

# 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 I Diabetes and the Special Diabetes Program for Indians.