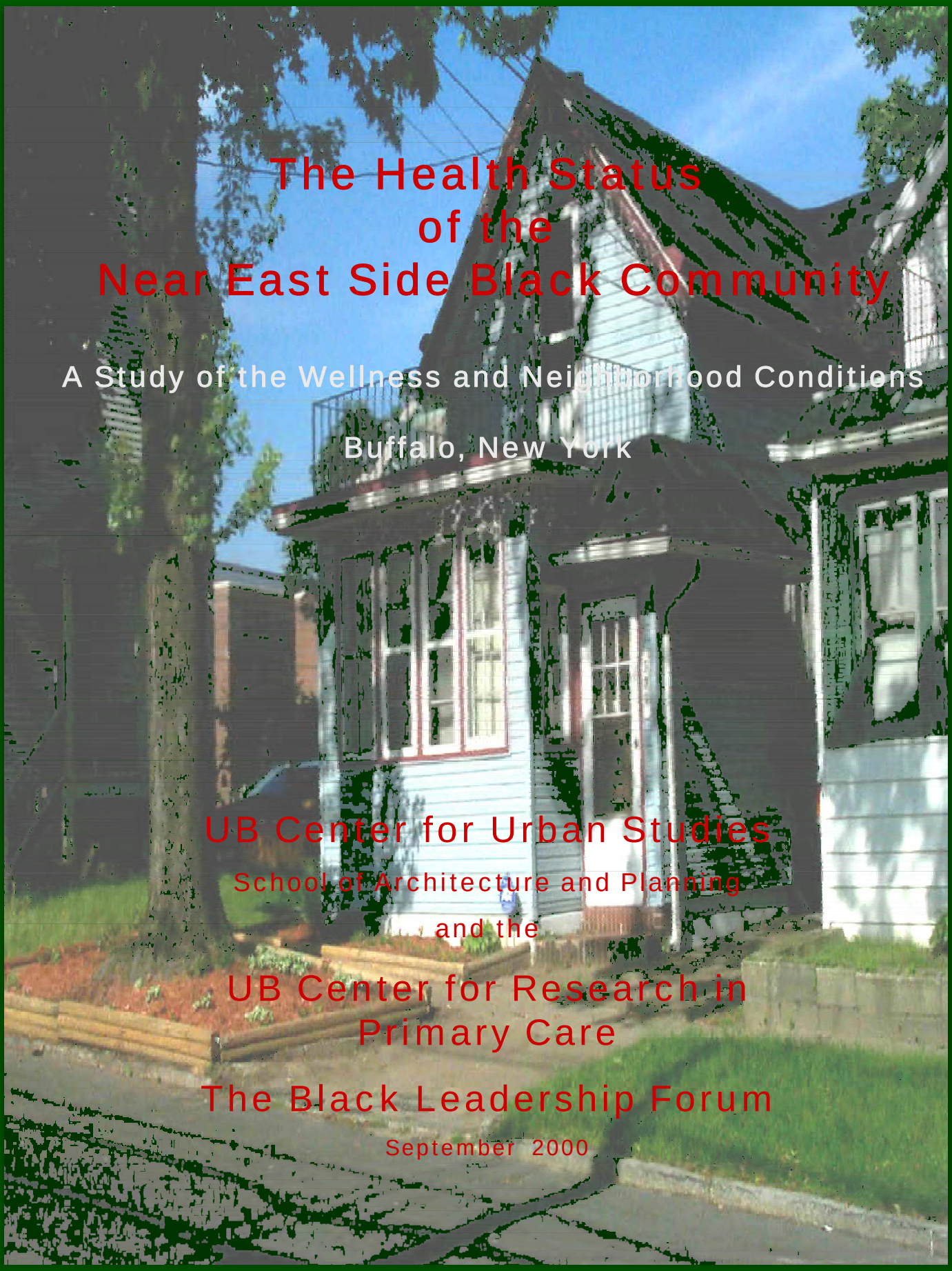


The Health Status of the Near East Side Black Community

A Study of the Wellness and Neighborhood Conditions

Buffalo, New York

UB Center for Urban Studies

School of Architecture and Planning

and the

UB Center for Research in Primary Care

The Black Leadership Forum

September 2000

Contents

Acknowledgements

The Health Status of the Near East Side Black Community was a huge undertaking. We had a project staff of seventeen people, including seven interviewers and a project secretary. Such an undertaking could not have succeeded without the help of many people. Ann McCarthy, public relations director at Wegmans, worked with the co-project director to secure a matching grant of $14,000 from that corporation, which allowed us to provide $28 food cards to the interviewees. Dr. Mary Gresham, Vice President of Public Service and Urban Affairs, made possible the hiring of a graduate assistant to help with project administration. We thank them for the additional funding to support this project.

Nicole Killenbeck, a graduate student in urban management planning, did a yeomen's job as the project's administrative assistant. Frida Ferrer, administrative assistant at the Center for Urban Studies (CENTER), also played an important role in the day-to-day administration of the project. She processed paperwork and assisted with operations. Jeffery Kujawa, assistant director at the Center for Urban Studies, and Cassandra Chen, a graduate assistant at the CENTER, administered the project's budget. Catherine Lewis, of Kaleida Health, served as secretary of the field office at Deaconess Hospital. Graduate students Song Ho Ha (history), Pamela James, and Alma Williams (urban management planning), Jon Bowman, Preethi Govindaraj, Mushtaq Hussain, and Md. Mahbubur Meenar did research and field work.

Ying Cheng, a graduate student in urban management planning, played a key role in the production of the final report. Not only did Ying do research and clean up data, but also she did a magnificent job producing the final report. She did copyediting, layout, page design, and spent hours of work fine-tuning the final draft. Without her dedication and enthusiasm, putting together the final report would have been an even more arduous task.

Don Lyle and Melva Visher served as links between the project team and Kaleida Health. Lyle also worked as a regular member of the research team. He attended meetings, helped solve problems, and shared his ideas with us. John Smith connected the project team to the Black Leadership Forum, our main community partner. John functioned as a regular member of the project team. He attended meetings, shared his extensive knowledge of the black community with our researchers, and offered many valuable suggestions on how to implement the research strategy.

Also we want to say "thank you" to the community residents who critiqued the questionnaire and reviewed the findings of this study. A special "thank you" also goes to interviewers. Drawn from the community, these front line workers were committed to

the goals of this project; they worked in trenches, knock on doors, convinced people to participate, and carefully recorded the in the information.

They are the real heroes and sheroes of this project.

Lastly, we want to thank the Near East Side residents who let us into their homes and shared the intimate details of their lives with us. Their cooperation made this important study possible. Also, I want to thank the members of this research team, including our technical advisors and my co-director, for their work and dedication to this project. It was a true joy working with this magnificent group of scholars.

I would be remised without say “thank you” to my wife Carol Dozier and my son, Chad-Cinque. Their support for my research and belief in the importance of this project made it possible for me to spend long hours away from home.

Henry Louis Taylor, Jr.
Buffalo, New York

Prologue

This study, *The Health Status of the Near East Side Black Community*, is the result of the vision and commitment of the Black Leadership Forum (BLF). Realizing the need for a comprehensive study of the black community, the BLF approached Kaleida Health with the idea of forming a partnership to carryout such an investigation. Not only did they work with Kaleida Health to secure the necessary funding, but also they assisted in all phases of the design and implementation of this study. Without their support and encouragement this project would never have happened.

Why is a study of Buffalo's Near East Side so important? Wellness and the health status of African Americans are critical to the community- building process. The black community simply cannot meet the challenges of the new millennium if its members are unhealthy and die prematurely. Success in school, on the job, and on the community-building front requires good physical, mental, and spiritual health. Wellness and the health status of African Americans are inseparable from neighborhood revitalization and community building. For these reasons, when the Center for Urban Studies was asked to lead this project, we designed a study that linked the issues of wellness and the health status of the African American community to issues of the built environment and neighborhood conditions.

Within this context, *The Health Status of the Near East Side Black Community* built on the pioneering study, *The Lower West Side Health Needs Survey Report, 1994*, by the University at Buffalo's Center for Research in Primary Care (CURE PC). Not only did we learn from their experiences, but also we recruited three key members of the Lower West Side research team to work on this study, and we asked the project director and head of the Center for Research in Primary Care, Dr. Carlos Roberto Jaen, to serve as our technical advisor. Further, CURE PC became a full partner in this venture, and without their insights and work this project would not have been so successful.

The Lower West Side study was based on the principle of community participation. We, too, based our study on community participation. Every effort was made to involve residents and stakeholders in all phases of the study, and the project was greatly enriched by their input. The Black Leadership Forum was the main community partner, but we reached out to many other members of the African American community to help in this effort. In every sense of the word, *The Health Status of the Near East Side Black Community* was a community effort.

This report is the culmination of more than a year of research, including a survey of 900 households and the extensive study of Near East Side neighborhood conditions. The project team was divided into two groups. One group carried out the health survey and

the other analyzed the neighborhood setting. After completing the first phase of data analysis, select community residents and members of the Black Leadership Forum were asked to review the study's findings. Based on their input, the two working groups produced a series of working papers. Then, the project co-director, Professor Henry Louis Taylor, Jr., synthesized the working papers and wrote the final draft.

All members of the project team, representatives from the Black Leadership Forum, Kaleida Health, and community members were asked to comment on the final draft, and they continually critiqued it, until the document reached final form. In particular, medical team members were given responsible for checking the text for *medical correctness.*

Henry Louis Taylor, Jr.
Co-Project Director
Center for Urban Studies
Department of Planning
University at Buffalo
May 14, 2001

Project Team Members

Project Co-Directors	Professor Henry Louis Taylor, Jr. University at Buffalo
	Dr. Luther Robinson Children's Hospital
Technical Advisor	Dr. Carlos Roberto Jaen University at Buffalo
Director of Fieldwork	Professor Caroline Patchael Buffalo State College
Coordinator of Data Entry and Analysis	Ms. Laurene Tumiel University at Buffalo
Questionnaire Construction	Professor Robert O'Shay University at Buffalo
	Mr. Henry Durand, Ed.D. University at Buffalo
Built Environment and Neighborhood Conditions	Ms. Beverly McLean, Ph.D. University at Buffalo
	Professor Kiran Laloo Iowa State University

Graduate Assistants

Nicole M. Killenbeck	Song Ho Ha
Ying Cheng	Jon Bowman
Md. Mahbubur Meenar	Mushtaq Hussain
Preethi Govindaraj	Pamela James

Advisory Team

Don Lyle
Melva Visher
John Smith
The Black Leadership Forum

List of Maps, Photos, Tables and Figures

Maps

Photos

Tables

Figures

The Executive Summary

The Health Status of the Near East Side Black Community: A Study of Wellness and Neighborhood Conditions

Introduction

The health disparity between blacks and whites is well documented. By most accounts, blacks in the United States have health problems that are particularly acute and more severe than other Americans. White America, for example, has a life expectancy that is about seven years longer than blacks. White females are expected to live until 79.8 years and white males until 73.2 years. On the other hand, the life expectancy of black females is 73.9 and 65.0 for black males. White women, then, live 6.6 years longer than white men, while black women live 8.9 years long than black men. Moreover, while black women live seven months longer than white men, white women live an astounding 14.8 years longer than black men.

Not only do blacks die younger than whites, but also their infant mortality rate is twice as high, and they have a higher incidence of Heart Disease, Cancer, Cerebrovascular Disease, Diabetes, Acquired Immune Deficiency Syndrome (AIDS), Hypertension, Asthma, and Tuberculosis, and they are much more likely to die of Homicide and Legal Intervention than whites. In addition, they are more likely than whites to incur potentially avoidable hospitalization, live in medically under-served areas, be dependent on Medicaid, and have no health insurance. Also, African Americans live a more stressful and anxious life than whites. For these reasons, wellness is not only a crucial health issue facing African Americans, but it is the single most important indicator for determining the degree of black advancement in the United States.

The health disparity between blacks and whites has been well documented, but we still know very little about the ways that everyday life and culture, built environment issues and neighborhood conditions contribute to the health disparity between blacks and whites. So, a unique feature of this study is the built environment focus. By placing health status in a neighborhood context, we are able to learn how problems such as poor housing, crime, inadequate playgrounds, parks, and recreational facilities, and the absence of stores that sell healthy foods contribute to the health problems facing African Americans.

The purpose of this study is to gain insight into black community wellness by examining a number of health, social, economic, cultural, and lifestyle issues that affect the health status of Buffalo's Near East Side black community. The study is divided into three parts. The first part reports on a comprehensive house-to-house survey of the Near East Side. It provides an analysis and interpretation of 900 face-to-face interviews held with

Near East Side residents. The survey covers issues such as access to health care, the prevalence of disease, preventive care, and a range of everyday life and culture and lifestyle issues that affect wellness in the black community.

Part Two of the study explores the relationship among the built environment, wellness, and the health issues affecting the Near East Side community. This section examines how the built environment and neighborhood conditions facilitate or hinder the development of a healthy lifestyle among African Americans. Also, it seeks to understand how life in the black community causes African Americans to be at a higher risk to certain types of health related problems than whites. The final section, outlines the key findings and their implications, and then answers the question: What is to be done? The remainder of this Executive Summary contains the final sections, which outlines the key findings, implications and recommendations.

1. Key Findings and Implications

A. Access to Health Care

- *Emergency Departments*

One-third of all groups use the emergency departments (ED) as their usual source of care. Almost 40% of the sample population said the ED was the primary place they would go for medical advice or treatment. The role of the ER as a primary source of care for Near East Side residents is also reflected in the actual number of respondents who visited the ED over the last year. About 22% of the respondents actually visited the ED during the last year.

- *Insurance*

Although a high percentage (over 80%) of Near East Side residents reported having some form of health insurance, about 16% of the total group still said the ability to pay for health care was a problem. Equally important, about 18% of the 20 to 64 year age cohort, and 26% of the elders said that paying for prescriptions was a problem. The ability to pay for medical care, purchase prescriptions, get time off from work to visit a physician, and obtain child care are greater problems for women than men.

- *Factors Other than the Ability to Pay*

Factors, other than the ability to pay to pay for services, also erect barriers to health care for some Near East Side residents. For example, a small percentage (10 to 12%) of respondents, age 45 years and older, reported problems understanding medical jargon, and an even larger percentage reported that insensitivity to their culture by health care professionals was a problem, while others cited non-stress related issues

as barriers. Although the proportions are not high, when added together, they show that a significant number of residents may have problems understanding or establishing rapport with health care professionals and their support staff. In essence, negative interactions and perceptions seem to create barriers that keep some Near East Side residents from *getting the medical care they think they need.*

Implications:

Overuse of the emergency room, the inability to pay for prescriptions and other forms of treatment, and difficulty communicating or establishing rapport with physicians and health care professionals are barriers that suggest Near East Side residents are not getting the medical care they need. For example, overuse of the emergency room increases the cost of health care, while reducing its quality. A patient is more likely to receive the best care and treatment from a physician with whom he or she is familiar. The inability to pay for medical care and drugs may prevent some residents from the early diagnosis and treatment of serious illnesses. Also, most health care professionals rely on oral communication for diagnosis and treatment. If patients do not understand the language of the doctor or office staff, or if they do not trust them, potential exists for misdiagnosis and inappropriate treatment, or the patient's failure to follow the physician's recommendations. Either way, the quality of health care is diminished. Thus there is a need to provide culturally appropriate and accessible primary care services that would replace the ED as the source of first contact care.

B. The Prevalence of Disease

- *Diabetes, Hypertension, Heart Disease, Cancer, and Tobacco Use Disorder*

Diabetes, hypertension, heart disease, and cancer are major health problems among African Americans. About 16% of the 45 to 64 years and 24% of individuals age 65 and over have physician-diagnosed diabetes. Hypertension is particularly problematic in the African American community. About 10 percent of the 20 to 44 years, 38% of the 45 to 64 year olds, and 49% percent of the seniors have *diagnosed hypertension.* When these numbers are combined with the large number of people who not been diagnosed, the severity of the problem becomes even more apparent. About 9% of blacks between 45 and 64 years and 26% of persons over 65 have a diagnosed heart disease. We did not gather data on the proportion of Near East Side residents with cancer, but about 14% of this population reported having birth parents or siblings with cancer. Yet, although stalked by this dreaded disease, few African Americans seemed concerned about getting it, even when their family history suggest otherwise. Likewise, although diabetes and hypertension are problems, most residents seem unaware of the risk. For example, almost one-third of the respondents report having a family member with diabetes and hypertension, and an around 35% reported that someone in their family had been tested for diabetes. Yet, almost 90%

of the sample population expressed no concern about getting either diabetes or hypertension. If you are not concerned about getting a disease, then chances are that you will not take preventive measures to keep from getting it.

- *Tobacco Use Disorder*

Smoking is a very serious problem in the African American community. The problem is most severe among the 20 to 64 age cohort. About 38% of the population in this age group smokes. This is extremely high. The general population rate is about 22%. Within this context, we believe that tobacco use may be the number one killer in this community and that it is often combined with other diseases. Because of the seriousness of this problem and its relationship to other diseases, we have listed tobacco use disorder as a chronic disease.

- *Asthma*

Asthma is a problem on the Near East Side, both among children and adults. It is present in 11% of children under 20 and in approximately 7% of adults over 20. Currently, the national rate of asthma hospitalizations and emergency room visits are extraordinarily high for all age groups but particularly for those under 5 years of age. Asthma is a manageable disease, which people should not die from. Therefore, the primary care clinician should be the key health care team member responsible for managing children and adults with asthma, and hospitalizations and emergency room visits should be avoided. Asthma is particularly problematic among inner city residents, especially blacks and Latinos. For example, the disease strikes African Americans at a rate three-to-four times that in Caucasians. A variety of "triggers" may initiate or worsen an asthma attack, including viral respiratory infections, exercise, and exposure to allergens or to airway irritants such as tobacco smoke and certain environmental pollutants.

- *Lead Poisoning*

Six percent of children less than 10 years have doctor diagnosed lead poisonings. Nationally, 4% of children under 5 were reported to have high lead levels. According to the Erie Department of Health Community Health Assessment for 1996-97, housing units built prior to 1950 are among the major risk factors for lead poisoning. Other contributing factors include children under 5 years of age, income below poverty, race/ethnicity, value of housing, number of children with lead poisoning and available screening for lead poisoning. The Near East Side was ranked as one of the highest at risk areas for lead poisoning in Buffalo.

- *HIV Disease*

HIV disease is a serious problem in the African American community. It is the fifth leading cause of death among African Americans in Erie County. After peaking in 1993, the number of death related Aids cases seem to dropping. Even so, in 1995 African Americans accounted for about 41 percent of the reported cases of AIDS in Erie County. Moreover, the proportion of new AIDS cases is much higher among African Americans (82.9/100,000) than whites (8.5/100,000). Yet, many blacks do not perceive themselves at risk for HIV infection. Specifically, 57% of 10 to 19 year olds, 68% of 20 to 44 year olds, 73% of 45 to 64 year olds, and 83% of respondents 65 years and older report *being at no risk for HIV infection*. The younger age groups are more likely to report themselves *at risk for HIV*. However, among those who report risk, they most often report low.

- *Depression and Anxiety*

Although the numbers are not high, we are still concerned about the proportion of people with doctor-diagnosed depression (6% of the over 45 cohort) and anxiety (5% of the 45 to 64 age cohort). The proportion of African Americans grappling with these mental illnesses is probably much higher than these numbers suggest. Depression and anxiety are extremely debilitating problems, and they often go undiagnosed. They are particularly important because they can seriously affect the way a person functions on a day-to-day basis.

Implications:

African Americans are at a high risk for acquiring diabetes, hypertension, heart disease, and cancer. Also, blacks smoke too much, and this increases their risk for these chronic diseases. Depression and anxiety problematic in the black community, and, so too, is asthma. Five factors make African Americans vulnerable. First, blacks often score poorly in the areas of diet and nutrition. Good eating and nutritional habits are necessary for both reducing the risk to these diseases and managing them once they have been acquired. Second, blacks score poorly on physical activity, which is also importance for preventive and treatment purposes. Third, poor communication or lack of rapport with the physician can lead to misdiagnosis, inappropriate treatment, or non-compliance with treatment recommendations. Fourth, some of the oldest housing in the city is located in the African American community. Living in such housing increases the risk to diseases like asthma. Fifth, the highly stressful life blacks often live, when combined with poor eating habits, limited physical activity, and smoking and drinking places them at even great risk for acquiring a chronic diseases or becoming depressed or anxious. Moreover, on the question of stress, Dr. Benjamin S. Carson, Sr., director of Pediatric Neurosurgery at the Johns Hopkins Medical Institutions, says that stress is sometimes useful, such as when you encounter a dangerous or threatening situation. In such circumstances, the many physiological changes that occur in your body prepare you

for flight or fight. However, if the body regularly acts as if it is in a dangerous situation, such responses can take their toll on the heart though elevated blood pressure and heart rate. Living in a highly stressful environment, then, is a health risk.

Lastly, for a couple of reasons, blacks are more likely than whites to have greater complications once they acquire chronic diseases or become depressed or anxious. First, early identification and treatment gives those with chronic illnesses the greatest chances for full recovery or for the successful management of their problems. Late diagnosis often jeopardizes African Americans chances for a full recovery or the successful management of their disease. Second, because of poor dietary habits and physical inactivity, the prospects of recovery or management of a chronic disease is lessened among African Americans. Effective interventions for hypertension, diabetes, asthma and tobacco use disorder exist. There is a need to activate health care systems and partners to make sure that East Side residents have access to these interventions.

C. Preventive Care

- *Pap Smear*

Over 90% of East Side women have had a Pap smear and about 63% of all women said they definitely intended to receive a Pap in the next 12 months. Only a small proportion of the population said they were unlikely to get a Pap.

- *Breast Examination and Mammography*

Over 90% of the respondents reported having at least one breast exam, but only about 50% reported having a clinical breast exam in the past year. Given the prevalence of breast cancer among black women, the proportion of those getting annual breast exams is low. About 94% of women 45 to 64, 90% of the women 65 and older, and 59% of the women under 45 report having had a mammogram. Initially, women on the Near East Side appear to have good screening behaviors. However, this picture changes when looking at regular screening. For example, only 53% of women 20 to 44 had more than one mammogram compared to 59% of women 65 and older, and 66% of women 45 to 64. Mammography, it should be stressed, is only absolutely indicated for women 50 years old or older. There is controversy for the indication between 40 and 50. There is no indication for women less than 40 years.

- *Fecal Occult Blood Test*

Fecal Occult blood tests are used to detect colorectal cancer. This should be done yearly for men and women over 50. Fecal Occult blood tests should be done yearly

on all individuals over age 50. Fifty-nine percent of the 50 to 64 year olds and 48% of the elderly reported having a FOBT within the past year.

- *Prostrate Screening Antigen (PSA) and* Digital Rectal Exam (DRE)

A prostrate test is recommended for men over 50 to screen for prostate cancer. On the East Side of Buffalo, 81% of the men over 50 have had at least one PSA. However, only half of the elders indicated they would *definitely have a PSA in the next 12 months* and even fewer men (37%) aged 50 to 64 said they would. Nine percent of men 65 and older said they probably would not obtain a PSA in the next 12 months compared to 11% of men 50 to 64 year of age. These figures are very low. Prostate cancer is a serious problem among African Americans, and men between the ages of 50 and 64 are at very high risk. There are pros and cons over the values of both PSAs and DREs as screening devices. Patients should talk these issues over with their doctors before deciding to have these tests and how frequently they should be held. DREs are used to screen for the detection of both colorectal and prostate cancer. Although DRE's are recommended every year, only 67% report having them in the past year. Seven percent of individuals 50 to 64 report and 12% of individuals over age 65 report having one digital rectal examination over the last three years.

- *Dental Care*

Near East Side residents do not visit their dentist regularly. Only 57% visit their dentists yearly compared to the national norm of 65%. The older African Americans become, the less likely they are to visit a dentist. For example, about 40% of young people had seen a dentist over the past six months, compared to about 32% of those 20 to 44 years and about 20% those between 45 to 64 years. Most important, one-third of the elders and 15% of those 45 to 64 had not seen a dentist in three years.

Implications:

"An ounce of prevention is worth a pound of cure" goes an old folk saying. African Americans should heed this advice. Blacks are at high risk for obtaining breast and prostate cancer. The prognosis for these and other forms of cancer are very good if diagnosis and treatment starts early. However, the chances for survival decline significantly if these diseases are discovered until their latter stages of development. Unless the number of blacks being screen regularly increases significantly, blacks will continue to die from these diseases at an unnecessarily high rate. Lastly, regular visits to the dentist can prevent gingivitis and periodontal diseases and the loss of teeth. Yet, African Americans do not regularly visit their dentists. And, as they age, these infrequent visits become even more infrequent. Thus, at the moment when African Americans are at the greatest risk for gum disease, their visits to the dentist

taper off. Therefore, it is important that the community and health care systems provide accessible dental and primary care services.

Also, there is growing evidence that links exist between oral and general health. For example, problems in the *mouth* can signal trouble in other parts of the body. Mouth lesions and other oral conditions may be the first signs of HIV infection, and studies in post-menopausal women suggest that bone loss in the lower jaw may precede the skeletal bone loss seen in osteoporosis. Moreover, recent studies point to associations between oral infections—primarily gum infections—and diabetes; heart disease; stroke; and preterm, low-weight babies. To date, there is not enough evidence to conclude that oral infections cause these serious health problems or if the associations are just coincidental. Nevertheless, because the *mouth* can be a potential source of infection, good oral hygiene is an essential part of a healthy lifestyle.[1]

D. The Neighborhood Setting

- *The Zone of Old and Poorly Maintained Housing*

African Americans live in the oldest and most dilapidated housing in the city. Renters dominate the community, and some of the cheapest housing in the city is found there. Two separate forces appear to be operating on the Near East Side. On the one hand, there are a large number of housing units built prior to 1950, approximately 83.4% of the housing units. On the other hand, there is the presence of new housing units, 5.9% of the housing units in the community were built in the 1980s. Because it is more difficult and costly to maintain, this older housing is our main source of concern. The less money homeowners have after paying their monthly mortgage, the less money they have for housing maintenance. National studies find that inadequate investment in housing repair and maintenance contributes to a greater incidence of housing-related accidents, e.g., faulty electrical wiring makes the housing units more susceptible to fires, cracked sidewalks and poorly maintained porches contribute to falls, and inadequate heating systems contribute to heating burns from kerosene heaters, hot plates, and radiators. This older housing stock also places blacks at a greater risk for lead poisoning and asthma than groups who live outside the zone of older, poorly maintained housing, and contributes to the image of the Near East Side as an inhospitable, foreboding place.

- *Old Housing and Lead Poisoning*

Lead poisoning continues to be problematic in the black community. About 6% of the children under eleven have doctor-diagnosed lead poisoning. This is a direct result of living in older, poorly maintained dwellings.

[1] Source: Centers for Disease Control and Prevention, "Links Between Oral and General Health," May 20, 2000 http://www.cdc.gov/nccdphd/oh/sgr2000-fs4.htm

- *Crime and Physical Inactivity*

Near East Side residents live a sedentary life that is a major barrier to wellness and that lowers the community's health status. Crime, combined with a dilapidated physical environment characterized by vacant lots, abandoned buildings, poorly maintained dwellings, and a foreboding environment, discourages the use of public space, including activities in the community's limited parks, playgrounds, and recreational facilities. One outcome of this environment is a culture of physical inactivity among Near East Side residents.

Physical inactivity is a big problem. As African Americans move through the life cycle, they became increasing sedentary. Among the 20 to 44 age cohort, less than 40% of the respondents said they had not engaged in *very heavy physical activity for at least two minutes during the last two weeks*. Among elders, the proportions plunged to about 10%. The problem of physical inactivity is greater among women than men. For example, about 40% of men report engaging in *very heavy* physical activity compared on only about 18% of women. About 20% of those ages 20 to 44 say "I don't get any" physical exercise.

- *Overweight*

Overweight appear to be a problem. About 20% of young people, 40% of the 20 to 44 age cohort, and about 30% of elders think they are overweight. Overweight is probably related to the sedentary lifestyle among African Americans.

- *Corporate Disinvestments and Nutrition*

The Near East Side has a poorly developed food distribution system. The limited number of stores that sell fresh fruits, vegetables, meats and other healthy foods have created a huge barrier to good eating habits and nutritional practices among Near East Side residents. The sad reality is that it is easier to buy fried chicken, hamburgers and French fries on the Near East Side than it is to buy grapes, apples, oranges, and bananas. This difficulty obtaining healthy food is reinforced by a poorly developed mass transit system that makes it difficult for Near East Side residents to travel from their homes to major regional supermarket. Not only this, but also many blacks do subsistence fishing in the Buffalo River, one of the most polluted waterways in this region. Eating the polluted fish could be a major health issue for African Americans.

- *The Neighborhood Setting and Access to Health Care*

Near East Side residents live near a variety of health care facilities and physician's offices. Proximity does not automatically translate into access. Black still frequent

emergency rooms too often, and a significant number of residents say they have difficulty understanding, communicating, and establish rapport with physicians and support staff.

Implications:

On the Near East Side, the neighborhood setting matters. Crime, poorly maintained housing, and limited parks, playgrounds and recreational facilities contribute to the creation of a physical environment that discourages the use of public space and engagement in activities such as walking, jogging, biking and playing tennis and basketball. Collectively, these factors have contributed to the development of a sedentary lifestyle among African Americans. Not only this, but corporate disinvestments in food stores have led to a neighborhood setting where it is easier to buy potato chips, fried chicken and hamburgers than grapes, strawberries and apples. So, although the heart of western New York's health care industry is located on the Near East Side, the neighborhood setting still creates huge obstacles, which make developing and maintaining a healthy lifestyle extremely difficult. Put simply, the physical environment places African Americans at a greater risk for morbidity and mortality than people who live in other locations.

E. Everyday Life and Culture On the Near East Side

- *Functional Status*

The Near East Side residents is a very *functional community*—by functional status we mean the ability of people to carry out their daily activities, both inside and outside the home, without being held back by physical or emotional problems. Most Near East Side residents are able to socially interact with family members and friends without obstacles being imposed by their physical or emotional state. Yet, a small but critical number of elders were *socially limited*. For example, although 76% of elders said they had experienced no limitation of social activities, and about 6% said they were *quite a bit limited*. Contrary to conventional wisdom, blacks are not a people filled with a sense of hopelessness. Overall, they are optimistic. For example, most say they are in from good to excellent health. Only about 10% of African Americans, age 20 to 44 and about 21% of those from 45 to 64 years felt they were in fair health. When asked how things had been going for the past two weeks, most respondents said from very well to good. Less than 2% said things had been going *very bad*.

The Near East Side social support system seems strong. Most people said they had sufficient support when *emotionally down,* or just needed someone with whom to talk, or required help when sick, or just needed someone to help with daily chores. From this perspective, the Near East Side seemed cohesive and functional. When taken together, these factors might help to explain the general sense of optimism found in the community.

Yet, there are danger signs. Although most residents said they had sufficient social support, a surprising number of youth felt they had few people with whom to talk or give them assistance when they needed help. Although the proportions were small, it is nevertheless a source of concern. At the same time, it should be noted that a high percentage of young people also though things had been going *very well* or *pretty good* over the last two weeks.

African Americans have a number of cultural practices that help support a healthy lifestyle. Over 40% of the respondents reported using home remedies, and 10% said they used folk healers to compliment traditional medicine. On this point, African Americans are a very religious community with about 69% of the population reporting that they attend church regularly. In addition, over 80% reported using prayer as a medical compliment. Also, over 70% of respondents used over-the-counter medications.

- *Alcohol*

Alcohol abuse does not appear to be a major problem in the African American community. Less than three percent of the respondents between 20 to 64 years report having a drinking problem. Still drinking is a source of concern. In 1990 African Americans had the highest reported rate of alcohol and substance abuse treatment in Erie County, where they comprised 47.9 percent of the cases admitted for treatment. Also, the pattern of problem drinking among African Americans is important. For example, drinking does not appear to be a big problem among black youth. However, in the 20 to 44 and 45 to 64 age cohorts, when socioeconomic obligations and stress increase, so too does problem drinking.

The results of the CAGE test reinforce the survey results. There appear to be a very low risk of alcohol problems among Near East Side residents. The CAGE is a four-question scale to assess risk of alcohol problems. Only 2% of respondents between 20 to 44 years reported a positive CAGE. These results must be interpreted with great caution because this age cohort is the most vulnerable to alcohol abuse. As previously noted, drinking does not emerge as a problem among blacks until they enter the prime earning years. So, regardless of the CAGE scores, this group appears the most vulnerable to drinking problems and blacks should be very vigilant about the dangers of drinking.

- *Marijuana, Cocaine, Crack, Heroin, Sniffing, and Other Drugs*

A significant proportion of the Near East Side community uses marijuana. The use of cocaine, crack, heroin, and sniffing, along with other drugs, involves only a small proportion of the population. Among drug users, there appears to be a relationship between age and the drug of preference. Finally, men are more likely to use drugs than women.

Implications:

The Near East Side community appears to be a functional community, with a strong social support system. Even so, still, there are concerns. Alcohol is a problem for a small, but significant number of African Americans. It is particularly problematic for those African Americans entering their prime working years, when social obligations, expectations, and other forms of societal stress increase. During these years, when the risk chronic diseases and other health problems increase, African Americans start to engage increasingly in negative behavior. So, while the black community receives high grades on lifestyle issues, if these areas of concern are minimized or ignored, the results could be very harmful. Not only this, but a small, but important number of black youth appear to be alienated. When they need help, they say it is not there. This suggests that youth development must be a priority on the Near East Side.

2. What is to be Done?

Very serious health problems exist on the Near East Side. These problems not only involve issues of access, diagnosis, and treatment, but also questions of prevention, the built environment, and neighborhood conditions. The key to attacking the problems outlined in this report is to link the delivery of health care services to community building. This can be accomplished by placing wellness at the heart of the community development process. In essence, health care services and community building must be merged. This will not be easy. In both fields, practioners operate in their own silos with little interaction with those outside their own little world. We must find a way to overcome this fragmentation and build a collaboration to implement this study's recommendations.

Lastly, attacking the problems outlined in this report will literally require a cultural revolution, both inside and outside the African American community. The health problems facing blacks result from well-entrenched practices that make prevention of illnesses difficult and access to health care services problematic. Changing these practices of health professionals and institutions and altering the behavior of policy-makers and neighborhood residents will be difficult. This is why a cultural revolution will probably be needed to ultimately achieve success. Such a revolution would center around (1) establishing the importance of wellness in everyday life and culture (2) promoting a healthy lifestyle and stressing the importance of making public and private investments into communities to make them safe and healthy places live and work.

The Big Asset: A Functional Community: The Near East Side is a very functional community, and most families seem to have strong support systems to help them manage everyday life. A hopeful, optimistic people, numerous faith-based institutions, community organizations and groups, along with powerful stakeholders, anchor the community. If these groups plan and work together, then the health problems facing the African American community can be attacked successfully and wellness made the heart

of community development. This is the foundation upon which efforts to solve the health problems facing the African American community must be based.

3. Recommendations

A. **The Lead Organization: The Community-Based Collaborative:** To implement this study's recommendations, a collaboration consisting of health care organizations, faith-based institutions, community development corporations, community-based organizations, block clubs, residents, and representatives of the public and private sectors, should be established. Kaleida Health and the Black Leadership Forum should be responsible for organizing and leading the collaboration. The health problems facing African Americans are so complex that only a holistic, coordinated approach can attack them successfully. The collaboration's goal should be to raise the necessary funds and to implement the study's recommendations. We wish to emphasize that unless such a coordinated and well-funded implementation plan is carried out, it is doubtful if the health problems outlined in this study can be addressed.

B. **Community Health Education and Promotion of Wellness:** Developing a strong program of community health education is essential to addressing the findings of this study. This should not be a simple public health education program, but a movement to (1) create greater awareness of chronic and general diseases (2) direct residents to private physicians and clinics as the best places to get treatment and medical advice (3) advocate for transforming neighborhoods into healthy communities, and to (4) to promote wellness as the key to bolstering the community's health status. Within this framework, the community health education and promotion of wellness program should focus on awareness, prevention, early identification and treatment. It should develop specific messages for each age cohorts and gender group. The approach should be an innovative, non-traditional, multimedia one. Health education messages should be omnipresent.

Existing community health education programs should be strengthened, expanded, and made an integral part of the broader coalition. Faith-based institutions and block clubs, in particular, should play an important role in the community health education and promotion of wellness program. This program must be well funded and made sustainable over time.

C. **Physical Activity:** All studies indicate that physical activity is one of the keys to the lowering the risk to chronic and general diseases and developing a healthy lifestyle. Near East Side residents are a sedentary people. This must end if they are to become healthy. Building a culture of physical activity on the East Side is key to making physical activity a central part of everyday life and culture and wellness the driving force behind community building. To bring this about, several things must happen:

1. *Community Education and the Promotion of Wellness*: A comprehensive educational and wellness promotional campaign must be planned and implemented. Such a campaign would stress the importance of physical activity from aerobics to walking, jogging, biking and gardening, and bill these activities as one of the keys to healthy living.

2. *Faith-Based Institutions*: Faith-based institutions and other organizations should sponsor or initiate a range of physical activities, including aerobic classes, walking clubs, and bicycle outings.

3. *Public Schools*: Public school recreational facilities should be made available to neighborhood residents after school and on the weekends.

4. *Parks, Playgrounds and Physical Activity***:** The limited number of parks and playgrounds on the Near East Side, combined with their unkept character of the surrounding them, is another contributor to the sedentary lifestyle. An action plan should be formulated to (1) further develop and expand existing parks and playgrounds (2) formulate a program for maintaining parks and playgrounds and the neighborhoods immediately surrounding them (3) develop new parks and playgrounds, along with biking trails, (4) establish free summer athletic programs in the parks, and (5) and formulate a plan for transforming some vacant lots into meditative gardens and recreation areas.

5. *Crime and Physical Activity***:** The reality and perception of crime is appears to be a major impediment to engagement in physical activity among Near East Side residents. So, without reducing crime and eliminating the perception of the Near East Side as a dangerous and foreboding place, efforts to bolster wellness and the community's health status will probably fall short. To eliminate crime as an obstacle to physical activity two things are required: (1) a study is needed to determine the ways crime interferes with the use of public space. The study would include an assessment of current crime prevention strategies and an action plan for making the Near East Side safer. (2) a task force should be formed to develop and implement a community policing program, which involves a partnership with neighborhood residents, to prevent crime on Near East Side. (3) The idea of using Americorps volunteers and paid teams of community residents to patrol the streets as part of integrated community policing team should be explored.

D. **Nutrition:** Without nutritional diets, the health problems of the Near East Side cannot be solved and wellness cannot be made a central part of community building. But for this to happen, the Near East Side food distribution system must be greatly improved. As long as blacks find it difficult to buy healthy food products on the Near East Side, it will be difficult for them to establish nutritional diets. Foods stores are not simply commercial enterprises, they are facilities that are vital to the health of any community. Thus, the development of strong food

distribution system where people can buy healthy food products is a public matter. The establishment of supermarkets and food stores on the Near East Side, where residents can buy healthy foods at affordable prices, is a necessity. If big companies like Tops and Wegmans do not establish stores on the Near East Side, then efforts must be made to locate smaller stores there. At the same time, regional leadership should work with neighborhood residents to develop large-scale food cooperatives on the Near East Side. Against this backdrop, an action group should be assembled to develop and implement a plan for improving the community's food distribution system.

E. **The Emergency Department:** A high percentage of African Americans use the emergency departments as their first stop in the quest to get medical treatment, even though numerous health care facilities and physician's offices are located in and near their community. A health education program should be established at ERs frequented by African Americans, which stresses the importance of visiting a clinic, health center, or doctor's office when sick or in need of advice about health issues. In particular, the importance of the patient's doctor as key to providing quality health care should be stressed. This health education program should rely on posters and video clips, rather than pamphlets, for the dissemination of information. There should also be efforts to encourage the availability of after hours (evenings) access to primary care clinics.

Research: Additional research is needed to learn why African Americans use the ER with such regularity. Until we are able to answer to this question, we are not likely to make significant changes in this current behavior.

F. **Diabetes, Hypertension, Heath Disease, and Prostate and Breast Cancer:** A comprehensive program of community health education should be launched to make African Americans aware of the chronic diseases that stalk them—diabetes, hypertension, heart disease, and prostate and breast cancer. African Americans must be made aware of the dangers and how to lower risk to them. The community health and wellness campaign should emphasize awareness, prevention, and the importance of early diagnosis and treatment.

G. **Tobacco Use Disorder:** Smoking is a big problem in the African American community and efforts to combat it must be made. A relentless anti-smoking campaign should be carried out in the African American community. This program should be innovative and highly creative and should target men and women at each stage in the life cycle. A different education programs should be developed for each age cohort, with emphasis on awareness, prevention, and early intervention. There should be incentives to encourage enforcement of minor access laws and to promote smoking cessation treatments for addicted smokers treated in primary care offices.

Research: We need a deeper understanding of the socioeconomic forces that drive smoking in the African American community. National studies suggest that smoking does not become a serious problem among blacks until they reach the prime earning years between 20 and 44. We need to understand if smoking is a big problem black teen-agers, which is carried into the peak earning years, or if it is problem that starts to emerge in prime earning years, when blacks face increased pressure.

H. **HIV Disease:** Although Acquired Immune Deficiency Syndrome (AIDS) is a leading killer of African Americans, many Near East Side residents do not think they are vulnerable. About 70% of the men and 75% of the woman said *they had no chance of getting AIDSs.* Moreover, while the use of condoms to protect against HIV infection has been a feature of public health education campaigns for many years, the message is not reaching everyone in the black community. For example, 14% of respondents 10 to 19 years reported that condoms do not help prevent against HIV infection, compared to 19% of 20 to 44 year olds, 12% of 45 to 64 year olds, and 10% of the elderly. Five percent of 20 to 44 year olds reported that *they didn't know if condoms helped to prevent HIV infection* compared to 20% of 45 to 64 year olds, and 36% of the elderly. These beliefs and perceptions place African Americans at risk. Consequently, there needs to be an educational campaign over the danger of HIV disease. This health education message should focus on awareness and stress the importance of using condoms to help prevent the spread of HIV infection.

I. **Asthma:** Asthma is a manageable disease. No one should die and be nonfunctional because of it. Several things can be done. First, there is the need to promote awareness and understanding asthma and to teach children how to control their asthma rather than have it control them. Second, efforts should be made to eliminate or reduce those environmental "triggers" that may irritate or worsen an asthma attack. Lastly, a high percentage of African Americans smoke, and tobacco is an asthmatic trigger. We should link together the asthma educational and anti-smoking campaigns

J. **Lead Poisoning:** Screening programs for children at risk should be strengthened and existing programs to educate parents about the dangers of lead poisoning should also be strengthened and expanded. In particular, parents should be taught the different home invention strategies used to prevent lead poisoning. Also, lead removal programs should be strengthened and expanded.

K. **Alcohol:** Alcohol consumption paints a mixed picture. Both local and national data suggest that drinking is not a problem among black youth, but it is for a small segment of the black population that enters their prime working years. At the same time, blacks had the highest reported rates of alcohol and substance abuse treatment in Erie County. So, given the self-reported nature of the data, we believe these figures may represent an undercount. Moreover, even a small

number of alcoholics within the community can wreck havoc. Within this framework, we believe two things must be done.

1. A study is needed that focuses specially on the pattern of drinking among African Americans. This study should look at drinking both across time and within specific age groups.

2. A comprehensive health education program should be developed that targets *each* specific age-cohort in the black community. It should be stressed that different forces probably drive drinking at each stage in the lifecycle. So, very different education programs must be developed for each age cohort, with emphasis on awareness, prevention, and early intervention. The campaign against drinking should be linked to educational programs on stress reduction.

L. **Illegal Drugs:** The use of illegal drugs does not appear to be a major problem in the African American community. This data on drug usage is self-reported, however. So, it has to be interpreted with great caution. These numbers are probably underreported. Moreover, while the proportion of users of illegal drugs in the black community seems small, the actual number of drug users in a community does not have to be high for them to wreak havoc. Lastly, an important finding of this study is that *the drug of preference* varies across the lifecycle. Health education programs should take this into consideration, so that more targeted programs can be developed.

M. **Youth Development and Support for Elders:** Some young people feel they do not have sufficient social support. At the same time, our field workers report that a number of elders seem socially isolated. The key to attacking this problem is to develop a cross-generational program aimed at building a bridge between youth and elders. Such a program would combine youth development around activities that promote greater interaction between youth and elders**.**

N. **Housing:** A major housing renovation program needs to be established on the Near East Side. The city should get high marks for building new houses in the African American community. But this is not enough. The health danger stems from old, poorly maintained housing. Not only this, but the unkept, dilapidated appearance of housing contributes to the image of the Near East Side as a foreboding place. For these reasons, housing renovation should be a major priority.

O. **Health Insurance:** Although the proportion of African Americans with health insurance is higher than the national average, too many blacks still have trouble paying for health care. Paying for prescriptions seems especially problematic. Resolving this problem will not be easy. It will probably require state and national policies. Consequently, two things should be done. First, more information is needed about the ability of African Americans to pay for health

care, including prescriptions and dental care. So, a policy-orientated study should be conducted to gain deeper insight into problems African Americans have paying for health care and to determine what, if anything, can be done about the problem. Second, a collaboration of health care specialist and policy-makers should be formed to oversee the study and act on its findings.

Introduction

The Health Status of the Near East Side Black Community: A Study of Wellness and Neighborhood Conditions

The health disparity between blacks and whites is well documented. By most accounts, blacks in the United States have health problems that are particularly acute and more severe than other Americans. White America, for example, has a life expectancy that is about six years longer than blacks. White females are expected to live until 79.8 years and white males until 73.2 years. On the other hand, the life expectancy of black females is 73.9 and 66.0 for black males. White women, then, live 6.6 years longer than white men, while black women live7.9 years long than black men. Moreover, while black women live seven months longer than white men, white women live an astounding 13.8 years longer than black men.

Not only do blacks die younger than whites, but also their infant mortality rate is twice as high, and they have a higher incidence of Heart Disease, Cancer, Cerebrovascular Disease, Diabetes, Acquired Immune Deficiency Syndrome (AIDS), Hypertension, Asthma, and Tuberculosis, and they are much more likely to die of Homicide and Legal Intervention than whites. In addition, they are more likely than whites to incur potentially avoidable hospitalization, live in medically under-served areas, be dependent on Medicaid, and have no health insurance. Also, African Americans live a more stressful and anxious life than whites. For these reasons, wellness is not only a crucial health issue facing African Americans, but it is the single most important indicator for determining the degree of black advancement in the United States.

The health disparity between blacks and whites has been well documented, but we still know very little about the ways that everyday life and culture, built environment issues and neighborhood conditions contribute to the health disparity between blacks and whites. So, a unique feature of this study is the built environment focus. By placing health status in a neighborhood context, we are able to learn how problems such as poor housing, crime, inadequate playgrounds, parks, and recreational facilities, and the absence of stores that sell healthy foods contribute to the health problems facing African Americans.

The purpose of this study is to gain insight into black community wellness by examining a number of health, social, economic, cultural, and lifestyle issues that affect the health status of Buffalo's Near East Side black community.[1] The study is divided into three parts. The first part reports on a comprehensive household survey of the Near East Side. It provides an analysis and interpretation of 900 face-to-face interviews held with Near East Side residents. The survey covers issues such as access to health care, the prevalence of disease, preventive care, and a range of everyday life and culture and lifestyle issues that affect wellness in the black community**.**

Part Two of the study explores the relationship among the built environment, wellness, and the health issues affecting the Near East Side community. This section examines how the built environment and neighborhood conditions facilitate or hinder the development of a healthy lifestyle among African Americans. Also, it seeks to understand how life in the black community causes African Americans to be at a higher risk to certain types of health related problems than whites. The final section, outlines the key findings and their implications, and then answers the question: What is to be done?

Nationally, studies show that a link exists between poverty and wellness and the health status of a community. Therefore, before discussing the results of the house-to-house survey, we wanted to describe the study community, the Near East Side.

The Study Community: The Near East Side Black Community

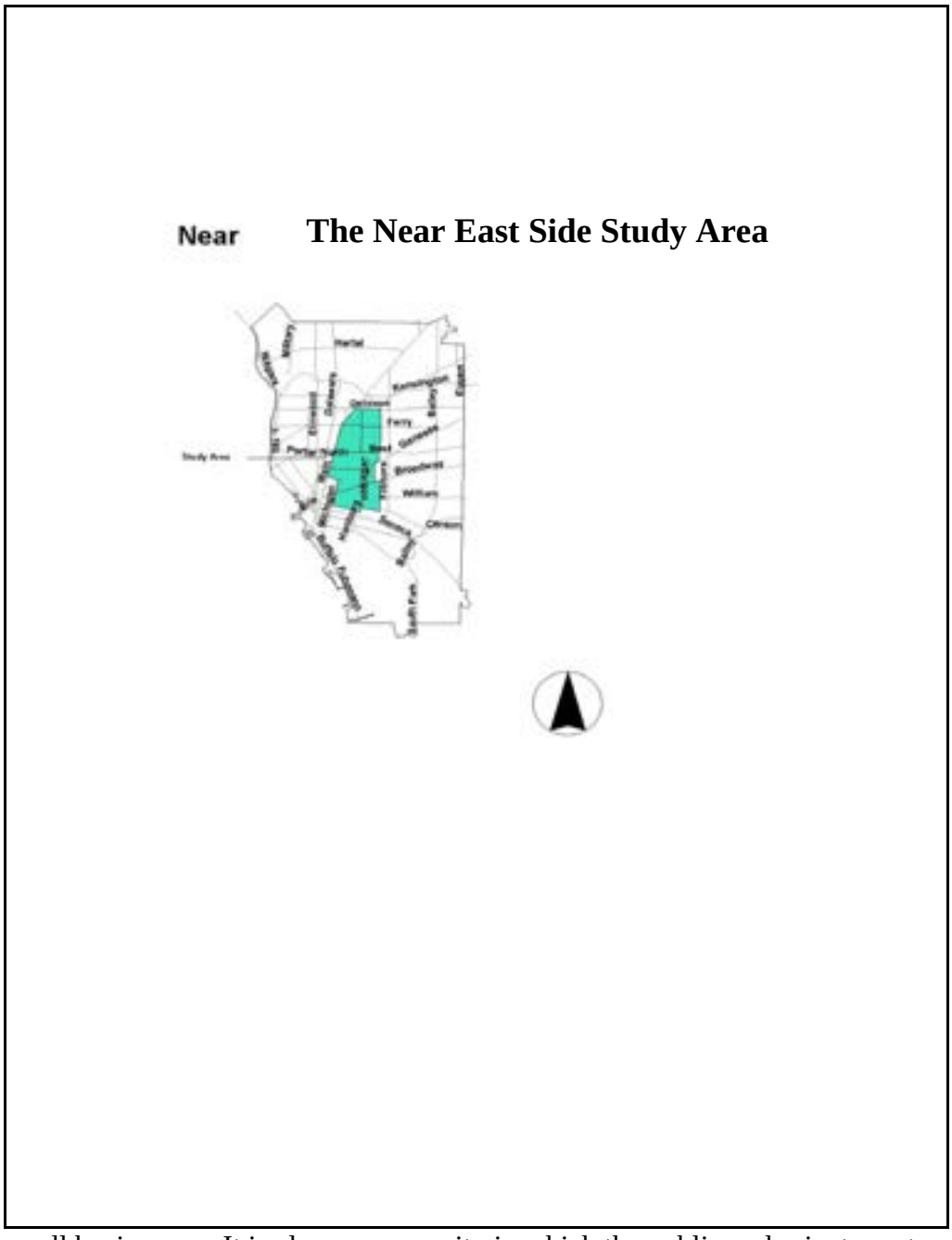
The participants in this study were drawn from residents who live on Buffalo's Near East Side. Knowledge of this community is necessary for understanding both the representativeness of the sample population and the conditions under which they live, and for fully understanding the study's findings and recommendation.

Situated in the center of the City of Buffalo, the Near East Side straddles both the Masten and Ellicott councilmanic districts and is bisected by the Kensington Expressway. Several major arteries crisscross the community, including Broadway, Clinton, Delavan, Ferry, Genesee, Jefferson, Sycamore, Utica, and Sycamore streets (Map 1). These thoroughfares link the Near East Side to Main Street, the Kensington Expressway and the New York State Thruway. The Near East Side is home to some of Buffalo's oldest African American neighborhoods: Willert Park, Johnson and Emslie, the southern portion of Hamlin Park, Cold Springs, the Fruit Belt, and Masten Park. This is a community with a rich tradition and long history.

The Near East Side belies stereotypic images of inner-city communities. It is definitely not what sociologist William Julius Wilson called, "a jobless ghetto." The Near East Side residential community is strategically located in geography of wealth and power. It is a place where the residential community shares space with an array of commercial, governmental, non-profit, educational and health service institutions. For example, in the northern portion of the Near East Side is found Canisius College and the Sisters Hospital. Then, in the middle portion one finds the heart of Western New York's health care industry. To the south lies Buffalo's Homeownership Zone, where 340 new homes will be built over the next ten years. Lastly, the Central Business District and the Elm-Oak high-tech Corridor forms the Near East Side's southern border.

The Near East Side also has a strong organizational and institutional framework. Scattered throughout the community are numerous churches, schools, institutions, and

Map 1. The Study Area in Context

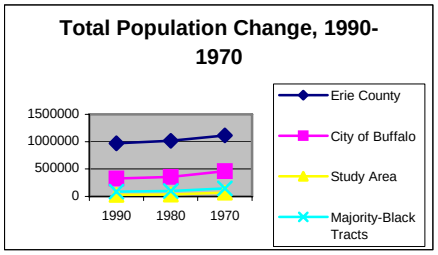


small businesses. It is also a community in which the public and private sectors are making investments. In both the Ellicott and Masten sections of the Near East Side, a variety of community revitalization projects are underway.

Over time, the Near East Side's population has been volatile (Figure 1). Since the 1950s, the pattern of Black Buffalo's population movement has been one of *concentration and then dispersal, reconcentration and then dispersal* (Map 2). In the fifties, for example, a

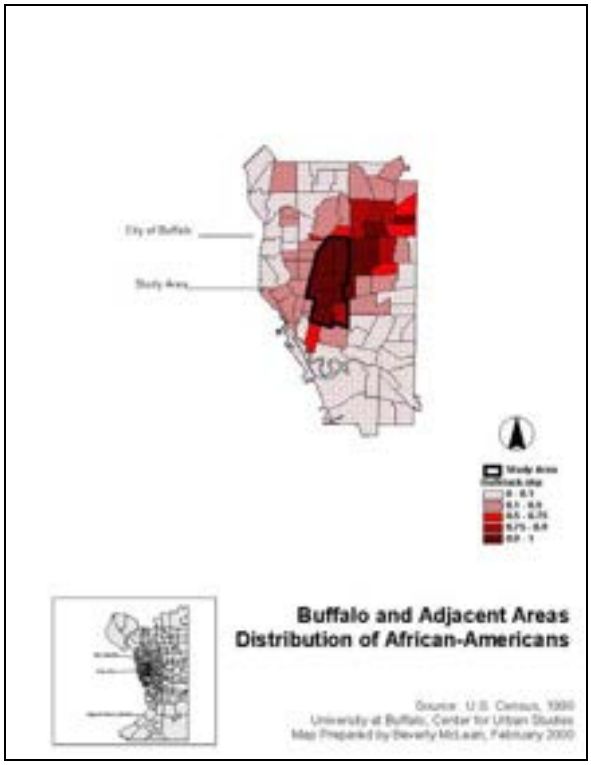
combination of urban renewal and population growth caused Black Buffalo to disperse from its point of original settlement, around Williams Street, and move northeasterly toward the towns of Amherst and Cheektowaga. More recently, this cycle has been reflected in the growing movement of blacks into the University District and across Main Street into the western portions of the city. As a result of this pattern of black residential development, the Near East Side, since peaking in 1970, has been losing population. For example, between 1970 and 1990, the Near East Side population dropped by 56.7% or 35,555 residents. Most of these residents did not leave Buffalo, but simply moved to other parts of the city and region. In 1990 about 28,665 people or one-third of Black Buffalo still lived on the Near East Side.

Figure 1. Total population in the Near East Side

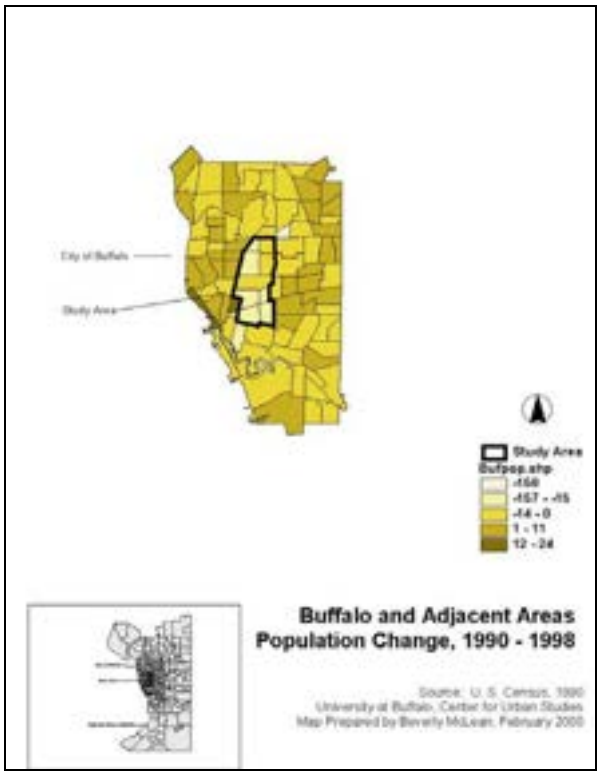


Population projections show continued population loss during the 1990s, but these figures must be interpreted with great caution (Map 3). The building of new homes in the Homeownership Zone could trigger an influx of new residents. Moreover, James Management Company is developing new houses in the Fruitbelt, where the region's health care industry is concentrated. . James Management, along with the Fruitbelt Task Force, has just hired the UB Center for Urban Studies to develop an action plan to guide the redevelopment of that neighborhood. These activities combined with continued development of the medical corridor and other redevelopment efforts on the Near East Side could reverse the downward population spiral. Finally, it should be stressed that population deconcentration and dispersal does not necessary translate into community instability. As previously mentioned, the neighborhood has a strong organizational and institutional structure.

Map 2. Distribution of the African American Population



Map 3. Population Change in Buffalo and Adjacent Areas, 1990 to 1998



The Near East Side is a young community with most of its residents falling in the 20 to 44 year age cohort. The median age is 34.3. These residents are in the prime of their lives; many are acquiring increased social obligations and climbing the occupational ladder, while others have entered their peak earning years. The prime years are also very stressful times. The pressures of meeting new obligations and demands, the strains of climbing the occupational ladder or the disappointment of not making advancements, are just a few of the weights placed on the shoulders of neighborhood residents during these years.

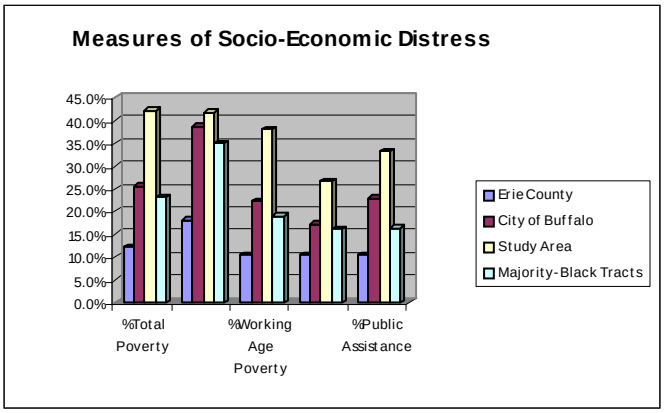
Next to this age group are those work
entered its peak earning years and cor
This can also be a difficult period in t
as being laid-off or losing your job, can be particularly difficult during these years. Bracketing those in the prime and peak earning years are the youth and elders. Large numbers of young people live on the Near East Side. About 29% of the residents are 19 years and younger. At the opposite end of the life cycle are the elders, those residents 65 years and older (21% \N = 5,090).

This distribution of population suggests that a high dependency ratio exists on the Near East Side. Such a ratio means that a smaller, income-producing group supports a large number of people. This ratio, it should be stressed, looks only at age and does not take into consideration young people and elders with jobs and other income sources.

Nevertheless, the ratio, its imperfections notwithstanding, gives us insight into the socioeconomic issues communities might face. For example, in communities with high dependency ratios and low-incomes, we know that workers will probably have more problems meeting financial obligations than workers in communities with lower dependency ratios and higher incomes.

The importance of understanding the dependency ratio becomes clear when one looks at household income on the Near East Side. This is a very poor community. Although situated in one of Western New York's most important wealth-producing regions, no *synergistic linkages* exist between these wealth producing institutions and the resident community. Consequently, great poverty exists on the Near East Side (Figure 2). For example, the average median household income is only $10,770, which is well below the citywide median of $18,000 and the countywide median of $28,000. Not surprising, then, about 43% of the population live below the poverty line and 33% are on Public assistance. In addition to low-incomes, the community also scores high on all indices on the Index of Misery (Table 1). For example, an astounding 45% of the residents aged 25 years and older have not completed high school and the unemployment rate is 23% (Figure 3). Remember, to be unemployed a person has to be actively searching for work. So, the data shows that back in 1990, many Near East Side workers were looking for work, but not finding it. Given the booming economy, we expect the 2000 census to paint a more optimistic picture.

More disturbing than high unemployment, however, is the low labor force participation rate. Only 47% of eligible workers were in the labor force, compared to 62% in the county and 58% in the city. It is difficult to speculate on the future of those workers no longer in the labor force. We do not know if they have drifted into the informal economy, or if they are engaged in temporary work, or if they will ever get back into the



labor market.

Figure 2. Measures of socio-economic distress

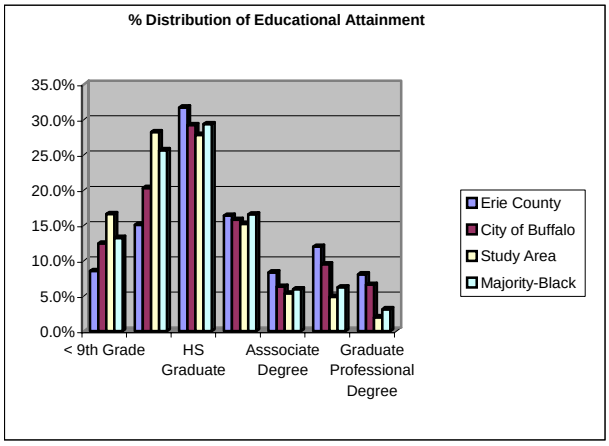
Table 1. The Misery Index in the Near East Side

	%Total Poverty	%Children Poverty	%Working Age Poverty	%Elderly Poverty	%Public Assistance
Study Area	42.3%	41.9%	38.0%	26.7%	33.3%
Tract 14.02	49.4%	48.6%	44.2%	38.0%	43.6%
Tract 15	48.1%	38.7%	42.3%	33.4%	33.1%
Tract 25.02	44.7%	47.2%	41.7%	33.0%	39.6%
Tract 26	43.6%	42.2%	37.3%	23.6%	43.3%
Tract 31	49.3%	52.0%	46.5%	29.0%	35.6%
Tract 32.01	46.4%	46.1%	40.3%	21.8%	29.2%
Tract 32.02	48.0%	48.4%	44.6%	23.7%	34.7%
Tract 33.01	22.8%	30.2%	17.1%	18.6%	16.9%
Tract 33.02	37.6%	31.6%	33.3%	23.5%	30.1%

Source: U.S. Census of Population and Housing, 1990, STF 3A.

Among those Near Side residents who are working, about 80% find employment in health services (19%), retail trade (13%), durable manufacturing (9%), and education service (10%). By comparison, the great majority of workers in other predominantly black neighborhoods are employed in retail trade (18.6%), health services (11.2%), durable manufacturing (10.7%), and educational services (9.7%). And for the City of Buffalo, the figures are similar: retail trade (17.1%), health services (13.4%), educational services (10.1%), and durable manufacturing (8.8%). Thus, workers in the Near East Side are over-represented in health services, which suggests that proximity to the region's health care industry has translated into access to jobs in health services (Figure 4).

Figure 3. Distribution of educational attainment



Although Near East Side residents might be over-represented in health services jobs, the community is nevertheless a low-income one. Even so, they do not live in social

isolation. This is a cross-class community with a range of income groups sharing residential space. For example, although 60% of the residents have incomes below $14,000 annually, 23% have incomes in the $14,000 to $28,000 range, 10% in the 42,000 to $42,000 range, and 8% with incomes over $42,000 (Figure 5). This cross-class character will probably be retained in the future. For example, James Management Company is currently developing new houses in the Fruitbelt, with prices that range from $80,000 to $100,000. So, the Near East Side is a black community with a diverse class structure.

Figure 4. Distribution of employment

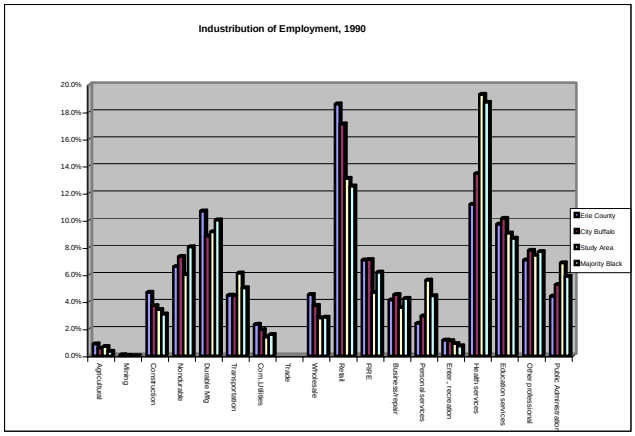
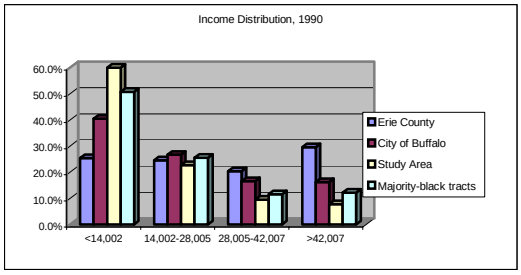


Figure 5. Income distribution in the Near East Side, Black Tracts, City and County



The Near East Side is a complex community with a diverse family and household structure:

- Married couples with children under 18
- Married couples without children
- Single male with children
- Single female without children
- Male household head with no children
- Female household with no children
- Non-family household.

The most dominant type of household is the non-family household, where unrelated people live together. About 43% of the households fall into this category. Next are the married couple households (21.9), including those with children (7%) and empty nesters (15%). About 31% of the households headed by women. This figure can be misleading. Women head about 13% of the households with no husband or children present, while (18%) are headed by women with children under 18 years. What is not known about these households is number of women who are widowed or divorced. The point is that black women live longer than black men and this, combined with their stressful lives, causes a high percentage of black women to become widows or divorced. So, the data on the percent of households with female heads must be interpreted with caution.

Again, the Near East Side belies stereotypical picture of low-to-moderate income neighborhoods. The single-parent households, which women with children under 18 years head, comprise only 18% of Near East Side households. Married couples, with and without children, represent almost one-fourth of the households, while non-family households dominate. Within this framework, it is also important to not that single woman without children head 13% of the households. We believe that older women might head a high proportion of these households. Also, we want to bring attention to the small, but important, number of households headed by single men with children under 18 years.

[1.] This study places the health status of the black community within a wellness framework. Wellness has both a cultural and structural dimension. Culturally, it refers to the physical, emotional, spiritual, and social well being of a community, and is based on the principles of physical fitness, good nutrition, regular exercise and a set of core community values, beliefs and behaviors that celebrate and promote a healthy lifestyle. Structurally, wellness refers to the development and implementation of policies that create easy access to health care services and the development of a healthy lifestyle. The health status of a community, on the other hand, refers to the state of health in a community, and includes variables such as access to health care, the prevalence of chronic and general disease, preventive care, and institutional and structural arrangements.

Part One

The Near East Side Health Survey

The purpose of this survey is to explore the issues of wellness among African Americans by examining the health status of Buffalo's Near East Side black community. By wellness, we mean (1) those values, beliefs and attitudes that produce healthy lifestyles (2) neighborhood conditions that facilitate and reinforce healthy lifestyles, (3) a health care system that encourages and facilitates regular visits to health care professionals for check-ups, and (4) a popular culture that promotes a healthy living and places it at the center of neighborhood life. Within this framework, the health status of a community refers to where that community falls on the wellness scale.

In this assessment, we did not try to explore every aspect of health and well being among African Americans. Instead, to gain insight into their overall health status, we investigated several key indicators of wellness. The survey, then, was designed to provide insight into those facets of everyday life and culture that affect wellness and to gain insight into the issues of access to health care, the identification and treatment of illness, and the prevalence of particular diseases among Near East Side blacks. On the basis of an analysis of this data, we hoped to gain insight into the type of intervention strategy required to improve wellness among blacks and bolster the health status of Near East Side community.

Section 1: Methodology

Study Population

Nine Buffalo census tracts were designated as the Near East Side area. These census tracts are found in the Masten (31.00, 32.01, 32.02, 33.01, and 33.02) and Ellicott (14.02, 15.00, 25.02, and 26.00) districts. The tracts were chosen because they represented the largest and poorest concentrated (95%) of African Americans in the Buffalo area and the most likely to have unmet health needs. According to 1990 census, this area had 28,665 individuals residing in 12,283 households.

Sampling Method

The study was cross-sectional in design and population-based. A listing of dwelling units was obtained from the City of Buffalo, Office of City Planning. A systematic sampling method, with a random start, was used in the study. In this method, every 10^{th} household was included in the sample. A household was defined as people living in a single home, an apartment in a multi-residence house, or an apartment in a multi-unit building. Appropriate adjustments were made in the sampling frame to account for new homes, vacant homes, and demolished houses.

How good was the sample?

The sampling methodology was designed to represent the area population. As table 2 shows, it was successful when the study sample is compared with key demographic characteristics described in the 1990 census. This information is broken down by district.

Table 2. Demographic Comparison between Sample Population of Masten and Ellicott

Characteristics	Masten Sample	Masten 1990 Census	Ellicott Sample	Ellicott 1990 Census
Age				
<10	14	14	16	17
10-19	20	14	16	13
20 to 44	29	34	31	33
45 to 64	20	19	20	21
65+	18	18	17	17
Percent African American	97	95	96	94
Percent Female	56	55	57	54
Education less than 12 grade	30	28	36	31

Instrument

The survey instrument was designed by the Center for Urban Research in Primary Care (CURE PC) under the guidance of the Community Advisors involved with this project. The instrument was based on the Lower West Side Health Needs Assessment instrument (CURE PC, 1994). The final instrument form was 36 pages long and took approximately 25 minutes to administer. A single respondent answered the interview giving information specific to the household, to the respondent him/herself, and to other individuals residing in the household.

Measures

The final instrument included measures that explored access issues, treatment, everyday life and culture, and behavior:

- ✦ Access to various kinds of professional health care, such as source of regular care, hospitalizations, emergency room visits, and insurance status
- ✦ Non-medical health care
- ✦ Barriers to care
- ✦ Disease prevalence
- ✦ Family history of cancer and heart disease
- ✦ Functional status
- ✦ Dental care
- ✦ Smoking status and tobacco use
- ✦ Family and individual risk of alcohol problems
- ✦ Illicit substance use

- ✦ Preventive health care
- ✦ HIV/AIDS
- ✦ Consumption of fresh fish
- ✦ Strengths and weaknesses of the community
- ✦ Use of Community facilities
- ✦ Perceptions of crime
- ✦ Personal and social characteristics

Data Collection

Trained interviewers carried out face-to-face interviews, who were recruited from the Near East Side Community. They had to attend several rigorous training sessions before going into the field. This training focused on how to obtain complete interviews without biasing respondents' answers.

Participation Rates

The interviews were all voluntary. Upon completion of the interview, the respondent was offered a gift card from Wegmans for $28. The respondents were not told about the card until after the interview was completed. Interviews were completed in a total of 900 households representing 2,32 individuals. The overall response rate (NUMBER OF COMPLETED INTERVIEWS/number of eligible households) is 71%. Table 3 shows response rates by census tract. This table includes information regarding the rates of vacancies in each tract.

Table 3. Response Rates Among Census Tracts

Census Tract	Attempted Households (ELIGIBLE) N	Completed Interviews n	Response Rate %	Refusals n	Individuals Represented n	Vacancy Rate %
14.02	167	145	86	2	272	3
15.00	117	74	63	9	167	20
25.02	109	71	65	6	158	25
26.00	57	37	65	2	88	25
31.00	150	91	61	8	203	22
32.01	50	39	78	4	91	6
32.02	170	118	69	4	319	20
33.01	213	159	75	21	371	2
33.02	240	165	69	11	365	15
Total	1,273	900	71	67	2032	14

The distribution of interviews completed in each census tract closely mirrors the proportion of the total number of households in each of the tracts as shown in table 4.

Table 4. Proportion of Households Located in each Census Tract

Census Tract	% of Surveys	% of Households
14.02	16	14
15.00	8	9
25.02	8	9
26.00	4	5
31.00	10	14
32.01	4	4
32.02	13	15
33.01	18	14
33.02	18	16
Total	100	100

Quality Control

The response rate obtained in this study was quite high. In part this is due to the use of interviewers from the neighborhood, but also due to the training received before going into the field, along with ongoing training sessions during the study period. Survey responses were validated and verified throughout the interview process. A staff member contacted over 75 respondents by telephone to confirm that the interview had taken place. The field supervisor screened all interviews for problems and discussed them with the interviewers.

Data Entry

All data were entered into a Microsoft Access database. A data cleaning process included verifying unusual values, skip patterns, and missing data. Approximately 10% of the interviews were entered twice to check entry. Some variables such as source of care and insurance status were looked at in-depth to determine accuracy of their coding.

Data analysis was conducted using SPSS for Windows Version 9.0. Simple frequencies and cross-tabulations were prepared for this report.

A series of community meetings were held to examine findings based on community experience. These meetings included research staff, members of the community, and providers serving the area.

Further Studies

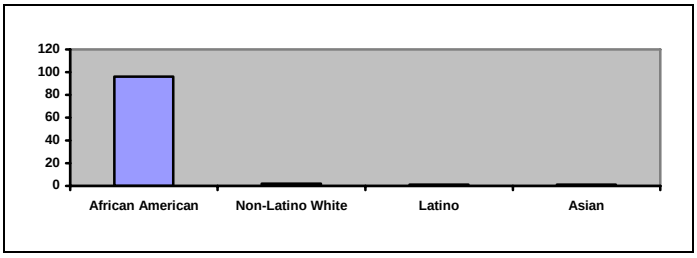
The response from this initiative was overwhelming in that 90% of the respondents said they would participate in future health research studies.

Section 2: Personal and Social Characteristics—The People of the Near East Side

Who were the respondents that participated in this survey? The following graphics describe 900 households with 2,032 individuals. There were an average of two people living in each household. Thirty-nine percent of the sampled households were single occupancy dwellings.

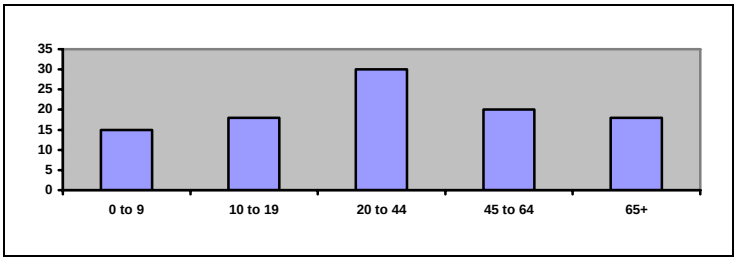
As shown in Table 1, the interviewed sample closely reflected the 1990 United States Census. Ninety-six percent (867) of the respondents were African American.

Figure 6. Racial distribution of the study respondents



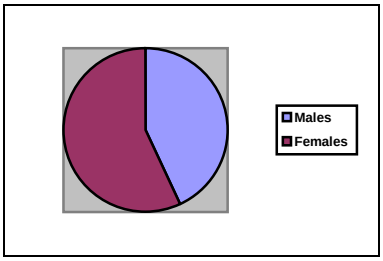
Only 15% (n=295) of the sample was under 10 years old and 18% (n=343) over 65 years of age. Eighteen percent (n=366) were 10 to 19 years old and 30% (n=603) of the population was 20 to 44 years old.

Figure 7. Age distribution of the study respondents



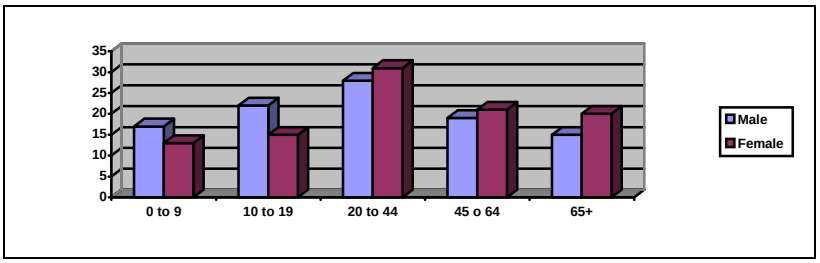
There was a slightly higher proportion of women (57%; n=1152)) than men (43%; n=880).

Figure 8. Distribution of gender of the study respondents



Males tend to be slightly younger and females slightly older. The average age of men in the sample is 34 years compared to an average age of 39 years for women. What seems to be significant here is that the number of women in the population increases as one moves through the life cycle. Between 0 and 19 years, there are more men in the study population than women. However, after age 20, the proportion of men to women in the population shifts. Now, women become the dominant group. In the 65 and over age cohort, the age difference between men and women increases even more. This suggests that in Buffalo, like other places, women live longer than men. Nationally, the life expectancy for black women is 73 and 66 for men.[1] Developing insight into why this gender disparity develops during the 20 to 44 year age group is very important.

Figure 9. Distribution of gender by age

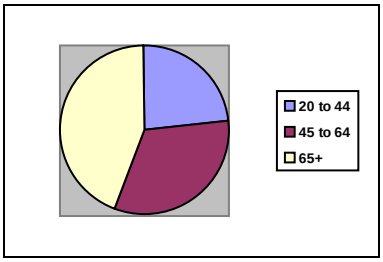


Of particular importance for health concerns, 349 respondents live by themselves. Of the 349 single residence households, 81 20 to 44 years old lived by themselves compared to 112, 45 to 64 years old, and 152 individuals 65 years and older. Almost half of individuals living by themselves were the elderly, over age 65. Again, the interviewers report that many of these individuals did not have transportation and seemed to be alone for much of the time.

Overall, then, this is a relatively young population with the majority of residents 44 years old or younger. Moreover, the most dominant group is the 20 to 44 year olds, who are in their prime earning years. This is also the age cohort where social obligations are continually increasing.

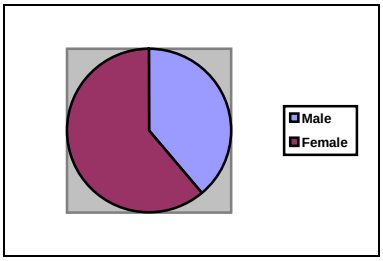
[1] National Center for Health Statistics, September 20, 1999, Table 29, Ftp://ftp.cdc.gov/pub/Health Statistics/NCHS/Publications/Health _US/hus98.

Figure 10. Distribution of age among individuals living by themselves



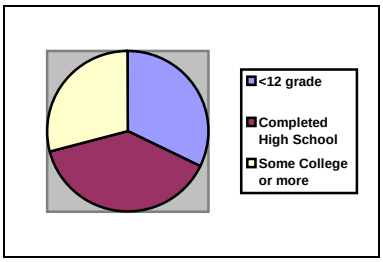
Of the 349 single residence households, 61% were female and 39% were male.

Figure 11. Distribution of gender among individuals living by themselves



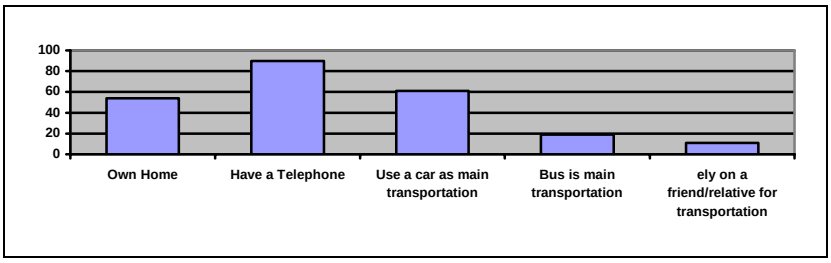
The study community is a very stable residential area. Contrary to conventional wisdom, this is not a transient community, where people are constantly moving. Respondents living on the Near East Side have lived in Buffalo for an average of 38 years and have lived in their current home for an average of 14 years. One-third did not complete high school; approximately one-third of these respondents had at least some college education.

Figure 12. Distribution of education level of respondents in the Near East Side of Buffalo, New York, 1999



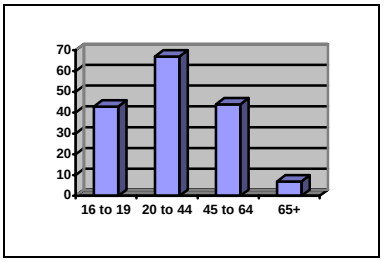
Fifty-four percent of the respondents own their home; 90% have a telephone. Only 61% of respondents reported using a car as their main form of transportation. Nineteen percent use a bus as a major form of transportation and 11% rely on a friend or relative for transportation. So, then, a significant proportion of the population is dependent on public transportation.

Figure 13. Summary of socioeconomic status of the study respondents



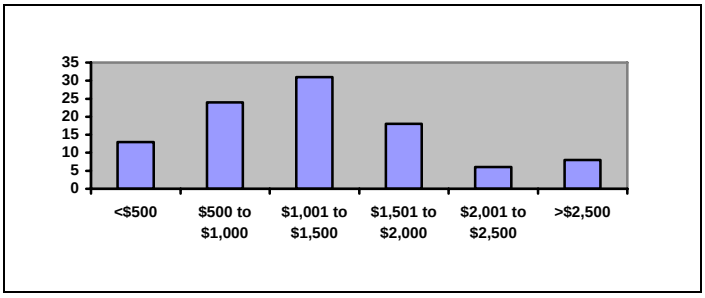
Overall, 42% (n=380) of household respondents were employed. Almost 70% of the Two-thirds of respondents, aged 20 to 44, are employed. However, the percent of employed workers in the 45 to 64 age cohort drops dramatically. Only 44% of these respondents are currently employed.

Figure 14. Rate of employment by age group



The total monthly household income level is quite low. Over one-third of the households earn less than $1,000 income per month, and only 13% of the population earn $2,000 or more each month. Although dominated by the working class, this is still a relatively low-income population.

Figure 15. Income level of the study population



Church membership may be one measure of social support. Religion is an important dimension in the lives of the study population. About 69% of respondents attend church regularly. Yet, the place of religion in the life of residents varies across the life cycle. As one moves across the life cycle, the importance of religion increases. For example, among the young, ages 10 to 19 years, only 41% report attending church regularly, while 81% of elders, 65 and over, report going to church regularly.

Figure 16. Percent of regular church attendance by age

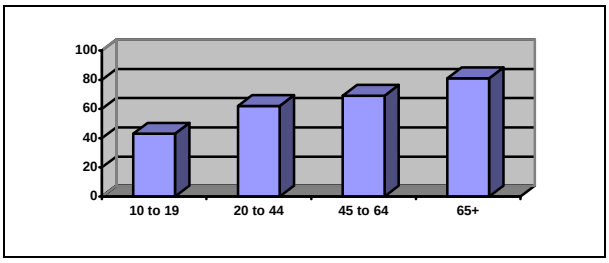
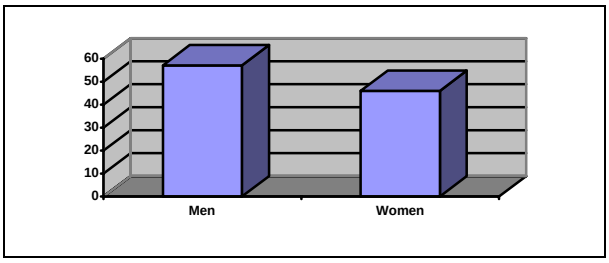


Figure 17. Three-quarters of women attend church services regularly compared to half of men



In summary, this is a very stable population, with folks in their beginning and prime working years dominating. No gender imbalance exists, and the community has a good mixture of young and old residents. The study population is a relatively well-educated one, with about two-thirds of the residents having completed high school and some college. Although incomes are low in the community, a large number of people are working. We do not have data on labor force participation, but given the size of the young and old population, we think that labor force participation is at least at citywide norms. Finally, religious is important in this community, with about 69% of the population attending church regularly.

Section 3: The Survey Results

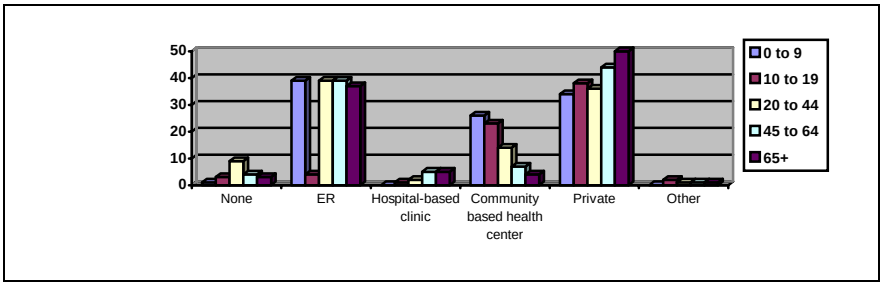
All the results of the door-to-door survey will be presented graphically with a short descriptive interpretation:

A. Access Issues

Regular source of health care is defined as the place where an individual would first go if they needed advice about their health. The specific places that respondents mentioned fell into several categories: no source of regular care, emergency room, hospital based clinics, community based health centers, private physicians, and other. Among individuals, 9% of the 20 to 44 year olds have no regular source of care. This is almost triple the rate seen in other age groups. A principle goal of *The Healthy People 2010* is to this rate to 4%. Other age groups within the sample population fell within this 4% goal. Even so, the fact that African Americans, during the prime of their lives, when social obligations increase and their risk for various health problems increases, report that they have *no regular source of care* is a source of concern.

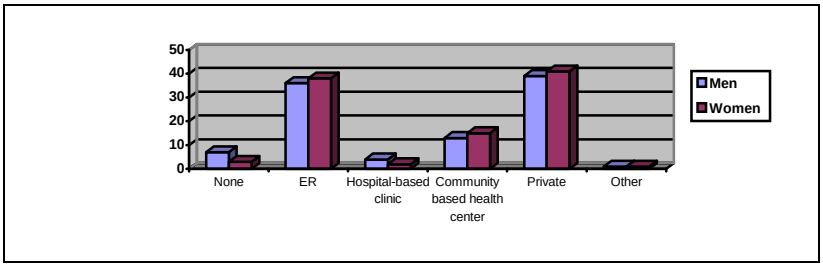
Also significant is the finding that about one-third of all age groups use emergency rooms as their usual source of care. This is startling and may reflect the lack of continuous care and the absence of a specific source of care among the sample population. Also, it should be noted that this practice is an expensive one that increases the overall cost of health care. The use of community based health centers decreases with age and the use of hospital based clinics and private physicians offices increases with age. Thus, the community-based clinic are more important in providing services to the younger population, especially children and adolescents, between 0 and 19 years. These centers appear to provide few services for the population, 45 years and older. For this older population, the private physician, by a wide margin, seems to be the most important source of health care.

Figure 18. Access to health care by type



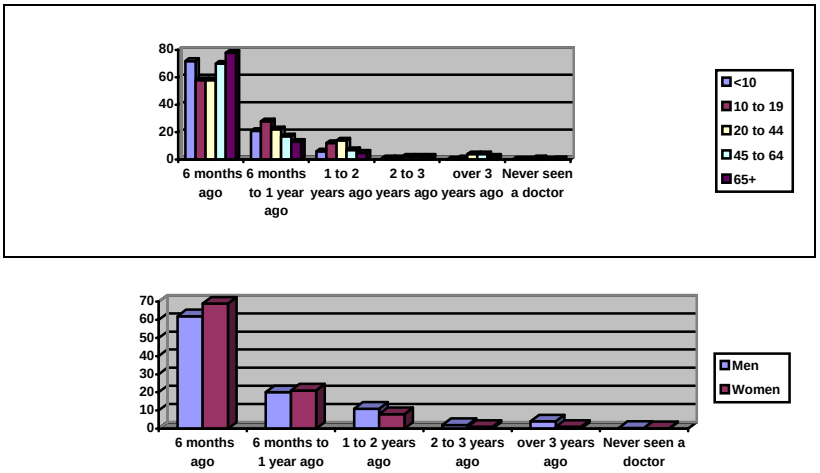
Men are twice as likely as women to have no regular source of care or to attend a hospital based clinic. This is a particular source of concern because men die much younger than women, and many of the diseases that attack them, such as prostate cancer, can be successfully treated if diagnosis and treatment occurs in the disease's early stage. Over one-third of both men and women report the emergency room as their regular source of care.

Figure 19. Access to health care by type and gender



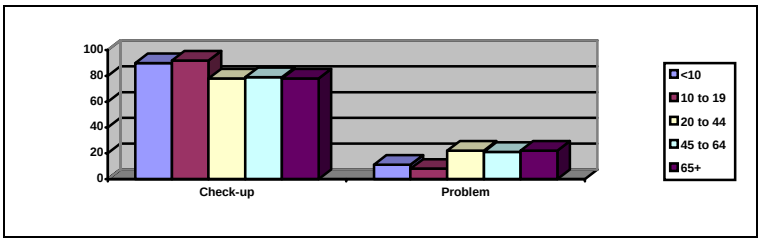
The majority (over 60%) of individuals have seen a doctor within the past 12 months. However, 4% of individuals between 20 and 64 have not seen a doctor in the past three years. This varies by age as shown in Figure 20.

Figure 20. Frequency of visits to a physician by age



Over 75% of all age groups were last seen for a check-up rather than a specific problem. However, adults were more likely to be last seen for a problem than children or teens.

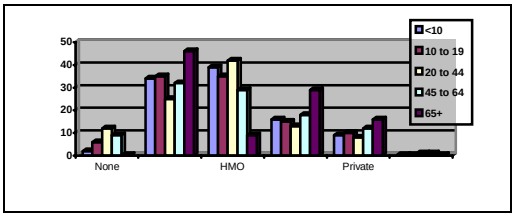
Figure 22. Percent distribution of reason for last visit by age



Approximately one-third of individuals receive governmental health insurance. Seven percent of the population does not have health insurance. Twelve percent of individuals aged 20 to 44 do not have health insurance. Thus, the rate of insurance coverage among blacks seems to be much

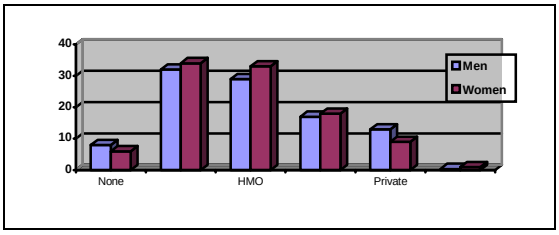
higher than the national rates. In 1998, Nationally, about 22 percent of the African American population was without health insurance[2].

Figure 23. 1. Distribution of income by type and age



There is little variation in type of insurance by gender. However, men are slightly more likely to be uninsured than women (8% versus 6%)

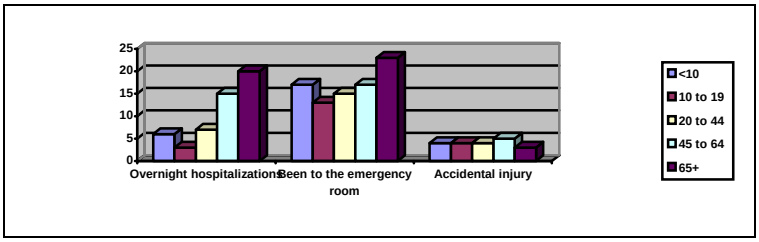
Figure 23. 2. Distribution of income by type and gender



The proportion of individuals, who have been hospitalized or have been to the emergency room over the past year, increases with age. Twenty percent of individuals over age 65 have been hospitalized in the past year and 22% went to the emergency room during that same span.
The rate of accidental injuries is fairly consistent across age groups; however, there is a slight increase among individuals 45 to 64 years old.

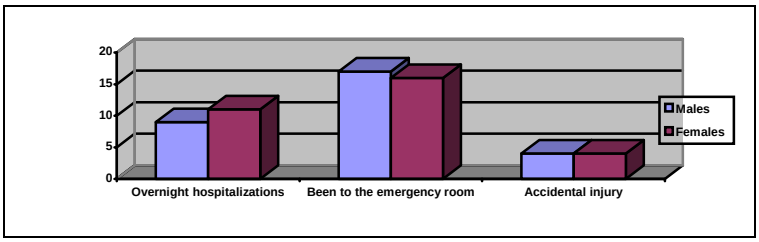
[2] The proportion of blacks without health coverage varies by income or class status. For example, about 45% of the black poor do not have health insurance, while only about 8% of higher income blacks are without health insurance. US Department of Health and Human Services, **Health, United States, 1998: Socioeconomic Status and Health Chartbook.** http://www.CDC.gov/NCHS/data/huscht98.pdf.

Figure 24. 1. Percent Distribution of individual by age having overnight hospitalizations, emergency room visits or accidental injuries in the past year



Women were more likely to have overnight hospitalizations than men. However, there were no gender differences in emergency room use or accidental injuries.

Figure 24. 2. Percent Distribution of individual by age having overnight hospitalizations, emergency room visits or accidental injuries in the past year



B. Non-Medical Health Care

In this study, non-medical health care refers to any activity, in addition to seeking traditional health care, that a person might engage in to get well. These activities might include (1) waiting until your sickness is better (2) use of over the counter medications (3) use of home remedies (4) seeing a chiropractor (5) seeing an acupuncturist (6) seeing a nutritionist (7) use of herbs for healing (8) prayer, and other things. So, in using non-medical health care, people not only rely on traditional approaches to health care, but also engage in other activities to help cure their ailment.

The use of home remedies to help cure illnesses was one of the most interesting finding. Over 40% of the respondents reported using home remedies. This practice was greatest among respondents in the 45 to 64 years old cohort. Over one-fifth of the households reported using herbs for healing and over 10% reported seeing a folk healer. Although the numbers were small, it was nevertheless surprising to find that over 10% of the respondents used folk healers. These non-medical "folk healers" may be an important avenue for education. To best coordinate health care efforts, traditional health care providers need to be informed of these other practices.. Finally, over 75% of the respondents relied on prayer to help them get better, which illustrates the importance of faith in the African American community.

Figure 25. Prevalence of non-traditional health care used in the household by respondents' age

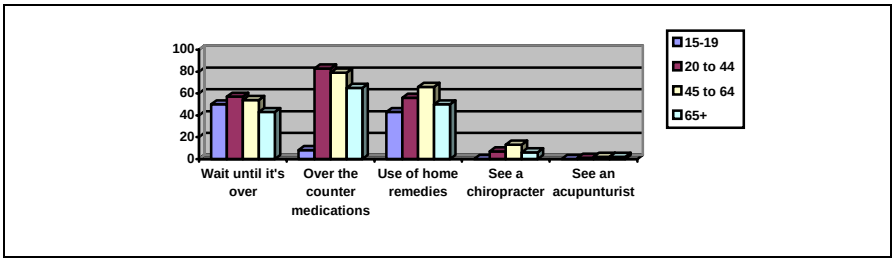
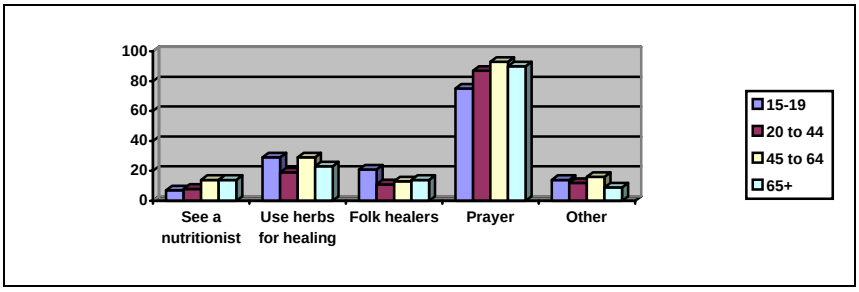


Figure 26. Use of non-medical health care by respondents' age



When comparing the use of non-medical health care by gender, we found that men (56%) are slightly more *likely to wait until it's over* than women (50%). Men are also less likely than women to use over the counter medications or home remedies, but no differences exist between the two in the use of chiropractors; however, men are more likely to see an acupuncturist than women. On the other hand, women (14%) are more likely than men (6%) to see a nutritionist. Twenty-four percent of women use herbs for healing compared to 19% of men. Fourteen percent of women see a folk healer compared to 9% of men. Women are also more likely to use prayer than men for healing (91% versus 84%).

Figure 27. Frequency of non-traditional medical care by respondents' gender

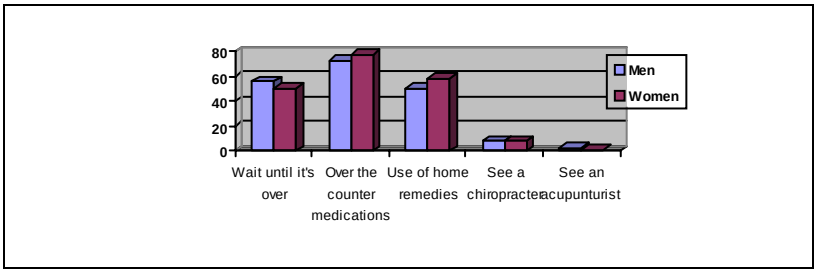
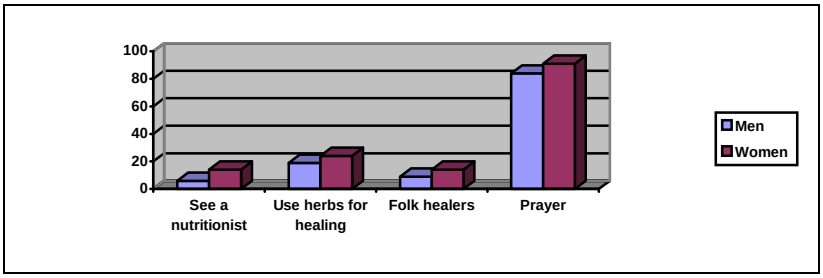


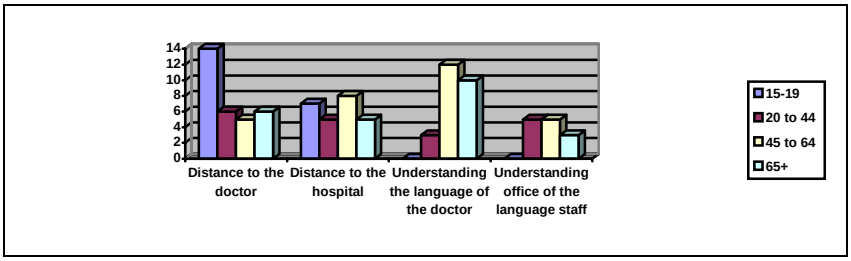
Figure 28. Frequency of the use of non-medical health care by respondent's gender



C. Barriers to Care

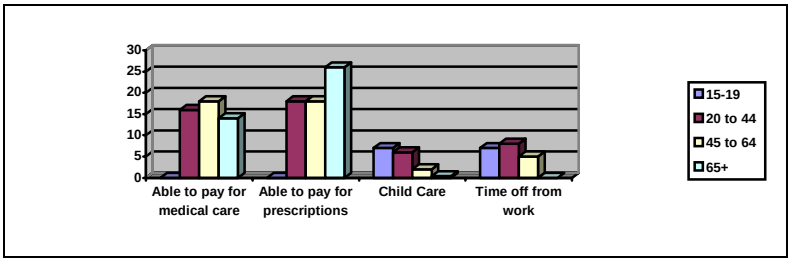
Having a regular source of care is not the only factor to consider when assessing access to health care. Other barriers exist that make getting health care difficult. On the East Side, African American respondents under 20 reported that distance to the doctor is a barrier to care. On the other hand, respondents over 45 years were more likely to report understanding the language of the doctor as an obstacle. This may be the result of not understanding the health professional's accent or dialect, or it may relate to understanding the medical jargon. Regardless, among older African Americans it is an issue. This is a particularly important because the risk to chronic diseases increase as one gets older. When comparing these barriers, 7% of the respondents identified both as barriers, 83% reported neither as a barrier, 5% reported understanding the language of the doctor as a barrier only, and 6% reported understanding medical terms as a barrier only.

Figure 29. Percent distribution of barriers to care by respondents' age



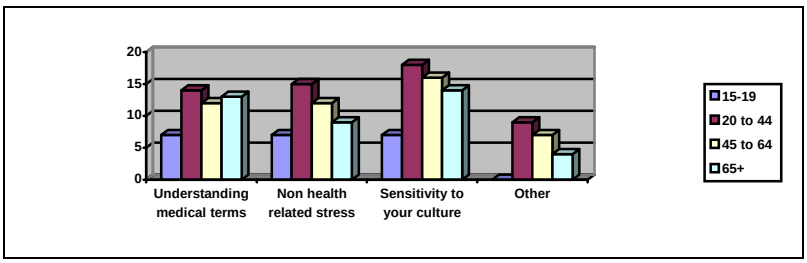
The ability to pay for medical care is a problem for all age groups (16% of the total group identified payment as a problem). Paying for prescriptions is also a barrier to care, particularly among the elderly (26%). Governmental programs for the elderly, as they currently operate, do not cover all the expenses involved in health care. It should also be noted that while most respondent indicated they had health insurance, it appears that insurance is not sufficient to cover fully the cost of health care.

Figure 30. The ability to pay for care and time off from work by respondent's age



Understanding medical terms is a barrier for a total of 13% of the respondents. Factors, other than language, also keep people from getting the desired medical care. *Non-health related issues causing stress* are barriers to medical care for 12% of the respondents, especially for the 20 to 44 year olds (25%) and 45 to 64 year olds (12%). Sensitivity to culture was a barrier to care for 16% of the respondents and was most prevalent among those 20 years old and older.

Figure 31. Non-health related barriers to health care by respondent's age



Barriers to receiving health care are experienced differently by men and women. Women are more likely to report distance to the doctor or hospital as a barrier to care. Women also were more likely to report understanding the language of the doctor and office staff as barriers to care compared to men. Paying for medical care and prescriptions were a problem for both men and women. However, women reported these barriers slightly more often than men. Women were also more likely to report having difficulty with getting childcare and getting time off from work as barriers to health care. Men and women were just as likely to report understanding medical terms as a barrier to health care. Women were more likely to report stress from non-health related issues and lack of sensitivity to their culture as barriers to care. Overall, barriers to *getting the medical care they think they need* is greater among women than men.

Figure 32. Barriers to health care by respondent's gender

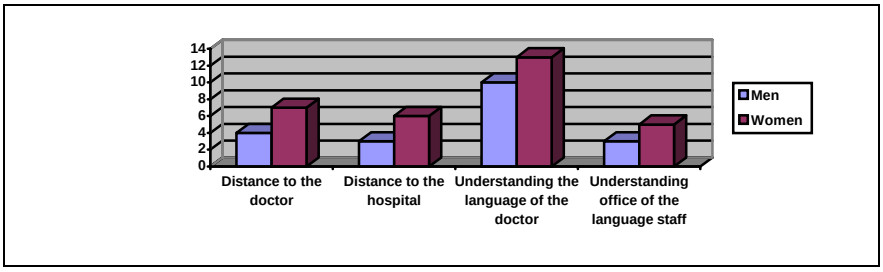


Figure 33. The ability to pay for care and time off from work by respondent's gender

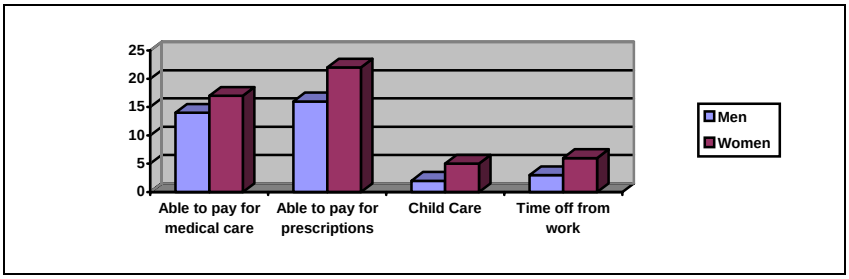
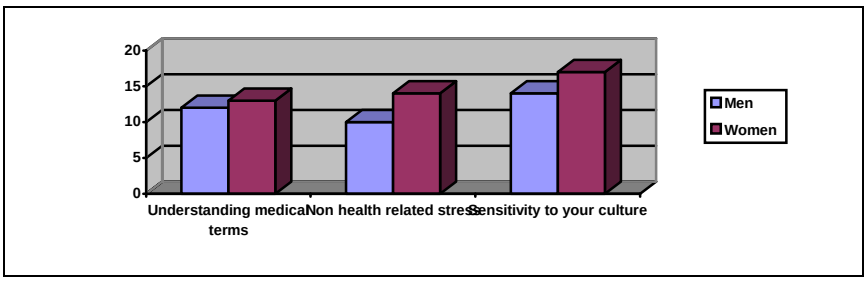


Figure 34. Non-heath related barriers to health by respondent's gender

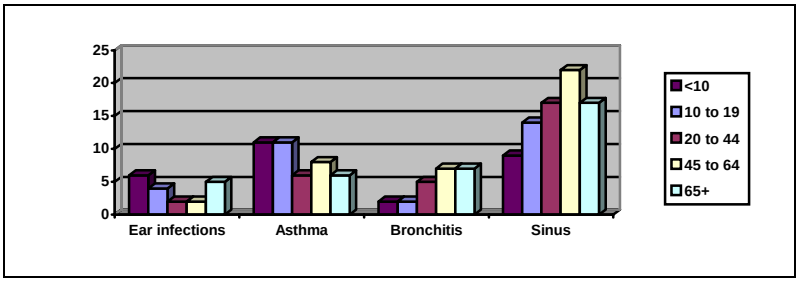


D. Disease Prevalence and Health Conditions

1. Ear Infections, Asthma, Bronchitis, and Sinus

Ear infections are not a big problem among African American. Only 6% of children under 10 and only 5% of elders over 65 have ear infections. Asthma is present in 11% of children under 20 and in approximately 7% of adults over 20 of East Siders. While the prevalence of asthma decreases with age, bronchitis increases as one moves across the life cycle. Overall, about 5% of the total population experienced this disease. The rates of bronchitis are much higher for those in the 45 and over age cohort than those 19 years and below. Among African Americans, the prevalence of allergies and sinus problems also increases with age until age 64, and then they drop off. Overall, 16% of the population is affected by sinus problems. It should be stressed that environmental pollutants and cigarette smoke aggravate these diseases.

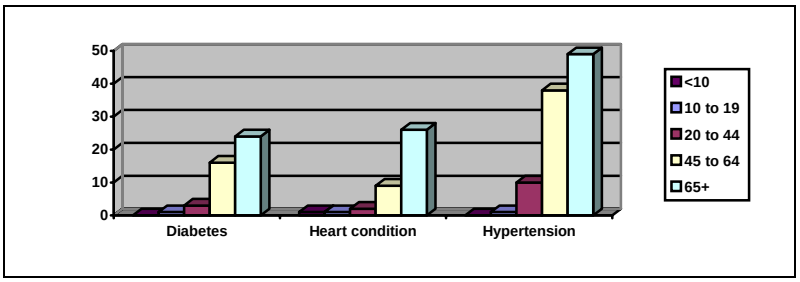
Figure 35. Prevalence of disease by age



2. Diabetes, Hypertension, and Heart Disease

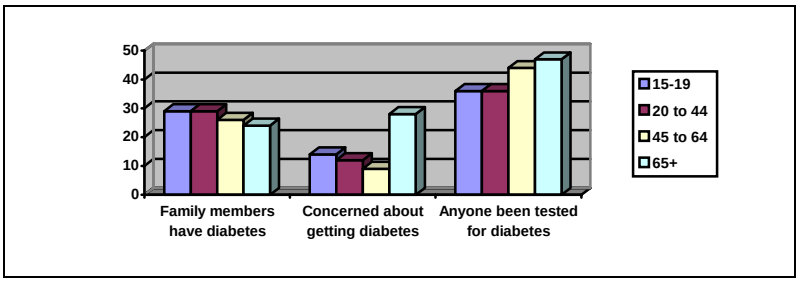
Diabetes, hypertension, and heart disease are major problems among African Americans. Among chronic diseases, 16% of 45 to 64 year olds and 24% of individuals over age 65 have physician-diagnosed diabetes. Heart conditions are also prevalent particularly among individuals over 45. Nine percent of individuals 45 to 64 years old and 26% of individuals 65 and older have a diagnosed heart condition. Hypertension appears at an early age among African Americans. Ten percent of the 20 to 44 year olds, 38% of the 45 to 64 year olds, and 49 percent of the seniors have diagnosed hypertension.

Figure 36. Prevalence of disease by age



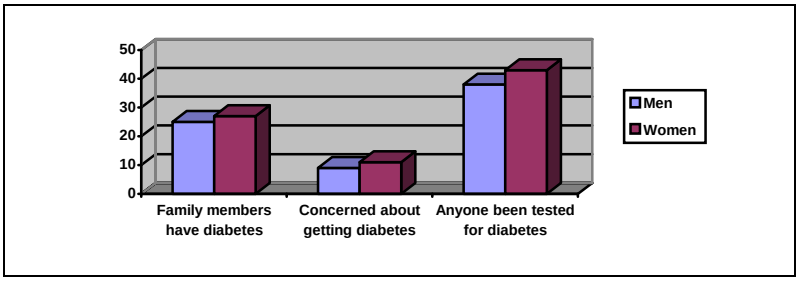
Considering the high rate of diabetes and hypertension in Buffalo, the amount of concern regarding the disease is alarming. Family history of diabetes is also an issue and over one-third of respondents report having someone in the family tested for diabetes. Yet, respondents did not seem aware of the relationship between a family history of diabetes and increased risk to the disease. So, with the exception of those 65 and over, people who had family members with diabetes did not express concern about getting the disease. So, raising the awareness and concern of younger at-risk individuals may increase the preventive behaviors necessary to reduce the prevalence later in life.

Figure 37. 1. Prevalence of family history, concern, and testing for diabetes by respondents' age



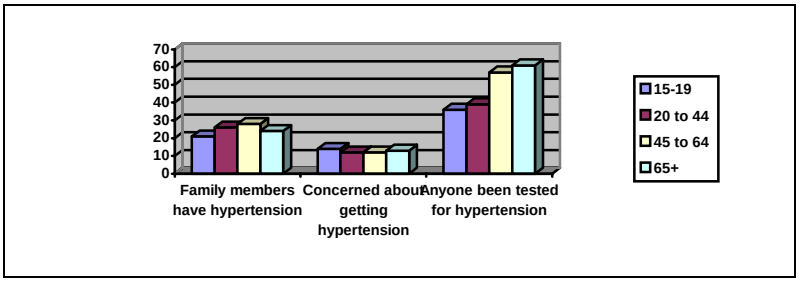
Men and women respondents were very similar in reporting that they had family members with diabetes. The concern reported by men and women alike was low considering the prevalence and the family history of the disease. Women were slightly more likely to report that someone in their family had been tested for diabetes.

Figure 37. 2. Family history, concern, and testing for diabetes by respondents' gender



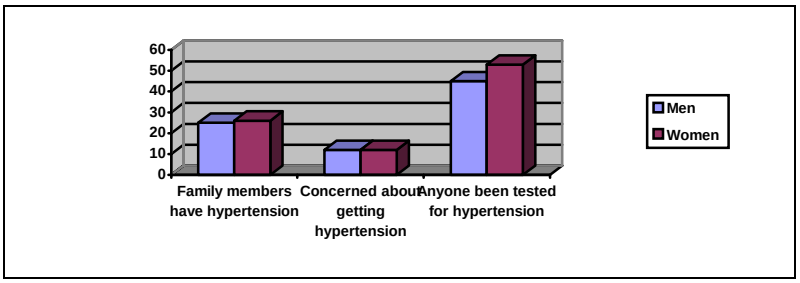
Similarly, respondents report a family history for hypertension and testing among family members. The concern for someone in their family getting hypertension (less than 15%) is low considering the reported prevalence of the disease and other risk factors associated with African Americans. Hypertension is both a disease in and of itself and a risk factor for other diseases such as heart disease and diabetes. Not only will taking preventive measures reduce hypertension but also reduce other chronic illness and their sequel.

Figure 37. 3. Prevalence of family history, concern, and testing for hypertension



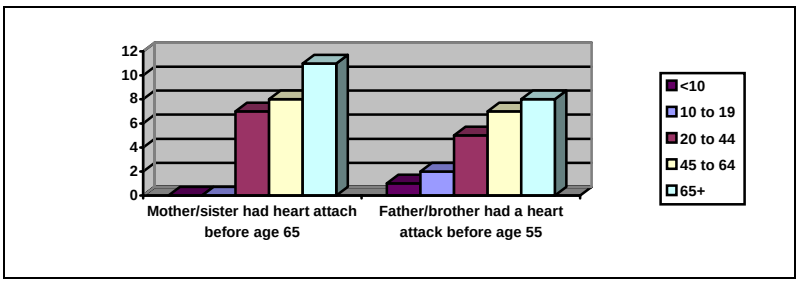
As in the case of diabetes, men and women had family histories and concerns regarding hypertension. Women, however, were slightly more likely to report that *anyone in the family was tested for hypertension.*

Figure 37. 4. Prevalence of family history, concern, and testing for hypertension by respondent's gender



As respondents aged, they were more likely to a family history of heart disease. At-risk family history is defined as having a mother or sister that had a heart attack before age 65 or having a father or brother having a heart attack before age 55.

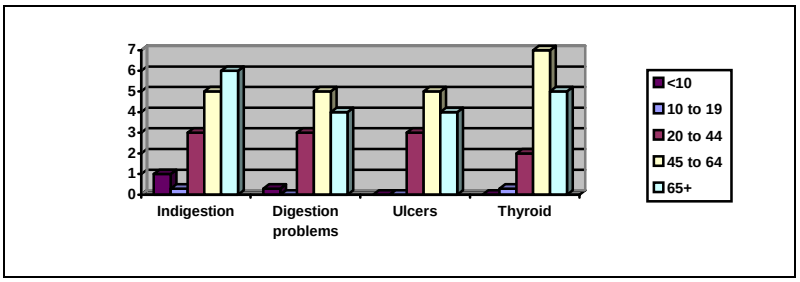
Figure 37. 5. Family History of Heart Disease by Age



3. Ingestion, Digestion, Ulcers, and Thyroid

Problems with indigestion increase with age, with 6 % of seniors reporting a problem. Three to 5% of individuals over 20 report having digestive problems. Similarly, 3 to 5% of individuals over 20 report having ulcers. Seven percent of individuals 45 to 65 and 5% of individuals over age 65 report having thyroid conditions.

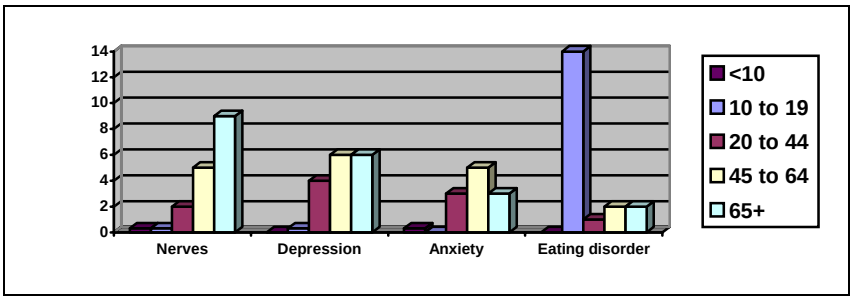
Figure 38. Prevalence of disease by age



4. Nerves, Depression, Anxiety, and Eating Disorders

Nine percent of persons over age 65 report having problems with their nerves. Six percent of individuals over age 45 reported doctor-diagnosed depression and 5% of individuals 45 to 64 reported having doctor-diagnosed anxiety. Eating disorders seems to be concentrated among the young. About 14% of the population between 10 and 19 report eating disorders. Among the other age cohorts, only 2% and fewer of the sample population report a problem. Mental illnesses are extremely important due their debilitating nature. Many of these illnesses often go undiagnosed. Nationally it was noted that in 1997, only 23% of individuals diagnosed with depression and 38% of individuals diagnosed with anxiety received treatment.

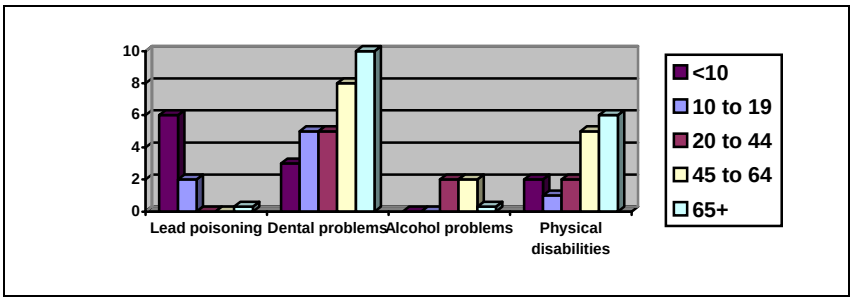
Figure 39. **Nerves, depression, anxiety, and eating disorders by age**



5. Lead Poisoning, Dental Problems, Alcohol Problems, and Physical Disabilities

Six percent of children less than 10 have doctor diagnosed lead poisonings. Nationally, 4% of children under 5 were reported to have high lead levels. The Healthy People 2010 goal is to reduce lead poisoning to 0%. Dental problems increase with age with 10% of seniors reporting having dental problems. Only about 2% of 20 to 64 year olds reports having problems with alcohol. These figures are comparable with the national rate of heavy drinking among blacks. Still drinking is a source of concern. African Americans had the highest reported rate of alcohol and sustenance abuse treatment in Erie County, where in 1990 they comprised 47.9 percent of the cases admitted for treatment. Three percent of the total population report having doctor diagnosed physical disabilities.

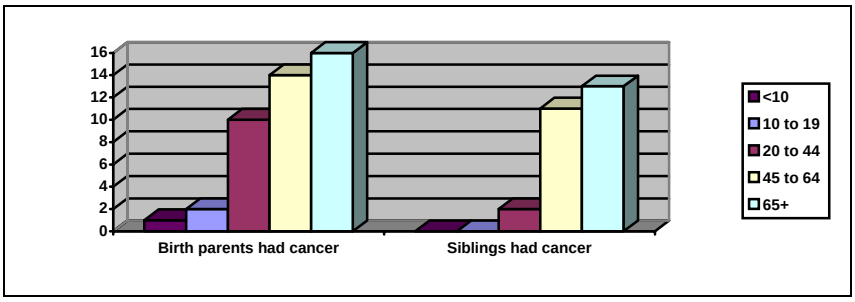
Figure 40. Lead poisoning, dental problems, alcohol problems, and physical disabilities by age



6. Cancer

Older respondents were more likely to report a family history of cancer than younger ones. Sixteen percent of individuals report having at least one birth parent with cancer. Overall, 9%of the population had a birth parent with cancer. Five percent of the population had a sibling with cancer. Specifically 11% of 45 to 64 year olds and 13% of seniors had a sibling with diagnosed cancer. The apparent lack of awareness among respondents in the 20 to 44 age cohort is a source of concern, especially considering the high rates of cancer among African Americans. Survival from cancer is lower among African Americans than other racial/ethnic groups[3]. For example, mortality from lung cancer, cervical cancer, colorectal cancer, breast cancer, and prostate cancer are higher among African Americans than white individuals. In fact, the death rate from prostate cancer for African American men is twice that of white men[4].

Figure 41. Family history of cancer by age



E. Functional Status

Functional status refers to the physical and emotional well being of an individual. It is measured by assessing limitations that someone may encounter. These include limitations in physical

[3] National Center for Health Statistics, **Healthy People 2000 Review, 1998-1999,** pp. 155-157. http://www.cdc.gov/nchs/data/ht2k99.pdf
[4] National Center for Health Statistics, "Advanced Data from Health Statistics, No. 254," pp. 13-15. http://www.cdc.gov/nchs/data/atlasres.pdf

activity, emotional health, doing daily activities, and socializing, amount of pain experienced, change in health, overall health status, and quality of life.

1. Physical Fitness

Physical fitness was measured by asking the respondents what was the hardest physical activity they completed in the past 2 weeks. The responses were very heavy, heavy, moderate, light, or very light. Physical activity is important since it is highly correlated with obesity and, therefore, places an individual at risk of chronic disease. Respondent's ability to engage in very heavy physical activity decreased with age. As the respondents moved through the life cycle, they became increasingly sedentary. Surprisingly, respondents less than 20 were most likely to report only being able to do moderate physical activity. About 26% of East Side respondents reported very heavy activity, 10% reported heavy, 30% reported moderate activity, 17% reported light activity, and 18% reported very light activity. While physical inactivity is a problem in the African American community, it is a much greater problem among women than men. They were much more inclined toward a sedentary lifestyle. For example, only about 18% of women, compared to about 40% of men, reported engaging in very heavy activities. On the flip side, about 18% of women reported in engaging in very light physical activity, compared to about 13% of males.

Figure 42. 1. Distribution of the hardest physical activity that respondents could do for at least 2 minutes during the past 2 weeks by respondents' age

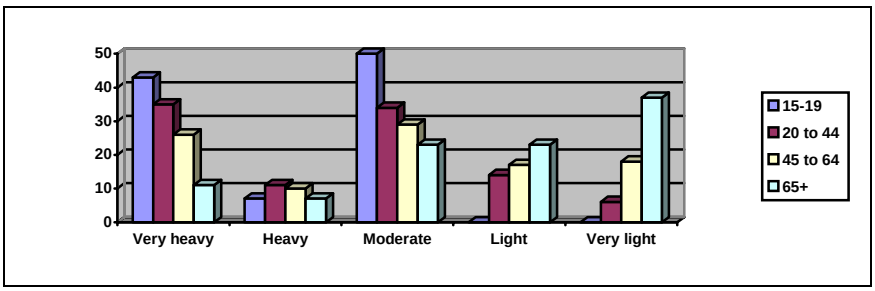
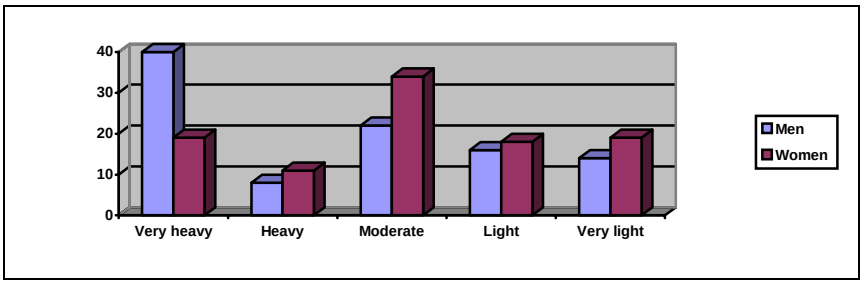


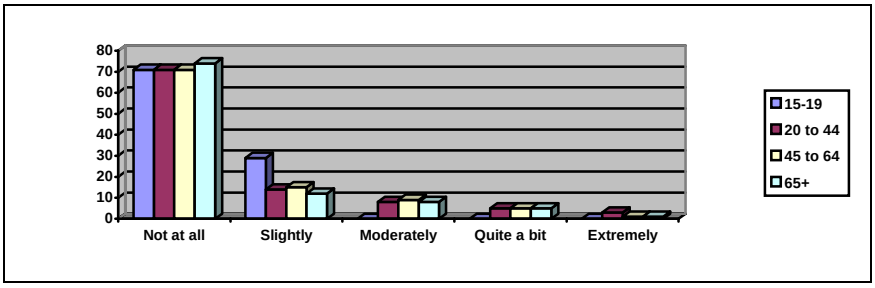
Figure 42. 2. Distribution of the hardest physical activity that respondent could do for at least 2 minutes during the past 2 weeks by respondent's gender



2. Emotional Health

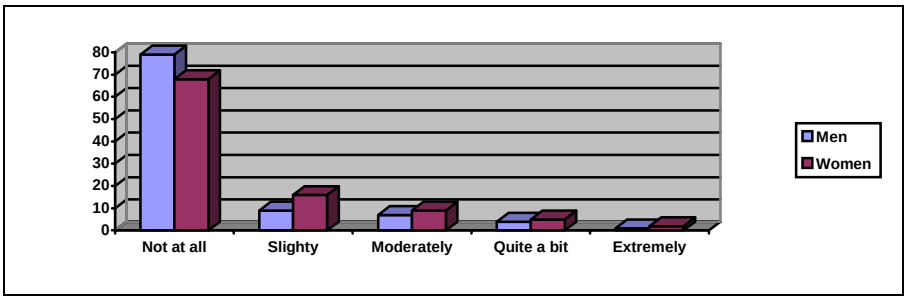
Asking the question, "During the past 2 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable, or downhearted or blue," we assessed the respondent's emotional health? The responses were *not at all, slightly, moderately, quite a bit, or extremely*. The majority of respondents (72%) were not bothered at all by emotional problems during the last 2 weeks. However, the respondents aged 20 to 44 (3%) were the most likely to report being extremely bothered by emotional problems compared to the other age groups (0% to 1%). In some respects, this is not surprising. It is in this age cohort that the socio-economic obligations of people increase. Overall, 72% of the East Side respondents reported they were not bothered at all by emotional problems, 14% reported being slightly bothered.

Figure 43. 1. Distribution of how much respondents were bothered by emotional problems such as feeling anxious, depressed, irritable, or downhearted and blue in the past 2 weeks by respondents' age



There are only slight differences in emotional problems experienced by men and women respondents in the past two weeks.

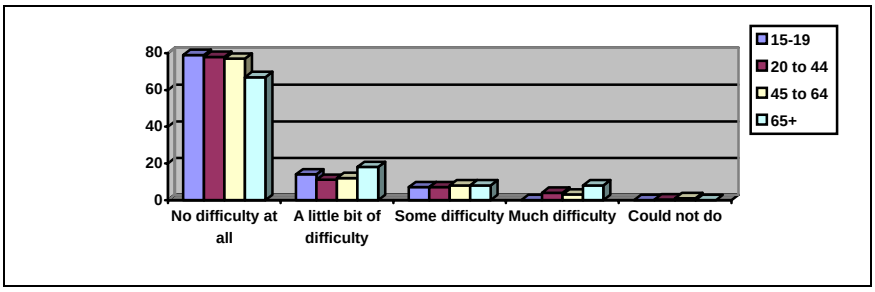
Figure 43. 2. Distribution of how much respondents were bothered by emotional problems such as feeling anxious, depressed, irritable, or downhearted and blue in the past 2 weeks by respondents' gender



3. Daily Functional Status

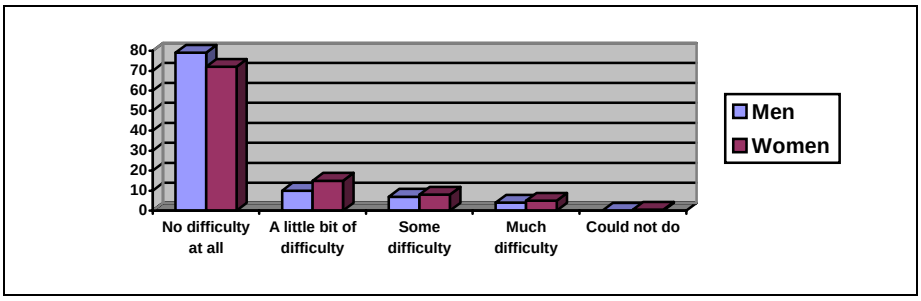
Daily functional status was assessed by asking, "During the past 2 weeks, how much difficulty have you had doing your usual activities or tasks, both inside and outside the house, because of your physical and emotional health?" The respondents replied no difficulty at all, a little bit of difficulty, some difficulty, much difficulty, or could not do. The majority of respondents reported *having no difficulty* completing daily activities. Three-quarters of individuals ages 15 through 64 and two-third of persons aged 65 and older reported having no difficulty at all. Seniors were the most likely have much difficulty (8%) compared to 4% of 20 to 44 year olds, and 3% of 45 to 64 year olds. Specifically 74% of East Side respondents reported *no difficulty at* all.

Figure 44. 1. Distribution of how much difficulty respondent had doing usual activities because of his/her physical and emotional health by respondents' age



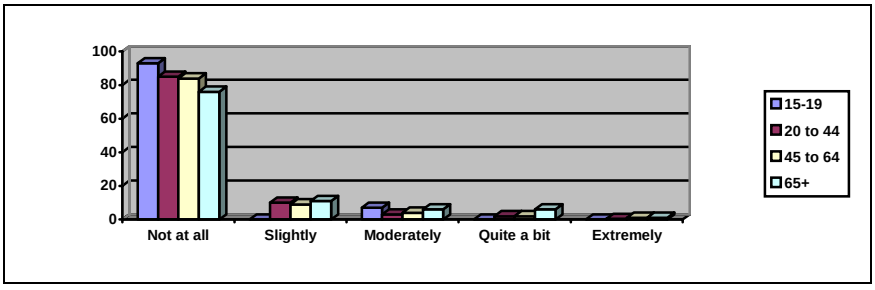
Women respondents had a little more difficulty completing daily activities due to physical and emotional health than men respondents. Seventy-nine percent of men had no difficulty at all compared to 72% of women. Eleven percent of men had at least some difficulty compared to 13% of women.

Figure 44. 2. Distribution of how much difficulty respondent had doing usual activities because of his/her physical and emotional health by respondents' gender



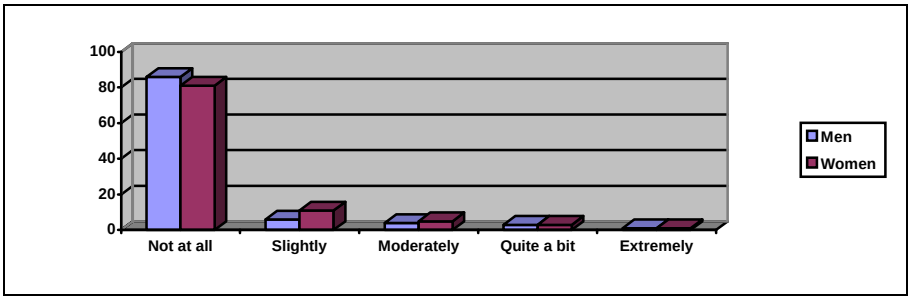
Limitations of social activities with family, friends, neighbors or groups, because of your physical or emotional health in the past 2 weeks was reported as not at all, slightly, moderately, quite a bit, and extremely. Limitations of social activities increase with age. Ninety-three percent of 10 to 19 year olds were *not at all bothered* compared to 85% of 20 to 44 year olds, 84% of 45 to 64 year olds, and 76% of individuals 65 and older. Six percent of the elderly reported quite a bit limited. Eighty-two percent of East Side respondents reported no limitations at all

Figure 43. 1. Distribution of how much respondent was limited in his/her social activities because of their physical and emotional health by respondents' age



There were no differences in the limitations of social activity between men and women respondents.

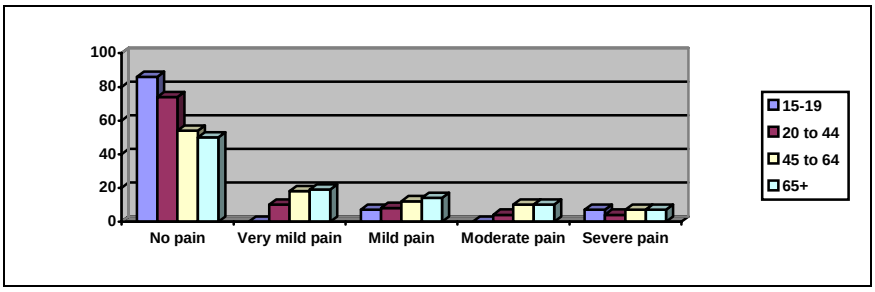
Figure 43. 2. Distribution of how much respondent was limited in his/her social activities because of their physical and emotional health by respondents' gender



4. Pain

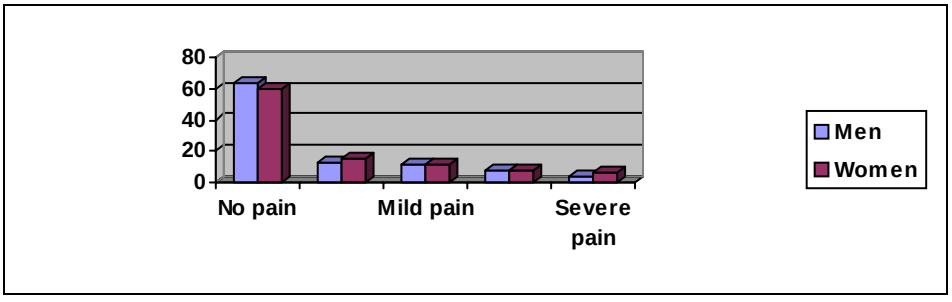
Respondents were asked how much bodily pain they generally had in the past 2 weeks. They responded *no pain, very mild pain, mild pain, moderate pain, or severe pain*. The respondents that experienced no pain during the past two weeks decreased with age. Specifically, 86% of 10 to 19 year olds had no pain compared to 74% of 20 to 44 year olds, 54% of 45 to 64 year olds, and 50% of individuals over 65. Approximately 6% of the respondents experienced severe pain 2 weeks prior to completing the interview.

Figure 46. 1. Distribution of how much bodily pain the respondent had in the past 2 weeks by Respondents' gender



Again, distributions were similar for men and women respondents in how much bodily pain they experienced. However, women were slightly more likely than men to report sever bodily pain (6% versus 4%).

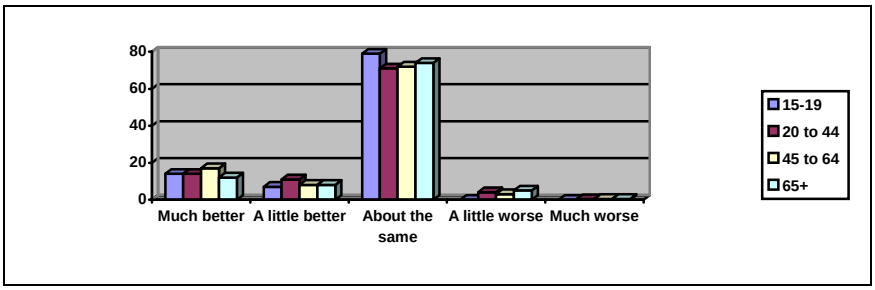
Figure 46. 2. Distribution of how much bodily pain the respondent had in the past 2 weeks by respondents' gender



Change in health status helps to identify limited times of poor health. The majority of respondents (approximately ¾) stated that their health was about the same compared to two

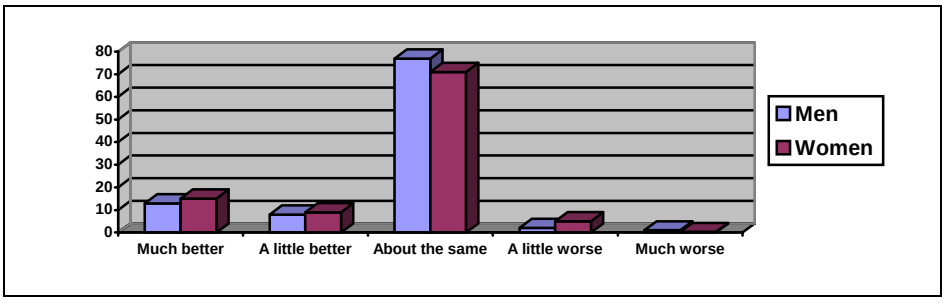
weeks ago. Five percent of individuals 65 and older reported there health was worse compared to 4% of 20 to 44 year olds and 3% of 45 to 64 year olds.

Figure 47. 1. Distribution of change in health status for respondent compared to 2 weeks ago by Respondents' age



Men respondents were more likely (77%) than women respondents (71%) to report their health the same as two weeks ago than women. Women were more likely to report their health either better or worse than two weeks prior.

Figure 47. 2. Distribution of change in health status for respondent compared to 2 weeks ago by Respondents' gender

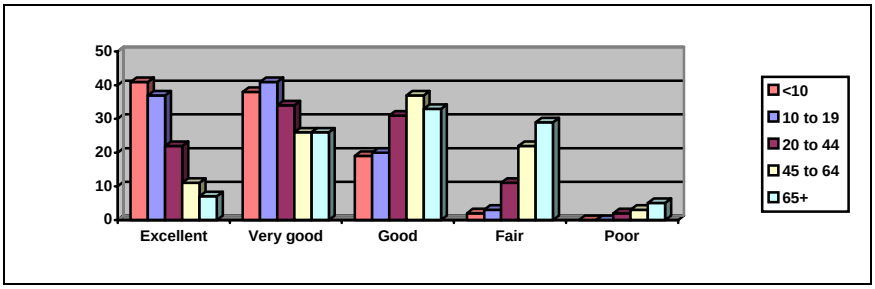


5. Overall Health Status

Overall health status was obtained for all individuals living in the interviewed households. This single measure asked respondents to rate the general health of members of their household. Responses included excellent, very good, good, fair, or poor. Individuals reporting excellent health decreased with age. Forty-one percent of individuals 0-9 reported excellent overall health, compared to 37% of 10 to 19 year olds, 22% 20 to 44 year olds, 11% 45 to 64 year olds, and 7% of individuals 65 years and older. Over 1/3 of seniors reported their health as fair or poor.

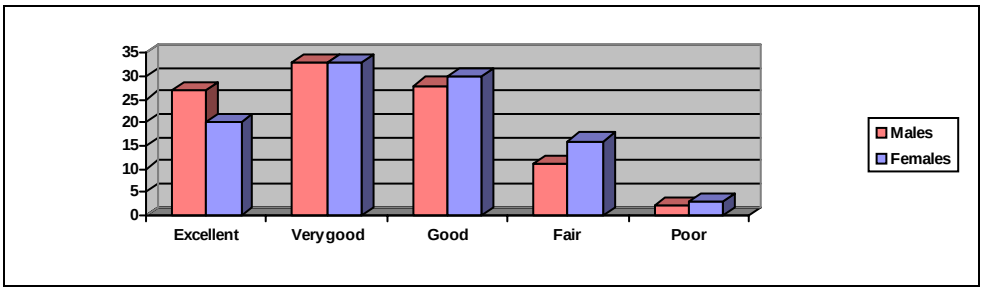
Specifically, 23% of East Side respondents reported their health as excellent, 33% as very good, 29% as good, 14% as fair, and 2% as poor.

Figure 48. 1. Distribution of respondents reported overall health status of individuals living in sampled households by age



Men were more likely to report excellent health (27%) compared to women (20%). Women were more likely to report their health as fair or poor (18%) compared to men (13%).

Figure 48. 2. Distribution of respondent reported overall health status of the individuals living in sampled households by gender



Lastly, respondents were asked how things had been going for them during the past 2 weeks. They were asked to respond very well, pretty good, good and bad parts, pretty bad, or very bad. One quarter of respondents age 44 to 65 and older reported their quality of life as very well compared to 27% of 20 to 44 year olds, and 36% of 10 to 19 year olds. Only 4% of the respondents reported their quality of like as pretty bad or very bad.

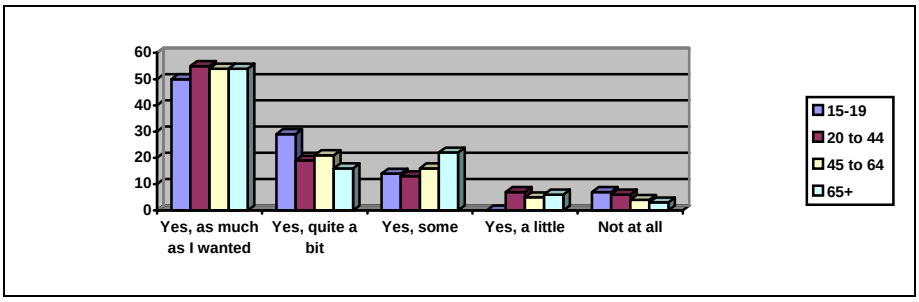
Figure 49. Distribution of how things have been going for the respondent during the past 2 weeks by respondents' age

6. Social Support

As a measure of social support, respondents were asked to rate how much someone was available to them if they needed or wanted help. The following figures describe the respondents' responses by age. Although most respondents felt they had as much support as needed, a high proportion of youth felt they did not have any support.

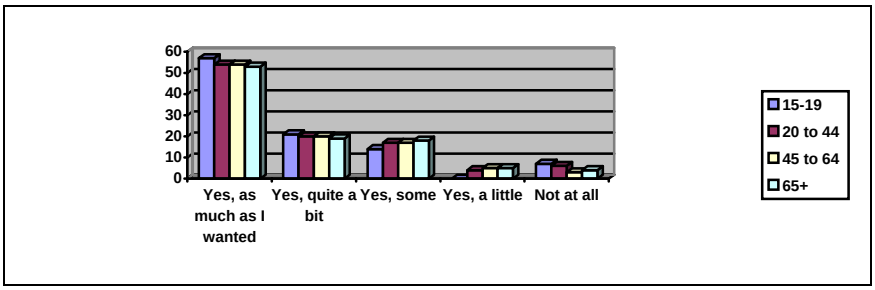
When asked if someone was available to help if the respondents *felt nervous, lonely, or blue*. About 50% of the respondents said they had as *much as I wanted*. There was little variation by age. However, the 10 to 19 year old cohort were more likely to report that someone was not available at all (7%), compared to 20 to 44 year olds (6%), 45 to 64 year olds (4%), and the elderly (3%).

Figure 50. The distribution of availability of social support if one felt nervous, lonely, or blue by respondents' age



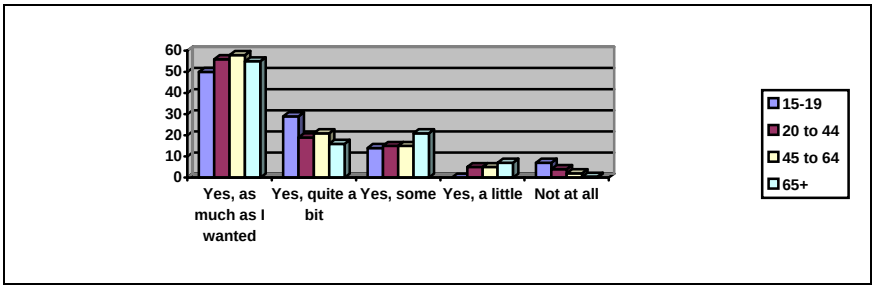
Respondents were asked how often they had someone available to help if they got sick and had to stay in bed. Over half the respondents reported they had as much help as needed. Again, these findings were similar across the life cycle. Young people, between 15 to 19 years, had the highest rate of not having anyone available to help (7%), followed by 20 to 44 year old (6%), 45 to 64 year olds (6%), and 65 years and older (2%).

Figure 51. The distribution of availability of social support if one got sick and had to stay in bed by Respondents' age



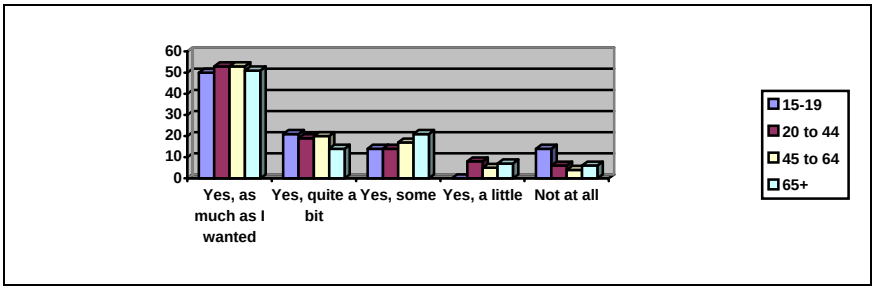
Respondents were asked if someone was available if they needed to talk. Over 50% of the respondents said they had someone available as often as they desired. This is fairly consistent across the life cycle. Those without anyone to talk with were most likely to be 15 to 19 years old (7%) compared to 4% of 20 to 44 year olds, 2% of 45 to 64 year olds, and 0.4% of the elderly.

Figure 52. The distribution of availability of social support if one needed someone to talk to by respondents' age



If respondents needed help with daily chores, over 50% had someone available to *them as much as they wanted*. Having no help at all was consistent across age groups. Fourteen percent of 15to 19 year olds had no one to help with daily chores compared to 6% of 20 to 44 year olds, 6% of the elderly, and 4% of 45 to 64 year olds.

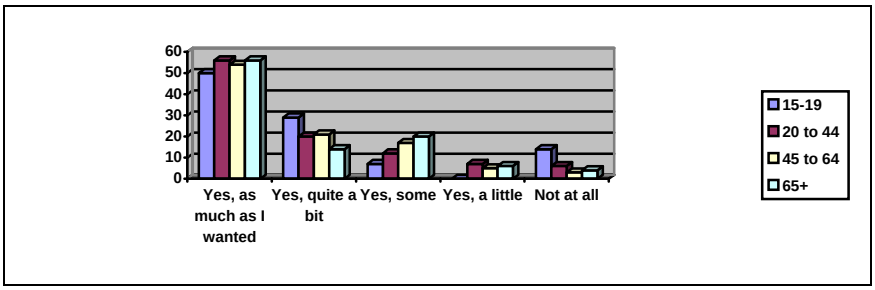
Figure 53. Distribution of availability of someone if one needed help with daily chores by respondents' age



Respondents were asked if they had someone available to help them, if they needed help taking care of themselves. Over 50% of respondents reported having someone available *as often as*

they wanted. Fourteen percent of 15 to 19 year olds had no one available compared to 6% of 20 to 44 year olds, 4% of the elderly, and 4% of 45 to 64 year olds.

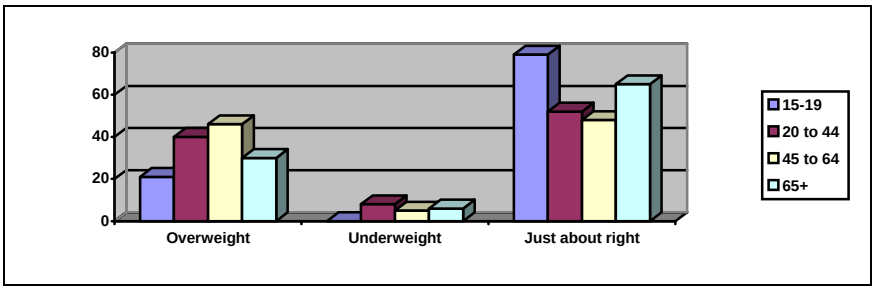
Figure 54. Distribution of availability of someone if you needed help just taking care of yourself



7. Weights and Physical Activity

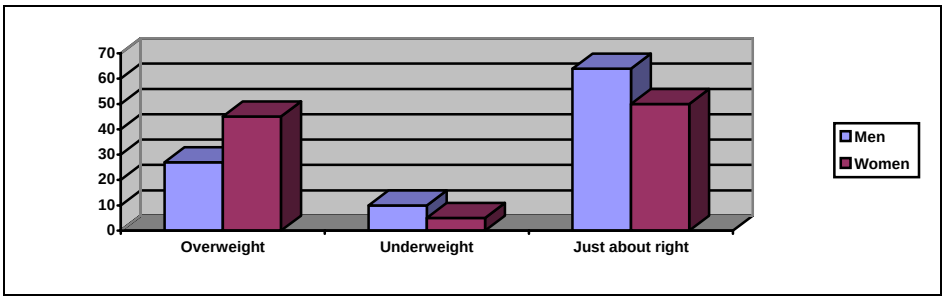
Excessive weight is a risk factor for many other diseases, such as hypertension, diabetes, and heart disease. Approximately 23% percent of the U.S. population is obese based on the combination of height and weight (body mass index). Physical activity and nutrition play a large role in maintaining a healthy weight and, therefore, keeping healthy. The perception of one's weight is important in producing motivation to maintain a healthy weight. The majority (55%) of the respondents perceive their weight to be just about right. However, respondents aged 22 to 44 (40%) and 45 to 64 (46%) are more likely than 15 to 19 year olds (21%) and the elderly (30%) to perceive themselves as overweight.

Figure 55. 1. Distribution of respondents perceived weight by respondents' age



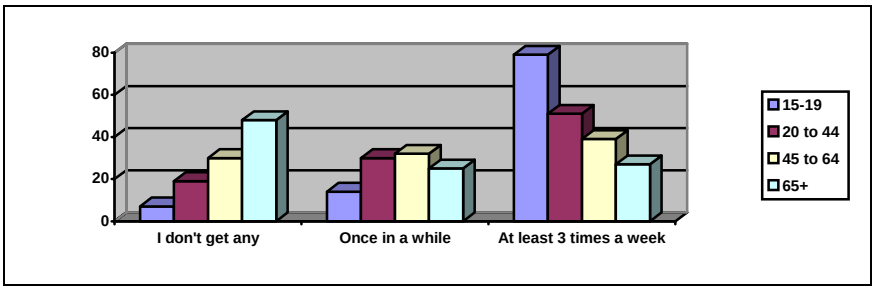
Women respondents (45%) were more likely to perceive themselves as overweight than men respondents (27%). On the other hand, men (10%) were more likely than women (5%) to perceive themselves as underweight. Also, men (64%) were more likely to perceive themselves as *just about right* than women (50%).

Figure 55. 2. Distribution of respondents perceived weight by respondents' gender



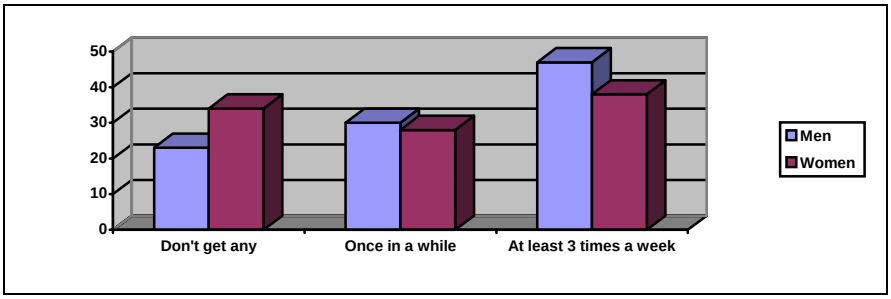
African Americans are a sedentary group. Nationally, their rate of physical inactivity is higher than any other group. This study shows that the rate of black physical inactivity is high among Near East Side residents. Moreover, as blacks age, their level of physical activity declines. For example, 79% of the 1 5 to 19 year old cohort gets physical activity 3 times a week compared to 51% of 20 to 44 year olds, 39% of 45 to 64 year olds, and 27% of individuals 65 and older. Almost half (49%) of individuals 65 and older do not receive any physical activity.

Figure 56. 1. Distribution of respondents physical activity by respondents' age



Men respondents (47%) are more likely than women respondents (38%) to get physical activity, at least three times a week. One-third of women reported not getting any physical activity compared to one-quarter of men.

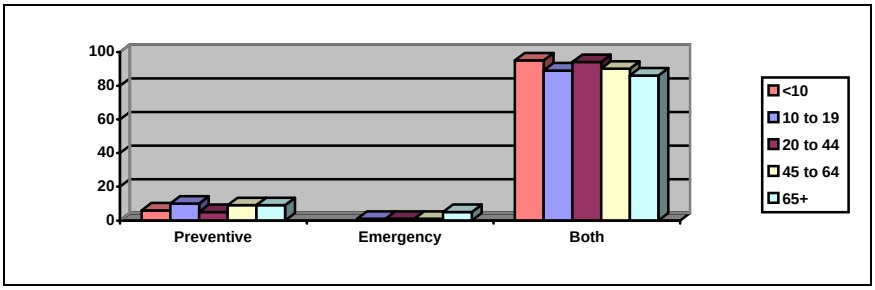
Figure 56. 2. Distribution of respondents physical activity by respondent's gender



8. Access to Dental Care

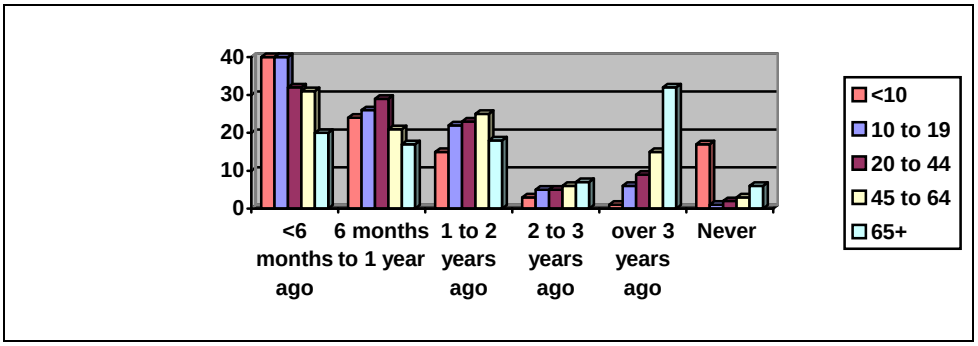
In the United States, insurance is the key to getting access to health care. In dentistry, it is important to identify what the care covers. Most respondents reported that they had both preventive and emergency coverage (91%). Individuals over age 65 (5%) are the most likely to have emergency coverage.

Figure 57. Distribution of dental care coverage by age group



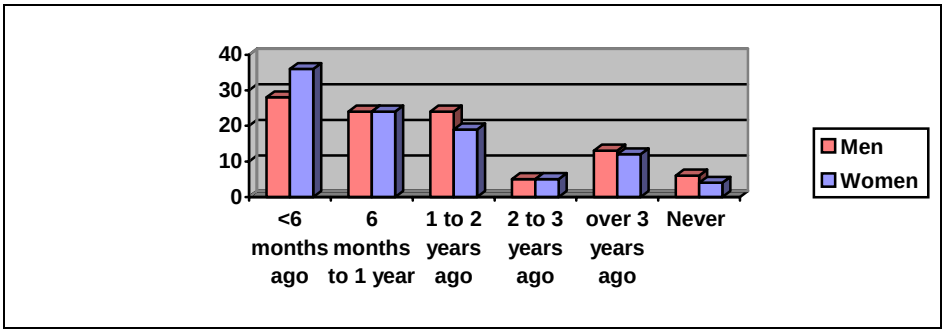
Among residents living on the Near East Side of Buffalo, the percentage of people who had seen their dentist in the past 6 months decreased with age. Fifty-six percent of the respondents saw a dentist in the past year, but one-third of the seniors and 15% of the 45 to 64 year old age cohort had not seen a dentist in three years.

Figure 58. 1. Distribution of last dental visit by age group



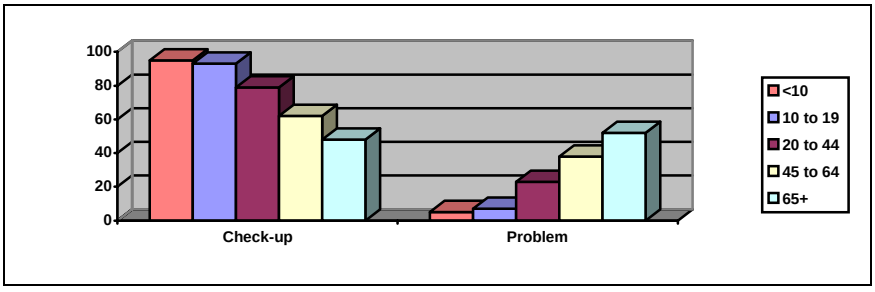
Like medical care, women are more likely to have seen the dentist within the past six months than men (36% versus 28%).

Figure 58. 2. Distribution of last dental visit by age group and by gender



Preventive dental care is important to maintain oral health. On this point, the older one gets the more likely they are to have dental problems. However, on the Near East Side, the younger age groups are more likely to go to the dentist for a regular check-up. For example, 95% of 0 to 9 year olds were last seen for a *check-up* compared to 93% of 10 to 19 year olds, 77% of 20 to 44 year olds, 62% of 45 to 64 year olds, and 48% of the elderly. Over half of individuals 65 and older last went to a dentist for a *problem* rather than a regular check-up.

Figure 59. Distribution of reason for last dental visit by age



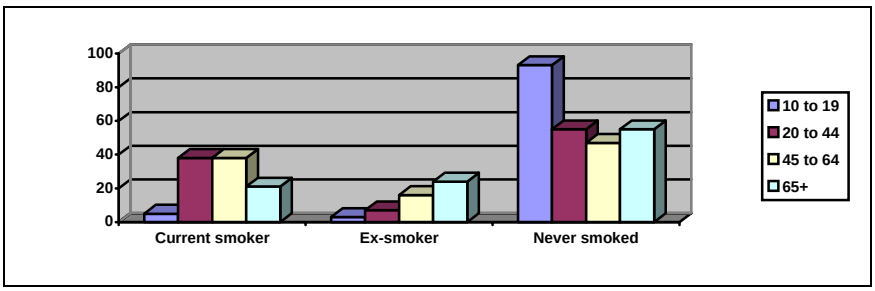
F. Culture and Behavior

1. Tobacco Use

Cigarette smoking is the leading cause of preventable deaths in the United States. Nationally, 24% of adults over 18 are current smokers. The Healthy People 2010 goal is to reduce cigarette smoking to 12%. Similar to the national average, 23% of the respondents in this study are

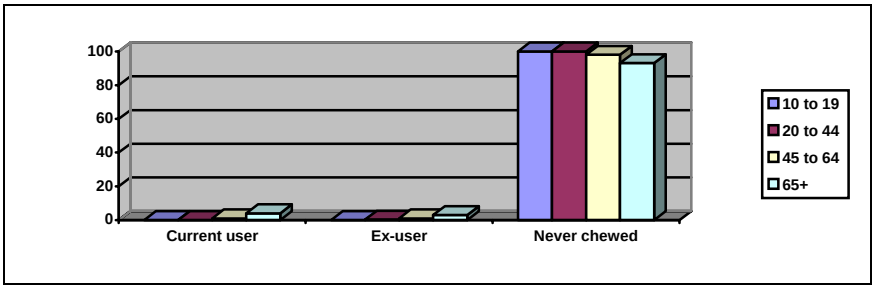
current smokers. The highest prevalence is among 20 to 64 year olds, i.e., 38% of 20 to 64 year olds and 21% of individuals 65 and older are current cigarette smokers. The seniors are the most likely of all age group to be ex-smokers (24%). The pattern of smoking among African Americans is extremely important. Very few black youth are smokers. Only about 2% of the sample population, age 10 to 19, smoked. However, in the 20 to 64 age cohort, the number of black smokers increases dramatically, and then drops off in the retirement years. This pattern shows that as social obligations and other life pressures increase, so too does the tendency to smoke. This is the same portrait seen nationally; few young blacks smoke, and then there is a dramatic increase in the behavior when African Americans enter their prime earning years.

Figure 60. Distribution of cigarette smoking status by age group



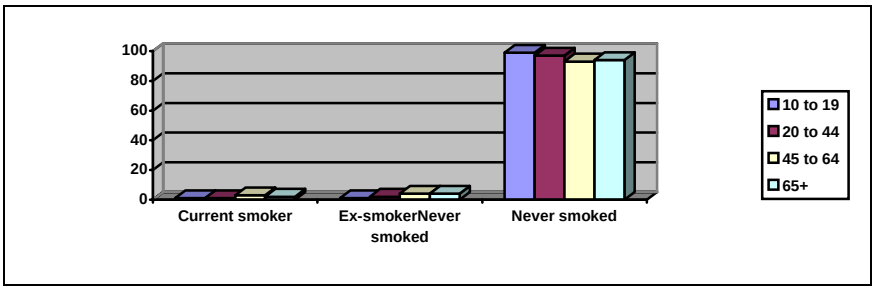
Chewing tobacco increases the risk of oral cancers. Although current use is low on the East Side, seniors (4%) are more likely to chew tobacco than other age groups and are also the most likely to be ex-users (3%) of chewing tobacco.

Figure 61. Distribution of the use of chewing tobacco by age group



Cigar smoking also increases the risk of oral cancers. Few Near East Side residents smoke cigars. Individuals age 45 to 64 (3%) are most likely to smoke cigars compared to the other age groups. Approximately 4% of individuals over age 45 are ex-cigar smokers.

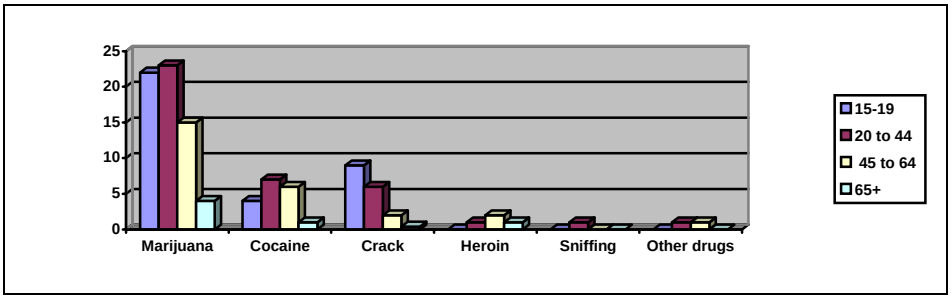
Figure 62. Distribution of cigar smoking by age group



2. Substance Use

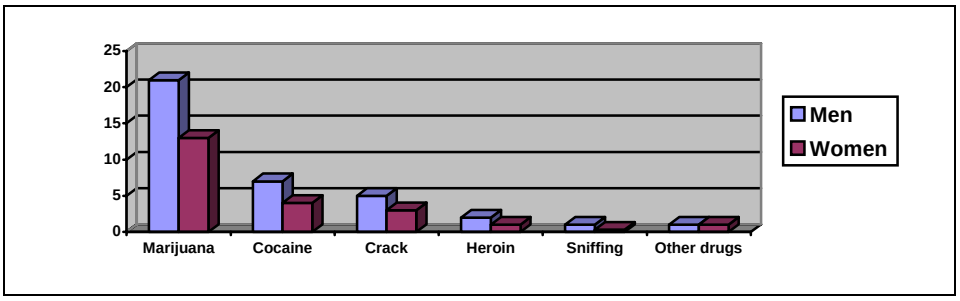
Problems with alcohol and illicit drug use are often problems in poor urban areas, which can lead to increases in crime and decreases in the community's health status. In the study community, 33% of respondents reported that someone in their household *ever used marijuana*. Twenty-three percent of 20 to 44 year olds and 22% of 20-19 year olds reported that someone living in their household ever *used marijuana*. Five percent of the households reported someone living in the household *ever using cocaine*. Four percent of 15 to 19 year old household respondents, 7% of 20 to 44 year old respondents, 6% of 45 to 64 year olds respondents, and 1% of respondents 65 and older reported someone in their household *ever using cocaine*. Three percent of the households reported someone living their household *ever using crack.* Specifically, 9% of 10 to 19 year olds, 6% of 20 to 44 year olds, 2% of 45 to 64 year olds, and less than one percent of respondents 65 years and older reported someone in the household ever **using crack.** While these numbers are low, what is particularly disturbing is that the proportion of young people, between 15 and19, reported someone in their household ever using crack cocaine. One percent of households reported someone living their household ever using heroin.

Figure 63. 1. Prevalence of households reporting that someone living there ever used illicit drugs by Respondents' age



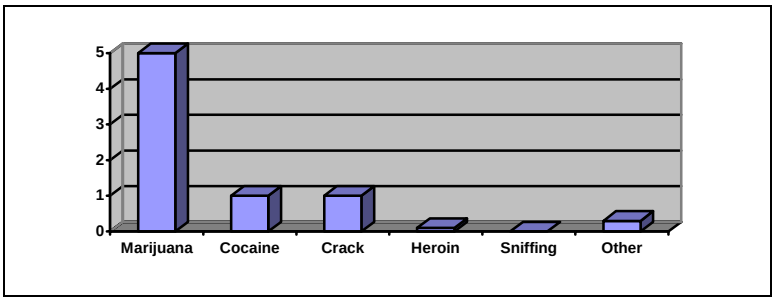
Men respondent s were more likely than women respondents to report illicit drug use by someone in their household. Specifically men were more likely to report someone in the household ever using marijuana, cocaine, crack, and heroin than women.

Figure 63. 2. Prevalence of households reporting that someone living there ever used illicit drugs by respondents' gender



Because of the small numbers, the percentage of respondents using drugs in the past months will be shown in aggregate and not by age or gender distributions. Five percent of households had someone living their household that used marijuana in the last month. One percent of households had someone living their households that used crack and/or cocaine in the past month. Less than one percent of households had members that used heroine, participated in sniffing or used other drugs in the last month. Nationally, 6% of adults, 18 years and older reported illicit drug use in the past month. The Healthy People 2010 goal is to reduce illicit drug use in the past month to 3% of adults.

Figure 63. 3. Household drug use in the past month



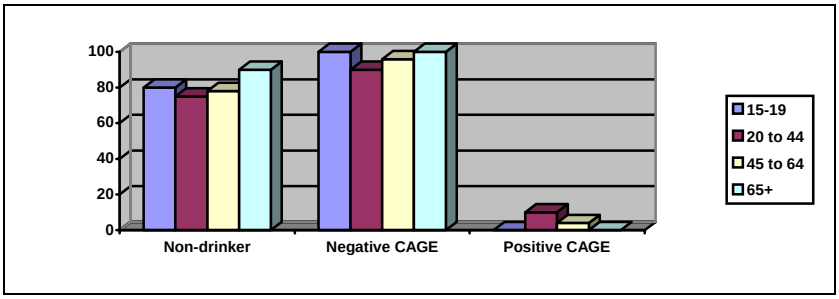
It is important to interpret this data cautiously since the numbers are very small. Also important to consider is that these figures most likely represent underestimates of the drug activity that actually occurs.

3. Risk of Alcohol Problems

The CAGE is a four-question scale to assess risk of alcohol problems. These questions include *having felt that one should cut down on their drinking*, *having felt annoyed by complaints about drinking*, *having felt bad or guilty about drinking*, and *ever having a drink first thing in the morning*. If someone tests positive on the CAGE, it does not mean that the person is an alcoholic, but rather that the person is at risk of alcohol problems.

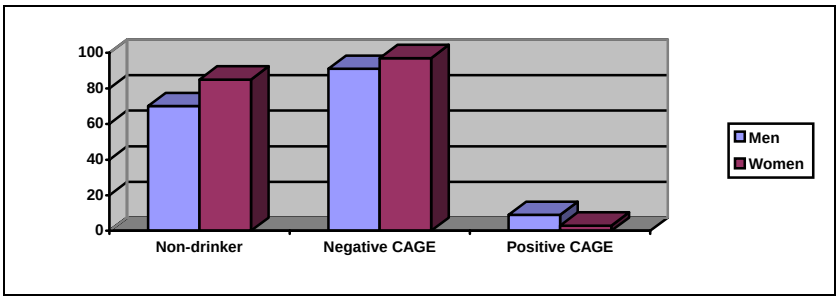
The majority (over 80% of all age groups) of respondents are non-drinkers. Among drinkers, 6% of respondents 15 to 19 years, 10% of respondents 20 to 44 years old, and 4% of respondents aged 45 to 64 reported a positive CAGE.

Figure 64. 1. CAGE



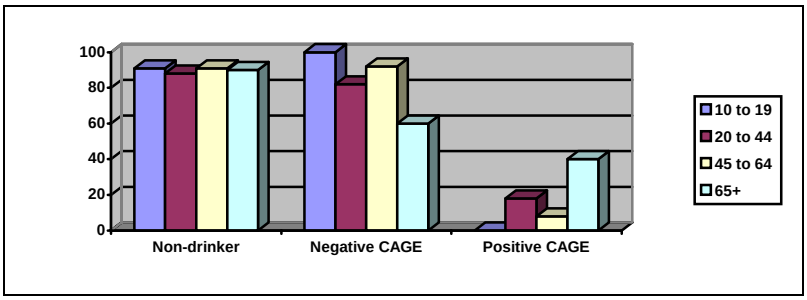
Among respondents, more females than males were non-drinkers (85% versus 70%). Among drinking respondents, 3% of women report being at-risk for alcohol problems compared to 9% of male drinkers.

Figure 64. 2. CAGE by gender



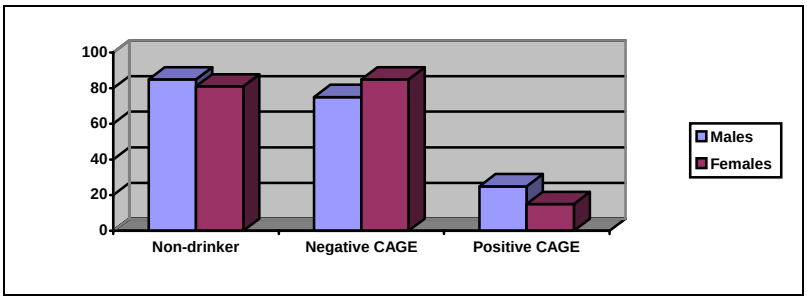
Respondents were also asked to respond to the four CAGE questions to assess other family members. Again, the majority of households (89%) were non-drinkers. About 19% of the respondents reported a positive CAGE for other family members. Eighteen percent of respondents ages 20 to 44 reported someone in their household with a positive CAGE compared to 8% of 45 to 64 year old respondents and 40% of elderly respondents. (The number of elderly that live in drinking households is small (n=10), therefore it is important to interpret this data cautiously).

Figure 65. 1. Family CAGE



There are more female respondents living in non-drinking households on the Near East Side (91%) than male respondents (85%). Twenty-five percent of the male respondents report someone in their household at risk for alcohol problems compared to 15% of women.

Figure 65. 2. Family CAGE by gender



G. Preventive Care

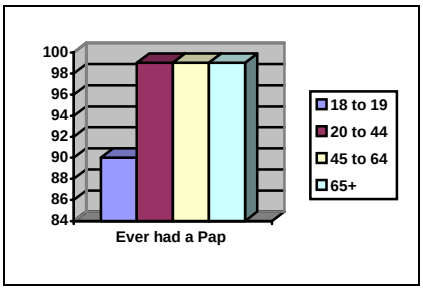
Preventive services refer to those activities that are designed to hinder or prevent the occurrence of disease by having regular check-ups and tests, which increase the probability of early detection of disease. In many chronic diseases, early diagnosis and treatment increases the probability of survival.

1. Pap Smear

Regular Pap Smear screens among women age 17 and older have been shown to increase early treatment and improve outcome from cervical cancer. Nationally, it is estimated that over 12,000 new cases of cervical cancer are diagnosed yearly and that the disease is expected cause about 4,600 in 2000. The incidence rate among African American women is almost twice that of white women, 11.2 and 7.3 per 100,000 women, respectively. On the Near East Side of Buffalo, over 90% of all groups have *ever had a Pap smear*. Among all age groups, 18 and 19 year olds

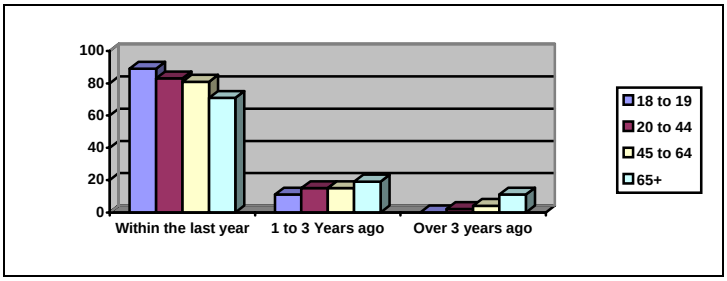
are the less likely to have a Pap Smear. Only about 90 percent of this group had *ever received a Pap.* Nationally, 94% of women 18 and older ever received a Pap.[5]

Figure 66. Women 18 years of age or older who ever had a Pap Smear by age



The percentage of women receiving a Pap within the last year decreased with age. However, among the elderly, 71% received a Pap within the last year. About 11% of elderly women have not received a Pap within the past 3 years. Nationally, 77% of women received a Pap within the past 3 years compared to 95% of women living on the Near East Side, and 64% of women living on the Lower West Side of Buffalo.

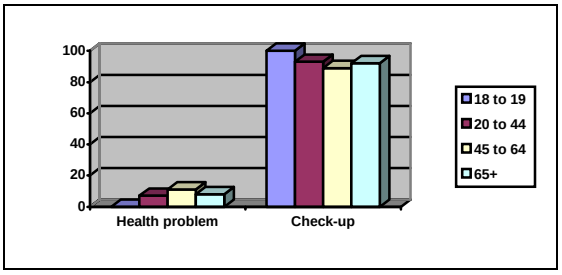
Figure 67. Recency of last Pap Smear by age



The majority (over 90% of all age groups) of women received their Pap Smear as part of a routine check-up.

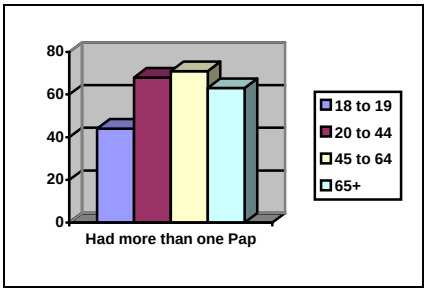
[5] James S. Marks and Nancy C. Lee, "Implementing Recommendations for the Early Detection of Breast and Cervical Cancer among Low-Income Women," National Center for Chronic Disease and Health Promotion, March 21, 2000. http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4902a4.htm

Figure 68. Reason for last Pap smear by age



One of the key elements of screening is repetition of the screen at normal intervals. This increases the chance of a disease being diagnosed at an early stage. On the East Side, 44% of women 18 and 19 received more than one Pap compared to 68% of 20 to 44 year olds, 71% of 45 to 64 year olds, and 63% of the elderly.

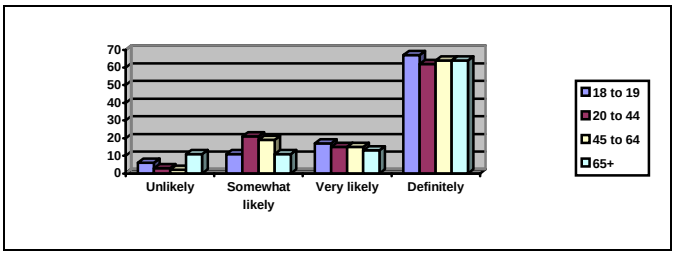
Figure 69. Distribution of women who had more than one Pap Smear



2. Breast Examination

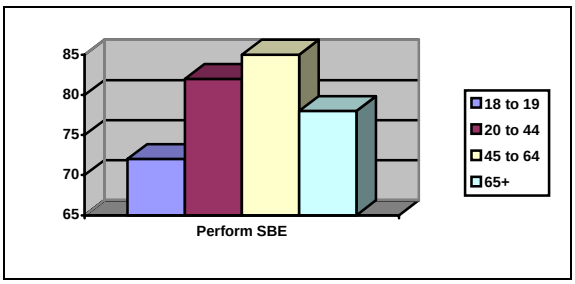
It is important to empower women to request screening rather than wait for their provider to offer it. The women on the East Side of Buffalo were asked to identify how likely they would be to get a Pap in the next 12 months. The majority (63%) of all age groups responded that they definitely intended to receive a Pap in the next 12 months. The elderly (11%) were the most likely to say they were unlikely to receive a Pap within the next 12 months.

Figure 70. Intention to get Pap in the next 12 months by age



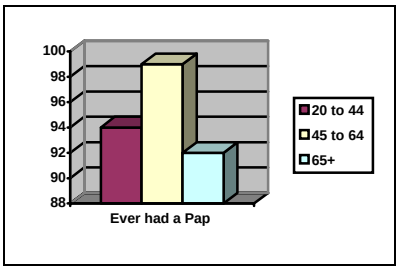
Although not established as a recommended preventive service, a monthly self-breast exam is one thing a woman can do to help ensure the early detection of breast cancer. Over 70% of female respondents over 18 reported that they did monthly self-breast exams.

Figure 71. Distribution of women who perform a monthly self breast exam by age



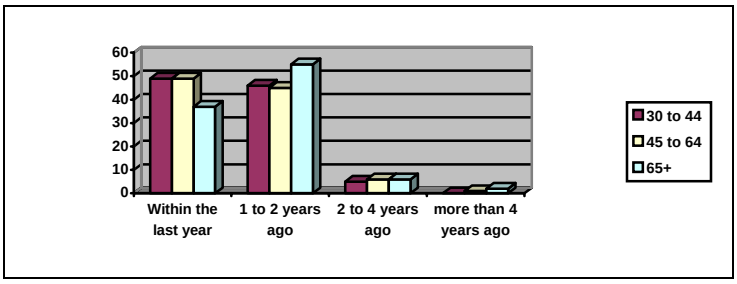
Clinical breast exams are done in the office by a health care provider. This practice, especially in combination with regular mammograms, will help lead to early detection and treatment of breast cancer. Over 90 % of women over 30 reported having at least one clinical breast exam.

Figure 72. Distribution of women who have ever received a clinical breast exam by age



It is recommended that women should have a clinical breast exam yearly **(cite).** However, less than half the women over 30 reported having a clinical breast exam in the past year. However, 93% of the women reported having a clinical breast exam one within the past two years. Only 79% of women reported a screen within the past two years. Elderly women were the least likely to have a clinical breast exam within the last year (37%) compared to women 20 to 64 years of age (49%).

Figure 73. Distribution of the recency of last clinical breast exam by age

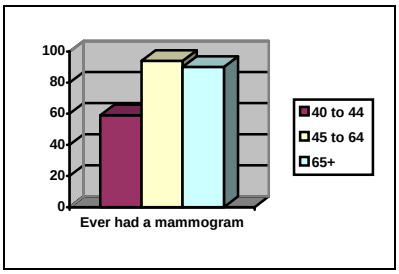


3. Mammography

Mammography is the gold standard for breast cancer screening. It is recommended yearly for women over 50. Controversy exists for women 40 to 49. Generally it is accepted that women 40 to 49 should have a mammogram at least every 2 years[6]. Individual history may dictate more frequent screening for women under 50. On the East Side, 94% of women 45 to 64 report *ever had a mammogram* compared to 90% of women 65 and older, and 59% of women under 45. Overall, 81% of eligible women (40 and older) received at least one mammogram.

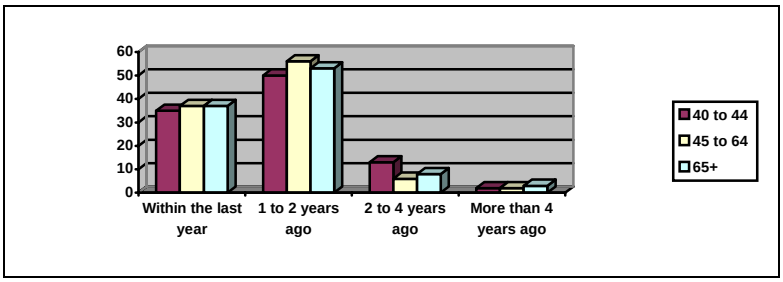
Figure 74. Distribution of women over 40 years of age who ever had a Mammogram by age

[6] Marks and Lee, "Implementing Recommendations for the Early Detection of Breast and Cervical Cancer," http://www.cdc.gov/epo/mmwr/preview/mmwwrhtml/rr4902a4.htm.



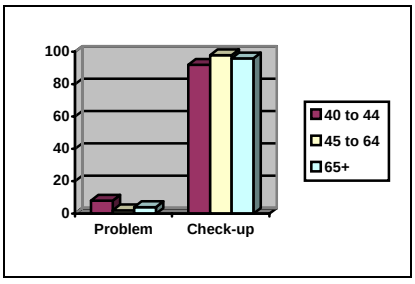
Nationally, 59% of women over 40 received a mammogram within the past two years. The Healthy People 2010 goal is to increase this percentage to 70%. [7] On the East Side of Buffalo, approximately one-third of all age groups received a mammogram within the past year. Over 85% of all age groups received a mammogram within the past two years.

Figure 75. Distribution of the recency of last Mammogram by age



The majority (96%) of women received their mammogram as part of a regular check-up.

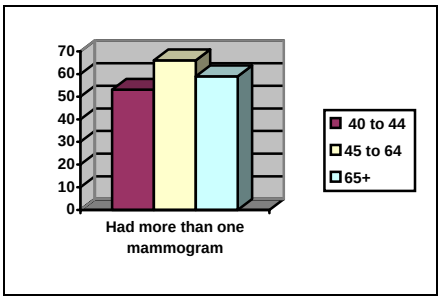
Figure 76. Distribution of reason for last Mammogram by age



[7] Marks and Lee, "Implementing Recommendations for the Early Detection of Breast and Cervical Cancer."

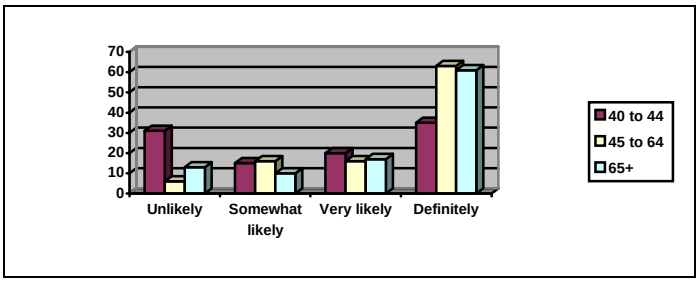
Again, the sensitivity of a mammogram detecting cancer increases with frequency of use. Fifty-three percent of women 40 to 44 had more than one mammogram compared to 59% of women 65 and older, and 66% of women 45 to 64. Initially, women on the East Side appear to have good screening behaviors. However, this picture changes when looking at repeated use.

Figure 77. Distribution of women who had more than one Mammogram by age



Over 60% of women of women over 45 responded that they would definitely receive a mammogram within the next 12 months. Only 35% of women 40 to 44 responded that that they would definitely receive a mammogram in the next 12 months. In fact, 31% of women 40 to 44 responded that they are unlikely to receive a mammogram in the next 12 months.

Figure 78. Distribution of intention to receive Mammogram in the next 12 months by age

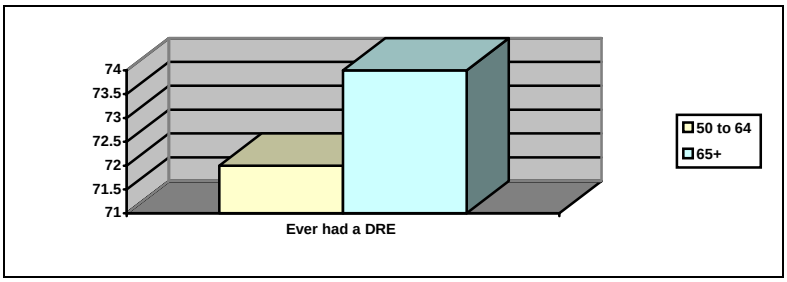


4. Digital Rectal Exam

Digital rectal exams (DRE) are used to screen for both colorectal cancer and prostate cancer. A health care provider does this at an office visit. It is recommended that it be done yearly for men

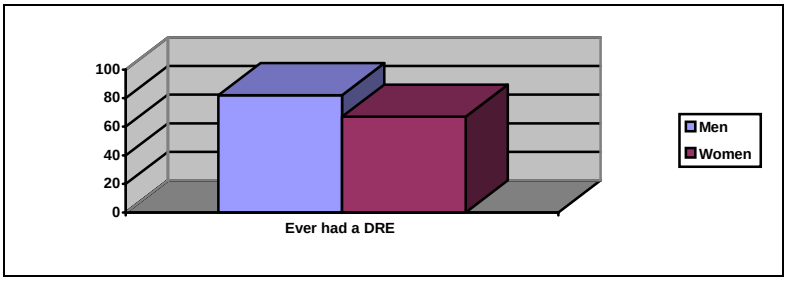
and women over 50 (cite). On the East Side, 73% of individuals over 50 reported having at least one DRE.

Figure 79. 1. Distribution of individuals over 50 who have ever had a DRE



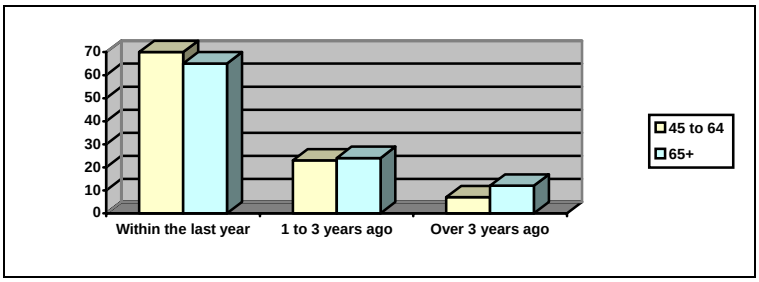
Eighty-two percent of men reported having at least one DRE compared to 67% of women.

Figure 79. 2. Distribution of individuals over 50 who have ever had a DRE by gender



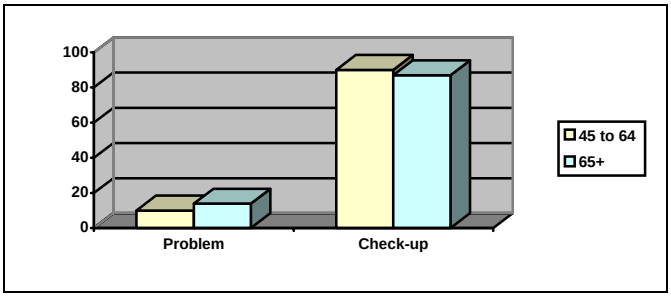
Although DRE's are recommended every year, only 67% report having them in the past year. Seven percent of individuals 50 to 64 report and 12% of individuals over age 65 reported having one over 3 years ago.

Figure 80. Distribution of recency of last DRE by age



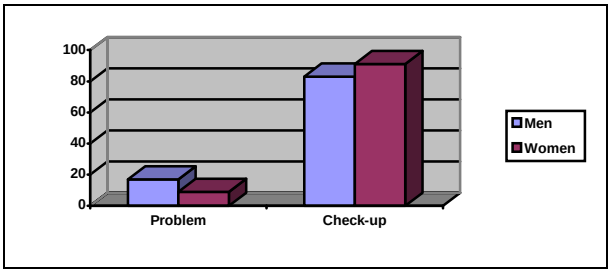
Eighty-nine percent of individuals report having their most recent DRE as part of a routine check-up.

Figure 81. 1. Distribution of the reason for last DRE by age



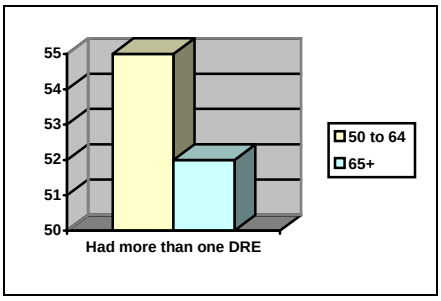
Although the reported time since the last DRE was similar between men and women (data not shown), men were twice as likely to have a DRE for a particular problem than women.

Figure 81. 2. Distribution of the reason for last DRE by gender



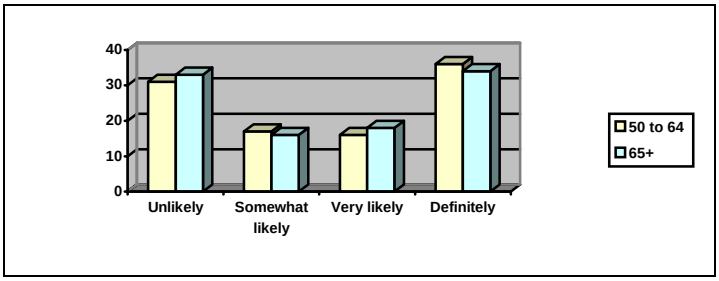
Repeated screening behaviors are the most effective in early detection of disease. Fifty-five percent of individuals 50 to 64 and 52% of the elderly report having had more than one DRE.

Figure 82. Distribution of individuals over 50 that have had more than one DRE



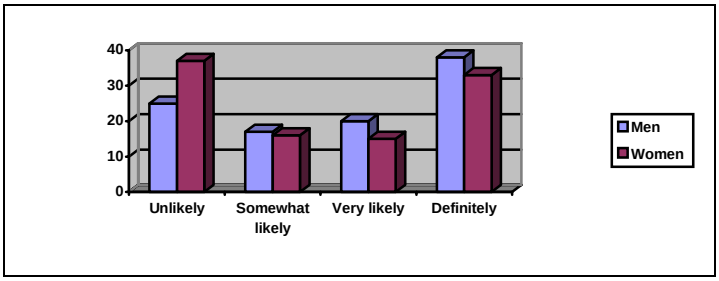
The intent to receive future screening in mixed in the sample community. One-third of individuals report that it is unlikely they will receive a DRE in the next 12 months. One-third reported that they would definitely receive a DRE in the next 12 months.

Figure 83. Distribution of intention to receive a DRE in the next 12 months by age



One-third of women reported that it was unlikely they would receive a DRE in the next 12 months compared to 25% of men.

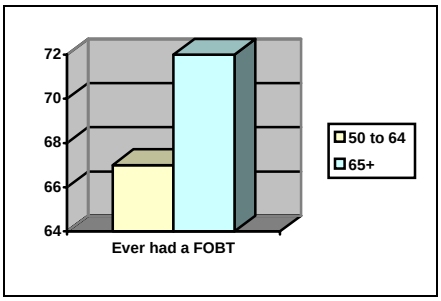
Figure 84. Distribution of intention to receive a DRE in the next 12 months by gender



5. Fecal Occult Blood Test

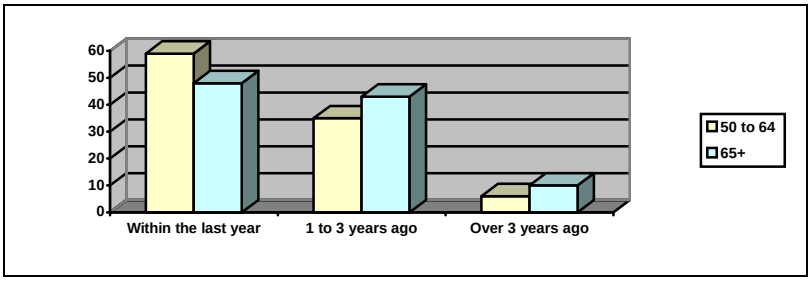
A fecal occult blood test is a non-invasive screening procedure for colorectal cancer. African Americans are more likely than whites to be diagnosed with this disease and to die from it. It is recommended that this test be done yearly on all individuals over age 50.[8] On the East Side of Buffalo, 67% of individuals 50 to 64 and 72% of individuals 65 and older reported ever having a FOBT.

Figure 85. Distribution of individuals over 50 who have ever had a fetal occult blood test



Nationally, 34% of individuals over 50 reported having a FOBT within the past two years.[9] The Healthy People 2010 goal is to increase screening within two years to 50%. Fifty-nine percent of 50 to 64 year olds and 48% of the elderly reported having an FOBT within the past year. Ten percent of the elderly had their most recent FOBT over three years ago compared to 6% of individuals 65 and older.

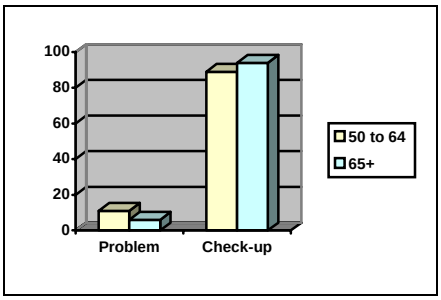
Figure 86. Distribution of recency of last FOBT by age



[8]US Department of Health and Human Services, "Colorectal Cancer: The Importance of Early Detection," Colorectal Cancer Prevention and Control Initiative, 1998. http://www.cdc.gov/cancer/colorctl/colo98.htm
[9] US Department of Health and Human Services, "Colorectal Cancer: The Importance of Early Detection," Colorectal Cancer Prevention and Control Initiative, 1998, p. 3. http://www.cdc.gov/cancer/colorctl/colo98.htm

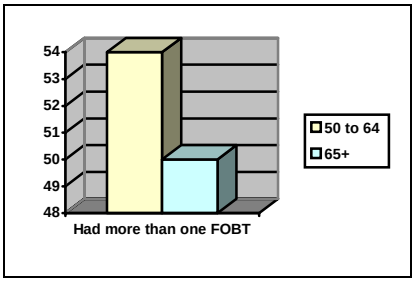
Eighty-nine percent of individuals aged 50 to 64 and 94% of the elderly report receiving their most recent FOBT as part of their regular check-up.

Figure 87. Distribution of reason for last FOBT by age



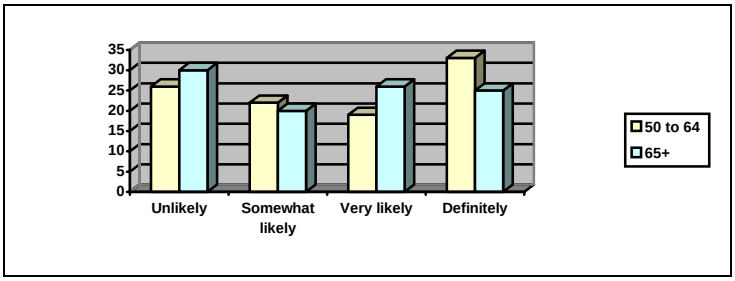
The proportion of individuals who received more than one FOBT drops considerably. Only 54% of individuals 45 to 64 and 50% of individuals 65 and older received more than one FOBT.

Figure 88. Distribution of individuals that have had more than one FOBT by age



Again, the intention to receive an FOBT in the next 12 months was mixed among the population. Twenty-six percent of 50 to 64 year olds and 30% of individuals 65 and older reported they were unlikely to receive an FOBT screen in the next 12 months. However, 33% of 50 to 64 year olds and 25% of the elderly reported they definitely would receive an FOBT within the next 12 months.

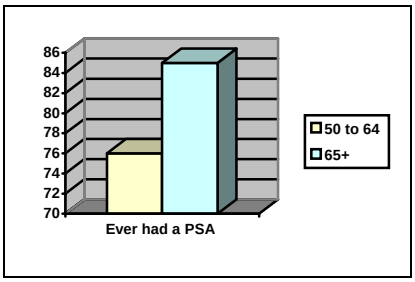
Figure 89. Distribution of intention to receive an FOBT in the next 12 months by age



6. Prostrate Screening Antigen

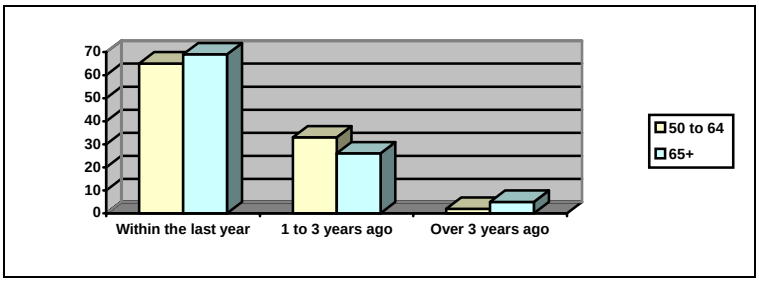
A prostate screening antigen test is recommended yearly for men over 50 to screen for prostate cancer. Among men over 50 living on the East Side of Buffalo, 81% had at least one PSA.

Figure 90. Distribution of men over 50 who have had a Prostate Specific Antigen test by age



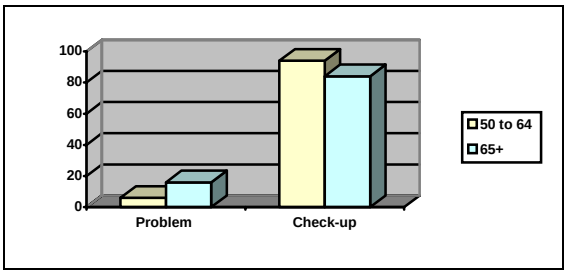
The majority of eligible men--65% of 50 to 64 year olds and 69% of men 65 and older-- reported having their most recent PSA within the past year. Five percent of men 65 and older reported having their last PSA over 3 years ago compared to 2% of men 50 to 64.

Figure 91. Distribution of recency of last PSA by age



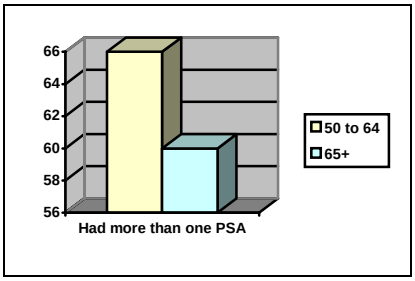
The majority of men had their last PSA as part of a routine check-up (94% of 50 to 64 year olds and 84% of elderly men). However, 16% of men over age 65 reported having their most recent PSA because of a particular problem.

Figure 92. Distribution of reason for last PSA by age



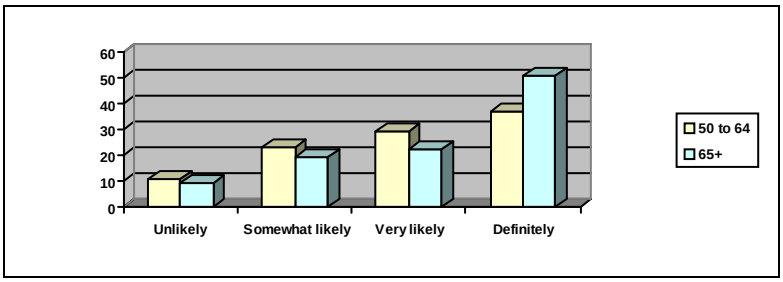
Two-thirds of men aged 50 to 64 and 60% of men 65 and older reported having more than one PSA.

Figure 93. Distribution of men that have had more than one PSA by age



The intent to receive a PSA in the next 12 months was greater among men 65 years and older. Over half of elderly men reported they would definitely have a PSA in the next 12 months compared to 37% of men aged 50 to 64. Nine percent of men 65 and older reported they were unlikely to receive a PSA in the next 12 months compared to 11% of men 50 to 64 year of age. These figures are very low. Prostate cancer is a serious problem in the African American community and men between the ages of 50 and 64 are at very high risk. Yearly PSAs are critical to the early diagnosis and treatment of this disease.

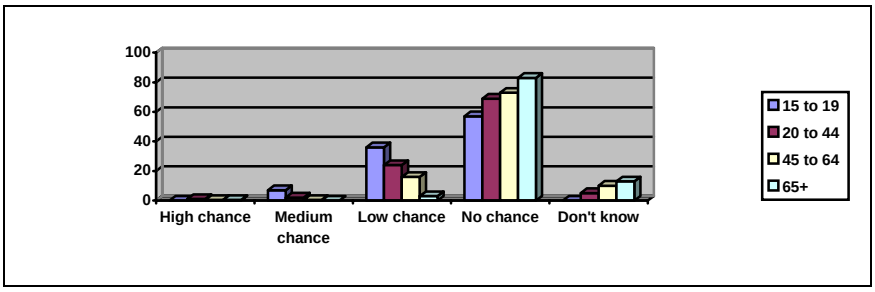
Figure 94. Distribution of intention to receive PSA in the next 12 months by age



H. Perception of HIV

The proportion of new AIDS cases is much higher among African Americans (82.9/100,000) than whites (8.5/100,000)[10]. Thus, it is important to know how African Americans perceived their risk of HIV infection. The majority of respondents, across age groups, perceive themselves as *not being at risk for HIV infection*. Specifically, 57% of 15 to 19 year olds, 68% of 20 to 44 year olds, 73% of 45 to 64 year olds, and 83% of respondents 65 years and older report *being at no risk for HIV infection*. The younger age groups are more likely to report themselves *at risk for HIV*. However, among those who report risk, they most often report low risk.

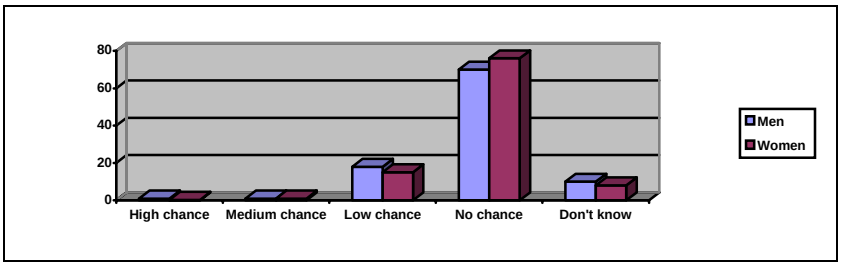
Figure 95. 1. Distribution of perceived chance of HIV infection among respondents by age



There were virtually no differences in perception of HIV risk among men and women.

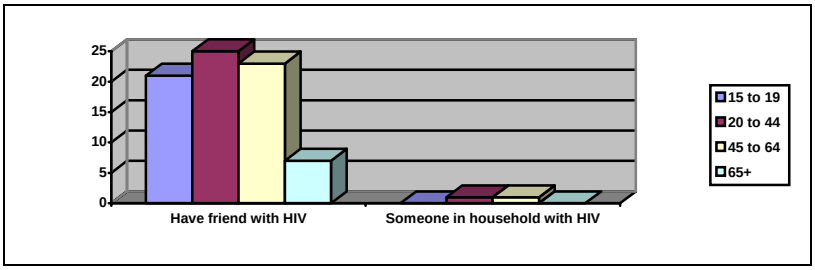
[10] Patricia L. Fleming and Marta Gwinn, Human Immunodeficiency Virus," Centers for Disease Control, July 25, 2000, p. 53. http://www.cdc.gov/nccdphp/drh/datoact/pdf/rhow3.pdf

Figure 95. 2. Distribution of perceived chance of HIV infection among respondents by gender



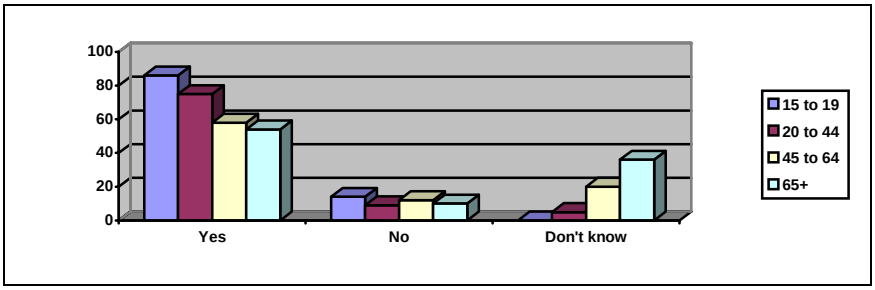
Part of the awareness of HIV risk has to do with knowledge of someone that is infected. Twenty-one percent of 15 to 19 year old respondents, 25% of 20 to 44 year olds, 23% of 45 to 64 year olds, and 7% of the elderly report having a friend or relative with HIV infection. One percent of the households, that is 8 households, have an HIV infected individual living there.

Figure 96. Distribution of having a friend or relative with HIV infection and prevalence of someone living in the household with HIV infection by respondents age



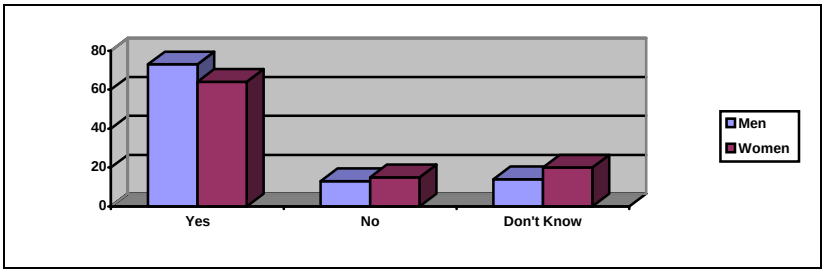
The use of condoms to protect against HIV has been a public health education campaign for many years. However, this message is not reaching everyone. For example, 14% of respondents 15 to 19 years old reported that condoms do not help prevent against HIV infection compared to 19% of 20 to 44 year olds, 12% of 45 to 64 year olds, and 10% of the elderly. Five percent of 20 to 44 year olds reported that they didn't know if condoms helped to prevent HIV infection compared to 20% of 45 to 64 year olds, and 36% of the elderly. These beliefs and perceptions place these individuals at greater risk.

Figure 97. 1. Perception of whether condom use reduces the chance of getting HIV by respondents' age



Men respondents are more likely (73%) to report that condoms help to reduce the chance of HIV infection than women respondents (64%).

Figure 97.2. Perception of whether condom use reduces the chance of getting HIV by respondents' gender



Part Two

The Neighborhood Setting

Understanding the Near East Side's socioeconomic state is the starting point in developing insight into the role played by the built environment and neighborhood conditions in facilitating or inhabiting the development of a healthy lifestyle and access to health care by residents.

The Near East Side, as stated in the Introduction, is a very poor community. The average median income is only $10,000. Almost half the population (43%) lives below the poverty line, and one-third are on public assistance. In 1990, the unemployment rate was 23% and the labor force participation rate was only 47%. Thus, the Near East Side is a place that scores high on the Misery Index. *A* linear relationship exists between a community's high rank on the Misery Index and the level of public and private disinvestments, the extent of poor housing, infrastructure, litter, poorly maintained parks and playgrounds, and the prevalence of crime found in it.

The purpose of Part Two is to examine how built environment issues and neighborhood conditions, including crime and violence[1], affect the Near East Side's health status. This section of the report will focus on (1) housing and wellness (2) crime and its impact on physical activity, and the prevalence of parks, playgrounds, and recreational facilities on the Near East Side (3) nutrition and the Near East Side's food distribution system, and (4) access to health care facilities and physician's offices.

Housing and Wellness

Housing on the Near East Side is a tale of two communities. This neighborhood is the site of both the oldest and newest housing in the city. Two separate forces are driving the Near East Side's housing development process. On one hand, approximately 83.4% of the housing units built on the Near East Side were constructed prior to 1950 (Figure 100). On the other, more new houses have been built in the community than in any other part of Buffalo. Since the 1960s, the Willert Park has been the focal point of extensive new housing development in Buffalo. Currently, it is the site of Buffalo's Home Ownership Zone, where the city is scheduled to build about 340 new houses over this decade. New in-fill housing has also been constructed in the community. Even so, old, poorly

[1] It should be stressed that crime and violence are the social outcomes of the economic marginalization of African Americans in a racist and class-stratified society. It is a reflection of limited opportunities in a society that glorifies excessive materialism, while simultaneously guns and other weapons are made available to the general population. The crime problem is intensified by public and private disinvestments, which contributes significantly to the creation of bad housing and a dilapidated physical environment. So, these problems can only be solved by the creation of neighborhood wealth, jobs, and opportunities for the residents.

maintained housing still outnumbers newly constructed dwelling units, and the community is still dominated by renters with low-incomes (Figure 98).

Figure 98. Distribution of housing units by age

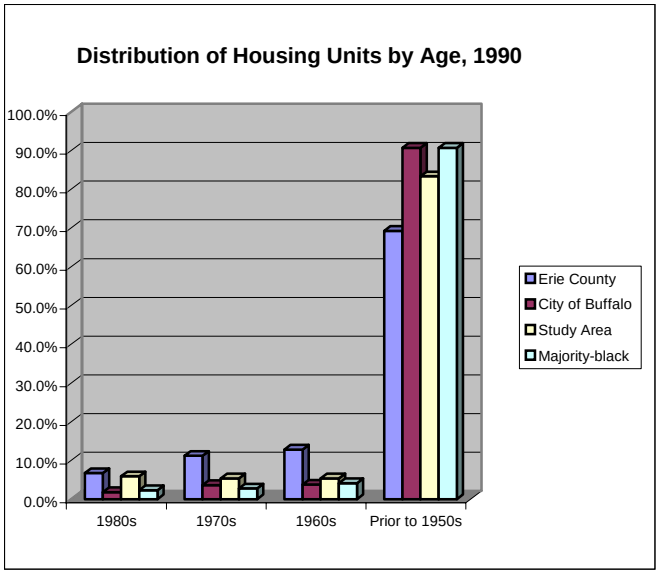


Table 5. Distribution of Housing Units by Age and Location

	1980s	1970s	1960s	Prior to 1950s
Erie County	6.7%	11.2%	12.8%	69.3%
City of Buffalo	1.8%	3.7%	3.8%	90.8%
Study Area	5.9%	5.4%	5.3%	83.4%
Majority-black	2.3%	2.8%	4.2%	90.7%

	1980s	1970s	1960s	Prior to 1950s
Erie County	27,100	44,991	51,489	278,551
City of Buffalo	2,741	5,559	5,727	137,944
Study Area	920	842	833	13,008
Majority-black	879	1,047	1,570	34,281

Because of their impact on wellness, the cost and age of housing are our central concerns. For low-to-moderate income families, the cost of homeownership is high. Generally speaking, the mortgages of newly constructed houses are higher than the mortgages of older homes. New houses, however, still require regular maintenance. In older homes, on the other hand, although mortgages are lower, the maintenance cost is much higher. At the same time, older homes, which have been renovated, do not necessarily carry higher maintenance costs. Unfortunately, Buffalo has a poorly developed housing renovation program. At any rate, to gain insight into the quality of older housing, we

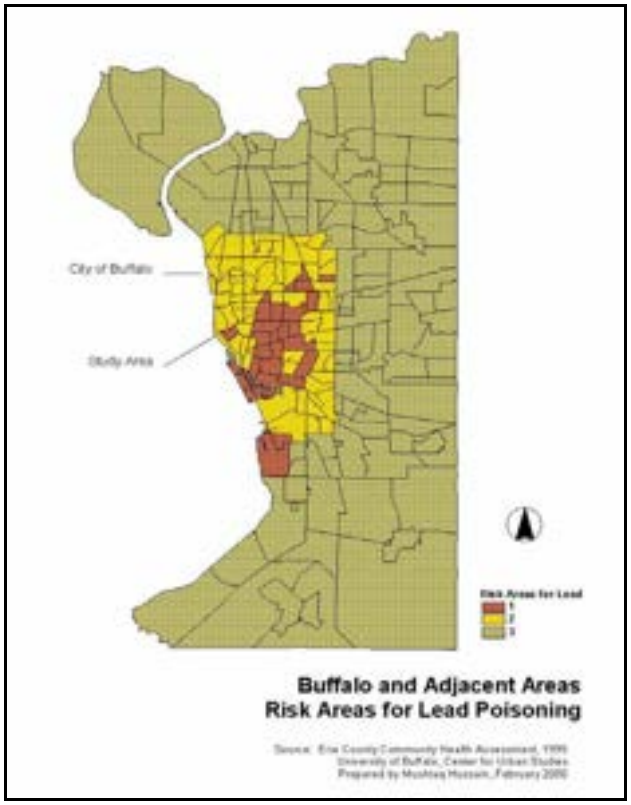
conducted a windshield survey on the Near East Side. The survey results suggest that many of the older homes on the Near East Sid are poorly maintained.

Two issues emerge from this discussion. First, the more money people spend on housing costs, the fewer resources they have to spend on other items, such as food, leisure time exercise activities (e.g. membership in the YWCA), dental care[2], prescriptions, and other medical costs. When money is tight, consumers are forced to make hard decisions. Although research is required to affirm this hypothesis, we believe that many Near East Side families are often forced to make hard choices on where to spend their money. In this *tight money* setting, taking out a health club membership, making regular visits to the dentists, or travelling across town to purchase oranges and apples may seem exorbitant. Second, national studies show that inadequate investment in housing repair and maintenance contributes to a greater incidence of housing-related accidents (e.g., faulty electrical wiring makes the housing units more susceptible to fires; cracked sidewalks and poorly maintained porches contribute to falls, and inadequate heating systems contribute to heating burns from kerosene heaters, hot plates, and radiators). The point is that deferred housing maintenance cost, whether by a homeowner or absentee landlord, places African Americans at a greater risk of unintended injuries than population groups living in better housing.

Not only this, but living in older, poorly maintained homes create other health risks for African Americans. For example, asthma is one of the most common problems facing inner-city children. National studies show a correlation exists between older housing units and high-density public housing units and the prevalence of asthma. The dominant trigger for asthma is cockroach allergens. Typical effects of asthma are higher rates of school and work absenteeism, emergency room visits, and hospitalization. Also, according to the Erie Department of Health Community Health Assessment for 1996-97, housing units built prior to 1950 are among the major risk factors for lead poisoning. Other contributing factors include children under 5 years of age, income below poverty, race/ethnicity, value of housing, number of children with lead poisoning and available screening for lead poisoning. The Near East Side was ranked as one of the highest at risk areas for lead poisoning in Buffalo (Map 4). The point is that living in older, poorly maintained housing matters.

[2] Even when workers have dental insurance, because of the nature of coverage, there is still a large out-of-pocket expense.

Map 4. High Risk Areas for Lead Poisoning



The Prevalence of Crime and the Health Status of a Community

Generally speaking, people who are physically active live longer than those who are not. ***The Surgeon General's Report On Physical Activity and Health*** concluded that physical activity, from vigorous exercise to a broader range of health-enhancing physical activities, could reduce substantially both overweight and the risk of developing or dying from heart disease, diabetes, colon cancer, and high blood pressure. Physical activity may also protect against lower back pain and some forms of cancer and is central to maintaining wellness throughout one's life. Because of the African American's high risk to blood pressure, heart conditions, cerebrovascular disease, and diabetes, physical activity is very *important to them*. Yet, in Part One, the findings of the health survey show that Near East Side residents *lead* a sedentary lifestyle. Only 40% of the men and 18% of women reported having engaged in heavy physical activity within two weeks of being interviewed. The differential in the physical activity among women is striking and deserves special attention.

Another big problem is that African Americans, as they age, become increasingly inactive. For example, only about 35% of the sample population between ages 20 and 44 engaged in heavy physical activity, 26% of those age 45 to 64, and only about 10% of the

elders. Thus, at the very time when physical activity becomes exceedingly important, African Americans become even more sedentary. This sedentary lifestyle is a major barrier to wellness in the African American community.

Within this context, we wanted to explore the relationship between crime and physical inactivity. National studies have shown that the fear and perception of neighborhood crime cause people to retreat from public space and limit walking, jogging, and biking in their neighborhood. Thus, the start point in our analysis was to explore ways that crime combined with a neighborhood landscape characterized by vacant lots, abandoned buildings, neglected dwellings, and a foreboding environment to affect the use of public space.

In the United States, street crime is over-represented in those neighborhoods where the Index of Misery is high, and Buffalo is no exception. Although crime has been declining, it is still over-represented on the Near East Side. For example, based on the calculation of crimes per 1000 people, the Near East Side had a crime rate of 169 per 1000 in 1996 compared to 133 per 1000 for the City. These figures include violent crimes (assault, criminal homicide, rape, and robbery) and property crimes (arson, burglary, auto theft, and larceny). On this point, it should be noted that while crime is going down overall, prostitution, nuisance and drug-related crimes are going up (Table 6).

Table 6. Incidents of Crime in Buffalo and the Near East Side

	Total	Violent	Property	Drug Related	Weapon-Related	Sex Crimes	Other-Property	Other	Other-Laws
Study Area									
1990	5819	1299	2388	483	48	127	886	577	11
1994	6502	1552	3039	359	72	5	874	550	5
1996	4619	1026	1817	477	48	125	468	666	2
City of Buffalo									
1990	52076	8179	24920	1691	289	983	9184	6748	84
1994	46356	8392	23643	2256	298	531	6793	4423	20
1996	43429	7168	20510	2703	269	813	5456	6462	48
Rate per 1000 population									
Study Area									
1990	230	51	94	19	2	5	35	23	0
1994	227	54	106	13	3	2	31	19	0
1996	169	38	66	17	2	5	17	24	0

City of Buffalo									
1990	160	25	76	5	1	3	28	21	0
1994	141	26	72	7	1	2	21	13	0
1996	133	22	63	8	1	2	17	20	0

Down on the Ground: The Meaning of Crime in a Neighborhood Context

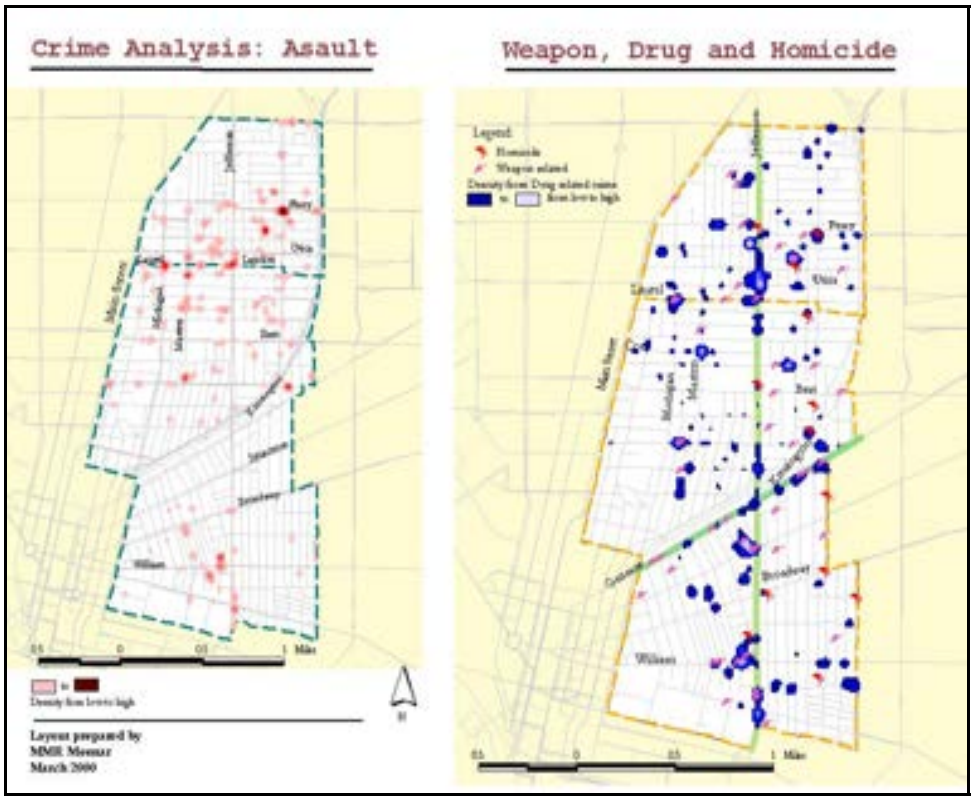
To get a picture of how crime *affects everyday* life and culture, we mapped the distribution of crime throughout the community and pinpointed the location of *neighborhood hot spots* (the areas in which the concentration of crime in relation to population density are the highest). The mapping process showed that while crime is widely distributed across the Near East Side, the *neighborhood hot spots* are concentrated along the commercial strips and major thoroughfares. For example, assaults, weapon, drugs related crimes, and homicides are concentrated around High Street in the medical corridor and commercial strips along Jefferson Avenue, Williams Street and Broadway. Yet, at the same time, particularly in the case of Cold Springs, *neighborhood hot spots* are found throughout the residential areas (Map 5). For example, the mapping shows that many assaults, weapons related crimes, homicides, and rapes take place in the neighborhoods, away from the commercial strips (Map 6). These findings are significant because people's greatest fear come from being attacked. Therefore, the presence of these violent crimes in the neighborhoods may explain in part why some East Side residents maybe reluctant to walk for exercise, jog or bike with regularity. They maybe afraid of being robbed, raped or becoming the unintended victim of a shooting, or they may simply have a nagging feeling that the streets are not safe. So, they stay inside.

In addition to walking for exercise, jogging, or biking, we wanted to gain insight into the ways that crime might affect the use of parks, playgrounds, recreational facilities, the activities of youth, and shopping. So, we mapped the incidence of crime around these types of activities. The data showed that *neighborhood hot spots* are found near the various recreational facilities and parks, on commercial strips, in places adjacent to delis, and in the vicinity of schools and playgrounds (Maps 7, 8, and 9). We do not know if or how these activities directly affect everyday life and culture on the Near East Side, but it is reasonable to believe that concern about crime makes parents worry about their children walking to and from school. Fear of crime may also make neighborhood residents reluctant to shop along the commercial strips.

Map 5. Crime and its Relation to Vacant Land

Crime is widely distributed throughout the East Side, but the hot spots not concentrated around vacant lots. Instead, they are most often found along the commercial strips and major thoroughfares.

Map 6. Incidents of Crime: Assaults, Weapons, Drugs, and Homicide

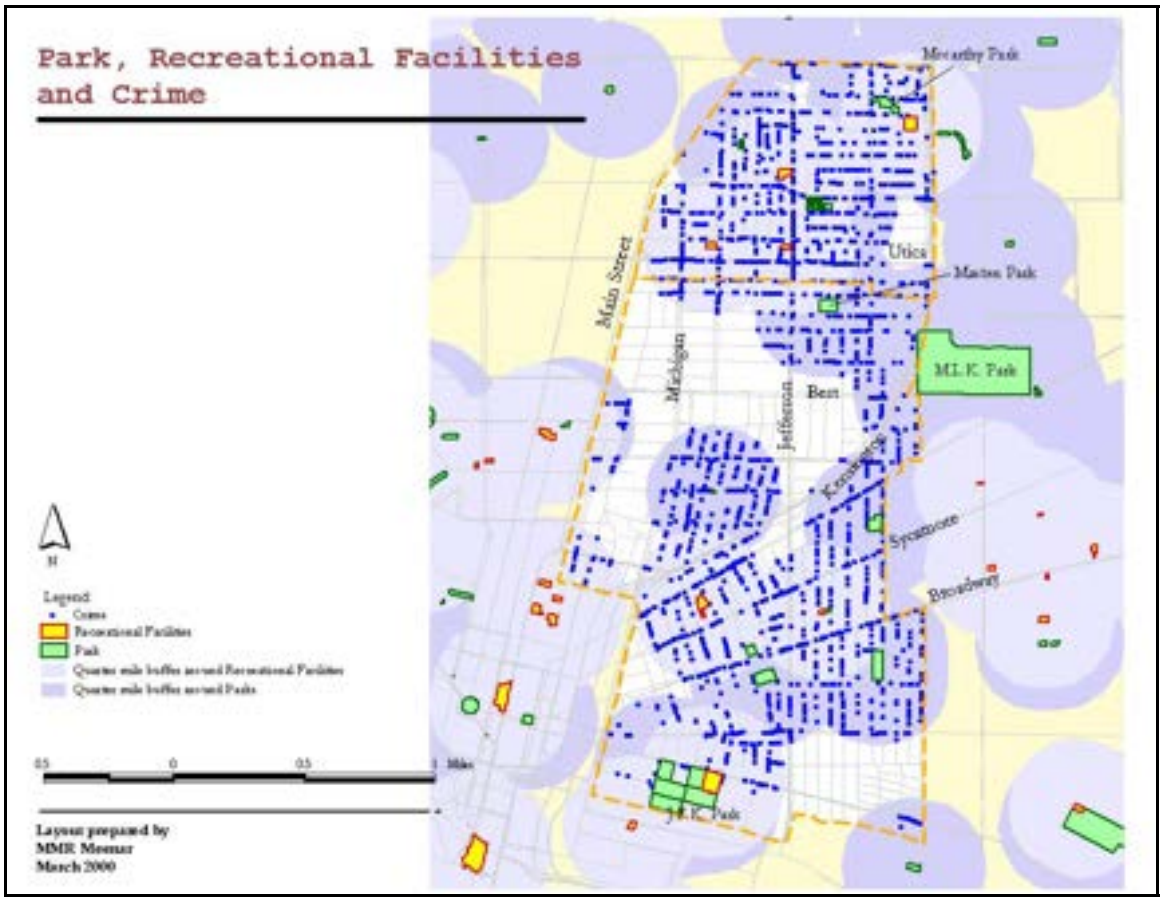


Assaults, homicides, and weapons violations take place in the neighborhoods. Note the location of homicides and weapons related crimes.

Not all East Side residents have direct experiences with crime, but it takes only a few incidences in a neighborhood to make residents fearful about their personal safety or sufficiently anxious to take precautionary measures. All these activities bolster environmental stress. To gain insight into these issues, we asked the health survey respondents about their experiences with crime. Almost one out of four residents have had some experience with crime in the past year. Twelve percent had something stolen, 5% had someone break into their home, 3% have been a victim of a robbery, another 2% have been a victim of a person crime, and 1% have been a victim of domestic abuse.

In terms of behavioral adaptation caused by the fear of crime, residents have restricted their behavior inside and outside of their home. Twenty-eight percent said fear of crime would restrict the places they go inside the neighborhood, 14% said it would restrict their shopping; 5% said it would restrict their work schedule.

Map 7. Crime around Parks and Recreational Facilities

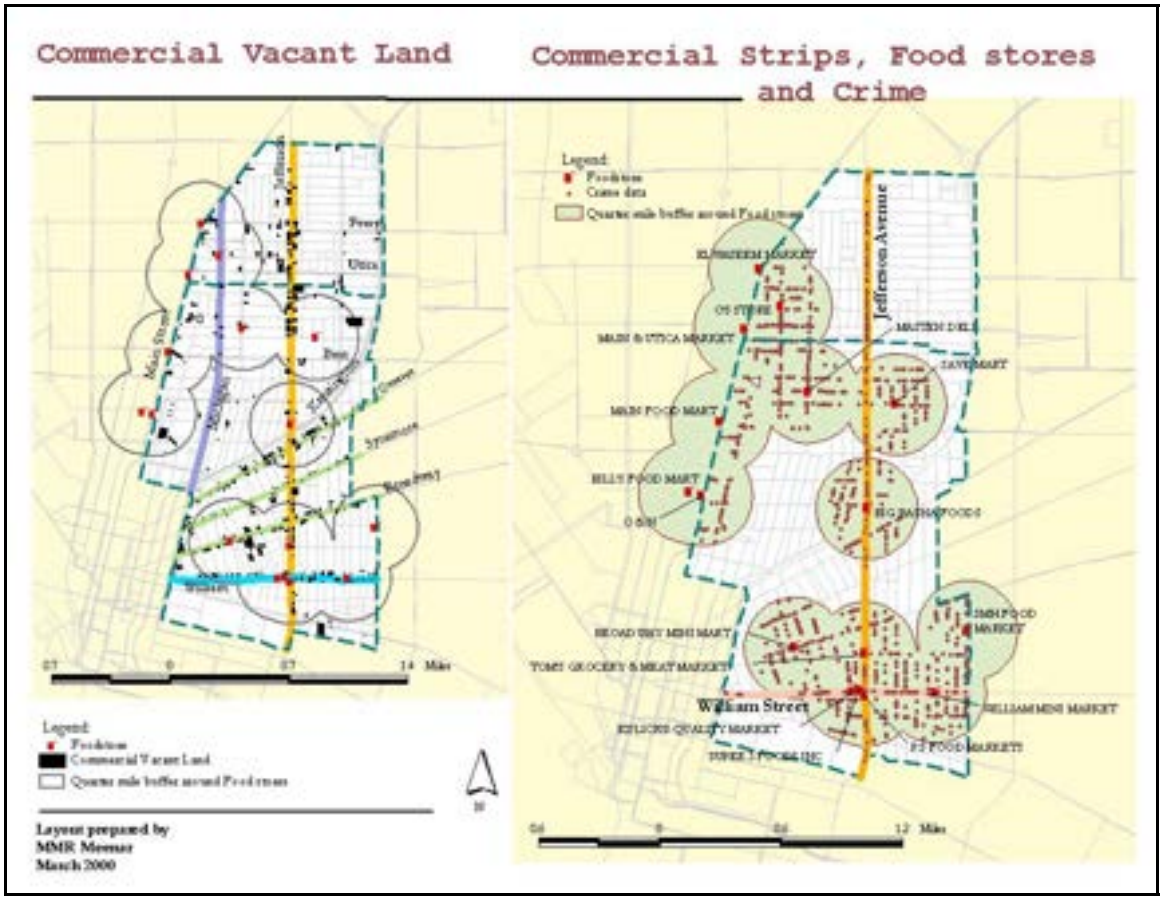


Crime takes place within the vicinity where parks and recreational facilities are located.

Another adaptive pattern is developing protective barriers within the home. Twenty-eight percent of the respondents have purchased an object for protection, 18% installed a home security system, 10% purchased a watchdog for protection, and 10% purchased a weapon.

In a neighborhood with a crime problem having good police services is key to residents feeling safe and secure. So, then, how satisfied are residents with the delivery of police services on the Near East Side? Thirty percent of the residents said they were very satisfied with the police, 21% were satisfied, and 5% percent were somewhat satisfied. About 34 percent of the residents said they were very dissatisfied and 9% said were dissatisfied. Thus, in a community where crime is a problem, about 43% of the residents are unhappy with the police services they received. Fear of crime combined with widespread dissatisfaction with the delivery of police services, we believe, increases environmental stress and contribute to a withdrawal from public space.

Map 8. Crime. Vacant Land, Commercial Strips, and Food Stores



Crime is located on the commercial strips and in the neighborhoods immediately adjacent to the food stores.

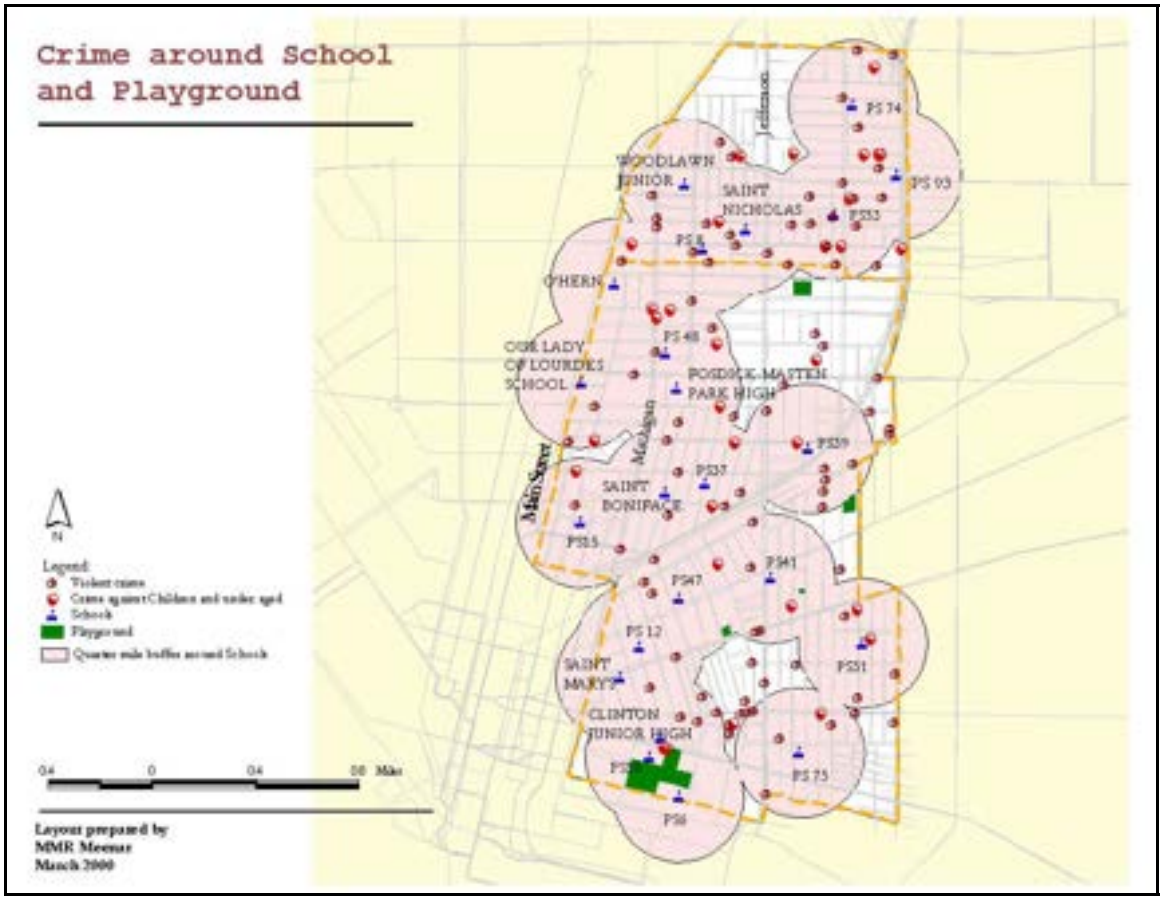
The Visual Image of a Community

Near East Side community leaders often say, "Blacks are a visual people. We are affected by the things we see." If that is true, then there are places on Near East Side where the *unbuilt*[3] and *unkept* physical environment creates a foreboding atmosphere that makes public space seem unsafe and reinforces a desire to retreat from public space. Over the past 30 years, a massive unbuilding process, characterized by the random demolition of hundreds of dwelling units and structures, has taken place on the Near East Side. As a result, about 40% of all vacant lots in Buffalo are located on the Near East

[3] By the *unbuilt process* we are referring to a process that lead to the demolition of housing and other structures. The physical environment is an environment that we *build* and *unbuild* through construction and demolition. The process of constructing the built environment is one guided by an urban design that creates unity and coherence between the streets, open spaces, and structures that gives the locale beauty, atmosphere, and mood. Unbuilding does not simply tear down structures, but disrupts and distorts the original urban design.

Side, and these unbuilt lots account for a whopping 35.3 percent of all land use on the Near East Side.

Map 9. Crime Around Schools and Playgrounds



Crime takes place within the vicinity of the schools and playgrounds.

The size and random distribution of *unbuilt vacant lots* contribute to the unkept, dilapidated and foreboding look of much of the Near East Side (Photo 1). For example, although 40% of the vacant lots in the city are found on the Near East Side, they account for only about 20 acres. Thus, in terms of size, Near East Side vacant lots account for a mere 2% of the vacant lot acreage in Buffalo. Even so, the haphazard distribution of these lots have left gapping, unsightly holes in the Near East Side built environment and this, combined with their small size, has made neighborhood redesign and redevelopment extremely complex. At the same time, community revitalization on the Near East Side has been at the bottom of the regional priority list. Outside of some in-fill housing, a handful of gardens, and a few *tot lots*, nothing has been done to transform and integrate these *unbuilt space*s (vacant lots) into the fabric of neighborhood life and culture. Consequently, not only are they poorly maintained, but also they have become places for the dumping of trash, debris, old furniture, and abandoned cars (Photo 2). Although the data show that vacant lots have not become magnets that attract criminal activities, they

nevertheless contribute to the unsafe, foreboding nature of the physical environment, which contributes to the retreat from public space.

Photo 1. Vacant Lots with and without Trash

The image of the Near East Side neighborhood as an unsafe place is also accidentally shaped by the efforts of some neighborhood businesses to protect their enterprises from crime. By placing bars on windows and steel cages around the doors, in a neighborhood characterized by poorly maintained houses, graffiti, boarded up warehouses, factories, department stores, and unpainted shops and stores, unkept vacant lots, the unintended visual message is that this neighborhood is not safe (Photo 3 and 4). The outcome of living in a community with this type of visual image, when combined with a crime problem, is the creation of a *neighborhood place*[4] that discourages the use of public space and spawns the creation of a culture of physical inactivity.

[4] The idea of *neighborhood place* stresses that a relationship exists between people and the physical environments in which they reside. It is this relationship that causes us to think about neighborhoods as places. In this sense, the sights, sounds, smells, and sacred places create an atmosphere or mood in that place that either strengthens attachments and promote a sense of well-being or that creates disconnects that make like more stressful and anxious. As these environmental stressors intensify, residents, if they are unable to move, will increasingly withdraw from public space.

Photo 2. Graffiti

Photo 3. Cages Stores

Photo 4. Poorly Maintained Housing

Crime and a foreboding physical environment are not the only factors that contribute to this culture of physical inactivity among Near East Side blacks. Also, there is a shortage parks and playgrounds in the community. Only about 4% of the Near East Side land area has been set aside for the development of parks and playgrounds. Our fieldwork indicates that most of these parks and playgrounds are poorly maintained. Not only this, but *neighborhood hot spots* are also located near the parks and playgrounds.[5]

To gain insight into how these factors affect the utilization of parks, playgrounds, and recreational facilities among Near East Side residents, we asked health survey respondents where they exercised and the location of the parks and recreational facilities they frequent. About 20% of the respondents exercised on the Eastside. Another 23% said they exercised in other parts of Buffalo. Two percent of the residents exercised in the suburbs, and 4% did not exercise in any specific place. About 50% of the respondents answered *not applicable*, which suggest that they do not engage in exercise

[5] No reliable data exists on the park and playground utilization.

on a regular basis. In terms of parks, 22% of the respondents said they use parks located on the East Side, 32% used parks located in the other parts of the city, 7% said they used parks in the suburbs, and 13% did not use parks in any particular place. Twenty-six percent of the respondents answered *not applicable*. Just 14% of the residents said they used recreational facilities on the East Side, 19% said they used facilities in other parts of the city, 2% used facilities in the suburbs, and 6% did not use any particular facility. Again, a substantial number of respondents answered *not applicable*.

The data shows that the Near East Side is not meeting the recreational needs of the residents and this contributes to the problems of physical inactivity in that community. When one thinks about the high proportion of people leaving the Near East Side to make use of parks and recreational facilities, it is important to remember that about 40% of the residents are dependent on public transportation. Most people will probably not take a bus or taxi just to visit a park or work out at a gym. Also, the privatization of recreation may create a barrier to the development of a culture of physical activity. We have no data on the cost of recreational activities, but we believe it may be a barrier to the engagement in leisure time physical activity among African Americans. For many Near East Side individuals, families, and households paying $100 a year to workout at a gym is expensive is exorbitant. The point is that a combination of crime, a foreboding physical environment, and the lack of well-maintained parks and playgrounds in the Near East Side help to explain the sedentary lifestyle among Near East Side blacks.

Nutrition and the Near East Side Food Distribution System

Healthy food choices and good nutritional practices are critical for sustaining good health at every stage in the life cycle and for reducing the risk of obesity and certain chronic diseases. For African Americans, a healthy diet is particularly important because they are prone to overweight, obesity, diabetes, hypertension, heart disease, and cardiovascular disease. A good diet is necessary for both lowering the risk to these maladies and for keeping the diseases from becoming more complicated once they have been acquired.

In this *microwave/fast food/soft drink/eat-on-run* culture, maintaining good eating habits is very difficult for anyone. Consequently, when hurdles, other than those normally encountered, are placed in the pathway of good nutritional practices, it becomes extremely difficult, if not impossible, to acquire and maintain good eating habits. For these reasons, it is important to determine if everyday life and culture on the Near East Side created obstacles to good nutritional practices among African Americans. To probe this issue, we wanted to know if there were supermarkets, shops, and stores on the Near East Side where African Americans could purchase fresh fruits, vegetables and meats, and grains: food products that are essential to developing and maintaining good eating habits.

To answer the question, we developed a database of all facilities that sold food products on the Near East Side, with the exception of restaurants and fast food shops. Pharmacies

were included in the survey because they sell food products. The database was developed using the Polk Street InfoTyme database, Yahoo's yellow pages, Explorer's business pages, and data obtained from Canisius College's Center for Entrepreneurship. After developing the database, we visited the various stores to see what types of healthy food products they sold.

The data and fieldwork showed that no superstores (Wegmans and Tops Mega Super Centers), large supermarkets (Tops Super Centers), or medium supermarkets (Jubilee, Quality Markets or Tops) were located on the Near East Side. Neither were there any community convenient stores, such as Wilson Farms, Seven-11, or Bkwiks, located in the community. The only sign of a national chain on the Near East Side was a small IGA food market located in the Towne Garden Plaza. Corporate disinvestments have caused most large-scale food operations or small convenience stores to leave or not to locate on the Near East Side. *The absence of major food outlets on the Near East Side means that small corner stores and pharmacies, such as Walgreen, Rite Aid, and Eckerd, dominate the community's food distribution system.*

To explore the implication of the Near East Side having an underdeveloped food distribution system, we identified 32 neighborhood corner stores, mapped their location, and then visited them to see if they carried fresh fruits, vegetables, grains, meats, and other healthy foods. We wanted to answer the question, "Can residents buy healthy foods at the Near East Side neighborhood corner stores?" We found that about 90% of the neighborhood stores did not sell fresh vegetables and fruits, and those that did sell them had very little variety. Almost no neighborhood food stores sold organic foods and only a few even carried wheat bread. Also, we found that 83.9% of the stores did not sell meat. Of the handful of stores that did sell fresh meat, about 3% sold only deli meat. Both stores that carried fresh meat were located at the intersection of William and Jefferson, which means that most Near East Side residents, because of their location, do not have access to them. Of course, not everyone eats red meat. Thus, we wanted to know how many stores sold poultry and\or seafood. Only about 10% of the stores sold poultry, while a mere 12% carried seafood.

Outside the neighborhood corner stores, the only option for the purchase of food products available to Near East Side residents is the food/pharmacy option. These stores are not designed to be food markets, and their inventory of food products is just as limited as the corner stores. Nevertheless, these pharmacies are important neighborhood shopping facilities. They are convenience stores that sell a range of frequently used products, such as cleaning supplies, personal care items, prescription and nonprescription drugs, and hair products. Although pharmacies are important Near East Side stores, they still do not offset the lack of healthy food products being available in the community. Consequently, purchase fresh fruits, vegetables, or meats most Near East Side residents must often leave the community.

If these food stores did not carry healthy foods, what did they sell? All of the neighborhood food stores sold candy, soft drinks, and potato chips (with the exception of

the specialty meat, seafood, and bakery stores). Approximately 71.8 percent sell beer, 67.7 percent sell cigarettes, and 87.1 percent sell lottery tickets.

Bags, Babies and Buses Don't Mix: How Accessible are Supermarkets to Near East Side Residents?

Poor food distribution means that Near East Side residents must leave the community to grocery shop or purchase healthy food. How difficult is the journey-to-grocery shop? For the sixty percent of Near East Side residents with a car, having to leave the community to grocery shop is not a problem. However, for the other 40%, it represents a major journey. Several years ago, while the UB Department of Planning's Center for Urban Studies was conducting a focus group on the problems of limited grocery shopping facilities on the East Side, a neighborhood resident said," Bags, babies, and buses don't mix." She was talking about the difficulty of making the journey-to-grocery shop on a bus.

Outside the Near East Side, there are three types of food stores that neighborhood residents are likely to frequent--supermarkets, super centers, and international stores. The closest supermarkets to the Near Eastside are Jubilees and Quality Markets. There is a Quality Market located at the intersection of Elmwood and North Streets, a Jubilee Store in Central Park Plaza, and a Tops medium sized store on Niagara Street. These stores are smaller in size and do not offer as wide a variety of food products as does the larger Tops and Wegmans stores.

For those residents who are dependent on public or commercial transportation, getting to these food stores is no easy task. For example, Near East Side residents without a car, must ride the bus, take a taxi, or get a ride from a friend. Taking a cab places a high surcharge on the grocery bill—*the grocery bill + the cab fare = the total cost of the groceries*. Getting a ride from a friend is cheaper, but also it means the person must shop when it is convenient for the driver. Bus travel is less confining, but also it is difficult and time-consuming. For example, to ride the bus to any of the stores mentioned above, a resident would have to change buses on average twice, if their travel origination was the Near Eastside. This would require about a twenty to thirty minute bus ride, not including the walk to and from the bus stop, wait time, and the walk to and from the bus stop to the store.

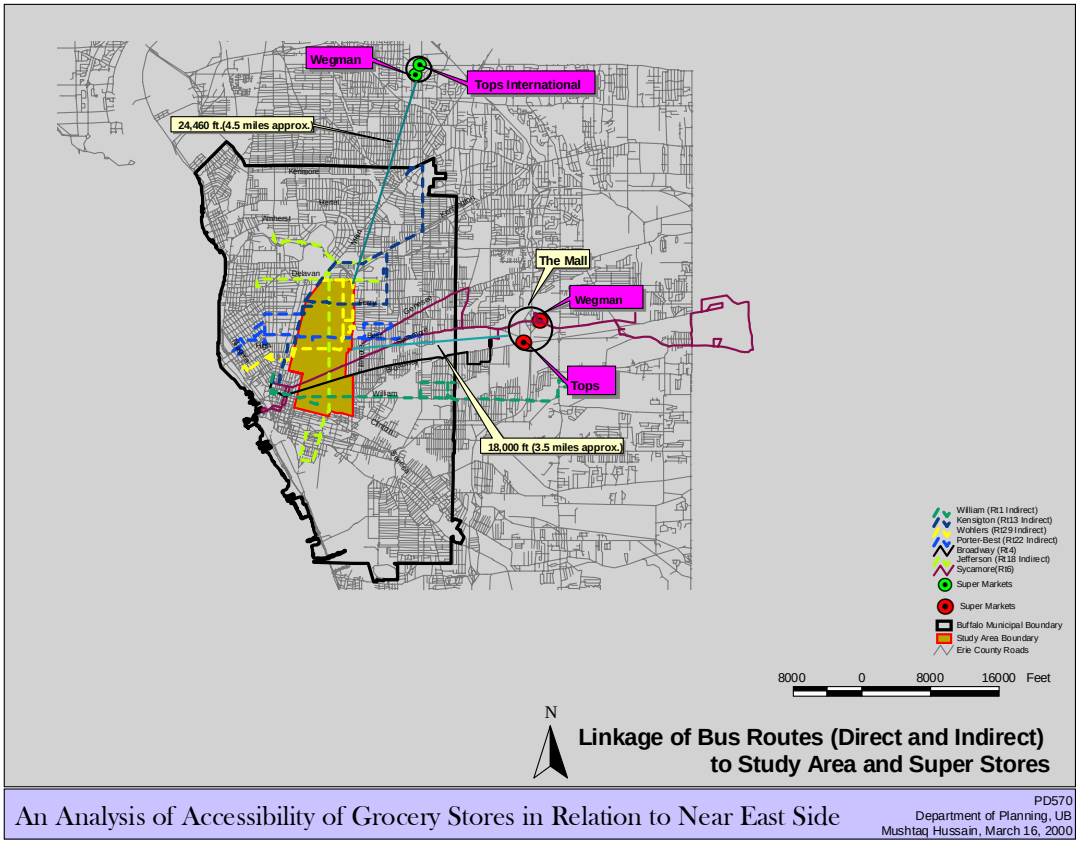
Tops Super Centers offer a much wider range of food products available at the medium grocery stores. The closest Super Center to the study area is found on Broadway and Bailey, Delaware and Linden, and Main and Kenmore.[6] Each one of these stores would require about 30 minutes to reach on a public bus route. This travel time is based the

[6] Tops plans to close the Delaware and Linden location in May. In addition, Tops has already closed two stores on the Eastside in the last two years.

time it takes to walk from one's house to the bus stop; wait time for the bus; bus travel time; wait time while transferring from one bus to another; travel time from the transfer stop to the destination; walking time from the bus stop to the store. After shopping at the store, the process starts over again.

The newer Tops International Stores and Wegmans offer the broadest inventory of food products in Western New York. The closest international stores to the Near Eastside are the Wegmans Store located at Amherst and Elmwood on Buffalo's West Side, the Wegmans and Tops Stores adjacent to Walden Galeria, and the Wegmans and Tops Stores located near Bailey and Maple in the Town of Amherst. The following map shows the location of these stores, and the public transportation routes that a neighborhood resident would have to take to reach these stores. On average, these stores would require around 45 minutes of public transit travel taking into consideration transfer, wait time, and walk time (Map 10). It should be stressed that many people probably use a taxi or get a ride from a friend to do grocery shopping. Not only do "bags, babies, and buses don't mix," but also trying to carry a week's shopping on the bus is probably a bad idea. Consequently, we believe that most residents, who do not own a private car, if possible, will not use the bus for making the journey-to-grocery shop.

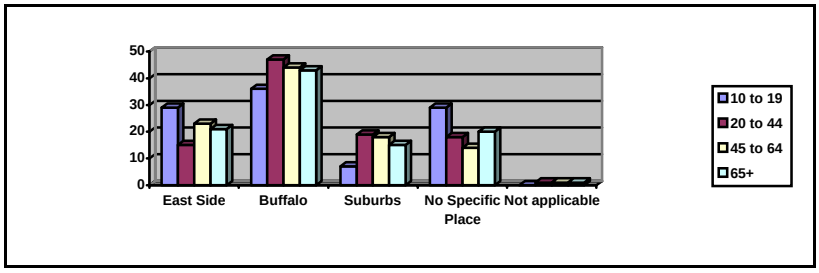
Map 10. Bus Routes from the Near East Side to Select Super Markets



The Outcome: Patterns of Shopping and Eating Among Near East Side Residents

Limited options force most Near East Side residents to grocery shop outside the neighborhood. About 80% of the health survey respondents indicated that they grocery shop outside the community (Figure 99). The shopping pattern does, however, vary by age cohort. Young people, 19 years and under, are the most likely to purchase food products on the East Side, while those in the prime working years, between age 20 and 44 years, are the least likely to grocery shop on the Near East Side. Here, it should be stressed that young people rarely go grocery shopping for the family. The shopping patterns of the youth notwithstanding, the great majority of residents grocery shop outside the Near East Side.

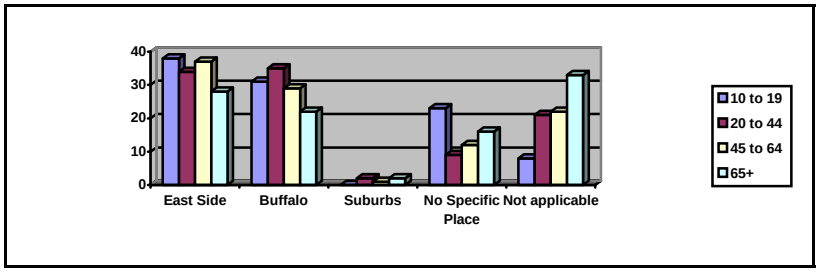
Figure 99. Distribution of where grocery shopping is done by age



Most residents, who shop outside the community, purchase their groceries in the Buffalo. At the same time, a significant number of residents also buy their groceries in the suburbs. A critical mass of residents said they did not shop at any particular place

When it comes to convenience shopping, Near East Side residents are much more likely to shop in their own neighborhood (Figure 100). When not shopping for convenience items in their neighborhood, respondents frequented shops and stores in Buffalo. Not surprising, almost no one viewed the suburbs as a venue for convenience shopping. The pattern of shopping at convenience stores varied across the life cycle. What is particularly interesting here is the pattern of shopping among Near East Side elders. About 15% had said they had *no specific place* for convenience shopping, while 35% said the question *was not applicable*. This suggests that elders did little or no convenience shopping. It could be that the journey-to-shop is so difficult for elders that they do little convenience items. Instead, they may carefully plan for grocery shopping so that they purchase enough convenience items to last until their next journey-to-grocery shop.

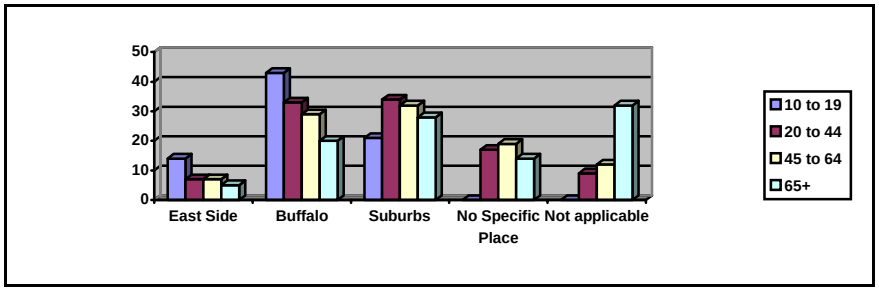
Figure 100: Places where Near East Side residents do convenience shopping



Eating out is an important aspect of everyday life and culture in the black community. Moreover, arguably a person is more likely to get a healthy meal in a sit-down restaurant than in a fast food establishment. Also, if fast food establishments are more convenient than sit-down restaurants, then they may become the favored eating place for teen-agers, mothers, and workers on-the-run. If this happens, a bucket of fried chicken or a hamburger and French fries may frequently take the place of dinner. For these reasons, we wanted to gain insight to the pattern of eating out and making purchases at fast food restaurants among Near East Side residents.

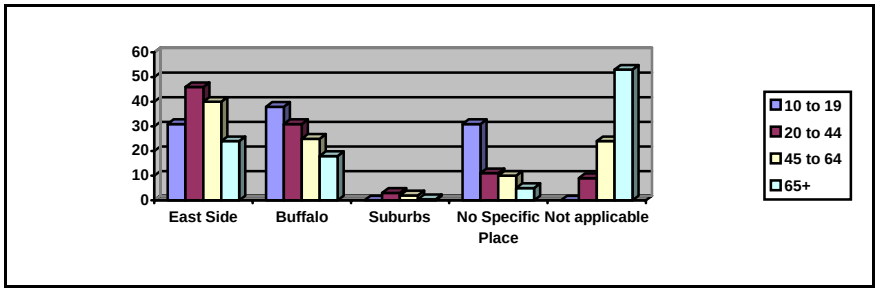
Fieldwork suggests that fast food establishments greatly outnumber sit-down restaurants on the Near East Side. When residents did frequent sit-down restaurants, very few respondents chose the Near East Side (Figure 101). When they left the community, most respondents selected a sit-down restaurant in other parts of Buffalo, although a substantial number frequented suburban restaurants. Young people were the most likely group to eat out, while elders were the least likely. When it comes to eating out, young people seemed to be geographically the most focused. They either frequented places on the East Side, Buffalo, or in the suburbs. Virtually no young people responded to the questions, *no specific place* or *not applicable.* What about fast foods? Are they more conveniently located than sit-down restaurants? If frequency of use is a surrogate for convenience, then fast food establishments are a favored location among Near East Side residents.

Figure 101. Location of sit-down restaurants frequented by Near East Side residents



Near East Side merchants capture a major share of the fast food market. Over 40% of the working age population (20 to 64 years) and 30% of the youth (19 years and under) purchase fast foods on the Near East Side (Figure 104).

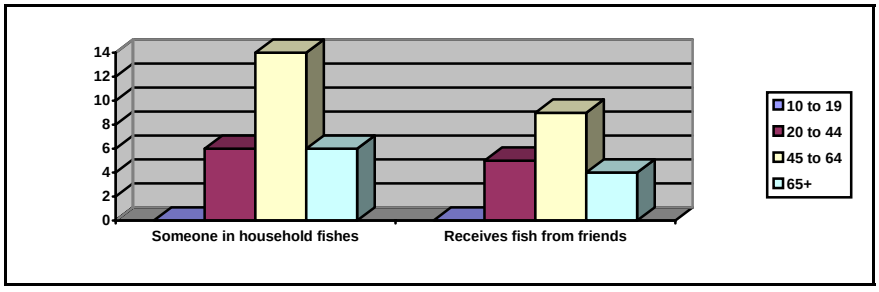
Figure 102. Location of fast food establishments frequented by Near East Side residents



When they leave the Near East Side to purchase fast food, the most favored locations are found in other parts of the city. Almost no Near East Side residents purchase fast foods in the suburbs. What is particularly interesting about the pattern of eating at fast food establishments is that a whopping 52% of elders say the question is *not applicable*, suggesting that they do not eat at fast food establishments.

Subsistence fishing is another part of the food distribution story on the Near East Side. While sports fishing maybe factors in the lives of some Near East Side residents, subsistence fishing is definitely a part of the narrative on everyday life and culture on the Near East Side. It is generally believed that some Near East Side residents fish to supplement their food supply. While much research is needed to truly unpack this phenomenon of Near East Side life and culture, we felt it was sufficiently important to get some insight into how widespread is the practice.

Figure 103. Proportion of households who fish or receives fish from friends



The data show that a small group of Near East Side residents both fish in the Buffalo River, Niagara River, and Lake Erie and\or receive fish from friends who fish in these lakes. The problem is that these are highly polluted lakes and the ingestion of fish from them maybe increases health risks to African Americans. Residents between 45 and 65 are the most likely to fish in these waters, while youth are the least likely.

The data show that for a significant number of Near East Side residents, developing and maintaining a healthy diet is complicated by the community's underdeveloped food distribution system. Corporate disinvestments in food stores have constructed a barrier to the wellness of Near East Side residents and placed the population at higher risk to morbidity and mortality. The outcome of this process is a community that has been stripped or is being stripped of its large food outlets. Consequently, the Near East Side has become dependent on small, neighborhood corner stores as the primary source of food supplies. The problem is that most of these stores do not sell healthy foods.

This, combined with the large number of fast food stores on the Near East Side, has created a neighborhood setting where it is easier to get Kentucky fried chicken, hamburgers, French fries, and pizzas than it is to get grapes, apples, oranges, bananas and other healthy foods. Creating even more potential health problems is subsistence fishing in nearby polluted lakes. Within this framework, the lack of automobile ownership combined with a poorly developed mass transit system isolates many Near East Side residents in a community with an underdeveloped retail food distribution system.

It should be mentioned that food pantries and faith-based institutions are an important part of the Near East Side food distribution system. However, something is terribly wrong with a community that must depend on food pantries and faith-based institutions as their main sources for the distribution of healthy foods. The bottom line is that the policies of corporate disinvestments, regardless of the reasons or intentions, have placed many Near East Side residents at a greater risk to health problems than more highly mobile population groups or those who live in communities with more highly developed food distributions systems.

Access to Health Care Services

National studies have shown that a relationship exists between proximity and access to health care facilities and physician offices. The heart of Western New York's medical center is located on the Near East Side. As a result, residents live within close proximity of a number of health facilities and providers of health care services (Map 11). For example, Buffalo General, Roswell Park Memorial Institute, and Sheehan Memorial hospitals are located on the Near East Side. So too, are the following community health outreach facilities: Kalieda's Deaconess Center ITC, Erie County Jesse E. Nash Health Center, Children's Hospital, and Sheehan Memorial Hospital Towne Garden Family Center. Not only this, but also four hospitals are located within a quarter mile of the Near East Side: Children's Hospital, Millard Fillmore Hospital, Sisters of Charity Hospital, and Erie County Medical Center.

Associated with the major hospitals are community hospital extension centers. Deaconess Hospital offers family planning programs, teen pregnancy prevention, well-child care, primary care, and adult medicine. Children's Hospital, as mentioned above, maintains a well-child care clinic at Towne Gardens. Buffalo General Hospital maintains a primary medical clinic at 1490 Jefferson, and Sheehan Memorial maintains a primary-care clinic

also at Towne Gardens. Gloria B. Scruggs, which is located just on the outskirts of the Near East Side, offers a full-service primary care.

Other health support services located in the study area include the Alcohol and Drug Dependency Services on Elm street, Monsignor Carr Clinic on Humboldt Parkway (a Catholic mental health service clinic), the Vocational Rehabilitation Center on Sycamore, and Buffalo Hearing and Speech Center on North Street. Nutritional counseling is available from Erie County Department of Health clinics (including Jesse E. Nash center), the hospitals, Gloria B. Scruggs, and from private clinics. The Buffalo Area Metropolitan Ministries offers a Food For All program. Most of these services require a cost to the patient and a doctor's referral.

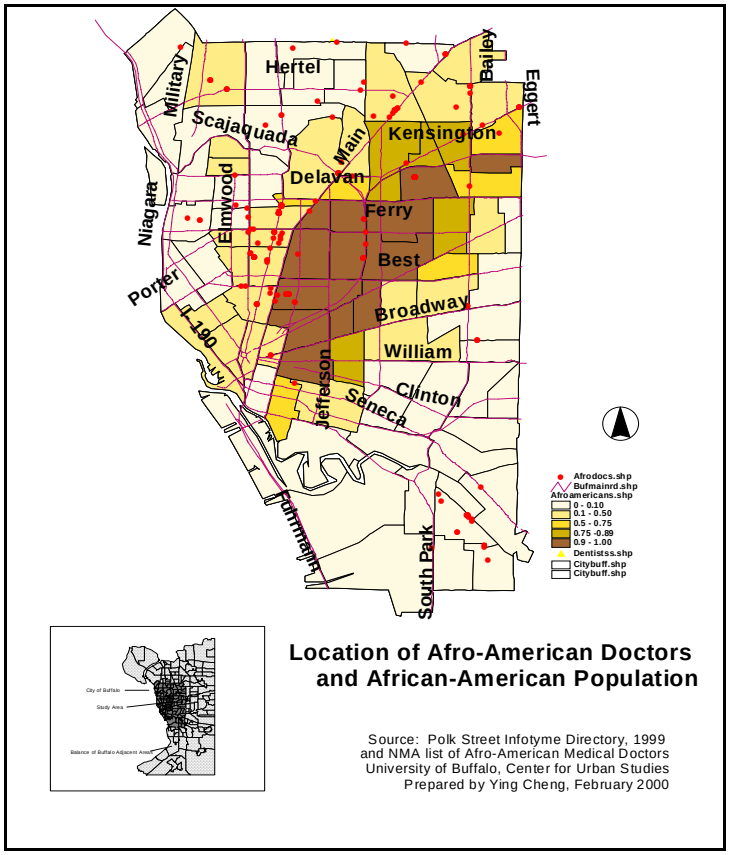
Proximity to physician's offices is also an important dimension of the health care delivery system. The region's number of African American's physicians is small, and most are located in or near the African American community (Map 12). On the Near East Side, the black doctors are clustered near the High Street medical corridor and Humboldt Parkway. Although there are not many non-black physicians located on the Near East Side, with the exception of those associated with the hospitals concentrated in the Near East Side community, many of their offices are nevertheless located in close proximity to the Near East Side.

Proximity, however, does not necessary translates into access to quality health care services. The data shows that while Near East Side residents live within *a stone's throw* of a number of hospitals, health clinics, hospital extension center, physician's offices, and health support services, there are still major access problems. The health surveys show that about one-third of the respondents said the emergency room was their primary source of care, and about 22% of the respondents actually went to the emergency room for treatment over the past year. Moreover, use of the emergency room increases with age. The point is this: although there are numerous health care facilities on the Near East Side, the respondents are still overly dependent on the emergency as a primary source of care. Many illnesses can be managed through a primary care physician; therefore, by not avoiding use of the emergency room, the cost of health care is increased. A significant number of respondents also expressed problems understanding and communicating with doctors and health care support staff.

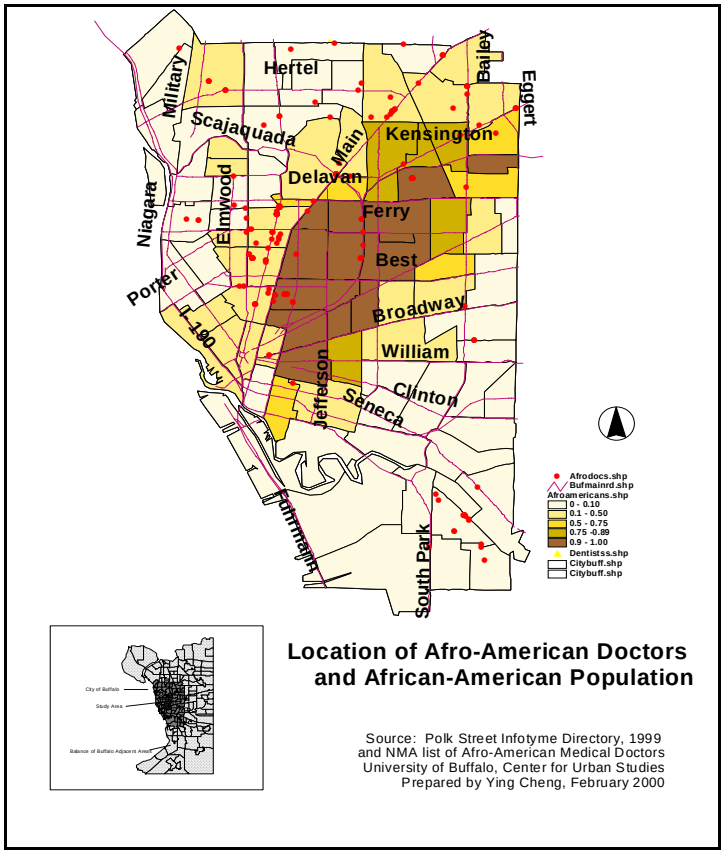
The neighborhood setting creates barriers to wellness and the health status of the Near East Side. A combination of crime, a foreboding physical environment, and a limited number of parks, playgrounds, and recreational facilities combined to contribute to the development of a culture of physical inactivity. At the same time, corporate disinvestments of supermarkets on the Near East Side has led to an underdeveloped retail food distribution system, which has erected a barrier to good eating habits and nutritional practices among African Americans. The reality is that it is easier to buy fried chicken, hamburgers and French fries, and pizzas than it is to buy grapes, strawberries, apples, oranges, and bananas. Concurrently, the heart of the region's health industry is located on the Near East Side. Thus, residents live within a stone's throw of numerous health care facilities and physician's offices. Yet, as the health survey demonstrates, proximity

to health care facilities and access to them are two different things. African Americans are still too reliant on emergency rooms, and they say communicating with physicians and support staff is difficult. When the three forces are put together, collectively they create a major barrier to wellness in the African American community.

Map 11. The Location of Medical Facilities



Map 12. Location of African American Physicians



Part Three

Key Findings, Implications, and Recommendations

1. Key Findings and Implications

A. Access to Health Care

- *Emergency Departments*

One-third of all groups use the emergency departments (ED) as their usual source of care. Almost 40% of the sample population said the ED was the primary place they would go for medical advice or treatment. The role of the ER as a primary source of care for Near East Side residents is also reflected in the actual number of respondents who visited the ED over the last year. About 22% of the respondents actually visited the ED during the last year.

- *Insurance*

Although a high percentage (over 80%) of Near East Side residents reported having some form of health insurance, about 16% of the total group still said the ability to pay for health care was a problem. Equally important, about 18% of the 20 to 64 year age cohort, and 26% of the elders said that paying for prescriptions was a problem. The ability to pay for medical care, purchase prescriptions, get time off from work to visit a physician, and obtain child care are greater problems for women than men.

- *Factors Other than the Ability to Pay*

Factors, other than the ability to pay to pay for services, also erect barriers to health care for some Near East Side residents. For example, a small percentage (10 to 12%) of respondents, age 45 years and older, reported problems understanding medical jargon, and an even larger percentage reported that insensitivity to their culture by health care professionals was a problem, while others cited non-stress related issues as barriers. Although the proportions are not high, when added together, they show that a significant number of residents may have problems understanding or establishing rapport with health care professionals and their support staff. In essence, negative interactions and perceptions seem to create barriers that keep some Near East Side residents from *getting the medical care they think they need.*

Implications:

Overuse of the emergency room, the inability to pay for prescriptions and other forms of treatment, and difficulty communicating or establishing rapport with physicians and health care professionals are barriers that suggest Near East Side residents are not getting the medical care they need. For example, overuse of the emergency room increases the cost of health care, while reducing its quality. A patient is more likely to receive the best care and treatment from a physician with whom he or she is familiar. The inability to pay for medical care and drugs may prevent some residents from the early diagnosis and treatment of serious illnesses. Also, most health care professionals rely on oral communication for diagnosis and treatment. If patients do not understand the language of the doctor or office staff, or if they do not trust them, potential exists for misdiagnosis and inappropriate treatment, or the patient's failure to follow the physician's recommendations. Either way, the quality of health care is diminished. Thus there is a need to provide culturally appropriate and accessible primary care services that would replace the ED as the source of first contact care.

B. The Prevalence of Disease

- *Diabetes, Hypertension, Heart Disease, Cancer, and Tobacco Use Disorder*

Diabetes, hypertension, heart disease, and cancer are major health problems among African Americans. About 16% of the 45 to 64 years and 24% of individuals age 65 and over have physician-diagnosed diabetes. Hypertension is particularly problematic in the African American community. About 10 percent of the 20 to 44 years, 38% of the 45 to 64 year olds, and 49% percent of the seniors have *diagnosed hypertension.* When these numbers are combined with the large number of people who not been diagnosed, the severity of the problem becomes even more apparent. About 9% of blacks between 45 and 64 years and 26% of persons over 65 have a diagnosed heart disease. We did not gather data on the proportion of Near East Side residents with cancer, but about 14% of this population reported having birth parents or siblings with cancer. Yet, although stalked by this dreaded disease, few African Americans seemed concerned about getting it, even when their family history suggest otherwise. Likewise, although diabetes and hypertension are problems, most residents seem unaware of the risk. For example, almost one-third of the respondents report having a family member with diabetes and hypertension, and an around 35% reported that someone in their family had been tested for diabetes. Yet, almost 90% of the sample population expressed no concern about getting either diabetes or hypertension. If you are not concerned about getting a disease, then chances are that you will not take preventive measures to keep from getting it.

- *Tobacco Use Disorder*

Smoking is a very serious problem in the African American community. The problem is most severe among the 20 to 64 age cohort. About 38% of the population in this age group smokes. This is extremely high. The general population rate is about 22%. Within this context, we believe that tobacco use may be the number one killer in this community and that it is often combined with other diseases. Because of the seriousness of this problem and its relationship to other diseases, we have listed tobacco use disorder as a chronic disease.

- *Asthma*

Asthma is a problem on the Near East Side, both among children and adults. It is present in 11% of children under 20 and in approximately 7% of adults over 20. Currently, the national rate of asthma hospitalizations and emergency room visits are extraordinarily high for all age groups but particularly for those under 5 years of age. Asthma is a manageable disease, which people should not die from. Therefore, the primary care clinician should be the key health care team member responsible for managing children and adults with asthma, and hospitalizations and emergency room visits should be avoided. Asthma is particularly problematic among inner city residents, especially blacks and Latinos. For example, the disease strikes African Americans at a rate three-to-four times that in Caucasians. A variety of "triggers" may initiate or worsen an asthma attack, including viral respiratory infections, exercise, and exposure to allergens or to airway irritants such as tobacco smoke and certain environmental pollutants.

- *Lead Poisoning*

Six percent of children less than 10 years have doctor diagnosed lead poisonings. Nationally, 4% of children under 5 were reported to have high lead levels. According to the Erie Department of Health Community Health Assessment for 1996-97, housing units built prior to 1950 are among the major risk factors for lead poisoning. Other contributing factors include children under 5 years of age, income below poverty, race/ethnicity, value of housing, number of children with lead poisoning and available screening for lead poisoning. The Near East Side was ranked as one of the highest at risk areas for lead poisoning in Buffalo.

- *HIV Disease*

HIV disease is a serious problem in the African American community. It is the fifth leading cause of death among African Americans in Erie County. After peaking in 1993, the number of death related Aids cases seem to dropping. Even so, in 1995 African Americans accounted for about 41 percent of the reported cases of AIDS in Erie County. Moreover, the proportion of new AIDS cases is much higher among African Americans (82.9/100,000) than whites (8.5/100,000). Yet, many blacks do

not perceive themselves at risk for HIV infection. Specifically, 57% of 10 to 19 year olds, 68% of 20 to 44 year olds, 73% of 45 to 64 year olds, and 83% of respondents 65 years and older report *being at no risk for HIV infection*. The younger age groups are more likely to report themselves *at risk for HIV*. However, among those who report risk, they most often report low.

- *Depression and Anxiety*

Although the numbers are not high, we are still concerned about the proportion of people with doctor-diagnosed depression (6% of the over 45 cohort) and anxiety (5% of the 45 to 64 age cohort). The proportion of African Americans grappling with these mental illnesses is probably much higher than these numbers suggest. Depression and anxiety are extremely debilitating problems, and they often go undiagnosed. They are particularly important because they can seriously affect the way a person functions on a day-to-day basis.

Implications:

African Americans are at a high risk for acquiring diabetes, hypertension, heart disease, and cancer. Also, blacks smoke too much, and this increases their risk for these chronic diseases. Depression and anxiety problematic in the black community, and, so too, is asthma. Five factors make African Americans vulnerable. First, blacks often score poorly in the areas of diet and nutrition. Good eating and nutritional habits are necessary for both reducing the risk to these diseases and managing them once they have been acquired. Second, blacks score poorly on physical activity, which is also importance for preventive and treatment purposes. Third, poor communication or lack of rapport with the physician can lead to misdiagnosis, inappropriate treatment, or non-compliance with treatment recommendations. Fourth, some of the oldest housing in the city is located in the African American community. Living in such housing increases the risk to diseases like asthma. Fifth, the highly stressful life blacks often live, when combined with poor eating habits, limited physical activity, and smoking and drinking places them at even great risk for acquiring a chronic diseases or becoming depressed or anxious. Moreover, on the question of stress, Dr. Benjamin S. Carson, Sr., director of Pediatric Neurosurgery at the Johns Hopkins Medical Institutions, says that stress is sometimes useful, such as when you encounter a dangerous or threatening situation. In such circumstances, the many physiological changes that occur in your body prepare you for flight or fight. However, if the body regularly acts as if it is in a dangerous situation, such responses can take their toll on the heart though elevated blood pressure and heart rate. Living in a highly stressful environment, then, is a health risk.

Lastly, for a couple of reasons, blacks are more likely than whites to have greater complications once they acquire chronic diseases or become depressed or anxious.

First, early identification and treatment gives those with chronic illnesses the greatest chances for full recovery or for the successful management of their problems. Late diagnosis often jeopardizes African Americans chances for a full recovery or the successful management of their disease. Second, because of poor dietary habits and physical inactivity, the prospects of recovery or management of a chronic disease is lessened among African Americans. Effective interventions for hypertension, diabetes, asthma and tobacco use disorder exist. There is a need to activate health care systems and partners to make sure that East Side residents have access to these interventions.

C. Preventive Care

- *Pap Smear*

Over 90% of East Side women have had a Pap smear and about 63% of all women said they definitely intended to receive a Pap in the next 12 months. Only a small proportion of the population said they were unlikely to get a Pap.

- *Breast Examination and Mammography*

Over 90% of the respondents reported having at least one breast exam, but only about 50% reported having a clinical breast exam in the past year. Given the prevalence of breast cancer among black women, the proportion of those getting annual breast exams is low. About 94% of women 45 to 64, 90% of the women 65 and older, and 59% of the women under 45 report having had a mammogram. Initially, women on the Near East Side appear to have good screening behaviors. However, this picture changes when looking at regular screening. For example, only 53% of women 20 to 44 had more than one mammogram compared to 59% of women 65 and older, and 66% of women 45 to 64. Mammography, it should be stressed, is only absolutely indicated for women 50 years old or older. There is controversy for the indication between 40 and 50. There is no indication for women less than 40 years.

- *Fecal Occult Blood Test*

Fecal Occult blood tests are used to detect colorectal cancer. This should be done yearly for men and women over 50. Fecal Occult blood tests should be done yearly on all individuals over age 50. Fifty-nine percent of the 50 to 64 year olds and 48% of the elderly reported having a FOBT within the past year.

- *Prostrate Screening Antigen (PSA) and* Digital Rectal Exam (DRE)

A prostrate test is recommended for men over 50 to screen for prostate cancer. On the East Side of Buffalo, 81% of the men over 50 have had at least one PSA. However, only half of the elders indicated they would *definitely have a PSA in the next 12 months* and even fewer men (37%) aged 50 to 64 said they would. Nine percent of men 65 and older said they probably would not obtain a PSA in the next 12 months compared to 11% of men 50 to 64 year of age. These figures are very low. Prostate cancer is a serious problem among African Americans, and men between the ages of 50 and 64 are at very high risk. There are pros and cons over the values of both PSAs and DREs as screening devices. Patients should talk these issues over with their doctors before deciding to have these tests and how frequently they should be held. DREs are used to screen for the detection of both colorectal and prostate cancer. Although DRE's are recommended every year, only 67% report having them in the past year. Seven percent of individuals 50 to 64 report and 12% of individuals over age 65 report having one digital rectal examination over the last three years.

- *Dental Care*

Near East Side residents do not visit their dentist regularly. Only 57% visit their dentists yearly compared to the national norm of 65%. The older African Americans become, the less likely they are to visit a dentist. For example, about 40% of young people had seen a dentist over the past six months, compared to about 32% of those 20 to 44 years and about 20% those between 45 to 64 years. Most important, one-third of the elders and 15% of those 45 to 64 had not seen a dentist in three years.

Implications:

"An ounce of prevention is worth a pound of cure" goes an old folk saying. African Americans should heed this advice. Blacks are at high risk for obtaining breast and prostate cancer. The prognosis for these and other forms of cancer are very good if diagnosis and treatment starts early. However, the chances for survival decline significantly if these diseases are discovered until their latter stages of development. Unless the number of blacks being screen regularly increases significantly, blacks will continue to die from these diseases at an unnecessarily high rate. Lastly, regular visits to the dentist can prevent gingivitis and periodontal diseases and the loss of teeth. Yet, African Americans do not regularly visit their dentists. And, as they age, these infrequent visits become even more infrequent. Thus, at the moment when African Americans are at the greatest risk for gum disease, their visits to the dentist taper off. Therefore, it is important that the community and health care systems provide accessible dental and primary care services.

Also, there is growing evidence that links exist between oral and general health. For example, problems in the *mouth* can signal trouble in other parts of the body. Mouth lesions and other oral conditions may be the first signs of HIV infection, and studies in post-menopausal women suggest that bone loss in the lower jaw may precede the

skeletal bone loss seen in osteoporosis. Moreover, recent studies point to associations between oral infections—primarily gum infections—and diabetes; heart disease; stroke; and preterm, low-weight babies. To date, there is not enough evidence to conclude that oral infections cause these serious health problems or if the associations are just coincidental. Nevertheless, because the *mouth* can be a potential source of infection, good oral hygiene is an essential part of a healthy lifestyle.[1]

D. The Neighborhood Setting

- *The Zone of Old and Poorly Maintained Housing*

African Americans live in the oldest and most dilapidated housing in the city. Renters dominate the community, and some of the cheapest housing in the city is found there. Two separate forces appear to be operating on the Near East Side. On the one hand, there are a large number of housing units built prior to 1950, approximately 83.4% of the housing units. On the other hand, there is the presence of new housing units, 5.9% of the housing units in the community were built in the 1980s. Because it is more difficult and costly to maintain, this older housing is our main source of concern. The less money homeowners have after paying their monthly mortgage, the less money they have for housing maintenance. National studies find that inadequate investment in housing repair and maintenance contributes to a greater incidence of housing-related accidents, e.g., faulty electrical wiring makes the housing units more susceptible to fires, cracked sidewalks and poorly maintained porches contribute to falls, and inadequate heating systems contribute to heating burns from kerosene heaters, hot plates, and radiators. This older housing stock also places blacks at a greater risk for lead poisoning and asthma than groups who live outside the zone of older, poorly maintained housing, and contributes to the image of the Near East Side as an inhospitable, foreboding place.

- *Old Housing and Lead Poisoning*

Lead poisoning continues to be problematic in the black community. About 6% of the children under eleven have doctor-diagnosed lead poisoning. This is a direct result of living in older, poorly maintained dwellings.

- *Crime and Physical Inactivity*

Near East Side residents live a sedentary life that is a major barrier to wellness and that lowers the community's health status. Crime, combined with a dilapidated physical environment characterized by vacant lots, abandoned buildings, poorly maintained dwellings, and a foreboding environment, discourages the use of public

[1] Source: Centers for Disease Control and Prevention, "Links Between Oral and General Health," May 20, 2000 http://www.cdc.gov/nccdphd/oh/sgr2000-fs4.htm

space, including activities in the community's limited parks, playgrounds, and recreational facilities. One outcome of this environment is a culture of physical inactivity among Near East Side residents.

Physical inactivity is a big problem. As African Americans move through the life cycle, they became increasing sedentary. Among the 20 to 44 age cohort, less than 40% of the respondents said they had not engaged in *very heavy physical activity for at least two minutes during the last two weeks*. Among elders, the proportions plunged to about 10%. The problem of physical inactivity is greater among women than men. For example, about 40% of men report engaging in *very heavy* physical activity compared on only about 18% of women. About 20% of those ages 20 to 44 say "I don't get any" physical exercise.

- *Overweight*

Overweight appear to be a problem. About 20% of young people, 40% of the 20 to 44 age cohort, and about 30% of elders think they are overweight. Overweight is probably related to the sedentary lifestyle among African Americans.

- *Corporate Disinvestments and Nutrition*

The Near East Side has a poorly developed food distribution system. The limited number of stores that sell fresh fruits, vegetables, meats and other healthy foods have created a huge barrier to good eating habits and nutritional practices among Near East Side residents. The sad reality is that it is easier to buy fried chicken, hamburgers and French fries on the Near East Side than it is to buy grapes, apples, oranges, and bananas. This difficulty obtaining healthy food is reinforced by a poorly developed mass transit system that makes it difficult for Near East Side residents to travel from their homes to major regional supermarket. Not only this, but also many blacks do subsistence fishing in the Buffalo River, one of the most polluted waterways in this region. Eating the polluted fish could be a major health issue for African Americans.

- *The Neighborhood Setting and Access to Health Care*

Near East Side residents live near a variety of health care facilities and physician's offices. Proximity does not automatically translate into access. Black still frequent emergency rooms too often, and a significant number of residents say they have difficulty understanding, communicating, and establish rapport with physicians and support staff.

Implications:

On the Near East Side, the neighborhood setting matters. Crime, poorly maintained housing, and limited parks, playgrounds and recreational facilities contribute to the creation of a physical environment that discourages the use of public space and engagement in activities such as walking, jogging, biking and playing tennis and basketball. Collectively, these factors have contributed to the development of a sedentary lifestyle among African Americans. Not only this, but corporate disinvestments in food stores have led to a neighborhood setting where it is easier to buy potato chips, fried chicken and hamburgers than grapes, strawberries and apples. So, although the heart of western New York's health care industry is located on the Near East Side, the neighborhood setting still creates huge obstacles, which make developing and maintaining a healthy lifestyle extremely difficult. Put simply, the physical environment places African Americans at a greater risk for morbidity and mortality than people who live in other locations.

E. Everyday Life and Culture On the Near East Side

- *Functional Status*

The Near East Side residents is a very *functional community*—by functional status we mean the ability of people to carry out their daily activities, both inside and outside the home, without being held back by physical or emotional problems. Most Near East Side residents are able to socially interact with family members and friends without obstacles being imposed by their physical or emotional state. Yet, a small but critical number of elders were *socially limited*. For example, although 76% of elders said they had experienced no limitation of social activities, and about 6% said they were *quite a bit limited*. Contrary to conventional wisdom, blacks are not a people filled with a sense of hopelessness. Overall, they are optimistic. For example, most say they are in from good to excellent health. Only about 10% of African Americans, age 20 to 44 and about 21% of those from 45 to 64 years felt they were in fair health. When asked how things had been going for the past two weeks, most respondents said from very well to good. Less than 2% said things had been going *very bad.*

The Near East Side social support system seems strong. Most people said they had sufficient support when *emotionally down,* or just needed someone with whom to talk, or required help when sick, or just needed someone to help with daily chores. From this perspective, the Near East Side seemed cohesive and functional. When taken together, these factors might help to explain the general sense of optimism found in the community.

Yet, there are danger signs. Although most residents said they had sufficient social support, a surprising number of youth felt they had few people with whom to talk or give them assistance when they needed help. Although the proportions were small, it is nevertheless a source of concern. At the same time, it should be noted that a high percentage of young people also though things had been going *very well* or *pretty good* over the last two weeks.

African Americans have a number of cultural practices that help support a healthy lifestyle. Over 40% of the respondents reported using home remedies, and 10% said they used folk healers to compliment traditional medicine. On this point, African Americans are a very religious community with about 69% of the population reporting that they attend church regularly. In addition, over 80% reported using prayer as a medical compliment. Also, over 70% of respondents used over-the-counter medications.

- *Alcohol*

Alcohol abuse does not appear to be a major problem in the African American community. Less than three percent of the respondents between 20 to 64 years report having a drinking problem. Still drinking is a source of concern. In 1990 African Americans had the highest reported rate of alcohol and substance abuse treatment in Erie County, where they comprised 47.9 percent of the cases admitted for treatment. Also, the pattern of problem drinking among African Americans is important. For example, drinking does not appear to be a big problem among black youth. However, in the 20 to 44 and 45 to 64 age cohorts, when socioeconomic obligations and stress increase, so too does problem drinking.

The results of the CAGE test reinforce the survey results. There appear to be a very low risk of alcohol problems among Near East Side residents. The CAGE is a four-question scale to assess risk of alcohol problems. Only 2% of respondents between 20 to 44 years reported a positive CAGE. These results must be interpreted with great caution because this age cohort is the most vulnerable to alcohol abuse. As previously noted, drinking does not emerge as a problem among blacks until they enter the prime earning years. So, regardless of the CAGE scores, this group appears the most vulnerable to drinking problems and blacks should be very vigilant about the dangers of drinking.

- *Marijuana, Cocaine, Crack, Heroin, Sniffing, and Other Drugs*

A significant proportion of the Near East Side community uses marijuana. The use of cocaine, crack, heroin, and sniffing, along with other drugs, involves only a small proportion of the population. Among drug users, there appears to be a relationship between age and the drug of preference. Finally, men are more likely to use drugs than women.

Implications:

The Near East Side community appears to be a functional community, with a strong social support system. Even so, still, there are concerns. Alcohol is a problem for a small, but significant number of African Americans. It is particularly problematic for

those African Americans entering their prime working years, when social obligations, expectations, and other forms of societal stress increase. During these years, when the risk chronic diseases and other health problems increase, African Americans start to engage increasingly in negative behavior. So, while the black community receives high grades on lifestyle issues, if these areas of concern are minimized or ignored, the results could be very harmful. Not only this, but a small, but important number of black youth appear to be alienated. When they need help, they say it is not there. This suggests that youth development must be a priority on the Near East Side.

2. What is to be Done?

Very serious health problems exist on the Near East Side. These problems not only involve issues of access, diagnosis, and treatment, but also questions of prevention, the built environment, and neighborhood conditions. The key to attacking the problems outlined in this report is to link the delivery of health care services to community building. This can be accomplished by placing wellness at the heart of the community development process. In essence, health care services and community building must be merged. This will not be easy. In both fields, practioners operate in their own silos with little interaction with those outside their own little world. We must find a way to overcome this fragmentation and build a collaboration to implement this study's recommendations.

Lastly, attacking the problems outlined in this report will literally require a cultural revolution, both inside and outside the African American community. The health problems facing blacks result from well-entrenched practices that make prevention of illnesses difficult and access to health care services problematic. Changing these practices of health professionals and institutions and altering the behavior of policy-makers and neighborhood residents will be difficult. This is why a cultural revolution will probably be needed to ultimately achieve success. Such a revolution would center around (1) establishing the importance of wellness in everyday life and culture (2) promoting a healthy lifestyle and stressing the importance of making public and private investments into communities to make them safe and healthy places live and work.

The Big Asset: A Functional Community: The Near East Side is a very functional community, and most families seem to have strong support systems to help them manage everyday life. A hopeful, optimistic people, numerous faith-based institutions, community organizations and groups, along with powerful stakeholders, anchor the community. If these groups plan and work together, then the health problems facing the African American community can be attacked successfully and wellness made the heart of community development. This is the foundation upon which efforts to solve the health problems facing the African American community must be based.

3. Recommendations

A. **The Lead Organization: The Community-Based Collaborative:** To implement this study's recommendations, a collaboration consisting of health care organizations, faith-based institutions, community development corporations, community-based organizations, block clubs, residents, and representatives of the public and private sectors, should be established. Kaleida Health and the Black Leadership Forum should be responsible for organizing and leading the collaboration. The health problems facing African Americans are so complex that only a holistic, coordinated approach can attack them successfully. The collaboration's goal should be to raise the necessary funds and to implement the study's recommendations. We wish to emphasize that unless such a coordinated and well-funded implementation plan is carried out, it is doubtful if the health problems outlined in this study can be addressed.

B. **Community Health Education and Promotion of Wellness:** Developing a strong program of community health education is essential to addressing the findings of this study. This should not be a simple public health education program, but a movement to (1) create greater awareness of chronic and general diseases (2) direct residents to private physicians and clinics as the best places to get treatment and medical advice (3) advocate for transforming neighborhoods into healthy communities, and to (4) to promote wellness as the key to bolstering the community's health status. Within this framework, the community health education and promotion of wellness program should focus on awareness, prevention, early identification and treatment. It should develop specific messages for each age cohorts and gender group. The approach should be an innovative, non-traditional, multimedia one. Health education messages should be omnipresent.

Existing community health education programs should be strengthened, expanded, and made an integral part of the broader coalition. Faith-based institutions and block clubs, in particular, should play an important role in the community health education and promotion of wellness program. This program must be well funded and made sustainable over time.

C. **Physical Activity:** All studies indicate that physical activity is one of the keys to the lowering the risk to chronic and general diseases and developing a healthy lifestyle. Near East Side residents are a sedentary people. This must end if they are to become healthy. Building a culture of physical activity on the East Side is key to making physical activity a central part of everyday life and culture and wellness the driving force behind community building. To bring this about, several things must happen:

1. Community Education and the Promotion of Wellness: A comprehensive educational and wellness promotional campaign must be planned and implemented. Such a campaign would stress the importance of physical activity from aerobics to walking, jogging, biking and gardening, and bill these activities as one of the keys to healthy living.

2. *Faith-Based Institutions*: Faith-based institutions and other organizations should sponsor or initiate a range of physical activities, including aerobic classes, walking clubs, and bicycle outings.

3. *Public Schools*: Public school recreational facilities should be made available to neighborhood residents after school and on the weekends.

4. *Parks, Playgrounds and Physical Activity***:** The limited number of parks and playgrounds on the Near East Side, combined with their unkept character of the surrounding them, is another contributor to the sedentary lifestyle. An action plan should be formulated to (1) further develop and expand existing parks and playgrounds (2) formulate a program for maintaining parks and playgrounds and the neighborhoods immediately surrounding them (3) develop new parks and playgrounds, along with biking trails, (4) establish free summer athletic programs in the parks, and (5) and formulate a plan for transforming some vacant lots into meditative gardens and recreation areas.

5. *Crime and Physical Activity***:** The reality and perception of crime is appears to be a major impediment to engagement in physical activity among Near East Side residents. So, without reducing crime and eliminating the perception of the Near East Side as a dangerous and foreboding place, efforts to bolster wellness and the community's health status will probably fall short. To eliminate crime as an obstacle to physical activity two things are required: (1) a study is needed to determine the ways crime interferes with the use of public space. The study would include an assessment of current crime prevention strategies and an action plan for making the Near East Side safer. (2) a task force should be formed to develop and implement a community policing program, which involves a partnership with neighborhood residents, to prevent crime on Near East Side. (3) The idea of using Americorps volunteers and paid teams of community residents to patrol the streets as part of integrated community policing team should be explored.

D. **Nutrition:** Without nutritional diets, the health problems of the Near East Side cannot be solved and wellness cannot be made a central part of community building. But for this to happen, the Near East Side food distribution system must be greatly improved. As long as blacks find it difficult to buy healthy food products on the Near East Side, it will be difficult for them to establish nutritional diets. Foods stores are not simply commercial enterprises, they are facilities that are vital to the health of any community. Thus, the development of strong food distribution system where people can buy healthy food products is a public matter. The establishment of supermarkets and food stores on the Near East Side, where residents can buy healthy foods at affordable prices, is a necessity. If big companies like Tops and Wegmans do not establish stores on the Near East Side, then efforts must be made to locate smaller stores there. At the same time, regional leadership should work with neighborhood residents to develop large-

scale food cooperatives on the Near East Side. Against this backdrop, an action group should be assembled to develop and implement a plan for improving the community's food distribution system.

E. **The Emergency Department:** A high percentage of African Americans use the emergency departments as their first stop in the quest to get medical treatment, even though numerous health care facilities and physician's offices are located in and near their community. A health education program should be established at ERs frequented by African Americans, which stresses the importance of visiting a clinic, health center, or doctor's office when sick or in need of advice about health issues. In particular, the importance of the patient's doctor as key to providing quality health care should be stressed. This health education program should rely on posters and video clips, rather than pamphlets, for the dissemination of information. There should also be efforts to encourage the availability of after hours (evenings) access to primary care clinics.

Research: Additional research is needed to learn why African Americans use the ER with such regularity. Until we are able to answer to this question, we are not likely to make significant changes in this current behavior.

F. **Diabetes, Hypertension, Heath Disease, and Prostate and Breast Cancer:** A comprehensive program of community health education should be launched to make African Americans aware of the chronic diseases that stalk them—diabetes, hypertension, heart disease, and prostate and breast cancer. African Americans must be made aware of the dangers and how to lower risk to them. The community health and wellness campaign should emphasize awareness, prevention, and the importance of early diagnosis and treatment.

G. **Tobacco Use Disorder:** Smoking is a big problem in the African American community and efforts to combat it must be made. A relentless anti-smoking campaign should be carried out in the African American community. This program should be innovative and highly creative and should target men and women at each stage in the life cycle. A different education programs should be developed for each age cohort, with emphasis on awareness, prevention, and early intervention. There should be incentives to encourage enforcement of minor access laws and to promote smoking cessation treatments for addicted smokers treated in primary care offices.

Research: We need a deeper understanding of the socioeconomic forces that drive smoking in the African American community. National studies suggest that smoking does not become a serious problem among blacks until they reach the prime earning years between 20 and 44. We need to understand if smoking is a big problem black teen-agers, which is carried into the peak earning years, or if it is problem that starts to emerge in prime earning years, when blacks face increased pressure.

H. **HIV Disease:** Although Acquired Immune Deficiency Syndrome (AIDS) is a leading killer of African Americans, many Near East Side residents do not think they are vulnerable. About 70% of the men and 75% of the woman said *they had no chance of getting AIDSs.* Moreover, while the use of condoms to protect against HIV infection has been a feature of public health education campaigns for many years, the message is not reaching everyone in the black community. For example, 14% of respondents 10 to 19 years reported that condoms do not help prevent against HIV infection, compared to 19% of 20 to 44 year olds, 12% of 45 to 64 year olds, and 10% of the elderly. Five percent of 20 to 44 year olds reported that *they didn't know if condoms helped to prevent HIV infection* compared to 20% of 45 to 64 year olds, and 36% of the elderly. These beliefs and perceptions place African Americans at risk. Consequently, there needs to be an educational campaign over the danger of HIV disease. This health education message should focus on awareness and stress the importance of using condoms to help prevent the spread of HIV infection.

I. **Asthma:** Asthma is a manageable disease. No one should die and be nonfunctional because of it. Several things can be done. First, there is the need to promote awareness and understanding asthma and to teach children how to control their asthma rather than have it control them. Second, efforts should be made to eliminate or reduce those environmental "triggers" that may irritate or worsen an asthma attack. Lastly, a high percentage of African Americans smoke, and tobacco is an asthmatic trigger. We should link together the asthma educational and anti-smoking campaigns

J. **Lead Poisoning:** Screening programs for children at risk should be strengthened and existing programs to educate parents about the dangers of lead poisoning should also be strengthened and expanded. In particular, parents should be taught the different home invention strategies used to prevent lead poisoning. Also, lead removal programs should be strengthened and expanded.

K. **Alcohol:** Alcohol consumption paints a mixed picture. Both local and national data suggest that drinking is not a problem among black youth, but it is for a small segment of the black population that enters their prime working years. At the same time, blacks had the highest reported rates of alcohol and substance abuse treatment in Erie County. So, given the self-reported nature of the data, we believe these figures may represent an undercount. Moreover, even a small number of alcoholics within the community can wreck havoc. Within this framework, we believe two things must be done.

1. A study is needed that focuses specially on the pattern of drinking among African Americans. This study should look at drinking both across time and within specific age groups.

2. A comprehensive health education program should be developed that targets *each* specific age-cohort in the black community. It should be stressed that different forces probably drive drinking at each stage in the lifecycle. So, very different education programs must be developed for each age cohort, with emphasis on awareness, prevention, and early intervention. The campaign against drinking should be linked to educational programs on stress reduction.

L. **Illegal Drugs:** The use of illegal drugs does not appear to be a major problem in the African American community. This data on drug usage is self-reported, however. So, it has to be interpreted with great caution. These numbers are probably underreported. Moreover, while the proportion of users of illegal drugs in the black community seems small, the actual number of drug users in a community does not have to be high for them to wreak havoc. Lastly, an important finding of this study is that *the drug of preference* varies across the lifecycle. Health education programs should take this into consideration, so that more targeted programs can be developed.

M. **Youth Development and Support for Elders:** Some young people feel they do not have sufficient social support. At the same time, our field workers report that a number of elders seem socially isolated. The key to attacking this problem is to develop a cross-generational program aimed at building a bridge between youth and elders. Such a program would combine youth development around activities that promote greater interaction between youth and elders**.**

N. **Housing:** A major housing renovation program needs to be established on the Near East Side. The city should get high marks for building new houses in the African American community. But this is not enough. The health danger stems from old, poorly maintained housing. Not only this, but the unkept, dilapidated appearance of housing contributes to the image of the Near East Side as a foreboding place. For these reasons, housing renovation should be a major priority.

O. **Health Insurance:** Although the proportion of African Americans with health insurance is higher than the national average, too many blacks still have trouble paying for health care. Paying for prescriptions seems especially problematic. Resolving this problem will not be easy. It will probably require state and national policies. Consequently, two things should be done. First, more information is needed about the ability of African Americans to pay for health care, including prescriptions and dental care. So, a policy-orientated study should be conducted to gain deeper insight into problems African Americans have paying for health care and to determine what, if anything, can be done about the problem. Second, a collaboration of health care specialist and policy-makers should be formed to oversee the study and act on its findings.

References

Airhihenbuwa, Collins. 1992. Health Promotion and Disease Prevention Strategies for African Americans: A Conceptual Model. In *Health Issues in the Black Community*. Eds. Ronald Braithwaite and Sandra Taylor. San Francisco, CA: Jossey-Bass Publishers.

American Medical Association. 1999. *AMA List of Afro-American Medical Doctors* [Unpublished data].

Austin, Regina and Michael Schill. 1994. Black Brown, Red and Poisoned. In *Unequal Protection: Environmental Justice and communities of Color*. Ed. Robert D. Bullard. San Francisco, CA: Sierra Club Books.

Avery, Byllye. 1992. The Health Status of Black Women. In *Health Issues in the Black Community*. Eds. Ronald Braithwaite and Sandra Taylor. San Francisco, CA: Jossey-Bass Publishers.

Bennefield, Robert L. 1997. Health Insurance Coverage: 1996, *Current Population Reports P-60-199*, U.S. Census Bureau, the Official Statistics, (September): 1-8. <http://www.census.gov/prod/3/97pubs/P60-199.PDF> (April 3, 2000).

Braithwaite, Ronald, L. and Sandra Taylor. 1992. Eds. Health Issues in the Black Community. San Francisco, CA: Jossey-Bass Publishers.

Bullard, Robert. 1994. Ed. *Unequal Protection: Environmental Justice and Communities of Color*. San Francisco, CA: Jossey-Bass Publishers.

Bullard, Robert and Joe R. Feagin. 1991. Racism in the City, In *Urban Life in Transition.* Eds. M. Gottdiener and Chris Pickvance. Sage: Urban Affairs Annual Reviews.

Campbell, Jennifer. 1999. Health Insurance Coverage *Current Population Reports P-60-208*, U.S. Census Bureau, the Official Statistics, (October): 1-8. http://www.census.gov/prod/99pubs/P60-208.pdf (April 3, 2000).

Center for Urban Studies. 2000. *Survey of Medical Practitioners*. February. [Unpublished report].

City of Buffalo. 1996,1997, 1998. *Consolidated Plan.* Buffalo, NY: City of Buffalo.

Diehr, Paula,Thomas Koepsell, Allen Cheadle, et al. 1993. Do Communities Differ in Health Behaviors? *Journal Clinical Epidemiology* 46(10): 1141-1149.

Edwards, Lori-Carter, Monica J. Bynoe, and Laura P. Svetkey. 1998. Knowledge of Diet and Blood Pressure Among African Americans: Use of Focus Groups for Questionnaire Development. *Ethnicity & Disease*. (Spring): 184-197.

Erie County Department of Health. 1995. *Community Health Assessment 1996-1997*. Buffalo, NY: Erie County Department of Health.

Erie County Health Department. *Community Health Statistics.* http://www.erie.gov/health/causdeth.phtml (March 10, 2000).

Erie County. 1998. *Real Property Data* (electronic GIS data base). Buffalo, NY: Erie County.

Fisher, Edwin, Wendy Auslander, Linda Sussman, Nancy Owens, and Jeannette Jackson-Thompson, Jeannette. 1992. Community Organization and Health Promotion in Minority Neighborhoods. *Ethnicity & Disease* 2 (Summer): 252-271.

Foud, Mona N., Catrina I. Kiefe and Alfred A. Bartolucci, et al. 1997. A Hypertension Control Program Tailored to Unskilled and Minority Workers, *Ethnicity & Disease* 7(Autumn) : 191-199.

Fullilove, Mindy, Veronique Heon and Walkira Jimenez, et al. 1998. Injury and Anomie: Effects of Violence on an Inner-city Community. *American Journal of Public Health* 88(6): 924-927.

Geronimus, Arline and Martha Hillemeier. 1992. Patterns of Blood Lead Levels in U.S. Black and White Women of Childbearing Age. *Ethnicity & Disease* 2(Summer): 222-231.

Goldsmith, William. 1997. Is There a Point in the Cycle at Which Economic Development is No Longer a Viable Strategy? Or, When Is the Neighborhood Too Far Gone, In *Dilemmas of Urban Economic Development.* Eds. Richard Bingham & Robert Mier. Sage: Urban Affairs Annual Review.

Hogan, Dennis P., David J. Eggebeen, and Clifford C. Clogg. 1993. The Structure of Intergenerational Exchange in American Families. *American Journal of Sociology* 98(6)*:* 1428-1458.

Israeli, Zafar. 1998. Gender and Ethnic Differences in Some Risk Behaviors in High School Students in the United States. *Ethnicity and Disease* 8(3): 413-414.

Kumanyika, Shiriki K.1997. Can Hypertension be Prevented? Applications of Risk Modifications in Black Populations: U.S. Populations. *Ethnicity & Disease* 7 (Winter): 72-77.

Landrigan, Philip, J. 1990. Health Effects of Environmental Toxins in Deficient Housing. *Bulletin New York Academy of Medicine* 66(5): 491-499.

LeClere, Felicia, Richard Rogers, and Kimberly Peters. 1998. Neighborhood Social Context and Racial Differences in Women's Heart Disease Mortality. *Journal of Health and Social Behavior* 39 (June): 91-107.

Mierley, Marianne and Susan Baker. 1983. Fatal House Fires in an Urban Population. *JAMA* 249(11): 1466-1468.

National Center for Health Statistics. 1999. *Health, United States, 1999 with Health and Aging Chartbook*. Hyattsville, MD.

Needleman, Herbert, Alan Schell, David Bellinger, Alan Leviton, and Elizabeth Allred. 1990. The Long-term Effects of Exposure to Low Doses of Lead in Childhold: An 11-Year Follow-Up Report. *New England Journal of Medicine* 322(2): 83-88.

The Nelson Rockefeller Institute of Government. 1998. *New York State Statistical Yearbook*. Albany, NY: State University of New York the Nelson Rockefeller Institute of Government 23rd edition.

New York State Health Department. 2000. *County Health Indicator Profiles (1994-1998), Profile of Erie*. (January). < http://www.health.state.ny.us/nysdoh/cfch/perie.htm > (March 10, 2000).

New York State Health Department. 1999. *Induced Abortions and Abortion Ratios by Resident County and Race/Ethnicity New York State 1997* <http://www.health.state.ny.us/nysdoh/vs97/tab23.htm> (March 10, 2000).

New York State Health Department. 1996. *Vital Statistics of New York State.* Albany, NY: New York State Health Department.

New York State Office of Alcoholism and Substance Abuse Services. 1996. *County Resource Book for Alcoholism and Substance abuse Services Planning*. Albany, NY: New York State Office of Alcoholism and Substance Abuse Services.

Olubodun, J.O.B, FMCP, MRCP. 1998. Inadequate Blood Pressure Control in African Hypertensives. Who is Responsible: Patient, Physician or Government? *Ethnicity & Disease* 8 (Spring): 240-248.

Pappas, Gregory, Wilbur Hadden, Lola Jean Kozak, and Gail Fisher. 1997. Potentially Avoidable Hospitalizations: Inequalities in Rates between U.S. Socioeconomic Groups. *American Journal of Public Health* 87(5): 811-816.

Polk Street Infotyme Directory. 1999.

Prisant, L. Michael, MD, FACC, FACP. 1997. Meet the Experts: Effective Use of Combination Drug Therapy in the Treatment of Minority Hypertensive Populations, *Ethnicity & Disease* 7 (Spring/Summer): 165-168.
Reed, Wornie. 1992. Lead Poisioning: A Modern Plague Among African-American Children, *Health Issues In the Black Community*. Eds. Ronald Braithwaite and Sandra Taylor. San Francisco,CA: Jossey-Bass Publishers.

Robert, Stephanie. 1998. Community-level Socioeconomic Status Effects on Adult Health, *Journal of Health and Social Behavior* 39 (March): 18-37.

Sandel, Megan, Joshua Sharfstein, & Randy Shaw. 1999. *There's No Place Like Home*: *How America's Housing Crisis Threatens Our Children*. <http://www.igc.org/housingamerica/noplace.html>.

School of Architecture and Planning, State University of New York at Buffalo. 1984. *Final Report of the Masten Community Renewal Project*. Buffalo, NY.

Schulman, Kevin A., L. Elizabeth Rubenstein, Francis D. Chesley and John M. Eisenberg. 1995. The Roles of Race and Socioeconomic Factors in Health Services Research, *Health Services Research* 30:1 (April): 179-195.

Shakoor-Abdullah, Bambade, Jane Morely Kotchen and William E. Walker, et al. 1997. Incorporating Socio-Economic and Risk Factor Diversity into the Development of an African-American Community Blood Pressure Control Program, *Ethnicity & Disease 7 (Autumn): 175-183.*

Szasz, Andrew, Michael Meuser and Hal Aronson, et al. 1993. Toxic Releases: the Case of Los Angeles County. *Paper Presented at the 1993 Meetings of the American Sociological Association.* <http://gopher.igc.org:70/0/environment/envjustice/resources/lacounty > (May 14, 2000).

Taylor, Henry L., Jr. 1993. Appendix G: Towne Garden Plaza Neighborhood Planning Project Final Report. Buffalo, NY: Center for Applied Public Affairs Studies, Office of Public Service and Urban Affairs. University at Buffalo.

U.S. Department of Commerce. Bureau of the Census. *1990 Census of Population and Housing*. Summary Tape File 1 and 3.

U.S. Department of Commerce. Bureau of the Census. 1995. *Heath Insurance Coverage--Who Had a Lapse Between 1991 and 1993? Current Population Reports,* P70-43. Washington, DC: Government Printing Office.

U.S. Department Environmental Protection Agency. The Effects of Great Lake Contaminants of Human Health. Report to Congress. 1996. <http://www.epa.gov/glnpo/health/atsdr.htm> (May 14, 2000).

U.S Department of Health and Human Services. 2000. *Healthy People 2010*. (Conference Edition, in Two Volumes). Washington, DC: Government Printing Office.

U.S. Department of Health and Human Services. *1999. Physical Activity and Health*. Washington, DC: Government Printing Office.

U.S. Department of Health and Human Services. 1996. *Physical Activity and Health: A Report of the Surgeon Genera*l. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

U.S. Housing and Urban Development. 1999. HUD Healthy Homes Initiative. Application for Funding. Washington, DC: Government Printing Office.

Urban Design Project. 1997. *The 1996 Buffalo Neighborhood Summits: Summary Report and Analysis*. Buffalo, NY: School of Architecture and Planning, State University of New York at Buffalo.

Urban Design Project. 1997. *The Neighborhood Summit Review*. , Buffalo, NY: School of Architecture and Planning, State University of New York at Buffalo, 1997.

Urban Design Project. 1998. *The Buffalo Summit Series: Experiments in Democratic Action 1994-1998*. Buffalo, NY: School of Architecture and Planning, State University of New York at Buffalo.

Wallace, Rodrick and Deborah Wallace. 1990. Origins of Public Health Collapse in New York City: the dynamics of planned shrinkage, social disintegration. *Bulletin New York Academy of Medicine* 66(5): 391-434,

Western New York Healthcare Association. 1997. *White Paper on the Uninsured in Western New York.* Tonawanda, NY: Western New York Healthcare Association.

Williams, David. 1992. Black-White Differences in Blood Pressure: the role of social factors, *Ethnicity and Disease* 2 (Spring): 127-141.

Woodward, Victoria. 1993. Low Level Radio Active Waste Dumps Target Communities of Color: A Nationwide Update. *New Liberation News Service*. (August). <gopher://gopher.igc.apc.org:70/0/environment/envjustice/resources/radwaste>.

Xu, Gang, Syliva Fields and Christine Laine, et al. 1996. The Relationship between the Race/Ethnicity of Generalist Physicians and Their Care for Underserved Populations. *American Journal of Public Health* 87 (5): 817-822.