



## HEALTH & RACE

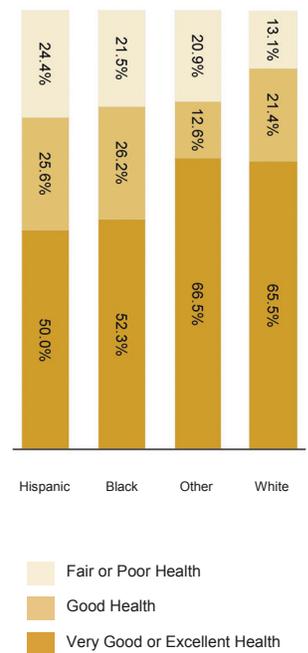
The Colorado Coalition for the Medically Underserved presents this issue brief as part of the Colorado Health Connections Issue Brief Series. Developed using Colorado health survey data, these briefs explore the connections between the health of Coloradans and other defining aspects of our lives – where we live, our levels of educational attainment, our race, and our incomes. Taken collectively, the CCMU Health Connections Issue Brief Series provides a short and informative analysis of the complex nature of individual and community health and the most intriguing and important social factors.

**Q.** Is there a connection between a person’s health and race?

**A.** Data from multiple studies show a strong connection between health and race.

A majority of Coloradans are in good health, however, there are differences in health between racial groups in our state. Approximately 13% of White Coloradans report fair or poor health compared to over 20% of Hispanic, Black, and Coloradans of Other<sup>1</sup> racial and ethnic groups.<sup>2</sup>

**Fig. 1: Health Status by Race**



Source: 2011 Colorado Health Access Survey

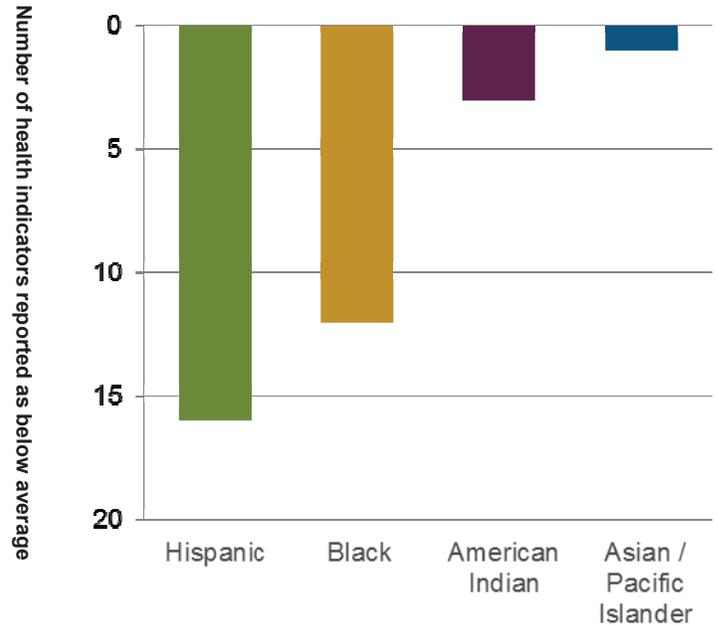
The connection between race and health is also demonstrated by other data sources. Colorado Department of Public Health and Environment data (Fig. 2) shows that disparities exist across racial groups in regards to key health indicators such as infant mortality, low birth rate, mental health status, diabetes, and high blood pressure.

For Hispanic Coloradans, 16 out of 23 health indicators were reported as below average, and for Black Coloradans, 13 out of 23 indicators were reported as below average. In contrast, for American Indian and Asian Pacific Islander Coloradans, three and one indicators, respectively, were reported as below average.<sup>3</sup>

Data from another health survey (Fig. 3) illustrates the connection between race, health, and behaviors or conditions that put Coloradans at risk for diseases like cancer, diabetes and heart disease.

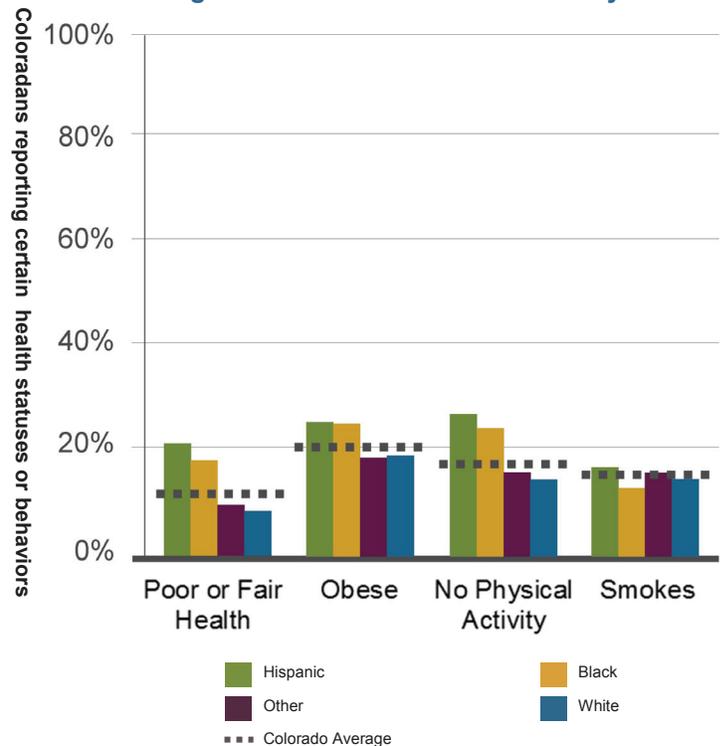
Again, the data shows that race is closely related to self-reported health status, with approximately 20% of Hispanic and Black Coloradans reporting that they are in poor or fair health compared to 10% of White Coloradans and Coloradans reporting another race. Additionally, Hispanic and Black Coloradans are more likely to be obese and physically inactive.<sup>4</sup>

**Fig. 2: Below Average Health Indicators by Race**



Source: 2009 Colorado Department of Public Health and Environment, Office of Health Disparities

**Fig. 3: Health Status & Behaviors by Race**



Source: 2010 Behavioral Risk Factor Surveillance System



The data is clear: race and health are intricately linked.

Additional studies attempt to explain this complex relationship. Poor access to quality health care among some racial groups account for some of the disparities. However, racial differences in key factors that affect our health, such as living and working conditions, educational attainment, and poverty, may play an even larger role in explaining these disparities. In addition, studies show that both institutional racism and persistent individual experiences of racial discrimination contribute to chronic stress resulting in ill health among certain racial groups.<sup>4</sup>

Often in public policy making and community improvement initiatives, we address racial equality and health independently. The connections outlined in this brief suggest we must commit to addressing health and racial equity concurrently to become a healthier and more equitable Colorado.

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<sup>1</sup> “Other” race is defined as Asian American, Native Hawaiian, other Pacific Islander, American Indian, Alaska Native, or some other race.

<sup>2</sup> Colorado Health Access Survey. 2011. Denver, CO: The Colorado Trust. The 2011 CHAS was a telephone survey of 10,000 randomly selected households in Colorado, administered from May 2011 to August 2011. The CHAS was funded by The Colorado Trust and administered by the Colorado Health Institute. All estimates have been weighted to the 2011 Colorado population.

<sup>3</sup> Racial and Ethnic Health Disparities in Colorado, 2009. Denver, CO: Colorado Department of Public Health and Environment. The Office of Health Disparities is a CDPHE program dedicated to eliminating racial and ethnic health disparities in Colorado. This is the second of two reports put out by OHD.

<sup>4</sup> Behavioral Risk Factor Surveillance System Survey Data, 2010. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. For data included in Figure 3, physical inactivity was defined as having not participated in physical activities in the past month; obese was defined as having a Body Mass Index (BMI) of between 30.0 and 99.8; and smoker was defined as smoking cigarettes every day or some days.

<sup>5</sup> Race and Socioeconomic Factors Affect Opportunities for Better Health, 2009. Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America. The Robert Wood Johnson Foundation formed the Commission to Build a Healthier America to investigate why Americans aren’t as healthy as they could be and to look outside the health care system for ways to improve health for all. From February 2008 to December 2009, the Commission studied prevention, wellness and the broader factors that influence good health.

***We believe everybody should have the opportunity to lead a healthy life.  
We are an agent of change. Thought leaders. Collaborators. Advocates.***

*The Colorado Coalition for the Medically Underserved serves as a bridge, bringing together ideas and resources with people who can make real change happen. We work in collaboration with health care providers, policy and decision makers, industry experts, advocates, and individuals in communities across Colorado and at the Capitol. It is our mission to ensure health care systems meet the needs of the medically underserved and the needs of those providers and systems of care dedicated to caring for the underserved.*



**Colorado Coalition** for the  
**Medically Underserved**

#### **Contact CCMU**

- › **Website:**  
[www.ccmu.org](http://www.ccmu.org)
- › **Phone:**  
720.583.1760
- › **Mailing Address:**  
PO Box 18877  
Denver, CO 80218
- › **Email:**  
[inquiry@ccmu.org](mailto:inquiry@ccmu.org)