Grand Rapids African American Health Institute

2011 Minority Health Report

Introduction

Minority health has improved over the last decade, but still does not match the health of white populations. One of the reasons for the health gap between minority and white populations is the U.S. health care system. Since the U.S. does not have a health system in place that provides health care to everyone, many people do not receive the health services they need. Being uninsured greatly reduces access to quality care which more than likely means no primary doctor, routine care, or preventative services that catch diseases in their early stages. The poor and minorities are the groups that suffer from poor health outcomes, in part, because of the current health care system.

Many social, economic, and environmental factors play a role in health outcomes which makes eliminating disparities in health far more difficult. Bias and discrimination from health professionals and health care organizations also contribute to disparities in health. In the past, many hospitals would not treat minorities, specifically African Americans, and they could not always receive the health care they needed. Now, discrimination is less obvious and more subtle with discrimination based on insurance coverage. Since the poor are more likely to be uninsured and a large number of minorities are poor they tend to have public health insurance. Hospitals view people without health insurance and Medicaid as a burden and do not want to care for them because the hospitals either have to cover the entire cost of care or part of it. Communication between health care providers and patients of a different culture is also a factor in receiving quality care. Sometimes there are problems in communication between minority patients and their doctors because of language barriers or cultural differences. Many minorities do not know how to communicate their health needs to their physicians and get the most out of their health care services. Another problem is physician bias. Providers may hold back treatment options or prevention measures because they assume their minority patients will not follow their instructions or will not have the means/resources to follow through.

Minorities have higher rates of diseases like diabetes, obesity, cancer, and AIDS. African Americans have the worst overall health than any other population group. African Americans have limited access to health care services, low household incomes, live in underprivileged neighborhoods, and have poor mental health. Some statistics on disparities in health and health care in the black community include:

- Just under one in five African Americans are uninsured
- More than a quarter of blacks do not have a regular doctor
- African Americans use the emergency department at twice the rate of whites
- Forty eight percent of blacks suffer from chronic disease
- Seven out of ten ages 18 to 64 are obese or overweight
- African American are diagnosed with AIDS at nine times the rate of whites
- Fifteen percent of blacks suffer from adult onset diabetes
- African American women suffer from breast cancer at a lower rate than white women, but die from the disease more often[16]

The purpose of this report is to look at the health of African Americans in the United States, Michigan, and in Kent County, Michigan. We want to create a resource for the community that is easy to understand, raises awareness about minority health disparities, and provides valuable information on the health of the African American community.

National Profile

The United States ranks poorly relative to other modern nations in health care despite having the best trained health care providers and the best medical foundation of any other developed nation. Seventy-five percent of all health care dollars are spent on patients with one or more chronic conditions, many of which can be prevented, including diabetes, obesity, heart disease, lung disease, high blood pressure, and cancer.[12] Many nations believe everyone should have health care so they have a form of universal health care for their citizens. Having health care is a privilege, not a right in the United States. Many people are dying sooner because they are uninsured. The U.S. spends the most money on health care and our health care system costs the most in the world.
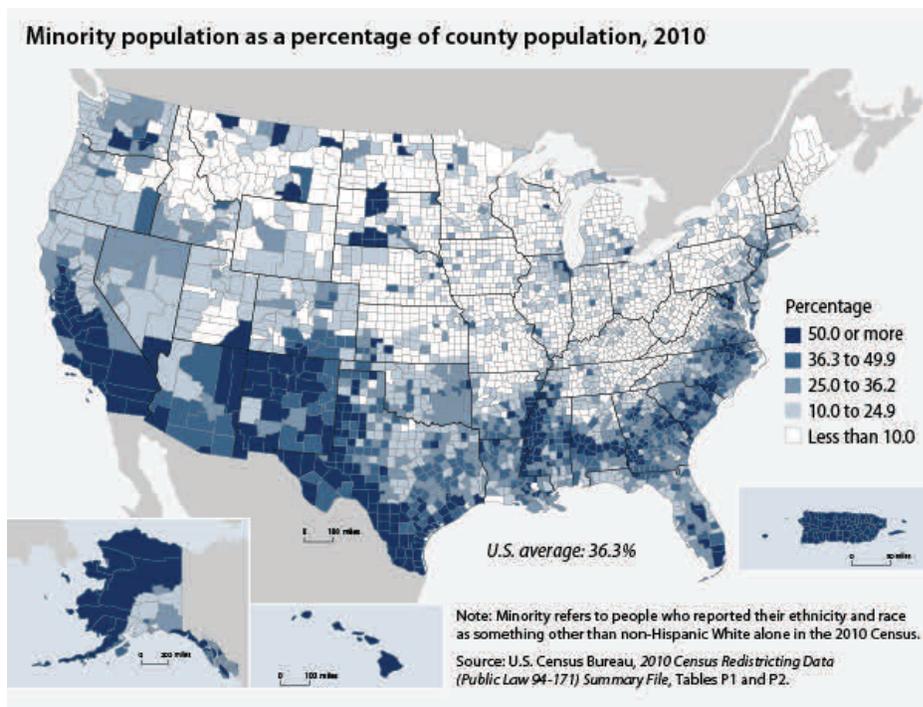
Demographics

Over the past thirty years there has been a steady increase in ethnic minority populations. In 2004, the Hispanic population overtook the African American population as the largest minority group in the country.[1] In 2010, the U.S. population was 12.6% African American, 16.3% Hispanic, and 72.4% white. From 2000-2010 the population increased 5.7% for the white population, 12.3% for blacks, and 43% for Hispanics, the highest populace increase out of the three groups.[4]


The map shows the distribution of minority populations in 2010.

Source: Center for American Progress, What Diversity Teaches Us – The Importance of America's Endangered Diversity Education Programs http://www.americanprogress.org/issues/2011/07/importance_diversity.html

Social Factors of Health

Social determinants of health include social, economic, and environmental factors. Political influence, a social factor, can be measured by voting and electing officials to every governmental level. In 2008, 64.4% of Whites, 64.7% of Blacks, and 49.9% of Hispanics were reported to have voted.[3]

Income and wealth play a role in health outcomes. In 1999, the percentage of families living in poverty was the highest among African Americans at 21.6%, followed by 20% for Hispanics, and 6.3% for whites.[3] The median wealth of white households in 2009 was 20 times that of African Americans and 18 times that of Hispanic households. About a third of black (35%) and Hispanic (31%) households had zero or negative net worth in 2009, compared with 15% of white households. The drop in housing values was the main cause of the reduction in household wealth among all groups.[7]

Education level also influences health in the United States. In 2000, the percentage of high school graduates or higher was 83.6% for whites, 72.3% for blacks and 52.4% for Hispanics. Educational attainment of a bachelor's degree or higher was 10.4% for Hispanics, 14.3% for African Americans and 26.1% for whites.[3]

Health Coverage

Poor health can result from many factors such as the lack of health care coverage and access to care. Majority of Americans receive health insurance through employment. African Americans and Hispanics are over represented among the unemployed and uninsured in the United States. Compared to white unemployment at 3.0% and Hispanic at 5.7% the percentage of black unemployment was highest at 6.9% from 2005-2009.[3] African Americans lag behind White and Hispanic Americans in their employment numbers. From 2008-2009 Hispanics had a higher uninsured rate than any other group, at 32.4%.[2]

U.S. Employment Status: 2005-2009
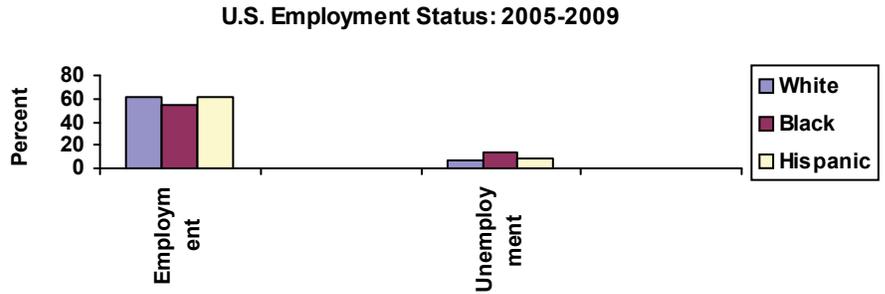
Source: U.S. Census Bureau, 2005-2009 American Survey 5-Year Estimates, U.S. Employment Status

U.S. Health Care Coverage: 2008-2009
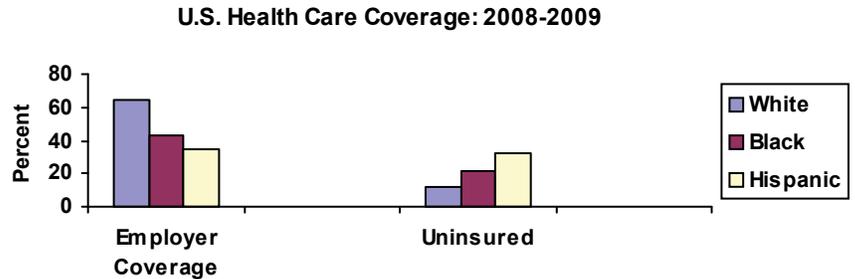
Source: Kaiser Family Foundation: Kaiser State Health Facts, Employer Sponsored Coverage Rates

Mortality & Life Expectancy

The US mortality rate fell to an all time low in 2009, according to an early report from the Center for Disease Control and Prevention. The death rate fell for cancer, heart disease, and homicide.[6] Overall life expectancy has increased from 78.0 years in 2008 to 78.2 years in 2009.[9] In 1950 the life expectancy for black men was 59.1 years and 62.9 years for black women. African American men in 2007 were expected to live about 70 years while their female counterparts were expected to live 76.8 years. Life expectancy projections in 2008 by the US Census Bureau for 2015 were 71.4 years for black males, 77.1 years for white males, 78.2 years for black females, and 81.8 years for white females.[3]

Behavioral Risk Factors

Smoking is a major cause of preventable diseases like heart disease, cancer, and stroke. Diabetes and high blood pressure are a health risk for stroke, heart disease, and kidney failure. Being obese increases the risk for coronary heart disease, type 2 diabetes, stroke, cancer, and high blood pressure among many others.[9] The percentage of African Americans that had diabetes, were obese, and smoked cigarettes was the highest nationwide compared to white and Hispanic populations.

Chronic Disease Risk Factors: U.S. 2010
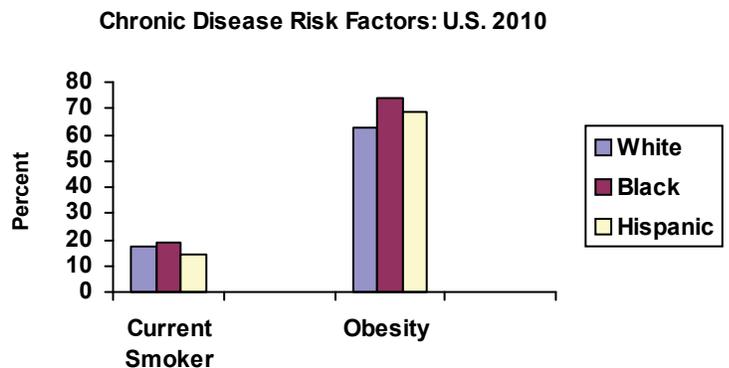
Source: Kaiser State Health Facts: Smoking & Obesity

State Profile

According to America's Health Rankings, Michigan ranks 27th in health status among the fifty states.[8] In 2010, African Americans had the highest rate of self-reported fair or poor general health, 25.2%, followed by 17.0% of Hispanics, and then whites with the lowest at 12.2%.[1]
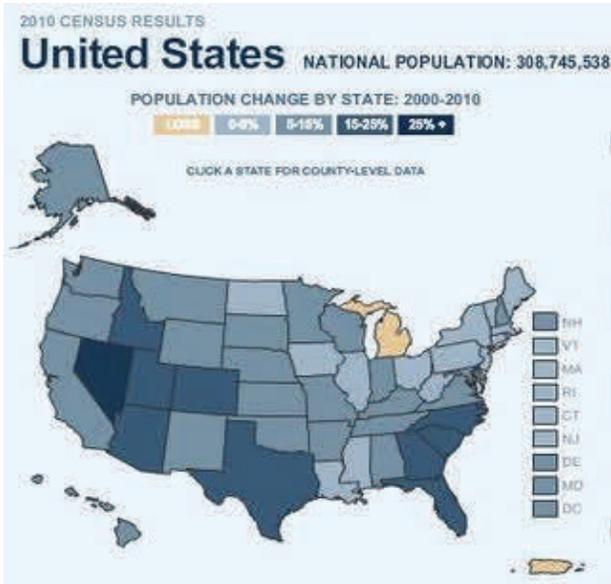
The map shows that Michigan was the only state with a decrease (yellow) in population.

Source: US Census Bureau Official Blog – Random Sampling
http://blogs.census.gov/censusblog/population/

Demographics

In Michigan, minority populations have been steadily increasing from 1990-2010 with a slight drop in number of the white population. The population was 84.2% white, 14% black, and 2.2% Hispanic in 1990. By 2000 the African American population increased to 14.7% and the Hispanic population became 3.3% of Michigan inhabitants. The number of white residents decreased to 82.5% of the population.[1] The composition of Michigan in 2010 was 78.9% white, 14.2% black, and 4.4% Hispanic.[3]

Social Factors of Health

Many contributors of health are socially related, such as income, environment, and social connectedness. In Michigan a local bus transit exits in all eighty-three counties. A little under one hundred million people used the bus in Michigan in 2010.[10] Public transportation is important for those with out cars to be able to seek and access health care services.

Michigan has a higher number of high school graduates than the United States. The 2000 Census reports the percentage of high school graduates or higher as, white 85.3%, black 74.1%, Hispanic 62.3%, and the percentage of people with a Bachelor's degree or higher as, white 22.6%, black 12.8, Hispanic 12.9%.[3]

According to the Preliminary 2010 Michigan Behavioral Risk Factor Survey, ten percent of African Americans rarely or never received needed social and emotional support. Percentages were high for those fifty years and older (10.9%), black males (14.2%), those with a high school diploma or less (15.3%), and those with a household income of less than thirty-five thousand dollars (15.1%).[1]
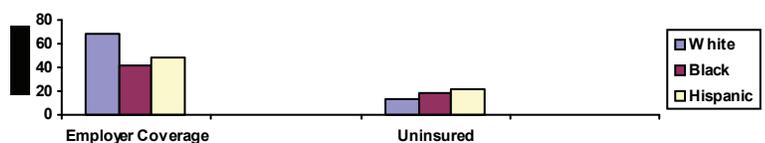
Health Coverage

Similar to the U.S. rates, African Americans in Michigan have a lower percentage of employment and higher unemployment than white and Hispanic populations. In 2000 white employment was 62.4%, black 50.9%, and Hispanic 60.8%.[3] Sixty-eight percent of the white population received their health coverage through employment, compared to 48% of Hispanics and 41% of African Americans. A higher number of white and Hispanic workers receive health insurance through their jobs than African Americans.[2] Hispanics and blacks have more people in the uninsured population than whites.

Employment Status: MI 2000
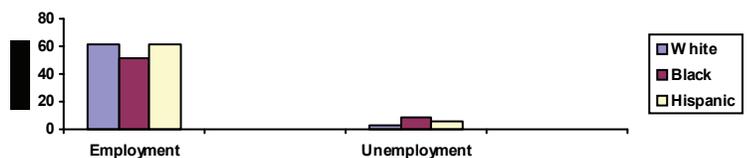
Source: U.S. Census Bureau: Census 2000, Economic Characteristics

Health Care Coverage: MI 2008-2009

Source: Kaiser Family Foundation: Kaiser State Health Facts, Health Coverage & Uninsured

Mortality

African Americans have a higher death rate for 7 out of the 10 leading causes, chronic lower respiratory diseases, Alzheimer's disease, and suicide being the exceptions.

**Age-Adjusted Death Rates for Ten Leading Causes by Race for Michigan Residents, 2009**

Cause of Death	White	Black	Black/White Ratio
Heart Disease	195.2	**295.4**	1.5
Cancer	177.0	**223.8**	1.3
CLRD	**46.9**	29.0	0.6
Stroke	38.2	**51.7**	1.4
Unintentional injuries	34.3	**41.3**	1.2
Diabetes Mellitus	22.3	**38.2**	1.7
Alzheimer's Disease	**24.0**	13.6	0.6
Kidney Disease	13.8	**27.7**	2.0
Pneumonia/Influenza	13.6	**16.3**	1.2
Suicide	**12.2**	6.3	0.5
All Other Causes	173.5	**271.2**	1.6

Source: Michigan Department for Community Health: Michigan Mortality by Leading Causes, 2009; Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group; CLRD: Chronic Lower Respiratory Diseases; Bolded numbers indicate rate that is highest for the disease

Life Expectancy

In 1950 the life expectancy for white males was 66.2 years, 71.9 for white females, 60.4 for black males, and 63.4 for black females. Over fifty years later life expectancy for all Michigan residents have improved, but there are still gaps between ethnic groups and genders. In 2009, African American males had the lowest life expectancy of 69 years and white females had the highest life expectancy of 80.9 years. The life expectancy of white males and black females were 76.5 years and 76.3 years, respectively.[1]

Michigan Life Expectancy
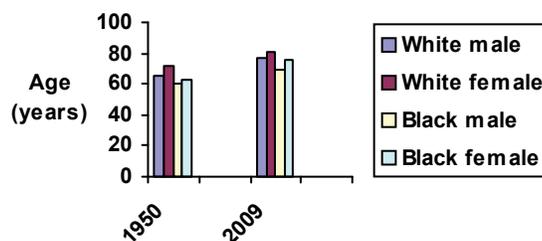
Source: Michigan Department for Community Health: Life Expectancy for Michigan Residents by Sex & Race, 1950-2090

Infant Mortality

The infant mortality rate in Michigan is higher than the United States for all racial/ethnic groups. Michigan's infant death rate was 5.9 white, 15.4 black, and 7.7 Hispanic per 1,000 live births. African Americans have the highest infant mortality rate in the U.S. as well as in Michigan.[2]

Behavioral Risk Factors

African Americans in Michigan have the highest percentage of obesity, diabetes, and no physical activity. Diabetes can be linked to obesity and the lack of physical activity can play role in becoming overweight. In 2010 Hispanics had a higher percentage of smokers than blacks and whites.[1]

Risk Factors for Chronic Disease: MI 2010
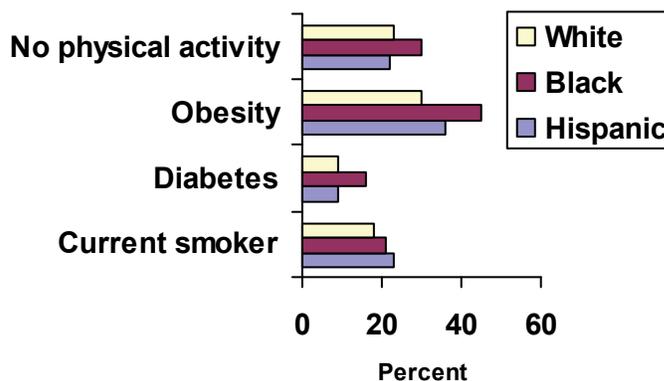
Source: Michigan Department for Community Health: Preliminary 2010 BRFS Estimates

Kent County Profile

In 2008, 10% of whites, 11.5% of Hispanics, and 19.9% of African Americans reported having fair or poor health. Kent County residents reported having fair or poor health at a lower rate than Michigan residents.[11] Eleven percent of Kent County residents reported having fair or poor health in 2011, compared to fifteen percent of Michigan residents.[14]

Demographics

Trends in population growth for Kent County from 2000–2010 showed an increase in the African American and Hispanic populations and a slight decrease in the white population. In 2000, the population break down was about seven percent Hispanic, nine percent black, and eighty-three percent white. The population in 2009 for Kent County was white 87.1%, black 9.9%, and Hispanic 9.5%.[1] Recently released data from the 2010 Census showed the population as eighty percent white and African Americans and Hispanics were tied at ten percent.[3]

Social Factors of Health

In Kent County 87.4% of whites, 72% of blacks, and 45.8% of Hispanics were a high school graduate or higher in 2000. The percentage of each population with a Bachelor's degree or higher was 9.1% for Hispanics, 11.7% for African Americans, and 27.7% for whites.[3]
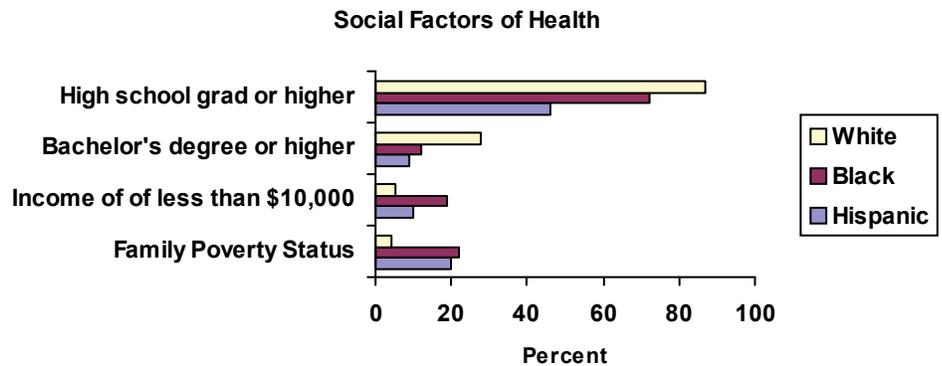
Source: U.S. Census Bureau: Census 2000, Social & Economic Characteristics

Nineteen percent of African Americans in 1999 made less than $10,000, compared to 9.5% of Hispanics, and 5.3% of whites. The median household income in 1999 for African Americans was $27,953 and the median family income was $31,788. In 1999, four percent of white families, 19.8% of Hispanics families, and 22.2% of black families were below the poverty level.[3]

Health Coverage

Adults who do not have health care coverage are less likely to access health care services. According to the 2008 Kent County Behavioral Risk Factor Survey, 14.5% of Kent County residents had no health care insurance coverage. Broken down by race/ethnic group 33.5% of Hispanics, 22.2% of blacks, and 12% of whites were uninsured. Two additional indicators that address issues related to health care access include not having a personal doctor or health care provider and having had a time during the past 12 months when health care was needed but could not be obtained because of cost. In 2008, twenty-one point seven percent of African Americans had no personal health care provider and 20.9% had no health care access due to cost. The percentage of whites with no personal health care provider and no health care access due to cost were 12.3% and 10.9%, respectively. Nineteen point eight percent of Hispanics had no personal health care provider and 20.7% had no health care access due to cost. African American Kent County residents had the lowest percentage of not having a routine check up in the past year at 21.4%, Hispanics were next at 22.9% and White residents had the highest percentage, 27.6%, of not having a routine check up in the past year.[11]

Mortality

For the leading causes of death by age for Kent County residents in 2009 African Americans had the highest mortality rates for heart disease 267.0, cancer 214.3, and unintentional injuries 54.8. White mortality rates were 170.8 for heart disease, 153.7 for cancer and 37.0 for unintentional injuries.[1]

Infant Mortality

Although the infant death rate among white and black women has decreased over the years, African American rates still remain extremely high. The United States and Kent County have lower infant mortality rates than Michigan.[1]

Infant Death Rate for Kent County
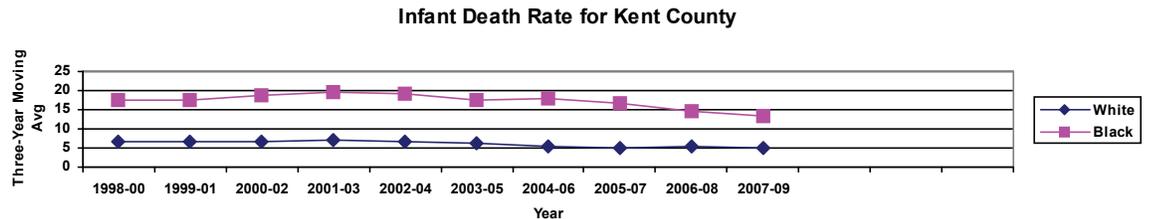
Source: Michigan Department of Community Health: White & Black Infant Mortality Rates by County

Years of Life Lost

The years of potential life lost in 2009 for Kent County residents was greatest for Whites at 23,613 years lost, followed by African Americans at 5,926 years, and lastly Hispanics at 1,606 years. Although white residents of Kent County had the highest number of years lost, African Americans had the highest rate of years lost at 9,840.0, followed by Whites at 4,459.2, and Hispanics with a rate of 381.4.[1]

Mental Health

Ten percent of Kent County residents in 2008 stated that they had fourteen or more days of poor mental health. Nineteen point six percent of African Americans reported their mental health was not good where as 8.7% of whites and 5.2% of Hispanics had poor mental health.[11]

HIV/AIDS

Even though HIV/AIDS in the United States is not as scary as when it was first discovered and is not an automatic death sentence the virus and disease are still major health concerns, especially in the black community. African Americans experience new HIV infections at seven times the rate of whites.[16] The table below shows the current 2011 cases of HIV/AIDS in Kent County by race/ethnicity. The HIV/AIDS cases are divided further into the risk groups for the number and percentage of cases: Heterosexual black males 18 (12%) and females 93 (76%), white males 6 (2%) and females 31 (82%), Hispanic males 7 (8%) and females 14 (70%), Males that have sex with males, white 298 (82%), black 67 (43%), Hispanic 49 (57%). The total African American heterosexual risk number and percent is the highest at 111 and 40%, compared to white at 37 (9%) and Hispanic at 21 (20%). Although the number and percentage of HIV/AIDS cases are lower for blacks, they have a higher rate of cases per 100,000 people living in Kent County.[1]

Prevalent HIV/AIDS Cases Living in Kent County

Race/Ethnicity	HIV	AIDS	Total	Rate per 100,000
White	183 (52%)	218 (48%)	401 (50%)	85.3
Black	121 (34%)	157 (35%)	278 (34%)	**526.0**
Hispanic	38 (11%)	68 (15%)	106 (13%)	183.7

Source: Michigan Department of Community Health: January 2011 Quarterly HIV/AIDS Analysis: Kent County; The bolded numbers indicates the rate that is the highest

Behavioral Risk Factors

In 2008, Hispanics in Kent County had a higher percentage of not being physically active than those in Michigan. African American obesity was the highest, 35.2%, compared to the white and Hispanic populations, but it was lower than the percent of obese blacks in Michigan. In Kent County, African Americans did not have the highest percent of diabetics, 6.6%, rather, Hispanics had the highest percent,7.5%, and white residents had the lowest, 5.9%. Thirty-eight percent of African Americans living in Kent County were smokers, whereas 18.9% of whites and 14.6% of Hispanics were smokers.[11]

Chronic Disease Risk Factors: 2008
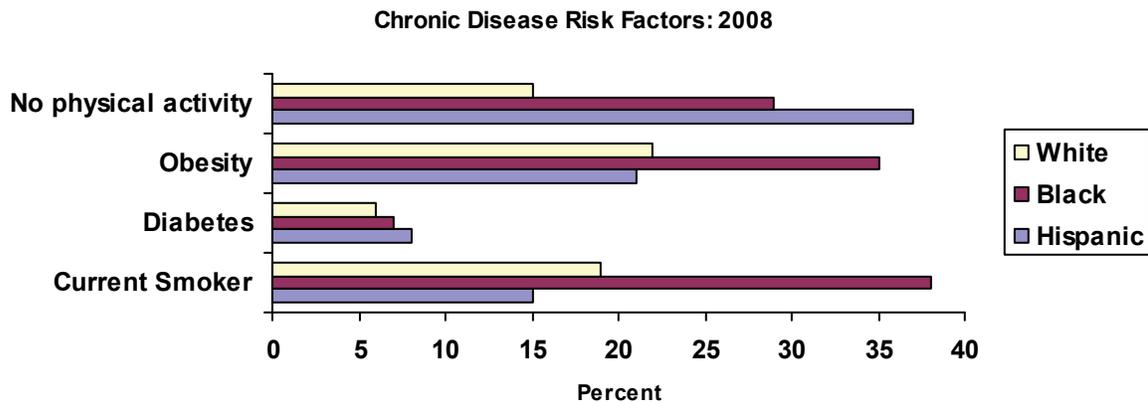
Source: Kent County Health Department: 2008 BRFS

Youth Risk Behaviors 2010

Health risk behaviors are developed during childhood and adolescence and can continue into adulthood. There are surveillance systems that monitor the risky behaviors of youth to reduce behaviors that can lead to physical, emotional, and social problems later in life.[9] The Michigan Profile for Healthy Youth (MiPHY) is a survey that provides student results on health risk behaviors, such as substance abuse, violence, sexual behavior, nutrition, and emotional health in grades 7, 9, and 11. The results help schools develop health school programs that address risk behaviors and try to prevent unhealthy behaviors.[15] Below are the results of the (MiPHY) survey:

- Students who drank alcohol in their lifetime: White 43.40%, Black 49%, Hispanic 49.10%
- Students who had their first drink of alcohol before age 13: White 11.40%, Black 20.20%, Hispanic 18%
- Students who reported sort of easy or very easy to get marijuana: White 48.80%, Black 64.50%, Hispanic 63.4%
- Students who reported ever tried marijuana in their lifetime: White 23.70%, Black 33.70%, Hispanic 34.40%
- Students who ever had sexual intercourse in their lifetime: White 27.70%, Black 45.70%, Hispanic 43.90%
- Students who had sexual intercourse for the first time before age 13: White 2.50%, Black 12.30%, Hispanic 6.60%
- Students who had sexual intercourse with four or more people during the past 3 months: White 6.90%, Black 27.70%, Hispanic 16.40%
- Students who ever smoked a whole cigarette: White 21.30%, Black 17.60%, Hispanic 27.60%

Kent County African American Profile

	Number	Percent
Population (2010)	58,648	9.7%
Median Age	26.1	
Family Households	12,110	68.6%
Married-Couple Family	4,886	27.7%
Female Householder w/o husband	6,203	35.1%
Owner Occupied Housing Units	7,257	41.1%
Renter Occupied Housing Units	10,402	58.9%
High school graduate or higher		72.0%
Bachelor's degree or higher		11.7%
Employed (2005)		55.9%
Unemployed (2005)		14.5%
Median Household Income (1999)	$31,051	
Median Family Income (1999)	$35,536	
Family Percent below Poverty Level (1999)	2,729	21.1%
Families with Female Householder w/o Husband	2,147	36.3%
With related children under 18	1,900	39.1%
With related children under 5 years	992	49.9%
Individual percent below poverty level	12,785	25.6%

Conclusion

The health gap between white and minority populations continues to widen. The findings highlighted in this minority health report show that from the United States to Kent County, Michigan the minority population continues to increase with the Hispanic population leading the way. Reducing minority health inequalities needs to be a priority in America before the prediction of minorities becoming the majority becomes true and there are no longer enough healthy citizens to keep America functioning.

African Americans are dying in larger numbers and at a faster rate from diseases that are preventable. Life expectancy for black men is about seven years behind black women and white men, and eleven years behind white women. African Americans have the highest unemployment rates. Since the most common way to receive health insurance is through employment, the number of African Americans that have health insurance is low. Mental health in the black community is very poor. Continuous stress and perceived racial discrimination could be an underlying cause of the high infant mortality rate for black women when all other socioeconomic factors are considered. African Americans have a higher rate of poverty and tend to live in poorer neighborhoods with less community resources. Many of the preventable diseases are caused by unhealthy behaviors such as smoking, lack of exercise, and poor diet. African Americans have a higher number of people with diabetes and obesity in the nation, Michigan, and Kent County. They are also dying from heart disease, cancer, and complications from diabetes at very high rates.

Improving minority health is very important for the health of the country. Health disparities are preventable and do not have to exist. By reforming the health care system so that everyone has health insurance the costs of health care would go down. The poor would not have to use the emergency department as their source of primary health care and hospitals would not have to pass the costs to the insured. There would be less sickness and death saving states and the U.S. millions. By improving the way health care is financed and delivered, focusing on preventing disease and promoting health, and delivering culturally appropriate care the United States can reduce the health disparities affecting minority populations.

Definitions

Self-assessed **health status** is a measure of how an individual perceives his or her health—rating it as excellent, very good, good, fair, or poor.

Life expectancy is defined as the average number of years a population of a certain age would be expected to live, given a set of age-specific death rates in a given year.

Years per life lost (YPLL) is a summary measure of premature mortality (early death). It represents the total number of years not lived by people who die before reaching a given age. Deaths among younger persons contribute more to the YPLL measure than deaths among older persons.

Mentally unhealthy days measure the number of days in the past 30 days that individuals rated their physical or mental health as not good.

The **social determinants of health** are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Infant mortality rate is the number of deaths during the first 28 completed days of life per 1,000 live births in a given year or period.

Risk factors are common, preventable underlying causes of most non-communicable diseases. Most non-communicable diseases are the result of four particular behaviors (tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol) that lead to four key metabolic/physiological changes (raised blood pressure, overweight/obesity, raised blood glucose and raised cholesterol).

The **overall mortality rate** examines the differences in death for all causes across populations.

Health Disparities are the differences in the overall rate of disease, death, and survival rates among groups of people.

Household wealth is the accumulated sum of assets minus the sum of debt

Household income measures the annual inflow of wages, interest, profits and other sources of earning

Data Sources

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