

Achieving equity in preventive health services

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Six in every 10 Americans have a chronic health condition. These conditions, including heart disease, cancer, diabetes or stroke, are the leading causes of death and disability in the United States and contribute greatly to the nation's annual health care costs, according to the Centers for Disease Control and Prevention.

While many chronic diseases can be prevented, delayed, or identified and treated early when patients work closely with primary care clinicians, differences in the use of health services by racial and ethnic minority groups, [rural residents](#) and people of lower socioeconomic status are significant and may contribute to disparities in disease burden and life expectancy.

In a review of 120 previously published articles, researchers at the Pacific Northwest Evidence-based Practice Center at Oregon Health & Science University assessed the effects of barriers that create health disparities in 10 select preventive services, such as cancer screening, smoking cessation or obesity management, and the effectiveness of interventions to reduce barriers.

Their findings indicate that enhanced services such as patient navigation, telephone calls and prompts, and reminders increased cancer screening rates across different patient populations. However, evidence was lacking to determine the effectiveness of interventions for other preventive services.

"In order to achieve health equity in preventive services, additional research is necessary to better understand patient and provider barriers, as well as the roles that [health information technology](#) and [health systems](#) can play in reducing disparities," says lead author Heidi D. Nelson, M.D., M.P.H., professor of medical informatics and clinical epidemiology and medicine in the OHSU School of Medicine.

The following themes were proposed to enhance future research: community engagement and systems approaches; integration of services and new delivery models; and the need for innovative methods, for example, pragmatic trials conducted in settings where at-risk populations are commonly treated.

Results of this study, published in *Annals of Internal Medicine*, helped to inform an independent panel, convened by the National Institutes of Health Pathways to Prevention Workshop, to develop 26 recommendations for further research to achieve more equal use and access to 10 preventive [health](#) services recommended by the U.S. Preventive Services Task Force.

More information: Heidi D. Nelson et al, Achieving Health Equity in Preventive Services: A Systematic Review for a National Institutes of Health Pathways to Prevention Workshop, *Annals of Internal Medicine* (2020). [DOI: 10.7326/M19-3199](https://doi.org/10.7326/M19-3199)

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