

It's no secret that, as a group, African-Americans, Hispanics and other racial and ethnic minorities have a different experience with the health care system than non-Hispanic whites.* Minority populations are much more likely to be uninsured than whites, in part because their incomes are lower than whites.¹ And even when minority patients are insured at the same levels as whites, they receive less care, and lower quality care, for the same conditions.

Minorities are, overall, less healthy than whites. This combination of disparities in health and health care has received substantial attention in recent years from policymakers, for example:

- Eliminating health disparities is one of two overarching goals of Healthy People 2010, a report developed by multiple federal agencies that lays out the key health objectives for the country.
- Unequal Treatment, a 2002 report by the respected Institute of Medicine (IOM), summarizes a huge array of studies on disparities. A key finding: Minorities receive lower quality health care than non-minorities, even when differences in income and insurance status are controlled.
- The National Healthcare Disparities Report, produced for the first time in February 2004 by the Department of Health and Human Services, concluded that minorities receive less care, and lower quality care, than whites. Introducing this report, Tommy Thompson, secretary of Health and Human Services, said, "Communities of color suffer disproportionately from [a number of health conditions]. Eliminating [those disparities] is a priority of HHS."¹

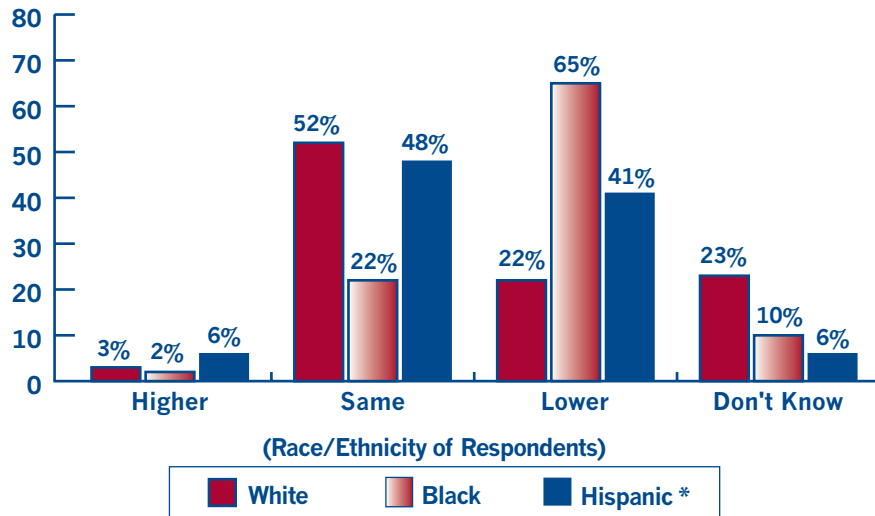
* Except where noted, "white" in this chapter refers to non-Hispanic whites.

KEYFACTS

- Non-elderly minority populations report significant differences in health status from those reported by whites. Seventeen percent of Hispanics (Hispanics can be of any race) and 16 percent of blacks say they are in fair or poor health, compared with 10 percent of non-Hispanic whites.^a
- Whites live significantly longer than blacks. Black males have a life expectancy of 68.6 years, compared with 75 years for white males. Black female life expectancy is 75.5 years, compared with 80.2 years for white females.^b
- People with lower incomes aren't as healthy, and Hispanics and African-Americans have incomes below those of whites.^c
- Having a usual source of care is an indicator of adequate access to preventive and other health services. About 30 percent of Hispanics (of any race) and 19 percent of blacks report that they have no usual source of care, compared with 17 percent of non-Hispanic whites.^d
- Hispanic children (of any race) are more than twice as likely as non-Hispanic white children to lack a usual source of care (17 percent versus 7 percent).^e
- Minority populations are uninsured at a much higher rate than whites. Uninsured rates vary according to race and ethnicity: 32.7 percent of Hispanics (of any race), 19.6 percent of blacks, and 18.8 percent of Asians, compared with 11.1 percent of non-Hispanic whites.^f
- In 2003, 7.4 percent of non-Hispanic white children were uninsured, compared with 14.5 percent of black children, 12.4 percent of Asian and Pacific Islander children, and 21 percent of Hispanic children.^g
- Insurance through the workplace varies by race and ethnicity, 72 percent of non-Hispanic whites had employment-based insurance in 2003, compared with 53 percent of blacks, 63 percent of Asian and Pacific Islanders, and 42 percent of Hispanics.^h
- Even when insured at levels comparable to whites, minority individuals tend to receive a poorer quality of care than whites.ⁱ

For key fact sources, see endnotes.

“DO MINORITIES RECEIVE HIGHER, THE SAME, OR LOWER QUALITY CARE AS WHITES?”



* Hispanics may be of any race.

Source: Harvard Forums on Health (2003). "Americans Speak Out on Disparities in Health Care: Results of a National Poll" (www.phsi.harvard.edu/health_reform/poll_media_report_disparities.pdf)

While a bipartisan consensus may be forming among policymakers about the need for national action on health disparities, awareness of the problem is much less evident among the public and health care providers. Most white Americans think the "average" African-American receives the same or higher quality care as the average white patient. (See chart, "Do Minorities Receive Higher, the Same, or Lower Quality Care as Whites?") Similarly, 70 percent of physicians believe that minorities are "rarely" or "never" treated unfairly in the health care system.²

The need for success in reducing disparities is growing every year. The Census Bureau projects that minorities will constitute almost half of the U.S. population by 2050. (See graph, "Share of U.S. Population by Race and Hispanic Origin: 2000, 2050.")

WHAT CAUSES DISPARITIES?

Race and ethnicity alone don't necessarily condemn a person to bad health or lack of access to quality health care. Other factors associated with race and ethnicity intervene — in particular, income. Those with higher incomes enjoy better health.³ And minorities' incomes consistently lag behind those of whites. In 2003, about

24 percent of blacks and about 22 percent of Hispanics had incomes below the federal poverty level, compared to only about 10 percent of whites.⁴

Minorities are also far more likely to be uninsured than whites. (See chart, "People Without Health Insurance by Race/Ethnicity, 2002.") African-Americans are almost twice as likely as whites to be uninsured; Latinos are almost three times as likely.⁵ Not having coverage can be dangerous to your health, according to a wide array of studies conducted by, among others, the nonpartisan, federally chartered IOM. People without health insurance often go without care or delay care. According to the IOM, an estimated 18,000 adults die each year because they are uninsured and can't get appropriate health care.⁶

Health Status

Minorities have more health problems than whites, and more serious problems. Among nonelderly adults, about 10 percent of whites report they are in "fair or poor" health, compared with 17 percent of Hispanic, and 16 percent of black Americans.⁷ Minorities experience significantly higher rates of cancer, heart disease, diabetes, and AIDS than whites.^{8,9,10} Cervical cancer occurs almost five times as often among Vietnamese American women than among white women (43 cases per 100,000 vs. 8.7 cases).¹¹

Access to Quality Healthcare

Even when minority patients are insured at comparable levels, and have comparable incomes, substantial research shows that minorities tend to receive poorer quality care for the same conditions. Some research findings:

- A recent look at 81 cardiac care studies found that 68 of them reported racial or ethnic differences in care for at least one minority group.¹²

■ Preventive services are also lacking for minorities. In 2000, minority women received substantially fewer breast cancer and cervical cancer screenings than white women.¹³

■ Minorities are more likely to be diagnosed with late-stage breast or colorectal cancer than are whites.¹⁴

■ Blacks have higher rates than whites of avoidable hospital admissions.¹⁵

Need for Better Data on Disparities

Part of the problem in trying to remedy racial and ethnic disparities in health and health care is that not enough is known about the extent of the problem and its consequences. There are "very little data on disparities — much less the causes of disparities — for groups other than African-Americans and whites," Dr. Risa Lavizzo-Mourey of The Robert Wood Johnson Foundation told an Alliance for Health Reform Capitol Hill briefing in October 2003.¹⁶ Carolyn Clancy of the federal Agency for Health Care Research and Quality told the same briefing that current government data were incomplete and had not been pulled together until her agency did so for a 2004 report to Congress. "If you don't have data," said Dr. Clancy, "you can't improve...."¹⁷

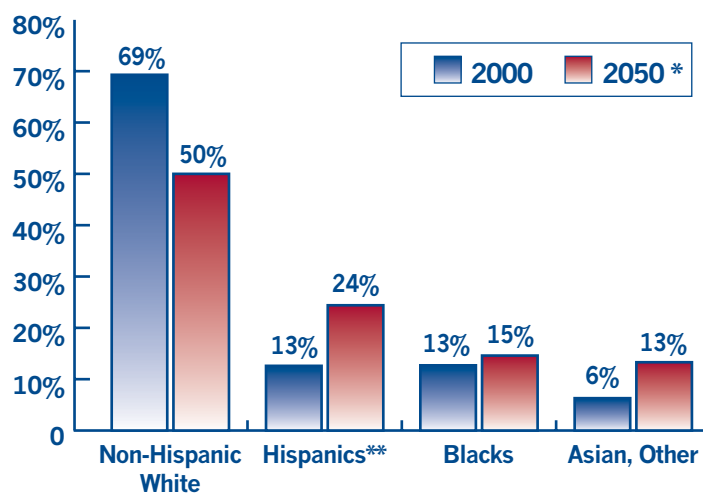
Private sources of information on race and ethnicity are also incomplete. A 2004 survey of health insurance plans found that, in the plans responding, only about 54 percent of people are enrolled in plans that collect these data.¹⁸

POTENTIAL SOURCES OF RACIAL/ETHNIC DISPARITIES

Recent reports suggest a number of potential reasons for racial and ethnic health and health care disparities, beyond those noted above:

Geography — For some conditions, where patients live is more important to their health than their racial or ethnic background. For example, researchers explored why knee replacement surgery rates were lower for minorities than whites. They found that nationally, the disparities were due in part to geographic differences

SHARE OF U.S. POPULATION BY RACE AND HISPANIC ORIGIN: 2000, 2050



* Projected ** Hispanics may be of any race.

Source: U.S. Census Bureau (2004).
(www.census.gov/Press-Release/www/releases/archives/population/001720.html)

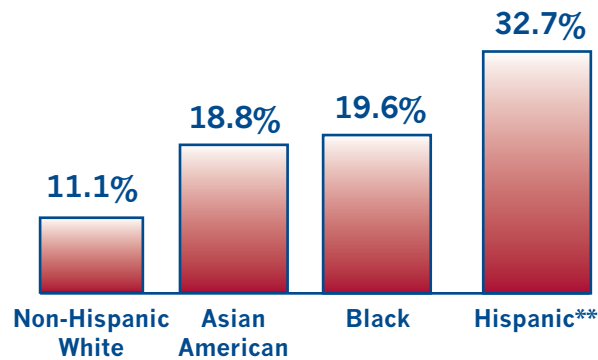
rather than to differences in surgery rates for whites and minorities within geographic areas. Researchers found, for example, that Hispanic women tend to live in areas with low rates of knee surgery for all patients.¹⁹

Communication difficulties — Many minority patients experience difficulties in communicating with their health care providers. Some do not speak English well and others don't speak English at all. Often they cannot find providers who speak their language. One recent study found that one-fifth of Spanish-speaking Hispanics reported not seeking medical treatment because of language barriers.²⁰

Provider stereotyping — Many healthcare providers have preconceived — though often unconscious — notions of minorities that may affect the quality of care. Physicians have sometimes been found to rate blacks as less intelligent than whites, less educated, more likely to abuse drugs and alcohol, less likely to comply with medical advice, and more likely to lack social support.²¹

Too few providers — Minority communities often have fewer sources of health care than white communities. Sometimes, they have none at all. Some

PEOPLE WITHOUT HEALTH INSURANCE BY RACE/ETHNICITY, 2003*



Percentages = Share of each group who were uninsured.

* Uninsured for all of 2003 ** Hispanics may be of any race

Source: U.S. Census Bureau (2004). (www.census.gov/hhes/www/hlthins.html).

28 percent of blacks and 30 percent of Hispanics — compared to just 16 percent of whites — reported having little or no choice in where to seek care.²²

Too few minority providers — Minorities are underrepresented in health care professions. This is particularly important because minority providers are significantly more likely than their white peers to serve minority and medically underserved communities. According to another IOM report, on diversity in the health care workforce, Hispanics represent 12 percent of U.S. residents but only 3.5 percent of physicians, 3.4 percent of psychologists and 2 percent of nurses. One-eighth of U.S. residents are black, but only one-twentieth of U.S. physicians and dentists are black. Conversely, about 19.8 percent of medical school graduates are Asian or Pacific Islander, a much larger percentage than their four percent share of the entire population.²³

CURRENT POLICY DEBATES AND PROPOSALS

As noted above, national policymakers are beginning to recognize the importance of eliminating racial and ethnic disparities in our health care system. The federal government has set a goal, articulated in Healthy People 2010, to eliminate these disparities.

To make progress toward that goal, possible actions in a range of areas are under consideration. Many of the issues below are addressed in legislation introduced by Senator Bill Frist and others in February 2004, in the Closing the Health Care Gap Act of 2004 (S. 2091),²⁴ and by Representative Elijah Cummings, Senator Tom Daschle and others in the Healthcare Equality and Accountability Act of 2003²⁵ (H.R. 3459, S. 1833).

Health coverage expansions — Since minorities disproportionately lack coverage, and having coverage is such an important link to quality care, initiatives to provide more people with insurance could have a substantial effect on disparities. (See Chapter 1, The Uninsured, for a fuller description.)

Safety net improvements — Even without insurance, many minorities might gain better access to quality care if safety net facilities, such as community health centers, were more numerous, better equipped and more adequately staffed. Initiatives are being debated in Congress to make improvements in this area.

Educating health professionals — Proposals have been put forth by several members of Congress to develop curriculum materials for health professional schools that focus on building cultural awareness among all professionals. Additionally, there are proposals to increase support for programs, many in partnership with historically black colleges and universities, to improve diversity among health professionals.

Better data — Policymakers have offered plans to expand research into disparities from both a clinical and a health systems point of view. Senator Frist's bill, for example, would assure that, when federal agencies measure health quality, they do so in a uniform way. This would provide clear benchmarks to evaluate progress toward eliminating disparities.²⁶

Given the growth in our minority population over the coming years, how well the health care system responds to their needs may well determine how well the system functions for all Americans.

STORY IDEAS

- How do the number and distribution of minority

physicians and other providers compare to the minority population in your community?

- How available are providers who speak languages other than English? Are staff members in providers' offices culturally sensitive to minority groups?
- What steps, if any, are medical or nursing schools in your area taking to increase the number of minority applicants and graduates?
- Talk to the local chapters of local health advocacy groups tied to a specific condition. Find out what kinds of special efforts they have underway, if any, to reach minority populations who have a high incidence of the disease.
- Some health insurers or health systems have begun to improve the data collected on minority health care experiences. Is this happening in your area? How well is it working? Do minority group members feel the data collection is necessary, or that it is an intrusion on their privacy? A significant number of African-Americans expressed opposition to collecting racial data in a fall 2003 survey.²⁹
- Visit a community health center or clinic located in a neighborhood with a large minority population. How long must patients wait to see a clinician? Are there personnel who speak the needed languages? Is funding for the facility at risk, stable or improving?

SOURCES AND WEBSITES

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Senator Kerry says he will "fight to erase the health disparities that persist along racial and economic lines." This complements language in the 2004 Democratic platform, which calls for fighting racial and ethnic disparities "by increasing research and training in the medical profession, breaking down language barriers, and ensuring good health care for all Americans." The platform also endorses supporting "more minority students to enter the sciences."²⁷

The Agency for Healthcare Research and Quality (AHRQ), part of the Bush administration's Department of Health and Human Services, released a detailed study, the "National Healthcare Disparities Report," in December 2003 and plans to release a new report every year.²⁸ The report noted considerable racial and ethnic disparities in health access, treatment and outcomes. It identified a number of ways to reduce disparities, including giving clinicians better access to evidence-based information about diagnosis and treatment to eliminate the possibility of bias, among other strategies.

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