

**INVESTMENT IN RESEARCH SAVES LIVES AND MONEY**

# 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.<sup>1</sup> 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.<sup>2</sup> Health disparities are directly related to both the historical and ongoing unequal distribution of social, political, economic, educational, and environmental resources and opportunities.<sup>1</sup>

## TODAY

Black Americans are **77%** more likely to develop diabetes compared to white Americans.<sup>3</sup>

**40%** of transgender adults reported having made a suicide attempt—nearly nine times the attempted suicide rate in the total U.S. population. **92%** of these individuals reported having attempted suicide before the age of 25.<sup>4</sup>

Around **42.4 million** women in the U.S. experience intimate partner violence (IPV) at some point in their lifetime.<sup>5</sup>

The Latino/a population is **three times** less likely to have health care coverage compared to the majority of the U.S. population.<sup>6</sup>

## COST

**\$1.24 trillion:**\*

Combined direct and indirect cost of racial health disparities to the U.S. between 2003 and 2006.<sup>7</sup>

**\$230 billion:**\*

Estimated direct cost saved in medical care spending if health disparities were eliminated.<sup>7</sup>

**\$39.8 billion:**

Estimated direct and indirect costs stemming from Indigenous health disparities.<sup>8</sup>

\*Does not include Indigenous health care disparity cost estimates.

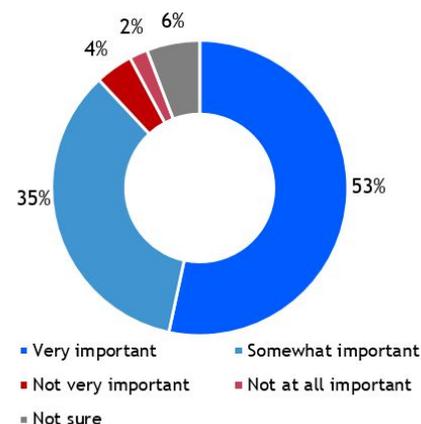
## Research Delivers Solutions

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.<sup>9</sup>

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.<sup>10</sup>

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.<sup>11</sup>

How important is it for the President and Congress to assign a high priority to ensuring faster medical progress?



Source: A Research!America poll of U.S. adults conducted in partnership with Zogby Analytics in January 2020.

# 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.<sup>12</sup>

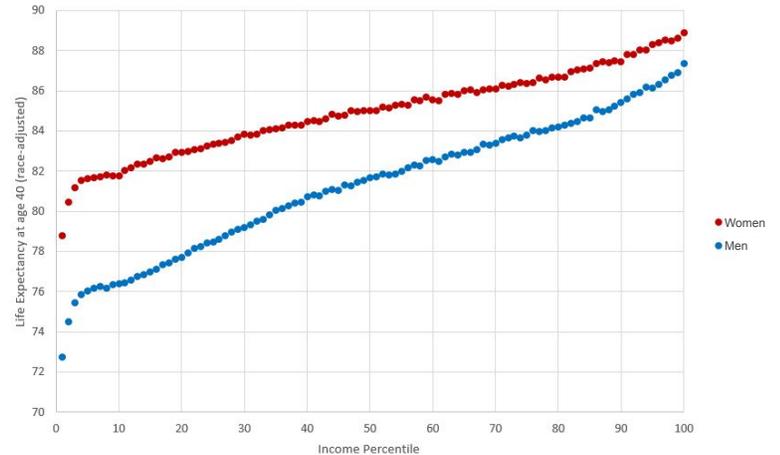
### NOW

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.<sup>13</sup>

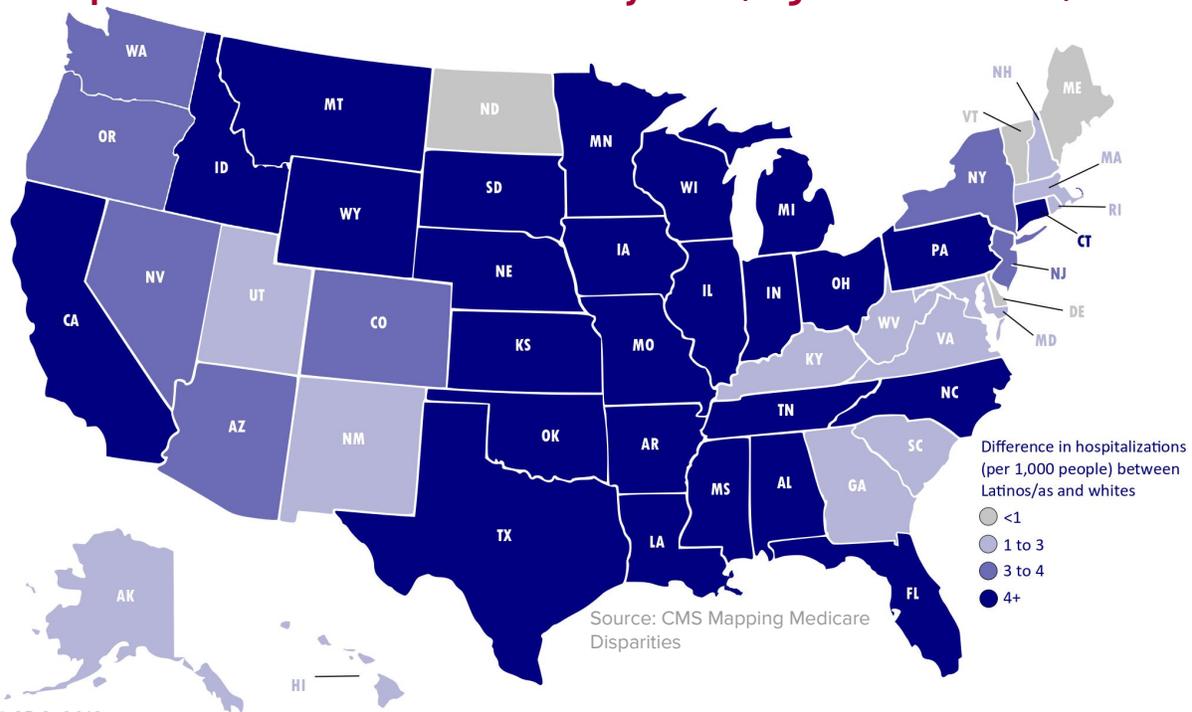
### IMAGINE

A society without health disparities.

Life Expectancy at age 40 by Household Income Percentile for Men and Women, 2001-2014<sup>14</sup>



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



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4. James et al. “The Report of the 2015 U.S. Transgender Survey.” 2016. Washington, DC: National Center for Transgender Equality.

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6. Sohn, H. “Racial and ethnic disparities in health insurance coverage: Dynamics of gaining and losing coverage over the life-course.” Popul Res Policy Rev. 2017;36(2):181-201.

7. LaVeist et al. “Estimating the economic burden of racial health inequalities in the United States.” Int J Health Serv. 2011;41(2):231-238.

8. Stanley et al. “The imperative for research to promote health equity in Indigenous communities.” Prevention Science. 2020;21(1):13-21.

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12. Gibbons, MC. “A historical overview of health disparities and the potential of eHealth solutions.” J Med Internet Res. 2005;7(5):e50.

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