

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 comprise 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.

The Agency's efforts to address the disparities in racial and ethnic minorities reflected in the 2007 *National Healthcare Disparities Report* is evident through its support of publications, reports, grants, contracts, and partnerships.

Selected Recent Publications

Asthma

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

Cancer care

Castel LD, Saville BR, DePuy V, et al. Racial differences in pain during 1 year among women with metastatic breast cancer. *Cancer* 2008 Jan 1; 112(1):162-170.

Diabetes care

Chin MH, Drum ML, Guillen M, and others. Improving and sustaining diabetes care in community health centers with the health disparities collaboratives. *Medical Care*. 2007 Dec 45(12): 1135-43.

Huang ES, Zhang, Q, Brown, S.E.S., and others. The cost-effectiveness of improving diabetes



Agency for Healthcare Research and Quality

Advancing Excellence in Health Care • www.ahrq.gov

care in U.S. federally qualified community health centers. *Health Services Research* 2007 Dec; 42 (6 Pt.1), 2174–2193.

Heart failure

Riegel B, Moser DK, Rayens MK, et al. Ethnic differences in quality of life in persons with heart failure. *J Card Fail* 2008 Feb; 14(1):41-47.

HIV/AIDS

Osborn CY, Paasche-Orlow MK, Davis TC, et al. Health literacy: an overlooked factor in understanding HIV health disparities. *Am J Prev Med* 2007 Nov; 33(5):374-378.

Hypertension

Han HR, Kim BK, Kang J, et al. Knowledge, beliefs, and behaviors about hypertension control among middle-aged Korean Americans with hypertension. *J Community Health* 2007 Oct; 32(5):324-342.

Perinatal care

Bell JF, Zimmerman FJ, Mayer JD, et al. Associations between

residential segregation and smoking during pregnancy among urban African-American women. *J Urban Health* 2007 May; 84(3):372-388.

Nygren, P, Fu, R, Freeman, M. et al. Evidence on the benefits and harms of screening and treating pregnant women who are asymptomatic for bacterial vaginosis: An update review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine* 2008 Feb; 148(3):220-233.

Preventive care

Fiscella K, Holt K. Impact of primary care patient visits on racial and ethnic disparities in preventive care in the United States. *J Am Bd Fam Med* 2007 Nov-Dec; 20(6):587-597.

Reports

National Healthcare Quality Report/National Healthcare Disparities Report. The fifth editions of the Congressionally-mandated reports synthesize more than 200 quality measures. The Disparities report specifically summarizes which racial,

ethnic, or income groups are benefiting from improvements in care. The reports are available at www.ahrq.gov/qual/qdr07.htm

Current Grants

Using A Telemedicine System to Promote Patient Care Among Underserved Individuals. Enhances a previously established Telemedicine System for chronic disease management for primarily African American patients with hypertension. (Ends 2010)

The Blues Project: Improving Diabetes Outcomes in Mississippi with Health IT. Demonstrates the effects of diabetes management practices at several ambulatory clinics throughout Mississippi when utilizing well-designed, comprehensive health information technology. (Ends 2010)

Emergency Department Overcrowding and Quality of Acute Asthma Care for Children. Examines the association between emergency department overcrowding and quality-of-care in a pediatric population, using asthma as the disease model. (Ends 2009)

Scope of the problem

- Black children under age 18 are nearly 4 times more likely than white children to be hospitalized for asthma.
- New AIDS cases are 3 times more likely among Hispanics than whites.
- 69.9 percent of American Indian or Alaska native pregnant women receive prenatal care in the first trimester compared to 85.4 percent of white women.
- Black adults over 18 with diabetes are more than 3 times as likely to be hospitalized for lower extremity amputations

Some recent improvements in reducing disparities in health care

- The disparity between Hispanics and non-Hispanic whites in getting no care or delayed care for an illness decreased between 2000/2001 and 2004/2005.
- The disparity between Black and white children between 19 and 35 months for receiving all recommended vaccinations decreased between 2000 and 2005.
- The disparity between Black and white hemodialysis patients with adequate dialysis was eliminated in 2005.
- The disparity between Asians and whites who had a usual primary care provider was eliminated in 2004.

Source: 2007 *National Healthcare Disparities Report*, AHRQ Pub. No. 08-0041. This report is available at: <http://www.ahrq.gov/qual/qdr07.htm>

Low Maternal Health Literacy: An Obstacle to Pediatric Health Care Utilization. Determines the extent to which the children of mothers with low health literacy differ from the children of mothers without low health literacy in meeting established pediatric preventive care immunization guidelines. (Ends 2009)

Building Health Services Research Capacity for American Indians in Montana and Wyoming. Supports the development of the research infrastructure, including data bases, research methodologies, and collaborative working relationships that will provide the foundation for ongoing, sustainable research and effective strategies for addressing the significant health issues of American Indians in Montana and Wyoming. (Ends 2011)

Eliminating Health Disparities in The Southwest. The focus of this planned conference on elimination of health care disparities in the Southwest among some of the priority populations designated in the 2003 National Healthcare Disparities Report. (Ends 2011)

Evidence-based Practice Centers (EPCs)

Barriers and Drivers of Health IT use for the Elderly, Chronically Ill, and Underserved. The EPC will review and synthesize the available literature on the barriers and drivers of health IT use for the elderly, chronically ill, and underserved. The final report will also identify the gaps in the literature, how barriers for health IT use for these populations may be overcome, and outline the areas that could benefit from future research endeavors in order to better assess the health information needs of these populations.

Disparity Reducing Advances in Health – Accelerating Health Disparity Reducing Innovation. While the next decade will see a myriad of advances in public health, prevention and medical care, often the poor and underserved are the last to benefit from such advances. The Institute for Alternative Futures has launched the Disparity Reducing Advances Project (the DRA Project) with Federal, State and local partners to anticipate and accelerate promising advances that close this health gap for the poor and underserved.

Partnerships

National Health Plan Collaborative. This collaborative of 11 participating health plans with approximately 87 million enrollees, co-funded by the Robert Wood Johnson Foundation, is identifying and implementing approaches to reduce racial and ethnic disparities to improve quality among health plan enrollees.

Improving Hispanic Elders' Health: Community Partnerships for Evidence-Based Solutions. This partnership brings together teams of local leaders from Chicago, Illinois; Houston, Texas; Los Angeles, California; McAllen, Texas; Miami, Florida; New York, New York; San Antonio, Texas; and San Diego, California to review the latest research findings, examine promising practices, and develop local plans for addressing one or more health disparities. AHRQ, the Administration on Aging, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, and the Health Resources and Services Administration are collaborating to assist local communities in developing more coordinated strategies for improving the health and well-being of Hispanic elders.





Future Directions

The goal of eliminating disparities will be met through continued commitment to:

- Understanding why disparities in health care exist by incorporating research on disparities in health care into other research efforts.
- Uncovering the reasons for the differences.
- Identifying and implementing effective strategies to reduce/eliminate disparities.
- Continuing to improve data collection for priority populations.
- Working closely with communities to ensure that research is relevant to the populations in them and implemented effectively.
- Evaluating the importance of cultural competence and health literacy to health care disparities.

- Building capacity for health services research among minority institutions and minority investigators.

Contact Information

Cecilia Rivera Casale, Ph.D.
Senior Advisor for Minority Health
Office of Extramural Research,
Education, and Priority Populations
Agency for Health Care Research and
Quality
540 Gaither Rd.
Rockville, MD 20850
Phone: (301) 427-1547
e-mail: cecilia.casale@ahrq.hhs.gov