Data Brief

MDHHS 2016 Health Equity Report

Monitoring Health Equity in Michigan - 2015 Update

MDHHS
Michigan Department of Health & Human Services
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Monitoring Health Equity in Michigan—2015 Update

In 2006, Public Act (PA) 653 was created to monitor and address racial and ethnic health disparities in Michigan. **Health disparities** are differences between groups that may or may not be avoidable. For example, male babies are generally born larger than female babies.[1] Health inequities, on the other hand, **are** avoidable. For instance, mortality rates for Black infants are higher than for White infants, even among families with the same income.[2] Health inequities result from things that can be addressed, such as improving access to safe neighborhoods, health care, and safe housing.[3]

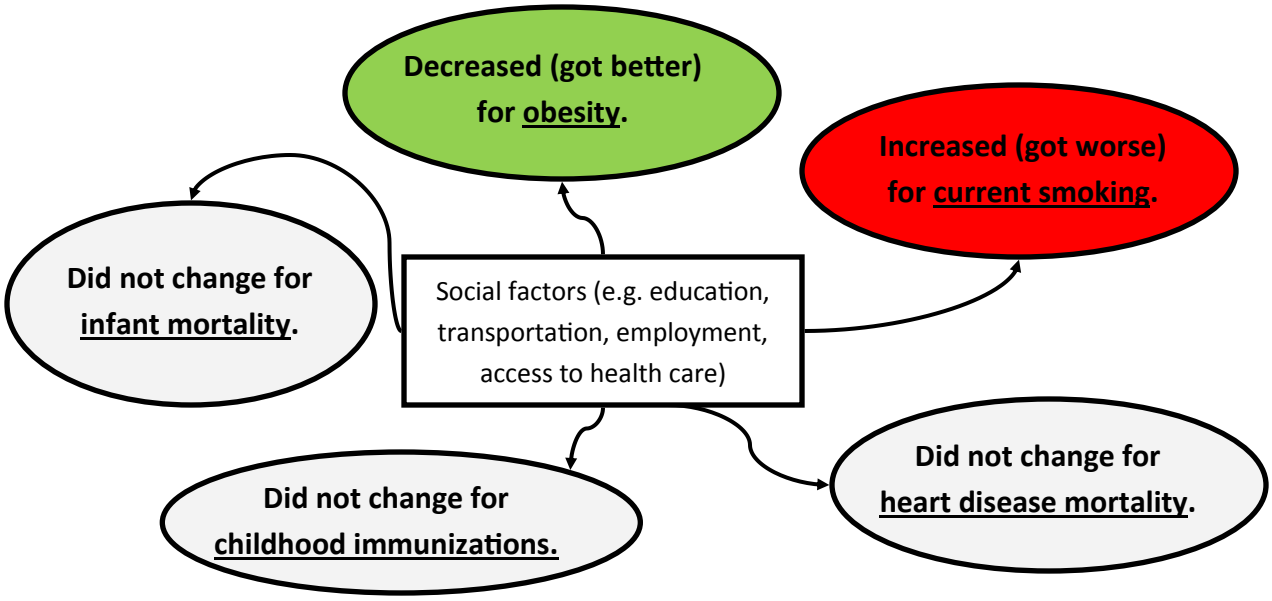
How do we monitor health equity?

We can identify health inequities by measuring health disparities.. Health disparities can be measured by:

1) Comparing a specific minority population to a reference population (e.g. African American to White) or;

2) Calculating the overall level of disparity for the entire population.

Between 2005-2007 and 2011-2014, the <u>overall population disparity</u> in Michigan:



Where people are born, live, work, play and age matter. Conditions and resources, such as access to education, transportation, employment, and health care can play a significant role on health outcomes.[4] When looking at health disparities for outcomes such as obesity and smoking, social factors should also be considered.

Between 2005-2007 and 2011-2014, the overall population disparity in Michigan:

Increased (got worse) for the percent of adults (18-64 years) without health insurance.

Did not change for: high school dropout rate, households with no vehicle available, unemployment rate.

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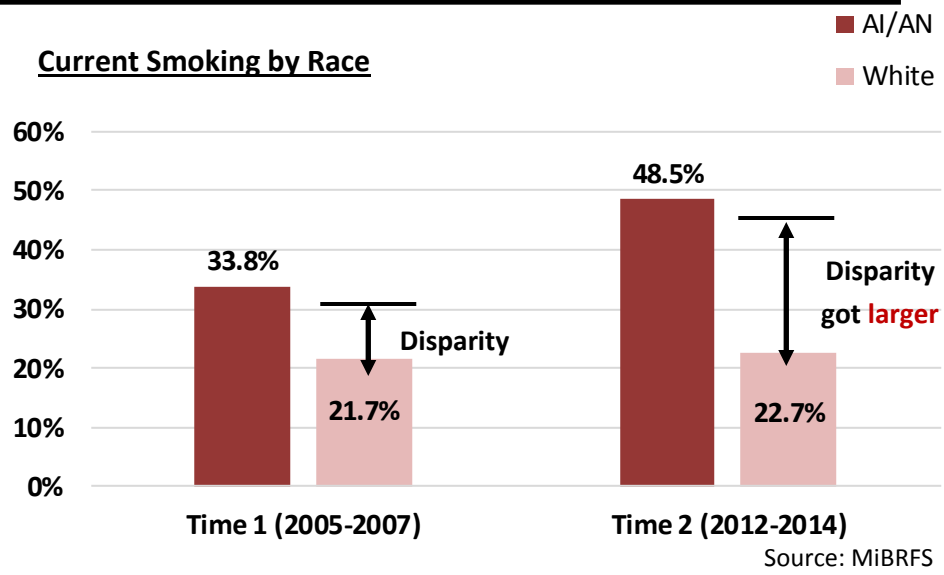
For a full list of indicators, please reference the full report "Michigan Health Equity Data Project – 2015 Update," available at <u>www.michigan.gov/minorityhealth</u>.

Between 2005-2007 and 2011-2014, the gap between <u>American Indians/Alaska Natives and Whites</u> for cigarette smoking increased (got worse).

In 2005-2007, the proportion of adults that reported smoking in Michigan was **1.6 times** higher among American Indians/Alaska Natives (AI/AN) (33.%) than among Whites (21.7%). In 2012-2014, the proportion of AI/AN (48.5%) that reported smoking grew to be **2.1 times** higher than among Whites (22.7%).

Between 2005-2007 and 2012-2014, the disparity in smoking for AI/AN as compared to Whites ***increased (got worse) by 37.2%.***[a]

<u>Current Smoking by Race</u>

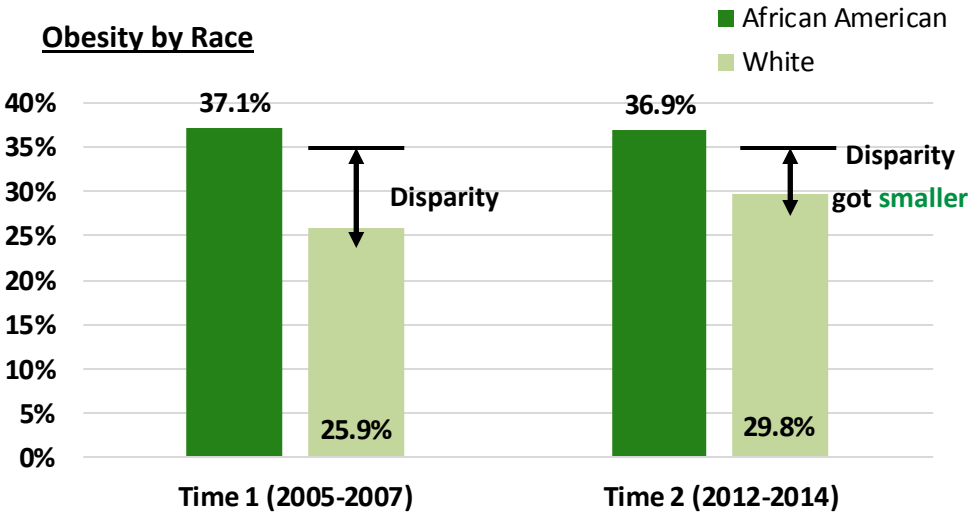


Source: MiBRFS

It is important to remember that disparity trends **do not** describe how health is changing over time[b], but rather how the gap between groups grew/shrunk over time. These data do provide a way to measure and monitor health disparities that can be useful for planning public health interventions

Between 2005-2007 and 2011-2014, the gap between <u>African Americans and Whites</u> for obesity decreased (got better).

<u>Obesity by Race</u>



Source: MiBRFS

In 2005-2007, the proportion of obese adults in Michigan was **1.4 times** higher among African Americans (AA) (37.1%) than among Whites (25.9%). In 2012-2014, the proportion of AA (36.9%) with obesity was only **1.2 times** higher than Whites (29.8%).

Between 2005-2007 and 2012-2014, the disparity in obesity for AA as compared to Whites ***decreased (got better) by 13.6%.***[a]

Although the gap between AA and Whites got smaller, a disparity still exists. It is also important to consider that this trend does not describe how obesity is changing over time.[b]

[a] Change was measured by percent change in the relative difference between AA and the White population from Time 1 to Time 2.

[b] Due to MiBRFS methodology changes that took place in 2011, estimates in Time 1 should not be compared directly to Time 2.

References: 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5135770/ 2. http://prime.mihealth.org/files/2013-11-05/Infant_Mortality_Final_Deliverable.pdf 3. www.michigan.gov/minorityhealth 4. http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health

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