It is not possible to provide a plain text representation of the document as it contains images and cannot be read naturally. However, it appears to be an editorial discussing the Robert Wood Johnson Foundation's approach to reducing disparities in health care, particularly focusing on racial and ethnic minorities. The foundation emphasizes the need for measurable impact and the importance of supporting projects that have a demonstrable effect on reducing disparities. The editorial highlights the need for targeted investments and the importance of addressing underlying factors such as access to quality care, cultural competence, and the influence of the health care system on disparities.
ing high-quality care even within the constraints of today’s healthcare system and the ongoing struggle our society has with issues of equity and race.

The Foundation’s approach to disparities is unfolding along several tracks. First, we concentrated on launching a research agenda that would answer pressing questions for the field and our strategy development. In particular, our portfolio of research projects seeks to build a broader knowledge base about factors that contribute to racial and ethnic disparities in treatment in ways that would illuminate potential interventions that healthcare systems could undertake. We are supporting research that continues to make the case to healthcare professionals and policy makers that disparities in care persist across multiple treatment areas and should be addressed. Our research plans include tracking trends in disparities over time, understanding better how the local quality of one’s healthcare system affect differences in care, and evaluating demonstration projects launched by RWJF and others that are specifically designed to reduce disparities.

Our research agenda also encompassed a series of projects to help our grantees and others work on the problem of racial and ethnic disparities with greater dispatch and with increased knowledge at their disposal. For example, we recognized that health plans and providers might be reluctant to measure racial and ethnic differences in treatment for a multitude of reasons, some of which are impeding efforts under way in the quality-improvement arena to move toward greater transparency in the healthcare system. Because the ability to measure both problem and progress is a central tenet of the drive toward improving the quality of health care, the race/ethnicity data question was, in fact, a threshold question to which the Foundation sought answers from the beginning of this initiative.

Second, we are now in the phase of launching demonstration projects that help health plans and providers implement targeted efforts to reduce gaps in care between whites and nonwhites. Health plans are well positioned to take on racial and ethnic disparities because of the capacity to analyze differences in care across large patient populations and their experience with quality-improvement activities. However, we do not think demonstrations with health plans alone can succeed in producing replicable solutions unless we also help providers change the ways in which they deliver health care to patients, particularly minority patients, who may often live in areas where healthcare systems are the most lacking in resources.

Third, we are committed to raising awareness about the existence and causes of racial and ethnic disparities. Along with The Henry J. Kaiser Family Foundation and other organizations representing physician, public health, and business groups, RWJF took an initial step to raise awareness among physicians about racial and ethnic disparities in care with an initial focus on cardiac care. Although the organizations involved with this initiative, called “Why the Difference,” were engaged by the topic (N. Lurie et al, unpublished data, 2002), most of them also demonstrated a need for concrete steps that providers could take to raise the quality of health care for minority Americans.

Because of these insights about the need for concrete solutions gleaned from the “Why the Difference” initiative, RWJF will launch a new hospitals disparities initiative, focused solely on improving cardiac care for patients of color, called “Expecting Success: Excellence in Cardiac Care.” The program, which is currently in the midst of its application and selection process, will announce its grantees in September 2005. The hospital grantees will be asked to engage in a collaborative process involving technical assistance and information sharing, with the ultimate goal of improving cardiac care for black and Latino patients with myocardial infarction or congestive heart failure.

RWJF chose this initial focus on heart disease for several reasons. First, the evidence for what constitutes recommended care in these areas is clear. Second, the evidence of racial and ethnic disparities in cardiac care is also clear. Third, as mentioned previously, the impact of heart disease on blacks and Hispanics is high. Furthermore, the metrics for quality cardiac care already exist and are being disseminated widely by the Centers for Medicaid and Medicare Services as part of its National Voluntary Hospital Reporting Initiative.7

Once we know more about solutions to reduce inequities in our healthcare system, our work will not end. Critical to each component of RWJF’s disparities strategy is sharing results with others in the field. All of the learning from RWJF-funded projects—efforts that are sometimes purely research, sometimes demonstration, and sometimes hybrids of both—will be shared widely with interested stakeholders in the field.

In this era of modern health care, gaps in the quality of care are unacceptable, particularly when these gaps are worse for patients from particular racial and ethnic backgrounds. A quality-improvement approach to racial and ethnic disparities holds considerable promise because of its potential to bypass or make less confounding some of the issues that people believe are insolvable within the context of the healthcare system—issues such as bias, prejudice, and unequal patterns of access to the healthcare system that have existed for decades. Although we care deeply about these issues and do not shrink from taking on difficult questions, the healthcare system needs answers to address inequities in care, not further controversy. By emphasizing quality as an achievable goal at the microsystem level (by spurring improvement within individual health plans and hospitals that can be held up and ultimately spread as lessons for the entire system), we believe that health care can be improved for all Americans in our lifetime.

References

Key Words: Editorials ■ health policy ■ ethnic groups
Fighting Unequal Treatment: The Robert Wood Johnson Foundation and a Quality-Improvement Approach to Disparities
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*Circulation*. 2005;111:1208-1209
doi: 10.1161/01.CIR.0000157739.93631.EB

*Circulation* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2005 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/111/10/1208

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