

Disparities in Health Care

SCOPE OF THE PROBLEM

Research by the Agency for Healthcare Research and Quality (AHRQ) has focused on identifying and understanding how inequities in health care contribute to disparities, and how disparities can be eliminated. For example:

- Cancer mortality rates are 35 percent higher in blacks than whites, however much can be done to reduce or eliminate this disparity by administering population- and community-based prevention programs and improving the effective delivery of both preventive and treatment services in the clinical setting.
- Cervical cancer, a disease that can be greatly reduced by effective health care, is 5 times higher in Vietnamese women in the United States than white women.
- Infant mortality is nearly 2 1/2 times higher in African Americans than in whites.
- Before age 75, women are more likely than men to die in the hospital after a heart attack, yet studies suggest that women typically receive fewer high-technology cardiac procedures than men.
- African-American diabetics are 7 times more likely to have amputations and develop kidney failure than white diabetics.

Background

Disparities in health care have been well documented in recent decades across a broad range of medical conditions and for a wide range of populations. These groups include:

- Racial and ethnic minorities
- Women
- Children
- Elderly
- Low-income populations
- People with special needs (such as chronic illness, disabilities, and end-of-life issues)
- Those living in rural areas and the inner city

To respond to the problem, AHRQ has established the Office for Priority Populations Research to coordinate, support, manage, and conduct health services research on priority populations. Since 1999, AHRQ has supported almost 200 grants and contracts specifically related to disparities.

These efforts also promise to result in improvements for Americans in general, because disparities highlight weaknesses in our health care system that affect majority populations, though at lower rates. AHRQ continues a major effort, initiated in 1999, to identify underlying causes of inequities in care and develop and test quality measures and quality improvement strategies to use in addressing health care disparities.

Impact of AHRQ Research

AHRQ's current activities complement others across the public and private sectors:

EXCEED (Excellence Centers to Eliminate Ethnic/Racial Disparities) is a collaborative effort with the National Institutes of Health, the Health Resources and Services Administration, and a number of national and local foundations. The Centers analyze reasons for disparities and identify and apply strategies for reducing and eliminating them.

Researchers and community leaders work together to ensure that social, cultural, and economic conditions that affect the communities are addressed. Each of the Centers focuses on a central theme. For example:

- Diabetes care, cancer screening, and other preventive services for elderly American Indians/Alaska Natives.
- Health disparities in cancer, hypertension, and HIV disease among African American adults, particularly those in living in rural areas.
- Why effective care for managing premature birth, breast cancer, stroke, and hypertension is underused in ethnically diverse Harlem communities.
- Access and quality of care for chronically ill African-American adults and low-income children who primarily receive care from community providers in inner-city and rural areas.

Translating Research Into Practice (TRIP-II), an AHRQ initiative, supports studies that evaluate the effectiveness of interventions to reduce the gap between what is known and what is done. Examples include:

- A culturally sensitive, interactive computer program aims to enhance diabetes education with inner-city African Americans and Latinos.
- A two-part training program for primary care providers uses a customized screening and charting instrument for use in adolescent preventive services.
- A nurse-mediated model is being designed to improve the delivery of clinical preventive services in primary care clinics serving low-income, largely Medicaid-eligible populations.

Primary Care Practice-Based Research Networks (PBRNs) study the health care of ethnically and socioeconomically diverse populations, improve data collection, and develop methods to assist network clinicians in translating research findings in practice. Among these 19 AHRQ-supported networks:

- The Southeast Regional Clinicians' Network, based at Morehouse School of Medicine in Atlanta, links 142 federally funded community health centers in 8 States.
- The Mount Sinai Primary Care Practice-Based Research Network links academic centers with community health centers in Harlem.
- The Kansas Rural Practice Research Network, a collaborative effort based at the University of Kansas in Wichita, includes practices in small communities (under 3,000 people) in rural Kansas.

Future Directions

The goal of eliminating disparities will be met only through continued commitment to:

- Understanding why disparities in health care exist by continuing to incorporate research on disparities in health care into other research efforts.
- Uncovering the reasons for differences.
- Identifying and implementing effective strategies to eliminate/overcome disparities.
- Continuing to boost data collection.
- Working more closely with communities to make sure the research is relevant to the populations in them and implemented quickly.
- Evaluating the importance of cultural competence to health care disparities.
- Building capacity for health services research among minority institutions and minority investigators.

For More Information

For more information on AHRQ's programs on disparities, contact:

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