

## Impact of Socioeconomics on Healthcare

Despite an overall improvement in health care in the U.S. over the last several decades, Americans have not experienced an equal share in this improvement. For example, 17% of Hispanic adults, and 16% of African Americans report that they are in fair or poor health, compared to only 10% of Caucasians.

Evidence suggests that there are significant inequalities in how medical care is delivered in our nation. Race, gender, age, and insurance status are four areas that affect the way patients are being treated. The non-white, female, and uninsured are known to have the worse outcome. Race and ethnicity play a huge role on the type of treatment patients receive. Some examples include:

- **Heart Disease:** African Americans are 13% less likely to undergo coronary angioplasty and one-third less likely to undergo bypass surgery than whites.
- **Breast Cancer:** the length of time between an abnormal mammogram and follow-up tests is more than twice as long for Asians, Hispanics, and blacks compared to white women.
- **Asthma:** Among preschoolers hospitalized for asthma, 21% of white children are prescribed preventative asthma medications compared to only 2% of Hispanic and 7% of black children.
- **Nursing home care:** Asians, Hispanics, and African Americans in nursing homes are less likely than white residents to have communication and sensory aids, such as glasses and hearing aids.

Studies suggest that low socioeconomic status puts people at high risk for coronary heart disease (CHD). Several factors associated with atherosclerosis (cholesterol build-up in arteries resulting in decreased blood flow to the heart) such as smoking, hypertension, obesity, and sedentary lifestyle - are higher in individuals with low socioeconomic status. In addition, less access to quality health care combined with psychosocial responses to stress may increase exposure to heart disease in these minority groups.

As physicians, it is our job to help improve the overall quality of healthcare by educating our patients and providing patient-centered, efficient, and equitable healthcare. The quality of healthcare should not be affected by gender, geographic location, or ethnicity. It is imperative for all patients, especially those burdened by low socioeconomic status, to be informed about the importance of modifying risk factors for various diseases. Some of these risks include cigarette smoking, high cholesterol, obesity, and poor diet choices. In addition, more aggressive detection and prevention of diseases could help reduce disparities in health outcomes.

