Institute of Medicine Findings and Recommendations on Health Disparities

IOM FINDINGS

Finding 1-1: Racial and ethnic disparities in healthcare exist and, because they are associated with worse outcomes in many cases, are unacceptable.

Finding 2-1: Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality, and evidence of persistent racial and ethnic discrimination in many sectors of American life.

Finding 3-1: Many sources -- including health systems, healthcare providers, patients, and utilization managers - may contribute to racial and ethnic disparities in healthcare

Finding 4-1: Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare. While indirect evidence from several lines of research supports this statement, a greater understanding of the prevalence and influence of these processes is needed and should be sought through research.

Finding 4-2: A small number of studies suggest that racial and ethnic minority patients are more likely than white patients to refuse treatment. These studies find that differences in refusal rates are generally small and that minority patient refusal does not fully explain healthcare disparities.

IOM RECOMMENDATIONS

General Recommendations

Recommendation 2-1: Increase awareness of racial and ethnic disparities in healthcare among the general public and key stakeholders.

Recommendation 2-2: Increase healthcare providers' awareness of disparities.

Legal, Regulatory, and Policy Interventions

Recommendation 5-1: Avoid fragmentation of health plans along socio-economic lines.

Recommendation 5-2: Strengthen the stability of patient-provider relationships in publicly funded health plans.

Recommendation 5-3: Increase the proportion of underrepresented U.S. racial and ethnic minorities among health professionals.

Recommendation 5-4: Apply the same managed care protections to publicly funded HMO enrollees that apply to private HMO enrollees.

Recommendation 5-5: Provide greater resources to the U.S. DHHS Office for Civil Rights to enforce civil rights laws

Health Systems Interventions

Recommendation 5-6: Promote the consistency and equity of care through the use of evidence-based guidelines.

Recommendation 5-7: Structure payment systems to ensure an adequate supply of services to minority patients, and limit provider incentives that may promote disparities.

Recommendation 5-8: Enhance patient-provided communication and trust by providing financial incentives for practices that reduce barriers and encourage evidence-based practice.

Recommendation 5-9: Support the use of interpretation services where community need exists.

Recommendation 5-10: Support the use of community health workers.

Recommendation 5-11: Implement multidisciplinary treatment and preventive care teams.

Patient Education and Empowerment

Recommendation 5-12: Implement patient education programs to increase patients' knowledge of how to best access care and participate in treatment decisions.

Cross-Cultural Education in the Health Professions

Recommendation 6-1: Integrate cross-cultural education into the training of all current and future health professionals.

Data Collection and Monitoring

Recommendation 7-1: Collect and report data on health care access and utilization by patients' race, ethnicity, socioeconomic status, and where possible, primary language.

Recommendation 7-2: Include measures of racial and ethnic disparities in performance measurement.

Recommendation 7-3: Monitor progress toward the elimination of healthcare disparities.

Recommendation 7-4: Report racial and ethnic data by OMB categories, but use subpopulation groups where possible.

Research Needs

Recommendation 8-1: Conduct further research to identify sources of racial and ethnic disparities and assess promising intervention strategies.

Recommendation 8-2: Conduct research on ethical issues an other barriers to eliminating disparities.