

## Asian American in Michigan: Health Snapshot



### Concerns:

Asian Americans in Michigan report **inadequate physical activity** more than the state average, and report rarely or never receiving the **emotional support** needed more than Whites. They are also less likely to have ever received an HIV test when compared to the state average. There is an identified **lack of access to insurance and culturally-competent services** as key blockages to improving the health of Asian Americans. With 71.2% of the Michigan Asian American population foreign-born, issues around immigration, language, traditional diet, and clinical continuity with traditional medicine are considered barriers to a healthier Asian American community. 12.0% report no access to healthcare in the last month due to cost.

### Doing better:

Asians report better physical health in the past month, and have lower rates of obesity and activity limitation. **Asian Americans have the lowest overall mortality rate** of any racial/ethnic group in the state, as well as the lowest infant mortality rate. Asian Americans report smoking and drinking less than the average Michigander.

### Key social and environmental health determinants:

The median household income is \$68,611. Among those 25 years and older, 88.3% are high school graduates and 63.0% have a bachelor's degree or higher. 33.0% are cost-burdened renters (rent  $\geq$  30% of income). **78.1% speak a language other than English** in the home. The Detroit – Ann Arbor – Flint metropolitan area has a Asian/White tract dissimilarity index of 51.6, showing that Asian and White communities would need to exchange about 50% of their residents to achieve integration.

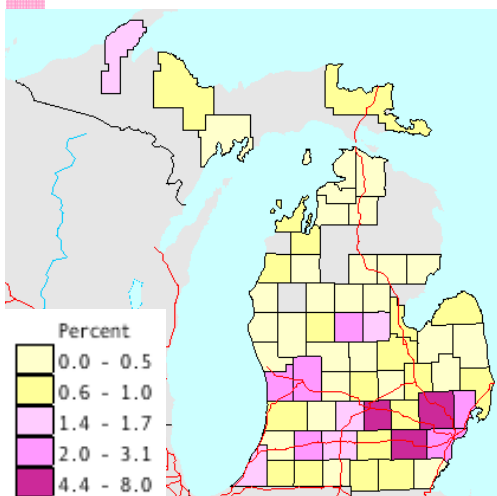
Total Population: 235,011  
 % of population: 2.3  
 Age Distribution:  
 under 5: 7.3%  
 5-17: 18.2%  
 18-65: 68.9%  
 over 65: 5.7%

### Notes:

Due to the relatively small population and the cultural diversity of Asians in Michigan, understanding health status through traditional surveillance methods can be difficult or impossible. **Alternative data sources are needed to build programming and policy** that effectively meets the needs of the communities that identify as Asian. This is reflected not only

in current data availability, but is identified as a community concern as well. Looking forward, the community has identified an increase in services for the elderly, **community-based services**, and universal insurance coverage as measures that can improve the overall health of the community.

*Sources:* Michigan BRFSS, 06-08 bridged estimates; Michigan Vital Statistics 07 data; American Community Survey 05-07, US Census; US Census 08 population estimates; Kaiser Family Foundation State Health Facts 07; Racial Res. Segregation Measurement Proj., MSU, 2000. 2009 Community conversations, MDCH. Please contact the Health Disparities Reduction/Minority Health section at [colormehealthy@michigan.gov](mailto:colormehealthy@michigan.gov) for more information.



Asian population, 2005-07

