NEWS RELEASE

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STATES BREAKING NEW GROUND IN EFFORTS TO ELIMINATE RACIAL AND ETHNIC HEALTH DISPARITIES

New York City, June 24, 2004—A new Commonwealth Fund report outlines a range of initiatives that states and localities are using to end racial and ethnic health disparities, and offers practical strategies for state policymakers and health leaders seeking to improve health care coverage, access, and outcomes for minorities.

In *A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities,* John A. McDonough, Dr.P.H., executive director of the Massachusetts consumer health advocacy organization Health Care for All, Brian Gibbs, Ph.D., of the Harvard School of Public Health, and colleagues note that states are key players in the effort to eliminate disparities. The report provides a comprehensive review of such promising practices as states using their purchasing power to promote change, targeting insurance coverage expansion to low-income families, and initiatives targeting health conditions – like asthma and diabetes – that disproportionately affect minorities.

"While federal action is necessary and appropriate to achieve the goal of eliminating health disparities, states play an important leadership role by providing models of successful initiatives and innovative use of existing programs and resources," said Fund senior program officer Anne C. Beal, M.D.

The report recommends the creation of a national coordinating council to promote continuing state-based activities to conduct and support research on best practices, develop strategies to advise states, and educate state officials and other stakeholders on developments in eliminating disparities.

Promising state and local practices and policy recommendations detailed in the report include:

- ***Collecting Data on Patients' Race and Ethnicity to Improve Health Care***: Data are essential for state policymakers, agencies, and private health systems to identify health disparities, plan special initiatives targeted for minority populations, measure progress in eliminating disparities, and make cross-state comparisons. While many states do collect data on the race and ethnicity of patients, often the information is not comprehensive, with some states identifying individuals only as either black or white. Using the Office of Management and Budget's categories of race and

ethnicity as a standard would generate standardized and detailed data that are most useful.

- ***Improving Cultural and Linguistic Competency***: Los Angeles County is one of the first counties to develop standards for culturally and linguistically appropriate services (CLAS), including providing staff with necessary skills, knowledge, and tools to support culturally competent practices. In Massachusetts, a statute enacted in 2000 requires a competent interpreter for non-English-speaking patients in emergency rooms.
- ***Using Purchasing Power to Promote Change:*** Several states require that Medicaid managed care contracts include antidiscrimination measures, and also require plans to provide culturally and linguistically appropriate services.
- ***Using Regulatory Processes to Address Disparities:*** States that have certificate of need requirements can use the process to encourage facilities to expand in underserved minority communities and to address disparities in services between minority and white patients.
- ***State Offices of Minority Health:*** State offices of minority health are strongest when they are formally supported by state government, involve other state and private-sector minority health programs and coalitions, and have adequate financial resources.
- ***Increasing Minority Participation in the Health Care Workforce:*** States can increase recruitment for medical school admission within underserved communities, as Minnesota has done, using a federal Area Health Education Center Program grant. The federal Health Resources and Services Administration runs several programs to increase workforce diversity that states can use as models.
- ***Improving Outreach to Minority Populations to Enroll Eligible Beneficiaries in Public Insurance Programs:*** Minority individuals are more likely to be uninsured than whites. Improving participation in programs such as Medicaid, the Children's Health Insurance Program, and the Medicare Savings Programs by supporting effective outreach, adopting presumptive eligibility, and eliminating barriers to enrollment—including asset tests, face-to-face interviews, and waiting periods for coverage—could improve coverage rates.

For certain health conditions, disparities in prevalence rates and outcomes for minority Americans compared with whites are striking. Examples of state initiatives to address these disparities include:

- The Illinois Department of Public Health has an asthma information program targeted at population groups at high risk, including African Americans, Hispanics, the elderly, children, and those with high risk based on environmental factors or family history.
- Blacks have a 10 percent higher cancer incidence rate and a 30 percent higher cancer death rate than whites. The South Carolina Department of Health promotes early detection of prostate cancer among African American men through an initiative developed by the Office of Minority Health.

- Minority populations suffer disproportionately high rates of death and disability from cardiovascular disease (CVD). Many state programs to promote cardiovascular health are established for "high-risk populations" or in "geographic areas where there is a high incidence of heart disease and stroke." While not directly addressing racial and ethnic disparities, these approaches are useful in reaching minority patients to improve their health care.
- Diabetes is a condition more prevalent among minorities. A program funded by the federal Centers for Disease Control, the New York Diabetes Control Program, has resulted in a reduction in diabetes-related hospitalization rates by 35 percent and decreased lower-extremity amputation rates by 39 percent.
- States have also implemented programs to address minority health disparities related to HIV/AIDS, immunization, infant mortality, injury prevention, mental health, obesity, physical activity, tobacco use, and oral health.

"Although providing health insurance coverage for every person in the U.S. will not totally eliminate racial and ethnic disparities in health care, it would certainly go a long way towards addressing the problem," said McDonough, who is also a former Massachusetts state legislator. "While comprehensive legislative action is needed, targeted improvements for vulnerable groups are important steps towards the goal of equity."

Other investigators involved in developing the agenda include Karl Kronebusch, Ph.D., of Yale University; Amanda Navarro, M.P.H., of the University of Texas at Houston; Janet Scott Harris, M.B.M., M.A., of Brandeis University; and Kima Taylor, M.D., M.P.H., health legislative assistant for U.S. Senator Paul S. Sarbanes.