Why Race/Ethnicity Data Collection is Important for Health Equity

Background

Racial and ethnic disparities in health have been widely documented in the US and in Michigan. Race is a social construct, not a biological reality, and therefore, should have little or no impact on an individual’s health. However, racial differences in overall mortality, infant mortality, heart disease, and even cancer have been documented as major disparities in Michigan. These preventable inequities result in a major loss of life and decreased economic productivity in our state.

Race as a social classification is a predictor of exposure to health risks posed by environmental, social and behavioral factors. The collection of data by race and ethnicity is vital to health programming, health policy and state planning. Without valid knowledge of race, analysts and planners lack critical information about the populations they aim to serve. This information includes data about the societal exposure racial and ethnic minorities experience, knowledge about the interaction of race with other factors under investigation, and data needed to identify and monitor the existence of disparities.

Improving Data Collection on Minority Populations in Michigan

The Michigan Department of Community Health (MDCH) Health Disparities Reduction and Minority Health Section (HDRMHS) is improving the availability of racial and ethnic health-related data by funding statewide, stand-alone, Behavioral Risk Factor Surveys (BRFSs) for racial and ethnic minorities not adequately represented in the annual Michigan BRFS. These surveys allow MDCH to reliably estimate health risks and outcomes for Michigan’s smaller racial and ethnic groups. Surveys were conducted among Hispanics and Asians in 2012, Arabs in 2013, and Hispanics again in 2014. The survey data collected are essential for understanding the unique health issues and needs of these populations, and for developing effective programs and policies. Results from the 2012 Hispanic BRFS are highlighted on the following pages. Reports for the Asian and Arab BRFSs will be released in 2015.

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7Sequist and Schneider, 2006; Ford and Kelly, 2005.
* National Center for Health Statistics, MDCH Division of Vital Records and Health Statistics
Health Status of Hispanic Adults in Michigan

- Although the Hispanic population in Michigan is growing\(^1\),\(^2\), accurate and timely data at the state-level are limited.
- In 2012, data were collected in the Hispanic Behavioral Risk Factor Survey to better describe the current health status of Hispanic adults in Michigan.

Hispanic Adults vs. All Adults in Michigan

For the majority of health indicators, Hispanic adults were similar to all adults in Michigan. Some\(^a\) of these were: cigarette smoking, binge drinking, adequate fruit and vegetable consumption, lack of physical activity, overweight (BMI\(^b\) 25.0-29.9), routine health checkup in the past year, and ever told to have asthma.

For a few of the health indicators, Hispanic adults did better than all adults in Michigan. These included: ever told to have arthritis, ever having an HIV test, and missing six or more teeth.

For a few of the health indicators, Hispanic adults were worse than all adults in Michigan. These included: no health care access due to cost, worried about having enough money to buy nutritious meals, and ever told they have depression.

\(^a\) For a complete list of health indicators, reference the full report, "Health Risk Behaviors Among Hispanic Adults Within the State of Michigan" at www.michigan.gov/brfs and www.michigan.gov/minorityhealth.

\(^b\) BMI: Body Mass Index.

The top left photo was acquired from the Public Health Image Library (http://phil.cdc.gov/Phil/home.asp), courtesy of the Centers for Disease Control and Prevention/Amanda Mills.
In 2012, a higher proportion of Hispanic adults in Michigan were between the ages of 18 and 44 years (67.7%) than all Michigan adults (44.6%). A smaller proportion of Hispanic adults were 65 years or older (9.1%) than all adults statewide (19.2%) in 2012. This difference can influence the occurrence of certain health conditions and related risk factors.³

### Selected Risk Factors, Michigan Overall vs. Hispanics Only, 2012

- **Current Smoking**
  - Michigan Overall: 23.3%
  - Hispanics Only: 22.8%

- **Ever Told to Have Arthritis**
  - Michigan Overall: 31.8%
  - Hispanics Only: 20.5%

- **Ever Told to Have Depression**
  - Michigan Overall: 20.6%
  - Hispanics Only: 29.4%

### Next Steps
- These data provide important information to develop effective and culturally appropriate programs and services for Hispanics in Michigan.
- Brief Reports will be released that focus on specific health indicators among Hispanics adults in Michigan.
- The Hispanic Behavioral Risk Factor Survey is being conducted again in 2014. Ongoing continuation of this survey will allow for more precise health estimates and changes over time to be measured for Hispanic adults.

### References:

Suggested Citation