

State Policies for Addressing Health Disparities

Addressing health disparities in our nation requires a concerted effort between state policymakers and key stakeholders in the health systems. Sources of health disparities are characterized by irregular access to healthcare, lack of health coverage, and inequalities in practice of medicine. Mitigating the gaps in our healthcare system and improving the health of minority populations in the United States can be accomplished by considering various policy options: improving cultural and language competency of healthcare professionals and programs, improving health surveillance systems, expanding terms of eligibility for Medicaid and SCHIP, improving primary care services in community health centers, and enhancing workforce development for minority communities.

Cultural and Language Competency

Focusing on improvements in cultural and language competency of both minority and healthcare groups is essential in reducing the burden of health disparities. Minority populations are more or less likely to utilize healthcare services based on their personal, religious, and cultural attitudes regarding personal health and the healthcare system. These populations need to be informed about health issues, the importance of primary healthcare services and prevention, and leading healthy lifestyles with culturally appropriate educational materials.

Healthcare groups must develop baseline standards for culturally and linguistically competent health services in order to properly address specific health issues among minority populations. Healthcare professionals should be educated about cultural attitudes and their influence on how minority populations utilize healthcare services. Access to health coverage is a significant problem for minority populations. These individuals are unaware of their eligibility for public programs or are unable to enroll because of language barriers. Research has demonstrated that language and cultural barriers increase health costs because of higher utilization of emergency services instead of primary care services. Improving cultural and language competencies of minority populations and healthcare groups will result in concerted efforts to improve the overall health of minority populations and potentially reduce health costs for states.

Health Surveillance

Many state surveillance systems have not been updated with different racial and ethnic categories and continue to classify minorities as only "black" or "white." These surveillance systems should be improved to include health data on the following racial and ethnic categories: American Indian or Alaska Native, Asian, black or African American, Native Hawaiian or other Pacific Islander and Hispanic or Latino. Doing so will properly identify gaps in available health data for these ethnic groups and allow states to improve data collection to address specific health burdens affecting these populations. Furthermore, data obtained by health surveillance systems should be shared between healthcare groups and state minority health offices in order to maintain health records, monitor health trends and effectively respond to drastic changes in health outcomes for minority populations.



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Expansion of Medicaid and SCHIP

Research has demonstrated that minority populations are more likely to be uninsured due to lack of employer-sponsored health coverage or unemployment. To reduce the burden of health disparities among minority populations, public services such as Medicaid and SCHIP should be expanded through restructuring of benefits and eligibility requirements and waiver programs. Waiver programs allow states to experiment with new policies to increase enrollment in their Medicaid and SCHIP programs in a cost-effective manner. With fiscal constraints imposing on expansions of public programs, states can use general revenue and state-generated funds to finance these expansions.

Improvements of Primary Care Services

Access to primary care services is essential in improving health outcomes for all individuals. For minority populations, lack of access to primary care services is attributed to lack of health coverage and results in an increased dependence upon costly emergency services. To increase the availability of primary healthcare services to minority populations, states can restructure health services by increasing access to community health centers in rural and underserved areas. Historically, community health centers have provided an array of health services for minority populations and have had a significant impact on the health outcomes for these individuals. Being located in high-need areas, community health centers can provide comprehensive and coordinated primary care services. State policymakers should find ways to increase financial support to community health centers either through private funding or redistribution of state surplus money.

Workforce Development

Workforce development for healthcare groups helps increase workforce diversity and improves the cultural competency that allows these groups to properly address health burdens affecting minority populations. Accounting for 25 percent of the total population, minority groups only represent 6 percent of the physician population and 14 percent of registered nurses. It should be noted that minority health professionals are more likely to practice in high-need areas. Therefore, minority healthcare professionals that serve in high-need areas will result in increased participation in healthcare by minority populations, greater patient satisfaction and better patient follow-up and treatment adherence. States should improve academic and professional opportunities for minority populations to enter the healthcare profession and represent the attitudes and beliefs of their patients.

Source: McDonough JE et al. (2004). A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities. The Commonwealth Fund.



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