National Center for Health Statistics ...Monitoring the Nation's Health

NCHS Data on Racial and Ethnic Disparities

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides multiple perspectives to help understand the population's health, influences on health, and health outcomes.

Data on Racial and Ethnic Disparities

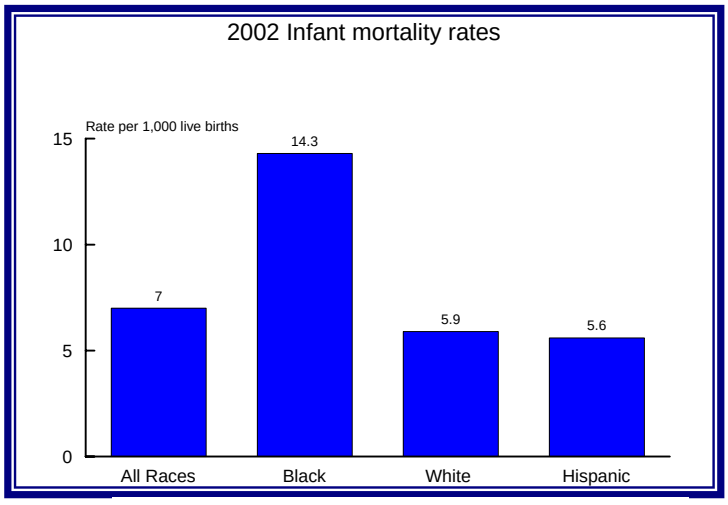
Improving the health of racial and ethnic minorities in the United States continues to be a public health priority. Despite decades of effort, disparities persist, and changes in the racial and ethnic composition of the population have important consequences for the Nation's health. NCHS has long been a resource for data that document racial and ethnic disparities in health status, health insurance, access to care, and other health areas. Virtually every major report and initiative on racial and ethnic disparities draws heavily on NCHS' core data systems.

Examples of NCHS Data

Life expectancy is a summary measure often used to gauge the overall health of a population. In 2002, life expectancy hit a new high of 77.4 years for all races. Increases were experienced by whites (77.8 years) as well as blacks (72.5 years).

While record high life expectancies were observed for white men and both black men and black women, the numbers indicate that there is still work to be done to reduce health disparities that affect certain racial and ethnic groups.

There are large disparities in **infant mortality rates**. The higher rate for black infants is of particular concern. The infant mortality rate in 2002 for blacks (14.3 infant deaths per 1,000 live births) was more that twice as high as for whites (5.9 per 1,000) and Hispanics (5.6 per 1,000).

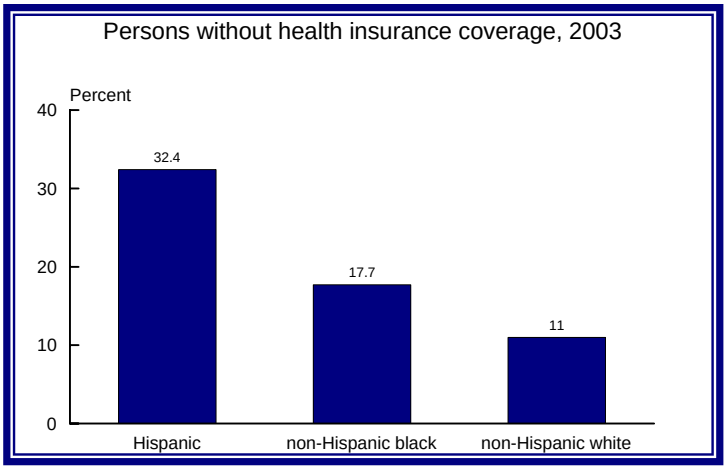


Source: National Vital Statistics Reports, Vol. 52, No. 13

Insurance coverage and access to health care

Health insurance is an important determinant of access to health care. Access to health care, which includes having a usual source of care, is important for preventive care and prompt treatment of illness and injury.

Data through the third quarter of 2003, show that Hispanics (32.4 percent) and non-Hispanic blacks (17.7 percent) were more likely to lack health insurance than non-Hispanic whites (11 percent). Data through the third quarter of 2003 also show that Hispanics (78.1 percent) were less likely than non-Hispanic whites (90.4 percent) or non-Hispanic blacks (86.4 percent) to have a usual place to go for medical care.



Source: National Health Interview Survey, January – September 2003

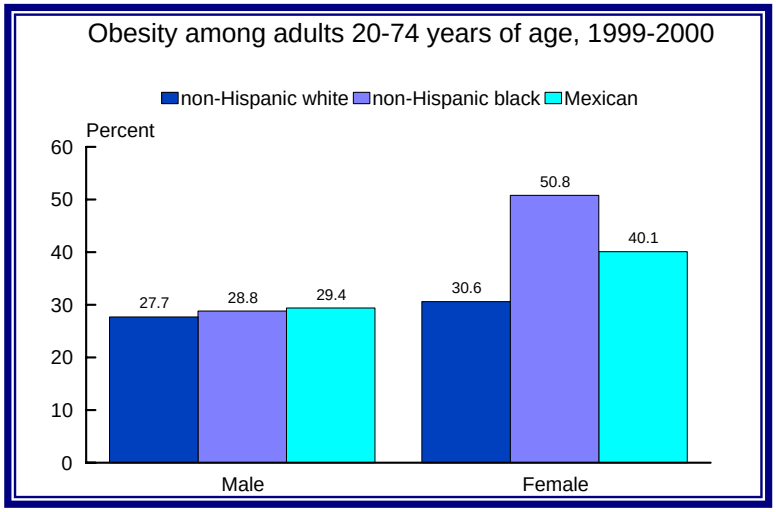
NCHS data on utilization of health care services show that in 2001 visit rates per 100 persons differed by race:

- The visit rate to office-based physicians was significantly higher for whites (342.6 persons) than for blacks (189.4 persons) or Asians (263.9 persons).
- The visit rate to hospital outpatient departments for blacks (48.8) was 75 percent higher than for whites (27.9) and 101 percent higher than for Asians (24.3).
- In 2002, the emergency department utilization rate for blacks (70.3) was almost double the rate for whites (35.7); the visit rate by Asians (18.9) was considerably lower than other racial groups.

The higher emergency department visit rate among blacks may be, in part, a consequence of difficulty accessing preventive health care services.

NCHS data show that while overall hospitalizations and length of stay have been decreasing, hospital admissions for potentially avoidable conditions are rising, particularly among at risk populations such as the uninsured, the elderly, or those living in underserved areas. Racial disparities in avoidable hospitalizations are evident among younger age groups. While the rate for white patients under the age of 65 decreased from 1980 to 1998, the rate for black patients rose. In 1980 the rate for blacks under age 65 was 72 percent higher than the rate for white patients; by 2002, the rate was 142 percent higher.

Overweight and obesity are risk factors for many chronic conditions such as diabetes, hypertension, arthritis, and other musculoskeletal problems. Among three major racial-ethnic groups, the prevalence of obesity was highest for non-Hispanic black women (50.8 percent) and lowest for non-Hispanic white men (27.7 percent).



Source: National Health and Nutrition Examination Survey, 1999-2000

Race and Ethnicity Data Sources

NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. They include:

- **National Vital Statistics System -** collects information from birth and death certificates in all 50 states and the District of Columbia, including detailed race/ethnicity characteristics. Because all births and deaths are part of this database, it provides the detail needed for research on differentials. **(http://www.cdc.gov/nchs/nvss.htm)**
- **National Health Interview Survey (NHIS)** – collects information on the nation's health status through confidential household interviews that measure: health status and disability, insurance coverage, access to care, use of health services, immunizations, health behaviors, injury, and the ability to perform daily activities. The large sample size of the NHIS, combined with detailed categories on race/ethnicity collected, make the NHIS a valuable source of data on differentials. **(http://www.cdc.gov/nchs/nhis.htm)**
- **National Health Care Survey** – a family of health care provider-based surveys that collect data from the clinical perspective. These surveys provide a picture of how the delivery system works, and provide an opportunity to learn about patients, their illnesses, and treatments. NCHS surveys hospitals, office based physician practices, emergency and outpatient departments, ambulatory surgery centers, nursing homes, and hospices to learn about the characteristics of patients and the surgical and medical treatments provided. Rates shown are based on population estimates from the 1990 census. **(http://www.cdc.gov/nchs/nhcs.htm)**
- **National Health and Nutrition Examination Survey (NHANES)** – collects information about the health and diet of people in the United States. NHANES is unique in that it combines a home interview with health tests that are conducted in a Mobile Examination Center. NHANES is able to directly measure conditions where there are large race/ethnicity differentials such as diabetes, and to provide reliable information on health conditions regardless of whether the survey respondent is aware of them. **(http://www.cdc.gov/nchs/nhanes.htm)**

Challenges and Future Opportunities

♦ Work with state vital statistics offices to implement the new Office of Management and Budget classification of race and ethnicity. As a key source of data on disparities, vital statistics must be comparable to the 2000 Census to maintain the ability to compare population groups and track trends in disparities.

♦ Design and implement a new sample for the National Health Interview Survey (NHIS) to ensure that it accurately reflects the shifting U.S. population demographics documented by the 2000 Census. The NHIS is the nation's largest national household health survey, providing a rich resource for analysis of racial and ethnic populations.

♦ Develop a new tool for assessing the health of racial and ethnic populations through the Community Health and Nutrition Examination Survey, a smaller model of the National Health and Nutrition Examination Survey. This effort is an efficient mechanism for targeted studies of specific sub-populations, allowing NCHS to systematically fill gaps in knowledge through examination studies.

♦ Conduct research on new methods for obtaining data on racial and ethnic populations, both through in-house design research and through support of academic Centers of Excellence in Health Statistics.