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SENATE JOINT RESOLUTION NO. 355

Offered January 20, 1997

Establishing joint subcommittee to study the health status and conditions of African-Americans in the Commonwealth.

Patrons—Maxwell, Lambert, Miller, Y.B. and Williams; Delegates: Behm, Christian, Cooper, Crittenden, Cunningham, Hamilton and Spruill

Referred to the Committee on Rules

WHEREAS, African-Americans have experienced remarkable transition over the last twenty-five years, and many of these persons have availed themselves of new opportunities since the passage of civil rights legislation; and

WHEREAS, while there have been significant achievements and accomplishments among African-Americans, improvements in the socioeconomic status have not been uniformly distributed among such persons; and

WHEREAS, while the number of African-Americans who are middle class, college educated, businessmen, and elected officers grew substantially between 1970 and 1995, the masses of African-Americans are stuck in areas of concentrated poverty, unemployment, functional illiteracy, and crime without the means to extricate themselves; and

WHEREAS, according to the 1990 census, African-Americans comprise about 12 percent of the population, representing the largest minority group in the United States, and health status indicators reveal that infant mortality and low birthweight result in the death of twice as many African-American babies as white babies who die within their first year; and

WHEREAS, the life expectancy of Americans has improved for all sectors of the population, it is still lower for African-Americans than others; and

WHEREAS, the escalating rate of homicides among African-Americans, especially young males, is a public health crisis, and pregnancy rates among African-American adolescents remain higher than their white counterparts; and

WHEREAS, African-Americans continue to have higher rates for HIV infection and AIDS, and cancer is the second leading cause of death for such persons; and

WHEREAS, although coronary heart disease and stroke mortality have declined over the past decades for the total population and for African-Americans, the remaining disparity between African-Americans and other groups is due to the higher prevalence of risk factors such as hypertension, obesity, smoking, and high cholesterol levels; and

WHEREAS, diabetes mellitus is a major health problem among African-Americans, and their noninsulin dependency is 60 percent higher than for white Americans, and diabetes mellitus is the fourth leading cause of death among African-American women and the sixth among African-American men; and

WHEREAS, African-Americans are more likely to experience higher rates of blindness, amputations, and end-stage renal disease than other groups, due to this disease; and

WHEREAS, while the vicissitudes of life create stressful situations and may adversely affect the health of any person, such life problems are masked through coping strategies that may exacerbate health conditions among African-Americans; and

WHEREAS, although rest and exercise are curative alternatives for the release of stress, African-Americans spend less leisure time resting or exercising than other groups, primarily because of the high costs of and lack of access to health clubs, and other leisure time activities; and

WHEREAS, African-American adults have less access to regular sources of medical care, less choice in where they receive health care, and more difficulty in obtaining appropriate and need medical care; and

WHEREAS, lack of health insurance and lower incomes among African-Americans create significant financial barriers to health care, and stress, fear, and other health behaviors exacerbate health problems among such persons; and

WHEREAS, although health promotion and disease prevention would prevent needless suffering and illness, and save thousands of untimely deaths, African-Americans are less likely to receive appropriate health education and preventive care services; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That a joint subcommittee be established to study the health status and conditions of African-Americans in the Commonwealth. The joint subcommittee shall be composed of nine legislative members, to be appointed as follows: four

60 members of the Senate, to be appointed by the Senate Committee on Privileges and Elections, and five
61 members of the House of Delegates, to be appointed by the Speaker of the House.

62 The joint subcommittee shall (i) determine the health status of African-Americans in the
63 Commonwealth; (ii) identify the diseases and health conditions prevalent among such persons; (iii)
64 review the types of reportable diseases and determine the extent to which African-Americans are
65 represented among such diseases; (iv) determine the extent to which health promotion activities are
66 directed to this population, and whether such activities are effective; (v) determine the number of such
67 persons who are medically uninsured, Medicaid recipients, or Medicaid eligible; (vi) ascertain the types
68 of medical services frequently accessed by African-Americans; (vii) determine Virginia's progress
69 towards meeting the U.S. Department of Health and Human Services' Healthy People 2000 goals relative
70 to minority groups; and (viii) consider such other related issues as the joint subcommittee may deem
71 necessary to an assessment of the health status of African-Americans in Virginia and the development of
72 efficacious alternatives and recommendations.

73 The direct costs of this study shall not exceed \$6,750. An estimated \$800 is allocated for materials
74 and resources. Such expenses shall be funded from the operational budget of the Clerk of the House of
75 Delegates.

76 The Division of Legislative Services shall provide staff support for the study. Technical assistance
77 shall be provided by the State Health Department, and the Departments of Education, Social Services,
78 Medical Assistance Services, and Mental Health, Mental Retardation and Substance Abuse Services. All
79 agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

80 The joint subcommittee shall complete its work in time to submit its findings and recommendations
81 to the Governor and the 1998 Session of the General Assembly as provided in the procedures of the
82 Division of Legislative Automated Systems for the processing of legislative documents.

83 Implementation of this resolution is subject to subsequent approval and certification by the Joint
84 Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the
85 study.