



APPENDIX F

**Racial & Ethnic Health Disparities Paper
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RACIAL & ETHNIC HEALTH DISPARITIES PAPER

This report reflects the work of a diverse community (i.e., Oregon) that is not willing to leave unchallenged the continuation of persistent disparities in health outcomes that threaten the well-being of racial and ethnic groups in this state. This commitment to solve a problem that hurts some but not all members of the larger community is based on an ethical position that places a high value on fairness.

In large part, the Oregon Health Plan (OHP) owes its existence to Oregonians' unwillingness to exclude a portion of the state's population from access to basic, effective health care. Over the past ten years, the OHP has expanded health coverage to hundreds of thousands who otherwise would have remained without insurance, and as a result, without reliable access to care. However, health insurance is of value when it assures access to health care, and access is of value when it leads to treatment that substantially improves health outcomes. The objective of this report is to effect change that will help to assure that Oregonians have access to health care that is effective because it accounts for the contribution of culture to health status and health outcomes. Otherwise, the relative effectiveness of resources allocated for health will not be fairly distributed across all the diverse populations that give Oregon its rich character.

In Health Care and The Ethics of Encounter: A Jewish Discussion of Social Justice, Laurie Zoloth has written on the Oregon Health Plan as a case study in the ethics of health reform. Professor Zoloth has put the core question of social justice as follows: "Who gets what and why?".¹ She goes on to suggest that in asking this question a society and its leaders can determine whether they are satisfied that the distribution of resources is fair.

Racial and ethnic minorities draw far more than their statistically fair share of undesirable health outcomes. The Racial and Ethnic Health Task Force reflects a commitment to address the bad health outcomes so destructive to minority communities. For example, in birth size, infant mortality, AIDS survival, cancer, and cardiovascular disease, being black is the single greatest risk factor.² The Task Force has been charged with identifying ways to correct bad health outcomes for serious diseases in minority communities. In doing so, it will increase the level of fairness in Oregon's health reform efforts.

¹ Zoloth, Laurie. Health Care and The Ethics of Encounter: A Jewish Discussion of Social Justice. University of North Carolina Press; Chapel Hill, 1999. xii.

² *ibid.*, p. 265

Access to culturally competent health care has been a focal point for the Task Force as an effective means of improving health outcomes for minority communities. On this point, the work of the Task Force intersects with the structure and goals of the Oregon Health Plan (OHP). In the course of the public meetings that informed the creation of the OHP, it became clear that Oregonians were ready to formulate and implement a new vision of social justice. They wished to modify their health coverage system to provide a better answer to “who gets what and why?” Underlying the OHP is a fundamental commitment to universal access to effective health care.³ In the context of the OHP, efforts to make health care accessible have been largely directed at removing financial barriers to care. The Task Force continues the expansion of access by addressing cultural barriers to effective care so that *everyone* can get basic health care, regardless of cultural heritage. If effective health care is unavailable to racial and ethnic communities due to cultural barriers, these barriers must be removed. In this way, racial and ethnic minority communities can be put on the same footing as other Oregonians in accessing health care, and minorities can participate fully in the benefits of the Oregon Health Plan.

It seems clear enough that lack of health coverage can severely limit access to effective care. The threat posed by cultural incompetence is not always so clear. In *The Spirit Catches You and You Fall Down*, Anne Fadiman describes Dr. Neil Ernst reflecting on health care given a Hmong child. Dr. Ernst speculates that, considering the family’s ambivalent response to Western medicine and the linguistic barrier between hospital staff and the family, a single-medication approach would have yielded better medical results in this cultural context than the complex multi-drug regimen that is the standard of care.⁴ He notes that while this course of action would not be medically ideal for all patients, in Lia’s case it would likely have produced the better outcome. A culturally competent provider could have granted Lia access to the best care, clinically and culturally.

Steps taken to address cultural differences can make patients more comfortable with the health care process and so more likely to comply with the treatment plan – and more likely to get healthy. They do not constitute special or superfluous treatment. Instead, they help to ensure that culturally diverse communities have access to effective care and good health outcomes.

The governor’s and the legislature’s responses to the findings of the Task Force can help to change the attitudes of medical professionals who, as Fadiman explains, often believe that cultural competence is a dispensable service, rather than a fundamental element in the provision of quality health care.

³ *ibid.*, p. 238

⁴ Fadiman, Anne. *The Spirit Catches You and You Fall Down*. Farrar, Straus and Giroux; New York, 1997. 273.

Just as cultural barriers impede the delivery of care, a lack of cultural awareness may work against the creation of health policy that fully addresses minority health issues. The Task Force addresses this potential problem by introducing representative minority voices into Oregon's health policy discussions. The Task Force establishes a forum for active minority participation in health reform so that the Oregon Health Plan can effectively address the needs and values of the state's diverse population.

Policy makers and the general public have typically been more prompt in addressing the needs and interests of the poor than the particular needs of minorities. For this reason, minorities need a significant presence in health reform if their needs are to be met. The Task Force can serve to organize and amplify the voices of those who share racial and ethnic perspectives and concerns about health. If the Task Force proves effective at stimulating substantial improvements in health outcomes for racial and ethnic communities, Oregonians will take a step closer to a core policy objective of the Oregon Health Plan: fairness in the distribution of health resources.