Disparities in Care by Penney Cowan

A key component of many of our efforts as well as our law makers is focused on health care; a problem that has been discussed in just about every circle and corner of society. No one will argue that the need to improve health care is paramount. Children, working poor, minorities, and women are at the top of the list when it comes to needing better access and higher quality of health care. The goal must be to provide *equal* health care for every man, woman, and child, no matter who they are.

In the United States and around the world there is an enormous gap between those with access to health care and those without. This gap increases each day, with no end in sight. The question is where do we begin to create positive changes, ensuring that everyone has access to high quality health care?

Any illness of health condition is difficult enough to cope with without having to search desperately for high quality and timely care. Where you live, your ethnicity, or your race could affect the quality of care you receive. There are many reasons why there are such disparities in care, and we will explore some of them in this issue.

A First Step

While we don't have the answers to solve the health care crisis, there are many things that can be done to improve medical management and health care delivery in general. We need more information, communication, persistence, and understanding to help people with pain improve their relationships with their health care provider and possibly improve their ability to obtain quality care.

Health care providers, support organizations, educators, legislators, payers, researchers, and health care consumers all play a role in this effort. These ideas would get things moving in the right direction.

- Implement communication tools that are standard in all health care settings: create consistent ways to communicate symptoms and factors to promote greater understanding of the symptoms and concerns of the "patient."
- Increase requirements in health education for health care providers.
- Provide standards in care that must be strictly adhered to, ensuring that each and every person seeking care is treated equally.
- Use an evidence-based medicine model that would integrate clinical expertise, patient values and the best evidence into the decision-making process of patient care.
- Push for clinical trials that include a cross section of people from all ages, races, genders, and health status. This would establish a greater understanding of the way medications work on <u>all</u> people rather than a select few.
- Work to improve the health literacy of every consumer/patient so they can share in health care decisions.
- Involve consumers in developing culturally appropriate training materials, media, and educational tools for a range of diverse audiences.
- Practice preventive medicine; treat all acute symptoms before they becomes chronic.
- Consider multiple health issues, treatment goals, and preferences when deciding which treatment is appropriate.

- Provide consumers with information that clearly explains—in terms they can understand—the choices and costs of all treatments. The chance to make an informed decision about health care can have a positive impact on a person's attitude about the possible outcome of an illness or disease.

Perhaps addressing the issues of disparities in care is like living with a health issue; you must start out by taking the first step and remain focused on your goal. We need to start somewhere if we are to improve health care for everyone and provide the right medicine at the right time for the right person.

One of our basic rights is to be treated with dignity and respect. Let's hope that the way that those who practice medicine will keep this in mind.

Who We Are Affects How We Feel Pain

Researchers are exploring how race, gender and other traits influence health care delivery for different people. Consider how these factors might make a difference in the way a person perceives, tracks and reports their health to a physician. Studies have shown that these differences can change the kind of treatment received.

- **Language:** How do they describe symptoms in their native tongue? How well can their healthcare providers understand what is being said?
- **Education:** Can they do research and document their symptoms?
- **Literacy:** Can they read directions and medication instructions?
- **Culture:** What does an ethnic group believe about illness and pain?
- **Gender:** Do we take a man's complaints more seriously?
- **Ethic/Race**: Do we relate better to a medical professional of the same race?
- **Religion/Spirituality:** Who do they believe has the power to heal them?
- **Geography:** Do they live close to health care centers, pharmacies and physicians?
- **Economic Status:** Are they insured; can they afford care givers to help at home?
- **Status:** Employed, in jail, under psychiatric care, in a nursing home?
- **Age:** How well are children or the elderly understood?
- **Disability:** Mental or physical challenges, deafness or blindness make it hard to assess a person health

Disparities in care exist, but who is responsible, the health care providers or the patient? Understanding the answers to these questions is the first step to education and advocacy, so that agencies and government can develop positions to encourage equal treatment.