

Health Disparities Matter!

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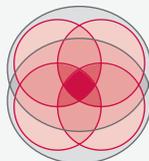
Health disparities are defined as the differences in health outcomes and their determinants between different segments of the population which are defined by social, demographic, environmental, and geographic attributes. Health inequalities, a term that is sometimes used interchangeably with health disparities, refers to a summary measure of population health associated with individual or group specific attributes such as income education or race/ethnicity. Health inequities are a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair.¹

Social Determinants of Health

The health of an individual is determined by more than their genetic makeup and the lifestyle choices that they make. While both play a role in health outcomes, there are also structural and social forces in a person's life, which they may have little control over, that impact health outcomes. These factors are called the Social Determinants of Health. Looking at these determinants can help to understand health disparities and ways to address them.

Each of the 5 determinants reflect on a number of critical issues that impact the health of an individual.

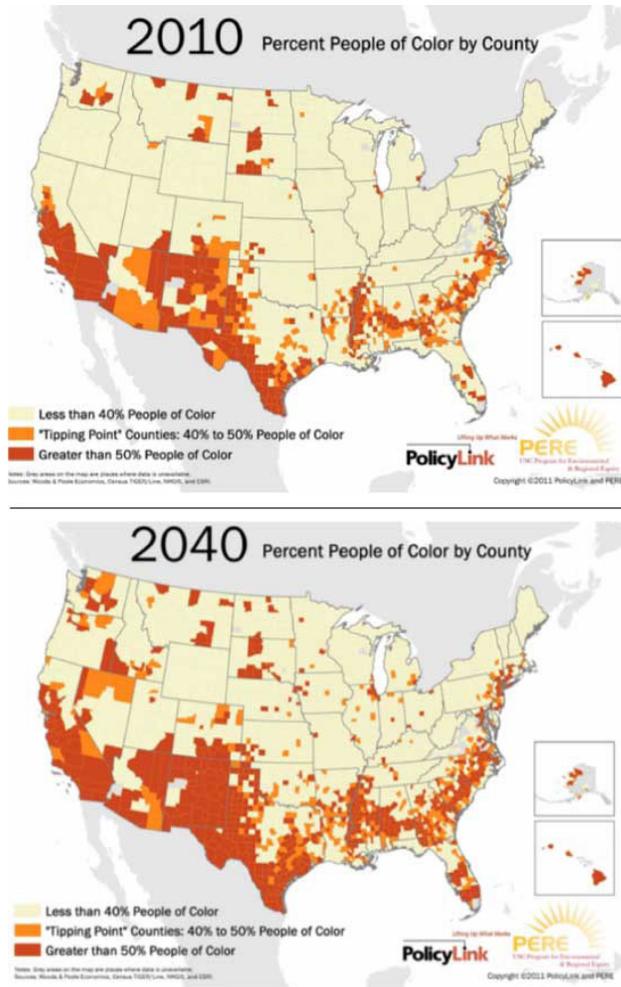
- **Economic Stability** includes issues of poverty, employment status, access to employment opportunities, and housing stability (e.g. homelessness, foreclosure).
- **Education** includes issues such as high school graduation rates, school policies that support health promotion, school environments that are safe, and conducive to learning and enrollment in higher education.
- **Social and Community Context** includes family structure, social cohesion, perceptions of discrimination and equity, civic participation, and incarceration/institutionalization rates.



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- **Health and Health care** includes access to both health services and primary care, and the health technology that is available.
- **Neighborhood and Built Environment** includes quality of housing, crime and violence, environmental conditions, and access to healthy foods.

Together all of these factors and others impact health outcomes. The inequities that exist within each of these determinants are what contributes to the growing health disparities that we see today.



The U.S. Population

The U.S. population is constantly changing. The maps below show the percentage of people who are of color by U.S. counties in 2010 compared to the estimates for 2040. Over the next few decades, more counties will become what has been termed as “majority minority” counties. It has been estimated that by 2040, the majority of the U.S. population will be people of color.²

As the population continues to change, it becomes more important to focus on health disparities in America. Whether it is the direct cost to the health care system or the indirect cost to productivity in the workplace, the effects of health disparities on the economy impacts all Americans.

The Cost of Health Disparities

Health disparities accounted for \$1.24 trillion in health care cost in the U.S. from 2003 to 2006. Nearly 31% of the direct medical care expenditures for African American, Asians, and Hispanics were attributed solely to the costs of health inequity.³ Specifically, in Ohio, disparities in diabetes, hypertension, stroke/renal

diseases and poor general health cost the state \$1 billion in health care cost annually.⁴ Two examples of these cost of disparities can be seen in diabetes and adverse birth outcomes.

Example 1: Diabetes

In Ohio, 9.4% of residents have been diagnosed with diabetes. However, the prevalence of the disease is higher among minority populations. Nationally, the prevalence of diabetes among African Americans and Hispanics is twice the prevalence among Whites. However, in Ohio, though disparities still exist, the rate of the disparities are not as great as they are at the national level.

The financial cost resulting from diabetes also varies across different races and ethnicities. The total cost per-capita health care expenditures for diabetes are the highest among non-Hispanics Blacks (\$9,540), second highest among non-Hispanic Whites (\$8,101) and lowest among Hispanics (\$5,930).⁵

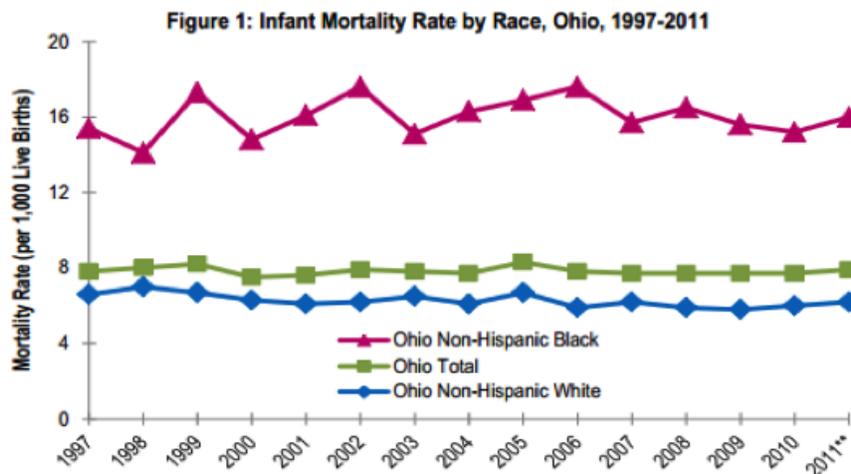
These disparities not only result in financial cost, lives are also lost due to the existing disparities. In Columbus, the diabetes mortality rate is twice as high as it is for the rest of nation and there are disparities within the mortality rate. The diabetes mortality rate for African American males, for example, is 3.5 times that of the general population.⁶ Without addressing the health disparities, money and lives will continue to be lost.

Example 2: Adverse Birth Outcomes

Adverse birth outcomes include preterm birth, low birth weight, and the child being small for its gestational age. These adverse birth outcomes are most prevalent among disadvantaged socio-economic groups. Roughly half of the women giving birth in the United States are poor or near poor. In particular, African-Americans and Hispanics are more likely to live in concentrated areas of poverty. These areas face a number of problems such as poor housing, crime, noise, pollution, stress, and a lack of services, all of which have negative health impacts.⁷

The cost of adverse birth outcomes is estimated at more than \$26.2 billion lost in medical costs, educational costs, and lost productivity in 2005.⁸ A normal birth without complications costs roughly \$8,000, however, a single adverse pregnancy can cost up to \$57,000. These adverse birth outcomes are substantially more likely to occur with Medicaid patients than those covered by private insurance (22% vs. 12-13% respectively).⁹ In Franklin County, the average cost of neo-natal care as a result of an adverse birth outcome is \$66,000, with some babies costing in excess of \$2 million.

These adverse birth outcomes affect minority populations at greater rates than white populations. For example, in Ohio Black infants are twice as likely to die during their first year of life compared to White infants with rates of infant mortality being 15.2 among black infants and 6.0 among white infants.¹⁰ (This rate can be seen in the figure below.) By reducing these disparities, health care costs resulting from adverse birth outcomes can be decreased exponentially.



Source: Ohio Department of Health Vital Statistics **2011 Ohio data are preliminary

The Health of the People Equals the Stability of the Nation

Not sure how these health disparities impact your life? Health disparities have an impact on all of us. An increase in the number of Ohioans who are both insured and healthy will lead to an increase in revenue for the state. It is estimated that the Medicaid Expansion under the Patient Protection and Affordable Care Act (ACA, also known as ObamaCare) will create between 23,000 and 26,000 jobs in the state of Ohio in health care and in other industries. The expansion in Medicaid is also estimated to increase earning among Ohio residents between 2014 and 2022 by up to \$1.75 billion and increase economic activity in that time by up to \$19.8 billion.¹¹

Eliminating health disparities will also improve the economy by reducing the indirect costs of illness. These indirect costs include workdays missed due to health conditions, reduced work productivity while at work due to health conditions, reduced workforce participation due to disability, and productivity lost due to premature mortality. For example, the loss of productivity due to diabetes results in \$69 billion in costs domestically.¹²

The Medicaid Expansion alone is estimated to save employers in Ohio \$1.7 billion by creating healthier, more productive workers but the expansion also helps eliminate health disparities by increasing access to care.¹³ However the method, eliminating health disparities create a healthier population which will in turn create healthier workers and keep the United States in a competitive global market.

What Can Be Done

Awareness that health disparities exist alone is not enough to make a difference. It is only the first step. *Step two is to take action!*

Here are some ideas:

- Become a leader in your organization or community to increase their awareness and knowledge of health disparities.
- Organize committees and coalitions to decide ways to address health disparities. Support healthy and safe behaviors in your community. For example, involve members of your organization in group physical activities or a fitness challenge or adopt initiatives such as Michelle Obama's Let's Move! initiative to encourage healthy lifestyles among the youth.
- Advocate for healthy neighborhood by suggesting the creation of sidewalks, parks, and recreation centers where disparities are the greatest.
- Advocate for resources in the community to improve access to healthy foods and access to quality health care.

Eliminating health disparities will take collaborations around the community with members of the community, business owners, public health workers, physicians, and policy makers. These collaborations have to aim at reducing and eventually eliminating disparities that exist among the social determinants of health to effectively address health disparities. By improving equality across the lifespan, health disparities can be eliminated.

Eliminating health disparities will also improve the economy by reducing the indirect costs of illness

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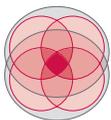
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