

# Unequal Treatment: Disparities in Access, Quality, and Care

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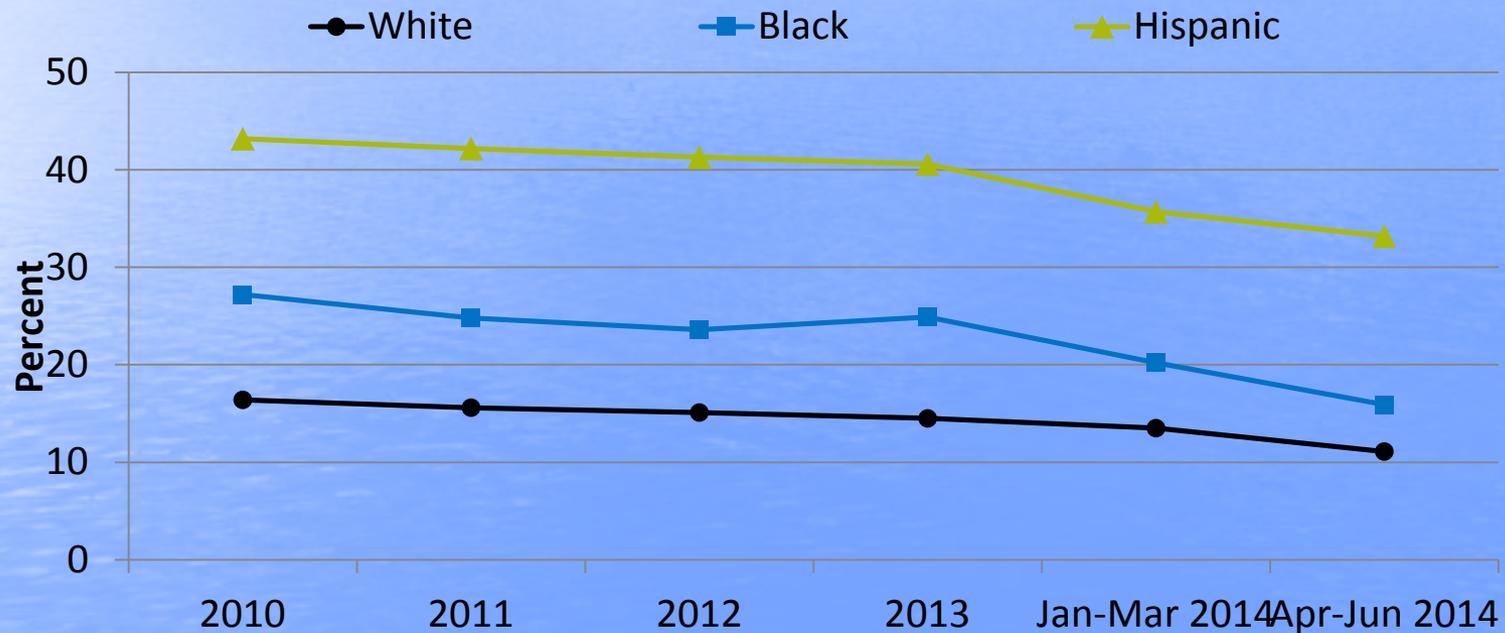
[www.nationalcollaborative.org](http://www.nationalcollaborative.org)

# 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

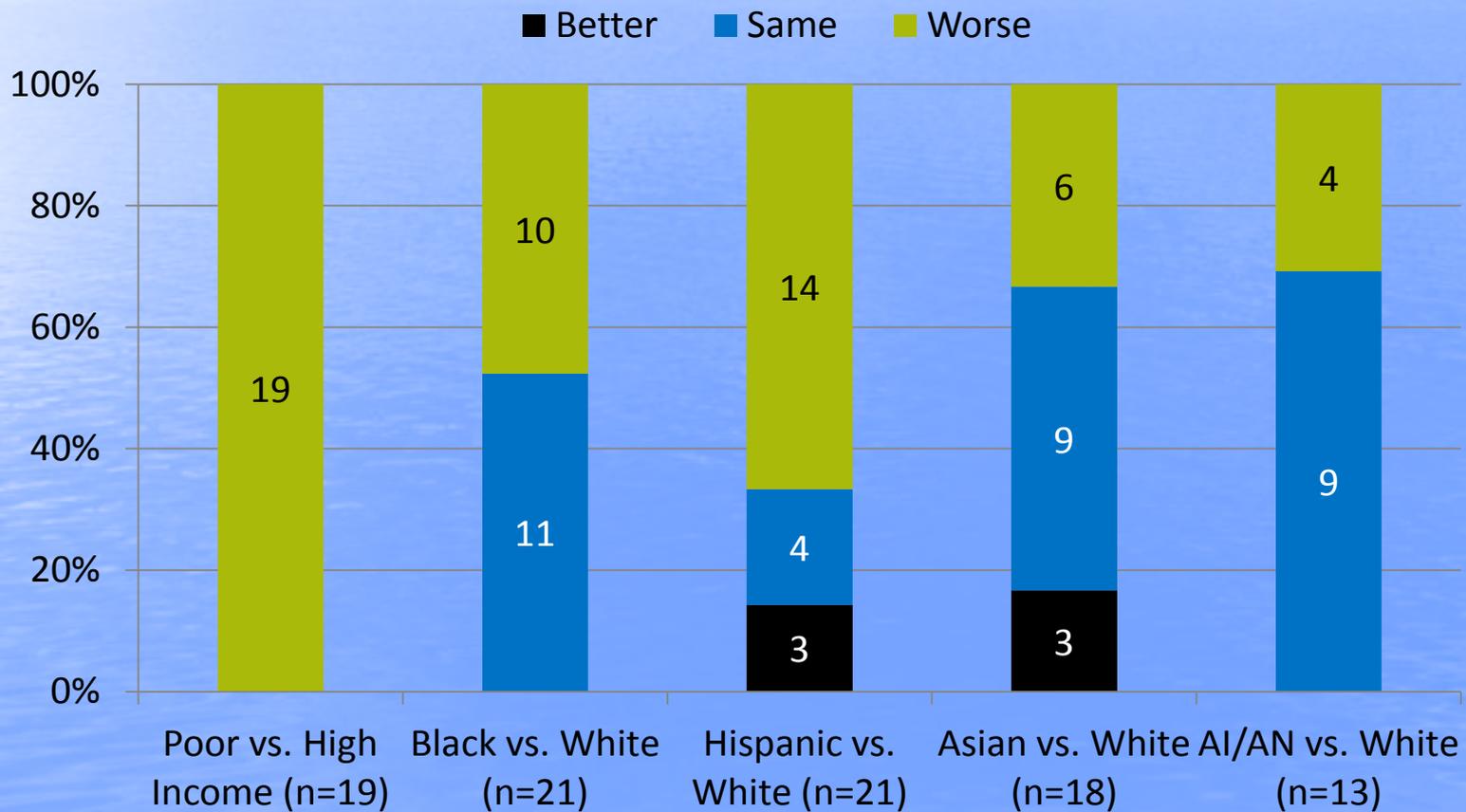
**Adults ages 18-64 who were uninsured at the time of interview,  
by race/ethnicity, 2010-2014**



**Source:** National Healthcare Quality and Disparities Report, 2014.

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

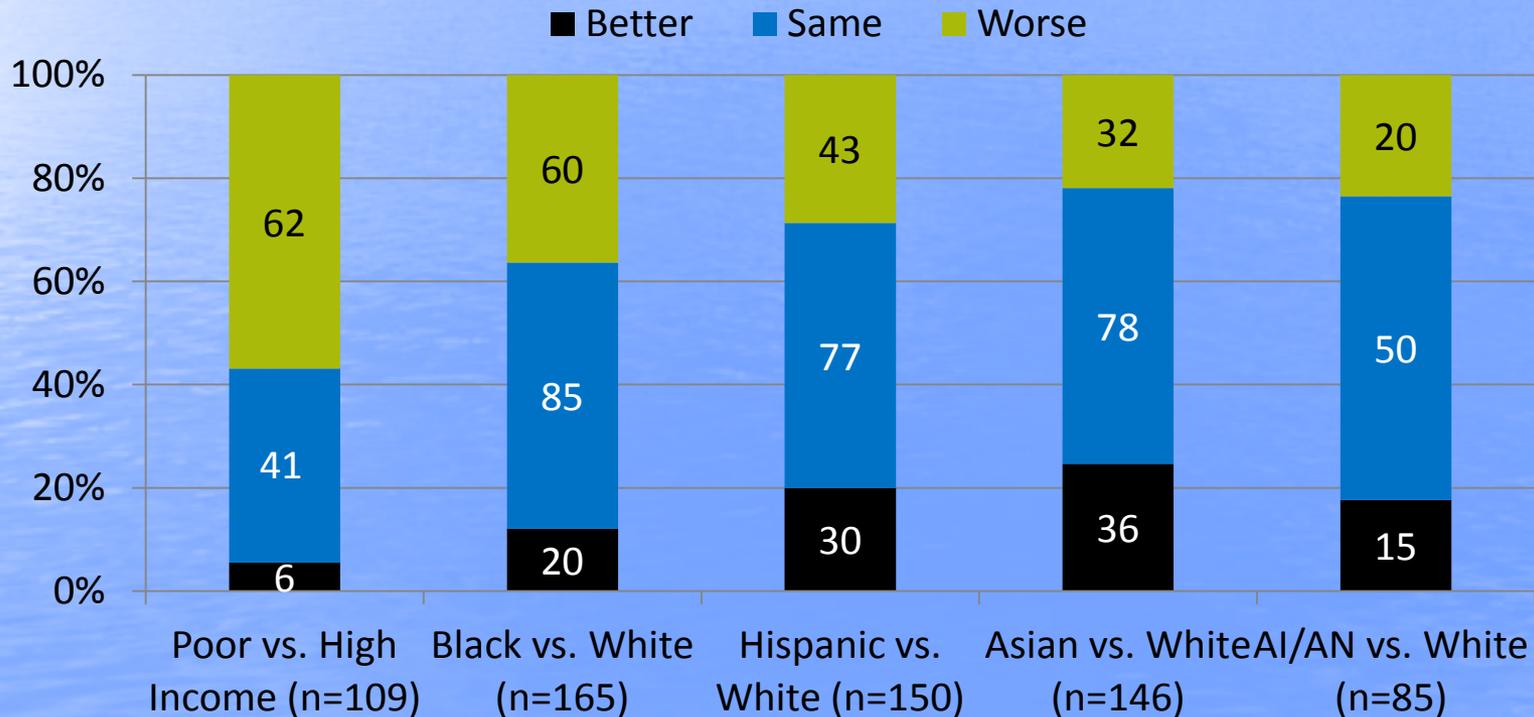
**Disparities: Access measures for which members of selected groups experienced better, same, or worse access to care compared with reference group, 2012**



Source: National Healthcare Quality and Disparities Report 2014.

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

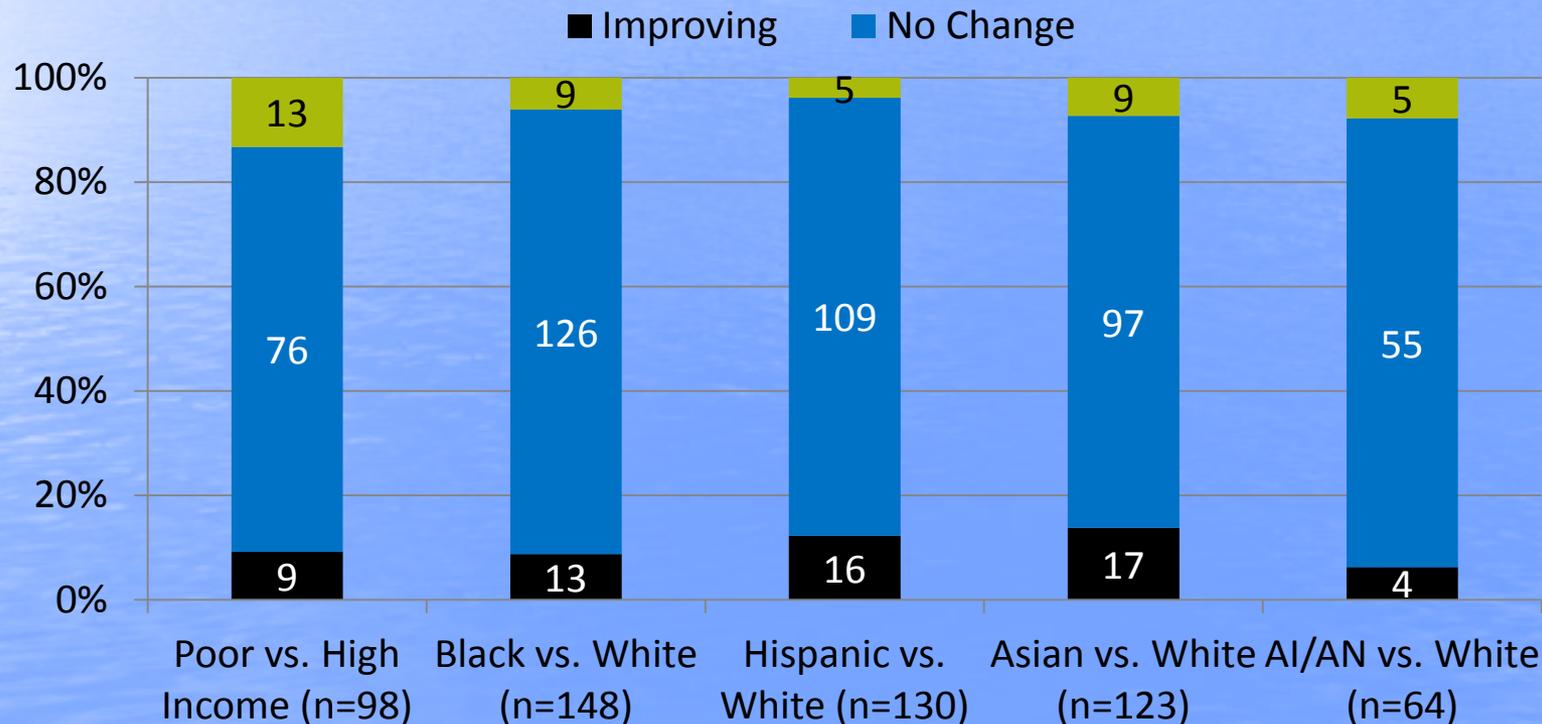
Disparities: Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group



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**



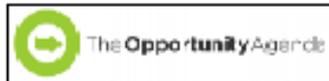
# The Causes of Healthcare Access and Quality Inequities are Multiple and Influence Each Other (IOM, 2002):

- 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

# NEW YORK CITY, NY PCP and Poverty



This map displays percentage of people below 200% poverty in relation to the rate of primary care providers (PCP) per 10,000 population in New York City between 2001-2003, by zip code. In general, areas with high poverty have lower number of primary care physicians.

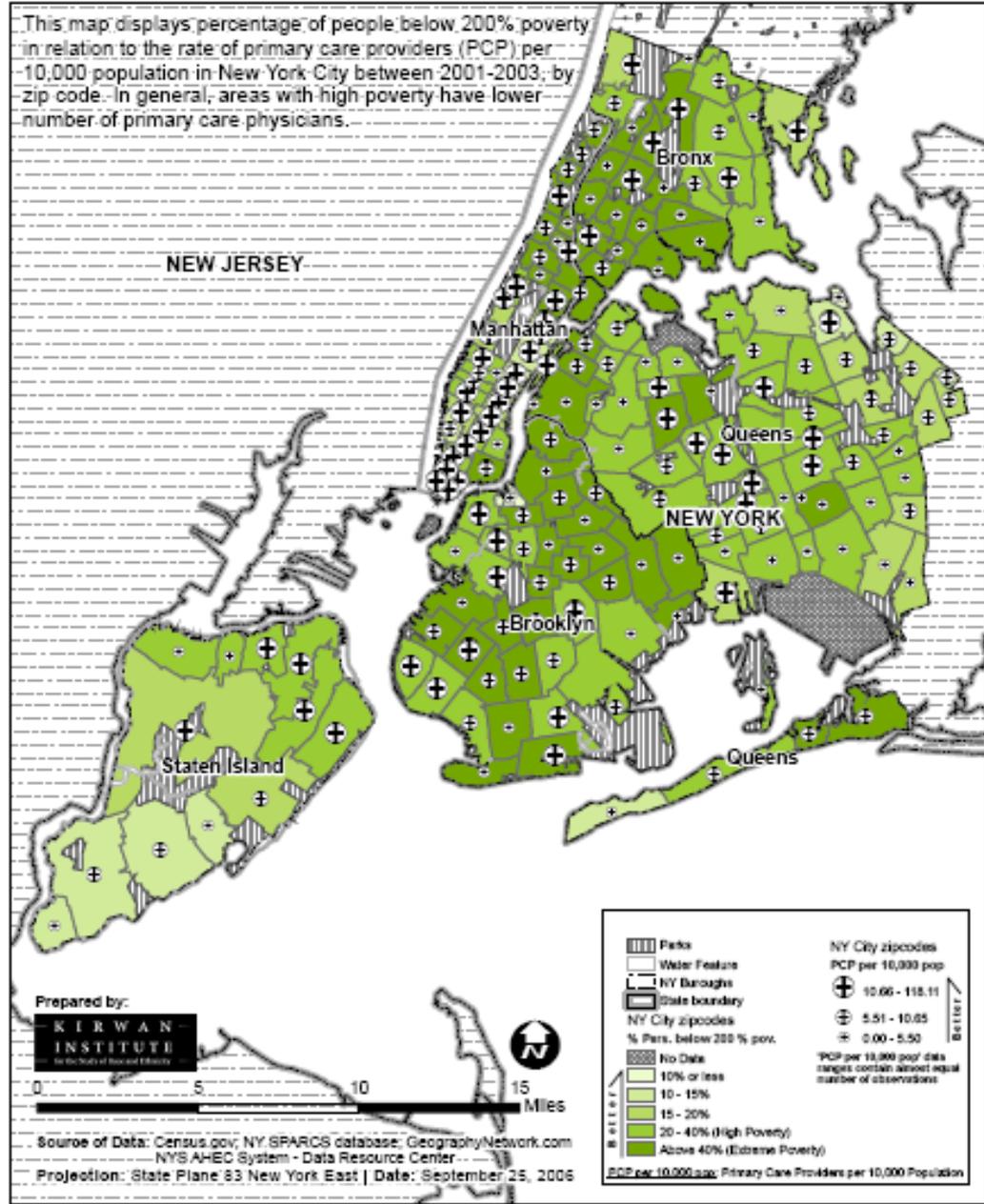
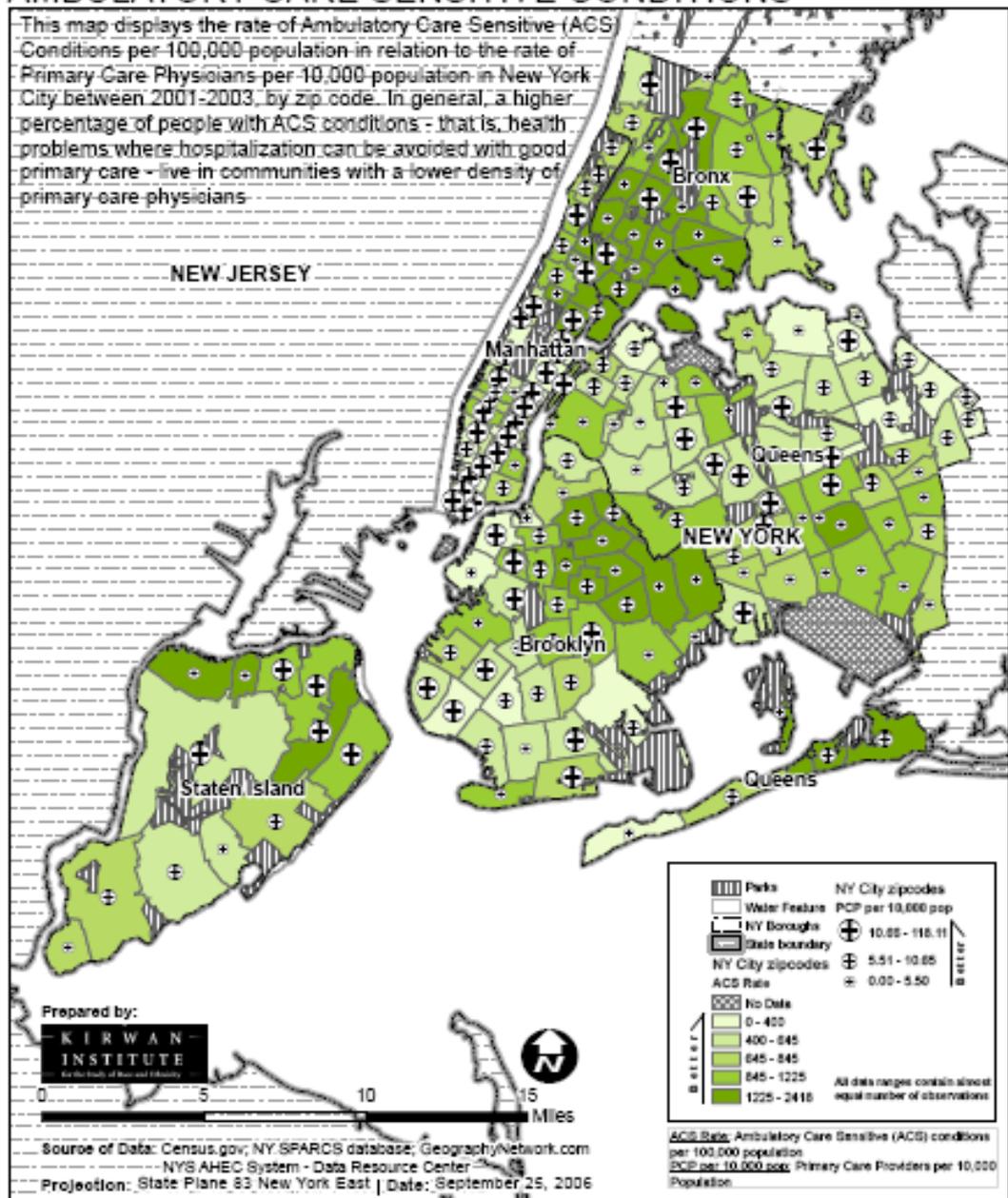


Figure 2  
**NEW YORK CITY, NY**

**PRIMARY CARE PHYSICIANS AND  
 AMBULATORY CARE SENSITIVE CONDITIONS**

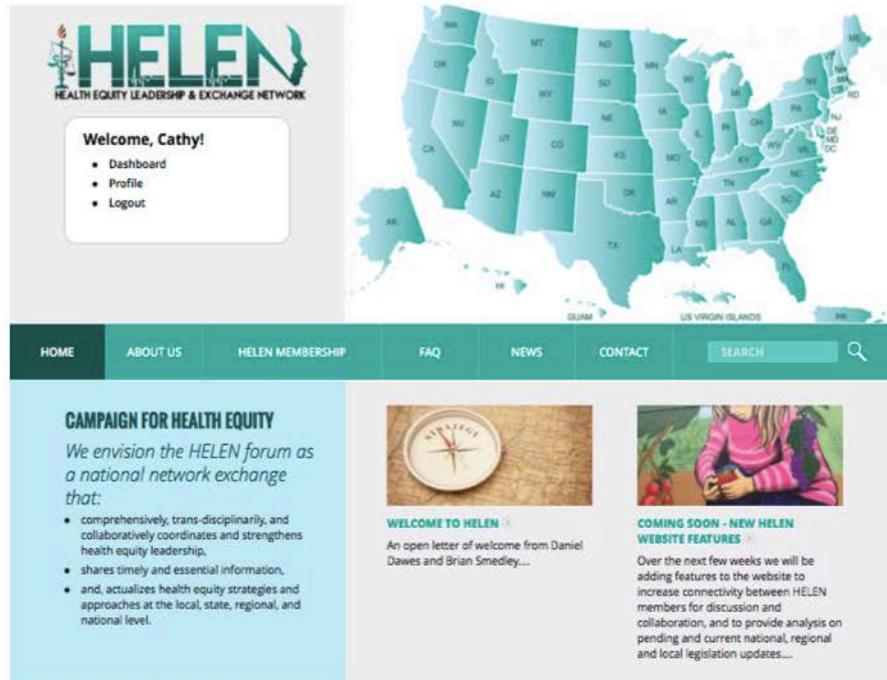


This map displays the rate of Ambulatory Care Sensitive (ACS) Conditions per 100,000 population in relation to the rate of Primary Care Physicians per 10,000 population in New York City between 2001-2003, by zip code. In general, a higher percentage of people with ACS conditions - that is, health problems where hospitalization can be avoided with good primary care - live in communities with a lower density of primary care physicians.



# 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



The screenshot shows the HELEN website home page. At the top left is the HELEN logo. Below it, a user is greeted with "Welcome, Cathy!" and a list of links: Dashboard, Profile, and Logout. To the right is a map of the United States with state abbreviations. Below the map is a navigation bar with tabs for HOME, ABOUT US, HELEN MEMBERSHIP, FAQ, NEWS, and CONTACT, along with a search bar. The main content area features a "CAMPAIGN FOR HEALTH EQUITY" section with a mission statement and a list of goals. To the right are two featured articles: "WELCOME TO HELEN" with a compass image and "COMING SOON - NEW HELEN WEBSITE FEATURES" with an image of a person.

## HELEN's Home Page

The HELEN Website Home Page will provide the latest news and updates, navigation tabs, as well as login to the member only space.

HELEN is a national network designed to bolster leadership and the exchange of ideas and information among health equity champions relative to the advancement of equity in health laws, policies, and programs.



The footer contains four columns of information: "QUICK LINKS" with a list of site pages; "MEMBERS ONLY" with a list of resources; "LATEST NEWS TOPICS" with a list of recent articles; and "CONNECT WITH US" with social media icons for Twitter, Facebook, YouTube, and Email, followed by a "SUBSCRIBE TO OUR NEWSLETTER" form with an email input field and a "JOIN" button. At the bottom, it includes copyright information for 2014 and a link to the Privacy Policy and Terms & Conditions.