

Kentucky Public Health Association, Inc.
Dudley J. Conner
Executive Director
P. O. Box 1091
Frankfort, Kentucky 40602-1091

Telephone 502-875-2255 Fax 502-226-5155 E-Mail: kpha@fewpb.net www.kpha-ky.org
--

KPHA POLICY POSITION PAPER 2008
HEALTH DISPARITIES

Kentucky Public Health Association (KPHA) supports initiatives to reduce racial health disparities. KPHA supports increased awareness of the disproportionate burden of disease, disability and death and supports strategies targeted to improving the health status of minority populations in Kentucky.

Elimination of health disparities is a major goal of the national preventive initiative, Healthy People 2010. Huge racial/ethnic disparities exist in the U.S. in terms of disease rates and disease outcomes.

- African Americans are 29 percent more likely to die from heart disease.
- African American women are 2 times more likely to die from cervical cancer than Caucasian women; and,
- African American men are 2.5 times more likely to die from prostate cancer than Caucasian men.
- African Americans who die from HIV experience more than 10 times as many age-adjusted years of potential life lost before age 75 years per 100,000 population as compared to Caucasians.
- Minorities have higher rates of type 2 diabetes than Caucasians
 - Hispanic/Latinos 1.9 x more likely
 - African Americans 2.0 x more likely
 - American Indians & Alaska Natives 2.6 x more likely
- African Americans and American Indians have higher rates of diabetes-related complications such as kidney disease and amputations.
- African American have 2.4 times the infant mortality rate of non-Hispanic whites (Matthews et al., 2006).

Disparities are also seen in percentages of 1) non-elderly without health insurance (34% of Latinos vs. 21% of African Americans vs. 13% of Caucasians), 2) adults aged ≥ 65 years vaccinated against influenza (57% of Latinos vs. 48% versus African Americans vs. 69% of Caucasians), and 3) women receiving prenatal care in the first trimester (82% of Latinos vs. 75% of African Americans vs. 89% of Caucasians).

According to the Centers for Disease Control and Prevention, rapidly changing U.S. demographics illuminate disparities that, if not addressed, will have an even greater strain on the health care system. KPHA supports :

- 1) Increase awareness of the disproportionate burden of disease, injury, disability and death for racial/ethnic minorities, and
- 2) Evidence-based public health initiatives specifically developed to improve the health status of minorities.

Sources:

Centers for Disease Control and Prevention. (2005). *MMWR weekly: Health Disparities Experienced by Black or African Americans: United States*. available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5401a1.htm>

HHS News. (April 24, 2003). Available at: <http://www.nih.gov/news/pr/apr2003/nci-24.htm>

Mathews TJ, MacDorman MF. (2006). Infant mortality statistics from the 2003 period linked birth/infant death data set. *Natl Vital Stat Rep*, 54(15).

Office of Minority and Women's Health, HRSA, NIH: available at: <http://www.cdc.gov/ncidod/omwh/links.htm>

U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2004," *Current Population Reports* (Washington: U.S. Government Printing Office, August 2005), available online at <http://www.census.gov/prod/2005pubs/p60-229.pdf>

U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2010*. available online at: <http://www.health.gov/healthypeople/>