

Public Health Series – Part II of IV Health Disparities: What is Being Done?

Recent U.S. healthcare reform initiatives have brought to the forefront attention regarding the growing number of people in the U.S. without health insurance. The Centers for Disease Control (CDC) estimated that between 1987 and 2006, the number of uninsured Americans increased from 31 million to 47 million individuals, with the most recent data revealing that 21% of adults and 8.2% of children are living without health insurance.² A person's income appears to have a direct impact on health, e.g.: only 67.9% of uninsured children and 87.8% of children receiving public insurance benefits have a usual source of care,³ as compared to 93.5% of children covered by private insurance who typically maintain a usual source of care.¹ Similarly, 86.5% of children from low income families have a usual primary care provider, compared to 94.2% of children in high income families.⁴

Additionally, some health disparities appear to correlate with the individual characteristics of a person, such as race or sexual orientation.⁵ While studies show that lack of health insurance, socioeconomic status, and individual characteristics certainly contribute to health disparities, many less obvious factors combined have the potential to contribute to increased health disparities in the U.S.

For example, food is essential to maintaining health, yet some families do not have enough. Food insecurity, defined by the USDA as “a household-level economic and social condition of limited or uncertain access to adequate food,” contributes to the gap between the healthy and unhealthy.⁶ In 2010, 20% of total US households with children experienced food insecurity at some point during the year.⁷ The U.S. government addresses food insecurity through programs like the Special Supplemental Nutrition Program for Women Infants and Children (WIC), the School Breakfast and National School Lunch Program, and the Supplemental Nutrition Assistance Program (formerly known as Food Stamps).⁸

Current public health studies are showing how location affects an individual's health and are contributing to the awareness of the specific factors that cause one's house, neighborhood, community, and even region to contribute to health disparities. Such disparities are independent of a person's individual genetic traits.⁹

Research shows a healthy living environment, free of toxins and with adequate utilities, leads to a healthier person; yet approximately 23.8% of Americans live in unhealthy housing, and 5.2% of Americans are living in homes without the modern conveniences which contribute to better health, such as plumbing or heating.¹⁰ In 2007, HUD reported that nearly 6 million people in the United States lived in homes with moderate or severe physical problems.¹¹ To address housing-related health disparities, Congress created the Healthy Homes Initiative in 1999 to “develop and implement a program of research and demonstration projects that would address multiple housing-related problems affecting children's health.”¹² Government initiatives to provide people with greater choice in where they live have gone beyond the traditional “housing projects” concept to incorporate new public housing programs designed to promote healthy communities, and subsidy programs to allow people to rent in the private sector.¹³

With health disparities pervasive in the US, there has been growing public health attention paid towards how, not only an individual's unique characteristics can affect his or her healthcare, but also how such factors as diet, living environment, and other factors may affect this disparity. As the number of uninsured, or under-insured, in the US is likely to continue to be a public health problem for the foreseeable future, an increased focus on spreading awareness regarding these issues, as well as creating programs such as WIC and housing subsidies to address this crisis, will likely be a prevalent topic of public health policy in the US going forward.

- 1 “CDC Health Disparities and Inequalities Report – United States, 2011” Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, U.S. Government Printing Office: January 14, 2011, p. 35; “Recent Data on Health Insurance” Centers for Disease Control and Prevention, 2009, <http://www.cdc.gov/features/dsInsuranceCoverage/> (Accessed 12/9/11).
- 2 For children, the CDC defines “usual source of care” as “at least one particular person or place they usually went to when sick or needed advice about health.” “Access to Health Care Part 1: Children” By Gloria Simpson et al., Vital Health Statistics, Series 10, No. 196, Hyattsville, Maryland: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, p. 3.

- 3 “Findings on Children’s Healthcare Quality and Disparities” Agency for Healthcare Research and Quality, June 10, 2010, Accessed at <http://www.ahrq.gov/qual/nhqrd09/nhqrdchild09.pdf> (Accessed on December 1, 2011), p. 4.
- 4 “Findings on Children’s Healthcare Quality and Disparities” Agency for Healthcare Research and Quality, June 10, 2010, Accessed at <http://www.ahrq.gov/qual/nhqrd09/nhqrdchild09.pdf> (Accessed on December 1, 2011), p. 4.
- 5 “National Stakeholder Strategy for Achieving Health Equity” National Partnership for Action to End Health Disparities, Rockville, MD: U.S. Department of Health & Human Services, Office of Minority Health, April 2011, Accessed at <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?vl=1&lvlid=33&ID=286> (Accessed December 1, 2011), pp. 38-39, 43.
- 6 “Food Security in the United States: Key Statistics and Graphics” United States Department of Agriculture, Economic Research Service, Updated September 7, 2011, Accessed at <http://www.ers.usda.gov/Briefing/FoodSecurity/> (Accessed December 1, 2011).
- 7 “Food Security in the United States: Key Statistics and Graphics” United States Department of Agriculture, Economic Research Service, Updated September 7, 2011, Accessed at <http://www.ers.usda.gov/Briefing/FoodSecurity/> (Accessed December 1, 2011).
- 8 “Nutrition Assistance Programs” United States Department of Agriculture, Food and Nutrition Services, last modified 11/18/2011, <http://www.fns.usda.gov/fns/> (Accessed on December 1, 2011).
- 9 “Approaching Health Disparities From a Population Perspective: The National Institutions of Health Centers for Population Health and health Disparities” By Richard B. Warnecke, et al., American Journal of Public Health, Vol. 98, no. 9, September 2008, p. 1613; “Where We Live Matters for Our Health: The Links Between Housing and Health” By Craig Pollack, et. al., Robert Wood Johnson Foundation, September, 2008, Accessed at <http://www.rwjf.org/files/research/commissionneighborhood102008.pdf> (Accessed on December 1, 2011), p. 4.
- 10 “CDC Health Disparities and Inequalities Report – United States, 2011” Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, U.S. Government Printing Office: January 14, 2011, p. 21; Unhealthy Housing is defined in the source as “related to exposure to toxins and other environmental factors” while Inadequate Housing is defined as “related to the basic structure and systems of a housing unit.” CDC Report p. 21.
- 11 “The Healthy Homes Program Guidance Manual” U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control, 2011, Accessed at <http://portal.hud.gov/hudportal/documents/huddoc?id=HHGuidanceManual1.pdf> (Accessed on December 1, 2011), p. 4.
- 12 “Where We Live Matters for Our Health: The Links Between Housing and Health” By Craig Pollack, et. al., Robert Wood Johnson Foundation, September, 2008, Accessed at <http://www.rwjf.org/files/research/commissionneighborhood102008.pdf> (Accessed on December 1, 2011), p. 3.
- 13 “Where We Live Matters for Our Health: The Links Between Housing and Health” By Craig Pollack, et. al., Robert Wood Johnson Foundation, September, 2008, Accessed at <http://www.rwjf.org/files/research/commissionneighborhood102008.pdf> (Accessed on December 1, 2011), p. 7.



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