

Insurers' Response To Health Disparities

PROLOGUE: The Healthcare Research and Quality Act of 1999 decreed that the Agency for Healthcare Research and Quality develop two annual reports—the *National Healthcare Disparities Report (NHDR)* and the *National Healthcare Quality Report (NHQR)*—to track “prevailing disparities in health care delivery.” Soon thereafter, the Healthy People 2010 project articulated the goal of reducing health disparities and delineated a range of performance measures to gauge progress on that front. Such federal initiatives seemed to reflect a realization among policymakers that inequalities exist in access to and quality of care afforded to many racial/ethnic minorities when compared with the majority population. Researchers and clinicians have consistently determined that these disparities contribute to pervasive gaps in health outcomes among minority populations.

The inaugural *NHDR*, released in 2003, bolstered and validated these perceptions of inequity by documenting unequivocally that racial, ethnic, and socioeconomic disparities exist on a national scale, are present at all points on the continuum of health care delivery, and run the gamut of medical conditions. Building upon this initial national overview, the 2004 *NHDR*, as Ernest Moy and colleagues tell us, provides policymakers with insight into assessing the efficacy of national efforts to reduce disparities. Health insurers appear to have realized that a “business case” exists for integrating a response to health disparities into their care delivery models. This sentiment may reflect an awareness that the failure to muster remedial strategies brings with it the potential of inefficient allocation of resources and continuation of costly, ineffective patterns of care, ultimately feeding the perennial problem of spiraling health care spending.

The papers that follow, accordingly, discuss the role of insurers and health insurance in addressing disparities in access to quality care, including those gaps flowing from barriers of language. First, Marsha Lillie-Blanton and Catherine Hoffman explore the extent to which race and ethnicity interact with insurance to influence access. Next, David Nerenz, accompanied by Perspectives from Patricia Hassett and Audrietta Izlar, provides examples of where health plans have leveraged race/ethnicity data to both identify and ameliorate disparities in quality. Cindy Brach, Irene Fraser, and Kathy Paez explore the link between linguistic competence and quality and provide lessons learned from several health plans working to ensure linguistic competence. Finally, Leighton Ku and Glenn Flores describe the evidentiary basis underlying the significance of ensuring access to medical interpretation services for patients, provide a snapshot of the populations most hampered by limited English proficiency, and propose options for adequate financing of interpretation services.