

A SNAPSHOT OF REGION 5: INDICATORS THAT AFFECT HEALTH

FACT SHEET

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Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio & Wisconsin

A variety of factors affect the health status of individuals and communities. These factors act as determinants of health (i.e. circumstances which make a person healthy or not) and include: where one resides, environmental factors, income, education, and social relationships. The U.S. Department of Health & Human Services' Region 5 includes six states: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Each of these states has distinct similarities in the health challenges and determinants experienced by its population. The health disparities and challenges that exist have been particularly highlighted among racial/ethnic minorities. These challenges include, but are not limited to: high prevalence of obesity, low per capita health funding, and high rates of deaths from cardiovascular disease.



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Table 1: Comparison of Determinants and Outcomes on Health Indicators across the Region^{1,2}

	Minnesota	Wisconsin	Michigan	Indiana	Illinois	Ohio
<i>Determinants</i>						
Children in Poverty ¹	17.4%	15.5%	20.7%	26.3%	19.5%	18.7%
Lack of Health Insurance ²	8.7%	9.6%	12.7%	13.2%	13.9%	12.9%
Housing Cost Burdened ³	38.6%	37.4%	44.3%	39.3%	41.2%	40.2%
Public Health Funding per capita ⁴	\$45.00	\$40.00	\$52.00	\$39.00	\$62.00	\$41.00
Primary Care Physicians/100,000 ⁵	139.5	120.6	115.2	101.8	129.5	118.9
Preventable Medicare Hospitalizations ⁶	55.1	60.0	73.4	75.6	81.1	79.1
<i>Outcomes</i>						
Poor Mental Health Days ⁷	2.8	2.8	3.7	3.8	3.5	3.8
Cardiovascular Deaths ⁸	206.3	258.3	312.7	300.5	284.7	301.8
Premature Death (years lost) ⁹	5,382	6,479	7,631	7,889	6,979	7,808

¹ Percentage of persons under age 18 who live in households at or below the poverty threshold

² Percentage of the population that does not have health insurance privately, through their employer or the government

³ Percentage of occupied housing units paying rent of 35% or more of their household income

⁴ State funding dedicated to public health as well as federal funding directed to states by the Centers for Disease Control and Prevention and the Health Resources and Services Administration, expressed on a per capita basis. This represents the annual investment being made in public health programs to monitor and improve population health.

⁵ Number of primary care physicians (i.e. general practice, family practice, OB-GYN, pediatrics and internal medicine) per 100,000 population

⁶ Discharge rate among the Medicare population (per 1,000 Medicare enrollees) for diagnoses that are amenable to non-hospital based care

⁷ Number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties

⁸ Number of deaths due to all cardiovascular diseases, including heart disease and strokes, per 100,000 population

⁹ Number of years of potential life lost prior to age 75 per 100,000 population

Rankings of Health Determinants & Outcomes Across Region 5

According to data reported in America's Health Rankings (2010)³ provided by the United Health Foundation, the state of Minnesota ranks among the top 10 across the nation, and highest in the region, for health-related factors. Key strengths in this state include a low number of uninsured individuals, low premature and cardiovascular death rates (#1 in the U.S. for both), and low rates of preventable hospitalizations. For per capita public health funding, however, both Minnesota and Indiana rate poorly (#46 and #49 respectively). Illinois also ranks somewhat low (#35) for per capita public health funding, though it fares better than the other states in Region 5. In addition, Illinois ranks poorly in preventable hospitalizations, demonstrating high discharge rates among the Medicare population for diagnoses amenable to non-hospital based care. Indiana ranks lowest across the region in terms of percentage of children in poverty (#47), while Wisconsin's percentage of persons under age 18 who live in households at or below the poverty threshold is relatively high, at #14.

When considering other health related factors, the availability of health professionals in this region is disparate. Minnesota ranks the highest (#9), while Indiana ranks lowest (#42) for physicians available to provide needed medical and preventive care. While Minnesota ranked high for its availability of primary care, the Health Resources and Services Administration has identified several Medically Underserved Areas (MUAs) in the state.⁴ These areas are concentrated in St. Louis, Hennepin, and Ramsey counties. The presence of MUA's and low-income populations was consistent across the region, but most prevalent in Michigan and Illinois.

When assessing health determinants and respective outcomes, Minnesota, Wisconsin, Indiana and Illinois rank lower for health determinants than for health related outcomes, which may mean that overall health in these states will decline over time. Indiana, for example, ranks lowest (#33) in the region for premature death rates and poor mental health days (#41). Michigan and Ohio, by contrast, rank higher for determinants than outcomes, which indicates the possibility of health in these states improving over time. There are, however, some demonstrated inconsistencies in terms of outcomes in these states, with Michigan ranking lowest (#42); Minnesota highest (#1) across the region for cardiovascular deaths.

Housing & Risk of Homelessness

Housing cost burdens, unemployment, and health related issues place individuals at an increased risk of homelessness. Illinois and Michigan have been identified as having economic and demographic factors more adverse than the national average.⁵ These states have at least three rates (including homelessness, unemployment, foreclosure, cost burdened households, uninsured, and doubling-up) higher than the national average. For example, the 2009 national unemployment rate was a reported 9%; in Region 5, Michigan, Indiana, Ohio, and Illinois exceeded this rate, with unemployment ranging from 10-14%.

In 2009, nearly 11 million American households have a severe housing cost burden, demonstrating an increase of more than a half a million since 2008.⁶ When individuals do not have sufficient resources to obtain or maintain housing, they are at risk for homelessness. Housing is considered unaffordable when it accounts for more than 30% of an individual or family's household income.⁷ According to the American Community Survey (2009), at least 72% of households at or below the federal poverty line are severely housing cost burdened (spending more than 50% of their income on rent).⁸ The 2005-2009 U.S. Census Fact Finder reports that the states within Region 5 are largely housing cost burdened (See Table 1). Currently, renters in Michigan, Illinois, and Ohio have the worst housing cost burdens across the region. Among individuals and families in poverty, these percentages are significantly higher (Michigan-78%, Illinois-76%, Ohio-71%). Individuals and families that are doubled-up (i.e. persons living with friends or family) also have an increased risk of experiencing homelessness. Nationally, at least 40% of individuals and families were doubled-up prior to coming into the shelter system.⁹

A Focus on Detroit

It was recently reported that homelessness dropped 53% in Michigan between 2007 and 2010¹⁰, though this decrease is most likely tied to the population decline experienced in the state, and most notably in the city of Detroit (Wayne County). Since the year 2000, the city has lost at least 25% of its population, and is now smaller than it was in the early 1900's. Also of note, Michigan is the only state in the U.S. to experience population decline in the last decade. The emigration rate between 2000-2010 indicates that one individual departed the city every 22 minutes.¹¹ In the midst of this population decrease, the state remains committed to plans to end homelessness. The Michigan State Housing Development Authority (MSHDA) has dedicated an estimated \$60 million dollars to support the "creation and implementation" of several initiatives for every region across the state.¹² An October 2010 report of Michigan's 10-Year Plan indicated that a portion of the funding has been established to develop supportive housing and/or temporary rental assistance for chronically homeless individuals. Within the past five years, more than 700 of the residents who had been classified as "hard to assist" have been successful at obtaining and sustaining housing.¹³ The number of residents assisted in the Wayne County area is unknown.

Wayne County faces a number of issues, notably a higher than state and national rate of unemployment (17%), poverty rate of approximately 21%, and food security issues. A reported 500,000 Detroiters live in a food desertⁱ, and more than 1 in 10 households are food insecureⁱⁱ. This demonstrates implications for poor health and nutrition among residents who have no healthy food options and who must shop for food at local liquor and convenience stores. Data shows that of the food stamp benefits issued in Detroit, 25% will be spent outside of the city, and 60% of the remaining benefits will be spent at the non-healthy food outlets listed above.¹⁴ Health professional shortages in Wayne County are also an area of concern, with dental, mental health care, and primary care shortages.

Addressing the issues of Region 5 presents unique challenges, but with focused efforts, partnerships, and community organizing, solutions to these problems can be addressed. The National HCH Council will offer a regional training in Detroit September 19-20, 2011, to further encourage ongoing conversations and plans to support health care providers in addressing the region's unmet needs.

ⁱ Food deserts are large and isolated geographic areas where mainstream grocery stores are absent or within distant proximity.

ⁱⁱ Food insecurity relates to the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources.

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