Before The Overview Video:

- **What does it mean to be healthy?**
  The definition of healthy is different for everyone. It is important to realize that some people cannot achieve their definition of healthy because of a lack of resources.

- **Research has shown that health outcomes differ among populations and communities Why do you think this is?**
  Slides 5, 7, 9, and 10 support this statement.

- **What determines good and bad health outcomes?**
  Components of health slide. Social, economic, and environmental factors impact health outcomes. Personal choice, genetics, and health care access also impact health outcomes.

- **What role does policy play on the health of communities and populations?**
  Policy shapes communities because it has an influence on health care, the social determinants of health and on human behavior. Therefore, policy has the potential to influence 80% of the factors that contribute to health outcomes (Slide #3).

After the Overview Video:

- **What does a 'fair and level health opportunity' look like to you?**
  Equitable resource distribution, so that everyone will have the chance to live a healthy life.

- **One educator talks about the charge to increase awareness. How can we improve the health literacy in our communities through the use of policy?**
  Improving education, increasing access to translation services, improving cultural competency among providers, etc.

- **Exposure to choice, opportunity, and stress are all cited as having an effect on health outcomes. What are some ways policymakers can increase opportunity and reduce stress among populations and communities?**
  Improving educational opportunities, employment opportunities, food access, creating safe roads and play areas, etc.

- **The video mentions that historical discrimination and racism contributes to many of the factors that are social determinants of health. What are some examples of past discrimination?**
  Japanese internment camps, Tuskegee syphilis study, false treaties with Native Americans, etc.

- **Why/How does historical discrimination influence communities and populations today? How does it influence health?**
  Inequitable wealth distribution, segregated communities, medical mistrust, etc.

Education Inequality: It Hurts

- **What does a 'quality education' look like?**
  Safe schools, supportive staff, well-educated teachers, access to extracurricular activities, etc.

- **What are some barriers to receiving a quality education?**
  Stress, money, lack of social connectedness and support, etc.

- **What can be done at the governmental level to ensure that all communities and populations receive an equitable education?**
  Increase funding for education, support art and music classes, etc.

- **What can you, as an individual, do to ensure equitable education policy is implemented for all?**
  Ask for specific examples that they feel they could lead or take part in.

Healthcare and Culture: One size does not fit all; 1&2

- **What are some barriers/challenges to accessing healthcare?**
  Language, discrimination, cost, location, lack of health insurance, lack of providers, etc.

- **Why do some racial and ethnic minorities have a hard time accessing healthcare?**
  In addition to the barriers mentioned above, some populations have distrust of healthcare providers because of past unethical medical treatment.

- **Providing health insurance and access to a health provider for everyone will not eliminate health disparities. Why?**
  Slide about components of health.

- **How does culture impact health decisions?**
  Have examples ready from differing cultures and have participants also include examples from their own culture too.

- **How does the historical treatment of a racial/ethnic population affect how they interact with the healthcare system?**
  Tuskegee syphilis study, Henrietta Lacks

- **What can be done to address the mistrust of the healthcare system by some racial and ethnic minorities?**
  Improve cultural competency, increase the amount of minority healthcare providers, etc.

- **What can you do, as an individual/policymaker, to ensure the healthcare system is equitable for all?**
  Ask for specific examples that they feel they could lead or take part in.

Healthcare and Culture: One Size Does Not Fit All; 1&2 (Continued)

- **What can you do, as an individual/policy maker, to ensure the healthcare system is equitable for all?**
  Ask for specific examples that participants feel they could lead or take part in.

Stress: An Unlikely Culprit

- **What are some different types of stress?**
  Emotional, physical, post traumatic, episodic, chronic stress, etc.

- **How does discrimination play a part in stress?**
  Discrimination can cause emotional stress. Stress can contribute to mental and physical ailments because of prolonged release of cortisol. Some populations experience discrimination daily. This discrimination, on top of other daily stressors, can increase the risk of illness.

- **What are some healthy and unhealthy ways people cope with stress?**

- **Why are certain groups less likely to experience prolonged negative stress?**

- **What conditions put a community at risk for prolonged negative stress?**
  Crime, inadequate schools, unsafe parks and roads, etc.

- **What changes can policy makers make to reduce stress within communities and neighborhoods?**

- **How can you, as an individual, fit into making those previously mentioned changes occur?**
  Join a block club, volunteer at an afterschool program for kids, help clean up a park, etc.

Food Access: We eat Where We Are

- **According to recent data, over 75% of Michigan residents do not consume enough fruits and vegetables daily. What could be some factors that contribute to this statistic?**
  Access, cost, culture, personal choice, health literacy, etc.

- **What factors determine what a community eats?**
  Talk about specific examples in the community. Ex. Food subsidies

- **What does access to healthy foods mean to you?**

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Food Access: We eat Where We Are (Continued)

- **How does food access vary from community to community? What other factors could influence ability to choose healthy foods?**
  Food deserts, fast food placement, etc.

- **How does race and income influence the availability of food in a community?**
  Refer to historical discrimination, redlining, etc.

- **What are some changes that could help improve food access in Michigan? How can you help make food access more equitable in Michigan?**
  More supermarket locations, more local food options, reducing the cost of healthy foods, etc. Ways to make an impact could include writing local lawmakers, starting or joining a community group focused on improving access, etc.

Before The Overview Video:

- **What does it mean to be healthy?**
  The definition of healthy is different for everyone. It is important to realize that some people cannot achieve their definition of healthy because of a lack of resources.

- **Research has shown that health outcomes differ among populations and communities Why do you think this is?**
  Slides 5, 7, 9, and 10 support this statement.

- **What determines positive and negative health outcomes?**
  Components of health slide. Social, economic, and environmental factors impact health outcomes. Personal choice, genetics, and healthcare access also impact health outcomes.

- **What role does the health system have on the health of communities and populations?**
  The health system impacts health directly and indirectly. The health system influences thoughts and perspectives on health and that influence has an impact on the community.

After the Overview Video:

- **What does a 'fair and level health opportunity' look like to you?**
  Equitable resource distribution, so that everyone will have the chance to live a healthy life.

- **One educator talks about the charge to increase awareness. How can we improve the health literacy in our communities through our work?**
  Improving education, increasing access to translation services, improving cultural competency among providers, etc. Healthcare professionals can acknowledge the social factors that impact health when talking to patients and when making health recommendations.

- **Exposure to choice, opportunity, and stress are all cited as having an effect on health outcomes. What are some ways to increase opportunity and reduce stress among populations and communities? How could we, as community workers, facilitate this?**
  Improving educational opportunities, employment opportunities, food access, creating safe roads and play areas, etc. By acknowledging social factors and using our power as health professionals to influence policymakers we can help increase opportunity and reduce stress within communities.

- **The video mentions that historical discrimination and racism contributes to many of the factors that are social determinants of health. What are some examples of past discrimination in the healthcare system? In social services?**
  Tuskegee syphilis study, removal of Native American children by social services and forced assimilation, etc.

After the Overview Video (Continued)

- **Why/How does historical and present day discrimination influence communities and populations today? How does it influence health?**
  Inequitable wealth discrimination, segregated communities, medical distrust, etc.

Education Inequality: It Hurts

- **What does a 'quality education' look like?**
  Safe schools, supportive staff, well-educated teachers, access to extracurricular activities, etc.

- **What are some barriers to receiving a quality education?**
  Stress, money, lack of social connectedness and support, etc.

- **What can be done at the policy level to ensure that all communities and populations receive an equitable education?**
  Increased funding for education, support for art and music classes, etc.

- **What can you, as a community worker or health professional, do to ensure equitable education implemented?**
  Ask for specific examples that they feel they could lead or take part in.

Healthcare and Culture: One size does not fit all; 1&2

- **What are some barriers/challenges to accessing healthcare?**
  Language, discrimination, cost, location, lack of health insurance, lack of providers, etc.

- **Why do some racial and ethnic minorities have a hard time accessing healthcare?**
  In addition to the barriers mentioned above, some populations have distrust of healthcare providers because of past unethical medical treatment.

- **Providing health insurance and access to a health provider for everyone will not eliminate health disparities. Why?**
  Slide about components of health

- **How does culture impact health decisions?**
  Have examples ready from differing cultures and have participants also include examples from their own culture too.

- **How does the historical treatment of a racial/ethnic population affect how they interact with the healthcare system?**
  Tuskegee syphilis study, Henrietta Lacks

Healthcare and Culture: One size does not fit all; 1&2 (Continued)

- **What can be done to address the distrust of the healthcare system by some racial and ethnic minorities?**
  Improve cultural competency, increase the amount of minority healthcare providers, etc.

- **What can you do, as an individual/policymaker, to ensure the healthcare system is equitable for all?**
  Ask for specific examples that they feel they could lead or take part in.

Stress: An Unlikely Culprit

- **What are some different types of stress?**
  Emotional, physical, post traumatic, episodic, chronic stress, etc.

- **How does discrimination play a part in stress?**
  Discrimination can cause emotional stress. Stress can contribute to mental and physical ailments because of prolonged released of cortisol. Some populations experience discrimination daily. This discrimination, on top of other daily stressors, can increase the risk of illness.

- **What are some healthy and unhealthy ways people cope with stress?**

- **Why are certain groups less likely to experience prolonged negative stress?**
  Some groups have more opportunity and more choice. They have more control over their situation.

- **What conditions put a community at risk for prolonged negative stress?**
  Crime, inadequate schools, unsafe parks and roads, etc.

- **What changes can policymakers make to reduce stress within communities and neighborhoods?**
  Improve policy, increase opportunity. Share examples specific to the community.

- **How can you, as an individual, fit into making those aforementioned changes occur?**
  Join a block club, volunteer at an afterschool program for kids, help clean up a park, etc.

Food Access: We eat Where We Are

- **According to recent data, over 75% of Michigan residents do not consume enough fruits and vegetables daily. What could be some factors that contribute to this statistic?**
  Access, cost, culture, personal choice, health literacy, etc.

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Food Access: We eat Where We Are (Continued)

- **What factors determine what a community eats?**
  Talk about specific examples in the community. Ex. Food subsidies

- **What does access to healthy foods mean to you?**

- **How does food access vary from community to community? What other factors could influence ability to choose healthy foods?**
  Food deserts, fast food placement, etc.

- **How does race and income influence the availability of food in a community?**
  Refer to historical discrimination, redlining, etc.

- **What are some changes that could help improve food access in Michigan? How can you help make food access more equitable in Michigan?**
  More supermarket locations, more local food options, reducing the cost of healthy foods, etc. Ways to make an impact could include writing local lawmakers, starting or joining a community group focused on improving access, etc.

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  Policy shapes communities because it has an influence on healthcare, the social determinants of health and on human behavior. Therefore, policy has the potential to influence 80% of the factors that contribute to health outcomes.

After the Overview Video:

- **What does a 'fair and level health opportunity' look like to you?**
  Equitable resource distribution, so that everyone will have the chance to live a healthy life.

- **One educator talks about the charge to increase awareness. How can we improve the health education in our communities?**
  Broaden health discussions to all components of health, educate on how policy impacts health outcomes, etc.

- **Exposure to choice, opportunity, and stress are all cited as having an effect on health outcomes. What are some ways to increase opportunity and reduce stress among populations and communities?**
  Improving educational opportunities, employment opportunities, food access, creating safe roads and play areas, etc.

- **The video mentions that historical discrimination and racism contributes to many of the factors that are social determinants of health. What are some examples of past discrimination?**
  Japanese internment camps, Tuskegee syphilis study, false treaties with Native Americans, etc.

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  Safe schools, supportive staff, well-educated teachers, access to extracurricular activities, etc.

- **What are some barriers to receiving a quality education?**
  Stress, money, lack of educational support, etc.

- **What can be done at the government level to ensure that all communities and populations receive an equitable education?**
  Increase funding for education, supporting art and music classes, etc.

- **What can you, as an individual, do to ensure equitable education is available for all?'**
  Ask for specific examples that they feel they could lead or take part in.

Healthcare and Culture: One size does not fit all; 1&2

- **What are some barriers/challenges to accessing healthcare?**
  Language, discrimination, cost, location, lack of health insurance, lack of providers, etc.

- **Why do some racial and ethnic minorities have a hard time accessing healthcare?**
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- **Providing health insurance and access to a health provider for everyone will not eliminate health disparities. Why?**
  Slide about components of health.

- **How does culture impact health decisions?**
  Have examples ready from differing cultures and have participants also include examples from their own culture too.

- **How does the historical and present day treatment of a racial/ethnic population influence how they interact with the healthcare system?**
  Tuskegee syphilis study, Henrietta Lacks

- **What can be done to address the distrust of the healthcare system by some racial and ethnic minorities? How can health providers regain trust?**
  Improve cultural competency, increase the amount of minority healthcare providers, etc.

- **What can you do, as an individual, to ensure the healthcare system is equitable for all?**
  Ask for specific examples that they feel they could lead or take part in.

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Stress: An Unlikely Culprit

- **What are some different types of stress?**
  Emotional, physical, post traumatic, episodic, chronic stress, etc.

- **How does discrimination play a part in stress?**
  Discrimination can cause emotional stress. Stress can contribute to mental and physical ailments because of prolonged released of cortisol. Some populations experience discrimination daily. This discrimination, on top of other daily stressors, increases the risk of illness.

- **What are some healthy and unhealthy ways people cope with stress?**

- **Why are certain groups less likely to experience prolonged negative stress?**

- **What conditions put a community at risk for prolonged negative stress?**
  Crime, inadequate schools, unsafe parks and roads, etc.

- **What changes can be made to reduce stress within communities and neighborhoods?**

- **How can you, as an individual, fit into making those aforementioned changes occur?**
  Join a block club, volunteer at an afterschool program for kids, help clean up a park etc.

Food Access: We eat Where We Are

- **According to recent data, over 75% of Michigan residents do not consume enough fruits and vegetables daily. What could be some factors that contribute to this statistic?**
  Access, cost, culture, personal choice, health literacy, etc.

- **What factors determine what a community eats?**
  Talk about specific examples in the community. Ex. Food subsidies

- **What does access to healthy foods mean to you?**

- **How does food access vary from community to community? What other factors could influence ability to choose healthy foods?**
  Food deserts, fast food placement, etc.

- **How does race and income influence the availability of food in a community?**
  Refer to historical discrimination, redlining, etc.

- **What are some changes that could help improve food access in Michigan? How can you help make food access more equitable in Michigan?**

HEALTH EQUITY

Health equity allows everyone the chance to attain healthy outcomes through a fair distribution of resources and opportunities. To achieve health equity, we must first understand inequities and then work to eliminate them.

HEALTH INEQUITIES

Differences in the health of racial, ethnic and other groups that are unfair and can be prevented. People who experience health inequities often live in communities that lack resources to achieve good health.

HEALTH INEQUITIES ARE UNJUST AND EXPENSIVE

Between 2003 and 2006, it is estimated that inequities in the health of African Americans, Asians, and Hispanics cost the United States $1.24 trillion dollars.

Michigan facts by race and ethnicity

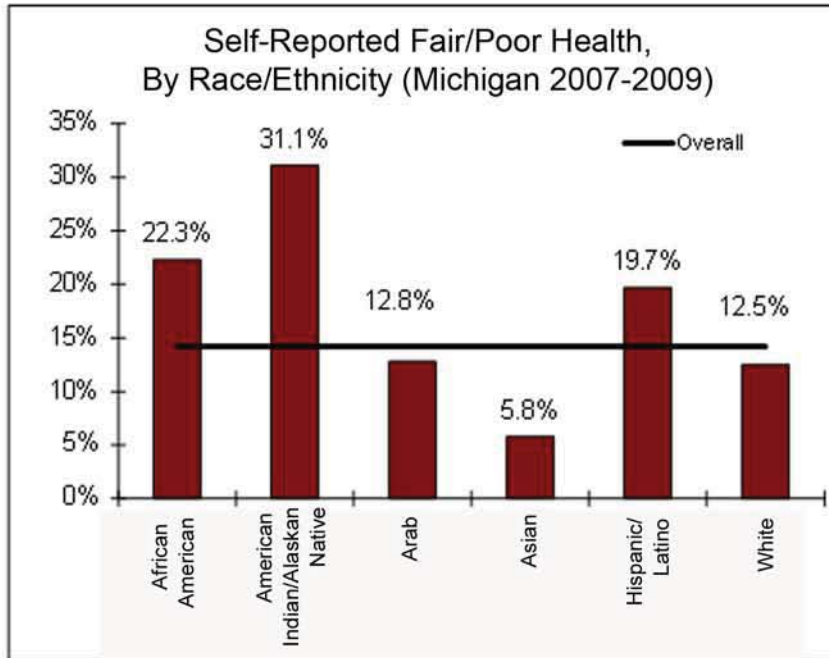| Indicator	African American	American Indian/ Alaska Native	Arab	Asian	Hispanic/ Latino	White	Total Michigan Population
Infant Death Rate, deaths per 1,000 live births[2]	15.3	9.9	8.1	4.2	9.7	5.6	7.6
All-Cause Death Rate, deaths per 100,000[3]	1062.0	965.4	NA	366.1	683.1	785.1	816.8
Gonorrhea Cases, per 100,000[4]	545.0	66.0	NA	13.0	49.0	20.0	154.0
Children Living at or Below Poverty, %[5]	41.7%	24.8%	31.4%	11.4%	31.0%	12.6%	19.0%

Holes in the Mitten: Addressing Michigan's Gaps in Health Equity

Holes in the Mitten is part of *Health Equity In Michigan: A Toolkit for Action* and aims to improve health equity in Michigan communities. The toolkit includes a video series, discussion guide, fact sheets, and other resources. The toolkit can be obtained through the Michigan Department of Community Health.

WHAT WILL BUILD THE HEALTH OF A COMMUNITY AND MOVE US TOWARD HEALTH EQUITY?

Social determinants of health are things that influence the health of individuals and communities. These include education, income, employment, social connections, housing, transportation, political influence, and access to clean water and air. Discrimination experienced by racial, ethnic or other groups is also an important social determinant of health. Past policies and practices based on race have left many communities of color without the necessary resources to achieve good health.

Creating health equity requires that we work to achieve racial equity.

Self-Reported Fair/Poor Health, By Race/Ethnicity (Michigan 2007-2009)

Bar chart data:
- African American: 22.3%
- American Indian/Alaskan Native: 31.1%
- Arab: 12.8%
- Asian: 5.8%
- Hispanic/Latino: 19.7%
- White: 12.5%
- Overall line at approximately 14%

WHAT CAN YOU DO?

There are ways to get involved in the prevention and elimination of health disparities. You can volunteer at one of the organizations dedicated to promoting social justice or help to change policy by writing your local legislators.

By hosting a health equity video viewing, you can help raise awareness and actively promote change.

WHAT IS BEING DONE TO IMPROVE HEALTH EQUITY IN MICHIGAN?

Organizations are working to eliminate health disparities on a local, regional, and national level through outreach programs, like those that provide safe housing. Some organizations work with hospitals and other health care providers to make sure they are able to give the best treatment to all populations. Some work to eliminate language and educational barriers to improve cultural education. Other organizations work to make sure that we have equity in data collection so that we are able to see where health disparities exist. Finally, there are organizations that focus directly on eliminating racism in our society.

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.

WHAT WE EAT IS IMPORTANT TO OUR HEALTH

Food provides nutrition and energy, and can affect your risk for chronic diseases, such as, diabetes, cancer, and heart disease. In recent years, many communities have seen a rise in overweight/obesity among adults and children. This rise is caused by many factors. Obesity/overweight has been strongly linked to the types of foods available in a community. Many low income and racially segregated communities have limited access to healthy foods. At the same time, they often have lots of fast food restaurants and stores that offer mostly high fat high sodium and high sugar foods. Why so much "junk food"? Calorie for calorie, "junk food" costs less than fruits and vegetables.[1]

OBESITY/OVERWEIGHT:
A range of weight that is greater than what is considered healthy for a given height.

Obesity has been shown to increase the likelihood of certain diseases and other health problems.

FOOD DESERTS

The rise in obesity has also been linked to food deserts. A food desert is defined as an area more than a mile from a supermarket and where most households in that area have no access to a vehicle.[2] With no supermarket nearby it may be very difficult to find fresh fruits and vegetables on a regular basis. In 2006, 2.4 million homes in America were in food deserts. Food deserts can occur in both urban and rural areas.

http://well.blogs.nytimes.com/2007/12/05/a-high-price-for-healthy-food/[1]
http://www.michiganfood.org/assets/goodfood/docs Good_Food_Access_Report.pdf[2]

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Percent Obese in Michigan by Race/Ethnicity[1]

Subpopulations

Overall=29.8%

Race/Ethnicity	Percent
African American	39.7%
American Indian/Alaska Native	37.1%
Arab	27.0%
Asian	5.8%
Hispanic/Latino	34.0%
White	28.1%
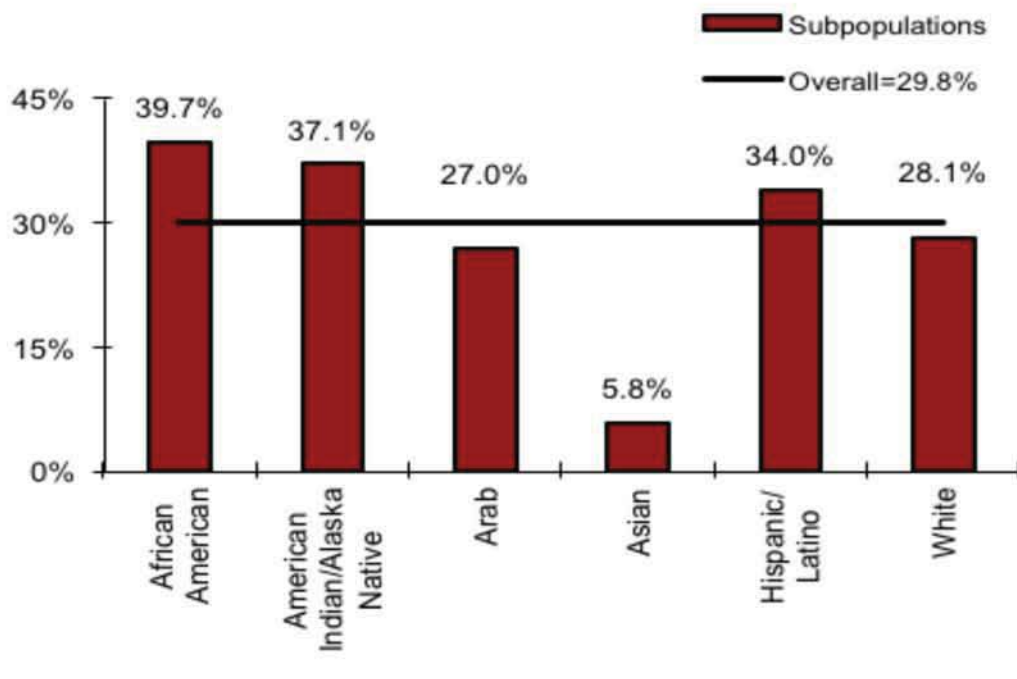
HOW IS FOOD ACCESS IMPROVING IN MICHIGAN?

In Michigan, many neighborhoods are starting community gardens.

This can provide fresh fruits and vegetables for a good portion of the year. Innovative ideas, such as "hoop houses," allow for a longer growing season.

Michigan facts by race and ethnicity

Indicator	African American	American Indian/ Alaska Native	Arab	Asian	Hispanic/ Latino	White	Total Michigan Population
Diabetes (Adults)[1]	14.3%	14.9%	6.3%	11.5%	13.1%	7.4%	8.6%
Obesity (High School Students)[2]	18.2%	NA	NA	NA	10.9%	10.3%	11.9%
Inadequate Physical Activity[1]	56.8%	48.3%	47.9%	62.0%	49.6%	47.8%	49.0%
Inadequate Fruits and Vegetables[1]	78.4%	72.4%	71.8%	71.2%	79.3%	78.9%	78.4%

Sources 1) Michigan BRFS, 2007-09   2) Michigan YRBS, 2009

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Michigan Department of Community Health

MDCH

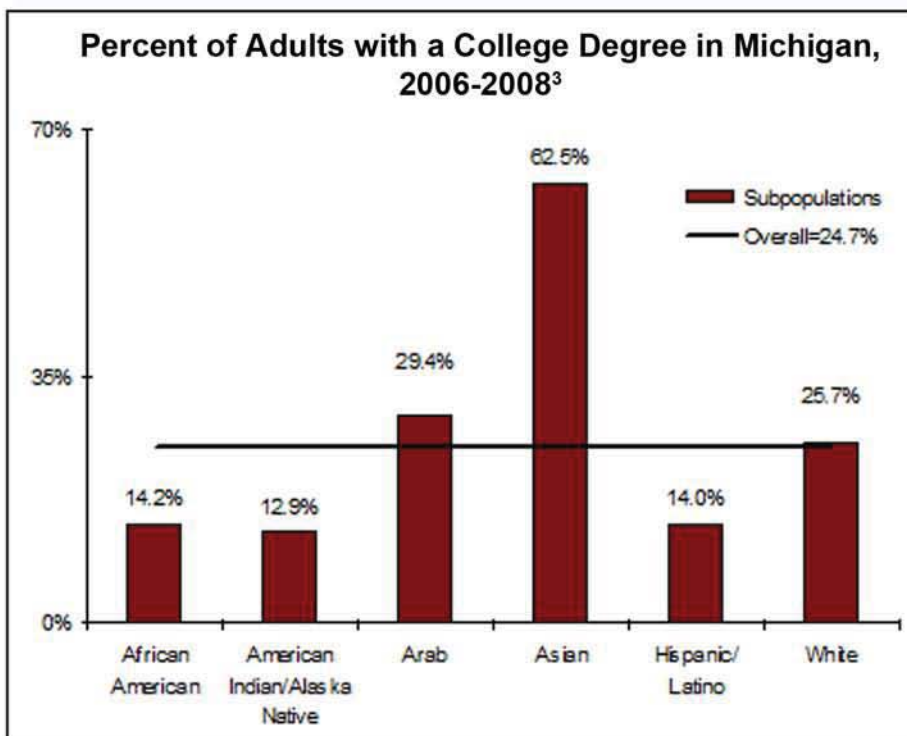Rick Snyder, Governor
Olga Dazzo, Director

HOW MUCH EDUCATION YOU HAVE CAN AFFECT YOUR HEALTH.

A person with a college degree usually has better opportunities for employment and earns a higher income than someone with a high school degree or less. They are also more likely to have health insurance and own a home in a secure neighborhood. Having a higher level of education also helps a person to better understand our complicated healthcare system. This usually means a person gets more of their needs met when dealing with healthcare providers. All of these things play a large role in having good health.

HEALTH LITERACY is the ability to understand health information and communicate with healthcare providers. A good education increases a person's health literacy. Persons whose primary language is not English, persons of low income, and racial and ethnic minorities are more likely to achieve a lower level of education or have not finished high school.

Percent of Adults with a College Degree in Michigan, 2006-2008[3]

African American 14.2%	American Indian/Alaska Native 12.9%	Arab 29.4%	Asian 62.5%	Hispanic/Latino 14.0%	White 25.7%

Legend: ■ Subpopulations — Overall=24.7%

This "achievement gap" can be explained, in part, by the fact that schools with high numbers of minority students are often high poverty. High poverty schools have less access to qualified teachers, safe buildings, and other opportunities that help children achieve educational success. These inequalities impact long term health for these children. Creating health equity means providing fair opportunities for a quality education for all Michigan citizens.

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Michigan Department of Community Health, Health Disparities Reduction and Minority Health Section
Online at **www.michigan.gov/minorityhealth**
Email: **colormehealthy@michigan.gov** or Call: **1-313-456-4355**

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Indicator	African American	American Indian/ Alaska Native	Arab	Asian	Hispanic/ Latino	White	Total Michigan Population
High School Dropout Rate (%)[1]	20.4%	16.6%	NA	6.8%	21.0%	8.1%	11.3%
Percent of High School StudentsWho can Read at the High School Level (%)[2]	26.2%	40.2%	NA	63.9%	35.6%	59.3%	52.8%
Median Annual Household Income ($)[3]	$31,989	$40,369	$45,567	$72,296	$39,077	$52,954	$49,694

Sources:
1) Center for Educational Performance and Information, 2009 Cohort
2) Consolidated State Performance Report, US Dept of Education (2008-2009)
3) American Community Survey, US Census Bureau, (2006-2008)

HOW IS MICHIGAN IMPROVING EDUCATION?

Universities have developed programs to help students from disadvantaged areas pursue higher education. For example, Michigan State University (MSU) CAMP program helps students with migrant worker backgrounds get the academic and financial support needed to succeed.

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

MDCH

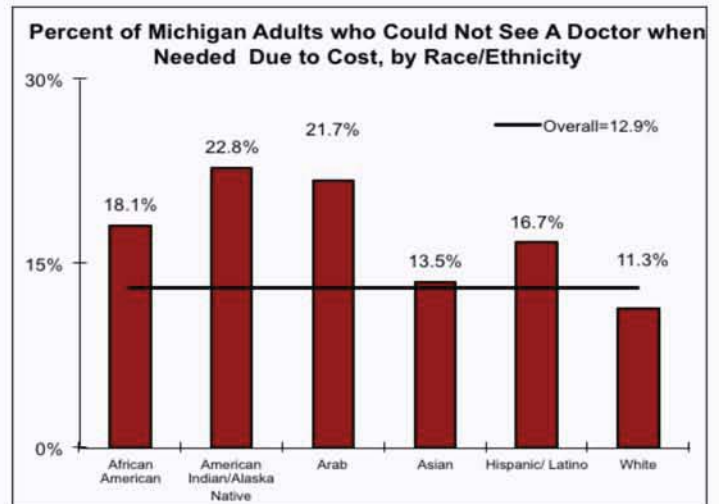Rick Snyder, Governor
Olga Dazzo, Director

CULTURE is the way a group of people (religious, ethnic, or social) do things. It is seen as a way of life. Culture includes people's language, religion, music, clothing, what they eat and the holidays they celebrate.

WHAT WE KNOW

Inequities in healthcare and less access to healthcare are more likely to happen when there is not cultural understanding between patients and healthcare providers.

GOOD COMMUNICATION BETWEEN PATIENTS AND PROVIDERS IS CRITICAL TO PROVIDING QUALITY HEALTHCARE.

Efforts have been made to make sure that cultural and language differences are addressed by healthcare providers. The National Standards on Culturally and Linguistically Appropriate Services (CLAS) have been developed by the Office of Minority Health. CLAS provides information to healthcare organizations and others on how to make their practices more accessible to persons of various cultures or who speak a language other than English.

Percent of Michigan Adults who Could Not See A Doctor when Needed Due to Cost, by Race/Ethnicity

Race/Ethnicity	Percent
African American	18.1%
American Indian/Alaska Native	22.8%
Arab	21.7%
Asian	13.5%
Hispanic/ Latino	16.7%
White	11.3%

Overall=12.9%

Holes in the Mitten: Addressing Michigan's Gaps in Health Equity

Holes in the Mitten is part of *Health Equity In Michigan: A Toolkit for Action* and aims to improve health equity in Michigan communities. The toolkit includes a video series, discussion guide, fact sheets, and other resources. The toolkit can be obtained through the Michigan Department of Community Health.

Michigan Department of Community Health, Health Disparities Reduction and Minority Health Section
Online at **www.michigan.gov/minorityhealth**
Email: **colormehealthy@michigan.gov** or Call: **1-313-456-4355**

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WHAT IS BEING DONE TO IMPROVE CULTURAL COMPETENCE AND HEALTHCARE ACCESS IN MICHIGAN?

Providers are working to improve their employees' understanding and acceptance of cultural and social norms that are different from their own. They are working to incorporate culturally appropriate recommendations into their patient health plans.

Organizations are also providing health system navigators to help bridge cultural, social and educational barriers to healthcare access. Providers are also working to increase the availability of translators and translated materials so that language is less of a barrier.

Michigan facts by race and ethnicity

Indicator	African American	American Indian/Alaska Native	Arab	Asian	Hispanic/ Latino	White	Total Michigan Population
When seeking healthcare, percent whose experience was worse than that for people of other races, %	17.1%	NA	NA	NA	11.1%	3.4%	5.5%
Percent who could not see a doctor due to cost, %	18.1%	22.8%	21.7%	13.5%	16.7%	11.3%	12.9%
Percent with no healthcare coverage, %	20.4%	19.8%	15.6%	7.2%	13.9%	14.2%	15.2%

Sources:
1) American Community Survey, US Census Bureau (2006-08) 3)Michigan BRFS, MDCH (2006)
2) Michigan BRFS, MDCH (2007-09)

WHAT CAN YOU DO?

Advocate for more culturally inclusive programming at all levels of education. Support local institutions that work to provide healthcare access to at risk populations. Advocate for the provision of translators and translated materials for doctor's offices, hospitals, and health insurance plans.

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
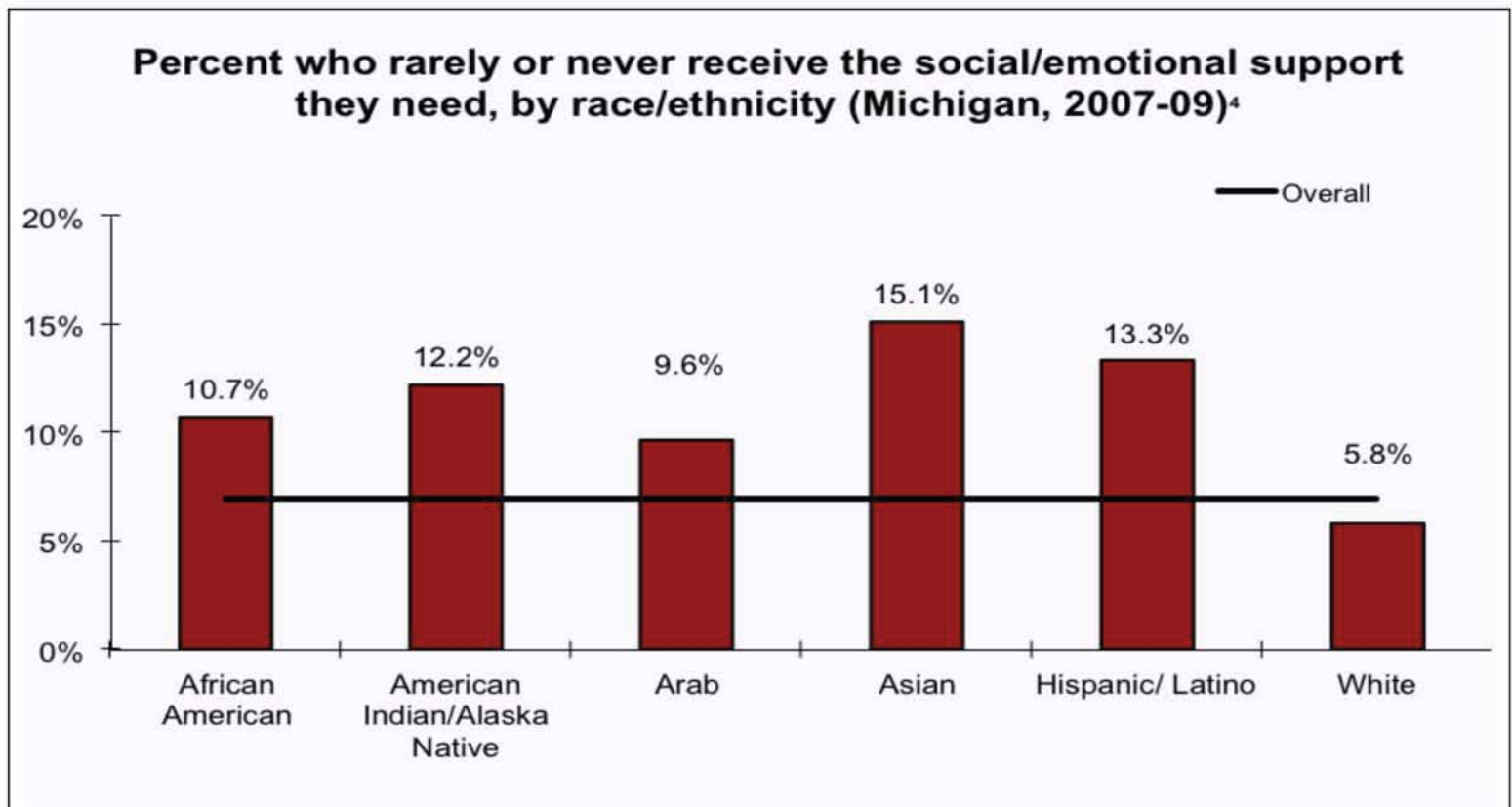
MDCH

Rick Snyder, Governor
Olga Dazzo, Director

HOW DOES STRESS IMPACT HEALTH?

Stress is important to health. Some stress is helpful. When stressed, you release the hormone cortisol. In the short term, this helps you perform better and prepares your body to react quickly to a pressure-filled situation. Chronic stress, experienced constantly and over a long period of time, can have a negative effect on health. It can affect blood pressure, thyroid function, blood sugar level and weight gain. The more chronic stress an individual experiences, the greater the potential for poor health.

HOW DOES DISCRIMINATION AFFECT STRESS?

Experiencing discrimination is a source of chronic stress. Racial, ethnic and other groups experience ongoing discrimination related to education, housing, employment, access to healthy foods and healthy environments. This puts them at greater risk for the illnesses associated with chronic stress. To achieve health equity for everyone, it is important to work to eliminate the conditions that expose these communities to stressful living and working environments.

Percent who rarely or never receive the social/emotional support they need, by race/ethnicity (Michigan, 2007-09)[4]

Race/Ethnicity	Percent
African American	10.7%
American Indian/Alaska Native	12.2%
Arab	9.6%
Asian	15.1%
Hispanic/ Latino	13.3%
White	5.8%

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Michigan facts by race and ethnicity

Indicator	African American	American Indian/ Alaska Native	Arab	Asian	Hispanic/ Latino	White	Total Michigan Population
Unemployment Rate (%)[1]	21.0%	NA	NA	11.9%	16.6%	12.2%	13.3%
Incarceration Rate, per 100,000[2]	2262	NA	NA	NA	397	412	663
Persons not registered to vote (%)[3]	22.8%	NA	NA	18.7%	42.2%	22.4%	22.9%
Dissatisfied or Very Dissatisfied with Life (%)[4]	10.3%	6.9%	6.9%	2.2%	6.6%	5.7%	6.5%

Sources:
1) Local Area Unemployment Statistics, Bureau of Labor Statistic (2009)
2) Prison and Jail Inmates at Mid Year, US Dept. of Justice (2005)
3) Current Population Survey, US Census Bureau (2008)
4) Michigan BRFS, MDCH (2007-2009)

WHAT CAN BE DONE TO REDUCE STRESS?

As an individual

- Try deep breathing when you feel stressed
- Talk to someone who provides positive solutions

Working in your community

- Join your block club
- Volunteer on projects that benefit your community/child's school

Learn more about how you can affect change in your community

- Communicate with policy makers about what is good in your community and what is needed to make your community a healthier place to live

- Share this information with your neighbors

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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.**
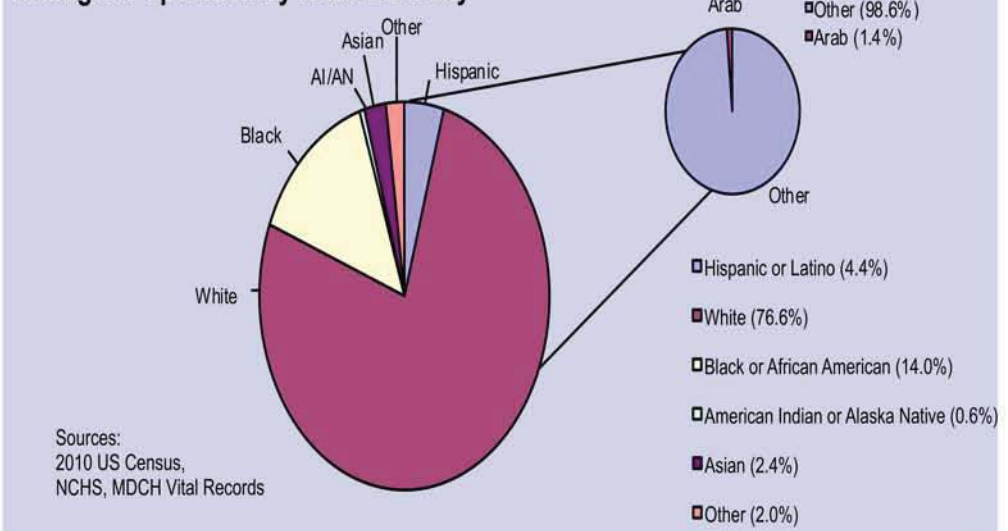
4. Small population sizes

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

Arab — Other (98.6%), Arab (1.4%)

Asian, Other, AI/AN, Hispanic, Black, White

Other
• Hispanic or Latino (4.4%)
• White (76.6%)
• Black or African American (14.0%)
• American Indian or Alaska Native (0.6%)
• Asian (2.4%)
• Other (2.0%)

Sources:
2010 US Census,
NCHS, MDCH Vital Records

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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 petersonam@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.

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MDCH

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Thank you for showing "Holes In the Mitten" in your community or organization! We appreciate your feedback on the videos and the toolkit. This information will help us revise the toolkit and meet your needs when developing future materials. Thank you!

Please fill in the blanks and circle answers where appropriate.

Name:_____   **Organization/Title:**_____

Email:_____   **Phone:**_____

Event Date:_____   **Event Location:**_____

1. **Please tell us about your audience:**
   # of Participants:_____

   Racial/Ethnic Breakdown:_____

   Description of Participants (ex. Community members, government staff, policy makers, etc.)
   _____
   _____

2. **What was the focus of this training? (I.e. General Social Determinants, Food Access, Infant Mortality, etc.):** _____

3. **Which video(s) did your audience watch?**

   __All of the videos   __Overview   __We Eat Where We Are   __Education Inequality

   __Stress   __One Size Does Not Fit All, Pt 1   __One Size Does Not Fit All, Pt 2

4. **Did you feel adequately prepared as a facilitator?**

Very Poorly Prepared		Somewhat Prepared		Very Prepared
1	2	3	4	5

5. **How helpful was the facilitator guide in your preparation?**

Not Very Helpful		Somewhat Helpful		Very Helpful
1	2	3	4	5

6. **Overall, how do you feel that you performed as a facilitator?**

Not Very Well		Somewhat Well		Very Well
1	2	3	4	5

7. **How appropriate was the content for the audience?**

Not Appropriate		Somewhat Appropriate		Very Appropriate
1	2	3	4	5

8. **Based on your answer above, if your answer was "Not Appropriate", can you explain why?**

_____

9. **Overall, what was the audience reaction to the videos?**

Poor		Neutral		Excellent
1	2	3	4	5

10. **Did issues arise during the discussion or presentation that you felt unprepared for? If so, please describe them.**

_____

_____

_____

11. **Would you use the videos again in the future?**

No	Probably	Definitely
1	2	3

12. **Were you easily able to adapt the materials in the toolkit to fit your needs?**

___Yes   ___No

13. **How would you rate the activities and icebreakers?**

Not Engaging		Somewhat Engaging		Very Engaging
1	2	3	4	5

14. **Would you recommend this toolkit to others?**   ___Yes ___No

Additional comments or recommendations?

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_____

Michigan Department of Community Health

M DCH

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Health Disparities Reduction and Minority Health Section
Division of Health, Wellness and Disease Control
Michigan Department of Community Health

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www.michigan.gov/minorityhealth
www.healthequitymi.com

Awareness

- **Center for Health Equity and Social Justice**
  Boston Public Health Commission
  http://www.bphc.org/chesj/Pages/default.aspx

- **Center for the Study of Social Policy**
  http://www.cssp.org/

- **CUNY Health Equity**
  http://www.cunyhealthequity.org/ihe/resources/useful_tools/

- **Health Equity**
  Families USA: The Voice for Health Care Consumers
  http://familiesusa.org/issues/health-equity/

- **Health Equity Michigan**
  http://www.healthequitymi.com

- **This is Public Health**
  http://www.thisispublichealth.org/toolkit/FactSheet.html

- **Understanding Prejudice**
  http://www.understandingprejudice.org

Best Practices

- **Best Practice EB Interventions-Multi Level Approaches**
  http://www.dhss.mo.gov/InterventionMICA/

- **Building Social & Health Equity: Alameda County (CA)**
  NACCHO
  http://www.naccho.org/toolbox/_toolbox/Building_Social_&_Health_Equity_Alameda_County_(CA)_1.pdf

- **Health Inequalities and the Welfare State: Perspectives from Social Epidemiology**
  NACCHO
  http://www.naccho.org/toolbox/tool.cfm?id=1596

- **Public Health Agency of Canada**
  http://cbpp-pcpe.phac-aspc.gc.ca/

Community Building

- **Advancing Health Equity: A Guide of Next Steps for Action**
  http://www.vdh.virginia.gov/healthpolicy/healthequity/unnaturalcauses/documents/Next-Steps-for-Action.pdf

Community Building (Continued)

- **The Community Toolbox**
  http://ctb.ku.edu/en/tablecontents/

- **Place Matters**
  Joint Center
  http://jointcenter.org/hpi/pages/place-matters

- **Promoting Health Equity: A Resource to Help Communities Address SDOH**
  Center for Disease Control
  http://www.cdc.gov/nccdphp/dach/chhep/pdf/SDOHworkbook.pdf

Cultural Competency

- **Cultural Competency Assessment Tool**
  http://www.bphc.org/chesj/resources/Documents/Tools/culturalcompentencyassesstool.pdf

- **Culture, Language, and Health Literacy**
  Health Resources and Services Administration
  http://www.hrsa.gov/culturalcompetence/index.html

- **National Center for Cultural Competence**
  http://nccc.georgetown.edu/

Data

- **Michigan Health Equity Roadmap**
  http://www.michigan.gov/documents/mdch/MI_Roadmap_FINAL_080310_revised_WEB_VERSION_329422_7.pdf

- **HRET Disparities Toolkit**
  http://www.hretdisparities.org/

- **Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement**
  National Academies Press
  www.nap.edu

- **Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**
  http://www.nap.edu/openbook.php?record_id=12875&page=126

Funding

- **W.K. Kellogg Foundation**
  http://wkkf.org

- **Office of Minority Health**
  http://minorityhealth.hhs.gov/

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Online Training

- **Health Equity and Prevention Resources**
  Prevention Institute
  http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit/6-health-equity-and-prevention-resources.html

- **Measuring Health Disparities**
  http://www.sitemaker.umich.edu/mhd/obtain_course_from_mphtc

Policy

- **Health Policy Committee**
  Michigan House of Representatives
  http://house.michigan.gov/committeeinfo.asp?lstcommittees=health+policy

- **National Partnership for Action**
  https://minorityhealth.hhs.gov/npa/

- **Today's Topics in Health Disparities**
  Kaiser Family Foundation
  http://www.kff.org/minorityhealth/todaystopics.cfm

Racial Equity

- **Race Matters Toolkit**
  Annie E. Casey Foundation
  http://www.aecf.org/OurApproach/EnsuringRacialAndEthnicEquity.aspx

- **Race-The Power of an Illusion (Documentary)**
  PBS and California Newsreel
  http://www.pbs.org/race/000_General/000_00-Home.htm

- **Racial Equity Tools**
  http://www.racialequitytools.org/ci-issues.htm

Social Determinants of Health

- **List of SDOH**
  THRIVE Prevention Institute
  http://thrive.preventioninstitute.org/thrive/index.php

Social Determinants of Health (Continued)

- **Publications on SDOH**
  Robert Wood Johnson Foundation
  http://www.commissiononhealth.org/Publications.aspx

- **State by State Data**
  Robert Wood Johnson Foundation
  http://www.commissiononhealth.org/StateByStateData.aspx

- **What Social Factors Affect Adult Health? (Fact Sheet)**
  Robert Wood Johnson Foundation
  http://www.commissiononhealth.org/PDF/fig1_a.pdf

- **Why is Jason in the Hospital? (Video)**
  Bernalillo County Health Council
  http://www.youtube.com/watch?v=EI_Z-N1qeeo

The National Launch of HHS Action Plan to Reduce Racial and Ethnic Health Disparities and National Stakeholder Strategy for Achieving Health Equity

OMH
U.S. Department of
Health and Human Services
Office of Minority Health

NATIONAL STAKEHOLDER STRATEGY FOR ACHIEVING HEALTH EQUITY

Objective: Provides a common set of goals and strategies for initiatives and partnerships that can help racial and ethnic minority populations and other underserved groups reach their health potential.

Issue: A *health disparity* is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Racial and ethnic minorities still lag behind in many health outcome measures. They are less likely to get the preventive care they need to stay healthy, more likely to suffer from serious illnesses, such as diabetes or heart disease, and when they do get sick, are less likely to have access to quality health care. Disparities are documented in many conditions, including: cardiovascular disease, asthma, diabetes, flu, infant mortality, cancer, HIV/AIDS, chronic lower respiratory diseases, viral hepatitis, chronic liver disease and cirrhosis, kidney disease, injury deaths, violence, behavioral health, and oral health.

Highlights: The five overall goals and associated strategies include:

1. Awareness: Increase public understanding of health disparities by developing partnerships, communications strategies, and new approaches to putting the issues prominently on organizational agendas.
2. Leadership: Build the capacity to create community solutions, improve the coordination of funding, and set priorities. Invest in youth, preparing them to be future leaders.
3. Health System and Life Experience: Improve access to quality care, including: children's services for mental health, oral health, vision, hearing, nutrition, and physical activity; and services for older adults. Address social determinants of health through work on issues such as improved high school graduation rates and policies intended to create social, physical, and economic environments in which children can succeed.
4. Cultural and Linguistic Competency: Improve diversity in the work force, increasing opportunities to recruit minorities into the health professions. Also, improve cultural competency by supporting better interpreting and translation services and training more community health workers to serve as liaisons between patients and clinicians.
5. Data, Evaluation and Research: Acquire and analyze data to enhance decisions through better research coordination, and promote the translation of evidence-based research into practice.

The Affordable Care Act offers the potential to meet these goals and address the needs of racial and ethnic minority populations, by bringing down health care costs, investing in prevention and wellness, supporting improvements in primary care, and creating linkages between the traditional realms of health and social services.

The National Launch of HHS Action Plan to Reduce Racial and Ethnic Health Disparities and National Stakeholder Strategy for Achieving Health Equity

OMH
U.S. Department of
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Developed by: The strategy incorporates ideas and comments from thousands of individuals and organizations that were solicited through focused stakeholder meetings and a call for public comments.

Intended Use: The strategy is the product of the National Partnership for Action to End Health Disparities (NPA), which was organized by the HHS Office of Minority Health (OMH). Eleven other federal cabinet-level departments collaborated and provided guidance. The strategy is intended to stimulate a comprehensive, community-driven approach to achieve health equity through new collaborations within the health sector and with others, such as agriculture, commerce, defense, education, environment, housing, justice, labor, transportation and veteran's affairs. Local stakeholders can identify which goals are most important for their communities and adopt the most effective strategies to help reach them.

More Information: www.minorityhealth.hhs.gov/npa