

Health Disparities in Action: African American State prison inmates outlive people on outside

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Introduction

The deaths are distributed as follows:

- Medical conditions 89%
- Homicide/suicide 8%
- Alcohol/Drug Intoxication 1%
- Accidental injury 1%

According to the report, prisoner deaths were heavily concentrated among a number of diseases:

- Heart Disease and heart attacks 27%
- Cancer 23%
- Liver Diseases 10%
- AIDS-related 7%



Introduction cont

- Among cancer deaths we the distribution was
- Lung cancer 910 deaths
- Liver cancer 276
- Colon cancer 171
- Pancreatic 124
- Non-Hodgkin's Lymphoma 114

- Breast, Ovarian, cervical and uterine cancer accounted for 24% of female
- For men prostate and testicular caused 4% of male cancer deaths
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Introduction cont

- Health disparities are differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among **specific population groups** in the United States (NIH)

Racial and ethnic minorities experience

- a lower quality of health services
- less likely to receive routine medical procedures
- have higher rates of morbidity and mortality than non-minorities.
- Disparities in health care exist even when controlling for gender, condition, age and socio-economic status



Introduction cont

- How do we know disparities exist ?



New cancer cases per 100,000: Men (2001) Source CDC 2004

Cancer	All Men	AA Men	White men	AA/White Men ratio
All sites	537.3	642.9	549.4	1.2
Stomach	11.5	16.3	8.9	1.8
Lung	73.6	108.2	74.0	1.5
Prostate	171.4	251.3	167.5	1.5
Pancreas	12.0	14.1	12.1	1.2
Colon & Rectum	59.5	68.3	59.6	1.1



New cancer cases per 100,000: Women (2001)

Source CDC 2004

Cancer	All Women	AA Women	White Women	AA/White Women ratio
All sites	402.0	378.4	433.0	0.9
Stomach	5.6	9.0	3.5	2.6
Cervical	8.6	10.5	6.7	1.6
Pancreas	9.2	13.0	8.5	1.5
Colon & Rectum	44.1	54.0	44.2	1.2
Breast	132.1	111.9	148.3	0.8



Introduction cont

Some reasons attributed to health disparities include:

- lack of access and uneven standards of care and information
- racism
- cultural insensitivity
- quality of life

This study examines these issues vis a vis what pertains in the prison population.



Introduction cont

- So what is being done to address these disparities?
- 1. Creation of the National Center on Minority Health and Health Disparities (NCMHD) at the NIH
- 2. Health Care Fairness Act passed by the US Congress in 2000.
- 3. In 2002 the Institute of Medicine issued a report entitled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.
- 4. A significant role being played by the AMA
- 5. Department of Health and Human Services selected six focus areas for emphasis



Introduction cont

- Cancer Screening and Management

AA women 2x to die of cervical cancer than are white women.

AA women are more likely to die of breast cancer

- Cardiovascular Disease (CVD)

Deaths from diseases of the heart 29% higher

Stroke death rates 40% higher

- Diabetes: 2X more likely to be diagnosed



Introduction cont

- HIV Infection/AIDS

Represent over 50% of all HIV/AIDS cases in the US

- Immunizations

African Americans aged 65 and older were less likely to report having received influenza and pneumococcal vaccines

- Infant Mortality

In 2000, the black-to-white ratio in infant mortality was 2.5 (up from 2.4 in 1998).



Introduction cont

- Mental Health: less access and availability for minorities (use ERs)
- Hepatitis: Black teenagers and young adults 3-4X
- Syphilis: the rate for African Americans nearly 30 times the rate for whites.



METHODS

- Contacts were made with Prison officials of states which have populations more than 20% AA
- It was hypothesized that to make a difference there should at least 20% population in the state be AA

The higher the AA population the more likely it is that it will make a contribution in rates of mortality differential .

- Prison officials were contacted by phone and they directed to us to an internet address or mailed to us information we requested. The demographic distribution of the information culled from these materials are provided in accompanying tables



RESULTS

- Total incarcerated 2,320,359
 - Blacks 40%
 - White 35%
 - Hispanic 20%

N.B

Blacks constitute 12.3% of the US population

Age distribution

Age group	Black	White	Hispanic
25-29	8.1%	1.1%	2.6%



RESULTS cont

State inmate population	% black	% white	Mean age	Yearly cost \$
AR (13,668)	45.7	53.4	34	17,600
GA (51,089)	61	39	32.4	19,860*
MO (30,666)	40.8	58.4	34	12,867
NV (11,280)	24.8	68.9		17,098
LA (36,939)	72	27.5		12,951
MI (48,929)	53.2	43.7	35	24,680
TX (157,617)				13,808
PA (40,850)	51.8	36.0	32	31,9008*
NJ (26,239)	63	20		27,347*



RESULTS cont

State inmate (population)	% black	% white	Mean age	Yearly cost \$
NY (63,751)	45.7	53.4	34	17,600
MS (19,469)	61	39	32.4	12,795*
AL (25,257)	40.8	58.4	34	8, 128*
SC (22,730)	24.8	68.9		17,098
FL (85,530)	72	27.5		12,951
CA (164,933)	53.2	43.7	35	24,680
MD (22,696)				13,808
OH (44,806)	51.8	36.0	32	26,295*
IL (44,054)	63	20		21,844



RESULTS cont

What may be happening in jails that is not probably happening to those outside

- 1. Availability of good health care (screenings, medication, prompt attention to conditions) (Diagnostic tests, such as x-rays, MRI exams, and blood tests were performed on 89% of these inmates.)
- 2. Social support
- 3. Protection from homicide (age group that is incarcerated)



Recommendations

- 1. Universal care
- 2. Elimination of poverty or at least a massive expansion of the safety net
- 3. The new innovative programs and policies disseminated to the grass roots.
- 3. Health literacy problem: How effective area we reaching the people before clinical manifestations.
- 4. Social support: its absence in the face of an illness can accelerate death



Recommendations cont

- 5. Issue of religion and health. Health should not only be screenings for cholesterol, diabetes, hypertension but what is our pastors attitude towards sexual health
- 6. Health care that is safe, effective efficient, patient centered, culturally competent and timely provided to those on the outside.
- 7. Testing for HIV (coming out of jail)
- 8. Health communities...brother's keeper, yearly screenings, patient navigators.
- 9. Maternal education



CONCLUSIONS

- Adopt multi level approaches in addressing these issues
- Health disparities may continue to stay with us in a long time unless we address structural imbalances that give rise to issues related to poverty and its inter related variables



● *THANK YOU ALL FOR COMING &
LISTENING*



