



Robert Wood Johnson  
Foundation



## DISPARITIES

**THE ROBERT WOOD JOHNSON FOUNDATION (RWJF) IS COMMITTED TO ENSURING THAT ALL AMERICANS RECEIVE QUALITY HEALTH CARE. IN DOING SO, WE MUST RECOGNIZE THE FACT THAT PATIENTS FROM CERTAIN RACIAL AND ETHNIC BACKGROUNDS TEND TO RECEIVE THE WORST QUALITY OF HEALTH CARE. OUR EFFORTS TO ADDRESS THESE RACIAL AND ETHNIC GAPS DEPEND ON UNDERSTANDING THE MANY “WHYS” BEHIND THIS PROBLEM, AND THEN HELPING HEALTH CARE SYSTEMS TO FOCUS ON RACIAL AND ETHNIC GAPS AS A HIGH PRIORITY IN THEIR ATTEMPTS TO IMPROVE QUALITY. WE BELIEVE THAT RACIAL AND ETHNIC DISPARITIES ARE FUNDAMENTALLY INTERRELATED WITH THE NATION’S PROBLEMS WITH THE QUALITY OF HEALTH CARE AND THAT WE CANNOT MAKE SIGNIFICANT PROGRESS IN IMPROVING OVERALL QUALITY WITHOUT ADDRESSING THE POOR QUALITY OF CARE THAT ALL TOO MANY MINORITY PATIENTS RECEIVE.**

### THE PROBLEM

In 2002, the Institute of Medicine (IOM), one of the foremost independent research organizations in the country, issued a report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Like most IOM reports, *Unequal Treatment* was a thorough review of hundreds of research studies. Overall, the evidence from these studies indicated that in many instances, a patient’s race or ethnicity alone determines the quality of care he or she receives. Even when insurance, income, age, and severity of disease are comparable among white and non-white patients, non-white patients are more likely to receive less medical care.

These disparities in treatment span all types of health care, although they tend to be starkest in high-cost services such as surgeries. For example, white patients covered by Medicare are more than twice as likely as African-American Medicare patients to have angioplasty or bypass surgery.

Sometimes, the disparities work the other way, and patients of color receive too much of the “wrong” kind of health care. For example, African-American patients are more likely to experience certain preventable procedures such as amputations—which are performed nearly four times more on African-American Medicare patients than on their white counterparts.

Existing research has not proven conclusively that these disparities in care lead to worse outcomes, although patients from certain racial and ethnic backgrounds do suffer from conditions such as heart disease and diabetes in greater numbers than whites in general, and with graver consequences, leading to earlier deaths. However, most people would agree that racial and ethnic gaps in care—especially when patients have the same insurance plan—are simply unacceptable. Most experts believe that these disparities result from a

complicated array of factors, such as broader health “system” issues, like language and insurance barriers, as well as “encounter” issues, ranging from bias to lack of mutual understanding and trust, which affect the patient-and-provider interaction. Therefore, while we know much about the extent of disparities in health care, we know much less about how to significantly reduce or eliminate racial and ethnic gaps in care.

### EVOLUTION OF RWJF STRATEGY

The Foundation is committed to improving the quality of care for all Americans, especially the most vulnerable among us.

Over the past few decades, RWJF has supported many projects and programs with particular emphasis on helping improve the quality of care experienced by specific racial or ethnic groups. Our Disparities strategy, however, is specifically geared to finding solutions that health care systems—insurance plans, hospitals, and others—can readily adopt. We are asking health care systems to take the concept of patient-centered care—the right care, for the right patient, at the right time—and understand how racial and ethnic differences can help shape their efforts to deliver high-quality care to all. Most quality improvement systems tend to emphasize system changes—better measurement of health care services, for example, or the training of clinicians to meet quality standards. We also believe in system changes, but we believe that health care systems can be changed to recognize the patient—including such factors as culture, language, and race and ethnicity—as the highest priority in the delivery of care.

### WHAT WE FUND

RWJF is committed to a series of targeted investments to help reduce racial and ethnic disparities in care. We will focus on improving the treatment for particular conditions, such as cardiac care and diabetes, which (1) have a particularly

large impact on certain racial and ethnic groups, and where (2) experts and research agree on a recommended standard of care for all patients. Although we know that factors beyond the influence of the health care system contribute significantly to disparities (such as personal health behaviors and the availability of resources in a particular community), we are primarily interested in learning more about interventions where we can see a measurable difference in the quality of care received by patients belonging to certain racial or ethnic groups.

**Improving the knowledge base.** The team funds independent research projects. Our first priority has been to understand the nature of racial and ethnic disparities in treatment, so we focused particularly on understanding geographic differences in the quality of health care. For example, we have learned how, in some areas of the country, whites receive too much of the wrong kind of care (i.e., care that is *not* proven to benefit the patient), whereas, in other areas, blacks receive too little of the “right” kind of health care (care that *is* proven to benefit the patient). Our research agenda includes some of the following topics: the many questions surrounding collecting patient data by race and ethnicity; whether training providers to be more culturally sensitive can have an impact on the quality of care; and whether better information systems in community clinics and hospitals can improve the quality of care being delivered. We launched a major research initiative, *Finding Answers: Disparities Research for Change*, to support evaluations of interventions that are already under way to reduce racial and ethnic disparities in care.

**Demonstrations with hospitals, health plans and others.**

We are launching demonstration projects to help health plans and providers to implement targeted efforts to reduce racial and ethnic gaps in care. Our major initiative, *Expecting Success: Excellence in Cardiac Care*, will fund 10 hospitals to improve their quality of cardiac care, and we deliberately sought out hospitals that have significant patient populations of color. We have two health plan projects that ask the plans to begin measuring quality by race and ethnicity and take steps to develop targeted strategies to improve quality for certain racial or ethnic groups. Most demonstration projects that RWJF supports will be independently evaluated or assessed and the results will be shared with the field.

**Communicating results and promoting action and change.**

We launched a major leadership program, called *Leading Change: Disparities Solutions Initiative* that will provide training, technical assistance and advice to individuals working in real-world health care settings—hospital leaders, quality staff from health plans, individual physicians. We are disseminating and will continue to disseminate results from our research projects to target audiences. And we are specifically trying to encourage more connection and dialogue between the field of health care quality improvement—which consists of many stakeholders, such as the federal government, independent organizations and associations, and others—and the field of disparities experts.

**WHAT WE DON'T FUND**

We are primarily interested in projects that aim to have a direct impact on the quality of health care minority patients receive. Therefore, we will not fund projects that primarily focus on outreach to minority patients in community settings. We are not likely to support projects that seek to change the personal health behavior of patients from specific racial and ethnic groups, nor are we supporting projects to diversify health care professions as a means to reduce racial and ethnic disparities in care. Inquiries related to diversity projects are directed to the Foundation's Human Capital Portfolio.

To succeed, our nation's struggle to improve the quality of health care must address racial and ethnic disparities head-on. We believe that we can take measurable strides toward improving the quality of care that **all** Americans receive.

FOR THE MOST CURRENT INFORMATION  
ON OUR STRATEGY, PLEASE VISIT OUR WEB  
SITE AT [WWW.RWJF.ORG/DISPARITIES](http://WWW.RWJF.ORG/DISPARITIES).

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