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Number 90

Strategies for Improving Minority Healthcare Quality

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Preface

The Agency for Healthcare Research and Quality (AHRQ), through its Evidence-Based Practice Centers (EPCs), sponsors the development of evidence reports and technology assessments to assist public- and private-sector organizations in their efforts to improve the quality of health care in the United States. The reports and assessments provide organizations with comprehensive, science-based information on common, costly medical conditions and new health care technologies. The EPCs systematically review the relevant scientific literature on topics assigned to them by AHRQ and conduct additional analyses when appropriate prior to developing their reports and assessments.

To bring the broadest range of experts into the development of evidence reports and health technology assessments, AHRQ encourages the EPCs to form partnerships and enter into collaborations with other medical and research organizations. The EPCs work with these partner organizations to ensure that the evidence reports and technology assessments they produce will become building blocks for health care quality improvement projects throughout the Nation. The reports undergo peer review prior to their release.

AHRQ expects that the EPC evidence reports and technology assessments will inform individual health plans, providers, and purchasers as well as the health care system as a whole by providing important information to help improve health care quality.

We welcome written comments on this evidence report. They may be sent to: Director, Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850.

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The authors of this report are responsible for its content. Statements in the report should not be construed as endorsement by the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services of a particular drug, device, test, treatment, or other clinical service.

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Structured Abstract

Context. The healthcare system in the United States does not provide the same quality of care for ethnic minority populations that it does for the majority white population. Despite awareness of inequities in healthcare quality, little is known about strategies with the potential to improve the quality of healthcare for minority populations.

Objectives. We performed a systematic review of evidence concerning the effectiveness of interventions designed to improve the quality of healthcare in racial or ethnic minorities. Our report focused on evaluations of interventions targeted at healthcare providers or organizations, as provider and organizational factors contribute substantially to disparities and inequities in access to and quality of healthcare.

Data Sources. Electronic searches of MEDLINE®, the Cochrane Collaboration's CENTRAL Register of Controlled Trials, EMBASE, and three specialty databases were performed. Hand searching of key journals and references lists was also performed. Electronic searching was completed in February 2003 and hand searching was completed to June 15, 2003.

Study Selection. Articles included in this evidence synthesis were English-language reports of evaluations of interventions that addressed one of the specific research questions.

Data Extraction. Pairs of reviewers assessed the study quality and abstracted data for each eligible article. Data were entered into a relational database.

Data Synthesis. Ninety-one articles were identified. Twenty-seven articles evaluated strategies targeted at healthcare providers or organizations to improve minority healthcare quality. The majority of these studies targeted physicians and most addressed aspects of prevention. There is excellent evidence that tracking/reminder systems can improve quality of care, and fair evidence that multifaceted interventions, provider education interventions, and interventions that bypass the physician to offer screening services to racial/ethnic minority patients can improve quality of care. Sixty-four articles evaluated cultural competence training as a strategy to improve the quality of healthcare in minority populations. Curricula addressed specific or general concepts of culture and were primarily group discussions and lectures. The lack of consistency in intervention methods and measured outcomes limited the evidence synthesis. There is, however, excellent evidence for improvement in provider knowledge, good evidence for improvement in provider attitudes and skills, and good evidence for improvement in patient satisfaction.

Conclusions. There is some evidence that interventions to improve quality of healthcare for minorities, including cultural competence training, are effective. More research is needed on quality improvement interventions specifically designed to reduce disparities. For example, interventions should target conditions and healthcare processes for which disparities have been documented. Also needed is more research on cultural competence training that uses rigorous

study designs, well-described interventions and measurable objectives that are linked to process and outcome variables. Valid, reliable, and objective measurement of cultural competence is needed. As the literature grows, this information needs continued systematic review, updated on a regular basis and disseminated to clinicians, other healthcare decision-makers, educators, and the medical and health services research community.

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