

Potential Q&As

Racial and Ethnic Disparities in Medical Care

Q: How was the review for *The Weight of Evidence* conducted?

A: The Weight of Evidence report is a review of previously published studies. An advisory committee that included representatives of the American College of Cardiology Foundation and the Association of Black Cardiologists guided the framework for this review of the evidence. Two teams of researchers/analysts, one from the Kaiser Family Foundation and the other from the Morehouse School of Medicine (MSM), had responsibility for independently reviewing all studies.

Q: Don't patient factors such as compliance play a large role in disparities in medical care?

A: Yes. It is likely that a mix of patient, provider, and health system factors contribute to racial and ethnic disparities in medical care. However, physicians are often in the best position to impact these factors. They therefore play an important role in efforts to understand why disparities occur and in implementing strategies that seek to assure the highest quality medical care for every individual.

Q: Can't most disparities in medical care be attributed to insurance status?

A: Some disparities can be attributed to insurance status, but *The Weight of Evidence* report found that disparities in care remain after adjusting for factors known to affect care such as age, sex, insurance status, co-morbidities, and heart disease severity.

Q: What are the available tools?

A: There are a growing number of tools that translate research into practice. They range from training programs for physicians developed by the American Academy of Family Physicians and the Association of Black Cardiologists to national standards for culturally and linguistic appropriate services in health care (CLAS), being developed by the federal government. The University of Michigan Health System's Cultural Competency program has an extensive list of tools and resources, located at:

www.med.umich.edu/multicultural/ccp/tools.htm.

Q: What are the best interventions?

A: Experts in the field are assessing how best to develop interventions specific to racial and ethnic disparities in medical care. American College of Cardiology and the American Heart Association however, already provide evidence-based clinical statements and guidelines to help physicians address contemporary practice issues. These guidelines are available at: www.kff.org/whythedifference.

Q: What is cultural competency?

A: “Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs“ (Betancourt et al., 2002).

Q: Who is studying the problem?

A: Research interest in the topic has increased at exponential rates. In 1966, 35 papers were published. In the year 2000, 1358 articles were published. The issue is being studied by the federal government, health services researchers, private organizations, not-for-profit Foundations and others.

Q: What is the federal government doing on this topic?

A: Eliminating racial and ethnic disparities in health care is a key goal of *Healthy People 2010*, the federal government’s road map for improving the health of the nation. Also, the Department of Health and Human Services has adopted a department-wide strategic plan for eliminating racial and ethnic disparities. Some examples of HHS agencies dedicated to eliminating racial and ethnic disparities include:

- HRSA: Office of Minority Health
- NIH: National Center on Minority Health and Health Disparities
- CDC: Office of Minority and Women’s Health

Q: What is *Why the Difference* and what does it include?

A: The Henry J. Kaiser Family Foundation, The Robert Wood Johnson Foundation and the nation’s leading medical and health organizations have undertaken a national initiative to raise physician awareness about racial and ethnic disparities in medical care.

The initiative has three main components: an advertisement campaign in major medical publications; a review of the evidence on racial/ethnic disparities in cardiac care; and an outreach effort to engage physicians in dialogue.

Q: Why is (this organization) involved in the initiative?

A: _____ is committed to maintaining and improving the ability of physicians to provide the highest quality of care to all patients, regardless of their background.

Q: How can I get involved?

A: Log onto: www.kff.org/whythedifference and

- Review the evidence on racial/ethnic differences in cardiac care and submit your thoughts on how to eliminate disparities
- Review your own practice and procedures to see if best practices or lessons can be learned and submit your findings
- Link to guidelines designed to improve cardiac care outcomes
- Read recent news stories about disparities in health and medical care
- Learn about upcoming events