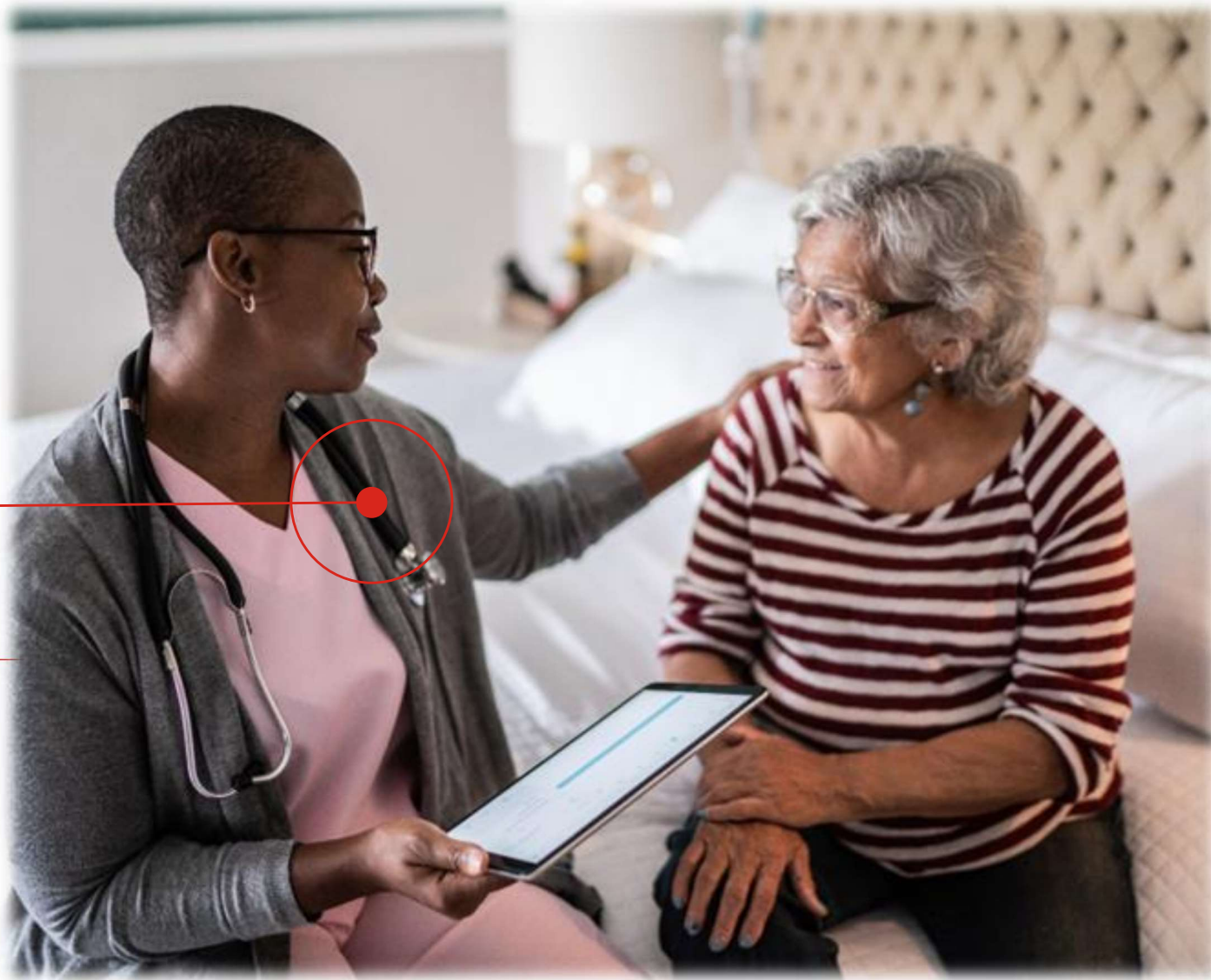


# Key Strategies to Address Health Disparities for Racial and Ethnic Minorities

This paper will summarize the research on **health equity and health disparities** to highlight the major trends in health outcomes for underserved racial and ethnic populations. It will lend **insights** into the challenges and barriers that exist in these communities that prevent these populations from achieving health equity. We will address the specific health conditions resulting from these inequities and provide a **synopsis of strategies** to address these unequal conditions that can help reduce health disparities that persist for racial and ethnic minorities.



**A Guided Approach**



Doing business better, is doing it *differently*.

# What is Health Equity?

In the U.S, many prevailing health conditions and chronic diseases are experienced disproportionately within and among minority and underserved communities.<sup>1</sup> These disparate outcomes in health as well as in **access to healthcare** prevent everyone from attaining their full health potential or health equity. According to the Centers for Medicare and Medicaid Services (CMS), health equity is the attainment of the highest level of health for all people, **where everyone has a fair and just opportunity** to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.<sup>2</sup>

Health equity and health disparity are often presented in research and policy as two sides of the same coin. **Achieving optimal health for everyone** regardless of race, ethnicity, or social status, factors tied to health outcomes, remains an aspirational public health goal. Additionally, the impact of underlying structural and systemic barriers on certain groups in our society is both complex and nuanced. Various factors, such as unequal living and working conditions, limited access to healthcare, and a high prevalence of underlying health conditions, help create disparate health outcomes, or health disparities, for underserved minority communities. As researchers and policymakers assess the impact of COVID-19 on these communities, **the data reflects the unequal or disparate outcomes as all minority groups fared worse** than white Americans and were more likely to contract COVID-19, be hospitalized, and die from the virus.<sup>3</sup> The specific conditions impacting health outcomes for underserved populations will be reviewed in the following section.

According to the Centers for Medicare and Medicaid Services (CMS), health equity is the attainment of the highest level of health.

<sup>1</sup> The term “underserved communities” refers to populations sharing a particular characteristic, including geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified in the definition of “equity.” This includes members of racial and ethnic communities, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, members of rural communities\*, and persons otherwise adversely affected by persistent poverty or inequality. See Executive Order 13985 of January 20, 2021.

<sup>2</sup> “Health Equity,” Centers for Medicare & Medicaid Services, last modified October 3, 2022, <https://www.cms.gov/pillar/health-equity>.

<sup>3</sup> “Risk for Covid-19 Infection, Hospitalization, and Death by Race/Ethnicity,” Centers for Disease Control and Prevention, last modified December 28, 2022, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>.

# What are the determinants of health outcomes?

Health disparities occur across many dimensions, including race and ethnicity, gender, sexual orientation, socioeconomic status (SES), disability status, and geographic location.<sup>4</sup> **Achieving health equity has remained a uniquely American challenge** as health disparities based on race and ethnicity have persisted, even though race and ethnicity do not cause health disparities.<sup>5</sup> The underlying social and economic conditions of a community or group of people are linked to their health outcomes which can profoundly influence an individual's health and ability to engage in healthy behaviors.<sup>6</sup> The conditions for underserved communities are typically challenging because of historic structural and systemic barriers (racism and discrimination).

These conditions are often categorized as social determinants of health (SDoH). According to the World Health Organization (WHO), **social determinants of health are “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life,”** including economic policies and systems, development agendas, social norms, and political systems.<sup>7</sup> Figure 1 reflects some of the specific social and economic inequities in the determinants of health.<sup>8</sup>

**Understanding the factors that most impact underserved communities can help achieve health equity goals** for healthcare providers and policymakers through a targeted approach. Further, policies that aim at reducing and eliminating barriers to achieving optimal social and economic conditions as reflected in the attached figure can bring communities closer to achieving health equity.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment	Housing	Literacy	Food security	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Stress	Quality of care
Medical bills	Playgrounds	Higher education		Exposure to violence/trauma	
Support	Walkability				
	Zip code / geography				

Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Figure 1. Health Disparities Driven By Social and Economic Inequities



<sup>4</sup> Nambi Ndugga and Samantha Artiga, “Disparities in Health and Health Care: 5 Key Questions and Answers” (Washington, D.C.: Kaiser Family Foundation, May 2021).  
<sup>5</sup> “What Is Health Equity?,” Centers for Disease Control and Prevention, last modified July 1, 2022, <https://www.cdc.gov/healthequity/whatis/index.html>.  
<sup>6</sup> Ndugga and Artiga, “Disparities in Health and Health Care.”  
<sup>7</sup> “Social determinants of health,” World Health Organization, <https://www.who.int/health-topics/social-determinants-of-health>.  
<sup>8</sup> Ndugga and Artiga, “Disparities in Health and Health Care.”

# What are the specific health outcomes for underserved communities?

Unfortunately, health disparities based on race and ethnicity continue to persist in American society.<sup>9</sup> These differences in health outcomes have led to inequities in critical health outcomes for racial and ethnic minority groups. According to the Agency for Healthcare Research and Quality (AHRQ) in a report in 2021, these **inequities are reflected in the following disparate outcomes:**

- **Length of life:** When compared to 2019, during the period January–June 2020, life expectancy decreased by 2.7 years (74.7 to 72) for non-Hispanic Black people and by 1.9 years (81.8 to 79.9) for Hispanic people. For non-Hispanic white people, life expectancy decreased by only 0.8 years (78.8 to 78).
- **Quality of life:** More than 50% of individuals living within 1.9 miles of toxic waste facilities—linked with health issues such as cancer and kidney failure—are people of color. These communities are more likely to suffer from chronic health conditions.
- **Chronic and infectious diseases:** In 2019, the chronic diseases most impacted underserved communities were **diabetes, chronic kidney disease, cancer, dementia, cardiovascular disease, maternal and infant health, behavioral health, and HIV/AIDS.** These diseases disproportionately impact members of underserved communities due to prevalence, complexity, and social risk factors.<sup>10</sup>

**Policies have focused on two major impacts of these health outcomes** for underserved communities: rates of diseases, and disease burden. The first is the **rates of diseases that are reflected in chronic and infectious diseases and prevailing conditions** that lead to the major causes of death in the United States and disproportionately impact racial and ethnic minority communities. These include heart disease, cancer, and unintentional injuries.<sup>11</sup>

In 2019, unintentional injury was the leading cause of years of potential life lost (YPLL) while deaths from heart diseases and cancer have declined for all racial and ethnic groups. However, rates of suicide, another important contributor to YPLL, have also been rising disproportionately impacting racial and minority groups.<sup>12</sup>

Secondly, **disease burden** is also a specific outcome for underserved communities. Disease burden is reflected in the impact of a health problem, as measured by prevalence, incidence, mortality, morbidity, the extent of disability, financial cost, or other indicators. The disease burden for racial and ethnic groups for 2019 of the five top leading contributing factors to YPLL showed a disproportional impact on racial and minority groups. For all groups but Asian and Pacific Islanders, the top contributing factor for YPLL was unintentional injuries. For Asian and Pacific Islanders, it was the second leading factor. Among American Indians and Alaska Natives (AI/AN), unintentional injury was the highest (1,284.6 per 100,000 population) while the rate for Blacks (1,085.8 per 100,000 population) was almost as high as for Whites (1,080.0 per 100,000 population).<sup>13</sup>

<sup>9</sup> "What Is Health Equity?," Centers for Disease Control and Prevention.

<sup>10</sup> Agency for Healthcare Research and Quality, *2021 National Healthcare Quality and Disparities Report* (Rockville, MD: Agency for Healthcare Research and Quality, 2021).

<sup>11</sup> Ibid.; According to the AHRQ, unintentional injuries include opioid overdoses, motor vehicle crashes, suffocation, drowning, falls, fire/burns, and sports and recreational injuries.

<sup>12</sup> Ibid.

<sup>13</sup> WISQARS Leading Cause of Death Visualization Tool," Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, <https://wisqars.cdc.gov/data/lcd/home>.



# What are the specific health outcomes for underserved communities? (continued)

According to the Centers for Disease Control and Prevention (CDC), health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by socially disadvantaged populations. **Patients with preexisting conditions, such as high blood pressure, obesity, diabetes, heart disease, and chronic lung disease, were at a greater risk** of serious illness due to COVID-19. These conditions prevail primarily in underserved communities and racial and ethnic minorities, with African Americans having some of the most disparate outcomes from COVID-19.<sup>14</sup>

Moreover, **effective treatment interventions have been shown to reduce morbidity and mortality** from these diseases.<sup>15</sup> Other proven strategies **through collaborations between agencies and community stakeholders** for better data collection on race and ethnicity as well as to **develop specific culturally appropriate care** can also lead to more effective interventions to reduce health inequities. The following section will provide an overview of these strategies.

**Understanding the factors that most impact underserved communities can help achieve health equity goals for healthcare providers and policymakers through a targeted approach.**

<sup>14</sup> Cynthia A Gómez et al., "Addressing Health Equity and Social Determinants of Health Through Healthy People 2030," *Journal of Public Health Management and Practice* 27, no.6 Supp (November/December 2021).

<sup>15</sup> Agency for Healthcare Research and Quality, *2021 National Healthcare Quality and Disparities Report*.

# What strategies can help reduce health disparities for underserved communities?

Primarily, **eliminating disparities** in healthcare and health outcomes **requires** an **understanding of the systemic and structural barriers** facing underserved populations, the fundamental cause of health inequities. Specific strategies to improve the quality of care and patient safety outcomes as well as strategies to deal with factors such as early childhood education, tax policies, housing access, neighborhood environments, and structural racism can reduce health inequalities and move closer to health equity.<sup>16</sup> **A better understanding** of the social and economic conditions that impact health outcomes **can reduce the rates of diseases and the burden** of these diseases on underserved racial and ethnic minority groups through a targeted approach.

At the federal level, the CDC has developed the Racial and Ethnic Approaches to Community Health (REACH) program, which is one of the only CDC programs that focuses on reducing high rates of chronic diseases for specific racial and ethnic groups in urban, rural, and tribal communities. Funded communities work with racial and ethnic minorities to reduce tobacco use, improve access to healthy foods, change the built environment to promote physical activity, and connect people to clinical care. The program drives the development of a culturally appropriate program to address a wide range of health issues among the racial and ethnic minorities in these specific communities.<sup>17</sup>

The Centers for Medicare and Medicaid Services (CMS) **proposed a Framework for Health Equity** (in Figure 2 on the right) to address the goal of achieving health equity through the reduction of disparities as a critical aspect of health and health care.<sup>18</sup>

The framework was developed with particular attention to disparities in chronic and infectious diseases such as diabetes, chronic kidney disease, cancer, dementia, cardiovascular disease, maternal and infant health, behavioral health, as well as HIV/AIDS, and COVID-19, which disproportionately impact members of underserved communities due to prevalence, complexity, and social risk factors.<sup>19</sup>

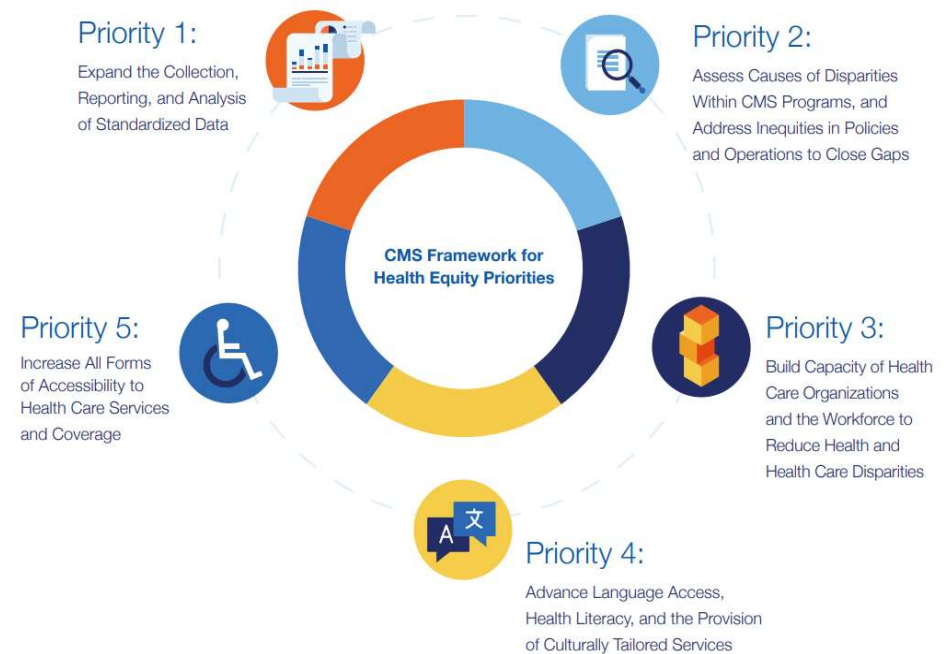


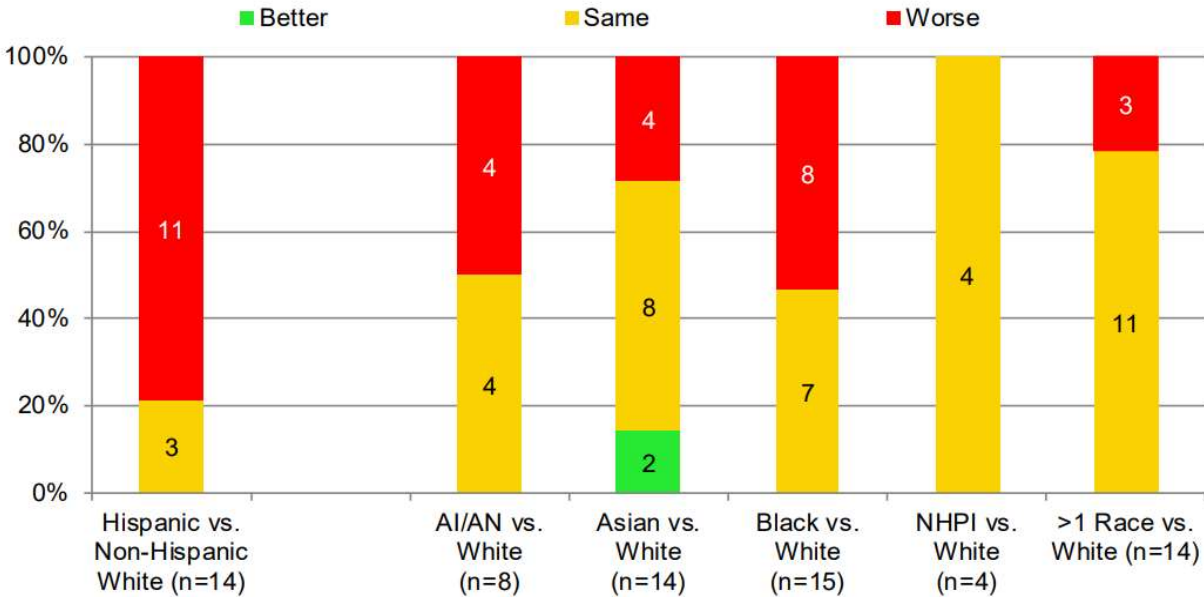
Figure 2: CMS - Framework for Health Equity Priorities

<sup>16</sup> Ibid.  
<sup>17</sup> "Reach," Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, last modified September 8, 2022, <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/reach.htm>.  
<sup>18</sup> "CMS Framework for Health Equity," The Centers for Medicare and Medicaid Services, last modified February 8, 2023, <https://www.cms.gov/about-cms/agency-information/omb/health-equity-programs/cms-framework-for-health-equity>.  
<sup>19</sup> Ibid.

# What strategies can help reduce health disparities for underserved communities? (Continued)

According to the National Academies of Sciences, Engineering, and Medicine, the CMS Framework reinforces the concept that to attain the highest level of health for all people, we must give our focused and ongoing attention to addressing avoidable inequalities and eliminating health and healthcare disparities.<sup>20</sup>

Another strategy to reduce health disparities is in the delivery of healthcare to ensure that effective primary and preventive care services are available to underserved communities that can help reduce the prevalence and mortality of the conditions that prevail among groups within these communities. Effective treatment interventions have been shown to reduce mortality and morbidity among people with chronic diseases.<sup>21</sup>



Key: AI/AN = American Indian or Alaska Native, NHPI = Native Hawaiian/Pacific Islander, n = number of measures.

Figure 3: National Healthcare Quality and Disparities Reports (NHQDR) 2021 report

<sup>20</sup> National Academies of Sciences, Engineering, and Medicine, "The Healthy People 2030 Draft Objectives," In *Criteria for Selecting the Leading Health Indicators for Healthy People 2030* (Washington, D.C.: The National Academies Press, 2019).

<sup>21</sup> Agency for Healthcare Research and Quality, *2021 National Healthcare Quality and Disparities Report*.

# Summary of Research

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Coordinated efforts to address health inequities should have insight into the specific challenges for the communities they are targeting to improve health outcomes. The lack of adequate data on race and ethnicity during COVID-19 prevented an effective response to the pandemic. Continuing to improve data collection methods and systems remains a challenge to improve race and ethnicity data, which are pivotal to providing better access to care, and timely interventions and can eliminate racial and ethnic disparities while advancing health equity.<sup>22</sup> Similarly, data collection at the community level allows for a tailored approach that can drive strategies to address health disparities in these communities.

## How N-Touch can help

N-Touch Strategies works with organizations and community leaders to initiate innovative solutions for health equity. An approach to better assess the challenges and barriers within minority communities is to work collaboratively with community and healthcare leaders to collect rich and nuanced data to yield key insights into these communities' challenges, gaps, and barriers. Data collection through rigorous processes and tools can lead to more effective interventions for better health outcomes. N-Touch Strategies has developed such an approach. We utilize a qualitative design that incorporates multi-method data collection including in-depth interviews and focus groups with the community to enhance understanding of the ways in which health disparities and inequities can be tackled for these communities.

<sup>22</sup> Grantmakers In Health and the National Committee for Quality Assurance, *Federal Action Is Needed to Improve Race and Ethnicity Data in Health Programs* (Washington, D.C. : Grantmakers In Health and the National Committee for Quality Assurance, 2021).



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