

# STRATEGIES FOR

## Reducing Racial and Ethnic Disparities

### IN HEALTH

Over the last century, advances in medical science have led to substantial improvements in the nation's health. These advances, however, mask the fact that minorities often fare worse than whites on a variety of health indicators including mortality, morbidity, and many of the underlying causes of disease. The impact of these disparities will become even more pronounced as the nation becomes more diverse. By 2030, minorities will make up nearly 40 percent of the population (Census 2000). This Issue Focus highlights some of these disparities (see box), explores their roots, and describes activities that foundations are undertaking to eliminate them.

Developing strategies to reduce health disparities is a complicated task. It requires work to reduce unhealthy behaviors, as well as thoughtful attention to the other factors that affect health including:

- the condition of the environments in which racial and ethnic minorities live and work, including the quality of the air and exposure to other environmental hazards;
- the condition of the social environment, including racism and poverty;
- the level of access to care; and
- the structural aspects of the health care delivery system that affect both quality and patient care experiences.

Despite grantmaking restrictions to specific health conditions, populations, or strategies, any foundation can play a role in reducing racial and ethnic disparities in health.

#### WHERE DISPARITIES BEGIN

At the heart of many disparities are the long standing practices of racism and discrimination against minorities in America. Racism has become institutionalized in the health care delivery system over time (Smith 1999). Its effects can be seen today in the lack of recognition of the importance of culturally sensitive approaches to care in both training and practice and in the evidence of prejudicial treatment decisions that have a negative impact on the health of minorities.

The effects of discrimination also reach broadly into the culture in which disparities exist. These effects have not only left their mark on the industry of health care, but are also a leading cause in the development of conditions that can lead to illness. The legacy of discrimination is that minorities are more likely to be poor and less educated than whites. They are also more likely to be unemployed, and to live in neighborhoods that pose significant health risks.

Minorities also face systemic barriers to care. Hispanics

and African Americans are the most likely to be uninsured (HRSA 1998). Those who do enter the health care system may have difficulty in receiving culturally competent services. In part this reflects the low-supply of minority health professionals. The lack of culturally competent services fuels the perceptions that many minorities have about discrimination in the health care system. These perceptions can exacerbate barriers to care by reducing individuals' willingness to access care that is available.

#### FUNDING STRATEGIES

Many health foundations support programs that serve the needs of minority populations. Only a few, however, have specifically developed a focus on racial and ethnic disparities in health. Much of the work of foundations to reduce or eliminate racial and ethnic disparities can be categorized into four main areas: encouraging cultural competency, recruiting minority physicians and other health professionals, eliminating racism, and promoting adoption of healthy behaviors.

➤ **Cultural Competency.** The California Endowment has made a strategic decision to focus on the health of minorities as part of its CommunitiesFirst initiative. Many of the grants made under CommunitiesFirst help to increase the cultural competence of health care providers.

#### RACIAL AND ETHNIC DISPARITIES: KEY FACTS

In 1998, the absolute number and rate of AIDS cases was higher among black, non-Hispanic men than white men, and the death rate among African Americans for stroke was almost twice that of whites (NCHS 1998).

The homicide rate for all minority groups between 1995 and 1997 was higher than for whites; a higher percentage of African Americans and Hispanics live in communities with higher levels of air pollutants associated with respiratory symptoms (NCHS 1999; IOM 1999).

Among all racial and ethnic groups, children of Hispanic origin are the most likely to lack a usual source of health care and the least likely to rely on office-based providers (Weinick, Weigers, and Cohen 1998).

African Americans and Hispanics comprise nearly 24 percent of the population but make up less than 10 percent of physicians, dentists, and pharmacists (Kamat 1999).

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For example, a grant of \$175,000 was made to the Women's Cancer Resource Center (WCRC) to reach underserved African American and Latina women diagnosed with cancer. Using this grant, the Center will hire a multicultural outreach coordinator responsible for establishing and fostering relationships with Latina and African American organizations throughout the San Francisco Bay Area. The Center will develop Spanish training sessions and review training materials created for volunteers interested in providing in-home support services to homebound women living with cancer. The Center will also test and revise training materials to reflect and be sensitive to the specific needs of African American women with cancer.

➤ **Recruiting Minority Health Professionals.** Several national foundations have focused on building the supply of minority physicians and faculty. For example, The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation co-sponsor Project 3000 by 2000: Health Professions Partnership Initiative, which challenges educators in medical, nursing, and other health professions schools to join together and partner with local school systems and colleges. The goal of the initiative is to enhance the academic preparation of minority students and nurture their interest in health careers, thereby increasing minority participation in all health professions, including medicine. The W.K. Kellogg Foundation also sponsors a number of other initiatives designed to recruit and train minorities for the health professions, including a \$1.5 million grant to Hampton University to address underrepresentation of ethnic minorities in health professions, respond to changing criteria that will result in improved community access to health service delivery, and demonstrate a sustainable academic program.

The Commonwealth Fund sponsors the Commonwealth Fund/Harvard Fellowship in Minority Health Policy Program, which prepares minority physicians for leadership positions in minority health policy.

➤ **Eliminating Racism.** The C.S. Mott Foundation has made a major commitment to addressing racism through the Community Foundation Race Relations program. This program, designed to promote community wide efforts to counter institutional racism, seeks to engage community foundations in a dialogue to examine promising anti-racism initiatives and strategies. The one-year planning and assessment project will include four stages – an initial literature scan and interviews with practitioners and analysts of race relations efforts; a series of regional meetings with selected community foundation representatives and leading anti-racist practitioners to explore their interest and readiness to address these issues; final information gathering and initial analysis of the findings; and preparation and dissemination of a public report for other funders and the broader community foundation field.

➤ **Health Promotion.** Foundations have also been active in promoting health among minorities. The Paso Del Norte Health Foundation has supported a number of

health promotion activities for the largely Hispanic population of its community, including providing \$3 million over four years for Life is Delicious! (Que Sabrosa Vida). This program includes 20 community-based organizations throughout El Paso, TX, southern New Mexico and Ciudad Juarez, Mexico in efforts to change the way area residents choose the food they eat by promoting moderation and providing culturally positive and realistic ways of selecting and preparing healthy foods. It includes a foundation-designed public awareness campaign for mass media, restaurants, and grocery stores.

➤ **Collaborative Efforts.** The New York Community Trust is currently assessing the barriers to care and the health needs specific to minority populations in New York City. Together with other funders in New York, it will develop a grantmaking program to address these needs. More broadly, a group of community foundations from other metropolitan areas have also gathered to work collaboratively in designing a program that jointly addresses access to care and racial and ethnic disparities in health.

## RESOURCES

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**Smith, David Barton,** *Health Care Divided: Race and Healing a Nation* (Ann Arbor, MI: The University of Michigan Press, 1999).

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**Weinick, Robin M., Weigers, Margaret E., and Cohen, Joel W.,** "Children's Health Insurance, Access to Care, and Health Status: New Findings," *Health Affairs* March/April 1998.

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