

**Onondaga Citizens League**  
**2007 Study: Health Inequalities in Onondaga County**

**Public Session #2:**

**Chronic Disease**

Thursday, May 3, 2007

3:30 to 5:30 p.m.

Home Aides of CNY

723 James Street, Syracuse, NY

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**Panelists:**

Cynthia Morrow, MD, MPH  
Commissioner, Onondaga County Health Department

Sherry Tomasky  
Regional Advocacy Director, American Cancer Society

Roberto Izquierdo, MD  
Associate Professor of Medicine and Pediatrics  
Section Chief, Pediatric Endocrine and Diabetes  
Associate Medical Director, Joslin Diabetes Center  
SUNY Upstate Medical University

Moderator: Martha Ryan, OCL 2007 Study Report Committee

Appendices, 2007 Study, Public Session #2, 5-3-07

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**Panelist: Cynthia Morrow, MD, MPH**

Presentation: *Racial Disparities in Health Determinants and Outcomes in Onondaga County, NY*

Dr. Morrow began her presentation referring to Healthy People 2010, a national initiative with the goals of increasing quality and years of healthy life among U.S. citizens and eliminating health disparities among different segments of the population.

Hundreds of studies focus on racial/ethnic disparities in health outcomes, with a fewer number of studies that focus on social disparities in health outcomes.

Class is the ignored determinant of the nation's health, and is based on education/employment, income, and safe/ comfortable neighborhoods. Lower class is associated with unhealthy lifestyle/behaviors, with individuals in lower classes being less healthy and dying younger than

individuals in higher classes. In the U.S., having lower class status and being black are intertwined

Smoking is associated with lower class/education level: Those with no high school diploma or GED are three times more likely to smoke than those with more education.

Socio-economic class status versus race shows that class status is a bigger predictor of low health outcomes than are racial determinants, so says Dr. Morrow, it is important to address issues based on socio-economic status. The catch is there is more data available on race/ethnicity than on class.

2002 mortality statistics show that Black, non-Hispanics share the same top three causes of death as White, non-Hispanics: heart disease, cancer and stroke. Dr. Morrow is dismayed that in the Black, non-Hispanic group, homicide is in the top ten causes of death.

There is evidence that the health care delivery system in the U.S. contributes to health inequalities, based on a study by the Institute of Medicine in 2002. The study concluded that minorities are less likely to receive needed services, including procedures and pharmaceuticals, but that cultural/attitudinal differences in preference/acceptance of interventions cannot fully explain differences.

Dr. Morrow cited a source that has stated that only 10 to 15 percent of preventable mortality could be prevented with better access to and better quality of medical care. She says that pre-natal care correlation to death is not as strong as you might think.

Dr. Morrow presented a number of slides showing data specific to Onondaga County. [Refer to Appendices, 2007 Study, Public Session #2, 5-3-07, DrMorrowPresentation.ppt]

**Panelist: Sherry Tomasky, American Cancer Society**

Presentation: *Eliminating Inequalities in Health Care: The Cancer Perspective*

The top four cancers are of the breast, prostate, colon and lung.

Some stats for Onondaga County,

- 47 individuals diagnosed with cancer *each week*
- 19 die of cancer *each week*
- 2465 new cases and 998 deaths annually
- Nearly equally split between men and women

Annual incidence rates have gone up 9.6% since 1989-1993: This could be viewed as “good news” for the cancers that are not entirely preventable but curable or treatable when found early (breast, prostate), but “bad news” for cancers that can be prevented (colon, lung, skin). In this same time period, mortality rates have decreased 8 percent, with the presumption being this decrease is due to better treatments and earlier detection.

In Onondaga County, breast, prostate, colon and lung represent 57% of new cases and 51% of deaths in Onondaga County. Lung cancer accounts for nearly 30% of all cancer deaths, with colon cancer at 11 percent of all cancer deaths

Insurance and Cancer: According to Ms. Tomasky, lack of insurance is the single most driving factor in screening rates and accessing healthcare services, followed by education and race. Nationwide, 11 percent of cancer patients under 65 are uninsured. These people undergo fewer cancer screening tests, including pap smears, mammograms and prostate exams. This population segment has an increased risk of late-stage cancer diagnosis.

Lack of insurance results in poorer health outcomes upon diagnosis, with millions of Americans without access to health care services and lacking the financial resources to fight serious illnesses such as cancer. Hispanics bear the highest burden, with 40 percent under 65 uninsured. Women who are uninsured are 49% more likely to die than insured women during the 4 to 7 years following an initial breast cancer diagnosis. Those uninsured are more likely than the insured to have skipped medical treatments (39 vs. 13 percent) or not have filled prescriptions (30 vs. 12 percent) because of the cost.

In New York State, Medicare recipients make up 18% of the population, with 12% being Medicaid recipients. While 53 percent are covered under employer plans, 13 percent are totally uninsured. Ms. Tomasky pointed out that 50% of these uninsured are eligible for public assistance, but do not get it, mostly due to a system that is difficult to navigate.

Some public policy measures that could help close the gap would include assessing insurance benefit packages; streamlining and maximizing public insurance enrollment; establishing a county-wide taskforce on access to healthcare, with the focus on the uninsured; offering public screenings regularly and in communities where they are needed; preventing and reducing obesity; and controlling smoking through a variety of private and public initiatives.

Ms. Tomasky presented a number of slides showing statistics and cancer information. [Refer to Appendices, 2007 Study, Public Session #2, 5-3-07, TomaskyPresentation.ppt]

**Panelist: Roberto Izquierdo, MD**

Presentation: *Type 2 Diabetes Mellitus*

Dr. Izquierdo discussed type 2 diabetes, first defining this chronic disease that is on the rise in the U.S., alarmingly among younger people.

Diabetes is a disease state in which the blood sugar level is elevated. Symptoms include excessive thirst, frequent urination, getting up to urinate at night, weight loss, hunger, though sometimes, no symptoms present themselves. The best way to diagnose diabetes is through a blood test.

Dr. Izquierdo presented stats showing that 14.6 million in the U.S. have been diagnosed with type 2 diabetes and 1 millions with type 1 diabetes. It is believed that another 6.2 million have a

“pre-diabetes” condition that could be controlled if these people take the appropriate steps to reduce their risk of developing type 1 or 2 diabetes,

Diabetes is an increasingly growing problem, according to Dr. Izquierdo, with projections stating that diabetes may increase from 18 million cases in 2000 to 30 million by 2030, the same years it is projected that 366 million people worldwide will be afflicted with the disease. He also shares that his colleagues are observing ‘epidemic’ increases in rates of type 2 diabetes mellitus diagnosed in children under 18 years of age.

Prevalence of the disease based on race and ethnicity shows that 13.1 million of non-Hispanic Whites have diabetes, representing 8.7 percent of this racial group. Compare this to 13.3 percent of non-Hispanic African-Americans, 3.2 million individuals, and 9.5 percent of Hispanic/Latino Americans, 2.5 million.

In summary, Dr. Izquierdo says that type 2 diabetes can be difficult to treat and that there are many barriers to proper care, including lack of availability to facilities for exercise; unsafe streets for walking; lack of access to healthy food; and lack of family support.

Dr. Izquierdo presented a number of slides showing statistics and diabetes information. [Refer to Appendices, 2007 Study, Public Session #2, 5-3-07, DrIzquierdoPresentation.ppt]