Health Disparities and the US Health Care System

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That there are variations in the health status of different groups of Americans can come as no surprise to any health professional. Studies dating back many years have repeatedly pointed to disparities in health status across different regional populations, economic cohorts, and racial/ethnic groups as well as between men and women. Health disparities are not attributable to any one factor or challenge facing any particular group.

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Writing about cardiovascular outcomes in African Americans in the Fall 2001 issue of *Ethnicity and Disease*, Ofili noted that the disparity in outcomes is related to a complex interplay of many elements.[1] These include not only genetic predisposition but also the excess burden of risk factors; lack of understanding of the relationship between those risk factors and disease; cultural gaps in symptom recognition and use of the health care system; economic barriers to access to health care; and a combination of other psychosocial stresses.

Narrowing the gap in outcomes between population groups will require comprehensive strategies that address all of these factors. Health disparities are not solely the concern of public health professionals. The health of our diverse communities does not only depend on the efforts of our public health agencies to address environmental and other population factors; it also depends on our ability to redirect the prodigious resources of our American medical care endeavor toward more population- and evidence-based efforts that recognize and incorporate those public health concerns.

While the public health establishment has long focused on the problem of health disparities, it is time for medical care professionals and administrators to seriously address the problem. Ofili's analysis should not be lost on those of us who are responsible for the organization and delivery of

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health care services. There have been many initiatives to examine the effectiveness and efficiency of medical care and preventive health care services for the health of patients, and even some evaluating the impact of those services on the health of populations. Not enough has been done, however, to address the equity issues of barriers to access and maldistribution of health care resources. Not enough attention is given to the increasing concentration of effort on disease and end-of-life intervention rather than on population-based prevention and intervention. Nor has enough attention been focused on the inequities of everyday life and their impact on the way different groups interact with health care systems. Further, for those who are responsible for organizing the delivery of medical and preventive health care services, the dramatic disparities in the health of specific segments of our American communities is too infrequently incorporated into the design and delivery of those services.

Not enough has been done by our health care delivery system to target this problem. There have been several national initiatives aimed at enhancing the attention of hospitals and doctors to the members of their specific communities, including the Robert Wood Johnson Foundation's Community Benefits program, the American Hospital Association's (AHA) Community Care Networks, the AHA/Baxter Foundation's Foster McGaw Prize,[2] the Pew Trusts' Health of the Public program, and others. Most have identified health disparities as a critical indicator of the suboptimal performance of our health care system. Many have urged health care systems to step beyond their traditional roles to pursue advocacy for the needs of their communities. All have urged health care providers to reach out to their communities, to engage the members of their communities in efforts to delineate the communities' needs, to address those issues with targeted programming, and to work to reduce the barriers to effective care for their specific communities. Each should have created a favorable movement in which disparities in health outcomes would diminish.

Despite more than two decades of such well-intended national health care provider initiatives, and despite the continued and growing attention of the public health community to the disparate health statuses of our diverse American communities, the disparities grow worse. It is past time for health care and public health professionals to engage in a concerted and joint enterprise to identify what must be done differently to put right these tenacious problems and endeavor to assure optimal health status for all Americans. This special-focus issue of *Public Health Reports* should serve as the call for such an effort.

REFERENCES

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