
THE ROLE OF HRSA IN THE ELIMINATION OF HEALTH DISPARITIES

The Challenge

Health care in the United States is among the best in world with astonishing technologies and new treatments that offer hope to all those fortunate enough to access them. However, people of color and other vulnerable populations are more likely to experience health care barriers and to suffer from high rates of disease and early death. According to *Healthy People 2010*, this too is the picture of health care in America at the beginning of the 21st century:

- African American men have a rate of prostate cancer that is double that for white men.
- Women of Vietnamese origin in the United States suffer from cervical cancer at nearly five times the rate for white women.
- Although African Americans and Hispanics represented an estimated 25% of the total U.S. population in 1998, 55% of the reported AIDS cases occurred among these two population groups.
- The infant mortality rate for African Americans is more than double that of whites. The rate for American Indians and Alaska Natives is almost double that of whites.
- The Pima Indians of Arizona have one of the highest rates of diabetes in the world.
- Injury-related death rates are 40% higher in rural populations than in urban populations.
- Women have shown increased death rates over the past decade in areas where men have experienced improvements, such as lung cancer.
- Evidence suggests that lesbians have higher rates of smoking and obesity than heterosexual women.

Populations can suffer from health disparities based on race/ethnicity, gender, age, income, insurance status, rural or urban geographic location, sexual orientation, housing status, occupation, or health behaviors. These population-specific differences in the presence of disease, health outcomes, or access to health care are "**health disparities.**" Reasons for health disparities include differences in risk factors, lack of access to health care,

inadequately targeted prevention messages, and cultural differences between the health care system and the populations it serves. A growing amount of evidence shows that many women and people of color receive less complete or less intensive health care. A study published in the *New England Journal of Medicine* found that race and gender influenced the quality of treatment given to patients with cardiovascular disease (Schulman, *NEJM*, February 25, 1999). In other cases, health behaviors are a significant factor contributing to illness and disease. With the need for action clearly defined, HRSA is aggressively contributing to the Federal government's effort to eliminate health disparities by working to increase access to culturally competent, high quality health care that emphasizes prevention, self-care, and the provision of enabling services.

Eliminating Health Disparities

HRSA'S SOLUTION

The Health Resources and Services Administration has a unique and compelling goal:

To assure 100% access to health care and 0 health disparities.

The goals of 100% access and 0 health disparities are not linked by chance. Many of the groups that suffer from health disparities are unable to access needed health care services due to their very low income or low educational level. In fact, the relationship between health disparities and socioeconomic status is so strong that income and educational level often serve as proxy measures for health status.

Providing health care access to all people in the U.S. will likely reduce health disparities. However, access alone will not eliminate the health disparities experienced by vulnerable populations. Providing access to health care will not automatically address the many individual, population-based, and societal factors that result in health disparities. Therefore, HRSA believes that the elimination of health disparities requires both expanded health care access and targeted clinical and crosscutting health disparity activities.

HOW HRSA PROMOTES AND EXPANDS ACCESS TO HEALTH CARE

HRSA is firmly dedicated to the principle that all people deserve equal access to comprehensive, culturally competent health care regardless of race/ethnicity, gender, age, income, insurance status, rural or urban geographic location, sexual orientation, housing status, or occupation. But HRSA's definition of access to care means far more than just getting a foot in the door of a health care facility. To HRSA, "health care access" means that patients enter a comprehensive system of culturally competent, high quality medical care. Health care access includes access to enabling services that encourage patients to seek primary and preventive care on a regular basis, such as interpretation, transportation, outreach, and case management services. It means that patients have regular, needed contact with health promotion and health education services that are critical to promoting healthy behaviors. Health care access includes access to important additional support services, such as housing assistance, Medicaid counseling, and food support programs. Many of these services are provided on site by HRSA-supported programs.

Delivering quality health care to those who live outside the economic and medical mainstream is a daunting challenge. Nearly one in five U.S. residents -- almost 44 million people -- lack health insurance. According to a HRSA-sponsored report of the Institute of Medicine (IOM) entitled *America's Health Care Safety Net: Intact but Endangered*, an equally large number of people are underinsured. The IOM report focused on the financial viability of health care providers who primarily serve poor, uninsured, and other vulnerable populations. Collectively known as the health care safety net, these providers rely on an increasingly uncertain and insufficient patchwork of grants and subsidies. The IOM concluded that the Nation's health care safety net, while intact for the short term, is endangered over the long term by shrinking resources and expanding uncompensated care. The IOM further recognized that countless other providers serve individuals who are poor, uninsured, or otherwise vulnerable without receiving grants or subsidies. The ability of these providers to meet their patients' needs is likewise endangered. Ensuring the ability of safety net providers and other providers to care for poor, uninsured, and other vulnerable populations is critical to HRSA's goal of 100% Access and 0 Health Disparities. Access-related activities accounted for a significant portion of HRSA's \$4.8 billion budget in FY 2000. The impact of these programs was multiplied four to six times by funds leveraged from other sources.

HRSA activities that promote health care access include supporting local safety net providers, working to improve health care delivery systems, and increasing diversity and cultural competence of the health professions workforce. The strength and stability of the following activities will continue to be a leading priority for HRSA:

- **Primary Health Care Centers and the National Health Service Corps.** Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Health Schools and Healthy Communities Programs, Public Housing Primary Care Programs and the National Health Service Corps (NHSC) comprise the bedrock of the health care safety net in more than 4,000 communities nationwide. These facilities and clinicians provide access to family-oriented preventive and primary health care services for more than 12 million people who live in medically underserved rural and urban communities. Funding for these health centers and the NHSC is administered by HRSA's Bureau of Primary Health Care and totaled \$1.2 billion in FY 2000.
- **HIV/AIDS services.** Since 1990, HRSA's HIV/AIDS Bureau has administered the Ryan White CARE Act and overseen the spending of approximately \$8 billion for essential primary care and support services for people living with or affected by HIV/AIDS. In 1998,



55% of people with AIDS in the U.S. were people of color and more than 66% of clients receiving services from HRSA-supported State programs were people of color. The CARE Act also provides opportunities for people living with HIV to voluntarily participate in research of potential clinical benefit. The Act also supports studies to assess the effectiveness of innovative models of HIV care and program design and supports replication of models shown to be effective. HRSA's FY 2000 spending for HIV/AIDS services totaled \$1.6 billion.

- **Maternal and Child Health.** The Agency's Maternal and Child Health Bureau has the primary Federal responsibility for promoting and improving the health of mothers and children. Through the Maternal and Child Health (MCH) Block Grant,

HRSA supports States' efforts to provide comprehensive care for women during and after pregnancy and childbirth. MCH Block Grant activities include programs that reduce infant mortality, immunize infants, and reduce adolescent pregnancy. FY 2000 funding for the MCH Block Grant was \$709 million. Overall, 53% percent of African American women, 61% of Asian/Pacific Islander women and 57% of Hispanic women who gave birth in 1998 were served by a HRSA-supported MCH program. HRSA funding for all MCH services was \$873 million in FY 2000.

- **Health Professions Training.** HRSA provides National leadership that promotes diversity in the health professions workforce. For example, the Centers of Excellence

Program serves as a National educational center for diversity and minority health issues. In addition, the Health Careers Opportunity Program strives to increase the pool of competitive health professions training applicants from disadvantaged backgrounds. A survey of twelve medical professions found that graduates of HRSA-supported training programs are three to ten times more likely to practice in low income, medically underserved communities.





Additionally, these graduates are two to five times more likely to be people of color or members of another disadvantaged group. In FY 2000, HRSA provided \$342 million to support training programs and clinicians that increase the ability of the health professions workforce to meet the needs of the public.

- **Rural Health.** Almost a quarter of the U.S. population lives in rural areas, yet only an eighth of the Nation's doctors work there. HRSA is the only entity within the Federal government that specifically advocates for access to health care in rural America. Because rural families earn less than urban families, many health problems of rural residents are associated with poverty, such as chronic diseases and infant mortality. HRSA's Office of Rural Health Policy utilizes policy, research, and grant programs to help eliminate health disparities for rural communities. Working with all levels of government and with private associations, foundations, health care providers, and community leaders, the Agency seeks solutions to the problems faced by rural health care providers and consumers. HRSA's FY 2000 budget for rural health care programs was \$77 million.
- **Organ Donation and Transplantation.** People of color and other disadvantaged persons are disproportionately affected by many acute and chronic diseases that lead to end organ failure and the need for organ, tissue, or bone marrow transplantation. HRSA's Office of Special Programs regulates the National Organ Procurement and Transplantation Network to assure the fair and equitable allocation of organs. The network also promotes public education and research to increase the supply of donated organs and tissues and recruits people of color as volunteer bone marrow donors. HRSA's FY 2000 funding for organ donation and transplantation totaled approximately \$28 million.
- **Telehealth.** HRSA's Office for the Advancement of Telehealth improves access to quality health care by advancing the use of telehealth technologies. Through telemedicine and distance learning, it is possible to provide education, training, and health care in communities that previously had no access to these services. HRSA funding for telehealth activities was 21 million in FY 2000.

HRSA strives to strengthen the health care safety net by investing in new programs. The **Community Access Program** helps communities build partnerships with health care providers in order to broaden the range of available health care services. These partnerships will result in the provision of better health care to the Nation's uninsured