

# FACT SHEET

## New Projects and Activities in Minority Health

### Fiscal Year 2002

Agency for Healthcare Research and Quality



[www.ahrq.gov](http://www.ahrq.gov)

AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access.

The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.



U.S. Department of Health  
and Human Services  
Public Health Service

### Introduction

The 1999 reauthorization<sup>1</sup> of the Agency for Healthcare Research and Quality (AHRQ) reaffirmed the conduct and support of research addressing health care for ethnic/racial minority and other priority populations as an integral part of AHRQ's mission. Prior research by AHRQ and other public and private organizations has documented the existence of ethnic/racial disparities in health and health care, but reasons for these inequities have not been fully understood.

AHRQ's recent research has attempted to fill this critical gap in knowledge. In fiscal year (FY) 2000, for example, AHRQ established nine Excellence Centers to Eliminate Ethnic/racial Disparities (EXCEED). These Centers conduct research on clinical conditions which have been shown to disproportionately affect minorities, provide training opportunities to new minority investigators and others interested in minority health services research, and build greater capacity for research through partnerships with

community-based organizations. EXCEED's unique focus goes beyond describing disparities to identifying the root causes of these disparities and crafting solutions to address them.

In addition to its EXCEED program, AHRQ is home to two large research projects—the Healthcare Cost and Utilization Project (HCUP) and the Medical Expenditure Panel Survey (MEPS)—that provide data to inform research and policymaking on health care disparities and other issues relevant to ethnic and racial minorities. MEPS—the only ongoing national survey of health care coverage, use, and expenditures—reports data by population subgroup, including minority populations. To facilitate analysis, MEPS has oversampled African Americans and Hispanics since its inception. Recent enhancements to the MEPS component surveys for 2002 include targeted sample size increases for Asians, other minorities, and low-income households.

HCUP is a Federal-State-industry partnership and its databases comprise the largest collection of longitudinal data on hospital care in the United

<sup>1</sup>The Healthcare Research and Quality Act of 1999 also directed that AHRQ prepare an annual report to Congress on the state of socioeconomic and racial health care disparities in the United States. The first disparities report, now in development, is expected to be submitted in September 2003.



States. In 2002 HCUP began a major initiative to increase the number of States that report data on race and ethnicity as well as to help participating States improve procedures for collecting and reporting these data.

Besides research support, AHRQ has a wide range of other minority health initiatives including:

- Support for capacity-building efforts in practice-based networks and minority-serving institutions.
- Supplemental funding to ongoing projects for support of minority investigators.
- Dissertation, fellowship, and other educational mechanisms for minority students or minority-focused projects.
- Numerous dissemination and outreach efforts to facilitate collaboration between the public and private sectors.

Examples of AHRQ's projects and other activities related to ethnic/racial minority health that were awarded or initiated in FY2002 are summarized below.

## Building the Knowledge Base

**Addressing the Impact of Racial and Ethnic Disparities on Access, Use, and Outcomes of Care.** Examines how an integrated health care delivery system can use data on race and ethnicity to measure the quality of care provided to minority patients. The study was conducted in AHRQ's Integrated Delivery System Research Network (IDSRN) with funding from the Office of Minority Health. (Denver Health IDSRN; Contract No. 290-00-0014-4, 11/1/2001-10/30/2002).

**Barriers to Care for Chronically Ill Vulnerable Children.** Uses focus groups, cognitive interviews, and field testing of an existing sample of children with special health care needs

(CSHCN) to develop and test a Barriers-to-Care Questionnaire in English and Spanish. (Principal Investigator: Michael Seid, Children's Hospital Research Center, San Diego; Grant No. R03 HS13058, 3/1/2002-2/28/2003).

**Community-based Participatory Research.** Systematically reviews the evidence on what constitutes quality community-based participatory research (CBPR), including the ethical engagement of communities in research and the community's role in research processes. This project was one of several steps recommended by a CBPR-related conference convened by AHRQ in 2001. (RTI International Evidence-based Practice Center; Contract No. 290-02-0016-2, 9/30/2002-10/31/2003).

**Cultural Variation in Data Privacy and Bioethical Views.** Qualitatively examines the impacts of ethnicity and rurality on patient/consumer perspectives about health data privacy and confidentiality, using focus groups comprised of members of American Indian and Latino (both native and immigrant) communities. (Principal Investigator: Robert Williams, University of New Mexico-Albuquerque; Grant No. R03 HS13208, 7/1/2002-6/30/2003).

**Development of a Spanish Health Literacy Assessment Tool.** Aims to develop and validate a version of the Rapid Estimate of Adult Literacy in Medicine (REALM), an efficient and easily administered tool to assess health literacy, for use with Spanish-speaking patients in an ambulatory care center. (Principal Investigator: Shoou-Yih Lee, University of North Carolina-Chapel Hill; Grant No. R03 HS13233, 9/30/2002-9/29/2003).

**Disparities in Child & Family Health Care Expenditures.** Examines the extent of changes, if any, between 1977

and 1997 in the level of out-of-pocket expenditures for children and families with different incomes and diverse racial/ethnic characteristics. (Principal Investigator: Paul Newacheck, University of California-San Francisco; Grant No. R01 HS11662, 7/1/2002-6/3/2004).

**Effects of Ethnicity/Race on Family Caregiving.** Examines the caregiving experiences and service needs of both white and African American family caregivers of dementia patients living in rural communities in Alabama. (Principal Investigator: Jordan Kosberg, University of Alabama-Tuscaloosa; Grant No. R03 HS13189, 9/30/2002-9/29/2003).

**The Impact of HMOs on Disparities.** Compares the scope and magnitude of disparities between managed care and indemnity insurance plans in several quality measures—prevention, satisfaction, health status change, use of highly technological procedures, avoidable hospitalization complications, and mortality—and how these disparities change over time. (Principal Investigator: Kevin Fiscella, University of Rochester; Grant No. R01 HS10910, 9/30/2002-9/29/2005).

**Impact of the HRSA Health Disparities Collaboratives.** Assesses whether community health centers engaged in a quality improvement intervention have associated improvements in health care processes and outcomes; also seeks to identify organizational characteristics associated with such improvements. (Principal Investigator: Edward Guadagnoli, Harvard University; Grant No. U01 HS13653, 9/30/2002-9/29/2005).

**Impact of Risk Talks on Patient Colorectal Screening.** Tests whether a physician- or staff-initiated discussion of patient risk information improves patient compliance with colorectal

screening measures (e.g., fecal occult blood testing, sigmoidoscopy and colonoscopy) in a health care system serving a high proportion (40 percent) of minority patients. (Principal Investigator: Linda Larkey, University of Arizona; Grant No. R01 HS12138, 9/30/2002-9/29/2005).

**Neighborhood Disparities and Access to Cardiac Care.** Aims to determine whether neighborhood characteristics, independent of race, are associated with performance of cardiac revascularization procedures in New York City patients hospitalized with coronary heart disease; also examines the relative importance of patient vs. community characteristics. (Principal Investigator: Jing Fang, Yeshiva University; Grant No. R01 HS11612, 9/30/2002-9/29/2004).

**Outcomes, Incentives and Improvements in Collaboratives.** Investigates whether the Health Disparity Collaboratives initiative, a quality improvement effort begun in 1998 by the Health Resources and Services Administration's Bureau of Primary Health Care (BPHC), has improved quality of care and reduced disparities in patient outcomes in BPHC-supported clinics. (Principal Investigator: Marshall Chin, University of Chicago; Grant No. U01 HS13635, 9/30/2002-9/29/2005).

**Patient-Centered Culturally Sensitive Care Model.** Assesses the effectiveness of implementing a culturally sensitive model of care for hypertension applied at the patient, provider, and organizational level in a primary care clinic serving an ethnically diverse population. In addition to training staff and patients, the model also includes alteration of the clinic's physical environment. (Principal Investigator: Carolyn Tucker, University of Florida; Grant No. R01 HS13151, 7/11/2002-6/30/2005).

**Race and Outcome in Work-Related Back Injury.** Compares the experience of black vs. white workers with low back injuries whose disability claims were settled in Missouri in 2001 to determine the association between worker's race, legal representation, worker's compensation outcomes, and claimant's adjustment following settlement. (Principal Investigator: Raymond Tait, St. Louis University; Grant No. R01 HS13087, 2/1/2002-1/31/2005).

**Reexploring Racial Disparities in Hospital Care.** Examines the relationship between race/ethnicity and five patient-centered dimensions of a hospital episode—illness severity, care-seeking patterns, process/treatment, economic outcome, clinical outcome—for heart attack, congestive heart failure, pneumonia and stroke; also explores racial/ethnic differences between non-Hispanic whites, Hispanics, and African Americans. (Principal Investigator: Jay Shen, Governors State University; Grant No. R03 HS13056, 9/30/2002-9/29/2003).

**Testing a New Measure of Quality of Asthma Care.** Tests the feasibility and validity of the Asthma Visit Questionnaire (AVQ), a new measure of quality of primary care for poor inner-city children with asthma, including the patient/family, practitioner, and visit characteristics that are associated with accuracy of the AVQ in the primary care setting. (Principal Investigator: Yvonne Senturia, Jacobi Medical Center; Grant No. R03 HS13081, 9/30/2002-12/31/2003).

**The Use of Encoded Guidelines in an Electronic Medical Record System for Targeted Tuberculin Testing and Treatment of Latent Tuberculosis.** Analyzes how computerized decision support systems affect appropriate tuberculosis screening of foreign-born persons under age 40 in a safety-net



health system. (Denver Health IDSRN; Contract No. 290-00-0014-3, 1/1/2002-6/30/2003).

## Enhancing Research Capacity

### Developmental Awards to Practice-Based Research Networks (PBRNs)

AHRQ provides developmental grants to assist new or established primary care practice-based research networks (PBRNs) to conduct research in primary care settings. Each PBRN comprises a group of practices devoted to the primary care of patients in the community. AHRQ supports PBRN efforts to plan, develop, and/or enhance the infrastructure that supports the network's activities. PBRNs may also apply for additional funds to conduct individual pilot projects or feasibility studies, especially those that focus on examining and eliminating disparities in health care for priority populations, including racial/ethnic minorities in medically underserved inner cities or rural areas. In FY 2002, AHRQ awarded developmental grants to the following PBRNs to build capacity for the conduct of research relevant to minority health:

#### **The Arkansas Research Collaborative.**

University of Arkansas-Little Rock. Serves a rural population ranging from 30 to 70 percent minority, depending on site. (Principal Investigator: Geoffrey Goldsmith; Grant No. R21 HS13580, 9/30/2002-9/29/2004).

#### **Building the Alabama Practice-Based Research Network.**

University of Alabama-Birmingham. Network, which will target recruiting of minority physicians and other clinical staff, serves large rural and African American population. (Principal Investigator: T.M. Harrington; Grant No. R21 HS13529, 9/30/2002-9/29/2004).

**Development of the New England Clinicians Forum PBRN.** Connecticut Primary Care Association, Hartford, CT. Together Latinos and African Americans comprise nearly two-thirds of the network's population. (Principal Investigator: Jennifer E. Granger; Grant No. R21 HS13568, 9/30/2002-9/29/2003).

**Enhancing the Infrastructure for the USC-LA Network.** University of Southern California, Los Angeles, CA. Inner-city sites serve patient population that is 12 percent African American and 70 percent Hispanic. (Principal Investigator: Lynda Knox; Grant No. HS13531, 9/30/2002-9/29/2004).

**Enhancing the Infrastructure of the CAPRICORN PBRN.** Capital Area Primary Care Research Network, Georgetown University, Washington, DC. Research network serves population that is 42 percent African American and 21 percent Hispanic. (Principal Investigator: David Meyers; Grant No. R21 HS13491, 9/30/2002-9/29/2004).

**Enhancing Practice-Based Research at UCLA.** University of California-Los Angeles. Community clinics serve a predominantly Latino and African American patient population in west Los Angeles. (Principal Investigator: Robert Oye; Grant No. R21 HS13572, 9/30/2002-9/29/2004).

**Enhancing Practiced-Based Research in OKPRN.** Oklahoma Physicians Resource/Research Network, University of Oklahoma. A major initiative is inclusion of American Indian member practices, their tribal councils, and the Indian Health Service to improve ability to include these clinics in network projects, including management of diabetic patients. (Principal Investigator: James Mold; Grant No. R21 HS13557, 9/30/2002-9/29/2003).

**MetroNet Communication & Data Management Infrastructure.** Wayne State University, Detroit, MI. Population in one-fourth of network sites is over 80 percent African American. (Principal Investigator: Anne V. Neale; Grant No. R21 HS13585, 9/30/2002-9/29/2004).

**PBRN Development and Utilization of PDAs in Research.** Medical College of Georgia, Augusta, GA. Over one-third of population served by network is African American and over 90 percent rural. Project aims to create a point-of-care data collection system using personal digital assistant (PDA) technology. (Principal Investigator: Peggy J. Wagner; Grant No. R21 HS13513, 9/30/2002-9/29/2004).

#### **A Practice-Based Research Network of Community Health Centers.**

Community Health Center Network, Oakland, CA. Patient population is 38 percent Latino and 27 percent Asian. (Principal Investigator: Neil Maizlish; Grant No. R21 HS13543, 9/30/2002-9/29/2003).

**RIOS Net: Infrastructure and Exploratory Project.** Research Involving Outpatient Settings Network, University of New Mexico-Albuquerque. Together American Indian and Hispanic patients account for over three-fourths of the network's patient population. The PBRN will explore factors related to primary prevention of diabetes. (Principal Investigator: Robert Williams; Grant No. R21 HS13496, 9/30/2002-9/29/2004).

**Washington University Pediatric Research Consortium.** Washington University, St. Louis, MO. African Americans comprise 10-90 percent of patients in over two-thirds of network practices. (Principal Investigator: Jane Garbutt; Grant No. R21 HS13530, 9/30/2002-9/29/2004).

### **Working With the Urban Underserved in the UCSF CRN.**

Collaborative Research Network, University of California-San Francisco. Ethnic/racial minorities comprise three-fourths of the patient population at two large primary care clinics participating in the project. (Principal Investigator: Andrew Bindman; Grant No. R21 HS13544, 9/30/2002-9/29/2004).

### **Minority Research Infrastructure Support Program (M-RISP)**

AHRQ's Minority Research Infrastructure Support Program (M-RISP) aims to increase the capacity of minority institutions and their faculty to conduct rigorous health services research. Through this grant program, minority institutions can develop and/or expand their research capability to conduct studies of outcomes and other health services research areas with a goal toward addressing and eliminating ethnic/racial health care disparities. In FY2002, AHRQ made 3-year M-RISP awards to research programs at three historically black institutions:

**Center for Minority Health Services Research.** Howard University, Washington, DC. (Principal Investigator: Anthony Wutoh; Grant No. R24 HS11673, 9/30/02-9/29/05).

**MSM Clinical Faculty Research Training Program.** Morehouse School of Medicine (MSM), Atlanta, GA. (Principal Investigator: Robert Mayberry; Grant No. R24 HS11617, 9/30/02-9/29/05).

**M-RISP Minority Elderly Research Center.** Shaw University, Raleigh, NC. (Principal Investigator: Daniel Howard; Grant No. R24 HS13353, 9/30/02-9/29/05).

### **Educational Support**

AHRQ is committed to enhancing the ethnic diversity of the Nation's health services research work force. AHRQ provides opportunities for students to investigate health services research as a career field as well as train in health services research in various ways. In FY2002, for example, AHRQ provided support for minority college students to participate in a summer health services research program. In addition, AHRQ participates in the departmental Tribal College and University Initiative and each year hosts one or more American Indian interns on-site; interns gain research and program experience while working under the guidance of AHRQ program staff.

AHRQ also funds multiyear fellowships for minority students pursuing a research doctoral degree in a health services research field and awards grants to doctoral students to support dissertation research projects that address priority health care issues relevant to ethnic/racial minorities. AHRQ's FY2002 dissertation and fellowship awards included the following:

**Ethnography of the Social Ethics of Catholic Healthcare.** Examines how faith-based values inform policy and decisionmaking in a large, multisite Catholic health care system with the preferential mission of providing access to care for medically underserved, vulnerable populations. (Principal Investigator: Simon Lee, University of California-San Francisco; Dissertation Grant No. HS13111, 9/30/2002-12/31/2003).

**Exploring Race Concordance: Implications in Patient Care.** Uses both qualitative and quantitative methods to focus on examining the construct of race as it relates to the medical visit, including analyzing the

mediating effects of racial consciousness on patient satisfaction and patient participation. (Principal Investigator: Rachel Johnson, Johns Hopkins University; Fellowship No. F31 HS13265, 12/1/2002).

**Improving Quality of Care in Adults With Diabetes.** Examines whether characteristics such as physician distraction, patient obesity, African American race, and older age are associated with the failure to intensify therapy, when indicated, for adults with diabetes. (Principal Investigator: Thelma-Alafia Samuels, Johns Hopkins University; Dissertation Grant No. R03 HS11946, 2/01/2002-5/31/2003).

**Preventive Asthma Care Utilization Among Black Children.** Investigates how race—when defined explicitly as social class, culturally derived health beliefs, and exposure to racism and other structural forces—mediates utilization of preventive asthma care by African American children. (Principal Investigator: Andrea Ireland, University of North Carolina-Chapel Hill; Fellowship No. F31 HS11929, 4/1/2002-3/31/2006).

**Race in Physician Decision to Prescribe Opioid Analgesia.** Uses a mail survey and interview design with case scenarios to investigate the effect of race on physicians' prescribing behavior in the use of analgesics for three acute, painful conditions—back pain with sciatica, ankle fracture, and migraine headache. (Principal Investigator: Joshua Sarver, MetroHealth System; Dissertation Grant No. R03 HS11948, 9/30/2002-9/29/2003).

### **Minority Supplements**

Minority supplements may be awarded to ongoing grants that have at least 2 years of committed support remaining in the project period. The twofold purpose of these supplements is:

1. To train and provide health services research experience that enables minority investigators to pursue careers in health services research, and
2. To support expanded investigation into issues of particular relevance to ethnic/racial minority populations.

In FY2002 AHRQ awarded minority supplements to the following previously funded grants:

**Addressing Preventable Medication Use Variance in Mississippi.**

Supplement supports African American researchers in examining the relationships between the health services infrastructure and health care disparities among underserved populations as part of a larger study of identifying and reducing health care errors in Mississippi hospitals. (Principal Investigator: C. Andrew Brown, University of Mississippi Medical Center; Grant No. HS11923).

**Identifying and Reducing Errors With Surgical Simulation.**

Supplement supports an African American physician in a project that is developing a controlled training curriculum based on complementary simulation tools in otolaryngology. Currently validated metrics include time-to-completion, errors, economy of motion, and psychomotor tracking. (Principal Investigator: Marvin Fried, Montefiore Medical Center; Grant No. R01 HS11866).

**Informatics Tools To Reduce Warfarin Errors.**

Supplement supports a Mexican American investigator in developing a barcode technology as part of a larger project that develops and tests informatics tools to reduce anticoagulation errors due to incorrect dosing with the drug warfarin. (Principal Investigator: Richard White, University of California-Davis; Grant No. R18 HS11804).

**Medicaid Managed Care for Children with Special Health Care Needs.**

Supplement supports an African American investigator in an expanded assessment of unmet needs of CSHCN who are enrolled in the District of Columbia's medical assistance program. (Principal Investigator: Jean Mitchell, Georgetown University; Grant No. R01 HS10912).

**New York State Safety Improvement Demonstration Project.**

Supplement supports two minority researchers (African American and Hispanic) on a project designed to improve the quality and completeness of reporting under the mandatory New York Patient Occurrence Reporting and Tracking System—NYPORTS. (Principal Investigator: Wayne Osten, New York State Department of Health, Albany; Grant No. HS11880).

**Overcoming Racial Health Disparities.**

Supplement supports linkages with two historically black institutions and research on reducing health disparities among rural African American adults in cancer screening and treatment, managing diabetes and cardiovascular disease, and coordinating services for persons with HIV and sexually transmitted diseases. (Principal Investigator: Timothy Carey, University of North Carolina-Chapel Hill; Grant No. P01 HS10861).

**Quality Care and Error Reduction in Rural Hospitals.**

Supplement to add minority investigators and expand the study population to include Asians and American Indians in an investigation of whether working conditions affect quality of care in 30 rural hospitals in the West. (Principal Investigator: Ann Cook, University of Montana; Grant No. R01 HS11930).

**Staff Nurse Fatigue and Patient Safety.**

Supplement to support an African American nurse investigator in

designing and testing a fatigue countermeasures program for nurses; the program employs strategies used by other industries to minimize the adverse effects of fatigue, sleep loss, and circadian rhythm disruption. (Principal Investigator: Ann Rodgers, University of Pennsylvania; Grant No. R01 HS11963).

**Translating Research: Patient Decision Support/Coaching.**

Supplement to support an African American investigator in implementing a novel strategy (Heart After-hospital Recovery Planner) for improving use of secondary prevention following hospitalization for heart attack. (Principal Investigator: Margaret Holmes-Rovner, Michigan State University; Grant No. R01 HS10531).

**Dissemination and Outreach**

**Conferences and Workshops**

AHRQ sponsors workshops on topics of relevance to State and local health officials and conferences to disseminate research findings and build a research agenda for areas that contribute to AHRQ's mission. In FY2002, conferences and workshops supported by AHRQ of particular relevance to improving ethnic/racial minority health care included the following:

**Care Imperatives for Hispanic Health.**

Conference to disseminate state-of-the-science information on responsible sexual behavior and violence prevention to health care educators, administrators, and providers of health services to Hispanic populations. (Principal Investigator: Mary Jones, University of Texas-Arlington; Grant No. R13 HS13803, 9/6/2003-9/5/2003).

**Collecting, Using, and Disseminating Health Data on Minority Populations.**

Tri-regional workshop, cosponsored by AHRQ and the Office



of Minority Health, designed to help State and local health officials, minority community-based organizations, and others to identify ways in which the collection of health data on minority populations could affect health care delivery and health policy at the State and community level. (AHRQ User Liaison Program; see <http://ahrq.gov/news/ulp/minorpop/ulmpop.htm>).

**8th Biennial Symposium on Minorities, the Medically Underserved, and Cancer.** Conference to disseminate current, culturally sensitive scientific information on cancers with high prevalence in minority and medically underserved communities, including the impact of certain health and lifestyle factors and the importance of prevention and early detection. (Principal Investigator: Armin Weinberg, Baylor College of Medicine; Grant No. R13 HS12068, 1/15/2002-1/14/2003).

**National Alaska Native American Indian Nurses Association (NANAINA) Conference.** Sessions to disseminate information on the grantmaking process and on lupus in Native American populations, funded by AHRQ as part of the 2002 NANAINA conference for Native American nurses and nursing students, as well as health care professionals and researchers working with Native American populations.

**Race, Class and Health: Long and Healthy Lives for All.** Conference to disseminate information on strategies for addressing disparities in access to care in medically underserved inner cities, including separate tracks tailored to the needs of policymakers and clinicians. (Principal Investigator: Shelly Powers, District of Columbia Primary Care Association; Grant No. R13 HS13882, 9/30/2002-9/29/2003).

**Second Annual Conference on Primary Care.** Conference for policymakers and health care providers on strategies to strengthen community-based primary care programs aimed at reducing health disparities in four areas targeted by Healthy People 2010: diabetes and obesity, cardiovascular health, mental health, and cancer. (Principal Investigator: Michael Heisler, Morehouse School of Medicine; Grant No. R13 HS13809, 9/30/2002-9/29/2003).

## Intergovernmental Projects and Activities

To facilitate interagency cooperation and further research on ethnic/racial minority health care issues, AHRQ provides support to other Federal agencies and programs for specific projects that also support AHRQ's mission. In FY2002, AHRQ provided partial funding for the following projects of relevance to improving health care delivery to ethnic/racial minority populations:

- AHRQ provided funds to HRSA in support of the White House Initiative on Asian Americans and Pacific Islanders; the initiative aims to improve quality of life for this group through increasing their participation in Federal programs in which they may be underserved.
- For the Third National Conference on Quality Health Care for Culturally Diverse Populations: Advancing Effective Health Care Through Systems Development, AHRQ provided support to HRSA for sessions on facilitating research networks' ability to undertake cultural competency research relating to health care delivery and health outcomes.
- AHRQ provided funds to the Office of Minority Health in support of two conferences aimed at improving



health care for Hispanics: 1) the Sixth Annual Conference of the National Hispanic Medical Association; and 2) the National Hispanic Leadership Health Summit on the role of Federal programs in improving health care services to Hispanic populations.

- AHRQ provided support to the Office of Minority Health for the National Forum on Native American Health Care—a conference intended to foster partnerships among Tribal leaders, Federal and State policymakers, health officials, and public/private organizations with an interest in closing the health care gap between American Indians and the general population. AHRQ also provided funds to the Native Research Network for a presentation on conducting research among Native American populations and for preparation of a workshop summary.
- AHRQ provided funds to the National Institutes of Health to help support the Surgeon General's Conference on Health Disparities and Mental Retardation.

## Intramural Research

AHRQ researchers investigate critical issues related to minority health care, both internally and in cooperation with researchers at other agencies and institutions. Among the articles relating to ethnic/racial disparities published during FY2002 and authored in whole or part by AHRQ staff are those listed below. Reprints are available without charge from AHRQ's Publications Clearinghouse by calling 800-358-9295.

Addressing Racial and Ethnic Barriers to Effective Health Care: The Need for Better Data (Bierman A, Lurie N, Collins K, et al. *Health Affairs* 2002

May/June; 21:91-102). AHRQ Pub. No. 02-R065.

Differences between Hispanics and Non-Hispanic Whites in Use of Hospital Procedures for Cerebrovascular Disease. (Elixhauser A, Weinick R, Betancourt J, et al. *Ethnicity and Disease* 2002 Winter;12:29-37). AHRQ Pub. No. 02-R058.

Impact of Site of Care, Race, and Hispanic Ethnicity on Medication Use for Childhood Asthma (Ortega A, Gergen P, Paltiel A, et al. *Pediatrics* 2002 January; 109:E16. AHRQ Pub. No. 02-R046.

Individual and Contextual Risks of Death among Race and Ethnic Groups in the United States. (Huie S, Hummer R, Rogers R. *Journal of Health and Social Behavior* 2002 September;43:359-381). AHRQ Pub. No. 03-R022.

Latino Adults' Health Insurance Coverage: An Examination of Mexican and Puerto Rican Subgroup Differences. (Vitullo M, Taylor A. *Journal of Health Care for the Poor and Underserved* 2002; 13(4):504-525). AHRQ Pub. No. 03-R007.

Location, Race, and Hospital Care for AIDS Patients: An Analysis of 10 States. (Hellinger F, Fleishman J. *Inquiry* 2001 Fall; 38:319-330). AHRQ Pub. No. 02-R028.

Minority Health Disparities: AHRQ Efforts to Address Inequities in Care. (Stryer D, Clancy C, Simpson L. *Health Promotion Practice* 2002 April; 3:125-129). AHRQ Pub. No. 02-R061.

Racial and Ethnic Disparities and Primary Care Experience (Clancy C, Stryer D. *Health Services Research* 2001 December; 36[pt I]:979-984). AHRQ Pub. No. 02-R026.

Racial Disparity, Primary Care, and Specialty Referral (Basu J, Clancy C. *Health Services Research* 2001 December; 36 [pt II]:64-77). AHRQ Pub. No. 02-R036.

Reducing Disparities through Culturally Competent Health Care: An Analysis of the Business Case (Brach C, Fraser I. *Quality Management in Health Care* 2002 Summer; 10:15-28). AHRQ Pub. No. 02-R081.

Reducing Racial and Ethnic Disparities in Health Care. (Stryer D, Weinick R, Clancy C. *Health Services Research* 2002; 37(5):xxv-xxvi. AHRQ Pub. No. 03-R009.

Using Participant Information to Develop a Tool for the Evaluation of Community Health Worker Outreach Services (Felix-Aaron K, Bone L, Levine D, et al. *Ethnicity & Disease* 2002 Winter;12:87-96). AHRQ Pub. No. 02-R057.

## For More Information

More information on AHRQ research programs, major projects, and other initiatives related to reducing ethnic/racial disparities in health care may be found on the AHRQ Web site ([www.ahrq.gov](http://www.ahrq.gov); select "Minority Health") or from:

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