

# Health Disparities

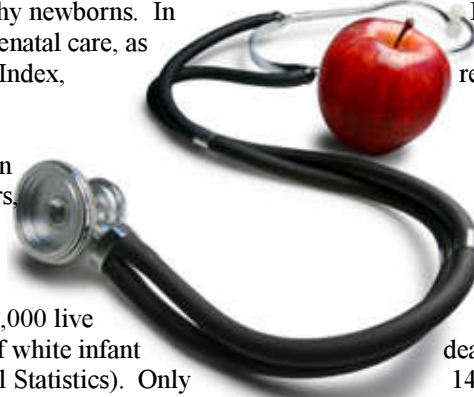
As we celebrate February as Black History Month, it is important to look back on accomplishments, but also to look for improvements that can be made within the African American community, especially as it relates to health care.

**“Of all forms of inequality, injustice in health care is the most shocking and inhumane.”  
Martin Luther King, Jr.**

Racial and socio-economic disparities (differences) in the health status of people in the US, including people in Berrien County, are shocking and unacceptable. Research has shown that white residents with higher household incomes tend to have better health statuses (fewer chronic diseases, longer life expectancy, etc) than to do lower income residents and those characterized as racial/ethnic minorities.

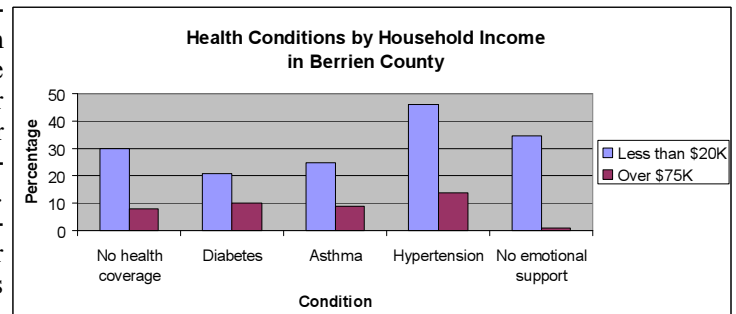
Disparities in health status of our residents begin in the womb. For example, expectant mothers getting an appropriate amount of prenatal care is a known predictor of healthy newborns. In Berrien County, 66% of white mothers receive what is considered an adequate amount of prenatal care, as compared with only 34% of black mothers reported by the Michigan Department of Community Health).

Babies born to black mothers in Berrien County are twice as likely to be born at a low birth weight than those born to white mothers, which can lead to serious complications, including the death of an infant. Disparities in infant mortality (death before the age of one year) have been well-documented, and several programs have been started in Berrien County to address this tragedy. While black infant death rates have declined considerably (from an average of 24 deaths per 1,000 live births to 2000 to 12 death per 1,000 live births in 2005), this rate is still over twice that of white infant deaths (less than 6 per 1,000 live births). (Michigan Department of Community Health Vital Statistics). Only 14% of the Berrien County population is African American but 61% of all the HIV cases in Berrien are African Americans, and 78% of female cases are African Americans.



Significant disparities in various health areas are also present regarding household income, as evidenced from results of the 2008 Berrien County Behavioral Risk Factor Survey. For example, among people living in households with less than \$20,000 annual income, nearly 30% do not have health coverage (compared to less than 8% of those with household incomes over \$75,000), over 21% have been diagnosed with diabetes (compared to 10%), and over 25% have asthma (compared to less than 9%). A huge difference exists with hypertension or high blood pressure, as over 46% of low-income individuals have been diagnosed with this condition, as compared to only 14% of high-income individuals.

One reason why those with low incomes and those in racial minorities have worse health outcomes is thought to be stress, which is known to lead many bad health outcomes. Under stress, the body is working much harder than usual which leads to a quicker breakdown in the body's ability to work as it should. Another reason for health differences could be major differences in support networks among people of different incomes and culture. Among people in households with less than \$20,000 annual income in Berrien County, 34.5% stated that they rarely or never received the emotional support they needed, as compared to less than 1% of people in households with incomes over \$75,000.



Data from 2008 Berrien County Behavioral Risk Factor Survey

Stress in low-income individuals and people of color is often a result of the difficult circumstances under which people must live. Dealing on a daily basis with discrimination and structural racism, or dealing with economic instability and the resulting inadequate or unsafe living conditions puts a huge amount of stress on the body, which leads to poor health conditions and chronic diseases like asthma, diabetes and high blood pressure.

Based on this information, the Berrien County Health Department, as well as our partners at the Local, State and Federal level, focus on building programs that not only provide direct health services to people in need, but also change policies and systems that keep some people from reaching their full health potential. Some examples include changing laws to protect low-income renters from lead hazards in their homes and building “complete streets” in low income communities to allow people to walk safely on sidewalks and trails. Addressing health differences based on racial differences will take more than direct patient health care to fix. Lets work together to make it happen.



For more information on health disparities:  
[www.bchdmi.org](http://www.bchdmi.org) <http://www.michigan.gov/mdch/> [www.unnaturalcauses.org](http://www.unnaturalcauses.org)