



Michigan's Path to a Prosperous Future: Health Challenges and Opportunities

Altarum and the Citizens Research Council of Michigan joined forces to develop "Michigan's Path to a Prosperous Future: Challenges and Opportunities," a **five-part series of papers that presents a realistic, data-informed vision of Michigan's future based on current trends and trajectories across multiple dimensions – population and demographics, economy, workforce, talent, health, infrastructure, environment, climate, and state and local government.**

This brief provides a top-level summary of the third paper that focuses on health challenges and opportunities facing Michigan. To view the full paper, go to crcmich.org/publications/prosperous-future. 

Population health and access to health care have a direct impact on Michigan's economy, workforce productivity, educational outcomes and public spending. On one hand, Michigan has a robust medical care infrastructure and low health care costs compared to the rest of the country. Yet by most broad measures, including life expectancy, days lost to poor health, and disability rates, the health of Michiganders falls below the national average, with stark disparities in health outcomes and care access by race and ethnicity, income and geography.

Michiganders Are Among the Least Healthy Americans

Poor health is a barrier to children's educational outcomes and to adults being able to live and work to their fullest potential.

- Michigan's health outcomes have dropped from 32nd in the country in 2008 to 39th in 2022.
- Rates of serious health conditions are higher than average and Michiganders are more likely to have multiple chronic conditions.
- Life expectancy is lower than the national average, and the gap has widened in recent years.
- Mental health outcomes among Michigan residents are worse than the national average, with the gap growing.

Solid Accessibility to Available & Affordable Care

While Michigan's health outcomes and life expectancy are below national averages, the quality, availability and affordability of traditional medical care in the state rank favorably compared to the rest of the country, **indicating there is a disconnect between the health care resources available and the health of Michiganders:**

- Michigan has expanded Medicaid coverage for low-income residents.
- Supported by decades of robust employer-sponsored health insurance, Michigan has a greater supply of health care providers per capita than many other states as well as strong anchor institutions offering world-class medical care, especially in more populated parts of the state.
- Michigan also has a higher overall share of the population on average with a dedicated health care provider, lower overall rates of forgone care due to cost, and lower health spending per capita and health insurance premiums than national averages, although large disparities remain within the state.

Under-Investment in Public Health

Health is impacted by more than the availability and affordability of care. Social and economic factors, such as education, poverty, exposure to crime and food insecurity, are leading to the poor health status of Michiganders. It's no coincidence that as Michigan continues to rank among the worst states based on our economy, education system and infrastructure, the health of our population continues to decline.



Michigan ranks 37th out of 50 states in social and economic factors, and 44th in the nation for Black/White neighborhood segregation, which correlate to poor health in the state's under-resourced communities.



Michigan ranks 40th among states for per-capita spending on public health, and consistently spends less per capita on public health than the national average.



This lack of investment in public health results in less research, education and programs that could promote good health and prevent disease and injury at the community and population level.

Uneven Health Access, Drivers and Outcomes by Demographics

Michigan has significant disparities in health outcomes and health care access by race and ethnicity, income and geography.



Rural areas of the state lack health care providers in important categories such as obstetrics and mental health, as well as primary care. For example, the number of primary care physicians for every 100,000 people ranges from less than 10 in a number of Michigan counties to a high of 176 in others.



Rates of premature death among Black Michiganders are nearly twice as high as White and Hispanic populations, while disparities among groups not receiving care due to cost vary by over three-fold. The magnitude of these disparities are greater in Michigan than they are nationally.



Environmental factors affecting health, such as water quality and the presence of lead, vary considerably across the state. Overall, in a composite measure of environmental factors impacting health, Michigan ranks just below average at 27th, with highly uneven exposure to unhealthy physical environments throughout the state.

How Can We Improve Health Outcomes for Michiganders?

State and local political, health care, community and foundation leaders can work together through sustained and coordinated investments in the health of Michiganders.

- **Maintain and Leverage Michigan's Strengths in the Health Care Sector.** Strategies to leverage the state's health care resources to address health disparities and respond to the needs of an aging population could include reviewing scope of practice and licensure laws and regulations, supporting strategic use of telemedicine, and exploring ways hospital community benefit spending can best be used to address community needs.
- **Strengthen Michigan's Public Health System.** As we emerge from the biggest public health challenge in a century, Michigan has an opportunity to rebuild and strengthen its public health infrastructure and workforce.
- **Plan for the Needs of an Aging Population.** While there will always be competition for time and resources between immediate and long-term issues, the challenges of an aging population are foreseeable, and planning can begin now to ensure Michigan has the health care and personal care workforce, facilities and financing that will be needed in the coming decades.
- **Focus on Behavioral Health.** Michiganders on average report being affected 5.3 days each month by poor mental health, a greater number of days than the national average and more than any near Midwestern neighbor. Mental health conditions and substance use disorders pose threats to educational achievement, labor force participation and on-the-job productivity, and strongly impact lifetime well-being.
- **Work to Reduce Health Inequities and Disparities.** Advancing health equity so that all Michiganders can experience good health means closing gaps in access to care, in the experience of care itself, and, importantly, in the social and environmental factors that affect health and longevity.

Improving the overall health of Michiganders has potential multiple and simultaneously beneficial outcomes:

- ✓ Overall quality of life will improve.
- ✓ Healthier children have more capacity to thrive in school.
- ✓ Healthier adults can contribute to a thriving Michigan.



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