

Health Disparities in King County

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- Calling (206) 296-6817 (voice) or 296-4600 (TDD)
- On the Internet: www.metrokc.gov/health

What Are Its Goals? - Microsoft Internet Explorer

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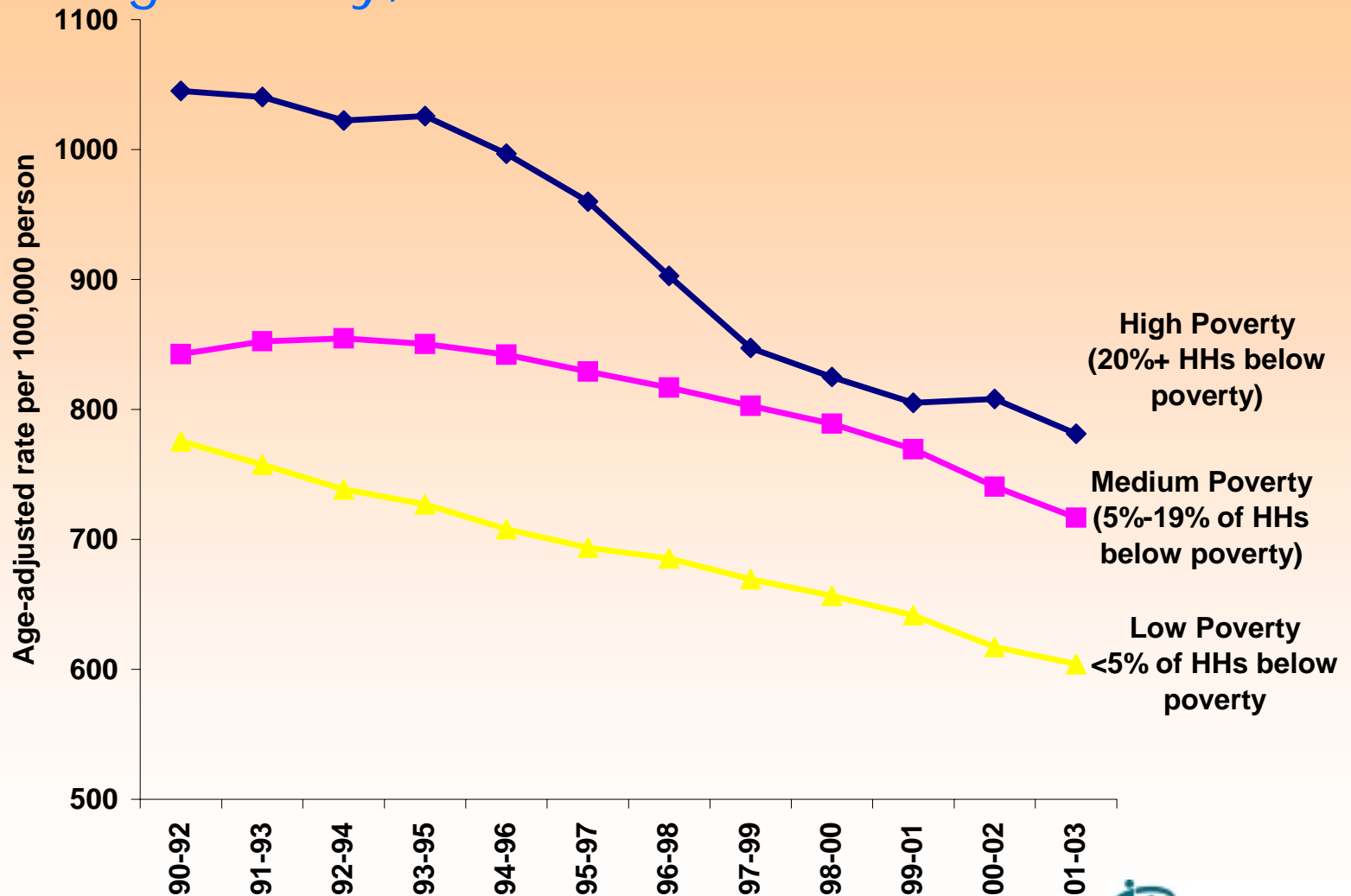
What Are Its Goals?

Healthy People 2010 is designed to achieve two overarching goals:

- Goal 1: Increase Quality and Years of Healthy Life**
The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy and improve their quality of life.
- Goal 2: Eliminate Health Disparities**
The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population.

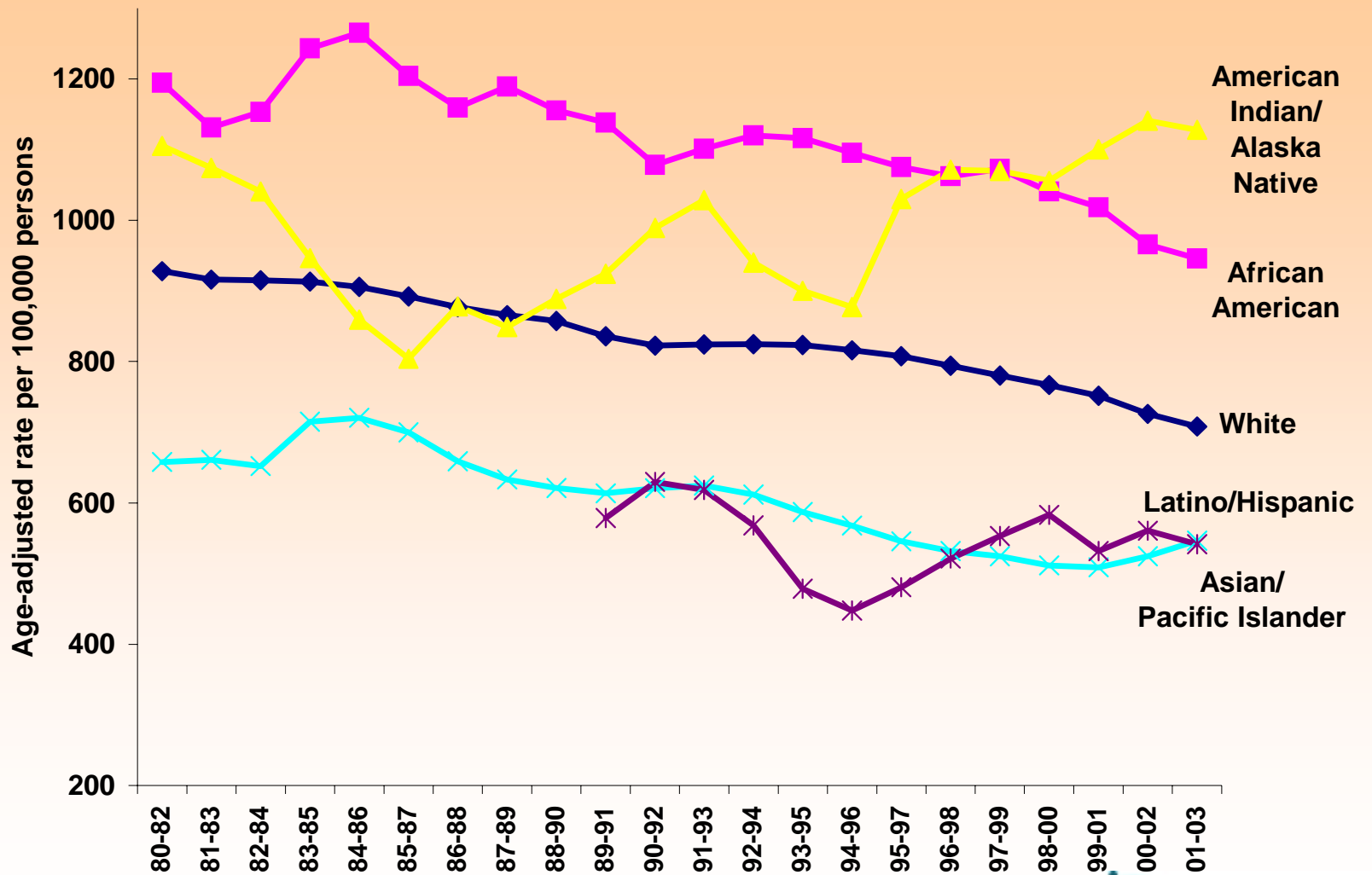
Each of the 28 focus area chapters also contains a concise goal statement. This statement frames the overall purpose of

Total Death Rate by Proportions of Households with Incomes below Poverty, King County, 1980-2003



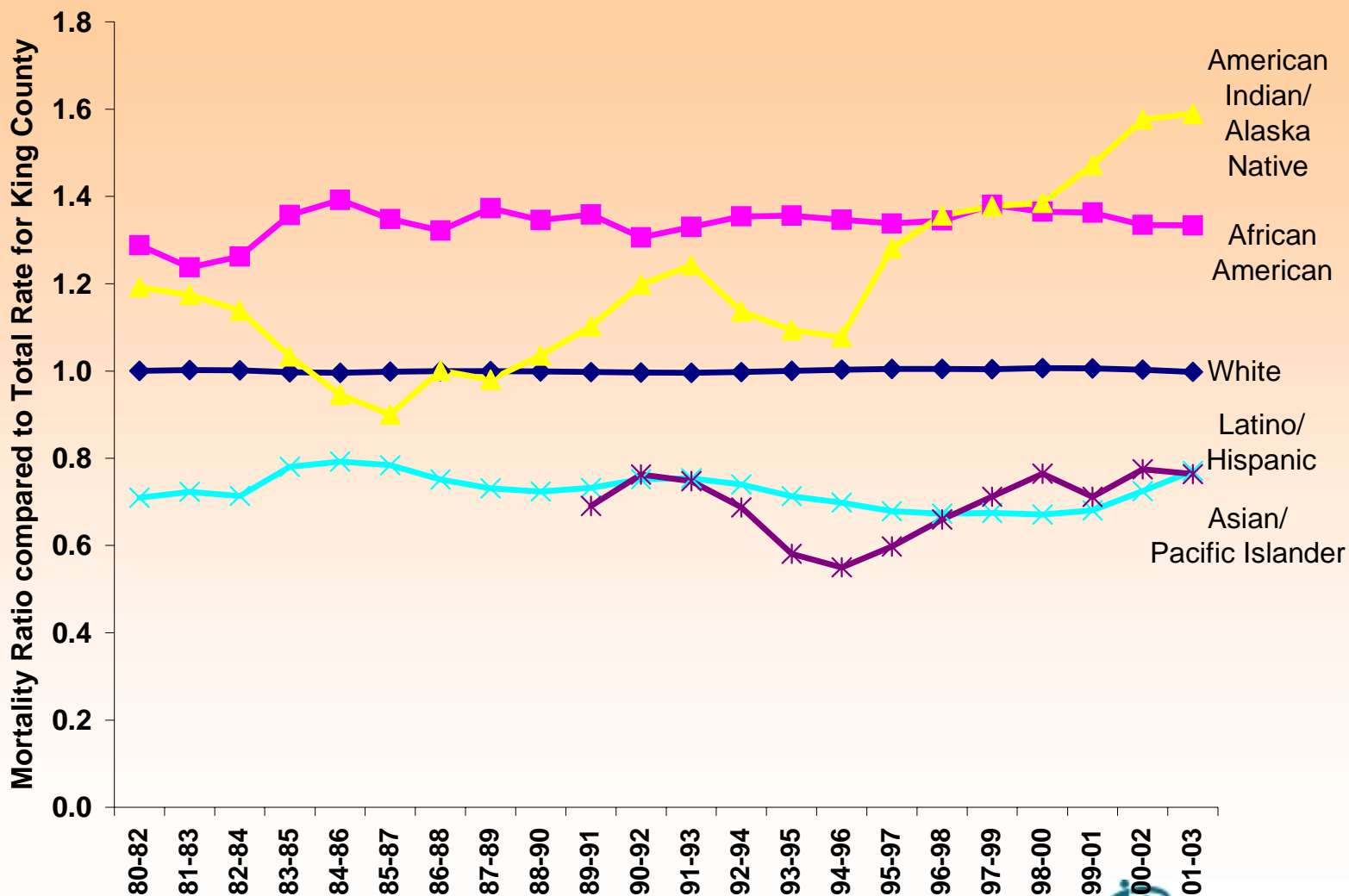
Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

Total Death Rate by Race/Ethnicity, King County, 1980-2003



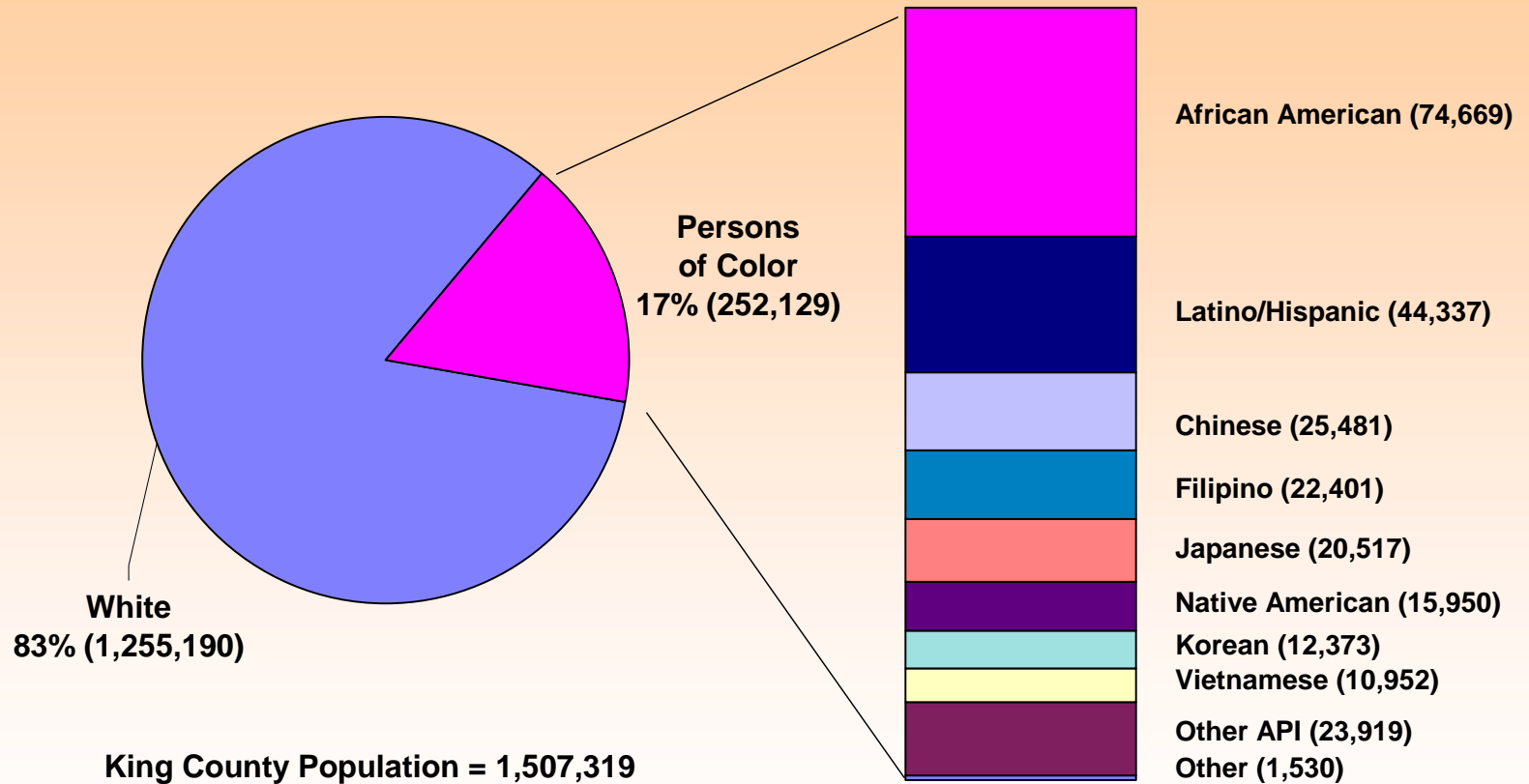
Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

Mortality Ratios by Race/Ethnicity compared to King County Total, King County, 1980-2003

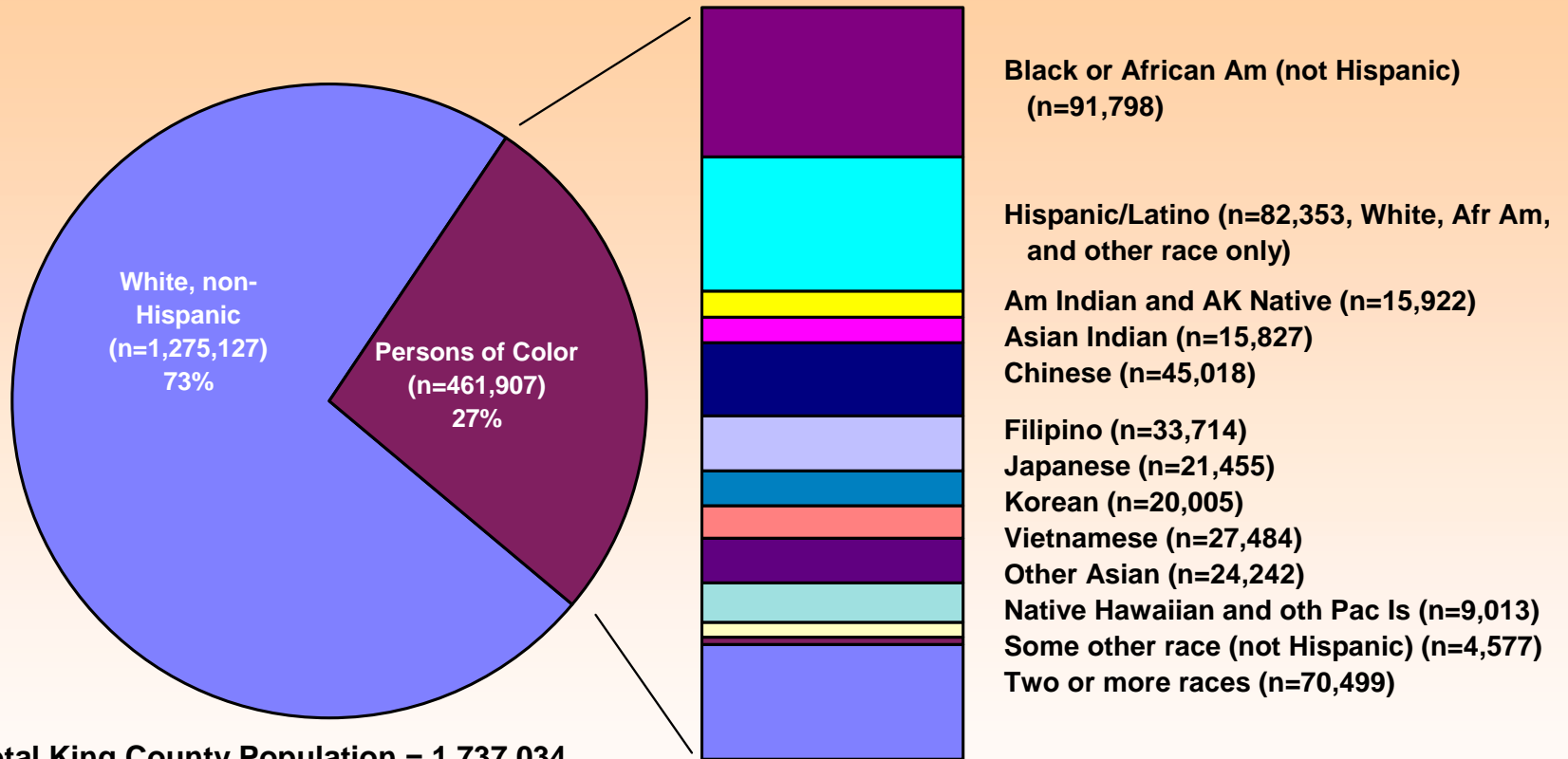


Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

The People Reality: King County Population, 1990

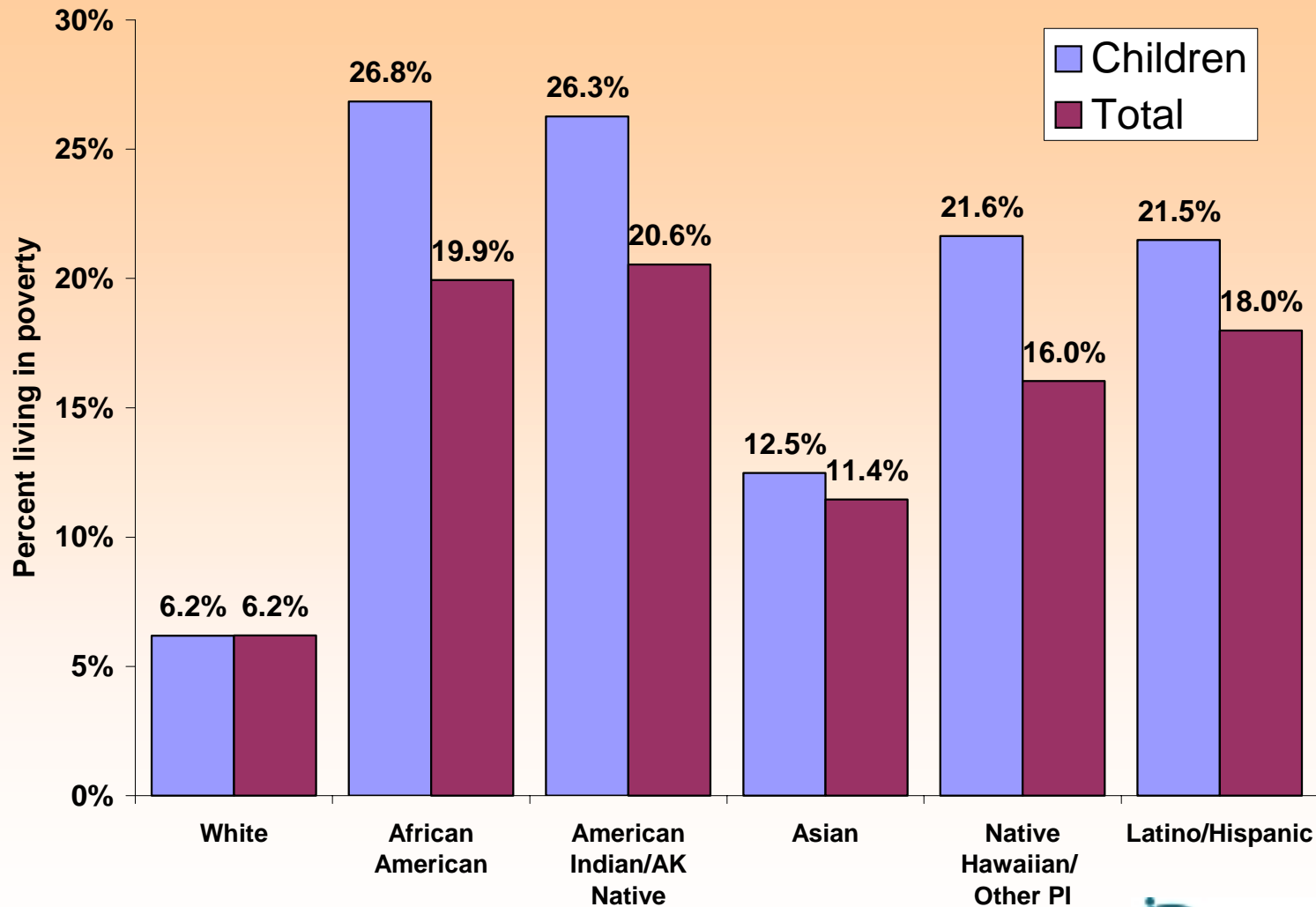


King County Population, 2000



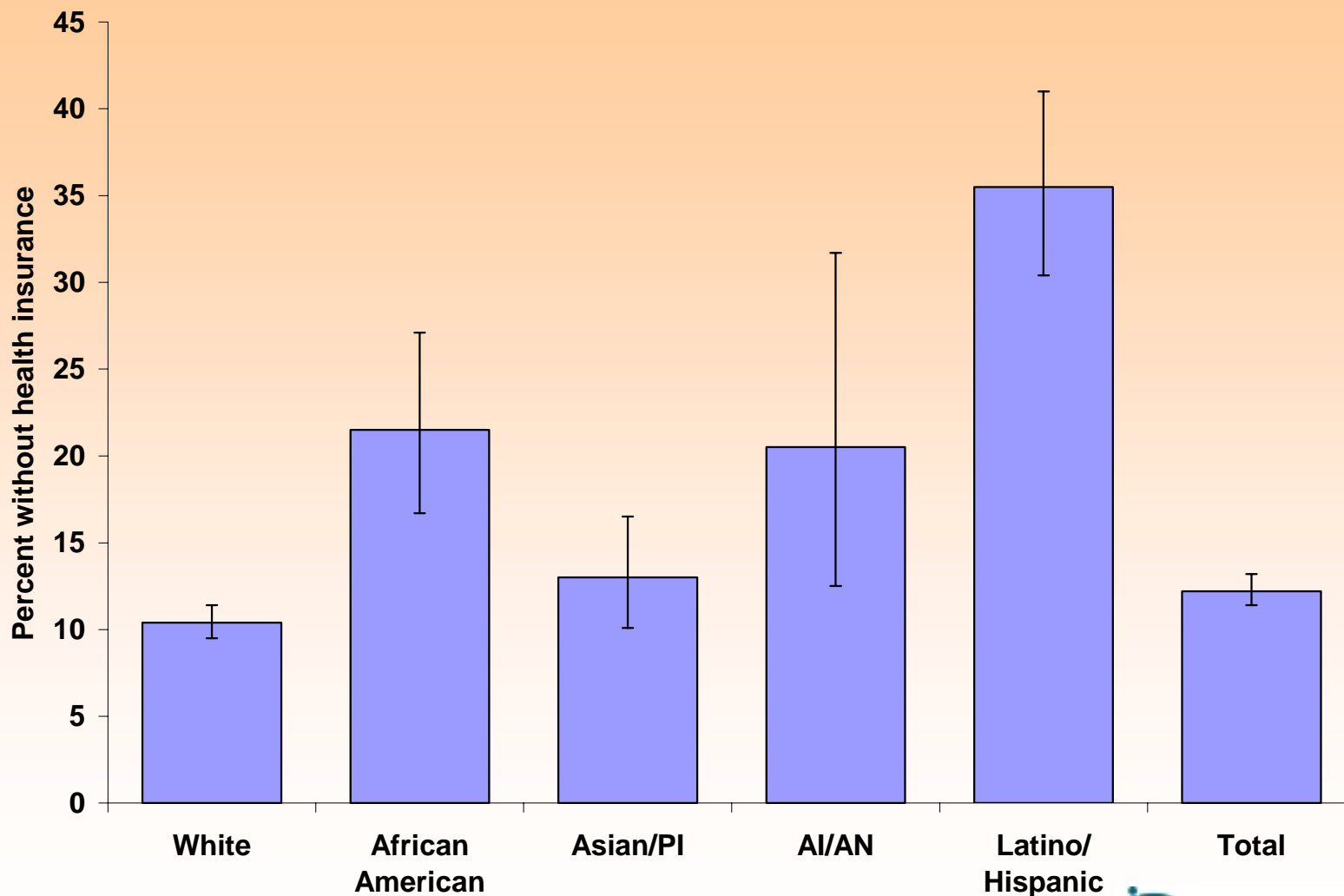
Total King County Population = 1,737,034
Total Hispanic/Latino Ethnicity (all races) = 95,242

Percent living in poverty by Race/Ethnicity, King County, 1989



Source: U.S Census.

Percent of Adults without Health Insurance by Race/Ethnicity, King County, 1980-2003

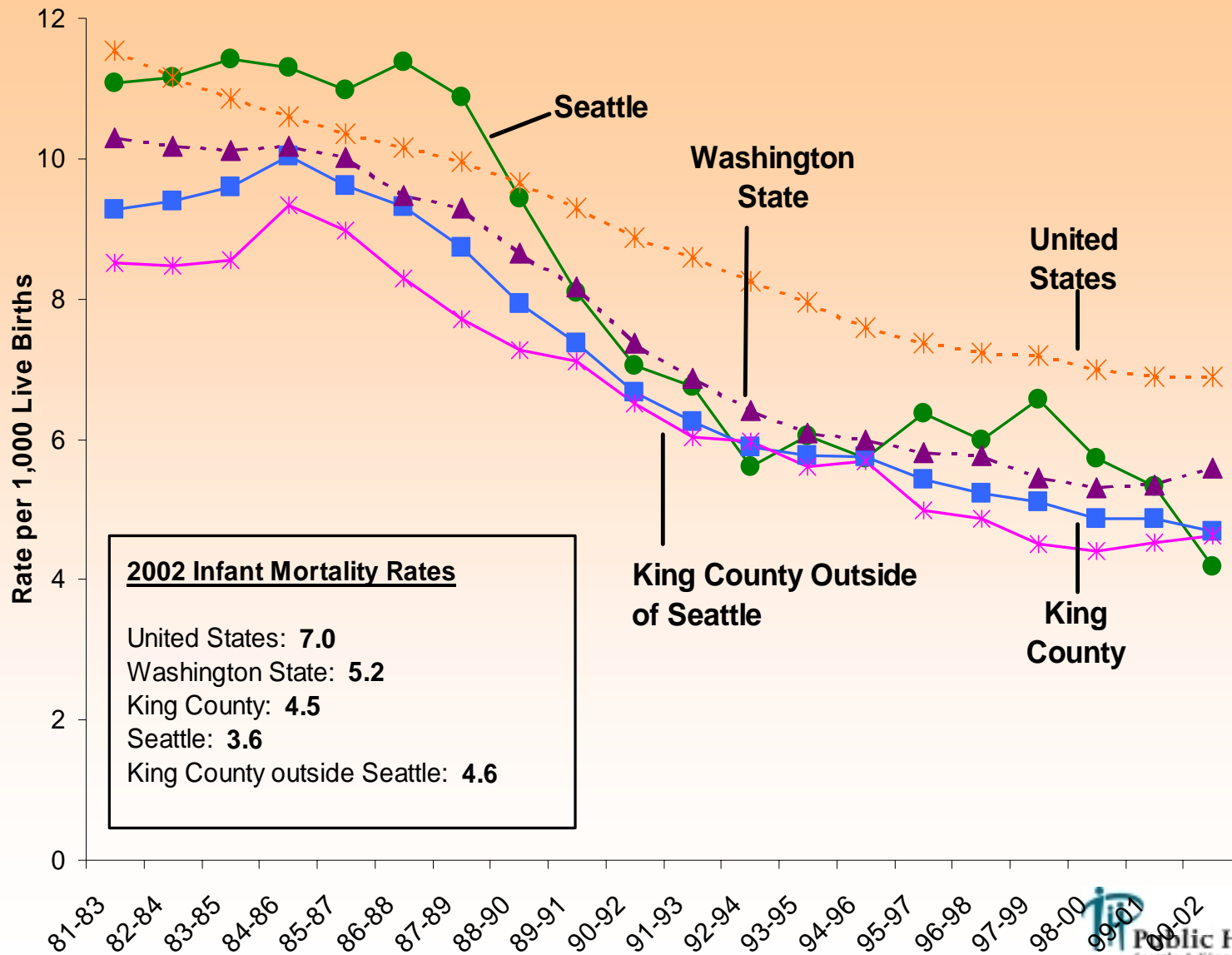


Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

Infant Mortality Rates

US, Washington State, King County, Seattle

Three Year Rolling Average, 1981-2002



2002 Infant Mortality Rates

United States: 7.0
 Washington State: 5.2
 King County: 4.5
 Seattle: 3.6
 King County outside Seattle: 4.6

Contributions to the Overall Decline in Infant Mortality in King County

- **First Steps:**

Maternity support and expansion of Medicaid coverage of prenatal services

- **Safe Sleep:**

Back to Sleep Campaign

- **Medical Advances:**

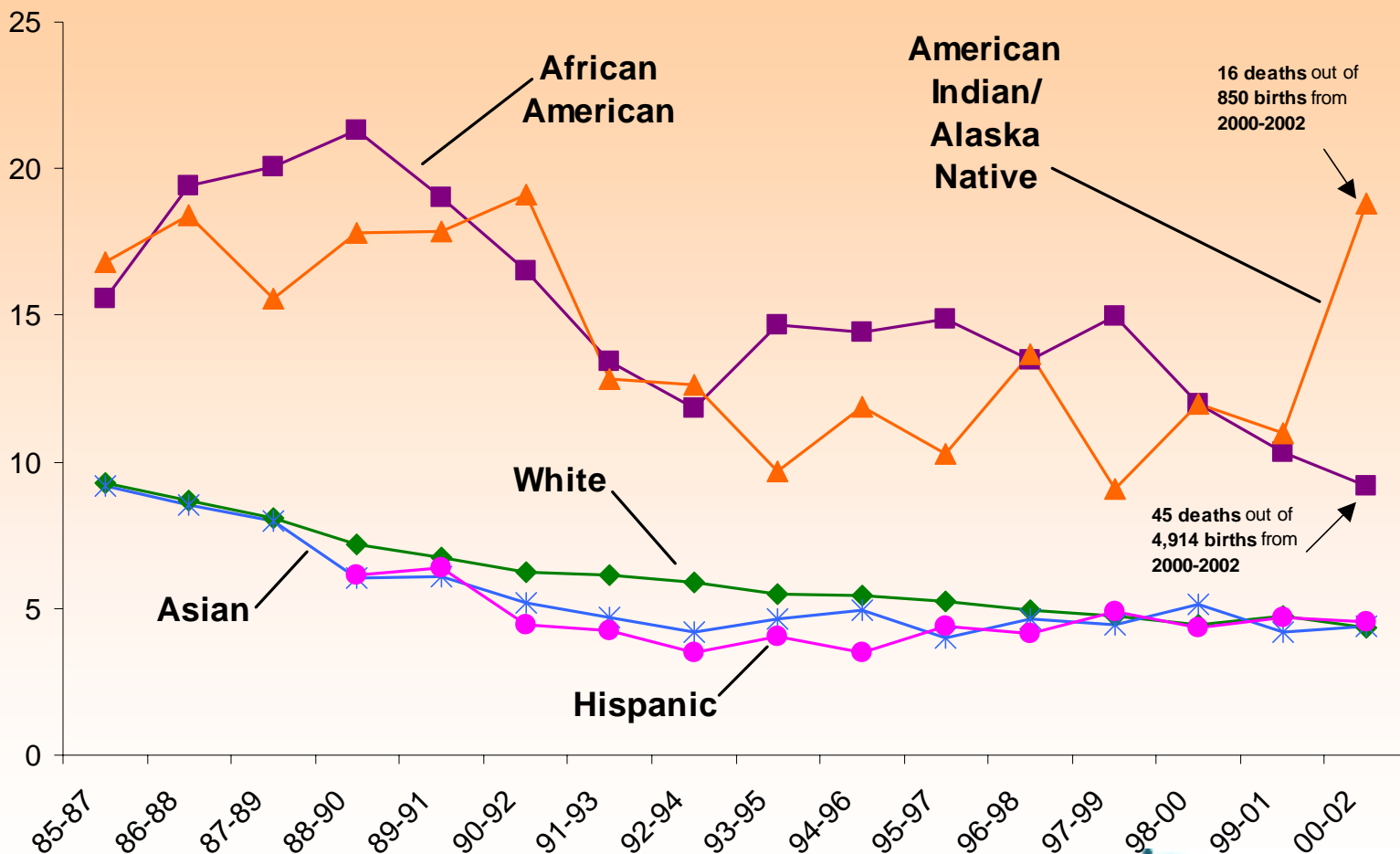
Neonatal intensive care


- **Behavioral:**

Decline in use of tobacco, alcohol, unintended pregnancies

Infant Mortality Rates by Race/Ethnicity King County Three Year Rolling Averages, 1985-2002


Rate per 1,000
Live Births






New Approaches to Understanding Disparities: Racism, Stress and Pregnancy

- Research has shown that African American women with low risk have higher rates of low birth weight and preterm delivery than higher risk white women.
- Black women who have recently immigrated to the US have infants with higher birth weights than women of the same race/ethnicity who were born here
- This suggests a societal phenomenon is at work.

- 
- 46.5% of people of color reported that they had experienced discrimination in the past year compared to 25% of whites (King County Survey 2001)
 - Research models delineate how the experience of racism can have negative health effects.

- 1.) Rowley D et. al. Preterm delivery among African-American women: a research strategy. Am J Prev Med 1993;9:1-6.
- 2.) Clark R et. al. Racism as a stressor for African Americans: a biopsychosocial model. American Psychologist 1999;54:805-16.
- 3.) Krieger N. Embodying inequality: a review of concepts, measures, methods for studying health consequences of discrimination. Int J Health Services 1999;29:295-352.
- 4.) Jones C. Levels of racism: A theoretic framework and a gardener's tale. AJPH 2000;90:1212-5.
- 5.) Rich-Edwards J, et. al. Maternal experiences of racism and violence as predictors of preterm birth: rationale and study design. Paediatric and Perinatal Epidemiology 2001;15:124-35.
- 6.) Krieger et. al. Racism, sexism, and social class: implications for studies of health, disease, and well-being. Am J Prev Medicine 1993;9:82-122.
- 7.) McLean DE et. al. Psychosocial measurement: implications for the study of preterm delivery in black women. Am J Prev Medicine 1993;9:39-67.
- 8.) Hobel C. Role of psychosocial and nutritional stress on poor pregnancy outcome. J Nutr 2003;133:1709S-1717S.



Research has shown that stress impacts health in these ways:

- Increased cortisol (fight/flight hormones) results in increased cardiovascular function which can lead to high blood pressure, depressed immune function with increased vulnerability to infection, and depression. All of these can contribute to risk of preterm delivery.
- These stress responses are designed to help us deal with short terms threats (fight/flight) but for many, the stressors do not go away. Long-term, chronic stress does not allow for system recovery and predisposes to adverse health effects.

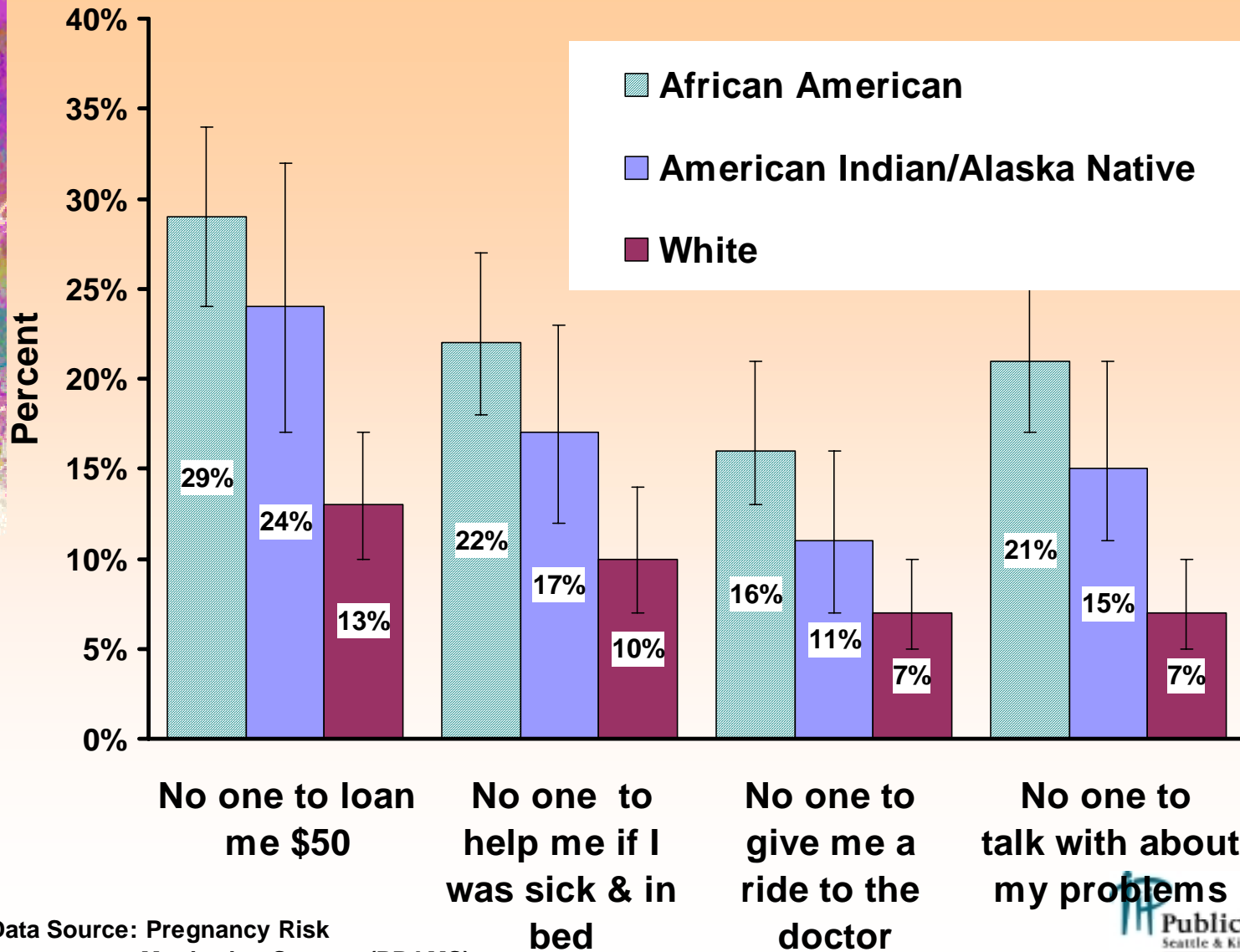
Reported Stressful Life Events During Year Before Delivery King County, 1999-2001

Stress Events	African American	American Indian/Alaska Native	White
Changed residence (moved)	44%*	53%*	33%
Argued with partner more than usual	36%*	43%*	17%
Had bills and couldn't pay	31%*	42%*	14%
Someone close died	24%*	25%	15%
Close family member ill and hospitalized	24%	22%	24%
Separated or divorced from partner	20%*	19%*	5%
Someone close had drinking/drug problem	15%	28%*	13%
Partner said he didn't want pregnancy	15%*	21%*	8%
Husband/partner lost job	14%	20%*	8%
Mother lost job	21%*	15%*	5%
Mom or partner went to jail	10%*	22%*	4%
Involved in a physical fight	7%	12%*	4%
Homeless	11%*	15%*	1%
Reported 5 or more stress events	12%*	23%*	4%

Stress factor prevalences followed by an asterisk () are statistically significantly higher than the estimate for whites.*

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Lack of Social Support During Pregnancy by Race/Ethnicity, King County, 1999-2001



Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

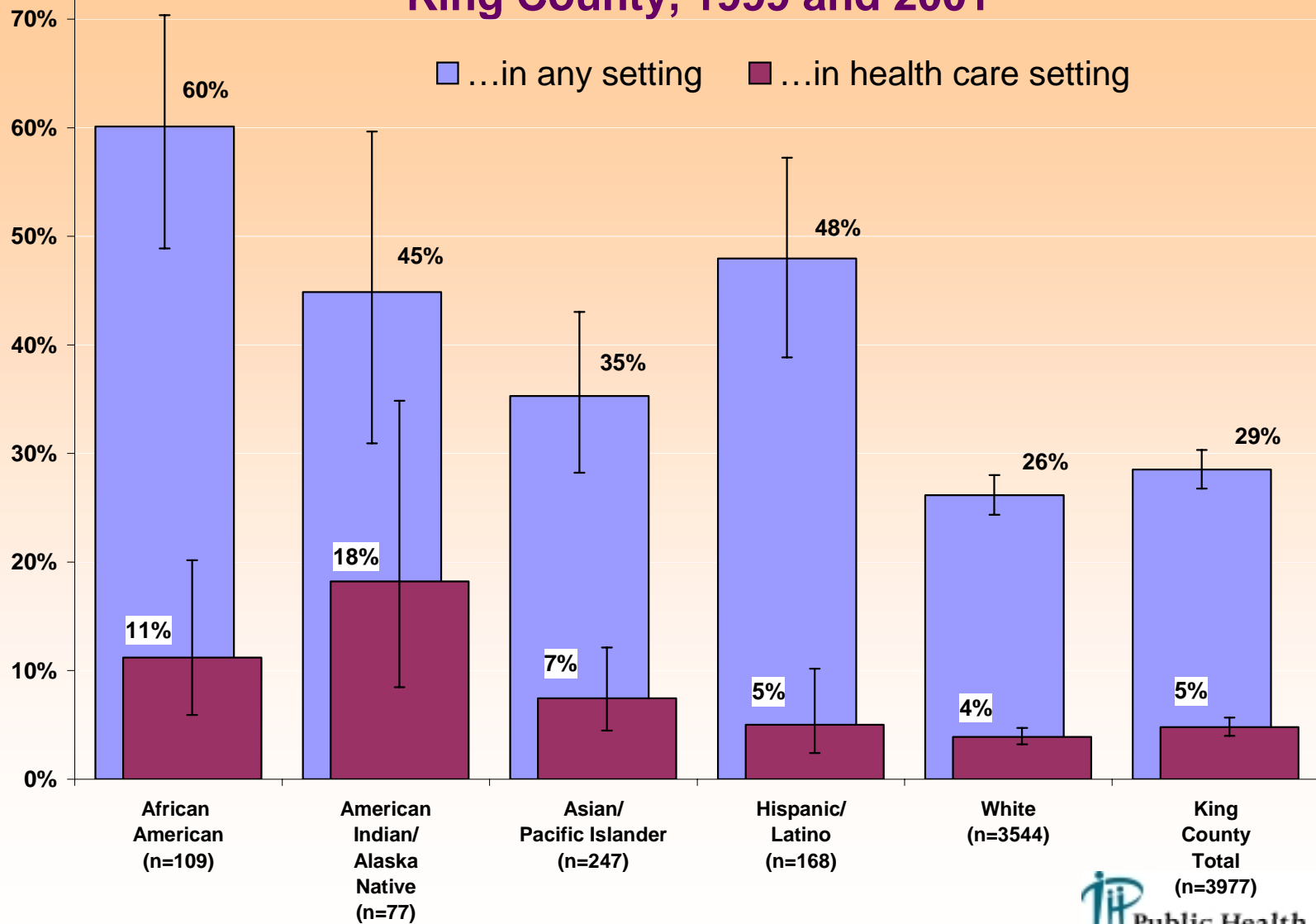
Discrimination in Health Care:

- Quantitative data from random telephone surveys
 - *Special Report on Racial and Ethnic Discrimination in Health Care Settings*¹
 - Ethnicity and Health Survey
 - Communities Count Surveys (www.communitiescount.org)
 - Included 2,048 adults in late 1999
 - Included 2,038 adults in late 2001
 - English only
- Qualitative data from personal interviews
 - *Interview Project*²
 - Included 51 African Americans, Jul-Sep 1999
 - Convenience sampling at fairs and community events
 - Intended to describe range of experiences
- Released: January 2001

1. <http://www.metrokc.gov/health/reports/discriminationinhealthcare.pdf>

2. <http://www.metrokc.gov/health/reports/discriminationinterviews.pdf>

Percent of Adults Who Experienced Discrimination in Any Setting and in Health Care Settings, Past Year's Experience King County, 1999 and 2001



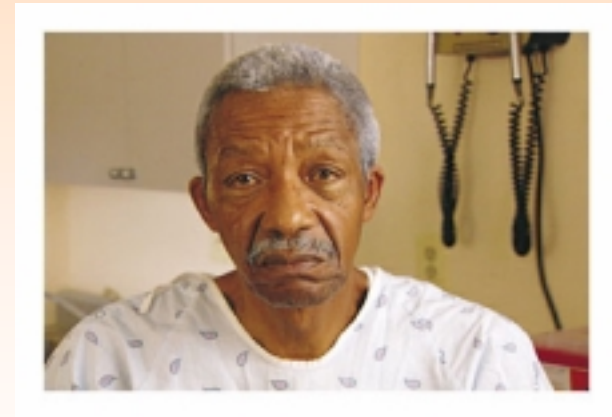
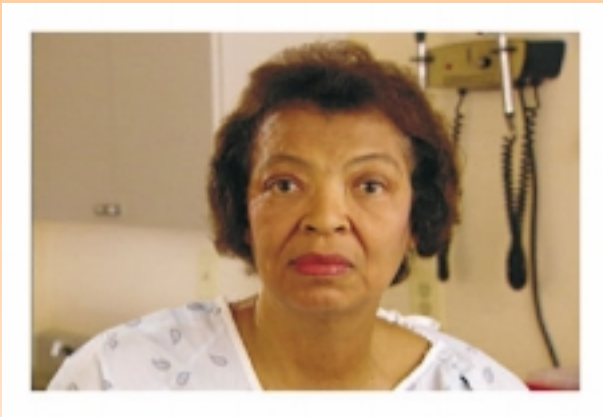
Source: Communities Count 2000 & 2002

Biases within the system are deep-seated and complex:
Example of differential treatment in health care settings....



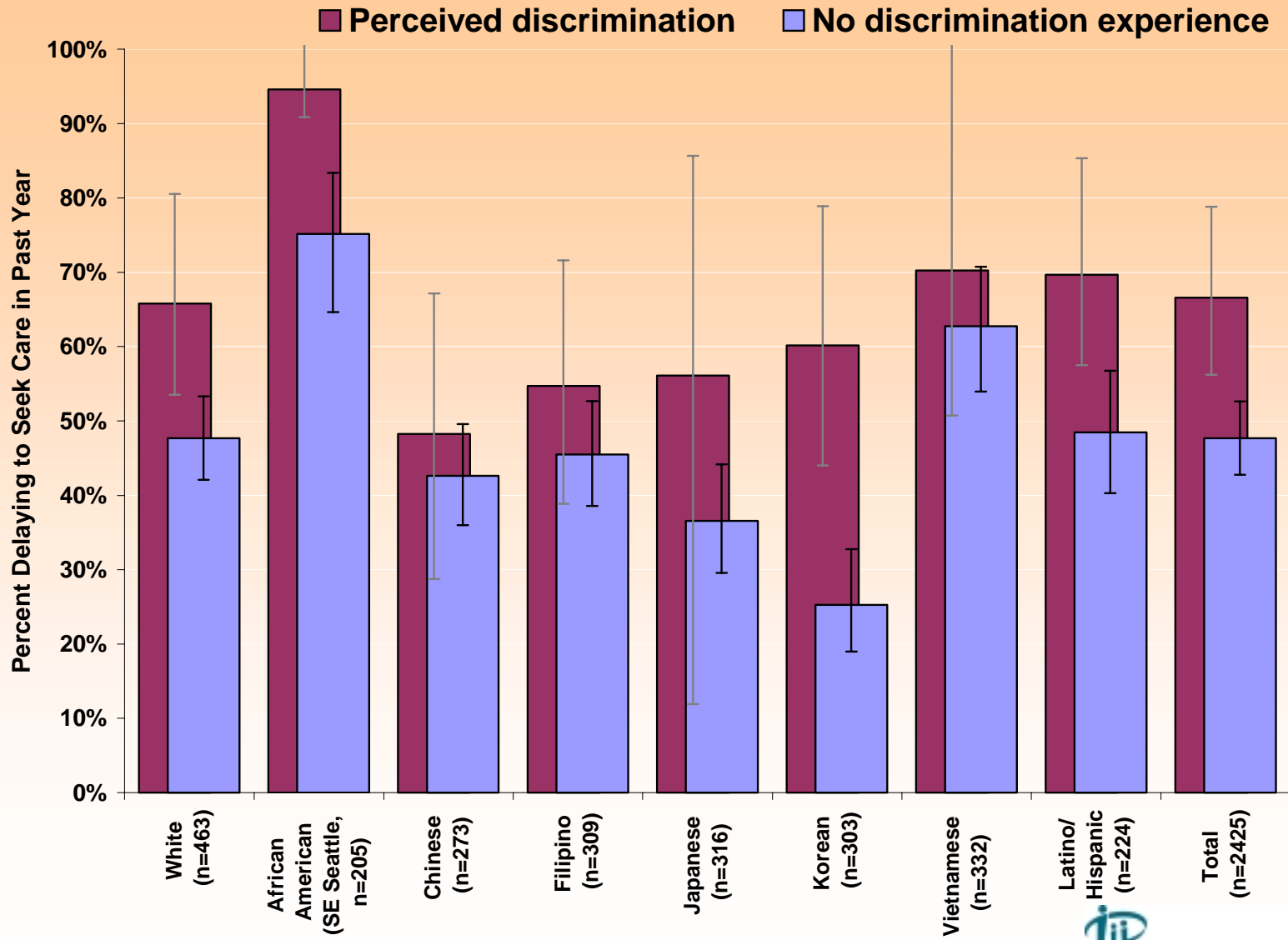
“Patients” experiencing symptoms of heart disease
- Schulman et al. (1999)

Biases within the system are deep-seated and complex:
Example of differential treatment in health care settings....



“Patients” experiencing symptoms of heart disease
- Schulman et al. (1999)

Delay in Seeking Needed Health Care by Perceived Discrimination Experience, King County, 1995-1996



Source: King County Ethnicity and Health Survey



How much progress have we made toward eliminating health disparities?

Answer:

Very limited. Some rates show improvement, but less quickly than the general population. Therefore, disparities remain level and some are actually increasing!



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COMMENTARY

Saturday, February 26, 2005

HIV stats reveal a widening racial gap Infection rate for blacks doubles while holding steady for whites

SEATTLE POST-INTELLIGENCER STAFF AND NEWS SERVICES

The HIV infection rate has doubled among blacks in the United States over a decade while holding steady among whites -- stark evidence of a widening racial gap in the epidemic, government scientists said yesterday.

In King County, blacks are 2.6 times more likely than whites to have HIV or AIDS, and immigrants from Africa account for an increasing number of infections, according to data provided by Public Health -- Seattle & King County.

Other troubling statistics indicate that almost half of all infected people in the United States who should be receiving HIV drugs are not getting them.

Understanding the Complexity of Health Disparities

Health
Behaviors and
Personal
Risk Factors

Access to
Health Services

Institutionalized
biases (racism, sexism,
etc.)

Mental Health
and Social
Support

Trust in Health
System and
Research

Economic
Opportunity
and Equity

Stress due
to Social
Factors

Education
Background and
Opportunity

Environmental
Risk

Language and
Other Cultural
Factors

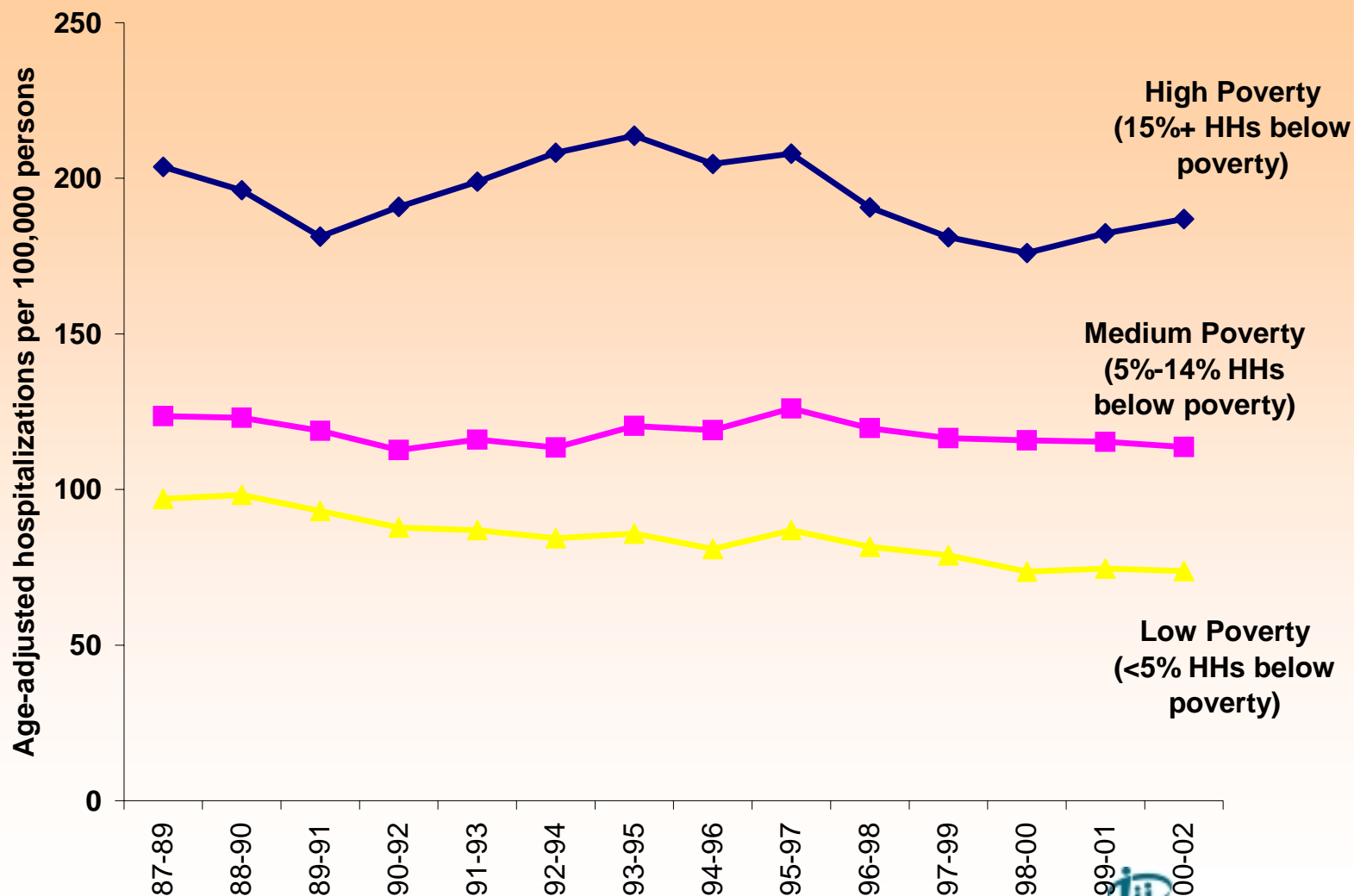
Housing
Circumstance
and Quality

The Health Impact of Resolving Racial Disparities: An Analysis of US Mortality Data

Steven H. Woolf, MD, MPH, Robert E. Johnson, PhD, George E. Fryer Jr, PhD, MSW, George Rust, MD, MPH, and David Satcher, MD, PhD

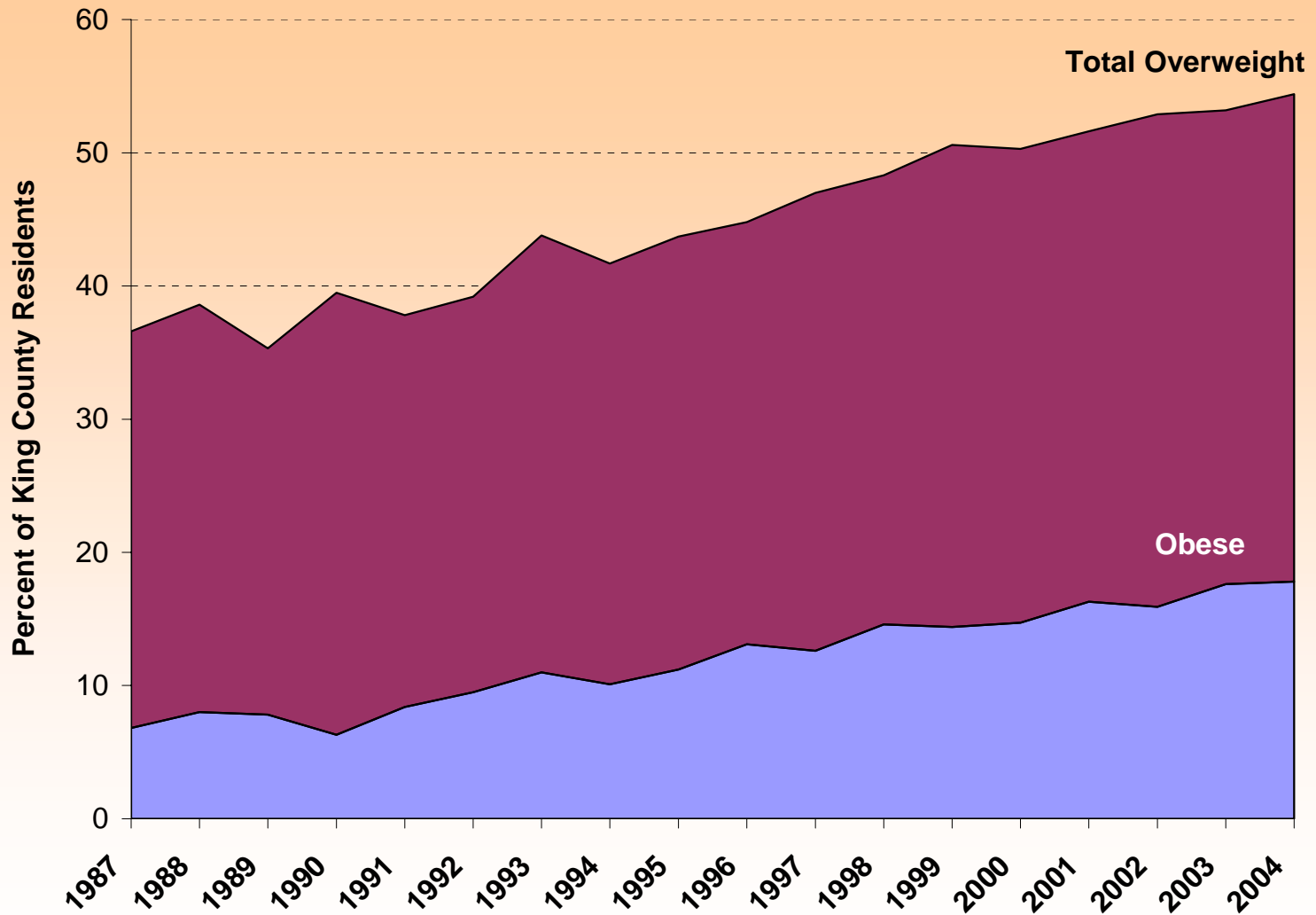
The US health system spends far more on the “technology” of care (e.g., drugs, devices) than on achieving equity in its delivery. For 1991 to 2000, we contrasted the number of lives saved by medical advances with the number of deaths attributable to excess mortality among African Americans. Medical advances averted 176633 deaths, but equalizing the mortality rates of Whites and African Americans would have averted 886202 deaths. Achieving equity may do more for health than perfecting the technology of care. (*Am J Public Health*. 2004;94:2078–2081)

Asthma Hospitalizations by Proportions of Households with Incomes below Poverty, King County, 1980-2003



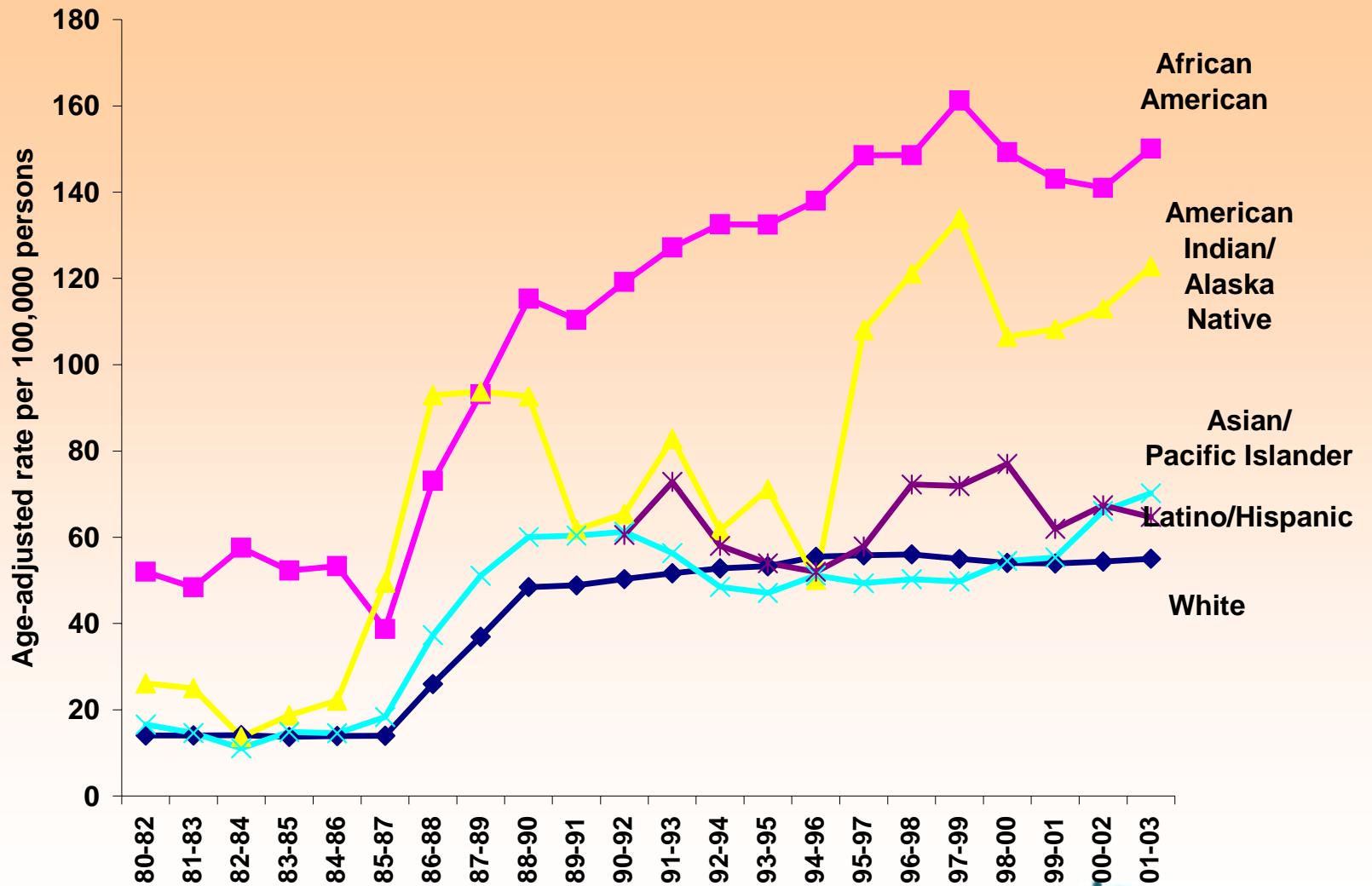
Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

Percent of King County Residents who are Overweight or Obese, King County, 1980-2003



Source: Behavioral Risk Factor Surveillance System: Washington State Department of Health, Center for Health Statistics.

Death Related to Diabetes by Race/Ethnicity, King County, 1980-2003



Source: Death Certificate Data: Washington State Department of Health, Center for Health Statistics.

Freedom from
Discrimination

Promotion of
Healthy
Behaviors

Access to
Quality Health
Services

Trust in Health
System and
Research

Eliminating Health Disparities

Mental Health
and Social
Support

Reduced
Stress due to
Social Factors and
Mistreatment

What will it Take?

Economic
Opportunity
and Equity

Lower
Environmental
Risks

Educational
Opportunity

Respect for
Language and
Other Cultural
Factors

Affordable and
healthy living
environment