

ENVIRONMENTAL DISEASE DISPARITIES AMONG AMERICAN INDIANS

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Background: American Indians, like many indigenous communities throughout the world, have patterns of excess disease compared to society as a whole. In the US, the overall mortality risk for Indians is 1.56 times that of whites. This evaluation will examine the role of environment plays in disease disparities among American Indians, and the funding to address them. There are clear-cut mortality differences that Native Americans have in contrast to white Americans: unintentional injuries; suicide; homicide; alcohol related causes, including fetal alcohol syndrome; chronic liver disease/cirrhosis; and diabetes.

Environmental components: Defining "environment" broadly, all of the excess causes of death listed above, except suicide, are linked strongly with dietary or personal environment. There has been success in reducing the environmental disparity gap in tuberculosis by improving clinical control of TB among all Indian communities from the 1970s to recent years. But it is clear with regard to diabetes and alcohol-related illnesses that community primary prevention efforts, including improving diets and access to healthy foods, and alcohol abuse prevention are essential to reducing the disparities we now see.

Medical costs: In general, costs for treating excess environmental diseases such as unintentional injuries; suicide; homicide; alcohol related causes; chronic liver disease/cirrhosis; and diabetes are borne by individuals, by the tribes and their judicial systems, the Indian Health Service, and the Center for Medicaid and Medicare Services. Politics plays a significant role in securing resources for both prevention and treatment.

Conclusions: Community-based prevention programs and obtaining sufficient treatment resources are keys to reducing the disparities in environmental diseases in American Indian country.