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Dr. Mullen

POLS 472

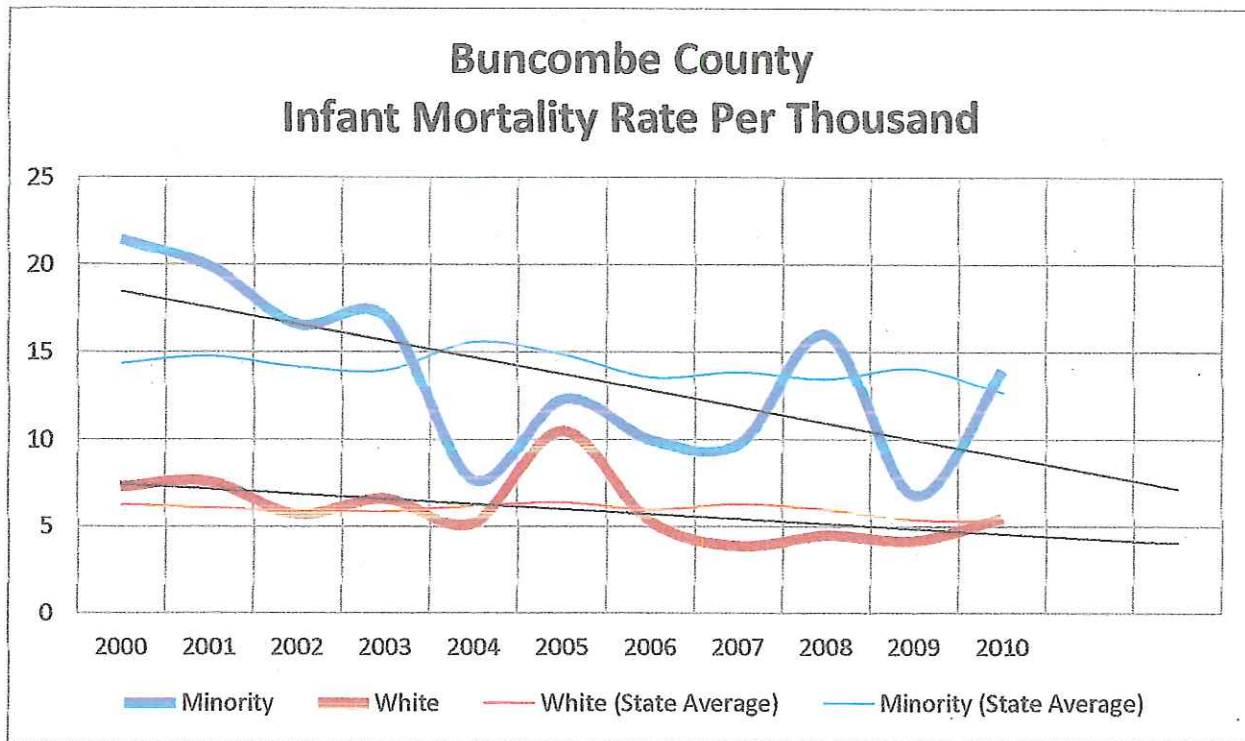
26 April 2012

State of Black Asheville: Health Care

According to 2010 US Census data, the total population of Asheville city was 83,393. Of those 83,393 individuals, 68,075 were white, which calculates to 81.6%. Of the remaining 15,318 individuals, 12,247 were black, or 14.7% of the population. The final 3,061 individuals were Hispanic/Latino, Native American, or other. While some data pertaining to health care is available for the city of Asheville, several holes exist in available data and as a result county statistics are used.

Buncombe County, which encompasses Asheville city, totaled 238,318 individuals in the 2010 US Census. Of those 238,318 individuals, 208,192 were white, or 87.4%. Of the remaining 30,126 individuals, 15,211, or 6.4%, were black, and 14,254, or 6%, were Hispanic or of Latino background.

When compared to one another, the city of Asheville has a greater concentration of Blacks than the county of Buncombe. Although there are no definitive measurements to support this statement, it can be inferred that the available Buncombe County data does not represent the actual severity of disparities in Asheville regarding Black health due to the higher percentage of whites and Hispanics in Buncombe County. Nevertheless, the Buncombe County data provides the most accurate, available assessment of the state of Black Asheville.

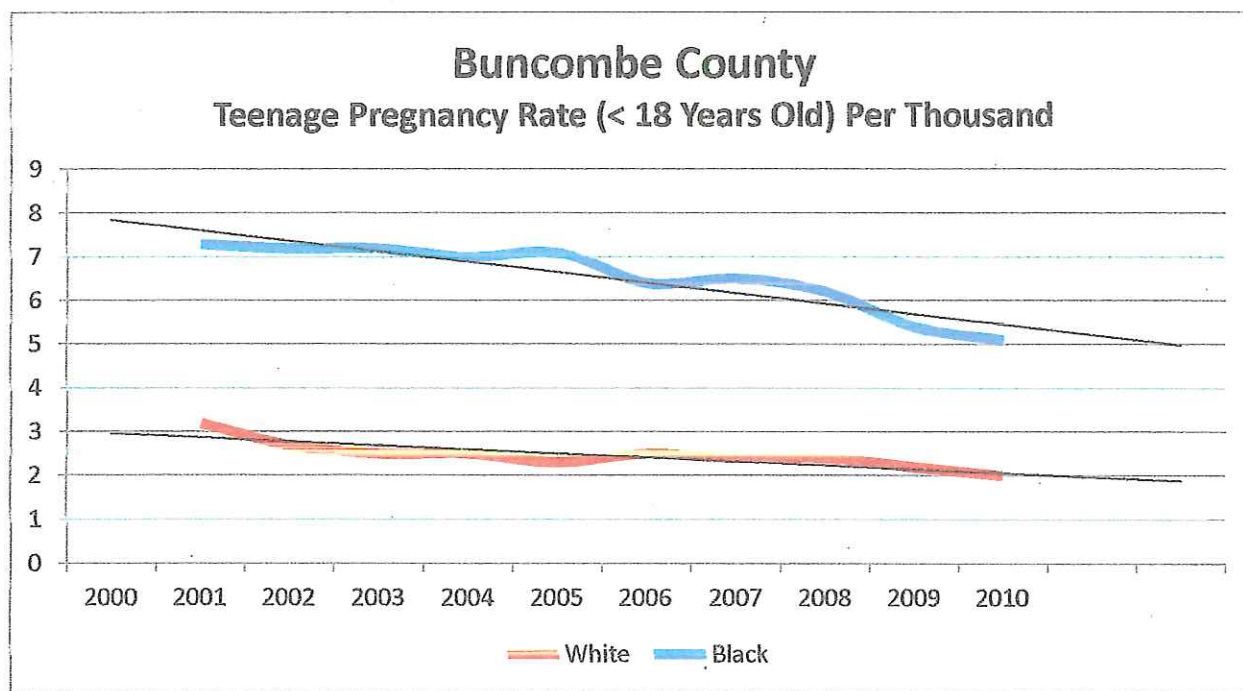


(Source: North Carolina Selected Vital Statistics Volume 1 – 2000 - 2010)

The disparity between whites and Blacks regarding infant mortality has been on a slow decline for the past decade. This is likely attributed to the increased funding and awareness for regional programs such as Planned Parenthood, WNCCHS Prenatal Clinic, and the MAHEC OB/GYN Residency Program, subsidized by Mission Hospital. Additionally, the Buncombe County Department of Health sponsors programs such as Family Planning & STD Clinic, Nurse Family Partnership, WIC, and Breast & Cervical Cancer Control.

Despite the growing efforts to improve women's health, 64% of black females in North Carolina reported unintended pregnancies as opposed to 37.5% for white females. Black females in Buncombe County are over twice as likely as white females to have an abortion. 62% of Black

females have annual women's health exams.ⁱ Finally, a black infant in Buncombe County is still twice as likely to die as his or her white counterpart. But these statistics are not unique to Buncombe County. Several national studies have been conducted to determine why these disparities are so large. These studies have consistently found that a large portion of the gap is credited to differential fitness of infants at birth in terms of birth weight and gestational age. Both birth weight and gestational age are influenced, in part, by maternal age, maternal health, and smoking.ⁱⁱ



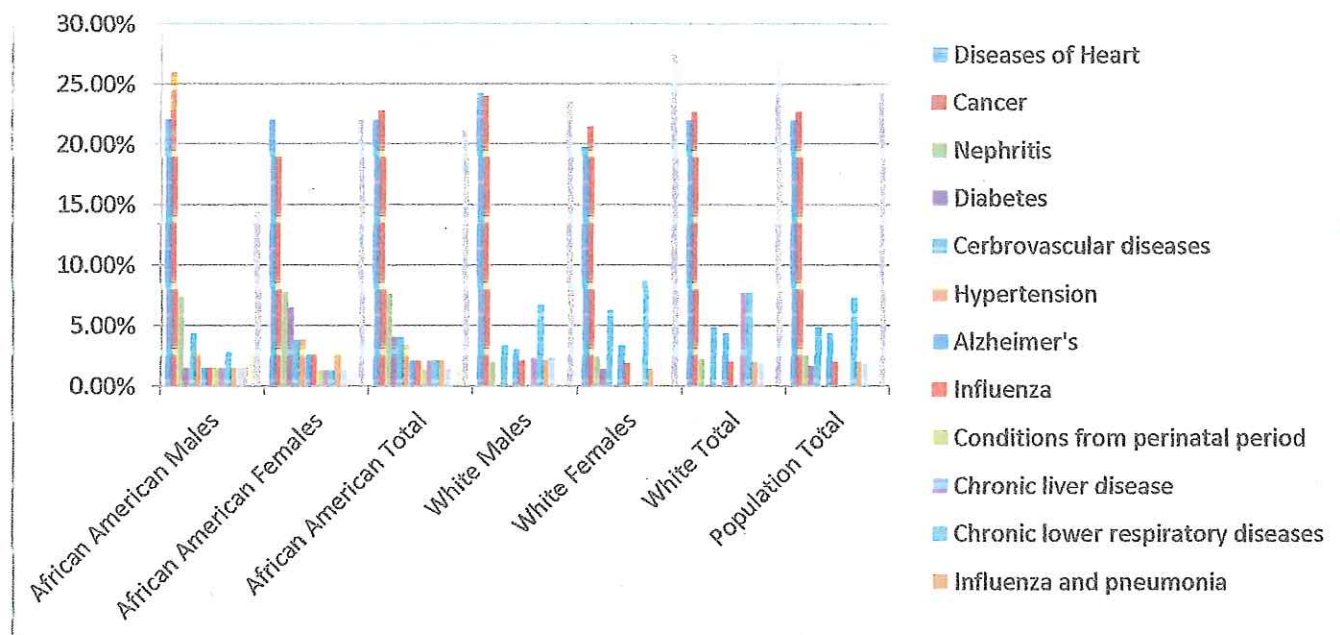
(Source: North Carolina Selected Vital Statistics Volume 1 – 2000 - 2010)

As the graph shows, Black mothers in Buncombe County are more than twice as likely as their white counterparts to be a youth under the age of eighteen. While the gap is universally

falling, Blacks are still disproportionately affected. Because maternal age is related to infant health, this gap partially helps explain why the infant mortality gap is as large as it is. A stronger educational effort in Buncombe County schools targeting teenage pregnancy will likely continue to help reduce youth pregnancies across the board.

However, targeting teenage pregnancy rates has been a listed priority for Buncombe County for several years.ⁱⁱⁱ In fact, Buncombe County has offered reproductive health and safety courses for seventh and eighth graders who receive parental permission since 1991. Approximately 93% of Buncombe County parents give permission for their children to enroll in these courses. While efforts such as these have been successful at slightly lowering the overall rate they have not been effective for shortening the disparity gap. Using the teenage pregnancy data for the past ten years, it can be determined that the policy solutions being applied in the classrooms are not enough to significantly impact the overall infant mortality rate and the overall teenage pregnancy rate.

Leading Causes of Death in Buncombe County 2010



(Source: North Carolina Selected Vital Statistics Volume 2 – 2000 - 2010)

The most significant disparities within the leading causes of death for Buncombe County are nephritis, diabetes, hypertension, and chronic lower respiratory diseases. Teenage mothers are particularly vulnerable to these diseases. More specifically, teenage mothers are "...at greater risk than woman over 20 for pregnancy complications such as premature labor, anemia, and high blood pressure."^{iv} These mothers are also more likely to smoke which "... doubles a woman's risk of having a low-birth weight baby, and also increases the risk of pregnancy complications, premature birth and stillbirth."^v Thus, a teenage mother, which in Buncombe County would likely be Black to a ratio of at least two to one, is likely to produce health problems during pregnancy.

Nephritis, which is inflammation of the kidneys, is the eighth highest cause of death in the United States. In Buncombe County, nephritis is responsible for the third highest cause of

death among the African American population and seventh highest cause among the white population. This calculates to 7.6% of total African American deaths and 2.2% of total white deaths. This in sum equals 3.5 Black deaths caused by nephritis to every single white death caused by nephritis.^{vi}

Diabetes is a "... lifelong chronic disease in which there are high levels of sugar in the blood... Symptoms include blurry vision, excess thirst, fatigue, hunger, and weight loss."^{vii} In Buncombe County diabetes is approximately four times more likely to affect Blacks than whites.

Hypertension leads to high blood pressure which is affected by problems with the kidneys, nervous system, and blood vessels. Nationwide, African Americans are at a high risk of developing hypertension. In Buncombe County, Blacks are three to four times more likely than whites to have hypertension.

Because maternal health is a significant determinant on infant health, and because Blacks are more likely than whites to develop these diseases, they are a substantial factor in determining the cause of the infant mortality disparity gap. Determining why Blacks are more affected than whites to these diseases will therefore be an important step to not only improving the Black infant mortality rate, but also the overall mortality rate.

Socioeconomic status refers to individuals' position in a system of social stratification that differentially allocates the major resources enabling people to achieve health or other desired goals. These resources centrally include education, occupation, income, and assets of wealth, which are related to each other and to health in a casual framework.^{viii}

Socioeconomic factors including access to affordable health care, the quality of the health care being received, and if or where that health care is being received help explain the disparities that exist in health coverage for Buncombe County residents. Differences in access to health care, such as an individual's choice of physicians, lack of affordable treatments, and ultimately a forced choice of delay care can have far-reaching consequences to maternal well-being as well as that person's long-term health.^{ix} People who are uninsured for longer than a year are "... associated with [having] poorer access to health care services regardless of residence."^x

Paradoxically, Buncombe County is one of the state's leaders in physician to patient ratio. It is also ranked the fourteenth healthiest county out of North Carolina's one hundred total counties.^{xi} However, over 25% of Blacks and approximately 10% of whites are in poverty. Furthermore, the Buncombe County death rate data for 2010 reveals that whites died at a rate slightly higher rate than that of Blacks. Approximately thirty percent of whites died from unintentional and residual causes while their African American counterparts faced unintentional and residual causes of death at approximately twenty-two percent.^{xii} Additionally, there are a greater percentage of elderly whites living in Buncombe County than there are elderly Blacks.^{xiii} This leads to the conclusion that while whites in Buncombe County are dying at a slightly higher rate they are effectively living longer and assumingly healthier lives.

ⁱ 2010 Buncombe County Community Health Assessment.

ⁱⁱ Alexander GR, Kogan M, Bader D, Carlo W, Allen M, Mor J. US birth weight/gestational age-specific neonatal mortality: 1995–1997 rates for whites, hispanics, and blacks. *Pediatrics*. 2003;111(1):e61–e66.

ⁱⁱⁱ 2010 Buncombe County Community Health Assessment.

^{iv} McKenzie, J. F., R. R. Pinger, and J. E. Kotecki. *An introduction to community health*. 6th. Mississauga, Ontario: Jones & Bartlett Publishers, 2008. Print.

^v Ibid.

^{vi} North Carolina Selected Vital Statistics Volume 2 – 2000 – 2010.

^{vii} Alemzadeh R, Ali O. Diabetes Mellitus. In: Kliegman RM, ed. *Kliegman: Nelson Textbook of Pediatrics*. 19th ed. Philadelphia, Pa: Saunders;2011:chap 583.

^{viii} Williams, D. R. "African-American Health: The Role of the Social Environment." *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. 1998., 75, 304-321.

^{ix} Schoen C, Uninsured and Unstably Insured: The Importance of Continuous Insurance Coverage (2000). *Health Services Research*, 2000 35:187-206.

^x *ibid.*

^{xi} University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

^{xii} North Carolina Selected Vital Statistics Volume 2 – 2000 – 2010.

^{xiii} 2010 U.S. Census.