Misinformation about the plight of Indians* is the main obstacle to ensuring health care access for Urban Indians and the continued vitality of the Urban Indian Health Programs.

Who is an Urban Indian?
Urban Indians is the term used to describe Indians or descendants of Indians, who have moved to the cities and urban areas, either voluntarily or forced by government relocation policies.

Why Are We in the City?
Today's Urban Indians are descendants of populations who were relocated in the 1950s as part of the Relocation Program established by the Bureau of Indian Affairs. Poverty and lack of economic opportunities have also been a driver for forced movements from reservations.

How Many and Where?
According to the 2000 U.S. Census, approximately 4.1 million individuals identify as Native American alone or in combination with another race. Approximately 64% of these persons reside in urban areas. Although Urban Indians are dispersed across the country, the largest communities can be found in major cities such as New York, San Francisco, Los Angeles and Chicago.

Native Americans: Among the Poorest People in the Wealthiest Country
According to figures released by the U.S. Census Bureau in August 2006, Native Americans are among the poorest communities in the United States. Moreover, economic and health disparities in Indian Country are similar to those of the poorest communities in the developing world.

The Health and Poverty Correlation
Studies by the Urban Indian Health Institute show that people who live in poverty have shorter life-spans and present a higher propensity to contract or develop diseases. According to a study by the U.S. Census Bureau, the median Native American income was significantly lower ($30,784) than the national median income ($40,816).

Urban or Tribal? Disease Knows No Boundaries
Despite the significant urban migration, which has separated the Native American from his or her traditional land, urban and reservation-based populations are dealing with similar health disparities.

The U.S. Government Responsibility
The United States government holds special trust obligations towards Native American tribal members to provide basic social, medical, and educational services. Although massive urban migration has changed the demographic make-up of the Native American populations, Urban Indians—like their reservation brothers and sisters—are a congressionally mandated part of the trust responsibility.

*For the purpose of these documents, the terms "American Indian/Alaska Native (AI/AN)", "Native American" and "Indian" are one in the same.
Health Disparities Common to Urban Indians
AI/ANs suffer from chronic conditions, such as diabetes, cirrhosis and alcoholism, at rates much higher than the general population:

- Diabetes (54% higher)
- Chronic liver disease/cirrhosis (126% higher)
- HIV/AIDS (3rd highest infection rate)
- Alcoholism (176% higher)

**Diabetes**

- **54% higher**

**Chronic liver disease/cirrhosis**

- **126% higher**

**HIV/AIDS**

- **3rd highest infection rate**

**Alcoholism**

- **176% higher**

*Source: Urban Indian Health Institute*

Indifference is the Enemy

Although economic conditions in Indian Country have improved over the years, AI/ANs still lag behind the general population in terms of social, economic and educational attainment levels. In fact, recent studies name these factors likely contributors to the substandard health rates among Urban Indians. The widespread indifference and ignorance of policy makers regarding Urban Indian health is—and has been—instrumental to these dismal health rates. In order to prevent a pervasive health crisis in Urban Indian Country in the near future, financial and political assistance is urgently needed.

Born Unequal?

Inequality Starts in the Womb

Native American infants start off their lives disadvantaged. Several factors, such as smoking and alcohol use, influence the health of a Native American infant. The table (right) shows existing significant maternal and child health disparities in Indian Country.

### Maternal and child disparities between AI/AN and All Races

<table>
<thead>
<tr>
<th></th>
<th>AI/AN</th>
<th>All Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s age &lt; 18</td>
<td>7.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Mother received late or no prenatal care</td>
<td>8.6%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Mother unmarried</td>
<td>60.1%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Mother smoked during pregnancy</td>
<td>15.9%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Mother used alcohol during pregnancy</td>
<td>4.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Premature birth</td>
<td>12.6%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

*Source: Urban Indian Health Institute, Fact Sheet: Maternal and Child Health Disparities, 2006*

Urban Indian Health Programs are Essential to Native American Health, because they are:

- Better positioned to identify health issues particular to the AI/AN community.
- Better able to address that movement back and forth from reservations has an impact on health care.
- A key provider of care to the large population of uninsured Urban Indians who might not go elsewhere; and because they provide:
- Improved medical care by getting Urban Indians to seek medical attention earlier by overcoming cultural barriers.

3. Urban Indian Health Institute. Poverty and Health among American Indian Alaska Natives, 2006
Myth: Most Americans Indians/Alaska Natives live on reservations

Reality: While 64.1% live in cities or metropolitan areas, approximately 35.9% live on reservations.¹

Myth: Native Americans don't want to adapt to the American lifestyle and values

Reality: Like most other communities, Native Americans wish to preserve and nurture their unique values and heritage, while staying loyal to this country. For instance, a considerable number of American Indians serve—and have traditionally served—in the U.S. Armed Forces in higher percentages compared to the rest of the U.S. population.²

Myth: The Native American community struggles with substance abuse and alcoholism

Reality: Alcoholism and substance abuse are not intrinsic to the American Indian or to the genetic make-up of the American Indian. Rather, societal oblivion and marginalization as well as historical trauma and substandard living conditions have contributed considerably to pushing American Indians into situations of abuse. Above all, however, American Indians suffer from the indifference and misperception of their surroundings.

Myth: Native Americans don't need to work because of their non-taxable income derived from casino revenue

Reality: This is one of the most misleading and pervasive clichés about Native Americans, as:³
  a) Only 39.3% of tribes operate casinos.
  b) Only 8.2% of the total Native American population profit from revenue; and only 1.9% belong to tribes which gross $100 million or more annually from this industry. Thus, a majority of the population doesn’t benefit from the gaming industry, having to provide for themselves by working regular day jobs.
  c) While most casinos are located on tribal lands, most Native Americans are urban and, like everyone else, need to work in order to secure their livelihood.
  d) Most of the tribes that are able to provide a per capita check (from casino revenue) require that their members live on reservations. All per capita checks are subject to Federal and State taxes.

Myth: All Native Americans are wealthy

Reality: Recent studies from the U.S. Census Bureau show that Native Americans are among the poorest in this country. 25.7% live in poverty—more than twice as many as the general population.

3. Calculations made with Information from the National Indian Gaming Commission and the www.blapd.edu/nuicp/
Myth: Native Americans enjoy a comfortable living because the federal government pays and provides for all their services.

Reality: The “Secession of Land in Exchange for Services” Federal Trust established the U.S. Government’s responsibility to continually provide health services to Native Americans. However, the evolution of Native American life has complicated the actual and effectual delivery of these services. For instance, while a majority of Native Americans live in cities, most of the federal funding is being channeled to the tribes. However, the funds provided to both tribes and urban programs do not adequately provide the welfare service guaranteed by the forefathers of the U.S. In addition, not every major urban area offer services to its Native American population. As a result, many Urban Indians suffer from lack of health care options.

Myth: Native Americans don’t want to work in mainstream activities

Reality: Lack of economic development, education and training has negatively affected AI/ANs and their descendants in the cities. Therefore, many AI/ANs get trapped in low-paid jobs, which provide little potential for advancement and little chance to pass on valuable skills to future generations. Consequently, Urban Indians suffer from one of the highest unemployment rates in the country. Similarly, business and economic development among Urban Indians is the lowest of any ethnic group in the U.S.

Myth: Why do Native Americans move to the cities when life on the reservations is much better?

Reality: Life on a reservation is not better. In fact, economic depression and lack of hope are pervasive on most reservations. This has always been the case. In the 1950s and 1960s many American Indians were actually forced to move to the cities through a government relocation program aimed at placing American Indians into metropolitan areas.

Myth: All Native Americans are culturally the same.

Reality: There are more than 560 federally recognized tribes in the US. This number increases significantly if the tribes recognized only at the state level are taken into account. Although Native American tribes have many cultural attributes in common, they are also separated by a multitude of cultural and legal differences. These differences become more apparent on the political stage. Each tribe has an established sovereign government. And so, each has different rules, regulations and procedures to adhere to. This state of political and legal division has become one of the main obstacles for Indian Country to speak with a single voice.

NCUIH is the only organization educating policymakers and congressmen on Urban Indian health issues. NCUIH speaks on behalf of all Urban Indians regardless of their tribal origin.

Relocation has been endemic to modern American Indian history

During the U.S. expansion of the 19th century, for instance, large numbers of American Indians were forced to relocate further west. In 1830 the Congress passed the Indian Removal Act. The Act authorized the President to conduct treaties to exchange native land east of the Mississippi River for lands west of the river. As a result, as many as 100,000 American Indians eventually relocated in the west.

Modern Relocation- Urbanization of Indians

Prior to the 1950s, most American Indians lived on reservations, in nearby rural towns, or in tribal jurisdictional areas such as Oklahoma. From 1948 and well into the 1980s, the Bureau of Indian Affairs established a Relocation Program. This program was seen by many as an attempt to assimilate American Indians/Alaska Natives (AI/AN) into city life, thereby removing their practice of native culture and traditions as well as drastically undermining the reservation system.

The result was mass migration. Between 1953 and 1961 approximately 30.5% of the existing American Indians/Alaska Natives were relocated to cities, where they quickly joined the ranks of the urban poor. Today, the descendants of these Indians are still in the cities.

The Federal Trust Responsibility

The federal government's trust responsibility towards American Indians/Alaska Natives entails a legal obligation to look out for the welfare of tribal members. The trust responsibility was created by the many treaties entered into by the tribes and the U.S. government, and was for the large part guided by a paternalistic outlook on native life.

Over the years, the trust responsibility has been solidified in law and policy. Supply of and access to health care remains one of the central tenets of the trust relationship. Although the significant American Indian urban migration has changed the geographical infrastructure of the population, the federal trust responsibility remains unquestionable and has long been recognized by Congress.
The Effect/Influence of Historical Trauma on Health

The haunting memories of forced relocation and broken promises on the part of the federal government have affected the overall well being of the American Indian community. This has resulted in high rates of severe mental and physical health disparities.

Contemporary health and social issues include poverty, alcoholism, heart disease, diabetes, and unemployment.

For further information on Urban Indians and the Urban Indian Health Programs please visit NCUIH's webpage at: www.ncuih.org

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"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 instances 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."

Senate Report 100-508, Indian Health Care Amendments of 1987, Sept. 14, 1988, p. 25
Providing Culturally Competent Services:

The stamp of historical trauma on the Native American collective memory is reflected in the mistrust with which many American Indians/Alaska Natives (AI/AN) relate to their health care practitioner. Feeling misunderstood and/or unable to describe their health needs, these individuals often refrain from or only reluctantly seek medical services outside their culture, even if desperately needed. The Urban Indian Health Programs enjoy the confidence of their clients at the cultural level and play a vital role in educating health care providers in the community about the unique needs and cultural conditioning of the urban Indian population.

This sheet provides an overview of some of the culturally competent services provided by the Urban Indian Health Programs.

Medical Services:

The unique quality of the Urban Indian Health Program lies in its ability and willingness to provide medical services, which incorporate traditional practices into everyday treatment processes. This blending of traditional and Western treatments—along with the pronounced respect and understanding of the distinct culture of the individual patient—is what sets apart the Urban Indian Health Program medical services from those of the Community Health Clinics. Moreover, the employment of medical staff knowledgeable of native cultures and needs as well as the distinct health disparities that affect AI/ANs has brought about more accurate diagnoses and, therefore, more successful treatments.

- **Women's Health Programs**
  Medical services focused on women's health. This includes complete annual physicals, HIV confidential testing and counseling, pregnancy testing and mammograms as part of early breast cancer detection services. In some states, an “All Women Count” program provides pap smears for women between the ages of 30-64 years and mammograms for the 50-64 year-olds who either have no insurance to pay for screening exams or have insurance but cannot pay the deductible or co-payment.

- **OB-GYN, mid-wife services, pre-natal and newborn care** (including immunizations) services are also offered. These services help create nurturing relationships between the health practitioner and the expecting mother, which facilitates a healthy and secure environment for giving birth.

- **Chronic Care Treatment Programs**
  Medical services focused on chronic care treatment and secondary prevention of chronic conditions such as diabetes, heart disease, cancer, arthritis, asthma, and other problems that require lifelong monitoring and medical intervention.

- **Prescription Medication Transportation Program**
  Backed by a strong sense of communal responsibility, this program is tailored to provide immobilized elderly patients with prescription medications vital for survival or healthy living.

Nutrition:

Nutrition is a central component both in a healthy physical and mental lifestyle. In an attempt to combat the obesity epidemic sweeping through many Native American communities as well as the nation at large, Urban Indian Health Programs offer a wide array of nutritional services, which teach AI/ANs from childhood how to lead healthy lives.

- **Community Wellness Programs**
  Understanding the close link between individual and community health, these programs offer nutrition and physical fitness education for the whole family. A variety of classes are offered on: nutrition (learning to cook healthy and culturally specific meals), health promotion (including diabetes and heart disease prevention, high blood pressure, high cholesterol and obesity), exercise and aerobic classes, and weight management.

- **Women's Wellness Programs**
  This program provides Pregnancy counseling throughout pregnancy as well as the post-partum period.
Community Services:

- **Job Training/Placement Programs**
  These programs increase awareness about existing jobs or jumpstart a new trade or career. Services include: job training, educational placement, resume development and computer training.

- **Women, Infants and Children Programs (WIC)**
  WIC provides nutritious dietary supplements to low-income women, infants and children. In an atmosphere of dignity and respect, AI/AN WIC recipients receive education to make healthy life choices, enhancing the potential for a higher quality of life.

- **Community Leadership Program**
  The Community Leadership Program sponsor events and meetings to address community needs and to promote healing among AI/ANs. Events include “Families in Recovery” celebration, Thanksgiving and Christmas celebrations.

- **Youth Services Programs**
  The Youth Services Programs focus on native culture and healthy life style choices for the young adult AI/AN. Programs include: life skills training, dance and drumming classes, recreational outings, alcohol and drug prevention, and wellness education.

- **Student Council Mentoring Program**
  The Student Council Mentoring Program trains Student Council members (President and/or the entire Council) in proper board room etiquette. The program is an excellent opportunity for young people to take responsibility for their program and to be part of a greater whole.

- **Tribal Verification Programs**
  These programs assist AI/ANs to register for tribal verification.

- **Social Services Programs**
  The Social Services Program provides, among other things, clothing and canned food in the winter months and an annual turkey-gifting and food donation drive for Christmas.

HIV/AIDS Prevention:

HIV/AIDS is Indian Country's silent killer. As opposed to less controversial diseases, successful prevention has been significantly inhibited because of the enduring stigmas and taboos surrounding HIV/AIDS as well as the generally poor health rates in Indian Country. As a result, today AI/ANs rank third in terms of AIDS diagnoses (when factoring in population size), despite representing less than 1% of the total number of HIV/AIDS cases reported. Depressing as this may seem, the positive effect of these glaring discrepancies is that AI/AN health organizations across the board finally have been alerted to the severity of the disease, spurring new programs and efforts to curb the further spread of HIV/AIDS in Indian Country. Urban Indian Health Programs are among the many providers offering invaluable services devoted to this endeavor.

A testament to the renewed attention to HIV/AIDS is the marking of the first Annual Native American HIV/AIDS Awareness Day in March 2007. The awareness day showcases Indian Country's renewed commitment to increase knowledge and awareness of the disease, and to honor those affected and infected with the virus.

**Alcohol and Substance Abuse Treatment Services:**

While substance abuse is a treatable disease, many American Indians don't respond to treatment approaches, which fail to incorporate cultural values. The integration of American Indian treatment philosophies and proven treatment methods is therefore essential when addressing the issues that lock AI/ANs in addictive lifestyles. Consequently, respect for American Indian culture and values lie at the foundation of the Urban Indian Health Programs' alcohol and drug treatment philosophy, where particular importance is attached to:

- the value of life experiences rooted in native traditions and culture
- the encouragement of spiritual values; and
- the honoring of traditional healing practices

These are some of the programs which are successful at combining the traditional and Western style treatment approaches:

- **Annual Sobriety Pow-Wow – “Red Road Approach”**
  An extremely effective program helping AI/ANs to overcome alcoholism and substance abuse

- **Native American Alcoholics Anonymous**
  Trusted relationships assist AI/ANs in becoming and staying sober

- **Healing Center Program**
  Provides holistic treatment, recovery, and prevention and incorporates culturally relevant services to American Indians

For further information on Urban Indians and the Urban Indian Health Programs please visit NCUIH's webpage at: [www.ncuih.org](http://www.ncuih.org)

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NCUIH PARTICIPATES IN THE SEVENTH SESSION OF THE UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES
A Special Mention on US Urban Indian Realities is Made at the Plenary Session

As part of a commitment to raise awareness of Urban Indian issues and expand outreach to diverse funders, NCUIH attended the Seventh Session of the United Nations Permanent Forum on Indigenous Issues (UNPFII), which took place in New York in late April. This year's theme was "climate change, biocultural diversity and livelihoods".

Throughout the two weeks of the Session representatives from a number of indigenous communities across the globe offered testimonies speaking of the injustices associated with the clean development projects. The respect of indigenous peoples' rights to self-determination and to decide on mitigation and adaptation measures in their lands and territories were other topics that the representatives dwelled on.

A special session was devoted to the urbanization and migration of Indigenous communities. NCUIH approached the representative for the North American Region, Ms. Tonya Gonnella Frichner, ESQ, to bring to her attention the serious health care situation of the Urban Indian population and the hardships of those Indians that remain in Tribal lands. Using this information as a basis for her speech, Ms. Frichner made an intervention on the dire situation of our population during the session devoted to the creation of the 2008-2009 Agenda on June the 2nd.

In an effort to build new relations and seek new sources of technical assistance, NCUIH also approached a number of agencies such as the World Health Organization, the Pan-American Health Organization, the European Commission, and the Organization for International Migration to inform them about the widely unrecognized situation of the Urban Indians. Moreover, NCUIH established burgeoning relationships with representatives of sister communities in other countries such as Canada, New...
THE NIKE AIR NATIVE N7: A SHOE FOR INDIAN COUNTRY

The Air Native N7, Nike's new shoe designed specifically for the American Indian, was introduced at the National Indian Health Board's consumer conference in the fall of 2007. This marks the first time Nike has designed a sneaker for the Native American, let alone for any specific race or ethnicity. Named the N7 to represent Natives and the Seven Generation philosophy, the shoe has a star pattern design on its sole and is lined on the inside with a feather pattern.

Designers and researchers from Nike have invested two years of research to map the distinct shape of the American Indian foot and to produce a shoe that more comfortably fits its anatomy. During this research it was found that the American Indian foot is both much wider and taller than the average shoe accommodates for. As a result, the Air Native N7 is wider with a larger toe box. The shoe has fewer seams for irritation and a thicker sock liner for comfort.

Nike's premise follows the simple notion that all people have a need for athletic footwear. In the case of American Indians there is a need for cheap, form-fitted footwear that promotes physical fitness and well-being. The Air Native N7 is expected to be particularly helpful to our Indian communities where problems with obesity, diabetes and related complications are reaching pandemic levels.

Dr. Rodney Stapp, CEO of the Urban Intur Tribal Center of Texas, a member of NCUIH, originally made contact with Nike to inform them that one of their cross training shoes was helpful to his diabetes patients who were unhappy with the look of the shoes normally made for diabetics. Later Nike contacted Dr. Stapp to help them form part of the team responsible for the design of the shoe.

Nike has committed to offering 10,000 pairs of the Air Native N7 at a wholesale price. The shoes will be distributed through tribal schools and wellness programs, and they will be priced at $42.80 a pair. Ideally this should allow individuals to purchase the shoes at a nominal cost or for no money at all. To further show the company’s commitment to Indian Country, all profits which were at first projected at $200,000 will be reinvested into Indian communities in the “Let Me Play” programs which focus on sport and active living. The shoe will only be available to Native Americans.

This marks the first time Nike has designed a sneaker for the Native American, let alone for any specific race or ethnicity.

According to Sam McCracken, who heads Nike’s Native American Business branch, “Through the Nike Air Native N7 we are stepping up our commitment to use our voice on a local, regional and national level to elevate the issue of Native American health and wellness. We believe physical activity can and should be a fundamental part of the health and wellness of all Native Americans.”
Unity and knowledge sharing make a difference. NCUIH's 2007 Annual Conference, which took place in Washington DC in September last year, was a living proof of both. The conference was attended by NCUIH's membership, spiritual leaders, tribal and urban representatives, as well as our Board of Directors. This group of committed individuals gathered to discuss current challenges and opportunities in the Urban Indian Health sector. The conference was designed to allow for the sharing of practical and technical knowledge rooted in the participants’ own unique experiences. This collaborative and synergistic framework generated a high level of participation and energy throughout the whole event.

The main objective of the 2007 Conference was twofold: to update and improve. The term update referred to keeping the NCUIH membership up to date on the legislative, political and financial situation of both the organization and the Indian sector itself. The improving was aimed at creating increased awareness of the importance of unity and knowledge sharing both at the conference level and beyond. The importance of unity was particularly emphasized and served as a common thread throughout the conference for the Urban Indian Health Programs and our reservation-based counterparts. The urban-tribal relationship thus received special attention through direct dialogue with tribal leaders and sessions aimed at strengthening our common Indian identity. Similarly, the role of communication and knowledge sharing was extensively reviewed by a number of speakers, Executive Director Geoffrey Roth both external and internal to Indian Country.

Senator Jon Tester from Montana was one of the conference’s key note speakers. His speech focused on the importance of reauthorizing the Indian Health Care improvement Act as well as his own dedication to combating the attitudes that have prevented the reauthorization of the Act in the past. The speech set an example of the kind of political commitment NCUIH and the greater Indian cause enjoy in Washington – even if many battles still remain ahead of us.

Addressing the success of the Annual Conference Geoffrey Roth, NCUIH Executive Director, stated that “the goal of this conference was to provide relevant technical expertise to our programs while instilling in them a sense of the support that they have here in Washington.” Expounding on the importance of the conference for NCUIH and its membership, Roth further expressed that this was not merely rooted in an organizational pledge to elect a new board every year, but also because this event...
THE TEENPEACE PROJECT: YOUTHS TAKE ON CYCLE OF VIOLENCE

The TeenPEACE Project is a violence intervention model within the Peace Mentors Program, which caters to teens that have experienced, witnessed or perpetrated violence in relationships. The program has been in operation for more than five years and had by its first year already served 180 teens.

Teaching youth to think differently about violence and how violence influences their lives are some of the central tenets of TeenPEACE. “Domestic violence starts and influences you when you’re young,” says TeenPEACE Project Coordinator Tara Dowd. “...and that’s why TeenPeace targets the youth for prevention.”

Participation in the program takes place on a rolling basis. Referred to the program either by a school, parent, the juvenile system or themselves, TeenPEACE is open to participants of all ethnicities. Approximately 50% of all participants are of color. Groups usually consist of 5-15 teens who meet weekly for 12 weeks.

In the past, TeenPEACE has organized groups according to sexual orientation (the gay/straight alliance) or ethnicity (all AI/AN groups). But groups are also regularly divided along the lines of age and gender as this is sometimes a better way of engendering and building trust. During meetings group facilitators - popularly referred to as peace mentors - use a psycho-educational approach. This approach allows the teen to make up his or her mind what should be the correct behavior in a given situation. It is in this system that trust is being built and that healing can begin. “The intrinsic value of TeenPEACE is the close relationship between mentors and kids. It is through building a trust relationship in a non-judgmental manner that the true success of the program can be measured,” explains Tara Dowd.

Although TeenPEACE doesn’t have the means to measure the success of the project through follow-ups (as in how many participants finish high school, how many return to the juvenile system, and what are repeated rates of violence amongst the participants) the project does perform pre- and post-tests to evaluate the program's impact.

“The intrinsic value of TeenPEACE is the close relationship between mentors and kids. It is through building a trust relationship in a non-judgmental manner that the true success of the program can be measured,” explains Tara Dowd.

“The TeenPEACE Project in Spokane is a collaborative effort between three agencies (requirement from grants): The N.A.T.I.V.E. Project, Volunteers of America’s Crosswalk and YFA Connections.

TeenPEACE is funded by: an IHS Domestic Violence Grant and a grant from Spokane County Community Network.

See TeenPEACE,
PG. 5 SIDEBAR

“Domestic violence starts and influences you when you’re young... and that’s why TeenPeace targets the youth for prevention.”

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Urban or Tribal? Disease Knows No Boundaries
Despite the significant urban migration, which has separated the Native American from his or her traditional land, urban and reservation-based populations are dealing with similar health disparities.

NCUIH strives for healthy communities supported by fully funded and accessible healthcare centers and governed by leaders in the Indian community.

WWW.NCUIH.ORG
PLANTING A SEED FOR NEW URBAN INDIAN HEALTH RESEARCH

Information and research on urban Indian health issues is extremely scarce. A recent study sponsored and carried out by NCUIH1 shows that less than 150 documents on this very topic have been published in the past twenty years. Moreover, most of these documents are of limited scope and focus, and thus unviable to serve as a scientific basis for NCUIH’s educational efforts.

Recognizing the need for higher outputs of quality research, NCUIH has supported and actively participated in the selection of candidates for the Johns Hopkins Summer Indigenous Research Institute. The Research Institute aims to explore common means to overcome major health challenges that threaten indigenous cultures and communities. The Research Institute was inaugurated in 2007 and is spearheaded by the Johns Hopkins Center for American Indian Health with the support, among others, of the National Indian Health Board (NIHB), theNational Congress of American Indians (NCAI), Indian Health Services (IHS) and NCUIH.

NCUIH is aware that today – more than ever – research is paramount to the Urban Indian Health sector. With the backing of scientifically accurate information NCUIH’s educational initiatives will carry more leverage with policymakers and, ultimately, will have an impact on the public policies affecting Indian Country. In continuation of our mission to promote quality research on urban Indian health issues, NCUIH is proud to support the Research Institute in its preparation for the 2008 summer sessions, which will be taking place from June 30 to July 11, 2008. This year, which is the second in a three year cycle, topics will center on Community Based Participatory Research.

New Horizons? Another attractive component of the Research Institute is its international outlook, which helps fostering partnerships, collaboration and knowledge sharing across territorial boundaries. This year the Institute will again include many international participants from New Zealand, Canada and Australia, which share similar historical experiences. Rooted in last year’s international experience, NCUIH has initiated contact and dialogue with urban Aboriginal health organizations in Australia and New Zealand. It is our hope and expectation that these new international contacts and connections will be mutually beneficial for the organizations and for the populations they serve.

Like last year, where two urban Indians participated in the Research Institute, NCUIH will help in the process to recruit and select candidates through its member programs. NCUIH will also continue supporting Johns Hopkins University’s inclusion of urban Indians in projects that most certainly will both increase and disseminate urban Indian research and knowledge.

Alejandro Bermudez Del-Villar

1 On June 22, 2007 NCUIH presented the paper “A Comprehensive View of Twenty Years Of Urban Indian Health Published Studies” at the American Public Health Association Conference. http://apha.confex.com/apha/135am/techprogram/paper_163039.htm
SHARING EXPERIENCES: THE 2007 SUMMER INDIGENOUS RESEARCH INSTITUTE

Former Executive Director of the Salt Lake Walk-In Center (2003-2007), Dena Ned, was one of only two Urban Indians to participate in the 2007 Johns Hopkins Summer Indigenous Research Sessions, which focused on the Social Determinancy of Health in Indigenous Populations.

NCUIH NEWS recently spoke with Dena about her thoughts and impressions from the program.

"The whole package", Dena Ned says with a smile in her voice in response to my question of what were the most memorable aspects of the Research Institute. After trying to describe the readings and resources provided to the participants, the comparative examples and lectures, she just says “the whole package.”

The impact of the 2007 Summer Indigenous Research Sessions on Dena Ned is unmistakable. From the program’s overall effort to provide useful tools for the participant’s to take back to their respective communities to the inspiration gained from interacting with other indigenous populations from around the world and learning about their particular health care issues and challenges.

Ned says, “When I left I thought to myself, ‘Okay, I need to learn more now!’ Because once you have that first week under your belt, it inspires you to get to the next level of what’s ... out there. You start thinking.”

The Research Institute also fit well into Ms. Ned’s passion for the topic of higher education and advocacy for minority students, including access for American Indians and Alaska Natives. In her work, Ms. Ned has written quantitative papers looking into how native people are affected today by federal Indian policy, colonization and Post Traumatic Stress Disorder. Thus putting the social and medical well being of AI/ANs into a historical context some of the answers to the issues plaguing the populations in Indian Country can potentially be unveiled.

In that regard, the program was an “awakening” says Dena Ned, and continues: “It was an introduction to what is out there in terms of knowledge... But more importantly, it allows you to start thinking about how important it is for indigenous people to start doing our own research to make our reality more accessible to the world at large.”

Dena Ned encourages anyone passionate about the health care situation of urban Indians to apply to this year’s Research Institute and other similar opportunities. While the process of writing an application letter can seem daunting, it makes an impact on the admission committee when they realize how much you know about your community and the struggles it is facing. “Telling your story in a well thought, organized manner can actually open up some doors,” she says. “There are tons of these opportunities out there and we just have to apply and start to bring in that urban perspective.”

See SIRI, pg 7 sidebar
The 2007 National American Indian and Alaska Native Heritage Month took place in November and was highlighted by the signing of a Memorandum of Understanding (MOU) between the US Health and Human Services (HHS) Secretary, Mike Leavitt, and Canada's Minister of Health, Tony Clement. This MOU, which is a continuation of the five-year MOU signed in 2002, focuses on enhancing indigenous health care delivery and access.

The signing marks the continued will of the two nations to build upon the work that has already been accomplished. A fact which was further supported by Secretary Levitt who explained that there had been, "...made important strides in raising the health status of indigenous people in the United States and Canada through the sharing of health information, education, and training over the past five years of this partnership."

The MOU also encourages organizations like NCUIH to engage and share knowledge and expertise with our Canadian brothers and sisters. Over the past few years, NCUIH has initiated a series of collaborations involving indigenous populations from Canada and other regions of the world. In fact, one of NCUIH's goals for 2008 is to monitor and develop opportunities which may enhance and increase dialogue between urban Indian groups in the United States and parallel organizations in Canada.

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The signing of the 2007 MOU took place inside the HHS national headquarters in Washington DC in the presence of a diverse delegation of Indian Country leaders and NCUIH staff.

IHS and the First Nations and Inuit Health Branch, its corresponding Canadian agency, will be administering the MOU activities for the United States and Canada respectively.