“What’s Going On?” FLHSA Reports on Minority Health Disparities

By Delani Weaver, Minority Reporter
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“Of all the forms of inequality, injustice in health care is the most shocking and inhumane,” Dr. Martin Luther King Jr. said.

In similar fashion, the Finger Lakes Health System Agency (FLHSA) recently released a data report titled “What’s Going On?” that documents the health disparities among local African-American communities and the factors that contribute to them. Seven zip codes, each within the Rochester area, were chosen as the “Focus Area” of the report, and are considered to have the worst health outcomes in Monroe County.

Brian McGarry, FLHSA data analyst said, “FLHSA staff sat down with the African-American and Latino health coalitions. We solicited feedback from the previous reports, started to identify some priority topics that we wanted to pursue, and this is really where the conversation began to focus on place, and perhaps narrowing our scope a little bit. We changed it from being very broad at the region level, and began focusing more on issues that may be unique and specific to inner-city minorities. This sort of spun the desire to look at geographic, racial and ethnic disparities. So, with this in mind, the African-American Health Coalition identified a focus area which consisted of looking primarily at city zip codes, and the Latino Health Coalition identified three zip codes which they viewed as their primary focus area.”

According to FLHSA, reports have shown that residents living in the “Focus Area,” or the 14605, 14606, 14609, 14611, 14613, 14619 and 14621 zip codes, are more likely to have serious, chronic and often preventable diseases, and have a rate of premature mortality that is almost 300 percent higher than whites who live outside the area.

“We intentionally chose the title of Marvin Gaye’s 1971 hit, “What’s Going On,” to be the title of this community’s report on African Americans’ health status because we wanted to issue a report that would both ask and answer the question “What’s going on?,” FLHSA Director of Community Engagement Wade Norwood said. “This year’s report not only focuses on race and ethnicity, but on place as well. What we find is that race, income and place all matter when it comes to our health. This is my neighborhood. My life today is very different, as well as my children’s lives, and it’s because of the changes that have taken place in the neighborhood. These reports allow us to have a definitive view on the health of two large parts of our communities of color.”

Several factors were used to determine the health of a population, and whether or not they have adequate access to quality health care,
including hospitalization rates, infant mortality, low birth weight and years of potential life lost, which is the total years of life lost from a premature death. Consequently, FLHSA research found that African Americans have the highest rate of years of potential life lost, three times higher than whites living in the county, with the top reasons being homicide, cancer and heart disease.

Additional results showed:

* Sixty-nine percent of Focus Area residents and 75 percent of African Americans, when compared to 65 percent of whites are overweight, meaning their body mass index is 25 or more.
* Sixty-four percent of African Americans aged 35 years and older report ever being told they have high blood pressure, compared to 39 percent of whites.
* Three percent of Focus Area residents and 24 percent of African Americans aged 35 years and older have been diagnosed at least once with diabetes. Only nine percent of those residing in Monroe County, but outside the Focus Area, have been told they have diabetes, as well as only 12 percent of whites aged 35 and older in Monroe County.
* Sixteen percent 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 percent of whites.

The report also focused on the reasons for differences in health between whites and minorities. Four factors were found. They were social and physical environments, genetics, lifestyle and access to healthcare.

“If ready access to high-quality, low cost food is not available, people will eat things that are unhealthy and lead to sickness,” president and CEO of Greater Rochester Health Foundation, John Urban said. “There is good data that says, if you don’t know your neighbors; if you are socially isolated, the likelihood of depression is much higher. There’s good data that says, if you are afraid to open your front door to whomever is knocking, because you may be confronted with some form of violence or hostility, that the stress of living in that kind of environment, that stress alone, can significantly and negatively impact health. So, the notion of place, the notion of kids who have a safe place to be, is essential to overcoming the issues we face with disparity.”

Urban said there are three lessons FLHSA has learned when it comes to addressing minority health disparities. The first is, with effort, improvement is possible. Second, Rochester residents need to be involved in expressing the problems, as well as creating and acting on the solutions. Third, the community needs to be able to recognize, and begin to use, the assets that are available to the community.

“For 50 years, we have had top down solutions; we have had solutions from Washington and New York State. And, while they have all been done with the best of intentions, they have been done without the input and the regard for citizens and residents who need to be part of this dialogue. When we do our work in neighborhoods, we ask the residents to define the health issues. We have to meet people where they are. We can’t impose our values, we can’t impose our view of good health on people who are living in very difficult conditions,” Urban said. “What we are not accustomed to doing is identifying assets, and saying, ‘How can we use those assets to improve things?’ So, how can the grandmother, who has successfully raised a family, help the young first-time mother across the street learn how to be a mother? That doesn’t necessarily have to be a government program. How can the family that enjoys gardening teach others in the neighborhood, whether it be flowers or vegetables, how to garden? Those are assets.”

According to the report, African Americans living in the Focus Area zip codes have several factors that attribute to their health conditions:

* Higher concentrations of old homes with lead paint, which causes serious physical and cognitive illnesses in children.
* A multitude 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 which promote a healthy lifestyle.
* Lower socio-economic status, which contributes to stress and fewer life opportunities.
* Low levels of education, marked by nearly one-third of African-American adults in the Focus Area having less than a high school diploma.
* 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.
* Physician shortages in the immediate vicinity.
* Thirty-four percent of African Americans reported being uninsured at some point during the last two years in comparison to 13 percent of whites.
* More than 31 percent say they experienced discrimination while receiving medical care.

“At the core, the question is, ‘Are we all created equal?’” Urban said. “...Are we all going to be given equal opportunities? Not just an education, not just employment, but also in how our physical health is. Sadly, it is very clear that, in today’s world, that moral imperative, that political imperative, is not being met by this community or this country. So, I would just suggest, in this first instance, we need to recognize that this is, at the heart, a moral and political issue and address it as such.”

“Being born into poverty can significantly limit opportunities and social mobility, forcing individuals to live in unhealthy physical environments,” Norwood said. “Being confined to a living situation like this makes it more challenging to live and be well.”