

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

From the State Health Officer

Dear Colleague:

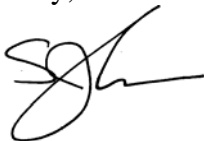
Our mission at the Division of Public Health is to protect and promote the health of the people of Wisconsin. Yet, Wisconsin's racial and ethnic minority communities continue to endure striking inequities in health.

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

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.

WMHLC Members

Patricia Aniakudo, MS, LPC; Chair, WMHLC
Shiva Bidar-Sielaff, MA
Mary Ann Borman, Vice-Chair, WMHLC
Brenda Coley
Dave Denomie
Carla Harris, RN
Kathy Hughes, Vice-Chair, Oneida Nation
Ted A. Kay
Suzanne Matthew, PhD
Emmanuel Ngui, DrPH, MSc
Christopher Okunseri, BDS, MSc, DDPHRCSE, FFDRCSI
John S. Seppanen, MBA
Fuechou Thao
Barbara E. White
Xoua Mark Xiong

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.¹ 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.

¹ *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/>

Questions and comments about this report may be directed to:

Evelyn Cruz, Minority Health Policy Analyst
Division of Public Health
Wisconsin Department of Health and Family Services
P.O. Box 2659
Madison WI 53701-2659
E-mail: cruze@dhfs.state.wi.us
Telephone: (608) 266-3716

Suggested citation:

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Minority Health Report, 2001-2005* (PPH 5716). January 2008.

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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%).

African Americans

Population Characteristics

Background²

“African American” or “black” refers to people having origins in any of the black racial groups of Africa. (In this report the terms “African American” and “black” are used interchangeably.) African Americans are the largest racial minority group in Wisconsin.

While African Americans live in all regions of Wisconsin, the 2000 U.S. Census found that more than 90 percent resided in the counties of Milwaukee, Racine, Dane, Kenosha and Rock. The overwhelming majority (73%) of the state’s African American population resided in the City of Milwaukee.

African Americans have been present in Wisconsin since the 1700s, accompanying French and British voyagers and fur traders. They pioneered vibrant and prosperous farming communities at Cheyenne Valley in Vernon County (1855) and Pleasant Ridge in Grant County (1870).³ Wisconsin’s African American population grew dramatically during World Wars I and II as people migrated from southern states to work in the industrial areas of Milwaukee and Beloit.⁴

African Americans and other black residents of Wisconsin are a heterogeneous population, including African and Caribbean immigrants and residents. These diverse groups have varying levels of health status related to differences in economic, educational, geographic, social and cultural factors.

Census Data

- African Americans made up 5.6 percent of the Wisconsin population in 2000, according to the U.S. Census (Table 1-1).
- African Americans were a younger population than the state as a whole, with a median age of 25. 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.

² 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.

³ Cooper Z. *Black Settlers in Wisconsin*. State Historical Society of Wisconsin, 1994.

⁴ Trotter JW. *Black Milwaukee: The Making of an Industrial Proletariat, 1915-45 (Blacks in the New World)*. University of Illinois Press, 1988.

- In 2000, the rate of poverty among African Americans in Wisconsin was about 32 percent, nearly four times greater than the poverty rate in the total state population.
- Children were even more likely to be living in poverty: nearly 42 percent of black children in Wisconsin were living in poverty.
- The percent of black households that were headed by females (42.8%) was nearly twice the statewide percent (21.7%).
- Nearly one-third (31.5%) of African Americans age 25 and older in Wisconsin had not graduated from high school.

Table 1-1. Summary Data from the U.S. Census, African American/Black and Total Population, Wisconsin 2000

Characteristic	African American	Total Wisconsin
Number in population	300,245	5.4 million
Percent of population	5.6%	100.0%
Median age	25	36
Percent in poverty	31.8%	8.7%
Percent of children in poverty	41.7%	11.2%
Percent of households headed by females	42.8%	21.7%
Percent with less than high school education (age 25 and older)	31.5%	14.9%

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

Table 1-2 provides the latest available population estimates by age group for the African American and total Wisconsin populations. These estimates are for 2005.

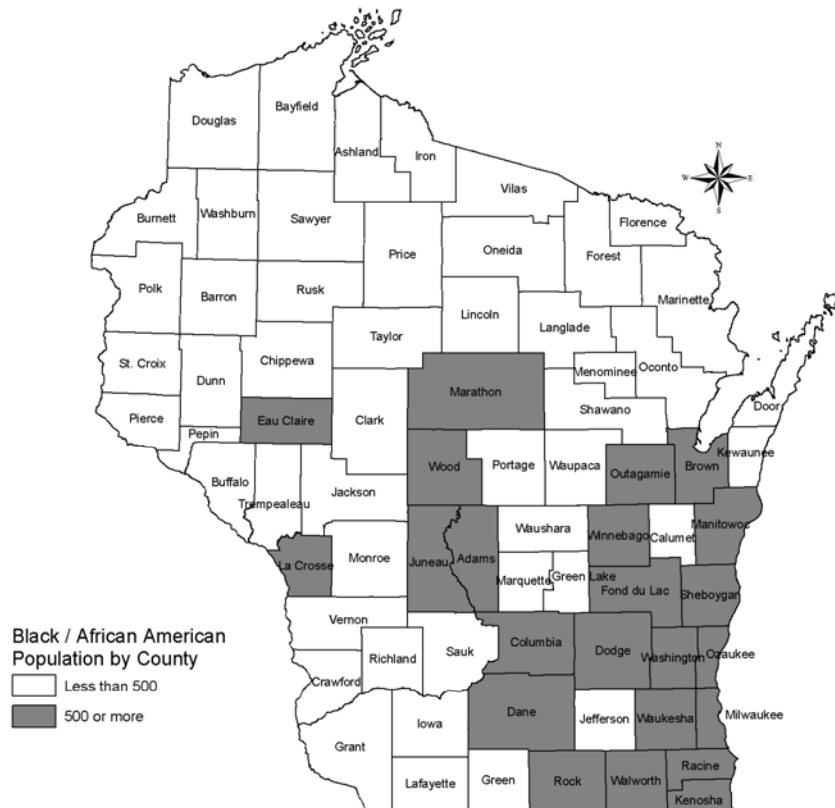
Table 1-2. Population Distribution by Age, African American/Black and Total Population, Wisconsin 2005

Age Group	African American		Total Wisconsin	
	Number	Percent	Number	Percent
Less than 5 years	33,053	9.7%	342,755	6.1%
5-14 years	65,129	19.1%	720,119	12.9%
15-24 years	65,679	19.3%	820,556	14.7%
25-34 years	54,762	16.1%	707,935	12.7%
35-44 years	45,018	13.2%	831,996	14.9%
45-54 years	37,948	11.1%	850,699	15.2%
55-64 years	20,772	6.1%	580,184	10.4%
65-74 years	11,247	3.3%	351,851	6.3%
75-84 years	5,955	1.7%	259,523	4.7%
85 years and over	1,695	0.5%	116,221	2.1%
All Ages	341,258	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 African American population of 500 or more, based on population estimates for 2005.

Map. Geographic Distribution of the African American or Black 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, African Americans in Wisconsin have a higher birth rate: 19.7 births per 1,000 population in 2005, compared with 12.7 (Table 1-3, next page).
- African Americans also have a higher fertility rate than the state as a whole: 77.4 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, African Americans have a lower crude death rate but a higher age-adjusted death rate. The crude death rate (deaths per 100,000 population) for African Americans is lower than the state's overall crude death rate since African Americans 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 African Americans 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 1-3. Summary Birth and Death Information, African American and Total Population, Wisconsin 2005

Characteristic	African American	Total Wisconsin
<i>Births</i>		
Birth rate (births per 1,000 population)	19.7	12.7
Fertility rate (births per 1,000 women aged 15-44)	77.4	61.2
Number of births	6,715	70,934
Teen birth rate (births per 1,000 women aged 15-19)	94.5	30.5
Number of teen births (mother less than 20 years of age)	1,563	6,093
<i>Deaths (rates are deaths per 100,000 population)</i>		
Both sexes		
Number of deaths	2,039	46,544
Crude rate	579.9	833.8
Age-adjusted rate (2001-2005)	1,053.3	769.4
Females		
Number of deaths	914	23,939
Crude rate	504.1	849.7
Age-adjusted rate (2001-2005)	867.1	643.8
Males		
Number of deaths	1,125	22,604
Crude rate	660.6	817.7
Age-adjusted rate (2001-2005)	1,308.2	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 African American babies in Wisconsin are born healthy and thrive. Nevertheless, 13.7 percent were born at low birthweight (less than 5.5 pounds) in 2005 (Table 1-4). This was nearly twice the percentage of low birthweight among all babies born in Wisconsin (7.0%).
- Other risks also occur in higher proportions among African American women giving birth. For example, about 23 percent of births occurred among teenagers (less than 20 years of age). Thirty-five percent of births occurred to women who had not graduated from high school. Both teenage motherhood and low education levels can increase the risk of poor health outcomes for mother and baby.
- During the 2003-2005 period, 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 for the 1992-1994 period (14.5).

Table 1-4. Births to African Americans, Wisconsin 2005

	African American	Total Wisconsin
Percent of births	9.5%	100.0%
Number of births	6,715	70,934
Infant Mortality Rate (2003-2005) (infant deaths per 1,000 births)	16.5	6.4
Average annual deaths (2003-2005)	108	448
Low birthweight		
Less than 2,500 gms. (5.5 lbs.)	13.7%	7.0%
Less than 1,500 gms. (3.3 lbs.)	3.5%	1.3%
Maternal age		
Less than 20 years	23.3%	8.6%
20 years or older	76.7%	91.4%
Maternal education		
Less than high school	34.9%	15.3%
High school graduate or more	63.7%	84.2%
Prenatal care start		
First trimester	75.7%	85.0%
Second trimester or later (or none)	23.0%	14.4%
Smoked during pregnancy	14.8%	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 five leading causes of death among African Americans in Wisconsin were cancer, heart disease, unintentional injury, stroke, and homicide (Table 1-5).
- Cancer caused 22 percent of African American deaths in Wisconsin, and heart disease caused 21 percent.

Table 1-5. Leading Causes of Death, African American Population, Wisconsin, 2001-2005

Cause of Death	Average Annual Number	Percent
All causes	1,905	100%
Cancer	420	22
Heart disease	402	21
Unintentional injury	112	6
Stroke	106	6
Homicide	93	5
Diabetes	82	4
Perinatal conditions	66	3
Kidney disease	58	3
Chronic lung disease	51	3
Influenza and pneumonia	30	2
All other causes	485	25%

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 27.)

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 1-6 compare the mortality rate for various causes of death among African Americans 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 African American population compared to the non-Hispanic white population. For example, African Americans had an age-adjusted rate of death from heart disease that was 1.3 times the rate in the white population.
- Causes of death with the largest disparities, where the African American rate was at least twice the white rate, were diabetes (2.3 times the white rate) and homicide (14.7 times the white rate).

Table 1-6. Age-Adjusted Mortality Disparity Ratios, By Selected Cause of Death, African American Population, Wisconsin 2001-2005

Cause of Death	Rate Ratio	(Confidence Interval)
All deaths	1.4	(1.3 – 1.5)
Heart disease	1.3	(1.2 – 1.3)
Stroke	1.3	(1.2 – 1.4)
Diabetes	2.3	(2.1 – 2.6)
Cancer	1.3	(1.3 – 1.4)
Unintentional injury	1.1	(1.0 – 1.2)
Homicide	14.7	(13.0 – 16.9)
Suicide	0.5	(0.4 – 0.7)

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.)

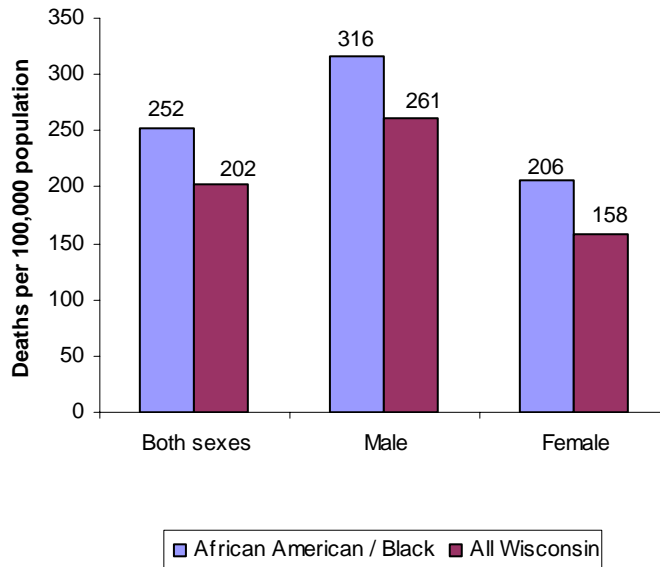
Notes: The rate ratio is the ratio of the mortality rate of the minority group to the mortality rate of the white group. Ratios are based on rates that have been age-adjusted to the U.S. year 2000 standard population. The 95% confidence interval is shown in parentheses, representing the upper and lower 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

- African Americans in Wisconsin have higher rates of hospitalization and death from heart disease, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from heart disease was 252 deaths per 100,000 population among African Americans, compared to 202 per 100,000 in the total Wisconsin population (Figure 1-1).

Figure 1-1. Age-adjusted mortality rates for heart disease: African Americans and total Wisconsin population, 2001-2005

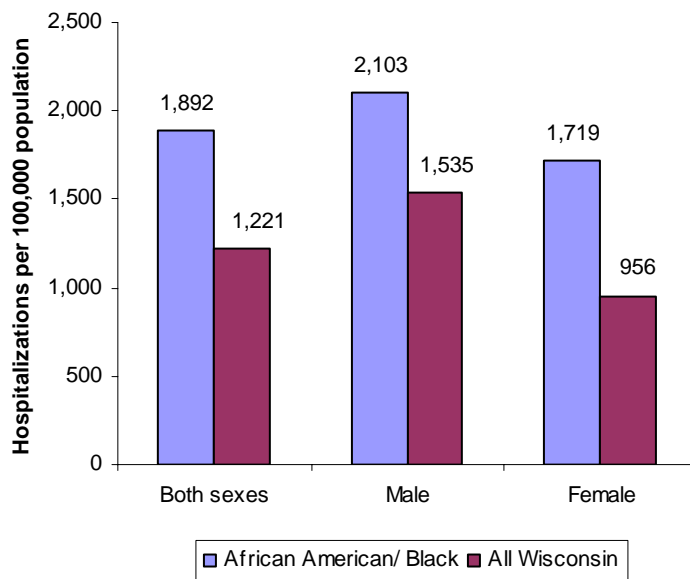


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R15.)

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

- The age-adjusted rate of heart disease hospitalizations among African Americans was 1,892 hospitalizations per 100,000 population, compared to 1,221 in the total Wisconsin population (Figure 1-2).
- Both male and female African Americans have higher rates of heart disease mortality and hospitalization compared to their counterparts in the total population.

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



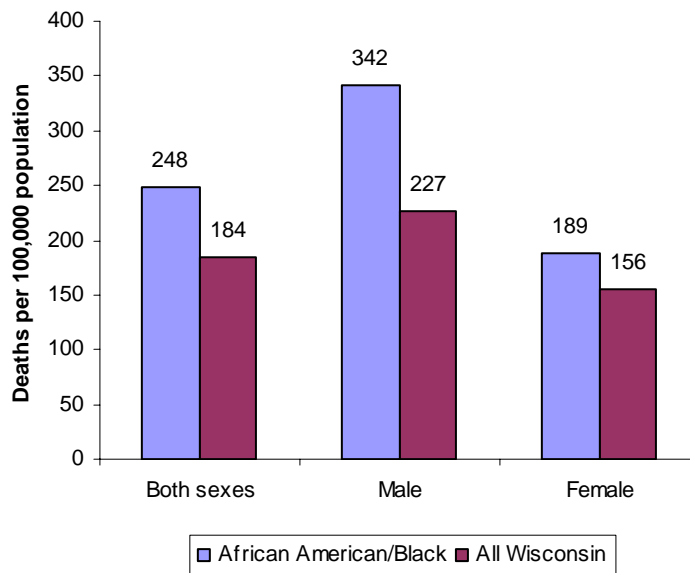
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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 and hospitalization rates for cancer are higher among African Americans of both sexes compared to rates in the total Wisconsin population.
- The age-adjusted cancer mortality rate for African Americans was 248 deaths per 100,000 population, compared to 184 per 100,000 for the total Wisconsin population (Figure 1-3).

**Figure 1-3. Age-adjusted mortality rates for cancer:
African American and total Wisconsin population,
2001-2005**

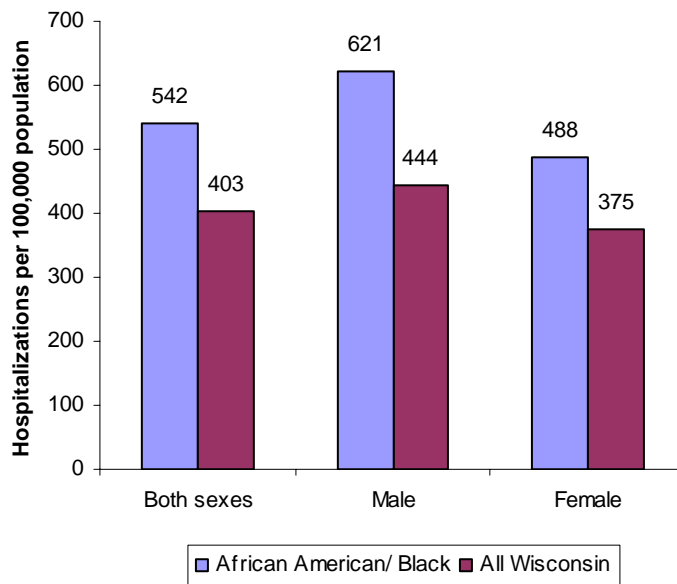


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R23.)

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

- The age-adjusted rate of cancer hospitalizations was 542 hospitalizations per 100,000 in the African American population, and 403 per 100,000 in the total Wisconsin population (Figure 1-4).

Figure 1-4. Age-adjusted hospitalization rates for cancer: African American and total Wisconsin population, 2001-2005



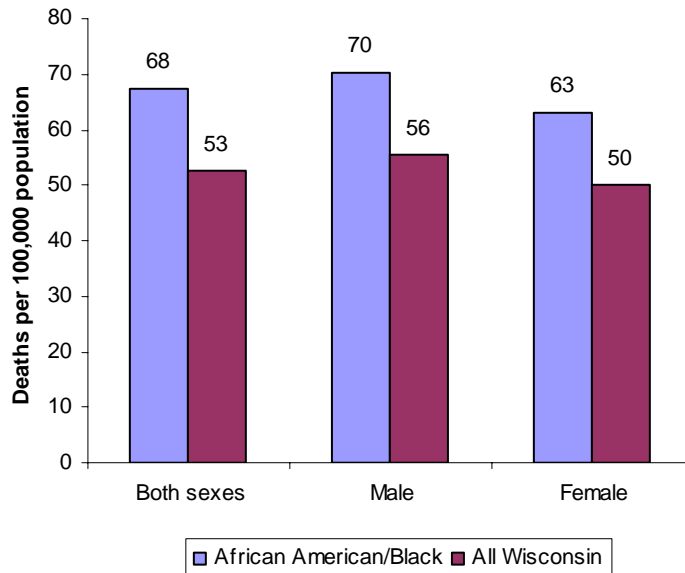
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

- African Americans in Wisconsin have higher rates of hospitalization and death from stroke, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from stroke was 68 deaths per 100,000 population among African Americans, compared to 53 per 100,000 in the total Wisconsin population (Figure 1-5).
- In both the African American and the total population, males had slightly higher age-adjusted rates of death from stroke than did females.

**Figure 1-5. Age-adjusted mortality rates for stroke:
African American and total Wisconsin population,
2001-2005**

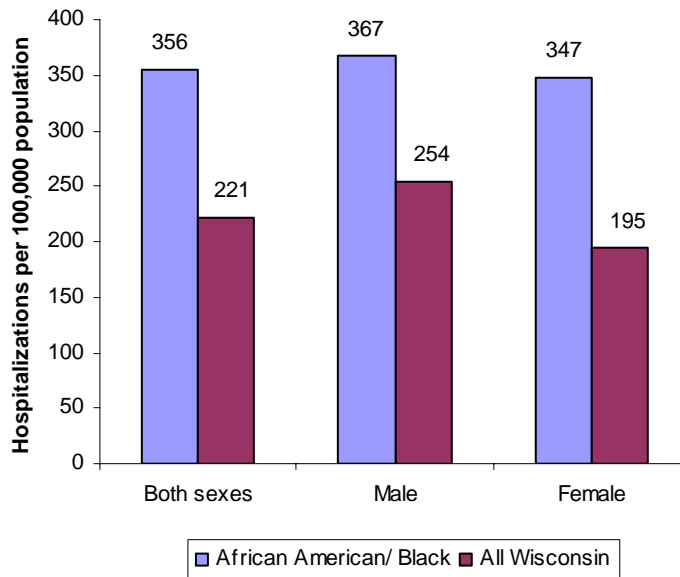


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R17.)

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

- The age-adjusted rate of hospitalizations for stroke was 356 hospitalizations per 100,000 in the African American population, and 221 per 100,000 in the total Wisconsin population (Figure 1-6).

Figure 1-6. Age-adjusted hospitalization rates for stroke: African American and total Wisconsin population, 2001-2005



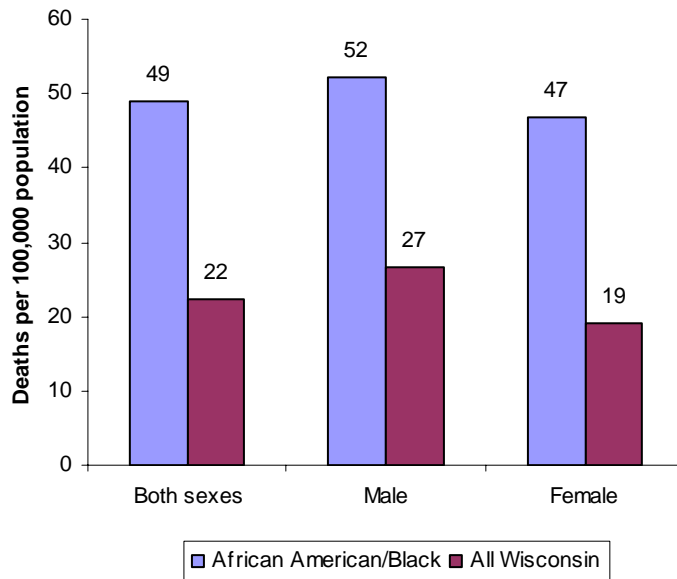
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

- African Americans in Wisconsin have higher rates of hospitalization and death from diabetes, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from diabetes was 49 deaths per 100,000 population among African Americans, compared to 22 per 100,000 in the total Wisconsin population (Figure 1-7).

Figure 1-7. Age-adjusted mortality rates for diabetes: African American and total Wisconsin population, 2001-2005

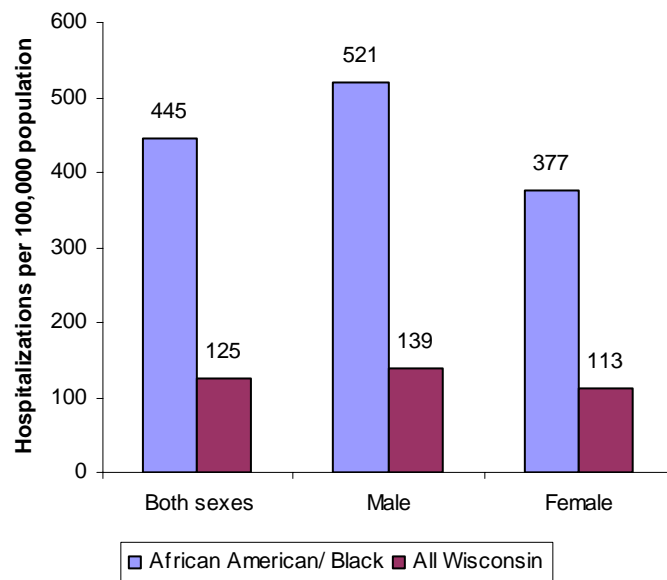


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R19.)

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

- The age-adjusted rate of hospitalizations for diabetes was 445 hospitalizations per 100,000 in the African American population, more than three times the rate in the total Wisconsin population (125 per 100,000) (Figure 1-8).

Figure 1-8. Age-adjusted hospitalization rates for diabetes: African American 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.)

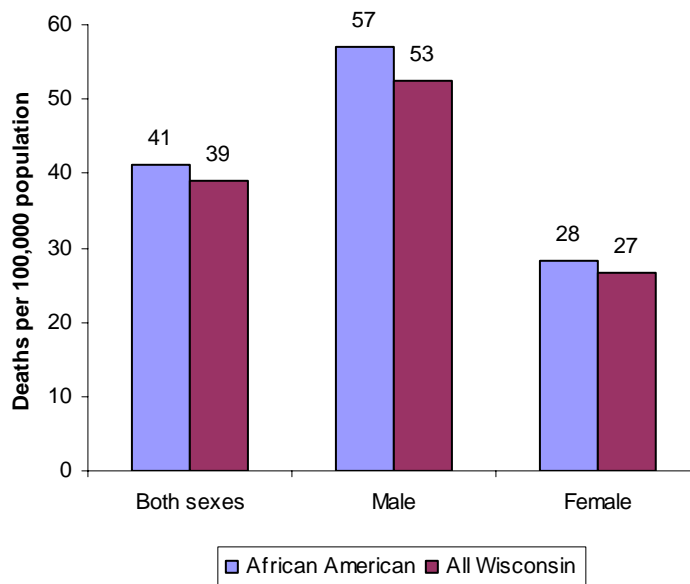
Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Injury

Unintentional Injuries

- The age-adjusted mortality rate for unintentional injuries among African Americans was 41 deaths per 100,000 population, compared to 39 per 100,000 among the total Wisconsin population (Figure 1-9). 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 1-9. Age-adjusted mortality rates for unintentional injury: African American and total Wisconsin population, 2001-2005

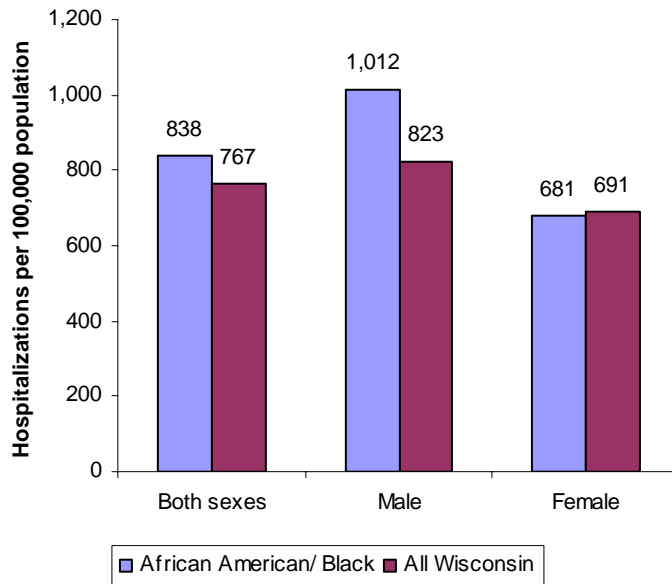


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R29.)

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

- The age-adjusted rate of hospitalizations for unintentional injuries was 838 hospitalizations per 100,000 in the African American population, and 767 per 100,000 in the total Wisconsin population (Figure 1-10).

Figure 1-10. Age-adjusted hospitalization rates for unintentional injury: African American and total Wisconsin population, 2001-2005



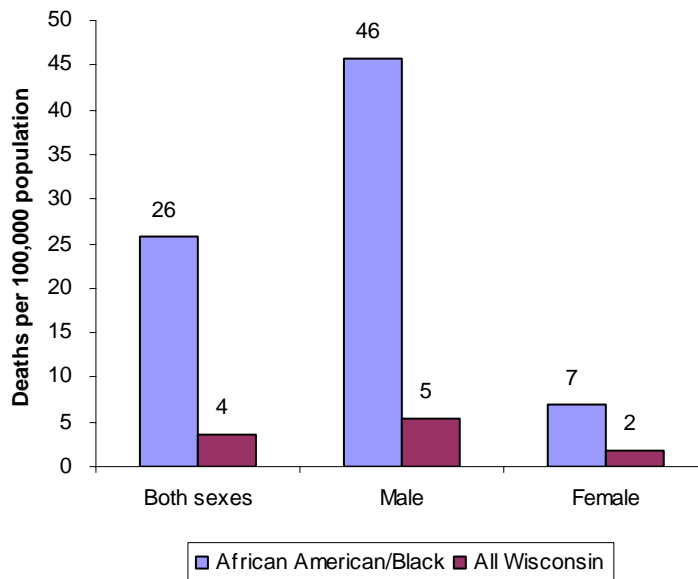
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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 African Americans and the total population in Wisconsin. Nevertheless, African Americans have higher rates of death from homicide, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from homicide was 26 deaths per 100,000 population among African Americans, compared to 4 per 100,000 in the total Wisconsin population (Figure 1-11).
- Males had higher rates of homicide death than females. In the African American population, the rate of death from homicide was 46 per 100,000 among males and 7 per 100,000 among females.

Figure 1-11. Age-adjusted mortality rates for homicide: African American and total Wisconsin population



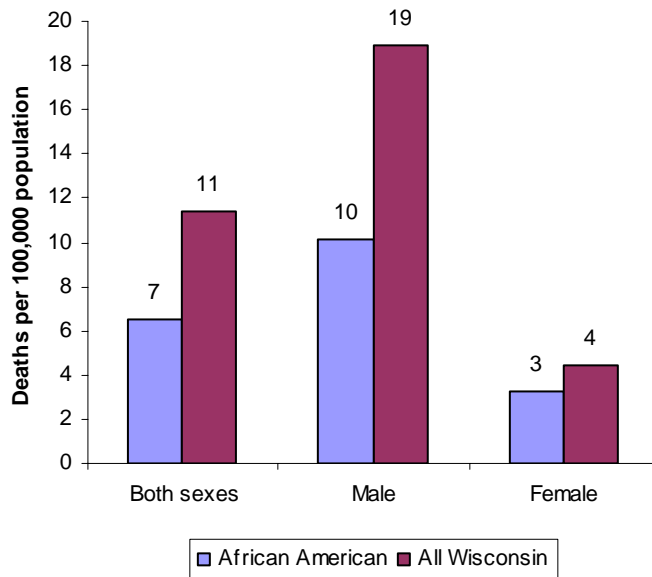
Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R31.)

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 somewhat lower in African Americans in Wisconsin compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from suicide was 7 deaths per 100,000 population among African Americans, compared to 11 per 100,000 in the total Wisconsin population (Figure 1-12).
- Males had higher rates of suicide death than females. In the African American population, the rate of death from suicide was 10 per 100,000 among males and 3 per 100,000 among females.

Figure 1-12. Age-adjusted mortality rates for suicide: African American 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

- African Americans bear a disproportionate share of the burden of HIV/AIDS in Wisconsin (Table 1-7). African Americans accounted for 37.3 percent of new cases of HIV infection in 2001-2005, while making up about 6 percent of the Wisconsin population.
- During the 2001-2005 period, African Americans accounted for 31.7 percent of newly reported cases of HIV infection among males and 57.8 percent of new cases among females.
- 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).

Table 1-7. 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.
- Nevertheless, it appears that African Americans account for a disproportionate percent of these infections.

Table 1-8. 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%

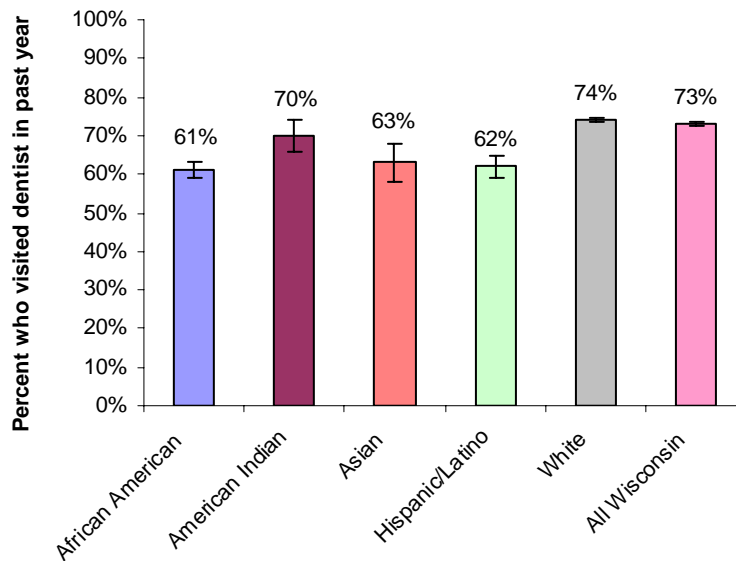
Source: Sexually Transmitted Diseases Program, Division of Public Health. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 44.)

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 1-13).
- African Americans were less likely to have seen a dentist recently: 61 percent of African Americans had seen a dentist in the past year. This means that nearly 40 percent of African Americans 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 1-13. 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.

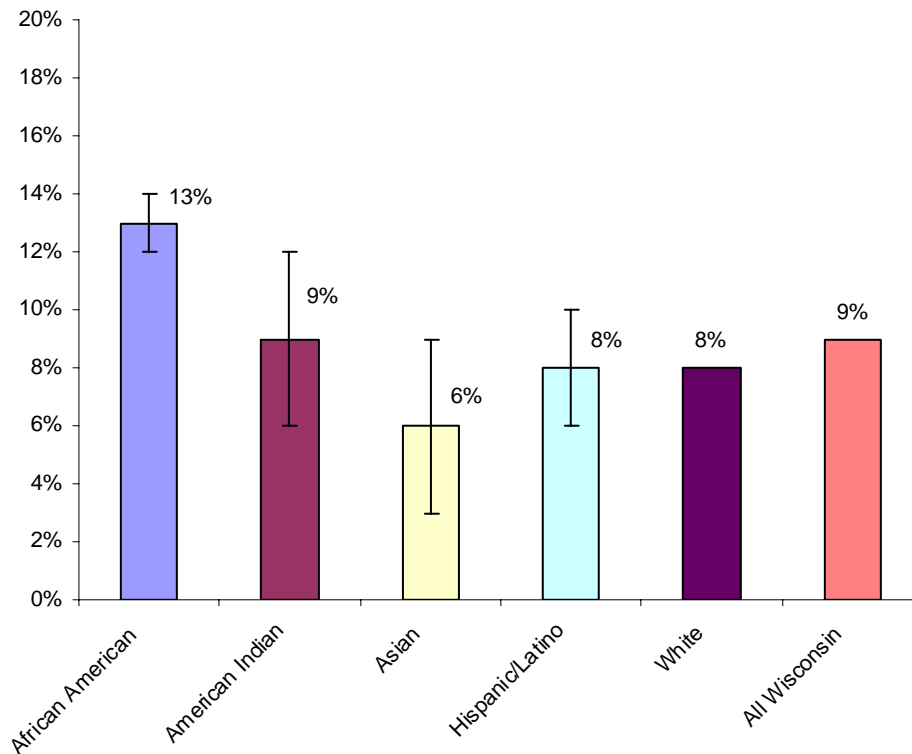
Notes: Percent with dental visit in past year is based on household population aged one year and older. Each percentage estimate is shown with its associated confidence interval (the vertical line at the top of the bar). The confidence interval is the range within which there is a 95% chance that the 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 1-14). This estimate is for household residents of all ages.
- Among African Americans, 13 percent are reported to have asthma; this is significantly higher than the overall percentage.
- 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 1-14. Asthma prevalence by race/ethnicity, Wisconsin, 2001, 2002, 2004



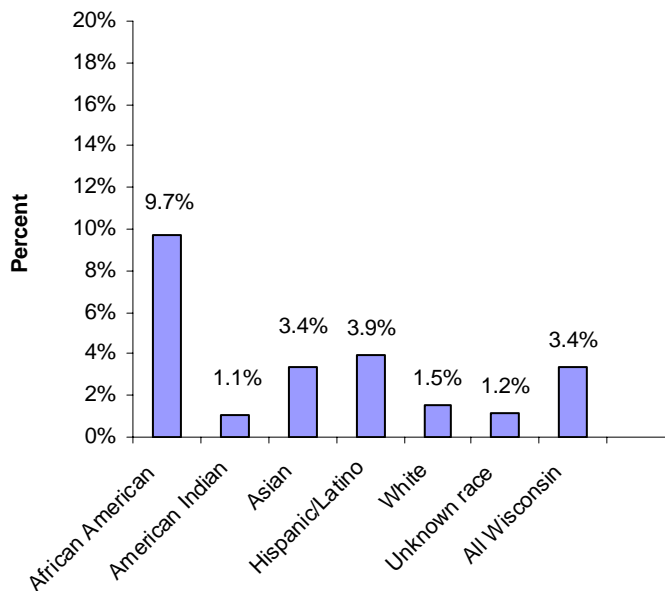
Source: Wisconsin Family Health Survey, 2001, 2002, 2004, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 48.)

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 1-15).
- Nearly 10 percent (9.7 percent) of African American children tested in 2005 had elevated blood levels. This higher risk is related to the age and condition of the housing stock where many African Americans live in Wisconsin, as well as to continuing high rates of poverty among African American children.

Figure 1-15. 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 29 percent of African American adults in Wisconsin smoke cigarettes, based on survey results for 2001-2005 (Table 1-9). This was 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 1-9. Estimated Prevalence of Behavioral Risk Factors, African Americans and Total Population, Wisconsin, 2001-2005

Risk Factor	Adults Age 18 and Older			
	African Americans		Total Population	
	Percent	(+/-)	Percent	(+/-)
Current cigarette smoking	29%	(3)	22%	(1)
Heavy drinking	5%	(2)	8%	(1)
Binge drinking	16%	(2)	24%	(1)
Drinking and driving	3%	(2)	5%	(1)
Physical inactivity	59%	(5)	45%	(1)
Overweight/obesity	70%	(4)	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. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Tables 50, 52, 53.)

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

- Blacks reported lower levels of alcohol use than the total population. For example, 16 percent of black adults reported binge drinking, compared to 24 percent of the total adult population in Wisconsin; this difference was statistically significant. Binge drinking is defined as five drinks on at least one occasion in the past month.
- Five percent of African Americans reported heavy drinking, compared to 8 percent of the total adult population. This difference was not statistically significant. 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.
- Three percent of African Americans reported drinking and driving, compared to 5 percent of the total adult population. This difference was not statistically significant.
- 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

- More African Americans reported they were physically inactive, in terms of leisure-time physical activity. (This does not include work-related physical activity.) Fifty-nine percent of black adults said they were physically inactive during the past month, compared to 45 percent of all adults in Wisconsin.
- African Americans were also more likely to be overweight or obese: 70 percent, 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, African Americans were less likely than the total population to have health insurance at any given point in time. Eighty-seven percent of African Americans, 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 1-10).
- Conversely, the percent reported to be uninsured at the time of the survey interview was higher among African Americans (13%) 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 African Americans were uninsured for all of the past year; this is double the percentage uninsured all year in the total state population (4%).
- Another 10 percent of African Americans had been insured for only part of the past year, meaning they were uninsured for part of the year.

Table 1-10. Health insurance coverage, African Americans and total Wisconsin population, 2001-2005

Health Insurance Coverage	African American/ Black	Total Wisconsin Population
	Percent (C.I. +/-)	Percent (C.I. +/-)
At time of survey:		
Insured	87% (1)	93% (--)
Insured--Private insurance	50% (2)	79% (--)
Insured--Medicaid	35% (2)	9% (--)
Uninsured	13% (1)	6% (--)
Over past year:		
Insured entire past year	80% (1)	89% (--)
Insured 1-11 months of past year	10% (1)	6% (--)
Uninsured all of past year	8% (1)	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:

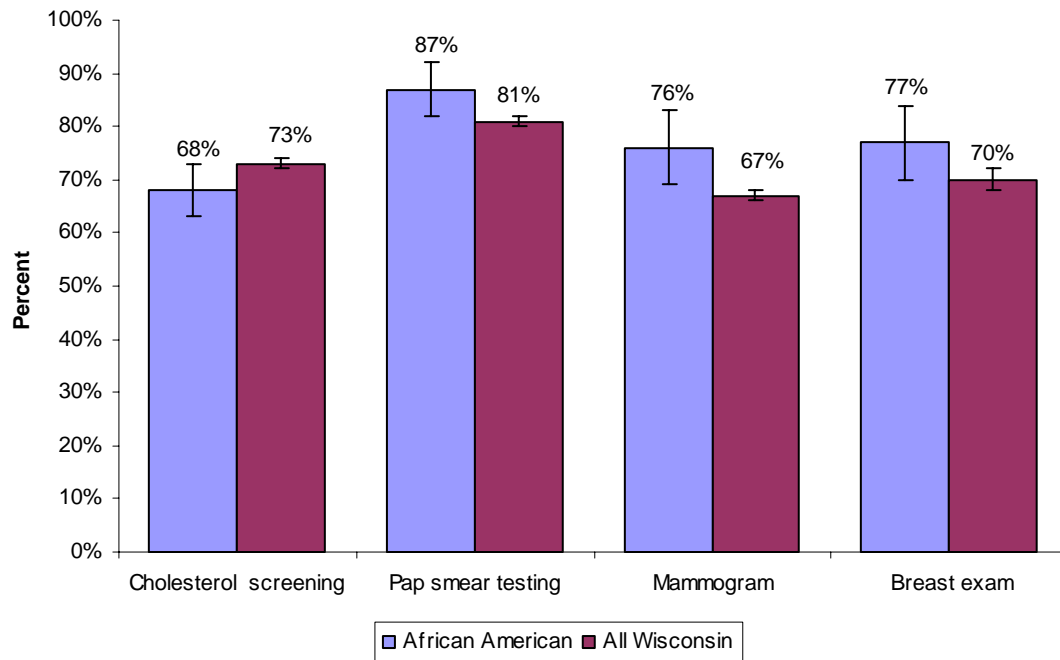
“Private insurance” includes employer-provided group coverage and privately purchased coverage. “Medicaid” (also called Medical Assistance or MA) also includes people reporting BadgerCare. The number of Wisconsin Medicaid clients indicated by Medicaid program data is larger than the number estimated 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 African American adults reported having had their cholesterol tested by a health care professional within the past five years (Figure 1-16).
- Eighty-seven percent of African American women said they had had a Pap smear within the past two years.
- Seventy-six percent of African American women aged 50 and older reported having had a mammogram within the past year, and 77 percent reported having had a clinical breast exam during the year.

Figure 1-16. Cholesterol screening, Pap smear testing, mammogram, clinical breast exam: African American 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 five years.

Pap smear testing refers to adult women who reported having had a Pap smear within the past two years (excluding women who reported having had a hysterectomy).

A *mammogram* is an x-ray of the breast. The percentage shows the proportion of women aged 50 and older who had a mammogram in the past year.

A *clinical breast exam* is a physical examination of the breast performed by a qualified health professional. The percentage shows the proportion of women aged 50 and older who had a clinical breast exam in the past year.

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.

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.

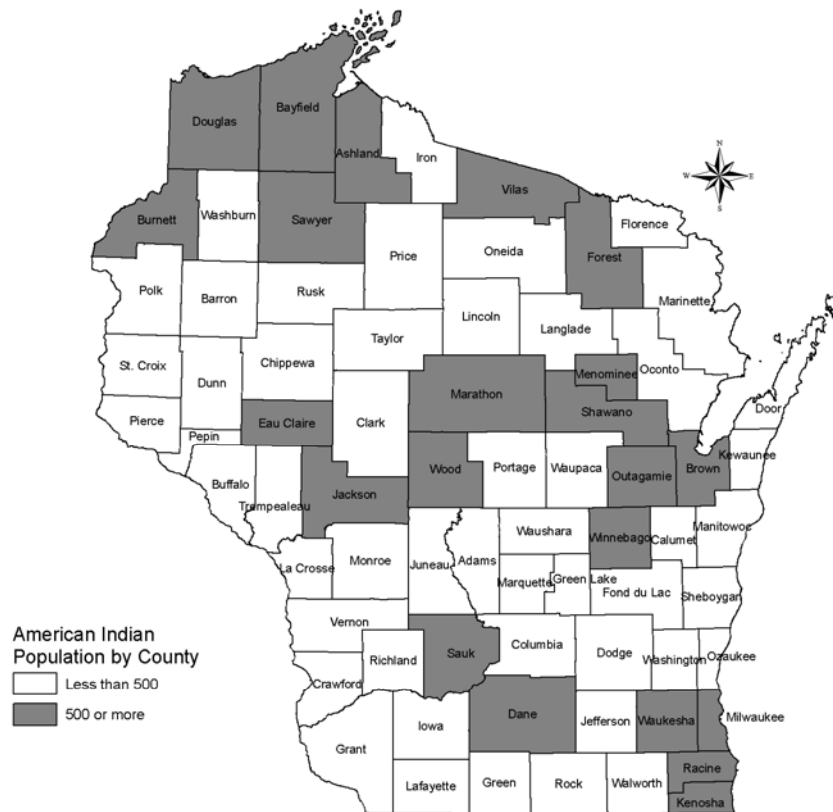
Table 2-2. Population Distribution by Age, American Indian and Total Population, Wisconsin 2005

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.)

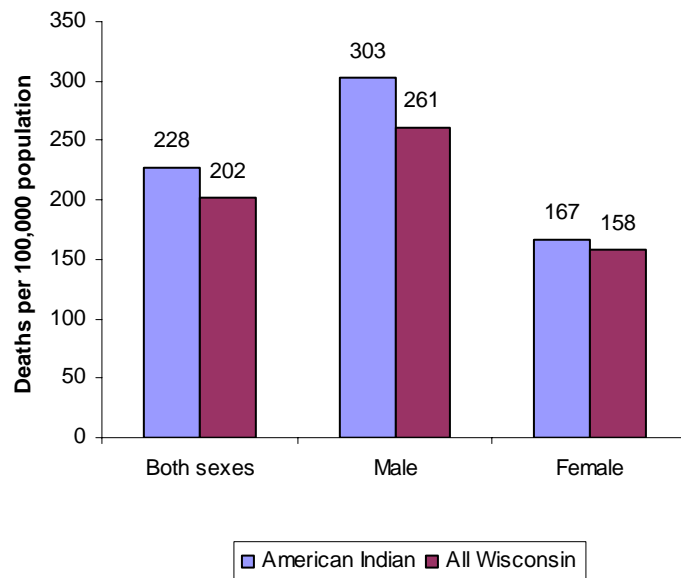
Notes: The rate ratio is the ratio of the mortality rate of the minority group to the mortality rate of the white group. Ratios are based on rates that have been age-adjusted to the U.S. year 2000 standard population. The 95% confidence interval is shown in parentheses, representing the upper and lower 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

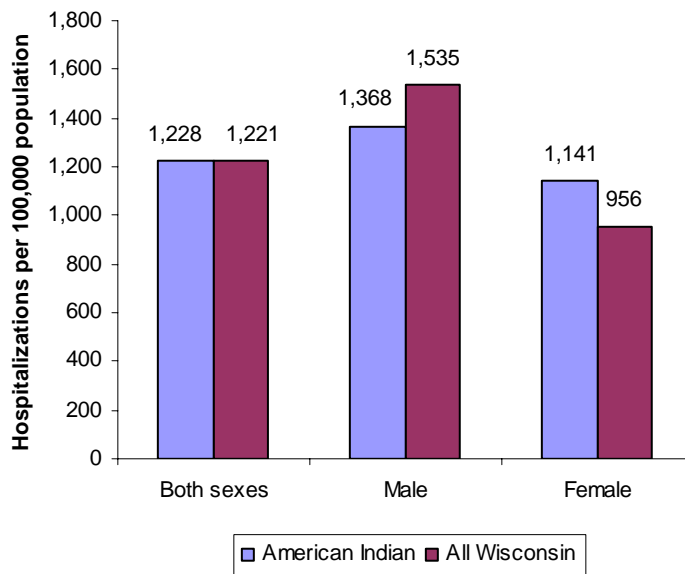


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R15.)

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



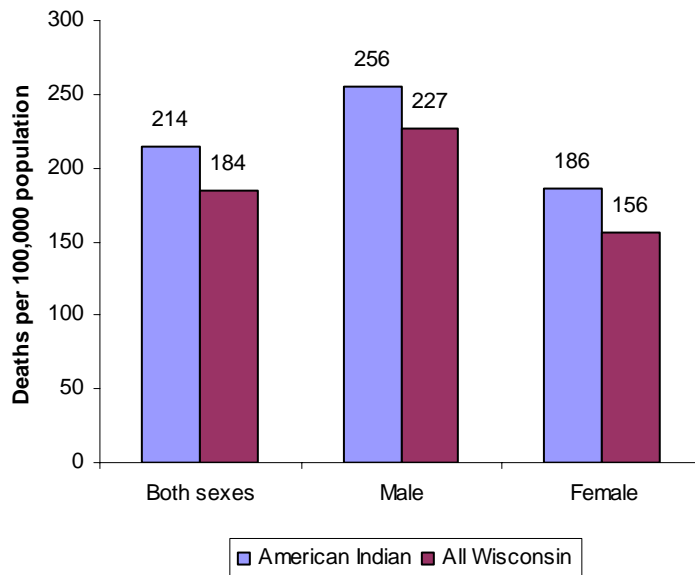
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

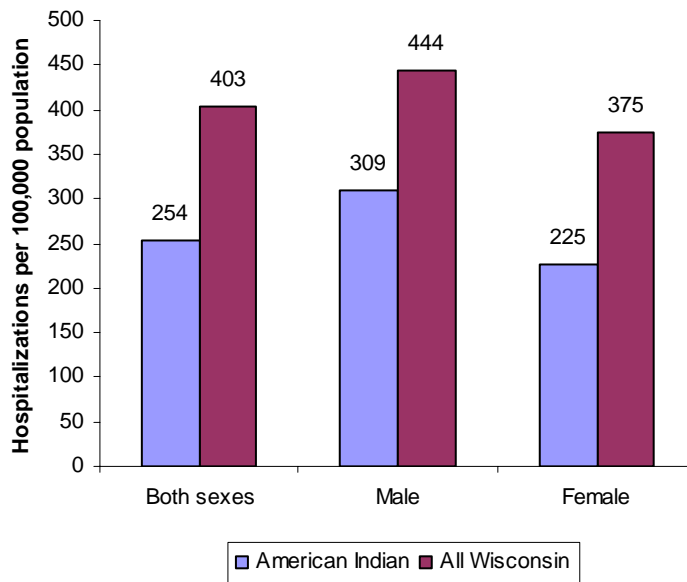


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R23.)

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



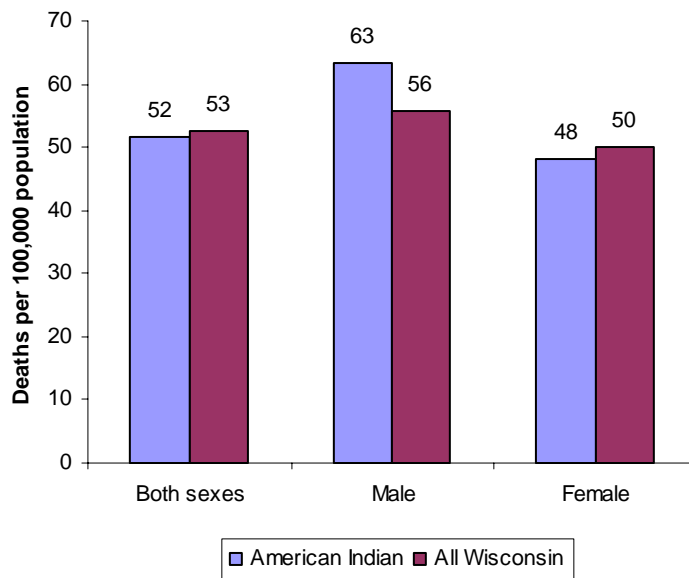
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

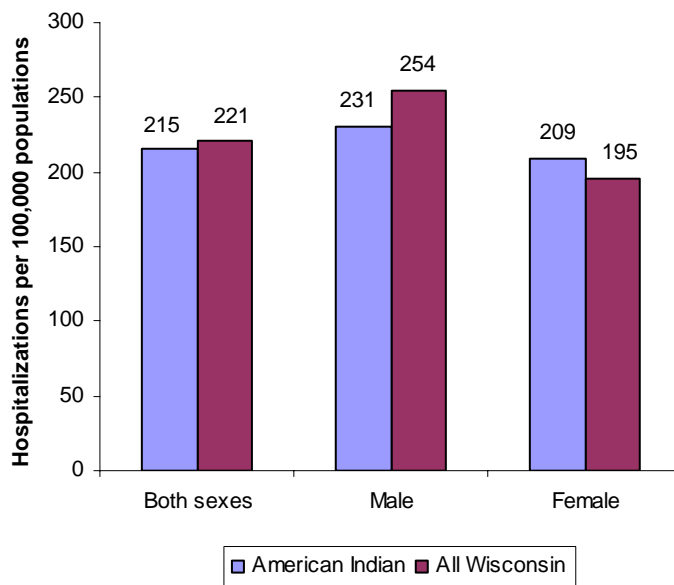


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R17.)

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



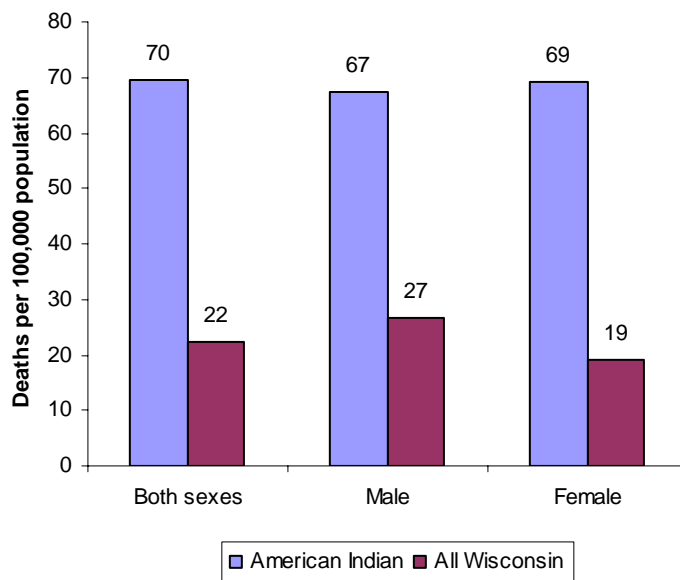
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

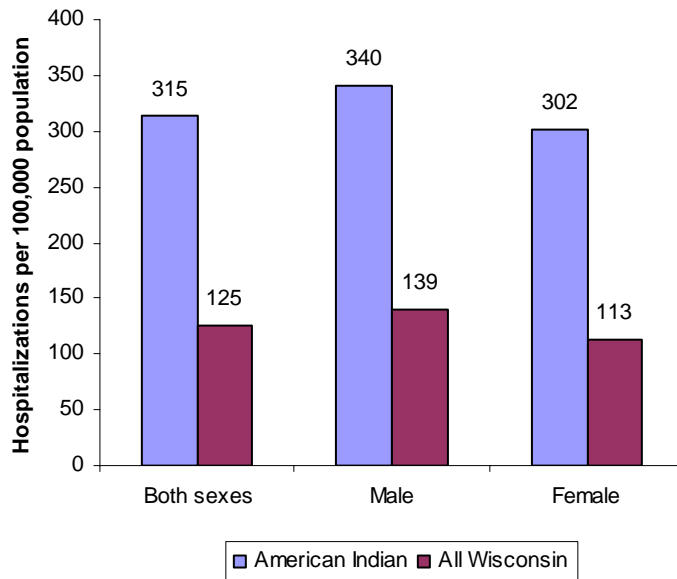


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R19.)

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.)

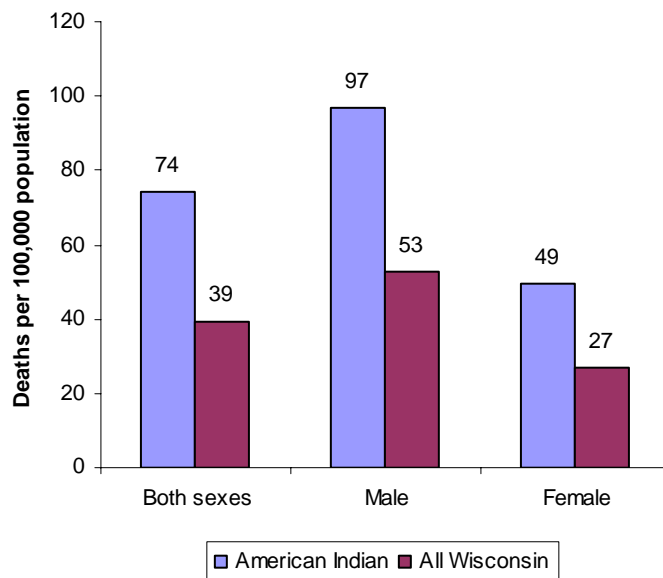
Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

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

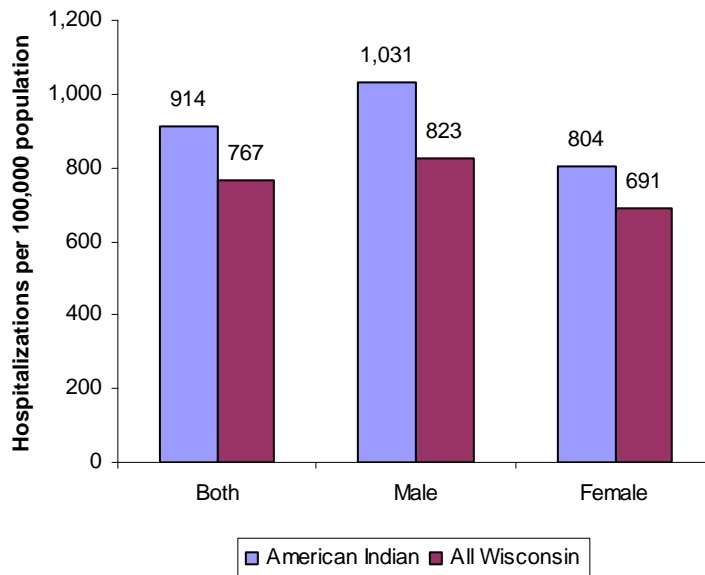


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R29.)

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



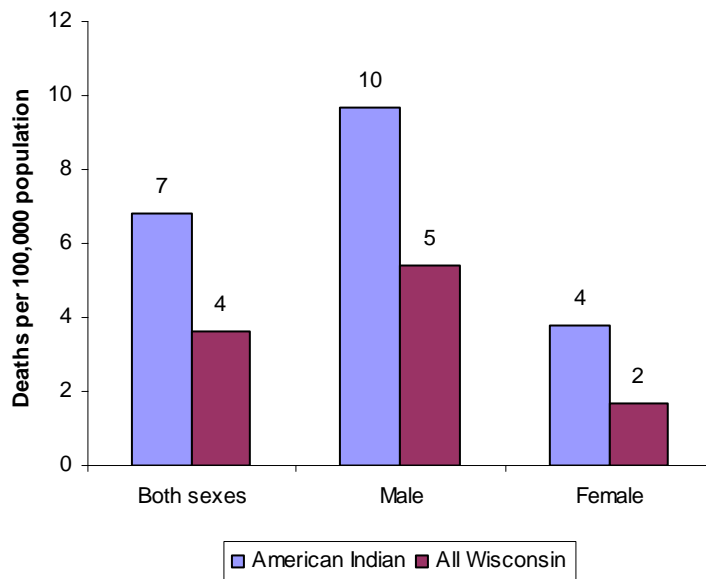
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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



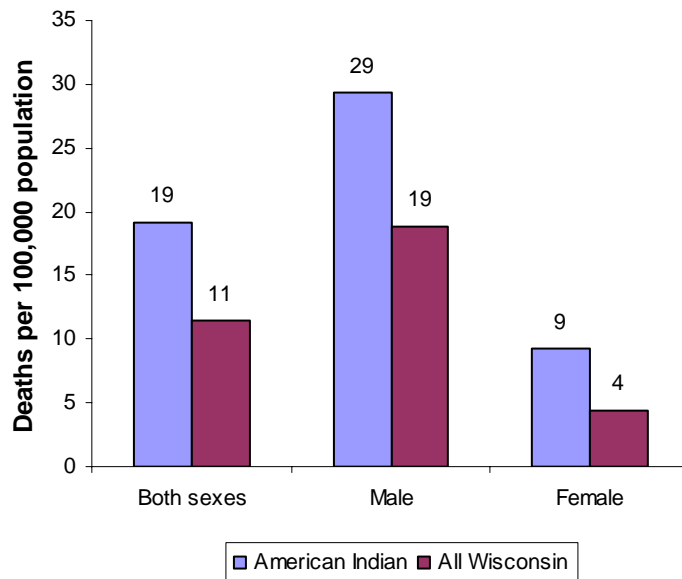
Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R31.)

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%

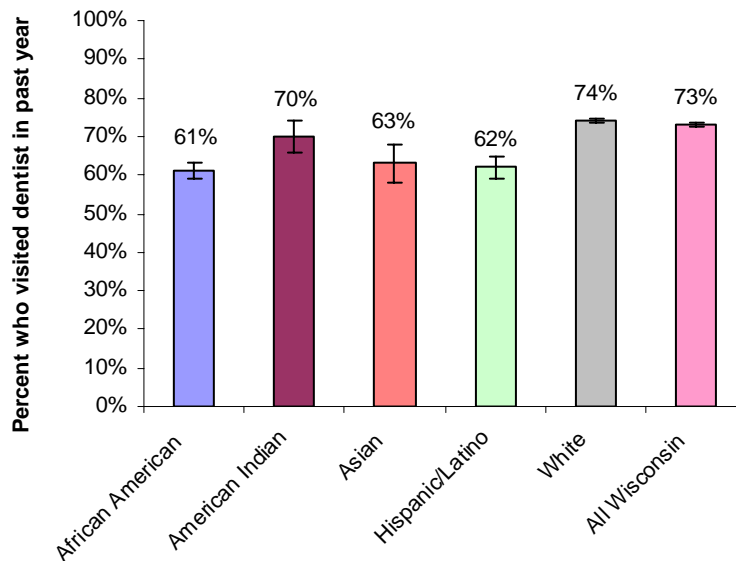
Source: Sexually Transmitted Diseases Program, Division of Public Health. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 44.)

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.

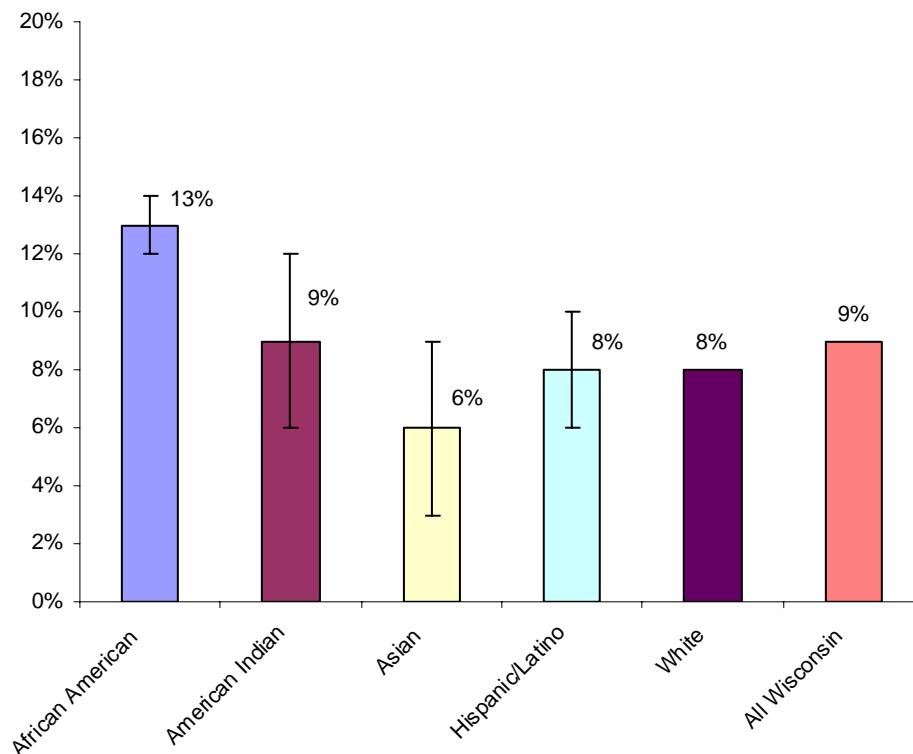
Note: Percent with dental visit in past year is based on household population aged one year and older. Each percentage estimate is shown with its associated confidence interval (the vertical line at the top of the bar). The confidence interval is the range within which there is a 95% chance that the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



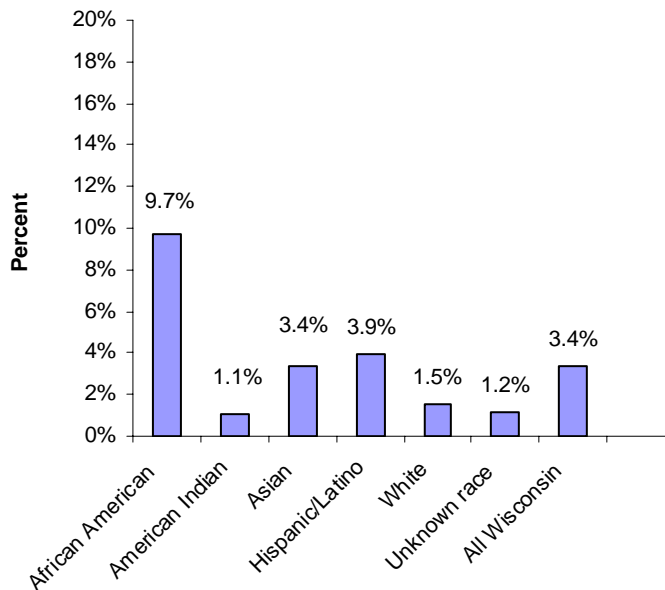
Source: Wisconsin Family Health Survey, 2001, 2002, 2004, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 48.)

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.

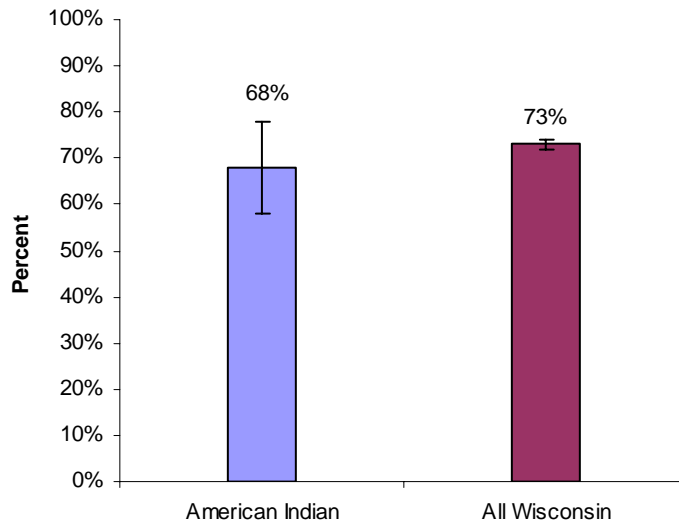
“Medicaid” (also called Medical Assistance or MA) also includes people reporting BadgerCare. The number of Wisconsin Medicaid clients indicated by Medicaid program data is larger than the number estimated by the Family Health Survey. This lower estimate of the Medicaid population is typical of telephone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

Asians

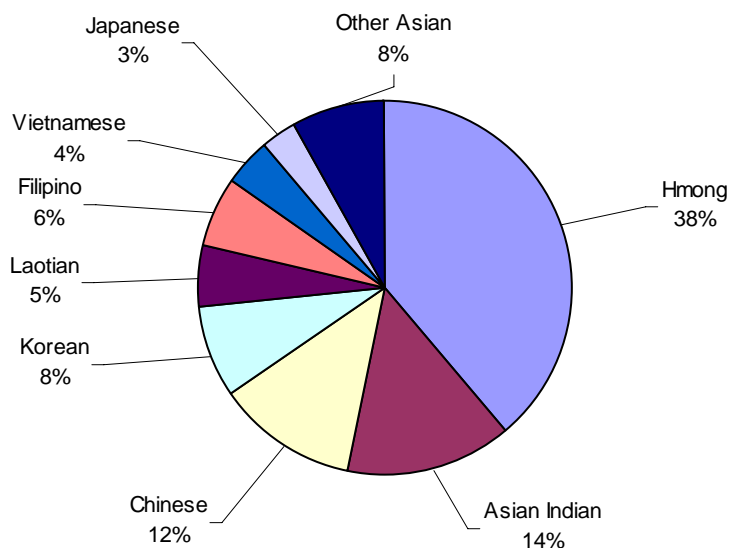
Population Characteristics

*Background*⁷

“Asian” refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including (for example) Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Laos, Thailand, and Vietnam.

The largest Asian groups in Wisconsin, based on the 2000 U.S. Census, were Hmong (38%), Asian Indian (14%), and Chinese (12%) (Figure 3-1). In 2000, 67 percent of Asians in Wisconsin were foreign-born. Asian communities are heterogeneous groups that are concentrated in selected counties across the state, especially Milwaukee, Dane, Marathon, Waukesha, and Brown.

Figure 3-1. Wisconsin Asian population by national origin, 2000



Source: U.S. Census Bureau, Census 2000, Summary Tape File 1; adapted from Table 3, page 25, *The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000* (DHFS, 2004).

Notes: Total does not include 768 Asians in 2000 who identified themselves as Hispanic. These Hispanic Asians are included in the percentages shown for the detailed Asian race groups and the Other Asian category. Thus, the detailed groups do not sum to the total. The “Other Asian” category includes Bangladeshi, Cambodian, Indonesian, Malaysian, Pakistani, Sri Lankan, Thai, and Other Asian not specified. Populations shown for 2000 exclude persons reporting two or more race categories.

⁷ 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.

The Hmong population in Wisconsin is the third largest in the nation following the initial emigration of Hmong from Southeast Asia beginning in the 1970s. Traditional Hmong health beliefs and practices are sometimes different from Western medical systems. In addition, elders and recent immigrants often experience language barriers that can make health communication difficult.

Census Data

- Asians made up 1.6 percent of the Wisconsin population in 2000, according to the U.S. Census (Table 3-1).
- Asians were a younger population than the state as a whole, with a median age of 23 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.
- 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%).
- Children were even more likely to be living in poverty: 23 percent of Asian children in Wisconsin were living in poverty.
- The percent of Asian households that were headed by females (42.1%) was nearly double the statewide percent (21.7%).
- Twenty-seven percent of Asians age 25 and older in Wisconsin had not graduated from high school.

Table 3-1. Summary Data from the U.S. Census, Asian and Total Population, Wisconsin 2000

Characteristic	Asian	Total Wisconsin
Number in population	87,995	5.4 million
Percent of population	1.6%	100.0%
Median age	23	36
Percent in poverty	19.8%	8.7%
Percent of children in poverty	23.0%	11.2%
Percent of households headed by females	42.1%	21.7%
Percent with less than high school education (age 25 and older)	26.8%	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 3-2 provides the latest available population estimates by age group for the Asian and total Wisconsin populations. These estimates are for 2005.

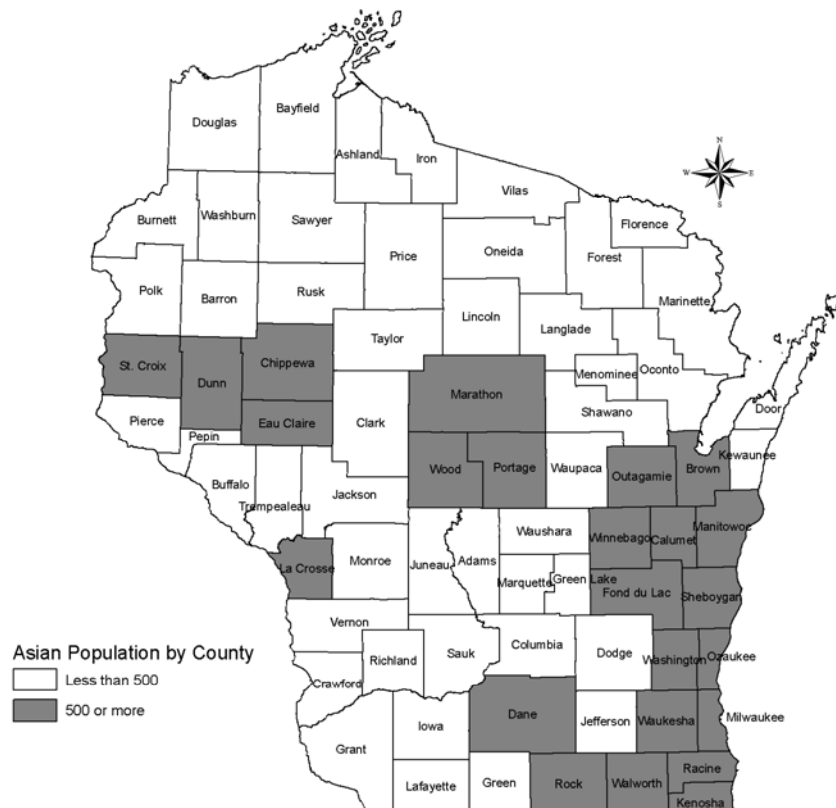
Table 3-2. Population Distribution by Age, Asian and Total Population, Wisconsin 2005

Age Group	Asian		Total Wisconsin	
	Number	Percent	Number	Percent
Less than 5 years	9,912	8.6%	342,755	6.1%
5-14 years	21,473	18.7%	720,119	12.9%
15-24 years	23,679	20.6%	820,556	14.7%
25-34 years	22,897	19.9%	707,935	12.7%
35-44 years	16,576	14.4%	831,996	14.9%
45-54 years	10,040	8.7%	850,699	15.2%
55-64 years	5,646	4.9%	580,184	10.4%
65-74 years	2,832	2.5%	351,851	6.3%
75-84 years	1,428	1.2%	259,523	4.7%
85 years and over	458	0.4%	116,221	2.1%
All Ages	114,941	100.0%	5,581,839	100.0%

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

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

Map. Geographic Distribution of the Asian 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, Asians in Wisconsin have a higher birth rate: 22.5 births per 1,000 population in 2005, compared with 12.7 (Table 3-3, next page).
- Asians also have a higher fertility rate than the state as a whole: 81.5 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, Asians in Wisconsin have both a lower crude death rate and a lower age-adjusted death rate. The crude death rate (deaths per 100,000 population) for Asians is lower than the state's overall crude death rate partly because Asians 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 shows that Asians have a lower rate of death than the total state population even 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 3-3. Summary Birth and Death Information, Asian and Total Population, Wisconsin 2005

Characteristic	Asian*	Total Wisconsin
<i>Births</i>		
Birth rate (births per 1,000 population)	22.5	12.7
Fertility rate (births per 1,000 women aged 15-44)	81.5	61.2
Number of births	2,596	70,934
Teen birth rate (births per 1,000 women aged 15-19)	49.0	30.5
Number of teen births (mother less than 20 years of age)	286	6,093
<i>Deaths (rates are deaths per 100,000 population)</i>		
Both sexes		
Number of deaths	228	46,544
Crude rate	194.8	833.8
Age-adjusted rate (2001-2005)	520.3	769.4
Females		
Number of deaths	105	23,939
Crude rate	178.6	849.7
Age-adjusted rate (2001-2005)	478.2	643.8
Males		
Number of deaths	123	22,604
Crude rate	211.1	817.7
Age-adjusted rate (2001-2005)	576.6	936.1

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

Note: Births to Asians in this table include births to Laotian and Hmong women and births to women of other Asian origins or ancestry; they also include 5 births in which the mother reported her origin or ancestry as Hawaiian.

Mother and Infant Health

Wisconsin birth data provide one of the few data sources that permit data for Laotians and Hmong to be examined separately from data for other Asians. As a group, Laotians and Hmong tend to have birth characteristics different from those of other Asian groups in Wisconsin and may require targeted attention and strategies to improve outcomes.

- Most Laotian and Hmong babies in Wisconsin are born healthy and thrive. 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%).
- 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). Other risks occur in 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%).

Table 3-4. Births to Laotians and Hmong, Wisconsin, 2005

	Laotians and Hmong	Total Wisconsin
Percent of births	1.6%	100.0%
Number of births	1,101	70,934
Infant Mortality Rate (2003-2005) (infant deaths per 1,000 births)	8.6	6.4
Average annual deaths (2003-2005)	9	448
Low birthweight		
Less than 2,500 grams (5.5 lbs.)	6.8%	7.0%
Less than 1,500 grams (3.3 lbs.)	1.2%	1.3%
Maternal age		
Less than 20 years	19.3%	8.6%
20 years or older	80.7%	91.4%
Maternal education		
Less than high school	29.6%	15.3%
High school graduate or more	68.0%	84.2%
Prenatal care start		
First trimester	56.7%	85.0%
Second trimester or later (or none)	42.0%	14.4%
Smoked during pregnancy	4.4%	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. Infant mortality rate for Laotians and Hmong is based on unpublished data from matched birth and infant death certificates.

- 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).

Table 3-5. Births to Other Asians,* Wisconsin 2005

	Other Asians*	Total Wisconsin
Percent of births	2.1%	100.0%
Number of births	1,495	70,934
Infant Mortality Rate (2003-2005) (infant deaths per 1,000 births)	5.4	6.4
Average annual deaths (2003-2005)	7	448
Low birthweight		
Less than 2,500 grams (5.5 lbs.)	8.3%	7.0%
Less than 1,500 grams (3.3 lbs.)	1.9%	1.3%
Maternal age		
Less than 20 years	4.9%	8.6%
20 years or older	95.1%	91.4%
Maternal education		
Less than high school	7.6%	15.3%
High school graduate or more	91.1%	84.2%
Prenatal care start		
First trimester	83.7%	85.0%
Second trimester or later (or none)	15.5%	14.4%
Smoked during pregnancy	2.2%	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. Infant mortality rate for Asians excluding Laotian and Hmong is based on unpublished data from matched birth and infant death certificates.

* Births to Asians excluding Laotians and Hmong; include 5 births in which the mother reported her origin or ancestry as Hawaiian.

Leading Causes of Death

- During the years 2001-2005, the four leading causes of death among Asians in Wisconsin were cancer, heart disease, stroke, and unintentional injury (Table 3-6).
- Cancer caused 21 percent of Asian deaths in Wisconsin, and heart disease caused 18 percent.

Table 3-6. Leading Causes of Death, Asian Population, Wisconsin, 2001-2005

Cause of Death	Average Annual Number	Percent
All causes	214	100%
Cancer	46	21
Heart disease	39	18
Stroke	24	11
Unintentional injury	18	9
Diabetes	8	4
Kidney Disease	7	3
Suicide	7	3
Perinatal conditions	6	3
Congenital malformations	5	3
Chronic lung disease	5	2
All other causes	49	23%

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 29.)

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 3-7 compare the mortality rate for various causes of death among Asians 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 Asian population compared to the non-Hispanic white population. For example, Asians had an age-adjusted rate of death from stroke that was 1.3 times the rate in the white population.
- Causes of death for which Asians died 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).
- For other leading causes of death, the ratio of Asian deaths to white deaths was less than 1.0, indicating a lower rate of death among Asians than among whites in Wisconsin.

Table 3-7. Age-Adjusted Mortality Disparity Ratios, By Selected Cause of Death, Asian Population, Wisconsin 2001-2005

Cause of Death	Rate Ratio	(Confidence Interval)
All deaths	0.7	(0.6 – 0.8)
Heart disease	0.6	(0.5 – 0.7)
Stroke	1.3	(1.1 – 1.6)
Diabetes	1.2	(0.8 – 1.6)
Cancer	0.6	(0.5 – 0.7)
Unintentional injury	0.6	(0.5 – 0.8)
Homicide	1.2	(0.6 – 2.4)
Suicide	0.6	(0.4 – 0.9)

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.)

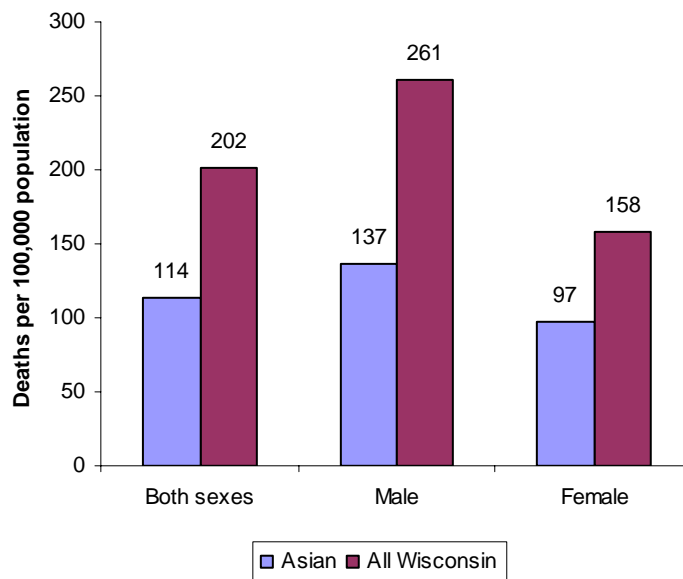
Notes: The rate ratio is the ratio of the mortality rate of the minority group to the mortality rate of the white group. Ratios are based on rates that have been age-adjusted to the U.S. year 2000 standard population. The 95% confidence interval is shown in parentheses, representing the upper and lower 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

- Asians in Wisconsin have 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, compared to 202 per 100,000 in the total Wisconsin population (Figure 3-2).
- For both the Asian and the total Wisconsin populations, males had higher rates of death from heart disease than females.

Figure 3-2. Age-adjusted mortality rates for heart disease: Asian and total Wisconsin population, 2001-2005

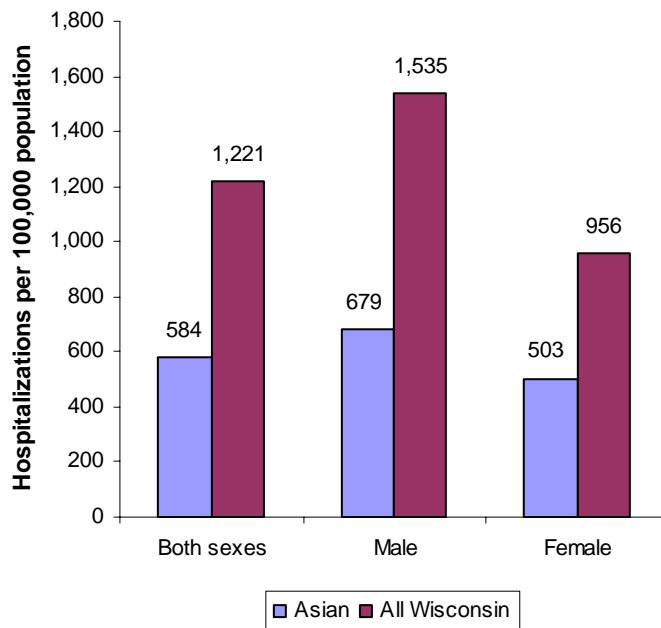


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R15.)

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

- The age-adjusted rate of heart disease hospitalizations among Asians was 584 hospitalizations per 100,000 population, compared to 1,221 per 100,000 in the total Wisconsin population (Figure 3-3).
- Both male and female Asians have lower rates of heart disease hospitalization compared to their counterparts in the total population.

Figure 3-3. Age-adjusted hospitalization rates for heart disease: Asian and total Wisconsin population, 2001-2005



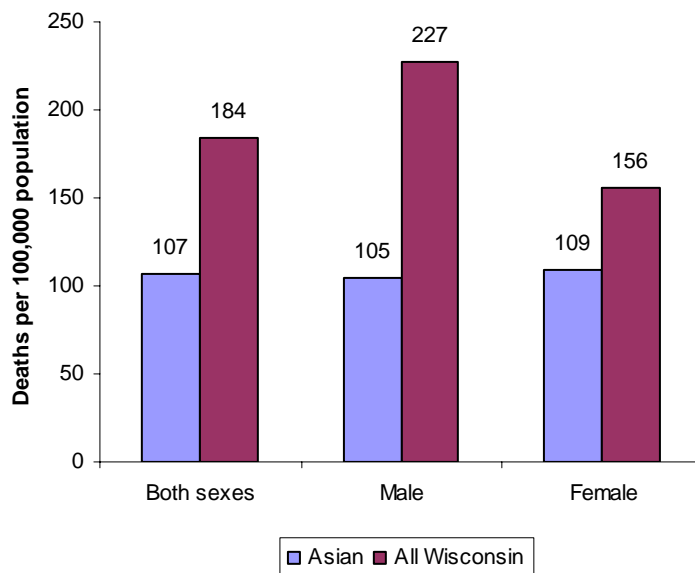
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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 and hospitalization rates for cancer are lower among Asians of both sexes compared to rates in the total Wisconsin population.
- In 2001-2005, the age-adjusted cancer mortality rate for Asians was 107 deaths per 100,000 population, compared to 184 per 100,000 for the total Wisconsin population (Figure 3-4).

**Figure 3-4. Age-adjusted mortality rates for cancer:
Asian and total Wisconsin population, 2001-2005**

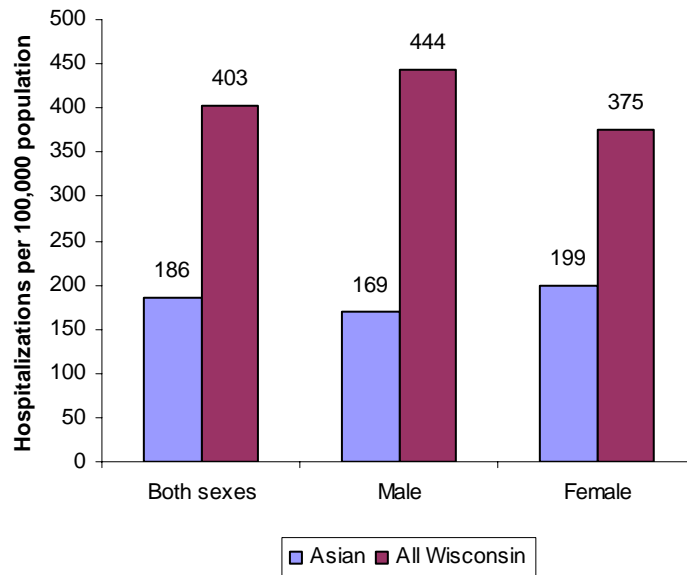


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R23.)

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

- The age-adjusted rate of cancer hospitalizations was 186 hospitalizations per 100,000 in the Asian population, and 403 per 100,000 in the total Wisconsin population (Figure 3-5).

Figure 3-5. Age-adjusted hospitalization rates for cancer: Asian and total Wisconsin population, 2001-2005



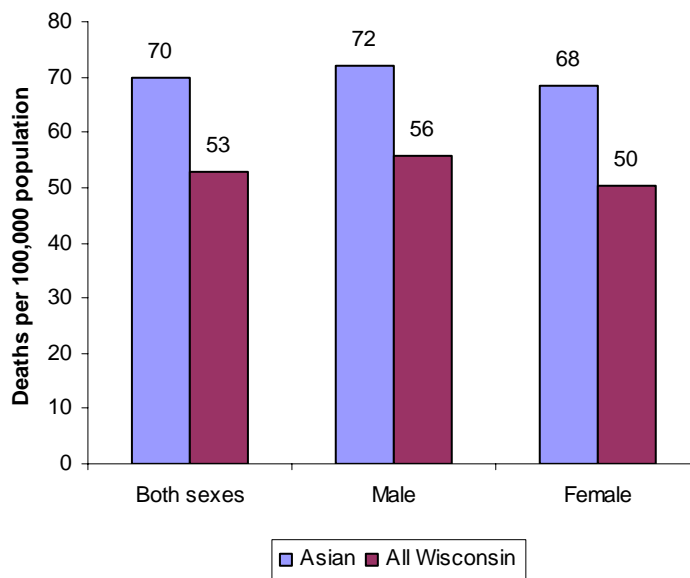
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

- Asians in Wisconsin have higher rates of death from stroke, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from stroke was 70 deaths per 100,000 population among Asians, compared to 53 per 100,000 in the total Wisconsin population (Figure 3-6).
- In both the Asian and the total population, males had slightly higher age-adjusted rates of death from stroke than did females.

**Figure 3-6. Age-adjusted mortality rates for stroke:
Asian and total Wisconsin population, 2001-2005**

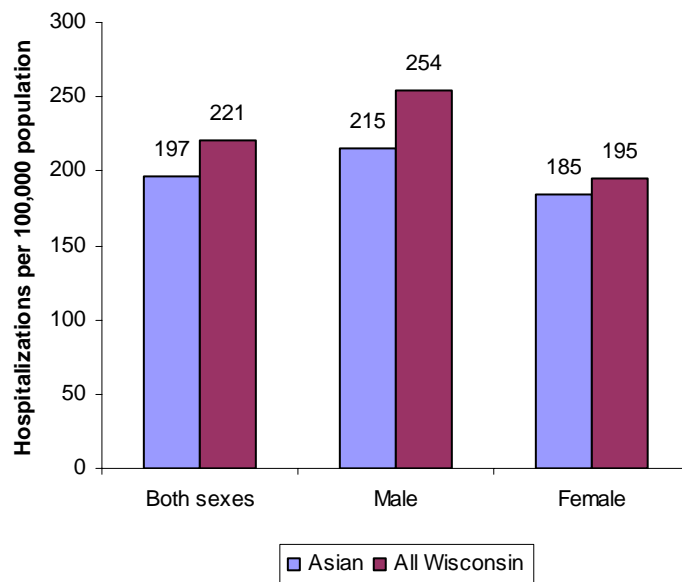


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R17.)

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

- The age-adjusted rate of hospitalizations for stroke was 197 hospitalizations per 100,000 in the Asian population, and 221 per 100,000 in the total Wisconsin population (Figure 3-7).
- Males had higher rates of hospitalizations for stroke than did females.

Figure 3-7. Age-adjusted hospitalization rates for stroke: Asian and total Wisconsin population, 2001-2005



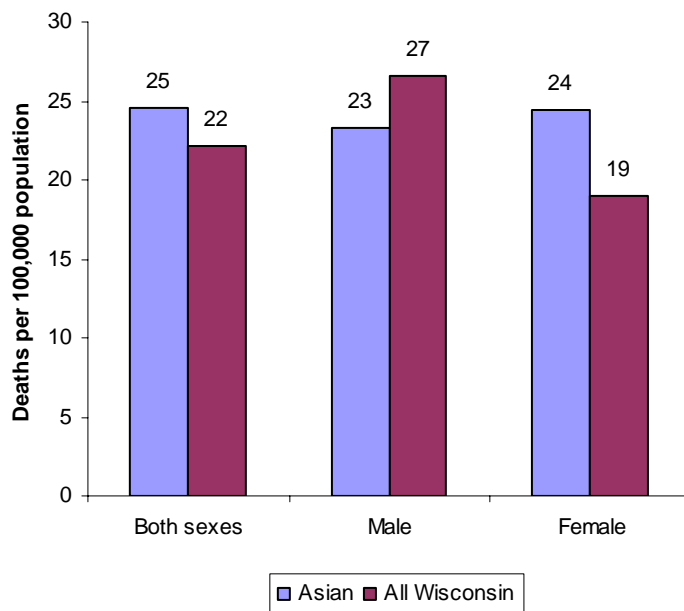
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

- Asians in Wisconsin have a slightly higher rate of death from diabetes, compared to the total Wisconsin population.
- In 2001-2005, 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 (Figure 3-8).

Figure 3-8. Age-adjusted mortality rates for diabetes: Asian and total Wisconsin population, 2001-2005

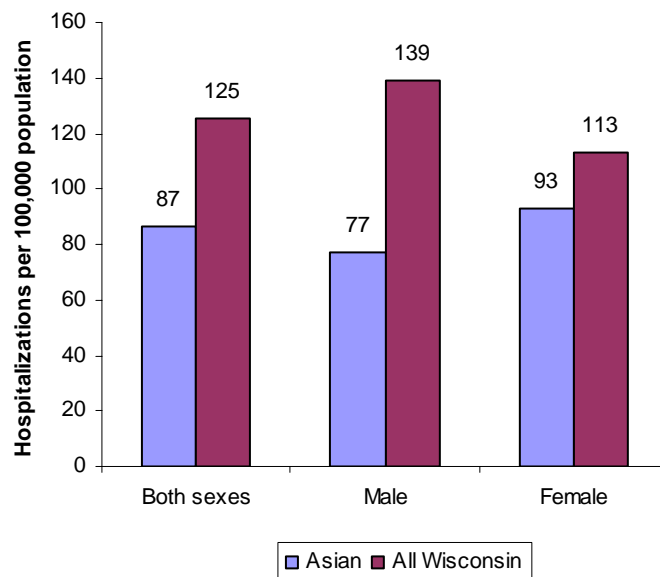


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R19.)

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

- In contrast to their slightly higher diabetes mortality rate, Asians had lower rates of diabetes hospitalizations.
- The age-adjusted rate of diabetes hospitalizations was 87 hospitalizations per 100,000 population in the Asian population, and 125 per 100,000 in the total Wisconsin population (Figure 3-9).

Figure 3-9. Age-adjusted hospitalization rates for diabetes: Asian 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.)

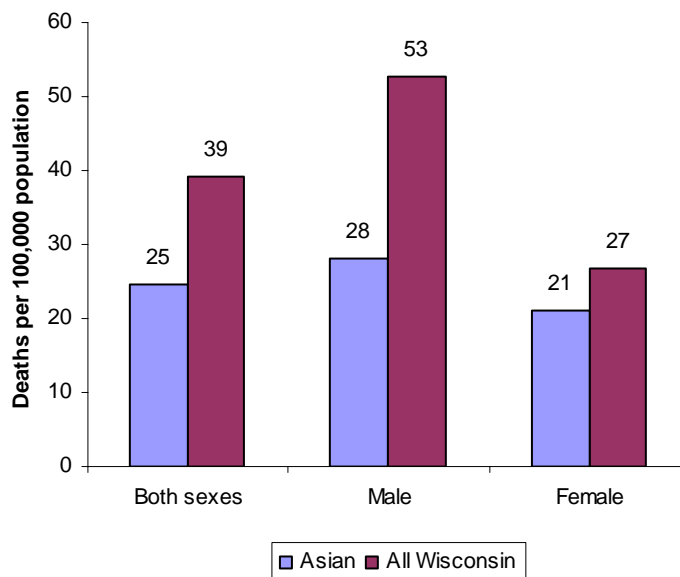
Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Injury

Unintentional Injuries

- The age-adjusted mortality rate for unintentional injuries among Asians in Wisconsin was 25 deaths per 100,000 population, compared to 39 per 100,000 in the total Wisconsin population (Figure 3-10). 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, although this difference was not as pronounced among Asians as it was in the total population.

Figure 3-10. Age-adjusted mortality rates for unintentional injury: Asian and total Wisconsin population, 2001-2005

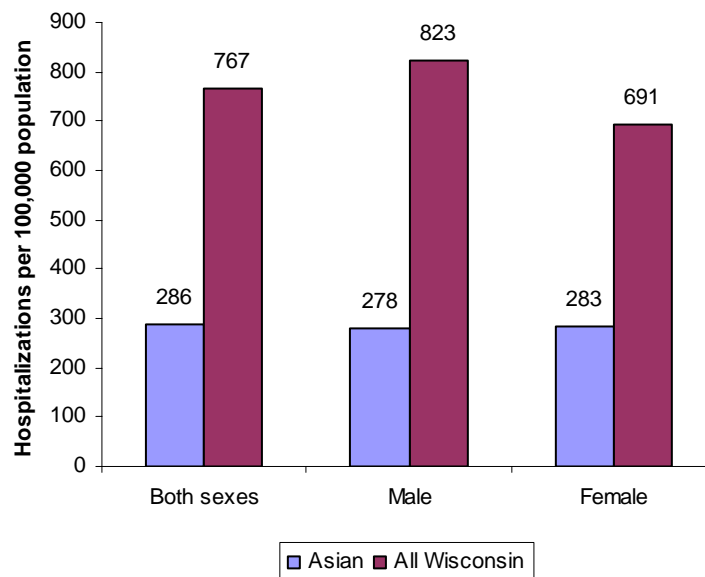


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R29.)

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

- Asians also had lower hospitalization rates for unintentional injuries than did the total Wisconsin population.
- The age-adjusted rate of hospitalizations for unintentional injuries was 286 hospitalizations per 100,000 in the Asian population, and 767 per 100,000 in the total Wisconsin population (Figure 3-11).

Figure 3-11. Age-adjusted hospitalizations for unintentional injury: Asian and total Wisconsin population, 2001-2005



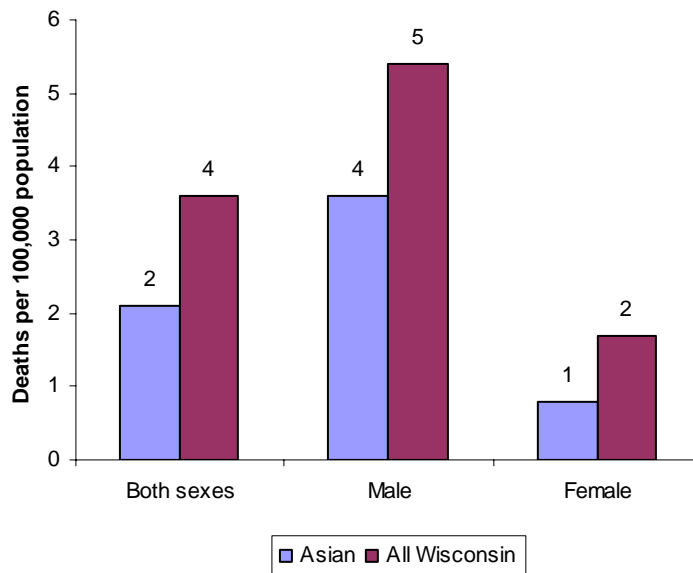
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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 Asians and the total population in Wisconsin. Asians have slightly lower rates of death from homicide, compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from homicide was 2 deaths per 100,000 population among Asians, compared to 4 per 100,000 in the total Wisconsin population (Figure 3-12).
- Males had higher rates of homicide deaths than females.

Figure 3-12. Age-adjusted mortality rates for homicide: Asian and total Wisconsin population, 2001-2005



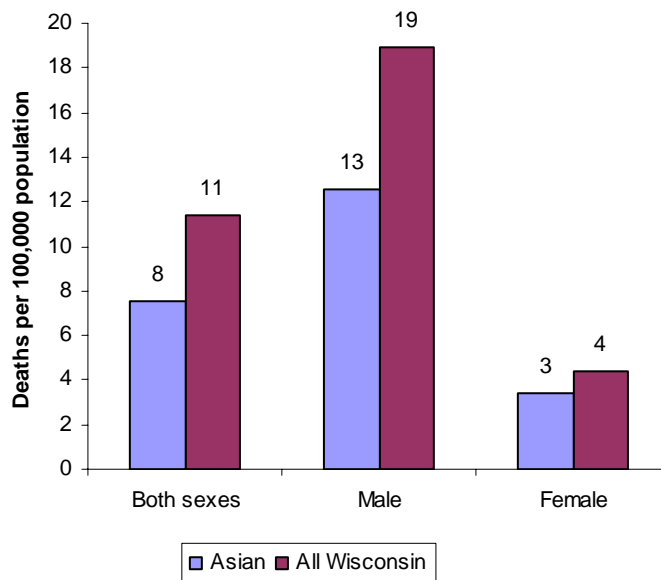
Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R31.)

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 somewhat lower in Asians in Wisconsin compared to the total Wisconsin population.
- In 2001-2005, the age-adjusted mortality rate from suicide was 8 deaths per 100,000 population among Asians, compared to 11 per 100,000 in the total Wisconsin population (Figure 3-13).
- 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.

**Figure 3-13. Age-adjusted mortality rates for suicide:
Asian 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

- In 2001-2005, the Asian population in Wisconsin had the lowest rate of reported HIV infection of any race/ethnicity group: 2.2 reported cases per 100,000 population. Asians accounted for 0.8 percent of reported HIV infections.
- During the 2001-2005 period, Asians accounted for 0.7 percent of newly reported cases of HIV infection among males and 1.2 percent of new cases among females.

Table 3-8. 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 3-9. 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%

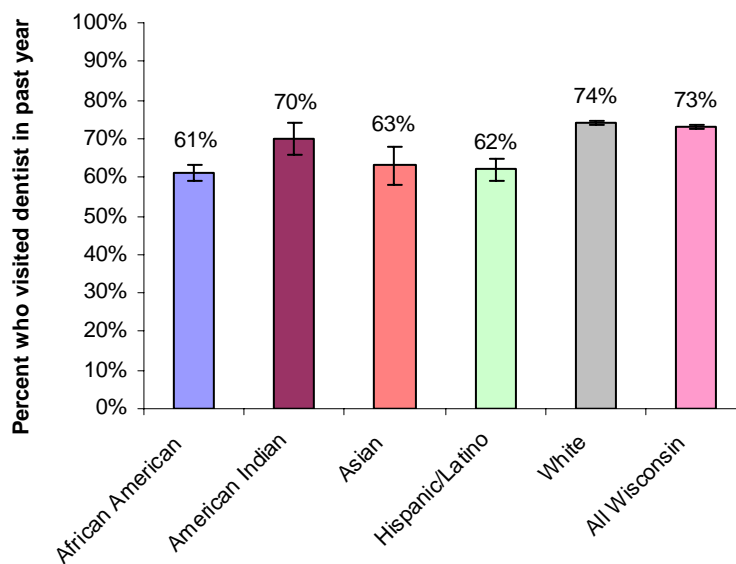
Source: Sexually Transmitted Diseases Program, Division of Public Health. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 44.)

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 3-14).
- Asians were less likely to have seen a dentist recently: 63 percent of Asians had seen a dentist in the past year. This means that an estimated 37 percent of Asians 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 3-14. 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.

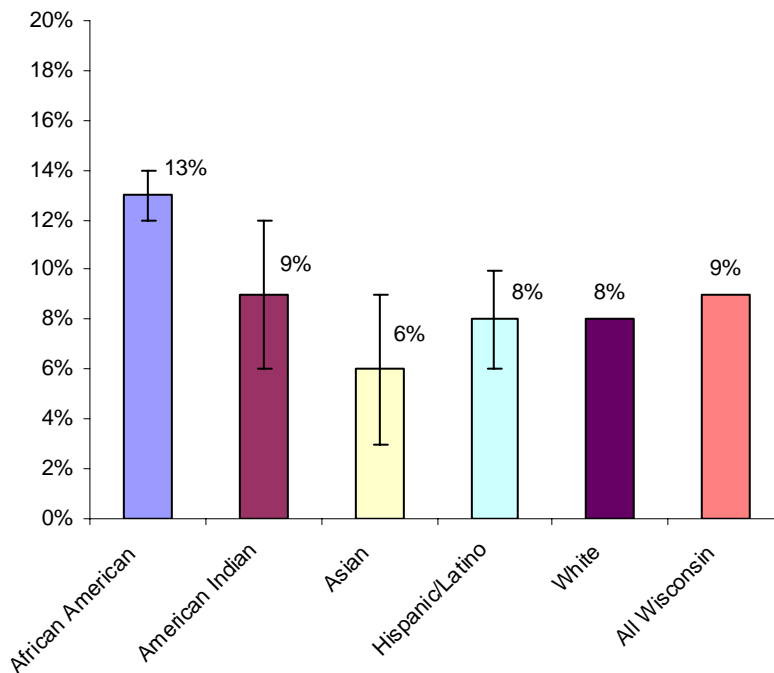
Note: Percent with dental visit in past year is based on household population aged one year and older. Each percentage estimate is shown with its associated confidence interval (the vertical line at the top of the bar). The confidence interval is the range within which there is a 95% chance that the 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 3-15). This estimate is for household residents of all ages.
- Among Asians in Wisconsin, 6 percent are reported to have asthma.
- 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 3-15. Asthma prevalence by race/ethnicity, Wisconsin 2001, 2002, 2004



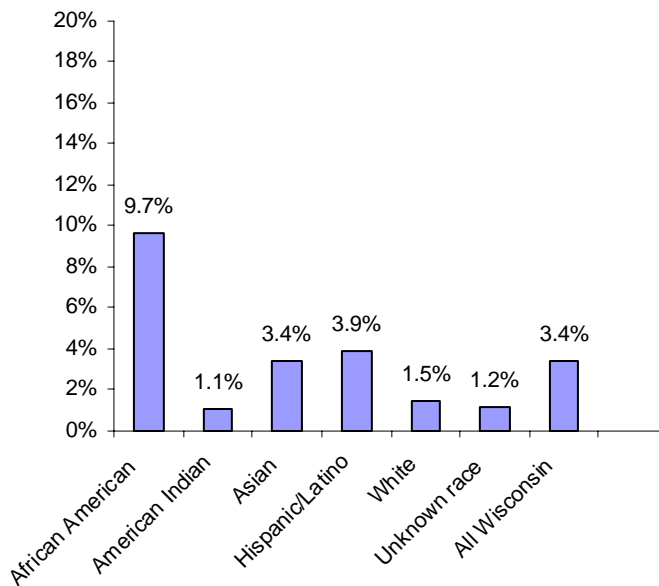
Source: Wisconsin Family Health Survey, 2001, 2002, 2004, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 48.)

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 3-16).
- Among Asian children tested, 3.4 percent had elevated blood levels (the same percentage as for Wisconsin children as a whole).

Figure 3-16. 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 13 percent of Asian adults in Wisconsin smoke cigarettes, based on survey results for 2001-2005 (Table 3-10). This was significantly lower 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 3-10. Estimated Prevalence of Behavioral Risk Factors, Asian and Total Population, Wisconsin, 2001-2005

Risk Factor	Adults Age 18 and Older			
	Asians		Total Population	
	Percent	(+/-)	Percent	(+/-)
Current cigarette smoking	13%	(6)	22%	(1)
Heavy drinking	2%	*	8%	(1)
Binge drinking	14%	(6)	24%	(1)
Drinking and driving	<1%	*	5%	(1)
Overweight/obesity	39%	(9)	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. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Tables 50, 52, 53.)

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.

* Lower confidence interval bound is zero.

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.)

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

- Asian adults reported levels of alcohol use lower than those reported by the total adult population of Wisconsin. 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.
- Fourteen percent of Asians reported binge drinking (defined as five drinks on at least one occasion in the past month), compared to 24 percent among the total population. This was a significant difference.
- Less than 1 percent of Asians reported drinking and driving, significantly less than the percentage for the total Wisconsin population (5 percent).
- 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.

Overweight/Obesity

- Thirty-nine percent of Asian adults were overweight or obese, a significantly lower percentage than in the total population (60%). 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, 93 percent of Asians in Wisconsin had health insurance at any given point in time (Table 3-11). 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%).
- Another measure of health insurance coverage is coverage over the year preceding the survey interview (coverage over “the past year”). Five percent of Asians were uninsured for all of the past year; this is statistically no different from the percentage in the total state population (4%).
- Another 7 percent of Asians had been insured for only part of the past year, meaning they were uninsured for part of the year.

Table 3-11. Health Insurance Coverage, Asian and Total Population, Wisconsin 2001-2005

Health Insurance Coverage	Asian	Total Population
	Percent (C.I. +/-)	Percent (C.I. +/-)
At time of survey:		
Insured	93% (2)	93% (--)
Insured--Private insurance	76% (4)	79% (--)
Insured--Medicaid	17% (4)	9% (--)
Uninsured	7% (2)	6% (--)
Over past year:		
Insured entire past year	87% (3)	89% (--)
Insured 1-11 months of past year	7% (2)	6% (--)
Uninsured all of past year	5% (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:

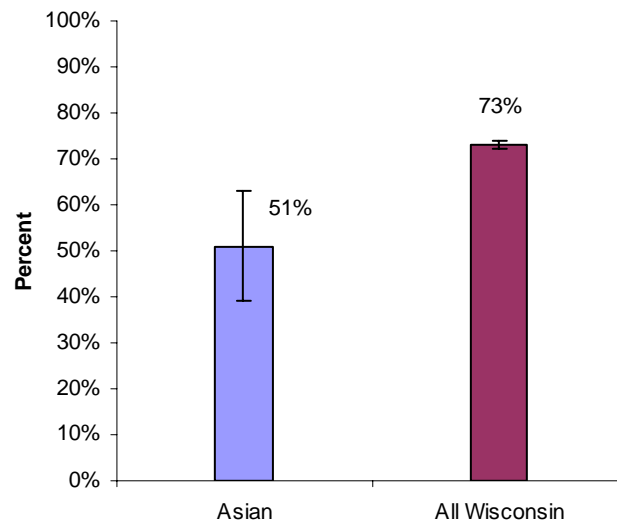
“Private insurance” includes employer-provided group coverage and privately purchased coverage. “Medicaid” (also called Medical Assistance or MA) also includes people reporting BadgerCare. The number of Wisconsin Medicaid clients indicated by Medicaid program data is larger than the number estimated 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, 51 percent of Asian adults in Wisconsin reported having had their cholesterol tested by a health care professional within the past five years (Figure 3-17).
- This was significantly lower than the percentage among all adults (73%).

Figure 3-17. Cholesterol screening: Asian 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.

Hispanics or Latinos

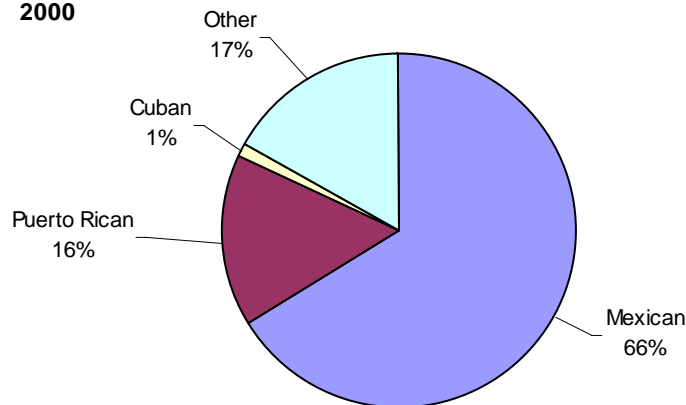
Population Characteristics

*Background*⁸

“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 this report the terms “Hispanic” and “Latino” are used interchangeably.) 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 2000, Mexican Americans constituted 66 percent and Puerto Ricans 16 percent of Hispanics in Wisconsin (Figure 4-1). An estimated 33 percent of the Hispanic/Latino population was foreign-born.

Figure 4-1. Wisconsin Hispanic/Latino population by national origin, 2000



Source: U.S. Census Bureau, Census 2000, Summary Tape File 1; adapted from Table 4, page 26, *The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000* (DHFS, 2004).

Note: Other Hispanic/Latino includes Dominican, Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian, Salvadoran, Other Central American, Argentinean, Bolivian, Chilean, Columbian, Ecuadorian, Paraguayan, Peruvian, Uruguayan, Venezuelan, Other South American, Spanish, Spanish American, and all other Hispanic/Latino.

⁸ 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.

Hispanics/Latinos in 2000 were concentrated in Milwaukee, Racine, Dane, and Kenosha counties, but the population is also rapidly growing in other areas of Wisconsin. For example, Brown County's Hispanic/Latino population in 2000 (8,698) was more than four times greater than in 1990 (1,525).

People of Mexican heritage came to Wisconsin in the early 1900s to work in various farming and manufacturing industries.⁹ Since then, people of various Hispanic/Latino groups have migrated to the state in search of economic opportunities or political asylum. Hispanic or Latino communities are very diverse, with a wide range of socioeconomic characteristics, cultural traditions, and language abilities. They include recent immigrants as well as generations of U.S.-born and permanent residents.

The Hispanic/Latino population of Wisconsin also includes migrant and seasonal farmworkers. According to the Wisconsin Department of Workforce Development, approximately 4,500 migrant workers were employed in 2005 in industries such as canneries, other food processing, Christmas-tree farming, or crop harvesting.

Due to the rapid influx of Spanish-speaking people into the United States, many Latinos have limited English proficiency, and undocumented Hispanics/Latinos encounter additional challenges with health care coverage and access.

⁹ Zaniewski KJ, Rosen CJ. *The Atlas of Ethnic Diversity in Wisconsin*. University of Wisconsin Press, 1998.

Census Data

- Hispanics or Latinos made up 3.6 percent of the Wisconsin population in 2000, according to the U.S. Census (Table 4-1).
- Hispanics/Latinos were a younger population than the state as a whole, with a median age of 23 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, compared to the population as a whole.
- In 2000, the rate of poverty among Hispanics/Latinos 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: one-quarter (25%) of Hispanic children in Wisconsin were living in poverty.
- The percent of Hispanic/Latino households that were headed by females (38.3%) was higher than the statewide percent (21.7%).
- Forty-five percent of Hispanics/Latinos age 25 and older in Wisconsin had not graduated from high school.

Table 4-1. Summary Data from the U.S. Census, Hispanic/Latino and Total Population, Wisconsin 2000

Characteristic	Hispanic/Latino	Total Wisconsin
Number in population	192,921	5.4 million
Percent of population	3.6%	100.0%
Median age	23	36
Percent in poverty	21.7%	8.7%
Percent of children in poverty	24.6%	11.2%
Percent of households headed by females	38.3%	21.7%
Percent with less than high school education (age 25 and older)	45.4%	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 4-2 provides the latest available population estimates by age group for the Hispanic/Latino and total Wisconsin populations. These estimates are for 2005.

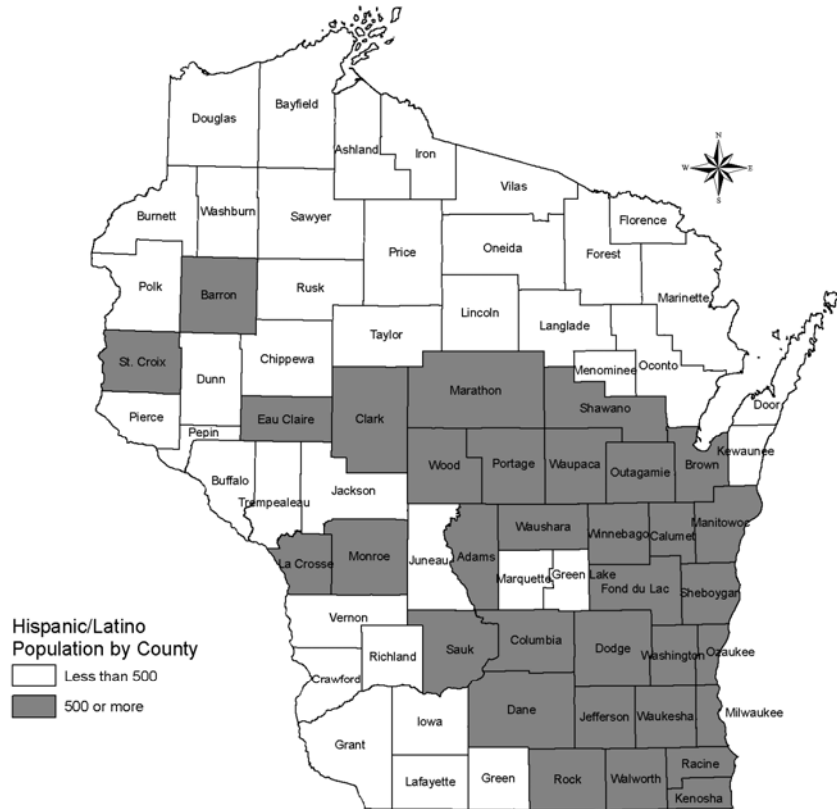
Table 4-2. Population Distribution by Age, Hispanic/Latino and Total Population, Wisconsin 2005

Age Group	Hispanic/Latino		Total Wisconsin	
	Number	Percent	Number	Percent
Less than 5 years	26,618	10.7%	342,755	6.1%
5-14 years	47,700	19.2%	720,119	12.9%
15-24 years	45,606	18.3%	820,556	14.7%
25-34 years	54,801	22.0%	707,935	12.7%
35-44 years	34,638	13.9%	831,996	14.9%
45-54 years	21,295	8.6%	850,699	15.2%
55-64 years	9,969	4.0%	580,184	10.4%
65-74 years	4,716	1.9%	351,851	6.3%
75-84 years	2,520	1.0%	259,523	4.7%
85 years and over	917	0.4%	116,221	2.1%
All Ages	248,780	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 a Hispanic/Latino population of 500 or more, based on population estimates for 2005.

Map: Geographic Distribution of the Hispanic or Latino 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.

Births and Deaths: Summary Information

- Compared with the total state population, Hispanics/Latinos in Wisconsin have a higher birth rate: 25.2 births per 1,000 population in 2005, compared with 12.7 (Table 4-3, next page).
- Latinos also have a higher fertility rate than the state as a whole: 103.6 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, Hispanics/Latinos have both a lower crude death rate and a lower age-adjusted death rate. The crude death rate (deaths per 100,000 population) for Hispanics/Latinos is lower than the state's overall crude death rate partly because Hispanics 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 shows that Hispanics/Latinos have a lower rate of death than the total state population even 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.)
- Some of this marked difference may represent under-reporting of Hispanic ethnicity on the death certificate and other factors that affect the completeness of death statistics for Hispanics.

Table 4-3. Summary Birth and Death Information, Hispanics/Latinos and Total Population, Wisconsin 2005

Characteristic	Hispanic/Latino	Total Population
<i>Births</i>		
Birth rate (births per 1,000 population)	25.2	12.7
Fertility rate (births per 1,000 women aged 15-44)	103.6	61.2
Number of births	6,262	70,934
Teen birth rate (births per 1,000 women aged 15-19)	89.8	30.5
Number of teen births (mother less than 20 years of age)	870	6,093
<i>Deaths (rates are deaths per 100,000 population)</i>		
Both sexes		
Number of deaths	410	46,544
Crude rate	164.8	833.8
Age-adjusted rate (2001-2005)	371.1	769.4
Females		
Number of deaths	154	23,939
Crude rate	134.8	849.7
Age-adjusted rate (2001-2005)	291.6	643.8
Males		
Number of deaths	256	22,604
Crude rate	190.3	817.7
Age-adjusted rate (2001-2005)	453.6	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 Hispanic/Latino babies in Wisconsin are born healthy and thrive. Nevertheless, 6.5 percent were born at low birthweight (less than 5.5 pounds) in 2005 (Table 4-4). This was lower than the percentage of low birthweight among all babies born in Wisconsin (7.0%).
- Other risks occur in higher proportions 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. Both teenage motherhood and low education levels can increase the risk of poor health outcomes for mother and baby.
- During the 2003-2005 period, the infant mortality rate among Hispanic 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).

Table 4-4. Births to Hispanics/Latinos, Wisconsin 2005

	Hispanic/ Latino	Total Wisconsin
Percent of births	8.8%	100.0%
Number of births	6,262	70,934
Infant Mortality Rate (2003-2005) (infant deaths per 1,000 births)	6.2	6.4
Average annual deaths (2003-2005)	37	448
Low birthweight		
Less than 2,500 gms. (5.5 lbs.)	6.5%	7.0%
Less than 1,500 gms. (3.3 lbs.)	1.3%	1.3%
Maternal age		
Less than 20 years	13.9%	8.6%
20 years or older	86.1%	91.4%
Maternal education		
Less than high school	51.2%	15.3%
High school graduate or more	47.7%	84.2%
Prenatal care start		
First trimester	72.2%	85.0%
Second trimester or later (or none)	27.0%	14.4%
Smoked during pregnancy	4.9%	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 three leading causes of death among Hispanics/Latinos in Wisconsin were cancer, heart disease, and unintentional injury (Table 4-5).
- Cancer caused 19 percent of Hispanic deaths in Wisconsin, and heart disease caused 15 percent.

Table 4-5. Leading Causes of Death, Hispanic/Latino Population, Wisconsin, 2001-2005

Cause of Death	Average Annual Number	Percent
All causes	337	100%
Cancer	64	19
Heart disease	51	15
Unintentional injury	46	14
Diabetes	19	6
Perinatal conditions	18	6
Stroke	18	5
Homicide	16	5
Suicide	10	3
Chronic liver disease	10	3
Congenital malformations	9	3
All other causes	76	23%

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 30.)

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 4-6 compare the mortality rate for various causes of death among Hispanics/Latinos in Wisconsin to the corresponding rate in the non-Hispanic white population.
- For many causes of death examined, Hispanics in Wisconsin died at a lower rate than the white non-Hispanic majority population. This is indicated by a rate ratio of less than 1.0.
- Deaths from homicide and diabetes occurred at higher rates in the Hispanic/Latino population than in the non-Hispanic white population. The Hispanic disparity ratio for homicide was 3.1, indicating Hispanics/Latinos died from this cause of death at more than three times the rate of non-Hispanic whites.

Table 4-6. Age-Adjusted Mortality Disparity Ratios, By Selected Cause of Death, Hispanic/Latino Population, Wisconsin 2001-2005

Cause of Death	Rate Ratio	(Confidence Interval)
All deaths	0.5	(0.4 – 0.6)
Heart disease	0.4	(0.3 – 0.5)
Stroke	0.5	(0.4 – 0.7)
Diabetes	1.4	(1.1 – 1.7)
Cancer	0.4	(0.4 – 0.5)
Unintentional injury	0.6	(0.5 – 0.7)
Homicide	3.1	(2.4 – 4.1)
Suicide	0.4	(0.3 – 0.5)

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.)

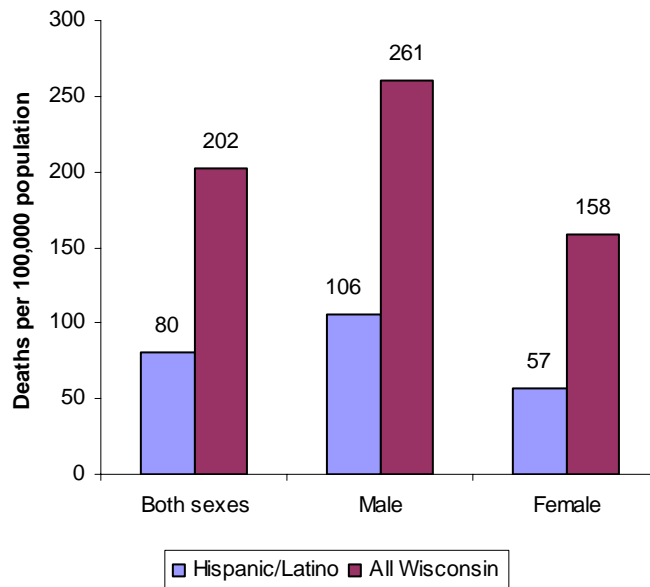
Notes: The rate ratio is the ratio of the mortality rate of the minority group to the mortality rate of the white group. Ratios are based on rates that have been age-adjusted to the U.S. year 2000 standard population. The 95% confidence interval is shown in parentheses, representing the upper and lower 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

- Latinos in Wisconsin have 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 80 deaths per 100,000 population among Hispanics/Latinos, compared to 202 per 100,000 in the total Wisconsin population (Figure 4-2).
- For both the Hispanic and the total Wisconsin population, males had higher rates of death from heart disease than females.

Figure 4-2. Age-adjusted mortality rates for heart disease: Hispanic/Latino and total Wisconsin population, 2001-2005

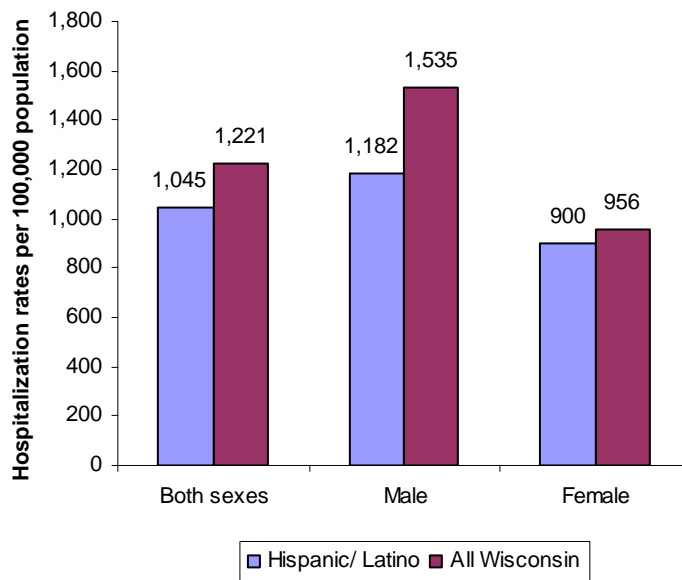


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R15.)

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

- The age-adjusted rate of heart disease hospitalizations among Hispanics/Latinos was 1,045 hospitalizations per 100,000 population, compared to 1,221 per 100,000 in the total Wisconsin population (Figure 4-3).
- Both male and female Hispanics/Latinos have lower rates of heart disease hospitalization compared to their counterparts in the total population.

Figure 4-3. Age-adjusted hospitalization rates for heart disease: Hispanic/Latino and total Wisconsin population, 2001-2005



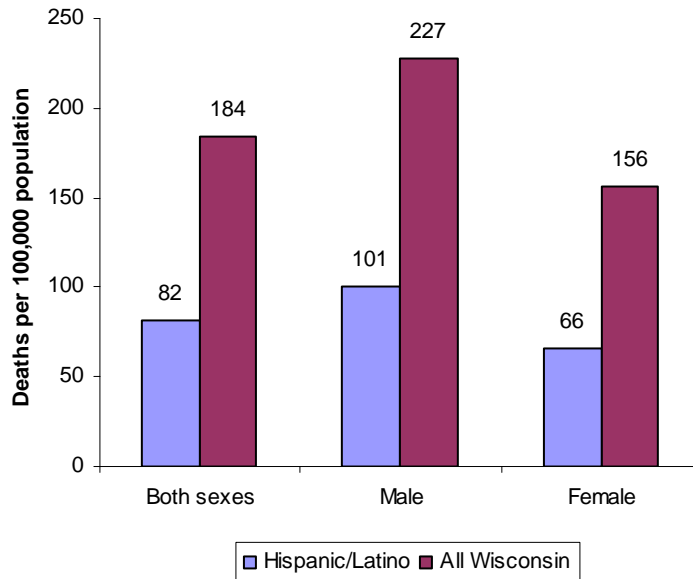
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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 and hospitalization rates for cancer are lower among Hispanics of both sexes compared to rates in the total Wisconsin 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 (Figure 4-4).

Figure 4-4. Age-adjusted mortality rates for cancer: Hispanic/Latino and total Wisconsin population, 2001-2005

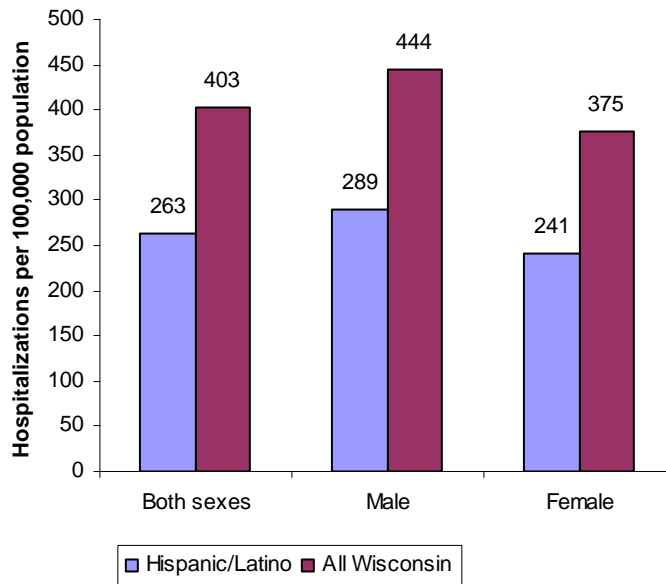


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R23.)

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

- The age-adjusted rate of cancer hospitalization was 263 hospitalizations per 100,000 in the Hispanic/Latino population, and 403 per 100,000 in the total Wisconsin population (Figure 4-5).

Figure 4-5. Age-adjusted hospitalization rates for cancer: Hispanic/Latino and total Wisconsin population, 2001-2005



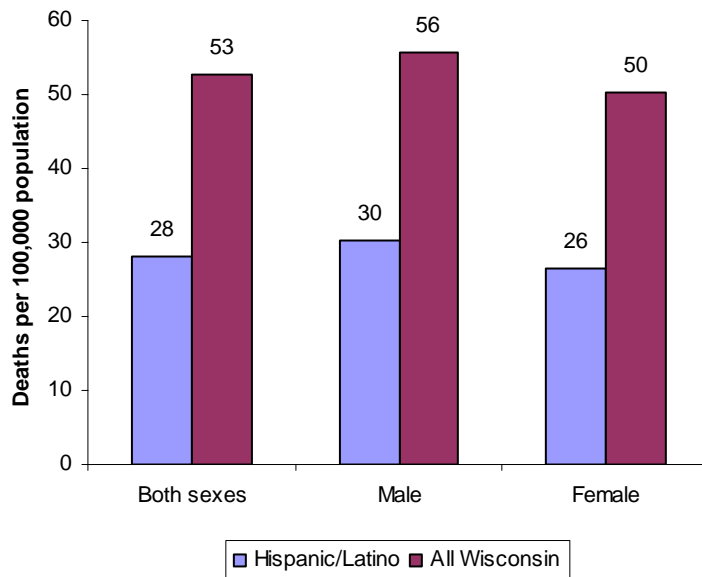
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

- Hispanics/Latinos in Wisconsin have lower rates of death from stroke, compared to the total Wisconsin population.
- 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 (Figure 4-6).
- In both the Hispanic and the total population, males had slightly higher age-adjusted rates of death from stroke than did females.

**Figure 4-6. Age-adjusted mortality rates for stroke:
Hispanic/Latino and total Wisconsin population,
2001-2005**

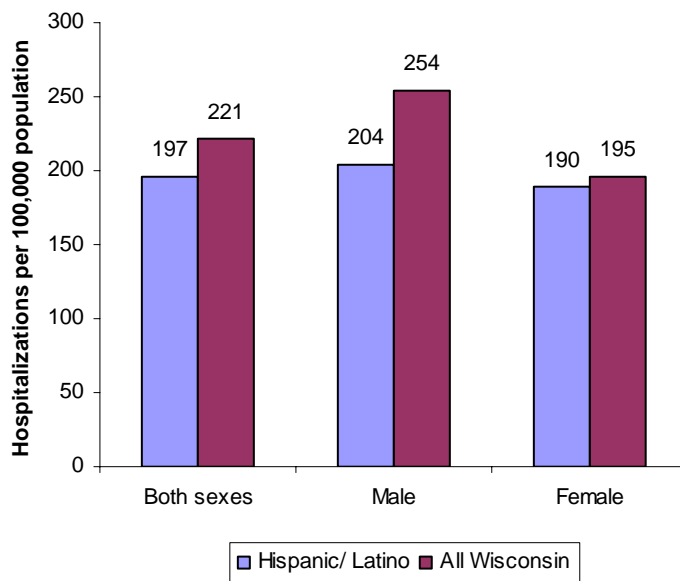


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R17.)

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

- The age-adjusted rate of hospitalizations for stroke was 197 hospitalizations per 100,000 in the Hispanic/Latino population, and 221 per 100,000 in the total Wisconsin population (Figure 4-7).
- Males had higher rates of hospitalizations for stroke than did females.

Figure 4-7. Age-adjusted hospitalization rates for stroke: Hispanic/Latino and total Wisconsin population, 2001-2005



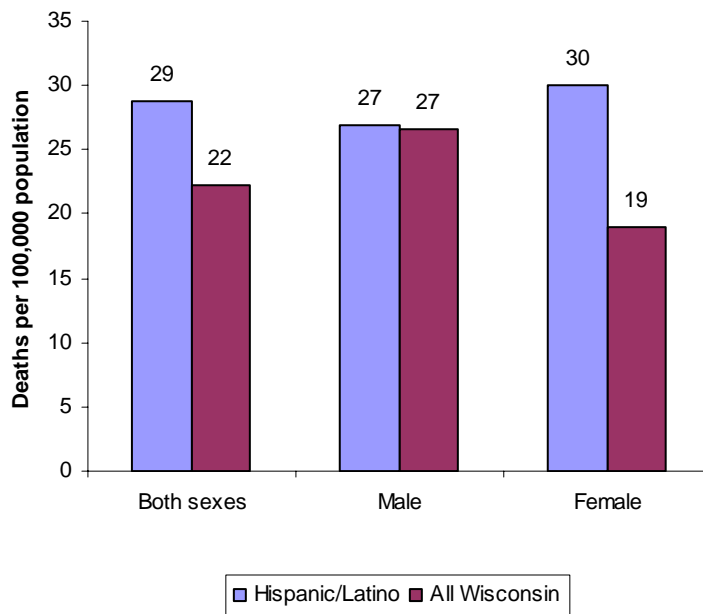
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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

- Hispanics/Latinos in Wisconsin have a higher rate of death 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 (Figure 4-8).
- This overall difference in diabetes mortality was due entirely to a higher rate of diabetes mortality among Hispanic females (30 deaths per 100,000) compared to all females in Wisconsin (19 deaths per 100,000).
- Hispanic males had a diabetes mortality rate (27 per 100,000) virtually identical to the rate for all males in Wisconsin (27 per 100,000).

Figure 4-8. Age-adjusted mortality rates for diabetes: Hispanic/Latino and total Wisconsin population, 2001-2005

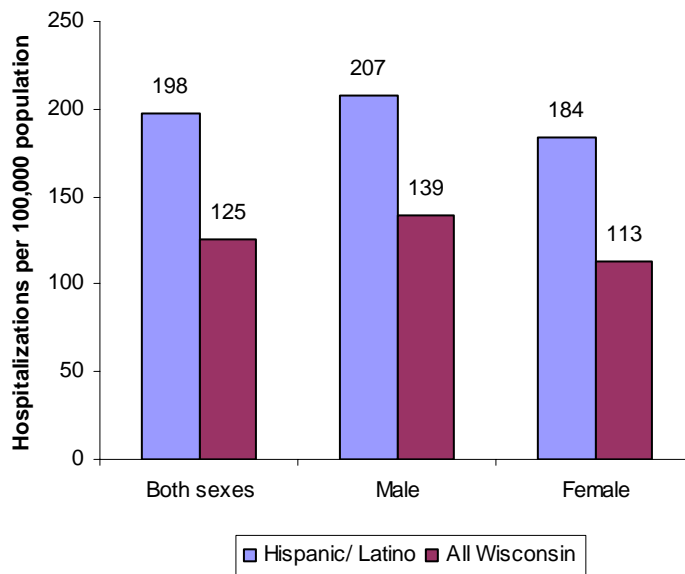


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R19.)

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

- The age-adjusted rate of hospitalizations for diabetes was 198 hospitalizations per 100,000 in the Hispanic/Latino population, higher than the rate in the total Wisconsin population (125 per 100,000) (Figure 4-9).
- Both male and female Hispanics had higher rates of hospitalization for diabetes than their counterparts in the total population.

Figure 4-9. Age-adjusted hospitalization rates for diabetes: Hispanic/Latino 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.)

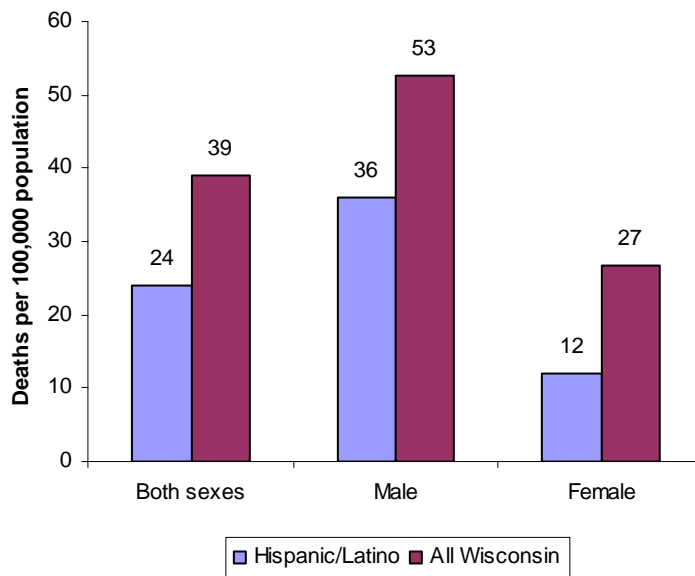
Note: Rates have been age-adjusted to the U.S. year 2000 standard population.

Injury

Unintentional Injuries

- The age-adjusted mortality rate for unintentional injuries among Hispanics/Latinos in Wisconsin was 24 deaths per 100,000 population, compared to 39 per 100,000 in the total Wisconsin population (Figure 4-10). 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. This difference was more pronounced among Hispanics than it was in the total population.

Figure 4-10. Age-adjusted mortality rates for unintentional injury: Hispanic/Latino and total Wisconsin population, 2001-2005

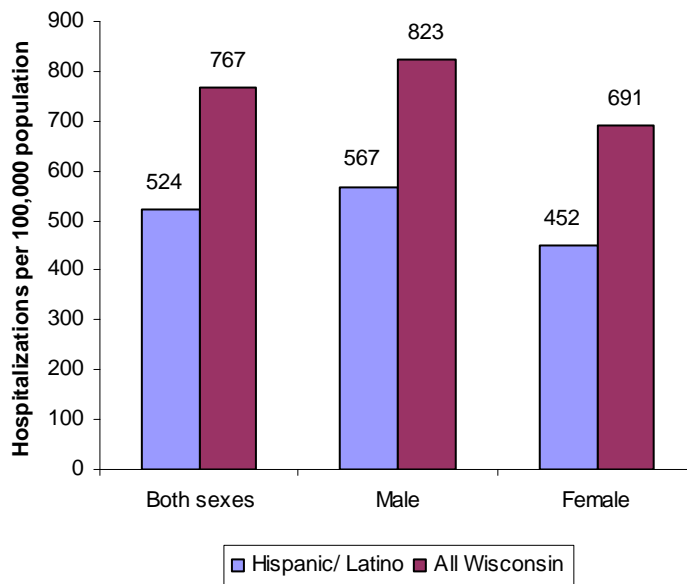


Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R29.)

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

- Hispanics also had lower hospitalization rates for unintentional injuries than did the total Wisconsin population.
- The age-adjusted rate of hospitalizations for unintentional injuries was 524 hospitalizations per 100,000 in the Hispanic population, and 767 per 100,000 in the total Wisconsin population (Figure 4-11).

Figure 4-11. Age-adjusted hospitalization rates for unintentional injury: Hispanic/Latino and total Wisconsin population, 2001-2005



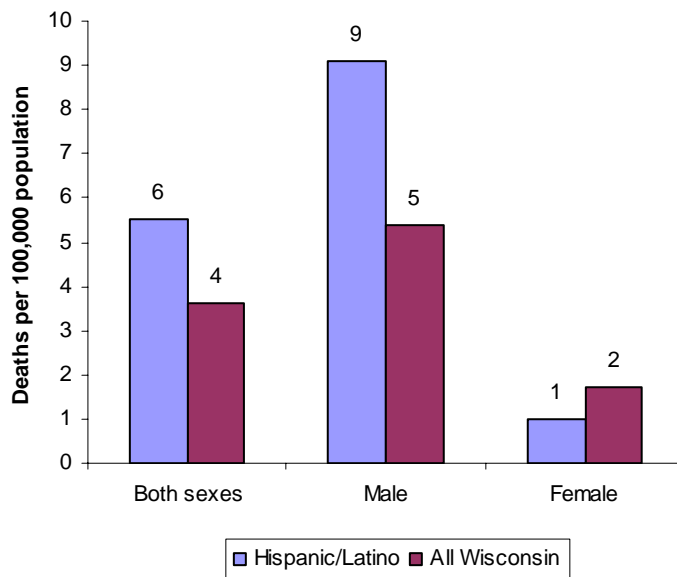
Source: Inpatient hospitalization discharge file, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; prepared from data collected by the Bureau of Health Information and Policy until January 2003 and thereafter by the Wisconsin Hospital 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 Hispanics/Latinos and the total population in Wisconsin. Nevertheless, Hispanics have a higher rate of death from homicide, compared to the total 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 (Figure 4-12).
- Males had higher rates of homicide death than females. In the Hispanic/Latino population, the rate of death from homicide was 9 per 100,000 among males and 1 per 100,000 among females.

Figure 4-12. Age-adjusted mortality rates for homicide: Hispanic/Latino and total Wisconsin population, 2001-2005



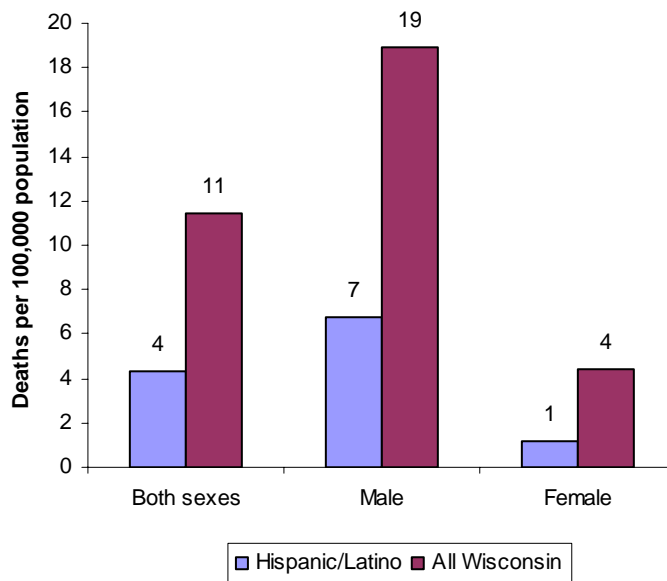
Source: Wisconsin resident death certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table R31.)

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 somewhat lower in Hispanics in Wisconsin compared to the total Wisconsin population.
- In 2001-2005, 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 Wisconsin population (Figure 4-13).
- Males had higher rates of suicide death than females. In the Hispanic/Latino population, the rate of death from suicide was 7 per 100,000 among males and 1 per 100,000 among females.

Figure 4-13. Age-adjusted mortality rates for suicide: Hispanic/Latino 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

- Hispanics/Latinos bear a disproportionate share of the burden of HIV/AIDS in Wisconsin (Table 4-7). Hispanics accounted for 13.1 percent of new cases of HIV infection in 2001-2005, while making up about 4 percent of the total Wisconsin population.
- During the 2001-2005 period, Hispanics accounted for 13.1 percent of newly reported cases of HIV infection among males and 12.9 percent of new cases among females.

Table 4-7. 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.
- Nevertheless, it appears that Hispanics/Latinos accounted for a disproportionate percent of reported syphilis infections in 2001-2005 (16.8%).

Table 4-8. 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%

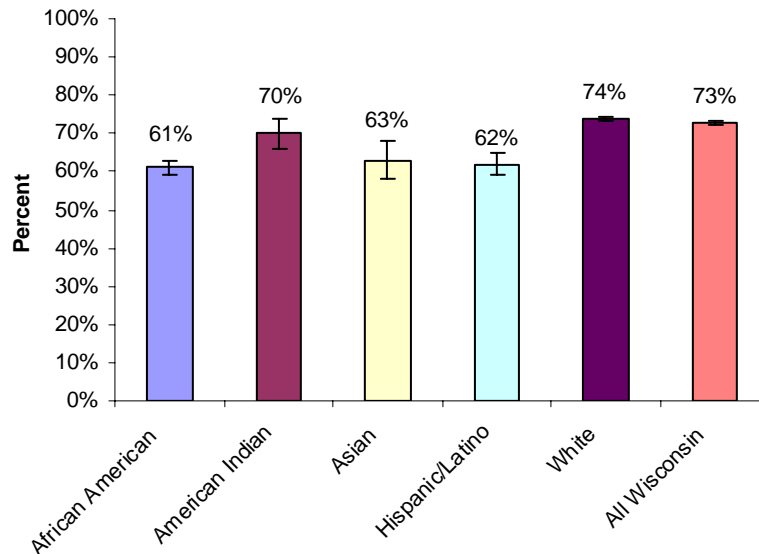
Source: Sexually Transmitted Diseases Program, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 44.)

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 4-14).
- Hispanics/Latinos were less likely to have seen a dentist recently: 62 percent of Hispanics/Latinos in Wisconsin had seen a dentist in the past year. This means that an estimated 38 percent of Latinos 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 4-14. 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.

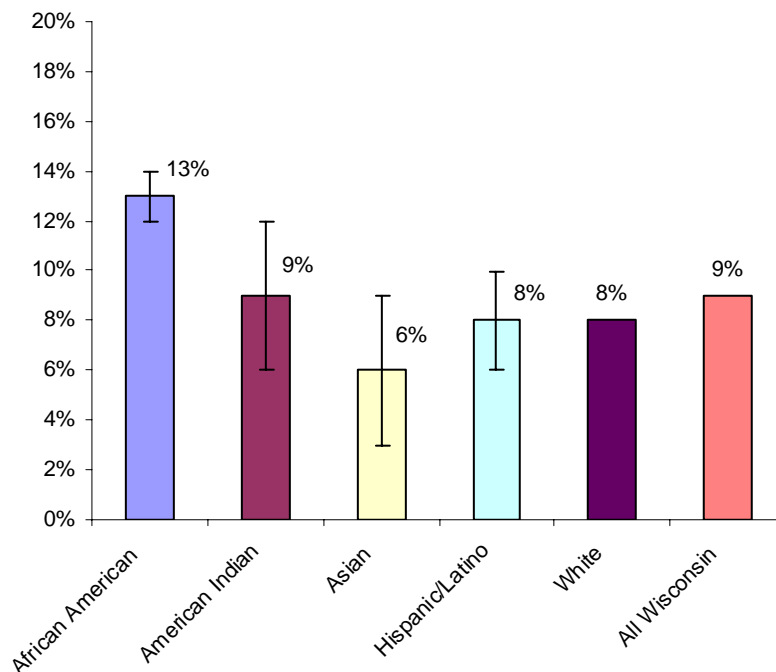
Note: Percent with dental visit in past year is based on household population aged one year and older. Each percentage estimate is shown with its associated confidence interval (the vertical line at the top of the bar). The confidence interval is the range within which there is a 95% chance that the 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 4-15). This estimate is for household residents of all ages.
- Among Hispanics/Latinos in Wisconsin, 8 percent are reported to have asthma.
- 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 4-15. Asthma prevalence by race/ethnicity, Wisconsin 2001, 2002, 2004



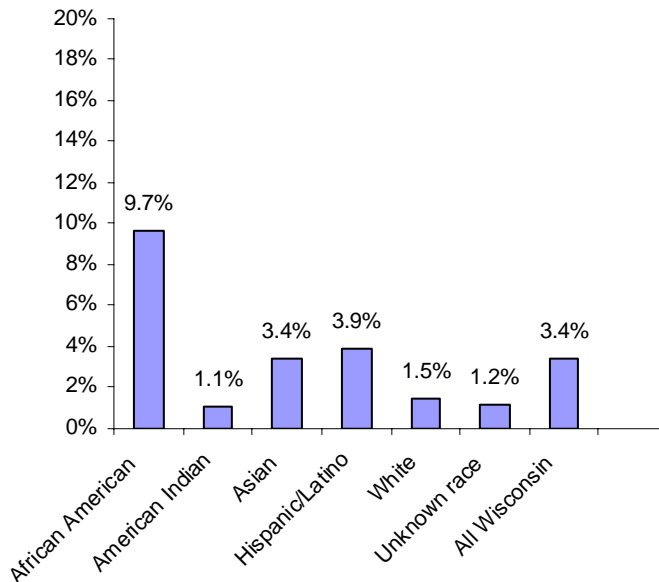
Source: Wisconsin Family Health Survey, 2001, 2002, 2004, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Table 48.)

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

- Despite a decline over the past decade in the number of children affected, lead poisoning remains a significant health issue for Wisconsin children. 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 4-16).
- Among Hispanic or Latino children tested, 3.9 percent had elevated blood levels.

Figure 4-16. 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 24 percent of Hispanic adults in Wisconsin smoke cigarettes, based on survey results for 2001-2005 (Table 4-9). This was not significantly different from 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 4-9. Estimated Prevalence of Behavioral Risk Factors, Hispanic and Total Population, Wisconsin, 2001-2005

Risk Factor	Adults Age 18 and Older			
	Hispanic		Total Population	
	Percent	(+/-)	Percent	(+/-)
Current cigarette smoking	24%	(5)	22%	(1)
Heavy drinking	11%	(4)	8%	(1)
Binge drinking	28%	(6)	24%	(1)
Drinking and driving	4%	(3)	5%	(1)
Physical inactivity	48%	(8)	45%	(1)
Overweight/obesity	65%	(6)	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. (See <http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>, detailed Tables 50, 52, 53.)

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

- 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%). Binge drinking is defined as five drinks on at least one occasion in the past month.
- Eleven percent of Hispanics reported heavy drinking, compared to 8 percent among the total population. This difference was not statistically significant. 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 Hispanics reported drinking and driving, compared to 5 percent of the total population. Again, this was not significantly different.
- 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

- Nearly half of Hispanic adults (48%) 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%).
- Nearly two-thirds of Hispanic adults (65 percent) 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, Hispanics/Latinos were less likely than the total population to have health insurance at any given point in time. Seventy-seven percent of Hispanics, 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 4-10).
- 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%).
- Another measure of health insurance coverage is coverage over the year preceding the survey interview (coverage over “the past year”). Nineteen percent of Hispanics were uninsured for all of the past year; this is nearly five times the percent in the total state population (4%).
- Another 10 percent of Hispanics/Latinos had been insured for only part of the past year, meaning they were uninsured for part of the year.

Table 4-10. Health Insurance Coverage, Hispanic/Latino and Total Population, Wisconsin 2001-2005

Health Insurance Coverage	Hispanic/Latino	Total Wisconsin Population
	Percent (C.I. +/-)	Percent (C.I. +/-)
At time of survey:		
Insured	77% (3)	93% (--)
Insured--Private insurance	57% (3)	79% (--)
Insured--Medicaid	19% (2)	9% (--)
Uninsured	23% (3)	6% (--)
Over past year:		
Insured entire past year	71% (3)	89% (--)
Insured 1-11 months of past year	10% (2)	6% (--)
Uninsured all of past year	19% (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:

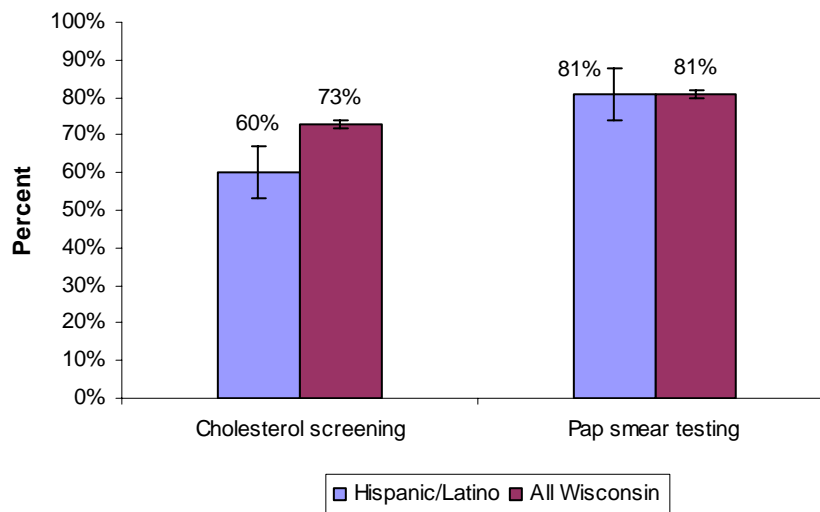
“Private insurance” includes employer-provided group coverage and privately purchased coverage. “Medicaid” (also called Medical Assistance or MA) also includes people reporting BadgerCare. The number of Wisconsin Medicaid clients indicated by Medicaid program data is larger than the number estimated 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

- Based on combined Behavioral Risk Factor Survey data for the years 2001-2005, 60 percent of Hispanic/Latino adults in Wisconsin reported having had their cholesterol tested by a health care professional within the past five years (Figure 4-17).
- Eighty-one percent of Latina women said they had had a Pap smear within the past two years.

Figure 4-17. Cholesterol screening, Pap smear testing: Hispanic/Latino 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.

Pap smear testing refers to adult women who reported having had a Pap smear within the past two years (excluding women who reported having had a hysterectomy).

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.

Technical Notes

Detailed Source Tables Available Online

Much of the data presented in this report was extracted from more detailed tables that are available online. See these detailed tables at:

<http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/index.htm>.

The tables available at the Web address above are updated versions of tables contained in a 2004 report from the Department of Health and Family Services: *The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000*. This report, also called the 2004 Minority Health Report, is available online at:

<http://dhfs.wisconsin.gov/health/MinorityHealth/report19962000.htm>.

Summary Birth and Death Information (Table 3 in each chapter)

This table provides summary information from vital statistics data about births and deaths of Wisconsin residents.

Most of the birth data in this table, including the number of births, fertility rates, and teen birth rates for 2005, were previously published in two annual reports: *Wisconsin Births and Infant Deaths, 2005*; and *Births to Teens in Wisconsin, 2005*, published in September 2006 by the Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services. These reports are available online at <http://dhfs.wisconsin.gov/births/index.htm>.

Birth rates for 2005 by race/ethnicity were supplied by Laura Ninneman in the Vital Records Section, Bureau of Health Information and Policy, in March 2007. The birth rate is the number of births per 1,000 total population (all ages and both sexes); this is also called the “crude birth rate.”

Number of deaths and unadjusted (crude) death rates for 2005 are based on Wisconsin resident death records, and were drawn from the WISH data query system (Wisconsin Interactive Statistics on Health), <http://dhfs.wisconsin.gov/wish/>, Mortality Module, accessed March 19, 2007; Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy.

Age-adjusted mortality rates (all causes combined) for 2001-2005 were taken from Table R13, published online as part of the table updates at:

<http://dhfs.wisconsin.gov/health/MinorityHealth/mhdata/appendix.htm>

See “Age-Adjusted Rates” below for information about the age-adjustment method used in this report.

Mortality Data

Leading Causes of Death: The ICD-10 codes used to determine leading causes of death in each population group are available at the following Web page:

http://dhfs.wisconsin.gov/wish/main/Mortality/broad_ICD9_ICD10.htm

Mortality Rates and Disparity Ratios: The ICD-10 codes used to calculate age-adjusted mortality rates and disparity ratios by cause of death are shown in the following table:

Cause of Death	ICD-10 Codes
Heart disease	I00-I09, I11, I13, I20-I51
Stroke (cerebrovascular diseases)	I60-I69
Diabetes	E10-E14
Cancer (malignant neoplasms)	C00-C97
Unintentional injury	V01-X59, Y85-Y86
Homicide	X85-Y09, Y87.1
Suicide	X60-X84, Y87.0

Age-Adjusted Rates

This report presents age-adjusted rates of death and hospitalizations. An age-adjusted rate provides a single summary measure of the comparative likelihood of experiencing an event (such as death or hospitalization) in two populations despite differences in age structure. An age-adjusted rate has meaning only as a point of comparison with other rates that have been adjusted in the same way.

In this report, age adjustment is based on the direct method, which indicates what the overall rate for a population of interest would be if, given current age-specific rates, the population of interest had the same age distribution as a standard population. The U.S. year 2000 standard population was used as the standard for all age-adjusted rates in this report.