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Report finds minorities get poorer health care

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WASHINGTON (CNN) -- White people in the United States are getting better, more aggressive health care than minorities, according to an Institute of Medicine report requested by Congress.

After researching numerous studies, the institute concludes the racial and ethnic disparity exists regardless of income or insurance coverage. The study found that even when insured at the same level as whites, minorities are less likely to have a "consistent" relationship with their primary care providers -- a factor that leads to poorer care.

The institute, established in 1970 and based in Washington, is a nonprofit, congressionally mandated body established to review medical issues and is part of the National Academy of Sciences.

"Disparities in the health care delivered to racial and ethnic minorities are real and are associated with worse outcomes in many cases, which is unacceptable," said Dr. Alan Nelson, chairman of the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, which wrote the report.

"The real challenge lies not in debating whether disparities exist, because the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them," Nelson said

The report concludes that not only is there overwhelming evidence that blacks get second-class care, but that treatment leads to higher death rates in African-Americans when it comes to HIV/AIDS, cancer and heart disease.

"Our charge for this IOM committee was to look outside of socioeconomic factors," said Dr. Joseph Betancourt of the Massachusetts General Hospital. He said the report finds "bias and stereotyping may contribute to racial and ethnic disparities in health care."

The Institute of Medicine report blames time pressures on physicians, provider bias against minorities, language barriers, even the geographic location of health-care institutions for the disparity. More significant, according to the report, are cost controls in management care that may pose the greatest barriers to care for racial and ethnic minorities -- who often can't afford care.

In some instances, minorities are more likely to receive certain less desirable procedures. The report specifically cites the rate of orchiectomies (surgical castrations) in advanced prostate cancer patients and amputations for diabetes patients.

The IOM report cites studies finding African-Americans undergo orchiectomy and amputation at rates 2.4 times greater and 3.6 times greater, respectively, than their white Medicare peers.

Case studies

At Washington Hospital Center in Washington, the majority of patients visiting the diabetes clinic are minorities.

Vascular surgeon Dr. Cameron Akbari, who sees many of the patients with the most advanced disease, said, "It was quite a shock here in the nation's capital."

Dr. Akbari refers to himself as a salvage specialist. Having recently moved his practice from Boston to Washington, he said he's facing the toughest medical challenges of his life.

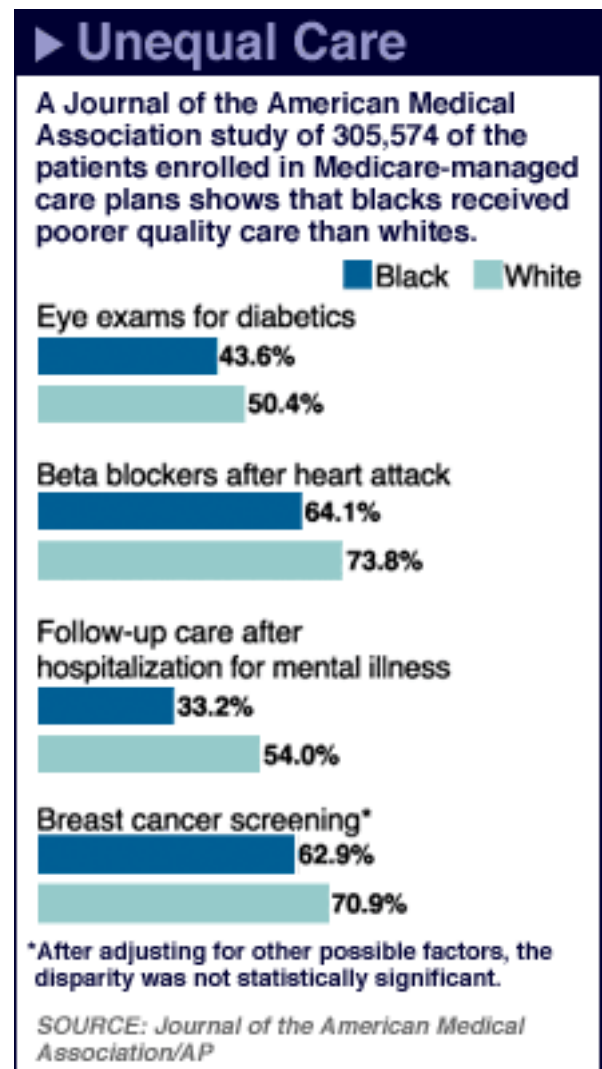
"Typically, their diabetic vascular disease has been neglected longer," Akbari said. "As a result of that, many of these patients are really right on the brink of amputation or have already had an amputation on the other leg."

At George Washington University Medical Center in Washington, "Mr. S" believes he's on the negative side of racial bias in U.S. healthcare.

The 75-year-old African-American prostate cancer patient wishes to remain unidentified. He told CNN he's in the unenviable position of possibly needing surgical castration if his condition deteriorates.

"Mr. S" was diagnosed with advanced prostate cancer 10 years ago. By then, it had already spread to his lymph nodes.

Over the years, he and his urologist have been able to keep the disease at bay with a testosterone-reducing medication that costs \$400 per three-month injection. Under his old insurance plan, he paid only a \$15 deductible.



Unfortunately, "Mr S" was forced to leave his old health plan and the new plan does not cover the cost of his medication. " I think if you're not well-educated they go after that," he said.

Cardiologist Dr. Patricia Davidson, also at George Washington hospital, often sees the double whammy of racial and gender disparity.

"It is very disturbing that people cannot look at an African-American woman and perceive that she may have heart disease as a possibility and be referred appropriately for the tests that they would refer everyone else for," Davidson said.

Institute recommendations

To lessen the racial and ethnic disparities in U.S. health care, the institute recommends strengthening the stability and consistency of patients' treatment by health-care providers in publicly funded plans.

The report also calls for more racial and ethnic minority health-care professionals.

Patient education programs are also strongly recommended to increase patients' knowledge of how to best find health care and participate in the treatment process.