Racial and Health Disparities: What’s Data Got to Do With It?

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AFRICAN AMERICAN SYMPOSIUM--MOVING BEYOND HEALTH DISPARITIES & ACHIEVING HEALTH EQUITY
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Analyze Information—Use Evidence
THE IMPORTANCE OF ACCURACY IN DATA COLLECTION

The Willie Sutton Rule
GO WHERE THE MONEY IS...AND GO THERE OFTEN.
New York City is Racially & Ethnically Diverse

- Caucasian, 33.3%
- Black, 25.5%
- Hispanic, 28.6%
- Asian, 12.7%
- Native Hawaiian and Other Pacific Islander, 0.1%
- American Indian and Alaskan Native, 0.7%
- 2 or more races, 4.0%

Source: U.S. Census, 2010
Zip Codes in NYC with >1 PCSI Disease in the Top Quintile, 2009

Diseases include: newly reported cases of chlamydia, gonorrhea, syphilis, TB, hepatitis B, hepatitis C, and HIV; Sources: NYC DOHMH; Map prepared by Ann Drobnik, PCSI Analyst
Condom Distribution & 2008 Recent HIV Infection

STARHS Results by UHF Neighborhood

% Recently Infected

- 15 - 20%
- 21 - 23%
- 24 - 28%
- 29 - 36%
- Non-residential zones

Condom Distribution Sites (n=3024)

Central Harlem – Morningside Hts.
Upper West Side
Chelsea – Clinton
Long Island City – Astoria
Downtown – Heights – Slope

Percent recent infection is based on STARHS BED testing.
UHFs with denominators ≤30 are not presented to protect confidentiality.
UHF boundaries used in this map have been updated from previous maps.
Addresses for 184 distribution sites were not able to be geocoded and are not included in the map.
As reported to the New York City Department of Health and Mental Hygiene by September 30, 2009.
SOCIAL DETERMINANTS OF HEALTH
## Top 10 Causes of Death in NYC in Blacks and Whites, 2010

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>White*</th>
<th>Cause of Death</th>
<th>Black*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease</td>
<td>38.2%</td>
<td>Heart Disease</td>
<td>31.5%</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms</td>
<td>26.5%</td>
<td>Malignant Neoplasms</td>
<td>24.3%</td>
</tr>
<tr>
<td>3</td>
<td>Influenza &amp; Pneumonia</td>
<td>5.1%</td>
<td>Diabetes Mellitus</td>
<td>4.9%</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Disease</td>
<td>3.5%</td>
<td>Influenza &amp; Pneumonia</td>
<td>3.5%</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Diseases</td>
<td>2.6%</td>
<td>HIV</td>
<td>3.3%</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes Mellitus</td>
<td>2.0%</td>
<td>Cerebrovascular Diseases</td>
<td>3.2%</td>
</tr>
<tr>
<td>7</td>
<td>Accidents (except poisoning by psychoactive substances)</td>
<td>1.7%</td>
<td>Essential hypertension and hypertensive renal disease</td>
<td>3.2%</td>
</tr>
<tr>
<td>8</td>
<td>Essential hypertension and hypertensive renal disease</td>
<td>1.4%</td>
<td>Chronic Lower Respiratory Disease</td>
<td>3.0%</td>
</tr>
<tr>
<td>9</td>
<td>Alzheimer’s disease</td>
<td>1.3%</td>
<td>Assault (homicide)</td>
<td>2.6%</td>
</tr>
<tr>
<td>10</td>
<td>Use of or poisoning by psychoactive substance</td>
<td>1.1%</td>
<td>Accidents (except poisoning by psychoactive substances)</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Health Disparities Along the 4/5 Subway:
Residents of the poorest NYC neighborhoods die earlier than other New Yorkers

New Yorkers in poor neighborhoods, such as the South Bronx (E 180th St), Harlem (125th St) and Central Brooklyn (Crown Heights), are 2x as likely to die than those who live in wealthier areas, such as the Upper East Side (86th St). A trip on the number 4 train shows the disparities in the percent of people dying prematurely* across New York City.
Black, Hispanic and Asian New Yorkers are more likely to die prematurely than whites, regardless of neighborhood income.
While death rates have fallen for all racial/ethnic groups, disparities persist.
Estimated Rate of New HIV Infections by Gender and Race/Ethnicity, United States, 2009

- **Male**
  - Black: 103.9
  - Hispanic: 39.9
  - White: 15.9

- **Female**
  - Black: 39.7
  - Hispanic: 11.8
  - White: 2.6

- 6.5 times higher rate than White Males
- 2.5 times higher rate than White Males
- 15 times higher rate than White Females
- More than 4.5 times higher rate than White Females

New HIV Diagnoses in NYC, 2009
Race/Ethnicity

- 80% of new HIV diagnoses were among blacks and Hispanics
  - The HIV diagnosis rate has declined more in blacks/African Americans than in other racial/ethnic groups over the past 6 years
  - Blacks/African Americans have a higher rate of new HIV diagnoses, persons living with HIV/AIDS (PLWHA), and death

As reported to the NYC DOHMH by 9/30/2009
HIV Diagnosis Rates by Race/Ethnicity, NYC 2005-2009

In the past 5 years, the HIV diagnosis rate among blacks was over four times higher than the rate among whites.

Rate based on 2000 Census population. As reported to the New York City Department of Health and Mental Hygiene by September 30, 2010.
Why the disparity?

Factors that can influence risk

**Socioeconomic Factors**
- Poverty/disproportionate access to healthcare
- Incarceration rates
- Drug Use
- Education opportunities

**Differences in sexual networks**
- Concurrent partnerships
- On average, younger age at sexual debut

**Higher rates of STIs**
- Increased risk of HIV acquisition

**Stigma**
- Social stigma to offer HIV test even among black physicians
- Silence associated with the stigma

**Misperception of personal risk**
- ↑Incarceration rates = ↑exposure to partners on the DL
## Psychological Correlates

<table>
<thead>
<tr>
<th>HIV/AIDS Conspiracy Belief</th>
<th>Black MSM (n=239) %</th>
<th>Latino MSM (n=152) %</th>
<th>White MSM (n=111) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmaceutical companies hiding cure for HIV/AIDS because of profits</td>
<td>58*</td>
<td>50*</td>
<td>42</td>
</tr>
<tr>
<td>HIV/AIDS drugs harm you more than help you</td>
<td>56*</td>
<td>48*</td>
<td>41</td>
</tr>
<tr>
<td>HIV does not cause AIDS</td>
<td>54*</td>
<td>48*</td>
<td>27</td>
</tr>
<tr>
<td>HIV is a man-made virus</td>
<td>50*</td>
<td>41*</td>
<td>35</td>
</tr>
</tbody>
</table>

*P<.05 versus White MSM

Adapted from Fenton, K.
Socioeconomic Status (SES)

Educational Attainment

- Higher levels of education are associated with better economic & psychological outcomes
- Education also plays a role in income attainment
- Median earnings increase with each level of education.

Income (Poverty)

- In the U.S., women still earn only 77 cents for every $1 men earn, according to the latest census statistics. That number drops to 68 cents for Black women and 58 cents for Latinas.1
- The highest poverty rates were experienced among Latinas (40.5%) and by older Black women (37.5%) who lived alone.

Occupation

- Systematic differences in income (see above)
- Health insurance coverage
- Job characteristics and relative prestige of position

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Root Cause Analysis*

Other non-medical determinants:
- Gender
- Healthy child development
- Employment/working conditions
- Physical and social environments
  - Housing
  - Violence
  - Culture
  - racial/ethnic discrimination
- Food availability
- Availability of social support networks and health services
- Personal health practices and coping skills
Effect of an Additional 4 Years of Education on Health Behaviors


What We Need To Do

3-legged stool
1. Government—legislative power
2. Community—power to change social norms
3. Role of the individual...
Factors that Affect Health

Socioeconomic Factors

Changing the Context
to make individuals’ default decisions healthy

Long-lasting Protective Interventions

Clinical Interventions

Counseling & Education

Smallest Impact

Examples

- Condoms, eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, depression
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Poverty, education, housing

Largest Impact
THANK YOU!
Ratio of Black/White Death Rates by Neighborhood Poverty

Rates are age-adjusted.
New Yorkers living in the poorest neighborhoods live four fewer years than those living in wealthier neighborhoods

Life expectancy varies by neighborhood poverty in NYC

More than 1 in 3 young, black men without a high school diploma is currently behind bars

Effect of an Additional 4 Years of Education on Health Outcomes