

## **Introduction**

### **What is the Critical Health Indicators report?**

The Critical Health Indicators report describes Michigan's health and well-being and establishes a method for monitoring improvement. The report is organized by four categories with 28 related indicators. These indicators directly or indirectly measure the health and health behaviors of Michigan residents. The data reported in this document are based on numbers provided by state and federal sources. Links to state resources have been included to assist the reader interested in more detailed information.

This set of topics and indicators comes in large part from the Institute of Medicine's *State of the USA Health Indicators* report, which was released in 2009. Additional indicators include poverty, unemployment, educational attainment, oral health, veteran healthcare access, low birthweight, teenage birth rate, leading causes of death, and healthcare-associated infections.

The report examines each indicator, providing the most current and recent data when available. Through consideration of current trends, state and local health agencies can plan for the future.

### **What do Critical Health Indicators tell us about Michigan's health?**

A broad look at Michigan's critical health indicators suggests there is significant room for improvement in Michigan's population health. For a large portion of health indicators, Michigan's rates are worse than the national average. While many health outcome measures are trending in the correct direction for Michigan, a greater rate of improvement is needed for Michigan to catch up to the rest of the nation. Impeding Michigan's progress, however, are environmental conditions and chronic disease health characteristics that are trending in the wrong direction.

Factors and indicators which contribute to improved health are moving in the correct direction, including pediatric immunizations, cholesterol screening, the jobless rate, and binge drinking. Almost twice the number of children in Michigan have health insurance coverage as do children nationally. High school and college graduation rates increased. Mortality rates for cancer decreased. The broader indicators of life expectancy and the teenage birth rate also moved in the right direction.

Michigan has faced severe economic challenges, reflected through increased unemployment and poverty rates. The number of adults with health insurance coverage decreased, while unmet medical need increased. Overall healthcare expenditures in Michigan increased. The percentage of the population suffering from chronic conditions such as diabetes and hypertension increased. The numbers of women who have had appropriate, timely screening services for breast and cervical cancer have decreased. The percentage of people who have had an annual checkup has decreased by over three percent.

A few indicators did not change over the previous measurement time frame; these include infant mortality, poor mental health, cardiovascular disease, smoking, colorectal cancer screening, and healthcare access.

### **For more information regarding this report, please contact:**

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## Topic areas and indicators in the 2011 Critical Health Indicators Report

The 2010 Critical Health Indicator report decreased the number of topic areas from eighteen to four: Health Outcomes, Health-Related Behaviors, Health Systems, and the Social & Physical Environment. These remained the same for 2011, with the exception of Social, Economic & Physical Environment, which has changed to Socioeconomic Factors. The 2011 Report has twenty-eight indicators. Michigan Department of Community Health adapted these changes in response to the preliminary report released by the Institute of Medicine in 2009, which discusses the twenty indicators to be used in the State of the USA Report. A few additional indicators are also included, which were chosen through a review of current health priorities in Michigan.

## State of the USA Health Indicators

The Institute of Medicine's *State of the USA Health Indicators* report was developed by a committee of 14 individuals, including physicians, medical school directors, public health school directors, epidemiologists, policy analysts, and health researchers. The committee was charged with developing a set of indicators that would best reflect: 1) the overall health of the nation and the factors that are important in determining the current and future health of the nation and 2) the effectiveness and efficiency of the United States healthcare and public health systems. Also, they were asked to choose indicators that: 1) have quality data available at the national level that can be broken down by subpopulation and geographic region, 2) have reliable data and data sources, 3) are issues relevant to the intended audience, 4) are sensitive to changes in societal domains, and 5) permit cross-country comparisons. The committee reviewed numerous studies and surveys in order to determine which indicators should be used. The committee also reviewed information on the public's perception of issues of importance.

The committee acknowledged that no single measure can capture the health of the nation. Indicators are needed that reflect a broad range of factors such as health, risk for illness, and health system performance. It is intended that official federal statistics will be the initial sources of indicator data. Over time, as new information becomes available and the source of indicator data expands, indicators for the State of the USA Health Indicators Report may change. The framework used by the committee to determine the most important indicators looks at health outcomes and determinants that impact these health outcomes. The topic areas for Socioeconomic Factors, Health-related Behaviors, and Health Systems all play a part in Health Outcomes. Once the framework was developed, each committee member presented his/her top twenty potential indicators, resulting in over two hundred indicators to be categorized and reviewed. During the vetting process, the committee eliminated or combined similar indicators, looked at available data sources, and tried to balance indicators in health versus healthcare categories.

## State of the USA Health Indicators included in Michigan's Critical Health Indicators Report by Topic Area:

Health Outcomes	Health-Related Behaviors	Health Systems
Life expectancy at birth	Smoking	Healthcare expenditures
Infant mortality	Physical activity	Insurance coverage
Life expectancy at age 65	Excessive drinking	Healthcare access
Injury related mortality	Nutrition	Preventative services
Chronic disease prevalence	Obesity	Childhood immunization
Poor mental health		Preventable hospitalizations

## State of the USA Health Indicators: Other Areas of Consideration

One of the important factors in the State of the USA Health Indicators was the ability or flexibility to be able to look at health disparities, drill down to subpopulations, and compare across geographic regions. It was the recommendation of the committee to look at all twenty indicators by subpopulation, if the data were available. Due to the variation in data availability for the different indicators, the recommendations of subpopulation and/or regional analysis also varied. The committee determined that any indicator that is measured at the individual level can also be analyzed for disparities as long as the data source can be linked to data on race/ethnicity and/or a measure of socioeconomic status. The committee report notes the appropriateness of disparity reporting in each indicator description.