

## AHRQ Activities to Reduce Racial and Ethnic Disparities in Health Care

The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

### Introduction

Racial and ethnic minorities make up an increasingly large proportion of the U.S. population and constitute the majority of residents in certain regions. Historically, people in racial/ethnic minority groups are more likely than non-Hispanic whites to be poor, to lack a high school education, and to experience disparities in health and health care services.

The mission of the Agency for Healthcare Research and Quality (AHRQ) is to improve the quality, safety, effectiveness, and efficiency of health care for all Americans. Toward this aim, AHRQ supports research and other activities designed to improve quality and address disparities in health care for racial and ethnic minorities.

Continuing disparities in health care for racial and ethnic minorities are documented in the *2008 National Healthcare Disparities Report*. AHRQ's efforts to address these disparities are evident through the Agency's continuing support of research grants,

contracts, training opportunities, conferences, partnerships, and publications focused on minority health and disparity reduction.

This Program Brief briefly describes AHRQ's activities related to racial/ethnic disparities in health care and health care services for the period 2007-2009. To learn how you can get more in-depth information about AHRQ's disparities research, see the last page of this publication.

### Selected Recent Publications

#### Asthma

Clancy CM, Kiley JP, Weiss KB. Eliminating asthma disparities through multistakeholder partnerships. *Chest* 132(5):1422-1424, 2007 (Intramural).

Liu SY. Hospital readmissions for childhood asthma: The role of individual and neighborhood factors. *Public Health Reports* 124:65-78, 2009 (AHRQ/CDC Cooperative Agreement).



Sawicki GS, Smith L, Bokhour B, et al. Periodic use of inhaled steroids in children with mild persistent asthma: What are pediatricians recommending? *Clinical Pediatrics* 47(5):446-451, 2008 (AHRQ grant T32 HS00063).

Wu AC, Smith L, Bokhour B, et al. Racial/ethnic variation in parent perceptions of asthma. *Ambulatory Pediatrics* 8(2):89-97, 2008 (AHRQ grant T32 HS00063).

## Cancer

Castel LD, Saville BR, DePuy V, et al. Racial differences in pain during 1 year among women with metastatic breast cancer. *Cancer* 12(1):162-170, 2008 (AHRQ grant T32 HS00032).

Du H, Valenzuela V, Diaz P, et al. Factors affecting enrollment in literacy studies for English- and Spanish-speaking cancer patients. *Statistics in Medicine* 27:4119-4131, 2008 (AHRQ grant HS10333).

Ross LE, Hall IJ, Fairley TL, et al. Prayer and self-reported health among cancer survivors in the United States National Health Interview Survey, 2002. *Journal of Alternative and Complementary Medicine* 14(8):931-938, 2008 (AHRQ grant HS13353).

Schuber PA. Measuring attitudes toward participation in cancer treatment and cancer prevention trials: The Attitudes Toward Cancer Trials Scales (ACTS). *Journal of Nursing Measurement* 16(2):136-152, 2008 (AHRQ grant HS10583).

Yost KJ, Hahn EA, Zaslavsky AM, et al. Predictors of health-related quality of life in patients with colorectal cancer. *Health and Quality of Life Outcomes* 6(66):1-10, 2008 (AHRQ grant HS09869).

## Cardiovascular Disease

Riegel B, Moser DK, Rayens MK, et al. Ethnic differences in quality of life in persons with heart failure. *Journal of Cardiac Failure* 14(1):41-47, 2008 (AHRQ grant HS09822).

Shen JJ, Washington EL, Chung K, Bell R. Factors underlying racial disparities in hospital care of congestive heart failure. *Ethnicity & Disease* 17:206-213, 2007 (AHRQ grant HS13056).

## Scope of the problem

- Lack of prenatal care in the first trimester and lower extremity amputations in patients with diabetes represented the largest disparities for blacks compared with whites in 2008.
- Large disparities remain for Hispanics and blacks in new AIDS cases. In 2008, the proportion of new AIDS cases was more than nine times as high for blacks and more than three times as high for Hispanics as for whites.
- American Indian/Alaska Native women are twice as likely as white women to lack prenatal care, and American Indian/Alaska Native adults are less likely than whites to receive colorectal cancer screening.
- During the period 2003-2006, only 54.6 percent of all adults with diagnosed diabetes had their hemoglobin A1c under optimal control. There also was a substantial gap between blacks and whites for this measure; 43.0 percent of blacks had their hemoglobin A1c controlled, compared with 60.5 percent for whites.
- In 2006, the percentage of patients with pneumonia who received recommended hospital care was lower for blacks (76.9 percent), Asians (75.8 percent), and Hispanics (74.2 percent), compared with whites (81.5 percent).

- Among high school graduates, blacks (13.0 percent) and Hispanics (11.6 percent) are more likely than whites (8.5 percent) to report poor communication with their doctor or other health care provider.

## Some recent improvements in reducing disparities in health care

- From 2000 to 2006, the gaps between black and white children and between Asian and white children who received all recommended vaccines narrowed.
- From 2000 to 2005, the percentage of Asian women aged 40 and older who had received a mammogram within the preceding 2 years increased. Nearly 4.5 million women received effective screening for breast cancer in 2005.
- The percentage of Hispanic children with special health care needs (CSHCN) without health insurance decreased between 2001 and 2005-2006 (19.4 percent vs. 15.1 percent, respectively). Similarly, the percentage of poor and low-income CSHCN without health insurance also declined during the same period (21.8 and 20.3 percent, respectively in 2001 vs. 14.2 percent and 14.1 percent in 2005-2006).

**Source:** 2008 National Healthcare Disparities Report, AHRQ Pub. No. 09-0002. This report is available at: <http://www.ahrq.gov/qual/qrd08.htm>.

Tuhrim S, Cooperman A, Rojas M, et al. The association of race and sex with the underuse of stroke prevention measures. *Journal of Stroke and Cerebrovascular Diseases* 17(4):226-234, 2008 (AHRQ grant HS10859).

## Diabetes

Chin MH, Drum ML, Guillen M, et al. Improving and sustaining diabetes care in community health centers with the health disparities collaborative. *Medical Care* 45(12):1135-1143, 2007 (AHRQ grant HS13635).

Huang ES, Zhang Q, Brown SE, et al. The cost-effectiveness of improving diabetes care in U.S. federally qualified community health centers. *Health Services Research* 42(6 Pt.1):2174-2193, 2007 (AHRQ grant HS13635).

Field S, Weiner M, Long J. Racial disparities in diabetes and physicians: Lack of association does not indicate cause or cure. *Archives of Internal Medicine* 169(2):202-203, 2009 (AHRQ grant HS17099).

Rhee MK, Ziemer DC, Caudle J, et al. Use of a uniform treatment algorithm abolishes racial disparities in glycemic control. *Diabetes Educator* 34(8):655-663, 2008 (AHRQ grant HS07922).

## HIV/AIDS

Ford CL, Daniel M, Earp J, et al. Perceived everyday racism, residential segregation, and HIV testing among patients at a sexually transmitted disease clinic. *American Journal of Public Health* 99(S1):137-143, 2009 (AHRQ grant T32 HS00032).

Osborn CY, Paasche-Orlow MK, Davis TC, et al. Health literacy: An overlooked factor in understanding HIV health disparities. *American Journal of Preventive Medicine* 33(5):374-378, 2007 (AHRQ grant T32 HS00078).

Thrasher AD, Earp JL, Golin GE, Zimmer CR. Discrimination, distrust, and racial/ethnic disparities in antiretroviral therapy adherence among a national sample of HIV-infected patients. *Journal of Acquired Immune Deficiency Syndrome* 49(1):84-92, 2008 (AHRQ grant T32 HS00032).

## Mental Health

Austin EL, Andersen R, Gelberg L. Ethnic differences in the correlates of mental distress among homeless women. *Women's Health Issues* 18:26-34, 2008 (AHRQ grant HS08323).

Dilworth-Anderson P, Hendrie HC, Manly JJ, et al. Diagnosis and assessment of Alzheimer's disease in diverse populations. *Alzheimer's and Dementia* 4:305-309, 2008 (HS10884).

Ghods BK, Roter DL, Ford DE, et al. Patient-physician communication in the primary care visits of African Americans and whites with depression. *Journal of General Internal Medicine* 23(5):600-606, 2008 (AHRQ grant HS13645).

Willging CE, Waitzkin H, Nicdao E. Medicaid managed care for mental health services: The survival of safety net institutions in rural settings. *Qualitative Health Research* 18(9):1231-1246, 2008 (AHRQ grant HS09703).



## Pregnancy and Birth Outcomes

Caughey AB, Washington AE, and Kuppermann M. Perceived risk of prenatal diagnostic procedure-related miscarriage and Down syndrome among pregnant women. *American Journal of Obstetrics & Gynecology* 198:e-pub, 2008 (AHRQ grant HS07373).

Gorman JR, Madlensky L, Jackson DJ, et al. Early postpartum breastfeeding and acculturation among Hispanic women. *Birth* 34(4):308-315, 2007 (AHRQ grant HS07161).

Howell EA, Hebert P, Chatterjee S, et al. Black/white differences in very low birth weight neonatal mortality rates among New York City hospitals. *Pediatrics* 121(3):e-pub, 2008 (AHRQ grant HS10859).

## Other Research

Berdahl TA. Racial/ethnic and gender differences in individual workplace injury risk trajectories: 1988-1998. *American Journal of Public Health* 98(12):2258-2263, 2008 (Intramural).

Brady J, Ho K, Clancy CM. Slowed progress in improving quality and minimizing disparities. *AORN Journal* 87(5):1007-1009, 2008 (Intramural).

Chien AT, Chin MH. Incorporating disparity reduction into pay-for-performance. *Journal of General Internal Medicine* 24(1):135-136, 2009 (AHRQ grant HS17146).

Fiscella K, Holt K. Impact of primary care patient visits on racial and ethnic disparities in preventive care in the United States. *Journal of the American Board of Family Medicine* 20(6):587-597, 2007 (AHRQ grant HS13173).

Kane RL, Wilt T, Suarez-Almazor ME, Fu SS. Disparities in total knee replacements: A review. *Arthritis & Rheumatism* 57(4):562-567, 2007 (AHRQ contract 290-02-0009).

Kroll T. Rehabilitative needs of individuals with spinal cord injury resulting from gun violence: The perspective of nursing and rehabilitation professionals. *Applied Nursing Research* 21:45-49, 2008 (AHRQ grant HS13039).

Kroll TL, Richardson M, Sharf BF, Suarez-Almazor ME. "Keep on trucking" or "It's got you in this little vacuum": Race-based perceptions in decision-making for total knee arthroplasty. *Journal of Rheumatology* 34:1069-1075, 2007. (HS10876).

Le Cook B, McGuire TG, Zuvekas SH. Measuring trends in racial/ethnic health care disparities. *Medical Care Research and Review* 66(1):23-48, 2009 (Intramural).

Pylypchuk Y, Selden TM. A discrete choice decomposition analysis of racial and ethnic differences in children's health insurance coverage. *Journal of Health Economics* 27(4):1109-1128, 2008 (Intramural).

Weech-Maldonado R, Elliott MN, Oluwole A, et al. Survey response style and differential use of CAHPS® rating scales by Hispanics. *Medical Care* 46(9):963-968, 2008 (HS00294).

Weech-Maldonado R, Fongwa MN, Gutierrez P, Hays RD. Language and regional differences in evaluations of Medicare managed care by Hispanics. *Health Services Research* 43(2):552-568, 2008 (HS16980).

Yorita KL, Holman RC, Sejvar JJ, et al. Infectious disease hospitalizations among infants in the United States. *Pediatrics* 121(2):244-252, 2008 (Intramural).

## Current Research

AHRQ supports an extensive portfolio of intramural and extramural research efforts focused on health care quality, safety, effectiveness and outcomes, access and affordability, and costs of care. Extramural research is supported primarily through grants and contracts, including research grants, cooperative agreements, training grants, and grants for small and large conferences. To learn more about AHRQ's funding priorities and processes, go to [www.ahrq.fund](http://www.ahrq.fund). Examples are provided of current research projects (as of fall 2009) that are focused wholly or in part on identifying, studying, and reducing racial/ethnic disparities in health care.

## Research and Training Grants

**Factors Affecting the Racial Disparities in Sudden Infant Death Syndrome (SIDS).** Rachel Moon, principal investigator, Children's Research Institute, Washington, DC; AHRQ grant HS16892, project period July 1, 2008-June 30, 2010. African American infants are still twice as likely to die from SIDS compared with white, Asian, and Latino babies. The goal of this project is to develop information and tools to assist health care providers in educating African American families about infant safe sleeping environment.

**Unevenness of Physician Medicaid Participation with Communities.** Phillip Kletke, principal investigator, Governors State University, University Park, IL; AHRQ grant HS17490, project period July 1, 2009-June 30-2010. This project will investigate why Medicaid patients in certain communities are concentrated into the practices of a small number of physicians, and why various groups of physicians respond differently to the community context in which they make Medicaid participation decisions.

### **Low Maternal Health Literacy: An Obstacle to Pediatric Health Care**

**Utilization.** Rosemary Frasso-Jaramillo, principal investigator, University of Pennsylvania, Philadelphia, PA; AHRQ grant HS17471, project period February 1, 2008-January 31, 2010. In this research project, a doctoral candidate will study whether a low-income, inner-city mother's ability to read and understand Medicaid recommendations for pediatric preventive care and immunization guidelines affects her child's use of these services. The findings of this dissertation research will facilitate identification of at-risk populations and development of appropriate health literacy interventions with the ultimate goal of reducing racial/ethnic and socioeconomic disparities in use of children's health care services.

### **Disentangling Disparities in Trauma and Mental Health Service Use.**

Sarah Gaillot, principal investigator, RAND Corporation, Santa Monica, CA; AHRQ grant HS18277, project period September 30, 2009-September 29, 2010. The aim of this doctoral research project is to identify and study variations between men and women and between different racial-ethnic groups in their exposure to trauma and their access to and use of mental health services to address the often serious and long-term effects of post-traumatic stress disorder.

### **Disparities in Diabetes Care: Health Plan Focus and Physician Responsiveness.**

Connie Trinacty, principal investigator, Harvard Pilgrim Health Care, Boston, MA; AHRQ grant HS18072, project period July 1, 2009-June 30, 2014. The goal of this research project is to identify and explore key health plan organizational factors (e.g., quality measurement

process, product development and marketing strategies, participation in national disparities collaboratives) that may affect disparities in diabetes care; assess how well commonly used performance measures reflect underlying disparities in health care quality and outcomes among diabetes patients; and evaluate how providers' awareness and responsiveness to systems-based quality initiatives may impact differences in management of patients who have diabetes.

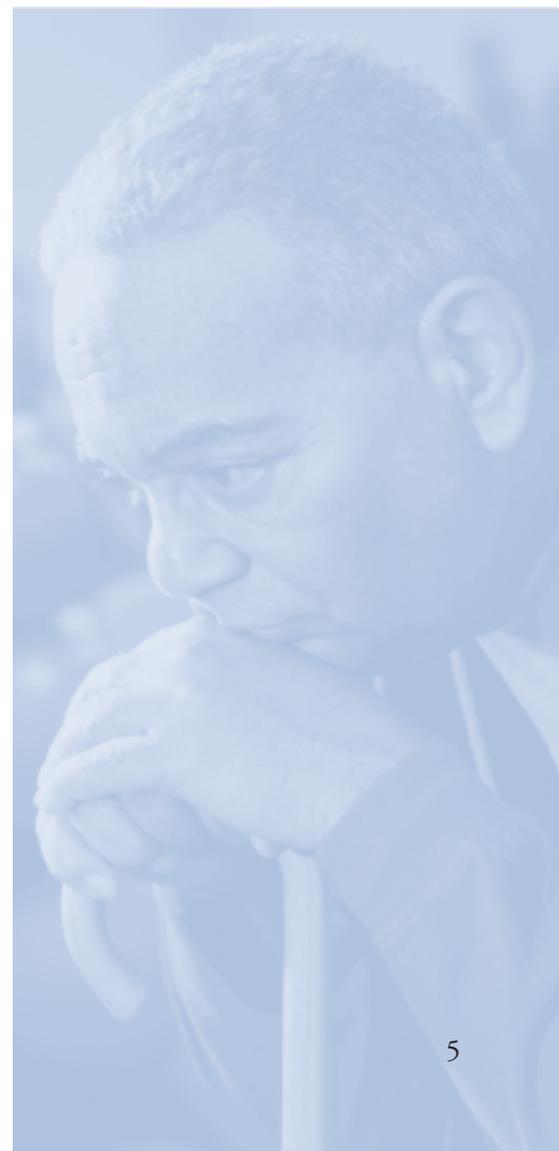
### **Oregon Multidisciplinary Training Program in Health Services Research.**

Cynthia Morris, principal investigator, Oregon Health and Science University, Portland, OR; AHRQ grant T32 HS17582; project period September 30, 2008-June 30, 2013. This project provides support for predoctoral students and postdoctoral research trainees who are focusing their efforts on translating evidence into practice and policy, patient safety and quality, patient-centered care, and health disparities.

## **Partnerships**

### **Federal Collaboration on Health Disparities Research (FCHDR).**

Developed by the Centers for Disease Control and Prevention (CDC) in collaboration with the Office of Minority Health (OMH) and cosponsored by AHRQ, FCHDR formed four expert workgroups responsible for identifying and supporting research priorities for cross-agency collaboration within the Department of Health and Human Services (HHS) that will hasten the elimination of health disparities. Subject-matter experts in the workgroups are focusing on four research topic areas: obesity, built environment (e.g., homes, schools,





workplaces, parks and recreation areas, business areas, transportation systems, etc.), mental health care, and comorbidities.

**Health Disparities Roundtable.**

AHRQ and HHS's Office of Minority Health cosponsor the Roundtable, in partnership with the Institute of Medicine (IOM). The mission of the Health Disparities Roundtable is to generate action and engage interested parties from academia, industry, government, philanthropy, the corporate sector, and the community in efforts to reduce racial and ethnic health disparities.

**National Business Group on Health (NBGH) Racial and Ethnic Health Disparities Advisory Board.** NBGH, OMH, and AHRQ are collaborating in a nationwide, comprehensive, community-driven approach to reduce racial and ethnic health disparities in the work place and in businesses throughout the country. The Disparities Advisory Board promotes alliances between business, medicine, and public health organizations to improve the quality of health care for racial and ethnic minority populations, while supporting beneficiary health and employee productivity.

**Publications**

**National Healthcare Quality Report (NHQR) and National Healthcare Disparities Report (NHDR), 2008.**

Each year, AHRQ publishes these two congressionally mandated national reports that synthesize where we stand on more than 200 quality measures. The NHDR summarizes information about disparities in health and health care, including which racial, ethnic, or income groups are benefiting from

improvements in care. Current and previous editions of the reports are available at <http://www.ahrq.gov/qual/measurix.htm>. (AHRQ Publication Nos. 09-0001, NHQR; 09-0002, NHDR)

**Disparities in Health Care Quality Among Racial and Ethnic Minority Groups: Findings from the National Healthcare Quality and Disparities Reports, 2008.**

Provides a brief summary of findings presented in the 2008 *National Healthcare Disparities Report* and *National Healthcare Quality Report*. (AHRQ Publication No. 09-0092)

**Barriers and Drivers of Health IT use for the Elderly, Chronically Ill, and Underserved.**

The AHRQ-supported Southern California Evidence-Based Practice Center (EPC) at Santa Monica, CA, reviewed and synthesized the available literature on the barriers and drivers of health information technology (health IT) use for the elderly, chronically ill, and underserved. This report identifies the gaps in the literature, how barriers for health IT use for these populations may be overcome, and outlines the areas that could benefit from future research endeavors in order to better assess the health information needs of these populations. Available at <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1b.chapter.6986>. (AHRQ Publication No. 09-E004)

**Minority Health: Recent Findings.**

Presents brief summaries of recent findings (2005 through mid-2009) from AHRQ-supported research on health care for minority populations. (AHRQ Publication No. 09-P002)

## Future Directions

AHRQ's goal of reducing/eliminating disparities will be met through continued commitment to:

- Improving the quality of health care and health care services for patients and their families, regardless of their race/ethnicity, socioeconomic status, and literacy level.
- Continuing to improve the quality of data collected to address disparities among priority populations and subpopulations.
- Promoting representation and inclusion of racial/ethnic minority populations in all health services research activities.
- Monitoring and tracking changes in disparities by priority populations, subpopulations, and conditions.
- Identifying and implementing effective strategies to reduce/eliminate disparities.
- Partnering with communities to ensure that research activities are relevant to their populations and that the research findings are adopted and implemented effectively.

- Evaluating the importance of cultural competence and health literacy to health care disparities.
- Continuing to build capacity for health services research among minority academic institutions and minority investigators.

## For More Information

### Online and Printed Information

More detailed information about AHRQ's programs and activities related to disparities reduction and minority health is available from AHRQ. To learn more, visit the AHRQ Web site at [www.ahrq.gov](http://www.ahrq.gov) and select "Minority Health."

To order AHRQ publications related to racial/ethnic disparities and minority health, call the AHRQ Publications Clearinghouse at 1-800-358-9295 or send an e-mail to [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

Please reference the AHRQ Publication number when ordering.

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