

NCHS Data on Racial and Ethnic Disparities

About NCHS

The National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS uses a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective on the population's health, influences on health, and health outcomes.

Data on racial and ethnic disparities

Improving the health of racial and ethnic minorities in the United States continues to be a public health priority. Despite decades of effort disparities persist, and changes in the racial and ethnic composition of the population have important consequences for the nation's health. NCHS data have long documented disparities in a wide range of health indicators including life expectancy, infant mortality, a variety of risk factors, health insurance coverage, access to care, and use of health care services.

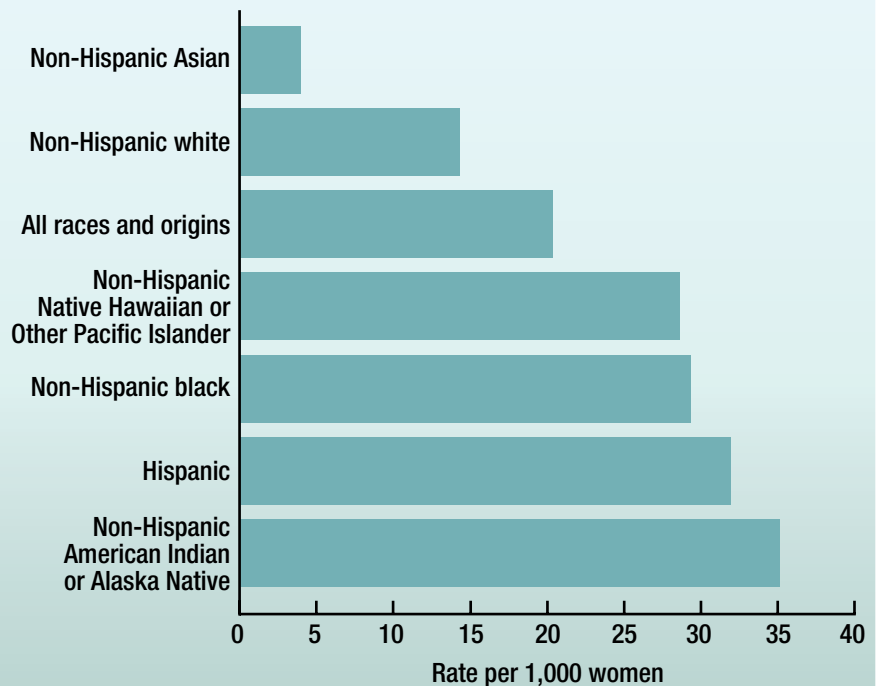
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Teen births

The teenage birth rate is an important indicator of population change and helps describe patterns of early family formation. Among women of childbearing age, teenagers are least likely to receive timely prenatal care, are more likely to smoke, and are more likely to have a low birthweight infant, all of which lead to poorer health outcomes for the children of teen mothers.

- The birth rate for teenagers aged 15–19 in the United States in 2016 was 20.3 births per 1,000 women, down 9% from 2015 (22.3) and another record low. The rate for this group has declined 51% (or an average of 8% per year) since 2007, which was the most recent high at 41.5, and 67% (or an average of 4% per year) since the 1991 high (61.8).
- Among race and Hispanic-origin groups, the rates for teenagers aged 15–19 ranged from 3.9 for non-Hispanic Asian teenagers to 35.1 for non-Hispanic American Indian or Alaska Native teenagers. Rates for other groups were 14.2 for non-Hispanic white, 29.3 for non-Hispanic black, and 31.9 for Hispanic teenagers.

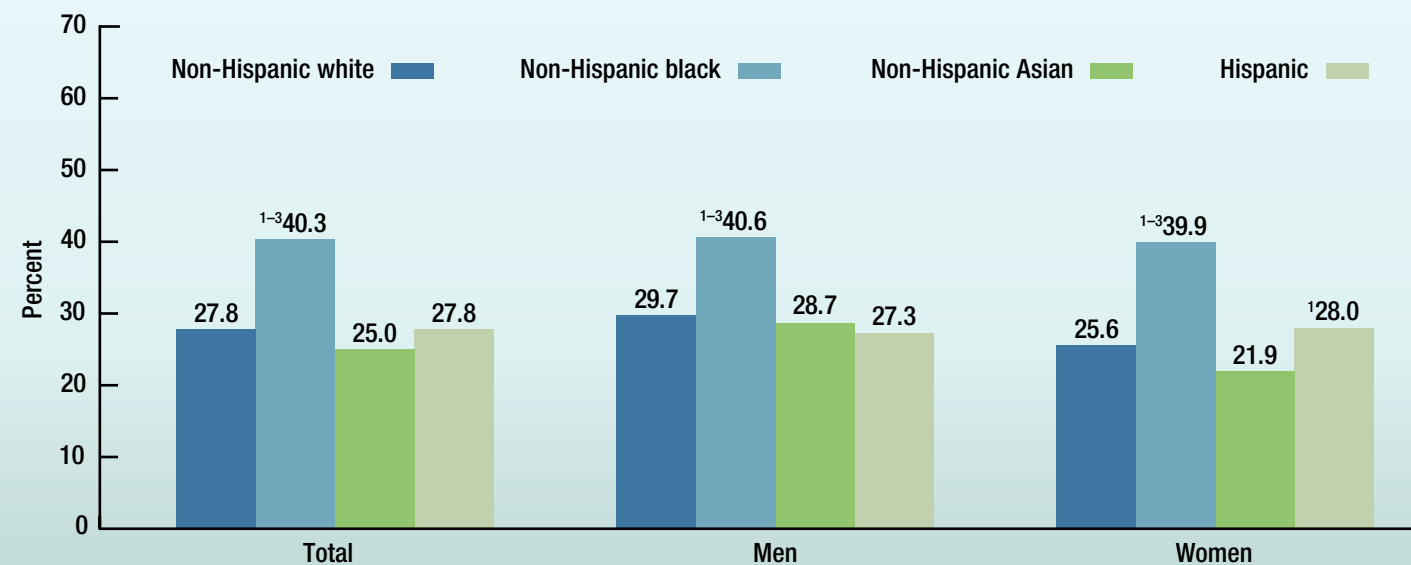
Birth rates for teenagers aged 15–19 years, by race and Hispanic origin of mother: United States, 2016



NOTES: Race groups are single race.
SOURCE: NCHS, National Vital Statistics System, Natality.



Age-adjusted prevalence of hypertension among adults aged 18 and over, by sex and race and Hispanic origin: United States, 2015–2016



¹Significant difference from non-Hispanic Asian.

²Significant difference from non-Hispanic white.

³Significant difference from Hispanic.

SOURCE: NCHS, National Health and Nutrition Examination Survey, 2015–2016.

Differences in prevalence of hypertension among adults by race and Hispanic origin

For all adults in 2015–2016 the prevalence of hypertension among non-Hispanic black (40.3%) adults was higher than among non-Hispanic white (27.8%), non-Hispanic Asian (25.0%), and Hispanic (27.8%) adults.

- Among men, the prevalence was higher among non-Hispanic black adults (40.6%) than among non-Hispanic white (29.7%), non-Hispanic Asian (28.7%), and Hispanic (27.3%) adults.
- Among women, the prevalence of hypertension was higher among non-Hispanic black (39.9%) adults than among non-Hispanic white (26.5%) than non-Hispanic Asian (23.5%), and Hispanic (28.0%) adults.

State variations in infant mortality by race and Hispanic origin of mother, 2013–2015

Infant mortality has been a basic measure of public health for countries around the world. While the overall infant mortality rate in the United States is lower than a decade ago, declining 14% from 6.86 infant deaths per 1,000 live births in 2005, a recent high, to 5.90 in 2015, the rate in 2015 was not statistically different from that in 2014 (5.82).

- The highest mortality rate for infants of non-Hispanic white women among the 50 states and D.C. was 7.04 per 1,000 live births in Arkansas, and the lowest rate, less than one-half of the highest rate, was 2.52 in D.C.
- The highest state mortality rate for infants of non-Hispanic black women was 14.28 per 1,000 live births in Wisconsin, 1.7 times as high as the lowest rate of 8.27 in Massachusetts.
- The highest mortality rate for infants of Hispanic women was 7.28 in Michigan, 1.8 times as high as the lowest rate of 3.94 in Iowa.

Racial and ethnic disparities data sources

National Vital Statistics System (NVSS)—Collects information from birth certificates in all 50 states and D.C., including detailed age and race and ethnicity characteristics. Because all births are part of this database, it provides the detail needed for monitoring annual changes in teenage pregnancy and for disparity research.

NVSS For more information about NVSS, visit <https://www.cdc.gov/nchs/nvss.htm>.

National Health and Nutrition Examination Survey (NHANES)—Collects comprehensive information about the health and diet of people in the United States. NHANES combines home interviews with physical examinations and laboratory tests conducted in mobile examination centers and can directly measure health conditions, providing reliable information on health and disease.

NHANES For more information about NHANES, visit <https://www.cdc.gov/nchs/nhanes>.