

Issue At A Glance:

Minority Health in the United States

Racial and ethnic minorities in the United States experience differences in health outcomes as a result of many complex, interdependent factors. As the demographic makeup of this nation changes with the collective number of racial minorities representing more than half the population, improving minority health outcomes will be crucial for the wellbeing of our nation.


Definition of Racial Minority

The United States Census Bureau defines race as “a person’s self-identification with one or more social groups.” The Bureau officially recognizes five racial categories: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander.¹ Additionally, the Bureau recognizes two categories for ethnicity: “Hispanic or Latino” and “Not Hispanic or Latino.”² Historically in the United States, minority groups are defined as racial or ethnic populations that are non-White or Hispanic/Latino, respectively.

The most current Census estimates indicate that White, non-Hispanic/Latinos make up roughly 60 percent of the US population while minority groups make up the other 40 percent.³ By 2045, minority groups collectively are projected to account for over half of the total population.⁴ Therefore, it is a pressing concern that racial and ethnic minorities in the US face a disproportionate burden of morbidity (illness) and premature mortality (death). Such differences in health outcomes among various racial and ethnic groups are known as health disparities.⁵

Timeline of Federal Offices for Minority Health

- 1990** The National Institutes of Health’s (NIH) Office of the Director establishes the Office of Minority Programs
- 1993** The US Department of Health and Human Services establishes the Office of Research and Minority Health that includes a research agenda for minority health
- 2000** The National Center on Minority Health and Health Disparities is established
- 2010** The center is re-designated as the National Institute on Minority Health and Health Disparities (NIMHD) under the Affordable Care Act

 The US Census only occurs every ten years and is used to calculate government funding and resource allocation. Be sure to complete the census today at www.2020census.gov.

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Causes of Health Disparities in Minority Communities

The disproportionate burden of illness, disability, and mortality that minority groups face is a combination of interconnected and evolving factors that include individual behavioral choices, healthcare provider interactions, and social determinants.⁶ Examples of individual factors include personal health behaviors such as diet, exercise, and smoking that influence health outcomes. Examples of provider factors include implicit bias and language barriers that affect patient-provider interactions.



Social determinants are key drivers of minority health inequity and encompass a variety of factors such as economic stability, physical environment, education, food, social context, and the healthcare system.⁷ For instance, a report from the Pew Research Center found that the median income in African American/Black and Hispanic/Latino households was roughly \$43,000 in 2014. By comparison, the median income of a White household was roughly \$71,000. Similarly, the report indicates that most minority groups have a higher risk of poverty compared to Whites.⁸ People who live in poverty are more likely to be exposed to unsafe environments such as higher levels of air pollution and violence. Additionally, they are less likely to have access to amenities such as quality housing and healthy, affordable foods. Finally, they are less likely to have health insurance which translates into lack of screening, treatment, or management of many preventable diseases. For example, American Indians/Alaska Natives have the highest uninsured rates (21.8 percent), followed by Hispanic/Latino (19 percent) and African American/Black (11.5 percent) among nonelderly individuals.⁹

How the Coronavirus Disease 2019 (COVID-19) can exacerbate health disparities

Since December 2019, the novel coronavirus disease known as COVID-19 has spread rapidly to become a pandemic. As of July 1, the Centers for Disease Control and Prevention data indicate that the infectious disease has caused more than 126,700 deaths in the United States, and early data shows that minority populations have been disproportionately affected.¹⁰ According to *The Harvard Gazette*, African American/Black individuals made up 70 percent of COVID-19 related deaths in Louisiana despite only representing one-third of the population.¹¹ Prior to the pandemic, the unemployment rate for African American/Black population was 5.8 percent, nearly double that of the unemployment rate for White Americans. Due to layoffs as a result of quarantine measures required to stop the spread of the virus, the unemployment rate for African Americans/Black individuals is predicted to have reached at least 19 percent in March and millions of people may have lost their health insurance as a result.¹² The pandemic, therefore, may exacerbate the health disparities faced by minority groups.

Results of Health Disparities in Minority Communities

The differences in health outcomes can be measured by indicators that include disease incidence, prevalence, death rates, and survival in a minority population compared to the general population. The following are examples of health disparities faced by minority populations:

- African Americans/Blacks are 1.5 times more likely than their white counterparts to die from heart disease or stroke before 75 years of age.¹³
- Infants of African American/Black women are up to 3 times more likely to die before the age of 1 compared to infants born to women of other races/ethnicities, and African American/Black communities have a maternal mortality rate that is 3 times higher than White communities.¹⁴
- Hispanics/Latinos have a 4.8 percentage point higher prevalence of cirrhosis and chronic kidney disease than their White counterparts.¹⁵
- Asian Americans represent over half of the US cases of chronic hepatitis B infections despite accounting for just 4 percent of the population.¹⁶
- The age-adjusted prevalence of diabetes for Native Hawaiian and Pacific Islander adults is 2.5 times that of their White counterparts.¹⁶
- American Indians and Alaska Natives face a 20 percent higher death rate from suicide compared to the White population.¹⁷

To learn more about health inequity statistics in minority populations for illnesses such as asthma, cancer, heart disease, HIV/AIDS, and more, visit the Minority Population Profiles on the US Department of Health and Human Services' Office of Minority website: <https://minorityhealth.hhs.gov>.

Threats to Decreasing Health Disparities

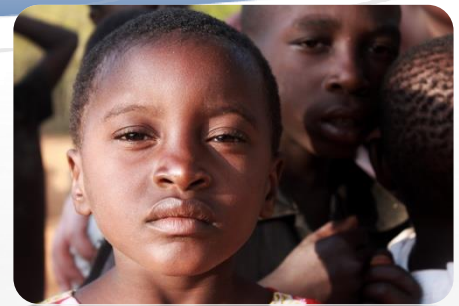
The current administration's initiatives to overturn the Affordable Care Act (ACA) pose a threat to decreasing health disparities. For instance, the ACA led to large coverage gains among all minority populations between 2010 and 2016. This trend has begun to reverse with some minority groups seeing an increase in the number of uninsured due to the following: funding for healthcare enrollment assistance and outreach has been cut, the federal requirement to obtain health insurance has been nullified, and states are adding additional restrictions for Medicaid such as work requirements that create additional barriers to healthcare coverage. Minority communities have also been affected by changes in immigration policy as they relate to government assistance programs. Moreover, changes to health care payment systems are diverting potential funding streams away from addressing health disparities through value and outcomes-based payment initiatives. Finally, cuts have been made to the Prevention and Public Health Fund for the next year.¹⁸

Addressing Minority Health Disparities

The health of minority communities is significantly impacted by the society and the environment. Therefore, key health policies that seek to address the social determinants need to be developed and implemented throughout all levels of the government. Such policies would entail cross-sector collaborations between healthcare, education, housing, transportation and the economic sector to ensure that minority and low-income communities are afforded equal opportunities to prosper. There also needs to be a push to ensure universal health coverage of all people residing in the US. Along with this coverage, there needs to be access to healthcare, which can be achieved through increasing investments in healthcare workforce training, specifically in minority populations, and ensuring job placements in community hospitals and clinics. Another crucial piece is ensuring adequate data collection and monitoring of health disparity causes and effects. None of these policies and programs, however, can be put in place without adequate funding. With the 2020 presidential election on the horizon, the future of minority health remains to be seen. We must strive to ensure that every person has an equal opportunity to attain the best health possible.

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Did you know?

Aside from race/ethnicity, there are other health disparity population characterizations such as socioeconomically disadvantaged populations, underserved rural populations, and sexual/gender minorities (including lesbian, gay, bisexual, and transgender).

The concept of intersectionality explains that some individuals and groups tend to experience disadvantages and disparities due to the interconnectedness of the social categorizations.



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