



## Report: Health-care disparities shortchange minorities, poor

Activists called on area hospitals to examine their roles in perpetuating health-care disparities that shortchange minorities and the poor.

3/3/09

Virginia Mason Medical Center provides half as much charity care as Swedish Medical Center, though their main campuses are just a few blocks apart. Residents of Southeast Seattle live about twice as far on average from the nearest hospital than do people in Fremont, Greenlake, Shoreline or Ballard. And several dozen Spanish speakers posing as prospective patients were repeatedly thwarted by language barriers when they tried to navigate Seattle-area hospitals in person or by phone.

Those assertions were highlighted in a report released Tuesday by four local community organizations, which argued that such disparities shortchange minorities and poor people, and partly explain why their health lags behind that of whites. At a news conference outside Virginia Mason — identified in the report as the worst among six Seattle hospitals at serving people of color — activists called on all hospitals to examine their role in perpetuating health inequalities.

"There are geographic, linguistic and financial barriers to accessing medical care. And they disproportionately affect people of color," said Gerald Smith, associate director of the grass-roots group Northwest Federation of Community Organizations and author of the report. The report was supported by the federation and three other community groups, including Washington Community Action Network, a key player on health-reform issues in Washington, and the Minority Executive Directors Coalition, an advocacy group for people of color.

Virginia Mason responded that the report gives an incomplete picture of the hospital's contributions to the community. The race gap in health care is well-documented nationally. Researchers know that racial and ethnic minorities get inferior care compared to whites, even when matched for income, insurance coverage and other factors. Minorities are more likely to be diagnosed with cancer in its later stages, for instance, and less likely to get immunized or to receive prenatal care. They develop AIDS at a much greater rate than whites.

Researchers are less certain about the root causes of the disparities. Racial bias is one suspected culprit, though disparities could also stem from language difficulties in following doctors' instructions or using hospitals that do too few surgeries to match the quality at higher-volume peers. Pramila Jayapal, executive director of One America, an advocacy group for immigrants and another of the groups supporting the report, noted that 20 percent of Seattle residents are foreign-born. Federal law requires hospitals and doctors to provide, at their expense, interpreter services for patients who need them.

But according to the four community groups, such services are often unavailable to would-be patients. Spanish-speaking volunteers working with the groups made about five dozen calls or visits to six Seattle-area hospitals, asking about such things as whether financial assistance was available. Eight out of 10 of their inquiries ended in repeated phone transfers and employees hanging up or otherwise not offering satisfactory answers, the groups said. Only Harborview Medical Center and Swedish First Hill and Swedish Cherry Hill were rated as providing effective

interpreter help, according to the report; Virginia Mason, University of Washington Medical Center and Northwest Hospital were not.

Virginia Mason was also singled out for having the lowest rate of charity care and low-income Medicaid patients. In 2007, Virginia Mason's charity write-off made up .75 percent of its gross revenue. That was about half the rate for Swedish and UW Medical Center, based on records filed with the Washington State Department of Health.

Suzanne Anderson, Virginia Mason's chief financial officer, said the report undercounts the hospital's contributions by overlooking, for instance, its high volume of Medicare patients who, like Medicaid patients, bring in less money than people with private insurance. Virginia Mason also operates a large residency program to train doctors and is heavily involved in research — both of which benefit the community, Anderson said.

Jayapal said the point of the report isn't to blame Virginia Mason, but to point out inequities in order to eliminate them. "Every single hospital has to held accountable," Jayapal said.