

SELECTED EXAMPLES OF HEALTH DISPARITIES IN SAN MATEO COUNTY AND RECOMMENDATIONS

SAN MATEO COUNTY HEALTH SERVICES AGENCY

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Reducing health disparities continues to take on growing importance in San Mateo County and across the nation as we learn more about the underlying causes for these differences, which include:

- Poverty,
- Discrimination based on gender, culture, behavior, education, income, disability, geographic location, sexual orientation, or race or ethnicity,
- Neighborhood crime,
- Substance abuse,
- Lack of access to health care (e.g., insurance, quality and location of care),
- Lack of health education and disease prevention and management, and
- Inadequate housing and transportation.

Analysis of local data about San Mateo County finds that health disparities have been reduced in some areas, but continue to persist in others. More importantly, this data provides the framework for developing community and institutional strategies to create healthy communities for all San Mateo County residents. Below are selected examples of health disparities data from the *Healthy San Mateo 2010*^{*}:

Maternal and Child Health

- The proportions of women receiving less than adequate prenatal care have decreased significantly for all race/ethnicities from 1990 to 2002.
 - The most substantial decrease occurred in Hispanic women from 50.8% in 1990 to 25.3 % in 2002.
 - Pacific Islander women consistently had the highest proportions of less than adequate prenatal care compared to other race/ethnicities. (MCH-12)^{**}
- In 2001, the Black infant mortality rate was no longer significantly higher than that for Whites, declining 27.2% from 1990 to 2001. In 2001, there were no Black infant deaths. (MCH-31)
- The overall prevalence of obese children and adolescents in San Mateo County was 16.6%, which is higher than the national prevalence of 15.0%.⁺

^{*} A report released by San Mateo County Health Services that provides an overview of the health status of San Mateo County residents, focusing on trends from 1990 to 2001

^{**} This is the reference number under which graphs illustrating this data can be looked up in the data excerpt of *Healthy San Mateo 2010* or in the full report at <http://www.smhealth.org>.

- An additional 17.7% were overweight, bringing the total overweight and obese prevalence to 34.3% in the county. The national comparison figure is 30.0%.⁺
- There were racial/ethnic differences in prevalence of overweight and obesity.⁺
 - The lowest rates of overweight and obesity were in Asian (20.5%) and White (26.7%) children and adolescents.
 - Filipino (35.0%) youth had moderate rates of being overweight or obese.
 - African American (42.9%), Hispanic (43.3%), Pacific Islander (56.1%), and American Indian/Alaskan Native (54.3%) students had the highest rates of overweight and obesity.
- Low socioeconomic status was associated with increased prevalence of overweight and obese children and adolescents.⁺

Infectious Diseases

- The unadjusted AIDS incidence rate declined by 80.4% from 23.5 per 100,000 people in 1990 to 4.6 in 2002. The incidence in Black males has been significantly higher than in any other race. (ID-8)
- Men who have sex with men (MSM) remained the primary risk group for White, Hispanic, and Asian male AIDS cases from 1983 to 2002. Compared to 1983-1992, the proportion of Black and White males AIDS cases infected by injection drug use (IDU) was significantly higher in 1993-2002. (ID-10a, ID-10b)
- For males, chlamydia incidence is significantly higher in Blacks than in any other race/ethnicity. In 2002, the incidence in Black males was 226.2 per 100,000 people, five times higher than in Whites 45.5 and Asians 44.8, and two times higher than in Hispanics 97.4. (ID-14)
- Since 1985, the proportion of tuberculosis cases born outside the United States increased from 65.6% to 93.5% in 2000. The five-year moving average rate of TB in Asians and Pacific Islanders for 1985-2002 was the highest. During 1998-2002, it was approximately three times the rate for the total population and 21 times the rate for the White population. (ID-25, ID-26)

Cancer

- The incidence of cancer has consistently been significantly lower among Asians compared to other race/ethnicities. From 1996 through 2000, the incidence rate for Asians was 339.3 per 100,000 people. The highest rates of cancer occurred among Whites 582.8, followed by Blacks 506.3 and Hispanics 394.8. (CA-3)
- From 1996-2000, breast cancer was the most common cancer with the highest incidence rates in Asians, Hispanics, and Whites overall.

⁺ This data is from the 2001 California Physical Fitness Test (CPFT) (Education Data Systems, Morgan Hill, California).

- The incidence of breast cancer is increasing and is the second leading cause of cancer deaths in females.
- Prostate cancer was the most common in the Black population, accounting for approximately 23% of all cancer cases, while breast cancer accounted for approximately 16%. (CA-9)
- Lung cancer is the leading cause of cancer death in the county and causes more deaths per year than breast cancer, prostate cancer, and colorectal cancer combined. This disease is almost completely preventable. Smoking causes over 85% of lung cancer deaths, and should be discouraged at every opportunity.
 - From 1996-2000, the highest rate of male lung cancer was in Black males at 99.8 per 100,000 people, followed by White males at 73.8, Asian males at 60.9, and Hispanic males at 57.4. (CA-34)

Hospitalizations

- Substance abuse-related hospitalization rates was highest among Blacks (113.5 per 10,000 people), followed by Whites (72.4), Hispanics (40.5), and Asians (14.8). Rates for Whites, Hispanics, and Asians were stable from 1992-2000; rates for Blacks declined significantly by 26%. (HOSP-25)
- Injury-related hospitalization rates were highest among Blacks (128.7 per 10,000) and Whites (122.4) compared to Hispanics (77.9) and Asians (60.0). (HOSP-14)

Mortality

- The five-year moving average mortality rate for Blacks was consistently higher than all other racial/ethnic groups, though this disparity has lessened throughout the 1990's. (MORT-3)
- The heart disease mortality rates for Blacks and Whites decreased significantly from 1990-2001, while the rates for Hispanics and Asians remained stable. (MORT-5)
- The 1997-2001 five-year average diabetes mortality rate for Blacks (36.3 per 100,000 people) was higher than for other race/ethnicities. (MORT-13)
- Whites had the highest suicide rate in the county. In 2001, the White rate of 9.6 (6.9, 12.8) was three to four times higher than either the Asian rate of 3.2 (1.0, 6.6) or the Hispanic rate of 0.5 (0.0, 1.8). The rate was consistently lowest among Hispanics. (MORT-23)
- The county's Black homicide rate peaked in 1997 at 46.8 per 100,000 people and then decreasing significantly to 11.1 by 2001. Rates for Hispanic homicide rates were higher in the early part of the 1990's and have since declined in the latter part of the decade. (MORT-26)

Recommendations

Data from the *Healthy San Mateo 2010* report finds that disparities in health continue to exist affecting the health and economic well-being of the entire community. San Mateo County must engage all County stakeholders in a community wide process to design and implement culturally appropriate strategies and interventions that focus on the underlying, multi-factorial causes of health disparities. While targeted programs are effective on some levels, it is also necessary to develop the appropriate methodology and structure to deal with disparities on a systematic level that address its root causes rather than its effects.

The approach to improving community health and the medical system must be woven into the fabric of the of the community through education, housing, labor conditions, social justice and equity, transportation, agriculture and the environment in addition to continued efforts to improve the medical system.

Communities need to focus on a variety of strategies including:

- Improving data collection to developing practices that work best to effect health improvement
- Forming partnerships with various community entities to effect long term change
- Strengthening the health institutions that provide services to underserved communities
- Funding proven programs that reduce health disparities
- Locating services in communities where the greatest disparities exist
- Promoting exercise in safe places
- Improving substance abuse prevention services
- Expanding health coverage
- Removing language and cultural barriers to physical and mental health care
- Improving the quality of care to the uninsured and underinsured
- Ensuring the diversity and cultural competency of the health care workforce

Significant resources will need to be reorganized and dedicated to promote community wide change in innovative ways that are inclusive of all stakeholders. By working together collaboratively to execute coordinated strategies and contribute towards shared goals, we will succeed in improving the health of all San Mateo County residents.

Below are more specific recommendations from the San Mateo County Health Officer that correspond to the selected health disparities examples found on pages 1-3:

Improve Family Planning and Prenatal Care Access

- To most effectively use scarce health care funds, prenatal care access barriers for all county residents, especially Pacific Islander, Black, Hispanic, Filipinas and adolescents must be eliminated.

- Additional outreach resources should be directed to areas and populations with high rates of inadequate prenatal care.
- The availability of expanded family planning services regardless of clients' ability to pay should continue to be supported.
- Programs, most notably the Black Infant Health programs, which have made remarkable progress in reducing disparities, should continue to be supported.

Support Programs to Improve Child and Adolescent Health and Well-Being

- A countywide task force, consisting of all entities that interact with children—education, health, city and county government, business, philanthropic organizations, and others—should be set up to develop recommendations to reduce childhood obesity.
- Nutrition counseling should be available for families of children who are mildly to moderately overweight. Multi-disciplinary family-based weight management programs for children who are severely overweight should be developed and made accessible.
- Opportunities to increase physical activity should be available to school aged children to reduce the number of overweight and obese children. Schools and after-school programs should offer Physical Education everyday to every student.

Improve HIV/AIDS Resources and Prevention

- To continue to stem HIV/AIDS infection, prevention strategies must be constantly evaluated and improved. While the numbers of HIV/AIDS cases have decreased because of successful multi-level prevention strategies, we are beginning to see “prevention message” fatigue in certain communities.
- All entities dealing with African-Americans, from schools, churches, businesses, and the private and public healthcare sectors should work closely together and develop better strategies to decrease transmission of infection in this population as they are particularly at risk for HIV infection.
- AIDS services, both clinical and preventive, should be decentralized and directed to communities most impacted by the disease.
- As the number of people living with HIV/AIDS increases, resources to keep them well and productive will need to increase.

Surveil, Prevent and Decrease Incidence of Infectious Diseases

- High priority should be given to testing individuals at high risk for HIV and Hepatitis C infection in the most accessible locations.
- Continued dedicated federal, state, and county resources and infrastructure must continue to successfully prevent the spread of TB or TB rates will rise.

Improve Morbidity and Mortality Outcomes

- The federal government should re-examine the consequences of its agricultural policies on the increase of obesity and its complications, such as diabetes.
- Corporations should consider the public health impact of their practices and change their marketing strategies.
- All San Mateo County residents should: stop smoking; lower dietary fat consumption; increase fruits and vegetables consumption (to a minimum of five servings per day); and drink little, if any, alcohol.
- Everyone should also exercise regularly, with activity the equivalent of at least 30 minutes of brisk walking on most days of the week.
- Government agencies, schools, businesses, the media, community-based organizations and community members should all be involved in developing chronic disease prevention policies and programs that incorporate the above recommendations.
- Ordinances restricting exposure to second hand smoke should be developed and enforced.
- All tobacco funding, including the tobacco settlement, coming into our community should be used appropriately to reduce the level of smoking and should be leveraged with other funding for this purpose.
- Breast cancer screening should be available on a routine basis to all regardless of ability to pay to prevent the increasing incidence of breast cancer.

Additional data and corresponding graphs on health disparities as well as a more complete set of recommendations are available in the data excerpt of the *Healthy San Mateo 2010* report.