

**"HEALTH EQUALITY
FOR ALL"**



CDC

OMHD
aims to accelerate CDC's health impact in the U.S. population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, and risk status related to sex and gender, and among other populations identified to be at-risk for health disparities.

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Health Disparities Affecting Minorities

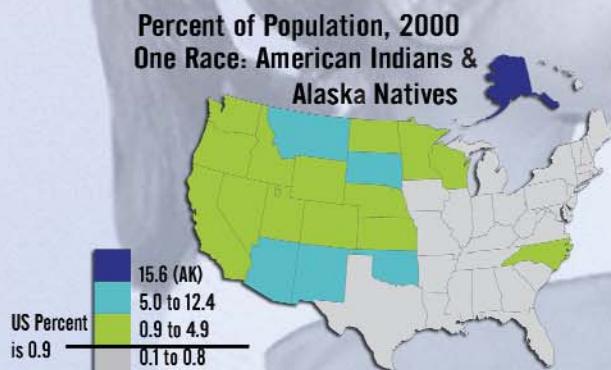
American Indians and Alaska Natives



Office of Minority Health and Health Disparities

EXAMPLES OF DISPARITIES

According to the 2000 U.S. Census, **American Indians and Alaska Natives** comprise 0.9% to 1.5% of the U.S. population and have the highest poverty rates of all Americans.



Sexually Transmitted Diseases (STDs):

In 2001, the syphilis rate among **American Indians and Alaska Natives** was 6 times higher than among the non-Hispanic white population, the Chlamydia rate was 5.5 times higher, the gonorrhea rate was 4 times higher and the AIDS rate was 1.5 times higher.

Injuries:

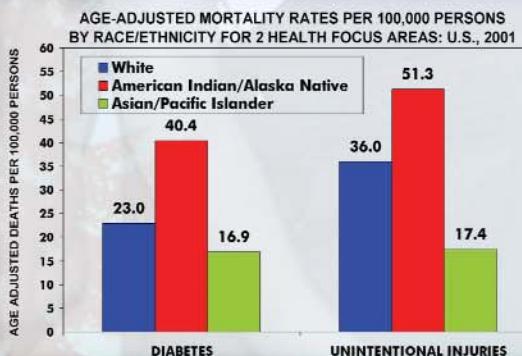
In 2001, **American Indian and Alaska Native** death rates for unintentional injuries and motor vehicle crashes were 1.7 to 2.0 times higher than the rates for all racial/ethnic populations, while suicide rates for **American Indian and Alaska Native youth** were 3 times greater than rates for whites of similar age.

Chronic Diseases:

Heart disease and cancer are the leading causes of death among **American Indians and Alaska Natives**. The 2002 age-adjusted prevalence of diabetes was over twice that for all U.S. adults, and the **American Indian and Alaska Native** mortality rate from chronic liver disease was nearly three times higher.

Infant Mortality:

The **American Indian and Alaska Native** rate is 1.7 times higher than the non-Hispanic white rate. The **American Indian and Alaska Native** sudden infant death syndrome (SIDS) rate is highest of any population group, more than double that of whites in 1999.



PROMISING STRATEGIES

Chronic Diseases & Injuries:

Establish state and community-based programs to reduce risks for chronic diseases by promoting tobacco cessation, exercise, and healthy diets.

Provide more opportunities for cancer screening, early detection, and prompt therapy. Increase early detection of diabetes and childhood obesity, and emphasize better control of diabetes to prevent major complications.

Expand culturally sensitive alcohol and substance recovery programs, and support programs to prevent substance abuse and tobacco use in AI/AN youth. Improve enforcement of occupant-restraint laws for tribal communities.

Infant Mortality:

Educate communities and providers about the behaviors and conditions that affect birth outcomes, such as smoking, substance abuse, and poor nutrition, and expand SIDS awareness campaigns. Increase access to prenatal care for AI/AN mothers.

Sexually Transmitted Diseases (STDs): Build regional capacity for STD/HIV prevention by strengthening the linkages between providers serving AI/AN communities and tribal, county, and state public health agencies.

Promote better community access and awareness by expanding outreach programs for remote AI/AN communities and urban AI/ANs.

WHAT YOU CAN DO

Healthcare Providers

Teach clients about reducing their risks for chronic diseases, obtaining prenatal care, and preventing injuries.

Recommend appropriate screening tests for cancer, diabetes, STDs, and liver disease.

Advise tribal youth on where to find help for family violence prevention and suicide intervention.

Conduct physical exams and laboratory tests to detect diabetic complications, signs of chronic liver disease, and STDs, hepatitis, or HIV infections.

Provide culturally competent and linguistically appropriate care.

Individuals

See your healthcare provider annually, even if you feel healthy.

Eat right, be active, and maintain a healthy body weight.

Take elders and other family members to healthcare facilities as needed.

Place sleeping babies on their backs. A separate but proximate sleeping environment is recommended such as a separate crib in the parents' bedroom. Bed sharing during sleep is not recommended.

Stop smoking and limit alcohol intake.

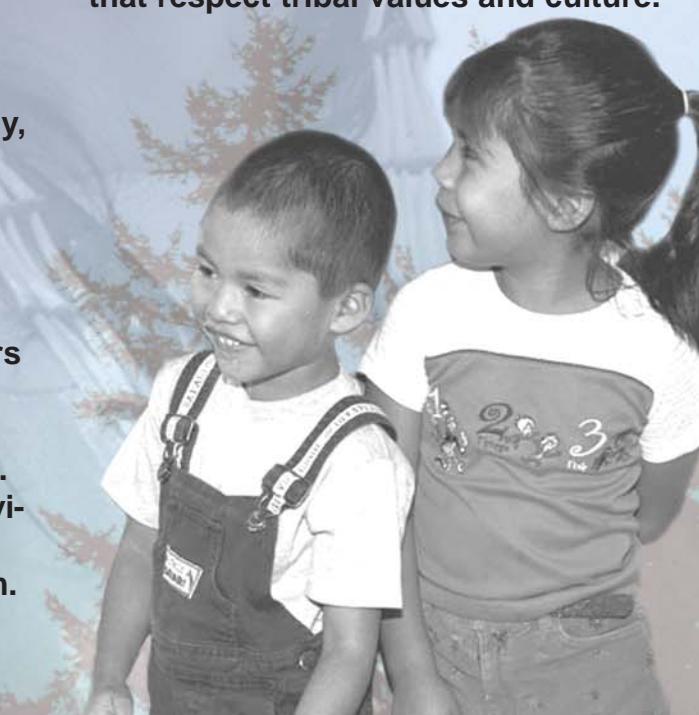
Wear your seat belt and make sure children ride in safety seats. Don't drive after drinking or ride with drivers who have been drinking.

Community

Join with others to promote community-wide health activities and campaigns for healthier lifestyles.

Form alliances with tribal organizations, schools, youth groups and elders, and traditional healers to advocate for community-friendly health programs.

Support health policies and programs that respect tribal values and culture.



MORE INFORMATION

CDC's Office of Minority Health and Health Disparities (OMHD)
<http://www.cdc.gov/omhd/Populations/AIAN/AIAN.htm>
(404) 498-2320

HHS' Office of Minority Health Resource Center (HHS OMHRC)
<http://www.omhrc.gov/OMHRC/index.htm>
(800) 444-6472

Indian Health Service (IHS)
<http://www.ihs.gov/index.asp>
Office of Public Health (301) 443-3024

National Center on Minority Health and Health Disparities (NCMHD)
<http://ncmhd.nih.gov>
(301) 402-1366 TTY: (301) 451-9532

FirstGOV for Tribal Governments and Native Americans
<http://www.firstgov.gov/Governement/Tribal.shtml>
(800) FED-INFO (333-4636)

Association of American Indian Physicians (AAIP)
<http://www.aap.com>
(405) 946-7072

National Alaska Native American Indian Nurses Association (NANAINA)
<http://www.nanaina.com/>
(801) 585-5246

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