Advancing Equity in Working to Eliminate Racial and Ethnic Disparities in Health Care: 

*How far have we come and where do we need to go?*

Dennis P. Andrulis, Ph.D., MPH
Associate Professor
University of Texas School of Public Health

Senior Research Scientist
Texas Health Institute

Texas Health and Human Services Commission
April 10, 2013
Overview

- Primer on Disparities in the US & Texas
- Why Address Racial and Ethnic Disparities?
- Importance of Cultural Competence
- Opportunities in the Affordable Care Act
- Next Steps
April is National Minority Health Month - History

- Observed since April 2001 in response to Healthy People 2010, the US Department of Health and Human Services’ health-promotion and disease-prevention initiative.

- An inclusive initiative that addresses the health needs of African Americans, Latinos/Hispanics, Asians, Native Americans, and other minorities.
Purpose-To strengthen the capacity of local communities to eliminate the disproportionate burden of premature death and preventable illness in minority populations through prevention, early detection, and control of disease complications.
Primer on Racial & Ethnic Disparities in the US & Texas
Disparities in Health in the US & Texas

Percentage of Individual Self-Reporting Fair or Poor Health Status by Race/Ethnicity for Texas & US, 2010

Source: BRFSS, 2010
Average Years of Potential Life Lost by Race & Ethnicity for Texas 2000-2009

Source: Center for Health Statistics, Texas Department of State Health Services.
http://www.dshs.state.tx.us/chs/
Disparities in Access to Care in the U.S., 2011

- Blacks had worse access to care than Whites for 32% of access measures.
- Asians had worse access to care than Whites for 17% of access measures.
- AI/ANs had worse access to care than Whites for 62% of access measures.
- Hispanics had worse access to care than non-Hispanic Whites for 63% of measures.

Percent of Women Who Received Prenatal Care in First Trimester in Texas by Race/Ethnicity, 2000-2009

Source: Natality File, Center for Health Statistics, Texas Department of State Health Services.
http://www.dshs.state.tx.us/chs/
Disparities in Quality of Care in the U.S., 2011

- Blacks received worse care than Whites for 41% of quality measures.

- Asians and American Indians and Alaska Natives (AI/ANs) received worse care than Whites for about 30% of quality measures.

- Hispanics received worse care than non-Hispanic Whites for 39% of measures.

Why Address Racial & Ethnic Disparities in Health Care?
1. To Meet the Needs of a Growing Diverse Population

Percent U.S. Population by Race/Ethnicity, 2010 & 2050

- White: 65% (2010), 46% (2050)
- Black: 16% (2010), 12% (2050)
- Hispanic: 12% (2010), 30% (2050)
- Other: 7% (2010), 12% (2050)

Percent Texas Population by Race/Ethnicity, 2010 & 2050

- White: 51% (2010), 34% (2050)
- Black: 6% (2010), 11% (2050)
- Hispanic: 38% (2010), 45% (2050)
- Other: 5% (2010), 11% (2050)
2. To Improve Overall Quality of Care

“...health care systems cannot effectively move their QI goals forward without specifically addressing the embedded problem of racial and ethnic disparities in treatment.”

- Risa Lavizzo-Mourey, Robert Wood Johnson Foundation

3. To Reduce Health Care Costs

- Between 2003-2006, combined costs of health inequities and premature deaths were estimated at $1.24 trillion.

- Eliminating racial & ethnic health disparities would have reduced direct medical care expenditures by $229.4 billion for 2003-2006.

- Between 2003-2006, 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to disparities.

4. To Reduce Medical Errors & Enhance Patient Safety

- Hospitalized Minority Patients Report More Problems with Respect for Their Preferences & Report Higher Rates of Poor Patient Safety Events

* More problems defined as highest quintile of problem scores in each dimension.

5. To End the Legacy of Discrimination

- Tuskegee and health system mistrust in Black communities.

- A national survey of Latinos found that almost one-third had experienced discrimination and that 80% felt it was a problem.

- Black women with less than a college education who reported they have experienced discrimination in house or in other ways were more likely to have premature births, likely due to related stress they undergo.

- Blacks saying they experience discrimination were less likely to get kidney transplants.
How to Address Racial & Ethnic Disparities in Health Care?

- Cultural Competence
- Data by Race, Ethnicity & Language
- Language Access
- Workforce Diversity

Reducing Disparities Research
“A set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross-cultural situations. It reflects the ability to acquire and use knowledge of the health-related beliefs, attitudes, practices, and communication patterns of clients and their families to improve services, strengthen programs, increase community participation, and close the gaps in health status among diverse population groups.”

–Cross et al., 1989.
Key Features of Cultural Competence

Within Health Care Organizations:
- Ability of the health care organization to meet needs of diverse groups of patients:
  - Diverse workforce reflecting patient population
  - Health care facilities convenient to community
  - Language assistance available for patients with limited English proficiency
  - Ongoing staff training regarding delivery of culturally and linguistically appropriate services

Within Interpersonal Interactions:
- Ability of a provider to bridge cultural differences to build an effective relationship with a patient:
  - Explores and respects patient beliefs, values, meaning of illness, preferences and needs
  - Builds rapport and trust
  - Finds common ground
  - Is aware of own biases/assumptions
  - Maintains and conveys unconditional positive regard
  - Knowledgeable about different cultures
  - Aware of health disparities and discrimination affecting minority groups
  - Effectively uses interpreter services when needed

Source: M, Beach. Patient-centeredness and cultural competence: their relationship and role in reducing health disparities. Commonwealth Fund 2006
Cultural Competence: Status and Progress

- Significantly greater consideration of its importance in access to and quality of health care among practitioners and health care organizations over the years.

  - **Support for Research and Program Innovation:**
    - NIMHD/NIH has included cultural competence in its solicitations.
    - OMH, AHRQ and HRSA have made cultural competence a priority in training, education materials, research.
    - Foundations supporting cultural competence initiatives.
Cultural Competence: State Level Legislation 2000-2011

Dark Blue: legislation requiring (WA, CA, NJ, NM, CT) or strongly recommending (MD) cultural competence training, which was signed into law.

Purple: legislation which has been referred to committee and is currently under consideration.

Royal Blue: legislation which died in committee or was vetoed.

Source: Think Cultural Health, 2011
Progress in Promoting National Guidance and Standards

- **National Quality Forum**
  - Seven domains: leadership, management/operations, communication, care delivery/support, workforce diversity/training, community engagement, data—accountability/QI
  - Identifying preferred practices for each (e.g., community collaboration to implement clinical and outreach programs for diverse populations)
  - Healthcare disparities and cultural competency consensus standards
  - Selecting and evaluating disparity sensitive quality measures
  - Describe methodological issues with disparities measurement
  - Solicit and evaluate the value of new measures (completion 2012)
The Joint Commission

- Patient rights
- Patients’ participation in care
- Safety and quality of care
- An integrated approach at multiple levels, involving ongoing monitoring & improvement is necessary to identify, develop and implement systems to promote health equity
- New and revised standards:
  - Identifying and addressing patient communication
  - Providing language services, including addressing qualifications for language interpreters and translators
  - Collecting race, ethnicity and language data
  - Patient access to chosen support individual
  - Non-discrimination in patient care
Progress in Promoting National Guidance and Standards – cont’d.

- **Office of Minority Health CLAS Standards**

  - Provide the framework for all health organizations to best serve the nation’s diverse communities

  - Set of mandates, guidelines and recommendations intended to inform practices related to cultural and linguistic competency in health care for patient care, language services and organizations
Where are our knowledge gaps?

Three main levels of gaps:

1. Individual
2. Organization
3. Community
1. Individual Level

- Research and knowledge regarding incidence and prevalence of disparities-related conditions has matured as has documentation and tracking of rates and outcomes.

- But knowledge gaps remain as to why disparities in outcomes have remained resistant to significant, consistent positive change in closing gaps.

- Cultural competence initiatives and research seen as potentially significant strategies for reducing disparities
2. Organization Level

- What role does the health care organization play in diminishing or perpetuating disparities gaps?

- How do organization actions/inaction, responding to system incentives (e.g., reimbursement) affect disparities?

- This is relevant in the era of health care reform, as resistance to change to address diverse patient needs intersects with new incentives to improve patient access and quality.
  - What are characteristics of low performing health programs compared with high performance health systems?
  - What are the implications and impact of pay for performance in the context of disparities gaps?
3. Community Level

- There remains little knowledge about the influence of place and geographic differences in contributing to disparities.
  - Beyond the more obvious and ‘usual suspects’—e.g., poverty, lack of education—what community factors perpetuate disparities?
  - What weight should be given to these characteristics in understanding disparities?
The medical care system functions as a funnel because individual illness is an outcome of, and final common pathway for, society’s ills.

Community Level: Evidence to Date

- **New and growing areas of focus:**
  - Social determinants
  - Integration of community perspective and knowledge into programs (health workers, navigators, outreach)
  - Intersection of the health care, community and social environment
  - Measurement—Health Impact Assessments
Summary:
Cultural Competence Knowledge Gaps

- Still very short on documenting clinically what, specifically, constitutes a cultural competence intervention, what works, when and how.

- Little guidance to organizations for integrating cultural competence into actions to improve health care processes and outcomes.

- Relationship and importance of community engagement in providing culturally competent care increasingly acknowledged, but indeterminate.
Affordable Care Act: Renewed Opportunities for Addressing Racial & Ethnic Disparities and Advancing Cultural Competence
ACA’s Vision and Promise

- Working to eliminate health disparities and advance health equity is central to the ACA.
- Over three dozen provisions directly advance racial and ethnic health equity, diversity, and cultural and linguistic competence.
- Dozens of other general provisions with major implications for racially and ethnically diverse populations.
Our ACA Work

- We are utilizing a “health equity” lens and framework to monitor implementation of 60+ provisions in the ACA with mention of or implications for racially and ethnically diverse populations across five areas:
  - Health Insurance Exchanges
  - Health Care Safety Net
  - Workforce Support and Diversity
  - Data, Research, and Quality
  - Public Health and Prevention
# Health Insurance Exchanges

<table>
<thead>
<tr>
<th>Provisions</th>
<th>Good</th>
<th>Moderate</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain Language Requirement for Health Plans</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove Cost Sharing For Indians</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Discrimination in Federal Programs and Exchanges</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishment of the Exchanges</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Culturally/Linguistically Appropriate Benefits Summary/Glossary</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culturally/Linguistically Appropriate Claims Appeals Process</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culturally/Linguistically Appropriate Information in Exchanges</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentive Payments in Health Plans for Reducing Disparities</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
## Health Care Safety Net

### Level of Progress

<table>
<thead>
<tr>
<th>Provisions</th>
<th>Good</th>
<th>Moderate</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP Reauthorization</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Needs Assessment</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-Based Health Centers</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Health Centers</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Nurse-Managed Health Clinics</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medicaid Expansion</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medicaid Disproportionate Share Hospital Payments*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Medicare Disproportionate Share Hospital Payments*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

*Scheduled to take effect in 2014.
## Workforce Diversity & Support

<table>
<thead>
<tr>
<th>Provisions</th>
<th>Good</th>
<th>Moderate</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for Primary Care Providers; Dentists; Mental and Behavioral Health Providers; and Nurses</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Healthcare Workforce Development Grants</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workforce Diversity Grants</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Health Service Corps</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Health Education Centers</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redistribution of GME or Residency Positions</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrations for Health Workforce Needs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centers of Excellence</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBCUs and other Minority Serving Institutions</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>National Health Care Workforce Commission</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Cultural Competency Model Curricula</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Community Health Workforce</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>Level of Progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient-Centered Outcomes Research Institute</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Medicare and Medicaid Innovation</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Value-Based Purchasing Program</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data by Race, Ethnicity and Language</td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Strategy for Quality Improvement</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interagency Group on Health Care Quality</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minority Health in HHS Offices</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Accountable Care Organizations</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disparities Research in Post-Partum Depression</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop, Improve &amp; Evaluate Quality Measures</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural Competency Research &amp; Curriculum</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Public Health & Prevention

<table>
<thead>
<tr>
<th>Provisions</th>
<th>Good</th>
<th>Moderate</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Transformation Grants</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal &amp; Child Home Visiting</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Responsibility Education</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical &amp; Community Prev. Services Taskforce</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Prevention Strategy &amp; Fund</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity, Diabetes, Cancer Programs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reauthor. of Indian Health Care Improv. Act</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>National Oral Health Campaign</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Summary of ACA Progress

- Broader ACA provisions have made moderate to good progress nationally—e.g., exchanges, insurance, health centers, workforce, and public health programs.

- However, many provisions with an explicit focus on cultural competence and minority health have either made less progress, received lower funding, or have not been funded at all.
  - Cultural competence curricula
  - Federal Office of Minority Health
  - Disparities research on post-partum depression
  - Incentives program for reducing disparities in health plans
  - Nurse-managed health clinics
  - Community health workers
  - National oral health campaign with disparities focus
  - National Health Care Workforce Commission which was to monitor workforce diversity
  - And many others...
What are Next Steps?
1. Research and Initiatives

- Identify effective strategies for tailoring disease and wellness management to diverse individuals.
  - NIH-based or other funded research into the efficacy of related interventions generally and for specific conditions and groups of conditions (e.g., chronic disease).
  - Developing an evidence base for chronic disease management of diverse patients; need large sample longitudinal studies

- Supporting research and assessment linking health care organization actions/policies with reducing disparities

- Creating and testing specific interventions that train, educate and support participation of health care settings and practitioners in broader inter-sectoral strategies to promote health and prevent chronic illness
2. Cultural Competence Guidance

With the enactment of health care reform, need guidance to the field on cultural competence.

- Define what constitutes the field of cultural competence.
- Identify what the field needs to do to create an evidence-base.
- Develop applicable and relevant measures of effect.
- Ground the link of cultural competence to quality, cost and effectiveness.
- Determine the efficacy and role of cultural competence and related interventions in achieving prevention objectives.
3. Disparities and Cultural Competence
Training and Education

- Separate the wheat from the chaff in training and education--Identify what constitutes effective diversity training and education.

- Linking diversity training to progress in achieving desired processes and outcomes of care.
4. Policy and Programs

- Creating and formalizing a *federal and national* strategy to promote inter-sectoral programs, initiatives and policies at the federal level.
  - Promote interagency/community collaboration at the state/local level to advance prevention and health care goals.
  - Develop research and demonstrations financially supporting health care practitioners and their settings in developing effective collaborative initiatives with housing, transportation, community representatives and others to improve health.

- Demonstrations and evaluations of programs implementing CLAS, NQF and other recommendations.
5. Translation of Research to Practice and Policy

National Conference Series on
Quality Health Care for Culturally Diverse Populations