"I believe because of the electronic age, children have adopted a sedentary lifestyle and so have their parents. That has to change." – PAULA HATCHETT, American Heart Association exercise program

KAREN SCHIELY/Akron Beacon Journal

Pauletta Hatchett of the American Heart Association's Kidz BEAT program in Akron leads children at the House of the Lord's vacation Bible school in exercise. Obesity and nutrition are part of her program.

Health

Summit data suggest race, not poverty, key to life span

Continued from Page A6

more," said Gerry Radcliffe, a retired nurse who has focused on reaching African-Americans for diabetes education courses in Canton. "We can do more than we do with a lot of these illnesses."

Mistrust of health system

Poverty, of course, plays a role in health disparities, and African-Americans are more likely to be poor than whites. In Summit County, for example, 10.4 percent of the white residents live in poverty, while 32.5 percent of black residents do.

A slew of research has shown that the poor often live in old housing, which is more likely to have lead paint, dangerous wiring, insufficient heating, infestations of cockroaches or rats, and pesticide exposure.

The poor often work in high-risk jobs that don't offer insurance benefits. And lack of insurance leads them to delay medical attention until symptoms grow worse, meaning serious conditions such as cancer and heart disease are caught in later stages, when treatment is less successful.

But research has shown that even when minorities seek medical attention early, they are less likely to be offered diagnostic procedures for heart disease and cancer. And they're more likely to be treated by doctors with less clinical training and in hospitals with higher surgical mortality rates and less access to needed resources, such as diagnostic imaging and high-quality support services.

Such treatment by the medical establishment only bolsters a general distrust of the health care system among African-Americans, which reinforces their tendency to delay seeking treatment.

Summit data point to race

But Randall, the University of Dayton law professor, said it's too easy to put the blame on poverty. She believes the focus needs to be on race, not income.

"By focusing on the economics," Randall said, "it looks at only one tiny aspect of the issue, and it doesn't deal with the historical disparities – I call it the slave health deficit – or the disparities caused by racism."

Without focusing on race, she said, the problem will never be fixed.

"We allow disparities to continue because we're unwilling to do the things we need to do to address them," she said. Society "wants to address them in an egalitarian way, as if to say, 'See, it's not about race, it's about being poor.' "

Statistics from Summit County also suggest that race, and not poverty, is the main reason for the disparities.

In compiling these statistics for 2000 to 2003, the Akron Health Department classified neighborhoods according to U.S. Census tracts. Poor neighborhoods were defined as places where at least 20 percent of the residents lived below the poverty level. In the more-well-off neighborhoods, less than 5 percent of the residents lived below poverty.

Because Asians (1.4 percent), Hispanics (0.9 percent) and American Indians (0.2 percent) represented such a small portion of the Summit County population, the statistics were limited to blacks and whites.

The health department's findings showed that in Summit County blacks in neighborhoods above the poverty line lived no longer than blacks in impoverished areas. They died at essentially the same age – 67.1 years compared with 66.8 years, a difference of just a few months.

The same wasn't true of whites, though. In poor neighborhoods, whites died at an average age of 69.7 years old. But in more well-to-do neighborhoods, whites' life span was 76.4 years – more than 6½ years longer.

These findings don't surprise Randall. Summit County isn't any different from the rest of the nation. It has long been known by those working to close the health gap that money doesn't vaccinate blacks against poor health.

Middle class differs by race

There's an inherent difference between the white middle class and the black middle class, she said. Many, if not most, in the white middle class are in their second or third generation of being middle class. Meanwhile, most African-Americans in the middle class are just first- or second-generation.

If a black man is the first generation of his family to reach middle-class status, that means that he was raised in poverty with all the negative health effects that came with it.

And if a black woman is second-generation middle class, it's likely – according to the statistics – that she lost her parents at a younger age, meaning she probably had less financial support to get through college – so maybe she never earned a degree – and will have less wealth handed down to her later.

They are middle-class, Randall said, but "they're still experiencing the effects of poverty."

Racial health disparities in the United States are older than the country itself, she said. The disparities began with the first slave ships in the mid-1600s, and blacks haven't caught up. She is pessimistic that they ever will.

While Summit County Health Commissioner Gene Nixon believes that race and poverty undoubtedly contribute to the health gap, he believes it's time for people to accept responsibility for their health.

"There's an attitude of, 'I'll worry about my diet and physical activity after my first heart attack.' Well, most people don't survive their first heart attack," he said. "There's this attitude that 'I don't have to worry about it, the health care system will make me well.' "

Meanwhile, obesity rates soar, fueling heart disease and diabetes.

"We've got to get these things under control," Nixon said. "We need to somehow shift the burden of responsibility back to the individual. That sounds cold, I know. But we have to face the facts that technology cannot make us well."

"We need to somehow shift the burden of responsibility back to the individual. – Gene Nixon, Summit County health commissioner

DAVID FOSTER/Akron Beacon Journal

Summit County Health Commissioner Gene Nixon says "we have to face the facts that technology cannot make us well."

Health care system criticized

Still, the medical establishment isn't without blame, according to the nonprofit Institute of Medicine, based in Washington, D.C.

In its March 2002 report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,* the institute highlighted three main problems contributing to the disparities:

• Bottom-line-driven health-care systems, which may make sense financially but lead to unintended consequences.

"These policies may unintentionally hurt minorities," the report said, "in that cost-savings may come at the expense of patients who are least educated about their treatment options and least likely to push their doctor for more services."

• Prejudice among doctors and other health-care providers.

Prejudice and stereotyping are a nearly universal human function, even among those who truly believe they don't judge others, the report said, and doctors are no different.

For example, a study of cardiologists – using videotaped actors as patients – found that black women were much less likely to be referred for cardiac catheterization than white men and women or black men were.

• Patients' attitudes and behaviors. Some minority patients do not trust health care professionals and delay treatment, and other patients do not follow their doctor's instructions exactly.

"It may seem like an unbreakable cycle," the report said, "but it is not a hopeless situation. The first step toward correcting the problem is to make people aware of it."

Health education stressed

Pauletta Hatchett believes the best place to raise awareness is with children.

As the instructor of the American Heart Association's Kidz BEAT program in Akron, Hatchett hopes black children can take control of their destiny, at least as it relates to obesity, nutrition and exercise.

She knows Kidz BEAT won't solve the overall problem of health disparities, but it will set kids – and hopefully their families – on a healthier course.

The summer program reached about 300 children, as Hatchett visited predominantly black churches during vacation Bible school sessions. She led the children through a series of exercises, taught them how to choose heart-healthy snacks and led role-playing lessons on ways to effectively say no to smoking. Each child was given a duffel bag, along with cookbooks, water bottles, hula hoops, pedometers, jump ropes and kickballs.

"I believe because of the electronic age, children have adopted a sedentary lifestyle and so have their parents," Hatchett said. "That has to change."

Cathy Brown of Akron saw a difference in her 12-year-old daughter, Teneisha, after just four days of Kidz BEAT seminars. Foods that used to be commonplace in the Brown household were suddenly getting thumbs-down reviews from Teneisha.

"She's been coming home saying, 'Mom, that's not good for you.' She's been telling her little brother, too," Brown said. "Just this week, there's been a change in her eating habits. She's eating more salads. We went to McDonald's this week, and I said, 'Don't you want fries with that?' She said, 'No, I want a side salad.' I thought, 'OK, that's a step in the right direction.' "

Yes, it is, but it's just one step in a very long journey.

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