

INSIGHTS FOR COMMUNITIES ADDRESSING HEALTH DISPARITIES

By Patricia Stephenson, MD.

A health disparity is defined as an avoidable and inequitable difference in health status among segments of the population. Health disparities negatively affect groups of people who have experienced greater social and/or economic obstacles to health based on their race, ethnicity, education, literacy, income level, language, culture, age, sexual orientation, gender identity/expression, cognitive, sensory or physical disabilities, or geographic location.

There are many factors that individually and collectively present preventable barriers to achieving optimal health status and outcomes for certain populations. Some of these include low health literacy, language barriers, cultural beliefs and practices, access to quality care, bias in the medical profession, and social determinants to health, such as physical environment or educational achievement. Health disparities are more prevalent within less educated, low-income and minority populations. Individuals and families in these populations are less likely to have health coverage and/or easy access to quality care.

Beyond the impact on individuals, health disparities also challenge a community's health and the quality of life of its residents. You may recognize some of these examples of health disparities in your community.

- › Adults with disabilities are three times more likely to have heart disease, stroke, diabetes or cancer than those who do not have disabilities.*
- › Non-Hispanic black children had two times higher asthma prevalence than non-Hispanic white children.**
- › In 2015, 6.3% of non-Hispanic whites lacked health insurance, compared with 11.0% of blacks, 20.7% of American Indians/Alaska Natives, 19.5% of Hispanics, 7.8% of Asians, and 9.9% of Native Hawaiians and other Pacific Islanders.***



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Local leaders can help champion health equity – the pursuit of eliminating health disparities or inequities. Here are some ideas to begin the journey.

- Learn more about health disparities and what causes them.
- Explore available community data and identify potential disparities.
- Deploy solutions aimed at targeted populations to reduce barriers to care.
- Take advantage of resources and training to become more culturally proficient.
- Ensure community-driven services are understandable, respectful and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other needs.
- Consider diverse backgrounds and communication needs when trying to impact engagement and behavior change.
- Utilize resources such as the [HHS National Partnership for Action to End Health Disparities](#) home page for more information.

The Cigna team uses these approaches in interactions at a national level and within the communities we serve. Health equity is at the heart of the work of the [Cigna Foundation](#). Our approach includes increasing awareness, using data and insights, bringing together leaders who have influence in the public and private sectors, and developing and helping execute action plans. For its contributions toward health equity, Cigna is a three-time recipient of the National Business Group on Health's Innovation in Advancing Health Equity Award, the U.S. Surgeon General's Medallion of Health and other distinctions.

People suffer when they encounter health disparities and can't access necessary and appropriate care and related services. They exist for a variety of reasons. Reversing a local trend by focusing on the path to health equity in one or more populations is not easy. But it is a path worth taking because the results help people improve health, contribute to lower medical costs and help ensure communities are healthier, more productive and vibrant for many years and generations to come.

About the author: Dr. Patricia Stephenson serves as National Medical Director Health Equity for Cigna.



*Centers for Disease Control and Prevention: 35 million adults in the US living with a disability, 30 July 2015.

**Health Equity Report 2017, U.S. Department of Health and Human Services.

***Ibid.