THE HEALTH GAP

In matters of life and death, the color line in America still runs deep. In fact, recent figures from the National Center for Health Statistics show a widening gap: while life expectancy for white Americans continues to rise, Black life expectancy declined in 1986 for the second year in a row. "All others," the category including Asian and Native Americans, saw no gain.

Most press accounts of the report focused on two factors: increased homicides and motor vehicle accidents among Blacks. But people of color are stricken disproportionately by all of the nation's leading killers.

Cancer—Blacks have the highest cancer rates in the nation, followed by Native Hawaiians. Native Americans have a relatively low incidence but those who get cancer have a lower chance than others of surviving it.

Heart disease—Blacks have the highest rate, a third higher than for whites.

Stroke—The death rate for people of color from strokes is 63 percent higher than for whites; for Blacks it is 83 percent higher.

Diabetes—People of color have twice the death rate from diabetes as whites. Blacks, Latinos, and Native Americans all have a significantly higher incidence of the disease.

Alcohol—Native Americans are three times as likely and Blacks twice as likely to die from alcohol-related liver disease as whites.

Infant mortality—Black infant mortality rates are double those for whites. For babies between one month and one year, Native Americans have twice the general population's death rate.

Using white mortality rates as a base, health studies refer to the additional deaths experienced by minority groups as "excess deaths"—an especially appropriate term given that a very high share of the causes are either preventable or controllable. What accounts for the discrepancies are fundamental differences in quality of life, including stark differences in the quality of health care.

A good example is diabetes. Researchers are still trying to determine exactly what causes diabetes and why it strikes minorities disproportionately. It is possible that people of color have a genetic predisposition to diabetes but it is most likely triggered by socioeconomic factors.

Native Americans, for example, were rarely diagnosed with diabetes before the 1930s. Now the prevalence is as high as 50 percent among the Pima tribe and 20 percent for a dozen other tribes. Overall, the prevalence of diabetes among Native Americans is 2.3 times higher than in the general population. Why the sudden and still growing increase?

"White Death"

Some researchers think that Native Americans developed genetic factors or "thrifty genes" which made their bodies more capable of storing fat so they could survive times when food was scarce. As Indians were moved to reservations, traditional diets were replaced with starchy government commodities, and active lives became sedentary, the genetic trait that previously enhanced survival came to have the opposite effect, contributing to obesity and the development of diabetes.

"It's the white death—salt, sugar, and flour—that's killing us in our diet," remarked LaDonna Harris, president of Americans for Indian Opportunity, but she draws a relationship between bad dietary habits and larger social forces. Like alcoholism and suicides, which also take a disporportionate share of Native lives, diabetes is concentrated in certain communities, she said, and "you can almost trace it to their history. Where they become dysfunctional collectively, then you can see that epidemics break out."

The low incidence of diabetes in Asian countries compared to the increasing rate among Asian Americans also supports a socioeconomic explanation. In Japan, for example, the diabetes rate among middle aged and older groups is three to four percent. In Los Angeles, among Japanese of the same age groups, the rate is over 20 percent. Changes in diet and the many stresses associated with relocation are probably the key risk factors for Asian immigrants.

Most diabetics, including people of color, have what is known as Type II diabetes, which generally develops in middle-age and often can be controlled through diet and exercise or medication. Unchecked, though, diabetes has severe consequences. It is the leading cause of blindness in Americans under age 65 and accounts for 45 percent of all nontraumatic leg and foot amputations. Ten percent of diabetics develop kidney disease, often requiring dialysis or a kidney transplant to survive. People with diabetes are two to four times more likely to have heart disease and two to six times more likely to have a stroke.

INCREASED RISK OF DEATH FOR PEOPLE OF COLOR

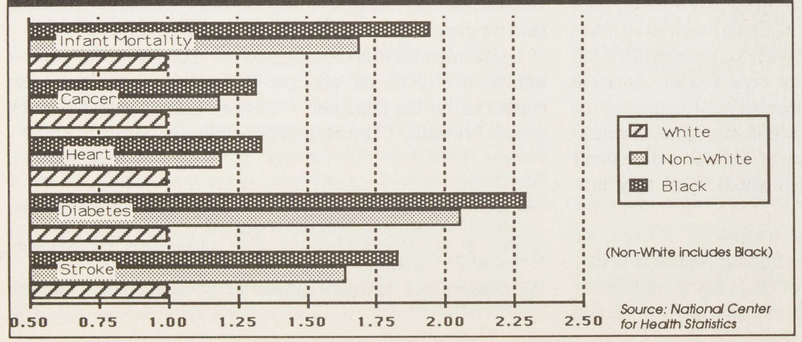

Photo: Kirk Condyles, Impact Visuals

Chages in diet and the stress of relocation may put Asian immigrants at risk for diabetes.

For people of color, "it's double jeopardy," says Dr. Michael Stern of the University of Texas Health Science Center in San Antonio. "They have a higher risk of getting diabetes and once they get it, they have a higher risk of a bad outcome." For example, compared to white diabetics, Blacks are twice as likely to go blind and twice as likely to have a limb amputated. Diabetes related kidney disease is six times as common among Mexican-Americans as non-Latin whites.

Although there is no cure for diabetes, early detection and proper treatment can minimize the complications that make the disease so debilitating and deadly. The eye disease, diabetic retinopathy, for example, develops slowly and if it is detected early enough can be treated with laser therapy. Diabetics should be screened annually for changes in the eye according to Dr. Steven Haffner, a researcher at the University of Texas Health Science Center.

"It's true for all diabetics," he said, "but particularly for Mexican-American diabetics," who are twice as likely to develop severe retinopathy. But screening by a private opthamologist costs $125 to $150. And in many areas of the country, even if a patient had the money, there are no opthamologists available.

Screening for diabetes itself is sorely lacking. The American Diabetes Association estimates that half of diabetes victims don't know they have the disease. Often, it is diagnosed only after complications have set in. For high risk groups, doctors recommend regular testing beginning at age 40.

Many of those who are diagnosed with Type II diabetes could avoid complications by following a strict regimen of weight control, stress control, and exercise, and by constantly monitoring their blood sugar. But none of these measures are easily carried out. "Finances are the major problem," according to Maggie Escobar, a diabetes educator at McAllen Medical Center in Texas. Many of her patients don't have the resources to pay for diabetes care. Some can't afford to buy blood-testing strips or meters. Many, she says, can't even pay the bus or taxicab fare to get to the Medical Center.

Cultural barriers also keep people of color from getting proper care. Only in the last few years have government and private health organizations begun to focus on minority diabetics. A California study in 1984 found that there were Spanish language booklets available but they were difficult to understand and out of step with Chicano culture. A diet plan, for example, suggested that a half bagel could be substituted for a slice of bread but didn't even mention tortillas. To understand and adapt to the drastic changes in diet and lifestyle that diabetes requires, patients need health care providers who understand their culture and speak their language.

Poor Health, Poor Care

Across the boards, people of color are ill-served by the health care system. A number of recent studies document how they benefit less from medical breakthroughs. For example, the *Journal of the American Medical Association* reported in January that a much higher proportion of whites admitted to Massachusetts hospitals with heart problems undergo coronary bypass operations and other high tech procedures than do Blacks. Other recent studies found that white men are twice as likely to receive a kidney transplant as Blacks of either gender even though Blacks have three times the rate of kidney failure as whites.

- ***One of every four Black American women over 55 has diabetes.***
- ***Half the nation's Chicanos either have diabetes or have an immediate family member who does.***
- ***At 50%, the Pima Indian tribe has the highest rate of diabetes in the world.***
- ***Japanese, Koreans, Chinese, and Filipinos in Hawaii have 3 to 4 times more diabetes than non-Asians who live there.***

Through extensive periodic surveys, the Robert Wood Johnson Foundation determined in 1987 that access to health care is deteriorating for people of color. The percentage of Latinos reporting no regular source of health care tripled — from 10 to 30 percent—between 1982 and 1986. Blacks in fair or poor health reported fewer doctor visits than in previous years. Over 20 percent of Latinos had no health insurance, as did 10.1 percent of Blacks, and 7.7 percent of whites.

Quality of health care is just part of the picture, though. A combination of medical, economic, and cultural factors account for the generally poorer health and lower life expectancy in communities of color.

Links between health and environment are well-established.

Continued on page 22