

**Reducing Racial and Ethnic Health Disparities:
Closing the Gap Grant Program
Projects Report
Fiscal Year 2006 – 2007**

Florida Department of Health, Office of Minority Health

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SUMMARY

The Reducing Racial and Ethnic Health Disparities “Closing the Gap” grant program, section 381.7351, Florida Statutes, was signed into law on June 8, 2000. The program is administered by the Florida Department of Health, Office of Minority Health. In Fiscal Year 2006 – 2007, the Closing the Gap Grant program received \$5.6 Million which support 50 projects in 32 counties (map, page 8). The projects also provided services to more than 55,000 targeted racial and ethnic individuals. The funded projects provide prevention, intervention, education, screenings, referrals and diagnostic services. Grants are awarded for a three year cycle and projects funded in July 2006 will continue to provide services through June 2009. These grants are utilized to stimulate the development of community and neighborhood-based organizations to improve health outcomes of racial and ethnic populations and promote disease prevention activities. The process and outcome findings of services provided by the Closing the Gap projects are reflected in the charts on pages 2, 3, and 4. The “Closing the Gap” grant program targets seven priority health areas – cancer, cardiovascular disease, diabetes, adult and child immunizations, HIV/AIDS, maternal and infant mortality and oral health care.

As one of the requirements under the Closing the Gap program, the Office of Minority Health provides through workshops and conferences innovative and evidence-based approaches to equip projects and the community on methods to identify, address and eliminate racial and ethnic health disparities. This is a coordinated and collaborative partnership with program areas, community partners, and healthcare providers.

INTRODUCTION

Florida is comprised of many cultures and ethnicities. According to the United States Census, in 2006, Florida’s Black or African American and Hispanic or Latino populations are estimated to be over 35 percent. As Florida’s minority population continues to increase, health disparities will also increase. The root causes are complex and exist on multiple levels, such as the lack of health insurance, socioeconomic and health risk factors, cultural familiarity and education, quality of care and access to care. The public health system is also faced with a unique challenge to provide services where the fear of deportation and cultural and linguistic differences exists.

Particular attention is to be given to the health disparities among minorities and non-minorities in Florida and the impact of racial and ethnic culture on health status throughout the state. Health Status data demonstrates that disparities exist in minority populations (chart, page 5). An example of health disparities can be seen in the data charts for Miami Dade County on pages 7 and 8. It is clear that to close the gap in racial disparity, an increase in awareness, preventive services, collaborative partners, and stakeholders are key elements.

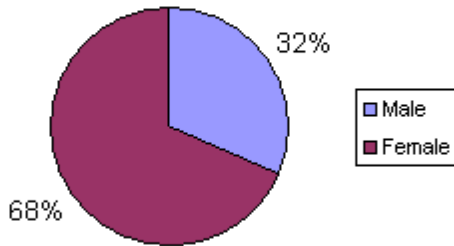
The prevention and early intervention dimensions of the projects are critical to the identification of health needs that may be addressed in early stages of development and treatment of diseases such as diabetes, breast, cervical, colon and prostate cancer, high blood pressure, elevated cholesterol, high glucose levels, HIV through counseling and testing, and referrals into nutrition and fitness education classes (charts 5 through 14). A review of services delivered through the projects indicates that such interventions are significant factors in reducing emergency room dependency of minority populations. Through these project activities the Department continues to make a positive impact in the health of minority populations.

In keeping with the goals of the Office of the Governor, the Department, the Office of Minority Health, and The Reducing Racial and Ethnic Health Disparities: the Closing the Gap legislation, the program will continue to promote wellness and healthy lifestyles, and advocate equitable health care access for vulnerable populations.

Contacts by Gender

n = 39,498

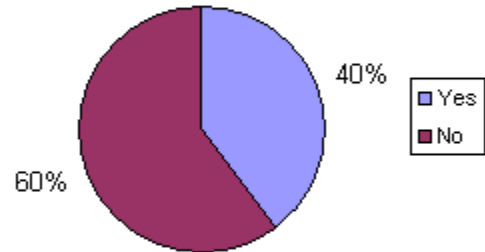
Chart 1



Health Insurance

n = 23,093

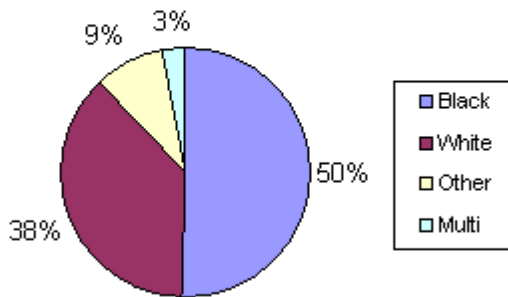
Chart 2



Contacts by Race

n = 25,754

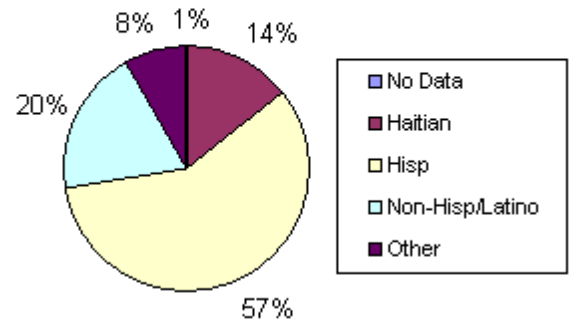
Chart 3



Contacts by Ethnicity

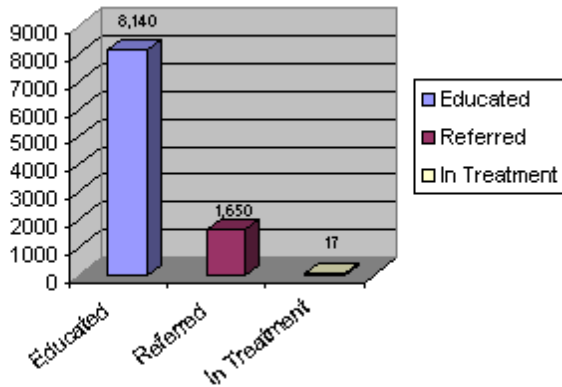
n = 17,674

Chart 4



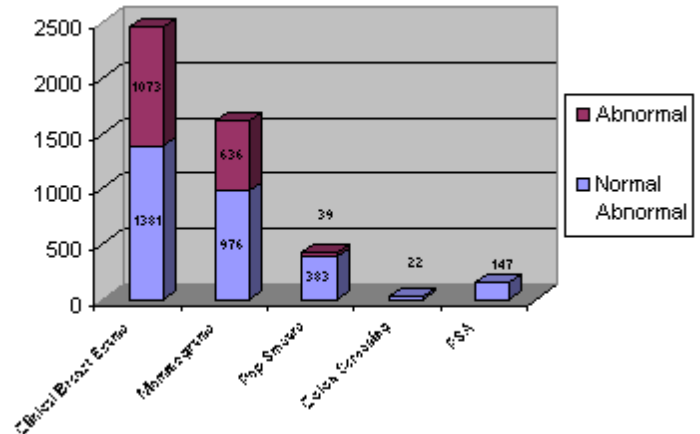
Cancer Contacts

Chart 5



Cancer Contacts Screened

Chart 6

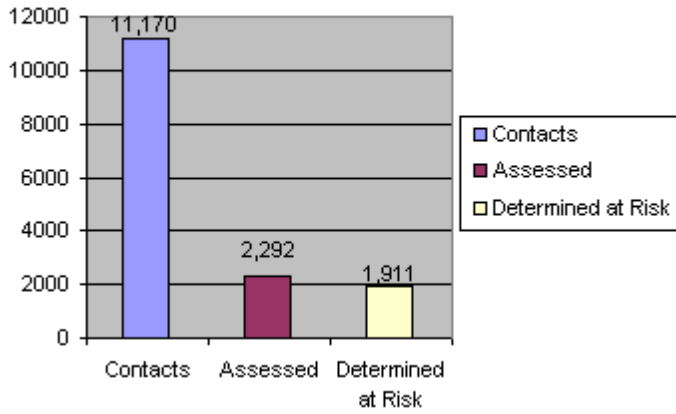


* Total number of clients served represents 92% of Projects reporting as of July 31, 2007

* Total number in each chart is exclusive to that chart

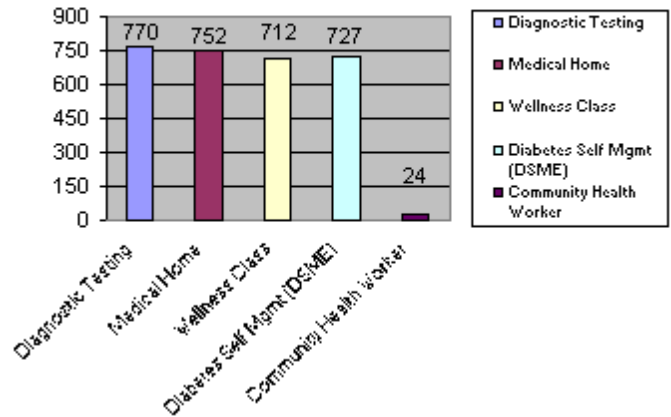
Diabetes Verbal Risk Assessment

Chart 7



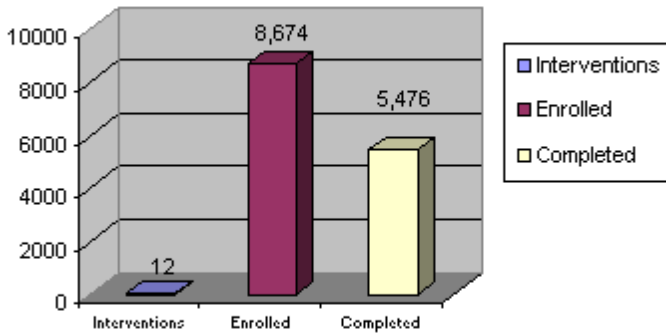
Diabetes Referrals

Chart 8



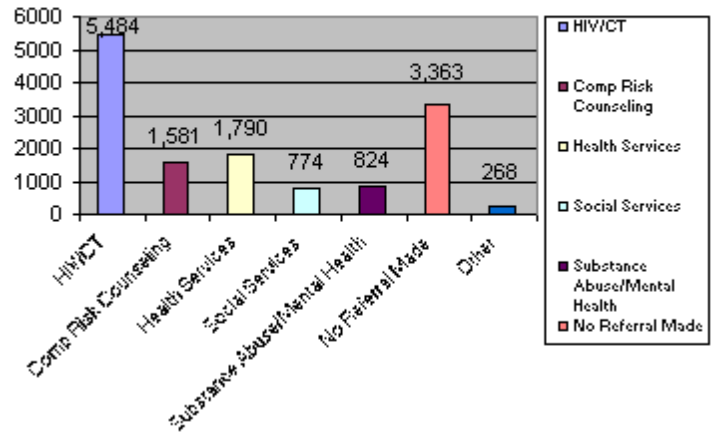
HIV Client Interventions

Chart 9



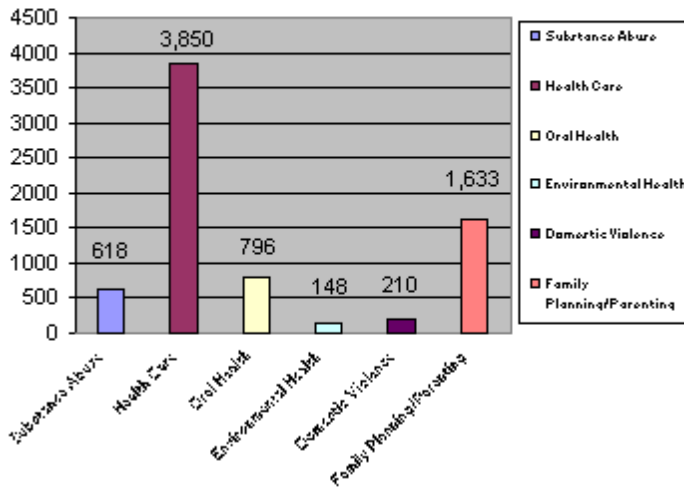
HIV Client Referrals

Chart 10



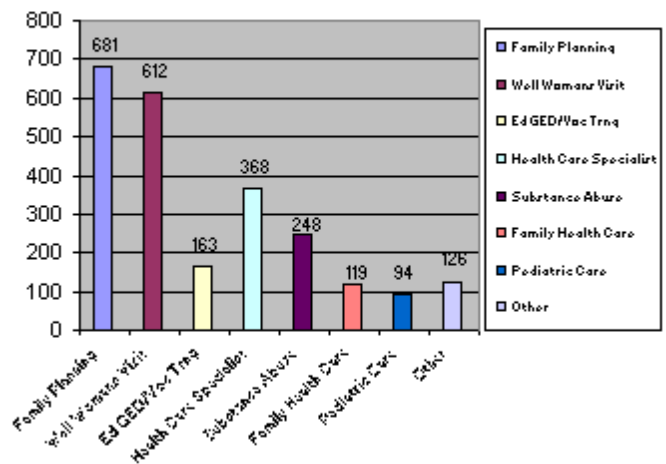
Maternal & Infant Assessment Education

Chart 11



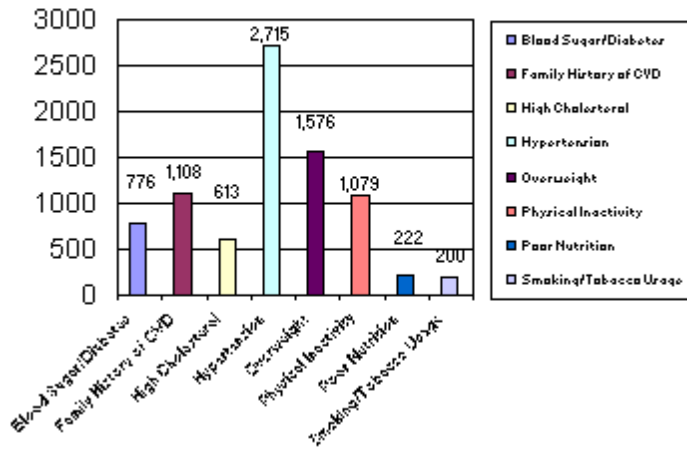
Maternal & Infant Referrals

Chart 12



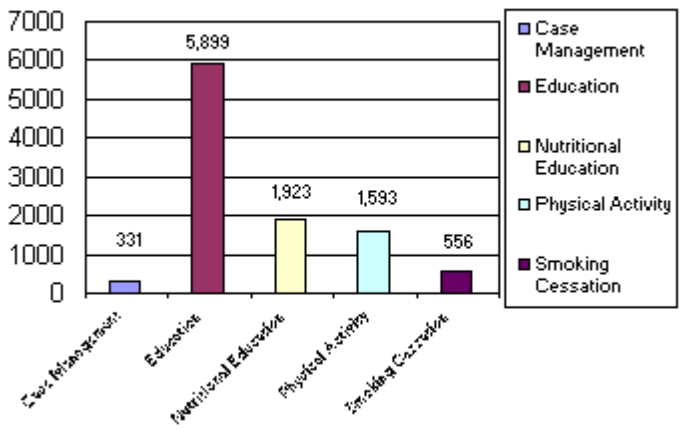
Cardiovascular Risk Assessments

Chart 13



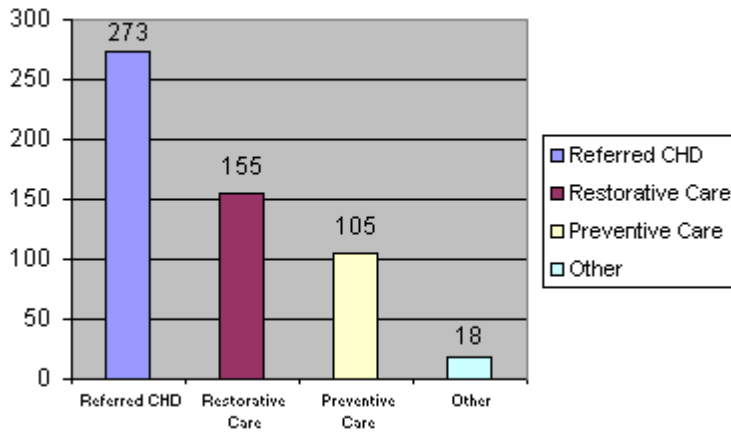
Cardiovascular Referrals

Chart 14



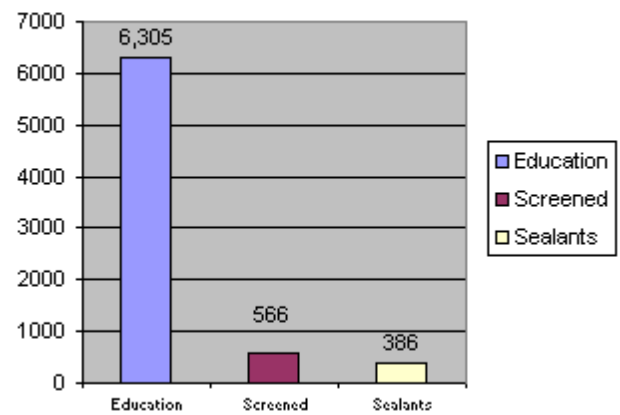
Oral Health Referrals

Chart 15



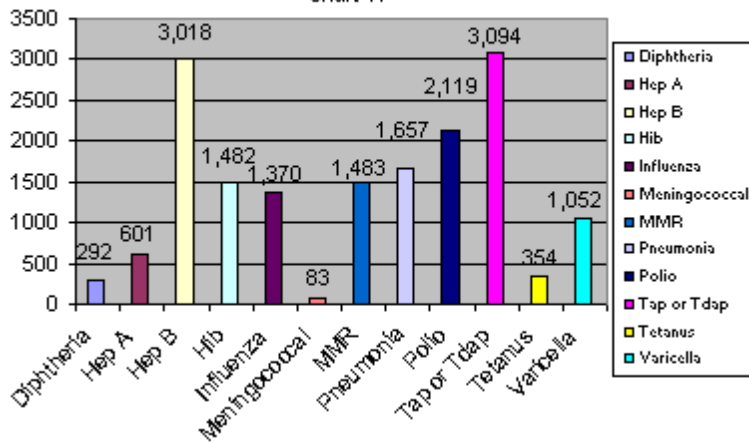
Oral Health Education/Screenings

Chart 16



Immunization Shots Given

Chart 17



Florida Health Status Data: 2003 to 2005

| Health Status Indicator | 2003 | | | 2004 | | | 2005 | | | 2005 Disparity* |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|
| | White | Black | Other | White | Black | Other | White | Black | Other | |
| Diabetes, age-adjusted death rate per 100,000 [1] | 18.7 | 51.9 | 13.6 | 18.1 | 50.3 | 13.6 | 19.5 | 46.7 | 28.0 | 27.2 |
| Pneumonia/influenza, age-adjusted death rate per 100,000 [1] | 12.5 | 16.6 | 6.7 | 12.0 | 15.9 | 5.4 | 11.0 | 14.4 | 9.1 | 3.4 |
| Breast cancer, age-adjusted death rate per 100,000 [1] | 21.5 | 29.3 | 9.1 | 22.3 | 29.0 | 10.6 | 20.9 | 29.1 | 15.1 | 8.2 |
| Cervical cancer, age-adjusted death rate per 100,000 [1] | 2.5 | 5.1 | 2.3 | 2.2 | 4.4 | 2.2 | 2.6 | 4.4 | 4.5 | 1.8 |
| Infant mortality rate, per 1,000 live births [1] | 5.8 | 13.7 | 3.6 | 5.5 | 13.2 | 3.6 | 5.3 | 13.6 | 7.8 | 8.3 |
| Births to unwed mothers (percent) [1] | 32.7 | 67.0 | 21.4 | 34.6 | 67.7 | 25.5 | 36.5 | 68.8 | 26.9 | 32.3 |
| Births to women ages 15-19, per 1,000 women ages 15-19 [1] | 36.9 | 64.4 | 19.8 | 35.5 | 63.9 | 33.6 | 36.7 | 59.8 | 35.8 | 23.1 |
| HIV/AIDS, age-adjusted death rate per 100,000 [1] | 4.8 | 43.5 | 1.7 | 4.5 | 41.6 | 2.1 | 4.1 | 34.4 | 9.9 | 30.3 |
| AIDS case rate, per 100,000 population [2] | 12.9 | 110.9 | 12.5 | 14.9 | 114.8 | 19.5 | 11.8 | 92.1 | 18.3 | 80.3 |
| HIV case rate, per 100,000 population [2] | 18.2 | 148.8 | 19.9 | 16.6 | 118.0 | 23.2 | 15.0 | 98.5 | 14.2 | 83.5 |
| Coronary heart disease, age-adjusted death rate per 100,000 [1] | 155.7 | 188.5 | 65.5 | 142.4 | 170.0 | 58.7 | 136.7 | 152.5 | 112.8 | 15.8 |
| Stroke per 100,000 population [1] | 39.2 | 77.5 | 33.2 | 36.6 | 68.7 | 34.7 | 34.6 | 67.5 | 31.8 | 32.9 |
| Lung cancer, age-adjusted death rate per 100,000 [1] | 53.3 | 47.1 | 19.7 | 52.9 | 47.3 | 25.1 | 52.2 | 41.6 | 34.4 | (10.6) |
| Colorectal cancer, age-adjusted death rate per 100,000 [1] | 15.8 | 23.2 | 7.2 | 15.3 | 22.9 | 7.3 | 15.2 | 21.6 | 16.6 | 6.4 |
| Prostate cancer, age-adjusted death rate per 100,000 [1] | 20.2 | 59.2 | 2.1 | 18.4 | 50.3 | 1.1 | 19.0 | 51.2 | 18.8 | 32.2 |
| Adults who have no healthcare coverage (percent) [3] | 13.8 | 22.1 | N/A | 13.1 | 26.1 | 20.1 | 13.4 | 22.6 | 25.1 | 9.2 |
| Adults age 65 and older who received pneumonia vaccinations (percent) [3] | 69.1 | N/A | N/A | 70.6 | N/A | N/A | 67.3 | N/A | N/A | |
| Adults age 65 and older who received a flu shot (percent) [1] | 70.1 | N/A | N/A | 68.8 | N/A | N/A | 58.6 | N/A | N/A | |

[1] Florida Department of Health, Office of Vital Statistics

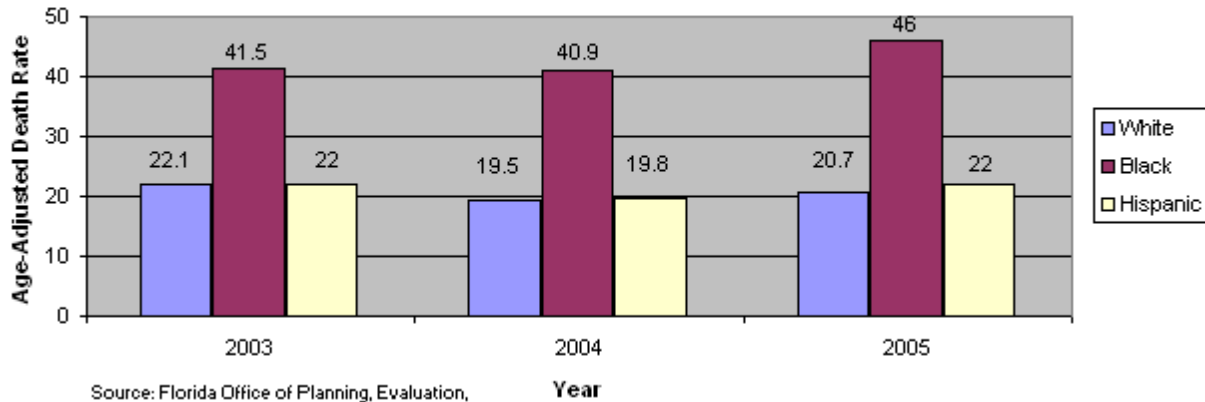
[2] Florida Department of Health, Bureau of HIV/AIDS

[3] CDC, Behavioral Risk Factor Surveillance System (BRFSS)

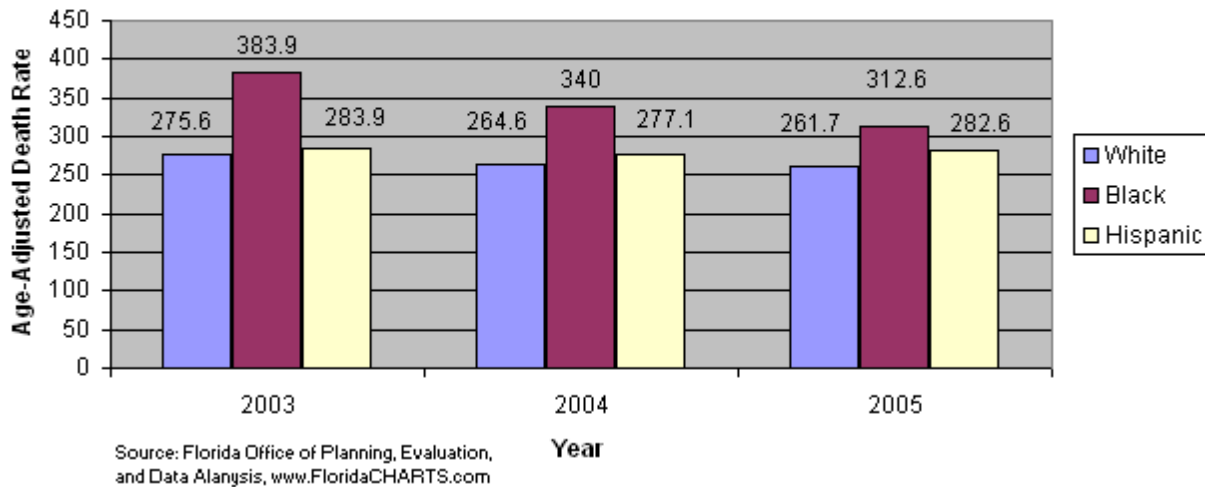
N/A = data not available

* The difference between Black 2005 rates and White 2005 rates

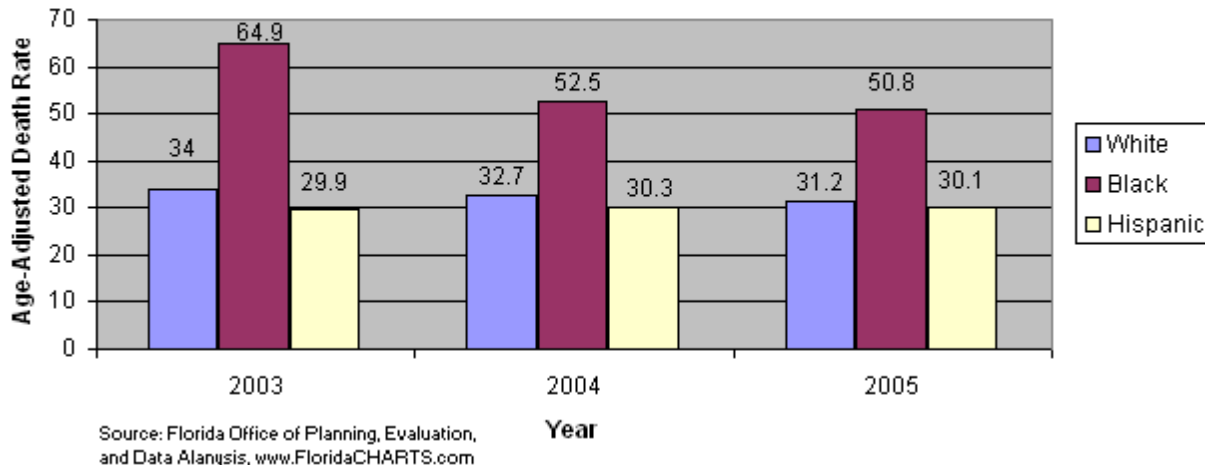
Diabetes by Ethnicity, per 100,000 population



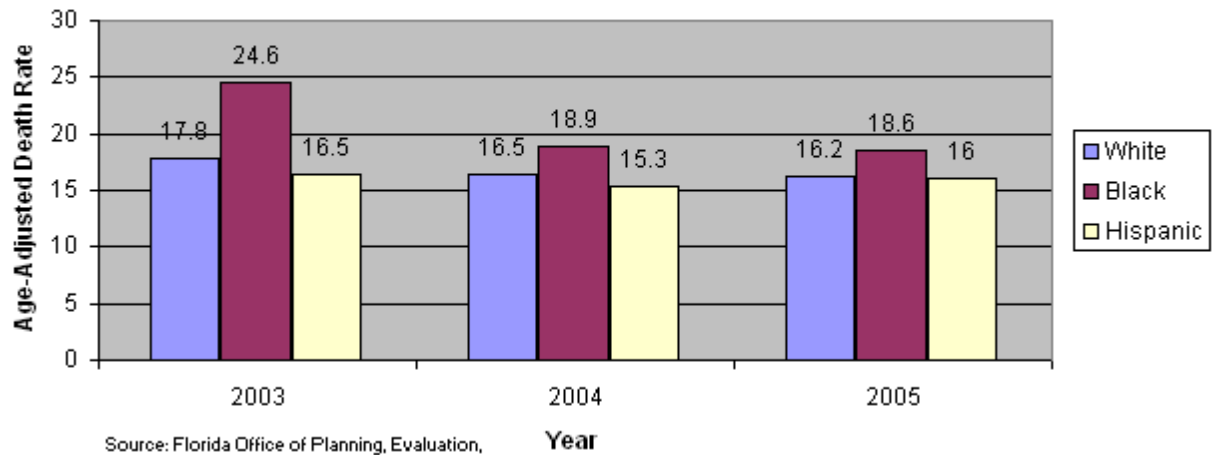
Major Cardiovascular Disease by Ethnicity, per 100,000 population



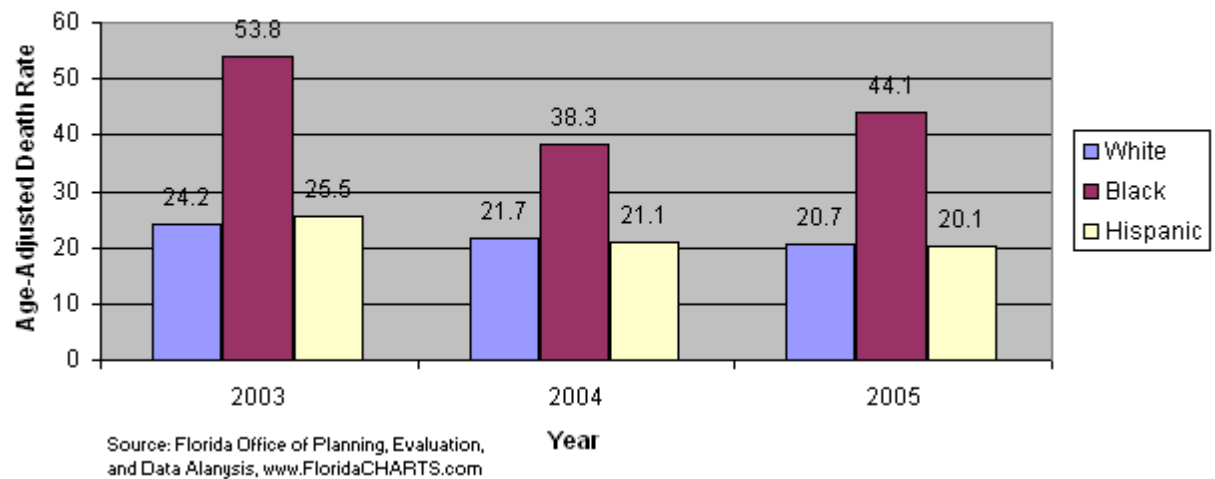
Stroke by Ethnicity, per 100,000 population



Death Rates for Colorectal Cancer by Ethnicity, per 100,000 population



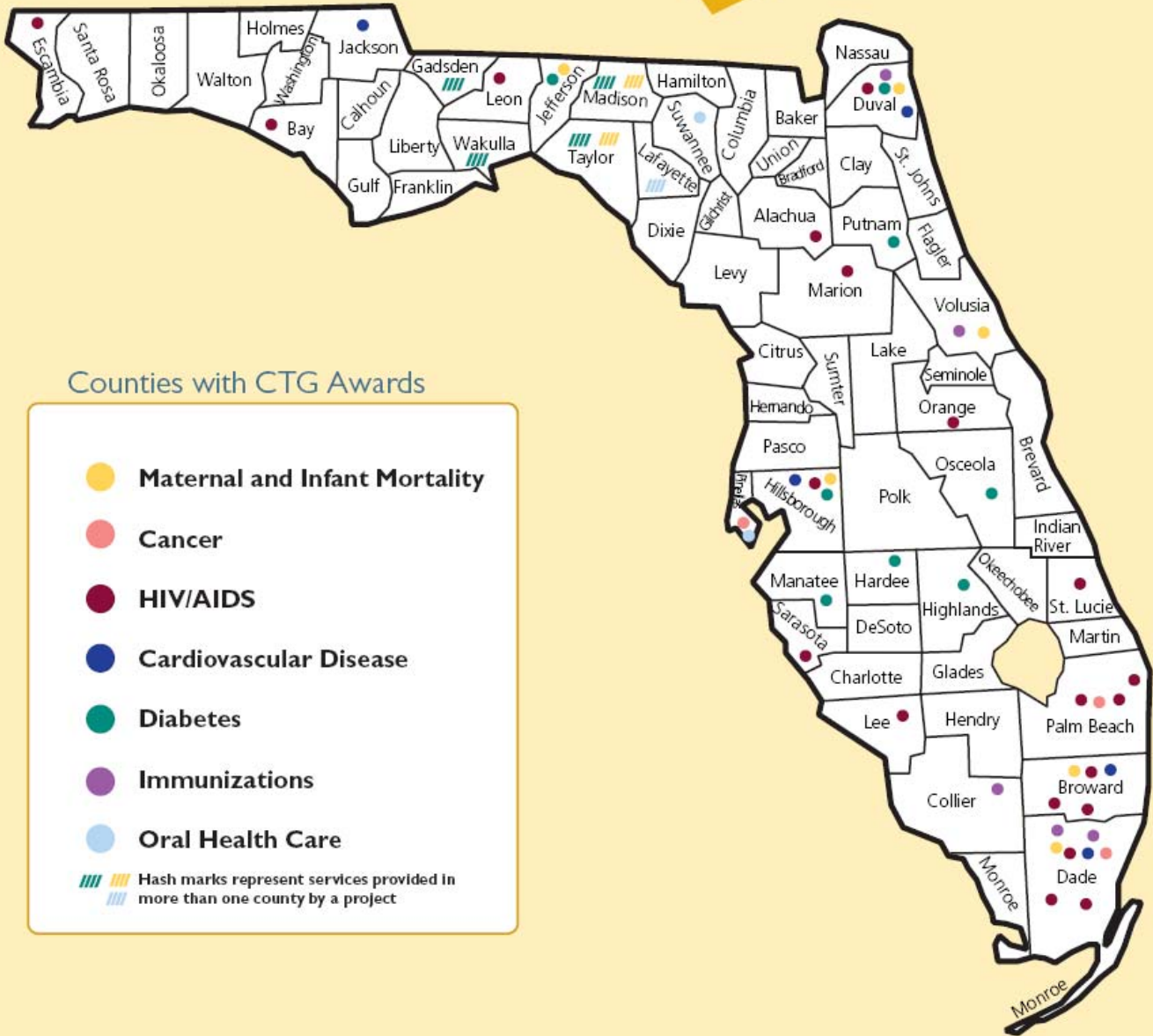
Death Rates for Prostate Cancer for Ethnic Males, per 100,000 population





Closing the Gap

Reducing health disparities among minorities
The Florida Department of Health



Racial and Ethnic Health Disparities

As Florida's racial and ethnic populations continue to rise, it correlates with persistent and often increasing health disparities among minority groups. As the demographics change, the disparities in health status must be addressed through effective prevention, intervention and education programs tailored to specific community needs. For more information on Closing the Gap initiatives, contact the Office of Minority Health at (850) 245-4941