Addressing Health Care Disparities: Recommended Goal, Guiding Principles, and Key Strategies for Comprehensive Policies

The Commission to End Health Care Disparities

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Upon adoption by the Commission, member organizations may choose to endorse the statement and use it for policy development and analysis.

The Commission to End Health Care Disparities (Commission) evolved from the Federation Task Force on Disparities which convened in October 2003, in response to the Institute of Medicine's (IOM) report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.* The report found that health care disparities persist across a number of disease states, independent of access-related factors. The American Medical Association (AMA), the National Medical Association (NMA), the National Hispanic Medical Association (NHMA) and more than 50 other medical and health profession organizations established the Commission to develop consensus on strategies and solutions organized medicine could implement to effectively address the issue of health care disparities.

The Commission has elected to focus its current efforts on health care disparities related to race and ethnicity. We recognize, however, that understanding health care disparities involves understanding the myriad historical, political, economic, social, cultural, and environmental conditions that have produced inequitable health status among numerous population groups in the United States, i.e., health care disparities related to socio-economic status, class, sexual orientation, gender identity, age, geographic location, education, language spoken, literacy, disability, and other factors.

There are many important drivers of health care disparities – including lack of health promotion and health care services, limited financial and social resources among minority communities, public safety and urban design issues, lack of culturally and linguistically competent providers, and others. Because the Commission comprises leaders within the health care system, it is focusing its current efforts on eliminating health care disparities, meaning those differences in the quality of care that are not due to access related factors or other non-clinical matters.

Using evidence-based and other strategies, the Commission proactively collaborates to increase awareness about health care disparities among physicians and health professionals and advocates for action, including governmental action, to eliminate disparities in health care and to strengthen the health care system. The Commission's vision is that its member organizations will help physicians provide quality care for all and will carry out the Commission's mission by initiating and implementing actions and policies to eliminate disparities.

Policy development, whether at the federal, state, local or organizational level, is critical for working to end health care disparities. For example, key federal policies to address disparities have been set and implemented through initiatives such as Healthy People 2010 (http://hp2010.nhlbihin.net), and the Agency for Health Care Research and Quality's annual National Health Care Disparities Report(www.qualitytools.ahrq.gov/disparitiesreport/download/download_report.aspx).

State policy-based initiatives have supported access to care, research on disparities, educational programs, and other elements of addressing health care disparities (see, for example, http://www.cmwf.org/publications/publications_show.htm?doc_id=230645). Local and organizational policies have also been widely promulgated, and have focused on many different aspects of addressing health care disparities. Federal legislation to address health disparities has also been introduced.

The Commission to End Health Care Disparities believes that to be most effective policy initiatives to address health care disparities should share the same explicit broad goal, should be guided by certain fundamental principles, and that a comprehensive set of policies should help drive a number of key strategies. This guidance document is intended to provide such a broad, unifying framework for policy analysis, development and implementation. It should be useful to

federal, state, local, and private organizational policymakers as they formulate and implement policies around addressing health care disparities. The statement provides concise recommendations for what the general goal of such policies should be, what principles should be considered during policy development, and what should be the key strategies of a comprehensive policy, or set of policies, to end health care disparities.

GOAL

One goal should drive the development of any policy to address health care disparities.

The Commission believes that it is possible to *end*, and not merely reduce, disparities in health care. The ultimate goal of any policy to address health care disparities should be to move towards this objective. We recommend the following as a concise statement of the general goal of any policies on health care disparities.

> *To ensure equitable, appropriate, effective, safe, and high quality care for all, with no gaps in services based on any medically irrelevant factor*

We encourage working to end health care disparities in whatever ways are effective, without losing sight of the general goal above.

GUIDING PRINCIPLES

Ten core principles should guide the analysis, development and implementation of policies to address health care disparities. Not every principle can be accommodated in every policy and, in some circumstances, one principle must be balanced against another equally important principle. None should be ignored, however, because all are critical. It is only through attention to all of these 10 principles that any set of policies can achieve the goal established above.

Policies to address racial/ethnic health care disparities should be:

1. Relationship-centered: supportive of the delivery of patient-centered, family-focused, community-oriented care to individuals throughout the life span,
2. Culturally and linguistically appropriate: strategies tailored to the unique needs of diverse patient populations
3. Targeted: focus on recognized and demonstrated gaps in access to health prevention, health care, safety, and quality in order to improve the health of racial/ethnic patient groups that are affected by these disparities.
4. Data-driven: making use of both quantitative and qualitative information to inform
5. Transparent, participatory and collaborative: designed in open processes with the input of all key stakeholders and interested constituency groups
6. Both long and short-term: quick fixes are often important, but solutions should also aim to resolve underlying causes of disparities and should create permanent structural and financial incentives to prevent the reemergence of disparities
7. Comprehensive: because health care disparities result from a complex mix of social, cultural, economic, political, environmental and other factors, a set of policies to eliminate disparities must be broad-based and comprehensive
8. Judicious in the use of incentives and requirements: both incentives and mandates might have a role in ending disparities, but policy-makers should

recognize a preference for incentives, since mandates often risk backlash and long-term failure

9. Fiscally responsible and bi-partisan: eliminating health care disparities is a non-partisan goal that can be accomplished in fiscally responsible ways.
10. Monitor and revise: policies to end disparities should be tracked closely over time for both intended and unintended effects so that they can be revised in the future.

The Commission notes that these principles reflect the high standards for ethics that are to be expected among all health professionals. Yet Commission members are also cognizant that in the current policy environment, a fundamental and reliable business case has not yet been developed for most providers to focus on addressing the needs of vulnerable populations that are most susceptive to health care disparities. There is a strong moral and legal case for doing so, which has already driven a great deal of activity to address quality and safety gaps. But it is, sadly, all too common for providers and practitioners to experience financial disincentives towards meeting the health care needs of certain vulnerable populations. Federal, state, local and organizational policy makers must be aware of the need to create permanent, reliable incentives for providers to focus on meeting needs of vulnerable populations on an ongoing basis.

KEY STRATEGIES

These 10 Principles should drive specific strategies, which are expected to change and evolve over time. The Principles suggest that incremental action is sometimes only feasible or warranted in one or a few areas, but policy makers should remain aware that disparities arise from a complex mix of factors and that long-term solutions will require a comprehensive outlook. As a result, the Commission to End Health Care Disparities has adopted a comprehensive policy approach, which includes promoting the following sets of strategies to move towards the elimination of health care disparities.

First, policies today should target those disease prevention and health promotion, medical, mental/behavioral health, and public health issues that disproportionately affect the diverse populations where disparities are known to exist. These areas of focus should be determined though accurate, sensitive, uniform and affordable data collection, including demographic data elements that are needed to detect and track disparities. In particular, accurate data on race, ethnicity and primary language must be collected and monitored for disparities in access, service utilization, quality, safety, and health outcomes. Collecting and analysing these data is a critical first step in moving towards the elimination of health care disparities.

Second, contemporary policies to address disparities must encourage collaboration among multiple stakeholders, especially between providers, business, government, industry and community-based organizations to act on the data. By looking at data on disparities from multiple angles, a comprehensive approach can be developed that should address the many factors that drive disparities. Different stakeholders will have important insights into issues such as health literacy and the needs of low literacy populations, enrollment of diverse groups in clinical trials, and how to track best and promising practices for eliminating health care disparities and how to disseminate and promote use of this information.

Third, contemporary policies must aim to improve diversity and competence within the health professional system and its workforce. Contemporary data make clear that racial/ethnic diversity in the health professional workforce is inadequate and must be improved. Policies to promote

diversity should pay particular attention to early interventions to improve the pipeline of minority health professionals, as well as to retaining existing minority healthcare professionals within the workforce. In addition, policies should promote appropriate education and training as a part of lifelong professional learning, with a special focus on promoting leadership development among racial/ethnic minority health care providers.

Finally, given the present focus in health policy on using pay for performance and other performance incentives to improve quality and reduce the cost of health care, policies to address health care disparities must promote the use of appropriate risk adjustment of performance measures. Specifically, pay for performance programs should carefully track and adjust for race, ethnicity, socioeconomic status and other factors to ensure that measures are applied accurately and fairly for providers who care for diverse populations. These efforts should be part of ongoing efforts to evaluate the financial, socio-cultural and environmental impact of new and existing policies.

These strategies should be further developed over time, as data are collected and analyzed as the policy environment evolves. The Commission recognizes that the health policy environment is fluid and sometimes changes rapidly and dramatically. This document aims to provide a starting point and a shared frame of reference for policymakers at all levels of government and the private and professional sectors. While we expect the Goal and Guiding Principles to remain relevant for the foreseeable future, in the spirit of principle of monitoring and appropriate revisions, the Commission will revisit this policy guidance document annually. We invite the comments of readers and users in this process.

Commission to End Health Care Disparities

Alliance of Minority Medical Associations
American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Ophthalmology
American Academy of Pediatrics
American Academy of Physician Assistants
American Association of Public Health Physicians
American College of Cardiology
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American College of Surgeons
American Medical Association
AMA - Council on Ethical and Judicial Affairs
AMA - Council on Medical Education
AMA - Council on Science and Public Health
AMA - Minority Affairs Consortium
AMA - Women Physicians Congress
AMA – International Medical Graduates
American Medical Women's Association
American Osteopathic Association
American Psychiatric Association
American Public Health Association
American Society of Addiction Medicine
American Society of Clinical Oncology
Association of American Indian Physicians
Association of American Medical Colleges
Association of Clinicians for the Underserved
Association of Haitian Physicians Abroad
Association of Minority Health Professions Schools
AstraZeneca Pharmaceuticals
Blue Cross Blue Shield Association
California Medical Association
California Medical Association Foundation
Chicago Medical Society
Eli Lilly & Company
Florida Medical Association
Gay and Lesbian Medical Association
Illinois State Medical Society
Massachusetts Medical Society
Medical Society of New Jersey
Medical Society of the State of New York
Michigan State Medical Society
Multicultural Healthcare Education Foundation
National Alaska Native American Indian Nurses Association

National Association of Hispanic Nurses
National Black Nurses Association
National Hispanic Medical Association
National Medical Association
National Minority OrganTissue Transplant Education Program
National Pharmaceutical Council
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