
# *DISCUSSION PAPER: HEALTH OF AFRICAN AMERICANS IN THE CHICAGO METROPOLITAN AREA*

***STATEMENT OF PROBLEM:*** The health status of African Americans in Chicago and the nation is worse than that of white Americans. The action we take as individuals to make ourselves healthy (nutrition, rest, exercise, spiritual and mental health) is critical to being healthy; however these individual actions are constrained and determined by structural factors. Race/ethnicity, gender and class determines in the United States how power, resources, and good health are distributed. These structural determinants of health produce the health status of a population. The structural components of racism, gender and class discrimination produce the ill health and premature death experienced by African Americans.

## *SOLUTIONS:*

***Short Term Reforms:***

Universal Medical Insurance ( a single payer plan) that covers EVERYONE regardless of immigration status and gives behavioral health , mental health, and oral health parity with physical health and places emphasis and increased resources on personal and population prevention programs.

Training of health professionals that reflect the communities they serve; this means significant increases in Black health professionals. Special emergency programs to address the disappearing Black man from health professions; especially the decrease in Black male medical students.

Strengthen the Chicago region health safety net by considering the regional needs of the Black population. Invest in governmental public health; including the regionalization of governmental public health authorities. Restructure and reinvest in the Cook County Health and Hospitals Systems so that it provides high quality , culturally respectful and linguistically specific comprehensive health services in partnership with other members of the safety net.

Call for the creation of a Regional Health Authority to coordinate care in the region and eliminate the region's health inequities.

***Long term changes:***

Address the root causes of disease and premature death by eradicating racism, and redistributing power and wealth in order to create an America (and world) and peace where social justice is a reality.


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DISCUSSION:

Since Africans were brought as slaves to the United States our health has been precarious at best. After Emancipation and during the reconstruction period Blacks faced many health issues and had demonstrably poorer health than white Americans. W.E.B. Dubois documented these many health problems in his seminal work published in 1906, The Health and Physique of the Negro American.

A debate raged as to why the difference in health status between Black and white Americans existed. The dominate theory of the medical establishment was that the ex-slaves were biologically, physiologically and morally inferior. Many such as Hoffman argued that while Blacks had been healthy as slaves, freedom was unhealthy and the race would deteriorate to extinction. [1]

The Black community of health professionals and scholars like DuBois vigorously argued against the racially inferior theories. [2] DuBois state that "improved sanitary conditions, improved education, and better economic opportunities" the health conditions of the Negro would improve.[3] Black health professionals in alliance with others in the Black community were convinced that the differences in the health status between Blacks and whites could be eliminated. As the first migration from the south took place Blacks opened hospitals and other health facilities around the nation. In 1891, Provident Hospital in Chicago opened as the first hospital controlled by Blacks. [4] In addition of health education campaigns, efforts to bring medical resources to their communities, African Americans health activists also fought to enforce sanitation laws, tried to clean up slum tenements and felt that fighting against housing segregation was part of the struggle against the high death rates from tuberculosis.

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[1] Hoffman, FI, Race traits and tendencies of the American Negro. New York. American Economic Association. 1896

[2]McBride, David ; From TB to AIDS Epidemics among Urban Blacks since 1900. SUNY Press 1991

[3] Du Bois WEB. The health and physique of the Negro American. Atlanta. Atlanta University Press; 1906.

[4]Gamble, VN. Making a place for ourselves: the Black hospital movement 1920-1945. New York: Oxford University Press; 1995.

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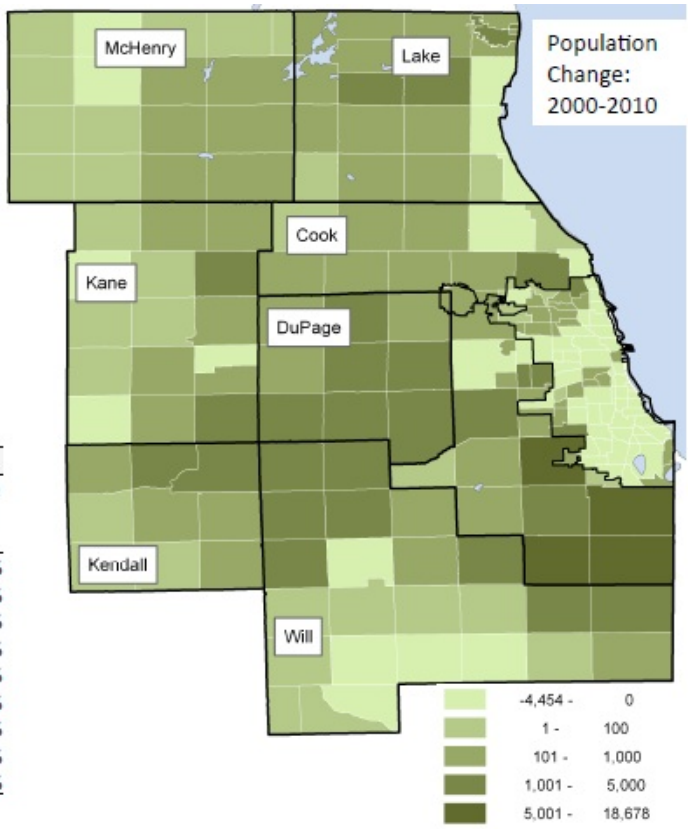
Today public health experts around the world are clear that health is determined by how power and resources are distributed across a population. (WHO report)

The Chicago area, like most urban regions in the nation, is experiencing major demographic shifts with African American populations leaving the inner city and moving the surrounding areas. In addition, there has been a significant increase in immigration to the U.S. and Chicago from other areas of the African diaspora.

The Chicago region including seven counties of Cook DuPage, Kane, Kendall, McHenry, Lake and Will has 8.3 million people. One third of that population lives in the City of Chicago and 61% reside in Cook County. This region grew slightly in the 2010 census with population increasing in the southwest portions of the region and the Chicago loop neighborhoods. Chicago (-6.9%) and Cook County (-3.4%) lost population.

## African Americans

Black population fell in the region by nearly 5 percent over the last decade. As seen in the map, the great majority of Chicago community areas had declines in Black population, while the areas of strongest growth were townships in the south of Cook County.




Blacks in Metro Chicago

| | 1990 | 2000 | 2010 | % Change 2000-2010 |
|---|---|---|---|---|
| 7 County | 1,406,648 | 1,537,534 | 1,465,417 | -4.7% |
| Cook | 1,301,196 | 1,390,448 | 1,265,778 | -9.0% |
| Chicago | 1,074,471 | 1,053,739 | 872,286 | -17.2% |
| DuPage | 15,119 | 26,977 | 41,024 | 52.1% |
| Kane | 18,353 | 22,477 | 27,819 | 23.8% |
| Kendall | 205 | 693 | 6,343 | 815.3% |
| Lake | 33,736 | 43,580 | 46,989 | 7.8% |
| McHenry | 287 | 1,379 | 3,045 | 120.8% |
| Will | 37,752 | 51,980 | 74,419 | 43.2% |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> **Health Inequities: differences in health which are not only unnecessary and avoidable but , in addition , are considered unfair and unjust.**
> ***..... Margret Whitehead***

Most people living in the Chicago area believe they are living in a "world class" city. However, in addition to the obvious "third world" nature of our education system, the local health system performance is certainly not "world class". The Commonwealth fund release early in 2012 a scorecard of local health system performance. This study compares the performance of local medical care systems in the areas of access to medical care, prevention and treatment, costs and potentially avoidable hospital use, and health outcomes. The study looked at forty three indicators in the 306 local health areas (i.e. hospital referral regions) and found a two to three fold variation among the communities. The city of Chicago ranked a low 215th out of 306 behind Boston, Atlanta, Detroit, Pittsburgh, St. Louis, Cincinnati, St. Paul, Minneapolis, Evanston, Blue Island, Melrose Park, Philadelphia, Manhattan and the Bronx. In a region with more medical schools per capita than almost any other place in the United States, Chicago had the worst performance among large metropolitan areas for potentially avoidable hospital use and cost. While in general areas with concentrated poverty had worst performing health care systems, Chicago and Blue Island stood out as relatively high income areas with well below average health system performance. [5]

The health of Black Chicagoans is determined by the structural inequities in power, resources and historic discrimination and racism. The role of individual's and their health behaviors are important and can be a critical tool to improving health, however the underlying structural determinants of health inequities must be addressed in order for the health of African Americans to improve.

In 2010 some 12% of the region lived below poverty levels with almost 6% living below the extreme poverty levels in the region (extreme poverty is below 50% of the FPL)

In the industrial heartland, the health impact of environmental toxins and exposure to occupational hazards fall disproportionately on the poor and people of color. The location of toxic dumps in the southeastern corner of the region, heavy industrial plants, and light industrial

[5] Radley, DC, How, S; McCarthy, D. ; Schoen, C. 2012. Rising to the Challenge: Results from a Scorecard on Local Health System Performance, 2012. Commonwealth Fund.

corridors create environmental and occupational challenges.

HEALTH STATUS:

African Americans have the highest rate of new HIV infections in the state and Chicago and its southern suburbs remain the epicenter for this epidemic. Programs to prevent HIV/AIDS are facing funding cuts at a time when early identification and treatment can actually prevent further spread.

Old killers like "sugah" continue to take its toll on African Americans. Almost 19% of all Blacks over the age of twenty has diabetes. Blacks fail to receive adequate medical care and so suffer excess complications from diabetes and are 50% more likely to develop diabetic retinopathy (eye disease that can lead to blindness) , 2.6 to 5.6 times more likely to develop kidney disease (often resulting in dialysis) , and 2.7 times more likely to have lower limb amputations as a complication of diabetes. [6] Our teenagers are experiencing an epidemic explosion of type 2 diabetes. Other chronic diseases like hypertension, stroke, sarcoidosis have a higher toll among African Americans. In 2010 new HIV infections among young Blacks age 13-24 represented more than half (57%) of new infections nationally in young people. Only 34% of HIV positive African Americans remain in clinical care and only 29% receive appropriate anti-viral medications. Today appropriate care and suppress the virus and prevent further spread of the infection. [7] There are many, many other diseases where racial inequities exist, far to many to detail in this short discussion.

MENTAL & BEHAVIORAL HEALTH

Health services in the areas of mental and behavioral health are underfunded and the new Affordable Care Act does not guarantee parity with physical medicine. In a series of recent studies funded by the National Institute of Mental Health prevalence of mental disorders were surveyed in different racial and ethnic populations. While one might expect higher rates of mental disorder among populations with disproportionate levels of poverty and physical ill health, all people of color (except for Puerto Ricans) reported lower lifetime rates of mental

[6] American Diabetic Association

[7] CDC. Fact Sheet: HIV in the United States: The Stages of Care; July 2012.

disorders. [8] This is an area with many cultural bias and stereotypes and where access to mental health services remains a problem for the African American Community. The lack of mental health services in the Chicago Area safety net and the closing of Chicago Department of Health Mental Health clinics is an area that must be addressed.

The epidemic of intentional violence seen most prominently in gun deaths make homicide the leading cause of death for black boys and young men between the ages of 15 - 35 years of age. Our veterans return from service and suffer high rates of post traumatic disorders and increasing rates of suicide. Historically Blacks have had lower rates of suicide than other Americans; however the rate of suicide among Black youth (10-19) began increasing in the 1980's (the suicide rate is still higher among white youth). Not surprisingly Native Americans have the highest rates of suicide. According to the CDC the rate for suicide among young Black men aged 15-19 increased by 105% between the years 1980 - 1995 while the rate of increase for other young men the same age was only 11%. As is the case in all groups girls (Black girls have the lowest youth suicide rates and Latino girls the highest) and women have more suicide attempts ; but boys and men are more successful at killing themselves.

Access to culturally respectful mental and behavioral health services is critical to healthy communities and people. This is an area where the Black community has not always fought for these services; and the Affordable Care Act does not make mental and behavior health as equally important as physical health.

ORAL HEALTH

Oral health receives even less respect that behavioral health. In the state of Illinois for example, dental coverage under Medicaid is only offered to children. While around 45 million Americans lack medical insurance several times more than that number do not have dental insurance. Medicare, the health plan for the elderly, provides almost no dental coverage. Those Americans with dental insurance get less and less for their premiums as the cost for dental care increases. Good oral health remains in the category of a luxury.

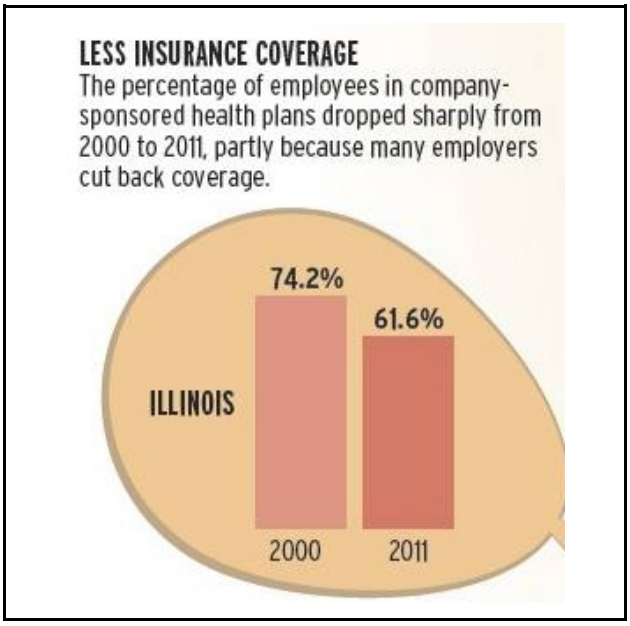
HEALTH FOR THE WHOLE FAMILY:

[8] McGuire, TG & Miranda, J; 2008. New Evidence Regarding Racial and Ethnic Disparities in Mental Health: Policy Implications. Health Affairs, 27, no 2. 393-403

The Black community has not consistently demanded services for all parts of our family. We need to embrace and demand specific services of everyone, our babies, elderly, young folk ; our men and women; our LGBT family. We must understand that the African diaspora includes recent immigrants from our mother continent, the Carribean and Latin American; we speak many languages (English, Spanish, Portuguese, Fulani, Yoruba, Swahili, Xhosa to name a few) and worship in many traditions. We need to embrace and value our entire family however they are abled or impaired.

- ROLE OF THE ACA

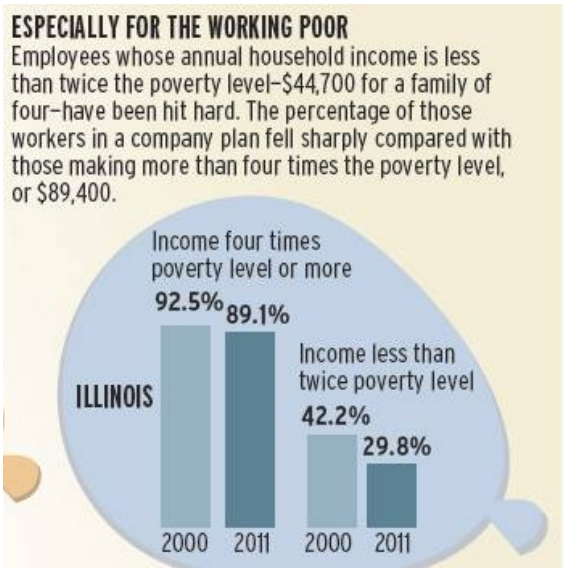
Over the past several decades the numbers of people receiving medical insurance through employment has dropped. In the state of Illinois slightly over 74.2% of workers received medical insurance through their jobs in 2000; by 2011 that figure had dropped to 61.6%. For people working at lower wages and earning less than 200% of the federal poverty level the situation is dire with only 29% receiving medical insurance through their jobs. By comparison almost 90% of workers earning more than four times the poverty level had medical insurance through their jobs




**2**Source: Crain's

This important "fringe" benefit is not a gift from the employer, it is a part of the worker's wages. Many workers who have insurance are "under-insured". The Commonwealth Fund defines under-insured as people with health insurance but who spend more than 10% on out of income expenses (5% if below 200% of FPL). By this definition almost half (46%) of adults between the ages of 19 - 64 years are either uninsured or under-insured. [9]

How the Affordable Care Act treats immigrants (both with and without legal documents) violates the concept of health being a fundamental human right. Immigrants from the African Diaspora comprise 9% of all U.S. immigrants with the majority of Black immigrants coming from the Caribbean and Africa. The state of Illinois is estimated to have slight over a half million immigrants here without documents. It is estimated that among Blacks in the United States almost 8% (7.7%) are foreign born. The Affordable Care Act places some restrictions on legal immigrants they cannot apply for Medicaid until they have been in the country for at least five years. Black immigrants here without legal documents are prohibited from any coverage. In other words people will have to prove they are in the country legally to get health insurance. While Latinos dominate the numbers of immigrants here without documents it would be a mistake to forget that many Blacks from the Caribbean and Africa will also be affected by these inhuman policies.




**3**Source: Crain's

The African American community rejoices in the fact that the ACA is the largest reform to pass Congress since the establishment of Medicare and Medicaid. It would be a mistake to forget that the Affordable Care Act is at is soul a Republican Party proposal and cannot meet the needs of our community. We must be vigilant for

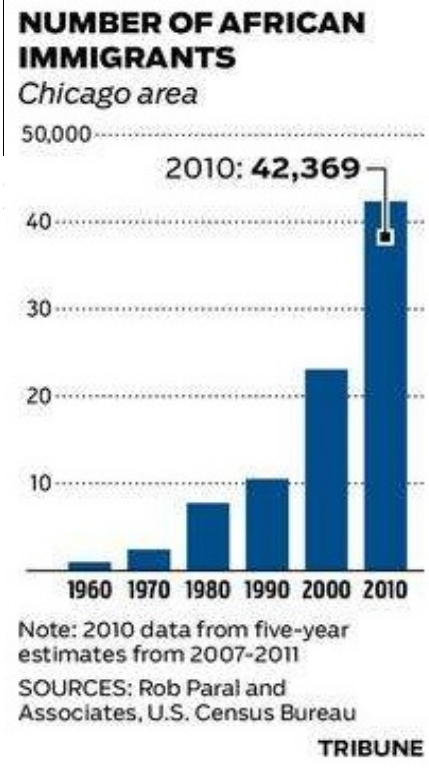
[9] Collins, S. et al; Insuring the Future: Current Trends in Health Coverage and the Effects of Implementing the Affordable Care Act. Commonwealth Fund April 2013

"unintentional outcomes". For example, most health experts believe that there is not enough primary care physicians, mid-level providers, nurses and other health professionals to meet the needs millions who will be covered beginning in 2014. Who do we think will get the short end of that stick? We must build a movement to improve the Affordable Care Act so that is provides universal coverage; this is most easily accomplished by calling for a national Single Payer Medical Insurance plan. We must continue to insist that we put people before profits and recognize that health care is a basic human right.

**Table 1. Black Immigrants in the United States by Region of Origin, 2008-09**

| | Total Immigrant Population (thousands) | Black Immigrant Population (thousands) | Share of Blacks among All Immigrants (%) |
|---|---|---|---|
| *All US Immigrants* | *38,234* | *3,267* | *9* |
| Born in Africa | 1,457 | 1,081 | 74 |
| Born in the Caribbean | 3,437 | 1,701 | 49 |
| Born in South America | 2,578 | 174 | 7 |
| Born in Mexico or Central America | 14,285 | 191 | 1 |
| Born in Europe | 5,113 | 58 | 1 |

onded "Black" either alone or in combination with any other race in response to
2008-09.
alysis of 2008 and 2009 ACS, pooled.




A Demographic Profile of Black Carribean Immigrants in the
igration Policy Institute.

WE NEED HEALTH PROFESSIONALS THAT LOOK LIKE US !

Because of historic racism the numbers of health professionals who are African-American is much to low. We know that African American health professionals are more

likely to work in under served areas. More importantly there is evidence that patients working with health professionals of the same language, culture, and racial/ethnic identity have greater patient satisfaction and higher compliance rates. This is a crisis in the training of Black men. In 2011 while 13% of the U.S. population are African American, only 6% of students entering medial schools are Black. In 2011 only 2.4% of new physician graduates are Black men. We have similar shortages in all health professions. A quick consideration of the problems we face in educating our children will demonstrate that the educational pipeline we have fought so hard for is leaking like a sieve.

POLICIES & RESOURCES NECESSARY TO PRODUCE HEALTHY PEOPLE:

The World Health Organization outlines an approach to end health inequities. The report points our the critical role of public health , because while these efforts will take all sectors of society, the leadership and coordination of efforts must fall to governmental public health. There are three overarching principles :

**1.IMPROVE DAILY LIVING CONDITIONS:**

**The circumstances in which people are born, grow, live, work, and age**

**2.Tackle Inequitable Distribution of Power, Money, and Resources**

**The structural drivers of those conditions of daily life – globally, nationally, and locally**

**3.Measure and understand the problem and assess the impact of action**

**Expand knowledge base, develop a workforce trained in social determinants of health, raise public awareness about the social determinants of health**

***This means adapting national, state and local policies in the following areas.***

**EARLY LIFE – income supports, progressive family policy, availability of childcare, support services, invest in quality education**
**EDUCATION – support for literacy, public spending, tuition policy, provide basic skills for unskilled**
**EMPLOYMENT & WORKING CONDITIONS – active labor policy, support**

**for collective bargaining, increasing worker control, improve working conditions to reduce injuries and job stress**
**UNEMPLOYMENT – active labor policy, replacement benefits, labor legislation, increase employment opportunities**

**HOUSING – income and housing policy, rent controls and supplements, provision of social housing**
**Improve housing quality and the safety of neighborhood environments**
**INCOME & INCOME DISTRIBUTION – taxation policy, minimum wages, social assistance, social assistance levels, family supports**
**RACISM & DISCRIMINATION –**
**anti-discrimination laws and enforcement, ESL and job training, approving foreign credentials, support of a variety of other health determinants**
**SOCIAL SAFETY NET – spending on a wide range of welfare state areas**

**FOOD SECURITY – income and poverty policy, food policy, housing policy**

**HEALTH SERVICES – public spending, access issues, integration of services**
**Improve access to care**
**Improve quality of care**
**Emphasize prevention of illness**
**Develop incentives to reduce inequalities in the quality of care.**
**Train health professionals that reflect the gender, class and race/ethnicity of the people served.**

**COMMUNITIES – enrich the quality of neighborhood environments and increase economic development in poor areas.**

***Social injustice is killing people on a grand scale.***
*.... World Health Organization 2008. Closing the Gap Report*