

# Improving the Health of Low-Income and Minority Communities

## WHY ARE HEALTH DISPARITIES A THREAT TO OUR NATION'S HEALTH?

### Lower-Income and Minority Communities Systematically Have Less Access to Health Care, Higher Exposure to Health Threats, and Worse Health Outcomes:

- Obesity correlates strongly with economics: 35.3 percent of adults earning less than \$15,000 per year were obese compared with 24.5 percent of adults earning \$50,000 or more per year.<sup>1</sup>
- Approximately 31.5 percent of adults who live below the poverty level smoke, compared to 19.6 percent who live at or above poverty level.<sup>2</sup>
- Among African-Americans, 48 percent of adults suffer from chronic disease, compared with 39 percent of the general population.<sup>3</sup>
- In 2006, African-American men were 30 percent more likely to die from heart disease, as compared to non-Hispanic white men, and death rates from stroke were 60 percent higher.<sup>4</sup>
- African-American males are 2.4 times more likely to die of prostate cancer than non-Hispanic White men.<sup>5</sup>
- Cervical cancer incidence rates were 11.6 for Hispanics compared with 7.7 for Whites per 100,000 in 2006.<sup>6</sup>
- African-American, American Indian, and Puerto Rican infants have higher death rates than White infants. African-American babies are two-and-a-half times as likely to die in infancy as white infants, a statistic that has remained unchanged for the past two decades.<sup>7</sup>
- Adult obesity rates for African-Americans are at or above 30 percent in 43 states and D.C. In nine states, the rates exceed 40 percent. Meanwhile, adult obesity rates for Latinos are at or above 30 percent in 19 states.<sup>8</sup>
- White boys born in 2000 have a 26.7 percent risk of being diagnosed with diabetes in their lifetime, and White girls have a 31.2 percent risk, compared with 40.2 percent for African-

American boys, 45.4 percent for Latino boys, 49 percent for African-American girls and 52.5 percent for Latina girls.<sup>9</sup>

### Racial and Ethnic Minorities Are More Likely to Have Less Access to Care:

- Thirty-four percent of Latinos, 32 percent of American Indians and Alaska Natives, and 21 percent of African-Americans are uninsured, compared with 13 percent of Whites.<sup>10</sup>
- The percentage of obese adults who received advice from physicians about eating fewer high-fat or high-cholesterol foods was significantly lower for poor, near-poor, and middle-income adults compared with high-income adults (43.3 percent, 46.6 percent and 47.4 percent, respectively, compared with 56.8 percent).<sup>11</sup>

### People with Lower-Incomes Have Fewer Opportunities to Make Healthy Choices:

- There is limited access to nutritious, affordable foods in low-income areas. Low-income zip codes tend to have fewer and smaller grocery stores, and individuals in these areas often pay more for fresh fruits and vegetables when such foods are actually available.<sup>12</sup> The presence of supermarkets is related to lower rates of obesity, while higher rates of obesity are related to the presence of convenience stores.<sup>13</sup>
- The states with the highest rates of obesity in the nation are also the poorest. These states often have high rates of adults lacking health insurance. Obesity is a risk factor for more than 30 serious diseases. Eight of the states with the highest poverty, diabetes, and hypertension rates were also in the top 15 in the country for obesity.<sup>14</sup>
- More Latino and African-American parents report that their children face barriers to physical activity, including income, transportation problems, concerns about neighborhood safety and the cost of local activity opportunities, as compared with White parents.<sup>15</sup>

“OF ALL THE FORMS OF INEQUALITY, INJUSTICE IN HEALTH CARE IS THE MOST SHOCKING AND INHUMANE.”

-- Martin Luther King, Jr.

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PREVENTING  
EPIDEMICS.  
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## HOW CAN WE ELIMINATE HEALTH DISPARITIES?

- **Create Strategies to Improve the Health of All Americans, Regardless of Race, Ethnicity, Income, or Where They Live.** All Americans should have the opportunity to be as healthy as they can be. As a nation, we must invest in first understanding the systematic disparities that exist and the factors that contribute to these differences, including poverty, income, racism, and environmental factors like exposure to pollution and quality of housing. Resources must be devoted to implement community-driven approaches to address these factors.
- **Engage Entire Communities in Addressing Disparities.** Efforts to eliminate disparities in health must also include addressing the range of community factors that influence health, such as education, safe and affordable housing, safe streets and recreation spaces, and affordable and accessible nutritious foods. This will require taking a community-wide approach, involving federal, state, and local governments, businesses, health professionals, and community groups.
- **Partner with a Diverse Range of Community Members in Developing and Implementing Health Strategies.** Federal, state, and local governments must engage communities in efforts to address both ongoing and emergency health threats. The views, concerns, and needs of community stakeholders, such as volunteer organizations, religious organizations, and schools and universities must be taken into account when developing strategies if they are to be successful. Proven, effective programs, such as REACH (Racial and Ethnic Approaches to Community Health) should be fully-funded and expanded.
- **Communicate Effectively with Diverse Community Groups.** Federal, state and local officials must design culturally competent communication campaigns that use respected, trusted messengers and appropriate channels to reach target audiences.
- **Prioritize Community Resiliency in Health Emergency Preparedness Planning.** Federal, state, and local government officials must work with communities and make a concerted effort to address the needs of low-income and minority groups during health emergencies. Public health leaders must develop relationships with trusted organizations and stakeholders in diverse communities before a disaster strikes. Communication and community engagement must be ongoing to understand the disparate needs of various populations.
- **Promote Health Services, Including Preventive Care Services, in Underserved Communities.** Policies must address the ongoing gaps in services to low-income and underserved minority communities. Inadequate preventive care, such as disease screening and chronic disease management, nutritious foods and physical activity, and vaccine delivery, means problems are often left untreated until they become higher-cost emergency care or serious chronic care conditions.

## ENDNOTES

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