

# Scientific Inquiry

## Eliminating Health Disparities for Racial and Ethnic Minorities: A Nursing Agenda for Children

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*Scientific Inquiry provides a forum to facilitate the ongoing process of questioning and evaluating practice, presents informed practice based on available data, and innovates new practices through research and experimental learning.*

**S**ignificant gaps in the health of minority individuals in the United States have long existed. However, a recent and bold commitment stemming from the President's Initiative on Race and Health in 1998 (U.S. Department of Health and Human Services [USDHHS], 1999) pledged to eliminate disparities experienced by racial and ethnic minority populations in the following six health areas: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV infection and AIDS, and immunizations.

In *Healthy People 2010* (USDHHS, 2000), the nation's health objectives for the 21st century, the goal to eliminate racial and ethnic disparities in health is a cornerstone of the nation's strategic plan. Goals are presented for eliminating disparities within the targeted six health areas. What are the implications of this initiative for nurses who care for children and families? What are the implications for nurse researchers?

### A Diverse Population of Children

The increasing diversity in the nation's population of children underscores the targeted action necessary for all, including nurses, for this segment of the population. Although the proportion of children under 18 years of age in the United States (26%) has been relatively stable, it has been marked by an increase in racial and ethnic diversity. According to the U.S. Bureau of the Census (1992), the percentage of children who are non-Hispanic white has decreased steadily since 1980, a trend that is expected to continue. For example, in 1980, 74% of children in the United States were non-Hispanic white, and it is projected to decrease to 54% by the year 2020. Conversely, the percentage of blacks, Hispanics, and Asian Americans has increased steadily since 1980, and continued growth of these groups is projected through 2020.

The greatest growth in numbers of children has been and will continue to be evident among Hispanics and Asian Americans. In 1980 the percentage of black, Hispanic, and Asian-American children was estimated at 15%, 9%, and 2%, respectively; by the year 2020 it is projected to be 18%, 21%, and 8%, respectively (U.S. Bureau of the Census, 1992). Initial projections estimated that Hispanic children would be the largest minority group by the year 2010. Figures released from the Census Bureau in 1997, however, indicated that due to an increase of 3 million, Hispanic children already comprised the largest minority group and were the second largest group of children in the country, led only by non-Hispanic white children. It is important to note that immigration has played a small part in the overall increase of both Hispanic and Asian-American children (U.S. Bureau of the Census, 1992). In 1990, 33.2% of Asian children and 15.8% of Hispanic children were foreign born.

### Health Disparities Among Racial and Ethnic Minority Children

With the increasing diversity of our nation's children, the continued health disparities among racial and ethnic minority children should be a call to action for all nurses. These disparities are reflected in three of the targeted focus areas: infant mortality, HIV infection and AIDS, and immunizations. For example, although infant mortality in the United States is at a record low of 6.1 per 1,000 live births, these rates vary substantially among and within racial and ethnic groups (National Center for Health Statistics, 2000). Infant mortality rates remain higher than the national average among blacks and American Indian/Alaska Natives. The greatest disparity exists for blacks, whose infant death rate is more than twice as high (14.1/1,000 live births) as the average for whites. Among some racial and ethnic groups, such as American Indians and Hispanics, there is a wide range of mortality rates among the subgroups. Thus while the reported mortality rates for these groups as a whole are low, infant mortality remains a significant problem for some subgroup populations.

In relation to HIV/AIDS, the epidemic has increasingly affected blacks and Hispanics, particularly women. Among women, blacks and Hispanics account for 77% of AIDS cases, while among men, these racial and ethnic groups account for 59% of cases (Centers for Disease Control and Prevention [CDC], 1999a). While the AIDS incidence is declining, there has not been a comparable decline in the number of newly diagnosed HIV cases among young people (CDC, 1999b). Similarly, black and Hispanic youth, and particularly women, are disproportionately represented among AIDS cases in this age group. The major mode of HIV infection for youth is heterosexual transmission. On a positive note, while black and Hispanic children are disproportionately represented among HIV-infected children, there has been a steep decline in perinatally acquired AIDS. This has been attributed to the rapid implementation of zidovudine and to the improved treatments for HIV-infected children (CDC, 1999a).

Finally, in examining the rates of immunizations and vaccine-preventable diseases among all children, there is good news. Childhood immunization rates have increased as a result of targeted public-private partnerships and are now at an all-time high. Immunization rates have increased for minority children, however; significant segments of this population are still under-immunized.

These three targeted areas illustrate some of the health disparities among minority children. The other three targeted areas of the President's race and health initiative—cancer screening and management, cardiovascular disease, and diabetes—are not necessarily child focused; however, they too have implications for pediatric nurse researchers and practitioners. Because health behaviors such as diet, exercise, smoking, and regular health visits play an important role in disease prevention, it is important to recognize that the time to start teaching protective health behaviors is early childhood. This task, coupled with the array of factors that account for disparities among minority populations (e.g., poverty, lack of access to health care, historic and continued discrimination, hazardous home and neighborhood environments),

poses a daunting task for government, communities, and health professionals.

### Nursing's Agenda

Eliminating racial and ethnic disparities in health will require enhanced efforts at preventing disease, promoting health, and delivering appropriate care. Health-risk, health-protective, and health-promotion behavior patterns begin in early childhood and are fostered by the family and social, economic, and political environments. Thus, effective interventions to support health-promoting and protective behavior should be implemented at several levels. These interventions should be directed toward strengthening individual knowledge and skills, promoting community education, changing organizational practices, and influencing policy and legislation (National Institute for Nursing Research [NINR], 1993).

In order for nurses to work effectively to eliminate racial and ethnic health disparities, a solid research foundation is needed. The National Institute for Nursing Research, along with all Institutes at the National Institutes for Health, has developed strategic plans to advance the science necessary to eliminate health disparities. The focus of NINR's *Strategic Plan for Reducing Health Disparities* (2000) is to support culturally sensitive interventions to decrease health disparities among groups by focusing on health promotion and chronic illness management strategies. Specific program activity that has been developed by NINR to address low birth weight in minority populations and to reduce oral health disparities is consistent with this plan.

Beyond national agendas and strategic plans, nurses at all levels who care for children have an important role to play in eliminating health disparities. Our action as nurses can and should move beyond the six targeted focus areas outlined in *Healthy People 2010* (USDHHS, 2000). In practice settings we must begin to examine our practice and ask questions such as:

- Are we effectively reaching out to minority communities? What access barriers exist?

- What are the institutional barriers that may affect the quality of care we are providing all families, and minority families in particular?
- What is the research base for nursing practice with minority children and families in the specialty, region, or population in which we practice?
- What do we know about the environment in which minority children in our community live?
- How does the environment support or hinder health promotion and disease prevention?
- How does our practice consider or intervene in the environment in which the families we serve live?
- To what extent are we able to address health-promotion and risk-reduction strategies with minority children and families in our practice?

For nurse researchers these questions are important beginnings in moving beyond the mere inclusion of minorities in research, or determining the generalizability of an existing paradigm or intervention to a minority population. Nurse researchers can and should examine existing research to determine what is known and not known about our phenomena of interest with regard to ethnic minority populations. Perhaps more important, nurse researchers must work in close collaboration with ethnic minority communities to define problems, identify strengths, and create approaches to improving health outcomes.

Whether we are practitioners, clinicians, teachers, or researchers, it is clear that reducing and eliminating health disparities cannot happen in isolation. The achievement of this national goal requires working with old and new partners and, more important, close collaboration with ethnic minority communities. Nurses have and will continue to play an important role in this important national initiative. Our efforts, however, need to be both intensified and concentrated if we are to realize the ambitious but necessary goal to reduce health disparities among racial and ethnic minorities, specifically among our children.

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