



## **EXECUTIVE SUMMARY**

### **“WHAT’S GOIN’ ON?”**

#### **REPORT ON LOCAL HEALTH DISPARITIES**

**COMMISSIONED BY THE AFRICAN AMERICAN HEALTH  
COALITION**

**2014**

## Introduction

In 2003, the first edition of “What’s Going On”—a report that documented the health disparities experienced by local African Americans —was published. Ten years later, data show health disparities are still very real, and have a profound impact on those most vulnerable. What’s more, current evidence makes it clear that the burden of poor health is not equally shared across the region. Specifically, African American men, women, and children who reside in eight ZIP codes<sup>1</sup> within the city of Rochester called the “Focus Area” in this report experience many of the worst health outcomes in Monroe County. They are more likely to have serious, chronic, and often preventable diseases, and they have a rate of premature mortality that is almost 300% higher than Whites who live outside of this Area.

### Health Disparities Exist.

Several factors are used to determine the health of a population and whether or not they have adequate access to quality health care. These include Years of Potential Life Lost, infant mortality, and 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. Premature deaths in the Focus Area account for about 78% of total African American years of potential life lost in Monroe County. Latinos and Whites in the Focus Area also have a high YPLL, and in all races YPLL is higher in the Focus Area than in the balance of Monroe County.

**Infant mortality-** 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, African American infants are most vulnerable. Data show that African Americans experience 16.5 deaths per 1,000 live births (almost three times the national benchmark), compared to 3.9 per 1,000 births among Whites and 12.5 deaths per 1,000 births among Latinos.

**Hospitalization rates-** When patients seek prompt attention from primary care providers, hospitalization can often be avoided. These hospitalizations that better primary care could have prevented are called Prevention Quality Indicators (PQI) hospitalizations<sup>1</sup> Although not all hospitalizations can be avoided, rates of potentially preventable hospitalizations vary from one community to another. Research for this report finds African Americans living in the Area of Focus experience the highest rates of PQI hospitalizations, suggesting there are racial and geographic differences in access to preventive and primary care services.

**Low birth weight** is the number one risk factor for death in the first year of life and for life-long health issues. It is the highest among children born to African American mothers, with the highest rates in children born to mothers in the Focus Area. Further, babies of mothers who reside in the Focus Area are more likely to be born prematurely than babies born to mothers living in the balance of Monroe County, which also increases the risk of mortality and health issues.

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<sup>1</sup> As defined by the Agency for Healthcare Research & Quality

## **Leading Causes of Premature Deaths in Adults**

Focus Area residents of all races have higher rates of YPLL compared to residents of the balance of Monroe County. Among these residents, African Americans have the highest rate—three times higher than Whites living in the balance of the county. Causes of death for YPLL also differ in the Focus Area, depending on race. For Whites and Latinos, the leading causes of YPLL are cancer, heart disease, and car accidents. The top three causes for African Americans are cancer, heart disease, and homicide.

## **Chronic and Profound Health Conditions That Affect Quality of Life and Longevity**

Cancer, heart disease, diabetes, obesity, HIV, and chronic obstructive pulmonary disorder (COPD) are serious and chronic conditions hurting African Americans and other residents of the Focus Area. These conditions have a significant impact on quality of life and YPLL. While they affect individuals of all races and ethnicities, the impact on African Americans is more profound:

- 69% of Focus Area residents and 75% of African Americans (compared to 65% of Whites) are overweight (body mass index is 25 or more).
- 64% of African Americans aged 35 years and older report ever being told they have high blood pressure, compared to 39% of Whites.
- 13% of Focus Area residents and 24% of African Americans aged 35 years and older have been diagnosed at least once with diabetes. Only 9% of those residing in Monroe County but outside the Focus Area have been told they have diabetes, as well as only 12% of Whites 35 and older in Monroe County.
- 16% of African Americans between 18 and 64 years old report engaging in risky sexual behaviors that place them at risk for contracting sexual transmitted diseases, including HIV, compared to 9% of Whites.

## **What Causes Health Disparities?**

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

- Social and physical environments
- Genetics
- Lifestyle
- Health Care

These “determinants of health” vary markedly in the Finger Lakes region, and African Americans and Focus Area residents typically do “worse” in all of these domains compared to their racial and geographic peers.

## **Living Environment and Health Behaviors**

African Americans living in the Focus Area face a unique set of environmental conditions. These factors likely have an influence on both the health behaviors and the health outcomes of its residents outcomes in the Focus Area. For example:

- A high number of former industrial sites called “brownfields” exist in the Focus 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 preponderance of neighborhood “corner stores” 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.
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- A concentration of violence and criminal activity in the Focus Area.
- Lower socio-economic status, which contributes to stress and fewer life opportunities.
- Low levels of education marked by nearly one-third African American adults in the Focus 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.
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- Unhealthy lifestyle choices, such as smoking tobacco, poor diet, risky sexual behaviors, lack of exercise, and substance abuse which may in part be facilitated by a physical environment that impedes healthy living.

### **Access to Medical Care and Chronic Disease Management**

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

**Physician Shortage-** Monroe County has approximately 2,400 full-time equivalent physicians and 765 full-time equivalent primary care physicians. Yet, the Focus Area with 25% of the county’s population has only about 17% of all physicians and 11% of primary care physicians. If the physicians in the immediate vicinity of Rochester General Hospital (14621) are removed, the balance of the Focus Area drops to about 4% of the physician workforce. This would make the physician-patient ratio one per 4900, which is much lower than the federal benchmark of one physician per 3,500 residents.

**Insurance Coverage-** African Americans in Monroe County are less likely to have insurance. Thirty-four percent of African Americans reported being uninsured at some point during the last two years in comparison to 13% of Whites. Twenty-six percent of Focus Area residents, meanwhile, lacked coverage in contrast to just 12% of residents of the balance of Monroe County. This lack of coverage likely creates significant cost-related barriers to medical care. It may help explain why African Americans in Monroe County and Focus Area residents are more likely than Whites and the balance of Monroe County residents, respectively, to report not having a personal health care provider. It may also shed light on why African Americans living in the focus area are the most likely to use hospital emergency departments to receive care for conditions that may have been better addressed in a primary care setting.

**Chronic Disease Management** appears to be an important source of health disparities in our community. While differences were not found between Whites and African Americans in the rates of receiving simple one-time preventive services like blood pressure checks, cholesterol tests, cancer screenings, and flu vaccines, disparities are apparent in the medical management of more complex conditions. For example, African Americans with diabetes living in Monroe County were almost 6 times as likely to experience a hospitalization related to diabetes that potentially could have been prevented with proper primary care (as measured by the Prevention Quality Indicators metrics) in comparison to Whites. This finding indicates that African Americans may experience significant challenges to successful management of chronic medical conditions like diabetes.

## **Discrimination**

Discrimination is the practice of unfairly treating a person or group of people differently from other people or groups of people.

Several studies have been conducted in the United States to determine the impact of discrimination on African Americans, especially those who have a low socio-economic status. These studies note that discrimination has had a profound and damaging effect on the mental and physical health of African Americans.

According to this research, the mental health of African Americans is greatly affected by discrimination, because discrimination creates emotional stress. The negative effect of stress on physical health is documented by several studies which link it to high blood pressure, low birth weight, infant mortality, depression, COPD, and cancer. All these conditions are most prevalent among African Americans, which suggests a link between stress caused by discrimination and these serious health conditions.

Research regarding the impact of discrimination on African Americans in Rochester was not available, until now. The AAHC partnered with Dr. Amina Alio and other investigators at the University of Rochester to study the effects of discrimination on African Americans in Rochester. More than 700 African American adults participated in the study, which aimed to identify social and health concerns in Rochester, as they relate to discrimination.

The results include:

- More than 31% say they experienced discrimination while receiving medical care
- 61% report discrimination has interfered with their ability to have a full and productive life
- 47% have experienced stress as a result of lifetime discrimination

Investigators concluded that discrimination negatively and profoundly affects behaviors, mental health, and physical well-being of its victims. The repetitive nature of lifetime discrimination is linked to chronic diseases and psychological trauma. Victims develop healthy and unhealthy mechanisms to cope with discrimination. This includes self-blame, avoidance, praying, speaking up, ignoring it, and working harder to prove those who discriminate are wrong. Victims also become conditioned to lifetime discrimination, and suffer physical and behavioral consequences from feelings of frustration and distrust. There is a remarkable similarity between the percentage of Rochester residents who report lifetime discrimination in this study, and those who were asked about lifetime discrimination in the Jackson Heart Study conducted in Mississippi. The consistencies in these two reports suggests discrimination is as prevalent in Rochester--which is considered a northern progressive community,-- as it is in communities in southern states, which are perceived to have more persistent and more deeply rooted discrimination.

## **Conclusion: Race Matters. Place Matters.**

Health disparities exist. African Americans fare worse on almost every measure of health; living in the Focus Area typically exacerbates these disparities. For example, the YPLL rate for African Americans in the Focus Area is almost three times that of Whites living in the rest of Monroe County. This high rate of premature mortality, coupled with the large percentage of our community's African Americans who live in the Focus Area, makes it clear that place matters. In fact, the negative effects of living in the Focus Area appear so profound that all racial and ethnic groups living in these ZIP codes have worse health outcomes than those living in other city neighborhoods or suburbs of Monroe County.

Examining the determinants of health makes it clear that the causes of these disparities are complex and multifaceted. African Americans in our community typically earn less, have lower levels of education, are more likely to be unemployed, and are more likely to live in families headed by a single parent. They are also more likely to be uninsured and face shortages in the availability of primary care providers. What's more, the majority of African Americans live in neighborhoods that have environmental hazards, high rates of violent crime, high concentrations of liquor and tobacco outlets, and in comparison few grocery stores that sell affordable healthy food options.

Together, these determinants create daunting barriers to a healthy and productive life for African Americans in our community.

### **It Is Time to Act**

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

-Dr. Martin Luther King, Jr.

This report's focus on race AND place resulted from a collection and analysis of data by the Finger Lakes Health Systems Agency on behalf of the African American 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.

<sup>1</sup>These ZIP codes are 14605, 14606, 14609, 14611, 14613, 14619, and 14621. This area will be referred to as the Focus Area.