

Analyzing Healthcare Disparities and Possible Solutions

A Proposal for Consideration by Jen Gruger, PMI-PBA

Introduction

“Injustice in health is the most shocking and inhuman of all forms of inequity,” said Martin Luther King Jr. This powerful sentiment, spoken at the National Convention of the Medical Committee for Human Rights in Chicago in 1966, underscores the critical importance of addressing and analyzing healthcare disparities. King’s speech was delivered in opposition to plans to construct a segregated hospital in Chicago, and its message resonates broadly in the ongoing struggle for health equity (Galarneau, C. 2018).

Defining Health Disparities

The United States federal government, through the Office of Disease Prevention and Health Promotion, launched the Healthy People initiative to set science-based, decade-long national objectives aimed at improving the health of all Americans. According to Healthy People 2020, a health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” The program further clarifies that health disparities adversely affect groups who have systematically faced greater obstacles to health due to factors such as racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically tied to discrimination or exclusion (Office of Disease Prevention and Health Promotion, 2017).

In essence, health disparity exists when individuals from certain backgrounds are healthier and safer because they have better access to resources compared to others from different backgrounds.

Persistent Challenges in Addressing Health Disparities

The Healthy People initiative demonstrates ongoing federal efforts to tackle inequities in healthcare. However, the necessity to set new goals every ten years—now in its fifth iteration with Healthy People 2030—reveals the persistent and pervasive nature of health disparities. Despite continued efforts, these disparities remain deeply entrenched, prompting questions about their persistence and the solutions needed to eradicate them.

Understanding the Issue

To address why attempts to eliminate healthcare disparities have fallen short and to explore effective solutions, it is crucial to clarify the elements involved. For this analysis, health equity is defined as the opposite of healthcare disparity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires that all individuals, regardless of race, religion, sexual orientation, gender identity, or socioeconomic status, have access to conditions and resources that positively influence health (Rattermann et al, 2021). These conditions and resources are commonly referred to as social determinants of health (SDOH).

When social determinants of health negatively impact an individual's ability to access fair and equitable healthcare services, health inequity occurs, resulting in healthcare disparities. For example, in New Mexico, poverty is prevalent, and those living in poverty generally experience worse health outcomes. Native Americans in the state have the highest overall death rates and the shortest life expectancy, primarily due to alcohol-related diseases and injuries (NM Department of Health, 2018). Such disparities are highlighted by comparing demographic factors—age, gender, race, ethnicity, geographic area, and income level—and SDOH such as economic stability, education, social and community context, healthcare access and costs, and the neighborhood and built environment.

Any individual factor described above could be analyzed in depth, and when multiple social determinants are present, the problem worsens. Although numerous potential solutions exist to mitigate unjust and inequitable treatment, their effectiveness varies.

Implicit Bias and Healthcare Disparities

A more comprehensive approach may involve addressing the root causes of health disparities, which often stem from both overt and implicit (subconscious) bias. Implicit bias is a significant contributor to healthcare disparities and inequity across nearly all settings. This bias can begin early in life, shaped by environmental influences and social interactions. Research indicates that “implicit pro-white bias occurs in children as young as 3-5 years old” (Joint Commission, 2016). In healthcare, implicit bias manifests in several ways: non-white patients receive fewer cardiovascular interventions, black females are more likely to die after a breast cancer diagnosis, non-white patients are less likely to be prescribed pain medication, and black men are less likely to receive appropriate prostate cancer therapies and more likely to undergo testicle removal (Joint Commission, 2016). The evidence for these disparities is clear, but solutions remain elusive.

Exploring Solutions

One possible approach to promoting health equity is to ensure fair and consistent coverage from an insurance perspective. The health insurance industry is actively working toward health equity by striving to provide equal access to preventive healthcare, primary care visits, and coverage for acute or chronic conditions to all members. While this is a positive development, insurance itself is inherently limited and can perpetuate inequity due to its current structure.

Community Health Workers (CHWs), especially when employed using a Culture Centered Approach (Palmer-Wackerly et al. 2020), may offer a more effective and thoughtful solution. CHWs are typically lay members of the community who work—either paid or as volunteers—to bridge gaps between patients and the care they require. These individuals often share ethnicity, language, socioeconomic status, and life experiences with the communities they serve. Although considered paraprofessionals and usually not requiring a specific degree (but often certified), they are also known as community health advisors, lay health advocates, promotoras, outreach educators, community health representatives, peer health promoters, and peer health educators.

Ignoring health inequity and the resulting disparities will worsen health issues among underserved populations and perpetuate unjust and inequitable treatment based on demographics and social determinants of health.

Community Health Workers as a Key Solution

While insurance companies and government entities such as Medicare and Medicaid should continue developing policies that promote health equity, directly addressing implicit bias is essential. Engaging Community Health Workers as public health workers who connect health services to their communities is a solution grounded in the ethical principles of autonomy, beneficence, nonmaleficence, and justice. CHWs can bridge gaps between underserved populations and healthcare providers, guide patients through healthcare and social services, educate healthcare providers about community needs, and address social determinants of health, among other responsibilities.

Conclusion

Community Health Worker programs are established throughout the United States, with ample resources available for program descriptions, implementation plans, and funding at federal, state, and non-governmental levels. The success of such programs depends on gathering committed stakeholders to support initial development and set clear objectives. Most importantly, effective CHW programs rely on connecting CHWs with the communities they serve. The ideal CHW is someone who lives and works within the community, has strong ties, and cares deeply about the well-being of its members.

Developing a successful CHW program requires time and the involvement of the right stakeholders. Recruiting staff and defining objectives are essential steps, and while methods to achieve health equity and reduce disparities will vary, outcomes must be measurable and meaningful. By assisting individuals one at a time in navigating toward healthier lives—regardless of demographics or social determinants—CHWs serve as frontline agents of change, increasing health equity and reducing disparities in underserved communities.

References

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