

# Unequal Treatment Confronting Racial And Ethnic Disparities

## Institute of Medicine,Board on Health Sciences Policy,Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care

**Unequal Treatment** Institute of Medicine,Board on Health Sciences Policy,Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care,2002-10-02 Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In *Unequal Treatment*, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? *Unequal Treatment* offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider–patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. *Unequal Treatment* will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

**Unequal Treatment** Institute of Medicine,Board on Health Sciences Policy,Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care,2009-02-06 Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In *Unequal Treatment*, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes,

expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

**Unequal Treatment** Brian D. Smedley, 2003 The book relates the findings of the National Institute of Medicine's Committee for Understanding and Eliminating Racial and Ethnic Disparities in Health Care. The findings show that racial and ethnic minorities tend to receive a lower quality of healthcare in the United States than do non-minorities.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare Institute of Medicine of the National Academies, 2003

*Health Policy* Charlene Harrington, Carroll L. Estes, 2004 Harrington (sociology and nursing, University of California-San Francisco) and Estes (sociology, University of California-San Francisco) look at policy issues at the forefront of modern health care delivery in an effort to persuade health professionals to add political work to their lives. Contributors overview health policy and the political process

**Inequalities and Disparities in Health Care and Health** Jennie J. Kronenfeld, 2008 Deals with the topic of health inequalities and health disparities. This book examines racial and ethnic inequalities and disparities. It focuses on consumers and topics of health care disparities. It also focuses on issues related to substance abuse, mental health and related concerns.

Unequal Treatment Revisited National Academies of Sciences Engineering and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Board on Health Care Services, 2024-10-18 A National Academies committee hosted a public workshop series in 2023. Speakers invited by the committee discussed the current state of racial and ethnic health care disparities in the U.S., highlighted major drivers of health care disparities, provided insight into successful and unsuccessful interventions, identified gaps in the evidence base and proposed strategies to close those gaps, and considered ways to scale and spread effective interventions to reduce racial and ethnic inequities in health care. This workshop series is part of an ongoing consensus study examining the current state of racial and ethnic health care disparities in the U.S., building on the 2003 Institute of Medicine consensus report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. The consensus study will publish its full conclusions and recommendations in summer 2024.

*Immigrant Medicine E-Book* Patricia Frye Walker, Elizabeth Day Barnett, William Stauffer, James M Jaranson, 2007-10-25 Immigrant Medicine is the first comprehensive guide to caring for immigrant and refugee patient populations. Edited by two

of the best-known contributors to the growing canon of information about immigrant medicine, and written by a geographically diverse collection of experts, this book synthesizes the most practical and clinically relevant information and presents it in an easy-to-access format. An invaluable resource for front-line clinicians and other healthcare professionals, public health officials, and policy makers, Immigrant Medicine is destined to become the benchmark reference in this emerging field. Features expert guidance on data collection, legal, interpretive and social adjustment issues, as well as best practices in caring for immigrants to help you confidently manage all aspects of immigrant medicine. Includes detailed discussions on major depression, post traumatic stress disorder, and issues related to torture so you can effectively diagnose and treat common psychiatric issues. Covers international and new-arrival screening and immunizations offering you invaluable advice. Presents a templated diseases/disorders section with discussions on tuberculosis, hepatitis B, and common parasites that helps you easily manage the diseases and syndromes you are likely to encounter. Provides boxed features and tables, differential diagnoses, and treatment algorithms to help you absorb information at a glance.

*Ending Unequal Treatment* National Academies of Sciences Engineering and Medicine, Health And Medicine Division, Health and Medicine Division, Board on Population Health and Public Health Practice, Board On Health Care Services, Board on Health Care Services, Committee on Unequal Treatment Revisited the Current State of Racial and Ethnic Disparities in Health Care, 2024-10-27 Racial and ethnic inequities in health and health care impact individual well-being, contribute to millions of premature deaths, and cost the United States hundreds of billions of dollars annually. Addressing these inequities is vital to improving the health of the nation's most disadvantaged communities?and will also help to achieve optimal health for all. In 2003, the Institute of Medicine examined these inequities in *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Because disparities persist, the National Academies convened an expert committee with support from the Agency for Healthcare Research and Quality and the National Institutes of Health. The committee's report reviews the major drivers of health care disparities, provides insight into successful and unsuccessful interventions, identifies gaps in the evidence base, and makes recommendations to advance health equity.

**Achieving Equity in Neurological Practice** Bruce Ovbiagele, Sharon Lewis, Daniel José Correa, Reena Thomas, Larry Charleston IV, 2024-10-22 The recent high-profile murders of George Floyd, and other African American individuals, along with the prevailing coronavirus disease (COVID-19) pandemic have reinforced the notion that certain marginalized populations have worse health outcomes than other populations, likely due to unequal and unjust policies and practices. Neurological processes and prognoses frequently vary by sex/gender, race/ethnicity, socioeconomic status, and geographic location. In particular, individuals of lower socioeconomic status and from minority racial and ethnic backgrounds have worse neurological health and often receive a lower standard of neurological care. These inequities in neurological outcomes are attributed to wider societal social influences, which impact how people live and how neurology is practiced. Published

evidence suggests that healthcare providers and the healthcare system contribute to inequities in neurological care for vulnerable and underserved populations. However, educating neurology care providers about these issues and training them to provide equitable care for these patients can potentially improve neurology care access, delivery, and outcomes. In this book we provide the theoretical background, scientific evidence, and experiential knowledge warranted to properly care for vulnerable, underserved patients with neurological diseases at the levels of the provider and system. This book examines the root causes of neurological health inequities across a broad range of topics and offers possible solutions for achieving neurological health equity. Initial chapters help to frame the overall issue of neurological health equity. Subsequent chapters evaluate neurological health equity from the clinical practice standpoint, with a focus on select populations and subspecialty care delivery settings. Lastly, we discuss the bigger picture with regard to the pipeline of practitioners and purview of policy makers. This text is relevant for neurology residents and fellows, multidisciplinary neurological care practitioners (neurologists, neurosurgeons, advanced practice providers, hospitalists, emergency physicians, critical care physicians, pharmacists, and allied health personnel), and public health researchers and health policy makers. The book is divided into three sections: Principles, Neurological Conditions, and Priorities. The first section establishes the framework and explains various key terminologies and concepts, which undergird the care of vulnerable and undeserved patient populations. The second section, Neurological Conditions, covers key neurological diseases by sub-specialty describing published evidence of care and outcome disparities, gaps in knowledge, practical techniques for bridging these disparities on provider and system levels. The third section, Priorities, identifies important areas of focus and improvement targeting trainees, researchers, community partners, stakeholder organizations and policy makers, which would be crucial for implementing sustained societal-level enhancements in the neurological health of these vulnerable populations.

*Black and Blue* John Hoberman, 2012-04-03 *Black & Blue* is the first systematic description of how American doctors think about racial differences and how this kind of thinking affects the treatment of their black patients. The standard studies of medical racism examine past medical abuses of black people and do not address the racially motivated thinking and behaviors of physicians practicing medicine today. *Black & Blue* penetrates the physician's private sphere where racial fantasies and misinformation distort diagnoses and treatments. Doctors have always absorbed the racial stereotypes and folkloric beliefs about racial differences that permeate the general population. Within the world of medicine this racial folklore has infiltrated all of the medical sub-disciplines, from cardiology to gynecology to psychiatry. Doctors have thus imposed white or black racial identities upon every organ system of the human body, along with racial interpretations of black children, the black elderly, the black athlete, black musicality, black pain thresholds, and other aspects of black minds and bodies. The American medical establishment does not readily absorb either historical or current information about medical racism. For this reason, racial enlightenment will not reach medical schools until the current race-averse curricula

include new historical and sociological perspectives.

*Racial and Ethnic Disparities in Health Status Among California Adults* Layra Hoyt D'Anna, 2006

**Shaping Nursing Healthcare Policy** Diane Seibert, Beverly Malone, Patrick DeLeon, 2022-06-24 The next generation of nursing leadership needs in-depth exposure to the real world of health policy, its culture and history, including understanding what historical barriers and professional opposition exists to nursing functioning of its training and expertise. *Shaping Nursing Healthcare Policy: A View from the Inside* directly addresses the recommendations of the Institute of Medicine landmark reports on the Future of Nursing. This important work brings to life the practical realities of advanced practice nursing's maturation and related social change, rather than relying on excessively abstract and theoretical opinions. - Provides real-life experiences of chapter authors who are on the front-line of shaping and administering health policy for nursing - Includes significant changes in nursing practice environment over the past several decades, such as nursing-run health clinics and the important financial foundation - Delivers in-depth discussion of evolving key topics for nursing practice

**Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2007: Testimony of members of Congress and other interested individuals and organizations** United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, 2006

*Departments of Labor, Health and Human Services, Education, and Related Agencies Appropriations for 2007* United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies, 2006

Breaking The Cycle of 'Unequal Treatment' with Health Care Reform Ruqaiijah Yearby, 2014 The election of President Obama prompted many Americans to declare that the United States had entered into a 'post-racial' era in which racial bias no longer existed and African-Americans are treated equally. However, racial bias did not cease before or after the election of an African-American president. In fact, empirical evidence shows that African-Americans continue to be treated unequally because of racial bias in decisions regarding bankruptcy, residential zoning, mortgage lending, apartment rental, and housing rental. One of the most poignant examples of the continuation of racial bias in a "post-racial" era was a Cincinnati landlord's posting of a "White Only" sign by a pool in the summer of 2011. The persistence of racial bias in a "post-racial" era is also evident in the health care system, where the unequal treatment of African-Americans because of their race is the main cause of the continuation of racial disparities in health care. Unequal treatment of African-Americans in health care is nothing new. In 2002, the groundbreaking Institute of Medicine Study, ("IOM study") *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, noted that some health care providers, such as physicians, were influenced by a patient's race, which, in turn, is a barrier to African-Americans' access to health care. Not only has this racial bias prevented

African-Americans from accessing health care services, it has caused African-Americans to have poor health outcomes. The IOM study also found evidence of poorer quality of care for minority patients in studies of cancer treatment, treatment of cardiovascular disease, and rates of referral for clinical tests, diabetes management, pain management, and other areas of care. Ten years after the publication of this sweeping study, access to health care remains unequal and, as a result, racial bias continues to drive racial disparities in health care. Racial bias in health care operates on three different levels: interpersonal, institutional, and structural. Interpersonal bias is the conscious (explicit) and/or unconscious (implicit) use of prejudice in interactions between individuals. Interpersonal bias is best illustrated by physicians' treatment decisions based on racial prejudice, which results in the unequal treatment of African-Americans. According to René Bowser's seminal article, *Racial Profiling in Health Care: An Institutional Analysis of Medical Treatment Disparities*, these racial disparities in treatment often lead to racial disparities in mortality rates between African-Americans and Caucasians. Institutional bias operates through organizational structures within institutions, which “establish separate and independent barriers” to health care services. According to Professor Brietta Clark, institutional bias is best demonstrated by hospital closures in African-American communities. Finally, operating at a societal level, structural bias exists in the organizational structure of society, which “privile[ges] some groups...[while] denying others access to the resources of society,” which includes health care. An example of structural bias is the provision of health care based primarily on ability to pay, rather than on the needs of the patient. Unfortunately, the government often ignores the significance of institutional and interpersonal biases in causing racial disparities in health care, and by extension, overall health, even though such biases are among the causes identified in numerous government reports, initiatives, and empirical research studies conducted over the past decade. The Patient Protection and Affordable Care Act (Patient Protection Act or the Act) exemplifies the government's failure to acknowledge the interconnectedness of racial bias and racial disparities. Although the Patient Protection Act explicitly mentions disparities in health care and provides several mandates to address these disparities, it fails to acknowledge or target the root causes of racial disparities -- racial bias. Therefore, this Article argues that the Patient Protection Act will not fully equalize access to health care for minorities. In fact, the Act may exacerbate the existing problem of racial disparities because it proposes individual and community based solutions that will not put an end to interpersonal, institutional, and structural racial bias, which cause racial disparities in health care. The debate surrounding the Patient Protection Act has rarely focused on issues related to racial disparities. My article begins to fill this void. Part II provides a brief historical context for the Patient Protection Act by discussing previous legislation that addressed racial disparities in health care and governmental action to measure and eradicate racial disparities. Part III then reviews the root cause of racial disparities -- racial bias -- as evidenced by empirical data. Next, Part IV examines specific sections of the Patient Protection Act, which address racial disparities, and discusses the strengths and weakness of the Act. Finally, Part V suggests some solutions.

*National Healthcare Disparities Report* U. S. Department Human Services, Agency for and Quality, 2014-04-30 This historic report, the first annual report on healthcare disparities, is intended to provide a balanced summary of the state of disparities in the United States. It will demonstrate that disparities exist for many Americans and improvement is possible. Rather than offer a series of snapshots of disparities from individual research studies, this report provides a comprehensive view of the scope and characteristics of differences in health care quality and access associated with patient race, ethnicity, income, education, and place of residence. To date, no report has provided extensive cross-group comparisons that could provide a national roadmap to focused efforts to reduce disparities. Demographic trends indicate that the number of Americans who are vulnerable to suffering the effects of health care disparities will rise over the next half century. Current data show that some ethnic minorities, as well as low-income families of whatever race or ethnicity, tend to be in poorer health than other Americans. Additionally, some racial and ethnic minorities are growing at a much more rapid pace than the majority white population. Nearly 1 in 2 Americans will be a member of a racial or ethnic minority-i.e., black, Hispanic, Asian, or American Indian-by the year 2050. Clearly, these trends pose a daunting challenge for policymakers and the health care system. A vital step in the effort to eliminate health care disparities is the systematic collection and analysis of health care data. This will help policymakers and researchers discern the areas of greatest need, monitor trends over time, and identify successful programs for addressing those needs. This first NHDR builds on and seeks to complement existing work in the area of disparities, notably Healthy People 2010 and IOM's 2002 report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*. Yet those efforts differ from the NHDR in substantive ways. The elimination of disparities in health is a goal of Healthy People 2010. Since the extent to which disparities in health care contribute to overall disparities in health remains unknown, the NHDR complements HP 2010 by focusing on prevailing disparities in health care delivery. Disparities in health care can only be interpreted within the context of disparities in health. Eliminating disparities in health care is a logical method for eliminating associated disparities in health. *Unequal Treatment* extensively documents health care disparities in the United States by race and ethnicity. The IOM's examination finds that disparities in health care are substantial, even after accounting for characteristics typically associated with disparities, such as health insurance coverage and income. But while *Unequal Treatment* demonstrates definitively that racial and ethnic disparities in health care exist, it does not measure the magnitude of the problem from a national perspective. The NHDR 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 as well as to race and ethnicity, and attempts to capture the relationship between race/ethnicity and socioeconomic position. The report provides baseline data from which we may be able to measure the effect of national initiatives to reduce disparities. The NHDR provides seven key findings to policymakers, clinicians, health system administrators, and community leaders who seek to use this information to improve health care services for all

populations: 1) Inequality in quality persists; 2) Disparities come at a personal and societal price; 3) Differential access may lead to disparities in quality; 4) Opportunities to provide preventive care are frequently missed; 5) Knowledge of why disparities exist is limited; 6) Improvement is possible; 7) Data limitations hinder targeted improvement efforts.

*Racial Disparities in Health Care* United States. Congress. House. Committee on Government Reform. Subcommittee on Criminal Justice, Drug Policy, and Human Resources, 2003

**Barriers to Racial Ethnic/minority Participation in Medical Research** JaMuir Michelle Johnson, 2003

**The Health of Racial and Ethnic Populations in Wisconsin, 1996-2000**, 2004

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