



Healthcare Disparities:

Learning From The Past, Preparing For The Future

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Speaker



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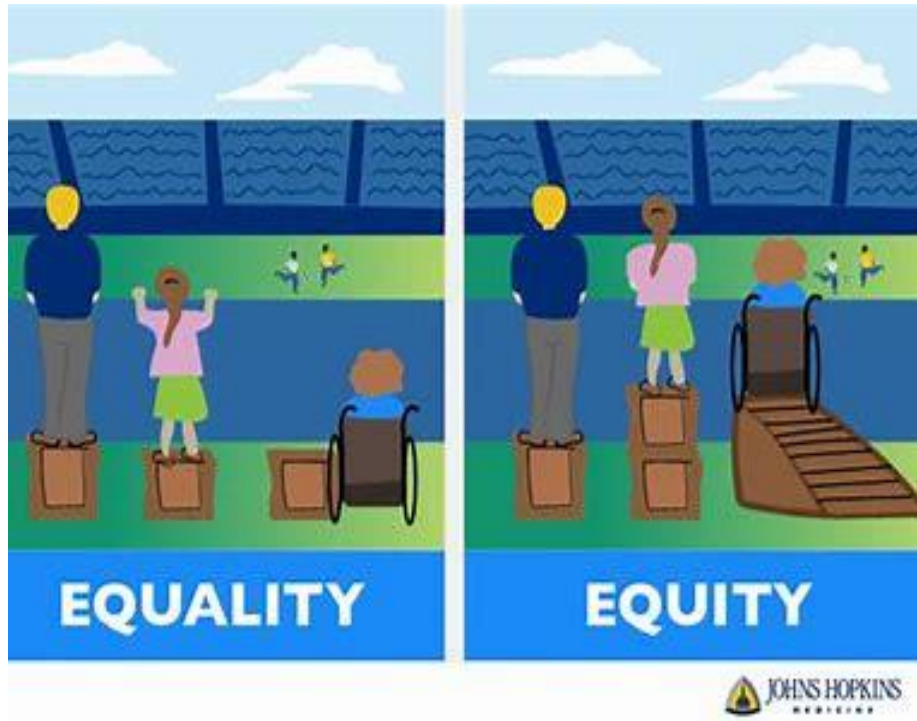
Learning Objectives

- Situate conversations about health disparity in a larger historical and societal context
- Define/distinguish health disparity in relation to health inequity and allocation of health determinative resources.
- Identify potential and emerging Health concerns that may have disproportional negative impacts on vulnerable populations.
- Discuss the role that Nursing can play in mitigating harm.



Terms and Concepts

(level setting)



EQUALITY	EQUITY
Focus is on fairness by treating everyone the same regardless of need	Focus is on fairness by addressing individual needs
Assumes everyone/group has the same starting point therefore resources are allocated the same regardless of need	Takes individual/group circumstances into consideration when allocating resources
Can result in unequal outcomes due to unequal circumstances	Can result in unequal treatment to achieve fairness

HEALTH DISPARITIES: Concepts and Terms

TERMS/CONCEPTS	MEANING/FRAMING	HEALTHCARE CONTEXT
INEQUITY	An unfair/unjust allocation of resources or opportunities	Unequal access to resources associated with health (Determinants of Health)
INEQUALITY	Uneven distribution or allocation of resources or opportunities	Uneven or unequal distribution of health resources or conditions between groups/populations
DISPARITY	Noticeable and significant difference or outcome generally negative	Preventable measurable negative health outcome or status affecting a vulnerable population

Source: Klein,R & Huang,D. (2010). National Center for Health Statistics Centers for Disease Control and Prevention
https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

HEALTH DISPARITIES: Concepts and Terms



TERMS	MEANING	CONTEXT: Related to Health
VULNERABLE POPULATONS	Groups at risk of exploitation, abuse or neglect	Groups who are at increased risk of receiving a disparity in medical care based on financial circumstances or social characteristics such as age, gender, sexual orientation, disability, spirituality, race, ethnicity, immigration status, geography, socioeconomic and/or insurance status.



HEALTH DISPARITIES: Concepts and Terms

TERMS	MEANING
HEALTH	A fluid/dynamic state comprising physical, mental and social wellbeing
DETERMINANTS OF HEALTH	Factors that influence how likely we are to maintain wellness or become ill or injured
HEALTH POLICY	Decisions and plans aimed at achieving specific health goals/outcomes within a society



Health Disparities Context and History

HEART DISEASE (*prevalence)

2002

- **Black men:** ~9.5%
- **Black women:** ~9.0%
- **White men:** ~7.5%
- **White women:** ~6.0%
- **Hispanic Adults:** ~6.0%
- **Indigenous adults:** ~10.0%

<https://www.cdc.gov/nchs/hus/data-finder.htm?&subject=Heart%20disease>

2021:

- **Black men:** ~12.1%
- **Black women:** ~9.8%
- **White men:** ~9.2%
- **White women:** ~6.5%
- **Hispanic Adults** ~7.2%
- **Indigenous adults:** ~12.1%

*Retrospective data review aided by chatgpt

DIABETES (incidents)	
2002: <ul style="list-style-type: none">• Black adults: ~10.3%• White adults: ~6.9%• Hispanic adults: ~7.8%• Indigenous adults: ~14.0%	2020: <ul style="list-style-type: none">• Black adults: ~12.1%• White adults: ~7.4%• Hispanic adults: ~11.8%• Indigenous adults: ~16.5%

<https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

*Retrospective data review aided by chatgpt

INFANT MORTALITY (Rates per 1,000 live births)

2002:

- **Black infants:** ~13.6
- **White infants:** ~5.6
- **Hispanic infants:** ~4.8
- **Indigenous infants:** ~8.0 (estimates vary widely)

2019:

- **Black infants:** ~10.6
- **White infants:** ~4.0
- **Hispanic infants:** ~4.2
- **Indigenous infants:** ~8.0

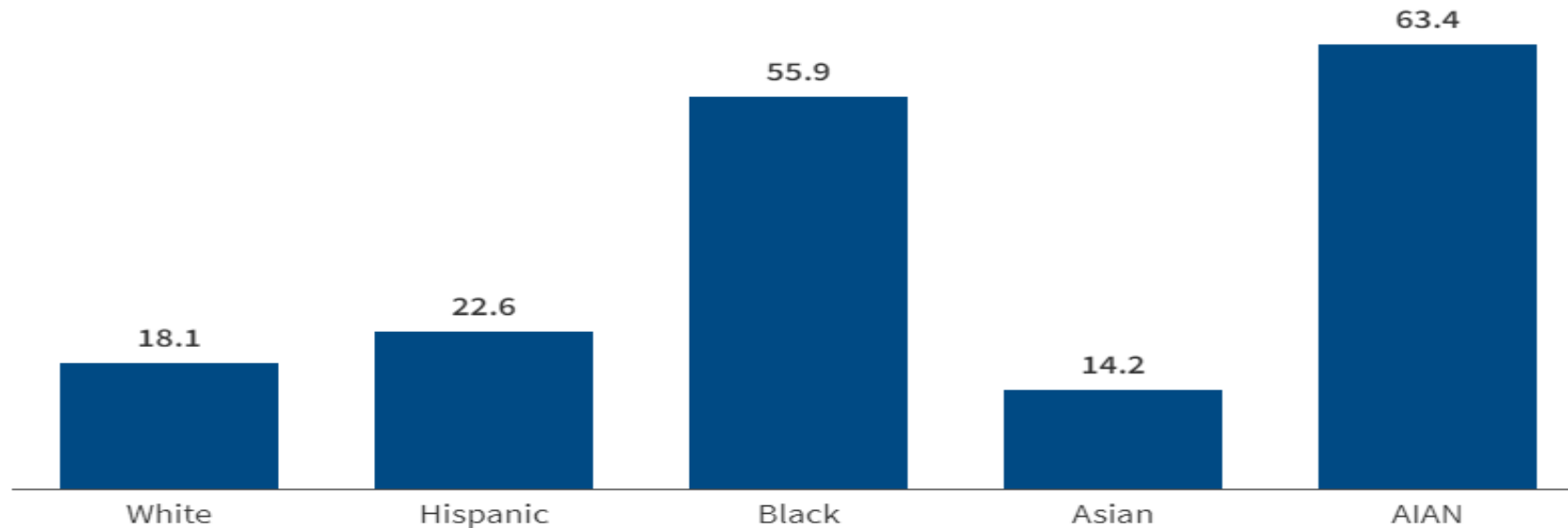
Source CDC: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

*Retrospective data review aided by chatgpt

PREGNANCY RELATED MORTALITY (Rates per 100,000 births)

Figure 1

Pregnancy-Related Mortality per 100,000 Births by Race and Ethnicity, 2020



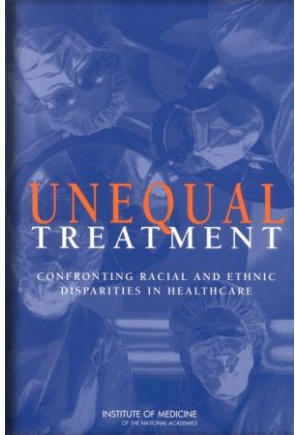
Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. AIAN refers to American Indian or Alaska Native. Data were not available for Native Hawaiian or Pacific Islander people.

Source: [Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them](#) | KFF



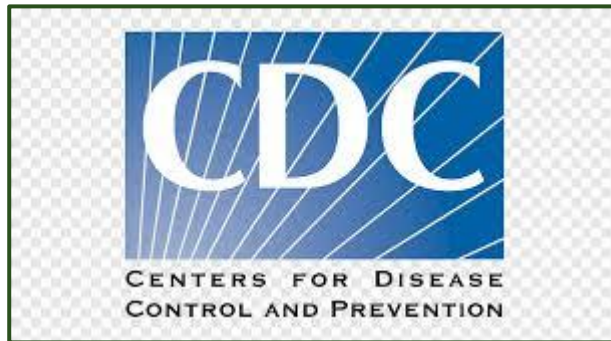
Health Disparities Context and History

HEALTH DISPARITIES: History



2003

[Front Matter | Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care | The National Academies Press](#)



2021

[Racism and Health | Minority Health | CDC](#)



2016

[Implicit Bias in Healthcare
quick-safety-issue-23-apr-
2016-final-rev.pdf
\(jointcommission.org\)](#)

HEALTH DISPARITIES: Why Do They Persist

- Collective norms, beliefs, and values shape and guide the pace and development of (Health)Policies in any given group/community/society.
 - ❖ *Policies, regulations and laws reflect the values, norms and beliefs of the individuals and groups who have power to set the agenda, frame the issues and influence outcomes*

HEALTH DISPARITIES: Why Do They Persist

❖ Human Factors :

- Values
- Norms
- Culture/Beliefs
- Trust
- Bias
 - Implicit
 - Explicit

HEALTH DISPARITIES: The Human Factor



- Values
- Norms
- Culture/Beliefs
- Trust
- Bias
- Implicit
- Explicit



Manifestation
“isming”
and
“othering”



HEALTH DISPARITIES: Why Do They Persist

❖ Human Factors :

- Values
- Beliefs
- Trust
- Bias
 - Implicit
 - Explicit



❖ Systemic Factors :

- Legal
- Regulatory
- Geographical
- Power relationships

HEALTH DISPARITIES: History

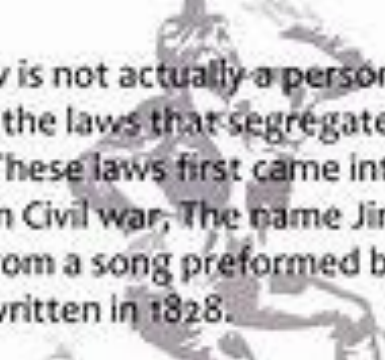
Policies, regulations and laws reflect the values, norms and beliefs of the individuals and groups who have power to set the agenda, frame the issues and influence outcomes

(the group with power to create policy)



Who is Jim Crow?

Jim Crow is not actually a person, Jim Crow is the name of the laws that segregate The Blacks from the whites. These laws first came into society after the American Civil war, The name Jim Crow originally comes from a song preformed by Thomas D. Rice written in 1828.



HEALTH DISPARITIES: Systemic Factors

“isming” and “othering” – Actualized

- Policy Outcomes
- Legal
- Regulatory
- Geographical
- Power relationships



HEALTH DISPARITIES: History

- ❖ Policies are created in the now (what is the issue being addressed) -- with an eye to the future (goals/hoped for outcome in the future)

Health policies as with all policies are a series of processes and guidelines grounded in the beliefs values and accepted norms of the policy maker(s).

Factors that
influence how
likely we are to
maintain
wellness or
become ill or
injured

DETERMINANTS OF HEALTH

HEALTH DISPARITIES: Concepts and Terms

Factors that
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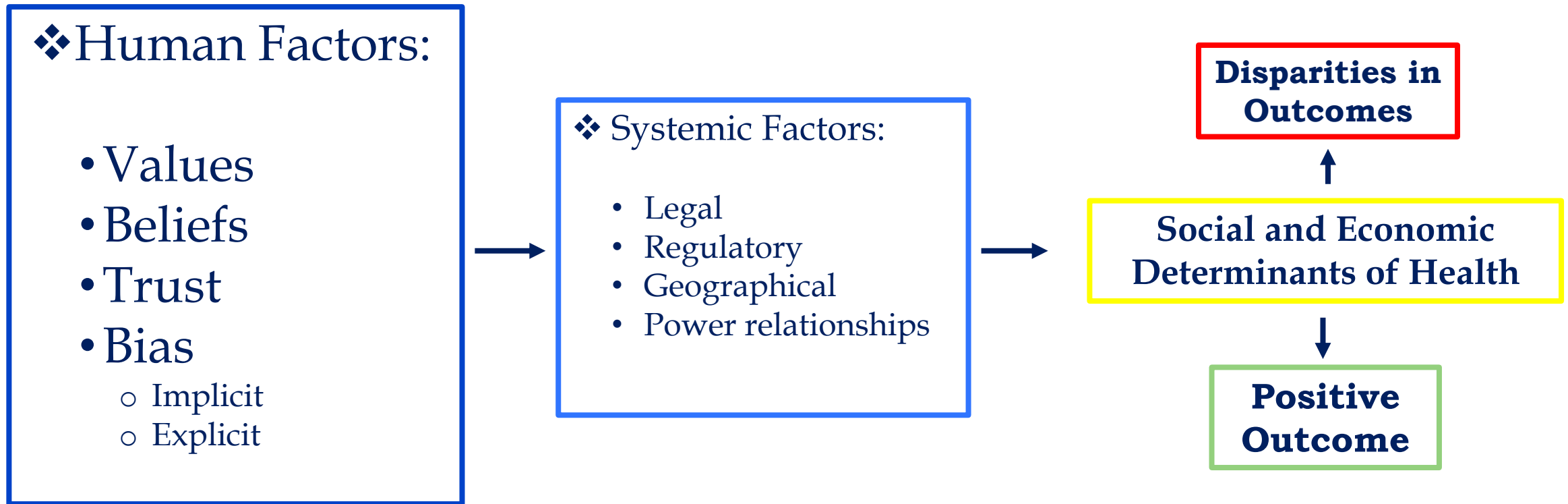


HEALTH DISPARITIES: History

- ❖ In **naming** a thing – we assign value and determine if the issue/subject/group is worthy of allocating resources to manage or treat that thing.
- ❖ How we define/conceive (**framing**) of a thing(people/populations) - influences the policies directed at that thing (people/populations)

To speak about disparities and addressing/resolving disparities without addressing (naming) racism and discrimination as significant underlying factors ensures that the (framing) creation of solutions will be unsuccessful.

HEALTH DISPARITIES: Why Do They Persist

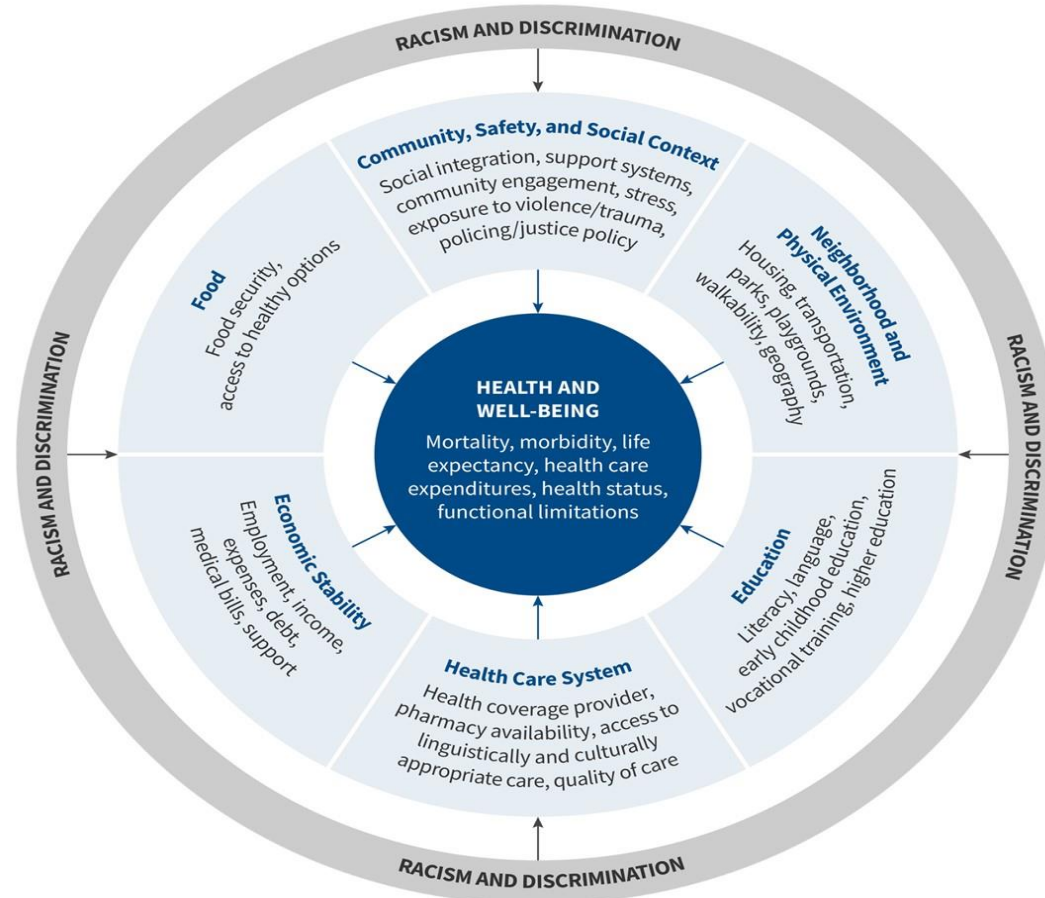


HEALTH DISPARITIES: Concepts and Terms

Factors that
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Figure 1

Health Disparities are Driven by Social and Economic Inequities

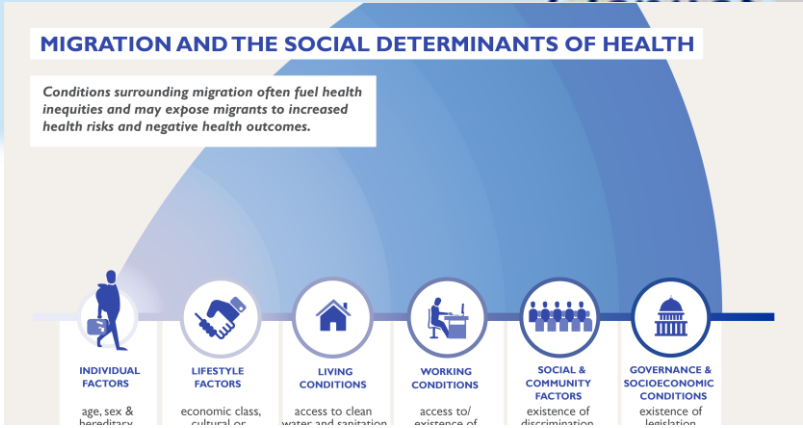
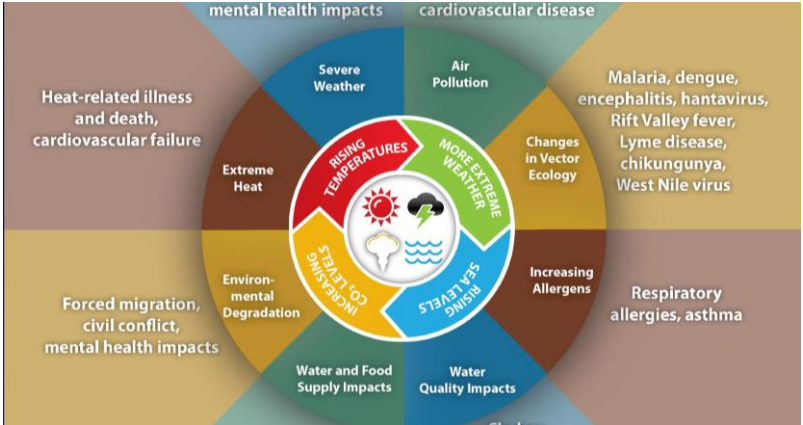


KFF



Health Disparities

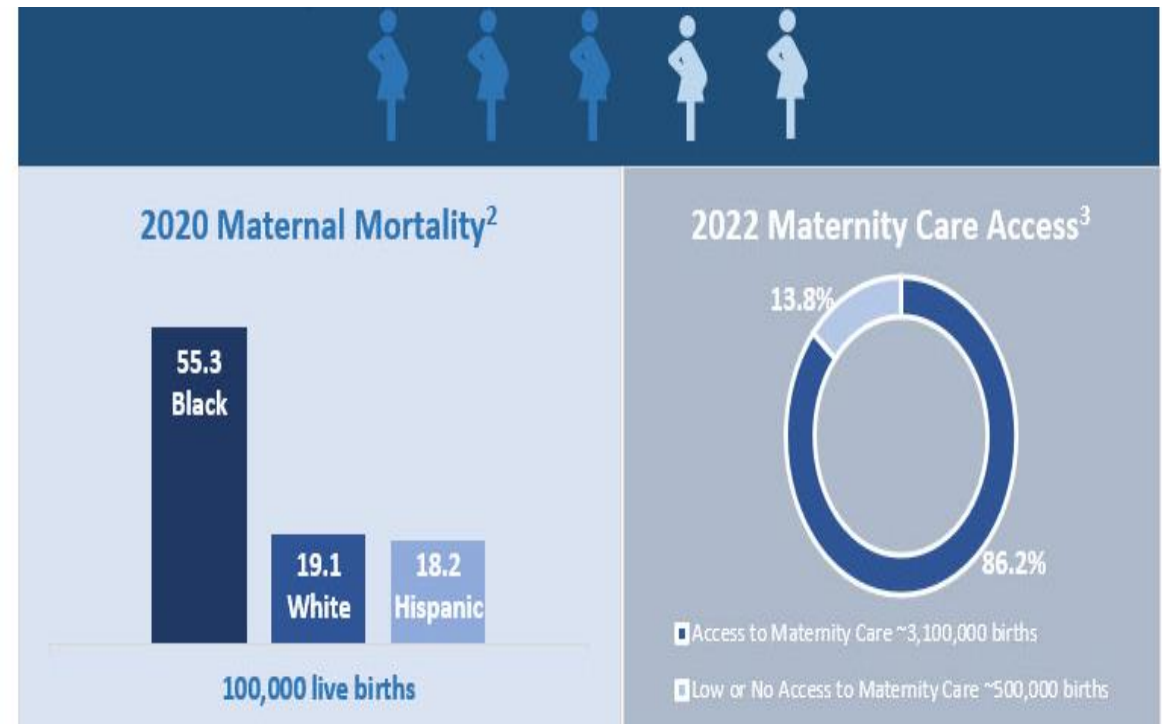
EMERGING RISKS



HEALTH DISPARITIES: Emerging Issues

HEALTH DISPARITIES:

Emerging Issues – Maternal Child Care



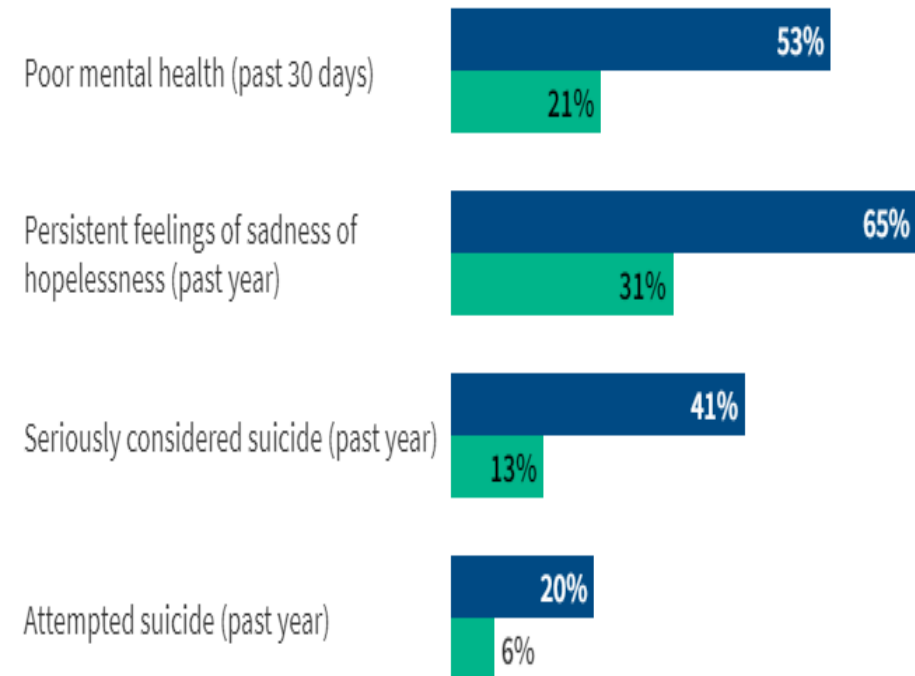
HEALTH DISPARITIES: Emerging Issues



Figure 13

Mental Health Experiences of High School Students, by LGBTQ+ Identity, 2023

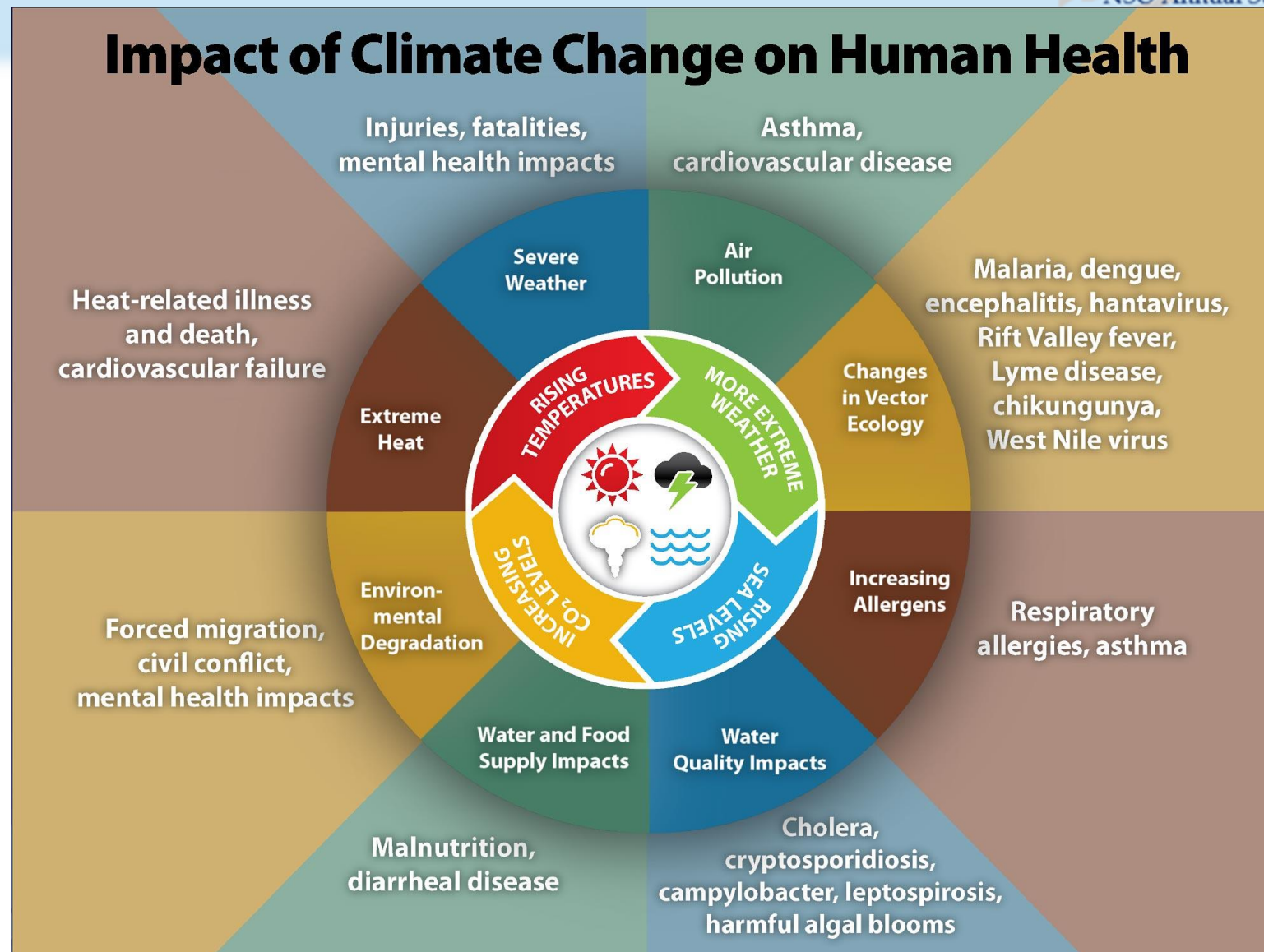
■ LGBTQ+ ■ Non-LGBTQ+



Source: <https://www.kff.org/health-policy-101-lgbtq-health-policy/?entry=table-of-contents-introduction>

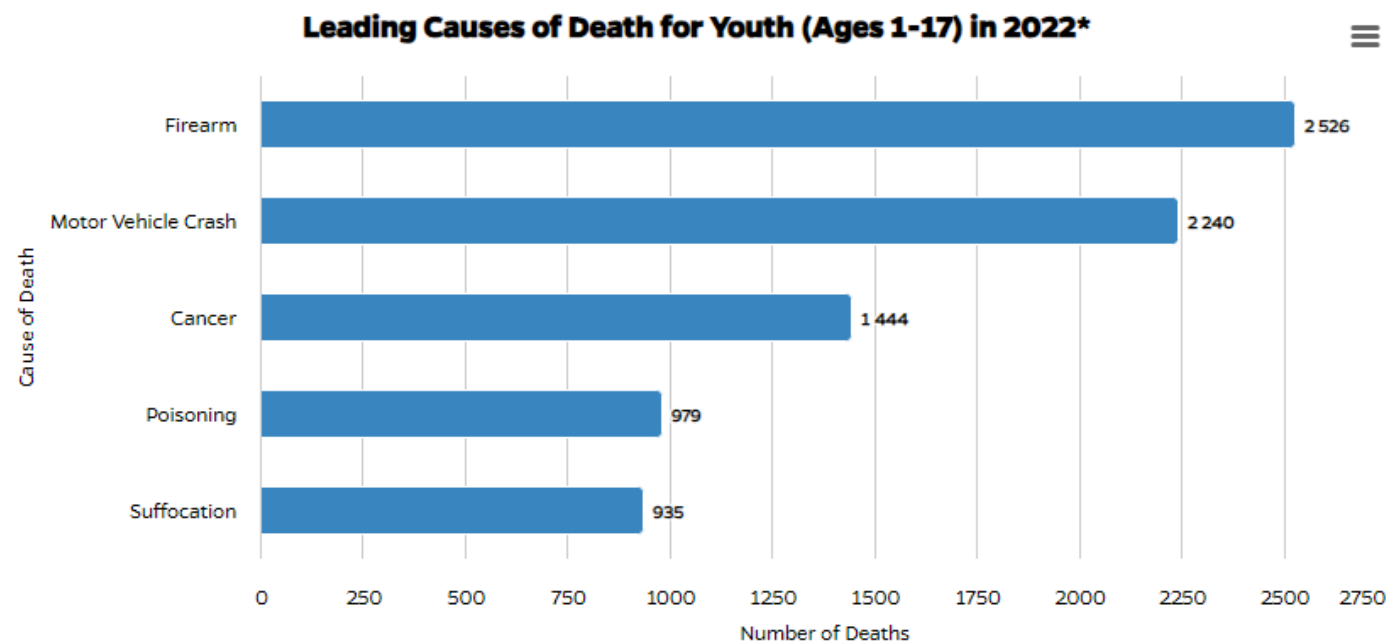
HEALTH DISPARITIES:

Emerging Issues



Source: [Climate Change and Global Health Research at Pitt](#) | [Climate and Global Change Center](#) | [University of Pittsburgh](#)

HEALTH DISPARITIES: Emerging Issues Gun Violence



* We chose not to include infant deaths in our analysis, as infants (under age 1) are at a unique risk for age-specific causes of death, including perinatal period deaths and congenital anomalies. In 2022, 16 infants were killed by firearms. Additionally, there were 1,606 deaths classified as “all other diseases” making it the third leading cause of death behind motor vehicle traffic crashes but we chose to exclude it in the graph.

<https://publichealth.jhu.edu/center-for-gun-violence-solutions/annual-firearm-violence-data>

HEALTH DISPARITIES: Emerging Issues

MIGRATION AND THE SOCIAL DETERMINANTS OF HEALTH

Conditions surrounding migration often fuel health inequities and may expose migrants to increased health risks and negative health outcomes.



Source: Adaptation of an infographic found in a World Health Organization (WHO)'s Commission on Social Determinants of Health (CDSH) report (2008:43).

© IOM's GMDAC 2017
www.migrationdataportal.org

HEALTH DISPARITIES: Emerging Issues

WATER SCARCITY

Effects of Scarcity



Image sourced : [Water Scarcity PowerPoint Presentation Slides - PPT Template](#)

5 WAYS PUBLIC POLICY IMPACTS HEALTH



SycamoreInstituteTN.org

HEALTH DISPARITIES: Emerging Issues



Health Disparities

What Nursing Can Do

HEALTH DISPARITIES: Why Do They Persist

❖ Human Factors :

- Values
- Beliefs
- Trust
- Bias
 - Implicit
 - Explicit



❖ Systemic Factors :

- Legal
- Regulatory
- Geographical
- Power relationships



Thoughts?

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