

## The Unmet Need for Orthopaedic Services Among American Indian and Alaska Native Communities in the United States

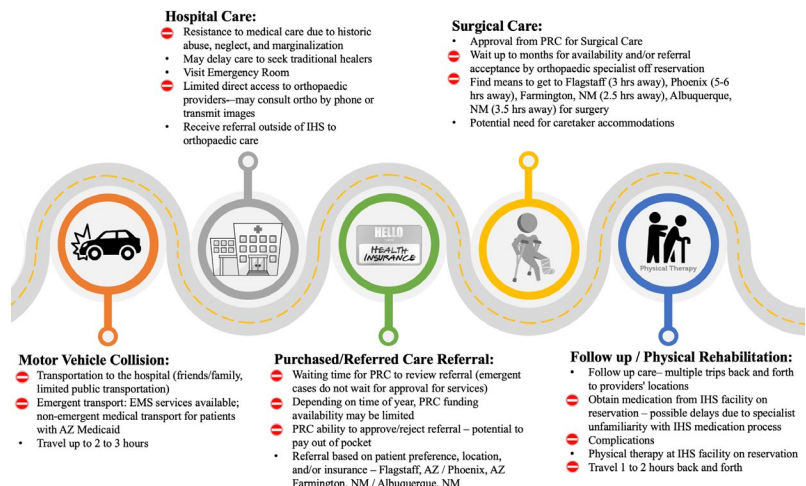
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**Purpose:** Historical and present-day marginalization have resulted in high disease burdens and worse health outcomes for American Indian and Alaska Native (AI/AN) communities. In the US today, musculoskeletal disease is the leading cause of disability for the general population; however, few have examined musculoskeletal disease burden and access to orthopaedic surgical care for AI/AN communities.

**Methods:** 2349 articles underwent scoping review iterative process with 3 independent reviewers to identify papers related to AI/AN orthopaedic care on reservations. 2204 articles were excluded due to irrelevancy. 139 full-text studies were accessed; 112 studies were excluded for incorrect patient population, setting, or outcome. 27 studies were included in final review.

**Results:** Key findings across prior literature were categorized: (1) burden of musculoskeletal disease, (2) barriers to accessing orthopaedic care, and (3) disparities in treatment outcomes. High prevalence of hip dysplasia, arthritis, back pain, diabetes, and high incidence of trauma- and road traffic-related mortality suggest disproportionately high burden of musculoskeletal pathology among AI/AN communities and substantial need for orthopaedic surgical services. Unfortunately, AI/AN patients face many barriers to receiving specialty care, including long travel distances and limited transportation to health facilities, inadequate staff and resources at Indian Health Service (IHS)-funded facilities, insufficient funding for specialist referral outside of IHS network, and sociocultural barriers that complicate health system navigation and erode trust between patients and providers (Figure 1).

**Conclusion:** AI/AN patients face worse outcomes and more complications than White patients. There is an urgent need for orthopaedic surgeons to participate in improving the availability of quality orthopaedic services for AI/AN patients through training/supporting local providers, volunteerism, advocating for greater investment in IHS Purchased/Referred Care programs, expanding telemedicine capabilities, and supporting community-based participatory research activities.



See the meeting website for complete listing of authors' disclosure information. Schedule and presenters subject to change.