GRANT MAKERS IN HEALTH

GIH

WHERE DO WE GO FROM HERE?

Combating Health Care Disparities in an Era of Reform

ISSUE BRIEF NO. 36

MARCH 2010

BASED ON A GRANTMAKERS IN HEALTH ISSUE DIALOGUE

WASHINGTON, DC

FOREWORD

The Issue Dialogue *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, convened on November 5, 2009, explored concrete strategies funders might employ to combat racial and ethnic disparities in health care in light of the likely enactment of federal health care reform legislation. It also examined efforts to improve health equity and build public will to combat disparities. This Issue Brief summarizes background materials compiled for the meeting and highlights key themes and findings that emerged from the day's discussion among participating health funders.

Special thanks are due to those who participated in the Issue Dialogue but especially to the presenters: Anne Beal, Aetna Foundation; Rachel Davis, The Prevention Institute; Phillip Gonzalez, Blue Cross Blue Shield of Massachusetts Foundation; Monette Goodrich, Connecticut Health Foundation; Alan Jenkins, The Opportunity Agenda; Roderick King, Disparities Solutions Center at Harvard University; Caya Lewis, U.S. Department of Health and Human Services; Bruce Siegel, The George Washington University School of Public Health and Health Services; and Brian Smedley, Joint Center for Political and Economic Studies.

Lauren LeRoy, president and CEO of GIH, moderated the Issue Dialogue. Alicia Thomas, senior program associate at GIH, planned the program, wrote the background paper, and synthesized key points from the Issue Dialogue into this report. Faith Mitchell, vice president at GIH, and Leila Polintan, communications manager at GIH, provided editorial assistance.

The Issue Dialogue and corresponding publications were made possible by grants from Aetna Foundation, Connecticut Health Foundation, Missouri Foundation for Health, and Universal Health Care Foundation of Connecticut.

GRANTMAKERS IN HEALTH

EXECUTIVE SUMMARY

WHERE DO WE GO FROM HERE?

Combating Health Care Disparities in an Era of Reform

Racial and ethnic disparities in health and health care remain deeply pervasive in the United States. Despite major efforts, progress remains slow, and disproportionate rates of suffering, disability, and death continue to be documented (Mead et al. 2008).

There is growing interest in improving the health of racial and ethnic communities of color by going beyond the health care setting to the root causes of poor health and inequality. There is also greater understanding that the broader social determinants of health influence or exacerbate disparities in health care.

In the current era of national health care reform, new opportunities may become available to further combat racial and ethnic disparities in health care. Possible effects of reform on access to affordable, high-quality health care services, particularly for disadvantaged populations, include the following:

➤ ***Access:*** Health insurance coverage is considered one of the strongest predictors of whether people have access to care (Collins et al. 2010; GIH 2006). Insurance coverage can improve an individual's health outcomes by allowing more timely and regular access to health care services (Mead et al. 2008). It also provides an important source of financial security by reducing out-of-pocket health care costs and economic hardships that unexpected injuries or illnesses can create (GIH 2006).

If health care reform is enacted, it is expected that up to 36 million uninsured Americans will be eligible for insurance coverage (The Henry J. Kaiser Family Foundation 2010). There are still, however, barriers to tackle, including the availability and location of providers, the cultural and linguistic competence of providers, the existence of referral services, and the strength of the safety net (GIH 2006).

➤ ***Costs:*** In 2007 the United States spent $2 trillion (16 percent of gross domestic product) on health care, nearly twice the average expended by other developed countries (HHS 2009). A large amount of the growth in spending has been attributed to increases in the availability and use of new, high-cost technologies (CBO 2008). Higher prices in areas such as hospital stays and prescription drugs have also fueled spending.

Higher premiums, copayments, and out-of-pocket costs reduce the affordability of care for consumers, putting many low- and middle-income individuals and families at risk of having little to no coverage for their health needs (The Henry J. Kaiser Family Foundation 2009). This is especially burdensome for people of color who generally earn less, have significantly higher rates of poverty, and are less likely to have sufficient savings to pay increased out-of-pocket costs (Families USA 2008).

Health care reform could bend the overall cost of health care. Examples of reform provisions that may facilitate these reductions include proposed changes to Medicare and Medicaid payments that reward value and health outcomes over volume of care, and promote greater investment in wellness and prevention. At the individual level, reform may improve the ability of low-income populations and communities of color to manage medical debt and to make greater use of preventive services (Thomas and James 2009).

➤ ***Quality:*** There are wide variations in the quality of health care people in this country receive. In particular, significant disparities have been documented in the quality of care delivered to people of color (Mead et al. 2008).

Delivering appropriate and high-quality care to people of color will require better decisionmaking, using evidence that documents the health care system's performance in meeting need. Investments to expand the adoption of health information technology, including standardizing the collection of patient data on race, ethnicity, gender, and primary language, will facilitate efforts to improve quality and efficient care.

Vulnerable low-income populations and communities of color may benefit from a range of evidence-based strategies being proposed in reform measures, including the development of quality measurement and improvement standards for providers and programs, comparative effectiveness research, and the promotion of transparency in reporting quality data (Andrulis et al. 2009; Collins et al. 2010).

POST-REFORM IMPROVEMENT BY INTERVENING ON THE BROADER SOCIAL DETERMINANTS OF HEALTH

Reforming the current health care system is an essential first step in improving health, particularly for low-income populations and communities of color. To achieve long-term improvements, however, it is necessary to go beyond the traditional health care system to address the social determinants of health. Doing so takes into account the broader context of people's lives, including socioeconomic status and opportunities available. Additionally, using this approach provides a more comprehensive understanding of why communities of color continue to experience disproportionately higher rates of disease and death (GIH 2008b).

In many communities of color, policies, systems, and structures create barriers to accessing resources and services that can enhance health. Factors that may influence the social determinants of health are systemic, cumulative, and interconnected, and can inhibit a person's capacity to participate fully in society (GIH 2009). Thereby, the social and economic health of individuals, their communities, and our nation as a whole may be threatened. Future efforts will be needed to promote the use of action-oriented, place- and people-based strategies to improve the social determinants of health and reduce inequities (Davis 2009; Smedley 2009). Supporting the documentation of inequities may also help generate greater involvement from local health care and community stakeholders in crafting solutions, as well as promote collaborations across multiple sectors (Davis 2009; Goodrich 2009; Smedley 2009).

THE IMPORTANCE OF BUILDING PUBLIC WILL FOR COMBATING DISPARITIES IN HEALTH CARE

Continued efforts are needed to build public will to combat racial and ethnic disparities in health care. Despite years of research on the issue, most Americans remain unaware of the magnitude and severity of the problems posed by disparities (GIH 2008b; Goodrich 2009).

Efforts to build public will often utilize both planned and unanticipated events to influence perceptions of the legitimacy and visibility of social problems (GIH 2008b). These efforts also must take into account people's responses to facts that do not fit their worldview (Jenkins 2009). An issue such as disparities must be framed in a compelling and memorable way to effectively bring it to the attention of advocates, the media, policymakers, and the engaged public. A few of the key strategies offered for effectively shifting people's perceptions include:

- establishing communications goals and having clear messages,
- engaging key decisionmakers as early as possible,
- leading with a values proposition and then presenting facts that highlight disparities in health and health care, and
- repeating the message frequently and using different perspectives (Jenkins 2009).

OPPORTUNITIES HEALTH REFORM PROVIDES HEALTH FUNDERS TO COMBAT HEALTH CARE DISPARITIES

Uncertainty remains about the structure of health care reform legislation. It is clear though that there are important, emerging opportunities for funders to support national, state, and local efforts to both combat disparities and ensure the success of health care reform. Opportunities may include:

- supporting research and data collection to document the problem,

- convening stakeholders and key allies,
- managing expectations about health care reform, and
- broadening the disparities focus to address health equity and the social determinants of health.

RESOURCES TO FRAME THE ISSUES

There are numerous resources available to further inform the ongoing work of funders to improve health disparities, whether through involvement in health care reform processes, addressing broader issues of health inequalities, or building public will to achieve it. The resources included in this guide:

- provide the latest research and findings on racial and ethnic disparities in health care,
- offer insight into proposed health care reform measures and the short- and long-term effects they may have on reducing disparities in disadvantaged populations,
- highlight the significance of addressing health equity through the social determinants of health to ultimately eliminate disparities in health care, and
- discuss the importance of building public will to combat racial and ethnic disparities.

TABLE OF CONTENTS

BACKGROUND 2

DISCUSSION HIGHLIGHTS 3

Possible Effects of Health Care Reform on Combating Disparities in Health Care 3

Post-Reform Improvement of Health for Communities of Color by Intervening on the Broader Social Determinants of Health 7

The Importance of Building Public Will for Combating Disparities in Health Care 7

Opportunities Health Reform Provides Health Funders to Combat Health Care Disparities 8

RESOURCES TO FRAME THE ISSUES 10

Racial and Ethnic Disparities in Health Care 10

Racial and Ethnic Disparities and Health Care Reform 10

Health Equity and the Social Determinants of Health 12

Building Public Will to Combat Disparities 14

REFERENCES 15

BACKGROUND

Racial and ethnic disparities in health and health care remain deeply pervasive in the United States. Although substantial improvements have occurred in the overall health of the population over the last century, the health of vulnerable people of color still lags behind that of whites (GIH 2009).

Since the 1990s, the elimination of disparities has been a national priority (GIH 1998). During this period there have been major efforts to document the causes and consequences of disparities and reduce them (Agency for Healthcare Research and Quality 2008; Mead et al. 2008). These efforts notwithstanding, progress remains slow, and disproportionate rates of suffering, disability, and death continue to be documented (Mead et al. 2008).

Much of the work on disparities, including that of philanthropy, has focused on disparities in health care. Issues related to health care access and quality account for 15 to 20 percent of differences in morbidity and mortality among racial and ethnic communities of color (Satcher and Higginbotham 2008). Improving the health care system alone may reduce the effects of disparities but cannot eliminate them.

Growing interest exists in improving the health of racial and ethnic communities of color by going beyond the health care setting to the root causes of poor health and inequality. There is also greater understanding that the broader social determinants of health influence or exacerbate disparities in health care. Addressing them may be critical to efforts to ensure eradication of both health status and health care disparities. The social determinants of health include social factors such as educational attainment, job security and stability, income and wealth, housing/neighborhood environment, social inclusion, and health care (GIH 2008a).

In the current era of national health care reform, unprecedented opportunities for more action-oriented approaches are becoming available to further combat racial and ethnic disparities in health care. These include ensuring that provisions in health care reform will be beneficial to racial and ethnic communities of color, addressing the causes of disparities by tackling the social determinants of health, and underscoring the importance of building public will to combat disparities effectively.

Current health care reform efforts in this country are heavily focused on providing health insurance coverage to millions of uninsured individuals. These efforts also recognize that expanding insurance coverage must be linked to changes in the health care delivery system to improve access and quality, while constraining growth in costs. Among the estimated 36 million uninsured being targeted by reform, nearly half are racial and ethnic people of color (Thomas and James 2009). Although reducing health care disparities is not one of the main goals of current health care reform efforts, people of color stand to benefit substantially from a number of provisions in the proposed legislation. These provisions either directly or indirectly move us closer toward improved health equity for vulnerable low-income populations and communities of color (Thomas and James 2009).

Building public will may also facilitate efforts to combat racial and ethnic disparities in health care at all levels by fostering positive changes in individual attitudes and perceptions, and institutional policies and practices. By taking advantage of both planned and unanticipated events, public will building can influence and hone public and media perceptions of the legitimacy and visibility of social problems such as racial and ethnic health disparities (GIH 2008b). These efforts to garner public support can serve as a mechanism for achieving policy action and change related to both racial and ethnic disparities in health care and the social determinants of health.

DISCUSSION HIGHLIGHTS

Health reform will help the disparities momentum, but it should not supplant, replace, or exclude disparities-related work that is already underway.

– Phillip Gonzalez, Blue Cross Blue Shield of Massachusetts Foundation

The Issue Dialogue included a rich discussion of diverse topics related to disparities in health care and improving outcomes for vulnerable populations through health care reform. These discussions were informed by presentations from Anne Beal of the Aetna Foundation; Rachel Davis of The Prevention Institute; Phillip Gonzalez of the Blue Cross Blue Shield of Massachusetts Foundation; Monette Goodrich of the Connecticut Health Foundation; Alan Jenkins of The Opportunity Agenda; Roderick King of the Disparities Solutions Center at Harvard University; Lauren LeRoy of Grantmakers In Health; Caya Lewis of the U.S. Department of Health and Human Services; Bruce Siegel of The George Washington University School of Public Health and Health Services; and Brian Smedley of the Joint Center for Political and Economic Studies.

Major issues discussed during the meeting included:

- possible effects of health care reform on efforts to combat disparities in health care among vulnerable populations;
- the importance, post-reform, of ongoing work to improve the health of communities of color by intervening on the broader social determinants of health;
- the importance of building public will for issues such as combating disparities and supporting health care reform; and
- the opportunity health reform provides for health funders to support efforts to combat health care disparities.

Some of the highlights related to these issues are summarized below.

POSSIBLE EFFECTS OF HEALTH CARE REFORM ON COMBATING DISPARITIES IN HEALTH CARE

By 2042, one in two people living in the United States will be a person of color. So, increasingly, the health status of racial and ethnic minorities is going to be the health status of the nation. Therefore, it is imperative that we continue to make a concerted effort to attend to issues of equity as they benefit racial and ethnic minority groups.

– Brian Smedley, Joint Center for Political and Economic Studies

Access to affordable, equitable, and culturally appropriate health care services is vitally important, particularly for disadvantaged populations. When individuals are able to access high-quality health care services, they are more likely to seek and receive timely medical care, lessening their risk for undiagnosed or untreated health conditions and reducing the cost burden of excess rates of diseases on individuals, public programs, and private health insurance purchasers.

➤ ***Access*** – Health insurance coverage is considered one of the strongest predictors of whether people have access to care (Collins et al. 2010; GIH 2006). Insurance coverage can improve an individual's health outcomes by allowing more timely and regular access to health care services (Mead et al. 2008). Coverage also provides an important source of financial security by reducing out-of-pocket health care costs and shielding individuals from economic hardships that unexpected injuries or illnesses can create (GIH 2006).

Most people in the United States (61 percent of the nonelderly population) receive insurance coverage through an employer (The Henry J. Kaiser Family Foundation 2009). The availability and affordability of employer-sponsored coverage, however, has been gradually diminishing, with the rate of employer coverage dropping from 69 percent to 63 percent between 2000 and 2008. Sixteen percent of nonelderly populations receive public coverage, and 17 percent are uninsured (The Henry J. Kaiser Family Foundation 2009). Approximately 53 percent of nonelderly persons of color in the United States are either publicly insured or uninsured (Thomas and James 2009).

Current reform proposals require that all individuals have some form of health insurance, and include mandates that employers must provide coverage to workers and their dependents or pay an annual fee (The Henry J. Kaiser Family Foundation 2010). These proposals would establish national or state-level health insurance "exchanges" where uninsured individuals, regardless of their health or work status, and small businesses can obtain coverage from a choice of private or public plans.

> ***If we switch to a system that doesn't let undocumented immigrants in, we have really left major parts of our country out of health care reform, especially California, Texas, and other places, with millions of people outside the system. Thus, our ability to really achieve equity is going to be hampered dramatically.***
>
> ***– Bruce Siegel, The George Washington University School of Public Health and Health Serviecs***

If health care reform is enacted, it is expected that up to 36 million uninsured Americans will be eligible for insurance coverage (The Henry J. Kaiser Family Foundation 2010). Any efforts to expand and improve coverage through health care reform will have significant impact on the health outcomes of communities of color. Nevertheless, universal coverage may not guarantee universal access to care (Gonzalez 2009). An array of barriers may prevent timely access to health care, including the availability and location of providers, the cultural and linguistic competence of providers, the existence of referral services, and the strength of the safety net (GIH 2006).

There will still be groups, however, that lack insurance coverage even if reform is implemented. Active monitoring of care utilization will be needed to highlight difficulties that these populations may continue to face (Siegel 2009). For instance, undocumented immigrants will be ineligible to enroll in public programs or receive premium credits or cost-sharing subsidies (Gonzalez 2009). Other populations that may be uncovered post-reform may include people, such as the homeless, whose personal lives are so chaotic that they may not have access to necessary documentation – even if they are native-born (Gonzalez 2009). These populations often access care through safety net institutions such as public hospitals and community health centers (CHCs). To address their needs, current reform provisions include funding increases for CHCs and use of community health workers (Andrulis et al. 2009).

➤ ***Costs*** – Slowing the growth in overall health care system spending and making coverage affordable for low- and middle-income families are major elements of the political debate about health care. In 2007 the United States spent $2 trillion (16 percent of gross domestic product or GDP) on health care, nearly twice the average expended by other developed countries (HHS 2009). If unchecked, these costs are expected to rise to $4 trillion, or 20 percent of GDP by 2016.

Over the past few decades, a large amount of the growth in health care spending has been attributed to increases in the availability and use of new, high-cost technologies to improve medical care (CBO 2008). Higher prices in areas such as hospital stays, physician visits, and prescription drugs also have fueled increases in health care system spending. Despite these expenditures, people in this country often are not healthier and do not live longer than citizens in many other nations (HHS 2009).

Much of the cost of financing health care is borne by employers, which can filter down to affect the

individuals and families they cover. Consequently, rising health care costs, in combination with the recent economic downturn, are taking an increasing financial toll (The Henry J. Kaiser Family Foundation 2009). For instance, growing costs have contributed to higher health insurance premiums, which have significantly affected expenditures for both employers and consumers. Within the past 10 years, employer contributions for family health insurance coverage has increased by 119 percent, from $5,791 per year in 1999 to $9,325 per in year in 2008 (The Henry J. Kaiser Family Foundation 2009). During this same period, employee contributions toward health insurance premiums have increased by 117 percent, outpacing the 34 percent increase in wages.

Higher premiums, copayments, and out-of-pocket costs reduce the affordability of care for individuals, putting many low- and middle-income individuals and families at risk of having little to no coverage for their health needs (The Henry J. Kaiser Family Foundation 2009). This is especially burdensome for people of color who generally earn less, have significantly higher rates of poverty, and are less likely to have sufficient savings to pay increased out-of-pocket costs compared to whites (Families USA 2008).

Health care reform could bend the overall health care cost curve through savings of $683 billion or more in national health spending between 2010-2019 (Cutler et al. 2009). Additionally, the annual growth rate in national health expenditures could be slowed from 6.4 percent to 6.0 percent (Cutler et al. 2009). Examples of reform provisions that may facilitate these reductions include changes to Medicare and Medicaid payments to reward value and health outcomes over volume of care, controlling pharmaceutical prices and overuse of high-cost services and new medical technologies, reducing health care administrative costs, and promoting greater investment in wellness and prevention.

At the individual level, reform may improve the ability of low-income populations and communities of color to manage medical debt and make greater use of preventive services (Thomas and James 2009). Examples of proposed reform provisions that address individual costs include: expansions of Medicaid eligibility levels to cover more individuals and families; premium subsidies, cost-sharing subsidies, and out-of-pocket limits for low-income individuals through health insurance exchanges; and the employer mandate to provide coverage to employees (Collins et al. 2010; Thomas and James 2009). Questions remain, however, about how these changes will enable underserved individuals and families to actually afford coverage. Coverage expansions may increase short-term costs. They are, however, expected to have profound long-term effects on improving health outcomes and reducing health care disparities.

➤ ***Quality*** – There are wide variations in the quality of health care people in this country receive. In particular, significant disparities have been documented in the quality of care delivered to people of color (Mead et al. 2008). Quality of care issues and differences in treatments can arise due to communication problems between patients and providers, as well as from differential treatment of patients by individual providers due to discriminatory attitudes or beliefs (Mead et al. 2008). Delivering appropriate and high-quality care to people of color often requires an understanding of patients' beliefs, values, and concerns about health and illness, which are often culturally based and variable across groups (GIH 2009). It also requires better decisionmaking by providers, patients, and policymakers, using evidence that documents the health care system's performance in meeting the needs of these populations.

Health information technology (HIT) will also be important in efforts to improve both health care costs and quality post-reform. Currently, institutions that primarily serve low-income populations and communities of color often have limited uptake of HIT. This is due, in part, to the cost-prohibitive nature of HIT adoption and maintenance (King 2009). A number of quality measures in the reform bills promote and incentivize implementation and usage of electronic health records and other HIT upgrades in a variety of health care settings (The Henry J. Kaiser Family Foundation 2009; King 2009). HIT usage can standardize enrollment, claims, and clinical data that providers collect on their patients. Reporting this data can inform evidence-based disparity reduction initiatives for vulnerable populations.

Collecting standardized patient data on race, ethnicity, gender, and primary language facilitates improvements in quality and efficiency of care. Consistent collection of this data may identify barriers

that low-income populations and communities of color face in accessing services (Siegel 2009). Data collection also helps stakeholders understand the severity of disparities across populations, informs their policy decisions, and can guide funding allocations (GIH 2009). Data can be used to track improvements in the health of vulnerable populations after health reform measures are introduced.

A range of evidence-based strategies being proposed in reform measures to improve the quality and efficiency of health care offered by providers may be especially beneficial to vulnerable populations. Proposed strategies include developing quality measurement and improvement standards for providers and programs, supporting comparative effectiveness research, and promoting transparency in reporting of quality data (Andrulis et al. 2009; Collins et al. 2010). Providers and health plans may be encouraged to

CAPACITY AND WORKFORCE ISSUES: ARE WE PREPARED TO SERVE PATIENTS IN THE WAKE OF HEALTH CARE REFORM?

Given current capacity challenges in our health care system, concerns exist regarding its ability to effectively deliver services to additional patients as health care reform is implemented. With projections of up to a doubling of service utilization rates, the current infrastructure is unlikely to be able to handle the volume of new patients (Beal 2009; Smedley 2009). Extreme shortages among primary care physicians, nurses, dentists, and mental health providers are expected.

Additionally, increased diversity among the newly covered may severely tax providers' abilities to adequately deal with linguistic and cultural differences. Related concerns also exist regarding the diversity of the health care workforce itself. At present, there is a severe underrepresentation of minorities pursuing careers in health professions. Roughly 15 percent of doctors, 9 percent of registered nurses, and 12 percent of dentists are people of color. Similarly low percentages are found among other health professions (GIH 2009). This challenges access to care for vulnerable populations because many of these providers are more likely to practice in underserved communities of color.

A range of strategies, however, are being used to increase the numbers, as well as the diversity, of the health care workforce.

- **Training and Educational Incentives:** Continued investments are needed to support the recruitment, training, and retention of health care professionals from diverse racial and ethnic backgrounds. To further this goal, current reform provisions specify the use of loan repayment programs, scholarships, incentives for practicing in designated shortage areas, and expansion of the National Health Services Corps (Andrulis et al. 2009; Smedley 2009). However, the substantial lag of 10 to 12 years between training providers and getting them into the field remains a challenge. This is particularly problematic because practitioners will be needed in the next two to three years as reform implementation begins (Smedley 2009).
- **Importing Health Care Professionals:** Another strategy focuses on bringing health care professionals from other countries, particularly nurses. Issues may arise, however, in the transferability of foreign qualifications and standards of care (Siegel 2009). Additionally, though these providers may speak the same language as their patients, they often come from very different cultural and economic backgrounds. This can hamper efforts to close cultural gaps between providers and patients. Reform provisions to expand and improve cultural competence education and training may improve the quality of care these and other health professions provide to patients from communities of color (Andrulis et al. 2009).
- **Alternate Health Care Models:** A more provocative strategy for increasing the health care workforce involves turning to alternate models of care and expanding the scope of practice of midlevel health professionals like nurse midwives and dental hygienists (Siegel 2009). With the current shortages and distribution challenges among traditional primary care providers, greater use of these models may be explored in the future. Meanwhile, debates continue concerning scope of practice, accountability, sustainability, and whether the quality of care provided through these providers is at least equivalent to that of traditional providers (Siegel 2009).

improve patient care through financial incentives that promote health quality and efficiency, and may have to publicly report quality and cost data stratified by race or ethnicity (Collins et al. 2010; Siegel 2009). Rewarding incremental improvements, as well as absolute performance, may also drive improvements among providers who demonstrate relatively low-quality but high-cost patient care.

POST-REFORM IMPROVEMENT OF HEALTH FOR COMMUNITIES OF COLOR BY INTERVENING ON THE BROADER SOCIAL DETERMINANTS OF HEALTH

Reforming the current health care system is an essential first step in improving health, particularly for vulnerable low-income populations and communities of color. To achieve long-term improvements in health status, however, it is necessary to go beyond the traditional health care system to address the social determinants of health. Doing so takes into account the broader context of people's lives, including socioeconomic status and opportunities available in the neighborhoods and environments in which they live, work, and play. Additionally, using a social determinants approach provides a more comprehensive understanding of the reasons why communities of color continue to experience disproportionately higher rates of disease and death (GIH 2008b).

The United States is still a highly segregated nation in many respects. In many communities of color, numerous policies, systems, and structures create barriers to accessing resources and services that can enhance health. Many of these factors influencing the social determinants of health are systemic, cumulative, and interconnected, and can inhibit a person's capacity to participate fully in society (GIH 2009). These conditions thereby threaten the social and economic health of individuals, their communities, and our nation as a whole. Future efforts will be needed to promote the use of action-oriented, place- and people-based strategies to improve the social determinants of health and reduce inequities that many vulnerable populations face (Davis 2009; Smedley 2009).

Along with strategies that address the social determinants of health, access to up-to-date research remains necessary for documenting the effects that these actions have on minimizing disparities in health and health care. Strategies, such as conducting health impact assessments (HIAs), may be used to educate people on the inequities that exist within their communities (Smedley 2009). HIAs use a combination of procedures, methods, and tools to evaluate the potential health effects of a project or policy on a population objectively before it is built or implemented (WHO 2010). They can provide recommendations to increase positive health outcomes and minimize adverse outcomes. Extensively documenting inequities may also generate greater involvement from local health care and community stakeholders in crafting solutions, as well as promote collaborations across multiple sectors for inequities prevention efforts (Davis 2009; Goodrich 2009; Smedley 2009).

> *We cannot express enough the importance of continuing to collect and report on high-quality standardized data, stratified by race, ethnicity, and primary language. It grounds everything we do. "Quality 101" teaches that you cannot improve your performance if you don't measure it.*
>
> *– Anne Beal, Aetna Foundation*

THE IMPORTANCE OF BUILDING PUBLIC WILL FOR COMBATING DISPARITIES IN HEALTH CARE

Continued efforts are needed to build public will around combating racial and ethnic disparities in health care. Despite many years of research on the issue, most Americans remain unaware of the magnitude and severity of the problems posed by disparities (GIH 2008b; Goodrich 2009). This includes not knowing who is affected by them or their implications on health care costs, life expectancy, and quality of life. This lack of understanding extends to the highest levels of decisionmakers and contributes to limited public will for change. It may also help explain why the media and general public seem to care about and devote attention

to some social problems but not others.

Efforts to build public will often utilize both planned and unanticipated events to influence public and media perceptions of the legitimacy and visibility of social problems (GIH 2008b). These efforts also must take into account people's responses to facts that do not fit their worldview (Jenkins 2009). For example, people may not inherently believe that the documented inequities in health status among racial and ethnic communities of color can exist in a wealthy, successful country such as the United States (Jenkins 2009).

Consequently, merely presenting people with facts on the pervasiveness and effect of disparities in health and health care may not automatically lead to acceptance or changes in their worldview. Instead, an issue such as disparities must be framed in a compelling and memorable way to effectively bring it to the attention of advocates, the media, policymakers, and the engaged public. Framing the issue based on readily identifiable values and common language may also garner public support and facilitate constituency-building efforts that promote policy changes to reduce disparities (GIH 2008b; Goodrich 2009).

Key strategies offered for effectively shifting people's perceptions to build public will include:

- establishing short- and long-term communications goals and having a clear understanding of what the message aims to accomplish;
- understanding from a communications standpoint that there is no "general public," but rather identifiable segments of the public to which message should be targeted, including people already on board with the issue and those who can be swayed;
- identifying and engaging key decisionmakers as early in the campaign as possible to influence policy and practice changes and eliminate the need for wider message dissemination;
- leading with an underlying values proposition, such as the notion that everyone deserves an equal opportunity to enjoy good health and access affordable, high-quality health care, and once accepted, presenting facts that highlight the reality of racial and ethnic disparities in health and health care;
- being rigorously solution-oriented by presenting the problem, as well as conveying concrete, sustainable strategies and solutions for fixing it; and
- repeating the message frequently to ensure saturation and from different perspectives to help it become more ingrained (Jenkins 2009).

OPPORTUNITIES HEALTH REFORM PROVIDES HEALTH FUNDERS TO COMBAT HEALTH CARE DISPARITIES

Uncertainty remains about the structure of health care reform legislation. It is nonetheless clear that there are important, emerging opportunities for funders to support national, state, and local efforts to both combat disparities and ensure the success of health care reform. The following lists opportunities for health funders considering this work.

➤ ***Support Research and Data Collection to Document the Problem***

- Support continued efforts to document the needs of vulnerable populations in the funder's region or state.
- Monitor and document post-reform effects on the health of low-income populations and communities of color.
- Support research on the quality, effectiveness, and sustainability of alternate models of care to identify which approaches may best increase health care access for vulnerable populations (Siegel 2009).

➤ ***Provide Information to Help Communities Understand the Problem***

- Help disseminate information to raise awareness of disparities and the challenges that vulnerable

populations face. This includes highlighting current conditions, monitoring changes that may occur following health care reform passage, and identifying strategies for improving health equity by intervening on the social determinants of health (Smedley 2009).

- Serve as the "go-to" organization for providing accurate, timely health care information to decision-makers, as well as to informal networks via social media on the Internet, television, or community groups (Beal 2009; Goodrich 2009).
- Support the education and training of health reporters to better communicate this information.

➤ ***Convene Stakeholders and Key Allies***

- Serve as catalysts, conveners, and connectors of diverse groups at local, state, or national levels.
- Use the foundation's influence to reach and engage policymakers in ways that other organizations are unable (Beal 2009; Goodrich 2009).
- Help broaden conversations around disparities and how to best combat them by bringing in diverse, new perspectives to better understand what is needed in a health care system that effectively serves all populations (Gonzalez 2009).

➤ ***Build Organizational Capacity***

- Help build capacity to sustain the work of community and grassroots organizations, advocacy groups, and other entities focused on reducing racial and ethnic health care disparities (Davis 2009).
- Provide support, including technical assistance, to help equip these groups who may serve as key actors in implementing health care reform, but do not currently have the resources and capacity to do so.

➤ ***Manage Expectations about Health Care Reform***

- With a gap of several years between the passage of health care reform and its implementation, the momentum and support for reform may be lost. During the interim period, engage in state and local level efforts to track public opinion and stakeholder participation in conversations on reform (Gonzalez 2009).
- Support advocacy efforts to educate people on what to expect at various stages in the process, including ways to provide guidance and recommendations for operationalizing various reform components.
- Help strengthen the capacity of state governments to implement the legislation in a timely manner.
- Test strategies for conducting outreach and enrolling the newly covered in the insurance options that may be offered (Gonzales 2009).

➤ ***Broaden the Health Care Disparities Focus to Address Health Equity and the Social Determinants of Health***

- Increase funding opportunities that focus on improving the structural causes of health inequities through action on the social determinants of health. This includes building public awareness and policy support for improving social, environmental, and economic conditions that promote health; supporting ongoing research and on-the-ground interventions focused on improving these conditions in local communities; and encouraging collaborations with sectors beyond those typically utilized in the public health arena such as environmental, poverty, and housing organizations (GIH 2008a; Smedley 2009).

RESOURCES TO FRAME THE ISSUES

The following resources can help further inform the ongoing work of funders to improve health disparities, whether through involvement in health care reform processes, addressing broader issues of health inequalities, or building public will to achieve it. The documents listed:

- provide the latest research and findings on racial and ethnic disparities in health care;
- offer insight into proposed health care reform measures and the short- and long-term effects they may have on reducing disparities in disadvantaged populations;
- highlight the significance of addressing health equity through the social determinants of health to ultimately eliminate disparities in health care; and
- discuss the importance of building public will to combat racial and ethnic disparities.

RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE

➤ ***National Healthcare Disparities Report, 2008***
Agency for Healthcare Research and Quality, March 2009
Click **here** to access the report.

The *National Healthcare Disparities Report, 2008* examines national disparities in both the ability of Americans to access health care and in the quality of health care. It includes an analysis of disparities related to socioeconomic position, and race and ethnicity. The report provides baseline data to measure the effect of efforts to reduce disparities, including examining 45 core quality measures related to effectiveness, patient safety, timeliness, and patient centeredness.

➤ ***Racial and Ethnic Disparities in U.S. Health Care: A Chartbook***
The Commonwealth Fund, March 2008
Click **here** to access the chartbook.

The chartbook provides an analysis of disparities in insurance coverage, health status and mortality, access and quality of health care, and strategies for closing the gaps that exist among populations in the United States. The analysis reflects an evolving understanding of the nature and etiology of disparities. It aims to help policymakers, teachers, researchers, advocates, and other key stakeholders begin to understand health disparities in their communities and develop the most effective strategies for reducing them.

➤ ***Key Facts: Race, Ethnicity & Medical Care, 2007 Update***
The Henry J. Kaiser Family Foundation, 2007
Click **here** to access the report.

The report includes data on the uninsured and access to care by race/ethnicity, as well as information about the disproportionate effects that specific conditions, such as diabetes, HIV/AIDS, and asthma, have on racial and ethnic communities of color in the United States. It includes demographic data on these populations in each state and the U.S. territories. An examination of changes in health care disparities over time is included.

RACIAL AND ETHNIC DISPARITIES AND HEALTH CARE REFORM

➤ ***Ensuring that Health Care Reform Will Meet the Health Care Needs of Minority Communities and Eliminate Health Disparities: A Statement of Principles and Recommendations***
Advisory Committee on Minority Health, U.S. Department of Health and Human Services, July 2009
Click **here** to access the report.

The report summarizes key principles proposed by the Advisory Committee on Minority Health to

ensure that health care reform meets the needs of minority communities and creates the momentum and infrastructure to eliminate health disparities. These principles encompass areas of health care policy and health care reform such as the need for a diverse health care workforce and equitable access to comprehensive health care coverage and services; roles of public health and the safety net; and transparent, accessible, and comprehensive data systems.

➤ ***The Health Insurance Provisions of the 2009 Congressional Health Reform Bills: Implications for Coverage, Affordability, and Costs***
The Commonwealth Fund, January 2010
Click **here** to access the report.

The report provides an analysis of the health reform bills passed by the U.S. House of Representatives and Senate. The analysis focuses on: 1) the number of people who would likely gain coverage; 2) the program or plan under which they would be covered, including the consequences for federal financing; 3) the estimated insurance premium and out-of-pocket costs for families; 4) consequences for employers; and 5) the degree to which the reorganization and regulation of insurance markets may stimulate price competition and lower costs. The analysis concludes that, notwithstanding some key differences between the bills' approaches, both would significantly reform health insurance and provide coverage to over 30 million uninsured Americans. These efforts may also substantially improve the affordability of coverage for small businesses and people who now buy insurance on their own.

➤ ***H.R. 3090: Health Equity and Accountability Act of 2009***
Congressional Black, Hispanic, and Asian Pacific American Caucuses – Congressional Tri-Caucus, 2009
Click **here** to access the legislation.

The Health Equity and Accountability Act of 2009 outlines the previously released Congressional Tri-Caucus' priorities for health care reform that can achieve health equity across lines of race and ethnicity, gender, and geography. It is designed to reduce racial and ethnic disparities that exist under the current health care system. It also addresses a number of other issues important to communities of color in ongoing efforts to improve the national health care system for all Americans.

➤ ***Race, Ethnicity & Health Care Reform: Achieving Equity in Our Lifetime***
Drexel University Center for Health Equity and Joint Center for Political and Economic Studies, 2009
Click **here** to access the report.

This report identifies, analyzes, and compares provisions that explicitly address the health and health care needs of racial and ethnic communities of color within the House and Senate health care reform proposals that passed in Congress. The issue brief also explores potential implications of broad health care reforms for these groups, including how each bill could decrease disparities and improve the health of communities of color. Included is a discussion of where each falls short in advancing these goals, and transitional challenges and questions for the future should health care reform legislation be enacted.

➤ ***Addressing Racial and Ethnic Health Inequities: Tri-Committee Discussion Draft for Health Care Reform***
Joint Center for Political and Economic Studies, June 23, 2009
Click **here** for the testimony.

Testimony provided by Dr. Brian Smedley, vice president and director of the Health Policy Institute at the Joint Center for Political and Economic Studies, before the House Energy and Commerce Committee focuses on the need to achieve health and health care equity. It also addresses how current health reform legislation could be strengthened with evidence-based strategies aimed at improving the federal investment in health equity.

➤ ***Addressing Disparities in Health and Health Care: Issues for Reform***
The Henry J. Kaiser Family Foundation, June 10, 2008
Click **here** for the testimony.

Addressing Disparities in Health and Health Care: Issues for Reform is the testimony provided by Dr. Marsha Lillie-Blanton, senior advisor on race, ethnicity, and health care at The Henry J. Kaiser Family Foundation, before the House Ways and Means Health Subcommittee. It focuses on the role of health insurance in reducing disparities in health care and in health status.

➤ ***Health Reform***
The Henry J. Kaiser Family Foundation, 2010
Click **here** to access the Web site.

The "Health Reform" section of The Henry J. Kaiser Family Foundation Web site provides a number of key national health reform-related resources, including research and analysis explaining health reform, public opinion polls tracking support for health reform, and a side-by-side comparison of major health care reform proposals.

➤ ***Side-by-Side Comparison of Major Health Care Reform Proposals***
The Henry J. Kaiser Family Foundation, 2010
Click **here** for the comparison tool.

This interactive tool compares the leading comprehensive reform proposals formally introduced as legislation, as well as those offered as draft proposals or policy options, across a number of key characteristics and plan components.

HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH

➤ ***Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health***
Commission on Social Determinants of Health, World Health Organization, 2008
Click **here** to access the report.

The report provides recommendations for achieving health equity for all people within a generation through action on the social determinants of health. Strategies that have proven effective in improving health equity in countries at varying levels of socioeconomic development are offered. Additionally, suggestions are made in areas, such as measuring the problem and expanding the knowledge base, evaluating action, and raising public awareness, to underscore the importance of addressing issues of health inequality in all societies.

➤ ***Health Equity Policies: A Review of the Recommendations***
Disparity Reducing Advances Project, Institute for Alternative Futures, 2009
Click **here** to access the compilation report.

Health Equity Policies: A Review of the Recommendations compiles 28 reports, memos, and briefs that identify key priorities, recommendations, and strategies for creating health equity. It reviews the state of the health equity movement among government entities and organizations explicitly recommending and pursuing health equity. Key focus areas covered in these recommendations range from health care; to early childhood investment; to environmental, housing, and transportation issues.

➤ ***Overcoming Obstacles to Health***
Robert Wood Johnson Foundation, February 2008
Click **here** to access the report.

Overcoming Obstacles to Health is a Robert Wood Johnson Foundation report to the Commission to Build a Healthier America that provides a profile of the current state of health in the United States. It also

discusses the scope of health disparities, the social and economic factors that contribute to such disparities, and the areas that hold promise for improving the health of this country. A framework is offered for finding solutions that go beyond the medical care system by applying current knowledge about the underlying causes of social disparities in health.

➤ ***Beyond Health Care: New Directions to a Healthier America***
Robert Wood Johnson Foundation, April 2009
Click **here** for the report.

Beyond Health Care: New Directions to a Healthier America is a report that describes the work of the Commission to Build a Healthier America and provides recommendations for improving the health of all Americans at the local, state, and federal levels. These recommendations call for substantial collaborations across all sectors to achieve changes in schools, at home, in communities, and in the workplace. Particular areas of interest identified include early childhood development, nutrition and physical activity, and healthy environments.

➤ ***Quality/Equality***
Robert Wood Johnson Foundation, 2009
Click **here** to access the Web site.

The "Quality/Equality" section of the Robert Wood Johnson Foundation Web site contains resources on programs, grants, and promising practices that promote improvements in the quality of health care received by all Americans. The site also includes information on the foundation's Aligning Forces for Quality (AF4Q) national initiative. AF4Q seeks to promote communitywide transformation of the quality of health and health care through collaborations with those who get care, give care, and pay for care. Included among AF4Q's six areas of focus are efforts to address equity and identify interventions that reduce disparities in quality of care.

➤ ***Report of the National Expert Panel on Social Determinants of Health Equity: Recommendations for Advancing Efforts to Achieve Health Equity***
National Expert Panel on Social Determinants of Health Equity, Centers for Disease Control and Prevention, and National Association of Chronic Disease Directors, May 2008
Click **here** to access the report.

The report provides a number of recommendations for accelerating public health efforts to achieve health equity. Included is the need to develop evidence-based strategies to eliminate inequities in populations and communities where they have existed for multiple generations. The recommendations of the panel are aimed to be a call to action to transform public health practice and research, to support policy change, and to build health system and community capacity to fully incorporate a sustained focus on achieving health equity.

➤ ***Moving Upstream: How Interventions that Address the Social Determinants of Health Can Improve Health and Reduce Disparities***
David Williams, Manuela Costa, Adebola Odunlami, and Selina Mohammed, November 2008
Click **here** to access the article.

The article, published in the *Journal of Public Health Management and Practice*, highlights research evidence documenting that tackling the social determinants of health can lead to reductions in health disparities. It focuses both on interventions within the health care system that address some of the social determinants of health and on interventions in upstream factors, such as housing, neighborhood conditions, and increased socioeconomic status, that can lead to improvements in health.

BUILDING PUBLIC WILL TO COMBAT DISPARITIES

➤ ***Creating Public Will to End Racial and Ethnic Disparities***
Grantmakers In Health, September 2008
Click **here** to access the Issue Focus.

The Issue Focus synthesizes discussions from a Connecticut Health Foundation-supported Grantmakers In Health convening of funders to discuss both the need to create public will to address health disparities and strategies for doing so. It includes the importance of using public will to tackle major societal issues, using concepts of branding to develop a clear message, and concrete strategies for spreading the word about the issues that relate to disparities. Next steps for moving the conversations into short- and long-term action are also identified.

➤ ***Building Public Will: Five-Phase Communication Approach to Sustainable Change***
Metropolitan Group, 2009
Click **here** to access the report.

The report provides a communication approach for creating sustainable behavioral change through public will building. It includes an analysis of the underlying principles for defining public will building and distinguishes between this approach, and public opinion and social marketing-based communications. The five phases of public will building are highlighted using a case study approach that illustrates the work that occurs during each phase and the roles of organizers and the target audience.

➤ ***Mobilizing Public Will for Social Change***
Charles T. Salmon, L.A. Post, and Robin E. Christensen, Michigan State University; June 2003
Click **here** to access the report.

The report examines theories of change and strategies behind public will campaigns initiated by nonprofit organizations and foundations and offers criteria for their evaluation. It provides an inventory of strategies for use in mobilizing public will through an integration of agenda building models, social problem construction, issues management, social movements, media advocacy, and social capital. In addition, the paper provides case studies of public will campaigns directed at various social problems, along with criteria for evaluating these campaigns at various stages of a social problem's life cycle.

REFERENCES

Agency for Healthcare Research and Quality, *National Healthcare Disparities Report, 2008* (Rockville, MD: 2008).

Andrulis, Dennis P., Nadia J. Siddiqui, Jonathan Purtle, and Lisa Duchon, "Race, Ethnicity & Health Care Reform: Achieving Equity in Our Lifetime," *Joint Center for Political and Economic Studies Issue Brief* (Washington, DC: 2009).

Beal, Anne, Aetna Foundation, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

Collins, Sara R., Karen Davis, Jennifer L. Nicholson, et al., *The Health Insurance Provisions of the 2009 Congressional Health Reform Bills: Implications for Coverage, Affordability, and Costs* (New York, NY: The Commonwealth Fund, 2010).

Cutler, David M., Karen Davis, and Kristof Stremikis, *Why Health Reform Will Bend the Cost Curve* (New York, NY: The Commonwealth Fund, 2009).

Davis, Rachel, The Prevention Institute, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

Families USA, "An Unequal Burden: The True Cost of High-Deductible Health Plans for Communities of Color," <http://www.familiesusa.org/assets/pdfs/unequal-burden.pdf>, September 2008.

Gonzalez, Phillip, Blue Cross Blue Shield of Massachusetts Foundation, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

Goodrich, Monette, Connecticut Health Foundation, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

Grantmakers In Health (GIH), *Call to Action: Eliminating Racial and Ethnic Disparities in Health* (Washington, DC: 1998).

Grantmakers In Health (GIH), "Creating Public Will to End Racial and Ethnic Health Disparities," Issue Focus, *GIH Bulletin*, September 15, 2008b.

Grantmakers In Health (GIH), *Effective Community Programs to Combat Disparities* (Washington, DC: March 2009).

Grantmakers In Health (GIH), *More Coverage, Better Care: Improving Children's Access to Health Services* (Washington, DC: 2006)

Grantmakers In Health (GIH), "Social Policy Is Health Policy: Addressing the Economic and Social Determinants of Health," Issue Focus, *GIH Bulletin*, October 20, 2008a.

Jenkins, Alan, The Opportunity Agenda, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

The Henry J. Kaiser Family Foundation, "Health Care and the Middle Class: More Costs and Less Coverage," <http://www.kff.org/healthreform/upload/7951.pdf>, July 2009.

The Henry J. Kaiser Family Foundation, "Summaries of Coverage Provisions in House and Senate Reform Legislation," <http://www.kff.org/healthreform/8023.cfm>, January 2010.

King, Roderick, Disparities Solutions Center, Harvard University, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

Mead, H., L. Cartwright-Smith, K. Jones, et al., *Racial and Ethnic Disparities in U.S. Health Care: A Chartbook* (New York, NY: The Commonwealth Fund, 2008).

Satcher, D., and E.J. Higginbotham, "The Public Health Approach to Eliminating Disparities in Health," *American Journal of Public Health* 98(3):400-403, 2008.

Siegel, Bruce, The George Washington University School of Public Health and Health Services, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

Smedley, Brian, Joint Center for Political and Economic Studies, remarks at Grantmakers In Health Issue Dialogue, *Where Do We Go from Here? Combating Health Care Disparities in an Era of Reform*, November 5, 2009.

Thomas, Megan, and Cara James, "The Role of Health Coverage for Communities of Color," *Race, Ethnicity and Health Care: Issue Brief* (Washington, DC: The Henry J. Kaiser Family Foundation: November 2009).

U.S. Congressional Budget Office (CBO), "Technological Change and the Growth of Health Care Spending," <http://www.cbo.gov/ftpdocs/89xx/doc8947/01-31-TechHealth.pdf>, January 2008

U.S. Department of Health and Human Services (HHS), "The Costs of Inaction: The Urgent Need for Health Reform," <http://www.healthreform.gov/reports/inaction/>, 2009.

World Health Organization (WHO), "Health Impact Assessment," <http://www.who.int/hia/en/>, January 2010.