

From the Executive Director

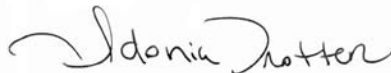
Greetings from the Arkansas Minority Health Commission,

The goal of the Arkansas Minority Health Commission (AMHC) is to be a catalyst in bridging the gap in the health status of the minority population and that of the majority population in Arkansas. To achieve this goal, the commission focuses on addressing existing disparities in minority communities, educating communities on healthier lifestyles, promoting awareness of services and accessibility within our current health care system. The Commission is also charged with:

- Studying issues relating to the delivery and access of health services;
- Identifying gaps in health delivery systems; and
- Making recommendations to relevant agencies and the General Assembly for improving health and health care delivery in Arkansas

I am pleased to present to you the *Arkansas Racial and Ethnic Health Disparity Study II: a minority health update*. This is the first statewide telephone survey addressing minority health issues in Arkansas. It also contains the largest voice from the Hispanic community in Arkansas. This product continues the efforts of AMHC to increase awareness for health disparities in general and to inform the development of intervention strategies to decrease hypertension, strokes and other disorders that disproportionately impact minorities as directed by the 2001 Initiated Act 1. We hope this work will not only inform you about racial and ethnic health disparities but also move you to join us as we seek to improve the health of minority Arkansans.

Sincerely,



Idonia Trotter, JD, MPS
Executive Director,
Arkansas Minority Health Commission

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Executive Summary

Race and race relations affect all segments of society including health and health care. The election of the first African American President marks great progress but exists in a society with marked disparities in areas such as wealth, income, education, incarceration, housing and health care. There is a large body of research that shows that minorities have less access to the health care system and when they do gain access they receive lower quality health care. This translates into unhealthy communities and increased human and economic costs for all. The US in general and Arkansas in particular have persistent racial and ethnic health disparities across most diseases. There are a growing number of activities in the state and the nation to improve health, most of which are disease specific and few focus on disparities. Efforts that do not specifically target communities with disproportionate shares of health disparities and the health care system are unlikely to have full impact in minority communities.

The 2009 Arkansas Racial and Ethnic Health Disparity Study describes the current state of health disparities and follows the first study report produced by the Arkansas Minority Health Commission (AMHC) in 2004. It aims to increase awareness and further understand disparities in the state of Arkansas in order to inform the development of comprehensive strategies to improve health across the state.

The specific goals of this study were:

1. To develop methodology to over-sample minority communities in order to obtain more accurate surveillance data on which to base health policy decisions
2. To quantitatively assess the perceptions of health care quality by race and ethnicity
3. To assess additional factors in improving health in communities of color
4. To inform future interventions in Arkansas that aim to eliminate racial and ethnic health disparities in the Black and Hispanic communities and via the interface between those communities and the health care system

The following are some key findings from the 2009 survey:

The 2004 study highlighted the challenging social context for Arkansas, particularly for minority Arkansans, and described the negative impacts of social determinants on the overall health of the individual and community. Minorities tend to have less educational attainment, lower household incomes and are more likely to be disabled. A quality health care system should be able to respond to the needs of the individual, prevent disease and promote health in the community, while taking social determinants into account. The survey conducted for the 2009 Study further explored the interface between Arkansans and the health care system. The survey targeted a large number of minority residents and revealed that:

- 79-82% of all groups characterized racial relations in their county as very good or somewhat good
- More than 60% of Arkansans felt that different racial and ethnic groups have the same amount of health problems
- Most thought disparities were caused by dietary factors and economic issues
- Nearly 1 of 4 respondents said their health was fair or poor
- More than 40% of survey respondents had a current health problem; however, only 16% of Hispanics reported a current problem
- Rural and urban Blacks and particularly Hispanics had the highest uninsured rates of 22%, 25% and 52%, respectively
- Hispanic respondents were the group least likely to have health insurance; half are without a regular health care provider and half report that no one of their ethnicity is on staff where they regularly go for health care
- Minority and rural populations have little to no choice in where they go for health care
- There is a lack of racial and ethnic diversity in doctors and health care staff
- Although nearly 70% of Hispanic respondents needed an interpreter to help them speak with a health care provider, less than 30% were provided a professional interpreter and more than 40% used a friend or relative as their interpreter
- While more than 80% of people are satisfied or somewhat satisfied with their health care and have confidence in doctors and medications, more minorities state that people like themselves are treated less fairly, specifically, 40% of urban blacks, 29% of rural blacks and 25% of Hispanics
- 20% of Hispanic respondents have been the victim of discrimination while getting health care
- 15-16% of blacks reported discrimination while getting health care
- When asked to describe differential or disrespectful treatment due to race or ethnicity, respondents reported inferior treatment, negative attitudes of health care providers, lack of money, denial of care or priority given to other patients

The initial findings of the survey described in this report are timely, given the current environment on health care reform in the country. Although this initial analysis shows that survey respondents felt positively about race relations and a majority of each racial or ethnic group felt all groups had the same amount of health problems, troubling issues emerge from the responses to this survey. While health care reform may lead to a greater number of Arkansans with health insurance, responses to this survey by minority Arkansans indicate that health insurance alone will not be sufficient to address significant system level issues.

In order to improve the health of minority Arkansans the following recommendations emerge from the initial findings of this survey:

- **Increase awareness about racial and ethnic health disparities.** Despite the large amount of research and community efforts to decrease disparities, a significant portion of Arkansans believe that Hispanics, Blacks and Whites have the same amount of health problems. Communities and policy makers must be broadly informed about the problem: the presence and effects of racial and ethnic health disparities. More importantly, we must understand the factors that contribute to disparities in Arkansas in order to find effective solutions.
- **Improve health care access and choice.** While health care reform is discussed throughout the country and may improve access for many, access for the most disadvantaged in Arkansas requires added attention. Minorities are the most likely Arkansans to be uninsured and the least likely to have choice in where they receive medical services. Access to quality health care and choice is critical to improving health in minority communities.
- **Address disparities as a part of quality improvement.** Large portions of minorities perceive unequal treatment within the health care system. Research has documented this fact across many diseases and areas regardless of payer status. Health care quality measures must be examined by race and ethnicity to determine if quality care is received equally by all populations. As disparities are identified, they can be addressed through both targeted and general quality improvement efforts.
- **Improve cultural competency and diversify the healthcare workforce.** A culturally competent health care system and workforce is one that is capable of delivering the highest quality care to every patient regardless of race, ethnicity, culture, or language proficiency. The barriers to quality care for minorities identified in this survey included a lack of interpreter services and a lack of diversity in Arkansas' health care workforce. Because most respondents to this survey were not treated by a medical provider of their race or ethnicity, knowledge of cultural factors impacting health and the standards of care in treating diverse patients must be understood by all providers, including support staff in clinics and hospitals.

The 2009 Racial and Ethnic Health Disparity Study is the first statewide telephone survey to examine racial and ethnic health disparities. Minority populations were successfully sampled to provide the most detailed picture of minorities' interaction with the health care system in the state. While this report focuses on the initial findings of key areas in the survey, analysis is ongoing that will lead to more specific research. This process and information will be important as we seek to find ways to improve the health care system for all Arkansans. In conclusion, the 2009 Racial and Ethnic Health Disparity Study will inform AMHC's work and collaborations with organizations and communities to reach our ultimate goal of improved health for all Arkansans.