Bridging the Gap: Is there a difference between Rural and Urban American Indian Access to Healthcare?

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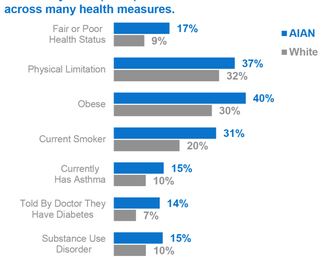
Abstract

Depending on geographical location, rural and urban residing American Indian Alaskan Natives (AIANs) face different levels of access to healthcare and outcomes. Rural residents often are far away from resources to treat them, however most of Indian Health Service (I.H.S.) facilities are on reservations. Urban persons, on the other hand, are closer to major healthcare conglomerates but face a confusing healthcare system that often makes them pay out of pocket charges due to lack of coverage by I.H.S. because of their location and have a 14.9% uninsured rate compared to a rate of 6.3% for Non-Hispanic whites and have a much lower rate of private insurance coverage then Non-Hispanic whites. Understanding the discrepancies in healthcare access for AIANs will allow for streamlined solutions and upholding of the U.S. Government's treaty obligations to Native peoples.

Why is this a Tribal Public Health Problem?

Funding to Medicare, Medicaid, and the Federal Employees Health Benefits all exceeded that of money allocated for Indian Health Service. AIAN (American Indian Alaskan Native) persons have historically faced racism and trauma, persistent underfunding, and inadequate human resources that have historically led to worse health outcomes. Due to the location of American Indian reservations which are often rural and located far away from major population centers, it can be naturally difficult for adequate health resources to reach Native communities. Since it's inception in 1955, Indian Health Service has been responsible for direct medical and public health services to recognized tribes and Alaskan Natives.

Nonelderly adult (18-64) AIANs fare worse than Whites across many health measures.



Pre-Trauma/Current Efforts

Historical traumas and atrocities faced by the Native Community have molded the plight faced today by Native peoples across the country and it is essential to understand them.

Genocide, boarding schools, forced relocation, and larger policy issues such as lack of political representation are among the issues for why AIAN peoples do not have an equitable space in our society today and have less access to healthcare as a whole.

According to Dr. Donald Warne, a preeminent scholar of Indigenous Health,

> "Issues faced today by American Indian communities stem partially from historical discriminatory policies of the U.S. Government and its failure to uphold treaty obligations."

As of December 2022, the Biden Administration added the Department of Health and Humans Services to the list of agencies that will implement tribal consultation policies that received input from Tribal Nations across America along with eight other Federal Agencies so as to properly coordinate with and assist Native Tribes across the United States. Although this will help alleviate healthcare access inequity for AIANs, funding is still critically low for these agencies including I.H.S.

Although the Indian Health Service (IHS) provides services to AIANs, health coverage is important for AIANs.

IHS is the primary vehicle through which the federal government provides health services to AIANs.

IHS has historically been underfunded to met the health care needs of AIANs.

Enrolling AIANs in health coverage, including Medicaid or Marketplace coverage, expands their access to services and increases revenues to IHS and Tribal facilities.

Results

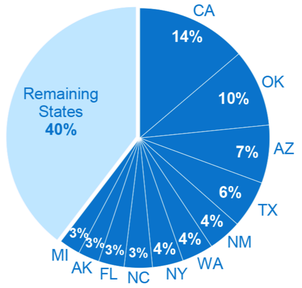
Geographic differences in residency do have a minor impact on the insured rate of Native peoples with rural residing persons typically have higher rates of being uninsured.

Current tracking metrics are insufficient to properly diagnosis the problem. The U.S. Federal Government's definition of rural and urban is ambiguous, places that are seemingly rural such as reservations in Montana are defined as urban and so a precise answer is difficult to ascertain.

Overall, among both rural and urban residing persons, American Indian peoples have less access to quality healthcare then other group in the U.S.. The I.H.S. offers less healthcare options per capita then Federal Prisoners receive.

The results of chronic underfunding is higher rates of infant and child mortality, higher rates of diabetes, and other morbidities. Furthermore, wealth (defined as total assets-debts) and favorable health outcomes are longitudinally associated. Data on the wealth owned by American Indian families reveals that they possess only 8% of the total wealth owned by White familles. This is a travesty that contributes to the plight of Native peoples.

AIANs live across the United States, but 60% reside in 11 states. The majority of AIANs live outside of tribal areas.



Total: 5.4 Million

Conclusion/Policy Recommendations

These findings underscore the urgent need for increased financial support and resources to address the healthcare disparities faced by American Indians.

Closing the funding gap and enhancing the services provided by the I.H.S. are crucial steps toward achieving equitable health outcomes for American Indian communities. Policy recommendations include:

- Indian Health Service funding increases to $51.24 Billion for FY 2024.
- Appropriate $80 Million for behavioral health and substance use disorder.
- Advance appropriations for I.H.S. to insulate funding from Government Shutdowns.
- Reauthorize the Family Violence Prevention and Services Act (FVPSA).
- Pass the BADGES for Native Communities Act, and increase funding for Urban Indian Organizations (UIOs).

Acknowledgements

Barriers to indigenous wealth. BECU. (n.d.). https://www.becu.org/blog/barriers-to-indigenous-wealth#:~:text=The%20average%20Native%20American%20household,the%20National%20Community%20Reinvestment%20Coalition.

Kaufman, C. E., Asdigian, N. L., Bear, U. R., Beals, J., Manson, S. M., Dailey, N., Bair, B., & Shore, J. H. (2020a, March 18). Rural and urban American Indian and Alaska native veteran health disparities: A population-based study - journal of racial and ethnic health disparities. SpringerLink. https://link.springer.com/article/10.1007/s40615-020-00730-w

Native Americans: A crisis in health equity (no date) American Bar Association. Available at: https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/native-american-crisis-in-health-equity/ (Accessed: 10 July 2023).

Published: May 10, 2019 (2021) *Health and health care for American Indians and Alaska natives (aians) in the United States, KFF*. Available at: https://www.kff.org/infographic/health-and-health-care-for-american-indians-and-alaska-natives-aians/ (Accessed: 10 July 2023).

The United States Government. (2022, November 30). *Fact sheet: Biden-Harris Administration announces new actions to support Indian country and native communities ahead of the administration's second tribal nations summit*. The White House. https://www.whitehouse.gov/briefing-room/statements-releases/2022/11/30/fact-sheet-biden-harris-administration-announces-new-actions-to-support-indian-country-and-native-communities-ahead-of-the-administrations-second-tribal-nations-summit/

Warne, D. and Frizzell, L.B. (2014) *American Indian Health policy: Historical trends and contemporary issues*, *American journal of public health*. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035886/ (Accessed: 10 July 2023).

Warne, D. and Lajimodiere, D. (2015) 'American Indian Health Disparities: Psychosocial influences', *Social and Personality Psychology Compass*, 9(10), pp. 567–579. doi:10.1111/spc3.12198.

Warne, D. (2023, June 23). Personal Interview [Microsoft Teams]. (Daniel Ruane, Interviewer). Baltimore, MD.

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