Disparities in Access and Quality:
Policy Solutions to Advance Health Care for Native American Populations

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At United States of Care we recognize that health care disparities stem from systematic, institutional, and historical barriers. While continuously looking for common areas for improvement, we center the insights and experiences of persons most impacted by systemic health care barriers, particularly people of color, individuals in rural areas, and those with low incomes. We believe this is an important component of developing durable policy solutions to remove barriers to accessing quality, affordable health care for these communities. Guided by these values, in this issue brief we seek to uncover the significant disparities in access to health care for Native American communities, highlighting the current health coverage programs available to this population, limitations of these programs, and innovative ways that states and the federal government can provide culturally responsive health coverage to Native American communities.

Background

Native American communities in the United States face significant health disparities that are deeply rooted in historical and systemic issues. Generations of Native Americans have experienced historical trauma stemming from government operated boarding schools, forced relocation, and egregious examples of institutionalized racism, including the forced sterilization of Native American women which lasted well into the 1970s. Mistrust stemming from this colonization, institutional racism and discrimination, and cultural insensitivity continues to deter many Native Americans from engaging with health care systems, often leading to delayed treatment and worsened health outcomes. Currently, Native Americans experience elevated rates of preventable illness, including diabetes, chronic liver disease, and respiratory diseases, with a life expectancy that is 9.6 years shorter than that of their White counterparts. Native communities are also more likely to experience poorer overall mental health than other racial and ethnic groups in the U.S., with Native American adults and youth suicide rates significantly higher than the national average. During the COVID-19 pandemic, these disparities were further highlighted, as Native Americans experienced higher rates of infection and hospitalizations, particularly in communities like the Navajo Nation, which had one of the highest per capita infection rates in the country.

The Importance of Language

In this issue brief, we use the term "Native American" to refer to individuals whose ancestors inhabited the lands of what is now the continental United States prior to European colonization. Further, we recognize that identifying specific tribal nations is important for clarity, however much of this research addresses broader demographic trends and recommendations across Native American communities.

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These challenges are compounded by broader unaddressed social determinants of health, such as poverty, housing, and educational disparities, which further exacerbates existing health inequities in Native American communities. Addressing these disparities calls for a comprehensive strategy that includes **strengthening health care infrastructure, enhancing chronic disease prevention, and ensuring access to culturally responsive care for Native communities.**

Current Coverage & Service Programs

Indian Health Service

The health care infrastructure serving Native Americans is largely dependent on the Indian Health Service (IHS), a federal agency within the federal Department of Health & Human Services (HHS) responsible for delivering health services to 2.6 million Native Americans across 574 federally recognized tribes. Established in 1955, the IHS consists of a network of over 600 hospitals, clinics, and health centers offering a range of services, including primary care, emergency care, and preventive care.

The Indian Health Care Improvement Act (IHCIA), which was permanently reauthorized under the Affordable Care Act (ACA) in 2010, further bolstered the IHS by directing the agency to create comprehensive prevention, treatment, and behavioral health programs. Despite the reauthorization of the IHCIA under the ACA, **the IHS continues to face significant challenges, including chronic under investment, workforce shortages, and resource limitations.** Addressing these issues is crucial to fulfilling the federal government's treaty obligations and improving health outcomes for Native American communities.

The Affordable Care Act has significantly impacted health care access for Native populations by increasing revenue sources for the IHS. The ACA's provision for the expansion of Medicaid, has served as an important revenue source for IHS facilities. This extra revenue has enabled IHS facilities to enhance care access for Native individuals by:

- Broadening onsite services,
- Introducing new specialized care options like behavioral health and dental services,
- Cutting down appointment wait times, and
- Acquiring essential medical equipment.

Medicaid

The ACA has been instrumental in increasing health care coverage among Native individuals by introducing special benefits for Native Americans enrolled in Medicaid, such as exemptions from cost-sharing, premiums, or enrollment fees. These provisions, alongside the permanent reauthorization of the IHCIA under the ACA, have reinforced the federal government's commitment to improving health outcomes for Native populations by ensuring that more individuals have access to affordable, quality health care services.

Medicaid expansion under the ACA has significantly impacted Native American health by producing notable improvements in coverage. In the 10 states that have not yet expanded

Medicaid, **thousands of Native adults remain uninsured, highlighting the urgent need for comprehensive Medicaid expansion efforts across all 50 states.**

- From 2013 to 2017, states that expanded Medicaid saw an average 11% reduction in the rate of uninsured Native Americans, compared to only a 3% decrease in non-expansion states.
- **Expanding Medicaid in these remaining states could reduce the uninsured Native American population by an estimated 20%.** Oklahoma, formerly the state with the largest uninsured Native population, recently expanded Medicaid leading to a 4.5% increase in Native American enrollment within the first year.

Individual Marketplace

The ACA Marketplace has special provisions for members of federally recognized Native nations. Native individuals can enroll in Marketplace coverage year-round and are eligible for additional cost-sharing protections. Those with incomes between 100-300% of the Federal Poverty Level (FPL) are eligible for Marketplace plans offering zero-cost sharing plans, eliminating copays, deductibles, and coinsurance when receiving care from Indian health providers or for essential health benefits (EHBs). Those with incomes outside this range can enroll in limited cost-sharing plans, receiving similar benefits for care at IHS providers. These provisions help increase access to preventive health care services, improving overall health outcomes for Native communities by ensuring consistent, affordable access to care.

Medicare

Many disabled and elderly Native Americans are eligible to receive Medicare coverage. In addition to standard Medicare coverage, Native communities are eligible to receive more robust Medicare benefits. Native beneficiaries are not charged cost-sharing when receiving services or prescriptions using their Medicare coverage at IHS/Tribal/Urban Indian Organization (I/T/U) clinics and pharmacies. However, Medicare Advantage plans are not required to offer contracts with I/T/Us for services, meaning some Native beneficiaries may still be subject to cost-sharing. Native beneficiaries may still incur out-of-pocket expenses if they access services outside of the IHS system.

Limitations and Remaining Challenges

Chronic Under Investment

One of the most pressing issues in Native health care is the persistent funding gap that undermines the ability to provide adequate care to American Indian and Alaska Native communities. **Despite the IHS being tasked with delivering comprehensive health services to Native people, it remains severely underfunded**. The IHS per capita spending on health care is two to three times lower than other agency spending, despite Native populations facing some of the highest health disparity rates. According to the U.S. Government Accountability Office, per person federal agency health care spending in 2017 was:

- IHS: $4,078
- Medicaid: $8,109
- Medicare: $13,185
- Veterans Health: $10,69
- Federal prisons: $8,600

Without addressing these disparities in funding, Native communities will continue

to face challenges in accessing the quality care needed to improve health outcomes and close the gap in health disparities.

Workforce Shortages

In addition to funding deficits, Native communities face **significant barriers to accessing services** due to a shortage of health care professionals, particularly in rural and remote areas where many Native nations are located. This shortage is especially pronounced in specialized fields like behavioral health, where the need for access to culturally competent providers is critical due to the high prevalence of mental health issues and substance use disorders in these communities. The lack of providers is driven by several factors, including the difficulty of attracting and retaining health care professionals in rural locations, the limited availability of medical training programs in these areas, and insufficient incentives for providers to work in Native nations. As a result, Native individuals often experience delays in receiving care, limited access to specialists, and an overall lower quality of care compared to other populations. **Addressing these workforce challenges are essential for improving health care access and ensuring that Native communities receive the comprehensive, culturally appropriate care they need.**

Culturally Responsive Care

Cultural competency and trust are critical barriers that hinder Native populations from accessing adequate health care. The legacy of colonialism, characterized by land theft, forced assimilation, and genocidal acts, has left a profound impact on Native communities, fostering deep-seated historical trauma that persists across generations. This trauma, compounded by ongoing discrimination, has eroded trust in Western health care systems which often fail to acknowledge or incorporate Native cultural practices and healing traditions.

Through USofCare's community conversations with several Native women about their experiences with the health care system, **it is clear that mistrust of the health care system due to decades of historical trauma and mistreatment is a major obstacle to Native people seeking treatment for their health needs.** A majority of participants shared some degree of mistrust with the health care system, and all of those who experienced mistrust indicated that it contributed to their reluctance to seek care. Furthermore, most participants shared that either they or someone in their community had faced stereotyping in health care, and felt dismissed by providers. The lack of culturally responsive care, where health care providers understand and respect Native worldviews, further exacerbates health disparities. Many Native individuals remain wary of seeking health care from institutions that are perceived as disconnected from their cultural identity, reinforcing a cycle of mistrust and underutilization of health care services. To bridge this gap, **it is essential to integrate culturally responsive approaches that honor and incorporate traditional practices, thus fostering a sense of trust and safety within Native communities.**

State Efforts

In addition to expanding their Medicaid programs, several states have implemented successful programs to further address Native American health needs through innovative state-level initiatives.

State Funding

While much of the responsibility for Native American health care falls on the federal government to fulfill its treaty obligations through agencies like the IHS, state governments can also take significant steps to address gaps in care. Increased state funding can be a powerful tool to make health care more affordable and accessible for Native communities, ultimately improving health outcomes by reducing financial barriers and expanding coverage options. States can enhance Native American health care in various ways, such as leveraging programs within state-based marketplaces to make coverage more affordable or investing in transportation and health infrastructure in rural Native nations. These approaches can help bridge the gaps left by federal efforts and ensure that Native Americans receive the care they need.

New Mexico has worked to enhance access to health care for Native Americans by increasing state funding through the Health Insurance Marketplace Affordability Program, established under the Health Care Affordability Fund. This program aims to lower premiums and out-of-pocket costs for individuals obtaining coverage through BeWellNM, New Mexico's Health Insurance Marketplace. Specifically, the program provides Native Americans with premium assistance through $0 coverage options for those who qualify for ACA premium tax credits.

Workforce Development

Workforce development in Native nations is crucial for strengthening the health care system, particularly in underserved communities. By investing in training programs that emphasize culturally responsive care, states can address mistrust and improve the quality of care for Native American populations. Additionally, offering incentives such as loan forgiveness, scholarships, and competitive salaries can attract and retain providers who are committed to working in and serving these communities.

In Arizona, the Area Health Education Centers (AHEC) program, authorized under Ariz. Rev. Stat. § 15-1643 and executed by the Arizona Board of Regents, plays a critical role in enhancing access to quality health care by improving the supply and distribution of health care professionals, particularly in underserved areas. Arizona's regional AHEC centers, support health professions education and address health disparities by partnering with Native organizations like the Arizona Advisory Council on Indian Health Care and educational institutions. The American Indian Health-AHEC (AIH-AHEC) is recognized to be the first AHEC to concentrate solely on improving the Native workforce. These state workforce development programs educate young people about their career potentials while also creating a pipeline to serve their communities effectively.

Stakeholder Engagement

Effective stakeholder engagement is critical for developing a health care system that truly addresses the needs of Native American communities, as it ensures that the voices of those directly affected by health policies are heard and integrated into decision-making processes. States can foster this by engaging in meaningful Native nation consultation while developing and implementing policy solutions, including Native American leaders in health care task forces,

and incorporating feedback from Native health care providers in program design. These collaborative efforts help ensure that policies are culturally responsive to the unique challenges faced by Native American communities, leading to more equitable health outcomes.

Following Minnesota Executive Order 13-10, the Minnesota Department of Health (MDH) established a Tribal Consultation Policy that mandates consulting with Native nations before making decisions impacting them. This policy, which applies to all MDH programs and divisions, ensures that MDH's mission to protect and enhance public health considers the unique relationship between the State of Minnesota and the Native nations that reside there. The MDH tribal liaison, who serves as the official point of contact for the 11 federally recognized Native nations in Minnesota, plays a crucial role in enforcing this policy. The liaison enforces the Tribal Consultation Policy by ensuring MDH program compliance, coordinating consultations with Native nations, supporting MDH division directors with communication needs, and maintaining up-to-date records of all consultation activities while leading the MDH Internal American Indian Advisory Committee. These efforts create tailored, community-driven strategies that are imperative to address the health needs of Native Americans.

Federal Solutions

Addressing Funding Gaps

Despite the reauthorization of the IHCIA, many IHS initiatives remain unfunded, making it challenging to achieve workforce development, upgrade services, enhance facilities, and invest in behavioral health. To close this gap, Congress should create non-competitive direct funding channels, allowing Native nations to access necessary resources without competing against state and local governments, which often have more grant-writing resources.

Increasing funding for the IHS is crucial. This would protect Native American communities' access to health care and ensure that the federal government can continue its commitment to provide high quality healthcare for Native Americans throughout the U.S. Moreover, it is essential that the IHS budget increases annually to account for inflation, population growth, and program expansion. Ultimately, transitioning to mandatory direct appropriations for the IHS would ensure the agency receives strong and consistent funding, rather than being left to compete for remaining funds.

Workforce Development

To address the significant health care disparities faced by Native communities, it is crucial the federal government take steps to fortify the health care workforce. This can be achieved by increasing federal funding for IHS scholarship and loan repayment programs, which are vital for recruiting and retaining qualified medical professionals in these underserved areas. Creating a tax-exempt status for IHS scholarships and loan repayment programs would allow the IHS to provide additional loan payment contracts to providers, further incentivizing health care workers to serve Native communities.

The federal government can create a robust pipeline of local, culturally responsive providers by investing in health education infrastructure, such as Area Health Education Centers or Tribal colleges and universities (TCUs). By targeting these investments, we can expand opportunities

for Native youth to pursue careers in health care and ensure that future generations have access to high-quality, culturally appropriate care.

Conclusion

Native American communities continue to face significant health disparities rooted in historical and systemic issues. Despite the existence of programs like the Indian Health Service, Medicaid, and the Affordable Care Act, challenges such as chronic underfunding, workforce shortages, and cultural barriers persist, impacting access to quality health care.

It is imperative that policymakers take immediate action to effectively address these inequities. Federal lawmakers should prioritize increased funding for the Indian Health Service, in addition to greater investment in workforce development and scholarship programs to increase the number of culturally responsive health care professionals in Native communities. Similarly, states should expand Medicaid and actively collaborate with Native nation leaders to pursue health policy solutions that meet the unique needs of Native populations. Through implementing these strategies, policymakers can work towards closing the health gaps faced by Native communities and fulfilling the federal government's treaty obligations to provide high-quality health care to Native Americans.