



# CDC Health Disparities and Inequalities Report—U.S. 2013

Some key factors that affect health and lead to health disparities in the United States

## What are Health Disparities and Inequalities?

Health disparities and inequalities are gaps in health or health determinants between segments of the population. For example, differences in disease rates, receipt of preventive vaccinations, or risky behaviors are all examples of disparities. Health inequities are avoidable, unfair differences in health status seen within and between populations. According to the World Health Organization, the social determinants of health -- the conditions in which persons are born, grow, live, work, and age -- are mostly responsible for health inequities.

## What is the Purpose of This Report?

Identification and awareness of differences among populations regarding health determinants and health outcomes are essential first steps toward reducing health disparities. The findings in this supplement can be used by practitioners in public health, academia and clinical medicine, the media, the general public, policymakers, program managers, and researchers to address disparities and help all persons in the United States live longer, healthier, and more productive lives.

## What is in the Report?

This report was prepared by scientists from across the agency and covers 29 individual topics. Most of the analyses examined health determinants and outcomes relative to race and ethnicity, sex, age, household income, educational attainment, and geographic location; some examined additional factors. Although the report documents some improvements in population health and some decreases in disparities, it also shows that many disparities persist in health outcomes, access to health care, health behaviors, and exposure to environmental health hazards.

## What Can be Done About Health Disparities?

Achieving health equity, eliminating health disparities, and improving the health of all Americans are overarching goals to improve and protect the nation's health. The future health of the nation will be determined, to a large extent, by how effectively federal, state, and local agencies and private organizations work with communities to eliminate health disparities among those populations experiencing a disproportionate burden of disease, disability, and death. CDC and its partners can use the information in this report to stimulate action to address the many health disparities that exist in the United States. The multiple, complex causes of health disparities can be fully addressed only with the involvement of many persons and organizations in fields that influence health such as housing, transportation, education and business.

Read the full MMWR Supplement at <http://go.usa.gov/Wp5C>

For more information, please visit <http://www.cdc.gov/disparitiesanalytics/>

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## Resources

**The Community Guide**  
[www.thecommunityguide.org](http://www.thecommunityguide.org)

**CDC's Office of Minority Health and Health Equity**

<http://www.cdc.gov/minorityhealth/CHDIReport.html>

<http://www.cdc.gov/minorityhealth/index.html>

**CDC Feature: National Prevention Strategy**

<http://www.cdc.gov/Features/PreventionStrategy/>

**CDC Feature: CDC Awards Community Transformation Grants**

<http://www.cdc.gov/features/communitygrants/>

## CDC Initiatives to Reduce and Prevent Health Disparities

CDC is conducting many activities that support reducing health disparities and promoting health equity. For example:

- CDC provides technical support to the independent Community Preventive Services Task Force, which makes recommendations based on systematic reviews of published studies on many important public health topics.
- CDC's Office of Minority Health and Health Equity advances policy, scientific, and programmatic efforts to eliminate health disparities affecting populations at social, economic, or environmental disadvantage and achieve health equity in the U.S. population.
- CDC provides scientific and technical support to the National Prevention Council, and supports the implementation of the National Prevention Council Action plan, together with 20 federal departments including Agriculture, Housing and Urban Development, Defense, Education and Transportation. The National Prevention Council developed the National Prevention Strategy (NPS) to realize the benefits of prevention for all persons in the United States.
- CDC also works to reinforce cross-sector collaborations that can advance CDC programs, priorities, and initiatives. CDC's Community Transformation Grant (CTG) program seeks to improve health and wellness by implementing strategies included in NPS. CTG communities are engaging partners from multiple sectors, such as education, transportation, housing, and business, to create healthier communities where persons work, live, learn, and play.

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## Data Highlights from the 2013 Report

The following highlights some of the key findings on mortality and morbidity in the report. The full report is available at <http://go.usa.gov/Wp5C>.

### Mortality

- The rates of premature death (death before age 75 years) from **stroke and coronary heart disease** were higher among non-Hispanic blacks than among whites.
- Rates for **drug-induced deaths** were highest among American Indian/Alaska Natives and non-Hispanic whites.
- The **infant mortality** rate for non-Hispanic black women was more than double that for non-Hispanic white women in both 2005 and 2008.
- In 2009, **homicide** rates were 263% higher among males than females and 665% higher among non-Hispanic blacks compared with non-Hispanic whites. Homicide rates for American Indian/Alaska Natives and Hispanics also far exceeded those of non-Hispanic whites.
- The **motor vehicle-related death** rate for men is approximately 2.5 times that for women. The motor vehicle-related death rate for American Indian/Alaska Natives is 2-5 times those for other races/ethnicities.
- **Suicide** rates were higher for non-Hispanic whites and American Indian/Alaska Natives compared with non-Hispanic blacks, Asian/Pacific Islanders, and persons of Hispanic ethnicity.

### Morbidity

- Among persons with **asthma**, attacks were reported more frequently for children than adults, adults with incomes <250% the federal poverty level than adults with incomes >450% the federal poverty level, and those living in the South and West than the Northeast and Midwest.
- Approximately half of persons aged >30 years had some form of **periodontitis** during 2009-2010. Prevalence was highest among older adults, non-Hispanic blacks and Mexican Americans, those with lower household income, those with less than a high school education, and current smokers.
- **Tuberculosis** case rates declined among all racial/ethnic minority groups and among both U.S.- and foreign-born persons from 2006 to 2010. However, rates remained higher among racial/ethnic minority groups than among whites in 2010.

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## Data Highlights from the 2013 Report (cont.)

The following key findings on morbidity are continued from the previous page. The full report is available at <http://go.usa.gov/Wp5C>.

### Morbidity (cont.)

- During 1999-2002 and 2007-2010, the prevalence of **obesity** increased significantly among boys and men but did not increase significantly among girls and women. Substantial disparities persisted in the prevalence of obesity by race/ ethnicity, sex, and education.
- Women, minority racial/ethnic groups (except Asian/ Pacific Islanders), the less educated, those who spoke a language besides English at home, and those with a disability were more likely to report fair or poor **self-rated health**, more **physically unhealthy** days, and more **mentally unhealthy** days than others.
- During 1999-2008, both life expectancy and expected **years of life free of activity limitations caused by chronic conditions** were significantly greater for females than for males and for whites than for blacks.
- **Preventable hospitalization** rates were higher for residents of lower income neighborhoods compared with higher income neighborhoods and were higher for non-Hispanic blacks and Hispanics compared with non-Hispanic whites during 2001-2009.
- Non-Asian racial/ethnic minorities continue to experience higher rates of **human immunodeficiency virus (HIV)** diagnoses than whites. Compared with whites, a lower percentage of blacks diagnosed with HIV were prescribed antiretroviral therapy and a lower percentage of both blacks and Hispanics had suppressed viral loads.
- During 2006-2010, the **preterm birth** rate for black infants declined 8% to the lowest level ever reported (17.1%). Despite the decline, the 2010 preterm rate for black infants was approximately 60% higher than that for white (10.8%) and Asian/Pacific Islander (10. 7%) infants.
- Rates of **blood pressure control** among adults with hypertension were lowest among Mexican-Americans, persons without health insurance, those who were never married, and those born outside the United States.
- **Diabetes** prevalence was highest among males, persons aged  $\geq 65$  years, non-Hispanic blacks and those of mixed race, Hispanics, persons with less than high school education, those who were poor, and those with a disability.

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## Data Highlights from the 2013 Report (cont.)

The following highlights some of the key findings on use of health care and behavioral risk factors from the report. The full report is available at <http://go.usa.gov/Wp5C>.

### Health Care Access and Preventive Health Services

- During 2010, 64.5% of the U.S. population aged 50-75 years met the U.S. Preventive Services Task Force's criteria for up-to-date **colorectal cancer screening**. Screening increased with increasing age, education level, and household income. Screening varied by insurance status and race/ethnicity.
- During 2010, approximately two of five Hispanic adults and one of four non-Hispanic black adults were classified as **uninsured**. In 2010, the uninsured rate for adults aged 18–34 years was approximately double the uninsured rate for adults aged 45–64 years.
- **Influenza vaccination** coverage for children increased from the 2009-10 to the 2010-11 season. Among adults aged  $\geq 65$  years, coverage increased among Hispanics but decreased among non-Hispanic whites.

### Behavioral Risk Factors

- **Binge drinking** is more common among persons aged 18-34 years, men, non-Hispanic whites, and persons with higher household incomes. Binge drinkers aged  $\geq 65$  years report the highest binge drinking frequency, and those 18-24 years and American Indian/Alaska Natives report the highest binge drinking intensity.
- Despite an 18% decrease in **adolescent birth rates** during 2007-2010, rates for non-Hispanic black and Hispanic teenagers remain approximately double those for non-Hispanic whites and Asian/Pacific Islanders.
- Although some progress has been made in reducing **cigarette smoking** among certain racial/ethnic groups in recent years, little progress has been made in reducing cigarette smoking among persons of low socioeconomic status.

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## Data Highlights from the 2013 Report (cont.)

The following highlights some of the key findings on environmental hazards and social determinants of health from the report. The full report is available at <http://go.usa.gov/Wp5C>.

### Environmental Hazards

- Minorities, foreign-born persons, and persons who speak Spanish or another non-English language at home were more likely to be **living near major highways** in 2010, suggesting increased exposure to traffic-related air pollution and elevated risk for adverse health outcomes.
- The likelihood of working in a **high risk occupation** -- an occupation with an elevated injury and illness rate -- is greatest for those who are Hispanic, are low wage earners, were born outside of the United States, have no education beyond high school, or are male.
- **Work-related death** rates are highest for those who are Hispanic, are born outside of the United States, or are male. Work-related homicide rates were highest for non-Hispanic black and those in the American Indian/Alaska Native/Asian/Pacific Islander category.

### Social Determinants of Health

- The prevalence of **unemployment** was much higher among blacks, Hispanics, and American Indian/Alaska Natives than among whites in 2006 and 2010. In 2010, unemployed adults were much less likely than employed adults to report their health as excellent or very good.
- The highest percentage of adults **not completing high school** were Hispanic, persons at <1.9% of the federal poverty level, those with a disability, or foreign born. The highest percentage of adults **living below the federal poverty level** were non-Hispanic black or Hispanic, those with less than a high school education, those with a disability, or foreign born.
- Persons living in rural census tracts, or living in areas with a higher percentage of senior citizens, or with a higher percentage of non-Hispanic whites, more often lacked at least one **healthier food retailer nearby** (within ½-mile of the tract boundary) compared with persons living in other census tracts.

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