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Background

Despite considerable efforts in recent years to reduce health disparities in the United States, non-Hispanic Black males (hereafter referred to as Black males) tend to experience greater adverse health outcomes relative to their racial and ethnic counterparts [1, 2]. Black males experience the lowest life expectancy at birth and are disproportionately impacted by chronic health conditions relative to other racial and ethnic or sex groups [3]. However, analyses often do not examine the impact of nativity on these observed health outcomes. To better understand the underlying factors that contribute to the disparate health outcomes in Black males in the United States, it is important to examine both U.S. born and foreign-born Black males.

Blacks in the United States are a diverse population that includes Caribbean, African, South and Central American immigrants as well as U.S.-born Blacks [4]. However, analyses typically report on measures of health and well-being among Blacks without examining nativity or length of time in the United States.

We present estimates using data from the National Health Interview Survey (NHIS 2002-2012) conducted by the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) [5]. Data were collected prior to the establishment of the Health Insurance Marketplace and the expansion of Medicaid eligibility under the Affordable Care Act. Our analysis only includes adult Black males (ages 18 to 64 years) who lived in the United States and self-identified as non-Hispanic Black. We examine demographic and health characteristics among 14,851 non-elderly Black males by nativity and years in the United States: U.S.-born (89 percent), foreign-born with less than 10 years in the United States (3 percent) and foreign-born with 10 years or more in the United States (8 percent). U.S.-born includes anyone who was born in one of the 50 United States, the District of Columbia, or U.S. territories. The foreign-born population includes anyone who was not born in the United States or a U.S. territory.

Keywords

disaggregated data, health disparities, Black race group, immigrant health, men’s health, social determinants of health

Highlights

Among Black males, 78% of foreign-born who lived in the United States for 10 years or more, 76% of U.S. born, and 60% of foreign-born who lived in the United States for less than 10 years had health insurance coverage.

Nearly 30% of foreign-born Black males who lived in the United States for less than 10 years had a usual place for preventive care.

Across all categories of nativity and years in the United States a majority of Black males had never smoked.

Foreign-born Black males who lived in the United States for less than 10 years (45%) had the highest percentage of healthy weight.

Thirty-four percent of U.S.-born Black males (highest among three groups of Black males) had been diagnosed with hypertension.

Data from the CDC/NCHS NHIS 2002-2012 based on household interviews of a sample of 14,851 civilian non-institutionalized Black males (ages 18 to 64 years).
What is the age composition of Black males (ages 18 to 64 years) in the United States?

Figure 1. Age composition of adult Black males, by nativity and years in the United States (NHIS 2002-2012)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. The average age of U.S.-born Black males was 39 years. The average age of foreign-born Black males who have been in the United States for less than 10 years was 32 years. The average age of foreign-born Black males who have been in the United States for 10 years or more was 41 years. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent.

Chi-square test was used to test for statistically significant difference in age composition across categories of nativity and years in the United States, p<0.001

18 to 24 years:
Twenty-five percent of foreign-born Black males who lived in the United States for less than 10 years were between the ages of 18 to 24 years. Nineteen percent of U.S.-born Black men were between the ages of 18 to 24 years. Eleven percent of foreign-born Black males who lived in the United States for 10 years or more were between the ages of 18 to 24 years.
25 to 34 years:
Thirty-eight percent of foreign-born Black males who lived in the United States for less than 10 years were between the ages of 25 to 34 years. Twenty-two percent of both U.S.-born Black males and foreign-born Black males who lived in the United States for 10 years or more were between the ages of 25 to 34 years.

35 to 54 years:
More than half (52 percent) of foreign-born Black males who lived in the United States for 10 years or more were between the ages of 35 to 54 years. Forty-four percent of U.S.-born Black males were between the ages of 35 to 54 years. A lower percentage (35 percent) of foreign-born Black males who lived in the United States for less than 10 years were between the ages of 35 to 54 years.

55 to 64 years:
Fifteen percent of both U.S.-born Black males and foreign-born Black males who lived in the United States for 10 years or more were between the ages of 55 to 64 years. Only 2 percent of foreign-born Black males who lived in the United States for less than 10 years were between the ages of 55 to 64 years.
What percentage of Black males (ages 18 to 64 years) in the United States are married?

Figure 2. Age-adjusted percentage of adult Black males who are married, by nativity and years in the United States (NHIS 2002-2012)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. All prevalence estimates were age-adjusted to the 2000 U.S. population standard. The non-married category (not shown) includes adult Black males who were never married, separated, widowed, and divorced.

Chi-square test was used to test for statistically significant difference in marriage across categories of nativity and years in the United States, p<0.001

Overall, more than half of non-elderly Black males were married. Sixty-seven percent of foreign-born Black males who lived in the United States for less than 10 years were married. Sixty percent of the foreign-born Black males who lived in the United States for 10 years or more and 50 percent of U.S.-born Black males were married.
What is the educational attainment among Black males (ages 18 to 64 years) in the United States?

Figure 3. Age-adjusted educational attainment among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. GED is a certificate of general education development. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in educational attainment across categories of nativity and years in the United States, p<0.001

Less than high school:
U.S.-born Black males (19 percent) represented the highest percentage of Black males with less than a high school level of education. Sixteen percent of foreign-born Black males who lived in the United States for less than 10 years and 11 percent of foreign-born Black males who lived in the United States for 10 years or more had less than a high school level of education.
High school/ GED:
Foreign-born Black males who lived in the United States for less than 10 years (36 percent) and U.S.-born Black males (34 percent) represented the highest percentages of Black males who reported high school/GED completion as their highest level of educational attainment. Twenty-six percent of foreign-born Black males who lived in the United States for 10 years or more reported high school/GED completion as their highest level of educational attainment.

Some college or greater:
Sixty-two percent of non-elderly foreign-born Black males who lived in the United States for 10 years or more completed some college or greater. Forty-eight percent of foreign-born Black males who lived in the United States for less than 10 years and 46 percent of U.S.-born Black males completed some college or greater.
What is the distribution of income to poverty ratios among Black males (ages 18 to 64 years) in the United States?

Figure 4. Age-adjusted ratio of income to poverty among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. An income to poverty ratio represents a detailed indicator of poverty status. The ratio was created by the NCHS utilizing published information from the U.S. Census Bureau regarding poverty thresholds [6]. A ratio of the previous calendar year’s income value reported by respondents to the poverty threshold for the same year was constructed, given information on the family’s overall size as well as the number of children (aged 17 and under) present in the family. All prevalence estimates were age-adjusted to the 2000 U.S. population standard. “Ratios below 1.00 indicate that the income for the respective family or unrelated individual is below the official definition of poverty, while a ratio of 1.00 or greater indicates income above the poverty level. A ratio of 1.25, for example, indicates that income was 125 percent above the appropriate poverty threshold” [11].

Chi-square test was used to test for statistically significant difference in ratio of income to poverty across categories of nativity and years in the United States, p<0.001
Income to poverty ratio of less than 1.00:  
Thirty-six percent of foreign-born Black males who lived in the United States for less than 10 years had an income to poverty ratio of less than 1.00. Lower percentages of U.S.-born Black males (18 percent) and foreign-born Black males who lived in the United States for 10 years or more (10 percent) had an income to poverty ratio of less than 1.00.

Income to poverty ratio of 1.00 to 3.99:  
Fifty-three percent of U.S.-born Black males, 51 percent of foreign-born Black males who lived in the United States for 10 years or more, and 50 percent foreign-born Black males who lived in the United States for less than 10 years had an income to poverty ratio of 1.00 to 3.99.

Income to poverty ratio of 4.00 or greater:  
Thirty-nine percent of foreign-born Black males who lived in the United States for 10 years or more represented the highest percentage of Black males with an income to poverty ratio of 4.00 or greater. A lower percentage of U.S.-born Black males (30 percent) and foreign-born Black males who lived in the United States for less than 10 years (14 percent) had an income to poverty ratio of 4.00 or greater.
What percentage of Black males (ages 18 to 64 years) in the United States have health insurance coverage?

Figure 5. Age-adjusted health insurance coverage among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

![Health insurance coverage chart](chart)

**NOTE:** Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Black males were considered insured if they had any private health insurance, government- or state-sponsored health insurance plans. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in health insurance coverage status across categories of nativity and years in the United States, p<0.001

Overall, a majority of non-elderly Black males had health insurance coverage (76 percent). Seventy-eight percent of foreign-born Black males who lived in the United States for 10 years or more and 76 percent of U.S.-born Black males had health insurance coverage. Sixty percent of foreign-born Black males who lived in the United States for less than 10 years had health insurance coverage.
What percentage of Black males (ages 18 to 64 years) in the United States report having a usual place for preventive care?

Figure 6. Age-adjusted percentage of adult Black males who have a usual place for preventive care, by nativity and years in the United States (NHIS 2002-2012)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. All prevalence estimates were age-adjusted to the 2000 U.S. population standard. Non-elderly Black males were classified as having a usual place for preventive care if they reported going to a: 1) clinic or health center; 2) doctor’s office or HMO; 3) hospital outpatient department; 4) some other place; or 5) doesn’t go to one place most often. Individuals who reported not obtaining preventive care anywhere or going to the emergency room for preventive care were classified as not having a usual place for preventive care.

Chi-square test was used to test for statistically significant difference in having a usual place for preventive care across categories of nativity and years in the United States, p=0.011

Overall, less than half of non-elderly Black males had a usual place for preventive care (45 percent). Forty-six percent of U.S.-born Black males, 40 percent of foreign-born Black males who lived in the United States for 10 years or more and 26 percent of foreign-born Black males who lived in the United States for less than 10 years had a usual place for preventive care.
When do Black males (ages 18 to 64 years) in the United States report last seeing a dentist?

Figure 7. Age-adjusted last dental visit among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in last dental visit across categories of nativity and years in the United States, p<0.001

Never:
Nine percent of foreign-born Black males who lived in the United States for less than 10 years, 2 percent of foreign-born Black males who lived in the United States for 10 years or more, and 1 percent of U.S.-born Black males never had a dental visit.

More than 1 year ago:
Forty-nine percent of U.S.-born Black males had a dental visit more than 1 year ago. Forty-five percent of foreign-born Black males who lived in the United States for less than 10 years and 42 percent of foreign-born Black males who lived in the United States for 10 years or more had a dental visit more than 1 year ago.
More than 6 months, but not more than 1 year ago:
Twenty-one percent of the foreign-born Black males who lived in the United States for 10 years or more, 20 percent of the U.S.-born Black males, and 13 percent of the foreign-born Black males who lived in the United States for less than 10 years had a dental visit more than 6 months, but less than 1 year ago.

6 months or less:
Thirty-five percent of foreign-born Black males who lived in the United States for 10 years or more, 34 percent of foreign-born Black males who lived in the United States for less than 10 years, and 30 percent of U.S.-born Black males had a dental visit in the past 6 months or less.
What percentage of Black males (ages 18 to 64 years) in the United States has a flu shot in the past 12 months?

Figure 8. Age-adjusted flu shot receipt in the past 12 months among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

Chi-square test was used to determine that the difference in having a flu shot in the past 12 months, across categories of nativity and years in the United States, was not statistically significant, p=0.082

Overall, less than 25 percent of non-elderly Black males had a flu shot in the past 12 months (22 percent). Twenty-three percent of U.S.-born Black males, 22 percent of foreign-born Black males who lived in the United States less than 10 years and 19 percent of foreign-born Black males who lived in the United States for 10 years or more had a flu shot in the past 12 months.
What is the smoking status among Black males (ages 18 to 64 years) in the United States?

Figure 9. Age-adjusted smoking status among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in smoking status across categories of nativity and years in the United States, p<0.001

Never smoker:
The majority of non-elderly Black males were never smokers (56 percent). The highest percentage of never smokers was observed among foreign-born Black males who lived in the United States for less than 10 years (75 percent) followed by foreign-born Black males who lived in the United States for 10 years or more (74 percent). More than half (54 percent) of U.S.-born Black males were never smokers.

Former smoker:
Overall, a very low percentage of non-elderly Black males were former smokers. Seventeen percent of U.S.-born Black males, 12 percent of foreign-born Black males who lived in the United States for 10 years or more, and 10 percent of foreign-born Black males who lived in the United States for less than 10 years were former smokers.
Current smoker:
U.S.-born Black males (28 percent) represented the highest percentage of current smokers. Fifteen percent of foreign-born Black males who lived in the United States for less than 10 years and 14 percent of foreign-born Black males who lived in the United States for 10 years or more were current smokers.
What is the weight status among Black males (ages 18 to 64 years) in the United States?

Figure 10. Age-adjusted weight status among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

![Bar chart showing weight status by nativity and years in the United States](chart.png)

NOTE: Analysis only includes Black males who self-identified as non-Hispanic Black. Data are based on household interviews of a sample of the civilian non-institutionalized population. Body mass index (BMI, kg/m²) was used as a health indicator of weight. Individuals classified as underweight, BMI less than 18.5 kg/m², are not shown. Individuals with a BMI between 18.5 kg/m² to 24.9 kg/m² were considered a healthy weight; 25.0 kg/m² to 29.9 kg/m² were classified as overweight; and individuals with BMI of 30 kg/m² and above were classified as obese [8]. Due to rounding, sum of bars for each category of nativity and years in the United States may not equal 100 percent. All prevalence estimates were age-adjusted to the 2000 U.S. population standard.

Chi-square test was used to test for statistically significant difference in weight status across categories of nativity and years in the United States, p<0.001

Healthy weight:
Forty-five percent of foreign-born Black males who lived in the United States for less than 10 years in the United States had a healthy weight. In contrast, 32 percent of foreign-born males who lived in the United States for 10 years or more and 28 percent U.S.-born Black males had a healthy weight.
Overweight:
Forty-nine percent of foreign-born Black males who lived in the United States for 10 years or more were classified as overweight, whereas 37 percent U.S. born Black males and 37 percent of foreign-born Black males who lived in the United States for less than 10 years were classified as overweight.

Obese:
Thirty-four percent of U.S.-born Black males were classified as obese. In contrast, only 18 percent of foreign-born Black males who lived in the United States for less than 10 years and 18 percent of foreign-born Black males who lived in the United States for 10 years or more were classified as obese.
What is the prevalence of hypertension among Black males (ages 18 to 64 years) in the United States?

Figure 11. Age-adjusted hypertension among adult Black males, by nativity and years in the United States (NHIS 2002-2012)

Chi-square test was used to test for statistically significant difference in hypertension across categories of nativity and years in the United States, p<0.001

Thirty-four percent of U.S.-born Black males had been diagnosed with hypertension by a doctor or other health professional. Thirty percent of foreign-born Black males who lived in the United States for 10 years or more and 20 percent of foreign-born Black males who lived in the United States for less than 10 years had been diagnosed with hypertension by a doctor or other health professional.
Summary

This data brief provides a profile of demographic and health characteristics from a diverse sample of 14,851 non-elderly Black males in the United States (NHIS 2002-2012). A majority of foreign-born Black males who lived in the United States for 10 years or more (62 percent) had completed some college or greater. Nearly 80 percent of non-elderly Black males had health insurance coverage. Twenty-six percent of foreign-born Black males who lived in the United States for less than 10 years had a usual place for preventive medical care and nearly half of them (45 percent) had a healthy weight. However, 34 percent of U.S.-born Black males, compared to 20 percent of foreign-born Black males who lived in the United States for less than 10 years, had been diagnosed hypertension. These findings demonstrate the importance of examining health data by nativity and length of time in the United States among Black males to illuminate ways to increase health awareness, bolster health care access, and further develop effective programs and policies to reduce health disparities among this diverse population in the United States.

Conclusion

This brief highlights the heterogeneity of demographic and health characteristics for non-elderly U.S.-born and foreign-born Black males. On many measures detailed in this data brief, significant differences were observed among U.S.-born Black males, foreign-born Black males who lived in the United States for less than 10 years and foreign-born Black males who lived in the United States for 10 years or more. These observations suggest that disaggregating data by nativity and length of time in the United States better illustrates the differences in demographic and health characteristics of the U.S.-born and foreign-born Black population. Examining the nativity of the Black population in the United States will help public health officials identify challenges and shape public health responses to disparities in health and health care.

Thirty years ago, the U.S. Department of Health and Human Services (HHS) issued The Report on the Secretary’s Task Force on Black and Minority Health (also known as the Heckler Report). This groundbreaking report documented health disparities among minorities, estimated to be responsible for as many as 60,000 excess deaths each year. Margaret Heckler, the HHS Secretary who formed the Task Force, called the disparities detailed in the report: “an affront both to our ideals and to the ongoing genius of American medicine.”

Ensuring all Americans have access to quality, affordable health care is an important step in addressing health disparities that have persisted since the 1985 Heckler Report. While millions have obtained health insurance since the passage of the Affordable Care Act, fully understanding the health and health care challenges facing minorities in the United States remains essential. By acknowledging the growing percentage of Black immigrants living in the United States [9, 10] and adjusting our approach to studying health indicators and social determinants of health, the nation’s public health leaders and policy makers will be better positioned to reduce disparities that persist in these communities.
Definitions [5]

**Adult non-Hispanic Blacks**
Based on non-elderly males who self-identified as non-Hispanic Black or African American.

**Diagnosed hypertension**
To be classified with diagnosed hypertension, non-elderly Black males reported being told by a doctor or other health professional that they had hypertension on two or more different visits.

**Educational attainment**
Education was categorized as less than high school; high school graduate, including certificate of general education development (GED); and some college or greater.

**Health insurance coverage**
Non-elderly Black males were considered insured if they had any private health insurance, government-, or state-sponsored health insurance plans.

**Income to poverty ratio**
Observations missing on income were not included in the analysis of income to poverty ratios. The income to poverty ratio was created by the NCHS utilizing published information from the U.S. Census Bureau regarding poverty thresholds [6]. A ratio of the previous calendar year’s income value reported by respondents to the poverty threshold for the same year was constructed, based on the family’s overall size as well as the number of children (aged 17 and under) present in the family [5]. “Ratios below 1.00 indicate that the income for the respective family or unrelated individual is below the official definition of poverty, while a ratio of 1.00 or greater indicates income above the poverty level. A ratio of 1.25, for example, indicates that income was 125 percent above the appropriate poverty threshold” [11].

**Marital Status**
Non-elderly Black males who were not married included those reported to be widowed, divorced, separated, or never married.

**Nativity and Years in the United States**
Nativity refers to place of birth and was based on a geographical place of birth recode provided by the NCHS/NHIS. For this study, two places of birth were analyzed: U.S.-born and foreign-born. The U.S.-born population includes anyone born in one of the 50 United States, the District of Columbia or a U.S. territory. The foreign-born population includes anyone who was not born in the United States or a U.S. territory. Years in the United States refers to the respondent’s answer to “Years that {respondent} has been in the U.S.” This question was asked of all respondents that were not born in the United States.

**Smoking status**
Those who reported smoking fewer than 100 cigarettes in their lifetime were classified as never smokers. Former smokers reported smoking 100 cigarettes or more in their lifetime and did not currently smoke every day or on occasion. Current smokers were classified as having smoked 100 cigarettes in their lifetime and currently smoking every day or on occasion.
Weight status
Weight status was based on body mass index (BMI, kg/m²). BMI classifications were based on cut-points established by the World Health Organization, using self-reported height and weight [8]. Individuals classified as underweight, BMI less than 18.5 kg/m², are not shown. Individuals with a BMI between 18.5 kg/m² to 24.9 kg/m² were classified as healthy weight; 25.0 kg/m² to 29.9 kg/m² were classified as overweight; and individuals with BMI of 30 kg/m² and above were classified as obese.

Usual place for preventive care
Non-elderly Black males were classified as having a usual place for preventive care if they reported going to a: 1) clinic or health center; 2) doctor’s office or HMO; 3) hospital outpatient department; 4) some other place; or 5) doesn’t go to one place most often. Non-elderly Black males who reported not obtaining preventive care anywhere or going to the emergency room for preventive care were classified as not have a usual place for preventive care.

Data Sources and Methods
Analyses in this data brief were based on National Health Interview Surveys (NHIS) collected from 2002-2012. Sampling weights were used to produce national estimates that were representative of the civilian non-institutionalized U.S. population. Our analysis was restricted to non-Hispanic Black/African American males between the ages 18 to 64 years who specified their nativity or length of time in the United States. This yielded a final sample of 14,851 non-elderly Black males.

Chi-square tests were used to assess the proportional differences for demographic and health characteristics by nativity and years in the United States. All estimates shown meet the NCHS standard of having less than or equal to 30% relative standard error. Point estimates in all figures are accompanied by 95% confidence intervals. Statistical analyses were conducted using STATA 13 [12] to account for the complex sample design of the NHIS. Data were analyzed using sample weights to account for differential probabilities of sample selection, non-response, and sample non-coverage. All prevalence estimates were age-standardized to the 2000 U.S. population [13].

The authors intentionally did not use the terms “African-American” or “Black/African-American”. This data brief highlights the diversity of the Black population, particularly by nativity and length of time in the United States. The term “African-American” does not capture the geographical diversity of the Black population, and the Black foreign-born population living in the United States.

Limitations
Because we used a nationally representative sample of non-elderly Black males from the CDC/NCHS/NHIS, all variables included in this analysis were self-reported and subject to recall bias. Also, the NHIS only collects data on non-institutionalized persons; thus, our findings are not generalizable to incarcerated populations, military personnel, or adults in nursing homes or other long-term care facilities.
References

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