

Running the Numbers

*A Periodic Feature to Inform North Carolina Healthcare Professionals
About Current Topics in Health Statistics*

From the State Center for Health Statistics, North Carolina Department of Health and Human Services
www.schs.state.nc.us/SCHS

The Health of American Indians in North Carolina

North Carolina has the eighth largest American Indian population among all states. The 2000 Census counted 99,600 residents of North Carolina who reported their race as American Indian alone, and also more than 20,000 who reported American Indian in combination with another race. More than one-half of the American Indians in North Carolina are of the Lumbee Tribe. American Indians in North Carolina experience a relatively high rate of poverty, which is associated with more health problems. The percentage of American Indian families in North Carolina living below the federal poverty level in 1999 was 21.0, compared to 22.9 for African Americans and 8.4 for whites.

American Indians in North Carolina experience worse outcomes for many health measures, compared to other racial groups. Two recent publications are available that profile the health of American Indians in our state: *Racial and Ethnic*

	American Indian	African American	White
AIDS deaths per 100,000 population	4.0	21.5	1.5
Homicide deaths per 100,000 population	18.1	17.0	4.6
Motor vehicle deaths per 100,000 population	41.6	20.7	19.2
Diabetes deaths per 100,000 population	52.7	55.6	21.5
Kidney disease deaths per 100,000 population	20.7	34.9	13.4
% of mothers with a live birth who smoked during pregnancy	25.3	11.0	15.2
% of mothers with a live birth reporting an unintended pregnancy	65.2	66.8	36.7
% of live births with no prenatal care or where prenatal care started late	23.5	24.1	12.1
Infant deaths per 1,000 live births	11.2	15.4	6.3
Deaths ages 1-17 per 100,000 population	53.8	37.5	30.0
Pregnancies per 1,000 teens ages 15-17	63.2	72.4	38.0
% of adults with arthritis	36.3	29.5	29.1
% of adults with diabetes	14.1	12.6	6.8
% of adults ever having asthma	16.4	12.9	11.1
% of adults with high blood pressure	40.2	38.6	26.6
% of adults who are obese	33.2	37.2	20.9
% of adults reporting no leisure time physical activity	32.4	33.8	23.7
% of adults with no health insurance	19.2	19.0	13.4
% of adults reporting a disability	38.5	29.7	24.9
% of adults reporting fair or poor health	25.9	25.1	17.5

RUNNING THE NUMBERS—continued on page 390

Disparities in North Carolina: Report Card 2003 (available at <http://www.schs.state.nc.us/SCHS/pdf/FinalReportCard.pdf>) and *Racial and Ethnic Differences in Health in North Carolina: 2004 Update* (available at <http://www.schs.state.nc.us/SCHS/pdf/RaceEthnicRpt.pdf>). We briefly summarize here some of the results from these publications, emphasizing areas where health disparities are the largest. See the publications for a more complete definition of the indicators, including time periods for the data. We also use selected 2002-2003 age-adjusted percentages from the North Carolina Behavioral Risk Factor Surveillance System (BRFSS), a statewide random telephone survey of adults in North Carolina.

American Indians in North Carolina experience outcomes on many chronic disease measures (such as rates for heart disease, stroke, cancer, and chronic liver disease) similar to or only slightly higher than those for whites, and therefore these measures do not appear in the table above since the apparent disparities are not large. But these measures often rely on death certificate data, where there is probably substantial under-reporting of American Indian as the race of the decedent.

The North Carolina American Indian Health Task Force was created in 2004 by the North Carolina Commission of Indian Affairs and the Secretary of the North Carolina Department of Health and Human Services. The purpose of this Task Force is to identify and study Indian health issues in North Carolina and to evaluate and strengthen programs and services for American Indians in the state. The Task Force will be issuing a final report with recommendations for action in the Spring of 2005.

*Contributed by Paul A. Buescher, PhD
State Center for Health Statistics, North Carolina Division of Public Health*



is a grass-roots organization providing ...

**SUPPORT
EDUCATION
ADVOCACY**

... for the families and friends of people with serious mental illness,
and for persons with serious mental illness.

North Carolina's Voice on Mental Illness

Helpline 800-451-9682

Free information, referrals
and support for families
coping with mental illness

309 West Millbrook Road, Suite 121
Raleigh, North Carolina 27609
Telephone 919-788-0801
Facsimile 919-788-0906
<http://www.naminc.org>
mail@naminc.org