

HEALTH CARE DISPARITIES: FACTS AND ISSUES

Introduction

Not all Americans have access to the high quality of care that is available in this country. And not all patients are treated in the same manner. For example:

- Providers may order fewer diagnostic tests for patients of different cultural backgrounds because they may not understand or believe the patient's description of symptoms.
- Patients are less likely to adhere to a prescribed treatment or medical advice if they do not understand or trust the medical provider.

To receive the best quality of care, it is important that providers become more aware of the specific needs of minority populations, and increasingly comfortable in dealing with patients from differing backgrounds. Healthcare consumers and advocates should also educate themselves in order to insure the best care for everyone.

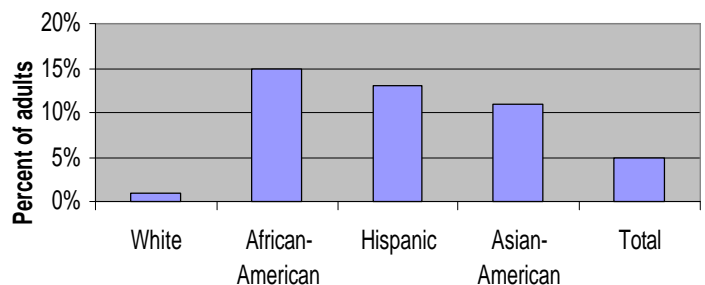
Sources: National Healthcare Disparities Report 2003, "The Providers Guide to Quality & Culture" www.erc.msh.org

Women

- Females have traditionally been diagnosed and treated as if their bodies were the same as males. Women are often excluded from clinical trials.
- Less than 1/3 of uninsured pregnant women get proper prenatal care, while well-insured pregnant women suffer from many unnecessary interventions, such as cesarean sections, episiotomies, labor inductions and continuous electronic fetal monitoring.
- Some insurance companies have sought to deny coverage to battered women on the grounds that they constitute a high risk population.
- Women are at a disadvantage paying for care, because they are paid less than men.

Source: Reed, Alyson "Women's Healthcare Disparities and Discrimination" *Civil Rights Journal*, Fall 1999.

Minorities Who Believe They Would Receive Better Health Care if They Were of a Different Race and/or Ethnicity



Source: The Commonwealth Fund 2001 Health Care Quality Survey

Factors Resulting in Poor Care

- **Entry Barriers:** A lack of health insurance, lack of a usual source of care, unmet needs.
- **Structural Barriers:** Difficulties in getting care, lengthy waiting times.
- **Patient's Perceptions:** Provider-Patient Communication, provider lack of cultural competency skills, linguistic barriers, lack of culturally or linguistically specific healthcare information.
- **Financial incentives to limit services,** high cost of care, "Fragmentation" of healthcare financing and delivery.

Source: National Healthcare Disparities Report 2003, IOM "Unequal Treatment: Confronting Racial and Ethnic Disparities" 2002

Immigrants

- Newcomers may have tuberculosis, Hepatitis B, internal parasites or malaria.
- Sickle-cell anemia occurs in populations originating in Africa, India, Saudi Arabia and Sicily.
- Recent immigrants may suffer from dental concerns as a result of poor dental care in their own country or increased consumption of processed foods since their arrival in the United States.
- Recent immigrants may experience cultural or linguistic difficulties.

Source: "The Providers Guide to Quality & Culture" www.erc.msh.org

African Americans

- The cardiovascular disease death rate for both men and women far exceeds the rate for the majority population and for other ethnic groups
- The prevalence of diabetes is substantially higher than among the majority population, and the incidence of complications, including lower-limb amputations and end-stage renal disease is double
- African-American women are far more likely than women of the general population to be infected with HIV, and about 64% of all women with new HIV infections in a given year are African American
- African-Americans have a higher incidence of hypertension, sickle cell anemia and are more likely to be lactose intolerant than the general population. Certain diseases, including prostate and breast cancer, may progress more rapidly than in the general population.

Source: "The Providers Guide to Quality & Culture" www.erc.msh.org

Asian-Americans

- Lactose intolerance is common.
- Common sites of cancer among Chinese women are the lungs, breast, colon, stomach and pancreas. Invasive cancer rates are much higher among Southeast Asian women in general than in the majority US population.
- The rates of cervical cancer incidence and mortality for Vietnamese American women exceed those of any other minority or majority population in the US.
- Some Asians may develop a severe form of Glucose-6-phosphate dehydrogenase (G-6PD) deficiency

Source: "The Providers Guide to Quality & Culture" www.erc.msh.org

Hispanics/Latinos

- Overweight and obesity are common in some Hispanic groups: for example, combined overweight and obesity are found among 63.9% of Mexican-American men and 65.9% of Mexican-American women.
- The incidence of cervical cancer in Hispanic women is double that of non-Hispanic European-American women.
- Hypertension is common in Hispanic populations
- Although Hispanics have a lower incidence of breast, oral cavity, colorectal, and urinary bladder cancers, their mortality from these cancers is similar to that of the majority population.
- Diabetes is twice as prevalent among Hispanics as among the majority of the population.

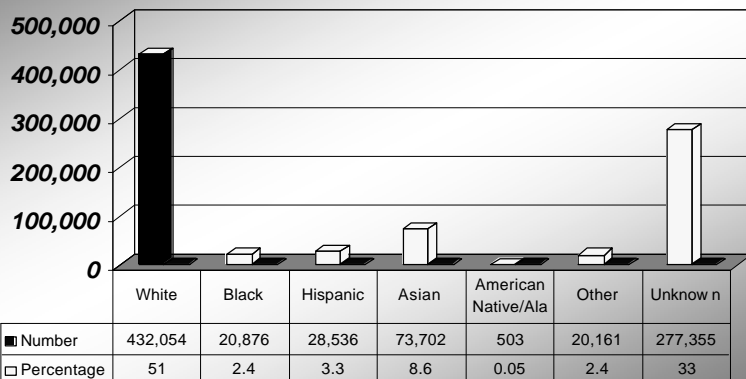
Source: "The Providers Guide to Quality & Culture" www.erc.msh.org

General Recommendations

- Increase awareness of racial and ethnic disparities in health care among the general public and key stakeholders, and increase health care provider's awareness of disparities.
- Promote the consistency and equity of care through the use of evidence-based guidelines
- Provide the use of interpretation services where community need exists. The use of community health workers and multidisciplinary treatment and preventive care teams should be encouraged.
- Implement patient education programs to help increase patient knowledge of how to best access and maximize care.
- Integrate cross-cultural education into the training of all current and future health professionals.
- Conduct further research to identify sources of racial and ethnic disparities and assess promising intervention strategies.

Source: National Healthcare Disparities Report 2003, IOM "Unequal Treatment: Confronting Racial and Ethnic Disparities" 2002

Physicians by Race/Ethnicity 2002



Source: Physicians Characteristics and Distribution in the US, 2004 Edition. American Medical Association

American Indians/Alaska Natives

- Almost 3 times as likely to have diabetes as non-Hispanic European Americans of similar age.
- Native Alaskan men and women suffer disproportionately higher rates of cancers of the colon and rectum compared to European Americans.

Source: "The Providers Guide to Quality & Culture" www.erc.msh.org