



Indian Health Service

Indian Health Disparities



Members of 567 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 2.2 million of the nation's estimated 3.7 million American Indians and Alaska Natives. 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 are leading causes of American Indian and Alaska Native deaths (2007-2009).

American Indians and Alaska Natives born today have a life expectancy that is 4.4 years less than the U.S. all races population (73.7 years to 78.1 years, respectively).

American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.

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
<https://www.ihs.gov> and <https://www.ihs.gov/aboutihs>

MORTALITY DISPARITY RATES

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

2007-2009 and U.S. All Races 2008

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

	AI/AN Rate 2007-2009	U.S. All Races Rate – 2008	Ratio: AI/AN to U.S. All Races
ALL CAUSES*	943.0	774.9	1.2
Diseases of the heart	182.4	192.1	0.9
Malignant neoplasm	170.8	176.4	1.0
Unintentional injuries	94.5	39.2	2.4
Chronic lower respiratory diseases	43.2	44.7	1.0
Diabetes mellitus	61.0	22.0	2.8
Chronic liver disease and cirrhosis	43.1	9.2	4.7
Cerebrovascular diseases	39.1	42.1	0.9
Influenza and pneumonia	24.1	17.8	1.4
Nephritis, nephrotic syndrome	22.1	15.1	1.5
Intentional self-harm (suicide)	18.5	11.6	1.6
Septicemia	16.5	11.3	1.5
Alzheimer's disease	14.6	24.4	0.6
Assault (homicide)	11.0	5.9	1.9
Hypertensive heart and/or kidney disease	12.8	13.9	0.9
Parkinson's disease	5.1	6.6	0.8

* 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 age-adjusted 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.

March 2016