THE HEALTH STATUS OF AFRICAN AMERICANS IN ALLEGHENY COUNTY

A BLACK PAPER FOR THE URBAN LEAGUE OF PITTSBURGH

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EXECUTIVE SUMMARY

National health policy in the past has set different health goals for different racial/ethnic groups. However, with the release of Healthy People 2010 by the US Public Health Service, all races/ethnicities in the nation share the same health status goals. One of the primary goals of Healthy People 2010 is to eliminate all racial/ethnic disparities in health by 2010.

This report examines the health conditions of African Americans in Allegheny County. It documents the leading causes of death of black men and women, infant mortality, rates of firearm injuries and fatalities, and rates of sexually transmitted diseases (STDs). The data reported serves to benchmark the current health status of African Americans and, by way of comparison, whites in Allegheny County. It is an important initial step towards achieving the Healthy People 2010 goal of eliminating racial/ethnic health status disparities in Allegheny County.

We used four methods to determine what are the most critical health problems for African Americans in the County. The first compared the health status of black males and females to Healthy People 2010 goals. The second determined level of health disparity between blacks and whites in the county. The third contrasted local rates of morbidity and mortality to current national statistics for both black and whites. The final method looked at trends in morbidity and mortality among African Americans in the County over the past ten years. The table below is a summary of our findings.

Critical Health Conditions of African-American in Allegheny County

Indicator	HP 2010 Goals	Local Disparity	Local vs. National	Local Trends
Heart Disease	*	Females 45-74 & Males 35-64	Males 35-44	Males 35-44 Females 65-74
Cancer	Females & Males	Males		
• Lung	Males	Females 55-64 & Males	Females 55-64	Females
• Breast	Females			
• Colorectal	Females & Males	Females		
• Prostate	Males	Males		Males
Homicide	Males	Males		Males
Stroke	Females 65-74 & Males 65-74	Females 65-74 & Males 65-74		Females
Unintentional Injuries	Females & Males	Females & Males		Females
Diabetes	*	Male & Females		
Influenza/Pneumonia	*	Males		Males
Infant Mortality	Females & Males	Females & Males		
Non-Fatal Firearm Injury	Males	Males		
Fatal Firearm Injury	Males	Males		
Gonorrhea	Females & Males	Females & Males	Females & Males	Females & Males

*** No Healthy People 2010 goal (HP 2010) was established for these specific causes: coronary heart disease was calculated for HP2010, we calculated heart disease for Allegheny County; the HP 2010 for diabetes was calculated using the primary cause of death and also when diabetes was present at the time of death, but not reported as the main cause of cause. The rate for Allegheny County is only available when diabetes was the main cause of death; HP2010 was not calculated for pneumonia/influenza.**

It might be asked why we have chosen at this time to document the relationship between race/ethnicity and health here. We wish to make clear that we hold that there are no significant biological differences between races/ethnicities that would make one racial/ethnic group more susceptible than another to disease in general. Rather, we contend, as many others have in the past, that race/ethnicity is a social construct with powerful social effects. We believe that it is these cultural and socioeconomic correlates of race/ethnicity that directly and indirectly affect health status and other quality of life indicators. To significantly improve the health of the African American community in this county, we believe it is imperative to begin to document and call attention to its current situation.

Note that the complete paper can be found at:
http://www.ucsur.pitt.edu/Black%20Papers/HealthStatusBlackPaper.pdf

SEXUALLY TRANSMITTED DISEASES AMONG AFRICAN AMERICANS IN ALLEGHENY COUNTY

A BLACK PAPER FOR THE URBAN LEAGUE OF PITTSBURGH

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EXECUTIVE SUMMARY

The first report in our series of Black Papers for the Urban League of Pittsburgh was "The Health Status of African Americans in Allegheny County". One of our major findings in that report was the large degree of racial disparity observed for chlamydia and gonorrhea cases among adolescents in Allegheny County.

Although most sexually transmitted diseases are preventable, STDs collectively represent an enormous public health problem. In 1997, the Institute of Medicine characterized sexually transmitted diseases as "hidden epidemics." STDs are considered hidden because only a small proportion of those infected with STDs are symptomatic. When left untreated, STDs can cause harmful, often irreversible and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, and cancer. Annually, STDs and their complications cost over 16 billion dollars in the US.

Furthermore, most of the financial resources allocated to STD prevention have been devoted to the detection and treatment of STDs, despite the fact that a large proportion of those treated at public clinics will be re-infected with an STD. Effective methods beyond testing and treatment to control STD epidemics are greatly needed.

This report contains three main parts. The first is a detailed analysis of STD conditions and trends in Allegheny County and selected areas within the county. The second examines behavioral intervention programs in the U.S. that were successful in reducing the rate of STD infection among program participants. The final section identifies the core elements of an effective STD surveillance and prevention system.

From 1996-2000, black females were 22 and 46 times more likely to be reported as having chlamydia and gonorrhea (respectively) than white females in Allegheny County. In this same time period, black males were 42 and 75 times more likely to be reported as having chlamydia and gonorrhea (respectively) than white males in Allegheny County. When compared to the Healthy People 2010 goals for gonorrhea, the current rate for black females in Allegheny County is 2.4 times greater and the rate for black males is 3.9 times greater.

Of the four geographic areas (East End, Mon Valley, Uptown/Oakland, and South Side) in Allegheny County that we examined, the East End usually had the largest number of cases and highest rates for chlamydial and gonorrheal infections among black females and males.

Through numerous sources, we searched for effective behavioral prevention programs, targeting adolescents, which demonstrated a reduction in STD infections. We found two types of programs; those that used self reported behavior change as the outcome variable mostly in HIV/AIDS intervention programs and those that used decrease in STD infections among target groups as an outcome variable. Among other factors, the programs we examined are effective for several reasons:

- They used "STD reduction" in the study population as an outcome variable, instead of only using self-reported behavior change information.

- They provided examples of scientifically grounded interventions that can be used to stop the STD epidemic.
- They provided good examples of cost effective methods, such as culturally appropriate videos, for reducing STDs.

One of the major conclusions of the Institute of Medicine report was "many components of the [STD surveillance] system need to be redesigned and improved through innovative approaches and closer collaborations." To establish an effective national system for STD prevention, the IOM committee recommended four major strategies for public and private sector policymakers at the local, state and national levels. The final section of this paper presents a brief summary of these strategies and provides some insight into their implementation in Allegheny County.

Note that the complete paper can be found at:
http://www.ucsur.pitt.edu/Black%20Papers/STDBlackPaper.pdf

HEALTH PROBLEMS AMONG AFRICAN AMERICAN WOMEN AGE 35-64 IN ALLEGHENY COUNTY

A BLACK PAPER FOR THE URBAN LEAGUE OF PITTSBURGH

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EXECUTIVE SUMMARY

Introduction

This is the third report in a series of "Black Papers" for the Urban League of Pittsburgh. These three papers analyze health disparities by race in Allegheny County (referred to as "the County" for the remainder of the report). Since the social and economic status of African Americans in the County is among the worst in the United States[1] and a high percentage of African American adults and children are living in poverty in the County,[2] one would expect serious health problems to exist among local African Americans.

The first report provided an overview of the health problems of African Americans in the County. One of the major findings of this report was the significant racial disparity of chlamydia and gonorrhea rates observed among African American adolescents in the County. Due to these findings, the second report focused on sexually transmitted diseases (STD's) and suggested local actions to address this problem among young African Americans.

This third report examines chronic and acute diseases that are the leading causes of morbidity and mortality among African American women age 35 to 64 in the County. We found that local data were available for this demographic group for the following chronic and acute diseases: heart disease, cancer (lung cancer, colorectal cancer, breast cancer), cerebrovascular disease, all injuries (unintentional and intentional), diabetes mellitus, chronic obstructive pulmonary disease (COPD), influenza/pneumonia, gonorrhea, chlamydia, and AIDS. We focused on middle-aged African American women because this population has higher mortality and morbidity rates than white women within the same age group and the health problems of this group appear to have received less attention than the health problems of African American children or older women.

The first section examines the health conditions and trends of African American women versus white women age 35 to 64 in the County and selected areas within the County. For the purpose of this paper, a critical health problem among African American females is assumed to be an African American female disease ratio that is at least 30 percent greater than the rate for white females. The standard of 30 percent was used as a rule of thumb to identify the priority problems and to avoid the difficulty of calculating statistical significance for every race and age group, every geographic area, and every time period. Thirty percent represents a substantial difference that would not usually be due to chance.

The 30 percent standard was applied to the ratio of black and white average rates for the last five years of data and to the current black female rate in the County compared to black female rates in Pennsylvania and the US. Also, change in average black rates from the previous five-year period to the current five-year period and change in black-white ratios over the two five-year periods were utilized to determine trends in the County. In addition, health disparities were examined in four sub-county areas: the South Side, Uptown and Oakland, East End, and McKeesport and Mon Valley. These four areas were chosen because they possess a large African American population and have been targeted for addressing health disparities by local organizations.

Note that Healthy People 2010 goals could not be used in this report to identify health problems since Healthy People 2010 does not contain information for the specific race, gender, and age groups analyzed in this report. Healthy People 2010 is a comprehensive, nationwide health promotion and disease prevention agenda which contains 467 objectives for all people in the US during the first decade of the 21st century[3].

The second section focuses on the national risk factors for the specific diseases listed above among African American women age 35 to 64. There is a direct relationship between health status and associated risk factors and examining this on a national level can be helpful in addressing the significant health disparities in the County.

The third section contains examples of local programs that focus on heart disease, stroke, diabetes, cancer, HIV/AIDS and other STD's. Also, this section contains a summary of formally evaluated programs that were aimed at least in part at African American women age 35-64. Evaluations were found for programs that addressed cardiovascular diseases, diabetes mellitus, breast cancer, and HIV/AIDS and STD's.

Findings

This report finds that in the County, Pennsylvania, and the US, African American women age 35-64 have higher morbidity and mortality rates for various chronic and sexually-transmitted diseases than that of white women within the same age group. For the County and the four sub-county areas studied, we find that deaths from cancer and from heart disease are the most serious problems among the ten leading causes of death for African American women age 35-64. The most serious mortality and morbidity problems for specific ages of African American women in the County are:

- Heart disease and stroke in the age group 35 to 44 and gonorrhea and chlamydia in the age group 35 to 54 - according to black-white disparities in the County
- Lung cancer and stroke in the age group 35 to 44 – according to black rates in the County compared to black rates in Pennsylvania and the US
- Heart disease in the age group 35 to 44 – according to the data on change in black rates from the prior five years to the most recent five years and change in black-white disparities from the prior five years to the most recent five years
- COPD in the age group 55 to 64 – according to the data on change in black rates from the prior five years to the most recent five years
- Heart disease in the age group 35 to 44 and diabetes in the age group 45 to 54 – according to change in black-white disparities from the prior five years to the most recent five years

Inadequate or lack of access to health care, lack of awareness, distrust of the health care system, cultural and religious beliefs, socioeconomic status (SES), and racial and gender bias need to be taken into account when designing effective interventions for reducing racial health disparities.

Note that the full paper can be found at:
http://www.ucsur.pitt.edu/Black%20Papers/WomensHealthBlackPaper.pdf