

Health Disparities: The Basics

Health disparities are differences in health status between people that are related to social or demographic factors such as race, gender, income or geographic region. In general, health disparities are driven by a combination of social factors. Inequity in health and healthcare can take many different forms, but are usually organized into the following categories:

Racial or Ethnic Health Disparities

Americans of diverse racial and ethnic backgrounds experience higher rates of a variety of diseases and health conditions compared to Caucasian Americans.

- Twice as many African-Americans, American Indian, and Alaskan Native babies die before one year of age compared to Caucasian Americans.
- The death rate from HIV/AIDS among African-Americans is more than seven times that for Caucasian-Americans.
- Vietnamese-American women have a cervical cancer rate nearly five times the rate for Caucasian-Americans.

Socioeconomic Health Disparities

'Wealth equals health' is not simply a cliché. Americans with lower incomes and educational levels report higher rates of disease, disability, and poor health compared to Americans of higher socioeconomic status.

- Lower household income is directly related to an increased risk for chronic conditions in children.
- The risk for obesity is significantly greater among people with lower income and education, subsequently increasing the risk for diabetes and heart disease.
- Chronic diseases can actually cause people to fall into poverty when their ability to earn money is compromised by illness.

Gender Health Disparities

Women may live longer than men, but they also tend to suffer more disease and disability during their lifetime.

- Depression is twice as common among women compared to men, and is predicted to be a leading cause of disability by 2020.
- Women are more likely to suffer from organic brain syndromes and dementias in old age compared to men.
- Victims of intimate partner violence are five times more likely to be women than men.

Rural Health Disparities

Where you live when you are poor also determines your health status; yet little attention has been paid to the health risks associated with living in rural America.

- Rural Americans are more likely to have chronic illnesses, such as high blood pressure, heart disease, and diabetes.
- While gun fatalities from homicide are higher in urban areas, suicides caused by gun fatalities are disproportionately higher in rural areas.
- Many rural Americans lack access to treatment because appropriate transportation is either unavailable, too costly or healthcare facilities are too far from home.



What Can Be Done: Strategies to Reduce Health Disparities.

While there are many things that can be done to reduce health disparities, below are three starting points to eliminate health disparities in the long term.

- **Build awareness among ALL Americans.** The political will to significantly reduce health disparities is lacking in the United States because there is not a wide demand for it by the American people. Most Americans are not aware of the direct impact of health disparities on all citizens, not just a few select groups. For example, in economic terms, all Americans pay for disparities through higher taxes, greater healthcare costs, and increased insurance premiums.
- **Develop a coordinated national strategy.** Currently, many public health professionals work to reduce disparities either through research, clinical practice or public policy. Yet, in most cases, these programs operate independently for only a brief period of time. Reducing health disparities requires a long-term coordinated approach to research and intervention at the community level. Developing this strategy will require leadership and commitment from multiple sectors including government, private industry, academics and local community groups.
- **Support ongoing efforts.** Health disparities will remain an intractable problem without a long-term commitment to programs with a proven track record of success. Current health disparities programs that have proven effective should be replicated and implemented in targeted populations. For example, the Centers for Disease Control have implemented the Racial and Ethnic Approaches to Community Health 2010 program (REACH 2010), which provides funding for disparities elimination programs to communities. Additionally, five American Indian and Alaska Native communities are funded through capacity-building grants. With additional funding, CDC could expand this successful program to additional communities.

Recommended Reading:

The Prevention Institute. (April 2007) “Laying the Groundwork for a Movement to Reduce Health Disparities; Report II.” Available at: www.preventioninstitute.org

The Agency for Healthcare Research and Quality (AHRQ). (2006) “National Healthcare Disparities Report.” Available at: <http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>

Information for this fact sheet was obtained from the following organizations:

Department of Health & Human Services, Office of Minority Health (OMH)

The Agency for Healthcare Research and Quality (AHRQ)

The Centers for Disease Control (CDC)

The Kaiser Family Foundation

The Prevention Institute

University of North Carolina Rural Health Research Program