

Healthcare Disparities in the United States

In the United States, disparity is a term often linked with racial or ethnic minorities. However, disparity in healthcare has many dimensions and mostly it is understood as the difference in health outcomes for populations based on a number of various factors. One of the most important goals of Healthy People 2020 is to eliminate health disparities in the United States. This paper discusses the health disparities in the United States. It covers the differences in health indicators of various ethnic and racial groups. It also identifies the potential causes for these observed differences and suggests possible ways to improve the health of underserved populations.

Health disparity as defined by Healthy People 2020 as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage”. Health disparities harmfully affect the groups of people who are historically associated with discrimination or segregation. (Healthy People 2020, 2010). Health disparities refer to differences between groups of people in terms of certain factors of health. These factors of differences can be the frequency of a disease affecting certain groups, number of individuals affected, and the rates of morbidity and mortality. Health disparities affect various populations based on factors such as race or ethnicity, age, sex, social status, geographic location and physical disabilities (Health Disparities, 2013).

Even though, policymakers are trying to address the issue of health disparities in the United States at least from the past few decades, notable achievements are not made in this regard. The differences in health outcomes are clear and persisting in almost all the American states based on several health indicators. For example, racial and ethnic minority populations

perform comparatively lower than their white equivalents based on health indicators such as prevalence of chronic disease, insurance coverage, infant mortality and life expectancy. Infant mortality rates for children born to black women are 1.5 to 3 times more than women of other race or ethnicities. Similarly American Indian and Alaska Native infants are 2.5 times more likely to die from SIDS than white infants. For most of the racial and ethnic minority populations, cancer was found to be the second leading cause of death. Compared to whites, African American men are two times more possible to die from prostate cancer. Hispanic women are more than 1.5 times more possible to be diagnosed with cervical cancer than their white counterparts. Compared to whites, African Americans, American Indians and Alaska Natives are twice as likely to have diabetes. Hispanics have a diabetes prevalence rate that is 1.5 times higher than whites. (National Conference of State Legislatures, 2013). A previous study conducted to measure health disparities to meet the goals of Healthy People 2010 also revealed similar differences in terms of another set of health indicators. According to the study, the largest health disparities for four of the five racial and ethnic groups were shown in the new cases of tuberculosis and drug-induced death rates. (Keppel, KJ, 2007).

Disparities in health care arise from a number of different factors. The basic causes are differences in access to health care and differences in the quality of health received. There are a number of factors influencing a lower performance on health indicators. Socio economic status is one of the important factors. Lower education levels and poverty are traditionally linked with prevalence of diseases such as diabetes, heart disease, obesity, high blood pressure, and low birth weight. Culture is another important factor affecting the performance on health indicators. An awareness of health related beliefs and practices and the ability to evaluate the health risks is lacking in the delivery of effective health care. For example, specific groups of people may use

traditional healing practices and may react differently to medications. Access to healthcare, utilization of healthcare and insurance coverage are important factors that cause health disparities. Among the uninsured Americans, minority groups are far more than whites. They face issues to obtain health insurance coverage through employers. Another important factor is the utilization of preventive Care. Access to dental care also is an important factor causing disparity. Children from low income families and racial and ethnic minority groups are less possible to get sufficient oral care compared to their white counterparts. A number of financial and non-financial barriers contribute to the differences in health indicators among various minority groups. (Regents of the University of Minnesota, 2013).

Healthcare disparities should be reduced to ensure access to quality healthcare for underserved populations. For this, the nonfinancial barriers to accessing health care need to be addressed. The cultural and linguistic proficiency of health providers and institutions should be improved. Both deliberate and inadvertent discrimination within the health care system should be identified and restricted. Healthcare providers should be made available in the areas where minority groups live and the feeling of discrimination should be eradicated from these groups. (Regents of the University of Minnesota, 2013) .There are many ways to improve the health of underserved populations. Innovative programs can be introduced in the state and federal levels to provide medical care and patient education to persons of underserved populations. It will help the underserved populations to improve their health and access to follow up care is facilitated. Similarly, quality tools including information and resources can be provided to address the disparities in underserved communities. Innovative programs that can improve the health of underserved populations can be of many forms. For example Primary Care clinics run by medical students can enhance health care access to low income patients. Mobile Outreach

Programs can improve access to quality health care on Mental, Dental, and Physical Health Care Services for underserved populations. Nurses and health care providers can engage in public interventions to promote better health practices in areas of underserved populations. Institutions like AHRQ, has initiated projects to improve the health status of underserved populations by implementing advanced information technology tools.(Agency for Healthcare Research and Quality, 2012).

In the United States, disparity in healthcare system is identified and addressed for more than a few decades. Several studies have well documented the nature and causes of the disparities. However, the advancements in this attempt were not much hopeful till recent years. However, the new healthcare reforms are considered as a good opportunity to form a more equitable health care system in the United States.



References

Agency for Healthcare Research and Quality (2012). *Health Care for Underserved Populations*.

Retrieved on July 6, 2013 from <http://www.innovations.ahrq.gov/issue.aspx?id=141>

Health Disparities (2013). In *Medline Plus*. Retrieved on July 6, 2013 from

<http://www.nlm.nih.gov/medlineplus/healthdisparities.html>

Healthy People 2020 (2010). *Disparities*. Retrieved on July 6, 2013 from

<http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx>

Keppel, KG (2007). *Ten Largest Racial and Ethnic Health Disparities in the United States based on Healthy People 2010 Objectives*. Retrieved on July 6, 2013 from

<http://aje.oxfordjournals.org/content/166/1/97.long>

National Conference of State Legislatures (2013). *Disparities in Health*. Retrieved on July 6, 2013 from <http://www.ncsl.org/issues-research/health/health-disparities-overview.aspx>

Regents of the University of Minnesota (2013). *Causes of Health Disparities*. Retrieved on July

6, 2013 from <http://www.epi.umn.edu/let/nutri/disparities/causes.shtm>