Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities and access to achieve optimal health that are experienced by socially disadvantaged populations. These differences can include how people get certain diseases, how severe the diseases are, how many are affected by the disease, how many die prematurely, and more. Health disparities can affect groups of people based on multiple factors, including race/ethnicity, gender identity and sexual orientation, socioeconomic status and years of formal education, geographical residence, and many other social determinants.

Health disparities are directly related to both the historical and ongoing unequal distribution of social, political, economic, educational, and environmental resources and opportunities.

### COST

- **$1.24 trillion:** Combined direct and indirect cost of racial health disparities to the U.S. between 2003 and 2006.
- **$230 billion:** Estimated direct cost saved in medical care spending if health disparities were eliminated.
- **$39.8 billion:** Estimated direct and indirect costs stemming from Indigenous health disparities.

*Does not include Indigenous health care disparity cost estimates.

### TODAY

- Around 42.4 million women in the U.S. experience intimate partner violence (IPV) at some point in their lifetime.
- 40% of transgender adults reported having made a suicide attempt—nearly nine times the attempted suicide rate in the total U.S. population.
- The Latino/a population is three times less likely to have health care coverage compared to the majority of the U.S. population.
- Black Americans are 77% more likely to develop diabetes compared to white Americans.

### Research Delivers Solutions

One study analyzed health disparities within the state of California. While their findings may not be generalizable to the whole country, the researchers found significant data on health disparities between LGBTQ individuals and heterosexual individuals. Some of those results include: LGB adults are 11% more likely than heterosexual adults to experience psychological distress; transgender adults are 48% more likely to have suicide ideation compared to heterosexual adults; and LGB youth are 25% more likely to attempt suicide compared to heterosexual youth. This study outlined the mental health disparities that LGBTQ populations face, as well as the need for better population data.

Researchers in a different study analyzed the relationship between education and health, where more schooling is linked with better health and longer life. They found that nearly all health outcomes in the U.S. were strongly patterned by education – less educated adults reported worse general health, more chronic conditions, and more functional limitations and disability. Findings among racial and ethnic groups also differed, highlighting systemic social differences and the need for more data and research to inform policies.

To address barriers to healthcare access, the federal Affordable Care Act (ACA) and state-optional Medicaid expansion aimed to increase insurance coverage. Researchers examined percentages of nonelderly adults who were uninsured, covered by Medicaid, or covered by private health insurance between 2008 and 2014. Their results indicate that the ACA decreased racial disparities in health care coverage. Coverage gains were greater in states that expanded Medicaid programs. This study shows that the need for continued evaluation of health care reform efficacy remains crucial.
Health Disparities

Then. Now. Imagine.

THEN
In 1984, the U.S. Department of Health and Human Services released a report titled “Health, United States, 1983” on the health of the nation, acknowledging the existence of major disparities.¹²

NOW
Health disparity research is a relatively new field with a lack of large data samples, but studies are expanding data collections for more accurate and representative findings.¹³

IMAGINE
A society without health disparities.

Difference Between Medicare-Eligible Latino/a Populations’ and White Populations’ Hospitalization Rates for Diabetes by State, Age-Standardized, 2017


Research!America 241 18th St S, Arlington, VA 22202 | 703-739-2577 www.researchamerica.org | info@researchamerica.org

The Albert and Mary Lasker Foundation is a founding partner in this series of fact sheets. www.laskerfoundation.org