ATINER CONFERENCE PRESENTATION SERIES No: PUH2024-0338

ATINER's Conference Paper Proceedings Series
PUH2024-0338
Athens, 24 October 2024

Discussions about Racial Health Disparities, Reasons they Still Exist, and Potential Approaches

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ATINER's Conference Paper Proceedings Series
PUH2024-0338
Athens, 24 October 2024
ISSN: 2529-167X

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Health disparities exist among various races in the U.S., as well as globally, for nearly all areas of health. These disparities apply to all of the major causes of death: heart disease, cancer, diabetes, stroke, respiratory illnesses, and others. Statistics regarding the number of people of each race affected by these illnesses must be discussed. In addition, there are straightforward and complex causes of health disparities that must be scrutinized to improve efforts toward alleviating them. It is imperative that all healthcare providers are educated on these preventable disparities so that collective strides can be made toward the common goal of correcting these gaps. Additionally, education on this topic needs immersed into curricula of health programs so that graduates can address the issues immediately upon entering the workforce. Finally, efforts need to be made to inform patients, as well as the general population, about health disparities and their underlying causes so that policy changes that focus on easing disparities may be enacted.

Keywords: *health disparities, diabetes, stroke, heart disease, cancer, race*

Health disparities occur between various races in the U.S. for all areas of health. This includes several of the major causes of death: heart disease, cancer, stroke, respiratory disease, diabetes, and others[1]. It is important that students majoring in health programs, current health practitioners, and the public all understand that these disparities exist, the reasons they exist, and the changes that need to occur to help reduce them.

Disparities in Heart Disease, Stroke, Diabetes, and Cancer

Although strides have been made, a greater percentage of Blacks (22.6%) died from heart disease than Whites (18%) in 2021[2]. Age adjusted death rates indicated that in 2017 Whites had a rate of death from heart disease of 168.9 of 100,000 people while Blacks had a rate of 208.0. Hispanics, as well as Asians or Pacific Islanders, had lower rates of death from heart disease than both groups[3,4].

Strokes are also more common among Blacks who are also more likely to die from stroke than Whites[5]. In 2018, the rate of death from strokes was 53.0 out of 100,000 for Black Americans compared to 36.0 for Whites[6].

Similar statistics are available for diabetes cases. 11.7% of Hispanics, 12.1% of Blacks, and 13.6% of American Indians/Alaskan Native adults had diagnosed diabetes in 2021 compared to 9.1% of Asian and 6.9% of White adults[7].

Although more Whites have cancer than Blacks, more Blacks and some other minority patients die at a higher rate than Whites do. The National Cancer Institute reported that from 2016-2020 the rate of cancer per 100,000 people is highest in Whites at 469.9 and second highest in Blacks at 451.8[8]. The rate was lowest in Asian and Pacific Islanders at 302.0 and Hispanics at 348.1. However, the deathrate from cancer was greatest for Blacks at 174.7 deaths per 100,000 people. American Indians and Alaskan Natives had a death rate of 158.0 while the deathrate for Whites was 154.4 and 94.5 for Asian and Pacific Islanders.

Cancer deathrates vary depending on the type of cancer. Black women are more likely to die of breast cancer than White women despite similar rates of this cancer[9]. Black women have a breast cancer death rate of 38.0 while White women have a rate of 17.9 out of 100,000. The lowest deathrate for breast cancer occurs in Asian/Pacific Islanders at a rate of 8.4.

Black men are twice as likely as White men to die of prostate cancer at similar rates of occurrence[10]. Similarly, Black and Hispanic women are more likely to die of cervical cancer than other races[11]. Per 100,000 women, 3.6 Black, 2.6 Hispanic, 2.1 White, and 1.5 Asian/Pacific Islander and American India/Alaskan Native died of cervical cancer in 2014. Hispanics (14.6), Asian/Pacific Islanders (13.6), and Blacks (13.6) all had greater death rates from liver cancer than Whites (9.0) from 2000-2016.[12]

Disparities in Risk Factors of Heart Disease, Stroke, Diabetes, and Cancer

Risk factors for heart disease and stroke include hypertension, obesity, and diabetes along with high cholesterol, excessive alcohol use, smoking, unhealthy diet, and sedentary lifestyle[2]. In addition to high cholesterol, more specific biomarkers may place different races at different levels of risk for stroke. For example, high lipoprotein (a) level is a risk-factor for stroke and these levels are on average higher in Black than White patients[6].

Reasons for disparities in occurrence of heart disease, diabetes, and stroke are more complex than just these direct risk factors. They include social determinants of health, such as lower income, lower education, poor access to health care, poor neighborhoods, environmental issues, lack of social support networks, and various types of racism[6,13]. Many of these social determinants then lead directly to a greater number of individual health risks. For example, Blacks are also most likely to have hypertension (42%) than Whites (28.7%), Hispanics (29.4%), and Asians (27.2%)[3]. This increase in hypertension is related to bigger picture aspects such as the increased likelihood of having poor diets and living in impoverished neighborhoods[6,13,14]. In addition, more Blacks are obese (38.4%) compared to Hispanics (32.6%), Whites (28.6%), and Asians (12.4%)[15]. Furthermore, outcomes of diabetes may often be worse for Black and Hispanic patients with diabetes who are more likely to suffer from the effects of the disease including microvascular complications such as retinopathy, nephropathy, and lower extremity amputation[16].

Adults who attain higher levels of education enjoy healthier lifestyles[17,18]. Those with higher levels of education have the means to fund better access to health care. Those with higher levels of education also have higher levels of training to understand the importance of seeking preventative and ongoing care. In addition, there are socioeconomic and institutional barriers to education that need to be removed. These may be funding inequalities, lack of qualified teachers, institutional and interpersonal racism, and more.

Social norms are informal rules of behavior that dictate what is acceptable in social contexts[19]. Behavioral patterns, collective attitudes, and individual beliefs about others' attitudes and behaviors all make up social norms. Social norms vary across different races, socioeconomic groups, and other divisions and can carry a large influence on whether populations are making healthy lifestyle choices.

Poor economic policies can adversely affect population health trends and lead to worsening health among working-age individuals of lower socioeconomic status[20]. These economic outcomes may include fading employment opportunities and increasing economic insecurity. This drives adverse health trends among low-income and less-educated citizens. Enhancing early childhood health and investing in education are crucial strategies. Supporting displaced workers in acquiring new skills in securing employment and bolstering public health initiatives to mitigate the health impacts of economic downturns are also efforts that are imperative due to the intricate relationship between economic conditions and health outcomes. Policymakers also need to rigorously evaluate new

approaches, such as basic income grants, investments in automation as complementing rather than replacing the work force, or job guarantee programs. Lastly, there is a need for ongoing data sources, collection, and evidence-based engagement by policymakers so that program outcomes can continuously be evaluated.

Poor neighborhoods often struggle with violence and safety concerns[21]. Environments may also be unsafe due to surrounding environmental toxins, lower access to parks and playgrounds, and neighborhoods located in food deserts. Social nets may also be decreased in locations with less educated, lower socioeconomic populations with increased violence and safety concerns.

Racism through interpersonal, intrapersonal, structural, and institutional racism can lead to cancer and other heath disaprities[22]. Structural racism due to differences in education, employment, housing, law enforcement can all make health care more difficult to access and afford. Practices and policies of various institutions leads to health disparities by blocking access to health resources. Individual interactions that include biased and discriminatory behavior (interpersonal racism) as well as demeaning feelings toward oneself in the form of intrapersonal racism both contribute to disparities.

A number of factors correlate with poor access to health care[23]. Many people of lower socioeconomic groups do not have adequate transportation to health facilities and may also have a lack of time off from work with inflexible schedules. Additionally, there is often a coinciding distrust of health workers, inability to pay, lack of health insurance, and a decreased ability to understand health providers due to language barriers. This is all in addition to implicit and explicit biases that many people face when entering health facilities.

Reducing Health Disparities

There are many factors that must be approached when working to reduce health disparities. All sectors of health care need to have representatives from all races as part of the workforce so that all viewpoints are present in dialogue and trust is optimal for all patients. This begins at the level of college recruitment; programs at all universities need to enroll students of all races. Blacks and Hispanics are underrepresented in STEM (science, technology, engineering, math) positions and this must change[24,25]. Upon enrollment, students must be taught about health disparities in college curricula and upon employment workers must be updated through continuing education about changing trends. It is also important that current healthcare providers and support teams work together in continuing education so that everyone involved in the health of individual patients can continue to make strides necessary to reduce the gaps in health care.

Lastly, it is vital that all patients are informed about health disparities and underlying causes[23]. All individuals need to know the issues within the health system and how complex factors affect various races. To be able to transcend health care, all voters need to understand that policies must be written so that

necessary adjustments can be made with the aim of making treatments available to everyone. This extends to ensuring equity in education, income, access to health care, equity in how patients are approached, and much more.

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