

# RACIAL DISPARITIES IN HEALTHCARE

## Can transformative value-based care address racial disparities in American health?

White Americans and communities of color have experienced vastly different health outcomes during the COVID-19 pandemic. During COVID-19's earliest surges,

**3X RIP**  
per 100k

American Indian and Alaska Native (AIAN), Black, Native Hawaiian and Other Pacific Islander (NHOPI), and Hispanic people had over three times more premature excess deaths per 100,000 people in the U.S. in 2020 than the rate among White or Asian people,”

according to a [2021 Kaiser Family Foundation issue brief](#).

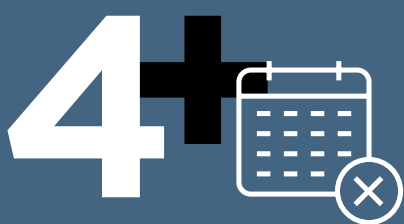
Communities of color experienced higher infection rates, hospitalization, and death rates from COVID-19. In addition, the KFF brief noted that communities of color received “**smaller shares of vaccinations** compared to their shares of cases, deaths, and total population, resulting in lower vaccination rates.”

Statistics like these may have surprised the public, but they were hardly news to public health researchers and health care professionals. These groups have long sounded the alarm about how communities of color in the United States are vulnerable to health threats like COVID-19 largely because of national, state, and local policies rooted in racism.

As the [CDC notes](#):

**A growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color...affecting where one lives, works, worships, and plays, and creating inequities in access to a range of social and economic benefits such as housing, education, wealth, and employment. These conditions, often referred to as the social determinants of health, are key drivers of health inequities within communities of color, placing those populations at greater risk for poor health outcomes.”**

Those poor outcomes include:



### Shorter Life Expectancy

Black Americans' life expectancy at birth is **4+ years shorter** than White Americans'.



### Death During Pregnancy

Black women are **3x more likely** and AIAN women are **2x more likely to die during childbirth** than White women.



### Death During Infancy

Children born to Black and NHOPI women are more **than 2x as likely to die** in infancy versus those born to White women.

Source: CDC, 2019

Source: Kaiser Family Foundation, 2020

The Commonwealth Fund's latest State Scorecard on Health System Performance showed that “**even in states that achieve high performance overall, racial and ethnic disparities can be dramatic.**” In addition:

- In most states, Black and AIAN people are more likely to die from conditions like diabetes that are largely treatable with “timely access to high-quality care.”
- In most states, Black women are more likely to die from breast cancer — considered highly treatable when discovered early — because their cancer is detected at a later stage more often than White women.
- In nearly all states, non-white populations face more cost-related barriers to care than white people.

Source: The Commonwealth Fund, 2021

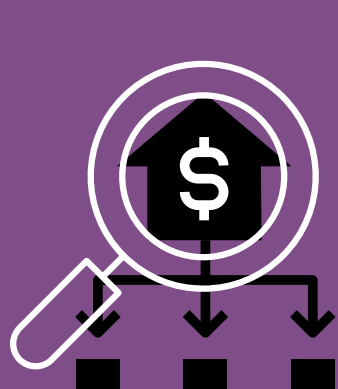


**Non-white populations face more cost-related barriers to care leading to higher death rates for treatable diseases.**

## Transformative primary care can help turn these trends around.

Policy changes are the most important and effective tools we, as a country, can use to remove longstanding and systemic barriers that communities of color face in achieving positive health outcomes. But a transformative approach to primary care, like ChenMed's, can and should be part of those plans.

Our patient population consists mainly of low-income seniors—people who have faced one or several social determinants of health for years. To ensure we are meeting the holistic needs of our patients, our centers:



Include **social workers who can help identify barriers our patients face** in accessing and following through with care and help connect them with potential solutions, such as **housing assistance**.



Partner with national rideshare companies like Lyft to provide **transportation assistance for patients living in underserved areas**, ensuring they can travel safely to and from their appointments.



Ensure physicians carry small patient panels, enabling close communication between care teams and patients that allows them the time and space to **practice culturally competent care**.

**Cultural competency is essential to reducing racial and ethnic health disparities,”** says Faisal Syed, ChenMed's National Director of Primary Care. “Our patients have diverse values, beliefs and behaviors, and we need to tailor the way we treat them in order to better meet their social and cultural needs. The transformative primary care approach encourages providers to do just that.”

Learn more about how primary care physicians can use social determinants of health to better guide their practice in this [blog post](#).



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