

The unequal burden of disease

Each day, people in the United States are diagnosed with common diseases and health conditions, such as cancer, diabetes, heart disease, asthma, and mental health conditions. All of us can be at risk for disease.

Unfortunately, some of us are at higher risk simply because of our race, ethnicity, age, income status, geographic location, sex, sexual orientation, gender identity, disability, or a combination of these factors. By having any of these traits, are you naturally sicker? Certainly not. To understand why these disparities exist, it helps to understand the social and political factors that have shaped the health environment for diverse groups over the years.

Health disparities

Health disparities [\[Source: 1\]](#) are preventable differences among groups of people in their opportunity to achieve the best possible health.

For example:

- Black people are more likely to die from any type of cancer than any other racial or ethnic group. [\[Source: 2\]](#)
- LGBTQ+ people are more likely than non-LGBTQ+ people to experience depression and anxiety. [\[Source: 3\]](#)
- People with low income typically have a shorter life expectancy, higher infant mortality rates, and higher death rates from common diseases. [\[Source: 4\]](#)
- People with disabilities find it 15 times more difficult to access transportation than those without disabilities, making it difficult to access healthcare. [\[Source: 5\]](#)

The following factors can contribute to health disparities:

- Access to and use of healthcare
- Health insurance coverage (or lack of)
- Healthcare affordability
- Quality of care
- Racial or social discrimination

The root causes

Each person's experience is unique. There is usually no single reason that a person or group of people may experience health disparities. The unequal burden of disease is made up of multiple layers, many of which relate to each other.

Discrimination

Women are less likely than men to have their pain symptoms taken and treated seriously. Women often report being dismissed as “emotional” or “dramatic” [\[Source: 6\]](#). This worsens for Black women, who face both gender and racial discrimination.

Healthcare and Black Adults



Nearly 1/3

Black women whose health concerns were not taken seriously



Over half

Black adults who have had at least one negative healthcare experience

Pew Research reports that 34% of Black women say healthcare providers have not taken their health concerns seriously. Additionally, 55% of Black adults say they’ve had at least one negative experience with a healthcare provider. This includes having to speak up to get proper care and being treated with less respect than other patients. [\[Source: 7\]](#) Many within the LGBTQ+ community have reported similar experiences of feeling judged, dismissed, misgendered, or even verbally abused by healthcare providers. In turn, this discourages many people from returning for regular care. [\[Source: 8\]](#)

The effects of discrimination [\[Source: 6\]](#)., whether due to gender, race, or other causes, include:

- Lack of treatment and/or wrong treatment
- Misdiagnosis and/or longer diagnosis timelines
- Mistrust of healthcare providers
- Poor communication between healthcare providers and patients
- Prolonged symptoms and/or pain

Income status

Financial disparities contribute to health disparities. They impact not only access to care, but also health habits that could increase risk for disease [\[Source: 9\]](#).

Barriers to care for people with lower income



When considering income status, many people with lower income face logistical barriers. For example:

- **Proximity:** Low-income neighborhoods tend to have under-funded healthcare systems [\[Source 10\]](#).
- **Time and transportation:** Participating trial sites may be farther away. People can't always afford to take time off from work and spend money to travel to trial visits. [\[Source 11\]](#)
- **Childcare:** Adults with families might not be able to afford extra childcare. [\[Source 12\]](#)
- **Language:** About 44% of Hispanic/Latinx people are not fully fluent in English. Hispanic/Latinx people who earn a lower income may not have access to a local healthcare system with proper translation services. [\[Source 13\]](#)

For years, economic factors have disproportionately impacted people of color. For example, Black individuals make up about 20% of the low-income population but only 13.5% of the total U.S. population [\[Source: 14\]](#). This group is at higher risk for some diseases, such as cancer and heart disease, and they experience higher mortality rates overall. [\[Source: 2\]](#)

The unequal opportunity to meet basic needs can cause us to experience:

- Higher risk of obesity, cancer, diabetes, chronic stress, smoking, substance use, asthma, hypertension, heart disease, and more [\[Source 15\]](#)
- Higher mortality rates and lower life expectancy due to increased disease risk and inability to afford quality healthcare [\[Source 9\]](#)
- Lack of access to higher quality healthcare institutions [\[Source 9\]](#)
- Transportation barriers that make it harder to attend medical appointments [\[Source 15\]](#)

Moving toward health equity

Health equity [\[Source 16\]](#) means that all people, regardless of their racial, social, or economic status, have a fair opportunity to live their healthiest lives.

Progress has been slow, but parts of our healthcare system have begun to address issues that prevent some of us from living our healthiest lives.

Sources:

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