Eliminating Racial and Ethnic Health Disparities

HHS has decided to emphasize six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes.

Infant Mortality - African-American, American Indian, and Puerto Rican infants have higher death rates than white infants. In 2000, the black-to-white ratio in infant mortality was 2.5 (up from 2.4 in 1998). This widening disparity between black and white infants is a trend that has persisted over the last two decades.

Cancer Screening and Management - African-American women are more than twice as likely to die of cervical cancer than are white women, and are more likely to die of breast cancer than are women of any other racial or ethnic group.

Cardiovascular Disease (CVD) - Heart disease and stroke are the leading causes of death for all racial and ethnic groups in the United States. In 2000, rates of death from diseases of the heart were 29 percent higher among African-American adults than among white adults, and death rates from stroke were 40 percent higher.

Diabetes - In 2000, American Indians and Alaska Natives were 2.6 times more likely to have diagnosed diabetes compared with non-Hispanic Whites, African Americans were 2.0 times more likely, and Hispancis were 1.9 times more likely.

HIV Infection/AIDS - Although African Americans and Hispanics represented only 26 percent of the U.S. population in 2001, they accounted for 66 percent of adult AIDS cases and 82 percent of pediatric AIDS cases repported in the first half of that year.

Immunizations - In 2001, Hispanics and African Americans aged 65 and older were less likely than non-Hispanic whites to report having received influenza and pneumococcal vaccines.

In addition, the following diseases and conditions disproportionately impace racial and ethnic minorities.

Mental Health - American Indians and Alaska Natives appear to suffer disporportionatelly from depression and substance abuse. Minorities have less access to and availability of, mental health services. Minorities are less likely to receive needed mental health services. Minorities in treatment often receive a poorer quality of mental health care. Minorities are uderrepresented in mental health research.

Hepatitis - In 2002, 50 percent of those infected with Hepatitis B were Asian Americans and Pacific Islanders. Black teenagers and young adults become infected with Hepatitis B three to four times more often than those who are white. One recent study has found that black people have a higher incidence of Hepatitis C infection than white people.

Syphilis - Some fundamental societal problems, such as poverty, inadequate access to health care, and lack of education are associated with disproportionately high levels of syphilis in certain populations. Cases of primary and secondary syphilis in 1999 had the following race or ethnicity distribution: African Americans - 75 percent; whites - 16 percent; Hispanics - 8 percent; and others one percent. Syphilis reflects one of the most glaring examples of racial disparity in health status, with the rate for African Americans nearly 30 times the rate for whites.

Tuberculosis (TB) - Of all the TB cases reported frm 1991 - 2001, almost 80 percent were in racial and ethnic minorities. Asian Americans and Pacific Islanders accounted for 22 percent of those cases, even though they made up less than four percent of the U.S. population.