

Findings from the *CDC Health Disparities and Inequalities Report – United States, 2011*

In recent decades, the United States has made substantial progress in improving our residents' health and reducing disparities, but ongoing economic, racial/ethnic, and other social disparities in health still exist.

Now, the Centers for Disease Control and Prevention (CDC) has issued the *CDC Health Disparities and Inequalities Report – United States, 2011*, which is the first in a series of regular reports that focus on selected topics that are important to CDC's efforts to eliminate disparities.

Released as an *MMWR Supplement*, the report contains 22 topical essays that address disparities in health-care access, exposure to environmental hazards, mortality, morbidity, behavioral risk factors, and social determinants of selected health problems at the national level. The report provides an analysis of the recent trends and ongoing variations in health disparities and inequalities in selected social and health indicators. The data highlight the considerable and persistent gaps between the healthiest people and the least healthy. By documenting these gaps, CDC hopes to spur further action and attention to these issues at the federal, state and local levels.

Key Findings in Obesity Disparities

- Racial/ethnic differences have not changed substantially during 1988–1994 and 2007–2008. Among the majority of sex-age groups, the prevalence of obesity is lower among whites than among blacks and Mexican-Americans.
- Among females, the prevalence of obesity is highest among blacks, whereas the prevalence among males aged ≤ 20 years is highest among Mexican-Americans.
- Differences are limited regarding obesity prevalence across racial/ethnic groups among men aged ≥ 40 years.
- An inverse association exists between family income and obesity prevalence among white females (all ages) and white males (aged 2–19 years), but the association is weak or positive (black men aged ≥ 20 years) among other groups.
- Racial/ethnic differences in obesity prevalence persist after controlling for differences in family income.

What Can Be Done

Randomized control trials have revealed that dietary modification and increased physical activity are effective, at least in the short-term, in reducing the prevalence of obesity, the incidence of type 2 diabetes, and the levels of risk factors for cardiovascular disease. In addition to educational efforts to promote healthy eating and active living, an increased emphasis on policy and environmental strategies can help to reduce disparities in obesity prevalence.



What Can Be Done, continued

CDC will accelerate its efforts to eliminate health disparities with a focus on surveillance, analysis, and reporting of disparities and the identification and application of evidence-based strategies to achieve health equity.

CDC and its partners can use the findings in this periodic report to raise awareness and understanding of groups that experience the greatest health disparities. The findings also can help motivate increased efforts to intervene at the state, tribal, and local levels to address health disparities and inequalities.

Recommended Actions to Reduce Health Disparities

1. Increase community awareness of disparities as persistent problems that represent some of the most pressing health challenges in the U.S.
2. Set priorities among disparities to be addressed at the federal, state, tribal, and local levels
3. Articulate valid reasons to expend resources to reduce and ultimately eliminate priority disparities
4. Implement the dual strategy of universal and targeted intervention strategies based on lessons learned from successes in reducing certain disparities (e.g., the virtual elimination of disparities in certain vaccination rates among children)
5. Aim to achieve a faster rate of improvement among vulnerable groups by allocating resources in proportion to need and a commitment to closing gaps in health, longevity, and quality of life



For More Information

The *CDC Health Disparities and Inequalities Report – United States, 2011* is available online at www.cdc.gov/mmwr. For more information about this topic, please visit <http://www.cdc.gov/obesity/index.html>.