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Subject: RELEASE / CALENDAR ITEM FROM THE WYOMING DEPARTMENT OF HEALTH

September 16, 2005

*** NOTE TO EDITORS ***

A PowerPoint pdf file is attached on state risk factors by race/ethnicity. Reporters who wish to use these data are strongly encouraged to contact Menlo Futa, with the Wyoming Department of Health, at (307) 777-6012, for guidance on use and accuracy. This is particularly important in a state like Wyoming where the minority population is relatively small and statistical significance needs to be confirmed. Thank you very much.

*** FOR IMMEDIATE RELEASE ***

State Health Officials Take Aim at Eliminating Racial and Ethnic Health Disparities; Promote "Take a Loved One for a Checkup Day" on Sept. 20

CHEYENNE - State Department of Health officials today encouraged residents to get in to see a healthcare provider on a regular basis in the spirit of "Take a Loved One for a Checkup Day" on Sept. 20.

"Take a Loved One for a Checkup Day" is sponsored once-a-year by Health and Human Services to encourage individuals to take charge of their health by visiting a health professional (doctor, nurse, dentist, nurse practitioner, physician assistant, or other health provider), making an appointment to visit, attending a health event in the community, or helping a friend, neighbor or family member do the same.

Dr. Brent Sherard, the director of the Wyoming Department of Health encouraged minorities, in particular, to make arrangements to see a provider because Wyoming's non-white residents, much like in the rest of the country, are far more likely to experience health disparities including diabetes, obesity, and lack of preventive health measures such as cholesterol checks.

Wyoming examples include:

- The age-adjusted stroke death rates in Wyoming is 73 percent higher for African-Americans than for whites.
- Hispanics who live in Wyoming are nearly 46 percent as likely to die from diabetes as whites.
- American Indians who live in Wyoming are nearly 63 percent as likely to die from unintentional injuries.

Sherard said that some potential reasons for ethnic and racial health disparities in Wyoming include limited access to rural health care, lack of health insurance coverage, and provider shortage.

"We emphasize prevention activities like visiting a healthcare provider to combat chronic conditions such as diabetes, asthma and obesity because many diseases like these are avoidable with regular screenings," Sherard said. "Preventive care is important to minorities in this state, as it is for everybody. By taking a loved one - or yourself - to the doctor, people create a healthier future for themselves, their family, friends, and community."

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Local efforts for "Take a Loved One for a Checkup Day" include:

Health education fair at the University of Wyoming Family Practice Clinic, in Cheyenne from 8:30 a.m. to 4:30 p.m.

There will be a variety of health education programs on display in the patient waiting room to educate families on diabetes, breast and cervical cancer control and prevention, cardiovascular disease, dental health, the Women, Infant, and Children (WIC) nutrition program, cancer information, and substance

abuse & mental health care services provided by PEAK Wellness Center. Information on affordable healthcare will also be highlighted at this event.

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National Life Expectancy and Death Rates (2001 data) for Ethnic Minorities Fact Sheet

African Americans

- Life expectancy for the White population exceeds that of the African American population by 5.5 years
- Life expectancy for African American males is 68.6 years vs. 75.0 years for White males
- Life expectancy for African American females is 75.5 years vs. 80.2 years for White females
- Age-adjusted years of potential life lost before age 75 for African Americans was 12,579.7 years vs. 6,970.9 years for non-Hispanic Whites
- Age-adjusted death rate for the African American population was 30.6% higher than for non-Hispanic White population

Hispanics

- Life expectancy data are not available for this population but age-adjusted years of lost life before age 75 for Hispanics from: 1) diabetes was 212.7 years vs. 151.0 for non-Hispanic Whites; 2) liver disease was 247.7 years vs. 153.0 for non-Hispanic Whites
- Age-adjusted years of potential life lost before age 75 was 5,982.2 years vs. 6,970.9 years for non-Hispanic White population
- Age-adjusted death rate for the Hispanic population was 21.9% lower than for non-Hispanic White population
- Death rates for the Hispanic population were greater than for the non-Hispanic White population for four of the leading causes of death: chronic liver disease (75% higher), diabetes (66% higher), HIV (195% higher), and homicide (107% higher)

American Indians/Alaska Natives

- Life expectancy data are not available for this population but age-adjusted years of lost life before age 75 for American Indians/Alaska Natives from: 1) diabetes was 297.3 years vs. 151.0 for non-Hispanic Whites; 2) liver disease was 506.0 years vs. 153.0 for non-Hispanic Whites, 3) HIV was 88.1 years vs. 71.0 for non-Hispanic Whites; 4) accident was 1,632.0 years vs. 1057.1 for non-Hispanic Whites; 5) suicide was 420.6 years vs. 405.3 for non-Hispanic Whites; 6) homicide was 287.0 years vs. 160.1 for non-Hispanic Whites
- Age-adjusted death rate for American Indians was 686.7 per 100,000 vs. 842.9 for non-Hispanic Whites. (CDC estimates American Indian death rates are under reported by 20.6%.)

Asian Americans/Pacific Islanders

- Life expectancy data are not available for this population but age-adjusted years of lost life before age 75 for Asian Americans from stroke was 198.8 years vs. 170.6 for non-Hispanic Whites
- Age-adjusted death rate for Asian Americans was 492.1 per 100,000 vs. 842.9 for non-Hispanic Whites. (CDC estimates Asian American death rates are under reported by 10.7%.)

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For more information, please contact:

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