



PROGRESS REVIEW

Black Americans

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In a live broadcast, Assistant Secretary for Health and Surgeon General Dr. David Satcher chaired the second cross-cutting review of progress in achieving Healthy People 2000 (HP2000) objectives for Black Americans. Through television studios at Howard University in Washington, D.C., over 200 interactive sites across the country were linked via Internet, Envision and satellite in this conversation with officials of the Department of Health and Human Services and distinguished panelists, including Congressman Louis Stokes. The Department's Office of Minority Health organized the review around three themes: 1) factors contributing to the health status of Black Americans, 2) health systems measures required to eliminate health disparities, and 3) the role of communities, individuals, and partnerships in eliminating health disparities. There are 95 HP2000 objectives that specifically address the health status and needs of Black Americans; 70 percent of these have shown progress in this decade. The data presentation, moving generally from health issues of the young to the old, focused on the following objectives (1997 data are preliminary). The HP2000 objective number is given in boldface and indicates the priority area where it can be found.

14.1 Infant mortality among the total population declined from 10.1 per 1000 live births in 1987 to 7.1 in 1997. For Blacks, the rate declined from 18.8 in 1987 to 13.7 in 1997. However, the gap between the two groups widened over this period. The HP2000 targets are 7 for the total population and 11 for Blacks.

14.11 Receipt of prenatal care in the first trimester by all females increased from 76.0 percent (of live births) in 1987 to 82.5 percent in 1996. For black females, the increase was from 60.8 percent in 1987 to 72.3 percent in 1996. The HP2000 target is 90 percent for all.

14.3 Maternal mortality among the total population increased from 6.6 per 100,000 live births in 1987 to 7.5 in 1997. The rate increased even more for black females during that period—from 14.9 in 1987 to 22.1 in 1995, but has since begun declining, falling to 18.3 in 1997. While less than 20 percent of all births are to black women, they account for over 40 percent of all maternal deaths. The HP2000 targets are 3.3 per 100,000 live births for all females and 5 for black females.

7.1 After rising in the late 1980s and early 1990s, the homicide rate among black males aged 15-34 has fallen considerably—from 140.5 per 100,000 (age-adjusted) in 1993 to 105.7 in 1996 (HP2000 target, 72.4.) The age-adjusted homicide rate for the total population declined from 10.6 to 8.3 over that time span (target, 7.2.) For black females aged 15-34, the rate fell from 23.7 in 1993 to 16.1 in 1996, almost to the target of 16.0.

18.1 After reaching a peak of 33.1 new cases per 100,000 in 1992, the incidence of AIDS in the total population declined to 27.4 in 1996, meeting the HP2000 target to hold the rise to 43 cases per 100,000. In

non-Hispanic Blacks, the incidence of AIDS increased from 44.4 per 100,000 in 1989 to 107.8 in 1993, then declined to 100.5 in 1995. The target of 136 has been met.

16.2 While the death rate from lung cancer is about twice as high for black males as for the total population, that rate has declined significantly in the 1990s—from 86.1 per 100,000 (age-adjusted) in 1990 to 73.4 in 1996. The HP2000 target for black males is to slow the rise to 91. Lung cancer death rates for the total population decreased less sharply—from 39.6 per 100,000 (age-adjusted) in 1991 to 37.8 in 1996 (target, slow the rise to 42.). Both targets are regarded as met.

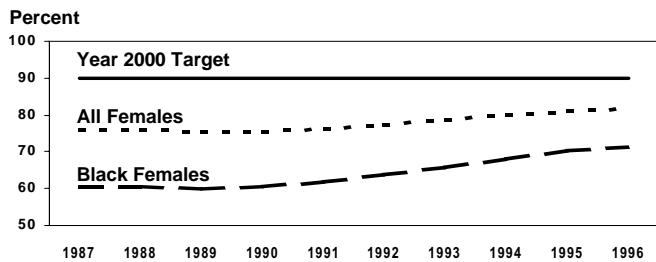
16.11 In 1987, 25 percent of all females aged 50 and over had received a mammogram in the preceding two years, but only 19 percent of black females in that age group had done so. By 1994, however, the rate for black females had risen to 56 percent, equaling the rate for all females aged 50 and over. The HP2000 target is 60 percent for all groups.

16.3 Breast cancer death rates in the 1990s have declined, both overall and for black females. For all females, the age-adjusted death rate per 100,000 was 23.1 in 1990, falling to 19.4 in 1997, thus surpassing the HP2000 target of 20.6. For black females, the decrease was less—from 27.5 in 1990 to 26.5 in 1997. The target is 25.0.

HIGHLIGHTS

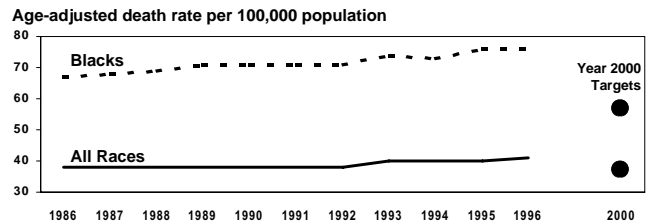
- Health disparities between Blacks and the population overall have been nearly or completely eliminated in several critical service and risk behavior areas, including, cigarette smoking by adults, dental caries, diabetes patient education, breast exams and mammograms, condom use, and cholesterol screening.
- Of the 33.4 million Blacks in the U.S. in 1996, more than two million were immigrants from Africa. This has important implications for disease prevention and for cultural and linguistic competency in health.
- The percentage of Blacks living below the poverty level in 1996 was twice that of the population overall; nearly half were classified as poor or near poor. Over two-thirds of black children were living in or near poverty in 1996.
- The average life expectancy for Blacks is almost 7 years less than the average life expectancy for Whites. The proportion of healthy years is also significantly lower for Blacks than for Whites.
- The AIDS death rate for Blacks of all ages declined by 40 percent between 1996 and 1997; however, AIDS remains the leading cause of death for Blacks aged 25-44. Over 60 percent of new AIDS cases occur among minorities; 40 percent are in Blacks.
- The birth rate among black teenagers aged 15-19 has dropped significantly, falling about 23 percent between 1991 and 1997.
- In recent years, there has been a sharp upward trend in cigarette smoking among black teenagers. Previously, their rates of smoking had been lower than those for white teenagers.

Early Prenatal Care



Source: CDC/NCHS National Vital Statistics System, 1987-96

Diabetes-related Deaths



Note: Data include all mentions of diabetes on the death certificate, either as an underlying or a contributing cause.
Source: CDC/NCHS National Vital Statistics System, 1986-96

15.1 The age-adjusted coronary heart disease death rate for the total population declined from 135 per 100,000 (age-adjusted) to 105 in 1996 (HP2000 target, 100.) The death rate has also declined, but to a lesser degree, for Blacks—from 168 per 100,000 in 1987 to 140 in 1996. The target is 115.

17.9 The diabetes-related death rate has increased for the total population and, to an even greater degree, for Blacks. Overall, the age-adjusted death rate per 100,000 rose from 38 in 1986 to 40 in 1995, while the rate for Blacks increased from 67 to 76 over that same period. This represents movement away from the HP2000 targets.

17.10 Complications from diabetes, such as end-stage renal disease (ESRD) and lower extremity amputation (LEA), are increasing among the total population and, since the 1980s, have generally occurred at higher rates among Blacks. The rate of ESRD per 1,000 cases of diabetes in the total population increased from 1.5 in 1987 to 4.1 in 1996 (HP2000 target, 1.4) while, for Blacks, the increase was from 2.2 in the mid-1980s to 5.5 in 1994-96 (target, 2.) LEAs from diabetes increased in the total population from a rate of 8.2 per 1,000 cases in 1987 to 11.1 in 1996 (target, 4.9.) Among Blacks, the LEA rate rose from 9.0 in 1987 to 10.1 in 1996. The target is 6.1.

20.11 The elderly black population still lags behind the total elderly population in their immunization rates, but the gap is narrowing for both pneumococcal and influenza immunizations. In 1989, the total population aged 65 and over had a pneumococcal immunization rate of 15 percent while, for Blacks in that age group, the rate was only 6 percent. By 1995, the rates had risen to 34 percent for the total population and 23 percent for Blacks. The influenza immunization rates in 1989 were 33 percent for the total population 65 years of age and older and 20 percent for Blacks in that age group. These rates increased to 58 percent and 40 percent, respectively, in 1995. The HP2000 targets are 60 percent for all.

FOLLOW-UP

- Expand Federal investment in community empowerment and the recruitment of partners in the community who have special knowledge of local circumstances.
- Examine the effects of lifestyle differences as determinants of disparate health outcomes in the black community.
- Explore the feasibility of issuing a periodic "report card" on the health status of select populations, including Blacks.
- Strengthen the capability of historically black colleges and universities (HBCUs) to support the health of black communities.

- Use the Healthy People 2010 framework in tracking the elimination of health disparities in the decade ahead, making adaptations and refinements to its goals and objectives when necessary.
- Use the Children's Health Insurance Program to achieve early, comprehensive and culturally competent access to health care services for all black children.
- Increase the number of black students in medical school and other health care training programs in order to broaden access to culturally appropriate health services in black communities.
- Explore the relationship and interplay between race and socioeconomic status in determining differing levels of health status.

PARTICIPANTS

Administration for Children and Families
 Agency for Health Care Policy and Research
 Caribbean Women's Health Association
 Centers for Disease Control and Prevention
 Congress of National Black Churches
 Department of Housing and Urban Development
 Food and Drug Administration
 Health Care Financing Administration
 Health Resources and Services Administration
 Health Watch Information and Promotion Services
 Howard University
 Maryland Department of Health and Mental Hygiene
 Meharry Medical College
 National Black Nurses Association
 National Institutes of Health
 National Medical Association
 Office of Disease Prevention and Health Promotion
 Office of Minority Health
 Office of Public Health and Science
 Office on Women's Health
 Substance Abuse and Mental Health Services Administration
 United Church of Christ
 University of Kansas
 U.S. House of Representatives



David Satcher, M.D., Ph.D.

Assistant Secretary for Health and
 Surgeon General