Eliminating Disparities: Why It’s Essential and How to Get It Done

Hospitals Must Take the Lead in Eliminating Disparities in Care
By Rich Umbdenstock, AHA President and CEO and Kevin E. Lofton, CEO of Catholic Health Initiatives, Past Chair, AHA Board of Trustees and Chairman of the AHA’s Special Advisory Group on Improving Hospital Care for Minorities

Health disparities—access to care to health outcomes—disproportionately affect a growing segment of our population. While recent reports show some progress in reducing disparities, there is still much work to be done.

In December 2007, the American Hospital Association (AHA) convened the Special Advisory Group on Improving Hospital Care for Minorities as part of our ongoing efforts to ensure equitable treatment for all patients. This group has a dual mission: one, study how we can improve hospital care and eliminate disparities among minority populations; and two, ensure that racial and ethnic minorities have a voice in the national debate on health care reform. But at the heart of our mission is a simple question: how can hospitals improve the care we provide to minorities?

This important effort includes a diverse group of leaders who believe passionately in our mission. They represent national leaders from civil rights organizations, hospitals, consumer rights groups, academic medicine, health care researchers and others.

The group recommendations for specific activities and areas where hospital leaders should focus time, attention and resources center around quality, transparency, data collection, governance, public health, wellness and workforce opportunities.

The AHA also is bringing together tangible resources to help hospitals navigate this path toward disparities elimination. Through AHA’s Center for Health Care Governance and Institute for Diversity in Health Management, we’ve developed trustee training programs to help hospitals expand the racial and ethnic diversity of their governing boards. The AHA’s Health Research and Educational Trust created and made available online the Disparities Toolkit, a National Quality Forum endorsed, Web-based toolkit to collect race, ethnicity and primary language data in a uniform way.

As hospitals and health systems across the country work to align quality improvement goals with disparities solutions, an AHA Web-based resource provides informative articles and tools as well as case examples from hospitals that are addressing disparities in care.

Hospitals have a great opportunity to be leaders on this important issue. While eliminating disparities in care will not be achieved overnight, there are both subtle and dramatic actions we can take as illustrated with case examples on the following pages.

Is there something there that you can replicate in your community or in your hospital? Ultimately, all of these activities will result in a stronger health care system while helping communities better understand the unintended impact of disparities and how to achieve equitable care for all.

Data Demonstrates Need for Health Leaders to Tackle, Measure Health Disparities

It has been seven years since the Institute of Medicine presented the stark realities attributed to disparities in health care. Their landmark report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, comprehensively identified both issues surrounding and opportunities to improve health care for all Americans.

While some strides have been made, quality gaps continue. A recent Agency for Healthcare Research and Quality (AHRQ) report notes that over 60 percent of disparities in quality of care have stayed the same or worsened for Blacks, Asians and poor populations while nearly 60 percent of disparities, including but not limited to quality, have stayed the same or worsened for Hispanics.

At the same time, America’s racial and ethnic composition is rapidly changing. Minority groups will compose almost half of the U.S. population by 2050. The biggest increase will occur within the Hispanic population. The U.S. Census Bureau found over 300 different languages spoken in the U.S. and nearly 47 million people—18 percent of the U.S. population—speak a language other than English at home.

The American Hospital Association’s (AHA) Health Research and Educational Trust (HRET) research found that 80 percent of hospitals frequently encounter patients with limited English proficiency: 43 percent reported daily encounters; 20 percent weekly; and 17 percent monthly.

Exacerbating the challenges are the underinsured and uninsured, both disproportionately represented among racial and ethnic populations. While having insurance does not guarantee timely access to high quality health care, research shows health coverage often equals access to health care on a more consistent basis. Those without coverage typically receive care in the emergency department, putting off needed care until they are sicker and care is more costly.

It’s agreed that everyone should have access to high quality care regardless of their racial or ethnic

Minority Groups will compose half of the U.S. population by 2050

Source: United States Census Bureau, U.S. Interim Projects by Age, Sex, Race and Hispanic Origin, 2006
NOTE: “Other” includes American Indian/Alaska Native, Native Hawaiian/other Pacific Islander. Numbers add up to more than 100 percent due to rounding.

2000
- 69% White, non-Hispanic
- 13% Black
- 13% Hispanic
- 2.8% Asian
- 2.5% Other

2050
- 50% White, non-Hispanic
- 15% Black
- 24% Hispanic
- 8% Asian
- 5.3% Other

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Eliminating Disparities: Examples from the Field

Combining Training, Education and Research to Eliminate Disparities in Care

**Organization:** Adventist HealthCare – Center on Health Disparities  
**Location:** Rockville, MD

Since 2007, the Center on Health Disparities has worked to reduce and eliminate disparities in health status and health care access, treatment, quality and outcomes throughout the communities served by Adventist HealthCare.

The Center focuses on innovative, practical strategies that include:
- Community outreach through health and wellness messages that resonate with target populations.
- Continuing education and training for physicians, nurses and other health providers that build cultural awareness and develop skills to address cultural differences objectively and help providers interact and communicate directly with patients.
- Enhancing linguistic skills of staff and community partners to provide high-quality interpreting services.
- Evidence-based research and analysis as well as initiatives that partner with academia and community organizations to improve the health of the community.

Substantial effort has gone into training bilingual staff in proper medical interpreting skills. The Center's Qualified Bilingual Staff Training Program teaches communication techniques that can be used during cross-cultural encounters. This program is available to all community providers, not just Adventist staff.

**Lessons learned:** Addressing disparities can start small. Be aware of personal cultural beliefs and preconceptions; look at the 14 Culturally and Linguistically Appropriate Service standards (CLAS) and ask how they can be implemented; and ask tough questions about what processes and practices need to be changed.

For more information, contact: Marcos Pesquera, Executive Director, mpesquera@adventisthealthcare.com

Helping Patients Manage Their Disease

**Organization:** Truman Medical Center – Sickle Cell Disease Clinic  
**Location:** Kansas City, MO

The Truman Medical Center (TMC) Sickle Cell Disease Clinic provides both a patient-centered medical home and a multi-disciplinary approach to the treatment of adult sickle cell disease.

TMC historically treated patients with sickle cell disease out of the hematology/oncology clinic; however, these patients continued to go to the emergency department when in crisis and felt there was not a focus on their disease process or unique needs.

TMC created a dedicated, patient-centered medical home where sickle cell patients have regular care providers who understand their unique situations, needs, conditions and how best to manage the disease.

Over the last three years, roughly 20 percent fewer clinic patients access care through the emergency department. With help from the clinic, patients are now able to hold steady jobs, have families and live a full life while managing their disease.

**Lessons learned:** Not enough emphasis can be placed on taking the time to listen and understand the perspective and unique needs of these individuals and their families.

For more information, contact: Dawn Sutton, Director of Medicine and Specialty Care Ambulatory Services, dawn.sutton@tmcmed.org

Diabetes Management Among the Latino Population

**Organization:** Venice Family Clinic – Diabetes Care Management Program  
**Location:** Venice, CA

The goal of the Diabetes Care Management Program is to effectively manage diabetes, prevent costly and painful complications, and reduce unnecessary hospitalizations.

Venice Family Clinic collaborates with more than 70 health and social service providers, organizations and agencies. Its patients are poor and mostly uninsured children and adults, many of them Latino immigrants with low levels of formal education and health literacy. More than half of the clinic's patients live below the Federal Poverty Level — living in households earning less than $22,200 for a family of four. Seventy-four percent have no form of health insurance.

The Program provides culturally competent and comprehensive disease management services free of charge. Strategies include culturally appropriate curricula; health education materials and resource guides that help multiple races and ethnicities better manage their diabetes; and programmatic efforts that include prevention strategies for family members and other at-risk patients, particularly those who are overweight and sedentary.

Since the Program’s implementation, there has been vast improvement in the proportion of patients actively participating in their care through self-management as well as a sustained drop, over time, of the average blood glucose levels of these patients.

**Lessons learned:** Diabetes management is expensive and resource intensive. The focus must shift to prevention. If the health care field succeeds in this transition by helping patients implement the necessary lifestyle changes, everyone will be rewarded with a reduction in health care disparities.

For more information, contact: Karen Lamp, M.D., Medical Director, klamp@mednet.ucla.edu

Addressing Diabetes Among the Latino Population

**Organization:** Kaiser Permanente  
**Location:** Denver, CO

Latino patients living with diabetes have a high risk for cardiac events and resulting hospitalization. Working to reduce or lessen the risk, Kaiser Permanente engaged patients in a collaborative management process placing them on an evidence-based therapy intervention that relies on a trio of drugs — Aspirin, Lisinopril and Lovastatin.

At the beginning of the program, clinical data was analyzed using surname and geocoding analysis to identify which Latino patients were not achieving optimal diabetes outcomes.

Using that information, the program launched in a clinic setting that served, almost exclusively, a Spanish speaking Latino population. Using a bicultural, bilingual staff model and the evidence-based therapy method, Kaiser Permanente demonstrated improved adherence to a diabetic medical protocol.

**Lessons learned:** Emphasize data. Data helps make the case that improvements need to be made.

For more information, contact: Winston Wong, M.D., Medical Director, Community Benefit, Winston.F.Wong@kp.org
Improving Breast Cancer Screening Rates Among Minority Women

Organization: Cambridge Health Alliance - Breast Health Initiative
Location: Boston, MA

Overall breast screening rates in the area were low, with recent declines among certain language groups and data showing that some patients experience long waits for mammogram appointments.

Today, staff review screening rates at 15 clinics and patients due for mammograms, identifying factors that contribute to unscreened patients. Unscreened patients receive a personalized letter from their primary care provider encouraging them to schedule a screening. The letter is followed up with a personal phone call – up to three calls total – offering to schedule, and occasionally transport, women to the clinic for their screening. Letters and phone calls are provided to patients in their own languages.

Lessons Learned: Don’t underestimate the importance of accurate and timely data. Good data on patient population and outcomes as well as more qualitative data on what others are doing and what’s working can help make a case for and direct action.

For more information, contact: Lisa Montuori, RN, MSN, MPH, Director of Community Health Outreach, Lmontuori@challiance.org

Helping Filipino and Vietnamese Populations Manage Their Diabetes

Organization: Project Dulce
Location: San Diego, CA

Project Dulce provides diabetes management, including improving HbA1c and blood pressure rates, lipid parameters and health behaviors, for low income, underserved ethnic populations by removing cultural and language barriers to care.

The program takes a very proactive approach to involving patients in their diabetes care. With systems in place to identify uninsured patients with diabetes when they’re admitted to the hospital or are discharged from the emergency department, patients are proactively called or visited. The goal is to connect them with a medical home and begin educating them about living with and managing their diabetes.

The pilot program focused on the Latino community but the curriculum was adapted to effectively address diabetes management challenges among other populations served by health centers such as the Filipino, Vietnamese and African American populations.

Project Dulce has compared clinical outcomes and cost variations finding that, in addition to improving health outcomes for these patients, the program saved hospitals an average of 60 percent on costs previously racked up in the emergency department and inpatient setting.

Lessons learned: There’s no cookie cutter model. Successful programs adapt to the populations they serve; therefore, they’re all going to look different.

For more information, contact: Chris Walker, MPH, Director, Public Health Programs, Walker.Chris@scrippshealth.org

Preventing, Diagnosing and Eliminating Breast Cancer in Minority Populations

Organization: Overlook Hospital – Breast Health Outreach
Location: Summit, NJ

The Breast Health Outreach program uses a culturally sensitive, community-based approach to promote breast health education and awareness, increase early breast cancer detection and promote empowerment, professional support and peer support among African American, Latino and Asian/Pacific women in Union County.

A team of outreach workers, health educators, professionals and others with African American, Latino and Asian/Pacific backgrounds assist with education events and free screenings. The program provides referrals for mammograms and physician visits when necessary. The outreach team assists women and their families in making follow up medical appointments, arranging transportation and providing continued support.

Since the program began in 2002, more than 61,700 women have been helped, 3,767 of whom have been referred for mammograms.

Many minority women are afraid of having a negative care experience and it is often a barrier for them in accessing care. While the heart of the program is community-based educational outreach, hospital-based education is now included. To ensure minority women have a positive health care experience, Overlook Hospital provides cultural sensitivity training to its medical residents, physicians and other health care personnel.

Lessons learned: Reach out to community groups and know the organizations that are working in your community with this population and on this issue. Partner with them, including other hospitals.

For more information, contact: Raul Cadavid, Health Educator, Raul.cadavid@atlantichealth.org

Helping Hospitals Take Action

Organization: The Disparities Solutions Center at Massachusetts General Hospital
Location: Boston, MA

The Disparities Solutions Center at Massachusetts General Hospital (MGH) strives to eliminate racial and ethnic disparities in health care locally and nationally by developing and disseminating models for identifying and addressing disparities in health care.

Recognizing that standardized collection of race and ethnicity data is key to identifying and addressing disparities, the leaders of MGH’s Center for Quality and Safety and the Disparities Solutions Center created a Disparities Dashboard, a tool designed to consistently analyze and monitor for disparities.

Using the Dashboard as well as an existing program model, the Center worked with MGH and community health centers to develop two programs designed to improve quality and reduce disparities. One addresses colorectal cancer screening among Latinos; the other addresses diabetes management, originally among Latinos but now expanded to include the local Cambodian population.

As a result, there were improved colon cancer screening rates among Latinos and improved glycemic control as well as more self-involvement in managing diabetes for both Latino and Cambodian patients.

Lessons Learned: Models exist that can be easily replicated. Tailor the idea and approach to address the root causes of disparities and allow time to change the model so the focus population is truly helped.
Tailored Communication Help

Today, hospitals face increasing challenges in meeting the communication needs of a diverse population, including persons with limited English proficiency (LEP) or who are deaf or hard of hearing.

Based on a shared commitment that effective communication with patients and their families is critical to safe, quality health care, the Office for Civil Rights (OCR) and the AHA are partnering through the Effective Communication in Hospitals Initiative. Through this program, hospitals can access tools, information and other technical assistance needed to meet communication challenges.

Many tools are being developed regionally for tailored help rather than a one-size-fits-all approach. To learn more, visit the Effective Communication in Hospitals Web site at www.hhs.gov.

Special Advisory Group on Improving Hospital Care for Minorities

Kevin E. Lofton, Chair
President and CEO, Catholic Health Initiatives
Past Chair, AHA Board of Trustees

Nelson L. Adams, M.D.
Immediate Past President, National Medical Association

Chief Stephen R. Atkins
Chickasaw Nation Tribe

Ron J. Anderson, M.D.
Member, AHA Board of Trustees
President & CEO, Parkland Health & Hospital System

Joseph R. Betancourt, M.D., MPH
Director, The Disparities Solutions Center
Massachusetts General Hospital Institute for Health Policy

John W. Bluford
President and CEO, Truman Medical Centers

Linda Burns Bolton, DrPH, RN, FAAN
Vice President, Nursing and Chief Nursing Officer
Cedars-Sinai Medical Center

Sonja Boone, M.D.
Director of Physician Health and Healthcare Disparities
American Medical Association

Roslyn M. Brock
Director, Advocacy and Policy Division, Bon Secours Health System, Inc.
Vice Chairman, National Board of Directors
National Association for the Advancement of Colored People (NAACP)

Benjamin K. Chu, M.D.
Regional President, Southern CA
Kaiser Foundation Health Plan and Hospital

Carmela Coyle
President and CEO, Maryland Hospital Association

Albert E. Dotson, Jr.
100 Black Men of America, Inc.

Jack O. Lanier, DrPH, MHA, FACHE
Professor Emeritus, Dept. of Epidemiology & Community Health
Virginia Commonwealth University, Medical College of Virginia

Joe Maupin, Jr., D.D.S.
President, Morehouse School of Medicine

George N. Miller, Jr.
CDO, First Diversity Management Group
Managing Partner, First Diversity HealthCare Group

Gary Puckrein, PhD
President and CEO, National Minority Quality Forum
Ex. Director of the Alliance of Minority Health Professionals

Jannie Rivera, M.D.
Board, National Hispanic Medical Association

Joseph R. Swedish
Chairman of the Board of Trustees for Diversity in Health Management
President and CEO, Trinity Health

Gina Villani, M.D., MPH
Chief, Hematology and Oncology, Brooklyn Hospital Center

Charlotte S. Yeh, M.D., FACEP
Chief Medical Officer, AARP Services, Inc.

Tools to Use

For a complete listing of resources, visit “Eliminating Disparities in Health Outcomes” at www.aha.org/disparities.

Leadership and Workforce Diversity


In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce - Institute of Medicine report explores the benefits of greater racial and ethnic diversity in the health care workforce and identifies strategies that address current disparities.

Improving Language Access to Health Services

Hospital Language Services for Patients with Limited English Proficiency: Results from a National Survey - Describes current practices and common barriers, as well as the specific resources and tools needed to provide language services to LEP patients.

National Standards for Culturally and Linguistically Appropriate Services in Health Care - National standards developed to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.

Eliminating Barriers to Health Care

Assuring Healthcare Equity: A Healthcare Equity Blueprint - Recommended strategies and practices that can be tailored to individual hospitals as a starting point for designing and implementing interventions to address racial and ethnic disparities in health care.

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background. How can hospitals and health systems, deliver such care in the face of expanding challenges?

Unfortunately, there are no easy answers. But there are simple actions every hospital and health system can take to address health care disparities within their institutions.

Tie the elimination of health care disparities to the organization's mission.

Understand the population that is served. Use community health assessments, forums and other venues to meet the health needs of the community.

Collect valid and reliable data from the patient, who should self-identify race and ethnicity as well as deaf and hard of hearing information. Data will enable internal identification of areas for improvement and later, benchmarking success.

Develop targeted interventions.

Provide culturally competent, patient-centered care.

Communicate with staff, patients and community leaders on the barriers to care in order to overcome them and communicate success and measurable results.

With the support of The Commonwealth Fund, HRET developed the Disparities Toolkit, a free, online resource to help hospitals and others systematically collect race, ethnicity and primary language data from patients. Data collection is an important start to tackling health care disparities in your own institution.

The toolkit is available at www.hretdisparities.org.

There are many components within this complex issue. To truly eliminate disparities in health care, there must be fundamental changes to our health delivery system—from providing coverage for all to enabling consistent access to high quality health care to developing national educational and communication strategies. As our nation considers health reform, it’s essential that addressing and eliminating disparities be fundamental to that movement.

Using the HRET Disparities Toolkit, health care organizations can assess their organizational capacity to collect this information and implement a systematic framework designed specifically to obtain race, ethnicity and primary language data directly from patients/enrollees or their caregivers in an efficient, effective and respectful manner.

The toolkit is designed for various individuals to quickly find information targeted specifically to their role or the needs within their organization, from CEO to Information Technology staff and clinicians to interpreters.

To download your free copy go to www.hretdisparities.org.