As of 2017, over 5M people or 2% of the U.S. population identified as AIAN alone or in combination with another race.

Under treaties and laws, the U.S. has a unique responsibility to provide certain rights, protections, and services to AIANs, including health care.

AIANs live across the United States, but 60% reside in 11 states. The majority of AIANs live outside of tribal areas.

Compared to Whites, AIANs are...

- **Younger:**
  - 34 and Younger
  - Nonelderly AIAN: 57%
  - Nonelderly White: 49%

- **More Likely to Be Poor:**
  - Family Income Below Poverty
  - AIAN: 23%
  - White: 8%

- **Less Likely to Have a Full-Time Worker in the Family:**
  - Full-Time Worker in Family
  - AIAN: 70%
  - White: 84%

Nonelderly adult (18-64) AIANs fare worse than Whites across many health measures.

- **Fair or Poor Health Status**
  - AIAN: 17%
  - White: 9%

- **Physical Limitation**
  - AIAN: 37%
  - White: 32%

- **Obese**
  - AIAN: 40%
  - White: 30%

- **Current Smoker**
  - AIAN: 31%
  - White: 20%

- **Currently Has Asthma**
  - AIAN: 15%
  - White: 10%

- **Told By Doctor They Have Diabetes**
  - AIAN: 14%
  - White: 7%

- **Substance Use Disorder**
  - AIAN: 15%
  - White: 10%

Medicaid and CHIP help fill gaps in private coverage for AIANs, particularly AIAN children, but they remain more likely to be uninsured than Whites.

AIANs have gained coverage under the ACA, with larger increases in states that expanded Medicaid.

Although the Indian Health Service (IHS) provides services to AIANs, health coverage is important for AIANs.

IHS is the primary vehicle through which the federal government provides health services to AIANs.

IHS has historically been underfunded to meet the health care needs of AIANs.

Enrolling AIANs in health coverage, including Medicaid or Marketplace coverage, expands their access to services and increases revenues to IHS and Tribal facilities.