

**OCL Health Disparities Study
Steering Committee Meeting
June 21, 2007
Meeting Minutes**

Present: Sandra Barrett, Betty DeFazio, Liz Crockett, Mary Jensen, Joyce Latham, Martha Ryan, Cynthia Stevenson, Amanda Torre-Norton.

Today's meeting featured guest Don Cibula, Director of Surveying and Statistics, Onondaga County Department of Health.

The meeting began at 8:40 a.m. with a review of the June 7 meeting minutes.

Betty began with an overview of the June 11 Nutrition public session at the Dunbar Center. The panel featured Liz Campbell from the CNY Food Bank, who gave a good overview of food security issues. Dwight Rhodes talked about Dunbar's role as a food pantry, Liz Coffee, from Catholic Charities, discussed a new program that helps people to learn to cook with the foods they have access to. Susan Brown, PhD, discussed the impact of Vitamin D on major diseases. Sandra suggested that the committee may want to contact George Kilpatrick at WCNY-TV, who is hosting a new program called "Food for Thought."

Discussion then turned to guest Don Cibula through an informal question and answer format. Don explained that his position entails surveying – monitoring health status of the community – and gathering statistics.

Liz Crockett: It has been difficult to get data for specific demographic groups Do you think there will be better access to healthcare data in the future.

Don Cibula: I wish I could be more optimistic about data for birth outcomes, hospital discharge data and death data, but I don't see any movement towards changes in data collection in the future.

Liz Crockett: What is the system for collecting data on race?

Don Cibula: The Census Bureau identifies race and Hispanic ethnicity separately – Spanish Colonial areas that used slave labor brought in from Africa. Race is collected in the following categories: White, African-American, Asian, Native American and Other, which includes those of Hispanic descent. In terms of mis-identification, this is an issue in national and local data.

Sandra Barrett: How does the Health Department decide what to collect?

Don Cibula: The primary role of my unit is to assess the overall health of our community using various measurements from physicians on patient health status. We look at aggregates of the population and make estimates on how healthy the community is. Infant mortality continues to be a major problem – indicative of problems with access due to education, culture, socio-economic status, etc.

We also look at chronic diseases that are preventable, such as colon cancer, which is preventable if screening guidelines are followed, as well as mammography. Our data shows us that screening is minimally used within the African-American population.

We also look at life stages and disparities within those stages:

At the infant stage, we look at data relating to low birth weight, infant mortality, vaccination coverage and lead screening tests. Physicians are quite good at giving the first lead test to infants, but there are disparities in giving the second follow-up test. In Manlius, second tests are low, while on the South Side, second tests are high.

At the teenage stage, we are particularly interested in mental health issues, which can be the underpinnings of public health problems. When one is having emotional or mental health problems, they are less likely to be concerned with their overall condition. Suicide rates and motor vehicle accidents are high causes of death at this life stage.

The maternal and child health stage of those in a community can be assessed by looking at data related to early and regular pre-natal care, low birth weight, infant mortality and small size for gestational age.

Late life stages show higher incidences of chronic diseases, such as cancer. In the elderly, injuries due to falls are high and we look at the rates and trends in patients with dementia. This life stage is becoming more important as baby boomers start to age.

Causes and Root Causes of health problems: Few things in social science that can demonstrate one contributing cause... you have to look at healthcare and health problems at various stages in a multi-factorial in a causative way or associations in a synergistic way (versus in isolation). We are very cautious about attributing health outcomes to just one specific factor.

Mary Jensen: There are good statistics on infant mortality through a mapping project that was done. Do chronic diseases correlate to these infant problems? Is there a geographic connection?

Don Cibula: I'm not sure of any specific studies that have been done on this. This is something to ask Jonnell Allen about; there is a way to link neighborhoods and outcomes. Socioeconomic data has been mapped.

Martha Ryan: We know screening rates for particular zip codes for colon, cervical and breast cancer. If we could map and show multi-factorial causes, the community could respond, perhaps with more and better education about screening. We haven't been as successful as the area of infant mortality in getting and using statistics.

Joyce Latham: Infant mortality as a measure of community health has been used for a century.

Sandra Barrett: We are wondering about trends... is there a community health report card that shows trends over the years and compares Onondaga County to state and national data?

Don Cibula: About 1-1/2 years ago, there was a report placed on the Committee for a Health CNY website. There is not a lot of trend data to be had, although we have trend data for specific areas – colon, breast and lung cancer – rates over time. Mapping might be something Jonnell and I could look at.

Sandra Barrett: How does Onondaga County compare to other communities?

Don Cibula: When you compare us to other counties, we are very similar – averages mask a lot of disparities – for our community as a whole, priorities are obesity, heart disease and smoking rates, and these health problems cut across all social strata. Our infant mortality rates compare favorably with other areas. If you look at our disparities, infant mortality is worse, as is breast cancer.

Liz Crockett: Even if we know all the issues, it seems the most difficult challenge is how to change behavior. If you look at stress levels based on racial inequities, stress from one's social, economic or living conditions can create stress, which increases cortisol in the bloodstream, which has a negative impact on health. We need to change society.

Mary Jensen: Education is the key.

Betty DeFazio: “Social marketing” as a method for changing behavior has shown success – look at MADD (Mothers Against Drunk Driving) and how they have been able to change how people think about drinking and driving.

Liz Crockett: Maybe social marketing of this type could be used to increase breastfeeding rates.

Betty Defazio: We can't forget the rural communities.

Amanda Torre-Norton: There are also different priorities among different life stage groups.

Don Cibula: Perhaps what is needed is a longitudinal study, which is beyond my job scope. There may be studies out there, but not in Onondaga County. Ecological studies show population (not individuals) studied over time. The near Northside is a changing neighborhood... difficult to overlay various measures across time, due to changing medical care, education and income (which is down there now) and crime (which has increased).

My suggestion is that you pick one issue to focus and rank the issues in terms of how prevalent is this problem, how serious are the consequences of this problem, are there evidence-based interventions for this problem, and is there a political will to address the problem.

I always advocate for a healthy disrespect and skepticism about data and statistics.

The meeting was adjourned at 9:30 a.m.

The next committee meeting is scheduled for Thursday, July 12 at 8:00 a.m. in Room 307 of University College.