

Findings from the *CDC Health Disparities and Inequalities Report – United States, 2011*

In recent decades, the United States has made substantial progress in improving our residents' health and reducing disparities, but ongoing economic, racial/ethnic, and other social disparities in health still exist.

Now, the Centers for Disease Control and Prevention (CDC) has issued the *CDC Health Disparities and Inequalities Report – United States, 2011*, which is the first in a series of regular reports that focus on selected topics that are important to CDC's efforts to eliminate disparities.

Released as an *MMWR Supplement*, the report contains 22 topical essays that address disparities in health-care access, exposure to environmental hazards, mortality, morbidity, behavioral risk factors, and social determinants of selected health problems at the national level. The report provides an analysis of the recent trends and ongoing variations in health disparities and inequalities in selected social and health indicators. The data highlight the considerable and persistent gaps between the healthiest people and the least healthy. By documenting these gaps, CDC hopes to spur further action and attention to these issues at the federal, state and local levels.

Key Findings in Education and Income Disparities

- People who live and work in low socioeconomic circumstances are at increased risk for mortality, morbidity, unhealthy behaviors, reduced access to health care, and inadequate quality of care. Striking disparities in non-completion of high school and poverty exist within the U.S. adult population and no improvement has been achieved between 2005–2009.
- The racial/ethnic disparity in both income and education, compared with non-Hispanic whites, was greatest for Hispanics and non-Hispanic American Indians/Alaska Natives. It was the lowest for non-Hispanic mixed races and Asian/Pacific Islanders, and intermediate for non-Hispanic blacks.
- Income disparity in non-completion of high school was greatest for those with family income below the federal poverty level (PIR <100%).
- The percentage of adults with disabilities who did not complete high school was approximately double that of adults without disabilities in both 2005 and 2009 and the proportion of people with disabilities living below the poverty level was more than twice that of people without disabilities.

What Can Be Done

The report's findings indicate that a substantial proportion of the adult population with insufficient resources is vulnerable to health problems. The U.S. Department of Education, Institute of Education Sciences, has identified effective interventions that are aimed at reducing the school dropout rate. The U.S. Task Force on Community Preventive Services recommends interventions aimed to promote healthy social environments for low-income children and families and to reduce risk-taking behaviors among adolescents.



What Can Be Done, continued

CDC will accelerate its efforts to eliminate health disparities with a focus on surveillance, analysis, and reporting of disparities and the identification and application of evidence-based strategies to achieve health equity.

CDC and its partners can use the findings in this periodic report to raise awareness and understanding of groups that experience the greatest health disparities. The findings also can help motivate increased efforts to intervene at the state, tribal, and local levels to address health disparities and inequalities.

Recommended Actions to Reduce Health Disparities

1. Increase community awareness of disparities as persistent problems that represent some of the most pressing health challenges in the U.S.
2. Set priorities among disparities to be addressed at the federal, state, tribal, and local levels
3. Articulate valid reasons to expend resources to reduce and ultimately eliminate priority disparities
4. Implement the dual strategy of universal and targeted intervention strategies based on lessons learned from successes in reducing certain disparities (e.g., the virtual elimination of disparities in certain vaccination rates among children)
5. Aim to achieve a faster rate of improvement among vulnerable groups by allocating resources in proportion to need and a commitment to closing gaps in health, longevity, and quality of life



For More Information

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