

"What's Goin' On?"

Summary of a Report of the Health Status of the
Finger Lakes Region's African American Population



Finger Lakes Health Systems Agency
August 2014



Race + Poverty = Inequity

The link between race, poverty, and inequity in regional health is undeniable. Too many African Americans in the Finger Lakes region are dying, too many others face higher rates of certain diseases, too many lack health insurance, and too many lack access to quality health care.

Dr. King would be shocked, and everyone in this community should be, too.

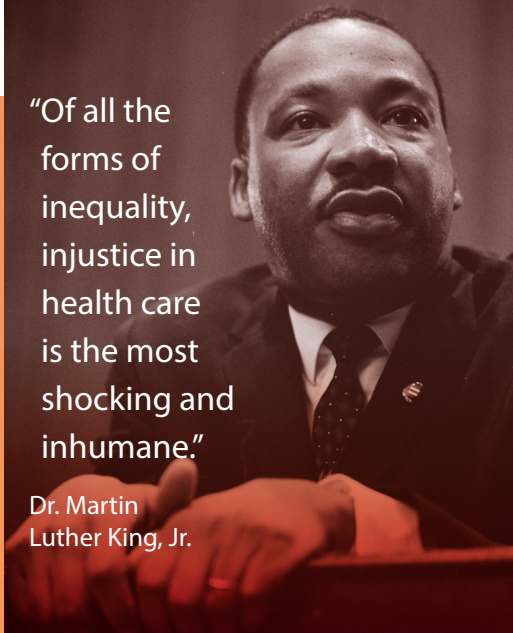
In fulfilling its mission to define unmet needs, engage and inform community members, and improve the collection of health data on patients’ race and ethnicity, Finger Lakes Health Systems Agency’s African American Health Coalition has completed an update to “What’s Goin’ On?,” a report on the health status of African Americans in the Finger Lakes region.

Since producing the earlier editions of this report in 2003 and 2008, the Coalition has worked hard to identify the pressing health issues confronting our region’s African American community. Specifically, the group is exploring the connection between environment and behavior in health. Once again, rather than simply identifying issues and calling on individuals to improve the health status, this report identifies specific strategies that should be pursued by African American community leaders.

Other community organizations are exhibiting great leadership in educating the community about the connection between race, poverty, and inequity – most notably, Action for a Better Community, the Rochester Area Community Foundation, and the Facing Race, Embracing Equity (FR=EE) initiative to confront racial disparities.

This report complements their efforts and serves as a collective call for community-wide action. Ultimately, its aim is to continue to keep asking – and answering – Marvin Gaye’s famous question, “What’s Goin’ On?”

Following is a summary of the report. The full report is available online at flhsa.org.



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

Dr. Martin Luther King, Jr.

What Causes Health Disparities?

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

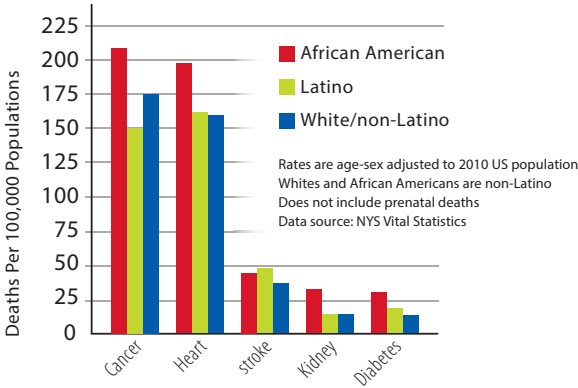
- Behavior (lifestyle)
- Social circumstances
- Environmental exposure
- Health care

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.

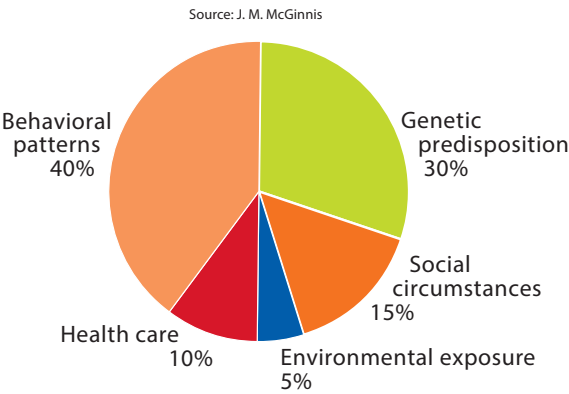


“Life is worth living! You only get to die once.”

Causes of Death by Race/Ethnicity
Finger Lakes Region, 5-Year Average (2008-2012)



Proportional Contribution to Premature Death



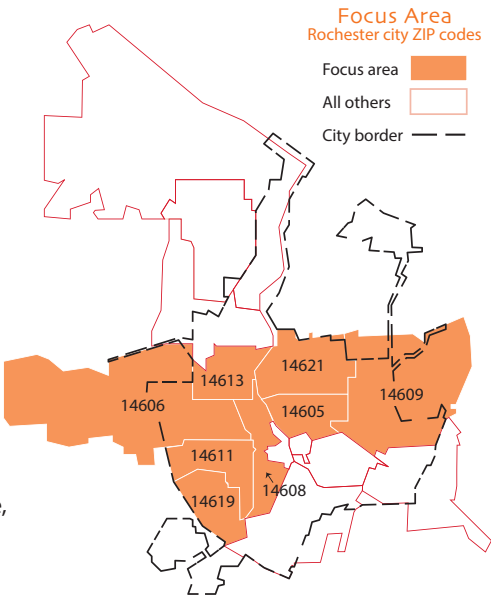
Place Matters

The burden of poor health is not equally shared across the region. While the city of Rochester is composed of more than 20 different ZIP codes, the profound impact of health disparities on our most vulnerable residents is glaringly evident in the outcomes of eight of them: 14605, 14606, 14608, 14609, 14611, 14613, 14619, and 14621.

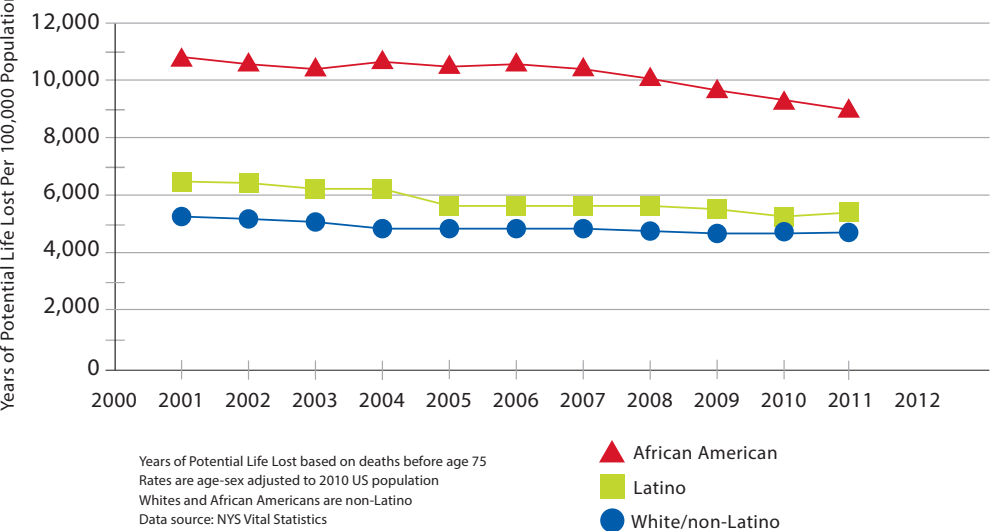
African American men, women, and children who reside in this Focus Area – about 63 percent of all African Americans living in the Finger Lakes region – experience the worst health outcomes.

They are more likely to have serious, chronic, and often preventable diseases, and they have a premature mortality rate – death before age 75 – that is almost 300 percent higher than whites who live outside of this area.

Tied to the notion that place matters, health disparities have a clear impact on premature death, or “years of potential life lost.” Life expectancy is influenced by residency, with people from the poorest neighborhoods living shorter lives, on average, than other residents of Monroe County. These premature deaths are most often caused by heart disease, cancer, homicide, mental health issues, accidents, chronic pulmonary obstructive disorder, and HIV.



Years of Potential Life Lost Due to All Causes by Race/Ethnicity
Finger Lakes Region, 2000-2012 (3-year averages)



Living Environment and Health Behaviors

African Americans living in the Focus Area face a unique set of environmental conditions that influence health behaviors and health outcomes:

	Brownfields	A high number of former industrial sites that often have toxic waste and have been linked to cancer and respiratory diseases, among others.
	Lead paint	A higher concentration of old homes with lead paint, which causes serious physical and cognitive illnesses in children.
	Limited healthy food choices	A preponderance of neighborhood corner stores that lack fresh fruit, vegetables, and other health foods.
	Violence & criminal activity	A concentration of violence and criminal activity.
	Lower socio-economic status	Lower socio-economic status, which contributes to stress and fewer life opportunities.
	Low education levels	Low levels of education marked by nearly one-third of African American adults in the Focus Area earning less than a high school diploma.
	High population turnover	Frequent population turnover.
	Unhealthy lifestyle choices	Unhealthy lifestyle choices, such as smoking tobacco, poor diet, risky sexual behaviors, lack of exercise, and substance abuse.
	Poverty	In the Focus Area, more than one-third of the African American population lives in poverty, compared to 17 percent of whites.

Obstacles to Good Health

Physician Shortage/Discrimination

Access to timely and appropriate medical care remains a key barrier that prevents good health for many in the African American community. One reason is a shortage of doctors. Monroe County has approximately 2,400 full-time equivalent physicians and 765 full-time equivalent primary care physicians. Yet the Focus Area, with 25 percent of the county’s population, has only about 17 percent of all physicians and 11 percent of primary care physicians. If the physicians in the immediate vicinity of the Rochester General Hospital site are removed, the balance of the Focus Area drops to about 4 percent of the physician workforce.

In addition to a physician shortage, some African Americans have experienced discrimination while in a doctor’s care, which can lead to emotional distress and have a negative effect on health. A recent University of Rochester study of more than 700 African Americans revealed that more than 31percent stated that they experienced discrimination while receiving medical care.

Insurance Coverage

African Americans in Monroe County are less likely to have health insurance:

- 24 percent of African Americans reported being uninsured at some point during the last two years, in comparison to 13 percent of whites
- 26 percent of Focus Area residents lacked coverage, in contrast with just 12 percent 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 primary 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

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 management of more complex medical conditions.

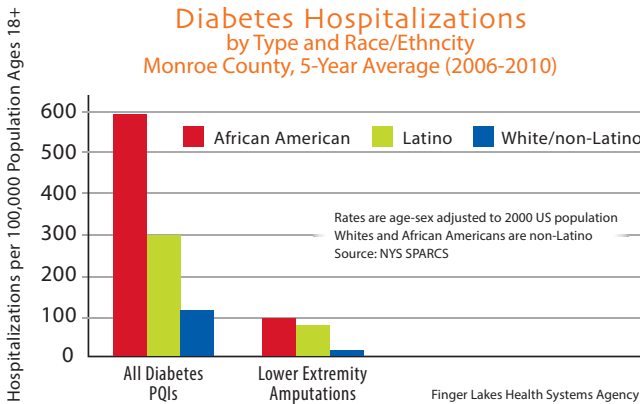
For example, African Americans may experience significant challenges to successful management of chronic medical conditions like diabetes.

- African Americans who live Monroe County, and have diabetes, were almost six times as likely to experience a hospital-ization related to diabetes that potentially could have been prevented with proper primary care – as measured by the Prevention Quality Indicators (PQI) metrics – in comparison with whites.

Although not all hospitalizations can be avoided, rates of potentially preventable hospitalizations vary from one community to another. African Americans living in the Focus Area experience the highest rates of PQI hospitalizations, supporting the notion there are racial and geographic differences in access to preventive and primary care services.



“My momma had 19 children, and cooking for us and feeding us were some of the ways she showed us how much she loved us. It was her way of caring for us and nurturing us. That food was mother’s love, and it came in huge quantities. I’m talking dozens of eggs, loaves of bread, sides of bacon...and that was a typical breakfast.”



Conclusion: Race Matters. Place Matters.

Health disparities exist in the Finger Lakes region as African Americans fare worse in almost every measure of health. Living in the Focus Area typically exacerbates these disparities. For example, the premature mortality 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.

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 also are 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 comparatively fewer grocery stores that sell affordable, nutritious food options. Together, these determinants create daunting barriers to a healthy and productive life for African Americans in our community.



“I love my grandbabies and want to be around to see them grow up, so I have to do right.”

Strategies

- FLHSA’s African American Health Coalition believes that the responsibility for achieving improvements falls first and foremost on the affected communities. The Coalition continues to pursue five key strategies to improve health status and to reduce health disparities through collective and community action:
- 1. **Enlisting the broad diversity of leadership** within the African American community in establishing health and health behaviors as a community priority and mobilizing African American community leaders to act as healthy lifestyle models, coaches, and mentors.
 - 2. **Focusing on primary prevention** and connecting prevention to community-based programming and community events. The Coalition set a goal of working with community and faith organizations to increase healthy eating and promote a more active lifestyle within the African American community.
 - 3. **Mobilizing community resources and community leaders** in advocacy to address the link between environment and behavior – specifically calling for policy approaches to promote greater access to nutritious food and safer places to play.
 - 4. **Focusing on broad, community health improvement** instead of pursuing disease-specific initiatives.
 - 5. **Continuing to support and participate in the African American Health Coalition** as an important way of signaling community support for the FLHSA’s approach to community health improvement.



“Quality stores need to be able to thrive in our neighborhoods – not just fast food, liquor stores, and corner stores.”

African American Health Coalition

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Jackie Dozier Trillium Health	Kelly Mueller American Diabetes Association	Byron S. Kennedy, MD, PhD, MPH Monroe County Dept. of Public Health
Alicia L. Evans, M.A.O.L. Metro Council for Teen Potential	Gail L. Newton URMC Center for Community Health	Mike Leary Regional Primary Care Network (RPCN)
Melanie Funchess Mental Health Association	Mary Beth Spinelli Drug Free Streets Initiative	James H. Norman Action for A Better Community, Inc.
Lori Gray Monroe Plan for Medical Care		



The African American Health Coalition, convened by the Finger Lakes Health Systems Agency (FLHSA), works to build a coordinated community response to eliminate health disparities affecting the African American population. The Coalition’s members work toward a shared vision of achieving health equity for African Americans in the Finger Lakes region through community-wide efforts.

FLHSA is an independent community health planning organization working collaboratively with multi-stakeholder groups to improve health quality and access and to eliminate health care disparities. The agency envisions Rochester and the Finger Lakes region becoming America’s healthiest community with health equity for all people in the region, while serving as a national model for continuous improvement in community health, health care cost, and quality.

The brochure is a summary of the African American health status report. The full report, including references, is available online at flhsa.org.



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