

## HEALTH DISPARITIES AMONG PEOPLE OF COLOR: WHO IS CONCERNED?

### Fact Sheet

The Division of Minority Health and Health Disparities in the Tennessee Department of Health is essential to addressing the prevention and early intervention of disease, mental health and health care among people of color, which will aid in reducing medical costs paid for by Tennessee citizens and health systems.

#### Disease

- In 2002, the age –adjusted diabetes mortality rate for Black Tennesseans was 2 ½ times the rate for White Tennesseans (TDOH, 2004).
- Diabetes affects Black adults at a 70% higher rate than white adults (Dr. Robinson, 2004).
- The rates of heart disease and stroke of African Americans in Tennessee is 1 ½ times that of White Americans (TDOH, 2004).
- Regarding HIV/AIDS from 2000 – 2003, African Americans represented 51% of the new cases reported in the United States. In Tennessee, African Americans represented 60% of the new cases (Black Aids Institute, 2006).
- Between 2005 and 2009 the number of Tennesseans ages 15 to 24 diagnosed with HIV jumped 32%, state health department figures show. (The Tennessean, April 2011)
- In Tennessee, 645 black people were diagnosed with HIV in 2009, more than double the 300 white people newly diagnosed. (The Tennessean, April 2011)

#### Mental Health

- Latino youth have higher rates of suicide attempts (12.8% In 1999) than white youth (7.3%) as stated in *Health Affairs*, 2003.
- Controlling for socio-demographic variables and level of need, the percentage of African Americans receiving mental health services is only half that of Whites (*Health Affairs*, 2003).
- Approximately 20-30% of African Americans experience depressive symptoms with 4-6% diagnosed with clinical depression (Dr. Outlaw & Dr. Cotroneo, 2004).

#### Health Care

- African American mothers are two times more likely to not have prenatal care than White mothers (TDOH, 2002).
- Black children die in infancy at a rate 2 ½ times higher than White children (TDOH, 2004).
- In 2002, teen pregnancy rates for Black females, ages 10-17 was twice the rate of white females (TDOH, 2002).
- Black women have the highest prevalence of being overweight or obese than other women. Mexican American men have the highest prevalence of being overweight or obese than other men (TDOH, 2004)

### **Economic Impact on the US. (TN Data not available)**

- Between 2003 and 2006, 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities. *The Economic Burden of Health Inequalities in the United States, Joint Center for Political and Economic Studies, 2009 (CPES)*
- Eliminating health disparities for minorities would have reduced direct medical care expenditures by \$229.4 billion for the years 2003-2006. *CPES, 2009*
- Between 2003 and 2006 the combined costs of health inequalities and premature death in the United States were \$1.24 trillion. *CPES, 2009*
- Eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death by more than one trillion dollars between 2003 and 2006. *CPES, 2009*

### **Lack of Health Insurance**

- About 63% of Latinos who live in Tennessee lack health insurance while comprising only 3.7% of Tennessee's population (*American Community Surveys, US Census Bureau, 2008*)
- About 36% of African Americans lack health insurance, while comprising only about 16.8% of Tennessee's population (*American Community Surveys, US Census Bureau, 2008*)
- About 29% of Caucasians who reside in Tennessee lack health insurance. (*American Community Surveys, US Census Bureau, 2008*)

**Unfortunately, these issues affect the entire population and health systems of Tennessee due to the fact that all Tennesseans must bear the responsibility to pay for services needed to address these concerns. The prevention and early intervention strategies are crucial to cost reductions for health and mental health services. Trust for America's Health reports that \$1 invested in prevention yields about \$5 in health care cost savings**

**The Division of Minority Health and Health Disparities is the key to prevention. It is necessary for: 1) increasing health education campaigns, 2) promoting family and community supports, 3) encouraging culturally competent health care, 4) advocating for better access to health insurance and medical providers, 5) instituting the need for early and regular prenatal care among minorities and 6) ensuring current data is available regarding health disparities.**