



CONSORTIUM FOR CITIZENS  
WITH DISABILITIES

## **DISCRIMINATORY PRACTICES IN HEALTH CARE DELIVERY MAY CONTRIBUTE TO DIMINISHED HEALTH AND DISABILITY**

*There are discriminatory practices in health service delivery that are barriers to healthy family formation based on providers' personal preferences.*

A forum was held at the Center for American Progress that was entitled "When Consciences Collide: Negotiating the Rights, Needs and Responsibilities of Health Care Providers..." Presenters at the forum represented differing positions on reproductive health issues.

### **Summary**

Population-based health data on mortality and morbidity places the U.S. near the bottom when compared to other industrialized countries. These data should be of moral concern to policymakers, health care providers, and the public. Health disparities among varying populations in the U.S. are evidence of de facto health discrimination. The World Health Organization indicates that mortality in children birth to five years is 8 per 1,000 in the U. S. and 5 per 1,000 in Cuba. Thus, children in Cuba have a 60% greater chance of reaching their 5<sup>th</sup> birthday than children in the U.S. In addition, the prevalence of infant mortality is estimated to be nearly 50% greater in New York City than in Singapore.

There is evidence that 75% of health care costs emanate from inadequate provisions of public health social determinants. The Centers for Disease Control and Prevention has identified "family planning" as a population-based public health issue and it is considered to be a public good. In addition, there is evidence of an essential need to create an ample supply of OB/GYN providers to address a shortage.

### **Disability Prevention**

Effective non-discriminatory "family planning" may ameliorate low U.S. standing among other countries on infant and child mortality rates. Discriminatory practices, particularly in medically under-served areas, in allocating legal medical services may have an adverse impact on the public health of America. Thus, it is suggested that discriminatory practices of providing legally based health care based on provider personal values that lead to health disparities, diminished health, and disability be a consideration in development of health policy.

**Intervention**

A letter was sent to a presenter that referred to post forum discussion on discriminatory practices of legal health care services based on the personal values of providers.

**Recommendation**

It is recommended that public health services for healthy family formation be exempt from discriminatory practices based on provider personal preferences for services.