

# Race origins and health disparities

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Nina T. Harawa, MPH, PhD is a researcher at Charles Drew University. Credit: Charles Drew University

Much is often said about the glaring statistics showing that some racial and ethnic minorities face greater risks than whites when it comes to health.

Nina T. Harawa, an Assistant Professor and researcher at Charles Drew University, says today's disparities are linked to many factors, including economics, access to [health](#) care and the impact of living in a race conscious society.

But in the recent issue of [Ethnicity](#) and Disease, she writes that the concept of race is often misunderstood or inconsistently used when examining differences (or "disparities") in health outcomes.

"There is no gold standard for the use of race in health research," said Harawa, who co-wrote the article with Assistant Professor Chandra L. Ford, PhD, of the UCLA School of Public Health.

Harawa said there are no readily agreed-upon standards for measuring someone's race, as in the case of gauging someone's age. Nevertheless, race has been used to categorize people since before the country's founding.

Efforts to simplify the complexities of race -- including genetic, cultural and socioeconomic variations—have made race-related research "a minefield of often premature and ultimately wrong conclusions," she said.

To understand health disparities in the various population groups, she said, researchers need to understand how today's racial categories evolved from the negative assumptions made hundreds of years ago to justify slavery.

"Advancing our ability to address racial/ethnic disparities in health requires a historically informed understanding of these issues, including how the notion of fixed and distinct races became fixed in the American mind," she wrote.

A report, titled "Health Disparities: A Case for Closing the Gap", recently released by the U.S. Health and Human Services, shows significant disparities:

- 48 percent of all African American adults suffer from a chronic disease compared to 39 percent of the general population.
- Eight percent of White Americans develop diabetes while 15

percent of African Americans, and 14 percent of Hispanics and 18 percent of American Indians develop diabetes.

- African Americans are 15 percent more likely to be obese than Whites.

"Minorities and low income Americans are more likely to be sick and less likely to get the care they need," said Health and Human Services Secretary Kathleen Sebelius after the release of her report earlier this month.

However, Dr. Harawa points out there are also exceptions, such as first generation Latino immigrants who have health advantages in many areas despite high levels of poverty and generally low levels of education. Further, Black immigrants frequently experience much better health outcomes than do other Black populations in the US.

Unfortunately, today's race and ethnic categories often fail to make these distinctions.

More information: "[Race](#) Origins and Health Disparities" by Nina Harawa, MPH, PhD, and Chandra Ford, PhD, can be found here: [www.ishib.org/journal/19-2/ethn-19-02-209ab.pdf](http://www.ishib.org/journal/19-2/ethn-19-02-209ab.pdf)

Source: Charles Drew University of Medicine and Science

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