Observations of Indian Health Services OBGYN Care Locations in Oklahoma

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Introduction

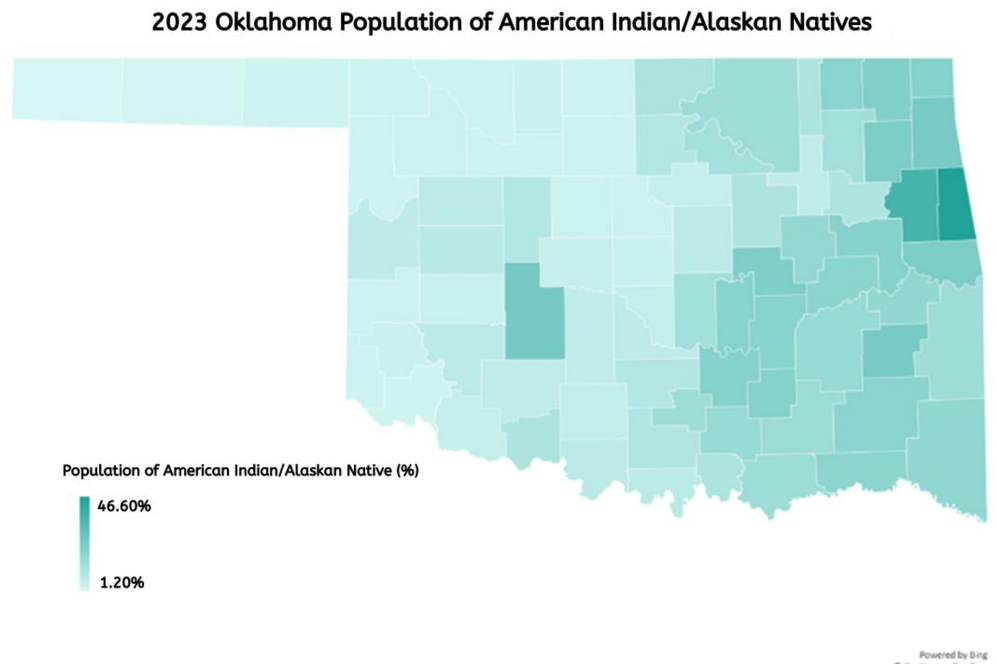
Despite Oklahoma having the highest birthrate for American Indian/Alaska Native (AI/AN) populations in 2022, the Indian Healthcare Service (IHS) facilities offering obstetrics and gynecology (OBGYN) care in the state are severely lacking (Osterman et al, 2024). Some former direct service IHS facilities have transitioned into funding through Tribal Compacting (Kruse et al, 2019). While Tribal Compacting is a funding method that allows more autonomy in Tribal Health, it does not excuse a lack of accessibility to services from direct service IHS Facilities. AI/AN pregnancies are among the least likely to receive prenatal care in the first trimester, highlighting a significant barrier to care (Osterman et al, 2024). This secondary research study aims to examine the current accessibility issues of direct service IHS facilities in Oklahoma. Additionally, it will discuss future directions in identifying and addressing the barriers to care that AI/AN pregnancies face.

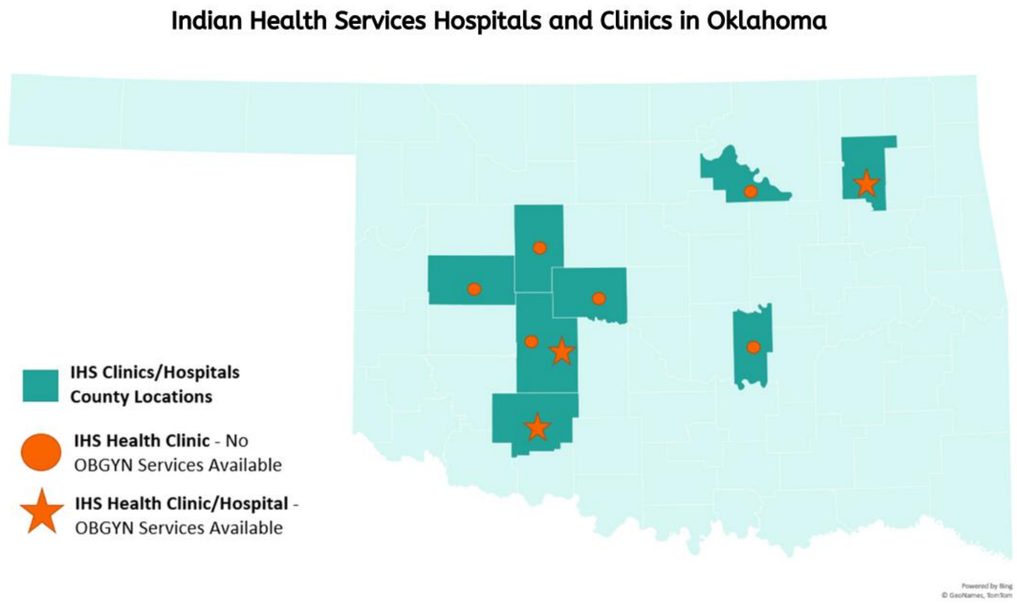
Objective

To evaluate the accessibility of direct service IHS facilities in Oklahoma and examine the potential impact on barriers to OBGYN care for AI/AN populations.

Methods

- IHS facility information was collected directly from the IHS website. Availability of services was then determined manually through individual facilities' websites.
- Conducted a literature review using Google Scholar and EBSCOHost to identify prior literature involving OBGYN care and AI/AN populations, as well as literature on the history and current legalities of IHS.
- Obtained the National Vital Statistics Reports section "Births: Final Data for 2022" from the Centers for Disease Control and Prevention (CDC) website.
- Population data was sourced through County Health Rankings & Roadmaps.
- Data was then analyzed and synthesized with prior literature to create a poster project.





Results

- Of the 10 direct service facilities in Oklahoma, only 3 provide OBGYN or "Women's Health"
- The two locations within Western Oklahoma are within an hour's drive of each other. With the remaining location being in the northeast corner of the state.
- Southeast, northwest, and central Oklahoma have no IHS facilities that provide OBGYN care
- These locations do not align with areas with higher AI/AN populations.
- AI/AN have the second lowest likelihood of receiving prenatal care in the first trimester.

Conclusions

This research shows a lack in facilities that are ran direct service through the IHS system. Most Tribal healthcare that receives IHS funding does so through Tribal Compacting which puts the responsibility on individual tribes. This change in resources was made due to lacking services provided by initial IHS facilities, leading to individual tribes taking over health care responsibilities. Even with the newer tribal facilities, the data still shows a barrier for AI/AN populations receiving prenatal care. Future research should investigate distance to care as a barrier. Additionally, future studies should evaluate the role of historical traumas and contemporary negative stigma around IHS facilities, as these factors my affect the willingness of AI/AN populations to go to an IHS facility.

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References