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Chapter 1 : Report of the Secretary's Task Force on Black & Minority Health

Report of the Secretary's Task Force on Black and Minority Health Task Force on Black & Minority Health Task Force on Black and Minority Health Author(s): United States.

Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: Type Accommodation and the title of the report in the subject line of e-mail. The report documents the disparity in key health indicators among certain groups of the U. A comprehensive study was carried out to investigate the long-standing disparities between the health status of U. To characterize the health problems of minority Americans, the Task Force reviewed existing health status information on minority and nonminority populations available in Health, United States, and other supplementary data sources National mortality data were analyzed for more than 40 disease categories for This method quantified the number of deaths that would not have occurred had mortality rates for minorities equaled those of nonminorities. For each of the major causes of death identified as priority areas, the Task Force formed a subcommittee to consider and report on the etiology; associated physiologic, cultural, and societal factors; means for improving treatment; and possible intervention strategies to prevent excess deaths in minority groups. The Task Force also developed other mortality indices such as person-years of life lost, life expectancy, and relative risk of death by cause , as well as indices of morbidity and health status for minorities such as prevalence rates of selected diseases, hospital admissions, physician visits, limitation of activity, and self-assessed health status. It also reviewed other factors pertaining to minority health, including demographic data, health education, health professionals, and health-care services and financing. It also interacted with various private organizations and associations and commissioned research papers on some issues. The Task Force found that 60, excess deaths occur each year in minority populations Table 1. The ranking of these health problems according to excess deaths differs for each minority population; the problems are listed here in alphabetical order, with some examples of excess mortality rates observed in different minority groups: Cardiovascular disease and stroke. Chemical dependency, measured by deaths due to cirrhosis. Homicides and accidents unintentional injuries. A substantial proportion of excess deaths due to homicide and unintentional injury may be associated with excessive use of alcohol and other drugs. The relative ratio of average age-adjusted, sex-specific mortality in minority populations, compared to that in the nonminority population, by selected cause, suggests the relative importance of specific health problems within each group Table 2. For example, for the Hispanic population, separate mortality data are only available on those who are foreign-born. Mortality data for the Asian-American population reflect predominantly the longer established subpopulations of Chinese, Japanese, and Filipino ancestry much more than recent immigrants. The Task Force made eight main recommendations to the Secretary, each of which was followed by several specific suggestions: Implement an outreach campaign, specifically designed for minority populations, to disseminate targeted health information, educational materials, and program strategies. Increase patient education by developing materials and programs responsive to minority needs and by improving provider awareness of minority cultural and language needs. Improve the access, delivery, and financing of health services to minority populations through increased efficiency and acceptability. Develop strategies to improve the availability and accessibility of health professionals to minority communities through communication and coordination with nonfederal entities. Promote and improve communication and coordination among federal agencies in administering existing programs for improving the health status and availability of health professionals to minorities. Provide technical assistance and encourage efforts by local and community agencies to meet minority-health needs. Improve the quality, availability, and use of health data pertaining to minority populations. Adopt and support research to investigate factors affecting minority health, including risk-factor identification, education interventions, and prevention and treatment services. Editorial Note Editorial Note: The first volume of the volume Task Force Report summarizes the data on minority-health

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problems and recommendations to address the disparities between minority and nonminority populations. Subsequent volumes will contain a more complete discussion of selected topics prepared by the subcommittees. Recommendations were intended to emphasize the following principles: The recommendations propose activities for a coordinated effort by which DHHS may redirect some of its resources to address the demonstrated disparity in health status between minority and nonminority populations. In addition to expertise and experience in the areas studied, the senior scientists and officials from DHHS selected as primary members of the Task Force have programmatic authority that enhances the opportunity to implement recommendations of the Task Force. Copies of the executive summary of the report may be requested from Health Information Clearing House, P. Box , Washington, D. Bureau of the Census. Department of Commerce, American Indian, Eskimo, and Aleut populations. Asian and Pacific Islander population. National Center for Health Statistics. Health indicators for Hispanic, black, and white Americans. This conversion may have resulted in character translation or format errors in the HTML version. An original paper copy of this issue can be obtained from the Superintendent of Documents, U. Contact GPO for current prices.

Chapter 2 : Office of Minority Health - Wikipedia

This is a key historic document that provided a synthesis of health disparities research and data to date. It helped move forward attention to addressing health disparities nationally, although it noted that most of the data available at that time was only available for blacks and whites.

Chapter 3 : Report of the Secretary's Task Force on Black and Minority Health: Volume I: Executive Summary

Secretary Heckler subsequently established the Task Force on Black and Minority Health, which represented the first U.S. Government group of experts that convened to conduct a comprehensive study of the health status of minorities.

Chapter 4 : Report of the Secretary's Task Force on Black & Minority Health | Search Results | IUCAT Kok

Internet Archive BookReader Report of the Secretary's Task Force on Black and Minority Health: Volume I: Executive Summary.

Chapter 5 : Ohio Commission on Minority Health > Resources > Resource Documents

This document contains the report of the Secretary of the U.S. Department of Health and Human Services' (DHHS') Task Force on Black and Minority Health. The Task Force reviewed the mortality rates from more than 40 categories of disease and compared those with mortality rates from nonminority populations.