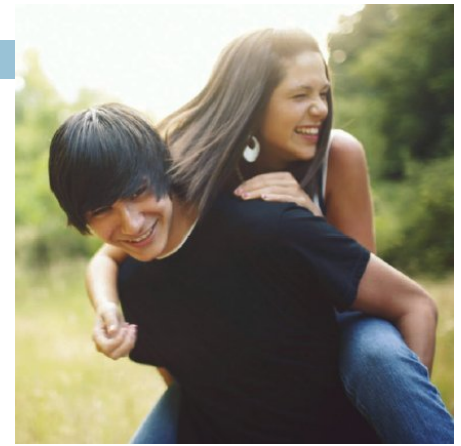


American Indian/Alaska Native in Michigan: Health Snapshot



Concerns:

American Indians (including Alaska Natives) have higher rates of diabetes, heart attack, and obesity than the Michigan average. They also report more activity limitation in the last month, and needing special equipment more often. 30.4% of new moms reported smoking while pregnant in 2007, the highest rate in the state of any racial/ethnic group. American Indians also reported fair or poor health status and rarely or never receiving the social/emotional support needed at higher rates than the overall population.

Doing better:

American Indians have the lowest prevalence of HIV/AIDS in the state

Key social and environmental health determinants:

The median household income (05-07) was \$36,087. Among those 25 years and older, 34.3% are high school graduates, and 8.5% have a bachelor's or higher. 49.7% are cost-burdened renters (rent \geq 30% of income).

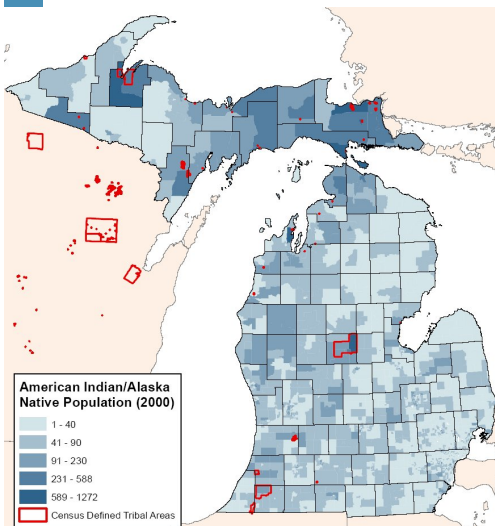
Key health status, behavior, and healthcare access indicators:

American Indians report higher rates of no health care access in the last year due to cost, with 20.7% reporting no health care coverage. 35.7% reported currently smoking, a rate significantly higher than the overall population.

Total Population: 53,178
 % of MI population: 3.9
 Age Distribution:
 under 5: 5.1%
 5-17: 19.2%
 18-65: 68.8%
 over 65: 6.8%

Notes:

Due to the relatively small population of American Indians in Michigan, understanding the health status through traditional surveillance methods can be difficult or impossible. Alternative data sources, such as the 2006 Inter-tribal BRFSS, are key to understanding the health needs of this population, and to build programming and policy that effectively meets the needs of the community.



AI/AN Population, 2000

Sources: Michigan BRFSS, 06-08 bridged estimates; Michigan Vital Statistics 07 data; American Community Survey 05-07 (US Census); US Census 08 population estimates; 2006 Michigan Residents Birth File; 2006 Inter-tribal BRFSS

HEALTH DISPARITIES REDUCTION/
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