Brief:

MDHHS 2015 Health Equity Report

Asian and Pacific Islanders: Pregnancy Health Indicators

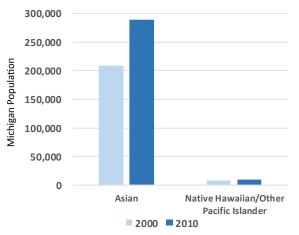




Asian and Pacific Islanders: Pregnancy Health Indicators, Michigan, 2009-2013

- Michigan's Asian and Pacific Islanders are some of the fastest growing racial/ethnic groups in Michigan.
 - Michigan's Asian population grew by 39%[†] from 2000-2010.¹
 - Michigan's Native Hawaiian and Other Pacific Islander population grew by 28%[†] from 2000-2010.²
- Asian and Pacific Islander (API) populations have different histories and experiences yet they are often considered as one group when health is assessed.

Asian and Native Hawaiian/Other Pacific Islander Populations in Michigan, 2000 and 2010



Source: US Census, 2000 and 2010

Key Findings:

- Michigan's API populations are diverse.
- Maternal and infant characteristics vary widely between API ethnic groups.
- Grouping API populations together can hide important differences especially among smaller ethnic groups.

From 2009-2013, the majority of births to API mothers belonged to Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Samoan, and

Guamanian or Chamorro groups (72.2%). These ethnic groups are regularly reported on the Michigan Birth Certificate. Almost 30% of API births were to mothers whose API ethnic groups are not routinely recorded. Mothers that wrote in ethnic groups not regularly reported on the birth certificate included groups such as Bangladeshi, Cambodian, and Hmong^a.



^a For a complete list of groups and indicators, reference the full report, "Pregnancy and Infant Health Indicators Among Asian and Pacific Islanders within the State of Michigan: 2016 Report" at http://www.michigan.gov/minorityhealth.

References:

- 1) Hoeffel EM, Rastogi S, Kim MO, Shaid H. 2012. The Asian Population: 2010. 2010 Census Briefs. United States Census Bureau, U.S. Department of Commerce. http://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf. (June 2015).
- 2) Hixon L, Hepler BB, Kim MO. 2012. The Native Hawaiian and Other Pacific Islander Population: 2010. 2010 Census Briefs. United States Census Bureau, U.S. Department of Commerce. http://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf. (June 2015).

[†] Asian alone or in combination; NHPI alone or in combination.

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The overall API population had a lower proportion of mothers with less than a high school degree and reported Medicaid insurance compared to all mothers in Michigan. Prenatal care initiation was no different for the API population compared to the overall Michigan population.

Many of the new API ethnic groups (e.g. Hmong, Laotian, Bangladeshi) had worse maternal demographics and pregnancy characteristics compared to the overall API population. These groups are smaller in size and their differences are not well accounted for when all API groups were reported together.

Although groups including Vietnamese, Native Hawaiian, Guamanian or Chamorro, and Samoan groups are regularly

Table 1. A Comparison of API Groups by Demographic and Pregnancy Indicators, Michigan, 2009-2013	Education Less than High School	Medicaid Intended Payment for Birth	Started Prenatal Care in 1st Trimester
*Overall API			
Regularly Reported API Groups			
Asian Indian			
Chinese			
Korean			
Filipino			
Vietnamese			
Japanese			
Native Hawaiian/ Guamanian or			
Chamorro/ Samoan			
New API Groups Identified			
Hmong			
Laotian			
Thai			
Bangladeshi			
Burmese			
Cambodian			
Pakistani/ Bhutanese/ Nepalese			
Indonesian/Malaysian	N/A		
Births Not Catagorizable into			
Specific API Group			
Other Asian Not Specified			
Other Pacific Islander Not Specified			
Asian/Pacific Islander Multiple Race			
Кеу	*The overall API proportions are compared to the overall Michigan proportions, while specific API groups are compared to the overall API proportion Indicator is no different from the API proportion		
	Indicator is worse than the overall API proportion		
	Indicator is better than the overall API proportion		

included on the birth certificate, they have much smaller numbers than the other regularly reported groups and have health experiences that were more similar to smaller API groups. When they were included in the regularly reported API group, differences were also lost.

Identifying disparities in Michigan's API populations is an important step in working toward health equity but understanding the reasons for the existing disparities requires additional investigation.

N/A: Data are suppressed for numerators less than 5 or denominators less than 50. Education less than high school includes only mothers 20 years and older. *Overall API proportions are compared to the overall Michigan proportions.