



Multnomah County Health Department

Racial & Ethnic Health Disparities: 2011 Update

Racial and Ethnic Health Disparities and Rate Trends Multnomah County: 1994-2007

Healthy Birth Initiative

African American and Latino Sexual Health

State of Black Oregon
Urban League of Portland

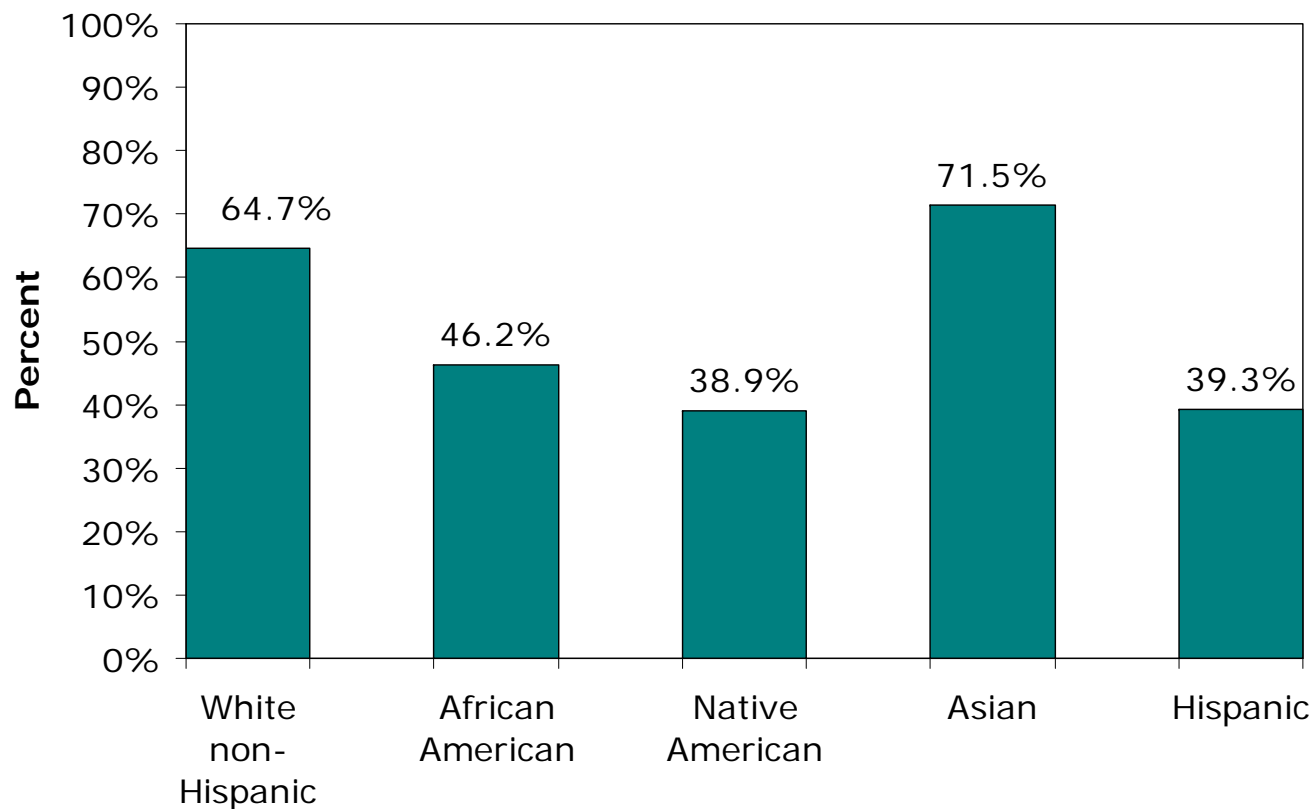
***Communities of Color in Multnomah County:
An Unsettling Profile***

Coalition of Communities of Color &
Portland State University

- ❑ Document social and economic inequities in Oregon and Multnomah County
- ❑ Provide context for health disparities

High School Graduation

High School Graduation* Rates by Race and Ethnicity
Multnomah County 2009-2010 School Year



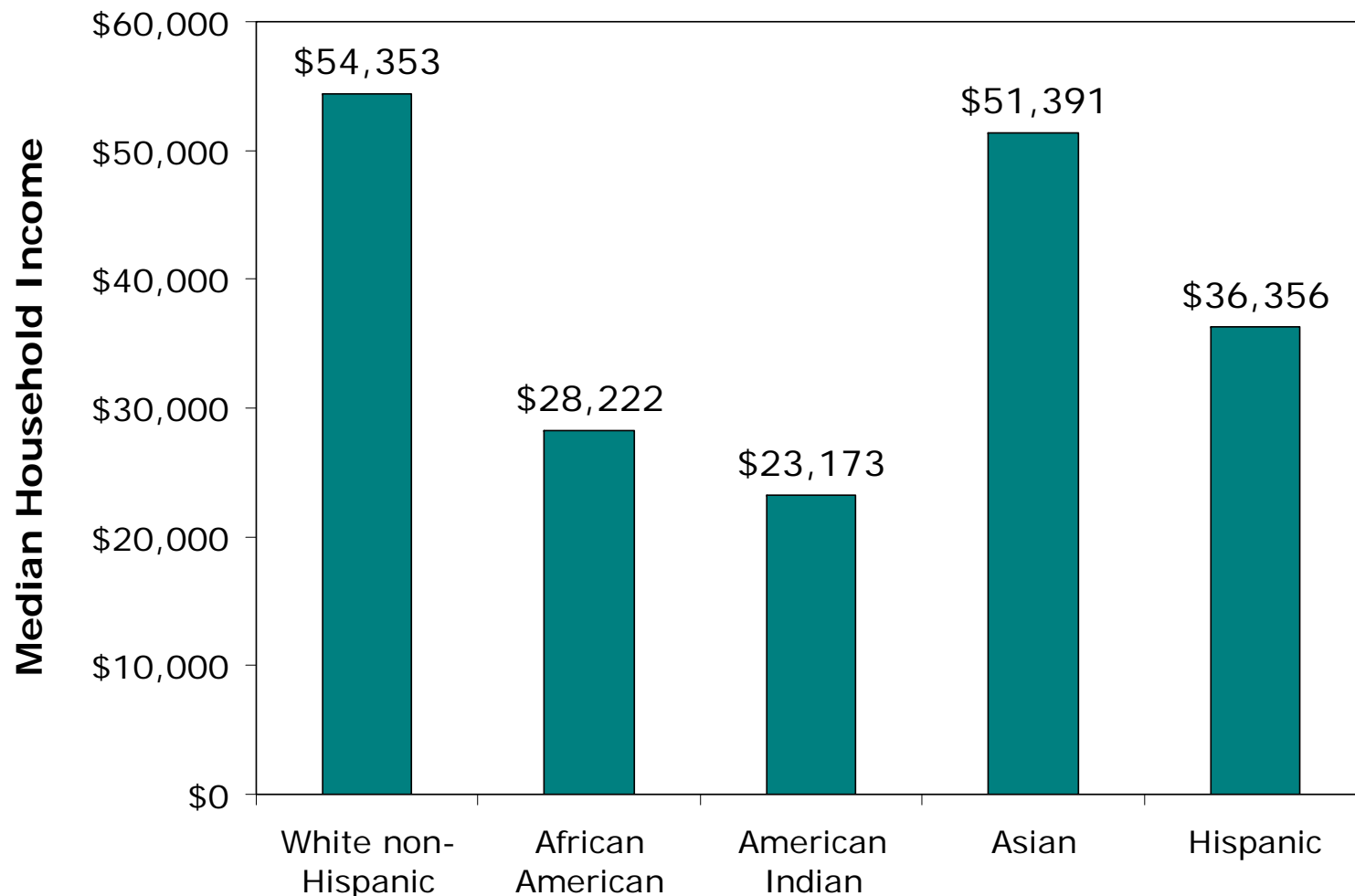
Source: Oregon Department of Education

* Graduation with Diploma only, does not include GED

Racial & Ethnic Disparities in Multnomah County

Median Household Income

**Median Household Income by Race and Ethnicity
Multnomah County 2009**



Source: 2009 American Community Survey

Racial & Ethnic Disparities in Multnomah County



About this study

- ▣ Examined 18 health indicators.
- ▣ Using White non-Hispanics as a comparison group, health disparities were calculated for four groups of persons of color: African Americans, Asians, Hispanics, and Native Americans.
- ▣ Health indicators were tracked from 1994-98 to 2003-07 to identify trends.

Number of Health Disparities

	1990-94	2001-05	2003-07
African American	14	10	10
Native American	6	5	5
Hispanic	5	6	4
Asian	2	3	3
Total	27	24	22

Mother and Child Health

Indicator	African American		Hispanic		Asian		Native American	
	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007
<u>Mother and Child Health</u>								
No 1st trimester prenatal care	✓	✓	✓	✓	✓	✓	✓	✓
Low birth weight	✓	✓			✓	✓	✓	**
Teen births (ages 15-17)	✓	✓	✓	✓			✓	✓
Infant mortality	✓	✓					✓	✓

(✓) = health disparity when compared to White non-Hispanics.

(**) = health disparity for 2001-2005 eliminated by 2003-2007.

Chronic Disease Mortality

Indicator	African American		Hispanic		Asian		Native American	
	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007
<u>Mortality Measures</u>								
Coronary heart disease								
Stroke	✓	✓						
Diabetes	✓	✓						
All cancer								

(✓) = health disparity when compared to White non-Hispanics.

(**) = health disparity for 2001-2005 eliminated by 2003-2007.

Cancer Mortality

Indicator	African American		Hispanic		Asian		Native American	
<u>Mortality Measures</u>	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007
Lung cancer								
Female breast cancer								
Colorectal cancer								
Prostate cancer	✓	✓						

(✓) = health disparity when compared to White non-Hispanics.

(**) = health disparity for 2001-2005 eliminated by 2003-2007.

Other Mortality

Indicator	African American		Hispanic		Asian		Native American	
<u>Mortality Measure</u>	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007
Motor vehicle deaths								
Homicide deaths	✓	✓	✓	**	✓	✓		
All cause mortality								

(✓) = health disparity when compared to White non-Hispanics.

(**) = health disparity for 2001-2005 eliminated by 2003-2007

Infectious Diseases

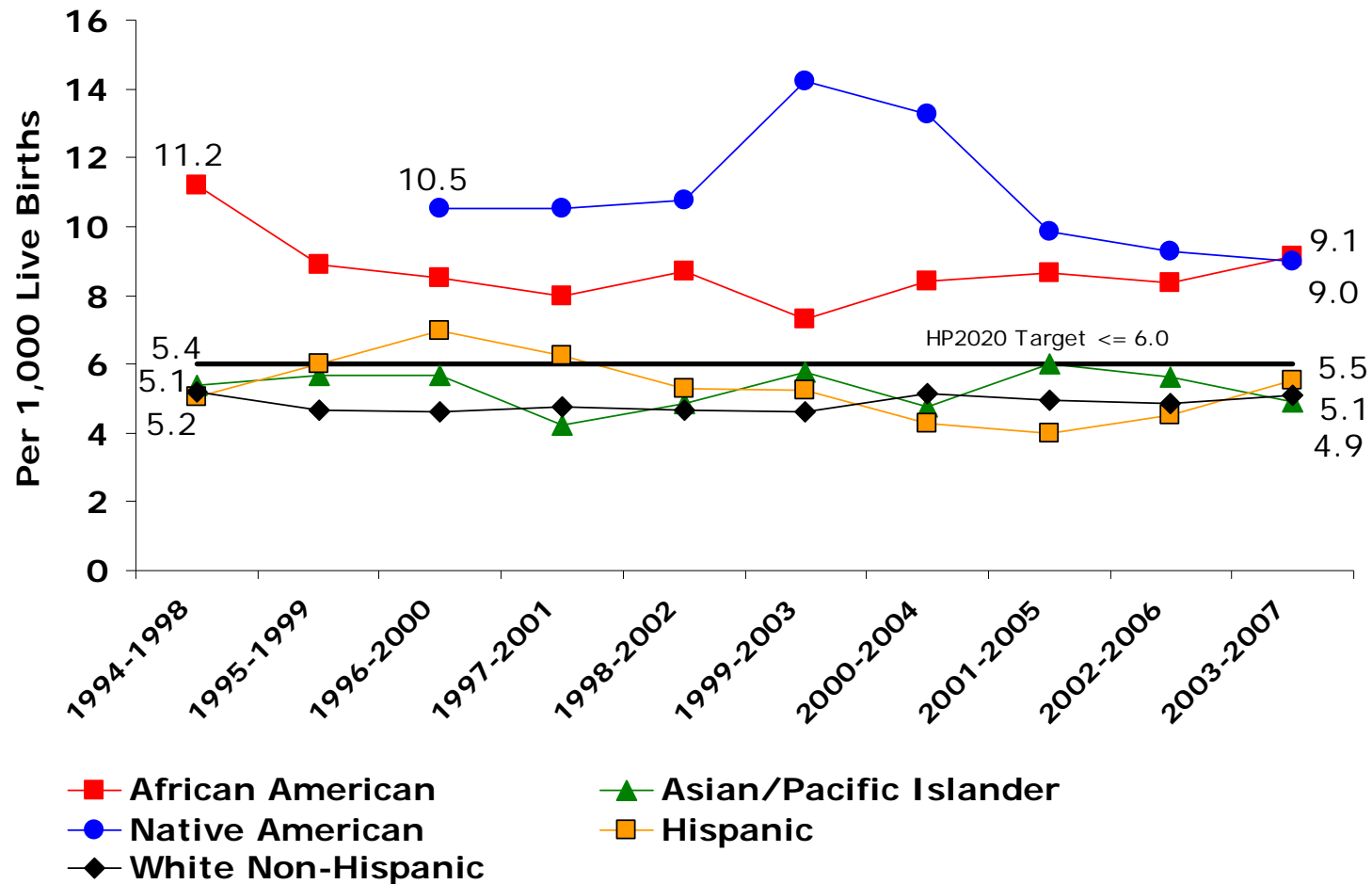
Indicator	African American		Hispanic		Asian		Native American	
	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007	2001-2005	2003-2007
HIV disease mortality			✓	* *			✓	✓
Gonorrhea	✓	✓	✓	✓				
Chlamydia	✓	✓	✓	✓				✓

(✓) = health disparity when compared to White non-Hispanics.

(**) = health disparity for 2001-2005 eliminated by 2003-2007

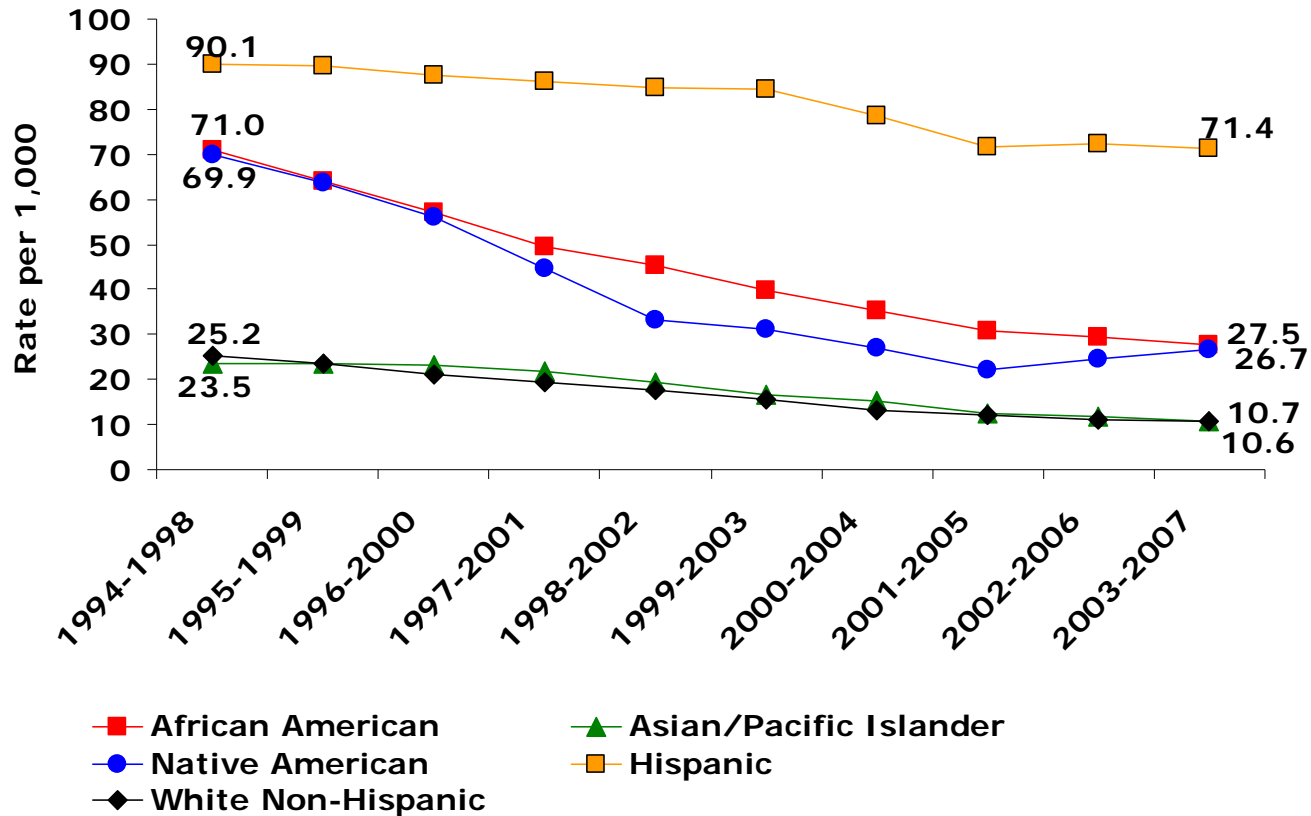
Mother and Child Health

Infant Mortality Rates



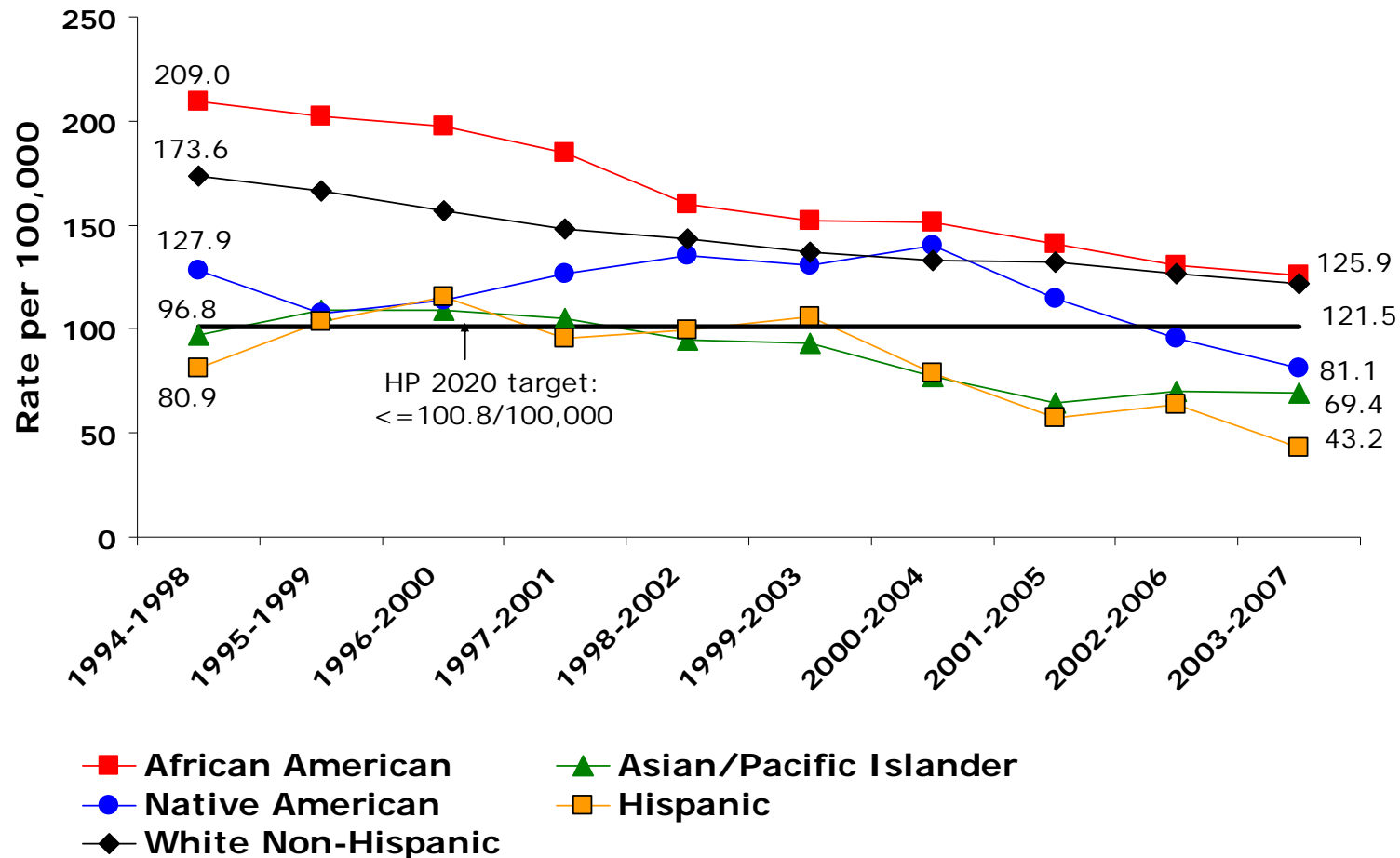
Mother and Child Health

Teen Birth Rates, 15-17 Year Olds



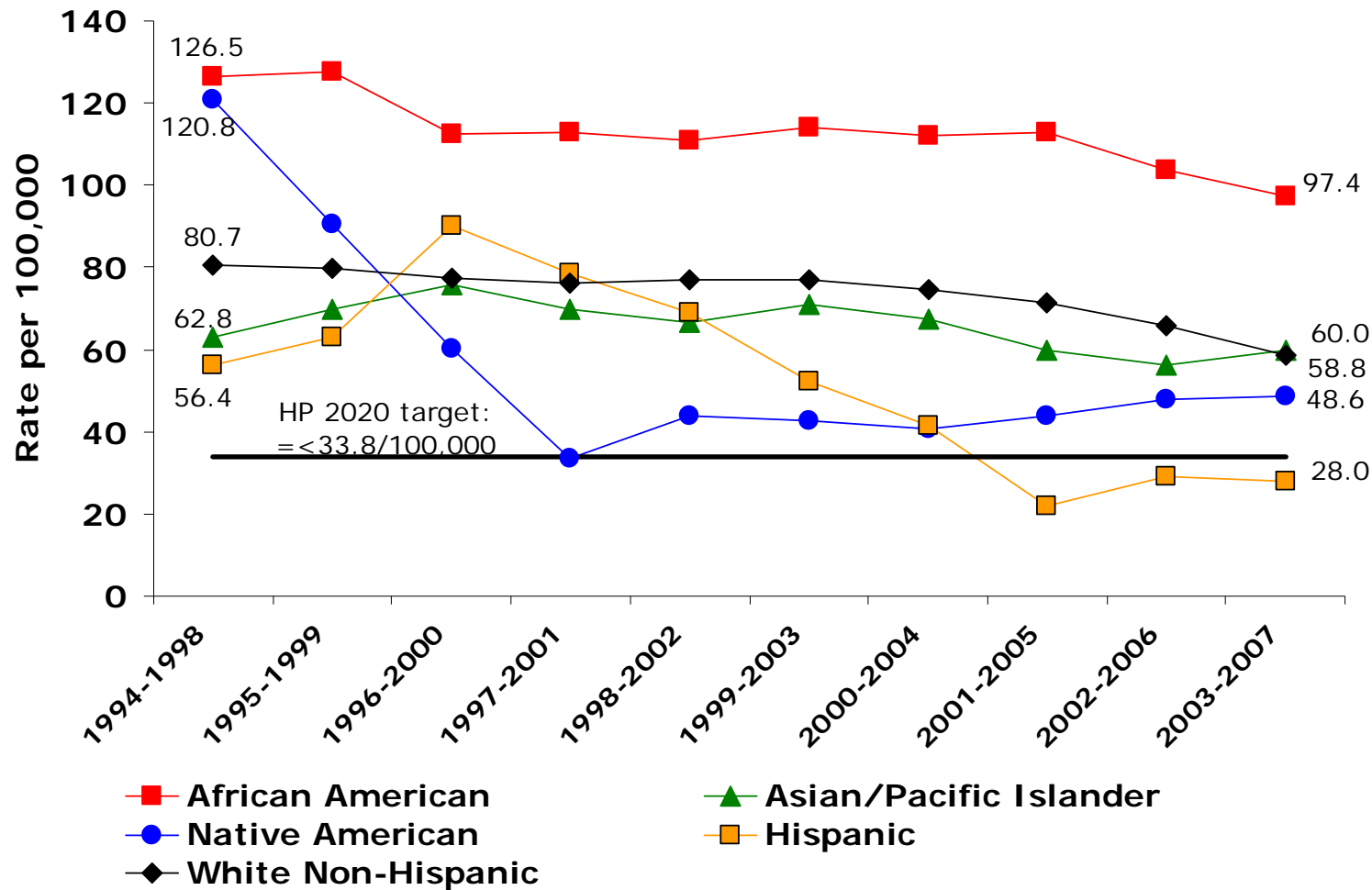
Chronic Disease Mortality

Coronary Heart Disease Deaths



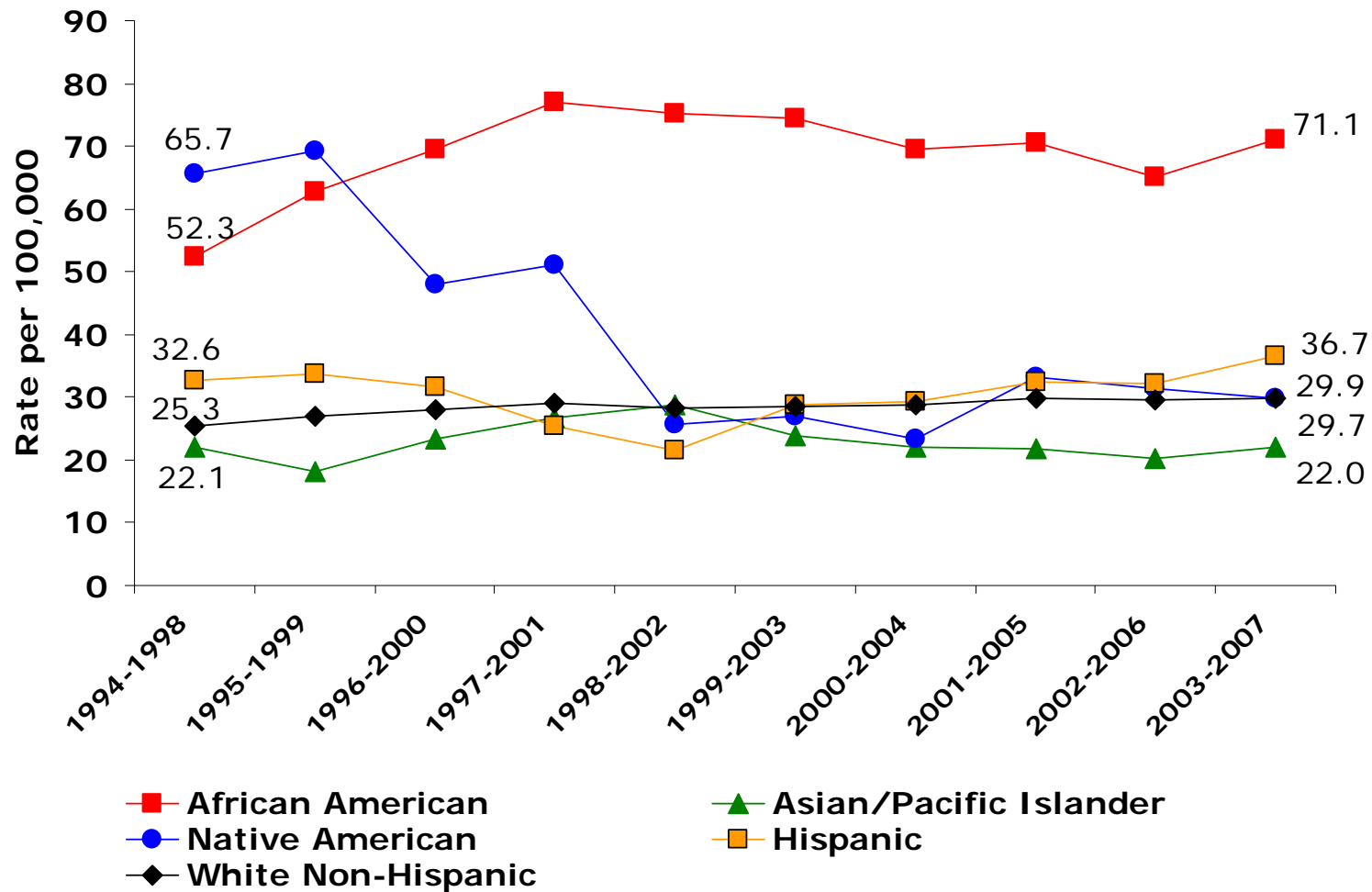
Chronic Disease Mortality

Stroke Deaths



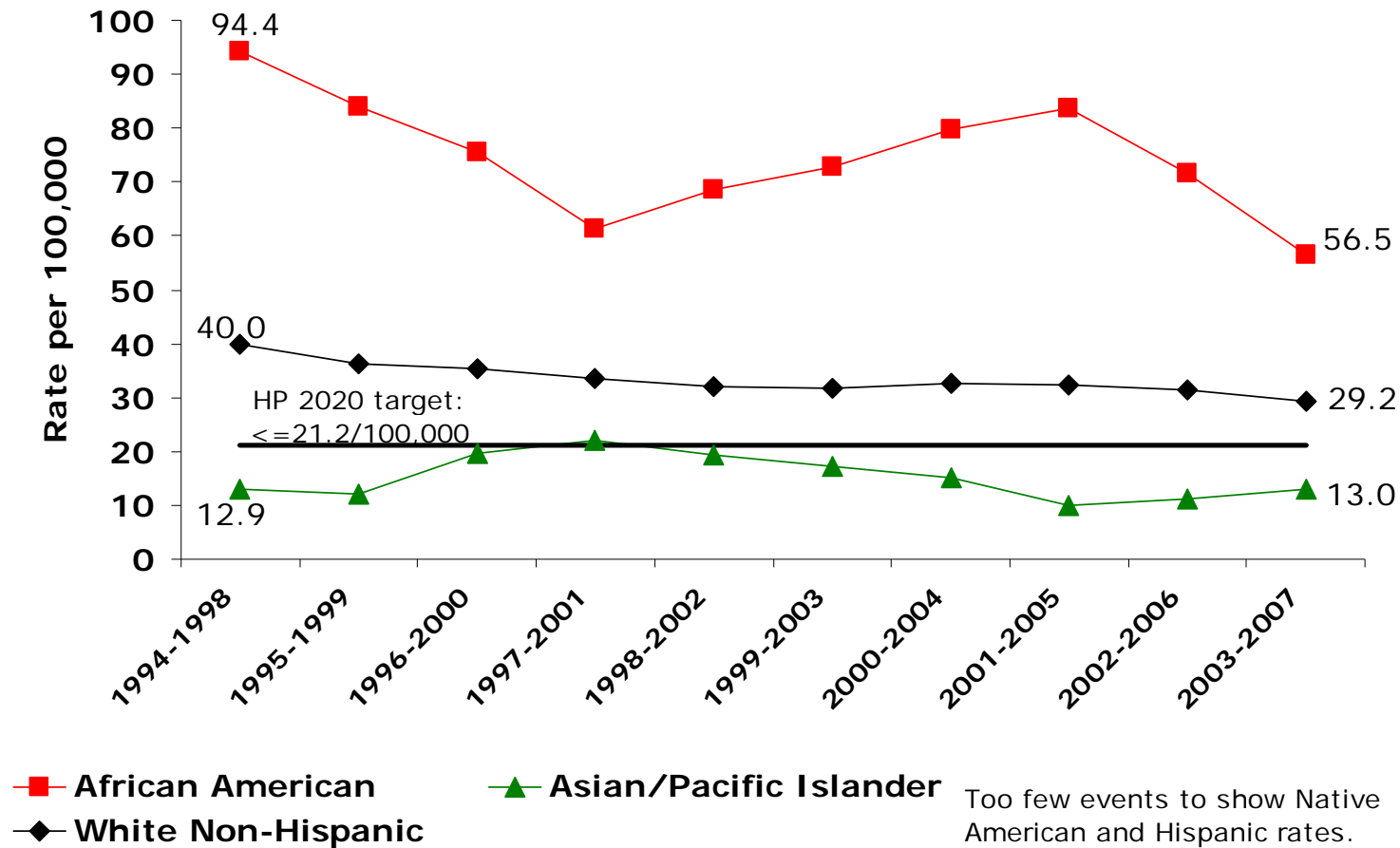
Chronic Disease Mortality

Diabetes Deaths



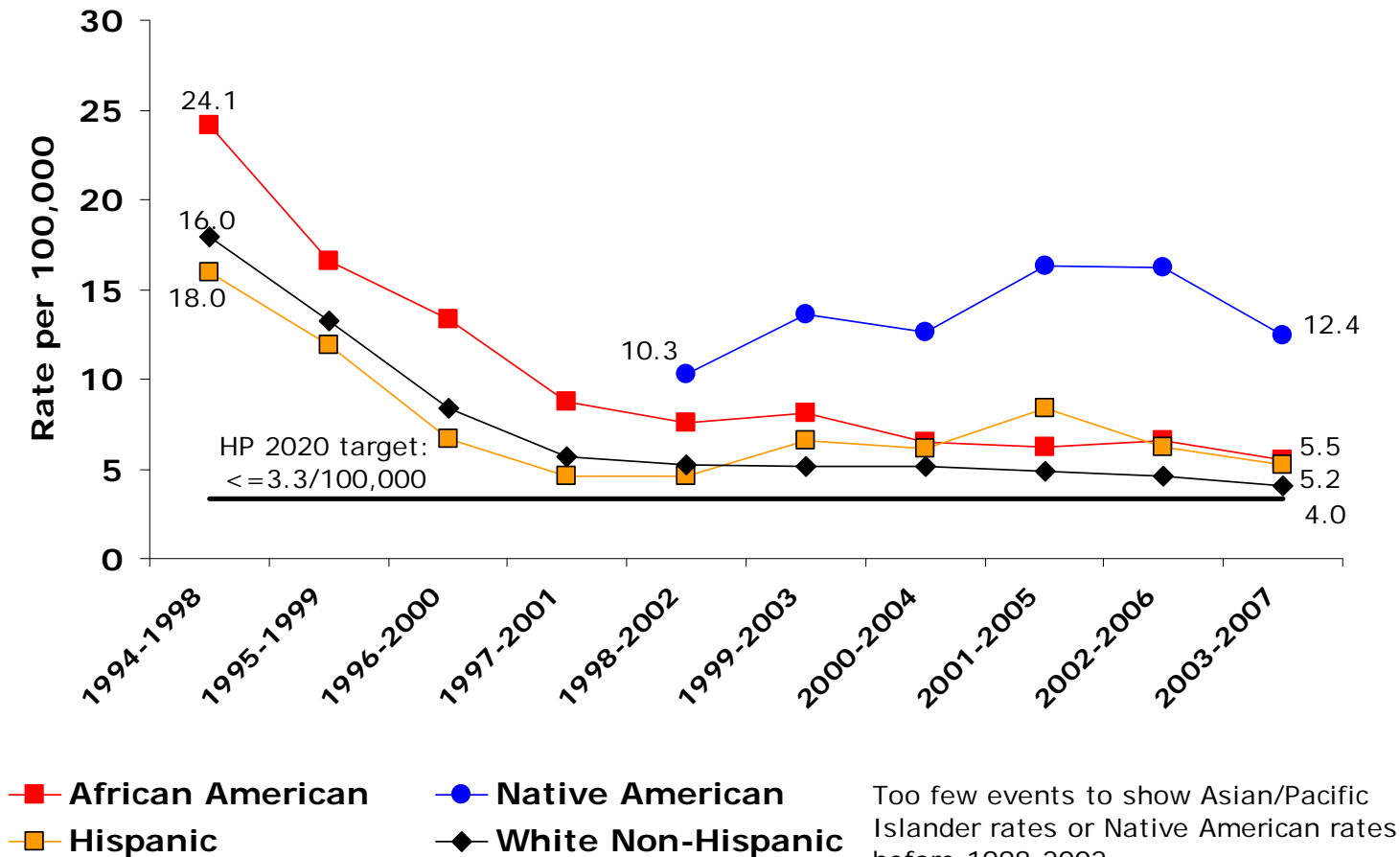
Cancer Mortality

Prostate Cancer Deaths



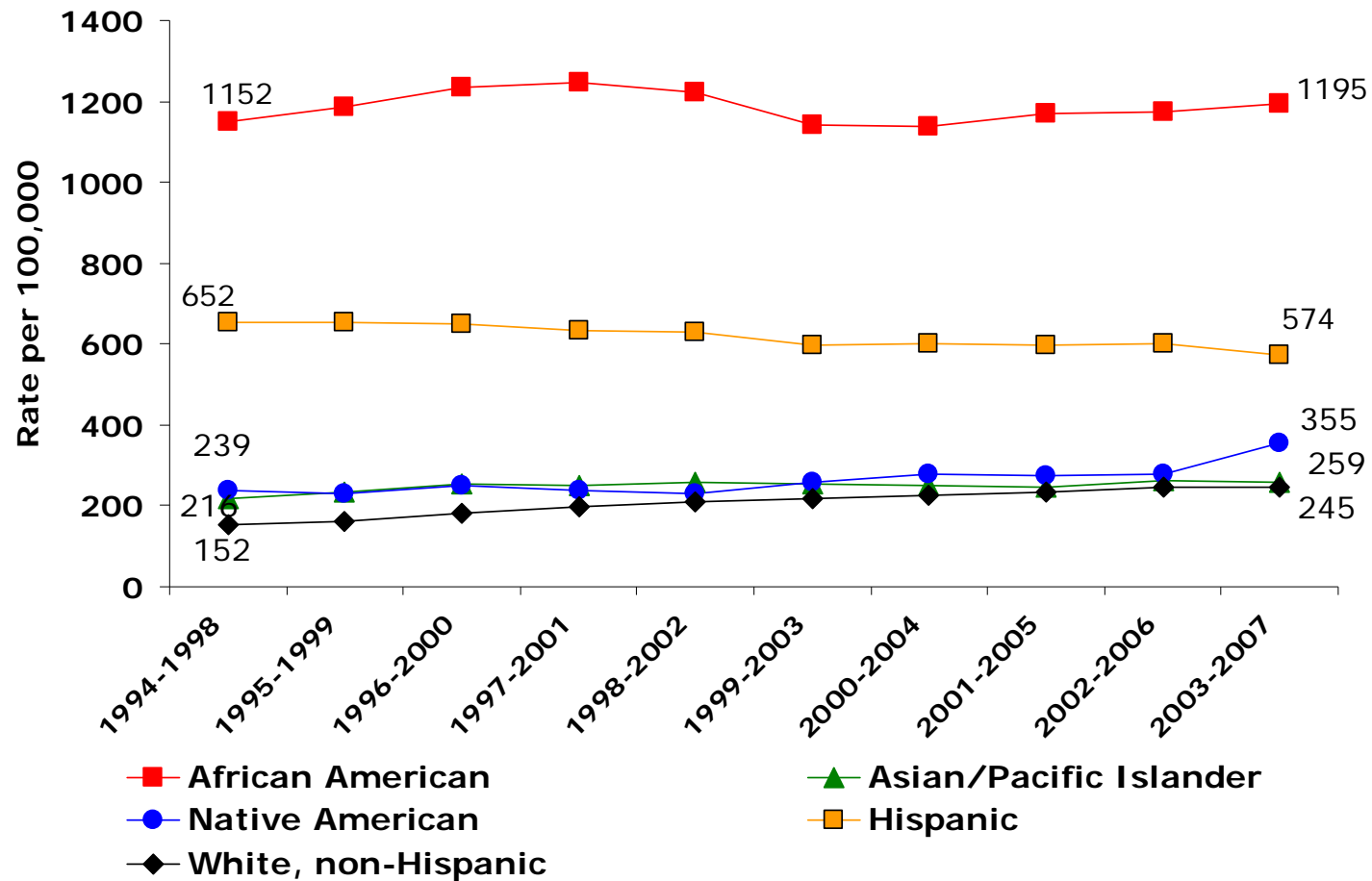
Infectious Disease

HIV Deaths



Infectious Disease

Chlamydia Incidence



Summary of Findings

- ❑ The gap between the health of populations of color and white non-Hispanics is narrowing, but many disparities persist.
- ❑ 22 health disparities remain
 - 10 for African Americans
 - 5 for Native Americans
 - 4 for Hispanics
 - 3 for Asian/Pacific Islanders

Conclusion

- ❑ Differences in health status based on race and ethnicity have been persistent over time.
- ❑ Health Department must continue to take a leadership role in working to reduce racial and ethnic health disparities.
- ❑ Intervention strategies related to health and access to economic, educational, employment, and housing opportunities will be necessary to reduce disparities (CDC Health Disparities and Inequalities Report, 2011)

View or download the report

Multnomah County Health Department

Report Card on Racial and Ethnic Health Disparities at:

<http://web.multco.us/health/reports>

Or contact Sandy Johnson at:
(503) 988-3663 x28790
sandy.a.johnson@multco.us

Healthy Birth Initiative

Goal: To improve birth outcomes in the African American community



Healthy Birth Initiative

Six key components:

- Community outreach
- Case management
- Health education
- Interconceptual care
- Depression screening and referral
- Community consortium

Healthy Birth Initiative

- Clients we serve
- Challenges clients face
- How HBI addresses those challenges
- How we make a difference



The Complexities of Sexual and Reproductive Health Equity

- Disparities in numerous health issues persist across complex social, economic, and environmental factors.
- African American and Latino sexual health disparities do not equate to high risk individual behaviors or moral failure. For example, nationally, HIV testing and condom use are as frequent or more frequent for African Americans compared to non-Hispanic Whites.
- African American and Latino youth struggle daily against the macro forces of poverty and racism – which play out in their lives in the forms of homelessness, unemployment, violence, media marketing, and their individual behaviors.

The African American Sexual Health Equity Program...



educates, empowers and engages Multnomah County's African American community in reducing sexual health disparities among youth and young adults between the ages of 14-24 years old.



Adolescent Health Promotion...

- In past: Healthy relationship, decision making skills and sexual health promotion in middle and high schools
- With funding reduction: Re-prioritizing work to African American and Latino youth
- Goals: Increase capacity of school teachers to address relationship and decision making skills, support parent communication with youth, and integrate with the African American Sexual Health Equity Program and Latino-focused work of the STD/HIV/HCV Program

Latino Sexual Health Coalition: ¡O.Y.E.! Opciones Y Educación...

Statement of Purpose

Our aim is to increase awareness of sexual health and promote open discussion of sexuality, homophobia, and gender roles in Latino communities.

Declaración de Propósito

Nuestro propósito es concientizar acerca de la salud sexual y abordar el tema de la sexualidad abiertamente, incluyendo la homofobia y la concepción tradicional del rol del hombre y la mujer en la comunidad latina.



Cascade AIDS Project



Latina Teen Pregnancy Committee

- Goal: Address Latina teen pregnancy disparity through capacity building and partnerships with community, faith-based community, school districts, community based organizations, and national partners
- Actions: Forums in Spring 2009 and 2010 led to a new committee of community partners who will identify next steps. Led by Consuelo Saragoza.

Increasing Community Awareness and Decreasing Stigma

**You are invited to come & enjoy
The Annual Balm in Gilead
HIV/AIDS Prayer & Healing**
part of the NATIONAL WEEK OF PRAYER FOR THE HEALING OF AIDS

**Saturday
March 12**
8:30 - 10:00 am

**Free Breakfast,
Music,
& Local Resources.**

Location:
Providence Portland Medical Center,
Health Conference Center, Room 123
4805 NE Glisan St. | Portland, OR 97213

Please RSVP by calling 503.988.3030 ext. 25691 by Friday, March 4th at 5:00 pm

Sponsored by the Alliance Ministerial Alliance.



Unpacking
FOR COLORED GIRLS
Women & Girls Health Fair



For Women and Girls From 14 Years and Up

*National Women's Girls HIV Awareness Day will have screenings for
Visual Acuity, Glaucoma, Hearing and HIV*

Educational workshops, food, & entertainment provided

March 12, 2011 • 11am – 3pm
PCC Cascade 705 N Killingsworth St.

To support, educate, and empower African American Women's Health

Presented by MCHD, CAP, A6, and Portland Alumnae Chapter Delta Sigma Theta
For more information contact Maurice Evans at (503) 278-3869

Descubriendo tradiciones

**Ven y disfruta de una charla
muy dinámica y entretenida.**

Platicaremos como hablar sobre nuestras costumbres y mitos
que muchas veces nos causan vergüenza, inseguridad y miedo.

Día: Martes 1 de Septiembre

Hora: 6:00 P.M a 8:00 P.M

**Lugar: Community Education Center
4625 N. Trenton**

¡Ofreceremos comida para las personas que participen!
Evento realizado por el Teatro Milagro y el Departamento de Salud.



**MULTNOMAH COUNTY
HEALTH DEPARTMENT**

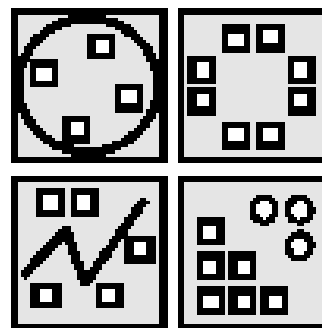
Health Promotion and Education for African American and Latino Youth and Young Adults

For Black Women
A Sister-2-Sister
House Party



M.A.R.S.

Male Advocates for Responsible Sexuality



SiHLE:
Health Workshops
for Young Black
Women

¡O.Y.E.!
Opciones Y Educación
Bilingual Workshop/Taller Bilingüe

Social Marketing Campaign: Web-Based information for local youth



Clinical Services: access and cultural competency

- MCHD primary care is implementing a pilot to expand screening for sexually transmitted infections among sexually active African American women
- Providers receiving support from the African American Sexual Health Equity Program and others in STD/HIV/HCV program to address STD disparities with their patients

Conclusion

- Public health skills and activities beyond clinical services are essential to addressing racial health disparities
- Health promotion and capacity building approach includes work with individuals, families, communities, and media
- Coordination with community partners is essential to success
- Policy makers can continue to support comprehensive sexual health education, and use of an equity lens in public health and other upstream policy decisions