

Otolaryngology-Related Disorders in Underserved Populations, Otolaryngology Training and Workforce Considerations in North America



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KEYWORDS

• Disparities • Underserved populations • Otolaryngology workforce • North America

KEY POINTS

- Underserved and vulnerable populations are less frequently diagnosed with common otolaryngologic disorders, yet come to clinical attention with advanced forms of the disorder, suggesting decreased engagement with the health care system.
- Furthermore, limited access to high-quality health care, and socioeconomic, cultural, and biologic risk factors may also contribute to observed differences in care.
- The tendency of vulnerable populations to obtain care by low-volume providers and facilities likely contributes to worse outcomes, and higher health care costs.
- In Canada, greater standardization in care delivery has been achieved by managing head and neck squamous cell cancers at designated regional centers.
- The geographic distribution of providers and facilities suitable to care for complex otolaryngology-related disorders should be optimized to enhance the appropriate and timely delivery of otolaryngology care.

BACKGROUND

Underserved populations within Canada and the United States exhibit poorer health outcomes despite greater per capita health expenditures.^{1–3} Disparities in care and health outcomes are regularly observed. These discrepancies are most prominent in

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rural and/or remote communities in Canada largely represented by indigenous populations, a diverse group of peoples, including First Nations, Inuit, and Metis, each consisting of hundreds of distinct groups with different language, cultures, history, and geography. In contrast, in the United States, the nature and degree of insurance coverage varies widely, and the underserved population is more heterogeneous, encompassing a variety of socioeconomic, racial, ethnic, and/or rural groups that exhibit less engagement with the health care system. Indigenous populations in the United States are only one of many underserved groups.

UNDERSERVED POPULATIONS

Despite the Canadian Health Care Act, legislation that called for the same level of health care for all Canadian residents, some populations exhibit poorer health. For instance, the life expectancy of First Nations peoples is 5 to 7 years less than the Canadian population's life expectancies, with higher rates of deaths caused by circulatory diseases and injury, higher rates of suicide (five to seven times higher in Aboriginal youths than the national average and 20 times higher in Inuit males), and higher rates of infectious diseases including pertussis (2.2 times higher), rubella (seven times higher), tuberculosis (six times higher), and shigellosis (2.1 times higher).⁴

Approximately 18% (6.5 million people) of Canada's population is considered rural and about 1.1% (400,000 people) is living in remote communities lacking access by road, rail, or water. Of these, approximately 340,000 are indigenous (Statistics Canada, 2015). In the United States, according to the US census, a similar proportion (19.3%) of the population (about 60 million people) reside in rural regions that cover 97% of the land area of the United States.

In the United States, the Health Resources and Services Administration designates both geographic regions and specific populations as medically underserved. Medically underserved areas have shortages of primary care health services within geographic regions, whereas medically underserved populations face economic, cultural, or linguistic barriers to health care engagement. The specificity of such definitions enables the targeting of local, state, and federal resources to specific geographic areas. Under this designation, African Americans and Hispanics are not considered underserved, despite the substantially worse health outcomes for many conditions observed in these groups.

Otolaryngology-related disorders are reviewed here not only in underserved but also vulnerable populations, those groups whose demographic, geographic, or economic characteristics impede or prevent group members' access to health care services.⁵ These include the poor, the mentally ill, and those living in remote, rural areas, racial and ethnic minorities, and any social group with disproportionately high rates of adverse health outcomes.⁶

ACCESSIBILITY

A multitude of social determinants of health⁷ impact on health care status in vulnerable populations, including race and ethnicity, socioeconomic status, racism and discrimination, historical conditions and colonialism. Underserved and vulnerable populations also exhibit diminished engagement with the health care system, and consequently come to clinical attention less frequently but with advanced disorders.

Health insurance is a prerequisite for timely and effective care but insurance coverage by itself does not guarantee access that leads to timely diagnosis or effective treatment. In the United States, specific health systems and networks were devised to improve access to health care for specific populations, such as the Veterans Affairs and

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