

Place, Race and STD's: Health Disparities in Colorado

Colorado Turning Point Initiative

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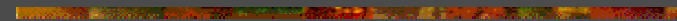
Outline

- The Colorado Turning Point Initiative
 - Overview: Racial and Ethnic Health Disparities
 - The Epidemiology of STDs in Populations of Color
 - Top Providers
 - Place, Race, and STDs
 - What Might CCSP Do?
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Colorado Turning Point Initiative

The State of Colorado's Program on Health Disparities

Vision: *For everyone in Colorado to have an equal opportunity to be healthy, regardless of race or ethnicity*



Health Disparities

- **African Americans, Latinos/as and American Indians experience poorer health across all health indicator areas, including:**
 - ✓ **Chronic Disease**
 - ✓ **Communicable Disease**
 - ✓ **Intentional and Unintentional Injuries**
 - ✓ **Maternal and Child Health Indicators**
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Health Disparities by Race and Ethnicity in Colorado

■ African Americans

- The highest overall death rate, five years less than Caucasians
- The highest death rate of cancer overall and cancers of lung, breast and prostate
- The highest death rate of cardiovascular disease and stroke
- The highest rate of homicide
- The highest rate of sexually transmitted disease
- The highest infant mortality rate
- Rates of diabetes, tuberculosis and teen fertility statistically higher than the state average.

Health Disparities Among Latinos

- The Latino Community in Colorado:
 - The highest rate of cervical cancer
 - The highest death rate of diabetes
 - The highest teen fertility rate
 - The highest death rate from automobile accidents
 - Rates of STDs, and homicide that are statistically higher than the state average
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Why do these disparities exist?

- ❖ **In the United States, race and ethnicity are risk markers that correlate with other determinants of health such as poverty, lower educational levels, a lack of access to health care, a lack of access to housing, and living in environments with more risk of exposure to biological and environmental agents of disease.**
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Why is race/ethnicity a risk marker?

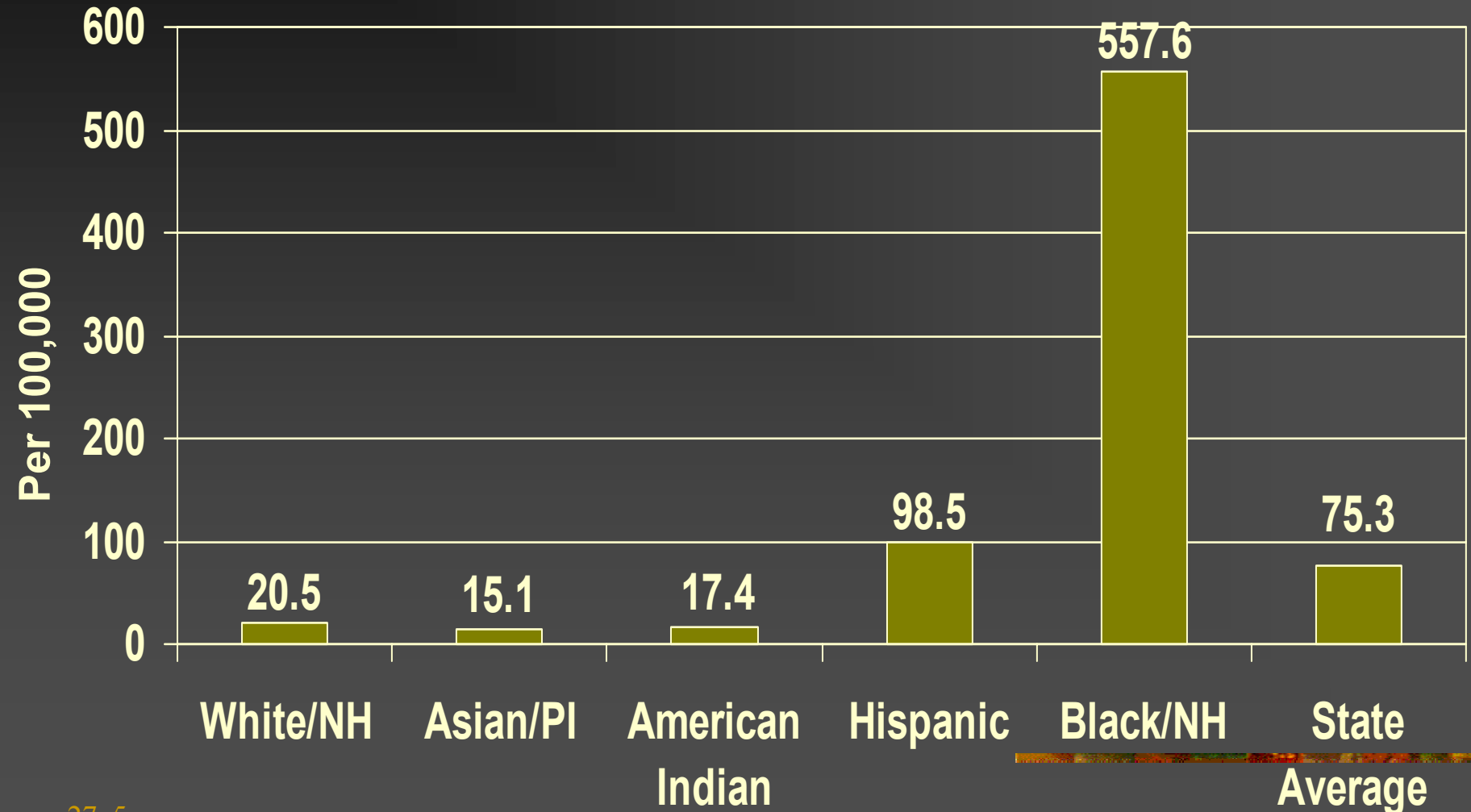
- ❖ The experiences of African Americans, Native Americans and Latinos in America includes historical injustices, racism, discrimination and systemic biases. These are the root causes of health disparities.
 - ❖ These groups continue to experience inequality and disadvantage in all areas that impact health: income, education, living environment, transportation, access to health care.
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STD Rates by Disease

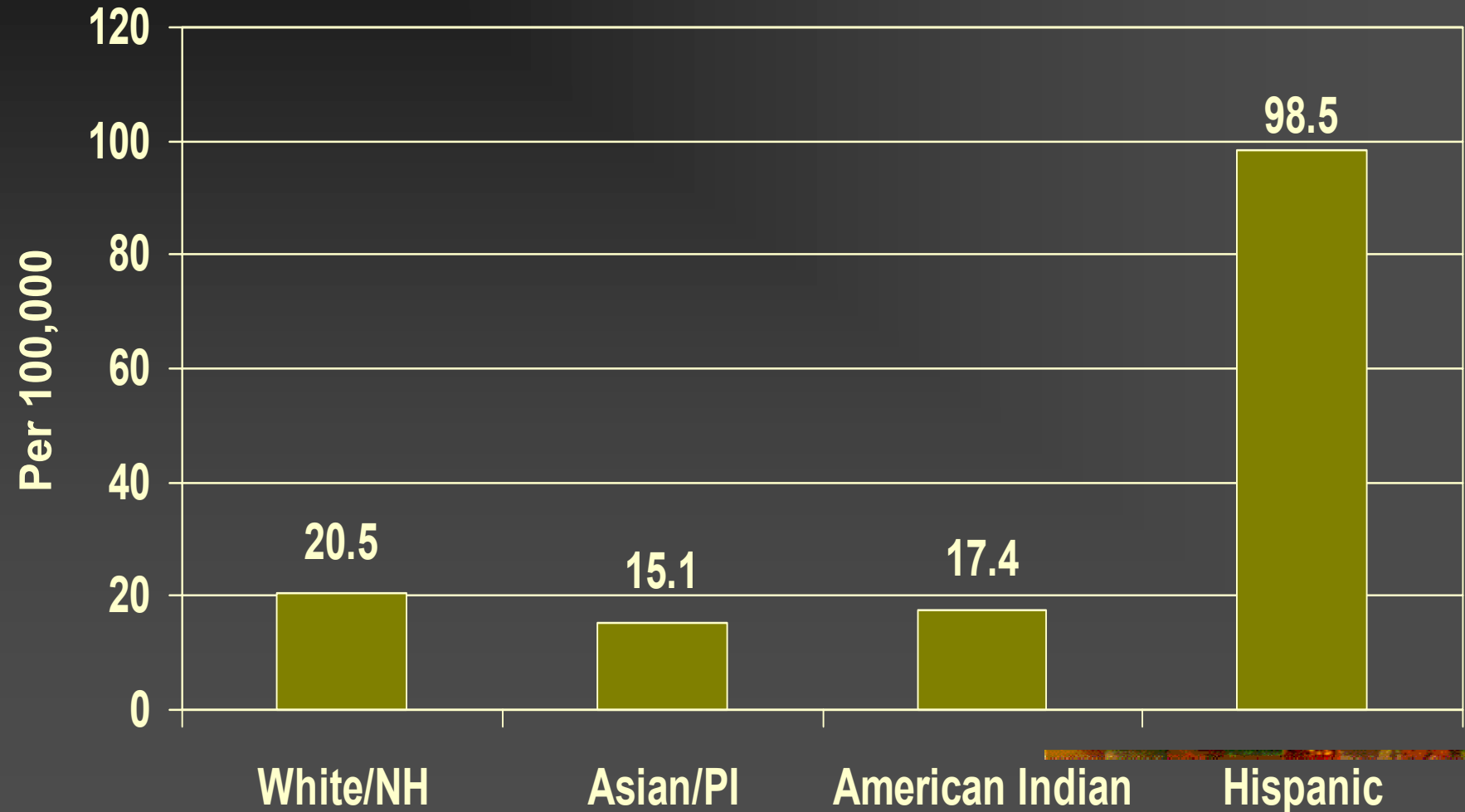
Gonorrhea Rates: Colorado 2002

Source: Sexually Transmitted Diseases in CO, Surveillance Report 2001, CDPHE

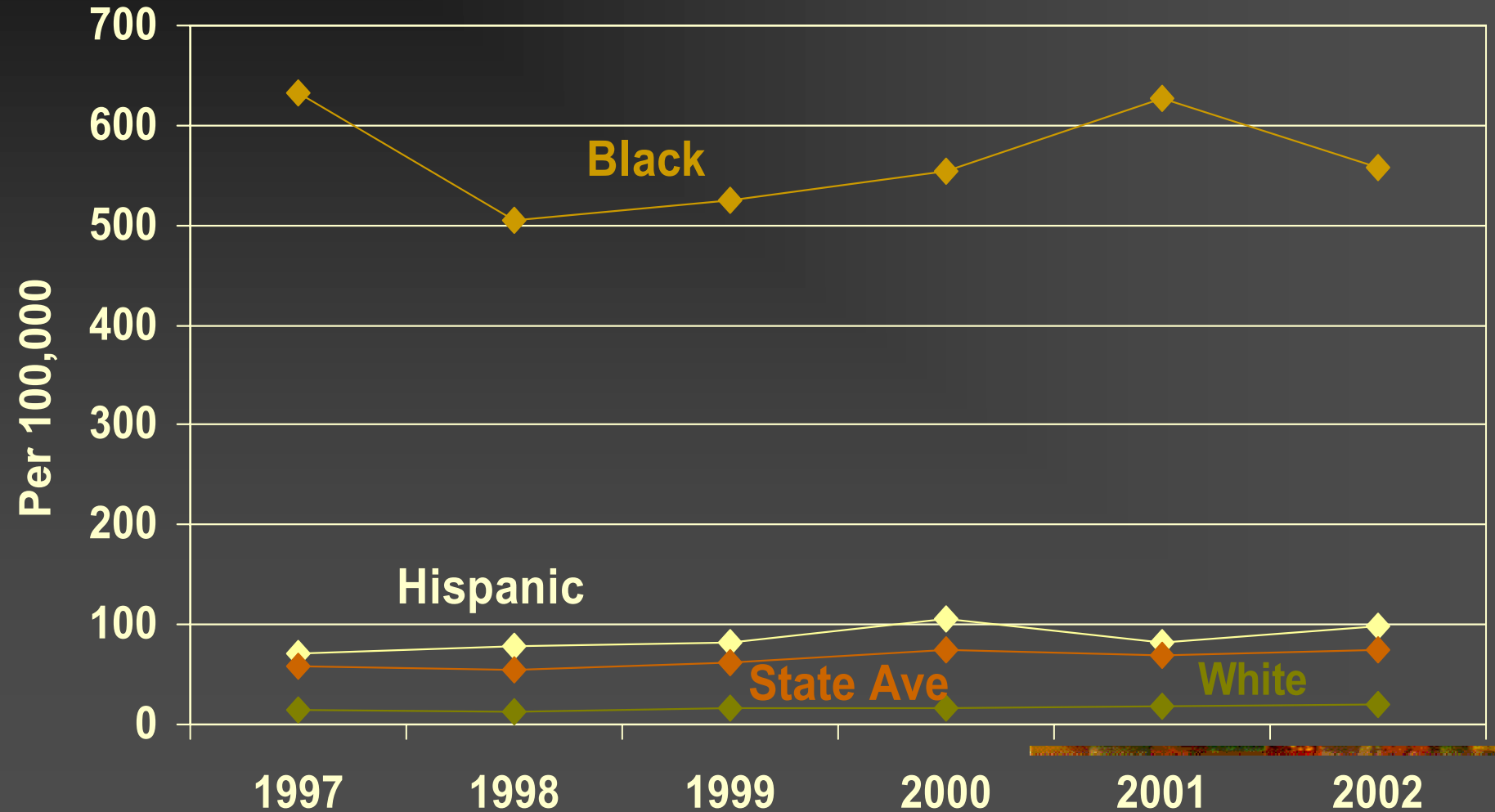


Gonorrhea Rates: Colorado 2002

(Without the black population)

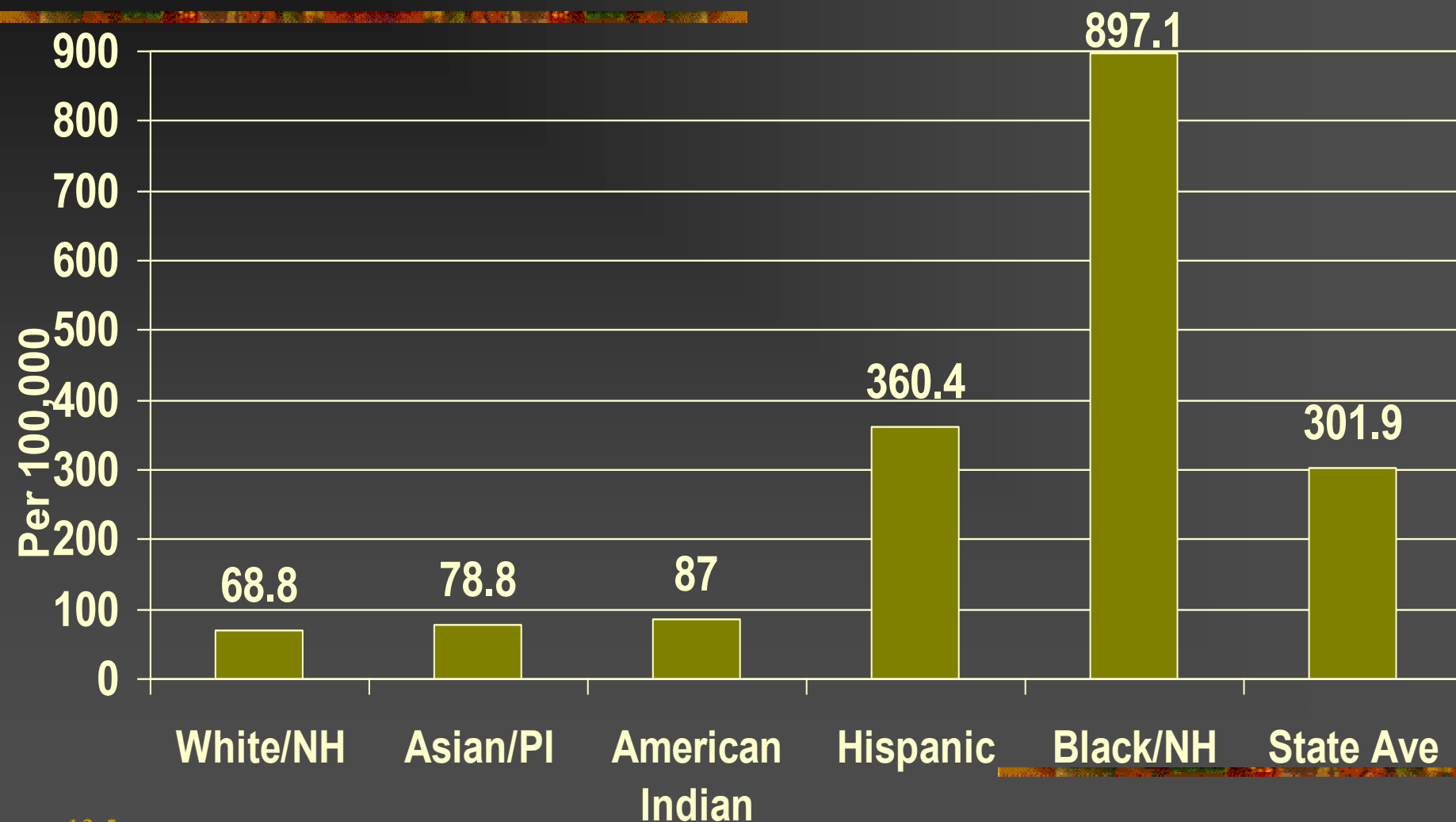


Gonorrhea Rates: Colorado trends, 1997 -2002



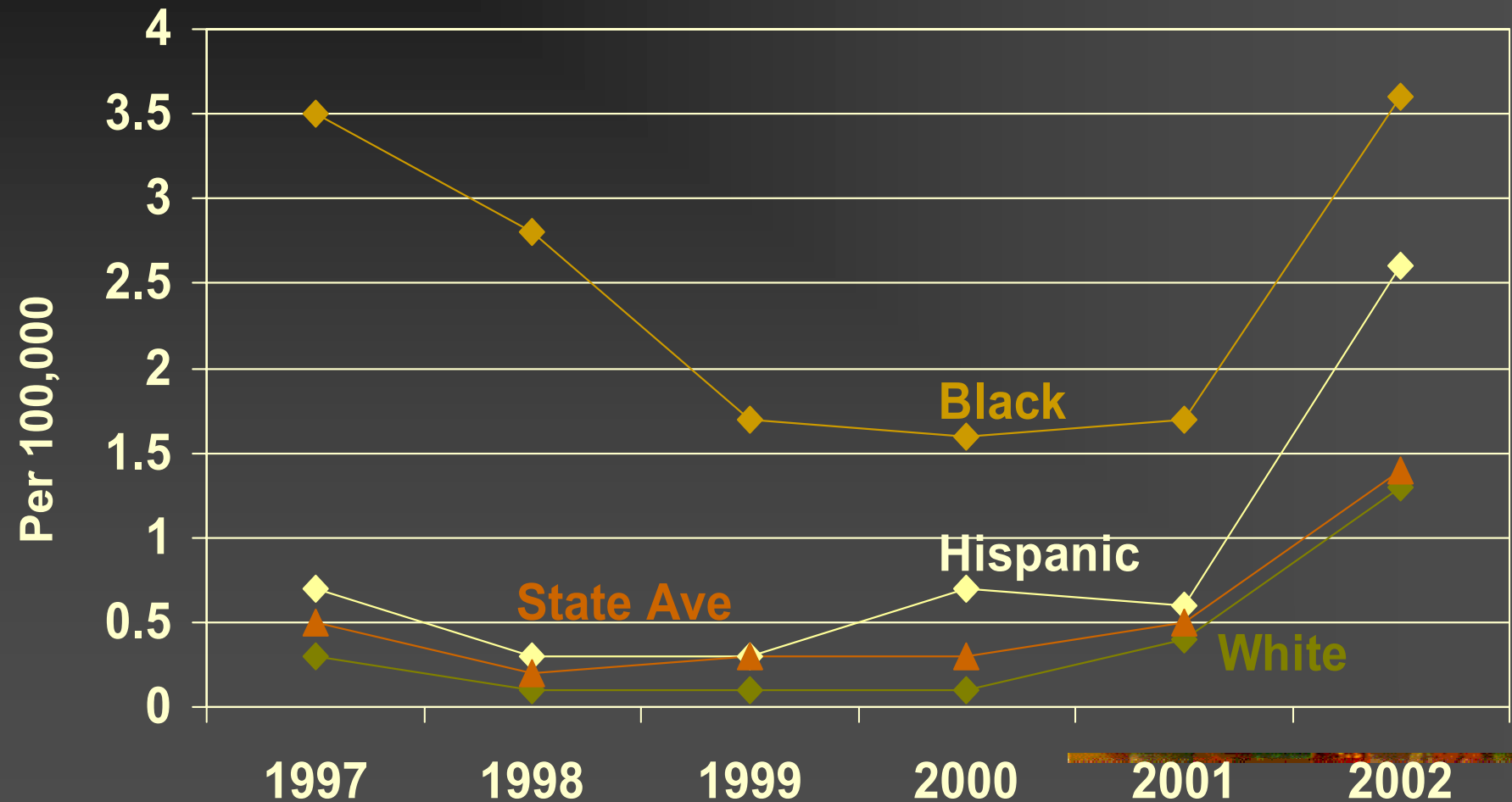
Chlamydia Rates: Colorado 2002

Source: Sexually Transmitted Diseases in CO, Surveillance Report 2001, CDPHE



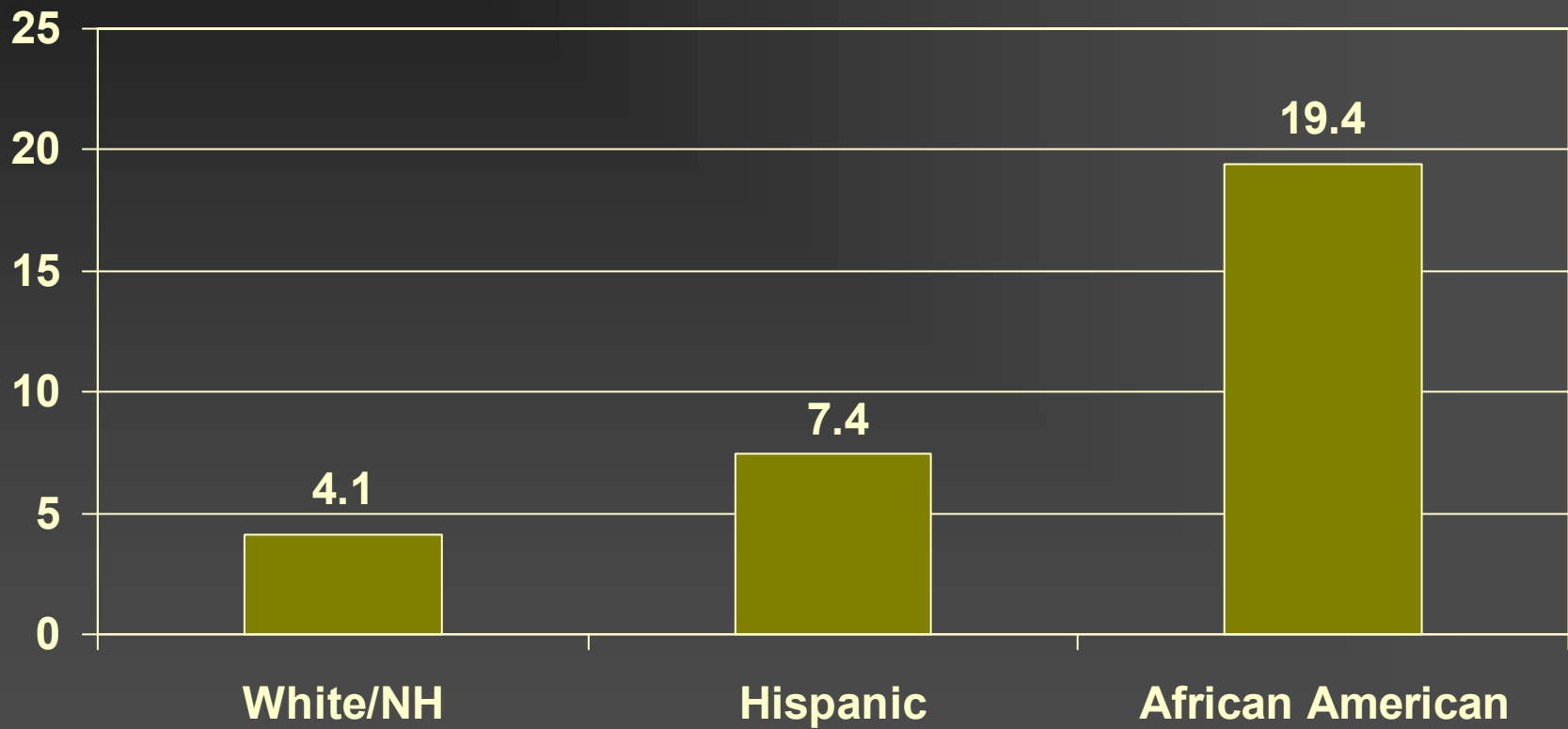
Syphilis Rates: Colorado trends, 1997 - 2002

Source: Sexually Transmitted Diseases in CO, Surveillance Report 2001, CDPHE



HIV Incidence:

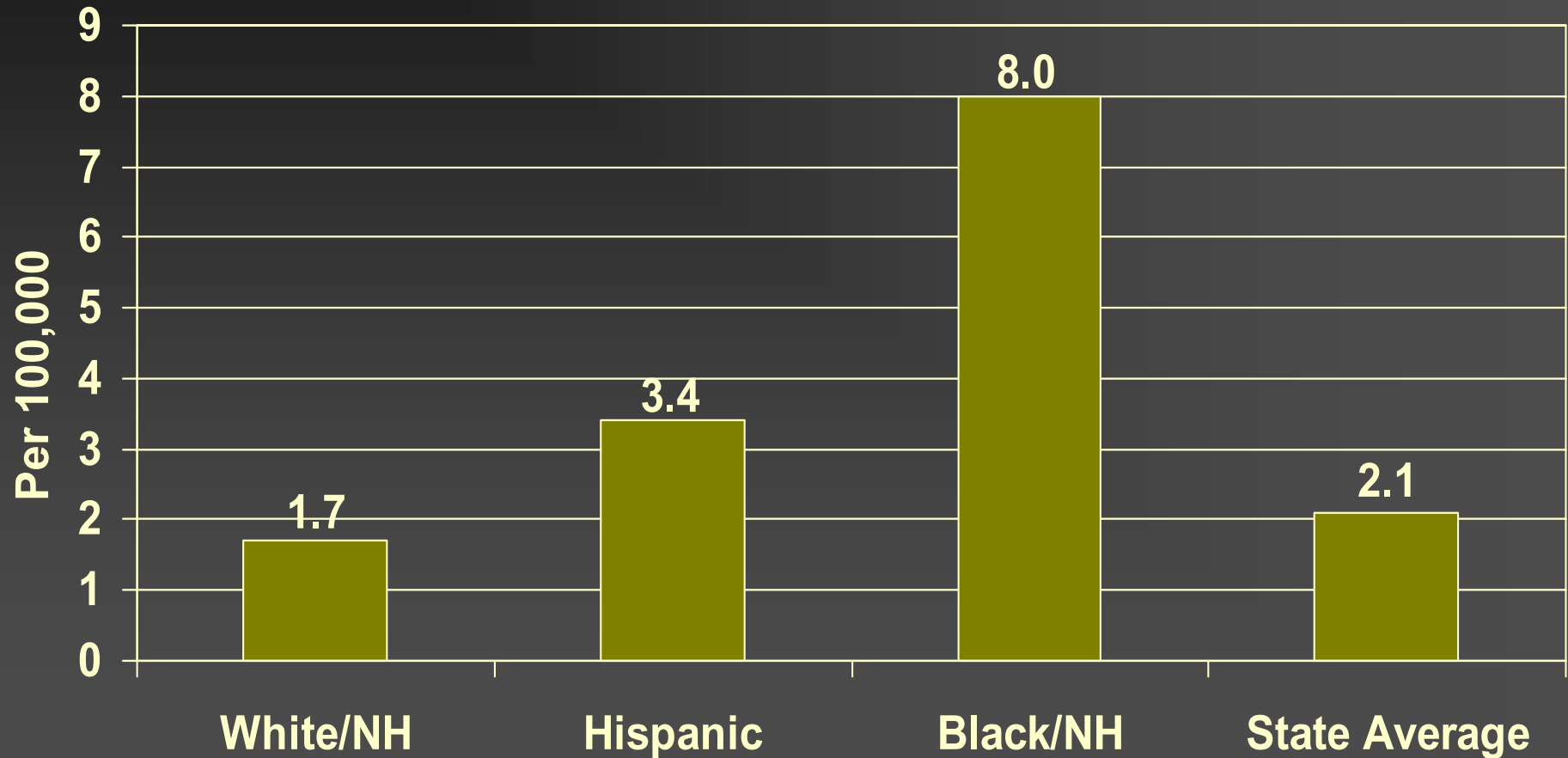
Five-Year Annual Average Rate, CO 1998- 2002



HIV Death Rate:

Five Year Annual Rate, CO 1998 - 2002

Source: Health Statistics Section, CDPHE



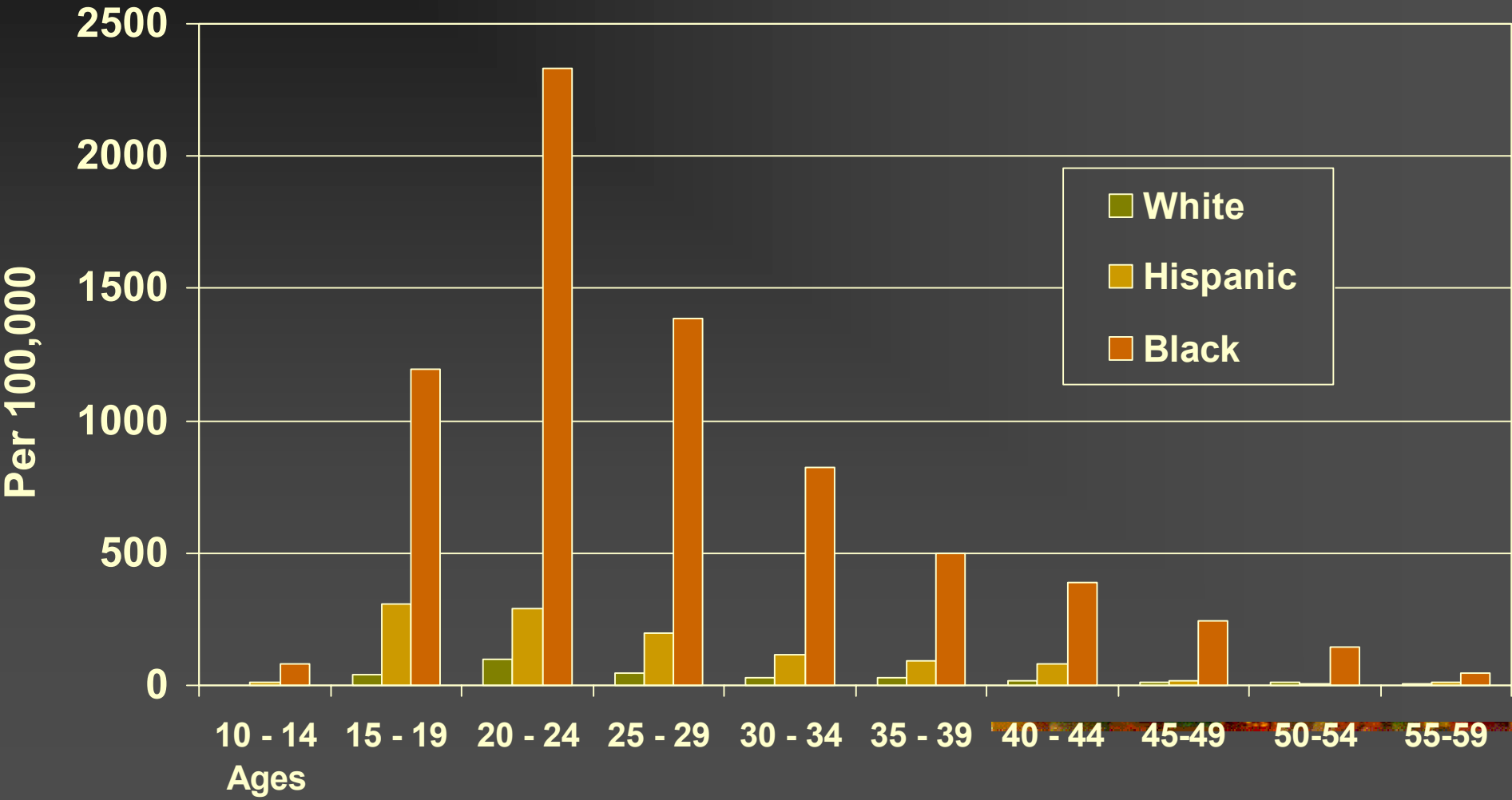


STDs by Age and Race

Gonorrhea Rates:

By Age and Race/Ethnicity, Colorado 2002

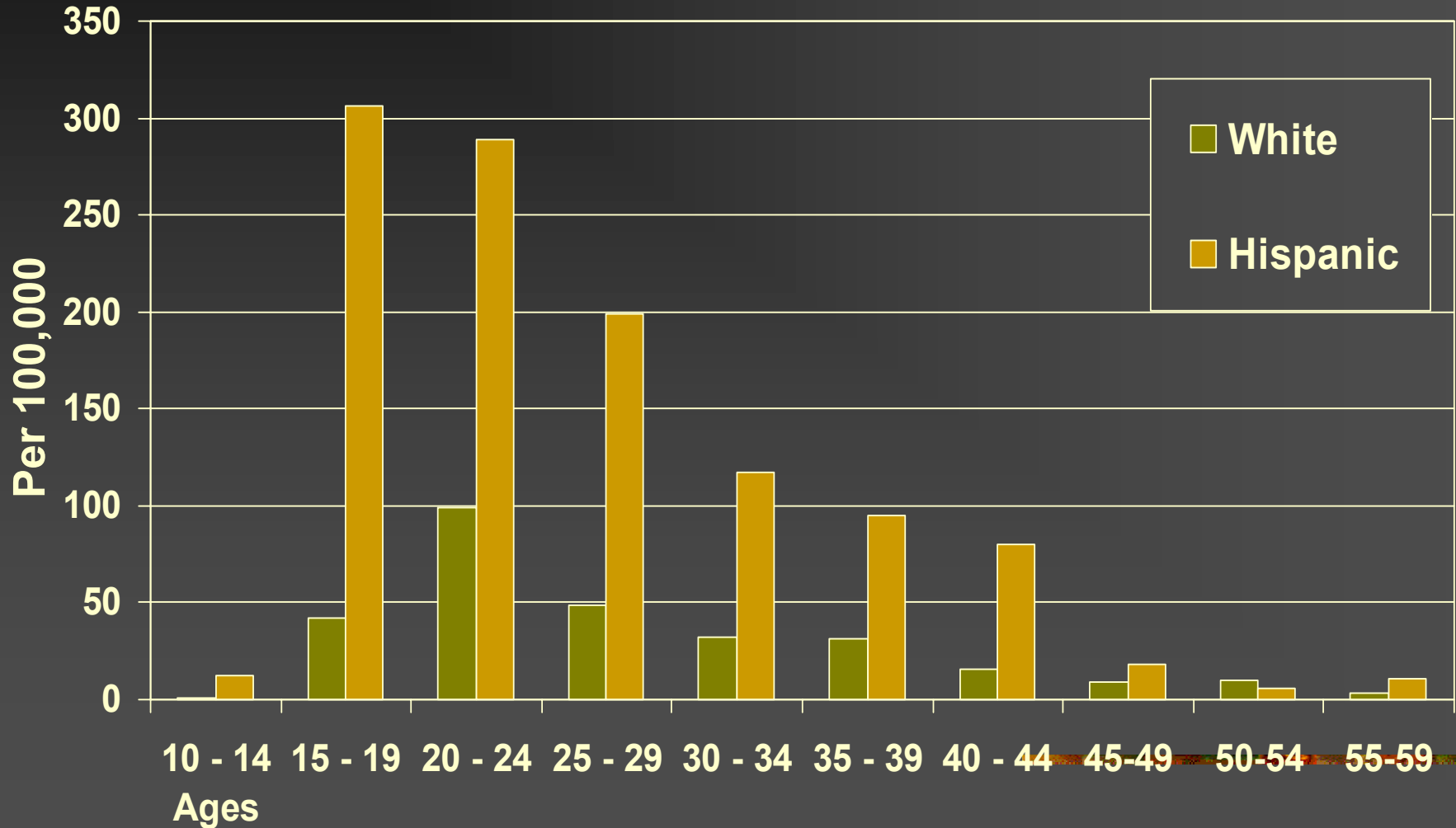
Source: Colorado STD Surveillance Program, CDPHE



Gonorrhea Rates

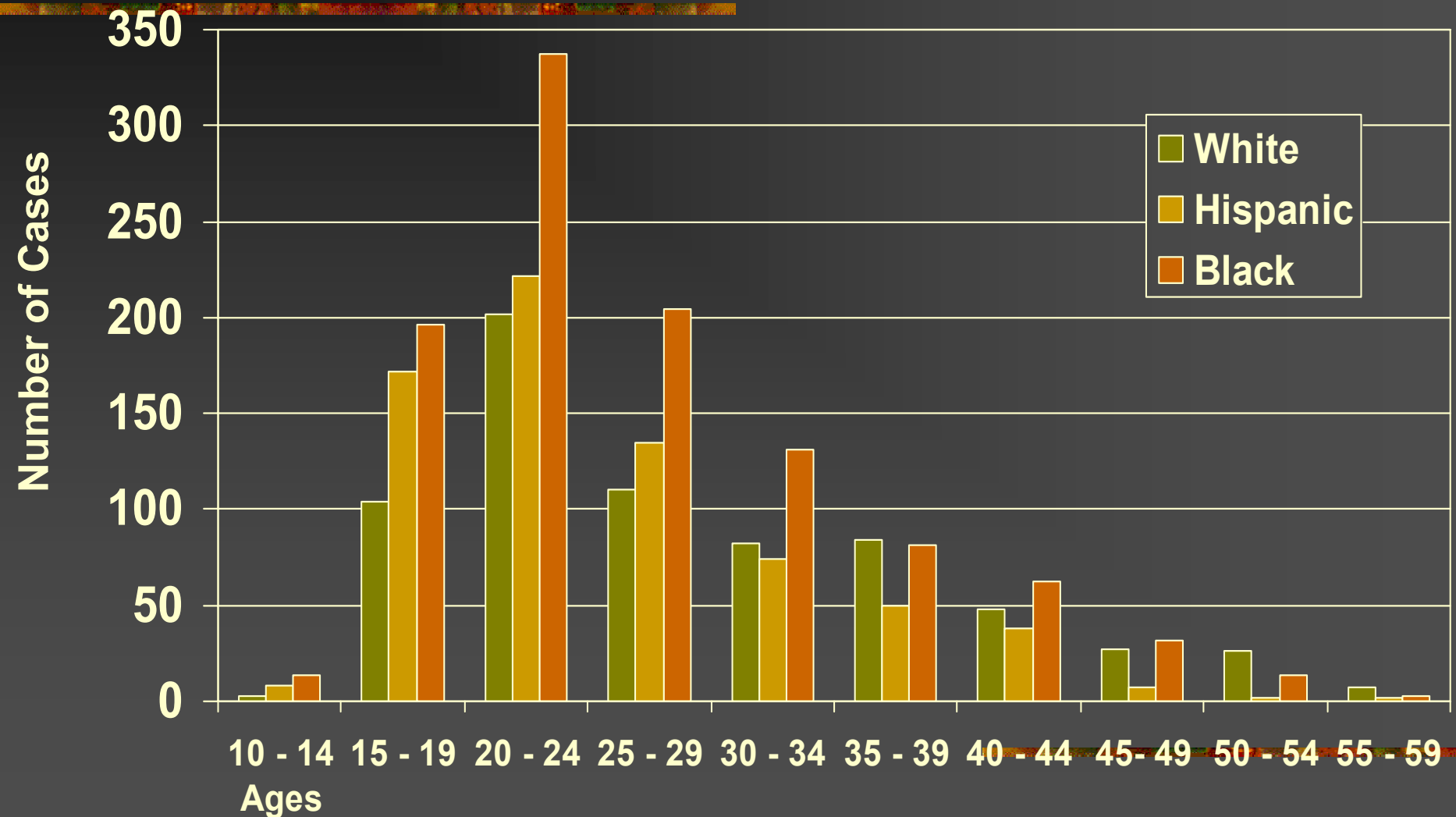
White/Non Hispanic and Hispanic by Age, CO 2002

Source: Colorado STD Surveillance Program, CDPHE



Gonorrhea Cases: Race/Ethnicity and Age Colorado 2002

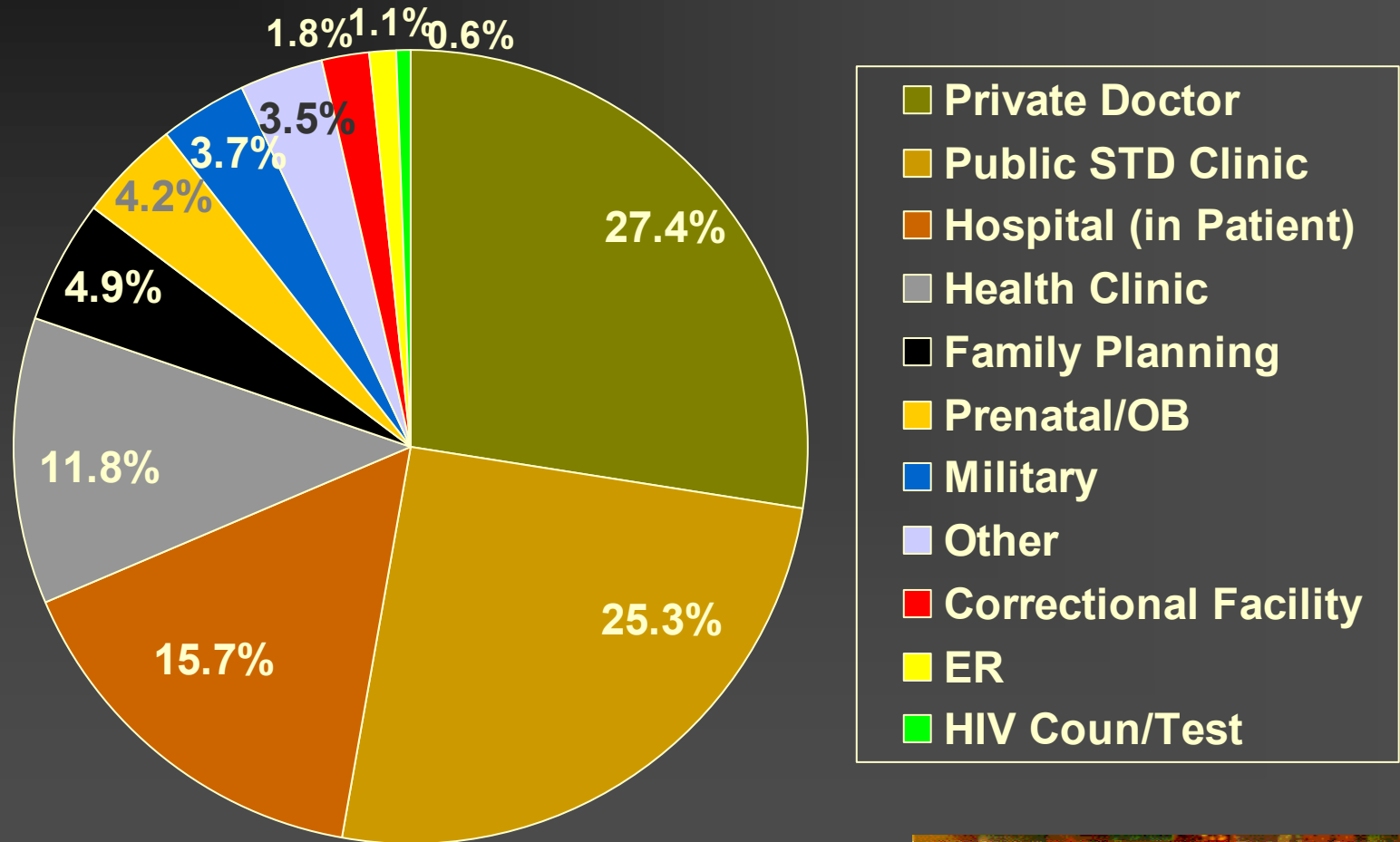
Source: Colorado STD Surveillance Program, CDPHE





STDs Reported by Provider Type

STDs Diagnosed by Provider Type: Colorado 2002



Top 5 providers of STD services: Colorado 2002

1. Private Medical Doctor-18.7%
 2. Denver Health STD Clinics-18.5%
 3. El Paso County Health Dept-5.3%
 4. Ft. Carson-3.0%
 5. UCHSC-2.3%
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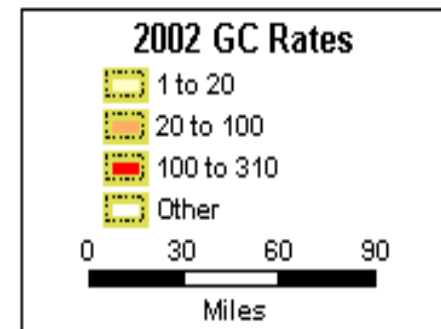
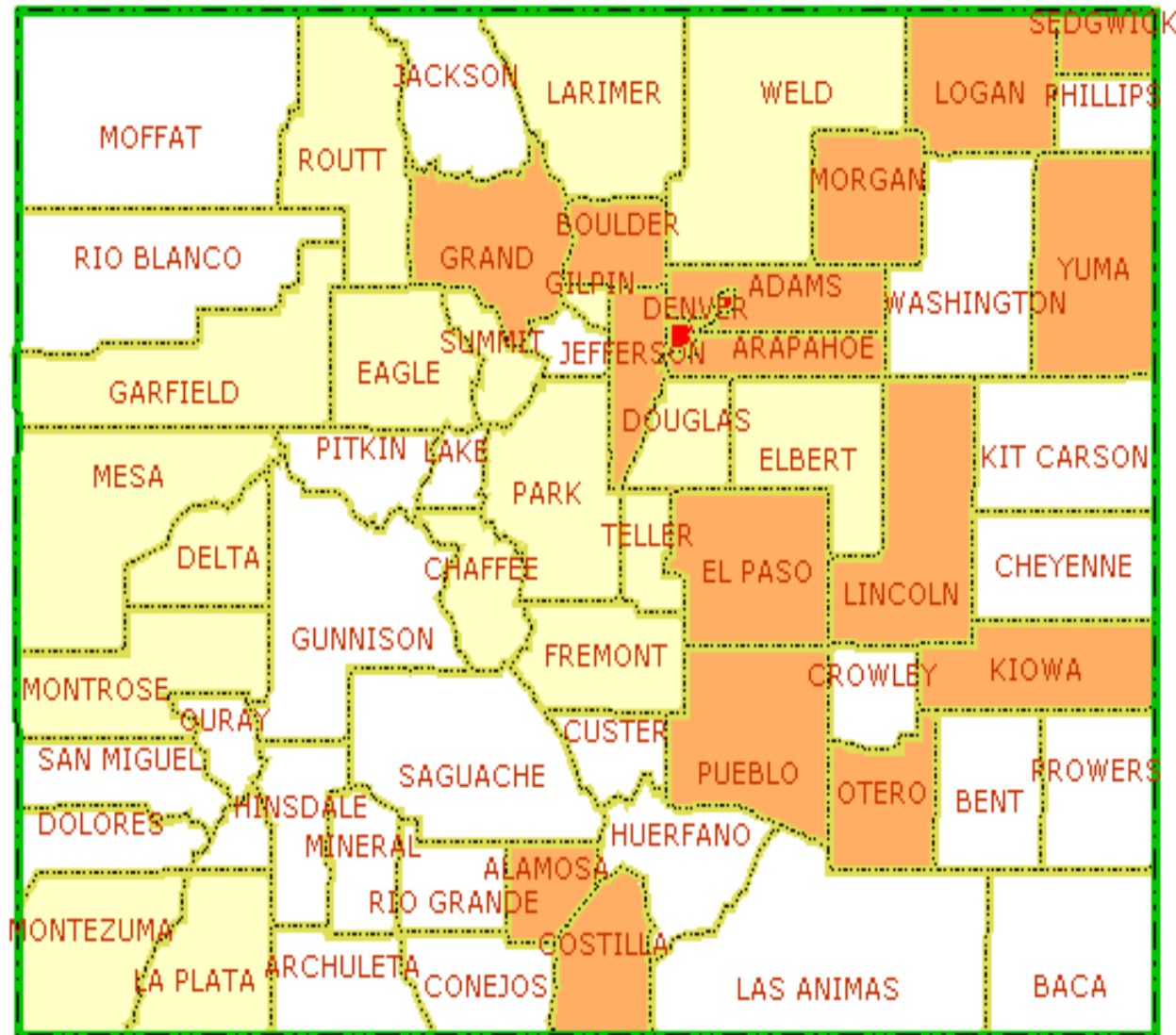
STD's by Location and Race

Pearson Correlation Coefficients: Place, Race, and STDs

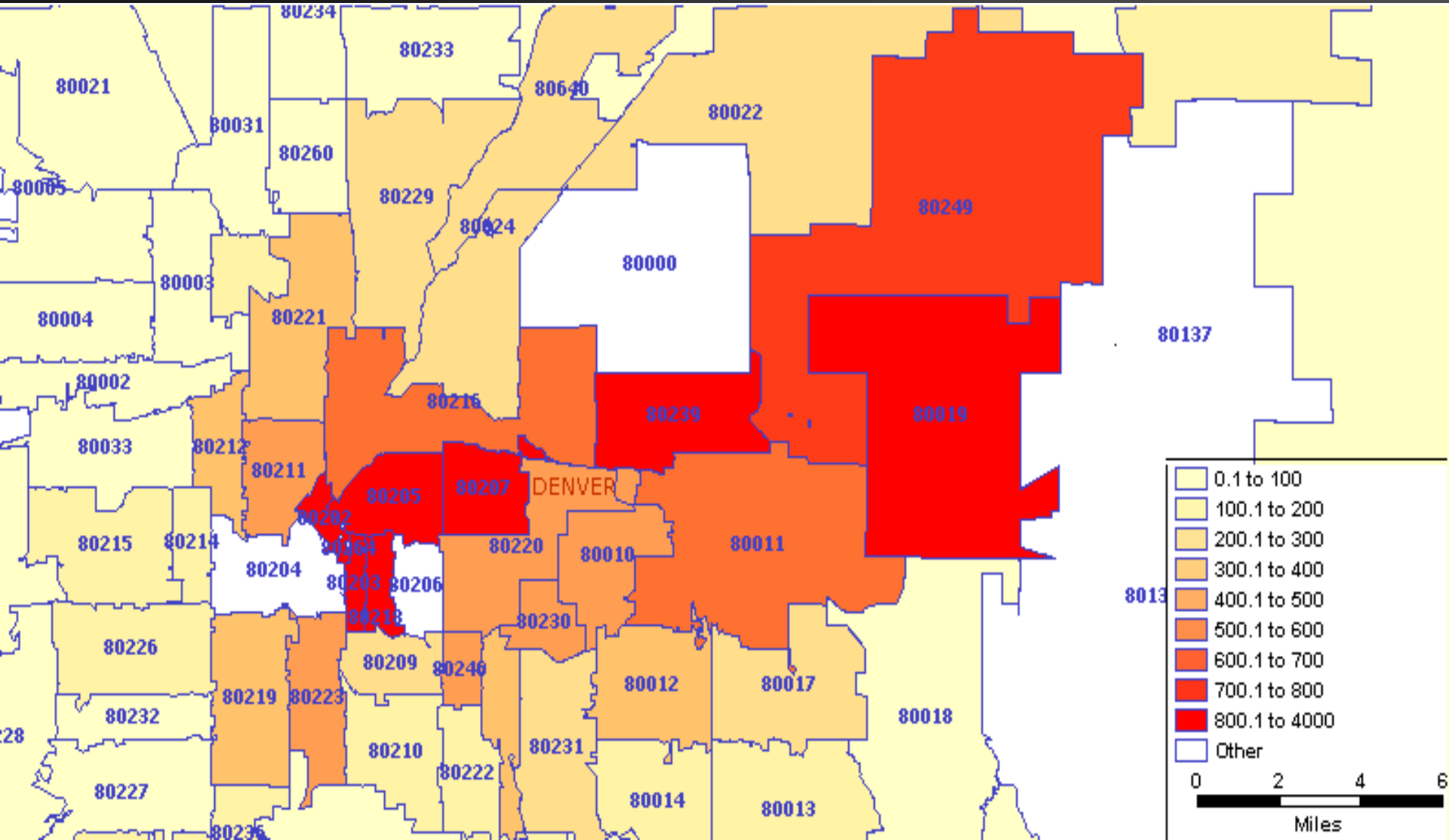
	GC Rate	CT Rate	GC Cases	CT Cases
% Black	.50*	.42*	.76*	.66*
% Hispanic	.14*	.25*	.27*	.31*
% White	-.26*	-.35*	-.42*	-.42*

*p≤.0001

2002 CO Gonorrhea Rates by County



2000 Metro Gonorrhea Rates by Zip



Why???



Residential Segregation

- **Is** being increasing linked to health outcomes.
 - **Is** the spatial separation of population groups along racial/ethnic lines.
 - **Is** a legacy of historical de jure and de facto segregation & discrimination in American Society.
 - **Is not** primarily a result of residential preferences of minority groups.
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Residential Segregation as a Construct

- The composition and spatial distribution of the population on an entire metro area across its neighborhoods.
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Residential Segregation as a Construct

■ Five Geographic Patterns:

1. Dissimilarity – degree to which each neighborhood incorporates same proportion of blacks and whites as urban area overall.
2. Isolation – average probability of contact between blacks and whites at neighborhood level.
3. Clustering – degree to which black neighborhoods are contiguous v. dispersed over metro area.
4. Centralization – degree to which black neighborhoods are located near central city v. suburbs.
5. Concentration – population density of segregated group across metro area relative to density of other groups.

Possible Pathways

- Concentration of poverty
- Lack of access to resources
- Concentration of cultural/social norms
- Segregation Dimensions:
 - Isolation – limits contact (exposure) between segregated group and pop at large
 - Clustering – groups at high risk may cluster in “core” census tracts
 - Concentration – may increase contact between infectious and susceptible individuals

What might CCSP do?

- Prioritize eliminating racial and ethnic disparities in STDs.
 - Involve affected communities in defining the problem and generating solutions.
 - Target areas most disproportionately affected with non-traditional treatment and prevention models.
 - Consider ways that public health can support social change (e.g., desegregation).
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