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Title: Declaring April National Minority Health Month and commending the American Heart Association for their work promoting National Minority Health Month and addressing health disparities.

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Declaring April National Minority Health Month and commending the American Heart Association for their work promoting National Minority Health Month and addressing health disparities.

WHEREAS, Health inequities adversely affect groups of people who have systematically experienced greater obstacles to health due to language/cultural barriers, gender identity, lack of preventative care and health insurance resources, geographic location, fear of deportation, as well as a myriad of other issues or characteristics historically linked to discrimination and/or exclusion. Such disparities are often linked to social, economic, or environmental disadvantages, conditions categorized as social determinants of health, such as lack of access to good jobs, unsafe neighborhoods, and affordable transportation options; and

WHEREAS, According to national statistics, found in both *Fact Sheet: Health Disparities by Race and Ethnicity: Many Groups Suffer from Lack of Health Coverage and Preventable Chronic Illnesses* (Lesley Russell, December 2010) and the U.S. Department of Health and Human Services Office of Minority Health data, African Americans have higher rates of obesity, diabetes, hypertension, and heart disease than other groups. According to the Office, African American women have the highest rates of being overweight or obese compared to other groups in the U.S. About four out of five African American women are overweight or obese. In 2015, African Americans were 1.4 times as likely to be obese as non-Hispanic whites. In 2015, African American women were 60 percent more likely to be obese than non-Hispanic white women. In 2011-2014, African American girls were 50 percent more likely to be overweight than non-Hispanic white girls; and

WHEREAS, Nearly 15 percent of African Americans have diabetes while a smaller percentage of Hispanics have higher rates of end-stage renal disease, caused by diabetes, and are 50 percent more likely to die from it as non-Hispanic whites. American Indian and Alaska Native adults are 2.1 times as likely as white adults to be diagnosed with diabetes and almost twice as likely as non-Hispanic whites to die from it. The Centers for Disease Control and Prevention (CDC) has estimated that 40 percent of children alive today will develop diabetes in their lifetime. That rate increases to over 50 percent for African-American and Latino children; and

WHEREAS, African Americans experience higher incidence and mortality rates from many cancers that are

amenable to early diagnosis and treatment. Hispanic women contract cervical cancer at twice the rate of white women and Native Hawaiians and Pacific Islanders are 30 percent more likely to be diagnosed with cancer compared to non-Hispanic whites. When compared to other racial and ethnic groups, American Indian and Alaska Native youth have more reported serious mental health problems such as depression, anxiety, and substance abuse; and

WHEREAS, Racial and ethnic minorities are disproportionately represented in the correctional system. While Blacks and Hispanics comprise 30 percent of the U.S. population, they constitute 57 percent of the prison population. Justice-involved individuals have disproportionately high rates of chronic health conditions; and

WHEREAS, The national leading causes of death among all minorities are heart disease, cancer, and stroke. While the death rate for African Americans was generally higher than whites for heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide, Hispanic and Native Hawaiians and other Pacific groups have a higher incidence of accidents that result in deaths; and

WHEREAS, The second leading cause of premature death of black men in the City of Philadelphia has been due to heart disease, with over 9,000 years of life lost in 2016 due to premature heart disease deaths. From 2015-2017 the obesity rate for black males was 31 percent (5 percentage points higher than white males), the hypertension rate was 41 percent (5 percentage points higher than white males), and the diabetes rate was 15 percent (2 percentage points higher than white males). Over a ten-year period, 2007-2017, the number of hospitalizations for stroke among black males was over 3,000 in Philadelphia. Premature cardiovascular disease mortality rate per 100,000 is more than double for black males compared to white males in the City of Philadelphia. In Philadelphia, nearly 28 percent of Latino male youth are obese, while the rate for black male youth is at 20 percent; and

WHEREAS, In 2017, according to the *Community Health Assessment* report prepared by the Philadelphia Department of Public Health, the number of adults with obesity increased across all race/ethnic groups, with the highest rates among non-Hispanic adults. In children, Non-Hispanic black girls and Hispanic boys had the highest rates of obesity. Diabetes is more common among African Americans than other racial/ethnic groups, with nearly one of five having diabetes. Cancer remains the second leading cause of death in Philadelphia, however, incidences have remained relatively stable, with overall deaths declining; and

WHEREAS, Further findings within the report show that one of five adults had a diagnosed mental health condition, with the highest rate being among Hispanics and lowest among African Americans. After dropping by 25 percent in 2013, rates have since increased slightly. Homicides were highest among African Americans, nearly ten times higher than the rate in non-Hispanic whites and double the rate among Hispanics; and

WHEREAS, National Minority Health Month is an inclusive initiative that addresses the health needs of African Americans, Hispanics, Asians, Native Americans, and other minorities. Its goal is to strengthen the capacity of local communities to eliminate the disproportionate burden of premature death and preventable illness in minority populations through prevention, early detection, and control of disease complications; and

WHEREAS, The theme for 2019 is “Active & Healthy,” which will allow minority health advocates throughout the nation to emphasize the health benefits of incorporating even small amounts of moderate-to-vigorous physical activity into our schedules. Physical activity promotes health and reduces the risk of chronic diseases and other conditions that are more common or severe among racial and ethnic minority groups; and

WHEREAS, The American Heart Association was founded by six cardiologists in 1924. It has grown into the

nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. With its mission to be a relentless force for a world of longer, healthier lives, the American Heart Association is committed to diversity and inclusion. They are committed to building healthier lives, free of cardiovascular diseases and stroke for all, regardless of race, ethnicity, gender, religion, age, language, sexual orientation, national origin, and physical or cognitive abilities. They are further committed to ensuring that their workforce, workplace, and mission have a shared impact across America's diverse populations; now, therefore, be it

RESOLVED, BY THE COUNCIL OF THE CITY OF PHILADELPHIA, That it hereby declares April National Minority Health Month and commends the American Heart Association for their work promoting National Minority Health Month and addressing health disparities.