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The State Of Black Health In Wisconsin

The Struggle for Quality Health Continues

A report of the

Wisconsin African American Eliminating Health Disparities Institute



February 2005

Forward

Black Health Coalition of Wisconsin published this report through its Wisconsin African American Eliminating Health Disparities Institute as a sequel to its, *The State of Black Health in Wisconsin: Confronting The Continuing Existence of Health Disparities* (October 2003). This report contains updated data and expanded health profiles.

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INTRODUCTION

By Dr. Patricia McManus

“Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access-related factors, such as patient’s insurance, status and income, are controlled. The sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems, their administrative and bureaucratic processes, utilization managers, health professionals, and patients...the study committee focused on the clinical encounter itself, and found evidence that stereotyping, biases, and uncertainty on the part of healthcare providers can all contribute to unequal treatment.”¹

“Classic public health doctrine holds that the major determinants of the health of every population group lie in the social order: the physical, biological, social, economic and political environments in which its members, in the main, live. We will not finally eliminate the appalling disparities in the health status of African Americans and other people of color in the United States unless and until we have achieved a fundamental transformation of the racial and ethnic bias, both overt and unconscious, in the daily processes of health care through monitoring, enforcement of civil rights laws, and most of all through changes in the culture of medical and other health professional practice and education; and appropriate racial and ethnic diversity in the health care workforce.”²

These two quotes are the sentinel and most important statements for this entire document. The following data and recommendations that are presented, whether at the individual, family, community or system level, recognize the long-standing impact on the health status of African Americans. It clearly articulates the multi-level complexity involved in improving the health status of our community. The above quotes also make it clear that it is everyone’s problem and the solutions must come from every sector of the African American community and the entire state.

It is difficult to believe that in the 21st Century and living in a country that has the most advanced healthcare delivery system in the world that racial disparities in healthcare exist. But it would be foolish to assume otherwise. The healthcare system is fraught with the same history and social biases as the rest of the social and economic systems. To that end, African Americans and others must educate themselves to the fact that demanding access to a system of care that will not deliver quality care cannot continue. We have been made to believe that equal access to education and jobs would make other areas of the social fabric just as easy. It is easy for those who have ‘made it’ to shake their heads at the deplorable health statistics of African Americans and to say in judgment what one must do to get a better education and job so that I can get ‘good care’. Well, Wisconsin African American community, this is a wake up call!

¹ **Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.** Institute of Medicine, The National Academies Press, Washington, DC. 2002

² **Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.** Institute of Medicine, The National Academies Press, Washington, DC. 2002

The State of Black Health in Wisconsin: The Struggle for Quality Health Continues

The focus and intent of this document is to provide information and make recommendations that will inspire the reader to take individual and collective action to reverse negative health conditions impacting Blacks in Wisconsin. It is also the intent of this document to encourage the African American community to take collective action to improve the health status of all members of the community and the State of Wisconsin as a whole. This has been the mission of the Black Health Coalition of Wisconsin, Inc. (BHC) for the past 16 years. Given limited resources and access to policy decisions, the BHC has made tremendous strides in bringing the needs of the African American community to the forefront of health policy and resource allocations decisions. It has been a difficult and sometimes contentious process. However, the BHC has proved itself to be up to the task and has forged many very positive alliances in attempting to accomplish its mission.

It is amazing that the statistics that are quoted in this document have not raised the consciousness of the State of Wisconsin to want to do something about them. Unfortunately, many people, including African Americans, believe that the problem is completely related to individual behaviors. What has been known by many of us for a long time, is that when you do everything right, you can still die at higher rates. Now, the proof is out. This does not take away the need for self-responsibility for our own health. Quite the contrary, we had better start thinking of keeping ourselves as healthy as possible, because if we do not, the alternative is a healthcare delivery system that is twice to three times as lethal for us. More effort must come from the African American community itself.

This document makes three primary assertions:

1. The diseases and health conditions reported upon in this document are largely preventable or controllable;
2. The health disparities and current morbidity/mortality trends are reversible and unnecessary;
3. Individuals and institutions have a responsibility to do what they are capable of doing to contribute to everyone's most valuable concern, good health.

This document does not place blame for our health status because blame implies intent and offers no solutions. Instead, the data provides a statistical snapshot of the health crisis impacting Blacks in Wisconsin. Hopefully, it will illustrate the need to move forward with laser focus and clarity of purpose.

The health information provided, compiled from the most current available data, is believed to be accurate within reasonable margin of statistical error. The ability to access reliable and timely data regarding African Americans remains a very serious problem. Recommendations for alleviating the health crisis confronting Blacks in Wisconsin are targeted toward prevention, early diagnosis and comprehensive intervention. The terms African American and Black are used interchangeably throughout the document.

INTRODUCTORY DATA

<i>Total Population (2003)</i> ³	
Blacks (National)	34,809,870 (12%)
Whites (National)	194,236,600 (68%)
Blacks (Wisconsin)	294,170 (5%)
Whites (Wisconsin)	4,677,920 (86%)
<i>Older Population/65+ – National (2002)</i> ⁴	
Total	35.6 million
Blacks	8.2%
Whites	15.0%
Wisconsin	706,418 (13% of total WI pop.)
<i>2002-2003 Poverty Prevalence</i> ⁵	
Blacks (National)	11,390,440 (33%)
Whites (National)	22,195,970 (11%)
Blacks (Wisconsin)	137,250 (47%)
Whites (Wisconsin)	408,140 (9%)
<i>2002-2003 Prevalence of Non-elderly Uninsured</i> ⁶	
Totals	
Blacks (National)	6,728,410 (21%)
Whites (National)	21,483,620 (13%)
Blacks (Wisconsin)	47,950 (17%)
Whites (Wisconsin)	402,260 (10%)
<i>2002 Overweight & Obesity</i> ⁷	
Blacks (National)	65.8%
Whites (National)	55.3%
Blacks (Wisconsin)	67.3%
Whites (Wisconsin)	55.0%
<i>Years of Potential Life Lost Before Age 75 Years 1998-2000</i> ⁸	
Blacks (National)	13,424
Whites (National)	6,961
Blacks (Wisconsin)	13,689
Whites (Wisconsin)	6,179

³ The Henry J. Kaiser Family Foundation **Wisconsin: Population Distribution by Race/Ethnicity, state data 2002-2003 U.S. 2003** www.statehealthfacts.org (retrieved 12/16/04)

⁴ U.S. Department of Health and Human Services Administration on Aging **A Profile of Older Americans: 2003**

⁵ The Henry J. Kaiser Family Foundation **Wisconsin: Poverty Rate by Race/Ethnicity, state data 202-2003, U.S. 2003** www.statehealthfacts.org (retrieved 12/16/04)

⁶ The Henry J. Kaiser Family Foundation **Wisconsin: Rate of Non-elderly Uninsured by Race/Ethnicity, state data 2002-2003, U.S. 2003** www.statehealthfacts.org (retrieved 12/16/04)

⁷ The Henry J. Kaiser Family Foundation **Wisconsin: Overweight and Obesity Rate by Race/Ethnicity, 2002** www.statehealthfacts.org (retrieved 12/16/04)

LEADING CAUSES OF DEATH

2003 Wisconsin Deaths Data⁹	
Number of Wisconsin Deaths	46,040
Death Rate (deaths per 1,000 population)	
Wisconsin	8.4
National	8.3
Leading Underlying Causes of Death	
Blacks (total)	<i>1,950</i>
Malignant Neoplasms	428 (21.9%)
Diseases of the Heart	396 (20.3%)
Cerebrovascular Diseases	103 (5.3%)
Accidents (ex. med./surgical complications)	98 (5.0%)
Assault (Homicide)	93 (4.8%)
Diabetes Mellitus	93 (4.8%)
Nephritis/Nephrotic/Nephrosis	61 (3.1%)
Chronic Lower Respiratory Diseases	51 (2.6%)
Certain Cond. Orig. Perinatal Period	51 (2.6%)
Influenza and Pneumonia	39 (2.0%)
Human Immunodeficiency Virus	30 (1.5%)
Congenital Malformations, etc.	28 (1.4%)
Alzheimer's Disease	27 (1.4%)
Whites (total)	<i>43,554</i>
Diseases of the Heart	11,951 (27.4%)
Malignant Neoplasms	10,079 (23.1%)
Cerebrovascular Diseases	3,066 (7.0%)
Chronic Lower Respiratory Diseases	2,214 (5.1%)
Accidents (ex. med./surgical complications)	2,165 (5.0%)
Alzheimer's Disease	1,375 (3.2%)
Diabetes Mellitus	1,207 (2.8%)
Influenza and Pneumonia	1,107 (2.5%)
Nephritis/Nephrotic/Nephrosis	793 (1.8%)
Intentional Self-Harm (Suicide)	599 (1.4%)
Parkinson's Disease	428 (1.0%)
Chronic Liver Disease/Cirrhosis	399 (0.9%)
Septicemia	379 (0.9%)

⁸ Center for Disease Control and Prevention - Department of Health and Human Services **State Health Profiles 2003**

⁹ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy.

Wisconsin Deaths, 2003 (PPH 5368-03). October 2004

KEY DEFINITIONS

Disparities in healthcare - racial or ethnic differences in the quality of healthcare that is not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

Disparities in care emerge from the characteristics of and the operation of healthcare systems, as well as the legal and regulatory climate in which care is delivered, and from the process of care.

Health - a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Slave health deficit – the dramatic and deleterious Black/White differentials in health status and outcome presumed to be the consequence of slavery and subordinate racial status.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare

Institute of Medicine, The National Academies Press

Washington, DC 2002

KEY SOCIAL DISPARITIES THAT INFLUENCE HEALTH DISPARITIES

- In 2003, the national **poverty rate** for Blacks was 24.4, compared to 8.2 for Non-Hispanic Whites.¹⁰
- In 2002, over one-half (52 percent) of all Blacks lived in a **central city** within a metropolitan area, compared with 21 percent of Non-Hispanic Whites.¹¹
- As of January 2005, the national **unemployment rate for Blacks** was 10.6 and only 4.4 for whites.¹² The unemployment rate in Wisconsin during 2000 and 2003 for Blacks was 19.0 and 4.8 for Whites.¹³
- Although blacks account for only 12 percent of the U.S. population, 44 percent of all **prisoners** in the United States are Black. The proportion of Blacks in prison populations exceeds the proportion among state residents in every single state. Specifically in Wisconsin, Blacks are 5.7% of the state residents; yet make up 38.8% of the incarcerated population. Nearly 5% of all Black men, compared to 0.6 percent of white men, are incarcerated. African-Americans are arrested, prosecuted, and imprisoned for drug offenses at far higher rates than whites. In Wisconsin, Blacks accounted for 689 of the prison admissions for male drug offenders, while whites only made up 13.¹⁴
- We have known for some time about racial disparities in income, poverty, and employment in the city (Milwaukee) and region, as well as racial inequality in lending practices and housing conditions that are intimately linked to this economic crisis. But, the stark nature of **racial economic indicators**, taken together, reveals the gravity of the racial economic polarization.¹⁵
- ...the city harbors **racial disparities** that exceed those in Detroit, Philadelphia and other archetypes of American urban blight...modern Milwaukee falls to the bottom of nearly every index of social distress.¹⁶ Fifty years after Brown (Brown vs. Board of Education), Milwaukee's inner city remains in the throes of a two-decade-long **depression**.¹⁷
- As medical advancements extend life span of persons in this nation, grave disparities persist in **health** status between Whites and many other ethnic groups, such as African-Americans and Hispanics. While the inequalities in health status frequently reflect inequalities in the distribution of wealth and other resources, they are also a product of racial biases and prejudices that run throughout our communities, especially in urban areas like Milwaukee.¹⁸
- Every day millions of African Americans are locked out of a **health care system** that treats patients based on skin color, socioeconomic status and geographic locations. Combine these discriminatory practices with unhealthy behavior, and the result is a population that had more than 4 million preventable deaths since 1940.¹⁹
- More than 886,000 **deaths** could have been prevented from 1991 to 2000 if African Americans had received the same care as whites.²⁰

¹⁰ US Census Bureau **Income, Poverty, and Health Insurance Coverage in the United States: 2003** Issued August 2004

¹¹ US Census Bureau **The Black Population in the United States: March 2002** Issued April 2003

¹² United States Department of Labor Bureau of Labor Statistics **The Employment Situation: January 2005** Issued February 4, 2005

¹³ Wisconsin Department of Health & Family Services **A Report on the Health and Well-Being of Wisconsin Citizens 2004** Released January 2005

¹⁴ Human Right Watch **Incarcerated America Human Rights Watch Backgrounder** April 2003 (retrieved 1/1/05)

¹⁵ **The State of Black Milwaukee** The Milwaukee Urban League *The Economic State of Black Milwaukee*, Marc Levine) February 2000

¹⁶ Milwaukee Journal Sentinel **Hit by a global train: Job loss worse than the Great Depression in Milwaukee's urban center** December 4, 2004

¹⁷ Milwaukee Journal Sentinel **Editorial: The solutions are economic** December 6, 2004

¹⁸ **The State of Black Milwaukee** The Milwaukee Urban League *Health Disparities and Children in Milwaukee*, Ernestine Willis) February 2000

¹⁹ **The Crisis Magazine** *The State of African American Health* November/December 2004

²⁰ American Journal of Public **The Health Impact of Resolving Racial Disparities: An Analysis of U.S. Mortality Data** April 2004

Addictions

(Tobacco, Alcohol/Drugs and Gambling)

When someone is addicted, whether physically or psychologically, there are intense cravings for the substance. These cravings are so strong that the person fulfills the craving, regardless of having knowledge of its harmful affects. The main characteristic of an addiction is that the person cannot quit without help. Having an addiction could ruin one’s life and affect personal and employment relationships. If not managed, some addictions can lead to death.

Although everyone has some vulnerability to some form of addiction, in the U.S., Blacks are disproportionately more vulnerable. Many Blacks are engaged in a fight for survival and live in poor and/or hostile environments. Some addictions, such as gambling, are traced to impulsive-compulsive mental disorders. In fact, Pathological Gambling²¹ is the term given to the addiction. This type of gambling is an impulse control problem. Other addictions; including legal/illicit drugs, prescription drugs, alcohol and tobacco, appear to be addictions born from a need to escape harsh realities, as often experienced in the Black community. Of these, tobacco has rapidly become the most deadly addiction. Heart disease, cancer and stroke are leading causes of death for Blacks; to which smoking and other types of tobacco usage directly contributes to or accelerate the effects.²² The health statistics related to tobacco itself are staggering.

Warning signs of addiction can include: drinking or using drugs when you feel angry or sad, being late for work or missing work due to drinking or using drugs, frequent headaches and “hangovers” after drinking or using drugs, drinking or using drugs after promising yourself or others that you will quit, family members or friends expressing concern about your drinking, drug use and behavior, forgetting what you did while drinking or using drugs (called blackouts), planning to use alcohol or drugs in advance, hiding them or using them alone, having to use more alcohol or drugs to get the same feeling (of being high), taking personal risks like drinking and driving, not being able to handle your family or work responsibilities, changes in mood, including depression and problems sleeping, and having no interest in things you use to enjoy.²³

2002 Substance Abuse Treatment Admissions²⁴

Total	WI	National
Blacks	10.8%	24.3%
Whites	85.3%	61.2%
Alcohol only		
Blacks	3.6%	12.8%
Whites	91.7%	74.1%
Alcohol with secondary drug		
Blacks	10.4%	26.6%
Whites	86.4%	60.9%
Cocaine (smoked)		

²¹ www.psychologicalinfo.com/problem/impulse_control.html (retrieved 1/2/05)

²² Centers for Disease Control and Prevention, **Chronic Disease in Minority Population 1994** (retrieved 1/2/05)

²³ National Women’s Health Information Center **Women’s Health for the Homefront 2003 Daybook**

²⁴ US Department of Health & Human Services – Substance Abuse and Mental Health Services Administration **Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race and Ethnicity: Wisconsin & National tables** (retrieved 12/28/04)

	Blacks	58.6%	57.8%
	Whites	40.1%	35.0%
Cocaine (other route)			
	Blacks	15.4%	33.5%
	Whites	82.5%	50.8%
Marijuana			
	Blacks	12.7%	28.5%
	Whites	83.5%	57.8%
Heroin			
	Blacks	43.1%	24.8%
	Whites	55.8%	51.3%

Addiction Recommendations for Improvement

- Do not experiment with drugs; the risks of addiction are too great.
- Get medical/professional help if you are addicted to drugs, alcohol or gambling.
- Encourage family members and friends to get help if they are fighting an addiction.
- Use “tough-love”, when necessary, if a family member is struggling with an addiction.
- Promote values, attitudes, and behaviors that discourage or make addiction “uncool”, “unpopular” and “undesirable”.
- Seek spiritual guidance, as appropriate for you, to help with treatment.
- Support antismoking campaigns in your community.
- Advocate for resources for treatment programs, including smoking.
- AODTA (Alcohol & Other Drug/Tobacco Abuse) providers need to view smoking as deadly as other drugs.

Asthma

Asthma is a chronic disease of the respiratory system that involves inflammation of the bronchial tubes or airways, which carry air to the lungs. Symptoms can include; chest tightness, wheezing, shortness of breath, or a cough that never seems to go away or gets worse over time. In Wisconsin, Milwaukee County had both the highest rate of asthma inpatient hospitalizations from 2000 to 2002 and the highest rate of asthma hospital emergency department visits in 2002.²⁵ This disparity has been attributed to Milwaukee being the largest urban area in Wisconsin; reports have proven that individuals living in urban areas suffer from asthma at higher rates.

Although there is no cure for asthma, the condition can be successfully managed when individuals reduce their exposure to known triggers (something that brings on an asthma episode) and follow an asthma care plan. Examples of asthma triggers include; dust, stress, tobacco smoke, pollution, fumes from cleaning or beauty products, as well as fibers or feces from animals such as rodents and roaches. Also, extreme weather conditions can trigger asthma episodes.

Unlike many other diseases, asthma is a condition that affects all age groups. In fact, asthma related problems are a major contributor to both missed work and school days.

2002 National Asthma Statistics²⁶

Number of noninstitutionalized adults who were ever diagnosed with asthma	21.9 million
Percent of noninstitutionalized adults who were ever diagnosed with asthma	10.6%
Number of noninstitutionalized children who were ever diagnosed with asthma	8.9 million
Percent of noninstitutionalized children who were ever diagnosed with asthma	12.2%
Number of visits to office-based physicians	12.7 million
Number of hospital outpatient department visits	1.2 million
Number of hospital emergency department visits	1.9 million
Number of Deaths	4,261 (1.5 deaths per 100,000)
2002 Wisconsin Asthma Data²⁷	
Adult Self-Reporting Current Asthma Prevalence Rate and Number	
Blacks	16.5 (23,969)
Whites	8.3 (305,559)
Adult Self-Reporting Lifetime Asthma Prevalence Rate and Number	
Blacks	22.6 (32,865)

²⁵ Wisconsin Department of Health and Family Services **Burden of ASTHMA in Wisconsin 2004** March 2004

²⁶ CDC – National Center for Health Statistics **Asthma Fast Stats** <http://www.cdc.gov/nchs/fastats/asthma.htm> (retrieved 12/14/04)

²⁷ CDC – National Center for Environmental Health **Asthma: Behavioral Risk Factors Surveillance System 2002** <http://www.cdc.gov/asthma/brfss/default.htm> (retrieved 1/1/05)

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Whites	11.3 (415,389)
Wisconsin Asthma Data²⁸	
Current Asthma Prevalence among Wisconsin Adults, 1999-2002	
Blacks	15.3%
Whites	7.8%
Age-Adjusted Asthma Hospitalization Rates, 2002 (per 10,000 population)	
Blacks	42.5 (1,352)
Whites	7.0 (3,434)
	Blacks were six times higher than whites to be hospitalized for asthma
	Milwaukee was one of two counties with the highest rates of asthma hospitalization
Age –Adjusted Asthma Wisconsin Mortality Rate 2001 (per 1,000,000 population)	
Blacks	39.2
Whites	12.3

Asthma Recommendations for Improvement

- If you have asthma, learn what your asthma triggers are and reduce your exposure to them.
- Partner with your medical provider to create an asthma care plan and then follow your plan.
- Carry your inhaler at all times.
- Do not have smoke or other fumes/chemicals around people with respiratory problems.
- Educate others about asthma.
- Do not smoke.
- Do not allow smoking by others in your home or cars.
- Support clean in-door air policies at work and public places.
- Advocate for health coverage for adults with asthma.

²⁸ Wisconsin Department of Health and Family Services **Burden of ASTHMA in Wisconsin 2004** March 2004

Behavioral Health

Mental disorders can be as disabling and fatal as any other disease because they are often misunderstood and unaccepted. Blacks are more likely to suffer a mental disorder than any other racial/ethnic groups; however they are less likely to receive treatment due to the stigma that is associated with behavioral health. The most common behavioral health conditions are depression, generalized anxiety disorders, post-traumatic stress disorders, and postpartum depression.

The social and economical barriers that Blacks face are noted as a major contributor to the increased prevalence of mental disorders. Some of these disorders are genetic, while others are brought on by social or environmental factors. The high occurrences of exposure to violence, homelessness, incarceration, and unemployment puts overwhelming stress on Blacks, which can lead to many of these health concerns. Blacks do not commit suicide in great numbers, but many suffer from depression that is often never treated. Unfortunately, in recent decades, the number of Black males committing suicide has increased.

Depression is characterized by extended periods of time when one has a sense of hopelessness or despair. Signs of depression include: difficulty concentrating, sudden mood swings, difficulty in sleeping or sleeping too much, and anxiety. Too often, Blacks do not take notice of these signs because they are frequently the norm as a result of constant exposure to stress. Or they just shrug off the mood to just having the blues. Blacks seemingly accept this as a way of life instead of a red flag for help. These unresolved issues often are the underlying factors when some Blacks turn to a life of drug usage, prostitution, abusing others, and becoming victims of abuse and/or perpetrators of other crimes.

Another growing area of concern in behavioral health is Attention Deficit/Hyperactivity Disorder (ADHD). This is a chronic behavioral disorder that is characterized by behavior that is hyperactive and/or inattentive. Children, adolescents, and adults suffer from this illness.

<i>Serious Mental Illness among Adults²⁹</i>	
In 2003, there were an estimated 19.6 million adults aged 18 or older with serious mental illness (9.2%)	
<i>2003 Percentage Reporting Poor Mental Health (during past 30 days)³⁰</i>	
Black (National)	34.8%
White (National)	33.3%
Black (Wisconsin)	53.2%
White (Wisconsin)	34.8%

²⁹ US Department of Health & Human Services – SAMHSA 2003 National Survey on Drug Use and Health September 2004

³⁰ The Henry J. Kaiser Family Foundation **Percent Reporting Poor Mental Health during the Past Thirty Days by Race/Ethnicity, 2003** www.statehealthfacts.org (retrieved 12/16/04)

Behavioral Health Recommendations for Improvement

- Seek medical help if you believe you or a family member has a mental disorder.
- If you have been diagnosed with a mental disorder, follow your treatment plan – this includes taking needed medication as prescribed.
- The community at-large should help to remove the stigmas associated with mental disorders.
- Increase awareness of mental disorders.
- Support those who have mental disorders.
- Encourage those with mental disorders to seek both mental health services, and primary care services as well.

Cancer

Cancer was the number one cause of death for Blacks in Wisconsin in 2003, accounting for 22 % of deaths among African Americans.³¹ There are many forms of cancer, but regardless of the type, cancer is a frightening disease. Blacks suffer from cancer and die prematurely from this disease more so than any other racial/ethnic group, especially lung, breast, colorectal, and prostate. The uncontrollable growth and spread of abnormal cells is the cause of all forms of cancer.

Some cancers are inherited, but the majority of cancers are attributed to one’s lifestyle. Early diagnosis and treatment can lead to an improved quality of life or possible remission of the cancer. Major behavioral contributors to cancer include: high-fat/low-fiber diets, tobacco, sexual and reproductive history, occupational hazards and alcohol. Overall, blacks have more malignant (cancerous) tumors and are less likely to survive cancer than the general population. The cancer deaths are mainly attributed to the high frequency of late diagnosis, by the time the cancer is diagnosed it is at a critical progressed stage.

1990-2000 Wisconsin Cancer Disparities for Blacks³²

Black males are more likely than males of other races/ethnicities to smoke cigarettes		
Black middle school students are more likely than white middle school students to smoke cigars		
Blacks are more likely than whites to die from lung cancer.		
	Blacks	80.9 per 100,000
	Whites	48.5 per 100,000
Black women who develop breast cancer are more likely to die from the disease than white women, although white women are slightly more likely to develop the disease.		
Diagnosis		
	Blacks	114.0 cases per 100,000
	Whites	131.3 cases per 100,000
Mortality		
	Blacks	30.7 deaths per 100,000
	Whites	26.5 deaths per 100,000
Black men have higher incidence and mortality rates than other races.		

³¹ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. **Wisconsin Deaths, 2003** (PPH 5368-03). October 2004

³² American Cancer Society **Wisconsin Cancer Facts & Figures 2003-2004**

http://www.cancer.org/downloads/com/wisconsin_facts_and_figures.pdf (retrieved 12/28/04)

The mortality rate for Black men for prostate cancer is twice as high as white men		
Incidences		
	Blacks	258.7 cases per 100,000
	Whites	157.4 cases per 100,000
<i>1990-2000 Wisconsin Cancer Disparities for Blacks³³</i>		
Mortality		
	Blacks	61.3 deaths per 100,000
	Whites	33.7 deaths per 100,000
Lung Cancer		
Incidence		
	Blacks	93.5 per 100,000
	Whites	60.9 per 100,000
Mortality		
	Blacks	79.2 per 100,000
	Whites	48.7 per 100,000
Colon and Rectum Cancer		
Incidence		
	Blacks	64.5 per 100,000
	Whites	58.3 per 100,000
Mortality		
	Blacks	29.1 per 100,000
	Whites	20.7 per 100,000

Cancer Recommendations for Improvement

- Know the warning signs of cancer and seek medical attention as soon as possible.
- Know if you have a family history of cancer. If so, share your family history with your physician.
- Get screened early and often if you have a family history or you detect a sign.
- Help to reduce the community fear of cancer screening and treatment.
- Learn to eat healthier and to get some form of exercise.
- The provider should properly evaluate patients for family history and administer necessary screenings.
- Encourage family members and friends to get screened, eat healthy and exercise.

³³ American Cancer Society **Wisconsin Cancer Facts & Figures 2003-2004**
http://www.cancer.org/downloads/com/wisconsin_facts_and_figures.pdf (retrieved 12/28/04)

Cardiovascular Health

Cardiovascular health primarily involves stroke and heart disease; but also includes high blood pressure (also known as hypertension), hardening of the arteries due to cholesterol, and congestive heart failure. These conditions were the second leading causes of death for Blacks in Wisconsin in 2003, accounting for 20% of deaths among African Americans.³⁴ One of the main risk factors that influences cardiovascular disease is obesity, 67.3% of Blacks in Wisconsin were overweight/obese in 2002.³⁵ Other risk factors include; high blood pressure, smoking, high cholesterol, lack of exercise, family history, stress, elevated blood sugar, age, and gender.

As with many other health conditions, African-Americans die at a much higher rate than any other ethnic/racial group of strokes. A stroke occurs when the blood supply to the brain is interrupted, as the brain needs its constant supply of blood to function properly. Signs of a stroke include: sudden numbness or weakness of the face, arm, or leg, especially only on one side of the body, sudden confusion, trouble speaking or understanding speech, sudden trouble seeing in one or both eyes, sudden trouble walking, dizziness, or loss of balance or coordination, sudden severe headache with no known cause, and blurred or double vision, drowsiness, and nausea or vomiting.

Heart disease, like strokes, is caused by the lack of proper blood flow. Coronary heart disease, which leads to heart attacks, is caused when the heart does not receive needed blood levels. Heart attacks can come on very suddenly without warning, thus the need for consistent medical care, proper screening and healthy habits. Signs of a heart attack include: chest discomfort (pressure that lasts longer than a few minutes or comes and goes), spreading pain to one or both arms, back, jaw or stomach, cold sweats and nausea.

Hypertension (high blood pressure) can lead to cardiovascular conditions like stroke and heart disease. Normal blood pressure is less than 120mmHg systolic and less than 80 mmHg diastolic (120/80 or lower).³⁶ Someone has high blood pressure when they measure at 140/90 mmHg or higher over a period of time. It is important that you know your normal blood pressure reading and get checked on a regular basis. The lack of regular exercise can greatly increase one's chances of suffering from cardiovascular problems. Although most people know that exercise is necessary for good health, few actually do so, especially African-Americans.

³⁴ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. **Wisconsin Deaths, 2003** (PPH 5368-03) October 2004

³⁵ The Henry J. Kaiser Family Foundation **Wisconsin: Overweight and Obesity Rate by Race/Ethnicity, 2002** www.statehealthfacts.org (retrieved 00/00/04)

³⁶ Blackamericaweb.com **High Blood Pressure: The Silent Killer**, U.S. Department of Health and Human Services, <http://www.blackamericanweb.com/site.aspx/health/hhsHBP> (retrieved 1/19/05)

Wisconsin 2000 Cardiovascular Disease Data³⁷

% of Coronary Heart Disease Deaths (under 65 years)		
	Black Males	44.3%
	White Males	19.4%
	Black Females	28.6%
	White Females	6.2%
(under 75 years)		
	Black Males	70.4%
	White Males	42.5%
	Black Females	53.6%
	White Females	18.9%
% of Stroke Deaths (under 65 years)		
	Black Males	37.5%
	White Males	42.5%
	Black Females	53.6%
	White Females	18.9%
(under 75 years)		
	Black Males	63.7%
	White Males	28.6%
	Black Females	41.4%
	White Females	14.9%
Number of Hospital Discharges and Rates per 1,000 Population		
-Total CVD		
	Blacks	4,797 (15.8)
	Whites	83,961 (17.6)
-Disease of the heart		
	Blacks	3,319 (10.9)
	Whites	63,186 (13.3)
-Coronary heart disease		
	Blacks	1,112 (3.7)
	Whites	31,776 (6.7)
-Stroke		
	Blacks	747 (2.5)
	Whites	14,399 (3.0)
-Congestive heart disease		
	Blacks	1,288 (4.2)
	Whites	13,504 (2.8)
-Hypertensive disease		
	Blacks	633 (2.1)
	Whites	1,990 (0.4)
-Arterial disorders		
	Blacks	305 (1.0)

³⁷ Wisconsin Department of Health and Family Services **Wisconsin Cardiovascular Disease Surveillance Summary November 2002** published December 2002

	Whites	5,289 (1.1)
-Diabetes		
	Blacks	1,000 (3.3)
	Whites	5,337 (1.1)

Cardiovascular Health Recommendations for Improvement

- Exercise on a regular basis.
- Maintain a healthy weight.
- Eat healthy; reduce the amount of salt in your diet.
- Do not smoke.
- Take prescribed medication to control blood pressure and routinely have it checked. If you have problems with the medication, talk to your health provider, but do not just stop taking the medication.
- Reduce stress.
- Insurance companies should offer premium incentives to individuals who can meet fitness guidelines.
- Healthcare providers can offer smoking cessation classes and support groups.

In 2002, 3.9% of the Wisconsin population had diabetes, direct medical cost totaled \$2,286,162,000, indirect cost totaled \$703,846,000 and the total cost burden of diabetes was \$2,990,008,000.³⁸ Diabetes was the 6th leading cause of death for Blacks in Wisconsin in 2003.³⁹

Diabetes is a disease that affects the body’s ability to produce or respond to insulin. Insulin is a needed hormone for everyone because it allows blood glucose to enter the cells of the body and be used for energy. Symptoms of diabetes can include: frequent urination and thirst, extreme hunger and fatigue, unusual weight loss, blurred vision, tingling or numbness in hands and feet and repeated or slow-healing infections.

There are two types of diabetes: Type 1 (body does not produce enough insulin) and Type 2 (the body may not produce enough insulin or not use insulin properly). There is no cure for diabetes. Lifestyle issues such as smoking, overeating and lack of exercise contribute to about half of all diabetes cases. Genetics contribute to the other cases. Diabetes can lead to heart disease, digestive problems, eye problems and blindness, amputation of feet or legs, kidney disease and kidney failure, and premature death. Diabetics can also experience stroke, cardiovascular or kidney disease. One’s risk for diabetes increases due to; being overweight, having a family history of diabetes, being from certain racial/ethnic groups, having diabetes during pregnancy, giving birth to a baby weighing more than 9 pounds, having high blood pressure or high blood cholesterol and having abnormal glucose tolerance in an earlier diabetes test.⁴⁰

*National Diabetes Facts (2002)*⁴¹

Prevalence of Diabetes	
Total	18.2 million (6.3%)
Diagnosed	13 million
Undiagnosed	5.2 million
National Prevalence By Race – Age 20 or Older	
Blacks	2.7 million (11.4%)
Whites	12.5 million (8.4%)
National Incidence of Diabetes – Ages 20 years or Older	
New cases diagnosed per year	1.3 million
2003 Wisconsin Diagnosed Diabetes Numbers ⁴²	
	226,000

³⁸ Agency for Healthcare Research and Quality U.S. Department of Health and Human Services **Diabetes Care Quality Improvement: A Resource Guide for State Action** September 2004

³⁹ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. **Wisconsin Deaths, 2003** (PPH 5368-03). October 2004

⁴⁰ The National Women’s Healthy Information Center **Women’s Health for the Homefront 2003 Daybook**

⁴¹ American Diabetes Association **National Diabetes Fact Sheet** <http://www.diabetes.org/diabetes-statistics/national-diabetes-fact-sheet.jsp> (retrieved 12/18/04)

⁴² Center for Disease Control and Prevention **Data & Trends: National Diabetes Surveillance System** <http://www.cdc.gov/diabetes/statistics/prev/state/tNumberTotal.htm> (retrieved 12/28/04)

Diabetes Recommendations for Improvement

- Get screened for diabetes.
- Work with physician to create a diabetes management plan and keep to it.
- Eat healthy and limit sweets.
- Make sure family members know what type of diabetes you have.
- Teach family members how to check your sugar levels and how to administer medications to you.
- Medical providers should provide necessary screening for patients who have a family history or any of the warning signs.
- Take proper care of your feet.

Health Issues of the Elderly

Members of our communities over the age of 65 endure numerous health issues that put them at an increased risk for repeated and/or prolonged hospitalizations or nursing homes stays and having an overall poor quality of life. The elderly suffer disproportionately from dementia, frailness, Alzheimer's and other disabilities. Health conditions that younger people can take in stride impact the elderly greatly. Their limited incomes (8.0% of Wisconsin elderly lived below poverty during 2000-2002⁴³) and the continually rising cost of medications make it hard for them to enjoy this stage of life without having to endure demobilizing pain. Most elderly individuals have at least one chronic health condition; many have multiple chronic health conditions.

A rapidly emerging area of concern for the elderly is the issue of elder abuse. This includes the abuse, neglect and exploitation by family members, and others whom they oftentimes depend on for care. The abuse can be physical, sexual, psychological, material or financial.

More resources and care need to be given to members of our elderly community. This need will increasingly rise as members of minority groups are projected to represent 26.4% of the older population in 2030, up from 16.4% in 2000.⁴⁴

³⁶ Department of Health and Human Services Administration on Aging **A Profile of Older Americans 2003**

⁴⁴ U.S. Department of Health and Human Services Administration on Aging **A Statistical Profile of Older Americans Aged 65+** August 2003

Rating their health as Excellent or Good (2003)³⁶	
Blacks	57.7%
Whites	75.4%
Elderly Diabetes Prevalence	
25% of African Americans between the ages of 65 and 74 have diabetes	
One in four African American women over 55 years of age has diabetes	
Most Frequently Occurring Conditions of the Elderly in 2000-2001⁴⁵	
Hypertension	49.2%
Arthritic Symptoms	36.1%
All types of heart disease	31.1%
Any cancer	20%
Sinusitis	15.1%
Diabetes	15%
Asthma Mortality⁴⁶	
Adults sixty-five years of age and older had the highest average asthma mortality rate at 60.3 deaths per million form 1990-2001	
Types of Elder Abuse Reported in Wisconsin, 2003	
Self Neglect	1885
Material Abuse	778
Physical Abuse	350
Neglect By Others	493
Emotional Abuse	312

Health Issues of the Elderly Recommendations for Improvement

- Have a written list of all medications that you take.
- Work with your physician or pharmacists to understand what each of your medications are for.
- Take medications as prescribed.
- Make sure at least one family member knows what medications you take and what they are for.
- Churches, community groups, and medical providers should offer a resource center for families to seek help with arrangements and care of elderly members.
- Advocate for home-based services for the elderly for as long as possible.
- If a family member has to be placed in an institution, families should take interest in nursing home practices and procedures; thoroughly investigate the facility before placing your loved one there.
- Volunteer to provide community services for the elderly.

⁴⁵ U.S. Department of Health and Human Services Administration on Aging **A Statistical Profile of Older Americans Aged 65+** August 2003

⁴⁶ Wisconsin Department of Health and Family Services **Burden of ASTHMA in Wisconsin 2004** March 2004

HIV (Human Immunodeficiency Virus) is an infection that causes a weakening of the immune system, most often this can lead to AIDS (Acquired Immunodeficiency Syndrome). The HIV virus can be spread through the transmission of semen, vaginal fluid, breast milk and other body fluids containing blood from an infected person. There is no cure for HIV or AIDS. AIDS has become a leading cause of death for Blacks between the ages of 25-44. The increased infection and fatality occurrences of Black women have become a major health issue. The ‘down low’ (black women unknowingly have unprotected sex with Black men who also have sex with men) phenomenon is seen to be a major factor with this. “African-Americans account for more than 76% of reported AIDS cases – approximately 10 times the AIDS rate for whites. Black women account for 65.2% of female AIDS cases reported in the U.S. HIV/AIDS rates among African-American women are more than 18 times higher than rates for white women.”⁴⁷

In the state of Wisconsin, Blacks need to learn more about HIV/AIDS and protect themselves from it. In 2003, HIV/AIDS was the 11th leading cause of death for Blacks.⁴⁸

2003 Cumulative AIDS Cases⁴⁹	
National	902,223
Wisconsin	4,136
Blacks (National)	354,890 (40.6%)
Whites (National)	368,731 (42.2%)
Blacks (Wisconsin)	1,259 (30.4%)
Whites (Wisconsin)	2,462 (59.5%)
2003 New AIDS Cases⁵⁰	
National	44,963
Wisconsin	184
Blacks (National)	21,155 (48.2%)
Whites (National)	13,634 (31.1%)
Blacks (Wisconsin)	80 (43.5%)
Whites (Wisconsin)	74 (40.2%)
2003 Number of HIV Deaths⁵¹	
National	14,095
Wisconsin	77

⁴⁷ Blackamericaweb.com Resolve to Prevent HIV in '05, U.S. Department of Health and Human Services <http://www.blackamericaweb.com/site.aspx/health/hhsHIV> (retrieved 1/19/05)

⁴⁸ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. **Wisconsin Deaths, 2003** (PPH 5368-03). October 2004

⁴⁹ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. **Wisconsin Deaths, 2003** (PPH 5368-03). October 2004

⁵⁰ The Henry J. Kaiser Family Foundation **Wisconsin: Distribution of Cumulative AIDS Cases by Race/Ethnicity, Reported through 2003** www.statehealthfacts.org (retrieved 12/16/04)

⁵¹ The Henry J. Kaiser Family Foundation **Wisconsin: Distribution of New AIDS Cases by Race/Ethnicity, 2003** www.statehealthfacts.org (retrieved 12/16/04)

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2003 Cumulative Reported AIDS Deaths⁵²		
National		487,723
Wisconsin		2,185
Cumulative AIDS cases by exposure category⁵³		
Men who have sex with men		
	Blacks	681 (41.1%)
	Whites	2,432 (71.4%)
Injecting drug use		
	Blacks	440 (26.6%)
	Whites	250 (7.3%)
Men who have sex with men and inject drugs		
	Blacks	129 (7.8%)
	Whites	243 (7.1%)
Hemophilia/Coagulation disorder		
	Blacks	2 (0.1%)
	Whites	85 (2.5%)
Heterosexual contact		
	Blacks	271 (16.4%)
	Whites	217 (6.4%)
-Sex with injecting drug user		
	Blacks	145
	Whites	91
-Sex with other high risk partner		
	Blacks	20
	Whites	37
-Sex with HIV infected person risk not specified		
	Blacks	106
	Whites	89
Receipt of blood, blood components or tissue		
	Blacks	2 (0.1%)
	Whites	48 (1.4%)
Mother with/at risk		
	Blacks	18 (1.1%)
	Whites	15 (0.4%)
Risk not identified/other		

⁵² The Henry J. Kaiser Family Foundation **Wisconsin: Number of Deaths due to HIV Disease, 2002** www.statehealthfacts.org (retrieved 12/16/04)

⁵³ Wisconsin Department of Health and Family Services **Wisconsin HIV/AIDS Quarterly Surveillance Summary-Cases Reported 1982 through September 30, 2004** <http://dhfs.wisconsin.gov/aids-hiv/> (retrieved 12/28/04)

Blacks	114 (6.9%)
Whites	114 (3.3%)
Total Reported AIDS Cases by Major Counties, 2003⁵⁴	
Milwaukee County	2,640
Dane County	685
Brown County	178
Kenosha County	171
Racine County	162
Waukesha County	134
Rock County	129
Winnebago County	88
La Crosse County	84

HIV/AIDS Recommendations for Improvement

- Practice safe sex or abstinence.
- Limit number of sexual partners.
- Get tested on a regular basis for HIV specifically.
- Reduce the usage of alcohol and illegal drugs; they tend to encourage risky behaviors.
- Never use needles that have been in contact with someone else's blood.
- If you are a rape victim, get tested for HIV right away.
- Prearrange the securing of your own blood if you are going to have surgery.
- Give acceptance and support to HIV/AIDS sufferers to help end the stigmatizing.
- Churches must use their influence to offer hope and encouragement to those who are infected.
- Churches should partner with community groups to offer safe and confidential testing and counseling services.
- Schools should educate students about HIV/AIDS.
- Healthcare providers can prevent the transmission of HIV/AIDS to unborn children by universally testing pregnant women for HIV/AIDS.
- Healthcare providers should research alternative medicines and treatment for HIV/AIDS and not exclusively rely on the expensive drugs that are currently marketed.
- Services that focus on the needs of families with HIV/AIDS, not just the individual with the disease should be established.

⁵⁴ AIDS Action Organization **State Facts: HIV/AIDS in Wisconsin** <http://www.aidsaction.org/>
(retrieved 12/28/04)

The area of perinatal health looks at the morbidity (quality of health) and mortality (death) associated with pregnancy and infancy. It has been said you can mark the quality of a nation by measuring the health of its most vulnerable members, infants. If this is a true indicator, then the United States ranks poorly in comparison to other industrialized nations in this area. In an average week in Wisconsin: 144 babies are born preterm, 25 babies are born very preterm, 87 babies are born low birthweight, and 16 babies are born very low birthweight.⁵⁵

In recent years the Perinatal and infant mortality rates have decreased in the general (White) community, but these rates for Blacks continue to rise in many cases. Although the numbers of maternal deaths have lessened on a national basis, maternal deaths within the Black community, especially in Wisconsin, have sadly increased. Maternal deaths occurs when a women dies as a result of childbearing, during the pregnancy or within one year after the delivery or termination of a pregnancy.

Prematurity and low birth weights are the leading cause of infant mortality, especially for Blacks. Although the lack of access and utilization of care are major contributors to perinatal health disparities, many of the poor outcomes are a result of behavioral practices of the women. This includes risks such as smoking, unplanned pregnancies, improper spacing between pregnancies, infections, poor nutrition and overall poor health. Much research is also attributing the poor perinatal outcomes for Blacks on societal pressures/racism. This research is proving that even well educated Black women have poorer perinatal outcomes than White women with less education. One researcher has noted that, “racial and ethnic disparities in birth outcomes are the consequences of disadvantages and inequities carried over a life course of differential exposures.”⁵⁶

Wisconsin 2003 Data⁵⁷

Total Live Birth		
		69,999
Percentage of All Births		
Blacks	6300	9%
Whites	54,800	78%
Low Birthweight Births		
Blacks		13.7%
Whites		6.1%
Very Low Birthweight Births		
Blacks		3.4%
Whites		1.1%

⁵⁵ March of Dimes **Born Too Soon and Too Small in Wisconsin** PeriStats June 2004

<http://www.marchofdimes.com/peristats/prematurity.aspx?reg=55&stop=60> (retrieved 1/1/05)

⁵⁶ Michael C. Lu MD, MPH – UCLA School of Medicine and Public Health **Racial and Ethnic Disparities in Birth Outcomes: a New Perspective** Presented at the Healthy Babies in Wisconsin: A Call to Action Conference July 2003

⁵⁷ Wisconsin Division of Public Health, **Health Counts in Wisconsin: Infant Health 2003**

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Prenatal Care	
(Percentage of births in which prenatal care started in the first trimester of pregnancy)	
Blacks	73%
Whites	88%
Infant Mortality	
(Deaths per 1,000 live births)	
Blacks	15.3
Whites	5.3
Prematurity (infant more less than 37 completed week of gestation)	
During 2000-2002 (average) in Wisconsin, the preterm birth rate was higher for black infants compared to whites. ⁵⁸	
Blacks	17.9
Whites	10.0
United States	11.9
Wisconsin	10.8
Milwaukee County (The third highest county rate in the state)	13.0
WI Counties with Highest Numbers of Infant Deaths⁵⁹	
Milwaukee	147
Racine	26
Dane	23
WI 2003 BIRTHS TO TEENS⁶⁰	
Total Births (includes ages less than <15 - <20)	6,317
Blacks	1,558
Whites	3,395
Births to Teens as a % of All Births	
Blacks	24% (1,558)
Whites	6% (3,395)
Birth Rate	
Blacks	99.9
Whites	20.3
Births to Teens in Milwaukee County	
Blacks	1,231
Whites	743

⁵⁸ March of Dimes **Born Too Soon and Too Small in Wisconsin** PeriStats June 2004 <http://www.marchofdimes.com/peristats> (retrieved 1/1/05)

⁵⁹ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. **Wisconsin Deaths, 2003** (PPH 5368-03). October 2004.

⁶⁰ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. **Births to Teens in Wisconsin, 2003** (PPH 5365-03) October, 2004

WI Maternal Deaths (1998-2001)⁶¹	
Blacks	34.84 per 100,000 live births
Whites	5.03 per 100,000 live births

Perinatal Health Recommendations for Improvements

- Women should space their pregnancies by at least two years.
- Pregnant women should get early and continual prenatal care.
- Pregnant women should get proper rest and nutrition.
- Pregnant women should not smoke, drink or use drugs during their pregnancy.
- Infants should be placed on their backs to sleep.
- If you co-sleep with your infant, do not take medication, drugs, or alcohol. Do not sleep on couches. Do not do anything that could be a barrier to you knowing where your infant is.
- Pregnant women should reduce their exposure to stress.
- Pregnant women should pre-arrange their labor and delivery, as well as choose a physician for themselves and their baby that they are comfortable with.
- Do not smoke around pregnant women or their infants.
- Encourage family members and friends who are pregnant to get early and continual prenatal care.
- Community members should give support to family members who have infants and provide care and resources.
- Health providers can advise patients about factors that influence poor birth outcomes.
- Health providers should provide patients with literature on proper prenatal and infant care.

⁶¹ Wisconsin Medical Society **Blacks at Much Greater Risk for Maternal Deaths Than Whites**, 2004 Volume 103, No. 5
Black Health Coalition of Wisconsin 30 February 2005

Sarcoidosis is one of the lesser-known diseases. All cultures are impacted by this disease, but African-Americans suffer in greater number than others. It most commonly strikes African-American women ages twenty to forty.⁶² Unfortunately, the cause of sarcoidosis is not known. The cause must first be established before the medical community can develop a cure.

The disease causes inflammation of the body's tissues; this inflammation produces small lumps in the tissues. The inflammation of sarcoidosis can occur in almost any organ and always affects more than one. Most often, the inflammation starts in either the lungs or the lymph nodes.⁶³ The immune system of someone with sarcoidosis is weakened and they become more at risk for infections.

National Sarcoidosis Facts⁶⁵

Sarcoidosis occurs in African Americans more than eight times that among whites.
--

The mortality rate among African Americans is more than 13 times that of whites.
--

Blacks are more likely to have severe, chronic symptoms than whites are. ⁶⁴
--

Sarcoidosis Recommendations for Improvement

- Stay healthy; protect yourself from common colds and viruses.
- Maintain a proper diet.
- Exercise on a regular basis and get plenty of rest.
- Do not smoke or use alcohol.
- Minimize high stress levels.

⁶² **Body & Soul The Black Women's Guide to Physical Health and Emotional Well-Being** Linda Villarosa 1994

⁶³ U.S. Department of Health and Human Services **Facts About Sarcoidosis** April 2003

⁶⁴ MayoClinic.com **Sarcoidosis** reference page <http://www.mayoclinic.com/invoke.cfm?id=DS00251> (retrieved 1/1/05)

⁶⁵ American Lung Association **Sarcoidosis Fact Sheet** November 2003

Violence

Violence can be defined as any harmful act that is done to another person, with or without their consent or knowledge of harm. The Black community at-large seems to be plagued by violence, whether it is homicides, domestic violence, child neglect/abuse or sexual assault. The compound weight of crime and societal disparities continue to leave the Black community in a state of fear and hopelessness. The overall impact of violence in the Black community prevents the togetherness that once existed; the village is no longer a village as everyone stays within their own protective walls.

Domestic violence occurs when a husband/wife, boyfriend/girlfriend, or ex-partner purposely causes either physical or psychological abuse to the other. This includes the controlling of the victim's money, shelter, time, food, friendships, etc. Oftentimes, the community at large does not take this crime seriously because it occurs between intimate partners. Their silence and blind eye to the abuse often leaves the victim isolated and vulnerable to more violence. Domestic violence is not a secluded private matter; instead it is a community problem.

Child neglect and abuse is when a child is not provided with their basic needs or is physically, emotionally or sexually mistreated.

Sexual assault involves the sexual contact with someone without his or her consent. This can be done through force, coercion and/or manipulation. Usually someone they know assaults victims of sexual assault like a relative, friend of the family or a clergy member.

Sadly to say, black-on-black crime is not just stereotypical phrasing, but the reality, especially in reference to the frequency of homicides. This is evident in Wisconsin, where in 2003; homicides were the 5th leading cause of death for blacks.⁶⁶

National Violence Statistics⁶⁷

The intimate homicide rate for black girlfriends was higher in 2002 than in any other group.	
Blacks were 6 times more likely than whites to be murdered in 2002	
Blacks were 7 times more likely than	

⁶⁶ Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy.

Wisconsin Deaths, 2003 (PPH 5368-03). October 2004

⁶⁷ U.S. Department of Justice Bureau of Justice Statistics **Homicide trends in the U.S.**

<http://www.ojp.usdoj.gov/bjs/homicide/race.htm> (retrieved 12/28/04)

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whites to commit homicide in 2002		
Homicide Type, 1976-2002		
Felony murder victims		
	Blacks	42.4%
	Whites	55.0%
Felony murder offenders		
	Blacks	59.2%
	Whites	39.2%
Drug related victims		
	Blacks	62.1%
	Whites	37.0%
Drug related offenders		
	Blacks	65.5%
	Whites	33.5%
Gang related victims		
	Blacks	38.7%
	Whites	57.9%
Gang related offenders		
	Blacks	41.5%
	Whites	54.3%
2002 Wisconsin Violence Data⁶⁸		
832 individuals died in Wisconsin as a result of violent injuries in 2002		
The firearm homicide victims rate of Black males was 40 times that of white males		
	Blacks	71 (48.2 per 100,000)
	Whites	27 (1.2 per 100,000)
Non-firearm Homicides Victims, Males		
	Blacks	10 (6.8 per 100,000)
	Whites	21 (0.9 per 100,000)
Firearm Homicides Victims, Females		
	Blacks	6 (3.8 per 100,000)
	Whites	15 (0.6 per 100,000)
Non-firearm Homicides Victims, Females		
	Blacks	8 (5.1 per 100,000)
	Whites	19 (0.8 per 100,000)
Firearm Homicide Suspect Characteristics		
	Blacks	115 (68.5%)
	Whites	24 (14.3%)
Non-firearm Homicide Suspect		

⁶⁸ Medical College of Wisconsin Firearm Injury Center **Violent Injury Report System Annual Statistical Report** Spring 2004
Black Health Coalition of Wisconsin 33 February 2005

Characteristics		
	Blacks	56 (52.8%)
	Whites	41 (38.7)
Total		
	Blacks	171 (62.4%)
	Whites	65 (23.7%)
Domestic Abuse Incidents in Wisconsin, 2002⁶⁹		
	Milwaukee	6,708
	Wisconsin	25,610

Violence Recommendations for Improvements

- If you have firearms in your home, keep them locked up without bullets in them.
- Do not operate a vehicle while under the influence of alcohol or other drugs.
- If you are a person who abuses others, you should seek help to get rid of hostility and aggressive behaviors.
- Keep children away from exposure to violence.
- If you are experiencing domestic violence:
 - Do not blame yourself for the abuse, create a safety plan, keep copies of all important papers with someone you trust, keep a list of important telephone numbers of family, friends, doctors and shelters handy at all times, do not get trapped in rooms where there are weapons, get medical help for injuries, leave the abuser only when it is safe to do so, talk to someone you trust and secure a restraining order.
- If you have experienced sexual assault:
 - Get away from the attacker to a safe place as fast as you can, contact someone you can trust, do not wash items that may have evidence on them, get a medical exam, seek police and legal assistance and join a support group.⁷⁰
- Be careful of forming relationships with anyone who you know as a previous history of domestic violence.

⁶⁹ Wisconsin Department of Health & Family Services **A Report on the Health and Well-Being of Wisconsin Citizens 2004** Released January 2005

⁷⁰ The National Women's Health Center **Women's Health from the Homefront 2003 Daybook**

BLACK HEALTH ISSUE

Sickle Cell

The origination of Sickle Cell disease has been traced to Africa. It is now an international health problem, but in the United States the disease is almost entirely experienced by African-Americans. Nationally, about 1,000 babies are born with Sickle Cell disease each year.⁷¹ Sickle Cell disease is an inherited disease that affects red blood cells. In contrast to normal red blood cells that are soft and round, people with this disease have red blood cells that become hard and pointed. The sickle cells have difficulty freely moving through organs or blood vessels; this becomes problematic because the blockage causes anemia, episodes of extreme pain, lung disease damage, and many other complications. Someone can have the sickle cell trait and not have the actual disease. The disease is spread when two individuals with the trait have a child. This child's likelihood for having the disease is high. There are about 2.5 million people in America with the sickle cell trait and about 70,000 people have the disease.⁷²

The devastation of sickle cell disease in the United States has lessened in recent years due in part to newborn screening test that are given to infants shortly after their birth. This testing has occurred on all newborns in Wisconsin since 1988 through the Newborn Screening Program. If infants test positive for the disease, treatments are started immediately. Unfortunately, there is no cure for this disease.

Wisconsin Average annual state-specific mortality rates per 1,000,000 individuals during 1970-1995⁷³	
Overall	1.0
Blacks	20.83
Others	0.01
Number of confirmed cases in 2003 from newborn screenings in Wisconsin⁷⁴	
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Sickle Cell Disease Recommendations for Improvements

- Know your family history to see if you are at risk for having the trait.
 - If you are at risk, get tested and know if you have the trait.
- Couples who each have the sickle cell trait must understand they can pass on the disease to their child.
- All newborns should be screened for sickle cell.

⁷¹ Sickle Cell Disease Association of America, Inc. **Who is affected?** <http://www.sicklecelldisease.org/affected1.htm> (retrieved 1/22/05)

⁷² Sickle Cell Disease Association of America, Inc. **Frequently Asked Questions**, <http://www.sicklecelldisease.org/faqs.htm> (retrieved 1/22/05)

⁷³ Center for Disease Control and Prevention Genomics and Disease Prevention **Sickle Hemoglobin (Hb S) Allele and Sickle Cell Disease Tables**, http://www.cdc.gov/genomics/hugenet/reviews/tables/sickle_Tables.htm (retrieved 1/22/05)

⁷⁴ The Wisconsin Newborn Screening Laboratory **Wisconsin Newborn Screening 2003 Statistics**, <http://www.slh.wisc.edu/newborn/stats/2003Statistics.php> (retrieved 1/22/05)

- If you have sickle cell disease, establish a close relationship with your medical provider and follow your care plan.

Summary

By Clarene Anderson

“For without good health, nothing in life has meaning.”

The above statement is the motto for the Black Health Coalition of Wisconsin Inc., and has been the focal point of its efforts for the past sixteen years. The phrase seems simple until you give it thought in light of the information that is shared in this document. It is clear that educational and material gain mean nothing, if one does not have good health to enjoy the fruits of life.

Although this report looks at the State of Black Health in Wisconsin, the vast majority of the African American population in the state resides in Milwaukee. Thus, we have included, when possible, Milwaukee specific data. The city of Milwaukee has some of the highest health disparities in the nation, these health indicators impact the states overall rankings. Yet, there is not a concerted effort by federal, state and city officials to decry these conditions and address them. Even in the mayor’s 2005 State of the City Address, nothing was said about infant mortality, HIV, cardiovascular disease, diabetes, and other health issues that are impacting the African American community at seemingly alarming rates. Few seem up to the challenge of truly confronting these issues. In many cases, the ‘plantation’ phenomena still exist in Milwaukee. Resources are not provided at adequate levels to make real changes. These resources are often not given to the communities that are impacted the most by the disparities, but to government agencies or organizations that are run by individuals who do not truly have the betterment of the African American community as their driving focus. Thus the burden lies on organizations such as Black Health Coalition of Wisconsin, Inc. and the African American community itself to do better and demand better.

Unfortunately, many in seats of power believe that the goals of the civil rights era have been accomplished. The general sentiment is that African Americans have educational, employment, housing and other freedoms – so everything is now equal. Yet, we know that this is truly not the case. Everything is not equal. Many of the freedoms are in name only and there are subliminal, less obvious discriminatory practices that impede the said freedoms. Thanks to the publishing of Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare by the Institute of Medicine, there is no denying of the healthcare inequities. As Dr. Martin Luther King Jr., stated, “Injustice anywhere is a threat to justice everywhere.”

It is hoped that after studying this report; you will be motivated to take charge of your own health if you are an individual, encourage your loved ones to take better care of themselves as family members, promote healthy lifestyles as a community and remove negative health stigmas, provide non-discriminatory care to African Americans if you are health providers, and provide necessary funding and policies for prevention services if you are politicians or business leaders. As stated in the introduction, everyone has a responsibility in the elimination of health disparities. BHC plans to continue to update this document on a periodic basis and looks forward to the day when a report such as this is no longer necessary.

