How does the Affordable Care Act address racial and ethnic disparities in health care?

Takeaways:
- Tracking every patient’s race, ethnicity and language (REL) preferences is necessary to identify and eliminate disparities in care and improve the quality of care for all patients.
- Some hospitals, doctors’ offices and health plans already track REL data, but the process is neither consistent nor objective.
- Under the 2010 Affordable Care Act (ACA), all federally funded health programs and population surveys will be required to consistently collect and report REL data and other demographics using the same government-approved categories.

Overview
Despite efforts to address the issue, racial and ethnic disparities in health and health care in the United States persist. Disparities remain in the quality of care received even when income, health insurance and access to care are taken into account, and patients from racial and ethnic minorities often fare far worse than their white counterparts on a range of health indicators: life expectancy, infant mortality, prevalence of chronic diseases and insurance coverage, among others. The ACA includes both general and explicit provisions that could narrow these gaps.

STRATEGIES TO ADDRESS DISPARITIES
To specifically address disparities, the ACA:
- Requires broad REL data collection for federally funded health care, public health programs, government surveys or other activities. The ACA contains several provisions aimed at improving data collection and reporting procedures, explicitly to track and reduce health disparities. Perhaps most significantly, by March 2012, all federally-funded health programs and population surveys will be required to collect and report data on REL and other demographic characteristics using standards identified by the Department of Health and Human Services (HHS) as most appropriate for reducing disparities.
- Elevates federal efforts to emphasize equal care for everyone, regardless of race. In addition to setting policy goals for government agencies that explicitly address disparities, the ACA aims to boost work at the federal level on minority health issues. It elevates the National Center for Minority Health and Health Disparities (NCMHD) to full institute status within the National Institutes of Health (NIH). The HHS Office of Minority Health becomes part of the Office of the Secretary, and the law also establishes several divisions to focus on minority health within such key HHS agencies as the Centers for Disease Control and Prevention,
Food and Drug Administration and Agency for Healthcare Research and Quality.

- **Expands research on health and health care disparities.** As an NIH institute, NCMHD will have increased research and funding abilities. Additionally, the ACA creates the Patient-Centered Outcomes Research Institute to carry out comparative effectiveness research that examines the differences in patient outcomes among racial and ethnic minorities.

- **Encourages racial and ethnic diversity in the U.S. health care workforce.** More than 50 years of efforts to improve diversity in the nation’s health care workforce have not achieved their goal. The ACA reauthorizes and expands grant programs designed to attract and retain diverse health professionals. It also directs funding to health professionals who agree to work in underserved areas such as American Indian reservations and rural communities.

- **Supports cultural competency programs for health care providers.** The ACA provides support for the development and dissemination of model curricula on cultural competence training and education, which is to be developed by a diverse group of stakeholders and made available online.

- **Addresses disparities in preventive care.** The ACA supports numerous culturally appropriate prevention and education initiatives at both the federal and community levels. These include funding for prenatal and postnatal care, expanded HIV/AIDS prevention work and a five-year oral health education campaign. Oral health is important because African American children are nearly twice as likely to report having fair to poor oral health as whites and Hispanic children are nearly four times more likely.

- **Addresses disparities in health insurance coverage.** Because of the ACA, millions of Americans will join the ranks of the insured by 2014, and their enrollment will reduce some racial and ethnic disparities seen in health coverage. Recent numbers show that African Americans are nearly twice as likely to be uninsured as whites and Hispanics are more than three times as likely to be uninsured.¹ The ACA requires that outreach for and enrollment in the new national and state health insurance exchanges, as well as claims and benefits explanations, be culturally and linguistically appropriate.

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