

ADDRESSING RACIAL AND ETHNIC HEALTH CARE DISPARITIES

WHERE DO WE GO FROM HERE?



RACIAL AND ETHNIC HEALTH CARE DISPARITIES: HOW MUCH PROGRESS HAVE WE MADE?

Former U.S. Surgeon General David Satcher, MD, recently estimated that nearly 84,000 deaths could be prevented each year if the United States eliminated the gaps in mortality between black and white Americans. Although there have been a number of activities among health providers, payers, and researchers to meet that laudable goal, there remain significant challenges to narrowing health care disparities between minorities and whites.



INSTITUTE OF MEDICINE
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Often times, the system gets the concept of black people off the 6 o'clock news, and they treat us all the same way. Here's a guy coming in here with no insurance. He's low breed.
—African American patient

Many of the access and delivery problems facing minorities identified by the Institute of Medicine (IOM) and other researchers in recent years continue to plague the American health care system. In some cases, the problems have gotten worse:

INFANT MORTALITY RATES for black babies remain nearly two-and-one-half times higher than for whites.

THE LIFE EXPECTANCY for black men and women remains at nearly one decade fewer years of life compared with their white counterparts.

RATES OF DEATH attributable to heart disease, stroke, prostate and breast cancer remain much higher in black populations.

DIABETES DISEASE RATES are more than 30 percent higher among Native Americans and Hispanics than among whites.

MINORITIES REMAIN GROSSLY UNDER-REPRESENTED in the health professions workforce relative to their proportions in the population.

In addition, despite a large and growing body of scientific evidence, many patients and providers remain unaware that racial and ethnic health care disparities are a problem and perceptions about health care inequalities vary between minorities and whites.

AGE-ADJUSTED RATES FOR 10 LEADING CAUSES OF DEATH BY ETHNIC GROUP PER 100,000 MALES

Disease	All	Non-Hispanic White	Non-Hispanic Blacks	Hispanic
Heart	328.1	329.5	344.3	212.7
All cancer	251.6	251.4	350.1	151.4
Cerebrovascular diseases	62.4	60.5	89.7	44.6
Chronic obstructive pulmonary disease	58.1	61.3	51.4	27.3
Unintentional accidents	50.6	49.1	64.2	47.2
Pneumonia and influenza	28.0	28.0	33.0	18.6
Diabetes mellitus	27.7	25.0	50.1	34.5
Suicide	18.2	20.3	10.8	10.7
Kidney infections	16.2	14.8	33.8	12.9
Chronic liver disease and cirrhosis	13.7	12.7	15.6	23.0

AGE-ADJUSTED RATES FOR 10 LEADING CAUSES OF DEATH BY ETHNIC GROUP PER 100,000 FEMALES

Disease	All	Non-Hispanic White	Non-Hispanic Blacks	Hispanic
Heart	220.9	218.1	297.0	146.5
All cancer	169.9	172.1	205.6	101.4
Cerebrovascular diseases	60.5	59.6	80.0	36.6
Chronic obstructive pulmonary disease	38.2	41.5	24.5	15.3
Diabetes mellitus	23.3	19.5	51.7	32.6
Unintentional accidents	22.7	23.1	24.4	15.5
Pneumonia and influenza	20.8	21.1	21.7	13.5
Alzheimer's disease	17.6	18.8	12.4	8.4
Kidney infections	11.2	9.7	26.6	8.8
Septicemia	10.5	9.5	23.0	6.8

SOURCE: Centers for Disease Control and Prevention (2001).

**A DAUNTING CHALLENGE:
ELIMINATING DISPARITIES BY 2010**

Despite these various challenges, the federal government remains committed to closing the disparity gap. As part of its prevention agenda, the U.S. Department of Health and Human Services has set a goal of eliminating disparities in the burden of disease by 2010. The IOM firmly supports this objective, however, it remains concerned that up until now, efforts to narrow gaps in racial and ethnic disparities have had only a marginal effect.

Nevertheless, in the IOM's years of deliberation and study on these issues, several key messages have emerged as starting points for action:

- The need to increase awareness of the problem among the public, health care providers, insurers and policymakers;
- The need to promote consistency and equity of care through the use of evidence-based guidelines so that treatment decisions are based on the best available science;
- The need to strengthen culturally competent health care approaches; and
- The need to improve the diversity of the health care workforce because diversity increases access to care for minority groups, increases minority patients choices among providers, and increases satisfaction with care.

DOCUMENTING THE PROBLEM

In 2002, the IOM published a groundbreaking report, titled *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, which illuminated one of the most critical health care challenges facing the United States. The IOM's findings that racial and ethnic minorities receive lower-quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable—for the first time gave evidence-based credence to the assertion that the U.S. health care system is not color blind. The report offered comprehensive evidence to an uncomfortable reality—some people in the United States were more likely to die from cancer, heart disease, and diabetes simply because of their race or ethnicity, not just because they lack access to health care. The report found:

- Members of minority groups are less likely than whites to be given appropriate cardiac medicines or undergo coronary bypass surgery;
- Minorities are less likely than whites to receive kidney dialysis or kidney transplants;
- Minorities are less likely than whites to receive the best diagnostic tests or treatments for stroke or cancer;

My son broke my glasses so I needed to go get a prescription so I could go buy a pair of glasses. I get there and the optometrist was talking to me as if I was like 10 years old. As we were talking, they were saying, "What do you do," and as soon as they found out what I did [professionally], the whole attitude of this person changed towards me. I don't know if they come in there thinking, "Oh this poor Indian does not have a clue." I definitely felt like I was being treated differently.
—Native American patient

When I ask [my Hispanic patients] if the other doctor ever examines you, they say, "No, they give me a prescription." It's amazing. A lot of times these patients have these problems that are missed by the other doctors.

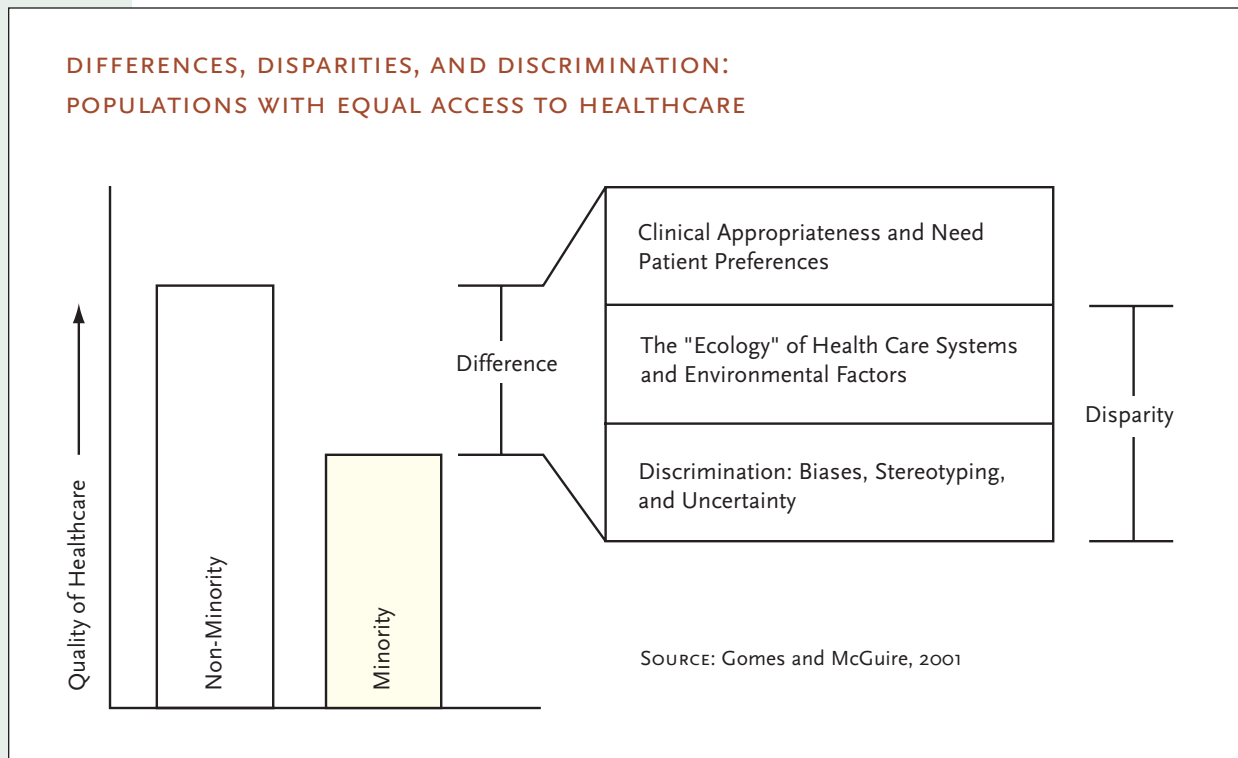
—Hispanic physician

- Minorities are less likely to receive state-of-the-art treatments or therapies that can forestall the onset of AIDS;
- Minorities are more likely to receive less desirable treatments than whites.

The IOM acknowledged that there are many possible reasons for racial and ethnic disparities in health care, including:

- Cultural and language barriers;
- Time limitations imposed by the pressures of clinical practice;
- Distrust for the health care establishment by many minority patients;
- A woeful lack of minority physicians who may be more culturally sensitized to the needs of their patients;
- Conscious or subconscious biases, prejudices, and negative racial stereotypes or perceptions that affect the way providers deliver care.

Most agree that the IOM's minority health research efforts have been a major catalyst for advancing efforts and policies to narrow racial and ethnic health care disparities. The IOM's scientific-based reports and recommendations have laid the foundation for private- and public-sector activities that seek to improve the way care is delivered to people of color; develop more effective communications tools and strategies to interact with a diverse pool of patients; and promote more culturally competent training and treatment.



IOM REPORTS EXAMINING HEALTH DISPARITIES



Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care assesses the extent of racial and ethnic differences in health care that are not otherwise attributable to known factors such as access to care.



The Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Ethnic Minorities and the Medically Underserved called for more research on understanding why poor Americans and some ethnic minorities are more likely to develop and die from certain types of cancer.



Health Literacy, A Prescription to End Confusion examined how limited health care literacy, a condition that affects as many as 90 million Americans, influences medical outcomes.



Speaking of Health, Assessing Health Communication Strategies for Diverse Populations examined the importance of effective communications on influencing health behaviors among diverse audiences.



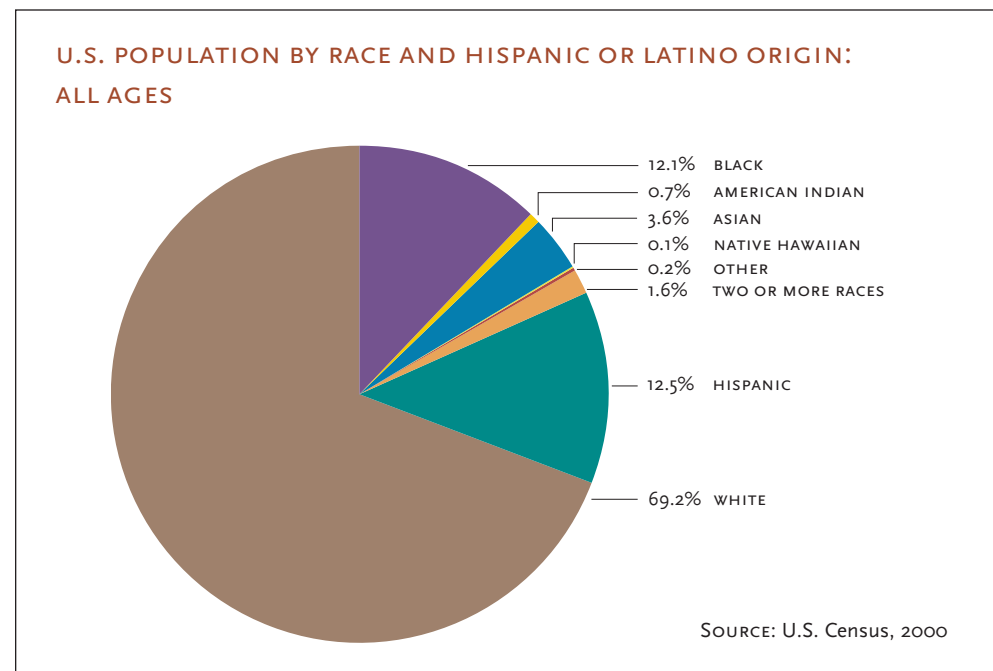
In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce studied the importance of strategies for promoting and sustaining a diverse healthcare workforce.

I've had both positive and negative experiences. I know the negative one was based on race. It was [with] a previous primary care physician when I discovered I had diabetes. He said, "I need to write this prescription for these pills, but you'll never take them and you'll come back and tell me you're still eating pig's feet and everything... Then why do I still need to write this prescription." And I'm like, "I don't eat pig's feet."

—African American patient

MOVING THE DISCUSSION TO NEW FRONTIER

Having drawn attention to the extent of racial and ethnic health care disparities in the United States, the IOM is now advancing solutions to narrow them or eliminate the problem altogether. The racial and ethnic diversity of the U.S. is growing rapidly. Unless the problem is tackled quickly, health disparities among minorities could result in even more preventable deaths and disability. Addressing disparities also would make a big impact on improving the quality of health care for everyone, another IOM priority area.



ROUNDTABLE ON HEALTH DISPARITIES

To advance action and promote change, the IOM is working to convene a Roundtable on Health Disparities. Through this roundtable, the IOM seeks to:

- Raise the visibility of racial and ethnic health disparities as a national problem;
- Promote the development of programs and strategies to reduce disparities;
- Foster leadership to effect change; and
- Track promising activities and developments in minority health care that could lead to dramatically reducing or eliminating disparities.

The IOM has a proven track record with these roundtables, having been a successful convener on other projects related to environmental health and clinical research. These roundtables have generated action and engaged a variety of sectors in solving public policy problems. The Roundtable on Health Disparities would include representatives from the health professions, state and local government, foundations, academia, advocacy groups, and community-based organizations. Through this effort, the IOM hopes to:

IDENTIFY AND SHARE BEST PRACTICES in such areas as effective cultural competency techniques or cross-cultural education in health care settings;

DEVELOP AND PROMOTE EFFECTIVE STRATEGIES to increase the number of minorities working in medicine and the health professions;

SHED LIGHT ON THE CAUSES OF HEALTH DISPARITIES and disseminate examples of successful strategies for ending them; and

THE ROUNDTABLE ALSO CAN SERVE TO BRING TOGETHER KEY STAKEHOLDERS, such as business leaders and health care purchasers who address disparities in unique ways.

SETTING RESEARCH PRIORITIES

In addition to the Roundtable, the IOM is assessing the adequacy of the National Institutes of Health's (NIH's) health disparities strategic plan—a plan that identifies and defines NIH's mission and vision regarding the reduction and ultimate elimination of health disparities. The IOM will provide its findings and recommendations on the following:

- The adequacy of the trans-NIH minority health and health disparities strategic plan in achieving the NIH's goals and objectives with respect to research, research infrastructure, and public information and community outreach;
- The adequacy of coordination across NIH institutes and centers in helping to develop and carry out the elements of the strategic plan; and
- The possible means, including potential legislative modifications, to help NIH achieve its plan objectives.

BECOMING A ONE-STOP SOURCE

To further the public's understanding of disparities in care, the IOM will launch a user-friendly public website that integrates and expands on the information and findings from its body of work on the issue. The site is meant to serve as a one-stop comprehensive resource to help policymakers, providers, and thought leaders better understand the factors causing disparities and activities that are under way to address them.

If someone, the doctor for example, is of the same ethnicity, Hispanic, he understands the idiosyncrasies more. For example, for women, in our country there are certain taboos. It is more difficult to talk about private things. So, a doctor of our same race will understand those things more.

—Hispanic patient

WHY IOM?

As the nation's premier scientific institution concerned with providing scientifically balanced answers to difficult questions of national importance, the IOM helped chart the agenda for addressing gaps in the receipt and delivery of minority health care. The IOM has made it a priority to advance the understanding of health disparities and the solutions for ending them.

Through these and other efforts, the IOM hopes to inform change that will improve the quality of life for some of this country's most vulnerable groups and ensure that all Americans receive the care they need and deserve. As one IOM committee member remarked during the release of the *Unequal Treatment* report: "The real challenge lies not in debating whether disparities exist, because the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them."

FOR MORE INFORMATION

Copies of this brochure are available from the Institute of Medicine website at www.iom.edu. Printed copies are also available while quantities last. Please contact us at iom@nas.edu.

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