

## **The Health Disparities Solution – Is It Merely Putting Theory into Practice?**

**Thursday, April 1, 2010, at 4:00 p.m.**

The Universities at Shady Grove  
The Camille Kendall Academic Center  
Building III, Room 3241  
9636 Gudelsky Drive  
Rockville, MD 20850

### **The Issue**

Health disparities negatively impact the lives of vulnerable, minority populations as a result of unequal access and unequal services in the current health care delivery system.

### **What We Know**

Health disparities is one of the major issues facing the health care system today. The impact on health care financing, the health care delivery system, and individuals' well-being are significant. These impacts affect not only one's health status but also employment, family life, and mortality.

Consider the data that emerged from the 2008 *National Healthcare Disparities Report*:

- The proportion of new AIDS cases was 9.4 times as high for Blacks as for Whites and three times as high for Hispanics as for non-Hispanic Whites.
- Hospital admissions for lower extremity amputations in patients with diabetes and the lack of prenatal care for pregnant women in the first trimester are the largest disparities for Blacks.
- Asians are more likely than Whites to not get care for illness or injury as soon as wanted.
- Poor adults were more than twice as likely not to get timely care for an illness or injury.
- Only high-income people met the Healthy People 2010 target of 56 percent of people with a dental visit in the past year.
- Although the prevalence of mental disorders for racial and ethnic minorities in the United States is similar to that for Whites, minorities have less access to mental health care and are less likely to receive needed services.

Common themes reflect persistent disparities in health care quality and access, differences in the magnitude and pattern of disparities within subpopulations, and the existence of disparities across multiple priority populations. According to statistical data, vulnerable populations such as communities of color and those who are most challenged socioeconomically tend to shoulder the greatest burden of health problems and disparities.

## Goals for the Presentation

The presentation will lay the groundwork by describing what health disparities are and how they are measured. Focus will be on the vulnerable populations who face these disparities and the particular health conditions for which they are most at risk. Information about what is being done to address the disparities will be shared, and the agencies and organizations that are involved in reducing these disparities will be discussed. This session will also provide information on what key issues are associated with health disparities and how they can be addressed by the health care and broader communities.

## Presenters

**Donna Durant Atkinson, PhD.** Dr. Atkinson, Senior Study Director and evaluator at Westat, has over 20 years of evaluation and social science research experience. Dr. Atkinson has a background in substance abuse, HIV/AIDS, minority health, health professions training, and mentoring programs. She has worked with community-based organizations that serve African American, Latino/Hispanic, Asian/Pacific Islander, American Indian, and other ethnic groups. She provided technical assistance, on-site and in workshop forums, in evaluation and program development to a number of Federal grant and other programs. Dr. Atkinson has focused on performance and accountability for federally funded grant programs. One of her main areas of interest is health disparities and the provision of data to address the problem.

**Brenda Leath, MHSA, PMP.** Ms. Leath, Senior Study Director at Westat, has more than 25 years of experience in health service administration, research, and policy. Woven throughout her career is professional experience focused on vulnerable and underserved children and families with complex health and social service needs. She directed, managed, and/or provided content expertise on initiatives of local and national significance, including SAMHSA's DSSI Knowledge Synthesis contract, Transformation Accountability Project, and the Cultural Competence in Behavioral Health Education and Training Project. She is the Co-Principal Investigator and Project Director of a grant funded by the National Institutes of Health to develop performance measures in community care coordination—a project that uniquely involves a virtual research lab of providers located in communities across the nation. As the Disparities Task Leader on the Agency for Healthcare Research and Quality Health Care Innovations Exchange project, Ms. Leath's work includes facilitation of the Community Care Coordination Learning Network, for which she provides technical assistance on evaluation methods, benchmarking, and use of performance management strategies and tools.

**Marilyn Lynk, PhD.** Dr. Lynk is Program Manager at the Center on Health Disparities at Adventist HealthCare. She is responsible for developing strategies to improve access to and quality of health care services for underserved populations; creating an effective health disparities research program; organizing, developing, and facilitating health care professional and employee training and education programs; and obtaining funding to support Center programs and initiatives.

Currently, Dr. Lynk is conducting research on the provision of culturally and linguistically appropriate care at hospitals and other medical facilities. Ongoing studies include standardizing the collection of patient race, ethnicity, and language data for overall hospital quality improvement (Montgomery County Health Equity Initiative in collaboration with The Brookings Institution), and an evaluation to assess the impact of a bilingual staff interpreter program on language access and quality of care for limited English proficient patients. In addition, Dr. Lynk

has contributed to the Center's annual disparities reports highlighting partnerships within Adventist HealthCare and with the larger community, and the success of programs and services aimed at reducing health disparities locally.

Before joining Adventist HealthCare, Dr. Lynk was a program officer at the National Academies of Science and is an editor of *Measuring Racial Discrimination*, a scientific report of the National Research Council on methods for measuring racial discrimination in various domains. She has published in other areas, including cultural competence and linguistic access in health care, leadership development and organizational behavior, and workplace diversity. She received her degrees in psychology from University at Albany, State University of New York (BA), and Yale University (MS and PhD).