

Native American Health Crisis: The Case for Nutrition & Prevention

A data-backed brief for policymakers, IHS planners, and community health advocates

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-8.3 yrs

Life Expectancy vs. White (2023)
KFF/CDC

2.3×

Higher diabetes rate vs. NHW
IHS data

33%

Higher ESRD incidence (2022)
HHS OMH

~100%

Reservations are food deserts
FNDI/USDA

\$4,078

IHS per capita vs \$13,185 Medicare
USCare 2024

THE BURDEN

American Indian and Alaska Native (AI/AN) people bear the worst health outcomes of any U.S. racial group — a crisis rooted in colonization, chronic underfunding, and the displacement of traditional food systems by ultra-processed foods (UPF).¹

Life Expectancy Gap

AI/AN life expectancy: 70.1 years vs. 78.4 for White Americans — an 8.3-year gap that widened during COVID-19.² A 2025 JAMA study tracking self-identified AI/AN individuals found the true gap is 2.9× larger than CDC official statistics suggest (72.7 yrs, comparable to El Salvador), because 41% of AI/AN deaths are misclassified as White on death certificates.³

Diabetes: The Epidemic Within

AI/AN adults are 2.3× more likely to have diagnosed diabetes than non-Hispanic Whites (18% vs. 11%), the highest rate of any racial group.⁴ On tribal lands, the rate reaches 18.9% vs. 11.5% off-reservation. Some Southwest tribes exceed 50% prevalence — the highest recorded anywhere in the world.⁵ The CDC projects that 1 in 2 AI/AN children born in 2000 will develop T2DM in their lifetime.⁶ Diabetes mortality is 3.2× higher than the U.S. average.

Kidney Disease & Dialysis

AI/AN people are 33% more likely to develop end-stage renal disease (ESRD) than the overall U.S. population, and 69% of ESRD cases are driven by diabetes.⁷ In the Southwest, ESRD prevalence among Native Americans is 0.89% vs. 0.19% nationally — nearly 5× higher.⁸ Dialysis begins 5–9 years earlier than in non-Hispanic Whites, costing \$86,400/person/year and severely degrading quality of life.⁹

UPF & Food Deserts

Nearly all American Indian reservations are classified as food deserts by the USDA. Only 25.6% of tribal residents live within 1 mile of a supermarket vs. 58.8% nationally.¹⁰ Forced reliance on gas-station processed foods and shelf-stable government rations replaced ancestral diets beginning mid-20th century. The Pima people of Arizona — formerly a Blue Zone — now have ~47-year male life expectancy and the world's highest diabetes rate.¹¹ AI/AN food insecurity: 23% vs. 12% White.

ACCESS TO CARE CRISIS

The Indian Health Service (IHS) — the federal healthcare provider for 2 million AI/AN people across 574 federally recognized tribes — has never been fully funded. The structural gap in care is massive and worsening.¹²

Program	Per Capita Spend
IHS (Indian Health Service)	\$4,078
Federal Prisons	\$8,600
Medicaid	\$8,109
Veterans Health (VHA)	\$10,691
Medicare	\$13,185

IHS is \$54 billion short of recommended funding. Staff vacancy rates average 34% (up to 46% in some areas). In FY2022, IHS denied or deferred \$552 million in care for ~120,000 eligible patients.¹³ Uninsured rate: 21% AIAN vs. 7% White — 3× higher.¹⁴

PREVENTION OPPORTUNITY

Vitamin D: A High-Leverage, Low-Cost Intervention

AI/AN populations — especially in Alaska and northern latitudes — have elevated vitamin D deficiency rates due to latitude, skin pigmentation, and shift away from traditional fish-rich diets.¹⁵ A meta-analysis of 8 RCTs (n=4,896) found Vitamin D supplementation reduced T2DM risk by 11% in prediabetes and increased normoglycemia reversion by 48%.¹⁶ Vitamin D analogs also reduce proteinuria and slow diabetic kidney disease.

1. Restore Traditional Foods

Support tribal food sovereignty, replace UPF commodity rations with culturally appropriate nutrition to reduce diabetes risk at the root.

2. Vitamin D Screening & Supplementation

Universal 25(OH)D screening at IHS facilities; low-cost supplementation for deficient individuals (prediabetic, pregnant, etc.).

3. Full IHS Funding + Preventive Care

Closing the \$54B gap enables upstream prevention that avoids \$86,400/yr dialysis costs. Every \$1 in prevention saves \$3+ in ESRD treatment.

SOURCES

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