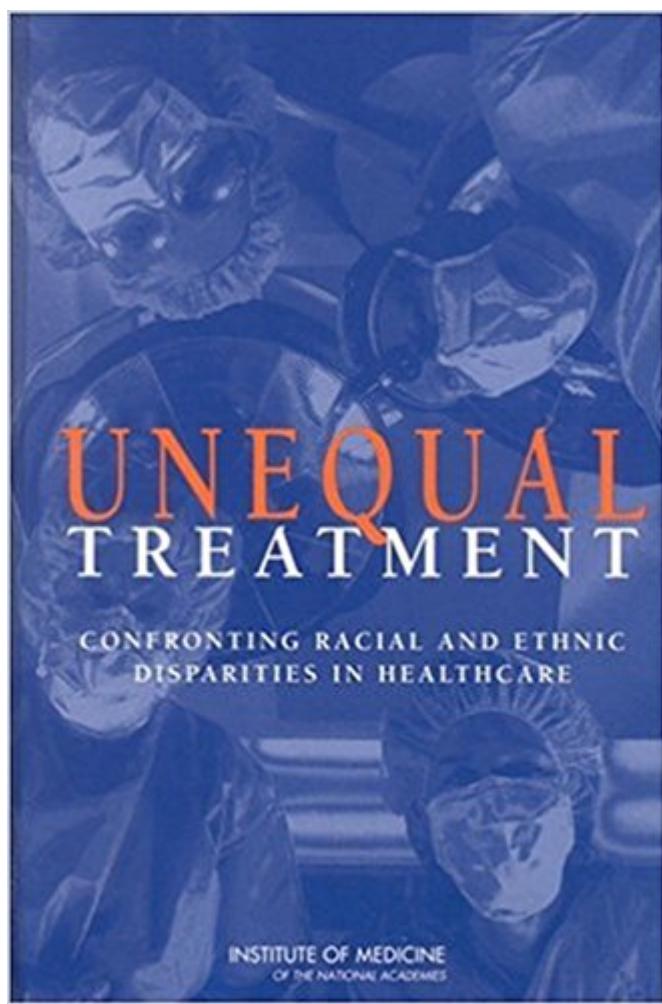


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Unequal Treatment: Confronting Racial And Ethnic Disparities In Health Care (with CD)



Synopsis

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.

Book Information

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Customer Reviews

The life expectancy of members of most minority groups in the United States is shorter than it is for white Americans. For example, the gap in life expectancy between black Americans and white

Americans is about six years. Against this bleak backdrop, a group of scholars assembled by the Institute of Medicine has taken on the issue of racial disparities in health care. In *Unequal Treatment*, they deal with several questions. In the United States, are there disparities in treatment between patients who are members of minority groups and those who are not, when both groups have similar access to care? If so, can we determine what underlies these disparities and what we should do about them? The medical literature reviewed in this book should convince even skeptics that members of minority groups receive treatment for their health problems that is different from the treatment received by others. However, determining whether these differences exist when all patients have equal access to care is a thornier issue. Two approaches are commonly used to analyze this problem: one is to examine the treatment of patients at a single location; the other is to investigate the treatment of patients who have the same insurance. Unfortunately, both of these experimental designs fall short of the ideal condition, in which all patients have equal access to the same range of services and expertise. As a result, no one can be certain whether disparities in treatment reflect unequal treatment of two groups of patients with equal access to health care or unequal treatment of two groups owing to a difference in resources, such as the availability of subspecialists and well-stocked pharmacies. After careful consideration of the evidence, the editors favor the former explanation: unequal treatment despite equal access. They ground this view in well-described and engaging theories about the roles of race, nonverbal communication, and inferential thinking that invisibly alter the clinical encounter between a patient who is a member of a minority group and a physician who is not. They conclude that "stereotyping, biases, and uncertainty on the part of the healthcare providers can all contribute to unequal treatment." This conclusion is important and remarkable, in that it redefines the problem of disparities in health care as a problem not of uneven access but of moral failure. In this context, the editors' recommendations make sense. Poor treatment of minorities should be considered an abrogation of civil rights. Doctors' understanding of their minority patients should be enhanced through educational programs on disparities in treatment and on cultural competency. The medical profession's myopia regarding minority issues should be addressed by enriching the physician workforce with more members of minority groups. I believe, however, that if we focus our attention on eliminating racial disparities, we will fall short of our aspirations. Decades of research have shown that the care received by patients who do not belong to a minority group is also frequently of poor quality, meaning that by aiming for parity we aim too low. An alternative is to focus purely on maximizing the quality of care received by underserved populations. Our success in this endeavor would be reflected within these communities, rather than measured by comparison with other populations. We could provide

additional reimbursement to physicians who treat underserved patients, rather than threaten them with charges of civil-rights violations. In England, the National Health Service has experimented successfully with a deprivation payment system. According to this system, general practitioners who work in underprivileged areas of the country receive additional reimbursement for the care they provide, in part on the premise that the barriers to providing optimal care are greater in such areas. We could also target the specific conditions that most impair health and economic viability in minority communities. Currently, childhood asthma is rampant in inner cities and has severe economic consequences for affected families: every exacerbation requires both the child and the caregiver to stay at home, thus impeding the child's educational success and the adult caregiver's professional success. Harlem Hospital, in New York City, has engaged in intensive community outreach that has mitigated the burden imposed by this condition. If our aim is to follow Harlem Hospital's lead on a larger scale, it will be better served by educating doctors about the strong relation between poverty and environment than by educating them about the relatively weak relation between skin color and treatment preferences. These alternative approaches could have received more consideration in this engaging book. Peter B. Bach, M.D. Copyright © 2003 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an out of print or unavailable edition of this title.

Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, Editors, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care

A classic with key data. Necessary reading for anyone in the medical or training fields.

Recognize this book is over ten years old - provides a historical account of interest to those in health policy or public health. The material is over 10 years old at this point the statistics are dated. A classic read and sadly, the disparities still exist.

Great publication!

A good read on some of the many problems we have in the US health system with strategies to improve. I enjoyed reading it.

Arrived quickly. Book better than expected

Most of the information in this book is available online. I bought it because it was required for a college course, then I never even opened it.

This is a really important national study of health disparities in the US - mainly health disparities between African Americans and Caucasians (but other ethnic groups are occasionally mentioned). It shows that African Americans experience higher rates of certain medical conditions than other ethnic groups (e.g. diabetes), but also identifies clinical and practical barriers and forms of discrimination which result in inferior treatment. Importantly, it does not address inequalities which stem from discrepancies in insurance coverage -- this is a major limitation, I think. A word of warning - this is published by the National Institutes of Medicine, so it is incredibly academic - there is a comprehensive, but somewhat excessive, literature review of some topics that lasts 126 pages. Useful for public health/epidemiology students (particularly grad students), but not for the general reader. Although there is an Executive Summary at the beginning, it is also written in a very academic, rather than accessible, tone. So I would suggest the intended audience is really public health/epidemiology professionals.

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