

HEALTH DISPARITIES TRENDS

ISSUE

Specific intervention strategies are required to address the significant disparities that exist between the health of the American Indian and Alaska Native population and the general U.S. population.

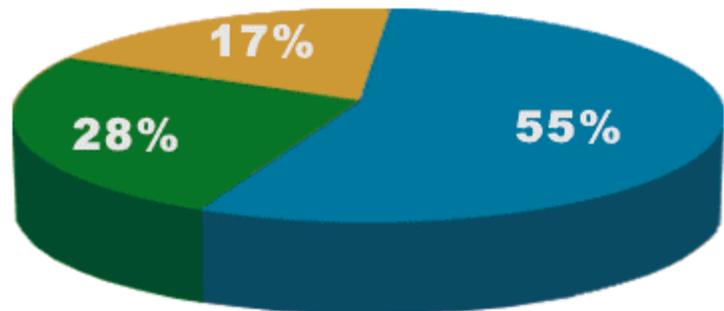
BACKGROUND

The Indian population is diverse, geographically dispersed, and economically disadvantaged. Disease patterns among Indians are strongly associated with adverse consequences from poverty, limited access to health services, and cultural dislocation. Inadequate education, high rates of unemployment, discrimination, and cultural differences all contribute to unhealthy lifestyles and disparities in access to health care for many Indian people.

- **32% fall below poverty standard**
- **Unemployment is 2.5 times higher**
- **Many live in remote places**
- **55% rely on IHS as the only source of health care**

Indians experience disproportionately high mortality compared to other Americans from:

- **Alcoholism** 740% higher
- **Tuberculosis** 500% higher
- **Diabetes** 390% higher
- **Injuries** 340% higher
- **Suicide** 190% higher
- **Homicide** 180% higher



■ PRIVATE INSURANCE ■ IHS ONLY ■ OTHER PUBLIC COVERAGE

Source: Survey of American Indians and Alaska Natives: July 1991

IHS is the only source of health care coverage for 55% of Indians. Only 28% had employment related insurance.

SITUATION

Tribal leaders cite *diabetes, unintentional injuries, and alcoholism and substance abuse* as rising to crisis proportions in Indian communities. They are concerned that Indian health resources may not be adequate to deal with the enormous needs—a concern consistent with a recent actuarial study that found IHS funding for personal health services at 60% compared to mainstream employer-provided plans such as the Federal Employees Health Benefit Plan. Efforts to address these health problems cannot be expected to yield quick results. The most serious health problems are long-term, intractable issues that will be greatly affected by social-economic conditions in Indian communities and the resources available to respond to them.

OPTIONS/PLANS

The IHS employs a formal consultation process with tribal and urban Indian leaders to identify leading health priorities. The IHS will continue to assist tribes and urban Indian health programs in developing local and community level approaches to their health issues.

ADDITIONAL INFORMATION

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