

# 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 118<sup>th</sup> 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.