

Racial, ethnic differences in U.S. health metrics persist

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(HealthDay)—From 1999 to 2018, racial and ethnic differences in

health status, care access, and affordability mainly persisted, according to a study published in the Aug. 17 issue of the *Journal of the American Medical Association*.

Shiwani Mahajan, M.B.B.S., from Yale New Haven Hospital in Connecticut, and colleagues determined 20-year trends in racial and [ethnic differences](#) in [health status](#) and health care access and affordability using National Health Interview Survey data for 596,355 adults from 1999 to 2018.

The researchers estimated that the highest prevalence of poor or fair health status was seen for Black individuals with low income (29.1 and 24.9 percent in 1999 and 2018, respectively), while the lowest prevalence was seen for White individuals with middle and high income (6.4 and 6.3 percent, respectively). Regardless of income strata, Black individuals had a significantly higher estimated prevalence of poor or fair health status compared with White individuals in 1999. There were no significant changes observed in racial and ethnic gaps in poor or fair health status from 1999 to 2018, with or without income stratification, except for a significant reduction in the difference between White and Black individuals with [low income](#) (–6.7 percentage points); in 2018, the difference was no longer statistically significant.

"Despite a wide variety of health care and [social policies](#) and markedly increased health care spending, health inequities persisted with modest evidence of progress," the authors write.

Several authors disclosed financial ties to the health care and other industries.

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