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**Report Summary**

This report, developed by the Grand Rapids African American Health Institute (GRAAHI), examines health equity in Kent County, Michigan from many perspectives. It discusses and evaluates health outcomes, behaviors and social determinants of health. Moreover, this report illuminates health disparities by race and potential recommendations to reduce health inequities in Kent County, Michigan. Viewing this report may inspire readers to improve their health and/or their community’s health, including the policies and environments that influence people’s behaviors and outcomes. Overall, this report can be viewed and shared among many demographics including—community members, health practitioners, policymakers, and those in the academic arena.

Preparing this report required much research and evaluation to gather data and information to thoroughly demonstrate Kent County’s health equity status. All data in this report derive from reliable sources, but some data were limited due to sample size. When reviewing this report, continue to consider the reasons for the current health conditions in West Michigan. Improving these health conditions will require collective efforts from many sectors, as no single resource can independently eradicate health disparities in Kent County or any region. Therefore, GRAAHI intends for this report to inform, educate but also inspire organizations and individuals to join the fight against the concurring health problems that plague populations in Kent County and across the country.
GRAAHI’s Definitions of Key Terms

Health equity, health disparities, and social determinants of health are discussed throughout this report. To help readers better understand these concepts, GRAAHI provided definitions for these terms below. You can also visit Healthy People 2020 to learn more about these terms on their site.

**Health Equity** can be defined as “the practice of providing everyone, especially those with the fewest resources and greatest health disparities such as Blacks, with enough opportunities, resources and support to achieve optimal levels of health.”

**Health Disparity** can be defined “as significant health differences or outcomes occurring between different individuals or populations based on an array of factors including—race, ethnicity, gender, age, economic status, sexual orientation, place of residence, religious belief, mental health and any characteristic making someone different from others.”

**Social Determinants of Health** can be defined “as conditions in the social, economic and physical environments that affect people’s health where they live, work and play.” Many of these environments or settings are referred to as “place.” Over the past decade, public health professionals recognized the importance of social determinants of health and their significant impact on health behaviors and outcomes in the general population.

Some social determinants of health include:
- Housing conditions
- Poverty
- Unemployment
- Access to education and work opportunities
- Access to affordable, quality healthcare
- Access to public transportation
- Social support
- Exposure to crime and violence
- Residential segregation
- Culture and literacy
- Grocery store access (e.g., healthy food options)
- Availability of evolving technology (e.g., cell phone, Internet and social media)\(^1\)

As viewed above, social determinants of health exist in many sectors and influence people in different ways. The impact of some of these determinants is obvious, while the influence of others is elusive. Public health should continue researching social determinants to better define the constructs and systems linking them to people’s health outcomes. To assist this process, public health should also proceed with its “Health in All Policies” approach that encourages all sectors to consider the health consequences of their policies, programs and strategies. This collective, policy effort may be the most effective strategy to truly achieve health equity in our society.
Executive Summary/Key Findings

Demographics – In Kent County, MI
- The proportion of minorities has grown over 3% from 2000 to 2010 and is expected to increase in the next decade.
- Residents who identify as “Black or African American alone” comprise almost 10% of the Kent County population.
- 86% of Kent County residents possess a high school diploma or GED (general equivalency diploma).
- Blacks have the highest poverty rates, while Whites have the lowest ones. (39.3% for Blacks compared to 11.6% for Whites)

Health Risk Factors – In Kent County, MI
- Fewer Blacks have health insurance compared to Whites.
- Fewer Blacks visited their dentist in the past 12 months.
- More Blacks are overweight compared to Whites.
- More Blacks suffer from depression than Whites.
- Slightly more Whites smoke cigarettes than Blacks.
- Whites are slightly more obese than Blacks.
- Slightly more Whites drink alcohol excessively compared to Blacks.

Health Outcomes – In Kent County, MI
Compared to Whites, Blacks have higher rates of:
- Diabetes
- Infant mortality
- Lung cancer deaths
- Breast cancer deaths
- Prostate cancer deaths
- Heart disease deaths
- Stroke deaths
- Adult asthma

Compared to Whites, Blacks and Hispanics have higher rates of:
- Teenage pregnancy
- HIV prevalence
Recommendations Overview

**Programmatic Recommendations**

- *Social media and phone apps for education:* Utilize social media and phone apps to organize meetings and events and promote healthy behaviors among participants.
- *Screening guidelines:* Encourage local health departments, hospitals and clinicians to properly screen their patients for certain conditions. Also encourage citizens to seek screening, especially those age-recommended screenings such as breast and prostate cancer screenings.
- *Mental health screening and treatment programs:* Promote mental health screenings and treatment programs while reducing stigmas and discriminations associated with mental illness. This can help reduce high school dropout rates and substance abuse.
- *Workplace health and activity incentives:* Offer incentives to employees who participate in worksite wellness programs. Programs that promote healthy lifestyles among its employees can improve workforce happiness and productivity, while decreasing absenteeism.

**Policy Recommendations**

- *Physical activity in schools:* Require 225 minutes per week of physical education for all middle school and high school students. Require 150 minutes per week of physical education for all elementary school students. Require 20 minutes of recess daily for students in elementary school.
- *Public school sexual education:* Implement a policy to teach sexual education in public schools. Comprehensive interventions, improved healthcare and condom access can reduce teenage pregnancies.
- *Increase legal age to purchase cigarettes:* Institute a policy to increase the legal age to purchase tobacco products to 21 years old. Increasing the legal age has been shown to reduce smoking rates in youth. This same policy could be applied to electronic cigarettes.
- *Safe housing policies:* Ensure people reside in safe housing by implementing policies that seek to eliminate hazards and contaminants in the home such as lead and radon.

**Academic Recommendations**

- *Root-cause analysis of health disparities:* Encourage the vast number of health institutions, colleges and universities in Grand Rapids to perform research to identify the underlying causes of health disparities in West Michigan. GRAAHI’s Health Equity Index could assist these efforts.
- *Community Engagement and Assessments:* Distribute health surveys and assessments to gather community feedback on key health issues in Grand Rapids. This strategy would be valuable, since data is limited for many health indicators, racial groups and neighborhoods in the area.
Kent County Demographics and Overview

Population by Race

The graphs below, from the United States Census Bureau (US Census), show population growth in Kent County, Michigan by about 5% from 2000 to 2010 (Figure 1). Although Kent County is comprised mostly of Whites, minority populations significantly increased in the area. From 2000 to 2010, Blacks in Kent County increased over 14%, and those who identified as two or more races increased nearly 46% during that same time period.²

![Population by Race Pie Charts](image)

Figure 1. Kent County, MI Population by Race, 2000 & 2010
Source: US Census Bureau
Education Level

Education level is one of the primary indicators of health, quality of life and economic status in this country. Even though race data is unavailable for this indicator in Kent County, Figure 2 displays the percentages of the “highest reported education levels” in the area. The vast majority of residents had at least a high school education, while only 14% of them had not graduated high school or obtained a GED. Conversely, over half of the population had taken some college courses in the past, a positive sign for economic stability and growth in a community.

![Education Level in Kent County, MI](image)

**Figure 2. High School Graduation for All Kent County, MI Residents 25+ Years Old in 2014**
Source: American Community Survey, 2010-2014

Poverty Status

Income is another crucial element that affects people’s food security, healthcare status and housing situation. Each year, the United States (US) government sets a poverty threshold known as the “poverty line.” This poverty line is utilized as the minimum amount of money needed to obtain the basic needs of life. This poverty threshold is only used as an estimate and cannot truly determine the complete needs of individuals and families, as those needs vary based on factors such as geographical region, family size, etc.

Improving income inequality would benefit everyone in the US, as national estimates in 2012 concluded that equal wages between Whites and people of color would have increased the national Gross Domestic Product (GDP) by over $2 trillion. In Grand Rapids in 2012, Blacks had a median wage of $15 per hour compared to $21 for Whites, representing a statistic with great meaning.

The graph below displays the five-year estimates of poverty in Kent County. According to race, Blacks and American Indians/Alaskan Natives were nearly 3.5 times more likely to experience poverty compared to Whites in Kent County. The poverty rate for Blacks was 39.3%, while the rate for Whites was 11.6%. Also, those who identified as an “other race” or “two or more races” possessed high poverty rates around 30%.
To better understand the poverty status by race in different regions, Kent County’s poverty rates by race were compared to the poverty rates by race across Michigan and the US. Whites contained lower poverty rates than Blacks in all three locations, while the poverty rate for Blacks in Kent County was higher than their rates in Michigan and the US (Figure 4).
Health Risk Factors

Health Insurance Coverage

Having health insurance coverage and access to quality healthcare may be the most important factors influencing someone’s health and quality of life. Acquiring good healthcare can increase someone’s likelihood of receiving proper medical care and treatment, reducing early death and improving their overall health status.\textsuperscript{7,8} Not only is healthcare a necessity to achieving health equity, it is also a goal of Healthy People 2020.\textsuperscript{9} Furthermore, the passing of the Patient Protection and Affordable Care Act and Prevention (PPACA), commonly referred to as the Affordable Care Act (ACA), sought to increase access to affordable health insurance for everyone in the US.\textsuperscript{10}

In 2014, over 90% of Kent County residents had some form of health insurance coverage. However, Blacks’ health insurance rate of 77.6% was lower than Whites’ rate of 90.7% in Kent County (Figure 5).\textsuperscript{11,12,13} Moreover, Blacks’ health insurance rate in Kent County was significantly lower than their rates in Michigan and across the US. Therefore, helping more Blacks obtain health insurance coverage should be a priority in the Grand Rapids community.

![Health Insurance Coverage Chart]

Figure 5. Health Insurance Coverage, 2014
Sources: Kent County Health Department (KCHD) & Kaiser Family Foundation
**Dental Health**

Most people attribute a healthy mouth to white, cavity-free teeth, but that is not the true indication of a healthy mouth. Mouth diseases are not always obvious and can lead to pain, disability and troubled speaking. In addition, dental health is associated with chronic diseases, as gum disease is scientifically linked to diabetes, cardiovascular disease, stroke, premature birth and low birthweight babies in pregnant women. Thus, tracking people’s “annual dental visits” is important when evaluating the health status of population groups in any area.

![Annual Dental Visit](image)

**Figure 6. Dental Visit in Past 12 Months, For Adults 18-64, 2014**

*Sources: KCHD & CDC*

*Note: Data: US – 2015, MI & Kent County - 2014*

Across the US, in Michigan and in Kent County, Whites were more likely to visit their dentist in the past 12 months compared to Blacks in those same areas. In Kent County, about 3 out of 4 Whites visited their dentist compared to 1 out of 2 Blacks in 2014. Additionally, the “annual dentist visit” rates for both Blacks and Whites were higher in Kent County compared to Michigan and the US, a positive sign for Kent County residents. (Figure 6).\(^\text{11,15,16}\)

**Overweight and Obesity**

Overweight and obesity are risk factors for almost all chronic diseases, while many Americans fit into one of those categories. Body Mass Index is the measurement that is used to classify individuals as either overweight (25-29.9) or obese (≥ 30). However, being classified as overweight or obese does not automatically signify someone to be unhealthy. Other factors such as someone’s fitness level or muscle tone also play huge roles in their overall health.

Individuals who maintain a healthy weight are less likely to develop other health problems such as—high blood pressure (hypertension), dyslipidemia (high cholesterol and triglycerides in the blood), type 2 Diabetes, cardiovascular disease, osteoarthritis, and even some cancers. Moreover, pregnant women also benefit from keeping their weight in good standing, as maintaining a healthy weight reduces their chances of experiencing complications during their pregnancy and delivery.\(^\text{17}\)
When examining overweight and obesity in Kent County, the problems are obvious. About twice as many Blacks are classified as overweight compared to Whites in Kent County, while the obesity rates for Blacks and Whites are nearly the same in the area (Figure 7). Promoting physical activity and healthy food intake will need to continue to improve these unhealthy conditions in Kent County and across the country.

**Cigarette Smoking**

Cigarette smoking or tobacco use is the leading preventable cause of death in the US. It causes or influences more than 480,000 deaths in the US each year, or roughly 1 in 5 deaths. It is a risk factor for numerous diseases and affects nearly every organ in the human body. Cigarette smoking is also associated with adverse pregnancy outcomes, impaired fetal development, oral disease, multiple cancers, cardiovascular disease and respiratory diseases.
Cigarette use steadily declined over the past decade, but over 19% of Kent County residents reported being smokers in 2012. This is slightly higher than the 18.1% of US adults (2014) who are estimated to currently smoke but lower than the overall rate of 21.2% in Michigan (2014). In Michigan, 22.3% of non-Hispanic Blacks and 20.1% of non-Hispanic Whites classified themselves to be current smokers in 2014 (Figure 8). With smoking being such a harmful behavior, addressing it with future interventions will be necessary to improve health equity in Kent County.

**Alcohol Use: Binge and Excessive Drinking**

Categorizing alcohol consumption can be challenging. Unhealthy alcohol use is usually classified as either “binge drinking, heavy drinking or excessive drinking.” Binge drinking is typically defined as the “percentage of males having 5 or more drinks on one occasion, or females having 4 or more drinks on one occasion.” Heavy drinking is usually defined as the “percentage of women having more than one drink or men having more than two drinks per day on average.” Finally, excessive drinking encompasses both definitions and is usually reported as the percentage of people who either binge drink or heavy drink in a given population. Particularly, excessive drinking can increase someone’s risk of injury, hospitalizations, aggressive behavior, suicide and some cancers. Furthermore, excessive drinking can also enhance pregnant women’s risk of infertility and adverse outcomes.

In Figure 9, Whites possessed higher binge drinking rates than Blacks across the US, in Michigan and in Kent County. The largest disparity in a given area involved Blacks and Whites in Kent County, Michigan, where Whites were nearly three times more likely to binge drink compared to Blacks.
Depression

The signs of depression can go unnoticed or overlooked, but it is a serious disease. It is one of the leading risk factors for disease and injury in the US. In a US study investigating depression from 2009-2012, more than 1 in 20 residents (aged 12 years or older) reported depressive symptoms in the past two weeks. This is troubling, since depression is linked to heart disease and higher attempts of suicide. Economically in 2010, depression was estimated to cost Americans over $200 billion, revealing the magnitude of this health problem in the US.\textsuperscript{22,23}

Depression and poverty are closely linked to one another. People living in poverty or below the federal poverty line are more than two times more likely to experience depression compared to individuals who live at or above that same poverty line. Thus, poverty may be influencing many Blacks to possess higher depression rates than Whites in the US. As evident in Figure 10, around 27% of Blacks in the US and Kent County had ever been depressed, while around 21% of Whites in those areas reported the same condition. Conversely, Whites had higher depression rates than Blacks in the state of Michigan.

Even though these depression rates tell a somber story, the story is even worse, as these rates only include people who were informed of their depression by their doctor. So the actual rates of depression are truly higher for all groups. Therefore, improving screening measures and reducing stigmas attached to depression would truly benefit this public health issue.\textsuperscript{11,22,23,24}
Infant Mortality

Infant mortality is one of the most troubling health problems in our society, as babies are totally reliant on others for their livelihood. Infant mortality is usually defined as a baby who dies before the age of one. Five of the main causes of infant mortality include—birth defects, injuries (e.g., suffocation), SIDS (sudden infant death syndrome), preterm birth and maternal complications of pregnancy. Additional factors playing roles in infant mortality involve—medical conditions, stress, environmental exposures and socio-economic status.

Historically in the US, Black babies experienced higher rates of infant mortality compared to White babies, as still evident in Figure 11. Across the US, in Michigan, and in Kent County, the infant mortality rates for Blacks were nearly two times higher than the rates for Whites in all locations. Even though Kent County’s infant mortality rate for Blacks was lower than the rates for Blacks in Michigan and the US, it is still a major concern that deserves more resources and support locally and across the country.
Lung Cancer Deaths

Lung cancer is a major concern across the US, as it is the leading cause of cancer death and second most common cancer in the country. Smoking cigarettes or inhaling smoke from others (also called secondhand smoke) is the leading cause of lung cancer. Breathing radon gas, a naturally occurring gas from dirt and rocks, is the second cause of lung cancer, as this gas can accumulate in homes or buildings over time. Other environmental exposures such as asbestos, which can be found in the foundation or material of some homes, can also influence someone’s development of lung cancer. Thus, housing structures and buildings should be properly tested for these environmental toxins. If these toxins are detected within these areas, they should be removed from the atmosphere using professional methods.\(^\text{28}\)

In Figure 12, Blacks clearly possessed higher rates of lung cancer mortality than Whites in Michigan and in Kent County, but identical rates in the US. The lung cancer mortality rate for Blacks was nearly 75% greater in Kent County and 16% higher in Michigan than the rates for Whites in those same areas. Obviously, the disparity in lung cancer mortality between Blacks and Whites was greatest in Kent County, a reality that should be investigated by public health officials in the near future.\(^\text{29}\)
Breast Cancer Deaths

Breast cancer is a vital concern as the most common cancer for women in the US. It is also the second leading cause of cancer death among women in the US, while being the leading cause of death in Hispanic women. Older age, family history, inherited genetic mutations, physical inactivity, late pregnancies, never carrying a pregnancy to full term, and obesity are all known risk factors that increase someone’s chances of developing breast cancer.

In Figure 13, the breast cancer mortality rates between Black and White women tell a clear story. Across the US, in Michigan and in Kent County, White women experienced nearly identical breast cancer mortality rates of 21.5, while Black women’s rates soared above 26 in those same areas. The largest disparity occurred between Black and White women in Michigan, where Black women were nearly 47% more likely to die from breast cancer compared to White women in the state. Moreover, Black women were roughly 24% more likely to die from breast cancer than White women in Kent County. Thus, improving screening measures and patient-provider relationships among Black women and their doctors would be beneficial and appropriate to alleviate this major health problem.
**Prostate Cancer Deaths**

Prostate cancer is the most common non-skin cancer among men, impacting thousands of US lives every year. Risk factors for prostate cancer include—increasing age, race, and having a family history of prostate cancer. Other factors such as diet and geographic location also affect the illness’ development, but sufficient evidence has yet to surface on the magnitude of their influence. Generally, prostate cancer is a slow-growing cancer that develops in men later in life. If diagnosed soon enough, prostate cancer can be treated and cured through several methods such as prostatectomies, radiation therapy and hormone therapy. By improving doctor visits and screening methods for prostate cancer, public health can tackle this issue and save the lives of many men around the world.
Figure 14 clearly demonstrates the strong disparity between Black and White men for prostate cancer mortality in the US. Black men experienced substantially higher rates of prostate cancer mortality across the US, in Michigan and in Kent County. Black men were more than twice as likely to die from prostate cancer than White men in the US and about 1.75 times more likely to do so in Kent County. On another note, prostate cancer mortality rates were lower for both Black and White men in Kent County compared to their rates in Michigan and the US. This observation may be promising, but more efforts should be performed to detect prostate cancer earlier, increasing men’s chances of surviving from this prevalent illness in our society.

**Cardiovascular (Heart) Disease Deaths**

Heart disease is the leading cause of death for both men and women in the US. It claims the lives of nearly 610,000 Americans every year, including 611,105 people in 2013. Heart disease refers to complications of the heart, the most common one being coronary artery disease. Other forms of heart disease include—heart attacks, congestive heart failure, and congenital heart disease. Risk factors for this illness include—hypertension, high cholesterol, smoking, diabetes, overweight, obesity, physical inactivity, excessive alcohol use, poor dieting and racism. Based on estimates, heart disease cost the US roughly $207 billion annually in lost productivity, medication and health care services.

Figure 15 illustrates the devastating impact of heart disease mortality across the US. As clearly evident in the graph, Blacks suffered significantly higher rates of heart disease mortality compared to Whites across the US, in Michigan and in Kent County. Blacks in Kent County and the state of Michigan were nearly 1.5 times more likely to die from heart disease compared to Whites in those areas. This is a notable observation, since the disparity in heart disease mortality between Blacks and Whites was about 25% lower across the US compared to their rates in Michigan and in Kent County. Thus, more efforts are needed to better understand and minimize the impact of heart disease across the country.
**Asthma**

Asthma is a disease of the lungs that is associated with troubled breathing, chest discomfort and wheezing. Both children and adults suffer from asthma, as its etiologies are still mysterious to health practitioners. Some potential risk factors for asthma include—overweight, obesity, having certain allergies, and possessing a family history of asthma.\(^{31}\) Economically, asthma cost the US an estimated $60 billion annually, causing children and adults to miss millions of work and school days. If left untreated, asthma can lead to serious complications including death.

Based on Figure 16, Blacks had higher rates of asthma than Whites across the US, in Michigan and in Kent County. Obviously, asthma rates were higher in Michigan and in Kent County compared to the US for both Blacks and Whites. This finding is troubling for people in Michigan, as Blacks in Kent County were nearly 1.6 times more likely to experience asthma than Blacks across the US. Moreover, Whites in Kent County were nearly 1.8 times more likely to suffer from asthma than Whites across the US. Thus, asthma is another indicator that needs more attention from policymakers and researchers.\(^{32}\)

![Figure 16. Adult Asthma Crude Prevalence, 2014](image)

**Stroke Deaths**

Stroke is the 5\(^{th}\) leading cause of death in the US, bringing pain and disability to thousands of lives every year. Approximately 800,000 Americans suffer from a stroke annually, killing roughly 130,000 of them. Risk factors for having a stroke include—having a previous stroke, hypertension, high cholesterol, heart disease, diabetes, excessive alcohol use, physical inactivity, tobacco use and sickle cell disease. Many of these risk factors can be improved with diet and medication. On a different note, strokes cause many complications and cost the US an estimated $40 billion annually in lost productivity and healthcare costs.\(^{33}\)
Figure 17 displays the finding that Blacks experienced higher rates of stroke mortality than Whites across the US, in Michigan and in Kent County. The largest disparity occurred in Kent County, where Blacks were nearly 1.8 times more likely to die from a stroke than Whites. Other disparities between Blacks and Whites persisted in Michigan and in Kent County, where Blacks were approximately 1.4 times more likely to die from a stroke than Whites in those areas. From a more cerebral perspective, Blacks in Kent County suffered the greatest rates of stroke mortality than Blacks across the US and in Michigan, while Whites in Kent County possessed the lowest rates of stroke mortality compared to Whites across the US and in Michigan. Therefore, performing research studies to better understand these disparities in stroke mortality would truly benefit this health problem.

![Stroke Mortality](image)

**Figure 17. Stroke Death Rate (per 100,000), all ages, 2012-2014**

Source: Interactive Atlas of Heart Disease and Stroke

**Diabetes**

Diabetes is a chronic disease that develops in people whose bodies have higher than normal blood glucose levels. Diabetes takes the form of three different types including—Type 1, Type 2 and gestational. Each type develops in its own fashion and should be taken seriously. Risk factors for diabetes include—a family history of diabetes, race, having a disease of the pancreas, obesity, hypertension, high cholesterol, overweight, physical inactivity and smoking.

As the 7th leading cause of death in the US, diabetes currently plagues about 29.1 million Americans or 9.3% of the general population. Among diabetics in the US, about 8.1 million of them are undiagnosed and suffer in silence. This leads to diabetes’ complications, as the American Diabetes Association (ADA) reported that diagnosed diabetes cost the nation roughly $245 billion in 2012. Of that $245 billion, $175 million of that money directly related to medical costs and $70 million to lost workdays, restricted activity, disability and premature death.

Figure 18 highlights similar disparities as previous graphs, as Blacks possessed greater rates of diabetes than Whites across the US, in Michigan and in Kent County. Again, the largest disparity occurred in Kent County, where Blacks were more than twice as likely to have diabetes than Whites in the county. Moreover, Blacks in Michigan and across the US also possessed
significantly higher rates of diabetes than Whites in those perspective areas. Like other health indicators and the disparities associated with them, diabetes is another health problem that requires further evaluation to identify better strategies to alleviate its impact in our society.

Teenage Pregnancy

Teenage pregnancy always concerned public health officials, since so many variables (such as maturity for parenting, risky sexual behaviors and sexually transmitted diseases) are associated with its outcome. Regardless, teen birth rates dropped significantly in the US over the past few years, causing many health practitioners to speculate the reasons for this decline. Even so, teenage pregnancy is still a major health issue, since the US’ teen pregnancy rates are still higher than other industrialized nations. Continuing to address teenage pregnancy is important, since it is associated with the following, negative outcomes—higher likelihood of dropping out of school, lower family income, and child development and behavior problems. Economically, teenage pregnancy and childbirth are estimated to cost US taxpayers roughly $9 billion each year.
Figure 19 demonstrates the same message as previous graphs, as Blacks had considerably higher rates of teenage pregnancy than Whites across the US, in Michigan and in Kent County. The largest disparity showed in Michigan, where Black teens were nearly three times more likely to get pregnant compared to White teens in the state. Moreover, Black teens were nearly 2.5 times more likely in Kent County and two times more likely across the US to get pregnant compared to White teens in those perspective areas. From a different lens, Black teens in Kent County were twice as likely to get pregnant compared to Black teens across the country, and White teens were more likely to get pregnant in Kent County compared to White teens in Michigan and across the country. Therefore, Kent County clearly possesses a teenage pregnancy problem that could be explored with future studies and programs.

**Human Immunodeficiency Virus (HIV)**

HIV stands for human immunodeficiency virus. This virus slowly destroys a person’s immune system by demolishing key cells that protect that person from infection and disease. HIV is one of the top causes of death for people between the ages of 24-54 and disproportionately affects Blacks and Hispanics. Furthermore, about 13% of people infected with HIV are unaware of their positive status, putting many others at risk for contracting the illness too. Even though increased recognition and prevention efforts have reduced HIV infections in the past decade, it is still a major health crisis that devastates many populations across the world.

![Figure 20. HIV Prevalence Rate per 100,000, 2013](image)

**Figure 20. HIV Prevalence Rate per 100,000, 2013**

Sources: MDHHS - Kent County, MDHHS - MI, KFF - US

Figure 20 speaks volumes concerning the HIV epidemic for Blacks in the US. Blacks across the country are nearly seven times more likely to have HIV than Whites across the country, while Blacks in Kent County are about six times more likely to acquire HIV than Whites in the county. This is the reason why Kent County has the third highest number of HIV-infested residents compared to all other counties in Michigan. These numbers are monumentally bad and indicators of many problems. Poverty, unemployment, single-parent households and
poor educational systems could all be influencing the HIV epidemic among Blacks in Kent County and across the country. Halting this epidemic will require multiple efforts and strategies from many organizations, institutions and individuals.

**Recommendations**

The health disparities in Kent County were thoroughly discussed in the previous section. Many of these disparities are linked together and influence each other directly and/or indirectly. Improving people’s awareness of these health disparities is important but only the first step towards the primary goal of equity. Therefore this report provides the following recommendations, policy and programmatic, that can help people build the systems and environments to better combat health problems in Michigan and across the US.

1) Focus more **public health research** on Blacks, since they experience the most health disparities in the US. GRAAHI can use its partnerships and reputation to develop and implement county-wide surveys or focus groups to capture behavioral trends and perceptions within the Black community.

2) **Work and collaborate with nontraditional partners** such as barbershops and churches to share and receive information that can benefit Blacks and other high-need groups. GRAAHI currently conducts programs or strategies in barbershops and churches.

3) **Educate providers and practitioners on cultural and psychosocial factors** that hinder Blacks from seeking medical treatment. Improving the cultural sensitivity of providers will help them better understand and treat patients.

4) **Examine the local, political environmental** for current policies and/or strategies that may be preventing Blacks or other high-need groups from engaging in healthy behaviors.

5) **Provide incentives** to community members to engage in healthy behaviors, which is a proven strategy for compliance.

6) **Be active locally** and engage community members with different initiatives. For example, provide community members with specific locations to exercise and/or buy healthy foods/beverages. Also saturate the community with the organization’s messages through radio, posters and/or television spots.

7) **Collaborate with other programs** that share the same vision of health equity for all. Some of these programs may already contain strategies that can be assisted or adopted.

8) **Develop and disseminate culturally tailored messages** through brochures, toolkits and commercials.

9) **Assess cultural trends and develop urban messages** that are culturally tailored to Blacks. These messages could focus on healthy behaviors such as eating low-sodium foods or exercising more.
10) **Use mHealth (or mobile health) technologies** to connect Blacks to health information in their homes. This strategy could provide Blacks with educational information on healthy behaviors and resources.

11) **Create more visibility** and provide support to campaigns such as “Grade School to Grad School” that mentor Black students and prepare them for future success. Creating educational opportunities for Black children will increase their chances of obtaining a college degree and employment in adulthood.

12) Advocate for policymakers to **improve the safety and infrastructure in low-income neighborhoods**. These community improvements could possibly influence the establishment of more businesses and occupations in these areas.

13) **Help community members obtain health care coverage** by connecting them to a health care system or provider. GRAAH!‘s Care Connect Program currently does this.

14) Work with local health departments, hospitals and clinicians to **encourage patient-provider interactions and the enforcement of screening recommendations and follow-up care**.

15) **Develop a mass media campaign** that educates community members on healthy behaviors and available resources.

16) **Advocate for the following policies/strategies:**
   a. Require all restaurants in Grand Rapids to provide calorie labeling on their menus.
   b. Require all community settings to provide access to healthy foods and beverages, especially in school and work environments.
   c. Encourage healthy food preparation practices (e.g., steamed, low fat, low sodium, limited frying) across all community settings.
   d. Institute smaller portion sizes in all community settings.
   e. Prohibit the sale of sugar-sweetened beverages at schools.
   f. Ban local restaurants from cooking with trans fats.
   g. Better promote the presence and usage of farmers markets across Grand Rapids.
   h. Require 225 minutes per week of physical education for all middle school and high school students.
   i. Require 150 minutes per week of physical education for all elementary school students.
   j. Require 20 minutes of recess daily for students in elementary school.
   k. Institute a complete streets policy to support walking and biking infrastructure for any means of transportation.
   l. Provide incentives to companies that offer worksite wellness programs to their employees.
   m. Provide funds for local and state agencies to conduct health research in West Michigan.
   n. Develop and/or support a political or social strategy that utilizes the media to support health initiatives in West Michigan.
   o. Provide more resources and financial assistance to Blacks and other groups who experience health disparities in Grand Rapids.
   p. Implement a policy to teach sexual education in public schools. Comprehensive interventions, improved healthcare and condom access can reduce teenage pregnancies.
   q. Increase the legal age to purchase tobacco products to 21 years old. Increasing the legal age has been shown to reduce smoking rates in youth. This same policy could be applied to electronic cigarettes.
r. Ensure people reside in safe housing by implementing policies that seek to eliminate hazards in the home such as lead and radon.

**Closing Remarks**

This report covers health disparities between racial groups in Kent County, Michigan. Obviously, Blacks experience the worst health disparities and outcomes in Kent County and across the US. However people’s race, for the most part, is not the primary cause of their health issues, as many factors (such as poverty, unemployment and education level) influence their outcomes, behaviors and choices. Blacks are just the individuals who experience these unfavorable conditions the most, placing them at increased risks for a myriad of problems. Addressing or improving these factors or determinants is a primary goal of GRAAHI and many organizations across the country. Therefore, GRAAHI developed this report and provided evidence-based and promising recommendations that could improve the systems and environments in which we live, work and play. If enough organizations, institutions and individuals join this movement, achieving health equity will be a possibility for many residents in Michigan and across the country.
Much of the data and information in this report derive from **GRAAHI’s Health Equity Index**. Feel free to view **GRAAHI’s Index** for data, disparities, recommendations and additional information that may help you and your community achieve health equity.

**URL:** [hei.graahi.org](http://hei.graahi.org)

*If you have questions or would like to discuss this report with someone at GRAAHI, Andrae Ivy can be reached at Andrae.Ivy@graahi.org. General questions can also be sent to info@graahi.org. GRAAHI thanks Brenton Spiker for his work with this report.*
References


