

# South Asian American Healthcare Disparities

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# Background

- Kaiser Family Foundation 2001 National Survey - Majority of physicians believe disparities in how people are treated within the healthcare system 'rarely' or 'never' happen based on factors such as income, fluency in English, educational status, or racial or ethnic background.”
- American Medical Association, National Hispanic Medical Association, and National Medical Association, with funding from the Robert Wood Johnson Foundation, created a Commission to End Health Care Disparities to raise awareness and leverage the strength of physicians and physician organizations to address health care disparities.
- The Commission includes leaders from the nation's largest physicians' organizations and more than 30 health-related groups. It educates physicians and health professionals about health care disparities while identifying and developing strategies to eliminate gaps in care based on race and culture.
- Survey of physicians on health care disparities showed that:
  - 55% of physicians agreed that “minority patients generally receive lower quality care than white patients
  - 21% were unsure of this claim
  - 24% disagreed with it.
  - 62% of the nation’s physicians report they have witnessed a patient receive poor quality health care because of the patient's race or ethnicity.

# Background (Cont'd.)

Training, experience, and skills caring for minorities:

- Physicians report having the training and skills to care for minorities.
- 88% of physicians report that during their training they cared for minorities “often” or “very often”
- 41% indicate their curriculum included some classes specifically devoted to minority health issues.
- During their medical training, 50% of responding physicians worked with someone who had a special interest in improving the health of minority patients.
- 70% report being well informed about possible cultural differences between themselves and patients they may care for.
- 41% report fluency in a language other than English
- 21% speak a foreign language with patients “often” or “very often”
- 87% report having cared for a patient within the past month who did not speak English fluently.

# Understanding Disparities

We need to:

- Focus on the social (family and community) and physical environments and how they influence health and health outcomes, and how socioeconomic factors of poverty, racism, and discrimination affect health
- Minorities studying in the Healthcare Professions
- Study the impact of Cross-Cultural Education
- Understand community engagement in Healthcare Research

# Role of Gender in Healthcare

- The life advantage for girls and women that characterizes the health statistics of industrialized countries is blurred in South Asia
- Gender discrimination at each stage of the female life cycle contributes to health disparity, sex selective abortions, neglect of girl children, reproductive mortality, and poor access to health care for girls and women
- Violation of fundamental human rights, and especially reproductive rights of women, plays an important part in perpetuating gender inequity
- Policy makers, program managers, health professionals, and human rights workers in South Asia need to be aware of and responsive to the detrimental health effects that gender plays throughout the life cycle
- Source: Role of gender in health disparity: the South Asian context , Fariyal F Fikree, *program associate*<sup>1</sup>, Omrana Pasha, *manager, research projects*

# Asian Pacific American Healthcare Statistics

- **Population** - 13 million (2002)
  - Percent of persons in fair or poor health: 5.1 (2002)
  - With an activity limitation due to one or more chronic health conditions: 4.9% (2002)
  - Percent who smoke
    - \* adult men : 19.5 (2000-2002)
    - \* adult women: 6.9 (2000-2002)
- **Access to health care:**
  - Under 65 years without health insurance coverage: 17.4% (2002)
  - Without a usual source of health care: 12.2% (2002)
- **Mortality for Asian or Pacific Islander population**
  - Number of deaths: 38,332 (2002)
  - Deaths per 100,000 population: 299.5 (2002)
  - Leading causes of death and Number of deaths (2001)
    - \* Cancer: 9,792
    - \* Heart disease: 9,428
    - \* Stroke: 3,497
  - Infant deaths per 1,000 live births: 4.7 (2001)

# Barriers to Healthcare

Several barriers hinder physicians from participating more actively to improve the health and health care of minorities:

- Difficulty accessing hospitals for non-emergency care (13%)
- Poverty in the communities where minority patients live (20%)
- Financial problems (21%)
- Time constraints (41%)
  
- Health disparities are also influenced by individual, social, environmental, and other factors external to the process of healthcare.
- Healthcare delivery may reflect deeply held individual or cultural preferences.
- Interventions to reduce healthcare disparities probably should have multiple and interrelated targets--for example,
  - Knowledge and attitudes that underlie patient demand for services,
  - Patient-Provider bias and communication that may underlie differing practice patterns,
  - How the healthcare system is organized and financed
- Influence of social and community factors on overall health status and life expectancy

Source: Health and Social Issues Associated with Racial, Ethnic, and Cultural Disparities *By Jerry C. Johnson and Nancy H. Smith*

# Barriers to Healthcare (Cont'd.)

Health and Social Issues Associated with Racial, Ethnic, and Cultural Disparities *By Jerry C. Johnson and Nancy H. Smith*

- Healthcare disparities can cause or exacerbate disparities in health outcomes. Health disparities are also influenced by individual, social, environmental, and other factors external to the process of healthcare.
- Health disparities in healthcare delivery may reflect deeply held individual or cultural preferences.
- Interventions to reduce healthcare disparities probably should have multiple and interrelated targets--for example, the knowledge and attitudes that underlie patient demand for services, the patient-provider bias and communication that may underlie differing practice patterns, the manner by which the healthcare system is organized and financed, and the influence of social and community factors - Overall health status and life expectancy

# Summary

- Institute of Medicine's Report, *Unequal Treatment* documented that there are many causes contributing to widespread racial and ethnic disparities in health care.
- Individual physicians are in a key position to address some of these. The findings from this survey suggest that:
- Physicians are increasingly aware of racial or ethnic health care disparities and many are actively engaged in efforts to address these quality differentials.
- Recognizing and building on this momentum is important because our findings suggest
- There is a receptive physician audience for educators and policymakers to approach with tools and resources.
- Many physicians may be able to work in collaboration with community health workers or other community groups.
- These efforts are important as they may promote system changes at levels that commonly cannot be reached by physicians working alone.
- This study also documents the persistence of barriers that may retard physicians' efforts to deliver a uniformly high standard of care for all.

# Policy Changes and Opportunities

- Kaiser Family Foundation produced an Issue Brief that highlights policy challenges and opportunities for addressing racial and ethnic disparities in health care.
- The Institute of Medicine's (IOM) 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities*, recommended the use of a comprehensive, multi-level strategy to address health care disparities.
- Five broad areas of policy initiatives:
  - Raising public and provider awareness of racial and ethnic disparities in care
  - Expanding health insurance coverage
  - Improving the number and capacity of providers in underserved communities
  - Improving the quality of care
  - Increasing the knowledge base on causes and interventions to reduce disparities.
- Policy Changes:
  - A492/S144 Requires physician cultural competency training as a condition of licensure
  - H.R. 3459/S. 1833 - Healthcare Equality and Accountability Act of 2003

# Conclusion

- Racial and ethnic minorities experience a lower quality of health care services and are less likely to receive routine medical procedures.
- Minorities are also more likely to be uninsured, live in poverty, and be exposed to environmental hazards at home and on the job.
- Eliminating these disparities involves recognizing certain nuances, for example understanding the relationships among race, socioeconomic status, and health; appreciating the complexities of working with different racial and ethnic groups and with intergroup dynamics; and grappling with sensitive subjects, such as racism, power, and privilege. (Source: Resource Center on Healthcare Philanthropy)
- The evidence of racial and ethnic disparities in health outcomes is overwhelming. Excess deaths and excess morbidity and disability are prevalent among racial and ethnic minority elders.
- While socioeconomic factors are the most powerful determinant of healthcare and health status in the U.S. population, race and ethnicity are independent risk factors. Membership in a minority racial or ethnic group is a risk factor for decreased access to care and to less intensive and lower quality care.
- Patient, provider, community, and environmental factors influence disparities in healthcare and health outcomes. Modifications in the structure and process of health education and research will be required to make substantial progress in eliminating health disparities.
- Effective collaboration with community organizations is a crucial component of efforts to reduce and eliminate disparities.