

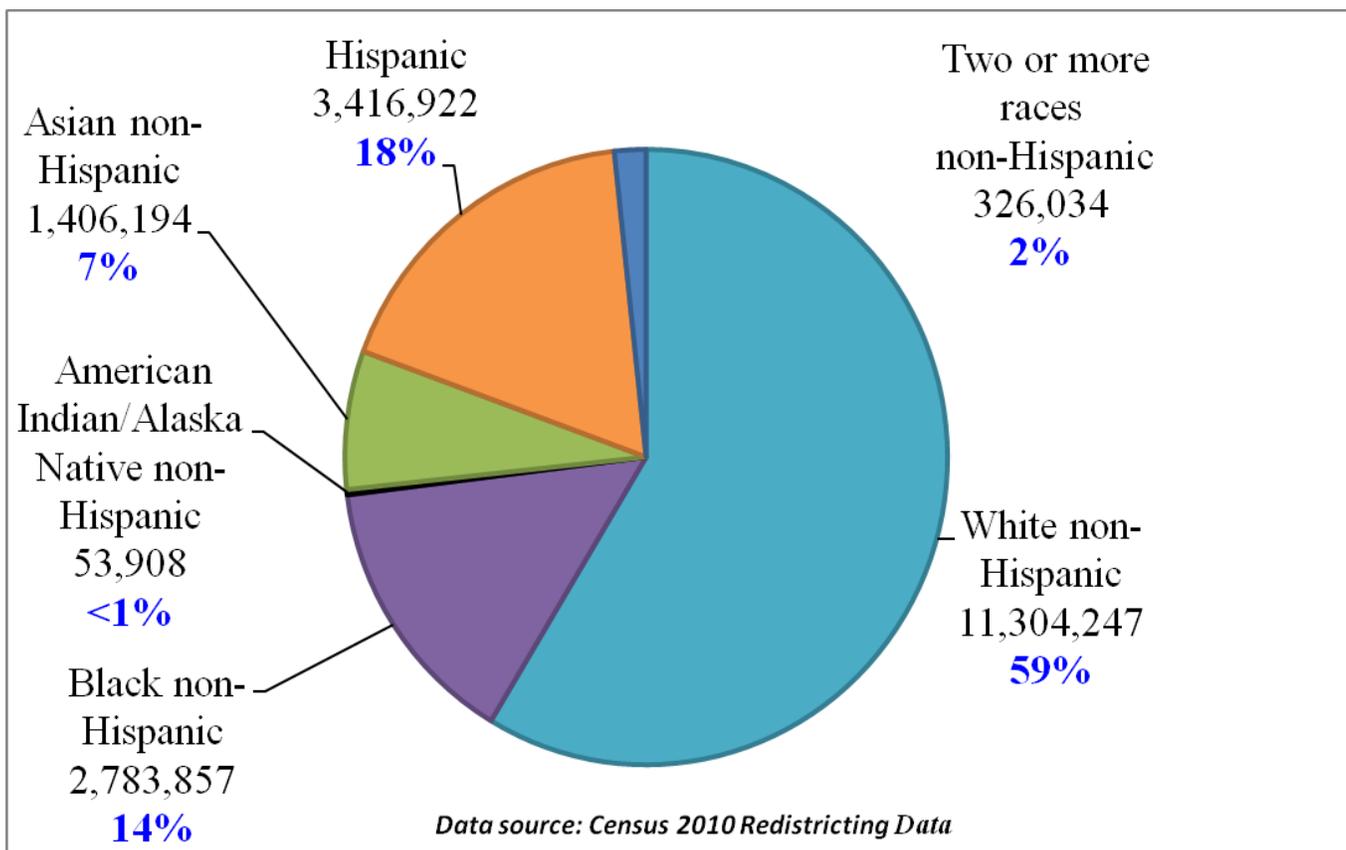
## New York State's Racial, Ethnic, and Underserved Populations

While much progress has been made to improve the health of racial and ethnic populations, and increase access to care, many still experience poorer health than others.

### Demographic Indicators

**Race/Ethnicity:** More than 40% of New Yorkers belong to racial and ethnic groups.

Population by Race/Ethnicity  
New York State 2010



As reported in the [2012 New York State Minority Health Surveillance Report](#), the following populations have higher rates of infant mortality, cardiovascular disease, diabetes, HIV infection/AIDS and cancer: African Americans, Hispanic/Latinos, American Indians and Alaska Natives, Asian Americans and Pacific Islanders. They also have lower rates for immunizations and cancer screenings. Below are some highlights from the 2012 report by race and ethnicity:

#### African Americans

- Account for more than 43% of the AIDS cases in New York State while making up just 14% of the State's population.
- Have the highest prevalence of diabetes of all racial/ethnic groups
- Have higher rates of adult obesity compared to any other racial/ethnic group

## American Indians/Alaska Natives

Have an infant death rate 40% higher than the rate for New York Whites

- Are 60% more likely to have a stroke than New York Whites
- These women are 2.4 times more likely than non-Hispanic White women to have (and die from) liver and inflammatory bowel disease cancer.

## Asian Americans

- Were far more likely to have tuberculosis (TB) than any other racial/ethnic group in 2008
- Nationally, Asian American Pacific Islander (AAPI) women aged 15-24 have the highest rates of suicide for women in this age group. AAPI women older than 65 have the highest rates of suicide for women of any race in this age group.
- Have 3 times the incidence of liver and inflammatory bowel disease cancer as non-Hispanic Whites
- Vietnamese women have rates of cervical cancer that are five times higher than the rates for U.S. White women

## Native Hawaiians/Other Pacific Islanders

- Are more than 6 times as likely to die from diabetes
- Native Hawaiian women get, and die from, endometrial cancers far more often than all U.S. women
- Are 21 times more likely to have tuberculosis (TB) than U.S. Whites

## Hispanics/Latinos

- Among children ages two to five in New York, 20.1% of Hispanic children are obese, compared to only 18.9% of African Americans and 12.4% of Whites.
- Have a death rate from diabetes that is 40% higher than non-Hispanic Whites' death rate.
- More than one-third of Hispanics in the United States are without health insurance.

## **Rural Residents:**

According to New York State, counties with fewer than 200,000 people are considered rural. Of New York's 62 counties, 43 are rural. Towns in non-rural counties with fewer than 200 people per square mile are also considered rural. More than 3 million people live in these areas.

Based on this definition, rural areas in New York State include counties as far north as Clinton, as far south as Orange, as far west as Chautauqua, as far east as Washington, and as central as Madison. New York State covers 47,214 square miles, with a 2010 estimated population of 19,378,102 people. 1,563,219 people live in rural areas (USDA-ERS).<sup>1</sup>

Like the rest of the nation, New York State's rural residents are more likely than urban residents to be without health insurance and a regular source of health care. They're also more likely to be in fair or poor health and coping with a

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<sup>1</sup> ERS/USDA (Economic Research Service, U.S. Department of Agriculture). Available at <http://www.ers.usda.gov/Briefing/Rurality/WhatIsRural/>

chronic or serious illness.<sup>1,2</sup> These problems are often compounded for rural minorities since they are among the most understudied and underserved of all groups in the United States.<sup>3</sup>

OMH-HDPs [State Partnership Program](#) has focused its efforts on supporting health equity for racial, ethnic and underserved populations in rural New York. In partnership with the New York State Department of health Charles D. Cook Office of Rural Health, OMH-HDP established its Rural Minority Health Project (RMHP) in 2010.

**The Charles D. Cook Office of Rural Health (ORH)** a New York State DOH office focuses on issues that affect rural areas' access to health. **ORH** coordinates statewide policy; administers state and federal programs; disseminates information; provides technical assistance, and cultivates important partnerships.

### **ORH Partnerships**

The NYS Rural Health Council advises the DOH on rural health policy. The Council's members are appointed by the Governor and represent rural health providers and consumer advocates. The Council and ORH have strong partnerships with many rural health stakeholders. These include: the NYS Legislative Commission on Rural Resources; NYS Association for Rural Health; Healthcare Association of NYS; Iroquois Health Association; NYS AHEC; Medical Society of the State of NY; NYS Nurses Association; the Nurse Practitioner Association of NYS; Community Health Association of NYS, and the NYS Association of County Health Officials. ORH serves as staff to the Council.

### **ORH Key Programs**

ORH strives to improve access to quality health care services by implementing state and federal programs, conducting planning activities, and coordinating policy. State-funded rural programs include Rural Health Network Development and the Rural Health Care Access Development. Thirty-five rural networks and 47 rural hospitals are funded through these three programs. In addition to state-funded programs, a key component of rural health programming is the Rural Hospital Flexibility Programs. These programs allow ORH to work with New York's 13 critical access hospitals. ORH implements each program so they complement one another and provides technical assistance and information to all grantees.

For more information The New York State DOH Charles D. Cook Office of Rural Health (ORH) can be reached at 518-402-0935.

### **Seniors:**

New York State senior citizens are among the fastest growing age group. In addition to sharing the same socio-economic and cultural barriers as the rest of the population, seniors are at increased risk for experiencing decreased quality of life due to chronic conditions, related disabilities and loss of independence.

According to the 2012 Census data, 13% of New Yorkers are 65 or older.

Figure 1 below provides race/ethnicity data for New York State senior citizens

Age Group	White Only	Black Only	American Indian and Alaska Native Only	Asian Only	Native Hawaiian and Other Pacific Islander Only	Two Or More Races
65 to 69 years	600395	114844	3930	46150	474	7418
70 to 74 years	458337	85093	2978	35350	360	5273
75 to 79 years	385757	59366	1888	23940	243	3613
80 to 84 years	330966	41997	1235	14820	161	2481
85+ years	337288	38552	983	11708	147	2196
<b>Total</b>	<b>2112743</b>	<b>339852</b>	<b>11014</b>	<b>131968</b>	<b>1385</b>	<b>20981</b>

**Figure 1**

For more information, please visit the [New York State Office for the Aging \(SOFA\)](#). SOFA’s mission is to help older New Yorkers be as independent as possible for as long as possible. SOFA advocates for seniors and develops and delivers consumer-centered, policies, programs and services. These support and empower older adults and their families, SOFA also works in partnership with a network of public and private organizations.

**People with Disabilities:**

Improving the health and well-being of people with disabilities is central to the department’s efforts. Due to mobility, communication and other developmental issues, this population is more likely to experience difficulties or delays in accessing and or receiving the care they need.

**New York State Disability Rates**

	18-44 year olds	45-64 year olds	65+ year olds
Disability	14.6%	26.1%	37.4%
No disability	85.4%	73.9%	62.6%

**Source:** CDC Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS/>)

### New York State Disability by Biological (Gender)

	Men	Women
Disability	20.8%	22.9%
No disability	79.2%	77.1%

**Source:** CDC Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS/>)

### New York State Disability by Race/Ethnicity

	White	Black	Hispanic	Asian	NHPI	AIAN	Other
Disability	22.1%	22.5%	22.8%	12.4%	DS%	DS%	31.1%
No disability	77.9%	77.5%	77.2%	87.6%	DS%	DS%	68.9%

**Source:** CDC Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS/>)

### New York State Disability by Veteran Status

	Veterans	Non-veterans
Disability	24.1%	21.8%
No disability	75.9%	78.2%

**Source:** CDC Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS/>)

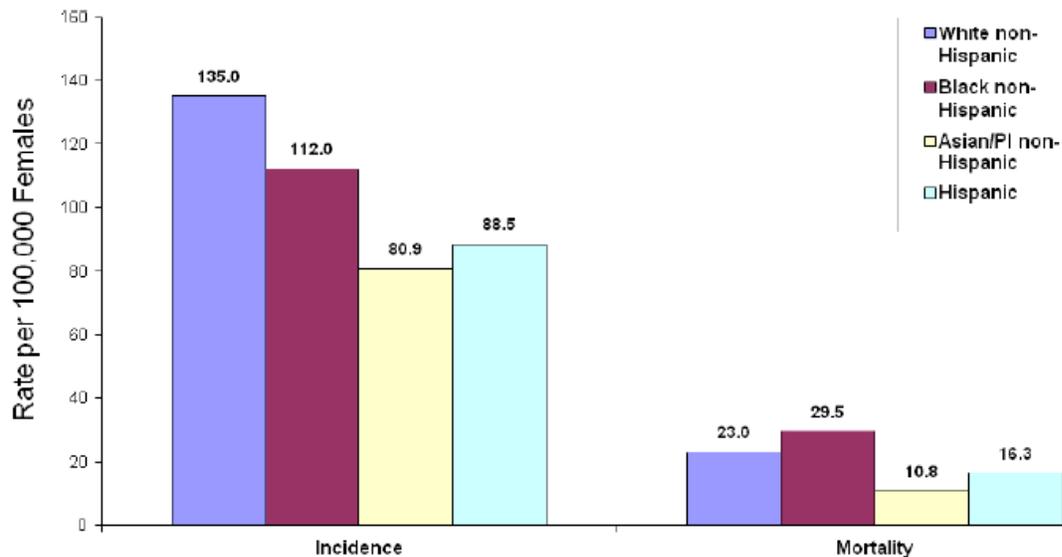
## Health Indicators

### Women's Health:

Racial, ethnic and underserved women show increased health risks compared to the general population and have a greater proportion of illnesses, deaths, disabilities and years of productive lives lost. Unemployment, poor environmental conditions, lack of affordable housing and lack of adequate insurance influence these health outcomes.

The following charts highlight some of these disparities:

### **Age-Adjusted\* Female Breast Cancer Incidence and Mortality Rates per 100,000 Population by Race/Ethnicity, New York State, 2004-2008**



\* Rates adjusted to the 2000 U.S. population

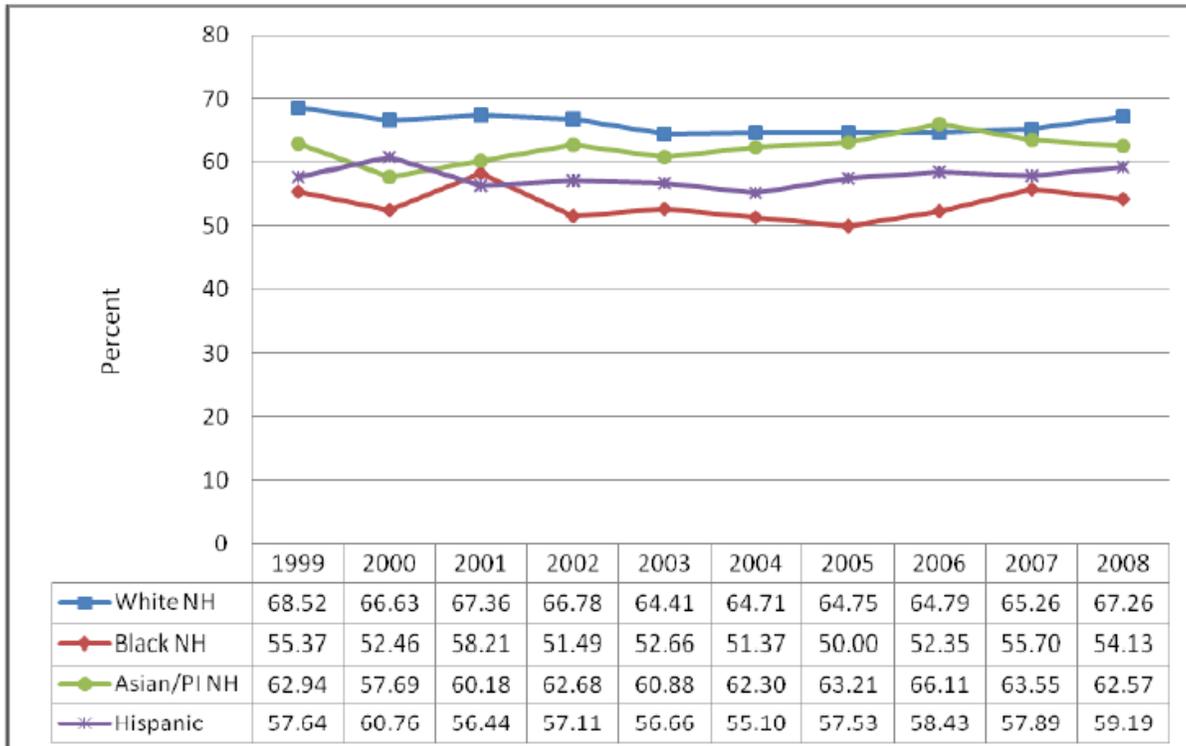
Abbreviation: PI – Pacific Islander

Source: New York State Cancer Registry

Black, non-Hispanic women are diagnosed with breast cancer 21% less often than White, non-Hispanic women, but they die from breast cancer at a higher rate.

In addition, Black, non-Hispanic women were less likely to be diagnosed with breast cancer in its early stages than any other racial or ethnic group.

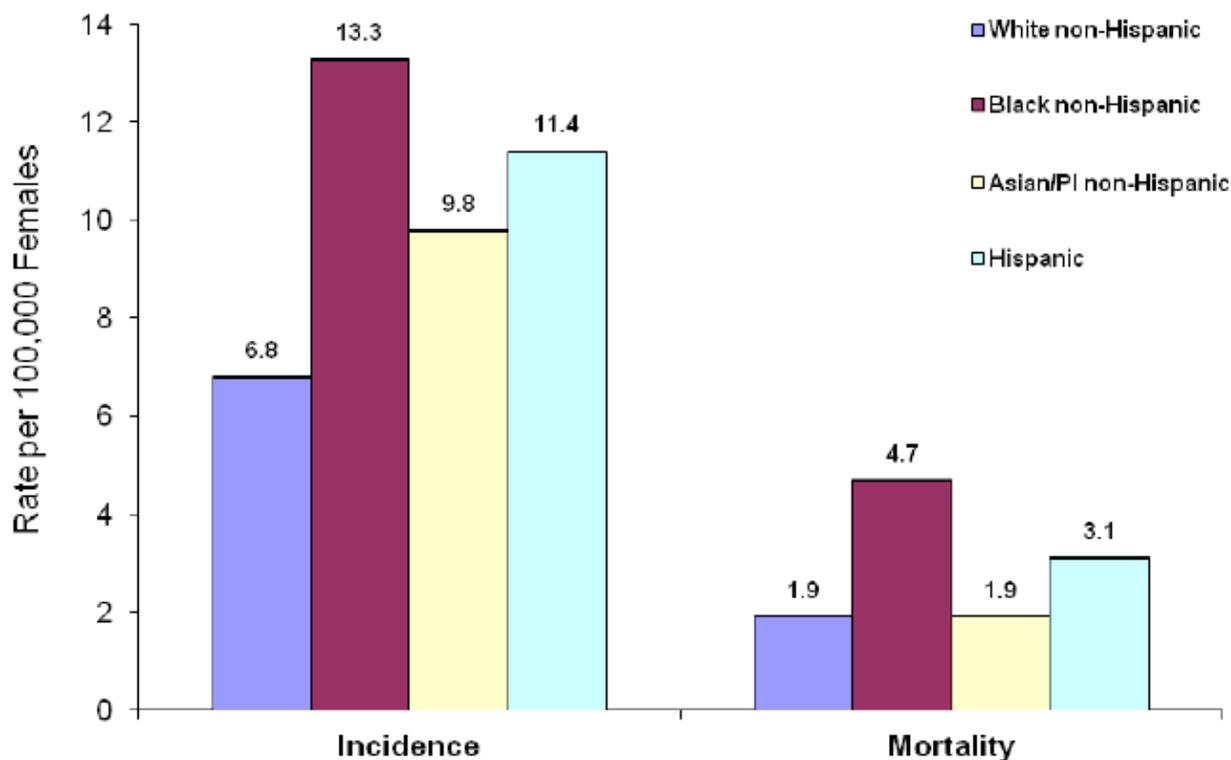
**Percentage of Female Breast Cancer Cases Diagnosed in Early Stages\* by Race/Ethnicity, New York State, 1999-2008**



\* Based on tumor with known stages at diagnosis. Early stage cancers are those that are confined to the organ of origin.  
 Abbreviations: NH- non-Hispanic, PI – Pacific Islander  
 Source: New York State Cancer Registry

Black, non-Hispanic and Hispanic women are about twice as likely to have and die from cervical cancer compared to White, non-Hispanic women.

**Age-adjusted\* Cervical Cancer Incidence and Mortality Rates per 100,000 by race and ethnicity, New York State, 2004 - 2008**



\* Rates adjusted to the 2000 U.S. population

Abbreviation: PI – Pacific Islander

Source: New York State Cancer Registry

**During the 50 years that screening programs have been using Papanicolaou test (Pap test), cervical cancer deaths have declined 75 percent nationwide. Yet cervical cancer still kills.**

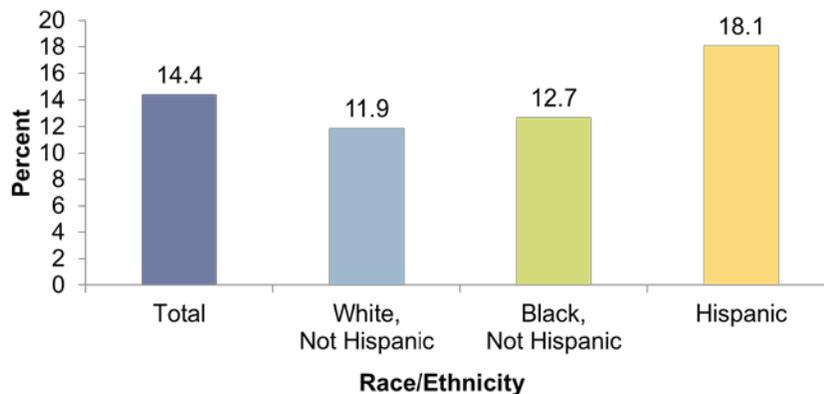
Want to know more? Please visit our [OMH-HDP Resources Page](#).

## **Children's Health:**

Ensuring healthy growth and development of our children is one of the priorities for New York State Department of Health. Like the rest of the population, racial, ethnic, and underserved children experience poorer health due to poor social and economic conditions.

Obesity rates, which affect New York State's most vulnerable populations at alarming rates, can be seen among children 12 - 23 months of age, enrolled in New York's Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC). Furthermore, the disparity in prevalence of obesity widens with age. By age 5-6 years: 23% (almost 1 in 4) Hispanic children are obese.

**Child Obesity by Race/Ethnicity  
WIC Participants, ages 2-4 years  
New York State 2011\***



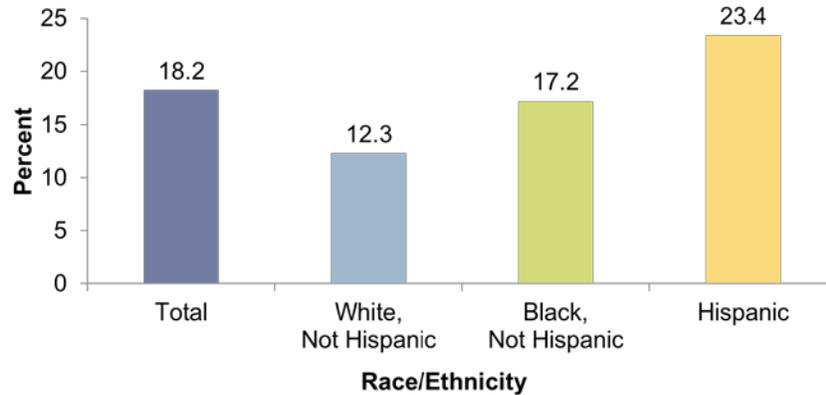
\*Data source: 2011 NYS Pediatric Nutrition Surveillance System (PedNSS)

As shown in the graph above, Hispanic children have the highest prevalence of obesity – 18.1% compared to 11.9% of Whites and 12.7% of Blacks

\* For children younger than 2 years, obesity defined as weight-for-length  $\geq$  97.7th percentile (Based on 2006 WHO growth charts)

\*\* For children 2 years and older, obesity defined as  $\geq$  95th BMI percentile (Based on 2000 CDC growth charts)

## Child Obesity by Race/Ethnicity Public School Students, ages 5-6 years New York City 2010-11



\*Data source: 2010-11 NYC FITNESSGRAM

By 5-6 years old: 23% (almost 1 in 4) Hispanic children are obese.  
Obesity prevalence increases as children age. Hispanic children have the highest prevalence of obesity.

- Children and adolescents who are obese have an increased risk of type 2 diabetes mellitus, asthma, and nonalcoholic fatty liver disease
- They are more likely to have cardiovascular risk factors.
- They may also experience more mental health and psychological issues such as depression and low self-esteem compared with non-obese children.

### Health Facts for Children – (CDC)

- Childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years.
- The percentage of U.S. children, 6–11 years old, who were obese increased from 7% in 1980 to nearly 18% in 2010. Similarly, the percentage of adolescents 12–19 years old, who were obese increased from 5% to 18% over the same period.
- In 2010, more than one third of children and adolescents were overweight or obese.
- *Overweight* is defined as having excess body weight for a particular height from fat, muscle, bone, water, or a combination of these factors. *Obesity* is defined as having excess body fat.
- Overweight and obesity are the result of “caloric imbalance.” This means too few calories were expended for the amount of calories consumed. Being overweight or obese is affected by various genetic, behavioral and environmental factors.

Want to know more? Please visit our [OMH-HDP Resources Page](#).

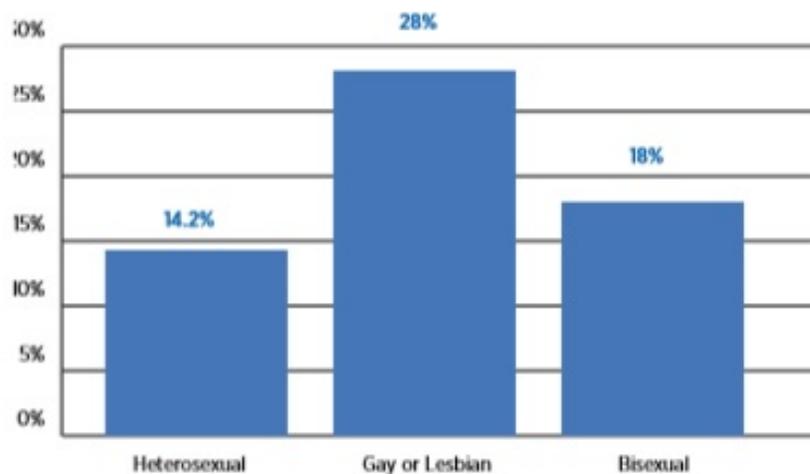
## Lesbian, Gay, Bisexual, Transgender (LGBT) Health:

In addition to issues faced by the general population, LGBT individuals experience additional barriers when seeking health care. Getting adequate care from a sensitive provider is of upmost importance to their health and well-being.

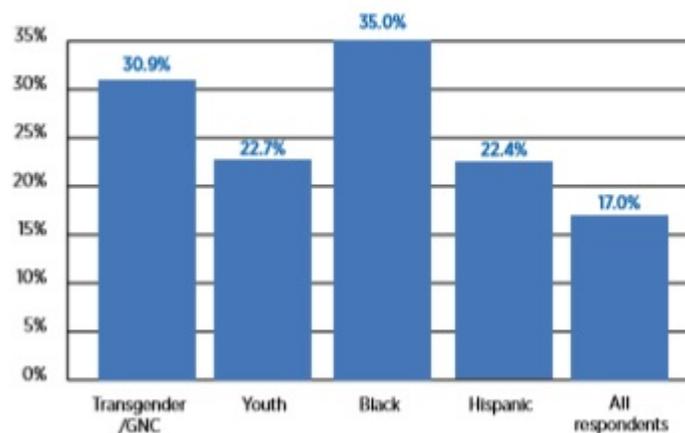
The following charts highlight areas where the LGBT populations are at increased risk.

**In New York City, gay and lesbian people were twice as likely to have a history of depression as heterosexual people.**

**Depression among Adults by Sexual Orientation  
in the NYC Community Health Survey (2007)**

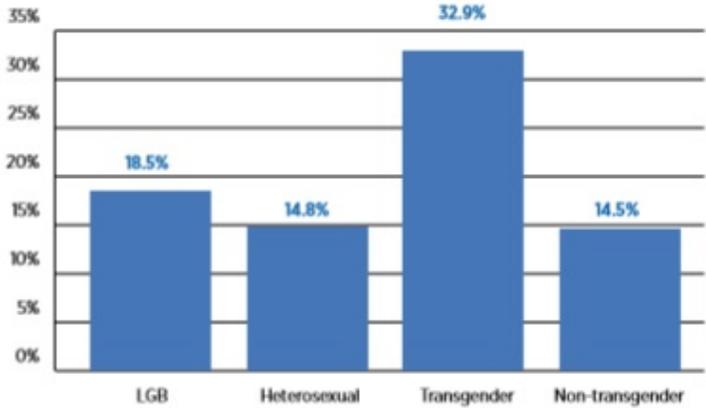


**Depression among Transgender, Youth, Black, Hispanic  
and All Respondents to the Needs Assessment Survey**



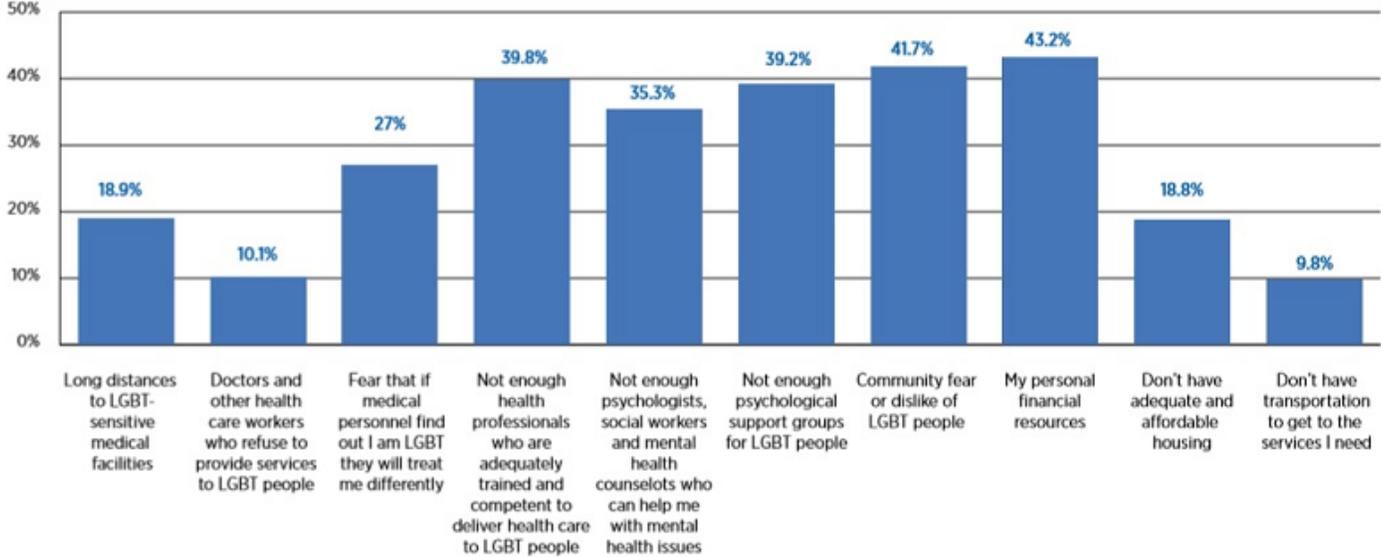
In both New York City and New York State, LGBT people experience lower rates of health insurance than non-LGBT people. Only 14.9% of heterosexual people in the NYC Community Health Survey (CHS) were uninsured, while 20.6% of gay and lesbian people and 23.5% of bisexual people had no health insurance.

People Who Lacked Insurance by Sexual Orientation and Gender Identity in the NYS Adult Tobacco Survey (2004)



LGBT people face numerous barriers to care. Some barriers are LGBT-specific and some are a result of their lower rates of insurance and engagement in primary care. Among the barriers measured in the survey below, the most important one was financial, with 43.2% of people reporting that this was somewhat of a problem, or a major problem.

Percentage of LGBT People in the Needs Assessment Survey Who Said the Following Barriers Were Problems or Major Problems in Accessing Healthcare.



Source: Empire State Pride Agenda Foundation and New York State Lesbian, Gay, Bisexual and Transgender Health and Human Services

## **Individuals and Families Experiencing Mental Illness:**

Mental Illness often reduces a person's ability to cope with life's daily demands and is a leading cause of illness-related disability. Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functioning. (<http://www.naminys.org/>)

Serious mental illnesses include:

- major depression,
- schizophrenia,
- bipolar disorder,
- obsessive compulsive disorder (OCD),
- panic disorder,
- post-traumatic stress disorder (PTSD), and
- borderline personality disorder.

One in 10 Americans experience a mental illness serious enough to affect their life at home, school or work (source: New York State Office of Mental Health). Mental illness is the leading illness-related cause of disability. It is also a major cause of death (via suicide); school failure; poor overall health; incarceration and homelessness. The annual loss of productivity in the United States due to depression alone is more than \$40 Billion.

For more information on individuals and families experiencing mental illness, please visit the [New York State Office of Mental Health](#).

## **Various Religious Groups:**

Religious and cultural beliefs may affect people's medical decisions and healthcare practices. As New York State becomes increasingly diverse our goal is to recognize and respect our spiritual differences while at the same time effectively meeting the health care needs of all New Yorkers.

Want to know more? Please visit our [OMH-HDP Resources Page](#).

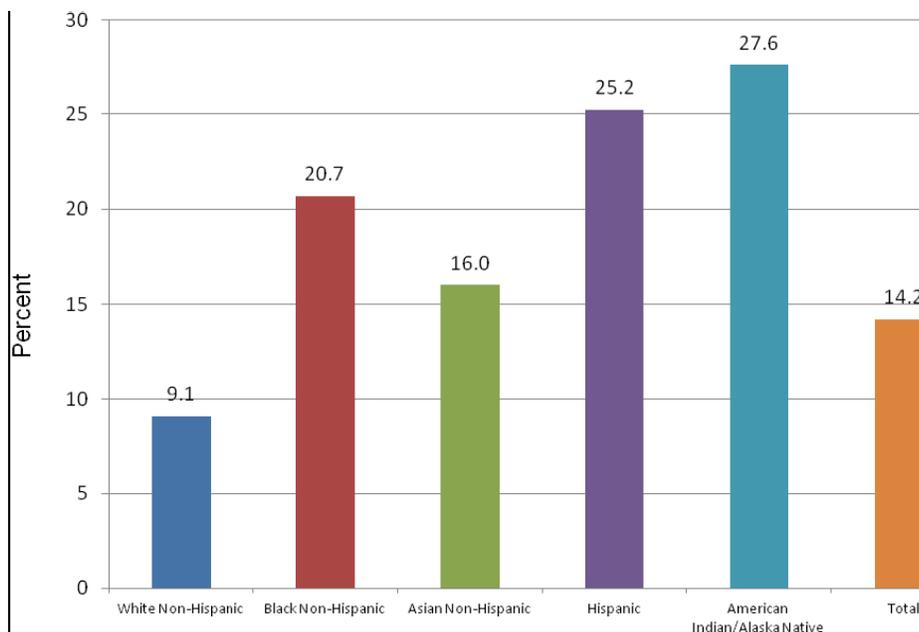
## Socio-Economic Status (SES) Indicators

### Poverty:

The U.S. Census Bureau determines poverty based on income, family size and number of children in the household. In 2010, the following would be considered living below the federal poverty level: A four-person household with two children and an income less than \$22,113. If a family's total income is less than the Census Bureau's definition of poverty, each family member is considered in poverty. (New York State DOH, [Minority Health Surveillance Report 2012](#), page 35)

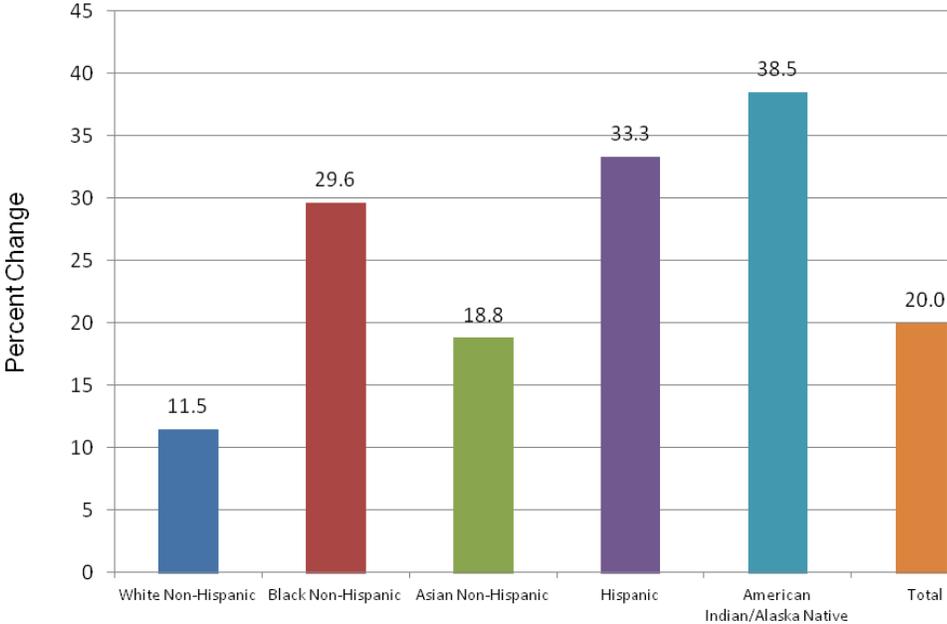
Research suggests that lower SES is linked to poorer health outcomes due to factors such as unemployment, lack of health insurance and poor environmental conditions.

Percentage of Population Living Below Poverty by Race/Ethnicity, New York State, 2009 (Source: New York State Minority Health Surveillance Report 2012)



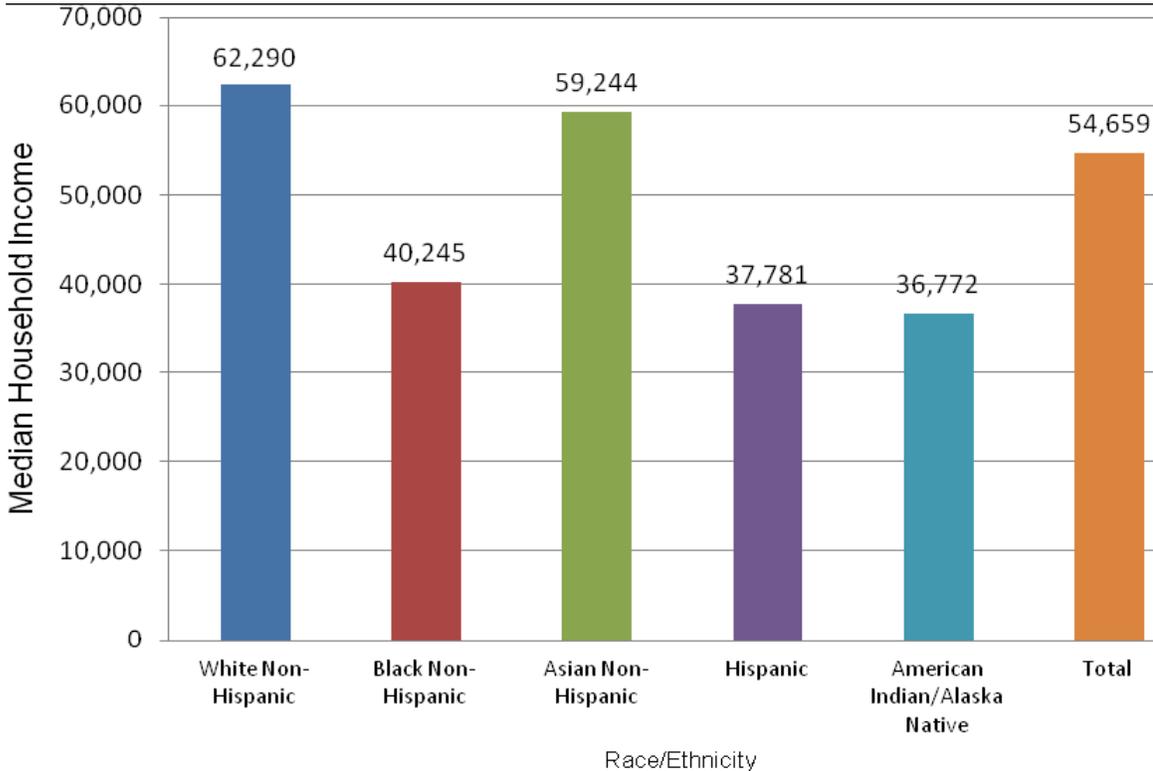
Sources: American Community Survey, U.S. Census Bureau.

Percentage of Children Aged Less Than 18 Years Living Below Poverty by Race/Ethnicity, New York State, 2009 (Source: New York State Minority Health Surveillance Report 2012)



Source: American Community Survey, U.S. Census Bureau

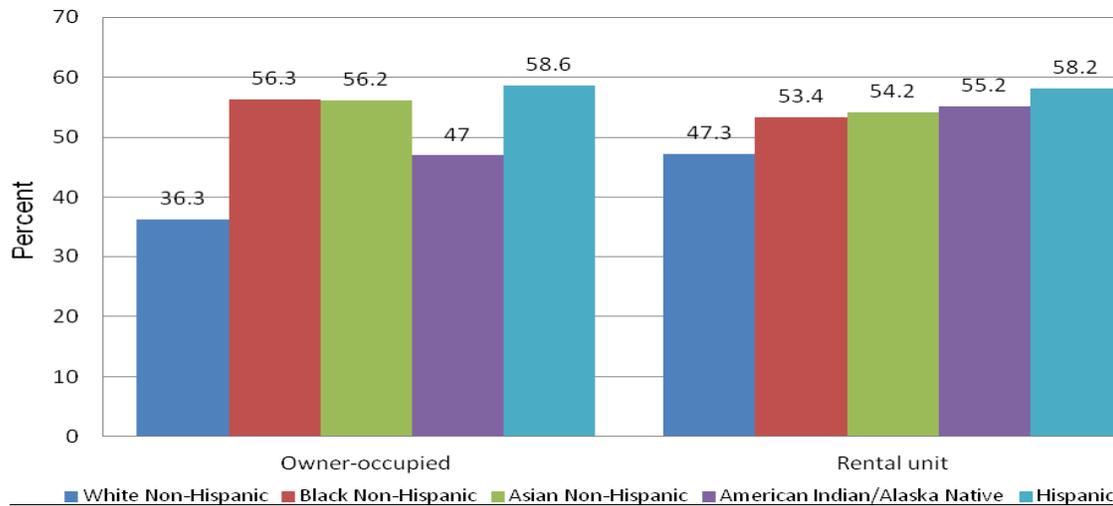
Median Household Income by Race/Ethnicity, New York State, 2009 (Source: New York State Minority Health Surveillance Report 2012)



Source: American Community Survey, U.S. Census Bureau

## Housing:

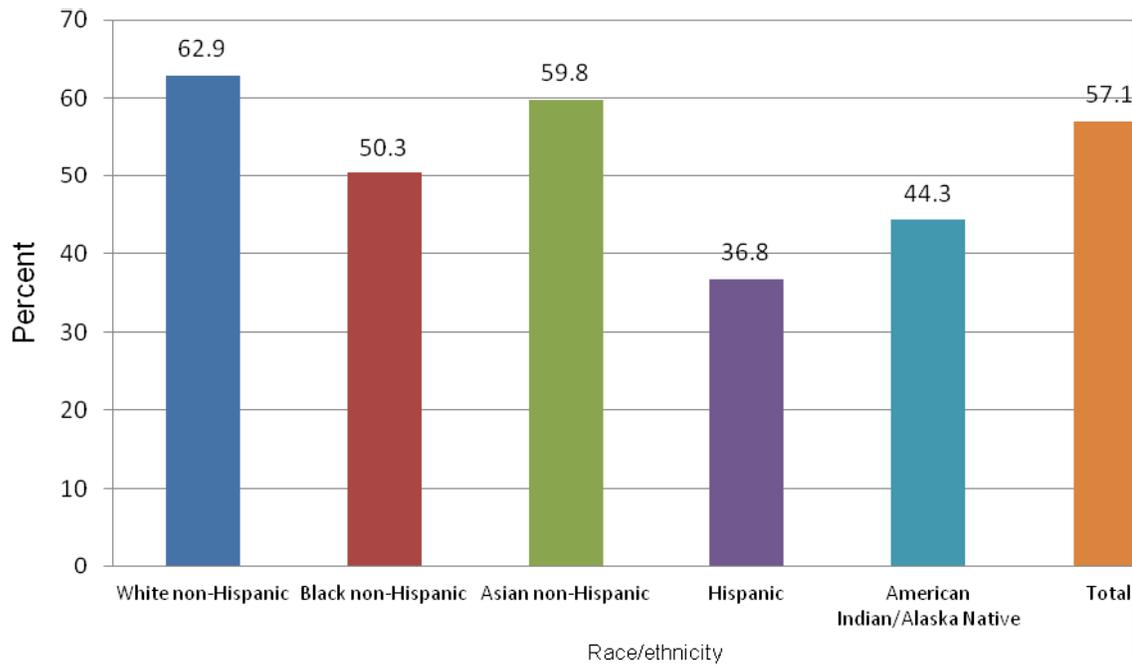
Percentage of Households with Monthly Housing Costs at Least 30% of Total Household Income by Race/Ethnicity, New York State, 2009



Source: American Community Survey, U.S. Census Bureau.

## Education:

Percentage of Population Aged 25 Years or older with at Least Some College by Race/Ethnicity, New York State, 2009 (Source: New York State Minority Health Surveillance Report 2012)



Source: American Community Survey, U.S. Census Bureau