

# Interdisciplinary Presentation of Evidence-based Recommendation

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Due Date

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# STATEMENT OF THE PROBLEM



Healthcare disparities in the US pose a challenge by compromising care timeliness, affordability, and quality.



Although citizens are entitled access to quality, affordable, and timely care, the prevailing inequalities result to inconsistent care delivery.



Often, healthcare inequalities and disparities exist due to discrepancies in the social determinants of health (SDOH) such as ethnic, social, economic, environmental, and geographical factors.



According to the Agency for Healthcare Research and Quality (AHRQ) (2021), health disparities manifest in the following Domains:

Access to person-centered care

Patient safety

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# STATEMENT OF THE PROBLEM CONT'D

- ❖ Effective treatment
  - ❖ Healthy living
  - ❖ Care affordability
  - ❖ Care coordination
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- According to Gomez et al. (2021), conditions in which people live, learn, work, and worship alongside their age and other demographic diversities, influence well-being and the overall healthcare access, experience, and affordability.
  - Due to the prevailing synergies between social determinants of health, it is not entirely easy to address health disparities.
  - Federal and state governments should prioritize on implementing evidence-based practice and proven interventions to ensure health equality and address disparities.

# RELEVANT FACTORS ASSOCIATED WITH HEALTH DISPARITIES

- As noted earlier, Americans exhibit diversities regarding social determinants of health (SDOH)
- Discrepancies within economic, socio-cultural, geographical, organizational, and environmental domains perpetrate health disparities. (Islam, 2019)
- Therefore, the primary factors for healthcare inequalities include:
  - ❖ Disparities in economic status
  - ❖ Racial and ethnic differences
  - ❖ Differences in residential locations
  - ❖ Demographic factors such as age and gender

# RELEVANT FACTORS ASSOCIATED WITH HEALTH DISPARITIES CONT'D



The Agency for Healthcare Research and Quality (AHRQ) collaborates with other federal agencies such as the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) to develop and update benchmarks for various health quality measures.



According to AHRQ (2021), these measures focus on Quality care determinants such as;

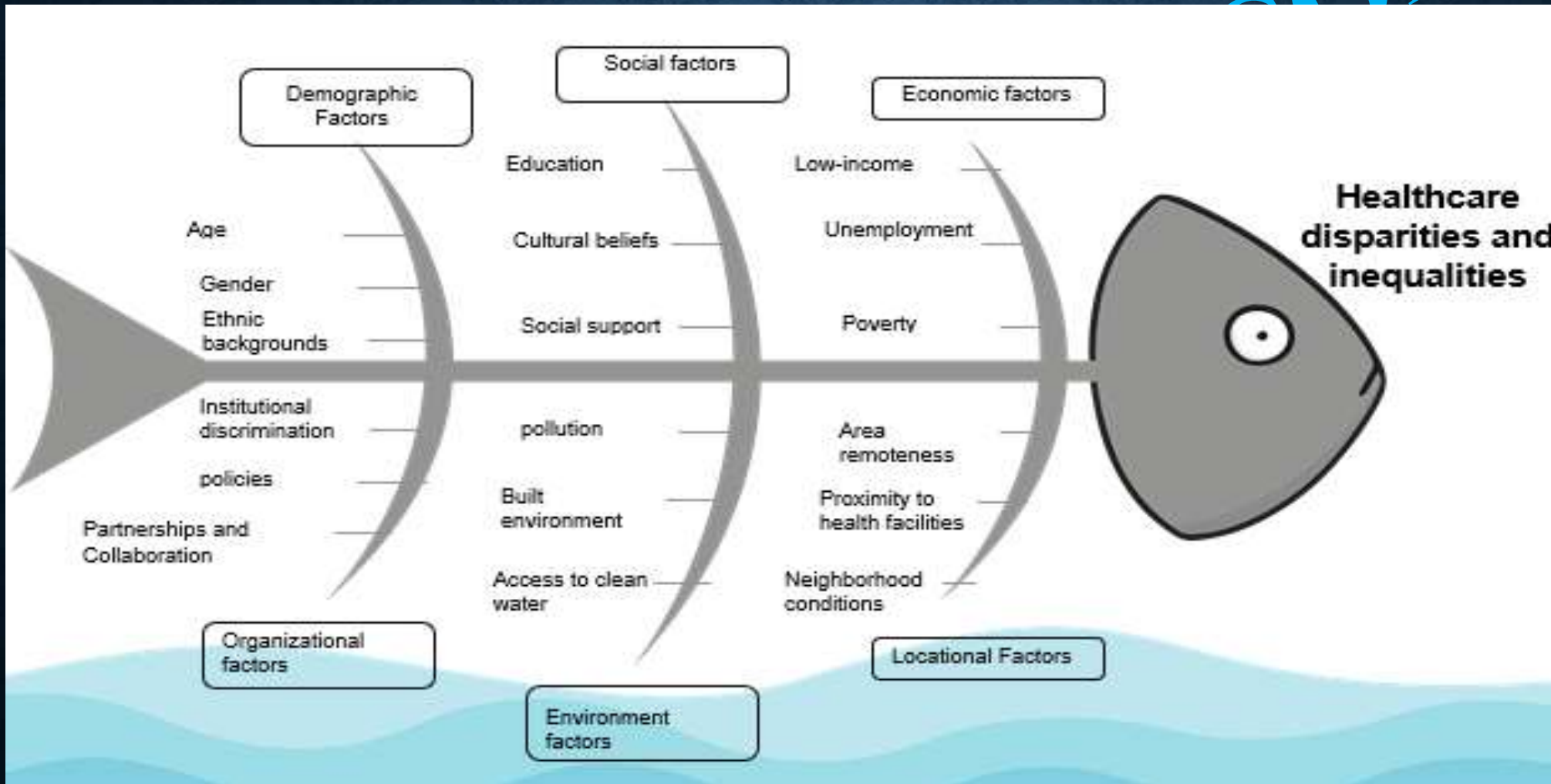
- Access to insurance covers
- Patient Safety
- Populations' quality of life
- Levels of care coordination
- Treatment effectiveness

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# An Appropriate Analysis Tool to the Problem

- Health inequalities pose multifactorial healthcare problems that require a comprehensive and reliable analytical tool.
- A fishbone diagram can be an ideal tool for analyzing the root causes of health inequalities.
- This tool contains a fish-like framework that enables comprehensive categorization of causative and contributing factors for specific health issues (Picarillo, 2018).
- The head section contains the problem while the rib branches document different root causes.
- This tool is also known as the Ishikawa causes and effects diagram.

# A Fishbone Diagram for Health Inequalities and Disparities



# EVIDENCE-BASED RECOMMENDATIONS FOR ADDRESSING HEALTH DISPARITIES AND INEQUALITIES

## Medicaid expansion

- ❖ Radley et al. (2021) argue that over 30 million Americans are still uninsured, especially people of color. Income and economic status contribute to disparities in access to Medicaid insurance covers. Therefore, expanding Medicaid by revising eligibility criteria can eliminate inequalities in care affordability and address the problem of uninsured and underinsured Americans.

## Developing Community-based programs and policies for ensuring health equality

- ❖ Localized interventions and programs can intercept and improve social determinants of health, including education, housing, built environment, healthcare justice, and literacy (Gomez et al., 2020).
- ❖ The national and state governments should collaborate to attend to the root-causes of health disparities by implementing community-based interventions.



# Evidence-based Recommendations Cont'd

## Eliminating organizational issues that result in health disparities

- ❖ Healthcare organizations in the US are responsible for care coordination, patient safety, and patient-centered care.
- ❖ Various institutional issues compromise the internal capacity to uphold these objectives.
- ❖ Lavizzo-Mourey et al. (2021) argue that racial and ethnic disparities in healthcare organizations exist and are disproportionate to minority groups such as Black Americans and Asian Americans.
- ❖ It is essential to address institutional incivility by developing policies and ethical standards, enhancing multidisciplinary collaboration, and eliminating workplace stressors.

# Evidence-based Recommendations Cont'd

## Equal and fair distribution of socio-economic resources

- As noted earlier, social determinants of health such as income status, poverty, education, work conditions, housing, and health literacy influence how people access, experience, and receive healthcare services.
- Disparities that emanate from these factors prompt governments to ensure equal and fair distribution of socio-economic resources to improve situations and eliminate inequalities (Gomez et al., 2021).
- It is essential to conceptualize policies and measures for ensuring maximum resource utilization at the community and institutional levels to address health disparities.

# Conclusion

- ❖ Healthc disparities pose a challenge to the current healthcare systems due to their relationship with the social determinants of health (SDOH)
- ❖ Therefore, addressing the prevailing inequalities requires practical analysis tools and plan frameworks.
- ❖ Examples of evidence-based recommendations for addressing health disparities include;
- ❖ Medicaid expansion
- ❖ Equal and fair distribution of socio-economic resources
- ❖ Developing community-based programs and policies for ensuring health equality
- ❖ Eliminating structural racism and other issues in healthcare organizations.

# References

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