

### Health Equity Benefits Everyone

**H**ealthy People 2010 sets out two ambitious goals: The first, to increase quality and length of healthy life. The second, to eliminate health disparities. In fact, the two goals are inseparable. Achievement of one is not possible without achievement of the other. Health cannot be improved for all without eliminating health disparities—those inequalities or gaps between two or more groups related to age, gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.

Health disparities affect the Nation's quality of life—at the individual level as well as the workplace and community. Some groups of individuals do not enjoy the same health status as other groups, and many questions remain unanswered about why such differences exist:

- Why is the heart disease death rate 40 percent higher for African Americans than the rate for whites?
- Why are Hispanics living in the United States twice as likely to die of diabetes as are non-Hispanic whites?
- Why is the infant death rate for American Indians and Alaska Natives almost double that for whites?
- Why do women outlive men?
- Why are gay male adolescents two to three times more likely than their peers to attempt suicide?

- Why are population groups that suffer the worst health status also those that have the highest poverty rates and the least education?
- Why do people with disabilities report more anxiety, pain, sleeplessness, and days of depression than do people without activity limitations?
- Why is the injury-related death rate 40 percent higher in rural populations than in urban populations?

To be productive, the workforce must be healthy. Raising the health status of employees has a positive impact on individual companies and the economy as a whole.

At the community level, many different factors affect quality of life and create health disparities. For example, residents of substandard housing may be at increased risk for fire, electrical injuries, lead poisoning, falls, rat bites, and other illnesses and injuries. Even

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## SPOTLIGHT

### Call to the Nation

*“Stunning advances in medicine, public health, and the overall standard of living have led to many important health gains. Yet, despite decades of progress in these areas and significant achievements in civil rights protections, health disparities have persisted and, in many cases, have worsened.”*

**T**hese are some of the words included in the Call to the Nation to eliminate disparities in health by 2010. The Call signaled the establishment of a broad coalition of leaders in sectors relevant to population health status to prepare a national plan of action that will accomplish this goal. The document was signed by attendees of the historic meeting of the Steering Commit-

tee on the Elimination of Racial and Ethnic Disparities in Health held at the White House on October 6, 2000. David Satcher, M.D., Ph.D., Assistant Secretary for Health and Surgeon General, U.S. Department of Health and Human Services (HHS), and Mohammad Ahkter, M.D., M.P.D., Executive Director of the American Public Health Association (APHA), co-chaired the meeting.

The Committee consists of 27 national leaders from the private sector, representatives of 10 cabinet secretaries, a member of the U.S. Congress, and a representative from the White House.

Several key premises underlie this historic multisector partnership:

- Disparities affect everyone and every element of

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**ELIMINATING DISPARITIES IN HEALTH**

Healthy People 2010 challenges the Nation to eliminate health disparities in this decade. Achieving health equity requires the support of individuals, the communities in which they live, organizations, and businesses. Keys to success are highlighted below:

**Awareness:** The first step is increasing awareness that disparities exist. This *Prevention Report* issue is just one of numerous national, State, and local efforts to inform and educate people about the complex issues surrounding health equity and the benefits of improving health for everyone.

**Knowledge:** Much work has been done to increase the science base about disparities. Many studies have documented disparities related to differences in age, gender, race and ethnicity, education and income, disability, geographic location, and sexual orientation. Risk factors and outcomes, low income and access to health care, mammography screening, heart disease and geographic location as well as gender—these are a few of the topics addressed in the disparity literature.

Increasingly, research is addressing the effectiveness of interventions designed to decrease disparities. “Best practices” are being identified and funding opportunities are being targeted to improvements in health services. (See *Health Disparities on the Web*.)

**Commitment:** With awareness and knowledge about what causes disparities and what works to eliminate them, individuals and organizations are better equipped to make decisions and promote communitywide safety, education, and access to health care. Healthy People 2010 provides the goals, the specific objectives, the measures for evaluating progress and, most important, the call to everyone to make a commitment to healthy equity. To learn more about ways individuals, organizations, and communities can demonstrate their commitment, visit <http://www.health.gov/healthypeople/>.

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 the size of a community is a factor. According to the U.S. Environmental Protection Agency, small water systems (serving 25 to 3,300 people) account for 91 percent of the violations of its drinking water regulations. Safe drinking water is important to health; so are safe streets and roads.

When certain groups and communities do not have access to quality health care, the long-term cost to individuals, the economy, indeed society as a whole, can be substantial. The future health of America as a whole will be influenced substantially by our success in improving the health of all populations.

Even when some types of health disparities are eliminated, other factors may come into play. Health disparities are extremely complex. For example, the long-standing gaps between life expectancy of men and women and between whites and African Americans

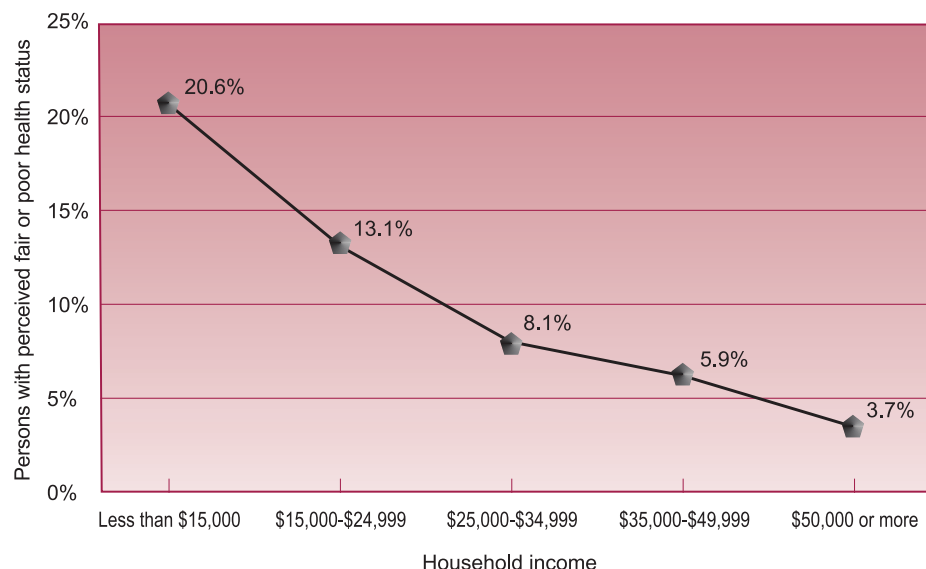
have narrowed. Yet, major differences persist depending on income and education.

Healthy People 2010 challenges everyone to take steps to ensure that good health, as well as long life, is enjoyed by all. Under the Healthy People umbrella, specific actions are under

way. On the Web site <http://www.health.gov/healthypeople/> read about implementation, find out how to “Be a Healthy Person,” and access the *Healthy People 2010 Toolkit: A Field Guide to Health Planning*, developed by the Public Health Foundation. With such tools

as well as greater awareness and knowledge about the real costs of health disparities, everyone can commit to meeting the challenge of working together to achieve Healthy People’s ambitious and important vision: healthy people in healthy communities.

**Relationship between household income and fair or poor health status**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. 1995.

## Health Disparities on the Web

For both private and public sector organizations, the World Wide Web is a major resource for information on scientific research, programs, and policy decisions and actions related to health disparities.

A recent online search of the National Library of Medicine's PubMed (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?>) yielded 507 literature citations for "health disparities." The items were both very specific and very general—from "Racial and ethnic disparities in faculty promotion in academic medicine" to "Why reduce health disparities?"

The U.S. Department of Health and Human Services (HHS), in continuing the work of the President's Initiative on Race, sponsors the Initiative to Eliminate Racial and Ethnic Disparities in Health (<http://raceandhealth.hhs.gov/>). The initiative targets six focus areas in which racial and ethnic minorities experience serious disparities in health access and outcomes: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV infection/AIDS, and immunizations. The Race and Health Initiative and Healthy People 2010 are closely related, with the former developing the action steps and the latter providing the objectives and measures. (See *Call to the Nation*.)

Within HHS, agencies have specially targeted programs. For example, the Health Resources and Services Administration (HRSA) recently launched the 100 Percent Access Zero Health Disparities Campaign with its own Web site (<http://www.bphc.hrsa.gov/campaign/>). A key activity of this campaign is building a national infrastructure to sustain and support communities in providing health care delivery, education, employment, and social services.

At the National Institutes of Health (NIH) Web site, visitors can read about the agency's Program of Action for Addressing Health Disparities (<http://healthdisparities.nih.gov>) and about research and training programs aimed at eliminating health disparities among all people. Each NIH institute and center also has a strategic plan to combat the health gaps in the disease areas they study, and most of these plans are on the Web (<http://healthdisparities.nih.gov/working/institutes.html>).

The Centers for Disease Control and Prevention (CDC) has implemented the "Racial and Ethnic Approaches to Community Health 2010 (REACH 2010)" (<http://www.cdc.gov>). REACH 2010 addresses racial and ethnic disparities in infant mortality, deficits in breast and cervical cancer screening and management, cardiovascular

diseases, diabetes, HIV infections/AIDS, and child and adult immunizations. REACH 2010 is a two-phased, 5-year demonstration project to support community coalitions in the design, implementation, and evaluation of unique community-driven strategies to eliminate health disparities. CDC has developed its agency performance plans tied to eliminating racial and ethnic disparities (see <http://www.cdc.gov/od/perfplan/2000xv.htm>).

CDC's National Center for Health Statistics presents national trends in health statistics in its yearly report *Health, United States*. The report for 2000 (<http://www.cdc.gov/nchs/products/pubs/pubd/hus/2000.htm>) points out disparities in health status, behaviors, and the use of health care.

The Administration on Aging (AoA) has awarded four community demonstration planning grants to develop initiatives that eliminate the high rates of diabetes and cardiovascular disease and increase the rates of adult immunizations in older minority and ethnic groups (<http://www.aoa.dhhs.gov/pr/Pr2000/healthdisparities.html>). AoA also has expanded its Web site to include a range of health and aging resources for and about minority groups and diverse aging populations as well as demographic snapshots and

statistics (<http://aoa.gov/minorityaccess>).

"Eliminating Health Disparities" was the theme of the November 2000 annual meeting of the American Public Health Association (APHA) (<http://www.apha.org/meetings/prgrmdetails.htm>). The conference featured numerous presentations on the theme and two live satellite broadcast programs, one cohosted with NIH's National Institute of Environmental Health Sciences on the influence of social and physical environments on health, and the other covering highlights of CDC's programs addressing disparities. (See *Call to the Nation* for information on another APHA-HHS collaboration.)

Examples of other organizations with Web information on health disparities include the National Association of County and City Health Officials (<http://www.naccho.org/>), American Psychological Association (<http://www.apa.org>), and the Consortium of Social Science Associations (<http://www.cossa.org>). Numerous governments, universities, foundations, legislators, and the media include health disparities information on their Web sites.

## In Print

### Cancer

A new brochure, *Simple Steps to Prevent Cancer*, is now available from the American Institute for Cancer Research (AICR). The brochure shows how the choices in what we eat each day affect our cancer risk and is based on AICR's *Six Diet and Health Guidelines for Cancer Prevention*. It explains the importance of a mostly plant-based diet, maintaining a healthy weight, staying physically active, avoiding or moderating alcohol, eating less fat and salt, preparing foods safely, and having a plan for taking action. For information, call 1-800-843-8114. The text of *Simple Steps to Prevent Cancer* is available online at <http://www.aicr.org/stp.htm>. To order printed copies, contact the American Institute for Cancer Research, Department HP, 1759 R Street, NW, Washington, DC 20009. The regular price for this brochure is \$.25 each. Bulk price (25 copies or more) is \$.20 each. One free printed copy may be ordered online at <http://www.aicr.org/form1.htm>.

### Crosscutting

The Cost Containment Institute has published a 32-page booklet entitled *Free and Low Cost Prescription Drugs*. The revised, fourth edition booklet gives information on how and where to obtain free and low cost prescription drugs. To order an electronic (PDF or plain text) version online at a cost of \$4, go to <http://www.institutcdc.org/orderbycc.htm>.

## Online

### Tobacco

A new Surgeon General's report on *Reducing Tobacco Use* provides strategies for halving smoking rates in the United States by the year 2010. Surgeon General David Satcher presented the report at the 11th World Conference on Tobacco OR Health. The report is the first ever to offer a composite review of tobacco intervention approaches to include educational, clinical, regulatory, economic, and comprehensive strategies proven to be successful in preventing and reducing tobacco use. To download and read the report, visit [http://www.cdc.gov/tobacco/sgr\\_tobacco\\_use.htm](http://www.cdc.gov/tobacco/sgr_tobacco_use.htm).

### Substance Abuse

A new public service campaign, **Keep Your Brain Healthy: Don't Use Drugs**, is being launched by the National Institute on Drug Abuse (NIDA). NIDA has produced a series of English and Spanish radio and television public service announcements (PSAs) designed to help America's youth understand the serious health risks associated with drug abuse. To see the television PSAs or listen to the radio PSAs, visit <http://www.drugabuse.gov/drugpages/psas.html>.

### Environmental Health

The Agency for Toxic Substances and Disease Registry has added **several new pages to its Web site that deal with environmental**

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### Injury and Violence Prevention

**Cycling Injuries Treated in Emergency Departments.** Elizabeth C. Powell and Robert R. Tanz. *Archives of Pediatrics & Adolescent Medicine* 154 (November 2000):1096-1100.

Bicycle helmets remain the best protection against bicycle-related injuries among children and adolescents.

**Effect of Community-Based Interventions on High-Risk Drinking and Alcohol-Related Injuries.** Harold D. Holder, et al. *Journal of the American Medical Association* 284 (November 8, 2000): 2341-2347.

A multi-level approach to prevention that involves the media, law enforcement, retail sales, and zoning can reduce the number of alcohol-related traffic crashes and injuries from alcohol-related violence.

### Access to Quality Health Services

**Disparities in Children's Oral Health and Access to Dental Care.** Wendy E. Mouradian, et al. *Journal of the American Medical Association* 284 (November 22/29, 2000):2625-2631.

Financial incentives for dental services, managed care accountability, improved collaboration between the fields of medicine and dentistry, and national leadership can reduce disparities in dental care and prevent dental problems among children in the United States.

### Substance Abuse

**Ethnic Differences in Adolescent Substance Initiation Sequences.** Lisa M. Guerra, et al. *Archives of Pediatrics & Adolescent Medicine* 154 (November 2000):1089-1095.

High school students who are black and male have the greatest risk of progressing from licit drugs such as beer to illicit drugs such as marijuana.

### Chronic Kidney Disease

**Racial Disparities in Access to Renal Transplantation: Clinically Appropriate or Due to Under-use or Overuse?** A.M. Epstein, et al. *New England Journal of Medicine*, 343(21) (November 2000):1536-1544.

Rates of renal transplantation were lower among blacks than among whites in this study of more than 1,500 patients.

### Nutrition and Overweight

**Over-the-Counter Weight Loss Aids: Safe in Teens?** W. Steven Pray. *U.S. Pharmacist* 25(10):October 2000.

Preventing obesity and reducing overweight among teenagers can best be achieved by increasing their physical activity levels and reducing the portion sizes of meals rather than by using over-the-counter drugs.

**Chicken Soup Inhibits Neutrophil Chemotaxis In Vitro.** B.O. Rennard, et al. *Chest*, 118(4): 1150-1157, 2000.

The vegetables in chicken soup appear to be responsible for relieving the symptoms of colds and upper respiratory infections.



## Meetings

**National Hispanic Medical Association's 5<sup>th</sup> Annual Conference.** Washington, DC. (202) 628-5895, or visit <http://home.earthlink.net/~nhma>. **March 23-25, 2001.**

**Association of Teachers of Preventive Medicine (ATPM) Conference—Teaching Prevention: Linking the Preventive Education Community.** Savannah, GA. (202) 463-0550, or visit [www.atpm.org](http://www.atpm.org). **April 4-6, 2001.**

**American Association of Suicidology 34<sup>th</sup> Annual Conference—Mind, Body and Soul: Three Dimensions of Suicide.** Atlanta, GA. (202) 237-2280, or visit [www.suicidology.org](http://www.suicidology.org). **April 18-21, 2001.**

**American Occupational Therapy Association Annual Conference.** Philadelphia, PA. E-mail [philly2001@aota.org](mailto:philly2001@aota.org), call 800-SAY-AOTA, or visit [www.aota.org](http://www.aota.org). **April 19-22, 2001.**

**American Medical Student Association's Community and Public Health Institute.** Reston, VA. (614) 946-5941, or visit <http://www.amsa.org/sc/cph/CPHI.html>. **April 19-22, 2001.**

**Council on Patient Information and Education 13<sup>th</sup> Annual National Conference.** Bethesda, MD. (301) 656-8565, or visit [www.talkaboutrx.org](http://www.talkaboutrx.org). **May 16-18, 2001.**

**35<sup>th</sup> Annual National Immunization Conference.** Atlanta, GA. (404) 639-8225, or visit [www.cdc.gov/nip/NIC/default.htm](http://www.cdc.gov/nip/NIC/default.htm). **May 29 – June 1, 2001.**

**Global Health Council 28<sup>th</sup> Annual Conference Healthy Women: Healthy World Challenges for the Future.** Washington, DC. (202) 833-5900, or visit [www.globalhealth.org/welcome.html](http://www.globalhealth.org/welcome.html). **May 29 – June 1, 2001.**

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**health and nursing.** The Web pages contain information on nursing in the field of environmental health. Training opportunities and a list server for communicating with other nurses in the field are also included. For more information visit <http://www.atsdr.cdc.gov/EHN/>.

### Disability and Secondary Conditions

A new, user-friendly Web site has been launched to **help parents access resources for infants and preschoolers with disabilities.** The site offers access to names and telephone numbers of people throughout the Federal government who can answer questions about children and disability issues. The site also showcases current Federal efforts that affect State programs and it promotes better understanding of how each Federal program directed at children with disabilities helps

young children. Visit <http://www.fed-icc.org>.

### Public Health Infrastructure

The National Committee for Quality Assurance (NCQA) has released its **fourth annual State of Managed Care Quality report.** The report is based on an analysis of health plan performance data from Quality Compass 2000, NCQA's database of managed care information. The 466 health plan products submitting data to the 2000 edition of Quality Compass cover 51 million people. To download the report (PDF format), visit <http://www.ncqa.org/>.

### Injury and Violence Prevention

The Centers for Disease Control and Prevention announces the **availability of fiscal year 2001 funds for Injury Control Research**

**Center grants.** This program addresses the Healthy People 2010 priority areas of Injury Prevention, Unintentional Injury Prevention, and Violence and Abuse Prevention. For more information, call 1-888-GRANTS (1-888-472-6874).

### Mental Health and Mental Disorders

The National Mental Health Consumers' Self-Help Clearinghouse has developed the **Freedom Self-Advocacy Curriculum to help teach self-advocacy skills to mental health consumers.** The Clearinghouse offers a complete set of training materials to teach three workshops. The training materials include a teacher's guide, student's guide, and handouts. Visit the Clearinghouse Web site to download and print training materials at <http://www.mhselfhelp.org/freedom/>, or call 1-800-553-4539.

## SPOTLIGHT

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American life. For example, as employers face a tight labor market and changing demographics in the workforce, this country's ability to address health disparities effectively also becomes critical to the continued health of the economy.

- The combined efforts of all sectors and disciplines of society—the public and private sectors, business and labor, nonprofit and community-based organizations, educational

institutions, the faith community and others—are essential. “Everyone must be at the table” is the invitation and the charge.

The Steering Committee is the result of a collaboration by APHA and HHS, two of many organizations working to ensure that current and future generations are healthier, happier, and more productive. (See accompanying *Health Disparities on the Web*.) The Committee seeks to catalyze national efforts and promote

coordination among the activities of government and nongovernment organizations, agencies, and individuals; and to advance research, knowledge, policy, and services. A national plan of action—to be developed by a larger coalition of some 300 people from national, State, and local organizations—is expected to be announced in fall 2001. (For more information, including names of Committee members, see [http://www.apha.org/news/press/2000/elim\\_dispar.htm](http://www.apha.org/news/press/2000/elim_dispar.htm).)

**The U.S. Department of Health and Human Services (HHS), unveiled a plan called *Action Against Asthma***, which uses the Healthy People 2010 objectives for asthma and focuses on disparities in the incidence of and deaths attributed to asthma. *Action Against Asthma* has four primary goals: (1) determine the causes of asthma and develop interventions to prevent its onset; (2) reduce the burden for people living with asthma; (3) eliminate the disproportionate burden of asthma in minority populations and those living in poverty; and (4) track the disease and assess the effectiveness of asthma intervention programs. For more

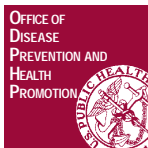
information, contact Stacey Katz at (202) 690-7287, or call Gail Robarge at (202) 690-7799.

**The Disability Action Center received a grant for its Childhood Injury Prevention Program (CHIP-III)** from the South Carolina Department of Disabilities and Special Needs, Office of Prevention to fund a new prevention program. The program will focus on reducing childhood injuries by increasing awareness of the causes of head and spinal cord injuries and will introduce prevention methods. Speakers with head and spinal cord disabilities will address youth groups and encourage dis-

cussions about people with disabilities and some of the issues they face. Speakers will also focus on the prevention of head and spinal cord injuries that can lead to life-long disabilities. Call (800) 681-6805 to schedule a presentation.

Researchers at the National Institute of Mental Health (NIMH) have released a **preliminary report that suggests that women who suffer depression in the early stages of menopause (perimenopause) may find estrogen to be an alternative to traditional antidepressants.** The researchers studied 34 women, 44 to 55 years old, who had experienced de-

pression with the onset of perimenopause. Measuring their hormone levels and conducting standardized diagnostic interviews confirmed perimenopause. The women received either estrogen or a placebo in a controlled, randomized way, for three to six weeks. Researchers found that estrogen had a therapeutic effect (boosted mood) in 80 percent of the depressed women in about three weeks. This is comparable to the therapeutic effect seen with antidepressant drugs. The report on the preliminary findings of this study can be found in the August 2000 issue of the *American Journal of Obstetrics and Gynecology*.



The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating prevention activities. *Prevention Report* is a service of ODPHP. This information is in the public domain. Duplication is encouraged.



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