



QUICK FACTS: Disparities in Health

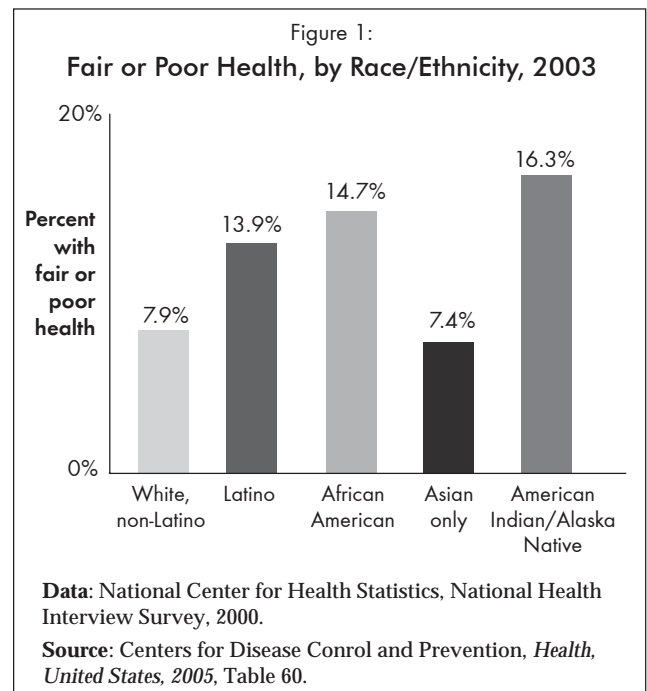
Disparities in Health: "Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."

Quick Facts on:

Overall Health

When viewed as a group, racial and ethnic minorities suffer from worse health compared to their white counterparts. For example:

- American Indians, African Americans, and Latinos are more likely to rate their health as fair or poor in comparison to whites (see Figure 1).¹
- Among adults, death rates for African Americans are approximately 55 percent higher than they are for whites.²
- Latinos are more likely to be employed in high-risk occupations than any other racial or ethnic group. For example, although they comprise only 14 percent of the population, Latinos account for 35 percent of all textile workers, 27 percent of building workers, 21 percent of construction workers, and 24 percent of all workers in the farming, forestry, and fishing industries.³
- In 2002, 71 percent of African Americans lived in counties that violated federal air pollution standards, compared with 58 percent of the white population.⁴
- African-American women have the highest death rates from heart disease, breast and lung cancer, stroke, and pregnancy among women of all racial and ethnic backgrounds.⁵
- Compared to the general U.S. population, American Indians are 638 percent more likely to suffer from alcoholism, 400 percent more likely to contract tuberculosis, 291 percent more likely to suffer from diabetes, 67 percent more likely to have pneumonia or influenza, and 20 percent more likely to suffer from heart disease.⁶
- The rate of Hepatitis B (HBV) in Asian Americans is more than two times the rate of HBV in whites (2.95 versus 1.31 cases per 100,000).⁷
- In 2001, Asian Americans and Pacific Islanders had the highest tuberculosis case rate of all racial and ethnic populations in the United States.⁸



Asthma

Racial and ethnic minorities are more likely to live in heavily polluted neighborhoods and work in high-risk occupations with lower air quality. Disparities in living and working conditions play a critical role in the incidence and burden of asthma in these populations. The effects of these conditions are evident in the adverse health outcomes experienced by children and adults in minority communities. For example:

- Although African Americans represent only 12.7 percent of the U.S. population, they account for 26 percent of all asthma deaths.⁹
- Age-adjusted asthma death rates are three times higher for African Americans than for whites.¹⁰

Cancer

Racial and ethnic minorities are not only more likely to be diagnosed with cancer, they are also more likely to receive less timely and effective treatment. Because of these disparities, cancer takes a greater toll on communities of color. For example:

- Cancer is the leading cause of death for Asians and Pacific Islanders, and it is the second leading cause of death among every other racial and ethnic minority group in the United States.¹¹
- African-American men are 50 percent more likely to suffer from prostate cancer than white men, and they are more than twice as likely as white men to die as a result of the cancer.¹²
- Between 1982 and 1992, Vietnamese-American women had the highest age-adjusted rate of cervical cancer (43 per 100,000), more than five times the rate of non-Hispanic whites (7.5 per 100,000).¹³
- Lung cancer kills more African Americans and American Indians/Alaska Natives than any other type of cancer.¹⁴

Cardiovascular Disease

Minority populations suffer from cardiovascular disease at a higher rate and are more likely to die as a result. For example:

- In 2001, rates of death from heart disease were 30 percent higher among African Americans than among whites.¹⁵
- In 2001, death rates from stroke were 41 percent higher among African Americans than among whites.¹⁶
- Racial and ethnic minorities are more likely to possess the risk factors—such as obesity and high cholesterol—that lead to increased rates of cardiovascular disease.¹⁷

Diabetes

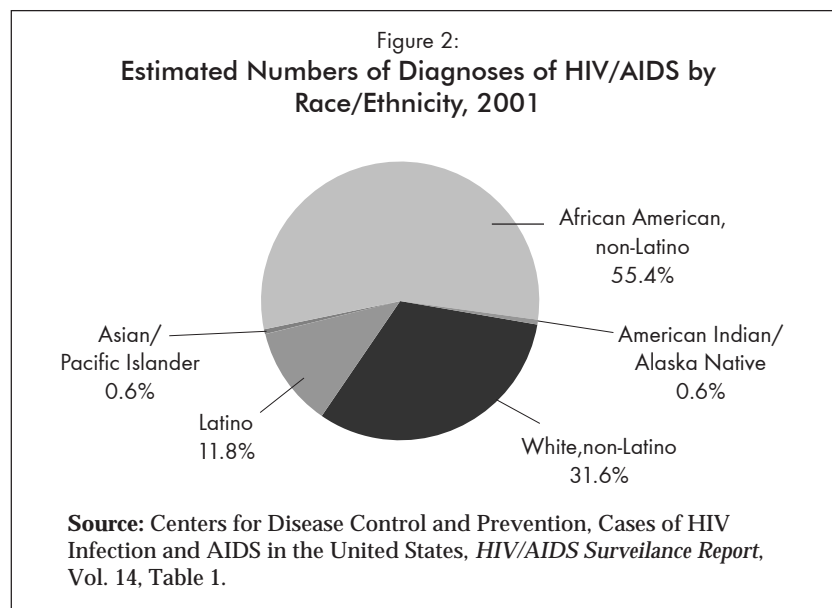
Diabetes strikes American Indian communities with far greater frequency and severity than any other racial or ethnic group. This has important implications for overall health: Individuals with diabetes face a much higher risk of heart disease, stroke, high blood pressure, and blindness. The disease disproportionately affects minorities and is one of many examples of disparities in health. For example:

- American Indians are more than twice as likely to suffer from diabetes as whites.¹⁸
- Diabetes is most prevalent among American Indians in the southeastern United States (27.8 percent) and southern Arizona (27.8 percent). Non-Hispanic blacks are also more likely to be affected by the disease than non-Hispanic whites (11.4 percent versus 8.4 percent).¹⁹

HIV/AIDS

HIV and AIDS pose a disproportionate threat to minority populations. For example:

- Although they made up only 26 percent of the U.S. population in 2001, African Americans and Latinos accounted for 67 percent of newly reported AIDS cases.²⁰
- In 2003, HIV/AIDS was the leading cause of death for African-American women between 25 and 34 years of age. The rate of HIV diagnosis among African-American women was 25 times that of white women, and African-American men were eight times more likely than their white counterparts to be diagnosed with HIV.²¹



Infant and Maternal Mortality

Infant mortality rates offer a vivid portrait of disparities in health. Even at birth, children from racial and ethnic minorities suffer worse health outcomes, including a notably higher rate of death. For example:

- Infant mortality is more than twice as high for African-American infants as it is for white, non-Hispanic infants (13.9 deaths per 1,000 live births versus 5.8 deaths per 1,000 live births).²²
- The maternal mortality rate for African-American women is nearly five times the maternal mortality rate for white women.²³
- American Indians and Alaska Natives have Sudden Infant Death Syndrome (SIDS) rates that are two times higher than the general U.S. population.²⁴

Children

Children from racial and ethnic minority groups continue to lag behind their white peers on measures of health outcomes. Even among children of similar socioeconomic status, minority children fare worse overall. For example:

- Only 12 percent of white, non-Hispanic children are in less than very good or excellent health, compared to 25 percent of African-American children and 26 percent of Hispanic children.²⁵
- African-American children are more than three times as likely as children of other races to develop sleep-disordered breathing.²⁶

Endnotes

¹ Marsha Lillie-Blanton, Osula Evadne Rushing, and Sonia Ruiz, *Key Facts: Race, Ethnicity & Medical Care, Update June 2003* (Menlo Park, CA: Kaiser Family Foundation, 2003), available online at <http://www.kff.org/minorityhealth/upload/Key-Facts-Race-Ethnicity-Medical-Care-Chartbook.pdf>.

² UCLA Center for Health Policy Research and Kaiser Family Foundation, *Racial and Ethnic Disparities in Access to Health Insurance and Health Care* (Los Angeles: UCLA Center for Health Policy Research, April 2000).

³ American Lung Association, *Lung Disease Data in Culturally Diverse Communities: 2005* (New York: American Lung Association, February 2005), available online at <http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=308853>.

⁴ Ibid.

⁵ *Making the Grade on Women's Health: A National and State-by-State Report Card* (Washington: National Women's Law Center, August 2000).

⁶ Indian Health Services, *Trends in Indian Health, 2000-2001* (Washington: Indian Health Services), p. 7, available online at http://www.ihs.gov/NonMedicalPrograms/IHS_Stats/Trends00.asp.

⁷ Centers for Disease Control and Prevention, *Fact Sheet: Racial/Ethnic Health Disparities* (Atlanta: Centers for Disease Control and Prevention, April 2004), available online at <http://www.cdc.gov/od/oc/media/pressrel/fs040402.htm>.

⁸ Ibid.

⁹ American Lung Association, op. cit.

¹⁰ Marsha Lillie-Blanton et al., op. cit.

¹¹ Ibid.

¹² American Cancer Society, *Cancer Facts and Figures, 2003* (Atlanta: American Cancer Society, 2003), available online at <http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf>.

¹³ Centers for Disease Control and Prevention, op. cit.

¹⁴ American Lung Association, op. cit.

¹⁵ Centers for Disease Control and Prevention, *Racial and Ethnic Approaches to Community Health (REACH) 2010: Addressing Disparities in Health, At a Glance 2005* (Atlanta: Centers for Disease Control and Prevention, 2005), available online at http://www.cdc.gov/nccdphp/aag/pdf/aag_reach2005.pdf.

¹⁶ Ibid.

¹⁷ George Mensah, Ali Mokdad, Earl Ford, et al., "State of Disparities in Cardiovascular Health in the United States," *Circulation* 111 (March 2005), pp. 1233-1241.

¹⁸ Centers for Disease Control and Prevention, *National Diabetes Fact Sheet: General Information and National Estimates on Diabetes in the United States, 2003* (Atlanta: Centers for Disease Control and Prevention, 2004), available online at http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2003.pdf.

¹⁹ Ibid.

²⁰ Marsha Lillie-Blanton et al., op. cit.

²¹ Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report, 2003*, Vol. 15 (Atlanta: Centers for Disease Control and Prevention, 2004), pp. 1-46, available online at <http://www.cdc.gov/hiv/stats/2003SurveillanceReport.htm>.

²² Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being* (Washington: U.S. Government Printing Office, 2005), available online at <http://www.childstats.gov/americaschildren/index.asp>.

²³ Kenneth Kochanek, Sherry Murphy, Robert Anderson, et al., *National Vital Statistics Report 2004*, 53, No. 5 (Atlanta: Centers for Disease Control and Prevention, Division of Vital Statistics, October 2004), available online at http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_05.pdf.

²⁴ American Lung Association, op. cit.

²⁵ Federal Interagency Forum on Child and Family Statistics, op. cit.

²⁶ American Lung Association, op. cit.

For more information on Families USA's Minority Health Initiatives,
contact Rea Pañares, Director of Minority Health Initiatives
or Briana Webster-Patterson, Program Manager at
minorityhealth@familiesusa.org or 202-628-3030.

