The 1985 Secretary’s Report on Black and Minority Health for the first time authoritatively documented the health disparities that different population groups in the United States experience (US Department of Health and Human Services, 1998). This seminal report provided the basis for the Healthy People initiative, which has established ambitious health benchmarks to be achieved at the end of their respective time frames (US Department of Health and Human Services, 2011).

Healthy People 2020 establishes the current national health targets, with four overarching goals to be achieved by the end of the decade (see box 1.1). Achieving these goals depends on collaboration among sundry segments of society to ensure that Americans not only have access to superior health care services but also incorporate preventive measures, including health education, into their daily lives.

The goals established by Healthy People 2020 require an understanding of demographic shifts and their impact on the health status of selected population segments. This chapter explores the impact of demographic changes on preparing a culturally competent health education workforce. It also provides a brief description of relevant cultural characteristics of each of the major ethnic groups in the United States.
BOX 1.1 HEALTHY PEOPLE 2020 OVERARCHING GOALS

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Demographic Shifts

Demographic Characteristics

Data from the 2010 decennial census show that 308,745,538 resided in the United States in 2010 (US Census Bureau, 2011a) with steady population increases expected until 2050 (see table 1.1). Moreover, the Census Bureau projects that the nation will become more diverse and the majority of the population will be concentrated in urban areas, continuing a trend that started in the late nineteenth century.

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>Numeric Change</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>325,540</td>
<td>3,117</td>
<td>0.97</td>
</tr>
<tr>
<td>2020</td>
<td>341,387</td>
<td>3,196</td>
<td>0.95</td>
</tr>
<tr>
<td>2025</td>
<td>357,452</td>
<td>3,217</td>
<td>0.91</td>
</tr>
<tr>
<td>2030</td>
<td>373,504</td>
<td>3,206</td>
<td>0.87</td>
</tr>
<tr>
<td>2035</td>
<td>389,531</td>
<td>3,209</td>
<td>0.83</td>
</tr>
<tr>
<td>2040</td>
<td>405,655</td>
<td>3,240</td>
<td>0.81</td>
</tr>
<tr>
<td>2045</td>
<td>422,059</td>
<td>3,315</td>
<td>0.79</td>
</tr>
<tr>
<td>2050</td>
<td>439,010</td>
<td>3,450</td>
<td>0.79</td>
</tr>
</tbody>
</table>

Source: US Census Bureau (2008a).

Note: Resident population as of July 1 for each year. Numbers in thousands.

Race and Ethnicity

Census data project a continuing diversification of the US population in terms of race and ethnicity (see table 1.2). In fact, the Agency for Healthcare Research and Quality projects that members of underrepresented groups...
Table 1.2 Projections of the Population by Sex, Race, and Hispanic Origin for the United States, 2015–2050 (in thousands)

<table>
<thead>
<tr>
<th>Sex, Race, and Hispanic Origin</th>
<th>2015</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>One race, one race, or in combination:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>261,922</td>
<td>272,835</td>
<td>294,881</td>
<td>316,707</td>
<td>339,441</td>
</tr>
<tr>
<td>Black</td>
<td>44,906</td>
<td>47,748</td>
<td>53,519</td>
<td>59,454</td>
<td>65,703</td>
</tr>
<tr>
<td>AIAN</td>
<td>5,463</td>
<td>5,907</td>
<td>6,770</td>
<td>7,654</td>
<td>8,592</td>
</tr>
<tr>
<td>Asian</td>
<td>18,952</td>
<td>21,586</td>
<td>27,352</td>
<td>33,722</td>
<td>40,586</td>
</tr>
<tr>
<td>NHPI</td>
<td>1,325</td>
<td>1,480</td>
<td>1,814</td>
<td>2,181</td>
<td>2,577</td>
</tr>
<tr>
<td>Not Hispanic</td>
<td>267,828</td>
<td>275,022</td>
<td>287,573</td>
<td>297,432</td>
<td>306,218</td>
</tr>
</tbody>
</table>

| Race alone or in combination:   |         |         |         |         |         |
| White                           | 203,208 | 205,255 | 207,217 | 206,065 | 203,347 |
| Black                           | 39,916  | 41,847  | 45,461  | 48,780  | 51,949  |
| AIAN                            | 2,548   | 2,697   | 2,946   | 3,157   | 3,358   |
| Asian                           | 16,141  | 18,308  | 22,991  | 28,064  | 33,418  |
| NHPI                            | 497     | 541     | 628     | 716     | 803     |
| Two or more races               | 5,519   | 6,374   | 8,329   | 10,650  | 13,342  |


Note: Hispanic may be of any race. AIAN: American Indians or Alaska Natives. NHPI: Native Hawaiian and other Pacific Islander.
are expected to make up more than 40 percent of the US population by 2035 and 47 percent by 2050 (Brach & Fraser, 2000). The shifts in the ethnic and racial distribution and the age distribution of the US population denote an urgent need for health educators to develop culturally appropriate programs (Luquis & Pérez, 2005, 2006; Luquis, Pérez, & Young, 2006; Pérez, Gonzalez, & Pinzon-Pérez, 2006).

The 2000 Census marked a shift in how ethnic and racial data are collected. The Census Bureau introduced a larger pool of options, which allowed individuals to select more than one ethnic or racial background. Although controversial, this measure allows the identification of individuals of mixed descent.

**Foreign Born and Immigrant**

According to the American Community Survey Five-Year Estimates (2006–2010), 12.7 percent of the US population, or some 38,675,012 people, were foreign born; that is, they were residents who were not US citizens at birth (US Census Bureau, n.d.). This category includes legal permanent residents (immigrants), temporary migrants (such as students), humanitarian migrants (refugees), naturalized US citizens, and persons illegally present in the United States (US Census Bureau, 2006). The remainder of the US population was born in one of the fifty states (85.9 percent) or Puerto Rico (1.3 percent).

The American Community Survey Five-Year Estimates (2006–2010) show that the majority of the foreign-born population, excluding those born at sea, came from Latin America (see table 1.3).

Approximately 72 percent of foreign-born individuals are legal immigrants, with over a third (37 percent) being naturalized citizens. It is estimated that some 8 million foreign-born individuals were unauthorized

| World Region of Birth of Foreign-Born Population in the United States, 2010 |
|-----------------|---------------|
| **Estimate**    | **Percent**   |
| Europe          | 4,847,078     | 12.5%        |
| Asia            | 10,747,229    | 27.8%        |
| Africa          | 1,466,454     | 3.8%         |
| Oceania         | 214,809       | 0.6%         |
| Latin America   | 20,565,108    | 53.2%        |
| North America   | 834,095       | 2.2%         |

Source: US Census Bureau (n.d.).
immigrants in 2010, marking a decrease from a peak of 8.4 million in 2007 (Hoefer, Rytina, & Baker, 2011; Passel & Cohn, 2011).

**Language**

Almost 80 percent of the US population 5 years and older speaks only English (US Census, n.d.). Of those who speak a language other than English at home, 8.7 percent report speaking it “less than well.” (See table 1.4 for a list of the major languages spoken in the United States.)

California has the largest percentage of residents who speak a language at home other than English (40.8 percent), followed by New Mexico (36.0 percent) and Texas (32.5 percent) (US Census Bureau, n.d.).

<table>
<thead>
<tr>
<th>Language</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>79.9%</td>
</tr>
<tr>
<td>Spanish</td>
<td>12.5</td>
</tr>
<tr>
<td>Other Indo-European</td>
<td>3.7</td>
</tr>
<tr>
<td>Asian and Pacific Islander</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>0.8</td>
</tr>
</tbody>
</table>

*Source: US Census Bureau (n.d.).*

**The Elderly**

The median age in the United States in 2010 was 37 years of age; however, the fastest-growing age group is those age 65 and older (table 1.5). In fact, demographers estimate that the number of individuals in this age category will more than double by the middle of this century (US Census Bureau, 1995, 2010b). (See table 1.5 for age distribution in the United States in 2010.)

<table>
<thead>
<tr>
<th>Sex and Age</th>
<th>2015</th>
<th>2020</th>
<th>2030</th>
<th>2040</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 to 64 years</td>
<td>83,911</td>
<td>84,356</td>
<td>84,296</td>
<td>92,000</td>
<td>98,490</td>
</tr>
<tr>
<td>65 years and over</td>
<td>46,837</td>
<td>54,804</td>
<td>72,092</td>
<td>81,238</td>
<td>88,547</td>
</tr>
<tr>
<td>85 years and over</td>
<td>6,292</td>
<td>6,597</td>
<td>8,745</td>
<td>14,198</td>
<td>19,041</td>
</tr>
<tr>
<td>100 years and over</td>
<td>105</td>
<td>135</td>
<td>208</td>
<td>298</td>
<td>601</td>
</tr>
</tbody>
</table>

*Source: US Census Bureau (2010b).*
The elderly population is characterized by several factors, including more females than males (57 percent and 43 percent, respectively, in 2010). Not surprisingly, as the population shifts, the elderly population is also expected to become more racially and ethnically diverse. The proportion of elderly in each of the four major racial and ethnic groups—white, black, American Indian and Alaska Native, and Asian and Pacific Islander and in the Hispanic-origin population—is expected to increase substantially during the first half of this century.

**Gender**

In 2010, 50.8 percent of the US population were females and 49.2 percent were males. Similarly, in 2010, 85.9 percent of females and 84.6 percent of males had obtained a high school diploma, and 27.5 percent of females and 28.5 percent of males had obtained a baccalaureate degree (US Census, 2010b).

**Sexual Orientation**

Gates (2011) has estimated that 3.5 percent of adults in the United States, or some 9 million people, self-identify as gay, lesbian, or bisexual. Moreover, approximately 0.3 percent of the population classify themselves as transgendered. These findings support several studies that have estimated that 5 to 10 percent of the US population is lesbian, gay, bisexual, or transgender (National Coalition for LGBT Health and Boston Public Health Commission, 2002). Nonetheless, it is important to understand that the estimate that 10 percent of men are gay and 5 percent of women are lesbian is based on Kinsey Institute data, which may not accurately represent the percentage of LGBT individuals in the population (Gay and Lesbian Medical Association and LGBT health experts, 2001).

Although the US Census Bureau asks respondents to identify their race and ethnicity, it does not ask about sexual orientation. The census, however, does ask several questions about respondents’ household composition by marital status and gender of partner (table 1.6).

A review of 2010 census data by demographers at the Williams Institute of the University of California, Los Angeles School of Law (Gates & Cooke, 2011) indicates that there are 646,464 same-sex couples in the United States, or 5.5 per 1,000 households. The same analysis shows that 51 percent of females in same-sex couples and 49 percent of males in similar relationships classify themselves as spouses.

The relative lack of definite data on the size of this population and the fear that many LGBT people, especially youths, have concerning revealing their sexual identity make reliable data difficult to obtain (Perrin, 2002; RAND, 2010). This lack of information makes it increasingly difficult to
develop, implement, and evaluate effective health education programs for this population group.

### Table 1.6 Households and Household Type by Sex of Partner, 2010

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Estimate</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total households</td>
<td>116,716,292</td>
<td>100</td>
</tr>
<tr>
<td>Family households</td>
<td>77,538,296</td>
<td>66.4</td>
</tr>
<tr>
<td>Male householder</td>
<td>52,964,517</td>
<td>45.4</td>
</tr>
<tr>
<td>Female householder</td>
<td>24,573,779</td>
<td>21.1</td>
</tr>
<tr>
<td>Nonfamily households</td>
<td>39,177,996</td>
<td>33.6</td>
</tr>
<tr>
<td>Male householder living alone</td>
<td>18,459,253</td>
<td>15.8</td>
</tr>
<tr>
<td>Female householder living alone</td>
<td>13,906,294</td>
<td>11.9</td>
</tr>
<tr>
<td>Female householder</td>
<td>20,718,743</td>
<td>17.8</td>
</tr>
<tr>
<td>Female householder living alone</td>
<td>17,298,612</td>
<td>14.8</td>
</tr>
</tbody>
</table>

*Source: US Census (2010a).*

### People with Disabilities

According to the US Centers for Disease Control and Prevention (2011), some 71.4 million adults have experienced difficulty with at least one basic action (e.g., hearing) or a limitation on complex activity (e.g., difficulty with physical functioning). Table 1.7 shows some of the most common forms of disability experienced by Americans.

### Table 1.7 Disabilities Experienced by US Adults, 2009

<table>
<thead>
<tr>
<th>Disability</th>
<th>Number (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing difficulty</td>
<td>37.1 million (16.2%)</td>
</tr>
<tr>
<td>Vision difficulty</td>
<td>21.5 million (9.4%)</td>
</tr>
<tr>
<td>Difficulty walking a quarter mile or unable to do so</td>
<td>16.7 million (7.3%)</td>
</tr>
<tr>
<td>Difficulty with any physical functioning</td>
<td>35.8 million (15.6%)</td>
</tr>
</tbody>
</table>

*Source: Centers for Disease Control (2011).*

The data show disparities in disabilities by age and race/ethnicity (table 1.8). These differences may be exacerbated by cultural factors, lack of access to health care, or inability to follow medical directives.

According to Altman and Bernstein (2008), a person’s disability or limitation has a direct impact on his or her perceived health status and ability to enjoy life. They note as well that disabilities and other limitations have an impact on a person’s emotional status and self-rated health status (Altman & Bernstein, 2008).
Demographics of Racial and Ethnic Groups

The following section provides a brief overview of the demographic characteristics of the major ethnic and racial groups in the United States. These descriptions do not, of course, apply to every individual who identifies as a member of a particular population group; significant differences exist within every racial and ethnic group. Rather, they offer overarching generalizations about the characteristics that members of each group share.

African Americans

African Americans, or blacks, are defined as persons whose lineage includes ancestors who originated from any of the black racial groups in Africa. Contrary to popular belief, African Americans make up a diverse group that encompasses individuals of African descent, Caribbean descent, and South American descent. African Americans are the second largest racial group in the United States, with approximately 42.0 million people, or 14 percent of the population. The majority of this population (38.9 million) identified as black alone, and the rest reported black in combination with one or more other races (US Census Bureau, 2011b). In addition, the black alone or in-combination population experienced a higher growth (15 percent) than the total population (10 percent) from 2000. The majority of people who reported they were black and one or more other races identified themselves as black and white (59 percent). This combination constituted the largest increase in the multiple-race black population.

According to the 2010 Census, 55 percent of the African Americans/black alone or in combination population reside in the South (US Census
In addition, this population represents over 50 percent of the total population in the District of Colombia and over 25 percent of the population in six states: Mississippi, Louisiana, Georgia, Maryland, South Carolina, and Alabama. The ten states with the largest African American population were New York (3.3 million), Florida (3.2 million), Texas (3.2 million), Georgia (3.1 million), California (2.7 million), North Carolina (2.2 million), Illinois (2.0 million), Maryland (1.8 million), Virginia (1.7 million), and Ohio (1.5 million).

In comparison with the non-Hispanic white population, the African American population has a higher proportion of younger people, its members are less likely to be married, and a large proportion of its households are maintained by women (US Census Bureau, 2010c). In 2010, approximately 82 percent of African Americans aged 25 and older had completed high school, and 18 percent had attained a bachelor’s degree or higher level of education (US Census Bureau, 2010c), yet these percentages are lower than the percentages obtained by their non-Hispanic white counterparts.

Moreover, African Americans are more likely to be employed in service, sales, production, and related occupations (US Census Bureau, 2010c). Consequently, in 2010, the average African American family median income was less than the non-Hispanic white family median income ($32,068 versus $54,620), the unemployment rate was twice that of non-Hispanic whites, and almost one-third were living at the poverty level (Office of Minority Health, 2012).

In 2010, 44 percent of African Americans had employer-sponsored health insurance, and 28 percent relied on Medicaid, that is, public health insurance. These figures were lower than those for the non-Hispanic white population. According to the Office of Minority Health (2012), the death rate for African Americans in 2007 was higher than that for non-Hispanic whites for heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide. Finally, the life expectancy for African Americans is four years shorter than the life expectancy for the rest of the US population.

Hispanics

Hispanics are the largest minority group and one of the fastest-growing population groups in the United States. In this group are all those of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. In 2010, 50.5 million people of Hispanic/Latino origin were living in the United States, which accounted for 16 percent of the total population (US Census, 2011c). Between 2000 and 2010, the Hispanic population grew at four times the rate of the total population, and estimates are that by 2050, they will account for 30 percent of the total population.
Cultural Competence in Health Education and Health Promotion

(US Census Bureau, 2008b). Although Hispanics share a number of cultural characteristics, the many groups that make up this population are also in many ways culturally and socially variant. For example, although a majority of Hispanics speak Spanish and follow the Roman Catholic faith, they speak their common language in many different dialects and practice their common religion with many spiritual variations (Marin & Marin, 1991).

In 2010, among Hispanic subgroups, Mexicans ranked as the largest, at 63 percent of the Hispanic population, followed by Puerto Ricans, Central and South Americans, and Cubans (US Census Bureau, 2011c). Hispanics were more likely to live in the West (41 percent) and South (36 percent) and to reside in central cities within metropolitan areas (US Census Bureau, 2011c). Over 50 percent of the Hispanic population lived in three states: California, Florida, and Texas.

Hispanics are younger on average than non-Hispanic whites, with approximately one in three being under the age of 18 and with a median age of 27.3 years. The average age for the non-Hispanic white population was 40.3 years in 2010 (US Census Bureau, 2011c). In 2010, nearly three-quarters of Hispanics were US citizens, with three in five having been born in the United States. Three-quarters of Hispanics spoke Spanish at home, and one-third spoke English less than very well (US Census Bureau, 2010c).

In 2010, Hispanic households were more likely to be family households (78 percent) than were non-Hispanic white households (66 percent). While husband-wife families composed 50 percent of the households, one in five households was maintained by a woman with no husband present (US Census Bureau, 2010c). Moreover, approximately 62 percent of Hispanics aged 25 and older had graduated from high school and 13 percent had attained a bachelor’s degree or higher level of education.

Hispanics were much more likely than non-Hispanic whites to be unemployed or to work in service, construction, and production jobs. Hispanics were also more likely to have a lower median income level and to live in poverty than non-Hispanic whites were (US Census Bureau, 2010c). In 2010, about 25 percent of Hispanics, in comparison to 10 percent of non-Hispanic whites, were living at the poverty level (US Census Bureau, 2010c). Moreover, Hispanics had the highest uninsured rates (31 percent) of any other racial or ethnic group in the United States. Still, the uninsured rate varied by Hispanic subgroup, with the Mexican and Central and South American subgroups having higher percentages of people without health insurance than the Puerto Rican and Cuban subgroups do (Office of Minority Health, 2012).

Hispanic health is influenced by factors such as the language barrier, lack of access to preventive care, and lack of health insurance. The leading causes
Implications of Changing US Demographics for Health Educators

of illness and death among Hispanics are heart disease, cancer, unintentional injuries (accidents), stroke, and diabetes. In addition, Hispanics are significantly affected by asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, and liver disease (Office of Minority Health, 2012).

**Asians**

The Asian population in the United States encompasses many groups that differ in language and culture (US Census Bureau, 2012b). “Asian” refers to people who have their origins in the Far East, in Southeast Asia, or on the Indian subcontinent, including people from Cambodia, China, the Philippines, India, Japan, Korea, Malaysia, Pakistan, and Vietnam (Reeves & Bennett, 2003). According to the 2010 Census, 14.7 million people reported Asian alone as their race, and 2.6 million reported Asian in combination with one or more races. Thus, 5.6 percent (17.3 million) of the people living in the United States were identified as Asian, with Chinese (23 percent), Asian Indians (19 percent), and Filipinos (17 percent) accounting for about 60 percent of this population (US Census Bureau, 2012b). Moreover, the Asian population had grown more than four times faster than the US population as a whole since 2000 (US Census Bureau, 2012b). A recent report by the Pew Research Center (2012) described Asian Americans as “the highest-income, best-educated and fastest-growing racial group in the US, with Asians now making up the largest share of recent immigrants” (para. 1); it thus surpassed the Hispanic population as the largest group of new immigrants. Finally, in 2010, almost three-fourths of the Asian population resided in ten states: California (5.6 million), New York (1.6 million), Texas (1.1 million), New Jersey (0.8 million), Hawaii (0.8 million), Illinois (0.7 million), Washington (0.6 million), Florida (0.6 million), Virginia (0.5 million), and Pennsylvania (0.4 million) (US Census Bureau, 2012b).

The Asian population is younger on average than the non-Hispanic white population. In 2010, Asians had a median age of 35.6, about seven years younger than non-Hispanic whites (US Census Bureau, 2010c). Moreover, Asians were more likely than non-Hispanic whites to be married (58 percent) and to live in family households (74 percent), with a higher percentage of households maintained by married couples (60 percent). Although more than two-thirds of Asians were US citizens, either through birth or naturalization, approximately 67 percent were foreign born (US Census Bureau, 2010c). Most important, about 63 percent of foreign-born Asians arrived in the United States after 1990, and about 77 percent spoke a language other than English at home. Moreover, the proportion of those 5 years of age and older who spoke a language other than English at home varied among Asians: 55 percent of Vietnamese, 43 percent of Chinese, 22
percent of Filipinos, and 22 percent of Asian Indians (Office of Minority Health, 2012).

When it comes to education, approximately 85 percent of Asians twenty-five years and older had at least a high school diploma, and 50 percent had attained a bachelor’s degree or higher level of education (US Census Bureau, 2010c). However, the educational level varied among Asians; for example, 73 percent of Taiwanese have attained a bachelor’s degree (Office of Minority Health, 2012). Moreover, Asians were more likely to be employed in management, professional, and related occupations than were non-Hispanic whites—48 versus 40 percent, respectively. Nevertheless, the proportions of Asians employed in this sector fluctuated from 19 percent among Laotians to 67 percent among Asian Indians (Office of Minority Health, 2012). In 2010, the median income for Asian households was almost $13,000 higher than the median income for white non-Hispanic households ($67,142 versus $54,168). Still, about 12 percent of Asians lived below the poverty level, compared to 11 percent of non-Hispanic whites (US Census Bureau, 2010c).

In 2010, a high percentage of Asians (69 percent) had private health insurance coverage, but that also varied by subgroup. Private insurance coverage ranged from 79 percent among Filipinos to 48 percent among Hmong. Similarly, the uninsured status varied from 11 percent among Filipinos to 20 percent among Vietnamese (Office of Minority Health, 2012). It is also significant to note that Asian women had the highest life expectancy of any other racial and ethnic group in the United States, and Chinese women had the longest life expectancy among all the Asian subgroups. Still, Asians contend with several factors affecting their health, including infrequent medical visits and language and cultural barriers (Office of Minority Health, 2012). Finally, Asians are at higher risk than others for cancer, heart disease, stroke, unintentional injuries, diabetes, chronic pulmonary disease, hepatitis B, HIV/AIDS, smoking, tuberculosis, and liver diseases.

**Native Hawaiian and Other Pacific Islanders**

Native Hawaiian and other Pacific Islander (NHPI) refers to people who are natives of Hawaii and other Pacific islands, including people of Polynesian, Micronesian, and Melanesian backgrounds (US Census Bureau, 2012c). They differ in language and culture across many subgroups. According to the 2010 US Census Bureau estimate, close to 1.2 million Native Hawaiians (540,000) and Pacific Islanders (685,000) were residing in the United States in that year. Over 50 percent resided in two states: California and Hawaii (US Census Bureau, 2012c). In addition, the Native Hawaiian, Samoan, and Guamanian or Chamorro were the first, second, and third-largest NHPI groups in the United States.
In 2010, the median age for this group was 16 years less than the median age of non-Hispanic whites (26.2 versus 42.1). Seventy-six percent of the population was under the age of 44, with nearly 35 percent under the age of 18 (US Census Bureau, 2010c). In addition, approximately 43 percent of NHPI aged 15 years and older were married, compared to 53 percent of the non-Hispanic white population. The majority of NHPI households were families (74 percent), with 50 percent maintained by married couples. Almost 84 percent of the NHPI were US citizens by birth or by naturalization, and 91 percent of them spoke only English at home or spoke English very well (US Census Bureau, 2010c).

When it came to education, a high percentage of NHPI had graduated from high school (88 percent), and 20 percent had attained a bachelor’s degree or higher level of education (US Census Bureau, 2010c). In 2010, almost 28 percent were employed in sales or office occupations, and 28 percent were employed in management, professional, and related occupations. The median household income for NHPI of $52,364 was similar to that for non-Hispanic whites. Still, 17 percent of Pacific Islanders were living under the poverty level, compared to 9 percent of non-Hispanic whites (US Census Bureau, 2010c).

In 2010, almost 61 percent of NHPI had private insurance and 28 percent relied on public insurance (Office of Minority Health, 2012). Data on the health status of this population showed that NHPI have higher rates of smoking, alcohol consumption, and obesity than other racial and ethnic groups do. Some leading causes of morbidity and mortality among this group are cancer, heart disease, unintentional injuries (accidents), stroke, diabetes, hepatitis B, HIV/AIDS, and tuberculosis (Office of Minority Health, 2012).

American Indians and Alaska Natives

In 2010, the US Census Bureau reported over 5 million people were American Indians or Alaska Natives (AIAN), entirely or in combination, representing slightly more than 1.7 percent of the US population. This group is made up of people who have their origins in any of the original peoples of North, Central, and South America and who maintain tribal affiliation or community attachment. In 2010, AIAN other than those living in Alaska were most likely to live in one of ten states: California, Oklahoma, Arizona, Texas, New York, New Mexico, Washington, North Carolina, Florida, and Michigan (US Census Bureau, 2012a). Moreover, the majority of the AIAN alone-or-in-combination population (78 percent) lived outside of AIAN reservation with the largest AIAN population. Among American Indians, Cherokee, with 15 percent of the population,
was the largest tribal grouping, followed by Navajo (15 percent). Among Alaska Natives, the Yupik and the Inupiat groups were the two largest tribal subgroups (US Census Bureau, 2012a).

In 2010, American Indians and Alaska Natives were younger than non-Hispanic whites, with a median age of 30.2 years. American Indians and Alaska Natives aged 15 and older were less likely to be married than non-Hispanic whites (36.8 and 53 percent, respectively). Approximately 65 percent of American Indian and Alaska Native households were family households, with 39 percent maintained by married couples (US Census Bureau, 2010c). Although only 6 percent of American Indian and Alaska Native grandparents lived in the same household as their grandchildren, a large percentage of them (49 percent) were responsible for the care of the grandchildren. Finally, approximately 79 percent of American Indians and Alaska Natives aged 5 and older spoke only English at home (US Census Bureau, 2010c).

Information on educational attainment showed that approximately 80 percent of American Indians and Alaska Natives aged 25 and over had at least a high school diploma, and 17 percent had attained a bachelor’s degree or higher level of education (US Census Bureau, 2010c). Those aged 16 and older were employed in a variety of occupations, including 28 percent in management, professional, and related occupations; 24 percent in sales and office occupations; and 23 percent in service occupations (US Census Bureau, 2010c). Still, the median household income of $36,623 for these two groups was $17,000 less than the median household income for non-Hispanic white households. Thirty percent of American Indians and Alaska Natives lived below the poverty level, and 24 percent had no health insurance coverage (US Census Bureau, 2010c).

There are 565 federally recognized American Indian and Alaska Native tribes and more than 100 state-recognized tribes (Office of Minority Health, 2012). Federally recognized tribes receive health and educational assistance from the Indian Health Service, a governmental agency that operates a comprehensive health service delivery system for 1.9 million American Indians and Alaska Natives who reside mainly in reservations and rural communities. The Indian Health Service funds thirty-four urban Indian health organizations, which operate at forty-one sites located in cities throughout the United States and provide medical and dental services; community services; alcohol and drug abuse prevention, education, and treatment services; mental health services; nutrition education; and counseling (Office of Minority Health, 2012). Nonetheless, American Indians and Alaska Natives frequently face issues such as cultural barriers, geographical isolation, inadequate sewage disposal, and
low incomes that prevent them from receiving high-quality medical care. In addition, they are disproportionately affected by heart disease, cancer, unintentional injuries (accidents), diabetes, stroke, mental health issues, suicide, obesity, substance abuse, sudden infant death syndrome, teenage pregnancy, liver disease, and hepatitis (Office of Minority Health, 2012).

White

According to the Census Bureau, white “refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa” (US Census Bureau, 2011d, p. 2). This encompasses individuals who self-identified as Caucasian, Irish, German, Polish, Arab, Lebanese, Algerian, and Moroccan among others.

The white population is the largest racial group in the United States, with approximately 223.6 million people, or 72 percent of the total population in 2010. However, that number includes members of the Hispanic population who self-identified as white. When this is taken into consideration, the white, non-Hispanic, population accounted for approximately 196.8 million, or 64 percent of the population, in 2010 (US Census Bureau, 2011d). This population showed the lowest growth in the previous decade, which, coupled with the great growth in other racial and ethnic groups, resulted in a decline in the proportion of the total population. Sixty percent of the white population lived in the South and Midwest; the four states with the largest white population were California, Texas, Florida, and New York.

The white population is older than the other racial and ethnic groups, with a median age of 39.2 years. In 2010, 66 percent of the white households were family households, with 51 percent in a married couple family (US Census Bureau, 2010c). Moreover, approximately 88 percent of white population aged 25 and older had graduated from high school, and 30 percent had attained a bachelor’s degree or higher level of education.

In 2010, the majority of the white population (63 percent) was employed in management, business, sciences, arts, sales, and office occupations. As a result, the median household income of $52,347 was higher than the median household income of African American, Hispanic, and American Indian/Alaskan Natives (US Census Bureau, 2010c). Seventy percent of the white population had private health insurance, and the overall poverty rate was less than 13 percent. Finally, the top five causes of death for the white population are heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injuries (Heron, 2012).
Ethnic and Racial Group Stereotypes and Health Education

Health educators should not use the general characteristics we set out in the previous section to make generalizations or create stereotypes of individuals from those groups. In addition, health educators must determine if an individual fits the cultural characteristics of the group rather than use a stereotype (Fleming, 2006; Purnell, 2005). Stereotypes create myths that can influence how health educators view and think about certain racial and ethnic groups based on their religion, gender, occupation, or nationality (Temple, 2001). For example, a health educator could make the generalization that all Hispanic individuals practice the Catholic faith; hence, there is no need to educate them about contraception because this would go against their religious beliefs. This health educator would be stereotyping the individual based on one cultural characteristic of this population and would fail to address the individual’s need.

Health educators can avoid stereotyping in these ways:

• Learn the characteristics of the different racial and ethnic groups and acknowledge the diversity within each group.
• Become aware of how they ask questions of the individual when addressing his or her needs.
• Educate others on how stereotypes affect the process of health education.
• Create a safe environment in which individuals feel free to discuss any health issue or concern without making judgments based on their racial and ethnic background.

Healthy People 2020 and Health Education

Healthy People 2020 is based on the previous Healthy People initiatives, with “a renewed focus on identifying, measuring, tracking, and reducing health disparities through determinants of health approach” (US Department of Health and Human Services, 2011). More important, Healthy People 2020 expanded on the previous goals by stating four new overarching goals (these are set out in box 1.1). As part of Healthy People 2010, the document focused on two important concepts: health equity and the social determinants of health. The US Department of Health and Human Services (2010) defined health equity as the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (para. 1)
While efforts to achieve health equity have focused primarily on disease or illness and on health care, the absence of disease is not the same as good health. Thus, health educators need to understand the complexity of the relationship of health, biology, behaviors, health services, socioeconomic status, physical environment, discrimination, racism, literacy level, and legislative policies. These factors that influence individual or population health are known as determinants of health. Social factors, policymaking, health services, individual behaviors, and biology and genetics are determinants of health (US Department of Health and Human Services, 2011). Thus, in order to decrease health disparities and promote health equity, health educators must develop interventions that address multiple determinants of health. The authors of the following chapters discuss the factors of and strategies to address health disparities among different ethnic and racial groups.

**Conclusion**

Members of underrepresented groups face a number of barriers to obtaining optimal health. Health educators must work in conjunction with health care professionals not only to improve the health status of these groups but also to attempt to decrease the adverse health consequences for this population of the kinds of socioeconomic factors discussed in this chapter and also of events like the Tuskegee syphilis experiment, which willfully misled and denied available treatment to low-income African Americans in Tuskegee, Alabama. Health educators must be cognizant of the differences existing between and among ethnic and racial groups in the United States. The following chapters discuss many ways of reaching out to these diverse populations.

**Points to Remember**

- Demographic shifts in the US population involving race, ethnicity, age, and sexual orientation make it imperative for health educators to learn how to deliver high-quality and culturally appropriate health education and prevention programs.

- An accurate understanding of the needs of different ethnic and cultural groups will go a long way toward achieving the goal of reaching diverse groups with prevention programs.

**Case Study**

Almost all health promotion planning models require the collection of demographic data for the populations to be served. Using US Census Bureau
data, create a demographic profile for the county in which you reside. Be sure to collect the following information:

1. Total population  
2. Age distribution  
3. Sex distribution  
4. Ethnic and racial composition  
5. Educational level  
6. Socioeconomic characteristics  
   a. Family incomes  
   b. Occupational categories  
   c. Estimated level of unemployment  
   d. Poverty ratios  
7. Health characteristics  
   a. Vital statistics (numbers and rates of births and deaths)  
   b. Incidence and prevalence of diseases (morbidity)  
   c. Leading causes of death (mortality)  
8. Any other data you consider important for understanding the population in your county.

**KEY TERMS**

Demographic shift  
Race  
Ethnicity

**Note**

1. The term *Hispanic* is used in this textbook as defined by the US Census Bureau. The term *Latino* is sometimes used synonymously to define this population group.

**References**


