

*Eliminating Racial and Ethnic
Disparities in Healthcare*

NYAPRS Cultural Competence
Committee

Disparities are Real and Unacceptable

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2003)

- The majority of studies find that racial and ethnic disparities remain even after adjustment for socioeconomic differences and other healthcare access related actors (for more extensive reviews of this literature, see Kressin and Petersen, 2001; Geiger, this volume; and Mayberry, Mili, and Ofili, 2000).

Costs of Racial and Ethnic Health Disparities

- \$1.24 trillion between 2004 and 2006: (The Joint Center for Political and Economic Studies: September 2009)
 - \$229.4 billion for direct medical care expenditures associated with health disparities and another
 - \$1 trillion for indirect costs of disparities
- If non-Hispanic Blacks had the same adjusted rate of **preventable hospitalizations as non-Hispanic Whites from 2004 to 2007, it would have resulted in about 430,000 fewer hospitalizations for non-Hispanic Blacks and \$3.4 billion in savings (CDC Health and Disparities Inequalities Report, 2011)**

Affordable Care Act Addresses Disparities by Making Improvements in:

- Preventive Care
- Coordinated Care
- Cultural Competency Training
- Expands Health Care Workforce
- Data Collection to track disparities and ensure appropriate care

NYAPRS Cultural Competency Commitee

- Promote the integration of the concepts, values, principles and practice of cultural competence
- Promote the widespread availability of culturally competent mental health services throughout New York State
- Promote the rights of people with psychiatric disabilities and advocate for the elimination of health care disparities.

20 Indicators of Culturally Competent Health Plans/Homes

| Performance Indicators | Outcomes |
|--|--|
| Cultural Competence Plan | Comparable access and outcomes to GP |
| Proportionally representative governance | 90% representation of community |
| Equal access to full continuum of care | 80% know benefits and how to access |
| Prevention, education and outreach | Evidence of involved cultural communities |
| Quality Improvement | Presence of QI Plan and CC Indicators |
| Data Collection and Decision Support | Timely, accurate; across age and ethnicity |
| Cross Cultural Education for Professionals | % of staff with more than 8 hrs CC training |
| Access and Service Authorization Tracking | Comparable access and utilization to GP |
| First contact, intake and assessment | 100% inclusion of cultural factors and strengths |
| Care coordination/management | 100% of care plans with natural supports |

NYAPRS Cultural Competence Committee Leaders

- Neville Morris, Chair
- Carlton Whitmore, NYC
- Lenora Reid-Rose, Rochester
- Teena Brooks, NYAPRS
- Chacku Mathai, NYAPRS
- Harvey Rosenthal, NYAPRS

To be added to the Cultural Competency Committee list, please contact Mary McLaughlin at (518) 436-0008 , or mary@nyaprs.org.