

Working Together to End Racial and Ethnic Disparities: One Physician at a Time

1. Health disparities overview

What are health disparities?

“Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States” (Institute of Medicine, 2002). African-Americans, Hispanics and Latinos, American Indians/Alaska Natives, Asians, and Native Hawaiian or Other Pacific Islanders bear a disproportionate burden of disease, injury, premature death and disability. The Institute of Medicine, in its seminal report, *Unequal Treatment*, concluded that racial and ethnic disparities in health care are widespread and persist even after accounting for socioeconomic factors, geographical location and disease state. The federal Agency for Healthcare Research and Quality produces an annual report that tracks changes in health care disparities for a range of clinical conditions. As summarized in the 2004 report: disparities are pervasive; improvement is possible; and gaps in information exist, especially for specific conditions and populations.

Health disparities can mean lower life expectancy, decreased quality of life, loss of economic opportunities and perceptions of injustice. The expected demographic changes in the U.S. population will magnify the adverse impact of disparities on public health in the United States. For society, these disparities translate into decreased productivity, increased health care costs and social inequity.

Examples of disparities

Infant mortality

In 2000, the black-to-white ratio in infant mortality was 2.5 (up from 2.4 in 1998). This widening disparity between black and white infants is a trend that has persisted over the last two decades.

Cancer screening and management

African-American women are more than twice as likely to die of cervical cancer than white women and more likely to die of breast cancer than are women of any other racial or ethnic group.

Cardiovascular disease

In 2000, rates of death from heart disease were 29 percent higher among African-American adults than among white adults, and death rates from stroke were 40 percent higher.

Diabetes

In 2000, American Indians and Alaska Natives were 2.6 times more likely to be diagnosed with diabetes compared with non-Hispanic whites; African-Americans were 2.0 times more likely, and Hispanics were 1.9 times more likely.

HIV infection/AIDS

Although African-Americans and Hispanics represented 26 percent of the U.S. population in 2001, they accounted for 66 percent of adult AIDS cases and 82 percent of pediatric AIDS cases reported in the first half of that year.

Immunizations

In 2001, Hispanics and African-Americans aged 65 years and older were less likely than non-Hispanic whites to report having received influenza and pneumococcal vaccines.

Unequal access to care and unequal treatment of persons who receive care are critical determinants of racial/ethnic disparities in health care and health status. Socioeconomic factors (e.g., education, employment, and poverty), lifestyle behaviors (e.g., physical activity, alcohol intake and tobacco use), social environment (e.g., educational and economic opportunities and neighborhood and work

Health disparities overview *(continued)*

conditions), and access to clinical preventive services (e.g., cancer screening and vaccination) contribute to racial/ethnic health disparities. In addition, lack of familiarity with the U.S. health care system, different cultural attitudes about the use of traditional and conventional medicine, and lack of fluency in English can pose barriers to obtaining appropriate health care.

Factors contributing to health care disparities:

- Unequal treatment for minorities
- Lack of diversity among health care providers
- Poverty
- Lack of insurance and access to care
- Communication barriers
- Low health literacy
- Stereotyping
- Quality of health care

Health disparities framework

Health—before care	Access to care	Health care delivery
Income levels, poverty and other social conditions	Financial resources	Insurance coverage and type
Safety and adequacy of housing	Availability and proximity of providers	Cultural competency levels
Employment status and type of employment	Access to transportation	Patient-provider communications
Education levels	Insurance coverage	Provider discrimination or bias
Lifestyle choices—diet, exercise, tobacco and alcohol use	Regular source of care	Differential vulnerabilities for certain diseases by racial/ethnic populations
Environmental conditions—air and water quality, pesticide exposure, access to green space	Language barriers	Patient preferences and adherence to treatment plans
	Legal barriers (e.g., eligibility restrictions, illegal immigrants)	Diversity of the health care workforce
	Prior experience with the health care system	Appropriateness of care
	Cultural preferences—care-seeking behaviors	Effectiveness of care
	Health literacy levels	Language barriers
	Diversity of the health care workforce	

Health disparities overview *(continued)*

Addressing health disparities

The elimination of racial/ethnic disparities in health status will require important changes in the ways health care is delivered and financed. Standardized data collection is critically important in developing quality improvement efforts. A comprehensive, multi-level strategy is needed to eliminate disparities. Health care providers and their patients, payors, health plan purchasers, and society at large must work together to ensure all patients receive a high quality of health care.

Strategies include:

- Address the low health literacy needs of patients
- Institute cultural competence training for staff
- Assess health care setting to ensure language access
- Evaluate interpersonal communication to reduce risk of stereotyping in clinical decision-making and to promote trust
- Promote patient self-management
- Follow clinical treatment guidelines

Selected references:

Centers for Disease Control and Prevention. Office of Minority Health Information. Available at www.cdc.gov/omh/aboutus/disparities.htm.

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