals, couples, and families is provided to help deal with issues including alcohol/drug abuse and emotional health. The job training program provides career counseling and referrals to training opportunities.

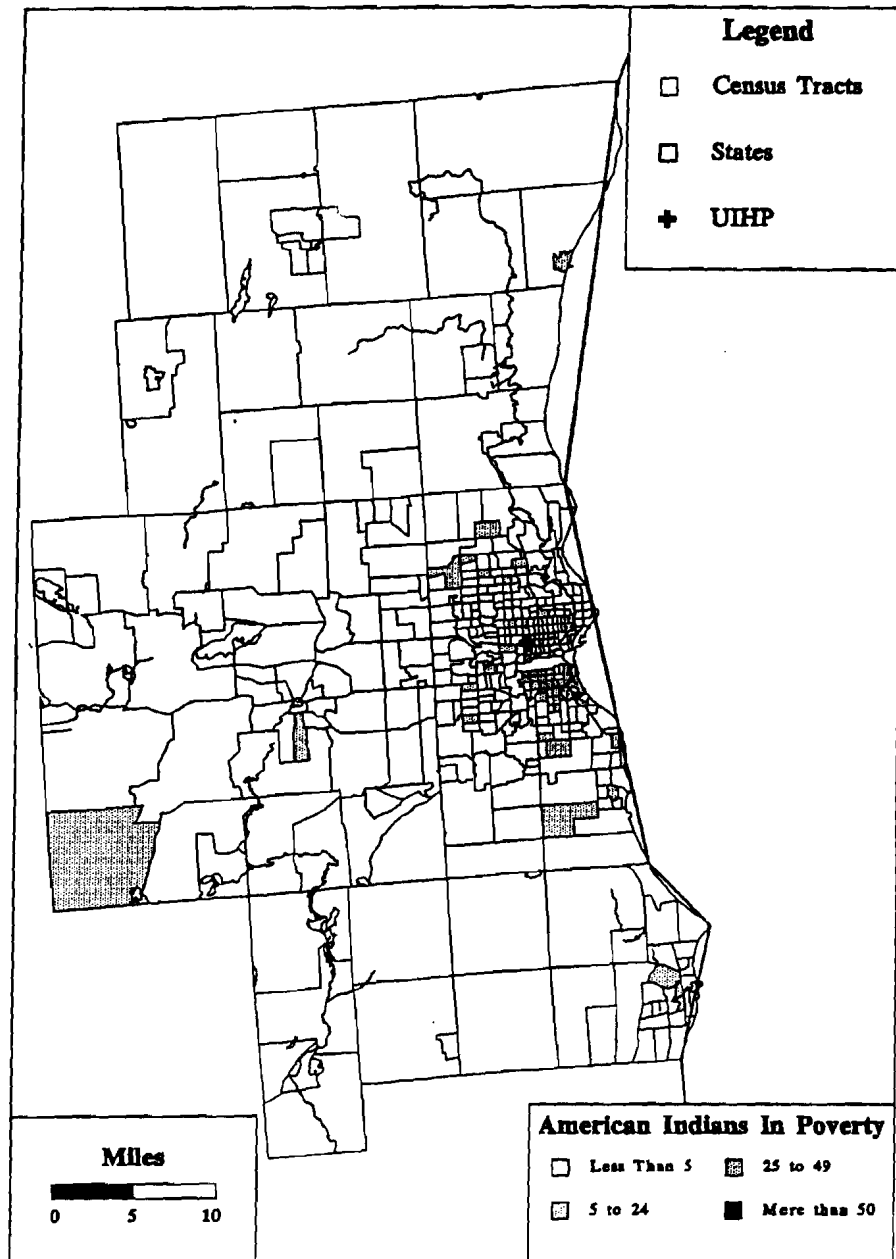
Population of American Indians and Alaska Natives in Milwaukee urbanized area: 7,531



AMERICAN INDIAN POPULATION DENSITY IN MILWAUKEE



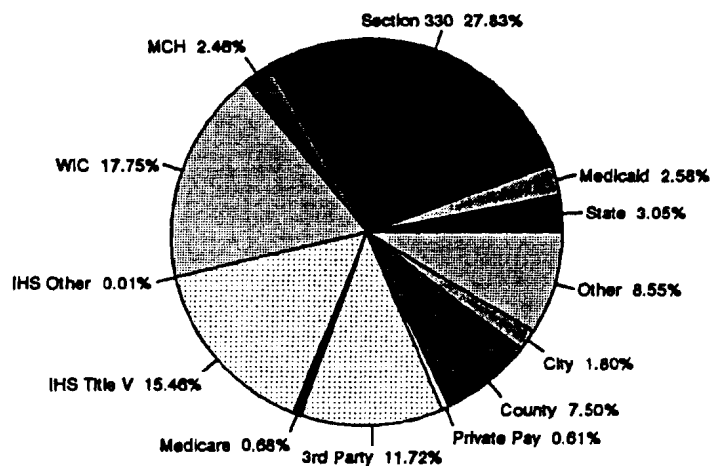
AMERICAN INDIANS LIVING IN POVERTY DENSITY IN MILWAUKEE



**LEADING CAUSES OF DEATH BY CITY, 1985-1987
MILWAUKEE, WISCONSIN
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Cancer	98.83
Heart Disease	93.01
Stroke	23.25
Cirrhosis	23.25
Suicide	29.07

RECEIPTS BY SOURCE AND TYPE, FY 90
Milwaukee Indian Health Center



Total Receipts= \$3,139,502
Percents rounded to the nearest hundredth.

MILWAUKEE URBAN INDIAN HEALTH CENTER

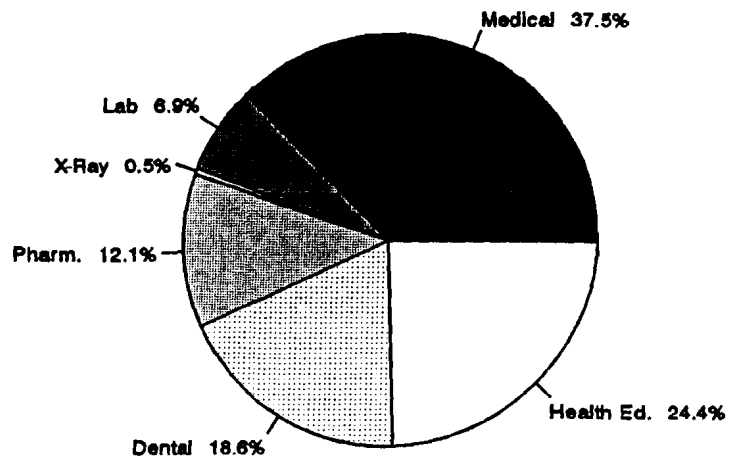
PRIMARY CARE SERVICES	MILWAUKEE
PRIMARY PREVENTION	
Family Planning	on site
Prenatal Care/OB	on site
Well Child Care	on site
Well Adult Care	on site
Preventive Dental	on site
Nutrition Education	on site
SECONDARY PREVENTION	
Screening - Child	on site
Screening - Adult	on site
Acute Medical Care	on site
Mgmt Chronic Disease	on site
SUPPORT SERVICES	
Laboratory	contract care
Diagnostic X-Ray	contract care
Pharmacy/Dispensary	contract care
SPECIAL PROGRAMS	
Adolescent Care	on site
Health Education	on site
Chemical Dependency Counseling	on site
Mental Health	on site
SUPPLEMENTAL SERVICES	
Dental Treatment	on site
Audiology	on site
Social Services	on site
Transportation	contract care
Health Education Services	on site
Outreach/Referral	on site
Optometry	contract care
WIC Program	on site

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1991

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	9.2%	5.8%	3.7%	2.0%	9.7%	4.8%	3.5%	0.8%	39.5%
Female	13.0%	5.8%	3.5%	6.5%	19.8%	6.0%	4.8%	1.2%	60.5%
Milwaukee Total	22.2%	11.6%	7.2%	8.5%	29.5%	10.8%	8.2%	1.9%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 90

Milwaukee Indian Health Center



Total cost: \$2,545,208
percentages rounded to the nearest tenth

ENCOUNTERS BY TYPE, FY 1991

Program	Medical	Dental	Health Ed.	Nutrition	Mental Health	Allied Health	Community	Other	Total
Milwaukee	15,523	8,243	2,973	19,469	1,309	720	1,236	25,707	75,180

PERCENT INDIAN USERS BY TYPE OF SERVICE, FY 1991

Program	Medical	Dental	Health Ed.	Nutrition	Mental Health	Community Services	Substance Abuse	Project Users
Milwaukee	7.5%	16.9%	12.2%	2.0%	65.1%	40.2%	70.4%	11.9%

TRIBAL AFFILIATION OF CLINIC USERS

MILWAUKEE	
TRIBE	PERCENT SERVED
Chippewa	30.0%
Oneida	22.0%
Menominee	13.0%
Winnebago	5.0%
Pottawatomie	3.0%

**FULL TIME EQUIVALENT STAFFING, FY 1991
MILWAUKEE**

PROGRAM	FTEs
Physicians	3.4
Mid-Level Practitioners	1.0
Nurses (Medical)	2.8
Medical Support	3.8
Dentists	2.9
Dental Hygienist/ Oral Therapist	1.0
Dental Support	5.8
Health Education Providers	2.0
Nutrition Providers	8.7
Mental Health Providers	2.7
Community Service Providers	8.6
Patient Records	11.8
Administration	18.2
Facility	3.8
TOTAL	76.5

**AMERICAN INDIAN HEALTH & FAMILY SERVICES OF
SOUTHEASTERN MICHIGAN**

**4880 Lawndale
Detroit, MI 48210**

**(313) 846-3718
FAX: (313) 846-0150**

Director: Maria Harrison



PROJECT DESCRIPTION

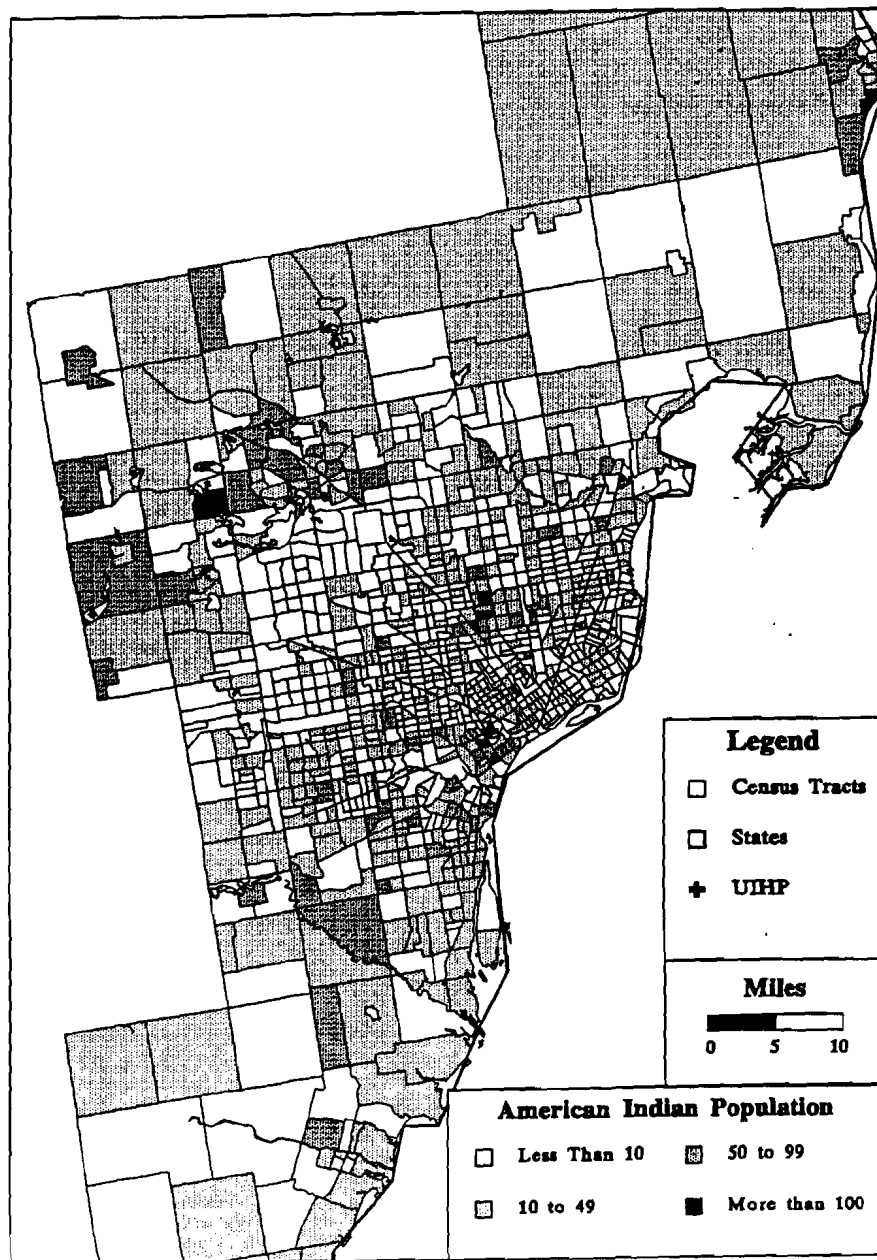
The Detroit American Indian Health Center is a non-profit organization established to deliver health and family services to Native Americans in the Detroit Metropolitan area. These professional, confidential health services are offered in a culturally sensitive way.

SERVICES

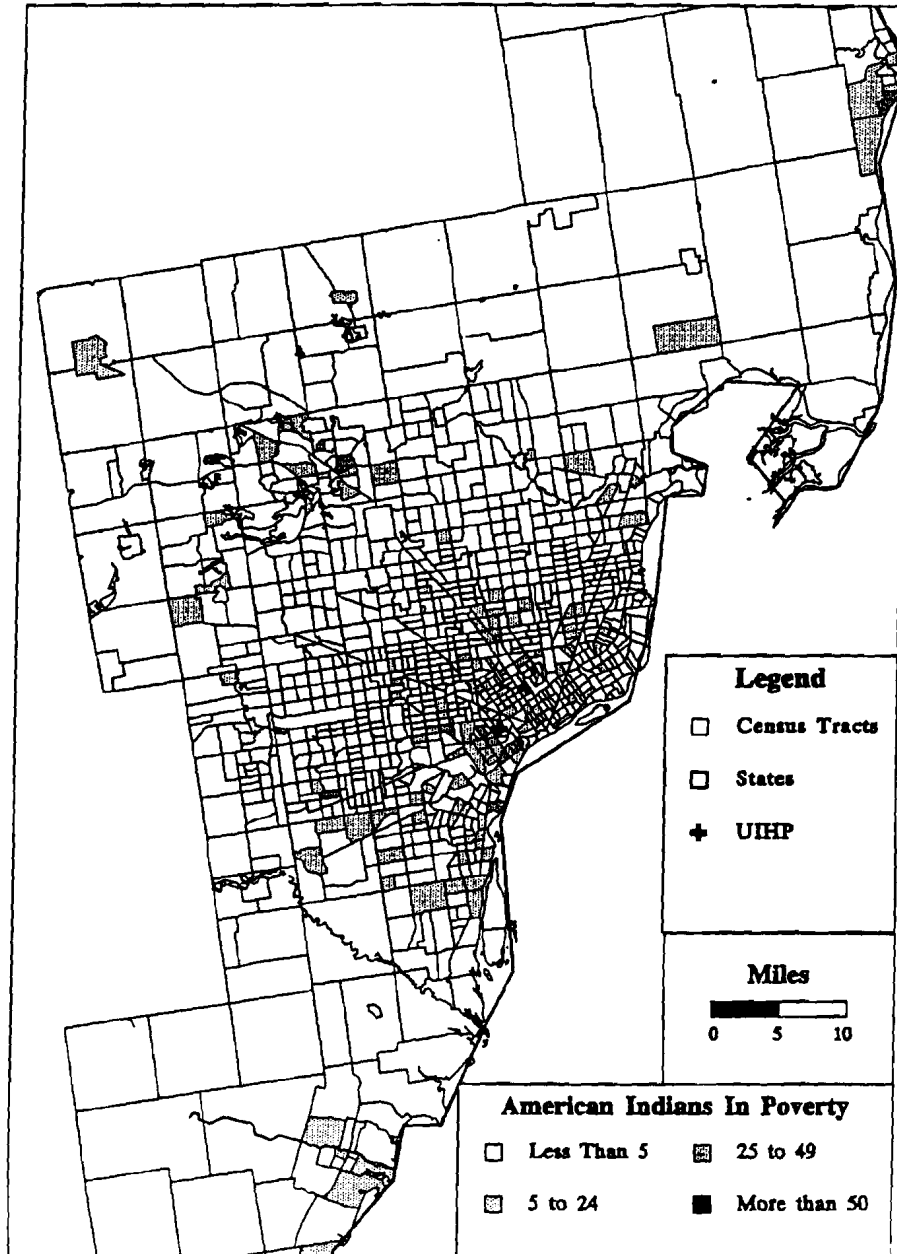
Medical services available include general medical care, blood pressure check, blood sugar test, well baby exams, flu vaccinations, immunizations, diabetes screening, physicals, and family planning. Dental services available include dental education, fillings, dentures, crowns, fit and fissure sealants, and simple oral surgery. The outpatient treatment and aftercare program includes counselors who offer individual, group, and family counseling for alcohol and substance abuse problems. Family services counselors provide crisis intervention, parenting education, individual, group, and family counseling, and more. Community health nursing staff provide visits, health education, and home health care. Alcohol and substance abuse prevention and education services are offered for youth and families. WIC and nutrition counseling is also available. Community health workers provide outreach and make home visits to Native Americans in the Detroit metropolitan area counties. Health Risk Assessments and health education material is also available. Also offered is confidential counseling, testing, and information concerning AIDS and sexually transmitted diseases.

Population of American Indians and Alaska Natives in Detroit urbanized area: 13,708

AMERICAN INDIAN POPULATION DENSITY IN DETROIT



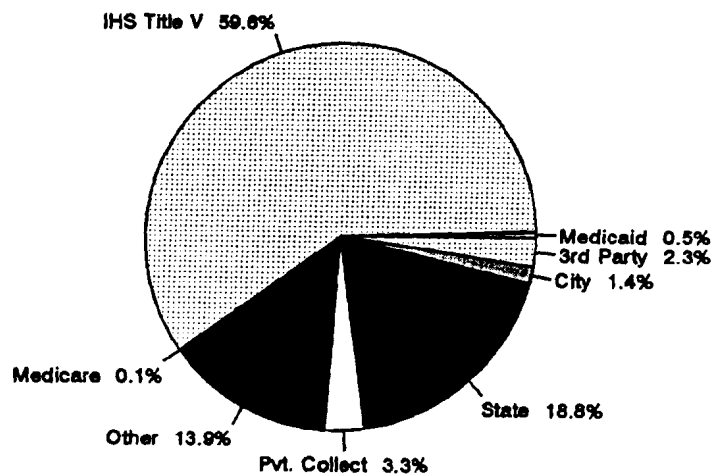
AMERICAN INDIAN LIVING IN POVERTY DENSITY IN DETROIT



**LEADING CAUSES OF DEATH BY CITY, 1985-1987
DETROIT, MICHIGAN
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Heart Disease	118.7
Cancer	18.3
Cirrhosis	18.3
Other Resp. Dis.	18.3
Stroke	18.3

RECEIPTS BY SOURCE AND TYPE, FY 90
Detroit American Indian Center



Total Receipts= \$530,638
Percents rounded to the nearest tenth.

DETROIT AMERICAN INDIAN HEALTH CENTER

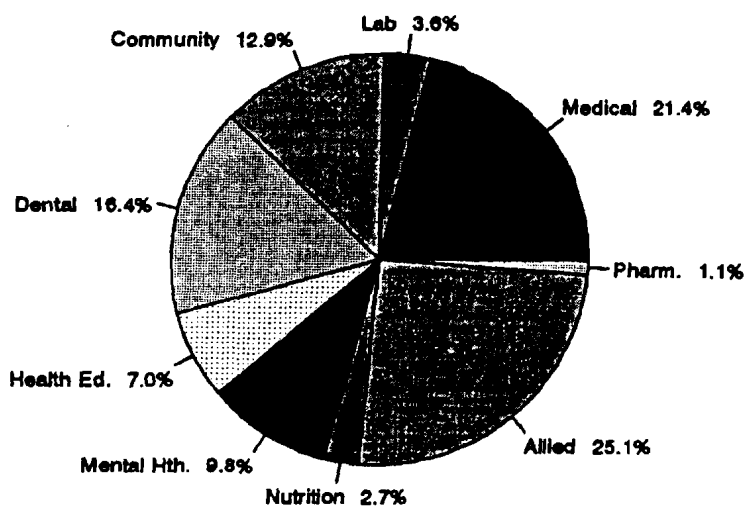
PRIMARY CARE SERVICES	DETROIT
PRIMARY PREVENTION	
Family Planning	on site
Prenatal Care/OB	on site
Well Child Care	on site
Well Adult Care	on site
Preventive Dental	on site
Nutrition Education	on site
SECONDARY PREVENTION	
Acute Medical Care	on site
Mgmt Chronic Disease	on site
SUPPORT SERVICES	
Laboratory	on site
Diagnostic X-Ray	on site
Pharmacy/Dispensary	on site
Medical Consultation	on site
SPECIAL PROGRAMS	
Adolescent Care	on site
Health Education	on site
Chemical Dependency Counseling	on site
Mental Health	on site
SUPPLEMENTAL SERVICES	
Dental Treatment	on site
Social Services	on site
Transportation	on site
Health Education Services	on site
Outreach/Referral	on site
WIC Program	on site

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1991

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	6.2%	4.5%	2.7%	2.8%	9.5%	6.2%	4.5%	2.3%	38.8%
Female	6.0%	4.7%	4.2%	3.9%	22.8%	8.4%	7.9%	3.4%	61.2%
Detroit Total	12.2%	9.2%	6.9%	6.7%	32.4%	14.6%	12.4%	5.7%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 90

Detroit American Indian Health Center



Total cost: \$495,053
percentages rounded to the nearest tenth

ENCOUNTERS BY TYPE, FY 1991

Program	Medical	Dental	Health Ed.	Nutrition	Mental Health	Community	Substance Abuse	Other	Total
Detroit	3,336	1,403	297	781	293	2,197	7,270	10,838	26,415

PERCENT INDIAN USERS BY TYPE OF PRACTICE, FY 1991

Program	Medical	Dental	Mental Health	Community Services	Substance Abuse	Project Users
Detroit	82.0%	88.0%	48.2%	83.0%	69.7%	80.8%

TRIBAL AFFILIATION OF CLINIC USERS

DETROIT	
TRIBE	PERCENT SERVED
Mohawk	22.2%
Oneida	21.4%
Ottawa	13.8%
Potawatomi	7.3%
Other	35.3%

**FULL TIME EQUIVALENT STAFFING, FY 1991
DETROIT**

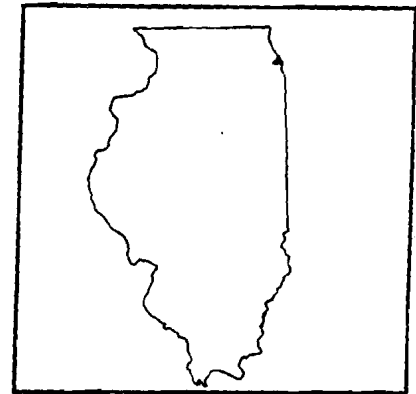
PROGRAM	FTEs
Physicians	0.35
Mid-Level Practitioners	0.59
Nurses (Medical)	1.0
Medical Support	0.35
Dentists	0.52
Dental Support	0.62
Health Education Providers	1.0
Nutrition Providers	0.57
Mental Health Providers	0.97
Other Allied Health Providers	4.94
Community Service Providers	3.0
Substance Abuse	0.5
Patient Records	1.0
Administration	2.25
TOTAL	17.66

**AMERICAN INDIAN HEALTH SERVICE OF CHICAGO,
INC.**

**838 West Irving Park Road
Chicago, IL 60613**

**(312) 883-9100
FAX: (312) 883-0005**

Interim Director: Tim Vermillion



PROJECT DESCRIPTION

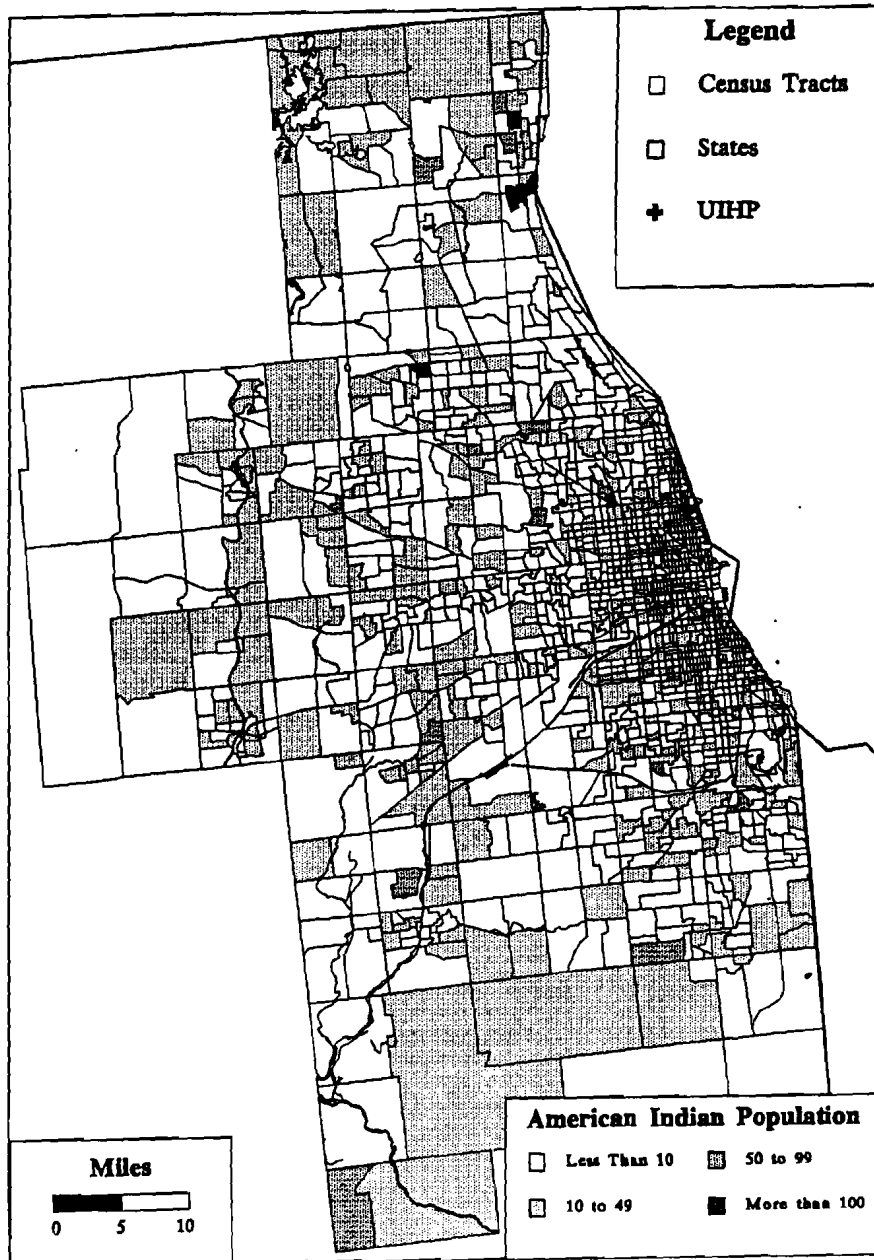
The American Indian Health Service is a non-profit community health center developed in 1974 by American Indians for the Chicago American Indian community. No member of an American Indian household is refused services.

SERVICES

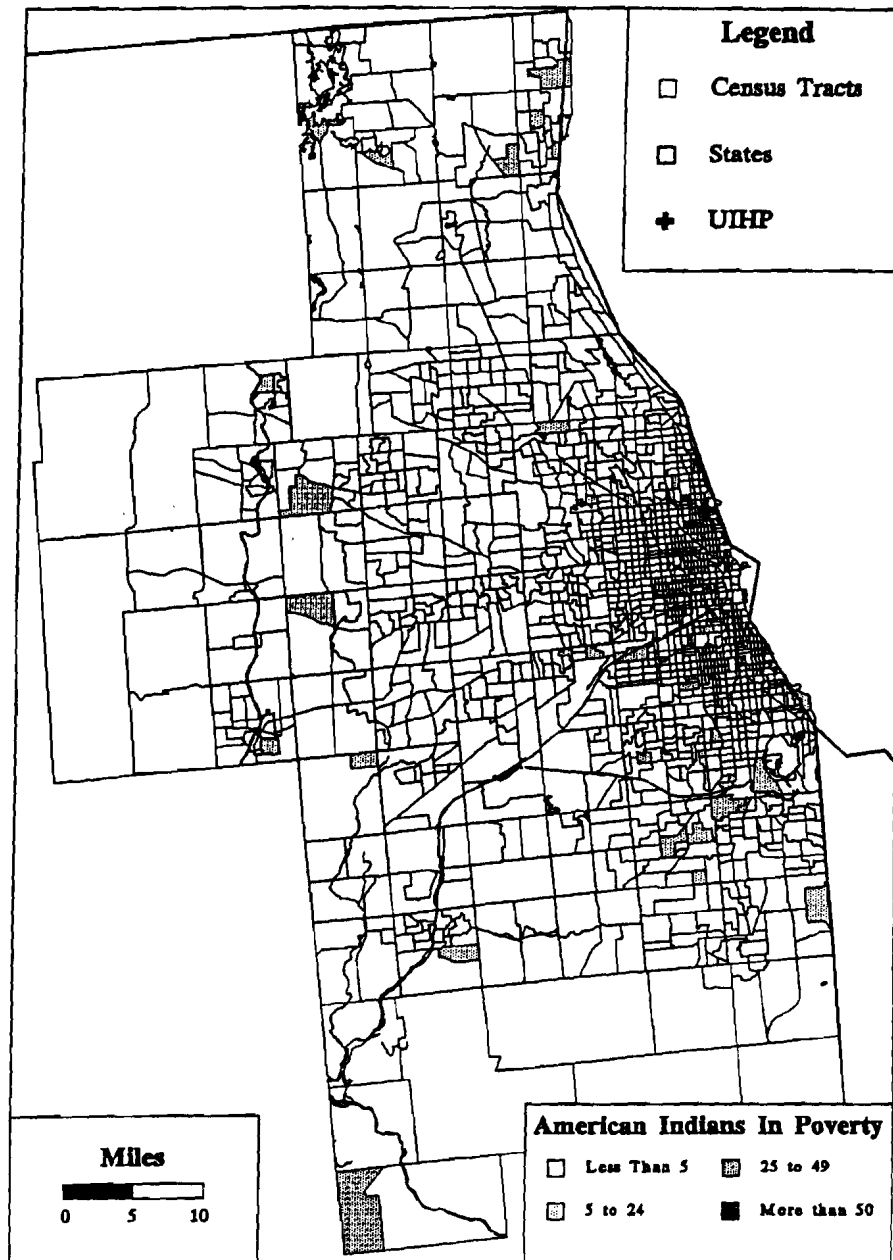
The Medical Clinic provides medical care for all ages, including pregnancy testing and family planning, and well child care and immunizations. The Dental Clinic provides general dentistry, preventive care, and prosthetics. Also provided are community health services including health and social service referrals, WIC affiliation, home visits, and outreach services. The Prevention Center offers after school programs, summer programs, education counseling, and traditional arts and crafts. Health education is also provided to teach individuals and groups a wide range of topics including AIDS, hypertension, diabetes, prenatal education, breastfeeding counseling, and weekly Alcoholics Anonymous (AA) meetings.

Population of American Indians and Alaska Natives in Chicago urbanized area: 13,142

AMERICAN INDIAN POPULATION DENSITY IN CHICAGO



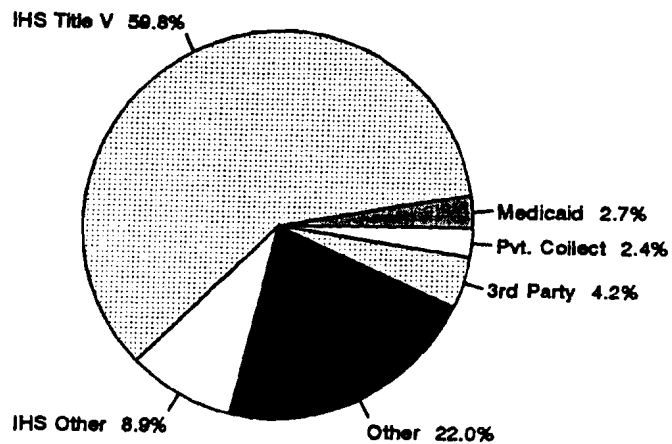
AMERICAN INDIANS LIVING IN POVERTY DENSITY IN CHICAGO



**LEADING CAUSES OF DEATH BY CITY, 1985-1987
CHICAGO, ILLINOIS
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Heart Disease	109.5
Cirrhosis	44.8
Accidents	44.8
Perinatal	19.91
Homicide	19.91

RECEIPTS BY SOURCE AND TYPE, FY 90
American Indian Health Service of Chicago



Total Receipts= \$293,552
Percents rounded to the nearest tenth.

AMERICAN INDIAN HEALTH SERVICE OF CHICAGO, INC.

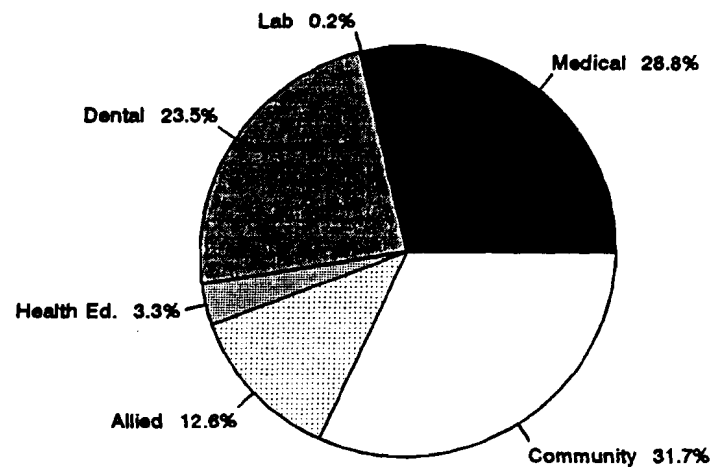
PRIMARY CARE SERVICES	CHICAGO
PRIMARY PREVENTION	
Family Planning	on site
Well Child Care	on site
Well Adult Care	on site
Preventive Dental	on site
Nutrition Education	on site
SECONDARY PREVENTION	
Screening - Child	on site
Screening - Adult	on site
Acute Medical Care	on site
Mgmt Chronic Disease	on site
SPECIAL PROGRAMS	
Adolescent Care	on site
Health Education	on site
Mental Health	on site
SUPPLEMENTAL SERVICES	
Dental Treatment	on site
Social Services	on site
Transportation	on site
Health Education Services	on site
Outreach/Referral	on site
Public Health Nursing	on site

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1990

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	7.2%	4.4%	4.9%	2.4%	10.2%	4.8%	5.7%	0.6%	40.1%
Female	8.1%	5.2%	6.7%	4.8%	16.8%	8.4%	8.3%	1.7%	59.9%
Chicago Total	15.3%	9.5%	11.6%	7.1%	27.0%	13.2%	14.0%	2.2%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 90

American Indian Health Service of Chicago



Total cost: \$279,562
percentages rounded to the nearest tenth

ENCOUNTERS BY TYPE, FY 1991

Program	Medical	Dental	Health Ed.	Allied Health	Community	Other	Total
Chicago	1,579	1,233	162	3,151	1,891	5,204	13,220

PERCENT INDIAN USERS BY TYPE OF SERVICE, FY 1990

Program	Medical	Dental	Health Ed.	Mental Health	Community Services	Project Users
Chicago	93.5%	79.9%	84.3%	98.7%	97.9%	87.5%

TRIBAL AFFILIATION OF CLINIC USERS

CHICAGO	
TRIBE	PERCENT SERVED
Menominee	12.0%
Sioux	12.0%
Chippewa	23.0%
Pottawotami	4.0%
Unknown	14.0%
Seneca	5.0%
Winnebago	5.0%
Choctaw	5.0%
Navajo	4.0%
Other Tribes	14.0%

**FULL TIME EQUIVALENT STAFFING, FY 1991
CHICAGO**

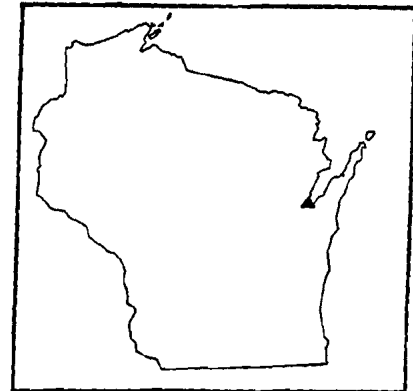
PROGRAM	FTEs
Physicians	0.1
Mid-Level Practitioners	0.55
Nurses (Medical)	0.25
Medical Support	0.6
Dentists	0.3
Dental Support	0.1
Health Education Providers	0.25
Other Allied Health Providers	1.8
Community Service Providers	1.3
Patient Records	0.4
Administration	1.9
Facility	0.2
TOTAL	7.75

UNITED AMERINDIAN CENTER, INC.

**409 North Broadway
Green Bay, WI 54303**

**(414) 437-2161
FAX: (414) 432-5101**

Director: Phil Poutinen



PROJECT DESCRIPTION

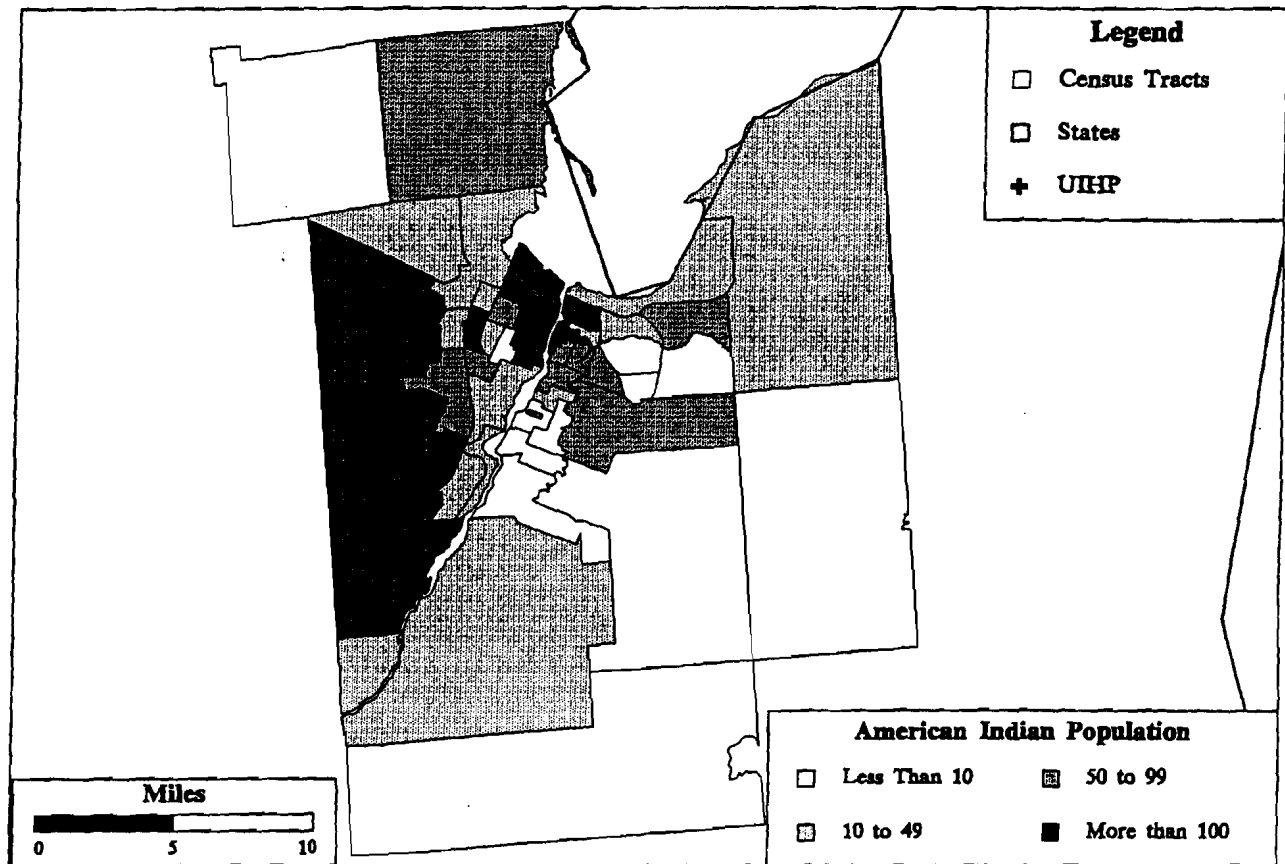
The United Amerindian Center I.H.S. Program provides supportive services and referral services for the Native American community of Green Bay.

SERVICES

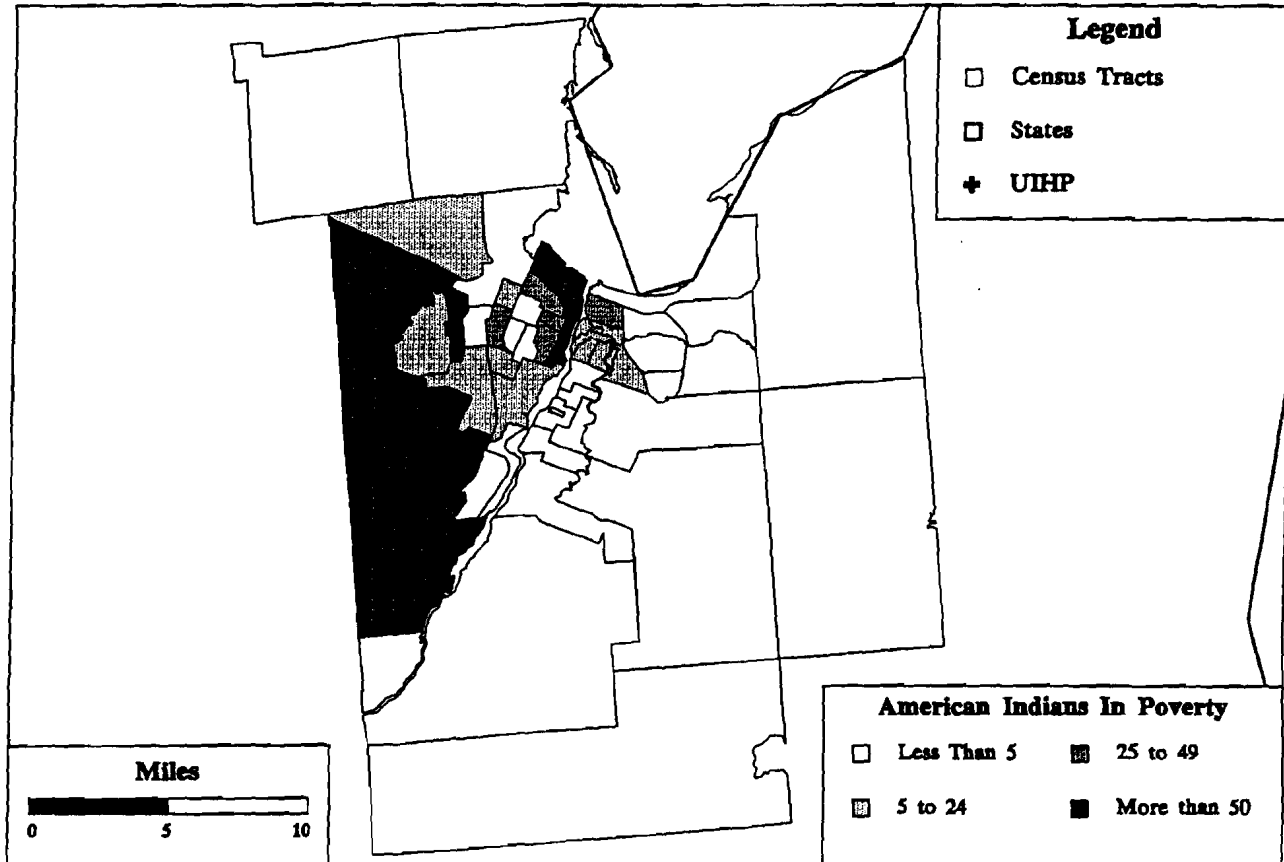
The United Amerindian Center provides referrals to all health care agencies, alcohol and other drug abuse programs, shelter programs, Urban Indian Ministries, WIC check pick-up sites, Head Start, domestic abuse services, community outreach, transportation, Veterans Administration, Social Security/Supplemental Security Income (SSI), Title V Indian Education, social service agencies, and legal services. Employees of the Center make home visits for reasons of social, economic, mental, environmental and physical well-being, and refers to service providers for quality health care. The Center makes every attempt to strengthen and maintain spiritual ties within the Native American community.

Population of American Indians and Alaska Natives in Green Bay urbanized area: 2,896

AMERICAN INDIAN POPULATION DENSITY IN GREEN BAY



AMERICAN INDIANS LIVING IN POVERTY DENSITY IN GREEN BAY

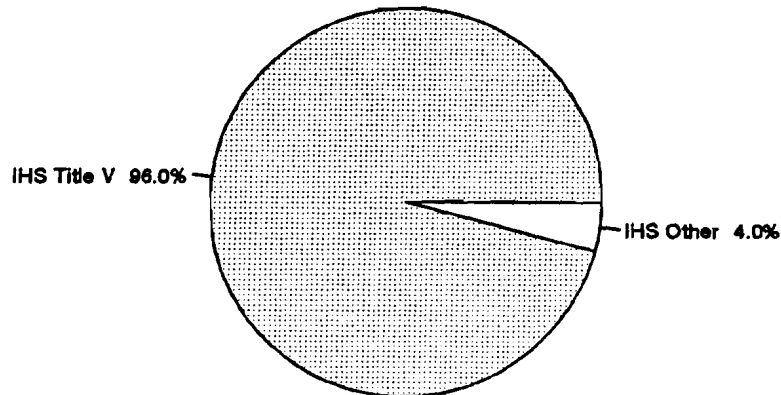


**LEADING CAUSES OF DEATH BY CITY, 1985-1987
GREEN BAY, WISCONSIN
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Heart Disease	127.1
Cancer	105.9
Accidents	84.7
Stroke	84.7
Cirrhosis	42.4

RECEIPTS BY SOURCE AND TYPE, FY 90

United Amerindian Health Center



Total Receipts= \$156,300
Percents rounded to the nearest tenth.

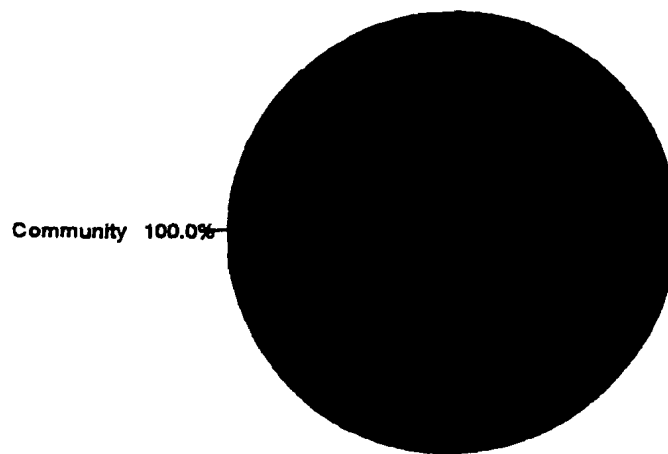
UNITED AMERINDIAN CENTER, INC.

PRIMARY CARE SERVICES	GREEN BAY
PRIMARY PREVENTION	
Family Planning	contract care
Prenatal Care/OB	contract care
Well Child Care	contract care
Well Adult Care	contract care
Preventive Dental	contract care
Nutrition Education	contract care
SUPPORT SERVICES	
Pharmacy/Dispensary	contract care
SPECIAL PROGRAMS	
Adolescent Care	contract care
SUPPLEMENTAL SERVICES	
Social Services	contract care
Transportation	contract care
Home Health Services	contract care
Nursing Home Services	contract care
Health Education Services	contract care
Outreach/Referral	contract care
WIC Program	contract care

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1991

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	2.1%	2.7%	1.5%	2.1%	12.5%	7.7%	8.2%	3.6%	40.4%
Female	2.9%	5.2%	4.0%	4.0%	20.9%	7.7%	8.8%	6.1%	59.6%
Green Bay Total	5.0%	7.9%	5.6%	6.1%	33.3%	15.3%	17.0%	9.8%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 90
United Amerindian Center



Total cost: \$132,173

ENCOUNTERS BY TYPE, FY 1991

Program	Community	Other	Total
Green Bay	3,131	3,131	6,262

PERCENT INDIAN USERS BY TYPE OF SERVICE, FY 1991

Program	Community Services	Project Users
Green Bay	93.3%	93.3%

TRIBAL AFFILIATION OF CLINIC USERS

GREEN BAY	
TRIBE	PERCENT SERVED
Oneida	61.5%
Menominee	34.1%
Chippewa	1.4%
Stockbridge	1.4%
Potawatomi	0.5%
Ottawa	0.5%
Ojibway	0.5%

**FULL TIME EQUIVALENT STAFFING, FY 1991
GREEN BAY**

PROGRAM	FTEs
Community Service Providers	5.0
Patient Records	0.04
Administration	2.29
Facility	0.75
TOTAL	8.08

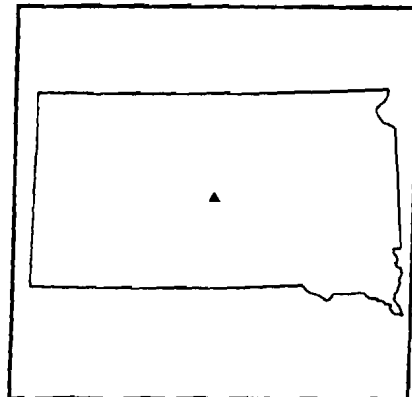
SOUTH DAKOTA URBAN INDIAN HEALTH

**122 East Dakota Avenue
Pierre, SD 57501
(605) 224-8841
FAX: (605) 224-2827**

**SATELLITE CLINICS
100 West Sixth Street
Suite 101
Sioux Falls, SD 57102
(605) 339-0420**

**1200 South Main
Aberdeen, SD 57401
(605) 225-1538**

**1 East Main
Suite 103
Vermillion, SD 57069
(605) 624-4749
Director: Vicki Warne**



PROJECT DESCRIPTION

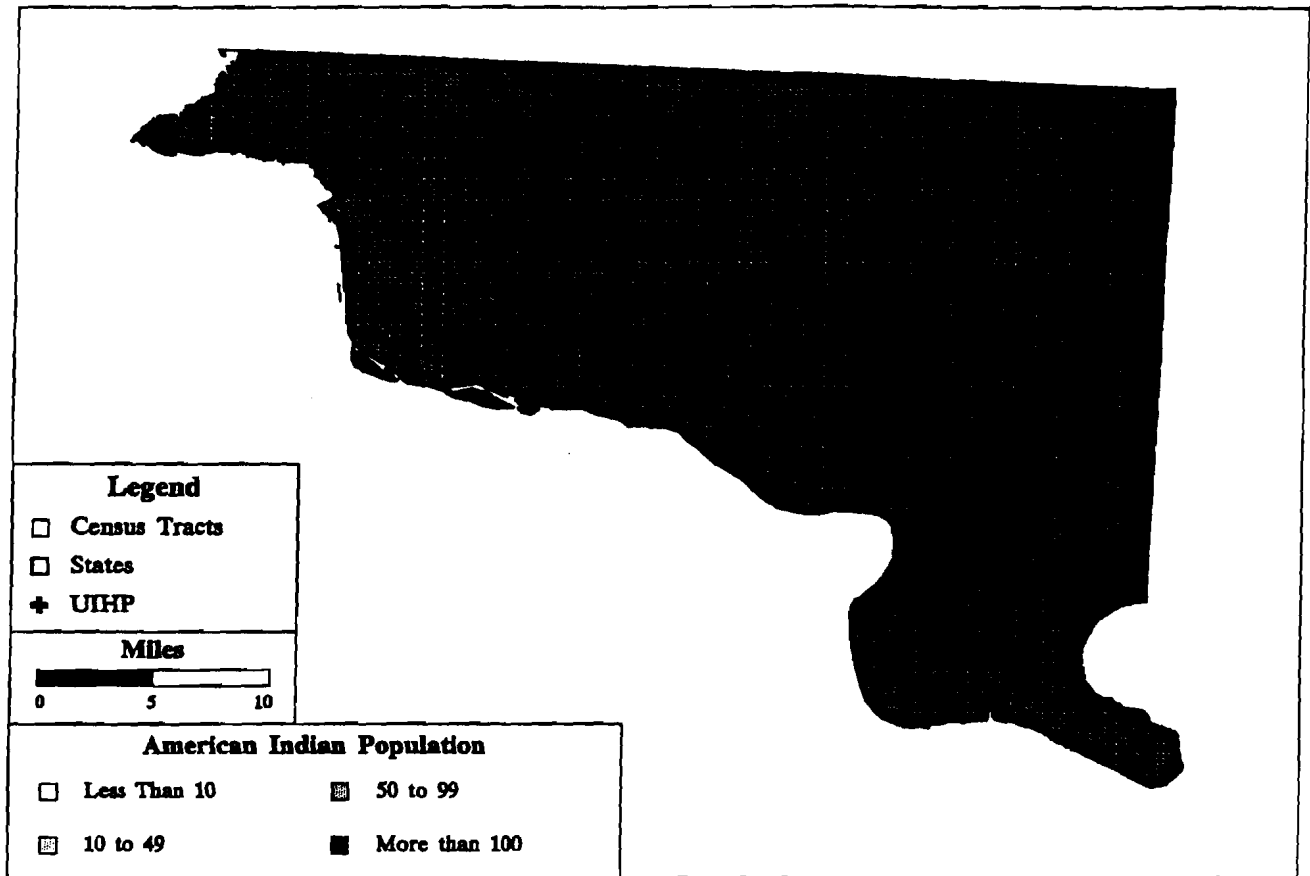
The Mission Statement of South Dakota Urban Indian Health (SDUIH) is to improve the health status of the American Indian in the five county area where clinics are located to that of the majority population. The structure of SDUIH is a non-profit SD Corporation that was formed in the mid-seventies to address the health status and needs of the urban Native American and servicing the major cities in South Dakota.

SERVICES

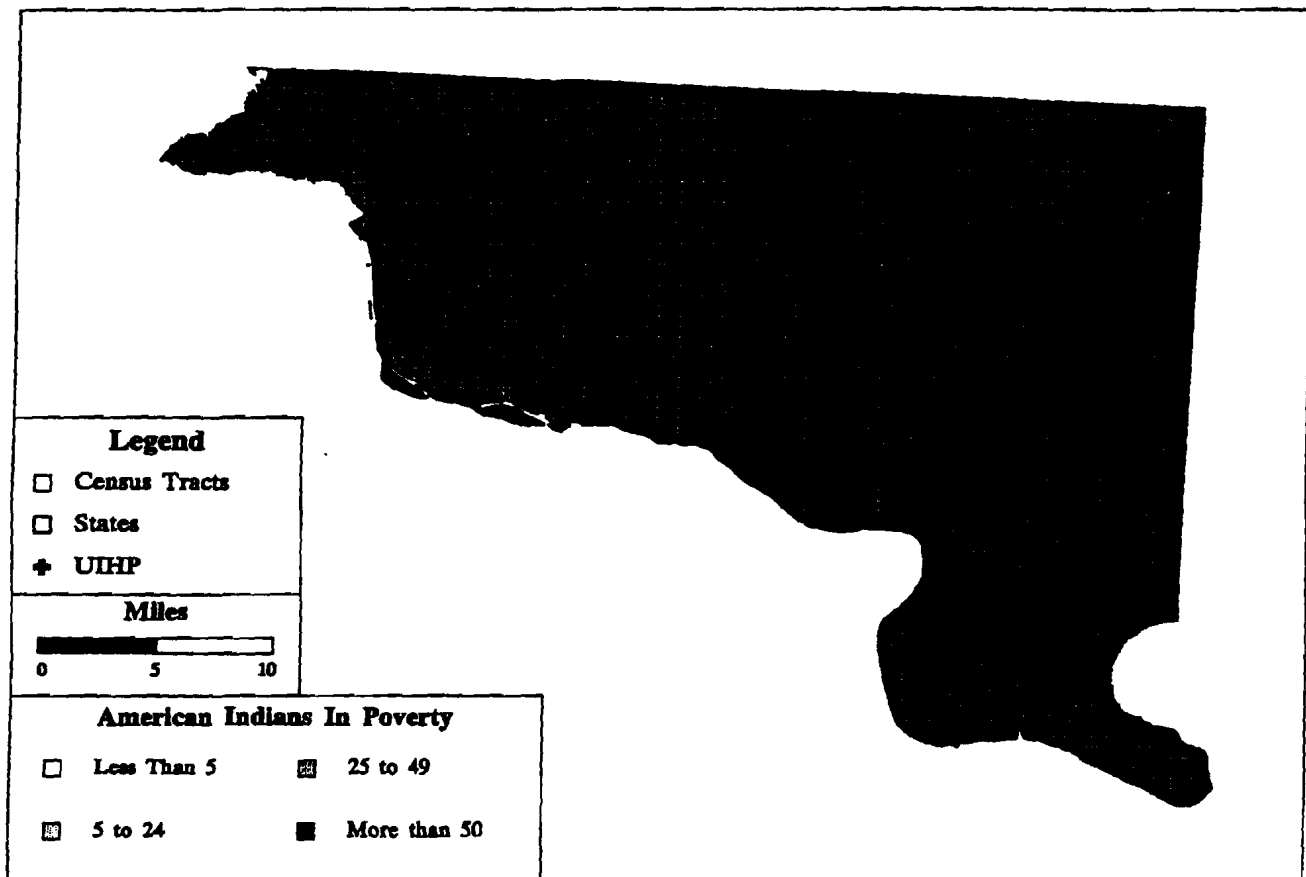
Clinic services are provided in Sioux Falls, Aberdeen, and Pierre in varying degrees. Some basic diagnostic lab functions are done and prescriptions are available through agreements with local pharmacies. Intake, physicals, and referrals are made for clients requiring/requesting services for alcohol/drug abuse and addiction at all sites. A Community Health Representative at all sites also provides home visits, transportation, optical and general clinical and clerical services. SDUIH also provides optical services on a patient pay basis. The mental health grant is designed to do intakes for the purpose of establishing the priority areas in mental health that need services. For the year 1992 the goal is to gather information from clients and refer them to contracted providers for professional diagnosis.

Population of American Indians and Alaska Natives in Pierre: 834

AMERICAN INDIAN POPULATION DENSITY IN PIERRE



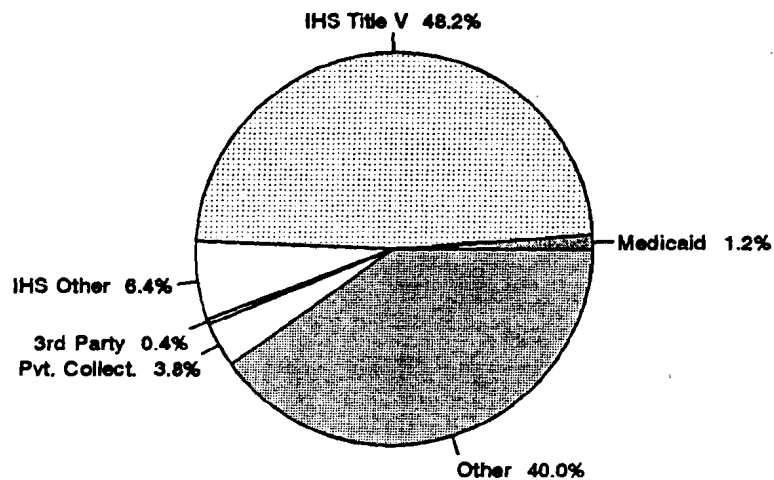
AMERICAN INDIANS LIVING IN POVERTY DENSITY IN PIERRE



**LEADING CAUSES OF DEATH BY CITY, 1985-1987
PIERRE, SOUTH DAKOTA
(American Indian/Alaska Native)**

Cause of Death	Rate per 1,000
Cancer	82.8
Stroke	41.4
Cirrhosis	41.4
Suicide	41.4
Diabetes	41.4

RECEIPTS BY SOURCE AND TYPE, FY 90
South Dakota Urban Indian Health



Total Receipts= \$411,529
Percents rounded to nearest tenth.

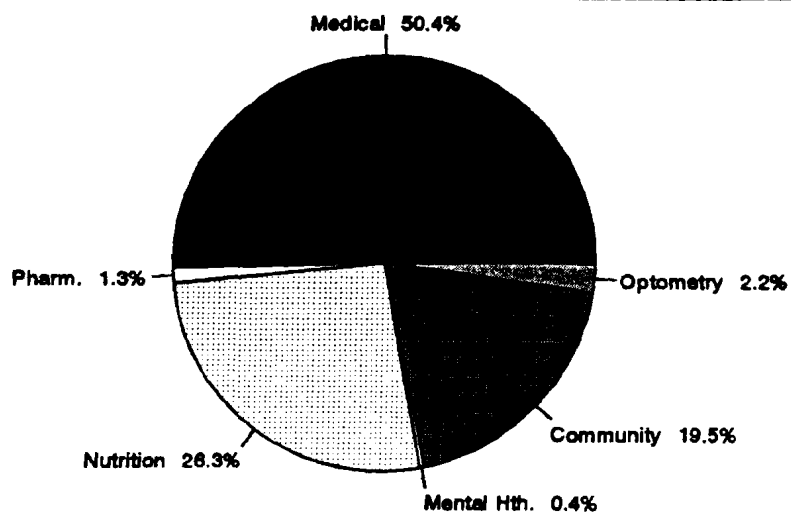
SOUTH DAKOTA URBAN INDIAN HEALTH

PRIMARY CARE SERVICES	SOUTH DAKOTA
PRIMARY PREVENTION	
Family Planning	on site
Well Child Care	on site
Well Adult Care	on site
SECONDARY PREVENTION	
Acute Medical Care	on site
SUPPORT SERVICES	
Laboratory	on site
Pharmacy/Dispensary	on site
SPECIAL PROGRAMS	
Chemical Dependency Counseling	on site
SUPPLEMENTAL SERVICES	
Home Health Services	on site
Outreach/Referral	on site
Optometry	on site

AGE DISTRIBUTION OF TOTAL USERS BY PROGRAM, FY 1991

AGE	0-4	5-9	10-14	15-19	20-34	35-44	45-64	65+	TOTAL
Male	7.3%	4.5%	2.7%	3.0%	10.8%	6.1%	3.3%	3.2%	41.0%
Female	7.2%	7.2%	4.9%	7.0%	14.8%	7.2%	8.6%	2.0%	59.0%
South Dakota Total	14.5%	11.7%	7.6%	10.0%	25.6%	13.3%	11.9%	5.2%	100.0%

PERCENT FUNCTIONAL COST BY PROGRAM COMPONENT, FY 91
South Dakota Urban Indian Health



Total cost: \$399,325
percentages rounded to the nearest tenth

ENCOUNTERS BY TYPE, FY 1991

Program	Medical	Health Ed.	Mental Health	Optometry	Community	Other	Total
Pierre	11,723	145	156	330	12,728	13,359	38,441

PERCENT INDIAN USERS BY TYPE OF SERVICE, FY 1991

Program	Medical	Dental	Optometry	Community Services	Substance Abuse	Project Users
Pierre	82.1%	100%	58.5%	97.5%	99.4%	96.6%

TRIBAL AFFILIATION OF CLINIC USERS

SOUTH DAKOTA	
TRIBE	PERCENT SERVED
Eagle Butte	21.0%
Rosebud	18.0%
Crow Creek	13.0%
Lower Brule	8.0%
Standing Rock	7.0%
Other	33.0%

**FULL TIME EQUIVALENT STAFFING, FY 1991
PIERRE**

PROGRAM	FTEs
Physicians	0.5
Mid-Level Practitioners	0.5
Nurses (Medical)	3.0
Administration	3.5
Facility	0.1
TOTAL	18.85