

Holes in the Mitten

Health Equity In Michigan: A Toolkit for Action

Fact Sheet: Data

WHY DO WE CARE ABOUT RACE/ETHNICITY DATA?

Race and ethnicity have more meaning socially than biologically. Put another way, a person's or group's social experience is largely based on their race and ethnicity, but the biology of how their bodies work is not. It is important to collect data about an individual's race and ethnicity in order to understand how different social experiences might affect health outcomes for different racial/ethnic populations. Understanding these differences is the first step in reducing racial and ethnic health disparities. The Michigan Department of Community Health is working towards improving the quality of race/ethnicity data so that it can better understand and address racial and ethnic health disparities.

An inventory of state data sets identified four key issues with race/ethnicity data:

1. Misclassification: Classifying an individual as the wrong race/ethnicity

When individuals are put into the wrong racial/ethnic categories it can result in incorrect health estimates for each population. This could result in identifying the wrong issues as health priorities.

- The only way to identify an individual's race and ethnicity is self-identification: allowing an individual to identify which race/ethnicity is theirs.

2. Missing categories

If a race/ethnicity is not listed as a category, there is no way to collect data about that race/ethnicity.

- Race/ethnicity categories should be reviewed before data collection begins, and new categories should be added when necessary. In Michigan, Arab/Chaldean should always be an added category.

3. Missing data

People collecting data may be uncomfortable asking someone their race/ethnicity, and people giving data may be uncomfortable identifying their race/ethnicity. The race/ethnicity field is often left blank or not reported. This means that all data about that person will be excluded from analyses of race/ethnicity.

- Individuals collecting data should be trained on the importance of collecting accurate race/ethnicity data, and how best to do this.

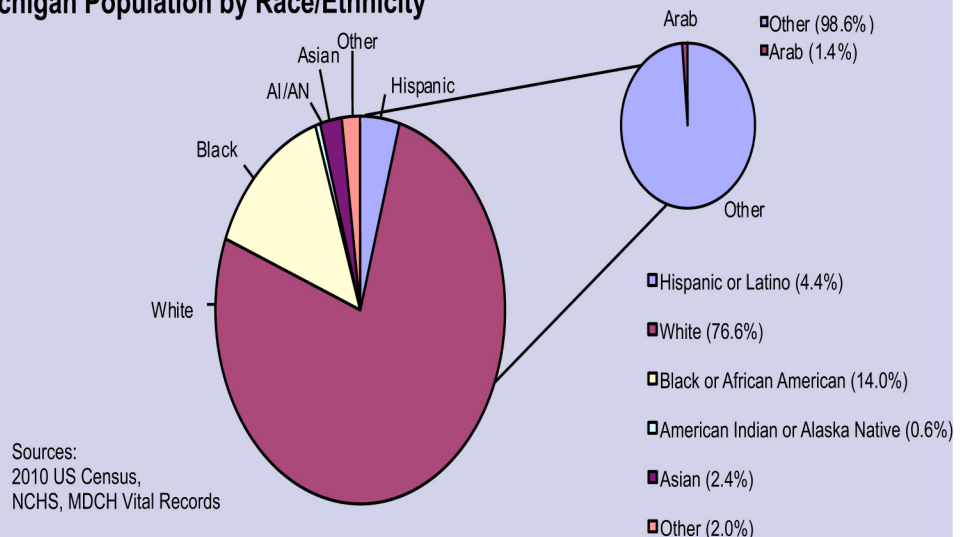
4. Small population sizes

When sample sizes are too small, it may be impossible to estimate population behaviors and health outcomes. This does not mean that those populations should be ignored. This is especially problematic for racial/ethnic minority populations, which tend to be small.

- Minority populations should be oversampled in surveys to increase sample sizes.

- Multiple years of data can be combined to increase sample sizes.

Michigan Population by Race/Ethnicity



HOW IS RACE/ETHNICITY DATA IMPROVING IN MICHIGAN?

The Greater Detroit Area Health Council, Inc. is implementing the Race/Ethnicity and Primary Language Data Collection Project (REAL) to increase the number of health plans, ambulatory and inpatient providers that are collecting self-reported race, ethnicity, and primary language data in a standardized way.

MDCH, the Lansing Latino Health Alliance, and the Inter-Tribal Council of Michigan are working together to oversample American Indians/Alaska Natives and Hispanics/Latinos in the 2011 Michigan Behavioral Risk Factor Survey (data will be available in 2012).

In 2011, The Arab Community Center for Economic and Social Services (ACCESS) and MDCH are collaborating to conduct a special Behavioral Risk Factor Survey of Arab/Chaldeans in Southeast Michigan (data will be available in 2012).

Trinity Health embedded questions in its electronic health records that require all patients to be given the opportunity to self-identify their race and ethnicity at registration, and trained employees about the importance of self-identification.

In 2006, the Inter-Tribal Council of Michigan conducted their own special Behavioral Risk Factor Survey of members from eight tribes in Michigan (available at www.itcmi.org).

MDCH implemented the You Decide campaign to improve the completeness of race/ethnicity data in medical records by targeting providers and patients. (for free copies of materials, email peteresonam@michigan.gov).

WHAT CAN YOU DO?

- Report your race/ethnicity when you have the opportunity, and encourage others to do the same.
- Work to increase funding to oversample smaller populations.
- Ask for data about populations that are missing from reports.
- Advocate for data equity: accurate collection and reporting of data about all races and ethnicities.

Michigan Department of Community Health (MDCH)

The Health Disparities Reduction and Minority Health Section (HDRMHS) provides a persistent and continuing focus on eliminating health disparities in Michigan's populations of color. The five populations served by HDRMHS include African Americans, American Indians/Alaska Natives, Arab and Chaldean Americans, Asian Americans and Pacific Islanders, and Hispanics/Latinos.

The major functions of HDRMHS are: 1) To support and initiate programs, strategies, and health policies that address disease prevention, health service delivery, and applied research for populations of color; 2) To collaborate in the development of all MDCH programs and strategies that address prevention, health service delivery, and applied research for populations of color and 3) To facilitate an ongoing integration of culturally appropriate and linguistically appropriate health services into the public health system.

*Michigan Department
of Community Health*



Rick Snyder, Governor
Olga Dazzo, Director