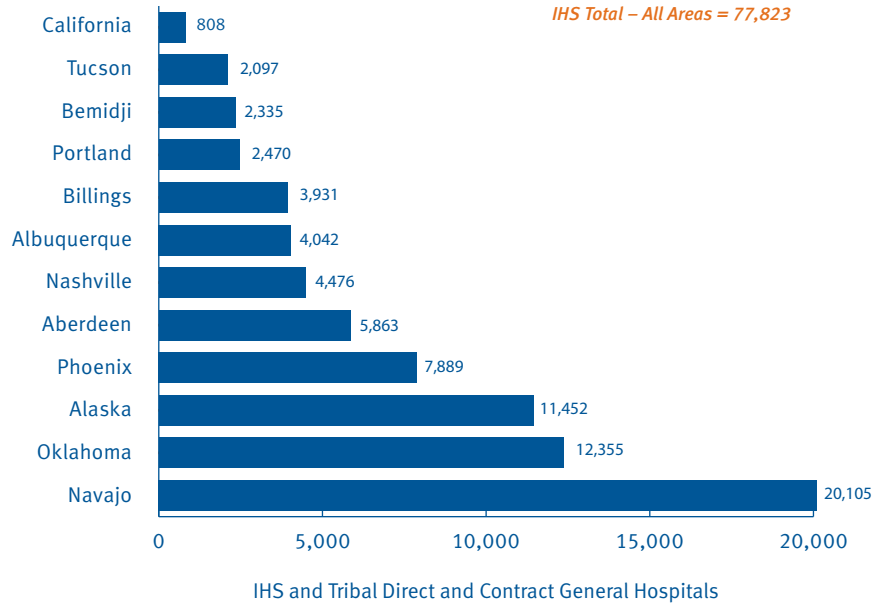


In FY 2004, there were over 77,000 admissions to IHS and Tribal direct and contract general hospitals. Over 41.7 percent of these admissions were in two IHS Areas, Oklahoma (12,355) and Navajo (20,105).

Chart 5.1 Number of Admissions, FY 2004



The IHS admission rate of 549.9 admissions per 10,000 user population in FY 2004 was nearly 46 percent lower than the U.S. rate of 1,199.7 in CY 2003. The IHS Area rates ranged from 112.7 in California, where the IHS provides little inpatient care, to 947.9 in Nashville.

Chart 5.2 Hospital Admission Rates, FY 2004

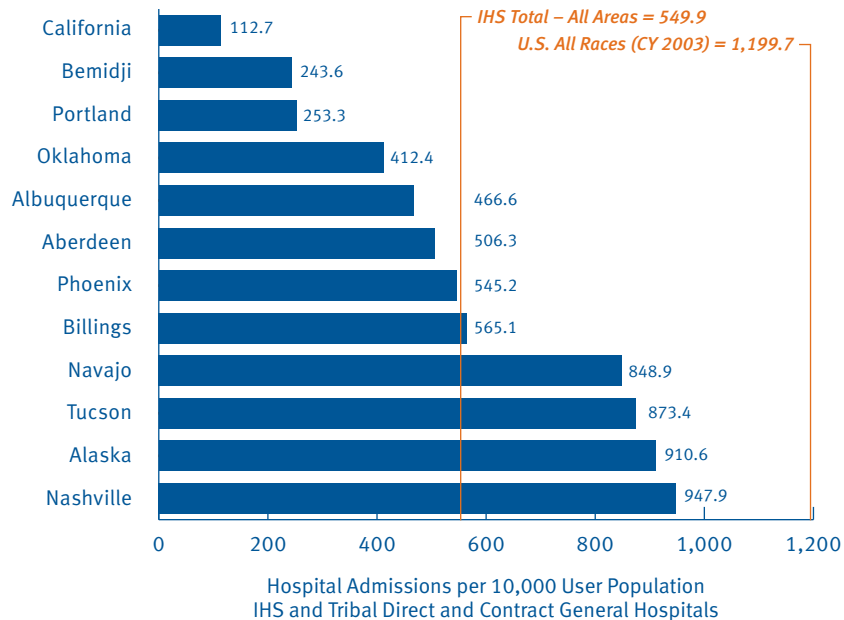




Table 5.1 Number and Rate of Admissions, Indian Health Service and Tribal Direct and Contract General Hospitals, FY 2004 and U.S. Short-Stay Community Hospitals, Calendar Year 2003

	Total Admission Rate ¹	Total Admissions	IHS Admissions		Tribal Admissions	
			Direct	Contract	Direct	Contract
<i>U.S. All Races (2003)</i>	<i>1,199.7</i>	<i>34,738²</i>				
All IHS Areas	549.9	77,823	39,382	12,237	21,263	4,925
Aberdeen	506.3	5,863	5,673	115	0	75
Alaska	910.6	11,452	0	211	11,068	173
Albuquerque	466.6	4,042	2,342	1,656	0	44
Bemidji	243.6	2,335	652	774	0	909
Billings	565.1	3,931	2,672	650	0	609
California	112.7	808	0	618	0	190
Nashville	947.9	4,476	0	2,447	1,286	743
Navajo	848.9	20,105	13,658	2,739	3,591	117
Oklahoma	412.4	12,355	6,483	342	4,719	811
Phoenix	545.2	7,889	7,117	84	599	89
Portland	253.3	2,470	0	1,289	0	1,165
Tucson	873.4	2,097	785	1,312	0	0

¹ Number of admissions per 10,000 population.

² Number of admissions in thousands.

SOURCES: IHS and Tribal: National Patient Registry System (NPIRS), FY 2004 & Contract Statistical System, FY 2004
U.S.: Centers for Disease Control, Advance Data from Vital and Health Statistics, No. 359 (July 8, 2005), p.7.

The number of inpatient days in IHS and Tribal direct and contract general hospitals was over 293,000 in FY 2004. The number varied considerably among the IHS Areas, ranging from 662 in California to 62,575 in Navajo.

Chart 5.3 Number of Hospital Days, FY 2004

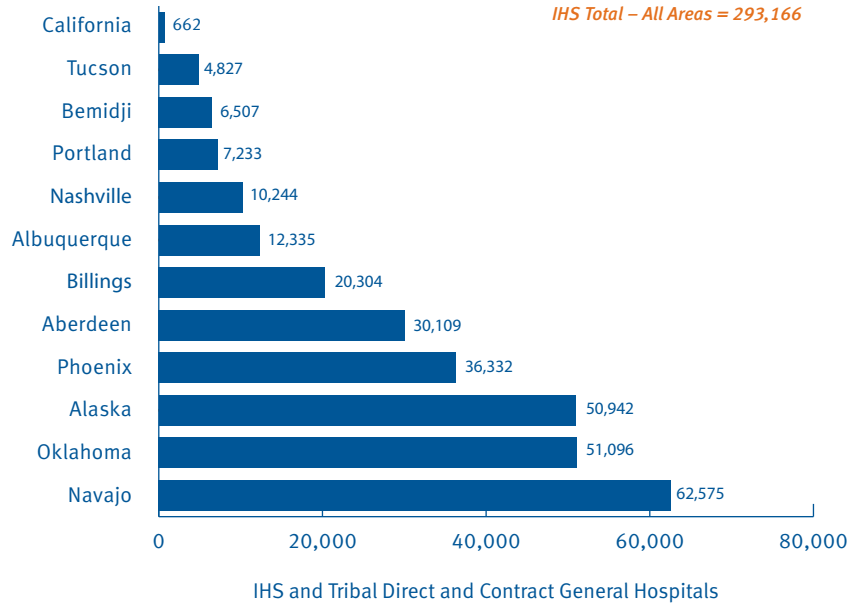


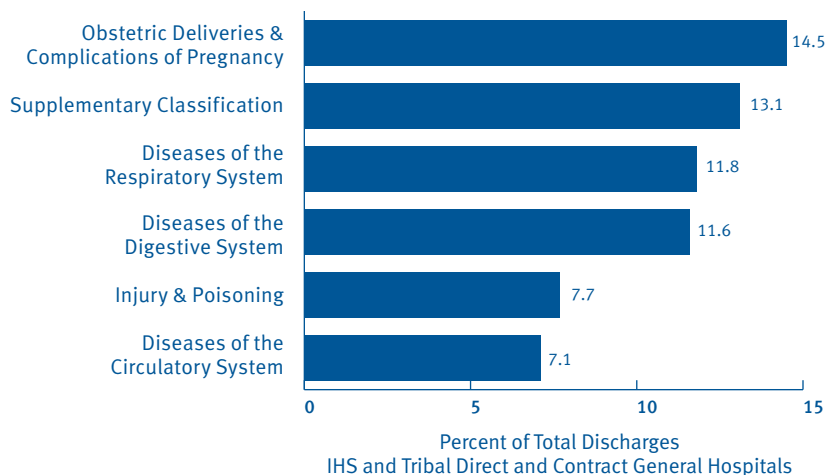
Table 5.3 Number of Hospital Days, Indian Health Service and Tribal Direct and Contract General Hospitals, FY 2004

	Total Days	IHS Days		Tribal Days	
		Direct	Contract	Direct	Contract
All IHS Areas	293,166	137,190	45,216	88,923	21,837
Aberdeen	30,109	18,368	11,487	0	254
Alaska	50,942	0	0	49,891	1,051
Albuquerque	12,335	8,888	3,302	0	145
Bemidji	6,507	2,588	1,217	0	2,702
Billings	20,304	9,275	8,462	0	2,567
California	662	0	0	0	662
Nashville	10,244	0	160	6,675	3,409
Navajo	62,575	43,385	5,719	13,103	368
Oklahoma	51,096	22,156	7,167	16,774	4,999
Phoenix	36,332	29,092	4,592	2,480	168
Portland	7,233	0	1,721	0	5,512
Tucson	4,827	3,438	1,389	0	0

SOURCES: IHS and Tribal: National Patient Information Registry System (NPIRS), FY 2004 & Contract Statistical System, FY 2004
Tribal Contract: IHS Area submissions

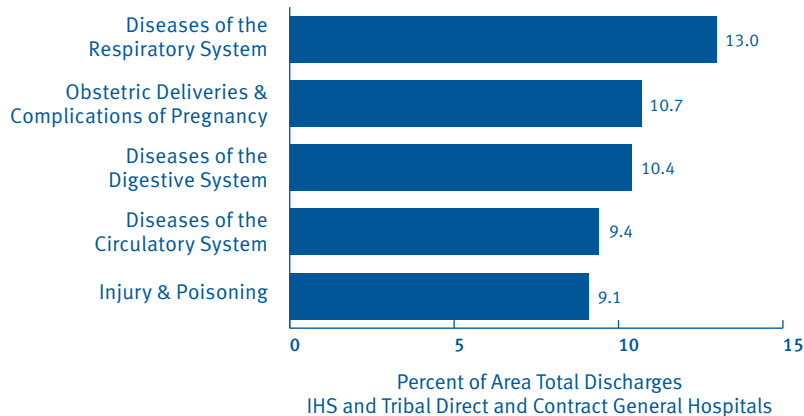
In FY 2004, 14.5 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to obstetric deliveries and complications of pregnancy, followed by supplementary classification at 13.1 percent.

Chart 5.4 Leading Causes of Hospitalization, All IHS Areas, FY 2004



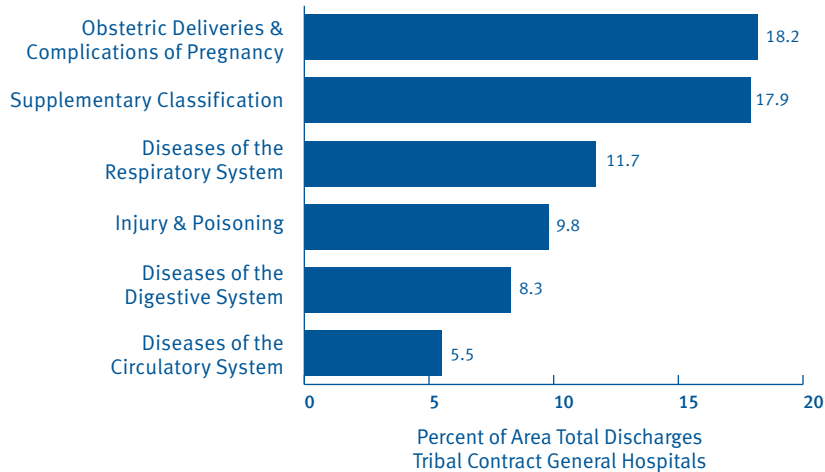
For the **Aberdeen** Area in FY 2004, 13.0 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to respiratory system diseases, followed by obstetric deliveries and complications of pregnancy at 10.7 percent.

Chart 5.5 Leading Causes of Hospitalization, Aberdeen Area, FY 2004



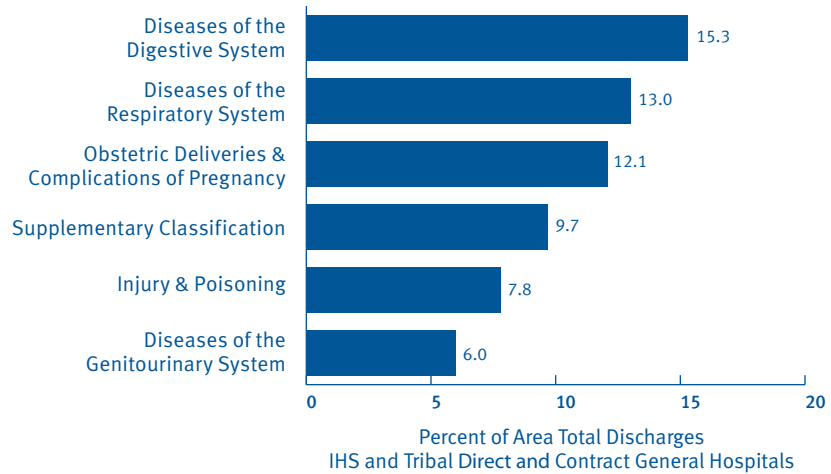
For the **Alaska** Area in FY 2004, 18.2 percent of all discharges from Tribal contract general hospitals pertained to obstetric deliveries and complications of pregnancy, followed by supplementary classification at 17.9 percent.

Chart 5.6 Leading Causes of Hospitalization, Alaska Area, FY 2004



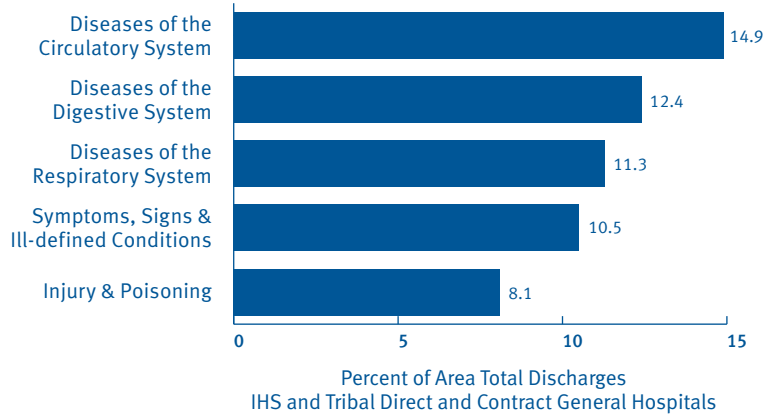
For the **Albuquerque** Area in FY 2004, 15.3 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to diseases of the digestive system, closely followed by diseases of the respiratory system at 13.0 percent.

Chart 5.7 Leading Causes of Hospitalization, Albuquerque Area, FY 2004



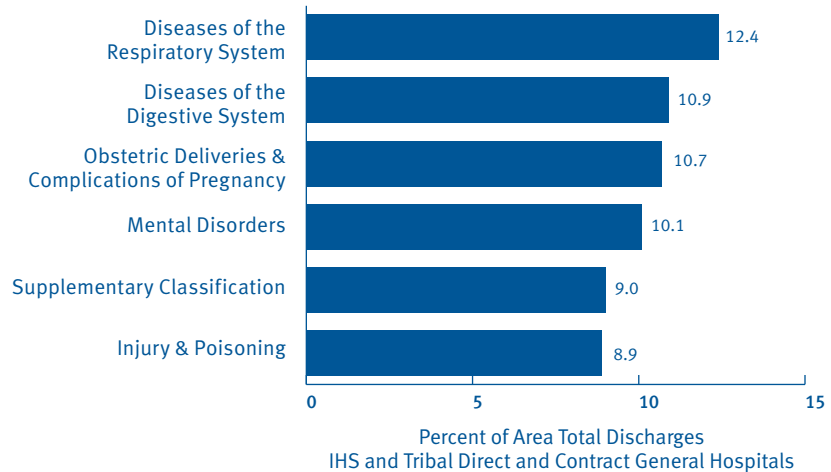
For the **Bemidji** Area in FY 2004, 14.9 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to diseases of the circulatory system, followed by diseases of the digestive system at 12.4 percent.

Chart 5.8 Leading Causes of Hospitalization, Bemidji Area, FY 2004



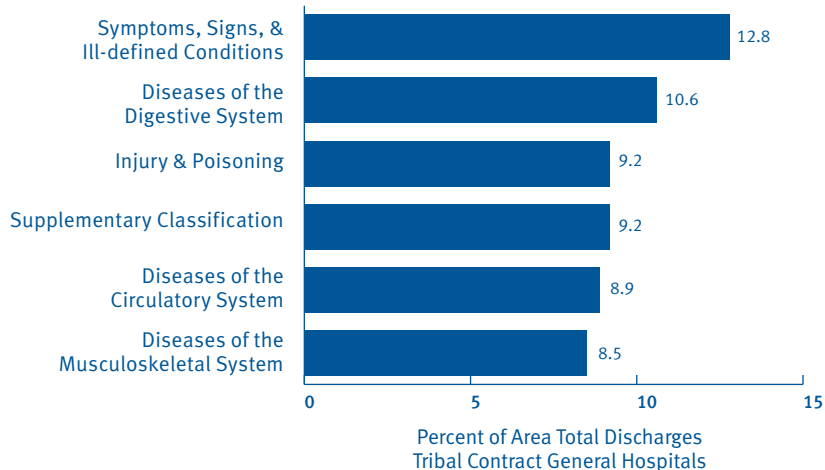
For the **Billings** Area in FY 2004, 12.4 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to diseases of the respiratory system, followed by diseases of the digestive system at 10.9 percent.

Chart 5.9 Leading Causes of Hospitalization, Billings Area, FY 2004



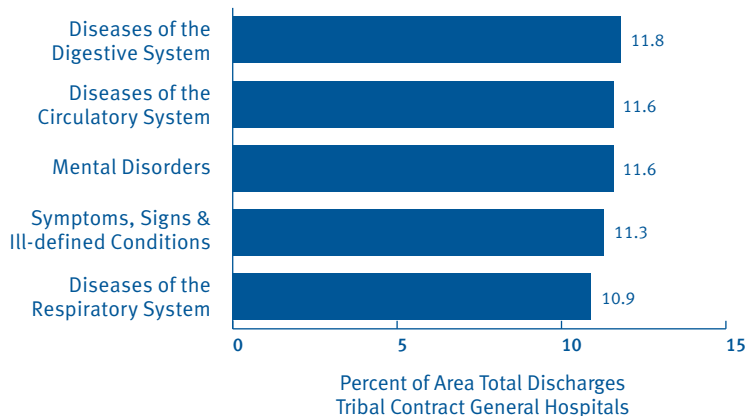
For the **California** Area in FY 2004, 12.8 percent of all discharges from Tribal contract health service hospitals pertained to symptoms, signs and ill-defined conditions, followed by diseases of the digestive system at 10.6 percent.

Chart 5.10 Leading Causes of Hospitalization, California Area, FY 2004



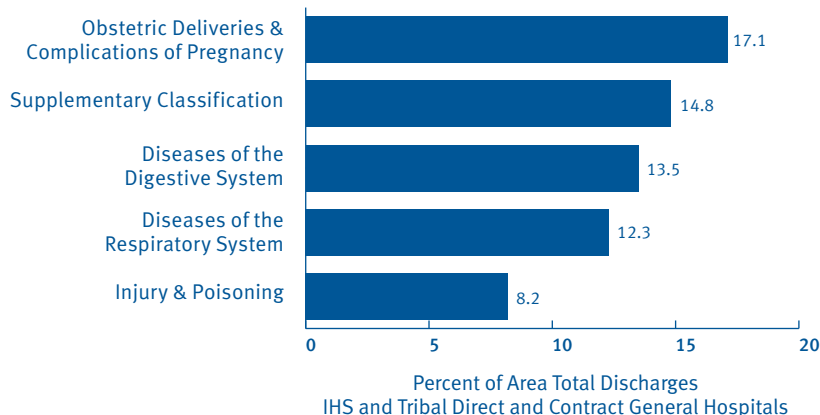
For the **Nashville** Area in FY 2004, 11.8 percent of all discharges from Tribal contract general hospitals pertained to diseases of the digestive system, followed by diseases of the circulatory system and mental disorders at 11.6 percent.

Chart 5.11 Leading Causes of Hospitalization, Nashville Area, FY 2004



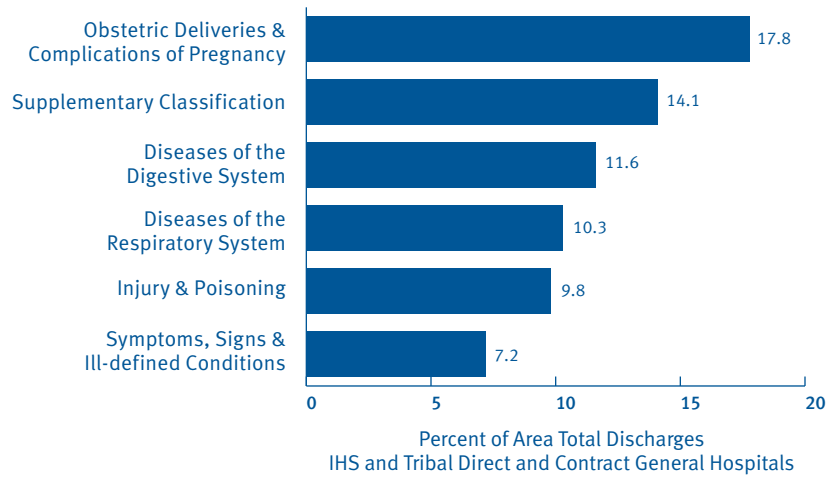
For the **Navajo** Area in FY 2004, 17.1 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to obstetric deliveries and complications of pregnancy, followed by supplementary classification at 14.8 percent.

Chart 5.12 Leading Causes of Hospitalization, Navajo Area, FY 2004



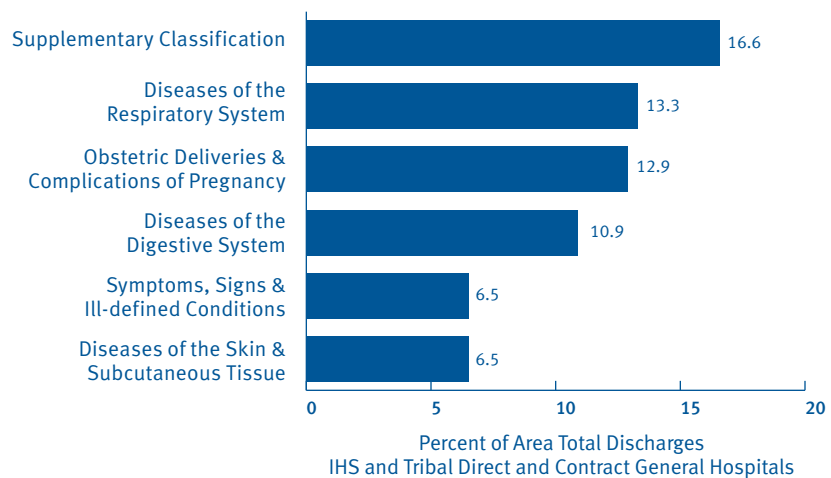
For the **Oklahoma** Area in FY 2004, 17.8 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to obstetric deliveries and complications of pregnancy, followed by supplementary classification at 14.1 percent.

Chart 5.13 Leading Causes of Hospitalization, Oklahoma Area, FY 2004



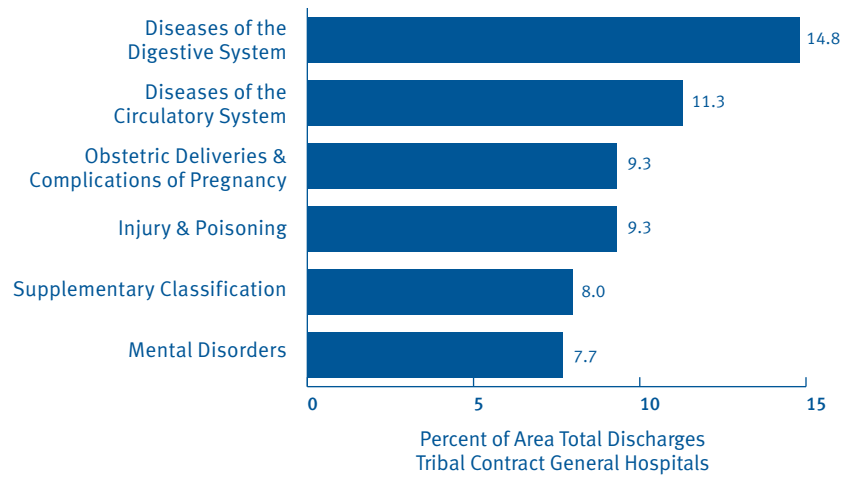
For the **Phoenix** Area in FY 2004, 16.6 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to supplementary classification, followed by diseases of the respiratory system at 13.3 percent.

Chart 5.14 Leading Causes of Hospitalization, Phoenix Area, FY 2004



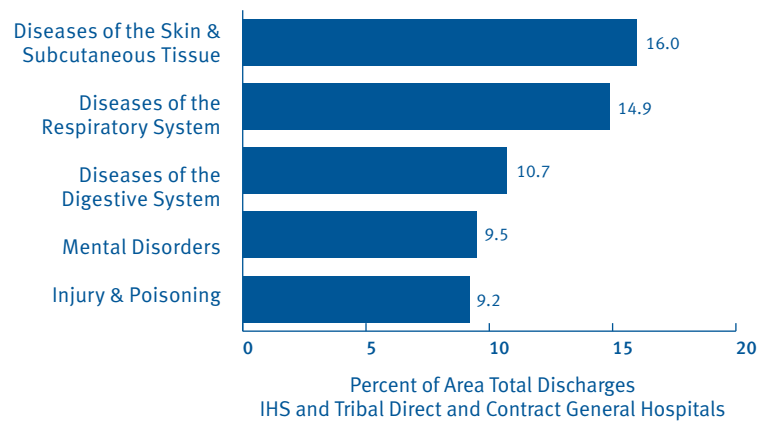
For the **Portland** Area in FY 2004, 14.8 percent of all discharges from Tribal contract general hospitals pertained to diseases of the digestive system, followed by diseases of the circulatory system at 11.3 percent.

Chart 5.15 Leading Causes of Hospitalization, Portland Area, FY 2004



For the **Tucson** Area in FY 2004, 16.0 percent of all discharges from IHS and Tribal direct and contract general hospitals pertained to diseases of the skin & subcutaneous tissue, followed by diseases of the respiratory system at 14.9 percent.

Chart 5.16 Leading Causes of Hospitalization, Tucson Area, FY 2004



In FY 2004, there were nearly 10 million ambulatory medical visits to IHS and Tribal direct and contract facilities. Three IHS Areas—Oklahoma (1,848,408), Alaska (1,241,874) and Navajo (1,234,773)—had 44.5 percent of the visits.

Chart 5.17 Number of Ambulatory Medical Visits, FY 2004

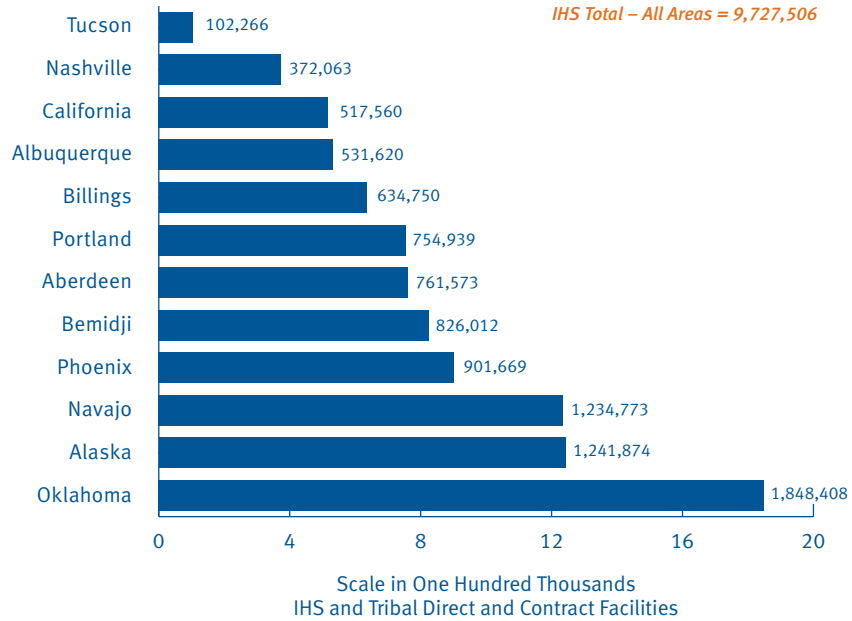


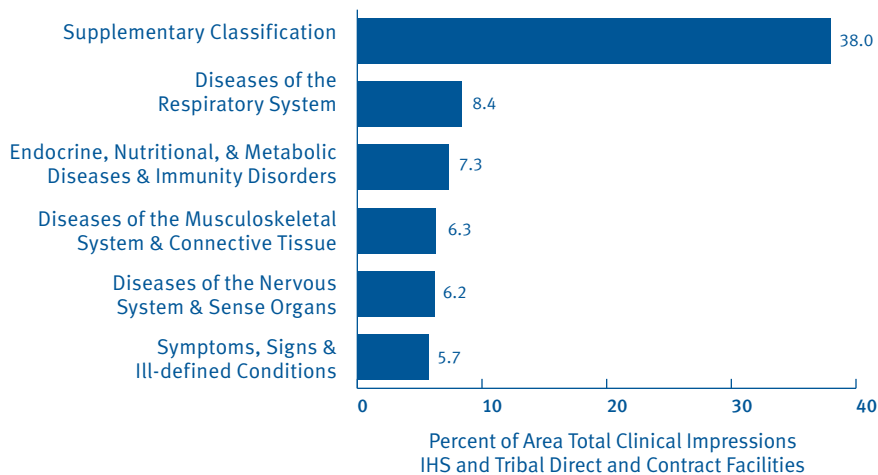
Table 5.17 Number of Ambulatory Medical Visits
Indian Health Service and Tribal Direct and Contract Facilities, FY 2004

	Total	Indian Health Service		Tribal	
		Direct	Contract	Direct	Contract
All IHS Areas	9,727,506	4,404,394	89,356	5,029,888	203,868
Aberdeen	761,573	687,955	12,767	59,806	1,045
Alaska	1,241,874	0	0	1,240,481	1,393
Albuquerque	531,620	444,669	6,263	78,993	1,695
Bemidji	826,012	228,083	5,578	555,871	36,480
Billings	634,750	481,627	9,095	107,495	36,533
California	517,560	0	0	492,663	24,897
Nashville	372,063	2,300	3	339,675	30,085
Navajo	1,234,773	1,009,585	6,400	218,338	450
Oklahoma	1,848,408	628,635	14,187	1,197,439	8,147
Phoenix	901,669	607,685	12,658	274,333	6,993
Portland	754,938	231,053	18,604	449,131	56,150
Tucson	102,266	82,802	3,801	15,663	0

SOURCES: IHS NPIRS Database

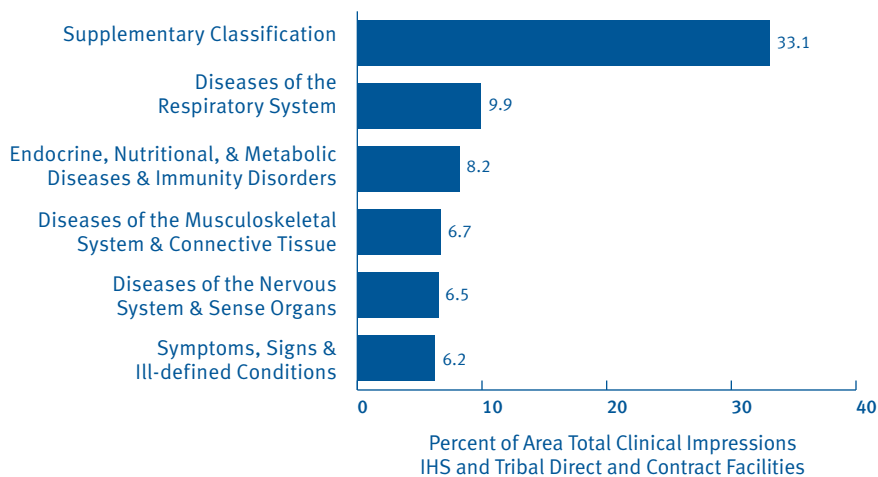
In FY 2004, 38.0 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classification, followed by diseases of the respiratory system at 8.4 percent.

Chart 5.18 Leading Causes of Ambulatory Medical Visits, All IHS Areas, FY 2004



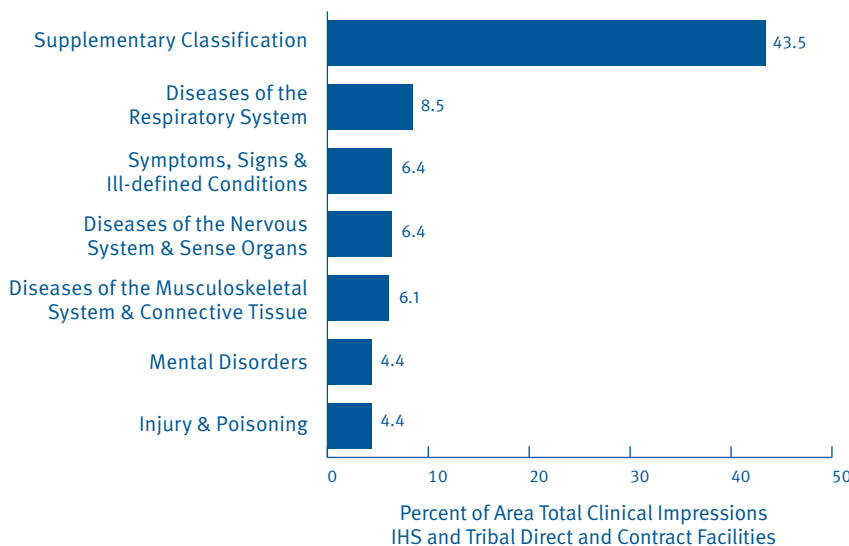
For the **Aberdeen Area** in FY 2004, 33.1 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by diseases of the respiratory system at 9.9 percent.

Chart 5.19 Leading Causes of Ambulatory Medical Visits, Aberdeen Area, FY 2004



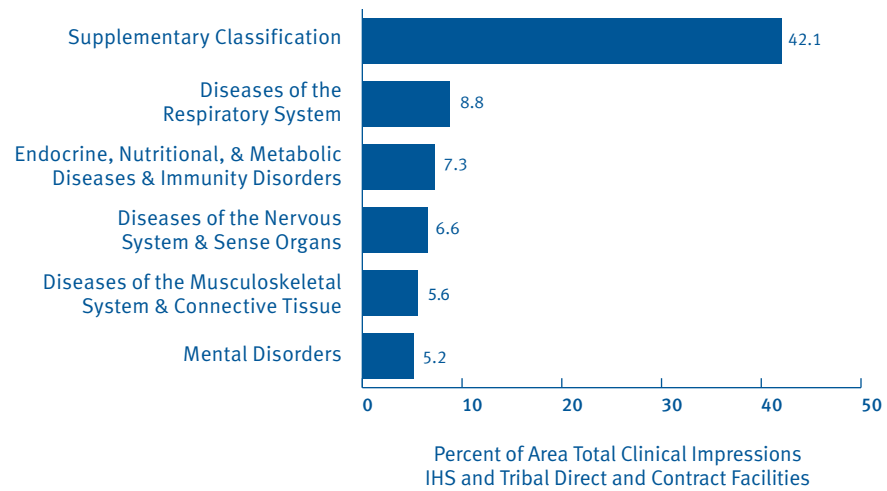
For the **Alaska Area** in FY 2004, 43.5 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by diseases of the respiratory system at 8.5 percent.

Chart 5.20 Leading Causes of Ambulatory Medical Visits, Alaska Area, FY 2004



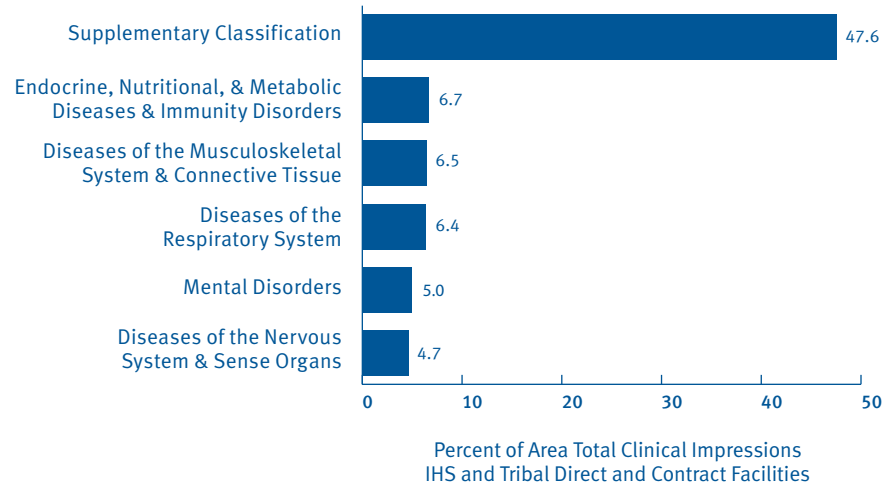
For the **Albuquerque Area** in FY 2004, 42.1 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by diseases of the respiratory system at 8.8 percent.

Chart 5.21 Leading Causes of Ambulatory Medical Visits, Albuquerque Area, FY 2004



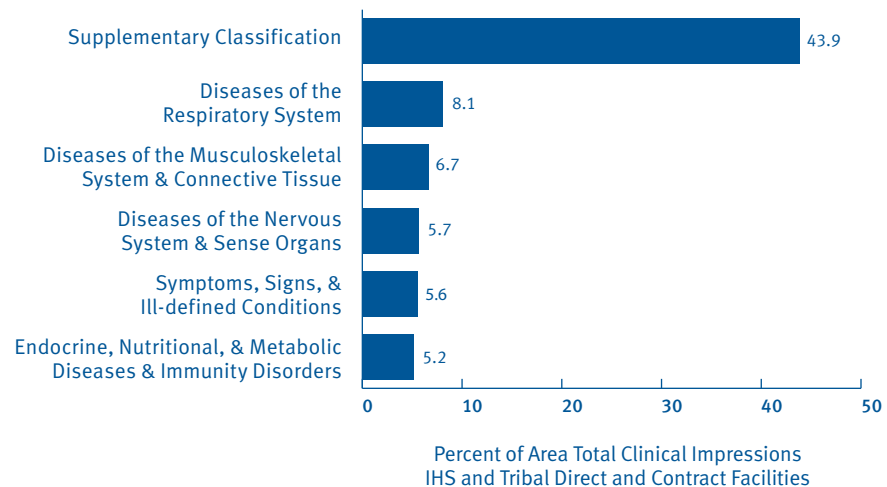
For the **Bemidji Area** in FY 2004, 47.6 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by endocrine, nutritional, and metabolic diseases and immunity disorders at 6.7 percent.

Chart 5.22 Leading Causes of Ambulatory Medical Visits, Bemidji Area, FY 2004



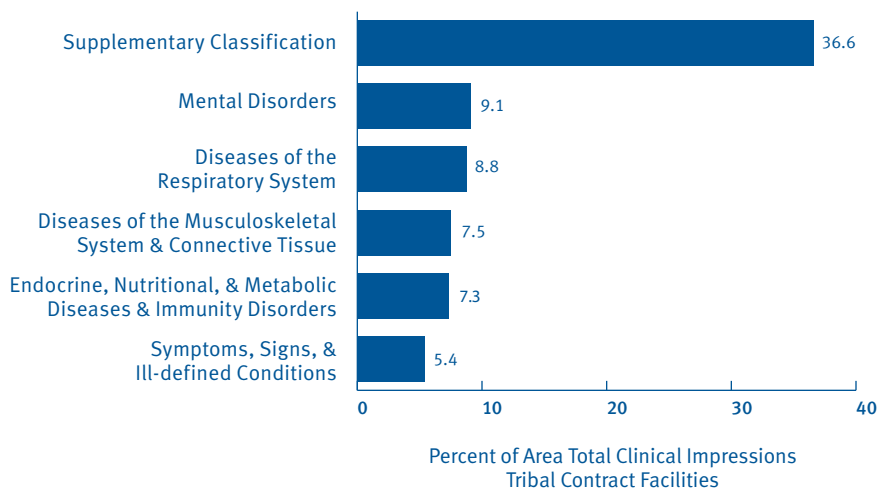
For the **Billings Area** in FY 2004, 43.9 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by diseases of the respiratory system at 8.1 percent.

Chart 5.23 Leading Causes of Ambulatory Medical Visits, Billings Area, FY 2004



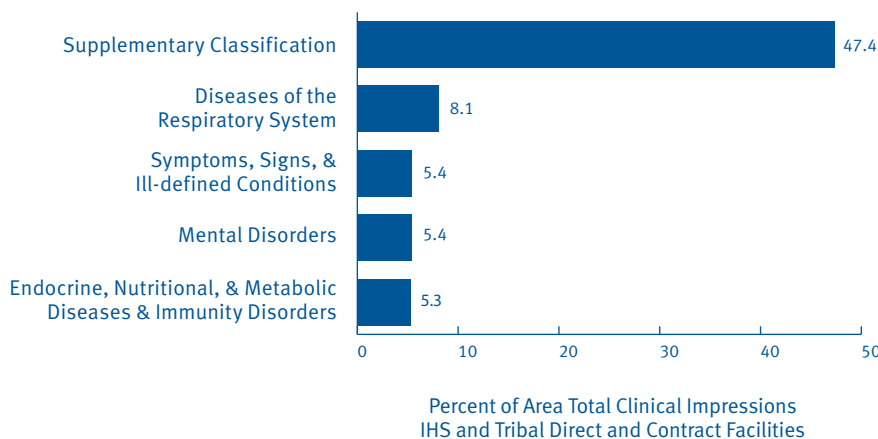
For the **California Area** in FY 2004, 36.6 percent of all clinical impressions in Tribal contract facilities pertained to supplementary classifications, followed by mental disorders at 9.1 percent.

Chart 5.24 Leading Causes of Ambulatory Medical Visits, California Area, FY 2004



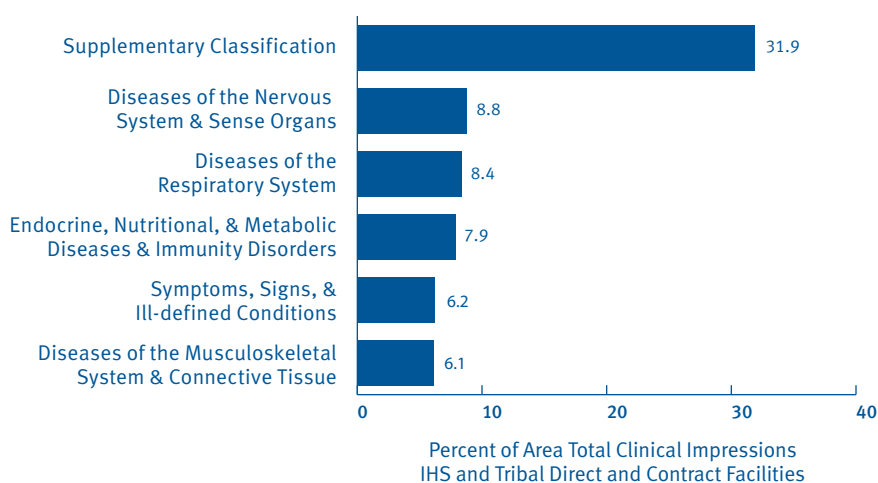
For the **Nashville Area** in FY 2004, 47.4 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by diseases of the respiratory system at 8.1 percent.

Chart 5.25 Leading Causes of Ambulatory Medical Visits, Nashville Area, FY 2004



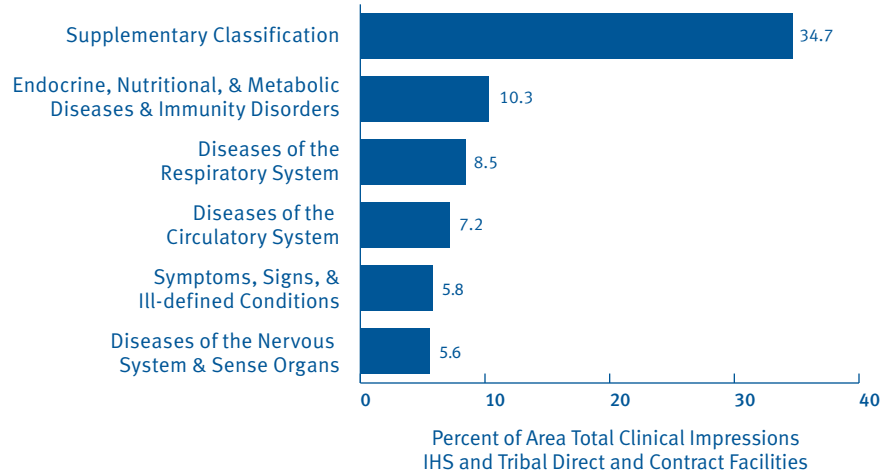
For the **Navajo Area** in FY 2004, 31.9 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by diseases of the nervous system and sense organs at 8.8 percent.

Chart 5.26 Leading Causes of Ambulatory Medical Visits, Navajo Area, FY 2004



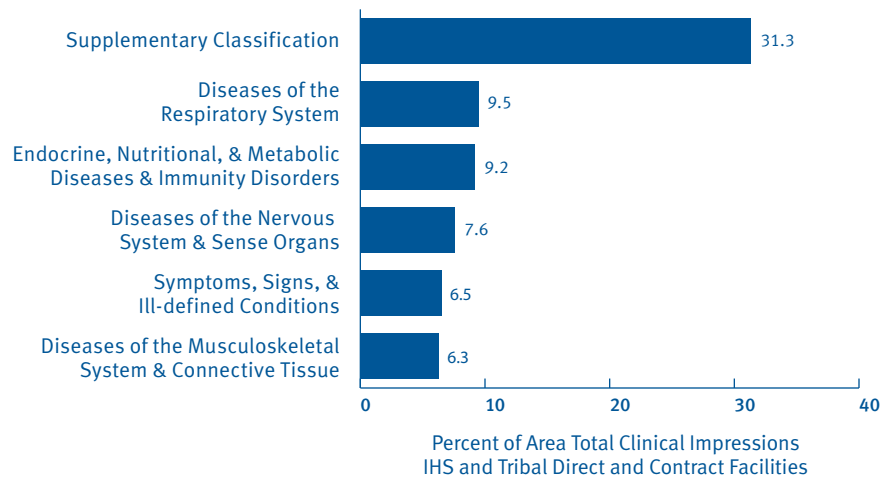
For the **Oklahoma Area** in FY 2004, 34.7 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by endocrine, nutritional, and metabolic diseases and immunity disorders at 10.3 percent.

Chart 5.27 Leading Causes of Ambulatory Medical Visits, Oklahoma Area, FY 2004



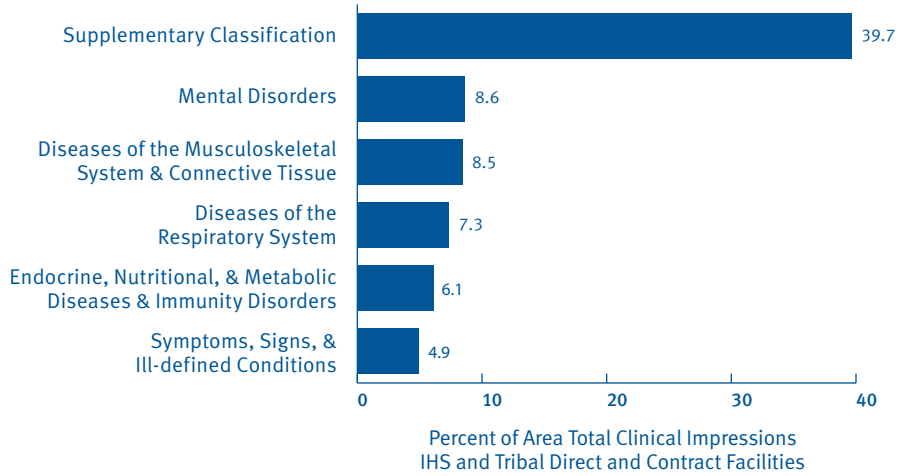
For the **Phoenix Area** in FY 2004, 31.3 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by diseases of the respiratory system at 9.5 percent.

Chart 5.28 Leading Causes of Ambulatory Medical Visits, Phoenix Area, FY 2004



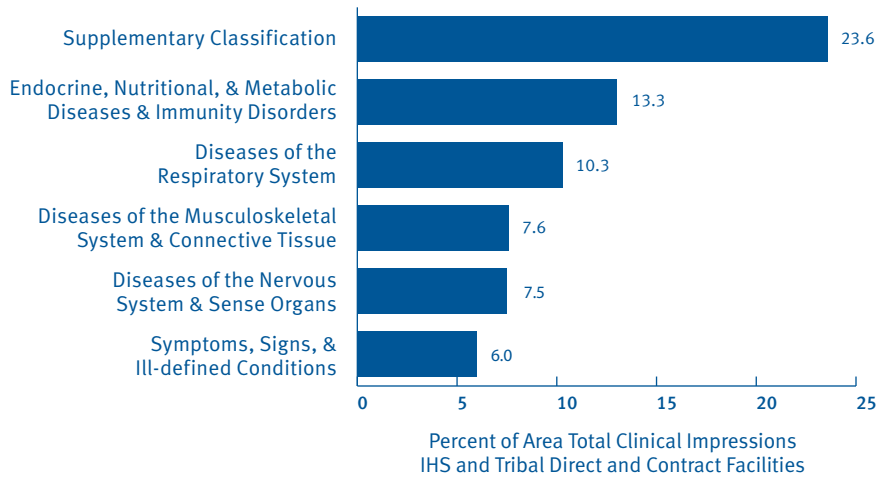
For the **Portland Area** in FY 2004, 39.7 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by mental disorders at 8.6 percent.

Chart 5.29 Leading Causes of Ambulatory Medical Visits, Portland Area, FY 2004



For the **Tucson Area** in FY 2004, 23.6 percent of all clinical impressions in IHS and Tribal direct and contract facilities pertained to supplementary classifications, followed by endocrine, nutritional, and metabolic diseases and immunity disorders at 13.3 percent.

Chart 5.30 Leading Causes of Ambulatory Medical Visits, Tucson Area, FY 2004



In FY 2004, there were 702 asthma admissions to IHS and Tribal direct and contract general hospitals with asthma as a principal diagnosis. Approximately 54 percent of these admissions were in two IHS Areas, Navajo (249) and Phoenix (129). The rate of the IHS and Tribal AI/AN population is 45.6 percent of that found in the U.S. all-races population (12.6 asthma admissions per 10,000 versus 28.1, respectively.)

Chart 5.31 Hospital Rate of Persons Diagnosed with Asthma Under Age 18, FY 2004

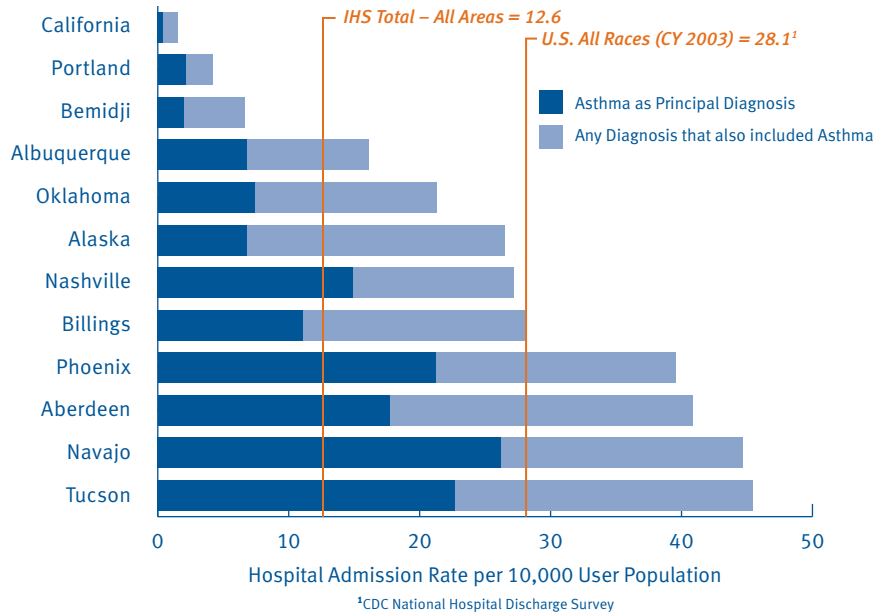


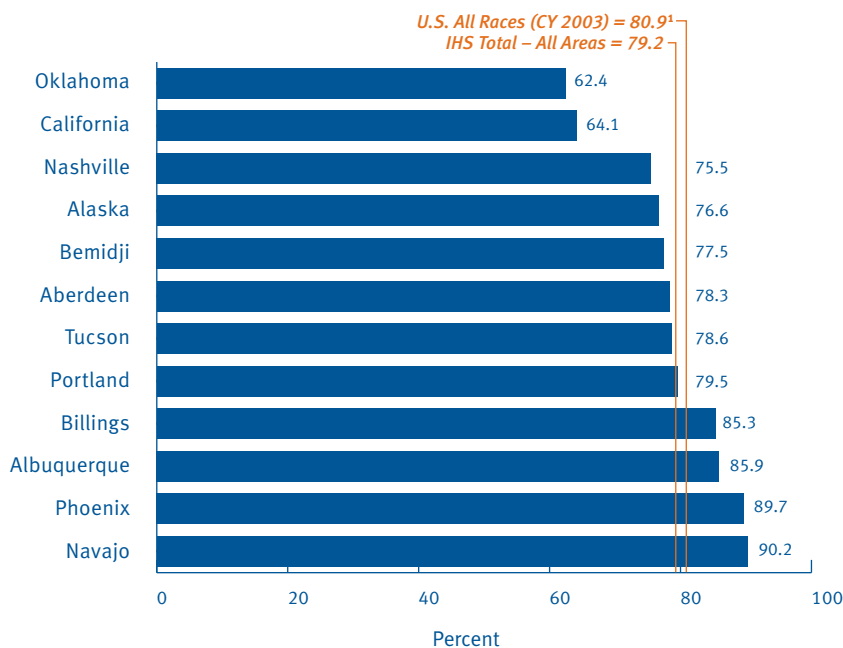
Table 5.31 Number and Rate of Hospitalizations of Persons Diagnosed with Asthma Under Age 18, FY 2004

	Asthma as Principal Diagnosis		Any Diagnosis that also Included Asthma		Estimated Population Under Age 18 Years ¹
	Admission Rate per 10,000	Number of Admissions	Admission Rate per 10,000	Number of Admissions	
<i>U.S. All Races (2001-2003)²</i>	28.1				
All IHS Areas	12.6	702	14.5	812	558,728
Aberdeen	17.7	90	23.2	118	50,938
Alaska	6.8	36	19.7	104	52,902
Albuquerque	6.8	22	9.3	30	32,390
Bemidji	2.0	7	4.6	16	34,919
Billings	11.1	32	17.0	49	28,843
California	0.4	1	1.1	3	28,312
Nashville	14.9	23	12.3	19	15,397
Navajo	26.2	249	18.5	176	95,155
Oklahoma	7.4	83	13.9	155	111,788
Phoenix	21.2	129	18.4	112	60,795
Portland	2.1	8	2.1	8	37,586
Tucson	22.7	22	22.7	22	9,703

¹ IHS User Population under age 18 for FY 2004.
² CDC National Hospital Discharge Survey under age 18 for CY 2001-2003
 SOURCES: IHS Direct: Inpatient Data System
 IHS Contract: Contract Statistical System

In CY 2004, 79.2 percent of AI/AN children 3-27 months and residing in the IHS service area received all required immunizations. In the general population in CY 2003, 80.9 percent of children aged 19 to 27 months received all required immunizations. The Oklahoma Area had the lowest IHS rate at 62.4 percent, while the Navajo Area had the highest rate, 90.2.

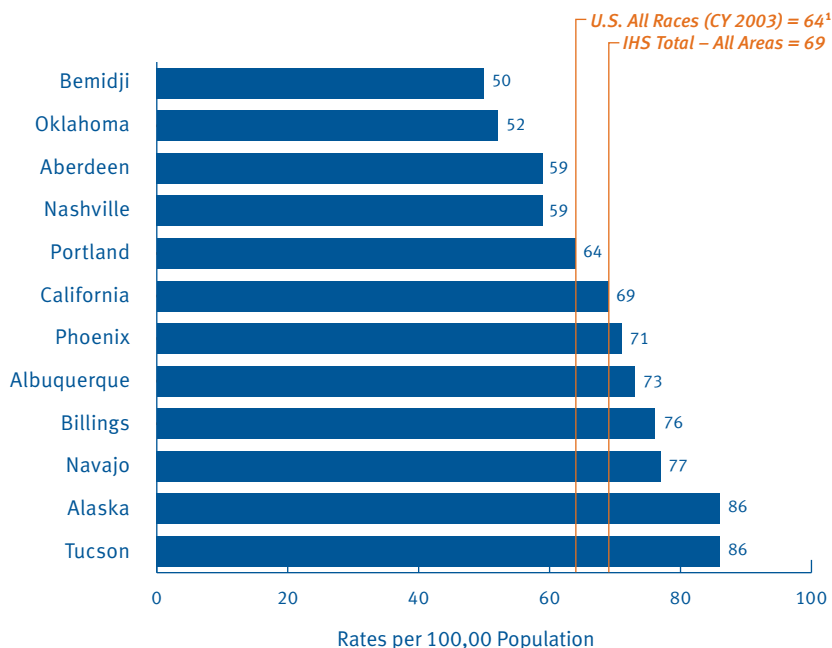
Chart 5.32 Immunization Rates, 3–27 Months, Calendar Year 2004



¹Centers for Disease Control and Prevention. NIS. Vaccination coverage for children aged 19-27 months—United States, 2004.

In FY 2004, 69 percent of AI/AN adults over 65 years and residing in the IHS service area received pneumococcus immunization. In the general population in CY 2003, 64 percent of the adults over 65 years received pneumococcus immunization. The Bemidji Area had the lowest IHS rate at 50 percent, while the Alaska and Tucson Areas had the highest rate, 86 percent.

Chart 5.33 Pneumococcal Immunization Rates, Over 65 Years, FY 2004



¹Centers for Disease Control, MMWR 2004; 53(43): 1007–1012.

In FY 2004, over 15 million dental services were provided at IHS and Tribal direct and contract facilities, as reported to the IHS central database. Two IHS Areas provided 54 percent of these dental services, Bemidji (3,952,251) and Portland (4,562,504). NOTE: not all IHS areas fully report contract dental services.

Chart 5.34 Number of Dental Services Provided, FY 2004

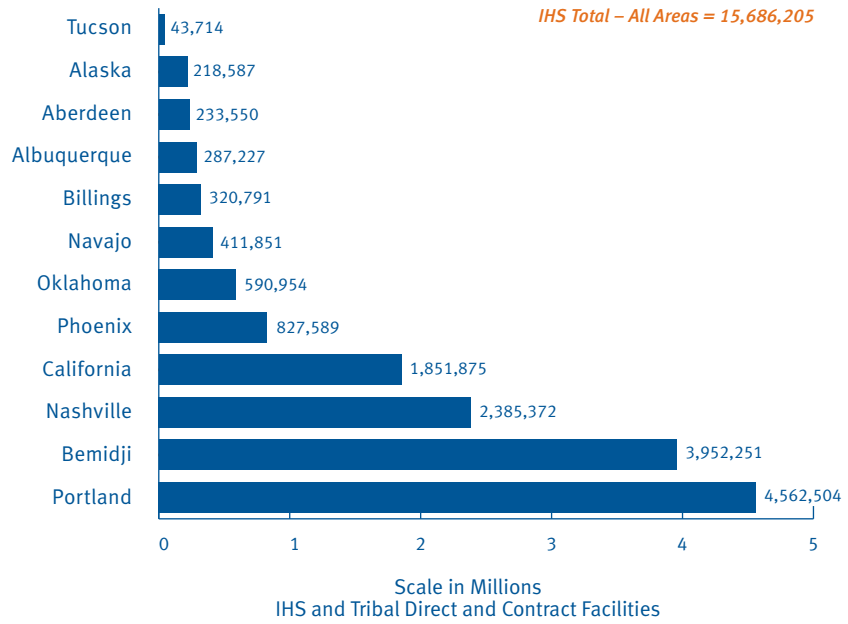


Table 5.34 Number of Dental Services Provided, Indian Health Service and Tribal Direct and Contract Facilities, FY 2004

	Total		IHS Direct		IHS Contract		Tribal Direct		Tribal Contract	
	Patients	Services	Patients	Services	Patients	Services	Patients	Services	Patients	Services
All IHS Areas	152,569	15,686,265	75,344	1,616,610	1,137	2,171,129	72,640	1,594,183	3,448	10,304,343
Aberdeen	10,606	233,550	9,097	202,536	0	0	1,465	27,494	44	3,520
Alaska	5,272	218,587	0	0	0	0	5,256	181,543	16	37,044
Albuquerque	9,451	287,227	7,899	184,776	25	1,073	1,307	38,348	220	63,030
Bemidji	9,063	3,952,251	1,885	56,610	128	907,558	6,258	159,685	792	2,828,398
Billings	9,796	320,791	6,228	191,584	266	76,585	3,302	52,622	0	0
California	18,578	1,851,875	0	0	0	0	18,273	389,096	305	1,462,779
Nashville	6,605	2,385,372	579	4,068	13	42	5,224	116,959	789	2,264,303
Navajo	25,147	411,851	21,160	376,104	247	2,391	3,739	33,353	1	3
Oklahoma	27,892	590,954	11,901	199,596	4	5	15,950	284,271	37	107,082
Phoenix	14,680	827,589	10,382	227,823	181	1,205	3,961	96,634	156	501,927
Portland	12,929	4,562,504	4,942	144,497	266	1,182,249	6,633	199,501	1,088	3,036,257
Tucson	2,550	43,714	1,271	29,016	7	21	1,272	14,677	0	0

NOTE: Not all IHS areas fully report contract dental services.

The rate of new tuberculosis cases for the IHS in CY 2004 (10.4 per 100,000 population) is 2.1 times the rate as compared to the U.S. all races (4.9). Two Areas had a significantly higher rate of new tuberculosis cases. Tucson area (52.1) was 10.6 times and Alaska area (39.2) was 8.0 times compared to the U.S. all-races rate.

Chart 5.35 Rate of New Tuberculosis Cases, Calendar Year 2004

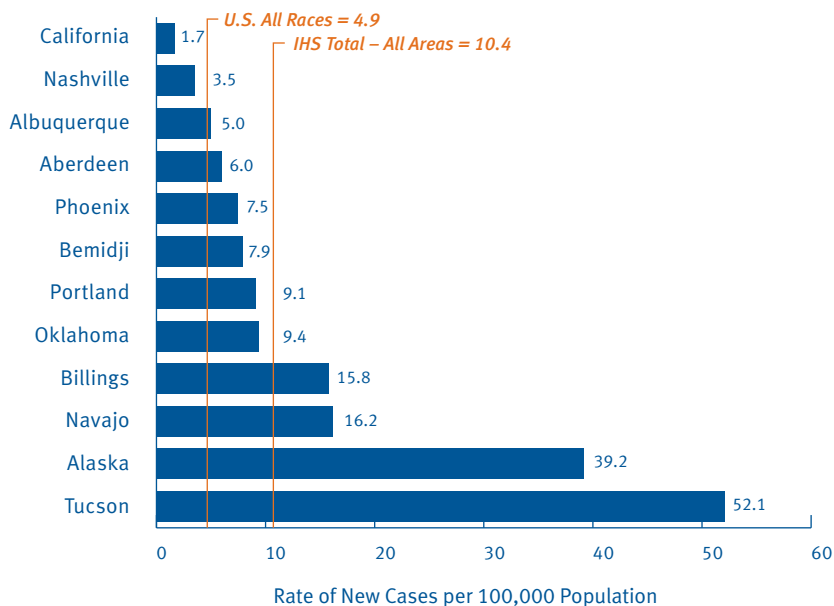


Table 5.35 Number and Rate of New Tuberculosis Cases, Calendar Year 2004

	Number of Cases ¹	Case Rate ¹
<i>U.S. All Races²</i>	<i>14,517</i>	<i>4.9</i>
All IHS Areas	184	10.4
Aberdeen	7	6.0
Alaska	43	39.2
Albuquerque	5	5.0
Bemidji	9	7.9
Billings	10	15.8
California	3	1.7
Nashville	8	3.5
Navajo	18	16.2
Oklahoma	32	9.4
Phoenix	14	7.5
Portland	17	9.1
Tucson	18	52.1

¹ Number of new cases per 100,00 service population. Rates are based on a small number of new cases and should be interpreted with caution.

² Table 1, CDC. Reported Tuberculosis in the United States, 2004. Atlanta, GA: US DHHS, CDC, 9/05. SOURCE: State level TB surveillance programs