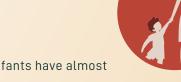


# AMERICAN INDIAN/ALASKA NATIVE DATA ON INFANT AND MATERNAL HEALTH DISPARITIES

AI/AN communities throughout the country, including urban AI/AN communities, experience significant maternal and infant health disparities compared to the general population.

## AI/AN Infant and Maternal Health Disparities





According to the HHS Office of Minority Health, Native infants have almost 2x the infant mortality rate as non-Hispanic whites.<sup>1</sup>



Native infants are also almost 3x more likely than non-Hispanic white infants to die from accidental deaths before the age of one year.<sup>2</sup>



Data from 2019 showed that Native mothers were almost 3x as likely to receive late or no prenatal care when compared to non-Hispanic white mothers.<sup>3</sup>



Additionally, Native infants are 50% more likely to die from complications related to low birth weight as compared to the same group.<sup>4</sup>



A report by the National Center for Health Statistics noted that between 2005 and 2014, American Indian/Alaska Native was the only racial or ethnic group that did not experience a decline in infant mortality.<sup>5</sup>

1. HHS Office of Minority Health, Infant Mortality and American Indians/Alaska Natives, <a href="https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlID=38">https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlID=38</a>. 2. Id.

- **3.** *Id.*
- **4.** Id.

5. Mathews TJ, Driscoll AK, Trends in infant mortality in the United States, 2005–2014, (2017) available at: https://www.cdc.gov/nchs/data/databriefs/db279.pdf



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## **URBAN AI/AN INFANT AND MATERNAL HEALTH DISPARITIES**

Over half of UIOs provide care for maternal health, infant health, prenatal, and/or family planning.

### **Premature Births**

A study of Natives in UIO service areas found that while birth rates, in general, were lower in the urban Native population (12.8 and 16.5 per 1,000 population, respectively), **premature birth rates for both urban and non-urban AI/AN were higher than those of all other races and ethnicities combined** (**12.3%** of live births among AI/AI in urban areas and 10.9% among the general population in the same area).<sup>6</sup>



A study that analyzed linked birth-death data from 1989 to 1991 found that nearly **15% of urban** AI/AN women did not receive adequate health care during pregnancy.<sup>7</sup>

Top 5 cities with the highest rates of inadequate prenatal care, highest proportion of AI/AN low birth weight babies, and highest neonatal and post-neonatal death rates during (1989-1991)<sup>8</sup>

Rank	Inadequate Prenatal Care	Low Birth Weight	Neonatal Death Rate	Post-neonatal Death Rate
1	Minneapolis/St. Paul, MN	New York City, NY	Buffalo/ Niagara Falls, NY	Yakima, WA
2	Yakima, WA	Boston area, MA	Providence, RI	Minneapolis/ St. Paul, MN
3	Billings, MT	Philadelphia/Wilmington/ Atlantic City area, NJ	Fall River/Warwick, MA	Redding, CA
4	Yuma, AZ	Great Falls. MT	Yakima, WA	Bakersfield, CA
5	Bellingham, WA	Washington DC/ Baltimore, MD	Bellingham, WA	Reno, NV



6. Castor ML, Smyser MS, Taualii MM, Park AN, Lawson SA, Forquera RA. "A nationwide population-based study identifying health disparities between American Indians/Alaska Natives and the general populations living in select urban counties." Am J Public Health, 2006;96(5).
7. Grossman DC, Baldwin LM, Casey S, Nixon B, Hollow W, Hart LG. "Disparities in infant health among American Indians and Alaska Natives in U.S. metropolitan areas." Pediatrics 2002;109(4): 627–33.







## Contributing Factors to AI/AN Infant and Maternal Health Disparities



#### Cost

- 41% of Al/AN women cite cost as a barrier to receiving the recommended number of prenatal visits.<sup>9</sup>
   Al/AN women are 3-4x more likely to begin prenatal care in the third trimester.<sup>10</sup>
- 21% of AI/AN women ages 15-44 are uninsured, compared to 8% of white women.<sup>11</sup>

#### **Discrimination**

23% of AI/ANs report they have faced discrimination in clinical settings due to being an AI/AN.<sup>12</sup>
 15% report avoiding medical care for themselves or family members due to fear of discrimination.<sup>13</sup>

#### Lack of Cultural Competency

- Access to culturally appropriate care can be difficult for AI/ANs living in urban areas, as most IHS clinics and hospitals, as well as Tribal healthcare facilities, are located on reservations.<sup>14</sup>
- National Partnership for Women and Families, American Indian and Alaska Native Women's Maternal Health: Addressing the Crisis, (2019), https://www.nationalpartnership.org/our-work/resources/health-care/maternity/american-indian-and-alaska.pdf;
- 10. Urban Indian Health Institute, Community Health Profile: National Aggregate of Urban Indian Health Program Service Areas, (2016), <a href="http://www.uihi.org/wp-content/uploads/2017/08/UIHI\_CHP\_2016\_Electronic\_20170825.pdf">http://www.uihi.org/wp-content/uploads/2017/08/UIHI\_CHP\_2016\_Electronic\_20170825.pdf</a>
- 11. National Partnership for Women and Families, American Indian and Alaska Native Women Face Pervasive disparities in Access to Health Insurance, (2019), https://www.nationalpartnership.org/our-work/resources/health-care/AIAN-health-insurance-coverage.pdf
- Harvard T.H. Chan School of Public Health, Poll finds more than one-third of Native Americans report slurs, violence, harassment, and being discriminated against in the workplace (2017), <a href="https://www.hsph.harvard.edu/news/press-releases/poll-native-americans-discrimination/">https://www.hsph.harvard.edu/news/press-releases/poll-native-americans-discrimination/</a>

   Id.
- 14. See Mental Health America, Native and Indigenous Communities and Mental Health Prevalence, <a href="https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health">https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health</a> (last accessed Aug. 20, 2022).

