NPA Blog
May 2016

New England RHEC (Region I) Report Sets Baseline on Health Disparities in Region, Highlights the Plight of Disabled Population

by Charles Drum, JD, PhD

In its recent *Health Equity Profile and Call to Action*, the New England Regional Health Equity Council (RHEC) called for leaders and stakeholders in the region—with its growing racial and ethnic diversity—to collaborate on tackling inequities before they grow more dramatic. Our first-of-its kind report, which documents the prevalence of health disparities experienced by adult racial and ethnic minorities and adults with disabilities, provides a regional and state-by-state snapshot of health inequities. In essence, the reports identifies a problem in New England and provides a strong case to address the challenging issue of health disparities by recommending regional leaders work collaboratively to address underlying issues. Ideally, I would like to see a regional health equity summit take place.

We found that racial, ethnic and disability populations in New England have significantly lower rates of health insurance coverage, receive fewer preventive health services, smoke at higher rates and have less access to healthy food and opportunities for physical activity as compared to whites and non-disabled populations. The report also highlights a population group not often part of the health disparities dialogue—the disabled. More than 27 percent of the adult population in New England has a disability. Our research shows that across the board, those with a disability fare poorly compared to the non-disabled across a range of measures.

Based on my background as a health and disabilities researcher and in civil rights law, I feel it is crucial that our society address the needs of vulnerable populations. To me, this report is not just a compilation of figures and numbers; rather, it is a story of challenges faced by vulnerable populations. We have an obligation to fight for health equity.

In our research, we used a "social determinants of health" approach to learn what adult racial and ethnic minorities and adults with disabilities in New England experience in terms of health disparities. The RHEC recognizes that health status can be impacted not only by individual behaviors such as smoking or overindulgence in alcohol but also by factors such as access to education, housing, income, access to healthy foods and health care. Income and education levels also play a significant role in our health status. Some specific findings highlight this:

- Many racial and ethnic minorities and persons with disabilities in several New England states are twice or even up to three times more likely than whites and non-disabled populations to delay needed medical care because of cost.
- Compared to white households, far larger percentages of African American, American Indian/Alaska Native, Hispanic and multiracial households in our region have incomes of $25,000 or less per year. People with disabilities also are nearly twice as likely to have incomes less than $25,000 than the non-disabled population.
- Thirty-eight percent of Hispanics, 22 percent of African Americans and American Indian/Alaska Natives, and 19 percent of residents with a disability have less than a high school education, compared to 8 percent of whites and 8 percent of non-disabled residents.

Preventive health also plays a tremendous role in who is healthy and who is sick. Only 75 percent of Hispanics in New England have medical insurance as compared to 93 percent of whites. Whether or not one has coverage plays a huge part in having affordable access to preventive care. Although 80.4 percent of New England's population is white, the percentage of racial and ethnic minorities in the region has increased by more than 8 percent in the last 10 years and will continue to grow into the future.

To that end, our report issues a call to regional leaders across various sectors to collaborate to address the health equity of racial and ethnic minorities and persons with disabilities. In addressing existing health disparities, we implore leaders and stakeholders to recognize that education, employment and income are significant determinants of health. We need to share effective strategies for improving health equity and to make the implementation of the Affordable Care Act, including access to preventive health services, a priority.

While the findings in our report are not all bad—the region does well on several measures such as lower rates of alcohol use /abuse—there is still much work to be done. Let's come together to build on our strengths in order to tackle our weaknesses—together.