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American Indian Elder Health: Critical Information for Researchers and Policymakers

U.S. American Indian and Alaska Native Elder population growing

As more American Indians and Alaska Natives (AIAN) live to adulthood and old age, the elderly population (age 55 and older) is projected to increase from 5.5% of the total U.S. AIAN population in 1990 to 12.6% in 2050. This shifting demographic profile of the population calls for focused attention on the health status of AIAN elders. More American Indian elders reside in California than any other state. There are over 100 federally recognized tribes in California.

American Indian Elders mostly urban

The majority (about 70%) of California's older people age 55+ among all racial and ethnic groups live in urban areas. About 60% of AIAN elders live in urban areas. Additionally, AIAN elders have the highest rate of living in rural areas throughout California of all elders.

AIAN Elders economically insecure

AIAN elders in California are two to three times more likely to be poor or low-income – less than 200% of the federal poverty level (FPL) – than non-Latino whites (hereafter white), 49% vs. 17%.

Diabetes major disparity, and risk, for other health problems

Almost one-third (30%) of American Indian elders have been diagnosed with diabetes, the highest prevalence of any racial group. This is more than twice rate of whites (13%). Diabetes is a “fellow traveler” with health conditions such as hypertension, heart disease and stroke — conditions also disproportionately experienced by older AIANs.

American Indian Elders ages 55-64: Crest of a chronic disease epidemic

Chronic diseases significantly affect AIANs, with the largest disparity gap between AIAN and non-natives in the 55- to 64-year-old sub-group. For example, one-quarter (26%) of AIANs in this age group have been diagnosed with diabetes compared to 12% of whites. This 55- to 64-year-old elder group requires attention – they are at the crest of the chronic disease epidemic – while the 65 and older group lead the epidemic.

Cancer screening rates low

More than one-quarter (29%) of AIAN women age 55-64 have not had a cervical cancer screening in the last three or more years, compared to 12% for whites. Almost one-quarter (23%) of AIAN women age 55 and older have not had a mammography in over two years, compared to 17% of whites. Nearly three in 10 (29%) AIANs have never had a colon cancer screening compared to 16% of whites.

AIAN Elders' health behavior data

Behavioral risk factors are strongly influenced by social/economic conditions and are related to the following health disparities: Almost one in five are current tobacco smokers (17%), twice the rate of whites. AIAN males age 55-64 report heavy alcohol use at twice the rate of whites (41% compared to 20%). More than one in five (22%) AIANs are sedentary compared to 12% of whites. One-third are obese,

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compared to one-fifth of whites. Additionally, nearly one in five (18%) AIAN elders 55- to 64-years-old report having been diagnosed with asthma.

American Indians fall more than any racial or ethnic group

One in five (22%) AIAN elders age 65 years and older have had multiple falls in the past year, the highest prevalence of any racial group (all races, 14%). Furthermore, nearly twice as many AIAN elders who live below 200% of the FPL had multiple falls compared to all other races who live below 200% of the FPL. Only one-quarter to one-third of any racial/ethnic group had received a review of their medications by a health care professional following the fall(s).

Access-to-care barriers for American Indian Elders in California

One-half (52%) of AIANs age 55 to 64 years utilize employment-based insurance compared to three-quarter (73%) of whites. AIANs age 55 to 64 years are nearly two times as likely to be uninsured compared to whites (12% vs. 7%). Nine in 10 (90%) AIANs age 55-64 report a usual source of care compared to 96% of whites. Contrary to public opinion, only one in 20 (5%) AIAN elders use, or are eligible, for Indian Health Service (IHS) coverage.

Call to action

This project provides population-level health information on the American Indian elder population in California for the first time. We call on service providers, health advocates, and policymakers to set priorities and allocate resources that will benefit this vulnerable population. These programs should focus on culturally competent strategies that work for a multitude of Native tribal cultures, reflecting the rich diversity of any rural or urban California AIAN elder population. What actions can you take?

- Share this fact sheet on the health of Native elders.
- Visit www.healthpolicy.ucla.edu/nativeelders for updates, including a full report and information on community classrooms to ensure dialogue with tribal, urban and aging stakeholders.

- Ensure representation of Natives and Native experts at decision-making tables.
- Report research findings for “American Indian and Alaska Natives”, not aggregated into “other.”
- Additional interest from partners and funders is welcome for further AIAN studies across the lifespan and for a continued focus on Native elders.

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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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 California Health Interview Survey collaborators, the Regents of the University of California, the California Wellness Foundation, the Indian Health Service, U.S. Department of Health and Human Services, or the Mayo Clinic.

Date source: The 2007 California Health Interview Survey included one adult in each of 48,000 California households; 1,900 AIAN were randomly selected. We examined two age groups: 55-64 and 65 and older.

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