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Local Research: Needed Guidance for the Indian Health Service's Urban Mission

On its face, the work of Sugarman and Grossman might seem inconsequential. They looked at the hospital trauma registry records of only 593 American Indians seen at the Seattle Harborview Medical Center in an effort to characterize the experience of urban American Indians. Although their study may tell us little about American Indians living in the Los Angeles or Chicago areas, it helps us understand what is happening to the 17,000 who live in Seattle with regard to major trauma. The study does not try to look at the full spectrum of American Indian health problems, and thus probably tells us little about women's health or care of the elderly, identified elsewhere as major concerns. But it does focus on *urban* American Indians, rare in the annals of American Indian public health research which has concentrated on populations on or near reservations.

In the 1990 census, nearly two million people identified themselves as American Indian, Eskimo, or Aleut. More than half lived in urban areas as designated by the Bureau of the Census. From the census we learn general characteristics of the whole self-identified group but little about health. Otherwise excellent vital records from the National Center for Health Statistics are notorious for the underreporting of "Indian" on death certificate classification of race. Except for infants, deaths cannot be linked with births to confirm "race." Good health data tend to be available only for those who use the Indian Health Service (IHS) facilities on reservations. Thus local studies of the kind presented here may be critical to improving disease control and prevention, and health services for urban Indian populations.

There is a new emphasis on the problems of urban Indians—diverse, hard to reach, and afflicted with many of the problems of America's urban poor. The IHS provides health services in urban areas through contracts with 34 urban Indian organizations. A recent study by the American Indian Health Care Association identified an additional 19 urban areas with large target populations in need of services. Indian Health Service efforts in cities will depend on additional funding from Congress and cooperation with the urban constituency, state and local government, and public and private health and social service organizations. Perhaps most importantly, success depends on data to identify the local problems, to establish realistic goals, and to monitor the progress of the projects.

If every urban program could be armed with the kinds of descriptive data provided by Sugarman and Grossman, covering all of the major health problems faced by urban Indian communities, imagine how much more effective IHS programs would be. Imitated in dozens of cities, and for many public health concerns, the kind of careful study published here in *Public Health Reports* could guide the Indian Health Service in a new era. In August, a conference sponsored by the Indian Health Service, the Agency for Health Care Policy and Research, and the National Indian Health Board will propose a 10-year health services research agenda for consideration by the IHS, Tribal governments, and urban American Indian/Alaskan Native communities. For the first time the IHS might be able to fulfill its mission and cope effectively with the health problems of American Indians and Alaska Natives who live away from the reservations where IHS facilities are located.

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