



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



2x

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

3x

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

3x

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.³

50%

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



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.⁵

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

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>





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/AN in urban areas and 10.9% among the general population in the same area).**⁶



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.**⁷

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)⁸

| 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, Tavalii 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.

8. *Id.*





Contributing Factors to AI/AN Infant and Maternal Health Disparities



Cost

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

Discrimination

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

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.¹⁴

9. 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), http://www.uihi.org/wp-content/uploads/2017/08/UIHI_CHP_2016_Electronic_20170825.pdf

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>

12. 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), <https://www.hsph.harvard.edu/news/press-releases/poll-native-americans-discrimination/>

13. Id.

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

