

Abstract and/or Background

American Indian and Alaska Native populations consistently experience significant health disparities compared to other races and to the general population. This study aims to provide an overview of the health disparities faced by American Indians/Alaska Natives, outline contributing social determinants, and suggest future directions in research and treatment. This study synthesizes various sources, including empirical studies, historical documents, meta-analyses, and government sources. The literature reveals that AI/AN populations experience health disparities across physical and mental health categories, with many of these disparities linked to other factors such as poverty, lack of healthcare access, and historical trauma. Additionally, this study emphasizes the importance of community involvement, cultural engagement, and the integration of culturally sensitive approaches in future treatment and prevention strategies. The health disparities experienced by AI/AN are a critical health concern, and require further culturally-informed research and intervention.

Introduction

The American Indian and Alaska Native (AI/AN) population is one of the least researched ethnic groups in the United States regarding subjects like health and poverty. Many regions with high populations of AI/AN, especially within reservations and other government-ordained lands, are under-resourced. American Indian populations experience the highest rates in categories like heart disease, food insecurity, and suicide. Many of these issues are rooted in historical events that lead to their current financial and health situations. These issues have been overlooked for far too long and require significant attention to create meaningful change.

The aim of this article is to provide historical context to the current health situation, to give an overview of the health issues within the AI/AN population, and to look at paths for future intervention and research.

The history of AI/AN in the United States provides important context for their current negative health outcomes. Native Hope (n.d.) describes Native American history as a story of “loss, hardship, violence, betrayal, and misappropriation,” but also one of “community, spirituality, diversity, honor, and resilience.” These traits are evident throughout American history and in the world today.

In the United States today, roughly 3.7 million AI/AN alone (only ethnically American Indian and Alaska Native) individuals, and about 10.1 million alone or in combination (AI/AN and at least one other race). There are 574 federally recognized tribes and 324 federally recognized AI reservations (US Census Bureau, 2022). The terms “American Indian/Alaska Native,” “Native American,” and “Indigenous” are used interchangeably throughout this project.

Indigenous healthcare has a long and complicated history in the United States. Despite the significant legal developments across the twentieth century, American Indian/Alaska Native healthcare still suffers from underfunding and lack of resources. Many barriers to healthcare persist in AI/AN communities which face a lack of transportation, lack of access to nutritional diets, other poverty-related disadvantages, and negative or distrusting attitudes toward government organizations. Importantly, overarching influences such as historical trauma (due to boarding schools, massacres, etc.) significantly impact wellbeing.

Methods

This study was conducted as a literature review. I reviewed a myriad of sources regarding various elements of the topic of indigenous health disparities. These sources include government data, history resources, and research studies from the fields of psychology, health sciences, politics, and anthropology. These studies informed the current study's approach and provided significant information on the historical and contemporary contexts of current health issues in AI/AN populations. Research sources were included if they were deemed relevant to the current topic, as well as valid and reliable. Other sources were included if they could be considered relevant to the study's focus and provided valuable context.

Figure 1. AI/AN Alone or in Combination by State: 2020

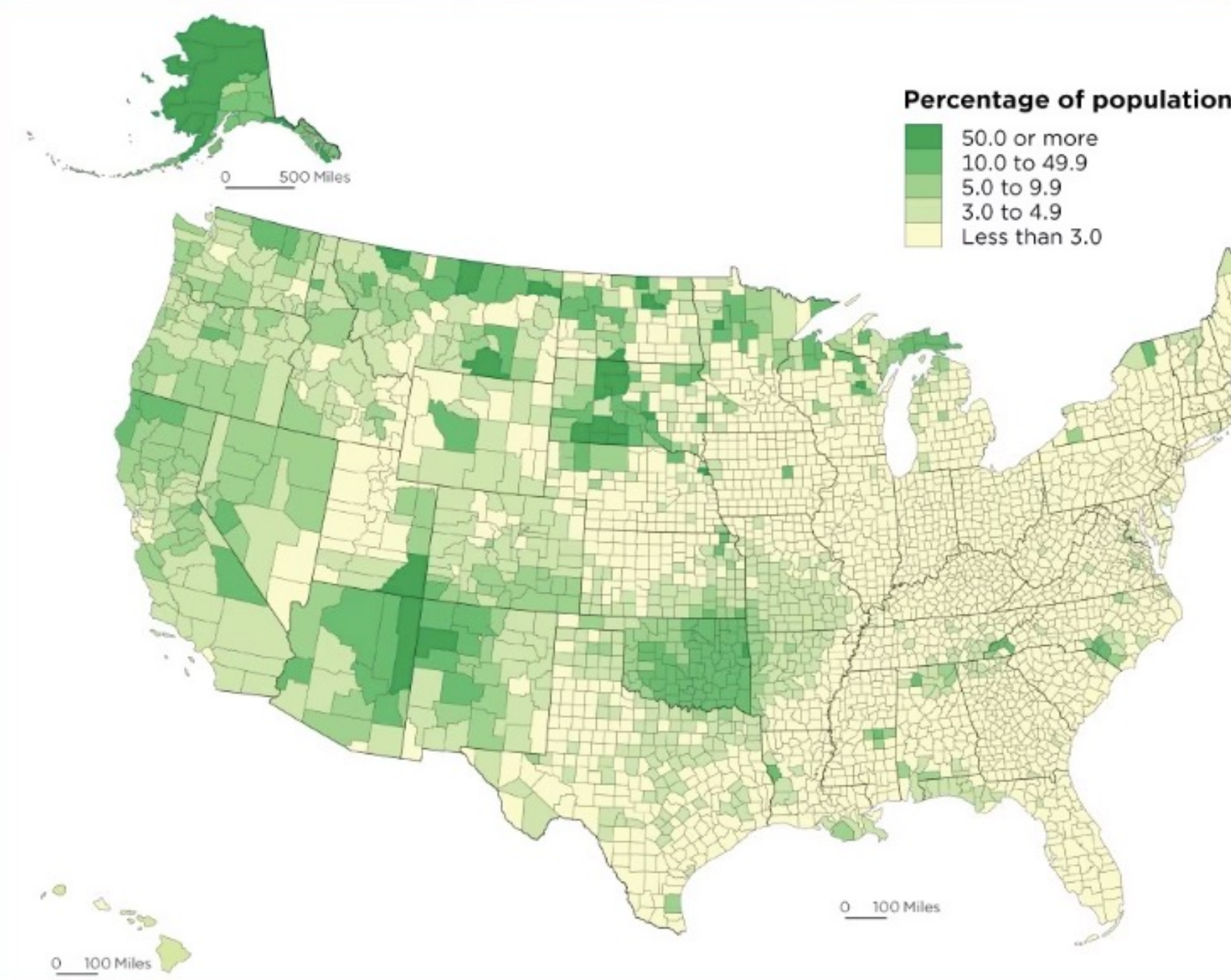


Figure 2. Statistical Overview of AI/AN Disparities

<p>MENTAL HEALTH</p> <ul style="list-style-type: none"> 2nd highest under NH multiracial to have a mental illness (26.6% compared to 22.8%) AI/AN youth die by suicide at a rate 2.5x higher than the general population 8.5% 18 or older had serious thoughts of suicide compared to 4.8% 	<p>PHYSICAL HEALTH</p> <ul style="list-style-type: none"> Life expectancy in 2021 was 65.2 years compared to 76.1 nationally 65.2 was the national average in 1944 AI/AN die from diabetes at a rate 3.2x the national average
<p>POVERTY</p> <ul style="list-style-type: none"> Highest poverty rate at 24.1% compared to average of 12.8% 56% experience food insecurity 18% of AI/AN households are overcrowded, compared to 2% nationally 75% of existing roads on tribal lands that qualify for federal funding are unpaved 	<p>VIOLENCE</p> <ul style="list-style-type: none"> The homicide rate for AI/AN is 11.4% compared to a national average of 5.4% AI/AN are 2x more likely to experience rape or sexual assault 84.3% AI/AN women will experience violence, 58.1% will experience sexual violence
<p>EDUCATION</p> <ul style="list-style-type: none"> 84.4% have at least a high school diploma/equivalent 17% of AI/AN attend post-secondary education, compared to a national 60% 	<p>DRUG USE</p> <ul style="list-style-type: none"> AI/AN had a 27.6% substance use disorder rate compared to national 18.5% 36.1% 12 or older used cigarettes or vaping nicotine compared to national 22% Lower than average in binge drinking, but highest in heavy drinking 36.1% used illicit drugs compared to national 21.9% 35% used marijuana compared to average 18.7%

Figure 3. Elderly American Indians and Alaska Natives report poorer overall health compared with the general 65+ population

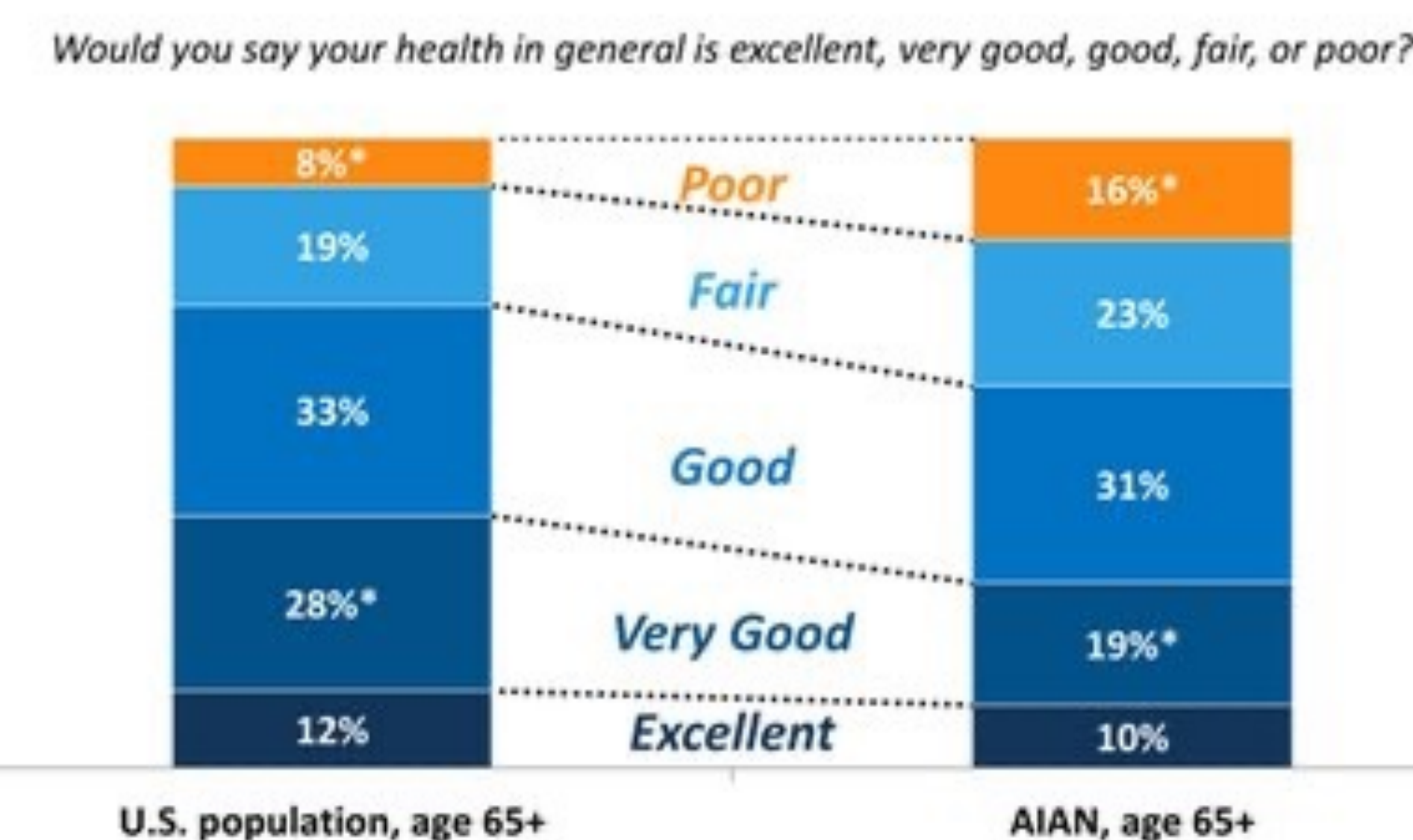


Figure 4. Percentage distributions of COVID-19-associated deaths among American Indian/Alaska Native and non-Hispanic White persons aged 20 or over, by age group – January 1-June 30, 2020

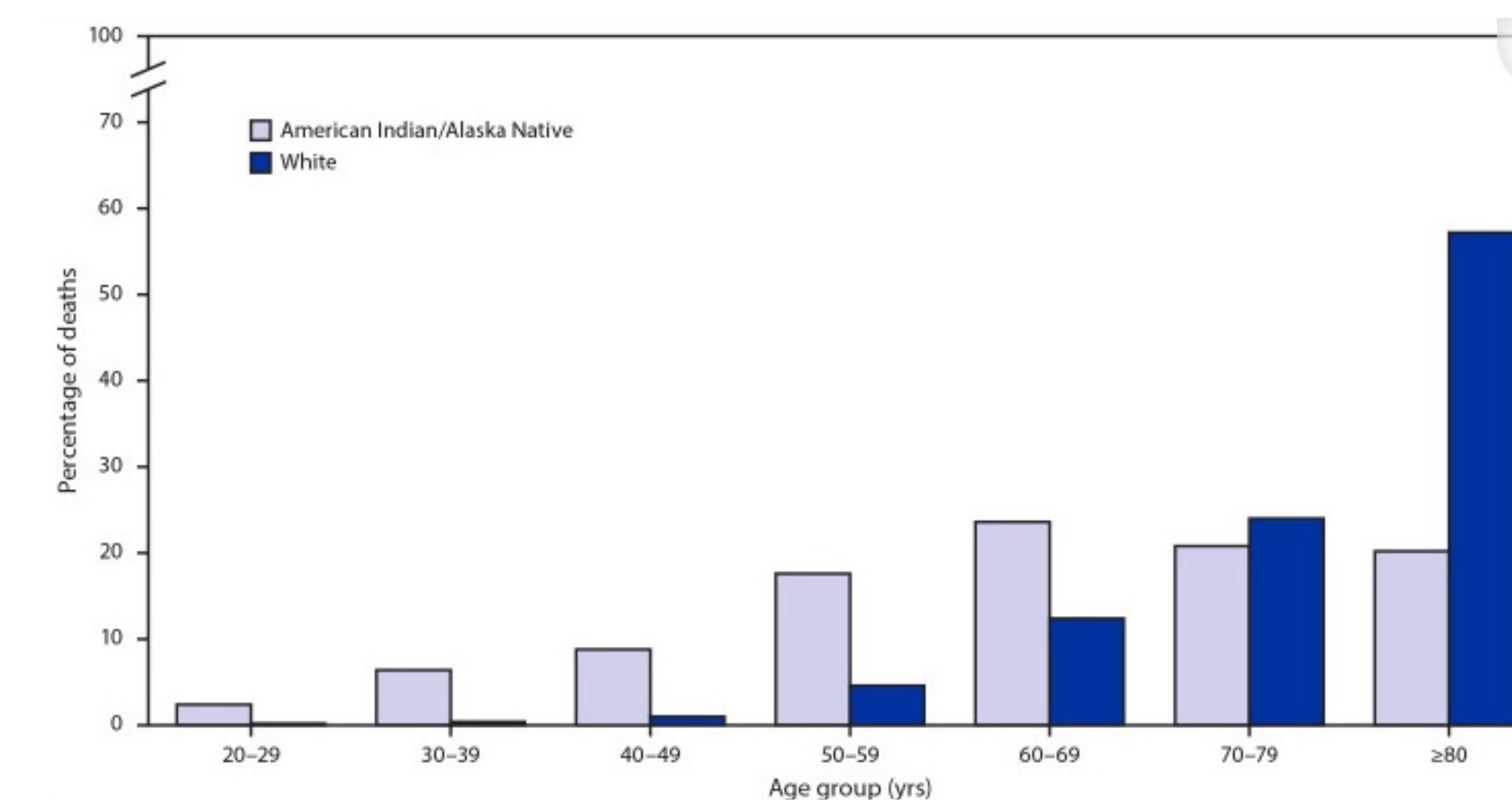


Figure 5. Chief Bearman (left) and Chief Mad Bull (right) of the Cheyenne Tribe



Figure 6. U.S. Funds Allotted to Medical Benefits Providers

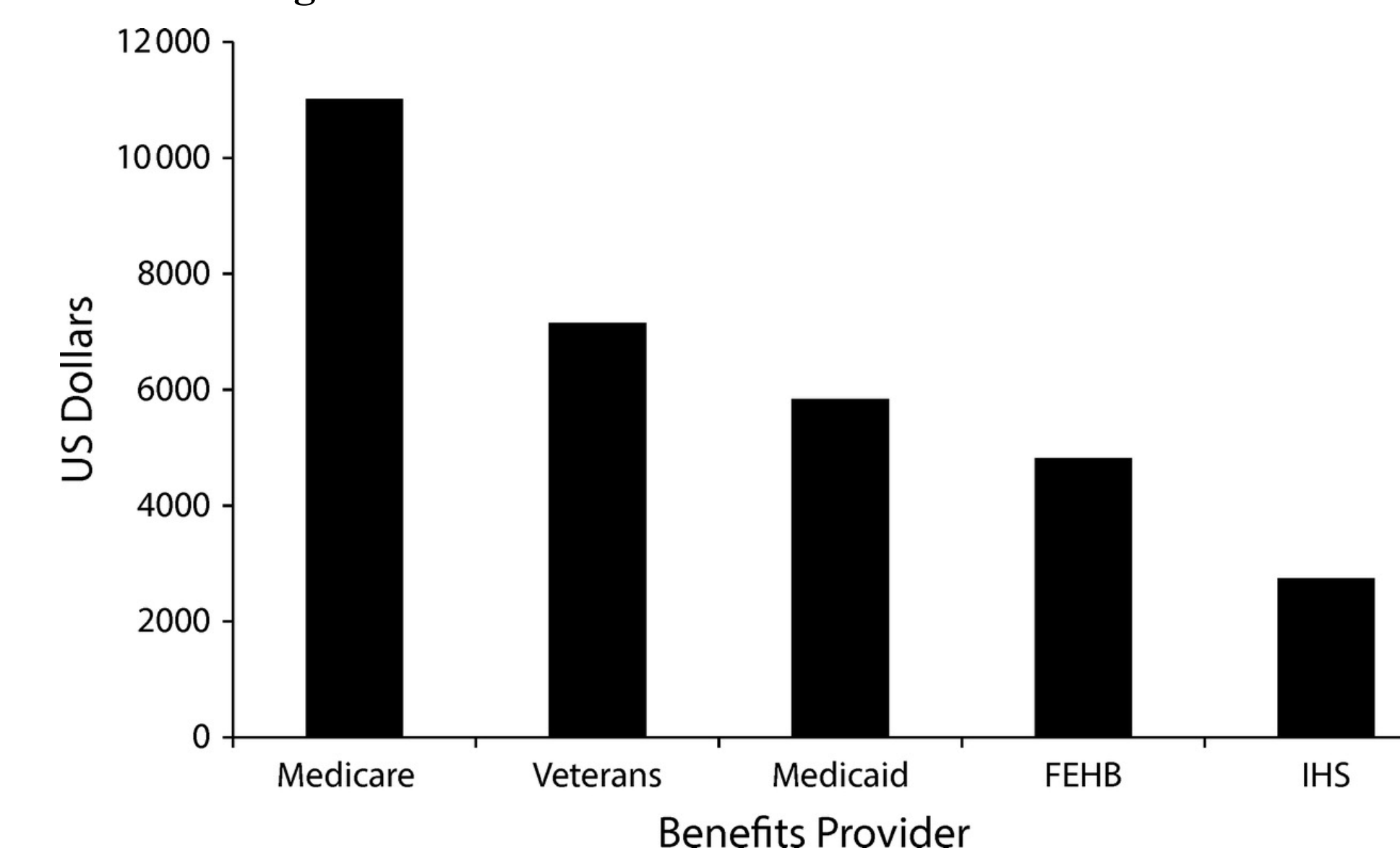
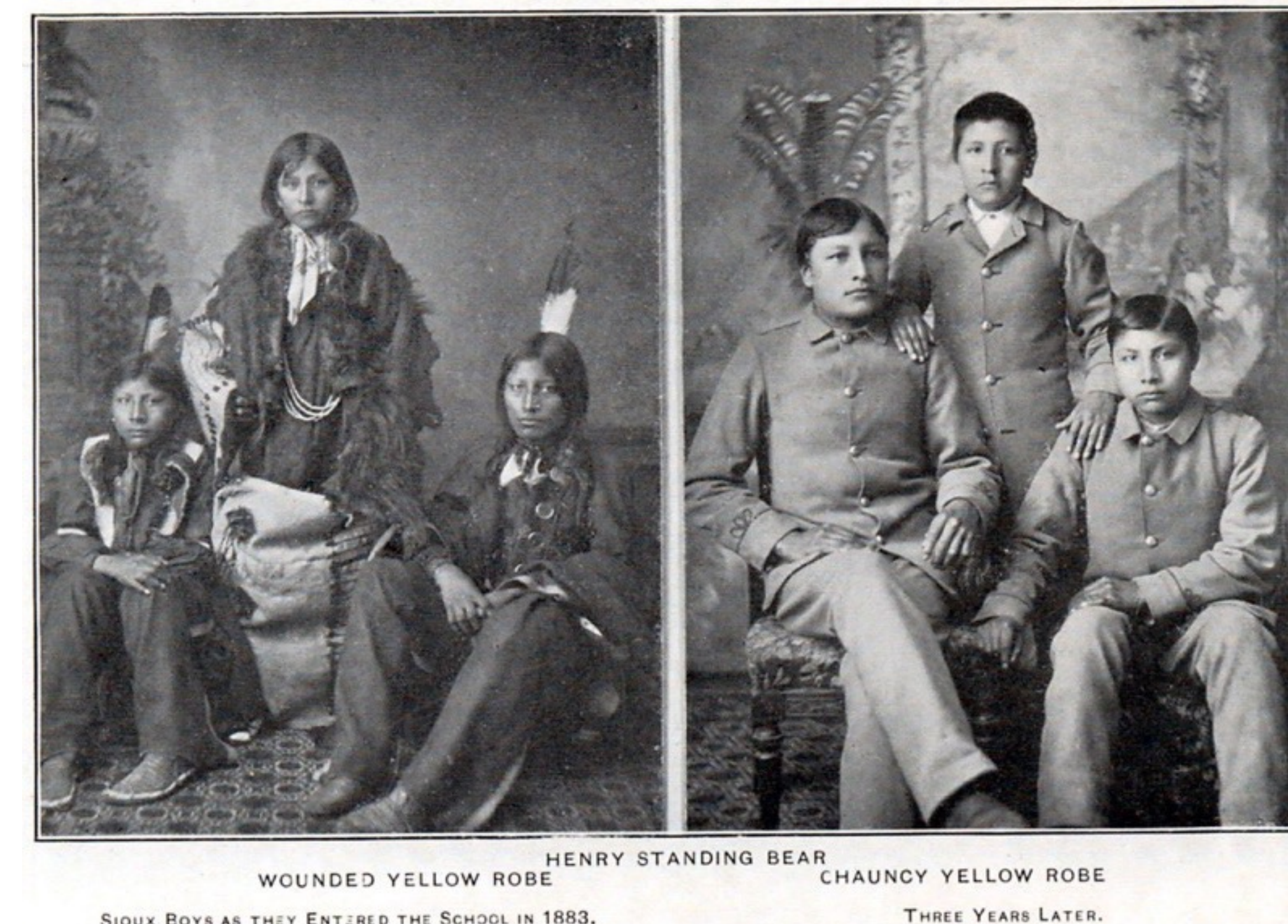


Figure 7. Sioux Students at the Carlisle Indian School: 1883/1886



Conclusion

Social Determinants of Health

Social determinants contribute greatly to the negative health outcomes in the AI/AN population. The AI/AN population has the highest poverty rate of the nation, about twice the national average of 12.8% (National Council on Aging, 2023). Around 56% of American Indians experience food insecurity (National Council on Aging, 2023). A study by Giano et al. (2021) found that AI/AN had significantly higher rates of all ACEs except for one category. Compared to national averages, AI/AN individuals are twice as likely to experience rape of sexual assault than the general population (National Congress of American Indians, 2020).

Physical Health Disparities

According to the Indian Health Service (IHS) article “Disparities” (2019), the overall ratio of AI/AN to the general population for all of the common health problems combined is 1.3 (to 1). Areas which are strikingly high include alcohol-induced illness (6.6), chronic liver disease and cirrhosis (4.6), diabetes mellitus (3.2), and accidents/unintentional injuries (2.5). More than one third of AI/AN adults, (40% and more) experience obesity, and more than 16% have diabetes, which is over twice the U.S. average. Life expectancy for AI/AN individuals in 2021 was 65.2 (the average life expectancy in 1944) years old compared to 76.1 years nationally (National Council on Aging, 2023).

Mental Health Disparities

AI/AN are the second most likely ethnicity besides multiracial to have a mental illness (Substance Abuse and Mental Health Services Administration, 2021). A study by Gone & Trimble (2012) noted several types of mental health issues that were found to be abnormally high: post-traumatic stress disorder (PTSD), suicide, and substance abuse. AI/AN youth die from suicide 2.5 times more often than the general population (National Congress of American Indians, 2020). 27.6% have a substance use disorder compared to a national 16.5% (Substance Abuse and Mental Health Services Administration, 2021).

Future Work

1. Include members and leaders of the community in the research/intervention processes.
2. Approach health holistically (including physical, mental, spiritual, social, etc.), and adhere to indigenous definitions of health.
3. Be aware of the prevalence of distrust due to personal experiences and historical trauma among AI/AN.
4. Incorporate traditional ecological knowledge (TEK) into Western approaches.
5. Utilize a culturally-based perspective that acknowledges the importance of cultural values, historical context, and perspective.
6. Encourage engagement with culture among youth (including language learning, community events, cultural traditions, etc.).

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