

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,
- underfunded education,
- disproportionate poverty, and
- cultural differences

Rural AI/AN populations have an increased risk of chronic health conditions with the percentage of AI/AN adults with **multiple chronic conditions increasing** from 28.6% in large metropolitan areas to **35.5% in rural 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 that live in rural areas are more likely to have access to fewer healthcare facilities, leading to delays in receiving prenatal and emergency obstetric care.

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. 2211/H.R. 5461)

Sens. Collins (R-ME), and Shaheen (D-NH), & Reps. DeGette (D-CO), Billrakis (R-FL), and Ruiz (D-CA)

Reauthorizes and funds through calendar year 2025 the Special Diabetes Program for Type 1 Diabetes and the Special Diabetes Program for Indians.