



Health Disparities Among African-Americans

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While the spotlight right now may be on the disadvantages African Americans face while fighting the novel coronavirus (COVID-19), they are also disadvantaged throughout the health care system when combating other diseases.

Compared to their white counterparts, African Americans are generally at higher risk for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, and HIV/AIDS, according to the Office of Minority Health, part of the Department for Health

and Human Services.¹

One possible contributing factor: The Centers for Disease Control and Prevention (CDC) says African Americans are more likely to die at early ages for all causes,² as young African Americans are living with diseases that are typically more common at older ages for other races. For example:

High blood pressure is common in 12% vs. 10% of blacks vs. whites aged 18-34 years, respectively. It is common in 33% vs. 22% of those aged 35-49 years, respectively. Diabetes is common in 10% of blacks aged 35-49 compared to 6% of whites. Stroke is present in 0.7% of blacks aged 18-34 compared to 0.4% of whites the same age. Stroke is common in 2% of African Americans compared to 1% of whites aged 35-49 and 7% vs. 4%, respectively, in those aged 50-64.

The CDC said that social factors compared to others in the U.S., specifically whites, affect African Americans at younger ages: unemployment, living in poverty, not owning a home, cost-prohibitive effects of trying to see an MD, smoking, inactive lifestyle, or obesity.

A white paper from Cigna went further, acknowledging mental health disparities between African Americans and white patients. They noted blacks are 20% more likely to report psychological distress and 50% less likely to receive counseling or mental health treatment due to the aforementioned underlying socioeconomic factors.³

Another area of health care there is a disparity is among renal disease. Blacks and African Americans can suffer from kidney failure at as much as 3 times the rate of Caucasians, according to the National Kidney Foundation.⁴ Black patients represent as much of a third of all patients in the U.S. receiving dialysis for kidney failure, though they don't represent anywhere near that proportion of the U.S. population, they added. Individuals who are black alone, the Office of Minority Health says, make up 12.7% of the U.S. population.

Cancer is another avenue for the differences in health outcomes between white and black Americans. The American Cancer Society said that for most cancers, African Americans have the highest death rate and shortest survival.⁵ However, the overall cancer death rate has dropped faster in African American men and women compared to whites since 1990. They believe this has been driven by more rapid declines among black patients for lung, colorectal, and prostate cancers. This progress has narrowed the black/white disparity for cancer mortality and they estimate almost half a million cancer deaths for black patients were avoided over the previous 25 years.

As noted, the emergence of the COVID-19 has added another spotlight on the health care disparities for black Americans. African Americans are experiencing more serious illness and death from COVID-19 compared to white people, according to data from Johns Hopkins.⁶

Some minorities are being disproportionately affected by COVID-19, the CDC said, stemming from inequalities in health care access and poverty.⁷ African Americans are experiencing 2.6 times higher cases, 4.7 times higher hospitalization rates, and 2.1 times more death from COVID-19 compared to white counterparts, the CDC said.⁸ But to combat this harmful trend, Johns Hopkins suggested targeted messaging promoting social distancing and discouraging the stigma associated with COVID-19. Making testing available for those without primary care physicians or access to one is another important way to mitigate racial disparities in health care particularly in the context of COVID-19.

Notably, in 2017, 89% of African Americans had health care coverage compared to 93% of white Americans; 44% of African Americans had government health insurance that year.⁹ Additionally, 12% of African Americans under the age of 65 reported having no health care coverage that year.¹⁰

Health care providers can also look at the race gap through the lens of mortality rates. The leading causes of deaths for African Americans have not changed from 1999 to 2015, the CDC said, but the rates have decreased. Heart disease deaths dropped 43% in that time period, cancer deaths dropped 29%, and stroke deaths were down 41%.

The American Heart Association said getting checked regularly and working with doctors to decrease risk factors can help take care of African Americans' heart health.¹¹ A 2017 statement from the American Heart Association said that disease management is less effective among this population which can contribute to higher mortality.¹² Clinicians and researchers from multiple disciplines can help promote equity in the cardiovascular health of African Americans, they said.

In order to help mitigate these health care disparities, a 2010 American College of Physicians position paper recommended,¹³ among other things, strengthening health literacy among racial and ethnic minorities and creating cultural competency initiatives beginning in medical school for physicians and health care professionals.

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