

MY HEALTH, MY RESPONSIBILITY, OUR COMMUNITY

State of Community Health Report

on

Race and Health

This is the second in a series of monthly reports from the
Chattanooga-Hamilton County Regional Health Council

Viston Taylor, Chairman
William Hicks, Vice Chairman

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The Regional Health Council is a community-based organization designated by the Tennessee Department of Health to be responsible for community health assessment, regional health planning, and providing input on funding decisions for health and health-related initiatives. Council members are appointed by the County Executive and the Hamilton County Commission.

The Council identified and prioritized the key health issues facing the community and is developing targeted strategies to address each issue. The five key preventable health issues are: obesity, poor diet and lack of exercise; tobacco use; risky sexual behavior; alcohol and drug use; and lack of involvement in health screenings and other preventive measures.

Data in the report comes from the Hamilton County Behavioral Risk Factor Surveillance Survey (BRFSS) and other sources. The data was compiled and analyzed by the Community Research Council, Inc.

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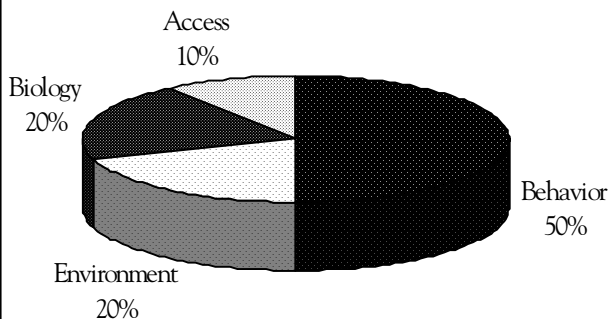
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Hamilton County Demographics

	Black	White
Total Population	58,935	235,741
Households Below Poverty Level (1990 Census)	28 %	6 %
Household Income		
< \$15,000	49 %	24 %
\$15,000<\$25,000	21 %	19 %
\$25,000<\$50,000	24 %	35 %
\$50,000<\$100,000	6 %	19 %
\$100,000 +	< 1 %	4 %
Education (age 25 and older) (1990 Census)		
Less Than High School	41 %	25 %
High School or GED	29 %	26 %
Some College / 2Yr Deg.	21 %	26 %
College Degree +	9 %	22 %
Households With Children		
Married Couple Family	45 %	84 %
Other Fam. Female Head	49 %	13 %
Other Fam. Male Head	6 %	3 %
Racial Composition		
White	78 %	
Black	20 %	
Other	2 %	

Source: Hamilton County Health Department

Determinants of Premature Death



Centers For Disease Control

This report represents a subset of data from the 1999 Behavioral Risk Factor Surveillance Survey (BRFSS) of 1,037 adults, including 194 Black Hamilton County residents. While the overall sample was large enough to generate a margin of error of + or - 3%, the same cannot be said for subgroups. Statistics based on race can point to changes over time, but they do not provide the same statistical rigor. The margin of error for racial subgroups is approximately + or - 7%. The questionnaire and methodology used were similar to the Centers for Disease Control's Behavioral Risk Factor Surveillance Survey (BRFSS), which is conducted annually throughout the country. While every effort was made to design a questionnaire that would not be leading or tend to encourage particular responses, and the methodology was designed to collect data in as impersonal a manner as possible, it should be remembered that all activities and personal information were self-reported. Due to the personal nature of this study and human nature, certain health-related behaviors may have been over- or under-reported.

**Behavioral Risk Factor Trends
Black Americans**

HEALTHY TRENDS	1995	1999
(Total Sample Size)	(143)	(194)
Women's Health		
Pap Smear in Past 2 Years (All Women)*	54%	89%
Ever Had Mammogram (All Women)*	54%	75%
Ever Had Mammogram Age 50+	89%	93%
Mammogram in Past 2 Years Age 50+	68%	75%
Other		
Cholesterol Checked Within Past 5 Years*	62%	68%
Flu Shot Past Year (Age 65+)*	27%	52%
Ever Had Pneumonia Vaccine (Age 65+)	27%	33%
Oldest Child < 16 Always Wears Seat Belt or Child Safety Seat	72%	78%
Had Routine Checkup Past Year	73%	81%
UNHEALTHY TRENDS		
Smoking	22%	30%
High Blood Pressure	20%	27%
Ever Told Cholesterol is High	15%	22%
No Dental Visit Past Year	39%	52%
Ever Told Had Diabetes (not associated with pregnancy)	8%	10%
Always Wears Seat Belt	55%	53%
Overweight	NA	52%
Obese	NA	48%

*Statistically Significant at 95% Confidence Level

Selected Health Indicators for Hamilton County

	Black	White
Average Life Expectancy**	70.2	76.8
1998 Age Adjusted Deaths Per 100,000:		
Total Deaths	782.3	510.0
Heart Disease	219.6	139.8
All Cancer	183.6	129.5
Stroke	54.7	28.5
Lung Cancer	52.0	45.0
All Accidents	41.6	38.3
Homicide	30.9	5.2
Female Breast Cancer	25.0	18.4
Motor Vehicle Accidents	18.4	22.9
Suicide	5.6	14.0
Incidence of HIV/AIDS (cumulative cases 1982-1998)		
Reported Incidence of HIV + (per 100,000 pop)	408.9	84.8
Reported Incidence of AIDS (per 100,000 pop)	393.7	140.8
Other Indicators (1998)		
Reported Incidence of Gonorrhea (per 100,000 pop)	1,080	41
Reported Incidence of Primary & Secondary Syphilis (per 100,000 pop)	44	1
Infant Mortality (per 1,000 Births)	10.8	5.8
Teen Births (per 1000 female teens)	30.6	10.3
% Low Birth Weights	15.1	9.6
% With Adequate Prenatal Care	60.8	81.4

Tennessee Department of Health

** United States Department of Health and Human Services

National Trends

□ The gap between Black Americans and the population overall has narrowed in several critical service and risk behavior areas, including cigarette smoking by adults, dental care, diabetes patient education, breast exams and mammograms, condom use, and cholesterol screening.

□ Of the 33.4 million Blacks in the U.S. in 1996, more than two million were immigrants from Africa. This has important implications for disease prevention and for cultural and linguistic competency in health.

□ The percentage of Black Americans living below the poverty level in 1996 was twice that of the population overall; nearly half were classified as poor or near poor. Over two-thirds of Black children were living in or near poverty in 1996.

□ The average life expectancy for Black Americans is almost seven years less than the average life expectancy for Whites. The proportion of healthy years is also significantly lower for African Americans than for Whites.

□ The AIDS death rate for Black Americans for all ages declined by 40% between 1996 and 1997; however, AIDS remains the leading cause of death for Black Americans aged 25-44. Over 60% of new AIDS cases occur among minorities; 40% are among African Americans.

□ The birth rate among Black American teenagers aged 15-19 has dropped significantly, falling about 23% between 1991-1997.

□ In recent years, there has been a sharp upward trend in cigarette smoking among Black American teenagers. Previously, their rates of smoking had been lower than those for White teenagers.

**Healthy People 2000 Progress Review: Black Americans. Department of Health and Human Services, Public Health Service, October 26, 1998.*

Black Residents of Hamilton County
With Selected Year 2000 Health Objectives
(all goals are for combined populations, unless otherwise noted)

Healthy People 2000 Objectives	Overall Year 2000 Goal	Black Area Residents 1999
Overweight -- General Population (body mass index)	20% or below	52%
Overweight -- African American Women	30% or below**	67%
Cigarette Smoking -- Ages 18 and up	18% or below**	30%
Cholesterol Screening within Preceding Five Years -- Ages 18 and up	75% or greater	68%
Clinical Breast Exam and Mammogram within Last Two Years -- Women ages 50 and up	60% or greater	67%*
Stool Blood Test within Preceding Two Years -- Ages 50 and up	50% or greater	16%
Ever Had Colonoscopy or Sigmoidoscopy -- Ages 50 and Up	40% or greater	35%
Seat Belt Use Ages -- 18 and up	85% or greater	53%
Incidence of Primary and Secondary Syphilis <i>(TN Dept. of Health)</i>	65 per 100,000**	44*

BRFSS Data Except Where Noted

**Objective Met*

*** Race Specific Objective*

Action Steps to Improve Health in Minority Communities

Building healthy communities requires the involvement of citizens, community leaders, elected officials, the health care community, and the news media. The Centers for Disease Control and other public health organizations have outlined steps that can be taken to increase minority access to health care and to promote better understanding of health issues facing minority communities. The suggestions that follow are drawn from a variety of public sources and do not represent any formal action of the Regional Health Council.

- Expand federal investment in community empowerment and the recruitment of partners in the community who have special knowledge of local circumstances.
- Examine the effects of lifestyle differences as determinants of disparate health outcomes in the black community.
- Explore the feasibility of issuing a periodic "report card" on the health status of select populations, including African Americans.
- Use the Healthy People 2010 framework to track the elimination of health disparities in the decade ahead, adapting and refining its goals and objectives when necessary.
- Use the Children's Health Insurance Program to achieve early, comprehensive, and culturally competent access to health care services for all at-risk children.
- Increase the number of black students in medical school and other health care training programs in order to broaden access to culturally appropriate health services in Black communities.

- Explore the relationship and interplay between race and socioeconomic status in determining differing levels of health status.
- Work with the news media, especially in minority communities, to encourage coverage of health care events, health issues facing minority communities, and healthy behaviors and lifestyle choices.
- Hold workshops to help community-based organizations develop successful fundraising proposals for initiatives to promote health access and education in minority communities.
- Become educated about health issues that may disproportionately effect minority communities, including AIDS, and volunteer to speak at local schools, along with a representative of a health care organization.
- Encourage churches, YMCAs and other community organizations to hold special discussion meetings about health care issues facing minority communities, including AIDS.
- Ask local public health officials to hold community health forums on health issues.

- Write or call your local radio and television stations to request that they broadcast more public service announcements about health issues, including prevention messages.
- Encourage school boards and schools to teach healthy living to children.
- Identify strategies to reduce number of deaths due to violence in the African American population.
- Reduce the income and education disparities between all races, which appear to be predisposing variables for enhanced health status.
- Brief other local organizations -- such as local chapters of the National Urban League and the NAACP, the Coalition of 100 Black Men and Women, nursing associations, and local elected officials -- on what you have learned. Work with them to identify areas of opportunity to affect state and local public policy.
- Meet with your mayor and council members about health issues, including AIDS, in minority communities.
- Hold a neighborhood gathering to introduce local health service organizations to your friends. Emphasize that these organizations conduct prevention efforts as well as care for people with various health issues.
- Build on services and care models for successful health-related efforts, such as childhood immunization programs and anti-violence campaigns, to address emerging health issues in minority communities.