

112TH CONGRESS  
1ST SESSION

# H. RES. 171

Supporting the goals and ideals of National Minority Health Awareness Month in April 2011 in order to bring attention to the severe health disparities faced by minority populations such as American Indians and Alaska Natives, Asians, Blacks or African-Americans, Hispanics or Latinos, and Native Hawaiians and other Pacific Islanders.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 15, 2011

Mr. BRADY of Pennsylvania (for himself, Mr. GRIJALVA, Mr. TOWNS, Mr. MEEKS, Mr. CLARKE of Michigan, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. CONNOLLY of Virginia, Ms. BORDALLO, Mr. HONDA, Ms. NORTON, Ms. LEE of California, Mr. FALEOMAVAEGA, Mr. HINOJOSA, Mr. CUMMINGS, Ms. MOORE, Mr. SERRANO, Mr. CONYERS, Mr. BUTTERFIELD, Mr. GARAMENDI, Mr. HASTINGS of Florida, Mr. PASTOR of Arizona, Ms. SCHAKOWSKY, and Mr. AL GREEN of Texas) submitted the following resolution; which was referred to the Committee on Oversight and Government Reform

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## RESOLUTION

Supporting the goals and ideals of National Minority Health Awareness Month in April 2011 in order to bring attention to the severe health disparities faced by minority populations such as American Indians and Alaska Natives, Asians, Blacks or African-Americans, Hispanics or Latinos, and Native Hawaiians and other Pacific Islanders.

Whereas many of these populations experience a disproportionate lack of access to healthcare, exposure to environ-

mental hazards, mortality, morbidity, behavioral risk factors, disability status, and unique social determinants of health at the national level;

Whereas the expected increase in these populations in the near future will impact the entire United States health system, making their collective improved health even more critical to the entire Nation;

Whereas the Department of Health and Human Services (HHS) has identified six main categories in which racial and ethnic minorities experience the most disparate access and health outcomes, including infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS infection, and immunizations;

Whereas according to the Centers for Disease Control and Prevention (CDC), African-American, American Indian, and Puerto Rican infants have higher death rates than White infants;

Whereas African-American women are more than twice as likely to die of cervical cancer than White women and are more likely to die of breast cancer than women of any other racial or ethnic group;

Whereas the rate of death from coronary heart disease was 20 percent higher among African-American adults than among White adults older than 44, and the death rate from stroke was 48 percent higher in 2006;

Whereas in 2008, African-American adults were 6 times more likely to have medically diagnosed diabetes compared with non-Hispanic Whites, Hispanics were 1.5 times more likely, and Asians were 1.2 times more likely;

Whereas African-Americans and Hispanics represented only 27 percent of the United States population in 2008, but

accounted for an estimated 68 percent of adult AIDS diagnoses and 71 percent of estimated pediatric AIDS diagnoses in that year; and

Whereas in 2008, Hispanics and African-Americans age 65 and older were less likely than non-Hispanic Whites to report having received influenza and pneumococcal vaccines: Now, therefore, be it

1       *Resolved*, That the House of Representatives supports  
2 the goals and ideals of National Minority Health Aware-  
3 ness Month in order to bring attention to the severe health  
4 disparities faced by minority populations such as Amer-  
5 ican Indians and Alaska Natives, Asians, Blacks or Afri-  
6 can-Americans, Hispanics or Latinos, and Native Hawai-  
7 ians and other Pacific Islanders.

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