



Prevention: Closing the Chronic Disease Gap in Minority Populations

“Minorities are less likely to get the preventive care they need to stay healthy; more likely to suffer from serious illnesses, such as diabetes, heart disease and colon cancer; and are less likely to have access to quality healthcare.”

– HHS Secretary Kathleen Sebelius, April 2, 2012

Life expectancy and overall health have improved in recent years for most Americans, thanks in part to new advances in medicine and preventive care. However, racial and ethnic minorities still lag behind in many health outcome measures. They are less likely to get the preventive care they need to stay healthy, more likely to suffer from serious illnesses, such as cancer, heart disease, or gastrointestinal disorders. When people in these populations do get sick, they are less likely to have access to quality health care.

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 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.

The cost of doing nothing is too high. A study commissioned by the Joint Center for Political and Economic Studies and published in 2009 found that more than 30 percent of direct medical costs faced by African Americans, Hispanics, and Asian Americans were excess costs due to health inequities – more than \$230 billion over a three-year period. When indirect costs of these inequities over the same period are added, the cost is \$1.24 trillion.

Despite proven preventive interventions to decrease rates of many chronic, life-threatening, and costly diseases, these interventions are disproportionately reaching certain minority and ethnic populations, or are having varying effects among different groups. For example:

- Disparities in tobacco use, the leading cause of preventable illness and death in the United States, exist among certain racial and ethnic groups, particularly among American Indians and Alaska Natives.
- Coronary heart disease and stroke account for the largest proportion of inequality in life expectancy between non-Hispanic whites and African Americans, despite the existence of low-cost, highly effective preventive treatment.
- Hispanics have higher rates of high blood pressure and obesity than non-Hispanic whites. Hispanics also have higher rates of several cancers related to infections (stomach, liver, and cervix) and are more likely to have cancer detected at a later stage.
- Screening rates for breast, cervical and colorectal cancers were significantly lower among Asians compared to other racial and ethnic groups.

- Although colorectal cancer screenings increased by approximately 11 percent among non-Hispanic whites from 2002-2008, only an approximate 4 percent increase in test use occurred among American Indian and Alaska Native populations.

Disparities in health due to race and ethnicity can be corrected. Prevention can make a vital contribution to current efforts to reduce disparities in health. By addressing the underlying factors that negatively influence health, prevention has the power to reduce the incidence of poor health and premature death. However, less than 5 percent of the total annual health care cost is spent on disease prevention, and even less is devoted to prevention initiatives that address the major influences and underlying factors that negatively impact health in minority communities.

The American Cancer Society Cancer Action Network, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy, and Association of Black Cardiologists are committed to raising public awareness and understanding about health inequality. Ultimately, however, health equality requires a public-private partnership. With a greater commitment of federal funding, the Centers for Disease Control and Prevention and Agency for Healthcare Research and Quality can further focus on underlying factors, community support, and multidisciplinary prevention initiatives that can significantly improve the health of individuals, families, and communities most impacted by poor health and premature death.