

Health Disparities Impacting Racial and Ethnic Minorities in Michigan

**Health Disparities in Minority Health: Bridging the
Gap Between Research and Practice**

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Purpose of Health Disparities Initiatives

- To increase awareness of health disparities by collecting and disseminating relevant data
- Decrease the burden of disparities by distributing information on public health interventions with proven effectiveness.
- Establish a systematic approach to collaboration and communication among governmental, private and community based health entities.
- Leverage resources to initiate new and innovative programs

Elimination of Health Disparities

- Became significant concern in 1998
- Six health categories: adult immunization, cardiovascular care, cancer care, diabetes, HIV/AIDS and infant mortality

"The test of progress is not whether we add more to the abundance of those who have much, it is whether we provide enough for those who have little"

Franklin Delano Roosevelt

What is a Health Disparity?

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (World Health Organization)

Disparity: A chain of events signified by a difference in (1) environment; (2) access to, utilization of, and quality of care; (3) health status; or (4) a particular health outcome that deserves scrutiny.

Carter-Pokras & Baquet, Public Health Reports, Sept/Oct, 2002

Health Disparities

Disparities in health, which refer to differences in health outcomes and status; and

Disparities in health care, which refer to differences in the preventative, diagnostic and treatment services offered to people with similar health conditions, as well as, health care access.

Contributing Factors

- Poverty
- Education Level
- Cultural Attitudes, Norms, and Values
- Minority Mistrust of Healthcare System
- Language

Contributing Factors (cont.)

- Provider Cultural Competency

“Health is really a social transaction that has a scientific base. You need to have doctors who have the basic knowledge, but that alone is not enough. You have to have a physician that is able to communicate in a way a patient understands.”

Dr. Louis Sullivan, former U.S. Secretary of Health and Human Services

- Stereotypes held by Healthcare Providers
- Access to Health Care

Contributing Factors (Cont.)

ACCESS to Health Care

- 45.8 million Americans (15.7% of the total population) lacked health insurance in 2005.
- 7.8% of Michigan residents, or almost 800,000 people are insured at any one time.
- Minorities are more likely than whites to be uninsured
 - ◆ 32.7% of Hispanics are uninsured
 - ◆ 29.9% of Native Americans and Alaska Natives are uninsured
 - ◆ 19.6% of African-Americans are uninsured
 - ◆ 17.9% of Asians are uninsured
 - ◆ 11.3% of white non-Hispanics are uninsured

State Planning Project for the Uninsured 2005; U.S. Census Bureau 2005

"The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those who are in the shadows of life, the sick, the needy and the handicapped"

Hubert H. Humphrey

Disparities Across the Spectrum

Infant Mortality

Black infant deaths occur almost 3 times more often than White infant deaths

Prostate Cancer

Black male deaths occur 2 times more often than White male deaths

HIV/AIDS

The rate of HIV infection among Blacks is over 8 times higher than the rate among Whites

Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

Demographic Profile

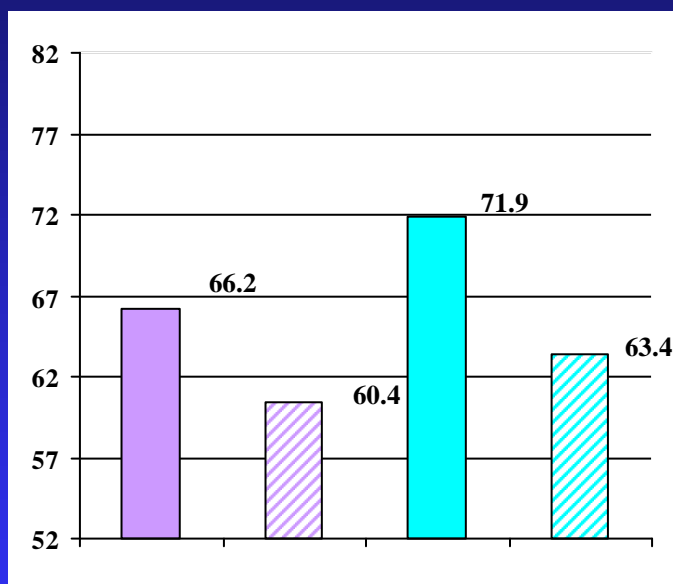
Distribution of Michigan's Population by Race/Ancstry

Race/Ancstry	1980	1990	2000	2005	% Change
White	85.8	84.2	80.2	80.0	-6.8
Black	13.0	14.0	14.2	14.0	7.7
American Indian	0.5	0.6	0.6	0.6	20.0
Asian/Pacific Islander/ Other	0.7	1.2	3.1	3.8	442.9
Multi-Racial	N.A.	N.A.	1.9	1.6	N.A.
Hispanic	1.7	2.2	3.3	3.8	123.5

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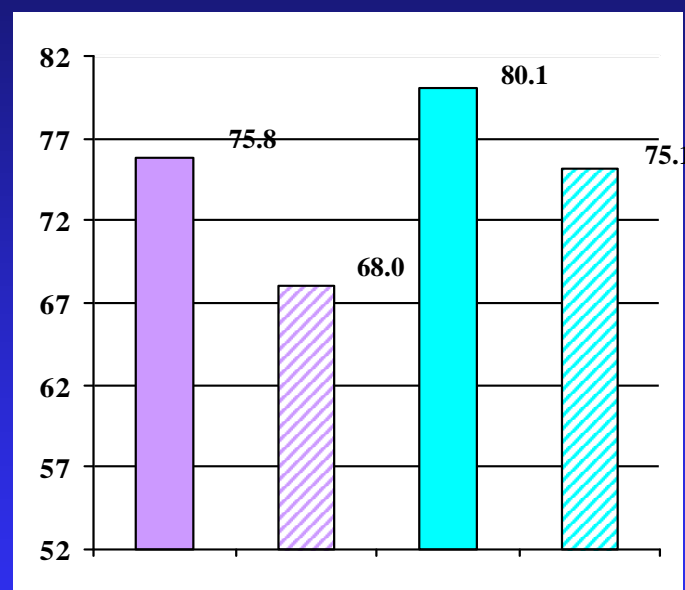
Michigan Life Expectancy

1950



White males
 Black males

2005

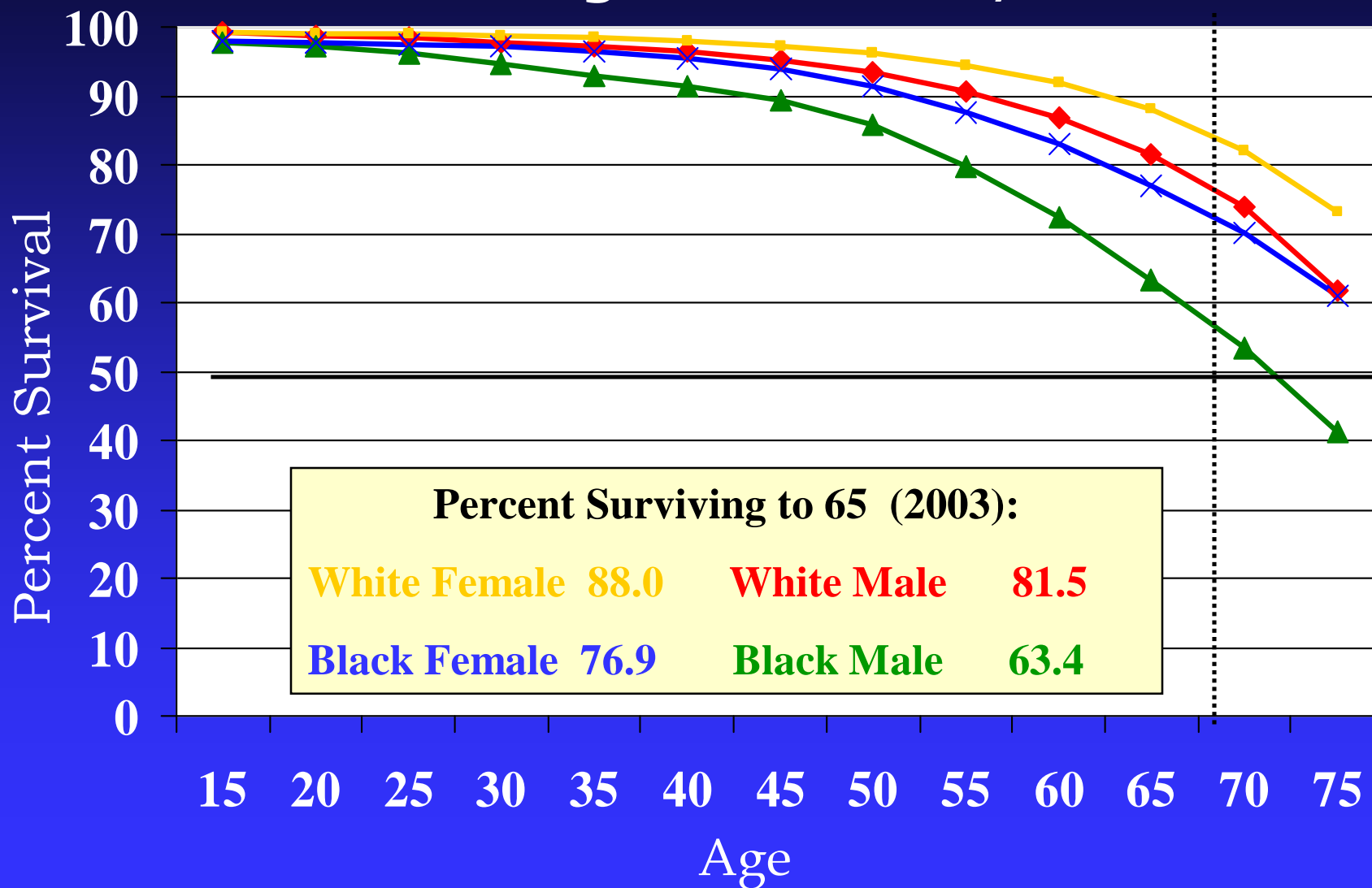


White females
 Black females

Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

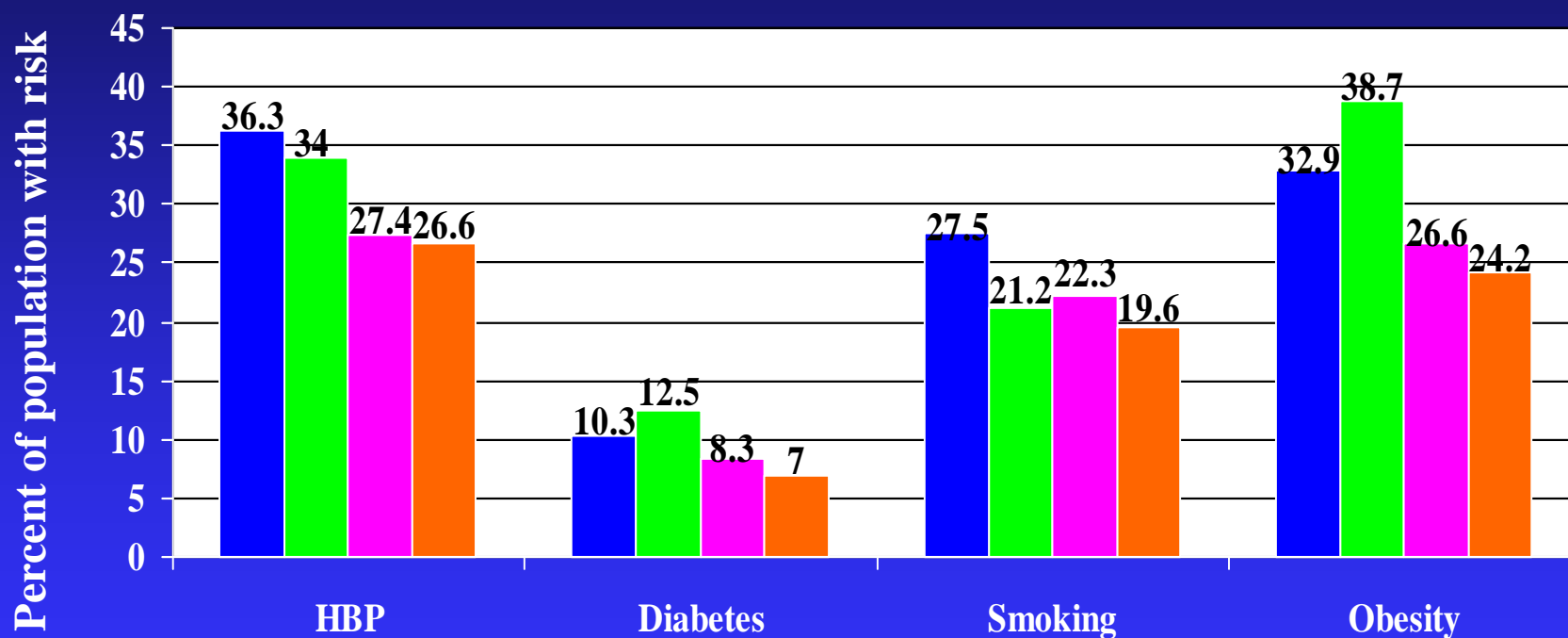
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Survival Curve Ages 15-75 by Sex and Race, Michigan Residents, 2005



Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

Racial and Gender Disparities in Selected Risk Factors for Chronic Disease Michigan, 2005



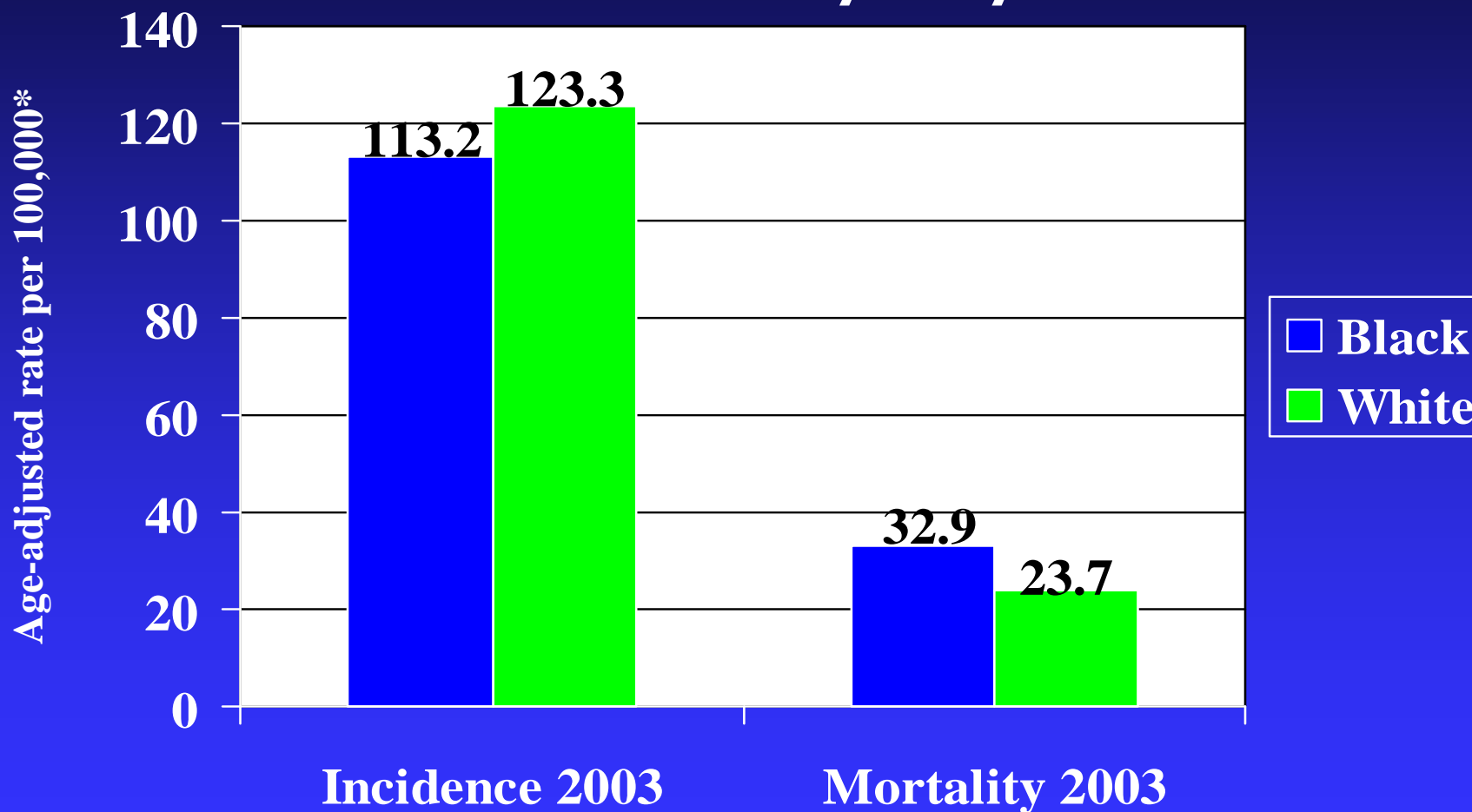
■ Black Males
 ■ Black Females
 ■ White Males
 ■ White Females

Source: Michigan Behavior Risk Factor Surveillance System

Cancer

A diverse group of diseases
characterized by uncontrolled growth
and spread of abnormal cells

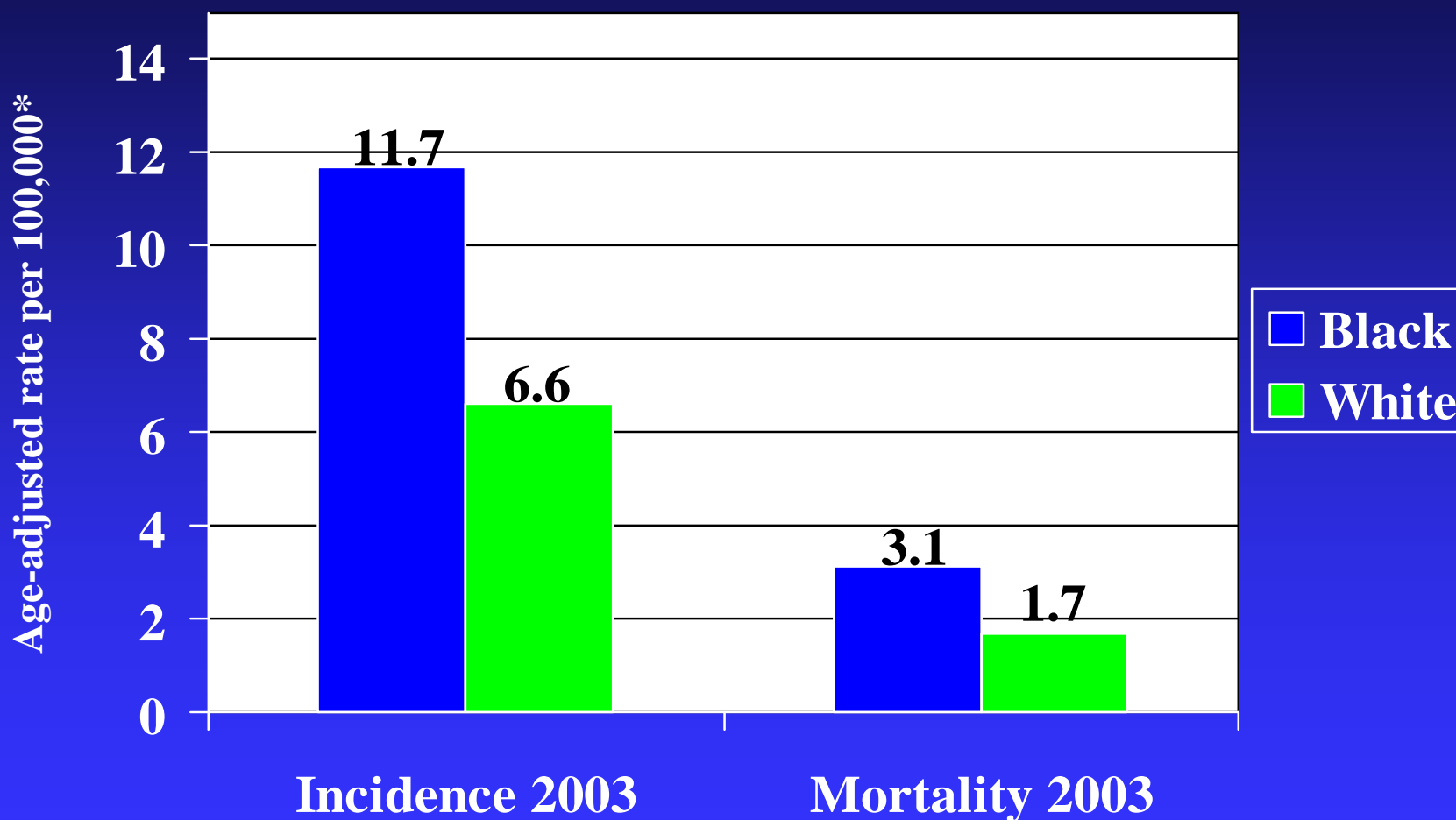
Breast Cancer Incidence and Mortality by Race



*Adjusted to 2000 US standard population.

Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

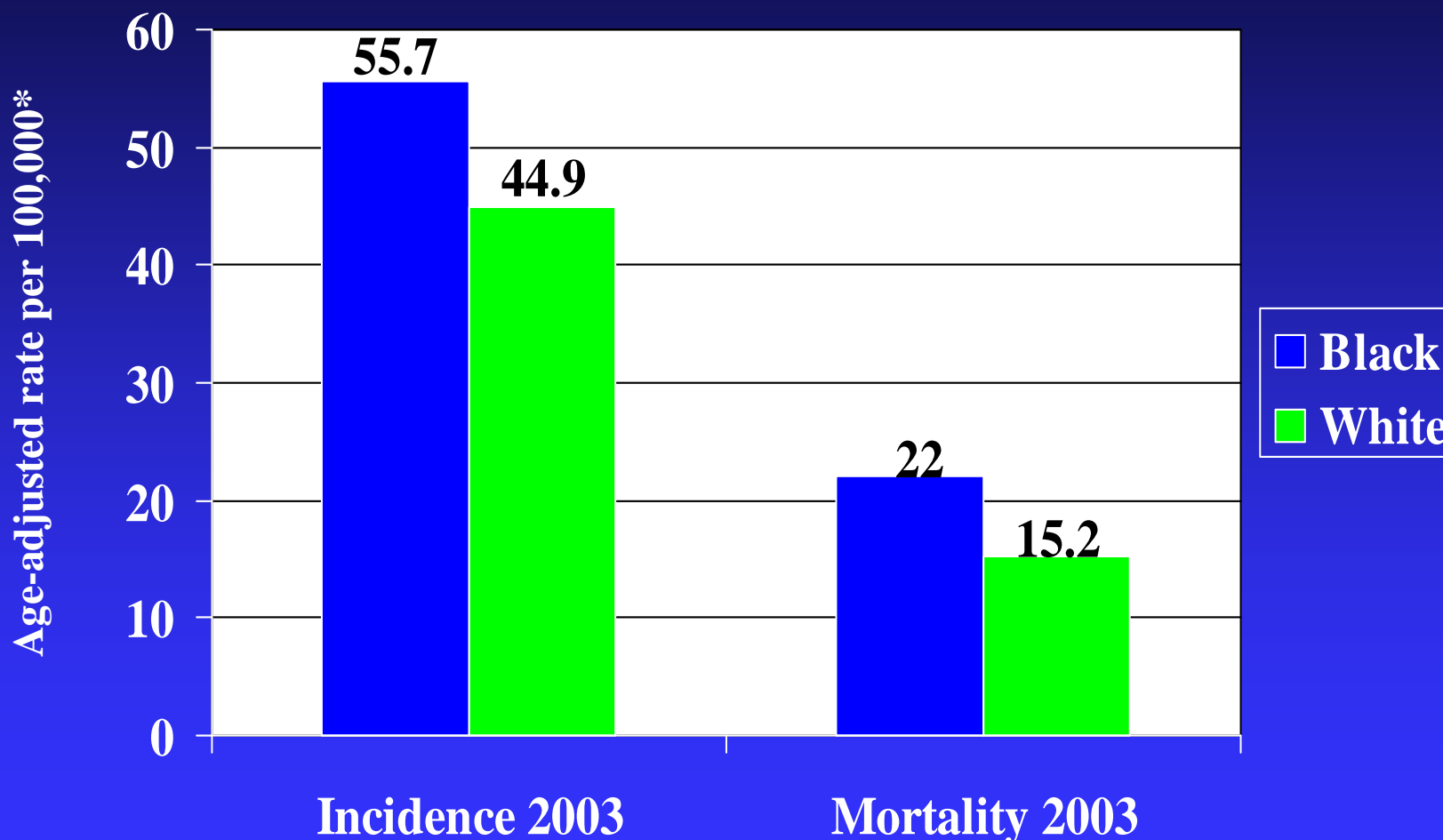
Cervical Cancer Incidence and Mortality by Race



*Adjusted to 2000 US standard population.

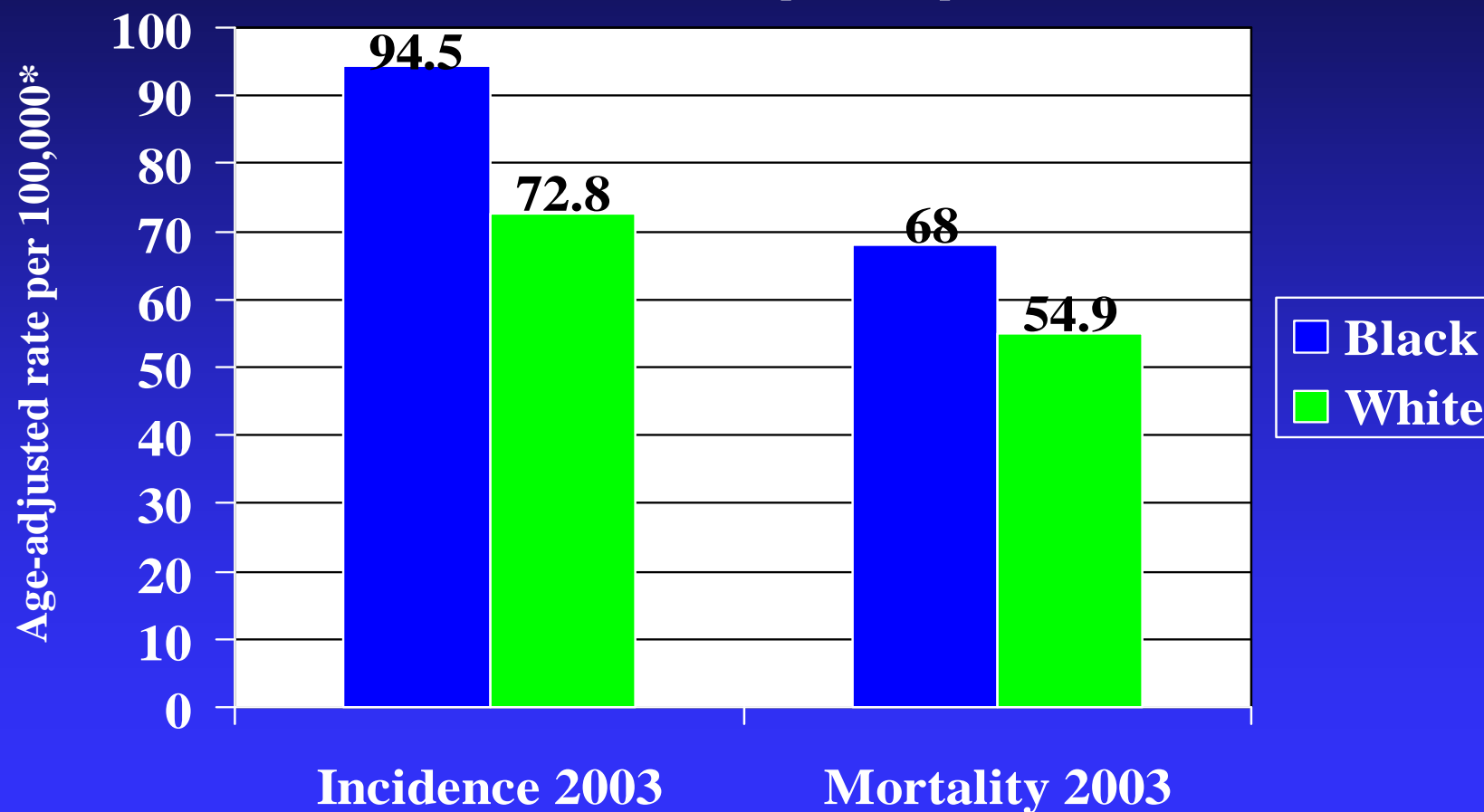
Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

Colorectal Cancer Incidence and Mortality by Race



*Adjusted to 2000 US standard population.

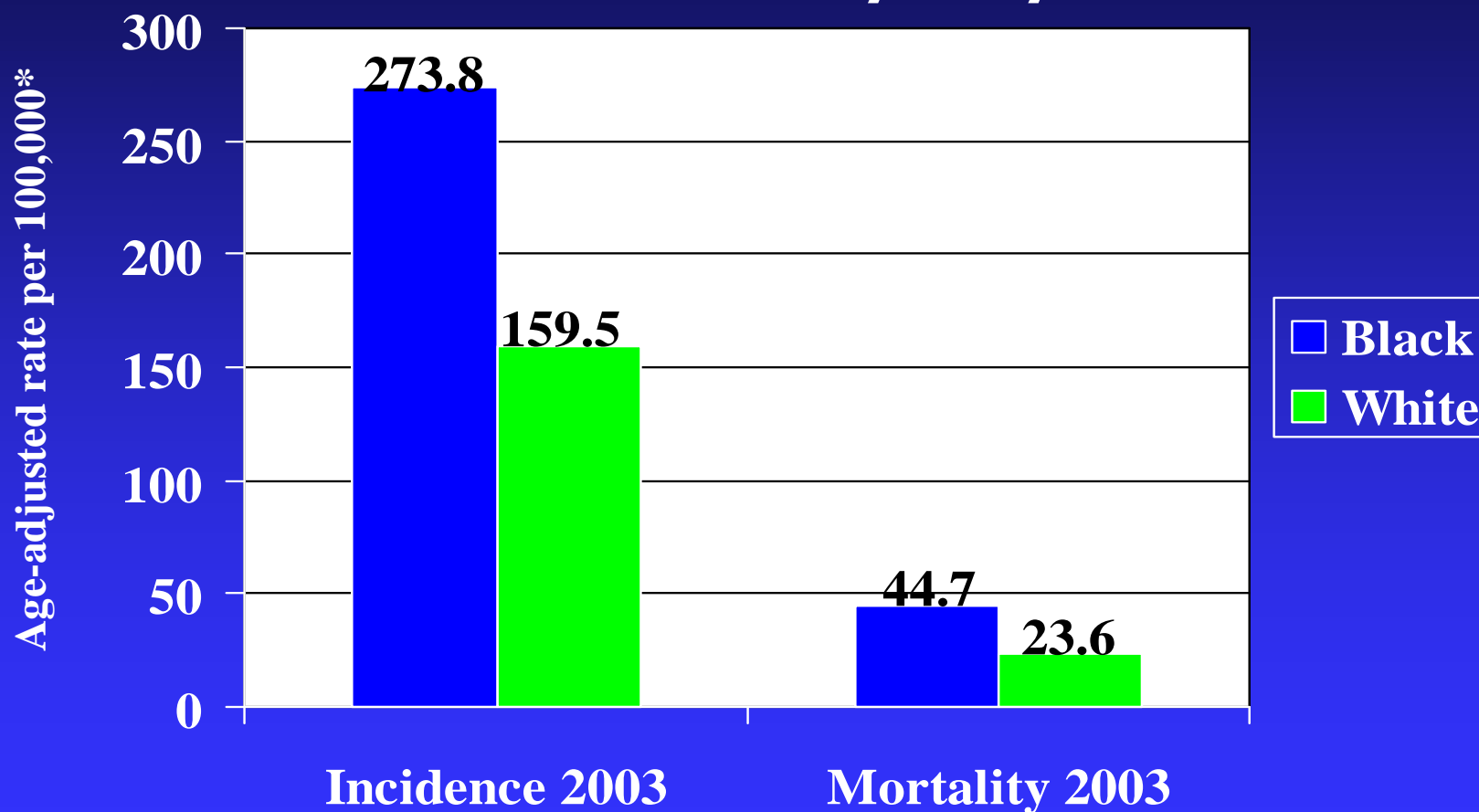
Lung Cancer Incidence and Mortality by Race



*Adjusted to 2000 US standard population.

Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

Prostate Cancer Incidence and Mortality by Race



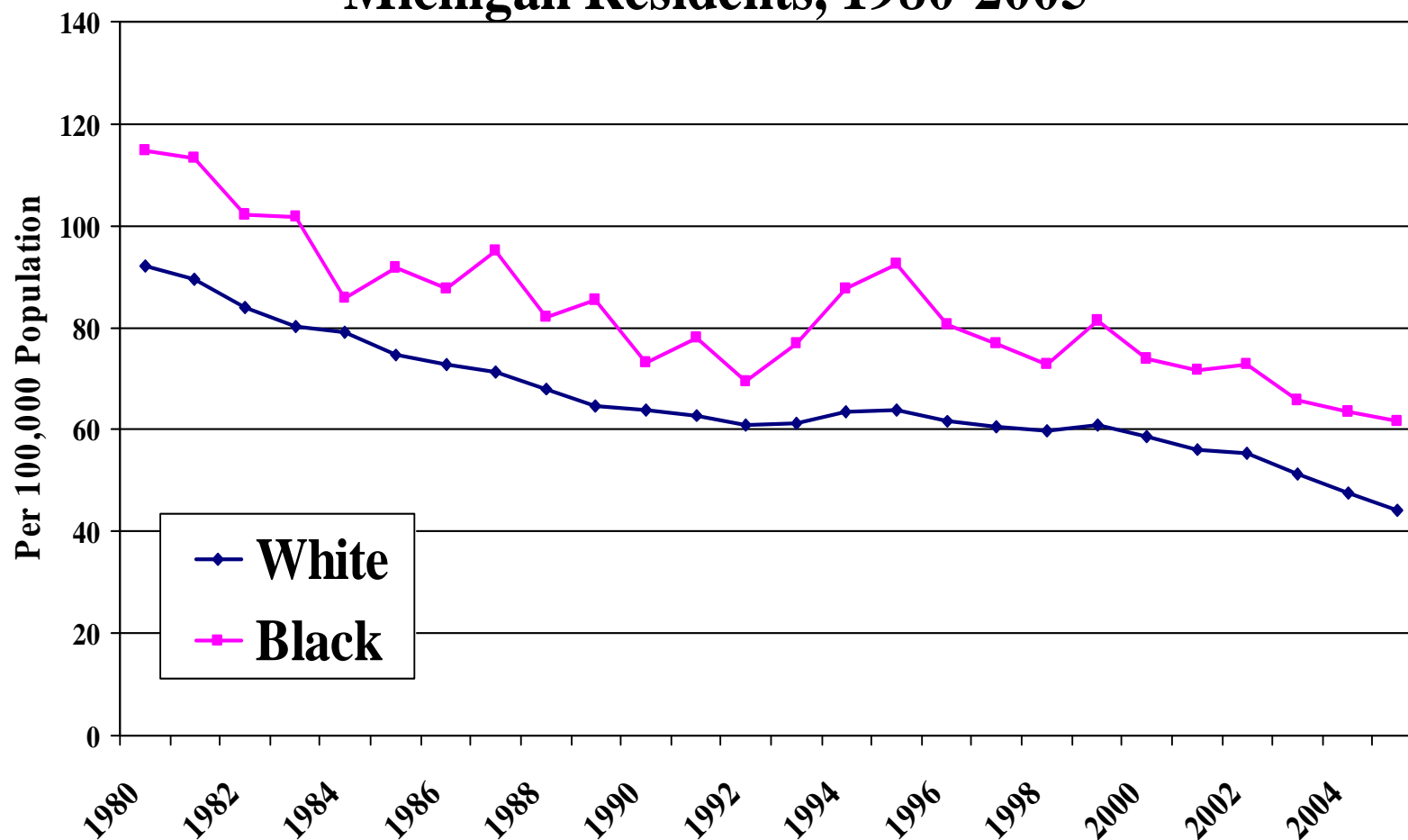
*Adjusted to 2000 US standard population.

Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

Cardiovascular Disease

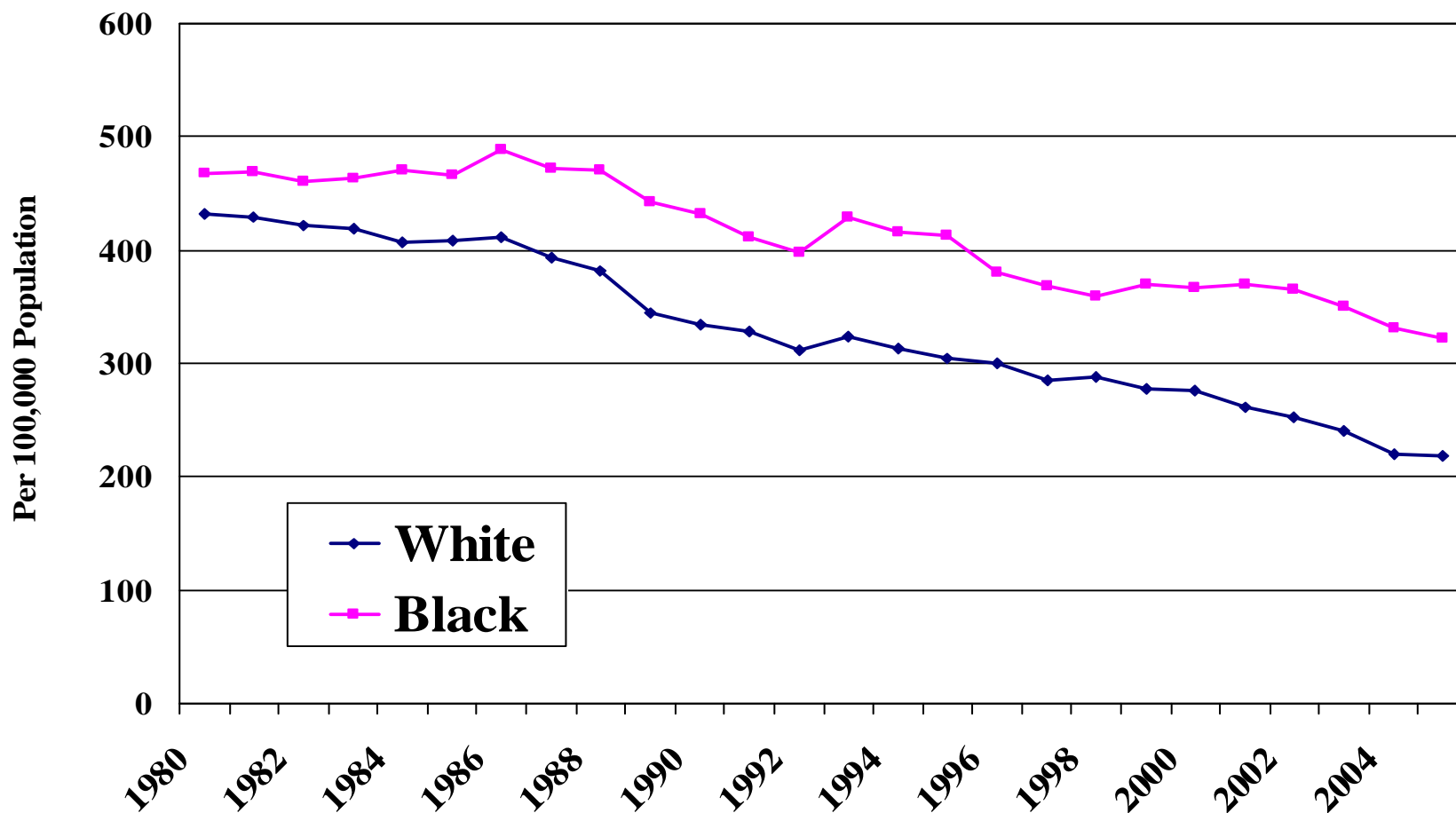
Any disease that affects the heart or blood vessels by restricting the flow of blood.

Age-Adjusted Stroke Death Rates by Race Michigan Residents, 1980-2005



Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

Age-Adjusted Heart Disease Death Rates by Race Michigan Residents, 1980-2005



Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

Diabetes

A chronic disease characterized by the inability to use the glucose in food for energy.

Prevalence of Diabetes by Race/Ethnicity, Michigan & U.S.

Race/Ancestry	US 2005	MI 2005
White	6.8%	7.6%
Black	11.4%	12.0%
Hispanic	6.6%	8.5%
Other	7.2%	5.0%
Multi-Racial	8.3%	9.6%

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005. 002 data; CDC. (2004) National Diabetes Fact Sheet ; Diabetes Care, July, 2003

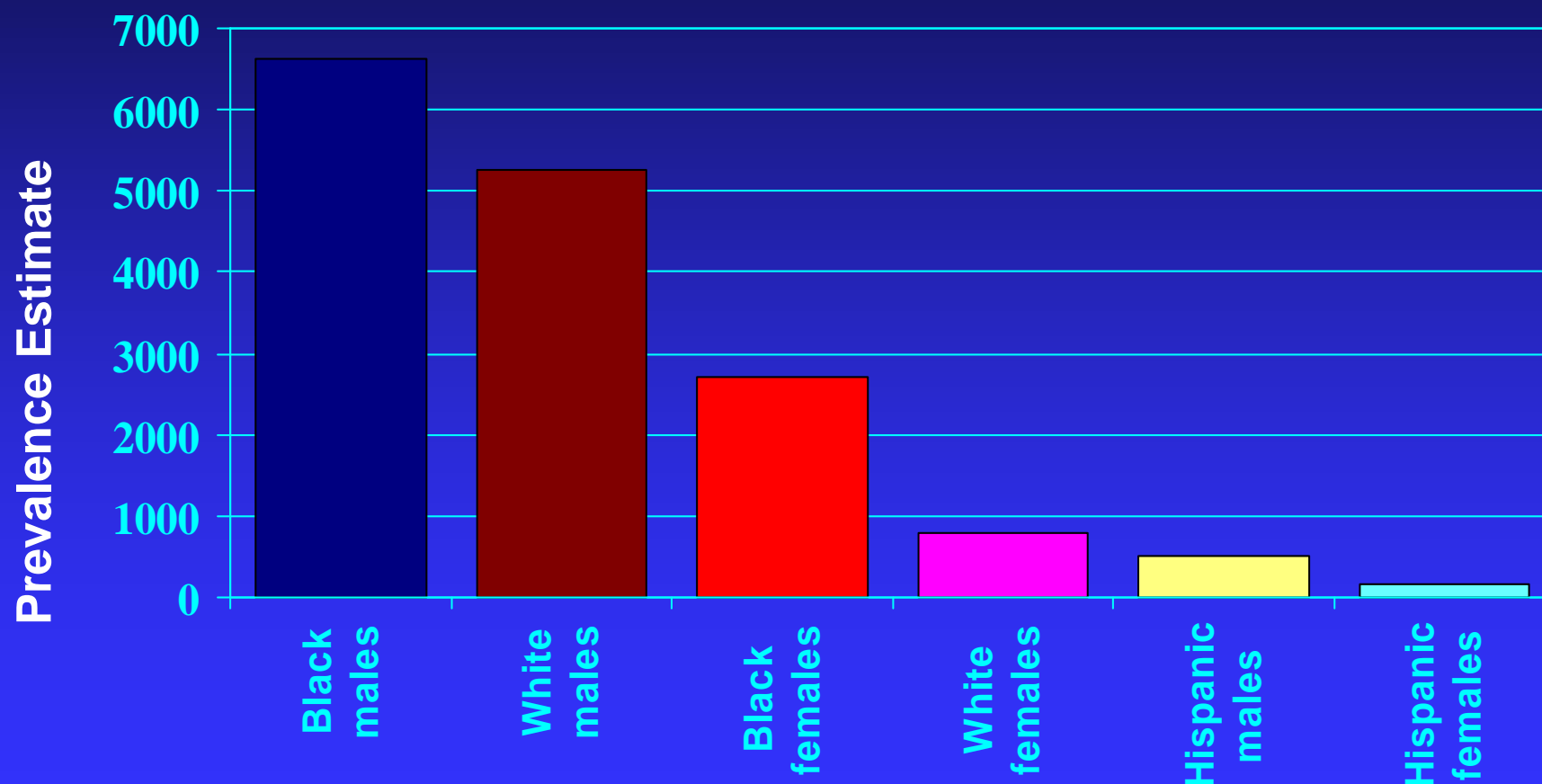
Deaths Due to Diabetes per 100K

Death	U.S. 2003	MI 2003	MI 2005
White - Primary Cause	23.0	24.2	24.7
Black - Primary Cause	49.2	38.4	40.0
White - Any Mention	N.A.	74.9	76.3
Black - Any Mention	N.A.	116.8	124.5

HIV/AIDS

- HIV: Human Immunodeficiency Virus
- Transmission: Unprotected Anal/
Vaginal/Oral Sex Needle Sharing, Maternal
- AIDS: Acquired Immune Deficiency
Syndrome

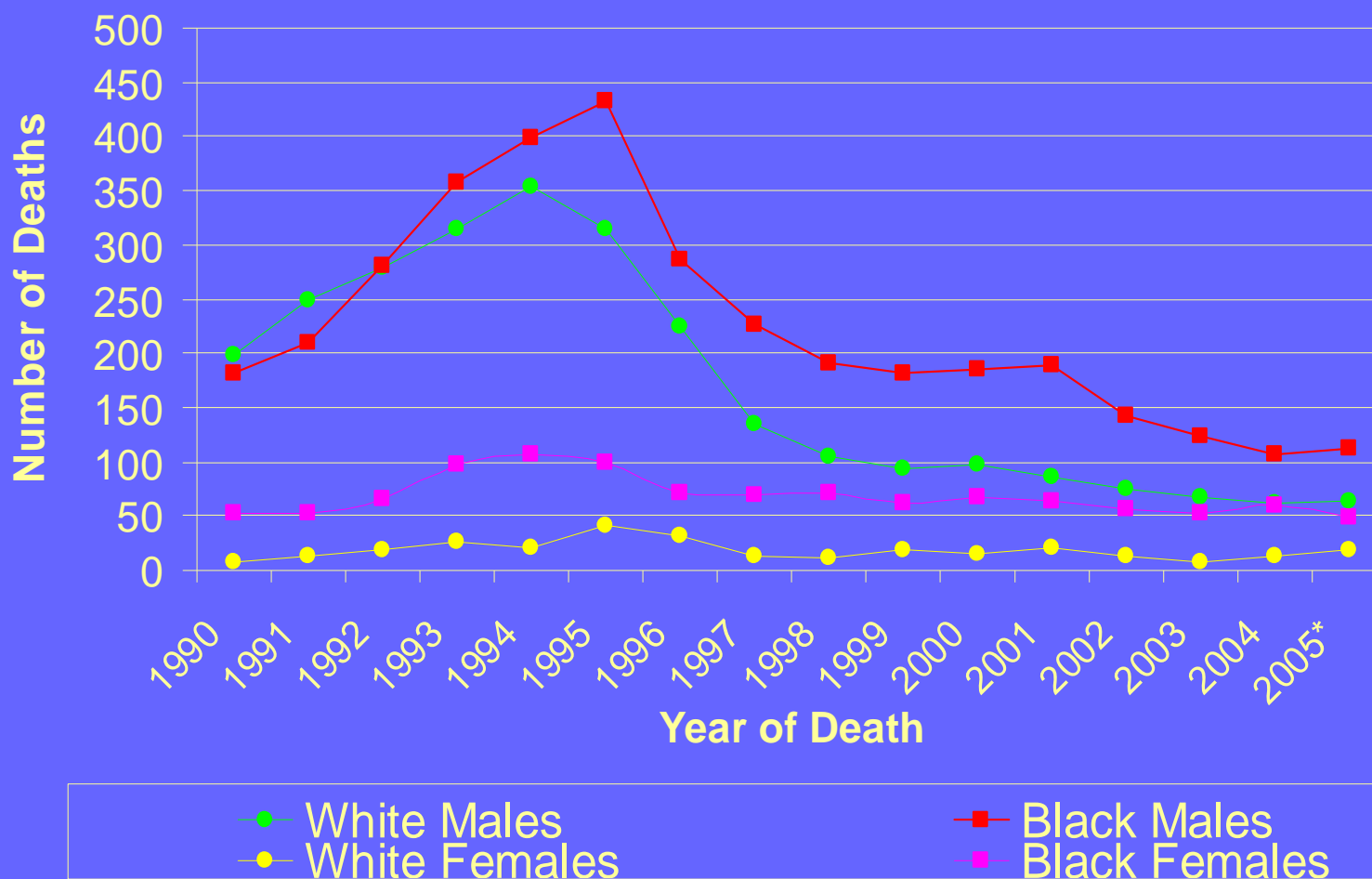
Prevalence Estimates of Persons Living with HIV/AIDS in MI by Sex and Race as of October 1, 2006



MDCH/Bureau of Epidemiology/HIV/AIDS Surveillance Program

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HIV Related Deaths in MI, all ages, by Race & Sex, 1990-2005*



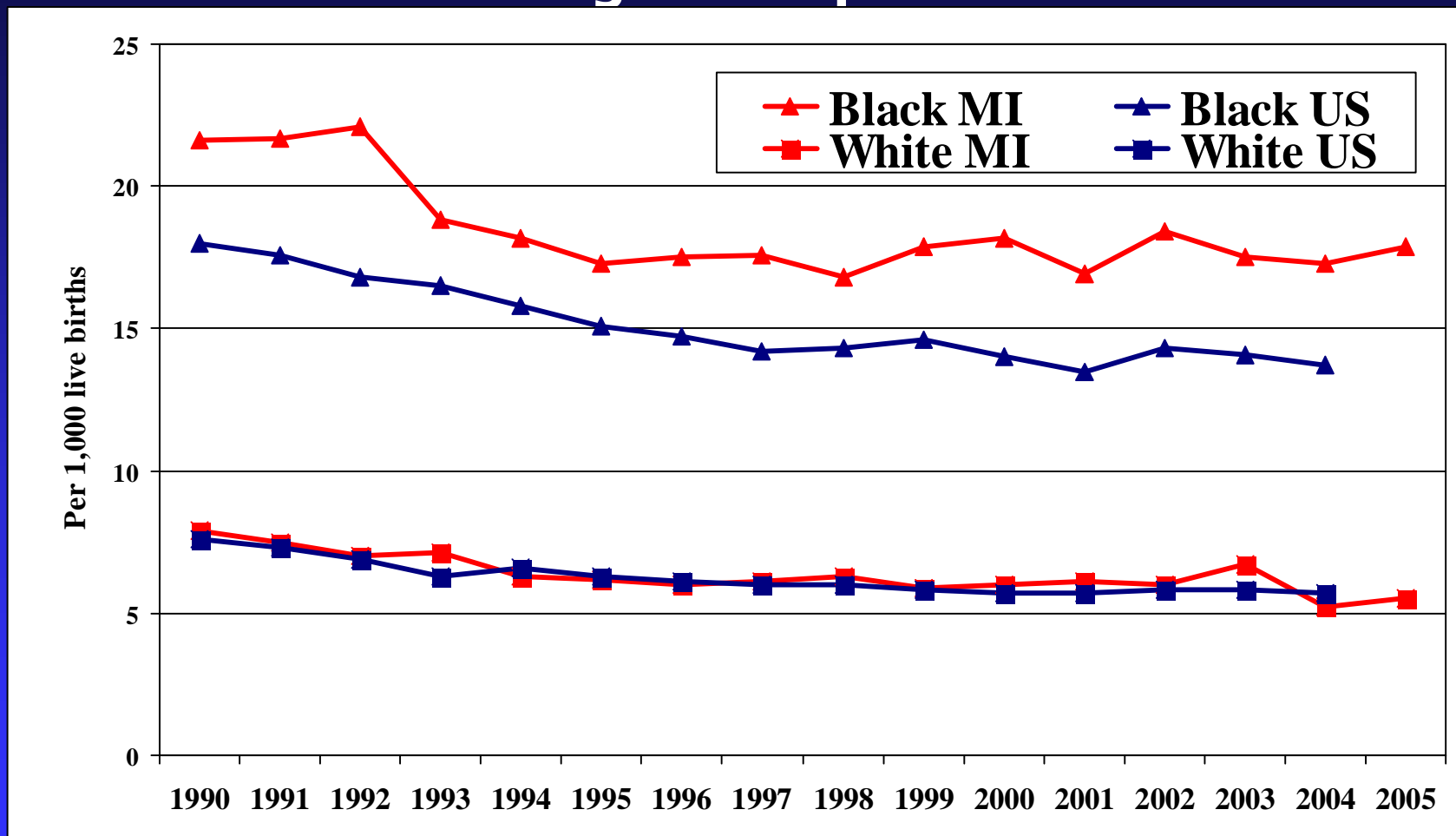
MDCH/Bureau of Epidemiology/HIV/AIDS Surveillance Program

Infant Mortality

The number of deaths occurring in children under the age of one year.

Race specific Infant Mortality Rate

Michigan compared to US



Source: Vital Records & Health Data Development Section, Michigan Department of Community Health

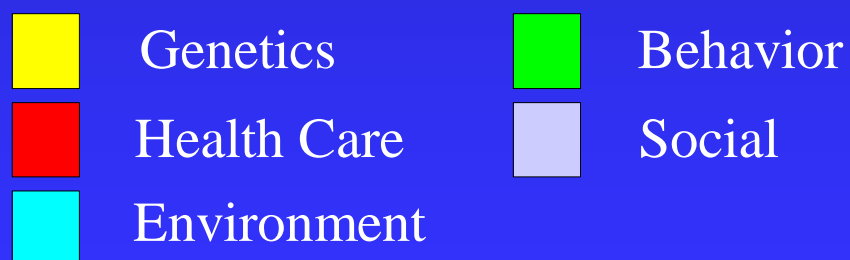
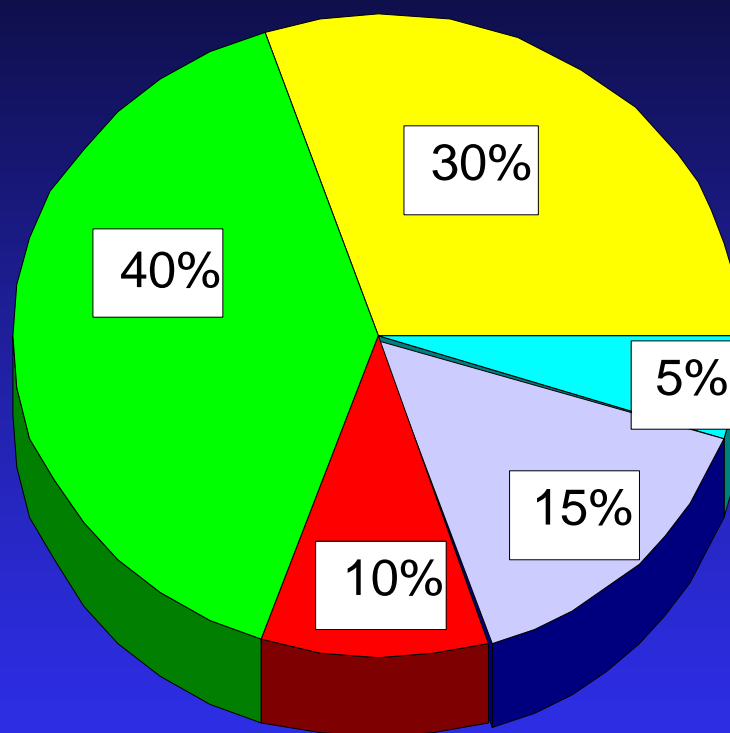
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Eliminating Disparities

"We cannot become what we need to be by remaining what we are"

Max Depree

Determinants of Health



McGinnis, 2002

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General Recommendations

- New knowledge about the determinants of disease
- Develop infrastructure capacity of community-based organizations
- Programs must emphasize behavioral risk-reduction and other prevention strategies
- Communities must assist at-risk individuals in accessing programs designed to diagnose and treat conditions early
- Greater role of local leaders including faith-based and fraternal organizations
- Community level interventions to promote normative change
- Evidence-based strategies

General Recommendations (Cont.)

- Public Health safety net
- Integration of healthcare services, one stop shopping
- Development of comprehensive community health centers
- Comprehensive health screening programs for communities of color
- Culturally and gender appropriate skills-building workshops
- Mobile Outreach

Specific Groups Recommendations

1. Schools (K-12): Add prevention messages to MI Model for Comprehensive School Health Education Curriculum. Urge the adoption of policies on healthy foods and beverages.
2. Higher Education: Increase number of ethnically diverse/culturally competent providers
(Michigan Diabetes Strategic Plan recommendations, 2003)
3. Business: Create work-based risk-reduction, screening, self-management education among employer/union groups
4. Healthcare: Support programs that serve minority populations; Promote culturally acceptable prevention disease management

Specific Groups Recommendations (Cont.)

5. Healthcare Organizations: Partner with professional organizations to improve awareness, knowledge and skills among health care providers
6. Community Organizations: Promote messages and use of lay health workers among faith-based and other community organizations
7. State Government: Target funding to reduce health disparities (Michigan Diabetes Strategic Plan recommendations, 2003)
8. Media's Role: Implement statewide public awareness campaign of health disparities

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

Martin Luther King Jr.

Thank You

The Health Disparities and Minority Health Section at the Michigan Department of Community Health

The Health Disparities Reduction Work Group at the Michigan Department of Community Health