

Health Disparities Among Blacks in Westchester: A Snapshot

A Report from County Executive Spano's Blue Ribbon Task Force

SOCIO
ECONOMIC
STATUS



CULTURAL
DIFFERENCES



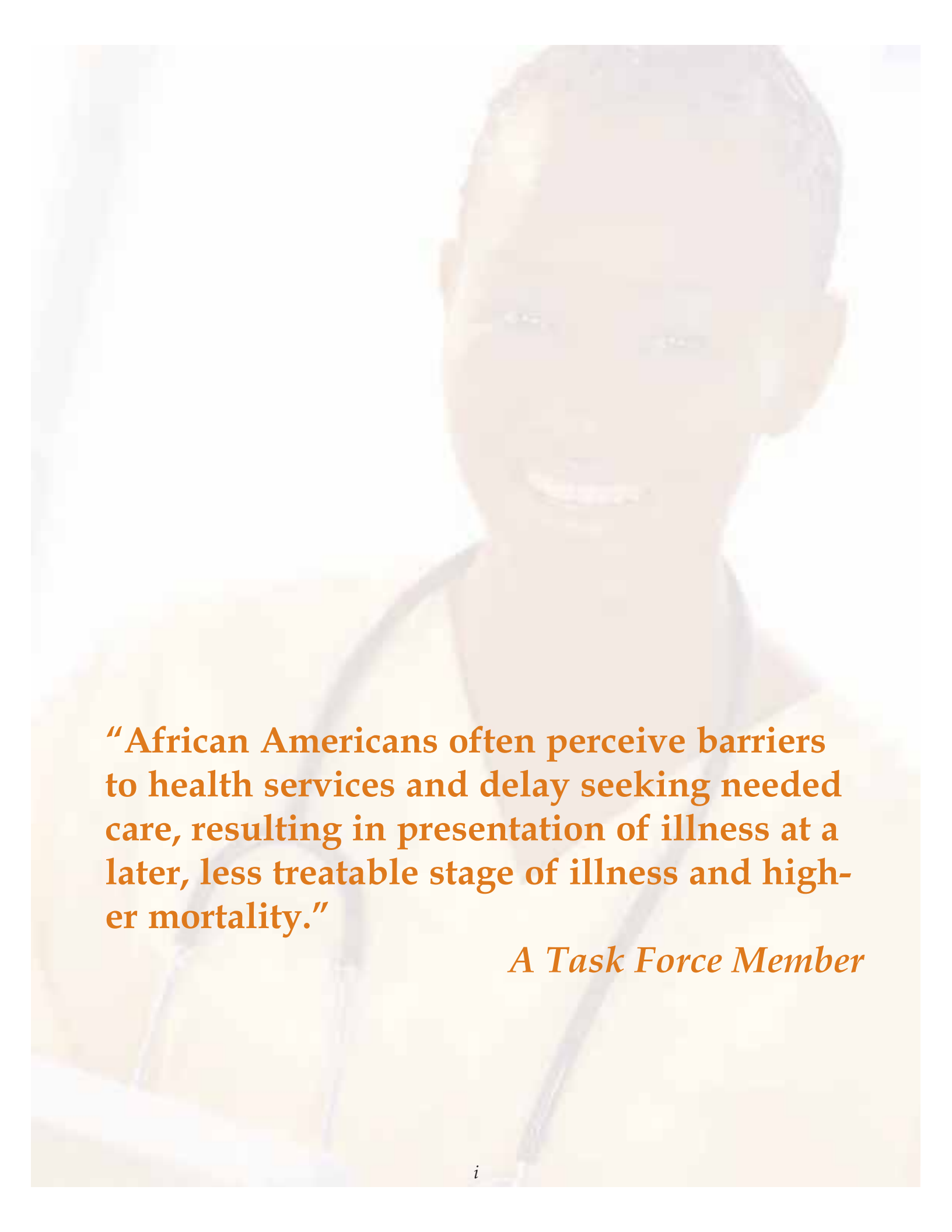
ACCESS TO
HEALTH CARE



DEMOGRAPHICS



ADVOCACY



“African Americans often perceive barriers to health services and delay seeking needed care, resulting in presentation of illness at a later, less treatable stage of illness and higher mortality.”

A Task Force Member



Message from County Executive Andy Spano

In Westchester County, as in the rest of the state and throughout the nation, it is becoming increasingly evident that health conditions adversely affect various groups in different ways. The causes for these disparities are many and complex, because they often go beyond the field of medicine and into the realm of socioeconomic realities.

To address these health disparities, I have created the Westchester County Blue Ribbon Task Force for the Elimination of Health Disparities. This Task Force consists of a select group of Westchester's community and medical leaders whom I believe hold unique knowledge and insight on this issue.

The work of this Task Force is important because the advances that have been made in medicine and health protection should be of benefit to all, yet we see that there are disparities in health outcomes between the races. The Task Force's guidance is vital in understanding why these disparities exist and how to begin to overcome them so we can improve the health of Westchester's Black communities. It is my hope that together, we can develop messages that reach the doctors and hospitals who provide the services as well as our residents who need them.

The charge I have given to this committee is not easy. Solutions are not around the corner. However, I am proud that we have begun to raise awareness to address this vital health concern.

I thank the committee members for serving.

Sincerely,

Andrew J. Spano
County Executive

Message from Commissioner Joshua Lipsman, M.D., J.D., M.P.H.

Cultural and ethnic diversity gives Westchester its strength and character. Such diversity enriches our communities by providing cultural enhancement, mixed populations, interesting avenues of learning, and greater acceptance of new residents. Diversity also brings distinctive challenges to the agencies that provide services such as access to health care or direct health services.

As is the case nationwide, health disparities adversely affect Black people in Westchester:

- Black men have higher rates of prostate cancer, multiple myeloma, and esophageal cancer than Whites.
- Black women have higher rates of pancreatic and cervical cancer than whites.
- From 1998-2002, more than half of the reported AIDS cases in Westchester County were among Black people.
- Higher proportions of younger patients are hospitalized due to circulatory disease, and cancer.
- Black people are over represented in asthma related hospitalization.
- They are over represented in hospitalization due to mental disorders.
- The average age of death is more than 10 years younger than among Whites (66.8 vs. 77.4 in 2002).
- In 2002, 59% of the female HIV cases were among Black people; and 45% of the male HIV cases were among Black men.
- Black people had an infant mortality rate that was almost twice the average in Westchester County in 2002.

County Executive Spano charged the Blue Ribbon Task Force with identifying unique and effective ways to begin to eliminate some of these health disparities. There are many things government cannot do alone, and in cooperation with the Task Force, we are all made stronger.

To begin to address this challenge, the Health Department hired two consultants to assist the Blue Ribbon Task Force in their activities. One consultant was to focus on developing a quantitative assessment of health disparities among Black people in Westchester; the other on a qualitative assessment of these same health disparities, as experienced by the community itself. The consultants went to work immediately to prepare their proposals to the Task Force regarding methodology that would provide the desired results. Please note that statistics from prior years may represent the most recently available.

During the first meeting of the Blue Ribbon Task Force convened by County Executive Andy Spano on September 12, 2005, key leaders of the Black community received their charge from the County

Executive and, through lively discussion, highlighted the breadth of the health disparity problem and the multiple avenues of approaching health disparities. The group spent time working to narrow the focus of approach so that an appropriate snapshot of health disparities among Blacks could be developed within the time constraints of the project, and offered insights to the consultants as to how the initial report should be shaped. The Task Force determined that its primary efforts would be spent on a small number of achievable goals rather than an exhaustive study of the problem that has been well-defined nationally. To that end, they asked the consultants to have the snapshot of health disparities in Westchester ready for review by the second Task Force meeting on November 2, 2005.

Working with volunteers from the Blue Ribbon Task Force, consultants focused their attention on providing a significant product within the very short time span between the first and second meetings, so that the Task Force could then begin to review their findings and make recommendations as to how best to address the needs outlined within.

This report, *Health Disparities Among Blacks in Westchester County: A Snapshot, a Report from County Executive Spano's Blue Ribbon Task Force*, is the result of these efforts to date. Using the information contained in this report, the Task Force will now identify key areas where achievable goals can be pursued.

As a conclusion of the Report, it is clear that health disparities exist in the Black community in Westchester County, as they do throughout the state and the nation. These disparities are of historic origin and are multifaceted in origin. The resolution of these health disparities is not an easy task. However, new perspectives on addressing health disparities, such as those that will develop from the Task Force, will enable us to make progress in resolving these disparities.

This report affirms the extent of these disparities in Westchester and acts as a starting point for the development of creative initiatives that will begin to address these disparities over the coming months. Since government cannot do this alone, we must all work together to reach the common goal. It is my hope that the next time we revisit these statistics, appreciable progress will have been made on ameliorating health disparities in Westchester's Black communities.

Sincerely,

Joshua Lipsman, M.D., J.D., M.P.H.
Commissioner of Health

Westchester County Blue Ribbon Task Force for the Elimination of Health Disparities Among Blacks in Westchester

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Valiere Alcena, M.D., F.A.C.P. - Clinical Professor of Medicine, Albert Einstein College of Medicine

Rosa Barksdale - CEO, Barksdale HealthCare Services Inc.

Hon. Lois Bronz - Legislator, Westchester County Board of Legislators

Valentine Burroughs, M.D. - Chair of the Health Policy Committee, National Medical Association

Jacqueline Dunbar, M.D. - OB/GYN, Founder of the Women Tell Us to Well Us Initiative

Barbara Edwards - Co-Chair, African American Advisory Board

Reverend Barbara Evans, M.P.H. - Minister of Wholeness, Grace Baptist Church

James Foy - President/CEO, St. Johns Riverside Hospital

Harold Freeman M.D. - Associate Director of the National Cancer Institute

Desta Lakew, M.P.H. - Director of Patient Marketing, Open Door Family Medical Center

Joshua Lipsman, M.D., J.D., M.P.H. - Commissioner, Westchester County Health Department

Merville Marshall Jr, M.D., F.A.C.P., F.A.C.E. - President, The Endocrine Institute

Carole Morris - Director, Mt. Vernon Neighborhood Health Center

Dorothy J. Orr - President, Orr Associates

Shawyn Patterson Howard - Branch Director, Mt. Vernon Family YMCA

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Reverend Jeanette Phillips - Executive Vice President, Hudson River Health Care

Thomas J. Price, Jr., M.D., F.A.C.C. - Cardiologist, Private Practice

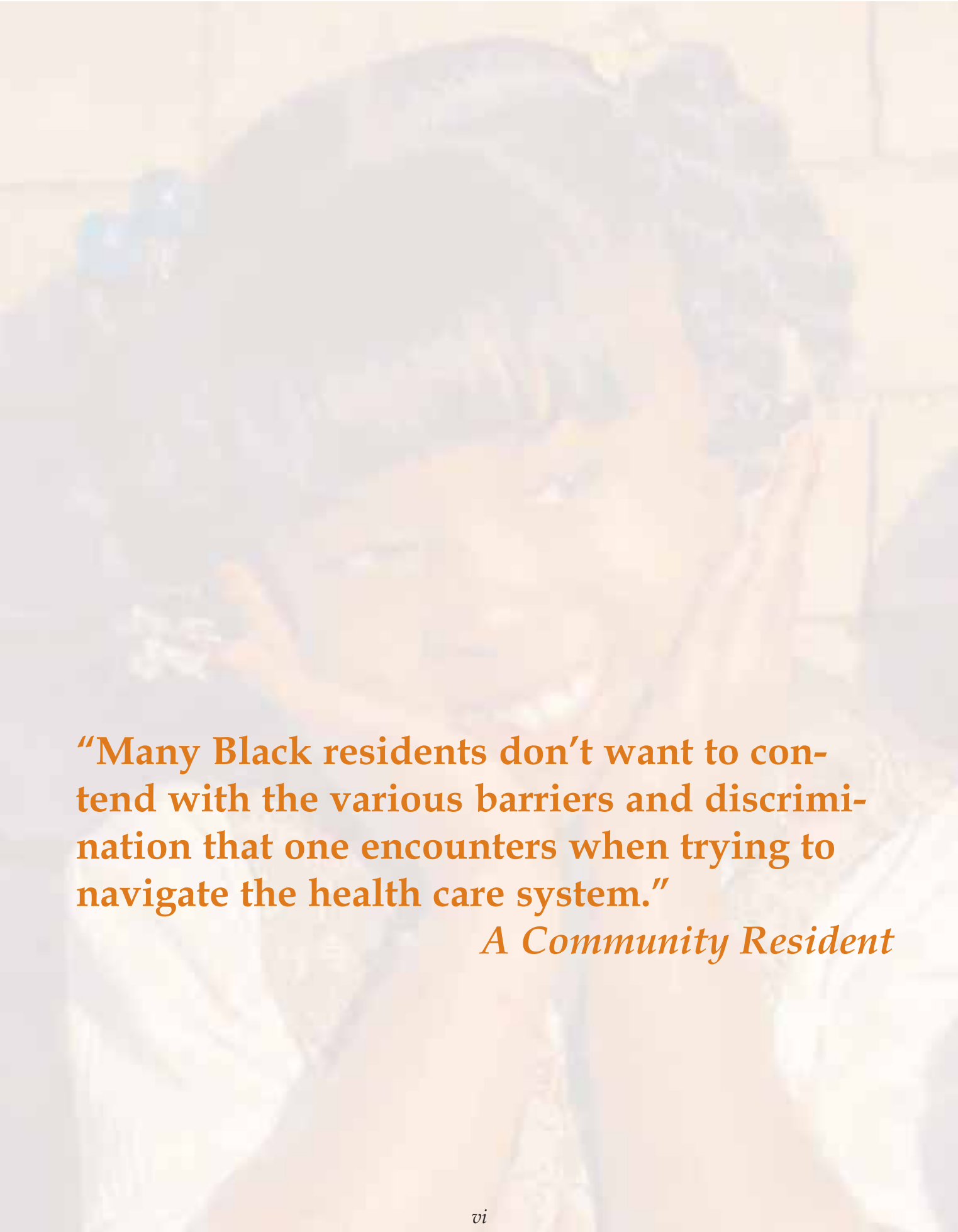
Jon B. Schandler - President/CEO, White Plains Hospital Center

Meredith Sirmans, M.D. - OB/GYN, President/The Society of Black Physicians of Westchester and New York

John R. Spicer - President/CEO, Sound Shore Medical Center

Hon. Andrea Stewart Cousins - Vice-Chair, Westchester County Board of Legislators

Carol L. Weber, R.N., M.S. - President/CEO, Visiting Nurse Services of Westchester



“Many Black residents don’t want to contend with the various barriers and discrimination that one encounters when trying to navigate the health care system.”

A Community Resident

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*Developed and designed by the Health Education and Information Division
of the Westchester County Department of Health.*

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Qualitative Research Report produced by Cheryl Brannan, Brannan Solutions Group
Quantitative Research Report produced by Dale D. Mottola, Applied Systems Group, Inc.



Westchester Population Profile by Race: *Voices of the Black Community*

“[It’s important to] identify where the low-income Black families are located in the County so that a pilot project could have the greatest impact.”

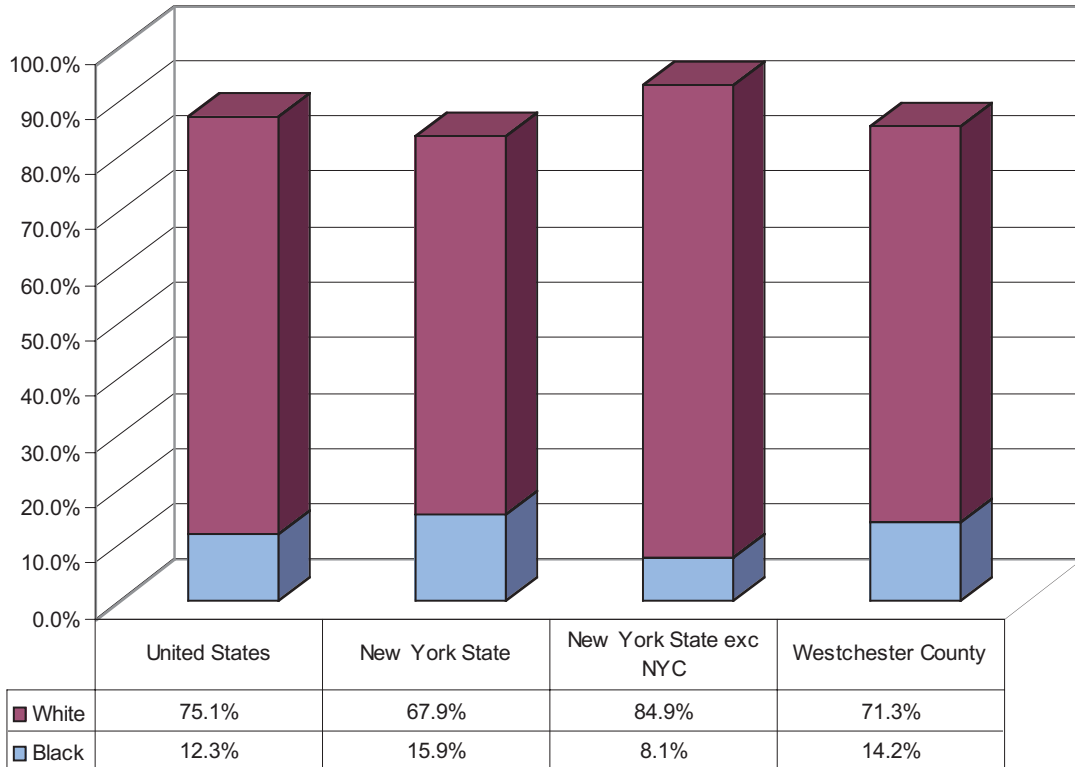
A Task Force Member

“I think that whatever information that comes from the various communities and institutions should be compiled so that the Task Force can effectively present it to the various agencies that could help in bringing about changes in the level of the disparities.”

A Task Force Member

Westchester Population Profile by Race: What the Data Tell Us

Population by Race, 2000



The proportion of persons who are Black or African American in Westchester County (14.2%) is higher than in the United States (12.3%). Although the percentage of Blacks in New York State as a whole (15.9%) is higher than for Westchester County, the percentage of Blacks in New York State exclusive of New York City is only 8.1%.

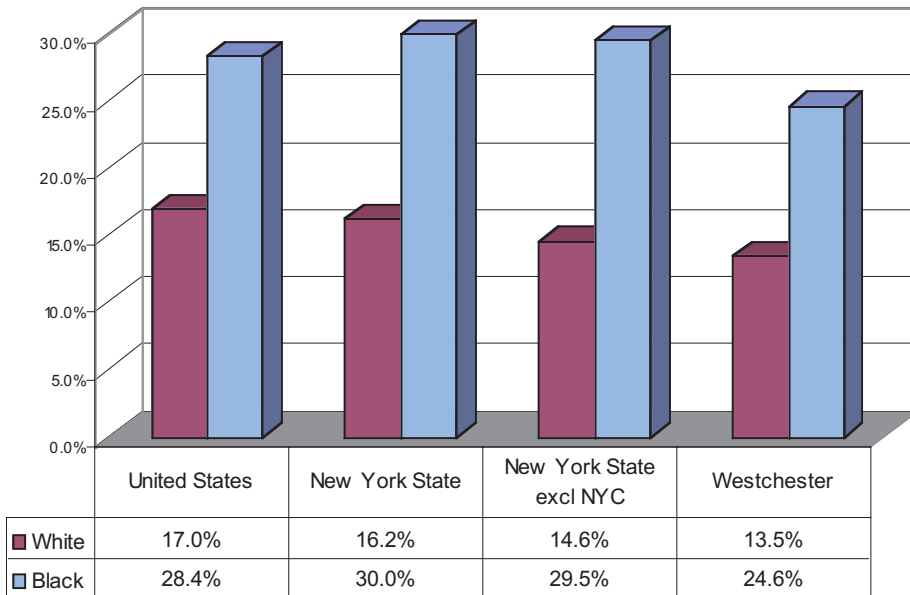
Health disparities present among Blacks may impact Westchester County to a greater degree than upstate New York or the United States as a whole.

NOTE: The categories of White and Black/African American include individuals who classified themselves as that race alone.

SOURCE: U.S. Census, 2000

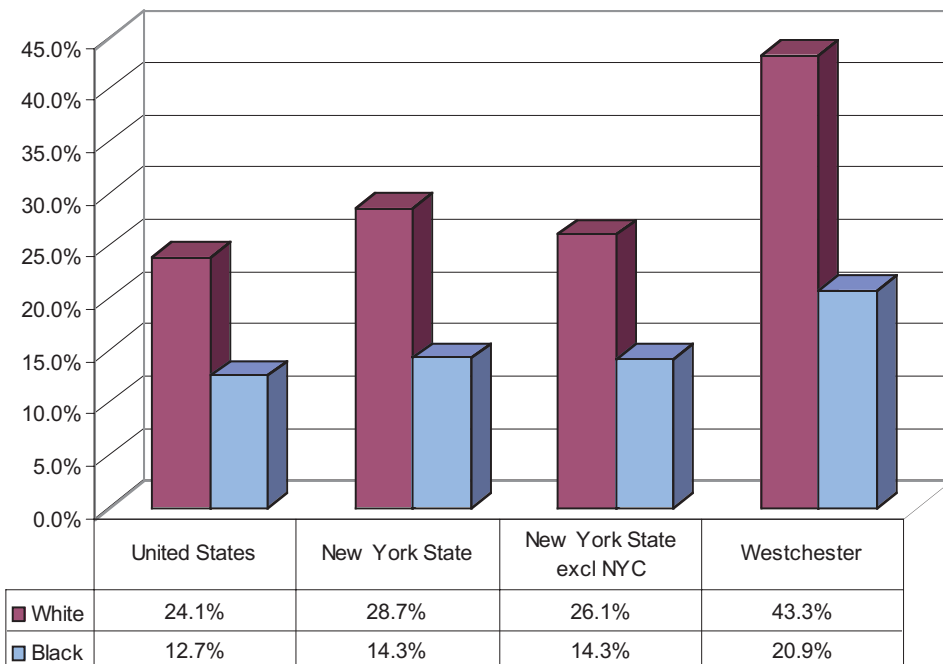
Educational Attainment, 2000

WESTCHESTER RESIDENTS WITH LESS THAN HIGH SCHOOL DIPLOMA



In Westchester County, 24.6% of the Black population aged 18 and over do not have a high school diploma, as compared to 13.5% of the White adult population.

WESTCHESTER RESIDENTS WITH COLLEGE DEGREE OR HIGHER



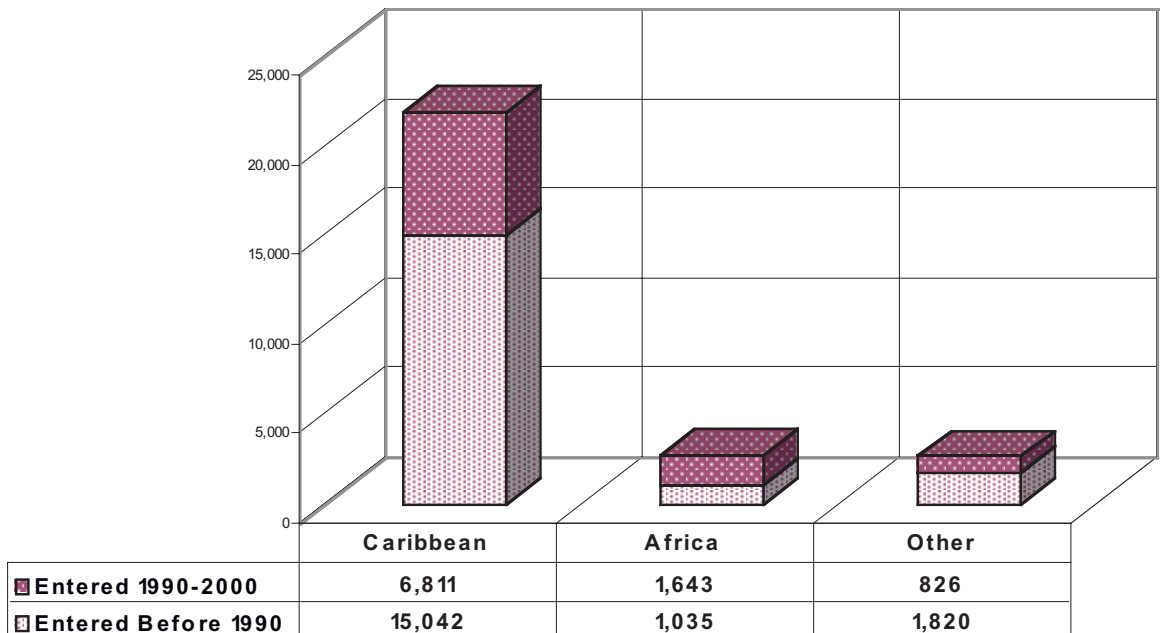
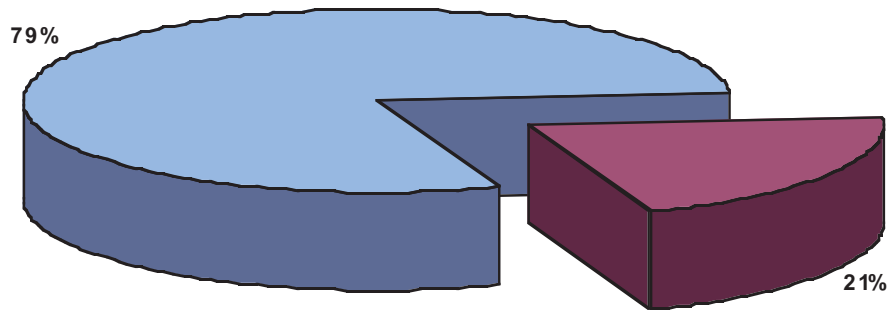
In Westchester County, 20.9% of Blacks hold a bachelor's degree or higher, as compared with 43.3% of the White population.

However, the rates for those with less than a high school diploma and those with a college degree or higher indicate that Blacks in Westchester County have attained a higher level of education than in either New York State as a whole or the United States.

SOURCE: U.S. Census, 2000

Black Foreign-Born Population By Origin and Tenure, 2000

■ Native Born ■ Foreign Born



In Westchester County, 21% of Blacks were born outside of the U.S. Over 65% of Black immigrants came to this country prior to 1990. The majority of Black immigrants originate from the Caribbean.

SOURCE: U. S. Census, 2000

Socioeconomic Status:

Voices of the Black Community

“To only address the health issues without addressing the socioeconomic problems that have contributed to the disparities will be the same as treating the symptoms and not the source of the illness.”

A Task Force Member

“Many seniors and widows cannot afford to go to the doctor as needed. Cost is high and it is often difficult to get to the doctors office. Taxis are very expensive also.” *A Community Member*

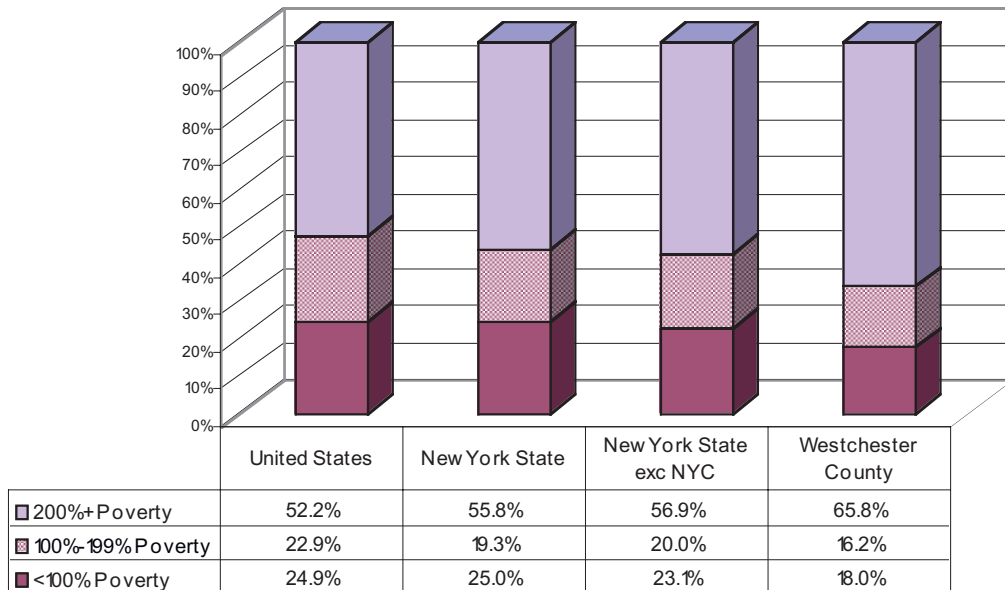
“Blacks who visit Health Centers [low-income] are treated differently from blacks with higher income who need health care services.” *A Community Member*

“Race alone is an independent cause of disparity in health care-independent of socio-economic status, insurance status, age or gender.” *A Task Force Member*

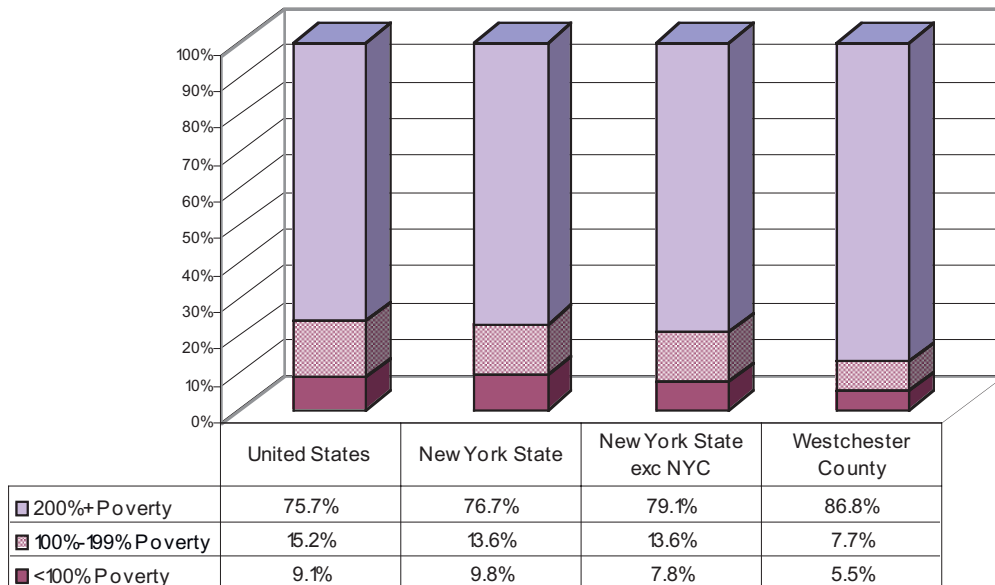
Socioeconomic Status: What the Data Tell Us

Poverty Status by Race, 1999

POVERTY STATUS OF BLACK POPULATION



POVERTY STATUS OF WHITE POPULATION

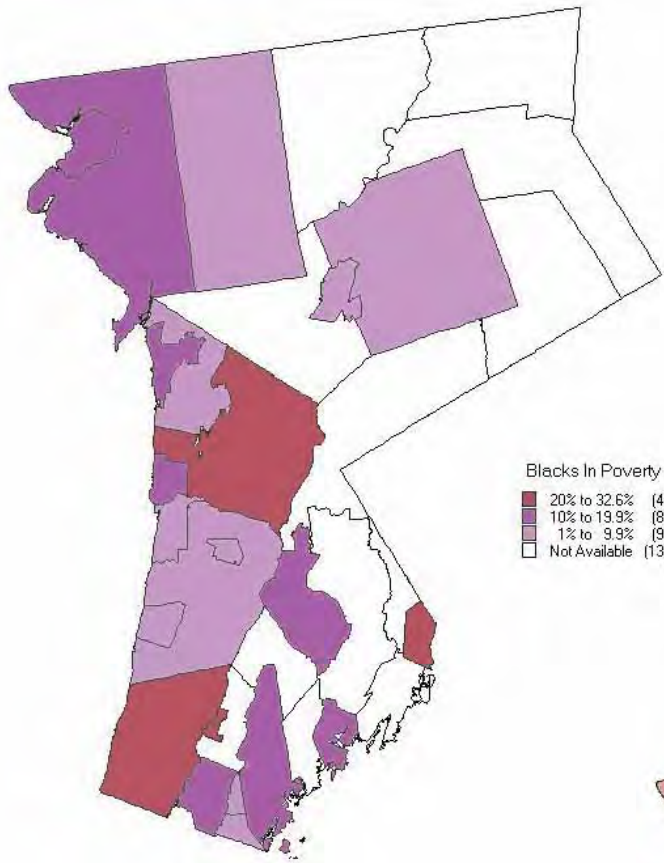


In Westchester County, 18% of the Black population live in poverty, as compared with 5.5% of the White population*. However, proportionally fewer Blacks in Westchester County live in poverty than in New York State as a whole (25%), or in the United States (24.9%). Conversely, 65.8% of Westchester's Black population have incomes greater than 200% of the poverty threshold, as compared with 55.8% of Blacks in New York State and 52.2% of Blacks in the United States.

*In the 2000 US Census, the poverty threshold for a family of four (two dependent children) was \$16,895. Low income (or near poverty) is defined as those with incomes under 200% of the poverty threshold.

SOURCE: U.S. Census, 2000

Blacks in Poverty and Near Poverty, 1999

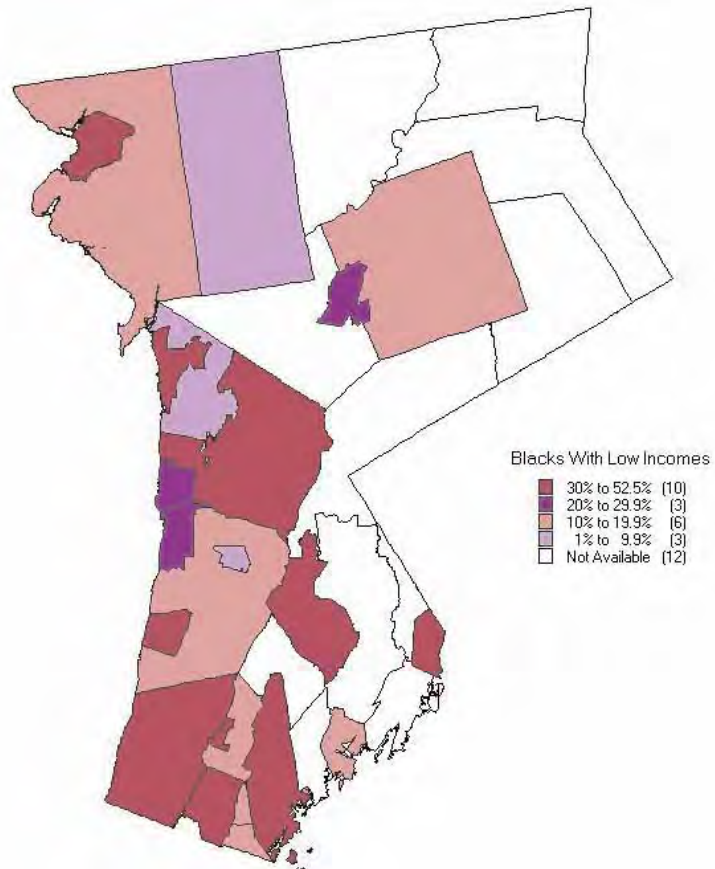


In the City of Yonkers, where the Black population is highly concentrated, over 20% of Blacks live in poverty.

There are also municipalities scattered throughout Westchester County that have at least 20% of the Black population living in or near poverty*.

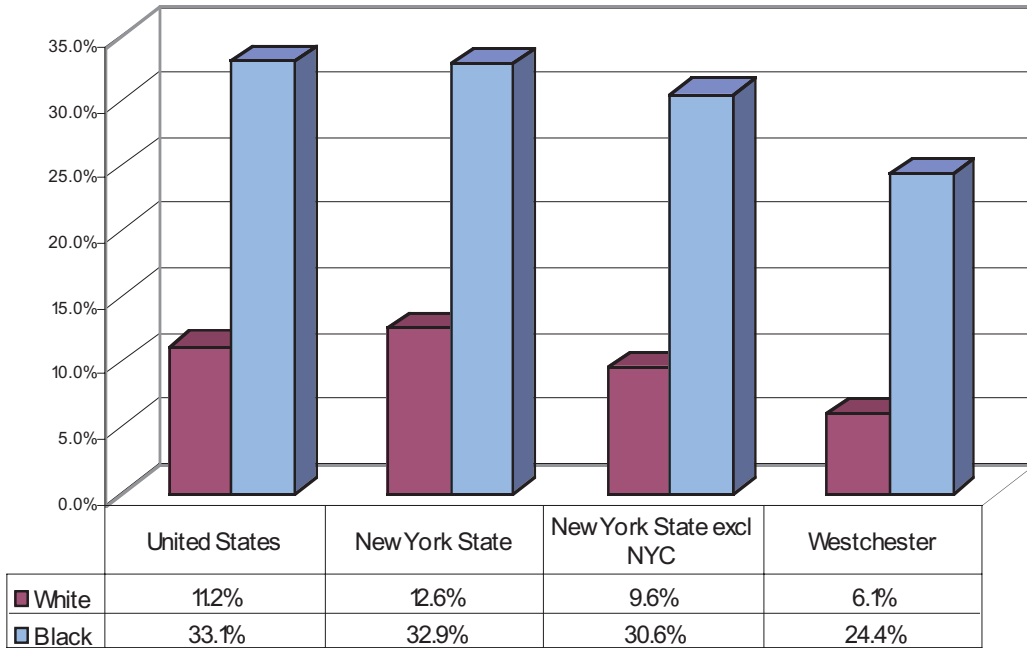
*In the 2000 US Census, the poverty threshold for a family of four (two dependent children) was \$16,895. Low income (or near poverty) is defined as those with incomes under 200% of the poverty threshold.

SOURCE: U.S. Census, 2000



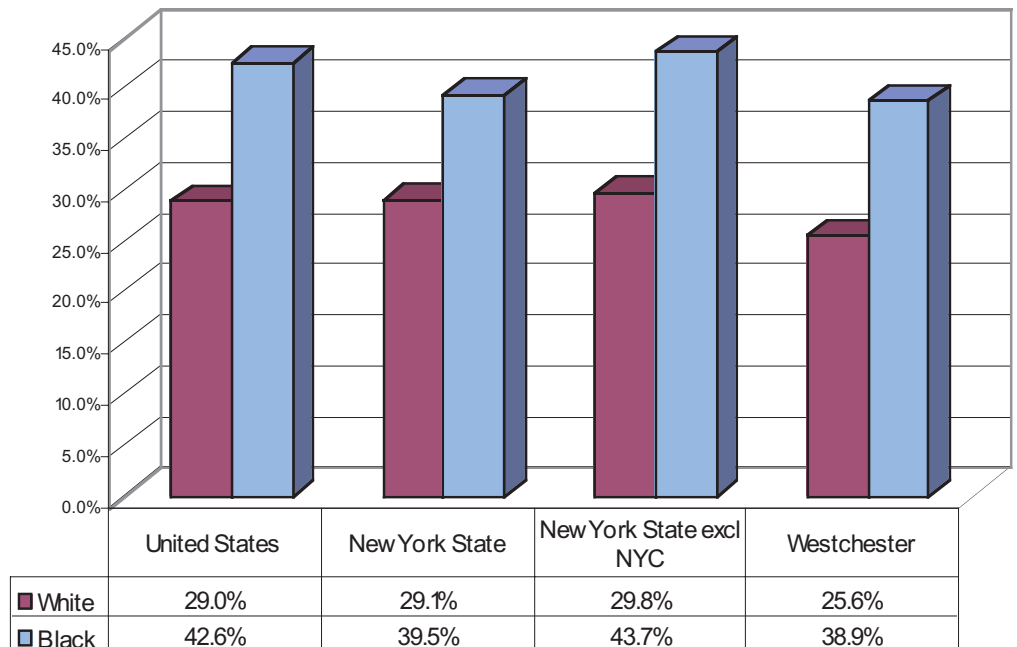
Children In Poverty, 1999

PERCENT OF ALL CHILDREN LIVING IN POVERTY



Proportionally, there are fewer Black children living in poverty in Westchester than in New York State or in New York City. Yet, in Westchester County, 24.4% of Black children aged 0-17 live in poverty, as compared with 6.1% of White children.

PERCENT OF PERSONS IN POVERTY AGED 0-17



Nearly 40% of all Blacks in Westchester County with incomes below federal poverty level are children (ages 0-17).

SOURCE: U.S. Census, 2000

Vital Statistics:

Voices of the Black Community

“Being Black has been identified by many recent national studies as being the singular reason why Blacks receive poor medical care as compared to the medical care that Whites receive.”

A Task Force Member

“In my practice, I have noted African Americans frequently presenting with later stages of disease.”

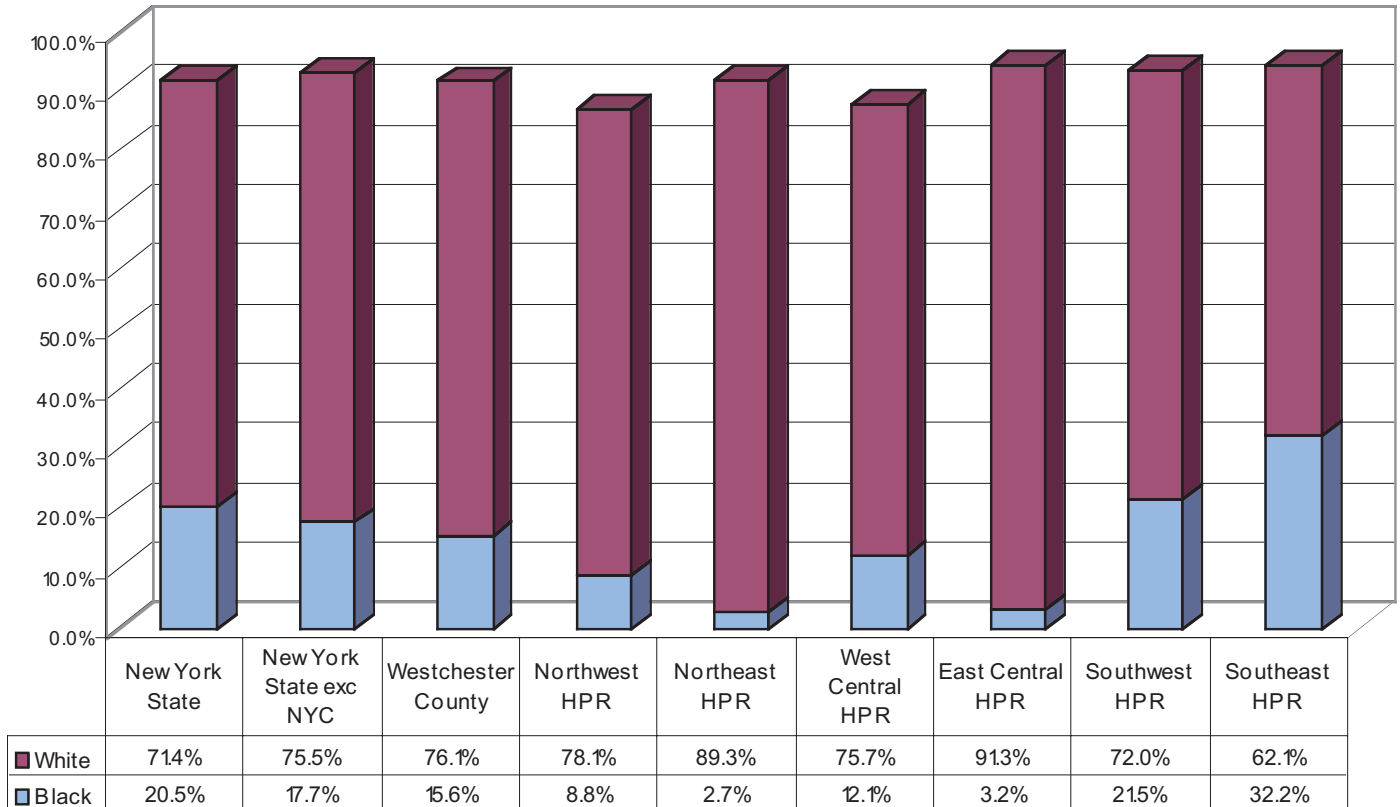
A Task Force Member

“[There is a] lower likelihood [that] the African American patient [will] receive life saving therapy before or after a heart attack.”

A Task Force Member

Vital Statistics: What the Data Tell Us

Live Births by Race, 2000-2002



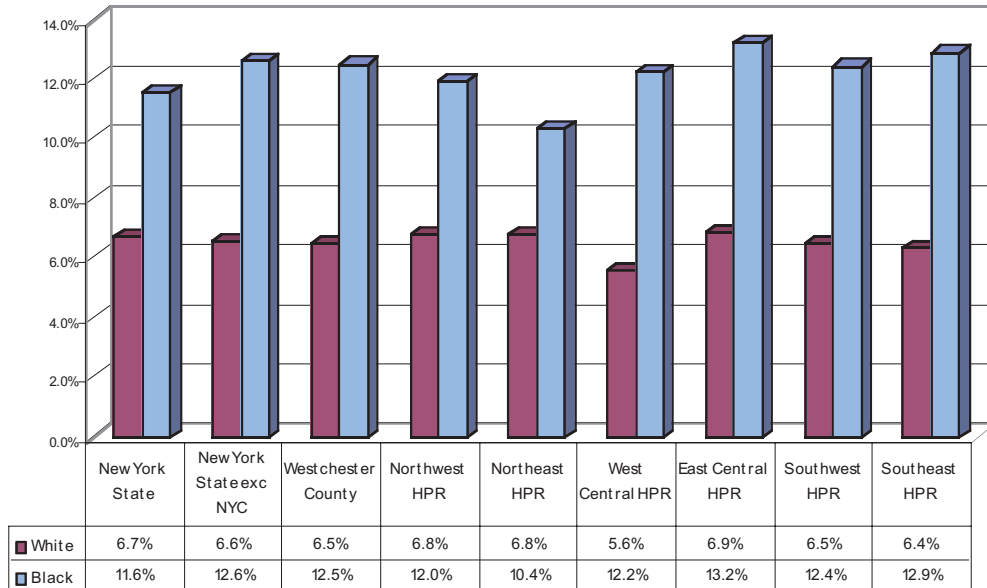
SOURCE: Westchester County Department of Health, 2000-2002

In Westchester County, 15.6% of live births are classified as Black. In the Southeast Health Planning Area, over 32% of newborns are Black, followed by 21.5% of live births in the Southwest Health Planning Region*.

*See Appendix 1

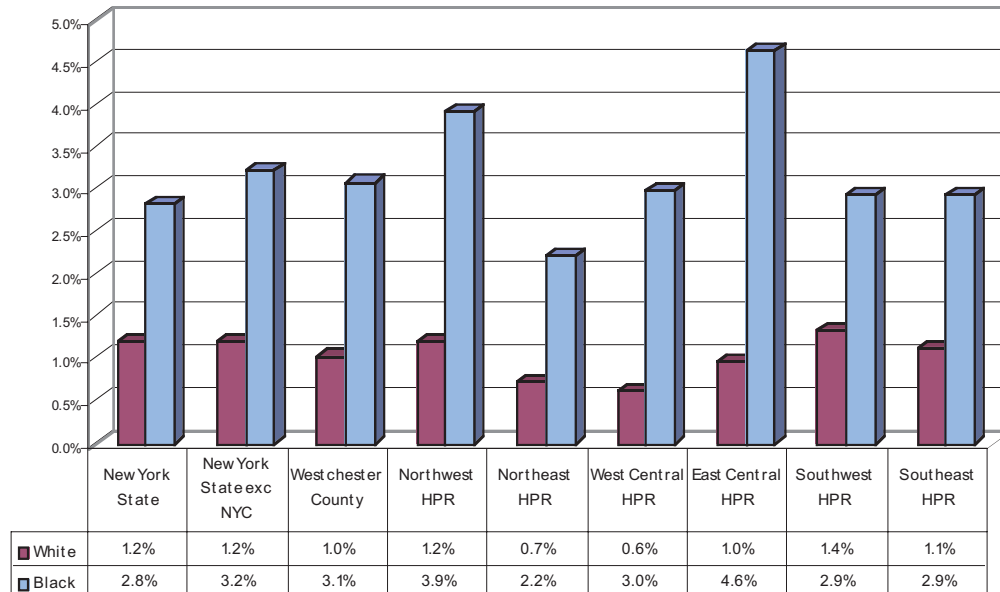
Low and Very Low Birthweight by Race, 2000-2002

Low Birthweight (<2500 grams) Births



In Westchester County, the percentage of low weight births among Blacks is nearly double that for Whites. The greatest disparity occurs in the West Central Health Planning Region*.

Very Low Birthweight (<1500 grams)

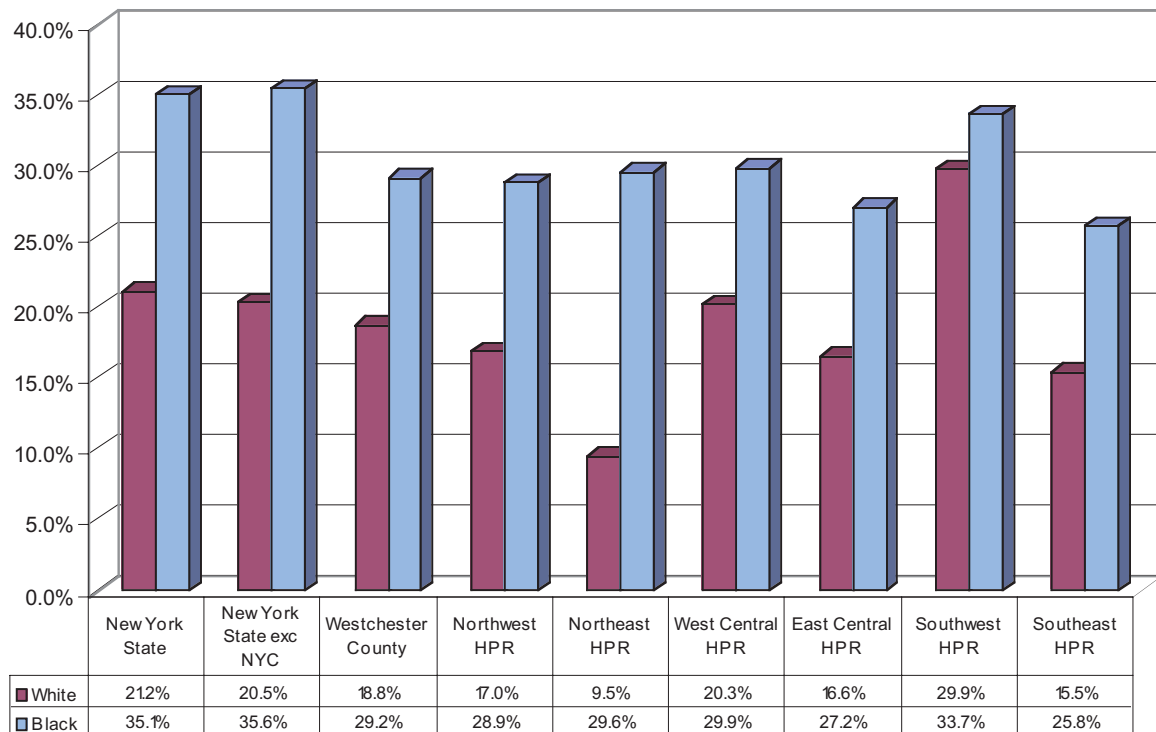


For very low weight births, the disparity between Blacks and Whites in Westchester County is even greater. In the East Central Health Planning Region* the percentage of very low weight births among Blacks is nearly five times the rate for Whites.

*See Appendix 1

SOURCE: Westchester County Department of Health, NYS Department of Health

Late or No Prenatal Care by Race, 2000-2002



SOURCE: Westchester County Department of Health, NYS Department of Health

In Westchester County, in 29.2% of live births among Black women, prenatal care started after the first trimester of pregnancy or not at all, as compared with 18.8% of live births among White women. The proportion among Black women is similar across all Health Planning Regions*, while the percentage varied widely among White women.

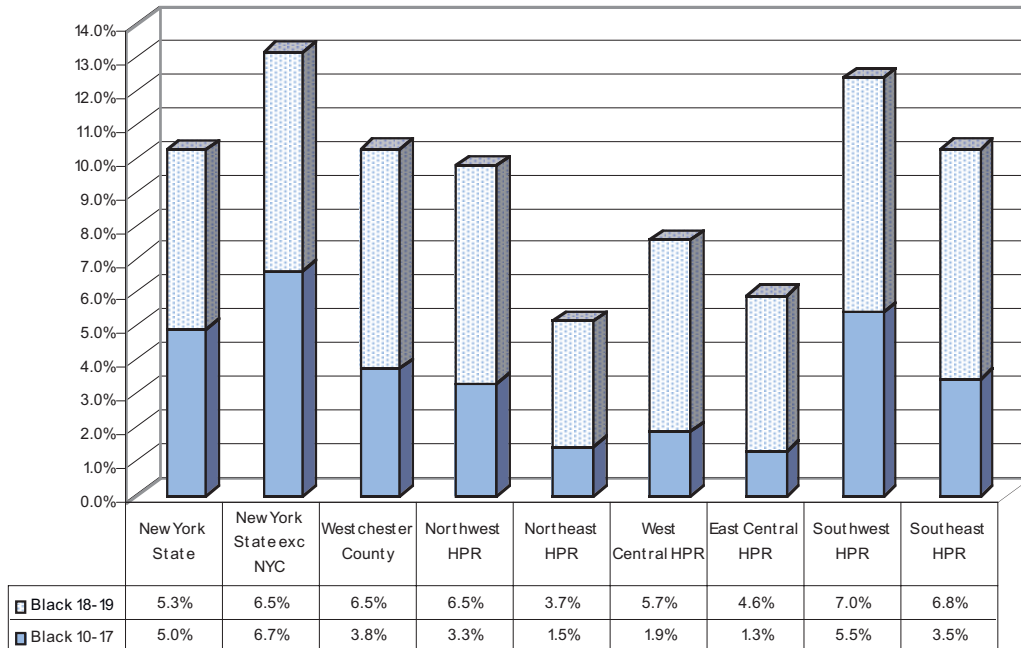
The widest disparity occurs in the Northeast Health Planning Region*, where the percentage of Black women who delay seeking or never seek prenatal care is three times that of White women.

NOTE: Late or no prenatal care is number of women beginning prenatal care in months 4 through 9 of pregnancy or not seeking prenatal care at all divided by total live births.

*See Appendix 1

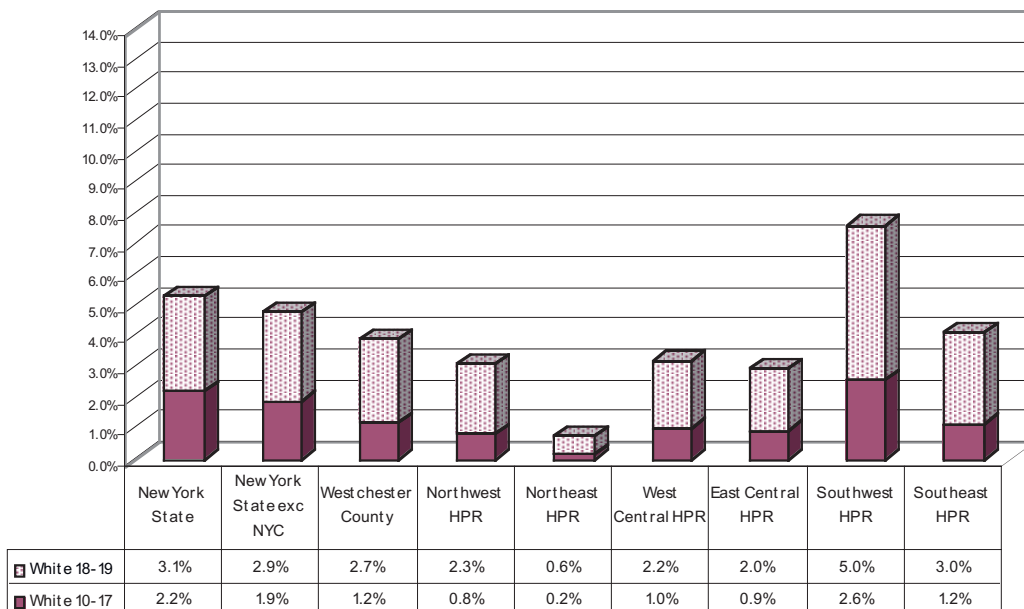
Teen Births by Race, 2000-2002

Births Among Black Women Aged 10-19



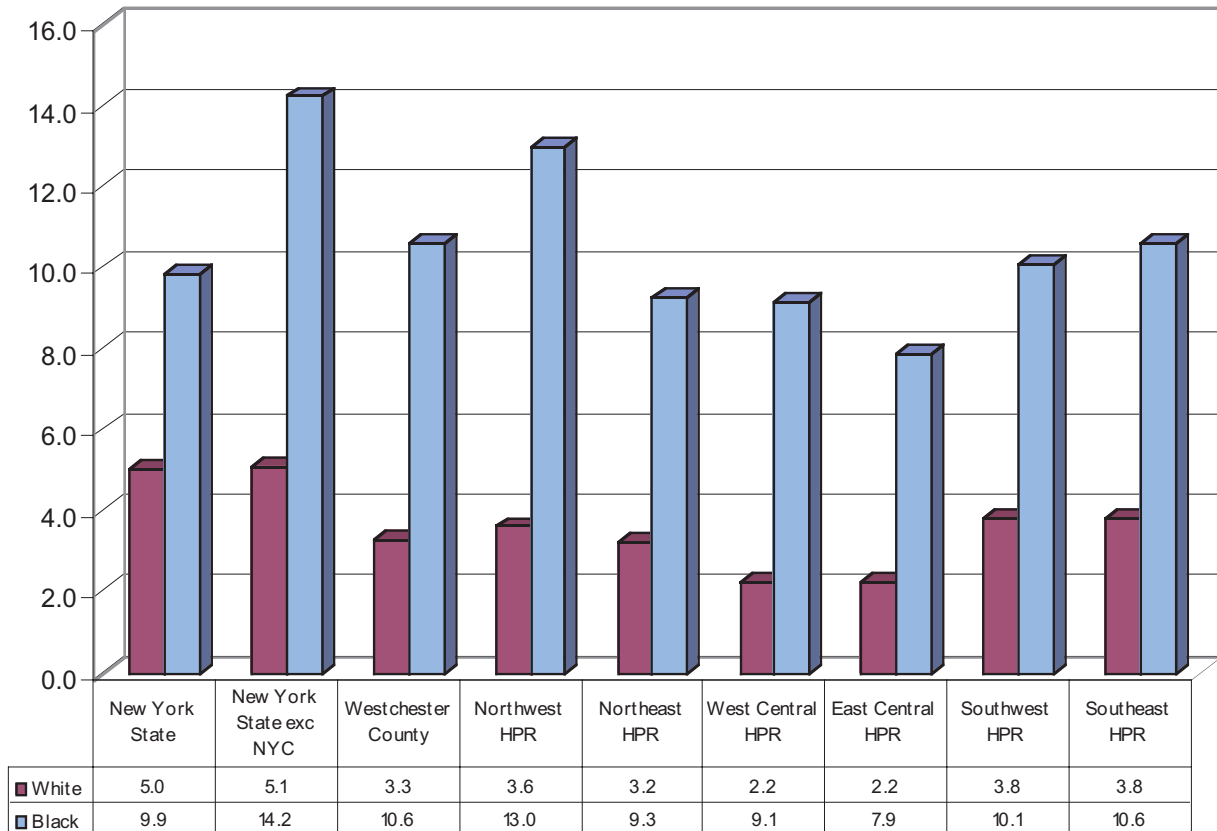
SOURCE: Westchester County Department of Health, NYS Department of Health

Births Among White Women Aged 10-19



In Westchester County, the percentage of births among teenage Blacks (10.3%) is 2.6 times that of Whites (3.9%). Although the percentage of live births to Black teens in Westchester County equals that of New York State as a whole, the disparity between Whites and Blacks is greater in Westchester County than for New York State.

Infant Mortality by Race, 1998-2002



SOURCE: Westchester County Department of Health, NYS Department of Health

Blacks in Westchester County as a whole experience infant mortality at a rate over three times that of Whites. This disparity reaches 3.6 times that of Whites in the Northwest Health Planning Region*.

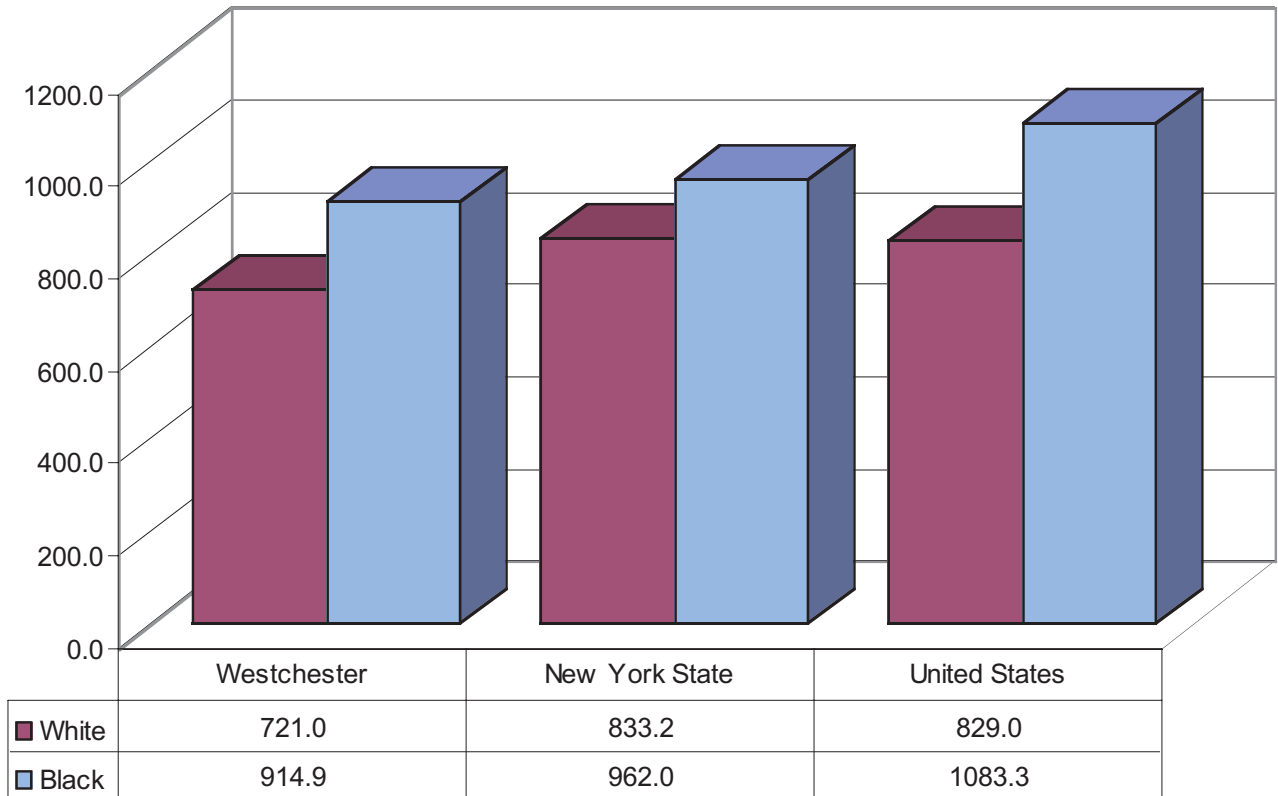
Blacks experience a greater disparity in the rate of infant mortality when compared to Whites in Westchester County than in New York State as a whole.

NOTE: Infant mortality rate is number of deaths in infants under one year of age divided by total live births.

*See Appendix 1

Mortality by Race

AGE ADJUSTED DEATH RATE FROM ALL CAUSES, 2000-2002



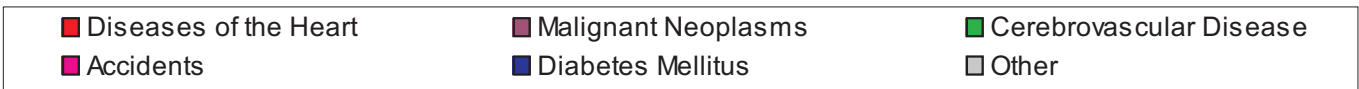
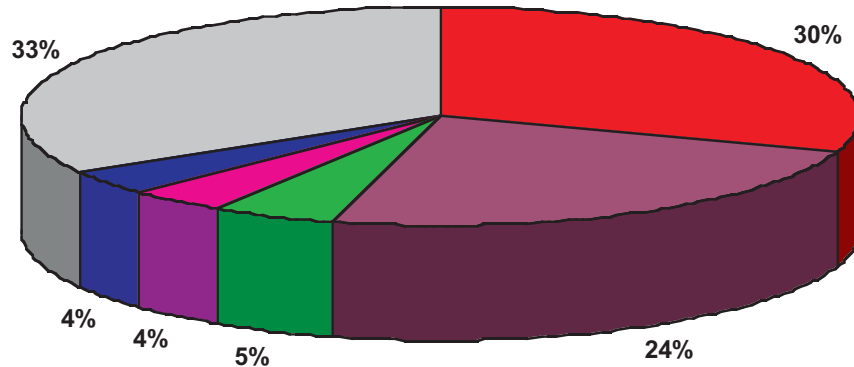
SOURCES: Westchester County Department of Health; NYS Department of Health, Vital Statistics Annual Report, 2000, 2001, 2002; National Center for Health Statistics, 2004

NOTE: Rates for Westchester and New York State are calculated using average annual deaths for the time period 2000-2002, adjusted to the 2000 US standard population. Rate for the United States is for 2002 only.

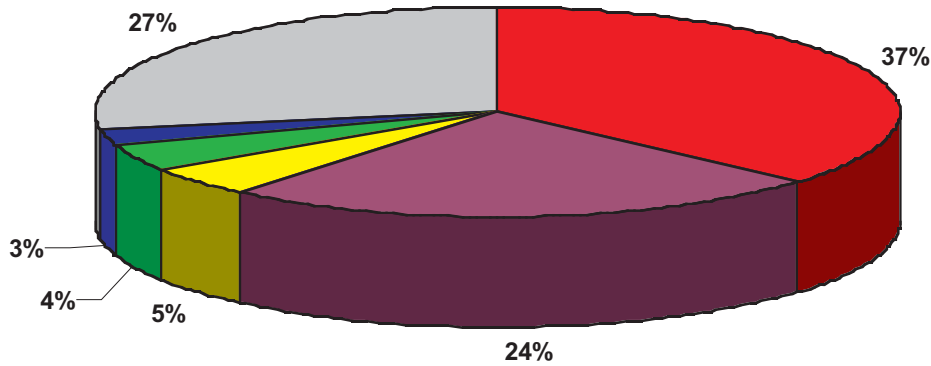
The age adjusted rate of death from all causes among the Black population in Westchester County is 1.3 times higher than the rate for the White population. This difference is similar to that found in New York State and the United States.

Leading Causes of Death

LEADING CAUSES OF DEATH AMONG BLACKS IN WESTCHESTER



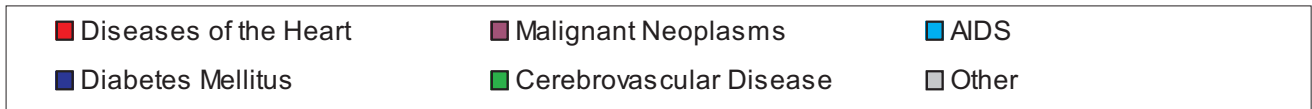
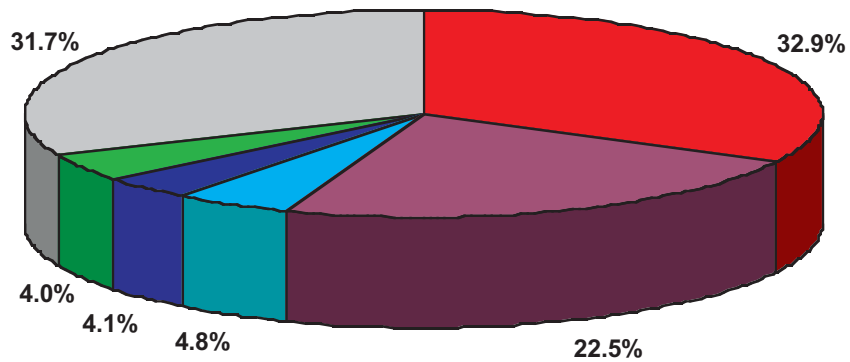
LEADING CAUSES OF DEATH AMONG WHITES IN WESTCHESTER



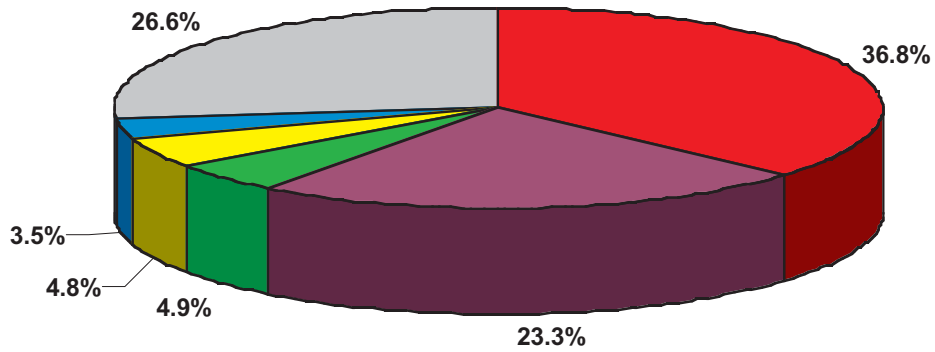
SOURCE: Westchester County Department of Health, 2002

Heart disease and malignant neoplasms are the top two causes of death among both Blacks and Whites. Cerebrovascular disease ranks fourth for causes of death in Blacks, and ranks fifth for Whites. Accidents and diabetes are the fourth and fifth leading causes of death in Blacks.

LEADING CAUSES OF DEATH AMONG BLACKS IN NYS



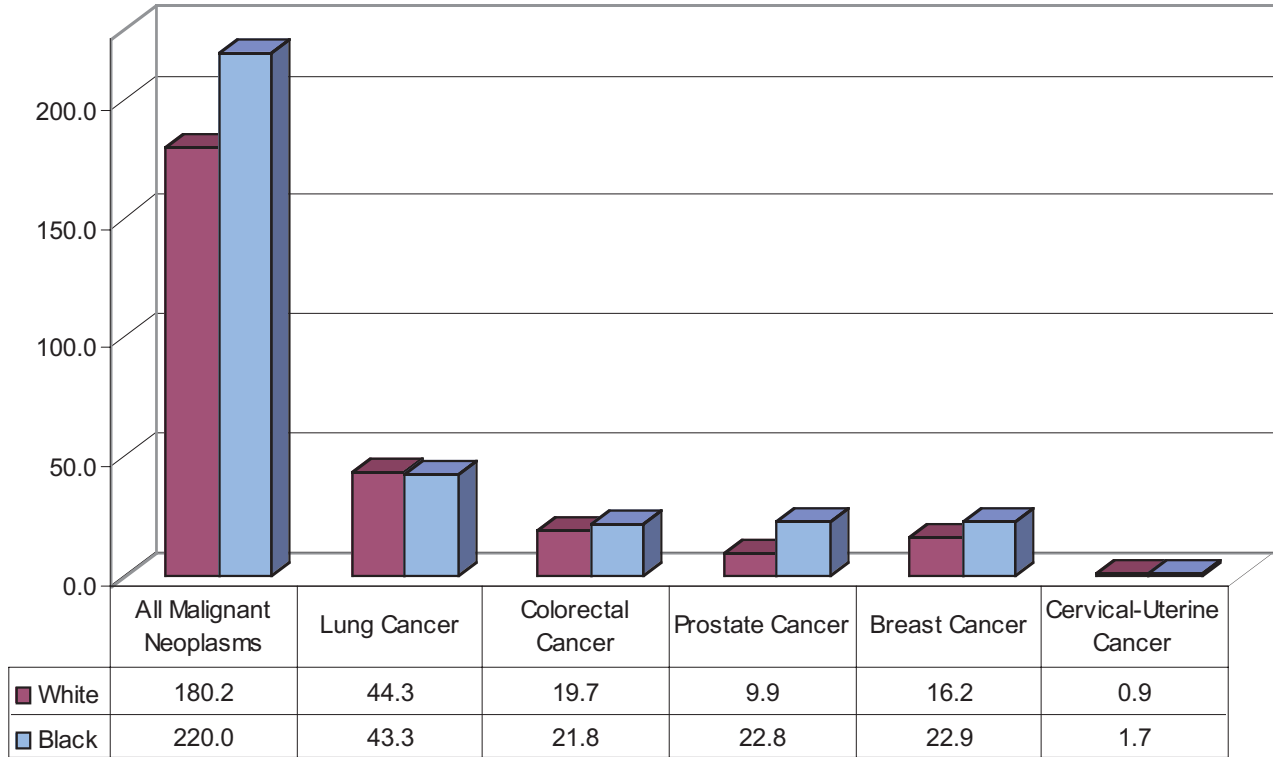
LEADING CAUSES OF DEATH AMONG WHITES IN NYS



SOURCE: NYS Department of Health, Vital Statistics Annual Report, 2002

Deaths from Cancer

AGE ADJUSTED RATE OF CANCER DEATHS IN WESTCHESTER



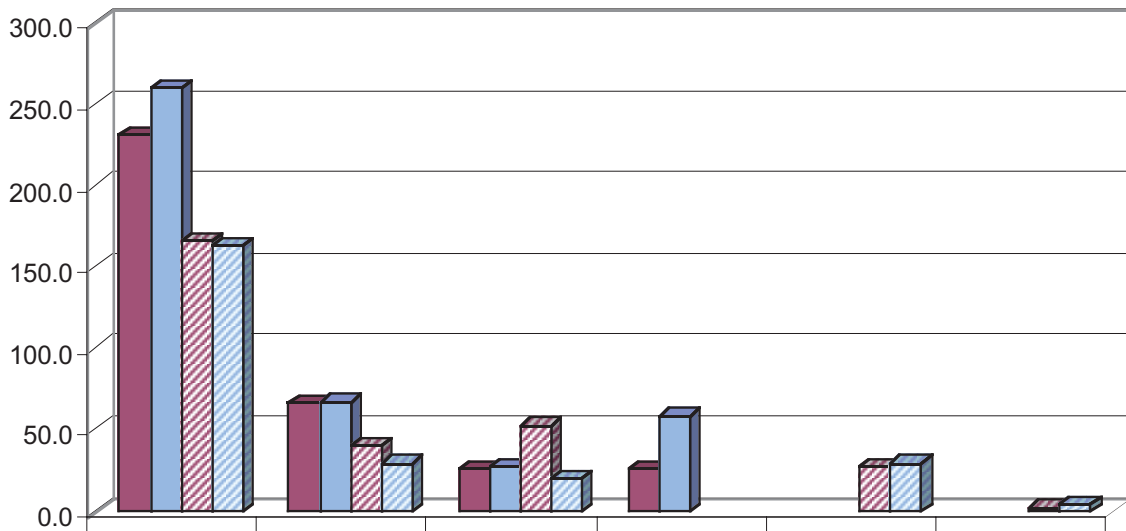
SOURCE: Westchester County Department of Health

NOTE: Rates were calculated using average annual deaths for the time period 2000-2002, adjusted to the 2000 US standard population.

Among Westchester County residents, the mortality rate for all invasive malignant tumors among Blacks was 1.2 times the rate for Whites.

Disparities are particularly evident in prostate and breast cancers. Early deaths from prostate cancer are 2.3 times greater in Blacks than in Whites. Early deaths from breast cancer are 1.4 times greater in Blacks than in Whites.

AGE ADJUSTED RATE OF CANCER DEATHS IN NYS



White Males	232.0	66.5	26.4	26.3	0.0	0.0
Black Males	260.2	67.6	27.9	58.8	0.0	0.0
White Females	166.7	40.5	53.0	0.0	27.9	2.5
Black Females	163.6	30.1	20.2	0.0	30.2	4.9

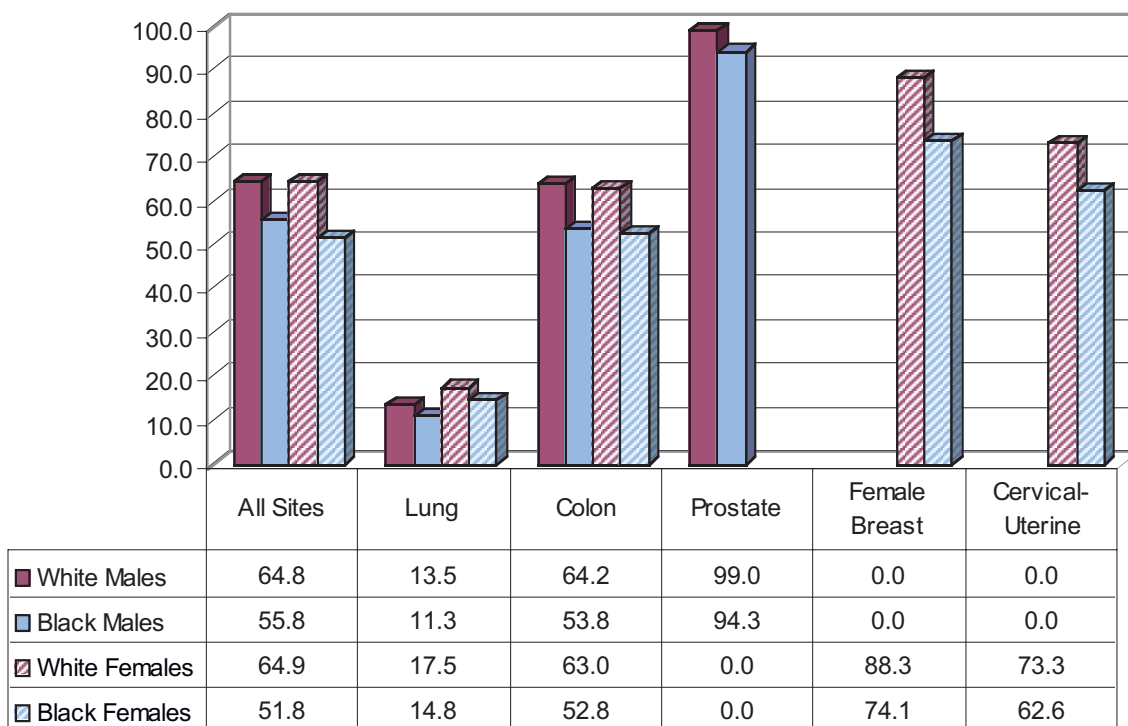
SOURCE: NYS Cancer Registry, 1998-2002

Rates are per 100,000 persons, age-adjusted to the 2000 US standard population.

The disparity in cancer mortality between the Black and White populations is similar in New York State. There are approximately twice as many prostate cancer deaths in Black men as in White men. The death rate for breast cancer is approximately the same for Black and White females.

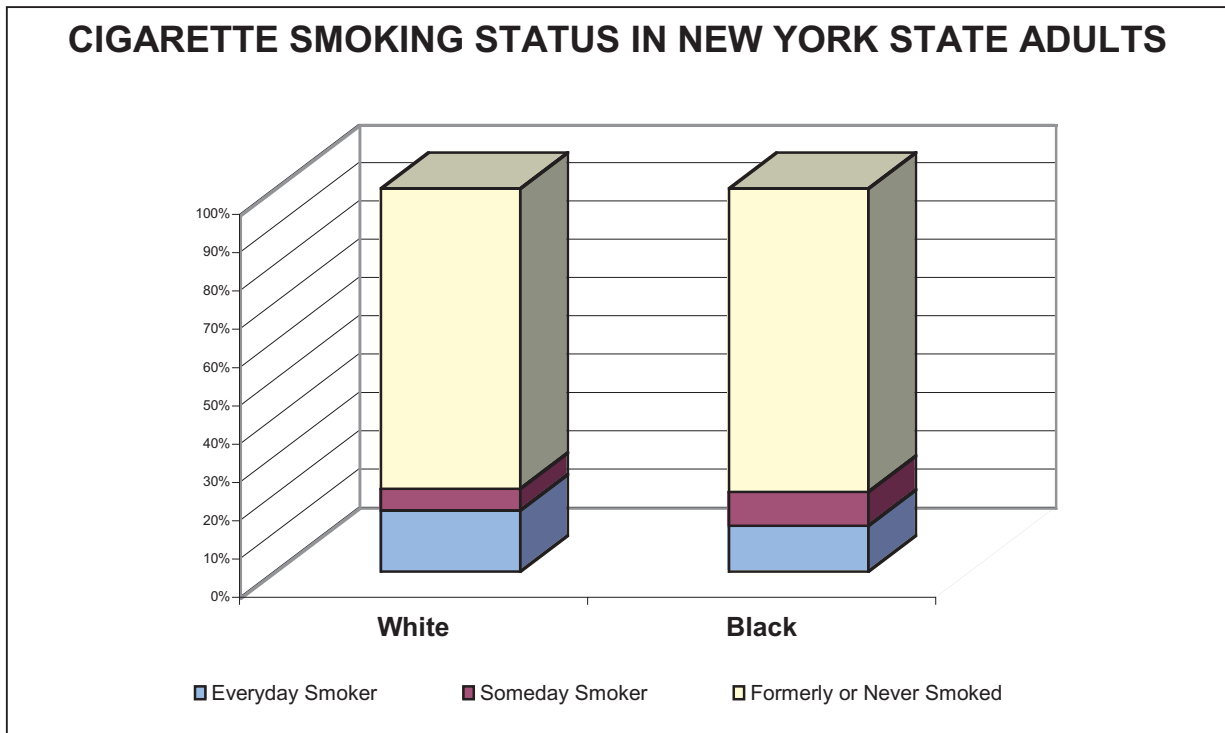
According to national data, Blacks are also less likely to be cancer survivors. A lower percentage of Black males and females had a five-year cancer survival rate for all selected cancer types, as well as all cancer sites combined. Among males, 55.8% of Blacks survived five years as compared with 64.8% of Whites. Among females, the survival rate among Blacks was 51.8% as compared with 64.9% of Whites.

ESTIMATED CANCER SURVIVAL RATE IN U.S.



SOURCE: National Institutes of Health, National Cancer Institute SEER Program, 1992-2000

CIGARETTE SMOKING STATUS IN NEW YORK STATE ADULTS



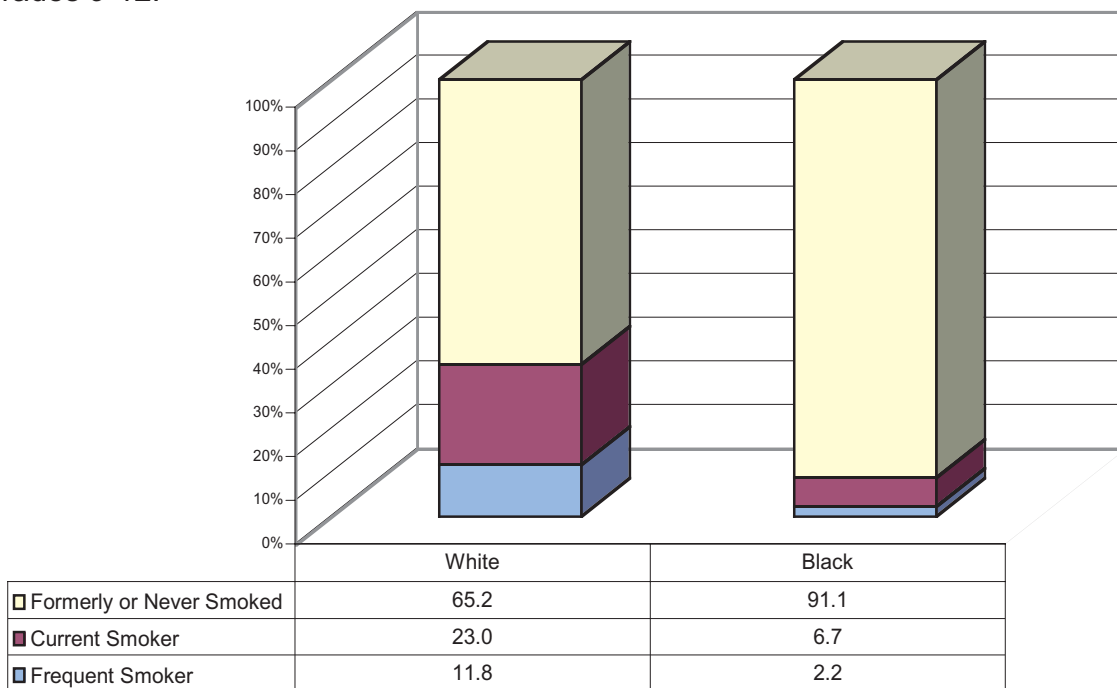
In New York State, 20.8% of Black adults responding to the 2003 Behavioral Risk Factor Surveillance Survey indicated that they smoke either some days or every day, as compared with 21.6% of White respondents.

According to the 2004 Youth Tobacco Survey, prevalence of cigarette smoking is lower among Black youth than White youth. Survey results indicate that 6.8% of White Middle School students smoke some days or frequently, as compared with 4.1% of Black students of the same age group. Among High School students, 34.8% of White students smoke some days or frequently, as compared with 8.9% of Black students in that age group.

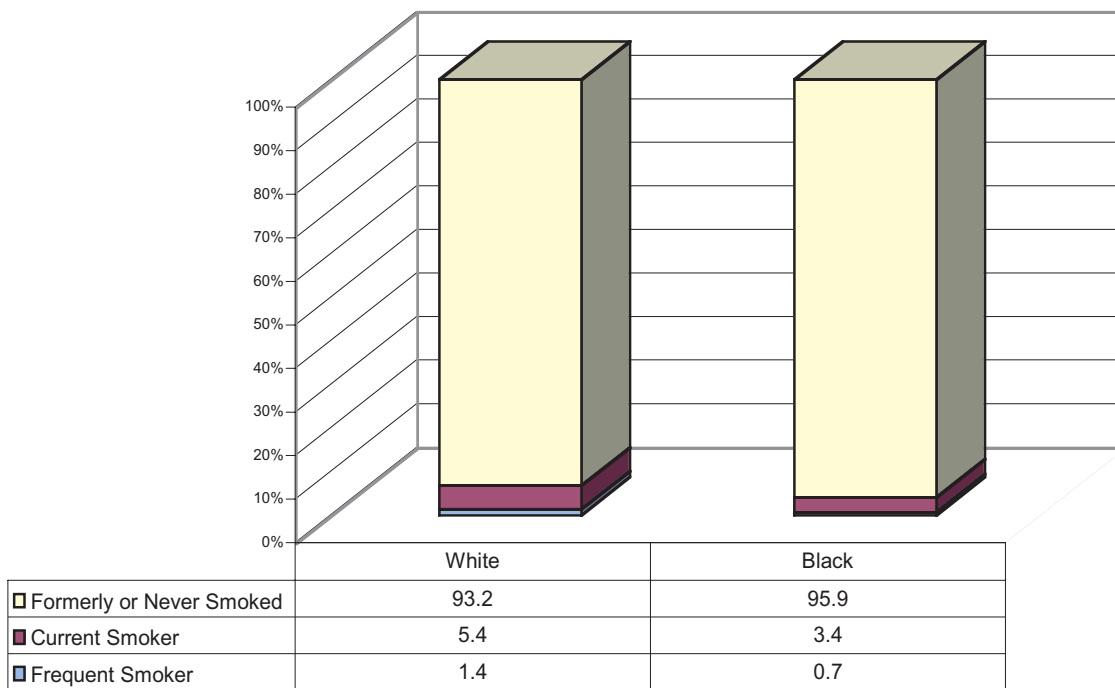
SOURCE: Behavioral Risk Factor Surveillance Survey, 2003

CIGARETTE SMOKING STATUS IN NEW YORK STATE YOUTH

Grades 9-12:

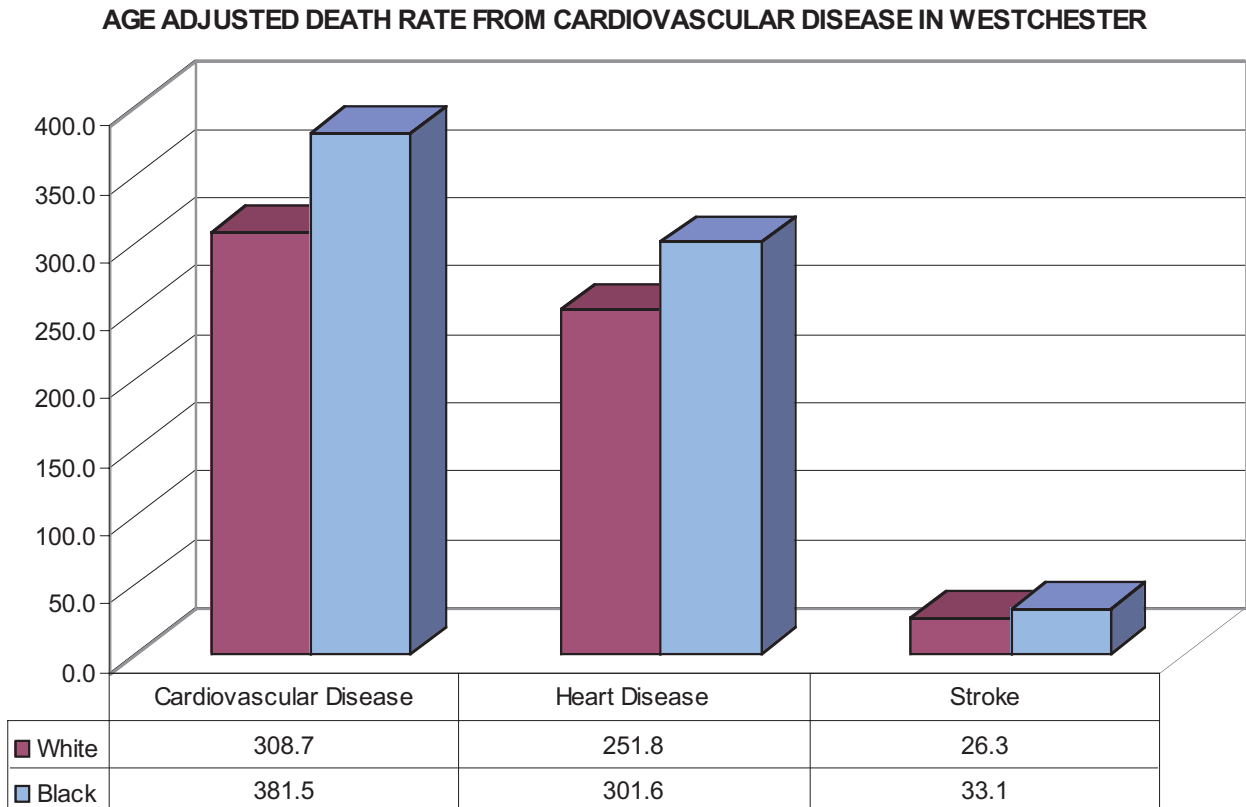


Grades 6-8:



SOURCE: NYS Department of Health, Youth Tobacco Survey, 2004

Cardiovascular Disease

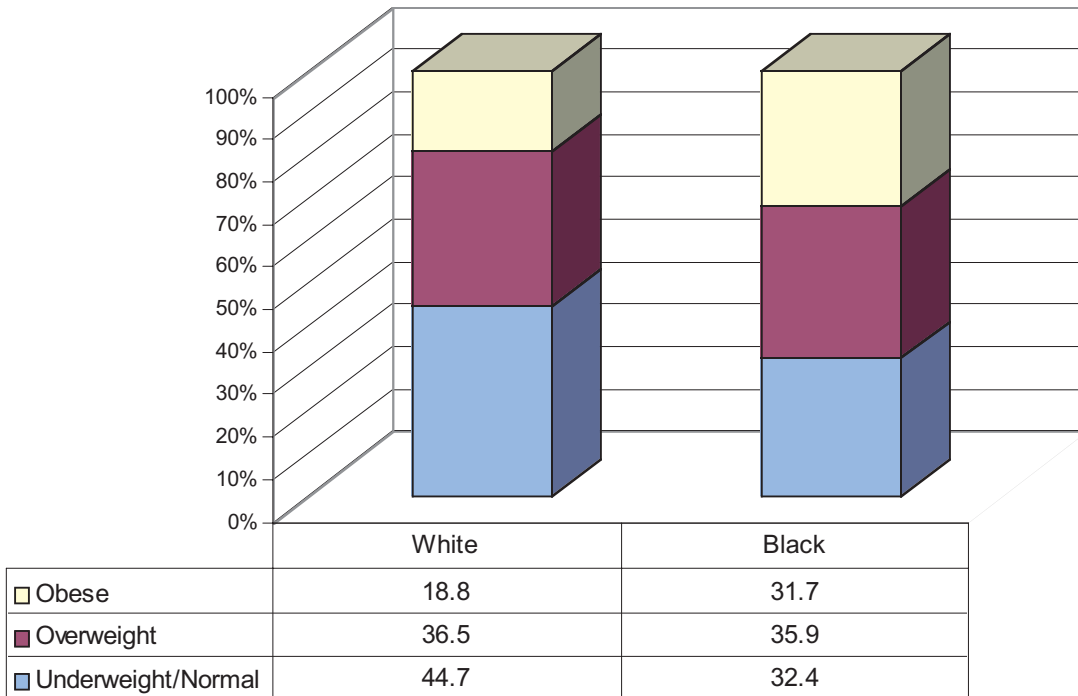


SOURCE: Westchester County Department of Health

NOTE: Rates were calculated using average annual deaths for the time period 2000-2002, adjusted to the 2000 US standard population.

Among Westchester County residents, the mortality rate for all cardiovascular diseases among Blacks was 1.2 times the rate for Whites. A similar difference in mortality rate between Blacks and Whites occurs in deaths from heart disease and stroke.

WEIGHT STATUS AMONG NEW YORK STATE ADULTS

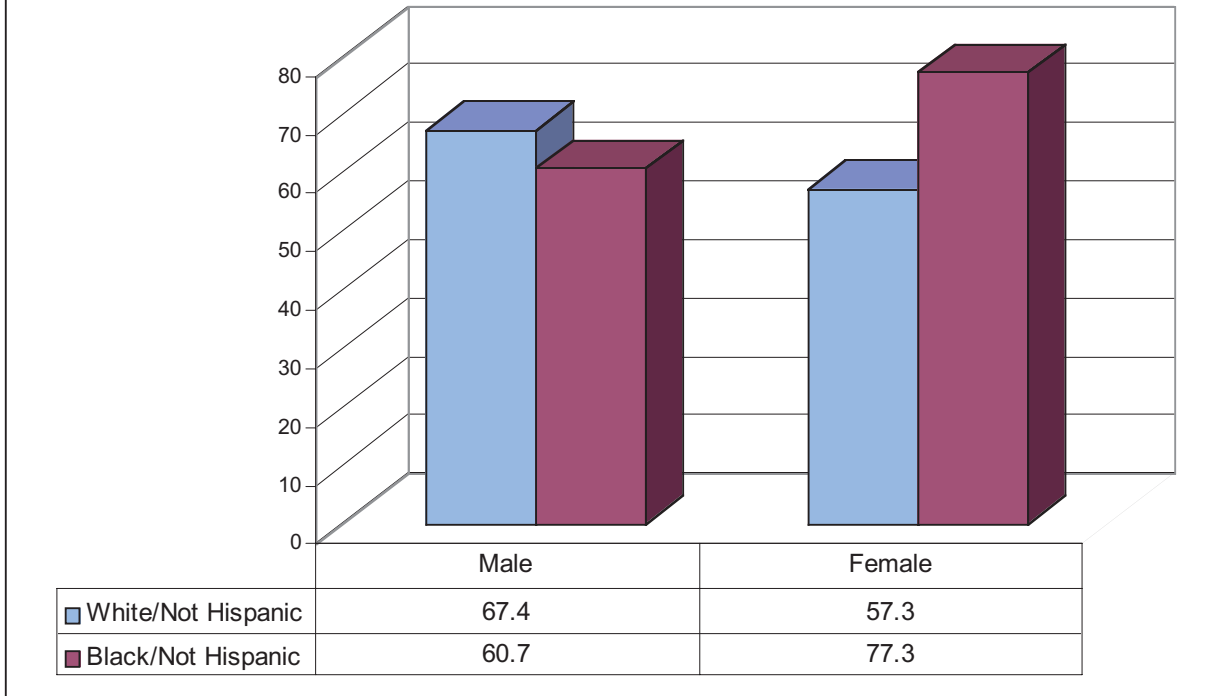


Based on the height and weight of New York State respondents to the 2003 Behavioral Risk Factor Surveillance Survey, two-thirds of Black adults are either overweight or obese, as compared with slightly over half of White adults.

National data indicate that being overweight or obese is most common among Black females (77.3%). Fewer Black males are overweight or obese (60.7%) than White males (67.4%).

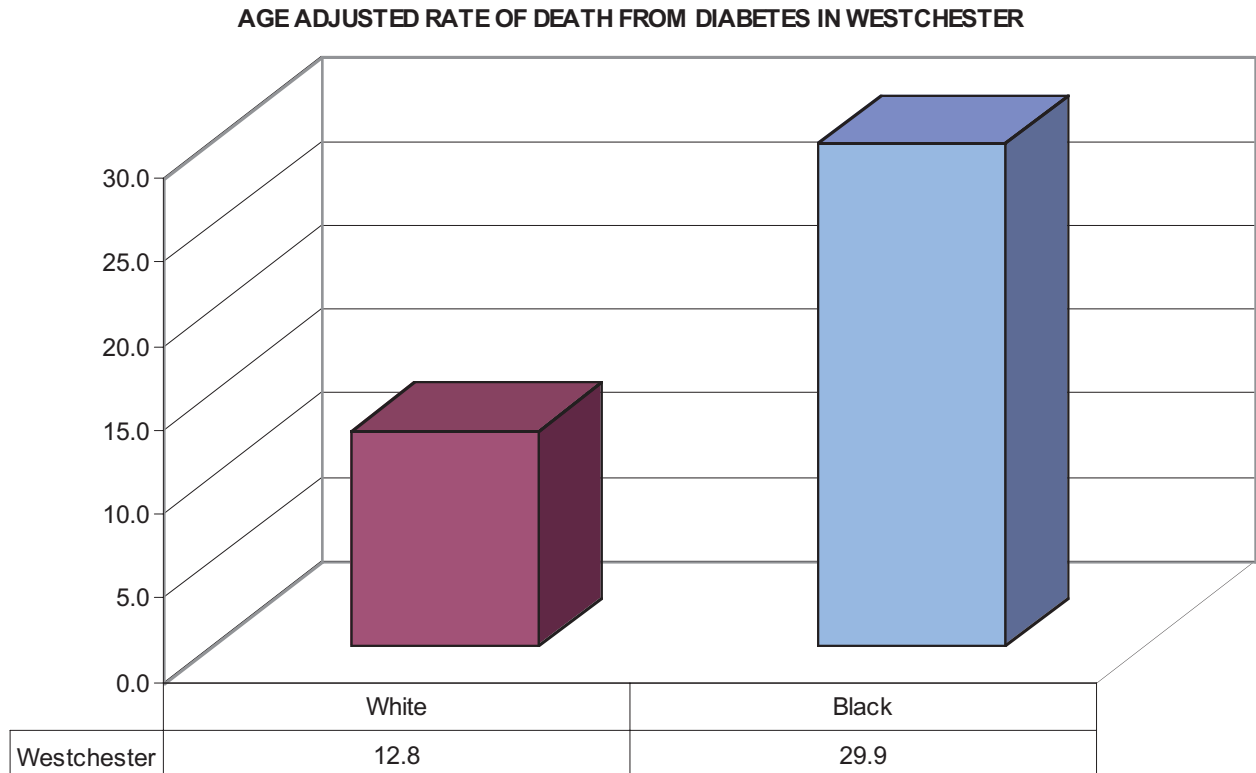
SOURCE: Behavioral Risk Factor Surveillance Survey, 2003

PREVALENCE OF OVERWEIGHT/OBESE WEIGHT STATUS BY GENDER, UNITED STATES



SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey, 1999-2000

Diabetes



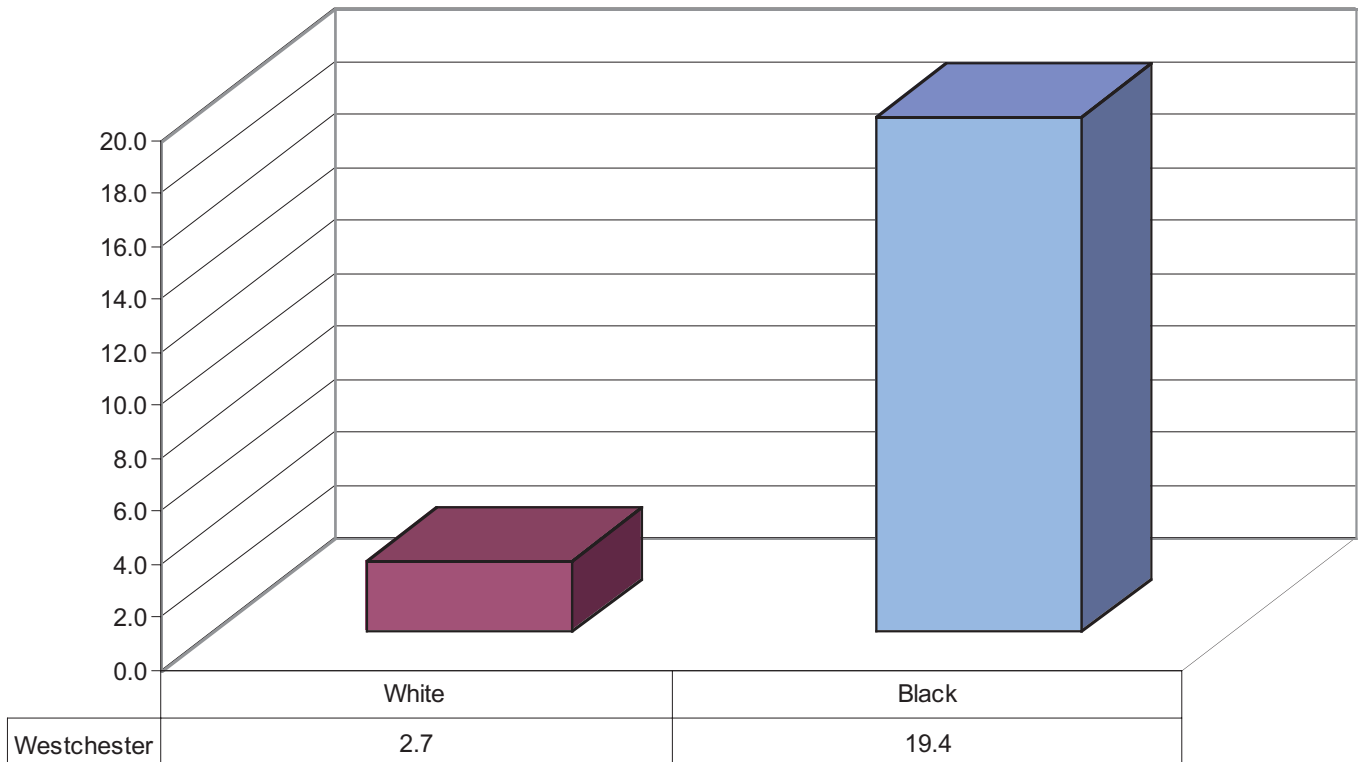
SOURCE: Westchester County Department of Health

NOTE: Rates were calculated using average annual deaths for the time period 2000-2002, adjusted to the 2000 US standard population.

Among Westchester County residents, the mortality rate for diabetes among Blacks was 2.3 times the rate for Whites.

HIV/AIDS

AGE ADJUSTED RATE OF HIV/AIDS DEATHS IN WESTCHESTER



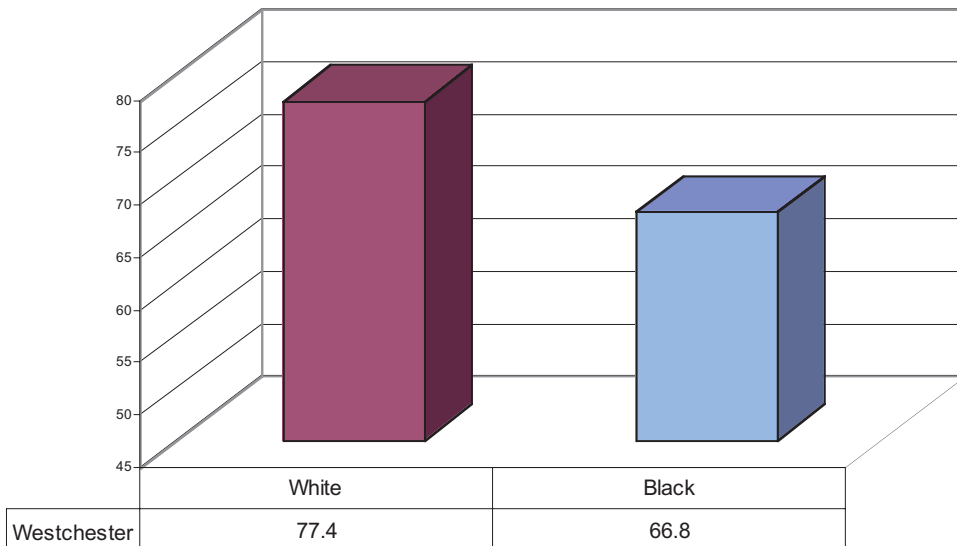
NOTE: Rates were calculated using average annual deaths for the time period 2000-2002, adjusted to the 2000 US standard population.

Among Westchester County residents, the mortality rate for all HIV/AIDS was over seven times higher among Blacks than among Whites.

SOURCE: Westchester County Department of Health

Life Expectancy

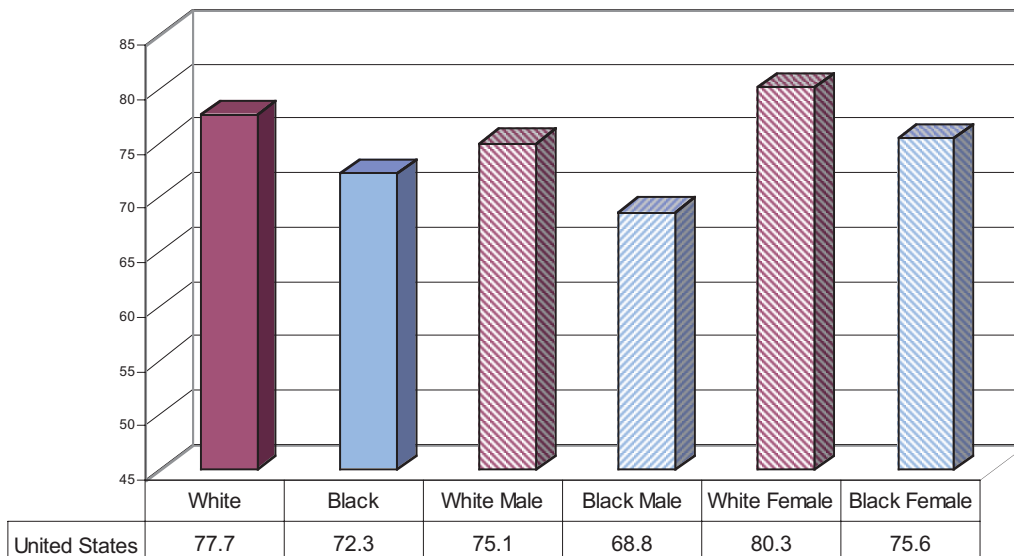
AVERAGE AGE AT DEATH IN WESTCHESTER



In Westchester County, Blacks live an average of 10.6 fewer years than Whites.

SOURCE: Westchester County Department of Health, 2002

LIFE EXPECTANCY AT BIRTH BY RACE, UNITED STATES



Nationally, life expectancy at birth for Blacks in 2002 was 5.4 years shorter than for Whites.

SOURCE: National Vital Statistics Report, 2004

Illnesses:

Voices of the Black Community

“Cancer statistics: The incidence rate among Black women is somewhat lower, although the death rate is much higher.”

A Task Force Member

“Higher incidence of emergency admissions. Higher incidence of asthma, heart disease, diabetes and addiction. Shorter life expectancy.”

A Hospital Administrator

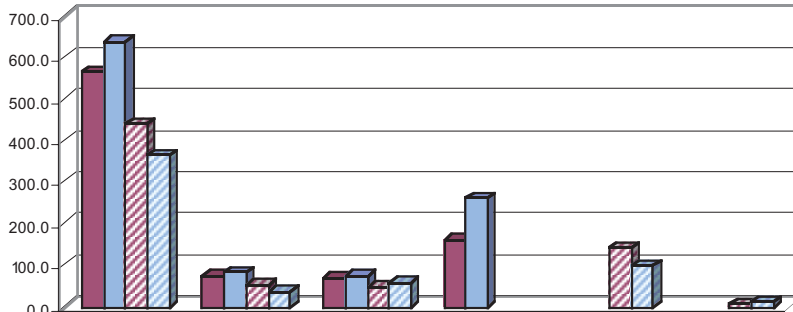
“[Health disparities] show up for the most part when medical care is finally sought, and the patient is told that the medical condition should have been treated or followed-up much sooner.”

A Task Force Member

Illnesses: What the Data Tell Us

Cancer

CANCER INCIDENCE IN WESTCHESTER

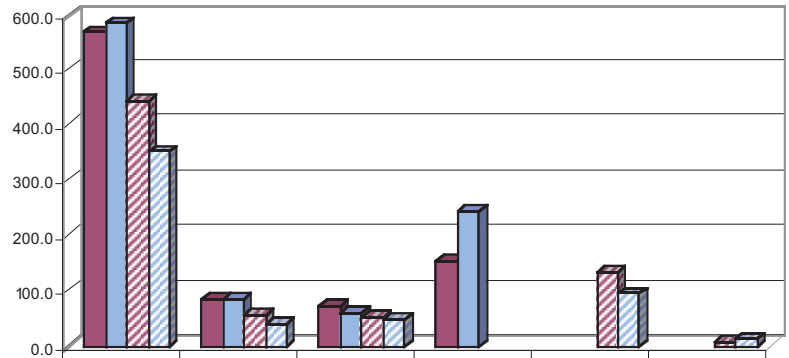


	All Sites	Lung	Colorectal	Prostate	Female Breast	Cervical-Uterine
White Males	566.8	74.6	70.3	161.2	0.0	0.0
Black Males	639.8	84.3	76.1	262.9	0.0	0.0
White Females	443.7	54.8	48.9	0.0	143.0	6.7
Black Females	366.0	38.6	58.4	0.0	99.0	11.8

Among Westchester County residents, the cancer incidence rate for all invasive malignant tumors among Black males was 1.1 times the rate for White males. Among females, the rate was lower for the Black population.

The greatest disparity occurs with the incidence of prostate cancer, with a difference of 1.6 times the incidence of prostate cancer among Black men as compared to incidence among White men. Prostate cancer incidence in Black male Westchester residents exceeded both the New York State and United States rates.

CANCER INCIDENCE IN NYS



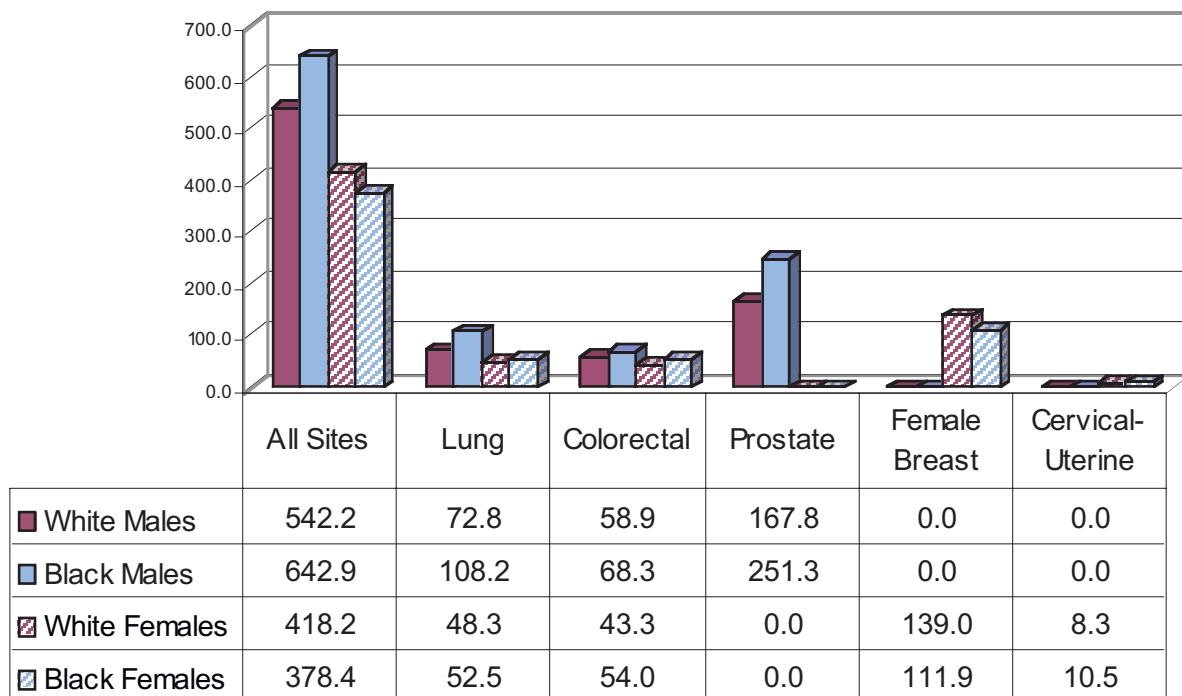
	All Sites	Lung	Colorectal	Prostate	Female Breast	Cervical-Uterine
White Males	569.0	86.0	73.2	154.5	0.0	0.0
Black Males	586.8	85.2	61.2	245.4	0.0	0.0
White Females	445.9	57.8	53.0	0.0	135.1	8.3
Black Females	353.1	40.2	48.8	0.0	96.6	14.7

Rates are per 100,000 persons, age-adjusted to the 2000 US standard population.

SOURCE: NYS Cancer Registry, 1998-2002

Cancer

CANCER INCIDENCE IN THE U.S.



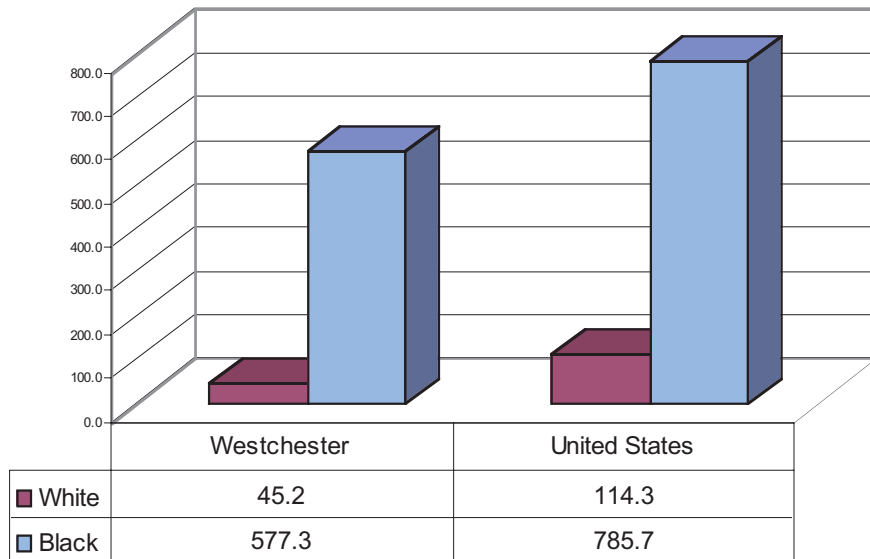
Among women, breast cancer incidence was lower among Black females than White females. However, incidence of cervical-uterine cancer among Black women was nearly double that for White women for Westchester County as well as all New York State females.

Rates are per 100,000 persons, age-adjusted to the 2000 US standard population.

SOURCE: National Institutes of Health, National Cancer Institute SEER Program, 2001

Sexually Transmitted Disease

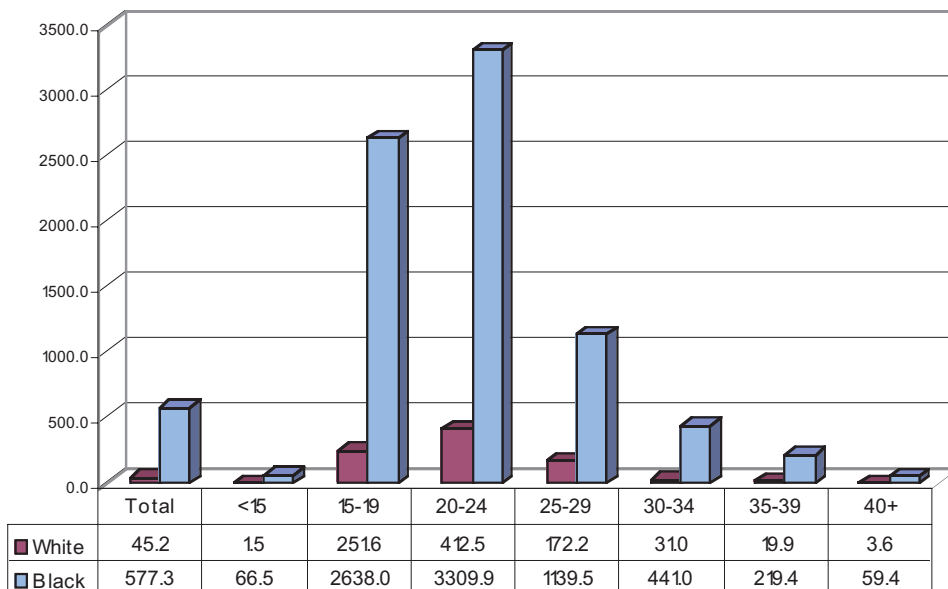
CHLAMYDIA INCIDENCE RATES



Although the incidence rate of chlamydia in Westchester County is less than that for the United States among both the White and Black populations, the disparity between Whites and Blacks is greater in Westchester, where the rate of chlamydia infection among Blacks was more than 12 times that for Whites.

Chlamydia cases account for about 70% of all cases of sexually transmitted diseases among both Blacks and Whites.

CHLAMYDIA INCIDENCE RATES BY AGE IN WESTCHESTER



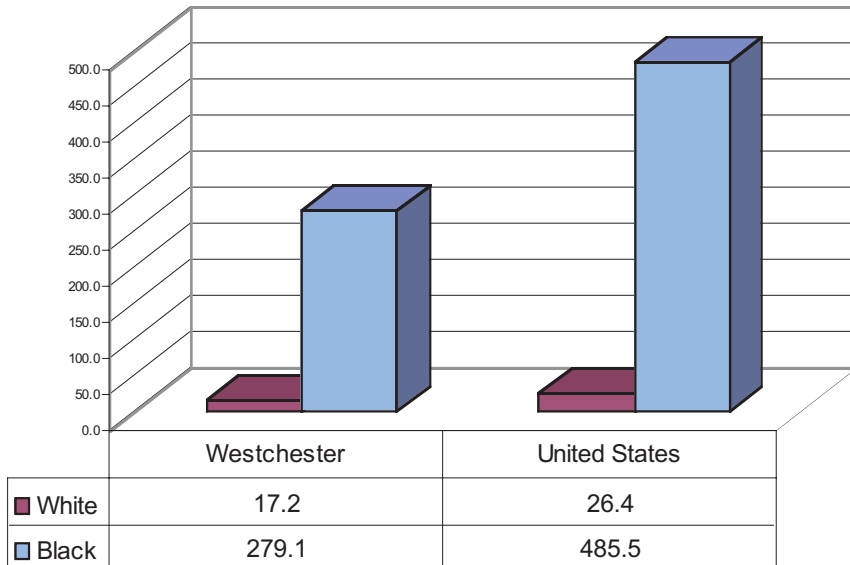
Chlamydia infection occurs predominantly among persons aged 15-24. Incidence rates among Blacks between 15 - 19 is more than 10 times that of Whites. From 20 - 24, incidence rates are about 8 times higher in Blacks.

NOTE: Rates are reported per 100,000 population.

SOURCE: Centers for Disease Control and Prevention, 2003; Westchester County Department of Health, Division of Disease Control, 2003

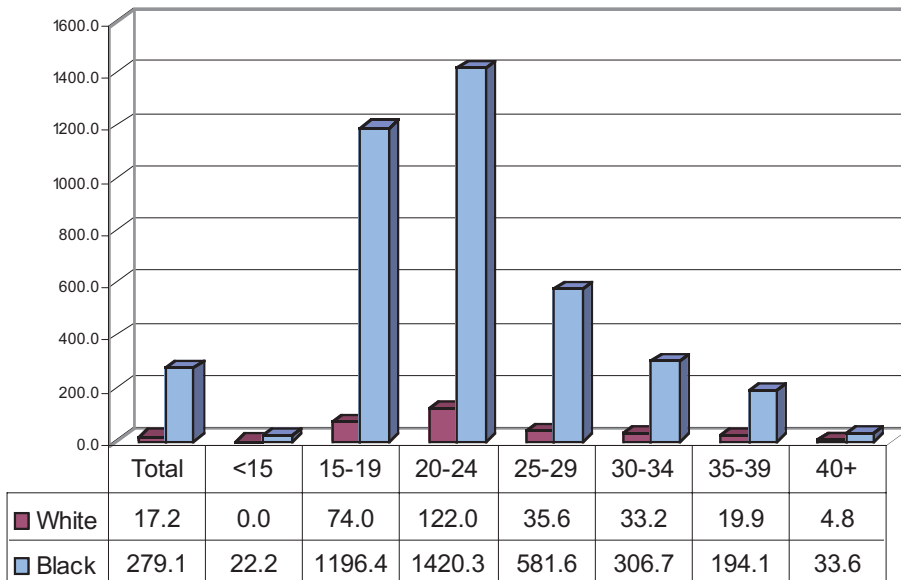
Sexually Transmitted Disease

GONORRHEA INCIDENCE RATES



The incidence rate of gonorrhea in Westchester County is also less than in the United States among both the White and Black populations. The rate of infection among Blacks in Westchester is over 16 times that for Whites.

GONORRHEA INCIDENCE RATES BY AGE IN WESTCHESTER



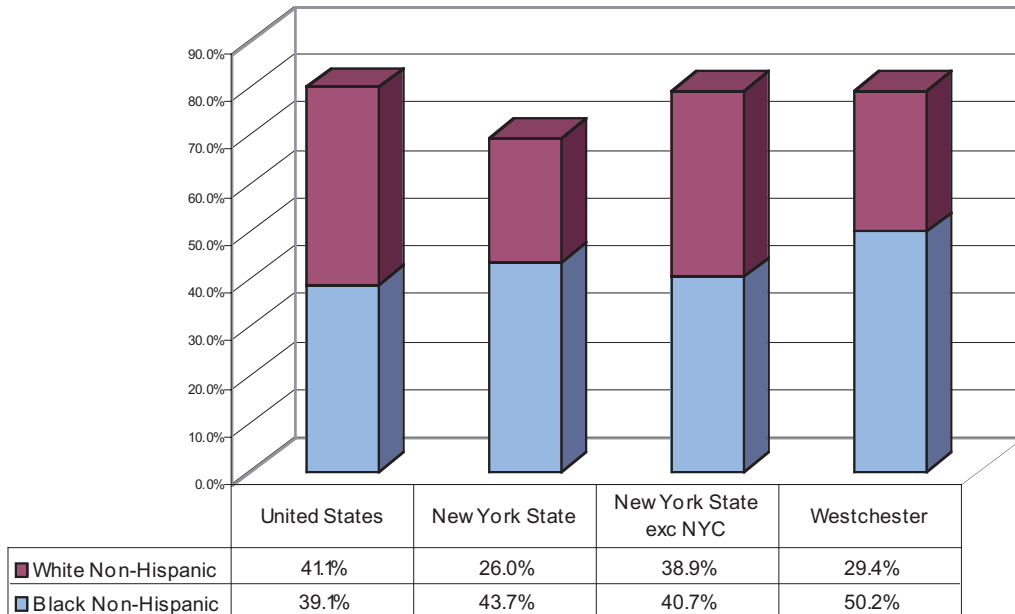
Gonorrhea also primarily occurs among younger age groups (15-24) among both Blacks and Whites; the greatest disparity in the rate of infection between the Black and White populations is for persons aged 15-29.

SOURCE: Centers for Disease Control and Prevention, 2003; Westchester County Department of Health, Division of Disease Control, 2003

NOTE: Rates are reported per 100,000 population.

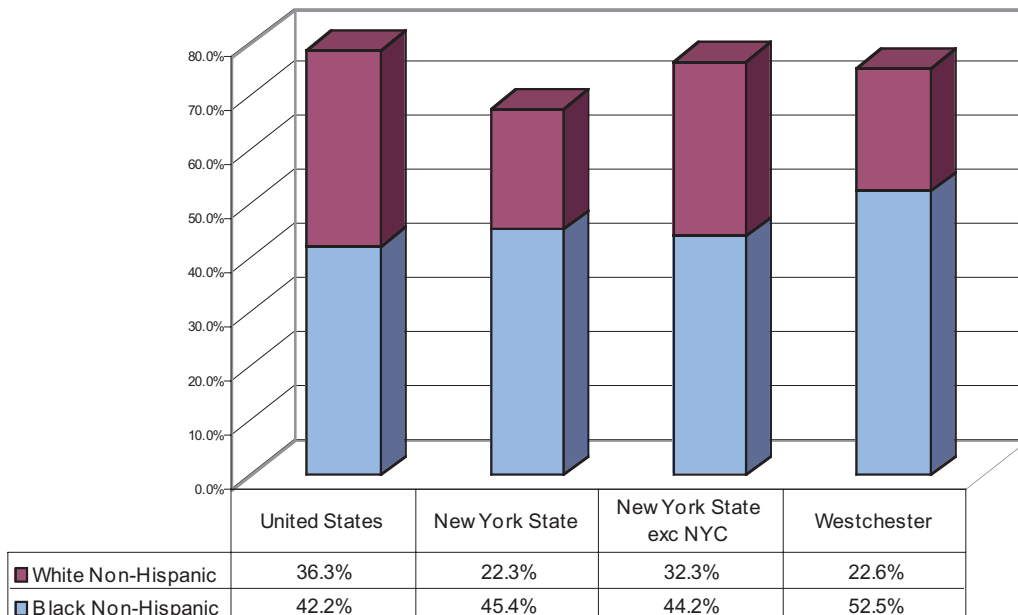
HIV/AIDS

Cumulative AIDS Cases



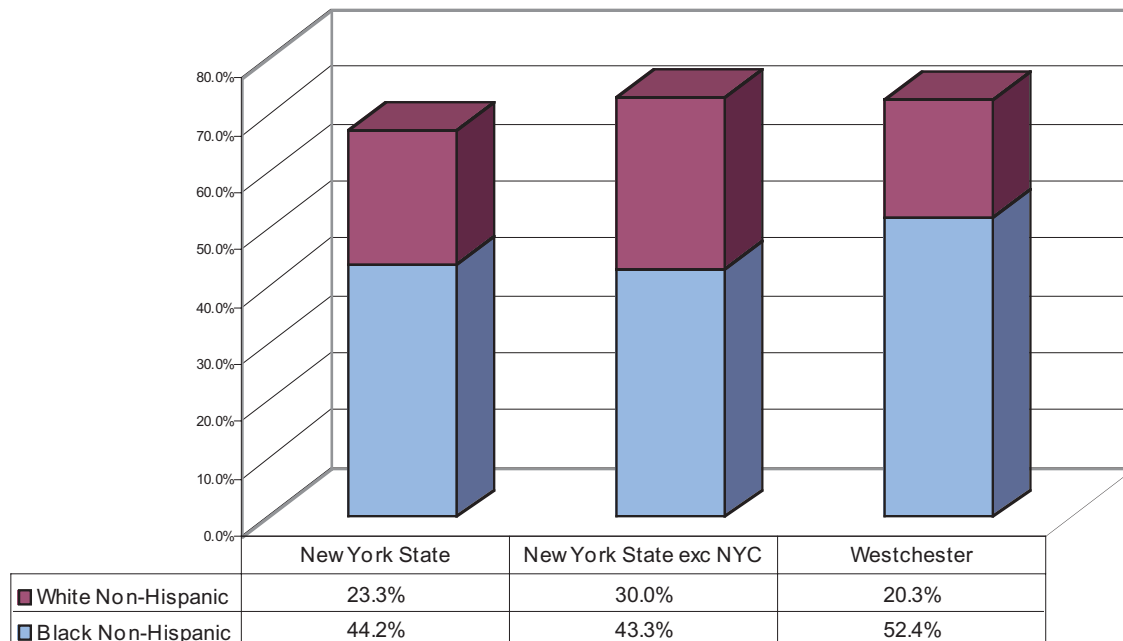
In Westchester County, 50.2% of all AIDS cases confirmed through December 31, 2003 occurred among Black/Non-Hispanics, whereas 29.4% of such cases are White/Non-Hispanic.

Persons Living With AIDS



Over half (52.5%) of persons living with AIDS in Westchester are Black/Non-Hispanics.

Persons Living With HIV



Black/Non-Hispanics also comprise more than half of persons living with HIV in Westchester (52.4%).

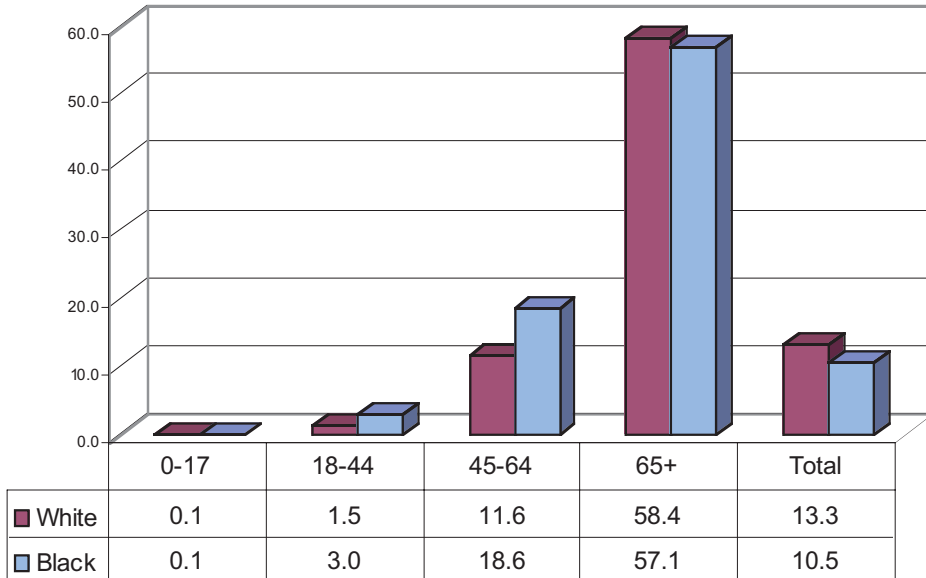
For Westchester County, data include reported cases from NYSDOH Bureau of HIV/AIDS Epidemiology through 12/31/03 with data as of 1/4/05. Excludes pediatric cases and includes inmates.

Data for New York State and New York State exclusive of New York City include pediatric and inmate cases.

United States cumulative data exclude pediatric cases. Persons Living With AIDS is estimated. Persons Living With HIV is not available.

Heart Disease/Stroke

HOSPITALIZATIONS FROM HEART DISEASE

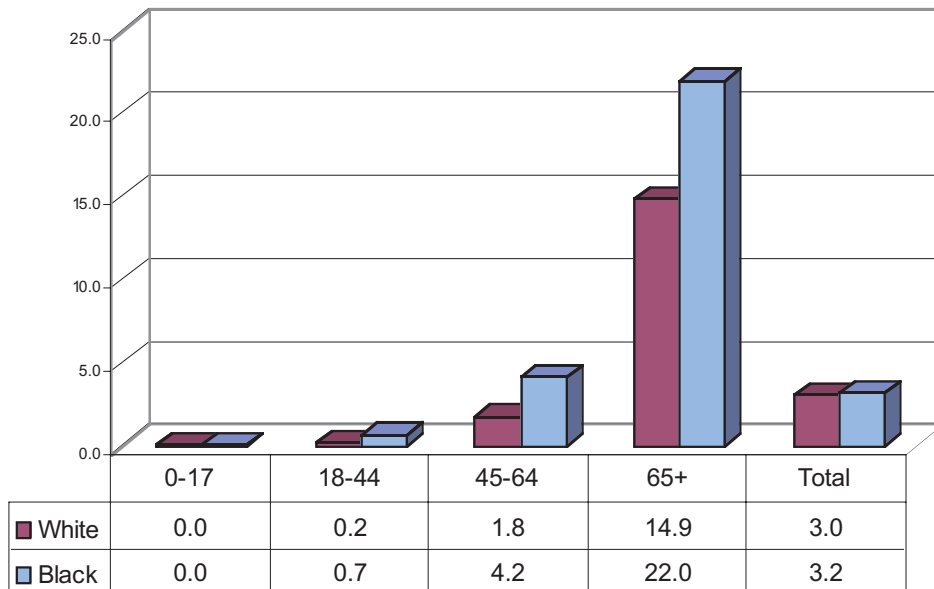


SOURCE: SPARCS 2002, NYS Department of Health

For Westchester County residents, the hospitalization rate for heart disease among Blacks of all ages was 10.5 per 1,000 population as compared to 13.3 per 1,000 population among Whites. However, Blacks in the 45-64 age group were hospitalized with heart disease at a rate 1.6 times greater than Whites in the same age group.

NOTE: Includes hospitalization with diseases of the heart listed as the principal diagnosis. Rate based on 2000 Census population.

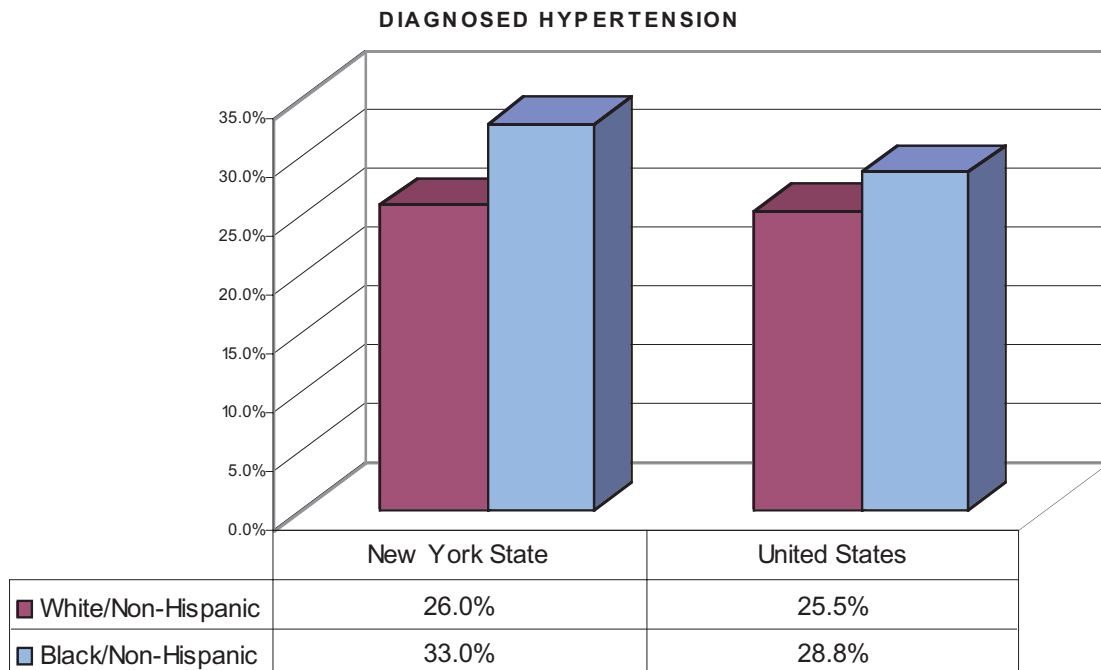
HOSPITALIZATIONS FROM STROKE



SOURCE: SPARCS 2002, NYS Department of Health

The overall hospitalization rate for stroke was very similar for Blacks (3.2 per 1,000 population) and Whites (3.0 per 1,000 population) in Westchester. However, Blacks in the 45-64 age group were hospitalized due to stroke at a rate 2.4 times that for Whites in the same age group.

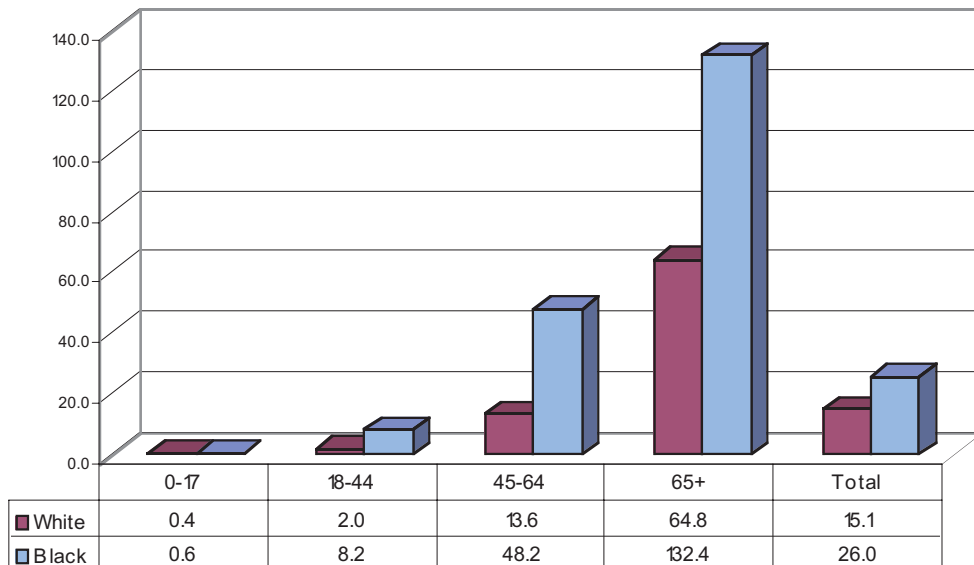
NOTE: Includes hospitalization with stroke listed as the principal diagnosis. Rate based on 2000 Census population.



In New York State, 33% of Blacks responded that they had been diagnosed with hypertension by a doctor, nurse or health professional, as compared with 26% of Whites, slightly more than the national statistics.

SOURCE: 2003 Behavioral Risk Factor Surveillance Survey

Diabetes

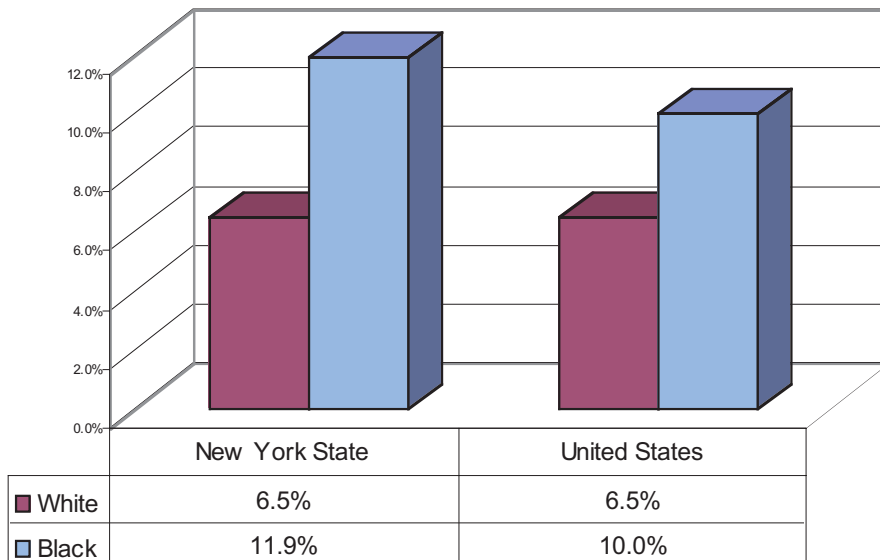


For Westchester County residents, the hospitalization rate for diabetes among Blacks was 26.0 per 1,000 population as compared to 15.1 per 1,000 population among Whites, a difference of 1.7 times. This disparity is particularly evident in the 18-44 and 45-64 age groups.

SOURCE: SPARCS 2002, NYS Department of Health

NOTE: Includes hospitalization with diabetes listed as the principal and/or any secondary diagnosis. Rate based on 2000 Census population.

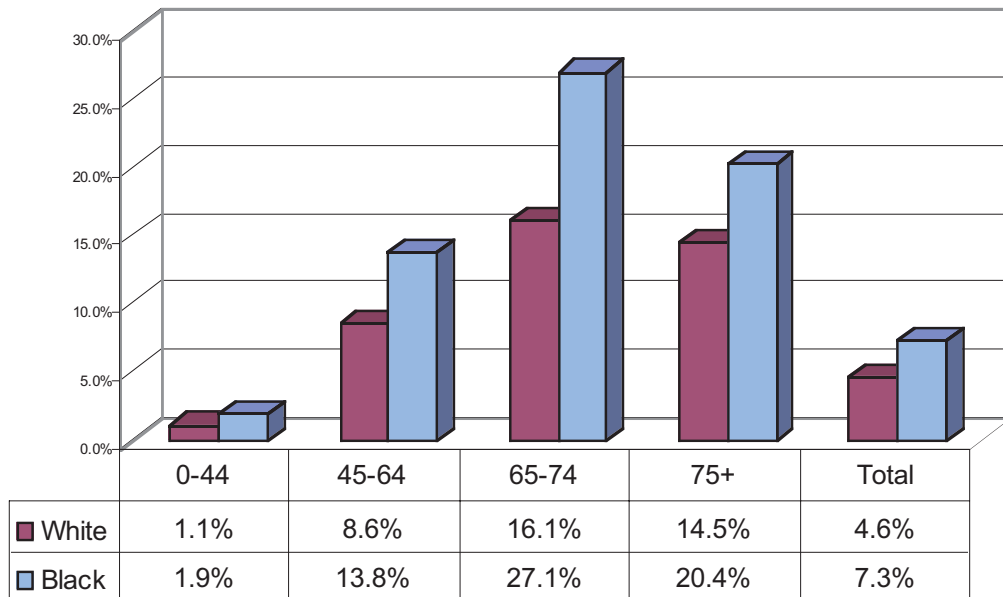
DIAGNOSED DIABETES



In New York State, the percentage of Blacks responding that they had been diagnosed with diabetes by a doctor, nurse or health professional was 1.8 times that of Whites, which is similar to national statistics.

SOURCE: 2003 Behavioral Risk Factor Surveillance Survey

AGE ADJUSTED PREVALENCE OF DIAGNOSED DIABETES IN THE U.S.

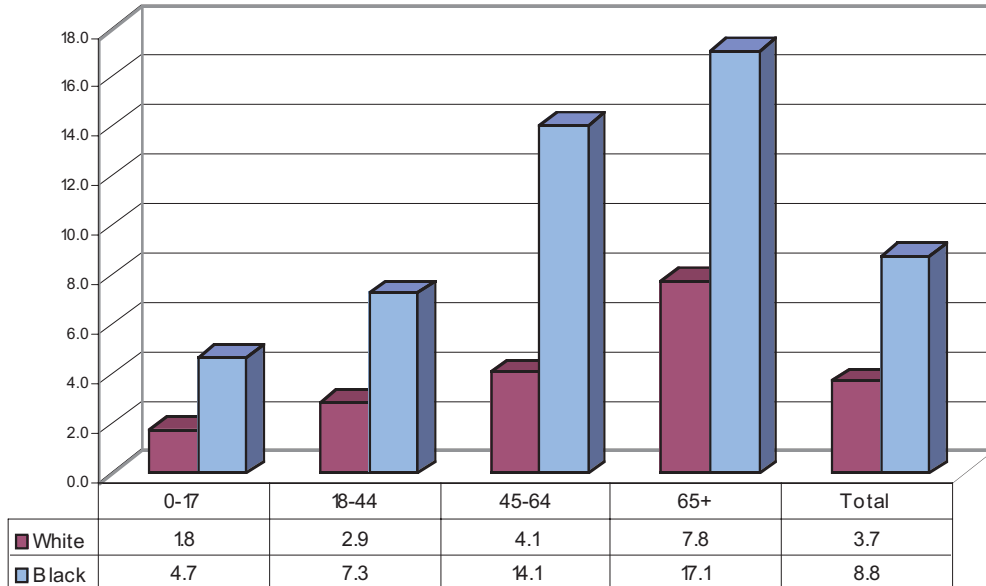


National data also indicate that this disparity impacts younger age groups among Blacks to a greater degree.

SOURCE: National Diabetes Surveillance System, 2003

Asthma

HOSPITALIZATIONS FROM ASTHMA

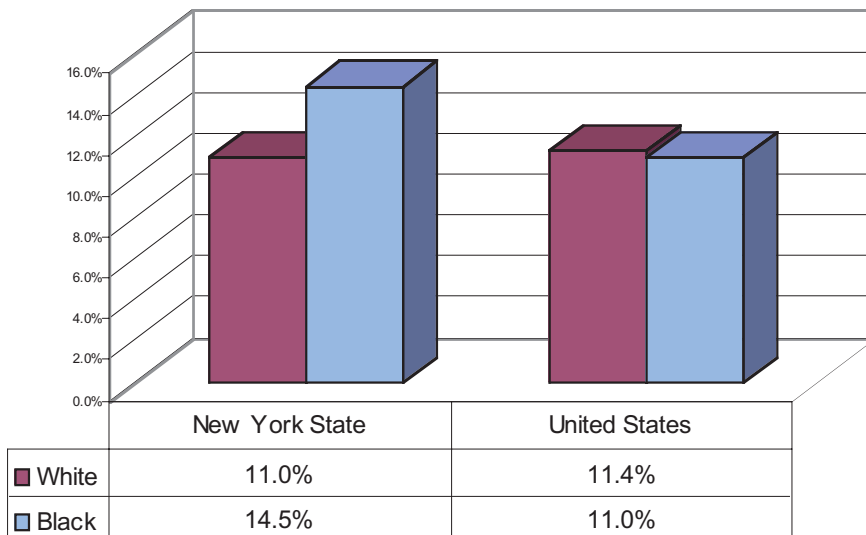


For Westchester County residents, the hospitalization rate for asthma among Blacks was 8.8 per 1,000 population as compared to 3.7 per 1,000 population among Whites, a difference of 2.3 times. This disparity is greatest in the 45-64 age group; however, the rate for Blacks is at least two times that for Whites across all age groups.

SOURCE: SPARCS 2002, NYS Department of Health

NOTE: Includes hospitalization with asthma listed as the principal and/or any secondary diagnosis. Rate based on 2000 Census population.

DIAGNOSED ASTHMA

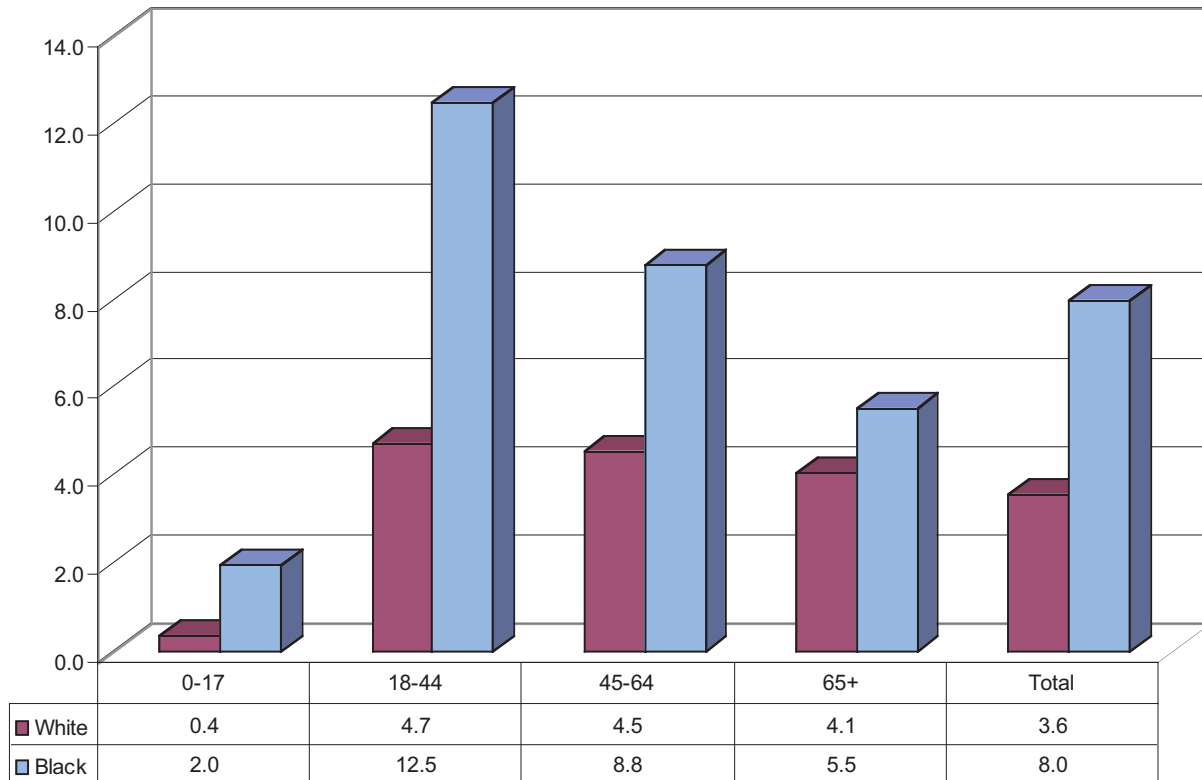


In New York State, 14.5% of Blacks, as compared with 11.0% of Whites, responded that they had been diagnosed with asthma by a doctor, nurse or health professional.

In the United States, the percentage of Whites who indicated this diagnosis was greater than among Blacks.

SOURCE: 2003 Behavioral Risk Factor Surveillance Survey

Mental Disorders



For Westchester County residents, the hospitalization rate for mental disorders among Blacks was 8.0 per 1,000 population, 2.2 times higher than Whites at 3.6 per 1,000 population. This disparity is particularly evident among the Black population aged 18-44.

NOTE: Includes hospitalization with selected mental health diagnoses (depression, bipolar disorder and schizophrenia only) listed as the principal and/or any secondary diagnosis. Rate based on 2000 Census population.

SOURCE: SPARCS 2002, NYS Department of Health

Self Reported Health Status and Care: What the U.S. and New York State Data Tell Us

Self Reported Health Status and Care: *Voices of the Black Community*

“Of all the forms of inequality, injustice in health is the most shocking and inhumane.”

Martin Luther King Jr.

“Lack of health care insurance.”

A Task Force Member

“Many Black residents don’t take ownership of their health.”

A Community Member

“Lack of health education and awareness.”

A Task Force Member

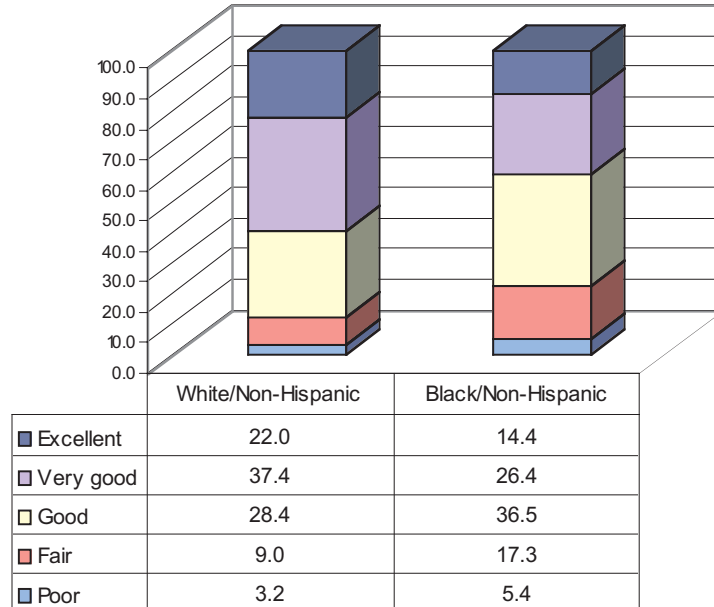
“The impact of high risk behavior does not resonate with some Blacks in Westchester.”

A Community Member

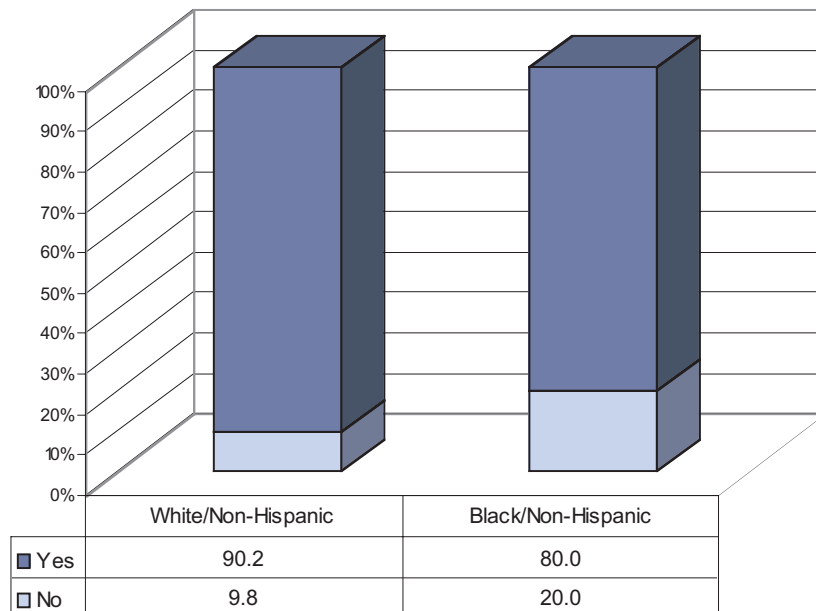
“Lack of access to medical facilities.”

A Task Force Member

Self Reported Health Status and Care



In New York State, 22.7% of Black/Non-Hispanics rated their general health as fair or poor, and 40.8% rated their health as very good or excellent. In comparison, 12.2% of White/Non-Hispanics rated their overall health as fair or poor, and 59.4% as very good or excellent.



Twenty percent of Black/Non-Hispanics aged 18-64 in New York State indicated that they do not have health insurance coverage.

SOURCE: 2003 Behavioral Risk Factor Surveillance Survey

Feedback from the Community and Task Force: *Voices of the Black Community*

“Cost of medication is so expensive, choices have to be made between necessities. A universal health plan is needed.”

A Community Member

“Eliminating health disparities in Westchester County will require enhanced efforts at preventing disease, promoting health and delivering appropriate care. This will necessitate improved, culturally competent health care interventions targeting African Americans.”

A Task Force Member

“It’s difficult to find good, culturally competent doctors that are part of many insurance plans.”

A Community Member

Qualitative Research Overview

Research Goals

1. To create a snapshot of the Black population's experience with healthcare in Westchester County
2. To gain a cursory understanding of healthcare disparities related to community based agencies and healthcare organizations that serve the Black population in Westchester

Methodology

A. Time Frame September 19-October 7, 2005 (3 weeks)

B. Target Audiences

- Blacks in Westchester County – diverse demographics
- Blue Ribbon Task Force Members
- Black professionals
- Faith-based institutions
- Diverse health institutions: healthcare centers, hospitals, healthcare agencies
- Educational institutions

C. Research Tools

The research tools included surveys, focus groups, interviews and other existing data

D. Sampling Notes

- **“Voices of the Black Community,”** the largest number of surveys in the sample (255), come from organizations, churches, advisory boards and health centers. The sample included 129 from health centers countywide and 126 from other organizations and agencies listed above. Not all questions were answered by each responder. The majority of the research was conducted by survey, although focus groups and interviews were also utilized in select situations.
- **Hospital Administrators and Healthcare Agencies Survey,** used a customized questionnaire for their response.
- **The Blue Ribbon Task Force Survey** utilized a separate customized questionnaire.

Voices of the Black Community: Research Sample Summary

		% of Total
Total respondents	255	100%
Female	189	74%
Male	66	26%
Age <20	3	2%
20s	24	13%
30s	29	16%
40s	50	27%
50s	30	16%
60s	24	13%
70 and older	25	14%
Single	129	51%
Married	71	28%
Children	152	60%
Note: base for age=185		
Education		
Grade School	18	7%
High School	99	39%
Associates	35	14%
Bachelors	26	10%
Professional Degree	36	14%
Grad School	35	14%
Income		
Less than \$25k	114	45%
\$25-40k	46	18%
\$40-55k	26	10%
\$55-75k	20	8%
\$75-95k	14	5%
\$95k or more	22	9%
Overall Health		
Excellent	23	9%
Very Good	75	29%
Good	95	37%
Fair	52	20%
Poor	4	2%

Health Coverage		% of Total
Through job	87	34%
Private coverage	16	6%
Medicare	29	11%
Medicaid	17	7%
Other	19	7%
Yes - has health coverage	182	71%
Sees One Doctor/Prov.	191	75%

Where they go for treatment

Primary care	102	40%
Clinic	4	2%
ER	7	3%
Other Health Centers	5	2%
Mt. Vernon NHC	37	15%
Hudson River HC	35	14%
Open Door HC	17	7%

Last time visited

W/in 12 months	218	85%
12-24 months	8	3%
Longer than 24 mos	10	4%

Diagnosed with:

Heart disease	29	11%
HIV/AIDS	2	1%
Asthma	24	9%
Diabetes	35	14%
Cancer	8	3%
Other - Hypertension, Hepatitis C, Arthritis	71	28%

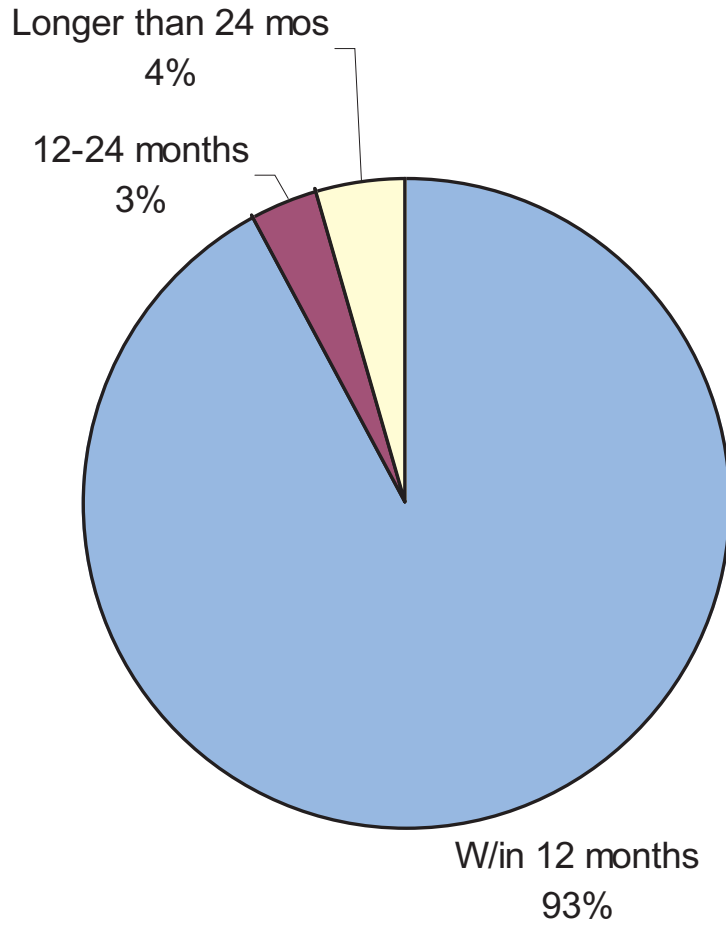
Rating of experience:

Score of 1-10	Avg rating	6.8
Rate 7 or higher	110	55%
Rate between 4 - 6	62	31%
Rate 3 or lower	28	14%
Note: base=200		

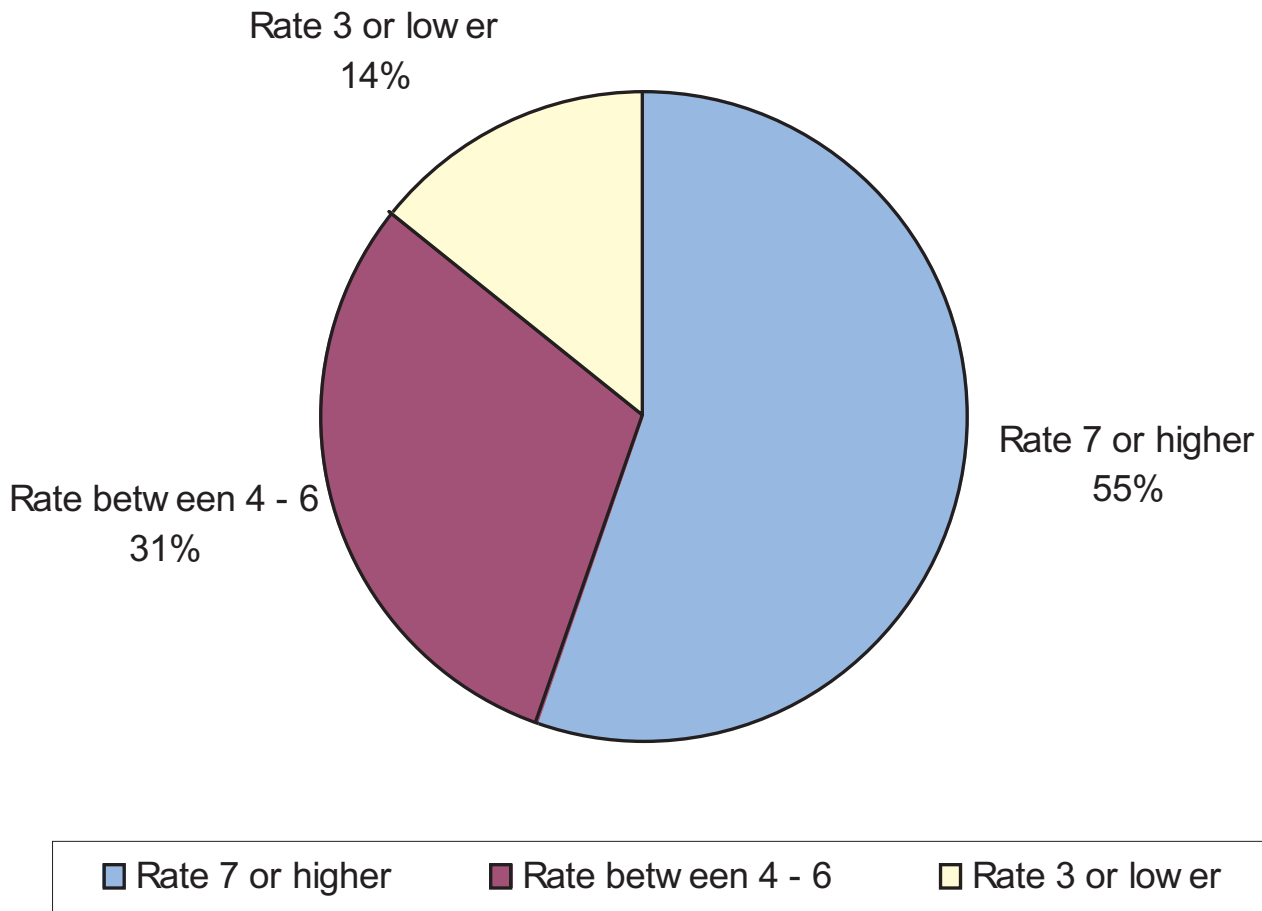
Health Care Disparity

Yes	152	80%
No	38	20%
Note base=190		

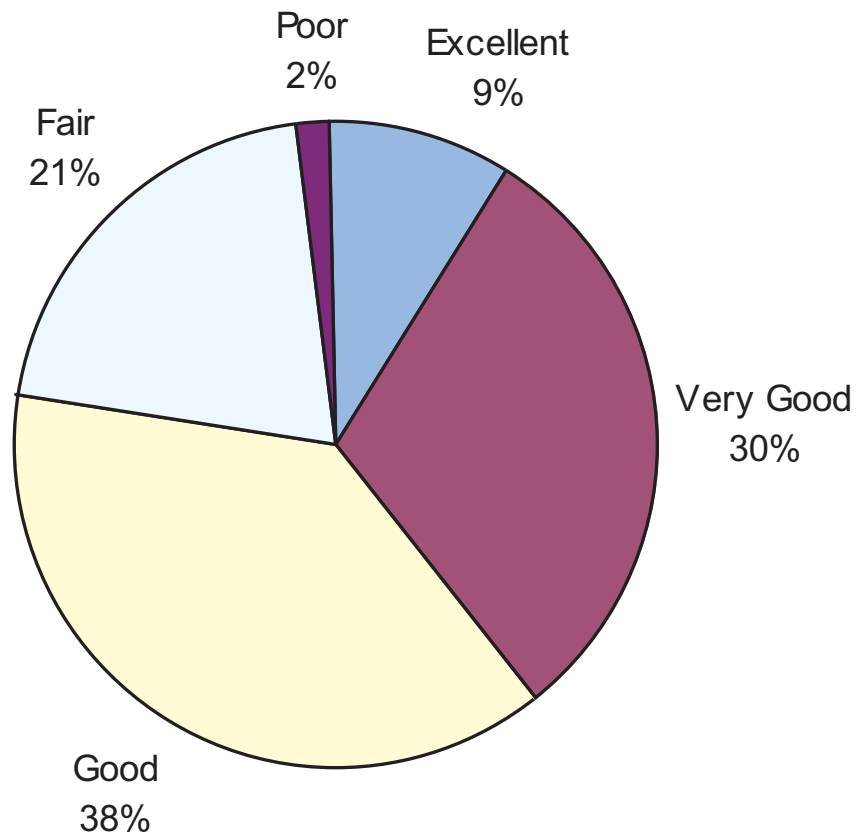
Qualitative Survery: Last time visited Healthcare Practitioner



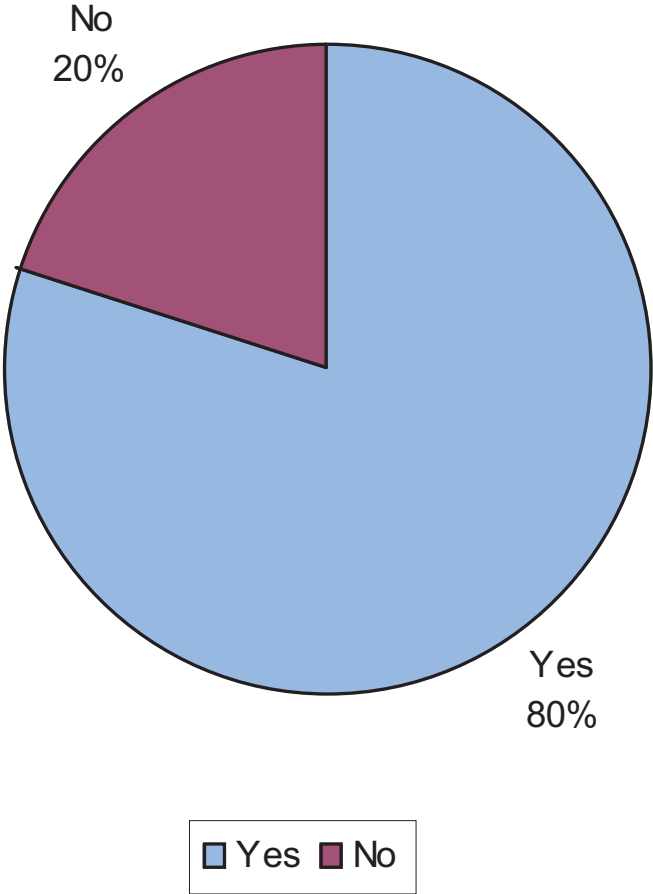
Qualitative Survey: Overall Healthcare Experience Rating (1=low to 10=high)



Qualitative Survey: Personal Health Rating



Qualitative Survey: Is there Healthcare Disparity in Westchester County



Voices of the Black Community

“Lower costs. Our healthcare insurance has risen over 25% for our out-of-pocket expenses.”

“My providers were originally in Manhattan when I moved to Westchester. I changed my providers for the convenience. I found that the private practitioners in Westchester County that I encountered did not make me “feel at home.” After five years, I returned back to my providers in the city. Although, I did not see anything that would indicate that Westchester providers weren’t clinically competent, I felt there was no connection with me on a personal level. My encounters always felt somehow distant.”

“The service received is very unprofessional. The Dental Department at the [hospital] is not friendly, the wait is from 1-2 hours. Confirmations for appointments are not made. When I request a referral for my children, they say it’s been processed; however, come to find out, it was never written!”

“Some doctors are unable to care for patients with serious illness. It seems as though they do not refer their patients to other providers when they are unable to properly care for their patients. I would rather see the physicians recognize their inabilities and take all necessary steps to care for their patients.”

“Good – but I demand good care from my provider if I’m not happy I voice that and find someone who fits my needs.”

“The service at ER is horrible in [municipality], the doctor’s office can be quite a wait. The co-payments and medicine from drug stores [are] high.”

“Blacks can’t afford healthcare!”

“My medical problems were diagnosed at the [agency]. The staff is caring and professional. I even get reminder calls if I miss my appointments! Thank God for [staff member] and the [agency].”

“I thank God for the [agency], they help me with my medication and my other doctors.”

“The [agency] has been a Godsend for me and my family.”

Hospital Administrators and Agency Administrators

1. Do you have a policy for reducing or eliminating healthcare disparity in the African-American population served by your institution. If so, what is it.

[We do] not have a formal, written policy. We have certain practices in place, such as providing in-service programs for our professional staff, which are conducted by Black healthcare providers, and the availability of language line to assist with one-to-one communication. – *Health Care Agency*

We have a major initiative to reduce health disparities for all minority and disadvantaged groups. This process includes reaching out to community groups, health education, cultural competence training, health fairs, school based initiatives, etc. We also conduct a community service effort each year where we interview members of the community and stakeholders from diverse backgrounds to assess how we are meeting the needs of the community and obtain suggestions for improvement. – *Hospital*

Yes, this is a business imperative. – *Health Care Agency*

No. – *Hospital*

2. Do you have a program in place that addresses healthcare disparity and the cultural needs of the Black community? If so, what program(s) do you offer and how are they implemented?

In addition to our home-based services, we have a community outreach program that serves a large segment of the Black community, utilizing African-American nurses. In our staff orientation program, sensitivity toward ethnic diversity is emphasized. We employ bicultural nurses, therapists, social workers and home health aides to care for our homebound patients. – *Health Care Agency*

We have various programs that are targeted toward African American men and women. Prostate cancer has a much higher incidence in the Black community. [We have a program] that encourages men to get tested and seek treatment for colon cancer when necessary. [We] support a group for men who are in pre or post treatment; partner with [an area hospital] and with local churches. We have helped to secure seed money to work with health programs, advocacy, and education. – *Health Care Agency*

3. Do you have a structure and plan for cultural competency training for agency personnel? If so, please give the title of the person(s) who are responsible for the cultural competency training, curriculum development, and how it is implemented.

Yes. Every staff member is required to go through competency training. This training is done for new hires and periodically with all tenured personnel. Managers get compensated based on diversity measures in their compensation plan. – *Health Care Agency*

No. – *Health Care Agency*

Yes. Our Vice President for Customer Service is responsible for this effort. We have provided training programs on diversity and cultural competence. – *Hospital*

Yes. The Vice President of Human Resources initially implemented this with courses for all employees; it is continued through employee orientation. – *Hospital*

4. What do you see as the key problems related to healthcare disparity for Blacks and what specific recommendations do you have to remedy the problem?

Target education, and activate – educate on risks and activate to take action. Access to healthcare is a barrier as well as insurance. We are happy to know that the Health Department provides free cancer screening. Testing and early detection are key actions to narrow the impact of health disparities among Blacks. – *Health Care Agency*

See other responses – *Health Care Agency*

This is not an easy question. Barriers exist throughout the system. The barriers are the result of historic structural problems in the system. In addition, the lifestyle and compliance to suggested care regimens are often ignored. I suggest that the task force identify one or two areas where the Black community has a higher incidence of illness and focus attention on early detection and treatment in order to achieve some success early in the process. – *Hospital*

Inadequate insurance inhibits access to healthcare on a timely manner and results in Emergency Departments frequently being used as the source of primary care. Focus should be placed on ensuring that Blacks take full advantage of all insurance programs available to them and that they establish a medical home. – *Hospital*

Task Force Member Survey Summary

1. What do you see as the fundamental reasons for health disparities among Blacks in Westchester County?

- Cost of services
- Lack of health insurance
- Lack of education -- wellness and prevention; promoting a health lifestyle
- Disproportionate poverty
- Lack of physician cultural sensitivity
- Lack of Black physicians/Black hospital administrators
- Policy makers and health care providers have limited knowledge on health disparities
- Failure to provide equal, high quality care that is culturally appropriate
- Being Black
- Racism
- Hospitals that [do not have] Blacks on Board of Trustees
- Historic discrimination
- Black person's fear of learning they have a major medical illness
- Denial that there is a health disparity problem
- Transportation
- Single-parent households
- The poor are ashamed to ask for help

2. How do health disparities "show-up" or present themselves in the Black Community?

- Death rates
- Higher incidence of chronic illnesses/diseases; disproportionate rates of HIV infection, cancer, asthma, hospitalization, etc...
- Emergency room visits
- Shorter life expectancy
- Late diagnosis
- Quality of care; Black patients complain about negative attitudes of physicians; Blacks often perceive barriers to health services and delay seeking care
- Healthcare system emphasizes seeking care after an illness occurs rather than preventive care
- Inappropriate management of reporting illness
- Blacks work long hours and can't find time to see a medical provider
- Blacks are less likely to have a primary care physician who is visited regularly
- Lack of role model support
- Dental health is very expensive

3. What specific recommendations do you have to remedy the problem of health disparities among Blacks in Westchester? Please include policy, services and any other areas that you feel noteworthy.

- Expansion of health education and outreach; raise awareness about minority health disparity; health literacy/awareness campaign focusing on Blacks

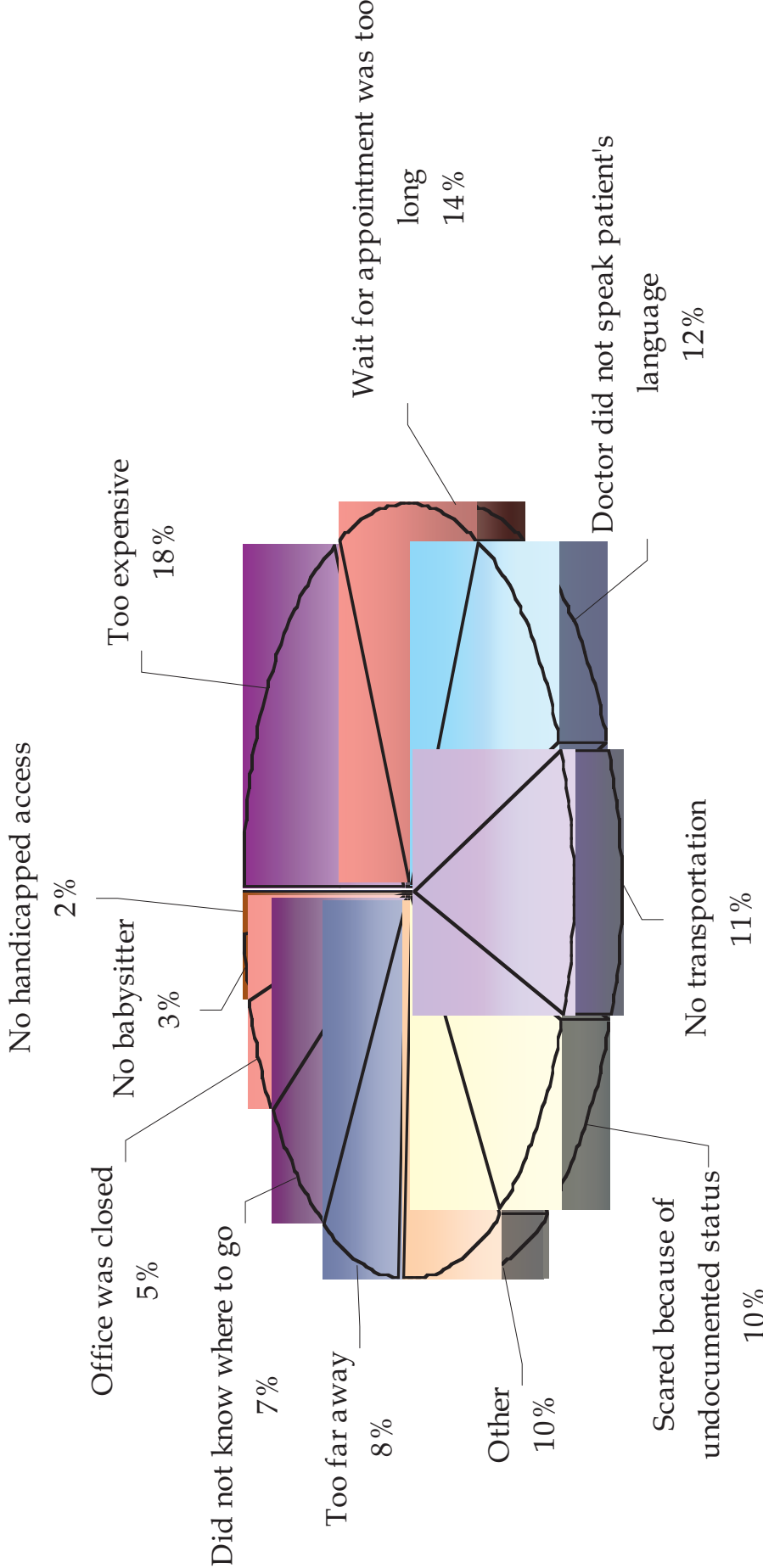
- Lobby for federal legislation for coverage for the poor and disadvantaged
- Increase opportunities for minorities in health professions
- Provide screenings to the Black community
- Increase access to treatment
- Establish patient navigation programs in Westchester
- The Black community needs to be educated on what level of care is available, how to navigate through healthcare and to access appropriate care; empower patients to take a more active role in their medical treatment
- Encourage, promote and support Black practitioners and administrators
- Develop culturally competent health care interventions/partnerships targeting the Black community; provide/encourage health education and access through faith-based organizations, community health centers, and other local African-American associations.
- Develop/expand new or existing mentoring program
- Increase student body, faculty and Dean's staff of colleges to improve the support, mentoring, and nurturing of Black medical students; colleges should include cultural competence in curriculum; cultural training for physicians, hospitals, health agencies, etc...
- Multidisciplinary teams should be implemented in hospitals and healthcare clinics
- Hospital Board of Trustees need to include the Black community
- Hospitals in Westchester need to employ Black social workers
- Hospitals in Westchester need to create a Black Patients Quality Assurance Office
- The Joint Commission on Accreditation of Healthcare Organization (JCAHO) needs to set up a special category entitled Black Patients Quality of Care Unit
- Support Health Centers in Westchester by helping to finance expansion of services and by providing funding to cover the cost of special testing and surgery of Black patients
- Develop a plan for Affordable Housing for Black Families
- Universal healthcare
- Encouraging employers to find ways to provide insurance for employees
- Lower income guidelines for insurance plans (Medicaid/Medicare)
- Increase advertising/marketing efforts

4. Do you have specific recommendations on how the Task Force should proceed with regard to accomplishing our mission?

- Establish subcommittees to develop a strategy and practical timeline with goals that can be measured
- Need to understand what policies are already in place; need to discuss policy changes; evaluate existing resources/review areas to expand
- Be open about discussing race/ethnicity and how it impacts medical care in our community
- Encourage the Health Department to hold joint news conferences with Black public officials
- Reach out to Black physicians and administrators
- Develop culturally sensitive health care standards
- Create legal safeguards
- Develop countywide mentoring program
- Facilitate health coverage enrollment in Black Community
- The Department of Health needs to create an office of Black Patients Quality of Health Care
- Create Office of Minority Affairs
- Provide mobile clinics that can go into Black communities
- Identify one or two areas where the Black community has a higher incidence of illness and focus attention on early detection and treatment

- Partnering with agencies to address health disparity issues
- The Department of Health should create an office dedicated to black patients quality of health care, headed by a qualified, board certified physician with the title of Deputy Commissioner of Health.
- Identify where low-income Black families are located and target services to them
- Survey local hospitals on how to accommodate for low-income, uninsured Blacks
- Reach out to Black families
- Benchmark other communities who have had success with this issue
- Identify and create a list of culturally relevant caregivers
- Develop a pilot project of time-limited program that can be evaluated
- More dialogue is needed
- Accurate data needs to be provided and evaluated

Reasons People Do Not Get Care



SOURCE: Hudson River HealthCare Survey N=260



Blacks in Health Care: *Voices of the Black Community*

“The issues education, access, and policy are major themes under which goals and actions can be grouped. ”

A Task Force Member

“In my practice, African Americans may drive up to 100 miles to see me because I am an African American physician. ”

A Task Force Member

“There is a shortage of Black doctors in Westchester, especially in specialty areas, ie. orthopedics, etc.”

A Community Member

Westchester Blue Ribbon Task Force for the elimination of Health Disparities among Blacks

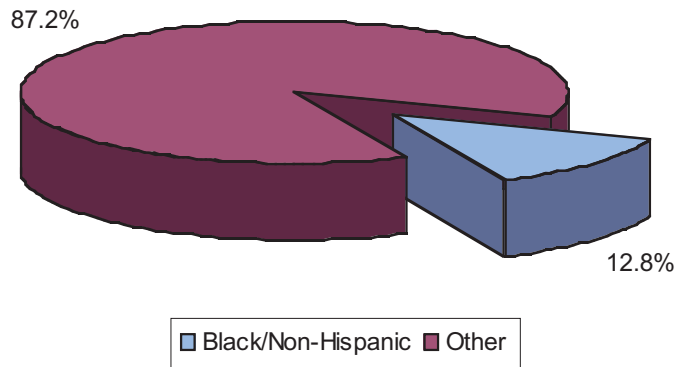
Healthcare Disparity Among Blacks in Westchester County: Task Force Perceptions

EDUCATION	ACCESS	POLICY
<ul style="list-style-type: none"> · Lack of Black doctors and nurses available to provide relevant patient education · Pipeline of Blacks in seeking careers as doctors, nurses and health care providers is small and insufficient (especially doctors) · Cultural competency is not a primary component of the curriculum or training requirements for medical students, health care providers or policy makers · Lack of physician expertise and time spent discussing complex issues that affect Black patients disproportionately such as hypertension, diabetes and weight loss, among others · Lack of education, prevention awareness, and healthy lifestyle choices in the Black community · Disconnects between wellness campaigns and behavior modification in the Black community 	<ul style="list-style-type: none"> · Inequality and lack of access to quality healthcare in the Black community often results in late detection, diagnosis of disease and premature death · Lack of health insurance or being underinsured, due to cost, limits access to special procedures, exams, tests and surgery requiring hospital visitation and second level diagnosis · Lack of access to culturally competent doctors and healthcare providers often compromises the effectiveness of treatment and relationship between patient and medical practitioner · Fear of being rejected, inability to navigate the system, cost of prescriptions, transportation and other associated expenses, discourage many from seeking access to healthcare 	<ul style="list-style-type: none"> · Lack of overall awareness of health disparity in the Black community among the general public, policy makers and healthcare providers · Lack of representation of Blacks in leadership positions on hospital boards, medical departments, HMO Panels, faculty and in healthcare administration · Lack of awareness and inclusion of policies to address health disparity in the Black community at institutions affiliated with healthcare · Cultural Competency is not treated as a business imperative with specific goals, objectives and evaluation mechanisms · Lack of governmental monitoring of patient care, including the management of major diseases, routine preventative care and health maintenance related to Blacks in hospitals, healthcare clinics and physician offices

Blacks in Health Care: What the Data Tell Us

Blacks in Health Care

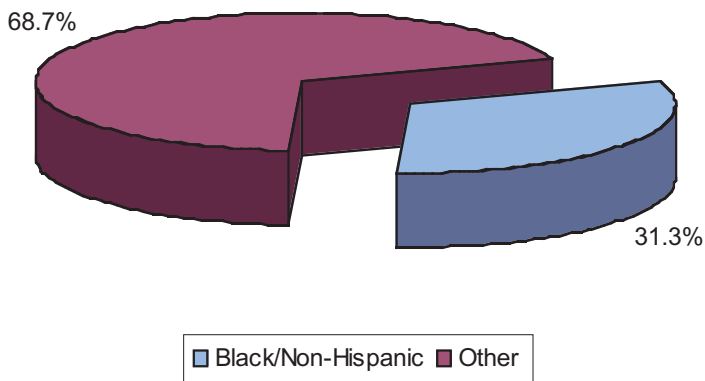
HOSPITAL EMPLOYEES IN THE "PROFESSIONALS" CATEGORY IN WESTCHESTER COUNTY



In Westchester County, 12.8% of hospital employees classified as Professionals and 31.3% of employees classified as Technicians are Black/ Non-Hispanic.

According to the 2000 US Census, 13.6% of Westchester County's population is Black/Non-Hispanic.

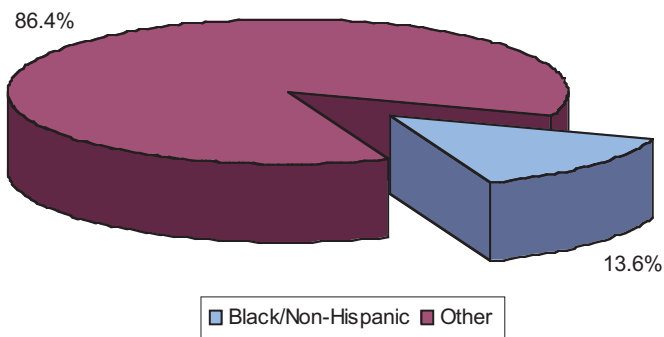
HOSPITAL EMPLOYEES IN THE "TECHNICIANS" CATEGORY IN WESTCHESTER COUNTY



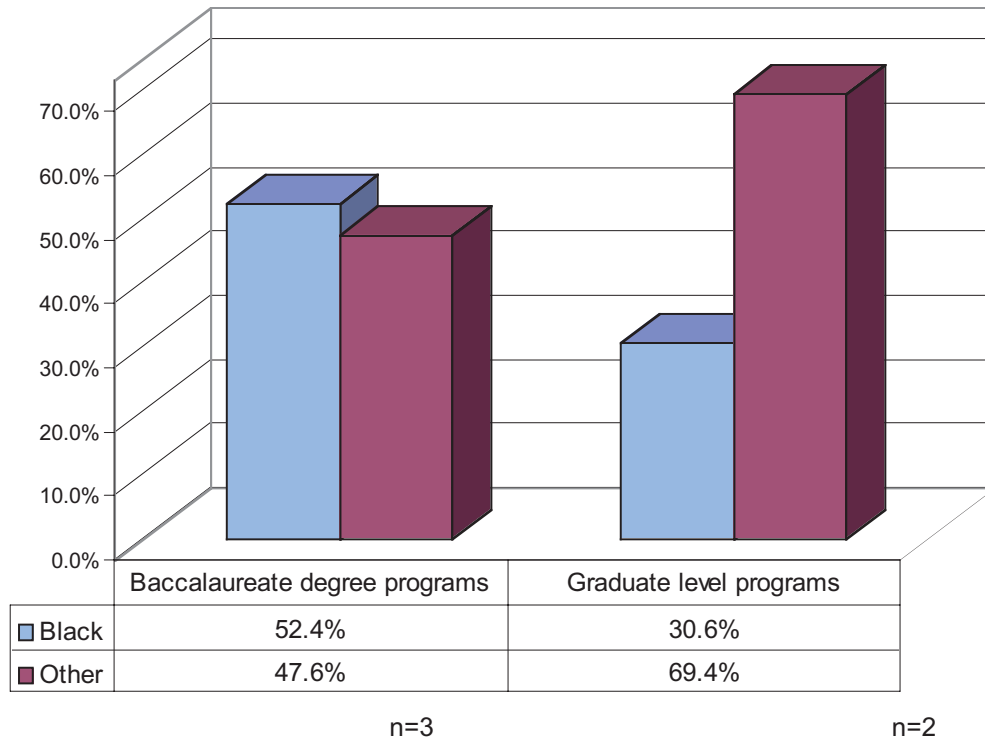
SOURCES: Equal Employment Opportunity 2005 Employer Information Report; U.S. Census 2000

**See Appendices 2 and 3 for job titles considered in each category.*

POPULATION IN WESTCHESTER COUNTY



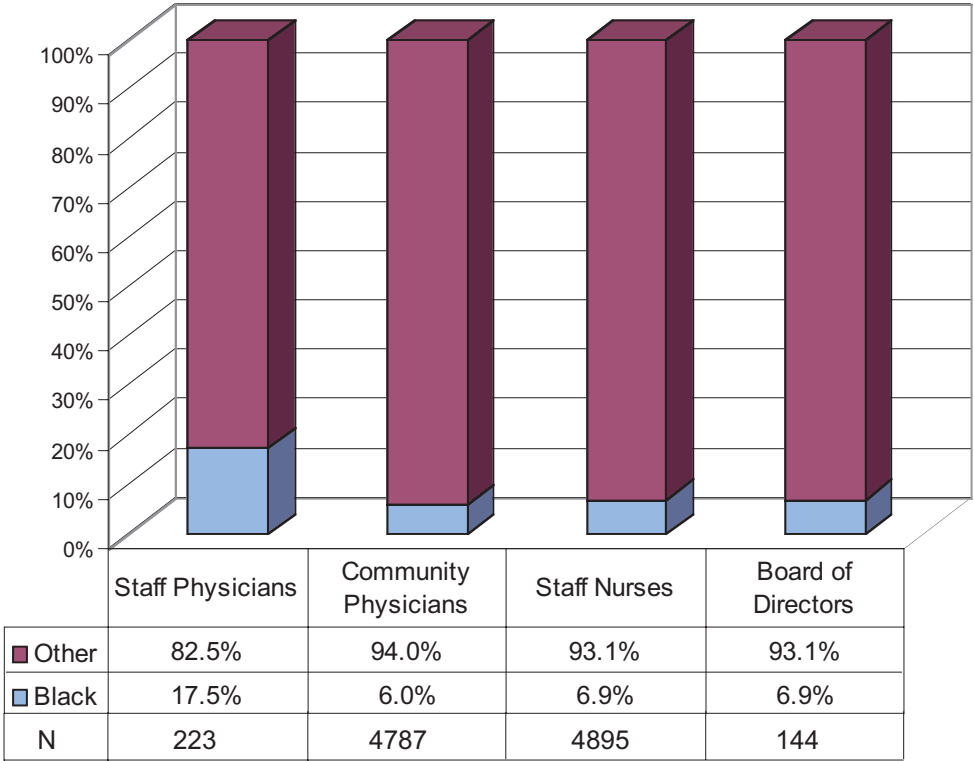
Students in Westchester County Nursing Programs



Over 50% of students attending undergraduate nursing programs and approximately 30% of students in graduate level nursing programs in Westchester County schools are Black.

SOURCE: Survey of Westchester County Nursing Schools, 2005

Hospital and Community Physicians, Staff Nurses and Board of Directors in Westchester County



Source: Survey of Westchester County Hospitals, 2005

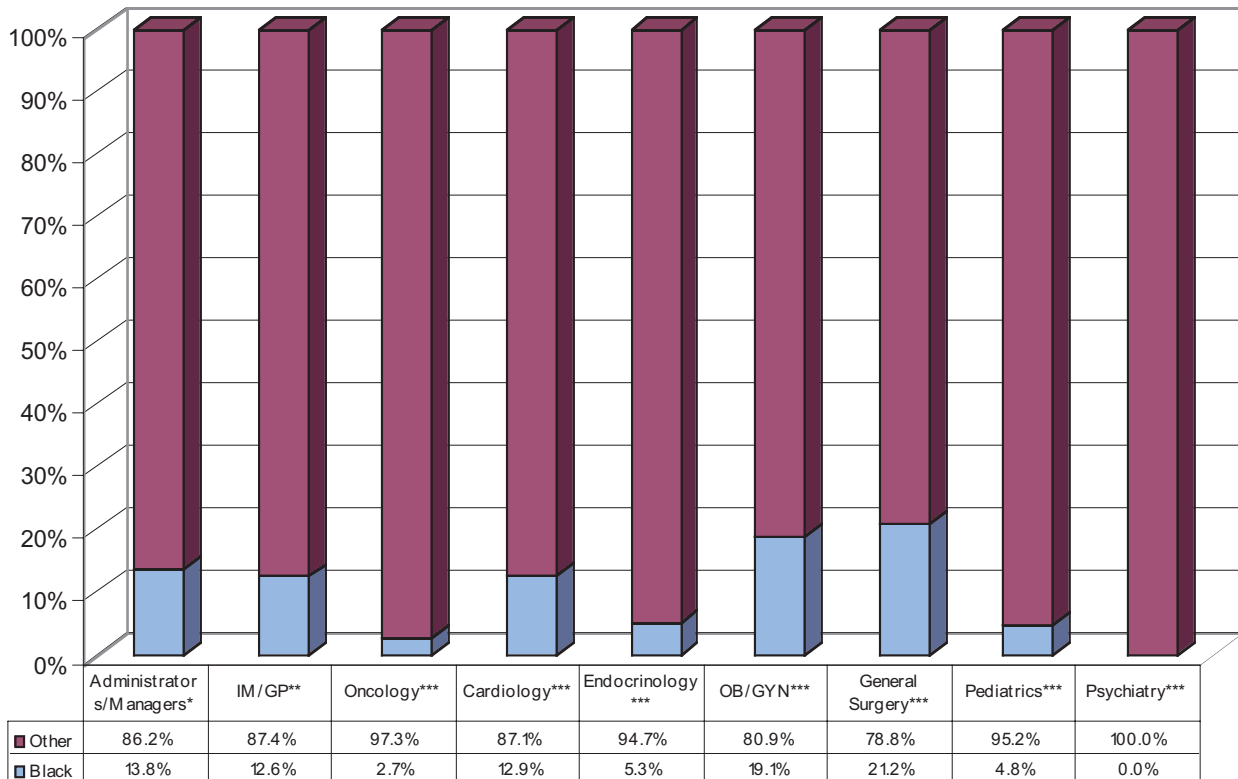
A survey of Westchester County hospitals indicates that 17.5% of physicians and 6.9% of nurses on staff are Black. For community physicians providing services at Westchester County hospitals, the survey indicates that 6% are Black. For members of Boards of Directors/Trustees, 6.9% are Black.

Nationally, 6.1% of physicians and surgeons and 10.1% of registered nurses are Black.*

NOTE: Seven of the 11 Westchester County acute-care hospitals provided data in response to the request for information. Thus, these data may not be representative of Westchester County hospitals as a whole.

*Source: US Census Bureau, Statistical Abstract of the United States, 2006.

Westchester County Hospitals Managerial Staff



SOURCE: Survey of Westchester County Acute Care Hospitals, 2006

A survey of Westchester County hospitals indicates that 13.8% of administrative and managerial staff are Black. For physicians providing services at Westchester County hospitals, the survey indicates that the percentage of Internists/General Physicians (12.6%), Cardiologists (12.9%), Obstetrician/Gynecologists (19.1%) and General Surgeons (21.2%) is similar or greater than the percentage of Blacks in the Westchester County population (14.2%). The percentage of specialists practicing Oncology, Endocrinology and Pediatrics who are Black is much lower than Westchester County's Black population. There are no Psychiatrists who are Black practicing in the Westchester County hospitals that were able to provide information in response to the survey.

* Data for Administrators/Managers were provided by six of the 11 Westchester County acute care hospitals.

** Data for Internists/General Physicians were available for five of the 11 Westchester County acute care hospitals.

*** Data for all other specialists were available for four of the 11 Westchester County acute care hospitals.

NOTE: Physicians may be counted in more than one category.

Recommendations from the Task Force: *Voices of the Black Community*

“The disparity we often see is based not on ethnic factors but more specifically on socio-economic forces.”

A Hospital Administrator

“Provide universal health care and access to treatment irrespective of ability to pay, particularly for lethal diseases such as cancer.”

A Task Force Member

“Encourage, promote and support African American private practitioners and administrators. Develop partnerships with organizations committed to improving health such as the American Heart Association, National Stroke Association, American Diabetes Foundation, etc.”

A Task Force Member

Recommendations from the Task Force: *Voices of the Black Community*

“Have mobile clinics augment neighborhood health centers and go into different communities bringing care to elderly and confined populations.”

A Task Force Member

“Identify one or two areas where the Black community has a higher incidence of illness and focus attention on early detection and treatment in order to achieve some success early in the process.”

A Task Force Member

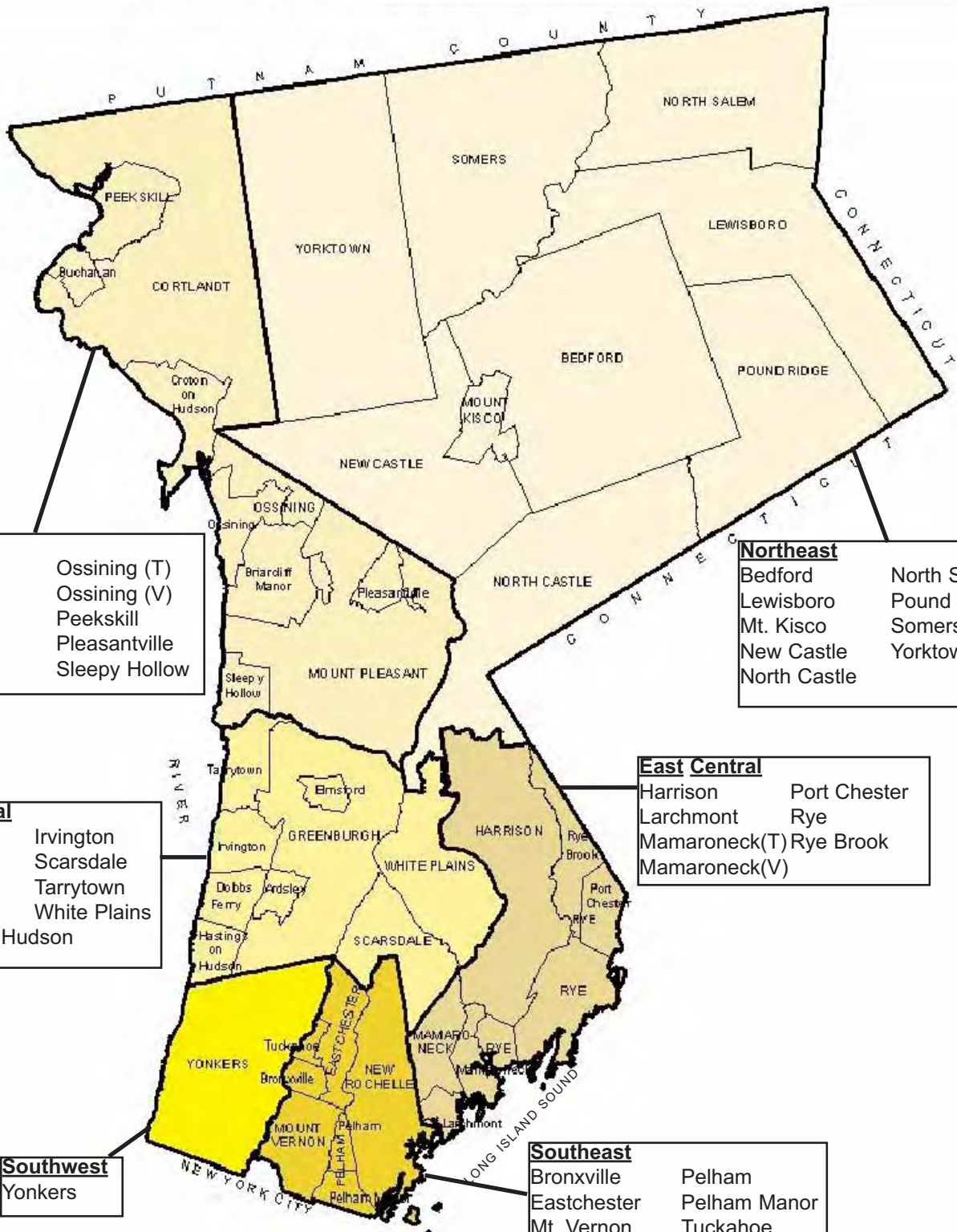
“Partner with Black clergy of Westchester, public housing organizations, fraternities, sororities, etc. to accomplish our mission.”

A Task Force Member

Appendices

Appendix 1: Health Planning Regions

HEALTH PLANNING REGIONS



- Northwest**
- Briarcliff Manor
 - Buchanan
 - Cortlandt
 - Croton on Hudson
 - Mt. Pleasant
 - Ossining (T)
 - Ossining (V)
 - Peekskill
 - Pleasantville
 - Sleepy Hollow

- Northeast**
- Bedford
 - Lewisboro
 - Mt. Kisco
 - New Castle
 - North Castle
 - North Salem
 - Pound Ridge
 - Somers
 - Yorktown

- West Central**
- Ardsey
 - Dobbs Ferry
 - Elmsford
 - Greenburgh
 - Hastings on Hudson
 - Irvington
 - Scarsdale
 - Tarrytown
 - White Plains

- East Central**
- Harrison
 - Larchmont
 - Mamaroneck(T)
 - Mamaroneck(V)
 - Port Chester
 - Rye
 - Rye Brook

- Southwest**
- Yonkers

- Southeast**
- Bronxville
 - Eastchester
 - Mt. Vernon
 - New Rochelle
 - Pelham
 - Pelham Manor
 - Tuckahoe

Appendix 2: Categories of Titles Considered Professional

Adult Nurse Practitioner
Associate Directors of Divisions
Associate Planner
Assist Chief of Services
Assistant Coordinator, Emergency Medical Services
Assistant Directors of Divisions
Assistant Environmental Bacteriologist
Assistant Forensic Scientist
Assistant Medical Physicist
Assistant Manager, Patient Accounts
Assistant Microbiologist
Assistant Pathologist
Assistant Medical Examiner
Assistant Supervisor of Volunteers
Assistant Toxicologist
Audiologist
Auditing Specialist
Biochemist
Biomedical Engineer
Case Managers
Chief Cytogeneticist
Chiefs of Departments
Chemist Trainee
Clinical Psychologist
Consultant Nutritionist
Consultant Occupational Therapist
Consultant Public Health Nurse
Coordinators of Services
Dietetic Technicians and Trainees
Directors of Services
Food Production Supervisors
Food Service Managers
Forensic Scientists
Histologist
Health Care Administrators
Hospital Pharmacist
Manager, Social Services
Medical Data Analyst
Medical Librarian
Medical Social Workers, Assistants
Microbiologist
Nurses, Nurse Practitioners, Clinical Nurse Specialists, Instructor of Nursing, Nurse Clinicians,
Nurse Epidemiologist. Operating Room Nurse

Appendix 2: Categories of Titles Considered Professional

Nutritionist
Occupational Alcoholism Specialist
Occupational Therapist
Orthoptist
Pathologist, Medical Examiner, Associate and Assistant Medical Examiner
Physical Therapist
Physician, Medical Intern, Extern, Resident, Fellow
Physicians Assistant
Planner
Podiatrist
Program Administrators
Program Coordinators
Program Specialists
Psychiatrist, Psychiatric Intern, Psychology Assistant
Public Health Nurse
Radiation Physicist; Radiation Safety Specialist
Recreation Therapy Supervisor; Recreational Therapist
Registered Respiratory Therapist
Research Analyst
Research Scientist
Risk Manager
Social Workers, Psychiatric Social Workers, Social Caseworker, Social Work Consultant (Medical and Psychiatric), Senior Medical Social Worker
Speech and Language Pathologist
Senior Dietician
Senior Forensic Scientists
Senior Medical Genetics Counselor
Senior Medical Technician
Senior Microbiologist
Senior Psychologist
Senior Toxicologist
Senior Virologist
Staff Development Specialist
Staff Dietitian
Staff Nutritionist
Staff Occupational Therapist
Supervising Staff professionals
Toxicologist, Toxicologist Specialist, Toxicology Trainee
Utilization Coordinator
Virologist

Source: EEOC

Appendix 3: Categories of Titles Considered Technical

Anesthesiology Technician
Assistant Chief Respiratory Therapist
Assistant Supervisory Dialysis Technician
Assistant Utilization Coordinator
Autopsy Assistant and Autopsy Assistant Trainee
Biomedical Technician
Burn Technician
Certified Respiratory Therapist
Charge Practical Nurse
Dental Assistant
Dental Hygienist
Dosimetrist
Intermediate Nursing Aide Intermediate Psychiatric Aide
Junior Laboratory Technician
Junior Nursing Aide
Junior Psychiatric Aide
Lab Assistant; Lab Technician
Lead X-Ray Technician (specialty area)
Medical Assistant
Medical Photographer
Non-Invasive Technologist
Nurse Midwife
Nurse Aide, Training
Occupational Therapy Aide, Occupational Therapy Assistant
Patient Care Technician (specialty area)
Perfusionist
Phlebotomist
Physiotherapy Aide
Practical Nurse (specialty)
Recreation Leader
Respiratory Therapy Technician
Senior Technician (specialty area)
Senior Aide (specialty area)
Student nurse, Student Practical Nurse
Student Social Worker
Supervising Dialysis Technician
Surgical Physician Assistant
Surgical Technician
Technical Specialist (specialty area)
Ultrasonography Technilogist
X-Ray Technician

Source: EEOC