



# Infant and Maternal Health in Urban Indian Communities

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## NCUIH Comments to ACIMM



NATIONAL COUNCIL of  
URBAN INDIAN HEALTH

March 10, 2022

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Health Resources and Services Administration  
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*Submitted electronically via: [SACIM@hrsa.gov](mailto:SACIM@hrsa.gov)*

RE: Meeting of the Advisory Committee on Infant and Maternal Mortality



NATIONAL COUNCIL of  
URBAN INDIAN HEALTH

August 31, 2022

Michael D. Warren, MD, MPH, PAAP  
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Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

*Submitted electronically via: [MReddy@hrsa.gov](mailto:MReddy@hrsa.gov)*

RE: HRSA's Pediatric Mental Health Care Access Program



## ABOUT



NATIONAL COUNCIL of URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.



# About Urban Indian Organizations



# The Role of Urban Indian Organizations in the Indian Health System

- 70% of AI/AN in urban areas
- 1% of all IHS budget goes to urban Indian health
- 41 health programs with 77 facilities





# Services Provided by UIOs

## Primary Care

- General medical care
- Diabetes care and prevention
- Health and wellness check-ups
- Vision and hearing screenings
- Immunizations
- Chronic disease care
- Women's health
- Urgent care

## Traditional Medicine

- Sweat lodge ceremonies
- Men's, women's, and elder's talking circles
- Traditional medicine from traditional healers
- Prayer ceremonies
- Relationship gatherings

## *Services provided by UIOs*

## Behavioral Health Services

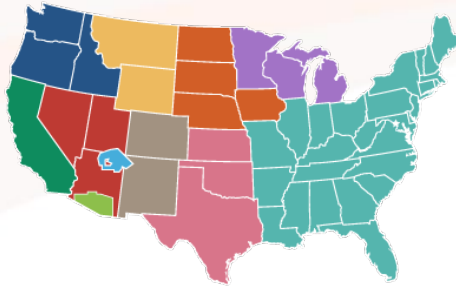
- Mental health counseling
- Psychiatry
- Substance abuse counseling
- Education and prevention services
- Anger management
- Domestic violence counseling

## Social & Community Services

- Prevention and education services
- Youth camps and programs
- Elder services
- Domestic violence services and classes
- Job placement
- Diet and nutrition services and classes
- Arts and crafts
- Pot luck/soup kitchens



# UIO Locations by IHS Region



## CALIFORNIA

- **American Indian Health & Services**  
Santa Barbara, CA
- **Bakersfield American Indian Health**  
Bakersfield, CA
- **Fresno American Indian Health Project**  
Fresno, CA
- **Friendship House Association of American Indians**  
San Francisco, CA
- **Indian Health Center of Santa Clara Valley**  
San Jose, CA
- **Native American Health Center**  
Oakland, CA
- **Sacramento Native American Health Center**  
Sacramento, CA
- **San Diego American Indian Health Center**  
San Diego, CA
- **Native Directions, Inc./Three Rivers Indian Lodge**  
Manteca, CA
- **United American Indian Involvement, Inc.**  
Los Angeles, CA

## UIO Locations by IHS Region

### PORTLAND

- **NARA of the Northwest**  
Portland, OR
- **The NATIVE Project**  
Spokane, WA
- **Seattle Indian Health Board**  
Seattle, WA

### PHOENIX

- **Native Health Center**  
Phoenix, AZ
- **Urban Indian Center of Salt Lake City**  
Salt Lake City, UT
- **Nevada Urban Indians, Inc.**  
Reno, NV
- **Native American Connections**  
Phoenix, AZ

### NAVAJO

- **Native Americans for Community Action**  
Flagstaff, AZ

### TUCSON

- **Tucson Indian Center**  
Tucson, AZ

### BILLINGS

- **Helena Indian Alliance – Leo Pocha Clinic**  
Helena, MT
- **Indian Family Health Clinic**  
Great Falls, MT
- **North American Indian Alliance**  
Butte, MT
- **Missoula Urban Indian Health Center**  
Missoula, MT
- **Native American Development Corporation**  
Billings, MT

### ALBUQUERQUE

- **First Nations Community Healthsource**  
Albuquerque, NM
- **Denver Indian Health & Family Services**  
Denver, CO

### OKLAHOMA CITY

- **Hunter Health Clinic**  
Wichita, KS
- **Indian Health Care Resource Center**  
Tulsa, OK
- **Oklahoma City Indian Clinic**  
Oklahoma City, OK
- **Urban Inter-Tribal Center of Texas**  
Dallas, TX
- **Kansas City Indian Center**  
Kansas City, MO

### GREAT PLAINS

- **Nebraska Urban Indian Health Coalition**  
Omaha, NE
- **South Dakota Urban Indian Health, Inc.**  
Sioux Falls, SD

### BEMIDJI

- **American Indian Council on Alcoholism, Inc.**  
Greenfield, WI
- **American Indian Health & Family Services S.E.**  
Michigan, Detroit, MI
- **Gerald L. Ignace Indian Health Center**  
Milwaukee, WI
- **Indian Health Board of Minneapolis**  
Minneapolis, MN
- **American Indian Health Services of Chicago**  
Chicago, IL
- **Juel Fairbanks Chemical Dependency Services**  
St. Paul, MN

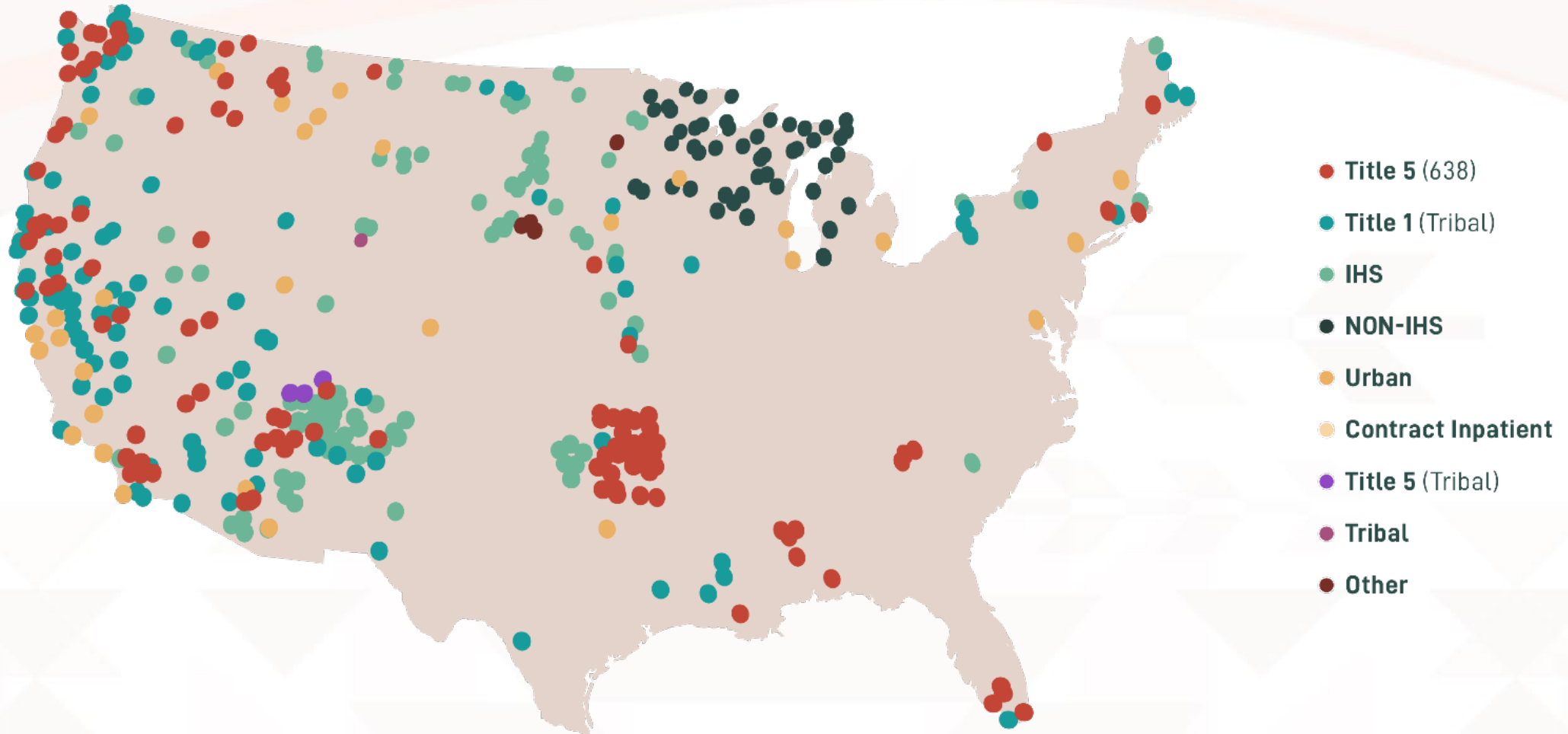
### NASHVILLE

- **New York Indian Council**  
Long Island City, NY
- **Native American Lifelines of Baltimore**  
Baltimore, MD
- **Native American Lifelines of Boston**  
West Roxbury, MA





# UIO Locations by Type







# AI/AN Infant and Maternal Health Disparities



## AI/AN Infant Mortality

2x

- AI/AN infants have almost **2x the infant mortality rate** as non-Hispanic whites.

3x

- AI/AN infants are also almost **3x more likely** than non-Hispanic white infants to die from accidental deaths before the age of one year.

3x

- Data from 2019 showed that AI/AN mothers were almost **3x as likely to receive late or no prenatal care** when compared to non-Hispanic white mothers.

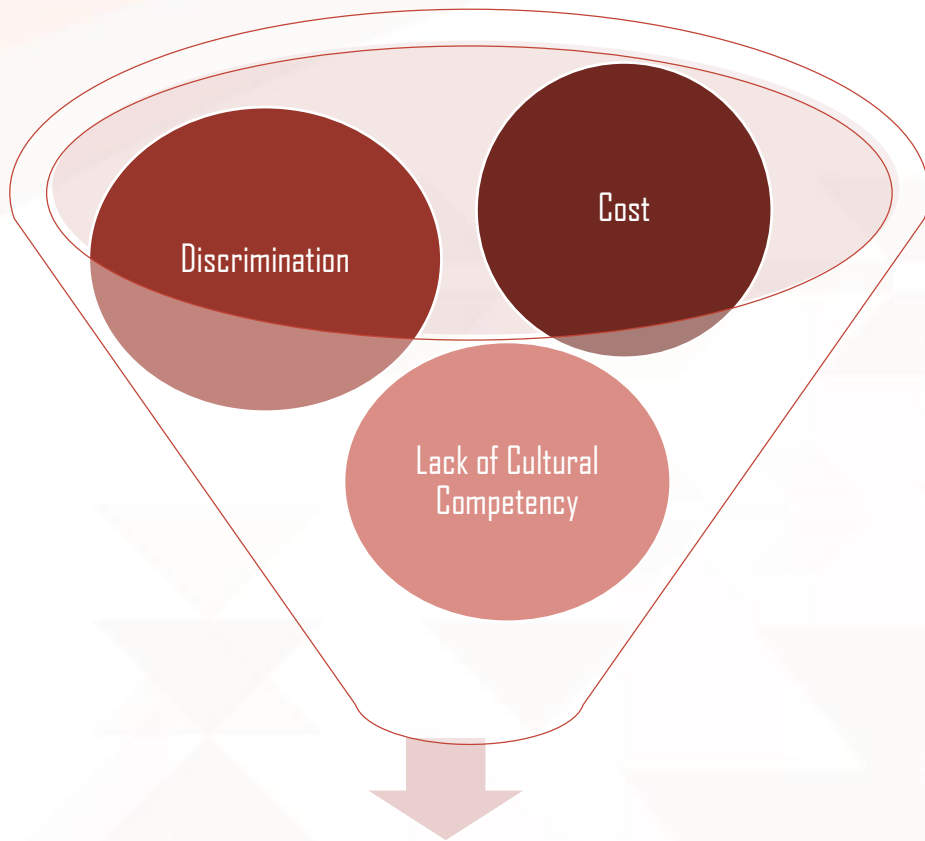
50%

- AI/AN infants are **50% more likely to die from complications related to low birth weight** as compared to the same group.

- A report by the National Center for Health Statistics noted that between 2005 and 2014, AI/AN was the only racial or ethnic group that did not experience a decline in infant mortality.



# Contributing Factors to AI/AN Infant and Maternal Health Disparities



**AI/AN Infant and Maternal Health  
Disparities**

- **Cost**

- **41%** of AI/AN women cite cost as a barrier to receiving the recommended number of prenatal visits.
- **21%** of AI/AN women ages 15-44 are uninsured, compared to 8% of white women.
- AI/AN women are **3-4x** more likely to begin prenatal care in the third trimester.

- **Discrimination**

- **23%** of AI/ANs report they have faced discrimination in clinical settings due to being an AI/AN
- **15%** report avoiding medical care for themselves or family members due to fear of discrimination.

- **Lack of Cultural Competency**

- **Access to culturally appropriate care can be difficult for AI/ANs living in urban areas, as most IHS clinics and hospitals, as well as Tribal healthcare facilities, are located on reservations.**



# Urban AI/AN Infant and Maternal Health Disparities

- A study that analyzed linked birth-death data from 1989 to 1991 found that nearly **15%** of urban AI/AN women did not receive adequate health care during pregnancy.
- Premature birth rates for both urban and non-urban AI/AN were higher than those of all other races and ethnicities combined (**12.3%** of live births among AI/AN in urban areas and 10.9% among the general population in the same area).

**Areas with the highest rates of inadequate prenatal care and the highest portion of AI/AN low birthweight babies and the highest neonatal and post-neonatal death rates (1989-1991)**

Rank	Inadequate Prenatal Care	Low Birth Weight	Neonatal Death Rate	Postneonatal Death Rate
1	Minneapolis / St. Paul, MN	New York City, NY	Buffalo / Niagara Falls, NY	Yakima, WA
2	Yakima, WA	Boston area, MA	Providence, RI	Minneapolis / St. Paul, MN
3	Billings, MT	Philadelphia / Wilmington / Atlantic City area, NJ	Fall River / Warwick, MA	Redding, CA
4	Yuma, AZ	Great Falls, MT	Yakima, WA	Bakersfield, CA
5	Bellingham, WA	Washington DC / Baltimore MD	Bellingham, WA	Reno, NV



# Federal Trust Responsibility for Health

"Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people."

25 U.S.C. § 1601 (I)

## Declaration of National Policy

"Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians— to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy"

25 U.S.C. § 1602 (I)



# Urban Indian Organizations Funding

- UIOs receive just 1% of the IHS budget and has failed to keep pace with inflation and the growing urban Indian population.

1%

IHS Funding for  
Urban Indian Health

70%

of Natives in  
Urban Areas



## URBAN INDIAN ORGANIZATIONS

3.4  
MILLION

On the 2020 Census,  
3.4M AI/AN people  
lived in areas served  
by UIOs <sup>1</sup>

[ncuih.org](http://ncuih.org)

EST.  
1976

Established in  
1976 by Tribes who  
advocated for treaty  
health rights for off-  
reservation AI/ANs

77

38 urban areas,  
22 states, and 77  
facilities



# MIECHV Recommendation



March 9, 2022

The Honorable Ron Wyden  
Chairman  
Senate Finance Committee  
Washington, DC 20510

The Honorable Richard Neal  
Chairman  
House Ways and Means Committee  
Washington, DC 20515

The Honorable Frank Pallone  
Chairman  
House Energy and Commerce Committee  
Washington DC 20515

The Honorable Mike Crapo  
Ranking Member  
Senate Finance Committee  
Washington, DC 20510

The Honorable Kevin Brady  
Ranking Member  
House Ways and Means Committee  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
Ranking Member  
House Energy and Commerce Committee  
Washington, DC 20515

- In March, NCUIH signed on to a [letter](#) to Congress led by the National Home Visiting Coalition in support of the reauthorization of HRSA's Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).

**Recommendation:** Reauthorize MIECHV at a higher amount and double the Tribal set-aside from 3% to 6%.





# Improve Data on AI/AN Infant and Maternal Health Through Collaboration with UIOs

- Data concerning AI/AN maternal and infant health and mortality is not collected at all or is extremely limited.
- Without accurate data, gaps in care are inevitable and rates of unwanted health outcomes for AI/AN infants and women will continue.
- Data collection concerning AI/AN mothers and infants remains challenged due to problems with identity misclassification.
  - Questions around identity and belonging in AI/AN communities are especially complex.
  - AI/AN identity is shaped by history, culture, politics, law, and other factors.
- NCUH respects and supports Tribal data sovereignty and the importance of Tribes and Tribal organizations collecting, owning, and applying their own data.
  - Collaboration with UIOs should not be used to subvert Tribal data sovereignty

**Recommendation:** ACIMM and other stakeholders should collaborate with UIOs to gather critical and accurate information on urban AI/AN populations.



## Need for an Urban Confer Policy

- Urban confer is an established mechanism for dialogue between federal agencies and UIOs.
  - Urban confer policies are a response to decades of deliberate federal efforts (i.e., forced assimilation, termination relocation) that resulted in 70% of AI/AN people living outside of Tribal jurisdictions.
- **Currently, only IHS has a legal obligation to confer with UIOs.**
- Through urban confer, the ACIMM, HRSA, and HHS more broadly, will be better able to coordinate efforts to improve infant mortality, related adverse birth outcomes, and maternal health among urban AI/AN populations.
- NCUIH supports a robust Tribal consultation process and notes that urban confer does not supplant or otherwise alter Tribal consultation and the government-to-government relationship between Tribes and federal agencies.

**Recommendation:** Advise the HHS Secretary to lead the establishment of an urban confer policy across all HHS agencies.



# Inclusion of Tribal and UIO Representatives on the ACIMM

- AI/AN representation is vital to ensure that information is presented to the ACIMM regarding AI/AN maternal and infant health.
- Including a Tribal and UIO health provider representative on the ACIMM will complement the work of the standing IHS ex-officio member.
  - Enables ACIMM to receive a variety of viewpoints regarding the provision of health care to diverse AI/AN communities.

**Recommendation:** include a Tribal and UIO health provider representative on the ACIMM and create an ACIMM subcommittee dedicated to addressing AI/AN infant and maternal health disparities.



## Conclusion

- There is an urgent need to address infant and maternal health in AI/AN communities across the country, including among AI/AN communities in urban areas.
- NCUH is committed to improving the health status of infants and women before, during, and after pregnancy.
- We look forward to cultivating meaningful partnerships with local, state, and federal programs and to ensuring that UIOs receive the necessary resources to continue to provide critically needed culturally focused care to their AI/AN patients.



# Thank you!

## Contact Information:

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# Closing



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