

WHERE DO WE GO FROM HERE?

Combating Health Care Disparities in an Era of Reform

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 by intervening on the social determinants of health and building public will to combat disparities.

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 tech-

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nologies (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.

To access these resources, visit the "Publications" section of www.gih.org and click on the corresponding report title listed under "Issue Dialogue Briefs."

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For a complete citations list, visit the "Publications" section at www.gih.org and click on the corresponding report title listed under "Issue Dialogue Briefs."