NORTH CAROLINA HEALTH DISPARITIES ANALYSIS REPORT

American Indian Communities, 2024

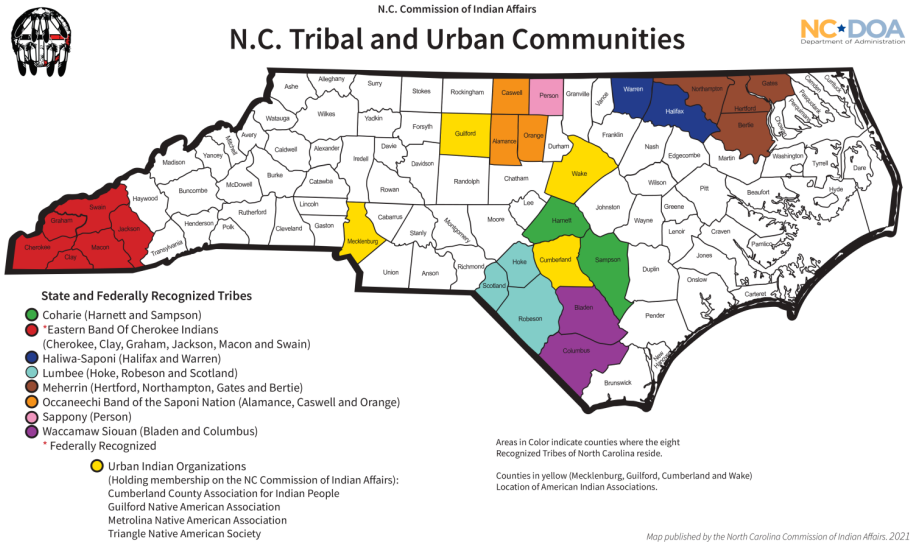
Community-focused Highlights




POPULATION OVERVIEW

North Carolina is home to eight state-recognized tribes: over 130,000 American Indian and Alaska Native (AI/AN) residents—**the largest tribal population east of the Mississippi River**. Statewide, 3% of residents identify as AI/AN alone or in combination, compared to 1.1% nationwide. The highest tribal populations are found in Medicaid Regions 1 and 5, with counties like Robeson (42%), Swain (34%), and Scotland (14%) showing significant AI/AN representation.

RECOGNIZED TRIBES & URBAN INDIAN ORGANIZATIONS



Medicaid regions 1 & 5 have the largest AI/AN population. The following counties have the largest percentage of American Indians and Alaskan Natives, alone or in combination with another race:

- Robeson County 42% Lumbee
- Swain County 34% Cherokee
- Scotland County 14% Lumbee
- Jackson County 12% Cherokee
- Hoke County 11% Lumbee
- Graham County 10% Cherokee

NORTH CAROLINA TRIBAL RECOGNITIONS

1 Federally Recognized Tribe in North Carolina

- Eastern Band of Cherokee Indians (EBCI)

8 State-Recognized Tribes in North Carolina

- Coharie Tribe
- Haliwa-Saponi Indian Tribe
- Lumbee Tribe of North Carolina
- Meherrin Indian Tribe
- Occaneechi Band of the Saponi Nation
- Sappony Tribe
- Waccamaw Siouan Tribe
- Eastern Band of Cherokee Indians (EBCI)

4 Urban American Indian Organizations

- **Cumberland County Association for Indian People (CCAIP)** — based in Fayetteville
- **Guilford Native American Association (GNAA)** — in Greensboro; oldest urban Indian organization in NC (founded 1975)
- **Metrolina Native American Association (MNAA)** — serves Charlotte/Metrolina region; established mid-1970s
- **Triangle Native American Society (TNAS)** — serves Raleigh-Durham-Chapel Hill area; incorporated in 1984

CULTURAL PROTECTIVE FACTORS IN AMERICAN INDIAN HEALTH

Strengths that support health, resilience, and healing include:

- **Cultural Identity**: Heritage, language, and traditions boost self-esteem and wellness.
- **Family & Community**: Strong intergenerational ties provide emotional and caregiving support.
- **Spirituality & Healing:** Ceremonies, prayer, and traditional practices foster holistic health.
- **Connection to Land**: Activities like hunting, fishing, and gathering nurture physical and spiritual well-being.
- **Storytelling & Arts**: Rich oral traditions and cultural expression preserve identity and aid healing.
- **Historical Resilience**: Surviving adversity strengthens community cohesion.
- **Community-Led Programs**: Tribal and urban Indian health initiatives improve outcomes.
- **Cultural Education**: Teaching youth heritage builds pride and belonging.

CALL TO ACTION

American Indian communities in North Carolina face persistent health disparities—driven by chronic disease, limited access to care, and barriers to better health. Addressing these challenges requires culturally informed strategies and community-led solutions.

To close these gaps, we must:

- Strengthen partnerships with tribal leadership and Native organizations
- Expand access to high-quality, affordable care
- Support community-driven health programs
- Align policies with the lived experiences of American Indian communities of North Carolina

Together, we can advance health for all by placing communities at the center—listening deeply, investing in what works locally, and strengthening systems to support lasting change.

UNDERSTANDING UNIQUE HEALTH DISPARITIES & CONCERNS

Social Drivers of Health - NC American Indian adults are 2.69 times less likely to hold college degrees and 2.49 times more likely to live in poverty, especially among children and elders. Unemployment rates are 1.5 times higher, and housing cost burdens are significantly greater. Historical trauma and forced assimilation—including boarding schools—continue to affect educational, social, and health outcomes today.

Access to Health care - American Indians are 2.1 times more likely to be uninsured, with lower rates of private insurance and barriers to Medicaid enrollment. Many live in areas with few providers, long travel distances, and under-resourced Indian Health Service (IHS) or tribal health facilities. These access challenges delay care and limit preventive services.

Chronic Disease - American Indians in NC have a 30% higher diabetes mortality rate than the state average. Rates of heart disease, obesity, kidney and liver disease, and COPD are also higher. Contributing factors include limited access to preventive care, and environmental exposures from industries affecting water, land, and air.

Communicable Disease - American Indians experience 2 to 4 times higher rates of HIV, STDs (chlamydia, gonorrhea, syphilis), and hepatitis B and C. These disparities are worsened by gaps in testing, treatment access, and ongoing stigma within care systems.

Mental Health, Substance Use, Suicide and Violence Prevention - NC American Indian communities face high rates of depression, PTSD, suicide, and substance use. Overdose deaths, firearm injuries, and homicide rates are 2 to 6 times higher than among white populations. Adverse childhood experiences (ACEs) remain disproportionately common and under-addressed.

Health Across the Lifespan - Disparities appear early and persist across generations. American Indian populations have 2 to 3 times higher rates of infant death, teen births ages (15–19), maternal smoking, and poor prenatal outcomes. These outcomes are often linked to barriers in maternity care, lack of culturally responsive providers, and social stressors.

RECOMMENDATIONS

For NCDHHS Divisions and Local Health Departments -

- Continue to expand Medicaid outreach to American Indian communities to increase access to health care.
- Increase funding for tribal-led health initiatives and culturally competent care.
- Strengthen partnerships with various tribal health clinics and Indian Health Service (IHS) facilities.

For Advocats, Decision-Makers and System Changers:

- Seek cultural competency training, guidance for providers working with American Indian populations
- Support data collection efforts that accurately reflect tribal health disparities.
- Advocate for policies addressing historical and structural inequities in health care.

For Community Partners

- Include & collaborate with tribal leaders and urban Indian organizations to develop informed health programs.
- Implement intentional community-based prevention strategies for chronic diseases and substance use.
- Promote traditional healing practices alongside Western medicine to enhance holistic care.