Fighting Health Disparities that Impact Montana's Indian People
A Case Study in Racial Justice Organizing

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Northwest Federation of Community Organizations

Montana's Indian people lag far behind other Montanans in almost every measure of health and longevity. Making matters worse, when Indian people get sick they encounter a host of obstacles to quality health care: lack of insurance, racial discrimination, and cultural incompetence. In 2005, the Northwest Federation of Community Organizations (NWFCO) and Montana People's Action (MPA) launched an effort to address the structural and institutional racism that prevents Montana's Indian people from receiving the treatment they need. After NWFCO and MPA conducted a landmark study, MPA brought together urban Indian community members, the Tribes, and health care institutions to develop plans to bring respectful, culturally competent care to Montana's urban Indians.

An Unhealthy Legacy

Indian people in Montana have long endured open, virulent racism. The field of health care is not immune. Jane Curtis[*] provides an example: "I was in Great Falls when [my daughter] told me she was sick, but the hospital wouldn't treat her. She had gone to St. Patrick's a couple of times and they turned her away because she was uninsured. I drove to Missoula and went to the hospital with her. They told her to just go to the reservation for care." Eventually, Jane persuaded the hospital to treat her daughter, but the experience reconfirmed a common belief: Indian people aren't wanted at local health care institutions.

Recent studies documenting the health disparities suffered by Indian people galvanized members of Montana People's Action to organize for a solution. One article that really hit home revealed that Indian woman are much more likely than other women to die of cervical cancer.

Racism at Many Levels Impacts the Health of Montana's Indian People

Racism impacts people's health at many levels, from personal encounters with health care providers to systemic problems like lack of access to health coverage. For example:

Patients encounter *interpersonal racism* that affect their health care when:

- front-desk staff make them feel unwelcome

Patients encounter *institutional racism* in the health care industry when:

- they are unable to access health care because of financial barriers
- they are unable to find a provider who will provide culturally appropriate care

Structural racism impacts people's health through:

- lack of access to good paying jobs with health benefits
- geographic or financial barriers to eating a healthy diet
- stress and other problems created by historical and current experiences with racism in all aspects of everyday life

[*] A pseudonym.

MPA members knew what the study authors might not have – that Indian women were not getting annual exams and pap smears because their requests to see female gynecologists, in keeping with their religious and cultural beliefs, had been denied by health care providers.

In other words, it wasn't a mystery to MPA members why urban Indians were missing out on preventive care. Yet, to create a community of change, the organization needed to show health care institutions the real face of the problem, and do so in an authoritative voice.

Documenting the Problem

To show the systemic problems, a NWFCO researcher drafted a questionnaire, drawing in part on the Commonwealth Fund 2001 Health Care Quality Survey, as well as incorporating open-ended questions designed to elicit fuller narratives. The NWFCO researcher went on the ground in Missoula, joining up with a Native MPA organizer with extensive ties in Missoula's urban Indian community. After the organizer opened the door and arranged dozens of interviews (and also conducted some), the NWFCO researcher drew on her status as an anonymous outsider to gather in-depth responses to difficult questions they might not have shared otherwise.

Documenting the Voices of Montana's Urban Indians

"Sometimes before they ask about my insurance status I end up waiting for a while. Once they find out that I have insurance the process speeds up. . ."

"My sister and I were seeing the same doctor. Every time you saw her she wouldn't talk to you doctor to patient. You just had to take care of yourself. . ."

"Because my dad is an alcoholic they treated him as if was just 'another drunk Indian' . . ."

"The dentists and nurses seemed to treat me differently by ignoring me. . . .

"Doctor and/or staff assume that I am uneducated, lacking information and/or they don't trust my judgment. . . ."

"They talk about me as if I were not there. . . . "

Community institutions also participated. The Missoula Indian Center and the school district's Indian Education Program recruited interviewees, using the program's end-of-year family picnic as an outreach opportunity. The research team also held two focus groups and interviewed nine key informants in the Missoula area, including four health care providers, staff at the Missoula Indian Center, service providers, and current and former health care facility executives.

NWFCO analyzed the results and conducted a review of the literature on health disparities affecting American Indians and Alaska Natives in Montana and in the United States overall. Based on this research, NWFCO drafted a report that includes findings and recommendations toward eliminating the barriers faced by Missoula's Indian people. The findings include:

- The considerable disparities in health outcomes and access to health care that Indian people in Missoula experience are the result of racism at many levels: interpersonal, institutional, and structural.
- Indian people in Missoula are prevented from getting needed care when providers and staff treat them with hostility, discrimination, and a lack of cultural competency resulting from interpersonal and institutional racism.

- Uninsurance, underinsurance, and underfunding of the Indian Health Service prevent people from getting the care they need is a result of structural racism.
- Historical and contemporary racism inside and outside the health care professions create structural barriers to good health for Missoula's Indian people.

Bringing Everyone to the Same Table to Dialogue about Racism

Talking about race and racism often causes discomfort, a fact revealed in a number of the key informant interviews. One administrator, for instance, spent much of her interview explaining that she herself was not racist, that she had fought to rid herself of the racism that her family openly expressed, and that she had been burned in the past by Indian advocates who rejected her attempts to reach out. Knowing about this dynamic – and knowing that there is no way to address the systemic racism in without talking about race – MPA and NWFCO set out to create a positive environment in which to discuss the problem and .

Once the report was completed, MPA Executive Director Janet Robideau set up a series of meetings with the administrators of Partnership Health Center, Community Medical Center, and St. Patrick's Hospital, the Missoula clinic and hospital mentioned in the report. The goal of approaching administrators first, before publicly releasing the report, was to share the findings and recommendations with them, rather than leaving them feeling "ambushed." Janet also discussed the report with Tribal leaders around the state. These conversations laid the groundwork for inviting the stakeholders to a statewide conference to discuss delivering higher quality care to Indian people in Montana.

At the end of May, MPA held the conference, bringing together community members, Tribal leaders from four nations, and health professionals, including representatives of Partnership, Missoula's community health center, and Community Medical Center. Speakers included Drs. Katherine Gottlieb and Ted Mala, from Alaska's SouthCentral Foundation (featured in *Closing the Gap*), along with Victoria Augare, from Benefis Health Center's Native American Welcoming Center in Billings. The participants – who included many community members featured in the report – came up with recommendations for implementing the models developed by SouthCentral and the Welcoming Center at institutions across the state, particularly in Missoula. MPA is now in

Montana People's Action Fights for the Urban Indian Health Program

While researching the issue on the ground, NWFCO supported MPA in taking action to preserve an important source of health care for Montana's urban Indians.

In 2006, and again in 2007, the Bush Administration proposed elimination of funding for the Urban Indian Health Program. The program funds five Urban Indian Health Organizations (UIHOs) in Montana, including the Missoula Indian Center. Montana' UIHOs serve 7,000 patients annually, and UIHOs across the nation serve an estimated 150,000 Native people.

UIHOs are a critical part of the safety net for Montana's uninsured urban Indians. In the five areas of Montana served by them, 42 percent of American Indians and Alaska Natives had health coverage, compared to 88 percent of residents overall.

Last year, Congress rejected the Administration's proposal and funded the Urban Indian Health Program. Montana's Senator Max Baucus – with which MPA has a longstanding relationship – was key to stopping those cuts. This year, MPA continued urging his support, and the Senator is now cosponsoring an amendment to fund "this important and lifesaving program."

dialogue with Partnership, Missoula's community health center, to take lessons from the conference and use them to improve services at Partnership. St. Patrick's Hospital was more resistant to change, so MPA members and partners decided to go public with their findings and efforts. At the end of June, MPA released the report, drawing extensive television coverage. At the action the hospital director agreed to enter into dialogue with MPA.

Lessons Learned

Working within the community and relying on trusted institutions is the best way to meet interviewees. Many people in Missoula's urban Indian community were wary of talking about something as private as their health, and even more wary about talking to an outsider – so having trusted community members and institutions broker that relationship was key.

Talking about race is difficult but essential. Through the conversations with Indian people and key informants, MPA and NWFCO found that both patients and providers were afraid to talk to each other about racism. In private, however, both patients and providers acknowledged that racism was a real barrier. Finding ways to talk about racism without scaring away the participants is an essential part of moving this conversation.

Documentation is key to moving a racial disparities health campaign. There are plenty of statistics showing that people of color have less access to care and worse heath outcomes. A major barrier to addressing these problems is reluctance on the part of decisionmakers and providers to acknowledge racism. Often, they will deflect the focus on race by pointing at genetics or economics as the source of the problem. Therefore, to fight for solutions aimed at institutional and systemic racism, it is essential to deliver the evidence that racism is the problem.

Having concrete policy recommendations puts community organizations on solid footing. At times, institutions recognize that a problem exists, but they don't know how to resolve it. When community organizations approach them about the issue, it is important to have real recommendations in hand that the institution can implement. This increases the group's leverage for ensuring that real change happen – as well as the likelihood that the change will mirror the group's recommendations. It also builds the credibility of the group as partner in a lasting collaboration.

How NWFCO made this organizing possible

- Developed a research protocol and worked on-the-ground with an MPA organizer to implement it.
- Drafted a report describing the findings of the research and laying out recommendations, based on research of model policies.
- Provided strategy support and researched federal funding issues.
- Helped MPA arrange its statewide conference, including establishing the initial relationship with the Southcentral Foundation.