

2008 Annual African-American Health Survey Report



**The Center for
African American Health**

Empowering the Community to

Live Well!

In 2008 the Center for African American Health (the Center) continued its query of Faith & Health Ministries (FHM) community partners in metropolitan Denver. The Faith & Health Ministries program is a collaboration of over 75 black churches committed to improving the health and wellbeing of the African-American community. This collaborative has successfully implemented a small (compared to overall need) but growing matrix of health initiatives in metropolitan Denver that have been instrumental in

addressing health disparities through community partnerships.

The term “health disparity” is something that is “almost exclusively used in the United States” according to Carter-Pokras (2002). As the numbers of definitions continue to grow, the fact remains that health disparities can be described as a “chain of events” resulting in poorer quality of health

and is pervasive and persists among some groups more than others. When poorer quality of health is compared among groups, it is typically done so between the majority and the minority (white to black,

white to Hispanic and so on). Of course health disparities are also compared between minority groups and even within these groups.

While the disagreement continues over which term or definition should be used to describe health disparities (health inequity versus health inequality including what is unfair and who is to blame) the resulting stampede of premature illness and death for minorities, elderly, the poor, disabled, children and others carry on. Results of the 2008 Annual Health Survey’s African American sample show clear examples of gender and age disparities. For example:

- Women indicate more financial issues with health care cost than men.
- Women were offered health screenings more than twice as frequently as men were.
- Only 7% of the men taking the 2008 survey did not know any of the warning signs of stroke and heart attack compared to 31% in 2007.
- Men reported far fewer health screenings than women did.
- Men taking the 2008 health survey indicate having statistically significant less knowledge about their rights as a patient when compared to women taking the survey.
- Persons over age fifty indicate higher cultural competence satisfaction with health care providers (HCP) than participants under age 50.
- Survey participants over age 50 were offered health screenings nearly twice as often as participants under age 50.

Health Disparities Burden African Americans in Colorado

- African Americans are twice as likely as whites to have diabetes.
- Blacks have the greatest chance of having cardiovascular disease of any ethnic group and have the highest death rate from the disease.
- African Americans also have the highest death rate from cancer overall.
- And all together, blacks have the highest overall death rate and shortest life expectancy.

Source: Colorado Department of Public Health, Office of Health Disparities

- Almost twice as many respondents over age 50 did not know any of the warning signs of stroke and heart attack than participants under age 50.

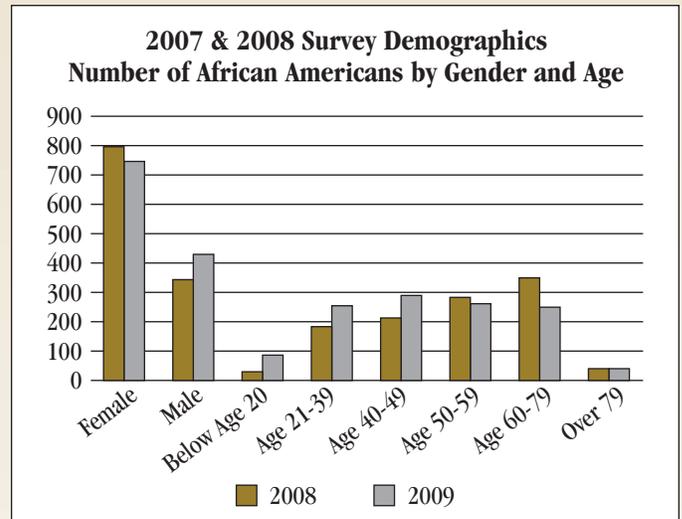
Since the launch of the Health People 2010 initiative in 2000; a government program designed to “eliminate health disparities”, the health outcomes for vulnerable populations continue to worsen. African Americans in Colorado (insured, uninsured and underinsured) are among the vulnerable. The Center for African American Health has learned through its 2008 Annual Health Survey efforts that the health knowledge and health seeking behaviors of its Faith & Health Ministries partners must be improved. The data clearly show that there is still a lot of work to be done in diabetes education. One-third of the respondents indicated that they believe there is a cure for diabetes and more than 20% stated they were unsure. *There is no cure for diabetes.*

On the bright side, more men indicated increased knowledge about the early warning signs of stroke and heart attack since the 2007 annual survey (31% in 2007 did not know any warning signs compared to 7% in 2008). The Center for African American Health will continue to use these results to inform and enhance our program priorities.

This report of the African American response to the 2008 Annual Health Survey is made to the executive director, board of directors, grantors, staff and other friends and supporters of the Center and especially to our FHM partners. To see the full report, please visit on our web site at; www.caahealth.org

Survey Methodology

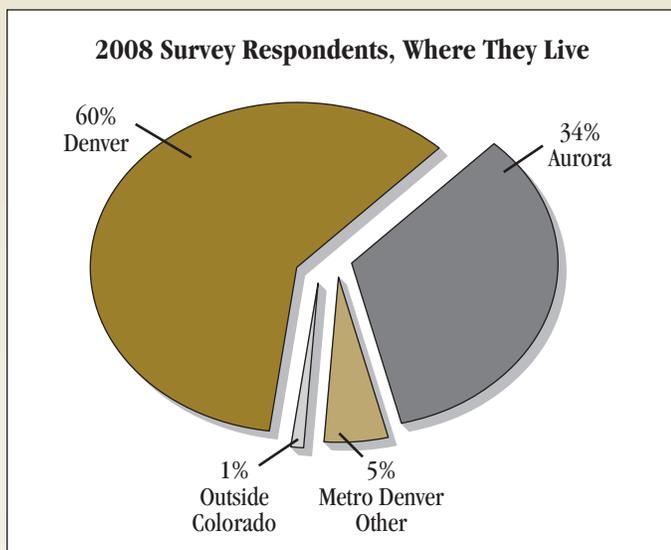
The Center’s 2008 Annual Health survey was distributed to 2,177 members of 38 black churches in metro Denver. A total of 1,302 individuals responded, a 60% response rate. Of all respondents, 1,153 were African American. Unless otherwise stated the results reported in the document are from the African American participants.



Key Findings from the 2008 Survey of African Americans

- 34% of respondents live in Aurora.
- The health care coverage for people taking the survey was 87% (better than the state average).
- Women indicate having more financial issues with health care cost than men.
- Women indicate higher satisfaction with the *cultural competence* of their health care provider than men by more than 2 to 1.
- Women were offered health screenings more than twice as frequently as men.

- Almost twice as many respondents over age 50 missed all the warning signs of stroke and heart attack than participants under age 50.
- The low level of diabetes and CVD knowledge among African Americans was virtually unchanged between 2007 and 2008 annual surveys.

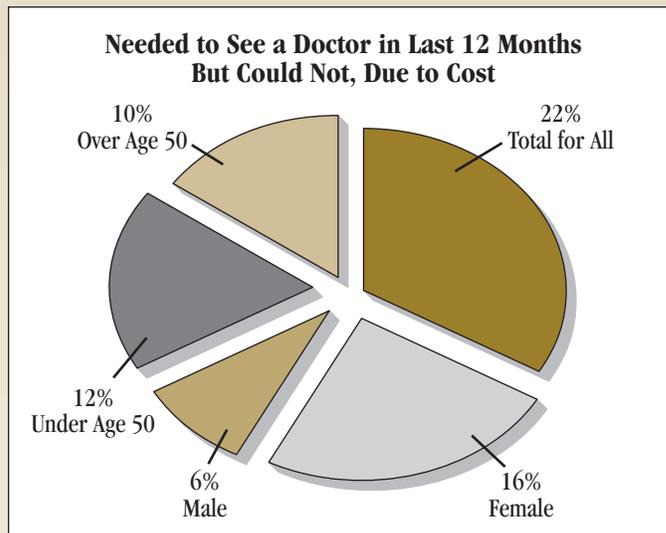


The Center for African American Health's reach into community extends across metropolitan Denver.

SURVEY RESULTS

Health Care Coverage

The vast majority of survey takers continue to report very high levels of health insurance coverage. However, this high rate of health care access is not always a reflection of overall health; a fact which is evident according to state health statistics showing that African Americans are among the worst in health outcomes when compared to the general population.



Women indicate more financial issues with health care cost than men.

Health Knowledge – Cardiovascular Disease (CVD)

Heart disease is the leading cause of death in the United States. However, the African American death rate for CVD is substantially higher than the general population. While their risk factors are not markedly different than other groups in the state; their higher rates of obesity and hypertension (high blood pressure) contribute greatly to a much higher mortality (death) rate from heart disease when compared to the general population. It should be noted that studies do show that black patients are less likely to receive care for emergent cardiac issues such as clot buster medications, angioplasty and catheterization, than whites. These three factors combine to create a deadly potion for higher CVD mortality for African Americans in Colorado.

Survey respondents were asked the same questions from the 2007 health survey about their knowledge of the warning

signs of stroke and heart attack. There was a moderate decline in the number of men who did not know any of the early warning signs of stroke and heart attack since the 2007 annual survey (31% in 2007 did not know any warning signs compared to 7% in 2008).

2008 Response to Stroke & Heart Attack Knowledge Questions				
% of All AA Respondents	Female % Correct	Male % Correct	All AA Respondents Under Age 50 % Correct	All AA Respondents Over Age 50 % Correct
20% had 0 Correct	13	7	7	13
12% had 1 Correct	8	4	6	6
17% had 2 Correct	11	6	9	9
21% had 3 Correct	14	7	10	11
30% had 4 Correct	23	7	10	19

Health Knowledge – Diabetes

Controlling diabetes, once detected, is an issue of serious concern for the Center for African American Health and its supporters. In Colorado, blacks are diagnosed with diabetes at more than two times the rate than whites and nearly double the state

2007 & 2008 Diabetes Knowledge**						
Knowledge	% Strongly/Somewhat Agree		% Unsure		% Strongly/Somewhat Disagree	
	2007	2008	2007	2008	2007	2008
A person is pre-diabetic when their blood sugar level is high but not high enough to be diagnosed w/diabetes.	40	45	40	38	20	16
If a person is not feeling bad, then diabetes is not a big problem	8	7	19	18	74	74
Diabetics who are having no symptoms can eat any and all the foods they want.	8	9	12	13	80	78
Diabetes can be cured.	30	31	25	21	46	48

**Diabetes knowledge unchanged since 2007 survey

average. The African American death rate from diabetes is second in the state following Latinos. These and other health statistics are especially troubling when comparing the state’s population of African Americans (3.7% v. 74.9% white population) to their disproportionate rates of incidence and death from chronic diseases such as diabetes. The low level of diabetes knowledge among African Americans was virtually unchanged between the 2007 and 2008 annual surveys. These consistent findings demonstrate that general diabetes knowledge among the Center’s African American FHM cohort must be improved. The Center continues to implement ways to educate the FHM population and black community about diabetes through its ongoing diabetes self-management program.

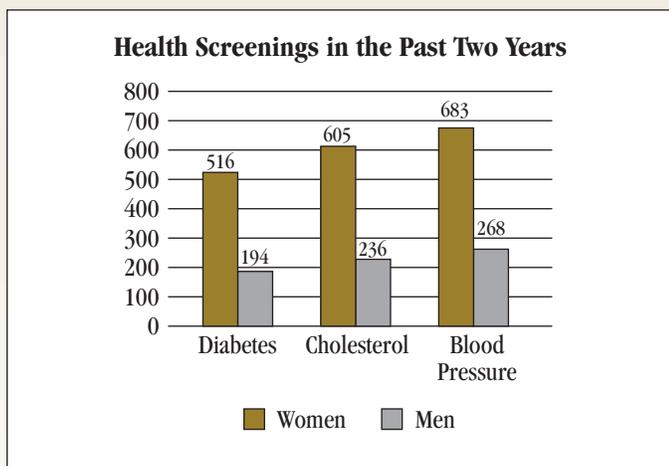
In 2009 the Center will initiate Project Power; a church outreach initiative developed by the American Diabetes Association to educate the African-American community on the importance of diabetes prevention and self-management. Project Power is designed to increase awareness of the seriousness of diabetes and its

complications and to provide easy to implement techniques for improving overall health. Through Project Power, the Center will emphasize the link between diabetes and heart disease with at least 10 of its eighty FHM partners in metro Denver.

Health Screening

Early detection through health screenings is paramount when dealing with disease. Regular health screening and examination is very important to preventive health care. In the absence of regular health screenings; disastrous results could ensue.

The majority (56%) of survey respondents indicated that they are receiving health screenings, or referred for screenings, but many (44%) indicated that they were neither screened nor referred for screening. Women (40%) were far more likely to be screened or referred for screening than men (16%). Men also indicated much less awareness of the importance of screening, where to get screening, what type of screening might be helpful to them, and how often they should be screened.



Men reported far fewer health screenings than women.

It is critical to actively participate in personal health decisions through taking time to ask for regular health screenings and to follow through when offered. The Center for African American Health encourages its community partners to be

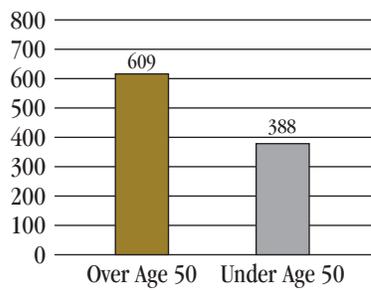
more knowledgeable about the types of health screenings they should be offered and at what age(s) they should be performed in addition to knowing the risks and benefits of screening. Armed with this information our partners are ready for informed discussions with health care providers and can ask for health screenings and review the results in a manner that is clearly understood.

Experiencing the Health Care System

Health outcomes differ between groups of people due to a variety of reasons. Perhaps two contributing factors might be perception of the health care provider's cultural competence or knowledge of one's specific rights as a patient. These barriers may impact how health outcomes are determined.

Provider cultural competence was reported as highly important by 75% of participants. The majority of African Americans in the survey sample (88%) indicated satisfaction with their health provider's level of cultural competence. However, only 18 percent (n=200) rated their health care provider with excellent cultural competence skills over the past two years. The number of women satisfied (fair, good and excellent) with their HCP's cultural competence over the past two years was 62% compared to 26% of the men. The difference between levels of cultural competence satisfaction among African American survey participants under age 50 versus over age fifty is statistically significant (p=.0001). Participants over age fifty were more

**Cultural Competence Satisfaction Past Two Years
(Excellent, Good, Fair)**

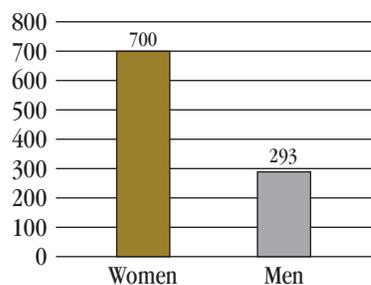


Persons over age 50 indicate higher cultural competence satisfaction with health providers than participants under age 50.

satisfied with their HCP's cultural competence than those under age fifty.

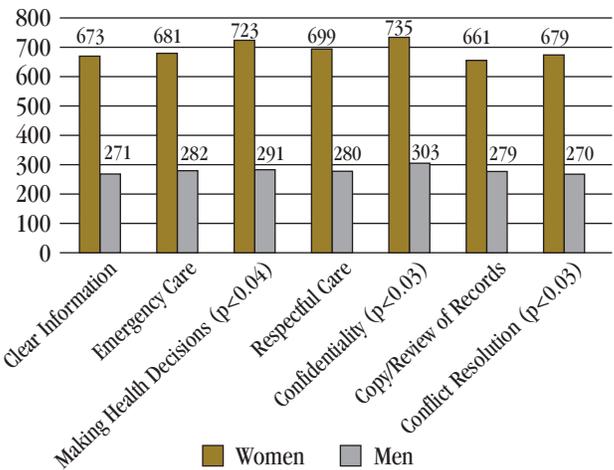
The importance of being an active stake holder in personal health and the impact cultural competence has on how health care delivery unfolds cannot be over stated. Increasing knowledge pertaining to rights as a patient and building better relationship with health care providers could remove obstacles and other stressors that may interfere with a positive health delivery encounter and possibly lead to improved health outcomes. The Center will continue to note how these and other important issues influence health care delivery for its community partners.

**Cultural Competence Satisfaction Past Two Years
(Excellent, Good, Fair)**



Men indicate much lower cultural competence satisfaction with health providers than women.

Awareness of Rights as a Patient

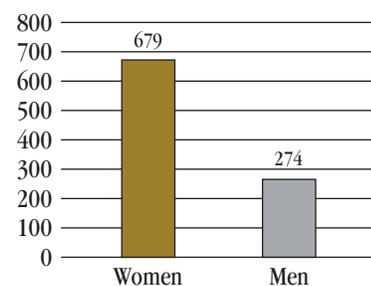


Men taking the 2008 health survey indicate having statistically significant to highly significant less knowledge about their rights as a patient when compared to women taking the survey.

Personal Responsibility

Featured throughout the Center's programs is an emphasis on physical activity, nutrition and taking prescription medicines as recommended by qualified physicians, physician assistants, nurse practitioners, and pharmacists. When considering how to improve health outcomes and maintaining good health once established; few factors impact these goals as much as taking

Taking Personal Responsibility for Overall Health



Women indicate taking more responsibility for overall health at a rate of two and a half times more than men taking the survey.

personal responsibility for health. The benefits of good nutrition, physical activity and compliance with prescription and other treatment plans are primary factors in maintaining and improving overall health. Survey participants indicated high rates of taking responsibility for their health through taking prescription medicines as prescribed and practicing good nutrition.

Emergency Preparedness and Response

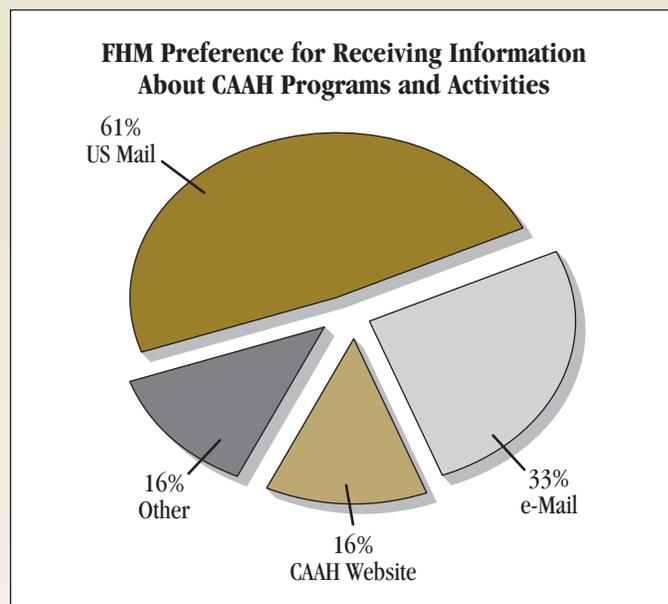
The events of Hurricane Katrina on the Gulf Coast revealed profound disparities in the ability of populations to be prepared for and respond to environmental and man-made disasters. These disparities are no less profound in the way local and national authorities respond to crises on behalf of populations in need of emergency assistance. According to the Center on Budget and Policy Priorities, one out of every three persons living in the hardest hit areas of Katrina was African American. Thirty-five percent of all black households, and 59% of poor black households lacked a vehicle enabling evacuation. This was only the most immediate need. Later effects

What Components Should a Community Emergency Preparedness Program Include?	
Components	(%) Agree/Strongly Agree
Information on what to expect from authorities	88 (n=981)
Lists of shelters or meeting places	89 (n=992)
How to build a 2-week survival kit	86 (n=958)
Home medical sanitary information	88 (n=973)
How to protect family and self from infection	91 (n=1012)
List of places to call for assistance if staying home	88 (n=967)
Care plan for disabled community members	89 (n=978)

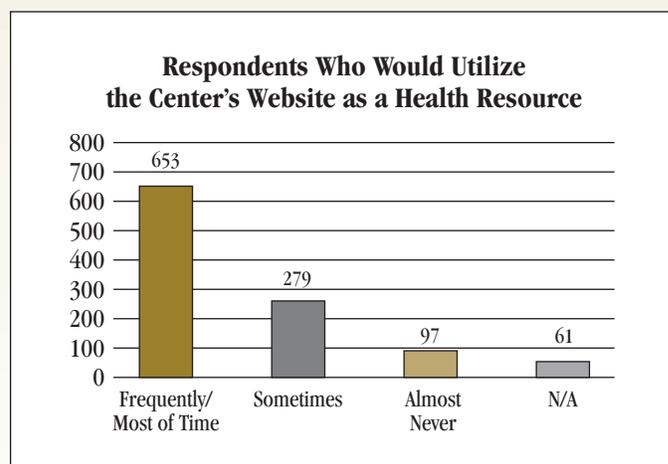
Emergency preparedness is a high priority for Center for African American Health community partners.

included homelessness, mental health disturbance, and severe health effects, all of which were more dramatic in African American survivors than in the general population.

The need to establish *survival capacity* in communities to cope with disaster is



75% of the 2008 survey respondents were aware of the Center's programs prior to taking the survey.



86% (n=932) would utilize the Center's website as a health resource. This may be an important indicator for improving African American health outcomes and increasing education and awareness through utilizing non-traditional intervention methods.

imperative. The Center for African American Health will continue to collaborate with the Colorado Department of Public Health and Environment on how to best serve the community to address disasters. An emergency notification system emerged as a strong desire for the community. Emergency preparedness is a high priority for Center for African American Health community partners.

IN CONCLUSION

The Center for African American Health's Annual Health Survey continues to be the largest survey of its kind in Colorado. The goal of the survey is to examine the health attitudes, knowledge and health seeking behaviors of African Americans. Results of the annual survey will inform the Center's leadership and program operators about ways to develop new strategies to improve health outcomes for African Americans and eliminate health disparities. For example, the low level of diabetes knowledge among African Americans was virtually unchanged between 2007 and 2008 annual surveys. Therefore, in 2009 the Center will initiate Project Power; a church outreach initiative developed by the American Diabetes Association to educate the African-American community on the importance of diabetes prevention and self-management. Project Power is designed to increase awareness of the seriousness of diabetes and its complications and to provide easy to implement techniques for improving overall health. Through Project Power, the Center will emphasize the link between diabetes and heart disease with at least 10 of its

eighty FHM partners in metro Denver.

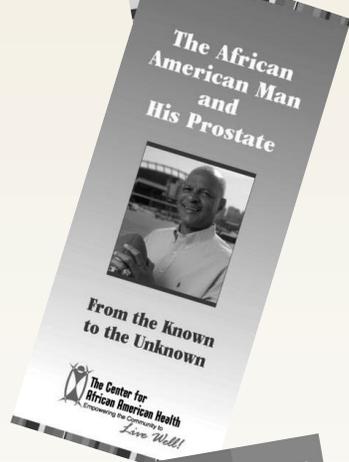
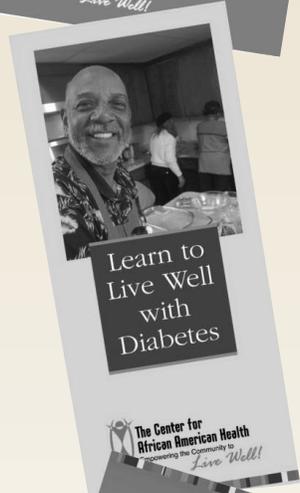
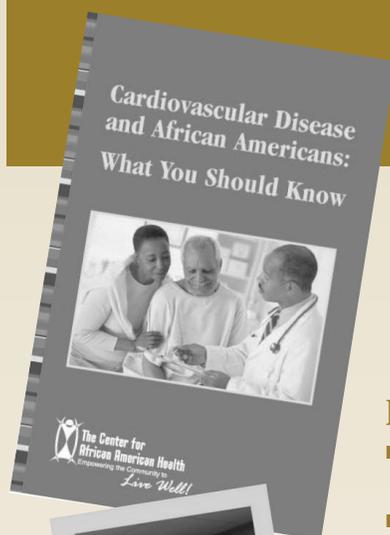
The nation and especially black people (given how this group is negatively impacted by incidence and death from the most serious chronic diseases) cannot afford to continue to be ill informed about maintaining habits that will lead to better health. While many African Americans have answered the call to Live Well through taking charge of their health—many others have not and the incidence of suffering and death due to preventable and controllable diseases continues to drive up the cost of overall health care for everyone. This in turn makes it even more difficult for health conscious people to afford to live healthy.

The Center for African American Health encourages more FHM partners and their leaders to call up the historical strengths that have proven helpful in assisting black people in this country to overcome. The Center is prepared to “bring to scale” its programs and assist FHM and other church leaders to strengthen or establish their health ministries through training, education and providing free workshops and other health interventions. Contact us now about implementing health programs in your church or community organization

See the full survey report at www.caahealth.org

Resources and Programs Offered by the Center for African-American Health for Disease Prevention and Chronic Disease Management

The Center for African-American Health creates programs and educational materials to help African Americans prevent disease and help those living with chronic diseases to better manage their conditions, and ...Live Well!



Health Education Materials

- Learn to Live Well with Diabetes
- African Americans and Colon Cancer
- Depression and African Americans
- An African-American's Guide to Breast Health
- The African-American Man and His Prostate
- The African-American Man's Playbook on Cardiovascular Disease
- Cardiovascular Disease and African Americans: What You Should Know

Health Screenings

Call the Center for African-American Health for information about screenings for:

- High blood pressure
- Diabetes
- Prostate cancer
- Colon cancer
- Breast cancer

Disease Management and Health Promotion Classes

■ **Diabetes self-management**
This highly interactive class teaches individuals with diabetes, and their caregivers, skills related to proper nutrition, exercise, medications, and communicating with their health care providers. It is offered for two hours, once a week, for six weeks.

■ **Chronic disease self-management**
People living with heart disease, high blood pressure, arthritis, asthma and other chronic health problems learn the skills needed for the day-to-day management of their conditions. The class is offered for two hours, once a week, for six weeks.

■ **Nutrition/healthy cooking**
Learn to shop and prepare healthy and tasty foods, with an emphasis on culturally popular specialties, by attending nutrition and cooking classes offered throughout the year, including special classes around holidays.

■ **Exercise and nutrition classes for seniors**

Regularly scheduled exercise and nutrition classes for adults 65 and older are designed to extend their independence and quality of life.

Special Health Events/Programs

- Breast health navigator program
- Emergency preparedness information
- Senior wellness initiative
- Annual African-American health survey
- Annual African-American Health Fair (February)
- American Heart Month (February)
- National Colon Cancer Awareness Month (March)
- Prostate Cancer Awareness Month (September)
- National Breast Cancer Awareness Month (October)
- American Diabetes Month (November)



For more information, contact:
Ralph Kennedy, MSW, CCRP
Director of Research and Evaluation



3601 Martin Luther King Jr Blvd. ■ Denver, CO 80205
Call: 303-355-3423 ■ Go to www.caahealth.org

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