

Rural Tribal Health

There are currently **574** federally recognized American Indian and Alaska Native (AI/AN) tribes that are sovereign entities in the U.S., with **40%** of these populations residing in rural areas.

AI/ANs that are born today have a life expectancy that is

5.5 years less

than the U.S. all races population.

This is influenced by:

- discrimination in the delivery of health services
- inadequate education
- disproportionate poverty
- cultural differences

Rural AI/AN populations have an **increased risk** of chronic health conditions with the percentage of AI/AN adults in poorer health being 15.6% in rural vs. 11.1% in metropolitan areas.

The percentage of AI/AN adults with diagnosed diabetes is highest in rural areas (**18.9%**).

The highest incidence of **severe maternal morbidity and mortality** is among indigenous women residing in **rural** counties.

AI/AN women in rural areas experience severe maternal morbidity and mortality

NRHA Supported Legislation:

Indian Health Service Provider Expansion Act (H.R. 3670)

Reps. Stansbury (D-NM) and Leger Fernandez (D-NM)

Establishes an Office of Graduate Medical Education Program at the Indian Health Service (IHS) and helps expand the IHS Residency Program to expand access to care in Tribal communities.

Special Diabetes Program Reauthorization Act (S. 1855/H.R. 2550 in 118th Congress)

*Sens. Collins (R-ME), and Shaheen (D-NH),
Reps. DeGette (D-CO) and*

Reauthorizes and funds through calendar year 2025 the Special Diabetes Program for Type I Diabetes and the Special Diabetes Program for Indians.