

Michigan Surgeon General's

HEALTH STATUS

R E P O R T

Executive Summary



HEALTHY MICHIGAN 2010

April 8, 2004

To the Citizens of Michigan,

We are proud to present you with Healthy Michigan 2010, a health status report on key health issues in the state of Michigan. This report will serve as a valuable tool as we work cooperatively with local, state and federal partners to make Michigan a healthier place to live, work and raise a family.

Michigan has a proud history of innovation and leadership in health care. Our focus at the Michigan Department of Community Health is to build on this history to strengthen health care and improve the health status of the citizens of Michigan. As the first state in the nation to have a Surgeon General, Michigan can lead the way in making dramatic improvements in the state of our health.

Our challenge from Governor Jennifer M. Granholm is clear: bring back a focus on prevention in health care to help improve Michigan's economy. If we can reduce the demand for sickness care, we can see great improvements in our state.

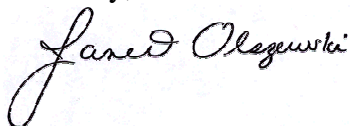
As the Governor pointed out in her 2004 State of the State Address, there is a direct link between our collective health status and Michigan's economic outlook. By addressing these critical issues that affect long-term health, we can ensure that Michigan's workforce remains productive and vibrant, thereby reducing health care costs and making the state a more attractive place to locate a business.

At the Department of Community Health, we also continue to strive for a healthier Michigan by promoting access to the broadest possible range of quality services and supports, by taking steps to prevent disease, and by striving to deliver those services and supports in a fiscally prudent manner.

The Healthy Michigan 2010 report is the first of many initiatives that we will use to guide our work as we strive to increase physical activity, reduce obesity, eliminate our dependency on tobacco, promote health, prevent disease, and achieve healthier outcomes for Michigan. We also would like to thank the more than 200 Department of Community Health employees who actively contributed to this report.

Read about where we are and where we want to go to become as the nation's health leader. Then after reading, let's act. We invite you to work with us at the Department of Community Health as we endeavor to achieve these goals together.

Sincerely,



Janet Olszewski
Director



Kimberlydawn Wisdom, MD
Michigan Surgeon General

Healthy Michigan 2010: A Health Status Report

Executive Summary

The definition of health is more than the absence of illness or disease. A broader definition of health that includes aspects of mental, emotional, spiritual, and social well-being should be used. Recognizing and eliminating risk factors that lead to negative health outcomes may improve the quality and life expectancy of Michigianians. The Michigan Department of Community Health (MDCH) continually strives to provide knowledge and resources, thus empowering Michigan residents to improve health behaviors. One such activity is a health improvement process entitled Healthy Michigan 2010.

Healthy Michigan 2010 (HM2010) is akin to Healthy People 2010, which is “*a set of health objectives for the Nation to achieve over the first decade of the new century...to help them develop programs to improve health.*” The HM2010 planning process began in early 2003 to re-evaluate Michigan’s critical health issues, and develop new health goals, objectives and strategies to guide health policy and improvement in Michigan through the year 2010.

The HM2010 process began with a team of MDCH experts led by Michigan’s first Surgeon General, who were charged with developing Michigan’s Health Status Report. This report identifies ten primary health focus areas and underlying indicators for the State of Michigan. Healthy Michigan 2010: A Health Status Report is the first in a series of documents to be compiled in Michigan’s health improvement process.

The ten focus areas in *A Health Status Report* are: Chronic Disease, Lifestyles, Tobacco, Substance Abuse, Mental Health, Maternal and Child Health, Immunizations, Injuries and Violence, Healthy Environments, and Infectious and Emerging Diseases. Notably, each item on the Michigan Surgeon General’s agenda of health priorities is represented in *A Health Status Report*.

Michigan’s Demographic, Socioeconomic and Healthcare Profile

According to the 2000 Census, Michigan had the eighth largest population in the United States. Over three-quarters of the residents live in metropolitan areas. Minority populations are increasing in proportion, compared to the population as a whole.

Michigan has recently been facing socioeconomic challenges, as illustrated by the recent increase in the unemployment rate. Almost 14 percent of children under the age of 18 in Michigan were living in poverty per the 2000 Census. While this was less than the national average of nearly 17 percent, there is still cause for concern because children living in poverty may have increased health risks and lack health insurance to cover primary healthcare needs.

While Michigan has high numbers of persons with insurance coverage, many residents are uninsured or underinsured and are unable to consistently access quality healthcare. Medicaid provides coverage for approximately 10% of Michigan’s population, but residents still face other challenges in accessing healthcare. For example, recruitment and retention of medical personnel is a growing problem.

In 1999, over 3.2 million Michigianians were medically underserved and over 1.5 million were unserved. This issue appears to affect rural Michigianians more, as they must travel longer distances for care. Rural residents (12.4%) had a slightly greater risk for being without health insurance than urban residents (11.7%). However, almost nine out of ten residents (87.9%) without health insurance coverage live in an urban area. Michigan has a lower percentage of uninsured residents, on average, than the United States, but has over 1.1 million uninsured residents. Residents at the greatest risk of being uninsured are young adults (particularly those ages 21-24), minorities, and the working poor (less than 200% of poverty).

Healthy Michigan 2010: A *Health Status Report* provides an overview that includes leading causes of death and premature death, life expectancy, preventable hospitalizations, disabilities, and a summary of Michigan's healthcare system. Highlights from this section in the report are as follows:

- Life expectancy has increased for all races over the last several decades. Michigan's white population is estimated to live six-and-a-half years longer than the black population. Black males have the shortest life expectancy at 67.3 years, while white females continue to have the longest life expectancy at 79.9 years.
- Leading causes of death in Michigan have changed over time, moving from those of infectious diseases to deaths due to chronic diseases such as cancer and heart disease, or diseases associated with aging.
- Premature causes of death are greatly influenced by health behaviors, lack of social support, and/or chronic stress.
- Among whites and blacks of both genders, the leading causes of premature death were predominantly due to chronic illnesses. However, homicide is the second leading cause of premature death and the third leading cause of overall death in black males.
- Heart and lung problems were among the four leading causes of preventable hospitalizations among Michigan residents.
- Over 19% of Michigan residents have some type of disability, which is higher than the United States. Detroit is estimated to have one in four persons (28.3%) with some type of disability.
- In Michigan, 42% of the uninsured have used the emergency room as their source of care or have no regular source of care.
- Each year, Federally Qualified Health Centers (FQHCs) serve approximately 350,000 Michigan residents who are either uninsured or have inadequate coverage.

Michigan's Health Status Profile

Focus areas and status indicators determined for use in this report are presented in non-specific order and are not classified by level of importance. Additionally, there are ten focus areas containing several indicators for review. Each indicator includes an overview and a description of Michigan's status. There is also a section that provides the Nation's *Healthy People 2010* goals that relate to the reported Michigan health indicator. The next section discusses the impact of disparities that may exist by race, age, gender, etc. Finally, additional information that helps the audience better understand the indicator is included.

Chronic Disease

The first focus area, *Chronic Disease*, shows that Michigan's 65 and older age group is growing steadily. As the population ages, chronic illnesses increase in prevalence. Indicators reported are: breast, cervical and colorectal and prostate cancer; heart disease; stroke; diabetes; end-stage renal disease; asthma hospitalizations and deaths; arthritic and other rheumatic conditions; and osteoporosis.

Michigan is making strides in preventing chronic diseases. The following are evidence of improvement in chronic disease prevention and control:

- From 1990 to 2000 breast cancers that were diagnosed at an early, more survivable state increased from 52.3% to 61.1%.
- Almost 61% of Michigan men and women 50 years and older have had at least one sigmoidoscopy or colonoscopy.
- Between 1990 and 2000 there has been a significant decrease in the asthma hospitalization rate in children <18 years (from 32.6 to 26.6) as well as in older adults (65+) (from 25.7 to 15.2).
- Michigan met the national Healthy People 2010 target rate for asthma mortality for adults ages 65 and older between 1999 and 2001 (54.8 in 2001).

However, significant racial disparities in many chronic diseases exist including:

- Black women reported lower breast screening rates (48.5%) and higher breast cancer mortality rates (58%) than white women.
- The incidence rate for cervical cancer in black women (10.6/100,000) is higher than that of white women (7.8) who also have a higher five-year survival rate.
- Blacks diagnosed with colorectal cancer at *any* stage are less likely than other races to survive five years.
- Minority populations have higher diabetes prevalence rates than the overall population (Black 11.3/100; Hispanic 6.2; Native American 9.4; Overall 8.1/100).
- In 2001, the asthma hospitalization rate for black persons age 5-64 was about 5 times higher than the rate for white persons (39.2 vs. 8.0/100,000).

Additional concerns in the realm of chronic disease involve increasing medical expenses and out-of-pocket expenses.

Healthy Lifestyles

When it comes to healthy lifestyles, such as physical activity, healthy weight, and good nutrition, Michigan has room for improvement. Over 50 percent of adults reported participating in physical activity less than the recommended 30 minutes per day. Twenty-five percent said that they participated in no leisure time physical activity at all. The rate of obesity, especially in Michigan's children, is of particular concern.

- Seventy-five percent (75%) of Michigan adults and 79% of students surveyed ate less than the recommended five servings of fruits and vegetables a day.
- Michigan ranks the third worst among the states for rate of obesity and has been among the ten heaviest states for the past 14 years.
- Sixty-two percent (62%) of adults in Michigan are considered either overweight or obese.

- A majority of high school students and adults indicated that they were trying to lose or maintain weight.

Tobacco

Tobacco use is the leading preventable cause of morbidity and mortality in the U.S. In Michigan, there has been progress in educating youth, but smoking-related morbidity and mortality persist:

- The percentage of youth smoking among high-school students has declined in the past decade, especially from 1999 (34.1%) to 2001 (27.6%).
- An estimated 24.1% of adults in Michigan smoked in 2002, a slight drop from 2001.
- About 1,800 Michigianians die annually from exposure to secondhand smoke.
- There are a total of over 16,000 tobacco-related deaths in Michigan each year.

Substance Abuse

Michigan's rate of death with an underlying cause of alcohol *and* deaths that were drug-induced were below the national rate. However, throughout the last decade, the age-adjusted rate for drug deaths has increased 81.8%, from 4.4 in 1991 to 8.0 in 2001, in Michigan.

Mental Health

Mental Health issues, another focus area for this report, are more prevalent than statistics may indicate. It is estimated that in the year 2000 about 412,000 Michigan adults had a serious mental illness. Unfortunately, suicide rates are the only reliable indicator reported for mental health, and these rates have changed very little in the past decade.

Maternal and Child Health

The health of women before, during and after pregnancy is an important factor in determining the health of their infants and children – who represent one of the most vulnerable populations. Both pre- and postnatal care support healthy outcomes. This chapter focuses predominantly on health indicators associated with infants and young children, but also discusses maternal morbidity and mortality commonly associated with childbirth.

In some cases, tremendous improvement in the health of mothers and infants has been achieved. For instance:

- Michigan's adequate prenatal care rate, showing a slight improvement in 2001, is equivalent to that of the United States at about 83 percent.
- Overall SIDS deaths have declined by almost 60% from 1.7 in 1992 to .5/1,000 in 2001.
- Breastfeeding rates in Michigan have been steadily increasing and reached an all-time high in 2001 at 64.3%.
- In 2001, Michigan's rate of teen pregnancy (35.2/1,000) and rate of teen births (21.3/1,000) for 15-17 year olds have steadily decreased since 1990.
- From 1992-1996 Michigan ranked tenth nationally in teen pregnancy rate reduction.

There are also obstacles to improving maternal and infant health that still must be addressed:

- There has been little increase in the percentage of women beginning prenatal care during the first trimester of pregnancy in Michigan since the 1970s.
- The majority (>80%) of post-neonatal deaths are due to preventable causes.

- The higher infant mortality rate in Michigan, as compared to the U.S., is due to a greater disparity between black and white infant deaths than in other states.
- The birthrate for black females in the 10-14 year-old age range is eight times higher than the rate for white females in the same age group in 2001 (2.4 vs. .3/1,000).

Other health indicators represented in this section highlight concerns related to younger children and adolescents. Highlights from this age group are:

- In 2002, 4.4% of children under age six in Michigan were identified as lead poisoned, nearly double that of the U.S. rate.
- From 1987 to 2000, the number of youth accessing School-based/linked Health Centers for primary care increased each year. About 60% of youth accessing these clinics were covered by Medicaid.

Immunizations

Immunizations are imperative to keeping the population healthy. For infants and children, immunizations are essential because these groups have undeveloped immune systems and are more susceptible to certain illnesses. Michigan has made significant headway with respect to the provision of childhood immunizations. For example, Michigan has moved from a 70 percent immunization level (2001) to 81.6 percent in 2002 for doses of 4:3:1:3:3 series, for children age 19-35 months. This is the sixth highest immunization level in the United States. Due to vaccinations, Michigan has had success in reducing vaccine preventable diseases to nearly zero.

Injury

Unintentional injuries are the fifth leading cause of death for all ages in Michigan. Injury data presented in *A Health Status Report* includes total injury deaths, motor vehicle injury deaths, fall injury deaths, and poisoning deaths. Some points of interest contained in the report are:

- Michigan's motor vehicle injury death rate decreased 27% between 1990 and 2001.
- Michigan had a 55% increase in fatal falls from 1998 to 2001.
- Male death rates for each reported type of injury death were higher than those rates of female injury deaths.

Violence

Violence includes a range of offenses, from assault to homicide. Homicide, rape, physical assault, and youth violence are included in this section of *A Health Status Report*. While violent crime is likely underreported, each reported offense type shows progress, but also offers reason for concern for Michigan's health.

- In Michigan, homicide rates have declined 35% since 1992.
- Homicide is nearly five times as likely to occur to blacks as it is to other races, increasing to 13 times greater when compared to whites alone.
- While over 5,400 rape offenses were reported in Michigan, the actual number is expected to be six to seven times higher due to unreported cases.

Healthy Environments

The environment in which people work and live can have a negative affect on their health. This chapter discusses work-related injuries, deaths, incidence of work-related lead exposure, and pesticide exposure rates, for example:

- Every other day in Michigan a worker dies from an injury sustained at work.
- Work-related injuries in the private sector decreased 32% from 1992 to 2001. Younger workers age 20-34 are more at risk of injury.

Infectious and Emerging Diseases

Michigan has been very successful in reducing the occurrence of many communicable diseases that historically caused illness and death. The final section in summarizing the health status of Michigan is divided into two sections: Infectious Diseases and Emerging Diseases. Infectious diseases covered are those with at least five years of data on which to report. The emerging diseases section offers a sample of the diseases that were relatively foreign to Michigan until recently and are anticipated to be observed in the future.

Infectious Diseases

- There is concern over the increase in resistance among organisms being monitored in hospital studies.
- The number of cases of E coli O157 has varied over the years, but a disproportionate number of cases (40%) still occur among children under age 19.
- Cases of Lyme disease may be increasing in the Southwestern region of Michigan, where it did not previously exist in high numbers.
- The number of cases and the rate of tuberculosis are steadily declining, albeit a slower decline now than in the past.
- Due to an increase in the use of drug therapies, the number of people living with HIV/AIDS in Michigan has steadily increased and the number of deaths due to HIV/AIDS is decreasing.

Emerging Diseases

Emerging diseases defined in *A Health Status Report* include Monkeypox, Severe Acute Respiratory Syndrome (SARS) and West Nile Virus. These diseases are not altogether new, but have recently been discovered in North America. The only emerging disease with cases identified in Michigan is West Nile Virus.

Stepping into the Future of Michigan's Health

For the most part, the health of Michigianians has been improving over time. Modern medicine, health education, outreach, and rapid response to disease outbreaks have improved health outcomes. As Michigan's state of health is affected by a diverse set of issues, such as the aging of the population and economics, initiatives around health improvement must continually adjust to keep up with the changing needs of the population. Ultimately, Michigan's goal is to be the healthiest state in the nation.

There is a link between the health status and economic status in Michigan. As portrayed in *Healthy Michigan 2010: A Health Status Report*, the unhealthy lifestyles of Michigan's residents has led to higher obesity, diabetes, heart disease, and other chronic disease rates. Each of these factors has led to increase in the cost of health care throughout the state. Employers in Michigan often incur these health costs causing them, as well as potential new employers in Michigan, to question the impact of this cost on their bottom line. By recognizing that health status is a major denominator in the economic status of Michigan, we can take a step towards committing to a

healthier lifestyle and inviting employers to take a more favorable glance at becoming a part of Michigan's economy.

Since the summer of 2003, Michigan's Surgeon General, Kimberlydawn Wisdom, MD, has been completing her Surgeon General Rounds, where information on multiple health topics has been presented to various health agencies in Michigan. Each group reflected on how the health of Michigan could be improved. A planning session was held to guide in the development of a public health strategic plan. These discussions, along with *A Health Status Report*, will assist Michigan's Surgeon General in developing *A Prescription for Health*, which will be a "call to action" for Michigan's residents. While the initial health plan will be for one to two years, a long-term strategic plan will be developed consisting of goals and objectives for the Department of Community Health and partnering agencies to strategize to improve Michigan's health.

Health is an investment that continues to benefit every citizen. Continual surveillance and measurement of health outcomes, as well as policies that will help Michigan's environment become more health-friendly to its residents may need to be enacted. Additionally, new initiatives may need to be pursued and implemented based on changing health needs. The Surgeon General will build collaborative relationships between stakeholders in Michigan to strengthen Michigan's public health system and develop sound public health policy. Stronger community and state partnerships, as well as policy development can help make the goal of improving Michigan's health a reality.