Elimination of Health Disparities

America benefits when everyone has the opportunity to live a long, healthy, and productive life, yet health disparities persist. A health disparity is a difference in health outcomes across subgroups of the population. Health disparities are often linked to social, economic, or environmental disadvantages (e.g., less access to good jobs, unsafe neighborhoods, lack of affordable transportation options). Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis of their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion.[106] Many health concerns, such as heart disease, asthma, obesity, diabetes, HIV/AIDS, viral hepatitis B and C, infant mortality, and violence, disproportionately affect certain populations. Reducing disparities in health will give everyone a chance to live a healthy life and improve the quality of life for all Americans.[107]

KEY FACTS

- Low-income and minority neighborhoods are less likely to have access to recreational facilities and full-service grocery stores and more likely to have higher concentrations of retail outlets for tobacco, alcohol, and fast foods.[108] Adolescents who grow up in neighborhoods characterized by concentrated poverty are more likely to be a victim of violence; use tobacco, alcohol, and other substances; become obese; and engage in risky sexual behavior.[109]
- Low-income and minority populations are at increased risk of being exposed to pollution. As a result, they face higher risks for poor health outcomes, such as asthma.[110]
- Coronary heart disease and stroke account for the largest proportion of inequality in life expectancy between whites and blacks, despite the existence of low-cost, highly effective preventive treatment.[107]
- On average, adults with serious mental illness die 25 years earlier than their peers, largely due to preventable health conditions.[111]
- Adults with disabilities are more likely to report their health to be fair or poor[112] and to experience unmet health care needs due to costs.[113]
- Residents of rural areas are more likely to have a number of chronic conditions (e.g., diabetes, heart disease) and are less likely to receive recommended preventive services (e.g., cancer screening and management of cardiovascular disease) in part due to lack of access to physicians and health care delivery sites.[114]
- Lesbian, gay, bisexual, and transgender (LGBT) individuals may be at increased risk for negative health behaviors (e.g., smoking, underage alcohol use) and outcomes (e.g., sexual assault, post-traumatic stress disorder, obesity). However, only a limited number of reports include information on sexual orientation, making it difficult to understand the extent of health disparities and how best to address them.[115]

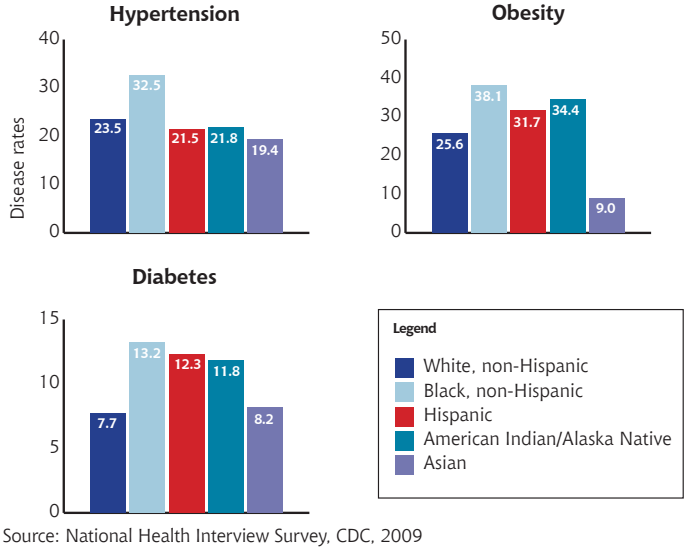
Recommendations: What Can Be Done?

Determinants of health (i.e., the personal, social, economic, and environmental factors that influence health) have a significant impact on health disparities. Disparities can be reduced by focusing on communities at greatest risk; building multisector partnerships that create opportunities for health equity and healthy communities; increasing access to quality prevention services; increasing the capacity of individuals in the affected communities and the health care and prevention workforce to address disparities; conducting research and evaluation to identify effective strategies and ensure progress; and implementing strategies that are culturally, linguistically, literacy- and age-appropriate.[116]

1 Ensure a strategic focus on communities at greatest risk.

To effectively address health disparities, we should implement community-based approaches that promote healthy behaviors and prevent injury and disease among populations at greatest risk.[116] The participation of community leaders, members, and organizations helps ensure that programs and policies align with local culture and are effective in addressing the health issues of greatest importance.[117] Initiatives grounded in the unique historical and cultural contexts of communities are more likely to be accepted and sustained.[118] Furthermore, ensuring that clinical, community, and workplace prevention efforts consider language, culture, age, preferred and accessible communication channels, and health

Disparities Exist in the Rates of Many Chronic Conditions



Source: National Health Interview Survey, CDC, 2009

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literacy skills increases people's use of information and adoption of healthy behaviors.[119]

2 Reduce disparities in access to quality health care.

Strengthening health systems and reducing barriers to health services (e.g., lack of patient-centered care, use of evidence-based clinical guidelines) can improve access to timely, quality care.[120] Specific population health needs can be addressed by broadening the scope of preventive care (e.g., to include environmental and occupational health services), increasing access to and use of clinical and community preventive services, enhancing care coordination and quality of care, increasing use of interoperable health information technology, providing outreach and support services (e.g., community health workers), and increasing the cultural and communication competence of health care providers.[121] Providing services and information in ways that match patients' culture, language, and health literacy skills also can improve patients' trust, facilitate adoption of healthy behaviors, and increase future use of health services.[122] In addition, preventive health care should be accessible to people with physical, sensory, and cognitive disabilities.[123] Clinicians and community health workers can improve quality of care if they better understand the health beliefs and practices of the people they treat.[122]

3 Increase the capacity of the prevention workforce to identify and address disparities.

In order to address patient and community needs, the prevention workforce needs to be sufficiently knowledgeable of and sensitive to community and population conditions and the factors that contribute to disparities.[124] The prevention workforce should be able to mobilize and partner with those sectors across the community that can influence the social determinants of health (e.g., education, labor, justice and public safety, housing, transportation).[116] The workforce should not only be culturally competent but also sufficiently diverse to reflect underlying community characteristics (e.g., race/ethnicity, culture, language, disability).[125] Furthermore, the workforce should be equipped to serve the needs of an increasingly aging population.[126] A well-trained, diverse, and culturally competent workforce helps enhance development and delivery of prevention programs and patient-centered care.[127]

4 Support research to identify effective strategies to eliminate health disparities.

Prevention efforts are more effective when targeted and tailored to the needs of specific populations; however, research is often lacking in effective ways to address the needs of some populations.[128] Health disparities research can inform initiatives to improve the health, longevity, and quality of life among populations experiencing health disparities by bridging the gap between knowledge and practice. Health impact assessments can inform policy makers of likely impacts of proposed policies and programs on health disparities.[116]

5 Standardize and collect data to better identify and address disparities.

Data, particularly for vulnerable populations, are needed to inform policy and program development, evaluate the effectiveness of policies and programs, and ensure the overall health and well-being of the population. Privacy and security policies can help ensure that health information is protected and electronically exchanged in a manner that respects individuals' views on privacy and access.[107] Improving the standardization of population data, especially for race/ethnicity, age, gender, religion, socioeconomic status, primary language, disability status, sexual orientation and gender identity, and geographic location, will improve our ability to identify and target efforts to address health disparities.[129]

Actions

The Federal Government will

- Support and expand cross-sector activities to enhance access to high quality education, jobs, economic opportunity, and opportunities for healthy living (e.g., access to parks, grocery stores, and safe neighborhoods).
- Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
- Increase the availability of de-identified national health data to better address the needs of underrepresented population groups.
- Develop and evaluate community-based interventions to reduce health disparities and health outcomes.

Key Indicators	Current	10-Year Target
Proportion of adults (from racial/ethnic minority groups) in fair or poor health	African Americans: 14.2% Hispanics: 13.0% American Indian/ Alaskan Native: 17.1%	8.8%
Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines ✦	10.0%	9.0%
Proportion of persons who report their health care provider always listens carefully ✦	59.0%	65.0%

✦ In addition to national summary data, as data are available, these indicators will be tracked by subgroup.

PROJECT HIGHLIGHT: Reducing Asthma Disparities by Addressing Environmental Inequities: San Francisco, California

The Regional Asthma Management and Prevention Initiative convened a diverse group (including public health, community-based organizations, schools, clinicians, and environmental health and justice groups) to improve air quality and reduce asthma rates that disproportionally impact low-income African American and Latino communities. The groups' success led to the passage of state-level diesel emissions regulations that will reduce diesel particulate matter by 43 percent by 2020 and are expected to prevent 150,000 cases of asthma, 12,000 cases of acute bronchitis, and 9,400 premature deaths over the next 15 years. Economic benefits of the regulations are estimated at between $48 and $69 billion.

- Support policies to reduce exposure to environmental and occupational hazards, especially among those at greatest risk.
- Support and expand training programs that bring new and diverse workers into the health care and public health workforce.
- Support health center service delivery sites in medically underserved areas and place primary care providers in communities with shortages.
- Increase dissemination and use of evidence-based health literacy practices and interventions.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Use data to identify populations at greatest risk and work with communities to implement policies and programs that address highest priority needs.
- Improve coordination, collaboration, and opportunities for engaging community leaders and members in prevention.
- Improve privacy-protected health data collection for underserved populations to help improve programs and policies for these populations.

Businesses and Employers can

- Provide opportunities for workplace prevention activities, including preventive screenings.
- Partner with local resources such as libraries and literacy programs to enhance employees' ability to identify and use reliable health information.

Health Care Systems, Insurers, and Clinicians can

- Increase the cultural and communication competence of health care providers.
- Train and hire more qualified staff from underrepresented racial and ethnic minorities and people with disabilities.
- Enhance care coordination and quality of care (e.g., medical home models, integrated care teams).

Early Learning Centers, Schools, Colleges, and Universities can

- Conduct research to identify new, effective policy and program interventions to reduce health disparities.
- Conduct outreach to increase the diversity (e.g., racial/ethnic, income, disability) in health care and public health careers.
- Offer preventive services (e.g., mental health services, oral care, vision, and hearing screenings) for all children, especially those at risk.
- Develop and implement local strategies to reduce health, psychosocial, and environmental conditions that affect school attendance and chronic absenteeism.

Community, Non-Profit, and Faith-Based Organizations can

- Bring together professionals from a range of sectors (e.g., transportation, health, environment, labor, education, and housing) with community representatives to ensure that community health needs are identified and that needs and barriers are addressed.
- Help ensure that prevention strategies are culturally, linguistically, and age appropriate, and that they match people's health literacy skills.
- Provide internet access and skill-building courses to help residents find reliable health information and services.

Individuals and Families can

- Participate in community-led prevention efforts.
- Use community resources (e.g., libraries, literacy programs) to improve their ability to read, understand, and use health information.

KEY DOCUMENTS

- The National Action Plan to Improve Health Literacy
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- National Stakeholder Strategy for Achieving Health Equity
- Eliminating Racial and Ethnic Health Disparities: A Business Case Update for Employers
- The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities
- National Standards on Culturally and Linguistically Appropriate Services (CLAS)
- National Health Care Disparities Report