

# MDCH 2014 Health Equity Report

## Brief:

### The Importance of Race/Ethnicity Data



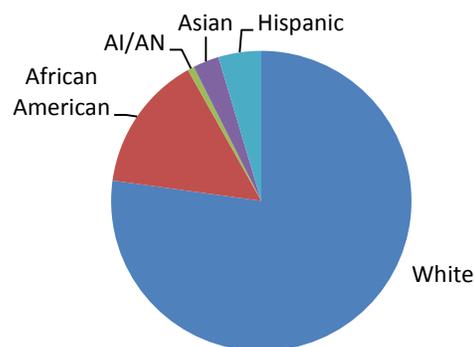
April 2015

# Why Race/Ethnicity Data Collection is Important for Health Equity

## Background

Racial and ethnic disparities in health have been widely documented in the US and in Michigan.<sup>1</sup> Race is a social construct, not a biological reality, and therefore, should have little or no impact on an individual's health.<sup>2</sup> However, racial differences in overall mortality, infant mortality, heart disease, and even cancer have been documented as major disparities in Michigan.<sup>3</sup> These preventable inequities result in a major loss of life and decreased economic productivity in our state.<sup>4</sup>

Race as a social classification is a predictor of exposure to health risks posed by environmental, social and behavioral factors.<sup>5,6</sup> The collection of data by race and ethnicity is vital to health programming, health policy and state planning.<sup>1,7</sup> Without valid knowledge of race, analysts and planners lack critical information about the populations they aim to serve. This information includes data about the societal exposure racial and ethnic minorities experience, knowledge about the interaction of race with other factors under investigation, and data needed to identify and monitor the existence of disparities.



Michigan Population, by race, 2012\*

## Improving Data Collection on Minority Populations in Michigan

The Michigan Department of Community Health (MDCH) Health Disparities Reduction and Minority Health Section (HDRMHS) is improving the availability of racial and ethnic health-related data by funding statewide, stand-alone, Behavioral Risk Factor Surveys (BRFSs) for racial and ethnic minorities not adequately represented in the annual Michigan BRFS. These surveys allow MDCH to reliably estimate health risks and outcomes for Michigan's smaller racial and ethnic groups. Surveys were conducted among Hispanics and Asians in 2012, Arabs in 2013, and Hispanics again in 2014. The survey data collected are essential for understanding the unique health issues and needs of these populations, and for developing effective programs and policies. Results from the 2012 Hispanic BRFS are highlighted on the following pages. Reports for the Asian and Arab BRFSs will be released in 2015.

<sup>1</sup>Institute of Medicine (IOM). *Unequal Treatment*. The National Academies Press, 2003.

<sup>2</sup>Sheldon and Parker 1992; La Veist 1994; Senior and Bhopal 1994; Williams, Lavizzo-Mourey, and Warren 1994; Freeman 1998; Jones 2001.

<sup>3</sup>MDCH Division of Vital Records and Health Statistics. 2013. [http://www.michigan.gov/mdch/0,4612,7-132-2944\\_4669\\_4686---,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2944_4669_4686---,00.html).

<sup>4</sup>Joint Center for Economic and Political Studies. *The Economic Burden of Health Inequalities in the United States*. September, 2009.

<sup>5</sup>Jones, 2000.

<sup>6</sup>Ford and Kelly, 2005; Fullilove 1994; Hahn and Stroup 1994; La Veist 1994; Feeman 1998.

<sup>7</sup>Sequist and Schneider, 2006; Ford and Kelly, 2005.

\* National Center for Health Statistics, MDCH Division of Vital Records and Health Statistics

# Health Status of Hispanic Adults in Michigan



- Although the Hispanic population in Michigan is growing<sup>1,2</sup>, accurate and timely data at the state-level are limited.
- In 2012, data were collected in the Hispanic Behavioral Risk Factor Survey to better describe the current health status of Hispanic adults in Michigan.

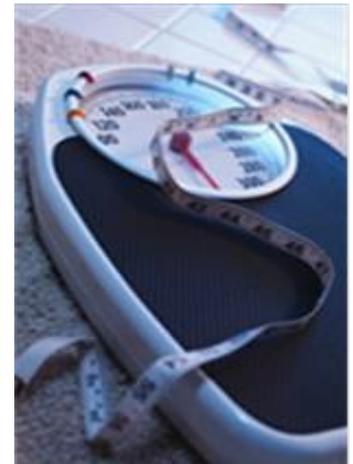
## Hispanic Adults vs. All Adults in Michigan

For the **majority** of health indicators, Hispanic adults were **similar** to all adults in Michigan. Some<sup>a</sup> of these were: cigarette smoking, binge drinking, adequate fruit and vegetable consumption, lack of physical activity, overweight (BMI<sup>b</sup> 25.0-29.9), routine health checkup in the past year, and ever told to have asthma.

For a **few** of the health indicators, Hispanic adults did **better** than all adults in Michigan. These included: ever told to have arthritis, ever having an HIV test, and missing six or more teeth.

For a **few** of the health indicators, Hispanic adults were **worse** than all adults in Michigan. These included: no health care access due to cost, worried about having enough money to buy nutritious meals, and ever told they have depression.

The obesity and diabetes indicators were higher among Hispanic adults than all Michigan adults, although the differences were not statistically significant. However, Hispanic adults are on average younger than the whole Michigan adult population. If improvements are not made, these health conditions as well as other related conditions will become a larger problem as the population ages.



**How did the trend compare to White, Non-Hispanic adults in Michigan?** The comparison of health indicators for Hispanic adults to White, non-Hispanic adults was very similar to the trend of Hispanic adults to all adults in Michigan<sup>a</sup>. Hispanics were worse for a few additional indicators and these included: obesity (BMI<sup>b</sup>  $\geq$  30.0), fair/poor general health, and worried about having enough money to pay rent/mortgage.

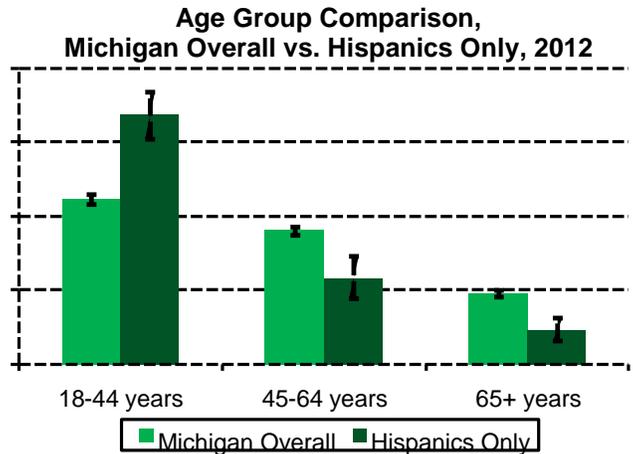
<sup>a</sup> For a complete list of health indicators, reference the full report, "Health Risk Behaviors Among Hispanic Adults Within the State of Michigan" at [www.michigan.gov/brfs](http://www.michigan.gov/brfs) and [www.michigan.gov/minorityhealth](http://www.michigan.gov/minorityhealth).

<sup>b</sup> BMI: Body Mass Index.

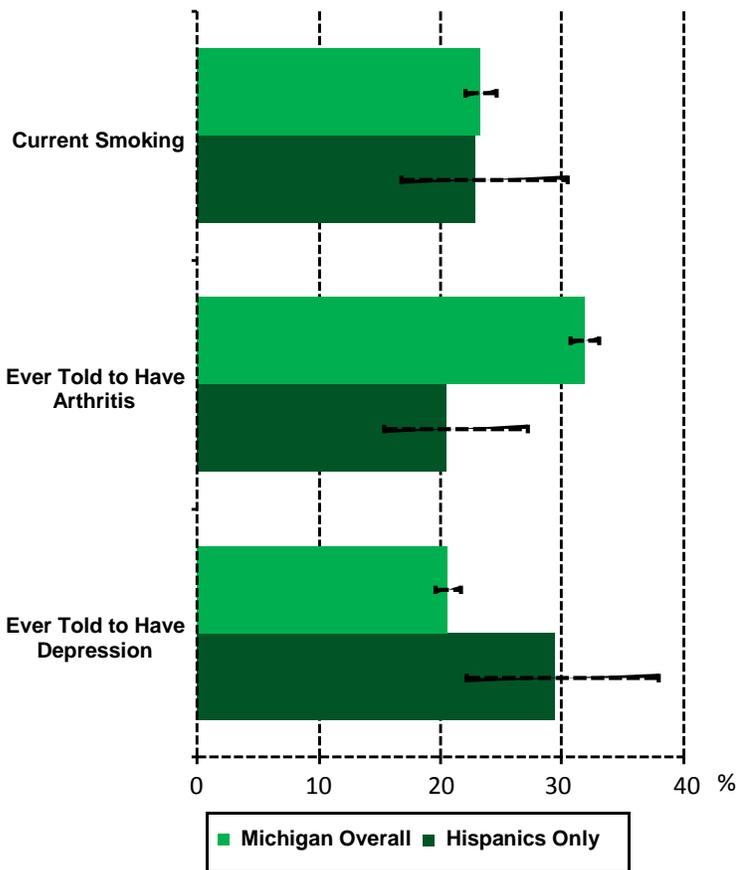
The top left photo was acquired from the Public Health Image Library (<http://phil.cdc.gov/Phil/home.asp>), courtesy of the Centers for Disease Control and Prevention/Amanda Mills.



In 2012, a higher proportion of Hispanic adults in Michigan were between the ages of 18 and 44 years (67.7%) than all Michigan adults (44.6%). A smaller proportion of Hispanic adults were 65 years or older (9.1%) than all adults statewide (19.2%) in 2012. This difference can influence the occurrence of certain health conditions and related risk factors.<sup>3</sup>



**Selected Risk Factors, Michigan Overall vs. Hispanics Only, 2012**



In 2012,

- A **similar** proportion of Hispanic adults (22.8%) said that they currently smoke than all Michigan adults (23.3%).
- A **lower** proportion of Hispanic adults (20.5%) said they had been told they have arthritis than all Michigan adults (31.8%).
- A **higher** proportion of Hispanic adults (29.4%) said they had been told they have depression than all Michigan adults (20.6%).

The full list of health indicators, survey results, and methods are available in the “Health Risk Behaviors Among Hispanic Adults Within the State of Michigan” report at [www.michigan.gov/bfrs](http://www.michigan.gov/bfrs) and [www.michigan.gov/minorityhealth](http://www.michigan.gov/minorityhealth).

### Next Steps

- These data provide important information to develop effective and culturally appropriate programs and services for Hispanics in Michigan.
- Brief Reports will be released that focus on specific health indicators among Hispanics adults in Michigan.
- The Hispanic Behavioral Risk Factor Survey is being conducted again in 2014. Ongoing continuation of this survey will allow for more precise health estimates and changes over time to be measured for Hispanic adults.

### References:

1. Ennis SR, Rios-Vargas M, Albert NG. 2011. The Hispanic Population: 2010. 2010 Census Briefs. United States Census Bureau, U.S. Department of Commerce. <http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>.
2. Kayitsinga, J. 2012. A Demographic Profile of the Latino Population in the United States and Michigan. JSRI Demography Report No. 6. East Lansing, Michigan: The Julian Samora Research Institute, Michigan State University.
3. National Research Council (US) Panel on Race, Ethnicity, and Health in Later Life; Anderson NB, Bulatao RA, Cohen B, editors. Critical Perspectives on Racial and Ethnic Differences in Health in Late Life. Washington (DC): National Academies Press (US); 2004. 9, Race/Ethnicity, Socioeconomic Status, and Health. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK25526/>. (April 2014).

### Suggested Citation

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