

HEALTH DISPARITIES

A child's growing years should be some of the healthiest periods in his/her life, yet adolescence can be the period with the highest rates of risk-taking behaviors. A variety of health behaviors such as tobacco use, physical inactivity, sexual risk behaviors, alcohol and drug use are often established during childhood and adolescence, disproportionately affecting subgroups of teens. The Centers for Disease Control and Prevention (CDC) defines six health risk behaviors of youth, which are described in the Priority Health-Risk Behaviors of Youth and Adolescents Section. As adolescents spend a considerable amount of time in school, culturally appropriate school programs that address risk and protective factors for youth at risk can have a significant impact on improving unhealthy behaviors.

What are Health Disparities?

The CDC defines health disparities as: “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”²⁰

These disparities are directly related to the unequal distribution of social, political, economic, and environmental resources.²⁰ Health disparities aren't limited to just race and ethnicity. Disparities also exist because of sex, age, socioeconomic status, geographic location (urban, rural, etc.), sexual orientation, and disability (physical, developmental, etc.).

To address health disparities, early intervention is most important. Disparities often begin early in life, starting during childhood or adolescence. Most of the leading causes of illness and premature death among minority youth and adults stem from unhealthy behaviors that become established during childhood and adolescence – poor diet, lack of physical activity, risky sexual behaviors, and use of tobacco, alcohol, and other drugs.²¹

Higher levels of education are associated with more years of life and an increased likelihood of obtaining or understanding basic health information and services needed to make appropriate health decisions. Health risks such as teenage pregnancy, unhealthy dietary behaviors, inadequate physical activity, physical and emotional abuse, substance abuse, and gang involvement have a significant impact on how well students perform in school.²¹ Lower levels of education are predictive of higher levels of health risks, such as obesity, substance abuse, and violence. At the same time, good health is associated with academic success.

Kentucky Health Disparities

Of the poorest 100 counties in the United States, in terms of median household income, 29 are located in southeastern Kentucky. Residents of these counties have lower income and education levels and have higher rates of various health problems. These health problems are usually associated with physical inactivity, unhealthy dietary behaviors, and tobacco use.

African-Americans and Hispanics have much higher rates of HIV and AIDS than whites, which make the urban areas of Kentucky, including Louisville and Lexington, an area of focus related to health disparities. The rates of sexually transmitted infections (STI) are also greater among African-Americans than whites.

In 2007 the Kentucky Institute of Medicine produced the report “*The Health of Kentucky A County Assessment*” to provide a picture of the health of Kentucky's counties organized around a set of risk factors and disease outcomes. This report provides health measures for all Kentucky's counties, the range of the county measures in Kentucky, and the comparative state and United States values. To access the full report and to see each Kentucky counties' assessment, please go to: <http://www.kyiom.org/pdf/healthy2007a.pdf>



2007 Health Measures for all Kentucky Counties, Ranges and Comparative State and U.S. Values

Category	U.S.	Kentucky	County Ranges
Behavioral/Social Factors			
Prevalence of Smoking (percent adult population)	21	29	20-36
Prevalence of Youth Smoking (percent high school students)	23	25	18-32
Prevalence of Obesity (percent adult population)	24	29	13-52
Lack of Physical Activity (percent adult population)	24	32	12-60
Demographics			
High School Graduation (percent adults 25 or older)	80	72	49-87
Per Capita Personal Income	\$33,689	\$27,625	\$15,392 - \$43,030

Source: The Kentucky Institute of Medicine, “*The Health of Kentucky A County Assessment*” Report, page 26.
<http://www.kyiom.org/assessment.html>

What Can be Done to Reduce Health Disparities?

Culturally appropriate school programs that address risk behaviors among youth, especially when coordinated with community efforts, could improve the health of populations at risk for health disparities, and the health of a nation as a whole.²¹

The CDC Division of Adolescent and School Health suggests the following actions that public health and education professionals can take to address disparities among students:²²

- Focusing programmatic efforts to address the needs of youth in high risk groups
- Raising awareness about the causes of disparities and about evidence-based strategies for addressing them
- Building partnerships to address the root causes of health and educational disparities
- Documenting the impact of health disparities, as well as the impact of efforts to reduce them

