

ASHP Statement on Racial and Ethnic Disparities in Health Care

DEVELOPED THROUGH THE ASHP COUNCIL ON PHARMACY PRACTICE AND APPROVED BY THE ASHP BOARD OF DIRECTORS ON APRIL 16, 2007, AND BY THE ASHP HOUSE OF DELEGATES ON JUNE 24, 2007

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Position

Health disparities continue to be a major public health problem confronting the U.S. health care system. These disparities arise from a complex set of factors, including social and economic inequality, cultural and linguistic barriers, and persistent racial and ethnic discrimination. Evidence continues to emerge, however, that some health disparities are attributable to differences in the quality of health care provided to different racial and ethnic groups. The American Society of Health-System Pharmacists (ASHP) believes that all patients, regardless of race, ethnicity, sex, age, sexual orientation, religion, physical or mental disability (or impairment), education, socioeconomic status,

diagnosis, or limitations in access, have the right to high-quality health care that reflects knowledge of, sensitivity to, and respect for their differences.

Pharmacists who practice in hospitals and health systems (“health-system pharmacists”), working individually and in coordination with interested organizations and other health care professionals, can play a leading role in building culturally competent systems of care to reduce racial and ethnic disparities in health care by

- Increasing awareness of these disparities among health care providers, health-system administrators, legislators, regulators, third-party payers, and the public,

- Promoting a more diverse and culturally competent health care work force and environment,
- Ensuring effective communication with patients and among providers,
- Fostering consistent use of multidisciplinary teams and evidence-based guidelines for patient care,
- Collecting and reporting data on health care access, utilization, and outcomes by racial and ethnic minorities and measuring progress toward reducing health care disparities, and
- Researching, identifying, and disseminating best practices for providing culturally competent care and reducing disparities in health care.

Background

The Institute of Medicine (IOM) defines racial and ethnic disparities in

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health care as “racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”¹ IOM states that “evidence of racial and ethnic disparities in healthcare is . . . remarkably consistent across a range of illnesses and healthcare services.” More than 600 articles documenting racial or ethnic variations in health care have been published in the past three decades.² With the majority of U.S. population growth between now and 2050 expected to come from racial and ethnic minority Americans and immigrants, our health care system must soon learn how to address the effects that race and ethnicity can have on health care. Eliminating health disparities is so important that it is one of only two overarching goals for the Healthy People 2010 objectives.³

Culture has been defined by IOM as “the accumulated store of shared values, ideas (attitudes, beliefs, values, and norms), understandings, symbols, material products, and practices of a group of people.”¹ Ethnicity refers to “a shared culture and way of life, especially as reflected in language, folkways, religious and other institutional forms, material culture such as clothing and food, and cultural products such as music, literature, and art.”¹ An ethnic group is a collection of people “socially distinguished or set apart, by others or by itself, primarily on the basis of cultural or national-origin characteristics.”¹ Like ethnicity, race has been described as a sociocultural concept used to distinguish groups of people (in this case, those who share certain physical characteristics) and treat them differently.

ASHP recognizes the need to address all forms of health disparities and believes that health-system pharmacists can take an important step in addressing these broader disparities by assuming a leadership role in the national campaign to eliminate racial

and ethnic disparities in health care. Health-system pharmacists, like other health professionals, have espoused a tradition of nondiscriminatory health care practice.^{4,5} Because medication therapy management is central to many of the health disparities cited by IOM (e.g., treatment for pain, HIV infection, diabetes, end-stage renal disease, kidney transplantation),¹ health-system pharmacists have opportunities to directly address these disparities. As health-system administrators and members of multidisciplinary health care teams, health-system pharmacists have an important role to play in implementing the institutional changes necessary to eliminate racial and ethnic disparities in health care. ASHP believes that health-system pharmacists have a professional and moral responsibility to address racial and ethnic disparities in health care.

General principles

The following three principles should guide the actions of health-system pharmacists in efforts to eliminate racial and ethnic disparities in health care: (1) all patients have the right to high-quality care, (2) medication-use practices should reflect knowledge of, sensitivity to, and respect for the race and culture of the patient, and (3) health-system pharmacists have a vital role to play in eliminating racial and ethnic disparities in health care.

All patients have the right to high-quality care. A long-standing policy position of ASHP holds that “all patients have the right to . . . high-quality pharmaceutical care.”⁴ ASHP believes that all patients have the right to receive care from pharmacists and that health-system pharmacists should play a leadership role in ensuring patient access to pharmacists’ services.⁶ The Code of Ethics for Pharmacists issued by the American Pharmacists Association states that the pharmacist “places concern for the well-being of the patient at the

center of professional practice” and “seeks justice in the distribution of health resources.”⁵ Racial and ethnic disparities in health care are antithetical to the core principles of pharmacy and must be eliminated.

Medication-use practices should reflect knowledge of, sensitivity to, and respect for the race and culture of the patient. Culture strongly influences how a person interacts with the world. Failing to account for the patient’s race or cultural beliefs and values in health care decisions can lead to negative health consequences. Providers may miss screening opportunities because they are unfamiliar with the prevalence of conditions among racial or ethnic groups. They may fail to consider different responses to medications that exist in different populations. Potential harmful interactions between medications and traditional remedies used by the patient may be overlooked. Finally, miscommunication due to cultural, linguistic, or literacy differences between providers and patients regarding symptoms, medications, supplements, or the use of devices may lead to faulty diagnoses, unnecessary laboratory testing, medication-related errors, decreased adherence to therapy, or missed opportunities for early detection and preventive measures.⁷

The Code of Ethics for Pharmacists states that “in all cases” the pharmacist “respects personal and cultural differences among patients.”⁵ Clinicians who want to provide the best care for their patients must understand the role of culture and its potential impact on health outcomes and the provider–patient relationship.

Health-system pharmacists have a vital role to play in eliminating racial and ethnic disparities in health care. In their roles as medication-use experts, patient care providers, and health-system administrators, health-system pharmacists have the knowledge, skills, and opportunities

to contribute to efforts to eliminate racial and ethnic disparities in health care.

Pharmacists' roles in eliminating disparities

IOM has made recommendations to eliminate racial and ethnic disparities in health care.¹ The IOM recommendations most relevant to health-system pharmacists are listed in the appendix. ASHP would add to that list that pharmacists can and should engage in research on disparities in health care. ASHP encourages all health care professionals and administrators to embrace these recommendations and urges health-system pharmacists to take the following actions to help eliminate health care disparities.

Increase awareness of disparities.

One elemental barrier to eliminating racial and ethnic disparities in health care may be a lack of awareness of their existence and their impact on society. Polls show that a significant majority of Americans believe that African Americans receive the same quality of health care as whites,^{1,8} despite ample evidence to the contrary.¹ Efforts to eliminate racial and ethnic disparities in health care must begin with the acknowledgment that there is a problem. Health-system pharmacists should lead efforts to increase awareness of health disparities among health care providers, health-system administrators, legislators, regulators, third-party payers, and the public. Pharmacists can increase awareness of health disparities by encouraging their health care organizations to make the elimination of disparities in health care a key component of the organization's mission. They can help their institutions foster an environment that promotes input from and involvement by all members of the organization in addressing this component of the organizational mission. In addition, pharmacists can help develop in-house and community programs to

promote cultural understanding and appreciation of the importance of diversity. They can also partner with community groups, governmental agencies, health care provider organizations, payers, and others to increase awareness of specific diseases among certain populations and encourage innovation and creativity in evaluating and disseminating approaches to eliminating disparities in health care.

Create a more diverse health care work force. Increased racial and ethnic diversity among health care professionals may be associated with improved access to care for racial and ethnic minority patients, greater patient choice of and satisfaction with health care professionals, more effective patient-clinician communication, and enhanced educational experiences for students in the health professions.⁹ Racial and ethnic diversity in the health care work force has been well correlated with the delivery of quality care to diverse patient populations. For minority patients, racial concordance between patient and physician is associated with greater patient satisfaction and higher self-rated quality of care.¹⁰ Spanish-speaking patients, for example, report more satisfaction with care from Spanish-speaking providers.¹¹

In 2002, the American Hospital Association's Commission on Workforce for Hospitals and Health Systems reported that although the national labor force is becoming more diverse, hospital employees remain disproportionately female and Caucasian.¹² The Commission recommended working aggressively to develop a work force that more fully represents changing U.S. demographics. IOM has also cited a continuing shortage of minorities among health care professionals.⁹

ASHP is committed to developing a diverse work force of health-system pharmacists.¹³ In June 2003, the ASHP Board of Directors established the Ad Hoc Committee on Ethnic

Diversity and Cultural Competence, which has recommended six major goals and developed long-term strategic action plans for each goal.¹⁴ ASHP members are encouraged to participate in these efforts and to monitor their progress at ASHP's Health Disparities Web Resource Center (www.ashp.org/s_ashp/cat11c.asp?CID=4266&DID=7523).

Promote culturally competent care and services. Many cultures take a different approach to health than is found in allopathic ("western") medicine. Perceptions of illness and disease vary by culture, and culture may influence a person's health-seeking behavior, approach to seeking out health care providers, and treatment preferences. As allopathic medicine increasingly emphasizes evidence-based approaches, health care practitioners will more frequently confront the cultural divide between the demands of their profession and the closely held beliefs of their patients. Cultural competency is rapidly becoming a quality and risk management issue for hospitals and health systems. ASHP is committed to developing a culturally sensitive, competent, and respectful work force.¹⁵

The Department of Health and Human Services (HHS) states that a culturally competent health care practitioner is

- Knowledgeable about cultural differences and their impact on attitudes and behaviors,
- Sensitive, understanding, nonjudgmental, and respectful in dealings with peoples whose culture is different from one's own, and
- Flexible and skillful in responding and adapting to different cultural contexts and circumstances.¹⁶

HHS's Office of Minority Health has developed a set of standards for culturally and linguistically appropriate services in health care to provide a consistent and comprehensive

approach to cultural and linguistic competence in health care.¹⁷ These standards offer a framework for implementing services and organizational structures to help health care organizations and providers, including pharmacists, respond to the cultural and linguistic issues presented by diverse populations. ASHP believes these standards should be used to assess staff competence and to guide organizations' educational programming and strategic planning. Education on cultural competency issues is encouraged in preceptor training sessions, residency standards, and leadership orientation at ASHP and affiliate levels. The Accreditation Council for Pharmaceutical Education now requires that schools and colleges of pharmacy include cultural competency in their curricula.¹⁸ Approaches to the subject could include standalone courses in health disparities and cultural competence, inclusion of traditional healers in the educational process, and infusion of the concept of cultural competence throughout the curriculum (e.g., through case studies that include diverse populations). ASHP believes that experiential learning should also include practice experiences with racial and ethnic minorities, medically underserved populations, and patient populations whose cultures incorporate the use of traditional healers and complementary or alternative medicine (e.g., folk medicine, home remedies).

The Code of Ethics for Pharmacists states that "A pharmacist maintains professional competence."⁵ ASHP believes that cultural competence is among the competencies that pharmacists, residents, fellows, students, and technicians have an obligation to develop and maintain.

Ensure effective communication with patients and among providers. The Code of Ethics for Pharmacists states that "a pharmacist communicates with patients in terms that are understandable."⁵ ASHP

guidelines recommend that pharmacists "know about their patients' cultures, especially health and illness beliefs, attitudes, and practices," and "adapt messages to fit patients' language skills and primary languages, through the use of teaching aids, interpreters, or cultural guides if necessary."¹⁹ Persons with the most health problems and the greatest need for self-management skills often have the poorest health literacy. Health-system pharmacists providing direct patient care should be able to assess the health literacy of patients and provide appropriate education.²⁰

Lack of interpretation services or culturally and linguistically appropriate health education materials is associated with patient dissatisfaction, poor comprehension and compliance, and ineffective or lower quality of patient care.²¹⁻²³ Health care providers rely heavily on the use of the written word to communicate, a circumstance that contributes to health care disparities.¹ When interpretation services are used, practitioners should ensure their quality. Fluency in language is not necessarily sufficient to provide adequate interpretation of the complex concepts involved in medical decision-making. Interpretation by family members also raises issues of patient confidentiality and autonomy.

Communication with patients needs to be culturally and linguistically appropriate. For example, although Spanish is the primary language of many cultures, simply translating educational material into Spanish may not provide the cultural context to make the education effective.

Health-system pharmacists should also utilize their medication-use expertise to help their institutions and communities develop culturally and linguistically appropriate public education campaigns. These campaigns could address health risks prevalent in racial and ethnic minority populations served by the hospital

and explain preventive measures and health care services available to those populations.

Health care professionals also need to recognize that racial and cultural differences may affect communication among providers. Health-system pharmacists should take steps to ensure that provider-to-provider communication is effective and reflects the respect for colleagues expressed in the Code of Ethics for Pharmacists.⁵

Utilize multidisciplinary teams and evidence-based guidelines. Multidisciplinary team approaches to health care improve health outcomes for majority and minority patients being treated for a range of diseases.¹ ASHP believes pharmacists should be integral participants in the development of multidisciplinary action plans for patient care, disease management plans, and health management plans.²⁴ Evidence-based guidelines "offer the advantages of consistency, predictability, and objectivity,"²¹ but their use must be balanced with the need for clinical flexibility, especially when there is evidence of different outcomes or responses among racial or ethnic groups.

Collect and monitor data on health disparities. Standardized collection of data regarding access to medications, drug utilization, and medical and cost-effectiveness outcomes from medication therapy management by racial and ethnic minorities would promote research on disparities in health care and help institutions monitor the progress of their efforts to eliminate those disparities.²⁵ Pharmacists should be active partners with health care administrators and other health professionals in developing measures of progress against health care disparities in institutional performance measures, which should be a key component of the organization's mission.²⁶

Research disparities in health care. Health-system pharmacists can

research, identify, and disseminate best practices for providing culturally competent care and reducing disparities in health care. Priority areas for research include racial and ethnic groups' access to medications, drug utilization, and medical and cost-effectiveness outcomes from medication therapy management. Pharmacists must keep pace with research regarding disparities in health care, programs to provide culturally competent care to patients, and new educational approaches to improving patient care. It is also important that pharmacy develop researchers to investigate health care disparities and cutting-edge practitioners to translate those research findings into practice.

Conclusion

ASHP believes racial and ethnic disparities in health care are antithetical to the core principles of pharmacy. All patients have the right to high-quality health care that reflects knowledge of, sensitivity to, and respect for their differences. Health-system pharmacists, working individually and in coordination with interested organizations and other health care professionals, can and must play a vital role in efforts to eliminate racial and ethnic disparities in health care.

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Appendix—Institute of Medicine recommendations most pertinent to hospital and health-system pharmacy practice. Reproduced, from reference 1, with permission.

General recommendations

Recommendation 2-1. Increase awareness of racial and ethnic disparities in healthcare among the general public and key stakeholders.

Recommendation 2-2. Increase healthcare providers' awareness of disparities.

Legal, regulatory, and policy interventions

Recommendation 5-3. Increase the proportion of underrepresented U.S. racial and ethnic minorities among healthcare professionals.

Health-system interventions

Recommendation 5-6. Promote the consistency and equity of care through use of evidence-based guidelines.

Recommendation 5-9. Support the use of interpretation services where community need exists.

Recommendation 5-11. Implement multidisciplinary treatment and preventive care teams.

Patient education and empowerment

Recommendation 5-12. Implement patient education programs to increase patients' knowledge of how to best access care and participate in treatment decisions.

Cross-cultural education in the health professions

Recommendation 6-1. Integrate cross-cultural education into the training of all current and future health professionals.

Data collection and monitoring

Recommendation 7-1. Collect and report data on healthcare access and utilization by patients' race, ethnicity, socioeconomic status, and, where possible, primary language.

Recommendation 7-2. Include measures of racial and ethnic disparities in performance measurement.

Recommendation 7-3. Monitor progress toward the elimination of healthcare disparities.

Recommendation 7-4. Report racial and ethnic data by OMB categories, but use sub-population groups where possible.