



Indian Health Service

The Federal Health Program for American Indians and Alaska Natives

A - Z Index: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)
#

[IHS Home](#) [About Us](#)

Search [ihs.gov](#)

[Give Us Feedback](#)

[Fact Sheets](#)

[Accreditation
Achievements](#)

[Basis for Health
Services](#)

[Behavioral
Health](#)

[Budget
Planning with
Tribes](#)

[Contract Health
Services](#)

[IHS
Partnerships](#)

[Diabetes](#)

[Environmental
Health Services](#)

[Indian Health
Disparities](#)

[Health Facilities
Construction](#)

[HIV/AIDS](#)

[IHS
Organization
Charts](#)

[IHS Year 2012
Profile](#)

[Indian
Population](#)

[Information
Technology](#)

[Injuries](#)

[Quick Look](#)

[Safe Water and
Waste Disposal
Facilities](#)

[Tribal
Consultation](#)

[Tribal Self-
Governance](#)

[Urban Indian
Health Program](#)

[IHS Regional
Map](#)

[American
Indian & Alaska
Native Tribal
Listings
\(PDF - 195KB\)](#)

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Part 1
\(PDF - 1MB\)](#)

[IHS Gold Book
Part 2
\(PDF - 2MB\)](#)

[IHS Gold Book
Part 3
\(PDF - 813KB\)](#)

[IHS Gold Book
Part 4
\(PDF - 653KB\)](#)

[Site Contact](#)



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, diabetes mellitus, and cerebrovascular disease are the five leading causes of American Indian and Alaska Native deaths (2004-2006).
- American Indians and Alaska Natives born today have a life expectancy that is 5.2 years less than the U.S. all races population (72.6 years to 77.8 years, respectively; 2003-2005 rates)
- American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (500% higher), alcoholism (514% higher), diabetes (177% higher), unintentional injuries (140% higher), homicide (92% higher) and suicide (82% higher). (*Rates adjusted for misreporting of Indian race on state death certificates; 2004-2006 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.

MORTALITY DISPARITY RATES

American Indians and Alaska Natives (AI/AN) in the IHS Service Area

2004-2006 and U.S. All Races 2005

(Age-adjusted mortality rates per 100,000 population)

	AI /AN Rate 2004-2006	U.S. All Races Rate – 2005	Ratio: AI /AN to U.S. All Races
ALL CAUSES	980.0	798.8	1.2
Alcohol induced	43.0	7.0	6.1
Breast Cancer	21.0	24.1	0.9
Cerebrovascular	46.6	46.6	1.0
Cervical Cancer	3.3	2.4	1.4
Diabetes	68.1	24.6	2.8

Heart Disease	206.2	211.1	1.0
HIV Infection	3.0	4.2	0.7
Homicide (assault)	11.7	6.1	1.9
Infant Deaths 1	8.0	6.9	1.2
Malignant Neoplasm	176.2	183.8	1.0
Maternal Deaths	16.9	15.1	1.1
Pneumonia/Influenza	27.1	20.3	1.3
Suicide	19.8	10.9	1.8
Tuberculosis	1.2	0.2	6.0
Unintentional Injuries	93.8	39.1	2.4

1/ Infant deaths per 1,000 live births.

* Unintentional Injuries include motor vehicle crashes.

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.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.

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