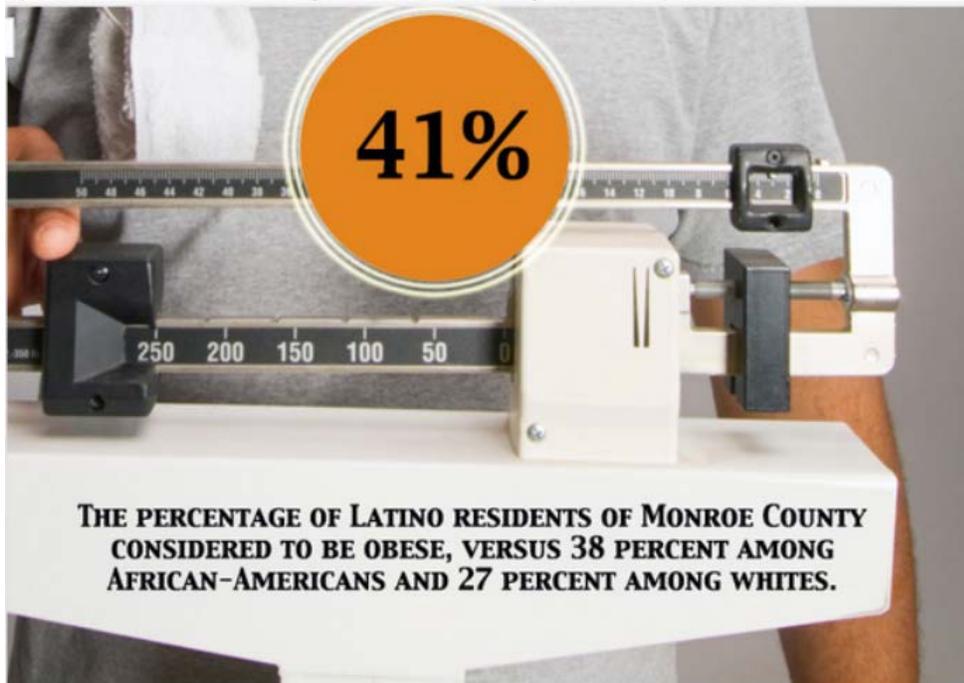


# Racial disparity on health issues is everyone's problem

## HEALTH DISPARITIES: BY THE NUMBERS

Key statistics in our latest Unite Rochester report on the health and well being of Monroe County residents.



Finger Lakes Health Systems Agency's "What's Goin' On?" and "Nuestra Salud" reports.  
D&C

**Patti Singer, Staff writer** 12:03 a.m. EDT March 30, 2014

(Photo: SHAWN DOWD staff photographer)

### STORY HIGHLIGHTS

- This is the second major installment of our Unite Rochester series for 2014
- The rates of diabetes, premature death and mental distress are higher among people of color
- Latinos experienced higher rates of mental distress and depression than whites
- Education and exercise are a start, but it will take more than sweat to achieve health equity

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If Tina Turner misses the Thursday exercise class, come Sunday's worship service she'll be asked where she was.

"You are held more accountable when you're doing something with people you share fellowship with," said the 51-year-old Rochester woman who is a member of Church of Love Faith Center.

For months, about two dozen congregants have been part of a diabetes prevention program — one way to address long-standing differences in the well-being of minority residents of Monroe County compared with whites.

The rates of diabetes, premature death and mental distress are higher among people of color, according to new data from the Finger Lakes Health Systems Agency.

Within eight poorer, primarily city ZIP codes, residents, regardless of race or ethnicity, have worse health overall. But in those neighborhoods, lives not lost to infant mortality are cut short by violence or chronic disease more quickly for African-Americans than for whites or Latinos — in some cases by 20 years.

Education and exercise are a start, but it will take more than sweat to achieve health equity.

**Solution:** [Improving conversations between doctors, patients](#)

**Solution:** [A personal approach](#)

Improving health also means improving education and housing. It's valuing health as a right, living that belief and having the political will to demand elected officials make the healthy choice the accessible choice for everyone.

Changing beliefs about what constitutes health and the actions to support that new definition won't be easy or simple.

"You've got to be a noodle," said Dawn Borgeest, senior vice president and chief corporate affairs officer for United Way of Greater Rochester.

If not, even the people in good health will be affected by those who aren't.

"I think sometimes there's a tendency to say, 'That's not my problem,' " said Dr. Nancy Bennett, director of the Center for Community Health at the University of Rochester Medical Center. " 'I run a business here, I live in Pittsford and my health status is really good. Why is it my concern?' "

Bennett answered her own question: When many are ill, all suffer because of a diminished workforce and increased health care costs.

"You can run, but you can't hide."

## **EARLY LOSSES LINGER**

Wade Norwood walks down the streets where he grew up and he doesn't see old men working on cars or puttering in yards. He wonders what that means for young men growing up today.

Early deaths are called "years of potential life lost." No matter how early, they leave a void.

Norwood is 49. His father died of heart disease in his early 60s.

"His absence is felt keenly not just by his children, but by his grandchildren and the great-grandchildren he never got to see," said Norwood, director of community engagement for the Finger Lakes Health Systems Agency and a former City Council member.

Stark differences remain in premature death among races, particularly between African-Americans and whites.

In 1999, African-Americans were dying before age 75 at a rate more than double that of whites. From 2000-2010, it dropped slightly, according to [a report from the African American Health Coalition of the FLHSA](#) that is scheduled to be released this week. By comparison, the difference in premature death between whites and Latinos was narrower.

**Solution:** [An emphasis on early childhood care](#)

**Solution:** [Healthy options at the market](#)

For Dr. Byron Kennedy, director of the Monroe County Department of Public Health, death before age 75 is a way to look at public health across the lifespan. Conditions leading to premature death reflect where people live, their income and education, the fabric of their personal networks and the social and economic policies of their community.

A companion report [on Latino health](#) showed differences in many factors that determine whether a person has an equal chance to live a long life.

- From 2006-10 in Monroe County, African-Americans died of cancer, heart disease, stroke, kidney disease and diabetes at rates higher than whites and Latinos. Among Latinos, the death rates from heart disease, stroke and diabetes also were higher than whites.
- Latinos experienced higher rates of mental distress and depression than whites.
- The eight ZIP codes named in the Finger Lakes report are home to only a quarter of the county's population but have nearly half the county's establishments with tobacco licenses.
- In those ZIP codes, 68.7 percent of respondents and 75.2 percent of African-American respondents (compared with 64.8 percent of whites) had body mass indexes that indicated overweight or obese conditions.

Two other reports also have taken the community's pulse.

A survey last year by the county health department found racial differences among residents in several self-reported measures. And a report on poverty released in January by the Rochester Area Community Foundation said Rochester was the fifth poorest city in the nation. Together, they show that well-being is not distributed equally in the region, and inequities are sharpest in the city.

PDF: [FLSHA report on local health disparities](#)

PDF: [Report commissioned by the Latino Health Coalition](#)

## **'VERY SEGREGATED REGION'**

"If you have health disparities where substantial portions of the community are having adverse health outcomes, that's a problem for us as a community," Kennedy said.

But which community?

"This is a very segregated region," said Jennifer Leonard, president and chief executive officer of the Rochester Area Community Foundation. "It's easy to overlook the disparities of all kinds at the center, which is also associated with the concentration of poverty. When people think of the Rochester they love, it has a lot to do with where they live and how well off they are and the color of their skin or ethnic background."

When asked to rate their health, 20 percent of African-American and 20 percent of Latino respondents said "fair" or "poor." Only 13 percent of white respondents to the Monroe County Adult Health Survey in 2012 answered that way. Asked whether their health limits their ability to take the stairs, the type of work they could do or how much they could accomplish, overall more African-Americans or Latinos than whites said they had trouble. Depending on the activity, the minority response was twice as high.

John Urban, president and chief executive officer of the Greater Rochester Health Foundation, said those results require a moral reckoning.

"Is it fair, is it morally appropriate that as a function of being a white male with a lot of education and a reasonable income, that on that basis alone my health status is likely to be better than someone who is low income and of color? In my mind, that is first a moral question."

There also is an economic imperative.

"People with lower health status cost us as taxpayers more," Urban said. "... If we're talking about largely the low-income population, that's taxpayer supported. There is actually an economic cost to the community for the expenses associated with those disparities."

The Urban Institute estimated that from 2009 through 2018, the differences in health between white and minority populations will cost the health care system \$337 billion, including \$220 billion for Medicare.

Hilda Rosario-Escher, president and chief executive officer of the Ibero-American Action League, said the potential for poor health weighs heavily not just on Latinos but on the workforce in general.

"Hispanics are supposed to grow by 2050 to about 34 percent of the population," she said. "Imagine ... if we experience poor health. How is that going to impact the economy in this nation?"

The Community Foundation's Leonard said it's in everyone's interest to have a healthy workforce meeting its potential. She said the more workers who are disabled from a health condition, the more stress that puts on those who remain on the job.

Concerns about a healthy workforce partly are why the Rochester Business Alliance in 2005 convened health care and business leaders.

"That certainly is a contributor as you look at employees being healthy and very productive workers," RBA president and chief executive officer Sandy Parker said. "I think there is a link."

The leaders developed a blood pressure collaborative steered by the RBA and Finger Lakes Health Systems Agency. The idea was to put blood pressure kiosks in everyday places — grocery stores, barbershops, the salons — and get people to check so they could do what's necessary to keep their blood pressure in a healthy range. The program, which began in December 2010, also had doctors working with patients on managing their blood pressure.

Three years later, a significant number of people who took part in the program have their blood pressure under control, according to the FLHSA.

The Finger Lakes reports gave examples of initiatives that seem to be making a difference. But like the other reports that pointed out local inequalities, it provided evidence of a problem without offering specific, achievable solutions.

So whose job is it to address the differences? Whose job is it to make sure the healthy choice is the easy choice?

"The short answer is everybody's," Urban said. "Because the problem is so complex, there is no one organization or one set of policies or no one set of interventions that are going to address it."

Urban went down a list of "things we have to talk about:" education, quality housing, access to nutritious food, public safety, whether society isolates people to the point of depression.

#### **Video: Market raises health awareness**



Contrary to popular belief, medical care has relatively little to do with overall health. The U.S. spends the most of any nation on health care as a percentage of gross domestic product. But it ranks 42nd in life expectancy from birth, at 79.56 years, according to 2014 estimates in the *CIA's World Factbook*.

When it's not safe to send the kids out to play, little else matters.

A few years ago, a neighborhood group built a playground at Clifford and Conkey avenues. Drug dealers so loved what was done with the place that families felt they had to stay away.

The neighbors went to their representative, then-City Council president Lovely Warren.

"I sat down with the (police) chief and said, 'Look, let's put a mobile command post across (from the park),' " said Warren, now the mayor. "Let's return the park to the community. Once you return the park to the community, then it'd be up to them to sustain it."

Warren said the neighbors have done just that, and the command post wasn't needed the following summer.

While Warren said health is on City Hall's agenda, she said the biggest thing it can do is lead by example. She listed supporting neighborhood efforts like the bicycling group Conkey Cruisers in the northeast quadrant, bringing farm markets to areas served only by corner stores, and using social media to raise awareness of healthy choices.

"We don't have a lot of money, as you all know," she said. "But not everything is about money."

**Solution:** [Improving conversations between doctors, patients](#)

**Solution:** [A personal approach](#)

**Solution:** [An emphasis on early childhood care](#)

**Solution:** [Healthy options at the market](#)

Even if money were no object, spending may not work as well as supporting people to come up with their own ideas.

"Since the War on Poverty began, our approach to social issues has been very top down and has not encouraged grass-roots activism," said Urban, whose Greater Rochester Health Foundation funds initiatives large and small.

"It has not encouraged people to come together and say, 'What can we do ourselves?' " he said.

"We have built a helping structure that says, 'How can I help you?' instead of starting with what is it you might be able to do yourself or what is it you and your neighbor can do?"

Several predominantly African-American churches are taking that approach as part of the Interdenominational Health Ministry Coalition, started in 2012 by the Rev. Phyllis Jackson.

Jackson, a registered nurse who works with the Finger Lakes Health Systems Agency, said health is spiritual. "If we're going to be faith-based people, we must be in the best of health."

The coalition trains lay members on health issues such as high blood pressure and diabetes and helps them strengthen natural connections to congregants.

"I know it's outside the box," Jackson said. "But we have to be nontraditional. We have to go where people are."

Sharon Taylor, who leads the health ministry at Church of Love, said mistrust of the health care system is a part of the problem.

"There's a stigma, especially with our elderly population," she said. "When you see like people — I look like you, you look like me — it breaks down walls of distrust. 'Sharon? I know her. She sings in the choir. She won't lead me wrong.' "

Jackson said she's not selling a religious solution to health disparities. She is selling faith — that people believe they can help each other to be healthy.

"We have to take it seriously," she said, "that we are our brothers' and sisters' keeper."

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[Twitter.com/itsabouthealth](https://twitter.com/itsabouthealth)

Includes reporting by staff writer David Riley.

### **By the numbers**

24% The percentage of African-American residents of Monroe County 35 years and older who have diabetes, twice the rate among whites, 12 percent.

64% of African-American residents 35 years and older have been told at some point that they have high blood pressure. The rate is 39 percent for whites.

13% of Latino residents reported they accomplished less than they would have liked due to emotional problems all or most of the time over the previous four weeks. That's more than twice the rate among whites, 6 percent.

16.5 The number of infants who die before their first birthday out of every 1,000 births among African-American residents, compared with 12.9 among Latinos and 3.9 among whites.

46% of African-American residents said they typically consume one or more sodas or sugary drinks per day, versus 20 percent of whites.

39% of African-American residents and 31 percent of Latinos said they typically consume less than one vegetable per day, versus 16 percent of whites.

30% The percentage of African-American residents who said they had no physical activity in their leisure time within the past month. Twenty-six percent of Latinos reported the same, twice the rate among whites, 13 percent.

41% The percentage of Latino residents considered to be obese, versus 38 percent among African-Americans and 27 percent among whites.

SOURCE: Finger Lakes Health Systems Agency's "What's Goin' On?" and "Nuestra Salud" reports.

### **About this series**

In dozens of stories, essays, images, videos and more, [Unite Rochester sought in 2013](#) to raise awareness of racial issues and inspire inclusive solutions to persistent community problems: Housing discrimination. Employment disparities. Segregated schools.

This is the second major installment of [the series for 2014](#) -- the first of which explored [the 50th anniversary of racially charged riots](#) that scarred the city. Throughout the year, Unite Rochester will focus on our community's diversity, with a special focus on finding ways to overcome the obstacles that divide us.

Participate — and find every previous installment of Unite Rochester — in our Unite Rochester online section, on Facebook at [Facebook.com/UniteRoc](https://www.facebook.com/UniteRoc), or on Twitter by following [@UniteRochester](https://twitter.com/UniteRochester) (and using #uniteroc).