

# Eliminating Racial and Ethnic Disparities in Health

## Response to the Presidential Initiative on Race

*We reprint here the "Overview" and selected figures to illustrate each of the six areas DHHS has selected for focused action. The full text with all of the figures is available online at [aspe.os.dhhs.gov/race/racehth.htm](http://aspe.os.dhhs.gov/race/racehth.htm).*

THE PRESIDENT HAS COMMITTED THE NATION to an ambitious goal by the year 2010: eliminate the disparities in six areas of health status experienced by racial and ethnic minority populations while continuing the progress we have made in improving the overall health of the American people. This goal will be a major legacy of the President's Initiative on Race and will be the cornerstone of the Department of Health and Human Services' contribution to this initiative. In addition, this goal will parallel the focus of Healthy People 2010, the Nation's health objectives for the 21st century, to be released by the President in the year 2000.

Achieving the President's vision will require a major national commitment to identify and address the underlying causes of higher levels of disease and disability in racial and ethnic minority communities. These include poverty, lack of access to quality health services, environmental hazards in homes and neighborhoods, and the need for effective prevention programs tailored to specific community needs.

Compelling evidence that race and ethnicity correlate with persistent, and often increasing, health disparities among U.S. populations demands national attention. Indeed, despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by blacks, Hispanics, American Indians and Alaska Natives, and Pacific Islanders, compared to the U.S. population as a whole. The demographic changes that are anticipated over the next decade magnify the importance of addressing disparities in health status. Groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population; therefore, the future health of America as a whole will be influenced substantially by our success in improving the health of these racial and ethnic minorities. A national focus on disparities in health status is particularly important as major changes unfold in the way in which health care is delivered and financed.

Eliminating racial and ethnic disparities in health will require enhanced efforts at preventing disease, promoting health and delivering appropriate care. This will necessitate improved collection and use of standardized data to correctly identify all high risk populations and moni-

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tor the effectiveness of health interventions targeting these groups. Research dedicated to a better understanding of the relationships between health status and different racial and ethnic minority backgrounds will help us acquire new insights into eliminating the disparities and developing new ways to apply our existing knowledge toward this goal. Improving access to quality health care and the delivery of preventive and treatment services will require working more closely with communities to identify culturally-sensitive implementation strategies.

### THE DEPARTMENT'S STRATEGY

The Department has selected six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes:

- Infant Mortality
- Cancer Screening and Management
- Cardiovascular Disease
- Diabetes
- HIV Infection/AIDS
- Immunizations

These six health areas were selected for emphasis because they reflect areas of disparity that are known to affect multiple racial and ethnic minority groups at all life stages. The representative near-term goals within these six areas are drawn from *Healthy People 2000*, the Nation's prevention agenda; targets for reducing disparities have been developed in consultation with representatives from target communities and experts in Public Health. Reliable national data is also available to track our progress on these near-term goals in a timely fashion. The leadership and resources of the Department will be committed to achieving significant reductions in these disparities by the year 2000.

In attempting to eliminate disparities among different subpopulations, the goals of each of these six health areas present very different challenges. In some areas, such as immunizations, we are cognizant of what will help to eliminate the disparities. In others, where knowledge about how to reduce these disparities is less developed, there is a need to understand the causes and to find more effective methods to reach individuals and communities that have not benefited from established interventions. Advances in medicine and increased access to care can only partially address the difficult, complex, and often controversial issues surrounding racial and ethnic disparities in health status. Education,

environment, income and other socioeconomic factors contribute substantially to health outcomes.

### THE DEPARTMENT'S ACTION PLAN

HHS will provide leadership through research, expanding and improving programs to purchase or deliver quality health services, programs to reduce poverty and provide children with safe and healthy environments, and expanded prevention efforts. The Department's first step will be to examine its current programs to assure that they focus on opportunities to reduce health disparities and fully exploit the best scientific and community derived knowledge about how to deliver effective clinical and preventive services. Gaps in knowledge will be identified and research agendas developed to address them. New programs or modifications of existing programs will be recommended where appropriate. In addition, the Department will provide a national framework for public and private sector collaboration to eliminate health disparities through Healthy People 2010—the nation's health action agenda for the 21st century. To guide this effort, the Secretary is establishing a senior-level steering committee in the Department, chaired by the Assistant Secretary for Planning and Evaluation. The charge to that committee is:

- I. To review the status of the six health disparity reduction goals for the Year 2000 and assure that the Department's research, health services and prevention programs give priority to them.
- II. To conduct a process of consultation with minority community representatives and with the scientific and health services communities to improve our understanding of how to achieve both the near-term disparity reduction goals and the 2010 disparity elimination goal.
- III. To examine the Department's research, data, service and prevention programs and recommend to the Secretary necessary changes in these programs to support the President's goal of eliminating health disparities in the next century.

The Steering Committee will oversee efforts to examine how effectively the Department's current programs are using their resources to support the elimination of health disparities and to recommend changes that would enhance their impact. It also will consider ways in which the FY-2000 budget can be designed to effectively support the President's goals. Under the general guidance of the Steering Committee, working groups of Departmental

experts will be convened for the six goal areas, to help shape strategy for achieving the goals and to monitor our progress.

Consonant with the approach developed to guide the President's Initiative on Race, the Department of Health and Human Services' efforts in the current year will include dialogue, research and action.

Dialogue. As part of its efforts, the Department of Health and Human Services will broaden and strengthen its partnerships with State and local governments, with national and regional minority health and other minority-focused organizations, and with minority community-based organizations—those who have the greatest access to and knowledge of the communities.

- We will collaborate with other Federal departments, State, local, and tribal governments, and communities and professional groups to address broader determinants of health such as education, environment, income and other socioeconomic factors which contribute substantially to health outcomes.
- A series of structured planning and strategy sessions will be conducted with health experts and community representatives to review what we know about how to address each of the six health conditions and how well that knowledge is being applied at the community level. Barriers will be identified and strategies developed or refined to improve the effectiveness of the Department's programs.
- In addition, our nationwide consultation to develop Healthy People 2010 involves organizations and individuals reflecting the views of minority communities.

Research. The Department will direct attention to improvements in monitoring and developing the local and national data necessary for determining priorities and designing programs.

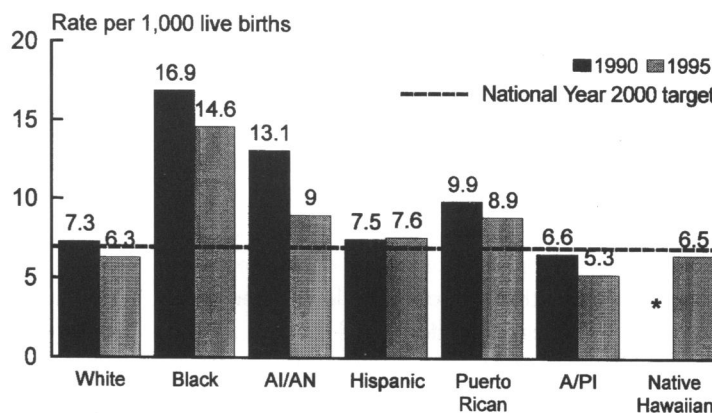
- As a first step in improving baseline data about the effectiveness of HHS programs in reaching minority populations, the Department has adopted a policy that requires all HHS-sponsored data collection and reporting systems

to include standard racial and ethnic categories. This inclusion policy will help monitor HHS programs to determine that Federal funds are being used in a nondiscriminatory manner and to promote the availability of standard racial and ethnic data across various agencies. This policy will enable us to make a coordinated response to major health conditions of minority populations, monitor progress in meeting their needs, and help to ensure nondiscrimination in access to and provision of appropriate HHS services for various racial and ethnic groups.

- Research focused on how to improve our interactions and interventions in minority communities will test approaches tailored to the specific cultural and social norms of these communities. Results from small-scale studies will be incorporated into the design and management of the Department's programs. In addition, HHS will develop and disseminate strategies to assist researchers in their outreach to minority communities to foster partnerships and enhance the involvement of minorities in research studies.

Action. In addition to ongoing research and program investments that are committed to improving the health of minority communities, a number of new projects will be implemented in fiscal year 1998 that are designed to test models for reducing disparities in specific minority communities.

**Infant Mortality Rates by Race and Hispanic Ethnicity, United States, 1990 and 1995**



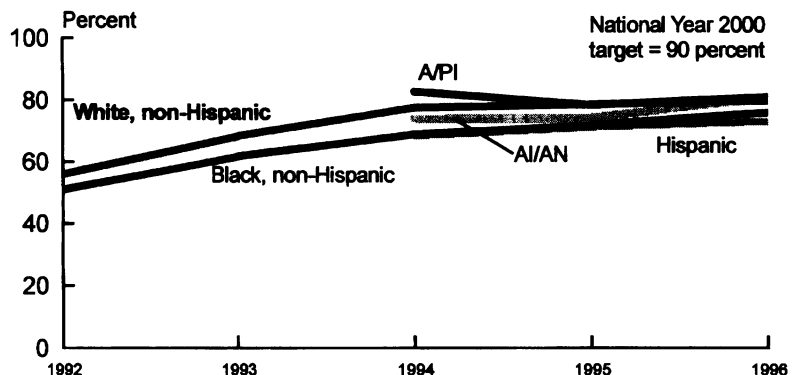
\* Rates based on fewer than 10,000 births are considered unreliable.  
 NOTE: AI/AN is American Indian or Alaska Native; A/PI is Asian American or Pacific Islander.  
 SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Linked Birth and Infant Death data set.

- The Department's programs to improve the economic security of low-income families and communities will be important contributions to improved health status of low-income populations—populations disproportionately composed of racial and ethnic minorities. The recently enacted State Child Health Insurance Program (CHIP), (Title XXI of the Social Security Act), which will be administered by the Health Care Financing Administration, will distribute \$24 billion over the next 5 years among the States and territories. CHIP will be supplemented by an increased emphasis in the Medicaid program to identify and enroll eligible children. Taken together, these two approaches will seek to provide health insurance for at least half of the 10 million uninsured children in this country. Through a combination of education, outreach, and increased access to health care for the uninsured, a major step to eliminating racial and ethnic disparities in children's health will be achieved.
- The President's fiscal year 1999 budget proposes the beginning of a new five-year, \$400 million set of activities addressing health disparities.
  - Included in this is an additional \$30 million for CDC to award up to 30 large community-based demonstration projects testing science-based approaches to achieve the six health disparity reduction goals. Results from these demonstrations will be important in shaping strategies to eliminate disparities, and for improving the focus and effectiveness of the Department's current programs.
  - An increase of \$50 million in funding also is requested for FY 1999 for existing successful public health programs that, in partnership with community, advocacy, and tribal organizations, would expand and adapt proven public health strategies to better reach minority populations.

#### SUMMARY

The Department of Health and Human Services recognizes that eliminating racial and ethnic disparities in these six areas will require new knowledge about the

**Childhood Immunization Rates\*  
by Race and Hispanic Ethnicity, United States, 1992-1996**



\*Immunization rates reflect those children ages 19-35 months who have received 4 doses of DTP (diphtheria, tetanus, pertussis), 3 polio, and 1 MMR (measles, mumps, rubella).  
NOTE: A/PI is Asian American or Pacific Islander; AI/AN is American Indian or Alaska Native.  
SOURCES: Centers for Disease Control and Prevention, National Immunization Survey (1994-1996), and National Health Interview Survey (1992-1993).

determinants of disease and effective interventions for prevention and treatment. This goal will also require improved access for all to the resources that influence health. However, focused improvement in these six health conditions will make an important contribution to improving the health of racial and ethnic minorities as well as advance the knowledge needed to achieve the President's commitment to eliminate all disparities in the next century.

We will do so by furthering development of existing data systems, conducting research and improving the focus and effectiveness of our health service delivery and insurance programs to better meet the needs of racial and ethnic minorities. Success in this effort will accomplish two important results:

- A meaningful improvement in the lives of minorities who now suffer disproportionately from the burden of disease and disability
- Development of the tools and strategies that will enable the Nation to meet the far more challenging goal of eliminating these disparities by the year 2010

This is a long-term undertaking that will extend into the next century and requires an enduring commitment from this and future administrations