

## Indian Health Service

## **Indian Health Disparities**



Members of 566 federally recognized American Indian and Alaska Native Tribes and their descendants are eligible for services provided by the Indian Health Service (IHS). The IHS is an agency within the Department of Health and Human Services that provides a comprehensive health service delivery system for approximately 2 million of the nation's estimated 3.4 million American Indians and Alaska Natives (American Indian and Alaska Native alone; bridged 2000 census). Its annual appropriation is approximately \$4.3 billion. The IHS strives for maximum tribal involvement in meeting the health needs of its service population, who live mainly on or near reservations and in rural communities, mostly in the western United States and Alaska.

- □ The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.
- □ Diseases of the heart, malignant neoplasm, unintentional injuries, and diabetes mellitus are leading causes of American Indian and Alaska Native deaths (2005-2007).
- □ American Indians and Alaska Natives born today have a life expectancy that is 4.1 years less than the U.S. all races population (73.6 years to 77.7 years, respectively; 2005-2007 rates).
- □ American Indians and Alaska Natives die at higher rates than other Americans from alcoholism (552% higher), diabetes (182% higher), unintentional injuries (138% higher), homicide (83% higher) and suicide (74% higher). (*Rates adjusted for misreporting of Indian race on state death certificates*; 2005-2007 rates.)
- ☐ Given the higher health status enjoyed by most Americans, the lingering health disparities of American Indians and Alaska Natives are troubling. In trying to account for the disparities, health care experts, policymakers, and Tribal Leaders are looking at many factors that impact upon the health of Indian people, including the adequacy of funding for the Indian health care delivery system.

Additional information on the IHS is available at <a href="http://www.ihs.gov/index.cfm?module=About">http://www.ihs.gov/index.cfm?module=About</a>



## MORTALITY DISPARITY RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area 2005-2007 and U.S. All Races 2006 (Age-adjusted mortality rates per 100,000 population)

	AI/AN Rate 2005-2007	U.S. All Races Rate – 2006	Ratio: AI/AN to U.S. All Races
ALL CAUSES	953.7	776.5	1.2
Alcohol induced	45.0	6.9	6.5
Breast Cancer	19.6	23.5	0.8
Cerebrovascular	43.8	43.6	1.0
Cervical Cancer	2.8	2.4	1.2
Diabetes	65.6	23.3	2.8
Heart Disease	191.7	200.2	1.0
HIV Infection	3.2	4.0	0.8
Homicide (assault)	11.0	6.0	1.8
Infant Deaths <sup>1</sup>	7.3	6.7	1.1
Malignant Neoplasm	170.1	180.7	0.9
Maternal Deaths	20.2	13.3	1.5
Pneumonia/Influenza	24.3	17.8	1.4
Suicide	19.0	10.9	1.7
Unintentional Injuries*	94.8	39.8	2.4

<sup>&</sup>lt;sup>1</sup>/ Infant deaths per 1,000 live births.

NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native death rate columns present data for the 3-year period specified. U.S. All Races columns present data for a one-year period. ICD-10 codes were introduced in 1999; therefore, comparability ratios were applied to deaths for years prior to 1999. Rates are based on American Indian and Alaska Native alone; 2000 census with bridged-race categories.

<sup>\*</sup> Unintentional Injuries include motor vehicle crashes.