City Council
Chief Clerk's Office
402 City Hall
Philadelphia, PA 19107

Legislation Text

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Declaring April National Minority Health Month and recognizing the Office of Minority Health for its efforts towards health parity.

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 Office of Minority Health data African Americans have higher rates of obesity, diabetes, hypertension, and heart disease than other groups. 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 were 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; 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<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=90>, 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, According to the Centers for Disease Control and Prevention (CDC), Pennsylvania had one of the highest cancer incidences at 476.1 cases per 100,000 people. In 2014, the Pennsylvania Department of Health released its State Health Assessment (SHA) that included the following: 29% of adult residents are obese,

22.4% of PA residents smoke with African Americans (28%) and Hispanics (26%) more likely to smoke than whites (20%). PA's teen birth rate was below the national average (25 and 31.3 per 1,000, respectively). Many adults suffer from high blood pressure, diabetes, and untreated mental health conditions with over four in ten Hispanics (43%) and African Americans (41%) reporting frequent mental distress, compared to 34% of whites. Disparities in access to care also exist as Hispanics in Pennsylvania are more likely to report having no usual source of care (36%) compared to African Americans (18%) and Whites (12%). Additionally, White (15%) and Hispanic (24%) residents in Pennsylvania are more likely than African Americans (11%) not to have had a doctor visit in the past 2 years; and

WHEREAS, In 2017, Health of the City *Philadelphia's 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. 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 has remained relatively stable and 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, The Office of Minority Health was created in 1986 as one of the most significant outcomes of the Heckler Report and was reauthorized by the Affordable Care Act (ACA) in 2010 and seeks to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. Issues that focus on prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services and eradicating barriers to health care for racial and ethnic minorities; 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 2018 is *Partnering for Health Equity* which highlights partnerships at the federal, state, local, tribal and territorial levels that help reduce disparities in health and health care while seeking to celebrate collaborations, with both private and public stakeholders, that advance health equity and help improve the health of the nation; now, therefore, be it

RESOLVED, BY THE COUNCIL OF THE CITY OF PHILADELPHIA, That it hereby declares April National Minority Health Month and recognizes the Office of Minority Health for its efforts towards Health parity.

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