

AMERICAN INDIAN/ALASKA NATIVE HEALTH IN MICHIGAN, MINNESOTA, AND WISCONSIN

SUMMARY OF THE 2021 REPORT



HEALTH DATA ARE ESSENTIAL to improving health services and outcomes in all communities. Many health inequities and disparities experienced by American Indian/Alaska Natives are directly related to ongoing colonization practices and the resulting systemic racism. Understanding the state of health among Indigenous communities within this context while focusing on unique strengths of each community is critical to working towards good health for all.

In each of the three states of Michigan, Minnesota, and Wisconsin, a larger percentage of American Indian/Alaska Natives identified as multiracial than any other race. Within the three-state area, people who identified as American Indian/Alaska Native alone or in combination with one or more races accounted for 1.6 percent of the total population compared to 1.7 percent within the United States overall. A larger percentage of American Indian/Alaska Natives were under the age of 25 years (39%) than non-Hispanic whites in the three-state area (30%). Among American Indian/Alaska Natives, one-quarter of homeowners and one-half of renters were living in unaffordable housing.

The leading cause of death among American Indian/Alaska Natives in the three-state area was malignant neoplasms (cancers). The mortality rate from cancers was 67% higher than the national mortality rate among American Indian/Alaska Natives. American Indian/Alaska Natives in this area also died from heart disease at a rate that was 1.5 times that of American Indian/Alaska Natives in the United States overall. The rate of years of potential life lost (a measure of early death) among American Indian/Alaska Natives was significantly higher than among whites.

Pregnant American Indian/Alaska Native women living in the three-state area initiated prenatal care during later trimesters more often than their white counterparts and had fewer prenatal care visits throughout their pregnancy overall. The rate of Sudden Unexpected Infant Death (SUID) was four

GREAT LAKES INTER-TRIBAL EPIDEMIOLOGY CENTER (GLITEC) has been producing community health profile reports for American Indian/Alaska Native communities in Michigan, Minnesota, and Wisconsin since 2000. One of the Seven Core Functions of the Tribal Epidemiology Centers (TECs) is to provide disease surveillance in order to promote public health. Disease surveillance and the monitoring of health data are critical to understanding the health status of populations. These data can highlight trends, gaps in knowledge, and progress made towards improved health outcomes.

GLITEC's most recent addition to the series, *American Indian/Alaska Native Health in Michigan, Minnesota, and Wisconsin 2021*, presents aggregate, population-level data that provide an overview of the health status of American Indians and Alaska Natives living in Michigan, Minnesota, and Wisconsin. This report's primary purpose is to describe the current state of health of the American Indian/Alaska Native people living in the three-state area based on the most up-to-date data available at the time of writing this report. Among other things, the data presented here can be used to: identify health priorities in Tribal communities, inform program planning, development, and resource allocation, guide policy-making, and support grant applications. The report can be found at <https://www.bemidjiareaemergencyresponse.com/CHP2021>.

times higher among American Indian/Alaska Native infants than white infants. The percent of children between the ages of 3 and 27 months served by Indian Health Service (IHS), Tribal, or urban Indian health facilities within the Bemidji IHS Area (Michigan, Minnesota, Wisconsin and Chicago) who were up to date on their immunizations has trended downward since 2012, with 59% being up to date in 2019.

A higher percentage of American Indian/Alaska Natives in the three-state area have had cancer compared to American Indian/Alaska Natives in the United States. A lower percentage of American Indian/Alaska Natives in the three-state area had ever been told they had high cholesterol compared to whites in the three-state area. Almost one-third (32%) of American Indian/Alaska Natives living in the three-state area reported a depression diagnosis, compared to the national rate among American Indian/Alaska Natives of 22%.

The majority (72%) of American Indian/Alaska Natives in the three states reported participating in physical activity. About half of American Indian/Alaska Natives in the three-state area slept for the recommended seven or more hours

per day. Slightly more than two-thirds of American Indian/Alaska Natives in the three-state area reported ever having smoked, although fewer than one-third (30%) reported currently smoking on a daily basis.

A higher percentage of American Indian/Alaska Natives in the three-state area had reported receiving an HIV test at some point, compared to whites. Slightly more than one-quarter (27%) of American Indian/Alaska Natives served by Indian Health Service, Tribal, or urban Indian health facilities within the Bemidji Area received their flu vaccine. However, about one-half (52%) of American Indian/Alaska Natives 65 years or older had received their flu vaccine.

When asked about overall health status, 70% of American Indian/Alaska Natives living in the three-state area reported being in excellent, very good, or good health. The majority (88%) of American Indian/Alaska Natives reportedly had health care coverage, but 17% reported that they were unable to go to the doctor due to cost. The Indian Health Service has continued to be underfunded with the Bemidji Area only receiving 41% of the necessary funding.

