

# NIH panel: We need improved preventive services and reduced health disparities

January 16 2020

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An independent panel convened by the National Institutes of Health recommends enhanced research to assess and address disparities in access to health care and use of clinical services that prevent disease.

The panel urges scientists to explore interventions with multiple components and to engage stakeholders inside and outside the health care system.

Despite the proven value of preventive services such as screenings, counseling, and medications, uptake by providers and patients varies. Differences in the use of these services by racial and ethnic minority groups, rural residents, individuals of lower socioeconomic status, and some providers are significant and may contribute to disparities in disease burden and life expectancy.

Chronic diseases, such as heart disease, cancer, and diabetes are responsible for 7 of 10 deaths among Americans each year and account for 75% of the nation's health spending. Many of these chronic conditions can be prevented, delayed, or caught and treated early when patients work closely with their primary care providers.

"Ongoing disparities in the use of evidence-based preventive services, despite the wide availability of guidelines and improvements in insurance coverage, are a call to action for researchers and [health care](#) providers," said Dr. Tim Carey, professor of medicine at the University of North Carolina at Chapel Hill, and chairperson of the independent panel that authored the report.

Previous studies have shown that social determinants of health, including education, literacy, and culture, impact the acceptance and use of preventive services among minority populations and in people with low socioeconomic status. However, more research is needed to understand how these disparities can be addressed through provider and community interventions. Providers and health systems need to know more about how to effectively work with patients, community organizations, and other stakeholders to improve the use of guideline-recommended preventive services.

To assess the available scientific evidence and better understand research needs related to disparities in utilization of preventive services, NIH convened a panel of independent experts for the Pathways to Prevention Workshop: Achieving Health Equity in Preventive Services on June 19–20, 2019. The resulting report was published in *Annals of Internal Medicine* on Jan. 14, 2020, along with the systematic evidence review that was commissioned for the workshop through the Agency for Healthcare Research and Quality.

The report identified 26 recommendations for addressing research gaps related to patient and provider barriers and the role of health information technology and health care systems in the implementation of preventive services. The authors also highlighted three cross-cutting themes to enhance future research: community engagement and systems approaches; integration of services and new delivery models; and the need for innovative methods such as pragmatic trials conducted in settings where at-risk populations are commonly treated. Specific suggestions included developing new measures, broadly testing multi-component interventions, and exploring ways to make programs and partnerships more sustainable.

"Addressing the research priorities outlined in the report can help our nation get closer to eliminating disparities in preventable health conditions," said Dr. Carey. "Health care providers need to work with researchers, delivery systems, the public health community, and community advocates to achieve equitable care and [health](#) in the United States."

The panel's final report incorporated its assessment of the workshop's systematic review of the scientific evidence, expert presentations, audience input, and public comments. This is an independent report and not a policy statement of NIH or the federal government.

Provided by National Institutes of Health

Citation: NIH panel: We need improved preventive services and reduced health disparities (2020, January 16) retrieved 2 May 2024 from <https://medicalxpress.com/news/2020-01-nih-panel-health-disparities.html>

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