



Eliminating Health Disparities

Support Programs to Close the Gap

The health status of racial and ethnic minority populations lags far behind non-minority populations. Racial and ethnic minority populations in the United States currently suffer substantially and disproportionately from adverse health conditions and inadequate access to health care services. Many of these health disparities have persisted for years despite major advances in public health, biotechnology, and economic wealth and prosperity and the overall improvement in the health status of the American population over the last century.

What is needed:

- **Increase funding for the Office of Minority Health (OMH) at the Department of Health and Human Services (HHS).** The President's fiscal year 2006 budget proposes a \$3 million cut from last year's funding levels. OMH plays a critical role in supporting disease prevention, health promotion, service demonstration, and educational efforts that focus on health concerns that cause the high rate of disease in racial and ethnic minority communities.
- **Support important authorizing legislation to address health disparities.** APHA will be working with Senate Majority Leader Bill Frist (R-TN), Senator Edward Kennedy (D-MA), Congressman Mike Honda (D-CA) and others to introduce bipartisan, comprehensive health disparities legislation.
- **Increase funding for the CDC's Racial and Ethnic Approaches to Community Health 2010 (REACH 2010) program.** This program helps racial and ethnic minority communities support effective and sustainable programs that contribute to the elimination of health disparities in six target health areas: diabetes, infant mortality, breast and cervical cancer screening and management, cardiovascular disease, HIV infection and AIDS, and child and adult immunizations. CDC funds 35 communities (including four elderly projects). Additionally, five American Indian and Alaska Native communities are funded through capacity-building grants. With additional funding, CDC can expand this successful program to additional communities.

Why it is important:

- Disparities in health are a considerable cost to society. Premature deaths can have devastating social and economic effects on families. Disparities in disease, disability, and death for six key health conditions (cardiovascular disease, diabetes, breast/cervical cancer, HIV/AIDS, immunization, and infant mortality) alone are enormous: death rates for racial and ethnic minority populations due to these key conditions are up to nearly 8 times the rates for non-minority populations.
- When people of color have disproportionately high cost health care problems, we all share those costs as a part of our insurance premiums and our other health care costs.
- Even though the nation's infant mortality rate is down, the infant death rate among African Americans is still more than double that of whites. Heart disease death rates are more than 40 percent higher for African Americans than for whites. The death rate for all cancers is 30 percent higher for African Americans than for whites; for prostate cancer, it is more than double that for whites. The death rate from HIV/AIDS for African Americans is more than seven times that for whites; the rate of homicide is six times that for whites.
- Hispanics living in the United States are almost twice as likely to die from diabetes than non-Hispanic whites. Hispanics also have higher rates of high blood pressure and obesity than non-Hispanic whites.
- American Indians and Alaska Natives have an infant death rate almost double that for whites. The rate of diabetes for this population group is more than twice that for whites. The Pima of Arizona have one of the highest rates of diabetes in the world. American Indians and Alaska Natives also have disproportionately high death rates from unintentional injuries and suicide.