



CHAPTER 1

Introduction

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

—**World Health Organization**, 1948

Health disparities exist and need to be rectified in American society. This text is intended to address this topic head-on, exploring how the problem has not been resolved and is becoming increasingly worse. This topic is particularly relevant given that the demographics in the United States are rapidly changing; in the near future, people of color will become the majority group, rather than the minority group, and healthcare needs must continue to be met without the raging disparity that leads to poor health outcomes, human suffering, and a drain on the economy. Additionally, beyond the core issues associated with health disparities and diversity, great emphasis will be placed on solutions and strategies. This text is unique in that it is not designed to speak exclusively to those individuals in the healthcare field, but to anyone who is concerned and committed to a healthy society for all people within its boundaries. This text also addresses topics, concepts, and issues intended to ensure that those in health fields understand why the rapid demographic changes currently taking place in the United States add a sense of urgency to the need for the health status gap to be closed and that diversity is essential to this process.

Furthermore, evidence-based research clearly indicates that racial/ethnic diversity in the delivery of health care improves outcomes for emerging majority populations. The discussion of diversity will be contrasted with the concept of cultural competence and will demonstrate that, although distinctly different, the two elements are intrinsically linked in efforts made toward the ultimate goal of closing the health status gap in the United States. To truly understand racial and ethnic health disparities and diversity, it is important to delve into the statistics, in terms of varying groups, and consider how these other groups fare in comparison to the White

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population from a health vantage point. Key indices are explored, including infant and maternal mortality, morbidity, longevity, specific diseases, healthcare access, and other key concerns, over time spans, to determine whether the problem has improved or worsened. Socioeconomic factors are explored, as a primary premise of this text is that one of the main reasons for health disparities is socioeconomic status, which is also a contributing factor to lack of sufficient diversity in health care. Because this text aims to provide solutions, interviews are included with various individuals who lend their insight based on experiential knowledge.

► Overview of the Chapters

Chapter 2 is an exploration of the notion of health disparities. The key question is, what does the term *health disparity* really mean? This chapter also includes a historical overview of health disparities. Chapter 3 is a candid exploration of the extent of the healthcare gap and the challenges in closing it. Initially, it was literally a black-and-white issue; that is, the health status of Black people was compared to that of White people. This framework has changed as we have come to acknowledge the racial and ethnic diversity within the United States, but the largest gap overall is still that between Black people and White people—hence the primary focus of this text. Various groups will be categorized, with insight provided regarding the health status of each, as compared to the White population. Chapter 4 attempts to define diversity, with the key questions being, what is diversity, and who defines it? Various definitions are explored to help us understand the concept.

Recently, the United States embarked upon an extensive healthcare reform. Chapter 5 assesses health disparities by the numbers, briefly overviews the Patient Protection and Affordable Care Act (commonly referred to as Obamacare), and considers health care in other nations. Chapter 6 provides insight into the importance of making diversity happen and sustaining it and provides examples of “models that work.”

Chapter 7 focuses on health disparities in urban communities. It compares the plight of the urban environment to that of the rural environment, as discussed in Chapter 8. Understanding the variables unique to each setting is useful in forming solutions toward closing the gap. Chapter 8 explores rural communities and unique issues associated with them that contribute to health disparities. The rural community warrants specific exploration because the dynamics of the healthcare gap change in this setting; these communities are composed primarily of White people living at a low socioeconomic level. Through the lens of these communities, further insight is provided as to why socioeconomic status is a key factor in understanding health disparities.

Chapter 9 revisits topics thoroughly explored in two books previously written by this author, *Cultural Competency for Health Administration* and *Public Health and Cultural Competency for the Health Professional*, both published by Jones and Bartlett Learning. This chapter consists of a comparative analysis of cultural competency versus diversity and offers a cogent explanation of why the two concepts are different and why both are necessary. Here, the emphasis is on the importance of cultural competency.

Women are generally the caretakers in families. They bear the children, participate in the workforce, and experience significant health disparities, largely due to race, ethnicity, and socioeconomic status. Chapter 10 explores key issues related to women and offers solutions to the health disparities they encounter. Chapter 11 considers the effects of health disparities on a unique population—children. Although children are discussed throughout the text, this chapter takes a serious look at their specific issues, as they are the future of the nation and perhaps will be the beneficiaries of any successes toward closing the gap.

Health disparities present such a grave problem that when seeking a resolution, we must look beyond typical approaches. Hence, Chapter 12 offers a spiritual approach toward resolution. It is not about religion as we typically use the word, but is more a journey into self-actualization. Chapter 13 looks into the future of health care, with a focus on health disparities. It offers voices, beyond this author's, in the form of interviews; reviews recommendations from a working group, with commentary by this author; and summarizes the elements of a diversity plan. This final chapter, with regard to the pertinent issues of the entire text, considers the question, where do we go from here?

Chapters 14 and 15 include case studies pertaining to racial and ethnic health disparities and diversity, respectively. These case studies offer a look at specific scenarios, which can be explored and discussed to understand the impact of the problem on individuals and systems. Commentary is provided for each case.

► Features of the Text

Beginning with Chapter 2, chapters generally contain the following elements: learning objectives, a list of key terms, an introduction, a chapter summary, chapter problems, and references. Chapters 6, 7, 11, and 12 are offered by contributing authors. Chapters 14 and 15 consist of case studies only.

Following the main chapters, appendices are provided to supplement the information discussed throughout the text. These resources include cultural competence assessment surveys, a sample of the elements of a diversity plan, relevant additional information, and a glossary of terms. An index is also provided for the reader's convenience.