Health Disparities: It’s Time to Close the Gaps

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“Unequal Treatment: Confronting Racial & Ethnic Disparities”

IOM Report

Low income and racial and ethnic minorities experience:

- Higher rates of disease
- Fewer treatment options
- Reduced access to care

$2.2 trillion and counting, yet disparities persist!

A new report:

“Health Disparities: A Case for Closing the Gap”

www.HealthReform.gov

Higher Rates of Disease:

- 48% of African American adults suffer from chronic disease (compared to 39% of general public)
- 8% of Whites develop diabetes compared to 15% of African Americans, 14% of Hispanics, and 18% of American Indians
- 44% of Hispanics less likely to be counseled for obesity, and 15% of African Americans are more likely to be obese than Whites
- African-Americans more likely to develop and die from cancer than any other racial or ethnic group
Communities of color suffer disproportionately from:

- Diabetes
- Heart disease
- HIV/AIDS
- Cancer
- Stroke
- Infant mortality

Eliminating these and other health disparities is a priority of HHS.

Access to Care:

- 4 in 10 low-income Americans do not have health insurance
- ½ of nearly 46 million uninsured in U.S. are poor
- 1/3 of poor have chronic disease and 6 times less likely to receive care than insured

Remote rural populations at risk for worse access and poor quality care.

Why should you be concerned about this issue?

Disparities caused by inequities come at a personal and societal price.
What are disparities?

- Health disparities – individual conditions, i.e., illness, injury, disability and mortality experience
- Health care disparities – process of treating illness/injury, i.e., coverage, access and quality of care

Some disparities may be inequitable, but not all are.

- Genetic predisposition
- Local environmental conditions
- Life-style choices
- Cultural beliefs
- Linguistic barriers
- Degree of trust
- Past experience
- Provider beliefs and/or biases
- Location
- Management and delivery of health care services
- Clinical uncertainty
- Ability to pay
All of the notable studies present descriptive information concerning these factors, but none assess which characteristics are most important for improving health care and health.

AHRQ Key Study findings: National Healthcare Disparities Report – first national comprehensive effort to measure differences in access and use of health care services:

1. Inequity in quality persists
2. Differential access may lead to disparities in quality
3. Opportunities to provide preventive care are frequently missed
4. Knowledge as to why disparities exist is currently limited
5. Improvement is possible
6. Data limitations hinder targeted improvement efforts

Raising public and provider awareness is critical as we move forward.

Community-based screenings and healthy lifestyle interventions have proven successful in many communities.

Private and public sectors are working in concert on initiatives aimed at reducing racial and ethnic disparities and improving access to quality health care services.

Successful Intervention Strategies

- WISEWOMAN program:
- Blood Glucose Monitoring programs in Spanish
- Employee training programs focused on cultural competency
- Healthy Start, Early Beginnings and Aetna’s Beginning Right project
- Michigan Keystone ICU Project
- Columbia Basin Health Assoc. (CBHA) Project
So where do we start?

- Legal, regulatory and policy intervention
- De-fragmentation of health care financing and delivery
- Health system interventions
- Patient education and empowerment