



Fact Sheet

Sept. 24, 2002

Contact: HHS Press Office
(202) 690-6343

PROTECTING THE HEALTH OF MINORITY COMMUNITIES

Overview: *Life expectancy and overall health have improved in recent years for a large number of Americans, due to an increased focus on preventive medicine and dynamic new advances in medical technology. However, not all Americans are benefiting equally. There are continuing disparities in the burden of illness and death experienced by African Americans, Hispanic Americans, Asian Americans/Pacific Islanders, and American Indians/Alaska Natives, as compared to the U.S. population as a whole.*

On July 10, 2002, HHS' Office of Minority Health convened the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health to continue exploring and identifying cross-cutting strategies to eliminate racial and ethnic disparities in health. These strategies include broadening the scientific research and data on racial and ethnic health disparities; increasing awareness of the challenges facing minorities; establishing partnerships to mobilize the larger community and stakeholders; developing and enforcing policies, laws and regulations to support the needs of racial and ethnic minorities; and ensuring access to critical health and human services.

HHS is continuing to expand its medical research concerning racial and ethnic minorities. The fiscal year 2003 budget for the National Institute of Health's National Center for Minority Health and Health Disparities -- NIH's newest component -- is \$187 million, an increase of \$29 million in fiscal year 2002. Overall, the President's fiscal year 2003 budget for HHS provides more than \$16 billion for disease prevention programs and research.

BACKGROUND

Despite notable progress in the overall health of the nation, many Americans who are members of racial and ethnic minority groups experience disparities in health care. As a result, African Americans, Hispanic Americans, Asian Americans/Pacific Islanders and American Indians/Alaska Natives are more likely to have poor health and to die prematurely. A closer look at some of the challenges minority communities face reveal that:

- Heart disease is the leading cause of death for all racial and ethnic groups in the United States. In 1999, rates of death from cardiovascular disease were about 30 percent higher among African American adults than among white adults.
- In women, overweight and obesity are higher among members of racial and ethnic minority populations than in non-Hispanic white women. In men, Mexican-Americans have a higher prevalence of overweight and obesity than non-Hispanic men, while non-Hispanic white men have a greater prevalence than non-Hispanic black men. Approximately 300,000 U.S. deaths a year currently are associated

with obesity and overweight. The total direct and indirect costs attributed to overweight and obesity amounted to \$117 billion in the year 2000.

- The incidence of diabetes among American Indians and Alaska Natives is more than twice that of the total population, and the Pima Indians of Arizona have the highest known prevalence of diabetes in the world. The prevalence of diabetes is 70 percent higher among African Americans and nearly 100 percent higher among Hispanics than among whites.
- As recently as 2000, African Americans and Hispanics accounted for roughly 75 percent of all adult AIDS cases, although they only comprise 25 percent of the U.S. population. African American and Hispanics also make up 81 percent of all pediatric AIDS cases.
- In 2000, 67 percent of older white persons received influenza vaccination, compared to only 48 percent and 56 percent of older African American and Hispanic persons, respectively. Disparities for pneumococcal vaccination coverage were even wider, with 57 percent for whites, 31 percent for African-Americans and 30 percent for Hispanics.

HHS MINORITY HEALTH INITIATIVES

HHS' Office of Minority Health (OMH), which has a fiscal year 2003 budget request of \$47 million, continues to oversee the department's Initiative to Eliminate Racial and Ethnic Disparities in Health. The OMH provides overall public health guidance to the department on issues affecting African Americans, Hispanic Americans, Asian Americans/Pacific Islanders and American Indians/Alaska Natives. In addition, HHS Secretary Tommy G. Thompson formally launched in April 2002 the Secretary's Prevention Initiative, a comprehensive strategy to reduce the nation's burden of death, illness and disease through methods that greatly improve individual health and wellness, particularly for racial and ethnic minorities. Several HHS programs fall under these campaigns:

- **Closing the Health Gap:** Launched in November 2001, Closing the Health Gap is a health education and information campaign for communities of color. Current activities are designed to integrate health messages into the regular programming of ABC Radio Networks, including the Tom Joyner Morning Show. Today's Take A Loved One to the Doctor Day is a part of this joint campaign. To date, more than 400 partners have signed on to Take A Loved One to the Doctor Day. This includes a combination of national, state and local organizations. For more information on the campaign, visit <http://www.healthgap.omhrc.gov/>.
- **Racial and Ethnic Adult Disparities in Immunization Initiative (READII):** On July 31, 2002, HHS launched READII, a new adult immunization initiative to reduce racial and ethnic disparities in influenza and pneumococcal vaccination coverage for adults 65 years of age and older, focusing on African-American and Hispanic communities. For more information, go to <http://www.hhs.gov/news/press/2002pres/20020731a.html>.
- **Healthy People 2010:** Healthy People 2010 is a comprehensive set of health objectives for the nation, and includes two overarching goals of increasing the quality and years of life, and eliminating racial and ethnic disparities in health. Go to <http://www.health.gov/healthypeople> for more information.
- **VERB: It's What You Do:** The "VERB: It's What You Do" Youth Media Campaign, launched by Secretary Thompson on July 17, 2002, is a national, multicultural media campaign intended to promote physical activity and community involvement among 9 to 13-year-olds of all ethnicities. View the VERB Web site at <http://www.verbnow.com>.
- **Healthy Communities Innovation Initiative:** The President's fiscal year 2003 budget includes \$20 million for a new interdisciplinary services demonstration program that will focus on preventing diabetes, asthma and obesity through community systems of services, with special attention to eliminating racial and ethnic disparities in health. For more information, visit <http://www.hhs.gov/news/press/2002pres/20020201b.html>.
- **National Diabetes Education Campaign (NDEP):** The NDEP is a program co-sponsored by HHS' National Institute of Diabetes and Digestive and Kidney

Diseases of the National Institutes of Health and the Centers for Disease Control and Prevention and is a leading source for information about diabetes care and prevention. The NDEP spreads its messages in English and Spanish and recent expansions to the campaign include 'Si Tiene Diabetes, Cuide Su Corazón', aimed at helping Hispanic Americans better understand the need to control all aspects of their diabetes to help prevent heart disease. For more information, visit <http://www.ndep.nih.gov/>.

HHS AGENCIES TARGET HIV/AIDS IN MINORITY COMMUNITIES

HHS' fiscal year 2003 budget request includes special programs to reduce the disproportionate impact of HIV/AIDS in minority communities. These programs build on the department's core mission to protect and improve the health of vulnerable populations. The HIV/AIDS initiative, now funded at \$410 million, has more than doubled since it was first developed in 1999.

- **Health Resources and Services Administration (HRSA):** includes \$124 million for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, federal legislation that addresses the unmet health needs of persons living with HIV disease by funding primary health care and support services that enhance access to and retention in care. The total Ryan White appropriation for fiscal year 2002 is \$1.9 billion and helps provide services primarily to racial and ethnic minorities through local community health centers. For more information, visit <http://hab.hrsa.gov/>.
- **Centers for Disease Control and Prevention (CDC):** includes \$116 million for several community based prevention activities, particularly the Racial and Ethnic Approaches to Community Health Program, which funds and evaluates locally planned demonstration projects that have been developed to eliminate disparities for African Americans, American Indian/Alaska Natives, Hispanic Americans, Asian American/Pacific Islanders. Prevention activities focus on HIV/AIDS, infant mortality, cancer, cardiovascular disease, diabetes and immunizations. For more information, view <http://www.cdc.gov/reach2010/index.htm>.
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** includes \$105 million for substance abuse prevention, treatment and mental health programs, which includes an emphasis on racial and ethnic minorities. Visit <http://www.samhsa.gov> for more information.
- **HHS Intra-agency Initiatives:** includes \$66 million to fund activities at the National Institutes of Health, the HHS Office of Minority Health and through the HIV/AIDS in Minority Communities Fund.

AMERICAN INDIAN AND ALASKA NATIVE HEALTH

The HHS fiscal year 2003 budget request includes a total of \$4 billion for programs targeting American Indians and Alaska Natives. This is an increase of \$76 million over funding for fiscal year 2002.

- **Indian Health Service (IHS):** The goal of IHS is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people who are members of federally recognized Tribes. The IHS budget request for fiscal year 2003 is \$3.5 billion. For more information, visit <http://www.ihs.gov>.
- **Administration for Children and Families (ACF):** The ACF fiscal year 2003 budget request includes \$503 million to help promote the goal of social and economic self-sufficiency of American Indians, Alaska Natives, Native Hawaiians, and other Native American Pacific Islanders, including Native Samoans. Some highlights include Tribal Child Support and Tribal Temporary Assistance for Needy Families. For more information, visit <http://www.acf.dhhs.gov/>.
- **Administration on Aging (AoA):** The fiscal year 2003 budget request for AoA includes \$33 million for Tribes to receive AoA funds to provide meals and other

supportive services for their elderly members and to help their members provide care for their elderly relatives. In addition, the 2000 amendments of the Older Americans Act established the Native American Caregiver Support Program, recognizing the need of Native elders. For more information, visit <http://www.aoa.gov/carenetwork/default.htm>.

ADDITIONAL MINORITY HEALTH RESOURCES:

- **Office of Minority Health Resource Center (OMHRC):** The Office of Minority Health established a Resource Center in 1987 to meet the public's need for reliable, accurate and timely health information. Some of OMHRC's services include referrals, publications, reference information, and access to minority health professionals from across the country. For more information, go to <http://www.omhrc.gov>.
- **MEDLINEplus:** On Sept. 9, 2002, NIH's National Library of Medicine (NLM) launched MEDLINEplus, the Spanish-language companion health Web site to NLM's MEDLINE, which provides authoritative, full-text medical resources. The new site is available at <http://www.medlineplus.gov/esp>.
- **Healthfinder en Español:** On September 28, 2001, HHS unveiled Healthfinder en Español, a Spanish-language Web site that helps consumers track down reliable information quickly and easily on the Internet. Healthfinder en Español brings together health information on over 300 topics, including those health issues of greatest concern to those of Hispanic heritage. To view the site, go to <http://www.healthfinder.gov/espanol/>.
- **Leadership Campaign on AIDS:** Administered by the department's Office of HIV/AIDS Policy, the Leadership Campaign on AIDS arranges community forums and encourages public/private partnerships in minority communities to increase HIV/AIDS knowledge, awareness and action. As part of the administration's commitment to reduce health disparities and address the HIV/AIDS issue in our communities, HHS officials recently hosted a Latino Faith Leaders Forum to address the impact of HIV/AIDS within the Latino community. For more information on the Leadership Campaign on AIDS, visit <http://www.surgeongeneral.gov/aids/tlcapage1.html>.
- **Office of Civil Rights:** The HHS Office of Civil Rights drafted written policy guidance to assist health and social services providers in ensuring that persons with limited English skills can effectively access critical health and social services. For more information, visit <http://www.hhs.gov/ocr/lep/>.

MINORITY HEALTH RESEARCH

National Institutes of Health (NIH)

The National Institutes of Health is federal focal point for medical and behavioral research for the nation. The fiscal year 2003 budget request for NIH is \$27 billion, doubling funding from 1998. The mission of the National Center on Minority Health and Health Disparities (NCMHD) - NIH's newest component - is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities. The fiscal year 2003 funding budget request for NCMHD stands at \$187 million, which reflects an increase of \$29 million more than the 2002 appropriation. To find out more about NCMHD, go to <http://ncmhd.nih.gov/>.

Centers for Disease Control and Prevention

On January 24, 2002, HHS released the report "Trends in Racial and Ethnic-Specific Rates for the Health Status Indicators: United States, 1990-1998," that shows significant

improvements in the health of racial and ethnic minorities, but also indicates that important disparities in health persist among different populations. View the report at <http://www.cdc.gov/nchs>.

Agency for Healthcare Research and Quality (AHRQ)

In September 2000, AHRQ awarded grants to nine Centers to conduct a series of related studies. Now known as "Excellence Centers To Eliminate Ethnic/Racial Disparities" (EXCEED), the grants bring together teams of both new and experienced investigators in a 5-year effort to analyze underlying causes and contributing factors for racial and ethnic disparities in health care and to identify and implement strategies for reducing and eliminating them. For more information, go to <http://www.ahrq.gov>.

###

Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

[| Site Map](#) | [Initiative Home](#) | [OPHS Home](#) | [HHS Home](#) | [OMH Home](#) |
[| Accessibility](#) | [Disclaimer](#) | [Privacy Policy](#) | | [Email](#) |
(Last Modified: February 24, 2003)