

Who Was Added? Hispanic Origin, Nativity, and IHS Coverage in the 2019–2021 AI/AN Increase

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Abstract

This paper argues that the 55 percent jump in the American Indian and Alaska Native (AI/AN) population count between the 2019 and 2021 American Community Surveys is a change in who answered the race question as AI/AN, not a change in the population that Tribal health programs serve. The AI/AN alone-or-in-combination count rose from 5.65 million to 8.73 million in two years, while the total U.S. population grew about 1 percent.

Three findings carry the argument. First, the entire increase fell among people who reported no Indian Health Service (IHS) coverage. Second, more than half of the increase (56 percent) came from Hispanic respondents, led by people of Mexican and Central American origin, consistent with the 2020 race question's new examples of Latin American Indigenous groups. Third, most of the added respondents were born in the United States; foreign-born respondents account for about one-fifth.

The paper is careful about what these patterns do not mean. Being Hispanic and being AI/AN are not exclusive, and birth outside the United States does not rule out IHS eligibility. Tens of thousands of Hispanic AI/AN people, and several thousand foreign-born AI/AN people, reported IHS coverage in both years. The practical point for Indian health finance is about denominators: per capita and coverage-rate measures built on the post-2020 AI/AN count shift for reasons unrelated to the people Tribal programs serve, unless the measure is anchored to the IHS-connected population.

Introduction

Indian health finance depends on a denominator. Per capita IHS spending, Medicaid coverage rates, uninsured rates, and estimates of the full-funding gap all divide a dollar or a count by an AI/AN population. When that population changes for reasons that have nothing to do with the people Tribal health programs serve, every ratio built on it moves too.

The 2020 redesign of the census race question produced exactly that kind of change. Earlier work in this series documented it at the state level (Paper IV-F, Dataset Note I). This paper takes the next step at the national level. It asks who was added to the AI/AN count between 2019 and 2021, using three characteristics the American Community Survey (ACS) records for every respondent: IHS coverage, Hispanic origin, and place of birth.

The answer matters for how the series' figures should be read and cited. It also matters for how the change is described. The new respondents are not mistaken; many are Indigenous people of the Americas, which the federal definition of AI/AN has always included. The issue is that they are a different population from the one IHS-funded programs serve, and blending the two distorts financing measures.

Background: the 2020 race question

What changed (new sources). The 2020 Census and the ACS from 2020 onward asked AI/AN respondents to print their enrolled or principal tribe and, for the first time, gave examples: Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community. The write-in space was enlarged, and the Census Bureau changed how it codes detailed responses. The Spanish-language form also replaced "American Indian" with a phrase meaning "Indigenous person of the Americas."

The effect was immediate in the 2020 Census. Aztec, one of the two new Latin American examples, became the largest AI/AN *alone* group in the country, at 387,122 people ([Census Bureau, 2023](#)). The Bureau itself cautions that 2010 and 2020 detailed race data should be compared only with care because of these question and coding changes.

None of this is misreporting. The federal standard has long defined AI/AN as a person having origins in any of the original peoples of North and South America. The 2020 question simply made that definition visible to respondents who had not seen themselves in the category before.

What the series has already shown (Paper IV-F; Dataset Note I). Paper IV-F compared high-IHS states, where 25 percent or more of AI/AN residents report IHS coverage, with low-IHS states, where fewer do (that paper calls them IHS-proximate and non-proximate). In high-IHS states, the AI/AN population changed modestly between the 2015–2019 and 2020–2024 ACS periods, with South Dakota slightly declining. In low-IHS states the count surged: California rose about 59 percent and Texas about 93 percent. The paper treated growth above 20 percent across that break as the signature of the question redesign, not of real population change.

The series has also kept two variables apart. IHS coverage (HINS7) and race are separate ACS questions. A person newly checking the AI/AN box has no particular reason to report IHS coverage, and the post-2019 decline in IHS reporting is better explained by pandemic-era disruption to ACS data collection than by the race question. This paper keeps both conventions.

Data and methods

The data are national tabulations of the ACS 1-Year Public Use Microdata Sample (PUMS) for 2019 and 2021, extracted through the Census Bureau's Microdata Access Tool and weighted by person weight (PWGTP). The two years bracket the 2020 change. No standard 1-year ACS was released for 2020 because of pandemic data collection problems, so 2019 and 2021 are the adjacent comparable years.

Variable	Meaning in this paper
RACAIAN	AI/AN alone or in combination with other races
HINS7	Reports coverage through the Indian Health Service
HISP	Detailed Hispanic origin (24 categories, grouped by region)

Variable	Meaning in this paper
NATIVITY	U.S.-born (including Puerto Rico, the Island Areas, and births abroad to a U.S.-citizen parent) or foreign-born

Following series practice, the paper uses the alone-or-in-combination measure and does not feature AI/AN-alone figures. All estimates are weighted counts from a sample. Margins of error are not shown, so small cells (a few thousand or fewer) should be read as approximate. The full tables, with every figure traced to the Census export, are in the companion workbook

AIAN_IHS_Reporting_Change_ACS1Y_2019_2021.xlsx.

Finding 1: All of the growth was among people not reporting IHS coverage

The AI/AN count grew by 3.08 million (55 percent) between 2019 and 2021. Over the same two years the non-AI/AN population grew by less than 0.2 percent. A change of that size in two years cannot be births, deaths, or migration.

Measure	2019	2021	Change
AI/AN, alone or in combination	5,647,378	8,731,293	+3,083,915 (+55%)
AI/AN reporting IHS coverage	1,508,652	1,319,875	-188,777 (-13%)
AI/AN not reporting IHS coverage	4,138,726	7,411,418	+3,272,692 (+79%)
Share of AI/AN reporting IHS	26.7%	15.1%	-11.6 points

The increase fell entirely in the group with no reported IHS connection. The number reporting IHS coverage went the other way. Consistent with the series' earlier reading, that decline is best attributed to pandemic-era disruption of ACS fieldwork, especially in rural and reservation communities, not to the race question.

The result is a sharp drop in the IHS share, from about one in four AI/AN people to about one in seven. Had the number reporting IHS held steady, the share would still have fallen to about 17 percent. Roughly four-fifths of the drop comes from the larger denominator, not from any change in IHS's reach.

Finding 2: More than half of the increase came from Hispanic respondents

Hispanic AI/AN respondents more than doubled, from 1.39 million to 3.11 million. They account for 56 percent of the total increase. The Hispanic share of the AI/AN population rose from 24.5 percent to 35.7 percent.

Origin group	AI/AN 2019	AI/AN 2021	Change	Share of AI/AN growth

Origin group	AI/AN 2019	AI/AN 2021	Change	Share of AI/AN growth
Not Hispanic	4,261,996	5,617,271	+1,355,275 (+32%)	44%
Mexican	884,008	2,051,518	+1,167,510 (+132%)	38%
Central American	126,936	327,607	+200,671 (+158%)	7%
Caribbean	180,815	326,944	+146,129 (+81%)	5%
South American	61,866	142,203	+80,337 (+130%)	3%
Spaniard and other Hispanic	131,757	265,750	+133,993 (+102%)	4%
All AI/AN	5,647,378	8,731,293	+3,083,915 (+55%)	100%

The fastest growth was among Central American respondents, led by Guatemalan (58,000 to 156,000) and Salvadoran (35,000 to 106,000) origin. Mexican-origin respondents added the most people. This is the pattern the new Mayan and Aztec examples would be expected to produce.

Nearly all of the Hispanic increase, 1.70 of 1.73 million, was among people not reporting IHS coverage. The number of Hispanic AI/AN people who did report IHS coverage also rose, from about 96,000 to about 122,000. That smaller group is taken up in the section on reading these findings carefully.

Finding 3: Most of the added respondents were born in the United States

Four of every five people added to the AI/AN count were U.S.-born. Foreign-born AI/AN respondents nearly tripled, from 332,000 to 917,000, and their share of the AI/AN population rose from 5.9 to 10.5 percent. Even so, they account for only about one-fifth of the increase.

Group	AI/AN 2019	AI/AN 2021	Change	Share of AI/AN growth
Not Hispanic, U.S.-born	4,201,613	5,550,495	+1,348,882	44%
Hispanic, U.S.-born	1,113,666	2,263,803	+1,150,137	37%
Hispanic, foreign-born	271,716	850,219	+578,503	19%
Not Hispanic, foreign-born	60,383	66,776	+6,393	0%

Group	AI/AN 2019	AI/AN 2021	Change	Share of AI/AN growth
All AI/AN	5,647,378	8,731,293	+3,083,915	100%

Almost all foreign-born growth was Hispanic, and about two-thirds of it was among people of Mexican origin. But the larger Hispanic contribution came from U.S.-born respondents, most likely Mexican Americans and Central Americans identifying Indigenous ancestry when the question invited it.

This refines the description of who was added. The new respondents are best described as people of Latin American Indigenous heritage, most of them U.S.-born, rather than as immigrants. Place of birth is the wrong test; heritage and Tribal connection are the right ones.

The remaining 44 percent, non-Hispanic and U.S.-born, cannot be traced to a specific cause with these variables. The expanded write-in coding and multiracial reporting in 2020 are the likeliest explanations, and Paper IV-F's state comparison points the same way.

Reading the findings carefully

The findings describe who was added to the count. They do not sort people into those who are "really" AI/AN and those who are not, and they should not be read that way. Three points guard against misreading.

Being Hispanic and being AI/AN are not exclusive. Hispanic origin and race are separate questions on the ACS, and a person can answer yes to both. Many members of U.S. Tribes have Hispanic heritage, including in Pueblo communities and in Tribes whose homelands cross the Mexican border, such as the Tohono O'odham Nation and the Pascua Yaqui Tribe. In these data, Hispanic AI/AN people reporting IHS coverage numbered about 96,000 in 2019 and about 122,000 in 2021, most of them of Mexican origin. They are part of the IHS-connected population, not the artifact.

Birth outside the United States does not rule out IHS eligibility. IHS regulations extend services to persons of Indian descent who belong to the Indian community a local program serves, as shown by Tribal membership, enrollment, participation in Tribal affairs, and similar ties ([42 CFR 136.12](#)). Birthplace and the race-question answer are not criteria. Tribal citizens and their descendants are born in Canada and Mexico, among other places, and remain connected to U.S. Tribes. In both years, about 5,200 to 5,400 foreign-born AI/AN people reported IHS coverage. Children born abroad to a U.S.-citizen Tribal member are counted as U.S.-born under the ACS definition and do not appear in that figure at all.

Latin American Indigenous respondents are AI/AN under the federal definition. The question change did not create a false population. It brought in people whose Indigenous identity is real but whose Tribal relationships lie mostly outside the U.S. federal trust relationship. The distinction this paper draws is between populations served by IHS-funded programs and populations that are not, not between authentic and inauthentic identity.

The working rule follows: the added respondents are overwhelmingly people with no reported IHS connection, but no individual characteristic, Hispanic origin or foreign birth included, separates the IHS-connected from the rest. Only the IHS coverage question itself does that, and it does so imperfectly.

Implications for Indian health financing

The central implication is that the post-2020 AI/AN count is no longer a usable denominator for IHS-related financing measures on its own. Four practical rules follow.

1. **Anchor IHS-related ratios to the IHS-connected population.** Per capita spending, IHS access shares, and Medicaid or Medicare rates for the population IHS-funded programs serve should be built on IHS coverage reporting or IHS user data, not on the full alone-or-in-combination count. The series already does this for the dual Medicare and IHS population (Paper IV-C).
2. **Do not compare raw AI/AN counts across 2020.** A rise of more than 20 percent across the break signals the question change, not population growth (Paper IV-F). Compare rates within each period, or compare IHS-anchored counts.
3. **Expect AI/AN-wide rates to move for compositional reasons.** The added respondents are concentrated in low-IHS states (Paper IV-F) and almost none report IHS coverage, so their insurance profile differs from that of the IHS-connected population. AI/AN uninsured and Medicaid rates computed on the full count can change even when nothing has changed for Tribal health programs.
4. **Watch allocations that use census AI/AN counts.** Any formula or needs estimate that relies on the census count without a Tribal or IHS anchor will shift toward low-IHS states, where the question change added the most people.

These findings also bear on the debate over the 2030 Census short form. Detailed Tribal write-ins, Hispanic origin, and place of birth are what made it possible to see who was added and who was not. Without them, the IHS-connected population could not be separated from the broader Indigenous population of the Americas.

Limitations and next steps

The estimates are weighted counts from a sample, and margins of error are not shown. The large changes reported here are far outside any plausible sampling error, but small cells, such as foreign-born AI/AN reporting IHS coverage, are approximate.

IHS coverage in the ACS is self-reported. Many people served by IHS-funded programs do not report it, and some people who report it are not AI/AN by the race question. HINS7 is the best survey anchor available, not a count of IHS users.

Hispanic origin and place of birth are proxies for Latin American Indigenous heritage, not measures of it. The direct measure is the detailed Tribal write-in, which is coded in the full ACS but not released in the PUMS at this level of detail.

Three extensions would sharpen the findings:

- Break the state comparison down by Hispanic origin and nativity. The companion state paper, The 2020 Race Question by State, shows where the increase landed but not who was added in each state.
- Compare Census Bureau detailed AI/AN tabulations for 2019 and 2021 or later, to measure Latin American Indian responses directly.
- Track the 2022–2024 1-year releases, to confirm the post-2020 level has stabilized.

Conclusion

Between 2019 and 2021 the AI/AN count rose by 3.08 million, and almost none of that increase was among people connected to the Indian Health Service. More than half came from Hispanic respondents, mostly of Mexican and Central American origin and mostly born in the United States. About one-fifth came from people born abroad.

The 2020 question did what it was designed to do: it invited Indigenous people of the Americas to see themselves in the AI/AN category. The result is a more complete count of Indigenous identity and a less useful count for Indian health financing. Neither Hispanic origin nor foreign birth marks someone as outside the IHS population; Tribal descent and community ties do. For the series, the rule is simple: after 2020, IHS-related measures must be anchored to the IHS-connected population, and the AI/AN count alone should not carry them.

Sources

Data (new to this paper)

- U.S. Census Bureau, American Community Survey 1-Year Public Use Microdata Sample, 2019 and 2021. Variables RACAIAN, HINS7, HISP, NATIVITY; person weight PWGTP. Extracted October 9 and 12, 2026, via the Microdata Access Tool. Tabulated by Edward J. Fox, PhD, in *AIAN_IHS_Reporting_Change_ACS1Y_2019_2021.xlsx*.

From the IHF Series

- Paper IV-C, Medicare and the AI/AN population (dual Medicare and IHS anchored to HINS7).
- Paper IV-F, AI/AN coverage trends and the 2020 race question artifact (high-IHS and low-IHS states, termed IHS-proximate and non-proximate there; the 20 percent diagnostic).
- Dataset Note I, analytical conventions for the race question break.
- "The American Community Survey and Indian Country: What Is at Stake in the 2030 Census Debate?" (Related Papers, edfoxphd.com).

Other sources

- U.S. Census Bureau (2023). [Census Bureau Releases 2020 Census Data for Nearly 1,500 Detailed Race and Ethnicity Groups, Tribes and Villages](#). Press release CB23-CN.156, September 21, 2023.
- U.S. Census Bureau (2023). [A Look at the Largest American Indian and Alaska Native Tribes and Villages in the Nation, Tribal Areas and States](#).
- Regenstrief Institute, LOINC answer [LA33859-2](#) (text of the 2020 ACS and Census AI/AN write-in prompt and examples).
- University of Arizona School of Anthropology, [Gorton to Present at SfAA Annual Meeting](#) (abstract describing the Spanish-language form change).
- Code of Federal Regulations, [42 CFR 136.12, Persons to whom services will be provided](#).