American Indian / Alaskan Native (AI/AN) Healthcare

November 7, 2024

AI/AN Statistics

- As of 2022, there were 574 federally recognized AI/AN tribes, with 324 federally recognized American Indian reservations in the U.S.
- 2020 Census reveled that 87% of those who identify as AI/AN, alone or in combination, live outside of tribal statistical areas and 13% live on reservations or other trust lands.
- In 2019, 51.9% of AI/ANs, alone or in combination, had private health insurance coverage. 42.1% of AI/ANs relied on Medicaid or public health insurance coverage, and 14.9% had no health insurance coverage. This compares to non-Hispanic whites by 74.7%, 34.3%, and 6.3%, respectively.
- According to Census Bureau projections, the 2020 life expectancies at birth for AI/ANs are 78.4 years, with 81.1 years for women, and 75.8 years for men. For non-Hispanic whites, the projected life expectancies are 80.6 years, with 82.7 years for women, and 78.4 years for men.

Insurance Status	
Type	**%**
Medicaid	42/1%
Private	51.9%
Uninsured	14.9%

Life Expectancy	
Men	**Women**
75.8	81.1

AI/AN Health Equity

- AI/ANs frequently contend with issues that prevent them from receiving quality medical care.
- These issues include cultural barriers, geographic isolation, inadequate sewage disposal and low income.
- Leading diseases and causes of death among AI/AN:
  - Heart disease
  - Cancer
  - Unintentional injuries (accidents)
  - Diabetes
  - Stroke
- AI/ANs also have a high prevalence and risk factors for mental health issues, suicide, obesity, substance use, sudden infant death syndrome (SIDS), teenage pregnancy, diabetes, liver disease and hepatitis.

Indian Health Services (IHS)

- The mission of the Indian Health Service is to raise the physical, mental, social and spiritual health of AI/ANs to the highest level.
- Indian Health Services provides comprehensive primary health care and disease prevention services to approximately 2.8 million AI/ANs in 574 federally recognized tribes, through a network of over 605 hospitals, clinics and health stations on or near Indian reservations.
- IHS health care facilities are located across 12 area offices and serve a variety of populations in rural and urban areas in 37 states.
- The IHS total staff consists of more than 15,000 employees nationwide, including health care providers composed of doctors, dentists, nurses, pharmacists, dieticians, advanced practice nurses, physician assistants, podiatrists and optometrists.
- IHS also provides a comprehensive environmental health program that includes environmental health, injury prevention and safe drinking water and solid waste sanitation facilities construction services throughout Indian Country.
- For the federal fiscal year 2024, Indian Health Services was awarded $6.96 billion. (Consolidated Appropriations Act, 2024 (H.R. 4366)

Tribal Health Services

- The Indian Self Determination and Education Assistance Act (ISDEAA) Public Law 93-638 allows for Tribes or Tribal Organizations to (1) administer programs and services the IHS would otherwise provide or (2) assume control over health care programs and services that IHS would otherwise provide. **The options are not exclusive. The Tribes may choose to combine them based on their individual needs.*
- Kansas has two IHS facilities and two Tribal-operated clinics:
  - IHS Facilities
    - White Cloud Health Station – White Cloud, KS
    - Haskell Indian Health Center – Lawrence, KS
  - Tribal Facilities
    - Kickapoo Nation Health Center – Horton, KS
    - Prairie Band Potawatomi Family Health Center – Mayeta, KS

Urban Indian Health Program

- Approximately 70% of American Indians and Alaskan Natives live in urban areas with 25% of them residing in counties served by Urban Indian Health Programs.
- Typically, this urban clientele has less accessibility to hospitals, health clinics or contract health services provided by the IHS and tribal health programs.
- Studies on urban American Indian and Alaska Native populations have documented a frequency of poor health and limited health care options.
- For the federal fiscal year, Urban Indian Health was awarded over $90 million dollars. (Consolidated Appropriations Act, 2024, H.R. 4366)
- Hunter Health – Wichita, KS (Full Ambulatory)
- Kansas City Indian Center, Kansas City, MO (Outpatient Substance Abuse Treatment)

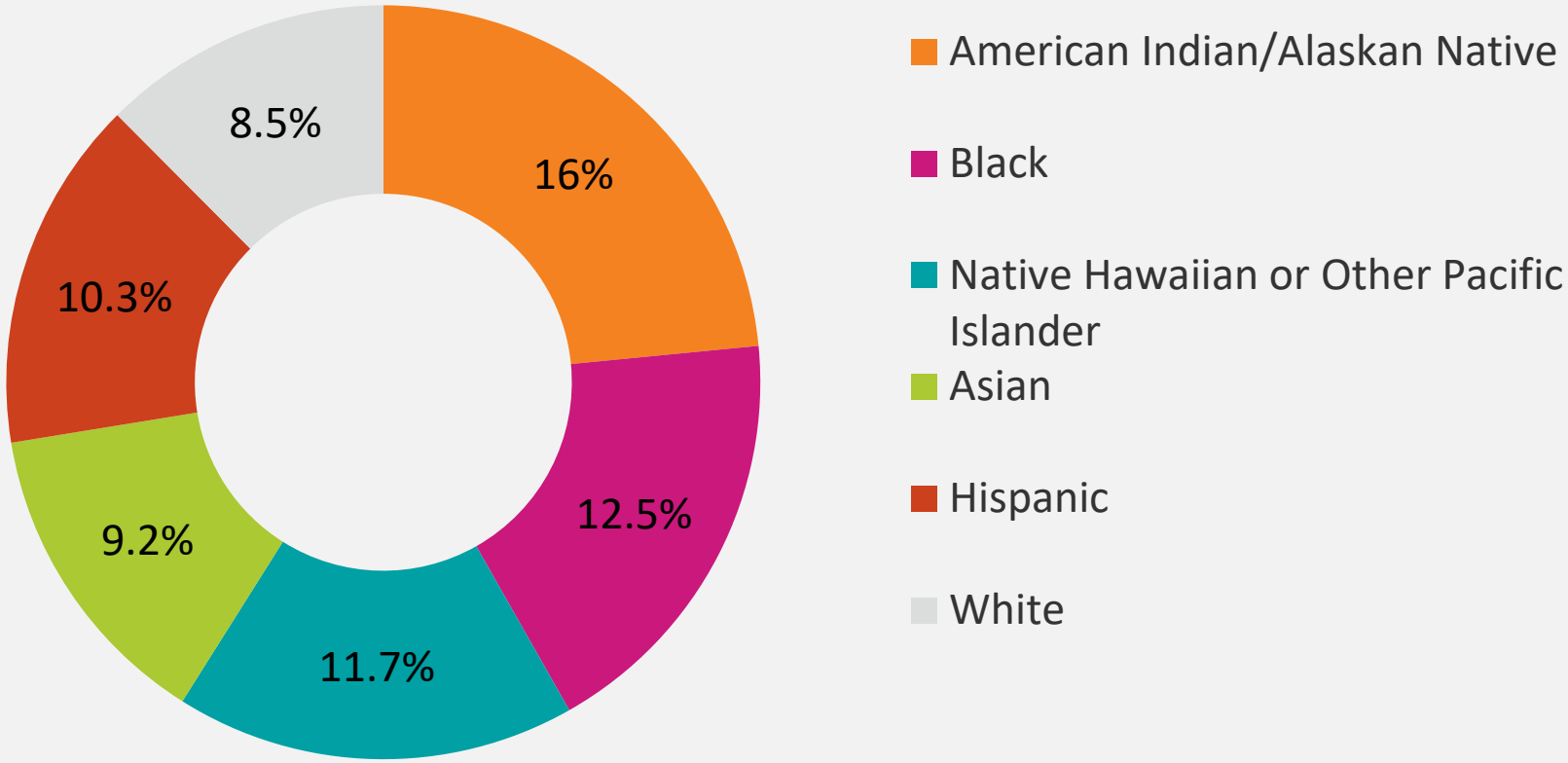
Special Diabetes Program for Indians (SDPI)

The growing epidemic of diabetes represents one of our greatest public health challenges. What may not be as widely known is that American Indians and Alaska Natives (AI/AN) have the highest prevalence of diabetes amongst all U.S. racial and ethnic groups. In response to this epidemic, congress established the Special Diabetes Program for Indians (SDPI) in 1997.

National Diabetes Statistics Report

National Diabetes Statistics Report | Diabetes | CDC

Diagnosed Diabetes by Race and Ethnicity Among Adults aged 18 and over, United States, 2019 - 2021



SDPI: An Effective Program that Is Improving Lives and Saving Federal Dollars

- AI/AN adults are two times more likely to have diagnosed diabetes (compared with non-Hispanic whites).
- The death rate due to diabetes for AI/ANs is 1.8 times higher than the general U.S. population.
- The cost of medical expenditures for people with diabetes is 2.3 times higher than for those without diabetes.
- The Special Diabetes Program is improving lives, lowering medical expenditures and demonstrating real returns on the federal investment. SDPI helping to create a brighter future for Americans burdened by diabetes.

FY 2024 SDPI Grantees

- For federal fiscal year 2024, Indian Health Services awarded $140,524,898 in SDPI grant programs funding.
  - 35 states, 12 IHS areas and 310 grant programs
  - 264 tribal organizations
  - 31 Urban Indian organizations
  - 15 IHS facilities

FY 2024 SDPI Grantees

Indian Health Service
Special Diabetes Program for Indians 2024 Grant Programs

Grant Program Name	City	Organization Type	2024 Funding Amount
Indian Health Center	Lawrence	IHS	$481,998
Iowa Tribe of Kansas and Nebraska	White Cloud	Tribal	$71,152
Kickapoo Tribe in Kansas	Horton	Tribal	$74,837
Prairie Band Potawatomi Nation	Mayetta	Tribal	$261,808
Sac and Fox Nation of Missouri in Kansas and Nebraska	Reserve	Tribal	$48,124

35 States	**12 IHS Areas**	**310 Grant Programs**		**Tribal = 264 Urban = 31 IHS = 15**	**$140,524,898**

$937,919 in total funding sent to the State of Kansas.

How Are They Doing It?

Each SPDI site selects one IHS diabetes best practice to focus on each year.

- 19 best practices provide evidence-based approaches to diabetes education and clinical care.
- Each site has tremendous latitude in to determine the types of diabetes treatment and/or prevention services to provide
- Services are guided by community priorities and cultural values.

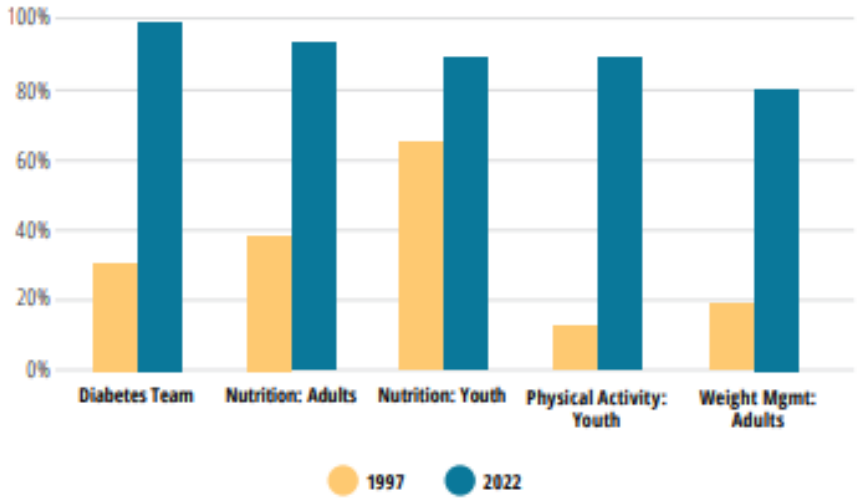
Table 1. Increases in Diabetes Services Reported by SDPI Sites

	Percent of Sites	
Intervention	**1997[a]**	**2019**
Diabetes clinical teams	**30%**	**95%**
Diabetes patient registries	**34%**	**96%**
Nutrition services for adults	**39%**	**94%**
Access to registered dietitians	**37%**	**85%**
Access to physical activity specialists	**8%**	**84%**
Access to culturally tailored diabetes education materials	**36%**	**96%**
Adult weight management services	**19%**	**76%**
Nutrition services for children and youth	**65%**	**90%**
Community-based physical activity services for children and youth	**13%**	**85%**
Physical activity for school-age youth	**9%**	**83%**

[a]Baseline = before SDPI funding was available
Source: Evaluation of the SDPI, 2019

SDPI - Changing the Course of Diabetes

Diabetes services at SDPI sites *all increased* since 1997[1]



Health outcomes for AI/AN people with diabetes have been improved or maintained[2]

1996 to 2022
Average blood sugar down 11%

1998 to 2022
Average LDL cholesterol down 25%

>20 years
Blood pressure has been well controlled

2015 to 2022
Tobacco use down 28%

The SDPI has generated awareness and knowledge, two critical contributors to diabetes related successes in Indian Country. We need continued momentum to help with this devastating disease.

– Connie Barker, Tribal Legislator- Chickasaw Nation
Tribal Co-Chair/Oklahoma City Area Representative, Tribal Leaders Diabetes Committee

Indian Health Service
Division of Diabetes Treatment and Prevention

[1] Source: Evaluation of the SDPI
[2] Source: IHS Diabetes Care and Outcomes Audit

SDPI 2020 Report to Congress Findings

SDPI grant program sites are successfully implementing evidence-based and community driven strategies to prevent and treat diabetes.

Diabetes Related Mortality

Diabetes-related mortality for AI/AN people decreased 37% from 54.2 per 100,000 to 34.3 per 100,000

Kidney Failure

- Dropped by 54% between 1996 (57.3 per 1000,000) and 2013 (26.5 per 100,000)
- Greater decrease than any other U.S. racial/ethnic group.

Diabetic Eye Disease (Retinopathy)

Decrease in AI/AN Adults by more than 50% compared to reports from the 1980s and 1990s.

Diabetes Prevalence

- Consistently decreased for the 4-year reporting period of 2013 – 2017 from 15.4% to 14.6 respectively
- Neither the general U.S. population, nor any other U.S. racial/ethnic group has shown a decrease in prevalence.

Hospitalization for Uncontrolled Diabetes

Decrease of 84% in AI/AN Adults from 57.9 per 100,000 in 2000 to 9.4 per 100,000 in 2015

Health Disparities: A Native American Case Study

A November 8, 2022, article in CMSA Today titled *Health Disparities: A Native American Case Study* outlines the process for a newly diagnosed Type 2 Diabetics care at a tribal health facility with an SPDI program.

Anna, a 54-year-old Native American woman, presented to establish care with concerns that she might be diabetic. Her parents were diabetic, and over the last 18 months she noticed increased urination and 12-pound weight loss. Baseline screening labs indicated her fasting sugar was 180 and her HgA1C was 9.7 (6.5 is diagnostic for type 2 diabetes). Her baseline lipids were: total cholesterol 235, triglycerides 82, HDL 59, and LDL 159. Creatinine and thyroid levels were within normal limits. Vitamin D was 17 with a goal for bone health >70. She was started on metformin 500 mg two times a day, Lisinopril 5 mg daily, Crestor 5mg daily, Coenzyme Q10 daily, and cholecalciferol 5000iu daily. The goal for her A1C is less than 7.0. The goal for cholesterol is total less than 200, triglycerides less than 50, HDL greater than 45, and LDL less than 100.

Health Disparities: A Native American Case Study

- She was referred for enrollment in the diabetic clinic and went to the Wellness Center to pick up a glucose meter and supplies. She then went to pharmacy and had a one-on-one consult with a pharmacist where her medications were reviewed, instructions given, and questions answered.
- Once enrolled (3 weeks from diagnosis), she was given a 1-hour appointment with the dietician and the diabetic educator. She received written instructions on food choices, serving sizes and sample shopping lists. The diabetic educator reviewed her glucometer readings and had a conversation regarding the process of diabetes and how it affects her body, including the benefits of having her blood work at goal to minimize cardiovascular risk. Anna was given a tour of the on-site exercise facility and the outdoor walking track. She was scheduled for and competed a dilated eye exam, and she was scheduled for a dental cleaning. She had an appointment in one month with the diabetic educator.

Health Disparities: A Native American Case Study

- At her 4-month follow-up appointment with the primary care provider, Anna's HgA1C was 7.8, total cholesterol 200, triglycerides 90, HDL 52, and LDL 98. She was monitoring her glucose every morning at 100% compliance and 2 hours post-meals at 40% compliance. She completed her well woman exam and mammogram during this follow up. She declined colon cancer screening. She also met with the dietician and the diabetic educator.
- At her 8-month post-diagnosis visit, her HgA1C was 7.0, total cholesterol 119, triglycerides 64, HDL 52, and LDL 75. Anna reported she was feeling better, and her symptoms of increased urination had completely resolved. She also reported a general increase in energy and no side effects from her medication.

SDPI Best Practice – Nutrition Education

- Healthy eating is an essential component of managing diabetes.
- All individuals with prediabetes or diabetes should receive nutrition education that considers access to nutritious foods, as well as personal and cultural preferences.
- Services must be performed by a registered dietitian or other health or wellness program staff.
- To help your patients and clients improve their health, it is important to understand food insecurity and provide them with resources to get more healthy food.
- Individuals and families with food insecurity can be predisposed to overeating available foods, skipping meals or choosing foods that are less expensive and unhealthy.
- Assessment tool is available here: www.ihs.gov/sites/diabetes/themes/responsive2017/display_objects/documents/clinicaldocs/FoodInsecurityAssessTool.pdf

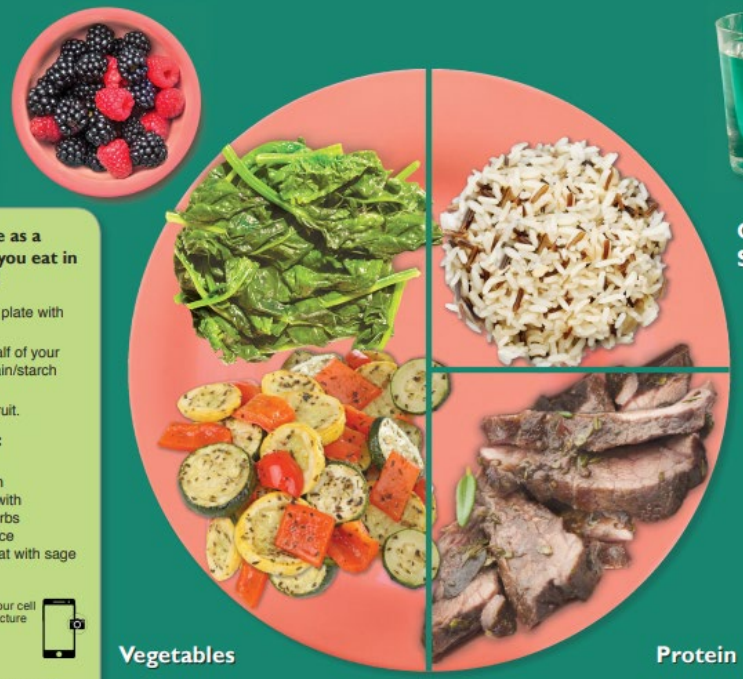
www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/nutrition-education/
www.ihs.gov/diabetes/clinician-resources/soc/nutrition/

My Native Plate

My Native Plate is a visual guide to help your adult clients eat healthy meals. It can also help educators with the following:

- Encourage individuals to set nutrition-related goals.
- Work with individuals and their families to develop a basic meal plan that includes traditional and cultural preferences
- Talk with Tribal members, such as elders, about traditional foods in their community and how these foods are harvested, prepared and preserved.
- Use examples and tips to encourage eating a variety of foods.
- Family and community gatherings are important to your patients. These events may affect healthy eating regimens.
- Not eating foods offered at gatherings, feasts or potlucks may not be socially or culturally acceptable.

MY NATIVE PLATE



Use your plate as a guide to help you eat in a healthy way!

1. Fill half of your plate with vegetables.
2. Fill the other half of your plate with a grain/starch and a protein.
3. Add a side of fruit.

Pictured here:

- Mixed berries
- Cooked spinach
- Baked squash with peppers and herbs
- Steamed wild rice
- Baked deer meat with sage
- Water

Take a picture with your cell phone. Look at the picture later as a reminder!

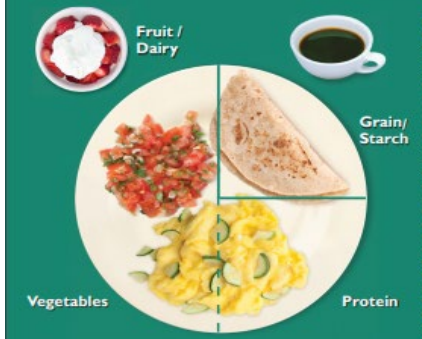
Produced by:
Indian Health Service, Division of Diabetes Treatment and Prevention.
07/2018

Remember:

- Stay active
- Drink water
- Use a 9-inch plate

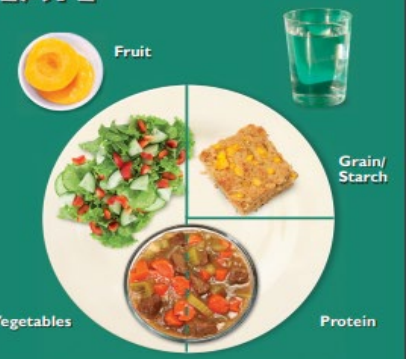
Notes:

More Ideas for MY NATIVE PLATE



Pictured here: Yogurt with strawberries, salsa, scrambled eggs with zucchini, tortilla, coffee

Pictured here: Apple, carrots, celery, lettuce, tomato, onion, pickle, beef patty, bun, unsweetened tea



Pictured here: Peaches, salad, beef and vegetable stew, cornbread, water

Ways to Add Variety to Meals and Snacks

Vegetables and Fruits

Tips

- Stock up on fresh, frozen, and canned vegetables and fruits.
- Keep fruits and vegetables on hand for snacking.
- Plan some meals around a vegetable main dish, such as a stir fry, stew, or soup.
- Enjoy fruit as a dessert.

Examples

Vegetables: Wild greens, tomatoes, carrots, leafy greens, zucchini, avocados, broccoli, green beans, cucumbers, onions, peppers, okra

Fruits: Berries, melons, apricots, peaches, citrus fruits, bananas, apples, pears

Proteins

Tips

- Choose fish, beans, lentils, eggs, and nuts more often to cut down on meat.
- Instead of a beef patty for your burger, try a veggie, black bean, turkey, soy, or bison patty.
- Grill, stew, or bake meat instead of deep frying.
- If milk upsets your stomach, try yogurt, lactose free milk, or soy milk.

Examples

Animal proteins: Fish, wild game, bison, poultry, mutton, beef, pork, eggs

Plant proteins: Beans, lentils, nuts, nut butters, seeds, tofu, soy products

Dairy proteins: Milk, lactose free milk, yogurt, cheese, cottage cheese

Grains and Starches

Tips

- Choose whole grain foods, such as whole wheat breads, corn tortillas, oatmeal, and wild or brown rice.
- Try whole wheat flour instead of white flour.
- Add wild or brown rice to main dishes, such as a stir fry, stew, or soup.
- Bake or roast potatoes instead of deep frying.

Examples

Grains: Pastas, breads, crackers, rice, oats, quinoa, barley, cereals, tortillas, flour, cornmeal

Starchy vegetables: Potatoes, corn, green peas, winter squash

Resources & Citations

Additional resources are available at the following websites:

- www.ihs.gov/sdpi/
- www.ihs.gov/diabetes/
- www.ihs.gov/diabetes/education-materials-and-resources/
- www.ihs.gov/dbh/programs/

Citations

- https://cmsatoday.com/2022/11/08/health-disparities-a-native-american-case-study
- www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/factsheets/IHS_Health_Equity_Report_FactSheet_2024.pdf
- www.ihs.gov/Urban/urban-indian-organizations/oklahoma-city/
- www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/factsheets/SDPI2023Infographic.pdf
- www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/factsheets/2024SDPIGrantList.pdf
- www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/SDPI2020Report_to_Congress.pdf
- www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/nutrition-education/
- www.ihs.gov/diabetes/clinician-resources/soc/nutrition/
- www.ihs.gov/sites/diabetes/themes/responsive2017/display_objects/documents/printmat/Tips_for_Educators_508c.pdf
- https://minorityhealth.hhs.gov/american-indianalaska-native-health
- www.nihb.org/sdpi/docs/02142019/295303_NIHB%20SDPI%20Factsheet%20WEB.PDF

Thank You.