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**United States General Accounting Office**
**Washington, DC 20548**

July 8, 2003

The Honorable Bill Frist
Majority Leader
United States Senate

Subject: *Health Care: Approaches to Address Racial and Ethnic Disparities*

Dear Senator Frist:

A recent report by the Institute of Medicine, a branch of the National Academy of Sciences, found that racial and ethnic minority groups tend to receive a lower quality of health care than nonminorities, even when access-related factors such as income and insurance coverage are controlled.[1] It concluded that the elimination of racial and ethnic health care disparities is a major challenge in the United States. Racial and ethnic minority groups identified by the federal government—American Indians or Alaska Natives, Asians, Blacks or African Americans, Hispanics or Latinos, and Native Hawaiians or other Pacific Islanders—are expected to make up an increasingly large portion of the U.S. population in coming years.

The federal government, primarily through programs under the Department of Health and Human Services (HHS), plays a major role in providing and financing health care for minority groups. HHS is also the primary federal entity involved in projects and research aimed at understanding and addressing disparities in health care. HHS has focused on racial and ethnic disparities in health access and outcomes in six areas: cancer screening and management, cardiovascular disease, diabetes, HIV infection/AIDS, immunizations, and infant mortality. HHS offices and agencies, researchers at philanthropic foundations, and private organizations such as employers and health plans have efforts under way to try to address racial and ethnic disparities in health care, using interventions such as disease management programs, disease prevention programs, health literacy and language service projects, and education and outreach programs. You requested that we identify approaches that experts view as promising to address racial and ethnic disparities in health care. The enclosure contains the information we provided during our July 8, 2003, briefing of your staff.

[1]Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, eds., *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (Washington, D.C.: National Academies Press, 2003).

To respond to your request, we reviewed studies, journal articles, reports, and evaluations by the Institute of Medicine, federal agencies, researchers, and other organizations on racial and ethnic health care disparities and on potential interventions to reduce disparities. We also interviewed federal officials at the Office of Personnel Management, HHS's Office of Minority Health, and six HHS agencies—the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), and National Institutes of Health (NIH)—to learn about their programs and initiatives. In addition, we obtained information on relevant programs, initiatives, and promising approaches to address disparities from health care researchers at academic institutions and research organizations such as the Institute of Medicine, representatives from large employers and a health plan, and officials at philanthropic foundations and other organizations. We performed our work from April through June 2003 in accordance with generally accepted government auditing standards.

In brief, identifying promising approaches to address racial and ethnic disparities in health care is challenging because current efforts are in early stages of implementation, evaluations and data are limited, and information on the nonfinancial causes of health care disparities is incomplete. Experts identified the following promising approaches that the federal government could pursue to address disparities:

- Develop new demonstration projects in federal programs using the best available evidence to target areas of disparities and plan promising interventions.

- Expand current efforts in programs and demonstration projects such as CDC's REACH 2010 community-based coalitions.

- Strengthen federal leadership on disparities, including prompt dissemination of information on successful interventions to reduce or eliminate health care disparities.

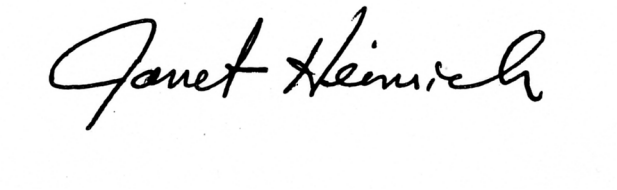
- Collect complete and accurate racial and ethnic health care data in national surveys to better understand and target efforts to reduce health care disparities through steps such as ensuring the inclusion of adequate numbers of minority participants.

We provided a draft of this report to officials at HHS for their technical review. We incorporated their comments as appropriate.

As we agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution of it until 30 days from the date of this letter. We will then send copies to the Secretary of HHS, the Director of the Office of Personnel Management, and interested congressional committees and will make copies available to others upon request. The report will also be available at no charge on the GAO Web site at http://www.gao.gov.

If you have any questions or need additional information, please contact me at (202) 512-7119 or Kim Yamane at (206) 287-4772. Lisa A. Lusk and Elaine Swift made key contributions to this report.

Sincerely yours,



Janet Heinrich
Director, Health Care—Public Health Issues

Enclosure

Enclosure

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# Health Care: Approaches to Address Racial and Ethnic Disparities

Briefing for Congressional Staff of Senator Bill Frist
Majority Leader
United States Senate

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# Racial and Ethnic Health Care Disparities Are Serious and Pervasive

"[D]isparities are associated with socioeconomic differences and tend to diminish significantly, and in a few cases, disappear altogether when socioeconomic factors are controlled. The majority of studies, however, find that racial and ethnic disparities remain even after adjustment for socioeconomic differences and other healthcare access-related factors."

(Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (Washington, D.C.: National Academies Press, 2003)).

"Disparities in health care are among this nation's most serious health care problems. Research has extensively documented the pervasiveness of racial and ethnic disparities." (Institute of Medicine, *Guidance for the National Healthcare Disparities Report* (Washington, D.C.: National Academies Press, 2002)).

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# Objective

**Identify promising ways to address racial and ethnic disparities in health care**

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# Scope and Methodology

- **Reviewed studies, journals, reports, and evaluations** by the Institute of Medicine, federal agencies, researchers, and other organizations on racial and ethnic health care disparities and on potential interventions to address disparities

- **Interviewed federal officials** at the HHS's Office of Minority Health and six HHS agencies, including AHRQ, CDC, CMS, HRSA, IHS, and NIH as well as at the Office of Personnel Management

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# Scope and Methodology (cont.)

- **Interviewed individual health care researchers** knowledgeable about health care disparity issues, including researchers at academic institutions, the Institute of Medicine, and the RAND Corporation

- **Interviewed representatives of organizations** including philanthropic foundations such as the California Endowment, Commonwealth Fund, and Kaiser Family Foundation; large employers and a health plan affiliated with the Washington Business Group on Health; and other organizations, such as the American Medical Association, Community Service Society of New York, National Committee for Quality Assurance, National Health Law Program, and MacColl Institute for Healthcare Innovation

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Background

# Racial and Ethnic Populations

HHS identifies the following racial and ethnic minority groups:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander

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Background

## Areas of Disparities in Health Care

While disparities have been identified in many areas, HHS has focused on six areas where serious racial and ethnic disparities exist in health access and outcomes:

- Cancer screening and management
- Cardiovascular disease
- Diabetes
- HIV infection/AIDS
- Immunizations
- Infant mortality

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Background

## Examples of Areas with Disparities in Health Care

- **Cancer screening and management:** procedures (e.g., diagnostic procedures, surgery) and pain management
- **Cardiovascular disease:** appropriate medication (e.g., thrombolytics) and procedures (e.g., diagnostic procedures, heart surgery)
- **Diabetes:** disease management (e.g., lipid testing, measurement of glycosylated hemoglobin)
- **HIV infection/AIDS:** appropriate medication (e.g., antiretroviral drugs)
- **Immunizations:** on-time delivery of recommended immunizations
- **Infant mortality:** appropriate prenatal treatment and prenatal procedures

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**Background**

# Examples of Disparities in Health Care

- African Americans, American Indians, Hawaiians, Indians and Pakistanis, Mexicans, South and Central Americans, and Puerto Ricans were 1.4 to 3.6 times more likely to present with advanced (stage IV) breast cancer than non-Hispanic whites. (C. I. Li and others, "Differences in Breast Cancer Stage, Treatment, and Survival by Race and Ethnicity," *Archives of Internal Medicine,* vol. 163, no.1 (2003)).
- For early-stage lung cancer, the rates of surgery and of 5-year survival were lower for African Americans than whites. Survival rates for African Americans and whites who underwent surgery, however, were similar. This observation suggests that lower survival rates among African Americans may be explained by the lower rate of surgical treatment. (P.B. Bach and others, "Racial Differences in the Treatment of Early-Stage Lung Cancer," *New England Journal of Medicine,* vol. 341, no. 16 (1999)).
- Among those age 65 years and older, 69 percent of white persons received influenza vaccinations, compared with only 50 percent and 48 percent of older African American and Hispanic persons, respectively. (Based on data collected from January through September in the Sample Adult Core Component of the 2002 National Health Interview Survey). http://www.cdc.gov/nchs/about/major/nhis/released200303.htm (downloaded June 11, 2003).

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Background

# Factors behind Health Care Disparities

Experts have identified many factors that contribute to disparities in health care. These factors include:

- **Access:** physical (e.g., proximity to health care sites, transportation); financial (e.g., health insurance, personal resources); and other (e.g., ability to take time off from work, ability to navigate a complex health care system)
- **Provider-patient relationships:** cultural barriers, language barriers, literacy levels, provider bias, and unequal treatment

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Background

## The Federal Government Plays a Major Role in Health Care for Minority Populations

The federal government provides or finances health care directly or jointly with states for large numbers of minorities. For example, of the estimated 29 million African Americans with health care insurance in 2001:

- **Nearly 8 million** were covered by Medicaid
- **Nearly 4 million** were covered by Medicare
- **More than 1 million** were covered by military health care, including care provided by the Department of Veterans Affairs and the Department of Defense's TRICARE program

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Background

# Examples of Interventions

Some efforts by the federal government and private sector to address health care disparities include:

- **Disease management**, such as diabetes management programs
- **Disease prevention**, such as cancer screening programs for breast cancer
- **Health literacy and language services** to ensure the understanding of heath information
- **Cultural competency**, such as increasing cultural awareness to help providers serve a diverse population
- **Education and outreach**, such as programs administered by community and faith-based groups, targeting specific populations

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Promising Approaches

## Challenges to Identifying Promising Approaches to Address Health Care Disparities

- Incomplete understanding of nonfinancial causes of disparities
- Targeted programs and demonstrations in early stages of implementation; limited evaluations on existing programs and interventions
- No one overarching approach to address disparities; many believe that multiple approaches are needed because groups and subgroups experience different disparities for different reasons
- Limited health care data on racial and ethnic minorities

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Promising Approaches

# Addressing Health Care Disparities

Health care researchers, federal officials, or other sources identified several ways that the federal government could address health care disparities:

- **Develop new demonstration projects** in federal programs
- **Expand current efforts** to reduce disparities in demonstration projects and initiatives
- **Strengthen federal leadership** on disparities, including prompt dissemination of information
- **Collect complete and accurate racial and ethnic health care data** in national surveys to better understand and target efforts to reduce health care disparities through steps such as ensuring the inclusion of adequate numbers of minority participants

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**Promising Approaches**

# Develop New Demonstration Projects

Experts identify new demonstration projects as a promising approach to address disparities. Research indicates that new demonstrations could incorporate the following features:

- The best available evidence to target areas of health care disparities and plan promising interventions
- Data sufficient to evaluate a demonstration's effectiveness, to allow comparisons to other approaches, and to facilitate possible expansion
- A source independent of those conducting the intervention evaluating the intervention

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Promising Approaches

# Expand Current Efforts

Experts identified several current federal efforts that offer promise and could be expanded. They include:

- **CDC's REACH 2010:** a multiyear demonstration project that began in 1999 and currently supports 42 community-based coalitions across the country to, for example, target cardiovascular disease and diabetes in African American women and cervical cancer among Vietnamese women.

- **HRSA's Community Health Center Collaboratives:** a health initiative that involves multidisciplinary teams in community health centers and promotes systemic changes in health care for chronic conditions and prevention. For example, collaboratives provide disease management and education in a largely minority population for conditions such as diabetes, asthma, and cardiovascular disease. More than 530 of over 800 community health centers have participated in the collaboratives.

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Promising Approaches

## Expand Current Efforts (cont.)

- **AHRQ's EXCEED program:** nine centers that bring together teams of researchers to address a group of projects organized around a central theme, such as cultural competency. For example, the centers test interventions such as diabetes care and cancer screening among elderly American Indians/Alaska Natives and assess the extent to which doctor-patient communications contribute to disparities in health care use.

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Promising Approaches

## Strengthen Federal Leadership

Experts suggest that HHS leadership is key to reducing and eliminating racial and ethnic disparities in health care. While HHS leadership supports activities to address this issue, experts said stronger direction could include steps to:

- Initiate and facilitate the development of additional interagency initiatives on disparities
- Ensure the collection and prompt dissemination of best practices and lessons learned on approaches to reduce or eliminate disparities
- Promote the expansion of programs with demonstrated track records of success

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Promising Approaches

## Collect Complete and Accurate Racial and Ethnic Health Care Data

Experts suggest that HHS could strengthen how surveys such as MEPS, NHANES, NHIS, and others could contribute to understanding disparities and effective interventions by:

- Ensuring and supporting the inclusion of adequate numbers of minority participants in national surveys or conducting smaller scale surveys of specific groups
- Identifying gaps in the understanding of disparities and interventions and using surveys to help fill them

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