

AI/AN Health Coverage Trends, 2010–2024: IHS-Access Population vs. Total AIAN Population — and the 2020 Race Question Artifact

Edward J. Fox, PhD · Oct 12, 2026

IHF Series Paper IV-F · ACS 5-Year PUMS: 2010–2014, 2015–2019, 2020–2024 · 33 states with ≥1,500 AIAN reporting IHS access in 2020–2024

I. Key Findings: Two Very Different Population Trends

The 33-state AIAN population covered by these ACS estimates grew 47 percent between the 2010–2014 and 2020–2024 periods — from 4.36 million to 6.41 million. That headline figure, however, conceals a structural discontinuity driven by the 2020 Census race question redesign. When the 33 states are divided into two analytically meaningful groups — high-IHS states (8 states where at least 25 percent of the self-identified AIAN population reports IHS access) and low-IHS states (25 states where fewer than 25 percent do) — the underlying dynamics diverge sharply. High-IHS states are generally those with large Tribal land bases and many IHS or Tribal facilities.

The grouping uses 2020–2024 IHS access rates. Applied to 2019, before the race question change, the same 25 percent test identifies 16 states (see *The 2020 Race Question by State*); the 8 high-IHS states here are the 8 with the highest pre-2020 rates.

Metric	2010–2014	2015–2019	2020–2024	Δ 2014→24	Interpretation
HIGH-IHS STATES (n=8, IHS access ≥25% of AIAN)					
Total AIAN population	1,452,778	1,551,455	1,672,777	+15.1%	Steady organic growth; no discontinuity at 2020
AI/AN w/ IHS access	902,174	970,207	940,716	+4.3%	Modest growth then slight decline; consistent with NPIRS coverage
IHS as % of AIAN	62.1%	62.5%	56.2%	–5.9 pp	Dilution from AIAN pop. growth outpacing IHS enrollment

Metric	2010–2014	2015–2019	2020–2024	Δ 2014→24	Interpretation
Medicaid rate (wtd. avg.)	31.6%	35.6%	36.8%	+5.3 pp	Meaningful expansion gains in AK, NM, MT
Uninsured rate (wtd. avg.)	30.5%	23.2%	18.9%	–11.6 pp	Largest uninsured reduction of any group; ACA impact clear
LOW-IHS STATES (n=25, IHS access <25% of AIAN)					
Total AIAN population	2,911,862	3,179,939	4,739,827	+62.8%	⚠ Surge in 2019→24 period (+49.1%); almost entirely post-2020 race question redesign
AI/AN w/ IHS access	382,242	434,856	343,418	–10.2%	IHS access count actually declined despite 63% pop. growth — enrollment did not follow
IHS as % of AIAN	13.1%	13.7%	7.2%	–5.9 pp	Rate halved in 2020–24 period; denominator inflated, numerator flat
Medicaid rate (wtd. avg.)	28.6%	31.9%	29.8%	+1.1 pp	Minimal change; new self-identifiers do not show Medicaid enrollment patterns
Uninsured rate (wtd. avg.)	20.1%	12.9%	12.4%	–7.7 pp	Improvement largely concentrated in 2014→19 period; 2019→24 nearly flat
ALL 33 STATES (combined)					
Total AIAN population	4,364,640	4,731,394	6,412,604	+46.9%	2020 question redesign dominates the 2019→24 period (+35.5%)
AI/AN w/ IHS access	1,284,416	1,405,063	1,284,134	≈0.0%	Effectively flat across a decade; enrollment unchanged despite 47% pop. growth
IHS as % of AIAN	29.4%	29.7%	20.0%	–9.4 pp	Denominator inflation drives apparent rate collapse — not a coverage loss
Medicaid rate (wtd. avg.)	29.6%	33.2%	31.6%	+2.0 pp	Modest real gain obscured by population denominator effect

Metric	2010–2014	2015–2019	2020–2024	Δ 2014→24	Interpretation
Uninsured rate (wtd. avg.)	23.6%	16.3%	14.1%	–9.4 pp	Genuine improvement; less affected by denominator because it is a rate

Table 1. Group-level trends: high-IHS vs. low-IHS states, three ACS 5-year periods. Medicaid and uninsured rates are population-weighted averages across states in each group.

The high-IHS states show steady, plausible population growth of 15 percent over a decade with corresponding modest gains in IHS access, substantial Medicaid growth, and the largest uninsured reduction of any group. The low-IHS states show a 63 percent population surge concentrated almost entirely in the 2019–2024 period, with IHS access counts that actually declined and Medicaid rates that barely moved. These are not consistent with enrollment of newly covered individuals; they are consistent with racial re-identification.

II. The 2019–2024 Population Surge: State-Level Evidence

Table 2 below presents population totals across the three periods for a selected set of states, with the 2014–2019 and 2019–2024 growth rates shown separately. The contrast between the two periods is the primary diagnostic for the 2020 race question artifact.

State	2010–14	2015–19	2020–24	Δ 2014→19	Δ 2019→24	Group
Texas	302,934	347,385	668,612	14.7%	92.5%	Low-IHS
Mississippi	24,196	24,623	45,940	1.8%	86.6%	Low-IHS
South Carolina	41,658	49,492	87,563	18.8%	76.9%	Low-IHS
Florida	153,669	173,306	299,625	12.8%	72.9%	Low-IHS
California	697,556	764,994	1,213,352	9.7%	58.6%	Low-IHS
Massachusetts	45,104	48,374	76,142	7.2%	57.4%	Low-IHS
Nevada	51,900	65,786	100,000	26.8%	52.0%	Low-IHS
Iowa	27,463	28,302	42,973	3.1%	51.8%	Low-IHS
Nebraska	29,963	32,567	48,125	8.7%	47.8%	Low-IHS
Oklahoma	507,989	526,944	565,354	3.7%	7.3%	High-IHS
Arizona	351,893	400,751	444,288	13.9%	10.9%	High-IHS

State	2010–14	2015–19	2020–24	Δ 2014→19	Δ 2019→24	Group
New Mexico	216,959	227,114	259,317	4.7%	14.2%	High-IHS
Alaska	141,290	146,358	149,473	3.6%	2.1%	High-IHS
South Dakota	87,030	90,942	89,972	4.5%	–1.1%	High-IHS
Montana	81,052	87,660	91,992	8.2%	4.9%	High-IHS
North Dakota	44,606	50,549	48,997	13.3%	–3.1%	High-IHS
Wyoming	21,959	21,137	23,384	–3.7%	10.6%	High-IHS

Table 2. AIAN alone or in combination population by period, selected states. Growth above 20% in the Δ 2019→24 column is shown in bold. High-IHS states show stable inter-period patterns; low-IHS states do not.

In the 2014–2019 period, no state in this table grew its AIAN population by more than 27 percent (Nevada). In the 2019–2024 period, nine states grew by more than 40 percent, with Texas (+92.5%), Mississippi (+86.6%), South Carolina (+76.9%), Florida (+72.9%), and California (+58.6%) leading the list. All five are low-IHS states with IHS access rates below 16 percent. The eight high-IHS states, by contrast, grew by 2 to 11 percent in the same period — consistent with their 2014–2019 rates and with demographic plausibility.

The key diagnostic is the cross-state pattern: states where AIAN self-identifiers are most likely to have genuine IHS relationships (high IHS access rates, reservation or trust land presence, substantial Tribal government infrastructure) show stable, modest growth. States where most AIAN respondents have no reported IHS connection show large discontinuous surges precisely in the period covered by the redesigned 2020 Census race question.

III. The 2020 Census Race Question Redesign: What Changed and Why It Matters

Background

The race and ethnicity questions on the 2020 Census and subsequent ACS underwent the most significant redesign since 1990. The changes were motivated by decades of research showing that a large share of Hispanic respondents selected “Some Other Race”

because no category fit their identity, and that American Indians in particular had low and inconsistent response rates due to question format. The Census Bureau made three changes with direct relevance to AIAN counts.

Change 1: Printed examples added to the AIAN write-in line

Prior to 2020, the AIAN option appeared as a labeled checkbox with a line for tribal enrollment. The 2020 redesign kept the AIAN checkbox and the “Print name of enrolled or principal tribe(s)” line, and for the first time added printed examples — including tribe names such as “Navajo Nation,” “Mayan,” and “Aztec.” Research by the Census Bureau found that the addition of “Aztec” and “Mayan” as printed examples increased AIAN responses among Hispanic respondents dramatically. These groups are not federally recognized U.S. Tribes, and most members have no relationship with the IHS system, but their members now appear in AIAN counts under the “alone or in combination” tabulation. The 2020 Census found the Latin American Indian alone population had grown 345 percent in a decade — from approximately 175,000 to 766,000 — a figure the Census Bureau itself attributes primarily to question design, not demographics.

Change 2: Expanded write-in coding

Beginning with 2020 data, the ACS adopted the same processing and coding changes as the 2020 Census. Each write-in area now captures up to 200 characters instead of 30, up to six responses are coded instead of two, and a single code list is used for both race and Hispanic origin. The “alone or in combination” tabulation — used in all three PUMS files in this analysis — captures anyone who marked AIAN as any part of their response. Under the new coding, responses like “Mexican and Aztec” or “Puerto Rican and Taino” now resolve to AIAN in combination. The first ACS 5-year file to include post-change data is 2016–2020; the 2020–2024 file is the first made up entirely of it.

Change 3: Reduced social desirability barriers to multi-racial identification

The 2020 redesign was explicitly intended to reduce undercount and normalize multi-racial identification. Research accompanying the redesign found that many individuals who previously selected a single race would, when given an open-ended format with examples, identify as multi-racial. For AIAN, this means the “in combination” population — already the larger of the two categories — expanded further. The White-and-AIAN combination category grew from approximately 1.4 million in 2010 to 4.0 million in 2020, a 177 percent increase, much of it attributed to question design effects.

IV. Analytical Implications for IHF Series Work

The denominator problem

The most immediate consequence for IHF Series analysis is a denominator problem. Any rate expressed as a share of the AI/AN alone-or-in-combination population — Medicaid enrollment rate, IHS access rate, uninsured rate — will appear to decline in the 2020–2024 data even if the numerator is unchanged or growing. The IHS access rate across the 33-state group fell from 29.4 to 20.0 percent between 2014–2019 and 2020–2024, a 9-point apparent drop. The absolute count of individuals reporting IHS access was essentially unchanged (1,284,416 vs. 1,284,134). The rate compression is entirely an artifact of the expanded denominator.

Implication: When using ACS 2020–2024 data for coverage analysis, rates should be expressed against a consistent denominator. Where possible, use the high-IHS subgroup (states where IHS access is 25 percent or more of AI/AN) as the analytically stable population, or anchor estimates to the NPIRS user population and Henson et al. enrollment figure (2,652,345) rather than the ACS self-identifier count.

The Medicaid rate

The Medicaid rate across all 33 states rose only 2.0 percentage points (29.6 to 31.6 percent) over the decade despite major Medicaid expansion. The high-IHS group, by contrast, gained 5.3 percentage points. The difference reflects dilution in the low-IHS group: newly self-identified AI/AN respondents in large states like Texas (non-expansion through most of this period), Florida (non-expansion), and South Carolina (non-expansion) are entering the denominator without Medicaid enrollment, compressing the rate. The actual coverage gains in high-IHS states — where the trust responsibility relationship is most direct — are thus larger than the all-states aggregate implies.

The uninsured rate

The uninsured rate is more robust to the denominator problem because the newly self-identified population has a lower uninsured rate than the pre-2020 AI/AN population (reflecting its more urban, higher-income composition). The 9.4-percentage-point reduction in the all-states uninsured rate (23.6 to 14.1 percent) likely reflects real coverage gains in the high-IHS group (–11.6 pp) partially blended with the lower-uninsured newly identified group. Caution is warranted in attributing the full 9.4-point reduction to ACA and Medicaid expansion effects.

Using these data in the IHF Series

Three analytical conventions are recommended for IHF Series documents that draw on ACS PUMS data spanning 2014 and 2024:

1. Present IHS access as an absolute count, not a rate. The count is stable and interpretable; the rate is distorted by denominator inflation.
2. When presenting Medicaid or uninsured rates, note the 2020 race question redesign and its effect on the denominator, and distinguish the high-IHS subgroup trend from the all-states aggregate.
3. Avoid using ACS 2020–2024 AIAN alone-or-in-combination totals as a proxy for the IHS-eligible or federally-enrolled population. The canonical enrolled population figure (Henson et al., 2,652,345) is derived from tribal self-certification to Treasury and is not subject to the question-design artifact.

Sources

ACS 5-Year PUMS, 2010–2014, 2015–2019, 2020–2024 (variables RACAIAN, HINS7, HINS4, HICOV, PWGTP). Race question redesign: Jones et al. (2021), “2020 Census Informational Questionnaire Evaluation,” U.S. Census Bureau; Marks et al. (2023), “A Look at the Largest American Indian and Alaska Native Tribes and Villages.” Enrollment anchor: Henson et al. (2021), Policy Brief No. 7, Ash Center/Harvard Kennedy School. Medicaid benchmark: NIHB CMS–IHS Data Match (2025), 941,168 confirmed AI/AN Medicaid enrollees, reference year 2023.

Terminology note: earlier versions of this paper used “IHS-proximate” and “non-proximate” for the high-IHS and low-IHS state groups.