

Differences in Health

Socioeconomic
Demographic
Social conditions
Environment



Differences in Health

- There are many variations in health
 - More respiratory disease in industrialized areas
 - More hip fractures in women
 - Women have a longer life expectancy than men
- Health is not equally distributed in the population



Differences in Health

- Health disparities defined
- Major factors
- A closer look: Socio-economic status, age, gender, race and ethnicity, social factors, environment
- What can chiropractors do?



What are health disparities?

- **Health disparities**
 - *“Persistent gaps between the health status of minorities and non-minorities in the U.S.”*
(HHS, 2009)
 - *“Differences in disease incidence, mental illness, or morbidity and mortality that exist among specific populations”*
(NIOSH, n.d.)



- There are consistent, discernible patterns in health that are related to:
 - Gender
 - Race and ethnicity
 - Education or income
 - Disability
 - Geographic location
 - Sexual orientation

(Healthy People 2010)



Major Factors of Health Disparities

- 1. Inadequate access to quality care**
 - Due to economic, geographic, linguistic, cultural, and health care financing issues
- 2. Substandard quality of care**
 - Patient-provider miscommunication
 - Provider discrimination, stereotyping and prejudice
 - Quality of care as measured by effectiveness, patient safety, timeliness, and patient centeredness
(HHS, 2008)



Seven Determinants of Health Disparities



1. Natural, biological variation
2. Health-damaging behavior that is freely chosen
3. Transient health advantage of one group over another (other groups have the means to catch up fairly soon)
4. Health damaging behavior in which the degree of choice of lifestyles is severely restricted
5. Exposure to unhealthy, stressful living and working conditions
6. Inadequate access to essential health services
7. Health-related social mobility

(Whitehead cited in Carter-Plkras & Baquet, 2002)

Health Disparities



- Socio-economic status
- Age
- Gender
- Race and ethnicity
- Social factors
- Environment

Socio-Economic Status



- Health is still clearly associated with socio-economic status assessed by occupational class

(Adler, 1999, p.32)

- Health differences exist at each step of the socioeconomic hierarchy – it's not just an issue for the poor

(O'Neil *et. al.*, 2003)

Socio-Economic Status



- People in low-wage jobs may be differentially impacted by:

- working conditions
- the nature of employment
- medical care available to them
- disability or workers' compensation

(NIOSH, 2004)

Socio-economic Status



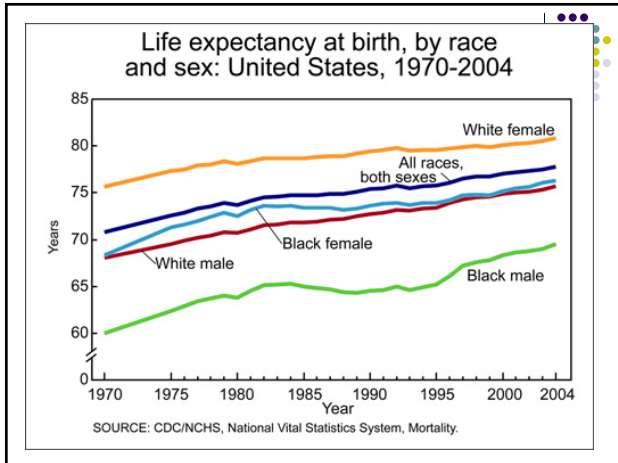
Occupation	Injury Distribution (%)	Hourly Earnings Mean (\$)
Blue Collar	28.6%	\$13.86
White Collar	11.8%	\$23.72

(NIOSH, 2004)

Age



- For most Americans, life expectancy and overall health have improved in recent years; however, this is not equally true for all older adults
 - Fixed incomes – economic status
 - Mobility issues
 - Lack of transportation
 - Computer literacy



Age

- Adolescents may report problems with their parents, depression, feeling overweight, and suicidal thoughts (especially true for females and adolescents of lower SES)
- Adolescents may be unaware of existing professional help, and may be reluctant to seek help

(Dubow, Lovko, Kausch, 1990)

Gender

- There are definite differences in health between men and women
- No one would deny that biological differences between sexes make their health patterns different, however **cultural differences in lifestyle and health-related behavior** may also contribute to different health patterns
- What are the norms?

Gender

- Women have longer life expectancy than men do but they have **higher morbidity**, especially in old age
 - Women are 2.7 times more likely than men to acquire an autoimmune disease
 - Women are more susceptible to tobacco-induced carcinogenesis than men
 - Smoking appears to have a more detrimental effect on cardiovascular disease in women than in men

(Society for Women's Health Research, 2004)

Life Expectancy at Birth

	Total	Black	White	Women	Men
2001-02	77.2	72.2	77.7	79.8	74.1

(National Vital Statistics System cited in Health People 2010)

Race and Ethnicity

- Differences in health status continue to exist between racial and ethnic groups
 - African-American and Hispanic minority groups receive less mental health care than whites

(Cook, McGuire, Miranda, 2007)

Race and Ethnicity



- Medical Expenditure Panel Survey (1996):
 - Hispanics
 - Most likely to be uninsured
 - Least likely to get private health insurance through their jobs
 - Most likely to report problems accessing health care system
 - Blacks and Hispanics:
 - More likely than others to have a hospital-based usual source of care
 - More likely to be in fair or poor health

Race and Ethnicity



- African-American, Hispanic, and immigrant workers are disproportionately employed in some of the most dangerous occupations
- African-American injury rate is about 1/3 higher for both males and females compared to white non-Hispanic workers

(NIOSH, n.d.)

Race and Ethnicity



- **Heart disease**
 - Deaths from cardiovascular disease were 30% higher for African Am. adults than white adults
- **Diabetes**
 - Compared with white adults, the prevalence of diabetes is higher among African Americans, Hispanics, American Indians
- **HIV/AIDS**
 - African Americans and Hispanics accounted for roughly 55 % of adult AIDS cases and 82 % of pediatric AIDS cases
- **Infant Mortality**
 - African American, American Indian, and Puerto Rican infants have higher death rates than white infants

(CDC, 2002)

Social Factors



- Stress can effect health
- Life events cause significant change
- Life events can be positive or negative, but each demands adjustment to new circumstances
- **Life events appear to precede a number of physical and psychological health problems**
- They can trigger or exacerbate psychological disorders and may lead to clinical anxiety or depression

Social Conditions



- Being **unemployed** is associated with poor health
 - Unemployment is associated with ill health
 - Unemployment may also be caused by ill health (i.e., health-related social mobility)

- See The Holmes-Rahe Life Stress Inventory
<http://www.bhicares.org/pdf/manual/indepthassessment/homesrahestressinventory.pdf>

Social Conditions

- Health problems associated with **homelessness** include:
 - Tuberculosis
 - AIDS
 - Malnutrition
 - Severe dental problems
 - Parasites
 - Frostbite
 - Infections
 - Violence



Environmental Factors

Environmental factors can influence health directly:

- Noise
- Available space
- Pollution
- Air quality
- Sources of nutrition
- Water quality
- Ozone layer
- Sanitation
- Environmental disruptions
- War and violence
- Municipal, agricultural, industrial outflows to the environment



What can chiropractors do?

- What can chiropractors do to address health disparities?
 - Health disparities
 - Socio-economic status
 - Age
 - Gender
 - Race and ethnicity
 - Social factors
 - Environment



What can chiropractors do?

- Ensure that all populations have access to:
 - Appropriate and cost-effective care
 - Health promotion
 - Disease prevention services
- Evaluate the effectiveness of care



What can chiropractors do?

- Increase **cultural competence/cross-cultural education**
 - Educate yourself about different cultures to avoid stereotypes, bias, and clinical uncertainty
 - Culture includes race, ethnicity, and religion, gender, sexual orientation, age, disability, and socioeconomic status
 - Be patient focused
- (Cardarelli & Chiapa, 2007)



What can chiropractors do?

- Learn how to **effectively communicate** with patients
- (Cardarelli & Chiapa, 2007)
- Practice **evidence-based** chiropractic care
 - Read and understand chiropractic research
 - Substantiate your personal opinion with valid research
 - Educate and provide the facts to the patient
- (Taylor, 2007)



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