

# Policy Brief: Health Disparities

2007

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In the Healthy People 2010 report, issued by the Department of Health and Human Services, health disparities are defined as “all differences among populations in measures of health and healthcare.” Racial and ethnic disparities relating to incidence, prevalence, and mortality are well-documented in the literature.

***Racial and ethnic health disparities have been documented in relation to...***

- diagnostic and therapeutic procedures
- intensity of medical care received,
- pain control and pain management,
- access to transplants, and
- access to preventative services

Furthermore, access to medical care is consistently lower among minority populations.

In a report entitled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* the Institute of Medicine (IOM) maintained that in our nation, minorities’ health status and access to care lagged behind that of non-minorities, even when controlling for socioeconomic and access-related factors. A common explanation for health disparities is the fact that minorities are more likely than whites to refuse treatment. While the report edged that this is true, it noted that “differences in refusal rates are generally small,” and don’t “fully explain healthcare disparities.” According to the report, health systems, health care providers, utilization managers, and patients all contribute to health care disparities.

The government has been attuned to health disparities for some time now. Since 1979, one of the primary goals of the U.S. Surgeon General’s national health promotion and disease prevention plan has been to reduce racial and ethnic health disparities. On the other hand, the general public’s awareness of health disparities seems

awareness of health disparities seems to be only minimal. A study conducted in 2005 by the Robert Wood Johnson Foundation and the Harvard School of Public Health found that only 32 percent of those polled believed that the problem of getting quality health care is worse for minorities than it is for white Americans. Certainly more should be done to raise awareness of health disparities, so that the average American has a clear understanding of the extent of the situation for racial and ethnic minorities.

Not only do disparities exist in the access and provision of health care, but racial and ethnic minorities are also underrepresented in the health care workforce. According to the Sullivan Commission on Diversity in the Healthcare Workforce, enrollment of minorities in health professions has declined even as the U.S. is becoming a more diverse nation. Racial and ethnic minorities make up 28 percent of the population, but account for less than nine percent of nurses, six percent of physicians, three percent of pharmacists, four percent of optometrists, and five percent of dentists. According to IOM, the first step in improving health disparities is by “increasing the proportion of underrepresented U.S. racial and ethnic minorities among health professionals.”

## **UNDERSTANDING THE SIGNIFICANCE**

Racial and ethnic health disparities are a critical problem across the nation, and it is no different for Missouri. In 2004 and 2005, the Missouri Foundation for Health released two reports entitled *Minority Health Disparities in Missouri*. The first, *Data Book 1*, looked specifically at African Americans, while *Data Book 2* examined the Hispanic population. Both reports detail a number of health disparities in the state.

***Specific racial and ethnic disparities in Missouri include...***

- The rate of inadequate prenatal care (per 100 births) is 8.5 for whites, in comparison to 19.2 for Hispanics and 21.9 for African Americans.
- The rate of diabetes deaths (per 100,000) is 23.2 for whites, in comparison to 35.1 for Hispanics and 49.9 for African Americans.
- African Americans are seven times more likely to have HIV or AIDS than whites.

The Missouri Foundation for Health is not alone in identifying health disparities in the state, as other studies have found evidence of racial and ethnic disparities in the areas of depression, Sudden Infant Death Syndrome (SIDS), and overall health status and access.

Racial and ethnic disparities in health-care do not only affect minorities, they have an impact on all citizens. The 2000 Census estimates that by 2050 nearly 1 in 2 Americans will be a person of color. According to IOM, “this higher burden of disease and mortality among minorities has profound implications for all Americans, as it results in a less healthy nation and higher costs for health and rehabilitative care. All members of a community are affected by the poor health status of its least healthy members.” An excellent example of this provided by IOM’s *Unequal Treatment* report was that communicable diseases, such as tuberculosis, “know no racial/economic or socioeconomic boundaries.” Higher rates of communicable disease in minority populations increase the likelihood of a potential outbreak – an outbreak that could affect individuals of every race and ethnicity.

The economic perspective also cannot be ignored. It is estimated that our nation’s health care expenditures will reach \$3.6 trillion by 2013, or 18 percent of the GDP. According to IOM, health disparities can lead to improper management of chronic conditions or missed diagnoses, which results in increased costs that could have been avoided.

**OPPORTUNITIES FOR IMPROVEMENT**

In IOM’s report, several ideas are offered as ways to overcome health disparities.

***Recommendations for reducing and eliminating racial and ethnic health disparities...***

- increase awareness of disparities among general public as well as health care providers,
- avoid “fragmentation” of health plans along socioeconomic lines,
- increase representation of minorities among health professionals,
- enhance patient-provider communication, including the use of interpreter services,
- implement patient education programs, and
- conduct further research on the sources of health disparities and ways to eliminate them

The IOM report noted that all of the players in the health care system are contributors to health disparities. Therefore, “comprehensive, multi-level strategies” are needed in order for substantial change to occur.

**CONCLUSION**

In the state, efforts are already underway to try to conduct research and develop programs addressing racial and ethnic health disparities. The Centers for Health Policy at the University of Missouri and Washington University have partnered to share ideas, resources, and strategies targeting health disparities. This collaboration provides both a rural and urban look at this issue.

***The centers have identified specific objectives including...***

- developing an inventory model of health disparities resources,
- building a network of professionals, academics, and policy makers dedicated to reducing health disparities, and
- developing scientific research, outreach and training programs/initiatives specifically designed to eliminate identified disparities.

**Diabetes Rates,  
by ethnicity (per  
100,000):  
Whites = 23.2  
Hispanics = 35.1  
Blacks = 49.9**

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**- IOM**

All of Missouri's citizens should be guaranteed equitable health care. But as long as health disparities persist, racial and ethnic minorities aren't receiving the quality care they deserve.

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