

# Racial and Ethnic Health Care Disparities

## Educational Briefing for Health Care Industry Stakeholders

### ▶ What are racial and ethnic health care disparities?

Certain population groups experience poorer health outcomes and health care services relative to other groups, even after accounting for variations in health care needs, patient preferences, and recommended treatments. These differences are typically classified as ‘health disparities’ or ‘health care disparities.’ For simplicity, we use the term ‘health disparities’ in this resource to refer to both health disparities and health care disparities.

Disparities often refer to differences across racial and ethnic groups, but can also occur across many other dimensions (such as socioeconomic status, gender, and sexual orientation).



#### Health Disparity

Differences in illness, injury, disability, or mortality rates across population groups



#### Health Care Disparity

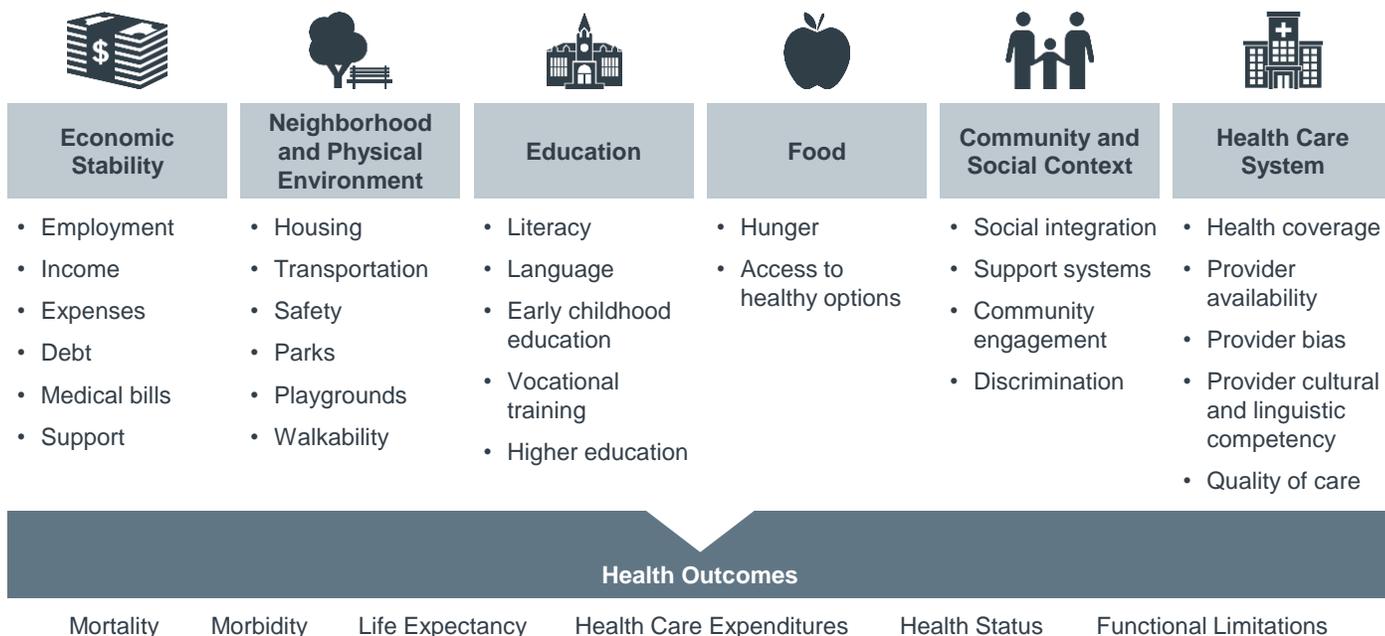
Differences in health insurance coverage, access to care, use of care, and quality of care across population groups



### ▶ What causes health disparities?

Race-based disparities are driven by complex interactions between a number of factors relating to individuals, clinicians, health systems, environments, communities, and society. The chart below provides an overview of the various elements contributing to disparities.

#### Kaiser Family Foundation’s Framework of the Social Determinants of Health



Source: Heiman HJ, Artiga S, “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,” Kaiser Family Foundation, November 2015; “Disparities in Health and Health Care: Five Key Questions and Answers,” Kaiser Family Foundation, December 2012; Advisory Board research and analysis.

## ► Is there evidence demonstrating these disparities?

A large body of research identifies consistent racial and ethnic disparities that exist in health care. Notably, the Institute of Medicine’s report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* catalogues the significant variation that exists in care across racial groups—even when accounting for insurance status, income, age, and condition severity. The examples below highlight differences in care quality and access.

### Demonstrated Race-Based Health Care Disparities

#### RECEIPT OF EVIDENCE-BASED CARE

##### Early Non-Small Cell Lung Cancer

**64%** of black patients received curative surgery, compared to 76.7% of white patients (n=10,984)

##### Diabetes Management

**52%** of black men were given a low density lipoprotein cholesterol test, compared to 66% of white men (n=14,527)

##### End-Stage Renal Disease

**35.3%** of black men were placed on a waiting list for renal transplantation, compared to 60.6% of white men (n=654)

#### TIMELINESS OF CARE

##### ED Wait Times

**14.5%** increase in emergency department wait times experienced by Hispanic patients compared to white patients, 1997-2004

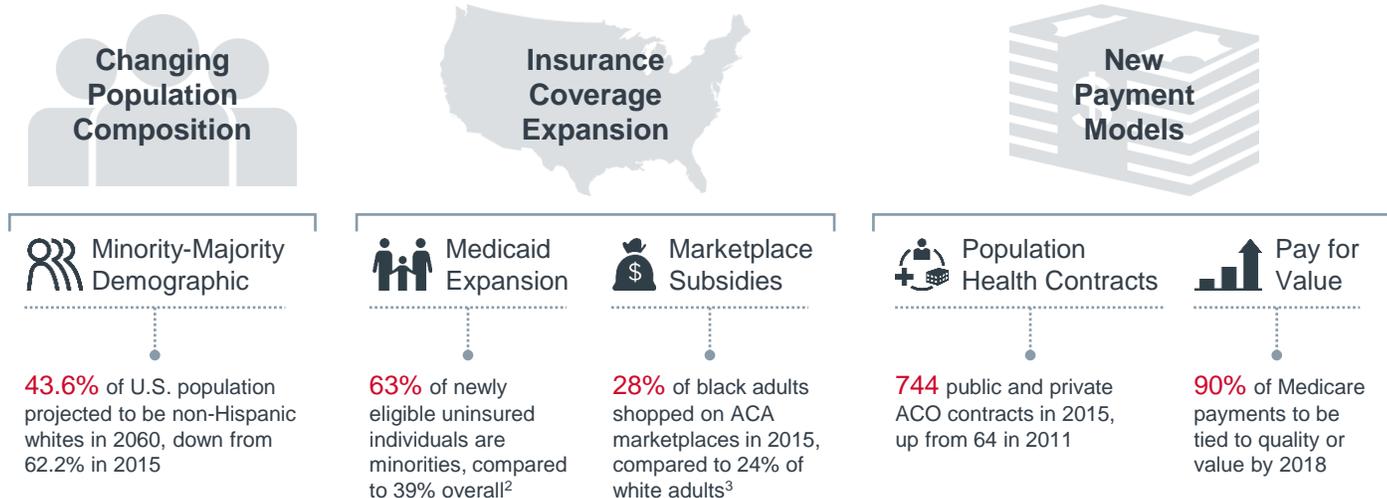
##### Time to Surgery

**64%** increase in likelihood to undergo a delay to DCIS<sup>1</sup> surgery (>50 days) for black women compared to white women

## ► Why are these disparities important for providers now?

While race-based disparities have been documented for decades, addressing these gaps will become paramount in the changing health care landscape. Minority populations are growing in size, and their access to care is expanding. Simultaneously, provider revenues increasingly depend on high-quality care and reduced costs. Health systems must ensure effective, efficient care for all groups in their market to remain successful.

### Key Developments Requiring Shifts in Provider Business Strategies



1) Ductal carcinoma in situ.

2) Uninsured nonelderly individuals at ≤138% of the federal poverty level, compared to all nonelderly individuals.

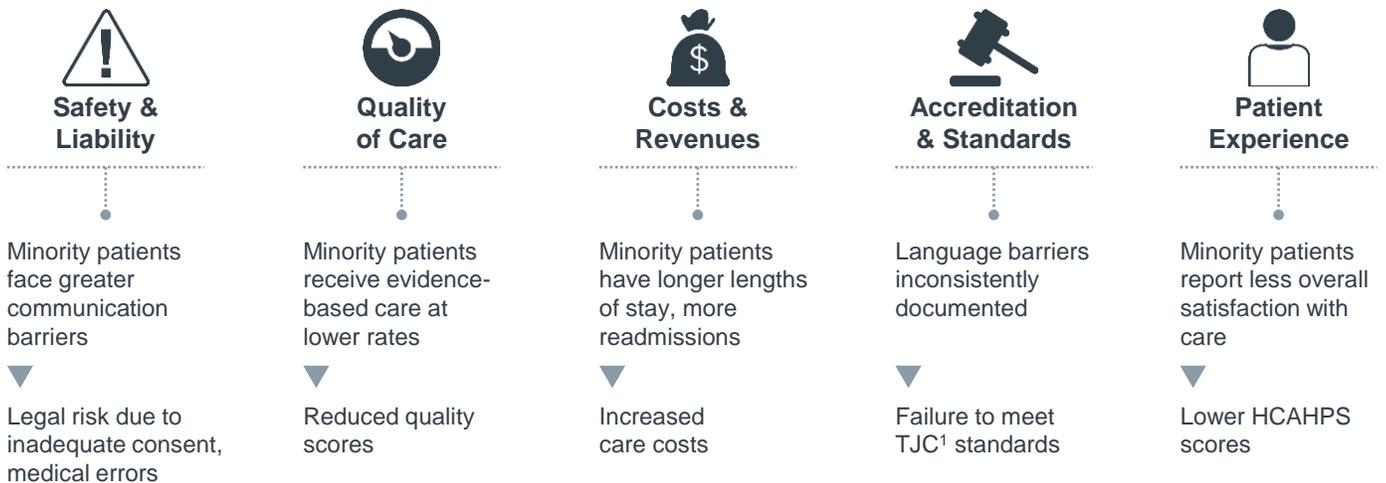
3) Percentage of adults ages 19-64.

Sources listed on page 4.

## ▶ How do disparities specifically impact providers?

Race-based health care disparities can have far-reaching consequences for hospital business priorities. The examples below demonstrate the potential impacts of disparities on health system performance, finances, and compliance. Additionally, as payment models increasingly incorporate patient experience and quality of care, disparities will have multiplicative effects on hospital bottom lines.

### Example Impacts of Racial and Ethnic Health Disparities on Health System Priorities



## ▶ What can providers do to address disparities?

Addressing health care disparities is extremely difficult because they are caused by many factors outside of health systems' control, and because health systems already strive to provide equally high-quality care to all patients. However, health systems are often unaware of differences in the health outcomes and care experiences of their minority patients, and often do not account for the different patient needs that may be driving those differences. The framework below, adapted from the Disparities Solutions Center at Massachusetts General Hospital, provides guidance on how health systems can develop a strategy for detecting and addressing disparities among their patients.

### Initial Framework to Guide Providers in Addressing Health Disparities

*Adapted from the Disparities Solutions Center at Massachusetts General Hospital*



Source: Betancourt JR, et al, "Improving Quality and Achieving Equity: A Guide for Hospital Leaders." Disparities Solutions Center, Massachusetts General Hospital, 2008; Advisory Board research and analysis.

► Further reading on health disparities:



**Improving Quality and Achieving Equity: A Guide for Hospital Leaders**

*Disparities Solutions Center,  
Massachusetts General Hospital*

- Overview of hospital rationales for addressing disparities
- Model hospital practices
- Next steps for hospital leaders



**Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**

*The Institute of Medicine*

- Summary of evidence of health care disparities
- Assessment of sources of disparities
- Recommendations for addressing disparities



**HHS Action Plan to Reduce Racial and Ethnic Health Disparities**

*HHS Office of Minority Health*

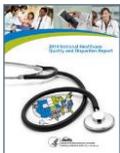
- Overview of disparities and new opportunities to reduce racial and ethnic health disparities
- Department-wide action plan for reducing racial and ethnic health disparities



**Disparities in Health and Health Care: Five Key Questions and Answers**

*Kaiser Family Foundation*

- Definition of health and health care disparities
- Current status and importance of disparities
- Key initiatives in place to address disparities
- Impact of the ACA on disparities



**2014 National Healthcare Quality and Disparities Report**

*Agency for Healthcare Research and Quality*

- Overview of the quality of health care received by the general U.S. population
- Overview of disparities in care experienced by different racial, ethnic, and socioeconomic groups
- Based on more than 250 measures of quality and disparities



**HRET Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity and Primary Language from Patients**

*Health Research and Educational Trust*

- Web-based tool to assist health care organizations in systematically collecting race, ethnicity, and primary language data from patients
- Resources for educating and informing staff about the importance of data collection
- Instructions for using data to improve quality of care for all populations

Sources from page 2:

Wilper AP, et al, "Waits To See An Emergency Department Physician: U.S. Trends And Predictors, 1997–2004," *Health Affairs*, 27, no. 2 (2008): w84-w95; Pocock B, et al, "Disparities in time to definitive surgical treatment between black and white women diagnosed with ductal carcinoma in situ," *Am J Surg*, 194, no. 4 (2007): 521-523; Bach PB, et al, "Racial Differences in the Treatment of Early-stage Lung Cancer," *N Engl J Med*, 341, no. 16 (1999): 1198-1205; Massing, MW, et al, "Disparities in lipid management for African Americans and Caucasians with coronary artery disease: a national cross-sectional study," *BMC Cardiovascular Disorders*, 4, no. 1 (2004): 15; Ayanian JZ, et al, "The Effect of Patients' Preferences on Racial Differences in Access to Renal Transplantation," *N Engl J Med*, 341, no. 2 (1999): 1661-1669; Colby SL, Ortman JM, "Projections of the Size and Composition of the U.S. Population: 2014 to 2060," U.S. Census Bureau, March 2015; "Health Coverage by Race and Ethnicity: The Potential Impact of the Affordable Care Act," Kaiser Family Foundation, 2013; "The Impact of Current State Medicaid Expansion Decisions on Coverage by Race and Ethnicity," Kaiser Family Foundation, 2013; Collins SR, et al, "To Enroll or Not to Enroll? Why Many Americans Have Gained Insurance Under the Affordable Care Act While Others Have Not," Commonwealth Fund, September 2015; Muhlestein D, "Growth And Dispersion Of Accountable Care Organizations In 2015," *Health Affairs*, March 31, 2015; "The Field Guide to Medicare Payment Innovation," Health Care Advisory Board, 2015; Advisory Board research and analysis.