

Racial/Ethnic Health Equity in the US

Findings from the PRC National Health Survey



PRC is the only research firm to conduct regular national studies (since 1995) to collect comparative data for its CHNA clients. The latest **PRC National Health Survey** reflects a random sample of 1,000 Americans interviewed through a mixed-mode protocol, including telephone (landline and cell phone) and internet surveys.

The events of 2020 have made painfully clear the vast disparities in health and health care resources by racial and ethnic identity, both across the US and on a global scale. Race and ethnicity are risk markers for other underlying conditions that impact health, such as socioeconomic status, housing, education, and other social determinants.

COVID-19 & CHRONIC HEALTH CONDITIONS

Health equity is when everyone has the opportunity to be as healthy as possible. According to the Centers for Disease Control and Prevention, long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19 ([cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)).

PRC's own 2020 national data supports these findings, with survey data illustrating that the prevalence of many health issues is significantly elevated in US communities of color. According to the *PRC National Health Survey*, African Americans are statistically more likely than adults of other race or ethnic identities to report these issues: **high blood pressure**; the prevalence of **3+ concurrent chronic conditions**; **activity limitations**; **diabetes/prediabetes**; and high-impact **chronic pain**. Hispanic or Latinx Americans experience a high prevalence of **obesity**.

While White Americans are more likely to report a **cancer** diagnosis, Asian Americans report a dramatically **lower obesity** rate compared to other race/ethnicity categories (despite a considerable prevalence of high blood pressure).

Risk for COVID-19 Infection, Hospitalization, and Death (By Race/Ethnicity; US, March 2021)

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.7x	0.7x	1.1x	1.3x
Hospitalization ²	3.7x	1.0x	2.9x	3.1x
Death ³	2.4x	1.0x	1.9x	2.3x

Source: Centers for Disease Control and Prevention (CDC).

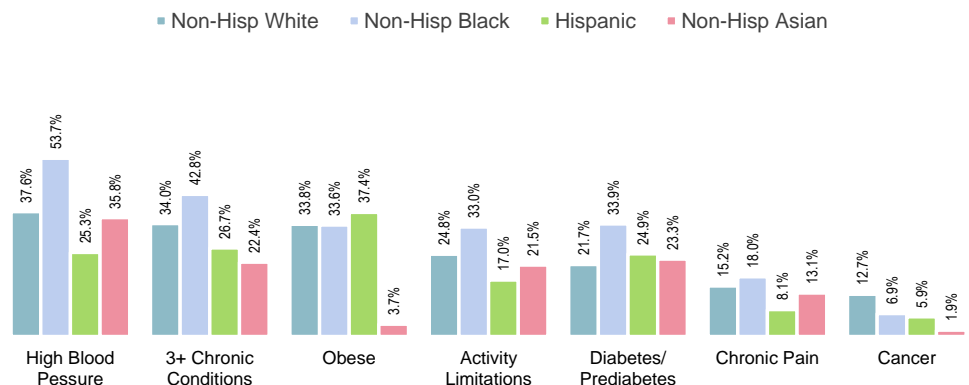
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

¹ Data source: Data reported by state and territorial jurisdictions (accessed 03/10/2021). Numbers are ratios of age-adjusted rates standardized to the 2019 US intercensal population estimate. Calculations use only the 53% of case reports that have race and ethnicity data available; this can result in inaccurate estimates of the relative risk among groups.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html>, accessed March 1, 2020, through February 27, 2021). Numbers are ratios of age-adjusted rates standardized to the 2019 US standard COVID-NET catchment population.

³ Data source: NCHS provisional death counts (<https://data.cdc.gov/NCHS/Deaths-involving-coronavirus-disease-2019-COVID-19/ks3g-spdg>, data through March 6, 2021). Numbers are ratios of age-adjusted rates standardized to the 2019 US intercensal population estimate.

Prevalence of Chronic Health Conditions (By Race/Ethnicity; US Adults, 2020)



Source: • 2020 PRC National Health Survey; Professional Research Consultants, Inc.

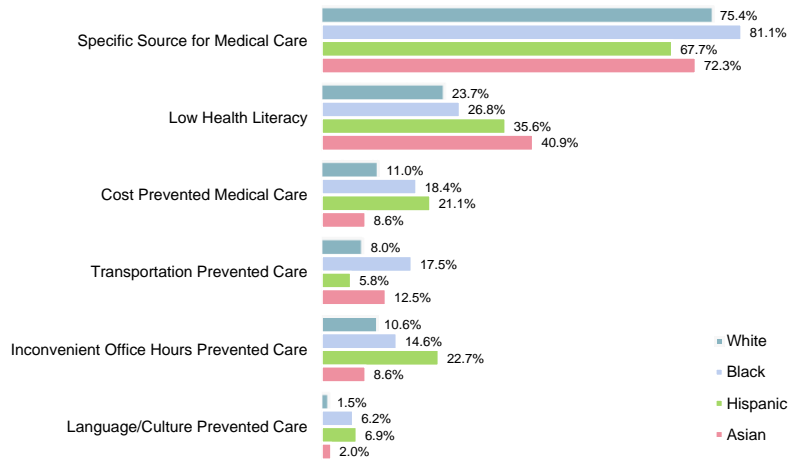


HEALTH CARE ACCESS

The *PRC National Health Survey* finds that US communities of color also face greater barriers to accessing medical care. Hispanic Americans are more likely to report barriers related to **cost**, inconvenient office **hours**, and **language or culture**, and they are also less likely than other communities to have a **specific source** for medical care. Hispanic respondents are more likely to report low levels of **health literacy**.

While African Americans are *most* likely to have a specific source for their medical care, they also more often encounter difficulties related to **cost**, lack of **transportation**, and **language or culture**.

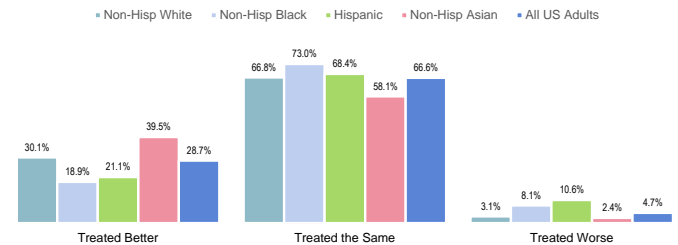
Health Care Access
(By Race/Ethnicity; US Adults, 2020)



Sources: • 2020 PRC National Health Survey, Professional Research Consultants, Inc.

In a separate inquiry, Hispanic adults most often report feeling that they are **treated worse** during health care experiences because of their ethnicity than other groups.

Perceived Treatment During Health Care Experience
in the Past Year, Based on Racial/Ethnic Identity
(US Adults, 2020)

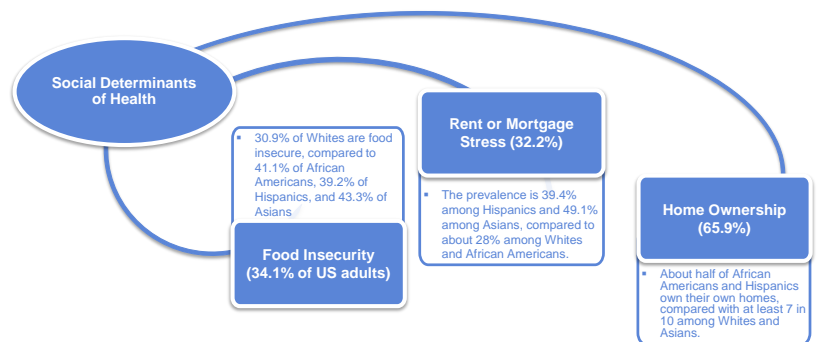


Source: • 2020 PRC National Health Survey, Professional Research Consultants, Inc.

SOCIAL DETERMINANTS OF HEALTH

PRC focuses a considerable portion of the *PRC National Health Survey* on social determinants of health: those economic and social conditions in our environments that influence individual and group differences in health. Significant disparities by race and ethnicity among surveyed Americans are apparent for food insecurity, home ownership, and rent/mortgage stress, to name a few.

Note in particular that 1 in 4 African Americans report living in **unhealthy/unsafe housing** conditions, and are also least likely to afford a \$400 **emergency expense**.



Source: • 2020 PRC National Health Survey, Professional Research Consultants, Inc.

To learn how PRC’s health data can help your community, visit www.PRCCustomResearch.com or email ImproveHealth@PRCCustomResearch.com.

