

## Minority Health in the U.S.: An Overview

Closing the Gap, The U.S. and U.K. Collaborate on Minority Health • March 1998

Racial and ethnic minorities are less likely to have health insurance and may experience a lower quality of health care. Minorities have higher rates of disability, disease, and death for a wide range of health conditions. For example, African Americans have a higher death rate than Whites for 12 of the 15 leading causes of death. Heart disease is the number one cause of death for all groups in the U.S., followed by cancer. But rates are often higher for racial and ethnic minorities.

Minority women are less likely to receive prenatal care within the first three months than Whites. The gap in infant mortality for Blacks has grown to twice that for Whites. Infant mortality continues to be a major problem for American Indians, Puerto Ricans, and Native Hawaiians.

Infant deaths and deaths due to unintentional injuries, homicide, and HIV/AIDS take our young people too soon. Diabetes and high blood pressure, major chronic diseases among adults, are a greater burden for racial and ethnic minorities, as their higher rates of amputations and kidney disease show. The increase in AIDS cases during the past five years has been greater for minorities than Whites. Now, three-fourths of AIDS cases among women and children are among minorities.

Asthma, the leading chronic disease among children, is also more common among racial and ethnic minorities. Infectious diseases such as tuberculosis and hepatitis are more common among immigrant populations. Tuberculosis has increased during the past 10 years for Asians, Pacific Islanders, and Hispanics, but has decreased for Whites. Hepatitis increased for American Indians during 1988-1994, while decreasing for the total U.S. population.

### Improvements

Since the release in 1985 of the Secretary's Task Force on Black and Minority Health, there have been some improvements. More racial and ethnic minorities are being trained as health care professionals, which improves access to culturally competent care. More racial and ethnic minorities are being screened for cervical cancer and receiving immunizations. And more minorities with diabetes or high blood pressure have been diagnosed, and are being treated for these health problems. Other examples:

- In 1996, infant mortality reached its lowest rate for the nation (7.2 deaths per 1,000 live births.) Rates for Blacks declined 6 percent (from 15.1 to 14.2), while rates for Whites declined 5 percent (from 6.3 to 6.0)—reducing the gap in infant mortality between Blacks and Whites for the first time in several years.
- High blood pressure, an important risk factor for heart disease, has dropped significantly for Black Americans and Mexican Americans.
- Life expectancy reached an all-time high of 76.1 years for the nation in 1996. Record life expectancies were reached for White and Black males (73.8 and 66.1 years, respectively), and for Black females (74.2 years). The gap in life expectancy between Blacks and Whites has narrowed from 6.9 years to 6.5 years after several years of increasing.
- Mammography rates are now similar for Whites, Blacks, and Hispanics, though survival rates are still lower for minority women who are diagnosed with breast cancer. ❖

