access advocacy african american asian american bone density cancer children cardiovascular cholesterol chronic disease churches collaboration community cultural competence DIABETES diet disability disparities diversity education environment evaluation ethnicity exposure faith community financial need goals grassroots health insurance healthcare providers heart disease higher rates **healthy** hispanic american hypertension HIV/AIDS insurance infant mortality initiative intervention language barriers LEAD life expectancy lifestyle low birthweight literacy malnutrition medicare/medicaid men mental health native american nutrition **obesity** partnership overweight pollution prenatal prescription drugs prevention quality of care race risk factors RURAL schools selfesteem socioeconomics solutions stereotypes surveillance technology teenagers tobacco tracking transportation treatment TRUST urban underutilization unequal care underrepresentation **Violence** vaccinations water quality welfare policy women wellness white workplace diversity

## **Fact Sheets**

## **Racial/Ethnic Disparities**

Racial and ethnic minorities experience higher rates of a variety of health concerns than other populations. For example:

- Life expectancy. African-American men's life expectancy is 68.2 years compared to 74.8 years for white men. African-American women's life expectancy is 74.9 years compared to 80 years for white women.<sup>4</sup>
- Overall health. In 2000, nearly 8 percent of whites were considered to be in fair or poor health compared to nearly 13 percent of Hispanics/ Latinos, nearly 14 percent of African-Americans and more than 17 percent of Native Americans.<sup>1</sup>
- Infant mortality rates. Infant death rates among African-Americans are more than double that of whites. Infant death rates among American Indians and Alaska Natives are almost double that of whites.<sup>5</sup>
- Cancer. The death rate for all cancers is 30 percent higher for African-Americans than for whites. African-American women have a higher death rate from breast cancer than white women and Vietnamese American women have a cervical cancer rate that is nearly five times the rate for white women.<sup>5</sup>
- HIV/AIDS. The death rate from HIV/AIDS for African-Americans is more than seven times that for whites.<sup>5</sup>
- Violence. African-Americans' rate of homicide is six times that for whites.<sup>5</sup> Alaska Native women, ages 20 to 44, are 16 times more likely than white women to be hospitalized for assault injuries.<sup>6</sup> American Indians have disproportionately high death rates from unintentional injuries.<sup>5</sup>
- **Diabetes.** Hispanics are nearly twice as likely to die from diabetes as whites.<sup>5</sup> American Indians and Alaska Natives have diabetes rate that is more than twice that for whites.<sup>5</sup>

## Some potential reasons for ethnic and/or racial health disparities

- Unequal treatment. Research has show that even when racial/ethnic minorities are insured at levels comparable to whites, they tend to receive a lower quality of health care for the same health conditions.¹
- Poverty. In 2001, more than half of Hispanics/ Latinos, African-Americans, and Native Americans were considered poor or near poor.¹ Low-income patients are more likely to experience difficulties or delays accessing health care due to financial or insurance reasons.¹0

- Insurance. In 2002, 20.2 percent of African-Americans and 32.4 percent of Hispanics/Latinos were uninsured compared to 11.7 percent of whites. In addition, minorities who have insurance are almost three times as likely as whites to be covered by publicly funded programs such as Medicaid and some health care providers refuse or restrict the number of Medicaid patients they will see. I
- Stereotyping. Research has shown that doctors rated African-Americans patients as less intelligent, less educated, more likely to abuse drugs and alcohol and more likely to fail to comply with medical advice.¹
- Communication barriers. Minorities are underrepresented in the health care industry. <sup>1</sup> Thirtythree percent of Hispanics report having difficulty communicating with their doctors compared to 23 percent of African-Americans, 27 percent of Asian Americans and 16 percent of whites.<sup>9</sup>
- Frequency of care. Almost half of all Hispanics do not have a regular doctor compared to nearly a third of all African-American and only a fifth of whites. African-Americans and Hispanics are less likely than whites to make routine office or outpatient visits to health care providers.
- Access to care. African-Americans are nearly one and a half times more likely to be denied authorization through their managed care system for care after an emergency room visit than whites.¹ Almost 30 percent of African-Americans and Hispanics report having little or no choice in where to seek care compared to 16 percent of whites.¹
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