

CDC FACT SHEET

RACIAL AND ETHNIC DISPARITIES IN HEALTH STATUS

The Health Challenge:

Despite great improvements in the overall health of the nation, a disproportionate number of Americans who are members of racial and ethnic minority groups lack access to or, for a host of reasons, fail to receive adequate preventive health services. As a result, African Americans, Alaska Natives, American Indians, Asian Americans, Hispanic Americans and Pacific Islanders are more likely to have poor health and to die prematurely.

Recent Findings:

- **Cardiovascular Disease:** Heart disease is the leading cause of death for all racial and ethnic groups in the United States. In 1998, rates of death from cardiovascular disease were about 30 percent higher among African American adults than among white adults.
- **Diabetes:** The prevalence of diabetes is 70 percent higher among African Americans and nearly 100 percent higher among Hispanics than among whites. The prevalence of diabetes among American Indians and Alaska Natives is more than twice that of the total population, and the Pimas of Arizona have the highest known prevalence of diabetes in the world.
- **HIV/AIDS:** Although African Americans and Hispanics represented only 25 percent of the U.S. population in 1999, they accounted for roughly 55 percent of adult AIDS cases and 82 percent of pediatric AIDS cases.
- **Immunizations:** In 1999, Hispanics and African Americans aged 65 years and older were less likely than whites to report having received influenza and pneumococcal vaccines.
- **Infant Mortality:** African American, American Indian, and Puerto Rican infants have higher death rates than white infants. In 1998, the death rate among African American infants was 2.3 times greater than that among white infants.

CDC Response:

Healthy People 2010 - the nation's health objectives for the 21st century - has as one of its goals eliminating racial and ethnic disparities in health. Under the guidance of the Department of Health and Human Services, several agencies are working together to plan and coordinate policy initiatives.

Racial and Ethnic Approaches to Community Health (REACH) 2010 serves as a cornerstone of CDC's efforts. Launched in 1999, REACH 2010 is a demonstration project through which CDC funds community coalitions to design and implement unique community-driven strategies to eliminate health disparities at the local level. Models deemed effective from these projects will be translated and shared with communities around the country. Projects focus on six priority areas, which are consistent with those identified by the Federal Initiative to Eliminate Health Disparities. These include: cardiovascular disease, immunizations, breast and cervical cancer screening and management, diabetes, HIV/AIDS, and infant mortality.

This five-year project has two phases:

- Planning Phase (one year) - Grant recipients use local data to develop a community action plan to address one or more of the six priority areas and target one or more of the racial and ethnic minority groups.
- Implementation and Evaluation Phase (four years) - Community coalitions carry out activities outlined in the community action plans and evaluate program activities.

Funding

REACH 2010 was launched in fiscal year 1999 with \$10 million in base funding, covering 32 projects. In fiscal year 2000, Congress appropriated \$30 million to support REACH 2010. With this funding, CDC supported 38 community coalitions - 24 in the implementation phase and 14 in the planning phase. By September 2001, some 30 demonstration sites throughout the United States will be funded.

In fiscal year 2001, Congress appropriated \$35 million to continue REACH 2010 projects and add a new emphasis on projects in American Indian and Alaska Native communities. Up to seven new capacity-building projects will be funded in these communities.

Specific Initiatives

Partner Support

REACH 2010 is receiving strong support from many agencies and offices within the Department of Health and Human Services (DHHS), including the Office of the Secretary, DHHS, the Office of Minority Health. Specific partnerships, including one with a private funder, include:

- The National Institutes of Health, which contributed \$5 million to support five REACH 2010 programs in 2000 and has pledged to maintain that level of support over the next four years.
- The Administration on Aging, which through an interagency agreement, is enabling CDC to provide \$4 million over four years to establish and

implement three projects addressing health disparities in elderly populations.

- The California Endowment Foundation, which provided \$9.6 million through the CDC Foundation to implement and evaluate activities over the next four years in three California coalitions identified through CDC's REACH 2010 competitive process.

Examples of Community Projects

- *Cambodian Community Health 2010*, in Lowell, MA., is targeting cardiovascular disease and diabetes among Cambodian refugees.
- *Reach Out* in Chicago is a collaboration that draws on leadership within African American and Hispanic/Latino churches to mobilize women to seek breast and cervical cancer screening.
- *Nashville Reach 2010 Coalition* is focused on better understanding why cardiovascular disease and diabetes death rates are 78 percent to 134 percent higher among North Nashville's African American women than among Nashville's majority population and in strategically reducing the gap.

Evaluation

Working with its grant recipients and partners, CDC has developed an evaluation model to guide the collection of national data. CDC also has selected the University of South Carolina to develop evaluation guidance for REACH 2010 and other projects aimed at eliminating health disparities. To collect and analyze process and outcome evaluation measures, CDC has two evaluation contractors that assist the communities in warehousing and documenting evaluation findings from their projects, and conduct community-wide assessments in communities served by REACH 2010 projects.

Looking Forward

Because racial and ethnic minority groups are expected to comprise an increasingly larger proportion of the U.S. population in coming years, the future health of America will be greatly influenced by our success in improving the health of these groups. Eliminating health disparities will require a national effort encompassing the public and private sectors, individuals and communities. A better understanding of the relationship between health status and different racial and ethnic minority backgrounds will enable communities to identify effective and culturally appropriate implementation strategies.

CDC will continue to spearhead the country's efforts to eliminate racial and ethnic disparities in health by disseminating findings and carrying out the lessons learned from the REACH 2010 projects in communities across the country.

CDC & HHS Web Sites:

- CDC REACH 2010 Program Office

<http://www.cdc.gov/reach2010/>

- The Office of Minority Health Resource Center
<http://www.omhrc.gov>
- HHS Initiative to eliminate racial and ethnic disparities in health
<http://www.raceandhealth.hhs.gov/>

Partner Web Resources:

- Bureau of Primary Healthcare, Health Resources and Service Administration
The Models that Work Campaign
<http://www.bphc.hrsa.dhhs.gov/mtw/default.htm>
- The CENTERED Project
A joint evaluation project of CDC, the South Carolina Department Health & Environmental Control and the University of South Carolina School of Public Health Prevention Research Center
<http://www.geocities.com/sip25pr/>

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