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American Indian and Alaska Native (AI/AN) Health Status Report

Acknowledgments

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Executive Summary

This report was created for the Utah Native American Legislative Liaison Committee to inform them of the health status of the American Indian/Alaska Native population in accordance with S.B. 28.[1]

American Indians and Alaska Natives (AI/AN) make up 1% of the state of Utah's population. Historically the AI/AN population has been subject to violence, relocation, and other systemic issues which have contributed to significant differences in AI/AN exposure to risk factors when compared to the general population of Utah.[2]

Some of the risk factors for poor health outcomes include:

- **Adverse Childhood Experiences (ACEs)**: AI/AN are 1.5 times as likely to have had 4+ ACEs than the general population.
- **Rural Living**: AI/AN are 2 times as likely to live in rural areas than the general population.
- **Poverty**: AI/AN are 2 times as likely to live in poverty than the general population.
- **Education**: AI/AN are half as likely to have a college degree than the general population.
- **Discrimination**: AI/AN are 2 times more likely to be discriminated against in a healthcare setting than the general population.

From 2020-2022 these and other risk factors lead to disparate health outcomes among the AI/AN population. Including,

- **Disability**: AI/AN are 1.3 times as likely to have a disability than the general population.
- **Drug overdose mortality:** AI/AN are 2 times as likely to die from a drug overdose than the general population.
- **Unintentional Injuries**: AI/AN are 2 times more likely to die from unintentional injuries than the general population.
- **Diabetes**: AI/AN are 2 times as likely to have diabetes than the general population and are 2.5 times more likely to die from diabetes.
- **COVID-19**: AI/AN are over 3 times more likely to die from COVID-19 than the general population.
- **Liver disease:** AI/AN are over 4 times more likely to die from chronic liver disease and cirrhosis than the general population.

Detailed report: introduction

This report identifies health disparities between the American Indian and Alaska Native (AI/AN) population in Utah and the general Utah population. The AI/AN population has been subject to many systemic and structural disadvantages including poverty, poor access to resources, and historical trauma from violence, displacement, assimilation, and racism.[2] Any disparities in health outcomes or behaviors identified in this report should be viewed as effects of these underlying inequities, not as inherent vulnerabilities of the AI/AN people.[2]

In Utah there are 8 federally recognized tribes. Federally recognized tribes are acknowledged by the U.S. government as sovereign entities in the U.S. constitution, treaties, legislation, executive orders and supreme court decisions. [3-8] This sovereign status is the legal basis for the tribes to engage with federal and state partners on a government-to-government basis.

Additionally, Governor Herbert signed an executive order in 2014 mandating that state offices create formal policies for consulting with tribes.[9-11] The Utah Department of Health and Human Services (DHHS) implemented formal policies to engage in consultation with the tribes through the Office of American Indian/Alaska Native Health and Family Services (IHFS). Together, the state of Utah and tribes seek to improve the health status of their AI/AN populations.

Utah is home to the following tribes (Figure 1):

- Confederated Tribes of the Goshute Reservation
- Navajo Nation
- Northwestern Band of Shoshone Nation
- Paiute Indian Tribe of Utah
- San Juan Southern Paiute
- Skull Valley Band of Goshute
- Ute Indian Tribe of the Unitah and Ouray Reservation
- Ute Mountain Ute Tribe

The terms “American Indian” and “Alaska Native” refer both to a racial and political identity.[12,13] While a person’s race is self-identified, their political identity is dependent on their enrollment in a federally recognized tribe. AI/AN political status entitles a person to health services through the Indian Health Service (IHS), tribally owned and operated health facilities (often referred to as a ‘638 facilities’ for PL 93-638 authority), and the Urban Indian Organization (UIO). These 3 organizations are collectively referred to as the I/T/U or Indian Health System.[14]

Detailed report: introduction cont.

In Utah, the I/T/U consists of:

- **I** = Two federal Indian Health Service (IHS) service units
    - Ute Mountain Ute service unit
    - Unitah-Ouray service unit

- **T** = Five tribally owned and operated facilities
    - FourPoints Health (Paiute Indian Tribe of Utah)
    - Nat-su Healthcare (Skull Valley Band of Goshute)
    - NWBSN Health and Human Services (Northwestern Band of Shoshone Nation)
    - Sacred Circle Healthcare (Confederated Tribes of the Goshute Reservation)
    - Utah Navajo Health System (Navajo Nation)

- **U** = One Urban Indian Organization (UIO)
    - Urban Indian Center of Salt Lake

The Utah Indian Health Advisory Board (UIHAB) is a group of health officials appointed by their respective tribes to communicate with state officials on health and public health issues. This group primarily collaborates with the Utah Department of Health and Human Services (DHHS) through the Office of American Indian/Alaska Native Health and Family Services (IHFS).

The UIHAB identifies priority topics every 2 years. These priorities guide IHFS' and UIHAB's work to improve the health status of AI/AN people in Utah. The 2024-2025 priorities are:

1. Mental and behavioral health
2. Quality health services
3. Health promotion and disease prevention
4. Medicade and Medicaid expansion

Statements from UIHAB representatives about these priorities will be included throughout this report.

Map of Utah tribal lands

Figure 1: Utah Tribal Lands Map

Created by P. Perry; Utah Divison of Water Resources S/200
Updated by K.John; Utah Department of Health 11/2019

Data notes

This report uses data from the Utah Department of Government Operations Technology Services quarterly reports and the Utah Indicator Based Information System for Public Health website, available at https://ibis.health.utah.gov/ibisph-view/. Statistical significance was determined by comparing the confidence intervals provided on the Utah Indicator Based Information System for Public Health website. Statistically significant differences are noted in text and indicated in the figures with an asterisk (*).

This report identifies both statistically significant and non-significant differences. Nonsignificant differences are discussed for 2 primary reasons: First, it is difficult to show statistically significant differences between the Utah AI/AN population and the overall Utah population because the Utah AI/AN population is small. Second, non-significant statistical differences can be a first step in recognizing health disparities among small populations and can open the door for further investigation.

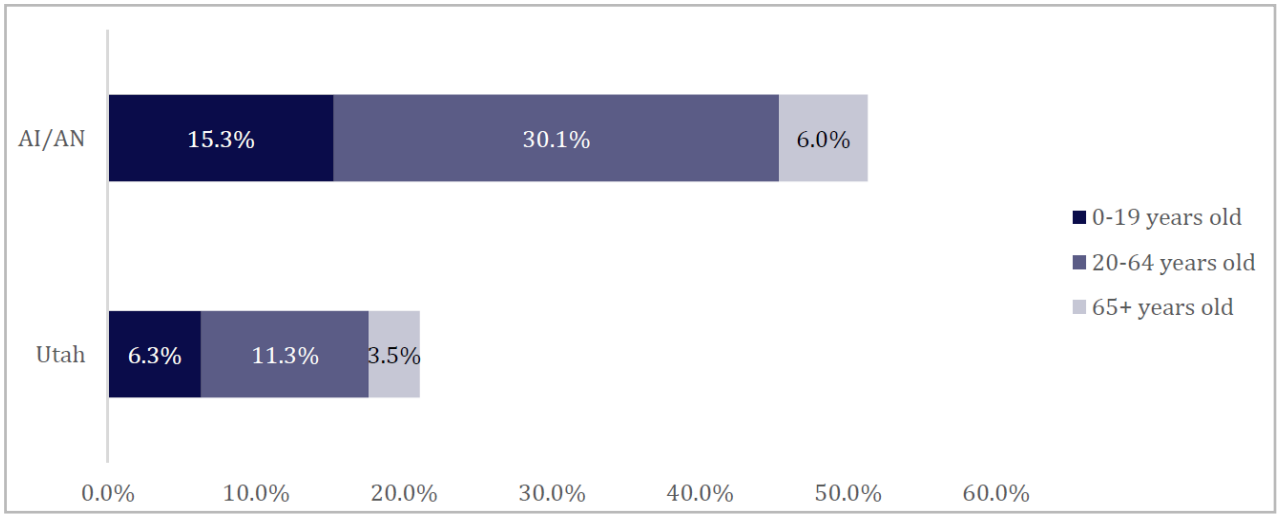
The AI/AN population used throughout this report includes those who identified their race as AI/AN alone and reported their ethnicity as non-Hispanic or did not report an ethnicity.

Demographics

A majority (51.3%) of AI/AN in Utah live in rural or frontier counties, however, this is not uniform across all age groups (Figure 2). Most AI/AN between 20 and 65 years old live in urban areas, while AI/AN under 20 and older than 65 live in rural or frontier areas (table 1). This trend suggests that working-age AI/AN people move to urban areas for school, work, or other opportunities. In comparison, 78.1% of the population of Utah resides in urban settings, with a majority residing in urban areas across all age groups.

Living in a rural or frontier area is a risk factor for many health outcomes including heart disease, cancer, and unintentional injuries.[15] Generally speaking, those living in rural areas have poorer access to specialty or emergency healthcare, have higher rates of poverty, and engage in riskier driving behaviors.

Figure 2: Percent of population living in rural and frontier areas by age, 2023



Source: Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 1: Percent of population by rural/urban/frontier residence type, 2023.

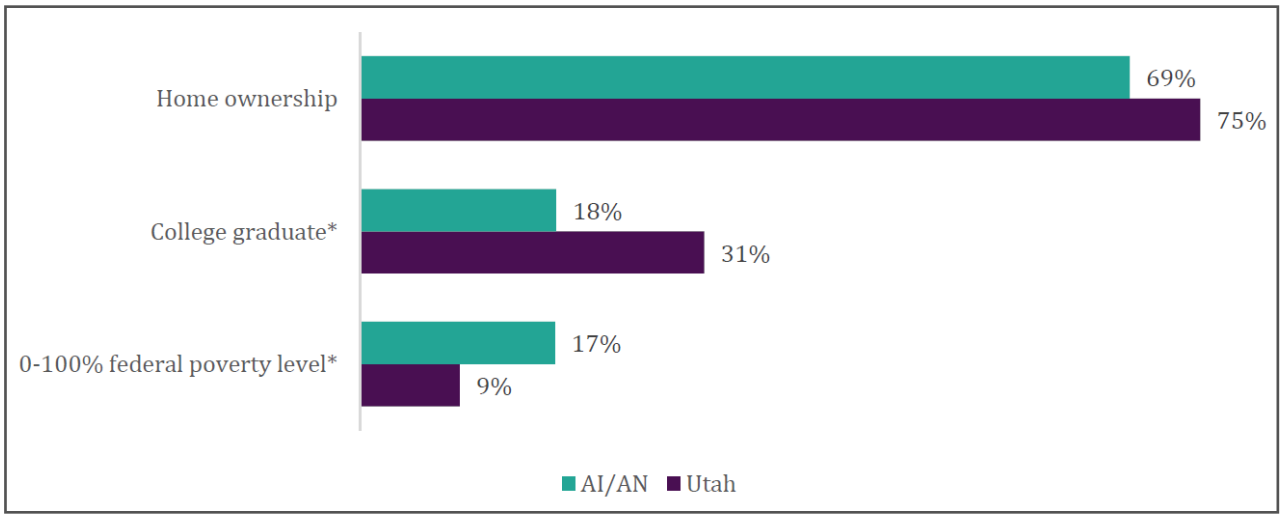
		0-19 Years old	20-64 Years old	65+ Years old	**Total**
AI/AN	Urban	12.5%	33.0%	3.1%	48.7%
	Rural	7.7%	16.1%	2.8%	26.6%
	Frontier	7.6%	14.0%	3.2%	24.8%
	Total	27.8%	63.1%	9.2%	100.0%
Utah	Urban	24.3%	46.1%	8.5%	78.9%
	Rural	5.5%	9.9%	3.0%	18.4%
	Frontier	0.8%	1.4%	0.5%	2.6%
	Total	30.7%	57.4%	12.0%	100.0%

Source: Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Socioeconomic status

Poverty, education, homeownership and other socioeconomic factors play a significant role in a person's health. These non-medical factors "have a greater influence on health than either genetic factors or access to healthcare services."[16] The AI/AN population has higher poverty rates and lower levels of education compared to the general population in Utah (figure 3).

Figure 3: Socio-economic characteristics of the AI/AN population, 2020-2022, (age adjusted percent of population)



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 2. Percent of population that own their home, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	65.2	55.9	73.4	74.4	73.8	75
	Rural/frontier	74.4	65.4	81.7	79.9	78.7	81.1
Sex	Male	68.9	57.8	78.2	74.9	74.1	75.6
	Female	68.7	60.7	75.8	74.8	74	75.6
	Overall	**68.6**	**62.1**	**74.4**	**74.9**	**74.3**	**75.4**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 3. Percent of the population with at least a college degree, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	20.5	13	30.9	32.5	31.8	33.2
	Rural/frontier	14.8	9	23.3	23.6	22.5	24.7
Sex	Male	23.2	15.6	33.1	32.7	31.9	33.6
	Female*	14.1	8.8	21.8	28.9	28.1	29.8
	Overall*	**17.5**	**12.4**	**24.1**	**30.7**	**30.2**	**31.3**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 4. Percent of population at or below the federal poverty line, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	13.5	7.6	23	8.8	8.2	9.3
	Rural/frontier*	26.9	20	35	8.9	7.9	10.1
Sex	Male †	9.66	4.21	20.64	7.1	6.6	7.7
	Female*	23.6	16.4	32.7	10.9	10.1	11.7
	Overall*	**17.4**	**12.2**	**24.2**	**8.9**	**8.5**	**9.4**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Access to healthcare

The general Utah population and the AI/AN population have similar levels of health insurance coverage. Additionally, both groups experience the barrier of not accessing care because of high costs. However, AI/AN people report higher levels of discrimination in healthcare (figure 4).

While insurance, cost, and proximity to a provider or health facility are important aspects of healthcare access, culturally appropriate and non-discriminatory care is also essential.[17] Below, several I/T/U professionals have provided their insight into how the I/T/U is working to improve access to quality health services.

UIHAB priority: access to quality healthcare services

Shawn Begay - UIHAB Chairman, Public Health Director, Utah Navajo Health Systems (UNHS)
Ryan Ward - UIHAB Vice-Chairman, Clinical Director, Urban Indian Center of Salt Lake (UICSL)
Ed Napia - UIHAB Member, Commercial Tobacco Cessation Specialist, Nat–su Healthcare
LaTosha Mayo - UIHAB Member, Health Director, FourPoints Health
Rich Persons - Clinical Director, FourPoints Health

One of UIHAB's top priorities is making sure AI/AN have access to quality healthcare services. The I/T/U implemented creative solutions to address this priority.

Expanding service locations

Many Utah tribes are located in rural or frontier areas that may lack the services they need. Additionally, tribal members may not have access to the transportation needed to drive to the nearest services.

Some tribes have addressed this by bringing their own facilities to these remote areas. Shawn points out that before UNHS began providing services, residents of the Utah portion of the Navajo Nation "would go to get services in Shiprock [New Mexico], Kayenta [Arizona], or Red Mesa [Arizona]." Now, UNHS has 4 clinics from Blanding to Navajo Mountain.

The Paiute Indian Tribe of Utah (PITU) uses a similar solution. "For our tribe, our reservations lands are not in a single location. We have land throughout 5 different counties and as such, we have tribal members from central Utah all the way to the southwest...so we have our clinics in each of those different areas" says LaTosha.

Mobile clinics

UNHS uses mobile clinics to reach patients who live far from clinics. Shawn says, "Patients aren't always able to come to where we are at, so we have a mobile unit. It has a physician's assistant, nurse, and is equipped with clinic resources. [The mobile clinic] travel[s] to chapter houses in the area and people can schedule their visits when it comes by."

Tribal ownership of facilities

According to Ed, "there is a lack of trust" of federal healthcare facilities among members of the Skull Valley Band of Goshute. However, because the tribe owns and operates Nat-su Healthcare, members of the tribe "come to the health clinic because it is theirs. It is literally theirs." LaTosha explains how before the PITU had their own facility, there were long waits for specialty care plans to be approved by the Indian Health Service (IHS). This often led to care plans becoming obsolete before they were approved. "Now that we are self-governing," she said, "we get to look at the needs of the patient without having a lengthy approval process."

Case management

UICSL patients include tribal members who live along the Wasatch Front. Ryan explains that while these patients may live close to many quality healthcare facilities, other factors like "unstable housing, a lack of reliable transportation, health insurance, and access to reasonably priced healthcare" can limit AI/AN healthcare access. Ryan says, "we are more than a healthcare provider, we are a community center. We have case management staff who are experienced in finding resources to help alleviate these issues."

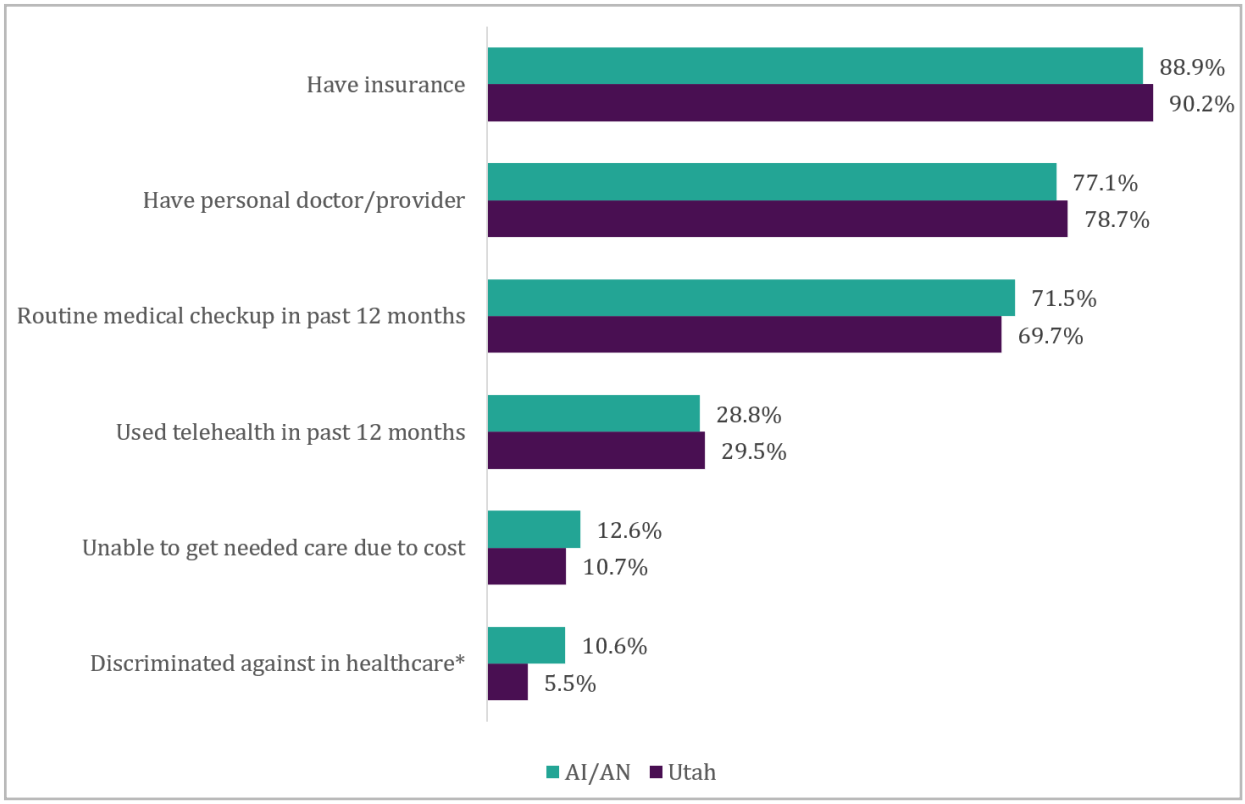
Transportation for specialty care

Patients in rural areas who need specialty care are often referred to healthcare providers in Salt Lake City or other metropolitan areas. Both LaTosha and Shawn mentioned the importance of their facilities' non-emergency transportation that drives their patients to specialty care facilities.
Integration of native culture

I/T/U facilities incorporate native culture and traditional practices into their work to build trust and improve health outcomes in AI/AN patients. According to Ed Napia, Nat-su's drug and alcohol treatment program uses Native American spirituality. He explained, "It is a very inclusive spirituality, even for the non-native persons receiving care at the facility."

Native culture is also incorporated into treatment at UNHS. Shawn says, "We have a lot of patients that believe in traditional medicine here. We honor that. We have traditional practitioners here." According to Rich, when FourPoints Health is onboarding employees, they educate them about the culture of the Paiute Indian Tribe of Utah. LaTosha explained, "A lot of times western medicine and cultural medicine are separated. Our team works to move them together. If you intertwine your cultural ties into medicine, your progress will be faster."

Figure 4: Access to healthcare among the AI/AN population, 2020-2022, age-adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 5. Percent of population with health insurance, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban †	87.3	78.69	92.75	90.8	90.3	91.3
	Rural/frontier	91.3	85.1	95	89.3	88.22	90.4
Sex	Male †	84	75.21	90.09	89.6	88.9	90.2
	Female †	91.28	83.95	95.45	90.9	90.3	91.6
	Overall	**88.9**	**82.9**	**92.9**	**90.2**	**89.8**	**90.7**

† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 6. Percent of population with personal doctor/provider, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	81.1	73.6	86.9	79.5	78.8	80.2
	Rural/frontier	74.7	65	82.5	77.6	76.2	78.9
Sex	Male	71.6	61.9	79.6	73.5	72.6	74.4
	Female	81.8	75.1	87.1	84	83.2	84.7
	Overall	**77.1**	**70.9**	**82.2**	**78.7**	**78.1**	**79.3**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 7. Percent of population with routine medical checkup in past 12 months, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	71	60.7	79.4	70.1	69.4	70.9
	Rural/frontier	74.5	64.1	82.7	68.4	66.9	69.9
Sex	Male	67.2	54.6	77.7	65.7	64.8	66.6
	Female	73.6	65.3	80.5	73.7	72.8	74.7
	Overall	**71.5**	**64.1**	**77.9**	**69.7**	**69**	**70.3**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 8. Percent of population that used telehealth in past 12 months, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	31.5	20.3	45.4	30.8	29.8	31.8
	Rural/frontier	26.9	15.7	42	24.2	22.4	26.2
Sex	Male	36.6	22.4	53.6	24.6	23.5	25.8
	Female	23.3	14.5	35.2	34.4	33.1	35.7
	Overall	**28.8**	**20.1**	**39.5**	**29.5**	**28.6**	**30.4**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 9. Percent of population unable to get needed care due to cost, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	11.9	7.4	18.6	10.5	10	11.1
	Rural/frontier	13.4	8.2	21.1	10.6	9.6	11.6
Sex	Male	16.2	9.7	25.7	9.4	8.8	10
	Female	11.1	6.7	18	12.1	11.4	12.8
	Overall	**12.6**	**8.8**	**17.7**	**10.7**	**10.3**	**11.2**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 10. Percent of population that experienced discrimination in a healthcare setting, 2020-2022, (age-adjusted)

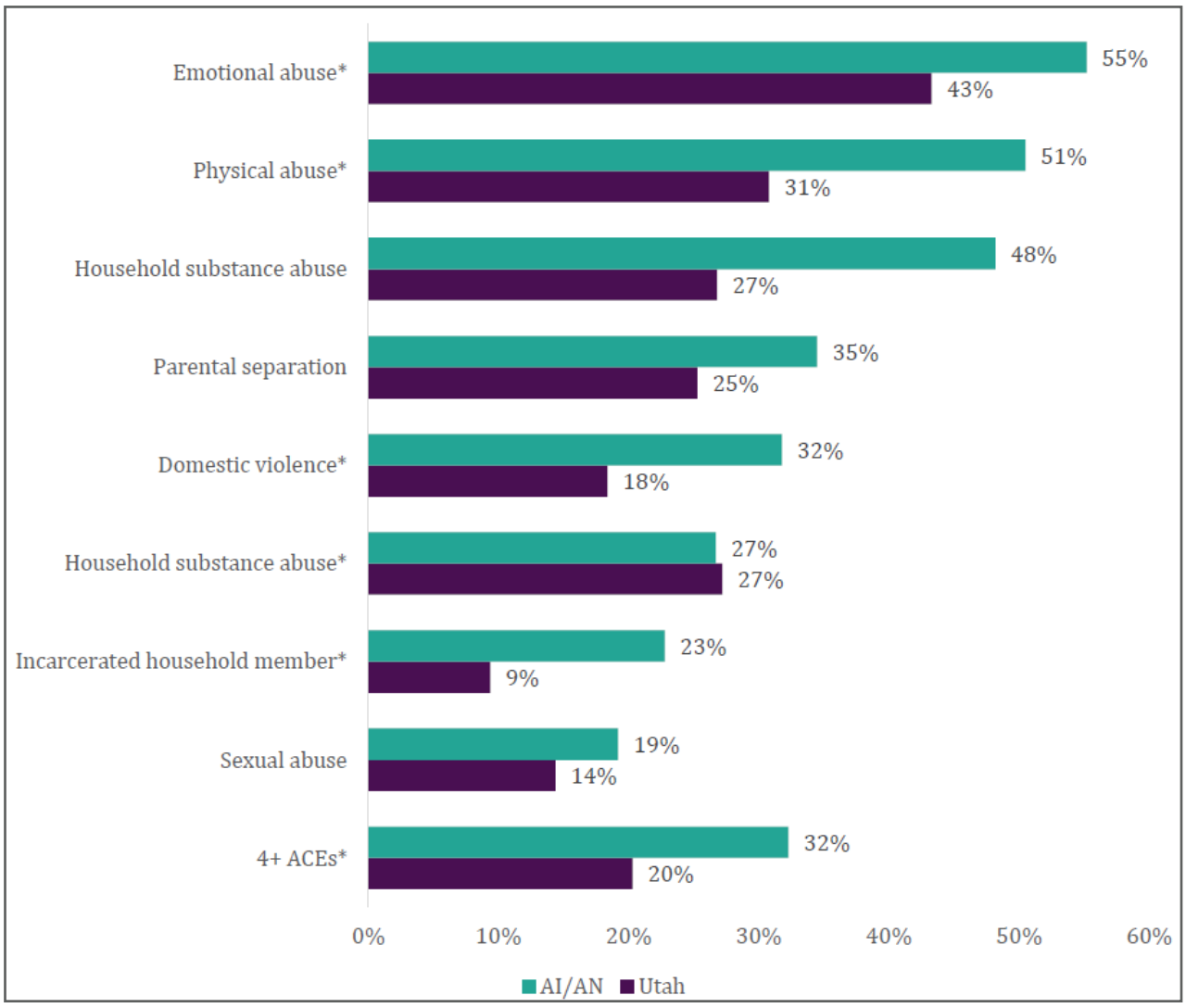
		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban †	11.4	6.03	20.6	5.6	5.2	6.1
	Rural/frontier **	0	0	0	5.3	4.5	6.5
Sex	Male †	12.7	6.2	24.3	4.1	3.6	4.6
	Female †	10.7	5.4	20.1	7	6.4	7.8
	Overall *	**10.6**	**6.2**	**17.7**	**5.5**	**5.1**	**6**

*Statistically significant between Utah overall and the AI/AN population
** AI/AN estimate suppressed
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are "potentially traumatic events that occur in childhood" and are associated with poor health outcomes later in life. These outcomes include pregnancy complications, sexually transmitted infections, cancer, and suicide.[18] The AI/AN population is more likely to report experiencing ACEs than the general Utah population (figure 5).

Figure 5: Adverse childhood experiences among AI/AN in Utah, 2020-2022, age adjusted percentages



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 11: Percent of the population who lived with someone with a mental illness, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	30.3	20.3	42.4	27.8	26.6	29
	Rural/frontier	20.2	12.2	31.7	25	22.9	27.2
Sex	Male †	41.8	32.9	51.4	22.3	21	23.7
	Female	30.1	20.1	42.5	32.1	30.6	33.7
	Overall	**26.7**	**19.5**	**35.3**	**27.2**	**26.2**	**28.3**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 12: Percent of the population who lived with someone who served time in a prison, jail, or other correctional facility, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	25.4	15.7	38.4	9.4	8.6	10.2
	Rural/frontier †	18.4	10.6	30.1	9.9	8.5	11.6
Sex	Male †	21.1	10.1	39	9.4	8.4	10.5
	Female*	24.3	16	35.1	9.4	8.4	10.5
	Overall*	**22.8**	**15.8**	**31.8**	**9.4**	**8.7**	**10.2**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 13: Percent of the population who lived with someone who was abusing substances, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	52.1	38.5	65.4	26.6	25.4	27.9
	Rural/frontier*	42.7	29.7	56.8	27.2	25.1	29.4
Sex	Male*	56.2	42.8	68.9	25.1	23.7	26.7
	Female*	55.1	39.9	69.5	28.5	27	30.1
	Overall*	**48.2**	**36.7**	**59.8**	**26.8**	**25.7**	**27.9**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 14: Percent of population whose parents were separated or divorced, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	30.6	20.6	42.8	25.7	24.5	27
	Rural/frontier*	43.2	30.7	56.6	23.6	21.6	25.7
Sex	Male	29.8	17.2	46.6	25.1	23.6	26.6
	Female	37.5	25.7	51	25.5	24.1	27.1
	Overall	**34.5**	**26.3**	**43.8**	**25.3**	**24.3**	**26.4**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 15: Percent of the population who saw domestic violence in their home, 2020-2022, age-adjusted percentages

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	34.6	23.6	47.7	19	17.9	20.1
	Rural/frontier*	26.1	17	37.9	15	13.4	16.8
Sex	Male	21.6	12.1	35.7	16.7	15.5	18.1
	Female*	39.6	27.2	53.4	20	18.6	21.4
	Overall*	**31.8**	**23.7**	**41.2**	**18.4**	**17.4**	**19.3**

Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 16: Percent of population who experienced emotional or verbal abuse, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	62.9	46.4	76.8	43.9	42.6	45.3
	Rural/frontier	42.7	30.2	56.2	41.9	39.5	44.3
Sex	Male	49.5	36.3	62.7	42.8	41.2	44.5
	Female	57.8	42.5	71.8	43.5	42.2	45.5
	Overall*	**55.2**	**43.9**	**66**	**43.3**	**42.2**	**44.5**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 17: Percent of population who experienced physical abuse, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	57.3	41.3	71.9	30.9	28.9	33.1
	Rural/frontier †	37.7	17.8	62.9	30	26.1	34.2
Sex	Male †	37.5	17.8	62.4	32.7	30.1	35.4
	Female*	48.8	32.2	65.7	29	26.4	31.6
	Overall*	**50.5**	**37.3**	**63.7**	**30.8**	**29**	**32.7**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 18: Percent of population who experienced sexual abuse, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	21.4	12.6	34	14.5	13.6	15.5
	Rural/frontier †	13	5.7	27	14.3	12.7	16.1
Sex	Male †	11.5	4.6	25.9	8.9	8	9.9
	Female*	32	23.4	42	20	18.7	21.3
	Overall	**19.2**	**12.6**	**28.3**	**14.4**	**13.6**	**15.2**

Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 19: Percent of population who experienced four or more ACEs, 2020-2022, (age-adjusted)

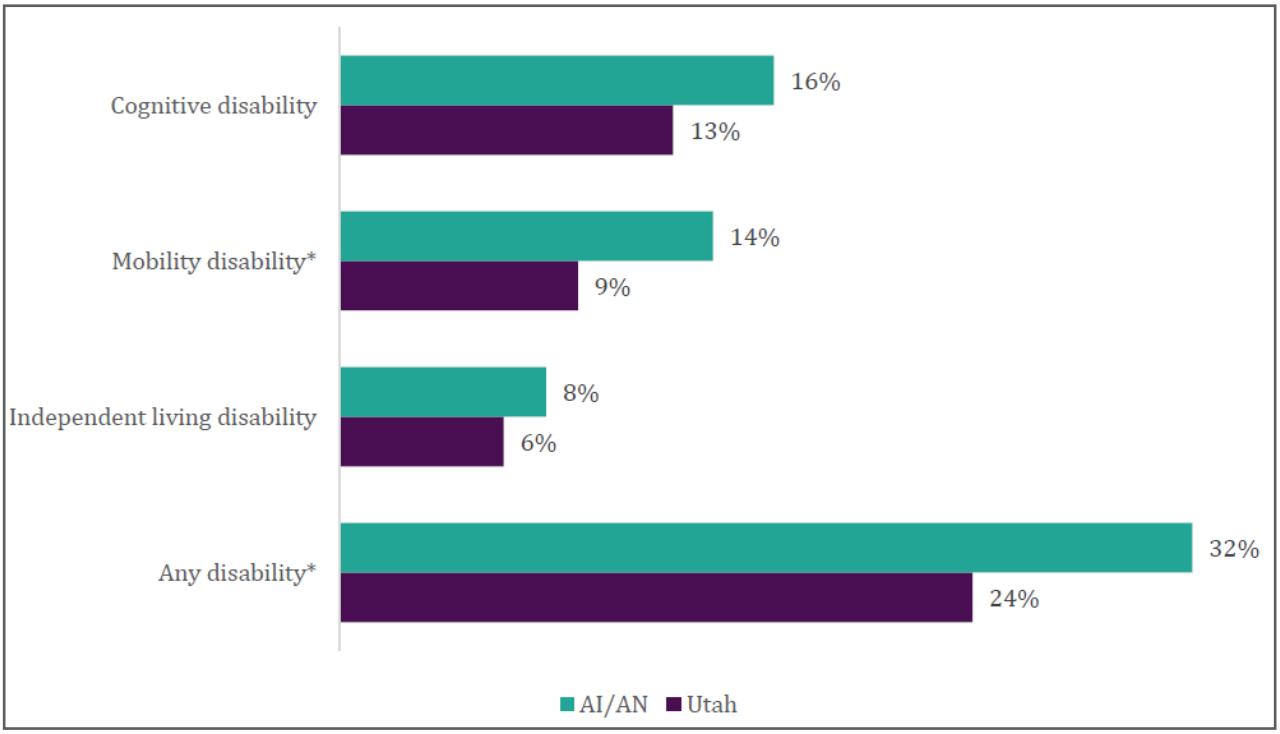
		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	37.2	24.6	51.9	20.7	19.5	21.8
	Rural/frontier †	24.3	14.8	37.2	18.4	16.6	20.4
Sex	Male †	31.1	20.2	44.6	17.5	16.1	18.9
	Female*	38.4	26.4	52	23.1	21.6	24.6
	Overall*	**32.3**	**23.6**	**42.2**	**20.3**	**19.3**	**21.3**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Disability status

The CDC describes disabilities as "any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities and interact with the world around them." Disabilities refer to a diverse range of limitations that may affect, among other things, mobility, vision, hearing, memory, independent living, or social involvement.[19] In Utah, 1 in 3 AI/AN people report having a disability (figure 6).

Figure 6: Percent of population with a disability, 2020-2022, age adjusted



*Statistically significant between Utah overall and the AI/AN population
††Data from 2019-2021
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 20: Percent of population with a cognitive disability , 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	15.7	9.3	25.4	12.6	12	13.2
	Rural/frontier	18.4	10.6	29.9	12.1	11	13.3
Sex	Male †	14.8	6.7	29.5	10.3	9.6	10.9
	Female	17.3	11.5	25.3	15	14.2	15.8
	Overall	**16.4**	**11.2**	**23.5**	**12.6**	**12.1**	**13.1**

† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 21: Percent of population with a mobility disability, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	15.7	9.3	25.3	8.9	8.5	9.4
	Rural/frontier	12.7	8.1	19.4	9.1	8.4	9.9
Sex	Male †	5.6	2.6	11.7	7.3	6.8	7.7
	Female*	19.2	13	27.3	10.8	10.2	11.4
	Overall*	**14.1**	**9.8**	**19.9**	**9**	**8.7**	**9.4**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 22: Percent of population with an independent living disability, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban †	7.3	3.8	13.5	6.2	5.8	6.6
	Rural/frontier	9.3	5.3	16.1	5.8	5.1	6.6
Sex	Male †	3.6	1.4	8.8	4	3.7	4.5
	Female	10.6	6.4	17	8.3	7.7	9
	Overall	**7.8**	**5**	**12.1**	**6.2**	**5.8**	**6.6**

† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 23: Percent of population with any disability, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	29.7	20.8	40.5	24.4	23.6	25.1
	Rural/frontier*	38.2	28.7	48.8	24.7	23.4	26
Sex	Male	28.3	19.5	39.1	22.4	21.6	23.2
	Female	34.6	26.3	43.8	26.8	25.9	27.7
	Overall*	**32.2**	**25.5**	**39.7**	**24.5**	**23.9**	**25.2**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Chronic disease

Underserved populations generally experience higher levels of chronic disease that ultimately lead to shorter life expectancies.[20,21] This trend can be seen in the Utah AI/AN population, whose life expectancies are 4 years younger than the general population.[22]

A significant contributor to the poor health of AI/AN is diabetes. In Utah, 1 in 5 AI/AN people have diabetes (figure 7). Addressing diabetes is a major focus of the tribes in Utah, and multiple tribal representatives have provided their input.

UIHAB Priority: Health promotion and disease prevention

Shawn Begay - UIHAB Chairman, Public Health Director, Utah Navajo Health Systems (UNHS)
Ryan Ward - UIHAB Vice-Chairman, Clinical Director, Urban Indian Center of Salt Lake (UICSL)
Ed Napia - UIHAB Member, Commercial Tobacco Cessation Specialist, Nat–su Healthcare
LaTosha Mayo - UIHAB Member, Health Director, FourPoints Health
Rich Persons - Clinical Director, FourPoints Health

In Utah, AI/AN have higher rates of diabetes morbidity (being diagnosed with a diabetes) and diabetes mortality (dying from diabetes) than the general population. The I/T/U treats patients with diabetes and promotes healthy lifestyles that help prevent diabetes for all their patients.

Improving diet and exercise

"Native food used to be good," says Ed, "there is a greater need for awareness on what it means to eat healthy and live healthy." Shawn agrees, "diabetes wasn't as much of an issue until the settlers were here and [our people] became reliant on the processed food industry." Many I/T/U facilities provide cooking and nutrition classes to help address these concerns. Ryan emphasizes the UICSL's native chef series, which "focuses on teaching people about how to make a meal using traditional or pre-colonial foods." This class is overseen by UICSL's registered dietitian, who is a Master Trainer for the CDC's National Diabetes Prevention Program.

The I/T/U also encourages their patients to be physically active. According to Rich, FourPoints Health offers gym passes and operates programs to help people lose weight and exercise more. Another example is the UICSL, which is a recipient of the federal Special Diabetes Program for Indians grant. Ryan explains that "[the grant] is tailored to our patients. It has clinical aspects and a prevention side too." As part of this grant, UICSL hosts a running group to increase physical activity in the community.

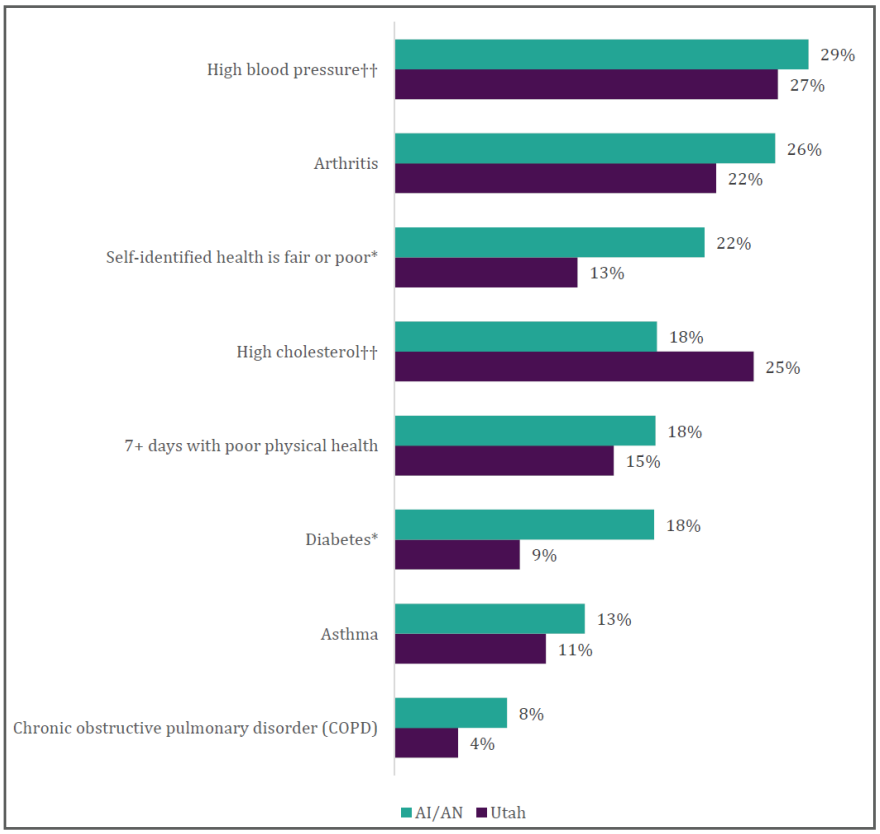
Access to healthy food

One major issue facing tribes today is access to healthy food. Speaking about Montezuma Creek in San Juan county, Shawn says "we live in a food desert down here. Availability of fresh foods is low. You have to travel a distance to get them. Many people don't have the means to get those foods or preserve them, because who knows when the next time you will be going to town." For example, the nearest grocery store to Montezuma Creek is almost an hour away. To address this issue, UNHS has made plans to build a grocery store in Montezuma Creek to bring healthier food closer to their residents.

Trust

For the Paiute Indian Tribe of Utah's FourPoints Health, building trust with their patients is key to preventing diabetes. According to LaTosha, "clinics often wait for people to come to them first, but culturally they aren't going to because there has to be significant trust, so we will build that trust by going to them." As part of their diabetes prevention efforts, they visit the houses of tribal members to create a relationship and learn about the patient's unique circumstances. These patient/provider relationships help patients feel more comfortable asking the provider questions and it empowers them to use the resources and education they receive.

Figure 7: Percent of population with select chronic diseases, 2020-2022, age adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
††Data from 2019-2021
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 24: Percent of population with high blood pressure, 2019-2021, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	28.4	20.6	37.8	27.3	26.5	28.1
	Rural/frontier	32.1	23.8	41.8	28.1	26.8	29.6
Sex	Male	29.2	21	39.1	32	31	33.1
	Female	27.1	20.1	35.5	22.6	21.7	23.4
	Overall	**28.7**	**22.9**	**35.3**	**27.3**	**26.6**	**28**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 25: Percent of population with arthritis, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	30.6	22.7	39.8	22	21.4	22.6
	Rural/frontier	19.5	14	26.6	24.6	23.5	25.7
Sex	Male	21.3	13	32.8	19.5	18.8	20.2
	Female	28.8	22.2	36.5	25.1	24.4	25.9
	Overall	**26.4**	**21.1**	**32.6**	**22.3**	**21.8**	**22.9**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 26: Percent of the population who self-report their health as being fair or poor, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	22.1	14.6	32	12.5	12	13.1
	Rural/frontier*	21.3	14.5	30.3	12.9	11.9	13.9
Sex	Male †	22.1	12.6	35.9	12	11.3	12.6
	Female*	21.5	15.1	29.7	13.5	12.8	14.2
	Overall*	**21.5**	**15.8**	**28.6**	**12.7**	**12.2**	**13.2**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 27: Percent of population with high cholesterol, 2019-2021, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	23.4	15.6	33.5	25.2	24.4	25.9
	Rural/frontier*	11.1	6.2	19	24.3	23	25.7
Sex	Male	19.6	12	30.3	26.5	25.5	27.4
	Female	15.5	9.8	23.6	23.4	22.5	24.3
	Overall	**18.2**	**12.8**	**25.3**	**24.9**	**24.3**	**25.6**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 28: Percent of the population with 7 or more days with poor physical health, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	19.5	12.5	29.1	15.2	14.6	15.8
	Rural/frontier	16.1	10.5	24	15.3	14.2	16.4
Sex	Male	17.2	10.7	26.5	12.3	11.7	13
	Female	19.9	13.7	27.8	18.2	17.4	19
	Overall	**18.1**	**13.2**	**24.3**	**15.2**	**14.7**	**15.7**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 29: Percent of the population with diabetes, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	18.1	11.4	27.4	8.8	8.4	9.2
	Rural/frontier*	16.9	12	23.4	8	7.4	8.7
Sex	Male	12.8	7.3	21.5	9.6	9.1	10.1
	Female*	21.7	15.2	30	7.8	7.3	8.4
	Overall*	**18**	**13.3**	**23.9**	**8.7**	**8.3**	**9**

† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 30: Percent of the population with asthma, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	13	7.4	21.9	10.5	10	11
	Rural/frontier	14.9	9.3	22.9	10.8	9.8	11.8
Sex	Male †	6.7	2.7	15.2	8.1	7.6	8.6
	Female	18.1	12	26.3	12.9	12.2	13.6
	Overall	**13.2**	**9**	**19.1**	**10.5**	**10.1**	**10.9**

† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 31: Percent of the population with chronic obstructive pulmonary disorder (COPD), 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban †	10.7	5.4	19.8	4.2	3.9	4.6
	Rural/frontier †	5.8	2.1	14.7	5	4.4	5.7
Sex	Male**	0	0	0	4	3.7	4..7
	Female †	8.7	4.5	16	4.8	4.4	5.2
	Overall	**7.8**	**4.2**	**14.2**	**4.4**	**4.1**	**4.7**

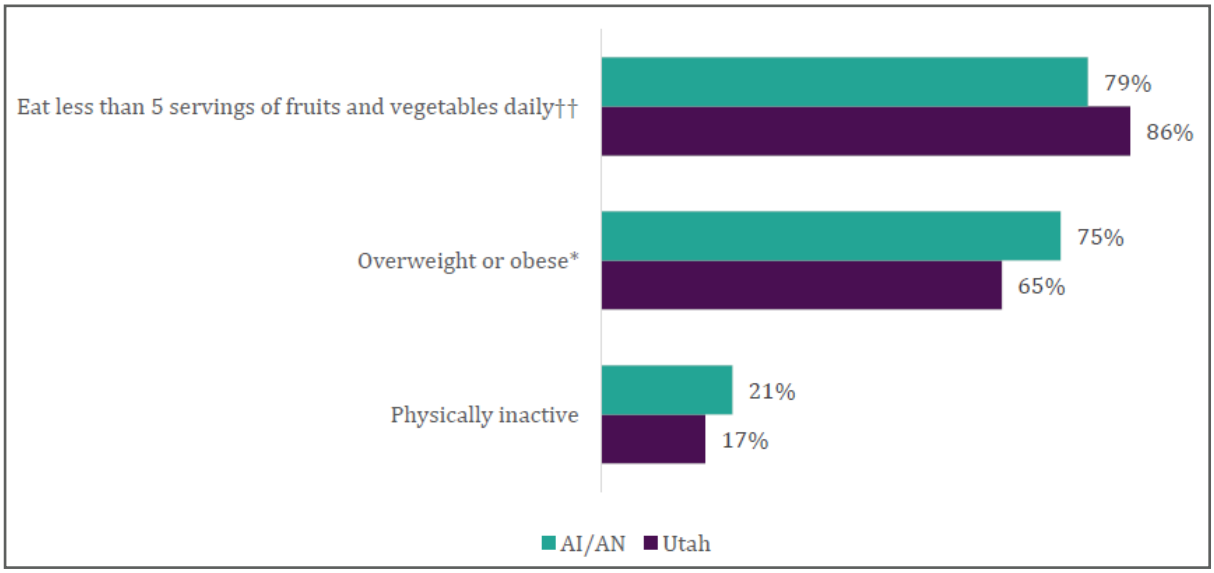
** AI/AN estimate suppressed
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Physical activity and nutrition

Poor nutrition and low physical activity can lead to poor health outcomes and other risk factors including being overweight or obese.[23]

Almost 75% of AI/AN people in Utah are overweight or obese (figure 8). This is 10% higher than overweight and obesity rates for the general Utah population. Overweight and obesity are risk factors for many health conditions including diabetes, heart disease, severe COVID-19 outcomes, and poor mental health.[24]

Figure 8: Nutrition and physical activity characteristics of the AI/AN population, 2020-2022, age-adjusted percentage.



*Statistically significant between Utah overall and the AI/AN population
††Data from 2019-2021
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 32: Percent of the population that eats less than 5 servings of fruits and vegetables daily, 2019-2021, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	79.3	68.3	87.2	86.1	85.4	86.7
	Rural/frontier †	80.1	68.6	88.1	85.7	84.3	87.1
Sex	Male	78.8	66.9	87.3	88.1	87.3	88.9
	Female	81.5	71	88.7	84.2	83.3	85.1
	Overall	**79.3**	**71.1**	**85.6**	**86.2**	**85.6**	**86.8**

† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 33: Percent of the population that is overweight or obese, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	78.2	70.3	84.5	65.5	64.7	66.3
	Rural/frontier	71.4	60.3	80.4	64.8	63.2	66.3
Sex	Male	74.2	63.2	83.8	70.4	69.5	71.3
	Female*	75	66.4	82	59.8	58.8	60.9
	Overall*	**74.9**	**68**	**80.8**	**65.3**	**64.6**	**66**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 34: Percent of the population reporting physical inactivity during leisure time, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	23.3	15.7	33.3	16.9	16.3	17.5
	Rural/frontier	20.1	14.1	27.7	16.2	15.2	17.3
Sex	Male	15.5	9.4	24.4	15.1	14.4	15.8
	Female	24.7	17.9	32.9	18.9	18.1	19.7
	Overall	**21.4**	**16.2**	**27.8**	**17**	**16.5**	**17.5**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Preventative healthcare

Preventative health care includes vaccines, regular well-person appointments with a healthcare provider, and screening and testing for diseases. Preventative care decreases the overall risk of developing diseases, can identify health conditions early, and can improve treatment outcomes.[25]

In Utah the AI/AN population has similar uptake levels as the general population for the influenza and pneumococcal vaccines (figure 9).

Figure 9: Percent of population accessing preventative care, 2020-2022, age-adjusted

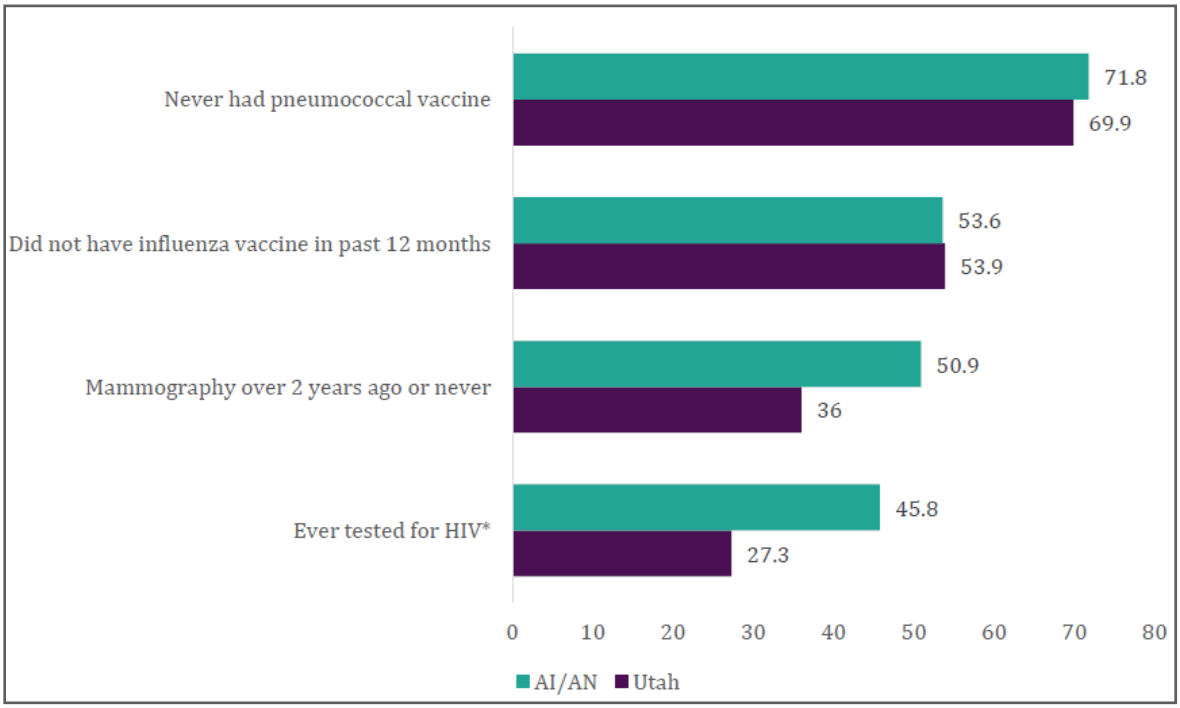


Table 35: Percent of population that never had pneumococcal vaccine, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	66	54.5	75.8	69.2	68.4	69.9
	Rural/frontier	80	70.9	86.8	72.5	71.1	73.8
Sex	Male	75.8	63.9	84.7	72.1	71.2	73
	Female	69	59.5	77.1	67.7	66.7	68.6
	Overall	**71.8**	**64**	**78.5**	**69.9**	**69.2**	**70.5**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 36: Percent of population that did not have influenza vaccine in past 12 months, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	51.1	41.8	60.3	52	51.1	52.8
	Rural/frontier	54.6	44	64.7	61.4	59.9	62.9
Sex	Male	57.9	46	69	57.5	56.5	58.4
	Female	50.3	42	58.5	50.2	49.1	51.2
	Overall	**53.6**	**46.6**	**60.5**	**53.9**	**53.1**	**54.6**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 37: Percent of women over 40 years old who received a mammography over 2 years ago or never, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban †	59.8	35.1	80.4	36.3	34.6	38.1
	Rural/frontier	39.6	22.5	59.7	35	32.2	37.9
	Overall	**50.9**	**34.5**	**67.1**	**36**	**34.5**	**37.6**

† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 38: Percent of population that ever tested for HIV, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	49.2	39.1	59.3	27.9	27.2	28.7
	Rural/frontier*	43	33.1	53.5	24	22.7	25.5
Sex	Male	37.9	28.2	48.7	27.3	26.4	28.2
	Female*	51.6	41.6	61.5	27.4	26.4	28.4
	Overall*	**45.8**	**38.4**	**53.4**	**27.3**	**26.6**	**27.9**

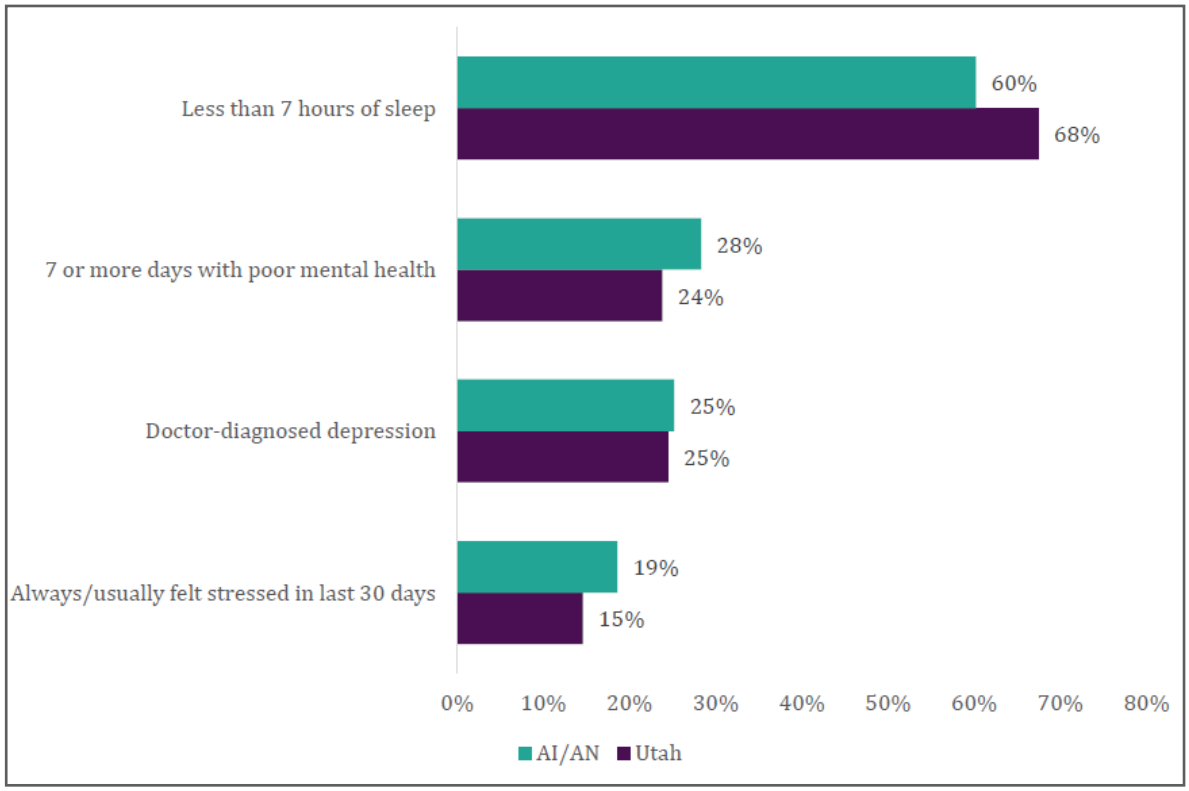
*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Mental health

According to the CDC, "mental health includes our emotional, psychological, and social well-being." Poor mental health, like depression, increases the risk of chronic illnesses like diabetes and heart disease.[26] Many factors including ACEs, poverty, chronic diseases, and historical trauma increase the risk of poor mental health.[13,26]

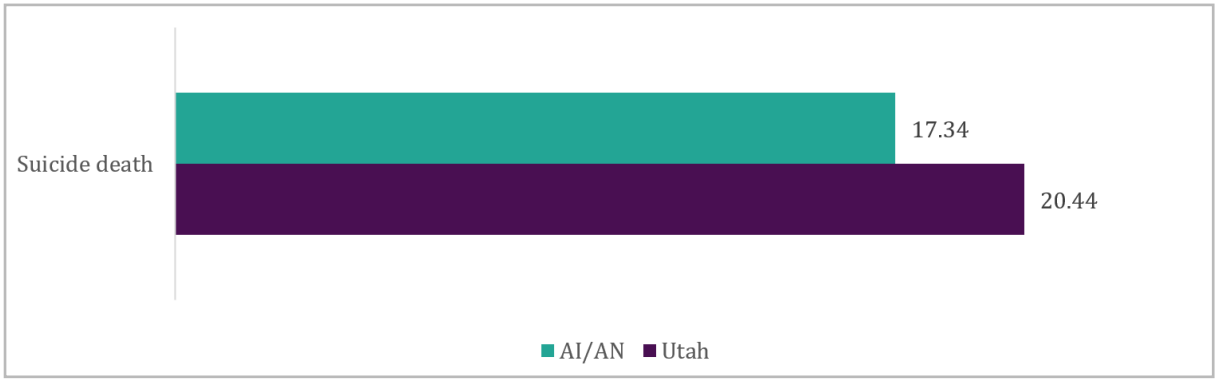
When compared to the general population, the AI/AN population has comparable levels of depression and self-reported poor mental health (figure 10).

Figure 10: Mental health characteristics of the AI/AN population, 2020-2022, age-adjusted percentages



Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Figure 11: Suicide mortality, 2020-2022, age-adjusted rate per 100,000 population



Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 39: Percent of population that gets less than 7 hours of sleep, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	55.2	43	66.8	67.7	66.7	68.7
	Rural/frontier	66.4	54.9	76.2	66.4	64.6	68.2
Sex	Male	56.2	46.9	65.2	66.2	65	67.4
	Female	60.8	49.31	71.5	68.9	67.7	70.1
	Overall	**60.2**	**51.1**	**68.5**	**67.5**	**66.7**	**68.4**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 40: Percent of the population who report 7 or more days with poor mental health in the last month, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	33.7	25.2	43.4	24.4	23.7	25.1
	Rural/frontier	24.1	16.7	33.4	22	20.7	23.3
Sex	Male*	25.2	17.6	34.7	18.2	17.5	19
	Female	30.8	22.9	39.9	29.6	28.6	30.5
	Overall	**28.3**	**22.4**	**35.1**	**23.8**	**23.2**	**24.4**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 41: Percent of the population with doctor-diagnosed depression, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	29.6	22.3	38.2	25	24.3	25.7
	Rural/frontier	17.4	11.5	25.4	22.9	21.6	24.3
Sex	Male	22.9	16.2	31.3	16.8	16.1	17.6
	Female	27.7	20.4	36.5	32.3	31.3	33.3
	Overall	**25.2**	**19.7**	**31.7**	**24.5**	**23.9**	**25.1**

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 42: Percent of the population that reported they always or usually felt stressed in last 30 days, 2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban †	24.1	12.9	40.4	14.6	13.5	15.8
	Rural/frontier**	0	0	0	14.1	11.9	16.5
Sex	Male †	20.5	9.3	39.6	12.9	11.6	14.3
	Female	20.7	1.7	36.5	16.5	15	18.1
	Overall	**18.6**	**10.4**	**31**	**14.6**	**13.6**	**15.7**

** AI/AN estimate suppressed
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 43: Suicide mortality, 2020-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	24.92	12.86	43.58	19.5	18.52	20.51
	Rural/frontier †	8.83	2.4	22.63	23.21	21.2	25.37
Sex	Male †	24.64	12.08	44.63	31.84	30.28	33.45
	Female †	10.54	3.42	24.61	8.82	8	9.71
	Overall	**17.34**	**9.86**	**28.27**	**20.44**	**19.56**	**21.36**

† AI/AN rate unreliable
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Substance use

Substance use can include alcohol, cigarettes, e-cigarettes, opioids, and other addictive drugs. Tribal communities are disproportionately affected by substance misuse and drug overdose compared to the rest of Utah.[27,28] Factors that increase the risk of substance use include poverty, lower levels of education, and historical trauma among AI/AN communities. However, community engagement and participation in tribal culture are protective factors against substance use.[29]

In Utah, AI/AN are more likely to smoke cigarettes and e-cigarettes than the general population figure 13). Additionally, they are almost twice as likely to die from a drug overdose (figure 13).

UIHAB Priority - Substance use

Shawn Begay - UIHAB Chairman, Public Health Director, Utah Navajo Health Systems (UNHS)
Ryan Ward - UIHAB Vice-Chairman, Clinical Director, Urban Indian Center of Salt Lake (UICSL)
Ed Napia - UIHAB Member, Commercial Tobacco Cessation Specialist, Nat–su Healthcare
LaTosha Mayo - UIHAB Member, Health Director, FourPoints Health
Rich Persons - Clinical Director, FourPoints Health

Addressing substance use disorders among the AI/AN population in Utah is a priority for UIHAB. Many I/T/U facilities are seeing successes in this area.

Nat-su Healthcare

According to Ed Napia, when it comes to addressing substance abuse, “the secret to success is in the youth prevention program.” The tribe’s summer program for youth works “to instill good values into the youth so it can be carried through their adult lives.”
Additionally, the Skull Valley Band of Goshutes operates the largest tribally owned inpatient drug and alcohol treatment program in the region. This facility provides culturally and historically informed care to both tribal members and qualifying non-tribal members. Ed says that those who go through the program “graduate with purpose and direction in their life.”

Utah Navajo Health System

UNHS is “working to address the issues [of substance abuse] across all aspects of life, from the beginning of life, adolescence, and adulthood,” says Shawn.
The UNHS home visiting program educates pregnant and postpartum women to educate about the risks of substance use. They also employ a therapist who specializes in substance use.

UNHS runs the Iina Bihoo'aah Program (IBP) for adolescents. IBP stands for the "learning about life" program. Shawn says that this program focuses on "preventing substance abuse among the youth." They also use the Prime for Life program, which focuses on preventing marijuana and alcohol addiction. Prime for Life has "a lot of activities for the youth… There are coaches there to assist. They also have a lounge where the youth can come and play games." These programs provide youth a safe place to engage in activities while educating them about the risks of substance use.

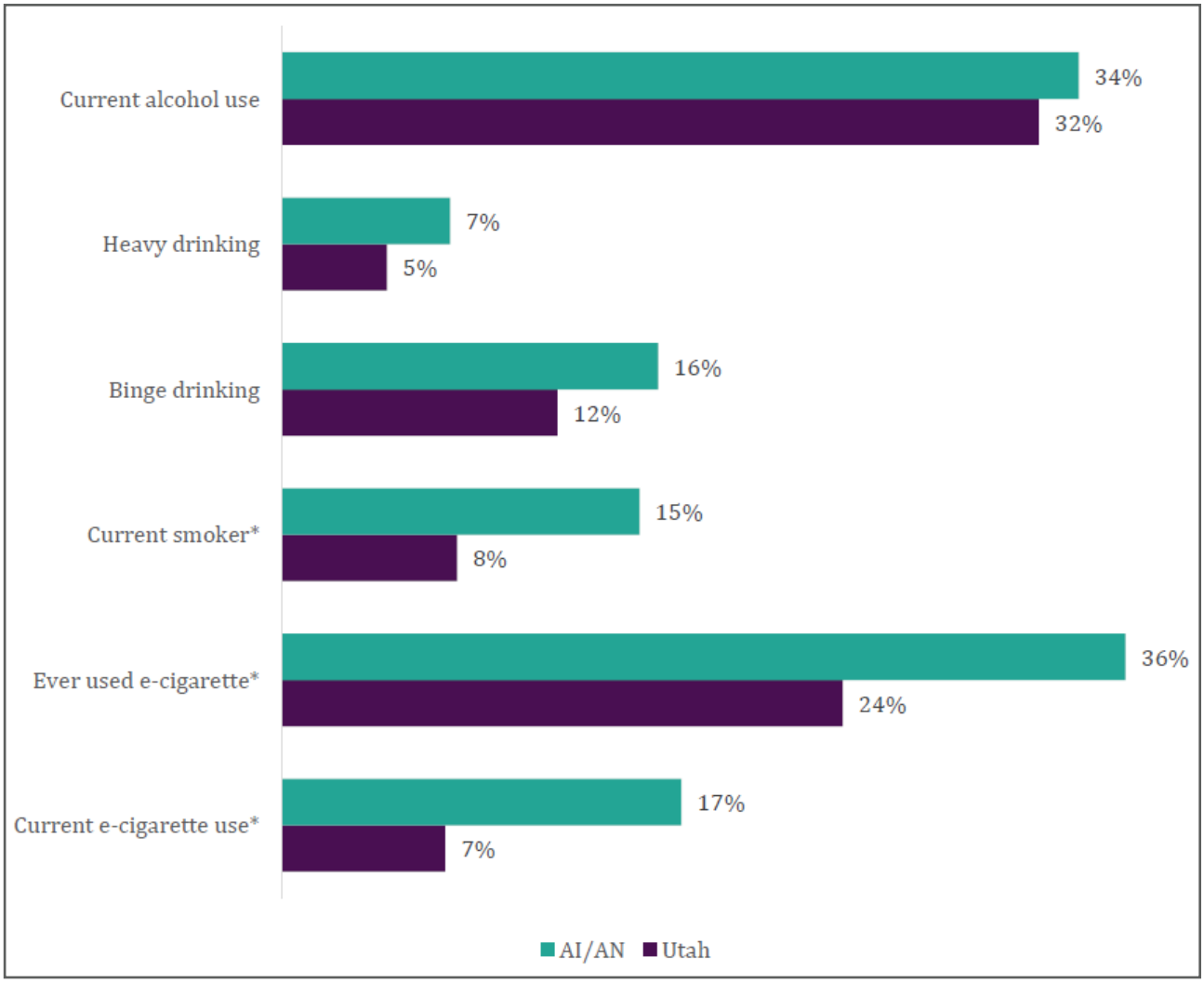
Urban Indian Center of Salt Lake

The Urban Indian Center of Salt Lake (UICSL) works to both prevent and treat substance abuse. Ryan says, "Whether that is through our youth programs [that are] aimed at health education and prevention, or whether it is treatment for substance abuse through our behavioral health program, those are things that we have and value heavily."
Culturally appropriate care is also a major focus of the UICSL. They employ native professionals who have successfully adapted substance use treatment curriculums to be more culturally appropriate. Many of these curriculums have been adapted from other tribal programs and organizations.

FourPoints Health

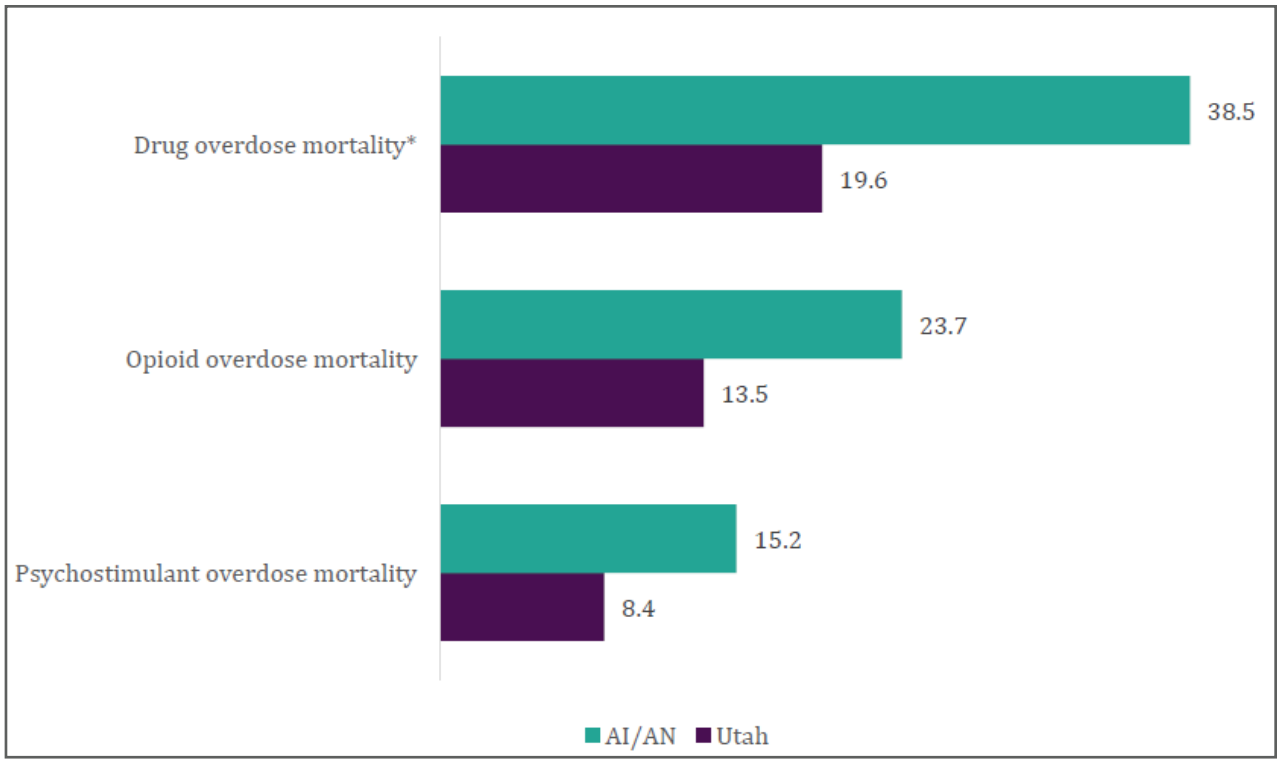
According to Rich, "the tribe is very good at taking a holistic approach to substance abuse and bringing in everything associated with that." There are many underlying factors that contribute to substance use, such as mental health, family health, and other medical needs. FourPoints Health works to address substance abuse from all these angles. Rich continues, "taking a grander, wider, approach ensures they can access all of this care in one place instead of having to wait."

Figure 12: Alcohol, cigarette, and e-cigarette use among the population, 2020-2022, age-adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Figure 13: Drug overdose mortality, 2020-2022, age adjusted rate per 100,000 population



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 44: Percent of the population that currently use alcohol, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	42.2	33.1	51.8	33.2	32.4	34
	Rural/frontier*	16.5	10.6	24.8	28.8	27.3	30.3
Sex	Male	43.1	32.4	54.5	36.5	35.5	37.5
	Female	27.1	20.1	35.6	28.3	27.4	29.3
	Overall	**34.1**	**27.4**	**41.4**	**32.4**	**31.7**	**33.1**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 45: Percent of population that engage at risk for heavy drinking (>7 drinks/week for women, >14 drinks/week for men), 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	8.9	5.1	15.2	4.6	4.2	5
	Rural/frontier †	2.6	1	6.9	4.3	3.7	4.9
Sex	Male †	8	4.2	14.7	5	4.6	5.5
	Female †	6.1	3.1	11.7	4	3.6	4.6
	Overall	**7.2**	**4.5**	**11.5**	**4.5**	**4.2**	**4.9**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 46: Percent of the population that engages at risk for binge drinking (5+ drinks for men, 4+ drinks for women, on one occasion), 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	20.5	13.1	30.5	12.2	11.7	12.8
	Rural/frontier †	5.5	2.7	10.8	10.3	9.3	11.3
Sex	Male	22.8	13.9	35.2	15	14.3	15.8
	Female	10.5	6.3	17.1	8.6	8	9.3
	Overall	**16.1**	**11**	**23**	**11.8**	**11.3**	**12.3**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 47: Percent of the population that currently smokes cigarettes, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	18	10.8	28.4	7.1	6.7	7.6
	Rural/frontier †	8.2	4.2	15.2	9.5	8.6	10.5
Sex	Male †	19.2	11.7	29.8	8.8	8.2	9.4
	Female*	13.4	11.7	22.1	6.2	5.7	6.8
	Overall*	**15.3**	**10.1**	**22.5**	**7.5**	**7.11**	**7.9**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 48: Percent of the population that has ever used e-cigarettes, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	41.2	31.6	51.6	24.5	23.8	25.2
	Rural/frontier*	26.8	18.5	37.2	22.8	21.4	24.2
Sex	Male*	39.3	29.9	49.7	27.4	26.5	28.3
	Female*	33	24.1	43.3	20.6	19.7	21.5
	Overall*	**36.1**	**29.2**	**43.8**	**24**	**23.4**	**24.7**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 49: Percent of the population that currently uses e-cigarettes, 2020-2022, (age-adjusted)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	23.4	15.9	32.9	7.1	6.7	7.6
	Rural/frontier**						
Sex	Male †	15	8.9	24	7.7	7.2	8.3
	Female*	18	11.4	27.4	6.1	5.6	6.7
	Overall*	**17.1**	**11.8**	**24**	**7**	**6.6**	**7.4**

*Statistically significant between Utah overall and the AI/AN population
** AI/AN estimate suppressed
† AI/AN rate unreliable
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 50: Drug overdose mortality (any drug), 2020-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	49.52	27.64	81.84	19.32	18.32	20.76
	Rural/frontier †	28.65	13.1	54.39	20.18	18.88	22.69
Sex	Male*	52.46	29.93	85.3	23.55	21.4	25.26
	Female †	25.35	10.94	49.94	15.96	1419	1696
	Overall*	**38.51**	**24.66**	**57.31**	**19.64**	**18.58**	**20.74**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 51: Opioid overdose mortality, 2020-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	29.11	15.45	49.89	13.22	12.42	14.05
	Rural/frontier †	19.04	8.7	36.14	14.44	12.84	16.19
Sex	Male *	33	18.43	54.51	15.97	14.89	17.11
	Female †	14.84	5.96	30.57	10.87	9.96	11.85
	Overall	**23.73**	**14.87**	**35.95**	**13.49**	**12.77**	**14.24**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 52: Psychostimulant overdose mortality, 2020-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	15.22	8.31	25.54	8.38	7.81	8.97
	Rural/frontier **				8.77	7.53	10.16
Sex	Male †	19.94	9.09	37.92	11.02	10.12	11.99
	Female †	10.62	3.45	24.78	5.64	4.98	6.35
	Overall	**15.22**	**8.31**	**25.54**	**8.38**	**7.81**	**8.97**

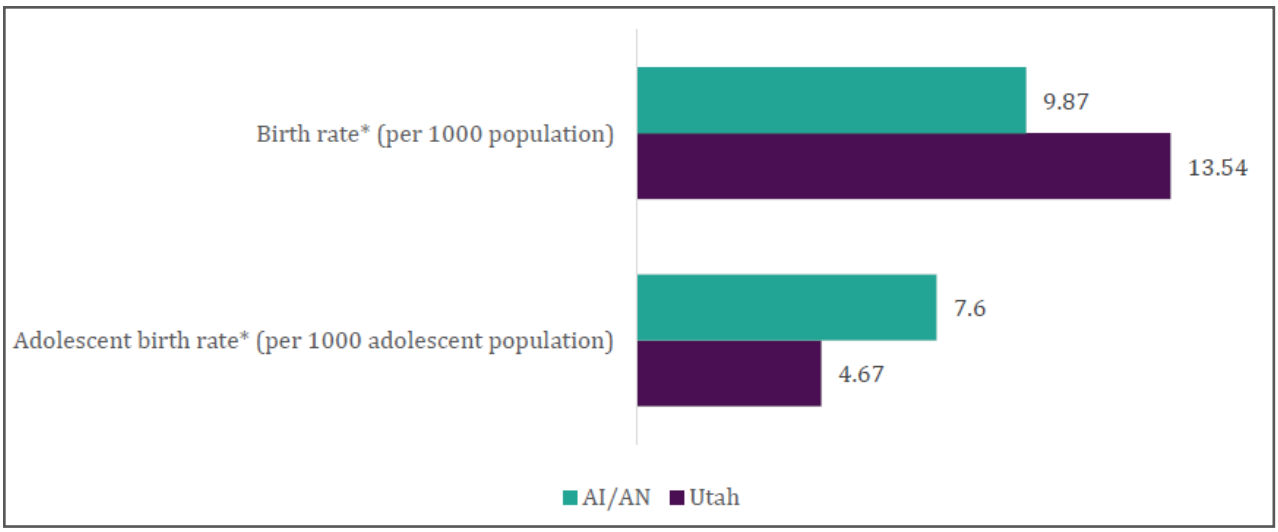
** AI/AN estimate suppressed
† AI/AN rate unreliable
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Maternal and child health

According to the Centers for Disease Control and Prevention (CDC), AI/AN women are twice as likely to die from pregnancy-related causes than White women.[30] Disparities surrounding pregnancy and childbirth can be mitigated by timely access to prenatal care, a healthy diet, and avoiding tobacco.[31]

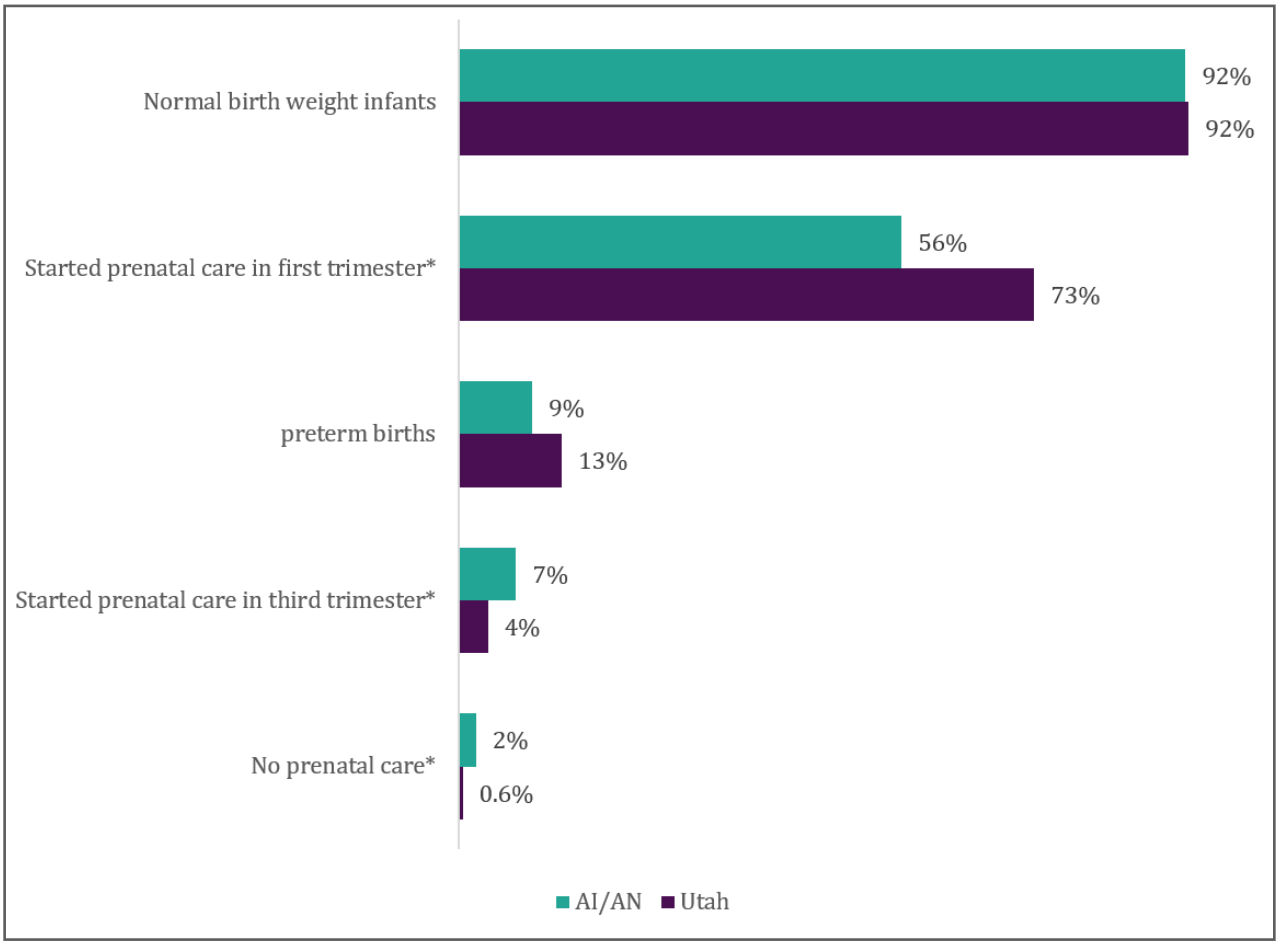
The AI/AN population has a lower overall birthrate but a higher adolescent birth rate than the general population (figure 14). Additionally fewer AI/AN mothers accessed prenatal care in their first trimester compared to the general population (Figure 15).

Figure 14: Birth rates, 2022



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Figure 15: Pregnancy and birth characteristics, 2021-2022, percent of live births



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 53: Birth rate per 1000 population, 2022

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	9.8	8.27	11.54	13.86	13.71	13.99
	Rural/frontier *	9.94	8.43	11.64	12.38	12.12	12.64
	Overall*	**9.86**	**8.78**	**11.06**	**13.54**	**13.42**	**13.66**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 54: Adolescent birth rate per 1000 adolescent population, 2021-2022

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	8.95	5.3	14.15	4.54	4.34	4.75
	Rural/frontier *	6.56	3.82	10.5	5.17	4.76	5.61
	Overall*	**7.6**	**5.3**	**10.57**	**4.67**	**4.49**	**4.86**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 55: Percent of live births that first received prenatal care in first trimester, 2022

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	61.11	53.15	69.07	73.82	73.37	74.27
	Rural/frontier *	51.3	43.4	59.19	68.54	67.57	69.51
	Overall*	**56.04**	**50.4**	**61.68**	**72.81**	**72.39**	**73.21**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 56: Percent of live births that first received prenatal care in third trimester, 2021-2022

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	5.4	3.28	8.67	3.65	3.51	3.78
	Rural/frontier *	9.24	6.39	13.14	4.17	3.88	4.48
	Overall*	**7.31**	**5.46**	**9.71**	**3.75**	**3.62**	**3.87**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 57: Percent of live births that received no prenatal care, 2021-2022

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban †	2.54	1.19	5.14	0.55	0.5	0.61
	Rural/frontier †	1.91	0.78	4.32	0.57	0.46	0.69
	Overall*	**2.23**	**1.27**	**3.8**	**0.55**	**0.51**	**0.6**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 58: Percent of live births that had a normal birthweight, 2022

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	91.67	85.94	95.77	92.34	92.06	92.61
	Rural/frontier	92.21	86.82	96.05	92.38	91.8	92.92
	Overall	**91.95**	**88.23**	**94.79**	**92.34**	**92.1**	**92.59**

Overall 91.95 88.23 94.79 92.34 92.1 92.59
*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 59: Percent of live births that were preterm, 2021-2022

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban	13.09	9.59	17.59	9.35	9.09	9.62
	Rural/frontier *	14.05	9.58	20.13	9.07	8.68	9.47
	Overall	**13.09**	**9.59**	**17.59**	**9.35**	**9.09**	**9.62**

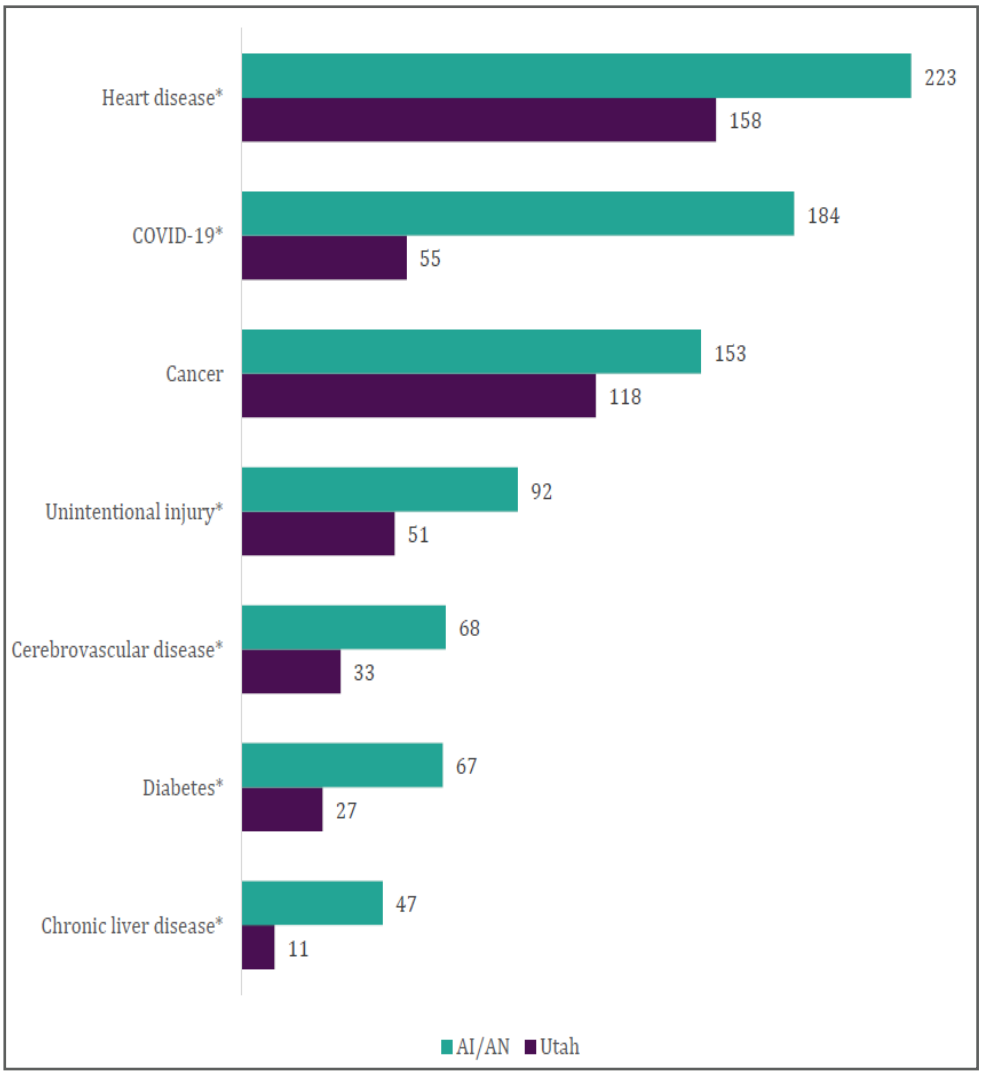
*Statistically significant between Utah overall and the AI/AN population
Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Top causes of death

From 2021-2022, two-thirds of deaths in the AI/AN population were attributable to heart disease, COVID-19, cancer, unintentional injuries, strokes and other cerebrovascular disease, diabetes, and chronic liver disease. These diseases are also among the top causes of death for the general population. However, these causes of death impact the AI/AN population more because of the disparities they experience (figure 16).

Note: Racial misclassification of the AI/AN population in death records can result in an underestimation of AI/AN mortality rates. Issues regarding racial misclassification of AI/AN in death records are well documented.[32]

Figure 16: Top causes of death among the AI/AN population, 2021-2022, age-adjusted rate per 100,000 population



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 60: Heart disease mortality, 2021-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	485.5	364.13	635.78	163.54	159.55	167.61
	Rural/frontier	97.95	61.98	147.19	145.22	139.17	151.46
Sex	Male*	280.76	197.21	387.26	186.26	180.84	191.81
	Female	180.14	127.63	247.02	133.38	129.28	137.57
	Overall*	**222.61**	**176.21**	**277.48**	**158.07**	**154.74**	**161.46**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 61: COVID-19 mortality, 2021-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	262.94	179.24	372.22	50.63	48.49	52.84
	Rural/frontier*	153.57	110	206.16	67.23	63.13	71.52
Sex	Male*	277.58	198.23	378.1	73.77	69.53	76.13
	Female*	123.58	83.58	176.15	39.48	37.29	41.78
	Overall*	**184.28**	**145.33**	**230.46**	**54.84**	**52.94**	**56.8**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 62: Cancer mortality, 2021-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	315.45	228.92	372.22	50.63	48.49	52.84
	Rural/frontier*	61.69	36.02	98.6	123.33	117.88	128.97
Sex	Male	176.97	119.26	252.89	132.29	127.9	136.8
	Female	135.65	94.12	189.27	106.97	103.36	110.68
	Overall	**152.98**	**118.24**	**194.73**	**117.58**	**114.8**	**120.41**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 63: Unintentional injury mortality, 2021-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	156.12	94.54	242.72	50.11	48.05	52.23
	Rural/frontier	66.66	40.29	103.79	57.56	53.58	61.76
Sex	Male*	108.32	71.21	157.92	65.65	62.71	68.68
	Female	67.32	37.63	111.14	37.07	34.93	39.3
	Overall*	**91.81**	**65.68**	**124.86**	**51.36**	**49.55**	**53.22**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 64: Cerebrovascular disease mortality, 2021-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	168.65	99.8	266.85	34.21	32.39	36.11
	Rural/frontier †	20.77	6.49	49.49	29.75	27.07	32.63
Sex	Male †	68.62	31.01	131.28	30.91	28.71	33.22
	Female*	67.02	36.72	112.27	34.34	32.27	36.5
	Overall*	**68.1**	**43.4**	**101.74**	**32.97**	**31.46**	**34.54**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 65: Diabetes mortality, 2021-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	121.64	62.42	213.51	28.43	26.83	30.1
	Rural/frontier *	49.43	26.47	84.17	23.77	21.4	26.33
Sex	Male	63.43	31.81	113.16	33.87	31.68	36.18
	Female*	60.98	32.79	103.56	21.13	19.54	22.82
	Overall*	**67.21**	**43.41**	**99.38**	**27.05**	**25.73**	**28.43**

*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 66: Chronic liver disease mortality, 2021-2022, (age-adjusted rate per 100,000 population)

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural residence	Urban*	63.85	34.67	107.65	10.23	9.33	11.21
	Rural/frontier †	34.46	15.6	65.85	13.51	11.65	15.59
Sex	Male †	41.15	20.39	74.02	12.98	11.73	14.34
	Female*	51.82	27.72	88.32	8.91	7.88	10.04
	Overall*	**47.19**	**30.09**	**70.48**	**10.93**	**10.12**	**11.8**

*Statistically significant between Utah overall and the AI/AN population
† AI/AN rate unreliable
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Medicaid

During the COVID-19 pandemic, Medicaid allowed people to continue receiving coverage without proving their eligibility each month. In March 2023, Medicaid resumed reviewing members eligibility again in a process known as Medicaid Unwinding.[33] We saw a 34% decrease in people enrolled in Medicaid and CHIP after Medicaid Unwinding (figure 17). The AI/AN population saw similar drops in Medicaid and CHIP enrollment for all age groups except the 0-5 year old age group. Children aged 0-5 had an 8% increase in Medicaid and CHIP enrollment (table 66).

Medicaid is a primary way that tribe members access healthcare. Several UIHAB representatives provided their perspectives on the importance of Medicaid below.

UIHAB priority: Medicaid

Shawn Begay - UIHAB Chairman, Public Health Director, Utah Navajo Health Systems (UNHS)
Ryan Ward - UIHAB Vice-Chairman, Clinical Director, Urban Indian Center of Salt Lake (UICSL)
Ed Napia - UIHAB Member, Commercial Tobacco Cessation Specialist, Nat–su Healthcare
LaTosha Mayo - UIHAB Member, Health Director, FourPoints Health
Rich Persons - Clinical Director, FourPoints Health

For UIHAB, utilizing Medicaid provides a way to improve access for AI/AN people, improve services available for patients, and support the wider community.

Access

"Medicaid is an access issue. It allows people, families, children, pregnant women, adults, anyone to access vital healthcare." Ryan says. I/T/U facilities help patients apply for Medicaid. Rich says, "One thing we do very well is for everyone that comes in, we meet with them, and if they don't have insurance, we help them apply for alternate resources. This is where Medicaid is huge because a lot of people qualify but they don't know they do. The application is hard, the waiting is hard, they don't know the in's and outs of it."

Ed points out how Medicaid Unwinding impacted the tribes. "The Medicaid unwinding process has led to a lot of people getting off Medicaid, and Medicaid helps to ensure access to our services." Concerned about Medicaid access for the AI/AN, Ed suggests there is "a need for people who understand the tribes to be involved with the review process for individual cases [of tribal members]."

Improving services

Shawn points out that Medicaid "allows our patients to access specialty care that would otherwise be unavailable for them." This happens in 2 primary ways.
First, Medicaid reimbursement allows I//T/U facilities to expand their services. Ryan says that, "as an organization, [Medicaid] is the only way that we can sustain and grow and provide more quality healthcare services."

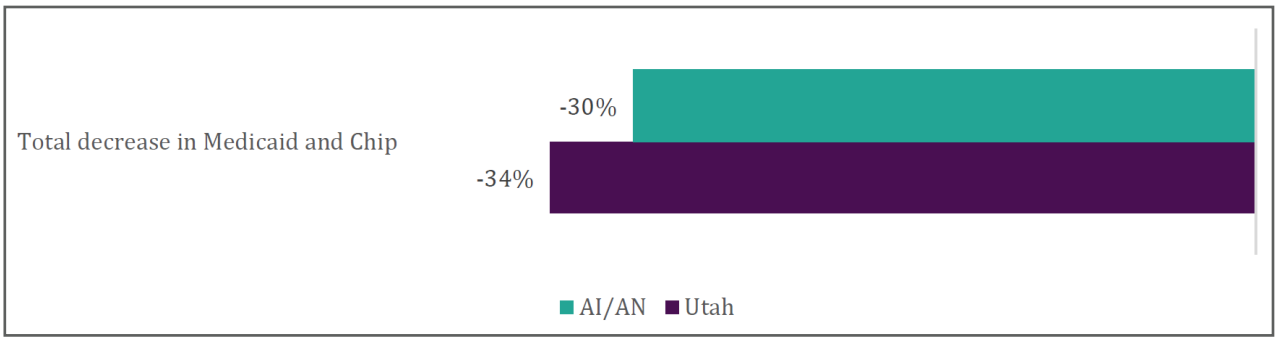
Second, patients with Medicaid can be referred to specialty care more easily. While all I/T/U facilities provide essential services, they may not have the resources to provide certain types of specialty services. Shawn says, "if [patients] do qualify for Medicaid, it allows them to access specialty care that would otherwise be unavailable for them." This also supports patient transportation to those services. Shawn explains, "we have drivers that take people to SLC for any specialty appointments or procedures and Medicaid can cover that cost."

Support the community

While I/T/U facilities are designed to provide services to AI/AN people, they also benefit the wider community. Many I/T/U facilities provide services to anyone on Medicaid, regardless of tribal enrollment. FourPoints Health is one of these facilities. As Rich points out, "Medicaid is absolutely huge in rural areas, not only for tribal members, but also non tribal members. People are continuing to suffer due to wages, cost of living, and health disparities..., the cost of medicine—which is at an all time high—and all of the requirements on the backend for providers to bill for everything. These things make it harder and harder for people to get in and have good quality care. This is where the tribe has stepped in to help tribal members and the surrounding community."

Even for I/T/U facilities that only provide healthcare to AI/AN, there are benefits for the wider community. Ryan points out that "there are proven cost savings when people have access to healthcare." By providing a "medical home" for the urban AI/AN population, the UICSL becomes the first place a person goes instead of the emergency room. This saves the patient money and reduces the burden on local emergency rooms.

Figure 17: Percent change in Medicaid and CHIP enrollment from March 2023 - March 2024



Source: Utah Medicaid, Utah Department of Government Operations

Table 67: Percent change in Medicaid and CHIP enrollment from March 2023 - March 2024

		AI/AN	Utah
		%	%
Urban rural residence	Urban	-31%	-34%
	Rural/frontier	-29%	-34%
Sex	Male	-28%	-33%
	Female	-31%	-26%
Age	0-5 years old	8%	-30%
	6-17 years old	-21%	-28%
	18-64 years old	-38%	-39%
	65+ years old	-27%	-18%
	Overall	**-30%**	**-34%**

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