disease prevention news

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# Health Disparities in Texas

*Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases that exist among variously defined populations. Examples of these health outcomes include differences in survival following medical conditions, such as cancer, or differences in the incidence of medical conditions, such as diabetes. Typically, we consider these disparities to be the disproportionate burden of disease in specific race and ethnic minority groups. However, health disparities may also refer to morbidity and motality differences among groups defined by geographic region, gender, or age. Underlying factors that contribute to health disparities include socioeconomic factors, risk behaviors, cultural mores, attitudes toward prevention, and genetic susceptibility.*

The Texas Department of Health (TDH) is committed to improving the health status of all Texans, and its programs have historically provided services to underserved, vulnerable, and special needs populations. Within the numerous programs devoted to disease prevention and control, health disparities are routinely identified and are ideally a focus of program activities. Created in 1993, the TDH Office of Minority Health adds further impetus by promoting and coordinating department initiatives to improve the health of the state's minority and disadvantaged populations. To various extents, the Office of Minority Health and other health department programs have adopted the national *Healthy People 2010* goals including the elimination of health disparities and the attainment of risk reduction targets for special population groups.

To focus and add structure to various targeted health disparity activities at TDH, the 77th Legislature in 2001 passed HB757, legislation that created a statewide Health Disparities Task Force. The Health Disparities Task Force is charged with developing recommendations to assist the TDH accomplish the following goals:

- Eliminate health and health access disparities in Texas among multicultural, disadvantaged, and regional populations
- Reorganize TDH programs to eliminate those disparities

To develop a strategic plan for the elimination of health disparities and to coordinate the multitude of prevention activities that may encompass health disparity elimination goals—a review of current health status of specific population groups in Texas and of relevant TDH activities was necessary. Toward this end, TDH identified Texas health disparities in 8 priority health outcomes and 1 health access area. These priority health areas include 6 recommended from the US Department of Health and Human Services as well as 3 that are specifically relevant to the Texas population:

**US Department of Health and Human Services:**

- Infant mortality
- Cancer
- Cardiovascular disease
- Diabetes
- HIV/AIDS
- Immunizations

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*Also in this issue:*

Texas Smallpox Vaccination Program Progress Report

**Texas:**

- Neural tube defects
- Tuberculosis
- Access to health care

Much of the disparity in the priority health outcomes is related to health care access. Improved access to primary health care services promotes good health, reduces morbidity, and decreases complications from chronic disease. However, disparities exist among Texans in access to health care and, consequently, in their general health and well being. To remove access disparities among populations, public health professionals, planners and legislators must address various "access barriers" that impede equitable health care delivery. These barriers include health insurance, income, and availability of and proximity to health care providers.

Note the following disparities:

- The rate of uninsured for all Texans is 24%; for non-Hispanic Whites, 16%; for African Americans, 28%; and for Hispanics, 38%.
- Almost half of rural residents in Texas have low incomes compared with 36% for urban dwellers.
- Access to health care is a significant issue in border counties where 65% of residents are considered low-income.
- Twenty-four counties in Texas (9%) have no primary care physicians, 138 counties (54%) have no pediatricians, and 158 counties (62%) have no obstetricians/gynecologists.

Related to the priority health outcomes, marked disparities exist by race-ethnic group and by geographic region. African Americans in Texas have much higher incidence rates of cancer than other groups, particularly for colorectal, prostate, and cervical cancer, cancers for which preventive screenings are available. African American males also have higher rates of lung cancer than both non-Hispanic whites and Hispanic groups. Although African American females experience a lower incidence of breast cancer than other groups, they experience higher mortality from this disease. This outcome suggests major disparities in early diagnosis, treatment, and possibly access to care. African Americans in the state also suffer from the highest mortality rates of heart disease, stroke, and diabetes than any other group. Rates of HIV/AIDS are markedly higher among African Americans, reaching near epidemic levels in males (63 AIDS cases per 100,000). Birth and infant health outcomes are the poorest for African Americans, who have infant mortality rates twice that of non-Hispanic whites and have a high proportion of low birth weight babies (13%).

With the exception of cervical cancer, Hispanics in Texas have lower rates of cancer compared with non-Hispanic whites. The cervical cancer death rate is twice as high in Hispanic females as in non-Hispanic whites. Neural tube defects are a significant problem in Hispanics, particularly among those living along the Texas-Mexico border. Compared with other groups, tuberculosis rates are higher for Hispanics as well as for African Americans. Diabetes mortality occurs disproportionately among Hispanic Texans, but paradoxically, Hispanics have lower heart disease and cardiovascular mortality than do

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non-Hispanic Whites and African Americans. Finally, although immunization levels are low for all Texas groups compared with the national average, the drop in vaccination coverage has been most notable among Hispanic children.

Eliminating health disparities in Texas requires a commitment to identify and address the underlying causes of higher levels of disease in racial and ethnic minority communities. Addressing disparities in the 9 priority areas would achieve significant progress toward the overall goal. Research is also needed to understand the relationships between health status and different racial/ethnic minority backgrounds. Strategies for addressing disparities could include enhancing public information and outreach efforts, forging new partnerships with minority and other organizations, and realigning health department funding priorities.

**Resources**

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**Reprinted from** portions of the Introduction and Executive Summary of the TDH report, *Health Disparities in Texas: An Epidemiologic Review of Priority Health Outcomes*. This document was developed in preparation for the implementation of HB 757 of the 77th Legislature sponsored by State Representative Garnet Coleman. The report focuses on the 9 health and health access areas for which the strategic plan to eliminate disparities will be developed. For each of the 9 areas, the importance of each particular disease/condition and the most significant dimensions of health disparities are presented. Each section concludes with a description of relevant program initiatives that address these disparities.

The full report is available at the following Web site:
www.tdh.state.tx.us/minority/pubs/Disp_all.PDF

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## Texas Smallpox Vaccination Program Progress Report

Smallpox vaccination for public health response team members, specified hospital-based medical care personnel, and federal employees began in Texas February 13, 2003. As of May 2, 2003, vaccinations have been started in 288 hospitals. The cumulative numbers of individuals vaccinated by the close of business May 2 are as follows:

- In a public health response team: 1060
- In a healthcare response team: 2813
- Others: 182
- **Total vaccinated: 4055**

As of May 2, the cumulative number of adverse events reported in Texas was 57: 55 categorized as "not serious" by CDC and 2 categorized as "nonfatal serious." Key adverse events as determined by CDC include generalized vaccinia, eczema vaccinatum, progressive vaccinia, autoinoculation, autoinoculation of eye, secondary transmission, and myocarditis. Key adverse events reported in Texas as of April 24 are as follows: suspected mild generalized vaccinia (2), autoinoculation (1), secondary transmission (2), and myocarditis (2).

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