House Legislative Analysis Section

Washington Square Building, Suite 1025
Lansing, Michigan 48909
Phone: 517/373-6466

CREATE OFFICE OF MINORITY HEALTH

House Bill 4671 as introduced
First Analysis (5-9-89)

Sponsor: Rep. Teola P. Hunter
Committee: Public Health

THE APPARENT PROBLEM:

A 1985 federal report documented the wide disparity in health status between four minority groups (blacks, Hispanics, Asian and Pacific Islanders, and native Americans) and the rest of the population. In 1987 the governor directed the Michigan Department of Public Health to establish a Task Force on Minority Health Affairs to examine the health status of minorities (including Arab-Americans) in the state and to recommend ways to improve their health. In 1988 the task force published its report, Minority Health in Michigan: Closing the Gap. The report recommended for immediate action that an Office of Minority Health be established in the Department of Public Health by executive action and subsequently placed into law in the Public Health Code. In September, 1988, the governor created by executive order the Office of Minority Health Affairs, and legislation giving statutory status to the office has been proposed.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to create the Office of Minority Health and the Minority Health Advisory Committee in the Department of Public Health (DPH). "Minority" would be defined to mean blacks, Hispanics, native Americans, Asian and Pacific Islanders, and Arab-Americans.

Office of Minority Health. The director of the Office of Minority Health would be appointed by, and report to, the director of the DPH. The office would be responsible for a number of investigative, advocacy, educational, and funding activities related to minority health, including:

- investigating (and reporting to the governor, the legislature, and the director of the DPH) conditions affecting the health of minorities;
- making recommendations (to the director of the DPH and to the governor) on how to eliminate inequities between minority and majority health status and on budget and grant requests for minority health programs;
- advocating measures to improve minority health;
- helping establish new minority health programs, as well as helping agencies and groups to improve existing minority health programs;
- funding community-based organizations to develop model programs for improving minority health;
- increasing public and governmental awareness of minority health issues;
- developing and implementing an AIDS education and prevention program addressing minority needs;
- forming and coordinating a network of community health action teams to implement and monitor programs in communities;
- providing information on minority health promotion programs;
- evaluating the impact of state and federal law on minority health, and recommending appropriate changes to the governor, the legislature, and the director of the DPH;
- providing minorities with opportunities to comment on policy development and program implementation; and
- any other activities assigned by the director of the DPH.

Minority Health Advisory Committee. The bill also would create an eleven-member Minority Health Advisory Committee in the DPH, under the jurisdiction of the Public Health Advisory Council, to advise the director of the Office of Minority Health on how to improve the health status of minorities in Michigan.

The governor would appoint the advisory committee members with a representative from each of the following groups: each of the minority groups listed in the bill (blacks, Hispanics, native Americans, Asian and Pacific Islanders, and Arab-Americans); public health care agencies; private health care agencies; community organizations; the medical profession; and institutional health care providers. The governor also would appoint a member of the Public Health Advisory Council to chair the Minority Health Advisory Committee. Members would serve for two years and be reimbursed for travel expenses for attending committee meetings. Like other advisory committees to the DPH, the committee would be terminated two years after its creation unless the Public Health Advisory Council recommended its continuation.

MCL 333.2501 et al.

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, $750,000 has been allocated to the Office of Minority Health for fiscal year 1988-89 from the Michigan Health Initiative Fund. The current 1989-90 public health appropriations bill pending in the House allocates $1,000,000 from the Michigan Health Initiative Fund to the Office of Minority Health, with $200,000 to $250,000 slated for administrative costs and $750,000 to $800,000 allocated to grants. (5-8-89)

ARGUMENTS:

For:

Urgent action is needed to improve the health of minority groups in Michigan. The health of members of minority groups — whether measured in terms of death (mortality rates) or disease (morbidity rates) — has consistently been worse than that of the majority of the population, both nationally and within Michigan. Although the health of most Americans has improved since the turn of the century, a significant difference has remained between the health of certain minorities and the rest of the population. Even more alarmingly, in some cases this difference appears to be increasing rather than decreasing.

Since blacks are the largest minority group in Michigan (constituting 75 percent of all minorities), and since data for other minority groups often is unreliable or nonexistent, the overall health status of minorities in Michigan tends to

OVER

be given in terms of black health statistics. And the statistics are grim. For example, Michigan death rates for blacks are substantially higher than white rates for heart disease, cancer, stroke, pneumonia and influenza, diabetes, and for chronic liver disease and cirrhosis. The infant mortality rate (which measures the number of babies that die before their first birthday) is two and one-half times the white rate, and the homicide rate for blacks is over twelve times higher than that for whites.

As grim as these statistics are, there is evidence that minority health status within Michigan is deteriorating, both in comparison to the majority population as well as in comparison to minority groups in the nation as a whole. The gap between minority and majority health status appears to be widening, rather than narrowing. For example, in 1970, the black infant death rate was 63 percent higher than the white rate, but by 1986, it was 156 percent higher. What is more, the health of Michigan minorities is worsening in comparison with that of minorities nationally. Ten years ago, Michigan's minority death rates were only slightly higher than comparable national figures, but by 1985, the Michigan minority death rate was 18 percent higher than national minority rates.

Simple justice demands that the discrepancies in health status between minorities and the rest of the population be reduced and, as much as possible, eliminated. It is unconscionable that the health and lives of thousands of adults and children should be at risk when technology exists to alleviate or prevent much of this risk. What is more, all of Michigan has a stake in improving the health of its minority citizens, which make up nearly one-fifth of the state's population. Michigan's ability to be economically competitive depends on the good health and high education levels of all its residents, and efforts to reduce health care costs and improve the overall quality of life in the state will depend on all groups reducing rates of illness and injury.

Against:

According to the report of the Task Force on Minority Health, "The discrepancy between the economic status of minorities and whites has been growing rather than diminishing in recent years in Michigan" and "The worsening economic situation of minorities in Michigan appears to have led to a general deterioration in their health status." While the establishment of an Office of Minority Health is a promising first step in addressing the health needs of minorities in the state, clearly minority health is dependent on economic and social factors far beyond the purview of the Department of Public Health. Much more needs to be done.

Response: The establishment of the Office of Minority Health is only the first of a number of recommendations made by the task force. Other task force recommendations do address other factors — including economic factors — that affect minority health status. For example, the task force recommends improving data collection on minority health status, the involvement of both public and private groups in improving employment opportunities for minorities, funding programs to improve minority health status (with an emphasis on health promotion, disease prevention, and risk reduction), expanded awareness of minority health concerns and increased educational opportunities for minorities in the health professions, and the incorporation of additional recommendations from recent task forces and advisory bodies which impact on minority health. While establishment of an Office of Minority Health will not solve all of the health problems faced by the state's minorities, it can be the first step in the much-needed longer process of lessening the distressing gap between the health of minorities and that of the rest of the state's population.

POSITIONS:

The Department of Public Health supports the bill. (5-5-89)

The Michigan Department of Civil Rights supports the bill. (5-9-89)

The Commission on Spanish Speaking Affairs (in the Department of Management and Budget) supports the bill. (5-8-89)

The Indian Affairs Commission (in the Department of Management and Budget) has not yet had the opportunity to examine the bill. (5-8-89)

The Governor's Commission on Asian-American Affairs supports the bill. (5-8-89)

The Arab-American Chaldean Council supports the bill. (5-9-89)

The Saginaw Inter-Tribal Association, Inc. supports the bill. (5-9-89)

The Detroit American Indian Health Center supports the bill. (5-9-80)