

Policy outlines how pediatricians can improve care of AI/AN youths

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American Indian/Alaska Native (AI/AN) children and adolescents are a unique and diverse population with multiple health inequities, and pediatricians are in a special position to improve their health and well-being with culturally sensitive care.

A new AAP policy statement examines health inequities and barriers to treatment for this population, with recommendations for care and opportunities for advocacy. When implementing the strategies in the policy, pediatricians are encouraged to seek programs and interventions that incorporate AI/AN culture, tradition and practices.

The policy *Caring for American Indian and Alaska Native Children and Adolescents*, from the Committee on Native American Child Health, is available at

<https://pediatrics.aappublications.org/content/early/2021/03/18/peds.2021-050498> and will be published in the April issue of *Pediatrics*.

The four lead authors are American Indian pediatricians whose aim is to “represent a diverse and far-reaching group of Indigenous peoples.”

Historical context, opportunities

While many tribal nations have their own languages and all have rich histories, most AI/AN people now reside in metropolitan areas that include many different tribal groups. Caring for these children “...presents a unique and complex clinical opportunity ... because of the high level of documented health inequities within a sociocultural context unfamiliar to most practicing providers of pediatric care,” the policy notes.

Compared with the general U.S. population, AI/AN children and adolescents have higher levels of obesity and obesity-related cardiovascular issues, mental health concerns, suicide, toxic stress, substance use disorder, injury and violence, exposure to environmental hazards and historical trauma.

The policy references their higher level of adverse childhood experiences (ACEs), addressing special health care needs, gender/identity, oral health, sex trafficking, abuse, breastfeeding and foster care. AI/AN youths also have reduced access to medical care.

Less-recognized issues include a longstanding mistrust of government agencies, the burden of generations of unresolved traumas and racism, and discrimination in clinical settings leading to mistrust of health care.

Recommendations

Suggestions for clinicians caring for AI/AN youths include the following:

- Provide training of clinical and office staff in culturally sensitive care practices.
- Partner with local tribes and communities to set health priorities and understand historical experiences, combining efforts in areas such as cultural enrichment and preservation programs.
- Assess patients for ACEs and social determinants of health.
- Identify strengths. Promote protective factors, focusing on cultural preservation-based efforts.
- Provide evidence-based supports for families such as home-visiting and early childhood and literacy programs.
- Consider testing for prediabetes and type 2 diabetes in patients who have overweight or obesity.
- Promote early childhood oral health. Perform oral health screening and provide referrals as needed to dental health providers.
- Screen and assess patients for mental health conditions and substance use.
- Offer gender-affirming care in line with AAP policy (<http://bit.ly/2HeJbxv>).
- Create a medical home environment sensitive to discrimination in clinical settings and unresolved traumas and racism that families have experienced.
- Partner with schools to identify students in need of educational and other services.
- Work to prevent, identify and address sex trafficking.

In addition, pediatricians can advocate for the following:

- Community initiatives to address health disparities. Share information with appropriate groups, policymakers, etc.
- Policies to end AI/AN homelessness through consultation and engagement with tribal leaders and others.
- New research and clinical pathways to create culturally relevant screening and interventions, including around missing and murdered Indigenous women and girls.
- Protection and enforcement of the Indian Child Welfare Act and the Indian Health Service budget and funding.
- Increased Medicaid coverage and increased payment for services.
- Mitigation and awareness of the negative effects of punitive drug laws for pregnant women.

Resources

- [AAP Committee on Native American Child Health](#)
- [Nurse-Family Partnership](#)
- [American Indian and Alaska Native health, MedlinePlus](#)

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