



LIVE WELL
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TRIBAL BRIEF

Health and Well-Being Outcomes Among the
American Indian/Alaska Native Population in San
Diego County, 2019-2023

County of San Diego
Health and Human Services Agency
Public Health Services
Community Health Statistics Unit

Prepared July 2025



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July 2025

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Public Health Services would like to acknowledge the Indigenous Peoples of all the lands that we are on today. We would like to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor these teachings.

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INTRODUCTION

This brief presents information about the health and well-being of American Indian/Alaska Native (AIAN) residents of San Diego County. The information presented here include demographics, social determinants of health, health status and health behaviors, medical encounter, and death data from the California Department of Public Health. These findings can be helpful as an evidence base for community health improvement efforts and identifying high priority areas.

Although this report does not include medical care data from Indian Health Services (IHS), these findings may supplement information about AIAN residents when combined with IHS health data. There are no IHS hospitals or emergency departments within San Diego County, so the local state-licensed facilities offer aggregate data about some of the most emergent and serious healthcare needs.

There are approximately 97,700 residents living on and off 18 federally recognized reservations. **Figure 1** shows state-licensed hospitals with emergency departments. AIAN residents living on reservation lands may need to travel far to seek emergency care and/or access in-patient care.

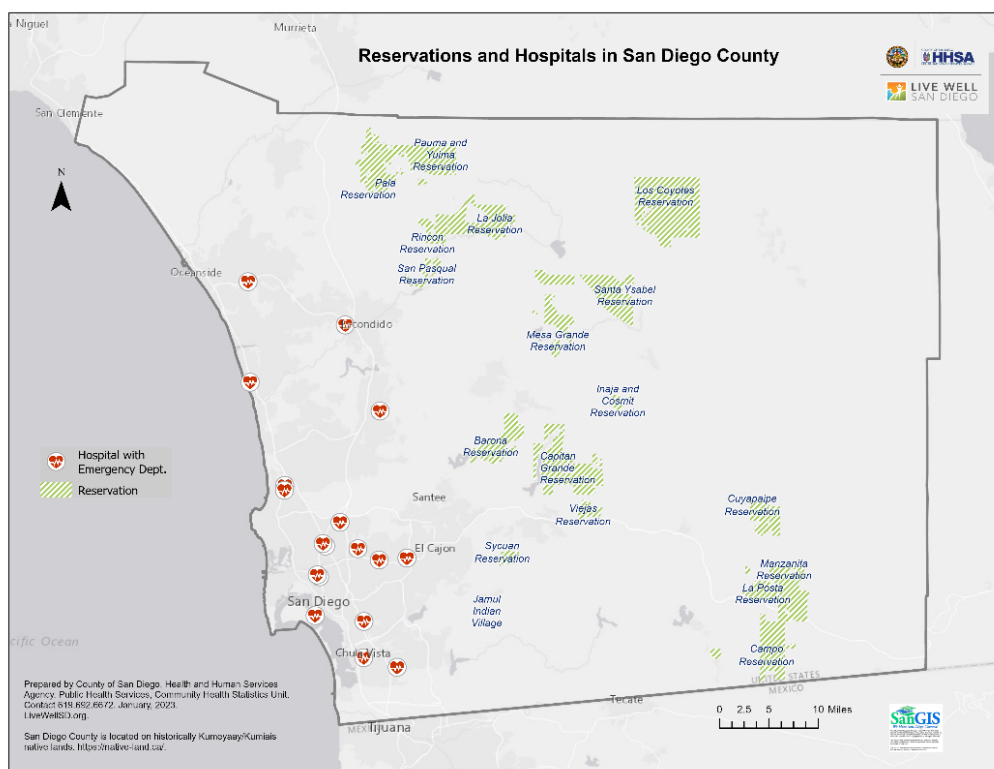


Figure 1. Map of Reservations and Hospitals in San Diego County.

This report includes a range of indicators describing the demographics, health and well-being, health care access and utilization, and mortality and morbidity experienced by AIAN residents in San Diego County from 2019 to 2023. To view this data in the Tribal Health and Well-Being dashboard, please visit: [Tribal Health and Well-Being \(2019-2023\)](#).

METHODOLOGY

Medical encounters were selected from records where the case was listed as American Indian or Alaska Native (AIAN) alone, or in combination with any other race, regardless of Hispanic ethnicity. Whether or not AIAN race was self-identified was unknown. Medical encounters included discharge from an acute care facility (hospitalization), discharge from an in-patient chemical or psychiatric facility (in-patient treatment, or IPT), and/or discharge from an emergency department (ED). Discharges were not unduplicated patients; therefore, the same individual may have been discharged more than once and/or from multiple facilities.

Medical encounter and death rates were calculated as the average rate for 2019 to 2023. Crude (not age-adjusted) rates were calculated per 100,000 residents of San Diego County treated at a state-licensed facility in San Diego County. Similarly, death rates were calculated only among AIAN residents of San Diego County, per 100,000. The population used to calculate rates was the American Community Survey (ACS) 2019-2023 5-year estimate of AIAN alone, or in combination with any other race (Table B02010).

Health indicators selected were based on the San Diego County Community Profiles which contains medical encounter and death rates for approximately 70 conditions. To protect privacy and to allow for more stable rate calculations, the 5-year aggregated rates were de-identified for fewer than 11 events (discharges, or deaths) and only at the county-level of geography to protect tribal privacy.

Data in the demographics, health and well-being, and health care access and utilization sections of this brief come from the California Health Interview Survey (CHIS), conducted by the University of California Los Angeles (UCLA) Center for Health Policy Research. Data from 2019 through 2023, or time periods within these data years, for select questions, were aggregated, and only statistically stable estimates were included in this brief.

Limitations of this data:

- Most of the medical encounter and death rates among AIAN are notably lower than that of the total population, which has been reported in other reports and studies (California Tribal Epidemiology Center, 2015; Urban Indian Health Institute, 2017). There are multiple reasons that rates may be underestimated in this population other than small numbers, such as misclassification of race on death (Dankovchik et al., 2015; Dougherty et al., 2019), and other medical records (Bigback et al., 2015), and limited access to care based on location, income, lack of insurance and other social determinants affecting AIAN residents (Urban Indian Health Institute, 2017). In addition, AIAN residents receive healthcare through the IHS system directly and through traditional healing practices. Finally, the COVID-19 pandemic also affected all-cause mortality in 2020-2022. Death rates from other conditions might be affected despite the 5-year aggregation of 2019-2023.
- Medical encounter data represent discharges, or visits, and the counts and rates produced, not the number of individual patients. A person may be discharged multiple times in a year or be discharged from more than one facility.
- Some health indicators that were previously included in AIAN health data analyses were not included in this report due to changes in ICD-10 coding definitions, such as deaths due to poisoning. The health data included in this report are not exhaustive of all conditions that may disproportionately affect the AIAN population.
- CHIS data are not over-sampled for AIAN in San Diego County so more detailed health and well-being data from this survey may be unstable.

For more information regarding data and methodology, visit the [2023 Community Profiles Data Guide and Data Dictionary Dashboards](#), which have technical notes for users of the Community Profiles' morbidity and mortality data.

DEMOGRAPHICS

From 2019 to 2023, there were an estimated 97,692 American Indian/Alaska Natives (AIAN) in San Diego County. The AIAN population represented almost 3% of San Diego County's total population, an increase of nearly 68% since 2020 (ACS 2016-2020 population). This population increase reflects the patterns seen across the United States and is hypothesized to be the result of multiple factors, including improvements and changes to the Census methodology (U.S. Census Bureau, 2021), an increase in individuals who had previously not identified as American Indian or Alaska Native to do so (Chen, 2025), encouragement by Tribal Nations of members to participate in the Census (California Census 2020, 2021), and natural population growth.

The AIAN population is generally younger than the overall population; 63.8% of the AIAN population is under age 40, compared to 56.1% of the overall population from 2019 to 2023. The AIAN population had a larger proportion of males (54.9%) than females (45.1%). Between 2019 to 2022, the AIAN population was also primarily heterosexual (81.2%), and 18.8% of the population was lesbian, gay, bisexual, queer, or another minority sexual orientation (LGBQ). From 2019 to 2023, the percentage of AIAN residents who were high school graduates was greater than the percentage in San Diego County overall (23.8% and 18.6%, respectively). However, fewer had received some college education or a higher level of education than the overall population (64.7% and 70.4%, respectively).

From 2019 to 2023, the AIAN population had a higher rate of full-time employment (21 or more hours per week), compared to San Diego County residents overall (63.7% and 55.7%, respectively). However, nearly a third (32.2%) of AIAN residents were below 200% of the Federal Poverty Level (FPL), compared to 24.5% of the total population. From 2019 to 2023, 15.1% of AIAN households had an income of \$20,000 or less per year, compared to 12.2% of all households in the county. Among AIAN residents who lived below 200% FPL, almost half (45.3%) were food insecure, meaning they were not able to afford enough food.

HEALTH AND WELL-BEING

PHYSICAL HEALTH

On a scale of poor to excellent health, a higher proportion of AIAN residents reported their health as fair or poor (13.1%) compared to the total population (10.2%). AIAN residents had higher diagnoses for asthma, had a higher proportion who were overweight or obese, and had a higher proportion of disability compared to the overall county population. From 2019 to 2023, 23.0% of AIAN residents had ever been diagnosed with asthma, 70.4% of AIAN residents were classified as overweight or obese, and 24.1% were

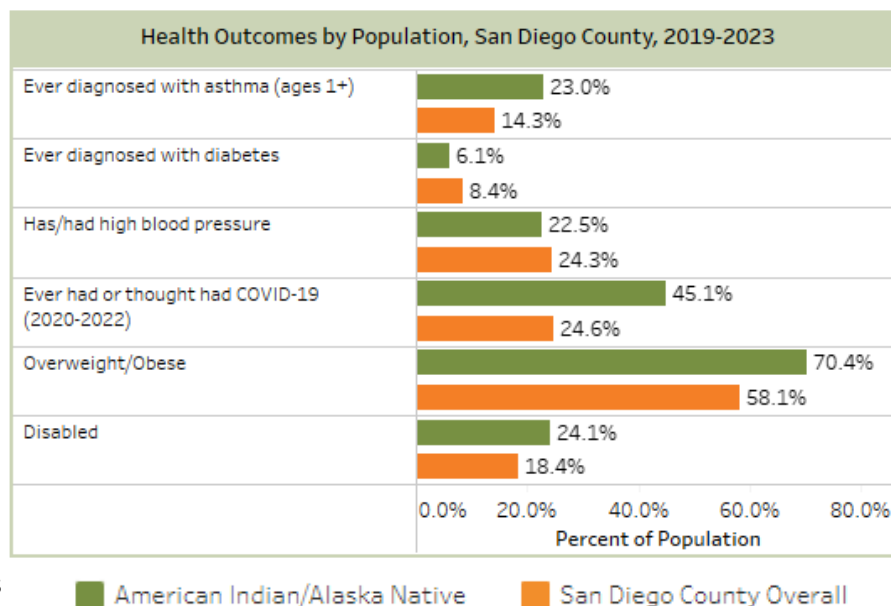


Figure 2. Physical Health Outcomes.

disabled. **Figure 2** shows physical health outcomes among the AIAN population and overall San Diego County population.

MENTAL HEALTH

As seen in **Figure 3**, the proportion of AIAN residents aged 12 and older who had serious psychological distress in the last month was higher than the population overall in San Diego. From 2019 to 2023, 13.9% of AIAN residents aged 12 and older reported recent serious psychological distress compared to 7.7% of the overall population. Overall, psychological distress caused a heavier burden on AIAN residents than the total San Diego County population, shown in higher proportions of severe social life impairment, severe work impairment, and severe family life impairment within the last year. Further, thoughts of committing suicide were more common among AIAN residents than the total population, with nearly one in four (23.0%) AIAN residents having ever thought about committing suicide, compared to 17.3% of the overall population.

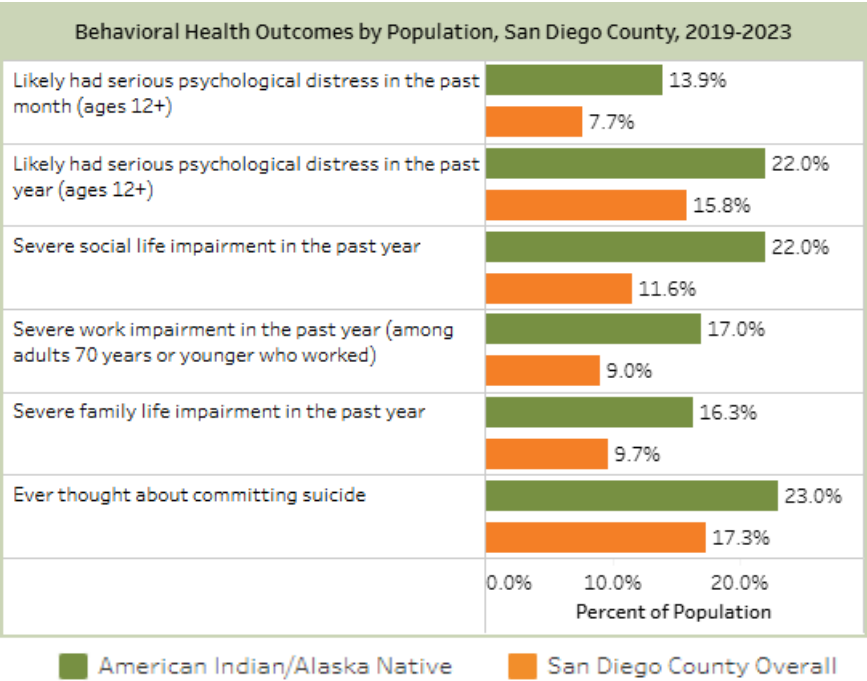


Figure 3. Mental Health Outcomes.

SUBSTANCE HEALTH BEHAVIORS

From 2019 to 2023, 21.1% of AIAN residents were current or former cigarette smokers, which was less than the overall population (24.8%). However, more AIAN residents self-reported current or former e-cigarette use. Over a quarter (27.4%) of AIAN residents were current or former e-cigarette users, compared to 19.0% of the total San Diego County population. From 2019 to 2023, AIAN residents ages 12 and older also had higher proportions of ever trying marijuana or hashish (56.2% compared to 48.7%), and adult AIAN use of marijuana or hashish in the last month among adults who have ever used marijuana or hashish was higher than the overall population (49.3% and 35.5%, respectively).

SEXUAL HEALTH BEHAVIORS

From 2019 to 2023, more than two of every five (44.4%) AIAN males aged 18-44 who had female partners *did not* use birth control to prevent pregnancy. In comparison, 29.8% of the overall male population in San Diego County aged 18-44 with female partners did not use birth control. Almost half (47.4%) of AIAN residents had never been tested for HIV, indicating a slightly higher percentage of residents who had been tested, compared with the 58.9% of the overall population who has never been tested for HIV.

NEIGHBORHOOD

Less than half, or 42.5%, of AIAN residents in San Diego County owned their home from 2019 to 2023, which was a lower proportion than all county residents (57.2%). Fewer AIAN residents agreed or strongly agreed their

neighbors were helpful than did the overall population (70.3% and 81.3%, respectively). Among adults with children under age 18 in their household, one in five (21.7%) of AIAN adults agreed or strongly agreed their neighbors did not get along. In terms of trustworthiness, 77.2% of AIAN residents agreed or strongly agreed that people in their neighborhood could be trusted, which was a lower proportion than the total population (82.6%). Additionally, 13.9% of AIAN residents felt safe some or none of the time, compared to 9.4% of the overall county population who felt the same.

HEALTHCARE ACCESS AND UTILIZATION

INSURANCE

From 2019 to 2023, 12.4% of the AIAN population in San Diego County did not have health insurance, compared to 5.2% of the total population. Over half (52.9%) of AIAN residents utilized employment-based insurance only, and 29.5% received Medicare and Medicaid (alone or in combination with another insurance).

Related to dental health, from 2019 to 2023, the AIAN population and the overall county population had similar proportions for not holding dental insurance (27.4% and 27.6%, respectively). Additionally, nearly a third (31.8%) of the AIAN population had not visited the dentist in the last year, compared to 26.6% of the total population.

Figure 4 shows the health and dental insurance status among the AIAN population from 2019 to 2023.

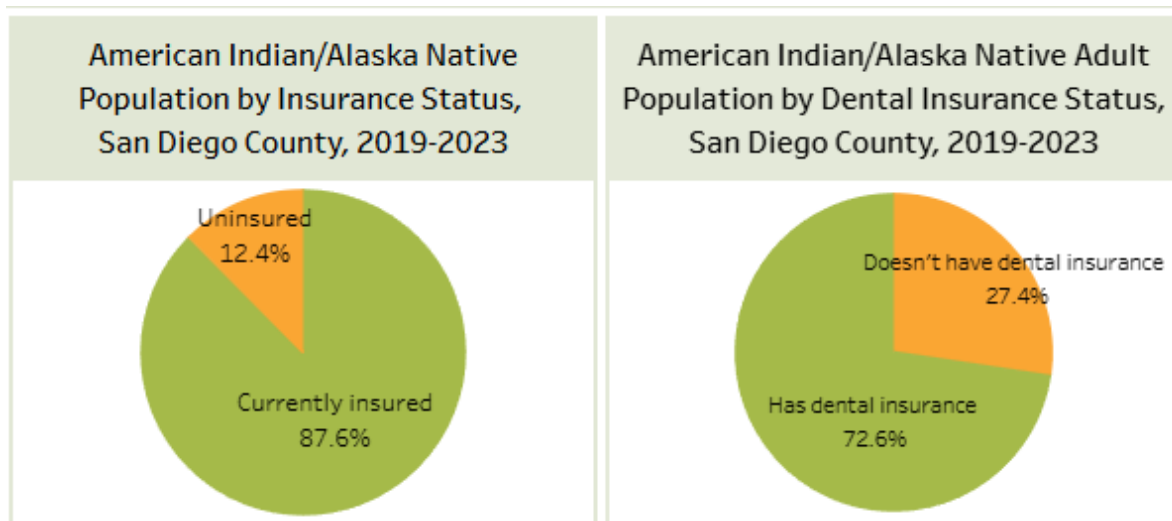


Figure 4. Insurance Status.

HEALTHCARE ACCESS AND UTILIZATION

In terms of healthcare access, from 2019 to 2023, 21.2% of the AIAN population did not have a usual source of care, compared to 14.6% of the overall population. Further, 18.6% of AIAN adults had difficulty finding primary care, which was two and a half times the proportion of all county residents aged 18 and older (7.4%). Lower access to health care was also exhibited by a higher percentage of AIAN residents delaying or not getting care, compared to the overall San Diego County population (19.5% and 15.2%, respectively). Just over a third (33.6%) of the adult AIAN population had a routine checkup more than one year ago, and 17.1% of AIAN residents visited the emergency room in the last year. Adult AIAN residents were also three times more likely to report experiencing unfair treatment while getting medical care due to their race/ethnicity (19.1%), compared to the overall San Diego County adult population (6.4%), from 2021 to 2023. **Figure 5** shows the comparison of various healthcare access and utilization measures between the AIAN population and the overall San Diego County population.

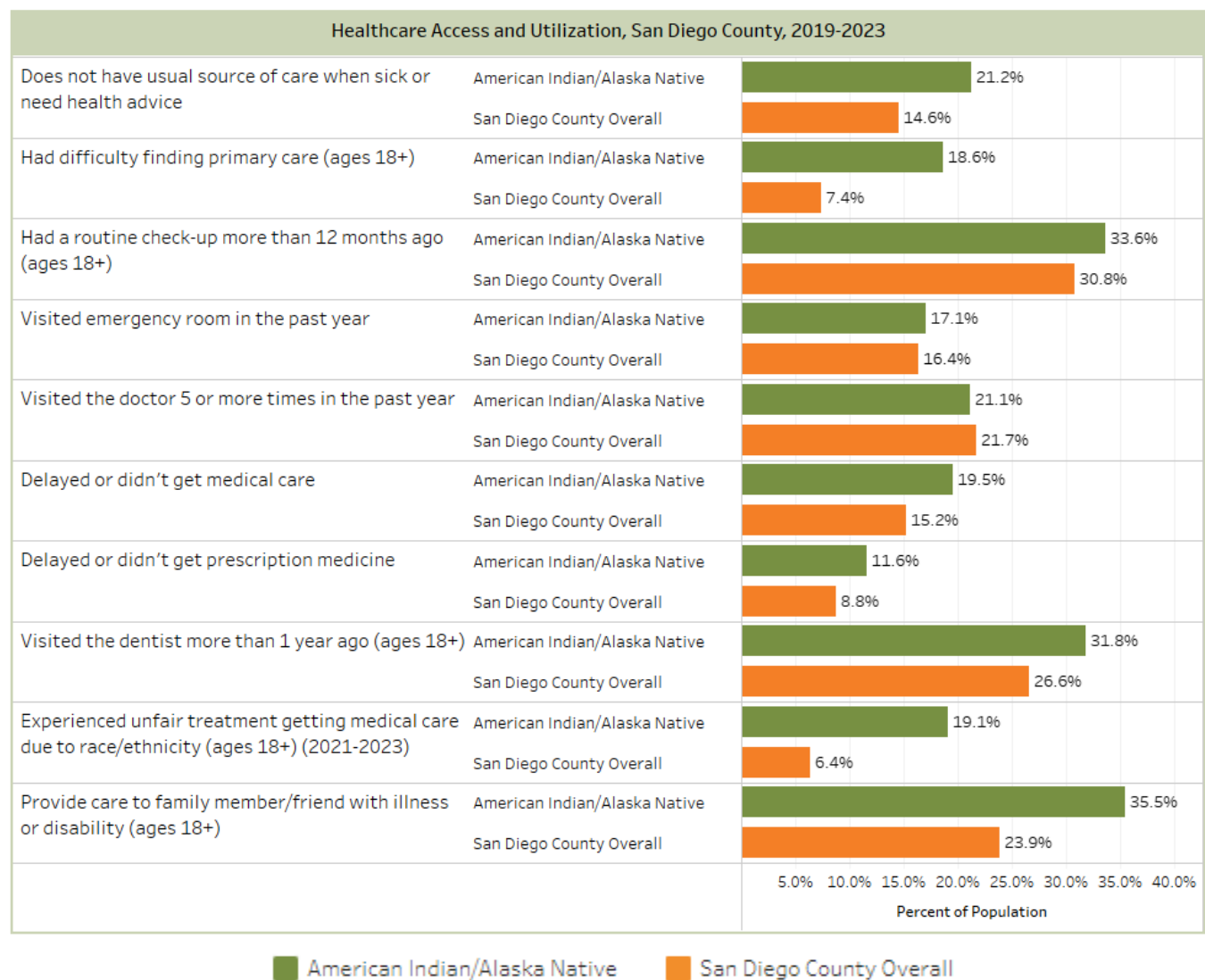


Figure 5. Healthcare Access and Utilization.

BEHAVIORAL HEALTHCARE ACCESS AND UTILIZATION

Behavioral health access and utilization data from 2019 to 2023 showed AIAN residents in San Diego County felt a higher need for help for emotional or mental health, or alcohol or drug use than the overall population. An estimated 30.0% of AIAN adult residents needed help for emotional or mental health, or alcohol or drug use. Notably, AIAN adults who needed help for these behavioral health concerns were more likely to receive treatment than the overall population; 32.5% of AIAN adults who needed help for emotional or mental health problems or for alcohol or drug use did not receive treatment, compared to 42.9% of the overall population. In addition, a larger proportion of the adult AIAN population saw any healthcare provider for emotional or mental and/or alcohol-drug issues in the past year than the overall population (23.8% and 18.3%, respectively). Additionally, in the past year, 20.2% of AIAN adult residents visited a professional for mental, drug, or alcohol issues and 11.7% took prescription medicine for at least two weeks for an emotional or mental health issue. **Figure 6** shows the comparison of various behavioral healthcare access and utilization measures between the AIAN population and the overall San Diego County population.

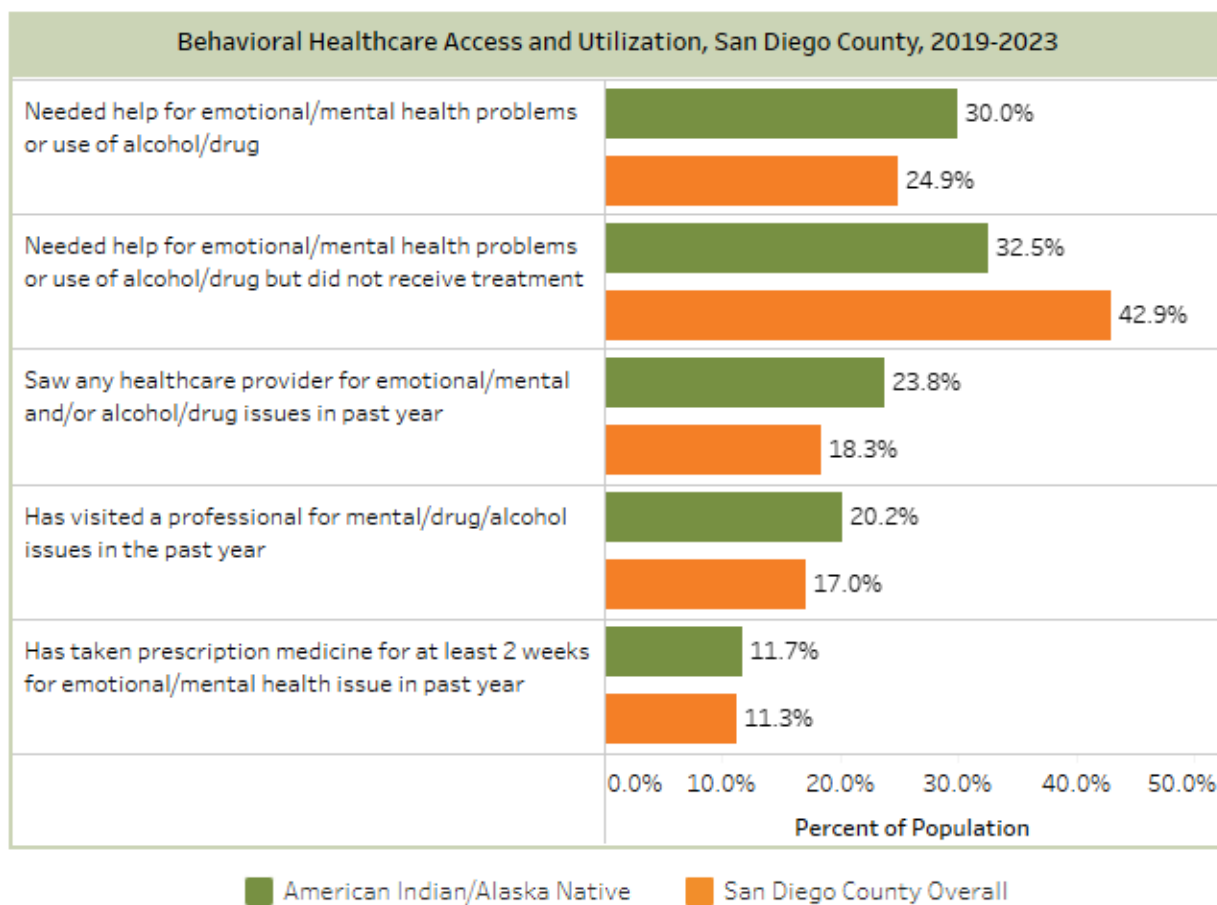


Figure 6. Behavioral Healthcare Access and Utilization.

MORTALITY AND MORBIDITY

In this section, rates of mortality, or death, and morbidity, the amount of disease in a population, were collected for the AIAN population in San Diego County. The conditions experienced by this population are grouped under behavioral, communicable, non-communicable (also known as chronic), or injury. For conditions in which there was an average of at least 11 cases from 2019 to 2023, rates were calculated for death, hospitalization, emergency department discharge (ED), in-patient treatment, and incidence, where applicable. Information related to prenatal care and birth weight are available in the maternal and child health section.

Behavioral Health

Emergency department (ED) discharge and in-patient treatment rates for behavioral health conditions are shown in **Figure 7**.

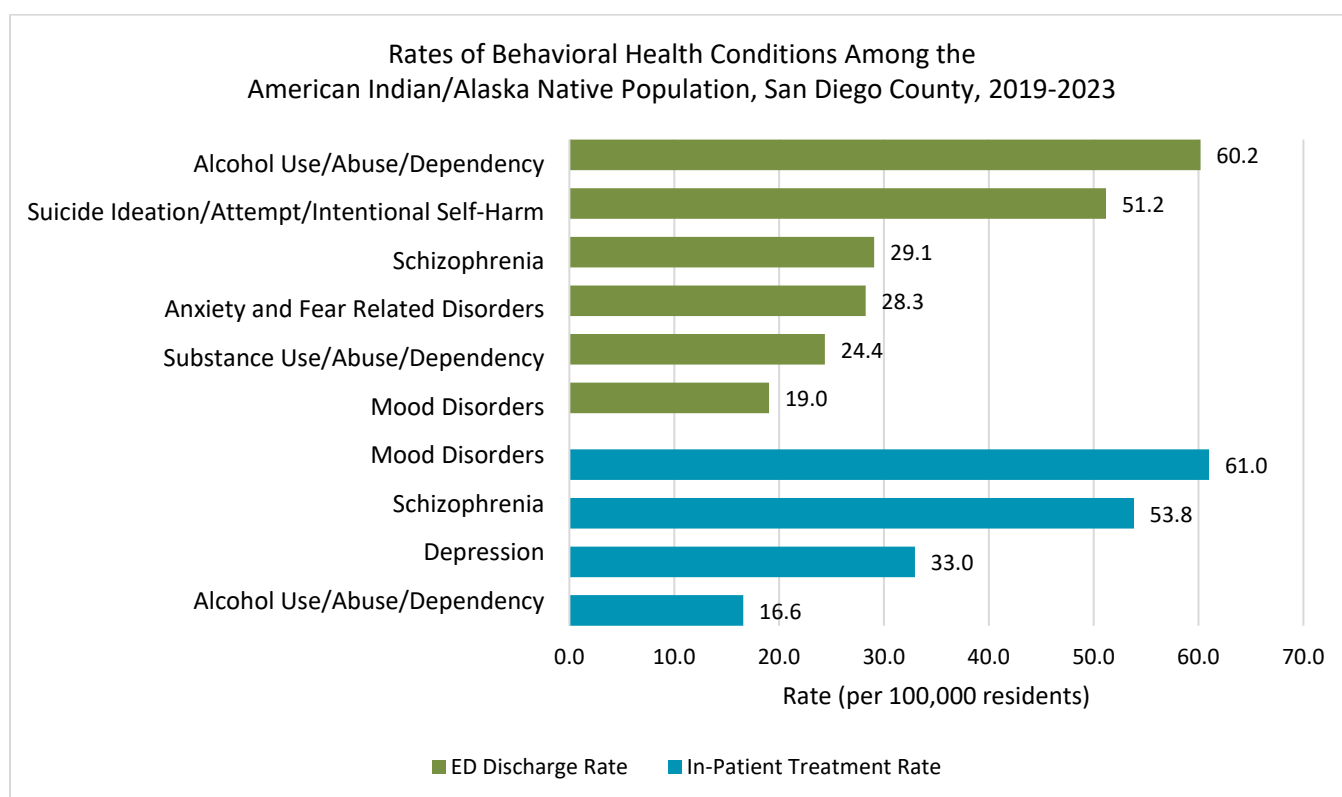


Figure 7. Rates of Behavioral Health Conditions.

ED DISCHARGE

The 2019 to 2023 ED discharge rate for alcohol use/abuse/dependency was 60.2 per 100,000 among AIAN residents of San Diego County. Suicide ideation/attempt/intentional self-harm (51.2 per 100,000) and schizophrenia (29.1 per 100,000) were the next highest rates of ED discharge for behavioral health conditions. ED discharge for anxiety and fear-related disorders (28.3 per 100,000) and substance use/abuse/dependency (24.4 per 100,000) were also high among AIAN residents between 2019 and 2023. ED discharges for all conditions were lower than that of the total population from 2019 to 2023.

IN-PATIENT TREATMENT

In-patient treatment rates for behavioral health or chemical rehabilitation issues were lower among AIAN residents than the total population from 2019 to 2023. Mood disorders (61.0 per 100,000), schizophrenia (53.8 per 100,000), depression (33.0 per 100,000), and alcohol use/abuse/dependency (16.6 per 100,000) were the highest behavioral health in-patient treatment rates among AIAN residents from 2019 to 2023.

Communicable Disease

Incidence, hospitalization, and emergency department (ED) discharge rates for communicable diseases are shown in **Figure 8**.

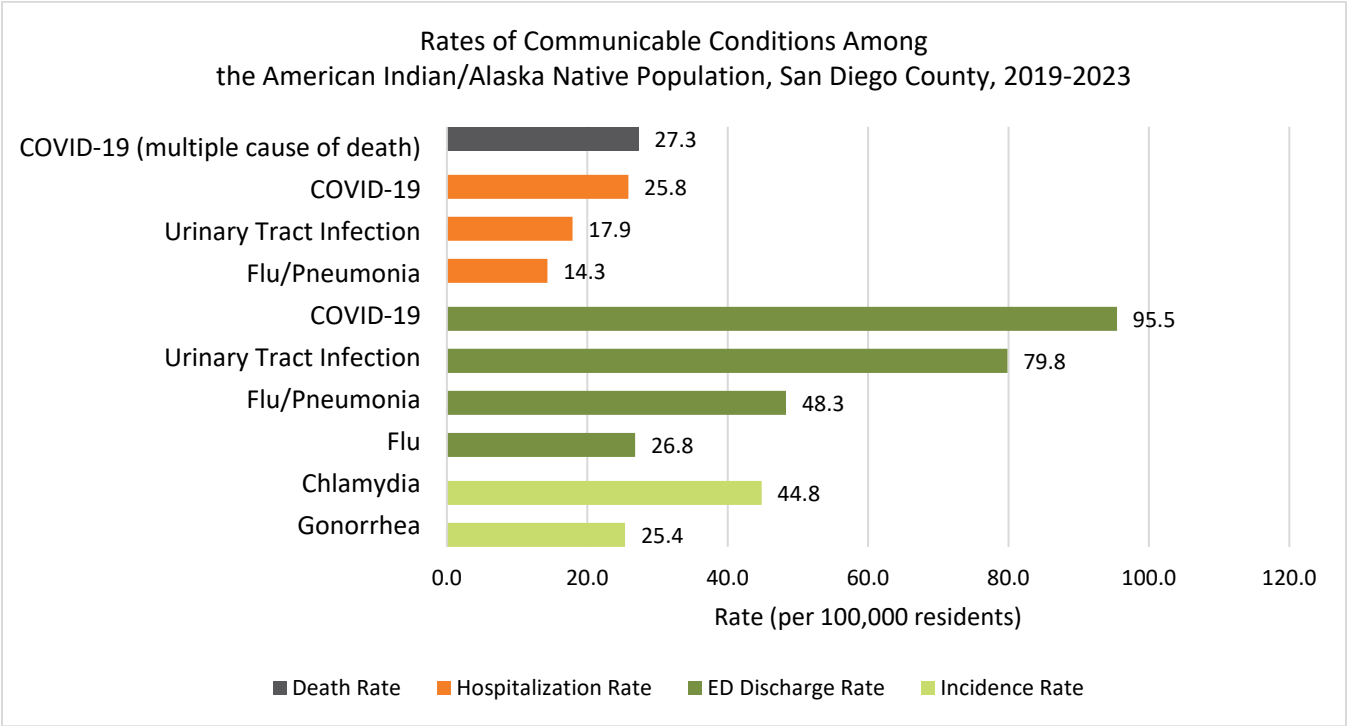


Figure 8. Rates of Communicable Conditions.

DEATH

Between 2019 and 2023, the death rate due to COVID-19 among AIAN residents in San Diego County was 27.3 per 100,000, lower than that of the total population (56.9 per 100,000).

HOSPITALIZATION

Between 2019 and 2023, the hospitalization rate for COVID-19 among AIAN residents in San Diego County was 25.8 per 100,000, lower than that of the total population (192.3 per 100,000). Similarly, the hospitalization rate among AIAN residents in San Diego County for urinary tract infection (17.9 per 100,000), influenza (flu) or pneumonia (14.3 per 100,000) were lower than the total population (101.5 per 100,000 and 107.3 per 100,000, respectively).

ED DISCHARGE

Between 2019 and 2023, the emergency department (ED) discharge rate for COVID-19 among AIAN residents in San Diego County was 95.5 per 100,000, lower than that of the total population (710.0 per 100,000). The next

highest ED discharge rate among communicable conditions in the AIAN population was urinary tract infection, (79.8 per 100,000), followed by influenza (flu) and pneumonia (48.3 per 100,000).

INCIDENCE

The incidence rates of sexual transmitted infections (STIs) were lower among the AIAN population in San Diego County compared to the total population from 2019 to 2023. The incidence rate of gonorrhea in AIAN residents was 25.4 per 100,000, lower than in the total San Diego County population (212.1 per 100,000). Among AIAN residents, the chlamydia incidence rate was 44.8 per 100,000, lower than the total rate of 581.7 per 100,000.

Non-Communicable (Chronic) Disease

Death, hospitalization, and emergency department (ED) discharge rates for non-communicable conditions are shown in **Figure 9**.

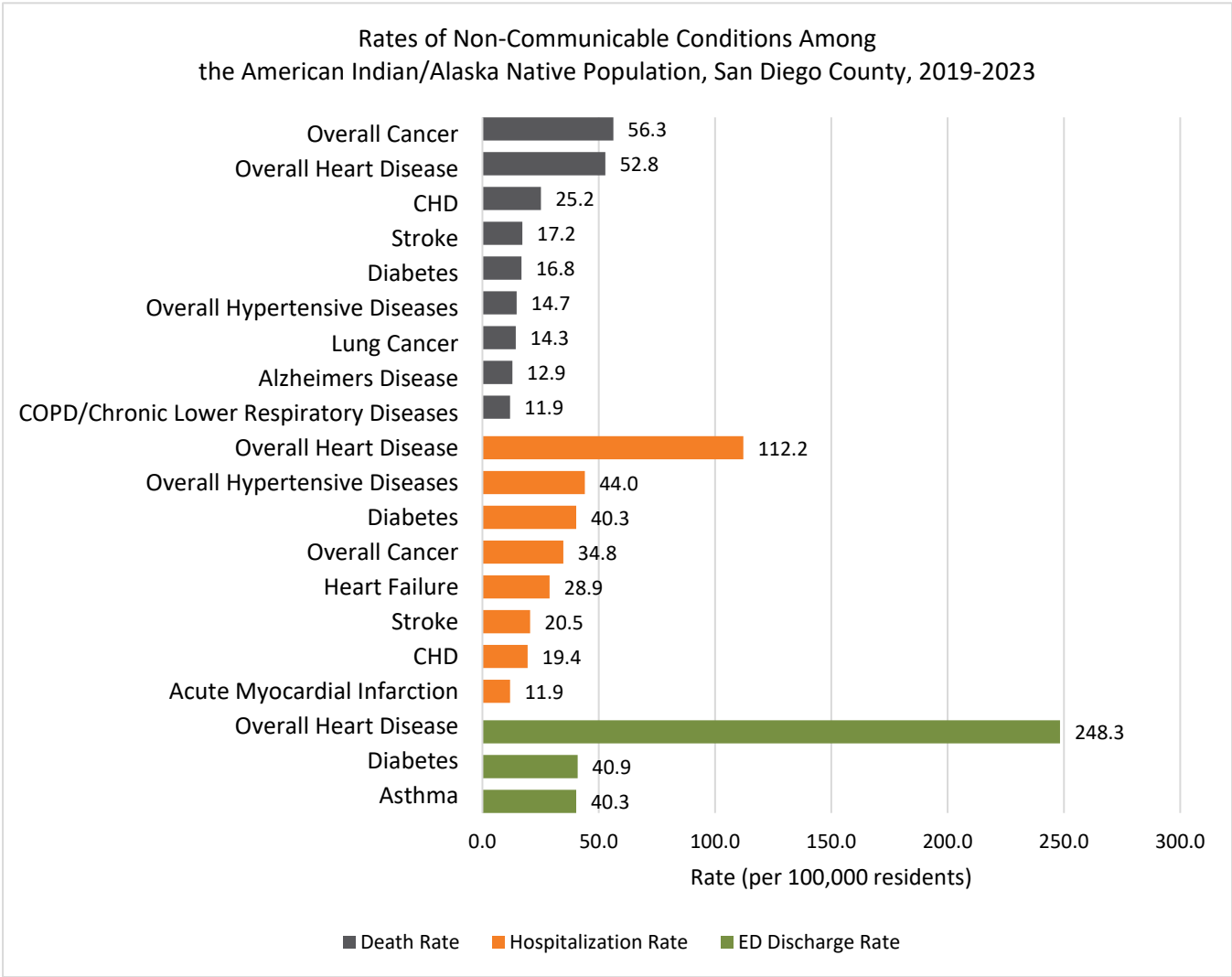


Figure 9. Rates of Non-Communicable Conditions.

DEATH

Overall, death rates from 2019 to 2023 from chronic diseases were lower in AIAN residents than in the total population in San Diego County. The highest rates of death from chronic diseases among AIAN residents in San

Diego County from 2019 to 2023, were due to cancers, heart diseases, and coronary heart disease (CHD) (56.3 per 100,000, 52.8 per 100,000, and 25.2 per 100,000, respectively). Lung cancer accounted for the highest rate of deaths (14.3 per 100,000) among AIAN residents from any cancer. Deaths from stroke (17.2 per 100,000), diabetes (16.8 per 100,000), and COPD and chronic lower respiratory diseases (11.9 per 100,000) were also high in AIAN residents.

HOSPITALIZATION

Rates of hospitalization from chronic diseases from 2019 to 2023 were lower in AIAN residents than in the total population in San Diego County. Heart diseases accounted for the highest rates of hospitalizations among San Diego County AIAN residents (112.2 per 100,000). High rates of hospitalizations for circulatory diseases included hypertensive diseases (44.0 per 100,000), heart failure (28.9 per 100,000), stroke (20.5 per 100,000) and CHD (19.4 per 100,000). Hospitalizations due to diabetes (40.3 per 100,000) and cancers (34.8 per 100,000) were also high in the AIAN population.

ED DISCHARGE

Overall, ED discharge rates from 2019 to 2023 from chronic diseases were lower in AIAN residents than in the total population in San Diego County. The highest rates of ED discharge among AIAN residents of San Diego County from 2019 to 2023 were for heart diseases (248.3 per 100,000), diabetes (40.9 per 100,000), asthma (40.3 per 100,000), and hypertensive diseases (36.4 per 100,000).

Injury

Death, hospitalization, and emergency department (ED) discharge rates for injuries are shown in **Figure 10**.

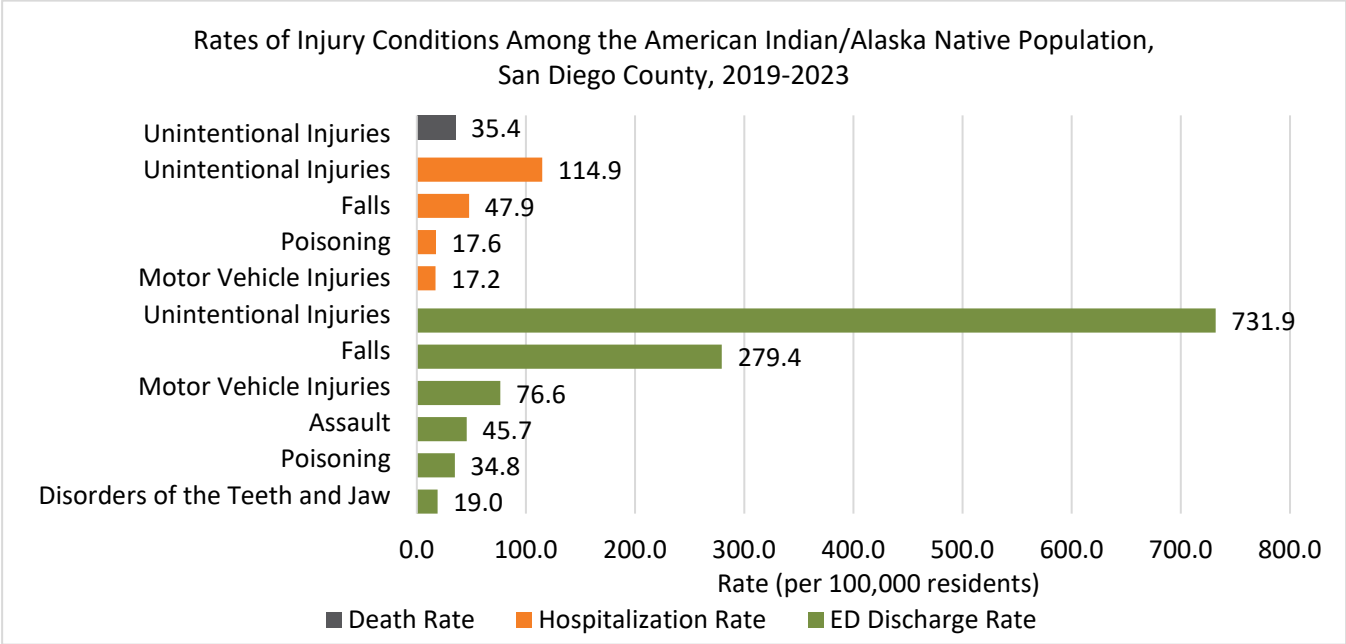


Figure 10. Rates of Injury Conditions.

DEATH

From 2019 to 2023, the death rate due to unintentional injuries among the AIAN population in San Diego County was 35.4 per 100,00, lower than the total population (49.7 per 100,000). Overall, AIAN residents in San Diego County had lower rates of deaths due to injury conditions than did the total population in San Diego County.

HOSPITALIZATION

In San Diego County, from 2019 to 2023, the highest injury hospitalization rates were for unintentional injuries (114.9 per 100,000) among AIAN residents. The main external causes of injury (regardless of intent) among AIAN residents, were falls (47.9 per 100,000), motor vehicle collisions (17.2 per 100,000), and poisoning (17.6 per 100,000). Rates of hospitalization for injuries for 2019 to 2023 were lower in AIAN residents than in the total population in San Diego County.

ED DISCHARGE

The most common cause of emergency department (ED) discharge among AIAN residents in San Diego County, between 2019 and 2023, was unintentional injuries (731.9 per 100,000). Falls (279.4 per 100,000) and motor vehicle collisions (76.6 per 100,000) were the second and third most frequent causes of ED discharge for injuries to AIAN residents between 2019 and 2023 in San Diego County. The ED discharge rate for assault was 45.7 per 100,000. Rates of ED discharge for injuries from 2019 to 2023 were lower in AIAN residents than in the total population in San Diego County.

Maternal and Child Health

From 2019 to 2023, AIAN live births accounted for 1.2% of all live births in San Diego County. Among the live births for which early prenatal care information was known, 83.5% of AIAN mothers received early prenatal care from 2019 to 2023. This was a slightly lower proportion than for all mothers in San Diego County, in which 87.7% received early prenatal care. **Figure 11** shows the comparison of early prenatal care, low birth weight, and preterm birth among the AIAN population and the overall San Diego County population.

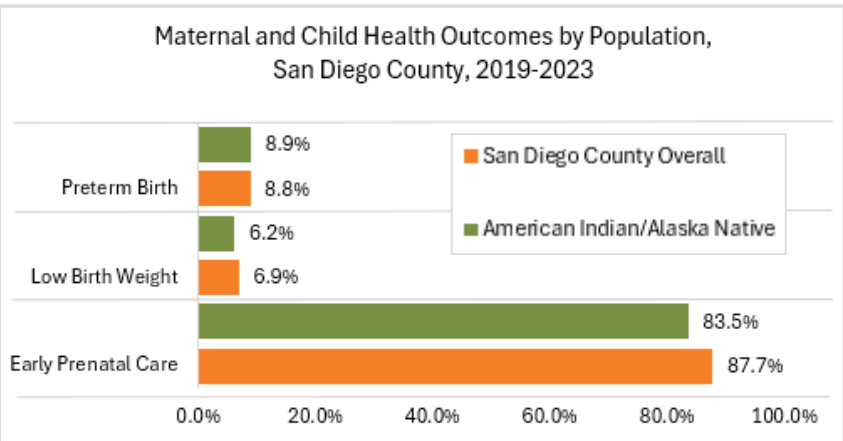


Figure 11. Maternal and Child Health Outcomes.

From 2019 to 2023, 8.9% of live births to AIAN residents were born preterm, compared to 8.8% of the overall San Diego County live births. Among births for which birth weight was known from 2019 to 2023, 6.2% of live births to AIAN residents were of low birth weight, a lower proportion than the 6.9% of all births with known birth weights in San Diego County overall.

CONCLUSION

San Diego County is home to an estimated 97,700 American Indian/Alaska Native (AIAN) residents living on and off 18 federally recognized reservations. AIAN populations across the United States experience disproportionate burdens of mortality and poor health and well-being outcomes resulting from historical marginalization and disruption of cultural and familial systems (CDPH, 2018). These outcomes may vary by community; therefore, it is important to examine health and well-being outcomes among local AIAN residents. The results in this brief reflect the continued impact of health disparities experienced by AIAN residents of San Diego County. Most of the medical encounter and death rates among AIAN are notably lower than that of the total population, which has been

reported elsewhere (California Tribal Epidemiology Center, 2015; Urban Indian Health Institute, 2017). There are multiple reasons that rates may be underestimated in this population other than small numbers, such as misclassification of race on death (Dankovchik et al., 2015; Dougherty et al., 2019) and other medical records (Bigback et al., 2015), underreporting in surveys (Chen et al., 2023), and limited access to care based on location, income, lack of insurance and other social determinants affecting AIAN residents (Urban Indian Health Institute, 2017). Additionally, AIAN residents may be treated within Indian Health Services (IHS) and therefore, would not be included within the CDPH EDD and PDD databases. The data presented in this brief provide insight into the demographics and health experiences of American Indian/Alaska Native (AIAN) residents in San Diego County during the five-year period from 2019 to 2023.

KEY FINDINGS FROM THIS BRIEF INCLUDE:

Heart disease is a leading cause of death and medical encounters among the AIAN population, yet a smaller proportion of this population have been diagnosed with high blood pressure, compared to the overall San Diego County population. This information indicates more preventive screenings could benefit this population. Additionally, as the AIAN population is generally younger than the overall population, screenings for conditions like high blood pressure, diabetes, and cancers may be more beneficial at younger ages.

Unintentional injuries were the 3rd leading cause of death and accounted for the highest rates of hospitalization and ED discharges among AIAN residents. These rates may reflect the disparities seen in overdose deaths among the AIAN population in the United States. AIAN residents have experienced the highest overdose death rate since 2020 and were among the groups with the largest increase in overdose death rates over the previous year (Friedman & Hansen, 2022; Garnett & Miniño, 2024). **Additionally, the AIAN population saw high rates of in-patient treatment for alcohol use/abuse/dependency.** The AIAN population may benefit from targeted harm reduction efforts.

Overall, AIAN residents reported higher rates of poor mental health, including experiencing serious psychological distress, severe impairment in social life, work, and family life, and suicidal thoughts.

Among San Diego County residents who reported needing help for emotional or mental health problems or substance use, AIAN residents were more likely to report receiving treatment compared to residents in San Diego County overall, an increase since the 2016-2020 report. Additionally, in-patient treatment rates for behavioral health conditions including depression, mood disorders, and schizophrenia were high among the AIAN population. This may indicate that targeted outreach and culturally informed behavioral health services are helping to improve access to behavioral health care.

Public health programs should be informed by the needs and priorities identified by tribal health leaders and other key tribal informants (National Indian Health Board, 2024). Efforts to improve the health and well-being among the AIAN population should incorporate strengths found in AIAN communities, including cultural practices, native language, strong social networks, and a connection to land and place (CDPH, 2018). This cultural connectedness is a known protective factor and promotes healthy behaviors.

SOURCES

DATA SOURCES

American Community Survey (ACS): 5-Year Estimates Detailed Table B02010: *People who are American Indian or Alaska Native alone or in combination with one or more other races*; 1-Year Estimates Detailed Table B01001: Sex by Age. Accessed December 2024.

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California Health Interview Survey (CHIS): UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2019-2023. Available at <https://ask.chis.ucla.edu>. Exported March 2025.

Death Data: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS).

Maternal and Child Health: State of California, Department of Public Health, Center for Health Statistics and Informatics, Birth Statistical Master Files and California Comprehensive Birth Files, 2019-2023. Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services (www.sdmcfhs.org).

Morbidity Data: California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database.

Sexually Transmitted Disease (STD) Surveillance Data: California Reportable Disease Information Exchange (CalREDIE) data system.

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ADDITIONAL RESOURCES

Tribal Epidemiology Centers Health Reports
<https://tribalepicenters.org/tec-publications/>

Urban Indian Health Institute
<https://www.uihi.org/>

