

Business Case: Framing the Situation

A growing body of research supports that even after adjusting for other factors, such as income, insurance status, age, and severity of symptoms, people of color receive a lower quality of health care when presented with similar conditions as white patients. There is increasing evidence that culture, language, prejudice, and racism affect the quality of care given and health outcomes. For example:

- African Americans are 13% less likely to undergo coronary angioplasty and 33% less likely to undergo bypass surgery than whites. This is based on disparities related to the lack of options made available for medical procedures to certain patient populations.
- Among preschool children hospitalized for asthma, only 7% of African American and 2% of Hispanic children compared with 21% of white children are prescribed routine medications to prevent future asthma-related hospitalizations.
- The length of time between an abnormal screening mammogram and the follow-up diagnostic test to determine whether a woman has breast cancer is more than twice as long in Asian American, African American and Hispanic women as in white women.
- Infant mortality rates are three times as high among African American infants as white infants.
- People of color are less likely to receive the most sophisticated treatments for HIV infection, and more likely to receive limb amputations for diabetes.

(Source: IOM Report on Unequal Treatment - Confronting Issues of Racial and Ethnic Health Disparities, 2004).

Unequal treatment occurs in the context of persistent discrimination in many sectors of American life. Data show that where a person lives, learns, works and plays affects their health. Some evidence suggests that bias, prejudice, and stereotyping on the part of health care providers may contribute to differences in care. Several studies show that even well-meaning people who are not overtly biased or prejudiced typically demonstrate unconscious negative racial attitudes and stereotypes. The price tag for disparities in health between persons of color and whites impose a significant burden on the United States. The combined cost for health inequities and premature deaths was estimated to be \$1.24 trillion between 2003 and 2006. *(Source: Joint Center for Political and Economic Studies: Economic Burden of Health Inequities in the United States).*

- The Washington Business Group on Health believes that employer consideration of cultural competence can lead to more efficient use of health dollars, can contribute to increased productivity, and a reduction in absenteeism and disability. Increased patient adherence and satisfaction can improve health outcomes. For example, errors made due to cultural or linguistic misunderstandings can lead to repeat appointments, extra time spent rectifying misdiagnoses, unnecessary emergency room visits, longer hospital stays and canceled diagnostic or surgical procedures.

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