THE CIVIL RIGHTS ACT OF 1964 IMPROVED THE HEALTH OF AFRICAN-AMERICAN WOMEN. *G A Kaplan, N Ranjit, S Burgard (University of Michigan, Ann Arbor, MI 48104)

The Civil Rights Act of 1964 and the Voting Rights Act of 1965 arguably represent the most important legislation regarding the nexus of race and society since Reconstruction. With its potential impact on education, occupation, income, voting and other aspects of civil society, and on decreasing the marginalization of Blacks, these Acts could have had substantial health effects. Relative to white women and Black men, Black women experienced larger positive occupational changes, substantial increases in employment in the public sector, and considerable improvement in incomes in the decade post 1964. Comparing the decades prior and post 1964, we find that life expectancy (±35) gains for Black women were 73% greater than for white women (p = 0.02). The health of Black women improved most, in both relative and absolute terms, in the South compared to other regions (where the economic and social changes were smaller), and reflected a strikingly different picture than that found for Black and white females over the age of 65 or under 35, or for men of all ages and races. Finally, comparing the trends in age-adjusted rates of death from heart disease and stroke in the decade pre- and post-1964, again the most favorable trends were seen for Black women (35-64) in the South. Comparing pre vs. post 1964 decades, the female B/W mortality ratio for heart disease and stroke declined 24% and 33%, respectively with no sig. differences in trends for cancers. Potential reasons will be discussed.

EXPOSURE TO PHYSICAL VIOLENCE INCREASED RISK OF COMMON MENTAL DISORDERS IN PUBLIC EMPLOYEES IN RIO DE JANEIRO, BRAZIL. C Lopes, *E Faerstein, D Chor, G Werneck (State University Rio de Janeiro, RJ, 20559-900)

Exposure to violence is a risk factor for mental disorders; this association has not been investigated prospectively in Brazil, where health consequences of violence are major public health problems. We studied the association of direct exposure to physical violence (PV) with the onset and persistence of common mental disorders (CMD) among public employees at university campuses in Rio, who are being followed in the longitudinal Pro-Saude study. The overall response rate at follow-up was 78%, comprising 3,253 subjects. Sociodemographic factors and stressful life events (SLE) were measured at baseline (1999); exposure to physical violence and CMD were assessed both in 1999 and 2001. Self-administered questionnaires assessed the presence of CMD (using the General Health Questionnaire-12) during the previous 2 weeks, and exposure to physical violence in the previous 12 months. Relative risks (RR) and 95% confidence intervals for the onset and for the persistence of CMD were estimated through a log-binomial regression model for those who reported exposure in either 1999 or 2001 (PV1) and for those who reported exposure both in 1999 and 2001 (PV2), compared to those unexposed in both periods. After adjustment for age, gender, income, and other SLE, those exposed to PV1 and PV2 had, respectively, 1.2-fold (1.0-1.4) and 2.1-fold (1.6-2.6) increased risks of CMD onset when compared to the reference group. No association was observed regarding the persistence of CMD. Direct exposure to violence may act cumulatively on the risk of developing CMD. The absence of association for reporting CMD both in 1999 and 2001 suggests other determinants may be more relevant for chronic mental disorders.

POLLING, DRUGS, AND DECLINING HOMICIDE LEVELS IN NEW YORK CITY IN THE 1990’s. *S Galea, S Messner, P T Markham, A Bucciarrelli, V Frye, K Tardiff, D Vlahov (University of Michigan, Ann Arbor, MI)

Homicide rates declined sharply in New York City (NYC) during the 1990’s. Two theories may explain this trend: the decrease in crack cocaine and increased policing (typically called the “broken windows” hypothesis) during this period. We used data from three sources: the Office of the Chief Medical Examiner of NYC, the NYC Police Department, and the US Census Bureau. We examined overall homicide and gun- and non-gun-related homicides separately. We estimated the effects of measures of misdemeanor arrests, cocaine prevalence, and firearm availability on homicide to test these theories. The analyses were based on random effects multivariable models using pooled, cross-sectional, lagged time series data for 74 NYC precincts over the 1990-99 period. Final random intercept models showed that misdemeanor arrests had a negative effect (Beta = -0.0006, p ≤ 0.01) on subsequent homicide mortality rates; cocaine prevalence (Beta = 0.1620, p ≤ 0.01) and firearm availability (Beta = 0.0510, p ≤ 0.05) had a positive effect on subsequent homicide mortality rates. Further analyses of homicide disaggregated by gun or non-gun use showed that the effects of misdemeanor arrests and firearm availability were present for gun-related but not non-gun-related homicides (Beta = -0.0004, p ≤ 0.05; Beta = 0.0001, p = NS, respectively); the measure of cocaine prevalence was significantly related to both forms of homicide (Beta = 0.1228, p ≤ 0.01; and Beta = 0.0428, p ≤ 0.01 respectively). This study suggested that both the decrease in crack cocaine and the implementation of quality of life policing in NYC likely contributed to the drop in homicide in NYC during the 1990s, independently of one another.

GENDER DIFFERENCES IN RELATIONSHIP OF OBESITY TO ASTHMA-RELATED MORBIDITY IN URBAN ADOLESCENTS. *C L M Joseph, S L Havstad, D R Ownby, E L Peterson, C C Johnson (Henry Ford Health System, Detroit, MI, 48202)

African American youth, aged 15–18 years, experience asthma-related morbidity and mortality that is often higher than that of European-American youth of the same age or younger children. The literature on the relationship of obesity to asthma incidence and asthma morbidity is growing, but results have varied by gender. We examined the relationship of BMI ≥ 85th percentile to self-report of asthma-related morbidity among urban adolescents. The data used was from a self-administered survey of 9th–11th graders attending six Detroit high schools. Completed forms were obtained for 5967 students (80% response rate), of which 99% were AA, 46% were male, and mean age = 15.1 years. Prevalence of current diagnosed asthma was 10%. BMI >85th was associated with diagnosed current asthma (20% prevalence for students with asthma vs. 5.1% overall), odds ratio (95% confidence interval) = 1.7 (1.3–2.3); p < 0.001. Among students with asthma, BMI >85th was associated with emergency department (ED) visits, OR = 2.2 (1.4–3.6) p < 0.011; hospitalizations, OR = 1.3 (0.7–2.5) p = 0.42; and absenteeism, OR = 1.7 (1.0–2.9) p = 0.06. After adjusting for potential confounders and stratifying by gender, BMI >85th was not related to morbidity among females, but among males, adjusted rate ratios for BMI >85th and ED visits, hospitalizations, and absenteeism were 2.8 (1.8–4.4), 8.4 (5.0–14.2), and 1.7 (1.1–2.7), respectively (all p ≤ 0.01). Among students with asthma, BMI >85th is a risk factor for asthma morbidity among AA males, but not females. Underlying reasons for the difference in risk by gender should be explored. Given the prevalence of obesity among urban adolescents with asthma, results may have implications for clinical management.