

MDHHS 2020 Health Equity Report Moving Health Equity Forward During COVID-19 Report Highlights

Public Act 653

Public Act (PA) 653 requires MDHHS to:



Develop & implement a structure to address racial & ethnic minority health disparities



Establish minority health policy



Promote workforce diversity



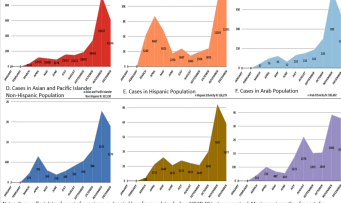
Take additional actions to advance health equity as specified in the provisions of the act

The 2020 Health Equity Report focuses on the COVID-19 pandemic and its disproportionate impact on communities of color.

COVID-19 Cases by Race/Ethnicity

The below graphs display the number of confirmed cases of COVID-19 reported to MDHHS for 6 racial and ethnic populations in Michigan. These charts are intended to present the trends in disease occurrence in these populations. Please note that different scales are used for each population to more clearly demonstrate those trends.*

Figure 1: Confirmed and Probable COVID-19 cases in Michigan by month and Race, 01/01/2020-12/31/2020



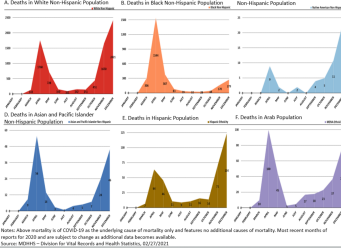
* A large number of cases were missing information on race and ethnicity and therefore, excluded.

- Each racial & ethnic population experienced similar trends in cases throughout the course of 2020, especially in the periods of March–May & October–December, 2020.
- Within the African American, Asian American & Hispanic American populations, large rises in cases were seen from March–May, 2020, compared to other populations. All populations saw a sharp rise in cases from October–November, 2020.

COVID-19 Deaths by Race/Ethnicity

The graphs below display group-level data for COVID-19 mortality within 6 racial and ethnic populations across Michigan with scales adjusted to the relative size of the population.

Figure 2: COVID-19 mortality in Michigan by month and Race, 01/01/2020-12/31/2020



- Similar to cases, Michigan's racial & ethnic populations experienced a rise in COVID-19 deaths throughout the course of 2020, following their respective rise in cases from the periods of March–May & October–December, 2020.
- Within the African American population, a large rise in COVID-19 deaths was seen from March–May, 2020. This is comparable to a rise in deaths within the White population, although the African American population is one-fifth the size of the White population.

Understanding COVID-19 Disparities

There are a number of factors that may have contributed to the disproportionate impact of COVID-19 on communities of color, primarily through increased risk of exposure to the virus and risk of complications.



People of color are more likely to have essential or frontline jobs such as grocery workers, delivery drivers, transportation workers, etc.



May live in multi-generational or overcrowded homes making quarantining or isolation difficult



May be more dependent on public transportation



Have higher rates of chronic medical conditions, which increase risk of complications due to COVID-19

Racial and ethnic disparities are rooted in social, economic, and environmental inequities that have disproportionately impoverished communities of color, limiting access to adequate resources and impacting social determinants of health, such as:



Adequate & Secure Housing



Quality Education



Stable Employment & Income



Access to Healthy Food & Food Security



Neighborhood Safety & Social Support

MDHHS Response to COVID-19

Michigan was one of the first states to identify disparities in COVID-19 cases and deaths among communities of color, prompting MDHHS to take action early on.

Efforts to address COVID-19 disparities had both successes and challenges. Findings from interviews with MDHHS leadership and a survey of organizational areas include:

Accomplishments



COVID-19 Testing

Expanded testing to include neighborhood sites and mobile health units in marginalized communities



Support/Services

Increased community support, wraparound services & public assistance to address needs



Communication

Communicated with diverse audiences & partners; developed culturally & linguistically appropriate materials & messages about COVID-19



Leveraged Funding

Used federal funding to address increased needs due to COVID-19



Surveillance

Used data, surveillance & case monitoring to inform & target response; made data-driven decisions



Partnerships

Worked with partners to successfully expand programs & services

Gaps/Challenges



Access Limitations

Lack of access to services & information in some marginalized communities



Misinformation/ Mistrust

Spread of misinformation; mistrust of government/healthcare providers



Outdated Data Systems

Limitations with MDHHS's outdated and non-robust data & surveillance systems

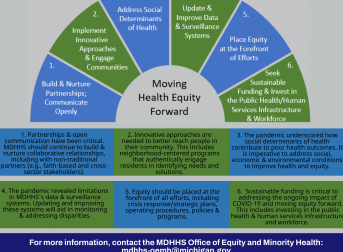


Limited Funding & Infrastructure

Initial lack of monetary, staff & technology resources & capacity to cover increased needs

Lessons Learned for Moving Forward

MDHHS leadership and organizational areas identified lessons learned for moving health equity forward beyond the pandemic. Highlights include:



For more information, contact the MDHHS Office of Equity and Minority Health: mdhhs-oemh@michigan.gov