The average Purdue Global military student is awarded 54% of the credits needed for an associate's and 45% of the credits needed for a bachelor's. Most Commonly Searched: Most Commonly Searched: The data on health and health care disparities in the U.S. is both staggering and somber. According to KFF, a nonprofit, nonpartisan organization that conducts health policy research and polls: Unfortunately, statistics such as these are not uncommon. How can we reduce health disparities in this nation? We sat down with Rikki Byrd, PhD, faculty member in the School of Health Sciences at Purdue Global, to discuss what health disparities are and how we can reduce them. Healthy People 2030, an agency within the U.S. Department of Health and Human Services, defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” The U.S. Centers for Disease Control and Prevention (CDC) define health disparities as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.” Health care disparities, Byrd says, “refer to differences in health care that different groups of people have access to that stem from broader inequities.” According to Byrd, these disparities are preventable with the right resources and interventions. “However, systemically, it has been very challenging to make much of a difference,” Byrd says. “Those disparities typically affect marginalized populations and their ability to achieve their optimal state of health and wellness in comparison to other populations.” Byrd identified six main factors affecting both health disparities and health care disparities: There is evidence that racial and ethnic minorities tend to receive lower quality of care than nonminorities. According to the Center for Medicare Advocacy, the populations that have customarily been underserved in the American health care system include African Americans, Latinos, Native Americans, and Asian Americans. “Black and Hispanic Americans are more likely not to have health insurance or be underinsured. They also have less access to the same level of quality care than White Americans have,” Byrd says. According to the CDC, minority patients also experience greater morbidity and mortality from various chronic diseases than nonminorities. “There are higher rates of chronic diseases such as heart disease, hypertension, obesity, asthma, stroke, cancer, and diabetes,” Byrd says. “A lot of these diseases have a genetic component, but there are some social determinants of health that are part of the norm in some of those populations that also affect health.” The CDC defines “socioeconomic status” as “the absolute or relative levels of economic resources, power, and prestige closely associated with wealth of an individual, community, or country.” It comprises such things as income, education, employment status, and other factors. According to the CDC: “People with lower incomes and less education are more likely to be underinsured or uninsured and therefore have different access to quality health care,” Byrd says.