

Disparities in Health Care **James R. Kimmey MD MPH**

The problem of providing satisfactory medical service to all the people of the United States at costs which they can meet is a pressing one. At the present time, many persons do not receive service which is adequate either in quantity or quality, and the costs of service are inequitably distributed. The result is a tremendous amount of preventable physical pain and mental anguish, needless deaths, economic inefficiency, and social waste. Furthermore, these conditions are largely unnecessary. The United States has the economic resources, the organizing ability, and the technical expertise to solve this problem.

Advances in medicine are substantial but are denied many in the population. Public health services are under-funded and unevenly distributed. These factors result in substantial gaps in health status and burden of disease among groups within the population. These gaps have been collectively referred to as disparities in health. Disparities should not exist but eliminating them is a complex problem grounded in economics, geography, racism, environmental factors, to name a few.

Two myths dominate how people talk about health and race: First, that biological and genetic differences are primarily responsible for difference in health, and second, that health disparities are entirely attributable to socioeconomic status.

Income and wealth are directly proportional with health outcomes—the better off people are, the healthier they tend to be. This is largely due to environmental factors. People with lower incomes face many environmental barriers to health, including substandard housing, lack of access to parks or nutritious food, air and water pollution, and hazardous working conditions.

However, even when income, age, and education level are the same, people of color experience different health outcomes. Research demonstrates that living within a racially stratified society has profound health effects. Longer work hours, multiple jobs, more dangerous work environments, poor access to transportation, and overt discrimination all affect physical, mental, and emotional health.

The impact of racism on health care and health status has been documented at interpersonal, institutional, and structural levels. Several studies have documented the role of bias, discrimination, and stereotyping between health care providers and their patients. In a 2001 survey, 20 percent of Asian Americans, 19.4 percent of Latinos, 14.1 percent of African Americans, and 9.4 percent of white people said they were treated with disrespect or looked down on in their patient/provider relationship. That study reveals that African Americans, Latinos, and Asian Americans, along with people who spoke a primary language other than English, are more likely than whites to believe they would have received better treatment if they were of a different race.

People of color who reported disrespectful treatment by providers were: less likely to have had a physical exam in the prior year; were less likely to have received optimal care for diabetes, hypertension, or heart disease, even when diagnosed; were less likely to follow their doctor's advice; and more likely to put off needed care.

Institutions perpetuate most inequities in health care through deficiencies in four key areas:

1. Financial and geographic access to health care;
2. Language services for Limited English Proficient (LEP) patients;
3. Culturally appropriate quality health care; and
4. Understanding and facilitation of the use of alternative medicine.

And finally, there are structural issues related to the disparities issue:

1. African American children are more likely than white children to live in highly polluted urban areas and are far more likely to suffer from asthma.
2. Diabetes, which is linked to diet and exercise, is more prevalent in communities that are targeted by fast food advertising, have little access to parks and physical recreational activities, and have poorly funded schools with few after-school activities.
3. Stresses related to racism and discrimination have also been connected to other poor health outcomes such as cardiovascular disease and some forms of cancers

Addressing the problem of disparities effectively presents great complexity, because the causes are so complex. Many of the actions required fall outside the traditional definition of health.

These include

- Housing
- Education
- Jobs programs
- Transportation
- Financial support programs

Many fall within the health system

- Better service distribution
- Provider cultural sensitivity and understanding
- Expanded pool of minority professionals
- Innovative delivery mechanisms
- Guaranteed affordable choice ff plans

All of these actions—both outside and inside the health system— are necessary. They will not be sufficient, however, unless they are taken in the context of a shared objective.

- Improving financial access to care is necessary but not sufficient.
- Achieving better distribution of services particularly primary care is necessary but not sufficient.
- Changing unhealthy behaviors is necessary but not sufficient.
- Enhancing cultural sensitivity and appropriateness in health care delivery is necessary but not sufficient.
- Attending to contributing factors like housing, education, jobs and the environment is necessary but not sufficient.

Too often issues are approached through incremental changes that are “disjointed”—not focused on a clear objective. Currently, the political process is not engaging even one of these necessary steps in an effective fashion. A prevalent lack of understanding of both the human and the economic impact of disparities underlies the lack of political will that is needed if disparities are to be eliminated.

Who can we blame for this deplorable situation? There are plenty of targets—insurance companies, drug companies, providers, legislators, Presidents and Governors; Harry and Louise or any combination of the preceding —take your pick.

And whoever you pick, you will be wrong! The real villains in this piece are you and you and you or collectively the American public, which lacks the political will to say this approach to health care is wrong-headed, unjust and, well, un-American. The urban employed insured population is essentially blind to both the issue of the uninsured and the issue of vast disparities in health within our population *because* they are urban employed and insured. And as long as

that blindness persists, the fundamental injustices represented by 47 million uninsured, by attenuated life expectancy among African Americans and by a generation of poor children denied the health required to learn and prosper will persist.

People concerned with community and justice represent a great hope in this situation. An abstract concern with the problems of the uninsured and disparities in health needs to become a concrete platform that can be explained and promoted—to the public and to political leadership. Absent a clear goal, efforts to effect change will never overcome the pressures *not* to change. The goal seems clear enough to me—disparities are unacceptable and remediable—the goal is not their reduction, but their elimination.

I will end, where I started:

The problem of providing satisfactory medical service to all the people of the United States at costs which they can meet is a pressing one. At the present time, many persons do not receive service which is adequate either in quantity or quality, and the costs of service are inequitably distributed. The result is a tremendous amount of preventable physical pain and mental anguish, needless deaths, economic inefficiency, and social waste. Furthermore, these conditions are largely unnecessary. The United States has the economic resources, the organizing ability, and the technical expertise to solve this problem.

This summary of the health care situation in the US is not original with me—it is the preamble to the report of the Committee on Costs of Medical Care, issued in October....of 1932.

And yet the problems identified with America's health care are worse today than they were then... at the height of the Great Depression.

Truly, justice deferred.