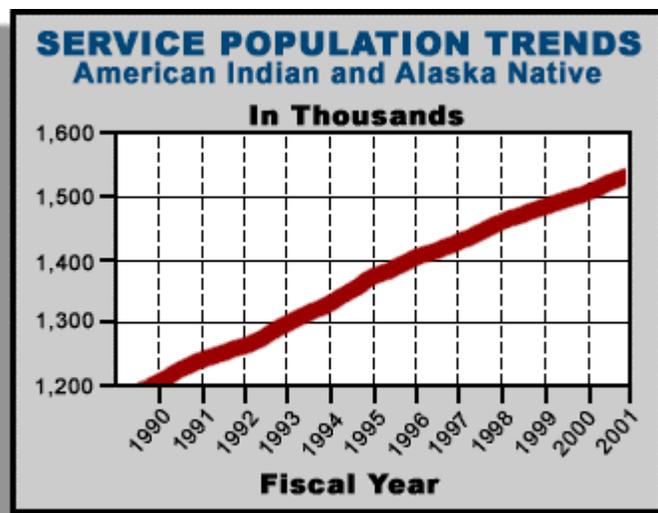


## ISSUE

The 1997-1999 Current Population Survey (CPS) reveals that the Indian population has larger families, lacks health insurance, and has lower household median incomes. The CPS also reveals that Indians live in poverty at a level nearly three times that of the rest of the population.



## BACKGROUND

Between 1990 and 2001, the U.S. American Indian and Alaska Native population increased by 22.4%, from 2.1 to 2.5 million. The IHS service area population comprises 61% of the U.S. Indian population. The Indian Health Service (IHS) American Indian and Alaska Native service population increases at a rate of approximately 2.5% per year. This further taxes a system already challenged to meet even 60% of the health needs of Indian country. The increase in the IHS service area population is the result of natural increase (births minus deaths) and the expansion of the IHS service delivery area, as the result of the Federal recognition of tribes. The 1990 Census

showed that 56.2% of the Indian population resides in urban areas (population in urbanized areas and in incorporated and census designated places of 2,500 or more outside urbanized areas). The remaining 43.8% of the Indian population resides in rural areas.

## SITUATION

When compared to the U.S. All Races, the American Indian and Alaska Native population lags behind in several areas. The 1990 Census data reveal that Indians have lower educational levels and higher unemployment rates. The American Indian and Alaska Native population is a young population. The median age of the Indian population is 27.8 years compared with 35.8 years for the U.S. All Races. The Indian population served by the IHS is living longer than it did 30 or even 20 years ago. Statistics on age at death show that during 1972-1974, life expectancy at birth for the Indian population was 63.5 years. Life expectancy has now increased to 73.2 years. Diseases of the heart, malignant neoplasms, accidents, diabetes mellitus, and chronic liver disease and cirrhosis are the five leading causes of Indian deaths (1994-1996).

## OPTIONS/PLANS

The IHS will continue to monitor the health status of the population for which IHS, tribal, and urban Indian health priorities are identified. IHS patient care data, vital event (birth and death) data from the National Center for Health Statistics, and 2000 Census data will be used to monitor health status and to publish reports. These demographic and socio-economic statistical data will be used to develop and coordinate various health and socio-economic partnerships.

## ADDITIONAL INFORMATION

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