



# “What’s Goin’ On?”

A Report of the Health Status of the  
Finger Lakes Region’s African-American Population



Finger Lakes Health Systems Agency  
December 2008



## African-American Health Coalition

---

Cynthia L. Adell  
Preferred Care

Debra Allen  
Unity Health System

Dee Banks

Nancy Bennett, MD, MS  
Center for Community Health  
University of Rochester Medical Center

Sheila Betters  
Excellus BlueCross BlueShield

Don Bruner  
Black Men Latino Men Health Crisis

Sherita Bullock  
Perinatal Network of Monroe County

Tamiko Byrd  
American Heart Association

Freddie L. Caldwell  
Action for a Better Community

Carletta Carter, CDA, RDA  
University of Rochester  
Eastman Dental Center

Linda L. Clark, MD, MS, PC  
Occupational Medicine Services

Adrienne L. Davis  
American Red Cross  
Greater Rochester Chapter

Norma Diamond  
Excellus BlueCross BlueShield

Rev. Roosevelt Dixon  
Grace Unity Fellowship Church

Lynn Doescher  
Fidelis Care New York

Jackie Dozier  
Black Men Latino Men Health Crisis

Sady Fischer  
AIDS Rochester, Inc.

Melanie Funchess  
Monroe County ACCESS

Sheila Gaddis, Esq.  
Volunteer Legal Services Project

Alfredo Gonzalez  
Puerto Rican Youth Development  
(PRYD)

Donald Hardaway, Jr.  
Rochester Reentry Initiative, Inc.

Kim Hess  
Preferred Care

Nicole Hirt  
Fidelis Care New York

Denise Houston  
University of Rochester Medical Center

Julie Hutchinson, BSN, MPA  
Monroe Community College

Rev. Phyllis D. Jackson  
TAFM/His Hands Nurturing Outreach  
Center, Grace United Methodist Church

Karen A. Jones, Ph.D.  
Excellus BlueCross BlueShield

Sandra Kemp  
Health Partnership of Monroe County

Ann Kern  
Monroe County Department of Health

Katherine Lewis  
Center for Community Health  
University of Rochester Medical Center

Rosa M. Lloyd  
National Kidney Foundation

LaRon Nelson  
Monroe County Department of Health

Rev. George Nicholas, Chair  
Grace United Methodist Church

James H. Norman  
Action for a Better Community

Minerva Padilla  
Excellus BlueCross BlueShield

Kraig Pannell  
MOCHA Project

Louis Paris  
Rochester Primary Care Network

Deb Peartree  
Monroe Plan for Medical Care

Donna Prader  
NYS EPIC Program

Jason Q. Purnell, Ph.D.  
James P. Wilmot Cancer Center

Jay Rudman  
AIDS Community Health Center

Elder Ernest Salters  
All God's Children Ministries COGIC

Nancy Sung Shelton, MA  
Coordinated Care Services, Inc.

Sandra Stephens  
Unity Health System

Lovely A. Warren, Esq.  
c/o NYS Assemblyman David Gantt

This report is made possible through the generous support of the Greater Rochester Health Foundation (GRHF). The GRHF's mission is to improve the health status of all residents of the Greater Rochester community, including people whose unique health care needs have not been met because of race, ethnicity, or income.

The Finger Lakes Health Systems Agency (FLHSA) is an independent regional community health care planning organization promoting cost-effective, affordable, accessible, quality health care for the entire community. FLHSA accomplishes this by collecting, analyzing and interpreting data, identifying problems and assessing service needs, convening stakeholders, advocating for and facilitating implementation of solutions, and evaluating and communicating results.



Dear Friends and Colleagues:

On behalf of the African-American Health Coalition (AAHC) and the Finger Lakes Health Systems Agency (FLHSA), we are pleased to present *What's Goin' On*, a summary report of the health status of the African-American community of the Finger Lakes region.

An update to the 2003 *What's Goin' On*, this report is the result of the hard work and active participation of the AAHC and the FLHSA staff. Like the 2003 report, this report identifies the pressing health issues confronting our local African-American community, specifically exploring the link between cultural environment and behavior in health care. Yet, rather than offer recommendations for improvement, this report identifies strategies that should be pursued by African-American community leaders. Instead of calling solely on individuals to improve their health status, we see this report as a collective call for community action.

Clearly, too many African-Americans in the 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. The African-American Health Coalition's mission is to bring together community leaders, health professionals and FLHSA staff to define unmet needs, engage community members, increase community knowledge, and improve the collection of health data on patients' race and ethnicity.

This report helps fulfill our mission, and our hope is that this effort will spur broader discussion and action within the African-American community. We will continue to use this report to keep asking – and answering – Marvin Gaye's famous question, "What's Goin' On?"

Lastly, we want to express our deep gratitude to the Greater Rochester Health Foundation for its strong support in making this report possible.

Sincerely,

A handwritten signature in cursive script that reads "George F. Nicholas".

Rev. George Nicholas  
Chairperson, AAHC  
Grace United Methodist Church

A handwritten signature in cursive script that reads "Wade S. Norwood".

Wade S. Norwood  
Director of Community Engagement  
Finger Lakes Health Systems Agency

## Executive Summary

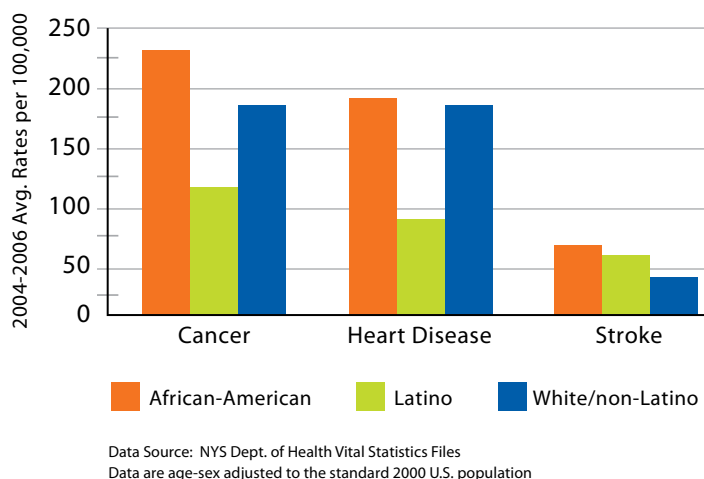


In 2003, the FLHSA issued *What's Goin' On*, a report that documented health disparities in the African-American community. The African-American Health Task Force developed a series of recommendations to reduce the disparities identified. Now renamed the African-American Health Coalition (AAHC), this diverse group of community leaders organized to issue this current update to the 2003 report on African-American health status.

A summary of the significant health disparities highlighted in this report include:

- Among adults 18 years or older, African-Americans (24%) are more likely than Whites (12%) in Monroe County to report that their health is fair or poor, according to the 2006 Monroe County Adult Health Survey Report.
- Greater proportions of African-Americans than Whites in Monroe County reported being obese (39% v. 24%) in 2006 and of not engaging in any leisure physical activity in the 2000 and 2006 surveys.
- African-Americans were less likely than Whites in Monroe County to report eating the recommended daily number of fruits and vegetables, but were more likely to report eating foods high in fat, saturated fat, and/or trans fat.
- In 2006, a higher proportion of African-Americans than Whites (28% vs. 16%) reported that they smoke.
- The top three causes of death in the Finger Lakes region – cancer, heart disease, and stroke – are the same for African-Americans, Latinos, and White/non-Latinos. African-Americans, however, die of each condition at higher rates and at a younger age.
- African-Americans in the Finger Lakes region also die of diabetes, HIV/AIDS, and homicides at higher rates than other racial/ethnic groups.
- African-Americans have greater overall coronary heart disease (CHD) mortality compared to White/non-Latinos and the highest out-of-hospital coronary death rate of any ethnic group in the U.S. CHD mortality also tends to occur at younger ages among African-Americans than other groups.
- In the U.S., African-Americans, particularly women, are at greater risk of developing Type 2 diabetes compared to Whites.
- The hospitalization rate for substance abuse in the Finger Lakes region is highest among African-Americans, compared to Latinos and White/non-Latinos. From 2004 to 2006, African-Americans were hospitalized for substance abuse at a rate of 711 per 100,000, compared

### Three Leading Causes of Death Rates Finger Lakes Region, 2004-2006 Avg.



to 245 per 100,000 among Latinos and 240 per 100,000 among White/non-Latinos.

- Approximately 35% of African-Americans living in the Finger Lakes region do not have a high-school diploma, which predisposes the population to poor health.
- In 2007, African-Americans in Monroe County predominantly worked in the service industry and approximately 14% of African-Americans living in Monroe County were unemployed, compared to 5% of White/non-Latinos.
- The median household income for African-Americans living in Monroe County in 2007 was estimated at \$28,829, compared to \$30,072 for Latinos and \$56,572 for White/non-Latinos.
- Approximately 14% of African-Americans reported, in the 2006 Monroe County Adult Health Survey, that they lacked health insurance, and approximately 26% were discontinuously insured at some point in the prior two years. In contrast, 5% of Whites lacked health insurance and 13% were discontinuously uninsured.
- From 2005 to 2006 in the Finger Lakes region, the average rate of “treat-and-release” emergency department visits for African-Americans was 3,007 per 100,000, compared to 2,135 per 100,000 for Latinos and 1,423 per 100,000 for White/non-Latinos.

- The rate of Prevention Quality Indicators (PQI) hospitalizations for all conditions is higher for African-Americans than for White/non-Latinos, in the Finger Lakes region.
- 13% of African-Americans living in Monroe County in 2006 reported being unable to afford to see a physician when they needed to in the past year, compared to 7% of Whites.

## Conclusion

“What’s Goin’ On,” Marvin Gaye’s 1971 hit song, is an apt description of the subject of this report, as it provides insights into the most pressing issues facing African-Americans in the Finger Lakes region. This report clearly indicates that African-Americans suffer disproportionately from a cluster of co-existing health problems that contribute to the onset of hypertension, heart disease, stroke and diabetes. This cluster of health problems is termed “the Metabolic Syndrome.”

This report identifies strategies that will be pursued by African-American community leaders themselves. It does not frame health status improvement as being the sole task of individuals, but rather an opportunity for collective and community action.

## Strategies

1. Enlist the broad diversity of leadership within the African-American community in establishing health and health

behaviors as a community priority.

2. Focus on primary prevention and its connection to community-based programming and community events.

By working with community and faith organizations, Coalition members believe that changes in concrete organizational practice can occur to increase healthy eating and promote a more active lifestyle within the African-American community.

3. Mobilize community resources and community leaders in advocacy to address identified root causes. The Coalition members explicitly reject the notion that the poor personal health behaviors documented in this report are the simple result of personal preference, cultural pathology, or a lack of information. To the contrary, this report seeks to underscore the link between environment and behavior.

4. Focus on improving community health and not simply addressing the symptoms of community illness. The work of the Coalition has rejected the traditional health improvement approach that “builds silos” between disparity-elimination efforts.

5. Continue the AAHC as an important element of FLHSA’s approach to community health planning. By bringing together diverse leaders, institutions, and organizations, FLHSA has created a vehicle by which AAHC members have an influence greater than could be achieved by any single organization or individual working alone.

## Metabolic Syndrome



In July 2007, the AAHC voted on the most pressing issues facing the Finger Lakes region’s African-American community based on severity of need, scale of impact on the community, salience, and feasibility. This process identified three focus areas:

1. Impoverished neighborhood conditions decrease safety and hinder physical activity;
2. Stigmas, myths, and misconceptions within the community about health and health care may result in insufficient use of prevention services and mental health services, creating barriers to becoming enlightened health consumers; and
3. Economic stress and social stress among adults too often lead to poor eating habits and lack of time devoted to healthy exercise, and/or recreation. Consequently, health matters often recede to the lowest level of concerns

### Clinical Identification of the Metabolic Syndrome

Risk Factor	Defining Level
Abdominal Obesity — Men	Waist Circumference — >102 cm (>40 in)
Abdominal Obesity — Women	Waist Circumference — >88 cm (>35 in)
Triglycerides	> 150 mg/dL
HDL Cholesterol — Men	< 40 mg/dL
HDL Cholesterol — Women	< 50 mg/dL
Blood Pressure	>130/85 mmHg
Fasting Glucose	>110 mg/dL

National Institutes of Health. (2002). *Third report of the National Cholesterol Education Program Expert Panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III), final report.* (NIH Publication No. 02-5215). Bethesda, MD: U.S. Government Printing Office.

until the situation becomes critical. These behaviors lead to poor health status of the individual and community.

With these focus areas in mind, the AAHC has identified the Metabolic Syndrome as a target health condition. The

Metabolic Syndrome is a cluster of co-existing conditions that increase a person's risk of hypertension, heart disease (particularly congestive heart failure), stroke, and diabetes. The root causes of the Metabolic Syndrome are overweight/obesity, physical inactivity, and genetic factors. It is estimated that 24% of U.S. adults between the ages of 20 and 70 have the Metabolic Syndrome.

### Risk Factors

The mechanisms underlying the Metabolic Syndrome are not fully known. Like many common chronic diseases, the Metabolic Syndrome is greatly attributed to modifiable environmental factors, particularly obesity and a sedentary lifestyle. Resistance to insulin seems to predispose individuals to developing the Metabolic Syndrome.

Although insulin resistance is increasingly attributed to an inherited genetic effect, the rising prevalence of obesity in the U.S. is expected to increase the Syndrome's prevalence. The condition is characterized by a group of metabolic risk factors, including:

- Adiposity (obesity)
- Blood fat disorders that foster plaque buildups in artery

walls (i.e., high triglycerides, low HDL cholesterol, and high LDL cholesterol)

- Elevated blood pressure
- Insulin resistance or glucose intolerance
- Blood-clotting measures
- Elevated C-reactive protein in the blood

### Treatment and Prevention

The Metabolic Syndrome is treatable and in some cases may even be prevented. In general, management of the Metabolic Syndrome consists of two strategies:

1. Modification or reversal of the root causes (e.g., overweight/obesity, physical inactivity, and genetic factors)
2. Direct therapy of the risk factors (e.g., dyslipidemia, elevated blood pressure, insulin resistance, and the prothrombotic state)

The first strategy focuses on weight reduction and increased physical activity, each of which can decrease insulin resistance and indirectly mitigate the metabolic risk factors. The second strategy may involve drug treatment of the individual risk factors.

## Health Status in the Finger Lakes Region

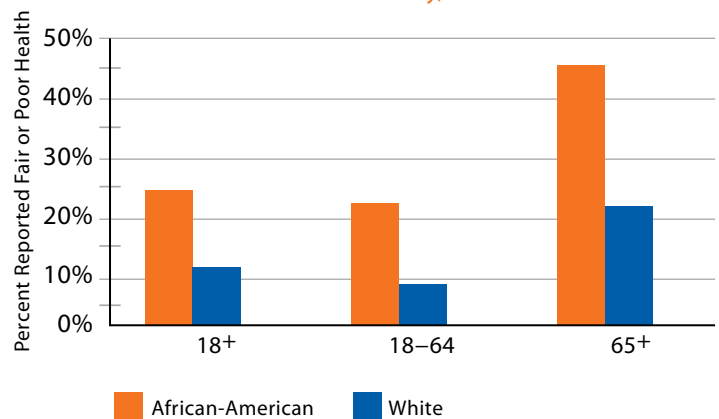


In the Finger Lakes region, African-Americans are consistently hospitalized at higher rates than Whites. While their overall mortality rates declined from 1994 and 2004, they are still 23% higher than that of Whites as of 2005. This trend is also apparent for the Metabolic Syndrome-related conditions highlighted in this report: hypertension, heart disease, cardiovascular disease (stroke), and diabetes.

Although the top three causes of death in the region – cancer, heart disease, and stroke – are the same for African-Americans, Latinos, and White/non-Latinos, African-Americans die of each condition at higher rates. African-Americans also die of diabetes, HIV/AIDS, and homicides at higher rates than other racial/ethnic groups.

In light of the prevalence and factors related to racial/ethnic groups' experience with hypertension, heart disease, stroke, and diabetes in the Finger Lakes region, a consistent pattern emerges in which African-Americans have worse baseline health, disease prevalence, and higher rates of hospitalization and mortality rates, compared to White/non-Latinos.

### Fair or Poor Reported Health Status Monroe County, 2006



Data Source: 2006 Monroe County Adult Health Survey Report

Evidence also exists of systemic disparities in African-Americans' ability to access quality preventative health care services.

## Access to, and Utilization of, Health Care

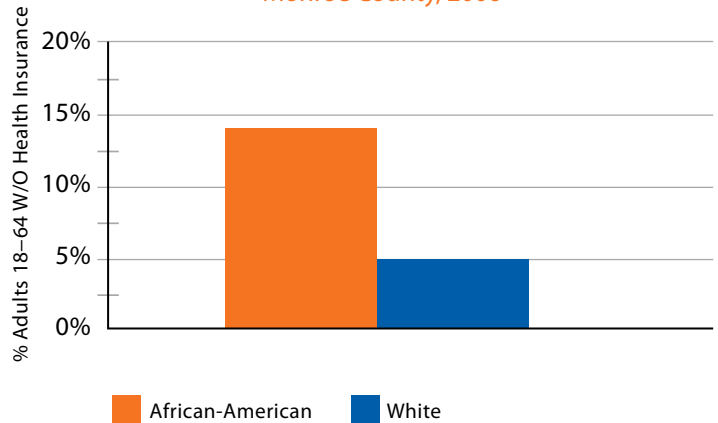


Having health insurance greatly explains the racial/ethnic disparities in having a regular source of medical care. In 2005, people of color made up 34% of the U.S. population, but they accounted for 52% of the uninsured—in other words, 23 million of the 45 million uninsured people living in the U.S. in 2003. Having health insurance improves entry into the health care system. Overall, people who lack health insurance are more likely to die prematurely and to have poor health status. The uninsured report more problems getting care, are diagnosed at later disease stages, and get less therapeutic care. They are also sicker when hospitalized and more likely to die during their stay. Over time, the consequences of being uninsured accumulate, resulting in a population at higher risk for poor health care and health status.

Lacking health insurance also has significant economic consequences. Nationally in 2008, those who are uninsured will have spent approximately \$30 billion out of pocket and receive approximately \$56 billion of uncompensated care while uninsured. Furthermore, almost 50% of personal bankruptcy filings have been attributed to medical expenses. Overall, the costs of premature death and poor health among the uninsured have been estimated at \$65 billion to \$130 billion.

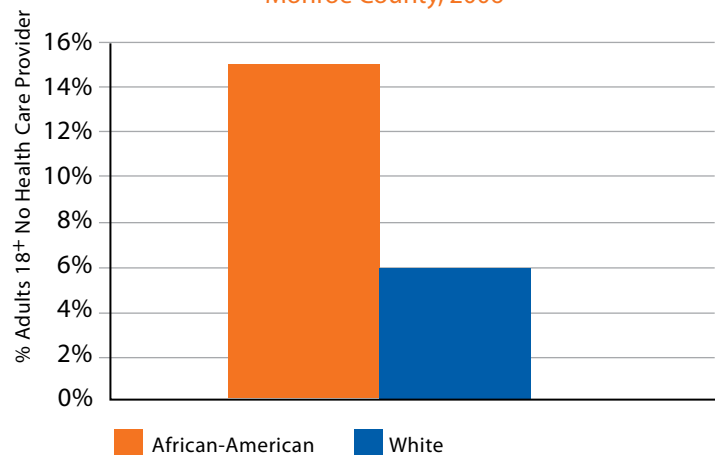
Given that African-Americans are disproportionately unemployed and impoverished, they are significantly less likely to have insurance coverage and access to basic health care services. Approximately 14% of African-Americans reported in the 2006 Monroe County Adult Health Survey that they lacked health insurance. The main reasons the uninsured gave for not having insurance were that they couldn't afford the premiums, they lost or changed their job, and/or their employer did not offer or stopped offering coverage. These data are consistent with national evidence that African-Americans have lower rates of health insurance than Whites because they are less likely to have employer-sponsored coverage.

### Adults Who Lack Health Insurance Monroe County, 2006



Data Source: 2006 Monroe County Adult Health Survey Report

### Do Not Have a Health Care Provider Monroe County, 2006



Data Source: 2006 Monroe County Adult Health Survey Report

*This brochure is a summary of the African-American health status report. The full report, including references, is available online at [www.flhsa.org](http://www.flhsa.org).*



Finger Lakes Health Systems Agency  
1150 University Avenue  
Rochester, NY 14607-1647  
585.461.3520

[www.flhsa.org](http://www.flhsa.org)

