



NEWS RELEASE

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2012 HOUSEHOLD HEALTH SURVEY FINDS MINORITIES EXPERIENCE HEALTH DISPARITIES

April Marks National Minority Health Month

PHILADELPHIA—April marks National Minority Health Month, which aims to reduce racial and ethnic health disparities. To commemorate the event, the Community Health Data Base (CHDB) released the results of its 2012 Household Health Survey on the health of racial and ethnic minority groups in Southeastern Pennsylvania. The data examined key indicators for adults 18 years of age or older in the region who identify as Black, Latino, or Asian and found that minority groups in the region experience a number of health disparities.

“We examined several indicators in minority populations,” says Sarah Ingerman, Associate at the PHMC Center for Data Innovation. “These indicators include health status, chronic illnesses, insurance status, barriers to care, obesity, smoking and mental health status. We found a number of health disparities in each area.” According to the federal Office of Minority Health, minority populations in this country experience higher rates of illness and death from heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight and obesity.¹

Regional Landscape

In Southeastern Pennsylvania (SEPA), nearly two-thirds of adults 18 years of age or older identify as White (64%), one-fifth identify as Black (20%), one-tenth identify as Latino (10%), 5% identify as Asian and 1% identify as an “other” race or ethnicity. When looking at 2012 Household Health Survey data, it is evident that minority groups in the region experience a number of health disparities.

Health Status and Chronic Conditions

- More than one-quarter of Latino adults (27%), one-quarter of Black adults (25%) and nearly one-tenth of Asian adults (8%) are in fair or poor health.

¹ Office of Minority Health website (<http://minorityhealth.hhs.gov>)

- Approximately one-fifth of Latino and Black adults (21% and 20%, respectively) and 8% of Asian adults have been diagnosed with asthma.
- One-fifth of Black adults (20%), 15% of Latino adults and 11% of Asian adults have been diagnosed with diabetes.
- Almost half of Black adults (45%) have high blood pressure. More than one-quarter of Latino adults (26%) and 12% of Asian adults have high blood pressure.

Access and Barriers to Care

- Nearly one-fifth of Latino (19%) and Asian (18%) adults and 11% of Black adults do not have a regular source of health care.
- Four in ten Latino adults (39%) have visited an emergency room one or more times in the past year, followed by 37% of Black adults and 18% of Asian adults.
- When looking at barriers to care, nearly one-fifth of Latino adults (19%) and 15% of Black adults did not go to a needed doctor's appointment due to transportation problems.²
- Also, more than one-fifth of Latino adults (21%), 15% of Black adults and 11% of Asian adults experienced a time in the past year when they were sick but did not seek health care due to the cost.
- One's insurance status and ability to access health care often go hand-in-hand. Minority groups are more likely to be uninsured; more than one-quarter of Latino adults (26%), 19% of Black adults and 15% of Asian adults are without health coverage.

Obesity, Smoking and Mental Health

- More than one-third of Black adults (34%) are overweight and four in ten (40%) are obese. One-third of Latino adults (33%) are overweight and one in three (30%) are obese. Nearly three in ten Asian adults (27%) are overweight and 8% are obese.
- One-quarter of Black adults (25%) currently smoke, followed by 22% of Latino adults and one-tenth of Asian adults (10%).
- More than two in ten Latino adults (22%) have been diagnosed with a mental health condition; 17% of Black adults and 7% of Asian adults have been diagnosed with a mental health condition.

When looking at these health indicators among minority groups and additional demographic variables, further health disparities become evident. Many of the variables are closely tied to educational attainment, employment status and poverty status. In many cases, as educational attainment increases, the likelihood of suffering from chronic conditions or experiencing barriers to care decreases. Similarly, individuals who are employed and live at or above 100% of the Federal Poverty Level experience fewer negative health outcomes. "It is essential to utilize these data on health disparities to help improve health and health care outcomes for racial and ethnic minorities in Southeastern Pennsylvania," says Ingerman. "Awareness is the first step to addressing and correcting these disparities."

² Asians are not included here due to insufficient sample.

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About PHMC Center for Data Innovation

PHMC Center for Data Innovation offers full service research capabilities focused on improving community health in the Delaware Valley. Using refined data collection technologies and tools to improve accessibility and timeliness of data, PHMC Center for Data Innovation works towards improving decision-making, planning more effective programs, innovation and measuring community impact. The Center includes the Community Health Data Base and other research initiatives at PHMC. For more information about the PHMC Center for Data Innovation, contact Francine Axler at francine@phmc.org or visit www.phmc.org.

About Household Health Survey

Public Health Management Corporation's Community Health Data Base Household Health Survey is one of the largest regional health surveys in the country. The Pew Charitable Trusts, William Penn Foundation, United Way of Southeastern Pennsylvania, United Way of North Penn, Green Tree Community Health Foundation, North Penn Community Health Foundation, Thomas Scattergood Foundation, Pottstown Area Health and Wellness Foundation, and over 350 local agencies from the health, government, nonprofit and academic sectors help to support the Household Health Survey and the CHDB. For more information, or to access key findings from previous years, visit www.chdbdata.org.

About PHMC

Public Health Management Corporation (PHMC) is a nonprofit public health institute that creates and sustains healthier communities. PHMC uses best practices to improve community health through direct service, partnership, innovation, policy, research, technical assistance and a prepared workforce. PHMC has served the region since 1972. For more information on PHMC, visit www.phmc.org.