



CHARTBOOK ON HEALTHCARE FOR THE BLACK
POPULATION

ST. JOSEPH COUNTY, INDIANA

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[Abstract](#)

Healthcare trends and disparities for Blacks contrasted with Whites at the most recent times and over the past to assess rates of change.

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CHARTBOOK ON HEALTHCARE FOR THE BLACK POPULATION of ST. JOSEPH COUNTY, INDIANA

The goal of this chartbook on healthcare for the Black population of St. Joseph County, Indiana, is to document trends and disparities for Blacks in contrasted with Whites at the most recent times and over past times to assess rates of change.¹

This chartbook is inspired by the intent and scope of the *National Healthcare Quality and Disparities Report* (QDR) published in response to annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). According to AHRQ, the *National Healthcare Quality and Disparities Report* “assesses the performance of our healthcare system and identifies areas of strengths and weaknesses, as well as disparities, for access to healthcare and quality of healthcare. Quality is described in terms of six priorities: patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability.”² Over 250 measures of quality and disparities covering a broad array of healthcare services and settings are included in these reports.

A summary of trends based on QDR measures of Black health care is used to describe Black citizens in St. Joseph County, Indiana. Not all areas in the QDR are expressed at the county level, however.³ The contents of this chartbook reflect the priorities of AHRQ wherein summaries of trends were dictated in part by progress since the 1985 report of Secretary of HHS Margaret M. Heckler (Heckler Report) on Black and minority health and in part by the overall aim of improving access to care and improving access to high-quality care.^{4, 5}

Special attention is given to the Black Medicare population through data reported on the “Mapping Medicare Disparities Tool” from the Office of Minority Health of the Centers for Medicare & Medicaid Services. The data used in this analysis are based on the Centers for Medicare & Medicaid Services (CMS) administrative claims for Medicare beneficiaries enrolled in the fee-for-service (FFS) program and cover the period from 2012 to 2019 for inpatient and outpatient services.⁶

This report describes extensive, pervasive, and persistent racial inequalities in the prevalence, course, and outcomes of illness and the disparateness in their treatment in St. Joseph County. The attempt is to keep it as a description and, for the time, avoid providing precipitous explanations or solutions. According to David Williams and others,

“A comprehensive understanding of the patterning of racial disparities indicates that racism in both its institutional and individual forms remains an important determinant. Despite our extensive knowledge of the magnitude, trends and determinants of these social inequalities in health, there is still much that we need to learn about the forces that drive them. There is also an even greater opportunity to build the science base that would identify how to trigger the conditions that would facilitate needed societal change, and identify the optimal interventions that would confront and dismantle the societal conditions that create and sustain health inequalities.”⁷

We welcome the declaration of the St. Joseph County Board of Health that ‘racism is a public health crisis’ in St. Joseph County.⁸ Still, we note that the American Public Health Association had exposed the burden of racism on public health in the 1960s, and are often complaisant in accepting such glacial rates of change. Yet we hope that information of a more local, relevant nature will cause more rapid movement in eliminating the disparities found in the County.

We acknowledge that this report is but a snapshot and that more needs to be said in describing the issue and providing comprehensive explanations of the root causes. In the meantime, it can be expected that this report is a description of a problem, provides evidence to instill confidence in the kind and extent of the problem, and is one of the bases to invite needed explanations of the problem going forward.

Notes

Race Groups. This report relies on several data sources to identify racial differences between Black or African American populations and White populations. In most cases, comparisons are between “Black only” and “White only,” but in some cases, especially more recently, the population has become more racially (and ethnically) diverse, and survey respondents are increasingly wont to check more than one racial group with or without ethnic overlays. In these cases, the report includes notes to identify which groups are used, but in the main, the most prevalent group is chosen, namely, White along non-Hispanic or Black alone non-Hispanic.⁹

Age-adjusted Rates. When comparing two or more populations – as is done in this study with a comparison between Black populations with White populations – age adjustment is needed when the populations have different age structures. For most rate calculations, whenever possible, the “age-adjusted” rate is preferred to the “crude rate” which involves no adjustment. Depending on the technique, the adjustment is the application of observed age-specific rates to a standard age distribution, often the U.S. population.¹⁰

Data Selection. Until quite recently, the data on health care epidemiology by racial groups was sparse and incomplete. More recently, there has been a welcome release of racial and ethnic sources. The welcome problem is data selection. There may be no way to avoid the claim that the data have been ‘cherry picked’, that is, data have been selected based on what is available. Other reports were consulted to mollify this charge, and emendations and updates will be conducted as interest dictates.

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Executive Summary

The picture of Black health status in St. Joseph County is not unlike Black health status elsewhere. Blacks here have shorter life expectancies than Whites, having died younger through infant, childhood, and teenage years, and are likely to die at twice the rate as Whites from heart disease, stroke, and diabetes in their later years. In short, the gulf between Whites and Blacks appears throughout the life span from infant mortality through childhood and teenage years to child-bearing, working years, and into older age. Viewed through ten-year age cohorts, the age-specific death rates for the Black population of St. Joseph County reveal disturbing trends in exhibiting increasingly larger gaps between Black and White mortality.

Blacks do not seek or receive prevention-related services at the same rate as Whites, are less likely to be diagnosed with these chronic conditions, and so suffer higher emergency room visits and hospital stays for conditions that are “preventable.”

Some of the important determinants of health are the conditions in St. Joseph County where our populations live, learn, work and play – the social and economic determinants that affect our health and quality of life.

Social Determinants

Population - The Black-only population of St. Joseph County in 2019 was 12.9 percent of the total, similar to that of the Nation (12.7%) but larger than that of the State (9.4%). For the past decade, the “Black only population” in St. Joseph County has increased nearly 6 percent while the “White only population” has declined 1.1 percent. When counted alone or in combination with other races, Blacks increased 9.2 percent against no change for the White population. Migration of Blacks within the County indicates that four Census Tracts accounted for half of the losses compared with eleven that made up half of the increases. The current profile of the Black population shows a slowing of population growth with a contracting age cohort under 20 and an expansion of the elderly.

Family Composition - The percent of Black family households declined 2 percent over the past decade, with notable declines among married-couple families. Female-headed households continued to dominate the household type. Non-family households increased 17.5% with those living alone showing a change of +27.5%. The number of grandparents responsible for their own grandchildren under 18 dropped over 38 percent for Blacks and over 57 percent for Whites. By the end of the decade, 51% of Black and 59% of White grandparents were under the age of 60.

Income - Between 2010 and 2019, there was an estimated 10 percentage point drop in the number of Black persons with incomes below the poverty level - from 30.3 to 27.8 percent. For White individuals, the rate moved from 7.4 to 8.1 percent. The ratio of Black to White poverty rates declined from 4.1 to 3.4. The greatest decline in the poverty level for Blacks was among married-couple families with related children under 18 years. Female-headed households with children under 18 and incomes below poverty continue as the most vulnerable population group, accounting for 76 percent of Black persons below poverty and 45 percent of Whites.

Business Ownership - The proportion of businesses owned by Blacks in St. Joseph County in 2017 was just 1.2 percent. The number of employees of Black-owned businesses was 5.5 per firm compared with 12.7 for White-owned businesses. Sales, the value of shipments or **revenue per number** of White-owned firms was 3.2 times higher than Black-owned firms. Annual payroll per Black-owned business employee was 71 percent of those of their White counterparts.

Education - The percent of Blacks 25 and older that achieved less than a high school diploma was 1.9 times that of Whites in 2010 and by 2019, the ratio was 1.8. The proportion of Blacks 25 and older with a high school diploma or greater was 82.2 percent – up from 78 percent 10 years earlier. For Whites, that proportion moved from 88 to 90 percent.

Housing - From 2010 to 2019, occupied housing units for Black persons rose 6.9 percent - with higher growth rates for owner-occupied units (26.6%) compared to rental units (-2.8%). Owner-occupied housing comprised 34 percent for Black persons in 2010 and grew to 40.5 percent by 2019. By 2019, the ratio of owner-occupied to rental housing for Whites was 75%-25%; for Blacks, it was 40%-60%.

Health Insurance Coverage - About 12 percent of the Black population in the County in 2019 lacked health insurance compared with 6 percent of Whites. The proportion of Blacks lacking insurance in 2019 was the same proportion as Whites in 2012. A trend toward greater equity with a narrowing gap in more recent years, suggests greater participation by Blacks in the Affordable Care Act and use of an expanded Medicaid program.

The Health of the Black Population

Life Expectancy - On average, White persons in St. Joseph County can expect to live six years longer than Black persons. This means that Black persons die prematurely at a level over 71 percent greater than White persons, resulting in a social and economic loss nearly twice that of Whites. The number of years of potential life lost (YPLL) among Black persons is significantly greater in the County than White persons; on the whole, the YPLL for Blacks is nearly twice that of Whites.

Leading Causes of Mortality

All-Causes - Blacks have higher rates of mortality than Whites for eight of the top 10 causes of death; seven of the top 10 show 2015-2019 death rates to be statistically significant. For all causes of death, the Black population had a death rate that was 32 percent higher than the White population death rate.

Cancer - Black males were diagnosed with new cases of cancer at a level 1.2 times higher than White males for the 2014-2018 period. Mortality rates per 100,000 population for all cancer sites combined were notably higher for Black males compared with Black females, or White females or White males. Site-specific death rates were significantly higher for Black males for colon and rectum and prostate cancers. While the all-cancer incidence rate (i.e., new cases) for Blacks was not significantly higher, the all-cause mortality rate was 28 percent higher. Black males have generally higher cancer incidence rates and mortality rates than females of either race. Recent

trends show incidence trends in 4 out of 5 cancer sites stabilizing and 3 out of 5 mortality trends declining. Breast cancer screening rates with mammography have shown increasing disparity in 2018-2019 with gaps of 8 percentage points between the higher rates for White women against the lower rates for Black women.

Heart Disease - The Cardiovascular Disease (CVD) death rates among elderly Blacks was notably higher than in Whites in the most recent period (2017-2019) and have been higher for the past decade. The most recent measure of All Heart Disease deaths (2017-2019, all ages, both genders) indicates a 26 percent higher rate for Blacks compared with Whites, slightly higher for men (28%), slightly lower for women (22%). Total Cardiovascular Disease Hospitalizations from 2010 to 2018 for Black persons were from 33 to 45% higher on a rate basis per 1,000 Medicare beneficiaries than White persons. In 2017-2019, the highest rates were for those ages 45-64, and the lowest in the Medicare population age group 65+ at 20 percent. Black Medicare recipients had a hospitalization rate (number per 1,000 beneficiaries age 65+) in 2016-2018 for all heart disease 35 percent higher than White persons; rates were 33 percent higher for Black men and 43 percent higher for Black women.

Stroke - African Americans are 50 percent more likely to have a stroke (cerebrovascular disease) compared to their white adult counterparts (DHHS, OMMH). Black men ages 35 and older were 63 percent more likely to die from a stroke as compared to non-Hispanic whites in the 2017-2019 years in St. Joseph County. Stroke hospital admissions from county residents are 41 to 44 percent higher than rates for the State or Nation.

Diabetes - In St. Joseph County in 2019 for persons of all races 20 or older, the prevalence of diagnosed diabetes was 8.9 percent. Over a recent nine-year period (2011-2019), the average death rates were 62.5 for Black persons and 23.9 for White persons – a ratio of 2.6 to 1. The percent of Medicare enrollees receiving diabetes-related testing varies by race, with White persons more likely to be tested than Black enrollees.

Substance Use and Mental Disorders - The Black population had a 25 percent higher age-adjusted death rate for drug poisoning deaths. The Black population of the County, from 2015-2019, was 42 percent more likely to die from mental, behavioral, and neurodevelopmental disorders – a significant difference when compared with the White population.

Infant Mortality and Maternity Care - Over select 5-year periods from 2007-2018, the infant mortality rates for Black mothers have ranged from 130 percent higher in 2007-2011 to 85 percent higher during 2014-2018 compared with White mothers. The percent of low-birth weight Black infants is 92 percent higher than the proportion of White infants. Over the past 10 years, birth rates to Black teenage mothers have been 3.8 times higher than birth rates to White teenage mothers.

Child Mortality - The Black child mortality rate in 2016-2019 was 148.4 per 100,000 under 18 years of age. This is significantly higher than the White rate of 52 – about 287 percent higher. (See: Deaths by assault below).

Assaults - Deaths by assault, notably by gun violence, disproportionately affect Blacks; deaths by homicide are the leading causes of death for Black males ages 15-24 and 25-34 years of age. Homicides by firearms represented (63/71 =) 88.7% of all homicides in the County over the years 2015-2019 for the Black population, and 46.8% for the White.

Medicare Disparities

Chronic Conditions - kidney disease, diabetes, heart failure, and hypertension, on average show Black-to-White rates higher than parity (1.0). For chronic kidney disease, the ratio is highest at 1.67 times the White rate. **Hospital admission rates** on average are 1.1 to 2.6 times higher for Black persons than White persons. Inpatient hospitalization for hypertension is 2.6 times higher for Black persons compared with their White Medicare counterparts. **All-cause rates** on average were 44 percent greater for Black persons over the 2012-2019 years. On average, Black persons in the County were 1.72 times more likely to be admitted to inpatient settings for conditions that potentially could have been treated on an ambulatory basis. The **emergency department visit rate** over the 2012-2018 period was 58 percent higher for Blacks than that of White persons in St. Joseph County. Rates were notably higher for hypertension, diabetes, chronic kidney disease, rheumatoid/osteo arthritis, and heart failure. Ischemic heart disease was below parity.

Medicare Disparities in Other Chronic or Disabling Conditions - Of six conditions, three were above parity for **prevalence** (liver, mobility & pain, and other chronic disabling conditions) for Black persons compared with White persons. **Hospital admission rates** per 1,000 beneficiaries were at or slightly above parity for Mental Health and Substance Use, Neurological disorders, and Other Chronic or Disabling Conditions, and below a Black-White ratio of 1.0 for Liver Diseases and mobility and pain. The differences between the costs that are expected based on the health status of the person and demographic characteristics are for the most part higher across conditions for Black persons except for Congenital and Developmental Conditions. For some 27 different tests and preventive services, Black persons' utilization was 85 percent in 2012 and 80 percent in 2019 of the utilization level of White persons. There was a 30 percent increase in the proportion of preventive services used by Whites compared with a 22 percent increase for Blacks over the past eight years.

Minority Treatment at Area Hospitals - Area hospitals' treatment of either non-white patients or black patients is judged "moderately lower" or "lower" on a 5-point scale. Area hospitals' effectiveness in reducing preventable hospitalizations are considered "substantially less equitable" for area Black residents compared with non-Black residents, and "less equitable" for Black residents compared with non-Black residents nationwide.

- **End-of-Life Care** - All End-of-Life measures for Black patients were above parity in 2018 with ratios of Black patients to Non-Black patients greater than 1.0. The greatest disparities – that is, those that were more than 40 percent higher for Blacks compared with Non-Blacks – occurred with the average number of inpatient hospital days during the last six months, the ICU charges per decedent, percent

spending for those with seven or more days in the ICU, hospital admission last six months, percent deaths in the hospital, ICU days last six months, and inpatient spending per decedent.

I. Demography

A. Population

Table 1. Black and White Population. 2010 and 2019, 5-year Estimates. St. Joseph County, Indiana.

	2010	2019	Pct Change
Total Population (all races)	266,522	270,216	1.4
One race	258,905	260,537	0.6
Black or African American	32,951	34,857	5.8
Percent	12.7	13.4	
White	212,853	210,451	-1.1
Percent	82.2	80.8	
Race alone or in combination with other races	266,522	270,216	1.4
Black alone or in combination with other races	37,458	40,899	9.2
Percent	14.1	15.1	
White	219,808	219,569	-0.1
Percent	82.5	81.3	

Source: U.S. Census Bureau, ACS 5-year estimates, 2010 and 2019
<https://data.census.gov/cedsci/table?q=St.%20Joseph%20County,%20Indiana&tid=ACSDP5Y2010.DP05>

- The “Black only” population in St. Joseph County has increased nearly 6 percent between the 2010 and 2020 (July 2019) censuses. The “Black alone or in combination with other races” accounted for 14.1 percent of the population with one race in combination with others in 2010 and 15.1 percent in 2020 – a numerical increase of 9.2 percent.¹¹
- It is estimated that the white population declined 1.1 percent over the 10 years.
- The “Black only” population in the State of Indiana, however, increased from 587,044 to 643,105, or 9.5 percent while the “Black alone or in combination with other races” grew 12.9 percent.
- The proportion of Black only citizens in St. Joseph County is higher (15.1%) than the U.S. average in the 2020 Census at 13.2%.¹²

Table 2 illustrates the distribution of the Black population in the County in terms of trends in population changes between 2010 and 2019 for the number of “Blacks alone or in combination with other races” in the County’s census tracts. According to the Census Bureau, census tracts are small, relatively permanent statistical subdivisions of a county, that are uniquely numbered in each county with a numeric code. Tracts average about 4,000 inhabitants and can range from 1,200 to 8,000.¹³

Figure A is a map of the County’s census tracts that can be consulted regarding the tracts that changed over the past 10 years.

- A nearly equal change in the Black population positive and negative – +20,214 vs. -19,421 – occurred over the past decade among the County’s Census Tracts (CT)

Table 2. Black Population by Census Tract. St. Joseph County, Indiana 5-year estimates 2010, 2019 and Amount and Percent Change.

Census Tract	2010	2019	Percent Change	Amount Change
113.02	119	1,411	1085.7	1,292
2	1,035	2,280	120.3	1,245
24	1	1,109		1,108
21	141	1,243	781.6	1,102
34	691	1,785	158.3	1,094
115.06	46	976	2021.7	930
20	116	975	740.5	859
117.02	0	842		842
10	766	1,502	96.1	736
111	191	924	383.8	733
23	27	746	2663.0	719
26	189	858	354.0	669
5	552	1,215	120.1	663
22	92	712	673.9	620
33	556	1,101	98.0	545
29	104	621	497.1	517
11	550	1,032	87.6	482
19	0	465		465
113.01	107	549	413.1	442
110	109	535	390.8	426
27	246	623	153.3	377
107	27	377	1296.3	350
6	769	1,118	45.4	349
3.02	902	1,230	36.4	328
28	902	1,199	32.9	297
103	373	651	74.5	278
3	28	270	864.3	242
17	135	375	177.8	240
119	41	258	529.3	217
112.02	174	387	122.4	213
102	465	669	43.9	204
109	175	364	108.0	189
25	522	702	34.5	180
118.02	337	501	48.7	164
113.04	17	174	923.5	157
113.05	8	160	1900.0	152

Census Tract	2010	2019	Percent Change	Amount of Change
117.01	74	218	194.6	144
114.03	233	373	60.1	140
105	62	201	224.2	139
116.02	157	294	87.3	137
13	260	336	29.2	76
123	22	63	186.4	41
113.06	25	63	152.0	38
35	164	191	16.5	27
112.01	0	20		20
115.04	12	30	150.0	18
118.01	37	45	21.6	8
124	2	0	-100.0	-2
122	24	0	-100.0	-24
104	179	145	-19.0	-34
101	182	143	-21.4	-39
120	74	17	-77.0	-57
9	276	206	-25.4	-70
106	286	193	-32.5	-93
108	153	16	-89.5	-137
30	805	614	-23.7	-191
14	866	654	-24.5	-212
115.05	398	185	-53.5	-213
113.03	1,003	746	-25.6	-257
7	491	192	-60.9	-299
114.05	423	117	-72.3	-306
115.01	1,296	931	-28.2	-365
114.06	580	162	-72.1	-418
114.04	638	115	-82.0	-523
31	1,283	728	-43.3	-555
32	1,217	635	-47.8	-582
116.01	757	145	-80.8	-612
4	1,559	943	-39.5	-616
115.03	660	44	-93.3	-616
8	842	47	-94.4	-795
1	1,739	854	-50.9	-885
12	1,064	162	-84.8	-902
121	1,465	8	-99.5	-1,457
16	2,427	160	-93.4	-2,267

3.01	2,989	344	-88.5	-2,645
15	4,869	620	-87.3	-4,249
ALL	40,106	40,899	2.0	793
Source: Census Bureau, ACS Summary File. www2.census.gov/programs-surveys/acs/summary_file				

Table 3 highlights the Black population of the County by selected characteristics for 2010 and 2019. The data indicate a trend in growth in the overall population over the past decade of 7.8 percent. Among the three age cohorts listed, the elderly ages 65 and older, although comprising just eight to nine percent of the total population, increased 28 percent for females and 39 percent for males.

Table 3. Black Population* by Age Groups by Sex. 2010 and 2019 and Percent Change

	2010		2019		Percent Change
	Number	Percent	Number	Percent	
Total	34,863	100.0	37,596	100.0	7.8
Under 20	13,072	41.5	12,987	38.6	-0.7
20 - 64	19,212	53.8	21,197	53.2	10.3
65+	2,579	7.0	3,412	8.1	32.3
Male	16,422	100.0	17,779	100.0	8.3
Under 20	6,651	44.4	6,639	41.6	-0.2
18-64	8,773	50.0	9,750	51.4	11.1
65+	998	5.5	1,390	6.9	39.3
Female	18,441	100.0	19,817	100.0	7.5
Under 20	6,421	38.9	6,348	35.9	-1.1
18-64	10,439	53.3	11,447	54.9	9.7
65+	1,581	7.8	2,022	9.2	27.9

*Black or African American alone population

Source: US Census Bureau. County Population by Characteristics. 2010-2019

<https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-detail.html>

Population Pyramids

A Population Pyramid profiles the population's residents in terms of its age-sex distribution. In Figures B and C, sex is shown on the left/right sides, age on the y-axis, and the percentage of the population on the x-axis. Each grouping (ex: females aged 0-4) is called a cohort.

A population pyramid does not tell you the actual population in numbers. Rather, it displays percentages and shows what portion of people fall into each cohort. Demographers use population pyramids to see population

trends in the past, examine the current resident profile, and also project how the population will increase/decrease in the future.

The more rectangular the graph is shaped, the slower a population is growing; we see a more uniform population size across age groups. Old generations are being replaced by new generations of approximately the same size. The more a graph looks like a pyramid, the faster that population is growing; old generations are producing larger new generations. Another way to think of it is that the pyramid shape has a larger bottom than the top; a larger percentage of the population are in their reproductive years or haven't even reached reproductive age. As a result, there is much growth potential.

Compared with the pyramid in 2010, the figure for 2019 (C) shows a slowing of population growth, with contracting cohorts under age 20 and expanding cohorts of the elderly (65+).

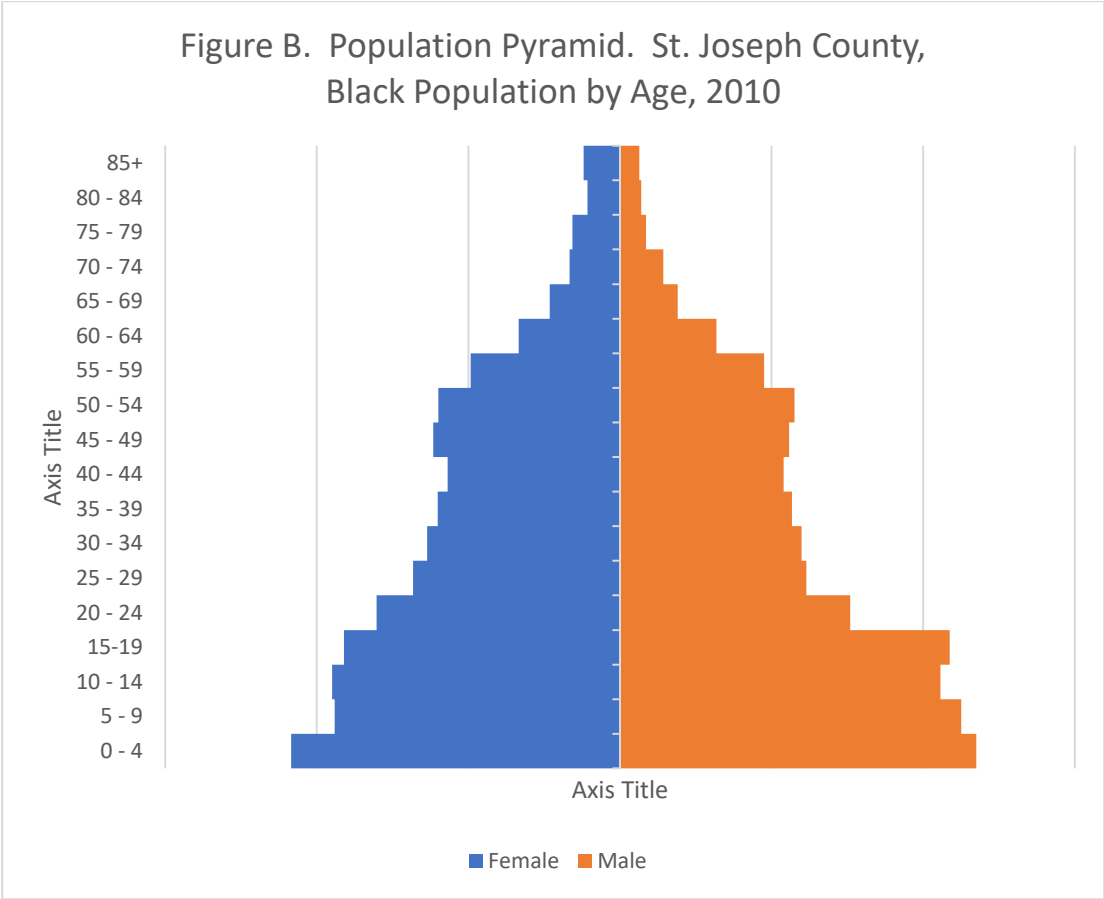
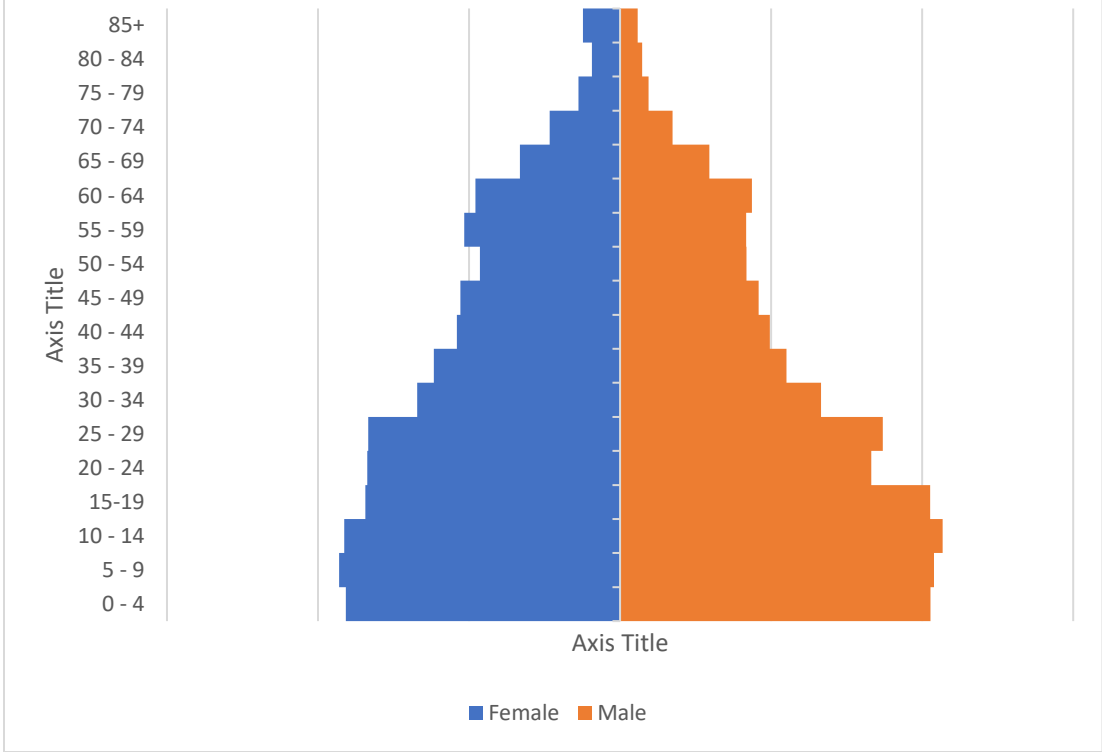


Figure C. Population Pyramid. St. Joseph County, Black Population by Age, 2019



B. Family Composition:

1. Household Type

Table 4. Household Type (Including Living Alone) (Black Or African American Alone). 5-yr Estimates, St. Joseph County, 2010 and 2019.

Household Type	2010	Percent	2019	Percent	Percent Change 2010-2019
Total:	11,805	100.0	12,416	100.0	5.2
Family households:	7,453	63.1	7,302	58.8	-2.0
Married-couple family	2,933	24.8	2,566	20.7	-12.5
Other family:	4,520	38.3	4,736	38.1	4.8
Male householder, no spouse present	629	5.3	774	6.2	23.1
Female householder, no spouse present	3,891	33.0	3,962	31.9	1.8
Nonfamily households:	4,352	36.9	5,114	41.2	17.5
Householder living alone	3,677	31.1	4,704	37.9	27.9
Householder not living alone	675	5.7	410	3.3	-39.3

Survey/Program: American Community Survey. Universe: Households with a householder who is Black or African American alone.

Table ID: B11001B

- Between 2010 and 2019, there was a decline in the percentage of family households of 2 percent; most notable declines in married-couple families went from about one out of four in 2010 to one out of five in 2019.
- Female-headed households continued to dominate the family household type with a slight decline over the period.
- Non-family households showed a 17.5 percent increase with those living alone a change of 27.5 percent.

2 Grandparents

Table 5. Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren and Age Of Grandparent by Race of Grandparent. St. Joseph County, 2010 And 2019.

	5-yr 2010		5-yr 2019		Percent	
	Estimate	MoE*	Estimate	MoE	2010	2019
Total:						
BLACK ALONE	777	183	687	194	100.0	100.0
Grandparent responsible for own grandchildren under 18 years:	441	139	271	134	56.8	39.4
30 to 59 years	312	128	139	93	70.7	51.3
60 years and over	129	54	132	93	29.3	48.7
Grandparent not responsible for own grandchildren under 18 years:	336	126	416	136	43.2	60.6
30 to 59 years	152	76	243	108	45.2	58.4
60 years and over	184	83	173	79	54.8	41.6
WHITE ALONE	3,202	403	3,076	1,012	100.0	100.0
Grandparent responsible for own grandchildren under 18 years:	1,395	283	591	357	43.6	19.2
30 to 59 years	922	271	350	235	66.1	59.2
60 years and over	473	137	241	212	33.9	40.8
Grandparent not responsible for own grandchildren under 18 years:	1,807	267	2,485	947	56.4	80.8
30 to 59 years	952	222	1,072	530	52.7	43.1
60 years and over	855	202	1,413	708	47.3	56.9

*MOE = Margin of Error

Source: U.S.Census Bureau, Survey/Program: American Community Survey

TableID: B10051A AND B10051B

- The number of grandparents declined 5.4 percent from 2010 to 2019; the number of Black grandparents grew smaller by 11.6 percent
- The number of grandparents responsible for their own grandchildren under 18 years of age declined over 53 percent; the number of Black parents responsible dropped 38.5 while White grandparents were down 57.6 percent
- In 2010, among grandparents responsible for grandchildren, those under 60 years of age represented 70.7 percent of Black grandparents and 66.1 percent of the White group. By 2019, 51.3 percent of Black and 59.2 percent of White were grandparents under age 60.

C. Income

Table 6. Poverty Status in The Past 12 Months of Families by Family Type by Presence of Related Children Under 18 Years by Age of Related Children by Race. St. Joseph County, 5-year Estimates, 2006-2010 and 2015-2019.

Label	BLACK				WHITE				Ratio - Black:White	
	Number Estimates		Percent Estimates		Number Estimates		Percent Estimates		2010	2019
	2006-2010	2015-2019	2006-2010	2015-2019	2006-2010	2015-2019	2006-2010	2015-2019		
Total:	7,453	7,302	100.0	100.0	54,158	52,562	100.0	100.0		
Income in the past 12 months below poverty level:	2,257	2,033	30.3	27.8	3,987	4,254	7.4	8.1	4.1	3.4
Married-couple family:	278	190	12.3	9.3	1,318	1,570	33.1	36.9	0.4	0.3
With related children under 18:	201	104			807	842				
Under 5 years only	41	10			184	80				
Under 5 years and 5 to 17 years	61	0			326	254				
5 to 17 years only	99	94			297	508				
No related children under 18	77	86			511	728				
Other family:	1,979	1,843	87.7	90.7	2,669	2,684	66.9	63.1	1.3	1.4
Male householder, no wife present:	114	168	5.8	9.1	396	526	14.8	19.6	0.4	0.5
With related children under 18:	104	146			384	366				
Under 5 years only	47	0			135	86				
Under 5 years and 5 to 17	0	36			65	132				
5 to 17 years only	57	110			184	148				
No related children under 18	10	22			12	160				
Female householder, no husband present:	1,865	1,675	94.2	90.9	2,273	2,158	85.2	80.4	1.1	1.1
With related children under 18:	1,675	1,536			1,923	1,919				
Under 5 years only	472	250			427	542				
Under 5 years and 5 to 17	464	341			503	551				
5 to 17 years only	739	945			993	826				
No related children under 18	190	139			350	239				
Income in the past 12 months at or above poverty level:	5,196	5,269	70	72	50,171	48,308	92.6	91.9	0.8	0.8
Married-couple family:	2,655	2,376	51.1	45.1	41,546	39,681	82.8	82.1	0.6	0.5
With related children under 18:	1,254	1,038			16,857	15,149				
Under 5 years only	131	189			3,152	2,546				
Under 5 years and 5 to 17 years	240	104			3,415	3,024				
5 to 17 years only	883	745			10,290	9,579				
No related children under 18	1,401	1,338			24,689	24,532				
Other family:	2,541	2,893	48.9	54.9	8,625	8,627	17.2	17.9	2.8	3.1
Male householder, no wife present:	515	606	20.3	20.9	2,457	2,649	28.5	30.7	0.7	0.7
With related children under 18:	214	382			1,270	1,337				
Under 5 years only	35	33			329	241				
Under 5 years and 5 to 17	34	51			185	147				
5 to 17 years only	145	298			756	949				
No related children under 18	301	224			1,187	1,312				
Female householder, no husband present:	2,026	2,287	79.7	79.1	6,168	5,978	71.5	69.3	1.1	1.1
With related children under 18:	1,566	1,504			3,516	3,201				
Under 5 years only	232	194			639	372				
Under 5 years and 5 to 17	228	254			383	451				
5 to 17 years only	1,106	1,056			2,494	2,378				
No related children under 18	460	783			2,652	2,777				
Source: American Community Survey, 5-year estimates										
Families with a householder who is Black or African American alone										

- The ratio of percent Black to percent White living in poverty dropped from (30.3/7.4 =) 4.1 to (27.8/81 =) 3.4 between 2010 and 2019. Said another way, between the 5-year estimates ending in 2010 and 2019, there was a 10 percent drop in the number of Black persons whose income was below the poverty level.
- There was an estimated 2.5 percentage point decline between the 2010 5-year period and the 2019 5-year span in the proportion of Black families with incomes at or below the federal poverty level. Over the same period, there was a 0.7-point increase for White families.
- The largest decline for Black persons was among those married-couple families with related children under 18 years of age – from 12.3 to 9.3 percent of Black families living below the poverty level.
- The number of female-headed households with children under 18 years of age whose income was below the poverty level declined over 10 percent; those whose income was at or above poverty rose 12.9 percent.

Table 7. Poverty Thresholds, 2020.

Poverty Thresholds for 2020 by Size of Family and Number of Related Children Under 18 Years										
Size of family unit	Weighted average thresholds	Related children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):	13,171									
Under age 65.....	13,465	13,465								
Aged 65 and older.....	12,413	12,413								
Two people:	16,733									
Householder under age 65.....	17,413	17,331	17,839							
Householder aged 65 and older.....	15,659	15,644	17,771							
Three people.....	20,591	20,244	20,832	20,852						
Four people.....	26,496	26,695	27,131	26,246	26,338					
Five people.....	31,417	32,193	32,661	31,661	30,887	30,414				
Six people.....	35,499	37,027	37,174	36,408	35,674	34,582	33,935			
Seven people.....	40,406	42,605	42,871	41,954	41,314	40,124	38,734	37,210		
Eight people.....	44,755	47,650	48,071	47,205	46,447	45,371	44,006	42,585	42,224	
Nine people or more.....	53,905	57,319	57,597	56,831	56,188	55,132	53,679	52,366	52,040	50,035

Source: U.S. Census Bureau.

D. Business Ownership

Table 8. Business Ownership by Gender and Race. St. Joseph Co, IN 2017

Race	Both	Black	White
Number of Firms.....	3,465	42	3,423
Percent	100.0	1.2	98.8
Number of Employees.....	43,652	230	43,422
Percent	100.0	0.5	99.5
Employees/Firm	12.6	5.5	12.7
Sales, value of shipments, or revenue of employer firms (\$1,000)	10,946,163	41,641	10,904,522
Sales/Firm (\$)	3,159,066	991,452	3,185,662
Annual payroll (\$1,000)	1,805,253	6,832	1,798,421
Annual payroll/employee (\$)	41,356	29,704	41,417
Gender	Both	Female	Male
Number of Firms.....	3,138	690	2,448
Percent	100.0	22.0	78.0
Number of Employees.....	38,135	5,440	32,695
Percent	100.0	14.3	85.7
Employees/Firm	12.2	7.9	13.4
Sales, value of shipments, or revenue of employer firms (\$1,000)	8,718,445	797,141	7,921,304
Sales/Firm (\$)	2,778,344	1,155,277	3,235,827
Percent	100.0	9.1	90.9
Annual payroll (\$1,000)	1,632,392	138,269	1,494,123
Annual payroll/employee (\$)	42,806	25,417	45,699

Source: U.S. Census Bureau, Annual Business Survey: Statistics for Employer Firms by Industry, Sex, Ethnicity, Race, and Veteran Status for the U.S., States, Metro Areas, Counties, and Places: 2017

- The business ownership rate for Blacks has been lower than for other racial and ethnic groups. In 2017 in St. Joseph County, the percent of Black-owned businesses was just 1.2 percent.
- The number of employees of Black-owned businesses was 0.5 percent of the combined number of Black and White employees, or 5.5 employees per firm compared to 12.7 for White-owned businesses.
- Sales, the value of shipments or revenue per number of White-owned firms was 3.2 times higher than Black-owned firms. Annual payroll per Black-owned business employee was just 71 percent of White counterparts.
- Reasons for the performance of black-owned businesses have been proffered in several publications.¹⁴

Table 9. Changes in Black-Owned and Female-Owned Businesses. St. Joseph county, IN 2012 and 2017

Black-Owned Businesses	2012	2017	% Chg
Number of Firms.....	53	42	-20.8
Number of Employees.....	247	230	-6.9
Employees/Firm	4.7	5.5	17.5
Sales, value of shipments, or revenue of employer firms (\$1,000) ...	105,723	41,641	-60.6
Sales/Firm (\$)	1,994,774	991,452	-50.3
Annual payroll (\$1,000)	8,674	6,832	-21.2
Annual payroll/employee (\$)	35,117	29,704	-15.4
<hr/>			
Gender = Female	2012	2017	% Chg
Number of Firms.....	704	690	-2.0
Number of Employees.....	5,991	5,440	-9.2
Employees/Firm	8.5	7.9	-7.4
Sales, value of shipments, or revenue of employer firms (\$1,000)	684,002	797,141	16.5
Sales/Firm (\$)	971,594	1,155,277	18.9
Annual payroll (\$1,000)	141,107	138,269	-2.0
Annual payroll/employee (\$)	23,553	25,417	8

E. Education

Table 10. Percent Distribution and Change by Sex By Educational Attainment For The Population 25 Years And Over (Black Or African American Alone). St. Joseph County, IN. 2010 and 2019

Educational Attainment	2010, 5-yr		2019, 5-yr		Pct Chg 2010-2019
	Number	Pct Distr	Number	Pct Distr	
Total:	18,264	100.0	19,605	100.0	7.3
Less than high school diploma	4,018	22.0	3,490	17.8	-13.1
High school graduate, GED, or alternative	6,267	34.3	6,817	34.8	8.8
Some college or associate's degree	5,581	30.6	6,218	31.7	11.4
Bachelor's degree or higher	2,398	13.1	3,080	15.7	28.4
Male:	8,200	44.9	8,665	44.2	5.7
Less than high school diploma	1,944	23.7	1,547	17.9	-20.4
High school graduate, GED, or alternative	2,836	34.6	3,154	36.4	11.2
Some college or associate's degree	2,424	29.6	2,502	28.9	3.2
Bachelor's degree or higher	996	12.1	1,462	16.9	46.8
Female:	10,064	55.1	10,940	55.8	8.7
Less than high school diploma	2,074	20.6	1,943	17.8	-6.3
High school graduate, GED, or alternative	3,431	34.1	3,663	33.5	6.8
Some college or associate's degree	3,157	31.4	3,716	34.0	17.7
Bachelor's degree or higher	1,402	13.9	1,618	14.8	15.4

U.S. Census Bureau. American Community Survey. Universe: Black or African American alone population 25 years and over
TableID: B15002B

- The total population of Black persons age 25 and older increased 7.3 percent between 2010 and 2019 with females accounting for about 56 percent of the number in 2019.
- The level of educational attainment showing the greatest change were those getting bachelor's degrees or higher. Males achieved that educational level much more sharply than females, moving from 12 percent in 2010 to 17 percent in 2019.
- The percent of Black persons in St. Joseph County with less than a high school diploma declined notably, from 22 percent in 2010 to 18 percent in 2019.

F. Housing

Table 11. Occupied Housing Units by Race. St. Joseph County, 2010 and 2019.

	2010		2019		Percent Change	
	Black	White	Black	White	Black	White
Occupied	12,498	83,786	13,354	84,228	6.9	0.5
Owner	4,272	62,628	5,408	62,731	26.6	0.2
Renter	8,175	21,169	7,946	21,497	-2.8	1.5

Source: U.S. Census Bureau, 2010 and 2019 American Community Survey 1-Year Estimates. Table S2502

- From 2010-2019, occupied housing units for Black persons rose 6.9 percent. Growth rates were higher for owner-occupied units (26.6%) and lower for rental units (-2.8%).
- Owner-occupied housing comprised 34 percent for Black persons in 2010 and grew to 40.5 percent in 2019.
- Owner-occupied housing for Black persons was just 54 percent of that of White owners in 2010 and 46 percent in 2019.

G. Health Insurance Coverage.

Access to medical care and protection against the high costs of care are enabled through health insurance. Disparities in health care coverage by race are born out in the data for St. Joseph County which shows that the Black population (and other people of color) over the past eight years were 7 percentage points higher on average in the proportion of uninsured than the White population. There is evidence, however, of a trend toward greater equity with a narrowing gap in more recent years.

Figure D. Percent Uninsured by Race and Gap Between Black and White.
St. Joseph County, 5-year Estimates, 2012-2019

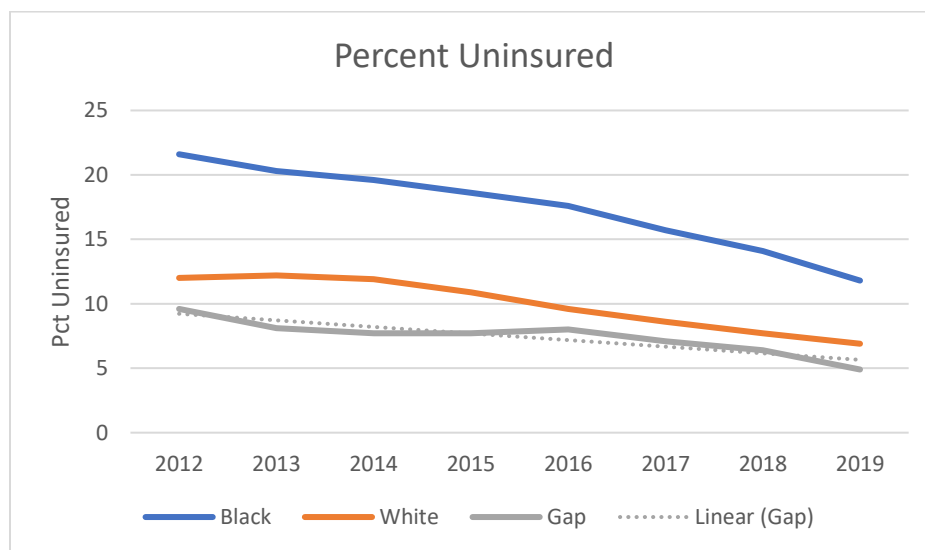


Table 12. Number, Percent, and Margin of Error of Insured and Uninsured by Race. St. Joseph county, ACS 5-year Estimates, 2015-2019.

	2019: ACS 5-yr		2018: ACS 5-yr		2017: ACS 5-yr		2016: ACS 5-yr		2015: ACS 5-yr	
	White	Black	White	Black	White	Black	White	Black	White	Black
Pop	208,53	34,37	209,85	34,43	210,40	34,37	209,83	34,17	210,65	33,93
MoE	7	6	2	4	5	0	0	3	5	8
Insured	194,04	30,30	193,72	29,56	192,27	28,95	189,66	28,16	187,66	27,63
MoE	6	5	3	6	6	9	2	1	5	6
Pct Ins	93.1	88.2	92.3	85.9	91.4	84.3	90.4	82.4	89.1	81.4
MoE	0.5	1.7	0.5	1.8	0.6	2	0.6	1.7	0.6	2.1
Uninsured	14,491	4,071	16,129	4,868	18,129	5,411	20,168	6,012	22,990	6,302
MoE	1,086	599	1,143	622	1,195	693	1,207	545	1,265	703
Pct Unins	6.9	11.8	7.7	14.1	8.6	15.7	9.6	17.6	10.9	18.6
Moe	0.5	1.7	0.5	1.8	0.6	2	0.6	1.7	0.6	2.1

MoE = Margin of error

US Census Bureau, ACS, Table: S2701, 5-year estimates

II. The health of the Black Population in St. Joseph County, Indiana

A. Life Expectancy

The average number of years of life a person who has attained a given age can expect to live is called that person’s “life expectancy” and is commonly used to give a snapshot of a community’s health status.

Other measures help focus on expected longevity and quantity of life. One is a calculation based on answering the question, “What is the cost of persons’ dying before their time?” and an indicator, “premature mortality,” is determined by counting the number of deaths that occur before an age thought to be a life’s expectancy (here, it is age 75), divided by the number of persons age 75 or less. The rate is standardized to a 100,000 population and age-adjusted. A second measure reflects the same purpose. The number of years of potential life lost (YPLL) gives a community a number reflecting the cost of dying early and so focuses on lives lost that could have been prevented.

There are statistically significant differences on all measures between Blacks and Whites in St. Joseph County (Table 13). Overall, White persons can expect to live over 6 years longer than Black persons on average. This means that the overall mortality rate (deaths per 100,000) for blacks is prematurely 71.2 percent larger than whites, resulting in a social and economic loss owing to the premature death of nearly twice as large as whites. Blacks lose more than twice the number of years of potential life.

Table 13. Average Life Expectancy, Premature Mortality, and Years of Potential Life Lost by Race. St. Joseph County, 2017-2019.

	Mean	Confidence Intervals (C.I.)	
		95% - Low	95% - High
Life Expectancy (years)			
White	77.5	77.1	77.9
Black	71.2	70.1	72.3
Premature age-adjusted mortality per 100,000 population			
White	393.5	378.6	408.4
Black	673.8	622.1	725.6
Years of Potential Life Lost (YPLL)			
White	7,707	7,265	8,149
Black	15,059	13,661	16,458
National Center for Health Statistics - Mortality Files			

The reasons for diminished life expectancy among the Black population of St. Joseph County may become clearer through an examination of some of the major causes of mortality. Meanwhile, where you live may determine in part how long you live. The appendix lists the Census Tracts (CT) in the County by life expectancy and shows the 35 tracts with life expectancies below the County CT average of 76.5 years.

B. Age-Specific Death Rates

Death rates based on 10-year cohorts, for the most part, show the striking gaps between the death rates of the Black population compared with the White rates. Excluding the 85+ age group, the average ratio of Black-to-White was 1.93 over the 10 years from 2010 to 2019. Including that the oldest age group dropped the ratio to 1.82. In short, all age cohorts show notable gaps in Black-to-White mortality ratios except for the oldest – 85+ years.

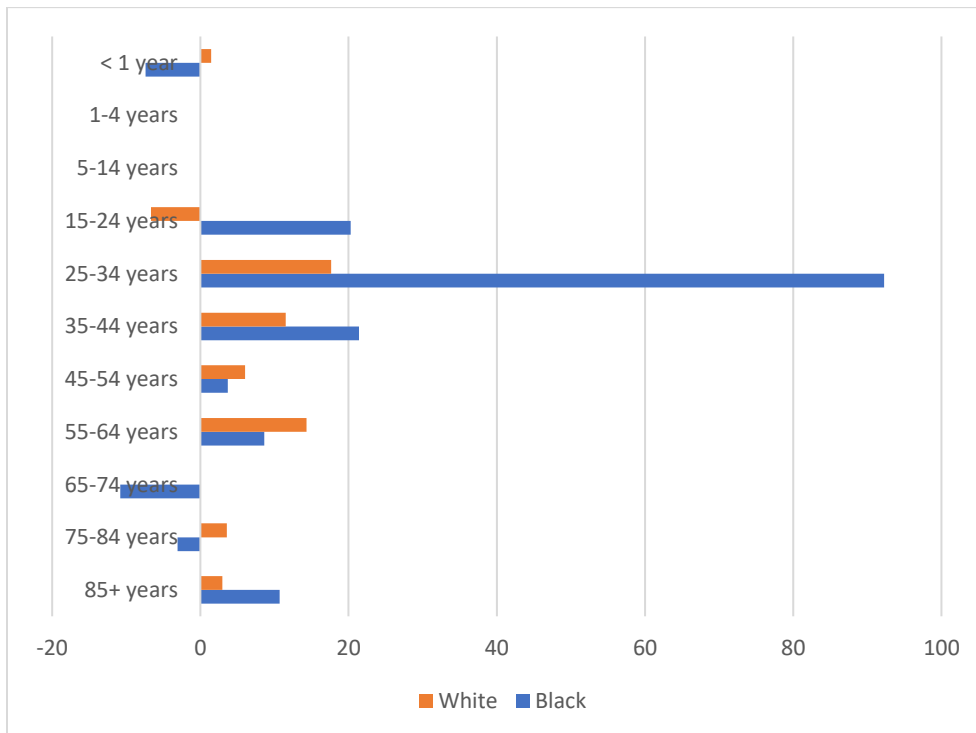
There were important differences between the years 2010-2014 and 2015-2019. The latter - a more recent period - had higher age-group mortality rates – especially for Black persons ages 15 – 44 and White persons ages 25 - 34. In short, the trend appears to be an increasingly larger gap between Black and White mortality rates across all but the very oldest age groups. One outlying statistic is the Black age group 25 to 34. The crude death rate in 2010-2014 was 117.9 per 100,000; over the next five years, that rate was at 226.7 – a 92 percent increase.

Table 14. Death Rates per 100,000 for 10-year Age-Groups by Race.
St. Joseph County 2010-2014 and 2015-2019.

Age Cohort	Black			White		
	2010-2014	2015-2019	Pct Chg	2010-2014	2015-2019	Pct Chg
< 1 year	1,809.8	1,675.8	-7.4	602.4	611.2	1.5
1-4 years	Unreliable	Unreliable		Unreliable	Unreliable	
5-14 years	Unreliable			Suppressed	Unreliable	
15-24 years	104.5	125.7	20.3	57.2	53.4	-6.6
25-34 years	117.9	226.7	92.3	118.5	139.4	17.6
35-44 years	282.9	343.5	21.4	195.3	217.8	11.5
45-54 years	814.4	844.5	3.7	439.0	465.4	6.0
55-64 years	1,629.8	1,770.0	8.6	866.2	990.3	14.3
65-74 years	3,216.2	2,868.6	-10.8	2,027.4	2,028.0	0.0
75-84 years	6,490.4	6,290.5	-3.1	5,001.3	5,179.4	3.6
85+ years	12,210.5	13,517.6	10.7	14,409.8	14,837.8	3.0

Source: CDC Wonder

Figure E. Percent Change in Death Rates by Age-Group by Race. St. Joseph County, 2010-2014 and 2015-2019



C. Leading Causes of Mortality in the Black Population

Table 15. Leading Causes of Black Mortality, Black-to-White Ratio, and Significance Level.
St. Joseph County, Indiana 2015-2019

CAUSE	Measure	Black or African American	White	Ratio Black: White	
ALL CAUSES	Deaths	1,595	12,021		
	Population	200,589	1,102,503		
	Age Adjusted Rate	1,083.50	818.3	1.32	*
	Age Adjusted Rate Lower 95% C.I.	1,027.70	803.2		
	Age-Adjusted Rate Upper 95% C.I.	1139.3	833.4		
MAJOR CARDIOVASCULAR DISEASES	Age-Adjusted Rate	324.1	234.1	1.38	*
MALIGNANT NEOPLASMS (CANCER)	Age Adjusted Rate	213.3	169.9	1.26	*
DIABETES MELLITUS	Age Adjusted Rate	63.3	23.8	2.66	*
CHRONIC LOWER RESPIRATORY DISEASES	Age Adjusted Rate	50.1	53.3	0.94	
ALL OTHER AND UNSPECIFIED ACCIDENTS AND ADVERSE EFFECTS	Age-Adjusted Rate	41.0	40.5	1.01	
ASSAULT (HOMICIDE)	Age Adjusted Rate	35.2	2.7	13.04	*
NEPHRITIS, NEPHROTIC SYNDROME, NEPHROSIS (KIDNEY DISEASE)	Age-Adjusted Rate	32.9	12.3	2.67	*
ALZHEIMER'S DISEASE	Age-Adjusted Rate	24.4	39.3	0.62	
CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD (P00-P96)	Age-Adjusted Rate	11.6	4.4	2.64	*
CHRONIC LIVER DISEASE AND CIRRHOSIS	Age-Adjusted Rate	11.5	14.4	0.8	
MOTOR VEHICLE ACCIDENTS	Age-Adjusted Rate	10.3	9.1	1.13	

* Statistically significantly higher at the 95% level of confidence

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Oct 10, 2021, 10:52:17 PM

The foregoing table uses a 5-year time frame to capture a sufficiently large size to avoid data unreliability due to instability in rates. Even then, since we are analyzing the data based on race, the minimal sample size expected is 20 cases and this excludes a few leading causes of death, such as suicide or pneumonia.

Seven of the eleven leading Black main causes of death, including the “all-cause” category, showed Black-to-White ratios of the 2015-2019 death rates were statistically significant: the Black population was dying at notably higher rates. For all causes of death, the Black population of St. Joseph County had death rates that were 32 percent higher than the White population’s death rates; 19 times out of 20, we can say that the Black death rate of 1,083.5 deaths per 100,000 population would fall between the upper C.I. (confidence interval) rate of 1,139.3 and the lower C.I. rate of 1,027.7.

In what follows, some of the subgroups of these main categories are examined.

1. Cancer

Cancer data on the following tables includes incidence data on cases of invasive cancer diagnosed in each of the individual years. According to the CDC, “The population coverage may vary by the suppression of state incidence data if 16 or fewer cases were reported, or if the state requested that the data be suppressed, or if a state did not meet publication criteria.” For the most recent release, data from the St. Joseph County population are displayed for cancer cases diagnosed in 2018 only and the most recent 5 years combined (2014 to 2018).

Information on newly diagnosed cancer cases (incidence rates) is based on data collected by registries in [CDC’s National Program of Cancer Registries \(NPCR\)](#) and [NCI’s Surveillance, Epidemiology, and End Results \(SEER\) Program](#). Information on cancer deaths is collected by CDC’s National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS).¹⁵

Data can be visualized at this site: <https://gis.cdc.gov/Cancer/USCS/#/StateCounty/>

Incidence Rates

- For 2014-2018, there were statistically significant differences (at 95% confidence levels) between the overall incidence rate for Black males and Black Females, white females, and White males. Black males were diagnosed with new cases of cancer at a rate 1.2 times higher than White males.
- Specific cancer sites of significance were lung and bronchus and prostate where Black males showed higher rates.

Mortality Rates

- Mortality rates per 100,000 population for all cancer sites combined were notably higher for Black males compared with Black females, or White females or White males.
- Site-specific death rates were significantly higher for Black males for lung and bronchus and prostate.

Table 16. Age-Adjusted Cancer Incidence Rates per 100,000 persons By Site, Race, and Sex.
St. Joseph County, 2014-2018

Event/Site	Black		White		Significance
	Female	Male	Female	Male	
Incidence					
All Cancer Sites Combined	373.9	547.4	421.4	454.3	*
Brain and Other Nervous System			5.5	7.8	
Cervix			6.4		
Colon and Rectum	30.9	53.7	28	45.1	*
Corpus and Uterus, NOS	18.3		26.7		
Esophagus			2.3	10	
Female Breast	104.7		129		
Female Breast, in situ	31.4		29.2		
Hodgkin Lymphoma				2.9	
Kaposi Sarcoma					
Kidney and Renal Pelvis		25.9	12.5	24.3	
Larynx				4.3	
Leukemias			9.3	15.9	
Liver and Intrahepatic Bile Duct			2.6	11.2	
Lung and Bronchus	61	100.6	59.6	74.8	*
Male and Female Breast					
Male and Female Breast, in situ					
Male Breast					
Melanomas of the Skin			19.7	22.2	
Mesothelioma			0	0	
Myeloma			4.8	9.5	
Non-Hodgkin Lymphoma			16.7	22.3	
Oral Cavity and Pharynx			5.6	17.2	
Ovary			11.1		
Pancreas			14.5	15.2	
Prostate		150.1		79.6	*
Stomach			2.6	10.4	
Testis				6	
Thyroid			17.1	4.8	
Urinary Bladder		34.4	8	32.1	

Table 17. Age-Adjusted Cancer Mortality Rates per 100,000 persons By Site, Race, and Sex.
St. Joseph County, 2014-2018

Event/Site	Black		White		Significance
	Female	Male	Female	Male	
Mortality					
All Cancer Sites Combined	176.8	275.2	144.2	200.4	*
Brain and Other Nervous System			4	4.9	
Cervix			2.7		
Colon and Rectum	25.2		13	17.2	
Corpus and Uterus, NOS			4.6		
Esophagus				9.4	
Female Breast	28.1		21.6		
Hodgkin Lymphoma					
Kaposi Sarcoma					
Kidney and Renal Pelvis			3	6.2	
Larynx					
Leukemias			5.7	7.9	
Liver and Intrahepatic Bile Duct				6.9	
Lung and Bronchus	41.9	85.4	35.7	57.1	*
Male and Female Breast					
Male Breast					
Melanomas of the Skin				4.3	
Mesothelioma					
Myeloma			2.3	4.6	
Non-Hodgkin Lymphoma			5	9	
Oral Cavity and Pharynx				3.9	
Ovary			7.5		
Pancreas			12	11.9	
Prostate		49.9		19.5	*
Stomach				4.1	
Testis					
Thyroid					
Urinary Bladder			2.6	8.7	

Source: CDC, US Cancer Statistics. <https://www.cdc.gov/cancer/uscs/>

Table 18. Summary of Significant Incidence and Mortality Cancer Age-Adjusted Rates per 100,000
By Race. St. Joseph County, 2014-2018

Site	Incidence				Mortality			
	Black	White	Black/White	Statistically Significant*	Black	White	Black/White	Statistically Significant*
All Cancer Sites	442.9	433.7	1.02	No	215.5	168.3	1.28	Yes
Colon and Rectum	39.4	36.3	1.09	No	23.8	14.9	1.78	Yes
Lung and Bronchus	76.2	66	1.15	No	58.6	44.9	1.31	No
Pancreas	12.2	14.9	0.82	No	14.8	12.2	1.21	No
Prostate	150.1	79.6	1.89	Yes	49.9	19.5	2.56	Yes
Female Breast	104.7	129	0.81	No	28.1	21.6	1.3	No

*At the 95% confidence interval

- The all-cancer site incidence rate over the years 2014-2018 combined was 2 percent higher for Black persons compared with Whites – an insignificant difference. However, the death rate for all cancers for Black persons was 1.28 times higher than the rate for White persons.¹⁶
- The other cancer sites with statistically significant differences were for mortality due to colon and rectum (colorectal) cancers and incidence and mortality for prostate cancer.

The following figure (G) shows the age-adjusted all-cancer mean death rates by race and gender for the 2014-2018 data in the County and their margins of errors at the 95% level of confidence.

- There was no statistical difference between Black females and Black males.
- White rates for males were significantly higher than White rates for females.
- Black rates for females were significantly higher than rates for White females, and
- Black rates for males were significantly higher than White rates for males.

The differences in incidence rates – that is, the number of new cancer cases during a specified time per population at the start of the time interval – were not notable based on race, between Black and White females, or between Black and White males. There were significant differences based on gender, however. Males had generally higher incidence rates than females of either race. (See Figure F)¹⁷

Figure F. Cancer Incidence Rates

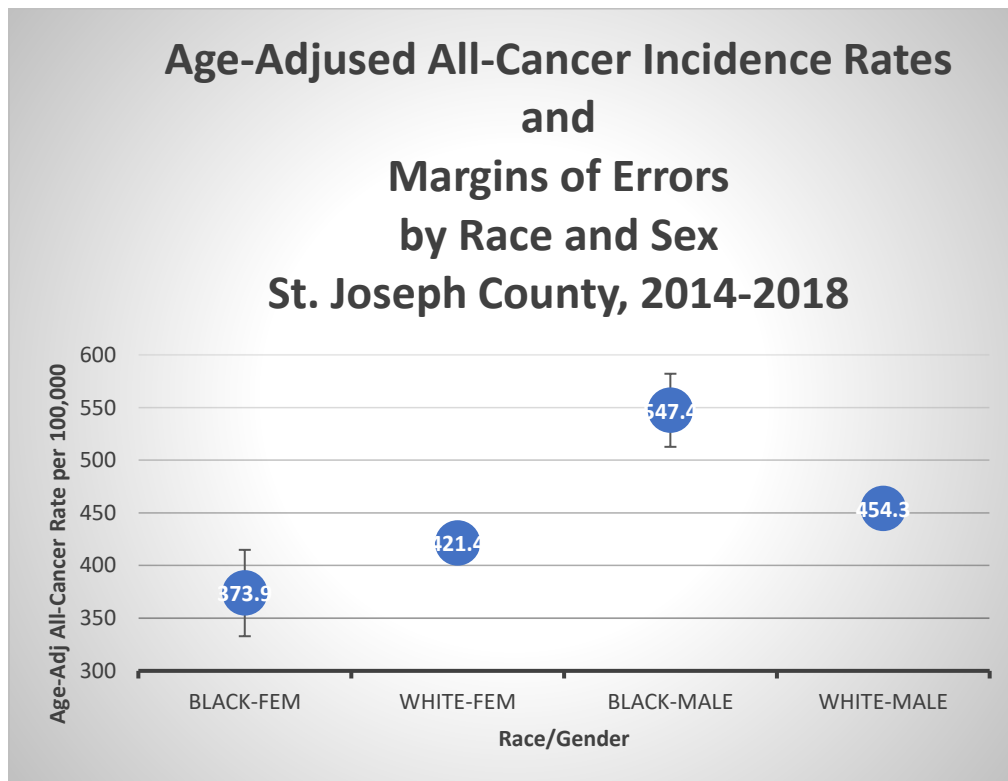
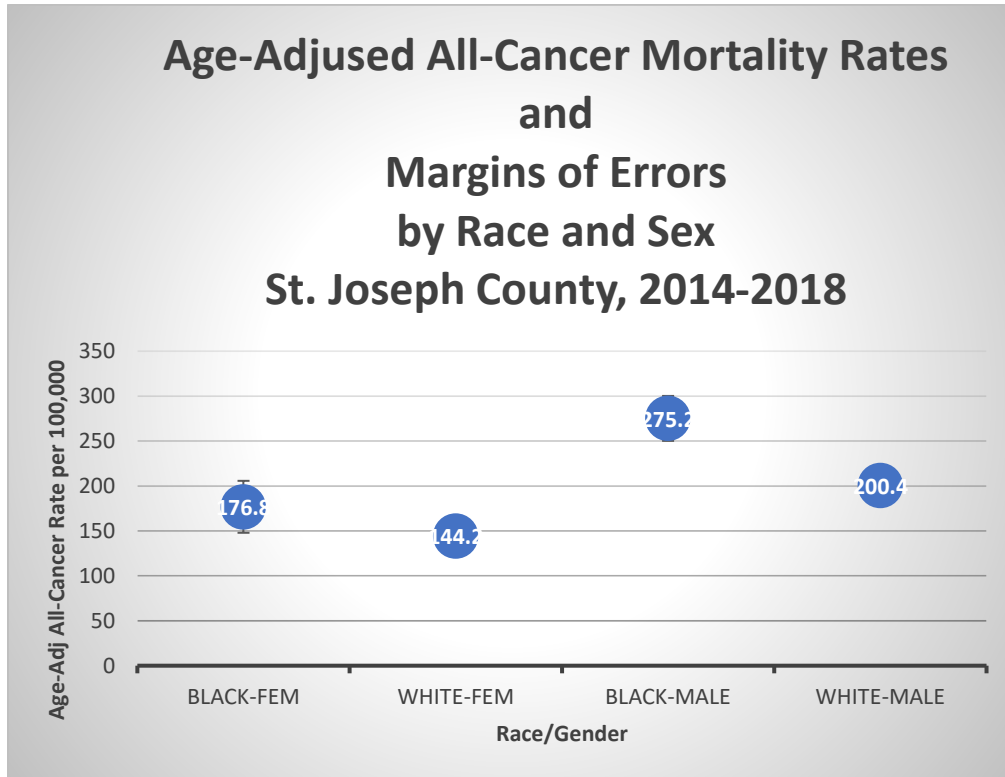


Figure G. Cancer Mortality Rates



Trends in Cancer Incidence and Mortality

Incidence and mortality trends, provided in the table below, are used in assessing the burden and risk for a cancer site in St. Joseph County. In some cases, the [Healthy People 2020](#) objective for the Nation is provided to give perspective on how favorably or unfavorably the County compares to this overall goal. The 95% Confidence Intervals for the rates give a measure of how certain or uncertain the point estimates are and can be used to generally assess how different a rate or trend is from another.

Table 19. Recent Trends in 5-year Select Cancer Incidence and Mortality Rates.
St. Joseph County, 2014-18¹⁸

Site	Incidence				Mortality			
	Black		White		Black		White	
	Trend	Rate Chg	Trend	Rate Chg	Trend	Rate Chg	Trend	Rate Chg
All Cancer Sites	↔	-1.3	↓	-1.3	↓	-1.6	↓	-0.9
Colon and Rectum	↓	-3.7	↓	-3.5	↓	-2.7	↓	-2.3
Lung and Bronchus	↔	-1.7	↓	-1.1	↔	-0.8	↓	-2.8
Pancreas	↔	0.2	↔	0.8	↔	-1.1	↑	0.8
Prostate	↔	-2.2	↑	9.4	↓	-3.0	↓	-2.4

Legend:

↔	Stable
↓	Falling
↑	Rising

Cancer Screening

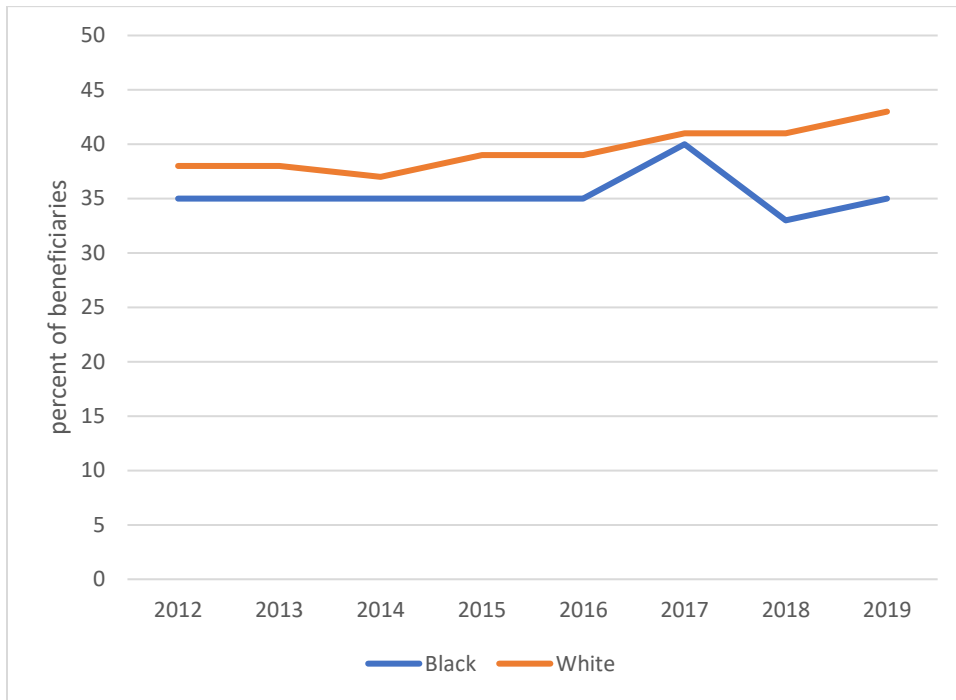
Quality Care for cancer includes adhering to recommendations regarding screening for four cancers: breast, cervical, colorectal, and lung. The rates of mammography by age group, documented in Table 20 and illustrated in Figure H for the age group 65-74, could be compared with the incidence and mortality rates for breast cancer mentioned above.

The Breast Cancer Screening Rates for mammography was similar between Black and White women ages 65-74 from 2012 through 2017. This disparity appears to change in 2018 and 2019, with gaps of 8 percentage points between higher rates for White women compared with lower ones for Black women (Figure H)

Table 20. Mammography Screening Rates (%) for Blacks and Whites by Age Groups.
St. Joseph County, 2012-2019.

	2012	2013	2014	2015	2016	2017	2018	2019
ALL AGES								
Black	26	26	26	28	26	27	26	27
White	28	28	27	28	28	30	30	33
< 65								
Black	22	23	23	24	23	21	22	21
White	18	20	19	19	20	20	19	22
65-74								
Black	35	35	35	35	35	40	33	35
White	38	38	37	39	39	41	41	43
75-84								
Black	27	28	28	34	27	23	30	32
White	32	30	30	31	30	32	31	35

Figure H. Mammography Screening Rates (%) for Blacks and Whites for Age Group 65-74.



Data for cervical cancer in the 2014-2018 period were suppressed due to the small number of cases.

Lung and Bronchus. In St. Joseph County, Indiana from 2014-2018, there were 1,063 new cases of Lung and Bronchus cancer. For every 100,000 people, 67 Lung and Bronchus cancer cases were reported. Over those years, 744 people died of Lung and Bronchus cancer. Of every 100,000 people in St. Joseph County, Indiana, 46 died of Lung and Bronchus cancer.

These rates by race, while notably different, did not meet the 95% confidence level. Black residents had a 15.4 percent higher incidence rate of lung and bronchus cancer while Black males showed a 34.5 percent higher incidence rate compared with White counterparts.

Prostate Cancer. In St. Joseph County, over 2014-2018, there were 680 new cases of prostate cancer. For every 100,000 in the relevant population, 89 cases were reported. Over those years, there were 139 who died of Prostate Cancer – resulting in a death rate of 21 per 100,000 in St. Joseph County.

The difference between the incidence rates for Blacks compared with Whites was statistically significant, with a rate of 150.1 and 79.6 respectively. Similar results were seen for the death rates from prostate cancer. Black males were 2.6 times more likely to die from this cancer compared with their White counterparts.

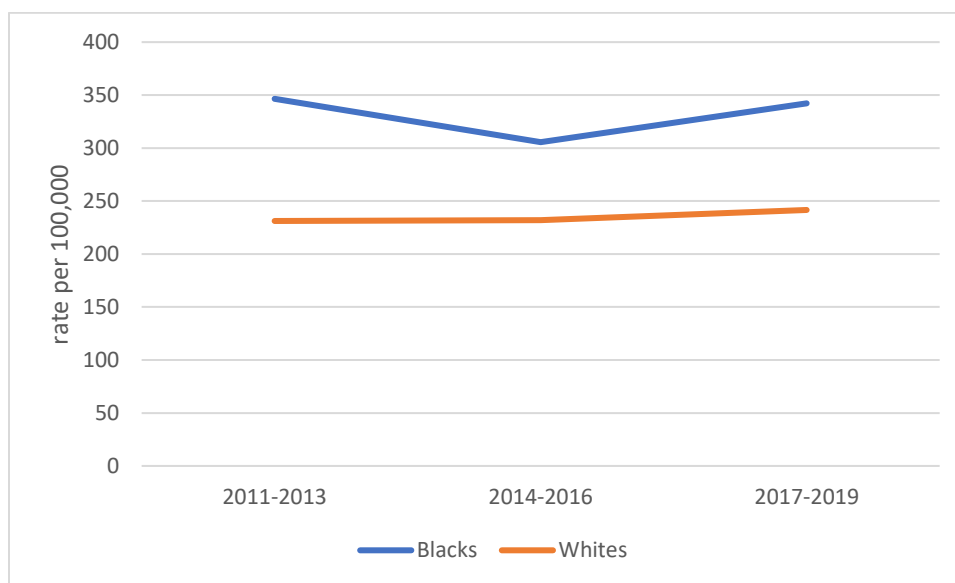
Table 21. Incidence and Mortality for Select Screening Cancers. St. Joseph County, 2014-2018.

Incidence	2013-2017				2014-2018			
	Female		Male		Female		Male	
	Black	White	Black	White	Black	White	Black	White
Breast	99.1	125.4			104.7	129.0		
Colon-Rectum	34.2	29.8	50.0	44.2	30.9	28.0	53.7	45.1
Lung & Bronchus	62.2	57.5	101.2	76.2	61.0	59.6	100.6	74.8
Prostate			139.9	70.5			150.1	79.6
Mortality								
Breast	30.8	22.2			28.1	21.6		
Colon-Rectum	26.1	11.9	0.0	17.8	N/A	13.0	N/A	17.2
Lung & Bronchus	46.8	34.9	86.6	59.6	41.9	35.7	85.4	57.1
Prostate			39.4	20.3			49.9	19.5

Source: <https://gis.cdc.gov/Cancer/USCS/#/StateCounty/>

2. Cardiovascular Diseases: Heart Disease

Figure I. Total Cardiovascular Disease Death Rates. Black and White Deaths per 100,000 population. St. Joseph County, 2011-2019.



Total Cardiovascular Disease

Total Cardiovascular Disease includes the two major categories of All Heart Disease and All Stroke. The Cardiovascular Disease (CVD) death rates among Blacks was notably higher than in Whites in the most recent period (2017-2019) and have been higher for the past decade (Table 22)

Table 22. Total Cardiovascular Disease Death Rates by Age Group. Black and White Deaths per 100,000 population, St. Joseph County, 2011-13, 2014-16, and 2017-19

Age Group		2011-2013	2014-2016	2017-2019
All Ages				
Black		346.5	305.6	342.2
	Men	425.6	385.2	445.7
	Women	289.6	259.9	269.1
White		231.2	232	241.6
	Men	297.1	295.6	295.6
	Women	185.7	183.8	202.9
Age 35+				
	Black	671	592.2	664.1
	White	449.7	449.9	467.2
Age 45-64				
	Black	374.3	288.3	367.4
	White	153.7	156.3	163.1
Age 65+				
	Black	1,964.2	1,817	1,913.4
	White	1,508.9	1,492.8	1,567.1

Table 23. Total Cardiovascular Disease Hospitalization Rate per 1,000 Medicare Beneficiaries by Race and Gender. St. Joseph County, 2010-2012, 2013-2015, and 2016-2018

Age Group: 65+		2010-2012	2013-2015	2016-2018
Blacks		87.8	89.6	82.9
	Men	98.0	74.7	92.0
	Women	83.9	95.8	76.6
Whites		66.0	59.5	57.0
	Men	79.6	70.7	68.4
	Women	56.6	51.6	48.3

Figure J. Total Cardiovascular Disease Hospitalization Rate

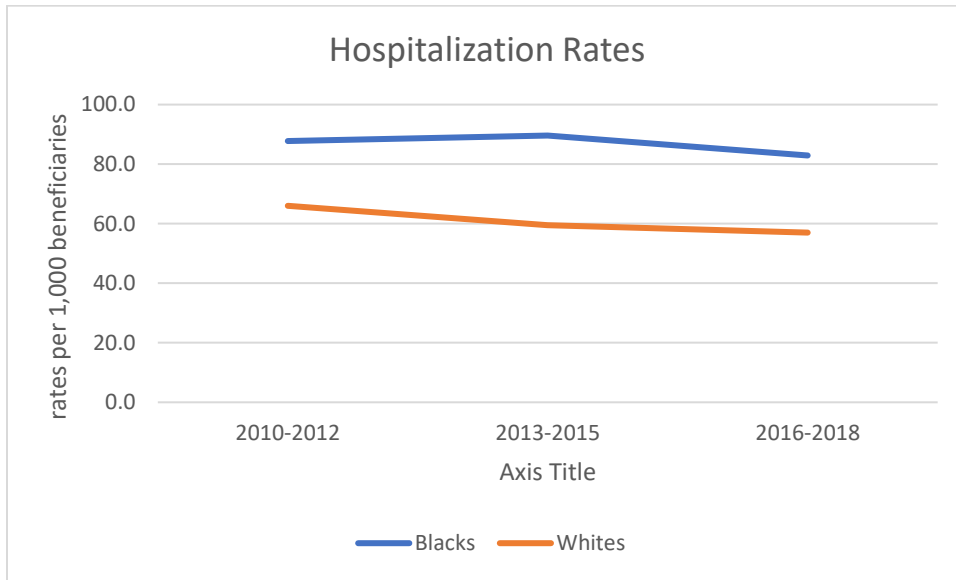
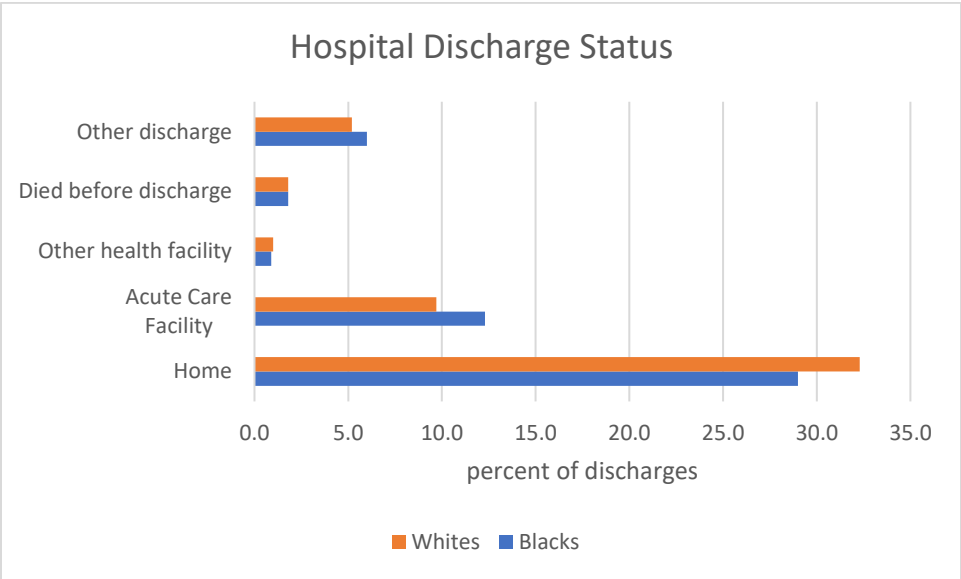


Table 24. Total Cardiovascular Disease Hospital Discharge Status, 2016-2018

Race/Gender	Percent Discharged to . . .				
	Home	Acute Care Facility	Other health facility	Died before discharge	Other discharge
Blacks	29.0	12.3	0.9	1.8	6.0
Men	29.3	13.2	N/A	N/A	5.8
Women	27.9	12.6	N/A	2.2	5.9
Whites	32.3	9.7	1.0	1.8	5.2
Men	33.9	7.8	1.1	1.8	5.3
Women	30.7	11.5	0.9	1.7	5.3

Figure K. Hospital Discharge Status for Cardiovascular Diseases



All Heart Disease. This category is covered at the federal CDC website for the following:

- Coronary heart disease
- Heart attack
- Cardiac dysrhythmia
- Atrial fibrillation
- Heart failure
- High blood pressure

Table 25. Black:White, Age Group and Gender Death Rates per 100,000 from All Heart Diseases.
St. Joseph County, 2011-13, 2014-16 and 2017-2019

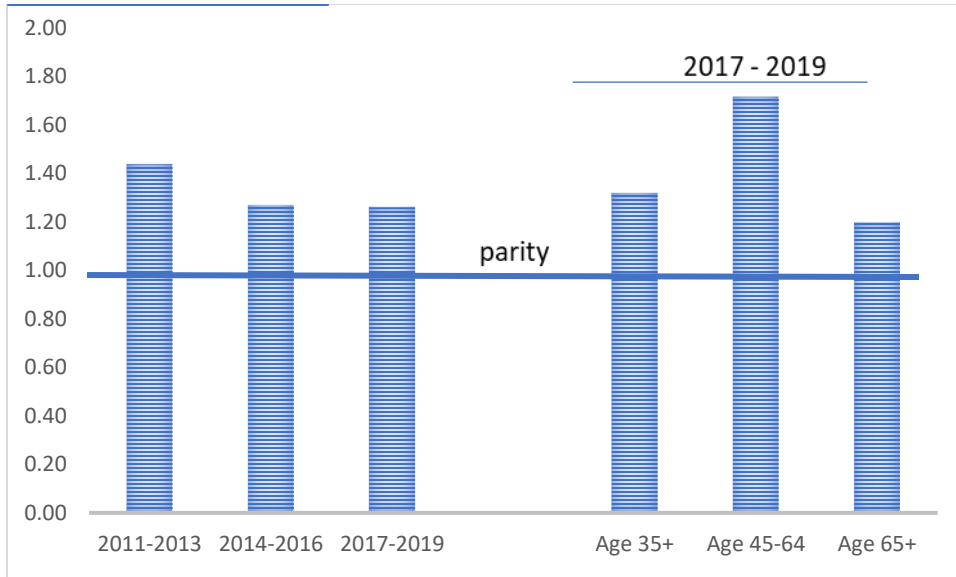
Age Group	2011-2013	2014-2016	2017-2019
ALL AGE GROUPS			
Blacks	243.8	215.7	220.2
Men	296.7	277	288.9
Women	204	166.6	167.5
Whites	169.6	170.1	174.7
Men	227.6	224.7	225.9
Women	128.9	128.6	137.3
Age 35+			
Blacks			444.6
Whites			337.1
Age 45-64			
Blacks			229.5
Whites			133.8
Age 65+			
Blacks			1,314.0
Whites			1,098.1

Source: CDC Interactive Atlas of Health Disease and Stroke.
<https://nccd.cdc.gov/DHDSPAtlas/>

The most recent measure of All Heart Disease deaths (2017-2019, all ages, both genders) indicates a 26 percent higher rate for Blacks compared with Whites, slightly higher for men (28%), slightly lower for women (22%).

Over the past decade, this ratio declined – from 44 percent higher in 2011-13 to the more current one of 26 percent. In 2017-2019, the highest rates were for those ages 45-64, and the lowest in the Medicare population age group 65 and higher at 20 percent.

Figure L. Black:White and Age Cohort Death Rate Ratios from All Heart Diseases. St. Joseph County, 2011-13, 2014-16, 2017-2019.



Black Medicare recipients had a hospitalization rate (number per 1,000 beneficiaries age 65+) in 2016-2018 for all heart disease 35 percent higher than White persons; rates were 33 percent higher for Black men and 43 percent higher for Black women. The White rate has declined 16 percent from 2010-2012, while the Black:White ratio shows an increasing trend line.

Table 26. All Heart Disease Hospitalization Rates for Medicare Recipients for three 3-year periods.

Age Group: 65+	2010-2012	2013-2015	2016-2018
Blacks	55.9	62.1	54.5
Men			64.8
Women			48.4
Whites	48.1	43.3	40.3
Men			48.8
Women			33.8

3. Cardiovascular Disease: Stroke

The number of adults ages 18 or older who have had a stroke in 2018 per 100,000 population in St. Joseph County was 3.6. Data by race is not available for prevalence rates at the county level; however, the Department of Health and Human Services, Office of Minority Health reports that “African Americans are 50 percent more likely to have a stroke (cerebrovascular disease), as compared to their white adult counterparts” (4.0 vs. 2.7 cases/100,000 population).¹⁹

Death rates for stroke, using three 3-year data points from 2011 to 2019 illustrate that Black men ages 35 and older were 63 percent more likely to die from a stroke as compared to non-Hispanic whites in the 2017-2019 years (Table 27)

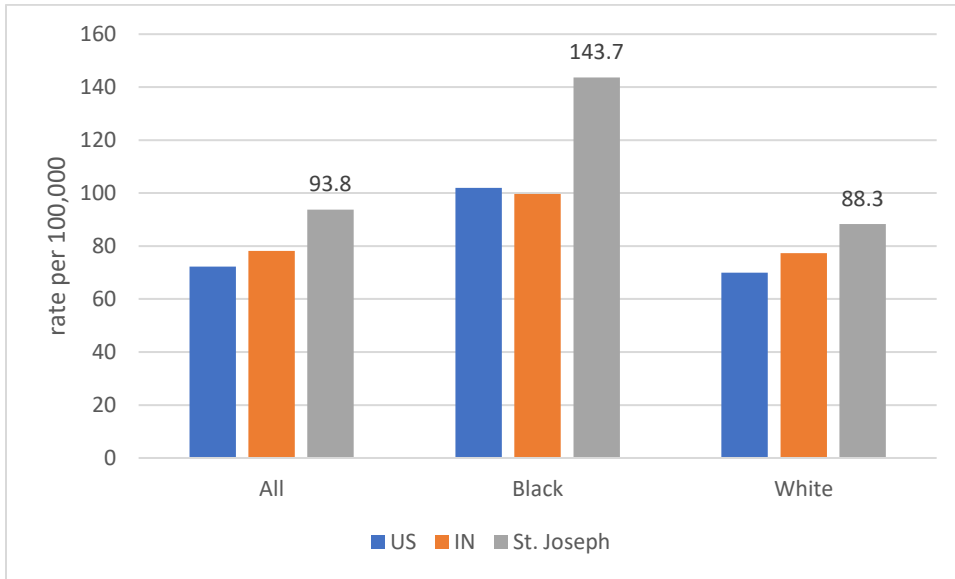
Table 27. All Stroke Rate per 100,000 population aged 35+ by Race. U.S., Indiana, and St. Joseph County, 2011-13, 2014-16, 2017-19.

RACE	US	IN	St. Joseph
Years	2017-2019		
Age Cohort	Age 35+		
ALL Races/Ethnicities	72.3	78.2	93.8
Black (non-Hispanic)	99.7	102	143.7
White (non-Hispanic)	77.3	70.0	88.3
Years	2014-2016		
Age Cohort	Age 35+		
ALL Races/Ethnicities	72.2	77.6	81
Black (non-Hispanic)	100.5	95.1	100.5
White (non-Hispanic)	70	76.7	80
Years	2011-2013		
Age Cohort	Age 35+		
ALL Races/Ethnicities	71.8	82.6	82.9
Black (non-Hispanic)	99	104.3	106.9
White (non-Hispanic)	69.7	81.4	82.3

<https://nccd.cdc.gov/DHDSPAtlas/Reports.aspx>²⁰

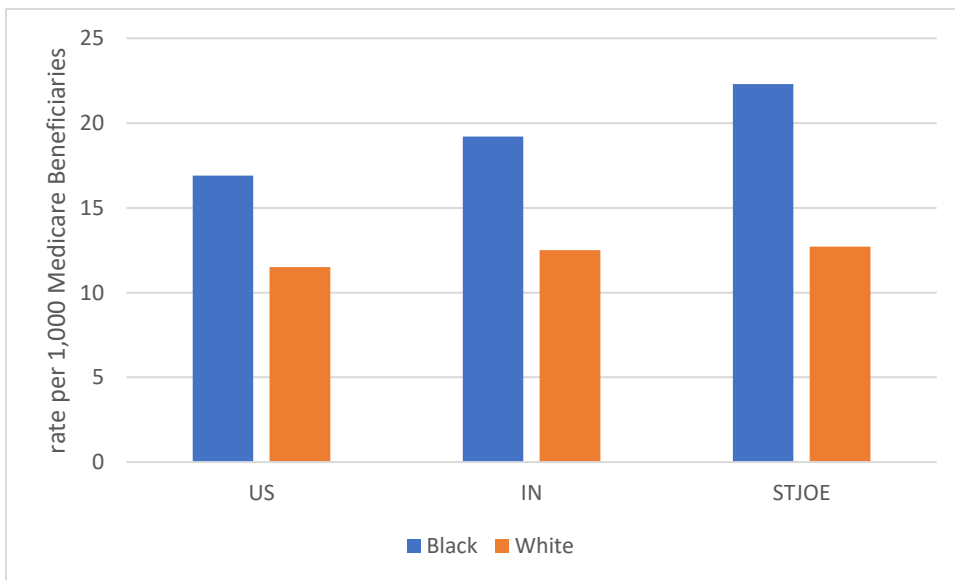
Figure M illustrates the relatively high death rate from strokes for the Black population in the County during 2017-2019. The death rate in those years exceeded the two previous 3-year spans by a considerable margin and was more than 40 percent higher than either the rates of Indiana or the Nation.

Figure M. Stroke Death Rates. 2017-2019



Hospitalization rates for cerebrovascular diseases (calculated as per 1,000 Medicare beneficiaries age 65+) confirm the higher prevalence for St. Joseph County (2016-2018), where admissions from county residents are 41 to 44 percent higher than rates for the State or Nation (Figure N).

Figure N. Hospital Admission Rates per 1,000 Medicare Beneficiaries by Race and Location. U.S., Indiana, and St. Joseph County, 2016-2018.



4. Diabetes

(For diabetic disparities among the Medicare population, see **Medicare Disparities in Chronic Conditions**, below)

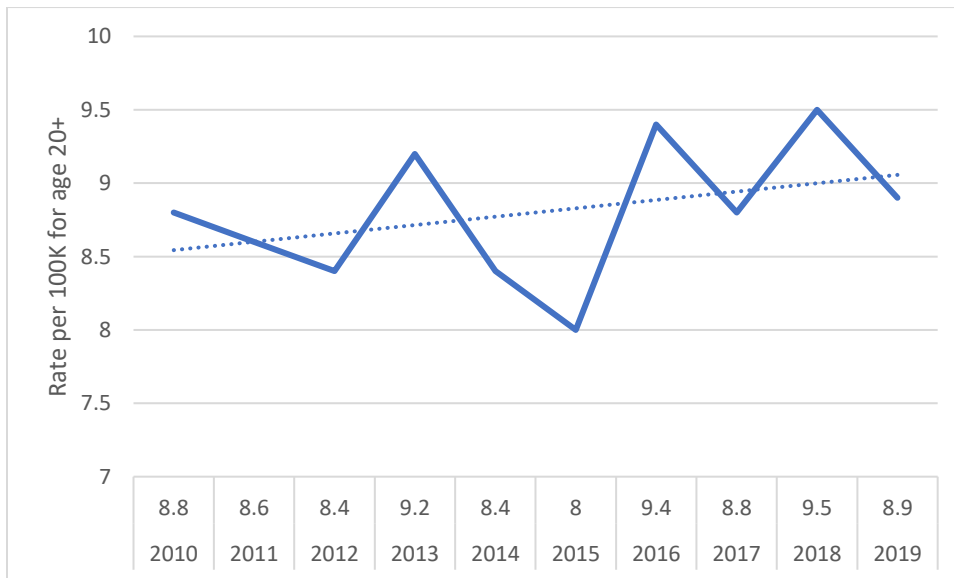
Diabetes is a disease in which blood sugar levels are too high. Diabetes is a major risk factor for heart disease and if not controlled leads to serious consequences, such as amputations and blindness. In 2019, 70 people died from diabetes mellitus in St. Joseph County, for an age-adjusted death rate of 21.3 per 100,000.

In the Nation as a whole in 2018, 8.2 percent of the U.S. population had a diagnosis of diabetes. Among adults 18 and older, the prevalence of diagnosed diabetes was 11.7 percent for non-Hispanic Blacks compared with 7.5 percent for non-Hispanic Whites in 2017-2018.

In St. Joseph County in 2019 for persons 20 or older, the prevalence of diagnosed diabetes was 8.9 percent. Breakdown of the data by race was not available.²¹

Figure O illustrates the trend in diagnosed diabetes for adults 20 and older over the years 2004 to 2019. Over the past 10 years, the Black diabetes rate was 60 percent higher than the White rate in the State as a whole. Given the trend in all diagnosed cases in the County, it would not be reasonable to suggest a Black rate of 50-60 percent higher, not counting the undiagnosed cases.

Figure O. Percent of adults ages 20+ with diagnosed diabetes for all races. St. Joseph County, 2010-19.



Deaths from Diabetes

Age-adjusted death rates per 100,000 population are listed for Black and White persons for the County over the past years 2011-2019 on Table 28.

Table 28. Age-Adjusted Death Rates per 100,000 population for Diabetes for Black and White persons. St. Joseph County, 2011-2019.

Year	Rates per 100,000	
	Black	White
2011	56.9	24.0
2012	53.0	19.3
2013	76.0	25.0
2014	60.0	28.4
2015	59.7	28.1
2016	68.5	20.8
2017	96.3	27.1
2018	50.7	22.4
2019	41.2	19.8

Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team; Vital Records

Over the nine years, the average death rates were 62.5 for Black persons and 23.9 for White persons – a ratio of 2.6 to 1.0. Ratios are displayed by years on the flowing figure.

Figure P. Ratio of Black-to-White Death Rates from Diabetes. St. Joseph County, 2011-2019

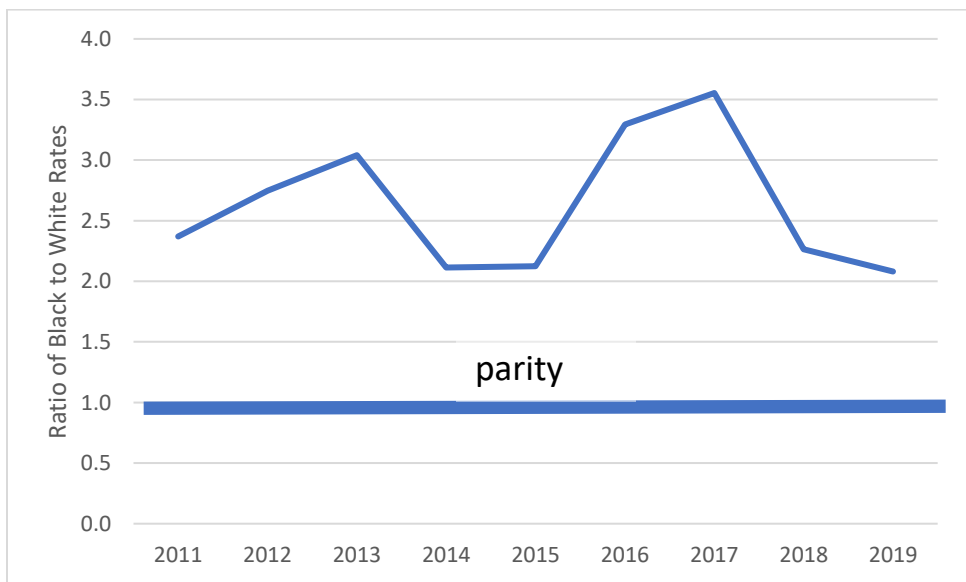
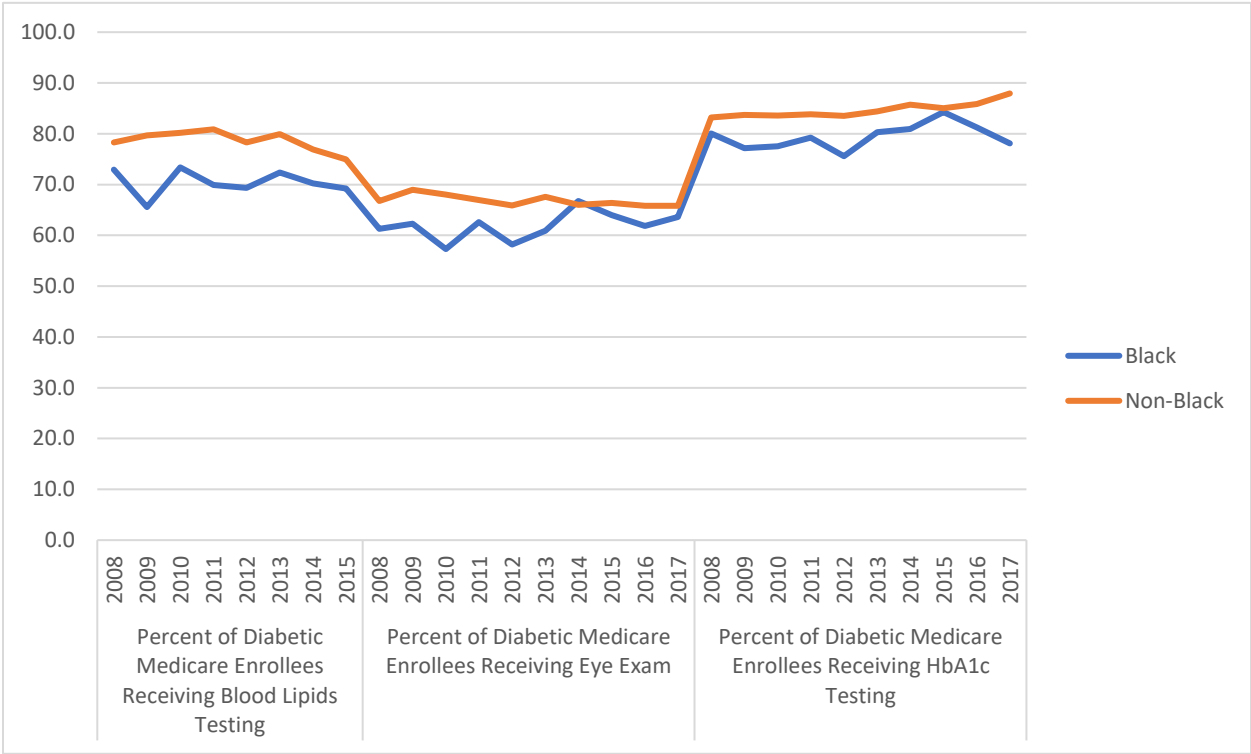


Table 29. Diabetic Testing

Percent of Diabetic Medicare Enrollees Receiving Blood Lipids Testing	BLACK	NON- BLACK
	2008	72.9
2009	65.6	79.7
2010	73.4	80.2
2011	69.9	80.9
2012	69.3	78.3
2013	72.4	79.9
2014	70.2	76.9
2015	69.2	75.0
Percent of Diabetic Medicare Enrollees Receiving Eye Exam		
2008	61.3	66.7
2009	62.3	69.0
2010	57.3	68.0
2011	62.6	67.0
2012	58.2	65.9
2013	60.9	67.6
2014	66.8	66.0
2015	64.0	66.4
2016	61.9	65.8
2017	63.6	65.8
Percent of Diabetic Medicare Enrollees Receiving HbA1c Testing		
2008	80.1	83.2
2009	77.2	83.7
2010	77.5	83.6
2011	79.2	83.9
2012	75.6	83.5
2013	80.3	84.4
2014	81.0	85.8
2015	84.3	85.0
2016	81.3	85.9
2017	78.1	87.9

https://data.dartmouthatlas.org › downloads › research_files › data_dictionary_hedis_6575ffs.xlsx

Figure Q. Continuing Diabetic Care



5. Substance Use and Mental, Behavioral and Neurodevelopmental Disorders

Drug poisoning deaths listed on the following table include intentional (e.g. suicide or homicide) and unintentional deaths by drug dose or overdose. Such poisonings include:

- Accidental poisoning by and exposure to nonopioid analgesics, antipyretics, and antirheumatics;
- Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, anti parkinsonism and psychotropic drugs, not elsewhere classified;
- Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified;
- Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system;
- Accidental poisoning by exposure to other and unspecified drugs, medicaments, and biological substances.

The source for drug poisoning deaths is the CDC Wonder website: <https://wonder.cdc.gov>. To provide reliable estimates, three years of data were used for St. Joseph County. The age-adjusted rates showed that the Black population had a rate 25 percent higher than Whites, the difference between Black persons and White persons in the County was not statistically significant.

Table 30. Drug Poisoning Age-Specific Death Rates by Race. St. Joseph County, Indiana and U.S. 2015-2019

Area	Black	White
St. Joseph County	21.2	25.2
Indiana	23.7	26.3
Nation	18.5	22.1

The Black population of the County, from 2015-2019, was 42 percent more likely to die from ‘mental, behavioral and neurodevelopmental disorders’, compared with the White population. This difference was significant at the 95% C.I. level.

These disorders include:

- Mental disorders due to known physiological conditions
- Mental and behavioral disorders due to psychoactive substance use
- Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
- Mood [affective] disorders
- Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
- Behavioral syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality and behavior

- Intellectual disabilities
- Pervasive and specific developmental disorders
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- Unspecified mental disorder

More than three-fourths of deaths for Black persons or White persons were determined to have died from mental disorders due to known physiological conditions (73% for Black, 87% for White) or from mental or behavioral disorders due to psychoactive substance use.

Table 31. Age-Specific Death Rates per 100,000 Population from Mental, Behavioral and Neurodevelopmental disorders by Race. St. Joseph County, 2015-2019.

	Black	White
Deaths	74	631
Population	200,589	1,102,503
Age Adjusted Rate	55.7	39.3
Age-Adjusted Rate Lower 95% C.I.	43.4	36.1
Age-Adjusted Rate Upper 95% C.I.	70.4	42.4

Source: CDC Wonder. ICD-10 Category F01-F99.

6. Infant Mortality and Maternity Care

The infant mortality rate is an important marker of the overall health of a community. Infant mortality is the death of an infant before a first birthday and is calculated on a rate basis as the number of infant deaths for every 1,000 live births. In 2019, the infant mortality rate in the United States was 5.6 deaths per 1,000 live births.²²

Unfortunately, in St. Joseph County, these rates have been notably higher, especially infant mortality for Black mothers. The following Table provides rates for deaths of children under 1 year of age, occurring within the United States to St. Joseph County residents. Over select 5-year periods from 2007-2018, the infant mortality rates for Black mothers have ranged from 130 percent higher in 2007-2011 to 85 percent higher during 2014-2018.

Data covering the most recent year for St. Joseph County (2019) can be viewed as part of a larger region (Northern).²³ For 2015-2019, the Northern Region had a white infant mortality rate of 6.7 and a non-Hispanic Black rate of 16.5 – 146 percent higher for non-Hispanic Blacks. In Northern Indiana (LaPorte, St. Joseph, Elkhart, and Marshall Counties, non-Hispanic Black infants are 2.5 times more likely to die than Non-Hispanic white infants.

Information from death certificates has been linked to corresponding birth certificates making data available by county of mother's residence, child's age, the underlying cause of death, gender, birth weight, maternal

race and ethnicity, maternal age, maternal education and marital status, among other variables. The data are produced by the National Center for Health Statistics.

The Indiana State Department of Health identified several factors in the Northern Region disparate from State measures, including percent of mothers not receiving first-trimester prenatal care, percent not breastfeeding, and percent of mothers on Medicaid.²⁴

Figure R. Infant Mortality Rates by Race. St. Joseph County, 2007-2011, 2010-2014, and 2014-2018

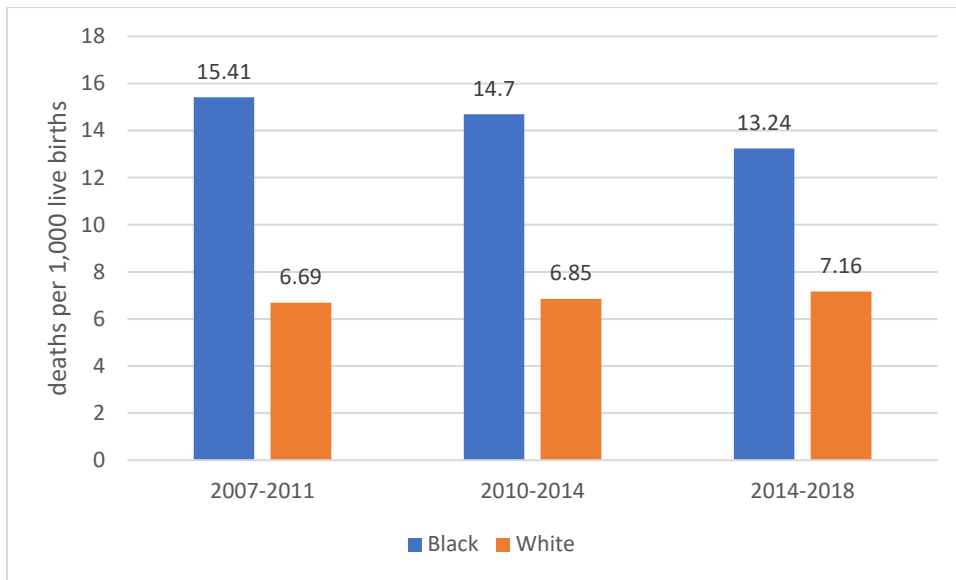


Table 32. Infant Mortality Rates for three 5-year periods.

Period	Mother's Race	
	Black	White
2007-2011	15.4	6.7
2010-2014	14.7	6.9
2014-2018	13.2	7.2

US DHHS, CDC, NCHS, Division of Vital Statistics (DVS). Linked Birth / Infant Death Records 2007-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/lbd-current.html> on Oct 14

The “Fetal Infant Mortality Review Program” (FIMR) for the County provides insight into the high rates in Indiana and St. Joseph County and the factors that have affected past rates.²⁵

Low Birth-Weight Babies. The percentage of Black infants born at a birth-weight of less than 2,500 grams (about 5.5 pounds) was 92 percent higher than the proportion of White infants.

Table 33. Low birth-weight babies by Race. St. Joseph County, 2016 and 2017.

	2011-2017	2016	2017
Black	12.9%	13.3%	15.0%
White	7.0%	7.4%	7.8%

National Center for Health Statistics – Natality files

Teen Births. Teen births are the number of births per 1,000 female population ages 15-19. The rates for Black and White mothers are listed below and show that over the 2003-2019 period, the ratio of Black teen birth rates to White teen birth rates was 3.8 to 1.

Table 34. Number of births per 1,000 female population ages 15-19 by race. St Joseph County Three 7-year periods, 2011-17, 2012-18, and 2013-19.

Years	Black	White	Ratio - BLk/Wht
2011-2017	57.5	18.4	3.1
2012-2018	54.0	17.5	3.1
2013-2019	52.5	13.7	3.8

National Center for Health Statistics – Natality files

Maternal Mortality. A pregnancy-related death can occur during pregnancy, at delivery, and up to a year post-partum. The CDC estimates that nearly 60 percent are preventable.

Maternal mortality is a key indicator for maternal health quality in Indiana. Each maternal death represents not just the loss of a woman’s life, but also, the impact of that loss on her family and community. Instances of severe maternal morbidity can be associated with poor pregnancy which in turn can result in high fetal and infant mortality rates. In the United States, maternal health have (sic) shown great improvement, however, the increase in pregnancy-related and pregnancy-associated deaths in the State of Indiana shows the need for an efficient improvement plan for mothers and pregnant women. – Maternal Mortality Review Committee (MMRC)²⁶

Nationally, it is reported that Black women are three times as likely to die from preventable maternal death.²⁷ In Indiana, the MMRC reported that in 2018, Black non-Hispanic mothers experienced the highest rate of deaths (103.1/100,000) compared with the rate for White women (86/100,000). These rates were considered unstable, however, due to being based on small numbers.

7. Child Mortality

The percentage of the total population below 18 years of age in St. Joseph County in 2019 was 23.4.

The rate of children’s deaths, measured per 100,000 population for those under 18 years of age, expressed for three 4-year periods and described by race show the Black child mortality rate in 2016-2019 to be 148.4. This is significantly higher than the White rate of 52 – about 187 percent higher.

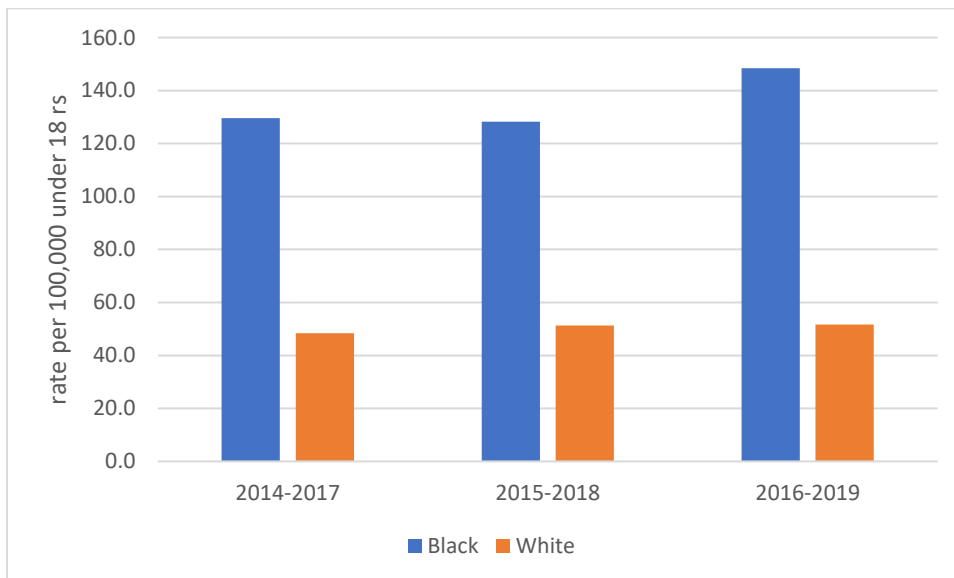
Overall, childhood mortality rates are notably higher for Black children – from 2.5 to 2.8 times higher.

Table 35. Child Mortality rates for Persons Under Age 18 per 100,000 population by Race.
St. Joseph County, 4-year Estimates, 2014-2019.

Period	Black	White
2016-2019	148.4	51.7
2015-2018	128.2	51.3
2014-2017	129.5	48.4

National Center for Health Statistics -
Mortality Files

Figure S. Child Mortality Rates



8. Assaults

Deaths by assault, notably by gun violence, disproportionately affect Blacks; deaths by homicide is the leading cause of death for Black males ages 15-24 and 25-34 years of age.

In Indiana, in 2019, there were 464 homicides, 356 or greater than three-fourths of which were homicides by the discharge of firearms.²⁸ St. Joseph County had 11 homicides out of 15 caused by the use of firearms.

Table 36 illustrates (a) the number and rate of homicides in the County by race and age groups and (b) the number and rate of homicides by firearms – with both rates covering the years 2015-2019. The rate for Black or African Americans was highest for those ages 25-34; compared with Whites was not possible because the numbers were too small. Overall, the Black rate was 12.2 times higher than the White rate.

Homicides by firearms represented (63/71 =) 88.7% of all homicides in the County over the years 2015-2019 for the Black population, and 46.8% for the White.

Table 36. Number and Rate of Homicides and Homicides by Firearms by Race and Age.
St. Joseph county, 2015-2019.

Race		Deaths	Population	Crude Rate
Homicides				
Black or African American	All	71	200,589	35.4
	age 15-24	22	35,015	62.8
	Age 25-34	27	29,109	92.8
White	All	32	1,102,503	2.9
	age 15-24	Suppressed	159,267	N/A
	Age 25-34	Suppressed	142,076	N/A
Homicides by Firearms				
Black or African American		63	200,589	31.4
	age 15-24	22	35,015	62.8
	Age 25-34	24	29,109	82.4
White		15	1102503	1.4*
	age 15-24	Suppressed	159,267	N/A
	Age 25-34	Suppressed	142,076	N/A

*rate is unreliable. CDC Wonder

C. Medicare Disparities

1. Chronic Conditions

In this section, disparities in the utilization and outcomes in the Medicare population (typically those aged 65 and older) in St. Joseph County are documented. Data are displayed for Black persons (the primary population) compared with the White (comparison group) over five years. Measures span seven categories – from prevalence rates to Patient Safety Indicators, according to the methodology set out in the program of the Centers for Medicare & Medicaid Services Office of Minority Health.²⁹

Two views are provided: the population view and the hospital view. The former identifies disparities between subpopulations – in this case, racial groups – in health outcomes, utilization, and spending. The hospital view is designed to provide a way to compare hospitals on quality and cost of care.

The Population View

Prevalence Rates

Prevalence Rates are included as an area-specific summary report for five chronic conditions: chronic kidney disease, congestive heart failure, COPD, diabetes, and hypertension. These conditions are listed in Table 37 following and include Medicare beneficiaries 65 years or older, persons under 65 with certain disabilities, and persons of any age with end-stage renal disease. The prevalence rate of a condition is the proportion of beneficiaries found to have the condition and is expressed in rates per 100 (percent), 1,000 or 100,000 beneficiaries.

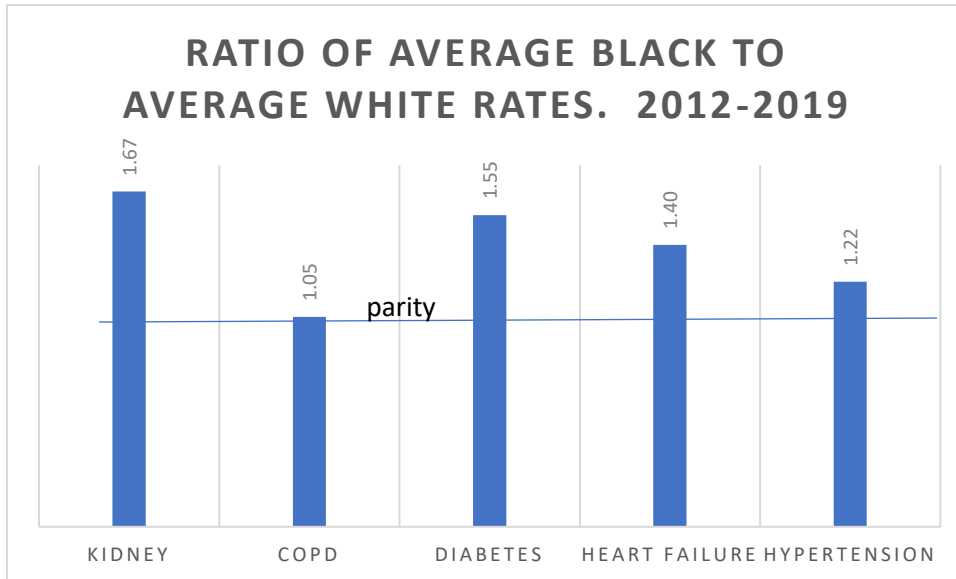
Table 37. County-level Medicare Age-Standardized Prevalence Rates. (Percent of Population) of Select Chronic Conditions among Black and White Racial Groups. St. Joseph County, 2012-2019

Year	CONDITION									
	Chronic Kidney		COPD		Diabetes		Heart Failure		Hypertension	
	Black	White	Black	White	Black	White	Black	White	Black	White
2012	23	13	12	11	37	24	18	13	64	52
2013	25	14	11	11	36	24	18	13	64	52
2014	26	15	11	11	37	24	17	13	64	52
2015	28	16	11	11	38	24	18	13	65	52
2016	35	21	12	11	38	24	18	13	65	54
2017	37	23	12	11	38	24	19	13	66	55
2018	36	23	11	11	37	24	19	13	66	54
2019	37	23	12	11	37	24	19	13	66	55

Source: Mapping Medicare Disparities. <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

Except for chronic obstructive pulmonary disease (COPD), the other four conditions, on average, express Black-to-White rates higher than parity (1.0). For chronic kidney disease, the ratio is highest at 1.67 times the White rate. (Figure T)

Figure T. Select Chronic Disease Prevalence Rates



Hospitalization Rates

This rate is the frequency of inpatient hospital discharges per 1,000 beneficiaries. Table 38 lists the same five chronic conditions expressed as discharges from inpatient settings for each of the past eight years.

Table 38. Hospitalization per 1,000 beneficiaries. St. Joseph County, By Race. 2012-2019

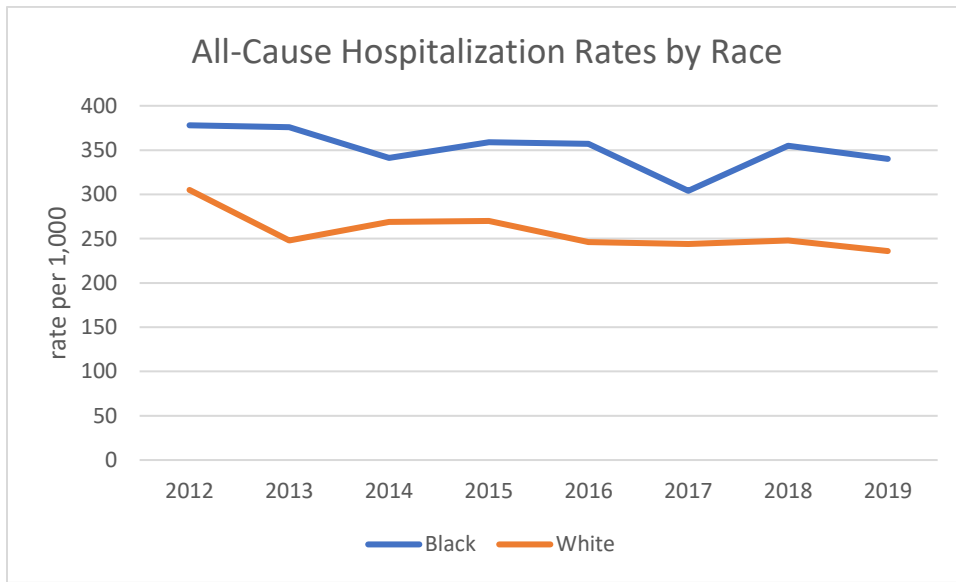
Year	CONDITION									
	Chronic Kidney		COPD		Diabetes		Heart Failure		Hypertension	
	Black	White	Black	White	Black	White	Black	White	Black	White
2012	16	9	5	9	11	3	20	11	8	2
2013	17	9	7	9	10	4	21	11	6	2
2014	21	7	6	7	10	4	25	11	7	2
2015	23	8	6	7	9	3	22	12	7	2
2016	18	8	15	7	6	5	26	11	12	4
2017	21	8	9	8	6	4	21	11	21	10
2018	21	8	11	5	7	4	30	11	30	11
2019	13	8	6	5	5	4	22	12	24	11

Source: Mapping Medicare Disparities. <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

Hospital admission rates on average are 1.1 to 2.6 times higher for Black persons than White persons. Inpatient hospitalization for hypertension is 2.6 times higher for Black persons compared with their White Medicare counterparts.

All-cause rates on average were 44 percent greater for Black persons – 351 to 258 admissions on average for Blacks and Whites respectively - over the 2012-2019 years. (Figure U)

Figure U. All-Cause Hospitalization Rates



PREVENTION QUALITY INDICATORS (PQIs)

Higher hospitalization rates for Black persons might make more sense if cause-specific hospital admissions make sense. Prevention Quality Indicators are measures that can be used with hospital inpatient discharge data to identify “ambulatory care sensitive conditions.” These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. In short, high hospital admissions make sense if there are no alternatives to inpatient care.

The MMD data source includes 14 preventable hospitalizations related to the Medicare population. One measure – the Prevention Quality Overall Composite Indicator – includes both acute and chronic composite measures and is a rate per 100,000 population, ages 18 and older, rather than a rate per beneficiaries. It includes discharges based on the county of the patient's residence, not the county of the hospital where the discharge occurred.

Table 39 shows the disparity between Black persons and White persons for an aggregate of the following 10 Prevention Quality Indicators (PQI) conditions combined into one PQI (#90):

- PQI #1 Diabetes Short-Term Complications Admission Rate
- PQI #3 Diabetes Long-Term Complications Admission Rate
- PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI #7 Hypertension Admission Rate
- PQI #8 Heart Failure Admission Rate
- PQI#11 Community-Acquired Pneumonia Admission Rate
- PQI #12 Urinary Tract Infection Admission Rate
- PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate, and
- PQI #16 Lower-Extremity Amputation among Patients with Diabetes Rate

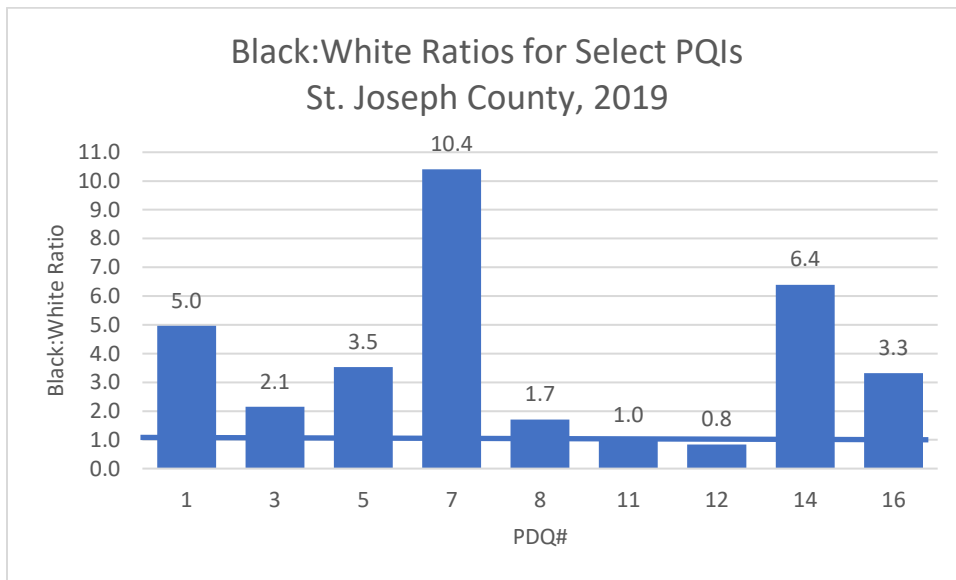
The average ratio of the number of stays of Black persons to White persons over the eight years was 1.72. In other words, on average, Black persons in the County were 1.72 times more likely to be admitted to inpatient settings for conditions that potentially could have been treated on an ambulatory basis.

Table 40. Preventable hospital stays per 100,000 county population ages 18 and older. St. Joseph County, 2012-2019. (PQI #90)

Year	Black	White
2012	7,378	4,867
2013	6,867	4,634
2014	7,251	4,167
2015	6,281	3,864
2016	7,505	4,138
2017	6,543	3,880
2018	7,763	3,864
2019	6,705	3,408

A look at individual scores (Black:White ratios) for each of 9 measures comprising PQI #90 is rendered in Figure V.³⁰ Only one year (2019) was used, and shows high ratios for hypertension (10.4), uncontrolled diabetes (6.4), and COPD (5.0) heading the top three. Only urinary tract infections and community-acquired pneumonia were at or below parity.

Figure V. Ratios for Select PQIs



Readmission and Mortality Rates

Two conditions were identified under “readmission rates” and “mortality rates” in hospital: acute myocardial infarction and heart failure. Neither showed any significant differences between St. Joseph County’s two racial groups

Emergency Department Visit Rates

The Emergency Department Visit Rate is the frequency of visits to the emergency department per 1,000 beneficiaries in a given year. Visits to the emergency department include both inpatient and outpatient files across 22 conditions, four aggregate measures, and a summary measure of “all visits.” Visits are counted regardless of whether the beneficiary is admitted to the hospital. Data were not available for 2019. All data were age-adjusted.

Notable disparities were in evidence for hypertension, diabetes, chronic kidney disease, rheumatoid/osteoarthritis, and heart failure. Ischemic heart disease was below parity.

In sum, the average of the all-cause ratio of Black:White of 1.58 means that Black beneficiaries' emergency department visit rate over the 2012-2018 period was 58 percent higher than that of White persons in St. Joseph County.

In general, persons with none, or from one to three or more conditions, showed declining disparities (Figure W).

Figure W. Leading Emergency Department Visits per 1,000 Black:White Ratio, 2012-2018

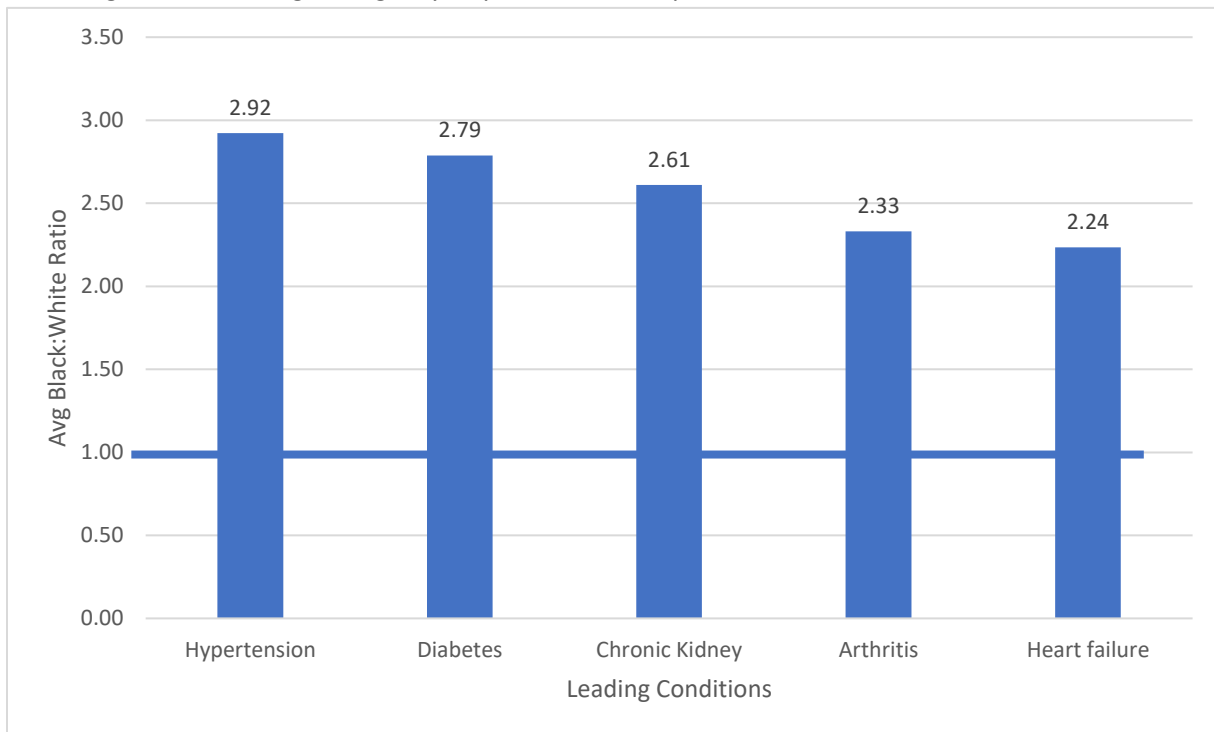
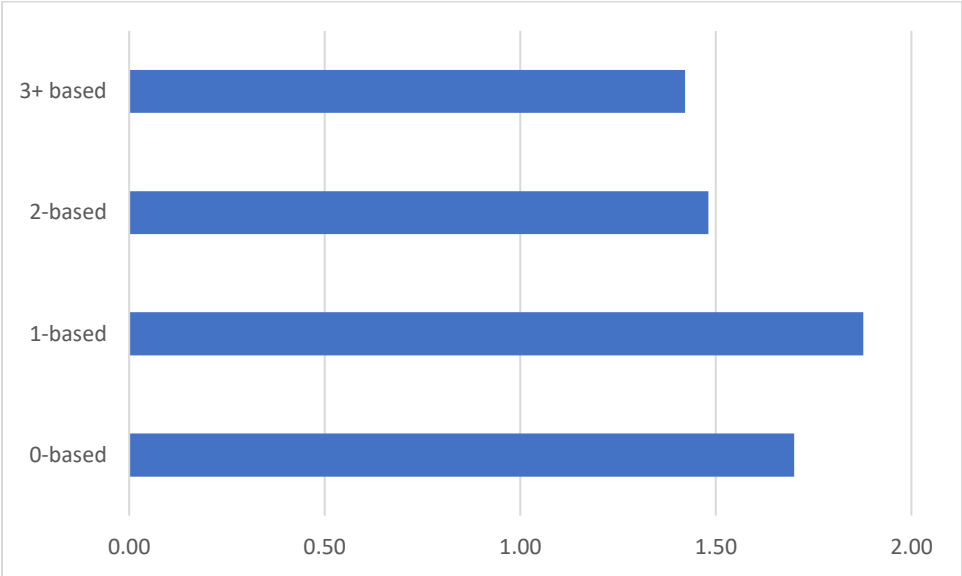


Figure X. Average Ratios for Persons with 0, 1,2, or 3 or more Conditions. 2012-2018



2. Medicare Disparities in Other Chronic or Disabling Conditions

Prevalence rates, Medicare costs, hospitalization and emergency department visit rates are available measures for persons with congenital and developmental conditions, liver conditions, mental health and substance use, mobility limitations and chronic pain conditions, neurological and other chronic or disabling conditions covered under the Medicare program.

Congenital and Developmental Conditions

- ADHD, Conduct Disorders, and Hyperkinetic Syndrome
- Autism Spectrum Disorders
- Cerebral Palsy
- Cystic Fibrosis and Other Metabolic Developmental Disorders
- Intellectual Disabilities and Related Conditions
- Learning Disabilities

Liver Conditions:

- Liver disease, cirrhosis and other liver conditions
- Viral hepatitis

Mental Health and Substance Use Disorders

- Anxiety disorders
- Bipolar disorders
- Depressive disorders
- Post-traumatic Stress Disorder (PTSD)
- Personality Disorders
- Schizophrenia/Other Psychotic disorders
- Tobacco use
- Opioid use disorder – hospitalization and emergency room visits, and medication-assisted therapy

Mobility Limitations and Chronic Pain Conditions

- Fibromyalgia, Chronic Pain and Fatigue
- Multiple Sclerosis and Transverse Myelitis
- Mobility Impairments
- Muscular Dystrophy

Neurological Conditions

- Epilepsy
- Migraine and chronic headache
- Spina bifida and other congenital anomalies of the nervous system
- Spinal cord injury
- Traumatic brain injury and nonpsychotic mental disorders due to brain damage

Other Chronic or Disabling Conditions

- Human immunodeficiency virus (HIV) or AIDS

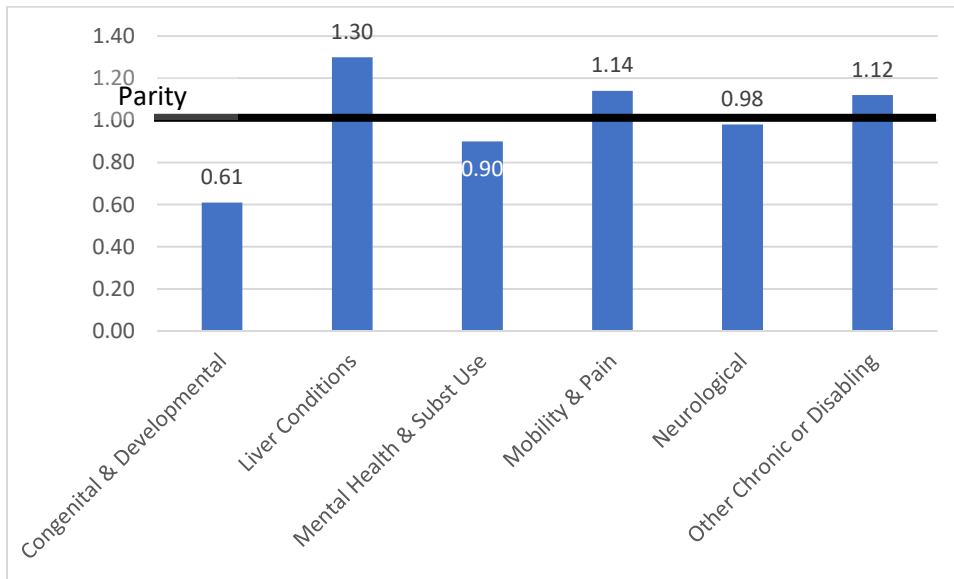
- Leukemias and lymphomas
- Obesity
- Peripheral vascular disease (PVD)
- Pressure and chronic ulcers
- Sensory- Blindness
- Sensory – Deafness

Other Developmental Delays

Prevalence Rates

The six **bolded** conditions are rates aggregated from their related conditions. Black:White ratios covering 2012-2019 are illustrated in the following figure. Three are above parity and the remaining three are below parity. The Liver Conditions ratio of 1.30 indicates that liver diseases like cirrhosis and hepatitis are 30 percent above parity; congenital and developmental conditions were below 1.0 with Black persons just 61 percent of White persons.

Figure Y. Prevalence of Chronic and Potentially Disabling Conditions. Black:White ratios of Rates per 100 Beneficiaries. St. Joseph County, 2012-2019.

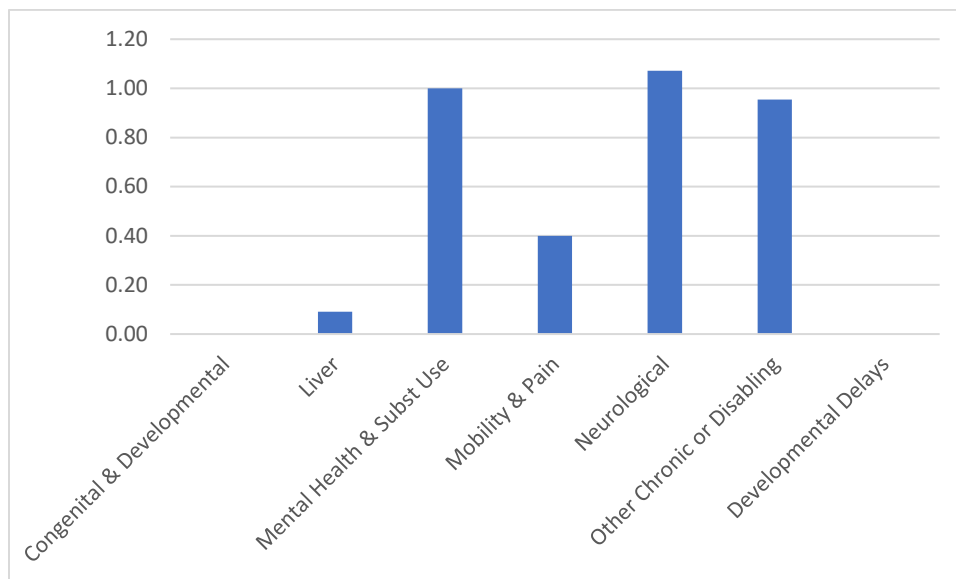


Hospitalization Rates

Hospital admissions were quite low over the eight years for Medicare Disparities in Other Chronic or Disabling Conditions. No activity was reported for Congenital and Developmental conditions or Other Developmental Delays. Admission rates per 1,000 beneficiaries were at or slightly above parity for Mental Health and Substance Use, Neurological disorders and Other Chronic or Disabling Conditions, and below a Black:White ratio of 1.0 for Liver Diseases and mobility and pain (Figure Z)

Emergency Department Visit Rate - Unavailable

Figure Z. Hospitalization by Chronic and Potentially Disabling Conditions. Black:White ratios of Rates per 1,000 Beneficiaries. St. Joseph County, 2012-2019.



Costs of Care

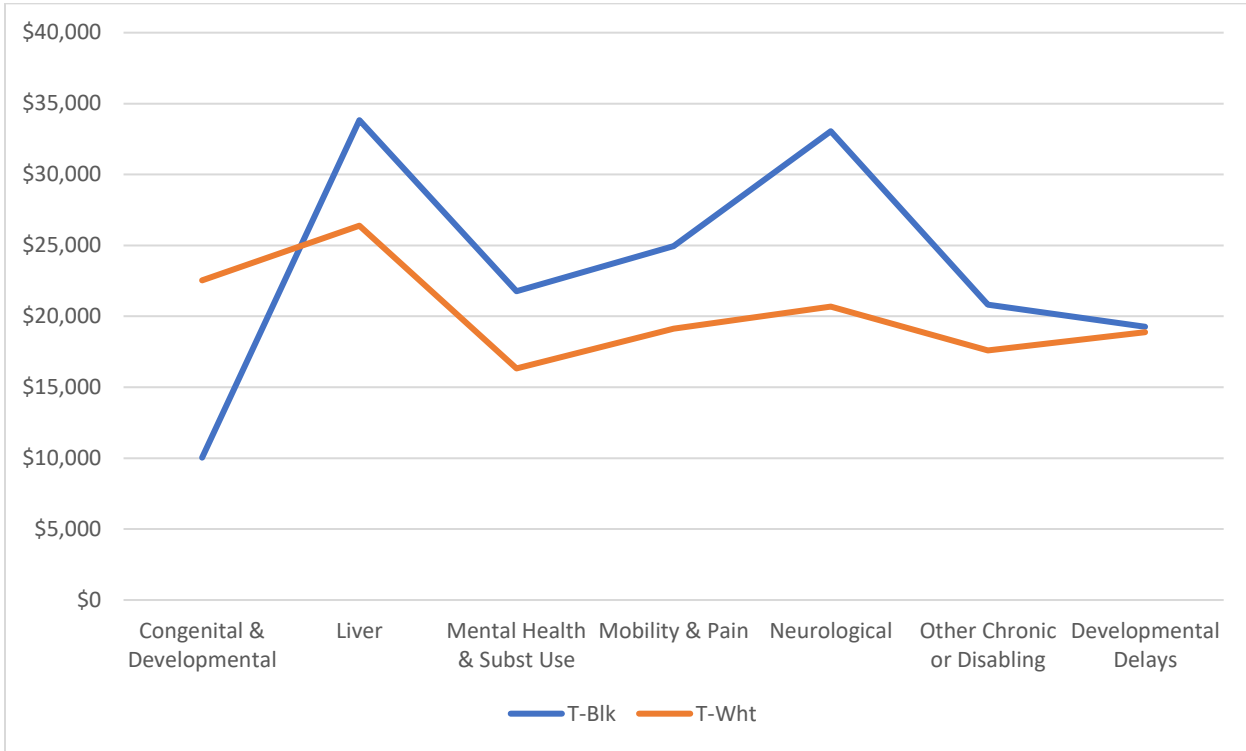
There are three measures for the cost of care:³¹

- Total costs – “...annual averages of all costs across all types of claims for beneficiaries with a particular condition, regardless of having or not having other conditions.”
- Total Costs (risk-adjusted) – *expected* total costs based on a risk adjustment model which provides risk scores at the beneficiary level based on health status and demographic information. “The average risk-adjusted cost for a selected sub-population is the product of the average risk score for the subpopulation and the standard total cost of \$9,276.26 that is calculated by CMS [Center for Medicare Services].”
- Total Principal Costs – “annual averages of all costs across all types of claims with a primary diagnosis associated with that particular condition, regardless of having or not having other conditions. Unlike total costs that are based on any diagnosis code on a claim, principal costs are based only on the principal diagnosis on a claim.”

Table 41. Average Principal, Total, and Total Risk-Adjusted Costs per Beneficiary for Chronic and Potentially Disabling Conditions by Race. St. Joseph County, 2019.

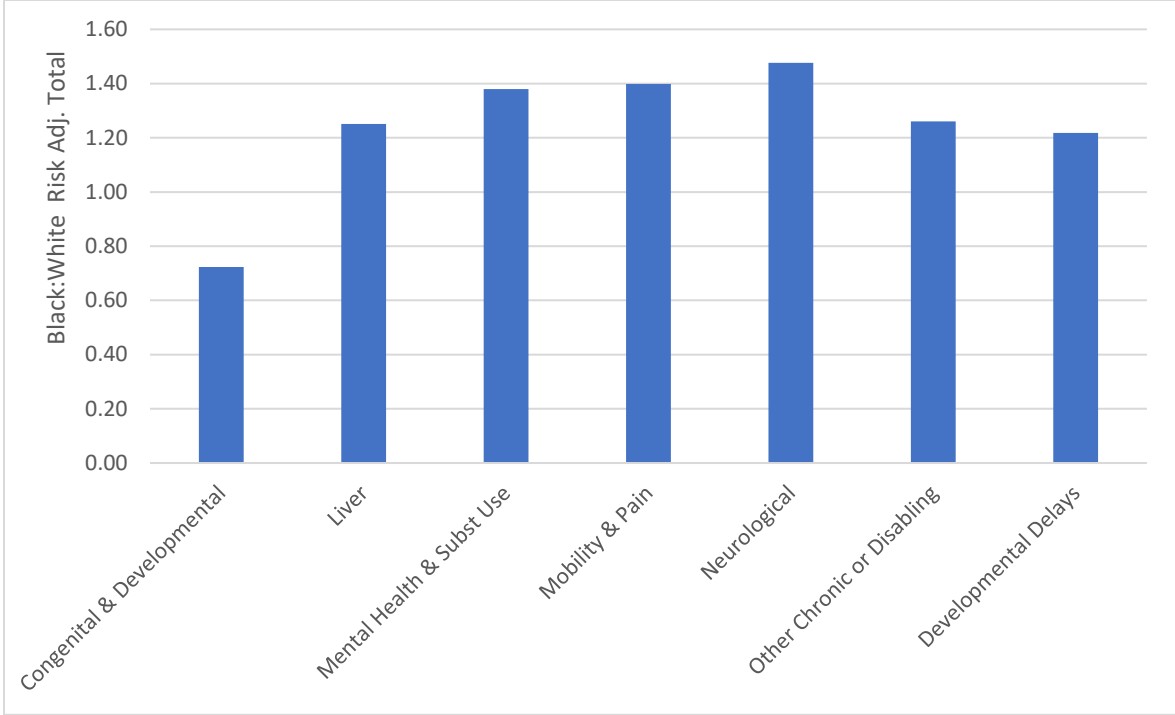
	Congenital & Developmental	Liver	Mental Health & Subst Use	Mobility & Pain	Neurological	Other Chronic or Disabling	Developmental Delays
Average Principal							
Black	\$80	\$494	\$475	\$975	\$1,483	\$810	N/A
White	\$315	\$803	\$383	\$524	\$621	\$695	N/A
Average Total							
Black	\$10,037	\$33,832	\$21,777	\$24,951	\$33,055	\$20,833	\$19,263
White	\$22,532	\$26,392	\$16,327	\$19,130	\$20,689	\$17,585	\$18,885
Average Total (risk-adjusted)							
Black	\$13,222	\$28,650	\$19,807	\$21,303	\$24,198	\$19,380	\$17,906
White	\$18,291	\$22,901	\$14,360	\$15,228	\$16,384	\$15,379	\$14,701
Black/White	0.72	1.25	1.38	1.40	1.48	1.26	1.22
Total less risk							
Black	-\$3,185	\$5,182	\$1,970	\$3,648	\$8,857	\$1,453	\$1,357
White	\$4,241	\$3,491	\$1,967	\$3,902	\$4,305	\$2,206	\$4,184
Source: Mapping Medicare Disparities by Population. https://data.cms.gov/tools/mapping-medicare-disparities-by-population							

Figure AA. Total Costs for Chronic and Potentially Disabling Conditions by Condition by Race.
St. Joseph County, 2019



Differences between the average total costs and total costs adjusted for health status and demographics are illustrated in Figure AB. The differences between the costs that are expected based on the health status of the person and demographic characteristics are for the most part higher across conditions except for Congenital and Developmental Conditions. In that case, the difference was an average total cost of - \$3, 185 for Black persons compared with +\$4,241 for White persons.

Figure AB. Ratios of Black: White of Risk-Adjusted Total Costs for Chronic and Potentially Disabling Conditions by Condition. St. Joseph County, 2019.



Preventive Services.

Preventive services measure the frequency that Medicare beneficiaries use preventive services like screenings, tests, exams, and immunizations. The rates are percentages of the population and include 27 specific services covered by Medicare (Table 42).

Table 42. Percent of Population using Preventive Services by Service by Race. St. Joseph County, 2012 and 2019.

Service	2019		2012	
	Black	White	Black	White
Alcohol Misuse Screening & Counseling	0	1	0	0
Annual Wellness Visit	38	43	11	14
Bone Mass Measurement	5	9	5	7
Cardiovascular Disease Screening	45	53	47	53
Colorectal Cancer Screening ¹	5	6	5	6
Counseling to Prevent Tobacco Use	2	2	0	0
Depression Screening	0	2	0	0
Diabetes Screening	2	2	6	4
Diabetes Self-Management Training (DSMT)	1	1	1	0
Glaucoma Screening	0	0	0	0
Hepatitis B Vaccine	1	0	2	1
Hepatitis C Screening	2	2	0	0
HIV Screening	1	0	0	0
Influenza Virus Vaccine	40	56	36	49
Initial Preventive Physical Examination (IPPE) ²	10	18	4	7
Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)	1	1	0	0
Intensive Behavioral Therapy (IBT) for Obesity	1	0	0	0
Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)	0	1	0	0
Medical Nutrition Therapy (MNT) Services	1	1	1	1
Pneumococcal Vaccine	12	14	5	6
Prostate Cancer Screening ³	12	18	14	19
Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests ⁴	0	0	0	0
Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs	5	2	6	2
Screening Mammography ⁵	29	34	27	29
Screening Pap Test ⁶	4	4	7	8
Screening Pelvic Examination ⁶	5	6	4	7
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)	0	1	0	0

Services limited to those aged 50 or older. ² Limited to new beneficiaries during the first 12 months of enrollment. ³ Limited to men 50 or older. ⁴ Limited to women aged 30 – 65. ⁵ Limited to women 35 or older. ⁶ Limited to women.

The Hospital View

The *Mapping Medicare Disparities* Hospital View includes quality measures by hospital that allows comparisons with other hospitals. Additionally, comparisons can be made with county, state, or national data. No comparisons in this dataset are available by race, however.³²

One source that has traditionally evaluated and ranked the nation’s hospitals is the *U.S. News & World Report’s* edition on “Best Hospitals.” The recent evaluation by the magazine includes a measure of “health equity,” using the World Health Organization’s definition:

Health equity is the absence of unjust and avoidable differences among groups of people, regardless of social, economic or demographic identification.

U.S. News’s evaluation of hospital performance now includes the domain of health equity by analyzing data on various dimensions of equity for historically underserved patients.³³ The recent findings by U.S. News indicate health inequities in the majority of U.S. hospitals requiring attention.³⁴

Representation at the County’s hospitals³⁵

How well is the surrounding community represented in the population treated by the hospital? Lower scores indicate that non-white populations may be underrepresented in the hospital's patient population. (The scale is – from worst to best – “substantially lower,” “lower”, “moderately lower”, “comparable to” or “higher”).

Table 43. Representation by Race at Area Hospitals.

Residents who accessed elective care at	Memorial	Mishawaka Medical Center
Representation of non-white patients	Moderately lower than the community	Lower than the community
Representation of black patients	Moderately lower than the community	Lower than the community

Preventive Care for Black Residents in This Community

How effective is preventive care for Black residents in this hospital's service area in reducing potentially avoidable hospitalizations? Preventive care may be provided in hospitals or other healthcare settings in the community. Scores are determined for the hospital service area as a whole, not individual hospitals, and all hospitals in a given hospital service area received the same score.” Lower scores indicate that preventive care may be inadequate for Black residents in this community.

Table 44. Equity in Preventing Hospitalization by Race in County Service Areas.

Preventive Care for Black Residents in this community	Memorial	Mishawaka Medical Center
Compares the rate of potentially preventable hospitalizations among Black residents in this hospital service area . . .		
to that of non-Black residents in the same community	Substantially Less equitable for Black residents	Substantially Less equitable for Black residents
to that of non-Black residents nationwide.	Less equitable for Black residents	Less equitable for Black residents
over 5 years.	Remaining the same	Remaining the same

D. End-of-Life Care (EOL)

The intensity of care measured in the phase called “end-of-life” (i.e., last six months) is often an indicator of the tendency to use life-saving technology. Whether more care is better should be compared to the outcome, namely, the expected gain in life expectancy. Some research has shown that lower intensity of care during the last six months does not result in higher mortality.

When considered relative to the desires of most persons to avoid hospitalization at the end of life, the more conservative medical practice seems appropriate.

More than 80% of patients say that they wish to avoid hospitalization and intensive care during the terminal phase of illness, but those wishes are often overridden by other factors. If a more intense intervention does not improve life expectancy, and if most patients prefer less care when more intensive care is likely to be futile, the fundamental question is whether the quality of care in regions with fewer resources and more conservative practice styles is better than in regions where more aggressive treatment is the norm.³⁶

For rates on the following EoL Table, the measurement uses as the denominator the number of Medicare patients that die during the year. Numerator events were determined using Medicare files. Numerator events used to calculate rates for inpatient care per capita were computed using only the portion of the event (hospital stay or ICU stay) falling within the six months before death. Rates on Table 40 were age, sex and race adjusted.

To capture a sufficiently large number of cases, the Hospital Referral Region (HRR) is used instead of the County geographic area. The HRR has been widely used as a standard for research, reflecting local travel and common referral pattern that usually cross County lines.

The following uses the Dartmouth Atlas Project that has analyzed the natural markets where residents of the United States receive their care. HRRs have become a widely used standard for health care policy and research because they correspond to local travel patterns, which often cross county or state lines.³⁷

The HRR area used in the table following is shown in Figure AC.

- All EOL measures on Figure AD are above parity in 2018 – that is, the ratios of Black patients to Non-Black patients are greater than 1.0
- The greatest disparities (more than 40 percent higher for Blacks compared with Non-Blacks) occur with the average number of inpatient hospital days during the last six months, the ICU charges per decedent, percent spending for those with seven or more days in the ICU, hospital admission last six months, percent deaths in the hospital, ICU days last six months, and inpatient spending per decedent.³⁸

Figure AC. Hospital Referral Region – South Bend, IN. Dartmouth Atlas.

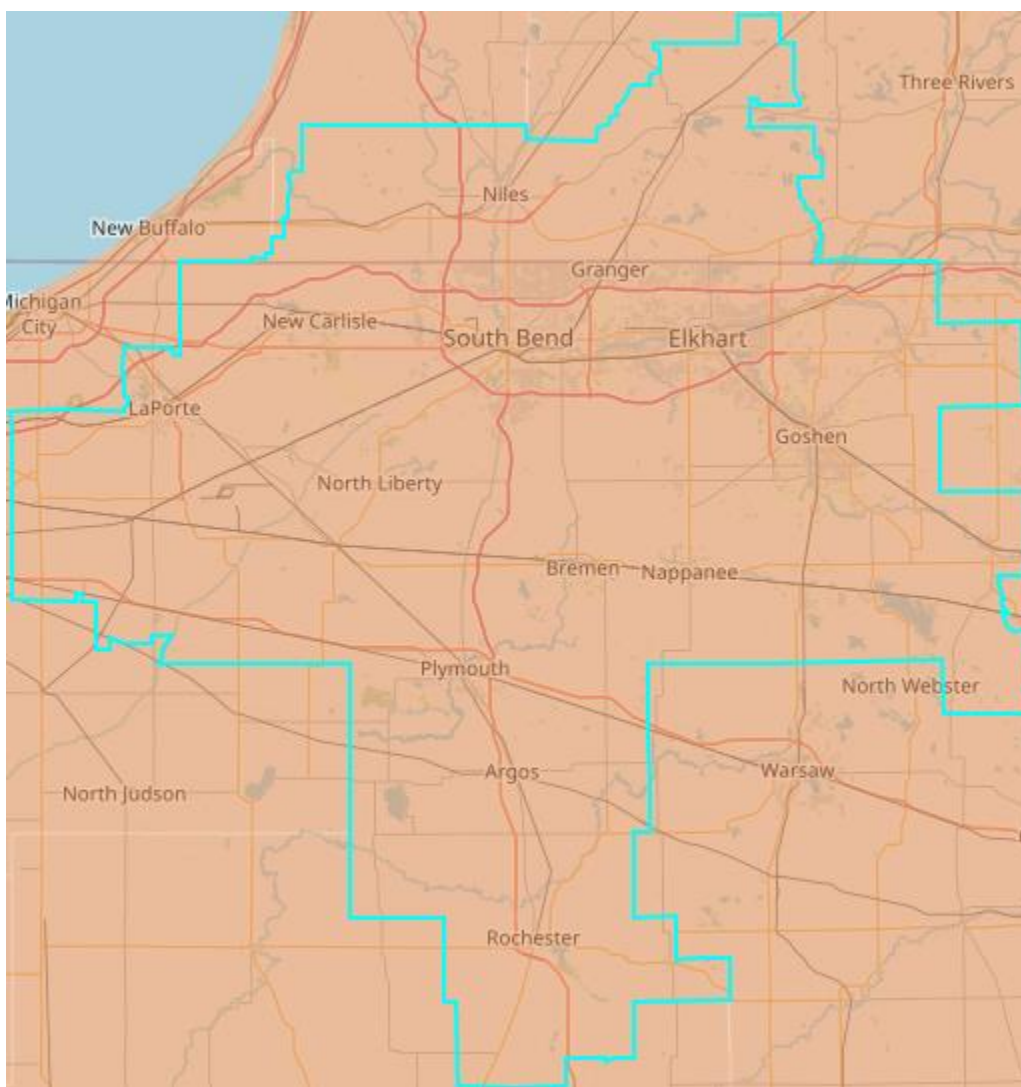
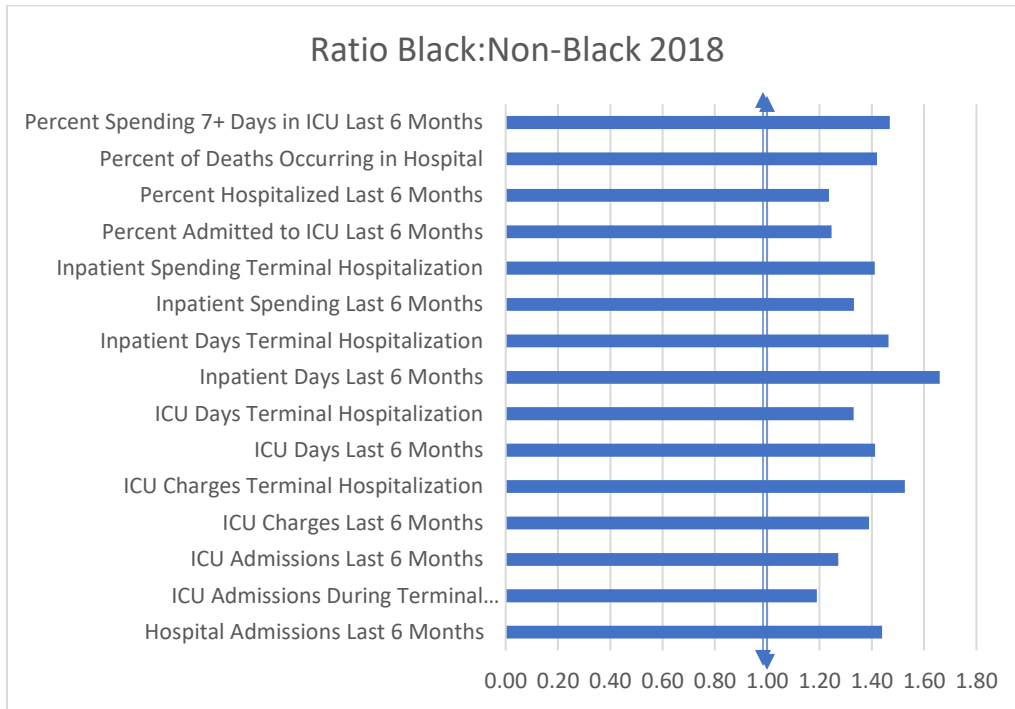


Figure AD. Ratio of Black:Non-Black in HRR South Bend Area. 2018



E. Conclusion

The picture of Black health status in St. Joseph County is not unlike Black health status elsewhere. Blacks here as elsewhere have shorter life expectancies than Whites, having died younger through infant and childhood mortality, and are likely to die at twice the rate as Whites from heart disease, stroke, and diabetes. Blacks do not seek or receive prevention-related services at the same rate as Whites, are less likely to be diagnosed with these chronic conditions, and so suffer higher emergency room visits and hospital stays for conditions that are “preventable.”

Black women are disproportionately affected by preventable pregnancy-related causes during or within a year of pregnancy. Data from 14 Maternal Mortality Review Committees in the U.S. report that Black non-Hispanic women accounted for 40 percent of the deaths between 2008-2017.³⁹ Black male mortality rates are higher than Black or White women or White males.

The gulf between Whites and Blacks appears throughout the life span from infant mortality through childhood and teenage years to child-bearing, working years, and into older age. Through ten-year age cohorts, the age-specific death rates for the Black population of St. Joseph County reveal disturbing trends in exhibiting increasingly larger gaps between Black and White mortality.

This Chartbook was represented as a description of the health status of the Black population. That it is ‘descriptive’ means that it is not explanatory in providing any causes or reasons for any noted gaps or disparities. It is tempting, however, to suggest that many discrepancies are due to obvious socio-economic factors and broken links among other characteristics of the local health system, our society and culture.

APPENDIX Census Tracts below the County Average Life Expectancy. 2015 (See Map, page 8)

Tract	Life Expectancy
002000	65.7
002900	68.3
003000	68.4
002400	70.5
000500	70.9
001500	70.9
002300	71.8
000600	72.0
001700	72.0
003100	72.4
010700	72.5
000100	72.7
000400	72.8
002100	72.8
011501	73.1
000200	73.3
001400	74.2
002600	74.5
010200	74.7
002700	74.8
002200	74.9
002500	74.9
010300	74.9
010600	74.9
010100	75.1
000301	75.4
010400	75.4
003400	75.6
011506	75.8
002800	75.9
011503	76.0
000700	76.2
001000	76.4
011303	76.4
011505	76.4

NOTES

¹ *health disparity* is defined as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” [Healthy People 2000](#)

² 2019 National Healthcare Quality and Disparities Report. Content last reviewed June 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/nhqrdr/nhqrdr19/index.html>

³ Chartbook on Health Care for Blacks. Content last reviewed June 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/blackhealth/index.html>

⁴ About the National Quality Strategy. Content last reviewed March 2017. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/workingforquality/about/index.html>

⁵ For an understanding of methods used, see: National Healthcare Quality and Disparities Report Introduction and Methods. Rockville, MD: Agency for Healthcare Research and Quality; December 2020. AHRQ Publication No.20(21)-0045-EF.

⁶ For more detailed information, see: CMS OMH, The Mapping Medicare Disparities Tool – Technical Documentation, NORC, U of Chicago, April 12, 2021. <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

⁷ David R. Williams, *Miles to Go Before We Sleep: Racial Inequities in Health*, 53 J. Health & Soc. Behav. 279, 280 (2012).

⁸ St. Joseph County Board of Health, Resolution #01-2020. <http://www.sjcindiana.com/DocumentCenter/View/38780/01-2020-Racism-is-a-Public-Health-crisis?bidId=>

⁹ See, e.g., U.S. Census Bureau, “About Race,” <https://www.census.gov/topics/population/race/about.html>

¹⁰ Shryock HS, Siegel JS, et al. The methods and materials of demography. Academic Press. New York. 1976; Klein, RJ and CA Schoenborn, “Age Adjustment Using the 2000 Projected U.S. Population,” CDC, NCHS Statistical Notes, No. 20, Jan. 2001. <https://www.cdc.gov/nchs/data/statnt/statnt20.pdf>

¹¹ The Census Bureau provides the following definitions: “**Black Alone** – Black alone refers to people who reported Black or African American and did not report any other race. **Black Alone or in combination** - Black alone or in combination consists of those respondents who reported Black, whether or not they reported any other races. In other words, people who reported only Black or who reported combinations such as “Black and White,” or “Black and Asian and American Indian and Alaska Native” are included in the Black alone or in combination category. “Race Definitions,” U.S. Census Bureau. <https://www.census.gov/programs-surveys/cps/data/data-tools/cps-table-creator-help/race-definitions.html>

¹² U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2019. <https://www2.census.gov/programs-surveys/demo/tables/race/2019/ppl-ba19/ba19tab1.xlsx>

¹³ U.S. Census Bureau, “Census Tracts.” <https://www2.census.gov/geo/pdfs/education/CensusTracts.pdf>

¹⁴ See report on economic inequality - <https://www.connect2capital.com/small-business-lending-blog/why-are-black-owned-businesses-struggling-to-rebuild/>; The National Community Reinvestment Coalition. “Black Entrepreneurship’s Lethal Pre-Existing Condition: The Racial Wealth Divide During the COVID Crisis” <https://ncrc.org/black-entrepreneurships-lethal-pre-existing-condition-the-racial-wealth-divide-during-the-covid-crisis/>; and The Racial Wealth Gap in America. <http://www.urban.org/sites/default/files/publication/24491/904611-closing-the-wealth-gap-empowering-minority-owned-businesses-to-reach-their-full-potential-for-growth-and-job-creation.pdf>

¹⁵ Data downloaded from: https://www.cdc.gov/cancer/uscs/dataviz/download_data.htm for most current years.

¹⁶ Research reports that Black males are less likely to receive medical diagnoses for chronic (but treatable) conditions, like hypertension, obesity, diabetes, and kidney failure. See Keon L. Gilbert et al., *Visible and Invisible Trends in Black Men’s Health: Pitfalls and Promises for Addressing Racial, Ethnic, and Gender Inequities in Health*, 37 Ann. Rev. Pub. Health 295, 299 (2016) and David R. Williams, *Miles to Go Before We Sleep: Racial Inequities in Health*, 53 J. Health & Soc. Behav. 279, 280 (2012).

¹⁷ Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ).

¹⁸ Mortality data are provided by the National Vital Statistics System[®] at the National Center for Health Statistics of the Centers for Disease Control and Prevention. Population counts for denominators are based on Census populations as modified by NCI. Rates are calculated using SEER*Stat[®]. Trends are determined by using Joinpoint[®] analysis of available historical data and reporting the last segment as the most recent trend.

¹⁹ U.S. Department of Health and Human Services, Office of Minority Health. “Diagnosed Cases of Stroke,” The citation for the data is: CDC 2021. Summary Health Statistics: National Health Interview Survey: 2018. Table A-1a. <http://www.cdc.gov/nchs/nhis/shs/tables.htm>

²⁰ Rates are based on a spatial smoothing method using a “Rate Stabilization Tool”. See: https://www.cdc.gov/pcd/issues/2019/18_0442.htm

²¹ US Diabetes Surveillance System; www.cdc.gov/diabetes/data; Division of Diabetes Translation - Centers for Disease Control and Prevention.

²² CDC, Reproductive Health, Infant Mortality. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

²³ Indiana Department of Health, Division of Maternal and Child Health. “Infant Mortality: Northern Hospital Region 2019. <https://www.in.gov/health/mch/files/Northern-Region-IMR-Fact-Sheet-2019.pdf>

²⁴ Op. cit. <https://www.in.gov/health/mch/files/Northern-Region-IMR-Fact-Sheet-2019.pdf>

²⁵ <https://healthalliancesjc.org/wp-content/uploads/2019/08/2018-FIMR-Annual-report-AUG-2019.pdf>

²⁶ Indiana Department of Health, <https://www.in.gov/health/cfr/maternal-mortality-review-committee/>

²⁷ Petersen, E. et. al. Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. CDC, MMWR. May 10, 2019 / 68(18);423–429. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>

²⁸ Epidemiological Resource Center, Indiana State Department of Health. https://gis.in.gov/apps/isdh/meta/stats_layers.htm?q=VAR_ID%20like%20%27DEATH%27&prof=18

²⁹ CMS OMH, The Mapping Medicare Disparities Tool – Technical Documentation, NORC, U of Chicago, April 12, 2021. <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

³⁰ The measure of PQI #15 Asthma in Younger Adults Admission Rate was not available, leaving nine indicators instead of 10.

³¹ CMS OMH, The Mapping Medicare Disparities Tool – Technical Documentation, NORC, U of Chicago, April 12, 2021. <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

³² <https://data.cms.gov/tools/mapping-medicare-disparities-by-hospital>

³³ See the magazine’s methodology: (<https://health.usnews.com/media/best-hospitals/Best-Hospitals-Health-Equity-2021-22>).

³⁴ Adrianna Rodriguez, “US hospitals struggle to reduce health disparities: Minority patients underrepresented in 4 of 5 hospitals,” July 27, 2021. <https://www.usatoday.com/story/news/health/2021/07/27/us-news-best-hospital-ranking-includes-first-health-equity-analysis/8090005002/USA Today>

³⁵ For the County’s two principal hospitals, see: <https://health.usnews.com/best-hospitals/area/in/memorial-hospital-of-south-bend-6421290#equity>; <https://health.usnews.com/best-hospitals/area/in/st-joseph-regional-medical-center-6421300>

³⁶ Dartmouth Atlas. <https://www.dartmouthatlas.org/interactive-apps/end-of-life-care/>

³⁷ Specific description of the HRRs used by the Dartmouth Atlas Group is given here: <https://www.dartmouthatlas.org/faq/#hsa-hrr>

³⁸ See definitions: <https://www.dartmouthatlas.org/interactive-apps/end-of-life-care/>

³⁹ Center for Disease control and Prevention, Reproductive Health Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief.html>