

What Must We Do To Meet Healthy People Goals?

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The Healthy People 2000 progress reviews, *Health United States 1998*, and other data developed by HHS, provide a mixed picture of our success in reducing health disparities among all Americans.

Success Stories

For more than half of the objectives (56 percent), we've seen an improvement. We are making progress for 43 percent of the objectives, and we are reaching or surpassing our targets for 13 percent. We have closed the gap between Black and White women in the use of mammograms. *Health United States 1998* reports that Black women are as likely or more likely than White women to report having a recent mammogram.

The proportion of Hispanic women age 18 and over that have ever received a pap test has increased from 75 percent in 1987 to 91 percent in 1994—approaching the year 2000 target of 95 percent, according to *Healthy People Review 1997*.

Teen birth rates for minorities are on the decline. The rates for 15-19 year old Black teens dropped 21 percent between 1991 and 1996 to their lowest level ever. Teen birth rates declined 9-13 percent during this period for Whites, American Indians, Asian and Pacific Islanders, and Hispanics.

We are closing some of the gaps in chronic liver disease and cirrhosis. In 1980, Blacks were 96 percent more likely to die from chronic liver disease and cirrhosis than whites. In 1995, Blacks were only 30 percent more likely to die from chronic liver disease and cirrhosis than whites. Heart disease mortality has declined for all racial and ethnic groups since 1985, and the largest decline in heart failure deaths among the persons aged 65 and older between 1988 and 1995 was among Black men.

Yet we are far from reaching many of our year 2000 objectives. For 18 percent of the objectives, we actually moved away from 2000 targets; for 2 percent we were stagnant; and for 7 percent we experienced mixed results. We have insufficient data to assess progress for another 14 percent of the objectives. The situation is even more severe for our minority-specific objectives. Here are some examples:

For American Indians and Alaska Natives (AI/AN), nine objectives showed movement away from the targets, including overweight prevalence, diabetes prevalence, and cirrhosis deaths, according to the 1995 Progress Review for AI/ANs.

In 1994, the homicide rate among Hispanic males aged 15-34 increased to 52.2 per 100,000 from the 1987 baseline of 41.3 per 100,000. The year 2000 target is 33 per 100,000.

Tuberculosis incidence rates among Asian Americans and Pacific Islanders (AAPI) are approximately five times higher than the rates for the total population. And, the tuberculosis rate for AAPIs is increasing while decreasing for the total population.

The Challenges

Many strategies must be pursued. Nearly 50 percent of all AIDS cases have been reported among racial and ethnic minority communities, while minorities make up only 25 percent of the total population. Prevention and behavior change, if coupled with improvements in research, service availability, and therapeutic interventions, can make a major difference in reducing the HIV burden on minority communities.

Cultural competence is critical. Services must be accessible and acceptable to all Americans, regardless of their racial or ethnic background, language, education level or financial situation. Some groups see a stigma attached to seeking care for a problem such as a mental health condition. Getting them through the door of the health system is itself a challenge. For others, the health system they meet is an unfamiliar and unfriendly one, unresponsive to their needs, denigrating their dignity, and uncomprehending of their understanding of health and disease. These factors cannot be ignored by providers and public health workers who seek to be effective.

Research is another critical area, but the concept of research can be intimidating to some communities. The legacy of the Tuskegee Syphilis Study is not positive, and suspicion of researchers' hidden agendas presents unique challenges to the participation of minority communities in the research process.

For still other objectives, the differential impact of environmental hazards on minority communities must be confronted if high rates of disease are to be eliminated. And finally, health outcomes will be difficult to change without sustained attention to poverty, lack of education, and racism, all of which correlate strongly with poor health status.

Public involvement in Healthy People 2010 is essential to ensure that elimination of health disparities is placed at the center of the agenda, to ensure that appropriate targets are set, and to implement and support creative public health strategies. We can begin by learning from the Healthy People 2000 experience and by setting ambitious objectives that will guide us on the right path for the next decade. ❖

