Unequal Treatment:

Disparities in Access, Quality, and Care

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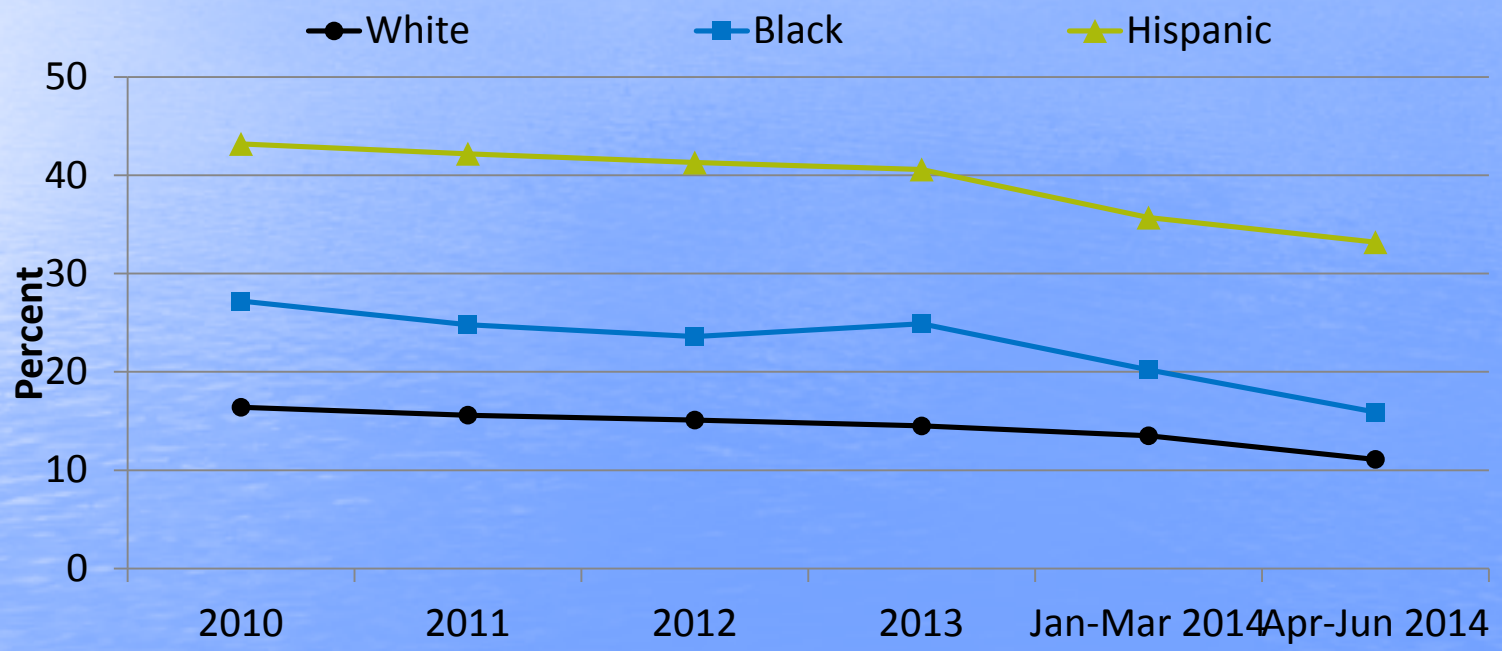
Healthcare Disparities: Are We Making Progress?

- Despite historic gains in insurance coverage resulting from the ACA, people of color still face high rates of uninsurance relative to white Americans
- Even when they possess insurance, many in communities of color continue to face a variety of economic, geographic, cultural, and linguistic barriers to accessing care
- People of color continue to receive a lower quality of care relative to whites, even when access is equivalent
- These inequities illustrate how racism operates at multiple levels – structural, institutional, and interpersonal – to affect the health of people of color

ACCESS DISPARITIES: During the first half of 2014, declines in rates of uninsurance were larger among Black and Hispanic adults ages 18-64 than among Whites, but racial differences in rates remained

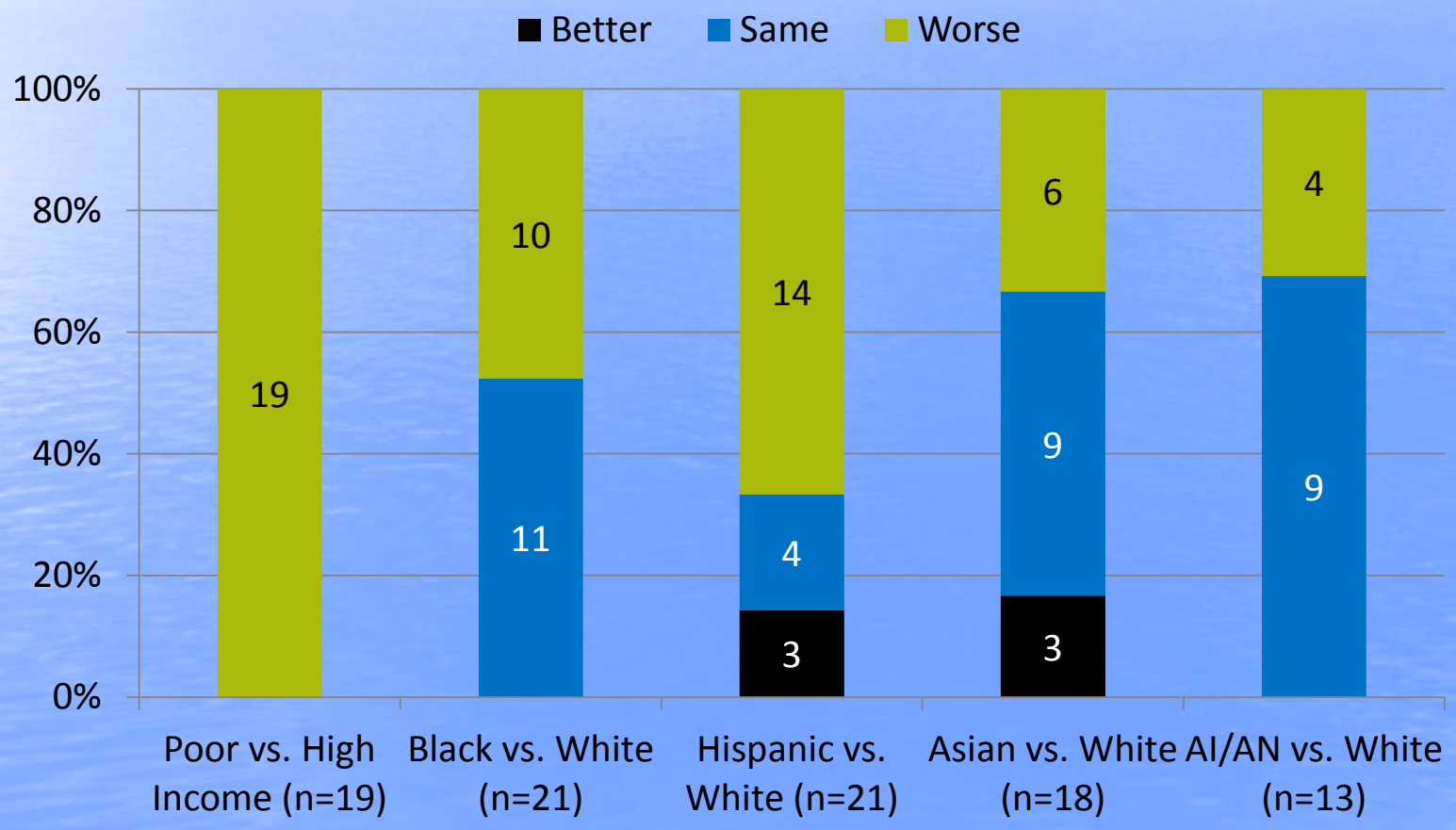
Adults ages 18-64 who were uninsured at the time of interview, by race/ethnicity, 2010-2014



Source: National Healthcare Quality and Disparities Report, 2014.

ACCESS DISPARITIES: In 2012, disparities were observed across a broad spectrum of access measures

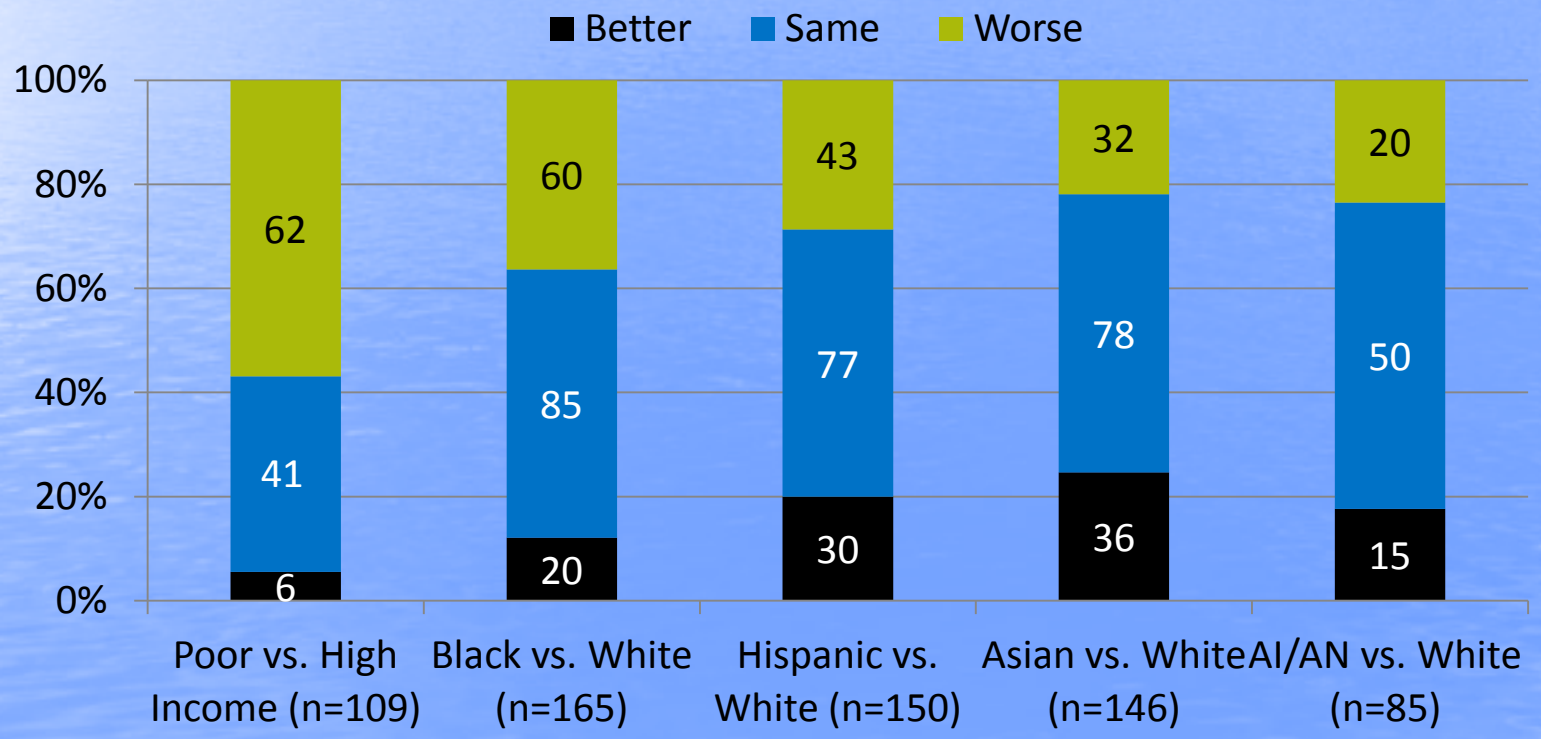
Disparities: Access measures for which members of selected groups experienced better, same, or worse access to care compared with reference group, 2012



Source: National Healthcare Quality and Disparities Report 2014.

QUALITY DISPARITIES: Disparities remained prevalent across a broad spectrum of quality measures

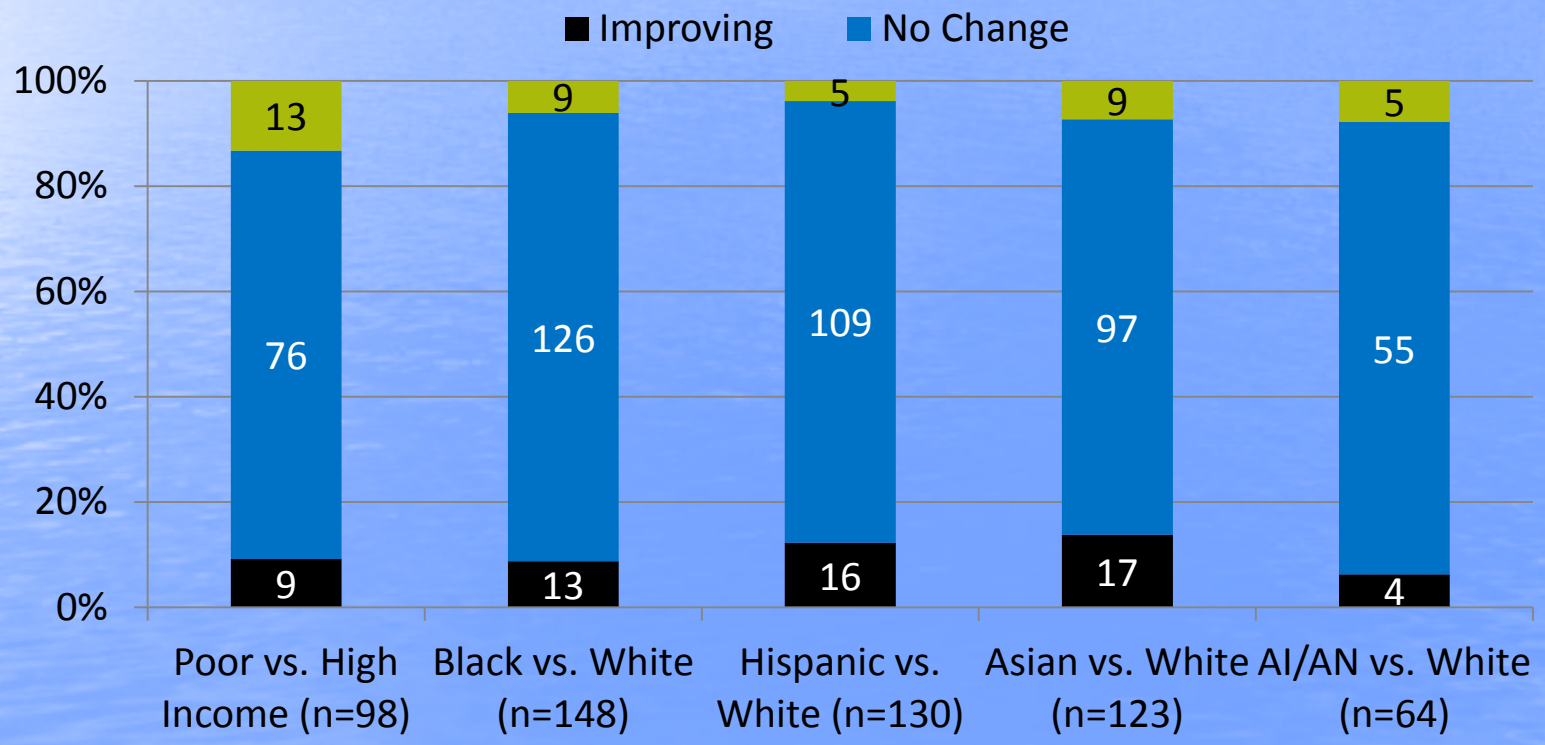
Disparities: Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group



Source: National Healthcare Quality and Disparities Report 2014.

QUALITY DISPARITIES: Through 2012, some disparities were getting smaller but most were not improving across a broad spectrum of quality measures

Change in Disparities: Number and percentage of quality measures for which disparities related to race, ethnicity, and income were improving, not changing, or worsening from 2001 through 2012



Source: National Healthcare Quality and Disparities Report 2014.

The Causes of Healthcare Access and Quality Inequities are Multiple and Influence Each Other (IOM, 2002):

- The mal-distribution of health care resources relative to community need – created and reinforced by residential segregation and market forces
- "Medical apartheid" – separate and unequal care
- Institutional policies and practices (e.g. failure to respond to growing ethnic and linguistic diversity)
- Provider biases – often implicit – and aspects of the clinical encounter

Equity in Healthcare Delivery: Aligning Resources with Community Need

- People of color are disproportionately concentrated in health professions shortage areas and medically underserved areas
- 28% of Latinos and 22% of African Americans report having little to no choice in where they access care, compared to only 15% of whites
- 34% of Latinos, 24% of AI/ANs, 19% of African Americans, and 15% of whites report having no regular source of health care

Source: Kaiser Family Foundation, 2008.

NEW YORK CITY, NY
PCP and Poverty

The Opportunity Agenda

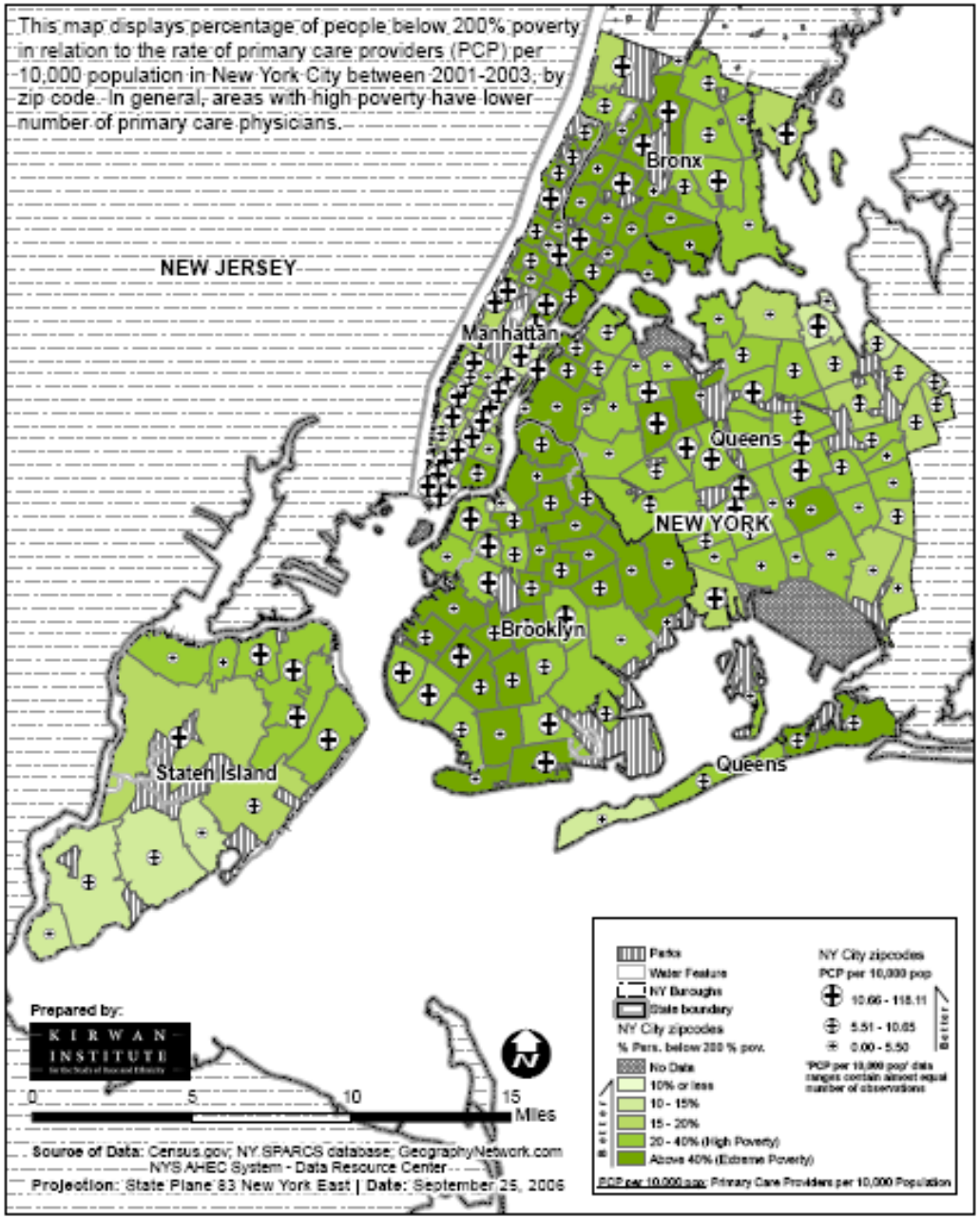
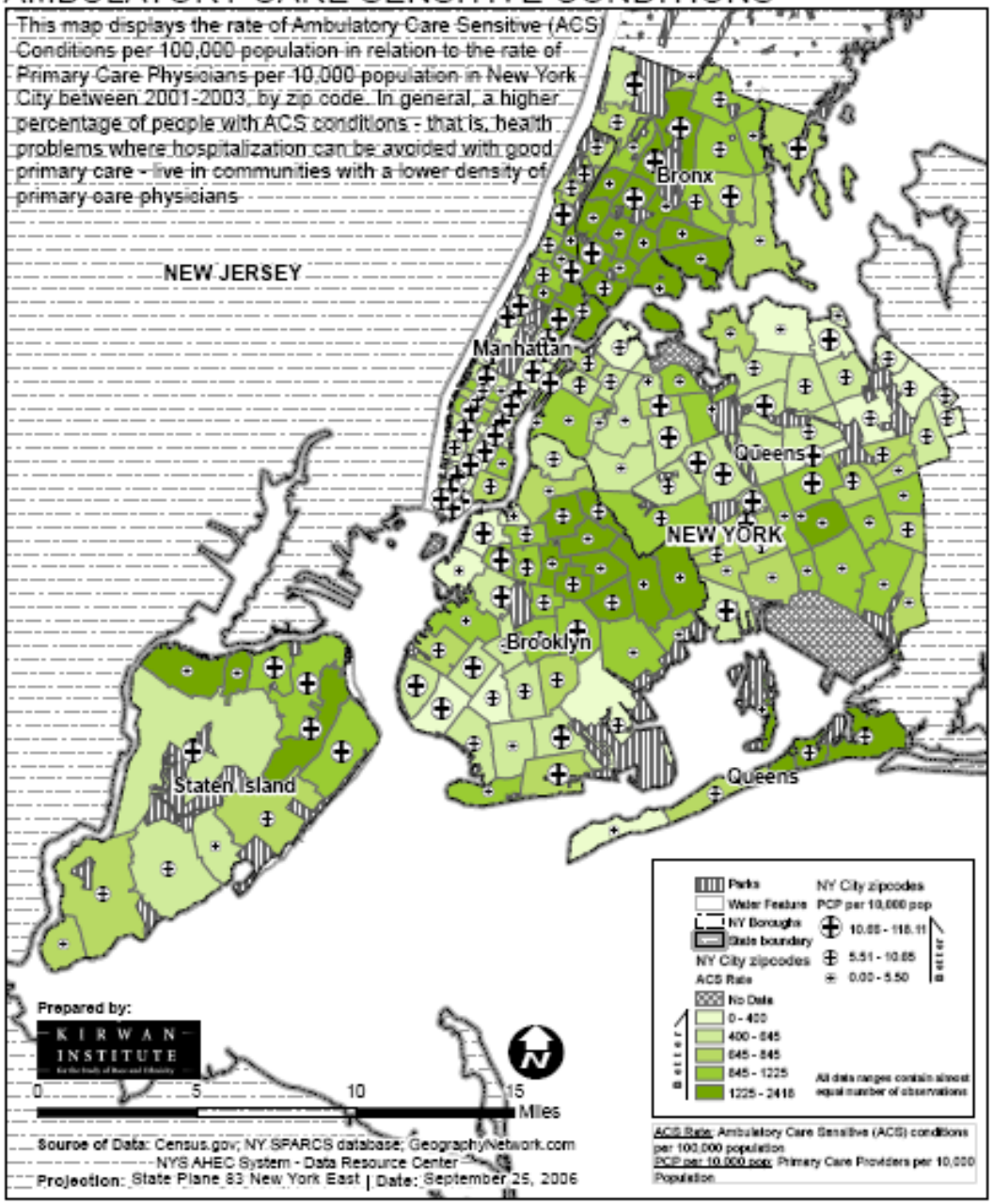


Figure 2

NEW YORK CITY, NY

PRIMARY CARE PHYSICIANS AND AMBULATORY CARE SENSITIVE CONDITIONS

The Opportunity Agenda



Examples of Needed Steps to Advance Equity in Healthcare:

- Create incentives to better align healthcare resources with community needs
- Address health workforce needs, including training on implicit bias, increasing diversity among providers
- Publicly report and monitor healthcare access and quality inequities
- Prioritize elimination of access and quality gaps as part of payment reform

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