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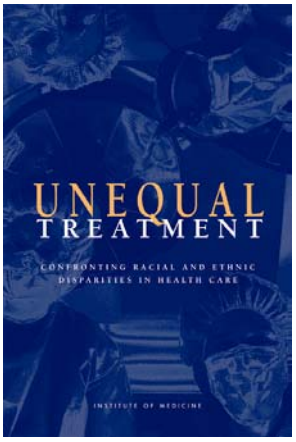
Shaping the Future for Health

WHAT HEALTHCARE CONSUMERS NEED TO KNOW ABOUT RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE



It is often difficult to face a visit to the doctor, even if it's just for a routine check-up. Many people find it stressful and even frightening to go to the doctor, especially when they are not feeling well. Worries about starting treatment for an illness or disease can get worse when people think about how much the treatment will cost and the possibility of the doctor making a mistake. And for minority patients, there can be more issues to think about – including whether their race or ethnicity will affect the kind of care they receive.

THERE ARE RACIAL AND ETHNIC GAPS IN ACCESS TO HEALTH CARE

There are wide differences between racial and ethnic groups in access to health care and the availability of health insurance. Minorities, especially Hispanic and African-American families, are less likely than whites to have private health insurance. Or if they have insurance, minorities are more likely than whites to be enrolled in health plans that place tight limits on the types of services that patients may receive. Also, the best quality health care services and providers are not always found in minority communities. These are some of the major reasons why minorities receive a lower quality of care.

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For that reason, Congress asked the Institute of Medicine (IOM) to investigate racial and ethnic disparities in health care delivery. The IOM was instructed to determine how wide the healthcare gap is, identify potential reasons why it

occurs, and suggest ways to eliminate it. In its final report (*Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*), the panel of scientists and doctors assembled by the IOM concluded that minority patients are less likely than whites to receive the same quality of heath care, even when they have similar insurance or the ability to pay for care. To make matters worse, this healthcare gap is linked with higher death rates among minorities.

WHAT ARE HEALTHCARE DISPARITIES?

The IOM report defined healthcare *disparities* as differences in the quality of care received by minorities and non-minorities who have equal access to care – that is, when these groups have similar health insurance and the same access to a doctor – *and* when there are no differences between these groups in their preferences and needs for treatment. This definition acknowledges that some differences in the quality of healthcare between minorities and whites are explainable. For example, research shows that some minority patients are more likely than whites to reject their doctor's advice for treatment, although this difference in treatment preferences is generally very small.

WHAT ARE THE CAUSES OF HEALTHCARE DISPARITIES?

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The IOM report found that health care disparities do not have one simple cause. Instead, many potential sources of health care disparities were discovered. Three of these sources are described below.

The way healthcare systems are organized and operate can contribute to differences. Sometimes healthcare systems, hospitals, or clinics adopt policies or practices that are based on good intentions – such as the need to contain healthcare costs – but may pose barriers to minority patients' ability to access care. For example, some health plans offer financial incentives to physicians to keep costs low. Keeping healthcare costs down is important, but these policies may unintentionally hurt minorities, in that cost-savings may come at the expense of patients who are least educated about their treatment options and least likely to push their doctor for more services.

> ***The doctor comes in and says, "Why is he on oxygen?" I was recovering from surgery. He's looking at the chart and he says, "The insurance doesn't cover it. Take it off." Just like that. I'm right there, and I'm thinking "Wow, that's pretty harsh if it comes from a doctor." That was unfair I thought.*** **(Hispanic focus group participant)**

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In addition, many health plans do not offer professional interpretation or translation services to patients that don't speak English. Professional interpretation and translation services are important to help non-English speaking patients fully participate in treatment decisions and discuss concerns with their doctor privately.

Patients' attitudes and behaviors can contribute to disparities. There is some evidence that patients' attitudes may contribute to disparities. Some minority patients do not trust health care professionals, and therefore may put off seeing a doctor until their illness is too far along to effectively treat. Others do not follow their doctor's instructions exactly. In addition, some evidence suggests that minority patients are more likely to reject or refuse their doctor's recommendations for treatment. Studies show, however, that this represents only a small percentage of minority patients, and that minorities are only slightly more likely than white patients to refuse recommended treatment.

There is some evidence that patients' attitudes may contribute to disparities.

Finally, there is evidence that *health care providers' biases, prejudices, and uncertainty when treating minorities can contribute to health care disparities*. This summary focuses on how providers' attitudes and beliefs – even those that they aren't consciously aware of – may influence the quality of patient care, and what patients can do about it.

DOCTORS NEED MANY DIFFERENT TYPES OF INFORMATION TO MAKE A MEDICAL DECISION

To understand how doctors may contribute to healthcare disparities, it's important to understand how they make decisions about patient care. Many of the decisions that doctors must make are made with a degree of uncertainty. This uncertainty can be related to the patient's diagnosis, how the patient may respond to treatment, whether treatment might lead to potential complications, or even the patient's long-term outlook. To make matters worse, in many healthcare settings doctors may face significant time pressures, resource constraints, and on occasion, complex medical problems that are not easily understood or solved.

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Uncertainty can therefore make finding the right diagnosis and treatment plan a challenge for any doctor. But when faced with patients who are from different racial or ethnic backgrounds, doctors may find that their uncertainty about the patient's condition and best course of treatment is even greater. A doctor may be uncertain about how a particular disease (or treatment) will progress in a minority group. A patient's test results may not point to an obvious solution. Sometimes, patients don't know how to describe their symptoms, or they are nervous or embarrassed about them. In addition, many doctors don't talk to their patients in plain language; they use medical terms that are difficult to understand. These kinds of problems can lead to greater uncertainty when doctors and patients don't share the same background. And in many communities, there are additional language barriers – the doctor and patient may not speak the same language, and many healthcare systems do not employ interpreters. Also, there can be cultural misunderstandings that are separate from language problems – a patient's understanding of his or her illness may be different from a doctor's perspective. Each of these factors increases the doctor's uncertainty about what care a patient may need. The result may be that the diagnosis and treatment plan may not be well suited to the patient's needs.

HOW ARE STEREOTYPES, BIAS, AND PREJUDICE RELATED TO PATIENT CARE?

> ***Often times, the [healthcare] system gets the concept of black people off the 6 o'clock news, and they treat us all the same way. Here's a guy coming in here with no insurance. He's low breed. (African American focus group participant)***

Stereotyping is a process by which people use social groups (such as sex and race) to gather, process, and recall information about other people. Stereotypes are, in other words, labels that we give to people on the basis of what groups we think they belong to.

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Most people think of the word "stereotype" as a negative one, but actually these labels can be useful. Stereotyping helps people to organize a very complex world. Using them can give us more confidence in our abilities to understand a situation and respond to it. There is, however, a downside to stereotyping. It is the nature of stereotypes to be biased or unfair. They carry some level of judgment – this judgment can be positive or negative. For example, one African-American patient who had been diagnosed with diabetes reported a very negative experience. While writing a prescription, the doctor told her, "I need to write this prescription for these pills, but you'll never take them and you'll come back and tell me you're eating pig's feet and everything…" Clearly, this provider looked at this person's race and assumed she had a certain type of diet and would therefore ignore his advice.

It is easy to recognize negative stereotypes, such as the kinds of attitudes that we associate with bigotry. But almost everyone stereotypes others, even though most people don't even realize they do it. And, unfortunately, we live in a society that is still affected by negative attitudes between different racial and ethnic groups. So even people who would never endorse explicitly biased stereotypes – who truly believe that they do not judge others based on social categories – have been unconsciously influenced by the *implicitly* biased stereotypes in American society.

STEREOTYPES MAY INFLUENCE MEDICAL DECISIONS

> ***My name is… [a common Hispanic surname] and when they see that name, I think there is… some kind of a prejudice of the name… We're talking about on the phone, there's a lack of respect. There's a lack of acknowledging the person and making one feel welcome. All of the courtesies that go with the profession that they are paid to do are kind of put aside. They think they can get away with a lot because "Here's another dumb Mexican." (Hispanic focus group participant)***

Both implicit and explicit stereotypes shape our personal interactions. They affect how we recall information and guide our expectations and perceptions. The subtle clues we give about our own stereotypes – and how we interpret those given by others – can even produce "self-fulfilling prophecies" in social situations. That is, our own beliefs about how a situation should or will unfold can actually influence the interaction so that it meets our expectations. For example, a doctor's conscious or subconscious stereotypes about whether minority patients will stick to treatment plans or keep follow-up appointments can convey the message that the doctor doesn't expect the patient to cooperate.

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PREJUDICE IS NOT ALWAYS RECOGNIZED OR DELIBERATE

> ***If you speak English well, then an American doctor, they will treat you better. If you speak Chinese and your English is not that good, they would also kind of look down on you. They would [be] kind of prejudiced.*** **(Chinese-American focus group participant)**

Prejudice can also affect the quality of health care that minorities receive. Prejudice is defined as an unjustified negative attitude based on a person's group membership. Such a negative attitude is often revealed through explicitly biased stereotypes. It is a sad fact that the majority of white Americans hold prejudicial attitudes about minorities. Survey results indicate that as many as one-half to three-quarters of whites believe minorities are less intelligent, prefer to live on welfare, or are more prone to violence than white people. Yet most of these people do not recognize their attitudes as prejudice.

It's likely that most healthcare providers are not overtly prejudiced.

It's likely that most healthcare providers are not overtly prejudiced. After all, they have dedicated their lives to helping people stay well. But like many people, healthcare providers may not recognize evidence of prejudice in their own behavior.

THERE ARE WAYS TO CORRECT THESE DISPARITIES

It may seem like an unbreakable cycle, but it is not a hopeless situation. The first step toward correcting the problem is to make people aware of it. Surveys show that, by and large, the general public is unaware that minorities receive a lower quality of care than whites. Many physicians, too, are unaware of the extent of racial and ethnic disparities in care. Greater awareness is likely to lead to more public and professional concern to solve the problem.

Awareness of the problem is not enough, however, to eliminate health care disparities. Wide-ranging strategies need to be aimed at state and federal health policy, policies and practices of health systems, and training of health care providers.

Awareness of the problem is not enough, however, to eliminate health care disparities. Wide-ranging strategies need to be aimed at state and federal health policy, policies and practices of health systems, and training of health care providers. These strategies should be developed and put into place at the same time. Addressing only one strategy at a time will not solve the problem.

For example, healthcare systems can take steps to help minority patients to better access care and make sure that high quality care is provided to all patients. In communities where there are a large number of people that prefer to use languages other than English, translation services can help patients feel more comfortable and that their needs are being heard. Healthcare systems can also take steps to improve relationships between doctors and patients. If each patient has a specific provider that they are able to see when they need care, the two are often able to overcome cultural barriers. This may help patients trust their provider and feel confident in following medical advice

> ***I don't think necessarily you have to be an African American to provide good care to African Americans, but if you're not you really need to be aware of the culture and some of the issues in that culture, and really look at how you feel about dealing with people from that culture.*** **(African American nurse)**

More importantly, doctors and other providers should receive *cross-cultural education*.

Education is also important. First, doctors and other healthcare providers have to recognize that disparities exist, despite their best intentions. More importantly, doctors and other providers should receive *cross-cultural education*. This kind of training is designed to teach providers how cultural and social factors influence healthcare. It helps providers understand how to interact with patients who have different cultural points of view in general and, in particular, different attitudes about healthcare. It also helps providers talk to and interact with these patients in a more effective way.

> ***If they [doctors] are going to practice in a Native American setting, they should understand how traditional medicine can lead to healing the patient.*** **(Native American focus group participant)**

PATIENTS CAN MAKE A DIFFERENCE IN THEIR OWN CARE, STARTING RIGHT AWAY

Providing patient education materials is an important step for healthcare systems; using them is an important step for patients.

Patients can also make positive changes. There is some evidence to show that patient education efforts can make a difference. Books, pamphlets, and Internet sites teach patients what to expect during exams and provide information about communicating with providers. When patients are able to ask questions and get answers they understand, they are able to participate in making medical decisions. Providing patient education materials is an important step for healthcare systems; using them is an important step for patients.

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Would you like to know more about taking an active role in your own medical decisions? There are a number of books that can help. Ask for one of these at the library or bookstore:

The Intelligent Patient's Guide to the Doctor-Patient Relationship: Learning How to Talk So Your Doctor Will Listen.
By Barbara M. Korsch, MD and Caroline Harding

Working With Your Doctor: Getting the Healthcare You Deserve.
By Nancy Keene

Making Informed Medical Decisions: Where to Look and How to Use What You Find.
By Nancy Oster, Lucy Thomas, Darol Joseff, and Susan Love

Surviving Modern Medicine: How to Get the Best from Doctors, Family, and Friends.
By Peter Clarke and Susan H. Evans

In addition, several on-line resources are available via the Internet. If you do not have a computer or Internet connection at home, contact your local library or community center to find out how to access this information:

- One of the nation's largest sources of minority health information is the U.S. Department of Health and Human Services' Office of Minority Health (http://www.omhrc.gov/). For referrals, publications, referent information and access to minority health professionals across the country, visit their virtual reference shelf or call the Resource Center at 1-800-444-6472 to talk with an information specialist. You can also find links to online health-based information in English and Spanish.

- The Office of Minority Health publishes two newsletters: "Closing the Gap" and "HIV Impact," which both report on federal, state and community-based activities related to minority health. These newsletters can also be accessed at the above Internet address.

- Closing the Health Gap (http://www.healthgap.omhrc.gov/index.htm), a national educational campaign co-sponsored by the U.S. Department of Health and Human Services and ABC Radio Networks, provides information on common health conditions facing African-Americans, and offers links to consumer health resources.

- Find state-by-state data on minority health professionals, medical school graduates, and health conditions displayed in graphs, maps, and charts from the Henry J. Kaiser Family Foundation (http://www.kff.org/).

- Visit the National Institutes of Health's National Center on Minority Health and Health Disparities (http://ncmhd.nih.gov/) for information on clinical trials, statistics, health information and publications. NIH also offers an extensive list of health-based Web sites specifically targeted for minority audiences, such as BlackHealthCare.com (http://blackhealthcare.com/BHC/Index.asp), which includes a multimedia library of black health issues.
- The National Library of Medicine's Medline Plus (http://medlineplus.gov/) provides a wealth of information on specific health conditions and drugs, as well as directories of credentialed doctors, dentists and hospitals in your area.
- Get tips on choosing quality health care, preventing medical errors, and other patient concerns from the Agency for Health Care Research and Quality (AHRQ) (http://www.ahcpr.gov/). AHRQ also maintains an archive of articles on major research findings in racial in ethnic disparities in health care.
- If you believe that you have been denied health or human services or treated in an unfair manner because of race, color, national origin, disability or age, contact the U.S. Department of Health and Human Services' Office for Civil Rights (http://www.hhs.gov/ocr/regmail.html).

For More Information…

Copies of *Unequal Treatment: Understanding Racial and Ethnic Disparities in Health Care* are available for sale from the National Academies Press; call (800) 624-6242 or (202) 334-3313 (in the Washington metropolitan area), or visit the NAP home page at **www.nap.edu.** The full text of this report is available at **http://www.nap.edu/catalog/10260.html**

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COMMITTEE ON UNDERSTANDING AND ELIMINATING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE

ALAN R. NELSON, M.D., (*Chair*), retired physician and current Special Advisor to the Chief Executive Officer, American College of Physicians–American Society of Internal Medicine, Washington, DC; **MARTHA N. HILL, Ph.D., R.N.**, *(Co-Vice Chair)*, Interim Dean, Professor and Director, Center for Nursing Research, Johns Hopkins University School of Nursing, Baltimore, MD; **RISA LAVIZZO-MOUREY, M.D., M.B.A.**, *(Co-Vice Chair),* Senior Vice President, Health Care Group, Robert Wood Johnson Foundation, Princeton, NJ; **JOSEPH R. BETANCOURT, M.D., M.P.H.**, Senior Scientist, Institute for Health Policy, Director for Multicultural Education, Multicultural Affairs Office, Massachusetts General Hospital, Partners HealthCare System, Boston, MA; **M. GREGG BLOCHE, J.D., M.D.**, Professor of Law, Georgetown University and Co-Director, Georgetown-Johns Hopkins Joint Program in Law and Public Health, Washington, DC; **W. MICHAEL BYRD, M.D., M.P.H**., Instructor and Senior Research Scientist, Harvard School of Public Health, and Instructor/Staff Physician, Beth Israel Deaconess Hospital, Boston, MA; **JOHN F. DOVIDIO, Ph.D.,** Charles A. Dana Professor of Psychology and Interim Provost and Dean of Faculty, Colgate University, Hamilton, NY; **JOSE ESCARCE, M.D., Ph.D**., Senior Natural Scientist, RAND and Adjunct Professor, UCLA School of Public Health, Los Angeles, CA; **SANDRA ADAMSON FRYHOFER, M.D., MACP**, practicing internist and Clinical Associate Professor of Medicine, Emory University School of Medicine, Atlanta, GA; **THOMAS INUI, Sc.M., M.D.,** Senior Scholar, Fetzer Institute, Kalamazoo and Petersdorf Scholar-in-Residence, Association of American Medical Colleges, Washington, DC.; **JENNIE R. JOE, Ph.D., M.P.H.,** Professor of Family and Community Medicine, and Director of the Native American Research and Training Center, University of Arizona, Tucson, AZ; **THOMAS McGUIRE, Ph.D**., Professor of Health Economics, Department of Health Care Policy, Harvard Medical School, Boston, MA; **CAROLINA REYES, M.D.**, Vice President, Planning and Evaluation, The California Endowment, Woodland Hills, CA; **DONALD STEINWACHS, Ph.D**., Chair and Professor of the Department of Health Policy and Management, Johns Hopkins School of Hygiene and Public health, and Director, Johns Hopkins University Health Services Research and Development Center, Baltimore, MD; **DAVID R. WILLIAMS, Ph.D., M.P.H**., Professor of Sociology and Research Scientist, Institute for Social Research, University of Michigan, Ann Arbor, MI

Health Sciences Policy Board Liaison
GLORIA E. SARTO, M.D., Ph.D., Professor, University of Wisconsin Health, Department of Obstetrics and Gynecology, Madison, WI

IOM Project Staff
BRIAN D. SMEDLEY, Study Director; **ADRIENNE Y. STITH,** Program Officer
DANIEL J. WOOTEN, Scholar-in-Residence; **THELMA L. COX,** Senior Project Assistant; **SYLVIA I. SALAZAR,** Edward Roybal Public Health Fellow, Congressional Hispanic Caucus Institute