EXECUTIVE SUMMARY

Multnomah County Health Department

Report Card on Racial & Ethnic Disparities: Executive Summary

"Healthy people in healthy communities" is the vision of the Multnomah County Health Department. In partnership with the communities we serve, the Health Department seeks to assure, promote and protect the health of *all* people in the county in order to realize this vision.

One core function of a health department is monitoring and reporting information on the health of the community in order to identify and address health problems. In doing so, it is important to recognize that a person's health status is shaped by more than genetics and behavior choices. Health status is also shaped by other health factors, including the social, economic, and environmental conditions where we live, work, learn, and play.

The goal of this report is to provide a comprehensive analysis of local data on racial and ethnic disparities in health and health factors. These disparities translate into more illness and disability, shorter life spans, and lost opportunities that put specific populations and the entire county at a disadvantage.

Examining racial and ethnic disparities is critical, given that research has shown the negative impact racism has on health independent of genetics, behavior, community characteristics, and socio-economic factors. Racism in all its forms – at the institutional and the individual levels – is a fundamental cause of racial and ethnic disparities.

The current analysis is needed to guide a broad array of essential public health activities for the Health Department and its partners, such as planning services, developing and evaluating interventions, and setting policy priorities. The Health Department is committed to working collectively with partners across sectors to invest in addressing the disparities highlighted in this report and their root causes.

What is different about this report?

Although this is the fifth release of a racial and ethnic health disparities report for Multnomah County, it is the first report to look at health disparities more broadly. Whereas previous reports focused on measures of health conditions and deaths, this report highlights some measures of the underlying causes of health outcomes including clinical care, health behaviors, social and economic conditions, as well as the physical environment.

Overview of Analysis and Methods

This report presents comparisons between five racial and ethnic groups – non-Latino Whites, non-Latino Black/African Americans, non-Latino Asian/Pacific Islanders, non-Latino American Indian/Alaska Natives, and Latinos – for 33 indicators.

Analysts calculated a disparity ratio for each indicator except the two that focus on the physical environment. Disparity ratios are calculated by dividing the measure (i.e., prevalence, incidence rate, mortality rate) for each community of color by the measure for the non-Latino White population. A disparity ratio of one means the measure for the community of color is the same as for non-Latino Whites. Analysts tested whether the disparity ratios were significantly different than one. *Significantly* means that statistical tests indicated that the difference in measures between groups was likely *not* due to chance.

Because some communities of color in Multnomah County are relatively small, it can be difficult to detect significant differences in measures with statistical tests, even when a real difference exists. Therefore, in some cases another method was used to identify potential disparities. When a disparity ratio was greater than one, but did not reach statistical significance, analysts looked at

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trends in Multnomah County over time (when available), Oregon's State of Equity Report[1], or other available analyses (e.g., Behavioral Risk Factor Surveillance System Race Oversample) for additional evidence of a disparity. Disparities were then categorized as described in Table 1 below.

In addition, if trend data were available, statistical tests were conducted to determine if the rates changed significantly over time within racial and ethnic groups, and the trends were described.

Table 1: Definitions for Levels of Concern for Disparities Identified in This Report

Level of Concern	Definition
Requires Intervention: Identified through statistical significance	The analyses of these indicators showed disparities between the community of color and the non-Latino White population. The disparity ratio was 2.0 or greater and was statistically significantly greater than 1. These disparities are high priorities for policy, systems, and/or environmental change interventions.
Needs Improvement: Identified through statistical significance	The analyses of these indicators showed disparities between the community of color and the non-Latino White population. The disparity ratio was between 1.1 and 1.9 and was statistically significantly greater than 1. These disparities have the potential to worsen and may require intervention.
Needs Improvement: Identified by local trends over time and/or disparities at the state level	The analyses of these indicators suggested disparities between the community of color and the non-Latino White group. Though the disparity ratio was 1.1 or greater, it was not statistically significantly different from 1. However, there was a consistent trend of the community of color faring more poorly than non-Latino Whites over time and/or there was a significant disparity for the population at the state level. These disparities have the potential to worsen and may require intervention.
No disparity detected	The disparity ratio comparing the group of color to non-Latino Whites shows little or no difference between the two groups. For some indicators, communities of color fared better than non-Latino Whites as represented by a disparity ratio of less than 1.0. Disparity ratios that are statistically significantly less than 1 are marked with an asterisk (*).
Geographic disparity detected	The analyses of these indicators suggested a disparity between census tracts with 15% or more of a community of color and census tracts with at least 90% non-Latino White. The geographic disparity ratio was 1.1 or greater.

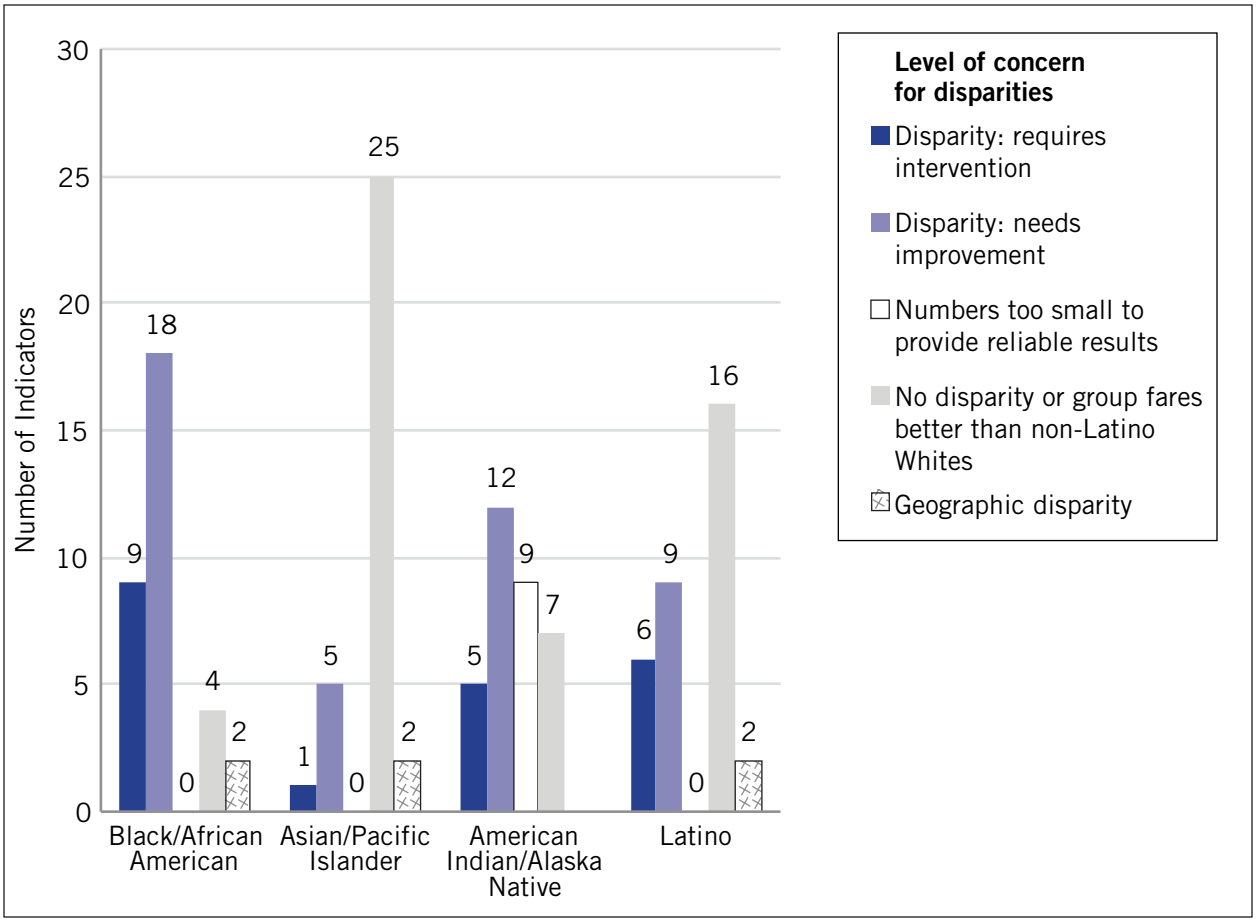
For the physical environment indicators, analysts could not calculate a disparity ratio in the same way as the other 31 indicators, but used a similar approach. For the two physical environment indicators, analysts calculated a *geographic disparity ratio* by dividing the summary measure for each group of census tracts having more than 15% of the population identifying as a particular community of color by the measure for the group of census tracts with at least 90% of the population identifying as non-Latino White. Geographic disparity ratios of 1.1 or greater were considered a disparity and are depicted with checkerboard blue boxes as shown in Table 1.

[1] Oregon Health Authority. (2013, September). *Office of Equity and Inclusion.* Retrieved November 9, 2013, from Oregon.gov: http://www.oregon.gov/oha/oei/Documents/soe-report-ph2-2013.pdf

Summary of Findings

In Multnomah County, all racial and ethnic groups examined in this report experienced some disparities relative to their non-Latino White counterparts (Figure 1). A striking number of disparities exist for Black/African Americans and American Indian/Alaska Natives. Numerous disparities also exist for Latinos and Asian/Pacific Islanders, but those communities also fared better than non-Latino Whites for some indicators.

Figure 1: Type and Number of Disparities Identified by Communities of Color, Multnomah County



Physical Environment

Table 2, below, summarizes the findings for the physical environment section. This section of the report explores data on characteristics of the *census tracts* where people live, rather than on health behaviors or individual health outcomes as the other indicators do. Looking at census tract characteristics allows us to more thoroughly describe the environments in which different populations of color live, as well as to consider these factors in context of the other disparities discussed in this report.

A major shortcoming of the methodology used is that no census tract had more than 15% of the population identifying as American Indian/Alaska Native, so analysts were unable to include the group in this analysis. The three communities of color that could be included in these analyses experienced disparities for both the air quality and the retail food environment indicators.

Table 2: Identified Geographic Disparities: Communities of Color* as Compared to Non-Latino Whites**

	Census Tract Grouping				
INDICATORS	non-Latino White	Black/ African American, alone or in combination	Asian/ Pacific Islander, alone or in combination	American Indian/Alaska Native, alone or in combination	Latino, all races
Physical Environment Factors					
2017 Modeled diesel particulate matter (DPM)[1]	reference			--	
Ratio of less healthy food retail outlets to healthier retail food outlets (Retail Food Environment Index - RFEI)[2]				--	

*Census tracts with at least 15% of the total tract population identifying as Black/African American, Asian/ Pacific Islander, or Latino either alone or in combination with another race or ethnicity.

**Census tracts with at 90% of the total tract population identifying as non-Latino White.

	A geographic disparity ratio of 1.1 or greater was detected.
--	No census tracts have more than 15% of the population identifying as American Indian/Alaska Native so analysts were unable to include the group in this analysis

Footnotes to Table – Data Years and Sources:

[1] State of Oregon Department of Environmental Quality, Portland Air Toxics 2017 Modeling Study, 2006

[2] Produce markets, farmers markets, and convenience stores reported to Oregon Department of Agriculture in January 2010 or listed on Oregon Farmers Market website April 2010. In: Built Environment Atlas: Active Living, Healthy Eating, Multnomah County, Oregon, 2011

All Other Indicators

Table 3 details which communities of color experienced disparities for the other 31 indicators, as well as the level of concern for those disparities. All communities of color examined for this report experienced a disparity at either the *needs improvement* or *requires intervention* level for the following indicators:

- Students not meeting third-grade reading standards
- Adults with a high school education or less
- First trimester prenatal care
- Homicide (Three groups had disparities; the number of cases was too small to provide reliable results for non-Latino American Indian/Alaska Natives.)

Table 3: Level of Concern for Identified Disparities: Communities of Color as Compared to Non-Latino Whites

INDICATORS	non-Latino White	non-Latino Black/ African American	non-Latino Asian/ Pacific Islander	non-Latino American Indian/ Alaska Native	Latino
Social and Economic Factors					
Children under age 18 in poverty[1]	reference				
Children that live in single-parent household[1]					
Students not meeting third-grade reading level standards[2]					
Ninth-grade cohort that did not graduate high school in 4 years with a regular diploma[3]			*		
Adults aged 25+ with high school education or less[1]					
Population age 16+ unemployed, but seeking work[1]					
Health Factors - Health behaviors					
Adults reporting current cigarette smoking[4]	reference				
Adults reporting a BMI >= 30 (obese)[4]					
Adults reporting no physical activity outside of work[4]					
Teen birth rate per 1,000 female population, ages 15-19[5]			*		

Table 3: Level of Concern for Identified Disparities: Communities of Color as Compared to Non-Latino Whites (continued)

INDICATORS	non-Latino White	non-Latino Black/ African American	non-Latino Asian/ Pacific Islander	non-Latino American Indian/ Alaska Native	Latino
Health Factors - Clinical care					
Adults without health insurance[4]	reference				
Mothers not accessing 1st trimester prenatal care[5]					
Children in grades 1-3 with untreated tooth decay^[6]				--	
Hospitalization rate for ambulatory-care sensitive conditions per 1,000 adults 18 years and older[7]			*		*
Health Outcomes - Morbidity					
Adults reporting fair or poor health[4]	reference				
Adults with any incapacity last 30 days due to physical or mental health[4]					*
Adults reporting mental health not good in 2 of the past 4 weeks[4]					
Gonorrhea rate per 100,000 population[8]			*		
Human Immunodeficiency Virus (HIV) rate per 100,000 population[9]				--	
Live births with low birthweight (< 2500 grams) [5]					

	Requires intervention - statistically significant disparity (2.0+ disparity ratio)	*** Significantly better than non-Latino Whites**
	Needs improvement - statistically significant disparity (1.1-1.9 disparity ratio)	**^Does not include Pacific Islanders with Asians**
	Needs improvement - disparity ratio 1.1+, did not reach statistical significance, but community consistently fared more poorly over time, or a disparity at the state level exists	**--Numbers too small to provide reliable results**
	No disparity or group fares better than non-Latino White	

Table 3: Level of Concern for Identified Disparities: Communities of Color as Compared to Non-Latino Whites (continued)

INDICATORS	non-Latino White	non-Latino Black/ African American	non-Latino Asian/ Pacific Islander	non-Latino American Indian/ Alaska Native	Latino
Health Outcomes - Mortality					
Years of Potential Life Lost (YPLL) before age 65 rate per 100,000 population[5]	reference		*		*
Infant mortality rate per 1,000 births[10]					
Coronary heart disease mortality rate per 100,000 population[5]			*		*
Stroke mortality rate per 100,000 population[5]					
Diabetes mortality rate per 100,000 population[5]				--	
All cancer mortality rate per 100,000 population[5]			*		*
Lung cancer mortality rate per 100,000 population[5]			*		*
Female breast cancer mortality rate per 100,000 population[5]			*	--	*
Colorectal cancer mortality rate per 100,000 population[5]			*	--	*
Prostate cancer mortality rate per 100,000 population[5]			*	--	
Homicide rate per 100,000 population[5]				--	

	Requires intervention - statistically significant disparity (2.0+ disparity ratio)	*** Significantly better than non-Latino Whites**
	Needs improvement - statistically significant disparity (1.1-1.9 disparity ratio)	**^Does not include Pacific Islanders with Asians**
	Needs improvement - disparity ratio 1.1+, did not reach statistical significance, but community consistently fared more poorly over time, or a disparity at the state level exists	**--Numbers too small to provide reliable results**
	No disparity or group fares better than non-Latino White	

Footnotes to Table – Data Years and Sources:

[1] 2006-2010 American Community Survey, U.S. Census Bureau

[2] 2011-2012 Portland State University Analysis of Oregon Department of Education data

[3] 2010-2011 Oregon Department of Education

[4] 2010-2011 Oregon Behavioral Risk Factor Surveillance System Race Oversample

[5] 2007-2011 Center for Health Statistics, Oregon Health Authority

[6] 2012 Oregon Smile Survey, Oregon Health Authority

[7] 2010-2011 Hospital Discharge Data, Oregon Healthcare Enterprises

[8] 2007-2011 HIV/STD/TB Program, Oregon Health Authority

[9] 2008-2013 HIV/STD/TB Program, Oregon Health Authority

[10] 2007-2011 Oregon linked birth and death certificates from Center for Health Statistics, Oregon Health Authority

Results by Community of Color

(as shown in Tables 2 and 3)

Non-Latino Black/African American

Black/African Americans experienced the greatest number of disparities with the highest level of concern relative to other communities of color. As shown in Figure 1, of the 33 indicators examined in this report, Black/African Americans experienced disparities for nine indicators that *require intervention* and 18 indicators that *need improvement*. There were only four indicators where a disparity was not detected. There were no indicators where the group fared significantly better than the non-Latino White comparison group.

Black/African Americans experienced a geographic disparity for each of the physical environment indicators.

Specific Findings

- Black/African Americans experienced disparities for each of the indicators in the social and economic category. Four of the six *require intervention*. Specifically, the group was almost four times as likely to have children living in poverty, more than twice as likely to have children living in single-parent households and to have children not meeting third-grade reading standards, and twice as likely to be unemployed (age 16 and over) compared to non-Latino Whites.
- Black/African Americans also fared poorly for three of the four health behavior categories, with cigarette use and obesity at the *needs improvement* level, and teen birth rates at the *requires intervention* level. Although the birth rates among Black/African American teens have decreased significantly since 1998, the group remains almost two and a half times more likely to give birth than their non-Latino White counterparts.
- Black/African Americans experienced disparities in all four clinical care indicators. Adults without health insurance, first trimester prenatal care, children with untreated tooth decay, and preventable hospitalization rates all were at the *needs improvement* level.
- Black/African Americans fared poorly for four of the six morbidity indicators, particularly for gonorrhea, which *requires intervention*. The incidence of gonorrhea in Black/African Americans was seven times higher than in non-Latino Whites, and had not changed significantly since 2000.
- Black/African Americans fared particularly poorly on 10 of the 11 mortality indicators with three of these indicators at the *requires intervention* level: infant mortality, diabetes mortality, and homicide rates. Black/African American infant mortality and diabetes mortality rates were more than two and a half times higher, and homicide rates about six times higher, than their non-Latino White counterparts. These rates for Black/African Americans have not changed significantly since 1998.
- Black/African Americans experienced a geographic disparity for both the air quality and retail food environment indicators.

Non-Latino Asian/Pacific Islander

For 11 indicators, Asian/Pacific Islanders, did significantly better than non-Latino Whites. However, one indicator *requires intervention*, and five indicators *need improvement* (Figure 1). Asian/Pacific Islanders experienced a geographic disparity for each of the physical environment indicators. Though this group, as a whole, fared well for many indicators, it is likely that aggregation of data into this large group is masking some disparities being experienced by sub-groups of Asian/Pacific Islanders. More attention should be given to disaggregated data for this population. A supplemental report focusing on Pacific Islander health disparities is forthcoming.

Specific Findings

- Asian/Pacific Islanders experienced a disparity for two indicators in the social and economic category, at the *needs improvement* level – third-grade reading level and post-high school education.
- Asian/Pacific Islanders had three other indicators at the *needs improvement* level: first trimester prenatal care, low birthweight, and homicide rates.
- Adults without health insurance was the one indicator at the *requires intervention* level for Asian/Pacific Islanders. The percentage without health insurance is more than two times higher among non-Latino Asian/Pacific Islanders in Multnomah County than among non-Latino Whites.
- Asian/Pacific Islanders experienced a geographic disparity for both the air quality and the retail food environment indicators.

Non-Latino American Indian/Alaska Native

The American Indian/Alaska Native group did not fare well overall, with five indicators at the *requires intervention* level and 12 at the *needs improvement level* (Figure 1). The American Indian/Alaska Native group did not fare significantly better than non-Latino Whites for any of the indicators. It is important to note that, for seven other indicators, numbers of cases were too small to provide reliable results, so it is possible that more disparities exist than were detected.

Analysts did not calculate geographic disparity ratios for the American Indian/Alaska Native group because there were no census tracts having more than 15% of the population identifying as American Indian/Alaska Native.

Specific Findings

- American Indian/Alaska Natives experienced disparities for each of the indicators in the social and economic category. Two of the economic indicators *require intervention*. Specifically, the group was almost three times as likely to have children living in poverty and more than twice as likely to be unemployed (age 16 and over) compared to non-Latino Whites.
- American Indian/Alaska Natives fared particularly poorly for each of the health behavior indicators. Teen births, current cigarette smoking, and adults with no physical activity outside of work all *require intervention*. The teen birth rate among American Indian/Alaska Natives has not changed significantly since 1998; they remained more than twice as likely to experience a teen birth than their non-Latino White counterparts. American Indian/Alaska Natives were about twice as likely to currently smoke cigarettes and to report no physical activity outside of work in the past 30 days.

- One clinical care measure was at the *needs improvement* level for American Indian/Alaska Natives: first trimester prenatal care.
- American Indian/Alaska Natives had six disparities at the *needs improvement* level in the morbidity and mortality categories, including self-reported mental health, overall health, low birthweight, premature death (i.e., years of potential life lost), infant mortality, and stroke mortality. For six indicators in these categories numbers were too small to provide reliable results.

Latino

Results for the Latino group were notably mixed. The Latino group experienced six indicators that *require intervention* and nine that *need improvement* (Figure 1). However, there were also eight indicators where Latinos fared significantly better than non-Latino Whites.

Latinos experienced a geographic disparity for each of the physical environment indicators.

Specific Findings

- Latinos experienced disparities for each of the indicators in the social and economic category. Three of the six *require intervention*. Specifically, Latinos are more than twice as likely to have children living in poverty, to have children not meeting third-grade reading standards, and to lack a post-high school education.
- Latinos had three indicators in the health behaviors and clinical care categories that *need improvement*: obesity, first trimester prenatal care, and untreated tooth decay. Teen birth rate and lack of health insurance reached the *requires intervention* level. Although the teen birth rate for Latinas has significantly decreased since 1998, the rate remained three and a half times the rate among non-Latina Whites. In addition, Latino adults were two times more likely to lack health insurance than non-Latino Whites.
- Latinos generally fared relatively well in the morbidity and mortality categories. However, three indicators were at the *needs improvement* level: overall health status, HIV incidence, and diabetes mortality rate. The homicide rate reached the *requires intervention* level, with the rate among Latinos being two times greater than non-Latino Whites.
- Latinos experienced a geographic disparity for both the air quality and retail food environment indicators.

Conclusion

This analysis of a comprehensive set of health and health factor indicators reveals the breadth and seriousness of the disparities that exist for four communities of color in Multnomah County. A striking number of disparities exist across a broad range of indicators for Black/African Americans and American Indian/Alaska Natives. Numerous disparities also exist for Latinos and Asian/Pacific Islanders, but those communities also fared better than non-Latino Whites for some indicators.

Although the report focuses on the challenges facing communities of color, the Health Department also recognizes the myriad strengths these communities possess. Without these unique community strengths, the disparities observed in this report would likely be worse.

These findings supplement reports by the Coalition of Communities of Color, the Regional Equity Atlas, and others, which call for increased investment and coordination in areas where data show the greatest need. Together, they increase local awareness of the persistent and unacceptable differences that represent some of the most pressing community health challenges.

The Health Department and community partners are working to reduce health disparities. But public health strategies alone cannot address the complex societal issues that perpetuate differences in health outcomes, including racism, poverty, substandard housing, and lack of employment, education, and opportunity.

Addressing the disparities highlighted in this report will require concerted collective effort across Multnomah County departments and between its many partners. Strategies must be informed by authentic community engagement, partnership and accountability. The protective factors communities possess, including family systems, cultural pride, and traditional ways of living and sharing knowledge, are central to developing policy and program interventions.

The next steps for the Health Department include engaging our partners in other sectors, sharing the results, setting priorities in partnership with the community, planning action, and tracking and reporting on our progress. Specific Health Department actions include:

- Supporting the Multnomah County Board of Commissioners/Board of Health's capacity to act
- Increasing investment in early childhood and adolescence
- Using quality improvement tools to develop more racially equitable policies and programs
- Creating a Public Health Advisory Board and Community Health Improvement Plan
- Increasing culturally-specific and community-specific approaches, including trauma-informed care

The Multnomah County Health Department will engage those communities most affected by disparities, convene community partners across sectors, and keep the goal of eliminating health disparities at the forefront of efforts to improve community health. But public support, political will, and strategic investments are needed to create the policy, systems and environmental changes that can disrupt the cycles of racism, poverty and trauma that are at the root of health disparities.

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The full report *2014 Report Card on Racial and Ethnic Disparities* can be found at www.multco.us/health