PROGRAM BRIEF

# Minority Health: Recent Findings

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.

The overall health of the American population has improved over the past few decades, but not all Americans have benefitted equally from these improvements. Minority populations, in particular, continue to lag behind whites in a number of areas, including quality of care, access to care, timeliness, and outcomes. Other health care problems that disproportionately affect minorities include provider biases, poor provider-patient communication, and health literacy issues.

Improvements in preventive services, care for chronic conditions, and access to care have led to a reduction and in some cases elimination of disparities in access to and receipt of care for some minority populations in areas such as receipt of mammography, timing of antibiotics, counseling for smoking cessation, and pediatric vision care. On the other hand, disparities in care continue to be a problem for some conditions and populations. For example, blacks, Asians, American Indians/Alaska Natives, and Hispanics continue to lag behind whites in the percentage of the population over 50 who receive colon cancer screening, and

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this gap has widened in recent years. Disparities also have increased for blacks and Hispanics, compared with whites, in the percentage of adults diagnosed with a major depressive disorder who received treatment for their depression in the 12 months following diagnosis.

## Improving Health Care for Minority Populations

The Agency for Healthcare Research and Quality supports extramural and intramural research on a broad range of topics related to health care quality and safety, effectiveness and outcomes, evidence-based medicine, health care delivery, and the costs and financing of health care. AHRQ also supports targeted research on health care for specific priority populations, including minorities. Additional resources and more detailed information can be found by visiting the AHRQ Web site at www.ahrq.gov.

This program brief summarizes findings from AHRQ-supported research on minority health reported in the literature and/or published by AHRQ from 2005 through mid-2009. Items marked with an asterisk (*) are available from AHRQ. See the last page of this brief for more information.

## Cancer

- *Geographic clustering of late-stage breast cancer cases can help target interventions to increase mammography use.*

A telephone survey conducted between March 2004 and June 2006 in the St. Louis, MO area revealed that more black than white women had obtained mammograms during that time. St. Louis is an area known to have high rates of late-stage breast cancer diagnosis. The researchers suggest that such geographic clustering might be used to target specific populations and areas for interventions (e.g., traveling mammography vans, flexible clinic hours) that could increase mammography use. Lian, Jeffe, Schootman, *J Urban Health* 85(5):677-692, 2008 (AHRQ grant HS14095).

- *Less effective treatment and lower socioeconomic status may account for disparities in breast cancer survival.*

Researchers studied more than 35,000 Medicare-insured women with early-stage breast cancer for as long as 11 years and found that black women were more likely than white women to live in the poorest census tract quartiles. Also, more black women (15.7 percent) received breast-conserving surgery without followup radiation therapy than white women (12.4 percent), Hispanic women (11 percent), and Asian women (7.9 percent). Since the recommended therapy for early-stage breast cancer is breast-conserving surgery plus radiation, these treatment differences could have contributed to disparities in survival, suggest the researchers. Du, Fang, and Meyer, *Am J Clin Oncol* 31(2):125-132, 2008 (AHRQ grant HS16743).

- *Minority women are less likely than white women to receive adjuvant therapies following breast cancer surgery.*

Women with breast cancer do not consistently receive adjuvant treatments—such as radiotherapy following lumpectomy and chemotherapy for estrogen receptor-negative tumors—that have been shown to increase survival. In some cases surgeons do not recommend adjuvant therapy because they perceive the risks to outweigh the benefits or because of patient age or physical condition. However, a survey of surgeons at six New York hospitals treating 119 women who did not receive guideline-recommended adjuvant therapy found that minority women were more likely than white women (73 vs. 54 percent) not to receive adjuvant treatment, as were women who were uninsured or had Medicaid coverage compared with those who had Medicare or private insurance (54 vs. 19 percent, respectively). Bickell, LePar, Want, and Leventhal, *J Clin Oncol* 25(18):2516-2521, 2007. See also Bickell, Wang, Oluwole, et al., *J Clin Oncol* 24(9):1357-1362 (AHRQ grant HS10859).

- *Tracking system greatly reduces racial disparities in receipt of adjuvant therapies among women with breast cancer.*

These researchers developed a tracking system to follow women with breast cancer who had seen a surgeon so that they could be contacted in the event they did not connect with an oncologist. The researchers compared the treatment of 639 women who were seen at six New York City hospitals before implementation of the tracking system with 300 women who were seen while the tracking system was in use. Rates of oncology consultations, chemotherapy use, and hormonal therapy were higher for all women, particularly minority women, after the tracking system was in place. For example, underuse of radiotherapy declined from 23 to 10 percent, underuse of chemotherapy decreased from 26 to 6 percent, and underuse of hormone therapy decreased from 27 to 11 percent among black and Hispanic women. Bickell, Shastri, Fei, et al., *J Natl Cancer Inst* 100(23):1717-1723, 2008 (AHRQ grant HS10859).

- *Study finds racial disparities in receipt of breast-conserving therapy among women with early-stage breast cancer.*

According to this study of women in Hawaii, Japanese and Filipino women are much less likely than white women to undergo breast-conserving therapy for early-stage breast cancer. The study also found that Filipino and Hawaiian women were more likely than other women to be diagnosed with more advanced breast cancer, while Japanese women were diagnosed earlier. Researchers linked data from the Hawaii Tumor Registry to census and health care claims data and then retrospectively analyzed breast cancer management of 2,030 women (935 Japanese, 144 Chinese, 235 Filipino, 293 Hawaiian, and 423 white women) who were diagnosed with early breast cancer in Hawaii from 1995 to 2001. The researchers note that ethnic differences (e.g., small breast size) and cultural preferences may explain some of the observed differences. Gelber, McCarthy, Davis, and Seto, *Ann Surg Oncol* 13(7):977-984, 2006 (AHRQ grant HS11627).

- *Oncologists appear to communicate differently with breast cancer patients, depending on the women's race, age, and other factors.*

Researchers audiotaped initial consultations between 58 oncologists at 14 practices with 405 women newly diagnosed with breast cancer and conducted interviews with patients and physicians immediately before and after the visits. They found that oncologists spent more time engaged in building relationships with white patients than with members of other racial/ethnic groups. The women who asked more questions were younger, white, had more education, and had a higher income. Physicians tended to ask these women more questions than they did other women. Racial differences occurred in almost every communication category examined, potentially leading to disparities in breast cancer outcomes. Siminoff, Graham, and Gordon, *Patient Educ Counsel* 62:355-360, 2006 (AHRQ grant HS08516). See also Carter, Zapka, O'Neill, et al., *Palliat Support Care* 4:257-271, 2006 (AHRQ grant HS10871).

- *Study finds disparities in receipt of chemotherapy following ovarian cancer surgery.*

Clinical guidelines have recommended since 1994 that all women diagnosed with ovarian cancer stage IC-IV or higher receive chemotherapy following surgery to remove the cancer. This study of more than 4,000 black and white women aged 65 or older who were diagnosed with stage IC-IV ovarian cancer found that white women were more likely than black women to receive chemotherapy after surgery (65 percent vs. 50 percent, respectively), although survival rates did not differ between the two groups of women. Women with higher socioeconomic status (SES) had increased use of both surgery and chemotherapy, and women in the lowest quartile of SES were more likely to die than those in the highest quartile of SES. Du, Sun, Milam, et al., *Int J Gynecol Cancer* 18(4):660-669, 2008 (AHRQ grant HS16743).

- *Race influences participation of companions in cancer consultations.*

Companions can play an important role in meetings between newly diagnosed cancer patients and their clinicians. For this study involving newly diagnosed lung cancer patients, researchers recorded and analyzed conversations between clinicians from a medical center's oncology or thoracic surgery clinic and the patients and their companions (if applicable). They found that the companions of black patients were less active participants in the conversation compared with the companions of white patients. Companions were more likely to be active participants when the physician's communication emphasized partnership-building and supportive talk and when the lung cancer diagnosis had been made before the visit. Street and Gordon, *Psychooncology* 17:244-251, 2008 (AHRQ grant HS10876).

- *Patients' race/ethnicity influences discussion of cancer screening with providers.*

Researchers analyzed responses from patient and physician surveys involving 5,978 patients aged 50 to 80 who were treated by 191 primary care physicians in Southern California. They found that patients with less than a high school education were far less likely than college graduates to have discussed screening for colon, breast, or prostate cancer during medical visits with the same physicians. Asians were much less likely than whites to discuss fecal occult blood testing for colon cancer or prostate-specific antigen testing for prostate cancer. On the other hand, black women were more likely than white women to discuss mammography to detect breast cancer. Bao, Fox, and Escarce, *Health Serv Res* 42(3):950-970, 2007 (AHRQ grant HS10770).

- *Elderly cancer patients in minority communities are less likely than those in white communities to use hospice care.*

Researchers used Medicare data on individuals dying from breast, colorectal, lung, or prostate cancer to examine whether the racial composition of the census tract where the individual resided was associated with hospice use.

They found that nearly half (47 percent) of individuals who lived in areas with fewer black and Hispanic residents used hospice compared with only about one-third (35 percent) of those who lived in areas with a higher percentage of black and Hispanic residents. These differences in hospice use may contribute to disparities in suffering at the end of life and caregiver burden in minority communities. Haas, Earle, Orav, et al., *J Gen Intern Med* 22:396-399, 2007 (AHRQ grant HS10856).

- *Poor, minority, and uninsured individuals have reduced access to screening and surgery for colorectal cancer.*

Colorectal cancer is curable if detected early through colonoscopy or other screening methods, yet it is the second leading cause of U.S. cancer-related deaths. Three studies supported by AHRQ examined trends in colorectal cancer screening and access to surgery and found that low-income/poor individuals, the uninsured, and minorities are screened less frequently than others for colorectal cancer, and they are more likely to need emergency surgery for colorectal cancer-related problems such as bowel perforation, peritonitis, or bowel obstruction. Also, patients who were black, Hispanic, Asian, or less affluent and those who had more advanced colorectal cancer were more likely than white, more affluent, and less severely ill patients to have surgery for the condition at hospitals with above average mortality rates. The researchers conclude that there continue to be barriers to high-quality surgical care for minority individuals with colorectal cancer, independent of other patient characteristics. Phillips, Liang, Ladabaum, et al., *Medical Care* 45(2):160-167, 2007 (AHRQ grants HS10771 and 10856); Diggs, Xu, Diaz, et al., *Am J Manag Care* 13(3):157-174, 2007 (AHRQ grant T32 HS00059); Zhang, Ayanian, and Zaslavsky, *J Qual Health Care* 19(1):11-20, 2007 (AHRQ grant HS09869). See also Guerra, Dominguez, and Shea, *J Health Commun* 10:651-663, 2005 (AHRQ grant HS10299).

- *Study examines effects of perceived racial discrimination in adherence to screening mammography guidelines.*

Researchers examined receipt of index mammograms at one of five urban hospitals in Connecticut between 1996 and 1998 among 484 black women and 745 white women to identify any links between perceived racial discrimination and black women's adherence to screening mammography guidelines. About 42 percent of black women and 10 percent of white women reported discrimination at some point in their lives, but this perceived discrimination was not associated with nonadherence to age-specific mammography screening guidelines, even after adjusting for other factors. The researchers caution that black women in the study may have underreported discrimination due to the sensitive nature of the topic and their discomfort in talking about it with white phone interviewers. If this is the case, these findings may underestimate its prevalence and effects on regular mammography screening. Dailey, Kasl, Holford, and Jones, *Am J Epidemiol* 165:1287-1295, 2007 (AHRQ grant HS15686). See also Jones, Reams, Calvocoressi, et al., *Am J Public Health* 97(3):531-538, 2007 (AHRQ grant HS11603); Rauscher, Hawley, and Earp, *Prev Med* 40:822-830, 2005 (AHRQ grant T32 HS00007).

- *Socioeconomic barriers exist to timely diagnosis and treatment of prostate cancer in black men.*

Researchers identified 207 black men and 348 white men recently diagnosed with prostate cancer from the North Carolina Cancer Registry. They found that black men were younger and had less education, job status, and income than white men. Although black men and white men had to travel similar distances for health care, black men still had less access to care. They also had poorer health insurance coverage and less continuity of care than white men, used more public clinics and emergency wards, expressed less trust in their physicians, and were more likely to skip physician visits that they felt they needed. The researchers conclude that barriers to early diagnosis and appropriate care for prostate cancer among black men are related more to socioeconomic position than to lack of education or cultural misunderstanding. Talcott, Spain, Clark, et al., *Cancer* 109(8):1599-1606, 2007 (AHRQ grant HS10861).

## Cardiovascular Disease

- *Female and black stroke patients are less likely to receive preventive care to avoid further strokes.*

One in three stroke survivors will suffer another stroke within 5 years, but there are measures clinicians can take to reduce the risk of another stroke. According to this study of 501 patients hospitalized for acute ischemic stroke, 54 percent of whites, 62 percent of Hispanics, and 77 percent of blacks received incomplete inpatient evaluations. Similarly, 66 percent of women had incomplete inpatient evaluations, compared with 54 percent of men. In addition, 40 percent of

whites, 43 percent of Hispanics, and 59 percent of blacks received inadequate discharge regimens of anticoagulant, antihypertensive, and lipid-lowering medications. Blacks and Hispanics are at greater risk for recurrent strokes than whites. Improving delivery of these effective interventions will reduce recurrent stroke risk and may reduce stroke risk disparities among minorities, conclude the researchers. Tuhrim, Cooperman, Rojas, et al., *J Stroke Cerebrovasc Dis* 17(4):226-234 (AHRQ grant HS10859).

- *Study finds that several factors underlie racial disparities in hospital care for congestive heart failure.*

Researchers analyzed data on 373,158 patients discharged with heart failure from U.S. hospitals during the period 1995-1997 and found that blacks were nearly twice as likely as whites—and Hispanics were 30 percent more likely than whites—to be admitted to the hospital through the emergency department. Blacks and Hispanics were less likely than whites to have other coexisting medical conditions, and they also were more likely to be admitted to teaching hospitals. Although teaching hospitals usually have better facilities and capabilities than nonteaching hospitals, blacks and Hispanics were much less likely than whites to receive invasive cardiovascular services such as cardiac catheterization, angioplasty, or bypass surgery. Black and Hispanic patients also stayed in the hospital longer and had higher total charges, compared with whites. Shen, Washington, Chung, and Bell, *Ethn Dis* 17:206-213, 2007 (AHRQ grant HS13056).

- *Blacks are more likely than whites and Hispanics to die following cardiovascular procedures.*

This study found that irrespective of hospital volume/experience with cardiovascular procedures, blacks are much more likely to die than whites or Hispanics following either of four procedures: cardiac bypass surgery, angioplasty, abdominal aortic aneurysm repair, and carotid artery surgery. These findings suggest that hospital characteristics other than the number of procedures performed—such as financial resources, provider staffing, and availability of ancillary services—may be different in hospitals providing care to large numbers of black patients. Researchers examined data from a national sample on more than 700,000 hospitalizations for the four procedures from 1998 to 2001. Trivedi, Sequist, and Ayanian, *J Am Col Cardiol* 47(2):417-424, 2006 (AHRQ grant T32 HS00020).

- *Black patients have worse outcomes that white patients following heart attack or unstable angina.*

Researchers compared symptoms, function, and quality of life of 1,159 patients with acute coronary syndrome who were treated in 2000 and 2001 at two Kansas City hospitals. They found that mortality rates were similar among the 196 black and 963 white patients, after adjustments were made for differences in sociodemographic and clinical characteristics. However, 1 year after treatment, more blacks than whites suffered from angina (43.4 vs. 27.1 percent, respectively), had worse quality of life, and had poorer physical function. Researchers suggest that differences in outpatient treatment, compliance with medications, and biologic mechanisms are responsible for the disparities in outcomes. Spertus, Safley, Garg, et al., *J Am Coll Cardiol* 46(10):1838-1844, 2005 (AHRQ grant HS11282).

- *Although U.S. cardiovascular mortality rates are declining, they are rising among American Indians.*

Cardiovascular disease (CVD) is the leading cause of death in American Indians older than age 45, compared with age 65 for the general U.S. population. For this study, researchers examined the development of major CVD risk factors (smoking, hypertension, diabetes, high cholesterol) among 4,549 rural American Indians aged 45 to 74 during the period 1989 (baseline) and 1991 (8 years later). During the study period, participants had a decreased prevalence of smoking and no changes in HDL cholesterol, but they had substantial increases in the prevalence of hypertension and diabetes. Over the 8-year period, the prevalence of hypertension increased from 42.2 percent to 61.3 percent among men and 36.4 percent to 60.3 percent among women. The prevalence of diabetes increased from 41.4 to 47.4 percent among men and 48.4 to 55.8 percent among women. Rhoades, Welty, Wang, et al., *J Am Geriatr Soc* 55:87-94, 2007. See also Rhoades, *Circulation* 111:1250-1256, 2005 (AHRQ grant HS10854).

- *Management of chest pain in patients with hypertension varies by race/ethnicity.*

Researchers analyzed the care of 72,508 people with hypertension who received care from about 50 primary care practices in the Southeastern United States and found that 11 percent of the patients also had chest pain syndrome (general chest pain, angina, and pre-heart attack symptoms). More men

than women were diagnosed with angina (18 vs. 4 percent) and intermediate coronary syndrome (21 vs. 20 percent), while more women than men were diagnosed with vague chest pain only (86 vs. 61 percent). Blacks received more chest pain diagnoses than whites, but women and blacks received fewer cardiovascular medications than men and whites. Hendrix, Mayhan, Lackland, and Egan, *Am J Hypertens* 18(8):1026-1032, 2005 (AHRQ grant HS10871).

- *Outcomes differ for blacks, whites, and Asian Americans following stroke rehabilitation.*

Researchers analyzed data on 1,002 stroke patients admitted to an inpatient rehabilitation facility between 1995 and 2001 and found differences in outcomes by race. Blacks who suffered a stroke did not improve their functioning by the end of inpatient rehab to the degree that whites did, despite receiving similarly intense rehab services. In contrast, Asian Americans recovered about as much function as whites by the time they left inpatient rehab. By 3 months postdischarge, blacks had caught up to whites and no longer had poorer functioning, while Asian Americans showed less improvement than whites at 3 months. Bhandari, Kushel, Price, and Schillinger, *Arch Phys Med Rehabil* 86:2081-2086, 2005 (AHRQ grant HS11415).

## Care for the Elderly/Long-Term Care

- *Greater functional disability among older blacks and Latinos may be due in part to disparities in treatment and care quality.*

This study of community-dwelling adults aged 50 and older found that blacks and Latinos with physician visits and hospitalizations were significantly less able than same-aged whites to carry out activities of daily living. In addition, many of the blacks and Latinos in this survey had more mobility limitations than whites. Other predisposing factors (e.g., age and sex, chronic illness, and economic access to care) did not account for the greater disability among blacks and Latinos. These findings suggest that improving economic access to care may not be enough to guarantee equal access to high-quality care. Bowen and Gonzalez, *Gerontologist* 48(5):659-667, 2008 (AHRQ grant HS13819).

- *Racial disparities in care for the elderly persisted and even worsened for some procedures in the late 1990s.*

Researchers analyzed discharge data for New York and Pennsylvania hospitals for elderly patients undergoing three referral-sensitive hospital procedures during 1997 and 2001—coronary angiography, heart bypass surgery, and hip/joint replacement, all high-technology procedures that generally require referral to a specialist. Elderly blacks were 37 percent less likely than elderly whites to have received angioplasty in 1997. This disparity had widened considerably by 2001, to 48 percent. Disparities in hip/joint replacement among other races also increased over time relative to whites. Basu and Mobley, *Med Care Res Rev* 65(5):617-637, 2008 (AHRQ Publication No. 08-R074)* (Intramural).

- *Elderly blacks are less likely than same-age whites to recognize any risks with certain medicines.*

Researchers analyzed survey data on low-income, elderly individuals taking nonsteroidal anti-inflammatory drugs (NSAIDs); one-third of the study participants were black. They found

that black patients were less likely than their white counterparts to recognize any risks inherent in taking either prescribed (31.3 vs. 49.6 percent, respectively) or over-the-counter (13.3 vs. 29.3 percent, respectively) NSAIDs. They also were less likely to report that their doctor had discussed potential NSAID-related gastrointestinal problems or told them to take medications to reduce NSAID-related ulcer risk. Fry, Ray, Cobaugh, et al., *Arthritis Care Res* 57(8):1539-1545, 2007 (AHRQ grant HS10389).

- *Elderly people commonly use herbs and vitamin-mineral supplements, but use varies by ethnicity.*

Elderly men and women using complementary and alternative medicine (CAM) therapies often don't mention it to their physicians, and physicians often don't ask about it, putting elderly people who take multiple medications at risk for serious complications. Researchers interviewed community-dwelling elders (125 white, 112 black, and 128 Hispanic) aged 77 and older and found that almost half of them (47 percent) used CAM. About 13 percent of whites, 16 percent of blacks, and 5 percent of Hispanics used herbs. Use of vitamin-mineral supplements, alone or in conjunction with herbs, also varied by ethnicity, with use by 54 percent of whites, 31 percent of blacks, and 38 percent of Hispanics. The researchers suggest that clinicians should routinely ask elderly patients about their use of CAM therapies. Raji, Kuo, Snih, et al., *Ann Pharmacother* 39:1019-1023, 2005 (AHRQ grant HS11618).

- *Black and white caregivers of rural patients with dementia have different coping styles.*

Caregivers of patients with dementia in rural Alabama typically are women ranging in age from early 20s to early 80s, and they provide an average of nearly 50 hours of care per week. Many are also working outside the home and providing care for another family member (e.g., a young child or another elderly person) an average of 31 hours per week. Nearly all of the caregivers used religion as a coping mechanism, but white and black caregivers had very different coping styles, according to this study. For example, black caregivers were more likely to participate in organized religious activities, and white caregivers were more likely to use prayer or another private religious activity. White caregivers were more likely than black caregivers to be married, older, have higher incomes, and have fewer problems paying bills. Also, white caregivers used more medications than black caregivers, and they were more likely to feel burdened by caregiving and to use acceptance and humor to cope. Kosberg, Kaufman, Burgio, et al., *J Aging Health* 19:3-21, 2007 (AHRQ grant HS13189).

- *Coping styles used by older women vary by race.*

Researchers examined the use of health care services, religiosity, and religious coping styles of 274 women (159 white and 115 black) aged 55 and older living in subsidized housing in Nashville, TN. Asking older women about their religiosity and religious coping style during health assessments could help nurses set goals to improve the health of minority and other older women. The study revealed that older black women perceive themselves to be more religious than white women. They reported more formal religious behaviors (e.g., church attendance) and personal religious behaviors (e.g., praying, reading the bible) than white women. The self-directing religious copying style (relying on oneself and not religion to cope with stressors) was associated with more physician visits for white women and fewer visits for black women. The deferring coping style (giving up responsibility to God for coping with stressors) was associated with more physician visits and hospital days for white women but fewer hospital days among black women. The collaborative coping style (offering up prayers but also seeking one's own solution) was associated with a high number of hospital days among black women but had no significant effect on health care use among white women. Ark, Hull, Husaini, and Craun, *J Gerontol Nurs* 32(8):20-29, 2006 (AHRQ grant HS11640).

- *Use of assistive devices by disabled individuals varies by age and race.*

Assistive devices help prevent injury and promote independence but are too often underused, according to this study. Researchers identified 7,148 mobility-impaired adults and examined the influence of age, race/ethnicity, and living arrangements on device use. They found that younger blacks are more likely than same-age whites to use the devices (e.g., wheelchairs, canes, or walkers), while Hispanics are less likely than whites to use assistive devices. They note that lower device use among the oldest blacks may be due to lower prevalence of uncontrolled diabetes and disabling chronic disease among blacks who survive to advanced ages. Also, Hispanic culture encourages informal caregiving by family and others, which may substitute to some extent for

device use among younger Hispanics. As the care needs of elderly Hispanics increase with age, device use may become more acceptable and hence device use becomes more prevalent among this group. Resnik and Allen, *J Aging Health* 18(1):106-124, 2006 (AHRQ grant T32 HS00011).

- *Higher mortality rates among black Medicare enrollees in Tennessee are related to fewer doctor visits.*

Elderly black Medicare patients in Tennessee make fewer physician visits than their white counterparts, which is a significant reason for their higher mortality rates, according to this study. Researchers examined 5 years of data from Medicare physician billing records and 6.3 years of mortality followup data to assess physician-diagnosed health problems, health care use, and mortality among 665,887 Tennessee Medicare enrollees. Between 1996 and 2002, 38 percent of blacks died compared with 32 percent of whites. This disparity resulted in 4,164 excess deaths among black Medicare enrollees in Tennessee. Blacks made an average of 7.5 fewer trips to the doctor than same-age whites during the study period, yet Medicare costs were the same for both groups. This suggests that black patient physician visits were more often in response to serious illnesses that required greater physician attention. Sherkat, Kilbourne, Cain, et al., *J Health Care Poor Underserved* 16:50-63, 2005 (AHRQ grant HS11640).

- *Medical disparities are narrowing among Medicare beneficiaries.*

Researchers analyzed data on 1.5 million individuals enrolled in 183 Medicare managed care plans from 1999 through 2003 and found that an increasing percentage of black enrollees are being treated for diabetes, heart disease, and other serious conditions in accordance with quality measures. The percentage of black enrollees with diabetes who had their LDL cholesterol levels measured rose from 61 percent in 1999 to 92 percent in 2003—a 31 percent gain—and the percentage that had their LDL levels controlled increased even more, by 46 percent (from 23 percent in 1999 to 66 percent in 2003). Similar gains were found for the percentage of black enrollees prescribed a beta-blocker drug within 7 days of hospital discharge for cardiac problems (from 64 percent to 93 percent). Trivedi, Zaslavsky, Schneider, and Ayanian, *N Engl J Med* 353:692-700, 2005 (AHRQ grant HS10803).

- *Urinary incontinence is common among black nursing home residents in the Southeast.*

Over half of the 3 million elderly Americans who are cared for in nursing homes are reported to suffer from urinary incontinence (UI), which is considered a key indicator of poor quality of care. This study found that UI is common among residents of nursing homes in the Southeastern United States, especially black residents. Researchers found that in 1999-2002, UI prevalence was 65.4 percent at nursing home admission and 74.3 percent after admission. After admission, 73.5 percent of whites and 78.1 percent of blacks were incontinent. Prevalence of UI at admission was greater than 50 percent in all eight States studied, and black residents had higher rates of admission UI than whites in all States. These differences indicate a lack of optimal care for blacks in the Southeastern region, note the researchers. Boyington, Howard, Carter-Edwards, et al., *Nurs Res* 56(2):97-107, 2007 (AHRQ grant HS13353).

- *Nursing home quality of care is affected by the home's profit status and surrounding community.*

Researchers examined quality of care at 408 urban nursing homes in New York and found that the racial composition and profit status of a nursing home, as well as the racial composition of the community in which a home was located, influenced the quality of care provided for both white and black residents. For example, black and white residents of nursing homes with higher proportions of black residents were less likely to be restrained, but they were more likely to receive antipsychotic drugs. Also, black and white residents of for-profit homes were more likely to be restrained, receive antipsychotic drugs, and suffer poor health outcomes than residents of nonprofit homes. Miller, Papandonatos, Fennell, and Mor, *Soc Sci Med* 63:3046-3059, 2006 (AHRQ grant HS10322).

- *Advance care plans of nursing home residents vary by race/ethnicity and other factors.*

This researcher used 1996 data from AHRQ's Medical Expenditure Panel Survey (MEPS) on a sample of 815 nursing homes and 5,899 residents to examine documentation of advance care plans among residents. Overall, about 53 percent of the population (3,105 residents) had at least one advance care plan, and do-not-resuscitate (DNR) orders were less common among blacks and Latinos than whites. Latinos were less likely to have feeding/medication/other treatment restrictions than blacks and whites, and living wills were less common among blacks and more common among residents aged 75 and older and those with psychiatric/mood disorders and heart disease. Finally,

residents with Medicaid as their primary payer were less likely to have an advance care plan than residents with another payment mechanism. Dobalian, *Arch Gerontol Geriatr* 43:193-212, 2006 (AHRQ grant HS00046).

- *Traditional values underlie older Korean Americans' preference for informal long-term care arrangements.*

Traditional values, especially those of children's devotion and obligation to care for elderly parents, seem to underlie a preference for informal caregiving among older Korean Americans. This study involved a survey of 150 community-dwelling Korean Americans aged 60 and older who had lived in the United States for an average of 17 years. Only 16 percent of respondents said they would rely on paid helpers at formal care facilities in the event of a hip fracture; 35 percent said they would rely on informal caregivers at their own or their children's homes, and about half said they would rely on a combination of formal (paid care) and informal (care by a relative) care, also in their own home or their children's homes. When presented with a stroke scenario, 51 percent of respondents said they would rely on a formal care arrangement, 28 percent preferred an informal care arrangement, and 21 percent preferred a mixed care arrangement. Min, *J Aging Health* 17(3):363-395, 2005 (AHRQ grant HS10785).

## Chronic Illness

- *Use of a uniform treatment algorithm eliminates racial disparities in blood sugar control.*

According to this study, differences between blacks and whites in glycemic levels disappear in care settings where treatment is uniform, immediate care is facilitated, and medication is aggressively managed. Patients with type 2 diabetes (3,324 blacks, 218 whites) all made initial and 1-year followup visits; a subset of patients had an additional followup visit at 2 years. Patient adherence to treatment, number of visits, and provider behavior were similar for both groups. Initially, glycemic levels were higher in black patients than in white patients; at 1 year, the difference in glycemic levels had narrowed but remained significant. Among those who returned for a 2-year visit, (1,691 blacks, 114 whites), glycemic levels were no longer different. Rhee, Ziemer, Caudle, et al., *Diabetes Educ* 34(8):655-663, 2008 (AHRQ grant HS07922).

- *Study finds racial/ethnic differences in performance of diabetes self-management practices.*

Diabetes self-management practices (exercise, proper diet, foot care) can improve blood sugar control and reduce complications. Blacks and Hispanics are more likely than whites to have diabetes and diabetes-related complications, yet they are less likely to follow recommended diabetes self-management practices. In this study of 21,459 ethnically diverse patients with diabetes, blacks were 37 percent less likely to exercise than whites, and Hispanics were 36 percent less likely than whites to do home glucose testing. The researchers call for development of interventions tailored to the needs of diabetes patients from different racial/ethnic groups. Nwasuruba, Khan, and Egede, *J Gen Intern Med* 22:115-120, 2007. See also Egede and Dagogo-Jack, *Med Clin North Am* 89:949-975, 2005 (AHRQ grant HS11418); Jiang, Andrews, Stryer, and Friedman, *Am J Public Health* 95(9):1561-1567, 2005 (AHRQ Publication No. 05-R071)* (Intramural).

- *Providing free blood glucose monitors may encourage self-management among blacks with diabetes.*

Researchers used 1992-1996 electronic medical record data to examine racial differences in use of self-monitoring blood glucose (SMBG) equipment after onset of insurance coverage and rates of discontinuation of SMBG use 18 months later among 2,275 black and white patients with diabetes enrolled in a large HMO. Following implementation of the coverage policy, blacks were 33 percent more likely than whites to monitor their own blood glucose levels, but they also were more likely than whites to discontinue use of SMBG over time. After 18 months, 78 percent of blacks and 64 percent of whites had stopped self-monitoring of their blood glucose levels. Mah, Soumerai, Adams, and Ross-Degnan, *Med Care* 44(5):392-397, 2006 (AHRQ grant HS10063).

- *American Indian/Alaska Native individuals with diabetes receive good quality care for their condition.*

According to this study, urban and rural clinics providing diabetes care for American Indian/Alaska Native patients are adhering to nationally recommended care guidelines at a rate comparable to or surpassing the rates described for the general population. The researchers compared Indian health facilities' adherence to diabetes care guidelines for 710 American Indian/Alaska Native patients at 17 urban clinics with a random sample of 1,420 patients from 225 rural Indian health facilities. Urban patients were more likely than rural patients to have received formal diabetes education in the preceding 12 months, but there were no significant differences in completion of lab tests and immunizations between patients seen at urban and rural clinics. Moore, Roubideaux, Noonan, et al., *Ethn Dis* 16:772-777, 2006 (AHRQ grant HS10854).

- *Poor blood sugar control among low-income urban blacks may reflect limited health care access.*

Researchers examined clinical, socioeconomic, and health care access factors of 605 low-income individuals—predominantly urban blacks—with type 2 diabetes and found that health care access had the most direct effect on their glucose levels. The average glucose level among these patients was 8.7 for those who had no problems in accessing care, compared with 9.4 for those who had access problems (7 is normal), and 8.9 for those who easily accessed medications, compared with 9.2 for those who had trouble doing so. Glucose levels were 8.6 percent for patients who regularly received care in a doctor's office or clinic, compared with 9.5 for those who relied on acute care facilities, and 10.3 for those who had nowhere to go for care. Rhee, Cook, Dunbar, et al., *J Health Care Poor Underserved* 16:734-746, 2005 (AHRQ grant HS09722).

- *Trust in medical care does not differ by race among indigent people with diabetes.*

Distrust in the medical care system has been suggested as one reason for elevated morbidity and mortality related to diabetes among blacks compared with whites. However, this study found that trust in the medical care system did not appear to differ significantly by race or ethnicity among indigent patients with type 2 diabetes. Medical mistrust was not significantly correlated with blood sugar or lipid control or other health outcomes. However, more trusting patients felt more in control of their diabetes and reported better physical and mental health. These findings are based on survey responses of 216 people with type 2 diabetes recruited from an academic medical center's clinic for indigent patients. Egede and Michel, *Diabetes Care* 29(1):131-132, 2006 (AHRQ grant HS11418).

- *Latinos are more likely than whites to die before age 45 due to higher rates of chronic disease and homicide.*

Researchers linked 1986-1994 data on 24 health problems with death records through 1997 and found that Latinos had higher mortality rates than whites before age 45 and similar rates at older ages. Contributing most to excess years of life lost among Latino men were diabetes, HIV, liver disease, and homicide. For women, contributing factors were diabetes and HIV. Diabetes alone accounted for between 33 and 62 percent of the years of potential life lost among Latinos compared with whites. Wong, Tagawa, Hsieh, et al., *Med Care* 43(10):1058-1062, 2005 (AHRQ grant HS10858).

- *Underdiagnosis of chronic illness in minorities is linked to care access and affordability.*

Researchers correlated self-diagnosis of chronic medical and mental health conditions among 287 black and Latino heads of households in three urban public housing communities in Los Angeles County with a physician's diagnosis of the conditions. Overall, 85 percent of those interviewed said that they were suffering from at least one chronic condition, but only 43 percent claimed that they had been diagnosed by a physician. Only about one in five who said they suffered from arthritis, dental problems, or circulation problems had been diagnosed by a

physician. Physician-based diagnosis of medical conditions was associated with five enabling factors: greater accessibility to medical services, affordability of care, availability of health information, continuity of care, and less financial strain. Need-for-care factors were not significant. Ani, Bazargan, Bazargan-Hejazi, et al., *Ethn Dis* 18(2 Suppl 2):S2-105-S2-111, 2008 (AHRQ grant HS14022).

- *Dialysis patients who are black are more likely to skip treatments.*

This study involved 739 patients with end-stage renal disease (ESRD) who were receiving dialysis for their condition. Of these, 67 patients were identified as "skippers" because they missed more than 3 percent of scheduled dialysis treatments. Patients who were black were more than twice as likely to skip treatments as other patients. In addition, patients who were smokers and/or users of illicit drugs were also more likely to skip their dialysis treatments. Skipped treatments and poor dietary adherence are strongly associated with increased risk of death among ESRD patients. During an average followup period of about 3 years, 316 of the 739 dialysis patients died. Unruh, Evans, Fink, et al., *Am J Kidney Dis* 46(6):1107-1116, 2005 (AHRQ grant HS08365).

- *Study finds racial/ethnic variation in parental perceptions of their children's asthma.*

Researchers interviewed parents of 739 children with persistent asthma in a Medicaid health plan in Massachusetts. Overall, 75 percent of parents believed their children could be symptom-free most of the time (75 percent Latino, 84 percent black, and 89 percent white). Also, 43 percent of Latino parents, 44 percent of black parents, and 55 percent of white parents said their children should have no emergency room visits or hospitalizations for asthma. Black (18 percent) and Latino (23 percent) parents were more likely than white parents (8 percent) to have competing family priorities "all of the time" or "most of the time" in addition to their child's asthma, even after adjusting for income, education, insurance, and other factors. Wu, Smith, Bokhour, et al., *Ambul Pediatr* 8(2):89-97, 2008 (AHRQ grant T32 HS00063).

- *Researchers examine use of controller medications among black children with asthma.*

In this study, the medical records of 300 black children with asthma enrolled in West Virginia Medicaid showed that most (90.3 percent) of the children received quick-relief medications, and about half (56 percent) had prescriptions for corticosteroids to forestall asthma attacks. Only 35 percent of children in this study made two trips to physicians' offices during the 1-year study period. Children who used an inhaled corticosteroid (38 percent) were more likely than those who did not to have regular primary care visits and less likely to be hospitalized or visit the emergency room because of their asthma. Smith and Pawar, *J Asthma* 44:357-363, 2007 (AHRQ grant HS15390).

- *Puerto Rican children are diagnosed with asthma more often than other children.*

According to this study of data on 46,511 children living in the United States between 1997-2001, Puerto Rican children—particularly those born in Puerto Rico—bear a much higher burden of asthma than other U.S. children. Over one-fourth of Puerto Rican children studied were diagnosed with asthma at some point, compared with 16 percent of black children, 13 percent of white children, and 10 percent of Mexican children. This higher asthma morbidity among Puerto Rican children was not explained by sociodemographic and other asthma risk factors (e.g., household smoking). Lara, Akinbami, Flores, and Morgenstern, *Pediatrics* 117(1):43-53, 2006 (AHRQ grant T32 HS00008).

- *Minority adults with asthma in urban areas use a disproportionate amount of acute care.*

Minority individuals living in the inner city are more likely than other groups to have asthma and to use a disproportionate amount of acute care (emergency room visits and hospitalizations) for their asthma symptoms. In East Harlem, for example, the asthma mortality rate is nearly 10 times as high as the national average. According to this study involving 198 adults hospitalized for asthma, increased emergency room visits and hospitalizations among minority adults in East Harlem are linked to lack of an established asthma care provider, language barriers, and allergy to cockroaches. Wisnivesky, Leventhal, and Halm, *J Allergy Clin Immunol* 116(3):636-642, 2005 (AHRQ grants HS09973 and HS13312).

- *Increased physical activity could lower American Indian elders' risk of chronic illness.*

American Indians and Alaska Natives (AI/ANs) report lower levels of leisure-time physical activity than other populations, putting them at elevated risk for obesity, hypertension, diabetes, and cardiovascular disease. According to

this study, more educated AI/AN elders have higher levels of physical activity than their less-educated counterparts, which may reduce their risk for chronic illness. The researchers correlated education with physical activity among 125 sedentary AI/AN elders (50 to 74 years of age) who were enrolled in a 6-week trial. After controlling for health and other factors, groups at several educational levels differed significantly in caloric expenditure due to moderate to vigorous exercise, with the difference increasing significantly with higher levels of educational attainment. Sawchuk, Bogart, Charles, et al., *Am Indian Alsk Native Ment Health Res* 15(1):1-17, 2008 (AHRQ grant HS10854).

- *Knowledge and beliefs about lifestyle changes may contribute to ethnic differences in blood pressure control.*

Researchers surveyed 1,503 adults aged 50 and older to assess ethnic differences in awareness, knowledge, and beliefs about hypertension and their relationship to self-reported blood pressure (BP) control. They found that only 34 percent of all individuals with hypertension (BP greater than 140/90) had their BP controlled, and that ethnic differences in knowledge and beliefs about lifestyle changes were linked to difficulties in controlling BP among blacks. Blacks and Hispanics tended to view medication as the only way to control BP, while whites also saw the importance of changes in diet and exercise. More blacks said they had hypertension (64.2 percent) than Hispanics (44.3 percent) or whites (44.2 percent). Those who believed that lifestyle changes (e.g., weight loss, decreased alcohol and tobacco use, more exercise) were useful in treating high BP were more than twice as likely as those who discounted lifestyle changes to have better BP control. Okonofua, Cutler, Lackland, and Egan, *Am J Hypertens* 18:972-979, 2005 (AHRQ grant HS10871).

- *Differences in education and health status account for most of the racial/ethnic differences in physical activity.*

Leisure-time physical activity is associated with a lower risk for heart disease and cancer and better cardiorespiratory fitness. Blacks, Hispanics, and people with lower educational attainment participate less in leisure-time activities than whites and people with higher educational attainment. This analysis of 1992 data on 9,621 community-dwelling adults aged 51-61 revealed that education is a more important determinant of leisure-time physical activity than race/ethnicity. After adjustments were made for differences in overall health and physical functioning, mean total physical activity scores were similar across racial/ethnic and education categories. He and Baker, *J Gen Intern Med* 20:259-266, 2005 (AHRQ grant HS10283).

- *Greater access to care at VA clinics leads to improved blood pressure control among black men.*

Greater access to care at Veterans Affairs (VA) health care sites has led to better blood pressure (BP) control among black men, according to this study. Researchers compared BP treatment and control between black men (4,379 at VA centers and 2,754 at non-VA centers) and white men (7,987 at VA centers and 4,980 at non-VA centers) with high blood pressure. Blood pressure control to below 140/90 was comparable among white men with hypertension at VA and non-VA sites, while BP control was better among black men at VA sites than at non-VA sites. Compared with white men, black men received a similar number of prescriptions at VA sites and more prescriptions at non-VA sites. Yet, blacks had more visits at VA sites and fewer visits at non-VA sites than whites, suggesting that site of care—especially more visits—had greater impact on BP control in black men than in white men. Rehman, Hutchison, Hendrix, et al., *Arch Intern Med* 165:1041-1047, 2005 (AHRQ grant HS10871).

- *Distance learning is as effective as in-class training for Korean Americans with high blood pressure.*

Researchers involved the community in planning this study and recruiting the participants through Korean churches, grocery stores, and local Korean language publications. Participants were all first-generation Korean Americans, aged 40-65 years, who had high blood pressure (140/90 or higher) or were taking blood pressure medications. They were assigned either to the in-class group (184) or the mail education group (261). Both interventions provided information about blood pressure control and reducing risk factors, as well as other factors important to this population. At the end of the study, both groups showed comparable improvements in blood pressure control and in psychological and behavioral outcomes. Kim, Kim, Han, et al., *J Clin Hypertens* 10(3):176-184, 2008. See also Kim, Han, Park, et al., *J Cardiovasc Nurs* 21(2):77-84, 2006 (AHRQ grant HS13160).

- *Researchers examine knowledge and modifiable behaviors among Korean Americans with hypertension.*

This study of Korean American adults with hypertension found that overall, 63 percent of men and 82 percent of women had a family history of high

blood pressure; more than 10 percent had diabetes, and 5 percent had already had a stroke. Women were more likely than men to have controlled blood pressure and to be on blood pressure medication. Women also had lower rates of smoking, drinking, and overweight/obesity than men. The goal of the study was to identify potentially modifiable lifestyle behaviors in this at-risk group. Han, Kim, Kang, et al., *J Community Health* 32(5):324-342, 2007 (AHRQ grant HS13160).

- *Nonadherence to antihypertensive medications by Korean Americans may indicate lack of knowledge.*

Nonadherence to antihypertensive medication regimens among 445 middle-aged Korean Americans in a self-help program was due primarily to inadequate understanding of their condition and the medication, according to researchers. About 55 percent of those in the group had been prescribed an antihypertensive medication. Among those not taking their medication, about 29.8 percent indicated it was unintentional, 2.4 percent said it was intentional, and 21.6 percent reported both types of nonadherence. Those whose nonadherence was intentional were significantly more likely than the others to have medication-related adverse effects, such as frequent urination at night, itching, heart pounding, dry mouth, and flushing of the face. Those who did not take their medication had substantially less knowledge about high blood pressure than those who were compliant. Kim, Han, Jeong, et al., *J Cardiovasc Nurs* 22(5):397-404, 2007 (AHRQ grant HS13160).

- *Low-income city-dwelling adults with high blood pressure are reasonably knowledgeable about their condition.*

This study of predominantly low-income black women with hypertension found that nearly two-thirds (65 percent) of them were fairly knowledgeable about their condition. Those with less knowledge tended to be at least 60 years of age, have less than a high school education, or be recently diagnosed with the condition. Individuals who were uncomfortable asking questions of their doctors also were less knowledgeable. Nearly one-fourth of the patients did not know that high blood pressure can cause kidney problems, despite the prevalence of kidney problems among blacks with hypertension. The study involved 296 adults being cared for at one urban clinic. Sanne, Muntner, Kawasaki, et al., *Ethn Dis* 18:42-47, 2008 (AHRQ grant HS11834).

- *Study finds variations among Asian subgroups in adherence to antihypertensive drug therapy.*

Researchers studied compliance with antihypertensive medication using a prescription database for 28,395 members enrolled in a large health plan in Hawaii from 1999 to 2003. Even after adjusting for physician and patient characteristics, Japanese patients were 21 percent more likely than whites to adhere to their blood pressure medication regimen, while Filipinos, Koreans, and Hawaiians were less likely than whites to follow their drug regimen (31, 21, and 16 percent, respectively). These findings indicate that ethnic subgroups need to be studied separately, note the researchers. Taira, Gelber, Davis, et al., *Ethn Health* 12(3):265-281, 2007 (AHRQ grant HS11627).

- *U.S. rates of Kawasaki syndrome are highest in Japanese American children living in Hawaii.*

Kawasaki syndrome (KS) is an autoimmune disorder that primarily strikes children under the age of 5 and leads to serious heart problems. KS primarily affects Japanese American children who live in Hawaii, suggesting there may be an environmental component to KS. Researchers analyzed data for Hawaii residents hospitalized for KS from 1996 through 2001 and found that 267 individuals age 17 or younger (85 percent were younger than age 5) were hospitalized for KS in the State. The average annual incidence of KS was 45.2 per 100,000 children under age 5 years. Incidence was highest for Japanese American children (197.7 per 100,000), followed by Asian/Pacific Islander children (70.9 per 100,000) and white children (35.3 per 100,000). Holman, Curns, Belay, et al., *Pediatr Infect Dis J* 24(5):429-433, 2005 (AHRQ Publication No. 05-R073)* (Intramural).

- *Blacks are more likely than whites to distrust the health care system, particularly with regard to organ transplantation.*

This study involved a telephone survey of 1,283 adults in Ohio who were asked whether they had signed a donor card and if they were willing to donate their own or a loved one's organs. Fewer blacks than whites had signed a donor card (39 vs. 65 percent, respectively) or were willing to donate their own (73 vs. 88 percent, respectively) or a loved one's (53 vs. 66 percent) organs. The study found that blacks are more distrustful of the organ donation system than whites and are in favor of providing tangible benefits to donor families. A second finding of note was

the pervasive distrust of the health care system and a belief that it is inequitable. Siminoff, Burant, and Ibrahim, *J Gen Intern Med* 21:995-1000, 2006 (AHRQ grant HS10047).

- *Nearly one-fourth of black adolescent girls are overweight, putting them at increased risk for diabetes.*

Researchers conducted a pilot study of 12 overweight black girls ranging in age from 12 to 18 to determine why they are more likely than same-age white girls to be overweight (23.6 percent vs. 12.7 percent, respectively). The girls were in a hospital-based diabetes screening program. They were asked about their attitudes towards weight, diet, and physical activity. Their answers indicated that they were conditioned against the impact of hurtful, weight-related comments, and such comments did not motivate them to change their eating habits or physical activity levels. The girls used culturally based terms (e.g., big, thick, or skinny) to describe body size rather than an objective measure (e.g., weight). They preferred a range of acceptable sizes, self-satisfaction with size was more important than actual size, and they consistently described large body size as preferable. Boyington, Carter-Edwards, Piehl, et al., *Prev Chronic Dis* 5(2):e-pub, 2008 (AHRQ grant HS13353). See also Edwards, *Nurs Clin North Am* 40(4):661-669, 2005 (AHRQ grant HS11834).

- *Minority children living in public housing are at elevated risk for chronic illness.*

This study found that black and Latino children living in public housing communities are two to four times as likely as children in the general population to suffer from chronic physical and mental problems. Black and Latino children living in three such communities in Los Angeles, CA, were more likely than children in the general population to suffer from asthma (32 vs. 8 percent, respectively) and attention deficit hyperactivity disorder (17 vs. 5 percent, respectively). Other chronic conditions reported by parents included eye/vision problems, dental problems, and depression. Bazargan, Calderon, Helin, et al., *Ethn Dis* 15(Suppl 5):3-9 (AHRQ grant HS14022).

- *Poor literacy is linked to poor HIV medication adherence among blacks.*

In this study, blacks were more than twice as likely as whites to be nonadherent to their HIV medication regimen, but when literacy was added to the equation, the effect of race diminished by 25 percent to nonsignificance. Low literacy, on the other hand, remained significant and doubled the likelihood of not complying with prescribed antiretroviral medication use. The researchers examined patient demographics, health literacy, and race among 204 patients with HIV infection who were being seen in two clinics in 2001. They used an established word-recognition test to assess health literacy. These findings suggest that poor literacy may be a major contributor to HIV health disparities. Osborn, Paasche-Orlow, Davis, and Wolf, *Am J Prev Med* 33(5):374-378, 2007 (AHRQ grant T32 HS00078).

- *The HIV/AIDS epidemic in the U.S. South is shifting toward heterosexual transmission among blacks and women.*

HIV/AIDS infection in the United States is spreading most rapidly in the South, and its victims tend to be poor, minorities, and survivors of abuse, many of whom become infected through heterosexual contact. Also,

HIV-infected women and blacks in the South are less likely than others to be on antiretroviral therapy, according to this study. It shows that more than half of patients with HIV from five Southeastern States suffer from probable psychiatric disorders, nearly a third have a history of childhood sexual abuse, and 21 percent have experienced severe physical abuse. Overall, nearly two-thirds of those studied were black (compared with 50 percent nationally), 31 percent were female (26 percent nationally), and 43 percent acquired HIV through heterosexual sex (28 percent nationally). Pence, Reif, Whetten, et al., *South Med J* 100(11):1114-1122, 2007 (AHRQ grant T32 HS00079).

- *Blacks and Latinos are less likely than whites to report discrimination after HIV diagnosis.*

One-fourth of U.S. adults receiving care for HIV believe that their clinicians discriminated against them after the onset of their infection, according to survey data collected in 1996 and 1997. Whites (32 percent) were more likely than Latinos (21 percent) and blacks (17 percent) to report discrimination. Patients who reported discrimination also reported lower access to care, lower quality of physician and hospital care, and less trust in doctors or clinics compared with patients who did not report discrimination. Shuster, Collins, Cunningham, et al., *J Gen Intern Med* 20:807-813, 2005 (AHRQ grant HS08578).

## Emergency Care/Hospitalization

- *Minority children with asthma often use emergency departments (EDs) for care.*

Researchers analyzed 1996-2000 data on 982 children with asthma and found that black and Hispanic children received asthma care in the ED more often than white children, which is consistent with findings from earlier studies. The authors suggest that additional ED visits occur because these children often lack a usual source of care and do not have a plan in place to manage asthma at home when an attack occurs. Thus, improving care access and offering programs to teach caregiver skills to manage asthma may reduce ED visits. Kim, Kieckhefer, Greek, et al., *Prev Chronic Dis*, 6(1):Epub, 2009 (AHRQ grant HS13110).

- *Rates of potentially preventable hospitalizations are higher among Hispanics than whites.*

Hispanic adults from both poor and wealthy communities are much more likely than whites to be hospitalized for health problems such as uncontrolled diabetes and heart ailments. In contrast, hospitalization rates are about the same for Hispanics and whites with chronic respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD). These findings are derived from an analysis of 2006 data from AHRQ's Healthcare Cost and Utilization Project. *Potentially Preventable Hospitalizations Among Hispanic Adults, 2006*, HCUP Statistical Brief 61; online at www.hcup-us.ahrq.gov/reports/statbriefs.jsp (Intramural).

- *Asian-Pacific Islanders are more likely than whites to die in the hospital from serious but treatable complications.*

Asian-Pacific Islanders are 16 percent more likely than whites to die from serious but treatable complications in U.S. hospitals, according to an analysis of data from AHRQ's Healthcare Cost and Utilization Project. Also, compared with white patients, Asian-Pacific Islanders having surgery are 42 percent more likely to develop blood infection, 34 percent more likely to suffer kidney failure, 14 percent more likely to need a ventilator to assist breathing, and 34 percent more likely to suffer kidney failure. Potential reasons for these disparities include being cared for in hospitals that provide lower quality of care, having cultural or language issues that interfere with doctor-patient communication, or being sicker and more vulnerable to complications than other patients. *Racial and Ethnic Disparities in Hospital Patient Safety Events, 2005*, HCUP Statistical Brief 53; online at www.hcup-us.ahrq.gov/reports/statbriefs/sb53.pdf (Intramural).

- *Black patients are more likely than white patients to die after major surgery.*

According to this study, blacks are 23 to 61 percent more likely than white patients to die following certain cardiovascular or cancer surgeries, but the hospital at which they are treated—not their race—accounts for most of this difference in mortality rates. Researchers used national Medicare data to identify all patients undergoing one of eight cardiovascular or cancer procedures between 1994 and 1999. Blacks had higher mortality rates (death before discharge or within 30 days of surgery) than whites for all operations except for lung cancer. Hospitals that treated 10 percent or more black patients had higher mortality rates for all eight procedures irrespective of the patients' race. Black patients were more likely to undergo surgery in very low volume hospitals, a known risk factor for increased mortality. However, some hospitals that treated a large proportion of black patients had higher mortality rates independent of their procedure volume, underscoring the need to

improve quality of care at poor-performing hospitals. Lucas, Stukel, Morris, et al., *Ann Surg* 243(2):281-286, 2006 (AHRQ grant HS10141). See also Fiscella, Franks, Meldrum, and Barnett, *Ann Surg* 242(2):151-155, 2005 (AHRQ grant HS10910); Groeneveld, Laufer, and Garber, *Med Care* 43(4):320-329, 2005 (AHRQ grant T32 HS00028).

- *Study finds disparities in use of strong pain medications in hospital EDs.*

Researchers analyzed treatments for more than 150,000 pain-related visits to U.S. hospitals between 1993 and 2005 and found that 23 percent of blacks, 24 percent of Hispanics, and 28 percent of Asians received opioids for pain, compared with 31 percent of whites. Although the use of opioids to treat pain increased overall from 23 percent in 1993 to 37 percent in 2005, the differences in use among racial/ethnic groups did not diminish. In 2005, the last year of the survey, 40 percent of whites in pain received opioids compared with 32 percent of all others. Differences in prescribing for whites, Hispanics, and blacks were greater among those with the worst pain; opioids were prescribed for 52 percent of whites, 42 percent of Hispanics, and 39 percent of blacks with severe pain. Pletcher, Kertesz, Kohn, and Gonzales, *JAMA* 299(1):70-78, 2008 (AHRQ grant HS16238). See also Chen, Kurz, Pasanen, et al., *J Gen Intern Med* 20:593-598, 2005 (AHRQ grant HS10861).

- *Hospital admissions for the sickest children are similar for white, black, and Hispanic children.*

Researchers examined severity-adjusted emergency department pediatric admission rates in a 13-site sample of 8,952 children (3,112 white, 3,288 black, and 2,552 Hispanic) and found that the sickest children (those in the two highest illness severity quintiles) in all three groups were admitted at similar rates. They also found that white children in the lowest illness severity quintiles were admitted at 1.5 to 2 times the expected rate, suggesting that white children were overadmitted when not severely ill but not that black and Hispanic children were being denied essential admissions. Chamberlain, Joseph, Patel, et al., *Pediatrics* 119:1319-1324, 2007 (AHRQ grant HS10238).

## Health Care Access, Costs, and Insurance

- *Asian Americans enrolled in traditional fee-for-service Medicare receive fewer needed services than white patients.*

Researchers examined the association of race/ethnicity and socioeconomic status with the use of two Medicare-covered cancer screening services (colorectal cancer screening and mammography) and three diabetes-related care services (blood sugar measurement, eye exams, and self-care instructions) among elderly whites and Asian Americans. The study focused on the metropolitan statistical areas (MSAs) with the largest number of elderly Asians in 2000, including Los Angeles, New York City, and Washington, DC. Asians were less likely than whites to receive colorectal cancer screening and mammography, while Asian-white disparities in diabetes care were less consistent and varied according to geographic region. Outside of the nine MSAs studied, Asian-white differences were significant across both cancer screening services and all three diabetes services. Cancer is the leading cause of death among Asians, and diabetes-related conditions rank fifth. Moy, Greenberg, and Borsky, *Health Aff* 27(2):538-549, 2008 (AHRQ Publication No. 08-R064)* (Intramural).

- *Minority children are half as likely as white children to receive specialized therapies.*

This study found that 3.8 percent of children aged 18 or younger obtain specialized therapies from the health care system, including physical, occupational, and speech therapy and home health care services. Children most likely to use specialized therapies tend to be male (59.7 percent), white (80.6 percent), and have a chronic condition (38.8 percent). Black children, Hispanic children, and children of other races were much less likely than white children to receive special therapies. These findings suggest that either minority children are underusing therapies or white children are overusing them, according to the researchers. Kuhlthau, Hill, Fluet, et al., *Dev Neurorehabil* 11(2):115-123, 2008 (AHRQ grant HS13757).

- *Hispanics with limited English proficiency access health care less often.*

According to an analysis of 2004 data from AHRQ's Medical Expenditure Panel Survey (MEPS), only about 49 percent of Hispanics who are not comfortable speaking English have a regular source of medical care (e.g., family doctor or community clinic), compared with 63 percent of Hispanics who are proficient in English. About 6 in 10 Hispanics with limited English proficiency are uninsured, compared with 3 in 10 who are proficient in English. In addition, Hispanics with limited English proficiency are less likely than their more proficient counterparts to visit a doctor or clinic, go to an emergency room, have a

prescription filled, or visit a dentist. *Demographics and Health Care Access of Limited-English-Proficient and English-Proficient Hispanics*, MEPS Research Findings 28; online at www.meps.ahrq.gov/mepsweb. See also *Health Insurance Status of Hispanic Subpopulations in 2004: Estimates for the U.S. Civilian Noninstitutionalized Population Under Age 65*, MEPS Statistical Brief 143; online at www.meps.ahrq.gov/mepsweb/data_files/publications/st143/stat143.pdf . (Intramural).

- *More blacks than whites have trouble affording their prescription medicines.*

Researchers recruited elderly black and white patients from 48 primary care practices in Alabama. Patients were asked about their ability to pay for prescriptions, their insurance coverage, coexisting medical conditions, and socioeconomic status. Blacks were twice as likely as whites to not fill a prescription (50 vs. 25 percent) and were far more likely to report inadequate income to meet basic needs (61 vs. 17 percent). Of 399 participating patients, 53 percent had an annual household income of less than $15,000. Cobaugh, Angner, Kiefe, et al., *Am J Health Syst Pharm* 65:2137-2143, 2008 (AHRQ grant HS10389).

- *Whites are more likely to seek distant hospital care for less severe illness than minorities.*

This study analyzed the hospitalization patterns of elderly residents of New York to determine whether the relation between distance traveled for care and severity of illness was uniform across racial/ethnic subgroups. The researchers used hospital discharge data, which they linked to other data files, and found that minorities had to be more severely ill than whites before they sought distant hospital care. If costly elective services were to be regionalized to take advantage of high volume for both cost and quality of care, extra outreach efforts would be needed to reduce disparities in appropriate care, note the researchers. Basu and Friedman, *Health Econ* 2006; online at www.interscience.wiley.com (AHRQ Publication No. 07-R029)* (Intramural). See also Basu, *J Health Care Poor Underserved* 16:391-405, 2005 (AHRQ Publication No. 05-R054)* (Intramural).

- *Immigrants use fewer preventive services than U.S. natives.*

Researchers compared use of preventive care services by immigrants and native-born residents and found that U.S. natives had more medical and dental visits, received more flu shots, and were screened more often for high cholesterol levels and cervical, breast, and prostate cancers. Although immigrants' use of preventive services increases the longer they stay in the United States, their use never matches that of U.S. natives. Immigrants are likely to be uninsured when they arrive in the United States, but even after they obtain continuous coverage, they still are less likely than U.S. natives to use preventive care. Pylypchuk and Hudson, *Health Econ*; E-pub August 2008 (AHRQ Publication No. 09-R025)* (Intramural).

- *Minority children with special needs are much less likely than similar white children to receive vision care.*

Nearly 6 percent of U.S. children with special health care needs (CSHCN) do not receive needed eyeglasses or vision care, and black, Latino, and multiracial CSHCN are two to three times as likely as white children to have an unmet need for vision care. Researchers examined 2000-2002 survey data on a sample of 14,070 CSHCN who needed

eyeglasses or vision care in the preceding year. Disparities in receipt of vision care persisted even after allowances were made for differences in health status and other child and family characteristics, such as insurance or income. Heslin, Casey, Shaheen, et al., *Arch Ophthalmol* 124:895-902, 2006.

- *Hispanics enrolled in Medicare managed care plans are less positive than whites about their care experiences.*

More than half of Hispanics insured through Medicare were enrolled in managed care programs in 2002. A 2002 survey included 125,369 respondents enrolled in 181 Medicare managed care programs nationally. Responses from white enrollees were compared with responses from Hispanic enrollees; also, responses from Hispanics who completed the survey in English were compared with those who completed the survey in Spanish. English-speaking Hispanics viewed all aspects of their care—except provider communications—worse than whites did. Spanish-speaking respondents reported more negative care experiences with timeliness of care, provider communications, and office staff helpfulness but were more satisfied with getting needed care. Weech-Maldonado, Fongwa, Gutierrez, and Hays, *Health Serv Res* 43(2):552-568, 2008 (AHRQ grant HS16980). See also Basu, Friedman, and Burstin, *J Health Care Poor Underserved* 17:101-115, 2006 (AHRQ Publication No. 06-R028)* (Intramural).

- *Community-based case managers increase public insurance enrollment of uninsured Latino children.*

This study found that using bilingual community-based case managers to help poor Latino children enroll in Medicaid or the Children's Health Insurance Program (CHIP) reduced the proportion of such children who were uninsured and eliminated the disparity in coverage between Latino children and children of other races/ethnicities. The researchers randomly assigned uninsured Latino children aged 18 and younger from two Boston-area communities to either an intervention group using trained case managers or a control group that received traditional Medicaid and CHIP outreach efforts. They found that 96 percent of 139 uninsured children who received the intervention enrolled in either Medicaid or CHIP between May 2002 and September 2003, compared with 57 percent of children in the control group. Flores, Abreu, Chaisson, et al., *Pediatrics* 116(6):1433-1441, 2005 (AHRQ grant HS11305).

- *Researchers examine the effects of various factors on children's health insurance coverage.*

Children of different racial and ethnic groups vary substantially with respect to health insurance coverage. These researchers explored how much a given characteristic contributes to coverage differences, using a recently developed statistical technique—decomposition analysis. They found that observable characteristics such as poverty, parent educational level, family structure (for black children), and immigration-related factors (for Hispanic children) account for 70 percent or more of the coverage differences among white, black, and Hispanic children. They conclude that the lower coverage levels among ethnic and racial minorities are due to the fact that uninsurance is concentrated among socioeconomically disadvantaged children who happen to be minorities. Pylypchuk and Selden, *J Health Econ* 27(4):1109-1128, 2008 (AHRQ Publication No. 08-R068)* (Intramural). See also Flores, Abreu, Brown, and Tomany-Korman, *Ambul Pediatr* 5(6):332-340, 2005 (AHRQ grant HS11305); Shone, Dick, Klein, et al., *Pediatrics* 115(6):697-705, 2005 (AHRQ grant HS10450); Simpson, Owens, Zodet, et al., A*mbul Pediatr* 5(1):6-44, 2005 (AHRQ Publication No. 05-R048)* (Intramural).

- *Reductions in care use under Medicaid primary care case management are more dramatic for minority children.*

Primary care case management (PCCM) programs are designed to increase patients' use of primary and preventive care in doctor's offices, while decreasing use of specialty and urgent care. However, disruptions in care use required by PCCM in Alabama and Georgia had an unexpected negative effect on children, especially minority children, according to this study. Implementation of PCCM in these two States reduced primary care visits for children, both through the gatekeeper function and changes in provider availability. PCCM was associated with lower use of primary care for minority children, but not white children, in Georgia. PCCM reduced preventive care for white and black children in urban Alabama and for black children in urban Georgia. Adams, Bronstein, and Florence, *Med Care Res Rev* 63(1):58-87, 2006 (AHRQ grant HS10435).

- *Changes in HMO membership alone are unlikely to affect disparities in receipt of primary care.*

Researchers examined national data on primary care office visits during the years 1985, 1989-1992, and 1997-2000 and found that blacks were less likely than whites to receive a Pap test,

a rectal exam, smoking cessation advice, or mental health advice, but they were more likely to receive advice on diet and weight and a followup appointment. There was no significant association between receipt of primary care services and either HMO membership or physician level of HMO participation. There also was no association between receipt of care and patient race, Medicaid coverage, percentage of Medicaid patients in the practice, or duration of the visit. Fiscella and Franks, *Am J Manag Care* 11(6):397-402, 2005. See also Franks, Fiscella, and Meldrum, *J Gen Intern Med* 20:599-603, 2005 (AHRQ grant HS10910).

- *American Indians and certain other groups cannot easily access specialized cancer care.*

Previous studies have shown that patients with a greater travel time for care are more likely to be diagnosed with advanced cancer, have decreased use of breast-conserving therapy, and have lower enrollment in clinical trials. This study found that compared with the overall U.S. population, American Indians, nonurban residents, and people living in the South travel further for specialized cancer care. The median travel time for all U.S. residents to a specialized cancer center is 78 minutes; Asians have the shortest travel time (28 minutes), and American Indians the longest (155 minutes). Compared with residents of the Northeast, travel time is five times as long for people in the South, three times as long for residents of Western States, and more than twice as long for those living in the Midwest. Onega, Duell, Shi, et al., *Cancer* 112(4):909-918, 2008 (AHRQ grant T32 HS00070).

- *Access to primary care is very limited for Latinos of Mexican origin living in nonmetropolitan areas.*

An analysis of 2002-2003 data from AHRQ's Medical Expenditure Panel Survey indicates that nonmetro Mexicans face substantial barriers to accessing timely health care, compared with their metropolitan counterparts. According to the study, Mexicans living in nonmetro areas were 45 percent less likely than metro whites and 49 percent less likely than metro Mexicans to have a usual source of care. Possible reasons for this disparity include more marginalization of Mexicans in smaller communities and reduced English ability among providers who also are unable to provide interpreters. Berdahl, Kirby, and Stone, *Medical Care* 45(7):647-654, 2007 (AHRQ Publication No. 07-R059)* (Intramural). See also Ku and Flores, *Health Aff* 24(2):435-444, 2005 (AHRQ grant HS11305); McCabe, Morgan, Curley, et al., *Ethn Dis* 15:300-304, 2005 (AHRQ grant HS10637).

- *Greater access to physicians may narrow mortality differences between older blacks and whites.*

Black people aged 65 and older in Tennessee made more trips to the emergency room than same-age whites (2.6 vs. 2.1 visits, respectively) and had more hospitalizations (1.34 vs. 1.25, respectively), while whites averaged 7.5 more trips to the doctor during the 5 years of observation, according to this study. The researchers used 1996-2002 Medicare data on 665,887 beneficiaries in Tennessee to assess physician-diagnosed conditions, health service use, and mortality. Their findings held even after accounting for racial differences in diagnosed medical conditions, socioeconomic status, and use of other health care services. They conclude that delaying treatment until emergency services are required may increase mortality rates for older blacks and could account for the disparity in black-white mortality rates. Sherkat, Kilbourne, Cain, et al., *Res Aging* 29(3):207-224, 2007 (AHRQ grant HS11640).

- *Low income minorities and whites often self-treat severe toothache.*

Researchers conducted focus group sessions with 66 low-income Hispanic, black, and white adults to examine how they coped with toothache pain. All of the participants had suffered toothache in the past year and had used self-care or care from a nondentist provider to relieve their pain. These individuals described their toothache pain as intense, throbbing, miserable, or unbearable and reported that it was bad enough to affect their ability to perform their regular activities, such as working, housework, social activities, eating, and sleeping. Some resorted to getting arrested to get dental care, others pulled their teeth out themselves or rinsed with caustic substances in an attempt to relieve the pain. Most reported the high cost of dental care as the predominant barrier to seeking care from a dentist. Some also cited mistrust and fear, as well as long waiting lists and lack of sick leave as barriers. Cohen, Harris, Bonito, et al., *J Public Health Dent* 67(1):28-35, 2007 (AHRQ Publication No. 07-R072)* (Intramural).

- *Ethnic differences in attitudes and beliefs about knee replacement surgery may contribute to the disparities in its use.*

Researchers conducted focus groups with 37 patients (two black groups, two white groups, and two Hispanic groups) who had knee osteoarthritis to

examine differences in racial/ethnic attitudes about total knee replacement surgery. Differences were most obvious in explanations of illness, perceived changes in lifestyle, physician and health care system trust, and attitudes about paying for surgery. Blacks and Hispanics described their knee pain as being more debilitating than whites did; whites were more likely to describe ways in which they overcame those limitations. Trust in their doctor was pivotal in the surgery decision for Hispanics; blacks were more willing to pay for the surgery, even if it meant borrowing money, to alleviate their pain. Kroll, Richardson, Sharf, and Suarez-Almazor, *J Rheumatol* 34:1069-1075, 2007 (AHRQ grant HS10876). See also Kane, Wilt, Suarez-Almazor, and Fu, *Arthritis Rheum* 57(4):562-567, 2007 (AHRQ contract 290-02-0009); Byrne, Souchek, Richardson, and Suarez-Almazor, *J Clin Epidemiol* 59:1078-1086, 2006 (AHRQ grant HS10876); Bradley, Deutsch, McKendree-Smith, and Alarcon, *J Rheumatol* 32(6):1149-1152, 2005 (AHRQ grant HS10389); Souchek, Byrne, Kelly, et al., *Med Care* 43(9):921-928, 2005 (AHRQ grant HS10876); Suarez-Almazor, Souchek, Kelly, et al., *Arch Intern Med* 165:1117-1124, 2005 (AHRQ grant HS10876).

## Mental/Behavioral Health

- *Blacks and Hispanics are less likely than whites to seek treatment for mental health problems.*

Researchers used 2001-2004 Medical Expenditure Panel Survey data to explore why minorities seek mental health services less frequently than whites. Just 7 percent of those surveyed reported fair or poor mental health, and whites were more likely than blacks to associate their mental symptoms with their mental health status. According to the authors, this finding suggests that the gap between whites, blacks, and Hispanics using mental health services likely reflects underuse by minorities and not overuse by whites. Zuvekas and Fleishman, *Medical Care*, 46(9):915-923, 2008 (AHRQ Publication No. 09-R007)* (Intramural).

- *Racial disparities affect physician-patient communication about mental health problems.*

This study involved primary care visits made by 46 white and 62 black nonelderly adults with symptoms of depression who were seen by physicians in urban community-based practices. Communication about depression occurred in only about one-third of the visits (43 percent of white visits and 27 percent of black visits). Black patients were less likely than white patients to talk about their depression (11 vs. 38 statements, respectively). Also, physicians made fewer rapport-building statements during visits with black patients (21 statements) than during visits with white patients (30 statements). Even in visits where communication about depression occurred, physicians considered fewer black (67 percent) than white (93 percent) patients as suffering significant emotional distress. Ghods, Roter, Ford, et al., *J Gen Intern Med* 23(5):600-606, 2008 (AHRQ grant HS13645).

- *Certain types of therapy are more effective for minority youth with psychosocial problems.*

This review of the evidence found that psychotherapy is moderately effective for many mental health problems experienced by minority youth, although some treatments seem to work better than others. For example, multisystemic therapy is the only therapy shown to reduce criminal offending among black delinquent youths. It is delivered in the young person's home or school by specially trained therapists. Cognitive behavioral therapy and individual psychotherapy are preferable when treating depression in Latino adolescents. Ethnic minority youths seem to respond best to treatments that are highly structured, time-limited, pragmatic, and goal-oriented, note the researchers. Huey and Polo, *J Clin Child Adolesc Psychol* 37(1):262-301, 2008 (AHRQ grant HS10870).

- *Underserved blacks and Hispanics with depression often use alternative medicine for their symptoms.*

This study involved data on 315 patients with depression from two outpatient primary care clinics in Los Angeles; 66 percent of the patients were Hispanic, and 20 percent were black. Nearly 60 percent of the patients reported using complementary and alternative medicine (CAM) to manage their symptoms sometimes, and 24 percent used it often. Lack of health insurance was one of the strongest predictors of CAM use. These findings suggest that CAM use among underserved minority individuals may serve as a substitute for conventional care when access to care is limited or unavailable, note the researchers. Bazargan, Ani, Hindman, et al., *J Altern Complement Med* 14(5):537-544, 2008. See also Bazargan, Norris, Bazargan-Hejazi, et al., *Ethn Dis* 15:531-539, 2005 (AHRQ grant HS14022).

- *Serious mood disorders may be underdiagnosed and undertreated among low-income blacks.*

Nearly all adults who commit suicide suffer from major psychiatric illness, predominantly serious mood disorders such as bipolar disorder. Researchers examined the medical records of adults enrolled in Tennessee's Medicaid

program who had committed suicide between 1986 and 2004, including their use of antidepressants in the year prior to their suicide. Overall, 29 percent of blacks had filled an antidepressant prescription, compared with 51 percent of whites. Blacks who successfully committed suicide were younger than whites (mean age of 33 vs. 42 years, respectively) and were more likely to live in urban areas and low-income neighborhoods. Ray, Hall, and Meador, *Psychiatr Serv* 58(10):1317-1323, 2007 (AHRQ grant HS10384).

- *Study raises concern about the quality of mental health care for blacks covered by Medicaid.*

In this study of four State Medicaid programs, blacks who suffered from both depression and diabetes were less likely to be treated for their depression than whites (68 vs. 75 percent, respectively), and if treated, they were more likely than whites with the same conditions to receive older tricyclic antidepressants (TCAs) instead of newer selective serotonin reuptake inhibitors (SSRIs). TCAs may adversely alter blood sugar control, while SSRIs are less likely to do so. These findings raise concern about timely and equitable diffusion of newer, more effective treatments and racial differences in the quality of mental health care. Sambamoorthi, Olfson, Wei, and Crystal, *J Health Care Poor Underserved* 17:141-161, 2006 (AHRQ grant HS09566).

- *Family income and parents' behavior are related to the social well-being of black and Latino children.*

This study of low-income black and Latino families in San Francisco found that parental depression, single parent households, and more use of physical discipline (e.g., spanking) were significantly related to lower physical, emotional, and social well-being among their children. Parents of 196 black and Latino children aged 1 to 5 years who attended a nurse-managed primary care clinic were surveyed about discipline, nurturing, and expectations. Both groups of parents reported low use of discipline, high amounts of nurturing, and low rates of depressive symptoms. Children's higher functional status was significantly related to higher family income and more nurturing. Lower functional status was significantly related to having only one parent, more use of physical discipline, and increased parental depressive symptoms. Wong, *J Pediatr Nurs* 21(6):434-442, 2006 (AHRQ grant HS10004).

- *Researchers find a link between depression and cognitive decline in elderly Mexican Americans.*

Researchers followed a group of 2,812 Mexican Americans age 65 and older over a 7-year period to identify any links between depressive symptoms and cognitive decline. They found that individuals with depressive symptoms at baseline had a greater decline in cognitive skills over the 7-year period compared with those who did not have depression. The link was independent of age, sex, education, baseline cognitive score, limitations in activities of daily living, diabetes, stroke, heart attack, and vision impairment. Raji, Reyes-Ortiz, Kuo, et al., *J Geriatr Psychiatr Neurol* 20(3):145-152, 2007 (AHRQ grant HS11618).

- *Study examines racial and ethnic differences in mental health and use of mental health services.*

Researchers used 2001-2003 survey data on 134,875 individuals to compare the occurrence of mental health problems and use of mental health services among white, black, Hispanic, Asian, and American Indian/Alaska Native adults. They found that American Indian/Alaska Natives and multiracial respondents used mental health care at rates similar to whites, despite having worse mental health status. Blacks, Asians, and Hispanics used mental health care services at significantly lower rates than whites, with less than 10 percent in each group reporting use of mental health care in the preceding year. American Indians and Alaska Natives reported substantially higher rates of unmet need for mental health care compared with whites (33 vs. 18 percent and 63 vs. 35 percent, respectively). Harris, Edlund, and Larson, *Med Care* 43(8):775-784, 2005 (AHRQ Publication No. 05-R064)* (Intramural).

- *Post-traumatic stress disorder disproportionately affects American Indian Vietnam War veterans.*

Researchers interviewed 591 men who participated in the American Indian Vietnam Veterans Project to examine factors related to post-traumatic stress disorder (PTSD) in American Indians and found that those with childhood conduct disorder (CD)—threatening or assaulting others, cruelty to animals, willfully destroying property, repeatedly running away from home—had more PTSD symptoms than those without CD. American Indian veterans were more likely than others to have been alcohol- and/or drug-dependent prior to military service. Dillard, Jacobsen, Ramsey, and Manson, *J Trauma Stress* 20(1):53-62, 2007 (AHRQ grant HS10854).

- *Chinese and Vietnamese Americans report widespread use of complementary and alternative medicine therapies.*

Researchers surveyed 3,258 Chinese and Vietnamese American patients who visited 11 community health centers in 8 major U.S. cities to examine use of complementary and alternative medicine (CAM) therapies. Nearly 90 percent of those surveyed spoke little or no English. Two-thirds of survey respondents reported that they had used some form of CAM therapy in the past, and 10 to 18 percent had used CAM therapy in the week before their most recent health center visit. Chinese Americans most commonly used herbal medicine and acupuncture, while Vietnamese Americans most often used coining (rubbing a coin and menthol oil on a patient's spine and ribs), massage, and cupping (use of cups to apply suction to the skin by means of heat). Ahn, Ngo-Metzger, Legedza, et al., *Am J Public Health* 96(2):647-653, 2006 (AHRQ grant HS10316).

- *White children are about twice as likely to use stimulants as black and Hispanic children.*

Stimulant medications are typically prescribed for children with attention-deficit/hyperactivity disorder (ADHD) to manage core symptoms such as impulsive behavior, restlessness and inability to focus attention. This study of stimulant use among children involved an analysis of Medical Expenditure Panel Survey (MEPS) data for children aged 5-17 for the period 2000 to 2002. Overall, at least one stimulant medication was purchased for 5.1 percent of white children, 2.8 percent of black children, and 2.1 percent of Hispanic children. Factors such as health insurance, health status, and access to care explained some, but not all, of the racial/ethnic differences in stimulant use. Hudson, Miller, and Kirby, *Med Care* 45(11):1068-1075, 2007 (AHRQ Publication No. 08-R044)* (Intramural).

- *Simple techniques can be used to promote physical activity among sedentary American Indians.*

Studies of geographically diverse American Indian tribes consistently show low levels of physical activity and a sedentary lifestyle, putting them at increased risk for several chronic illnesses. These researchers randomly divided 125 older (ages 50-74) American Indians into two groups. The first group received basic instruction in daily physical activity monitoring, and the second group received instruction plus a pedometer to track and record their total daily steps. At the end of the 6-week study, participant fitness was measured in a 6-minute walk test; both groups showed increases in walking frequency. Adding a pedometer did not promote an increase in physical activity scores. The researchers suggest that the act of self-monitoring may be sufficient on its own, since it can raise awareness of modifiable health habits and thus promote increased physical activity. Sawchuk, Charles, Wen, et al., *Prev Med* 47:89-94, 2008. See also Garroutte, Sarkisian, Arguelles, et al., *J Gen Intern Med* 21:111-116, 2006 (AHRQ grant HS10854).

- *Study examines link between trauma and alcohol problems among American Indians.*

Researchers conducted interviews with 432 American Indian adolescents and young adults aged 15-24 who lived on or near two closely related Northern Plains Indian reservations. As part of a larger survey on mental health, participants were asked about their use of alcohol and whether they had experienced any of 16 types of

traumatic events. More than one-fourth of participants were diagnosed with alcohol use disorders. Overall, 21 percent had experienced one traumatic event, 10 percent had experienced two such events, and 16 percent had experienced three or more events. The odds for alcohol use disorders increased from nearly two-fold for one trauma to somewhat less than four-fold for three or more traumas compared with no trauma. Boyd-Ball, Manson, Noonan, and Beals, *J Traum Stress* 19(6):937-947, 2006 (AHRQ grant HS10854). See also Manson, Beals, Klein, et al., *Am J Public Health* 95(5):851-859, 2005 (AHRQ grant HS10854).

- *American Indians are more likely to smoke than other Americans, but smoking patterns vary from one tribe to another.*

This study of Southwest and Northern Plains American Indians aged 15 to 54 found that about half of Northern Plains men and women were current smokers, while only about 20 percent of Southwest men and 10 percent of Southwest women were smokers. Men and younger people were more likely to smoke in the Southwest tribe but not in the Northwest tribe, and alcohol consumption was strongly associated with smoking in both groups. Although the study did not examine the use of tobacco for ceremonial purposes, the Northern Plains tribe bases a large part of its spiritual philosophy around the concept of the "sacred pipe," much more so than the Southwest tribe. Thus, the considerable differences between the two groups in smoking patterns could have a strong cultural basis. Nez Henderson, Jacobsen, Beals, and the AI-SUPERPFP Team, *Am J Public Health* 95(5):867-872, 2005 (AHRQ grant HS10854).

## Pregnancy, Childbirth, and Birth Outcomes

- *Degree of acculturation affects likelihood of breastfeeding among Hispanic women.*

Although Hispanic and white mothers in the United States breastfeed at about the same rate, more acculturated Hispanic mothers have lower rates of breastfeeding than their less acculturated counterparts. These researchers went one step further and linked higher acculturation with lower odds of exclusive breastfeeding by Hispanic women. They examined medical record data for 1,635 low-income, low-risk women at one birth center and found that Hispanic women in the low acculturation group (Spanish-speaking) were 36 percent more likely (and white women were 49 percent more likely) than Hispanic women in the high acculturation group (English-speaking) to breastfeed exclusively at hospital discharge. Gorman, Madlensky, Jackson, et al., *Birth* 34(4):308-315, 2007. See also Zlot, Jackson, and Korenbrot, *Matern Child Health J* 9(1):11-20, 2005 (AHRQ grant HS07161).

- *Black women are more likely than other women to have complications during pregnancy and after delivery.*

Black women suffer from more pregnancy and childbirth complications—ranging from pregnancy-induced high blood pressure, gestational diabetes, and preterm labor to infection and hemorrhage—than white, Hispanic, and Asian/Pacific Islander women, according to this study. Infection, gestational diabetes, and high blood pressure are the most preventable of these complications, according to the researchers. They examined racial disparities in adverse maternal outcomes among the four groups of women using data on a national sample of hospital discharges for more than 1 million women aged 13 to 55 who delivered babies in 1998 and 1999. Black women had a higher risk of having 10 of 11 maternal perinatal complications compared with white women, including preterm labor and membrane disorders. Shen, Tymkow, and MacMullen, *Ethn Dis* 15:492-497, 2005 (AHRQ grant HS13056).

- *Black women's choice of hospital to give birth may contribute to racial disparities in neonatal deaths.*

Black infants in the United States are more than twice as likely to die as white infants during the first month of life (neonatal period). According to this study of records for all live births and deaths of very low birthweight (VLBW) infants born in 45 hospitals in New York City over a 6-year period (1996-2001), choice of birth hospital had a significant effect on the survival of these fragile newborns. Neonatal mortality rates for infants in this study ranged from 9.6 to 27.2 deaths per 1,000 births. VLBW white infants were more likely to be born in hospitals ranked in the lowest third for neonatal mortality (49 percent), compared with VLBW black infants (29 percent). If black women had delivered in these lower risk hospitals, mortality rates would have been reduced by 6.7 deaths per 1,000 VLBW births, eliminating more than one-third of the black/white disparity in VLBW neonatal mortality rates in New York City. Howell, Hebert, Chatterjee, et al., *Pediatrics* 121(3):e407-e415, 2008 (AHRQ grant HS10859).

- *Risk for neonatal jaundice varies by the newborn's race/ethnicity.*

Among all newborns, blacks are at the lowest risk for neonatal jaundice, and American Indian and Asian newborns are at highest risk. Mothers often mark a baby's race as black on the birth record when in fact the baby is multiracial, which may lead the doctor to underestimate the baby's risk of developing jaundice. Researchers examined the classification of infants' race entered into the medical record for 3,012 infants born at a single hospital between January 2001 and October 2002 and found that when given one choice in medical record forms, mothers of multiracial infants overselected black as their newborns' race. Beal, Chou, Palmer, et al., *Pediatrics* 117(5):1618-1625, 2006 (AHRQ grant HS09782).

- *Pregnant Latinas who experience intimate partner violence often suffer from depression.*

Researchers surveyed 210 Hispanic women who were pregnant about intimate partner violence, strength (e.g., social support, coping strategies), adverse social behavior (e.g., alcohol and/or tobacco use), depression, and post-traumatic stress disorder (PTSD). More than 40 percent of the women reported intimate partner abuse, including physical, emotional, or sexual abuse. All of the women reported similar levels of mastery (being in control of their lives), but social support was lower for the 92 women who reported abuse, as well as social undermining by their partner (anger, criticism, insults) and stress. Women who were abused were more likely than women who were not to be depressed or have PTSD. Rodriguez, Heilemann, Fielder, et al., *Ann Fam Med* 6(1):44-52, 2008 (AHRQ grant HS11104).

- *A woman's race, education, income, and social status all interact to affect her health during pregnancy.*

Researchers studied 1,802 ethnically diverse, healthy women receiving prenatal care at six San Francisco Bay area delivery sites. Differences by race/ethnicity were pronounced, with whites and Asians doing better on all measures. More Hispanic and black women were in the lower economic and educational strata, and they reported worse physical functioning than white and Asian women. After adding socioeconomic status variables to the mix, racial disparities in depression remained for all minority groups, and disparities in self-rated health remained for Asians. Stewart, Dean, Gregorich, et al., *J Health Psychol* 12(2):285-3000, 2007 (AHRQ grant HS10856).

- *Both maternal and paternal ethnicity affect risk of preeclampsia.*

Researchers examined outcomes for 127,544 women at low risk for preeclampsia who delivered babies from 1995 to 1999 within a managed care organization and calculated rates of preeclampsia based on maternal, paternal, and combined ethnicity. Overall, about 4 percent of the women were diagnosed with preeclampsia. Baseline rates of preeclampsia were 5.2 percent for black women, 4 percent for Hispanic women, 3.9 percent for American Indian women, 3.8 percent for white women, and 3.5 percent for Asian women. When paternal ethnicity was taken into account separately, the effect of black maternal ethnicity increased slightly, while the difference in the rate of preeclampsia for Asian women disappeared. Asian paternity was found to be associated with the lowest rate of preeclampsia. Furthermore, when the mother and father had different ethnicities, there was a 13 percent increase in the rate of preeclampsia. Caughey, Stotland, Washington, and Escobar, *Obstet Gynecol* 106(1):156-161, 2005 (AHRQ grant HS10856).

- *Ectopic pregnancy rates in California are declining slowly for black women.*

Overall, rates of ectopic pregnancy are declining in California. Black women have the highest rate of ectopic pregnancy in that State, and the rate of decline is slower for them than for women of other races. Researchers evaluated State-level trends in ectopic pregnancy rates for 62,829 women who were hospitalized for ectopic pregnancy from 1991 to 2000. Black women aged 35 to 44 had the highest rate of ectopic pregnancy (43.1 per 1,000 pregnancies), a rate that is comparable to that of women in developing African nations. The researchers note that a higher incidence of sexually transmitted diseases and previous ectopic pregnancy—both major risk factors for ectopic pregnancy—continue to affect black women disproportionately. Calderon, Shaheen, Pan, et al., *Ethn Dis* 15(Suppl 5):20-24, 2005 (AHRQ grant HS10858).

- *Compared with white women, Hispanic women have similar or better birth outcomes, but black women are more likely to have poor outcomes.*

Researchers analyzed pregnancy outcomes of 10,755 Medicaid-insured women who gave birth at Duke University Medical Center between 1994 and 2004. They found that Hispanic women were 34 percent less likely to have preterm births than white women, but black women had higher rates of preterm birth, small-for-gestational age infants, preeclampsia, and stillbirths. Also, black women, who generally were younger, were more

likely than white women to have another medical condition while pregnant, to remain in the hospital for more than 4 days, and to have hospital charges over $7,500. Brown, Chireau, Jallah, and Howard, *Am J Obstet Gynecol* 197:e1-e7 (AHRQ grant HS13353).

- *Adverse outcomes are more likely in pregnant women with asthma, particularly minority women.*

In this study of 13,900 pregnant women with asthma, minority women had significantly higher rates of preterm labor, gestational diabetes, and infection of the amniotic cavity than white women. Black women had the highest incidence of preterm labor (5.5 percent) and pregnancy-induced high blood pressure (5 percent), while Asian/Pacific Islander women had more gestational diabetes (7.2 percent) and were more than three times as likely as white women to have infection of the amniotic cavity (5.7 vs. 1.8 percent, respectively). Black and Hispanic women also had more infections of the amniotic cavity than white women (3.1 and 2.7 vs. 1.8 percent, respectively). MacMullen, Tymkow, and Shen, *Am J Matern Child Nurs* 31(4):263-268, 2006 (AHRQ grant HS13506). See also Carroll, Griffin, Gebretsadik, et al., *Obstet Gynecol* 106(1):66-72, 2005 (AHRQ grant HS10384).

- *Very low birthweight babies treated at minority-serving hospitals have elevated death rates.*

Researchers analyzed the medical records of 74,050 black and white very low birthweight (VLBW) infants treated at 332 hospitals. They defined hospitals where more than 35 percent of VLBW infants were black as minority-serving hospitals. Both black and white VLB babies were more likely to die at minority-serving hospitals than at hospitals where less than 15 percent of such infants were black, even though the hospitals treated similarly ill infants. Morales, Staiger, Horbar, et al., *Am J Public Health* 95(12):2206-2212, 2005 (AHRQ grant HS10858).

- *Black and Hispanic mothers are more likely than white mothers to have early postpartum depression.*

In this survey of 655 white, black, and Hispanic mothers between 2 and 6 weeks after childbirth, 47 percent of Hispanic mothers and 45 percent of black mothers reported depressive symptoms, compared with about 31 percent of white mothers. These differences persisted even after adjustments were made for demographic, personal, and situational factors (e.g., infant with colic). Despite these racial differences in depression prevalence, the burden of physical symptoms, lack of social support, and lack of self-confidence in infant care were independently associated with postpartum depression among all of the women. Howell, Mora, Horowitz, and Leventhal, *Obstet Gynecol* 105(6):1442-1450, 2005 (AHRQ grant HS09698).

- *Many low-income black women are dissatisfied with their post-pregnancy body size.*

According to this study, three-fourths of low-income black women are dissatisfied with their body image 6 months after giving birth. More than half of the women thought that they were too large, and one-fifth thought that they were too small and wanted to gain weight. The researchers used a culturally sensitive rating scale to examine body perceptions among black women at four inner city clinics at 2 and 6 months postpartum. At 6 months postpartum, about 40 percent of the women thought that they had equaled or exceeded the size of a typical

woman their age, which most considered to be larger than what usually would be considered healthy. Boyington, Johnson, and Carter-Edwards, *J Obstet Gynecol Neonat Nurs* 36(2):144-151, 2007 (AHRQ grant HS13353).

## Preventive Services

- *Culturally appropriate interventions raise flu and pneumonia vaccination rates at inner-city health centers.*

Researchers undertook a 4-year trial involving predominantly minority and economically disadvantaged patients older than age 50 using proven, culturally appropriate interventions at four inner-city health centers and compared the results with another center that received no intervention (the control). Over the 4-year trial, annual flu vaccination rates increased from 27 percent to 49 percent at the intervention sites, while the control site continued to have low rates of vaccination (20 percent). Intervention sites also increased use of pneumonia vaccinations, from 48 percent to 81 percent in patients aged 65 and older. Increases in vaccination rates were observed among white and Hispanic patients. Nowalk, Zimmerman, Lin, et al., *J Am Geriatr Soc* 56(7):1177-1182, 2008 (AHRQ grant HS10864).

- *Poverty-related factors underlie racial disparities in receipt of preventive care.*

Researchers analyzed 1998-2002 Medicare claims data on receipt of five preventive care services: colorectal cancer testing, influenza vaccination, cholesterol screening, mammography, and cervical cancer screening. They found that black and Hispanic individuals had lower rates of claims for each of the five preventive services, compared with whites, and that poverty-related factors—such as lack of insurance and low income and education—seemed to underlie more of the disparity than fewer primary care visits as suggested in previous studies. Fiscella and Holt, *J Am Board Fam Med* 20(6):587-597, 2007 (AHRQ grant HS13173).

- *Racial/ethnic differences in use of preventive services vary when self-reports are compared with claims data.*

Researchers found that with the exception of prostate-specific antigen (PSA) testing for prostate cancer, racial/ethnic disparities in use of preventive procedures were generally larger when using Medicare claims data than when using elderly patients' self-report. They analyzed self-report and matching 1999-2002 claims data for Medicare beneficiaries for six preventive procedures: PSA testing, flu vaccination, Pap testing, cholesterol testing, mammography, and colorectal cancer screening. Minorities were more likely than whites to self-report preventive procedures in the absence of billing claims. For Pap testing, some minority beneficiaries were up to twice as likely as whites to report Pap smear testing in the absence of claims. Fiscella, Holt, Meldrum, and Franks, *BMC Health Serv Res* 6(122); online at www.biomedcentral.com (AHRQ grant HS13173).

## Quality of Care/Patient Safety

- *Hispanics tend to give more positive ratings of care than whites.*

Researchers examined how Hispanic ethnicity and insurance status (Medicaid vs. commercial managed care) affect the use of the 0-10 rating scales in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Previous studies have shown that Hispanics report care that is similar to or less positive than non-Hispanic whites but give more positive ratings of care, and that blacks and Hispanics are more likely than whites to use the extreme responses in a rating scale. In this study, Hispanics were more likely than whites in commercial plans to give the highest rating of "10," but they often gave ratings of 4 or below relative to an omitted category of "5" to "8." The researchers call this "extreme response tendency," which is a tendency to respond systematically to questionnaire items on some basis other than what the items were intended to measure. They suggest pooling responses at the top (9 and 10) and bottom (0 to 6) of a 10-point scale when making racial/ethnic comparisons. Weech-Maldonado, Elliott, Oluwole, et al., *Med Care* 46(9):963-968, 2008 (AHRQ grant HS11386).

- *Elevated hospitalization rates for elderly blacks suggest problems with the quality of outpatient care.*

This study found that elderly blacks in North Carolina are hospitalized for ambulatory care-sensitive conditions (ACS)—such as complications related to diabetes or exacerbation of asthma symptoms—more often than elderly whites, suggesting poorer outpatient quality of care among blacks. The researchers used 1999-2002 Medicare data to examine differences in hospitalization rates for eight ACS conditions: bacterial pneumonia, congestive heart failure, diabetes, chronic obstructive pulmonary disease, dehydration, urinary tract infection, angina, and asthma. Blacks were hospitalized at higher rates than whites for five of the eight conditions. Howard, Hakeem, Njue, et al., *Public Health Rep* 122:362-372, 2007 (AHRQ grant HS13353).

- *Certain aspects of medical care are critically important to female Somali refugees newly arrived in the United States.*

In-depth interviews with resettled Somali women in Rochester, NY, revealed differences in spoken language, degree of acculturation, and literacy. They described the elements of U.S. primary care most important to them, including ease of accessing the health care system, availability of interpreters, a trusting relationship with clinicians, and the availability of female clinicians, especially for gynecologic exams. Carroll, Epstein, Fiscella, et al., *Patient Educ Counsel* 66:337-345, 2007 (AHRQ grant HS14105).

- *Content of primary care visits does not differ based on the racial composition of physicians' practices.*

Researchers analyzed the content of office visits using 1997-2002 survey data and found that based on commonly performed procedures, primary care physicians with a large proportion of black patients do not provide inferior care compared with their colleagues who have a small proportion of black patients. Procedures ranged from Pap smears and vision screening to cholesterol and blood pressure checks, diet and exercise counseling, and mammography screening. A relatively small proportion of providers (24 percent of physician practices) provided 80 percent of all primary care visits by black patients. Fiscella and Franks, *Am J Med* 119:348-353, 2006 (AHRQ HS10910).

- *Race/ethnicity found to be associated with hospital discharge against medical advice.*

According to this study, blacks are twice as likely as whites to be discharged against medical advice (DAMA) at hospitals in three States (California, Florida, and New York), Hispanics also have a higher rate of DAMA, and Asian and other ethnic groups are less likely than whites to be DAMA. Patient risk factors for DAMA included younger age, male sex, nonelective admission, Medicaid insurance, no insurance, and fewer coexisting medical conditions. Hospital risk factors for DAMA included location in large urban areas, higher ratio of minority patients and patients with Medicaid coverage, and highest and lowest degree of specialization. Franks, Meldrum, and Fiscella, *J Gen Intern Med* 21:955-960, 2006 (AHRQ grant HS10910).

- *Blacks and Hispanics receive poorer quality of care than whites but rate their contact with providers more positively.*

This study found that blacks received significantly worse care than whites for 68 percent of clinical quality measures and 35 percent of care access measures, while receiving better care for 10 percent of the access measures and none of the quality measures. Hispanics received significantly poorer care compared with whites for 50 percent of quality measures and 90 percent of access measures, while receiving better care for 11 percent of quality measures and 3 percent of access measures. Yet across the board, blacks and Hispanics were more likely than whites to positively rate their care. They reported that their providers always listened carefully, explained things in a way they could understand, and showed respect for what they had to say. Dayton, Zhan, Sangl, et al., *Am J Med Qual* 21(2):109-114, 2006 (AHRQ Publication No. 06-R049)* (Intramural).

- *Patients who are poor and/or black may believe that a positive self-presentation can affect the quality of their medical care.*

This study found that poor and black patients are more likely than white and more affluent patients to present themselves as positively as they can by being friendly and wearing nice clothes to improve their chance of obtaining optimal care. The researchers used data from a 2004 survey that asked patients how important they thought it was to wear nice clothing to an appointment, look very clean, arrive on time, be friendly with the doctor and office staff, let the doctor know that they cared about their health, and show that they were intelligent to get the best treatment possible at the doctor's office. Blacks, on average, rated positive self-presentation as more important than whites. Those with less education and lower income also rated self-presentation as more important than people with more education and higher income. Malat, van Ryn, and Purcell, *Soc Sci Med* 62:2479-2488, 2006 (AHRQ grant HS13280).

- *Black patients tend to ask fewer questions of their doctors and receive less information than other patients.*

Researchers analyzed audiotapes of 137 patients receiving initial treatment recommendations in oncology or thoracic surgery clinics at a large Veterans Affairs Medical Center between 2001 and 2004. They found that black patients with suspicious or cancerous lung masses were less likely than other patients to bring a companion to physician consultations, and they received significantly less information and made fewer contributions to the discussion compared with white patients. Also, communication issues were most

prominent in interactions between patients and doctors of different races. The researchers conclude that less participation by black patients in medical discussions with their doctors—rather than race per se—may be why they receive less information from the doctors than white patients. Gordon, Street, Sharf, and Souchek, *Cancer* 107(6):1313-1320, 2006 (AHRQ grant HS10876).

- *Consistent use of interpreters improves care quality and access for Hispanic and Asian patients.*

Hispanic and Asian/Pacific Islander parents who always use interpreters during their children's outpatient medical visits report significantly better care access and quality than their counterparts who don't use interpreters, according to this study. These parents also report better service from their health plans and better care on several dimensions when compared with health plan members who do not use interpreters. Researchers analyzed survey data on members enrolled in the California State Children's Health Insurance Program in 2000 and 2001. A total of 26,671 members of 26 health plans completed the surveys. Morales, Elliott, Weech-Maldonado, and Hays, *Med Care Res Rev* 63(1):110-128, 2006 (AHRQ grant HS09204). See also Green, Ngo-Metzger, Legedza, et al., *J Gen Intern Med* 20:1050-1056, 2005 (AHRQ grant HS10316).

- *English-speaking ability affects reports of quality of care problems for colorectal cancer patients.*

Blacks, Hispanics, Asian/Pacific Islanders, and non-English-speaking white patients are significantly more likely than English-speaking white patients to report problems in quality of care for colorectal cancer, according to this study. These results are based on survey responses of 1,067 patients with colorectal cancer in northern California. Researchers focused on questions about coordination of care, psychosocial care, access to care, and availability of information about treatment. Problems with coordination of cancer care were most strongly correlated with lower ratings of overall quality of care. Ayanian, Zaslavsky, Guadagnoli, et al., *J Clin Oncol* 23(27):6576-6586, 2005 (AHRQ grant HS09869).

- *Racial disparities in care vary widely among Medicare plans.*

Researchers used outcome measures for blood glucose, cholesterol, and hypertension to assess 151 Medicare health plans in overall quality and racial disparities between 2002 and 2004. They found that the plans varied substantially in both overall quality and racial disparities on each of the outcome measures, but quality and racial disparity were not correlated. Overall, 21 to 41 percent of enrollees did not achieve the relatively liberal goals for blood pressure, glucose, and cholesterol control. Clinical performance on these measures was 7 to 14 percent lower for black enrollees compared with their white counterparts. For each measure, more than 70 percent of the disparity was due to different outcomes for black and white enrollees in the same health plan rather than selection of black enrollees into lower performing plans. Trivedi, Zaslavsky, Schneider, and Ayanian, *JAMA* 296(16):1998-2004, 2006 (AHRQ grants HS10803 and T32 HS00020).

- *Studies document persistent disparities in health care associated with women's race, ethnicity, income, and other factors.*

A commentary and five papers were prepared for a special issue of the journal, *Women's Health Issues*. They address disparities in the quality of preventive and chronic care received by women, including minority women. The first paper introduces the special issue. Other papers focus on differences by ethnic group in quality of care for heart attack and heart failure, the quality of diabetes care, women's health care use and expenditures, preventive health examinations, and quality of care for older women of all races. See *Women's Health Issues* 16(2), March 2006 (Intramural).

- *Perforated appendix occurs most often among minority and Medicaid-insured children.*

Perforated appendix usually results from delayed diagnosis and treatment, and it disproportionately affects both minority and Medicaid-insured children, according to this study. Researchers analyzed data from AHRQ's KID database (pediatric hospitalizations in 22 States) and found that ruptured appendix occurred in one-third of the 33,183 children hospitalized for acute appendicitis in 1997. Black and Hispanic children were much more likely than white children (24 percent and 19 percent, respectively) to have perforated appendix. Perforation also was 30 percent more likely among Medicaid-insured children compared with privately insured children. Smink, Fishman, Kleinman, and Finkelstein, *Pediatrics* 115(4):920-925, 2005 (AHRQ grant T32 HS00063).

- *Study finds underuse of anticoagulation medications by Japanese patients following orthopedic surgery.*

Practice guidelines recommend prophylactic use of anticoagulants such as heparin or warfarin after major orthopedic surgery to decrease the risk of blood clots in the leg (deep vein thrombosis, DVT). Despite these recommendations, use of these medications is low, especially among Japanese patients. Researchers studied the medical records of 1,811 adults who underwent hip replacement surgery, hip fracture surgery, or total knee replacement at a hospital in Hawaii and found that only half of the patients studied received anticoagulants to prevent DVT following their surgery. Japanese patients were only 70 percent as likely as white patients to receive prophylactic therapy with anticoagulants, but this disparity was not found with other ethnic groups. Gelber and Seto, *Int J Qual Health Care* 18(1):23-29, 2006 (AHRQ grant HS11627).

- *Acculturation, length of relationship, and physician ethnicity influence Japanese American's trust of doctors.*

According to this study, both English-speaking and Japanese-speaking Japanese Americans trust their doctors more than Japanese people living in Japan, but several factors affected the degree of their trust. A survey of 539 English-speaking Japanese Americans, 340 Japanese-speaking Japanese Americans, and 304 Japanese people living in Japan revealed that greater acculturation, greater religiosity, less desire for autonomy, and longer physician-patient relationships were associated with increased trust. Japanese Americans also trusted Japanese physicians more than they trusted other physicians. Tarn, Meredith, Kagawa-Singer, et al., *Ann Fam Med* 3(4):339-347, 2005 (AHRQ grant HS07370).

## Reducing Disparities

- *Payers and policymakers can incorporate disparity reduction goals into pay-for-performance strategies.*

One concern about pay-for-performance strategies is their potential to have a negative impact on racial/ethnic disparities in care. These researchers suggest ways that payers and policymakers can incorporate disparity reduction goals into existing pay-for-performance programs. Such strategies should include performance measures that target disparities, and they should reward performance improvement in addition to achievement. Also, payers and health care organizations should tie pay-for-performance incentives to disparity reduction by stratifying quality of care data according to racial/ethnic groups. Chien and Chin, *J Gen Intern Med* 24(1):135-136, 2009 (AHRQ grant HS17146).

- *Older age, less education, lack of time, and other factors limit enrollment in research studies.*

The researchers sought to determine what factors affected enrollment in two studies of literacy and health-related quality of life for 651 English-speaking and 487 Spanish-speaking ambulatory cancer patients. The purpose of the studies was to develop and validate a bilingual multimedia touchscreen program for patients with differing computer and literacy skills. Spanish-speaking patients enrolled at a much higher rate than English-speaking patients (91 vs. 65 percent, respectively). For English-speaking patients the barriers to enrollment were older age and lower educational levels. For both groups of patients, lack of time and recruiting from private hospital sites were barriers. Du, Valenzuela, Diaz, et al., *Stat Med* 27:4119-4131, 2008 (AHRQ grant HS10333). See also Napoles-Springer, Santoyo, and Stewart, *J Gen Intern Med* 20:438-443, 2005 (AHRQ grant HS10599).

- *Pediatricians show less implicit race bias than others.*

Researchers surveyed academic pediatricians about their implicit and explicit racial attitudes and stereotypes and found that pediatricians are less likely to harbor attitudes that favor white Americans than other physicians and individuals. Most of the surveyed pediatricians were white (82 percent), and 93 percent were American-born. The researchers found no link between pediatricians' implicit racial attitudes and stereotypes and quality of pediatric care. Sabin, Rivara, and Greenwald, *Med Care* 46(7):678-685, 2008 (AHRQ grant HS15760).

- *AHRQ Director calls for more research to understand and eliminate disparities.*

In this commentary, AHRQ Director Carolyn M. Clancy, MD, discusses the need for expanded research to understand and close gaps and disparities in care and for physician leadership to assure that the care provided is evidence-based, patient-centered, effective, consistent, and equitable. Clancy, *Arch Intern Med* 168(11):1135-1136, 2008. See also Clancy, *J Health Care Law Policy* 9(1):121-135, 2006 (AHRQ Publication No. 07-R039)* (Intramural).

- *More data are needed to identify health care disparities among American Indians and Alaska Natives.*

AHRQ's National Healthcare Disparities Report (NHDR) is an annual report to Congress on racial, ethnic, and socioeconomic disparities in U.S. health care. Conditions covered include cancer, diabetes, end stage renal disease, heart disease, respiratory disease, mental health, and substance abuse. Due to limited data availability (particularly patient safety data), less than half of the measures of quality and access to care tracked in the NHDR can be used to assess disparities among American Indians and Alaska Natives. In this article, AHRQ researchers describe data limitations for all ethnic and racial groups and discuss the specific constraints on analyses posed by the paucity of data on American Indians and Alaska Natives. Moy, Smith, Johansson, and Andrews, *Am Indian Alsk Native Ment Health Res* 13(1):52-69, 2006 (AHRQ Publication No. 06-R038)* (Intramural).

- *Practice-based research can contribute to reduction of racial disparities.*

The authors discuss the state of disparities research and the limited progress to date in reducing disparities. They review 12 promising strategies that could substantially increase the impact of practice-based research on eliminating health disparities in the United States. These range from using diverse research teams and partnerships within communities to triangulation interventions involving practice, patient, and community. Rust and Cooper, *J Am Board Fam Med* 20:105-114, 2007 (AHRQ grant HS13645).

- *Enhancing cultural competence of clinicians and clinics may reduce care disparities.*

Culturally competent clinicians are more likely to understand the language, values, and beliefs of the racial and ethnic groups they serve and to have the attitudes and skills to convey their respect and understanding in the care they provide. This study is the first to link provider cultural competence with the cultural competence of the clinics in which they work. Researchers found that culturally competent clinicians are more likely to work in clinics that have a higher percentage of minority staff, offer cultural diversity training, and provide culturally adapted patient education materials. Enhancing the cultural competence of both clinicians and clinics may be a synergistic approach to reducing health care disparities, according to the researchers. They surveyed 49 providers from 23 clinics in Baltimore, MD and Wilmington, DE. Paez, Allen, Carson, and Cooper, *Social Sci Med* 66:1204-1216, 2008 (AHRQ grant HS13645). See also Hobson, Avant-Mier, Cochella, et al., *Ambul Pediatr* 5(2):90-95, 2005 (AHRQ grant HS11826).

- *Minority status and early life experiences prompt physicians' involvement in reducing care disparities.*

According to this study, many of the physicians most committed to reducing health care disparities are themselves minorities or had early childhood experiences with minorities. The researchers conducted in-depth interviews with a group of 14 physicians who had high engagement scores on an earlier survey of 836 primary care doctors. Half of the study physicians identified themselves as

minorities, and the remainder related extensive personal experiences with minorities. Many physicians expressed frustration with some key barriers to equitable care, including language barriers, resource limitations, lack of patient education, and low patient empowerment. To reduce disparities, they suggested that physicians actively engage and take more time with patients, treat them as equals, and exhibit more understanding of patients' backgrounds and needs. Vanderbilt, Wynia, Gadon, and Alexander, *J Natl Med Assoc* 99(12):1315-1322, 2007 (AHRQ grant HS15699).

- *American Indian health advocates can learn to develop multimedia health promotion projects for rural communities.*

American Indian health advocates often know best what services their communities need and, with technical training and support, they could develop multimedia health care information projects to address those issues (e.g., teen pregnancy, alcoholism, and diabetes). The Native Telehealth Outreach and Technical Assistance Program equipped and trained nine health advocates from a variety of backgrounds, including an HIV counselor, a registered nurse, and an elementary school teacher. Participants were coached by operational and technical mentors and had access to a state-of-the-art multimedia facility to develop their educational projects; eight of the nine participants had developed projects at the end of the 18-month project. Examples include an interactive CD-ROM on the effects of alcohol and drugs for use in elementary schools, an educational video on hepatitis C, and a Web site and brochure campaign on birth control methods available to the tribal community. Dick, Manson, Hansen, et al., *Am Indian Alsk Native Ment Health Res* 14(2):49-66, 2007 (AHRQ grant HS10854).

- *Research collaborative aims to reduce disparities affecting tribal nations in Montana and Wyoming.*

A collaborative consortium has been formed to reduce health disparities affecting Montana and Wyoming tribal nations, while promoting behavioral and lifestyle changes among these groups. The consortium has undertaken activities to establish a research infrastructure and develop a targeted research agenda that addresses tribally identified priority health issues, such as hepatitis C, West Nile virus, and methamphetamine use. Andersen, Belcourt, and Langwell, *Govern Politics Law* 95(5):784-789, 2005 (AHRQ grant HS14034).

- *Strategies to improve health literacy for diverse populations are critical to reducing health disparities.*

Racial/ethnic minority adults are more likely than white adults to have limited health literacy, and strategies to improve health literacy for this group must be relevant to the individual's language and culture. A low score on a health literacy assessment could be due to low literacy, limited English proficiency, or lack of familiarity with Western health terms and concepts. The researchers recommend that clinicians integrate health literacy techniques—such as having patients explain back to clinicians what they have been told, using culturally competent communication practices, and respecting culturally dictated family involvement in medical decisions—to overcome barriers related to literacy, language, and cultural differences. Andrulis and Brach, *Am J Health Behav* 31(Suppl 1):S122-S133, 2007 (AHRQ Publication No. 07-R079)* (Intramural). See also Guerra and Shea, *Ethn Dis* 17:305-312, 2007 (AHRQ grant HS10299).

- *Education, income, and net worth explain more health disparities than health behaviors and insurance coverage.*

Public health initiatives to reduce racial/ethnic disparities that promote changes in individual health behaviors such as smoking and overeating and increasing rates of insurance coverage will result in only modest decreases in health disparities, according to this study. The researchers analyzed data from a nationally representative survey of U.S. adults aged 51 to 61 in 1992 and found that accounting for education, income, and net worth reduced disparities in self-repored overall health for blacks and English-speaking Hispanics to nonsignificance. In contrast, accounting for health insurance and health behaviors explained little of the racial/ethnic differences in health outcomes. Sudano and Baker, *Soc Sci Med* 62:909-922, 2006 (AHRQ grants HS10283 and HS11462).

- *AHRQ's Medical Expenditure Panel Survey (MEPS) can help to explain racial/ethnic disparities in health care.*

These researchers demonstrate the capacity of MEPS for use in exploring disparities in health care. To demonstrate the usefulness of MEPS, they linked data from the 2000 and 2001 MEPS with detailed neighborhood characteristics from the Census Bureau and local provider supply data from the Health Resources and Services Administration and showed that insurance status and socioeconomic differences explained a significant portion of the disparities in

care. Kirby, Taliaferro, and Zuvekas, *Med Care* 44(5 Suppl):64-72, 2006 (Intramural).

## Additional Studies

- *Latino families should be informed about the dental health benefits of drinking tap water.*

According to this study, 40 percent of Latino children never drink tap water and are not receiving fluoride supplements, putting them at heightened risk of dental cavities. Among all population groups, Latino women are the most likely to avoid drinking tap water because they fear it will cause illness. The researchers surveyed 216 parents of children cared for in an urban public health center in Utah and found that 30 percent of parents never drank tap water, and 41 percent never gave it to their children. They recommend that clinicians advise Latino families about the safety, low cost, and dental health benefits of drinking tap water. Hobson, Knochel, Byington, et al., *Arch Pediatr Adolesc Med* 161:457-461, 2007 (AHRQ grant HS11826).

- *Home routines in minority families may hinder the development and school success of children.*

Researchers analyzed data from a 2000 survey involving a nationwide sample of parents of 2,608 children aged 4 to 35 months. They found that black and Hispanic children younger than age 3 experience multiple disparities in home routines, safety measures, and educational practices that could impede their healthy development and future success in school. For example, black children were nearly twice as likely as other children not to have regular mealtimes, and black and Hispanic children were more likely than white children to never eat lunch or dinner with their families. In addition, minority parents were less likely than white parents to install stair gates or cabinet safety locks or to lower the temperature setting on hot water heaters to reduce burn risk, and they also were less likely than white parents to read to their children or to have books in their homes. Flores, Tomany-Korman, and Olson, *Arch Pediatr Adolesc Med* 159:158-165, 2005 (AHRQ grant HS11305).

- *Hospitalization of adults for sickle cell disease remained stable from 1997 to 2004.*

There is no cure for sickle cell disease, which mainly affects African Americans. The first Federal analysis in a decade of sickle cell disease hospitalizations found that admissions of adults remained stable from 1997 to 2004. In 2004, approximately 83,000 hospital stays for sickle cell disease were for adults, and 30,000 were for children (2,000 of these stays were for infants). Patients spent about 5 days in the hospital, and costs averaged $6,223 per stay ($500 million overall in 2004). Medicaid paid for 65 percent of the stays, Medicare for 13 percent, private insurers for 15 percent, and 4 percent were uninsured. *Sickle Cell Disease Patients in U.S. Hospitals, 2004*, HCUP Statistical Brief 21, available at www.hcup-us.ahrq.gov/reports/statbriefs.jsp.

- *Disadvantaged blacks and whites have different views on genetic testing.*

According to this study of survey responses by 314 low-income blacks and whites being cared for in four inner-city health centers in 2004, blacks were three times as likely as whites to believe that genetic testing would lead to racial discrimination, but they were four times as likely to think that all pregnant women should have genetic tests. The researchers note that blacks were primarily concerned that genetic testing results could lead to racially based population control or could block access to health insurance or employment. They attribute blacks' support for genetic testing of all pregnant women to their concern about sickle cell disease, which affects 1 in 600 black infants. Zimmerman, Tabbarah, Nowak, et al., *J Natl Med Assoc* 98(3):370-377, 2006 (AHRQ grant HS10864).

- *Researchers can safely omit race and ethnicity from cesarean rate risk-adjustment models.*

Perinatal outcomes such as infant and maternal death, prematurity, and cesarean delivery are used as a measure of the quality of obstetric care. These less desirable outcomes are known to be higher in the black population than in the white population. The objective of this study was to see if adding race and ethnicity to an otherwise identical model would improve the predictive impact of the model. Researchers tested two risk-adjustment models for primary cesarean rates and found that the two models did not differ substantially in predictive discrimination or in model calibration. They suggest that race and ethnicity can safely be left out of cesarean rate risk-adjustment models. Bailit and Love, *Am J Obstet Gynecol* 69:e1-e5, 2008 (AHRQ grant HS14352).

- *Missing survey data complicates comparisons across health plan evaluations.*

More data are missing from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey of health plans for elderly black Medicare managed care enrollees than for comparable white enrollees, according to this study. The researchers

analyzed CAHPS health plan survey data collected from 109,980 Medicare managed care enrollees in 321 health plans to compare missing data and reliability of health care evaluations. They call for enhanced efforts to improve the quality of data collected from older blacks. Fongwa, Cunningham, Weech-Maldonado, et al., *J Aging Health* 18(5):707-721, 2006 (AHRQ grant HS09204).

- *Self-rated health is a much stronger predictor of mortality in whites than in blacks.*

Research over the past 20 years has shown that how people rate their own health is a strong predictor of mortality. This is particularly true for better-educated individuals, according to the authors of this study. They examined self-ratings of health and mortality among 14,004 white and 2,428 black adults aged 50 and older and found that self-rated health was a much stronger predictor of mortality in whites than in blacks. For example, whites who rated their health as poor were more than 10 times as likely to die as whites who rated their health as excellent. On the other hand, blacks who rated their health as poor were three times less likely to die than whites who rated their health as poor. The researchers theorize that blacks may value aspects of health that are less associated with mortality. Lee, Moody-Ayers, Landefeld, et al., *J Am Geriatr Soc* 55:1624-1629, 2007 (AHRQ grant K02 HS00006).

- *Study examines American Indians' participation in research.*

According to this study, American Indians are more likely to participate in community-based research if it is being conducted by a tribal college/university or national organization, an American Indian is leading the study, or the study is addressing health problems of concern to the American Indian community. Noe, Manson, Croy, et al., *Ethn Dis* 17(Suppl 1):S6-S14, 2007 (AHRQ grant HS10854).

- *Several barriers inhibit participation in health promotion research by Korean Americans.*

Researchers analyzed barriers and facilitators to recruiting Korean Americans for 14 studies conducted between 1998 and 2005 that addressed prevalent problems affecting this population, such as high blood pressure. Aside from language barriers, the patriarchal Korean culture forbids women from participating in certain social activities, including research studies, and from seeking preventive health care on their own. Community barriers include low prevalence of health care coverage (34 percent of this population lacks insurance), lack of awareness about research studies, suspicions about consent procedures, and concern about privacy and confidentiality issues. Han, Kang, Kim, et al., *J Immigr Health* 9:137-146, 2007 (AHRQ grants HS13160, HS13779). See also Gollin, Harrigan, Calderon, et al., *Ethn Dis* 15(Suppl 5):111-119, 2005 (AHRQ grant HS14022)

- *Study examines risk of workplace injury and how racial/ethnic disparities in risk change over time.*

The researcher estimated individual workplace injury and illness risk over time for a group of American workers who participated in a 10-year study (1988-1998) and found that white men had a high risk of injury relative to other groups (white women, black men and women, and Latino men and women). Among women, black women had the highest risk of injury. Berdahl, *J Public Health* 98(12):2258-2263, 2008 (AHRQ Publication No. 09-R020)* (Intramural).

- *Study results in culturally appropriate survey instruments for use with Hmong Americans.*

Because of its history of refugee status, low proportion of English speakers, and cultural beliefs, the Asian Hmong population in central California has low involvement with health care institutions. The researchers worked with Hmong community leaders to develop and focus-group test a linguistically and culturally sensitive survey that can be used to assess knowledge about hypertension care in this population. Wong, Mouanoutoua, and Chen, *J Cult Divers* 15(1):30-36, 2008 (AHRQ grant HS10276).

- *Researchers test a modeling design to assess the effects of physician patient-centeredness on patient trust.*

This study used a two-factor multigroup structural equation modeling design to determine the effect of physician patient-centeredness on patient trust among predominantly minority and disadvantaged patients from an inner city medical practice. The model fit well. It showed that physician patient-centeredness significantly influenced patient trust and explained 82 percent of its variability. Patient-centered physician behaviors also increased patients' confidence in and likelihood of recommending their physicians. Aragon, Flack, Holland, et al., *J Health Disp Res Pract* 1(1):63-74, 2006 (AHRQ grant T32 HS00032). See also Napoles-Springer, Santoyo, Houston, et al., *Health Expect* 8:4-17, 2005 (AHRQ grant HS10599).

- *Researchers use three different definitions of racial/ethnic disparities to compare trends.*

Using data from AHRQ's Medical Expenditure Panel Survey (MEPS), researchers used three different definitions of racial/ethnic disparities to compare trends in disparities and assess the influence of changes in socioeconomic status (SES) on those trends. They used AHRQ's definition of disparities, the Residual Direct Effect (RDE) definition, and the Institute of Medicine's (IOM's) definition. They found that all three definitions told basically the same story. However, for most analyses measuring disparities at a single point in time, the AHRQ approach estimated the largest disparities, and the RDE measured the smallest disparities. The researchers state a preference for the IOM's definition because it comes the closest to capturing the information most critical for researchers and policymakers. LeCook, McGuire, and Zuvekas, *Med Care Res Rev* 66(1):23-48, 2009 (AHRQ Publication No. 09-R019)* (Intramural). See also Levine, Briggs, Hollar, et al., *Ethn Dis* 17:280-283, 2007 (AHRQ grant HS11131).

- *American Indian/Alaska Native patients are more likely than others to report discrimination in health care.*

Researchers conducted a telephone survey of California adults in 2001 and found that overall 7.1 percent of the American Indian/Alaska Native group, 8.8 percent of the American Indian/Alaska Native plus white group, 5.6 percent of blacks, 4.3 percent of whites, and 2.6 percent of Asian Americans reported discrimination in health care at some point during the preceding year. Johansson, Jacobsen, and Buchwald, *Ethn Dis* 16:766-771, 2006 (AHRQ grant HS10854).

- *Certain ethnic groups are difficult to reach by mail for research or health care reasons.*

Communicating by mail with the 4 million American Indians and Alaska Natives who live in the United States is difficult, whether the communication deals with their own health care or with research projects germane to them, according to this study. The researchers sent a Native art calendar (with health information for one group and without such information for the other group) via first class mail to 5,633 patients who had been seen at an urban Indian health clinic in the preceding 2 years. Only 61 percent of patients actually received the calendars. The mail verification process was significantly less likely to identify working addresses for patients who were American Indian/Alaska Native and those who had been seen more than 3 months before the study. Duffy, Goldberg, and Buchwald, *J Health Care Poor Underserved* 17:522-531, 2006 (AHRQ grant HS10854).

- *End-of-life decisionmaking varies among and within ethnic groups.*

Researchers conducted separate focus groups among Japanese, Japanese-speaking Japanese Americans, and English-speaking Japanese Americans to assess whether there were differences in end-of-life decisionmaking due to degree of acculturation. They found that disclosure of a terminal diagnosis became more acceptable with acculturation. However, Japanese Americans still preferred that the diagnosis be disclosed first to the family, who would then decide in what form to communicate it to the patient. Japanese Americans also trusted their physicians more than the Japanese, who rejected formal advance directives, consistent with the less frequent personal use of

lawyers in Japan compared with the United States. All three groups preferred a family-oriented decisionmaking model to one based on the autonomous individual, which would not conform to the cultural norms of many Japanese Americans. Bito, Matsumura, Singer, et al., *Bioethics* 21(5):251-262, 2007 (AHRQ grant HS07370).

- *Patient preferences for participating in clinical decisionmaking vary by sex, ethnicity, and age.*

This study found that although most people want to participate in making decisions about their health care, at least 50 percent of patients want the final decisions to be made by their physicians. A survey of 2,765 adults revealed that nearly all respondents (96 percent) preferred to be offered choices about their care and to be asked for their opinions, but 44 percent preferred to rely on their physicians for medical knowledge rather than seeking out information themselves. Preferences for taking a more active role in decisionmaking increased with age up to 45 years but declined after that. Blacks and Hispanics were more likely than other groups to prefer that physicians make the decisions, while women were more likely than men to prefer a patient-directed, active role in decisionmaking. Levinson, Kao, Kuby, and Thisted, *J Gen Intern Med* 20:531-535, 2005 (AHRQ grant HS09982). See also Lara, Gamboa, Kahramanian, et al., *Annu Rev Public Health* 26:367-397, 2005 (AHRQ grant T32 HS00008).

- *Study examines racial differences in preferences for various health states.*

Cost-utility analysis (CUA) is a form of cost-effectiveness analysis that compares the costs of health care programs with their outcomes, which are measured in terms of both quantity and quality of life. The EuroQol Group's 5Q-5D system—a type of CUA—can be used to classify a respondent's current health status and to indicate a preference for that health state. This study examined differences for EQ-5D health states among black, white, and Hispanic adults in the United States. Valuations differed among the three groups for 7 of the 13 health states, and these differences persisted after adjusting for other sociodemographic factors. Shaw, Johnson, Chen, et al., *J Clin Epidemiol* 60:479-490, 2007 (AHRQ grant HS10243).

- *Disability determinations for job-related low back pain may reflect racial inequities.*

Researchers surveyed 580 black and 892 white individuals with occupational low back pain from two Missouri counties approximately 21 months after their worker compensation claims had been settled. They looked at several medical variables as predictors of disability ratings, including diagnosis and medical costs and found that diagnosis and surgery were strongly associated with disability ratings at the time of case settlement. In addition, race was associated directly and indirectly with disability ratings through association with diagnosis and surgery. Blacks were significantly less likely than whites to receive a diagnosis of herniated disc (33 vs. 52 percent, respectively) and/or to undergo surgery (8 vs. 30 percent, respectively). Tait, Chibnall, Andresen, and Hadler, *J Pain* 7(12):951-957, 2006. See also Chibnall, Tait, Andresen, and Hadler, *Pain* 114:462-472, 2005 (AHRQ grant HS13087).

- *Black physicians were much more likely than white physicians to practice in HMOs in the 1990s.*

According to this study, African American physicians were 4.5 times as likely as white physicians to practice in health maintenance organizations (HMOs) in the 1990s. After controlling for greater debt among African American physicians, their tendency to locate in settings with more African American patients (such as HMOs), and organizational hiring tendencies, African American physicians still were 2.5 times as likely as white physicians to practice in HMOs. They also were one-third as likely to be academic physicians or physicians in large group practices and two-thirds as likely to be hospital physicians as their white colleagues. These findings are based on a survey of 3,705 young physicians who completed residency between 1986 and 1989. Briscoe and Konrad, *J Natl Med Assoc* 98(8):1318-1325, 2006 (AHRQ grant HS10861).

- *Nearly half of urban American Indians and Alaska Natives visit their reservations each year.*

Sixty percent of the more than 2 million American Indians and Alaska Natives in the United States live in urban areas. Many choose to travel back to their reservations each year, but little is known about how this travel might be related to health. Researchers surveyed more than 500 American Indian/Alaska Native adults at a primary care clinic in Seattle about time spent visiting a reservation during the preceding year. Strong Native American cultural identification, the presence of lung disease, the absence of thyroid or mental problems, and greater dissatisfaction with care were independently associated with more

travel to reservations. However, they could not determine how often respondents traveled to their reservations to obtain health care. Rhoades, Manson, Noonan, and Buchwald, *J Health Care Poor Underserved* 16:464-474, 2005 (AHRQ grant HS10854).

- *Minorities and low-income individuals are less likely than others to use Web-based health services.*

In this study of HMO members' use of e-Health accounts, minority individuals were significantly less likely than whites to use electronic health services, such as ordering prescription refills, requesting information about medical or drug-related issues, arranging for medical appointments, and other routine activities. Similarly, individuals living in low-income communities were much less likely than those living in more affluent communities to use e-health services. Hsu, Huang, Kinsman, et al., *JAMIA* 12(2):164-171, 5005 (AHRQ contract 290-00-0015).

## National Healthcare Quality and Disparities Reports

Each year since 2001, AHRQ has published two national reports that present detailed information, including charts and updated trend information, on the quality of health care services and disparities (by race and income) in health care in the United States. Copies of the most recent reports are available from AHRQ.

*National Healthcare Disparities Report, 2008 (AHRQ Publication No. 09-0002).**

*National Healthcare Quality Report, 2008 (AHRQ Publication No. 09-0001).**

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