



Minority Health and Disparities Overview

Dental Health

According to the Surgeon General, there is a "silent epidemic" of dental and oral diseases in the United States, and these oral health problems are disproportionately affecting poor Americans, children, and racial and ethnic minorities. This burden of disease limits activities in school and can considerably weaken quality of life. Barriers to good oral health include socioeconomic status, lack of transportation, deficiency of resources to pay for care such as dental insurance, and the lack of public understanding of the connection between oral health and overall health. Learn more about the Surgeon General's findings on dental health and the burden of oral diseases on children in the [Executive Summary](#) of *Oral Health in America: A Report of the Surgeon General*. For a brief fact sheet on children's dental health needs and school-based services prepared by the Center for Health and Health Care in Schools, visit <http://www.healthinschools.org/cfk/dentfact.asp>.

Infant Immunizations

Immunization is one of the most cost-effective medical interventions available. For every dollar spent on immunization, as many as \$29 can be saved in direct and indirect costs. However, many children go without immunizations or do not receive the full recommended series of vaccines. No single factor accounts for under immunization, but various risk factors have been identified, including low parental education levels, large family size, low socioeconomic status, nonwhite race, young parental age, use of public clinics, and lack of prenatal care. Inadequate access to medical care, deficiencies in the public health care delivery system, and lack of public awareness are other factors contributing to under immunization. Some children miss immunizations because their records are misplaced and parents and providers are not aware of which vaccinations the child has had. Community access and barriers to receiving immunizations are explored in *Persistent Low Immunization Coverage Among Inner-city Preschool Children Despite Access to Free Vaccine* (<http://pediatrics.aappublications.org/cgi/content/abstract/101/4/612>) and approaches to combating the problem of under immunizing children is studied in the research article entitled *Strategies to Improve Immunization Rates and Well-Child Care in a Disadvantaged Population* (<http://archpedi.ama-ssn.org/cgi/content/abstract/158/2/162>).

Asthma

Asthma is the most common chronic disease of childhood in the United States, and it poses a disproportionate burden on minority children. A number of factors contribute to the socioeconomic and ethnic disparities in the prevalence and morbidity of asthma, including housing conditions; exposure to tobacco smoke before and after birth; traffic air pollution and indoor environmental allergens; somatic growth factors such as low birth weight, pre-maturity, and obesity; and access to care and treatment. The interrelatedness and individual impact of these factors on asthma outcomes are explored in *Risk Factors for Pediatric Asthma: Contributions of Poverty, Race, and Urban Residence* (<http://www.niehs.nih.gov/translat/hd/hd-asthma.pdf>) and *A Brief Targeted Review of Susceptibility Factors, Environmental Exposures, Asthma Incidence, and Recommendations for Future Asthma Incidence Research* (<http://www.ehponline.org/members/2006/8381/8381.pdf>).

Nutrition

The changes in our built environment are increasingly having an effect on children's health, shaping both their eating habits and their physical activity. Children growing up in low income and minority neighborhoods often lack access to safe and free places to be active. The nutrition environment of these neighborhoods also provides easier access to convenience foods and fast foods. Learn more about health disparities related to nutrition in **The Role of Built Environments in Physical Activity, Eating, and Obesity in Childhood** (http://www.futureofchildren.org/information2826/information_show.htm?doc_id=355433) and **Food Geography: How Food Access Affects Diet and Health** (http://www.thefoodtrust.org/catalog/download.php?product_id=120).

Mental Health

Significant health and mental health disparities exist for children from low income and ethnic minority backgrounds. Children living in poverty are at a greater risk for learning, behavioral, and health disorders and many who need a mental health evaluation do not receive services. Rates of use of mental health services are particularly low among preschool children. Learn more about mental health disparities in children and the importance of early intervention, consultation, and collaboration in **Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status** (<http://ajp.psychiatryonline.org/cgi/reprint/159/9/1548>) and **Introduction to the Special Issue: Economic, Health, and Mental Health Disparities Among Ethnic Minority Children and Families** (<http://jpepsy.oxfordjournals.org/cgi/reprint/27/4/309>).

Additional Resources:

Racial and Ethnic Disparities in Early Childhood Health and Health Care

<http://65.36.225.239/resources/talkingPoints/documents/PediatricsDisparitiesArticle2-05.pdf>

Children's Access to Primary Care: Differences by Race, Income, and Insurance Status

<http://pediatrics.aappublications.org/cgi/content/abstract/97/1/26>

Disparities in Pediatric Preventive Care in the United States, 1993-2002 <http://archpedi.ama-assn.org/cgi/content/abstract/161/1/30>

Why Are Latinos the Most Uninsured Racial/Ethnic Group of US Children? A Community-Based Study of Risk Factors for and Consequences of Being an Uninsured Latino Child (Dr. Flores article) <http://pediatrics.aappublications.org/cgi/content/abstract/118/3/e730>

http://www.futureofchildren.org/information2826/information_show.htm?doc_id=255988