

It's Not Just Black and White:

Health Disparities in Other Racial and Ethnic Groups

Although there have been substantial improvements in the health of U.S. citizens over the past century, the health status and outcomes of minority groups continue to lag behind those of whites. These persistent differences, generally referred to as “disparities in health” or “health disparities,” can occur due to a mixture of factors. These factors encompass income, education, insurance status, and other issues that influence health status and health care access and quality.

In an increasingly diverse U.S. population, persistent health disparities will have a significant effect on the country's overall health status. In 2000, minority groups made up approximately 34 percent of the population (Mead et al. 2008). This figure is projected to rise to 50 percent by 2050, with Hispanics representing the fastest-growing group. Unless disparities are addressed, an increase in individuals at risk for disease, shorter life expectancies, or poorer quality of life and health care as the proportion of minority populations continue to grow is likely.

Though discussions of race often center on the experiences of African Americans, other racial and ethnic groups, such as Hispanics, Asian Americans, and American Indians, have also experienced systematic racism and disparities in health status and health outcomes. This Issue Focus will highlight disparities and health concerns in these populations and provide examples of ways philanthropic organizations can support efforts to improve their health status and outcomes.

HISPANICS/LATINOS

Hispanics or Latinos include individuals of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race (CDC 2009). The U.S. Census Bureau estimates there were approximately 45.5 million Hispanics living in the United States in 2007, representing 15 percent of the total U.S. population (CDC 2009). Despite sharing some common heritage features, such as language and emphasis on extended family, Hispanic cultures vary considerably by country of origin. Additionally, Hispanics are growing by over 1.5 million annually due to natural increase and continuing immigration (National Research Council 2006). A large proportion – almost half – are foreign born, with over 40 percent being undocumented. Many experience high unemployment and poverty rates upon entry into the United States due to limited education and English language proficiency.

Low rates of insurance coverage greatly affect Hispanics obtaining appropriate health care. Among undocumented immigrants (who are the least likely to be insured), uninsured rates are estimated to be between 68 to 84 percent (National Research Council 2006). In general, Hispanics are less likely than non-Hispanics to have a consistent source of primary health care or to receive preventive and ancillary care services. As a result, they are more likely to be hospitalized for complications caused by chronic health conditions. Recent immigrants are particularly at increased risk for chronic disease and injury, notably those lacking English fluency or familiarity with the U.S. health care system, as well as individuals with cultural attitudes about the use of traditional versus conventional medicine.

On a positive note, despite inequities in health care access and quality, Hispanics often have lower rates than non-Hispanics for some health conditions, including poor birth outcomes, certain cancers, and smoking-related behavior and disease (National Council of LaRaza 2009). Hispanics/Latinos also generally have lower mortality rates (such as infant mortality), though higher morbidity rates, when compared with the overall U.S. population.

Once concentrated in southwestern states, Hispanics now live throughout the country. The North Carolina Health and Wellness Trust Fund's “Eliminating Health Disparities” initiative, established in 2006, has awarded over \$9 million in grants to community-based organizations working to eliminate health disparities in low-income African-American, Latino, and American Indian communities across the state (Care to Act NC 2009). The initiative focuses on increasing awareness about health disparities within these targeted populations and on promoting long-term, statewide, equal health quality. It also encourages collaboration among community stakeholders to develop culturally appropriate outreach methods and messages to reach these groups.

To document health disparities among Hispanics in Missouri, the Missouri Foundation for Health funded the Missouri Department of Health and Senior Services to assemble data on this group's outcomes. *Minority Health Disparities in Missouri: 2009 Hispanic Data Book* follows up on a report released in 2005 and presents health indicator data for Missouri's Hispanic residents, comparing those data to both whites and African Americans in the state. Trends in indicators are also noted, illustrating where progress has been made in reducing disparities and the challenges that lie ahead.

ASIAN AMERICANS/PACIFIC ISLANDERS/NATIVE HAWAIIANS

Similar to Hispanic populations, there are many unifying traits among Asian Americans, including values favoring family, personal relationships, and tradition. This racial group includes persons from the Far East, Southeast Asia, and the Indian subcontinent. The 2007 Census Bureau population estimate indicates that there were roughly 15.2 million Asian Americans living in the United States, accounting for 5 percent of the nation's population (Office of Minority Health 2009a).

Asian Americans, as a whole, have higher educational attainment rates, median household incomes, and lower poverty rates compared with non-Hispanic Whites (The Henry J. Kaiser Family Foundation 2008). Their health status also tends to be better than that of Whites and members of other racial and ethnic groups. They still contend, however, with numerous factors that may threaten their health. Some of these factors include infrequent medical visits due to lack of health insurance, fears of deportation, or language/cultural barriers. In addition to difficulties in understanding the health care system or communicating with health care providers, some Asian Americans believe that doctors do not understand their culture and values.

Despite their overall affluence, some Asian-American subgroups exhibit problems comparable to the most disadvantaged racial and ethnic groups. In particular, Asian Americans are most at risk for health conditions such as cancer, stroke, heart disease, diabetes, hepatitis B, tuberculosis, and liver disease (Office of Minority Health 2009a). However, limitations in data, as well as the reporting of available data, on all Asian Americans taken together make it difficult to adequately track the variations in access to care, coverage status, and other health outcomes within subgroups.

The "Health Through Action for Asian Americans, Native Hawaiians, and Pacific Islanders" program received \$16.5 million over five years, beginning in 2008, from the W. K. Kellogg Foundation. The goal of this program is to improve the health status and outcomes of vulnerable Asian-American and Pacific Islander families by strengthening community capacity and capitalizing on local assets to meet health needs. The Asian and Pacific Islander American Health Forum will inform public policy that supports safe, healthy, and socially just communities for all Asian Americans, Native Hawaiians, and Pacific Islanders through partnerships, leadership development, data analysis, and strategic communications (GIH 2008).

AMERICAN INDIANS (NATIVE AMERICANS)/ALASKA NATIVES

American Indians/Alaska Natives (AIs/ANs) include any people originally from North, South, and Central America who maintain tribal affiliations or community attachments (Office of Minority Health 2009b). In 2008 there were an estimated 4.9

million Americans with this identity, whether alone or in combination with one or more other races. AIs/ANs comprise 1.6 percent of the total U.S. population, with nearly 2 million living on reservations or other trust lands and close to 3 million living in metropolitan areas. There are currently 562 federally recognized AI/AN tribes, more than 100 state-recognized tribes, and numerous tribes that are neither state nor federally recognized (Office of Minority Health 2009b).

Federally recognized tribes can receive health and educational assistance through the Department of Health and Human Services' Indian Health Service (IHS). IHS operates a comprehensive health service delivery system offering primary care (medical, dental, and vision), ancillary services (laboratory and pharmacy), and specialty care to nearly 2 million AIs/ANs (Office of Minority Health 2009b). A Government Accountability Office report (2005), however, concluded that health care services are not always comprehensive or accessible to American Indians through IHS.

In addition to deficits in IHS service quality and availability, AIs/ANs frequently contend with other issues that prevent their receipt of quality medical care. These issues range from low social status, to cultural barriers, to geographic isolation. Leading health conditions and causes of death among AIs/ANs include heart disease, cancer, unintentional injuries (accidents), and diabetes. There is also a high prevalence and increased risk for mental health difficulties and suicide, obesity, substance abuse, liver disease, and hepatitis.

In 2008 the Medtronic Foundation provided funding for the Minnesota Medical Foundation's Center of American Indian and Minority Health (CAIMH) initiative. CAIMH aims to raise the health status of American Indian populations by educating American Indian students in field of health care and Indian health, promoting their attainment of medical degrees and return to their communities to practice. Additionally, the CAIMH-supported Indian Health Pathway initiative supports American Indian prehealth professions and medical school students throughout all stages of their education. The initiative starts in K-12 level and continues through medical school and fellowship programs (University of Minnesota 2009).

CHALLENGES AND FUTURE CONSIDERATIONS

Generally, overall disparities in health status and health care among racial and ethnic minority groups have been well documented over time. However, a need remains for effective solutions to reduce disparities and achieve equitable health and well-being outcomes for all populations. Funders should recognize the varied opportunities available through which they can support disparities-reduction efforts for "less-spotlighted" minority groups. Future progress will require an integrated, multisectoral approach to accomplish significant, sustained change, and funders are uniquely positioned to lend support and influence toward ongoing efforts.

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