



WISCONSIN CHRONICLES ON BLACK HEALTH DISPARITIES

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Mental Health and the African American Community

Black people don't go to therapy, they go to church.

The above statement has been a long accepted philosophy in the African American community. To many, the statement may seem humorous and harmless. But this belief, which seems to be so ingrained within our community, has actually been a point of detriment.

Those who suffer from mental illnesses are often told to "take your troubles to Jesus, not some stranger". Granted strong spirituality can be said to be synonymous with our culture and can truly be an avenue of strength, but it can not be a total substitute to the treatment of mental health problems.

Mental health matters are serious medical conditions. Just as cancer, heart disease, diabetes, asthma and other illnesses. The impact is the same in terms of premature deaths and lost productivity. Recovery first comes through acknowledging the conditions for what they truly are and then the proper treatment options being secured.

The negative stigma that is associated with mental health is a wall in the community that has to be broken down. The shame and denial that people feel leads to continued suffering. The conditions are seen as problems that one has caused based on their own doing as though it can be snapped out of at any time. In reality the conditions involve chemical imbalances, that are sometimes aggravated by social

factors like stress.

After getting frustrated with the system while trying to support a loved one who was suffering from a mental illness, famed African-American novelist Bebe Moore Campbell released her novel, "72 Hour Hold", in her effort to bring more awareness and attention to mental illness among the black community and her children's book, "Sometimes My Mommy Gets Angry" focused on the plight of those with brain disorders. She was once quoted as saying, "I really, really want African Americans to get mental illness out of our collective closet."

Mental illness data proves the need for African Americans to take control of their mental health. The population is more likely to experience a mental disorder than the white population. This disparity can be understood when you look at the over-representation of African Americans in high-need populations that are particularly at risk for mental health illnesses. This includes the homeless, prison and foster care populations as well as those who are exposed to violence.

The burden of mental illness is further seen in black women. The expectation of black women being strong creates undue stress and pressure. She is often portrayed in mythical terms instead of as a human. Time and attention to oneself is often sacrificed in the process of taking care of others and trying to be the mythical woman that handles everything.

Mental health and other health issues develop as a result.

Mental health affects all genders and all ages in our community. It affects the rich and the poor as well as those who have and not have higher levels of education. Individuals who suffer must come out of the closet, let go of the shame and guilt, and get needed services. The community as a whole must wrap our collective arms of support around those who suffer so they know that they are not alone.

The vast majority of mental illnesses are treatable. The biggest hurdle is the diagnoses and then getting to the treatment. Proper treatment then allows individuals to get back to living productive lives and renewing family and friend relations.

The faith community can play a vital role in the process by publicly taking the dark veil off of mental illness, learning more about the diseases and encouraging individuals to get needed help.

Granted, as is the case with most health issues, there are mental health care disparities for blacks when it comes to access and treatment. Yet, the greater concern is that there needs to be recognition, diagnosis, treatment and support regarding mental illnesses. Amen!

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Mental Health Disorders

Anorexia nervosa: An eating disorder characterized by unusual eating habits such as avoiding food and meals, picking out a few foods and eating them in small amounts, weighing food, and counting the calories of all foods. Individuals with anorexia nervosa may also exercise excessively.

Anxiety Disorders: These disorders range from feelings of uneasiness to immobilizing bouts of terror. Most people experience anxiety at some point in their lives and some nervousness in anticipation of a real situation. However if a person cannot shake unwarranted worries, or if the feelings are jarring to the point of avoiding everyday activities, he or she most likely has an anxiety disorder.

Attention-deficit/hyperactivity disorder (ADHD): Sometimes called ADHD. A chronic condition and the most commonly diagnosed behavioral disorder among children and adolescents. Children and adults with attention-deficit/hyperactivity disorder have difficulty controlling their behavior in school and social settings. They also tend to be accident-prone. Although some of these young people may not earn high grades in school, most have normal or above-normal intelligence.

Autism: Also called autistic disorder. A complex developmental disability that appears in early childhood, usually before age 3. Autism prevents children and adolescents from interacting normally with other people and affects almost every aspect of their social and psychological development.

Binge-eating disorder: An eating disorder characterized by frequent episodes of compulsive overeating, but unlike bulimia, the eating is not followed by purging. During food binges, individuals with this disorder often eat alone and very quickly, regardless of whether they feel hungry or full.

Bipolar Disorder: Extreme mood swings punctuated by periods of generally even-keeled behavior characterize this disorder. Bipolar disorder tends to run in families. This disorder typically begins in the mid-twenties and continues throughout life. Without treatment, people with bipolar disorder often go through devastating life events such as marital breakups, job loss, substance abuse, and suicide.

Borderline Personality Disorder: Symptoms of personality disorder, a serious mental illness, include pervasive instability in moods, interpersonal relationships, self-image, and behavior. The instability can affect family work life, long-term planning, and the individual's sense of self-identity.

Bulimia nervosa: An eating disorder characterized by excessive eating. People who have bulimia will eat an excessive amount of food in a single episode and almost immediately make themselves vomit or use laxatives or diuretics (water pills) to get rid of the food in their bodies. This behavior often is referred to as the "binge/purge" cycle. Like people with anorexia, people with bulimia have an intense fear of gaining weight.

Conduct Disorders: Children with conduct disorder repeatedly violate the personal or property rights of others and basic expectations of society. A diagnosis of conduct disorder is likely when these symptoms continue for 6 months or longer. Conduct disorder is known as a "disruptive behavior disorder" because of its impact on children and their families, neighbors, and schools.

Dementia: A problem in the brain that makes it hard for a person to remember, learn and communicate; eventually it becomes difficult for a person to take care of himself or herself. This disorder can also affect a person's mood and personality.

Depression: A mood disorder characterized by intense feelings of sadness that persist beyond a few weeks. Two neurotransmitters-natural substances that allow brain cells to communicate with one another-are implicated in depression: serotonin and norepinephrine.

Generalized Anxiety Disorder: This disorder involves the individual worrying all of the time. The points of worry includes all kinds of things; job, family, finances, etc.

Hallucinations: Experiences of sensations that have no source. Some examples of hallucinations include hearing nonexistent voices, seeing nonexistent things, and experiencing burning or pain sensations with no physical cause.

Obsessive Compulsive Disorder: A chronic, relapsing illness. People who have it suffer from recurrent and unwanted thoughts or rituals. The obsessions and the need to perform rituals can take over a person's life if left untreated. They feel they cannot control these thoughts or rituals.

Panic Disorders: People with panic disorder experience heart-pounding terror that strikes suddenly and without warning. Since they cannot predict when a panic attack will seize them, many people live in persistent worry that another one could overcome them at any moment.

Paranoia and Paranoid Disorders: Symptoms of paranoia include feelings of persecution and an exaggerated sense of self-importance. The disorder is present in many mental disorders and it is rare as an isolated mental illness. A person with paranoia can usually work and function in everyday life since the delusions involve only one area. However, their lives can be isolated and limited.

Phobias: Irrational fears that lead people to altogether avoid specific things or situations that trigger intense anxiety. Phobias occur in several forms, for example, agoraphobia is the fear of being in any situation that might trigger and from which escape might be difficult; social phobia is a fear of being extremely embarrassed in front of other people.

Posttraumatic Stress Disorder (PTSD): An anxiety disorder that develops as a result of witnessing or experiencing a traumatic occurrence, especially life threatening events. PTSD can interfere

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Publisher's Corner

Patricia McManus, PhD., RN

Publisher - President & CEO, Black Health Coalition of Wisconsin, Inc.

"I woke up this morning, clothed in my right mind...." These words come from a popular gospel song. It really expresses the importance that African Americans place on good mental health. This is really ironic, however, considering that most African Americans live under constant stress from a society that has never fully accepted them as equals. The health disparities that exist are a glaring example of the physical health challenges faced by us. However, there is a need to clearly articulate the disparities in mental health and mental disease experienced by many African Americans serious affects our physical health and our quality of life. So what does this mean for us as a people. We must begin to look at the world as it is and draw on our legacy of survival to excel in the present and future. What does this mean? America maintains its racist roots on which this country was founded. It should be viewed as a fact but not an excuse to continue to engage in activities which are adverse for our physical and even more importantly our mental health. For those who have made it and do not see themselves as having a moral responsibility to reach back and help, we must forgive them and move forward. We must look to those who recognize the social, culturally and economic factors which affect us and to move ahead anyway. We are by nature very spiritual people. We recognize a power greater than ours, regardless of the religion that we chose. For our mental health, we usually link to that reality to assist us in getting through the daily struggles of life. We also need to receive care from those that we trust. How can someone who has no understanding of our daily reality help put that reality back into focus if we go astray? Let's start to answer that question for ourselves.

Mental Health Terminology Glossary

Alternative Therapy: An alternative approach to mental health care is one that emphasizes the interrelationship between mind, body, and spirit. Although some alternative approaches have a long history, many remain controversial.

Assertive Community Treatment: A multi-disciplinary clinical team approach for providing 24-hour, intensive community services in the individual's natural setting that help individuals with serious mental illness live in the community.

Behavioral Therapy: focuses on behavior-changing unwanted behaviors through rewards, reinforcements, and desensitization. Desensitization, or Exposure Therapy, is a process of confronting something that arouses anxiety, discomfort, or fear and overcoming the unwanted responses. Behavioral therapy often involves the cooperation of

others, especially family and close friends, to reinforce a desired behavior.

Biomedical Treatment: Medication alone, or in combination with psychotherapy, has proven to be an effective treatment for a number of emotional, behavioral, and mental disorders. Any treatment involving medicine is a biomedical treatment. The kind of medication a psychiatrist prescribes varies with the disorder and the individual being treated.

Day Treatment: This form of treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. Day treatment programs work in conjunction with mental health, recreation, and education organizations and may even be provided by them.

Diagnostic Evaluation: The aims of a general psychiatric evaluation are 1) to establish a psychiatric diagnosis, 2) to collect

data sufficient to permit a case formulation, and 3) to develop an initial treatment plan, with particular consideration of any immediate interventions that maybe needed to ensure the patient's safety, or, if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accordance with new perspectives gained from the evaluation.

Dually Diagnosed: A person who has both an alcohol or drug problem and an emotional/psychiatric problem is said to have a dual diagnosis.

Early intervention: A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk.

Electroconvulsive Therapy: Also known as ECT, this highly controversial technique uses low voltage electrical stimulation of the brain to treat some forms of major depression, acute mania, and some forms of schizophrenia. This potentially life-saving technique is considered only when other therapies have failed, when a person is seriously medically ill and/or un-

able to take medication, or when a person is very likely to commit suicide.

Group Therapy: This form of therapy involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior.

Home-based services: Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem.

Mental health: How a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental health problems/mental illnesses: Mental health problems are real. They affect one's thoughts, body, feelings, and

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Understanding the Roles of the Different Medical Providers

Case Manager: An individual who organizes and coordinates services and supports individuals with mental health problems and their families. (Also called service coordinator, advocate or facilitator.)

Clinical Psychologist: A professional with a doctorate degree in psychology who specializes in therapy.

Clinical Social Worker: A health professional trained in client-centered advocacy that assist clients with information, referral, and direct help in dealing with local, State, or Federal government agencies. As a result, they often serve as case managers to help people "navigate the system." Clinical social

workers can not write prescriptions.

Nurse Practitioner: A registered nurse who works in an expanded role and manages patients' medical conditions.

Physician Assistant: A trained professional who provides health care services under the supervision of a licensed physician.

Primary Care Physician: Physicians with the following specialties: group practice, family practice, internal medicine, obstetrics/gynecology, and pediatrics. The PCP is usually responsible for monitoring an

individual's overall medical care and referring the individual to more specialized physicians for additional care.

Psychiatrist: A professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating mental illness.

Registered Nurse: A trained professional with a nursing degree who provides patient care and administers medicine.

Sources: Glossary of Terms Child & Adolescent Mental Health and Mental Health Dictionary, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Life Expectancy Rates Still Lower for Blacks

Blacks continue to live fewer years than whites. The life expectancy gap between the races has been a point of study for a long time and is known as the 'black-white life expectancy gap'.

In 1993, the gap was 7.1 years. The gap dropped to a new historical low of 5.3 years in 2003, the latest year data is available. Although some may be celebrating this reduction, a notable gap still persists.

Researchers have data available on this subject for the past 100 years. Through the years the gap has gone up and down,

recent attention has been focused on finding out why the gap continues. The results of a recent study were featured in the March 21, 2007 issue of the Journal of the American Medical Association. The research team included scientist from the United States, Canada and England. Previous studies pointed to the disparities in homicide, HIV and heart disease to be a causal factor. This report noted that the improvements in the areas of homicide and HIV disparities and pointed more specifically to the heart disease disparity being a leading factor for the

black-white life expectancy gap.

Although blacks still suffer disproportionately from HIV, the availability and usage of life-saving drugs in 1996 removed this condition as a contributing factor for the life span gap.

Blacks, especially males between the ages of 15 - 24, continue to have a higher homicide rate compared to whites, but this rate has decreased from 137 per 100,000 in 1990 to 77.6 per 100,000 in 2004.

Yet when it comes to heart disease, whites are dying in lower numbers while blacks are dying at devastating higher numbers. The actual rate is 30 percent higher.

The study suggest this life-span gap will continue until there is better focus on how to treat heart disease in the black community. Contributing factors to the cardiovascular numbers for blacks are the increased numbers with diabetes and high blood pressure as these conditions are risk factors for heart disease.

Sources:

"Trends in the Black-White Life Expectancy Gap in the United States, 1983-2003 Journal of the American Medical Association, March 21, 2007

Robert Wood Johnson Foundation, Online Quality Health Care News Digest, March 26, 2007

Alzheimer's An Area of Concern For Blacks

Another disease, Alzheimer's, has been added to the list of conditions that Blacks suffer from at a disproportionate rate. The connection is partially attributed to blacks having a higher risk for diabetes and heart disease, these are leading risk factors for Alzheimer's.

A grim future is predicted for blacks in this area. By the year 2030, the number of Blacks

expected to be at risk for Alzheimer's is expected to double to 6.9 million. This typically affects individuals who are 65 years of age or older.

Alzheimer's is a debilitating disease because it destroys the memory, communication and reasoning skills, involves the loss of ones memory. Traditionally, it is one of the more difficult diseases to treat due to

there being no simple way to diagnose it. Many diseases can be successfully fought in the early stages based on early detection, but this is not true with Alzheimer's because it is typically diagnosed after it has progressed at the advanced stages. Sadly, the only credible way of diagnosing the disease has been during an autopsy.

A new technology, FDDNP, has been developed that will allow doctors to detect the disease in

its early stages. This is based on researchers from the University of California, Los Angeles and printed in the New England Journal of Medicine.

This discovery does not open the door as of yet for ways to prevent Alzheimer's, but the early detection does allow for better treatment options so that the suffering can be lessened. Family members are

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More Findings on Black 'Premie' Rates & Pregnancy-Related Deaths for Women

The February 2007 issue of the American Journal of Obstetrics and Gynecology featured an article on the disparity between black and white premature births. According to the new study, the likelihood is three times more likely for Black women in comparison to White women and Black women are four times more likely to give birth extremely early. The study was conducted by researchers at the Center for Preterm Birth Research at Washington University School of Medicine.

The findings pointed to genetic factors as contributors to the disparity. The researchers did not identify any direct evidence

to support this theory. They are now working to substantiate the theory.

Dr. Muglia's study involved the tracking of over 700,000 births in the state of Missouri between 1989 through 1997. Adjustments were made for influencing variables such as socioeconomic status, education level, cigarette smoking and maternal medical conditions such as diabetes, hypertension and eclampsia. These women were also seen to deliver babies prematurely in subsequent pregnancies as well.

"By understanding specifically what results in this health

disparity in African-American women, we can gain a tremendous amount of insight into a normal birth process in respect to preterm birth," stated Dr. Muglia. "If we can work to reduce the frequency of preterm birth in the African-American population, which is almost twice as great as the Caucasian population, I think we will make an enormous impact on human health."

Black babies have a hard time coming into the world and many black women have a hard time staying as a result of the pregnancy process. A study featured in the March Annals of Epidemiology concluded that

there are racial differences in severity of disease, comorbidities, and care status among women with pregnancy-related complications that would place African-Americans at a disadvantage to survive pregnancy.

Sources: Black Moms Face Triple the Risk of 'Premie' Births, www.healthfinder.gov February 9, 2007

Missouri's African-American Mothers Likely To Deliver Prematurely, Medical News Today, February 10, 2007

Why African-American Women Are at Greater Risk for Pregnancy-Related Death, Annals of Epidemiology, March 2007

Alzheimer's An Area of Concern For Blacks (continued from page 4)

behavior. Mental health encouraged to get their loved ones tested and screened when changes in personality and/or a loss of memory is identified. Signs of agitation and aggression point to the disease being in the later stages.

The need for more proactive involvement from caregivers is further validated in a recent survey conducted for the Alzheimer's Foundation of America in which they attributed Black and Hispanic communi-

ties with harboring many misconceptions about the disease. Mistakenly so, the disease is seen as a normal part of the aging process. So the early warning signs are ignored and the window of opportunity for treatment is lost.

Blacks and Hispanics were also more apprehensive about the disease being diagnosed due to fear of being stigmatized. Based on their research survey in comparison to other races, this is only true for 18 percent

of the population, but it is 36 percent and 22 percent respectively for Blacks and Hispanics.

Another barrier is the utilization of assisted-living facilities and nursing homes, as many Blacks and Hispanics do not see them as an option. Yet other populations commonly use them for Alzheimer's care.

The study also identified religion as a barrier to early detection and treatment. Of the Blacks and Hispanics that were

surveyed and who were religious, some 73 percent gave more importance to their religious leaders for reference to their health-care compared to 31 percent of those who were not religious.

Sources: Recent Study Shows Hope for Early Detection of Alzheimer's, Jet February 12, 2007

Many Blacks, Hispanics Misinformed about Alzheimer's, www.healthfinder.gov, March 19, 2007

Mental Health Terminology (continued from page three)

problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophre-

nia, and conduct disorders.

Sources: Glossary of Terms Child & Adolescent Mental Health and Mental Health Dictionary, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

"Of all of the forms of injustices, injustices in health care is the most shocking and inhumane.

-Dr. Martin Luther King Jr.

Hospital Care Determines Stroke Recovery Rates for Blacks

Black stroke patients are likely to receive less care if they are at hospitals that have a high number of minority stroke patients according to a study presented at this year's annual American Stroke Association meeting in February.

These poor health outcomes are not seen at hospitals that treat more white stroke patients. The lack of needed resources and quality care were identified as the causes for the disparity.

Key results from the study for hospitals that treated the most black stroke patients included:

- Fewer blacks than whites received clot-busting drugs to treat acute ischemic stroke
- Fewer blacks than whites were prescribed blood thinners when they were discharged from the hospital
- Blacks were less likely than whites to be referred for smoking cessation efforts

The research was conducted by a team led by Dr. Lee Schwamm, vice chairman of neurology and director of acute stroke services at Massachusetts General Hospital in Boston. Their study involved the reviewing of data on stroke patients who were treated at 656 hospitals. The hospitals were grouped according to the number of black stroke patients they treated. This included 145,000 stroke patients.

According to data in a stroke fact sheet by the American Stroke Association, the death rate for black stroke patients is alarming. The 2004 stroke death rates per 100,000 population for black males was 74 and 65 for black females, while the rate was only 48 for white males and 47 for white females.

Sources:

American Stroke Association, Press Release, February 7, 2007

Stroke Facts 2007: All Americans, American Stroke Association

Mental Health Quick Fact

An estimated 26.2 percent of Americans ages 18 & older - about one in four adults—suffer from a diagnosable mental disorder in a given year.

Source: National Institute of Mental Health

“You don’t need to take away from some groups in order to eliminate disparities. As a nation, we need everyone to be at a high level, and to move everyone forward.”

-David Satcher,
MD, PhD

Race Disparity Report in Colon Cancer Screening

Using the expansion of Medicare coverage for colorectal cancer screening as a basis for a study, researchers at the Medical College of Wisconsin discovered that Blacks and Hispanics were not benefiting as much as whites from the change. These findings were featured in the February 12, 2007 issue of the Archives of Internal Medicine. Other identified levels of disparity included sex, age, education and income level. The billing claims file for New York, Florida and Illinois for 2002 and 2003 were examined to identify the rates of colon cancer screening tests in population at average risk for the disease. A total of 596,470 Medicare recipients were included in the study population.

Noting the importance of the screenings Joan Neuner, MD stated, “There is evidence that screening for colorectal cancer decreases incidence and mortality from the disease.” Dr. Neuner is an Assistant Professor of Medicine and senior author of the study. “Further research is needed to determine the basis for the observed ongoing disparities to develop interventions to reduce and eliminate these differences,” the study authors concluded.

According to data from the American Cancer Society, colon and rectum cancer are the three leading causes of cancer cases and deaths for African Americans. The 2007 estimates for cases is 7,869 for males and 8,580 for females. The estimates for deaths are 3,420 for males and 3,650 for females.

A report in the June 1, 2007 issue of *Cancer*, points to social, economic and healthcare inequities as the leading causes for the differences between the colorectal cancer survival of blacks and whites. The authors concluded, “efforts to eliminate racial disparities in health care and to minimize disparities in socioeconomic status have the potential to reduce colon cancer survival.”

Sources:

Disparities in colon cancer screening remain among Medicare patients, February 19, 2007 World Issue release, Medical College of Wisconsin

Cancer Facts and Figures for African Americans 2007–2008, American Cancer Society

Social Factors Not Genetics Drive Racial Disparities in Colorectal Cancer Survival, American Cancer Society Press Release, April 23, 2007

Heart Disease Education Needed for Black Women

Black women are seen to suffer more from heart disease in part based on their lack of understanding of the disease. This finding is based on results from “Nine-Year Trends and Racial and Ethnic Disparities in Women’s Awareness of Heart Disease and Stroke: An American Heart Association National Study” that was published in the January/February 2007 issue of the Journal of Women’s Health.

The purpose of the study was to evaluate trends in women’s awareness, knowledge, and perceptions related to cardiovascular disease (CVD) since 1997, when the American Heart Association initiated a national campaign for women.

The research involved the surveying of 1,005 women. The women were selected based on random digit dialing of women across the nation in 2006. The results were compared to similar surveys conducted in 2003, 2000 and 1997.

In 2006, awareness of heart disease as the leading cause of death among women was 57%; significantly higher than in prior

surveys. Awareness was lower among black and Hispanic women compared with white women, 31% and 29% respectively for the minority women compared to 68% for white women. There has been no significant change in this disparity over time.

The following trends were highlighted in the survey:

-Overall, women’s awareness that cardiovascular disease (CVD) is a leading cause of death has almost doubled over the past decade (57 percent vs. 30 percent).

-The disparity in awareness of heart disease among black and Hispanic women (31 percent and 29 percent, respectively) compared to white women (68 percent) had not changed in the past decade.

-Women know more about the risks and symptoms of heart disease than of stroke.

-Many women are unclear about the best ways to prevent CVD, such as the role of aspirin, hormones and supplements in prevention or the best diet for heart disease.

Data from the past decade shows improvement in efforts to raise awareness of heart disease in women but “...we still face the challenge to reduce ethnic disparities and maximize knowledge among all racial and ethnic groups. Because we have previously shown that awareness is linked to preventive action, our data suggests one potential way to reduce disparities in health outcomes in the U.S. is through more targeted efforts to raise awareness among racial and ethnic minorities who are least aware of heart disease and stroke and also at greatest risk..” said study co-author Dr. Lori Mosca, director of prevention cardiology at New York-Presbyterian Hospital.

Nationally, some 49 percent of black females have CVD. The overall cancer mortality rates for black females in 2004 is troubling. The death rate was 331.6 for females per 100,000 population. In comparison to the total population, about 289 people died from CVD for every 100,000 persons.

Sources:

American Heart Association, Press

Release, February 5, 2007

Nine-Year Trends and Racial and Ethnic Disparities in Women’s Awareness of Heart Disease and Stroke: An American Heart Association National Study, Journal of Women’s Health, Volume 16, Number 1, 2007

Heart Facts 2007: All Americans

“That is 96,800 Black people a year who wouldn’t have to die if there were no racial disparities in health. We have failed; we have made little progress in reducing the elevated death rates of Blacks relative to whites.”

-David Williams
 Professor of Sociology

Impact of Secondhand Tobacco More Harmful for Black Children

More findings point to the negative health results from secondhand tobacco smoke, especially for black children. This information comes from a study profiled in the March 2007 issue of the journal CHEST.

The process for the study included the researchers monitoring secondhand smoke exposure over a year for 220 children, who lived with

smokers. The sample population was a biracial group, with 55% of them being African American. Blood and hair samples were collected from the children and specialized equipment was placed in the home to measure nicotine levels.

An interesting finding was that black children had higher levels of cotinine (the major metabolite—breakdown product—of

nicotine) in comparison with the white children even though they were exposed to less tobacco.

The study concluded that African-American children have significantly higher levels of cotinine at all time points in the study. At the 12-month visit, African-American children had higher levels of serum cotinine and hair cotinine when compared with white children. These findings give partial

answers to why African-American children tend to have more tobacco-related illnesses, asthma and respiratory tract infections, than other children do.

Source:

The Role of Air Nicotine in Explaining Racial Differences in Cotinine Among Tobacco-Exposed Children, CHEST, March 2007

Prevalence of HIV Myths Perpetuate Higher Infection Rates

Researches are fearing the inclusion of black sexuality assumptions are becoming accepted facts without sound research data to validate them. This is seen to have deadly consequences to the black community in reference to the HIV/AIDS crisis. This assertion comes from Dr. Chandra L. Ford, of Columbia University in New York City, and her colleagues, in a commentary that was featured in the March issue of the *Annals of Epidemiology*. The assumptions include the “down-low” lifestyle and view of black sexuality being deviant and diseased. She fears that these beliefs fuel risky behavior as opposed to prevention efforts.

The 2005 book, *On The Down Low: A Journey into the Lives of 'Straight' Black Men who Sleep with Men*, by J.L. King generated a lot of conversation in the black community. Based on the media attention of books such as this one written by African American males who are a part of the down-low subculture, the ‘down low’ lifestyle became a black mans phenomena when in actuality the practice of straight men secretly having sex with men is an issue that is seen across all ethnic groups. The fear is that inaccurate perception can drive more men into the shadows, thus making them less likely to exercise safe sex, get regularly tested and receive care.

“Part of what has happened as a result of (the) initial burst of stories reporting the ‘down low’ is that those stories often tied the down low to high rates of HIV infection among African-American women, which was not supported by epidemiological data,” Ford stated.

The other assumption of black sexuality as being deviant and diseased is seen to be just as detrimental to the HIV/AIDS fight in the black community. Comparison is made to the way syphilis was viewed by the medical community and the public in the early 20th century. It too was portrayed as a disease of the black community.

The higher HIV infection rates for blacks was recently highlighted in a report released by the CDC. Although blacks only make-up 13 percent of the overall U.S. population, they account for nearly half of those Americans who are living with the disease, 40 percent of AIDS deaths and 61 percent of all new diagnosed cases for ages 13–24. The report did not find blacks to engage in riskier sexual behavior than other groups.

“Black men particularly are hard hit. The HIV diagnosis rate among black men is seven times higher than among white men,” stated Robert Janssen, director of the CDC’s division of HIV/AIDS prevention.

Sources:

Black Sexuality, Social Construction, and Research Targeting “The Down Low” (‘The DL’), *Annals of Epidemiology*, March 2007

A Heightened National Response to the HIV/AIDS Crisis Among African Americans, United States Department of Health and Human Services Centers for Disease Control and Prevention, March 2007

Mental Health Disorders (continued from page two)

with a person’s ability to hold a job or to develop intimate relationships with others.

Schizophrenia: A mental disorder characterized by “positive” and “negative” symptoms. Psychotic, or positive, symptoms include delusions, hallucinations, and disordered thinking (apparent from a person’s fragmented, disconnected and sometimes nonsensical speech). Negative symptoms include social withdrawal, extreme apathy, diminished motivation, and blunted emotional expression.

Social Anxiety Disorder: Symptoms of this disorder include an individual getting very nervous around other people. They feel like everyone is watching and judging them. The person is afraid of making a mistake, or looking foolish. They will do all they can to keep that from happening by avoiding certain people, places, or social events.

Sources:

Glossary of Terms Child & Adolescent Mental Health and Mental Health Dictionary, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

Anxiety disorders: A guide to knowing more, Pfizer, May 2003

Discouraging Breast Cancer Findings for Black Women

According to the American Cancer Society, breast cancer is the second leading cause of cancer deaths for U.S. women. It is the most common form of cancer among black women. An estimated 19,010 new cases of breast cancer are expected to occur among this population in 2007 and an estimated 5,830 deaths are expected. With this in mind, the need for early detection and treatment of breast cancer for black women is vitally important. Mammography screening is a crucial part of this process with changing this as the procedure can detect breast cancer in the early and treatable stages. Yet new research has identified gaps in the communication results of these screens to black women. These women are either not given any information about their screening or they are not understanding the results. This then leads to identified cases of breast cancer in black women not being treated until they are in the late, and more deadly, stages.

For the study, a group of researchers from Yale University School of Medicine compared the mammography results of 411 black women and 734 white women. This involved a review of their mammography experiences between October 1996 to January 1998 at one of five hospital-based Connecticut facilities.

The reasons for the communication gap were speculated to be due to poor tracking and the women not seeing mailed results as important. Poor tracking involved medical staff not having updated contact information so that letters can be mailed out or calls can be made. When letters are mailed, it may be overlooked and "not regarded as important information," stated Beth A. Jones, an associate professor of epidemiology and public health at Yale.

Another study reported that the more deadly form of breast cancer is more likely to be experienced by women who are poor, black or Hispanic, and under 40 years of age. These findings were published in the May 1, 2007 issue of *Cancer*. These women are diagnosed with "triple-negative" breast cancer. "...in addition to the usual surgery that all women undergo, these triple-negative women are not eligible to receive any hormonal therapy," stated study co-author Dr. Vincent Caggiano. "This leaves them with only chemotherapy to treat a very aggressive form of breast cancer. And although triple-negative patients respond well to chemotherapy, they relapse and their survival is shortened." Caggiano is the research medical director of the Sutter Cancer Center at the Cancer Surveillance Program in Sacramento, California.

"Why African-American and Hispanic women get this very aggressive form more often we really don't know. It may be due to genetics, socioeconomic status, or in part due to barriers to treatment. It's probably an interaction of all of them. It's clearly and are of further research."

Sources: Adequacy of Communicating Results From Screening Mammograms to African American and White Women, American Journal of Public Health, March 2007

Cancer Facts & Figures for African Americans 2007-2008, American Cancer Society, 2007

Young, Black Women at Higher Risk of Aggressive Breast Cancer, www.healthfinder.gov March 26, 2007

Mental Health Resources

National Alliance on Mental Illness (NAMI) of Greater Milwaukee

Phone: 414-344-0447

Email: namigrm@execpc.com

Website: www.namigrm.org

NAMI Wisconsin, Inc.

Address: 4233 West Beltline Highway

Madison, Wisconsin 53711-3814

Phone: 608-268-6000 or 1-800-236-2988

Email: namiwisc@choiceonemail.com

Website: www.namiwisconsin.org

MAMI offers a free 12-week course to family caregivers for individuals living with a mental illness as well as a Family Guide to Mental Health that is especially designed for African American families.

U.S. Department of Health and Human Services Substance Abuse & Mental Health Services Administration

Crisis Line: 1-800-273-8255

Website: www.samhsa.gov

National Mental Health Association (NMHA)

Phone: 703-684-7722

NMHA Resource Center

Phone: 1-800-969-6642

Website: www.nmha.org

National Hopeline Network

Phone: 1-800-784-2433

*Suicide prevention line

National Institute for Mental Health (NIMH)

Phone: 1-800-421-4211

Website: www.nimh.nih.gov

Blacks Continue to Have Higher Cancer Deaths

Cancer is the leading cause of death for Americans. Thus the cause for relief with a recent report from the American Cancer Society that points to a decrease for the second year in a row of overall cancer deaths. But the promising data is not true for the black community. In actuality there is continued cause for concern with black cancer deaths. For the year 2003, the report documents black men having a 15 percent higher cancer incidence rate than white men and a 38 percent higher death rate. For black women, the incidence rate is 9 percent lower, but the death rate is 18 percent higher than Whites for lung, breast, and colorectal cancer.

The report estimates that 153,000 of the 1.4 million people diagnosed with cancer in the United States in 2007 will be black, and 63,000 of the estimated 560,000 people who will die of the disease this year will be African-American.

Other key findings from the report include:

- Blacks had the highest death rate of any racial and ethnic group for all cancers combined and for the most major cancers.
- Death rates for blacks with prostate cancer are 2.4 times higher than for whites, and death rates for black breast cancer patients are 1.4 times higher than for whites.
- Blacks are more likely to be diagnosed with cancer when it's at a more advanced stage when there are fewer and less effective treatment options.
- In general, blacks are less likely to survive five years after being diagnosed with a major cancer.

"Access to insurance and health care as well as health education play an important role in one's health, but a lot of African-Americans do not have access to these tools," said Dr. Durado Brooks, the American Cancer Society's director of prostate and colorectal cancers.

Sources:

Death Rates from Major Cancers in African Americans Remain Significantly High, American Cancer Society Press Release, February 1, 2007

Death Rates For Blacks Are Still High Despite Major Drop in U.S. Cancer Rates, JET, February 5, 2007

Prostate Cancer Disparity Reported for Black Men

The absence of access to routine health care is reported to be the leading factor for the higher incidents and death rates of prostate cancer for black men according to a report issued in the April 15, 2007 issue of *Cancer*, a peer-reviewed journal of the American Cancer Society. The disparity rate is alarming with black men having a greater than 60 percent higher risk for prostate cancer than whites.

Previous studies have looked at genetic predisposition, poor education and a general distrust of the medical system as explanations for difference. The new report, identified black men as being well-educated about the disease. The issue instead can be better understood when looking at the fact that black men have greater lack of health insurance and a regular relationship with a primary care doctor. As a result, black men were more likely to seek care at a public clinic or emergency room, this then having them being seen by varying care providers. If the factors of insurance and regular care were in place for black men, there would be an increase in the early diagnosis and treatment of prostate cancer for the population.

According to the report, the African-American prostate patients were younger, had more underlying illnesses, and were at a socioeconomic disadvantage at the time of diagnosis compared to whites.

"We know from past research, such as work in military settings, that where access to prostate cancer care is reasonably equal, outcomes are equal in terms of race," stated Dr. Len Lichtenfeld, deputy chief medical officer for the American Cancer Society. "Of course, there are other relevant factors that may come into play, including even biologic differences in disease risk and progression. But access to care is the major issue."

"So, it's important that this study shows these men are aware of the risk and aware of the issues," he said. "And it's certainly not that we don't know what to do about it. We've made great progress in research and treatments. But we do not have equal access to health care in this country, and we need to address that. And until we do, we're not going to make the progress we could in terms of the treatment of cancer."

Sources:

Healthcare Inequities Underscore Racial Disparities In Prostate Cancer, American Cancer Society Press Release, March 12, 2007

Poorer Health Care Ups Black Men's Prostate Cancer Risk, www.healthfinder.gov, March 12, 2007

Summary of Health Disparities Symposium at Columbia University

Proceedings from a health disparities symposium that Columbia University held in the Spring of 2006 offers some significant insights on how to improve the inequities. The keynote speakers were: Dr. David Satcher, Interim President of Morehouse School of Medicine and former U.S. Surgeon General and Dr. Antonia C. Novello, New York State Health Commissioner and former U.S. Surgeon General. This symposium was an unprecedented event at Columbia as it was the first inter-departmental and interdisciplinary gathering at the University on the issue of racial health disparities.

Key points of interest from the event included the following:

- ◇ Despite spending more on health care in the United States than any other nation, there are dramatic disparities in health from birth to death.
- ◇ Health is determined by a range of inter-related factors, including access to quality health care, behavior/lifestyle, individual biology, the physical environment, the social environment, culture, policies, and interventions.
- ◇ People with resources such as knowledge, money, power, prestige and beneficial social connections are better able to avoid risks and adopt protective strategies so as to reduce morbidity and mortality.
- ◇ The advantages of having these resources are greatest when faced with disease that we have learned to control or prevent; this is, our capacity to control disease and death combined with social and economic inequality creates health disparities.
- ◇ This suggest emphasizing population health policies that focus on changing contextual factors that affect everyone and intervene in a broad set of circumstances.
- ◇ Poverty is strongly linked to adverse effects on health, but socioeconomic status alone is not responsible for health disparities.
- ◇ It may be time to shift emphasis from more research on pathways and causes to a focus on intervention.
- ◇ We need a paradigm shift from health inequity, which is hierarchical and oppression-based, to equity in health involving liberation, dialogue, mutual recognition and respect.
- ◇ There is a need to form partnerships with the community, and let community members decide what is a priority and how to intervene.
- ◇ This entails collaborations among academic, community- and faith-based organizations, with community-based participatory research and greater appreciation of evidence emerging from practice.

- ◇ We need to understand the characteristics of housing and “place” that may be contributing to health inequalities, as well as what defines a “healthy place.”
- ◇ Reducing health disparities requires that we meet multiple challenges: expanding access to minorities; providing culturally sensitive, linguistically appropriate care; increasing the number of minority practitioners; addressing discrimination through early and ongoing education; and collecting data to better understand the problem and track progress.
- ◇ Eliminating disparities does not require taking away from some groups to give to others; it means bringing everyone up to a higher level.

Among Dr. Satcher’s numerous points to consider, he stated that the key ‘points of attack’ include: access to care, quality of care, lifestyle enhancement, environmental quality, a balanced research agenda and cultural competency. One example given was...

- ◇ Environmental quality accounts for 25% of preventable illnesses worldwide. African American and Hispanic children are much more likely to grow up near hazardous waste sites and deleterious environmental conditions that affect health. Hearing gunshots, at night, for instance, actually affects secretions in the brain, increasing the risk of depression and affecting the way an individual thinks and behaves. A safe physical social environment is needed for physical activity, such as, walking, and for healthy living in general. It reflects freedom, poverty and hopelessness.

Dr. Novella offered the following *Common Sense Steps*

Toward Eliminating Health Disparities:

- ◇ Fund projects that start with commitment of the community to solve their issues
- ◇ Fund organizations with a history of collaboration
- ◇ Define the problem broadly
- ◇ Demand outcomes data
- ◇ Be a partner in your own community
- ◇ Provide funding for planning
- ◇ Offer long-range, multi-year grants

Source: The First Annual University Research Symposium for Understanding Fundamental Disparities in Health, The Center for Community Health Partnerships and The Columbia Center for the Health of Urban Minorities, Columbia University, New York City, April 24, 2006



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WE ARE ON THE WEB @
WWW.BHCW.ORG

Mental Health Quick Facts

Number of hospital out-patient department visits for mental disorders: 5.7.

Source: Center for Disease Control and Prevention

Mental illness, including suicide, accounts for more than 15 percent of the burden of disease in market economies—more than the disease burden caused by all cancers.

Source: National Institute of Mental Health

More than 90 percent of people who kill themselves have a diagnosable mental disorder, most commonly a depressive disorder or a substance abuse disorder.

Source: National Institute of Mental Health

Mental Health Myths and Facts

Myth: *There's no hope for people with mental illnesses.*

Fact: *There are more treatments, services, and community support systems than ever before.*

Myth: *Mental illnesses are brought on by a weakness of character.*

Fact: *Mental illnesses are a product of the interaction of biological, psychological, and social factors. Social influences, like the loss of a loved one or a job, can also play a role.*

Myth: *People with mental illnesses are violent and unpredictable.*

Fact: *The majority of people with mental illnesses are no more violent than anyone else. People with mental illnesses are actually much more likely to be the victims of crime.*

Myth: *Mental illnesses don't affect me.*

Fact: *Mental illnesses are surprisingly common; they affect almost every family in America.*

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) www.whatadifference.samhsa.gov/