

# 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 rest of the U.S. population.

This is influenced by:

- higher mortality from preventable, chronic diseases
- structural inequities and barriers to care
- disproportionate poverty and other social drivers of health.

Rural AI/AN populations have an increased risk of chronic health conditions with **more than 1 in 3 adults having multiple chronic conditions** (compared to 28.6% in urban 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

### H.R. 3670 Indian Health Service Provider Expansion Act

*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.

### S. 2211/H.R. 5461 Special Diabetes Program Reauthorization Act

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

Reauthorizes and appropriates the Special Diabetes Program for Type I Diabetes .