

Social Work & Health Care Disparities

General Background

Minority and poor populations are disproportionately uninsured. Families with incomes below 200 percent of the federal poverty level run the highest risk of being uninsured. More than 80 percent of uninsured people are in working families. Low-wage workers, those in small businesses, service workers, and part-time workers run a greater risk of being uninsured. African Americans and Hispanics are disproportionately likely to be uninsured compared with Asian and non-Hispanic white Americans.¹

An essential component of eradicating health inequities is addressing the social determinants of health. Social determinants include a person's socioeconomic status, neighborhood, employment conditions, access to health care, ethnicity and personal behaviors.² The lack of insurance coverage for minority and poor populations exacerbates other barriers to access within the health care system that prevent vulnerable individuals from receiving appropriate health care. Stigmatizing practices in health care delivery, a lack of racial and ethnic diversity and cultural competence among health care providers, differences in health literacy between groups, and the failure to include minority populations in medical research produce a lower quality of health services for racial and ethnic minority groups even after adjustment for socioeconomic characteristics and other access-related factors.³

This lower quality of care may be manifested through a failure to provide recommended care or the substitution of less desirable procedures. These disparities exist across a variety of conditions, including cancer, cardiovascular disease, HIV/AIDS, maternal and child health care, diabetes, and mental illness; they are found in treatment for serious disease and also in routine treatments for common health problems. Preventive measures such as breast, cervical, and prostate cancer screenings are not always provided as recommended to minority individuals. More research is needed to fully understand how patient race or ethnicity, disease status, sexual orientation, and other characteristics may influence physician decision making and the experience of minority groups during health care encounters.

Social workers in communities across the country are actively participating in the day to day effort to ensure that vulnerable populations have access to and receive quality health care. Included as integral parts of interdisciplinary teams, social workers help overcome barriers to quality health care in hospitals, community health clinics, and public health and social service agencies. Social workers' expertise and experience are essential in finding solutions to health disparities.⁴

Recommendations

- Equitable delivery of services for all people regardless of financial status, race, ethnicity, disability, religion, age, gender, sexual orientation or geographic location.
- An equal right to continuous, high-quality care that is effective, efficient, safe, timely and patient-centered.
- Increase efforts to eliminate racial, ethnic, and economic disparities in health service access, provision, utilization delivery and outcomes.
- Ensure workforce development of the social work profession to meet the needs of burgeoning and existing special populations.

References

- ¹ Kaiser Family Foundation, (2007), *Key Facts: Race, Ethnicity and Medical Care, 2007 Update*, Kaiser Family Foundation.
- ² National Association of Social Workers, (2009), *Turning Priorities Into Action: How The Social Work Profession Will Help*, Washington, DC: NASW Press.
- ³ Institutes of Medicine, (2008) Retrieved on May 12, 2009 from www.iom.edu/CMS/3793/44963/63116.aspx *Toward Health Equity and Patient-Centeredness: Integrating Health Literacy, Disparities Reduction, and Quality Improvement: Workshop Summary*.
- ⁴ NASW Center for Workforce Studies (2009), *Workforce Trends Affecting the Social Work Profession*. Washington, DC: NASW Press.

Additional Resources

- National Association of Social Workers. (2001). *NASW Standards for Cultural Competence in Social Work Practice*. Washington, DC: NASW Press.
- National Association of Social Workers. (2005). *NASW Standards for Social Work Practice in Health Care Settings*. Washington, DC: NASW Press.
- National Association of Social Workers. (2007). *Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice*. Washington, DC: NASW Press.
- National Association of Social Workers. (2009). *Health Care Policy. Social work speaks: National Association of Social Workers policy statement, 2009-2012* (8th ed., pp. 167-170). Washington, DC: NASW Press.
- National Association of Social Workers. (2009) *Health & Social Work: A Journal of the National Association of Social Workers*. Washington, DC: NASW Press.