



## Black/African-American Health Status Overview

*The Black/African-American population includes anyone having ancestral origins in any of the Black ethnic groups of Africa. Although it is a diverse group of national and ethnic origins, including those from Latin America and recent immigrants, most Black/AAs in Pennsylvania trace their ancestry to those brought to the United States either before or during the pre-Emancipation period of slavery. They make up the largest minority group nationally and comprise 11 percent of Pennsylvania's population.*

### Demographics & Disparities

In the last decade, the Black/African-American (AA) population of Pennsylvania increased 12.5 percent, from 1.2 million to 1.4 million. In 2010, over three quarters of this population resided in Philadelphia, Allegheny, Delaware, Montgomery and Dauphin counties.<sup>1</sup> Notably, although Dauphin County ranks 15th out of 67 counties in terms of total population, Black/AAs make up 18 percent of its residents, the third largest proportion in the State.<sup>1</sup>

Despite landmark historical contributions to medicine by Black/AAs, such as performing the first cardiac surgery, advancements in pharmaceuticals, and developing the method to process and store blood plasma vital to the American military in Europe during World War II, Black/AAs are still disproportionately underrepresented in the medical community. In 2010, Black/AAs made up 13 percent of the U.S. population, but only 5.8 percent of U.S. doctors and less than 1 percent of dentists.<sup>2</sup>

Studies have also shown that many Black/AAs have low levels of trust in their health care providers. Prior negative interactions with providers, a lack of Black/AA providers, institutional racism, and a history of exploitation by the medical community, such as the Tuskegee syphilis experiments, all factor into this low level of trust.

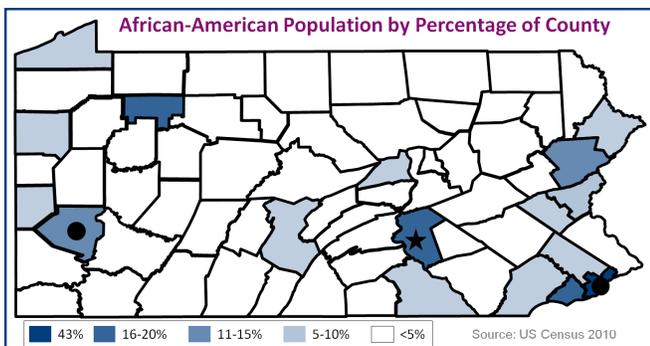
Studies have long linked high poverty rates and low educational attainment to worse health outcomes, regardless of race. While Black/AAs in Pennsylvania

certainly represent all points of the socioeconomic scale, they disproportionately represent those who live in poverty. In 2009, 37.4 ( $\pm$  2.3) percent of Black/AA children under the age of 18 lived in poverty in addition to 24.7 ( $\pm$  1.2) percent of all Black/AA adults. Overall, 22 percent of all Black/AA families with children under 18 had an income lower than the poverty level.<sup>3</sup> Of these families in poverty, 67 percent were headed by a single mother. In general, single mothers of all races and ethnic backgrounds are more than five times as likely to live in poverty and twice as likely not to have graduated from high school than their married counterparts.<sup>3</sup>

Black/AAs have the highest mortality rates for all causes of death when compared to other racial groups, in addition to the highest mortality rates from the three leading causes of death of Pennsylvanians (heart disease, cancer and stroke),<sup>4</sup> as well as from HIV/AIDS, homicide, diabetes, and renal failure. They have the highest infant mortality rates and significantly higher rates of death for most causes of infant death.<sup>4</sup>

While Black/AAs experience some of the worst health outcomes and face some of the highest health disparities when compared to other racial groups in Pennsylvania, they report very high levels for certain preventive medical care. In 2008-2010, Black/AA women were more likely to report having a mammogram in the past year (67 percent [Lower 95% Confidence Level: 62, Upper: 71]) and a pap test done within the past 3 years (84 percent [81, 87]) than White women (61 percent [60, 63]; 77 percent [76, 78]).<sup>4</sup>

Access to health care, however, remains a significant problem for a large part of Pennsylvania's Black/AA population, especially when compared to their White counterparts. In 2008-2010, 21 percent (17, 25) of Black/AAs aged 18-64 did not have health insurance compared to only 12 percent (11, 13) of Whites. Nineteen percent (16, 22) needed to see the doctor in the past year but could not because of cost compared to only 9 percent (9, 10) of Whites. Fifty-eight percent (54, 62) visited a dentist in the past year compared to 72 percent (71, 73) of Whites.<sup>4</sup>



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## Top Leading Causes of Death for Black/African-Americans (2009)

Males					Females				
15-24	25-34	35-44	45-54	55-64	15-24	25-34	35-44	45-54	55-64
Homicide	Homicide	Heart Disease	Heart Disease	Heart Disease	Homicide	Accidents	Cancer	Cancer	Cancer
Accidents	Accidents	Homicide	Cancer	Cancer	Accidents	Homicide	Accidents	Heart Disease	Heart Disease
Suicide	Heart Disease	Accidents	Accidents	Accidents	Cancer (tied)	Cancer (tied)	Heart Disease	Accidents	Stroke
Cancer	Suicide	Homicide	HIV/AIDS	Stroke	Heart Disease (tied)	Heart Disease (tied)	HIV/AIDS	Stroke	Diabetes

Source: 2009 Pennsylvania EpiQMS Death Certificates

### Cardiovascular Diseases

In 2007-2009, heart disease was the largest killer of Black/AAs; strokes were the third largest. Black/AAs in general are a third more likely than Whites and twice as likely as Hispanics to die of a stroke. Heart disease affects and kills Black/AA men about 1½ times more often than women.<sup>4</sup>

Black/AAs are much more likely to report they are a current smoker (28 percent) than their White (20 percent) or Hispanic (18 percent) counterparts,<sup>4</sup> and smoking is a major risk factor for heart disease, as well as at least 16 different types of cancer.<sup>6</sup>

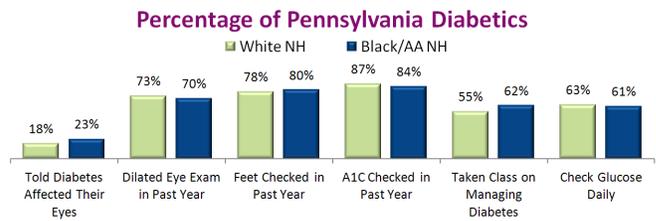
### Diabetes

In 2009, diabetes was the 5th largest killer of Black/AAs aged 45-64 in Pennsylvania. From 2007-2009, diabetes affected 15.0 percent of Black/AA Pennsylvanians,<sup>4</sup> compared to 12.6 percent of Black/AAs nationwide.<sup>7</sup> This is much higher than the 8.0 percent of the general population in Pennsylvania and nationwide.<sup>4,7</sup>

This high level of diabetes is significant, especially for Black/AAs, because of its inherent connection with cardiovascular disease and obesity, leading to other causes of death. If one risk factor is present, a person is at a much greater risk for developing at least one other. Adults with diabetes have heart disease rates two to four times higher than those without the disease and two out of three people with diabetes will die of heart disease. Heart attacks are more likely to be fatal and occur at a younger age than in those without diabetes.<sup>6</sup> In 2010, Pennsylvania diabetics of all racial groups are twice as likely to be obese, four times as likely to have heart disease or have suffered a heart attack or stroke.<sup>4</sup>

Sixty-four percent (59, 68) of non-diabetic Black/AAs have been tested for diabetes or high blood sugar in the past three years compared to only 56 percent (55, 57) of Whites.<sup>4</sup> While

Black/AA diabetics report receiving similar levels of medical checkups as their White counterparts (as illustrated in the chart below), this does not necessarily reflect the great disparity in quality and access to proper health care that persists, including the affordability of daily blood glucose testing supplies and medications.



Data not available for Hispanic population / Source: Pennsylvania EpiQMS 2007-2009

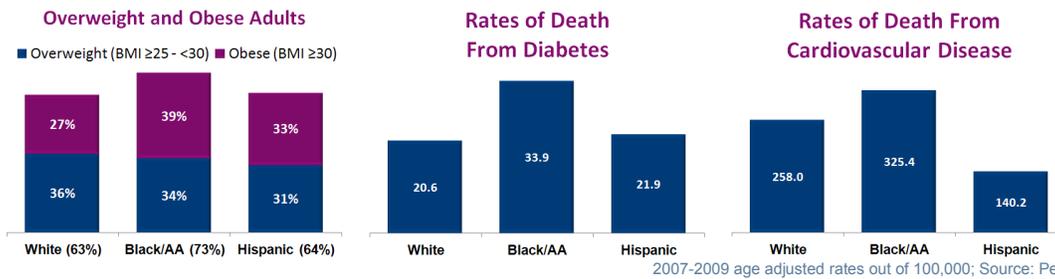
### Cancers

Cancer is the second leading cause of death overall for Black/AAs. While rates of death from cancer continue to fall,<sup>4,5</sup> the disease continues to disproportionately affect and kill Black/AAs. In 2009, Black/AAs in Pennsylvania had the highest rates of death from all cancers (240.9 [231.8, 250.3]) when compared to their White (181.6 [179.4, 183.9]) or Hispanic (100.3 [88.7, 113.1]) counterparts, and in many other major forms of organ cancers, including cancers of the lung, breast, prostate, colon, pancreas, liver, cervix, and stomach.<sup>4</sup>

Black/AAs also have higher rates of death as compared to the rates of cancer incidence than either Whites or Hispanics and are less likely to reach the 5-year survival milestone.<sup>4,5</sup> Studies have suggested that no one factor can predict a cancer's mortality. While access to health care, socioeconomic status, lifestyle choices, where an individual lives (often affected by socioeconomic status and institutional racism) and obesity are all important predictors, many factors contribute to these unequal rates of death.

	Incidence	Death								
<b>MALES</b>	Lung		Prostate		Colon		Pancreas		Liver	
White	87.6	69.3	145.9	24.2	60.0	22.4	14.7	14.0	9.1	7.1
Black/AA	113.4	89.7	228.6	54.5	67.3	33.8	16.4	15.4	23.3	14.8
Hispanic	38.5	21.9	102.5	16.5	42.1	13.0	10.5	5.4	18.2	7.3
<b>FEMALES</b>	Lung		Breast		Colon		Pancreas		Ovary	
White	56.7	39.5	125.0	24.0	44.7	15.8	10.8	10.1	13.5	9.4
Black/AA	74.3	53.8	131.9	32.0	48.2	18.2	16.3	13.2	10.8	6.6
Hispanic	21.4	10.6	68.9	13.0	24.3	5.6	7.0	5.8	5.6	N/D

Age adjusted rates out of 100,000; Source: Pennsylvania EpiQMS Tumor Registry & Death Certificates



## Obesity

Obesity is one of the greatest contributors to chronic diseases. Black/AAs are more likely to be overweight than Whites or Hispanics. In 2007-2009, 39 percent of the Black/AA population was obese (defined by a Body Mass Index equal or greater than 30). This is an increase from 34 percent in 2005-2007.<sup>4</sup>

In 2007-2009, Black/AAs were least likely to report having no leisure time physical activity in the last month (69 percent [Lower 95% Confidence Level: 65, Upper: 72]), compared to Whites (77 percent [76, 77]) or Hispanics (73 percent [66, 78]).

## Violence

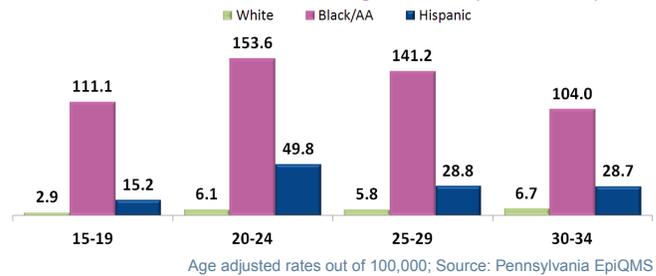
Among the most serious health concerns affecting Black/AAs is the impact of violent crime on Black/AA communities, especially among young males. In 2007, accidents and homicide were the third and fourth leading causes of death of all Black/AAs in Pennsylvania. They were the leading causes of death for all Black/AA males below the age of 35 and second leading for ages 35-44. In 2007-2009, based on age-adjusted rates per 100,000:<sup>4</sup>

- Black/AA males between the ages 15-34 were more than 24 times as likely to die by homicide (128.5 [119.9, 137.2]) compared to White males of the same age (5.3 [4.6, 6.0]) and more than four times as likely as Hispanics (30.0 [24.0, 36.0]).
- Black/AA males of all ages are over three times as likely to die in auto accidents (14.1 [12.4, 16.0]) as Black/AA females (4.3 [3.4, 5.3]), but slightly less likely than White males (17.6 [17.0, 18.3]).
- Black/AA males overall are most likely to die of accidental

poisoning or exposure to noxious substances (24.9 [22.6, 27.5]) compared to their White (18.6 [17.9, 19.3]) and Hispanic (15.6 [12.8, 19.2]) counterparts.

- Black/AA males are half as likely as White males to commit suicide.

## Homicide Rate for Males Aged 15-34 (2007-2009)

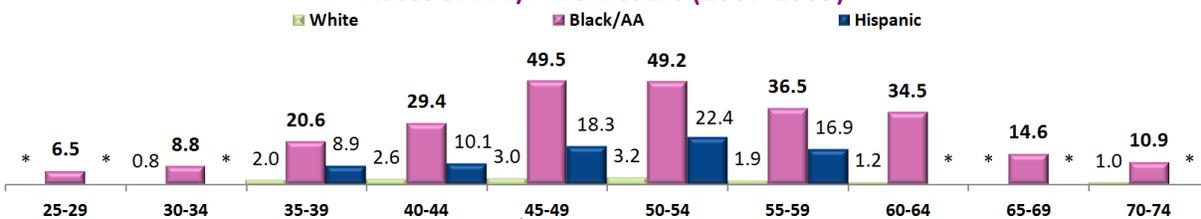


## HIV/AIDS

In Pennsylvania for 2005-2010, the most prevalent methods of HIV/AIDS transmission for Black/AA are through heterosexual sexual contact (46 percent) followed by male-to-male sexual contact (24 percent) and injected drug use (21 percent).<sup>8</sup>

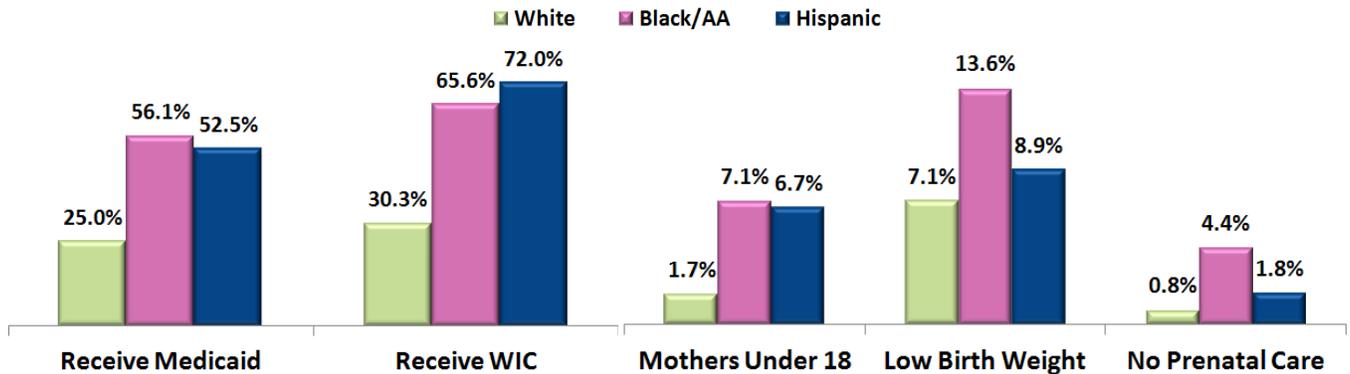
While testing rates are much higher for the general Black/AA population (64 percent of those 18-64) than that of Whites (31 percent) and Hispanics (50 percent), HIV/AIDS remains the 5th largest killer of Black/AAs aged 25-64; fourth largest for women 35-44 and men 45-54.<sup>4</sup> The rates of death from HIV/AIDS are significantly higher for Black/AAs for every age cohort except for ages 55-59 where the 95% confidence intervals overlap with Hispanic rates of death. In 2010, 64 percent of newly diagnosed HIV/AIDS cases were Hispanic or Black/AA,<sup>7</sup> despite consisting of only 17 percent of Pennsylvania's population.<sup>1</sup>

## Rates of HIV/AIDS Deaths (2007-2009)



\*Data not shown due to < 10 events; Age adjusted rates out of 100,000; Source: Pennsylvania EpiQMS

## Percentage of PA Mothers Who Gave Birth in 2007-2009



### Fertility and Birth

In 2009, 37.4 percent of Black/AA children under the age of 18 lived in poverty, along with 24.7 percent of adults.<sup>3</sup> In 2007-2009, Black/AA and Hispanic children were more than twice as likely as a White child to be born to a mother receiving government benefits, either through the Women, Infants and Children (WIC) program or Medicaid. Because of these disproportionate socioeconomic hardships, many Black/AA mothers face significant health challenges and their children will likely face health disparities from birth.

As shown in the charts above, in 2007-2009 mothers under the age of 18 made up a larger percentage of all Hispanic and Black/AA mothers. Underage Black/AA mothers were also more likely to miscarry, terminate, or otherwise lose their pregnancy (41.3 percent [50.3, 42.3]) than underage White (30.3 percent [29.4, 31.3]) or Hispanic mothers (16.0 percent [14.0, 17.9]).<sup>4</sup>

Black/AA mothers were also twice as likely to give birth to an underweight infant. Overall, Black/AA infant mortality rates from 2007-2009 (16.0 per 1,000 live births [15.0, 16.9]) were more than twice that of White (6.3 [6.0, 6.6]) and Hispanic (6.7 [5.9, 7.5]) populations in Pennsylvania. Black/AA infants were two to four times as likely to die from pre-term births or fetal malnutrition (4.1 [3.6, 4.6]) as White (1.0 [0.9, 1.1]) or Hispanic (Gestation: 1.7 [1.3, 2.1]) infants. They were also almost three times as likely to die from complications during birth (2.8 [2.4, 3.2]) as White (1.0 [0.9, 1.1]) or Hispanic (0.7 [0.5, 1.0]) infants.<sup>4</sup>

**46%** of Pennsylvania's Black/AA mothers did not receive prenatal care in their first trimester in 2009.

In 2007-2009, 54.2 percent [53.6, 54.8] of Pennsylvania's Black/AA mothers received prenatal care during their first trimester of pregnancy compared to 75.9 percent [75.6, 76.2] of White mothers. Black/AA mothers were the least likely to breastfeed (55.4 percent [54.8, 56.0]) when compared to White mothers (68.6 percent [68.3, 68.9]) and Hispanic mothers (67.2 percent [66.4, 68.0]). Black/AA mothers were more likely, however, to not smoke while pregnant (85.1 percent [84.4, 85.8]) than White mothers (81.1 percent [80.8, 81.4]) but less likely to do so than Hispanics (89.7 percent [88.8, 90.6]).<sup>4</sup> All of these factors are among those that are vital to both healthy child development and lifelong health achievement.

## References

- <sup>1</sup> U.S. Census Bureau: 2010 Census
- <sup>2</sup> U.S. Bureau of Labor: Household Data Annual Averages (2010)
- <sup>3</sup> U.S. Census Bureau American Community Survey.
- <sup>4</sup> Pennsylvania Epidemiologic Query & Mapping System (EpiQMS): Behavioral Risk Factor Surveillance System (BRFSS); PA Birth Certificates; PA Death Certificates; PA Cancer Registry <http://app2.health.state.pa.us/epiqms>
- <sup>5</sup> American Cancer Society: *Cancer Facts and Figures for African Americans 2011-2012*
- <sup>6</sup> American Diabetes Association <http://www.diabetes.org>
- <sup>7</sup> Pennsylvania Department of Health: HIV Surveillance Summary Report December 2010

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