



## **EQUAL HEALTH:** Monthly Informer

**APRIL 2007**

# **APRIL IS NATIONAL MINORITY HEALTH MONTH**

Racial and ethnic disparities threaten the Nation's health. An estimated 83,570 excess deaths each year could be prevented between specific populations if the mortality gap could be eliminated.

**Uniformed Services University of the Health Sciences  
Center for Health Disparities Research and Education**  
*Community Outreach and Information Dissemination Core*

Centers of EXcellence in Partnerships for Community Outreach, Research on Health Disparities, and Training program (Project EXPORT)

## Health Disparities: An Urgent Public Health Problem

### Why Observe National Minority Health Month?



April is being observed as National Minority Health Month across the nation. This nationally-recognized campaign seeks to raise awareness about racial and ethnic health disparities and

to implement initiatives to reduce disparities faced by communities of color and the rural and urban poor. Today, we face a similar urgency to eliminate health disparities as was experienced in 1914 when Dr. Booker T. Washington, founder and president of Tuskegee Institute (now Tuskegee University), launched a national public health education campaign in Tuskegee Institute, Alabama. The campaign, National Health Improvement Week, which later became National Negro Health Week and the National Negro Health Week Movement, addressed the health of blacks in America and the excess deaths among them. Community members, government at all levels, and citizens who were both black and white started a movement in the south and across the nation to reduce health disparities.

This movement continues today as government supports efforts to address this national health problem.

## **What are the Goals of National Minority Health Month?**

The goals of the month is to raise awareness and implement initiatives to reduce health disparities among all vulnerable populations, including but not limited to, Blacks and African-Americans, Hispanics, Asians, Native Americans, Pacific Islanders, Alaskan Natives and Native Hawaiians. This nationally, and annually, recognized month is intended to serve as the impetus to raise awareness about health disparities throughout the year.

## **What are Health Disparities? What are Healthcare Disparities?**

Health Disparities are defined as differences between two or more population groups in health outcomes and in the prevalence, incidence, or burden of disease, disability, injury, or death. Disparities in health care are defined as differences between two or more population groups in health care access, coverage, and quality of care, including differences in preventive, diagnostic, and treatment services.

Studies document that racial and ethnic minorities and the poor receive lower quality health care and diagnostic services in areas such as maternal and child

health, mental health, cancer, heart disease, asthma care, end of life care, and pain management.

## **Causes of Health Disparities and Healthcare Disparities**

There are many causes of health disparities and healthcare disparities. In 2002, the Institute of Medicine's report entitled, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare," found that they are often the result of doctor-patient communication barriers; lack of trust; limited cultural competence of health care providers; lack of minority health professionals; patients' healthcare beliefs and behavior; stereotypical thinking and biased decision-making by providers; low literacy and limited English proficiency; and lack of access to high-quality hospitals and other facilities.

Evidence of the disparate health status of racial and ethnic minority populations and the poor in America are further documented in the form of shorter life expectancies, higher rates of cancer, birth defects, infant mortality, asthma, diabetes, cardiovascular disease, and stroke. Other areas in which racial and ethnic minorities and the medically underserved suffer a disproportionate burden of morbidity and mortality include: HIV Infection/AIDS, autoimmune diseases such as lupus and scleroderma, oral health, sexually transmitted diseases, mental health disorders, drug use associated mortality, and viral borne diseases such as hepatitis C.

## Examples of Important Disparities

The Department of Health and Human Services has selected six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes. These six health areas were selected for emphasis because they reflect areas of disparity that are known to affect multiple racial and ethnic minority groups at all life stages:

### 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.

### Cancer Screening and Management



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

## 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 Hispanics 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 reported in the first half of that year.

## 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.

## 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.

## What You Can do to Reduce Your Risk of Healthcare Disparities

- Make a promise this month, and throughout the year, that you will talk and partner with your healthcare provider about how you can reduce your risk of healthcare disparities. Take charge of your health; you have the power!
- Browse our website and learn as much as you can about health disparities  
<http://www.usuchd.org/HDOutreach>
- Encourage your faith-community, fraternity, sorority, and other organizations you belong to make eliminating healthcare disparities a priority for its members and the community it serves
- Participate in clinical trials to enhance scientific understanding of disparities among minority populations

- Attend community health fairs and other activities aimed at increasing knowledge and awareness about health disparities. Get screened. Prevention is cure!
- Get involved with individuals and organizations representing government agencies, universities, civic and community groups, voluntary and professional organizations, and private businesses who want to work together to end health and healthcare disparities
- Spread the word and tell family and friends to join the movement to end healthcare disparities

## Resources

There are various websites that provide helpful and informative information on specific diseases. Here is a sample.

- <http://www.cdc.gov/>
- <http://www.omhrc.gov/>
- <http://www.americanheart.org>
- <http://www.diabetes.org/home.jsp>
- <http://www.komen.org/>
- <http://www.kidney.org>
- <http://www.pcacoalition.org>
- <http://www.ovarian.org>
- <http://www.unaids.org/en/default.asp>

## The Health *Promise*

Promise to talk to and partner with your healthcare provider during National Minority Health Month (as well as throughout the year) about how you can improve your quality of care and reduce your risks of healthcare disparities. Recite and honor the *Promise* to prevent and overcome healthcare disparities.

**H**onor my health by joining in the fight to eliminate racial and ethnic health disparities.

**E**mpower and encourage myself and others about healthcare disparities and their role in eliminating them.

**A**sk questions and adhere to health providers' advice and recommendations.

**L**ive life longer by knowing my numbers (BP, Cholesterol, HgA1C, BMI).

**T**ake charge of my health by throwing out unhealthy habits.

**H**aving a healthy and happy life is to live without health disparities.

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# Notes

## Mission of the Center

The Uniformed Services University Center for Health Disparities Research and Education (USUCHD) aims to promote health-related change and ultimately reduce health disparities among racial and ethnic minorities through research, education, training, and community outreach and information dissemination.

## Community Outreach and Information Dissemination Core

The core's general objective is to actively involve community partners in research, training opportunities, and educational offerings to maximize the understanding and reduction of health disparities in minority populations. This broad objective is achieved through multiple activities, including the extraction, synthesis and compilation of relevant materials and information from the other primary EXPORT Center Components. The activities respond to specific operational objectives established each year in response to the accumulated experience of the community outreach team, the health concerns and needs of our community partners and the Community Based Organization with whom we work collaboratively to reduce health disparities among racial and ethnic minorities.

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