CDC's Health Disparities and Inequalities Report – United States, 2011

- Published as *MMWR Supplement*, January 14, 2011
- National level data with some state-specific results
- Findings to be used as baseline estimates for monitoring and reporting changes in health disparities and inequalities

**Addresses:**
- Social determinants of health
- Environmental hazards
- Mortality and morbidity
- Behavioral risk factors
- Health-care access
- Preventive health services
Topics Covered

- Education and Income
- Inadequate and Unhealthy Housing
- Unhealthy Air Quality
- Health Insurance Coverage
- Influenza Vaccination Coverage
- Colorectal Cancer Screening
- Infant Deaths
- Motor Vehicle-Related Deaths
- Suicides
- Drug-Induced Deaths
- Coronary Heart Disease and Stroke
- Homicides
- Obesity
- Preterm Births
- Potentially Preventable Hospitalizations
- Current Asthma
- HIV Infection
- Diabetes
- Hypertension and Hypertension Control
- Binge Drinking
- Adolescent Pregnancy and Childbirth
- Cigarette Smoking
Key Issues

- Health disparities persist in the U.S., despite recent progress
- Combined effects of dual strategies are required:
  1. Universal interventions available to everyone
  2. Targeted interventions for populations with special needs
- Data in the report provide compelling argument for action
- Analyzing specifics of a problem and selecting interventions requires concerted effort at the local level – underscores need to coordinate clinical care and public health interventions/approaches
Select Findings

- Low income residents report 5 to 11 fewer healthy days per month than high income residents.
- Men (18.4 per 100,000) are 4 times more likely to die by suicide than women (4.8 per 100,000).
- Binge drinking is more prevalent in high income (18.5%) than low income (12.1%) persons.
- Binge drinking is more frequent (4.9 vs. 3.6 episodes) and intense (7.1 vs. 6.5 drinks) in low income persons.
- Hypertension (HTN) is more prevalent in non-Hispanic blacks (42%) than whites (28.8%); HTN control is lower for Mexican Americans (31.8%) than for non-Hispanic whites (46.5%).
- Preventable hospitalization rates increase as incomes decrease; if no disparities, would prevent ~1 million stays and save $6.7 billion in health care costs each year.
What Can Be Done

- Increase community awareness of disparities
- Set priorities among disparities
- Articulate valid reasons to expend resources to reduce and eliminate priority disparities
- Implement universal and targeted intervention programs
- Aim to achieve a faster rate of improvement among vulnerable groups
For More Information:

http://www.cdc.gov/minorityhealth/CHDIREport.html

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.