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# Injustice and Inequality in Healthcare: Trends and Progress

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“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King Jr., in a speech to the Medical Committee for Human Rights, March 25, 1966

Clearly the injustice and inequality that emanate from what we have come to call “disparities” in health care have long been recognized, as the 1966 quote from Dr. King demonstrates. Concern about inequities in health care continue to inflect our present-day politics and policy developments, from Obamacare to Trumpcare (the Affordable Care Act and the American Health Care Act which is currently pending in the U.S. Senate, respectively). Such policy efforts take different forms, perhaps reflecting different motives, but they ultimately work towards solving the problem of creating a sustainable system that insures all Americans and eliminates disparities.

Health care disparities are driven by a combination of social and environmental factors that affect the health and health care experienced by people at the margins of society – those who face circumstances that worsen their health, lessen the amount of health care they receive and which place them at risk for what many would consider unacceptable health outcomes in a highly developed First World nation. At the beginning of this decade, the Agency for Healthcare Research and Quality issued a report that chronicled the continued disparities in care and access among racial and ethnic minority communities in the United States. The *National Healthcare Disparities Report (NHDR)* reminds us that we need to accelerate our efforts to confront and address these disparities if our nation is to achieve our collective goals for higher quality and more equitable health care for all Americans. The NHDR serves as a call to action around how to resolve disparities we still see in our health care system and how best to serve those in our communities from traditionally disadvantaged backgrounds. The overarching themes that emerged in 2010 remain important today, and are summarized below:

- Health care quality and access are suboptimal, especially for minority and low-income groups.
- Quality is improving, overall, but access is not and disparities remain.
- Urgent attention is needed to ensure improvements in quality and reductions in disparities with respect to certain services, geographic areas, and populations, including:
  - Cancer screening and management of diabetes.

- States in the central part of the country.
- Residents of inner-city and rural areas.
- Disparities in preventive services and access to care.
- Progress is uneven with respect to eight national priority areas:
  - Two are improving in quality: (1) Palliative and End-of-Life Care and (2) Patient and Family Engagement.
  - Three are lagging: (3) Population Health, (4) Safety, and (5) Access.
  - Three require more data to assess: (6) Care Coordination, (7) Overuse, and (8) Health System Infrastructure.
  - All eight priority areas showed disparities related to race, ethnicity, and socioeconomic status. (Agency for Healthcare Research and Quality, 2012, p 4)

This issue of the *Journal of Family Strengths* addresses a number of topics central to the effort to assure equal access to high quality health care in the United States. Several articles address the need for culturally and linguistically centered integrated health care approaches that can help eliminate physical and behavioral health disparities. The ability to communicate with patients and clients in ways that are understandable to the people being served are essential in the effort to reduce disparities. Other articles take on the issue of providing mental health and addiction related services in a way that mitigate the sense of stigma that often impedes the provision of these services. To round out the issue, additional topics such as obesity and violence prevention are examined through the lens of prevalent disparities in health care delivery.

The work highlighted in this issue of JFS helps advance our understanding of the persistent and pervasive reality of disparities in health care that remain a hallmark of our health care delivery system. This unfortunate aspect of the US health care system has been long-standing and is well described by the Institute of Medicine's (IOM) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. In their IOM (2003) report entitled, "Unequal Treatment," the conclusion drawn in 2003 was "...our society still reflects attitudes and behaviors that can fairly be called discriminatory, which should come as no surprise to anyone" (Nelson, 2003; p. S1377). So, taken together, both the 2003 IOM report and the 2010 AHRQ report continue the call that demands a JFS issue such as the one that you are about to review. Although the articles in this issue further our knowledge of health disparities and the role of our health care delivery system, it is clear that a

long journey remains to reach equity in care and treatment, regardless of racial or ethnic background. In the words of one of the IOM committee members: “At the end, the committee determined that our country had made a great deal of progress in reducing disparities in the past 50 years, but that we have yet a long way to go before “treatment is equal under the law”” (Nelson, 2003; p. S1380).

## References

- Agency for Healthcare Research and Quality (AHRQ). (2012). *Disparities in Healthcare Quality Among Racial and Ethnic Groups: Selected Findings from the 2011 National Healthcare Quality and Disparities Reports*. Fact Sheet. AHRQ Publication No. 12-0006-1-EF, September 2012. Agency for Healthcare Research and Quality, Rockville, MD.  
<http://www.ahrq.gov/qual/nhqrdr11/nhqrdrminority11.htm>
- Institute of Medicine (US) (IOM). Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson AR, editors. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington (DC): National Academies Press (US); 2003. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK220358/> doi: 10.17226/12875
- Nelson, AR. (2003). *Unequal Treatment: Report of the Institute of Medicine on Racial and Ethnic Disparities in Healthcare*. *American Thoracic Surgery*. 76; S1377-1381.