Eliminating Racial and Ethnic Disparities in Health: The Role of the Ten Leading Health Indicators

David Satcher, MD

Washington, DC

ealthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda grounded in science, built through public consensus, and designed to measure progress. Intended to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century, Healthy People 2010 builds on initiatives pursued over the past two decades. In 1979, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention* provided national goals for reducing premature deaths and preserving independence for older adults. In 1980, *Promoting Health/Preventing Disease: Objectives for the Nation*, outlined 226 targeted health objectives to be reached by the year 1990. That plan was followed in 1990 by Healthy People 2000.

The Healthy People initiative continues in this tradition as an instrument to improve health with Healthy People 2010, which was launched in January 2000. A vast amount of knowledge, commitment, and collaboration was combined to produce national health objectives that are even more comprehensive than its predecessors. There are 467 objectives in 28 focus areas, making Healthy People 2010 an encyclopedic compilation of health improvement opportunities to achieve two overarching goals. The first goal, which addresses the fact that we are aging as a nation, is to increase the quality and years of healthy life. The second goal, which addresses the diversity of our population, is to eliminate health disparities based on race and ethnicity. This goal is also the basis for the Department's Race and Health Initiative, which started in 1998 as an outgrowth of President Clinton's Race Initiative. We selected six areas of focus: infant mortality, cardiovascular disease, breast and cervical cancer screening and management, preventing diabetes complications, child and adult immunizations, and HIV/AIDS. In every one of these areas, minorities are lagging sorely behind their white counterparts. In the areas of infant mortality, a baby born to an African-American mother has more than twice the risk of dying in the first year than a white infant. An American Indian infant is 1.5 times more likely to die during the first year of life than a white infant.

In cancer, African Americans are more likely to experience and die from cancer of the mouth and pharynx compared to the general population. Vietnamese women living in this country experience cervical cancer at five times the rate of white women. Hispanic women over 65 have twice the risk. Asian Americans are three to five times more likely to die from liver cancer. African-American men are twice as likely to die from prostate cancer

and although white women have the highest incidence of breast cancer, African-American women have the highest mortality.

In cardiovascular disease, African-American men suffer from heart disease at a rate 25% higher than whites; and African-American women are 40% more likely to die of congestive heart failure than white women.

In diabetes, American Indians suffer from diabetes at nearly three times the average rate. For Hispanics, the rate is nearly double that of whites, and African Americans develop diabetes 70% more than whites and have the highest incidence of diabetes-related mortality.

HIV/AIDS is increasingly becoming a disease of women, of the young, and of people of color. While racial and ethnic groups account only for about 25% of the U.S. population, they account for more than 50% of all AIDS cases. While overall AIDS deaths are down dramatically, AIDS remains the leading killer of African-American men age 25–44.

Finally, adult immunization rates are significantly low for people age 65 and older. Only 67% of elderly whites, 58% of elderly Hispanics, and 50% of African-American senior citizens reported receiving shots in the previous year. None of these rates is acceptable, but even here disparities are obvious.

Addressing the challenge of health improvement is a shared responsibility that requires the active participation and leadership of the federal government, states, local governments, policymakers, health care providers, professionals, business executives, educators, community leaders, and the American public itself. The program to eliminate disparities in health is not a federal program, but a national program, involving federal, state, and local government and some very important public-private partnerships. One such partnership is between our Department of Health and Human Services and (DHHS) and Grantmakers in Health, an educational organization that works with foundations and corporate giving programs to improve the nation's health. Another partnership exists between DHHS and the American Public Health Association. It includes a three-phase plan designed to create a blueprint for collaboration, develop a detailed, comprehensive national plan, and implement the plan by 2002. Several states have also joined this national effort by announcing their own plan to eliminate disparities.

With such a voluminous amount of material, a

major challenge throughout the history of Healthy People has been to balance a comprehensive set of health objectives with a smaller set of health priorities. Thus, for the first time, a set of leading health indicators were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The indicators illuminate individual behaviors, physical and social environmental factors, and health system issues that greatly affect the health of individuals and communities. They can be divided into two groups of five.

Lifestyle Indicators

The first five are lifestyle indicators and represent some of the most important challenges facing public health today, but they also represent some of the best opportunities we have for shaping a better future.

Tobacco use is the leading preventable cause of death in the United States today, resulting in nearly half a million deaths each year. This is especially alarming considering that given what we know about the harmful effects of tobacco, 3,000 teens become new smokers every day.

Physical inactivity is another serious lifestyle challenge confronting the nation. In fact, more than 300,000 deaths each year are attributed to physical inactivity and dietary factors. The dangers of being physically inactive are many, including increased risk of heart disease, stroke, diabetes, and colon cancer. Health experts recommend at least 30 minutes of physical activity a day, at least five days a week, along with a healthy diet of grains and at least five servings of fruits and vegetables a day.

Overweight and obesity are linked to physical inactivity and poor diets. The incidence of obesity in children and adults is not without resultant serious health risks. Diabetes is an area of particular concern, because of the growing incidence of Type 2 diabetes, also known as adult onset diabetes, in children. This is a critical area. If we don't do something soon to address this issue, we will lose footing on the advances we have recently made in our death rates.

Substance abuse, including alcohol and illicit drug use, is an area of primary concern. Interestingly, the drug of choice among college students is alcohol. That is not to say that we are not concerned about illicit drugs, but when 40%–50% of college

students binge drink, meaning they will drink more than five drinks in one setting about once a week or twice a month, we must take notice. It means they drink to get drunk, which amounts to a major problem on our college campuses, especially when you consider that these students are putting themselves and others at increased risk for alcohol-related diseases, motor vehicle crashes, irresponsible sexual behavior and violence—not to mention poor academic performance.

The final lifestyle indicator is responsible sexual behavior, which means remaining abstinent until in a committed relationship. It also means protecting yourself and others against disease and unwanted pregnancy. The message we try to communicate here is that relationships should begin, not with sex, but with communication, appreciation, understanding, respect, and caring. Irresponsible sexual behavior is not just irresponsible, it can be deadly. The AIDS pandemic is worse than anything we have seen since the plague of the 14th century or the influenza epidemic of 1918.

This healthy lifestyles message is spelled out on my Surgeon General's prescription, which my staff developed shortly after I was sworn in as Surgeon General and Assistant Secretary for Health. I carry them with me wherever I go and they often come in handy as a way to reinforce the message.

Health System Indicators

In addition to the five lifestyle indicators, there are five health system indicators. We need a new approach to mental health in this country. We released the landmark *Surgeon General's Report on Mental Health* in December 1999. Over the last 25 years, we have witnessed a scientific revolution in our understanding of mental health and mental illness that has resulted in a vast array of safe and effective options to treat mental disorders. The report notes that 1 in 5 people experiences a mental disorder each year, but because of stigmas and shame, too few people are seeking the help that is available to them. As a forerunner to the Mental Health Report, we published the *Surgeon General's Call to Action to Prevent Suicide*, which outlines the need for a national strategy to treat depression and other mental health problems. Both reports have garnered a tremendous amount of enthusiasm and interest in mental health from the American people.

Immunizations, one of the best public health interventions to date, is another area we are concerned about, both in children and adults, because we have not done the best job we can do as a nation. While we have come a long way with regard to children's immunizations, there is still work to be done.

Another system enhancement relates to violence and injury prevention, including homicides, suicides, and crashes. We will release a Surgeon General's Report on Youth Violence Prevention by the end of the year to address that topic.

Related to that is environmental quality, which includes both physical and social environment, and addresses areas such as work-related stress, injury and violence. An estimated 25% of preventable illnesses worldwide can be attributed to environmental quality, including air, water, soil, exposure to toxins. African-American and Hispanic children are at increased risk, because they are much more likely to grow up near hazardous waste sites than white children. In fact, although minorities constitute only about 25% of the population in this country, 40% of the people who live within two miles of hazardous waste sites are minorities, with most of this subset being children. Other social environmental issues include housing, transportation, and urban development.

Lastly, we must ensure access to care for all Americans. We need a balanced community health system that emphasizes health promotion, disease prevention, early detection and universal access to care. Our health system has disproportionately punished the poor and minorities and those who serve them. So we must find ways to ensure that cost, quality, and accessibility—not to mention the issues surrounding socioeconomic status, such as education, income, housing—do not serve as barriers to quality care. And we must find ways to ensure that we have a diverse pool of physicians who are culturally competent available to serve.

Lack of health insurance is a major problem when it comes to access to care. More than 44 million people in this country are without health insurance, 11 million of them children. However, it is not the only barrier to quality care. Our healthcare system is full of "un's," including being underserved, underinsured and underrepresented, uninformed, unconvinced, and untrusting. Healthy People 2010, through the implementation of the leading health indicators, is designed to address all of those concerns.

We will be approaching these leading health indicators the same way the nation approaches the leading economic indicators. We will keep close watch on them, regularly collecting data from state, local and federal health agencies, and track their progress to see how well we are doing as a nation. They will serve as the mechanism that allows states and communities to evaluate their health status, assist in prioritizing what actions they want to take, and help them assess their success over time.

The leading health indicators are intended to help everyone more easily understand the impor-tance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade. All of the indicators are designed to support Healthy People 2010 goals of increasing the quality and years of healthy life and eliminating disparities in health based on race and ethnicity. For each Indicator, specific objectives from Healthy People 2010 will be used to track progress and by communicating progress on the leading health indicators through national and State level report cards, achievements and chal-lenges will be recognized.