

Reducing disparities in health care

Recent studies have shown that despite the improvements in the overall health of the country, racial and ethnic minorities experience a lower quality of health care—they are less likely to receive routine medical care and face higher rates of morbidity and mortality than nonminorities.

The American Medical Association (AMA) encourages physicians to examine their own practices to ensure equality in medical care.

The AMA's mission is to achieve health equity by mitigating disparity factors in the patient population.

Helping ensure equal access to health care

Health disparities physician resources

Health Disparities Toolkit. This kit focuses on the theme of “Working Together to End Racial and Ethnic Disparities: One Physician at a Time.” Access DVD interviews with physicians, nurses and patients, and a CD of information on topics such as cultural competence and literacy. Use the facilitation guide to work with other health care providers and physicians.

Explore the AMA's Code of Medical Ethics to answer questions on ethical and professional issues for physicians.

Access the white paper on “Collecting and Using Race, Ethnicity and Language Data in Ambulatory Settings (PDF)” to find recommendations from the Commission to End Health Care Disparities on how to use demographic data to achieve practical goals.

Research on eliminating health care inequalities

The Institute of Medicine (IOM) performed an assessment on the differences in the kinds and quality of health care received by U.S. racial and ethnic minorities and nonminorities.

The IOM report found that:

- | Disparities in health care exist and are associated with worse health outcomes.
- | Health care disparities occur in the context of broader inequality.
- | There are many sources across health systems, providers, patients and managers that contribute to disparities.
- | Bias, stereotyping, prejudice and clinical uncertainty contribute to disparities.
- | A small number of studies suggest that racial and ethnic minority patients are more likely to refuse treatment.

Read a summary the IOM findings (PDF) and recommendations, or access the complete IOM report.

The IOM concluded that a comprehensive, multilevel strategy is needed to eliminate these disparities.

Access the National Healthcare Quality & Disparities Report for additional information. This annual report is produced by the Agency for Healthcare Research and Quality.

Related articles on health care disparities

- | [Addressing Health Care Disparities: Recommended Goal, Guiding Principles and Key Strategies for Comprehensive Policies \(PDF\)](#)
Find information on the goals of the Commission to Reduce Health Care Disparities, the principles that guide all policy work in this area and a full list of commission members.
- | [Development of a Measure of Physician Engagement in Addressing Racial and Ethnic Health Care Disparities \(PDF\)](#)
Review the research results that examine the engagement levels of a sample of physicians in addressing gaps in health care and understand how these results can be used to increase physician engagement at a group or institution level.
- | [Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care](#)
Understand the background of how racial and ethnic disparities exist in health care.
- | [Immigration Reform as a Means to Eliminate Health Care Disparities \(PDF\)](#)
Review the opinions from one commission member, the National Council of Asian Pacific Islander Physicians, in regards to immigration reform.
- | [Reducing Health Disparities: Where Are We Now? \(PDF\)](#)
Discover how the field of health care disparities has evolved in recent years by examining emerging perspectives, reviewing progress and current activity and looking at outstanding

needs.

| [Access to Care for Patients with Disabilities: Strategies for Ensuring a Safe, Accessible and ADA Compliant Practice \(PDF\)](#)

Review the important considerations in ensuring a health care facility not only meets required standards, but provides a safe, accessible and comfortable environment for patients with disabilities.

AMA's work to reduce health care disparities

| The AMA works to increase the number of minority physicians to reflect the diversity of the U.S. population through its policies and advocacy work.

| The AMA's House of Delegates prioritizes the elimination of racial and ethnic health disparities as a top importance.

| The AMA is partnering with the AMA Foundation to help physicians become aware and manage low health literacy among patients through its public health grants.

AMA's policy to reduce health care disparities

AMA has enacted policies that support the research findings from the IOM and support the goals of reducing disparities in health care.

These policies aim to:

| Increase awareness of racial and ethnic disparities in health care among the general public.

| Strengthen patient-provider relationships in publicly funded health plans.

| Apply the same managed care protections to publicly funded HMO participants that apply to private HMO participants.

Explore more in [AMA's PolicyFinder](#).

History of the commission to end health care disparities

In 2000, the U.S. Department of Health and Human Services launched *Healthy People 2010*, which had two broad goals: to improve the overall health status of Americans and to eliminate racial and ethnic health care disparities.

Health and Human Services officials deemed the AMA was ideally positioned to bring national



leadership to initiatives in disease prevention and health promotion while working to eliminate health care inequalities.

The AMA agreed to raise awareness of health imbalances and the importance of understanding culturally competent health care and health literacy by working with state medical societies, medical schools, medical students and policymakers.

In 2004, the Commission to End Health Care Disparities was established by the AMA and the National Medical Association to address gaps in health care. The National Hispanic Medical Association joined shortly after.

In June of 2016, the commission was retired, but the resources and materials produced by the commission are available on this page for physicians.