Media Campaign Raises Cardiologists' Awareness of Racial and Ethnic Disparities in Health Care

Planning and designing a media campaign for the Physicians' Awareness Initiative on Racial and Ethnic Disparities

**SUMMARY**

From 2002 to 2004, staff from GYMR Public Relations purchased advertising space and developed outreach materials to support a program to increase cardiologists' awareness of racial and ethnic disparities in health care.

The Henry J. Kaiser Family Foundation had launched the program—called the Initiative to Engage Physicians in Dialogue about Racial/Ethnic Disparities in Medical Care—in 2002. It centered on a media campaign involving a partnership of 13 participating medical organizations (listed in Appendix 1).

The project also included an assessment of the initiative conducted by investigators from the RAND Corporation.

**Key Findings**

Assessment findings included:

- Most participating organizations undertook the core activities, including providing information about the initiative on their websites and advertising space in their journals or newsletters, writing newsletter or journal articles and sponsoring special sessions at annual meetings. Most organizations also conducted additional disparities-related activities. (Report to RWJF)

- 42 percent of cardiologists were aware of the media campaign. Of these, 50 percent felt it had affected their knowledge of racial/ethnic minorities, and 35 percent said that their behavior and decision-making with patients from racial/ethnic minorities changed. (Report to RWJF, based on a survey of 344 cardiologists and 208 cardiovascular surgeons)

- 34 percent of cardiologists agreed that people received different care from the U.S. health care system depending upon their racial/ethnic status, and 33 percent agreed that disparities existed in cardiovascular care. Only 12 percent of cardiologists felt
that such disparities existed at their own hospital, and only five percent felt they existed in their own practices. (*Circulation*, 2005, based on a survey of 344 cardiologists)

**Funding**

From 2002 to 2004, the Robert Wood Johnson Foundation (RWJF) partnered with the Henry J. Kaiser Family Foundation to fund this *unsolicited* project through three grants totaling $489,733:

- One grant to GYMR Public Relations for media placement and outreach.
- Two grants to the RAND Corporation for an assessment of the initiative.

**THE PROBLEM**

A growing body of research indicates that race and ethnicity affect access to health care and the quality of services obtained. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, minorities in the United States often receive lower-quality health care than other people.

Physicians have a key role in addressing disparities, yet many do not understand the nature and extent of disparities. A 2001 survey conducted by the Henry J. Kaiser Family Foundation (Kaiser Foundation) found that only 29 percent of physicians agreed that the U.S. health care system treats people unfairly based upon their race or ethnicity. Headquartered in Menlo Park, Calif., the Henry J. Kaiser Family Foundation is a nonprofit, private operating foundation focusing on the major health care issues facing the nation.

To increase cardiologists’ awareness of racial and ethnic disparities in health care, the Kaiser Foundation launched the Initiative to Engage Physicians in Dialogue about Racial/Ethnic Disparities in Medical Care in 2002.

The initiative included a review of the literature on racial/ethnic patterns of cardiovascular care, a print advertisement campaign in seven professional journals and newsletters and a partnership of 13 professional medical organizations (three primary sponsors and 10 co-sponsors). See Appendix 1 for a list of the participating organizations.

The Kaiser Foundation published results of the literature review in collaboration with the American College of Cardiology Foundation in a report, *Racial and Ethnic Differences: The Weight of the Evidence*, which found evidence of racial or ethnic disparities in cardiac care in 68 of 81 studies reviewed.
CONTEXT
RWJF issued the grants described in this report before it adopted its current objective to reduce racial/ethnic disparities in the care of targeted diseases by 2008. Nonetheless, these grants support the current objective.

THE PROJECT
From October 2002 through July 2004, RWJF partnered with the Kaiser Foundation in the Initiative to Engage Physicians in Dialogue about Racial/Ethnic Disparities in Medical Care, specifically supporting the purchase of additional advertising space and the development of outreach materials (through a grant to GYMR Public Relations) as well as an assessment of the initiative (through two grants to the RAND Corporation—see Assessment). Kaiser foundation staff developed a website for the initiative, which the Kaiser Foundation and RWJF launched together.

Under Grant ID# 046510, project staff at GYMR Public Relations, a Washington-based communications firm:


- Convened a meeting of the participating medical organizations in Washington on May 7, 2003. RWJF, Kaiser Foundation and GYMR staff members updated the organizations about the initiative's progress, and the organizations reported on their activities related to health disparities. Organizations were required to complete five core activities:
  - Place the advertisement in their publications.
  - Provide a link from their home page to the initiative website.
  - Sponsor a session on disparities at their annual meeting.
  - Write about disparities in their newsletters.
  - Assist in the initiative's assessment.

- Provided one-on-one outreach with the organizations via telephone to assist them with and monitor their disparities activities.

- Prepared a "Speaker's Kit" for use by participating organizations in publicizing the disparities issue to their membership. The kit included background information, a PowerPoint presentation, a discussion guide, resources and other materials.
The Kaiser Foundation supported the literature review, development of the advertisement and initial media placement, and website development ($500,000).

**Communications**

Findings from RAND's assessment appeared in *Circulation* and the *Annals of Thoracic Surgery*, and in a report to RWJF RAND researchers also presented findings at the annual meeting of the Society for General Internal Medicine. RWJF leadership addressed the disparities issue in an editorial in *The New England Journal of Medicine*. GYMR project staff created a PowerPoint presentation and included it in a *Speaker's Kit* which was available on the initiative website. See the [Bibliography](#) for details.

**RESULTS**

GYMR and RAND project staff reported the following results about the media and outreach campaign to RJWF.

- **The initiative's primary sponsors**—American College of Cardiology, American Heart Association and Association of Black Cardiologists—**engaged in many activities to raise awareness of racial/ethnic disparities among their memberships.** These included:
  
  — The American College of Cardiology sponsored sessions on disparities at its annual meeting, published a lead article on the initiative in its newsletter and published the literature review in the *Journal of the American College of Cardiology* (August 2004).

  — The American Heart Association sponsored a national meeting on disparities and included sessions on disparities at other meetings. Two association presidents named the elimination of disparities as the top priority of their presidencies.

  — Most activities of the Association of Black Cardiologists already related to eliminating disparities, as this is the association's mission.

  — The American College of Cardiology, American Heart Association and Association of Black Cardiologists formed a steering committee to coordinate and strengthen mutual activities, such as promoting the development of minority cardiologists.

- **The initiative's co-sponsors undertook many activities to raise awareness of racial/ethnic disparities within their organizations.** Representative activities included:

  — The American College of Physicians developed a position paper on disparities in care and published the paper in its journal, the *Annals of Internal Medicine* (August 2004).
— The American Medical Association created its own disparities campaign and listed the initiative on its website as one of eight activities to reduce disparities.

— The National Hispanic Medical Association established a partnership with the National Medical Association, the Association of American Indian Physicians and the American Professional Practice Association to address the disparities issue and broadened its focus from language and cultural competence to disparities in general.

• The initiative website received 77,751 hits between its launch in October 2002 and July 2003. This was an increase from 2,627 hits in the first month to a peak of 20,492 hits in May 2003.

ASSESSMENT

Researchers at RAND planned (Grant ID# 047295) and conducted (Grant ID# 047296) an assessment of the Initiative to Engage Physicians in Dialogue about Racial/Ethnic Disparities in Medical Care to determine:

• The major results of the media campaign.

• The level of engagement of the partnering organizations.

• Awareness of disparities among cardiologists and cardiovascular surgeons (although the media campaign focused on cardiologists, assessors also surveyed cardiovascular surgeons).

• Lessons learned.

Assessment activities included key informant interviews, interviews with representatives of two medical organizations that did not participate in the initiative, review of website user comments and statistics, a search of press publications and a Web-based survey of cardiologists and cardiovascular surgeons (see Appendix 2 for assessment details).

The RAND Corporation, based in Santa Monica, Calif., is a nonprofit institution that helps improve policy and decision-making through research and analysis.

Assessment Findings

RAND researchers reported assessment findings in articles in Circulation (2005) and the Annals of Thoracic Surgery (February 2006) and in a report to RWJF.

Researchers reported the following findings from the Web-based survey of 344 cardiologists.

• 42 percent of cardiologists were aware of the media campaign. Of those who were aware of the campaign, 50 percent said it had affected their knowledge of
racial/ethnic minorities, and 35 percent said that their behavior and decision-making with patients from racial/ethnic minorities changed as a result of the campaign. (Report to RWJF)

- 34 percent of cardiologists agreed that people received different care from the U.S. health care system depending upon their racial/ethnic status, and 33 percent agreed that disparities existed in cardiovascular care. Only 12 percent of cardiologists felt that such disparities existed at their own hospitals and only 5 percent believed they existed in their own practices. In contrast, 69 percent of cardiologists agreed that care varied based upon whether a person has insurance or not, and 58 percent agreed that people received different care based on their type of insurance. (Circulation)

- Cardiologists were more likely to report the existence of racial/ethnic disparities if they were female (75% versus 50% of males), African American (85% versus 51% of Whites) or had a high percentage of minority patients (61% for those whose practice is more that 25% minority versus 46% for those whose practice is between 10 and 25% minority patients). (Circulation)

- Cardiologists who disagreed that African-American and Hispanic patients with cardiac disease or risk factors received care similar to comparable white patients believed that patient factors were equal or stronger contributors to disparities than factors related to physicians' practices or the health care system. Patient factors included adherence to treatment, attitudes and beliefs about providers and health behaviors. For example, about 55 percent of these respondents believed that patient adherence to treatment was a factor, while about 25 percent cited physician attitudes. (Circulation)

- As effective ways to overcome racial/ethnic disparities, cardiologists suggested increasing patients' self-management skills (59%) and expanding health insurance (53%). Fewer than 30 percent felt that increasing provider awareness or improving provider or institutional cultural competence would help reduce disparities. (Circulation)

- Cardiologists who were aware of the campaign were more likely to believe that disparities in diagnostic testing and therapeutic procedures existed for Hispanics when compared with whites. About 50 percent of those who were aware of the campaign disagreed that Hispanics are just as likely to undergo diagnostic procedures as whites, while about 38 percent of those unaware of the campaign felt similarly. About 44 percent of aware cardiologists disagreed that Hispanics were as likely to undergo therapeutic procedures as whites, in comparison with about 29 percent of unaware cardiologists. (Report to RWJF)
Researchers reported the following findings from the Web-based survey of 208 cardiovascular surgeons.

- **In comparison to cardiologists, cardiovascular surgeons were less likely to believe that racial/ethnic disparities occur in cardiovascular care (13% versus 33%) or in their own practices (3% versus 12%).** Cardiovascular surgeons were also less likely to consider evidence for disparities to be strong or somewhat strong (35% versus 60% of cardiologists). (Report to RWJF)

- **44 percent of cardiovascular surgeons thought that among patients with cardiac risks factors, African-American patients were not as likely as white patients to receive cardiac diagnostic tests and procedures and 30 percent thought that African-American patients were not as likely as whites to receive therapeutic tests and procedures.** (Annals of Thoracic Surgery)

- **13 percent of cardiovascular surgeons agreed that cardiac care disparities among clinically similar patients occur "often" or "somewhat often" based on patients' race/ethnicity, independent of their insurance and education.** Some 16 percent reported that clinically similar patients "often" or "somewhat often" receive different care in the U.S. health system based on their racial/ethnic status. Forty-eight percent believed that clinically similar patients experience disparities in care in the U.S. health care system as a result of insurance status. (Annals of Thoracic Surgery)

- **3 percent of cardiovascular surgeons indicated that clinically similar patients were "likely" or "very likely" to receive different care in the surgeon's own hospital or clinic based on the patient's race or ethnic background, independent of insurance status, type of insurance, English ability or education level.** Two percent of surgeons said this was likely among their own patients. (Annals of Thoracic Surgery)

Researchers reported the following findings related to commitment and change among the participating organizations in a report to RWJF:

- **Most organizations undertook the core activities (including providing information about the initiative on their websites, providing advertising space in journals or newsletters, writing articles for newsletters or journals and sponsoring special sessions at annual meetings) and conducted many additional disparities-related activities.** The most notable exception among the core requirements was providing a direct link from the organization's home page to the initiative website, which five organizations did not do.

- **The core activities stimulated some disparities-related activities, such as newsletter columns, advertisements and Web page activity.**

- **Several new collaborations emerged from the initiative, such as the steering committee composed of the three cardiology organizations.**
- Participating in the initiative helped support organizational activities related to disparities, with all physician organizations taking significant actions to educate members.

- There were likely missed opportunities to enhance collaboration among participating organizations and to encourage organizations to engage in more substantive efforts to increase provider awareness. Most interviewees desired more guidance about partnership goals and strategies, more progress updates and more opportunities to share ideas and lessons learned.

- The two noncardiologist, nonparticipating organizations interviewed had not taken meaningful steps to increase provider awareness of disparities.

Limitations

Researchers noted the following limitations to the survey findings.

- The response rate was relatively low (41%). It may be that nonrespondents differed in some consistent way from respondents. If respondents were more aware of disparities than were nonrespondents, awareness may be overstated.

- There are no benchmarks for comparison with physicians' perceptions of the occurrence of disparities.

- Researchers could send the survey only to those physicians whose professional organization had their e-mail addresses. If such physicians differed from others not meeting these criteria, their responses may not be representative of all physicians.

- Small sample sizes limited the extent of the analysis.

LESSONS LEARNED

1. **Provide ways to address an issue after raising awareness of that issue.** This initiative was designed only to raise physicians' awareness of racial and ethnic disparities. Project staff found, however, that participating organizations wanted to address the issue once they were aware of it. "We successfully increased awareness among these organizations, but then the organizations were very quickly looking for interventions, quicker than the field had them," said Patrick McCabe, project director. (Project Director/McCabe)

2. **Engage participating organizations and ask them to do more than you think they will.** The participating organizations were engaged with the issue of raising physicians' awareness of racial and ethnic disparities. They fulfilled their commitments and could and would have done more. "We did not ask enough of them," said Nicole Lurie, project director. "We needed to consider how they could work more together and how we could have asked them to do more." (Project Director/Lurie)
3. **Give all participating organizations equal status to make it easier to fully engage all of them.** While it made sense to give the cardiology organizations a stronger role in this initiative, the noncardiology organizations were less engaged. Although all organizations fulfilled their commitments, the initiative was less of a priority for the noncardiology organizations. (Project Director/McCabe)

4. **Expect many e-mail addresses to be undeliverable when conducting Web-based surveys.** The participating organizations had incomplete information about their members, including e-mail addresses. As a result, 20 percent of the survey e-mails were returned as undeliverable. (Project Director, Lurie)

5. **Work with multiple funders that are known in the field to add impact to a project.** By working together, RWJF and the Kaiser Foundation gave more weight to this issue in the medical community. Both foundations are known for their involvement in the issue of disparities in health care. RWJF's presence helped increase the engagement of physician groups. (Project Director/McCabe, and Program Officer/Lillie-Blanton [Kaiser Foundation])

**AFTERWARD**

The project ended with the conclusion of these grants. The RWJF national program *Expecting Success: Excellence in Cardiac Care* continues relationships developed with the participating organizations in the Initiative to Engage Physicians in Dialogue about Racial/Ethnic Disparities in Medical Care.

The $13.2 million program, launched in December 2004, is designed to improve cardiovascular care for African Americans and Hispanics while helping hospitals develop successful strategies for improving the quality of care for all patients.
APPENDIX 1

Initiative Primary Sponsors and Co-Sponsors

**Primary Sponsors:**
- American College of Cardiology
  Bethesda, Md.
- American Heart Association
  Dallas, Texas
- Association of Black Cardiologists
  Atlanta, Ga.

**Co-Sponsors:**
- American Academy of Family Physicians
  Leawood, Kan.
- American College of Physicians
- American Medical Association
  Chicago, Ill.
- American Medical Women's Association
  Alexandria, Va.
- American Public Health Association
  Washington, D.C.
- Association of Academic Health Centers
  Washington, D.C.
- Association of American Medical Colleges
  Washington, D.C.
- American Public Health Association
  Washington, D.C.
- Association of American Medical Colleges
  Washington, D.C.
- National Hispanic Medical Association
  Washington, D.C.
- National Medical Association
  Washington, D.C.
- National Medical Association
  Washington, D.C.
- Washington Business Group on Health
  (now: National Business Group on Health)
  Washington, D.C.

APPENDIX 2

Assessment Activities

Researchers at the RAND Corporation undertook the following activities in support of the assessment:

- Conducted key informant interviews with the leadership of each partnering organization about their organization's disparities-related activities, their perceptions of the partnership, expectations for the initiative and whether they were met, perceptions of how the external environment impacted their activities and how their organizations may have changed as a result of the initiative.

- Interviewed representatives of two subspecialty (noncardiology) organizations that were not part of the initiative to gauge whether these organizations had undertaken activities to address disparities independent of the campaign.
- Reviewed comments of website users and statistics on Web hits.

- Conducted, in conjunction with GYMR Public Relations, a Lexis-Nexis search of popular and professional press publications to assess frequency of reporting on racial/ethnic disparities in health care.

- Conducted a Web-based survey of 344 cardiologists and 208 cardiovascular surgeons about racial/ethnic disparities in health care in general and in cardiac care in particular. Staff drew the sample from the memberships of the American College of Cardiology, American Heart Association, Association of Black Cardiologists and Society of Thoracic Surgeons (which did not participate in the initiative). The overall response rate was 41 percent.
BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles


Reports


Survey Instruments