



RESEARCH: CLOSING THE CHRONIC DISEASE GAP IN MINORITY POPULATIONS

Minority populations deserve equal access to care, but they are also entitled to the best medicine as determined by best evidence, as well as to a culturally competent and diverse health care workforce. The American Cancer Society Cancer Action Network, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy, and Association of Black Cardiologists believe that the health care community and policy makers must raise the bar when defining health care quality in America to include the elimination of health disparities. The Federal government, through policy interventions and appropriate fiscal investments, including funding for the National Institutes of Health (NIH), can positively influence three contributors to continued health disparities:

- Gaps in minority health research
- Minority participation in clinical trials
- Lack of cultural competence and investments in the health care workforce, including clinical investigators

Gaps in Minority Health Research

Disease states and clinical interventions vary significantly due to race, ethnicity, gender, age, and socioeconomic status. New studies are needed to better understand disease processes and determine optimal treatments, including those for cancer, diabetes and heart disease, in minority populations, which are traditionally under-represented in clinical research. Additionally, more research is needed to determine how quality improvement initiatives and physician education tools can reduce health care disparities.

Congress made a substantial investment in addressing research needs through the establishment of the Patient Centered Outcomes Research Institute (PCORI). Congress charged the Institute with the identification of national priorities for research, taking into account factors of disease incidence, prevalence, and burden in the United States, with an emphasis on chronic conditions. Congress intended that PCORI identify gaps in evidence in terms of clinical outcomes, practice variations and health disparities; the potential for new evidence to improve patient health, well-being and the quality of care; the effect on national expenditures associated with a health care treatment, strategy or health conditions; and patient needs, outcomes, and preferences. It is critical that PCORI's research agenda adequately address racial and ethnic health disparities and health care disparities in general.

Minority Participation in Clinical Research

Certain minority populations are more likely to suffer from specific diseases, such as diabetes, cancer and hypertension, and to respond to medications differently. It is critical efforts be made at all levels to increase the number of minorities in clinical trials.

African American, Latino and Asian populations account for about one-third of all Americans, but remain under-represented in clinical trials enrollment. In order to have improved clinical outcomes and more equitable health care, it will be necessary for research to be conducted across a variety of health care settings with a diverse patient population. In addition to greater outreach and education to minority communities about clinical trials, another way to help increase minority participation in clinical trials is through a more diverse health professions workforce.

Investing in a Diverse Health Care Workforce

There is considerable evidence that a physician's race is an important factor in influencing patient participation in a clinical trial. Therefore, it is plausible that by increasing the racial and ethnic diversity of NIH investigators, the result will be clinical trials that better represent minority populations.

According to The Center for Information and Study on Clinical Research Participation, about 7 percent of all physicians in the United States belong to a minority group and a very small percentage are actively involved in clinical research.

According to a study by the NIH, Asians are 4 percent and African Americans are 13 percent less likely to receive NIH investigator-initiated research funding compared with whites. While the NIH suggests that more research is needed to better understand the differences, the results indicate the need for more research funding and possible policy interventions.

Cultural Competence

Cultural competence is a key to addressing health care disparities and will become essential given that minorities are on track to make up the majority of the U.S. population by 2042, according to Census estimates. Cultural competence in the delivery of health care serves as the foundation of the provider/patient relationship and ultimately influences the effectiveness of the therapeutic interventions and patient outcomes.

The Patient Protection and Affordable Care Act (ACA) included provisions to enhance the health care workforce. The ACA requires the Department of Health and Human Services to support the development and evaluation of research, demonstration projects, and model curricula for use in health professions schools and continuing education programs, in order to provide training in cultural competency, public health proficiency, reducing health disparities, as well as increasing aptitude for working with individuals with disabilities. ACA also established a similar program for nurses in the primary care workforce. Educating a culturally competent health workforce requires a public-private partnership, and therefore requires ongoing federal support.