

Health Disparities

What Are Health Disparities?

According to a 2011 Centers for Disease Control (CDC) report¹, health disparities are differences in health outcomes and their determinants between segments of the population. The terms health inequality and health inequities are included in the broad discussion of health disparities. Health inequality refers to measures of population health associated with individual- or group-specific attributes such as income, education, or race/ethnicity. Health inequity defines these measures even further as conditions that are modifiable, associated with social disadvantage, and considered ethically unfair.

Data highlights from the CDC Health Disparities and Inequalities Report note the following disparity factors:

- Education and income
- Inadequate and unhealthy housing
- Unhealthy air quality
- Health insurance coverage
- Influenza vaccination coverage
- Colorectal cancer screening
- Motor vehicle-related deaths
- Suicides
- Drug-induced deaths
- Homicides
- Obesity
- Potentially preventable hospitalizations
- HIV infection
- Hypertension and hypertension control
- Current Asthma

¹Rationale for Regular Reporting on Health Disparities and Inequalities – United States, January 2011

Health Disparities Begin in Childhood

There are two ways that early experiences can have an effect on adult health: cumulative damage over time or biological incidents during sensitive developmental periods. It can take many years before the effects of this damage becomes visible as disease.

Brain research shows that toxic stress in early childhood can damage the actual structure of the brain. This stress can lead to long-term patterns of emotionality and stress responsiveness resulting in increased rates of heart and respiratory disease, diabetes, cognitive impairment and mental illness.

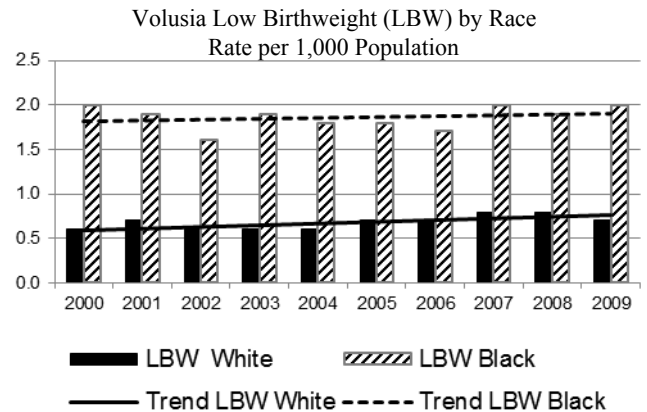
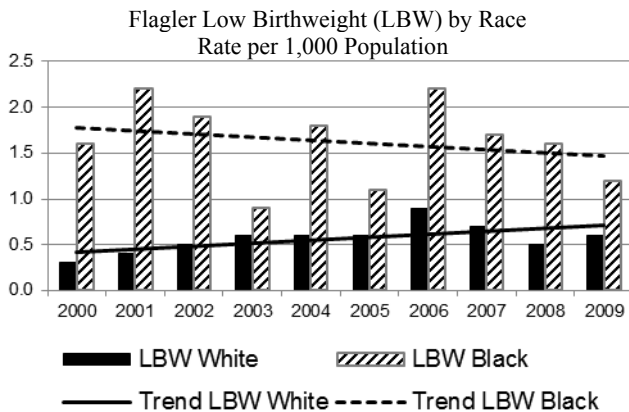
Risk factors include:

- extreme poverty
- repeated physical and/or emotional abuse
- chronic neglect
- severe maternal depression
- parental substance abuse
- family violence
- families and communities with low incomes
- families and communities with low education levels

Possible solutions to reduce these stressors include increasing training and resources to primary care clinicians to better identify and address child maltreatment, postpartum depression and parental substance abuse. Additionally, high-quality early childhood programs are another potential safeguard. Finally, services to protect abused or neglected children are another opportunity.

Source: Shonkoff JP, Boyce WT, McEwen BS, *Neuroscience, molecular biology, and the childhood roots of health disparities, 2009.*

Racial Disparity – Low Birthweight



The March of Dimes defines low birthweight for babies as born weighing less than 5 pounds, 8 ounces (2,500 grams). They report that low-birthweight babies are at increased risk of serious health problems as newborns, lasting disabilities and even death. The two main reasons for low birthweight are premature birth (born before 37 completed weeks of pregnancy) and fetal growth restriction (small-for-gestational age or small-for-date). Other factors that may contribute to premature birth and/or fetal growth restriction include birth defects, smoking, alcohol/illicit drugs, socioeconomic factors, infections in the fetus or mother, inadequate maternal weight gain, and placental problems.

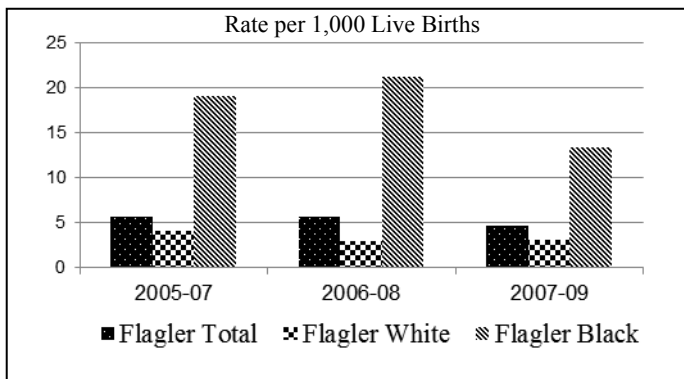
Data Source: Florida CHARTS

BRFSS Health Disparity Data

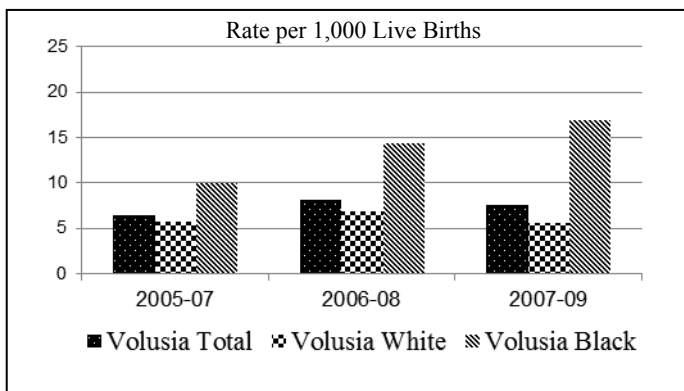
The 2007 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report contains responses from randomly selected participants on health-related questions. Selected BRFSS adult responses indicating health disparities are shown below as percents.

2007 – Percent	Flagler	Volusia	Florida
Adults who have ever had a heart attack, angina, or coronary heart disease – Overall	9.6	8.5	9.3
Men	13.9	11.0	10.3
Women	5.6	6.2	8.3
Adults with any type of health care insurance coverage – Overall	87.1	81.8	81.4
Non-Hispanic White	89.5	83.4	87.8
Hispanic	Not available	63.0	61.4
Adults who have asthma – Overall	4.5	8.6	6.2
Men	1.9	5.3	4.9
Women	6.8	11.6	7.4

Racial Disparity – Infant Mortality



The infant mortality rate reflects the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. Infant mortality includes those babies born alive and does not include stillbirths. Deaths must have occurred within 364 days of birth.



Data Sources: Florida CHARTS

Ethnicity Disparity – Diabetes

After adjusting for population age differences, 2007–2009 national survey data indicate disparities among diagnoses of diabetes:

- 7.1 percent of non-Hispanic whites and
- 11.8 percent of Hispanics/Latinos.

Among Hispanics/Latinos, rates were

- 7.6 percent for both Cuban Americans and for Central and South Americans,
- 13.3 percent for Mexican Americans, and
- 13.8 percent for Puerto Ricans.

Compared with non-Hispanic white adults, the risk of diagnosed diabetes was:

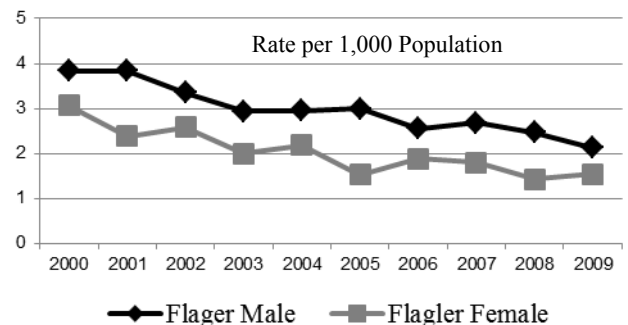
- 66 percent higher among Hispanics/Latinos.

Among Hispanics/Latinos compared with non-Hispanic white adults, the risk of diagnosed diabetes was:

- about the same for Cuban Americans and for Central and South Americans,
- 87 percent higher for Mexican Americans, and
- 94 percent higher for Puerto Ricans.

Source: National Diabetes Information Clearinghouse (Data for people ages 20 years or older)

Gender Disparity – Deaths from Heart Disease



As reported in a 2009 Duke University study, having a better understanding of gender differences in cardiovascular disease may help physicians to more effectively tailor prevention or treatment strategies to specific patients. Cardiovascular disease is the leading cause of death for men and women.

