

North Carolina Minority Health Facts

African Americans

Office of Minority Health and State Center for Health Statistics

July 1998

African-American health status is improving, but disparities persist.

African Americans¹ are the second largest racial group in North Carolina. One out of every five of the state's 7.3 million residents is Black, or about 9 out of every 10 minority residents. According to the U.S. Bureau of the Census, approximately 1.6 million African Americans lived in North Carolina in 1996, compared to 1.5 million in 1990.²

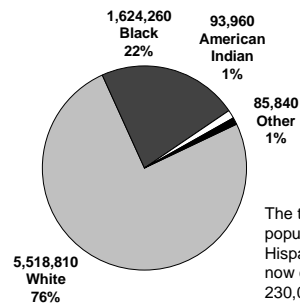
Overall, according to Census information, African Americans in North Carolina have lower income, education and employment levels than White North Carolinians and are less likely to have health insurance, factors which can adversely affect health status.

African Americans suffer higher death rates from nearly all major causes. Although the health status of the Black population in North Carolina has been improving in some areas, research shows a widening gap between Black people and White people in illness from asthma, diabetes, major infectious diseases and several forms of cancer.³ African Americans often receive less, and poorer quality, health care than White Americans, so they tend to become sicker and die earlier than Whites. In addition to factors such as economic status and educational levels, researchers are finding growing evidence that race, discrimination, and social and cultural factors influence the care people receive and, consequently, their health.³

African Americans born today have a life expectancy of about 70, typically dying six or seven years earlier than White Americans. The age-adjusted death rate for North Carolina's African Americans was slightly lower in 1996 than in 1990, but was still more than 1½ times the 1996 death rate for White North Carolinians. This means that, in general, African Americans in each age group are dying at higher rates than Whites in the same age groups.

1996 NC Population Estimates by Race

(percentages based on population distribution at time of 1990 U.S. Census)



The total estimated 1996 NC population is 7,322,870. The Hispanic/Latino population, now estimated at 135,000 or more, is included primarily in the "White" and "Black" race categories.

Leading Causes of Death for Black Males, 1996

	Number	Age-Adjusted Rate/100,000
■ Heart Disease	2,095	275.5
■ Cancer	1,785	241.7
■ Unintentional Injuries	506	69.1
■ Stroke	535	68.5
■ AIDS	430	59.4
■ Homicide	282	40.0
■ Diabetes	242	33.2
■ Pneumonia, Influenza	240	28.1

Leading Causes of Death for Black Females, 1996

	Number	Age-Adjusted Rate/100,000
■ Heart Disease	2,095	144.6
■ Cancer	1,457	125.7
■ Stroke	760	49.2
■ Diabetes	393	31.3
■ Unintentional Injuries	240	24.8
■ AIDS	140	16.2
■ Pneumonia, Influenza	174	11.0
■ Homicide	85	10.2

¹ The terms African American and Black have been used interchangeably in this report.

² PPL-50. U.S. Bureau of the Census. Population Division. Administrative Records and Methodology Research Branch.

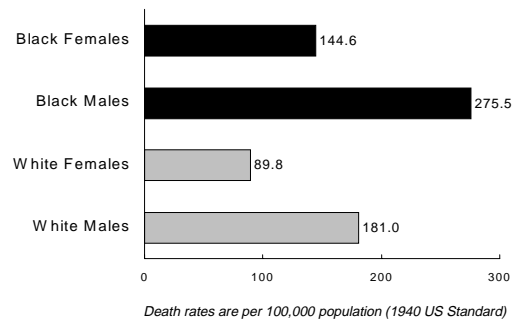
³ The New York Times wire reports, January 26, 1998.

Leading Causes of Hospitalization for African Americans in NC, 1996

Percent of African-American Hospitalizations	
■ Pregnancy & Childbirth	17%
■ Heart Disease	11%
■ Respiratory Diseases	10%
■ Digestive System Diseases	9%
■ Injuries & Poisoning	8%
■ Infectious & Parasitic Diseases	5%
■ Cancer	4%
■ Stroke	3%
■ Diabetes	3%

(Hospitalization data exclude newborns and mental disorders)

Heart Disease Death Rates in NC, 1996 (Age-Adjusted)

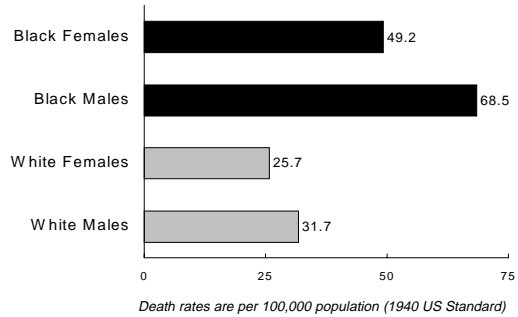


Chronic Disease

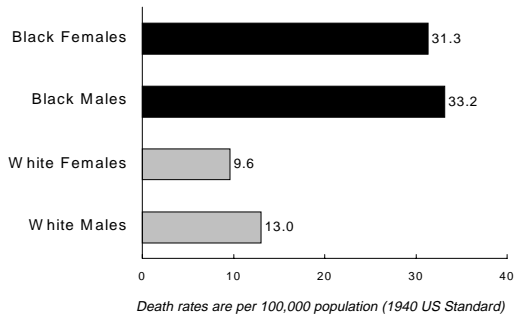
From 1990 to 1996 in North Carolina, African American death rates for heart disease and stroke each dropped slightly (5.1% and 6.5% respectively) and the cirrhosis death rate declined 32%. However, in the same period, African American death rates **increased 150%** for AIDS, **14%** for diabetes mellitus, **25%** for septicemia (blood infection) and **31%** for chronic obstructive pulmonary (lung) disease.

In North Carolina, African Americans are **three times** as likely as Whites to die of diabetes, **twice** as likely to die of stroke, **1½ times** as likely to die of heart disease and **three times** as likely to die of nephritis or nephrosis (kidney disease). Compared to their White counterparts, Black males are **3½ times** as likely to die of prostate cancer and Black females are **more than twice** as likely to die of cervical cancer.

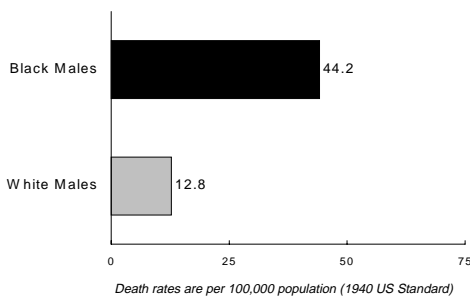
Stroke Death Rates in NC, 1996 (Age-Adjusted)



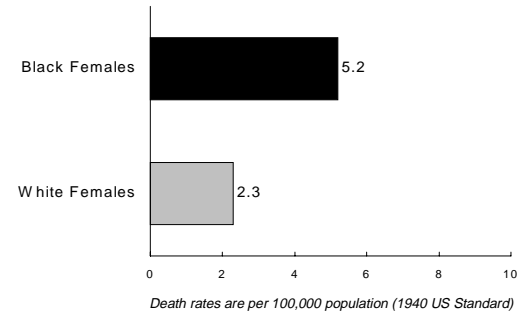
Diabetes Death Rates in NC, 1996 (Age-Adjusted)



Prostate Cancer Death Rates in NC, 1996 (Age-Adjusted)



Cervical Cancer Death Rates in NC, 1996 (Age-Adjusted)

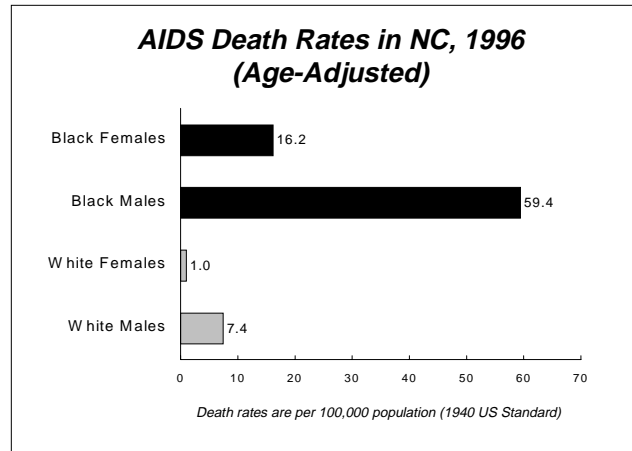


Infectious Disease

The incidence of many communicable diseases has been dropping for African Americans. Still, Black North Carolinians suffer higher rates of infectious disease than do Whites. HIV/AIDS hits African-American communities particularly hard: **71%** of the state's newly reported adult/adolescent AIDS cases were among Black people in 1996, as were **93%** of the reported cases of AIDS in children age 12 and younger. Also in that year, **three-fourths** of all reported cases of new HIV infections were among African Americans.⁴

HIV/AIDS was the leading cause of death among Black North Carolinians ages 15 to 44 in 1996. The AIDS death rate for Black females is **16 times** that for White females, and the death rate for Black males is **eight times** that for White males. Overall, African Americans are about **8½ times** as likely as White Americans to die of AIDS in North Carolina.

In 1996, the syphilis and gonorrhea incidence rates for African Americans were each **25 times** as high as for Whites in North Carolina, and the tuberculosis (TB) rate was **seven times** as high as for Whites. Still, these rates represent dramatic improvements. The 1996 gonorrhea rate for African Americans was less than half its 1991 level and fell below the Year 2000 national target. African Americans' TB rate dropped by 16% from 1991 to 1996, at a time when the spread of HIV infection would tend to increase TB risk. The incidence rates for syphilis and hepatitis B also declined substantially over the last five years in the Black population; among the leading infectious diseases, only the AIDS and chlamydia rates rose.



The number of cases of most reportable communicable diseases dropped among African Americans in North Carolina from 1991 to 1996.

	1991 Black Males	1991 Black Females	1996 Black Males	1996 Black Females
AIDS	273	93	457	184
Hepatitis B	112	98	84	69
Rubella	0	0	0	0
Tuberculosis	254	127	218	132
Syphilis	1,859	1,714	1,160	1,149
Gonorrhea	19,324	13,313	8,822	6,972
Chlamydia	1,072	7,194	1,511	8,923

⁴ HIV/STD Prevention and Care Section, N.C. Department of Health and Human Services.

Many communicable disease incidence rates are improving for African Americans in North Carolina.

	African Americans			Whites	Comparison
	1991 disease incidence rate per 100,000	1996 disease incidence rate per 100,000	Percent change from 1991 to 1996	1996 disease incidence rate per 100,000	Black/White Ratio (Black rate is ___ times White rate)*
AIDS	25.1	40.3	+61%	4.0	10.1
Hepatitis B	14.4	9.6	-33%	2.8	3.4
Rubella	0	0	(na)	1.4	(na)
Tuberculosis	26.1	22.0	-16%	3.1	7.1
Syphilis	244.6	145.3	-41%	5.9	24.6
Gonorrhea	2233.8	993.7	-56%	39.8	25.0
Chlamydia	565.8	656.5	+16%	77.5	8.5

*For example, the 1996 AIDS incidence rate for Blacks is 10.1 times the rate for Whites.

Violence

Violence is also a major threat to the African-American population, particularly among certain age groups. Homicide is the leading cause of death for Black men ages 15 to 24 and the second leading cause for those ages 25 to 34. Over all age groups, African Americans are **4½ times** as likely as Whites to die of homicide.

Maternal and Infant Health

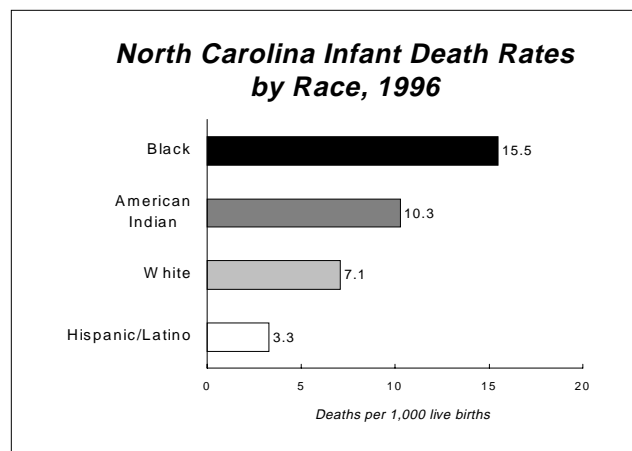
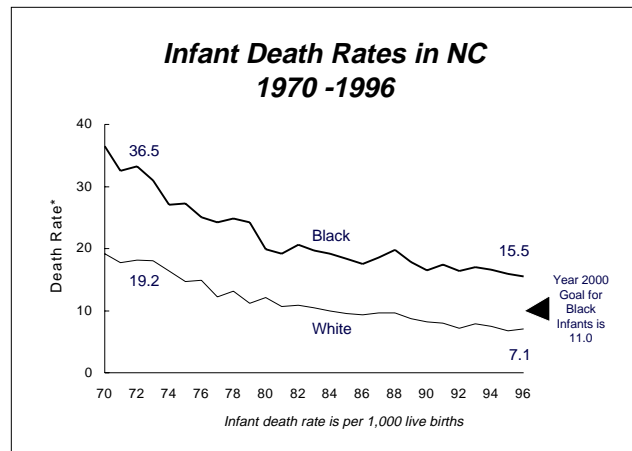
Infant mortality rates have improved dramatically since 1970, yet North Carolina continues to have one of the highest infant mortality rates in the nation. The state's death rate for African American infants is **more than double** that for Whites, a disparity that has existed for more than 25 years. African American infant mortality improved only slightly, just 6%, between 1990 and 1996. The 1996 rate of **15.5 deaths per 1,000 Black births** is far above the Year 2000 national objective of 11.0.

Four out of five infant deaths among African Americans in 1996 were attributed to (in descending order) immaturity/prematurity, congenital anomalies (birth defects), the health status of the mother, Sudden Infant Death Syndrome (SIDS), respiratory (breathing) conditions and other perinatal conditions.

Low birthweight (5 pounds 8 ounces or less) is the leading risk factor for infant mortality. In 1996, 13.9% of Black newborns were underweight, exceeding the Year 2000 national objective of 9.0%.

African American mothers appear to have a higher percent of maternal risk factors than do White mothers. Among North Carolina live births in 1996, **84%** of Black mothers and 53% of White mothers had one or more of these maternal risk factors: age less than 18 or over 34; educational level less than 12th grade; unmarried; four or more pregnancies; a previous fetal death; or a previous live-born child who later died. The Black teen pregnancy rate is about double that for White teenagers. Only 12% of Black mothers reported cigarette smoking during pregnancy, compared to 17% of White mothers.

African American women are less likely to have adequate prenatal care. In 1996, 71% of Black mothers, versus 88% of White mothers, began prenatal care in the first three months of their pregnancies. The Year 2000 target is 90%.



Child Health

While less than 30% of North Carolina's children were minorities in 1996, **42%** of the child deaths (birth through age 17), occurred to minority children.

For African American children, lead poisoning is a major health problem. Among North Carolina children screened during fiscal year 1996, a Black child was nearly **2½ times** as likely as a White child to have an abnormally high blood lead level (10 micrograms per deciliter or higher). At very high levels, lead can cause seizures, coma and even death. Milder lead poisoning can adversely affect a child's intellectual performance and cause a variety of other health problems.

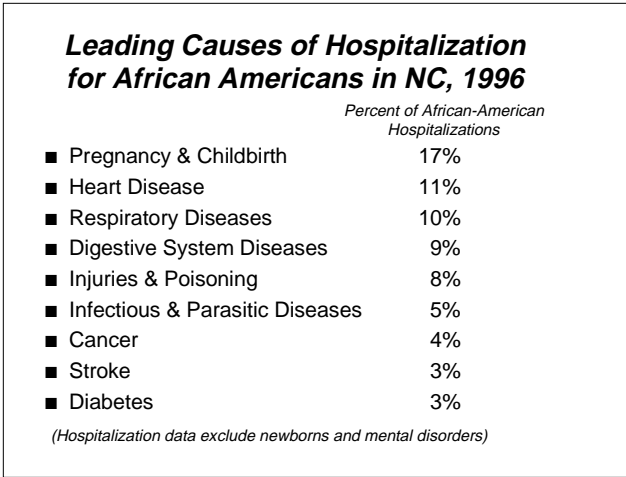
Approximately 80 infants are born with sickle cell disease in North Carolina each year. Nearly all are minority children. Ten years ago, about one in five would die by age four. Now, however, with newborn screening to detect the disease early and with better treatments, deaths of young children from sickle cell disease are relatively rare. An estimated 4,000 to 5,000 adults and children have sickle cell disease in North Carolina.

Risk Factors and Prevention

While African Americans in North Carolina are experiencing higher rates of disease and death than Whites, many of the risk factors are modifiable. Changing lifestyle and behaviors can reduce the severity of, and potentially prevent, some major diseases and conditions.

Contributors to the racial/ethnic disparity in health status include:

- Lifestyle Behaviors
 - Diet
 - Lack of exercise/sedentary lifestyle
 - Obesity/overweight
 - Alcohol or drug use
 - Sexual behaviors
- Access Barriers
 - Poverty
 - Inadequate/no health insurance
 - Cost of obtaining care
 - Lack of awareness
 - Low/no availability of care
 - Racial/personal history or experience
 - Transportation problems
- Racism
- Stress
- Environmental factors
- Cultural influences



The many innovative local and statewide initiatives that have been developed to improve the health of minority groups in North Carolina are a beginning step to reducing health disparities. Clearly, much remains to be done on every level.

Note:

In this fact sheet, mortality rates are age-adjusted and expressed as the number of deaths in a year per 100,000 population. Age-adjustment is a statistical technique for calculating the death rates of different populations as if they all had the age distribution of a single “standard” population (here, the 1940 U.S. population). Death rates adjusted to the same standard population can be directly compared to each other, with differences being due to factors other than age distribution. The 1996 population estimates for minority races, used to compute rates, are based on the percentage distribution of minorities found in the 1990 census.

Changing behaviors can reduce health risks.

Major Concerns	Some Modifiable Risk Factors
Cancer	Tobacco, diet, alcohol
Diabetes	Obesity
Heart Disease/Stroke	High blood pressure, diet, lack of exercise, obesity, tobacco
Infant Mortality	Late or no prenatal care, alcohol, tobacco, diet, adolescent pregnancy
Homicide/Suicide	Alcohol, drugs, poor conflict resolution skills
Chemical Dependency	Alcohol, drug abuse, smoking
Unintentional Injury & Motor Vehicle Injury	Alcohol, drugs, environmental hazards, seat belt & car seat use
HIV/AIDS	Substance abuse, sexual behaviors

Sources: National Office of Minority Health Resource Center, Public Health Service, U.S. Department of Health and Human Services; Division of Women’s and Children’s Health, Division of Community Health, and Division of Epidemiology, N.C. Department of Health and Human Services.

Produced by Andrea Bazan Manson, Office of Minority Health; Carol Schriber, Office of Communication; and Kathryn Surlles, State Center for Health Statistics; N.C. Department of Health and Human Services. Data were provided by the State Center for Health Statistics.

For more information on African American
or Minority Health issues:

Office of Minority Health
Division of Community Health
Department of Health and Human Services
P.O. Box 29612
Raleigh N.C. 27626-0612
e-mail: andrea_manson@mail.ehnr.state.nc.us

For more information on data:

State Center for Health Statistics
Division of Epidemiology
Department of Health and Human Services
P.O. Box 29538
Raleigh N.C. 27626-0538
e-mail: schs_info@mail.ehnr.state.nc.us