

American Indians

Population Characteristics

*Background*⁵

American Indians represent diverse nations of people who flourished in North America for thousands of years before the arrival of Europeans. The Menominee, Ojibwe (Chippewa), Potawatomi, and Ho-Chunk (Winnebago) peoples are among the original inhabitants of Wisconsin.⁶ American Indians continue to maintain a strong presence in Wisconsin, and traditional beliefs and practices remain prominent in American Indian culture. As with all groups, there are differences in social, economic, and geographic conditions in American Indian communities that affect health status and access to care.

Wisconsin is home to 11 federally recognized tribes: Bad River Band of Lake Superior Chippewa, Ho-Chunk Nation, Lac Courte Oreilles Band of Lake Superior Chippewa, Lac du Flambeau Band of Lake Superior Chippewa, Menominee Tribe of Wisconsin, Oneida Nation, Forest County Potawatomi, Red Cliff Band of Lake Superior Chippewa, St. Croix Chippewa, Sokaogon Chippewa (Mole Lake), and Stockbridge-Munsee. Each tribe maintains a government-to-government relationship with the State of Wisconsin. Also, each tribe has its own unique peoples, languages, and spiritual and health practices, as do the more than 500 federally recognized American Indian tribes.

As of the 2000 U.S. Census, the distribution of American Indian populations in Wisconsin included 64 percent in northern and northeastern Wisconsin, with the counties of Menominee, Sawyer, Ashland, and Bayfield having the largest concentrations. About 45 percent of Wisconsin's American Indian population resided in metropolitan areas; 13 percent resided in Milwaukee County.

Census Data

- American Indians made up 0.8 percent of the Wisconsin population in 2000, according to the U.S. Census (Table 2-1, next page).
- American Indians were a younger population than the state as a whole, with a median age of 27 in 2000. The median age is one way of expressing the average age, and represents the midpoint of all people in the group (half are older and half are younger than the median). A younger median age means higher proportions of children and young adults (and a lower proportion of older adults) than in the population as a whole.

⁵ Background paragraphs adapted from *The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000*. Minority Health Program, Division of Public Health, Wisconsin Department of Health and Family Services, 2004.

⁶ Loew P. *Indian Nations of Wisconsin: Histories of Endurance and Renewal*. Wisconsin Historical Society Press, 2001.

- In 2000, the rate of poverty among American Indians in Wisconsin was about 22 percent, more than double the poverty rate in the total state population.
- Children were even more likely to be living in poverty: 27 percent of American Indian children in Wisconsin were living in poverty in 2000.
- About one-third (34.7%) of American Indian households were headed by females; this was higher than the statewide percent (21.7%).
- About 23 percent of American Indians age 25 and older in Wisconsin had not graduated from high school.

Table 2-1. Summary Data from the U.S. Census, American Indian and Total Population, Wisconsin 2000

Characteristic	American Indians	Total Wisconsin
Number in population	43,980	5.4 million
Percent of population	0.8%	100.0%
Median age	27	36
Percent in poverty	21.7%	8.7%
Percent of children in poverty	27.0%	11.2%
Percent of households headed by females	34.7%	21.7%
Percent with less than high school education (age 25 and older)	22.7%	14.9%

Source: U.S. Census 2000; published in *The Health of Racial and Ethnic Populations in Wisconsin, 1996-2000*, Wisconsin Department of Health and Family Services (July 2004).

Table 2-2 provides the latest available population estimates by age group for the American Indian and total Wisconsin populations. These estimates are for 2005.

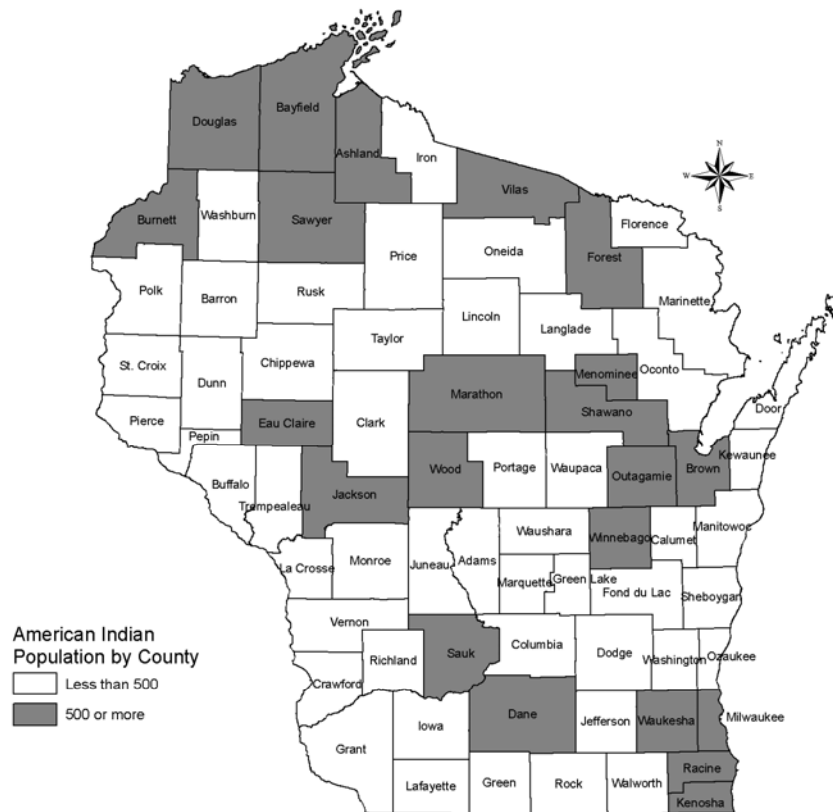
Table 2-2. Population Distribution by Age, American Indian and Total Population, Wisconsin 2005

Age Group	American Indian		Total Wisconsin	
	Number	Percent	Number	Percent
Less than 5 years	4,217	8.3%	342,755	6.1%
5-14 years	8,520	16.8%	720,119	12.9%
15-24 years	9,569	18.9%	820,556	14.7%
25-34 years	7,371	14.6%	707,935	12.7%
35-44 years	7,534	14.9%	831,996	14.9%
45-54 years	6,539	12.9%	850,699	15.2%
55-64 years	3,878	7.7%	580,184	10.4%
65-74 years	1,865	3.7%	351,851	6.3%
75-84 years	883	1.7%	259,523	4.7%
85 years and over	299	0.6%	116,221	2.1%
All Ages	50,676	100.0%	5,581,839	100.0%

Source: Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

The map below shows those counties in Wisconsin which have an American Indian population of 500 or more, based on population estimates for 2005.

Map. Geographic Distribution of the American Indian Population* by County of Residence, Wisconsin 2005



Source: Bridged Race Population Estimates, Bureau of Health Information and Policy. Map prepared by the Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

* Not of Hispanic/Latino origin

Births and Deaths: Summary Information

- Compared with the total state population, American Indians in Wisconsin have a higher birth rate: 20.5 births per 1,000 population in 2005, compared with 12.7 (Table 2-3, next page).

- American Indians also have a higher fertility rate than the state as a whole: 88.1 births per 1,000 women aged 15-44, compared with 61.2. The fertility rate is a more finely tuned measure than the birth rate, since it relates the number of births to the number of women in their childbearing years.
- Compared with the total state population, American Indians have a lower crude death rate but a higher age-adjusted death rate. The crude death rate (deaths per 100,000 population) for American Indians is lower than the state's overall crude death rate since American Indians are a younger population (they have higher proportions of children and young people than does the state as a whole). Populations with high proportions of young people usually have a lower crude death rate because most deaths occur at older ages.
- A comparison of *age-adjusted* death rates, however, shows that American Indians have a higher rate of death than the total state population after taking differences in population age structure into account. Age-adjusted rates show what the overall rate would be in a population of interest if that population had the same age distribution as a standard population. (See "Age-Adjusted Rates" in the Technical Notes.)

Table 2-3. Summary Birth and Death Information, American Indian and Total Population, Wisconsin 2005

Characteristic	American Indians	Total Population
<i>Births</i>		
Birth rate (births per 1,000 population)	20.5	12.7
Fertility rate (births per 1,000 women aged 15-44)	88.1	61.2
Number of births	1,309	70,934
Teen birth rate (births per 1,000 women aged 15-19)	83.0	30.5
Number of teen births (mother less than 20 years of age)	194	6,093
<i>Deaths (rates are deaths per 100,000 population)</i>		
Both sexes		
Number of deaths	347	46,544
Crude rate	620.6	833.8
Age-adjusted rate (2001-2005)	1,031.5	769.4
Females		
Number of deaths	147	23,939
Crude rate	521.8	849.7
Age-adjusted rate (2001-2005)	871.7	643.8
Males		
Number of deaths	200	22,604
Crude rate	721.0	817.7
Age-adjusted rate (2001-2005)	1,243.1	936.1

Source: Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. See Technical Notes.

Mother and Infant Health

- Most American Indian babies in Wisconsin are born healthy and thrive. The low birthweight rate among births to American Indian women was 5.4 percent in 2005 (Table 2-4). This was lower than the percentage of low birthweight among all babies born in Wisconsin (7.0%).
- The infant mortality rate for American Indian babies in Wisconsin was 7.5 deaths per 1,000 births during the 2003-2005 period, higher than the overall infant mortality rate (6.4). Nevertheless, this was a marked improvement since the 1987-1991 period, when the American Indian infant mortality rate was 15.2.
- Several risks were found in higher percentages of births to American Indians compared with all births: maternal age less than 20 (18.7%), maternal education less than high school (25.6%), starting prenatal care in the second trimester or later (25.3%), and maternal smoking during pregnancy (35%).

Table 2-4. Births to American Indians, Wisconsin, 2005

	American Indian	Total Wisconsin
Percent of births	1.5%	100.0%
Number of births	1,039	70,934
Infant Mortality Rate (2003-2005) (infant deaths per 1,000 births)	7.5	6.4
Average annual deaths (2003-2005)	8	448
Low birthweight		
Less than 2,500 grams (5.5 lbs.)	5.4%	7.0%
Less than 1,500 grams (3.3 lbs.)	1.3%	1.3%
Maternal age		
Less than 20 years	18.7%	8.6%
20 years or older	81.3%	91.4%
Maternal education		
Less than high school	25.6%	15.3%
High school graduate or more	74.0%	84.2%
Prenatal care start		
First trimester	74.4%	85.0%
Second trimester or later (or none)	25.3%	14.4%
Smoked during pregnancy	35.0%	13.4%

Source: *Wisconsin Births and Infant Deaths, 2005*, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Leading Causes of Death

- During the years 2001-2005, the four leading causes of death among American Indians in Wisconsin were heart disease, cancer, unintentional injury, and diabetes (Table 2-5).
- Heart disease and cancer each caused 20 percent of American Indian deaths in Wisconsin.

Table 2-5. Leading Causes of Death, American Indian Population, Wisconsin, 2001-2005

Cause of Death	Average Annual Number	Percent
All causes	300	100%
Heart disease	60	20
Cancer	59	20
Unintentional injury	32	11
Diabetes	19	7
Chronic lung disease	13	5
Chronic liver disease	13	5
Stroke	13	4
Influenza and pneumonia	10	3
Suicide	9	3
Kidney disease	7	2
All other causes	65	22%

Source: Wisconsin resident death certificates, combined years 2001-2005, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 28.)

Note: See Technical Notes for the ICD-10 codes included in each of these cause-of-death categories.

Disparities in Mortality

- Disparity ratios are used as a summary measure of disparities between racial/ethnic minority groups and the white majority population. The disparity ratios presented in Table 2-6 compare the mortality rate for various causes of death among American Indians in Wisconsin to the corresponding rate in the non-Hispanic white population.
- A rate ratio higher than 1.0 indicates a higher rate of death in the American Indian population compared to the non-Hispanic white population. For example, American Indians had an age-adjusted rate of death from diabetes that was 3.3 times the rate in the white population.
- Causes of death with the largest disparities, where the American Indian rate was at least twice the white rate, were diabetes (3.3 times the white rate), unintentional injury (1.9 times the white rate), and homicide (3.9 times the white rate).

Table 2-6. Age-Adjusted Mortality Disparity Ratios, By Selected Cause of Death, American Indian Population, Wisconsin 2001-2005

Cause of Death	Rate Ratio	(Confidence Interval)
All deaths	1.4	(1.2 – 1.5)
Heart disease	1.1	(1.0 – 1.3)
Stroke	1.0	(0.8 – 1.3)
Diabetes	3.3	(2.7 – 4.1)
Cancer	1.2	(1.0 – 1.3)
Unintentional injury	1.9	(1.6 – 2.3)
Homicide	3.9	(2.4 – 6.2)
Suicide	1.6	(1.2 – 2.2)

Source: Wisconsin resident death certificates and birth files, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Tables R14, R16, R18, R20, R24, R30, R32, R34.)

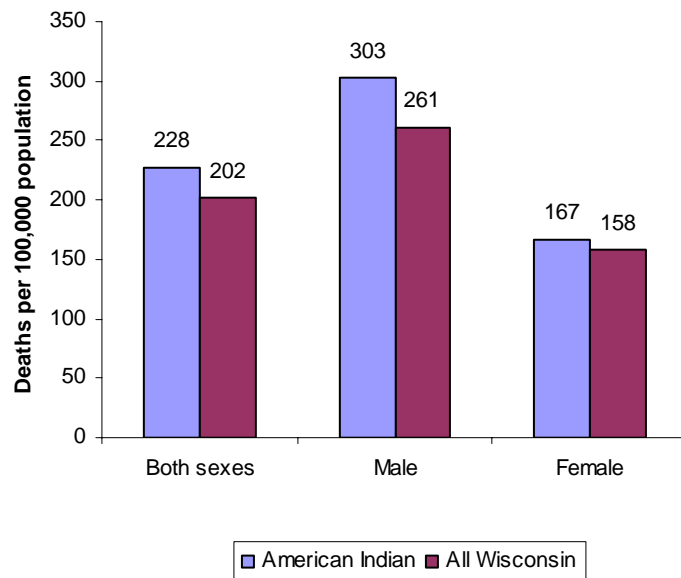
Notes: The rate ratio is the ratio of the mortality rate of the minority group to the mortality rate of the white group. Ratios are based on rates that have been age-adjusted to the U.S. year 2000 standard population. The 95% confidence interval is shown in parentheses, representing the upper and lower boundaries of the interval in which the true value probably (with 95 percent confidence) lies. In general, a wider confidence interval indicates that the rate ratio is measured imprecisely due to small population sizes and/or few deaths, and should be interpreted cautiously.

Chronic Diseases

Heart Disease

- American Indians in Wisconsin have higher rates of death from heart disease, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from heart disease was 228 deaths per 100,000 population among American Indians, compared to 202 per 100,000 in the total Wisconsin population (Figure 2-1).
- Both male and female American Indians had higher rates of mortality from heart disease, compared to all males and females in Wisconsin.

Figure 2-1. Age-adjusted mortality rates for heart disease: American Indian and total Wisconsin population, 2001-2005

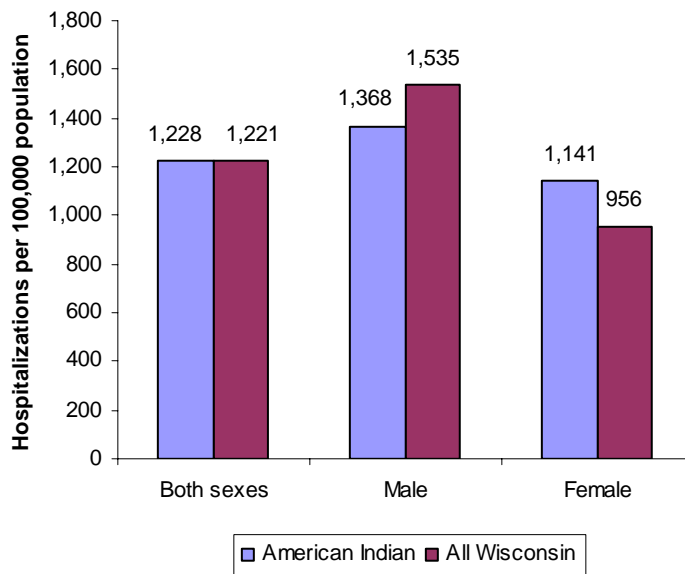


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R15.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

- The overall age-adjusted rate of heart disease hospitalizations among American Indians (1,228 per 100,000 population) is similar to the rate in the total Wisconsin population (1,221 per 100,000) (Figure 2-2).
- This overall rate comparison, however, masks differences by sex. American Indian males have a lower rate of heart disease hospitalizations (1,368 per 100,000 population) compared to all Wisconsin males (1,535 per 100,000). In contrast, the heart disease hospitalization rate is higher among American Indian females (1,141 per 100,000) compared to all Wisconsin females (956 per 100,000).

Figure 2-2. Age-adjusted hospitalization rates for heart disease: American Indian and total Wisconsin population, 2001-2005



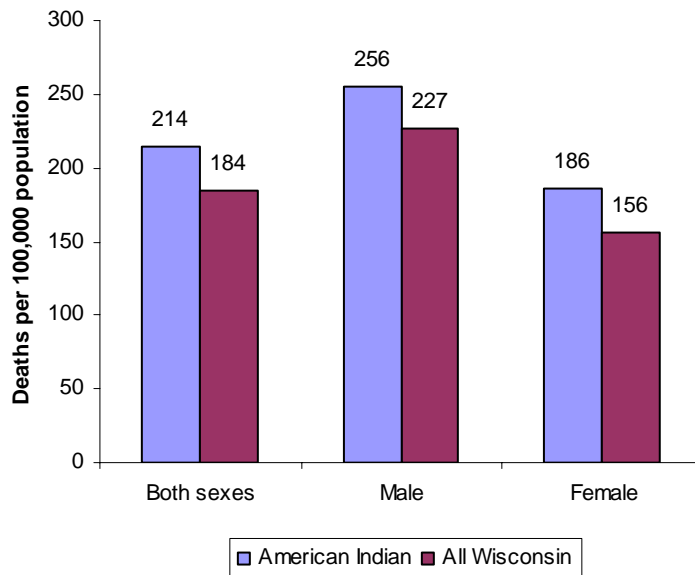
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital Association Information Center, Inc. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R35.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Cancer

- Age-adjusted mortality rates for cancer are higher for American Indians overall and for both sexes, compared to rates in the total Wisconsin population.
- The age-adjusted cancer mortality rate among American Indians in 2001-2005 was 214 per 100,000 population, compared to 184 per 100,000 in the total population (Figure 2-3).
- American Indian males had a cancer mortality rate of 256 per 100,000, and American Indian females a rate of 186 per 100,000. These rates were higher than the corresponding rates in the total Wisconsin population.

Figure 2-3. Age-adjusted mortality rates for cancer: American Indian and total Wisconsin population, 2001-2005

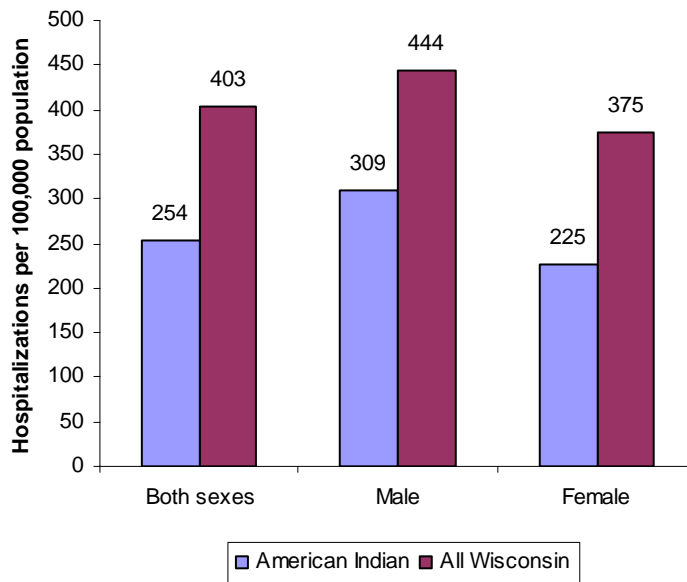


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R23.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

- In contrast to their higher cancer mortality rates, American Indians had lower rates of cancer hospitalizations.
- The age-adjusted rate of cancer hospitalizations was 254 hospitalizations per 100,000 population in the American Indian population, and 403 per 100,000 in the total Wisconsin population (Figure 2-4).

Figure 2-4. Age-adjusted hospitalization rates for cancer: American Indian and total Wisconsin population, 2001-2005



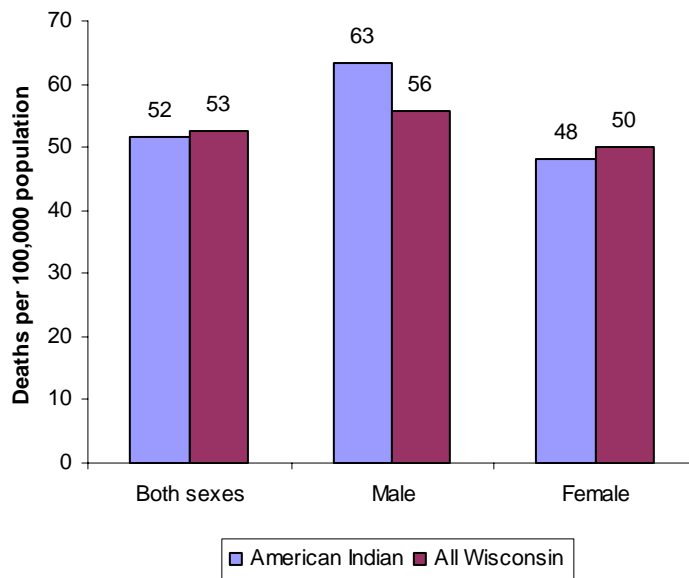
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital Association Information Center, Inc. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R35.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Stroke

- Age-adjusted mortality rates for stroke were similar between the American Indian and total populations in Wisconsin.
- In 2001-2005, the age-adjusted mortality rate from stroke was 52 deaths per 100,000 population among American Indians, compared to 53 per 100,000 in the total Wisconsin population (Figure 2-5).
- In both the American Indian and total population, males had higher age-adjusted rates of death from stroke than did females.

Figure 2-5. Age-adjusted mortality rates for stroke: American Indian and total Wisconsin population, 2001-2005

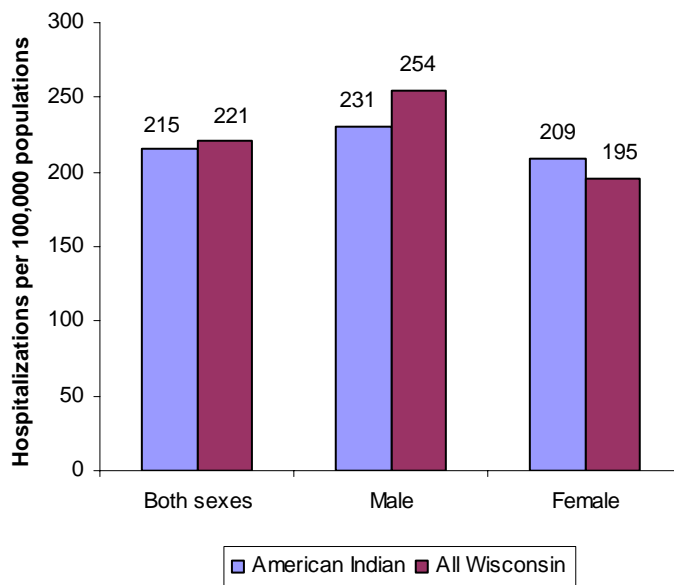


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R17.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

- The age-adjusted rate of hospitalization for stroke was 215 hospitalizations per 100,000 in the American Indian population, and 221 per 100,000 in the total Wisconsin population (Figure 2-6).
- As with stroke deaths, males had higher rates of stroke hospitalization than females.

Figure 2-6. Age-adjusted hospitalization rates for stroke: American Indian and total Wisconsin population, 2001-2005



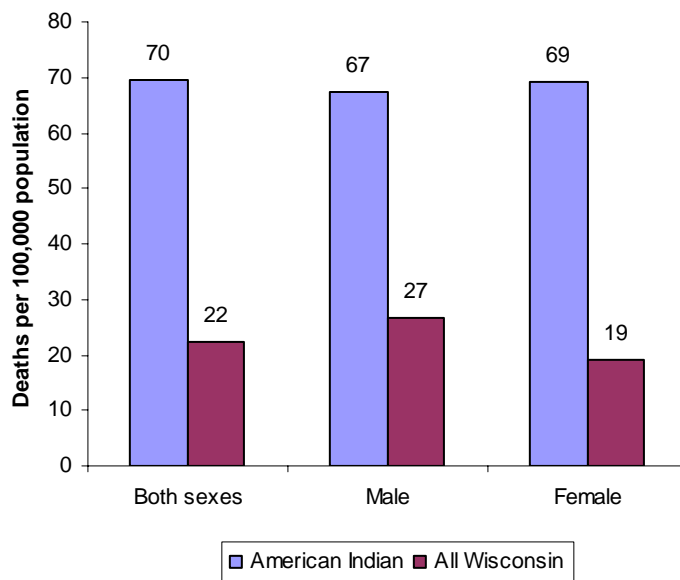
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital Association Information Center, Inc. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R35.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Diabetes

- American Indians in Wisconsin have higher rates of death and hospitalization from diabetes, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from diabetes was 70 deaths per 100,000 population among American Indians, compared to 22 per 100,000 in the total Wisconsin population (Figure 2-7).
- Among American Indians, diabetes mortality rates were similar for males (67 per 100,000) and females (69 per 100,000).

Figure 2-7. Age-adjusted mortality rates for diabetes: American Indian and total Wisconsin population, 2001-2005

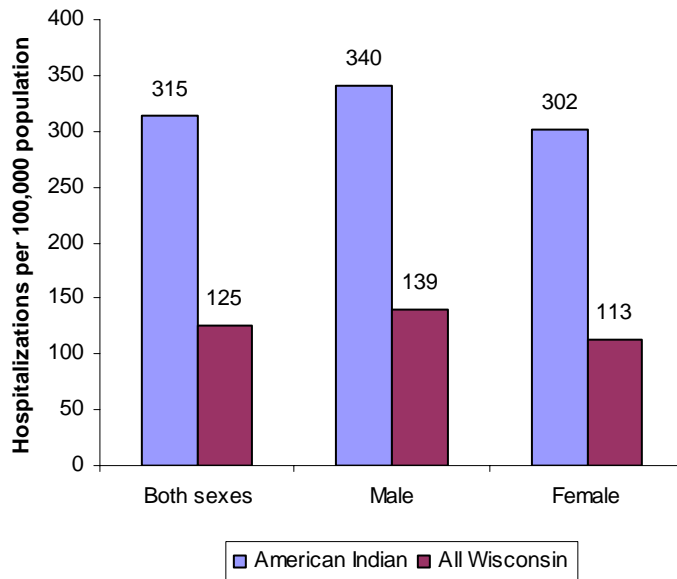


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R19.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

- The age-adjusted hospitalization rate for diabetes was 315 hospitalizations per 100,000 population in the American Indian population, more than two times the rate in the total Wisconsin population (125 per 100,000) (Figure 2-8).

Figure 2-8. Age-adjusted hospitalization rates for diabetes: American Indian and total Wisconsin population, 2001-2005



Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital Association Information Center, Inc. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R35.)

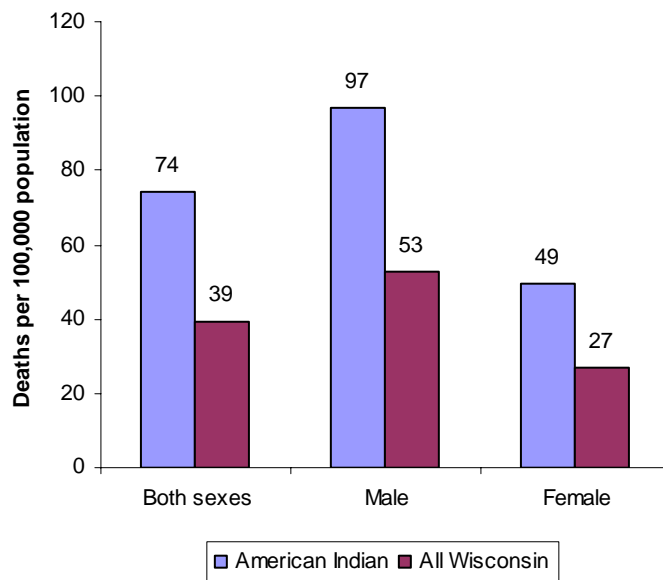
Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Injury

Unintentional Injuries

- The age-adjusted mortality rate for unintentional injuries among American Indians in Wisconsin was 74 deaths per 100,000 population, compared to 39 per 100,000 in the total Wisconsin population (Figure 2-9). Unintentional injury deaths are from external causes (such as car crashes, falls, fires and drowning) where the manner of death was unintentional (accidental).
- Males had a higher rate of death from unintentional injuries than females.

Figure 2-9. Age-adjusted mortality rates for unintentional injury: American Indian and total Wisconsin population, 2001-2005

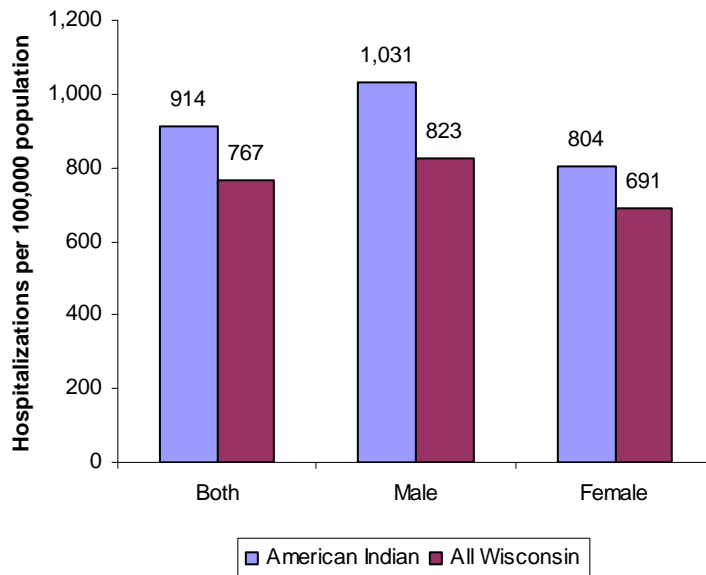


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R29.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

- American Indians also had higher hospitalization rates for unintentional injuries than did the total Wisconsin population.
- The age-adjusted rate of hospitalizations for unintentional injuries was 914 hospitalizations per 100,000 in the American Indian population, and 767 per 100,000 in the total Wisconsin population (Figure 2-10).

Figure 2-10. Age-adjusted hospitalization rates for unintentional injury: American Indian and total Wisconsin population, 2001-2005



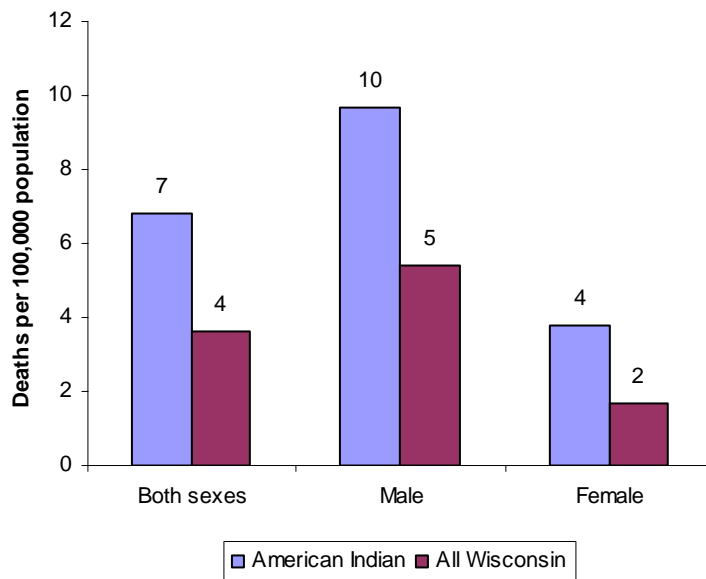
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital Association Information Center, Inc. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R35.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Homicide

- Homicide deaths are relatively rare among both American Indians and the total population in Wisconsin. Nevertheless, American Indians have higher rates of death from homicide, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from homicide was 7 deaths per 100,000 population among American Indians, compared to 4 per 100,000 in the total Wisconsin population (Figure 2-11).
- Males had higher rates of homicide death than females. In the American Indian population, the rate of death from homicide was 10 per 100,000 among males and 4 per 100,000 among females.

Figure 2-11. Age-adjusted mortality rates for homicide: American Indian and total Wisconsin population, 2001-2005



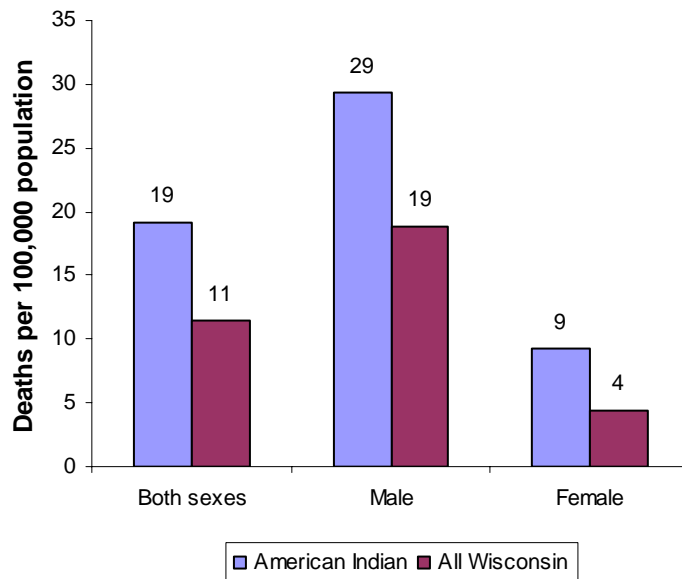
Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R31.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Suicide

- Suicide is also a relatively rare event compared to other causes of death. Rates of death from suicide are higher in American Indians in Wisconsin compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from suicide was 19 deaths per 100,000 population among American Indians, compared to 11 per 100,000 in the total Wisconsin population (Figure 2-12).
- Males had higher rates of suicide death than females. In the American Indian population, the rate of death from suicide was 29 per 100,000 among males and 9 per 100,000 among females.

Figure 2-12. Age-adjusted mortality rates for suicide: American Indian and total Wisconsin population, 2001-2005



Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R33.)

Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Communicable Diseases

HIV/AIDS

- American Indians accounted for 0.7 percent of newly reported cases of HIV infection in 2001-2005, about the same as their proportion in the Wisconsin population (0.8%).
- For American Indians, the rate of HIV infections among males (8.0 cases per 100,000 population) was much higher than the rate among females (0.8 per 100,000).

Table 2-7. Reported Cases of HIV Infection by Race/ethnicity and Sex, Wisconsin 2001-2005

Race/ethnicity	Males			Females			Total*		
	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Percent	Rate
African American	374	31.7%	46.9	188	57.8%	22.1	562	37.3%	34.1
American Indian	10	0.8%	8.0	1	0.3%	0.8	11	0.7%	4.4
Asian/ Pacific Islander	8	0.7%	3.0	4	1.2%	1.5	12	0.8%	2.2
Hispanic/Latino	155	13.1%	25.2	42	12.9%	8.1	197	13.1%	17.4
White	624	52.8%	5.3	87	26.8%	0.7	711	47.2%	3.0
Multi-racial	6	0.5%	-	2	0.6%	-	8	0.5%	-
Total*	1,181	100.0%	8.7	325	100.0%	2.4	1,506	100.0%	5.5

Source: AIDS/HIV Program, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 42.)

Note: Rate is the average annual number of reported cases per 100,000 population.

* Total includes 5 cases in which race/ethnicity was not reported.

Sexually Transmitted Infections

- The percent of reported sexually transmitted infections with unknown race/ethnicity was 30.8 percent for chlamydia and 31.0 percent for gonorrhea. This makes disparities by race/ethnicity difficult to interpret.

Table 2-8. Percent Distribution of Reported Sexually Transmitted Infections, by Race/ethnicity, Wisconsin 2001-2005

Race/ethnicity	Chlamydia		Gonorrhea		Syphilis	
	Average annual number	Percent	Average annual number	Percent	Average annual number	Percent
African American / Black	5,835	31.8%	2,997	51.2%	59	45.0%
American Indian	282	1.5%	49	0.8%	2	1.5%
Asian	250	1.4%	31	0.5%	4	3.1%
Hispanic/Latino	885	4.8%	130	2.2%	22	16.8%
White	5,453	29.7%	834	14.2%	40	30.5%
Other/unknown	5,650	30.8%	1,815	31.0%	4	3.1%
Total	18,355	100.0%	5,856	100%	131	100.00%

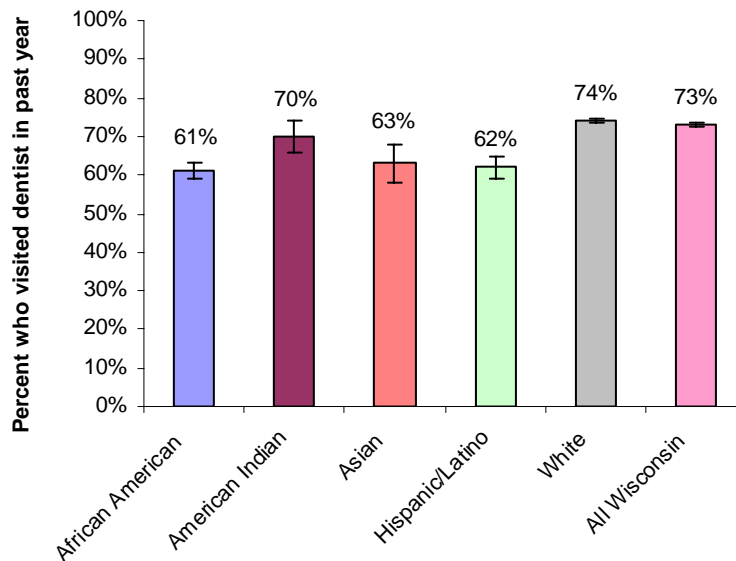
Source: Sexually Transmitted Diseases Program, Division of Public Health. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 44.)

Note: Percents may not add to exactly 100 due to rounding.

Oral Health

- Overall, 73 percent of Wisconsin residents one year of age and older were reported to have seen a dentist in the past year, based on combined Family Health Survey data for 2001-2005 (Figure 2-13).
- Based on these survey results, 70 percent of American Indians in Wisconsin had seen a dentist in the past year. This means that an estimated 30 percent of American Indians had not seen a dentist in a year or more.
- Access to regular oral health care is important to overall health and well-being for both children and adults.

Figure 2-13. Dental visits in past year, by race/ethnicity, Wisconsin, 2001-2005



Source: Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

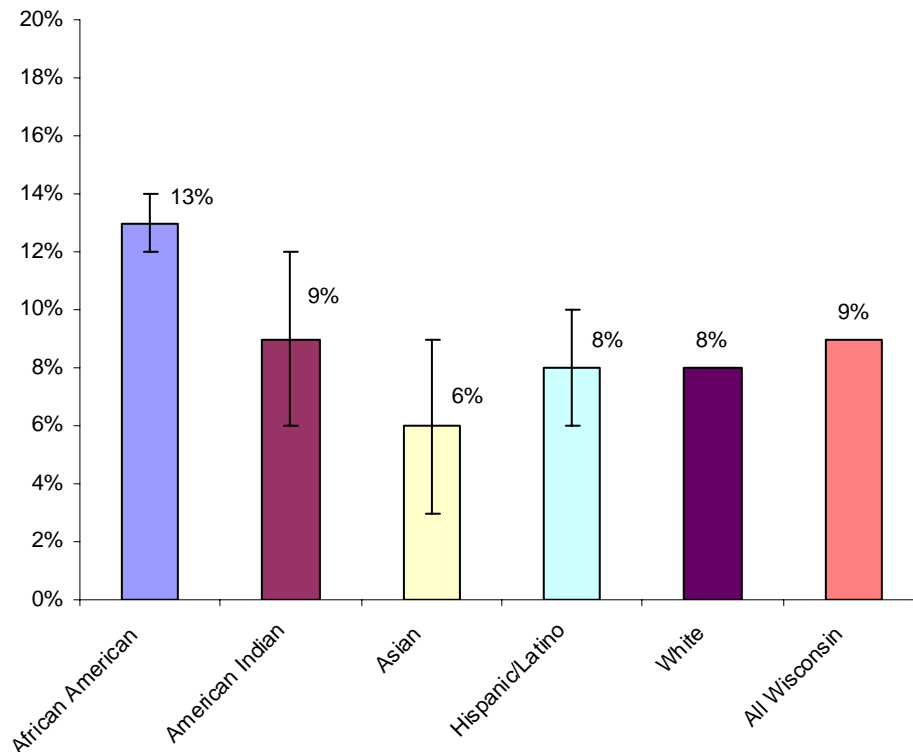
Note: Percent with dental visit in past year is based on household population aged one year and older. Each percentage estimate is shown with its associated confidence interval (the vertical line at the top of the bar). The confidence interval is the range within which there is a 95% chance that the true value lies.

Environmental Health

Asthma

- An estimated 9 percent of Wisconsin residents are reported to have asthma, according to combined data from the 2001, 2002, and 2004 Wisconsin Family Health Survey (Figure 2-14). This estimate is for household residents of all ages.
- Among American Indians, 9 percent are reported to have asthma. This is identical to the percentage for all Wisconsin residents.
- In general, a wider confidence interval (depicted by the vertical line on each bar) indicates that the percentage is measured by a smaller sample. When confidence intervals overlap, there may be no real difference between the estimates.

Figure 2-14. Asthma prevalence by race/ethnicity, Wisconsin, 2001, 2002, 2004



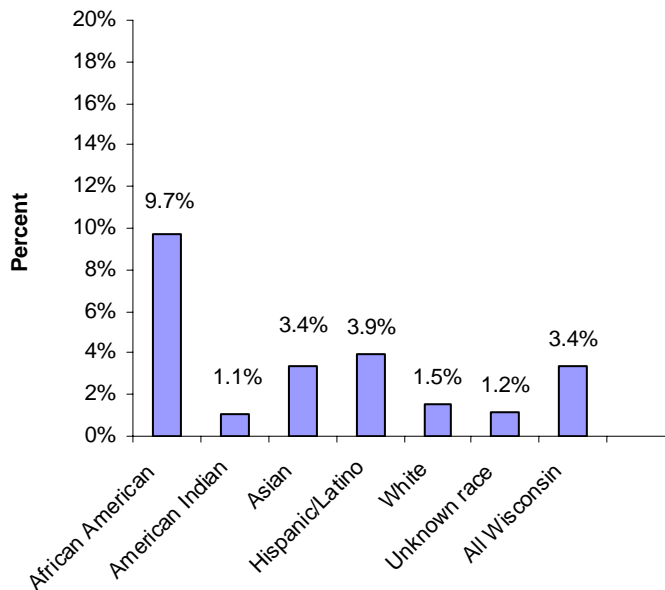
Source: Wisconsin Family Health Survey, 2001, 2002, 2004, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 48.)

Notes: Each percentage estimate is shown with its associated confidence interval (the vertical line at the top of the bar). The confidence interval is the range within which there is a 95% chance that the true value lies. (A confidence interval is not shown when it is 0.5% or less.)

Lead Levels in Children

- Lead poisoning remains a significant health issue for Wisconsin children despite declines over the past decade in the number affected. According to the Centers for Disease Control and Prevention, lead poisoning can affect nearly every system in the body. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death.
- In 2005, 3.4 percent of Wisconsin children tested had elevated blood lead levels (defined as 10 or more micrograms per 100 milliliters of blood) (Figure 2-15).
- Among American Indian children tested in 2005, 1.1 percent had elevated blood levels.

Figure 2-15. Children (less than 6 years old) with elevated lead levels by race/ethnicity, Wisconsin, 2005



Source: Childhood Lead Poisoning Prevention Program, September 2006, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 49.)

Behavioral Health Risks

Cigarette Smoking

- An estimated 36 percent of American Indian adults in Wisconsin smoke cigarettes, based on survey results for 2001-2005 (Table 2-9). This is significantly higher than the percentage who reported smoking in the total adult population (22%).
- Smoking is related to deaths and disability from lung cancer and many other kinds of cancer, heart disease, asthma and other lung disorders. It can also cause problems in pregnancy, including premature birth and low birthweight.

Table 2-9. Estimated Prevalence of Behavioral Risk Factors, American Indian and Total Population, Wisconsin, 2001-2005

Risk Factor	Adults Age 18 and Older			
	American Indian		Total Population	
	Percent	(+/-)	Percent	(+/-)
Current cigarette smoking	36%	(8)	22%	(1)
Heavy drinking	8%	(4)	8%	(1)
Binge drinking	33%	(8)	24%	(1)
Drinking and driving	4%	(3)	5%	(1)
Physical inactivity	41%	(11)	45%	(1)
Overweight/obesity	65%	(8)	60%	(1)

Source: Wisconsin Behavioral Risk Factor Survey, combined data 2001-2005, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: A 95 percent confidence interval (+/-) is printed in a column next to each percentage estimate; this means that 95 percent of similar surveys would obtain an estimate within the specified interval.

Current cigarette smoking refers to adults who reported smoking at least 100 cigarettes in their lifetime and who currently smoke, either every day or some days.

Heavy drinking includes men who reported having more than two drinks per day and women who reported more than one drink per day in the past 30 days.

Binge drinking is defined as consuming five or more drinks on one or more occasion in the past 30 days.

Drinking and driving is defined as driving after having had “perhaps too much to drink” one or more times in the past 30 days. (Drinking and driving data are from survey years 2001, 2002, and 2004, combined.)

Physical inactivity refers to adults who reported performing (a) no leisure-time physical activity, or (b) one or more physical activities for less than 20 minutes or fewer than three times per week.

Overweight/obesity refers to adults who are overweight based on self-reported height and weight. For each respondent, a Body Mass Index (BMI) was calculated: weight in kilograms divided by height in meters squared. Men or women with a BMI equal to or greater than 25 are considered overweight.

Alcohol Use

- For two measures, American Indian adults reported levels of alcohol use similar to those reported by the total adult population of Wisconsin. For example, the percentage of American Indians who reported heavy drinking (8%) was identical to the percentage in the total population (8%). Heavy drinking is defined as more than two drinks per day for men and more than one drink per day for women, over the past 30 days.
- Four percent of American Indians reported drinking and driving, compared to 5 percent of the total population. This difference was not statistically significant.
- Binge drinking was reported by 33 percent of American Indians, compared to 24 percent of the total population; however, this difference was not statistically significant. Binge drinking is defined as five drinks on at least one occasion in the past month.
- Heavy drinking is a risk factor for liver cancer and other liver disease, and during pregnancy can harm the developing baby. Both binge drinking and "drinking and driving" increase the likelihood of injuries from car accidents, falls and other causes.

Inactivity and Overweight

- Forty-one percent of American Indian adults reported they were physically inactive in terms of leisure-time activity. (This does not include work-related physical activity.) This was not significantly different from the proportion reported by the total adult population (45%).
- Sixty-five percent of American Indian adults in 2001-2005 were overweight or obese, compared to 60 percent of the total population. These estimates are based on self-reported height and weight.
- Physical inactivity and overweight can contribute to diabetes, heart disease, and other health problems.

Access to Health Care

Health Insurance Coverage

- Based on Wisconsin Family Health Survey results for 2001-2005, American Indians were less likely than the total population to have health insurance at any given point in time. Eighty-nine percent of American Indians, compared with 93 percent of the total Wisconsin population, said they had some form of health insurance at the time of the survey interview (Table 2-10).
- Conversely, the percent reported to be uninsured at the time of the survey interview was higher among American Indians (10%) than in the total population (6%).
- Another measure of health insurance coverage is coverage over the year preceding the survey interview (coverage over “the past year”). Eight percent of American Indians were uninsured for all of the past year; this is double the percent uninsured all year in the total state population (4%).
- Another 7 percent of American Indians had been insured for only part of the past year, meaning they were uninsured for part of the year.

Table 2-10. Health Insurance Coverage, American Indian and Total Population, Wisconsin 2001-2005

Health Insurance Coverage	American Indian	Total Wisconsin Population
	Percent (C.I. +/-)	Percent (C.I. +/-)
At time of survey:		
Insured	89% (3)	93% (--)
Insured--Private insurance	65% (4)	79% (--)
Insured—Medicaid	19% (3)	9% (--)
Uninsured	10% (3)	6% (--)
Over past year:		
Insured entire past year	84% (3)	89% (--)
Insured 1-11 months of past year	7% (2)	6% (--)
Uninsured all of past year	8% (2)	4% (--)

Source: Wisconsin Family Health Survey, 2001-2005, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 54.)

Notes:

“Private insurance” includes employer-provided group coverage and privately purchased coverage.

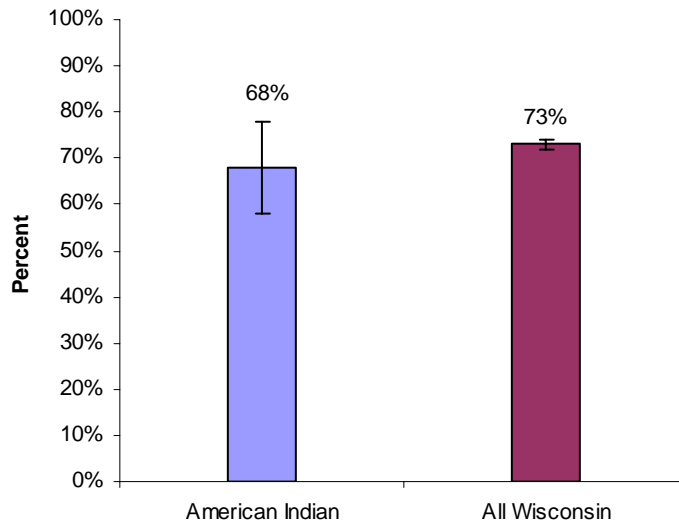
“Medicaid” (also called Medical Assistance or MA) also includes people reporting BadgerCare. The number of Wisconsin Medicaid clients indicated by Medicaid program data is larger than the number estimated by the Family Health Survey. This lower estimate of the Medicaid population is typical of telephone surveys.

“C.I. +/-” refers to the confidence interval within which there is a 95% chance that the true value lies. Add or subtract the C.I. value (in parentheses) to the percent estimate to get the upper or lower limit of the 95% confidence interval, rounded to the nearest whole number. (--) indicates a C.I. = 0.5% or less.

Health Screening Practices

- Based on combined Behavioral Risk Factor Survey data for the years 2001-2005, 68 percent of American Indian adults in Wisconsin reported having had their cholesterol tested by a health care professional within the past five years (Figure 2-16).

Figure 2-16. Cholesterol screening: American Indian and total Wisconsin population, 2001-2005



Source: Wisconsin Behavioral Risk Factor Survey, 2001-2005, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 56.)

Notes:

Cholesterol screening refers to adults who reported having had their cholesterol tested by a doctor, nurse, or other health care professional within the past 5 years. Each percentage estimate is shown with its associated confidence interval (the vertical line at the top of the bar). The confidence interval is the range within which there is a 95% chance that the true value lies.