



Trends in U.S. Public Awareness of Racial and Ethnic Health Disparities (1999–2010)

Study Brief

Jennifer K. Benz, Valerie A. Welsh, Oscar J. Espinosa, Angela Fontes,
Margrethe Montgomery, Nichole Machata, and Garth N. Graham

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The NORC at the University of Chicago (NORC), under contract (HHSP23320045020XI) with the U.S. Department of Health and Human Services' (HHS') Office of Minority Health (OMH), conducted a study of *Trends in U.S. Public Awareness of Racial and Ethnic Disparities in Health (1999-2010)*. This study provides a comprehensive analysis of awareness among the U.S. public of health disparities that place a disproportionate burden of preventable disease and premature death on racial and ethnic minorities¹ as compared to the rest of the U.S. population.

The findings of this study are highly relevant for program decision-makers and policy-makers, within and outside of HHS, who are interested in capturing progress made in raising awareness of racial and ethnic health disparities and, more importantly, in mobilizing action on the basis of improved awareness. This study supports the HHS department-wide objectives for transforming the health care system by reducing disparities in racial and ethnic health outcomes and emphasizing healthy living and prevention of disease, illness, and disability. It also supports *Healthy People* goals of the past and current decades aimed at eliminating health disparities and achieving health equity.

For over 20 years, OMH has worked to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that focus on eliminating health disparities. OMH advises HHS on health policy issues affecting health status and access to care among racial and ethnic minority populations. It also coordinates programs to help HHS implement initiatives to reduce racial and ethnic health disparities.

In recent years, OMH launched two initiatives to guide its efforts toward eliminating health disparities in the United States. Both initiatives adopt a coordinated, systems-level approach focused on ending health disparities and reliant on sound science and knowledge to inform and continually improve policies and programs. First, the *National Partnership for Action to End Health Disparities (NPA)* aims to increase awareness of the significance of health disparities and actions needed to improve health outcomes for racial and ethnic minority populations, strengthen and broaden leadership for addressing health disparities at all levels, improve health and health care outcomes for racial and ethnic minorities and underserved populations and communities, improve cultural and linguistic competency in delivering health services, and improve coordination and utilization of research and evaluation outcomes. Second, OMH

¹ African American, Hispanic/Latino, and Asian American/Pacific Islander populations were included in this study.

created the *Strategic Framework for Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities* to guide, organize, and coordinate the systematic planning, implementation, and evaluation of efforts aimed at improving racial and ethnic minority health and addressing racial and ethnic health disparities within OMH, HHS, and across the nation.² This study is designed to provide OMH with a comprehensive understanding of the extent of awareness of racial and ethnic health disparities among the public and health care providers in order to inform the Office's future policy and programmatic efforts relative to such awareness.

Study Background and Purpose

Although many aspects of health in the United States have improved over the past several decades, significant racial and ethnic disparities remain. Public perceptions—and misperceptions—about racial and ethnic differences in health status can influence the actions of policy-makers in addressing the problem. Although persistent disparities in health status and health care have been well documented, data indicate that the general public (including racial and ethnic minorities, health care providers, and policy- and decision-makers) is uninformed about the nature and extent of such disparities.

In 2009, OMH and NORC conducted a nationally representative survey to measure the U.S. public's awareness of racial and ethnic disparities in health care. The study found that people are more aware of long-standing racial and ethnic health disparities, such as life expectancy and health insurance coverage, than they are about how racial and ethnic minority populations are disproportionately affected by a number of serious diseases and conditions. Although infant mortality continues to disproportionately affect such populations, the 2009 study found that awareness of this disparity had actually decreased over the decade. In addition, the findings showed that there was no widespread awareness of disparities in HIV/AIDS infection rates, nor was there adequate awareness that some racial and ethnic minority groups are twice as likely to be diagnosed with diabetes as Whites.

² For additional information on the NPA, please visit <http://minorityhealth.hhs.gov/npa/>. Furthermore, specific information on OMH's approach to eliminating health disparities can be found in its Strategic Framework available at <http://minorityhealth.hhs.gov/npa/images/78/PrintFramework.html>.

This study sought to achieve the following objectives:

1. Update the aforementioned 2009 trend study to assess the public's current perceptions and attitudes about racial and ethnic differences in health care.
2. Establish trends for populations and items that have newly established baseline data from 2009, including Asian American/Pacific Islander respondents and new questionnaire items that more fully addressed the nature and extent of public awareness about disparities in health status.

Study Methodology

This study is based on a national random sample of 3,159 telephone interviews with adults age 18 and over including 1,329 non-Hispanic Whites, 855 non-Hispanic African Americans, 591 Hispanic/Latinos, and 179 Asian American/Pacific Islanders. The study employed a stratified random sample of telephone exchanges based on the concentration of racial and ethnic minorities within each exchange. Interviews with the public were conducted in the respondent's language of choice using trained NORC interviewers for English and Spanish interviews and Language Line Services' interpretation services for interviews in other languages, such as Cantonese, Vietnamese, Mandarin, Haitian Creole, Korean, French, Hmong, Russian, Farsi, Hindi, and Bengali.³ The surveys were designed, conducted, and analyzed by researchers at NORC in consultation with external technical advisors and OMH project leadership. The surveys were in the field from April to June 2010.

An index for measuring awareness of health disparities from the questionnaire was developed by NORC. The awareness measure is an additive index based on 24 items. Respondents were categorized as "aware" if they indicated awareness of at least 25 percent (6 of the 24 items) included in the index. This allows for reporting, in a simple yet statistically valid manner, the proportion of the population that is or is not generally aware of disparities in health care and health status based on racial and ethnic identity.

³ Language Line Services is a translation service that allows respondents to complete the questionnaire in the language of their choice using trained interpreters. For additional information, see <http://language.com/>.

Overview of Survey Findings

This study represents a comprehensive, over-time comparison of general population awareness of racial and ethnic health disparities in the United States. Several key conclusions emerge from the 2010 study findings.

1. Fewer Than Two-Thirds of Americans Are Aware of Racial and Ethnic Health Disparities

First, as shown in Exhibit E.S. 1, 59 percent of Americans are aware of racial and ethnic disparities facing African Americans and Hispanics/Latinos. Although the finding in 2009 was 60 percent awareness, the 2010 result is not significantly different. Both results reflect a significant increase in Americans' awareness of racial and ethnic health disparities from 55 percent in 1999. Relative to perceptions of disparities impacting African Americans and Hispanics/Latinos, Asian Americans/Pacific Islanders are generally perceived as doing just as well as Whites. Eighteen percent of Americans report awareness of disparities negatively impacting this population.

With less than two-thirds of respondents aware, the findings show that there is considerable room for improvement in the efforts of OMH, its HHS and other Federal partners, and other public- and private-sector stakeholders to increase Americans' overall awareness of racial and ethnic disparities in health and its importance in the overall health and well-being of the nation.

Exhibit E.S. 1: General Population Awareness of Racial and Ethnic Health Disparities in 2010

Disparities between Whites and ...	Awareness Index (% of General Population)
African Americans	59
Hispanics/Latinos	61
Asian Americans/Pacific Islanders	18
African Americans and Hispanics/Latinos	59
African Americans and Hispanics/Latinos and Asian Americans/Pacific Islanders	52

2. Awareness of Racial and Ethnic Health Disparities Generally Increases with Education

Second, the 2010 data show evidence that members of the general population with at least a high school education are more aware of racial and ethnic health disparities. This effect remains significant even in models that control for a respondent's race and ethnicity, language, and other

demographic factors. While this effect was not significant in 2009, there was a significant difference comparing respondents with some college education to those with less education. This suggests that awareness of racial and ethnic health disparities may be increasing among segments of the U.S. population with lower levels of education.

3. Awareness of Racial and Ethnic Health Care Access Disparities Is Increasing, but Remains Low

Third, there was a significant increase in Americans' awareness that racial and ethnic minority groups are impacted by disparities in access to health care from 1999 to 2009, with levels of awareness remaining stable into 2010. The data show consistent evidence of the general population's awareness of access issues impacting African Americans and Hispanics/Latinos, such as provider access, health insurance, and the cost of health care. For example, there has been a significant increase in awareness that Hispanics/Latinos are worse off than Whites in terms of getting needed health care, from 38 percent in 1999 to 43 percent in 2009 to 49 percent in 2010.

4. Awareness of Racial and Ethnic Disparities for Key Health Status Indicators and Diseases Remains Low

However, awareness of several key health status indicators, such as infant mortality and life expectancy, decreased or remained steady since 1999. Although infant mortality rates are over twice as high for African Americans compared to Whites, only 43 percent of all respondents are aware of the disparity. Public perceptions of infant mortality disparities decreased significantly from 1999 to 2009 for African American and White disparities (44% in 1999 to 39% in 2009), and have remained stable over the past year. Similarly, cancer, diabetes, and hypertension have a disproportionately large impact on African American and Hispanic/Latino populations although awareness of these disparities remains low. As discussed below, there are important differences in awareness according to the race and ethnicity of the respondent.

5. Awareness of Racial and Ethnic Health Disparities Remains Low Even Among Disproportionately Affected Minority Groups

Fifth, awareness of several important health disparities remains quite low even among the disproportionately affected racial and ethnic minority groups. In particular, the African American population experiences ten times as many new cases of AIDS as Whites and the Hispanic/Latino population experiences three times as many. However, only 37 percent of all respondents believe that African Americans are more likely to be diagnosed with HIV/AIDS and only 21 percent of all respondents believe that Hispanics/Latinos are more likely to be diagnosed with HIV/AIDS than Whites. Furthermore, just over one-half (55 percent) of African Americans are aware of the impact of the HIV/AIDS disparities in their own communities, and

only one-fifth (21 percent) of Hispanics/Latinos are aware of the impact of the HIV/AIDS disparities in their own communities.

Awareness by racial and ethnic populations of specific disparities affecting their own population or other racial and ethnic populations changed significantly between 2009 and 2010 in both positive and negative directions. For example, as shown in Exhibit E. S. 2, African Americans' awareness of the impact of the infant mortality disparities in their own communities increased from 39 percent in 2009 to 56 percent in 2010. However, Hispanics/Latinos' awareness of the impact of the HIV/AIDS disparities in their own communities decreased from 33 percent in 2009 to 21 percent in 2010.

Exhibit E.S. 2: Awareness of Infant Mortality Disparities by Race and Ethnicity in 2009 and 2010

2010: Worse off in terms of infant mortality...

Racial and Ethnic Identification of Respondents	% Aware White and African American Disparities	% Aware White and Hispanic/Latino Disparities	% Aware White and Asian American/ Pacific Islander Disparities
Whites Only	43	32	7
African Americans Only	56*	43	19
Hispanics/Latinos Only	35	32	11
Asian Americans/ Pacific Islanders Only	36	30	3

2009: Worse off in terms of infant mortality...

Racial and Ethnic Identification of Respondents	% Aware White and African American Disparities	% Aware White and Hispanic/Latino Disparities	% Aware White and Asian American/ Pacific Islander Disparities
Whites Only	39	30	9
African Americans Only	39	44	15
Hispanics/Latinos Only	36	34	20
Asian Americans/ Pacific Islanders Only	43	22	6

*Indicates statistically significant difference from awareness in 2009 at $p < .05$.

Note: Shaded cells indicate perceptions of racial and ethnic minority respondents of disparities impacting their own racial and ethnic groups compared to Whites.

6. African Americans Are More Aware of Racial and Ethnic Disparities

Sixth, as shown in Exhibit E.S. 3, African Americans are more likely to be aware of disparities between Whites and their own communities as well as between Whites and other racial and ethnic minority groups. African Americans (89%) are significantly more likely to perceive disparities among their own racial group than Whites (55%), Hispanics/Latinos (57%), or Asian Americans/Pacific Islanders (60%). African Americans (84%) tend to perceive Hispanic/Latino and White disparities at levels similar to Hispanics/Latinos themselves (72%), which is significantly higher than Whites' (56%) or Asian Americans/Pacific Islanders' (57%) awareness. Finally, African Americans (38%) are more likely to perceive a disparity between Asian Americans/Pacific Islanders and Whites as Asian Americans/Pacific Islanders themselves (27%), Whites (14%), or Hispanics/Latinos (25%).

Exhibit E.S. 3: Comparing Perceptions of Disparities Impacting Own Racial and Ethnic Group and Other Groups in 2010

Racial and Ethnic Identification of Respondents	% Aware White and African American Disparities	% Aware White and Hispanic/Latino Disparities	% Aware White and Asian American/ Pacific Islander Disparities
Whites Only	55	56	14
African Americans Only	89*	84	38
Hispanics/Latinos Only	57	72	25
Asian Americans/ Pacific Islanders Only	60	57	27

*Indicates statistically significant difference between in-group and out-group awareness at $p < .05$.

Note: Shaded cells indicate perceptions of racial and ethnic minority respondents of disparities impacting their own racial and ethnic groups compared to Whites.

7. Awareness of Racial and Ethnic Health Disparities Impacting Asian Americans/Pacific Islanders Remains Very Low

Seventh, relative to perceptions of disparities impacting African Americans and Hispanics/Latinos, Asian Americans/Pacific Islanders are generally perceived as doing just as well as Whites. Eighteen percent of Americans report awareness of disparities negatively impacting this population. This figure corresponds fairly well with the actual level of Asian American/Pacific Islander and White disparities for the health indicators included in this study. In general, African Americans and Hispanics/Latinos correctly perceive the disparities in Asian American/Pacific Islander communities to be significantly smaller than in their own communities for the health indicators included in this study. Asian Americans/Pacific Islanders generally perceive themselves as doing equally well as Whites on several key health indicators including

infant mortality, HIV/AIDS, and diabetes, which is an accurate self-perception for Asian Americans/Pacific Islanders as a group compared to Whites.

8. Public Familiarity with Important National Health Disparities Reports and Awareness Campaigns Is Generally Low

Lastly, as shown in Exhibit E.S. 4, the general public has relatively low levels of familiarity and contact with important national health disparities reports and awareness campaigns. There was a significant increase, from 36 percent in 2009 to 56 percent in 2010, in the percentage of African Americans in the general population who reported reading or hearing something about health disparities over the past year.

Exhibit E.S. 4: General Public Awareness of Disparity-Focused Reports and Campaigns 2009-2010

% Aware of....

2010 Racial and Ethnic Identification of Respondents	% Read or Heard Anything about Disparities in Health past year	Healthy People 2010	AHRQ's Healthcare Disparities Report	IOM Unequal Treatment Report	OMH's National Partnership for Action	PBS Unnatural Causes Documentary
Whites Only	40	21*	7	8	7	18
African Americans Only	56*	26	13	22	16	27
Hispanics/Latinos Only	49	23	12*	11	6*	19
Asian Americans/Pacific Islanders Only	32	22	4	8	2	8
Total Sample	43	22*	8	10	8	19

*Indicates statistically significant difference from 2009 at $p < .05$.

% Aware of....

2009 Racial and Ethnic Identification of Respondents	% Read or Heard Anything about Disparities in Health past year	Healthy People 2010	AHRQ's Healthcare Disparities Report	IOM Unequal Treatment Report	OMH's National Partnership for Action	PBS Unnatural Causes Documentary
Whites Only	38	13	6	6	6	18
African Americans Only	36	21	22	22	21	27
Hispanics/Latinos Only	44	21	22	18	18	24
Asian Americans/Pacific Islanders Only	33	18	3	7	3	13
Total Sample	39	16	10	10	10	20

Conclusions

Findings from the study paint a broad picture of the extent to which the U.S. population is aware of racial and ethnic health disparities, and how these perceptions have changed over the last decade. Overall, the data show that people are more aware of disparities in health care access, such as health insurance coverage, costs, and access to providers and quality care. Increases in awareness over time suggest that the general population is becoming more aware that, in the United States, racial and ethnic minority populations are disproportionately affected by a number of serious diseases and conditions. However, awareness of these disparities is still quite low overall. Infant mortality continues to disproportionately affect some minority populations, but awareness of this disparity today is no different than it was in 1999. In addition, findings show that there is no widespread awareness of disparities in HIV/AIDS infection rates, nor is there adequate awareness that some racial and ethnic minority groups are twice as likely to be diagnosed with diabetes as Whites.

These findings serve as a wake-up call that a significant amount of work focused on informing the U.S. population of health conditions that disproportionately impact specific racial and ethnic minority groups remains unfinished. The data collected by this study provide some guidelines that can be used to inform the scope and breadth (i.e., in terms of general or targeted population groups and health issue areas) of future public awareness campaigns. The data and findings of this study also serve as a means for identifying targeted awareness campaigns and additional educational or outreach efforts needed for particular population groups or focused on particular health issues.