

Racial and Ethnic Disparities in Health Care

A Summary of a Position Paper Approved by the ACP Board of Regents, April 2010

What Are the Sources of Racial and Ethnic Disparities in Health Care?

The Institute of Medicine defines disparities as “racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.” Racial and ethnic minorities tend to receive poorer quality care compared with nonminorities, even when access-related factors, such as insurance status and income, are controlled.

The sources of racial and ethnic health care disparities include differences in geography, lack of access to adequate health coverage, communication difficulties between patient and provider, cultural barriers, provider stereotyping, and lack of access to providers. In addition, disparities in the health care system contribute to the overall disparities in health status that affect racial and ethnic minorities.

Why is it Important to Correct These Disparities?

The problem of racial and ethnic health care disparities is highlighted in various statistics:

- Minorities have less access to health care than whites. The level of uninsurance for Hispanics is 34% compared with 13% among whites.
- Native Americans and Native Alaskans more often lack prenatal care in the first trimester.
- Nationally, minority women are more likely to avoid a doctor’s visit due to cost.
- Racial and ethnic minority Medicare beneficiaries diagnosed with dementia are 30% less likely than whites to use antidementia medications.

ACP is strongly committed to advocating for increased access to quality health care for all, regardless of race, ethnicity, socioeconomic status, or other factors. Accordingly, the mission of ACP is “to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.” The College believes that racial and ethnic disparities in health care are unacceptable and supports policies that increase access to health care for all, invest in preventive care, create a more diverse health care workforce, address social determinants of health, and expand research into the causes and solutions regarding racial and ethnic health disparities.

Key Findings and Recommendations from the Paper

ACP recommends the following:

- Providing all legal residents with affordable health insurance is an essential part of eliminating racial and ethnic disparities in health care.

- All patients, regardless of race, ethnic origin, gender, nationality, primary language, socioeconomic status, sexual orientation, cultural background, age, disability, or religion, deserve high-quality health care.
- As our society increasingly becomes racially and ethnically diverse, physicians and other health care professionals need to acknowledge the cultural, informational, and linguistic needs of their patients. Health literacy among racial and ethnic minorities must be strengthened in a culturally and linguistically sensitive manner.
- Physicians and other health care professionals must be sensitive to cultural diversity among patients and recognize that preconceived perceptions of minority patients may play a role in their treatment and contribute to disparities in health care among racial and ethnic minorities. Such initiatives as cultural competency training should be incorporated into medical school curricula to improve cultural awareness and sensitivity.
- The health care delivery system must be reformed to ensure that patient-centered medical care is easily accessible to racial and ethnic minorities and physicians are enabled with the resources to deliver quality care.
- A diverse health care workforce that is more representative of the patients it serves is crucial to promote understanding among physicians and other health care professionals and patients, facilitate quality care, and promote equity in the health care system.
 - Education of minority students at all educational levels, especially in the fields of math and science, needs to be strengthened and enhanced to create a larger pool of qualified minority applicants for medical school.
 - Medical and other health professional schools should revitalize efforts to improve matriculation and graduation rates of minority students. ACP supports policies that allow institutions of higher education to consider a person's race and ethnicity as one factor in determining admission in order to counter the impact of current discriminatory practices and the legacy of past discrimination practices. Programs that provide outreach to encourage minority enrollment in medical and health professional schools should be maintained, reinstated, and expanded.
 - Medical schools need to increase efforts to recruit and retain minority faculty.
 - Efforts should be made to hire and promote minorities in leadership positions in all areas of the health care workforce.
 - Funding should be continued and increased for programs and initiatives that work to increase the number of physicians and other health care professionals in minority communities.
- Social determinants of health are a significant source of health disparities among racial and ethnic minorities. Inequities in education, housing, job security, and environmental health must be erased if health disparities are to be effectively addressed.
- Efforts must be made to reduce the effect of environmental stressors that disproportionately threaten to harm the health and well-being of racial and ethnic communities.
- More research and data collection related to racial and ethnic health disparities is needed to empower stakeholders to better understand and address the problem of disparities.

For More Information

This issue brief is a summary of *Racial and Ethnic Disparities in Health Care, Updated 2010*. The full paper is available at http://www.acponline.org/advocacy/where_we_stand/access/racial_disparities.pdf.