

May, 2012

American Indian and Alaska Native Diabetes: Critical Information for Researchers and Policy-Makers

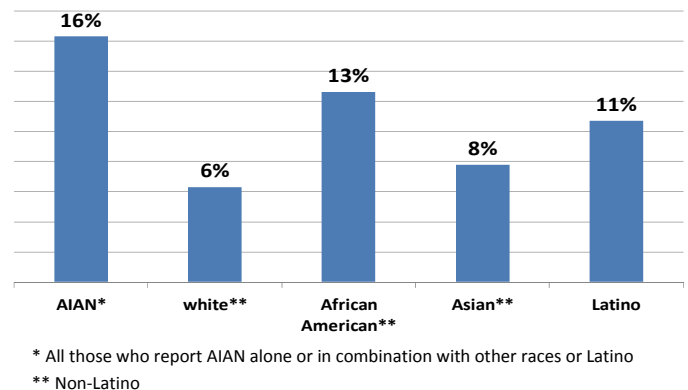
California has largest American Indian and Alaska Native Population in the U.S.

Between 2000 and 2010 the American Indian/Alaska Native (AIAN) population nationally increased 26.7%, while the overall U.S. population grew by only 9.7%. There are over 100 federally recognized tribes in California. Combined with those from tribes from throughout the nation who live in the state, more AIANs reside in California than any other state. Most California AIANs (63%) live in areas that the Indian Health Service defines as urban. Los Angeles-Long Beach has the largest number of AIAN in any metropolitan area nationally, while Riverside-San Bernardino has the third largest number.

Diabetes Prevalence Highest Among AIAN

AIAN have the highest rates of diabetes of any racial or ethnic group. Among AIAN adults, 16.3% report ever being diagnosed with diabetes as compared to 12.6% of the African-American and 6.3% of the non-Latino White population. Those who self-report California tribal heritage are twice as likely to have been diagnosed with diabetes as individuals from tribes outside of California (31% versus 16%). As a whole, among AIANs in California ages 55 and older, diabetes prevalence increases to 26% whereas diabetes prevalence among whites of this age group is 12%. Among all those with diabetes, AIAN are the most likely to report having Type II diabetes, a form that is often treated with diet changes, physical activity, and oral medications.

Ever diagnosed with diabetes
Ages 18 & over, California, 2009



Risk Factors Common Among AIAN

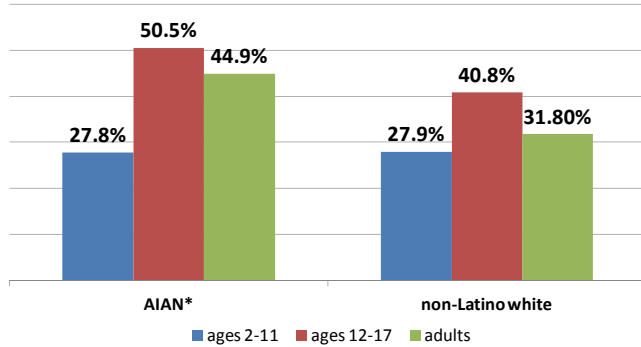
Risk factors for diabetes include obesity, sedentary lifestyles, and a diet that includes high fats and relatively high levels of sugar. Based on the body-mass index (BMI), 11.3% of teens, and 68.5% of AIAN adults in California are overweight or obese. AIAN adults have the highest rate of overweight and obesity of all racial/ethnic groups; the next highest rate is among Latino adults (66.3%), while a little more than half of white adults (55%) are overweight or obese.

Over one-fifth (22.5%) of AIAN children ages 5-11 have low rates of physical activity, defined as an hour or more two or fewer days per week, a level similar to the rate for white children. As children age, they become less active. Among AIAN adolescents ages 12-17, 37.6% report having a low physical activity level.



The largest racial/ethnic disparities occur among males, where 33.4% of AIAN males ages 12-17 have low activity levels versus 21.6% of whites.

Fast food eaten 2 or more times a week California, 2009



* All those who report AIAN alone or in combination with other races or Latino

Fast food and sugar-sweetened beverage consumption is linked with greater caloric intake and may contribute to the rise in obesity rates. Among AIANs, 27.8% of 2-11 year olds, 50.5% of adolescents, and 44.9% of adults consume fast food at least twice per week. These rates are higher than those of non-Latino whites among adolescents and adults.

AIAN children and adolescents also have high rates of consuming two or more sodas or other sugary drinks in a day. AIAN teens drink multiple sugary drinks daily than any other racial/ethnic group — 37.6% of AIANs ages 12-17 compared to 20.7% of non-Latino whites.

Access to care barriers in California

Diabetes complications can be reduced by consistent and appropriate ambulatory care. Having no health insurance is significant barrier. AIANs nonelderly adults have over twice the rate of being uninsured (27.1%) as nonLatino whites (12.8%). Under half (41.6%) of AIAN adults obtain health insurance through employment, while 67.0% of nonLatino whites do. Only 12.9% of nonelderly AIAN adults report Indian Health Service (IHS) coverage. Low IHS coverage results from AIAN who are not enrolled tribal members, or who are enrolled but are not eligible for services out-

side their out of state reservation. Having no usual source of care was reported by 18.1% of nonelderly adult AIANs and 12.0% of nonLatino whites.

Call to action

Service providers, health advocates, and policymakers should focus on culturally competent strategies that work for a multitude of Native tribal cultures, reflecting the rich diversity of the California AIAN population.

- Implement prevention programs that focus on culturally appropriate promotion of physical activity, low fat/low sugar diets, and weight control among AIAN children and teens. See Teufel-Shone, et al., [“Systematic Review of Physical Activity Interventions Implemented With AIAN Populations,”](#) *Am J Health Promotion*, July/August 2009.
- Clinical services and support that focus on diabetes should include care for obesity, heart disease, stroke, and hypertension.
- Services for AIAN youth of California tribal heritage should emphasize diabetes prevention.

For more information about our American Indian and Alaska Native research, please visit the Center’s Health Disparities Program: www.healthpolicy.ucla.edu.

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Date source: The 2009 California Health Interview Survey which included 1,369 respondents ages 18 and over who self identified as American Indian or Alaska Native.

Funders: Indian Health Service, California Area Office, in collaboration with the Native American Health Center in Oakland, United American Indian Involvement in Los Angeles, and the San Diego American Indian Health Center.

The views expressed in this fact sheet are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research, the Regents of the University of California, the Native American Health Center, United American Indian Involvement, the San Diego Indian Health Center, or the Indian Health Service.