

# Native Americans have shorter life spans: Better health care isn't the only answer

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Katherine Goodlow is only 20, but she has experienced enough to know that people around her are dying too young.

Goodlow, a member of the Lower Brule Sioux Tribe, said she's lost six friends and acquaintances to suicide, two to car crashes, and one to appendicitis. Four of her relatives died in their 30s or 40s, from causes such as liver failure and COVID-19, she said. And she recently lost a 1-year-old nephew.

"Most Native American kids and young people lose their friends at a young age," said Goodlow, who is considering becoming a mental health therapist to help her community. "So, I'd say we're basically used to it, but it hurts worse every time we lose someone."

Native Americans tend to die much earlier than white Americans. Their median age at death was 14 years younger, according to an analysis of 2018–21 data from the Centers for Disease Control and Prevention

The disparity is even greater in Goodlow's home state. Indigenous South Dakotans who died between 2017 and 2021 had a median age of 58–22 years younger than white South Dakotans, according to state data.

Donald Warne, a physician who is co-director of the Johns Hopkins Center for Indigenous Health and a member of the Oglala Sioux Tribe, can rattle off the most common medical conditions and accidents killing Native Americans.

But what's ultimately behind this low life expectancy, agree Warne and many other experts on Indigenous health, are social and economic forces. They argue that in addition to bolstering medical care and fully funding the Indian Health Service—which provides health care to Native Americans—there needs to be a greater investment in case management, parenting classes, and home visits.

"It's almost blasphemy for a physician to say," but "the answer to addressing these things is not hiring more doctors and nurses," Warne

said. "The answer is having more community-based preventions."

The Indian Health Service funds several kinds of these programs, including community health worker initiatives, and efforts to increase access to fresh produce and traditional foods.

Private insurers and state Medicaid programs, including South Dakota's, are increasingly covering such services. But insurers don't pay for all the services and aren't reaching everyone who qualifies, according to Warne and the National Academy for State Health Policy.

Warne pointed to Family Spirit, a program developed by the Johns Hopkins center to improve [health outcomes](#) for Indigenous mothers and children.

Chelsea Randall, the director of maternal and [child health](#) at the Great Plains Tribal Leaders' Health Board, said community health workers educate Native pregnant women and connect them with resources during [home visits](#).

"We can be with them throughout their pregnancy and be supportive and be the advocate for them," said Randall, whose organization runs Family Spirit programs across seven reservations in the Dakotas, and in Rapid City, South Dakota.

The community health workers help families until children turn 3, teaching parenting skills, [family planning](#), drug abuse prevention, and stress management. They can also integrate the tribe's culture by, for example, using their language or birthing traditions.

The health board funds Family Spirit through a grant from the federal Health Resources and Services Administration, Randall said. Community health workers, she said, use some of that money to provide

child car seats and to teach parents how to properly install them to counter high rates of fatal crashes.

Other causes of early Native American deaths include homicide, drug overdoses, and chronic diseases, such as diabetes, Warne said. Native Americans also suffer a disproportionate number of infant and maternal deaths.

The crisis is evident in the obituaries from the Sioux Funeral Home, which mostly serves Lakota people from the Pine Ridge Reservation and surrounding area. The funeral home's Facebook page posts obituaries for older adults, but also for many infants, toddlers, teenagers, young adults, and middle-aged residents.

Misty Merrival, who works at the funeral home, blames poor living conditions. Some community members struggle to find healthy food or afford heat in the winter, she said. They may live in homes with broken windows or that are crowded with extended family members. Some neighborhoods are strewn with trash, including intravenous needles and broken bottles.

Seeing all these premature deaths has inspired Merrival to keep herself and her teenage daughter healthy by abstaining from drugs and driving safely. They also talk every day about how they're feeling, as a suicide-prevention strategy.

"We've made a promise to each other that we wouldn't leave each other like that," Merrival said.

Many Native Americans live in small towns or on poor, rural reservations. But rurality alone doesn't explain the gap in life expectancy. For example, white people in rural Montana live 17 years longer, on average, than Native Americans in the state, according to state data

reported by Lee Enterprises newspapers.

Many Indigenous people also face racism or personal trauma from child or sexual abuse and exposure to drugs or violence, Warne said. Some also deal with generational trauma from [government programs](#) and policies that broke up families and tried to suppress Native American culture.

Even when programs are available, they're not always accessible.

Families without strong internet connections can't easily make video appointments. Some lack cars or gas money to travel to clinics, and public transportation options are limited.

Randall, the health board official, is pregnant and facing her own transportation struggles.

It's a three-hour round trip between her home in the town of Pine Ridge and her prenatal appointments in Rapid City. Randall has had to cancel several appointments when family members couldn't lend their cars.

Goodlow, the 20-year-old who has lost several loved ones, lives with seven other people in her mother's two-bedroom house along a gravel road. Their tiny community on the Pine Ridge Reservation has homes and ranches but no stores.

Goodlow attended several suicide-prevention presentations in high school. But the programs haven't stopped the deaths. One friend recently killed herself after enduring the losses of her son, mother, best friend, and a niece and nephew.

A month later, another friend died from a burst appendix at age 17, Goodlow said. The next day, Goodlow woke up to find one of her

grandmother's parakeets had died. That afternoon, she watched one of her dogs die after having seizures.

"I thought it was like some sign," Goodlow said. "I started crying and then I started thinking, 'Why is this happening to me?'"

Warne said the overall conditions on some reservations can create despair. But those same reservations, including Pine Ridge, also contain flourishing art scenes and language and cultural revitalization programs. And not all Native American communities are poor.

Warne said federal, state, and tribal governments need to work together to improve life expectancy. He encourages tribes to negotiate contracts allowing them to manage their own health care facilities with federal dollars because that can open funding streams not available to the Indian Health Service.

Katrina Fuller is the health director at Sičanġu Co, a nonprofit group on the Rosebud Reservation in South Dakota. Fuller, a member of the Rosebud Sioux Tribe, said the organization works toward "wicozani," or the good way of life, which encompasses the physical, emotional, cultural, and financial health of the community.

Sičanġu Co programs include bison restoration, youth development, a Lakota language immersion school, financial education, and food sovereignty initiatives.

"Some people out here that are struggling, they have dreams, too. They just need the resources, the training, even the moral support," Fuller said. "I had one person in our health coaching class tell me they just really needed someone to believe in them, that they could do it."

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