Today, I would like to review with you the health status of Indians in the Phoenix Area, with special emphasis on injuries. We will look at death rates (mortality information) and hospitalizations and outpatient visits (morbidity) in our evaluation as a major public health problem. In our conclusion, I will briefly discuss injury control strategies to overcome this most devastating affliction upon our health.

Nationally, approximately 1 of 20 deaths is injury related, whereas among the Indian population, injuries account for over 20%, or 1 of 5 deaths. No other medical diagnosis exceeds this cause of death among the Indian people.

You can see from this chart presentation the distribution of the other leading causes of deaths comparing Indians to the total United States population.

More specifically, this chart displays the distribution of deaths by % of the ten leading causes for the Phoenix Area. Specific service unit data was not displayed due to inherent errors in calculations when dealing with populations less than 100,000.

In our area, injuries again account for over 20% of all deaths - almost twice that of the 2nd leading cause (diseases of the heart).
What are different types of injury-related deaths?

- 65% of all injury deaths are motor vehicle related. This is over 8 times as high as the 2nd leading cause of accidental death - drowning.
- The relative importance of injuries and related deaths is far greater than any disease because of the youthful nature of the majority of those who are influenced.
- As you can readily see, injuries are the leading, No. 1 cause of death for Indian people.

Let us review the Ambulatory Patient Care (APC) Data System for information regarding hospitalizations for injury diagnosis.

- Generally, medical diagnosis requiring overnight hospitalizations are a very good indication of the serious health problems of a particular group.

Areawide, injuries account for almost 16% of all hospital discharges or 1 of 6. This is the leading cause of admission.

- In 1980, this accounted for over 2,000 hospitalizations and 12,500 days for an ALOS* of 6.0+ days/admission.
- When one then counts the days that Indian patients spent in contract hospital upon referral for the IHS, this ALOS figure generally exceeded 10.0 days.
- This is in excess of any other medical diagnosis seen by our medical staffs.

*ALOS - Average Length of Stay

NOTE: The guide lines are designed to accommodate the characters of a standard typewriter and there are approximately eight words to each line. The copy for each frame should not run over 35 seconds or about eightyfive typewriter words.
Our last area of evaluation based on medical treatment criteria is that of outpatient (or ambulatory) visits. Treatment of injuries accounts for 1 of 10 patient/physician contacts. Injuries are the 2nd leading cause of outpatient care, resulting in excess of 18,000 first visits to IHS hospitals and clinics during FY 1980.

Here we display the ten leading categories of medical diagnosis areawide for FY 1980.

Point of fact, 24,000+ of the 36,800 OPV's for respiratory system diseases were consults on the U.R.I. (Upper Respiratory Infection), or more commonly: The Common Cold!

You can review for yourself the other categories.

What are the different types of injuries identified based on OPV's.

Specifically, (just review the chart here).

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PHOENIX AREA INDIAN HEALTH SERVICE INJURY INCIDENCE RATES / 1000 POPULATION FY 1980

What age groups are most frequently affected by injuries (based on OPV's)?
Overall, the injury incidence rate is 245/1,000 population or 1 of 4 persons or 25% of the population seeks medical treatment on an outpatient basis each year.

Certain age groups are even more dramatically affected than others. The 15-19 age group experiences an "Attack Rate" of 43.5% or 435/1,000.

One final measure of the seriousness of this health problem is the direct cost incurred by the IHS for treatment alone of Indian patients in IHS facilities and contract providers.
$2.5 million IHS Hospitalization Cost
780,000+ IHS OPV's
900,000+ Contract Hospitalizations
100,000+ Contract OPV's
$4.1 Million During FY 1980

In summation, injuries are most definitely a major health problem based on deaths, hospitalizations and OPV's to Indian people.

Only an abbreviated epidemiological investigation was presented here, in order to convince you of the seriousness of injuries on people of all ages.

We want to work with you in controlling injuries to improve the overall health of people of this area.

*OPV - Outpatient Visits

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FUNDAMENTAL TASKS OF INJURY CONTROL:

(a) to prevent the agents from reaching people in amounts or at rates that exceed injury thresholds, and

(b) to minimize the consequences of injury.

THREE E's OF INJURY CONTROL

EDUCATION
ENGINEERING
ENFORCEMENT

Our approach is comprehensive in nature—that is, to address this problem on the basis of:

(a) Education ... Indian Safety Week, Injury Control Workshops, DDC, etc.
(b) Engineering ... Modification of the environment through improved roadways, safe installation of electrical devices.
(c) Enforcement ... Legal sanctions - tribal codes and ordinances.

The Phoenix Area IHS initiated its injury control program in 1977—Since that time, under the direction of the Environmental Health Services Branch, significant progress has been demonstrated in the areas of OPV's and inpatient admissions for injury.

We would like to see this trend continued until the injury rates of Indian people are at least at a level commensurate with the total U.S. population.

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