



**ABFE**

A PHILANTHROPIC PARTNERSHIP FOR BLACK COMMUNITIES

# Health and Wellness **BLACK FACTS**





Health and Wellness: Black Facts

THE COST OF MAINTAINING A HEALTHY DIET FOR A FAMILY IS OUT OF REACH FOR MANY AFRICAN AMERICAN FAMILIES.

# AFRICAN AMERICANS DIE AT A RATE 150% HIGHER THAN THEIR WHITE COUNTERPARTS.

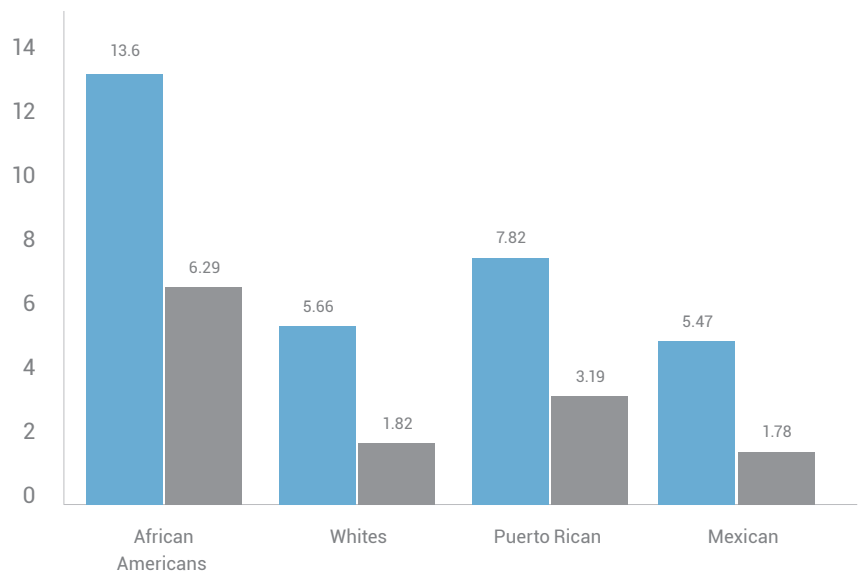
## Health and Wellness Overview

Despite the United States being one of the wealthiest countries in the world, it ranks nearly at the bottom on key health indicators like infant mortality and life expectancy. Even though there have been great strides in medical science to improve overall life expectancy and reduce overall rates of several chronic diseases such as cancer and diabetes, not all U.S. residents have benefited equally. In particular, quality of health often falls along racial lines. For example, African Americans die at a rate that is 150% higher than that of their White counterparts (National Center for Health Statistics, 1998).

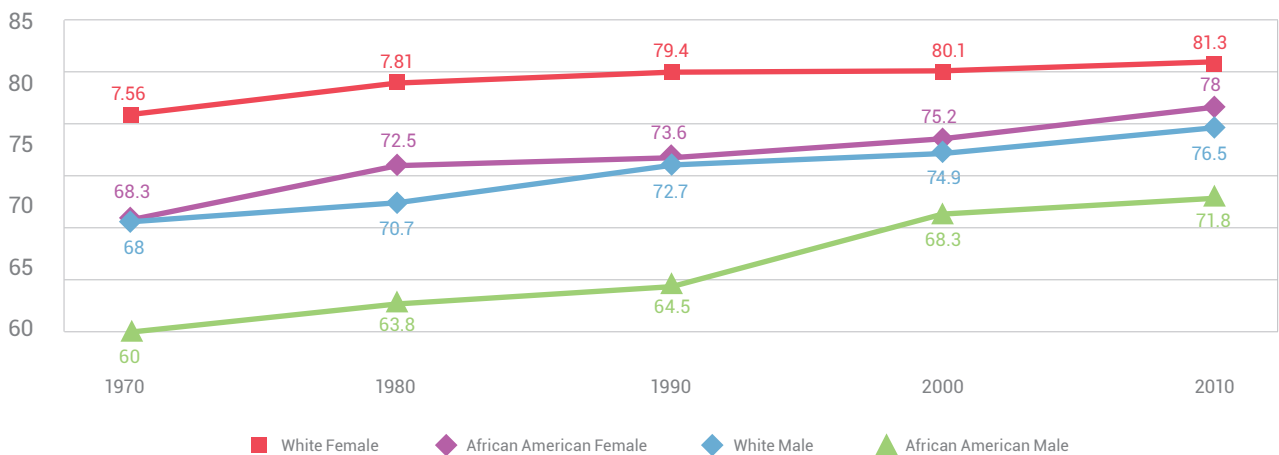
Every year approximately 85,000 African Americans deaths are attributed to the Black – white mortality gap (Satcher et al, 2005). Racial disparities in health in the United States are substantial. Today, death rates for African Americans remain 40% higher than for whites. They were similar in 1960. Furthermore, many other measures of unequal treatment are just as disturbing (Health Affairs report, 2005). The overall death rate for Blacks today is comparable to the rate for whites thirty years ago, with about 100,000 Blacks dying each year that would not die if the death rates were equivalent (Williams and Jackson, 2005).

## TOTAL AND PRETERM-RELATED INFANT MORTALITY RATES BY RACE AND ETHNICITY OF MOTHER: UNITED STATES, 2004

CDC/NCHS, Health, United States, 2008. Data from the National Vital Statistic System.



## Life Expectancy Rates by Race, 1960-2010



CDC/NCHS, Health, United States, 2011. Data from the National Vital Statistic System

# AFRICAN-AMERICAN FAMILIES ARE LESS LIKELY TO HAVE ADEQUATE INSURANCE COVERAGE AND QUALITY HEALTH CARE.

## Barriers to Equal Opportunities

Despite the United States being one of the wealthiest countries in the world, it ranks nearly at the bottom on key health indicators like infant mortality and life expectancy. Even though there have been great strides in medical science to improve overall life expectancy and reduce overall rates of several chronic diseases such as cancer and diabetes, not all U.S. residents have benefited equally. In particular, quality of health often falls along racial lines. For example, African Americans die at a rate that is 150% higher than that of their White counterparts (National Center for Health Statistics, 1998).

### Unemployment, job security and access to health and wellness

Income is highly related to health care access and insurance coverage. Because African-American families are more likely to be poorer than other racial and ethnic groups, they are less likely to have adequate insurance coverage and access to quality health care. Most studies show that even when African Americans have similar income, racial and ethnic disparities remain.

### Health care system discriminatory practices

African Americans report higher levels of racial discrimination in health care systems than non-minorities. Studies have revealed that Blacks and white with similar class backgrounds and incomes have a huge mortality discrepancy of approximately 38,000 deaths per year by Blacks (Kawachi et al, 2005). Other studies show that these perceptions are accurate: racial and ethnic minority patients receive a lower quality and intensity of health care than Whites.

### Lack of healthy communities

Many African Americans live in neighborhoods with high levels of community violence, dilapidated housing, and very little opportunities to purchase healthy foods and are less likely to have adequately stocked pharmacies for health care needs. For example, more than 6 million occupied housing units in the United States have moderate or severe physical deficiencies. Unhealthy communities can severely limit the choices and resources available to residents. Neighborhoods with an abundance of liquor stores, lack of fresh vegetables, adequate sidewalks, and crumbling parks drastically decreases the moti-

vation of residents to want to be healthy. Feeling safe and being connected to one another tend to promote a better sense of health.

### Lack of healthy choices and opportunities for children

For too long we have solely depended on parents to look after the physical, social, emotional, and intellectual needs of their children. But parents' education and income levels in turn shape their capacities and abilities to give their children nurturing and stimulating environments and to adopt healthy behaviors for their children to model (Robert Wood Johnson Foundation, 2009). Children's health must be the responsibility of every institution and individual that touches that young person's life. For example, in 2007, 1 in 6 children lived in households where they (or someone in their household) didn't receive enough food on a daily basis. The cost of maintaining a healthy diet for a family is out of reach for many African American families, especially those living in vulnerable communities. Moreover, supermarkets and farmers markets are out of reach both for many families living in highly populated urban areas. School lunch programs and community food sources are vital to the health of African American children.

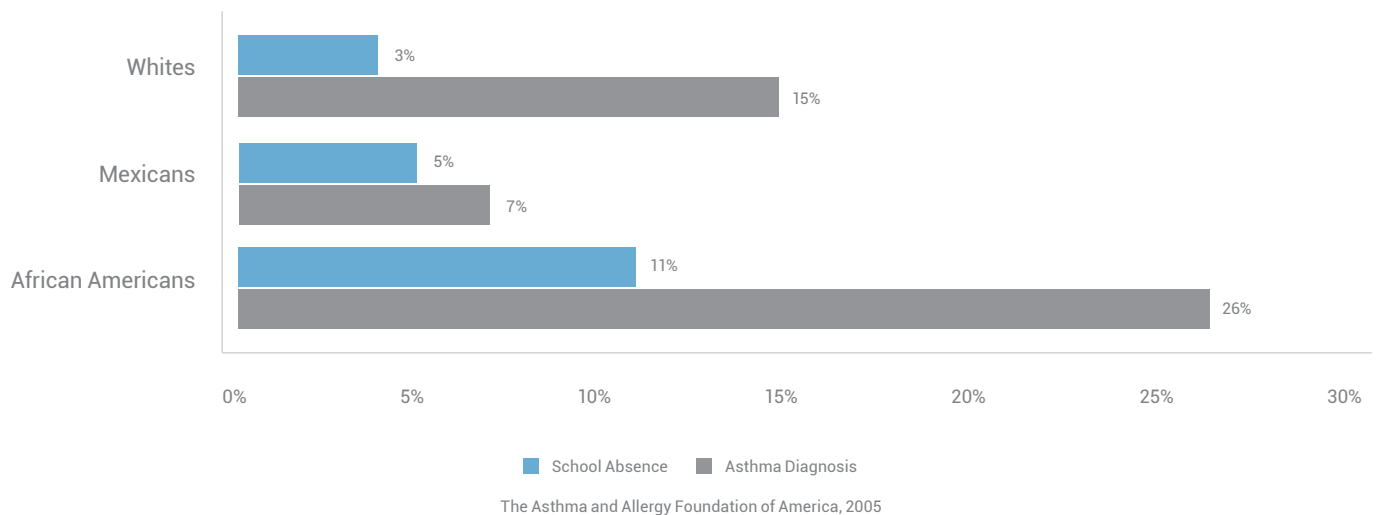
## The Consequences of Unequal Opportunity

### Childhood chronic diseases

Lack of healthy community options lead to a high proportion of obese and overweight children. The higher prevalence of overweight and obesity among African-American children places them at a higher risk of developing chronic diseases later in life, such as diabetes, asthma, and cardiovascular disease. African-American girls born in 2000 have a 49% higher risk of being diagnosed with diabetes during their lifetime. Moreover, due to higher rates of asthma, African American children have a school absenteeism rate more than three times their white peers, which pose educational consequences for learning and achievement.

# HEALTH CARE PROVIDERS' DIAGNOSTIC DECISIONS ARE INFLUENCED BY A PATIENT'S RACE/ETHNICITY.

Percent of children with asthma diagnosis or absence from school due to asthma, 2002



### Adult chronic diseases

Conditions within disinvested, racially isolated, low-income communities can produce chronic stress, which is linked to cardiovascular disease and some cancers and expose residents to environmental hazards, which contribute to African Americans in low-income urban areas being at greater risk of morbidity due to asthma and other chronic diseases. Also, obesity remains a huge issue for African American women with 80% of them either being overweight or obese. Thus, African Americans have a 70% higher rate than whites for developing type-2 diabetes. Also, African Americans are 30% more likely to die from heart disease than their white counterparts. Moreover, a link has been reported between high blood pressure and exposure to racism when it is left unchallenged

### Quality of diagnosis and treatment

Health care providers' diagnostic decisions are influenced by a patient's race/ethnicity. Studies have examined Blacks and whites from similar class backgrounds and still found a huge mortality discrepancy of 38,000 deaths per year by Blacks. Certain characteristics of the diagnostic setting – time pressures, resource constraints, and the need to draw inferences from limited data – set the stage for stereotyping and biases. In addition, African Americans are more likely to be treated in settings that have fewer diagnostic technologies to allow for optimal on-site assessments.

Moreover, among children aged 1–5, African American children were half as likely to receive prescription medication compared to White children, even after controlling for health factors. Lower quality of treatment is associated with poorer medical outcomes and higher mortality rates that disproportionately impact African American patients.

### Loss of Economic and Human Capital

Poor health cost both economically and socially. African Americans tend to miss more days of work, school, and community life due to illness and chronic disease. Approximately 50% of African Americans suffer from a chronic disease compared to 39% of the general population. This has devastating effects on African American communities that tend to be more racially and socially isolated and in greater need of social and economic capital. According to the CDC, the annual average healthcare expenditures are skyrocketing with cardiovascular disease and stroke costing over 314 billion, diabetes costing \$116 billion and obesity costing \$61 billion. This has devastating effects for the African American community because many tend to reside in areas without hospitals or hospitals that have limited resources, which may in turn affect the quality care they offer. Often, there is a shortage of health care providers who may find it more difficult to maintain a practice in these areas.

# APPROXIMATELY 50% OF AFRICAN AMERICANS SUFFER FROM A CHRONIC DISEASE COMPARED TO 39% OF THE GENERAL POPULATION.

## Philanthropic Investment Strategies to Promote Equal Opportunity

### Foundations

must adopt a "health lens" through which they view their grantmaking priorities and actions. Foundations should develop a health rating for prospective grantees that want to focus on vulnerable communities. They should also encourage the health field to continue to embrace evidence based intervention regarding health interventions.

### Philanthropy

must ensure that decision makers in all sectors have the evidence they need to build health into public and private policies and practices through the development of policy briefs, rigorous studies, promising practices, story banks, and case study models.

### Philanthropy

must create "healthy community" demonstrations to evaluate the effects of a full complement of health-promoting policies and programs. Healthy Community demonstrations must bring together leaders and stakeholders from business, government, health care, philanthropic and nonprofit sectors to work together to plan, implement and show the impact of the project on the health of communities.

### Philanthropy

must ensure that all children have high-quality early development support (childcare, education and other services). This will require the philanthropic sector committing and marshalling substantial financial and human resources to meet the early development needs of all children, but particularly of children in low-income families.

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