

HSR Impact

Racial Disparities

THE ISSUE

For decades health services researchers have examined the problem of disparities between the health care provided to racial and ethnic minorities and that given to the majority in the United States. In a 2002 Institute of Medicine study on disparities, for example, researchers found shocking discrepancies in cardiovascular disease care between whites and other minority groups: Mexican-Americans were 38 percent less likely than whites to receive any of the major medications typically prescribed after heart attacks, and blacks were 50 percent less likely than whites to receive thrombolytic drugs following a heart attack. Health services researchers at the Agency for Healthcare Research and Quality and others have urged that disparities be viewed as a quality-of-care issue affecting the entire population, with the goal of finding outcomes that benefit everyone.

SNAPSHOT OF SUCCESS

Cultural Competency Offers Doctors Better Understanding



Health services researchers have shown that health care professionals can help reduce racial disparities in health care by increasing their understanding of cultural differences and breaking down communications barriers.

As the population grows more diverse, cultural understanding is critical to meet the health needs of the changing population.

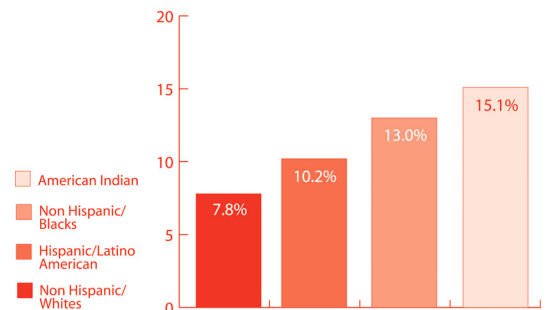
With this information in hand, medical professionals are educating themselves about the social, linguistic, and religious differences among the many cultures living in the United States so that they can provide care that is both effective and culturally appropriate. By doing this, providers across the country are becoming more “culturally competent”—that is, they are learning how to treat all patients with the same level of understanding that they automatically give to those from their own background. Research has shown that when that understanding is missing, the result may be patient dissatisfaction, poorer health outcomes, and, ultimately, disparities in care.

Cultural competency became a key component in the American health care system with an Executive Order requiring federal health care programs to ensure that people with limited English skills had access to services in their native language. Around the country, private health care groups followed suit, developing programs to increase cross-cultural knowledge for physicians and health care professionals.

One of the most effective cross-cultural training and research resources is the Cross Cultural Health Care Program, which was started in Seattle in 1992 through a grant from the W.K. Kellogg Foundation. The program combines cultural competency training, interpreter training, and research programs to develop models of care that respect their minority clients' native language and cultural heritage, such as touching customs among Indians or the use of storytelling among Native Americans. The program is a model for others nationwide.

In 1998 the American Medical Association Council on Medical Education released a report titled “Enhancing the Cultural Competency of Physicians,” which encouraged providers to become educated in this area. In addition, many medical schools are adding cultural competency programs for their residents. The Wake Forest University School of Medicine, for example, is the first in the nation to require fourth-year medical students to learn Spanish.

Percentage of Racial/Ethnic Populations in the U.S. with Diabetes



Source: Centers for Disease Control and Prevention National Diabetes Fact Sheet



RELATED RESEARCH

The Jackson Heart Study is a \$33 million research project tracking the incidence of cardiovascular disease in 6,500 African-Americans in Mississippi. The study will mirror one begun in 1948 that has tracked a predominantly white population living in Framingham, Mass. The goal is to discover the different ways that these populations are affected by heart disease and create treatment solutions. Visit www.nhlbi.nih.gov/about/jackson/index.htm for more information.

TOOLS FOR PROVIDERS

“Cultural Competence Works: Using Cultural Competence to Improve the Quality of Health Care for Diverse Populations and Add Value to Managed Care Arrangements”
www.hrsa.gov/financeMC/ftp/cultural-competence.pdf

The University of Michigan Health System’s Cultural Competency program has an extensive list of tools and resources, located at www.med.umich.edu/multicultural/ccp/tools.htm.

WEB SITES

National Center on Minority Health and Health Disparities
www.ncmhd.nih.gov

Department of Health and Human Services
Office of Minority Health
www.omhrc.gov

National Black Women’s Health Project
www.nbwHP.org

National Center for Cultural Competency
www.georgetown.edu/research/gucdc/nccc/index.html

FACTS

Non-Hispanic blacks and Mexican-Americans are more likely to suffer from high blood pressure than are non-Hispanic whites.

American Heart Association

Alaska Natives and Native Americans are 2.8 times more likely to have diabetes than whites.

National Center for Cultural Competency

Black men tend to receive less sensitive detection tests for colon cancer, even though their incidence rates of the disease are 20 percent higher than those of whites.

Institute of Medicine

What is health services research?

Health services research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care. The main goals of health services research are to identify the most effective ways to organize, manage, finance, and deliver high quality care; reduce medical errors; and improve patient safety.

— Agency for Healthcare Research and Quality, 2002



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