HEALTH AND HEALTH CARE DISPARITIES: THE EFFECT OF SOCIAL AND ENVIRONMENTAL FACTORS ON INDIVIDUAL AND POPULATION HEALTH

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Abstract: Over the past two to three decades the existence and prevalence of health and health care disparities has increased with accompanying research showing that minorities (African Americans, Hispanics/Latinos, Native Americans, and Pacific Islanders) are disproportionately affected resulting in poorer health outcomes compared to non-minority populations (whites). Minorities have poorer health outcomes (compared to whites) as it relates to multiples diseases - cardiovascular disease, diabetes, asthma, cancer, and HIV/AIDS. This is due to multiple factors including and most importantly the social determinants of health which includes lower levels of education, overall lower socioeconomic status, inadequate and unsafe housing, and living in close proximity to environmental hazards contributing to poor health. In addition there is the lack of access to care. Over the past decade there have been two seminal publications that have provided solid direction and served as a template for organizational and institutional change that directly addresses and serves to reduce health and health care disparities. The Institute of Medicine Report - Unequal Treatment (2002) - showed multiple areas in which there are racial and ethnic disparities in the delivery of health care; minorities were referred less for cardiac cath, received less pain medication for fractures, received less surgical treatment of lung cancer, received fewer referrals for renal transplant, received fewer referrals for congestive heart failure and pneumonia and received fewer major procedures for myocardial infarct (in the elderly). The report concludes that the healthcare workforce and its ability to deliver quality care for racial and ethnic minorities can be improved substantially by increasing the proportion of underrepresented U.S. racial and ethnic minorities among health care professionals. The second publication, Missing Persons: Minorities in the Health Professions a report by the Sullivan Commission also points out the key role of diversity in the health care workforce and as a pivotal factor in addressing and reducing health and health care disparities. In summary the Commission states that in order to achieve true equality of high-quality care for the entire population, health care must be provided by a well-trained, qualified, and culturally competent health professions workforce that mirrors the diversity of the population it serves. Health and health care disparity exists across multiple chronic, acute and preventable disease processes including diabetes, cancer, cardiovascular disease, HIV/AIDS, and obesity. There are also multiple factors that contribute to the disparities in each health care area. The goals of this talk are to:

1. Define diversity and inclusion as interdependent entities along with their independent role and combined effects on both individual and population health.
2. Review the health care system as it relates to barriers/problems within the system that have resulted in the uneven distribution of quality care.
3. Examine the benefits of increasing the diversity of the research workforce; the acceleration of advances in medical and public health research.
4. Provide some action steps or recommendations that will help move us towards a culturally competent health care system and workforce that will be poised to provide equitable quality care for a diverse population.