

Addressing Health *Disparities*

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

In the United States racial and ethnic minorities, as well as sexual minority populations, suffer disproportionately from preventable diseases and conditions, many of which result from health-related behaviors that are established during childhood and adolescence. These behaviors include physical inactivity, poor nutrition, tobacco use, sexual risk behaviors, and poor asthma management.

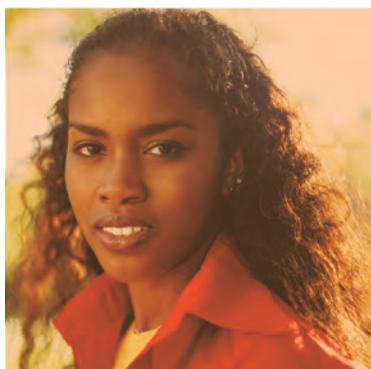
Addressing health disparities is a central focus of the strategic plans for both the U.S. Department of Health and Human Services (DHHS) and the Centers for Disease Control and Prevention (CDC). An overarching goal for DHHS's *Healthy People 2010*, a set of health objectives for the nation, is eliminating health disparities, and two of CDC's four health protection goals directly address the importance of reaching at-risk populations:

1. Healthy People in Every Stage of Life

All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

2. Healthy People in Healthy Places

The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.



Investing in Our Nation's Future: Addressing Health Disparities Among Youth

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 the nation as a whole. CDC's Division of Adolescent and School Health (DASH), whose mission is preventing the most serious health risks among youth, incorporates efforts to address health disparities among at-risk communities in every aspect of its work.

Funding Programs

Funded state and local agencies are encouraged to implement strategies to reduce disparities among populations that may be disproportionately affected by health-related risks and problems. Likewise, funded nongovernmental organizations (NGOs) are asked to address health disparities, and incorporate culturally and linguistically appropriate activities and resources into their work. In addition, DASH created separate funding categories to help NGOs provide capacity-building assistance to agencies and organizations serving youth at high risk for HIV infection: young men who have sex with men, especially African American and Latino males; African American and Latina females; youth in juvenile justice facilities or alternative schools; and runaway and homeless youth.

Examples of DASH-funded Activities

South Dakota supports a special evaluation project with students attending elementary schools on the Pine Ridge Indian Reservation to determine best practices for increasing fruit and vegetable consumption.

The **Indiana Department of Education** is assisting in the development of strategies and policies to reduce disparities among youth, including African American youth, in six communities with the most reported HIV/AIDS cases.

Florida's **Broward County School System** collaborates with the health department and other community-based organizations (CBOs) to educate high-risk, out-of-school youth and those in the juvenile justice system on HIV prevention. They also work with partners to provide culturally competent presentations for African American, Latino, and Haitian students and parents.

Advocates for Youth (AFY) has partnered with Black Entertainment Television to develop HIV prevention messages in television programming. In addition, AFY will provide resources, technical assistance, training, and seed grants to build the capacity of societal institutions that influence youth behavior by providing culturally relevant, science-based HIV prevention strategies for young African American and Latina women.

The **AIDS Alliance for Children, Youth, and Families** is increasing the capacity of service providers—as well as CBOs serving youth at high risk for HIV infection—to plan, deliver, and evaluate scientifically sound and medically accurate HIV protection programs

for African American and Latina teen girls. This project also includes a teen advocacy component focusing on health promotion and HIV prevention.

Girls Incorporated, with many of its affiliate organizations serving a majority of Latina and/or African American girls, has developed a variety of resources, professional trainings, workshops, and mini-grant opportunities for affiliates to strengthen their capacities to address HIV prevention and related health issues, and to strengthen community partnerships.

The **American Psychological Association (APA)** developed a training manual for school health and mental health professionals on how to better reach lesbian, gay, and bisexual youth with HIV prevention education and positive health information. In addition, APA is providing professional development and other technical assistance to youth-serving organizations nationwide to address HIV prevention, especially among young African American and Latino males who have sex with men.

The **United Negro College Fund Special Programs Corporation** is providing capacity-building activities for historically black colleges and universities to develop, implement, and sustain campus-wide programs and policies to promote prevention of HIV/AIDS and other health risks. Plans include increasing the number of courses containing HIV/AIDS prevention content and developing a social marketing campaign featuring culturally and linguistically appropriate HIV/AIDS prevention messages for college-age youth.

Surveillance, Evaluation, and Research

The **Youth Risk Behavior Surveillance System** monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth in the United States. The national Youth Risk Behavior Survey, conducted every 2 years, oversamples African American and Latino youth to enable separate analyses for these subgroups. The state, territorial, and local Youth Risk Behavior Surveys use samples representative of the racial/ethnic groups in each jurisdiction.

The **Bureau of Indian Education** Youth Risk Behavior Survey is conducted every 3 years to collect information and data on students in Bureau-funded schools. In addition, the Navajo Nation (working with the Indian Health Service) has conducted the Youth Risk Behavior Survey among middle school and high school students attending public and private schools on the Navajo Reservation.

School Health Profiles are surveys conducted by states and large urban school districts that provide information on current school health policies and programs such as health education; physical education; and policies related to HIV prevention, tobacco-use prevention, violence prevention, and physical activity. Many large urban school districts, whose student populations are composed largely of racial and ethnic minorities, conduct School Health Profiles, and the data collected help inform their planning processes.

Linking Lives is an evaluation of the effectiveness of a parent-based intervention designed as a supplement to school-based programs for reducing sexual risk behaviors and preventing tobacco use among African American and Latino adolescents in New York City.

The **Seattle Schools Climate Study** is an evaluation of the environments in selected Seattle middle and high schools and the role gay/straight alliances play in creating a safer environment for all students.

All About Youth is an evaluation of the effectiveness of comparable sexual risk avoidance and sexual risk reduction interventions among predominantly Latino and African American middle school students in Houston compared with a control group.

Healthy Passages is a longitudinal, multi-site study to understand and identify, among a cohort of youth including African American and Latino youth, the determinants of health risk behaviors and how those determinants vary based on gender, race/ethnicity, and socio-economic background.



DASH Disparities Task Force

Overarching Strategies

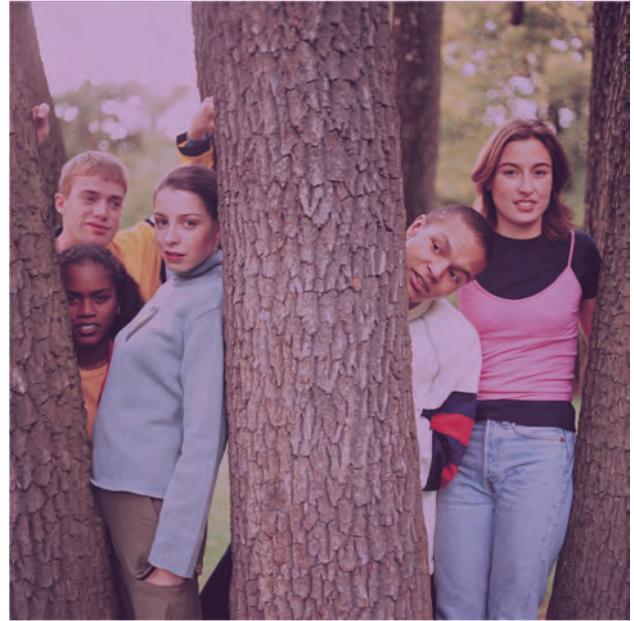
DASH has established a Task Force on health disparities that brings together representatives from state and local education agencies, and major national education and health organizations. The Task Force's strategic approach to reducing health disparities is threefold:

1. Raise awareness in identifying and addressing health disparities.
2. Identify key issues that national public health agencies need to consider when crafting program announcements or developing other mechanisms for funding.
3. Improve the quality of existing resources, programs, and services to more effectively address the needs and priorities of communities of color.

Current Priority Activities

To help reduce health disparities among school-aged youth, the Task Force has identified three priority activities:

1. Providing professional development for grantees and policy makers on the prevalence of health disparities, cultural awareness, promising practices, and lessons learned.
2. Developing a curriculum analysis tool for cultural competence and awareness of cultural differences.
3. Creating a Web-based repository of resources and materials on health disparities.



Presentation slides and fact sheets providing information on racial/ethnic differences in health risk behaviors among youth are available at the national Youth Risk Behavior Survey Web site:

www.cdc.gov/healthyyouth/YRBS/index.htm

For additional information on DASH's programs and activities, please visit the following Web site:
www.cdc.gov/healthyyouth/

