

Health Disparities in the United States and China

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Despite the efforts to eliminate health disparities in the U.S., health disparities continue to exist that racial and ethnic groups have lower life expectancy, higher rates of infant mortality and higher disease incidence than White. African Americans had the highest rates of mortality and mortality from heart disease, cancer, cerebrovascular disease, and HIV/AIDS (Smedley et al., 2001). The Hispanic population has a higher prevalence of diabetes and they are twice more likely to die from diabetes compared to Whites. Various factors contribute to health disparities at both patient and health care provider levels including socioeconomic, cultural, environmental, access to care, health care utilization, cost and quality of health care. Strategies to improve clinical outcomes include health systems interventions, patient education and empowerment, and cultural competent professional education.

In China, dramatic and sustained economic development and health care reform in the last two decades have substantially improved living standards of Chinese people. However, economic transition may have a negative impact on health. Inequality in health outcomes, health disparities between urban and rural areas and socioeconomic status are critical health challenge in China. Significant inequalities of health status, life expectancy, infant mortality, prevalence of disease and mortality rate between urban and rural areas have become remarkable. Studies have indicated that inequality in access to health care and financial difficulty are the major contributing factors. At individual level, living and working conditions, psychosocial factors and health behaviors are mediating factors.

Objectives:

1. Describe health disparities in the U.S. and in China.
2. Identify and discuss factors contributing health disparities in two countries.
3. Discuss strategies to improve health outcomes.