Living with or managing a chronic illness is expensive, accounting for some $300 billion spent annually in the United States. Despite such spending, many seniors still find themselves with unmet needs, leading to anxiety, confusion and a feeling of helplessness. It is important to acknowledge that not all seniors with chronic illnesses face the same barriers in gaining access to treatment options and having better outcomes. In fact, addressing health disparities has garnered national attention the past few years, especially under the Biden administration.

If the pandemic has taught us anything, it's that there is a growing need for health care to be more inclusive and accessible. The question for health care providers and policy leaders is how do you identify the root cause of these disparities and where do you begin making changes?

Layering age into the health inequity stack

"Patients with socioeconomic disadvantages bear the greatest burdens of poor care," according to the authors of an article published in *the Journal of the American Medical Association (JAMA)*.

One example of a common chronic condition that disproportionately affects various racial, ethnic, geographic and socioeconomic groups is diabetes. The Centers for Disease Control and Prevention (CDC) reports that between 2013 and 2015, more than 15% of those over the age of 18 who identified as Native American or Alaskan Native were diagnosed with diabetes, compared with 7.4% of white, non-Hispanic adults.

COVID-19 has shined a light on other areas of inequality attributable to race. Non-Hispanic Black people make up about 13% of the total population, yet account for 34% of deaths attributed to the virus. From hypertension to life expectancy, it's the same story: Black, other minority groups and those living in poverty experience worse outcomes compared with middle- and upper-income white people.

Meharry Medical College President and CEO Dr. James E.K. Hildreth discusses health disparities on the naviHealth podcast SOAP Notes.

Chances are, if you are a middle-aged person who has never had appropriate medical care,

or who has faced multiple barriers in getting care, those challenge will become even more prevalent as your age increases. One of the existing problems within the health care system that was exacerbated during the pandemic is ageism. Ageism isn't just a health care problem, though. As with other -isms, ageism [permeates our culture](#), making it that much more difficult to combat in the health care system.

The challenges of meeting patients' needs as they face overlapping disparities may seem overwhelming, particularly when considered alongside the many other challenges facing clinicians. But there are some clear steps the health care community can take to progress forward responsibly.

Seeking solutions starts with research and understanding

So how can we start to unravel all of these underlying layers? One area that needs to be reconsidered is the way researchers, payers and providers view health disparities.

"The ultimate goal of health disparities research should be to uncover key drivers and craft policies and practices that can effectively and sustainably address them," [according to](#) Matt Kasman and Ross Hammond, writing for Brookings. They say current research is limited by a "reliance on methods focused on isolating and separately quantifying the contribution of individual factors."

Multiple overlapping factors make such an approach unlikely to produce useful solutions. "Researchers and policymakers can use complex systems approaches to explore interacting mechanisms and answer new kinds of questions concerning why observed levels of health disparities occur, which effect pathways or leverage points might matter most, why past or existing policies and interventions have observed effects in a given context, and how novel proposed policies or interventions might affect different communities," the authors write.

Another area that is worth addressing is staffing. With staffing issues across the entire industry, now is the perfect time for health systems to be focusing on creating a diverse team of providers to better reflect their population of patients.

"Greater diversity in the health care workforce is seen as a promising strategy for addressing racial and ethnic health care disparities by improving access to health care for underserved patients, improving the patient experience, and increasing patient satisfaction," Kirsten Wilbur, ET al, wrote in [an article](#)published in *Health Professions*

Education.

Finally, expanding access to participation in clinical trials, especially for Black and Hispanic seniors, could help reduce some of the health disparities. "Participating in a clinical trial can ensure that a patient gains many benefits, not just for them, but for others, too," said Enrique Soto, MD, on the [Cancer.Net podcast](#).

The lack of diversity in clinical trials isn't a new problem. In 1993, the National Institutes of Health (NIH) Revitalization Act passed by Congress required NIH studies to include more women and minorities. Yet, participants in most studies tend to be 80–90% white. It is up to those in charge of the trials to also be more inclusive while overcoming a major hurdle that goes hand-in-hand with this issue: a lack of trust in the health care community.

"The problem is not necessarily that researchers are unwilling to diversify their studies. Members of minority groups are often reluctant to take part in. Fear of discrimination by medical professionals is one reason," according to a 2018 [article](#) in *Scientific American*. Those same challenges are only amplified for senior Americans, who often face barriers in transportation, and even in qualifying for some clinical trials, which can have strict inclusion criteria. By reducing such barriers and working to make sure seniors have the chance to join clinical trials, researchers can help bridge the health care disparity gap.

Like an onion, there are many layers to the issue of health equity. However, at the core of health care is a mission to help those in need and that starts with better identifying who those in need are, why they are in need and how to find the right solution for each individual.

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