

For Immediate Release
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New England Journal of Medicine Faces Challenge from Health Experts Researchers, Advocates and Lawmakers Question Study that Minimizes Race-Based Health Disparities

Tuesday, March 21, 2006 (New York, NY) – Today a broad assortment of health advocates, federal legislators and prominent researchers delivered a letter to the prestigious New England Journal of Medicine challenging a Rand Corporation study asserting that patients receive comparable medical care and treatment regardless of race or ethnicity. The study, “Who is at Greatest Risk for Receiving Poor-Quality Health Care?” found that women and people of color actually fare better than their white and male counterparts attempting to access quality care and treatment. The coalition of critics cited more than 600 peer-reviewed studies that contradict the study’s findings and urged the journal to take seriously race-based disparities in healthcare.

"The health care system as a whole provides vastly unequal access and treatment based on race, language, and ethnicity. Racism within the health system is literally making people of color sick," said Rinku Sen, Communications Director at the Applied Research Center, a California-based public policy institute. "This flies in the face of decades of research conducted by the nation’s most accredited researchers. In fact, it even contradicts the Rand Corporation’s previous findings in a study documenting disparities in cardiac treatment. Racial disparities in health cost hundreds of thousands of lives every year; we encourage the New England Journal of Medicine to continue publishing research documenting disparities and programs to eliminate them."

Advocates including Congressional Representatives John Conyers (D-MI), Donna M. Christensen (D-VI), Artur Davis (D-AL), Mike Honda (D-CA) and Mel Watt (D-NC) argued that the study conducted by physician Stephen Asch and a respected research team missed the mark by studying a sample not representative of the population at large and by ignoring critical quality measures that highlight disparities along the color line. The letter was sent to the Journal this morning. Relevant points included:

- The Asch study confirms that quality problems abound. But to improve the quality of care for everyone health disparities based on race must be understood and addressed.
- The U.S. Department of Health and Human Services’ National Healthcare Disparities Report, the most comprehensive survey of its kind, finds that racial and ethnic disparities persist and are worsening in some areas.
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By excluding individuals who have not sought care in the past two years, the study eliminates many who may have avoided seeking care because of negative experiences in health care institutions.

“As the entire nation struggles to secure quality health care, we understand that addressing health for all and tackling race-based disparities must be complimentary endeavors,” added Rep. Donna M. Christensen (D-VI), Chair of the Congressional Black Caucus Health Braintrust. “The study published by the New England Journal presents a false choice. The initiatives that will decrease racial disparities will also improve the system at large.”

The letter to the New England Journal was signed by numerous scholars and organizations including the National Medical Association, Families USA, The Opportunity Agenda, the American Medical Students Association and the National Minority AIDS Council.

Letter to New England Journal of Medicine

March 21, 2006

Dear Editors:

On Wednesday your journal published a new study written by physician Stephen Asch and a highly credentialed research team entitled, Who Is at Greatest Risk for Receiving Poor-Quality Health Care? According to the study, patients receive little more than half of the care recommended by a set of “gold standard” guidelines. This study finds that while few patients are well-served, women and minorities sometimes fare better than whites and men in receiving recommended care.

As health experts, policymakers and advocates, we must scrutinize any research that contradicts well over 600 studies published in peer-reviewed journals. Racial disparities in health constitute one of the nation’s greatest public health challenges.

The results of the Asch study must be considered relative to the massive volume of evidence that directly contradict its findings. Even the U.S. Department of Health and Human Services’ National Healthcare Disparities Report, the most comprehensive survey of its kind, finds that racial and ethnic disparities persist and are worsening in some areas.

The Asch study contains a number of flaws that may help explain why its findings contradict those of prior studies. For example, the study sample doesn’t reflect the population at large. Only 4.4% of the sample are Medicaid recipients, who are disproportionately people of color and who likely face the greatest health care quality disparities. Less than 20% of the sample are people of color, yet over 30% of the U.S. population is non-white. Similarly, by excluding individuals who have not sought care in the

past two years, the study eliminates many individuals who may have avoided seeking care because of negative experiences in health care institutions. And despite the authors' attempts to assess whether individuals in the final sample differ significantly from those in the original study pool, the final response rate – 37% - raises serious questions about selection bias. Finally, because the RAND quality measures assess only whether patients certain treatments or services, the study sheds little light on the timeliness and thoroughness of care received by people of color and the outcomes of that care as compared with their white counterparts.

The Asch study confirms that quality problems abound. But differences in access to and quality of healthcare for people of color are also significant. In fact, to improve the quality of care for everyone we must understand and address health care disparities based on race. Many of the same interventions that will reduce disparities – for example, promoting the broader use of evidence-based guidelines and public reporting of hospital quality scores by patient race, ethnicity, and primary language – will help to improve quality for all patients.

Our growing community of scholars, advocates and lawmakers is committed to closing the gap on race-based health disparities. We look forward to the New England Journal of Medicine's continued commitment to publishing sound research that takes seriously the impact of racial inequity on access to high quality treatment and care.

Sincerely,

Elected Officials

- Representative Donna M. Christensen (D-VI), Chair, Congressional Black Caucus Health Braintrust
- Representative John Conyers (D-MI)
- Representative Artur Davis (D-AL)
- Representative Mike Honda (D-CA)
- Representative Mel Watt (D-NC)

Organizations

- AIDS Action in Mississippi (AAIM)
- American Dental Education Association (ADEA)

American Medical Students Association (AMSA)

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- Applied Research Center (ARC)
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- California Pan-Ethnic Health Network (C-PEHN)
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- Center for Social Inclusion
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- Families USA
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- National Medical Association
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- National Minority AIDS Council (NMAC)
- Northwest Federation of Community Organizations (NWFCO)
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- The Opportunity Agenda
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- The Praxis Project

Health Professionals and Scholars

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- David Brown, MD - Family Medicine and Community Health - University of Miami Miller School of Medicine
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- Gail C. Christopher, D.N., Vice President, Office of Health, Women and Families, Joint Center for Political & Economic Studies
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- Alicia Clark, Social Solutions, LLC
-
- Khaya Clark, Oregon Center for Applied Science
-
- Robert Cordero, Director of Federal Advocacy, Housing Works, Inc.
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- Dr. Joia Crear, Director of Maternal and Child Services City of New Orleans
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- Mary Frank, M.D.
-
- Agueda Hernández, MD, Assistant Clinical Professor, Department of Family Medicine & Community Health - Miller School of Medicine
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- Edgar B. Jackson, Jr., MD, Clinical Professor of Medicine, Case Western Reserve University
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Professor Sylvia Law, New York University

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- Tom Perez, J.D., Assistant Professor at U. Maryland School of Law
- Vernalia Randall, Professor University of Dayton School of Law and author of “Dying While Black”
- Jose R Rodriguez-Diaz, MD, FICPS, Founder & CEO, The Multicultural Healthcare Education Foundation, Inc.
- Adrea Samoleski, MD
- Dalisla C. Soto, M.D., F.A.A.F.P., Asst. Clinical Professor, Dept. of Family Medicine and Community Health, University of Miami Miller School of Medicine
- Johnny Williamson, MD, Child & Adolescent Psychiatry - Community Mental Health Council