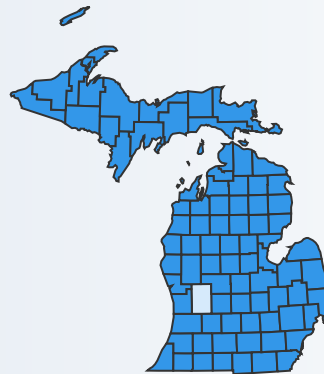


GRAND RAPIDS, MICHIGAN

GRAAHI'S

**HEALTH
EQUITY
REPORT**

2021



GRAND RAPIDS
**African American
Health Institute**

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Introduction



The Grand Rapids African American Health Institute (GRAAHI) is pleased to present its **Health Equity Report** for 2021. GRAAHI's primary mission is to improve health equity for Blacks in Grand Rapids, Michigan through CARE (community service, advocacy, research and education). This report supports this mission by achieving the following tasks:

- Reviewing and analyzing health data and information for Grand Rapids or Kent County in comparison to Michigan and the United States (US)
- Showcasing health disparities by race/ethnicity in Grand Rapids or Kent County
- Providing interactive data maps that show the severity of diseases, behaviors and conditions across Grand Rapids
- Discussing COVID-19 rates, challenges and preventative measures
- Promoting health recommendations that address health inequities for Blacks and key populations across West Michigan

By achieving the tasks above, this report seeks to inform and encourage entities (of all sectors) to produce health policies, strategies and resources to increase health equity for Blacks in Grand Rapids. These entities may include nonprofits, health care institutions, schools, policymakers, educators and any person interested in reducing the health and resource disparities between Blacks and other groups. Therefore, GRAAHI encourages readers to view and share this report with others, as the efforts of many are needed to improve the health and racial challenges in Grand Rapids and across the country.

"We are GRAAHI!"

GRAAHI's Vision



To ensure that all West Michigan residents will have optimal health care and benefit from health systems without race being an impediment.

GRAAHI's Mission



To promote health care equity in the Grand Rapids African American community through community service, advocacy, research and education to achieve positive health outcomes.

Defining Key Terms

The terms—health equity, health disparities, and social determinants of health—are discussed repeatedly throughout this report. To help readers better understand these terms and concepts, GRAAHI provides definitions for these terms below. You can also visit the [Centers for Disease Control and Prevention \(CDC\)](#) to learn more about these terms.

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 (SDoH) 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 **SDoH** and their significant impact on health behaviors and outcomes in the general population.

Examples of SDoH include:

- Access to affordable, quality health care
- Access to education and work opportunities
- Access to healthy food options
- Access to public transportation
- Access to technology (Internet)
- Culture
- Discrimination
- Exposure to crime and violence
- Housing conditions
- Poverty
- Racism
- Residential segregation
- Social support
- Unemployment



As viewed above, **SDoH** are conditions that influence people's health risks and outcomes.(1) The impact of some of these determinants is obvious, while the influence of others is elusive. Public health must continue researching **SDoH** to better define the constructs and systems linking them to people’s health outcomes and behaviors.

Main Acronyms in Report

GRAAHI: Grand Rapids African American Health Institute
CDC: Centers for Disease Control and Prevention
KCHD: Kent County Health Department
MDHHS: Michigan Department of Health and Human Services
NIH: National Institutes of Health
NCI: National Cancer Institute

Key Findings



Below are key findings in this report regarding health inequities in Grand Rapids and Kent County. Clearly, Blacks in Grand Rapids experience the most and worst health disparities in the region followed by Hispanics. To address these challenges, this report provides health recommendations for organizations and individuals to consider. See related sections for data years and sources.

In this report, **Blacks** had notable outcomes in Grand Rapids or Kent County for the following health indicators in comparison to all other race/ethnic groups:

- Advanced education
- Asthma
- Breast cancer mortality
- Dental care visits
- Diabetes
- Heart disease mortality
- HIV
- Hypertension
- Infant mortality
- Lead poisoning in children
- Lung cancer mortality
- Obesity
- Physical activity
- Poor mental health
- Poverty
- Prostate cancer mortality
- Stroke mortality
- Teenage pregnancy
- Tobacco use
- Unemployment



Blacks were nearly 3.5 times more likely than Asians to die from heart disease in Kent County.



Blacks were 4.5 times more likely than Whites to experience infant mortality in Kent County.



Blacks were 6.5 times more likely to have HIV than Whites and Asians and more than twice as likely than Hispanics in Kent County.



Black teenage girls were 5 times more likely than Asian girls and nearly 4 times more likely than White girls to give birth in Kent County.



Black men were nearly 2.5 times more likely to die from prostate cancer than White men in Kent County.

In this report, **Hispanics** had notable outcomes in Grand Rapids or Kent County for the following health indicators in comparison to all other race/ethnic groups:

- Binge drinking
- COVID-19 cases
- Health care costs
- Health care coverage
- High school education



Hispanics were overrepresented more so than any other group regarding COVID-19 cases in Kent County and the US.



Hispanics had a health care coverage rate that was 23% lower than the rate for Whites in Kent County.

In this report, **Whites** had notable outcomes in Grand Rapids or Kent County for the following health indicators in comparison to all other race/ethnic groups:

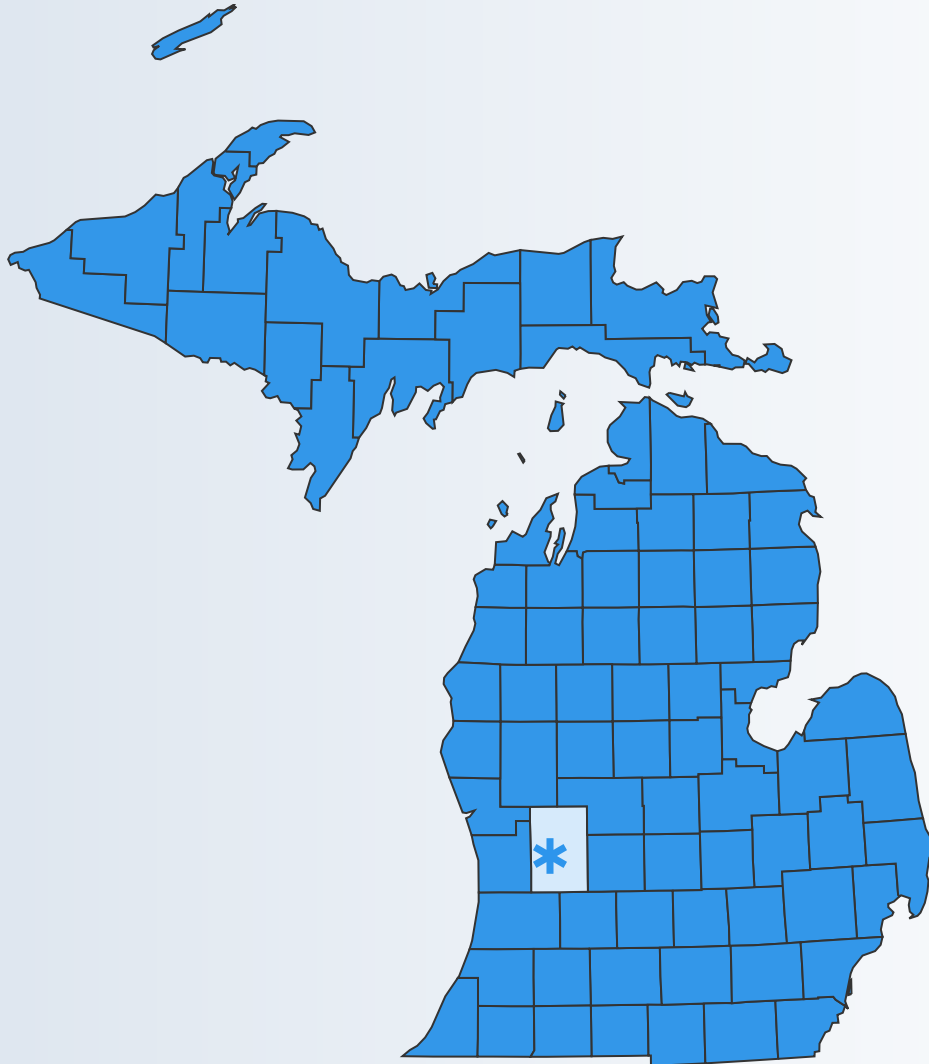
- Depression
- High cholesterol
- Overweight



Nearly a third (30%) of Whites had high cholesterol in Kent County.

Service Area of GRAAHI

GRAAHI primarily serves the residents of Kent County, Michigan, where Grand Rapids is located. In this report, GRAAHI sometimes reports data for Grand Rapids and sometimes for Kent County. When Grand Rapids data were available for an indicator, it was reported. However, local data are typically assessed at the county level, so much of this report presents Kent County data. Kent County is highlighted in white on the Michigan map, while Grand Rapids is indicated with an asterisk.



Demographics

Population

In 2019, Grand Rapids was home to 201,004 residents compared to 195,099 residents in 2015 and 188,214 residents in 2010. Therefore, Grand Rapids gained 12,790 residents from 2010 to 2019, representing a 6.8% increase.

Population estimates in Grand Rapids, 2010, 2015, 2019

2010	2015	2019
188,214	195,099	201,004

Source: US Census Bureau

Gender

In 2019, 50.4% of Grand Rapids residents classified themselves as female compared to 49.6% as male. Similar gender rates existed during 2015 and 2010 in Grand Rapids. Data on other gender types were not available, as the US Census only classified respondents as males or females.

Percentage of residents by gender in Grand Rapids, 2010, 2015, 2019

	2010	2015	2019
Females	51.9%	51%	50.4%
Males	48.1%	49%	49.6%

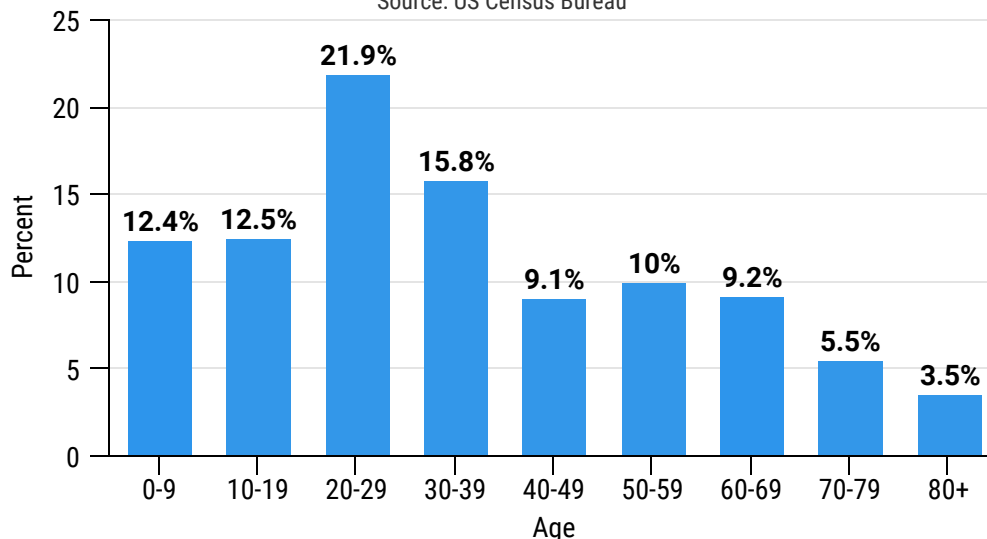
Source: US Census Bureau

Age

In 2019, the majority (62.6%) of Grand Rapids residents were younger than 40 years old, with the 20-29 age group having the highest rate of 21.9%. Residents who were ≥ 40 years old represented 37.3% of the population.

Percentage of residents by age in Grand Rapids, 2019

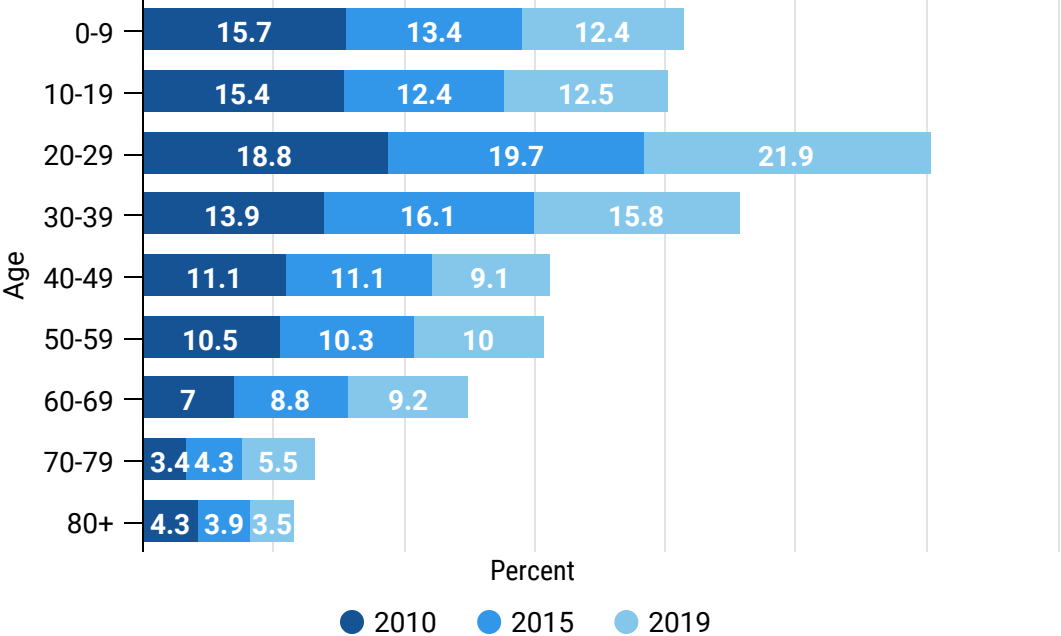
Source: US Census Bureau



When comparing 2019 age results to those of 2015 and 2010 in Grand Rapids, small decreases occurred in the younger age groups (0-9 and 10-19) that both experienced nearly 3% drops. Those in these age groups (20-29, 30-39, 60-69, 70-79) all experienced slight increases from 2010-2019. The biggest increase of 3.1% occurred in the 20-29 age group, while the biggest decrease of 3.3% occurred in the 0-9 age group.

Percentage of residents by age in Grand Rapids, 2010, 2015, 2019

Source: US Census Bureau

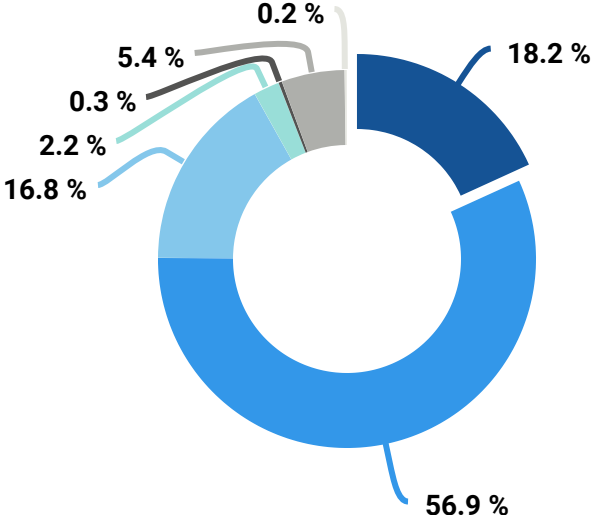


Race/Ethnicity

In 2019, Blacks represented 18.2% of the Grand Rapids population, while Whites comprised 56.9% and Hispanics 16.8%. Asians, American Indian/Alaskan Natives, those classified as 2 or More Races, and those classified as Other collectively represented the remaining 8.1% of the Grand Rapids population. Besides Hispanics, all other groups were non-Hispanic.

Percentage of residents by race/ethnicity in Grand Rapids, 2019

Source: US Census Bureau

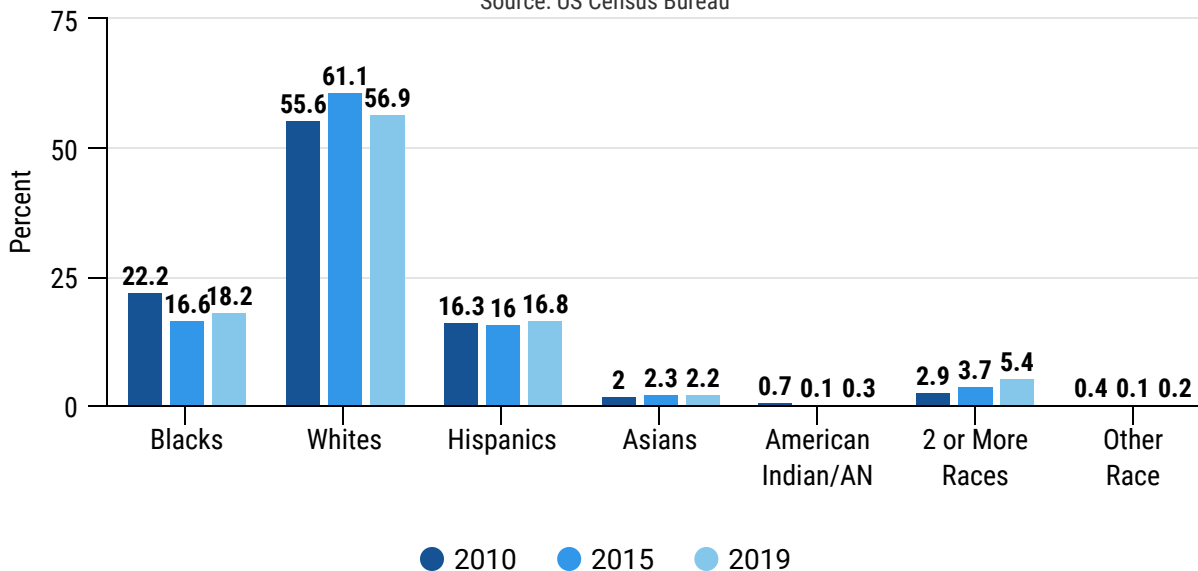


- Blacks
- Whites
- Hispanics
- Asians
- American Indian/Alaskan Natives
- 2 or More Races
- Other Race

In 2019, 56.9% of Grand Rapids residents were classified as White compared to 18.2% for Black, 16.8% for Hispanic, and 2.2% for Asian. When comparing rates between 2010 and 2019, the Black rate decreased by 4%, while those classified as 2 or More Races increased by 2.5%. The rates for the remaining race/ethnicity groups remained roughly the same between 2010 and 2019, while the White rate increased slightly by 5.5% between 2010 and 2015 before dropping back down to 56.9% in 2019.

Percentage of residents by race/ethnicity in Grand Rapids, 2010, 2015, 2019

Source: US Census Bureau

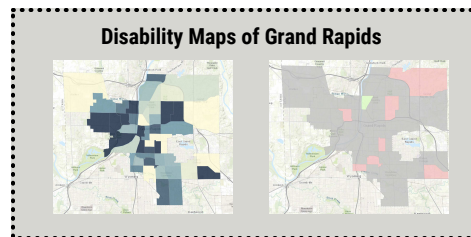


Social Determinants

Disability

In 2019, **Grand Rapids residents experienced lower rates of disability compared to Michigan residents.**

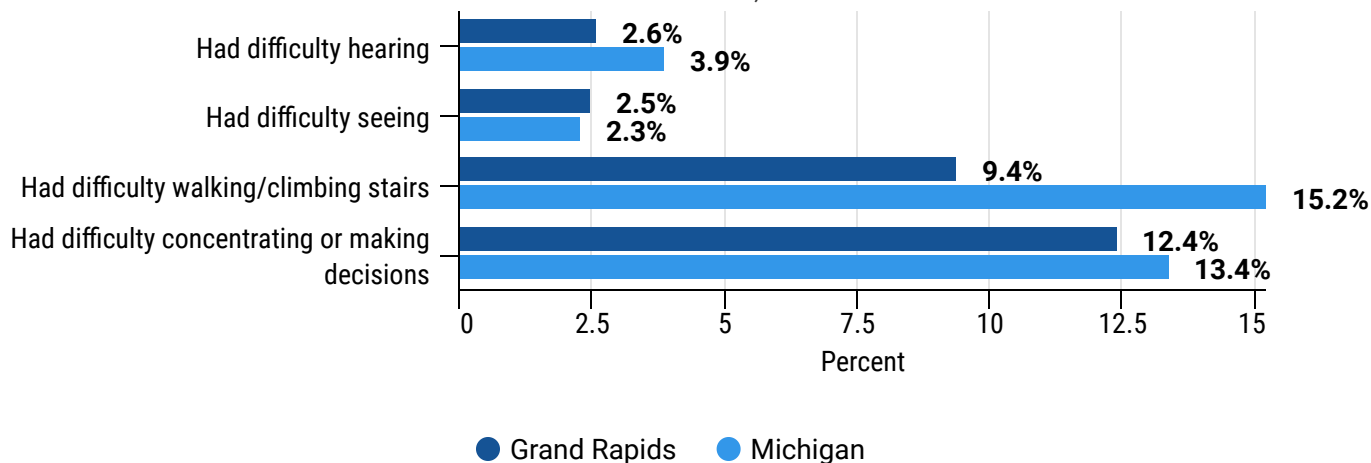
Michigan residents were 38% more likely to have difficulty walking or climbing stairs and 33% more likely to have difficulty hearing compared to Grand Rapids residents. Regarding a person's difficulty seeing, Grand Rapids and Michigan residents had similar rates of 2.5% and 2.3% respectively.



*Maps are clickable. | Source: CDC

Percentage of residents with a disability in Grand Rapids compared to Michigan, 2019

Source: US Census Bureau, CDC

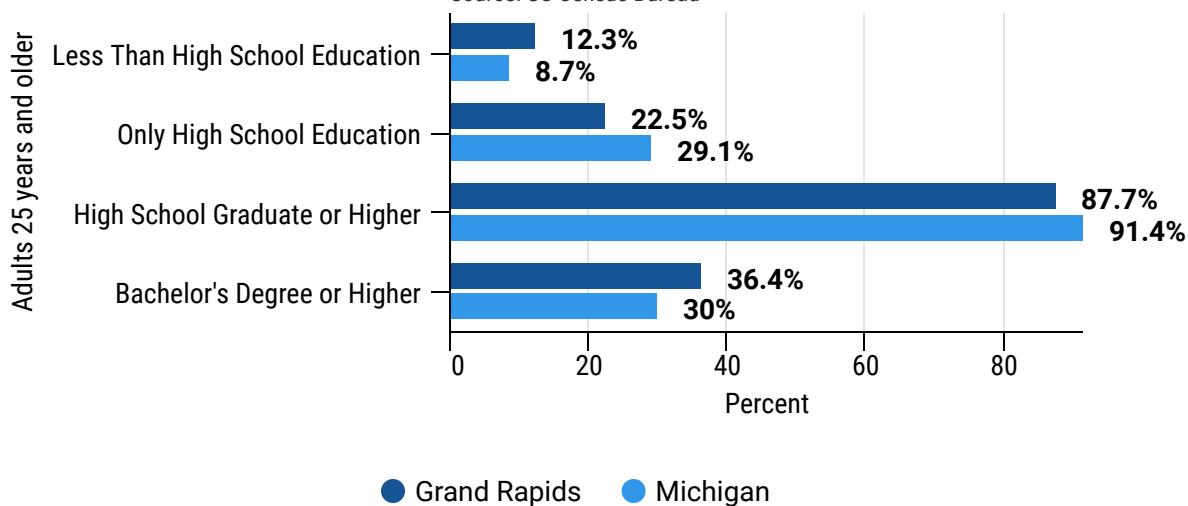


Education

In 2019, 87.7% of Grand Rapids residents had a high school education or higher compared to 91.4% for Michigan residents. Conversely, 36.4% of Grand Rapids residents had a Bachelor's degree or higher compared to 30% for all Michigan residents. Therefore, **Grand Rapids residents were more likely to have a Bachelor's degree or higher, while Michiganders were more likely to be high school educated.**

Educational attainment in Grand Rapids compared to Michigan, 2019

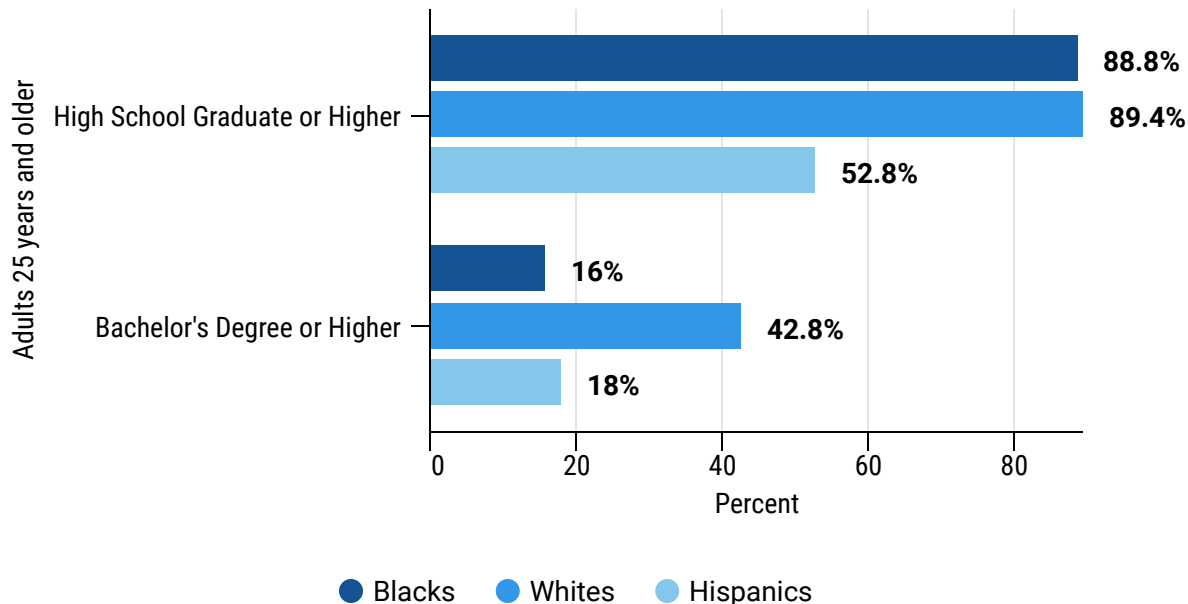
Source: US Census Bureau



When comparing education rates by race/ethnicity in Grand Rapids in 2019, Blacks and Whites had nearly identical rates of being high school graduates or higher at 88.8% and 89.4% respectively, while this rate was only 52.8% for Hispanics. Conversely in 2019, **Whites were more than twice as likely to have a Bachelor's degree or higher at 42.8% compared to 16% for Blacks and 18% for Hispanics in Grand Rapids.**

Educational attainment by race/ethnicity in Grand Rapids, 2019

Source: US Census Bureau



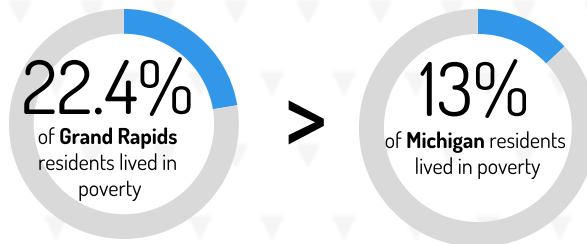
Poverty



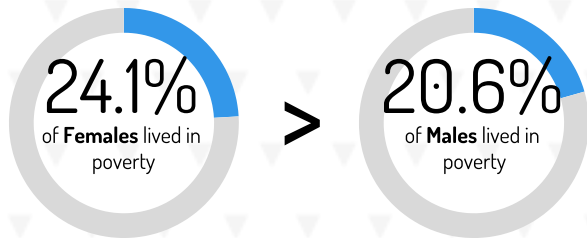
The United States Census sets income thresholds yearly based on family size and composition to determine a family's poverty status.(2) Poverty is known to influence people's overall health, including their access to healthy food markets, fitness facilities and quality health care.(3)

In 2019, 22.4% of Grand Rapids residents lived in poverty compared to 13% for the state of Michigan. In Grand Rapids, 24.1% of females lived in poverty compared to 20.6% for males. Regarding age in Grand Rapids, 33.1% of residents (≤18 years old) lived in poverty compared to 21% for those aged 18-64. **Concerning race/ethnicity in 2019, Blacks and Hispanics had the highest rates of poverty at 38.8% and 35.1% respectively in Grand Rapids.** Those classified as *Some Other Race* and *2 or More Races* also experienced high rates of poverty at 33.1% and 31.8% respectively compared to only 15.9% for Whites.

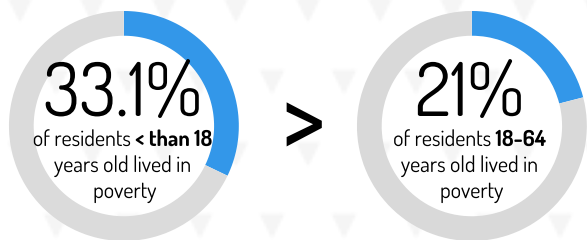
Percentage of residents living in poverty in **Grand Rapids** compared to **Michigan**, 2019



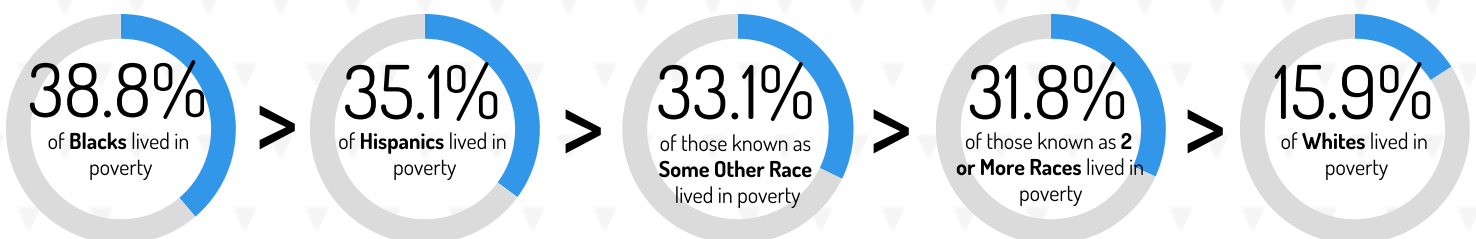
Percentage of residents living in poverty by **gender** in Grand Rapids, 2019



Percentage of residents living in poverty by **age** in Grand Rapids, 2019



Percentage of residents living in poverty by **race/ethnicity** in Grand Rapids, 2019

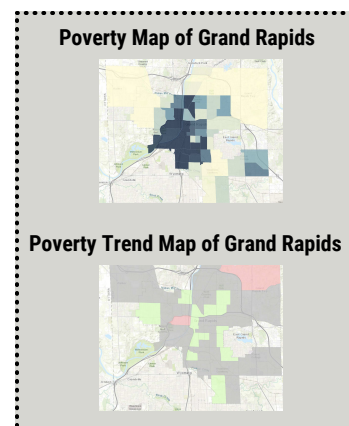
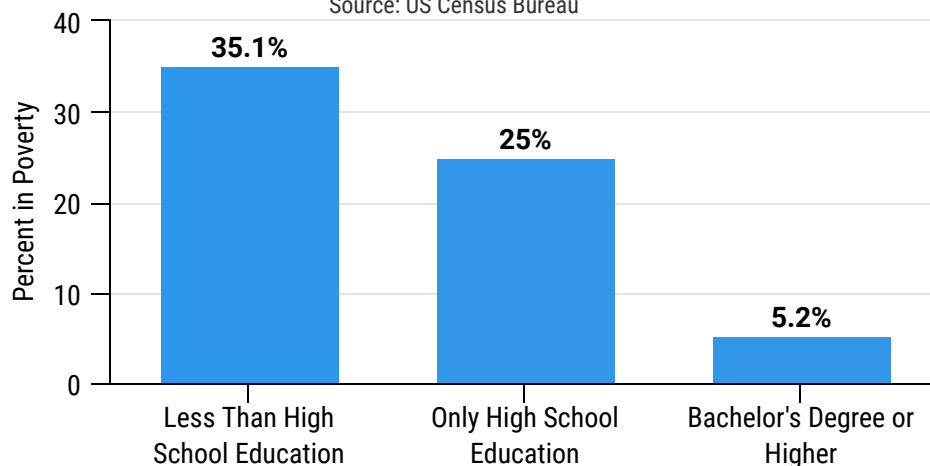


Source for all poverty data: US Census Bureau

Regarding education for Grand Rapids residents ≥ 25 years old, those with less than a high school education had the highest rate of poverty at 35.1%, compared to 25% for those with only a high school education and 5.2% for those with a Bachelor's degree or higher. Therefore, **having more education was associated with lower rates of poverty in Grand Rapids.**

Percentage of residents living in poverty by educational attainment in Grand Rapids, 2019

Source: US Census Bureau

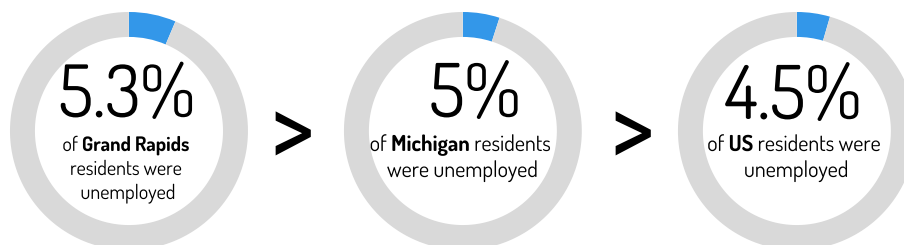


*Maps are clickable. | Source: CDC

Unemployment

Unemployment or work conditions such as job security, financial compensation, the work environment and job demands can affect one's overall health.(4) In 2019, 5.3% of Grand Rapids residents were unemployed compared to 5% for Michigan and 4.5% for US residents. Males and females had unemployment rates of 5.5% and 4.3% respectively in Grand Rapids.

Percentage of unemployed residents in Grand Rapids compared to Michigan and the US, 2019



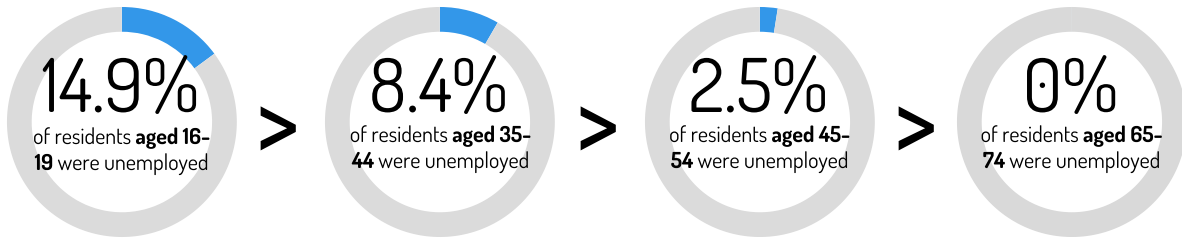
Percentage of unemployed residents by gender in Grand Rapids, 2019



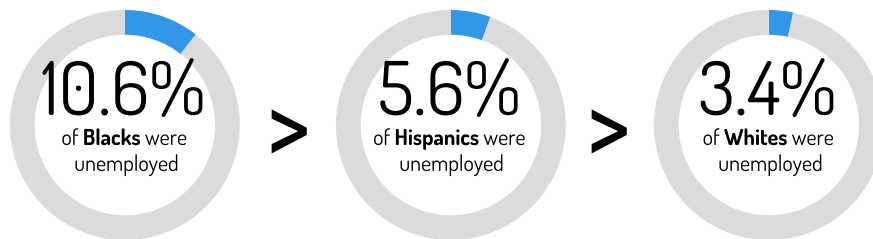
Source for all unemployment data: US Census Bureau

Grand Rapids residents between the ages of 16-19 and 35-44 had the highest rates of unemployment at 14.9% and 8.4% respectively in 2019, while those between the ages of 45-54 and 65-74 had the lowest rates at 2.5% and 0%. Regarding race/ethnicity in 2019, **Blacks (at 10.6%) were more than three times as likely to be unemployed than Whites (at 3.4%) and 1.9 times more likely to be unemployed than Hispanics (at 5.6%) in Grand Rapids.**

Percentage of unemployed residents by **age** in Grand Rapids, 2019



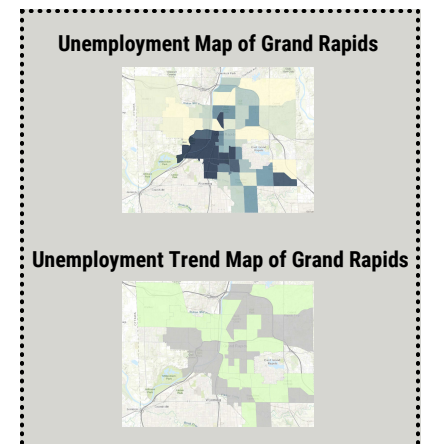
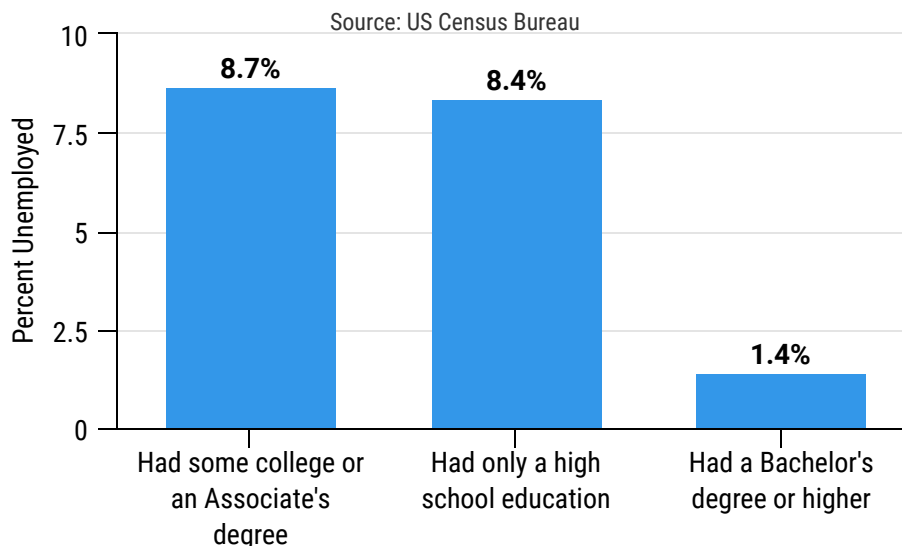
Percentage of unemployed residents by **race/ethnicity** in Grand Rapids, 2019



Source for all unemployment data: US Census Bureau

Concerning education in Grand Rapids, residents with some college or an Associate's degree were most likely to be unemployed at 8.7% followed by those with only a high school education at 8.4%. Residents with a Bachelor's degree or higher were least likely to be unemployed at 1.4%. Therefore, **those with a Bachelor's degree or higher were 6 times less likely to be unemployed compared to those with only a high school education or some college/Associate's degree.**

Percentage of unemployed residents by educational attainment in Grand Rapids, 2019



*Maps are clickable. | Source: CDC

Income

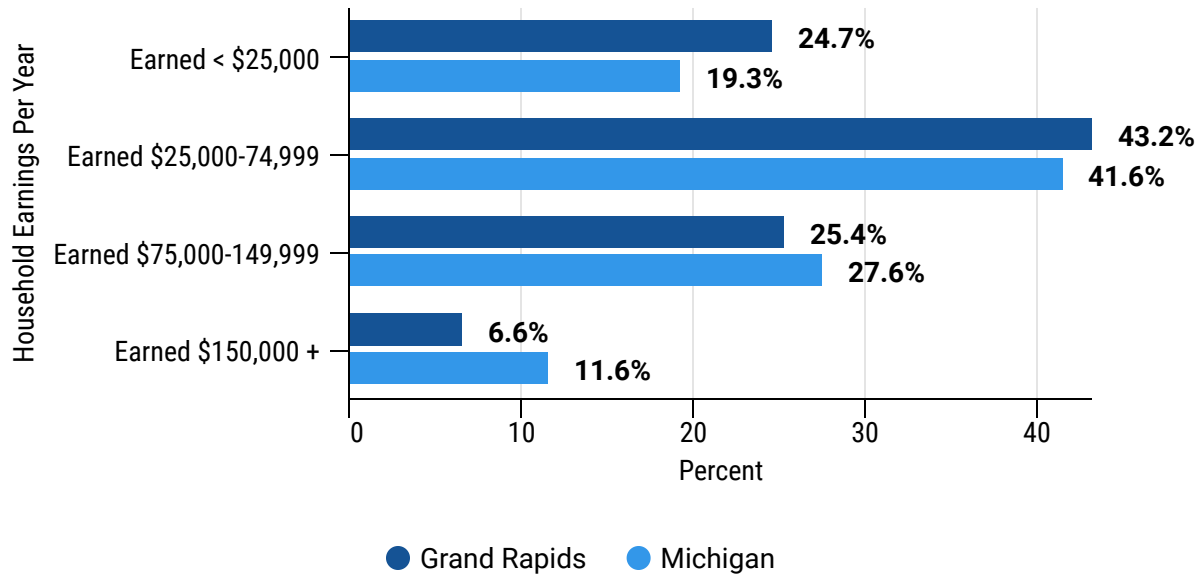


In 2019, the median income in Grand Rapids was \$51,817 compared to \$59,584 for the state of Michigan. Regarding gender in Grand Rapids, males who worked full-time and year round earned more at \$44,376 compared to \$39,612 for females.

Nearly a quarter (24.7%) of Grand Rapids households earned less than \$25,000 in 2019, while 43.2% of households earned between \$25,000 and \$74,999. Grand Rapids residents, earning between \$75,000 and \$149,999, represented 25.4% of the Grand Rapids population, while 6.6% of households earned \geq \$150,000. **Michigan residents as a whole earned more than Grand Rapids residents**, as 11.6% of Michigan residents earned more than \$150,000 per year compared to only 6.6% for Grand Rapids residents.

Household earnings per year in Grand Rapids compared to Michigan, 2019

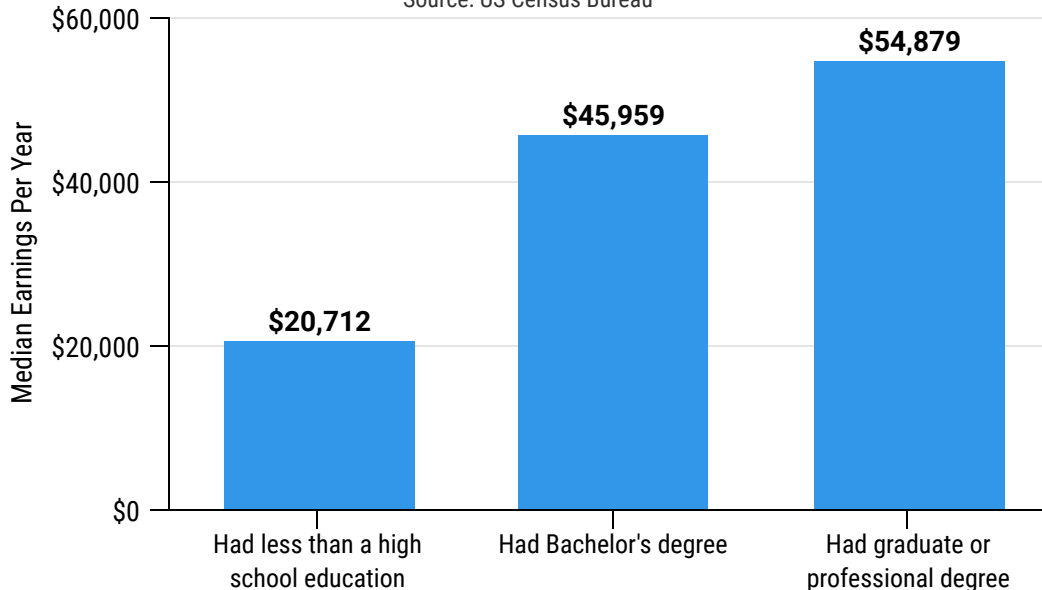
Source: US Census Bureau



In 2019, residents in Grand Rapids with less than a high school education earned \$20,712 per year, while those with a Bachelor's degree and graduate/professional degree earned \$45,959 and \$54,879 per year respectively. Thus, **having more education was associated with earning more income in Grand Rapids.**

Median earnings per year by education in Grand Rapids, 2019

Source: US Census Bureau

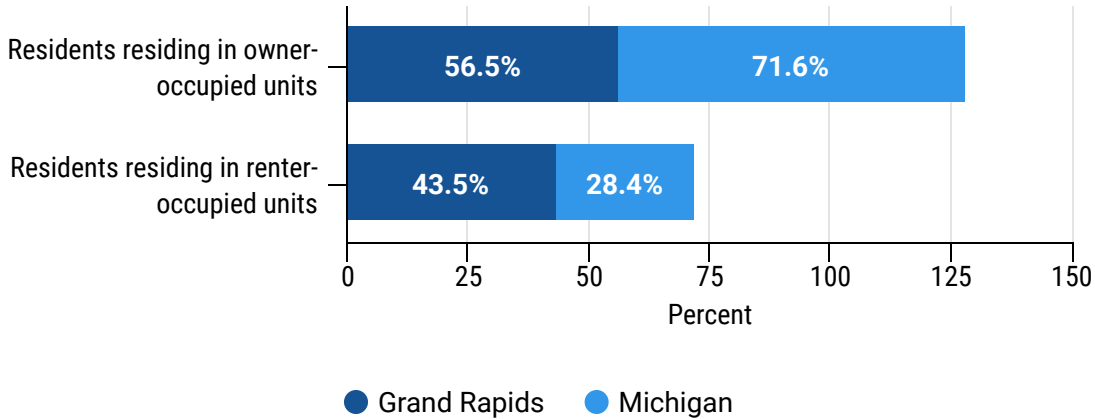


Housing

In 2019, 56.5% of Grand Rapids residents with housing resided in owner-occupied units compared to 71.6% for Michigan residents. Thus, 43.5% of Grand Rapids residents with housing lived in renter-occupied housing units compared to 28.4% for Michigan residents. Therefore, **Grand Rapids residents were 1.5 times more likely to rent their housing compared to Michigan residents.**

Percentage of residents residing in renter-based and owner-based housing in Grand Rapids compared to Michigan, 2019

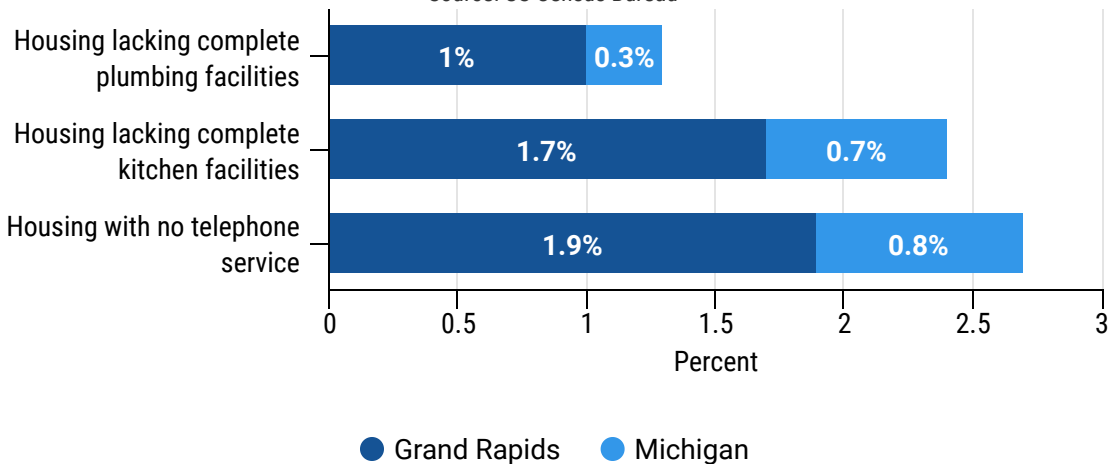
Source: US Census Bureau



In 2019, **it appeared that Grand Rapids residents experienced more severe housing problems compared to Michigan residents.** Grand Rapids residents were more than three times as likely than Michigan residents to experience housing that lacked complete plumbing facilities and more than twice as likely to experience the following: housing that lacked complete kitchen facilities and housing that lacked telephone service.

Percentage of severe housing problems in Grand Rapids compared to Michigan, 2019

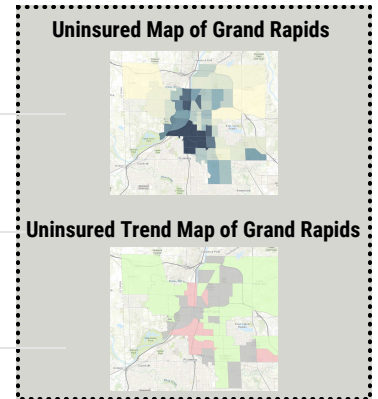
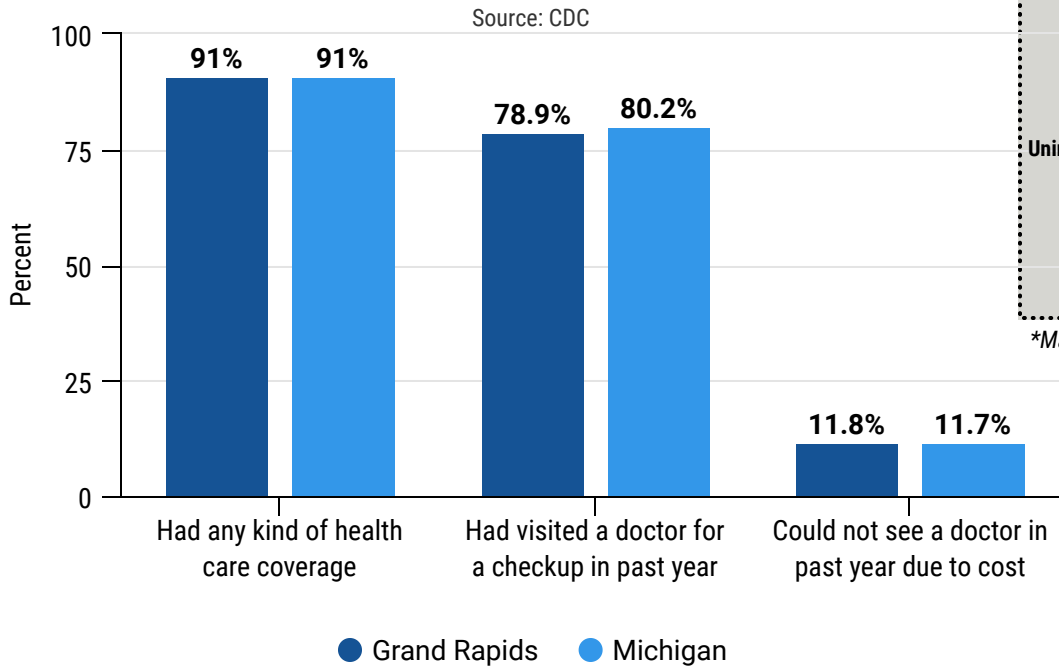
Source: US Census Bureau



Health Care

In 2019, **Grand Rapids and Michigan had similar rates of health care coverage, checkup visits, and having a cost barrier to a doctor visit.** Both groups had the same health care coverage rate of 91%. These two groups also had similar rates for the following measures: *visiting a doctor for a checkup in the past year* (78.9% and 80.2%), and *not being able to see a doctor in the past year due to cost* (11.8% and 11.7%).

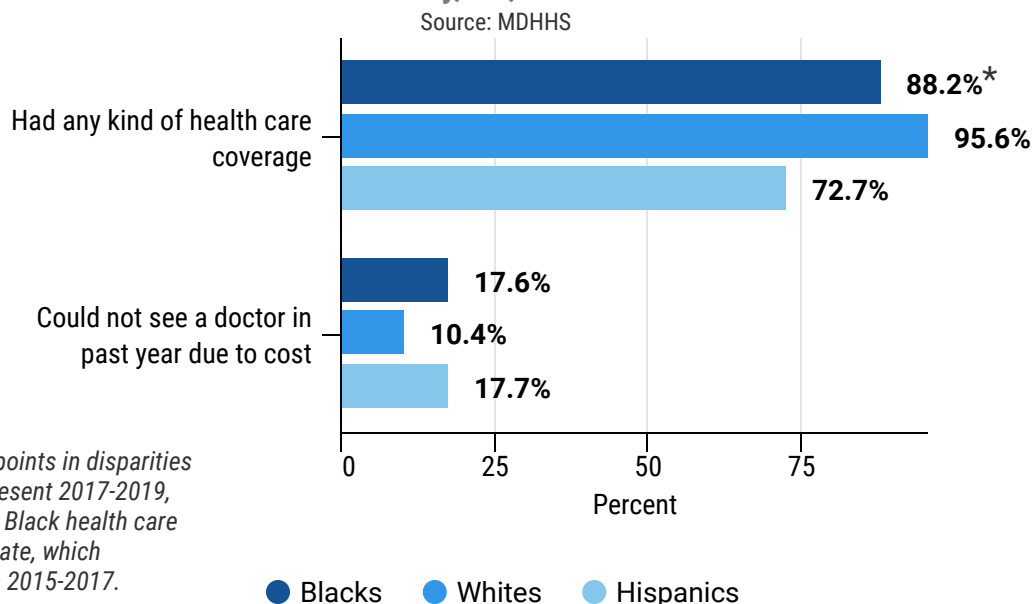
Percentage of major health care outcomes in Grand Rapids compared to Michigan, 2019



*Maps are clickable. | Source: CDC

Using data from 2017-2019, **Hispanics had the lowest health care coverage rate of 72.7% compared to 95.6% for Whites and 88.2% for Blacks in Kent County.** The Black health care coverage rate represents 2015-2017. Moreover from 2017-2019, **Hispanics and Blacks were 1.7 times more likely than Whites to report not being able to see a doctor in the past year due to cost in Kent County.**

Percentage of health care disparities by race/ethnicity in Kent County, MI, 2017-19



*All data points in disparities graph represent 2017-2019, except the Black health care coverage rate, which represents 2015-2017.

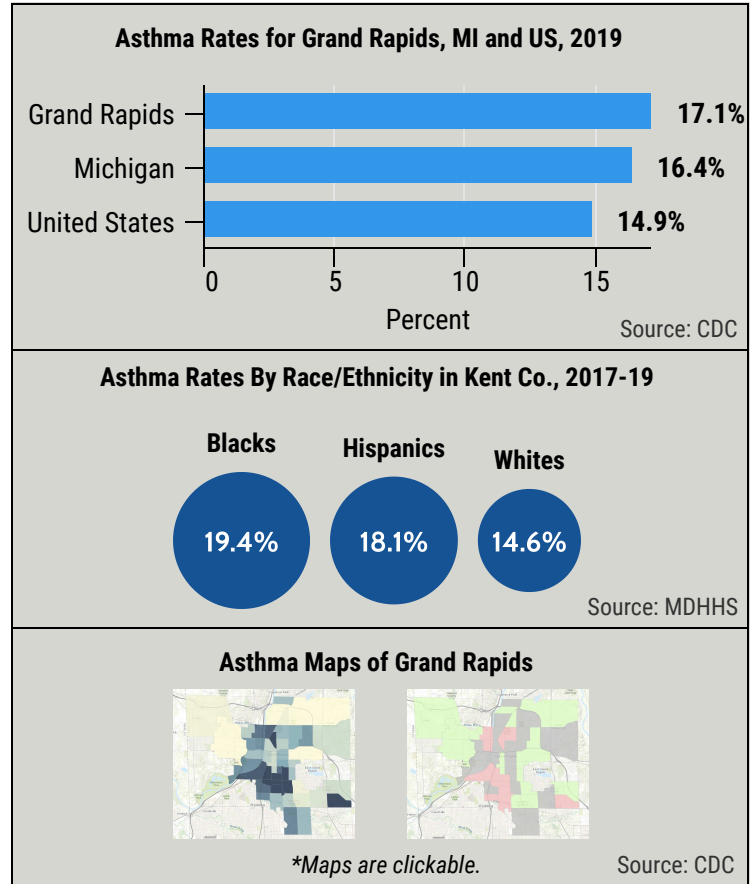
Health Outcomes

*Between pages 17-28, data presented for Grand Rapids represent data for the Grand Rapids-Wyoming metropolitan area.

Asthma

Over 24.7 million Americans have asthma, as it is a disease of the lungs that can cause episodes of coughing, wheezing, troubled breathing and chest discomfort.(5,6) A person with asthma can take medication and avoid potential environmental triggers to manage their asthmatic episodes. Potential risk factors for asthma include—overweight, obesity, exposure to allergens, and a family history of the condition.(6)

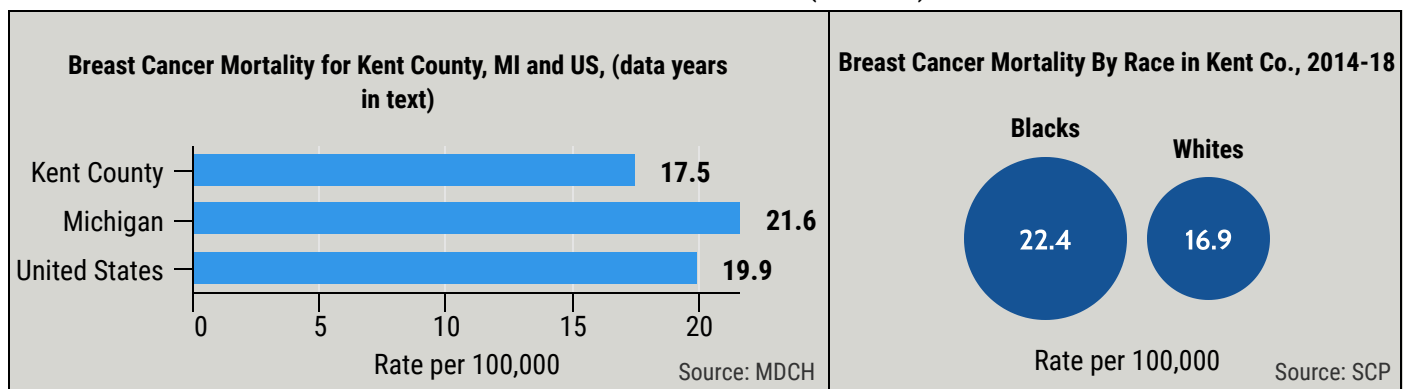
In 2019, the "ever been told by a doctor to have" asthma rate for Grand Rapids was 17.1% compared to 16.4% for Michigan and 14.9% for the US. Using race/ethnicity data from 2017-2019, **the asthma rate for Blacks was 19.4% compared to 18.1% for Hispanics and 14.6% for Whites in Kent County.**



Breast Cancer Mortality

Breast cancer is the second most common cancer for women in the US. It is also the second leading cause of cancer death among all US women, while being the leading cause of cancer death for Hispanic women.(7) The following factors increase a person's chances of getting breast cancer—older age, a family history of breast cancer, genetic mutations, physical inactivity, obesity, late pregnancies, and never carrying a pregnancy to full term.(8)

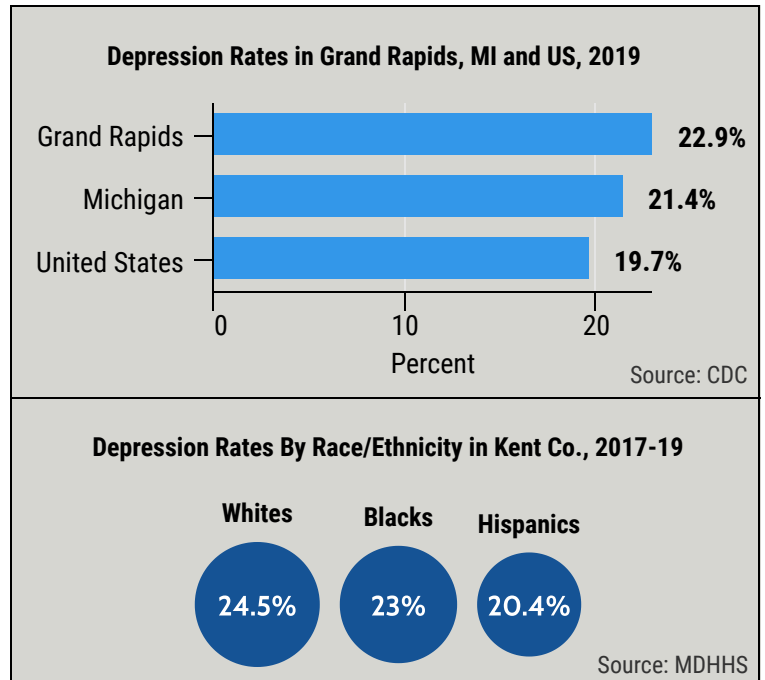
In 2018, the breast cancer mortality rate for Kent County was 17.5 (per 100,000) compared to 21.6 for Michigan and 19.9 for the US. The US rate was for 2017. Using data from 2014-2018, **the breast cancer mortality rate for Black women was 22.4 compared to 16.9 for White women in Kent County.** On a different note, these breast cancer mortality rates for both Black and White women are different than their rates from 2009-2013 of 26.8 for Black women and 21.6 for White women.(NIH-NCI)



Depression

Depression is a serious condition affecting over 18 million people across the US. If a person's sadness lasts for long periods of time and affects their normal daily routine, he or she may be depressed.(9) For people aged 15-44, depression is the leading cause of disability, while roughly two thirds of people with depression do not seek or receive proper treatment.(10) Even though the specific cause of depression is unknown, it may be caused by an amalgamation of biological, genetic, environmental and psychological factors. (9)

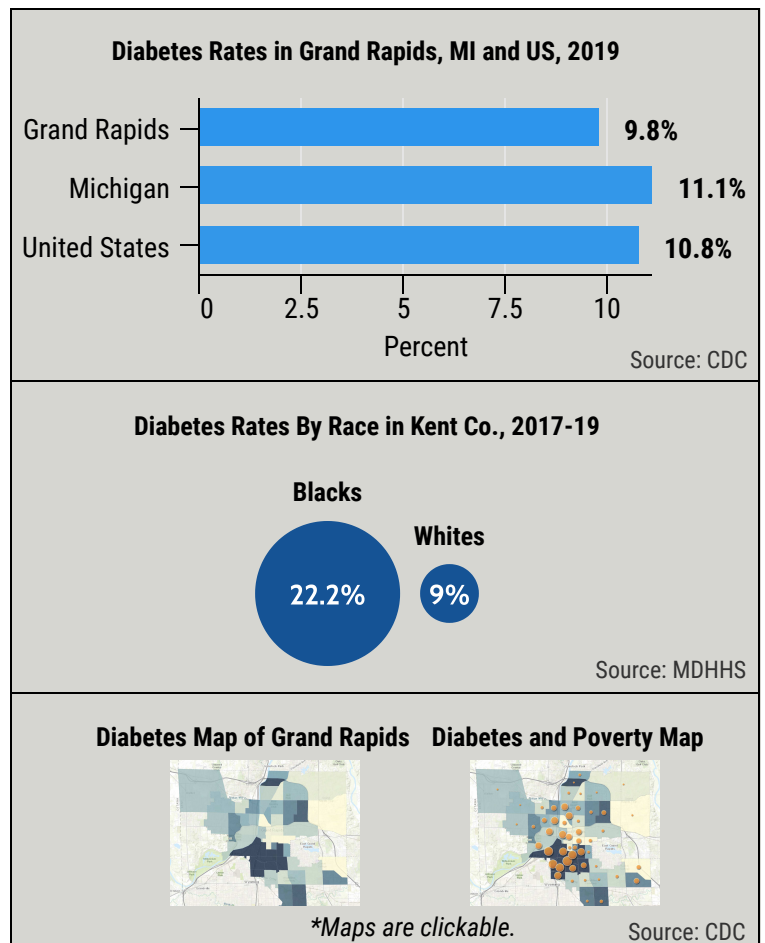
In 2019, the depression rate of Grand Rapids was 22.9% compared to 21.4% for Michigan and 19.7% for the US. Using data from 2017-2019, **the depression rate for Whites was 24.5% compared to 23% for Blacks and 20.4% for Hispanics in Kent County.** These racial rates are different than the rates from 2012-2014, when the rate was 27.6% for Blacks and 20% for Whites in Kent County. (CDC)



Diabetes

About 34.2 million people in the US have diabetes with 7.3 million of those cases being undiagnosed. (11) When a person's body has trouble making insulin or their cells stop responding to it, their blood sugar levels rise which results in diabetes. Three different types of diabetes exist including—type 1, type 2 and gestational. Each type develops in its own fashion and should be taken seriously. (12) Some risk factors for diabetes include—a family history of diabetes, having a disease of the pancreas, obesity, physical inactivity, hypertension, high cholesterol and smoking.(13)

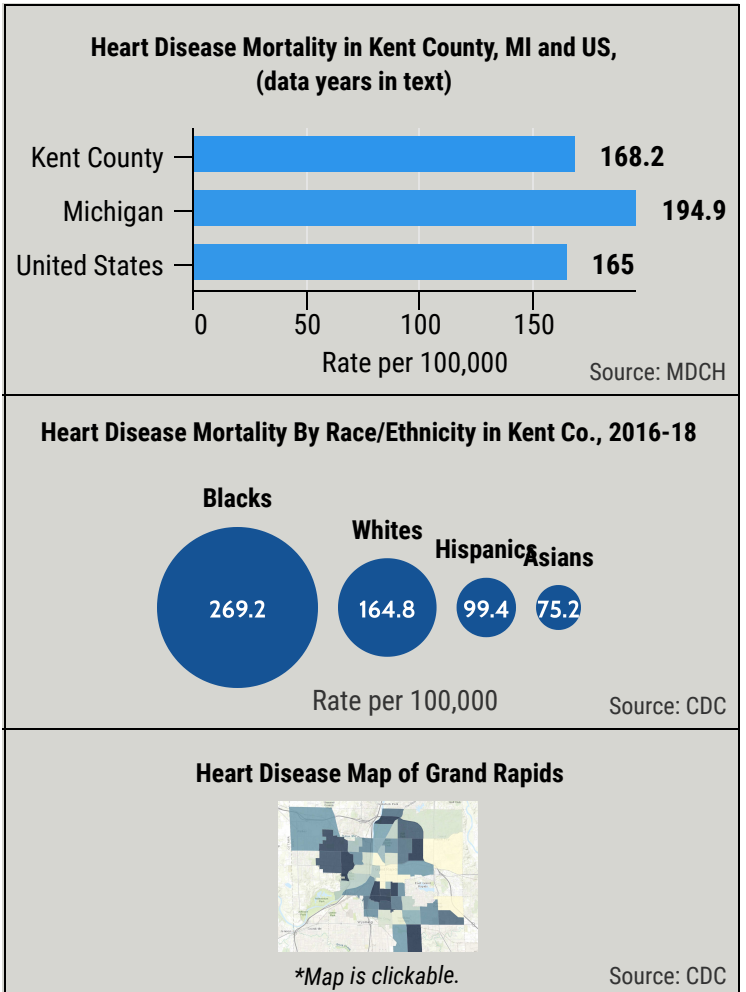
In 2019, the diabetes rate of Grand Rapids was 9.8% compared to 11.1% for Michigan and 10.8% for the US. Using data from 2017-2019, **Blacks were 2.5 times more likely than Whites to have diabetes in Kent County, with the rate being 22.2% for Blacks and 9% for Whites.** These racial rates are different than the 2014 rates, when the diabetes rate was 18.9% for Blacks and 8.5% for Whites in Kent County.(CDC)



Heart Disease Mortality

Heart disease is the leading cause of death for both men and women in the US. It claims the lives of nearly 655,000 Americans every year, representing roughly 25% of all US deaths.(14) Heart disease refers to complications of the heart with the most common one being coronary artery disease. Other forms of heart disease include—heart attacks, congestive heart failure, and congenital heart disease. Some risk factors for this illness include—hypertension, high cholesterol, smoking, diabetes, overweight, obesity, physical inactivity, excessive alcohol use, poor dieting and racism.(15)

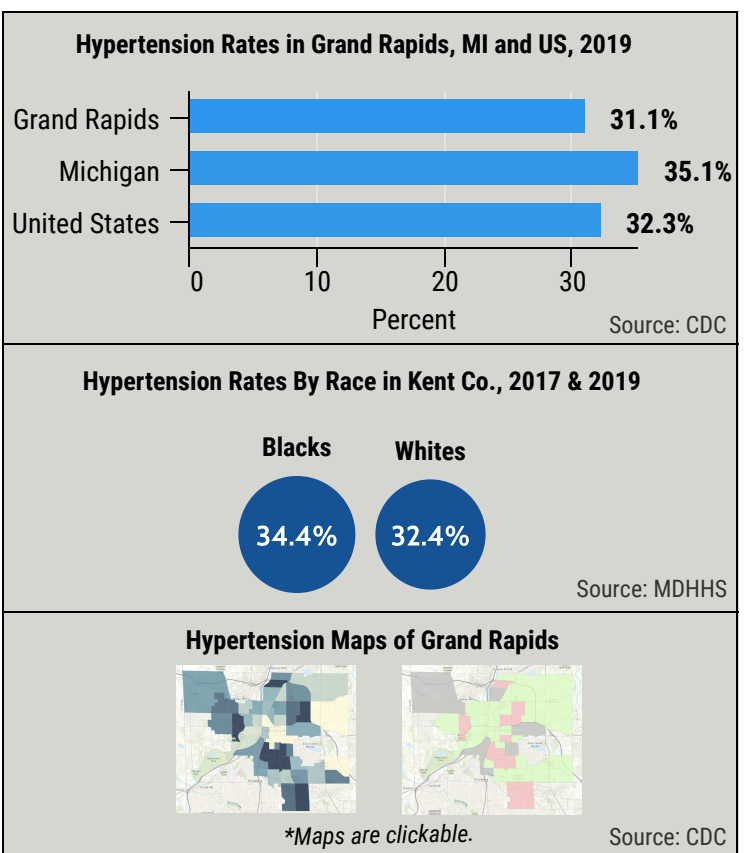
In 2018, the heart disease mortality rate of Kent County was 168.2 (per 100,000) compared to 194.9 for Michigan and 165 for the US. The US rate was for 2017. Regarding race/ethnicity using data from 2016-2018, **Blacks were 3.6 times more likely to die from heart disease compared to Asians, while also having a higher death rate than Whites and Hispanics in Kent County.** These rates are similar to the heart disease mortality rates from 2012-2014, when the rate was 256.7 for Blacks and 167 for Whites in Kent County.(CDC)



High Blood Pressure

High blood pressure (also known as hypertension) affects roughly 45% of US adults with only 24% of them having it under control. It is also a primary risk factor for heart disease and stroke, which are two leading causes of death in the US. A person's blood pressure is considered normal, when their systolic blood pressure is <120 mm Hg and their diastolic pressure <80 mm Hg. When a person's systolic or diastolic blood pressures fall outside those ranges, they are considered to have prehypertension or hypertension.(16) Some risk factors for hypertension include—having a family history of the condition, diabetes, obesity, poor dietary habits, physical inactivity, tobacco use and excessive alcohol consumption.(17)

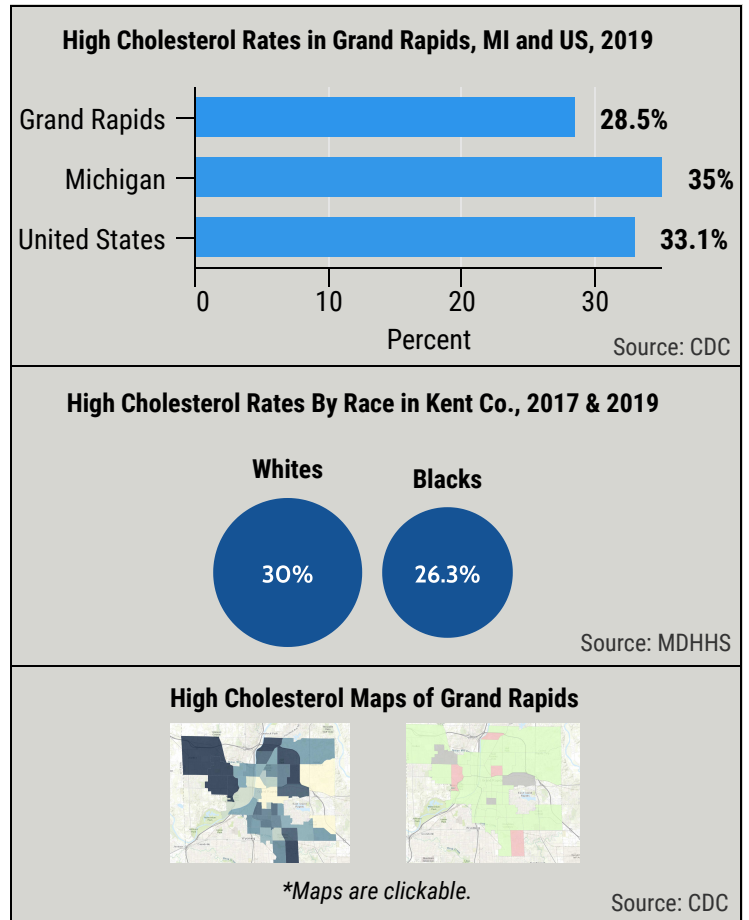
In 2019, the hypertension rate of Grand Rapids was 31.1% compared to 35.1% for Michigan and 32.3% for the US. Regarding race using combined data from 2017 and 2019, **Blacks had a hypertension rate of 34.4% compared to 32.4% for Whites in Kent County.**



High Cholesterol

High cholesterol affects roughly 38% of the US population and, like hypertension, is a major risk factor for heart disease and stroke. Blood cholesterol is a fatty substance made by your liver that is essential for good health, while dietary cholesterol resides in animal foods like meat, seafood and eggs.(18) When a person's blood cholesterol is ≥ 200 mg/dL, they are considered to have high cholesterol.(19) Some risk factors for high cholesterol include—a family history of the condition, diabetes, obesity, poor dietary habits, physical inactivity, smoking and getting older.(20)

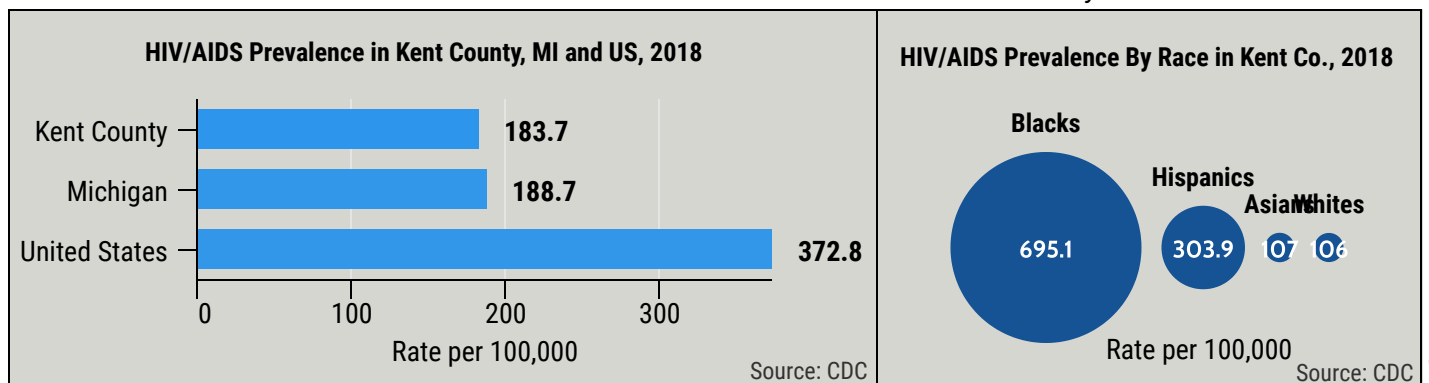
In 2019, the high cholesterol rate of Grand Rapids was 28.5% compared to 35% for Michigan and 33.1% for the US. Regarding race using combined data from 2017 and 2019, **Whites had a high cholesterol rate of 30% compared to 26.3% for Blacks in Kent County.**



HIV/AIDS

HIV, standing for human immunodeficiency virus, afflicts roughly 1.2 million Americans. Of those HIV positive Americans, about 14% are unaware of their status, putting many others at high risk for contracting the illness.(21) Generally, HIV attacks a person's immune system by destroying key cells that protect them from infection and disease. If left untreated, HIV can develop into AIDS (acquired immunodeficiency syndrome).(22) Some ways for contracting HIV include—having intercourse with an HIV positive person without using protection such as condoms; a baby receiving it from their mother during pregnancy, birth or breastfeeding; and sharing needles, syringes or other such equipment with an HIV positive person.(23)

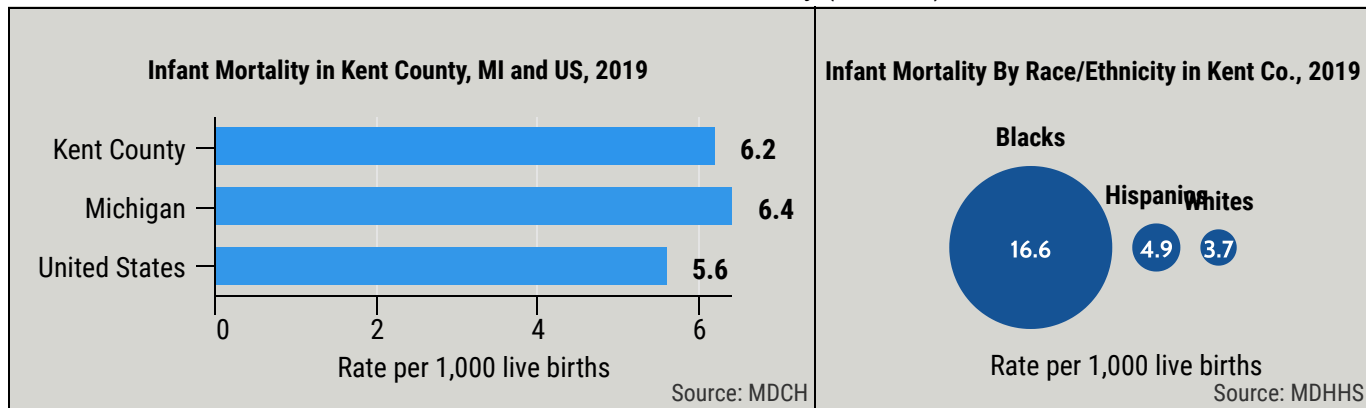
In 2018, the HIV prevalence rate of Kent County was 183.7 (per 100,000) compared to 188.7 for Michigan and 372.8 for the US. Regarding race/ethnicity in 2018, **Blacks were 6.5 times more likely to have HIV than Whites and Asians (Blacks: 695.1 | Whites: 106 | Asians: 107) and more than twice as likely than Hispanics (303.9) in Kent County.** The HIV prevalence rates for both Blacks and Whites increased since 2013, when the HIV rate was 521.7 for Blacks and 87.5 for Whites in Kent County.(MDHHS) Therefore, the HIV rate increased by nearly 25% for Blacks and 17% for Whites over five years.



Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. In 2018, over 21,000 infants died in the US with the five leading causes of infant mortality being—birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome (SIDS), and injuries like suffocation.(24) Additional factors associated with infant mortality include—pre-pregnancy obesity, older age, stress, environmental exposures and socio-economic status.(25)

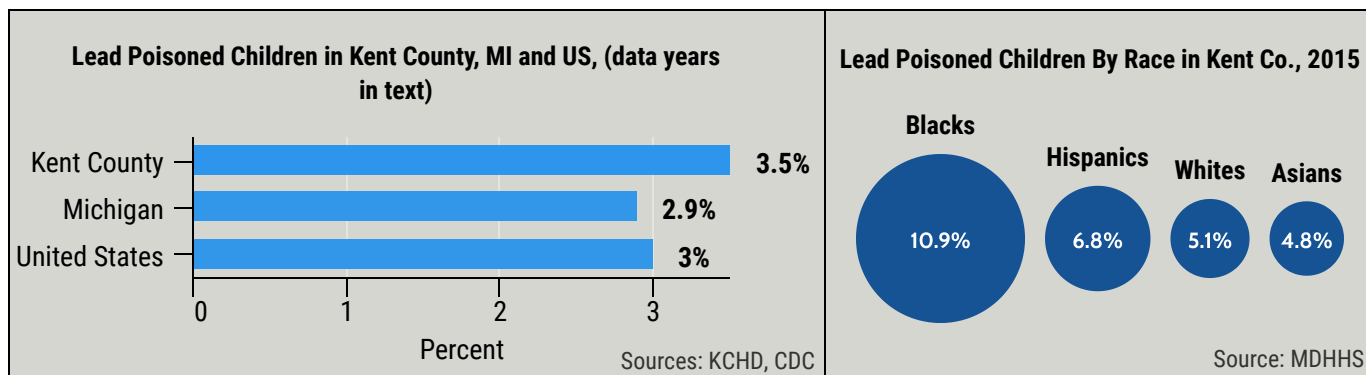
In 2019, the infant mortality rate of Kent County was 6.2 (per 1,000 live births) compared to 6.4 for Michigan and 5.6 for the US. Regarding race/ethnicity in 2019, **Blacks (at 16.6) were 4.5 times more likely than Whites (at 3.7) to experience infant mortality in Kent County, while Hispanics had a rate of 4.9.** These racial rates are different than the rates from 2011-2013, when the infant mortality rate was 10.1 for Blacks and 5.4 for Whites in Kent County.(MDHHS)



Lead Poisoning in Children

It is estimated that more than 1.2 million children in the US have elevated blood lead levels.(26) Typically, lead poisoning in children is defined as the percentage of children 0-72 months old (or birth to 5yrs old) with a blood lead level > 5µg/dL. No amount of lead in a person's blood is considered safe, with even small lead levels known to affect a person's IQ, attention capability and academic performance. A child's exposure to lead can occur in the following ways—in homes built before 1978 when lead based paint was banned; from certain water pipes; in candies from other countries; in homes near airports from air and soil containing aviation gas; and in certain toys and jewelry.(27)

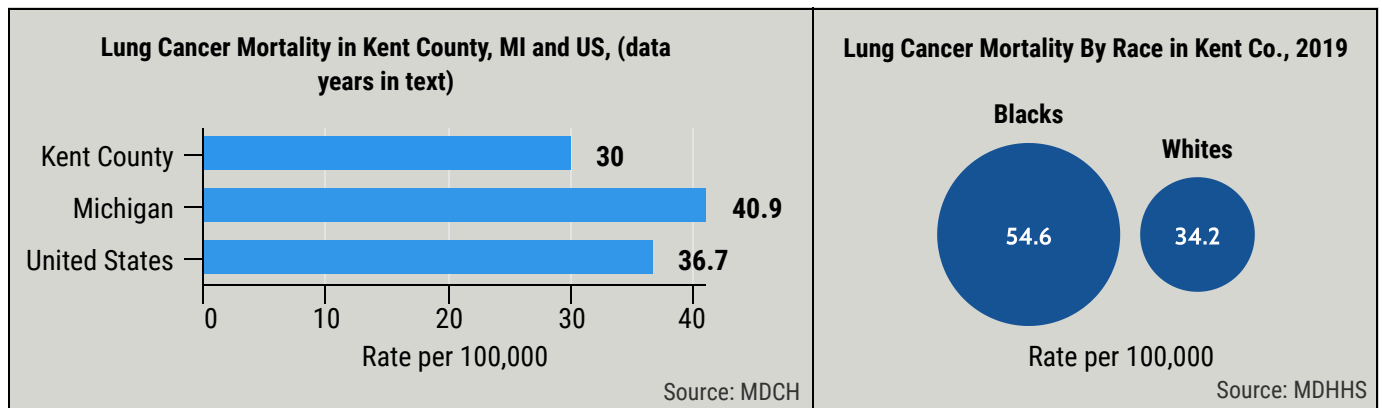
In 2018, the rate for lead poisoned children for Kent County was 3.5% compared to 2.9% for Michigan and 3% for the US. The US rate is for 2017. Regarding race/ethnicity using data from 2015, **Black children were more than twice as likely than White children to have elevated blood lead levels, with the Black rate being 10.9% and the White rate being 5.1%.** The rate for lead poisoned children was 6.8% for Hispanics and 4.8% for Asians in Kent County.



Lung Cancer Mortality

Lung cancer is the most common cancer in the US and the one that causes more death than any other cancer.(28) Even though lung cancer starts in the lungs, it may also spread to other organs such as the lymph nodes and brain.(29) Some risk factors for lung cancer include—cigarette smoking, secondhand smoke, family history of the condition, radon exposure and exposure to substances such as asbestos and arsenic.(30)

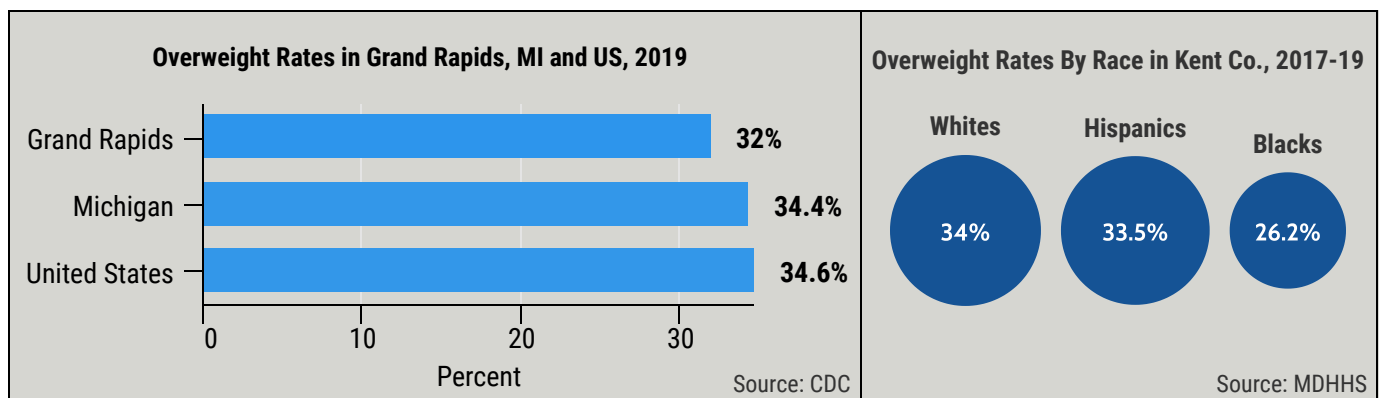
The lung cancer mortality rate for Kent County was 30 (per 100,000) compared to 40.9 for Michigan and 36.7 for the US. The rates for Kent County and Michigan represent 2018, while the US rate represents 2017. Regarding race using 2019 data, **Blacks (at 54.6) were 1.6 times more likely to experience lung cancer mortality compared to Whites (at 34.2) in Kent County.** These racial rates are different than the rates from 2009-2013, when the rate was 69.7 for Blacks and 39.7 for Whites in Kent County.(NIH-NCI)



Overweight and Obesity

Roughly 72% of adults aged 20 and older are either overweight or obese in the US.(31) This is problematic, as overweight and obesity are major risk factors for most chronic conditions including heart disease, stroke, diabetes and cancer.(32) Body Mass Index (BMI) 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 mean one is unhealthy. Other factors such as someone's fitness level or muscle tone also play roles in their overall health.(33)

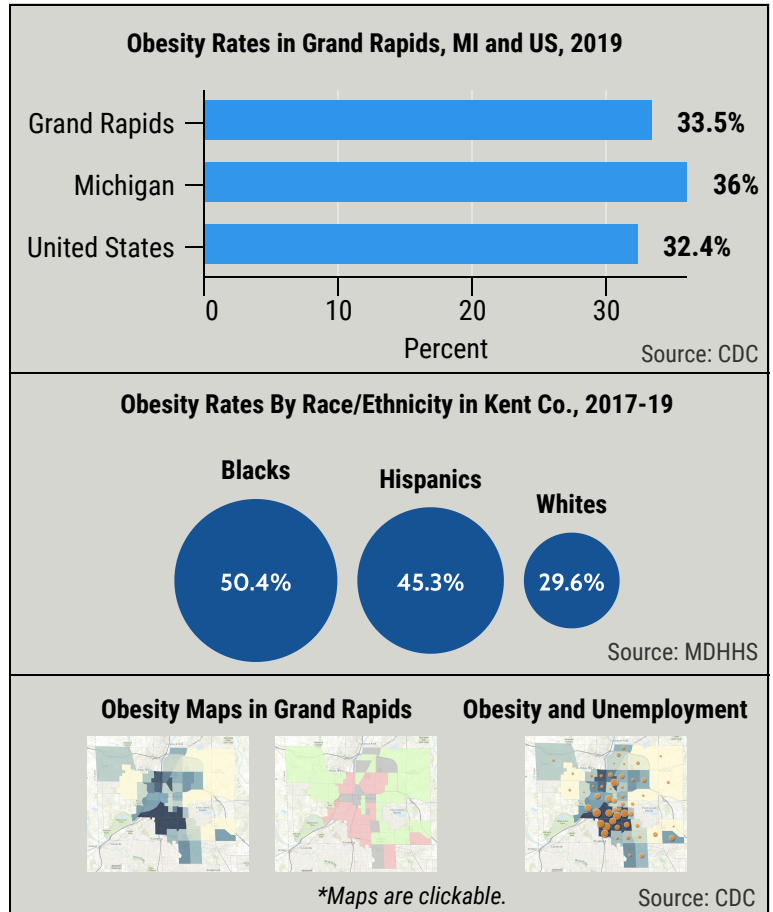
In 2019, the overweight rate for Grand Rapids was 32% compared to 34.4% for Michigan and 34.6% for the US. Regarding race/ethnicity using data from 2017-2019, **the overweight rate for Whites was 34% compared to 33.5% for Hispanics and 26.2% for Blacks in Kent County.** These rates are different from the rates from 2012-2014, when the overweight rate was 48.3% for Blacks and 24.9% for Whites in Kent County.(CDC)



Overweight and Obesity (continued)

Approximately 40% of Americans aged 20 and older are obese, along with 18% of children aged 6-11 and 21% of adolescents aged 12-19.(31) Obesity prevalence in the US increased by 12% from 2000 to 2018.(34) Behaviors or risk factors for being overweight or obese include—physical inactivity, poor dietary habits, community environment, genetics and some drugs such as steroids and antidepressants.(32) As mentioned for overweight in the previous section, being obese increases a person's chances for developing many other chronic conditions.

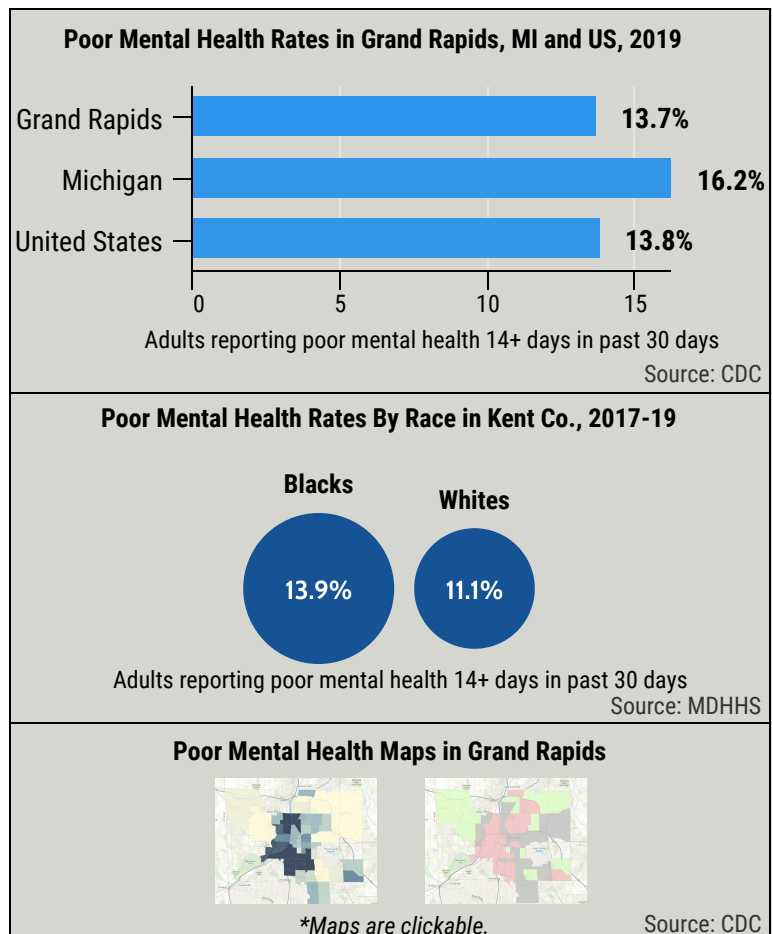
In 2019, the obesity rate for Grand Rapids was 33.5% compared to 36% for Michigan and 32.4% for the US. Regarding race/ethnicity using data from 2017-2019, **Blacks (at 50.4%) were 1.7 times more likely to be obese than Whites (at 29.6%) in Kent County, while the Hispanic rate was 45.3%.** These racial rates are different from the rates from 2012-2014, when the rate was 26.3% for Blacks and 28.2% for Whites in Kent County.(CDC)



Mental Health

More than half of Americans will be diagnosed with a mental illness or disorder during their lifetime, while 1 in 25 Americans currently has a serious mental illness such as schizophrenia or bipolar disorder.(35) Other mental illnesses include depression and anxiety, with 16 million Americans experiencing depression and 11.2% of Americans experiencing feelings of worry, nervousness or anxiety.(36,37) Some causes of mental illness or disorder include—traumatic or stressful events including physical or sexual abuse, having relatives with mental illnesses, drastic life changes, having a medical issue such as cancer or stroke, alcohol or drug use, and taking certain medications.(36)

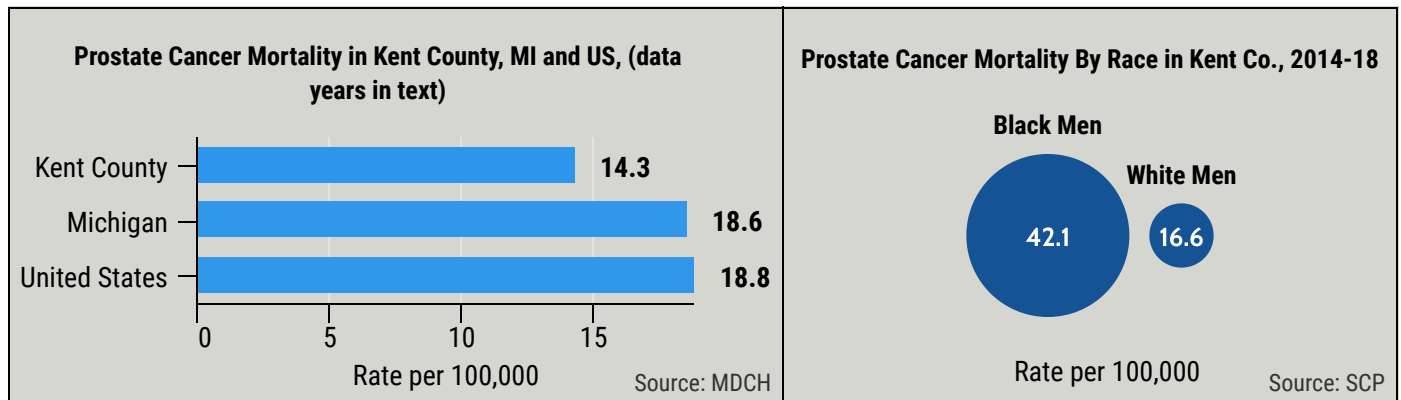
In 2019, the poor mental health rate for Grand Rapids was 13.7% compared to 16.2% for Michigan and 13.8% for the US. Regarding race using data from 2017-2019, **Blacks had a poor mental health rate of 13.9% compared to 11.1% for Whites in Kent County.**



Prostate Cancer Mortality

Prostate cancer is the most common non-skin cancer among men, as 13% of all American men will develop the illness during their lifetime.(38) It is also the leading cause of cancer death for men in the US.(39) When cancer starts in the male prostate gland, it is considered to be prostate cancer. If diagnosed soon enough, it can be treated and cured through several procedures such as prostatectomies, radiation therapy and hormone therapy. Risk factors for developing prostate cancer include—increasing age, race, and having a family history of the illness.(38)

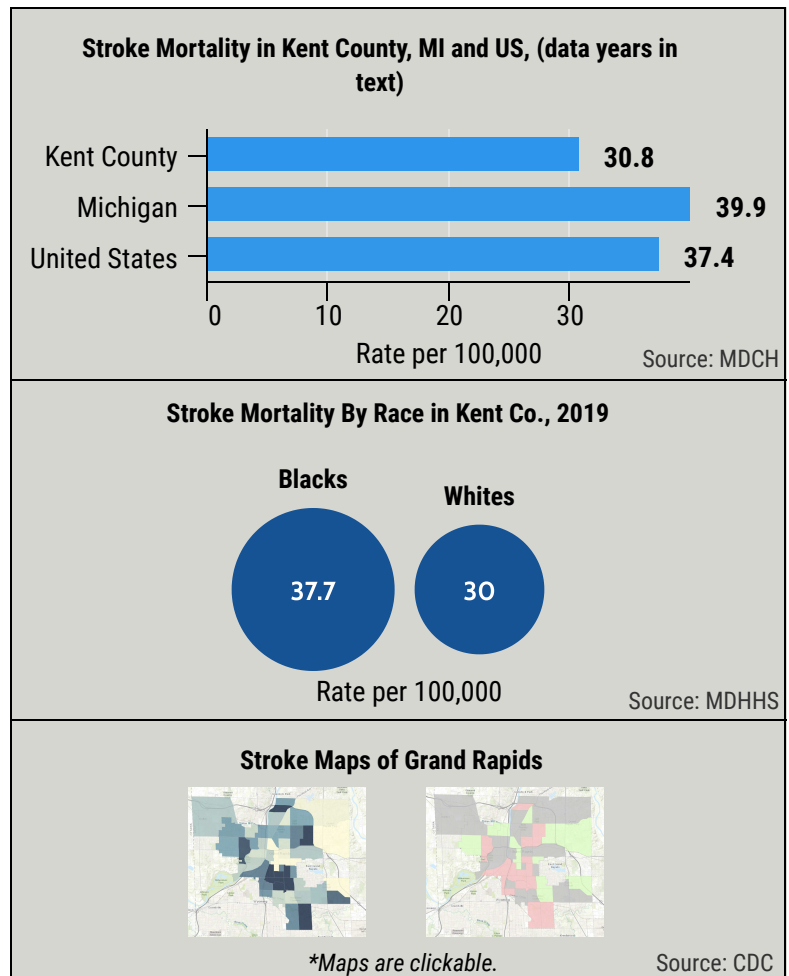
In 2018, the prostate cancer mortality rate for Kent County was 14.3 (per 100,000) compared to 18.6 for Michigan and 18.8 for the US. The US rate was for 2017. Regarding race using data from 2014-2018, **Black men were 2.5 times more likely to die from prostate cancer than White men in Kent County, with the rate being 42.1 for Black men and 16.6 for White men.** Comparing these rates to those from 2009-2013, the prostate cancer mortality rate for White men remained roughly the same at 17.1, while the rate for Black men increased from 29.8 in Kent County.(NIH-NCI)



Stroke Mortality

Stroke is the fifth leading cause of death in the US, as roughly 795,000 Americans have a stroke in the US each year. Of those 795,000 Americans, about 130,000-150,000 of them die from stroke each year.(40) Knowing the following signs and symptoms of stroke is important for catching it early—numbness in face, arm or leg, sudden confusion, troubled speech, troubled vision, troubled walking and severe headache.(41) Risk factors for having a stroke include—having a previous stroke, hypertension, high cholesterol, diabetes, heart disease, excessive alcohol use, physical inactivity, tobacco use and sickle cell disease.(42)

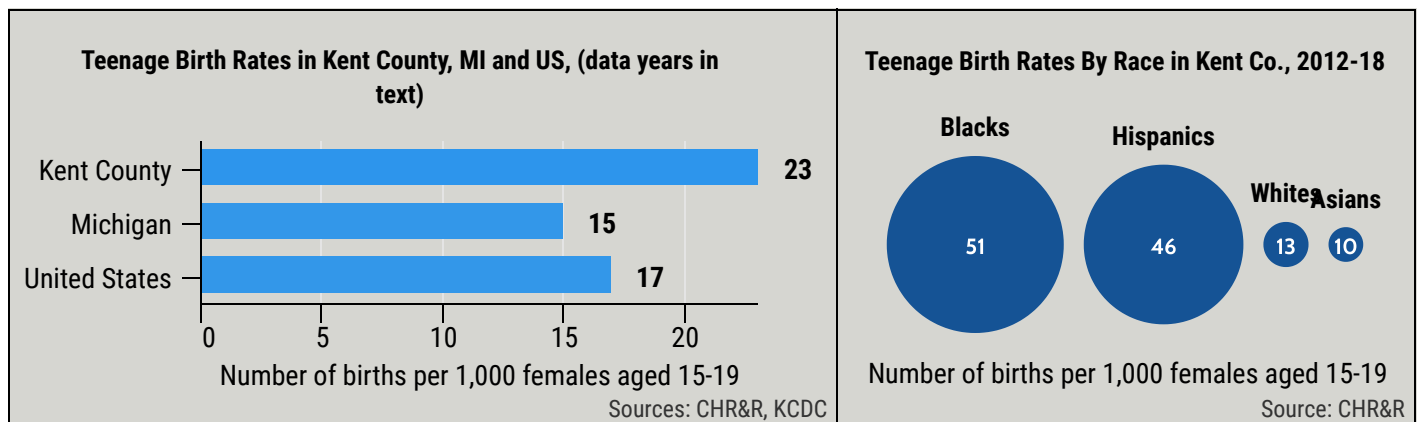
The stroke mortality rate for Kent County was 30.8 (per 100,000) compared to 39.9 for Michigan and 37.4 for the US. Kent County's rate is for 2019; Michigan's rate is for 2018, while the US rate represents 2016-2018. Regarding race using 2019 data, **Blacks had a stroke mortality rate of 37.7 compared to 30 for Whites in Kent County.** The stroke mortality rate for Blacks decreased from 2012-2014, when the rate was 53.7 for Blacks and 29.3 for Whites in Kent County.(CDC)



Teenage Births

Roughly 195,000 US babies were born to teenage mothers (aged 15-19) in 2017, representing a 7% decrease from the previous year. This decline in teenage births seemed to stem from: more teens abstaining from sex and more teens using birth control methods. Even so, the US teen pregnancy rate is still higher than the rates in other western industrialized nations.(43) Factors that may increase a teenage girl's chances of getting pregnant include—low education level of family, low income level of family, and being in the welfare system.(44) In this report, this measure is defined as the number of births per 1,000 females aged 15-19.

The teenage birth rate for Kent County was 23 (per 1,000 females aged 15-19) compared to 15 for Michigan and 17 for the US. Kent County's rate represents data from 2012-2018, while the rates for Michigan and the US represent 2019 data. Regarding race/ethnicity using 2012-2018 data, **Black teenage girls were 5 times more likely than Asian girls and nearly 4 times more likely than White girls to give birth in Kent County, with the rate being 51 for Black girls, 13 for White girls and 10 for Asian girls.** Hispanic teenage girls (at 46) were 4.6 times more likely than Asian girls and 3.5 times more likely than White girls to give birth in Kent County.



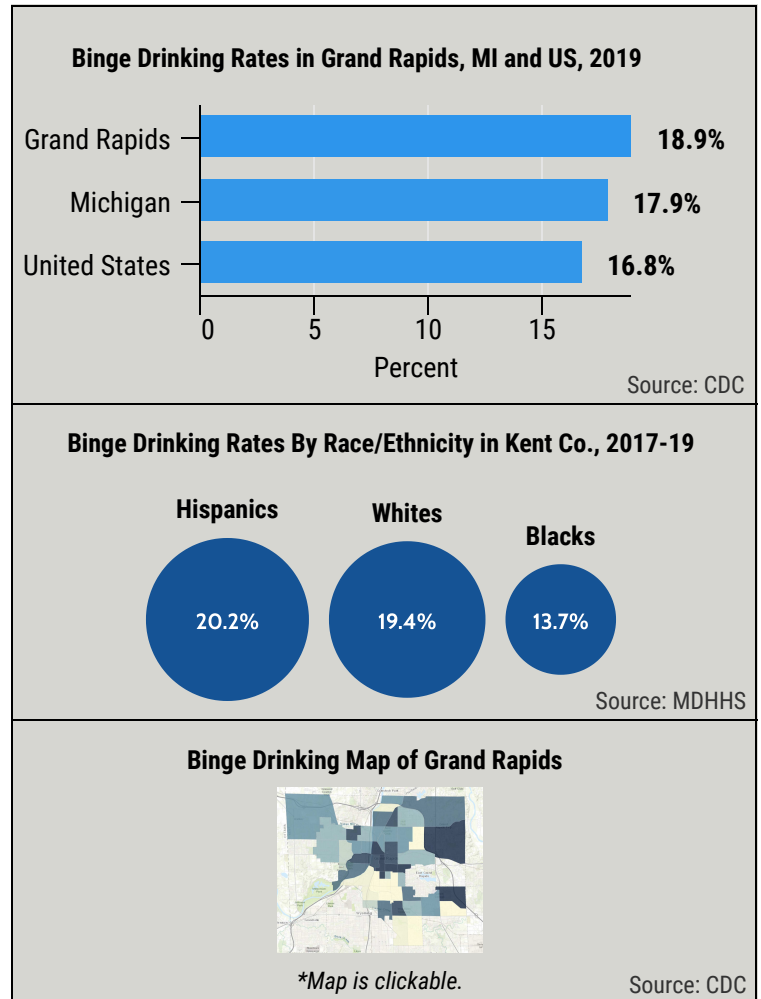
Binge Drinking

It is estimated that roughly 37 million Americans binge drink once a week, with an average of seven drinks per binge. Excessive drinking causes about 95,000 deaths in the US each year, accounting for 1 in 10 deaths among adults aged 20-64. 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.”(45)

Finally, excessive drinking encompasses both definitions (for binge and heavy drinking) and is usually reported as the “percentage of people who either binge drink or heavy drink in a given population.” Binge or excessive drinking can cause the following health outcomes—heart disease, stroke, hypertension, alcohol use disorder, liver disease, cancers of the mouth or throat, and injuries from vehicle crashes, falls, drownings and burns.(45)

In 2019, the binge drinking rate for Grand Rapids was 18.9% compared to 17.9% for Michigan and 16.8% for the US. Regarding race/ethnicity using data from 2017-2019, **Hispanics had a binge drinking rate of 20.2% compared to 19.4% for Whites and 13.7% for Blacks in Kent County.**

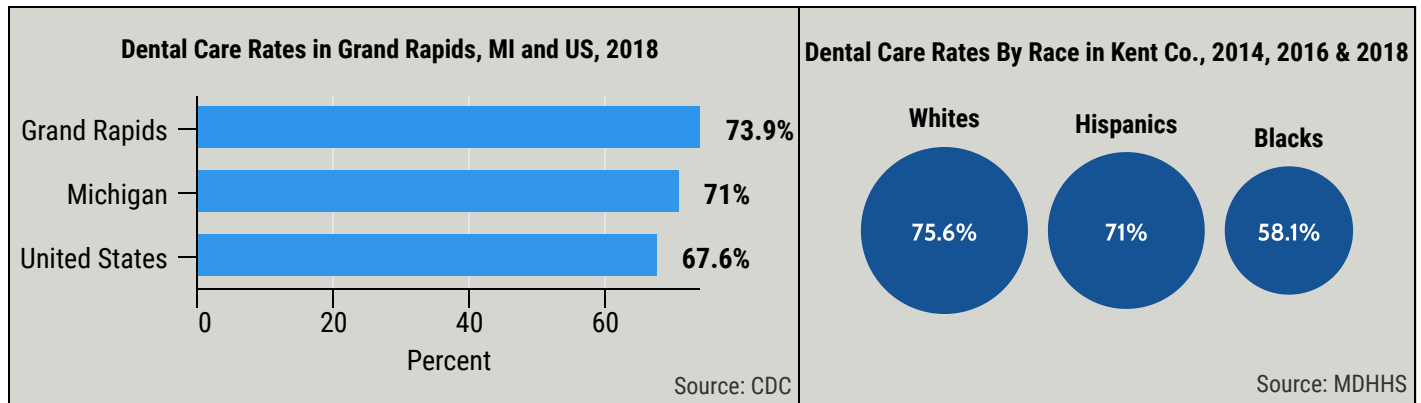
These racial rates are different than their rates from 2014, when the rate was 18.3% for Whites and 6.6% for Blacks in Kent County.(MDHHS)



Dental Care

About 91% of adults aged 20 and older have had cavities during their life, while 25% of them currently have untreated cavities.(46)(47) Cavities, severe gum disease and severe tooth loss are the main dental conditions, causing pain, infections and issues with speaking, eating and learning. Risk factors for gum disease include—tobacco use, diabetes and being low income.(47) Thus, tracking people’s “annual dental visits” is important when evaluating the health status of population groups.

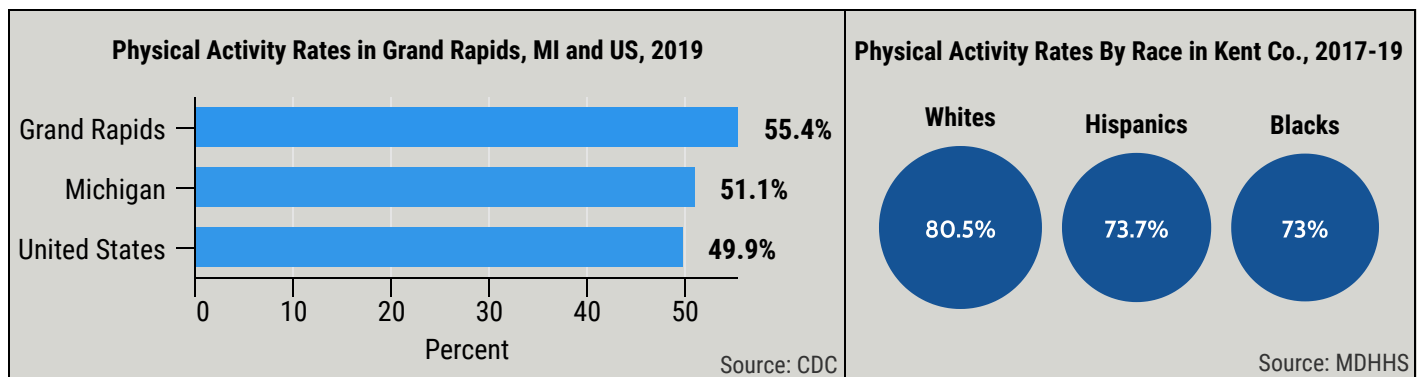
In 2018, the annual dental care visit rate for Grand Rapids was 73.9% compared to 71% for Michigan and 67.6% for the US. Regarding race/ethnicity using combined data from 2014, 2016 and 2018, **Whites had an annual dental care visit rate of 75.6% compared to 71% for Hispanics and 58.1% for Blacks in Kent County.**



Physical Activity

Only half of Americans get the physical activity they need to prevent their risk of getting chronic diseases, while half of Americans also live with a chronic disease in the US. One in 10 premature deaths, 1 in 12 cases of diabetes, and 1 in 15 cases of heart disease could be prevented by people getting enough physical activity in the US. Getting sufficient amounts of physical activity is associated with many health benefits including—lower risks of hypertension, obesity, stroke, heart disease, diabetes, depression and weak bones.(48) Physical activity for this report is defined as the percentage of people who participated in 150 minutes or more of aerobic physical activity per week.

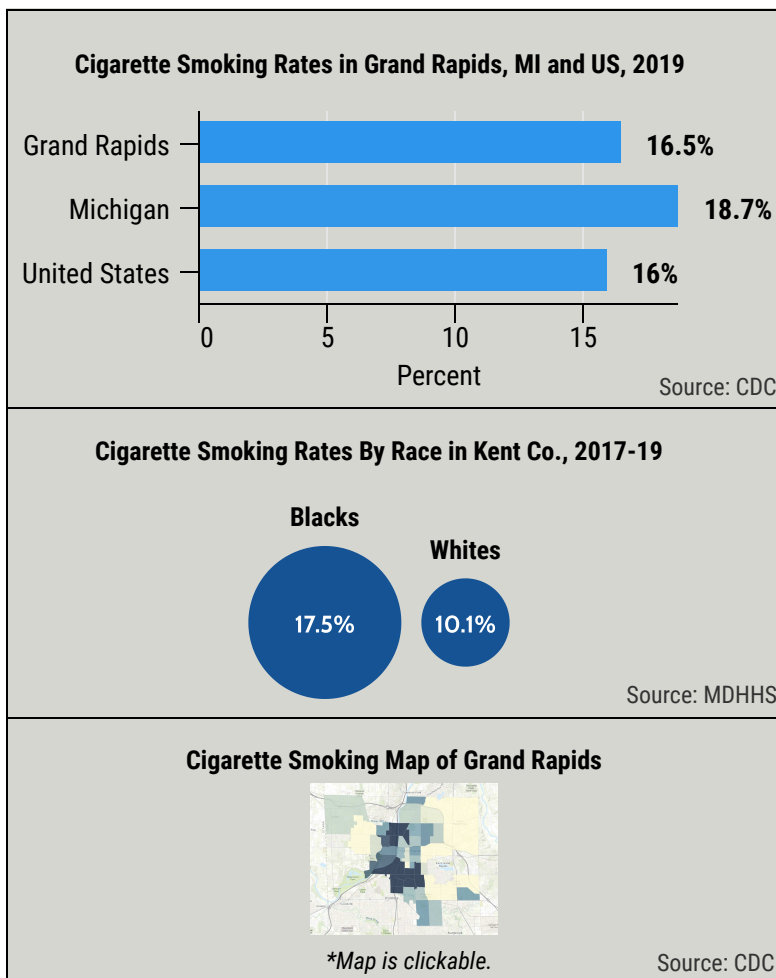
In 2019, the physical activity rate for Grand Rapids was 55.4% compared to 51.1% for Michigan and 49.9% for the US. Regarding race/ethnicity using data from 2017-2019, **Whites had a physical activity rate of 80.5% compared to 73.7% for Hispanics and 73% for Blacks in Kent County.**



Tobacco Use

Approximately 34 million US adults smoke cigarettes based on 2019 data. This is troubling, since tobacco use is the leading cause of preventable death, disease and disability in the US.(49) Greater than 16 million Americans are currently living with a disease caused by smoking, while secondhand smoke exposure influences roughly 41,000 deaths among nonsmoking adults and 400 infant deaths in the US each year. In addition, smoking causes lung diseases, cancer, heart disease, stroke, diabetes, chronic obstructive pulmonary disease (COPD), and many other health outcomes and conditions.(50)

In 2019, the adult cigarette smoking rate for Grand Rapids was 16.5% compared to 18.7% for Michigan and 16% for the US. Regarding race using data from 2017-2019, **Blacks had a cigarette smoking rate of 17.5% compared to 10.1% for Whites in Kent County.** These racial rates are similar to the rates from 2014, when the rate was 19.6% for Blacks and 12.6% for Whites in Kent County.(CDC)



COVID-19

COVID-19, standing for coronavirus disease of 2019, is a global pandemic that plagues our nation and world. Causing deaths, hospitalizations, sickness and poor outcomes, COVID-19 continues to reshape society and our everyday lives. This virus spreads primarily to others via respiratory droplets from an infected person when coughing, sneezing, talking, singing or breathing. With droplets being the primary mode of transmission, this virus can also infect someone who touches a surface with the virus, then touches their mouth, eyes or nose.(51)

Many families, industries, communities and governments are negatively affected by this devastating virus. Therefore, government and health agencies are developing and distributing vaccines to prevent its surge and future outbreaks. Currently, a few vaccines are being distributed for public usage after receiving emergency use authorizations from the Food and Drug Administration, while public health and government agencies encourage citizens to get fully vaccinated as soon as possible. For now, it is recommended for everyone to continue with the precautions mentioned in this report, including face mask wearing, hand washing, social distancing and limited traveling.

As of March 29th of 2021:

- **US** has experienced **30,085,827 cases** with **546,704 deaths**.(52)
- **Michigan** has experienced **660,771 cases** with **16,034 deaths**.(53)
- **Kent County, MI** has experienced **52,650 cases** and **672 deaths**.(53)

Number of COVID-19 cases and deaths in Kent County, MI and the US as of 3/29/21

	Kent County	Michigan	United States
Cases	52,650	660,771	30,085,827
Deaths	672	16,034	546,704

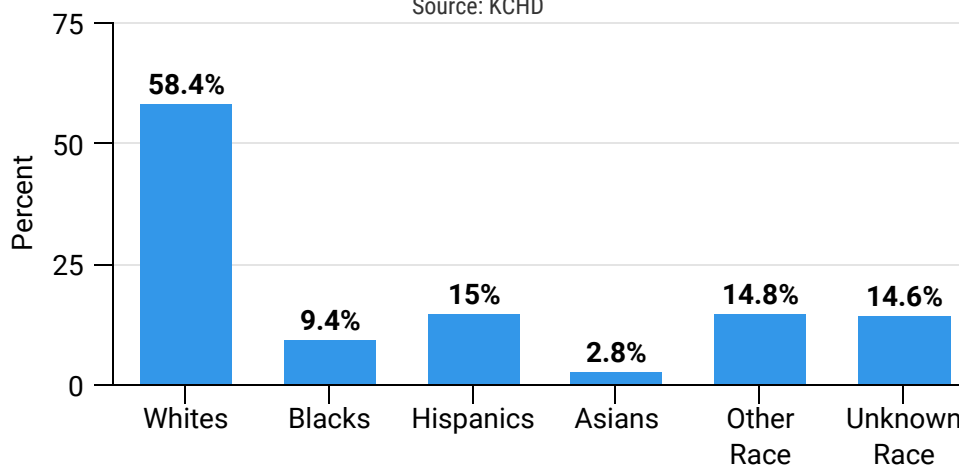
Sources: KCHD | CDC COVID Data Tracker

COVID-19 and Racial Disparities

When reviewing COVID-19 cases by race/ethnicity in Kent County (as of 3/29/21), **Whites comprised 58.4% of cases, Blacks 9.4%, Hispanics 15%, and Asians 2.8%. Those classified as Other Race represented 14.8% of cases, while 14.6% of cases occurred among those with an Unknown race/ethnicity.**(53)

Percentage of COVID-19 cases by race/ethnicity in Kent County, MI, as of 3/29/21

Source: KCHD



COVID-19

COVID-19 and Racial Disparities *(continued)*

To determine if race/ethnicity plays a major role in COVID-19 cases in Kent County, it may be useful to compare the population percentage of a race/ethnicity group to their COVID-19 infection rate.(54) Using this approach, the COVID-19 rate for Hispanics of 15% (as of 3/29/21) was higher than their Kent County population percentage of 10.8% for 2019. This implies that Hispanics may be contracting the virus at a higher rate in Kent County when compared to other race/ethnicity groups who had lower or similar COVID-19 rates when compared to their population percentages for 2019. For example:

- **Whites comprise 73.2%** of the Kent County population **but only 58.4% of cases.**
- **Blacks represent 8.9%** of the Kent County population **and 9.4% of cases.**
- **Asians comprise 2.9%** of the Kent County population **and 2.8% of cases.**

Using this same approach nationally with CDC's COVID data tracker, US COVID-19 rates (as of 3/29/21) were compared to US population percentages for 2019 by race/ethnicity, which revealed noteworthy results. Hispanics (at 21.2%) were the only group to have a higher US COVID-19 rate when compared to their US population percentage for 2019.(55)

Percentage of COVID-19 cases (as of 3/29/21) compared to population percentages (2019) by race/ethnicity in Kent County, MI and the US

	Kent County, MI Population (2019)	Kent County, MI COVID-19 Rates (as of 3/29/21)	United States Population (2019)	United States COVID-19 Rates (as of 3/29/21)
Whites	73.2%	58.4%	60%	55.6%
Blacks	8.9%	9.4%	12.4%	12.2%
Hispanics	10.8%	15%	18.4%	21.2%
Asians	2.9%	2.8%	5.6%	3.6%

Sources: KCHD | CDC COVID Data Tracker | US Census Bureau

Even though these findings by race/ethnicity are meaningful, it should be noted that 14.6% of COVID-19 cases in Kent County were missing race/ethnicity data.(53) In addition, of the roughly 30 million US COVID-19 cases (as of 3/29/21), race/ethnicity data were only available for 42% of them.(55) Thus, it is difficult to form conclusions with this data alone. More studies and data are required to examine these associations more accurately.

As of March 29th of 2021, here are the US COVID-19 mortality rates by race/ethnicity compared to their population percentages for 2019:(55)

- **Blacks represented 14.6% of all deaths.** (Black US population: 12.4%)
- **Whites comprised 63.3% of all deaths.** (White US population: 60%)
- **Hispanics represented 12.3% of all deaths.** (Hispanic US population: 18.4%)
- **Asians comprised 4.3% of all deaths.** (Asian US population: 5.6%)

Blacks and Whites both contained US COVID-19 mortality rates that were higher than their US population percentages for 2019. This implies that Blacks and Whites may be at higher risk for COVID-19 mortality than other race/ethnicity groups. CDC reports that people with underlying medical conditions may be at higher risk for severe illness from COVID-19 (56), and with Blacks experiencing more health disparities in the US than all other groups, this may explain their potentially higher COVID-19 mortality risk. However, the COVID-19 mortality tracker was also missing substantial amounts of race/ethnicity data, so more research is needed to better form these conclusions.

COVID-19

COVID-19 and Racism

Blacks may be at higher risk for COVID-19 mortality than other groups. Therefore, identifying factors for this potential reality is essential. According to the CDC (57), below are factors contributing to health disparities among Blacks and Hispanics, which may be increasing their COVID-19 risk:

- Institutional racism
- Discrimination
- Poverty
- Poor housing
- Unemployment
- Lack of quality health care
- Poor access to quality health care
- Poor access to quality education
- Living in more densely populated areas
- Living in food deserts or far away from grocery stores
- Working on the frontline of essential industries

With these issues persisting and impacting Blacks more so than other groups, they create unfavorable conditions that influence poor health outcomes. Moreover, these conditions in addition to historical injustices, such as the Tuskegee Experiment, create further distrust among Blacks regarding the US health care system.(57) Therefore, it will take major reformation policies, programs and resources to repair this distrust and the injustices that were never sufficiently addressed for Blacks. This is very important, as vaccines are now being developed and distributed across the world to combat COVID-19.

Preventative Measures for COVID-19

CDC recommends everyone get vaccinated from COVID-19 as soon as possible. Currently, a few vaccines are being distributed after receiving emergency use authorization from the Food and Drug Administration. Each state has its own vaccine rollout plan, so visit the following link for information on vaccine eligibility and availability in Michigan:

www.michigan.gov/coronavirus/0,9753,7-406-98178_103214_104822---,00.html.

Everyone can help prevent the surge and spread of COVID-19 by following these best practices:

- Wash hands often for at least 20 seconds with soap and water or use hand sanitizer with at least 60% alcohol, especially when returning home.
- Wear face masks or coverings when outside your home or in public places.
- Stay at least 6 feet apart from others.
- Clean and disinfect common areas frequently.
- Avoid big crowds in your home and in public.
- If feeling sick, don't go to work and isolate yourself from others.
- If you have trouble breathing or pain/pressure in your chest, seek immediate medical care.
- Continue to monitor your health and the health of those around you.

Below are valuable resources with COVID-19 data and information.

GRAAHI: <https://graahi.com/resources-tools/covid19/>

KCHD: <https://www.accesskent.com/Health/coronavirus.htm>

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

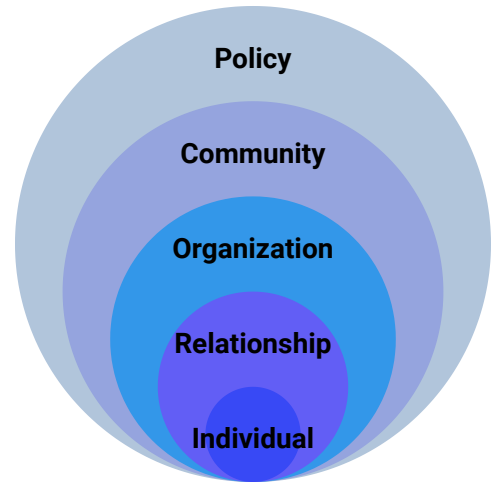
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>

Health Recommendations

Data and summaries in this report show the reality of health inequities in Grand Rapids and Kent County, especially for Blacks who experience the worst disparities in the region.

To help combat these issues, GRAAHI promotes the following health (mostly CDC) recommendations that can be adopted and implemented across eight life areas including—home or individual, relationships, organization, community, school, health care, policy and racial justice. These areas mostly follow the constructs in the Social Ecological Model or the factors influencing health behavior. This list, for individuals and organizations, is not exhaustive. Recommendations marked in blue are for COVID-19 prevention and care.

Social Ecological Model



Home or Individual

- Wash hands often for at least 20 seconds with soap and water or use hand sanitizer with at least 60% alcohol, especially when returning home.
- Wear face masks or coverings when outside your home or in public places.
- Stay at least 6 feet apart from others who don't live with you or those who are COVID positive.
- Clean and disinfect common areas frequently.
- Avoid big crowds in your home and in public.
- If feeling sick, don't go to work and isolate yourself from others.
- If you have trouble breathing or pain/pressure in your chest, seek immediate medical care.
- If interested in COVID-19 testing or a vaccine, contact your medical provider.
- Cook with less sodium and fat.
- Eat healthy foods such as fruits, vegetables, lean meat, fish, dry peas or beans, and whole grains.
- Get enough sleep between 7-8 hours a night.
- Drink plenty of water and more if you are active.
- Take any prescribed medication correctly and on time.
- Don't smoke or use tobacco products.
- Limit alcohol consumption.
- Refrain from using recreational drugs or those that are not prescribed by a medical provider.
- Get 150 minutes of exercise per week.
- Find healthy ways to cope with stress (walks, music).
- Make sure smoke alarms are working properly in home.
- Get your home tested for radon.
- Reduce screen time in front of computers and TVs.
- Seek healthy social support and friendships.

Relationships

- If you want to improve or fix an issue with your relationship, seek counseling or therapy.
- Limit your number of sex partners.
- Use a new condom correctly each time you have sex.
- Know your partner's HIV or sexually transmitted disease status.
- Report mental or physical abuse to authorities.
- Never use or share needles.

Organization

- Follow the same COVID-19 recommendations from the "home" section.
- Implement equity initiatives to address health/resource disparities in region.
- Assess your organization for racism or discrimination.
- Work and collaborate with nontraditional partners such as barbershops and churches.
- Provide incentives to community members for engaging in healthy behaviors.
- Develop and share culturally tailored messages via social media, videos and brochures.
- Help staff get health coverage by connecting them with a health system or provider.
- Develop a mass media campaign that educates community members on healthy behaviors and available resources.
- Provide healthy snacks during meetings.
- Encourage stairwell use.
- Offer a wellness program with incentives.

Health Recommendations

School

- Enforce mask wearing for all staff and students.
- Screen students for COVID-19 symptoms.
- Review [CDC's indicators and thresholds for risk of introduction and transmission of COVID-19](#).
- Review [CDC's guidance for case investigation and contact tracing](#).
- Review [CDC's guidelines for cleaning and disinfecting your school](#).
- Review [CDC's strategies for protecting staff from getting COVID-19](#).
- Provide healthy food and beverage options.
- Offer healthy snacks in vending machines.
- Have enough counselors on staff.
- Provide safe routes to schools for students.
- Require or offer a physical education class.
- Prohibit smoking and alcohol use on campus.

Health Care (HC)

- Review [CDC's preparedness/guidance resources](#).
- Be sure health care staff are well trained on how to use PPE (personal protective equipment).
- Monitor staff for symptoms of COVID-19 and have a plan to limit exposure to others.
- Ensure enough supplies and spaces are available.
- Inform personnel on evidence-based methods for treating COVID-19 patients.
- Develop a communications plan to keep the personnel and community informed on the status of COVID-19 patients and outbreaks.
- Be aware of COVID-19 cases in your city and state.
- Use Telehealth services when possible to limit patient exposure to COVID-19.
- Provide additional staff support such as mental health counseling and meals.

HC Recommendations for Individuals

- Get and maintain health and dental insurance.
- Find a local doctor and dentist.
- Get an annual physical with your medical provider.
- Visit your dentist for annual cleanings and care.
- Get necessary health screenings (e.g., prostate, breast, STD) based on your age and race.
- Take any medication as prescribed by your doctor.
- Know your blood pressure and cholesterol levels.
- Know the signs and symptoms of heart attacks and strokes.
- Ask your doctor lots of questions.
- Know your family's medical history.

Policy

- Institute policies to ensure that equity is pursued in all sectors and settings.
- Require businesses and organizations to complete equity training, especially on race.
- Implement safe housing policies and strategies to reduce resident exposure to lead and radon, especially in low income areas.
- Require restaurants to provide menu labeling.
- Institute smaller portion sizes in all settings.
- Ban or limit the sale of sugary beverages in schools.
- Encourage all settings to provide access to healthy foods and beverages.
- Ban restaurants from cooking with trans fats.
- Promote farmers markets.
- Require physical education in all schools.
- Establish a complete streets policy to support walking and biking infrastructure.
- Ban cigarette smoking in all public venues.
- Increase the legal age to purchase tobacco products to 21.
- Provide funding to address drug and alcohol abuse victims along with rehabilitation.

Racial Justice

- Be honest on how racism and injustices deteriorate this country.
- Advocate for policies that address injustices towards Blacks, such as lead exposure, poor housing and unemployment.
- Advocate for grants or funding that specifically empower Black communities via employment, health care, and education.
- Identify rogue, racist groups in the community and report them to authorities.
- Hold law enforcement groups and individuals accountable for their misconduct.
- Demand elected officials investigate the presence of racist/extremist groups in law enforcement and/or government agencies.
- Use disparity data such as those in this report to generate resources for Black communities.
- Donate to Black businesses and organizations and help fight against racism.
- Examine your employer's practices for racism or bias and propose needed changes.
- Ensure organizations are following the standard diversity or equity policies by addressing issues that disproportionately affect Blacks more so than other groups.



GRAAHI's Health Equity Index

[GRAAHI's Health Equity Index](#) (Index) was developed to empower West Michigan residents with local, state and national data using a simple, user-friendly design. Health resources and recommendations are also provided to help residents take charge of their health and/or perform activities to improve the health and environment of West Michigan.

Features of GRAAHI's Index include:

- Simple, user-friendly and interactive interface
- County, state and national data for 49 health indicators
- Data by race/ethnicity for 30 indicators
- Interactive data maps
- Logic models
- Over 450 health recommendations
- Over 400 online resources
- Research materials

GRAAHI's Index includes data from the CDC, MI Department of Health and Human Services, US Census, County Health Rankings and Roadmaps and several other sources.

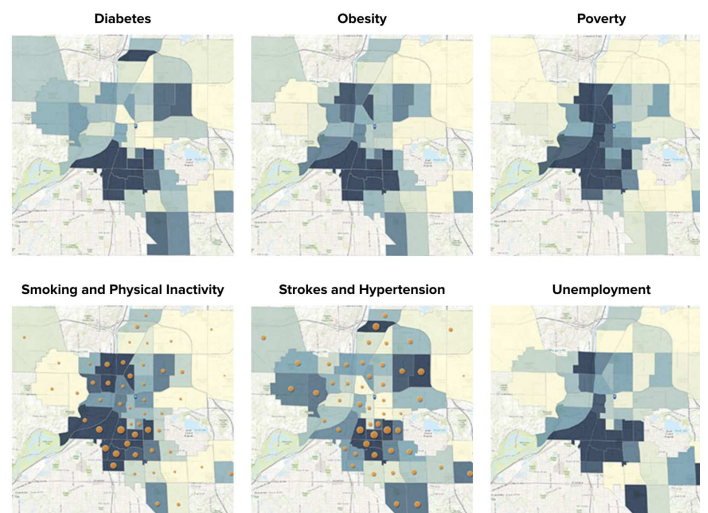
GRAAHI convened an expert panel of public health professionals and conducted focus groups to assist the development of its Index.

GRAAHI plans to revise its Index with a new design and layout in the near future, so stay tuned.

Check out GRAAHI's Index at hei.graahi.org.



Data Profile Summary from GRAAHI's Index



Data maps from GRAAHI's Index

Report Summary

Data and outcomes in this report showed that Blacks experience the most and worst health disparities in Kent County or Grand Rapids compared to all other race/ethnicity groups. Some of the indicators possessing the greatest disparity for Blacks included—HIV, heart disease mortality, prostate cancer mortality, infant mortality, diabetes, obesity, teenage births and lead poisoned children. Blacks also had the highest rates of poverty and unemployment in Grand Rapids, which likely influence the disparities among Blacks in West Michigan.

The health status of Grand Rapids was also reviewed in this report, revealing that the city may have worse outcomes than Michigan for several indicators. Some of these indicators included—homeownership, household earnings, severe housing problems, poverty and unemployment. Many of these issues are concurring problems that need sustained support and resources to improve.

Regarding COVID-19, Hispanics may be overrepresented among US and Kent County cases, while Whites and Blacks may be at higher risk for COVID-19 mortality than all other groups. However, COVID-19 trackers are missing substantial amounts of race/ethnicity data, so further research is required to more accurately form these conclusions. Moreover, more resources and targeted policies are needed to improve the Black distrust of the health care system to repair decades of racism, discrimination and inadequate health care.

To improve these conditions and health/racial inequities, it is imperative for all sectors to institute systemic and policy changes, so Blacks and everyone have a better chance of achieving their optimal levels of health. To achieve this vision, GRAAHI encourages organizations and individuals to embrace the health recommendations in this report, so equity and quality health are the foundations of our society.

GRAAHI

**"Bridging new opportunities for Blacks
in Grand Rapids"**



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Data Sources

HEI: GRAAHI's Health Equity Index

US Census Bureau: United States Census Bureau, American Community Survey

CDC: Centers for Disease Control and Prevention, including COVID Data Tracker

KCHD: Kent County Health Department

MDCH: Michigan Department of Community Health

MDHHS: Michigan Department of Health and Human Services

CHR&R: County Health Rankings and Roadmaps

SCP: State Cancer Profiles

KCDC: Kids Count Data Center

NIH-NCI: National Institutes of Health-National Cancer Institute

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