Indian Health Service

A Quick Look

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 (HHS). The IHS provides a comprehensive health service delivery system for approximately 2.1 million of the nation's estimated 3.4 million American Indians and Alaska Natives. Its fiscal year 2013 appropriated budget totaled approximately $4.1 billion. The IHS strives for maximum tribal involvement in meeting the needs of its service population, most of whom live on or near reservations and in rural communities, mostly in the western United States and Alaska.

FEDERAL-TRIBAL RELATIONSHIP

Federally recognized American Indian Tribes and Alaska Native corporations have a government-to-government relationship with the United States. This unique relationship has been given substance through numerous treaties, Supreme Court decisions, legislation, Executive Orders, and the U.S Constitution.

The IHS is the principal federal health care provider and health advocate for Indian people. The principal legislation authorizing federal funds for health services to recognized Indian Tribes is the Snyder Act of 1921. It authorized funds "for the relief of distress and conservation of health . . . [and] for the employment of . . . physicians . . . for Indian Tribes throughout the United States."

Congress passed the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended) to provide Tribes the option of assuming from the IHS the administration and operation of health services and programs in their communities, or to remain within the IHS administered direct health system. Congress subsequently passed the Indian Health Care Improvement Act (P.L. 94-437), which is a health-specific law that supports the options of P.L. 93-638.

The goal of P.L. 94-437 is to provide the quantity and quality of health services necessary to elevate the health status of American Indians and Alaska Natives to the highest level possible, and to encourage the maximum participation of Tribes in the planning and management of those services.

MISSION, GOAL AND FOUNDATION

The mission of the IHS, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social and spiritual health to the highest level.

The goal of the IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all American Indian and Alaska Native people.

The foundation of the IHS is to uphold the Federal Government's obligation to promote healthy Indian people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

HEALTH CARE DELIVERY

Preventive measures involving environmental, educational, and outreach activities are combined with therapeutic measures into a single national health system. Most IHS funds are appropriated for American Indians and Alaska Natives who live on or near reservations or Alaska Villages. Congress also has authorized funding to support programs that provide some access to care for American Indians and Alaska Natives who live in urban areas.

Health services are provided directly by the IHS, through tribally contracted and operated health programs, and through services purchased from private providers. The federal system consists of 28 hospitals, 61 health centers, and 33 health stations. In addition, 33 urban Indian health projects provide a variety of health and referral services.

The IHS clinical staff consists of approximately 2640 nurses, 820 physicians, 670 pharmacists, 640 engineers/sanitarians, 340 physician assistants/nurse practitioners, and 310 dentists. The IHS also employs various allied health professionals, such as nutritionists, health administrators, and medical records administrators.

Through P.L. 93-638 Self-Determination contracts, American Indian Tribes and Alaska Native corporations administer 16 hospitals, 235 health centers, 75 health stations, and 164 Alaska village clinics.

SUCCESSES

The Indian health care system presents a successful model for rural health programs as well as for indigenous people around the world because of its respect for cultural beliefs, its blending of traditional practices with the modern medical model, and its emphasis on public health and community outreach activities.

The agency's consultation with tribal governments and its facilitation of Indian people's involvement in policy development and agency decision making has led to their participation in setting program and budget priorities and advocating for their health needs. The agency's consultation practices can be a model for the entire federal government.

The HHS was the first to issue a Department-wide Tribal Consultation Policy, the first to hold regional Listening Sessions with tribal leaders, and the first to hold a Department-level budget consultation meeting so that tribal leaders and representatives could present their needs and priorities to the HHS.

The Indian health model and the participation of Indian people in decisions affecting their health has produced significant health improvements for Indian people: Indian life expectancy has increased by about 10 years since 1973; and mortality rates have decreased for maternal deaths, tuberculosis, gastrointestinal disease, infant deaths, unintentional injuries and accidents, pneumonia and influenza, homicide, alcoholism, and suicide.

CHALLENGES

Indian people continue to experience health disparities. Indian life expectancy (73.6 years) is still over 4 years less than that for the U.S. general population (77.7 years). Death rates are significantly higher in many areas for Indians compared to the U.S. general population, including alcoholism (552% higher), diabetes (182% higher), unintentional injuries (138% higher), homicide (83% higher) and suicide (74% higher). (*Rates adjusted for misreporting of Indian race on state death certificates; 2005-2007 rates*.)

Health status is not just a health care issue. It is about ensuring that there are educational opportunities; safe communities; adequate housing; and adequate economic and employment opportunities. These things and more, all work in concert to affect health status. It is therefore vital that all available resources, federal and private sector, be brought to bear on Indian health issues.

Additional Information

Additional information on the IHS is available on the IHS website at http://www.ihs.gov and http://www.ihs.gov/index.cfm?module=About or by contacting the IHS Public Affairs Staff at 301-443-3593.