FACES OF DISPARITY

What are health disparities?

Health disparities are avoidable differences in health that result from social disadvantage.[1]

Health disparities mean that some people have better health care than others.

Health disparities come from inequality in social, economic, and environmental conditions.

Health disparities are related to race, ethnicity, education, income, language, age, gender, sexual orientation, ability, and disability.

Health disparities affect rural and urban families, immigrants and refugees, and people who have no homes.

These are the faces of health disparities.

Health disparities hurt us all.

How to help?

CLAS Standards:
National Standards for Culturally and Linguistically Appropriate Services in Health Care
www.omhrc.gov/CLAS

[1] *Connecticut Department of Public Health (DPH). The 2009 Connecticut health disparities report, p. 5.*

TAMARA
from Manchester

"No help for the pain."

I have sickle cell anemia so I've lived with pain for 22 years. But on that day it was really bad. I had to get to the hospital. I drove myself to the emergency room and turned up the music really loud so I wouldn't think about how much I was hurting. When I finally arrived, the doctor did not believe me. He said, "We saw you in your car. If you can rock to the music, then you are not in pain!"

Target for Change:

African American and Latino patients are less likely to receive effective treatment for pain than White patients in hospital emergency rooms. Racial and ethnic prejudice can lead to discriminatory treatment and lower the quality of care.[2]

How to help?

CLAS Standard 2: Health care organizations should recruit, retain, and promote a diverse staff and leadership that are representative of the people they serve.

[2] *Connecticut Department of Public Health (DPH), 2009. The 2009 Connecticut health disparities report, p. 5. Hartford, CT.*

MARIO
from New Britain

Health Care in English Only

My father does not speak English, and when he was diagnosed with prostate cancer, he did not understand the doctor or the treatment that was recommended. I finally started taking my father to his medical appointments, but by that time, the cancer had spread from his prostate to his bones.

Target for Change:

People who do not speak English well have limited access to effective health care. Among Latinos in Connecticut, only half of patients needing interpreter services actually receive them.[3]

How to help?

CLAS Standard 4: Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost, at all points of contact, in a timely manner, during all hours of operation.

[3] *Hispanic Health Council, 2006. A profile of Latino health in Connecticut, p. 21. Hartford, CT.*

MARIJANE
from Salem

"I am old, not senile!"

I fell and was taken to the emergency room, where the staff took away my hearing aid. When my daughter arrived, the doctor asked her how I was feeling. "Why don't you ask my mother?" she asked. The doctor didn't even look at me. "Your mother appears confused, so I'm talking to you." Well, of course, I was confused. I couldn't hear! All I really needed was to have my hearing aid returned!

Target for Change:

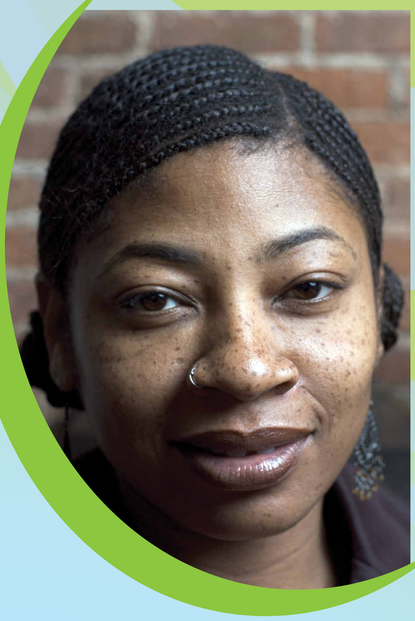
Connecticut has one of the oldest populations in the United States, but few health providers have been educated in geriatric care.[4]

How to help?

CLAS Standard 11: Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community to plan for and implement services.

[4]*Braun, Michelle M; Gurrera, Ronald J.; Karel, Michele J.; Armesto, Jorge, C; & Moye, Jennifer, 2009. Are clinicians ever biased in their judgments of the capacity of older adults to make medical decisions? Generations 33(1), pp. 78-81.*

HANIN
from New Haven



"No dentist will treat me!"

Even though I have a learning disability, I take good care of myself. But I feel helpless about my teeth. My teeth are rotting! I need serious work, but I don't have dental insurance. I heard about a dental clinic on TV, but when I called they said they are not taking new cases.

Target for Change:

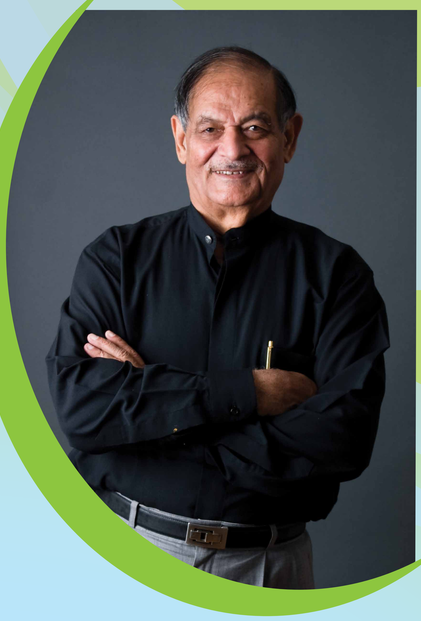
Tooth decay and gum disease can worsen other health problems, such as diabetes and heart disease. People of all ages lack access to dental care, especially those who are poor, uninsured, disabled, or members of racial and ethnic minorities.[5]

How to help?

CLAS Standard 11: Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community to plan for and implement services.

[5] *5DPH, 2009, pp. 99-100*

DEV
from Simsbury



A diet I could not eat.

I came here from India more than 30 years ago. Once I retired, I enjoyed having time for my garden, my family and friends. Then I became ill. Pains were shooting up my legs and feet. The doctor diagnosed me with diabetes, but he prescribed a diet that I could not eat. I am used to Indian foods. When I tried to question the doctor, he could not understand my accent. There was a language barrier and a cultural barrier and the doctor got tired of my calling! Eventually I found a South Asian doctor. Now I am on my way to recovery.

Target for Change:

Immigrants have difficulty getting culturally competent health care.[6]

How to help?

CLAS Standard 12: Health care organizations should develop participatory, collaborative partnerships with communities.

[6] *DPH, 2009, p. 133.*

SHAHEEN
from Stamford

"The doctor knew nothing about my culture. He will never know the damage that he caused."

When I came home, I found my 16-year old daughter crouched on the floor in a pool of blood. I took her to the emergency room, where my husband met me. The doctor assumed that I could not speak English because I was wearing a scarf. He turned to my husband and said, "Your daughter had a miscarriage. She was six weeks pregnant."

This doctor should have spoken privately to my daughter or to my daughter and me. We could have handled this as a matter between mother and daughter. But the doctor knew nothing about my culture. Now that my husband knows, our life will never be the same.

Target for Change:

Culture, language, education, and income affect the health of immigrants and refugees and their quality of care.[7]

How to help?

CLAS Standard 3: Health care organizations should ensure that all staff receive ongoing education in culturally and linguistically appropriate services.

[7] *7DPH, 2009, pp. 133-134.*

CHRISTY
from Griswold

"Treat me with dignity!"

When my husband was laid off, my family went on a low-cost insurance plan. Then I went to the eye-doctor. When it was time to choose frames for new eyeglasses, the receptionist called out in front of everyone: "You can only select from the cheap frames in the corner!" I was embarrassed and humiliated! I did not go back to a doctor for a very long time.

Target for Change:

Social and economic inequalities lead to health care inequalities.[8]

How to help?

Class Standard 1: Health care organizations should insure that patients receive from all staff effective, understandable, and respectful care.

[7] *Whitehead, Margaret, 1990. The concepts and principles of equity and health, p. 5. Copenhagen, Denmark: World Health Organization Regional Office for Europe, as cited in DPH, 2009, p. 4.*

WE ALL ARE FACES OF DISPARITY

"The only way to improve the health of the nation is to increase the health status of all communities."[8]

How to help?

Promote CLAS Standards:
National Standards for Culturally and Linguistically Appropriate Services in Health Care
www.omhrc.gov/CLAS

Join Us!
Connecticut Multicultural Health Partnership
www.ctmhp.org

CONNECTICUT Multicultural Health Partnership

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DPH
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CONNECTICUT

Faces of Disparity is based on the experiences of Connecticut residents as told to the Connecticut Multicultural Health Partnership. Names and photos have been changed to preserve anonymity.

[8] *U.S. Department of Health and Human Services, 2000. Healthy people 2010, pp. 1-2. Washington, D.C.*