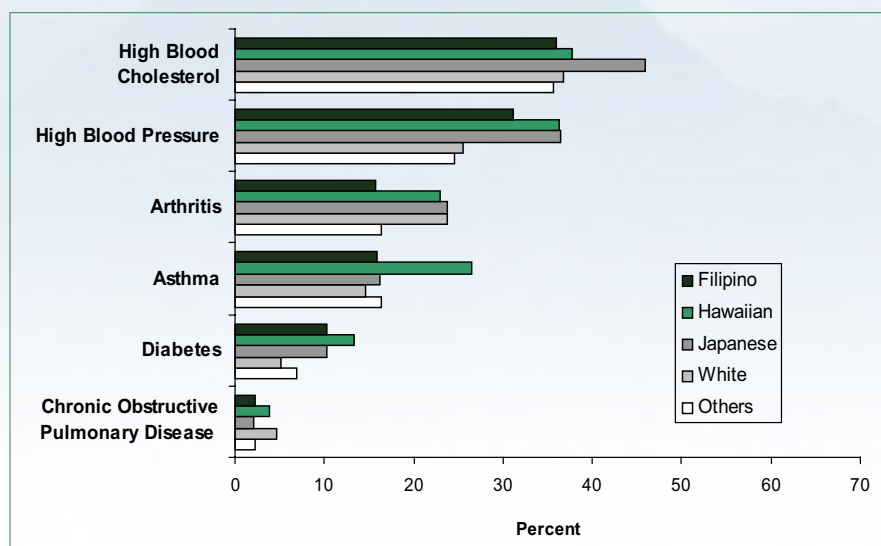


RACE / ETHNICITY = RISK MARKERS FOR HEALTH DISPARITIES

Prevalence of Selected Chronic Diseases by Race and Ethnicity, Hawaii, 2008, 2009



The prevalence of high blood cholesterol is highest among Japanese.

The prevalence of asthma is highest among the Native Hawaiian population.

High blood pressure and diabetes are more prevalent among Native Hawaiians, Filipinos and Japanese.

The prevalence of arthritis is highest among Japanese, whites, and Native Hawaiians.

Source: Behavioral Risk Factor Surveillance System (BRFSS) 2009, COPD Data from 2008 BRFSS. Available at: <http://hawaii.gov/health/statistics/brfss/brfss2009/demo09.html> and <http://hawaii.gov/health/statistics/brfss/brfss2008/demo08.html>.

ECONOMIC IMPACT ON HAWAII

Rising health care costs have consumed a larger portion of wages

Increase in Premiums for Family Coverage in Hawaii, Job-Based Health Insurance, 2000-2009**

Premiums by source of payment	2000	2009	Dollar Change	Percent Change
Total premium spending per worker*	\$6,407	\$11,740	\$5,693	94.2%
Share of premium paid by employer	\$4,735	\$8,981	\$4,246	89.70%
Share of premium paid by worker	\$1,311	\$2,759	\$1,448	110.40%

Available at: <http://familiesusa2.org/assets/pdfs/costly-coverage/hawaii.pdf>. Data Source: Estimates by Families USA based on Medical Expenditure Panel Survey (MEPS) data.

Growth in Median Earnings in Hawaii, 2000-2009**

Median Earnings		Dollar Change	Percent Change
2000	2009		
\$26,180	\$32,912	\$6,732	25.7%

Data Source: Estimates by Families USA based on U.S. Census Bureau's American Community Survey (ACS) data from median worker earnings.

Growth in Premiums in Hawaii for Family Health Coverage Compared to Growth in Earnings, 2000-2009**

2000-2009		Premium Increase as a Multiple of Earnings Growth
Percent Change in Total Family Premiums	Percent Change in Median Earnings	
94.2%	25.7%	3.7

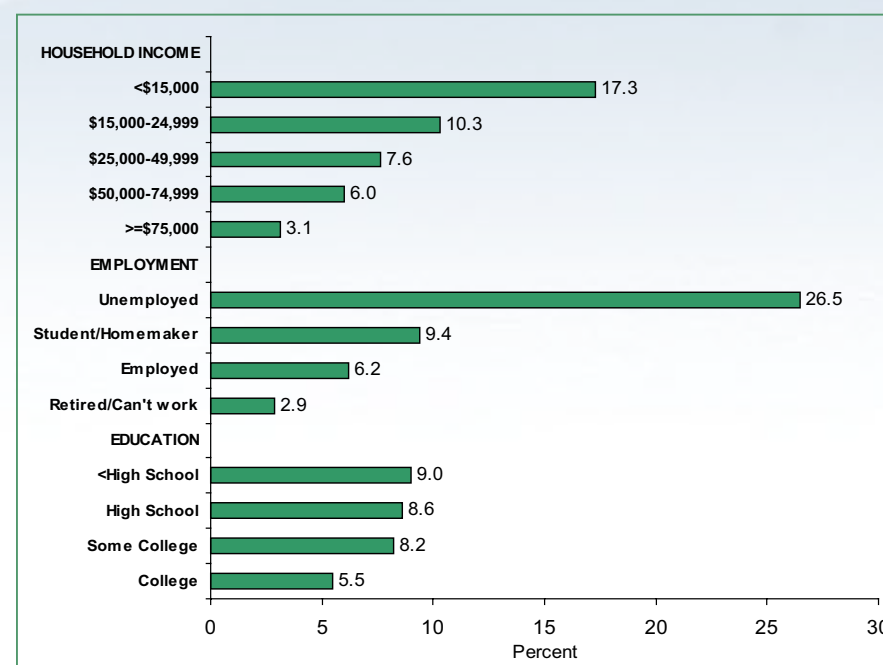
**Source: Families USA, 2009, Costly Coverage: Premiums Outpace Paychecks in Hawaii. Available at: <http://familiesusa2.org/assets/pdfs/costly-coverage/hawaii.pdf>.

MESSAGE: Health insurance premium costs have increased faster than earnings for many of Hawaii's working families.

LACK OF HEALTH INSURANCE AND SOCIO-DEMOGRAPHIC FACTORS

The State of Hawaii is regarded as a healthy state in terms of healthcare coverage. However, health care coverage is linked to employment status, education, and income in Hawaii. In addition, limited English language proficiency is high in Hawaii and might present an additional barrier.

Selected Socioeconomic Factors by No Health Insurance, Hawaii, 2009

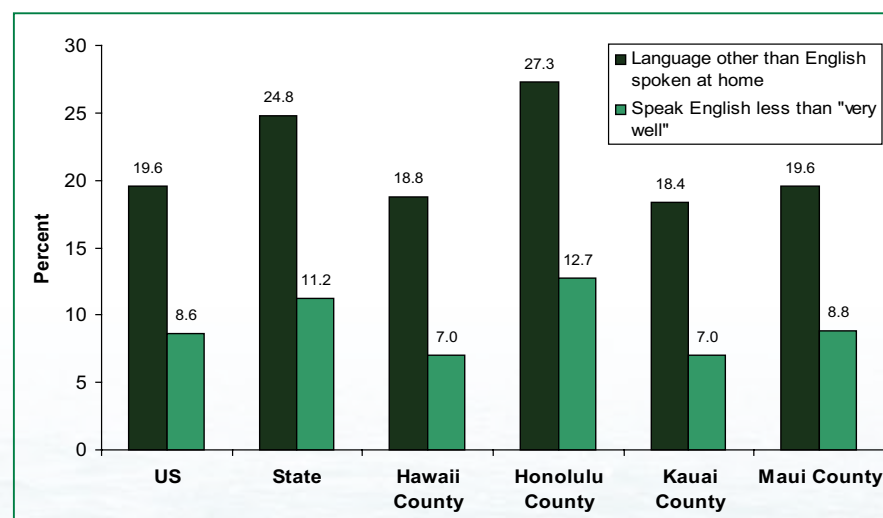


People reporting no health insurance in Hawaii are more likely to:

- have low household income,
- and/or be unemployed,
- and/or have less than a college education.

Source: Behavioral Risk Factor Surveillance System (BRFSS) 2009. Available at: <http://hawaii.gov/health/statistics/brfss/brfss2009/demo09.html>.

Percent of People 5 Years and Over Who Speak a Language Other Than English in the Home and Speak English Less Than "Very Well" by County, Hawaii, 2006-2008



Source: U.S. Census Bureau, 2006-2008, American Community Survey, 2006-2008 American Community Survey 3-Year Estimates.

The state of Hawaii has a greater percentage (24.8%) of non-English speaking households and people with limited English proficiency than the U.S. (19.6%) overall.

Honolulu County has the highest percentage of non-English speaking households and people with limited English proficiency, although there are at least 1 in 6 people in all parts of the state that speak a language other than English at home.

From 2000 to 2009, the average annual premium (employer and worker share of premiums combined) for Hawaii grew by 94.2 percent.

*Numbers do not add due to rounding.

Yet during this same time period, the median earnings of Hawaii's workers rose from \$26,180 to \$32,912—a mere \$6,732, or 25.7 percent.

From 2000 to 2009, health insurance premiums for Hawaii's families rose 3.7 times faster than median earnings.

Data Source: Estimates by Families USA.

NEIL ABERCROMBIE, Governor / LORRETA J. FUDDY, A.C.S.W., M.P.H., Director of Health
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CHRONIC DISEASE DISPARITIES REPORT 2011: Social Determinants HIGHLIGHTS



Chronic Disease Management and Control Branch
Hawai'i State Department of Health
1250 Punchbowl Street • Honolulu, HI 96813
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SCOPE:

The report looks at chronic disease burden through the framework of health disparities and the social determinants of health.

PURPOSE:

- (1) To provide a broad picture of some of the health disparities and social determinants of health that are apparent across all chronic diseases, risk factors and risk markers in Hawaii;
- (2) To illustrate that these differences follow a social gradient, not just “high” or “low” differences in population groups.

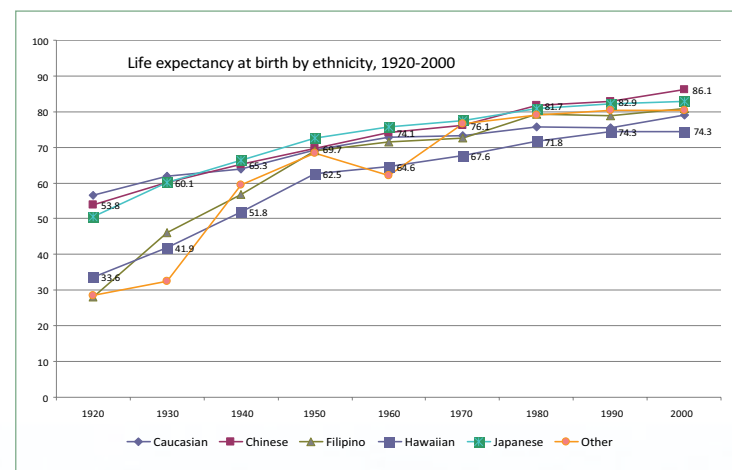
CONTEXT:

This report covers (1) chronic disease data indicators for disparities in household income, educational level, race/ethnicity, county, health insurance coverage and (2) county level indicators for chronic diseases, poverty, language and mortality.

Data indicators on occupation, racism, and social context are being gathered but there is currently a lack of linked data on chronic disease and social determinants.

LIFE EXPECTANCY DISPARITIES

Life Expectancy at Birth by Ethnicity, Hawaii, 1920–2000



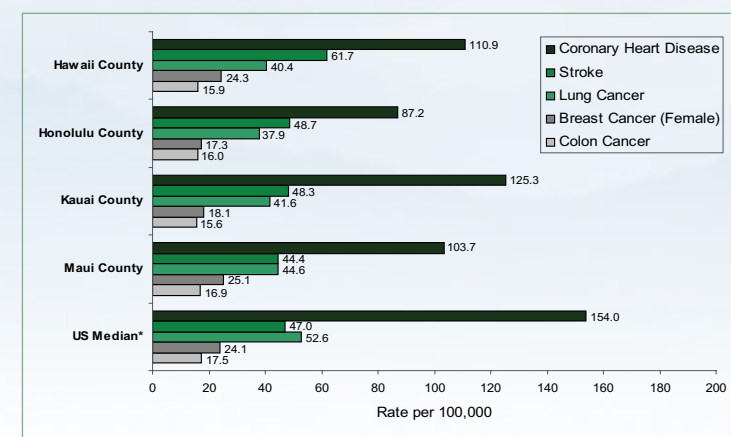
Sources: For data from 1910–1990, Hawaii DBET; For data from 2000 Park, Braun, Horiuchi, Tottori and Onaka (2009). Longevity Disparities in Multiethnic Hawaii: An Analysis of 2000 Life Tables. Public Health Reports, July–August 2009, Vol. 124, p.580.

In Hawaii, life expectancy at birth has increased steadily over the past eighty years.

Life expectancy for the Native Hawaiian population is consistently lower than that of other ethnic groups and was almost 12 years shorter (74.3 years) than the Chinese population which had the highest life expectancy (86.1 years) in 2000.

MORTALITY DISPARITIES

Age-Adjusted Mortality Rates per 100,000 for Leading Chronic Disease Causes of Death, Hawaii, 2003–2005



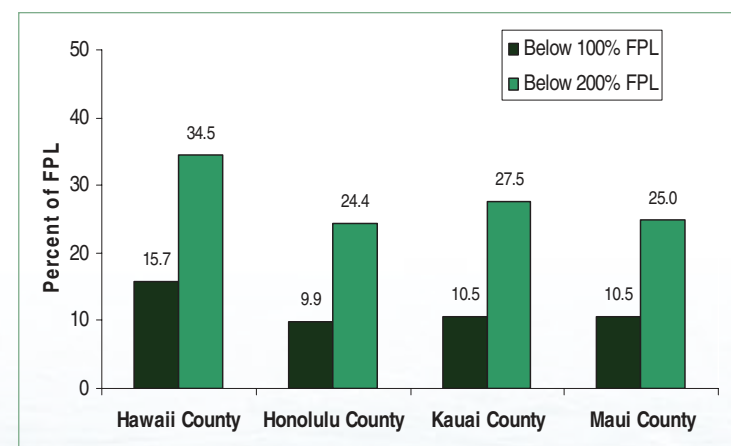
*For all US Counties
Source: National Center for Health Statistics (NCHS). Vital Statistics Reporting System, 2003–2005. Rates are age-adjusted to the year 2000 standard; per 100,000 population

Highest mortality rates due to Coronary Heart Disease and Stroke are in Hawaii County.

The highest mortality rates due to lung, breast, and colon cancer are in Maui County.

POVERTY DISPARITIES

Percent of Population Below 100% and 200% Federal Poverty Level (FPL) by County, Hawaii, 2000



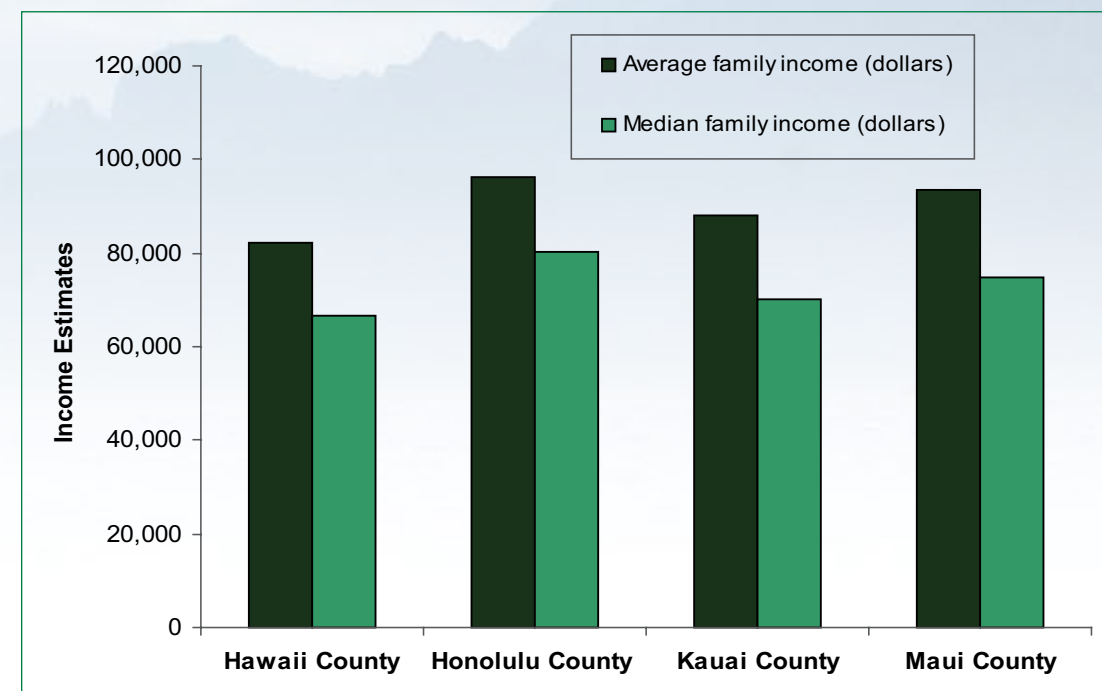
Source: State of Hawaii Primary Care Needs Assessment Data Book 2009. Family Health Services Division, Hawaii Department of Health, January 2010. Available at: <http://Hawaii.gov/health/doc/pcna2009databook.pdf>.

In 2000, while Hawaii County had the greatest percentage of people living below both 100% and 200% of the federal poverty level, at least one-fourth of the population in each county falls below 200% of the federal poverty level.

At least 10% of the population in each county falls below 100% of the federal poverty level.

LESS INCOME = WORSE HEALTH

Median Family Income and Average Family Income Estimates by County, Hawaii, 2006–2008

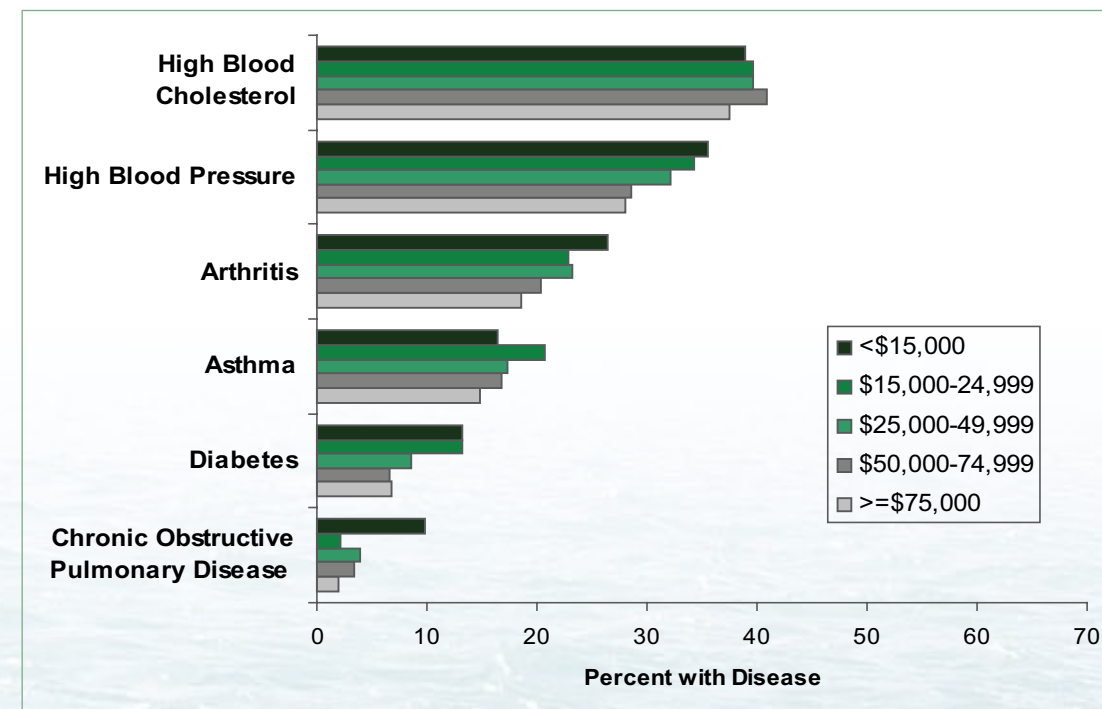


Data source: U.S. Census Bureau, 2006–2008 American Community Survey. U.S. Census 2006–2008 American Community Survey 3-Year Estimates.

The median measure cuts the income distribution in half. Median family income means that half of the families make above that amount, while half make less than that amount. For instance, half the families in Maui County live on over \$74,840 per year and half live on less.

Honolulu County has the highest median and average family income, followed by Maui, Kauai and Hawaii Counties.

Selected Chronic Diseases by Household Income, Hawaii, 2008, 2009

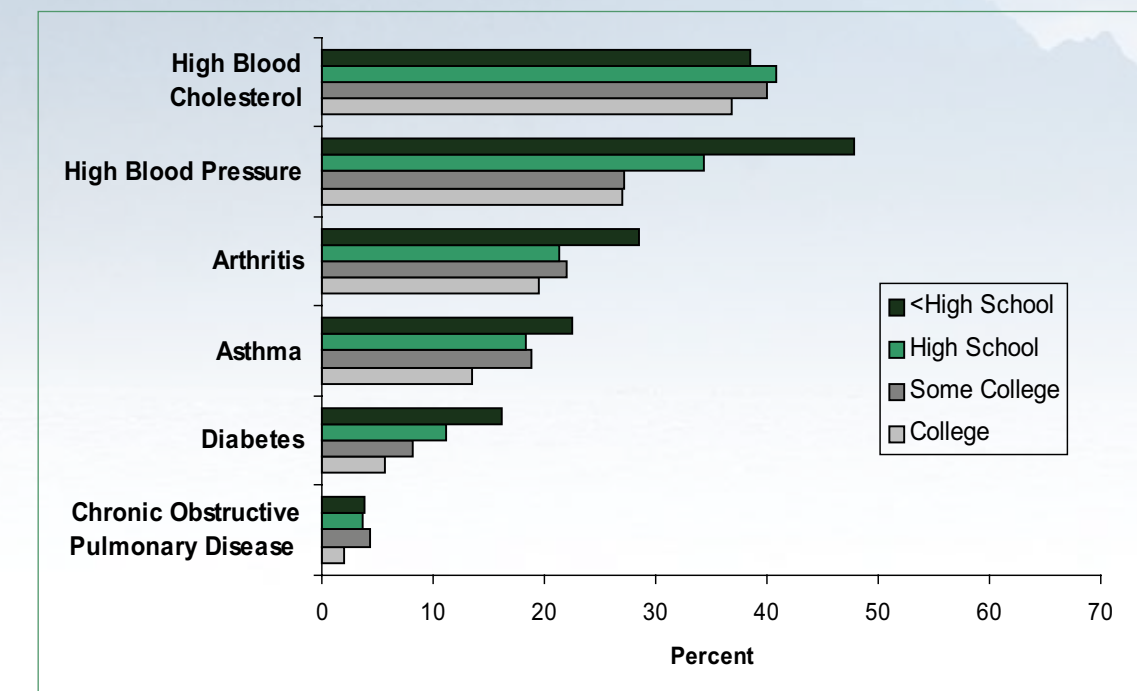


Source: Behavioral Risk Factor Surveillance System (BRFSS) 2009, COPD Data from 2008 BRFSS. Available at: <http://hawaii.gov/health/statistics/brfss/brfss2009/demo09.html> and <http://hawaii.gov/health/statistics/brfss/brfss2008/demo08.html>.

In Hawaii, with the exception of blood cholesterol, there is a fairly consistent association and social gradient between income and chronic disease, where those in the lowest income groups report higher chronic disease prevalence than those in the highest income group.

LESS EDUCATION = WORSE HEALTH

Prevalence of Selected Chronic Diseases by Education Level, Hawaii, 2008, 2009

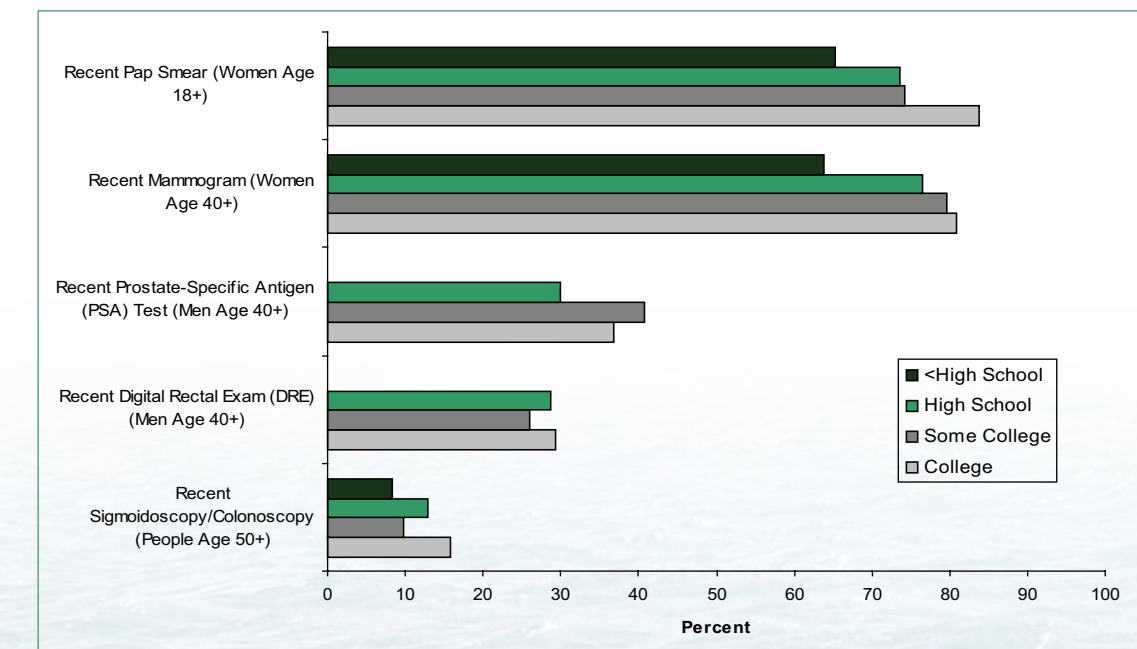


Source: Behavioral Risk Factor Surveillance System (BRFSS) 2009, COPD Data from 2008 BRFSS. Available at: <http://hawaii.gov/health/statistics/brfss/brfss2009/demo09.html> and <http://hawaii.gov/health/statistics/brfss/brfss2008/demo08.html>.

Those with less than a high school education report higher prevalence of high blood pressure, arthritis, asthma, and diabetes.

Prevalence of these conditions follows a fairly consistent social gradient by education level.

Recent Cancer Screening by Education Level, Hawaii, 2009



Source: Behavioral Risk Factor Surveillance System (BRFSS) 2009. Available at: <http://hawaii.gov/health/statistics/brfss/brfss2009/demo09.html>. Note: Data missing in recent Prostate and DRE exam respondents with less than high school education due to sample size less than 50.

Those with lower educational levels also are less likely to report getting recommended cancer screenings.

This gradient is especially pronounced among women for breast and cervical cancer screening.

For example, among those who with recent cervical cancer screening (less than 3 years ago), 66% reported less than high school education while 84% had a college degree for a difference of 20%. The gradient is less discernable among men.