AHA Research Question #3

What are the most promising practices and system design elements for reducing health disparities, considering all factors such as organizational elements and social determinants?

Importance/Context

This research question is important because as demonstrated in the 2009 Strategic Issues Forecasting Report:

- The United States is becoming more diverse, with members of minority populations making up 34% of the population in 2008. [1,2]

- Disparities have widened significantly across socioeconomic lines in recent years. According to the Gini Index, economic disparities have increased by 15% in the last three decades.[3] Racial and ethnic disparities by insurance status are significant. In 2008, 31% of Latinos, 19% of African Americans, and 18% of Asians were uninsured, compared to 11% of Whites.[4] Disparities also exist in health outcomes for minority patients when compared to Whites.[5]

- Researchers have yet to conclusively determine the best or most promising practices for reducing disparities. A major impediment to addressing this issue is the lack of race/ethnicity/language preference data at the hospital and clinic level that is the basic foundation for determining where gaps in care may exist within the population served.

Questions/Hypotheses

Some specific questions are:

- What are the most promising practices for reducing health disparities?

- What are the determinants of disparities within hospitals and across communities? What are the relative roles of genetics, access and coverage, community and sociological factors, and systematic cultural biases?

- What are the best strategies for addressing equity at an organizational level? How can hospitals use data on race and ethnicity to examine disparities within their organizations?

Some example hypotheses to test are:

- Investments in language services and cultural competency training yield improvements in quality of care and lower overall costs of care for limited English proficient patient populations.

- Stratifying hospital quality data by race and ethnicity and using this information to identify gaps in quality is an effective strategy for identifying areas of inefficiencies in care that can be eliminated through improvement initiatives.

How Information Can Be Used

Results will help hospitals in several ways:

- Understand the determinants of disparities within their hospitals and across their communities.

- Focus and prioritize strategies aimed at reducing disparities, including ways to use race and ethnicity data to identify and address disparities.

- Better coordinate efforts with providers and community organizations to reduce disparities.

1 Hispanic or Latino Origin By Race," 2007 American Community Survey, U.S. Census Bureau, Last accessed: March 2009, http://factfinder.census.gov/servlet/DTTable?_bm=y&-ds_name=ACS_2007_1YR_G00_&-CONTEXT=dt&-mt_name=ACS_2007_1YR_G2000_B03002&-redoLog=true&-geo_id=01000US&format=&-_lang=en&-SubjectID=15233308.

2 "An Older and More Diverse Nation by Midcentury," U.S. Census Bureau, 14 Aug. 2008, Last accessed: March 2009, http://www.census.gov/Press-Release/www/releases/archives/population/012496.html.

3 "Table H-4: Gini Ratios for Households, by Race and Hispanic Origin of Householder: 1967 to 2007," Historical Income Tables – Households, U.S. Census Bureau, http://www.census.gov/hhes/www/income/histinc/h04.html.

4 "Income, Poverty, and Health Insurance Coverage in the United States: 2008," 2009 Current Population Survey Annual Social and Economic Supplement, Consumer Income, 10 Sep. 2009, U.S. Census Bureau, http://www.census.gov/Press-Release/www/releases/archives/income_wealth/014227.html.

5 Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, Eds., Board on Health Sciences Policy and Institute of Medicine, Washington, D.C: National Academies Press (2003), http://www.nap.edu/catalog.php?record_id=10260#orgs.

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