

Preamble

WHEREAS, A large body of published research reports that racial and ethnic minorities experience a lower quality of health care services and are less likely to receive even routine medical procedures relative to white Americans; and

WHEREAS, Racial and ethnic disparities in health care are, with few exceptions, remarkably consistent across a range of illnesses and health care services even after adjustment for socioeconomic differences; and

WHEREAS, The health gap between minority and nonminority Americans has persisted, and in some cases, increased in recent years and is confounded by the disproportionate representation of minorities in the lower socioeconomic tiers; and

WHEREAS, Research suggests that health care providers' diagnostic and treatment decisions, as well as their feelings about patients, are influenced by patients' race or ethnicity; and

WHEREAS, Health care providers may not recognize manifestations of prejudice in their own behavior; and

WHEREAS, Education programs regarding cultural competence, sensitivity, and health literacy should be integrated early into the training of future health care providers, and practical, case-based, rigorously evaluated training should persist through continuing education programs for practitioners; and

WHEREAS, Education programs regarding cultural competence, sensitivity, and health literacy have been developed to enhance health professionals' awareness of how cultural and social factors influence health care, while providing methods to obtain, negotiate, and manage this information clinically once it is obtained; and

WHEREAS, The health care workforce and its ability to deliver quality care for racial and ethnic minorities can be improved substantially by increasing the proportion of underrepresented racial and ethnic minorities among health professionals; and

WHEREAS, Health systems should attempt to ensure that every patient, whether insured publicly or privately, has a sustained relationship with an attending physician able to help the patient effectively navigate the health care bureaucracy; and

WHEREAS, Equalizing access to high-quality health care plans can limit fragmentation in the current health care system, so that public health care payors can provide their patients with access to the same health care products as privately insured patients; and

WHEREAS, Eliminating health care disparities is important in raising the overall quality of the nation's health care and because racial and ethnic discrimination is intolerable by law, is contrary to moral creed and the health care ethic, and generates public disapproval; now, therefore,