

## Health Disparities Resources

*Definition of health disparities from the US DHHS OMH: A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.*

Culturally Effective Health Care – AMA

<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/minority-affairs-consortium/news-resources/culturally-effective-health-care.page>?

Eliminating Health Disparities

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/eliminating-health-disparities.page>?

AMA – Ending Disparities e-Letter

<http://www.ama-assn.org/resources/doc/public-health/ending-disparities-july-2011.pdf>

Link to National healthcare Quality Report & Disparities Report 2010

<http://www.ahrq.gov/qual/qdr10.htm>

Minority health resources at AHRQ

<http://www.ahrq.gov/research/minorix.htm>

AHRQ Research Reports

<http://www.ahrq.gov/research/resact.htm>

HHS Action Plan to Reduce Racial and Ethnic Health Disparities

<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=285>

National Partnership to eliminate health disparities

<http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=6>

Linking Quality and Disparities from the Commonwealth Fund

<http://www.commonwealthfund.org/Publications/Literature-Abstracts/2010/Jan/Physician-Effects-on-Racial-and-Ethnic-Disparities-in-Patients-Experiences-of-Primary-Care.aspx>

<http://www.commonwealthfund.org/Publications/In-Brief/2011/Jun/Reducing-Disparities-in-Female-Breast-Cancer.aspx>

Aetna Racial and Ethnic Healthcare Equity

<http://www.aetna-foundation.org/foundation/aetna-foundation-programs/program-areas/racial-and-ethnic-health-care-equity.html>

<http://www.aetna-foundation.org/foundation/aetna-foundation-programs/foundation-resources-information/racial-ethnic-health-care-equity.html>

Resources from the Kaiser Family Foundation  
<http://www.statehealthfacts.org/>  
<http://www.kff.org/minorityhealth/report.cfm>

### Examples of gaps from a recent KKF Minority Health Report

1. A recent article published in [The Washington Post](#) reported on a study of District residents hospitalized for a stroke, that found blacks were less one-third likely to receive lifesaving treatment compared to whites.

According to a study published in the journal *Stroke*, there is a significant disparity in hospitalizations for a stroke between blacks and whites in the District of Columbia. Another study, conducted by a consortium of University Hospitals in the District that was also discussed in the article, found that only 3 percent of black patients were treated with the clot busting treatment tPA, compared to 10 percent of white patients who were treated with tPA. The article did discuss a study that controlled for possible racial bias by primary care providers. The researchers in that study followed 45 patients who received this lifesaving treatment (tPA). Out of the followed patients, seventy percent of the makeup were black as compared to seventy-six were white. Amie Hsia, the lead author and medical director of Washington Hospital Center's Stroke Center, said "this data provides enough information to rule out racial bias." Even as racial bias can be ruled out, the researchers suggest, however, blacks on average are still less likely to receive the lifesaving treatment for a stroke compared to whites.

Dr. Hsia went on to say, "Based on our data, it appears that much of the explanation is due to things that happen before the patient gets to the hospital." Other researchers agree that certain factors, such as not arriving at the hospital early enough and having high blood pressure, are the major reasons why blacks may not receive the life saving medical treatment for a stroke. According to the article, patients must call 911 at first sight of symptoms and control other risk factors such as high blood pressure in order to receive this treatment and prevent such ruling out factors. (Sun, 6/30).

2. The results of a recent study published in [Women's Health Issues](#) found that women veterans had higher lower density lipoprotein cholesterol (LDL) levels than veteran men and were less likely to initiate or receive therapy than their male counterparts.

Using data from the Veterans Health Administration (VHA) Diabetes Epidemiologic Cohort database, a dataset which includes information on all VHA diabetic patients since 1998, the authors identified a final study population of 22,475 women and 89,431 men with diabetes and hyperlipidemia during the 2006 fiscal year. The authors found that women were more likely to have higher mean value of LDL than men at every age group, although both men and women had a similar number of LDL tests in the study year. LDL values for younger women (under 45 years of age) were worse than younger males, and were less likely to receive a prescription for lipid-lowering medication compared to women 65 years or older. Initiation of lipid-lowering therapy was also lower for women compared to men, 37% vs. 42% respectively. After adjustments, the authors found that the odds of being of therapy was 21% lower for women as compared with men, with the odds ratio being higher (50%) for women younger than 45.

The authors noted that the high proportion of young women with lack of treatment may experience a long period of exposure to the adverse cardiovascular effects of hyperlipidemia

and intervening at early stages can have a positive impact on long-term health and economic costs among the diabetic population.

(Vimalananda VG, Miller DR, Palnati M, et. al. Gender disparities in lipid-lowering therapy among veterans with diabetes. *Womens Health Issues*. 2011 Jul-Aug; 21(4 Suppl): S176-81