

Health Disparities & Health Care Access: Definitions & Recommendations

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What are Health Disparities?

‘A health disparity (inequality) is a particular type of [unfavorable] difference in health or in the most important influences on health thatdisadvantaged social groups systematically experience...’

(Braveman 2006)

The field of health disparities seeks to understand why socially disadvantaged individuals are more likely to become ill and die prematurely

Federal Definition

- **Health Disparities:** ‘Differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States’
NIH (2004)

Connecticut Definition

“Health disparities refer to the differences in disease risk, incidence, prevalence, morbidity, and mortality and other adverse conditions, such as unequal access to quality health care, that exist among specific population groups in Connecticut. Population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, and geographic area of residence. Specifically, health disparities refer to those avoidable differences in health that result from cumulative social disadvantages” (Stratton, Hynes and Nepaul. 2007. Issue Brief: Defining Health Disparities. Hartford, CT: Connecticut Department of Public Health).

Health Care Access

Reference: **Pérez-Escamilla R.** Health care access among Latinos: Implications for social and health reforms.

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Table 1. Key health care systems constructs and their definitions.

Construct	Definition	Reference
Health care access	Degree to which people are able to obtain appropriate care from the health care system in a timely manner	IOM (2006)
Health care quality	Degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge	IOM (2001)
Cultural competency	Effective understanding of language, thoughts, beliefs, values, and institutions among a variety of racial, ethnic, religious , or social groups	DHHS (2009)
Chronic Care Model	Continuous relationships [of the patient] with the care team, individualization of care according to patients' needs and values, care that anticipates patients' needs, services based on evidence, and cooperation among clinicians	Wagner et al. (2001)

Source: (Pérez-Escamilla, J Hisp High Ed, 2010)

Table 2. Improving health care access, utilization and outcomes among Latinos: Policy recommendations.

Issue	Policy recommendation	Need
Lack of access to primary health care	Develop a health care system that emphasizes primary and secondary over tertiary health care	Health care reform
Lack of culturally competent care	Develop a culturally skilled workforce	Health care system and education reforms
Patient limited English proficiency	Provide access to professional medical interpretation services	Health care system and education reforms
Lack of health insurance	Provide universal health insurance to cover physical, mental and dental health care needs	Health care and immigration reforms
Difficulty accessing and navigating health care system	Provide access to patient navigators and to community health workers in clinical and community settings	Health care and education reforms
Lack of representative data of diverse Latino sub-groups	Develop effective health care systems inputs, processes and outcomes surveillance and monitoring systems	Improve health care management information systems at national and local levels

Source: (Pérez-Escamilla, J Hisp High Ed, 2010)