

## **A Comprehensive Approach to Health Disparities Elimination in Arizona**

### **Summary:**

Although the health of all Americans has continued to improve over the more than two decades since the landmark 1985 report *Task Force Report on Black and Minority Health* was issued, many significant health disparities (e.g., infant mortality among African Americans) have proven remarkably persistent. Indeed, in some cases disparities in health are continuing to increase. Whether measured by race/ethnicity, income, geography, or other variables, quality and quantity of life, it clearly remains an uneven playing field in the United States.

The remarkable doggedness of these disparities in the world's richest country suggests the intransigency of their origins: poverty, poor educational attainment, and lack of access to prevention services and health care. Governmental entities such as state and local health departments have historically been charged with the task of remediating these disparities and have generally performed admirably within an environment of limited resources and shifting politics. However, with each passing year, it becomes more clear that only a comprehensive approach that combines the efforts of community stakeholders with government officials, the business sector, elected officials, the health care sector, the faith community, schools and many others stands the best chance of eliminating health disparities in this country.

### **Background:**

*Source: Differences in the Health Status by Race/Ethnic Groups, Arizona 2005, Bureau of Public Health Statistics, Arizona Department of Health Services,*  
<http://www.azdhs.gov/plan/report/dhsag/dhsag05/index.htm>

### **Key Facts:**

- In 2005 African Americans, American Indians, and Hispanics ranked worst in overall health status in Arizona.
- In 2005, the median age of death for men was American Indian at 54 yrs followed by African Americans at 58 yrs, Hispanics at 61 yrs, Asian at 71 yrs, and White at 76 yrs.
- In 2005, the median age of death for females was American Indian at 66 yrs followed by Asian at 71 yrs, Hispanics at 71 yrs, African Americans at 73 yrs, and White at 81 yrs.
- African Americans have the highest mortality rates for: infant mortality (12.8 per 1,000), cardiovascular disease (343.3 per 100,000), cerebrovascular disease (66.0 per 100,000), breast (35.7 per 100,000), colorectal (27.0 per 100,000), and lung cancers (53.0 per 100,000), and the highest rate of HIV/AIDS (41.6 per 100,000).
- American Indians had the highest mortality rates for: diabetes (69.9 per 100,000), hypertension (15.8 per 100,000), influenza and pneumonia (72.0 per 100,000), motor vehicle accidents (62.6 per 100,000), suicide (17.5 per 100,000), and second highest for infant mortality (8.3 per 1,000).

- Hispanics mortality rates were second for: cardiovascular diseases (266.1 per 100,000), malignant neoplasm - cancer (165.9 per 100,000), cervical cancer (4.1 per 100,000), third for diabetes (46.0 per 100,000), and had the highest for teen pregnancy (55.5 per 1,000) and women giving birth with no prenatal care (3.6 per 100 live births).
- Asians have the highest mortality rates for fall related injuries (15.0 per 100,000), and cervical cancer (4.6 per 100,000). It is important to note that many ethnicities and nationalities are grouped together within the Asian/Pacific category. When separated there are high rates of specific disease for individual groups, including liver and stomach cancers, Hepatitis B infections and tuberculosis.

**Statement of Desired Action:** AzPHA supports immediate action to address health disparities in Arizona, including but not limited to comprehensive health planning and development, and implementation of health policies and programs.

**Legislative Action Required:** AzPHA supports bills that address social causes of health disparities, such as poverty, poor educational attainment, poor access to health care and public health services; and also supports the development of high-quality, culturally competent health care and public health services, evidence-based health programming, and ongoing research into health disparity causes and interventions.

## **PROPOSED RESOLUTION**

**September, 2008**

**Whereas,** health disparities exist among vulnerable populations to include; those who live in poverty, elders, youth, underserved communities (urban and rural), uninsured and racial/ethnic groups in Arizona where unequal social and economic factors contribute to health disparities, and

Whereas, effectively addressing health disparities in Arizona will require the active participation of public health officials, the health care industry, policymakers, human services agencies, schools and universities, the justice system, the business sector, the media and community members;

Whereas, communities bear the right of self-determination related to health and have a key role to play in redressing health disparities;

Whereas, the Arizona Public Health Association has long supported strategies to reduce health disparities and foster social justice for all Arizona.

Therefore Be It Resolved that the Arizona Public Health Association supports efforts to create a comprehensive framework to address health disparities in Arizona;

Further Be It Resolved that the Arizona Public Health Association supports the ongoing collection and analysis of health related data for the purpose of program planning, evaluation and advocacy planning.

Further Be It Resolved that the Arizona Public Health Association supports efforts to implement cultural competency and health literacy practices that close the isolation gap for groups at risk for health disparities.

Further Be It Resolved that the Arizona Public Health Association supports legislation and other public policies that can potentially reduce the health disparities found in Arizona.

Further Be It Resolved that the Arizona Public Health Association supports efforts (including legislation) that address social inequities that lead to disparities in health, including but not limited to inequities in income, education, employment, housing and access to health care.

Further Be It Resolved that the Arizona Public Health Association supports community-level action to address priority health disparities.

Further Be It Resolved that the Arizona Public Health Association supports a comprehensive approach to health disparities elimination that addresses factors on an individual, environmental, community and systems level.

Submitted by Jana Granillo and Doug Hirano

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