



April is recognized as “*National Minority Health Month.*” What does that mean? Why is it important? The conditions in which we are born, live, learn, work, play, and worship, as well as our age, are known as social determinants of health (SDOH), and it is in these “conditions” that disparities can take root.

In the US the Hispanic population is the largest “minority group.” Examples of other minority groups would include Black & African American, Middle Eastern, Native Americans and Asians. It is also true that disparities in healthcare have been identified in women’s health care and various religious and cultural traditions. Language barriers are a contributing factor. And yes, some individuals, for a variety of reasons, distrust and avoid medical care. Some diseases do affect distinct populations: sickle cell disease primarily affects people of African descent, Tay-Sachs disease occurs in Ashkenazi Jews, and gallbladder disease is more common in the Hispanic/Latino population. According to 2012 US census figures, 50.4% of all US children belong to a racial or ethnic minority.

- African American and Latino children are almost twice as likely as Caucasian children to have untreated tooth decay in primary teeth. (1)
- Black women have a 38% higher mortality rate from breast cancer than white women. (2)
- In 2005 the pregnancy-related mortality for white women was 11.7 per 100,000 births, and 39.2 for non-Hispanic black women
- In 2006 76% of white women, 58% of black women and 58% of Hispanic women received prenatal care in the first trimester. (3)
- The connection between healthy diets and good health outcomes is well established.

But if you cannot get to a grocery store (and there could be many reasons) you are in a “food desert” and your health suffers.

- Black females, in grades 9-12, were 60% more likely to attempt suicide in 2019, as compared to non-Hispanic white females of the same age. Suicide attempts for Hispanic girls, in grades 9-12, were 30% higher than for non-Hispanic white girls in the same age group, in 2019. (4)

A 2009 study found that if the prevalence of diabetes, hypertension & stroke in the African American & Latino communities were reduced to the same prevalence that is in the non-Latino white population \$23.9 billion would be saved.

What about New Hampshire? The 2021 Health Disparities Report found high disparities between those with less than a high school education and college graduates for both a high health status and for smoking. There is a high disparity between females and males for premature death (with males being worse than the national average). (5)

What can we do? It is well known that health care disparities occur within the context of broader inequalities. Bias, stereotyping, prejudice, and clinical uncertainty contribute to disparities. We can strive to see that children get good medical and dental care and eat a healthy diet. We can encourage active screening for colon and breast cancer. Employers should provide for adequate medical coverage. Women need to have adequate obstetrical care.

All health care professionals need to treat every patient with the same care and skill. Bias and prejudice need to be defeated on all fronts. Smoking and alcohol consumption must be discouraged. These things require that the few give up “rights” for the better health of the whole society.

(1) National Center for Health Statistics  
 (2) <https://pmc.ncbi.nlm.nih.gov/articles/PMC5451937/>  
 (3) <https://pubmed.ncbi.nlm.nih.gov/18277471/>  
 (4) Dr. Stankovic in NH Business Review 26 Apr 2024  
 (5) [www.americashealthrankings.org/publications/reports/2021-disparities-report/state-summaries-new-hampshire](http://www.americashealthrankings.org/publications/reports/2021-disparities-report/state-summaries-new-hampshire)



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