

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.

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 highest incidence of **severe maternal morbidity and mortality** is among indigenous women residing in **rural** counties.

This is influenced by:

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

The percentage of AI/AN adults with diagnosed diabetes is highest in rural areas (18.9%).

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 .