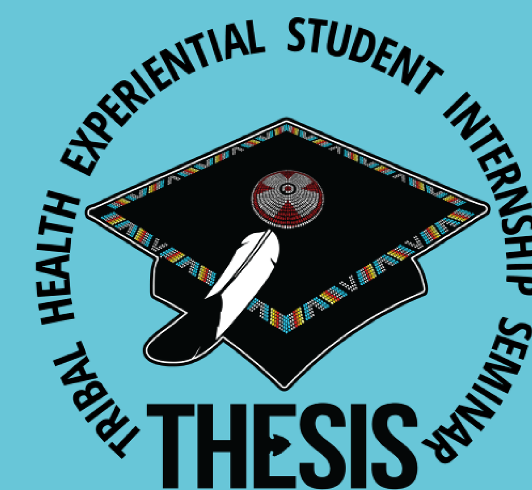
Access to Substance Abuse Treatment Among American Indians and Alaska Natives: A Comparative Analysis Between Rural and Urban Areas

Julia Arwari
Southern Plains Tribal Health Board

LEWIS FERGUSON

CDC John R. Lewis Undergraduate Public Health Scholars Program
Dr. James A. Ferguson Emerging Infectious Diseases Graduate Fellowship

Columbia University | University of Michigan | Southern Plains Tribal Health Board
Morehouse College | University of Pittsburgh | Kennedy Krieger Institute | UCLA



Introduction

- American Indians and Alaska Natives (AI/AN) are more likely to need substance abuse treatment than other ethnic/racial groups[1].
- Some barriers to treatment for this population include: stigma; lack of culturally competent providers; lack of transportation; insufficient funding for treatment facilities; provider shortages; and geographic isolation[2,3, 4].
- Compared to other federal health programs, the Indian Health Service (IHS) receives considerably less funding than other programs such as Medicaid, the Veterans Health Administration, and Medicare (Figure 1).

Access to Treatment in Urban Areas

- 70% of AI/AN live in urban settings[5].
- Urban Indian Health Organizations (UHIO), which are funded by the IHS and serve 41 urban sites nationwide, are only accessible to about 1/3 of the urban Native population[6].
- Urban Indian Health Organizations only make up 1% of the budget for the IHS[6].
- Staff at various urban treatment centers identified worker burnout, lack of program and treatment resources, appropriateness of treatment, and administrative demands as barriers to treatment[2].
- Urban areas are more likely to provide auxiliary services, and more resources are available for women, minorities, and HIV+ individuals[4].

Access to Treatment in Rural Areas

- Despite a high need for substance use treatment, AI/AN living on tribal lands were less likely to receive speciality treatment than those living in urban areas[7].
- Limited availability of specialty consultation, culturally insensitive services, inadequate data systems, fewer auxiliary services, and incomplete infrastructure development are all barriers to treatment for AI/AN living in rural areas[3,4].
- Limited resources on reservations may also get utilized by urban AI/AN returning to reservations for culturally competent treatment, which can impact the availability of treatment for AI/AN living on reservations[3].

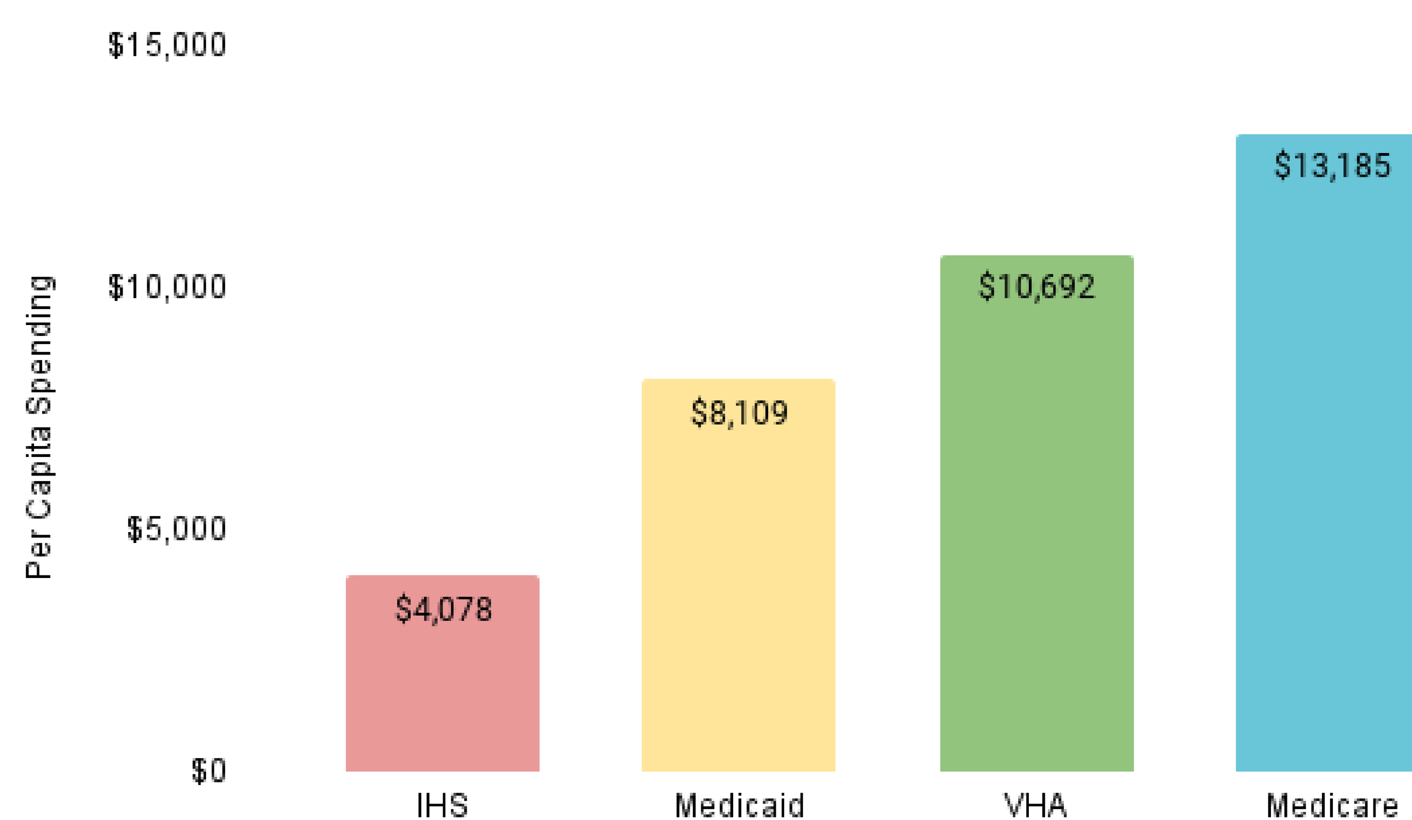


Figure 1- Source: GAO Analysis of 2017 data from: Indian Health Service (IHS); Veterans Health Administration (VHA); the Medicare Board of Trustees; and the Centers for Medicare & Medicaid Services (CMS) | GAO-19-74R

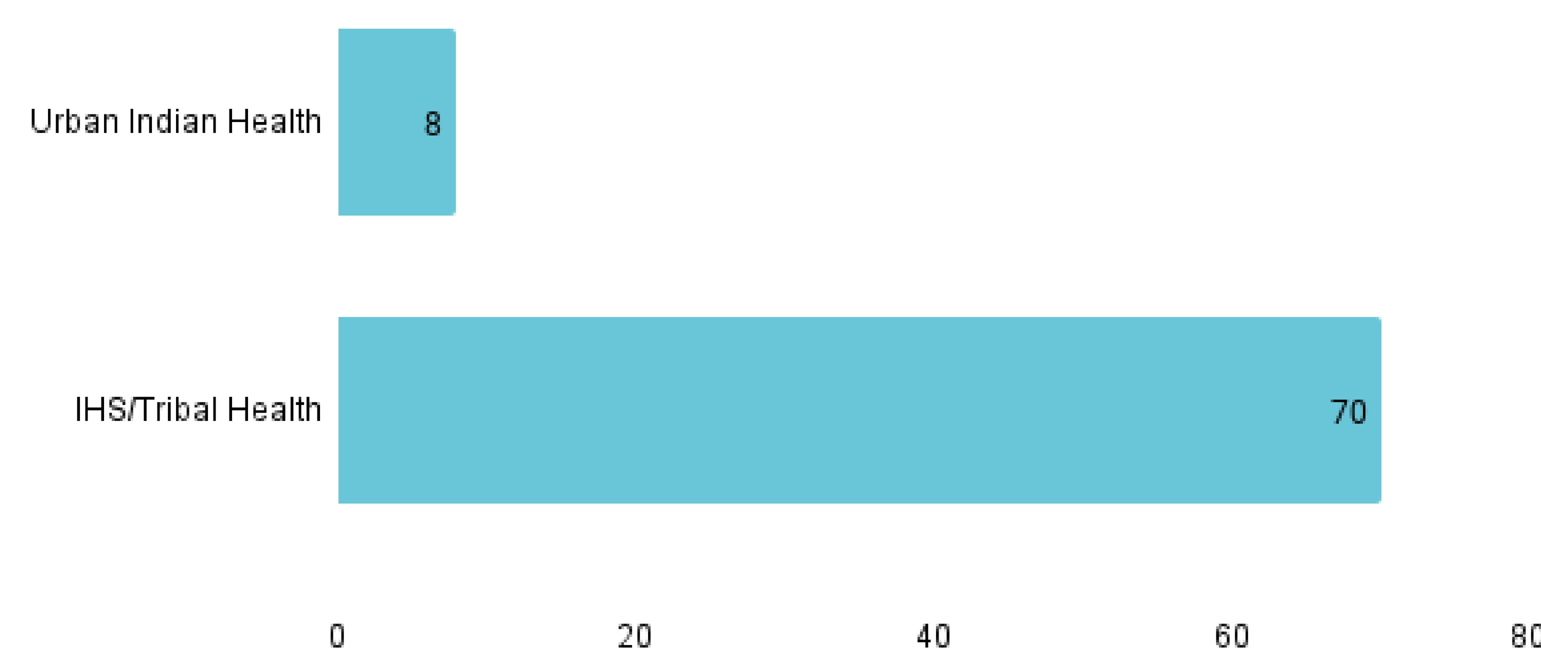


Figure 2- Source: (2023) Indian Health Services (IHS); "IHS, Tribal, and Urban Indian Health Facilities List." Updated June 15, 2023. https://www.ihs.gov/locations/

Identified Barriers by Location

Urban:
- *Difficulties Accessing IHS-funded Treatment Facilities*
- *Cultural Appropriateness of Care*
- *Difficulties with Aftercare*

Rural:
- *Geographic Isolation*
- *Poor health literacy and Eligibility Confusion*
- *Homogenous Treatment Options*
- *Lack of Anonymity*

- *Socioeconomic Challenges*
- *Individual and Historical Trauma*
- *Insufficient Funding for Programs and Facilities*
- *Transportation*
- *Long Wait Times*

Future Directions

1. Increase funding for IHS and expand coverage areas of UIHOs.
2. Create partnerships and utilize community input to develop culturally competent treatment options.
3. Initiate health education campaigns to improve health literacy, clarify eligibility, and connect AI/ANs to resources.

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