Kentucky Public Health Association (KPHA) supports initiatives to reduce racial health disparities. KPHA supports increased awareness of the disproportionate burden of disease, disability and death and supports strategies targeted to improving the health status of minority populations in Kentucky.

Elimination of health disparities is a major goal of the national preventive initiative, Healthy People 2010. Huge racial/ethnic disparities exist in the U.S. in terms of disease rates and disease outcomes.

- African Americans are 29 percent more likely to die from heart disease.
- African American women are 2 times more likely to die from cervical cancer than Caucasian women; and,
- African American men are 2.5 times more likely to die from prostate cancer than Caucasian men.
- African Americans who die from HIV experience more than 10 times as many age-adjusted years of potential life lost before age 75 years per 100,000 population as compared to Caucasians.
- Minorities have higher rates of type 2 diabetes than Caucasians
  - Hispanic/Latinos 1.9 x more likely
  - African Americans 2.0 x more likely
  - American Indians & Alaska Natives 2.6 x more likely
- African Americans and American Indians have higher rates of diabetes-related complications such as kidney disease and amputations.
- African American have 2.4 times the infant mortality rate of non-Hispanic whites (Matthews et al., 2006).

Disparities are also seen in percentages of 1) non-elderly without health insurance (34% of Latinos vs. 21% of African Americans vs. 13% of Caucasians), 2) adults aged ≥65 years vaccinated against influenza (57% of Latinos vs. 48% versus African Americans vs. 69% of Caucasians), and 3) women receiving prenatal care in the first trimester (82% of Latinos vs. 75% of African Americans vs. 89% of Caucasians).

According to the Centers for Disease Control and Prevention, rapidly changing U.S. demographics illuminate disparities that, if not addressed, will have an even greater strain on the health care system. KPHA supports:

1) Increase awareness of the disproportionate burden of disease, injury, disability and death for racial/ethnic minorities, and
2) Evidence-based public health initiatives specifically developed to improve the health status of minorities.
Sources:


