

Happy November, everyone!

We are exactly 23 days away from celebrating Thanksgiving. In honor of this month, I would like to highlight what continues to be experienced by Native Americans in today's society regarding health and mortality rates.

Native Americans have long experienced discrimination, violence, and displacement by the US Government in strategically breaking apart families, cultures, and traditions (Sarche & Spicer, 2008). It is not a surprise that as of today, Native Americans suffer the highest rate of health care disparities among all the races in the US. According to *Poverty and Health Disparities for American Indian and Alaska Native Children: Current Knowledge and Future Prospects*, American Indians and Alaska Natives continue to die at higher rates than other Americans in several categories. American Indians and Alaska Natives ranked the highest of all races in the US for "chronic liver disease and cirrhosis, diabetes mellitus, chronic lower respiratory diseases, and unintentional injuries" (Sarche & Spicer, 2008). They are also more likely to experience various traumatic and violent attacks that result in assault, homicide, intentional self-harm, and suicide (Sarche & Spicer, 2008). Finally, Native Americans have lower life expectancy by an average of 5 years compared to any other race in the United States (IHS, 2019).

The long history of the displacement and violence perpetuated against Native Americans has resulted in policies to prevent them from accessing and establishing health care. The Indian Health Service Agency (IHS) was established only recently on July 1st, 1955. The IHS is responsible for providing health care services to Native Americans and Alaskan Natives. However, according to the 2016 fiscal year budget by the National Congress of American Indians, it was estimated in 2013 that the Indian Health Service remains severely underfunded with only 59% covered of the calculated cost. What's more, the IHS spending toward health care services per capita was less than half of the national average; IHS was measured as \$2849 while the national rate was measured at \$7717 (NCAI, 2016). Not to mention, not all Native Americans and Alaskan Natives are eligible for health care benefits. Many tribes are not recognized by the U.S Government, which hinders their access to care (NICOA).

To curb the need for providing access to health care, we need more medical providers, especially those who have an understanding of the beliefs and culture of such communities. Personalized care can be tailored to meet the patient's needs if the patient has a connection to their medical providers. "Having familiarity with the cultural values, lifestyles, and spiritual beliefs of a patient can enhance the doctor-patient relationship" (Marcinko, 2016). Medical sites at the IHS are providing opportunities for loan repayment programs in exchange for a minimum of two years of service. However, the number of medical school enrollees continues to be on the decline. According to new AAMC data, in 2016, only 553 Native Americans and Alaskan

Natives students applied to medical school, but only 35% of those applicants enrolled (Marcinko, 2016).

Decades of challenges and displacements against the Native Americans and Alaskan Natives have strained their ability to access and engage in their health care. The need to increase funding to establish community-based approaches and education about illness prevention is essential to reduce the numbers of preventable illnesses and death. More healthcare professionals are needed in these communities to decrease this health crisis that has been in the making for hundreds of years.

MORTALITY DISPARITY RATES

Disparities: Fact sheets. Newsroom. <https://www.ihs.gov/newsroom/factsheets/disparities/>. Published October 2019. Accessed November 1, 2021.

American Indians and Alaska Natives (AI/AN) in the IHS Service Area

2009-2011 and U.S. All Races 2010

(Age-adjusted mortality rates per 100,000 population)

MORTALITY DISPARITY RATES

	AI/AN Rate 2009-2011	U.S. All Races Rate - 2010	Ratio: AI/AN to U.S. All Races
ALL CAUSES	999.1	747.0	1.3
Diseases of the heart (Heart Disease)	194.7	179.1	1.1
Malignant neoplasm (cancer)	178.4	172.8	1.0
Accidents (unintentional injuries)*	93.7	38.0	2.5
Diabetes mellitus (diabetes)	66.0	20.8	3.2
Alcohol-induced	50.0	7.6	6.6
Chronic lower respiratory diseases	46.6	42.2	1.1

Cerebrovascular diseases (stroke)	43.6	39.1	1.1
Chronic liver disease and cirrhosis	42.9	9.4	4.6
Influenza and pneumonia	26.6	15.1	1.8
Drug-induced	23.4	15.3	1.5
Nephritis, nephrotic syndrome (kidney disease)	22.4	15.3	1.5
Intentional self-harm (suicide)	20.4	12.1	1.7
Alzheimer's disease	18.3	25.1	0.7
Septicemia	17.3	10.6	1.6
Assault (homicide)	11.4	5.4	2.1
Essential hypertension diseases	9.0	8.0	1.1

* Unintentional injuries include motor vehicle crashes.

NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native age-adjusted death rate columns present data for the 3-year period specified. U.S. All Races columns present data for a one-year period. Rates are based on American Indian and Alaska Native alone; 2010 census with bridged-race categories.

If you've made it this far, I hope this article gave you a different perspective of the difficulties that are faced by the oldest racial group in the history of the U.S.

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