

**OCL Health Disparities Study
Steering Committee Meeting
July 12, 2007
Meeting Minutes**

Present: Sandra Barrett, Betty DeFazio, Mayra Urrutia, Ann Andrianos, Liz Crockett, Sandra Martin, Martha Ryan, Peter Sarver, Cynthia Stevenson, Amanda Torre-Norton.

Today's meeting featured guest Sandy Lane, Chair, Department of Health and Wellness, Professor, Social Work and Anthropology, College of Human Services and Health Professions, Syracuse University, and Research Professor, Department of Obstetrics and Gynecology, Upstate Medical University

The meeting was called to order at 8:45 a.m.

Betty began by asking if there were any other topics that we need to cover to better inform the study. Peter suggested that racial and ethnic issues may need to be explored more since data and indicators are usually framed in this way and asked how we would differentiate racial references from socio-economic data. He commented that the committee is not ethnically diverse, and Betty added that putting sessions in the neighborhoods has not been successful in gaining a view from people who experience health inequalities. Peter suggested that perhaps Wynetta Devore, retired School of Social Work professor, could lend some assistance.

Cynthia said that since financial barriers prevent access to healthcare that perhaps this area should be explored more. Liz thought it would be helpful to bring in Tom Dennison and David Sutkowy as previously discussed, and that language as a barrier had not really been explored. Amanda thought Medicaid issues need to be covered more.

Betty summarized the discussion by saying that there are four areas that need more study: 1. Racial and ethnic barriers (versus socio-economic barriers); 2. Financial Access (Tom Dennison and David Sutkowy); 3. Language Barriers; and 4. Political Leadership.

Betty introduced Sandy Lane by stating that OCL's 2007 study topic is health inequalities and that the committee's vision is to eliminate disparities that exist. Since we know that Sandy has done research in this area, we have invited her to speak with us today.

Sandy began by saying that most of her research is in the area of maternal and child health, and that based on her research, she has written a book which will be published this fall. She said she would be willing to share the PDF of her book with the committee for the purposes of OCL's study, though it is not for public dissemination.

Sandy was Director of Healthy Start Syracuse from 1999 to 2002, and left with many questions, including how adult health affects families. Statistics then showed that African-Americans had an infant mortality rate twice that of Whites. She looked at data from the U.S. Census covering the period of time she was at Healthy Start. In 2001, infant mortality was at an all-time high. Coincided with the Welfare Reform Act,

the implementation of which, said Sandy, was “draconian, especially Jobs Plus.” She viewed many statistics that showed a pattern of health inequalities based on race.

She asked herself the question, “Do health inequalities end with the first birthday,” and the answer she discovered was no. She looked at stats for the year 2000. She found that in deaths of those under age 65, 54% were African-American males, 38% were African-American women, 28% were White males and 20% were White females. She asked next, “How many African-Americans would be alive if they were White?” The most telling category was in the men 45 to 64, where most deaths were related to chronic diseases such as COPD, heart disease and diabetes. Homicide and suicide are more prevalent in younger African-American men. How many of these people were uninsured?

Behaviors under individual control are not driving inequalities, Sandy states, but the “excess” of mortality of people of color are instead due to environmental and social policy issues.

Excellus, according to Sandy, says that 17% of employed adults are uninsured; the rate in Syracuse is actually higher, she says. According to an article in The Post-Standard several years ago, 55% of Syracuse employers do not pay health insurance for their employees. Massachusetts made insurance coverage for employees mandatory. Betty asked if the number of people opting out of health insurance is higher, to which Sandy replied that she didn’t know. Martha added that the American Cancer Society went to many local businesses that do not offer insurance to their employees asking if they could offer screenings to their employees. Most refused, stating that offering screenings puts a spotlight on the fact that they don’t offer health coverage.

Sandy continued with her comments stating that she began to look at the issue of missing fathers on birth certificates. Vital Records in the Department of Health has a Declaration of Paternity Form. Father needs to sign the form for information to go into a database. Sandy wondered what it meant if the father was not on a birth certificate, and discovered the following reasons: 1. The mother does not want the father in her life or involved in the raising of the child; 2. The father may ask the mother not to name him as the father because of public assistance implications; 3. The father may be an older man who has fathered a child with a teen, which is statutory rape; and 4. The father may be incarcerated at the time of the child’s birth.

Sandy furthered studied the health implications if the father is not listed on the birth certificate. African-American birth certificates are two times more likely to not have a father named than White birth certificates. The post neonatal mortality rates for children who had no father listed are 3.8% higher.

Incarceration is a key risk factor. African-American men are two times more likely to be in prison than White men. Rape is a big deal in prison, and contributes to the spread of HIV/AIDS. Studies also show that men are having “concurrent partnerships,” meaning that they are having more than one sexual partner at a time. When men are scarce, including for reasons of incarceration, women will put up with this situation more just to keep the relationship going.

In the Post-Standard article referenced above, of those people arrested for loitering, 92.3% are African-American. This is most likely due to the political directives of “cleaning up the neighborhoods.” The result is young men are siphoned off from their community, and they cycle in and out of prison – 30% go back to prison at some point. When they do come out, they have been brutalized and are less socialized, which results in increased domestic violence.

Another factor in the overall health of the communities at risk is the decrease in the number of “elders,” older men who, in most cultures, keep the younger “risk taking” men in line. The men are dying younger due to chronic diseases and are not available to offer guidance and support.

The peak maternity age for African-American women is 24; for Whites it is 29. The African-American women say they “want to be able to live long enough to raise my child.” Amanda pointed out that almost every statistic shows that African-Americans are two times more likely than Whites to have a negative result. Whites in the city of Syracuse, says Sandy, are not as well off as elsewhere, so they are less likely to be compassionate toward others.

Mayra said that she grew up in poverty and access to healthcare was not good. She and her husband have been able to prosper, and that their son now enjoys better healthcare as a result. Studies show that Latinos are still not getting tested and screened for diseases. For example, in the zip codes 13204 and 13205, there are more instances of AIDS than HIV, which indicates that people are not getting tested at early stages of disease.

Sandy said that blood lead testing in Syracuse shows that 22% of African-American children have lead poisoning, 11% of Latinos and 10% Whites. Zip code 13204 has the second highest rate of lead poisoning. Lead blunts the capacity to learn, particularly with regard to executive function, such as planning ahead, executing decisions and learning from behavior. Public health messages about smoking, pregnancy, etc., assume a consciousness about controlling behavior that those with lead poisoning may not possess.

Betty asked how we could break the lead cycle. Sandy says landlords are just following NYS law. In Massachusetts, landlords have to certify that their rental properties are lead-free. Rochester, NY has started a city ordinance on lead to get around NYS law. Steps would include enacting a city ordinance to require properties be certified lead-free and, Sandy says, it is important to ask on intake forms if the client’s partner is incarcerated, since this would be a signal that certain screenings may be appropriate.

Discussion turned to the drop-out rate in Syracuse schools. In 2001, the Urban Institute conducted a study which showed the following:

- In grade 9, there were 1850 students
- In grade 10, there were 1200 students
- In grade 11, there were 1000 students
- In grade 12, there were 850 students and 56% of those graduated on time with a diploma.

A final statistic was provided by Sandy: \$40 million dollars in Lotto tickets are sold each year. Corner stores in the inner cities account for 58% of all ticket sales. These ticket sales occur in zip codes with the highest rates of poverty and low birth weight statistics.

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

The next committee meeting is scheduled for Thursday, August 2 at 8:30 a.m. at University College.