

# American Indian and Alaska Native Health

We surveyed clinicians around the US that serve AI/AN women and assessed their knowledge on the Indian Health Care Improvement Act (IHCIA). The IHCIA is a cornerstone legal authority for the provision of health care for American Indian and Alaska Natives (AI/AN). The survey also asked clinicians to highlight the most pressing issues affecting AI/AN women and their access to health care. Below is a report of our findings.

## #1 What are the biggest priority issues affecting AI/AN Women?

### Mental Health

- 44% of clinicians ranked it as #1 priority issue.
- 27% of clinicians ranked it as #2
- 29% of clinicians ranked it as #3

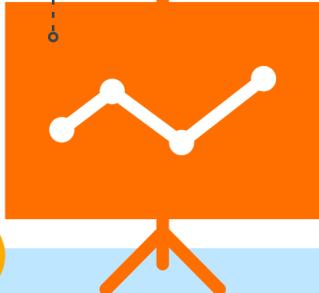
### Domestic Violence

- 40% of clinicians ranked it as #1 priority issue.
- 47% ranked it as #2
- 12% ranked it as #3



### Maternal Mortality

- 17% ranked it as #1 priority issue.
- 25% ranked it as #2
- 58% ranked it as number 3

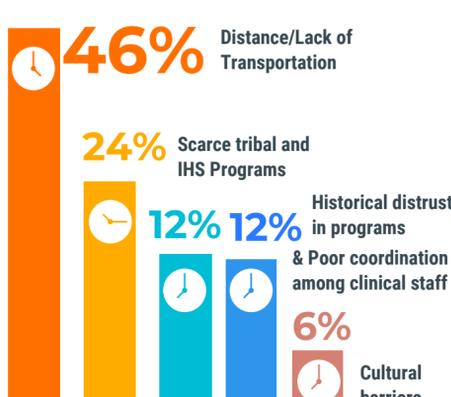


AI/AN women have the highest rates of maternal mortality, with AI/AN women having a two times higher rate of maternal mortality than white non-Hispanic women. Furthermore, AI/AN women and children are particularly vulnerable with maternal mortality, mental health and interpersonal and domestic violence being high priority health issues for the Indian Health Services (IHS) to address.

## AI/AN Health Equity and Disparities

Although the IHS provides clinicians many resources and tools to serve AI/AN populations, there are still huge gaps in accessing care for AI/AN populations which leads to health disparities and inequities. Clinicians still don't have the resources and tools they need to be able to provide health services to AI/AN women. At the same time, AI/AN individuals experience barriers to accessing care which leads to inequities and inadequate access to health care.

## #2 What are the biggest barriers AI/AN Women face when accessing care?

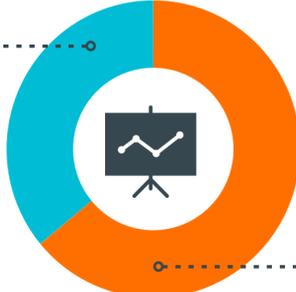


## #3 Clinician familiarity with the Indian Health Care Improvement Act



36%

Said they were either **extremely familiar, very familiar** or **moderately familiar**



64%

said they were either **slightly familiar** or **not familiar at all**.

## #4 Biggest benefits from the IHCIA.



30.4%

increased access to **preventive health services**



28.2%

increased availability of **tools for women's health**



23.9%

increased access to **women's health services**



17.3%

increased support of **health care delivery**

## #5 How can the IHCIA be improved?



15.3%

Expansion of programs for **mental and behavioral treatment and health**.



7.7%

said **additional funds**



7.7%

said **expansion for long-term care services, including home health care assisted living and community based care.**



3.9%

said **improvement of third party reimbursements to IHS facilities**

65% said **all of the above**

## #6 How well known is the IHCIA among AI/AN populations?



24%

of clinicians reported either **extremely well-known** or **very well-known**



24%

of clinicians reported AI/AN **moderately well-known**



52%

of clinicians reported **slightly well-known** or **not well known at all**

Clinicians were asked how well-known the IHCIA is among AI/AN. Clinicians reported that AI/AN individuals know about the Indian Health Care Improvement Act more than clinicians. This shows that the impacts of this piece of legislation is critical and that many AI/AN individuals receive life saving and valuable services due to this act.

## #7 What type of resources do clinicians need to serve AI/AN women better?

41.2%

**Program and Implementation resources**



34.3%

**Clinician resources**



12.7%

**Patient resources**



6.9%

**Other**



## Strengths and Limitations

### Limitations

- **No demographic information available**



### Strengths

- **Surveys from clinicians in the field**
- **Articulate evaluation of the IHCIA**
- **Highlights the biggest inequities and barriers to health care AI/AN women face.**

## Next Steps and Conclusions from stakeholders in the field

- Clinicians believe that addressing mental health is a priority for AI/AN women.
- Reimbursement and transportation to health and medical visits may help facilitate women receiving the full benefits of the IHCIA.
- AI/AN women suffer from disparities including maternal mortality, mental illness, and interpersonal and domestic violence. Specialized care must be expanded into the IHCIA to improve AI/AN health.
- The IHCIA must include additional funds and need of additional funds for program implementation and awareness.
- Congress should approve additional funds to increase awareness of services. Issues affecting AI/AN women go beyond the health care system.
- The IHCIA must include funds to improve COVID-19 relief and resources to AI/AN populations.
- Guidance is needed from ACOG on COVID-19 in AI/AN populated areas in the United States.
- Quality and evaluation measures should be created and incorporated into the IHCIA for improvement of health of AI/AN across AI/AN programs and facilities.
- A next step to increase resources from ACOG would be to engage with clinicians from different specialties.

To check out the full summary report:

[Click here](#)