The data in this report can be viewed as a midpoint in Washington Tribes’ journey towards health and well-being for their communities. Tribes and tribal members have faced many historical injustices, and continue to experience inequities across many social and economic determinants of health. Despite these challenges, AI/AN in Washington have made considerable progress on key health measures. Teenage birth rates have declined since the 1990s. AI/AN mortality rates for heart disease, stroke, and homicide have also significantly decreased over time. Indian health clinics in Washington continue to work toward improving patient care, and have shown improvements across many clinical screening and disease management indicators.

However, AI/AN in Washington continue to face many health disparities. AI/AN infant mortality rates have increased since 1994, and the gap relative to NHW is growing over time. All-cause mortality rates for AI/AN are approximately 70% higher than the rates for NHW in the state. Heart disease, diabetes, and cancer pose heavy burdens for tribal communities. Unintentional injuries are also concerning, particularly among children and young adults. Motor vehicle crashes and accidental overdose are the leading contributors to unintentional injury deaths among AI/AN in Washington. Rates of suicide, binge drinking, and drug and alcohol associated deaths are higher among AI/AN than NHW.

Many of these health conditions are preventable. Programs aimed at encouraging healthy lifestyles are the best approach for addressing many of the health disparities experienced by AI/AN in Washington. Avoiding tobacco, getting regular physical exercise, eating a healthful diet, and maintaining a healthy body weight are key to preventing and managing heart disease and diabetes. These factors also protect against many types of cancer. Injury prevention efforts focused on motor vehicle safety and overdose prevention are particularly needed among youth. Mental health programs, including suicide prevention and campaigns targeting substance abuse, will have broad reaching effects across the spectrum of both community and personal health and well-being. Finally, being able to access affordable and quality healthcare close to home is key to maintaining good physical and mental health throughout life.

This report shows a baseline of where we stand today. It can also help Tribes plant the seeds for healthier AI/AN communities by showing the strong roots from which to grow, and uncovering the challenges that must be addressed.
Appendix I: Maps

The maps presented in this section show how mortality and hospitalization rates for AI/AN vary across the State of Washington. Lighter color indicates a lower rates, and darker color higher rates. Rates are shown by “health districts”, which mirror the healthcare/emergency preparedness regions defined by the Washington Emergency Management Division. Districts shown with diagonal lines across are those for which the AI/AN mortality rate was statistically significantly higher than the NHW rate in the district. Districts show as plain white are those for which there were fewer than five AI/AN deaths and thus the rates were not calculated.

Counties included in each district are:

- **District 1 (North):** Whatcom, San Juan, Skagit, Island, Snohomish
- **District 2 (Northwest):** Clallam, Jefferson
- **District 3 (West):** Grays Harbor, Pacific, Ilwaco, Mason, Thurston, Lewis
- **District 4 (Southwest):** Wahkiakum, Cowlitz, Clark, Skamania
- **District 5 (Peirce):** Pierce
- **District 6 (Central):** King
- **District 7 (North Central):** Okanogan, Chelan, Douglas, Kittitas, Grant
- **District 8 (South Central):** Yakima, Klickitat, Benton, Franklin, Walla Walla
- **District 9 (East):** Ferry, Pend Oreille, Stevens, Lincoln, Spokane, Adams, Whitman, Columbia, Garfield, Asotin

**Tribal lands are found in the following districts:**

- **District 1:** Lummi, Nooksack, Samish, Swinomish, Upper Skagit, Sauk-Suiattle, Stillaguamish, Tulalip
- **District 2:** Makah, Lower Elwha, Jamestown S’Klallam, Port Gamble, Suquamish, Quileuete, Hoh
- **District 3:** Quinault, Skokomish, Squaxin Island, Chehalis, Shoalwater Bay
- **District 4:** Cowlitz
- **District 5:** Nisqually, Muckleshoot, Puyallup
- **District 6:** Snoqualmie
- **District 7:** Colville
- **District 8:** Yakama
- **District 9:** Colville, Spokane, Kalispel
Map 1: AI/AN age-adjusted hospital discharge rates by health district, Washington, 2011.
### Abridged Life Tables for American Indians and Alaska Natives of the Northwest, 2008-2010

<table>
<thead>
<tr>
<th>Age Interval</th>
<th>Mortality rate per 1,000 for x to x+n</th>
<th>Probability of dying between ages x to x+n</th>
<th>Number surviving to age x</th>
<th>Number dying between ages x to x+n</th>
<th>Person-years lived between ages x to x+n</th>
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<th>Expectation of life at age x</th>
<th>Lower CI</th>
<th>Upper CI</th>
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CI = 95% confidence interval

Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
### Abridged Life Tables for American Indians and Alaska Natives of the Northwest, 2008-2010

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CI = 95% confidence interval

Note that age-specific mortality rates are based on small numerators in some cases, and are not recommended for use in analyses without standard errors.
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