



**American Hospital
Association**

**Statement for the Record
of the
American Hospital Association
before the
Subcommittee on Health
of the
Committee on Ways and Means
of the
U.S. House of Representatives**

“Addressing Disparities in Health and Health Care: Issues for Reform”

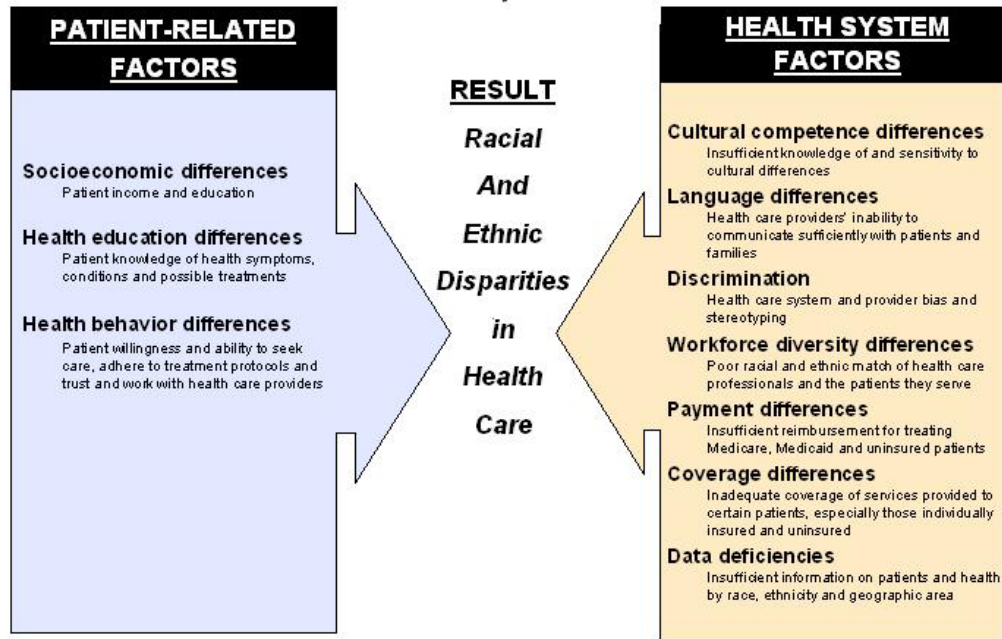
On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 37,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to submit this statement for the record addressing the issue of disparities in health and health care. America’s hospitals take very seriously their charge to provide health care to everyone in their communities, regardless of race, color or creed. But there are challenges to meeting that mission.

BACKGROUND

Research confirms that health care delivery can differ for different patient populations; that significant variations exist by ethnicity and gender; and that care provided to Black and Latino patients can differ from care otherwise provided and lead to poorer health outcomes. Health care providers realize that multiple factors contribute to these disparities, including whether a patient has health coverage and access to preventive medical care, different cultural norms, and whether the patient has a limited understanding of English.

In fact, the Institute of Medicine’s 2002 landmark report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Care, suggests that disparities in care can result from both patient-related and provider-related factors.

*Sources and Causes:
Racial and Ethnic Disparities in Health Care*



Source: American Hospital Association, based on learning from "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" Institute of Medicine, 2002

WHAT THE AHA IS DOING

Racial and ethnic disparities in health outcomes are systemic. As the above chart notes, they are caused not by a single factor but by a host of factors. Because hospitals provide care 24 hours a day, seven days a week to many diverse patients, hospitals must develop policies and systems to address all of these factors.

To address this issue, the AHA convened in December 2007 the Special Advisory Group on Improving Hospital Care for Minorities. The group has met several times to address its charge of examining and providing guidance on how hospitals can help eliminate disparities in care. This diverse group includes national leaders representing civil rights organizations, hospitals, public health agencies, state and federal government, academic medicine, health care researchers and others. Their specific priority is to answer the question: How can the hospital field improve the care we provide to minorities and eliminate disparities in care?

The group developed a consensus on specific activities that hospitals can undertake and identified areas where hospital executives should focus time, attention and resources, which would address the urgent need to reduce or eliminate disparities in health care outcomes while also strengthening overall operations. These are the group's recommendations:

- **Further investment in quality improvement.** A commitment to quality improvement by hospitals improves health care for all, not just minorities. Pay-for-performance efforts should focus on reducing disparities among conditions that

disproportionately affect minority populations, such as infant mortality, diabetes, asthma, HIV, heart disease and cancer.

- **Enhanced transparency and data collection measures.** Gathering meaningful data in a systematic and uniform way can pinpoint whether and what type of disparities exist within a hospital's service areas. Linking these data to medical records and other patient information can provide hospital leaders with a compelling landscape of their communities – the demographics of their patients, what their health care needs are, the health outcomes that are attained, and where there might be gaps or disparities in health outcomes that need to be addressed. The Health Research and Educational Trust (HRET), an AHA affiliate, has developed a useful tool kit to guide hospitals through the process of collecting data on patients' race, ethnicity and primary language.
- **Enhance governance.** Through its Center for Health Care Governance and Institute for Diversity in Health Management, the AHA is developing an ongoing training and board development program to expand the diversity of governing boards. By identifying and training potential minority trustees, hospitals and health systems will have a larger pool of qualified governance candidates. The goal is to make the governing body a better mirror of the community it serves.
- **Greater focus on public health issues.** The public health sector has identified several priority health issues as leading causes of poor health among minority groups – smoking, alcohol and drug abuse, obesity and poor nutrition and lack of exercise among them. For many people in lower socio-economic areas, these lifestyle management issues pose just as much a risk as a genetic predisposition to heart disease, diabetes or other chronic conditions. Hospitals can work with groups that focus on mitigating these risk factors.
- **Improve connections with communities and populations within service areas.** Use established organizations such as community-based ethnic organizations, the YMCA, churches, colleges and others as partners in promoting health. Hospitals and health care systems should develop and sustain relationships with civil rights organizations, local outreach groups, networks and others, to determine specifically how the health care provider and community organizations can work together for the benefit of the community.
- **Enhance wellness and prevention outreach efforts among uninsured patients.** Reducing the number of acute health care episodes among uninsured patients, thereby improving their overall health, is essential. Helping connect uninsured patients with coverage and care options can ensure that they have continued access to health care services.
- **Enhance health care workforce opportunities.** Creating recruitment opportunities for minority populations not only can offer health care-related training, it also can

generate a clinically and culturally proficient workforce that mirrors the community it serves.

By focusing on these factors, hospital leaders can help improve outcomes not just for minority patients, but for all patients.

WHAT HOSPITALS ARE DOING

Addressing disparities in care is not new to America's hospitals. Hospitals around the country have identified health care needs within their communities, determined how to address them, and dramatically improved the health of their minority patient populations. For example:

- The Cambridge Health Alliance in Boston, Massachusetts, created the Volunteer Health Advisor Program (VHA) in 2001. This is a volunteer-driven program that provides multicultural and multilingual health education and outreach to the communities in the Boston area, all in an effort to improve community health status. In 2007, the VHA staff and more than 200 volunteers offered health and wellness services to more than 5,500 people through 93 community events in 16 languages. Their outreach efforts resulted in 1,500 screenings for blood pressure, glucose and cholesterol levels in traditionally medically underserved and hard to reach minority populations.
- Adventist HealthCare System in Rockville, Maryland, recognized that 25 percent of the people in their service area speak a language other than English – part of an increasingly diverse community. In September 2005, the Adventist Board of Trustees appointed a blue ribbon panel of community leaders to develop a locally driven approach that addresses and eliminates health care disparities in all of the communities served by Adventist HealthCare. The panel recommended and the health system implemented the Adventist HealthCare Center on Health Disparities.

The Center's three areas of focus are increased services for underserved populations; a research program to identify and promote best practices; and an education initiative to improve the ability of caregivers to provide quality care to those populations. Their efforts include three education modules that will foster culturally competent care: *Health Disparities: Understanding Our Population* is a discussion of local demographics, the definition of culturally competent care and a diversity training program; *Stereotypes, Biases and Assumptions* focuses on characteristics that can have an impact on patient care and adherence to treatments, and includes cross-cultural communication tools; and *Health Beliefs and Practices of Different Populations* helps caregivers incorporate differing beliefs into care and treatment plans. The Center also instituted patient advocacy and linguistic access programs, and incorporated an infrastructure for research into health care disparities that exist in their region of the Metropolitan Washington, D.C. area.

- [Expecting Success](#), a national program sponsored by the Robert Wood Johnson Foundation, is a multi-hospital collaborative focused on reducing disparities in cardiovascular care. The program is helping 10 general acute care hospitals measure the quality of cardiac treatment they provide to patients based on race, ethnicity and primary language. For the first time, these hospitals, using the HRET data collection tool mentioned above, are tracking data to identify racial and ethnic disparities in the care they provide by focusing on the continuum of cardiovascular care delivered in inpatient and outpatient settings, and specifically care delivered to African American and Latino patients.

These are just a few examples of what hospitals around the country are doing to eliminate health care disparities in their communities. There is a growing body of research around disparities – where it exists, why it exists, etc. – and the AHA is working to compile the case studies and best practices of these programs.

CONCLUSION

There are several immediate steps that Congress can take to address disparities in care. First, safety net providers must be protected. These hospitals play an important role in caring for all populations, including minority populations in inner cities, patients in rural areas, and the uninsured and underinsured.

Congress should ensure that the moratorium on proposed Medicaid regulations is approved, thus providing safety net hospitals with the resources to treat those most affected by disparities in care. If these regulations are implemented, it will affect coverage of rehab services for people with disabilities; certified public expenditures and intergovernmental transfers; graduate medical education; outpatient services; provider tax arrangements and outreach and enrollment in schools and specialized medical transportation to school for children covered by Medicaid. These budget-cutting policies proposed by the Centers for Medicare & Medicaid Services would have a devastating effect on state Medicaid programs, along with the hospitals and physicians that serve our nation's most vulnerable populations. Much of Congress has expressed opposition to these rules with bipartisan support.

Congress also should support the permanent ban on self-referral to new physician-owned facilities, with appropriate grandfathering of existing facilities. The rapid proliferation of physician ownership must be slowed to ensure that safety-net services and the continued viability of full-service hospitals in communities are maintained. Studies have found that physician-owned limited-service hospitals have a devastating impact on communities by, among other effects, reducing patient access to specialty and trauma care at community hospitals; damaging the financial health of full-service hospitals that must maintain stand-by capacity for emergencies, even if they lose elective services; and “cherry-picking” the most profitable patients by avoiding low-income populations, both uninsured and Medicaid.

In addition, as Congress considers legislation to implement value-based purchasing, legislators should be mindful that minority populations often have unique and vastly different cultural and health needs. Standardizing delivery of care in order to measure and reward improvement is a laudable goal, but we must ensure that members of minority populations do not slip through the safety net.

In the long term, Congress should include elimination of disparities in care – fair and equitable care for all – in its deliberations as the country seems poised to debate the future of our health care system.

The price of poor health is high, but ensuring that disparities in care are eliminated, that wellness and prevention measures are implemented in a community-partnership mode and that America's hospitals continue to improve care for all can dramatically enhance our efforts to close the gap and eliminate disparities. Providing quality care to every patient is at the heart of a hospital's mission. Continually striving to eliminate disparities in care is a major priority for America's hospitals, but can only be achieved if all stakeholders work together for the good of patients.

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