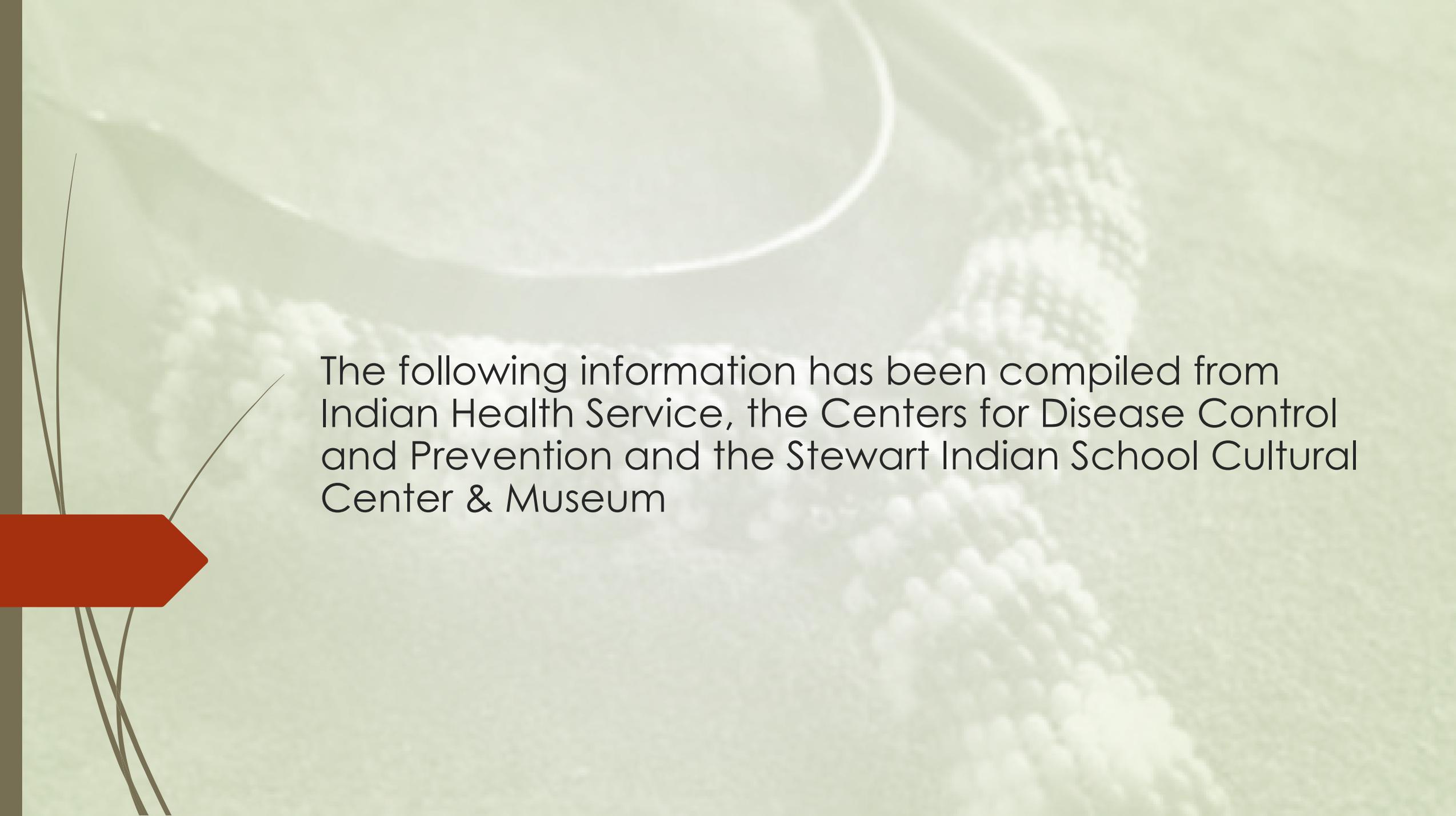




Nevada Indian Commission: American Indian Health Care Inequities

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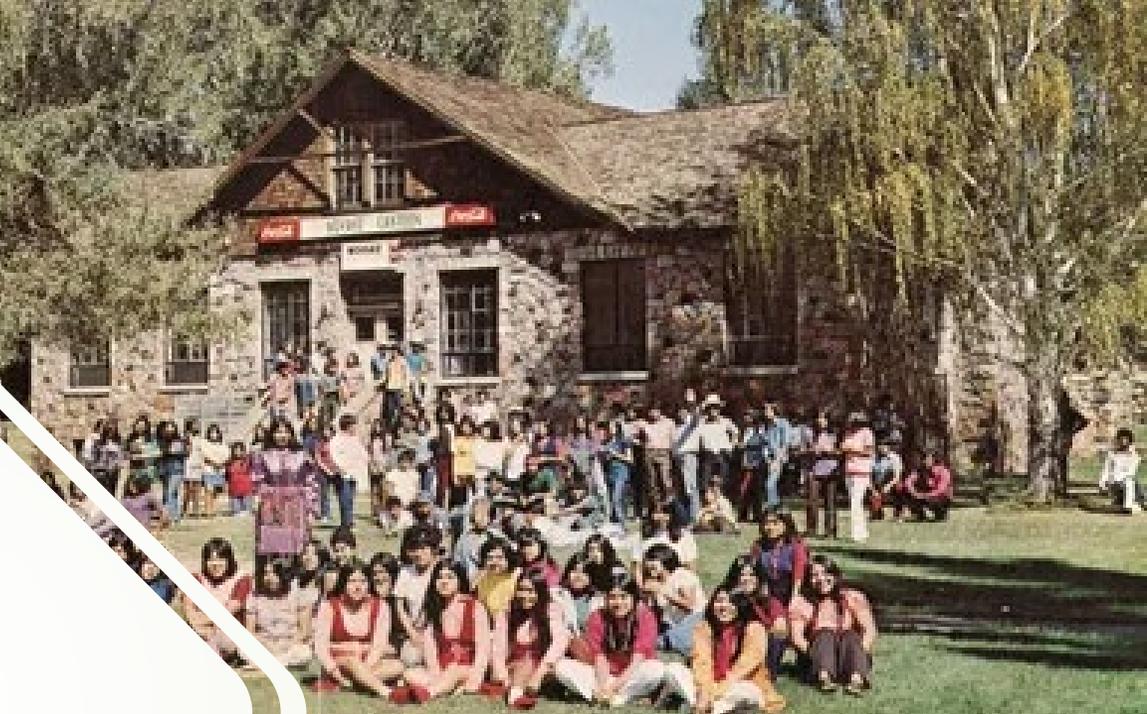
The following information has been compiled from Indian Health Service, the Centers for Disease Control and Prevention and the Stewart Indian School Cultural Center & Museum



Native American Heritage Month

American Indians have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions which are directly related to forced assimilation through Indian Boarding Schools.

For example, for 90 years beginning in 1890, the United States' federal government operated an Indian boarding school in Carson City, our state capital. Every Paiute, Shoshone and Washoe in Nevada has a relative within three generations who was forced, often through violence to attend boarding school. Children attending boarding schools like Stewart often suffered from malnutrition due to extreme diet changes, and unattended injuries or infections resulting from the violence they endured.





Today, diseases of the heart, malignant neoplasm, unintentional injuries, and diabetes are leading causes of American Indian and Alaska Native deaths (2009-2011).

American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively).

American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.

Given the higher health status enjoyed by most Americans, the lingering health disparities of American Indians and Alaska Natives are troubling. In trying to account for the disparities, health care experts, policymakers, and tribal leaders are looking at many factors that impact upon the health of Indian people, including the adequacy of funding for the Indian health care delivery system.





The Centers for Disease Control and Prevention (CDC) released a study in August of 2020 that specifically examined how COVID-19 affected American Indians, one of the racial and ethnic minority groups at highest risk from the disease. The CDC found that in 23 selected states, the cumulative incidence of laboratory-confirmed COVID-19 cases among AI/AN was 3.5 times that of non-Hispanic whites.

These data also showed that AIs who tested positive for COVID-19 tended to be younger (people under 18 years of age) than white non-Hispanic individuals with COVID-19 infection. (12.9 percent AIs; 4.3 percent white)



CDC studies showed that American Indians are among the racial and ethnic minority groups at higher risk for severe COVID-19 outcomes. Persisting racial inequity and historical trauma have contributed to disparities in health and socioeconomic factors between American Indians and white populations that have adversely affected tribal communities. The elevated incidence within this population might also reflect differences in reliance on shared transportation, limited access to running water, household size, and other factors that might facilitate community transmission.



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