

## AI/AN Health Disparities

American Indian and Alaska Native (AI/AN) elders have long experienced disparities in health and healthcare.

A **health disparity** is a preventable burden of disease, injury, or violence experienced by populations who have been subjected to disadvantages like discrimination in American society.<sup>1</sup>

One such disparity is that on average Native Americans die 12 to 13 years earlier than white Americans.<sup>3</sup> AI/AN people have higher death rates at most ages, but particularly at younger ages, and higher mortality for most of the top leading causes of death.<sup>2</sup>

In 2018, the five leading causes of death for AI/AN elders over age 65 were heart disease, cancer, chronic lower respiratory diseases, diabetes, and stroke.<sup>4</sup>

### SOCIAL DETERMINANTS OF HEALTH

AI/AN health disparities are symptoms of systemic problems. Six “Social Determinants of Health” are used to explain health outcomes, reduce risk factors, and implement systemic changes.

#### 1. Income and wealth gaps

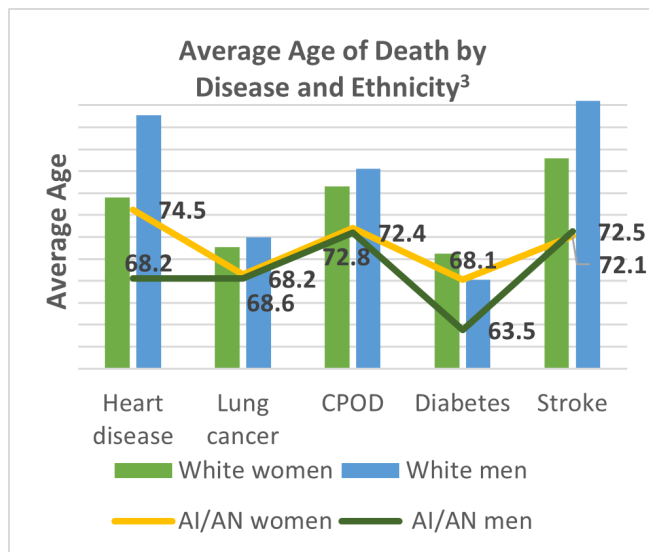
AI/AN people can face greater challenges in getting higher paying jobs with good benefits due to less access to high-quality education, geographic location, language differences, discrimination, and transportation barriers.<sup>1</sup>

#### 2. Education

The historical trauma caused by the government relocation of Native children away from their families and tribal way of life to boarding schools created generational mistrust of educational systems. American Indians have the lowest educational attainment rates of any group in the United States.<sup>5</sup> The approximately 180 Bureau of Indian Education schools are chronically underfunded, and while the majority of AI/AN students attend public schools, they do not provide a culturally relevant curriculum or teacher training that promotes Indigenous history or identity.

#### 3. Social/community setting

Centuries of racism in our institutional structures, policies, cultural norms, values, and individual behavior have impacted the places and relationships where AI/AN people live, work, learn, play, and worship.<sup>1</sup>



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#### 4. Health access and use

Many barriers to health care exist for people with disabilities, lower incomes, rural residences, and membership in a racial/ethnic group. Common barriers are lack of insurance, transportation, childcare, ability to take time off work, culturally insensitive patient-provider interactions, and inequities in treatment.<sup>1</sup>

#### 5. Neighborhood and physical environment

AI/AN people residing in poor communities often lack access to public transportation, quality education, infrastructure (i.e. broadband), housing, affordable and nutritious food, jobs, and health care. Their communities may have higher crime, pollution, accident, and injury rates.<sup>1</sup>

#### 6. Workplace conditions

Some causes for work inequities are temporary work arrangements, lack of worker safety measures, limited or no health insurance benefits, and discrimination based on age, gender identity, race, and class.<sup>1</sup>

### HISTORIC AND CONTEMPORARY INJUSTICES ON AI/AN HEALTH

American Indian and Alaska Native (AI/AN) populations have long experienced poorer health outcomes compared to other groups in America. The reasons are complex and connected to historic and ongoing racism, poverty, poor education, limited access to quality healthcare, forced relocation, and forced assimilation into non-Native culture.

Contemporary reasons for AI/AN health differences include communication barriers, lack of diversity in the healthcare workforce, lack of insurance coverage, discrimination, and the need to travel long distances to hospitals and clinics for prevention, diagnosis, and healthcare services.



### INDIAN HEALTH SERVICE (IHS)

The treaties negotiated between AI/AN communities and the federal government established that tribes have a right to healthcare services. As such, IHS provides healthcare to over 500 federally recognized tribes.<sup>6</sup> Because many tribes are seeking federal recognition, some AI/AN people do not have access to IHS.

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**IHS services exist primarily in rural areas, yet approximately 70% of AI/ANs live in cities and urban areas.<sup>7</sup>**

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Despite improvements in expanding healthcare and preventative services over the last 20 years, there is still a lack of hospitals and clinics on or near AI/AN homelands.<sup>3</sup>

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## WHAT IS HEALTH EQUITY?

Health equity is when everyone has a fair and just opportunity to attain their highest level of health. It requires societal efforts to:

- Address historical and contemporary injustices
- Overcome economic, social, and other obstacles to health and health care
- Eliminate preventable health disparities



## NICOA's Commitment to Health Equity

NICOA's mission is to advocate for improved comprehensive health, social services, and economic well-being for AI/AN Elders. NICOA has created:

1. Information and technical assistance for Native communities to improve health care for AI/AN elders
2. An accredited curriculum for AI/AN service providers
3. Advocacy, education, and expert testimony when requested by Tribal Nations and the United States Congress
4. Networks and partnerships to maximize resources and increase the efficiency and effectiveness of health service delivery systems for AI/AN elders

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**Access NICOA's comprehensive resources or contact us at**  
**[www.nicoa.org](http://www.nicoa.org) | 505-292-2001**

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## SOURCES

<sup>1</sup> "What is Health Equity?" (July 1, 2022). Centers for Disease Control and Prevention. <https://www.cdc.gov/healthequity/whatis/index.html>.

<sup>2</sup> Elizabeth Arias, Ph.D. et.al. "Mortality Profile of the Non-Hispanic American Indian or Alaska Native Population, 2019." (November 9, 2021). National Vital Statistics Reports. Volume 70, Number 12. <https://stacks.cdc.gov/view/cdc/110370>.

<sup>3</sup> Mileo Gorzig, Marina. D.L. Feir. Randall Akee. Samuel Myers Jr. Marium Navid. Kai Tiede. Olivia Matzke. (June 2, 2021). "Native American Age at Death in the USA." Journal of Economics, Race and Policy. <https://link.springer.com/article/10.1007/s41996-021-00095-0>.

<sup>4</sup> "2020 Profile of American Indians and Alaska Native 65 and Older." Administration for Community Living. <https://acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>.

<sup>5</sup> "The Condition of Native American Students." (December 1, 2020). National School Boards Association. <https://www.nsba.org/ASBJ/2020/December/condition-native-american-students>.

<sup>6</sup> Bureau of Indian Affairs. U.S. Department of the Interior Indian Affairs. <https://www.bia.gov/bia>.

<sup>7</sup> Community Health Profile: National Aggregate of Urban Indian Organization Service Areas." (2021). Urban Indian Health Institute. <https://www.uihi.org/resources/community-health-profile-national-aggregate-of-urban-indian-organization-service-areas>.

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