

# ***Wisconsin Minority Health Report 2001-2005***

January 2008

Minority Health Program  
Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services

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*From the State Health Officer*

Dear Colleague:

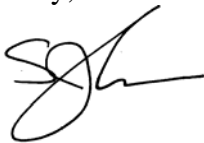
Our mission at the Division of Public Health is to protect and promote the health of the people of Wisconsin. Yet, Wisconsin's racial and ethnic minority communities continue to endure striking inequities in health.

The data in this report document the disproportionate burden of poor health that persists among racial and ethnic minority populations in Wisconsin. For example, an infant born to an African American woman in Wisconsin is 3 times more likely to die during the first year of life than an infant born to a white woman. Risks for infant death are also higher for Laotian and Hmong and for American Indians. Health inequalities exist for a broad range of conditions, including chronic and communicable diseases. Some of these result from differences in the availability of health and preventive services, while others reflect historical and continuing differences in social and economic conditions.

In July 2007, the University of Wisconsin Population Health Institute published *The Health of Wisconsin, Report Card for July 2007*. This publication assesses the state's progress toward achieving two of the three 2010 State Health Plan overarching goals: 1) to protect and promote health for all and 2) to eliminate health disparities. On a scale where 'A' reflected the highest grade, Wisconsin received a 'D' for its overall health disparity grade.

The Wisconsin Minority Health Report also documents sobering realities that tell us there is much work ahead to overcome health inequities and improve the health of us all. As Arthur Ashe once said, "To achieve greatness: Start where you are, use what you have, do what you can." I hope we all will use this report to recommit ourselves to action.

Sincerely,



Sheri Johnson, Ph.D.  
Administrator and State Health Officer  
Wisconsin Department of Health and Family Services  
Division of Public Health

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*From the Minority Health Leadership Council*

Dear Partner:

The Wisconsin Minority Health Leadership Council (WMHLC) was established in the spring of 2007. The Council was established by the Department of Health and Family Services in response to expressed community interest for a formalized voice to address minority health issues and racial and ethnic health disparities. The members of the Council are leaders in both minority communities and the field of health care.

The Minority Health Report addresses a critical need of community groups, advocates, private and public organizations, and others for information about the health status of Wisconsin minority populations. The data in this report document the disproportionate burden of poor health that persists among racial and ethnic minority populations.

This report represents an important source of information for the WMHLC as it works with the Division of Public Health, and the Minority Health Program in particular, to give a voice to health issues affecting racial and ethnic minority communities and to advocate for the elimination of health disparities in Wisconsin. Any significant stride to eliminate health disparities will depend on the work of many partners. Council members hope that readers will find this report useful in our efforts toward greater health equity.

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## Foreword

This report compiles information from the Department of Health and Family Services about the health of Wisconsin's African American, American Indian, Asian, and Hispanic/Latino populations. Its purpose is to make this information more readily available to the communities and policymakers working to eliminate health disparities in Wisconsin. This report is available at the Minority Health Program pages of the DHFS Web site: <http://dhfs.wisconsin.gov/health/MinorityHealth/>.

Most of the data presented in this report has been previously published, primarily in online updates to tables first presented in the Department's most recent comprehensive report on minority health.<sup>1</sup> Other data sources include:

- The Department's annual reports on births, infant deaths, and deaths, prepared in the Bureau of Health Information and Policy (BHIP);
- The WISH online data query system, also maintained by BHIP;
- The Bureau of Communicable Diseases and Preparedness, Division of Public Health, Department of Health and Family Services;
- The Bureau of Environmental Health, DPH, DHFS.

This report was produced by the Wisconsin Minority Health Program, with the financial support of the State Partnership Grant Program to Improve Minority Health, Office of Minority Health, U.S. Department of Health and Human Services. The report was prepared in the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Pat Nametz prepared the report in consultation with Evelyn Cruz and Kelli Jones of the DHFS Minority Health Program, and Eleanor Cautley. Kathy Jones created the bar charts and other figures. Karl Pearson supplied population estimates for 2005 and produced the maps. Sandi Park updated the online tables. Chris Hill, Chief of the Population Health Information Section, and Patricia Guhleman, Director of the Bureau of Health Information and Policy, provided overall direction.

Special thanks are given to the Wisconsin Minority Health Leadership Council, especially to Patricia Aniakudo, Mary Ann Borman, Dave Denomie and Fuechou Thao for their chapter review and comments.

The Minority Health Program is grateful to the Office of Minority Health, U.S. Department of Health and Human Services, for the financial support it provided to make possible the production of this report.

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<sup>1</sup> *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.

For more information about the health of various populations in Wisconsin, please visit the Department's Web site:

- Minority Health Report table updates: <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>
- *Wisconsin Births and Infant Deaths* (annual report): <http://dhfs.wisconsin.gov/births/index.htm>
- *Wisconsin Deaths* (annual report): <http://dhfs.wisconsin.gov/deaths/index.htm>
- WISH data query system: <http://dhfs.wisconsin.gov/wish/>
- DHFS Minority Health Program: <http://dhfs.wisconsin.gov/health/MinorityHealth/>

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## **Key Findings: African American**

### ***Social and Demographic Characteristics***

- African Americans are the largest racial/ethnic minority group in Wisconsin, and constituted 5.6 percent of the Wisconsin population in 2000. In 2005, African Americans were estimated to number 341,258 of the 5,581,839 residents of Wisconsin.
- African Americans are a younger population than Wisconsin as a whole, with a median age of 25. A younger median age means larger proportions of children and young adults, and a lower proportion of older adults, than the state as a whole.
- In 2000, the rate of poverty among African Americans in Wisconsin was 32 percent, nearly four times greater than the poverty rate in the total state population (8.7%).
- Nearly 42 percent of black children in Wisconsin were living in poverty in 2000.

### ***Mother and Infant Health***

- In 2005, the low birthweight rate among babies born to African American mothers in Wisconsin was 13.7 percent, nearly twice the rate for all Wisconsin births (7.0%). Low birthweight means a weight of less than 5.5 pounds or 2,500 grams at birth.
- Other risks occurring at higher rates among African American births include the percent of births to teenagers (23%), and the percent of births to women who have not graduated from high school (35%).
- During 2003-2005, the infant mortality rate among African American babies was 16.5 deaths per 1,000 births. This was higher than the total infant mortality rate for Wisconsin during those years (6.4) and higher than the African American infant mortality rate in 1992-1994 (14.5).

### ***Mortality***

- Based on age-adjusted total death rates (all causes combined), African Americans have a higher rate of death than the total state population after taking differences in population age structure into account.
- During the years 2001-2005, the five leading causes of death among African Americans in Wisconsin were cancer, heart disease, unintentional injury, stroke, and homicide.

- Causes of death with the largest disparities, where the age-adjusted mortality rate among African Americans was at least twice the white rate, were diabetes (2.3 times the white rate) and homicide (14.7 times the white rate).

### *Chronic Diseases*

- In 2001-2005, the age-adjusted mortality rate from heart disease was 252 deaths per 100,000 population among African Americans, higher than the rate in the total Wisconsin population (202). Heart disease hospitalization rates were also higher for African Americans.
- Age-adjusted mortality and hospitalization rates for cancer were higher in the African American population than the total Wisconsin population. The African American cancer mortality rate was 248 deaths per 100,000 population, compared to 184 per 100,000 in Wisconsin as a whole.
- Stroke death and hospitalization rates were higher in the African American population compared to the total state population. In 2001-2005, the age-adjusted mortality rate from stroke was 68 deaths per 100,000 among African Americans, and 53 per 100,000 among all Wisconsin residents.
- Diabetes deaths and hospitalizations also occurred at higher rates in the African American population. The age-adjusted mortality rate from diabetes was 49 deaths per 100,000 among African Americans, and 22 per 100,000 in the total state population. The age-adjusted rate of diabetes hospitalizations was 445 per 100,000 in the African American population, more than three times the rate in the total state population (125 per 100,000).

### *Injury*

- In 2001-2005, the age-adjusted mortality rate for unintentional injuries (such as car crashes, falls, fires, and drowning) was 41 deaths per 100,000 population among African Americans, and 39 per 100,000 among the total Wisconsin population.
- The age-adjusted mortality rate from homicide was 26 deaths per 100,000 among African Americans, compared to 4 per 100,000 among the total state population. Among African Americans, the rate of death from homicide was 46 per 100,000 among males and 7 per 100,000 among females.
- The age-adjusted suicide death rate was lower in African Americans (7 per 100,000) than in the total state population (11 per 100,000).

### *Communicable Diseases*

- In 2001-2005, African Americans accounted for 37.3 percent of new HIV infections in Wisconsin, while making up about 6 percent of the state's

population. The rate of new HIV infections in African Americans (34.1 cases per 100,000 population) was eleven times the rate in whites (3.0 per 100,000).

- For the years 2001-2005, African Americans accounted for 31.8 percent of reported Chlamydia cases, 51.2 percent of reported gonorrhea cases, and 45 percent of reported syphilis cases in Wisconsin.

### ***Oral Health***

- In 2001-2005, African Americans were less likely to have visited a dentist recently: 61 percent of African Americans had seen a dentist in the past year, compared to 73 percent of all Wisconsin residents.

### ***Environmental Health***

- An estimated 13 percent of African Americans in Wisconsin have been diagnosed with asthma; this is higher than the statewide percentage (9 percent).
- In 2005, 3.4 percent of Wisconsin children tested had elevated levels of lead in their blood. The proportion was higher among African American children tested (9.7%).

### ***Behavioral Health Risks***

- An estimated 29 percent of African American adults in Wisconsin smoke cigarettes, based on 2001-2005 survey results. This is higher than in the general Wisconsin population (22%).
- Binge drinking (five or more drinks on one occasion) occurred at a lower rate among African Americans in Wisconsin (16%) than in the total adult population of the state (24%).
- In 2001-2005, 59 percent of African Americans said they were physically inactive in the past month, compared to 45 percent of all Wisconsin adults.
- African Americans were also more likely to be overweight or obese: 70 percent, compared to 60 percent of the total population.

### ***Access to Health Care***

- In 2001-2005, the percent of people without health insurance at any point in time was more than twice as high among African Americans (13%) than in the total Wisconsin population (6%).
- Among women age 50 and older, the percentage who received a mammogram in the past year was higher among African American women (76%) than among all Wisconsin women (67%). Rates of other kinds of screening (cholesterol, Pap

smear, clinical breast exam) were similar between the African American and total Wisconsin populations.

## **Key Findings: American Indian**

### ***Social and Demographic Characteristics***

- American Indians in Wisconsin represent diverse nations of people who flourished in North America for thousands of years before the arrival of Europeans. Today, Wisconsin is home to 11 federally recognized tribes.
- According to the U.S. Census, American Indians made up 0.8 percent of the Wisconsin population in 2000. In 2005, American Indians were estimated to number 50,676 of the 5,581,839 residents of Wisconsin.
- American Indians were a younger population than the state as a whole, with a median age of 27 in 2000. This means a higher proportion of children and young adults and a lower proportion of older adults, compared to the state population as a whole.
- In 2000, the poverty rate among American Indians in Wisconsin was about 22 percent, more than double the rate in the total state population (8.7%). The rate was even higher in children: 27 percent of Indian children were living in poverty.
- The American Indian population has a higher fertility rate (defined as the number of births per 1,000 women aged 15-44) than Wisconsin as a whole. In 2005, the fertility rate was 88.1 births per 1,000 women among American Indians, compared with 61.2 per 1,000 for the state as a whole.

### ***Mother and Infant Health***

- The low birthweight rate among births to American Indians in Wisconsin was 5.4 percent in 2005, lower than the rate for all Wisconsin births (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%).

### *Mortality*

- A comparison of age-adjusted death rates (all causes combined) for 2001-2005 shows that American Indians have a higher rate of death than the total state population after taking differences in population age structure into account.
- During the years 2001-2005, the four leading causes of death among American Indians in Wisconsin were heart disease, cancer, unintentional injury, and diabetes.
- Causes of death with the largest disparities, where the age-adjusted mortality rate among American Indians 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).

### *Chronic Diseases*

- In 2001-2005, American Indians in Wisconsin had an age-adjusted mortality rate from heart disease of 228 deaths per 100,000 population, higher than the rate in the total population (202 per 100,000). American Indian females had a higher heart disease hospitalization rate than the total female population, while American Indian males had a lower hospitalization rate than all males in Wisconsin.
- American Indians had higher rates of cancer mortality, but lower rates of cancer hospitalization, compared to the total Wisconsin population. The age-adjusted cancer mortality rate among American Indians in 2001-2005 was 214 per 100,000 population, compared with 184 per 100,000 in the total population. The cancer hospitalization rate was 254 hospitalizations per 100,000 among American Indians, and 403 per 100,000 in the total population.
- American Indian males had a higher rate of death from stroke (63 deaths per 100,000) compared to all Wisconsin males (56 per 100,000 population). However, American Indian males had a lower hospitalization rate for stroke (231 hospitalizations per 100,000) compared to all males in the state (254 per 100,000).
- Diabetes deaths and hospitalizations occur at much higher rates among American Indians in Wisconsin compared to the state as a whole. The age-adjusted diabetes mortality rate was 70 deaths per 100,000 among American Indians, more than three times higher than the rate in the total state population (22 per 100,000). The age-adjusted diabetes hospitalization rate was 315 hospitalizations per 100,000 among American Indians, more than twice as high as the rate in the total population (125 per 100,000).

### *Injury*

- American Indians had higher rates of death and hospitalization for unintentional injury (accidents), compared to the total state population. In 2001-2005, the age-

adjusted mortality rate for unintentional injuries was 74 deaths per 100,000 among American Indians, and 39 per 100,000 in the total population. The age-adjusted hospitalization rate for unintentional injuries was 914 hospitalizations per 100,000 among American Indians, and 767 per 100,000 in the total population.

- In 2001-2005, the age-adjusted mortality rate from homicide was 7 deaths per 100,000 among American Indians, compared to 4 per 100,000 in the general state population.
- The age-adjusted mortality rate from suicide was also higher among American Indians: 19 deaths per 100,000 population, compared to 11 per 100,000 in the total Wisconsin population.

### ***Communicable Diseases***

- 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).

### ***Oral Health***

- An estimated 70 percent of American Indians in Wisconsin had seen a dentist in the past year, based on survey results for 2001-2005. This means that 30 percent of American Indians had not seen a dentist in a year or more.

### ***Environmental Health***

- An estimated 9 percent of American Indians in Wisconsin are reported to have asthma, according to combined data for the years 2001, 2002, and 2004. This is the same percentage as in the total Wisconsin population.
- In 2005, 1.1 percent of American Indian children who received a blood lead test had elevated lead levels in their blood. This is lower than the percentage among all Wisconsin children tested (3.4%).

### ***Behavioral Health Risks***

- According to survey results for 2001-2005, 36 percent of American Indian adults in Wisconsin smoke cigarettes. This is significantly higher than the smoking rate in the total adult population for those years (22%).

- 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.)
- Binge drinking (five drinks on at least one occasion in the past month) was reported by 33 percent of American Indians, compared to 24 percent of the total population; however, this difference was not statistically significant.
- Forty-one percent of American Indian adults reported they were physically inactive in terms of leisure-time activity; this was not significantly different from the percentage in the total adult population (45%).
- Sixty-five percent of American Indian adults in 2001-2005 were overweight or obese, not significantly different from the percentage for all Wisconsin adults (60%).

#### *Access to Health Care*

- In 2001-2005, American Indians in Wisconsin were less likely than the total state 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.
- Conversely, the percent reported to be uninsured was higher among American Indians (10%) than in the total population (6%).

### **Key Findings: Asian**

#### *Population Characteristics*

- Asians made up 1.6 percent of the Wisconsin population in 2000, according to the U.S. Census. In 2005, Asians were estimated to number 114,941 of the 5,581,839 residents of Wisconsin.
- The largest Asian groups in Wisconsin, based on the 2000 U.S. Census, were Hmong (38%), Asian Indian (14%), and Chinese (12%). In 2000, 67 percent of Asians in Wisconsin were foreign-born.
- Asians were a younger population than the state as a whole, with a median age of 23 in 2000. A younger median age means larger proportions of children and young adults, and a lower proportion of older adults, than the state as a whole.

- In 2000, the rate of poverty among Asians in Wisconsin was 19.8 percent, more than double the poverty rate in the total state population (8.7%). Twenty-three percent of Asian children in Wisconsin were living in poverty.
- Compared with the total state population, Asians have a higher fertility rate: 81.5 births per 1,000 women aged 15-44 in 2005, compared with 61.2.

### ***Mother and Infant Health***

- The low birthweight rate among births to Laotian and Hmong women in 2005 was 6.8 percent, lower than the low birthweight percentage among all Wisconsin births (7.0%). Wisconsin birth data provide one of the few data sources that permit Laotian and Hmong data to be examined separately from data for other Asians.
- The Laotian and Hmong infant mortality rate in 2003-2005 was 8.6 deaths per 1,000 births, higher than the overall infant mortality rate for Wisconsin (6.4).
- Few Laotian and Hmong women giving birth report smoking during pregnancy (4.4%, compared with 13.4% for total births in 2005). Other risks occurred at higher percentages of Laotian and Hmong births: maternal age less than 20 (19.3%), maternal education less than high school (29.6%), and starting prenatal care in the second trimester or later (42%).
- Maternal and infant health indicators for other Asian women (other than Laotian and Hmong) are generally better than for total Wisconsin births. One exception is the low birthweight rate, which in 2005 was 8.3 percent for “other Asian” births compared to 7.0 percent for Wisconsin births overall.
- The infant mortality rate for other Asian women (excluding Laotian and Hmong) was 5.4 deaths per 1,000 live births in 2003-2005, lower than the total Wisconsin infant mortality rate for the period (6.4).

### ***Mortality***

- A comparison of age-adjusted death rates (all causes combined) for 2001-2005 shows that Asians have lower rates of death than the total Wisconsin population even after taking differences in population age structure into account.
- During 2001-2005, the four leading causes of death among Asians in Wisconsin were cancer, heart disease, stroke, and unintentional injury.
- Causes of death for which Asians died in Wisconsin at higher rates than non-Hispanic whites were stroke (1.3 times the white rate), diabetes (1.2 times the white rate), and homicide (1.2 times the white rate).

### *Chronic Diseases*

- Asians in Wisconsin had lower rates of death and hospitalization from heart disease, compared to the total Wisconsin population. In 2001-2005, the age-adjusted mortality rate from heart disease was 114 deaths per 100,000 population among Asians and 202 per 100,000 in the total state population.
- Age-adjusted mortality and hospitalization rates for cancer were lower among Asians of both sexes, compared to rates in the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate for stroke was 70 deaths per 100,000 population among Asians, higher than the stroke mortality rate in the total population (53 per 100,000). In contrast, stroke hospitalization rates were lower among Asians than in the total population.
- The age-adjusted mortality rate from diabetes was 25 deaths per 100,000 population among Asians, compared to 22 per 100,000 in the total Wisconsin population. In contrast, Asians had lower rates of diabetes hospitalizations.

### *Injury*

- In 2001-2005, the age-adjusted mortality rate for unintentional injuries among Asians in Wisconsin was 25 deaths per 100,000 population, lower than the rate in the total Wisconsin population (39 per 100,000). Hospitalization rates for unintentional injuries were also lower among Asians than in the total population.
- The age-adjusted mortality rate from homicide was 2 deaths per 100,000 population among Asians, compared to 4 deaths per 100,000 in the total state population.
- The age-adjusted mortality rate from suicide was 8 deaths per 100,000 population among Asians, compared to 11 deaths per 100,000 in the total state population.
- Males had higher rates of suicide death than females. In the Asian population, the rate of death from suicide was 13 per 100,000 among males and 3 per 100,000 among females.

### *Communicable Diseases*

- In 2001-2005, the Asian population in Wisconsin had the lowest rate of reported new cases of HIV infection of any race/ethnicity group: 2.2 cases per 100,000 population (compared to 5.5 in the total state population). Asians accounted for 0.8 percent of newly reported HIV infections.

### ***Oral Health***

- Based on 2001-2005 survey data, Asians were less likely than the general state population to have seen a dentist recently: 63 percent of Asians (and 73 percent of the total population) had seen a dentist in the past year.
- This means that an estimated 37 percent of Asians in Wisconsin had not seen a dentist in a year or more.

### ***Environmental Health***

- An estimated 6 percent of Asians in Wisconsin are reported to have asthma, according to combined data from the 2001, 2002, and 2004 Wisconsin Family Health Survey. This compares with 9 percent of all Wisconsin household residents.
- In 2005, 3.4 percent of Asian children tested in Wisconsin had elevated blood lead levels, defined as 10 or more micrograms per 100 milliliters of blood. This was the same percentage as for all children tested in Wisconsin.

### ***Behavioral Health Risks***

- An estimated 13 percent of Asian adults in Wisconsin smoke cigarettes, based on survey results for 2001-2005. This was significantly lower than the percentage who reported smoking in the total adult population (22%).
- Asian adults reported lower levels of alcohol use than those reported by the total adult population. For example, the percentage of Asians who reported heavy drinking (2%) was significantly lower than the percentage reported by 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.
- Compared with all Wisconsin adults, Asians were also less likely to report binge drinking (14% compared with 24%), and drinking and driving (less than 1% compared with 5%).
- In 2001-2005, 39 percent of Asian adults were overweight or obese, a significantly lower percentage than in the total adult population (60%). These estimates are based on self-reported height and weight.

### ***Access to Health Care***

- Based on 2001-2005 survey results, 93 percent of Asians in Wisconsin had health insurance at any given point in time. This is the same percentage as in the total Wisconsin population.

- Seven percent of Asians were reported to be uninsured at the time of the survey interview, statistically no different from the uninsured rate in the total population (6%).
- Based on 2001-2005 survey data, 51 percent of Asian adults in Wisconsin reported having had their cholesterol tested by a health care professional within the past five years. This was significantly lower than the percentage among all adults (73%).

## **Key Findings: Hispanic/Latino**

### ***Population Characteristics***

- Hispanics or Latinos made up 3.6 percent of the Wisconsin population in 2000, according to the U.S. Census.
- “Hispanic” or “Latino” refers to persons of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. In 2000, Mexican Americans constituted 66 percent and Puerto Ricans 16 percent of Hispanics or Latinos in Wisconsin.
- The Hispanic/Latino population in Wisconsin increased 107 percent from the 1990 Census to the 2000 Census, making this the second largest and fastest growing racial/ethnic minority group in Wisconsin.
- In 2005, Hispanics/Latinos were estimated to number 248,780 of the 5,581,839 residents of Wisconsin.
- Hispanics/Latinos were a younger population than the state as a whole, with a median age of 23. A younger median age means higher proportions of children and young adults, and a lower proportion of older adults, compared to the state population as a whole.
- In 2000, the rate of poverty among Latinos in Wisconsin was about 22 percent, more than double the poverty rate in the total state population (8.7%). One-quarter (25%) of Hispanic/Latino children were living in poverty.
- Compared with the total state population, Hispanics/Latinos have a higher fertility rate: 103.6 births per 1,000 women aged 15-44 in 2005, compared with 61.2.

### ***Mother and Infant Health***

- In 2005, the low birthweight rate among babies born to Hispanic/Latina mothers in Wisconsin was 6.5 percent, compared to 7.0 percent for all Wisconsin births. Low birthweight means a weight of less than 5.5 pounds or 2,500 grams at birth.

- Other risks occurred at higher rates among Hispanic/Latina women giving birth. For example, 13.9 percent of births occurred among teenagers (less than 20 years of age). More than half (51%) of births occurred to women who had not graduated from high school.
- During 2003-2005, the infant mortality rate among Hispanic/Latino babies was 6.2 deaths per 1,000 births. This was similar to the total infant mortality rate for Wisconsin during those years (6.4), but higher than the non-Hispanic white infant mortality rate (5.1).

### *Mortality*

- Based on age-adjusted total death rates (all causes combined), Hispanics/Latinos have lower rates of death than the total state population after taking differences in population age structure into account. (Some of this difference may represent under-reporting of Hispanic ethnicity on death certificates and other factors that affect the completeness of death statistics for Hispanics.)
- During the years 2001-2005, the three leading causes of death among Hispanics/Latinos in Wisconsin were cancer, heart disease, and unintentional injury.
- Deaths from homicide and diabetes were experienced at higher rates in the Hispanic/Latino population than in the non-Hispanic white population. The homicide death rate was 3.1 times greater among Hispanics than among non-Hispanic whites; and the diabetes death rate was 1.4 times greater among Hispanics than among non-Hispanic whites.

### *Chronic Disease*

- Compared to the total Wisconsin population, Hispanics/Latinos had lower rates of heart disease deaths and hospitalizations. In 2001-2005, the age-adjusted mortality rate from heart disease was 80 deaths per 100,000 population among Hispanics/Latinos, compared to 202 per 100,000 in the total Wisconsin population. The age-adjusted rate of heart disease hospitalizations was 1,045 hospitalizations per 100,000 population among Hispanics (compared to 1,221 per 100,000 in the total population).
- Age-adjusted rates of cancer death and hospitalization were also lower in the Hispanic population. In 2001-2005, the age-adjusted cancer mortality rate for Hispanics was 82 deaths per 100,000 population, compared to 184 per 100,000 for the total Wisconsin population.
- Rates of death and hospitalization from stroke were also lower among Hispanics. In 2001-2005 the age-adjusted mortality rate from stroke was 28 deaths per 100,000 population among Hispanics, compared to 53 per 100,000 in the total Wisconsin population.

- Hispanics/Latinos 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 29 deaths per 100,000 population among Hispanics, compared to 22 per 100,000 in the total Wisconsin population. The age-adjusted rate of hospitalizations for diabetes was 198 hospitalizations per 100,000 in the Hispanic/Latino population, compared to 125 per 100,000 in the total population.

### *Injury*

- The age-adjusted mortality rate for unintentional injuries among Hispanics/Latinos in Wisconsin was 24 deaths per 100,000 population, compared to 39 per 100,000 in the total state population. The age-adjusted rate of hospitalizations for unintentional injuries was 524 hospitalizations per 100,000 in the Hispanic/Latino population, and 767 per 100,000 in the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from homicide was 6 deaths per 100,000 population among Hispanics/Latinos, compared to 4 per 100,000 in the total Wisconsin population.
- The age-adjusted mortality rate from suicide was 4 deaths per 100,000 population among Hispanics, compared to 11 per 100,000 in the total state population.

### *Communicable Diseases*

- In 2001-2005, Hispanics/Latinos accounted for 13.1 percent of new cases of HIV infection in Wisconsin, while making up about 4 percent of the total Wisconsin population.
- It also appears that Hispanics/Latinos accounted for a disproportionate share of reported syphilis infections in 2001-2005 (16.8%).

### *Oral Health*

- Compared to the overall Wisconsin population, Hispanics/Latinos were less likely to have seen a dentist recently. Overall, 73 percent of Wisconsin residents age one and older were reported to have seen a dentist in the past year, based on survey data for 2001-2005. The percentage was 62 percent among Hispanics.
- This means that an estimated 38 percent of Latinos had not seen a dentist in a year or more.

### ***Environmental Health***

- An estimated 9 percent of Wisconsin residents are reported to have asthma, according to combined survey data for 2001, 2002, and 2004. Among Hispanics/Latinos in Wisconsin, 8 percent are reported to have asthma.
- In 2005, 3.9 percent of Hispanic/Latino children who received a blood lead test had elevated levels of lead in their blood. In comparison, 3.4 percent of all Wisconsin children tested had elevated blood lead levels.

### ***Behavioral Health Risks***

- An estimated 24 percent of Hispanic adults in Wisconsin smoke cigarettes, based on survey results for 2001-2005. This was not significantly different from the percentage who reported smoking in the total adult population (22%).
- Hispanic adults reported levels of alcohol use similar to those reported by the total adult population of Wisconsin. For example, the percentage of Hispanics who reported binge drinking (28%) was not significantly different from the percentage reported by the total population (24%).
- Eleven percent of Hispanics reported heavy drinking (defined as more than two drinks per day for men and more than one drink per day for women), compared to 8 percent in the total population. This difference was also not statistically significant.
- Four percent of Hispanic adults reported drinking and driving in the past month; this was not significantly different from the percentage in the total adult population (5%).
- Nearly half of Hispanic adults (48%) reported they were physically inactive in terms of leisure-time activity. This was not significantly different from the overall percentage for Wisconsin adults (45%).
- Nearly two-thirds of Hispanic adults (65%) were overweight or obese, not significantly different from the percentage in the total population (60%).

### ***Access to Health Care***

- Hispanics/Latinos are less likely than the total Wisconsin population to have health insurance at any given point in time. Based on 2001-2005 surveys, 77 percent of Hispanics compared with 93 percent of the total Wisconsin population had some form of health insurance at the time of the survey interview.
- Nearly one-quarter (23%) of Hispanics/Latinos were uninsured at the time of the survey interview. This was nearly four times the percentage uninsured in the total Wisconsin population (6%).

- Looking at coverage over time, 19 percent of Hispanics were uninsured for all of the past year (the entire 12 months preceding the survey interview). This was nearly five times the percentage in the total state population (4%).
- Survey results on levels of health screening in the population show a mixed picture. Cholesterol screening within the past five years was reported by 60 percent of Hispanic adults, a lower percentage than in the total Wisconsin adult population (73%). The proportion of women who reported having a Pap smear within the past two years was the same for Latinas and the total female population (81%).