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

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.

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
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</thead>
<tbody>
<tr>
<td>Poor vs. High Income (n=19)</td>
<td>19</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Black vs. White (n=21)</td>
<td>11</td>
<td>4</td>
<td>14</td>
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<tr>
<td>Hispanic vs. White (n=21)</td>
<td>4</td>
<td>14</td>
<td>6</td>
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<tr>
<td>Asian vs. White (n=18)</td>
<td>3</td>
<td>9</td>
<td>6</td>
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<tr>
<td>AI/AN vs. White (n=13)</td>
<td>4</td>
<td>9</td>
<td>4</td>
</tr>
</tbody>
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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

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.

Prepared by:
KIRWAN INSTITUTE

Source of Data: Census.gov; NY SPARCS database; GeographyNetwork.com
NYS AHEC System - Data Resource Center
Projection: State Plane 93 New York East | Date: September 28, 2006
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.

NEW JERSEY

Prepared by:

SKIRVIN INSTITUTE

Source of Data: Census.gov, NY SPARCS database, Geography.net

Projection: State Plane 33 New York East

ACS Rate

ACS/Primary Care Providers ratio

0.00 - 5.50

5.51 - 10.65

10.66 - 16.11

NY City zips

NY Boroughs

Data boundary

0 - 420

420 - 845

845 - 1225

1225 - 2410

NY City zips

0 - 420

420 - 845

845 - 1225

1225 - 2410

ACS/Primary Care Providers ratio

5.51 - 10.65

10.66 - 16.11

All data ranges contain almost equal number of observations.
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
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.