10 steps for avoiding health disparities in your practice

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You are caring for a 55-year-old person with acute coronary syndrome whose angiogram shows significant obstruction in 2 arteries. Will your patient's race, ethnicity, gender, or ability to pay influence your treatment recommendation?

We hope the answer to the question above is no. However, the evidence regarding differences in the care of patients based on race, ethnicity, gender, and socioeconomic status suggests that if this patient is a woman or African American or from a lower socioeconomic class, resultant morbidity or mortality will be higher.

Differences are seen in the provision of cardiovascular care, cancer diagnosis and treament, and HIV care. African Americans, Latino Americans, Asian Americans, and Native Americans have higher morbidity and mortality than Caucasian Americans for multiple problems including cancer, chemical dependency, diabetes, heart disease, infant mortality, and unintentional and intentional injuries.[1]

This article explores possible explanations for health care disparities and offers 10 practical strategies for tackling this challenging issue.

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EXAMPLES OF HEALTH DISPARITIES

The United States has dramatically improved the health status of its citizens—increasing longevity, reducing infant mortality and teenage pregnancies, and increasing the number of children being immunized. Despite these improvements, though, there remain persistent and disproportionate burdens of disease and illness borne by subgroups of the population (**Table 1**).[2,3]

The Institute of Medicine in its recent report, "Unequal Treatment," approaches the issue from another perspective: they define these disparities as "racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences and appropriateness of intervention."[4]

TABLE 1

Examples of health disparities that could be changed

Disparity in mortality	
Infant mortality	Infant mortality is higher for infants of African American, Native Hawaiian, and Native American mothers (13.8, 10.0, and 9.3 deaths per 1000 live births, respectively) than for infants of other race groups. Infant mortality decreases as the mother's level of education increases.
Disparity in morbidity	
Cancer (males)	The incidence of cancer among black males exceeds that of white males for prostate cancer (60%), lung and bronchial cancer (58%), and colon and rectum cancers (14%).
Disparity in health behaviors	
Cigarette smoking	Smoking among persons aged 25 years and over ranges from 11% among college graduates to 32% for those without a high school diploma; 19% of adolescents in the most rural counties smoke compared to 11% in central counties.
Disparity in preventive health care	
Mammography	Poor women are 27% less likely to have had a recent mammogram than are women with family incomes above the poverty level.
Disparity in access to care	
Health insurance coverage	13% of children under aged <18 years have no health insurance coverage; 28% of children with family incomes of 1 to 1.5 times the poverty level are without coverage, compared with 5% of those with family incomes at least twice the poverty level.

Source: Adapted from *Health, United States, 2001*. Hyattsville, Md: National Center for Health Statistics; 2001.

CORRECTING HEALTH DISPARITY BEGINS WITH UNDERSTANDING ITS CAUSES

A number of factors account for disparities in health and health care.

Population-influenced factors

Leading candidates are some population groups' lower socioeconomic status (eg, income, occupation, education) and increased exposure to unhealthy environments. Individuals may also exhibit preferences for or against treatment (when appropriate treatment recommendations are offered) that mirror group preferences.

For example, African American patients' distrust of the healthcare system may be based in part on their experience of discrimination as research subjects in the Tuskegee syphilis study and Los Angeles measles immunization study. Research has shown that while these issues are relevant, they do not fully account for observed disparities.

System factors

Problems with access to care are common: inadequate insurance, transportation difficulties, geographic barriers to needed services (rural/urban), and language barriers. Again, research has shown that access to care matters, but not necessarily more than other factors.

Individual factors

At the individual level, a clinical encounter may be adversely affected by physician-patient racial/ethnic discordance, patient health literacy, and physician cultural competence. Also, there is the high prevalence of risky behavior such as smoking.

Finally, provider-specific issues may be operative: bias (prejudice) against certain groups of patients, clinical uncertainty when dealing with patients, and stereotypes held by providers about the behavior or health of different groups of patients according to race, ethnicity, or culture.

ADDRESSING DISPARITIES IN PRACTICE

Clearly, improving the socioeconomic status and access to care for all people are among the most important ways to eliminate health disparities. Physicians can influence these areas through individual participation in political activities, in nonprofit organizations, and in their professional organizations.

Steps can also be taken in your own practice (**Table 2**).

Use evidence-based guidelines

To minimize the effect of possible bias and stereotyping in caring for patients of different races, ethnicities, and cultures, an important foundation is to standardize care for all patients by using evidence-based practice guidelines when appropriate. Clinical guidelines such as those published by the US Preventive Services Task Force and those available on the Internet through the National Guideline Clearinghouse provide well-researched and substantiated recommendations (available at www.ngc.gov).

Using guidelines is consistent with national recommendations to incorporate more evidence-based practices in clinical care.

Make your office patient-friendly

Create an office environment that is sensitive to the needs of all patients. Addressing language issues, having front desk staff who are sensitive and unbiased, and providing culturally relevant patient education material (eg, posters, magazines) are important components of a supportive office environment.[1]

Advocate patient education

Strategies to improve patient health literacy and physician cultural competence may be of benefit. The literacy issue can be helped considerably by enabling patients to increase their understanding of health terminology, and there are national efforts to address patient health literacy. Physicians can also help by explaining options and care plans simply, carefully, and without medical jargon. The American Medical Association has a national campaign in support of health literacy (www.ama assn.org/ama/pub/category/8115.html).

TABLE 2

Ten practical measures for avoiding health disparity in your practice

Use evidence-based clinical guidelines as much as possible.
Consider the health literacy level of your patients when planning care and treatment, when explaining medical recommendations, and when handing out written material.
Ensure that front desk staff are sensitive to patient backgrounds and cultures.
Provide culturally sensitive patient education materials (eg, brochures in Spanish).
Keep a "black book" with the names and numbers of community health resources.
Volunteer with a nonprofit community-based agency in your area.
Ask your local health department or managed care plans if they have a community health improvement plan. Get involved in creating or implementing the plan.
Create a special program for one or more of the populations you care for (eg, a school-based program to help reduce teenage pregnancy).
Develop a plan for translation services.
Browse through the Institute of Medicine report, "Unequal Treatment" (available at www.iom.edu/report.asp?id=4475).

Increase cross-cultural communication skills

The Institute of Medicine and academicians have increasingly recommended training healthcare

The National Perspective: Healthy People 2010

Eliminating health disparities is one of the top 2 goals of *Healthy People 2010,* the document that guides the nation's health promotion and disease prevention agenda. *Healthy People 2010* (www.health.gov/healthypeople) is a compilation of important prevention objectives for the Nation identified by the US Public Health Service that helps to focus health care system and community efforts. The vision for *Healthy People 2010* is "Healthy People in Healthy Communities," a theme emphasizing that the health of the individual is closely linked with the health of the community.

The Leading Health Indicators are a subset of the *Healthy People 2010* objectives and were chosen for emphasis because they account for more than 50% of the leading preventable causes of morbidity and premature morality in the US.[5] Data on these 10 objectives also point to disparities in health status and health outcomes among population groups in the US. Most states and many local communities have used the *Healthy People 2010*/Leading Health Indicators to develop and implement state and local "Healthy People" plans.

Physicians have an important role in efforts to meet these goals because many of them can only be met by utilizing multicomponent intervention strategies that include actions at the clinic, health care system and community level.

professionals to be more culturally competent. Experts have agreed that the "essence of cultural competence is not the mastery of 'facts' about different ethnic groups, but rather a patient-centered approach that incorporates fundamental skills and attitudes that may be applicable across ethnic boundaries."[6]

A recent national survey supported this idea by showing that racial differences in patient satisfaction disappeared after adjustment for the quality of physician behaviors (eg, showing respect for patients, spending adequate time with patients). The fact that these positive physician behaviors were reported more frequently by white than non-white patients points to the need for continued effort at improving physicians' interpersonal skills.

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