Trends in racial and ethnic disparities intervention research: 1979-2011

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Finding Answers:
Disparities Research for Change

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Disparities researchers have shifted their focus from documenting racial and ethnic disparities to identifying interventions to close the gap in care.

Researchers, providers, administrators, and policymakers would benefit from **a concise, structured characterization of the disparities literature** to inform intervention design and research.

Which approaches are being employed to reduce disparities? What are opportunities for future research?

Methods

In 2007 and 2012, our team wrote systematic reviews of interventions to improve minority health and/or reduce racial/ethnic disparities in care.

- 391 studies from 1979-2011 were included in the 11 reviews.
- Reviews covered: cervical cancer, HIV, asthma, prostate cancer, colorectal cancer, breast cancer, depression, diabetes, and cardiovascular disease, as well as interventions using cultural targeting and incentives to improve care.

We developed a taxonomy of disparities interventions

Using qualitative theme analysis of 315 abstracts, we defined:

- **tactic**: what was done to intervene
- **strategy**: groups of tactics sharing common characteristics
- **level**: who or what was targeted by the effort

We used this schema to systematically categorize 391 disparities intervention studies from the literature

Each full article was independently reviewed and coded by two of three researchers; discrepancies were discussed to consensus. Tactics, strategies, and levels were identified in each intervention. We calculated frequencies for each across all papers.

Results

The taxonomy included 44 tactics, nine strategies, and six levels.

Who is being targeted by interventions? Frequency of levels

- Interventions most commonly targeted patients (50%) and community members (32%).
- Interventions targeting providers (7%), the care team (9%), organizations (3%), and policies (0.1%) were less common.

Results *continued*

What is being done? Frequency of strategies and tactics

- Delivering education and training was the most common strategy (37%). The most common tactics employed were education about the disease condition (14%) and education in self-management (11%).
- The strategy of actively engaging the community occurred in 6.5% of the tactics.

Strategy/Tactic	Number of Instances	Percent
Delivering Education and Training	**895**	**37.0%**
Education about disease condition	340	14.0%
Education in self-management	258	10.7%
Interactive education	129	5.3%
Communication-skills training	82	3.4%
Individually-tailored education	32	1.3%
Family/partner education	26	1.1%
Decision-making aid	20	0.8%
Cultural competency training	8	0.3%
Providing Reminders and Feedback	**319**	**13.2%**
Reminder	181	7.5%
Tracking system	52	2.1%
Individually-tailored reminder	35	1.4%
Performance report cards/audit	26	1.1%
Health maintenance card/health mini-record	25	1.0%
Restructuring the Care Team	**283**	**11.7%**
Increased involvement of nurse or medical assistant	99	4.1%
Add community health worker/lay health worker/peer coach/peer educator to the care team	53	2.2%
Add patient navigator	47	1.9%
Add dietitian	34	1.4%
Increased involvement of primary care provider in specialty care	19	0.8%
Increased involvement of pharmacist	16	0.7%
Add social worker	15	0.6%
Providing Psychological Support	**237**	**9.8%**
Therapy	160	6.6%
Harm/risk reduction	54	2.2%
Family/partner counseling	12	0.5%
Motivational interviewing	11	0.5%
Engaging the Community	**158**	**6.5%**
Employ community health worker/lay health worker/peer coach/peer educator in the community	62	2.6%
Outreach to individuals/households (e.g., invitations to events)	32	1.3%
Media education campaign	26	1.1%
Church- or school-based care delivery	25	1.0%
Coalition building/community advocacy	13	0.5%
Providing Financial Incentives	**142**	**5.9%**
Reduced out-of-pocket expenses	74	3.1%
Free give-aways	63	2.6%
Incentives to reward health behavior	4	0.2%
Pay-for-performance	1	0.0%
Increasing Access to Testing and Screening	**95**	**3.9%**
Integrated screening	33	1.4%
Self-administered and take-home test kits	22	0.9%
Free screening	21	0.9%
Risk/harm assessment	12	0.5%
Rapid test results	7	0.3%
Enhancing Language and Literacy Services	**10**	**0.4%**
Enhanced interpreter services	7	0.3%
Health literacy screening	3	0.1%
Other	**281**	**11.6%**
TOTAL	**2,420**	**100.0%**

Discussion

Improve the system, not just the patient

The majority of disparities interventions use education to influence the knowledge and behavior of patients.

- Researchers and providers are focusing on changing patients, rather than the system serving patients.
- Education alone may be insufficient to address the complex, systemic issues causing disparities.

Examine the process of communication in education

Interventions using education should incorporate techniques that ensure the health information is delivered effectively.

- Only one-third of education interventions used such techniques.
- Examples of education interventions designed to address communication barriers include cultural competency training, decision-making aids, and interactive approaches.

Engage the community

Disparities experts are increasingly emphasizing community engagement.

- Only 6.5% of the intervention tactics actively engaged persons in the community.
- More research is needed to understand the potential for engaging the community, especially as new health policies emphasize population-based care.

Test more policy interventions

Little research evaluates the impact of policy-level interventions on racial and ethnic disparities in care.

- We must anticipate and monitor the impact of reform on disparities in order to avoid unintended consequences.
- Interventions warranting further investigation include: ACOs, pay-for-performance, reimbursement for team-based care, and incentives to create linkages between the community and the care delivery system.

We hope that this work, including our online database searchable by tactic, strategy, level, race/ethnicity, and disease, will guide organizations to identify interventions that best fit their specific needs and context.

Additionally, this review calls attention to areas of disparities research that are inadequately examined in the existing literature.

Use our online tool to find interventions that interest you
solvingdisparities.org/fair