WWAMI RURAL HEALTH RESEARCH CENTER

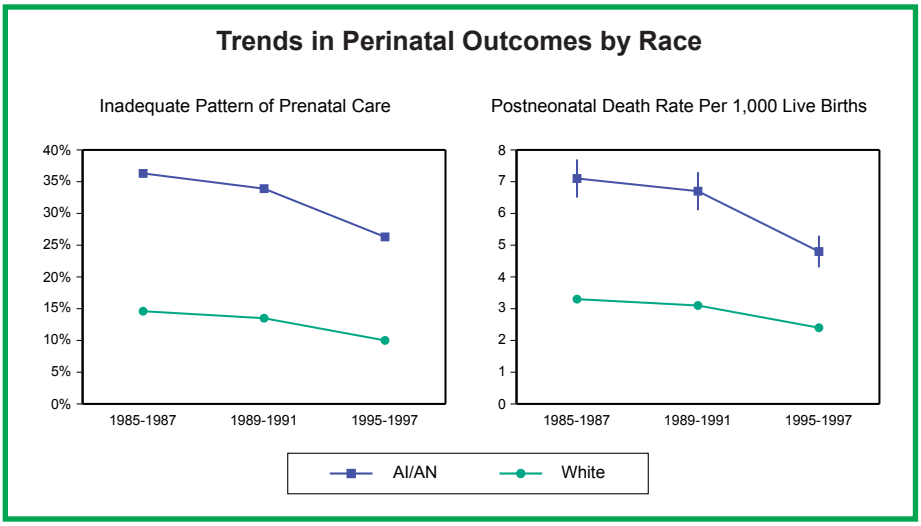
Policy Brief

June 2008

National Trends in the Perinatal and Infant Health of Rural American Indians (AIs) and Alaska Natives (ANs): Have the Disparities Between AI/ANs and Whites Narrowed?

Background

Despite dramatic improvements in maternal and infant health among American Indians and Alaska Natives (AI/ANs) since the 1950s, disparities between AI/ANs and whites have persisted. Since the 1980s, numerous efforts have been directed toward improving access to health services, reducing risk behaviors, and modifying provider practices to improve maternal and infant health throughout the United States. Whether these efforts have reduced the disparities between AI/ANs and whites in maternal and infant health is unknown.



Study Aim

To examine trends in prenatal care receipt, low-birthweight rates, neonatal and postneonatal death rates, and cause of death among rural AI/ANs and whites between 1985 and 1997.

Study Population

AI/AN and non-Hispanic white singleton births to women living in rural U.S. counties.

Data Source

National Center for Health Statistics' National Linked Birth and Infant Death Data Set for 1985-1987, 1989-1991, and 1995-1997.

Major Findings

- Rates of inadequate prenatal care decreased for both AI/ANs and whites (figure), but a sizeable disparity between the groups persisted. Only two-thirds of rural AI/AN women received first-trimester prenatal care in 1995-1997.
- Rates of postneonatal death among rural AI/ANs decreased over time (figure), but again, a sizeable disparity between AI/ANs and whites persisted.
- Preventable causes of death, predominantly infectious disease and sudden infant death syndrome, were largely responsible for AI/AN-white differences.

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Policy Implications

Significant improvement in receipt of prenatal care among both rural AI/ANs and rural whites during the 1980s and 1990s is encouraging. During this time period, there was expanded funding of programs both to enroll low-income pregnant women into Medicaid early and to support pregnant women through case management and social support services. The organization of health services for AI/ANs also changed, with increased tribal autonomy over their health systems.

Despite this study's documented improvements in prenatal care receipt and postneonatal death rates, disparities persist between rural AI/ANs and whites in these measures. Tribal control over health services provides an excellent opportunity to close these gaps by implementing culturally appropriate interventions that can prevent or modify preexisting risk factors such as hypertension and diabetes (known to be higher among AI/ANs), increase prenatal care use, and decrease the risk of preventable conditions such as infection that can result in postneonatal death.

The U.S. Commission on Civil Rights and others have documented levels of funding for the Indian Health Service that fall below that needed to meet the health care needs of AI/ANs.* Adequate funding for AI/AN health care services can help ensure AI/ANs have access to maternal and infant services and programs so that they can reach the Healthy People 2010 objectives for maternal and child health.

This project was supported by a grant from the federal Office of Rural Health Policy. Findings are more fully described in WWAMI RHRC Final Report #111: LM Baldwin, DC Grossman, E Murowchick, EH Larson, WB Hollow, JR Sugarman, WL Freeman, LG Hart. National Trends in the Perinatal and Infant Health of Rural American Indians (AIs) and Alaska Natives (ANs): Have the Disparities Between AI/ANs and Whites Narrowed? June 2008..

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* U.S. Commission on Civil Rights. *A quiet crisis: federal funding and unmet needs in Indian country*. Washington, DC: Author; 2003.
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