

American Indian/Alaska Native Women

The Health Resources and Services Administration (HRSA) recognizes the important roles women have in Indian Country as caretakers, builders, gatherers, farmers, and healers. Despite critical contributions to their communities, American Indian/Alaska Native (AI/AN) women experience discrimination, prejudice, abuse, and are raped or sexually assaulted at a higher rate than other women (U.S. Department of Justice, 2008).¹ Approximately one in five AI/AN women have at least two chronic conditions, such as diabetes, high blood pressure, or high cholesterol. AI/AN women also experience high rates of infant mortality, obesity, and behavioral health conditions (U.S. Department of Health and Human Services, 2012).²

Collaboration and partnership is key to address these disparities in Tribal communities to improve AI/AN women's health. HRSA ensures its programs, technical assistance, and funding opportunities build healthy communities, improve access to quality health care and services, strengthen the health workforce and improve health equity. Below are some recent examples of HRSA's work that support AI/AN women and their families.

Building Healthy Communities: The Maternal, Infant, and Early Childhood Home Visiting Program, (Home Visiting Program) Tribal Home Visiting Program is designed to strengthen and develop Tribal capacity to support and promote the health and well-being of AI/AN families; expand the evidence base around home visiting in Tribal communities; and support and strengthen cooperation and linkages between programs that serve AI/AN children. Administered in collaboration with the Administration for Children and Families (ACF), the Home Visiting Program currently has 25 Tribal grantees in 14 states. Funded entities include states, jurisdictions, and Tribal communities.

Improving Access to Quality Health Care and Services: The Ryan White HIV/AIDS Program provided services to more than 1,500 AI/AN women in 2013. The Program works with cities, states, and local community-based organizations, including Tribal organizations, to provide services to people each year who do not have sufficient health care coverage or financial resources to cope with HIV disease.

Improving Health Equity: The Women's Health USA 2013 Databook (WHUSA) highlights timely information from national level data sources to identify and clarify issues affecting the health of women, including a section that stratifies topical data by race/ethnicity, including AI/AN, to illustrate health disparities. WHUSA provides policy-makers and program managers at all levels and in all sectors with key information to better address critical health challenges facing women, their families, and their communities.

¹ United States Department of Justice (2008). Violence Against American Indian and Alaska Native Women and the Criminal Justice Response: What is Known Report. Washington, DC. U.S. Department of Justice. Retrieved February 23, 2015 from <https://www.ncjrs.gov/pdffiles1/nij/grants/223691.pdf>.

² United States Department of Health and Human Services (2012). Minority Women's Health: American Indians/Alaska Natives. Washington, DC. U.S. Department of Health and Human Services. Retrieved February 23, 2015 from <http://www.womenshealth.gov/minority-health/american-indians/index.html>.