



Press Release

Embargoed for 12 p.m. ET
Thursday, January 13, 2011

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CDC report documents important health disparities, need for better data

Highlights progress and challenges in achieving health equity

Americans' differences in income, race/ethnicity, gender and other social attributes make a difference in how likely they are to be healthy, sick, or die prematurely, according to a report by the [Centers for Disease Control and Prevention](#).

For instance, state-level estimates in 2007 indicate that low income residents report five to 11 fewer healthy days per month than do high income residents, the report says. It also says men are nearly four times more likely than women to commit suicide, that adolescent birth rates for Hispanics and non-Hispanic blacks are three and 2.5 times respectively those of whites, and that the prevalence of binge drinking is higher in people with higher incomes.

The data are in the new "CDC Health Disparities and Inequalities Report – United States, 2011". The report also underscores the need for more consistent, nationally representative data on disability status and sexual orientation.

"Better information about the health status of different groups is essential to improve health. This first of its kind analysis and reporting of recent trends is designed to spur action and accountability at the federal, tribal, state and local levels to achieve health equity in this country," said [CDC Director Thomas R. Frieden, M.D., M.P.H.](#)

The report, the first of a series of consolidated assessments, highlights health disparities by sex, race and ethnicity, income, education, disability status and other social characteristics. Substantial progress in improving health for most U.S. residents has been made in recent years, yet persistent disparities continue.

Released as a supplement to CDC's [Morbidity and Mortality Weekly Report](#), the report addresses disparities at the national level in health care access, exposure to environmental hazards, mortality, morbidity, behavioral risk factors, disability status and social determinants of health – the conditions in which people are born, grow, live and work.

Findings from the report's 22 essays include:

- In 2007, non-Hispanic white men (21.5 per 100,000 population) were two to three times more likely to die in motor vehicle crashes than were non-Hispanic white women (8.8 per 100,000). The gender difference was similar in other race/ethnic groups.
- In 2007, men (18.4 per 100,000) of all ages and races/ethnicities were approximately four times more likely to die by suicide than females (4.8 per 100,000).
- In 2007, rates of drug-induced deaths were highest among non-Hispanic whites (15.1 per 100,000) and lowest among Asian/Pacific Islanders (2.0 per 100,000).



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- Hypertension is by far most prevalent among non-Hispanic blacks (42 percent vs. 29 percent among whites), while levels of control are lowest for Mexican-Americans (31.8 percent versus 46.5 percent among non-Hispanic whites).
- Rates of preventable hospitalizations increase as incomes decrease. Data from the Agency for Healthcare Research and Quality indicate that eliminating these disparities would prevent approximately 1 million hospitalizations and save \$6.7 billion in health care costs each year.
- Rates of adolescent pregnancy and childbirth have been falling or holding steady for all racial/ethnic minorities in all age groups. However, in 2008, disparities persist as birth rates for Hispanic adolescents (77.4 per 1,000 females) and non-Hispanic black adolescents (62.9 per 1,000 females) were three and 2.5 times those of whites (26.7 per 1,000 females), respectively.
- In 2009, the prevalence of binge drinking was higher in groups with incomes of \$50,000 or above (18.5 percent) compared to those with incomes of \$15,000 or less (12.1 percent); and in college graduates (17.4 percent), compared to those with less than high school education (12.5 percent). However, people who binge drink and have less than \$15,000 income binge drink more frequently (4.9 versus 3.6 episodes) and, when they do binge drink, drink more heavily (7.1 versus 6.5 drinks).

The report supports the [Healthy People 2020 goals](#) and the forthcoming [National Partnership for Action \(NPA\) to End Health Disparities](#). The report also complements the upcoming AHRQ National Healthcare Disparities Report and underscores the need to connect those working in clinical care and public health, especially at the local level.

“CDC publishes this report today not only to address gaps in health between populations in our country but also to begin to measure progress in years to come in reducing these gaps and inequities going forward,” said [Leandris Liburd, Ph.D., M.P.H., M.A.](#), recently appointed director of [CDC’s Office of Minority Health and Health Equity](#). Dr. Liburd will provide leadership for the office and CDC’s public health programs, policies, surveillance and research efforts in achieving health equity.

The full “CDC Health Disparities and Inequalities Report – United States, 2011”, is available at www.cdc.gov/mmwr.

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