

# Disparities in Health: A Growing Reality for New Hampshire

Issue Paper 1, September 2004

## Introduction

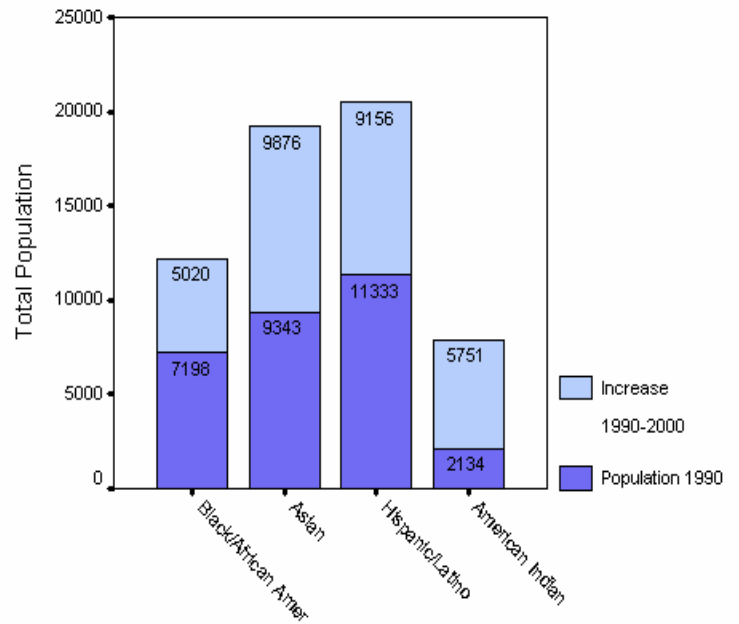
Racial and ethnic disparities in health status have been well documented in the United States. Evidence of disparities exists across a wide range health areas including cardiovascular disease, cancer, diabetes, and HIV/AIDS. Factors commonly cited as contributing to these disparities include the lack of access to health care services, the reception of lower quality healthcare compared to non-minorities, and minority residential concentration in unhealthy physical environments [1]. As minority populations continue to grow in New Hampshire (see Figure 1), issues relating to minority health become increasingly important for the state.

Nationally, the issue of racial and ethnic health disparities has been receiving increased attention. Healthy People 2010, the health agenda for the nation, established the elimination of health disparities as one of the two overarching health promotion goals for the United States. In response, the Centers for Disease Control and Prevention (CDC) launched the Racial and Ethnic Approaches to Community Health (REACH) 2010 program with the goal of eliminating racial and ethnic health disparities by the year 2010. In 2000, the New Hampshire Minority Health Coalition (NHMHC) and its Initiative partners were awarded a REACH 2010 grant to coordinate efforts to address racial and ethnic health disparities in New Hampshire.\* The New Hampshire REACH 2010 Initiative seeks to improve the health status of African Descendent (comprising African Americans as well as blacks from Africa and the Caribbean) and Latino communities in Hillsborough County through research, outreach, and education with a focus on diabetes and hypertension. Both community members and health care providers have participated in the interventions implemented by the NH REACH 2010 Initiative.

### Racial and Ethnic Health Facts:

- Nationally, Blacks and Latinos are more than 50% more likely to get diabetes than Non-Hispanic Whites [2].
- Nationally, deaths from diabetes are twice as likely in the African American population than in the White population [2].
- In 1999, the rate of coronary heart disease deaths in the United States was 25% greater for African Americans than the general population [2].
- In 2000 there were 12,166 Latinos and 6,234 Blacks living in Hillsborough County [3].

Figure 1. Increase in NH Minority Populations 1990-2000 [3-4]



One of the primary goals of the NH REACH 2010 Initiative has been to describe the access to health care, health behaviors, and health status of the African Descendent and Latino communities in Hillsborough County, NH through extensive data collection. The lack of minority health data in New Hampshire was recently highlighted in an issue brief by the Endowment for Health which stated “health data specific to minorities residing in New Hampshire is minimal”[5]. This absence of data has hindered efforts throughout New Hampshire to assess the health care needs of minority populations and to provide services to address these needs.

This issue paper will highlight some of the important findings of the NH REACH 2010 Initiative relating to the health of African Descendent and Latino populations in Hillsborough County, NH. The minority health data reported in this issue paper comes from the NH REACH 2010 Initiative authored *Data Report on the Health of African Descendents and Latinos in Hillsborough County, New Hampshire* [6] and a random phone survey conducted by the National Opinion Research Center (NORC) [7] as part of the REACH 2010 evaluation. This data is then compared to New Hampshire Behavior Risk Factor Surveillance Survey (BRFSS) [8] data administered to non-Hispanic White residents of New Hampshire to assess the extent of disparities related to access to health care and health status.

\*NH REACH Initiative Partners include the NHMHC, Manchester Community Health Center, Dartmouth Hitchcock Medical Center, Manchester Health Department, Latin American Center, New Fellowship Baptist Church, Nashua Area Health Center, Southern New Hampshire Area Health Education Center

**Methods:** The data collection methods used by the NH REACH 2010 Initiative are discussed at length in reference 6. In summary, face-to-face surveys were administered to 490 Latino and 190 African Descendent residents of Hillsborough County, NH between March of 2002 and September 2003. The survey data was then weighted based on Census 2000 parameters of age and gender in order to provide estimates that are more representative of the African Descendent and Latino communities at large. NORC data was collected through a random digital dialing (RDD) phone survey of 218 African Descendent and 637 Latino residents of Hillsborough County, NH between April of 2003 and January of 2004. The data was weighted according to selection probability alone. Similar to NORC data, NH BRFSS data was collected through a RDD phone survey of New Hampshire residents (including approximately 4750 non-Hispanic White respondents in the data shown here) and then weighted according to selection probability, race, ethnicity, geographic distribution, age, and gender. The most recent NH BRFSS data available on the health parameters of interest for non-Hispanic Whites was used for this issue paper. Data from NH REACH 2010, NORC, and NH BRFSS on health insurance status, body mass index (a measure of overweight and obesity), and prevalence of diabetes and hypertension (as measured by whether respondents had been told by their doctor that they had diabetes or hypertension) were then compared to assess the presence and extent of racial and ethnic health disparities in New Hampshire. Because the data came from three different sources which utilized different weighting formulas, statistical tests to formally assess racial and ethnic disparities were not performed.

**Results:** African Descendents and Latinos differed substantially from Non-Hispanic Whites on most of the indicators of health we assessed. While 2002 NH BRFSS data indicated that 89% of non-Hispanic Whites reported having health insurance coverage, NH REACH 2010 data showed that only 62% of African Descendents and 38% of Latinos reported having health insurance (NORC data was not available). Racial and ethnic disparities were also visible in weight and weight control as well as the prevalence of diabetes but not in the prevalence of hypertension (see Figures 2 and 3).

Figure 2. Prevalence of Overweight and Obesity

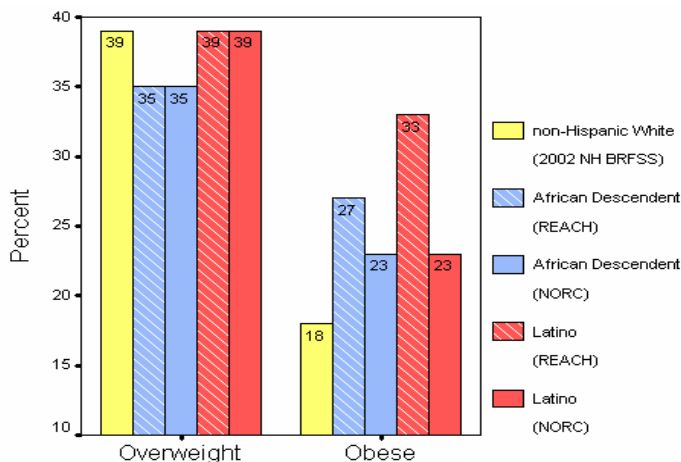
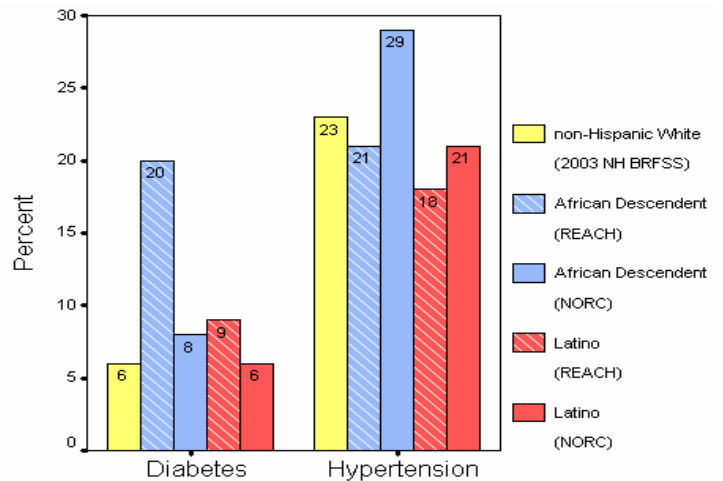


Figure 3. Prevalence of Diabetes and Hypertension



**Discussion:** The findings demonstrate evidence of disparities in areas of health insurance, body mass index, and prevalence of diabetes among Latinos, African Descendents, and non-Hispanic Whites. Because the African Descendent and Latino populations in New Hampshire tend to be younger than the non-Hispanic White population in New Hampshire [3], these disparities are likely to grow more marked over time as minority populations age.

Our findings indicate a need for health and health access interventions targeted toward Latino and African Descendent populations to be implemented in New Hampshire. In addition, validation of these findings should occur at the statewide level through over-sampling of minority populations in subsequent administrations of the NH BRFSS.

**Next Steps:** The NH REACH 2010 Initiative will be releasing additional issue papers in the coming months in order to describe health issues affecting minority populations in New Hampshire and to highlight efforts to address these issues. More information about the NH REACH 2010 Initiative and the *Data Report* can be found on the web at: [www.nhhealthequity.org](http://www.nhhealthequity.org).

**References**

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