

**FOR IMMEDIATE RELEASE**  
**Wednesday, March 5, 2008**

**CONTACT:**  
Maile Taulii,  
Scientific Director  
Phone: (206) 812-3036  
[mailet@uihi.org](mailto:mailet@uihi.org)

**ANALYSIS OF NATIONAL RISK FACTOR SURVEY SHOWS  
URBAN AMERICAN INDIANS AND ALASKA NATIVES FACE  
SIGNIFICANT HEALTH DISPARITIES**

**(SEATTLE, WA)** — An analysis performed by the Urban Indian Health Institute, a division of the Seattle Indian Health Board, finds additional evidence that American Indians and Alaska Natives living in urban areas face major hurdles in reaching health status similar to their fellow Americans. Findings from the Behavioral Risk Factor Surveillance System, a national telephone survey conducted yearly and coordinated by the Center for Disease Control and Prevention (CDC), show American Indians and Alaska Natives living in selected urban areas were more likely to report difficulty accessing health care, had higher rates of risk behavior, and experienced worse health outcomes than the general population. Income differences were shown to play a role in explaining some of the health disparities, but differences in some reported health indicators were not income dependent.

“BRFSS is a well crafted and on-going national assessment of health risks. In spite of the limitations of this survey among Indians, we still found remarkable disparities that deserve greater attention” said Ralph Forquera, Director of the Institute.

The study looked at individuals living in counties served by the network of 34 urban Indian health organizations that contract with the Indian Health Service. The urban Indian health organizations serve roughly 94 counties in 19 states across the country with a total Indian population of well over 1 million.

This report highlights the need for continued and expanded funding for American Indians and Alaska Natives, including those living in urban areas. The Indian Health Care Improvement Act, which recently passed the United States Senate by a vote of 83 to 10 on February 26<sup>th</sup> is clearly needed to help guide efforts to reach Indian communities.

“This analysis of national findings illustrates that urban American Indians are in critical need of help from both public and private advocates for reducing health disparities” Forquera continued. “This report is yet another reason that legislation like the Indian Health Care Improvement Act and more money to address these problems are needed.”

To access the report, *Reported Health and Health-Influencing Behaviors Among Urban American Indians and Alaska Natives: An Analysis of Data Collected by the Behavioral Risk Factor Surveillance System*, visit [www.uihi.org](http://www.uihi.org).

###

The **Urban Indian Health Institute** (UIHI) was established in July 2000 as a division within of the **Seattle Indian Health Board**, a community health center targeting urban American Indians and Alaska Natives. The UIHI provides centralized nationwide management of health surveillance, research and policy considerations regarding the health status deficiencies affecting urban American Indians and Alaska Natives.

## URBAN INDIAN HEALTH INSTITUTE TIP SHEET

- **Urban American Indian/Alaska Natives:** According to the 2000 U.S. Census, more than 4.1 million persons self-identified as either American Indian or Alaska Native (AIAN) alone or AIAN and some other race or ethnicity. 67% (2.8 million) of these individuals reside in urban areas.
- **Urban Indian Health Organizations:** This report highlights health issues faced by urban American Indians and Alaska Natives living in counties served by the network of Title V urban Indian health organizations (UIHO). Established through Congress under Title V of the Indian Health Care Improvement Act in 1976, UIHO are independent, not-for-profit entities with urban AIAN boards of directors. UIHO range in size and services from small referral sites to large major medical and dental clinics that serve the wider community. UIHO serve individuals in approximately 94 counties in 19 states.
- **Data Sources:** The Behavioral Risk Factor Surveillance System (BRFSS) is a national phone-based survey administered annually by states and territories with the assistance of the Centers for Disease Control and Prevention (CDC). The survey includes a series of questions about health and health-related behaviors that are asked nationwide. States also have the option to include additional questions on certain topics that may change each year. BRFSS uses a system of random digit dialing, and interviews non-institutionalized adults age 18 and older. More information about BRFSS can be found at [www.cdc.gov/brfss](http://www.cdc.gov/brfss)
- **Limitations of the Data:** Only households with phone service were included in this survey, which eliminated certain segments of the population that may be most at risk of poor health outcomes. Urban AIAN were more likely to report not having home telephone service than the general population in the 2000 census (2.4% of all households vs. 7.0% of AIAN households). Another limitation with phone surveys is the possible bias introduced by who chooses or declines to answer the questions. There may be something about the people who agree to answer phone surveys that makes them different from those who do not answer.