



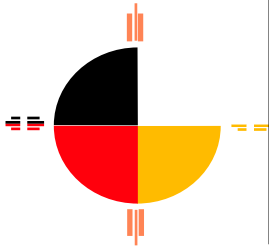
Indian Health Service Facts on Indian Health Disparities

“The elimination of health disparities is an important step in accomplishing the mission of the Indian Health Service – to raise the health status of American Indian and Alaska Native people.”

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Members of more than 560 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 1.8 million of the nation's estimated 3.3 million American Indians and Alaska Natives (American Indian and Alaska Native alone; bridged 2000 census). Its annual appropriation is approximately \$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 in 35 states, mostly in the western United States and Alaska.

- ❑ Approximately 55% of American Indians and Alaska Natives living in the United States rely on the IHS to provide access to health care services in 49 hospitals and nearly 600 other facilities operated by the IHS, Tribes, and Alaska Native corporations, or purchased from private providers.
- ❑ 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.
- ❑ American Indians and Alaska Natives born today have a life expectancy that is 2.4 years less than the U.S. all races population (74.5 years to 76.9 years, respectively; 1999-2001 rates), and American Indian and Alaska Native infants die at a rate of 8.5 per every 1,000 live births, as compared to 6.8 per 1,000 for the U.S. all races population (2000-2002 rates).
- ❑ American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (600% higher), alcoholism (510% higher), motor vehicle crashes (229% higher), diabetes (189% higher), unintentional injuries (152% higher), homicide (61% higher) and suicide (62% higher). (Rates adjusted for misreporting of Indian race on state death certificates; 2000-2002 rates.)
- ❑ Safe and adequate water supply and waste disposal facilities are lacking in approximately 12% of American Indian and Alaska Native homes, compared to 1% of the homes for the U.S. general population.
- ❑ 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.
- ❑ The American Indian and Alaska Native population has several characteristics different from the U.S. all races population that would impact upon assessing the cost for providing similar health services enjoyed by most Americans. The Indian population is younger, because of higher mortality, than the U.S. all races. The IHS service population is predominately rural, which should suggest lower costs; however, the disproportionate incidence of disease and medical conditions experienced by the Indian population raises the costs, which almost obliterates the lower cost offsets.
- ❑ A stakeholder workgroup has developed an actuarial model to estimate the costs of personal health care services for Indian people similar to mainstream health plan benefits enjoyed by many Americans. According to the cost model, the IHS appropriated funding provides only 55% of the necessary federal funding to assure mainstream personal health care services to American Indians and Alaska Natives using the IHS system.



MORTALITY DISPARITIES RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area
 1996-1998 to 2000-2002 and U.S. All Races 1997 and 2001
 (Age-adjusted mortality rates per 100,000 population)

	AI/AN Rate 2000-2002	U.S. All Races Rate – 2001	Ratio: AI/AN to U.S. All Races	AI/AN Rate 1996-1998	U.S. All Races Rates -1997	Ratio: AI/AN to U.S. All Races
ALL CAUSES	1039.9	854.5	1.2	1070.8	888.5	1.2
Alcohol induced	42.1	6.9	6.1	45.0	7.3	6.2
Breast Cancer	16.5	26.0	0.6	19.8	28.9	0.7
Cerebrovascular	59.9	57.9	1.0	62.8	65.6	1.0
Cervical Cancer	4.5	1.4	3.2	5.2	3.2	1.6
Diabetes	73.2	25.3	2.9	77.8	24.2	3.2
Heart Disease	236.2	247.8	1.0	272.4	278.1	1.0
HIV Infection	2.9	5.0	0.6	3.3	6.5	0.5
Homicide (assault)	11.4	7.1	1.6	12.9	7.3	1.8
Infant Deaths ¹	8.5	6.8	1.3	8.9	7.2	1.2
Malignant Neoplasm	183.5	196.0	0.9	187.5	207.9	0.9
Maternal Deaths	12.5	9.9	1.3	7.8	8.4	0.9
Motor Vehicle Crashes	50.4	15.3	3.3	43.1	13.9	3.1
Pneumonia/Influenza	31.1	22.0	1.4	31.3	23.5	1.3
Suicide	17.3	10.7	1.6	18.0	11.4	1.6
Tuberculosis	2.1	0.3	7.0	2.0	0.4	5.0
Unintentional Injuries	90.1	35.7	2.5	98.7	37.3	2.6

^{1/} 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 1996-1998. Rates are based on American Indian and Alaska Native alone; 2000 census with bridged-race categories.