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**SENATE JOINT RESOLUTION NO. 355**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
 (Proposed by the Senate Committee on Rules  
 on January 28, 1997)

(Patron Prior to Substitute—Senator Maxwell)

*Directing the Joint Commission on Health Care to study the health status and conditions of African-Americans in the Commonwealth.*

WHEREAS, African-Americans have experienced a remarkable transition over the last twenty-five years, and many 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 their socioeconomic status have not been uniformly distributed; and

WHEREAS, while the number of African-Americans who are middle class, college educated, in business, or elected officials grew substantially between 1970 and 1995, the masses of African-Americans are stuck in areas of concentrated poverty, unemployment, functional illiteracy, and crime; 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

WHEREAS, among babies who die within their first year, health status indicators reveal that infant mortality and low birthweights result in the death of twice as many African-American babies as white babies; and

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

WHEREAS, the escalating rate of homicides among African-Americans, especially young males, is a public health crisis; and

WHEREAS, cancer is the second leading cause of death for African-Americans; and

WHEREAS, African-Americans continue to have higher rates for HIV infection and AIDS, and pregnancy rates among African-American teenage girls remain higher than for their white counterparts; 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, among African-Americans, diabetes mellitus is the fourth leading cause of death for women and the sixth for men, and their noninsulin dependency is 60 percent higher than for white Americans; and

WHEREAS, additionally, due to this disease, African-Americans are more likely to experience higher rates of blindness, amputations, and end-stage renal disease than other groups; 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, the majority of African-Americans have less leisure time to spend 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 needed 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 appropriate health education and preventive care services could prevent needless illness and suffering, and save thousands of untimely deaths, African-Americans are less likely to receive these than are other groups; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Commission on Health Care be directed to study the health status and conditions of African-Americans in the Commonwealth.

The Commission shall (i) determine the health status of African-Americans in the Commonwealth; (ii) identify the diseases and health conditions prevalent among such persons; (iii) review the types of reportable diseases and determine the extent to which African-Americans are represented among such diseases; (iv) determine the extent to which health promotion activities are directed to this population,

60 and whether such activities are effective; (v) determine the number of such persons who are medically  
61 uninsured, Medicaid eligible, or Medicaid recipients; (vi) ascertain the types of medical services most  
62 frequently accessed by African-Americans; (vii) determine Virginia's progress towards meeting the U.S.  
63 Department of Health and Human Services' Healthy People 2000 goals relative to minority groups; and  
64 (viii) consider such other related issues as the Commission may deem necessary to an assessment of the  
65 health status of African-Americans in Virginia and the development of efficacious alternatives and  
66 recommendations.

67 Technical assistance shall be provided by the State Health Department and the Departments of  
68 Education, Social Services, Medical Assistance Services, and Mental Health, Mental Retardation and  
69 Substance Abuse Services. All agencies of the Commonwealth shall provide assistance to the  
70 Commission, upon request.

71 The Commission shall complete its work in time to submit its findings and recommendations to the  
72 Governor and the 1998 Session of the General Assembly as provided in the procedures of the Division  
73 of Legislative Automated Systems for the processing of legislative documents.