Inequality in Health

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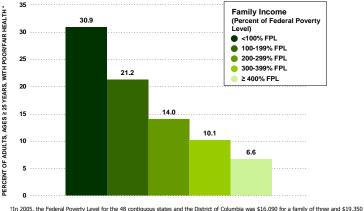
Inequality in Health



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1.

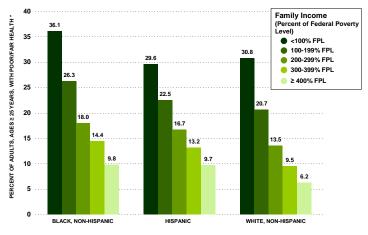
Health by Income



'In 2005, the Federal Poverty Level for the 48 contiguous states and the District of Columbia was \$16,090 for a family of three and \$19,350 for a family of four.
*Age-adjusted
Source: National Health Interview Survey, 2001-2005.

Proportion of adults with fair/poor health, by family income (percent of the Federal Poverty Line). Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America.

Health by Income and Race

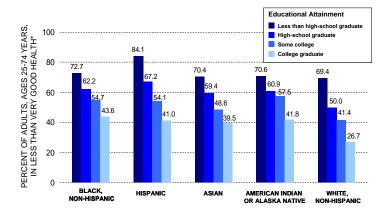


*Age-adjusted Source: National Health Interview Survey, 2001-2005.

Proportion of adults with fair/poor health, by family income (percent of the Federal Poverty Line). Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America.

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Health by Education

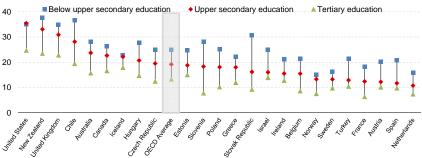


Source: Behavioral Risk Factor Surveillance System Survey Data, 2005-2007. † Based on self-report and measured as poor, fair, good, very good or excellent. * Aqe-adjusted.

Proportion of adults with fair/poor health, by education and race/ethnicity. Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America.

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Proportion of obese adults, by level of educational attainment (2011)

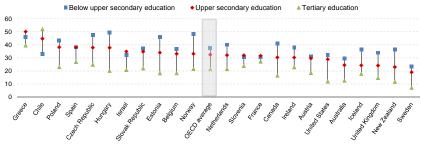


Notes: Obese individuals are defined as those whose Body Mass Index (BMI) is greater or equal to 30. Data refers to 2011, except for Australia 2010, Austria 2006, Belgium 2008, Canada 2010, Chile 2009-10, the Czech Republic 2008, Estonia 2006, France 2008, Greece 2009, Hungary 2009, Iceland 2007, Isreal 2010, the Netherlands 2008, Norway 2008, Poland 2009, the Slovak Republic 2009, Slovenia 2007, Spain 2009, Switzerland 2007, Turkey 2008, the United Kingdom 2010. Countries are ranked in descending order of the proportion of adults aged 25-64 reporting levels of BMI greater or equal to 30, among adults who have attained upper secondary education.



%

Proportion of adults who smoke, by level of educational attainment (2011)



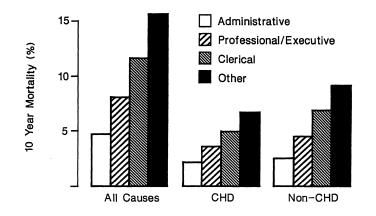
Notes: Adults who smoke are defined as those who currently smoke or otherwise use tobacco products. Data refers to 2011, except for Australia 2010, Austria 2006, Belgium 2008, Canada 2010, Chile 2009-10, the Czech Republic 2008, Estonia 2006, France 2008, Greece 2009, Hungary 2009, Iceland 2007, Ireland 2007, Israel 2010, the Netherlands 2008, Norway 2008, Poland 2009, the Slovak Republic 2009, Slovenia 2007, Spain 2009, Switzerland 2007, Turkey 2008, the United Kingdom 2010.

Countries are ranked in descending order of the proportion of adults aged 25-64 reporting using tobacco regularly, among adults who have attained upper secondary education.

Source: OECD. Table A8.2. See Annex 3 for notes (www.oecd.org/edu/eag.htm).

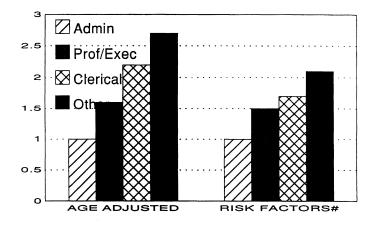


Age Adjusted Mortality Rates (percentage) by Grade of Employment for Civil Servants Aged Forty to Sixty-four in the Whitehall Study





Risk of CHD Death in Ten Years (controlling for age and other risk# factors)

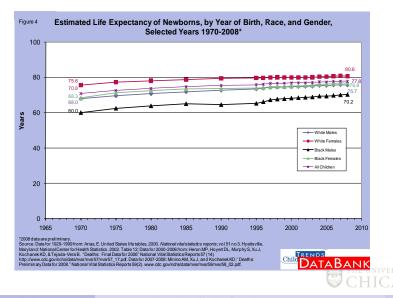


age, smoking, blood pressure, cholesterol, height, and blood sugar



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Life Expectancy by Race - U.S.



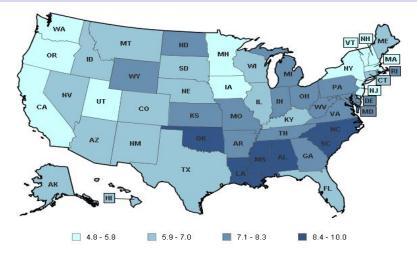
Infant Mortality and Low Birth Weight



- Infant mortality rates vary widely across countries in US.
- US ranks 30th in international rankings.
- Black and American Indian or Alaska Native babies are much more likely than babies in other racial or ethnic groups to die in their first year of life.



Infant Mortality



Infant mortality (Rate per 1,000) - 2007

KIDS COUNT Data Center, www.kidscount.org/datacenter

A Project of the Annie E. Casey Foundation

ersity of

Infant Mortality - International Comparisons

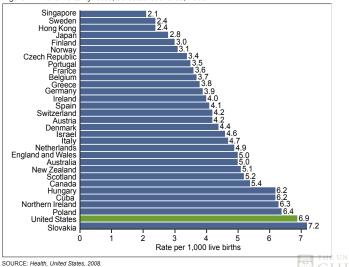


Figure 1. Infant mortality rates, selected countries, 2005

- Non-Hispanic black infants are more likely than babies of other races to be low birthweight.
- In 2008, 13.7% of non-Hispanic black infants were low birthweight, compared with 8.2% of Asian and Pacific Islanders, 7.4% of American Indians and Alaska Natives, 7.2% of non-Hispanic whites, and 7.0% of Hispanic infants.



Adult Health



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Obesity

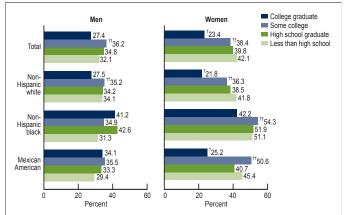


Figure 3. Prevalence of obesity among adults aged 20 years and over, by education, sex, and race and ethnicity: United States 2005–2008

[†]Significant trend.

^{††}Significantly different from college graduates.

NOTE: Persons of other race and ethnicity included in total.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2005-2008.

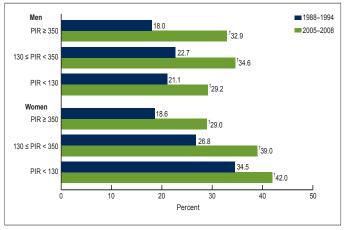


• Between 1988–1994 and 2007–2008 the prevalence of obesity among adults increased at all income levels.



Obesity

Figure 4. Prevalence of obesity among adults aged 20 years and over, by poverty income ratio and sex: United States, 1988–1994 and 2005–2008



[†]Significant increase.

NOTE: PIR is poverty income ratio.

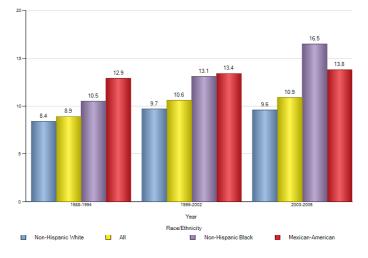
SOURCES: CDC/NCHS, National Health and Nutrition Examination Survey, 1988-1994 and 2005-2008.



- In the last 20 years, there has been an upward trend in the prevalence of diabetes among all ethnic groups for males and females.
- 2 The increase has been particularly dramatic for non-Hispanic Black males.
- Solution For non-Hispanic Black females, instead, after a peak in 1999-2002, diabetes prevalence has gone back to the rates of 1988-1994.
- Mexican-Americans have the highest prevalence in 2003-2006 for females.



Diabetes - Males, Age 20+

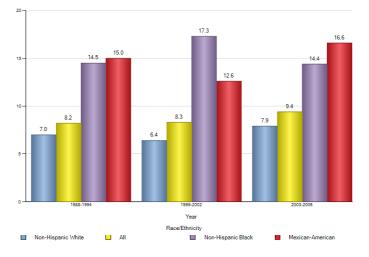


Source: National Center for Health Statistics (NCHS)



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Diabetes - Females, Age 20+



Source: National Center for Health Statistics (NCHS)



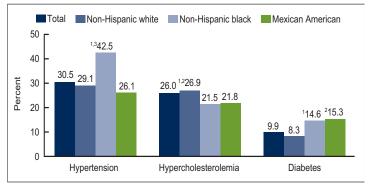
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- Non-Hispanic Blacks have significantly higher rates of hypertension.
- Non-Hispanic Whites have significantly higher rates of hypercolesterolemia.



Metabolic Diseases

Figure 1. Age-adjusted prevalence of diagnosed or undiagnosed hypertension, hypercholesterolemia, and diabetes in adults, by race/ethnicity: United States, 1999–2006



1 is the significant difference between non-Hispanic white and non-Hispanic black persons.

2 is the significant difference between non-Hispanic white and Mexican-American persons.

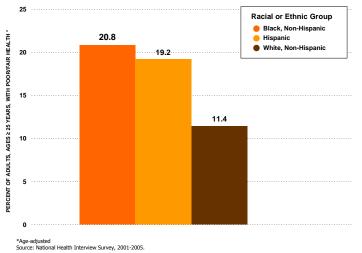
3 is the significant difference between non-Hispanic black and Mexican-American persons.

NOTE: Persons of other race/ethnicity included in total.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Surveys, 1999-2006.



Health by Race



CHICAGO

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