



EXECUTIVE SUMMARY

“Nuestra Salud”

**REPORT ON LOCAL HEALTH DISPARITIES
COMMISSIONED BY THE LATINO HEALTH COALITION**

2014

Introduction

Latinos are the fastest growing racial or ethnic group in the Finger Lakes region. As a result, understanding the health needs of this population is of increasing importance. The first edition of “Nuestra Salud” (Our Health), published in 2008, documented that Latinos in the Rochester community experience health disparities in relation to Whites. Today, although Latinos in the region do not fair worse than Whites on all health measures, ethnic disparities still exist. Geographic health disparities are present in our community, suggesting that place, or where we live, is an important contributor to health. Specifically, Latinos living in three ZIP codes¹ in Rochester (called the “Target Area”) are more likely to have serious, chronic, and often preventable diseases, and they have a rate of premature mortality that is higher than those who live outside of this area.

Health Status of Latinos

Several factors are used to determine the health of a population and whether or not they have access to quality health care. These include: Years of Potential Life Lost, self-reported health status, infant mortality, and preventable hospitalization rates.

Years of Potential Life Lost (YPLL) is the total years of life lost from a premature death. A premature death is any death occurring prior to the age of 75 years old. YPLL is calculated by subtracting the age at death from 75. Latinos in the Finger Lakes region and in Monroe County have a YPLL rate that is higher than Whites living in the same area (12% higher in the region and about 30% higher in Monroe County), but lower than that of African Americans. These rates have seen slight declines over the past 10 years, but the disparities persist. Target Area residents, regardless of race or ethnicity, have twice the rate of YPLL compared to those who live in the balance of Monroe County.

There are important differences between racial and ethnic groups in the leading contributors to premature mortality within the Finger Lakes region and Monroe County. For instance, cancer and heart disease are the two leading causes of potential life lost for all races. However, homicide is the fourth leading cause of YPLL for Latinos (third leading cause for African Americans), while it fails to enter the top five for Whites. Within the Target Area, homicide and suicide rise to the third and fifth leading causes, respectively; cancer and heart disease continue to occupy the top two positions for all racial and ethnic groups.

Self-Reported Health Status- According to a survey conducted by the Monroe County Department of Health, Latinos report higher rates of fair or poor health compared to Whites (20% vs 13%), and they report greater limitations due to physical health relative to Whites in a variety of domains. Additionally, Latinos in Monroe County report some of the highest rates of adverse outcomes related to **mental health**. For instance, almost 20% of Latinos reported that they felt calm and peaceful little or none of the time during the past four weeks (compared to 10% of Whites), and 13% reported feeling downhearted or depressed all or most of the time during the previous month (compared to just 4% of Whites).

¹ The Target Area ZIP codes are 14605, 14613, and 14621

Similar differences are noted when comparing Target Area residents to those living in the balance of Monroe County with higher rates of fair or poor health, limitations due to physical health, and mental health issues in the Target Area.

Infant Mortality (Death of baby before age one) is widely used as a measure of population health, because many factors can affect the health of a newborn. These include the quality of and access to health care, socioeconomic status, mother's age, and lifestyle factors such as smoking, drug use, and diet. In our community, Latino infants are among the most vulnerable.

The federal government has set a national target for 2020 of six deaths per 1000 live births. In Monroe County, Latinos experience three times the infant mortality rate of Whites--12.9 deaths per 1,000 live births, compared to 3.9 deaths per 1,000 births among Whites. There are also more Latino infants (10%) born with low weight than Whites (7%).

Hospitalization rates- When patients seek prompt attention from primary care providers, hospitalization can often be avoided. These hospitalizations that could have been prevented with better primary care are called Prevention Quality Indicators (PQI) hospitalizations.² Although not all hospitalizations can be avoided, rates of potentially preventable hospitalizations vary from one community to another. Research for this report finds Latinos residing both inside and outside the Target area experience higher rates of PQI hospitalizations as compared to Whites in the same geography, which suggests ethnic and geographic differences in access to preventive and primary care services.

Preventable hospitalizations due to diabetes, respiratory disease, and circulatory conditions are the drivers of these disparities. These conditions frequently require a complex level of care management to slow down their progression and prevent serious complications. Research suggests that Latinos, particularly those living in the Target Area, may lack access to this level of care, potentially leading to an increased risk of serious complications requiring hospitalization. For example, Latinos in Monroe County with diabetes are more than twice as likely to be hospitalized for a lower extremity amputation relative to Whites, despite no difference in the reported rates of having been diagnosed with diabetes between these two groups.

What Causes Health Disparities?

Several factors, which influence health and longevity, likely provide important insights into the root causes of disparities:

- Social and physical environments
- Lifestyle and health behaviors
- Health care

These “determinants of health” vary in the Finger Lakes region, and Latinos in the Target Area typically do “worse” in these domains compared to their racial and geographic peers.

² As defined by the Agency for Healthcare Research & Quality

Living Environment and Health Behaviors

Latinos living in the Target Area face a unique set of environmental conditions. These factors likely have an influence on both the health behaviors and the health outcomes. For example:

- A high number of former industrial sites called “brownfields” exist in the Target Area. These often have toxic waste and have been linked to cancer and respiratory diseases, among others.
- Higher concentrations of old homes with lead paint, which causes serious physical and cognitive illnesses in children.
- A high number of neighborhood “corner stores” (10 stores per every square mile) that lack fresh fruits, vegetables and other health foods. Unhealthy foods high in calories, fat and sugar, as well as alcohol, sugary drinks and tobacco products are likely more accessible than items that promote a healthy lifestyle.
- A concentration of violence and criminal activity in the city of Rochester and the Target Area. Monroe County experienced 387 violent crimes per 100,000 population between 2007 and 2009, a rate which was below the state average of 399 (“Violent Crime Rate- Monroe County,” 2011). Within Rochester, however, the violent crime rate has been estimated to be over two times that rate (917 crimes per 100,000 population according to Rochester Police Department calculations).
- Inside the Target Area, Latinos experience the highest percentage of poverty in Monroe County, with 46% of this group falling below the threshold.
- Lowest levels of education marked by 44% of Latinos in the Target Area having less than a high school diploma.
- Frequent population turnover where many residents report living in a different house within Monroe County in the previous year.
- Unhealthy lifestyle choices, such as smoking tobacco, risky sexual behaviors, and substance abuse which may in part be facilitated by a physical environment that impedes healthy living.
- Poor diet and lack of exercise which may contribute to Latinos having a higher rate of obesity (41%) compared to 21% of Whites.

Access to Medical Care and Chronic Disease Management

The physical and social environments faced by Latinos, particularly those living in the Target Area, create many barriers to achieving good health. Access to timely and appropriate medical care also appears to be a key issue.

Mental Health Provider Shortage- Some communities in the city of Rochester (including much of the Target Area) have been designated Mental Health Health Professional Shortage Areas (HPSAs), indicating a lack of mental health care providers for residents of these geographies. Shortages in this area may be particularly pertinent to the Latino population in light of the high prevalence of mental health issues among this group outlined the Health Outcomes chapter.

Insurance Coverage- Latino adults under the age of 65 in Monroe County have more than twice the rate of uninsurance than Whites (15% vs. 6% without insurance). Additionally, Latinos were also more likely to have lacked coverage at some point in the past two years relative to Whites (27% vs. 13%). Within the Target Area, 19% of working age adults report being uninsured compared to 7% of residents in the balance of Monroe County. Thirty-five percent of Target Area residents were without coverage at some

point in the past two years compared to just 15% of those living in the balance of Monroe County. This lack of coverage can create significant cost-related barriers to accessing medical care. For example, over 15% of individuals living in the Target Area report facing cost barriers compared to just 7.5% of those living in the balance of the county. Furthermore, a lack of consistent health insurance can contribute to a detachment from the health care system. This may explain why Latinos were the most likely to report not having a personal health care provider and were significantly less likely to have received a blood pressure screening, flu shot, or pneumonia vaccine in the past year compared to Whites. The lack of these relatively inexpensive preventive measures likely increases the risk for more severe downstream health issues and may contribute to ethnic health disparities.

Conclusion

Ethnic health disparities exist. On a variety of measures, Latinos in our community experience worse health outcomes in comparison to Whites. However, these differences appear most pronounced in intermediate measures - self-reports of physical and mental health, obesity rates, the prevalence of certain chronic diseases – while a more terminal outcome like premature mortality suggests greater similarity between Whites and Latinos. Given that in light of the substantial differences in the determinants of health between these two groups, most especially Latinos in the Target Area compared to Whites in the balance of Monroe County, it is reasonable to question why the differences in the rates of YPLL are not greater.

National studies have reported a similar phenomenon, sometimes referred to as the Hispanic Mortality Paradox. It is believed that certain aspects of Latino culture such as *simpatia* (importance of maintaining interpersonal harmony) and *familismo* (importance of keeping warm family relationships) may help protect one from the potentially adverse effects of harmful physical or social environments. This notion is consistent with data in this report which show that Latinos in the Target Area, a geography with several tightly knit Latino communities, experience the lowest rates of YPLL compared to Whites and African Americans in the same area. Additionally, it is thought that the acculturation (or lack thereof) of recently immigrated Latinos helps to create a buffer for the potentially adverse effects of challenging living conditions. This explanation would suggest that as Latinos stay longer in the U.S., any protective buffer will dissipate leading to a growth in ethnic mortality disparities. The significant differences in intermediate outcomes discussed above may be a signal that ethnic health disparities will become a growing issue in the years to come.

It Is Time to Act

“We think sometimes that poverty is only being hungry, naked and homeless. The poverty of being unwanted, unloved and uncared for is the greatest poverty. We must start in our own homes to remedy this kind of poverty.”

--Mother Theresa

This report’s focus on race, ethnicity, AND place resulted from a collection and analysis of data by the Finger Lakes Health Systems Agency on behalf of the Latino Health Coalition, and suggests direction for future work.

Realizing the role that social and environmental determinants play in creating and maintaining disparities, future action should be directed at policy changes and programs that will improve the communities, in which the most vulnerable live, learn, work and play. Further, we must acknowledge

that many aspects of our lives, including housing, economics, and safety influence the health of our people.

This work cannot be sustained by one agency or individual. Rather, only with a multiagency collaborative approach can we tackle disparities and ensure all—regardless of race or residency—have access to resources and opportunities needed to be healthy and stay healthy.