



American Indian and Alaska Native Experiences Accessing Health Care



Advancing Health Equity

Health equity is realized when each individual has a fair opportunity to achieve their full health potential, regardless of their social, economic, demographic or other differences (World Health Organization, 2017). Reducing health inequities or disparities requires ensuring equity in access, treatments, and outcomes. Compared to white Americans, **American Indians and Alaska Natives (AIANs) report significantly poorer overall health outcomes, and higher diagnosis rates** in chronic conditions such as asthma (AIAN 18.2%; White 16.6%), diabetes (AIAN 12.4%; White 8.2%), and heart disease (AIAN 14.5%; White 9.2%) (CHIS, 2016-2018). Community stories highlight stark disparities and fundamental barriers in accessing care. The key findings and recommendations from community focus groups can address disparities and improve health care quality for all Californians.



Improving access to care

- Health care is expensive outside of Indian Health Services facilities. *"There were literally times where it was like, 'are we going to eat Top Ramen for the rest of the month or am I going to buy this Advair?'"*
- AIANs are frustrated with the profit-driven nature of health care. They feel rushed through appointments and overly or unnecessarily prescribed with medications. *"I was diagnosed with diabetes, they put me on a [diabetes] medication and heart mediation...The heart meds made my heart race but my doctor kept saying to take it. Eventually, I stopped taking them... changed my diet and starting to exercise and my levels have lowered. I don't even tell my doctor who keeps pushing the heart meds."*
- Barriers persist in accessing specialty care and navigating the fragmented health insurance system for AIANs. *"Chapa-De [Indian Health] is nice but they always refer you out. My daughter had to be referred out for her heart problem and it was difficult*

"The Medi-Cal doctors, it's really hard to get appointments with them. We became regulars at the Emergency room because of that."

– Focus group participant

to change to a new provider. They always bill her wrong... They're hoping that she'll just pay it and then never ask any questions."

RECOMMENDATIONS

- Increase access to quality health care, particularly specialty care for AIAN individuals regardless of their health coverage types.
- Lower health care costs and prescription drug prices for low-income AIANS.



Improving experiences with providers

- AIANs share a lack of trust and confidence in providers to provide culturally sensitive care.
"When I go as a Medi-Cal patient, I feel like they treat me differently. I feel like I can't be honest with them. But when I go to my native health clinic, I tell my doctor everything."
- AIANs report insensitive, stigmatizing, and discriminatory provider treatment towards them, particularly around weight and diet issues.
"As soon as they find out you're native, they ask you about your weight and diet." "I've had a few experiences that made me feel like I didn't belong in this country and like I didn't deserve to get the services I needed."

"One doctor that I had ... she literally walked in and said, 'Do you need diet pills?' And I said, 'I'm here for a frickin' in-grown toenail!"'

– Focus group participant

RECOMMENDATIONS

- Promote person-centered care model and culturally appropriate care that understand the needs of AIANs particularly outside Indian Health Services.
- Require cultural sensitivity training for all providers when serving AIANS.

METHODOLOGY

CPEHN and California Consortium for Urban Indian Health (CCUIH) partnered in 2019 to learn more about the experiences of American Indian or Alaska Native (AIAN) individuals and caregivers in accessing quality, culturally and linguistically appropriate care. CCUIH recruited AIAN community members living in the Sacramento region. Participants had health coverage, used or had a family member who had used health care in the past year, were over 18 years old, self-identified as AIAN, and were available to participate at the designated time and place of the focus group.

California Pan-Ethnic Health Network - www.cpehn.org

California Consortium for Urban Indian Health - www.ccuih.org

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