

Individuals of Color

Research

Data and Statistics from the U.S. Dept. of Health & Human Services – The Office of Minority Health

Summary – Hispanic/Latino Profile

Overview (Demographics): This ethnic group includes any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. According to the 2008 U.S. Census Bureau population estimate, there are roughly 46.9 million Hispanics living in the United States. This group represents 15 percent of the U.S. total population. In 2004, among Hispanic subgroups, Mexicans rank as the largest at 66 percent. Following Mexicans are: Central and South Americans (13 percent), Puerto Ricans (9.4 percent), Cubans (3.9 percent) and the remaining 7.5 percent are people of other Hispanic origins. In 2008, States with the largest Hispanic populations are California (13.6 million), Texas (8.9 million), New York (3.8 million), Florida (3.8 million), and Illinois (1.9 million). Another significant point is that in 2004, 34.3 percent of Hispanics were under the age 18 in comparisons to 22.3 percent of non-Hispanic Whites. Among Hispanics, Mexicans have the largest proportion of people under age 18, at 36 percent.

Language Fluency: A 2002 study conducted by the Pew Hispanic Center concluded that language fluency varies among Hispanic subgroups who reside within the mainland United States. The number of Hispanics who speak only English at home: 3.9 million for Mexicans, 763,875 for Puerto Ricans, 163,599 for Cubans and 1.8 million for other Hispanic/Latino groups. The number of Hispanics who speak Spanish at home: 14.5 million for Mexicans, 2.3 million for Puerto Ricans, 1 million for Cubans and 6.7million for other Hispanic/Latino groups. Nationally, 12 percent of the population spoke Spanish at home in 2007.

Educational Attainment: According to a 2007 U.S. Census Bureau report, 61 percent of Hispanics in comparison to 89 percent non-Hispanic Whites have a high school diploma. 12.5 percent of Hispanics in comparison to 30.5 percent of non-Hispanic whites have a bachelor's degree.

Economics: According to a 2006 U.S. Census Bureau report, 24.4 percent of Hispanics, in comparison to 13.7 percent non-Hispanic Whites, work within service occupations. 16.6 percent of Hispanics in comparison to 39.9 percent of Whites work in managerial or professional occupations. Among full-time year-round workers in 2007, 55 percent of Hispanic households, in comparison to 68.2 percent of non-Hispanic White households earned \$35,000 or more. According to the same 2007 study, 21.5 percent of Hispanics in comparison to 8.2 percent of non-Hispanic Whites were living at the poverty level.

Insurance Coverage: It is significant to note that Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004 the Centers for Disease Control and Prevention reported that private insurance coverage among Hispanic subgroups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, 45.1 percent of other Hispanic and Latino groups. 2004 Medicaid coverage varied among Hispanic subgroups: 22.4 percent of Mexicans, 29.1 percent of Puerto Ricans, 17.9 of Cubans, and 20.8 percent of other Hispanic or Latino groups. Those without health insurance coverage varied among Hispanic subgroups: 37.6 percent of Mexicans, 20.4 percent of Puerto Ricans, 22.8 percent of Cubans and 32.3 percent of other Hispanic or Latino groups. In 2007, 32.1 percent of the Hispanic population was not covered by health insurance, as compared to 10.4 percent of the non-Hispanic White population.

Health: Hispanic health is often shaped by factors such as language/cultural barriers, lack of access to preventive care, and the lack of health insurance. The Centers for Disease Control and Prevention has

cited some of the leading causes of illness and death among Hispanics, which include heart disease, cancer, unintentional injuries (accidents), stroke, and diabetes. Some other health conditions and risk factors that significantly affect Hispanics are: asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, and liver disease.

Other Health Concerns: Hispanics have higher rates of obesity than non-Hispanic Caucasians. There are also disparities among Hispanic subgroups. For instance, while the rate of low birth weight infants is lower for the total Hispanic population in comparison to non-Hispanic Caucasians, Puerto Ricans have a low birth weight rate that is 50 percent higher than the rate for non-Hispanic Caucasians. Also Puerto Ricans also suffer disproportionately from asthma, HIV/AIDS and infant mortality. Mexican-Americans suffer disproportionately from diabetes.

Quick Facts

Cancer

- In 2005, Hispanic men were 16% less likely to have prostate cancer as non-Hispanic white men.
- In 2005, Hispanic women were 33% less likely to have breast cancer as non-Hispanic white women.
- Hispanic men and women have higher incidence and mortality rates for stomach and liver cancer.
- In 2005, Hispanic women were twice as likely as non-Hispanic white women to be diagnosed with cervical cancer.

[Click here for more statistics on Hispanics and Cancer.](#)

Diabetes

- Mexican American adults were 2 times more likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician.
- In 2002, Hispanics were 1.5 times as likely to start treatment for end-stage renal disease related to diabetes, as compared to non-Hispanic white men.
- In 2005 Hispanics were 1.6 times as likely as non-Hispanic Whites to die from diabetes.

[Click here for more statistics on Hispanics and Diabetes.](#)

Heart Disease

- In 2007, Hispanics were 10% less likely to have heart disease, as compared to non-Hispanic whites.
- In 2005 Mexican American men were 30% less likely to die from heart disease, as compared to non-Hispanic white men.
- Mexican American women were 1.3 times more likely than non-Hispanic white women to be obese.

[Click here for more statistics on Hispanics and Heart Disease.](#)

HIV/AIDS

- Hispanics accounted for 17% of HIV/AIDS cases in 2007.
- Hispanic males have almost 3 times the AIDS rate as non-Hispanic white males.
- Hispanic females have almost 5 times the AIDS rate as non-Hispanic white females.
- Hispanic men were 2.5 times as likely to die from HIV/AIDS as non-Hispanic white men in 2005.
- Hispanic women were 3 times as likely to die from HIV/AIDS as non-Hispanic white women in 2005.

[Click here for more statistics on Hispanics and HIV/AIDS.](#)

Immunization

- In 2006 Hispanic adults aged 65 and older were 10% less likely to have received the influenza (flu) shot in the past 12 months, as compared to non-Hispanic whites of the same age group.
- In 2006, Hispanic adults aged 65 and older were 50% less likely to have ever received the pneumonia shot, as compared to non-Hispanic white adults of the same age group.
- Although Hispanic children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR, and polio, they were slightly less likely to be fully immunized, when compared to non-Hispanic white children.

[Click here for more statistics on Hispanics and Immunization.](#)

Infant Mortality

- In 2005, infant mortality rates for Hispanic subpopulations ranged from 4.4 per 1,000 live births to 8.3 per 1,000 live births, compared to the non-Hispanic white infant mortality rate of 5.8 per 1,000 live births.
- In 2005, Puerto Ricans had 1.4 times the infant mortality rate of non-Hispanic whites.
- Puerto Rican infants were twice as likely to die from causes related to low birthweight, as compared to non-Hispanic white infants.
- Mexican American mothers were 2.5 times as likely as non-Hispanic white mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all.

[Click here for more statistics on Hispanics and Infant Mortality.](#)

Stroke

- In 2005, Hispanic men were 15% less likely to die from a stroke than non-Hispanic white men.
- In 2005 Hispanic women were 25% less likely to die from a stroke than non-Hispanic white women.

[Click here for more statistics on Hispanics and Stroke.](#)

Summary – African American Profile

Overview (Demographics): In July 2008, 41 million people in the United States, or 13.5 percent of the civilian noninstitutionalized population, were Black. They are the second largest minority population, following the Hispanic/Latino population. In 2007, the majority of Blacks lived in the South (56 percent), while 34 percent of white population lived in the South. The ten states with the largest Black population in 2008 were New York, Florida, Texas, Georgia, California, North Carolina, Illinois, Maryland, Virginia, Michigan. Louisiana is no longer in the top 10, as a result of the Hurricane Katrina disaster. Combined, these 10 states represented 59% of the total Black population. Of the ten largest places in the United States with 100,000 or more population, Gary, Indiana has the largest proportion of Blacks, 83%, followed by Detroit (82%).

Educational Attainment: In 2007, as compared to Whites 25 years and over, a lower percentage of Blacks had earned at least a high school diploma (80 percent and 89 percent, respectively). More Black women than Black men had earned at least a bachelor's degree (16 percent compared with 14 percent), while among non-Hispanic Whites, a higher proportion of men than women had earned at least a bachelor's degree (25 percent and 24 percent, respectively), in 2006.

Economics: According to the 2007 Census Bureau report, the average African-American family median income was \$33,916 in comparison to \$54,920 for non-Hispanic White families. In 2007, the U.S. Census bureau reported that 24.5 percent of African-Americans in comparison to 8.2 percent of non-Hispanic

Whites were living at the poverty level. In 2007, the unemployment rate for Blacks was twice that for non-Hispanic Whites (8 percent and 4 percent, respectively). This finding was consistent for both men (9 percent compared with 4 percent) and women (8 percent compared with 4 percent).

Insurance Coverage: In 2007, 49 percent of African-Americans in comparison to 66 non-Hispanic Whites used employer-sponsored health insurance. Also in 2007, 23.8 percent of African-Americans in comparison to 9 percent of non-Hispanic Whites relied on public health insurance. Finally, in 2007, 19.5 percent of African-Americans in comparison to 10.4 percent of non-Hispanic whites were uninsured.

Health Conditions: In 2005, the death rate for African Americans was higher than Whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.

Quick Facts Cancer

- In 2005, African American men were 1.3 times as likely to have new cases of lung and prostate cancer, compared to non-Hispanic white men.
- African American men are twice as likely to have new cases of stomach cancer as non-Hispanic white men.
- African Americans men have lower 5-year cancer survival rates for lung and pancreatic cancer, compared to non-Hispanic white men.
- In 2005, African American men were 2.4 times as likely to die from prostate cancer, as compared to non-Hispanic white men.
- In 2005, African American women were 10% less likely to have been diagnosed with breast cancer, however, they were 34% more likely to die from breast cancer, compared to non-Hispanic white women.
- African American women are twice as likely to be diagnosed with stomach cancer, and they were 2.4 times as likely to die from stomach cancer, compared to non-Hispanic white women.
[Click here for more statistics on African Americans and Cancer.](#)

Diabetes

- African American adults are twice as likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician.
- In 2002, African American men were 2.1 times as likely to start treatment for end-stage renal disease related to diabetes, compared to non-Hispanic white men.
- In 2003, diabetic African Americans were 1.7 times as likely as diabetic Whites to be hospitalized.
- In 2005, African Americans were 2.2 times as likely as non-Hispanic Whites to die from diabetes.
[Click here for more statistics on African Americans and Diabetes.](#)

Heart Disease

- In 2005, African American men were 30% more likely to die from heart disease, as compared to non-Hispanic white men.
- African Americans are 1.5 times as likely as non-Hispanic whites to have high blood pressure.
- African American women are 1.7 times as likely as non-Hispanic white women to be obese.
[Click here for more statistics on African Americans and Heart Disease.](#)

HIV/AIDS

- Although African Americans make up only 13% of the total U.S. population, they accounted for 49% of HIV/AIDS cases in 2007.
- African American males had more than 7 times the AIDS rate of non-Hispanic white males.

- African American females had more than 22 times the AIDS rate of non-Hispanic white females.
- African American men were more than 9 times as likely to die from HIV/AIDS as non-Hispanic white men.
- African American women were more than 20 times as likely to die from HIV/AIDS as non-Hispanic white women, in 2005.

[Click here for more statistics on African Americans and HIV/AIDS.](#)

Immunization

- In 2006, African Americans aged 65 and older were 30% less likely to have received the influenza (flu) shot in the past 12 months, compared to non-Hispanic whites of the same age group.
- In 2006, African American adults aged 65 and older were 40% less likely to have ever received the pneumonia shot, compared to non-Hispanic white adults of the same age group.
- Although African American children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR, and polio, they were slightly less likely to be fully immunized, when compared to non-Hispanic white children.

[Click here for more statistics on African Americans and Immunization.](#)

Infant Mortality

- In 2005, African Americans had 2.3 times the infant mortality rate of non-Hispanic whites.
- African American infants were almost four times as likely to die from causes related to low birthweight, compared to non-Hispanic white infants.
- African Americans had 1.8 times the sudden infant death syndrome mortality rate as non-Hispanic whites.
- African American mothers were 2.5 times as likely as non-Hispanic white mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all.
- The infant mortality rate for African American mothers with over 13 years of education was almost three times that of Non-Hispanic White mothers in 2005.

[Click here for more statistics on African Americans and Infant Mortality.](#)

Stroke

- African American adults are 1.7 times as likely than their White adult counterparts to have a stroke.
- African American males are 60% more likely to die from a stroke than their White adult counterparts.
- Analysis from a CDC health interview survey reveals that African American stroke survivors were more likely to become disabled and have difficulty with activities of daily living than their non-Hispanic white counterparts.

[Click here for more statistics on African Americans and Stroke.](#)

Summary – American Indian/Alaska Native Profile

Overview (Demographics): This racial group includes people having origins in any of the original peoples of North, South America, and Central America, who maintain tribal affiliation or community attachment. As of 2008, there were an estimated 4.9 million people who were classified as American Indian and Alaska Native alone or American Indian and Alaska Native in combination with one or more other races. This racial group comprises 1.6 percent of the total U.S. population.

1.9 million American Indians and Alaska Natives live on reservations or other trust lands. 60 percent of American Indians and Alaska Natives live in metropolitan areas; this is the lowest metropolitan percentage of any racial group. 1.2 million American Indian and Alaska Natives are under the age of 18, which comprises 27% of this racial group.

Currently, there are 562 federally recognized (AI/AN) tribes, and more than 100 state recognized tribes. There are also tribes that are not state or federally recognized. Federally recognized tribes are provided health and educational assistance through a government agency called Indian Health Service (IHS), U.S. Department of Health and Human Services. The IHS operates a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives. The majority of those who receive IHS services live mainly on reservations and in rural communities in 36 states, mostly in the western United States and Alaska. 36 percent of the IHS service area population resides in non-Indian areas, and 600,000 are served in urban clinics. Typically, this urban clientele has less accessibility to hospitals; health clinics or contract health services implanted by the IHS and tribal health programs. Studies on the urban American Indian and Alaska Native population has documented a frequency of poor health and limited health care options for this group.

Since 1972, IHS has embarked upon a series of initiatives to fund health-related activities in off-reservation settings, which will make health care services accessible to urban American Indians and Alaska Natives. Currently, the IHS funds 34 urban Indian health organizations, which operate at 41 sites located in cities throughout the United States. Approximately 600,000 American Indians and Alaska Natives are eligible to utilize this program. The thirty-four programs administer: medical services, dental services, community services, alcohol and drug abuse prevention, education and treatment, AIDS and sexually transmitted disease education and prevention services, mental health services, nutrition education and counseling services, pharmacy services, health education, optometry services, social services, and home health care.

Educational Attainment: 76 percent of American Indians and Alaska Natives age 25 and over have at least a high school diploma. 14 percent of American Indians and Alaska Natives age 25 and over have at least a bachelor's degree. 50,500 American Indians and Alaska Natives age 25 and over have at least an advanced graduate degree (i.e., master's, Ph.D., medical, or law).

Economics: The median family income for American Indian and Alaska Natives is \$33,627. 26 percent of American Indians and Alaska Natives age 16 and over, work in management and professional occupations. 25 percent of this racial group lives at the poverty level.

Insurance Coverage: In 2006, 36 percent of American Indians and Alaska Natives had private health insurance coverage. 24 percent of AI/ANs relied on Medicaid coverage. 33 percent of AI/ANs had no health insurance coverage in 2007.

Health: It is significant to note that American Indians/Alaska Natives frequently contend with issues that prevent them from receiving quality medical care. These issues include cultural barriers, geographic isolation, inadequate sewage disposal, and low income.

Some of the leading diseases and causes of death among AI/AN are heart disease, cancer, unintentional injuries (accidents), diabetes, and stroke. American Indians/Alaska Natives also have a high prevalence and risk factors for mental health and suicide, obesity, substance abuse, sudden infant death syndrome (SIDS), teenage pregnancy, liver disease, and hepatitis.

Other Health Concerns: American Indians and Alaska Natives have an infant death rate 40 percent higher than the rate for Caucasians. AI/ANs are twice as likely to have diabetes than Caucasians. An example is the Pima of Arizona, who have one of the highest diabetes rates in the world. AI/ANs also have disproportionately high death rates from unintentional injuries and suicide. In 2007, the tuberculosis rate for AI/ANs was 5.9, as compared to 1.1 for the White population.

Quick Facts

Cancer

- From 2001-2005, American Indian/Alaska Native men are twice as likely to have liver & IBD cancer as non-Hispanic White men.
- American Indian/Alaska Native men are 1.8 times as likely to have stomach cancer as non-Hispanic White men, and are over twice as likely to die from the same disease.
- American Indian/Alaska Native women are 2.4 times more likely to have, and to die from, liver & IBD cancer, as compared to non-Hispanic White women.
- American Indian/Alaska Native women are 40% more likely to have kidney/renal pelvis cancer as non-Hispanic White women.

[Click here for more statistics on American Indians/Alaska Natives and Cancer.](#)

Diabetes

- American Indian/Alaska Native adults were 2.3 times as likely as white adults to be diagnosed with diabetes.
- American Indians/Alaska Natives were twice as likely as non-Hispanic whites to die from diabetes in 2005.
- American Indian/Alaska Native adults were 1.6 times as likely as White adults to be obese.
- American Indian/Alaska Native adults were 1.3 times as likely as White adults to have high blood pressure.

[Click here for more statistics on American Indians/Alaska Natives and Diabetes.](#)

Heart Disease

- American Indian/Alaska Native adults are 1.2 times as likely as White adults to have heart disease.
- American Indian/Alaska Native adults are 1.4 times as likely as White adults to be current cigarette smokers.
- American Indian/Alaska Native adults are 1.6 times as likely as White adults to be obese.
- American Indian/Alaska Native adults are 1.3 times as likely as White adults to have high blood pressure.

[Click here for more statistics on American Indians/Alaska Natives and Heart Disease.](#)

HIV/AIDS

- American Indian/Alaska Natives have a 40% higher AIDS rates than non-Hispanic white counterparts.
- American Indian/Alaska Native men have a 20% higher AIDS rate compared to non-Hispanic white men.
- American Indian/Alaska Native women have twice the AIDS rate of non-Hispanic white women.

[Click here for more statistics on American Indian/Alaska Natives and HIV/AIDS.](#)

Immunization

- In 2006, American Indian/Alaska Native children ages 19 to 35 months received the recommended doses of vaccines for measles, mumps, rubella, Hib, polio, and chicken pox at the same rate as non-Hispanic white children.
- In 2005, American Indian/Alaska Native adults ages 18 to 64 years were slightly more likely than their non-Hispanic white counterparts to have received the influenza (flu) shot in the past 12

months.

[Click here for more statistics on American Indian/Alaska Natives and Immunization.](#)

Infant Mortality

- American Indian/Alaska Natives have 1.4 times the infant mortality rate as non-Hispanic whites.
 - American Indian/Alaska Native babies are twice as likely as non-Hispanic white babies to die from sudden infant death syndrome (SIDS), and they are 30% more likely to die from complications related to low birthweight or congenital malformations compared to non-Hispanic whites babies.
 - American Indian/Alaska Native infants are 3.7 times as likely as non-Hispanic white infants to have mothers who began prenatal care in the 3rd trimester or did not receive prenatal care at all.
- [Click here for more statistics on American Indian/Alaska Natives and Infant Mortality.](#)

Stroke

- In general, American Indian/Alaska Native adults are 60% more likely to have a stroke than their White adult counterparts.
 - American Indian/Alaska Native women have twice the rate of stroke than White women.
 - American Indian/Alaska Native adults are more likely to be obese than White adults and they are more likely to have high blood pressure, compared to White adults.
- [Click here for more statistics on American Indian/Alaska Natives and Stroke.](#)

Summary – Asian American/Pacific Islander Profile

Overview (Demographics): This racial group is defined as people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. According to the 2008 Census Bureau population estimate, there are 15.5 million Asian Americans living in the United States. Asian Americans account for 5 percent of the nation's population. In 2008, the following states have the largest Asian-American populations: California, New York, Hawaii, Texas, New Jersey and Illinois.

Language Fluency: The percentage of persons 5 years or older who do not speak English at home varies among Asian American groups: 62 percent of Vietnamese, 50 percent of Chinese, 24 percent of Filipinos and 23 percent of Asian Indians are not fluent in English.

Educational Attainment: According to the 2007 U.S. Census data, roughly 86 percent of both all Asians and all people in the United States 25 and older had at least a high school diploma. However, 50 percent of Asian Americans in comparison to 28 percent of the total U.S. population had earned at least a bachelor's degree. Among Asian subgroups, Asian Indians had the highest percentage of bachelor's degree attainment at 64 percent. In regards to employment, about 45 percent of Asian Americans were employed in management, professional and related occupations, compared with 34 percent of the total population. In addition, the proportions employed in high-skilled and managerial sectors varied from 13 percent for Laotians to 60 percent for Asian Indians.

Economics: According to 2007 Census data, the median family income of Asian American families is \$15,600 higher than the national median income for all households. 10 percent of Asian Americans compared to 8.2 percent of non-Hispanic Whites live at the poverty. 2.2 percent of Asian Americans compared to 1.3 percent of Caucasians live on public assistance.

Insurance Coverage: By 2003, insurance coverage among Asian American subgroups varied. Private insurance coverage rates: 75.8 percent for Vietnamese, 81.5 percent for Filipino, 84.2 percent for

Chinese and 81.3 percent for other Asian groups. Public insurance coverage rates : 11.2 percent for Vietnamese, 4.9 percent for Filipino, 3.8 percent for Chinese and 5.5 percent for other Asian groups. Asian subgroups also varied within uninsured status: 13.0 percent for Vietnamese, 13.6 percent for Filipino, 12.0 percent for Chinese and 13.2 percent for other Asian groups.

In 2007, the overall insurance coverage for Asian Americans was 83.9%, as compared to 89.6% for the non-Hispanic White population.

Health: It is significant to note that Asian American women have the highest life expectancy (85.8 years) of any other ethnic group in the U.S. Life expectancy varies among Asian subgroups: Filipino (81.5 years), Japanese (84.5 years), and Chinese women (86.1 years). However, Asian Americans contend with numerous factors which may threaten their health. Some negative factors are infrequent medical visits due to the fear of deportation, language/cultural barriers, and the lack of health insurance. Asian Americans are most at risk for the following health conditions: cancer, heart disease, stroke, unintentional injuries (accidents), and diabetes. Asian Americans also have a high prevalence of the following conditions and risk factors: chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, smoking, tuberculosis, and liver disease.

Other Health Concerns: In 2007, tuberculosis was 24 times more common among Asians, with a case rate of 26.3 as compared to 1.1 for the White population. In 2006, Asian Americans were 1.2 times more likely to have Hepatitis B than Whites.

Quick Facts

Cancer

- Asian/Pacific Islander men were 40% less likely to have prostate cancer as non-Hispanic white men.
- Asian/Pacific Islander women were 30% less likely to have breast cancer as non-Hispanic white women.
- Both Asian/Pacific Islander men and women have three times the incidence of liver & IBD cancer as the non-Hispanic white population.
- Asian/Pacific Islander men are twice as likely to die from stomach cancer as compared to the non-Hispanic white population, and Asian/Pacific Islander women are 2.6 times as likely to die from the same disease.

[Click here for more statistics on Asian/Pacific Islanders and Cancer.](#)

Diabetes

- In Hawaii, Native Hawaiians have more than twice the rate of diabetes as Whites.
- Asians are 30% less likely than non-Hispanic whites to die from diabetes.
- In Hawaii, Native Hawaiians are more than 5.7 times as likely as Whites living in Hawaii to die from diabetes.
- Filipinos living in Hawaii have more than 3 times the death rate as Whites living in Hawaii.

[Click here for more statistics on Asian/Pacific Islanders and Diabetes.](#)

Heart Disease

- Overall, Asian/Pacific Islander adults are less likely than white adults to have heart disease and they are less likely to die from heart disease compared to non-Hispanic whites.

[Click here for more statistics on Asian/Pacific Islanders and Heart Disease.](#)

HIV/AIDS

- Asian/Pacific Islanders have lower AIDS rates than non-Hispanic white counterparts and they are less likely to die of HIV/AIDS.
- Asian Americans have lower AIDS rates than white counterparts and they are less likely to die of HIV/AIDS.
- In 2007, however, Asian women had a higher case rate for AIDS than White women.
- The total number of reported AIDS cases has declined over the past five years for the White population, however it has continued to increase for Asian Americans.
[Click here for more statistics on Asian/Pacific Islanders and HIV/AIDS.](#)

Immunization

- In 2006, Asian/Pacific Islander adults aged 65 years and older were 40% less likely to have ever received the pneumonia shot, compared to non-Hispanic white adults of the same age group.
- In 2006, Asian/Pacific Islander children aged 19 to 35 months reached the Healthy People goal for immunizations for Hib (haemophilus influenzae type b), hepatitis B, MMR (measles-mumps-rubella), polio and chicken pox.
[Click here for more statistics on Asian/Pacific Islanders and Immunization.](#)

Infant Mortality

- Among Asian/Pacific Islanders, sudden infant death syndrome (SIDS) is the fourth leading cause of infant mortality.
- The infant mortality rate for Asian/Pacific Islanders was 40% greater for mothers under 20 years old, as compared to mothers, ages 25-29 years old.
[Click here for more statistics on Asian/Pacific Islanders and Infant Mortality.](#)

Stroke

- In general, Asians/Pacific Islander adults are less likely to die from a stroke.
- In general, Asian/Pacific Islander adults have lower rates of being overweight or obese, lower rates of hypertension, and they are less likely to be current cigarette smokers, as compared to white adults.
[Click here for more statistics on Asian/Pacific Islanders and Stroke.](#)

Wellness Demographic Data 2009-2010

Summary – When comparing racial demographic data between Wellness vs. University, two Wellness groups had lower percentages. They included American Indian/Alaska Native and White. Additional demographic analysis of endowed vs. statutory, exempt vs. nonexempt, female vs. male, and academic vs. staff vs. union showed lower percentages in Wellness for the following groups: statutory, nonexempt, male, staff, and union. The most marked differences between Wellness and University were found in statutory (30% vs. 37%), nonexempt (28% vs. 42%), and union (6% vs. 13%).

CDC/NCHS, Health, United States 2009 (highlights)

- In 2008 approximately 15% of pop. 18+ is Hispanic; 22% under 18.
- In 2008 approximately 12% of pop. 18+ is black; 14% under 18.
- 2007, Hispanic, 18-64 yrs old, 18% at poverty level; 65+ yrs old, 17% at poverty level.
- 2007, Black, 18-64 yrs old, 20% at poverty level; 65+ yrs old, 23% at poverty level.
- At birth, life expectancy is approximately 80 yrs old for white female, 75 for black female, 74 for white male, 69 for black male. Data from 2006.
- 2007, length of time uninsured, under 65yrs old; Hispanic 26% uninsured >12 months, Mexican 29%uninsured >12 months, Cuban 17%, Puerto Rican 8%.
- 2008, mammography within the past 2 yrs among women age 40+: white about 65%, black about 65%, asian 63%, Hispanic 59%
- The number of deaths from HIV greatly decreased since 1995 (approx. 85 per 100,000 for black males) when HAART therapy was introduced. Still however black males have the highest death rate from HIV with about 28 deaths per 100,000 population according to 2006 data. Black females are at about 13 per 100,000 and Hispanic males about 9 per 100,000. White male, Hispanic female, and white female are at about 2-4 per 100,000.

Benchmarking of Ivy's

Brown University

- Brown has a website called Health Education – Answers to questions you always wanted to ask. One of the questions on this web site is Women of Color & Eating Disorders. Among the four paragraphs is stated “research suggests that eating disorders present differently among different ethnic and racial groups, and that clinicians may miss opportunities to detect and treat disorders in women of color because they lack an understanding of these differences”. Many resource links are provided on this page http://brown.edu/Student_Services/Health_Services/Health_Education/nutrition_&_eating...
- Research by Dr. Cassandra Stanton, professor of psychiatry & human behavior. She is especially interested in cultural differences in the development of health behaviors and novel prevention interventions that reinforce protective influences in youth's social environments.

Columbia University

- Columbia has an extensive outreach program for underserved populations. They collaborate with the community to offer services and they have NIH funded research for the health of Urban Minorities. They have a Center for Community Health Programs that is explained by a paragraph stating that “Columbia University Medical Center’s Center for Community Health Partnerships believes that eliminating health care disparities in the United States is a compelling national goal. Its various programs and projects are working to eliminate these health care disparities by focusing on three major areas 1) supporting access to quality health care 2) developing partnerships with communities 3) preparing a culturally competent workforce. In addition to these major components, CCHP is researching health care disparities in minority populations through the Columbia Center for the Health of Urban Minorities and assisting in the educational mission of Columbia University Medical Center schools through its Curriculum Committee on Cultural Competency. The following is a list of their services 1) Thelma Davidson Adair Medical & Dental Center 2) Pipeline, Profession & Practice: Community-based Dental Education 3) Columbia Center for the Health of Urban Minorities 4) Curriculum Development Committee for Cultural Competency 5) Northern Manhattan Community Voices Collaborative.”
<http://neighbors.columbia.edu/pages/community/Services/HealthcareatColumbiaUniversity...>
- Hold an Annual Breast Cancer Awareness Day for Women of Color

Stanford University

- Stanford has a Stanford University Minority Medical Alliance (SUMMA). The goal of SUMMA is to increase the diversity in the health professions to better care for underserved communities. SUMMA is a coalition of Stanford medical students, including representatives from the Asian Pacific American Medical Student Association, Latino Medical Student Association, Stanford American Indigenous Medical Students, Student National Medical Association.

Yale University

- Yale has a Multicultural Student Organization (MSO). MSO’s members focus on promoting professional development, academic scholarship, and networking opportunities for students of color and students who are interested in addressing health issues among communities of color.
- Yale has a Yale Program for Recovery and Community Health
<http://www.yale.edu/PRCH/projects/personcentered.html>. Current projects include Culturally Responsive Person-Centered Care for Psychosis (this project targets the needs of people of color who are living with psychosis given that health disparities research

and experience has shown that such individuals comprise one of the most disenfranchised populations in American medicine) and the Program for Recovery and Community Health (PRCH was founded in 1999 by a group of social scientists, clinical and community based providers, educators, community organizers, and people in recovery who had become dissatisfied with the then-current state of mental health and addiction services, the limitations services placed on individuals' chances for recovery, and the disparities in care based on ethnicity and culture).

- An Interview on NPR with Tene Lewis of the Yale School of Public Health. Discussed a research study that links the mistreatment frequently associated with racism to a protein that's linked to cardio-vascular disease, Alzheimer's and other illnesses. Lewis is one of the co-authors of the study.

University of Pennsylvania

- Has a Du Bois College House for African Americans. This college house runs programming called Du Bois Fit. It is for residents. There is an in-house fitness center and monthly programming includes healthy eating, dance, rock climbing, Pilates and more.

Harvard

- Mary Annette Pember, a journalist affiliated with Harvard, spent time documenting Native approaches to wellness. There is a very high rate of diabetes amongst Native Americans and traditional approaches of handing out informational pamphlets were not making an impact. In one of her articles, she wrote that she was struck by the scrappy, grass-roots quality of their (natives) work and the unique "Indian way" in which they approached it. They identified a problem. Saw what didn't work, and created solutions of their own that were accepted and practiced by members of the community. And there efforts worked. Diabetics and those at risk participated in an exercise program, diet counseling, and cooking classes. Talking circles which last 3-5 days were also used for those wanting more control. More than 35% of those participating in Talking Circles reported weight loss and improved glucose levels. Mary also noted that she began to see people's lifestyles and their relationship to food as being deeply woven into their lives and cultural background. A Wellness program needed to recognize their spiritual connection to their daily lifestyle and their food and then address them, preferably in a manner that is culturally relevant.

Talk w/ Representatives of Diversity Groups

8/25 spoke w/ Cassie about plans for formation of employee resource groups (LGBT, Men of Color, Women of Color, Veterans, Generations).

9/28 Dean's lunches – spoke w/ Cheryl McGraw and Lynnette – lunches will focus on 1) faculty of color, 2) women faculty. Wellness Program would like to be a guest at lunches. Possible happy hours too (1st two Wed's of each semester) offered through Dean's office focusing on 1) new faculty hires 2) junior faculty, 3) women faculty, 4) faculty of color.

11/12 Nadine Porter – previous coordinator of the black professionals' women's forum at Cornell. Asked her if she had any thoughts on if there are things the Wellness Program can do that will attract more individuals of color. And, asked if programming should be specifically for an affinity group. Her thoughts 1) send marketing directly to affinity group to increase participation in Wellness programming 2) does not recommend offering programs specifically for racial group because there is so much diversity within a racial group however recommends including (embed) within programming. For example, when teaching a cooking class say “when cooking greens & smoked neck bones, you can reduce sodium content by....”.

Nadine suggested contacting Ira Revels and N'dri Assie-Lumumba (co-coordinators for the black professionals' women's group. The group disbanded but is being re-instituted as a CNG through WDI w/Cassie as lead.

12/20 Beth and I spoke with Dr. Carla Boutin-Foster. Asked her opinion on if and how we can reach out to specific populations who either have increased risks for certain health problems or are underserved. She had several ideas including: 1) linking health message to African American month 2) link depression w/ all other health conditions. Embed stress reduction in other programs. 3) texting health messages 4) addressing colorectal health and hypertension 5) get health champions in underserved groups 6) culturally tailor messages 7) advertise in Laundromats and faith based gathering areas 8) when working in population where majority is minority pop – then programming for target group is okay 9) frame message as AHA says that... or recent data says that.... 10) address everyone 11) have books and minority specific information at event mixed in with general information. Dr. Foster recommended we connect with Dr. Geri Gay on Cornell's main campus who is researching the use of phones and social networking in improving healthy food and activity choices.

2/14 Beth and I made contact with Dr. Gay and her group of graduate students. Discussed their current research. Discussed using Wellness list serves for research recruitment.

2/25 Cassie and I spoke about Wellness networking with the Women of color CNG. There are two dates on hold for the CNG members to visit with Wellness for Q & A and a tour of rec services.

3/1 Beth attended a lecture given by Dr. Foster on Cornell's main campus.

3/3 Started working with Dr. Gay's group in active recruitment for their research using Wellness Program list serves.

Affinity Group

Scheduled to meet with Women of color group 4/27 or 5/25.

Asking participants of Women of color and Men of color CNGs specifically:

What programming they might like to see the Wellness Program offer?

Would they like People of Color specific programming offered through the Wellness Program? What would that look like?

Are there ways of marketing that can be used to reach more People of Color?

Needs of Identified Group (GAP Analysis – Are there gaps in what we currently offer versus what we should be offering):