Issue At A Glance:

Disparities in Minority Health

April is National Minority Health Month, a time to raise awareness about the unique health challenges faced by minority communities, emphasizing the need for targeted interventions and equitable healthcare access. This issue brief explores the disparities in minority health along with a number of national efforts to address these disparities.

Introduction

April is National Minority Health Month (NMHM), a time dedicated to raising awareness about enhancing the wellbeing of racial and ethnic minority communities and diminishing health disparities. Recognized annually, the NMHM sheds light on the disproportionate burden of illness and premature death among minority groups, promoting preventive measures, such as health education and early detection, to address disease complications.[1]

In the United States, there exist significant racial disparities in healthcare access, mental health, chronic health conditions, and mortality, and these disparities remain as persistent challenges to address.[2,3] The disproportionate impact of the COVID-19 pandemic on racial and ethnic minorities brought increased attention to the health and healthcare inequities. While disparities in healthcare access and utilization contribute to health inequities, broader social and economic factors, known as the social determinants of health, also significantly contribute to these disparities.[3]

This brief explores the impact of racism on health, the Enhance Equity Initiative to advance minority health, and the Racial and Ethnic Approaches to Community Health (REACH) program.

Definitions of Key Terms[4]

Minority Health	Refers to the unique health traits and features of racial and/or ethnic minority communities, as outlined by the U.S. Office of Management and Budget (OMB).
Minority Health Populations	Populations defined as minority by the OMB are "American Indian or Alaska Native, Asian, Black or African American, and Native Hawaiian or Pacific Islander."
Health Disparities	Refer to discrepancies in the quality of healthcare and overall health that reflect variations in socioeconomic status, racial and ethnic backgrounds, and education levels.[5]
Minority Health Research	Involves the systematic examination of the unique health traits and features specific to racial and/or ethnic minority groups typically underrepresented in biomedical research.

Racism and Health Equity

Racism, defined as a system determining opportunities and values based on skin color, has been recognized as a public health threat by the U.S. Centers for Disease Control and Prevention (CDC), the American Public Health Association, and the American Medical Association.[6,7] Recognizing racism as a public health threat acknowledges the disparities in the health of minority populations as a direct result of social and political forces.[7] These health disparities underscore the need to address systemic racism as a root cause of racial and ethnic health inequities.[8]

Across the nation, racial and ethnic minority communities experience higher rates of poor health and disease across a range of health conditions, including hypertension, heart disease, diabetes, obesity and asthma, compared to their White counterparts. For example, the life expectancy among Blacks is four years lower than that of White Americans.[8] Additionally, only 3.6% of Asian American adults received prescription medication for mental health services compared to 15.4% of White Americans.[9]

The 2020 U.S. Census report forecasts a demographic shift in 2050, projecting significant aging and increased racial and ethnic diversity, with people of color accounting for over half (52%) of the population. The population of individuals identifying with more than one race is projected to be the fastest-growing group, followed by Asian Americans and Hispanic/Latino Americans. This increasing diversity will have effects on various aspects of society, including in the healthcare setting.[10]

Like the general population, nurses, physicians, and therapists carry implicit racial biases, though these biases are especially harmful because they can reduce the quality of care provided to racial and ethnic minorities. Experiencing racial bias from healthcare providers can lead patients to mistrust their providers and discontinue necessary care.[7] To build a healthier nation, it is essential to address the systems and policies responsible for the intergenerational injustice that has led to disparities in health based on race and ethnicity.[6]

Enhance Equity Initiative

Started by the Food and Drug Administration's Office of Minority Health and Health Equity (OMHHE), the Enhance Equity Initiative aims to promote and protect the health of racial and ethnic minorities and tribal populations through research and communication that addresses health disparities.[11] The various funding opportunities through the Initiative enables the OMHHE to advance minority health and health equity focused regulatory science research by engaging across a broad range of stakeholders, including minority-serving institutions, academia, government agencies, and non-profit organizations.[12]

The Racial and Ethnic Approaches to Community Health (REACH) Program

Building safe communities can create easy and safe options for physical activity to help every American be more active where they live, work, learn, and play. The Racial and Ethnic Approaches to Community Health (REACH) program is a CDC program that focuses on reducing chronic disease for specific racial and ethnic groups in tribal, rural, and urban communities with high disease burden across the U.S. Since 1999, REACH has proven that community-based and culturally tailored efforts can be effective in closing health gaps.[13,14] In the REACH 2023-2028 program, 50 organizations received funding from the CDC to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations.[15] These 50 organizations will put into action evidence-based strategies for seven areas of health, including tobacco prevention and control policies, continuity of care in breastfeeding support, and safe and accessible physical activity support.

Tobacco Prevention and Control Policies

Commercial tobacco use is the leading cause of preventable disability, disease, and death in the United States. While there has been progress in reducing cigarette smoking and related diseases over recent decades, these reduction efforts have not benefitted all populations equally. Implementing evidence-based strategies can prevent youth tobacco use, aid in tobacco cessation, eliminate secondhand smoke exposure, and promote health equity by eradicating tobacco-related disparities. Addressing social determinants of health, such as targeted marketing and healthcare access, can push communities towards health equity and diminish health disparities.[16]

Continuity of Care in Breastfeeding Support

Research has shown that there are many health benefits of breastfeeding for infants, children, and mothers. Professional and federal recommendations are for infants to be exclusively breastfed for the first six months, though many families stop breastfeeding earlier than planned. Particularly, infants less likely to be breastfed include non-Hispanic Black infants and those living in lower-income households or rural areas. Continuity of care in breastfeeding involves consistently delivering high-quality services from prenatal to the conclusion of breastfeeding, ensuring seamless transitions and full family support. It is crucial to eliminate disparities and barriers in breastfeeding support to achieve health equity. When care systems align to support breastfeeding, states and communities can effectively tackle specific barriers faced by their populations.[17]

Safe and Accessible Physical Activity

Physical activity is crucial for enhancing health across all age groups and abilities, yet a significant portion of adults and high school students fall short of meeting recommended activity levels. Access to safe spaces for activities, such as parks and walkable environments, plays a pivotal role in promoting physical activity. However, many individuals from racial and ethnic minority groups and rural areas often face limited access due to historical land use, housing, and transportation policies. Designing safe and accessible communities that offer inclusive access to these safe spaces not only promotes increased physical activity, but also contributes to improved living environments and health equity.[18]

Conclusion

The increasing diversity across the U.S. poses both opportunities and challenges for healthcare providers, systems, and policymakers to offer culturally competent services. A culturally competent healthcare system can enhance health outcomes, improves quality of care, and aid in eliminating racial and ethnic health disparities.[19]

Health disparities are deeply influenced by the historical and ongoing impact of structural racism. These disparities manifest in elevated disease burdens and reduced life expectancy for racial and ethnic minority populations.[20] Implementing policy actions to address health disparities across the nation can foster equitable conditions across communities, providing racial and ethnic minorities with a fair opportunity to obtain optimal health.

References

1. https://www.nimhd.nih.gov/programs/edu-training/nmhm/
2. https://www.americanprogress.org/article/health-disparities-race-ethnicity/
3. https://www.kff.org/racial-equity-and-health-policy/report/key-data-on-health-and-health-care-by-race-and-ethnicity/
4. https://www.nimhd.nih.gov/about/strategic-plan/nih-strategic-plan-definitions-and-parameters.html
5. https://www.niaid.nih.gov/research/minority-health-disparities
6. https://www.cdc.gov/minorityhealth/racism-disparities/index.html
7. https://www.thehastingscenter.org/briefingbook/racism-and-health-equity/
8. https://www.cdc.gov/minorityhealth/racism-disparities/impact-of-racism.html
9. https://www.americanprogress.org/article/health-disparities-race-ethnicity/
10. https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/
11. https://www.fda.gov/about-fda/office-commissioner/office-minority-health-and-health-equity
12. https://www.fda.gov/consumers/enhance-equity-initiative/omhhe-enhance-equity-initiative-funding-opportunities
13. https://www.cdc.gov/healthequity/features/minority-health-month/index.html
14. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/20th-anniversary/index.html
15. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/reach-2023-2028.html
16. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/priority-tobacco-strategy.html
17. https://www.cdc.gov/breastfeeding/priority-breastfeeding-strategy.html
18. https://www.cdc.gov/physicalactivity/community-strategies/activity-friendly-routes-to-everyday-destinations.html
19. https://hpi.georgetown.edu/cultural/
20. https://www.tfah.org/story/improving-minority-health-requires-addressing-social-and-economic-disparities/

Did you know?

American Indian and Alaska Native (AIAN) and Black people have a shorter life expectancy at birth compared to White people, and AIAN, Hispanic, and Black people experienced larger declines in life expectancy than did White people between 2019-2021.[3]

LOMA LINDA UNIVERSITY HEALTH

Institute for Health Policy and Leadership

11209 Anderson Street
Loma Linda, CA 92354
Phone: 909-558-7022
Fax: 909-558-5638
www.IHPL.llu.edu

Questions?
Please contact Renée Chuang, MS, Doctoral Graduate Assistant at the Institute for Health Policy & Leadership (RChuang@llu.edu).