North Carolina Minority Health Facts

African Americans

State Center for Health Statistics and Office of Minority Health and Health Disparities April 2005

Introduction

This report presents basic health facts about African Americans in North Carolina in the areas of mortality, chronic diseases, HIV and sexually transmitted diseases, health risk factors, access to health care, quality of life, maternal and infant health, and child and adolescent health. But first we present some background information on the African American population in the state.

African Americans comprise more than 21 percent of North Carolina's total population. The 2000 Census counted 1,738,000 residents of North Carolina who reported their race as African American alone, and also nearly 19,000 who reported African American in combination with another race. The African American population of North Carolina has increased by approximately 18 percent since 1990.

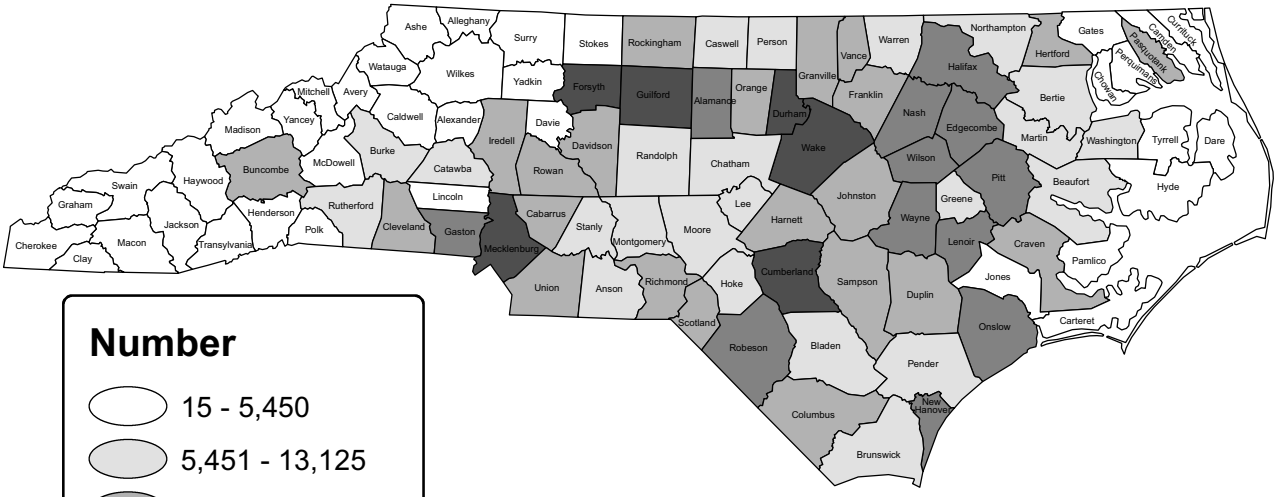
African Americans in North Carolina are younger than the majority white population. According to the 2000 Census, the median age of the state's African American population was 31 years, compared to 38 years for the white population of the state. The average life expectancy at birth is 70 years for African Americans in North Carolina, compared to 76 years for whites.

The maps on page 2 show the number of African Americans living in each county and also the percentage of each county's total population that is African American. It can be seen from the second map that counties in the eastern part of North Carolina have the largest percentages of African Americans.

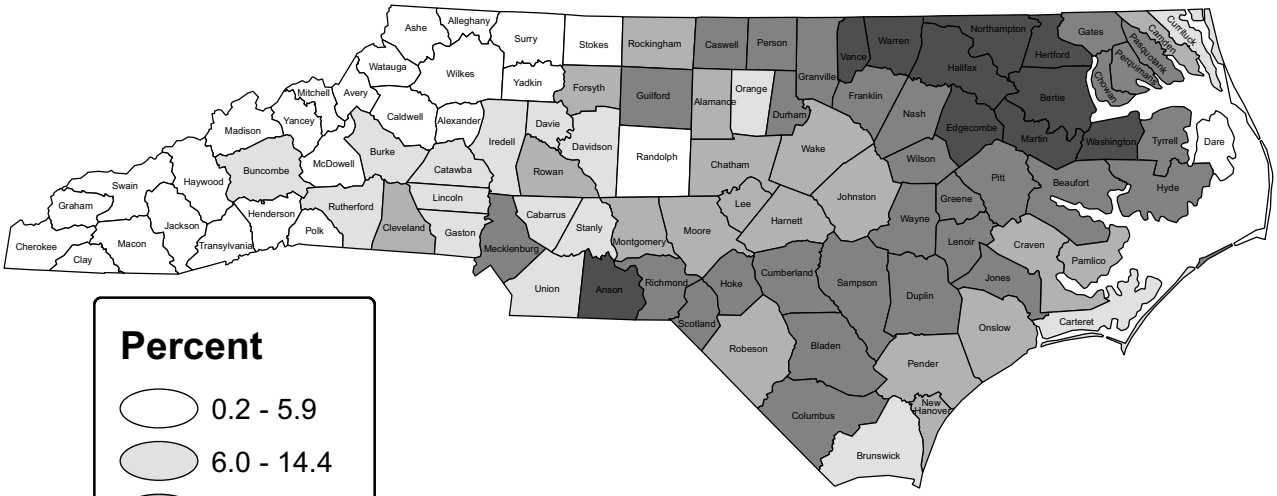
The percentage of African American families living below the federal poverty level ($17,603 annual income for a family of four) in 1999 was 22.9, compared to 8.4 for whites. Approximately 42 percent of African American families were headed by females, compared to 8 percent for white families. Thirty-five percent of the families headed by African American females lived in poverty, compared to 29 percent of the families headed by white females. More than 60 percent of African American adults (ages 25 and older) had a high school education or less, compared to 47 percent for whites. The unemployment rate for African Americans was 2.6 times that for whites (10.3% vs. 3.9% in 2000). Low income, low educational level, and unemployment are all associated with a higher rate of health problems.

Some of the rates in this fact sheet are age-adjusted. Age-adjustment is a statistical technique for calculating the rates or percentages for different populations as if they all had the age distribution of a "standard" population (here, the 2000 United States population). Rates adjusted to the same standard population can be directly compared to each other, with differences being attributed to factors other than age distribution.

African American Population
North Carolina: Numbers



African American Population
North Carolina: Percents



Note: From U.S. Census, 2000 SF1, African American Alone

Mortality

Table 1 shows the leading causes of death for African Americans in North Carolina in 2003. As among the white population, heart disease, cancer, and stroke are the top three causes of death. However, HIV disease (8th) ranks substantially higher as a cause of death among African Americans than among whites (23rd). Injuries are the leading cause of death for younger African Americans. Unintentional injuries (motor vehicle and other) rank first among 1-14 year-olds. Homicide ranks first and unintentional injuries rank second among 15-34 year-olds.

Table 1
Leading Causes of Death Among African Americans in North Carolina, 2003

Rank	Cause of Death	Number of Deaths
1	Heart disease	3,823
2	Cancer	3,168
3	Stroke	1,196
4	Diabetes	791
5	Kidney diseases	458
6	Chronic lung disease	399
7	Other unintentional injuries	357
8	HIV	335
9	Motor vehicle injuries	329
10	Pneumonia and influenza	321
	All other causes (Residual)	4,171
	Total Deaths – All Causes	**15,348**

Table 2 shows 1999-2003 age-adjusted death rates (deaths per 100,000 population) for major causes of death, comparing African Americans and whites. **Causes of death with the largest health disparities, where the African American rate is at least twice the white rate, are diabetes, kidney disease, HIV disease, and homicide**. The suicide death rate for African Americans is much lower than the rate for whites.

Table 2
Age-Adjusted Death Rates* for Major Causes of Death by Race, North Carolina Residents, 1999-2003

CAUSE OF DEATH Chronic Conditions	African American	White
Heart disease	293.6	236.3
Cancer	242.2	193.7
Stroke	95.4	66.7
Diabetes	56.2	21.8
Chronic lung disease	31.5	50.5
Kidney disease	34.8	13.5
Chronic liver disease	10.2	8.9
Infectious Diseases		
Pneumonia/influenza	25.0	25.3
Septicemia	23.9	12.3
HIV disease	21.0	1.6
Injury and Violence		
Motor vehicle injuries	20.3	19.3
Other unintentional injuries	22.8	24.3
Homicide	16.5	4.6
Suicide	5.5	13.2

*Rates are age-adjusted to the 2000 U.S. standard population and are expressed as deaths per 100,000 population.

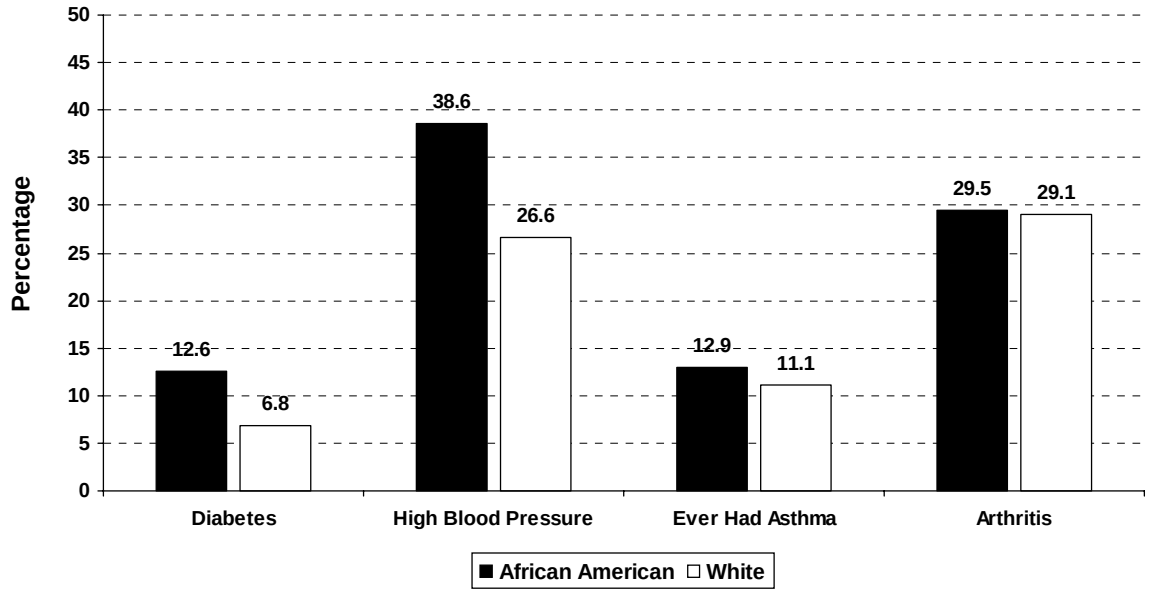
Chronic Diseases

The North Carolina Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing statewide telephone survey of adults that collects information on the prevalence of several chronic conditions. Chart 1 compares the age-adjusted percentages of North Carolina African American and white adults in 2002-2003 who reported that they had certain chronic conditions. African Americans were substantially more likely than whites to report that they had diabetes and high blood pressure.

African Americans in North Carolina had nearly the same rate of new cancer cases during 1996-2000 as whites (age-adjusted rate of 443.7 versus 440.2 for whites). However, African Americans had a substantially higher rate of prostate cancer compared to whites (216.8 vs. 135.4) and a higher rate of cervical cancer (12.7 vs. 8.3).

Chart 1

Age-adjusted Percentages of North Carolina Adults with Selected Chronic Conditions, by Race
(Based on Weighted 2002-2003 BRFSS Survey Data)



HIV and Sexually Transmitted Diseases

Chart 2 shows the rate of new cases of HIV and Chart 3 shows the overall rate of reported sexually transmitted diseases (chlamydia, gonorrhea, and early syphilis) for African Americans and whites during the period 1998-2002. The HIV and sexually transmitted disease rates for African Americans are approximately ten times the rates for whites.

Chart 2
Rates (per 100,000 Population) of New Cases of HIV, by Race
North Carolina, 1998-2002

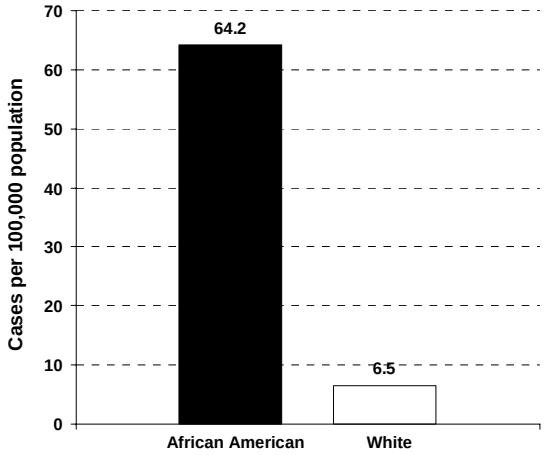
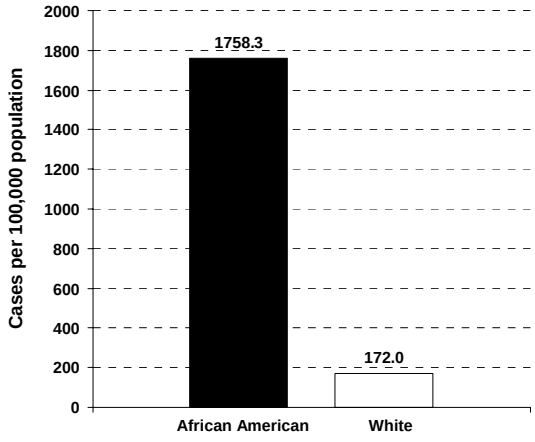


Chart 3
Rates (per 100,000 Population) of New Cases of Sexually Transmitted Diseases,* by Race, North Carolina, 1998-2002



*Includes chlamydia, gonorrhea, and early syphilis.

Health Risk Factors

Table 3 presents data from the 2002-2003 North Carolina BRFSS survey on percentages of adults who reported selected risk factors or conditions. **African Americans in North Carolina were less likely than whites to engage in physical exercise, less likely to eat the recommended amount of fruits and vegetables each day, and more likely to be obese.** African Americans were less likely than whites to report that they engaged in binge drinking (5 or more drinks on one or more occasions in the last month) and were less likely to be smokers.

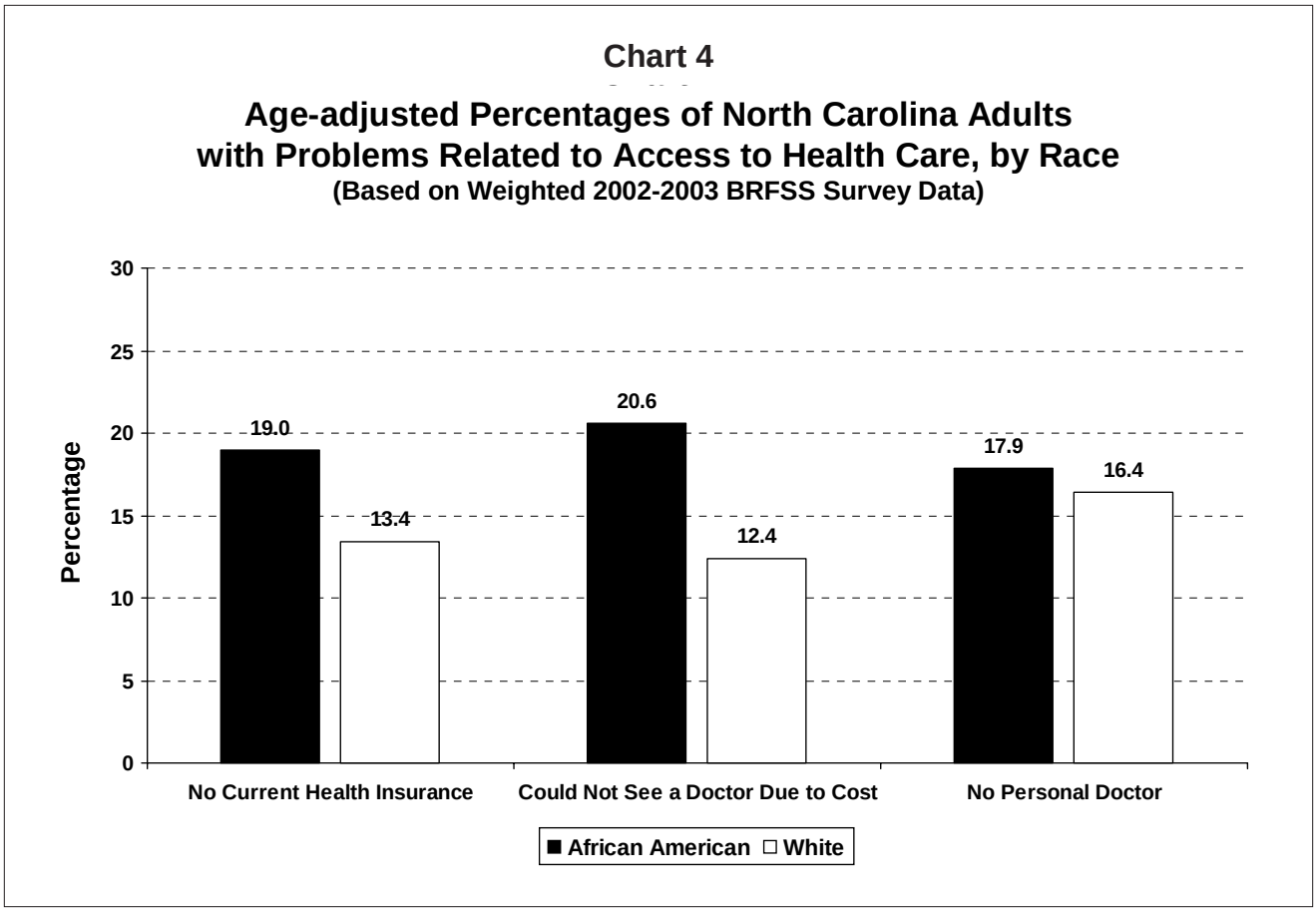
Table 3
Age-Adjusted Percentages of North Carolina Adults with Selected Risk Factors/Conditions, by Race
(Based on Weighted 2002-2003 BRFSS Survey Data)

	African American	White
Current smoking	22.9	26.9
Did not get recommended level of physical activity	67.9	59.0
No leisure-time physical activity	33.8	23.7
Consumption of less than 5 servings of fruits and vegetables per day	81.2	74.8
Binge drinking	6.9	10.6
Obese	37.2	20.9

Access to Health Care

Chart 4 shows the age-adjusted percentages of African American and white adults who reported certain problems related to access to health care, again using data from the 2002-2003 North Carolina BRFSS telephone survey. African Americans had substantially higher percentages than whites for “no current health insurance” and “could not see a doctor due to cost.”

Chart 4



Quality of Life

Table 4 shows the age-adjusted percentages of African American and white adults with selected indicators related to quality of life, using self-reported data from the 2002-2003 North Carolina BRFSS telephone survey. African Americans had higher percentages than whites for each of these five measures of quality of life: fair or poor health, self-reported disability, 14 or more days in the past month with poor mental health, 14 or more days in the past month with poor physical health, and 14 or more days in the past month when the usual activities of daily living were limited. Among those adults who said that they had a disability (both races), 44 percent said that their health was fair or poor and 56 percent said that their health was good, very good, or excellent.

Table 4
Age-Adjusted Percentages of North Carolina Adults with Selected Quality-of-Life Indicators, by Race
(Based on Weighted 2002-2003 BRFSS Survey Data)

	African American	White
Fair or poor health	25.1	17.5
Disability	29.7	24.9
14 or more days in the past month with poor mental health	11.5	8.8
14 or more days in the past month with poor physical health	12.4	9.7
14 or more days in the past month when the usual activities of daily living were limited	7.0	5.7

Maternal and Infant Health

Chart 5 presents data on smoking during pregnancy and prenatal care among 1998-2002 live births to African American and white women residing in North Carolina. The percentage with late or no prenatal care is approximately twice as high among African American women, though the rate of smoking during pregnancy is substantially lower for African American women than among white women.

Chart 5
Percentages of 1998-2002 North Carolina Resident Live Births with Maternal Smoking During Pregnancy and with Late or No Prenatal Care, by Race

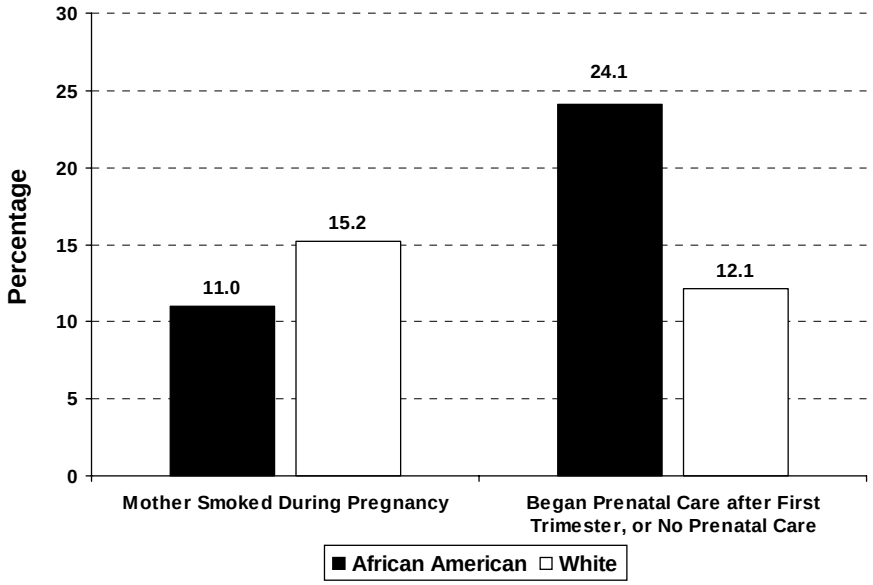


Table 5 presents selected 1997-2001 results from the Pregnancy Risk Assessment Monitoring Systems (PRAMS), which is a statewide mail and telephone survey of women at 3 to 5 months postpartum. African American women were at substantially higher risk than white women for the first five measures presented in Table 5. Their rate of postpartum depression was only slightly higher than the rate for white women, and their rate of current smoking was lower.

Data from the 2003 BRFSS telephone survey also show a higher rate of physical violence among African American women. Among all adult females ages 18 and older, 22 percent of African Americans reported that they had ever been pushed, hit, slapped, kicked, or physically hurt since they were 18 years old, compared to 19 percent of whites.

Chart 6 shows the percentage of live births that were low birth weight (less than 5 lbs., 9 ozs.) and Chart 7 shows the infant death rate (infant deaths per 1,000 live births) for African Americans and whites. **For each of these two measures, the rate for African Americans was approximately twice the rate for whites.**

Table 5
Percentages of North Carolina Women with a Recent Live Birth Who Had Selected Risk Factors, by Race (Based on Weighted 1997-2001 PRAMS Survey Data)

	African American	White
Pregnancy was unintended (wanted later or not at all)	66.8	36.7
Mother did not take folic acid every day before pregnancy	84.7	71.2
Usual sleeping position for baby was on stomach or side	61.7	44.7
Mother did not breastfeed at all	55.9	29.9
Mother reported physical abuse before, during, or after pregnancy	13.7	7.9
Moderate or serious postpartum depression was reported	20.7	18.8
Mother reported smoking at time of survey (2-5 months after delivery)	14.7	22.0

Chart 6
Percentages of 1998-2002 North Carolina Resident Live Births That Were Low Birth Weight, by Race

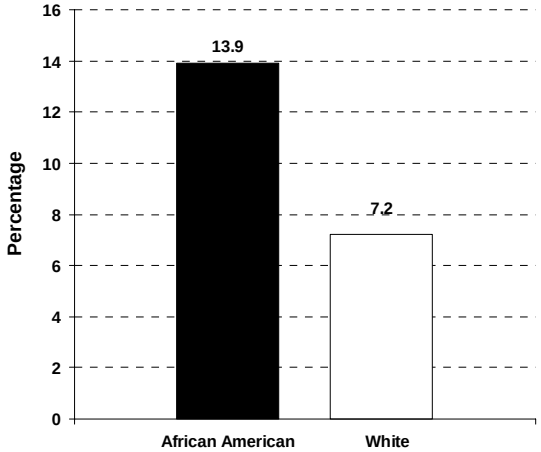
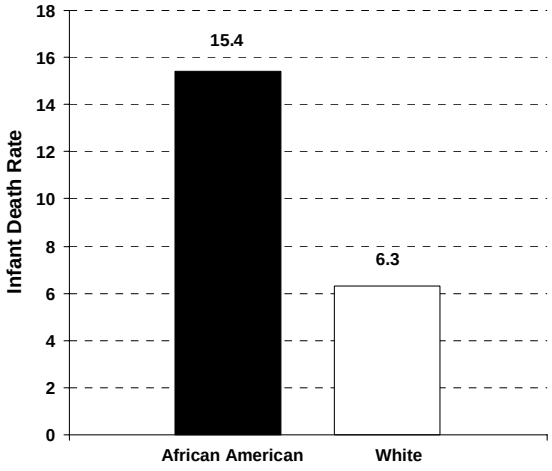


Chart 7
1998-2002 Infant Deaths per 1,000 Live Births, by Race



Child and Adolescent Health

Chart 8 shows the death rate for children 1 to 17 years of age (per 100,000 population) for African Americans and whites. African American children had a death rate 23 percent higher than the rate for white children. Their rate of 37.5 deaths per 100,000 population means that 0.038 percent of African American children ages 1-17 died each year, or about 175 deaths per year. The leading causes of death in this age group were motor vehicle injuries, other unintentional injuries, homicide, cancer, and birth defects.

Chart 9 shows the teen pregnancy rate (reported pregnancies per 1,000 population for ages 15-19) for African Americans and whites. African American teen girls had a pregnancy rate 65 percent higher than the rate for white girls. The racial disparity in the teen pregnancy rate has decreased substantially over time. As late as 1994, the teen pregnancy rate for African Americans was more than double the rate for whites.

Challenges of Collecting Accurate Data

African Americans in North Carolina experience worse outcomes on many health measures than do whites. Some of these measures rely on death certificate data, where there may be misreporting of the race of the decedent.[1] Also, the U.S. Census has historically undercounted minority populations, and low population estimates (based on the Census) in the denominators of rates would lead to overestimation of health problems. A study by the National Center for Health Statistics found that death rates for minority groups tend to be biased in two directions: upward due to undercounting of the population in the denominator, and downward due to undercounting of health events in the numerator.[2] This study found that the net effect of these two biases was that officially reported death rates for African Americans were overstated by five percent, due mainly to undercounting of the population in the census. Death rates for American Indians, however, were understated by 21 percent.

Chart 8
1997-2001 Deaths per 100,000 Population of Children Ages 1-17, by Race

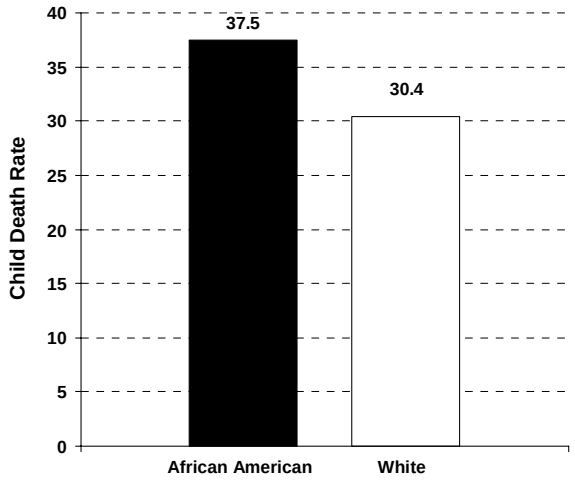
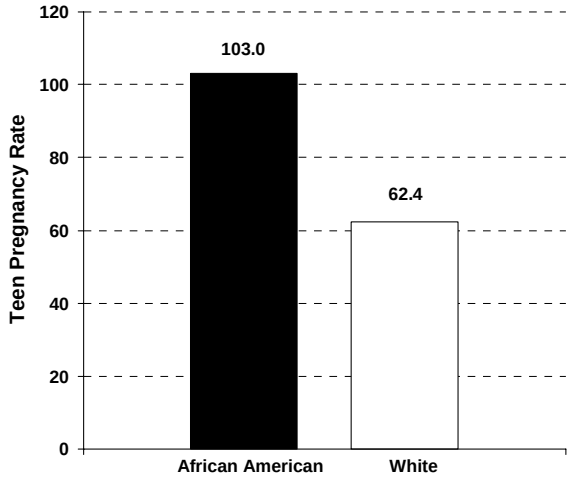


Chart 9
1998-2002 Teen Pregnancies* per 1,000 Girls Ages 15-19, by Race



*Reported pregnancies include live births, fetal deaths of 20 or more weeks gestation, and induced abortions.

The BRFSS survey data that are used extensively in this report have some limitations. First, this is a telephone survey only and therefore it will miss households with no telephone, which are often of lower socioeconomic status. Thus health problems will tend to be underreported, although for North Carolina as a whole only about 5 percent of households have no telephone.

Second, all of the BRFSS data are self-reported and respondents may misreport some health problems, either due to lack of knowledge about a particular issue or to the tendency to provide socially acceptable answers to the survey questions. This limitation also applies to the PRAMS survey data presented in Table 5.

The BRFSS, PRAMS, and birth certificate data that are presented in this report have the advantage that the respondent is asked to self-report their own race during the survey or on the mother's birth certificate worksheet. For the cancer and HIV/STD case data, however, race may be determined by the health care provider's observation or derived from medical records, which can lead to misclassification. For death certificates, the funeral director should ask a family member or other informant what the race of the decedent is, but sometimes the race is assigned just by physical appearance, leading to possible misclassification.[3]

Conclusion

This report shows that, for most of the measures presented here, African Americans in North Carolina experience substantially worse health problems than whites. However, there are certainly some areas of advantage for African Americans. They have substantially better rates than whites for chronic lung disease mortality, suicide, maternal smoking during and after pregnancy, and reported binge drinking.

Many studies suggest that racism – prejudice or discrimination based on race – is an important determinant of health disparities and quality of life in the United States. A recent North Carolina study supports this position.[4] This study found that adults who reported having emotional upset and/or physical symptoms due to treatment based on race, and those who reported experiences worse than other races when seeking health care, had significantly lower reported quality of life (e.g., more days in the past month with poor physical health) and higher rates of reported chronic diseases (such as arthritis and diabetes) and health risks (such as obesity). These results persisted after controlling for demographic characteristics, education, and income. African American adults in North Carolina were much more likely than white adults to report having emotional upset and/or physical symptoms due to treatment based on race (18 percent vs. 4 percent) and to report experiences worse than other races when seeking health care (7 percent vs. 1 percent).

The data contained in this fact sheet are useful tools for describing the burden of disease and risk factors contributing to the health status of African Americans in our state. But this report does not begin to capture the strengths, assets, contributions, and rich history of African Americans living in North Carolina.

Leaders from all sectors of the state are challenged to identify and seek solutions to the glaring health disparities documented in this report. State and local governments, community-based organizations, faith-based organizations, health and human service providers, public/private business and industries, and academic institutions need to invest in eliminating the health disparities. Policy makers, administrators, and program managers are challenged to address system barriers, engage communities in new ways, and make sure that the resources target the problems identified by these data. Creating "One North Carolina" will require a renewed investment in African American, poor, and historically underserved communities throughout our state. The North Carolina Department of Health and Human Services is committed to the goal of eliminating health disparities.

References

1. Sorlie PD, Rogot E, Johnson NJ. Validity of demographic characteristics on the death certificate. *Epidemiology* 1992; 3:181-184.

2. Rosenberg HM, Maurer JD, Sorlie PD, et al. Quality of death rates by race and Hispanic origin: a summary of current research, 1999. *Vital and Health Statistics* 1999; Series 2, No. 128. Hyattsville: National Center for Health Statistics.

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4. Gizlice Z, Ngui E. Relationships between health and perceived unequal treatment based on race: results from the 2002 North Carolina BRFSS Survey. *SCHS Studies*, No. 144. State Center for Health Statistics, North Carolina Department of Health and Human Services, September 2004. http://www.schs.state.nc.us/SCHS/pdf/SCHS144.pdf.

Note: Much of the data in this report were drawn from the following publications, which are cited as reference documents and for further information and detail.

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