

Introduction and Overview of Healthcare Disparities

October 7, 2008



Improving the Healthcare of Chicago

Introduction and Overview of Healthcare Disparities

Disclosure of Conflict of Interest Information

I have no existing conflict of information to disclose

Disclosure information is current as of October 7, 2008



Introduction and Overview of Healthcare Disparities

- Overview
- “Mile markers”
- Solutions
- Recap and Future Directions



Overview

- IOM Report “Unequal Treatment”
 - Key findings
 - “Racial and ethnic disparities in healthcare exist and...are unacceptable”
 - “...occur in the context of broader historic and contemporary social and economic inequality”
 - “Many sources...may contribute”
 - “Bias, stereotyping, prejudice and clinical uncertainty...may contribute...”



Overview

– Key recommendations

- “Increase health providers’ awareness...”
- “Collect and report on...access and utilization by patients’ race, ethnicity, socioeconomic status...”
- “Increase proportion of...racial and ethnic minorities among health professionals.”
- “Promote the consistency and equity of care through evidence-based guidelines.”



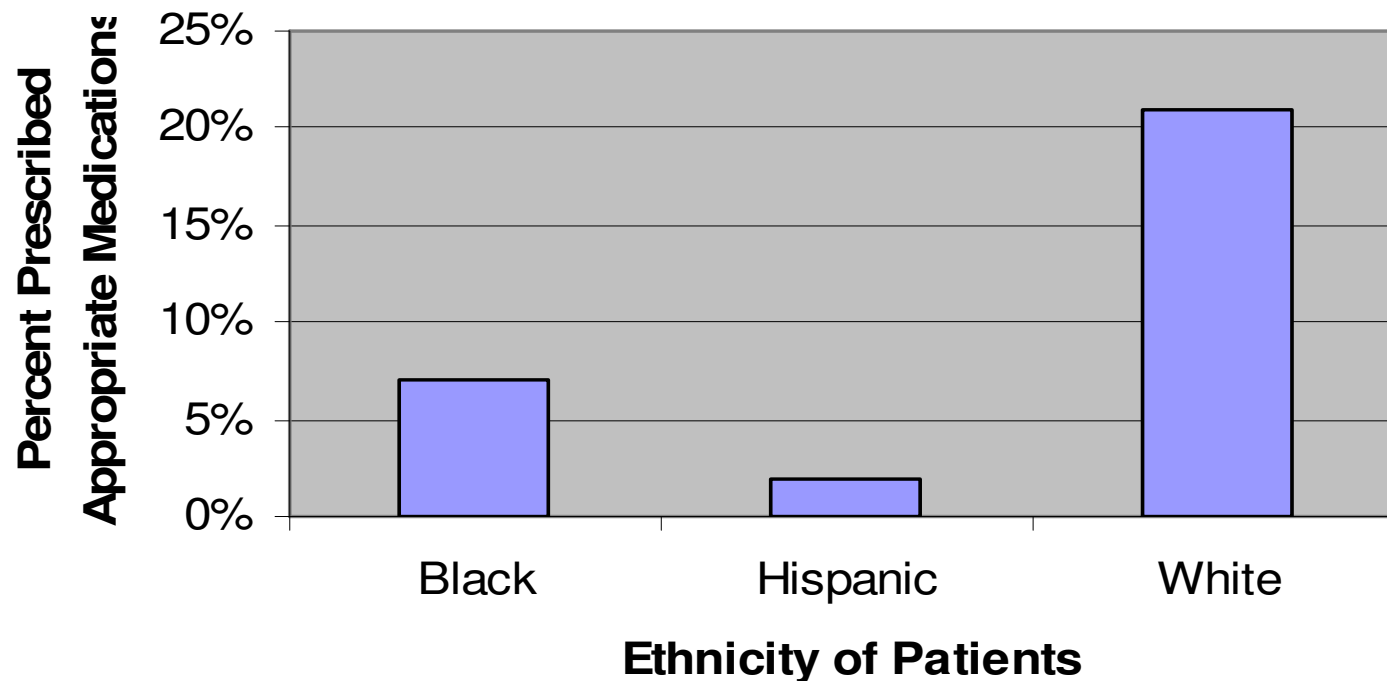
Mile Markers—2000 AHRQ Fact Sheet

- Heart disease: African-Americans 13% less likely to get coronary angioplasty and 33% less likely to have coronary by-pass surgery compared to whites
- Breast cancer: time between abnormal mammogram and diagnostic testing twice as long for African-American, Asian and Hispanic women compared to whites

Source: *Addressing Racial and Ethnic Disparities in Health Care" Fact Sheet*. AHRQ Publication No. 00-PO41, February 2000.

Mile Markers—2000 AHRQ Fact Sheet

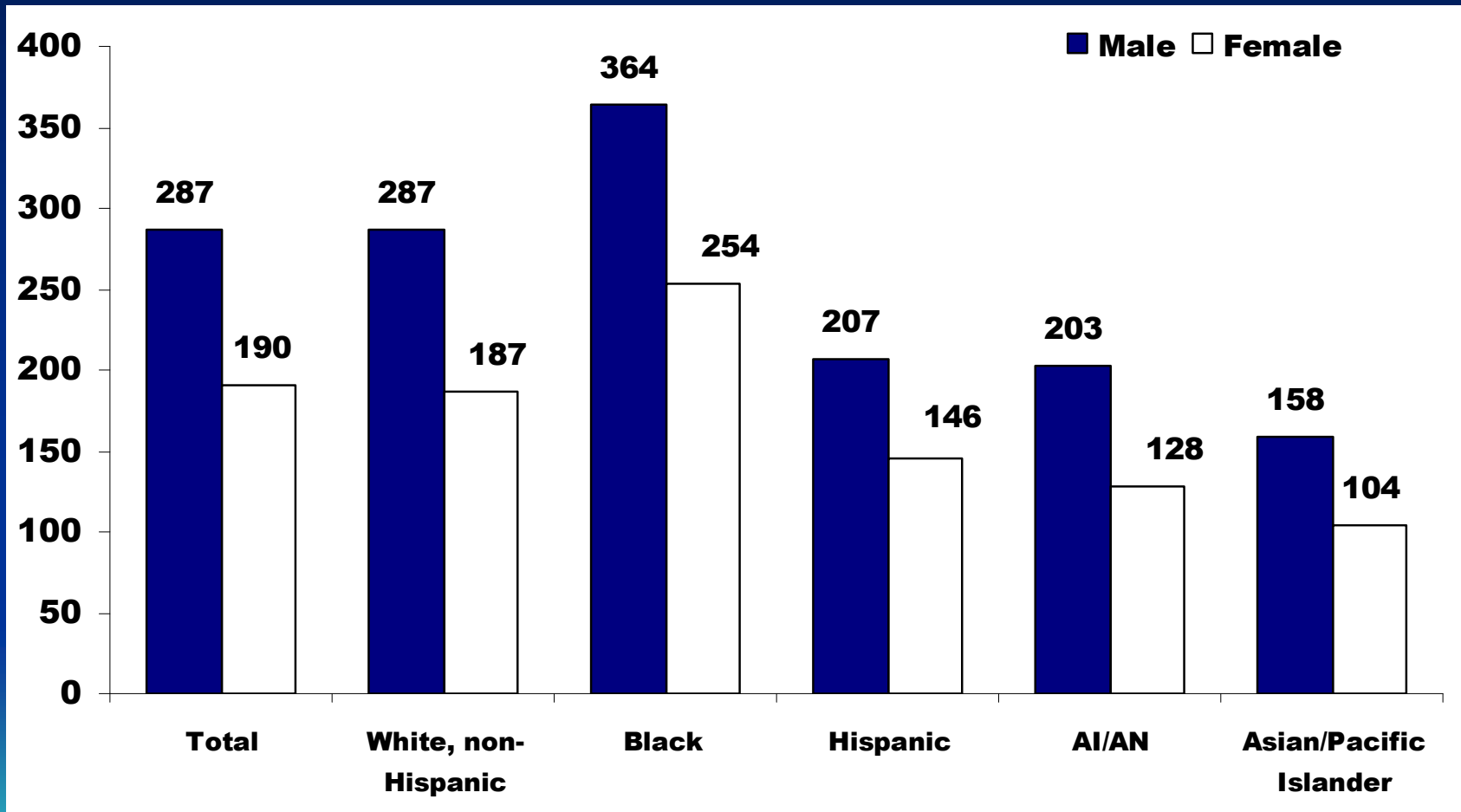
Post-hospital Prescriptions of Maintenance Medications for Pre-school Children



Source: *Addressing Racial and Ethnic Disparities in Health Care* Fact Sheet. AHRQ Publication No. 00-PO41, February 2000.

Black men and women are more likely to die from heart disease than all other racial/ethnic groups.

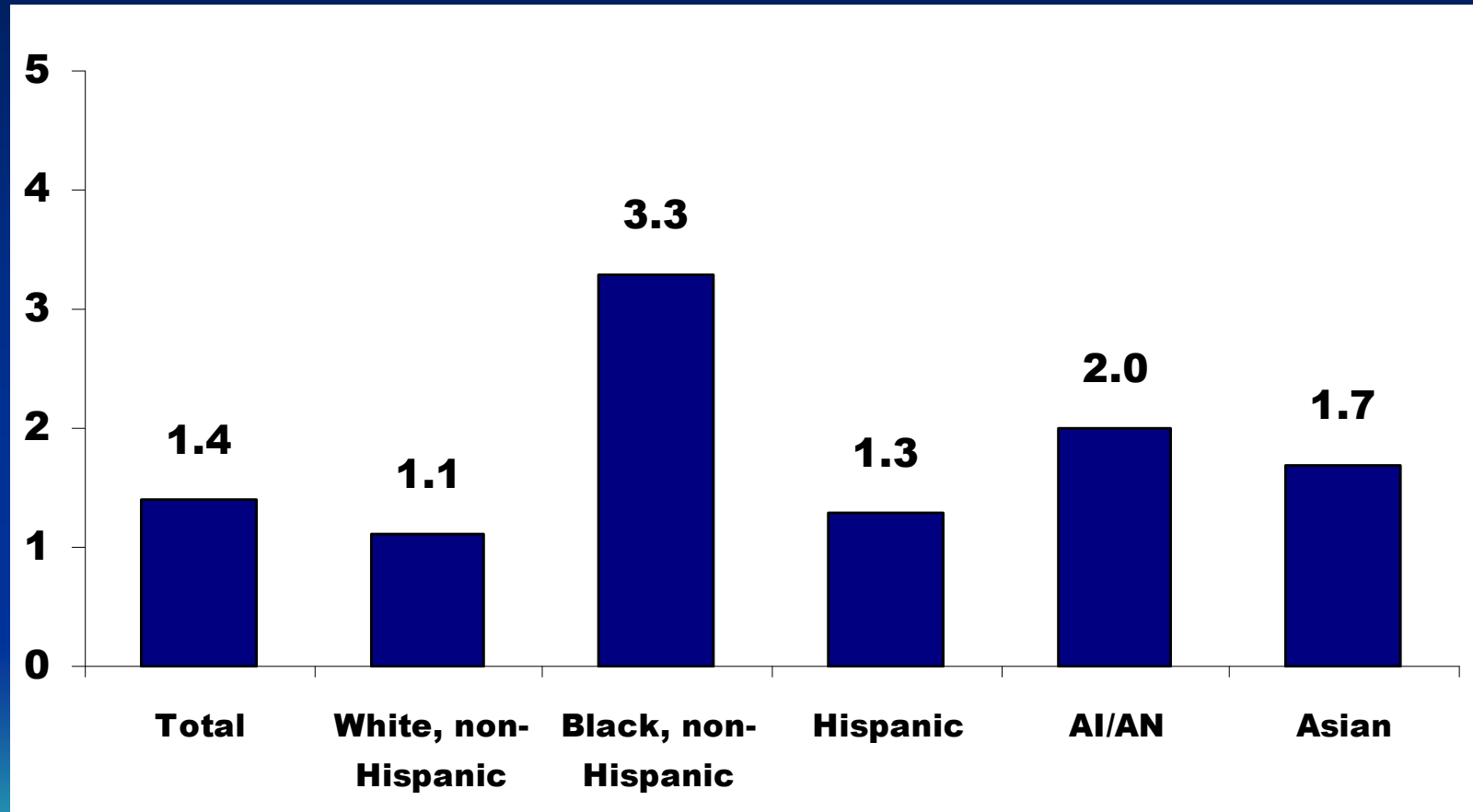
Heart disease deaths per 100,000 resident population (all ages), 2003



Adapted from "Racial and Ethnic Disparities in US Health Care: A Chartbook" The Commonwealth Fund March 2008

Blacks are three times more likely to die from asthma than whites.

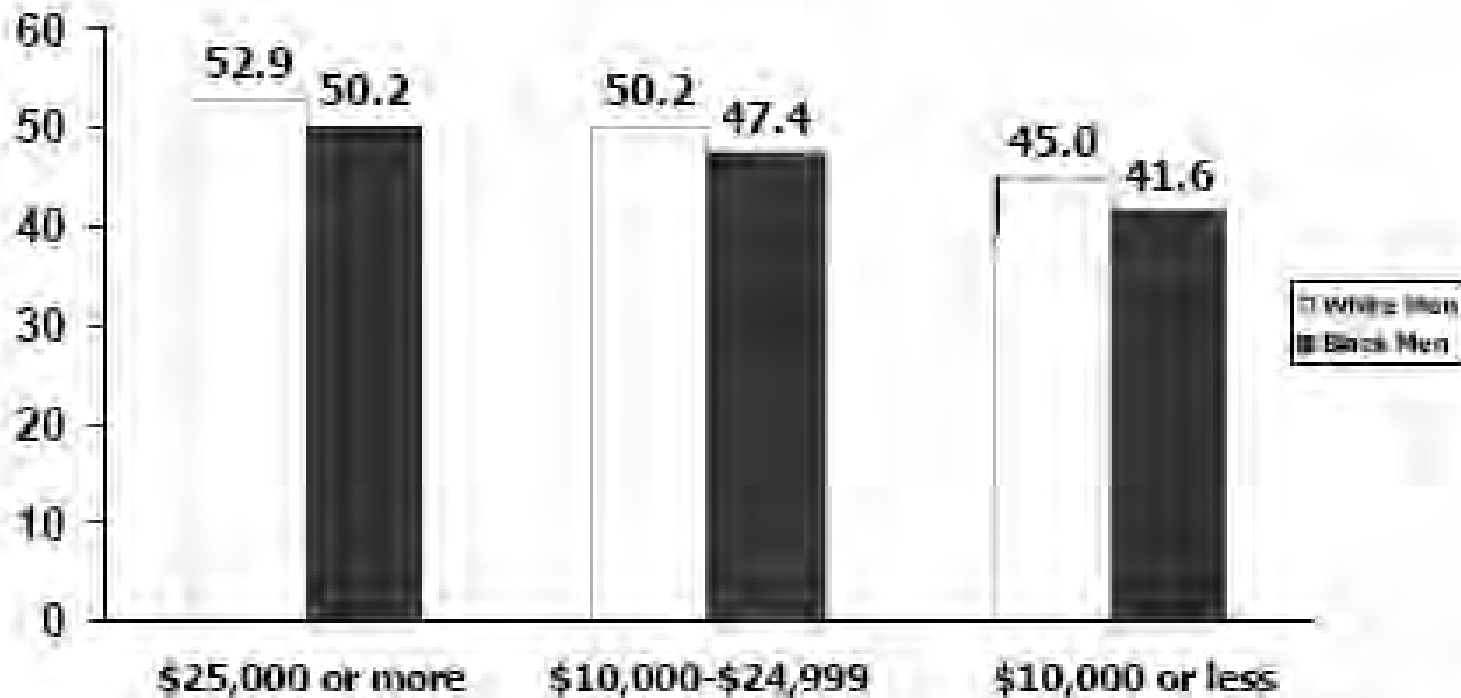
Number of asthma deaths per 100,000 people, 2003



Adapted from "Racial and Ethnic Disparities in US Health Care: A Chartbook" The Commonwealth Fund March 2008

Figure 3

Life Expectancy at Age 25 for U.S. Black and White Men with Similar Income Levels*



* 1980s income levels

SOURCE: WLFHS, Liu et al 2003 and Nancy E. Adler, Health Disparities: Measurement, Mechanisms, and Meaning presentation, NPH

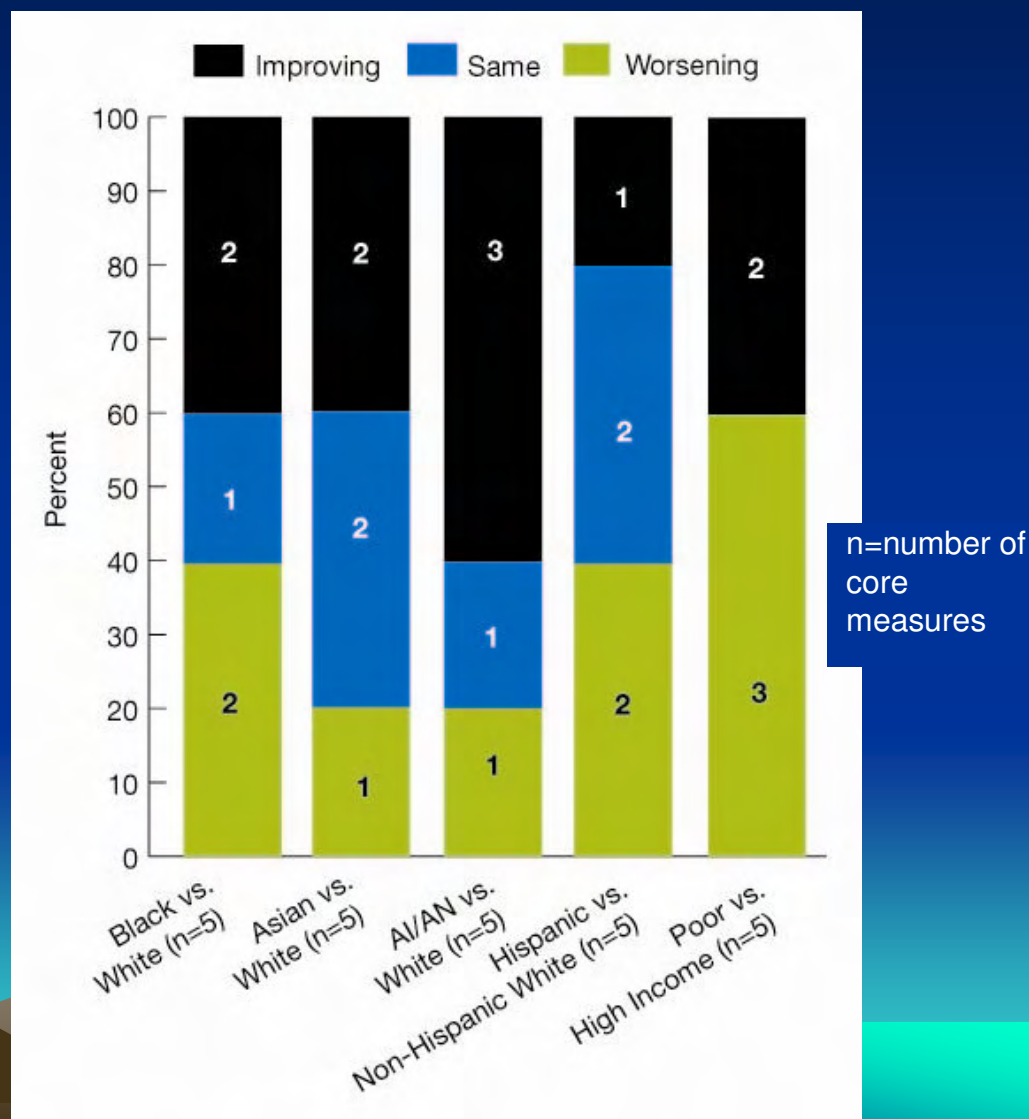
Source: Addressing Disparities in Health and Healthcare: Issues for Reform Testimony of Marsha Lillie-Blanton, Dr.P.H. Henry J. Kaiser Family Foundation June 10, 2008

NHDR Findings

- Over 60% of disparities in quality of care have stayed the same or worsened for Blacks, Asians, and poor populations
- Nearly 60% of disparities have stayed the same or worsened for Hispanics
- For Blacks, Asians, Hispanics, and poor populations, disparities in about half the core measures of access to care are lessening

Access to Health Care

- Disparities in access to care are staying the same or increasing

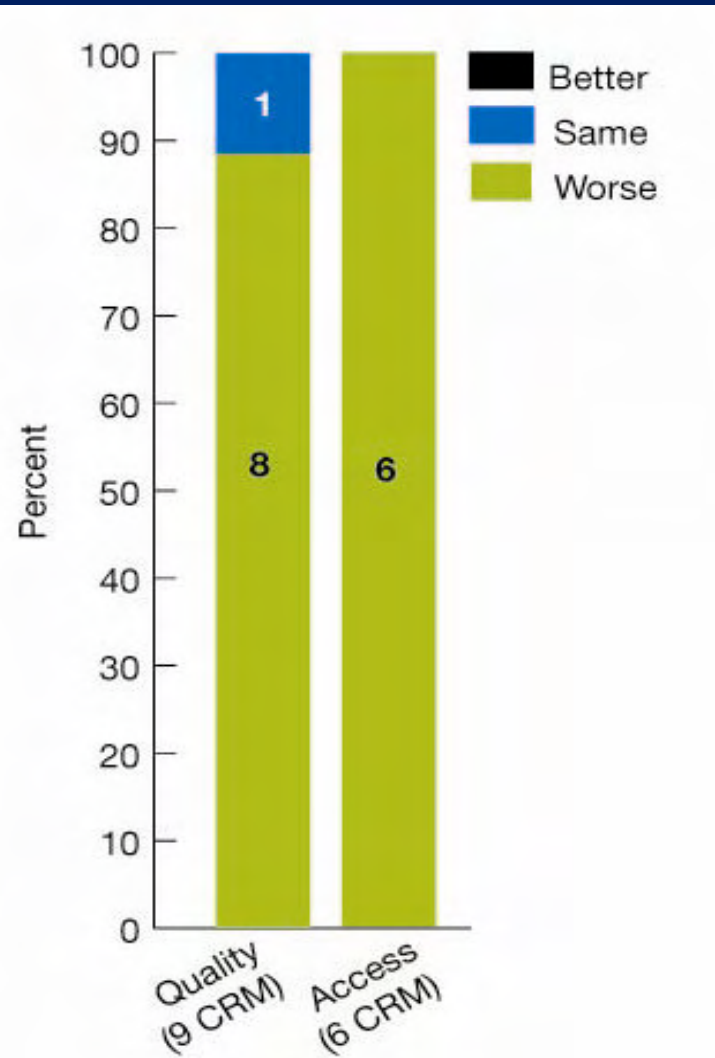


Adapted from 2007 NHDR, AHRQ

Uninsurance Is a Major Barrier To Reducing Disparities

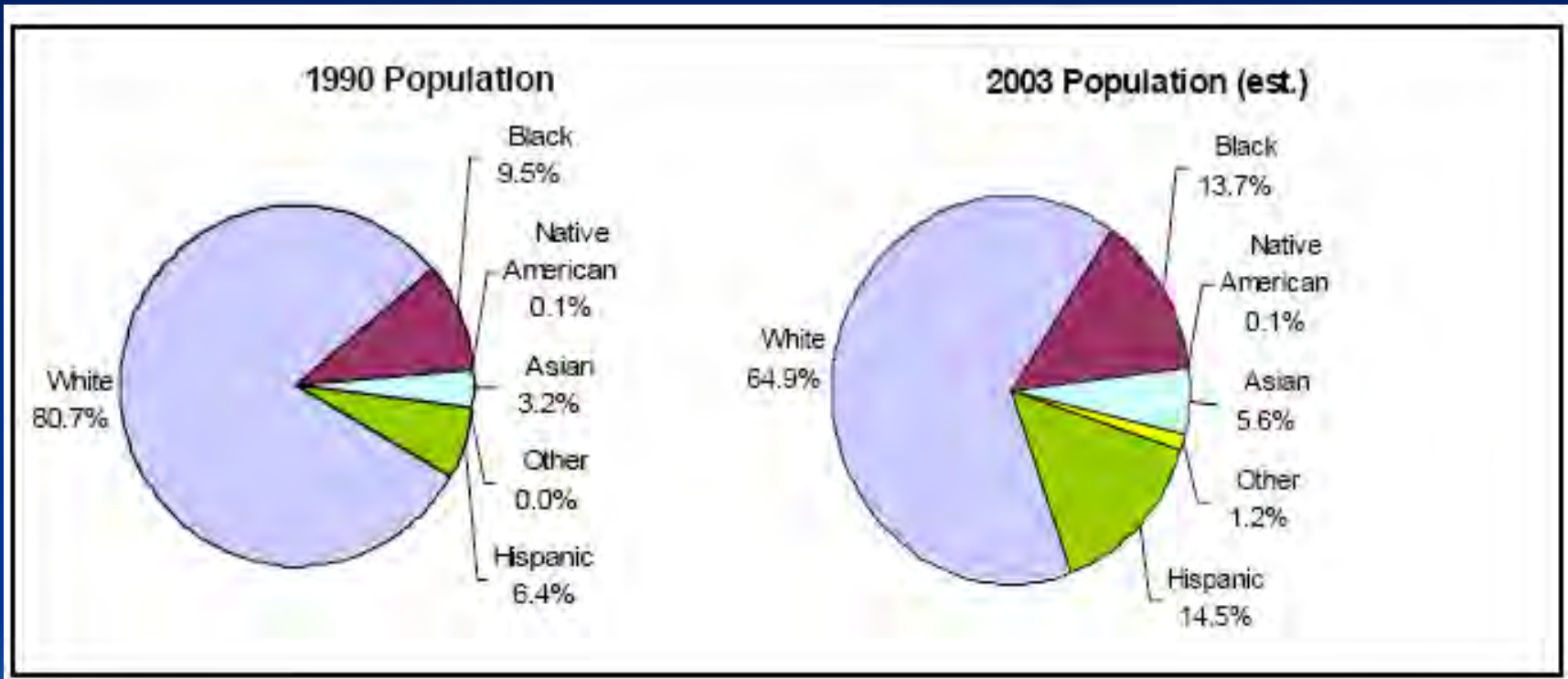
- Uninsured individuals do worse than privately insured individuals on almost 90% of quality measures and on all access measures

Adapted from 2007 NHDR, AHRQ

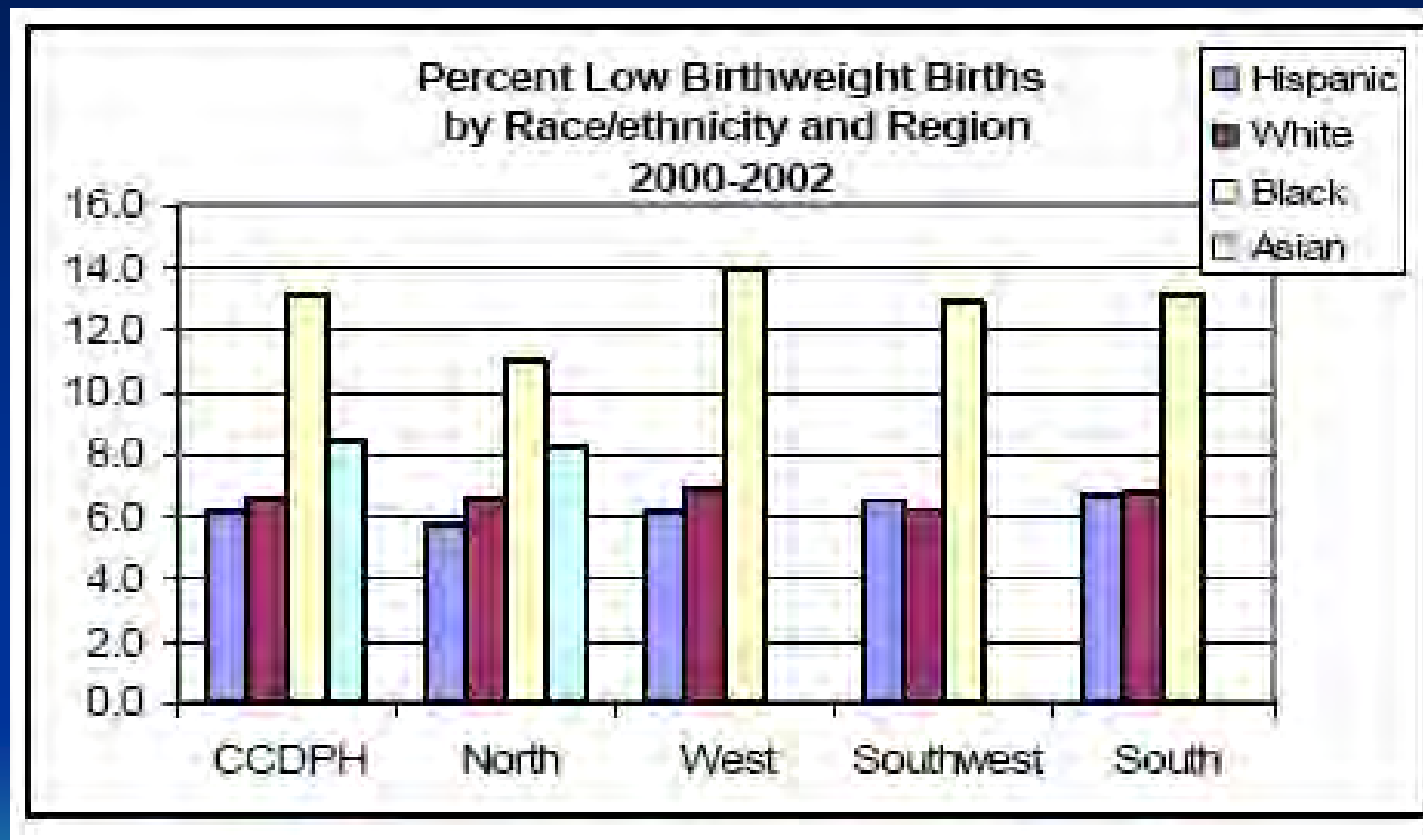


CRM=core report measures

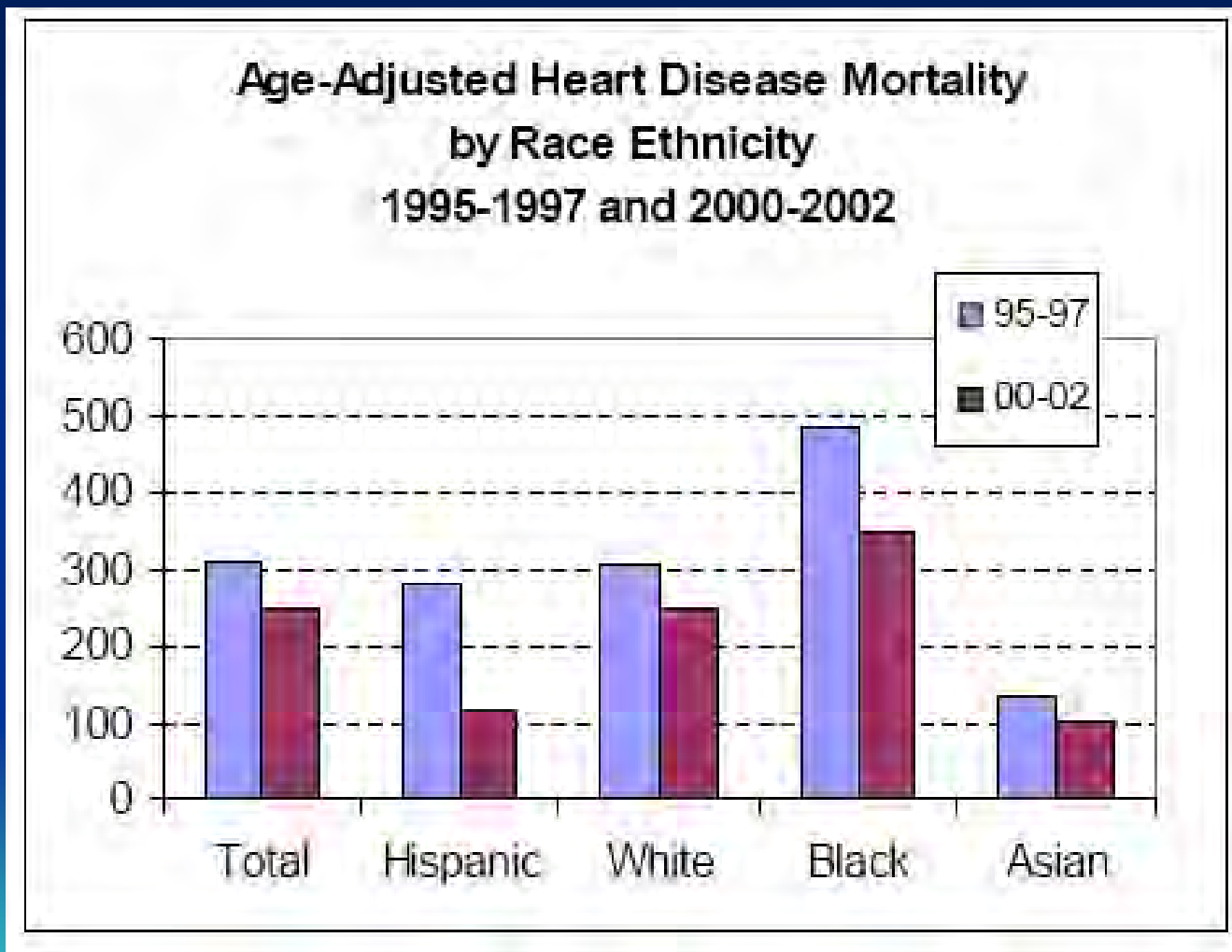
Cook County Data



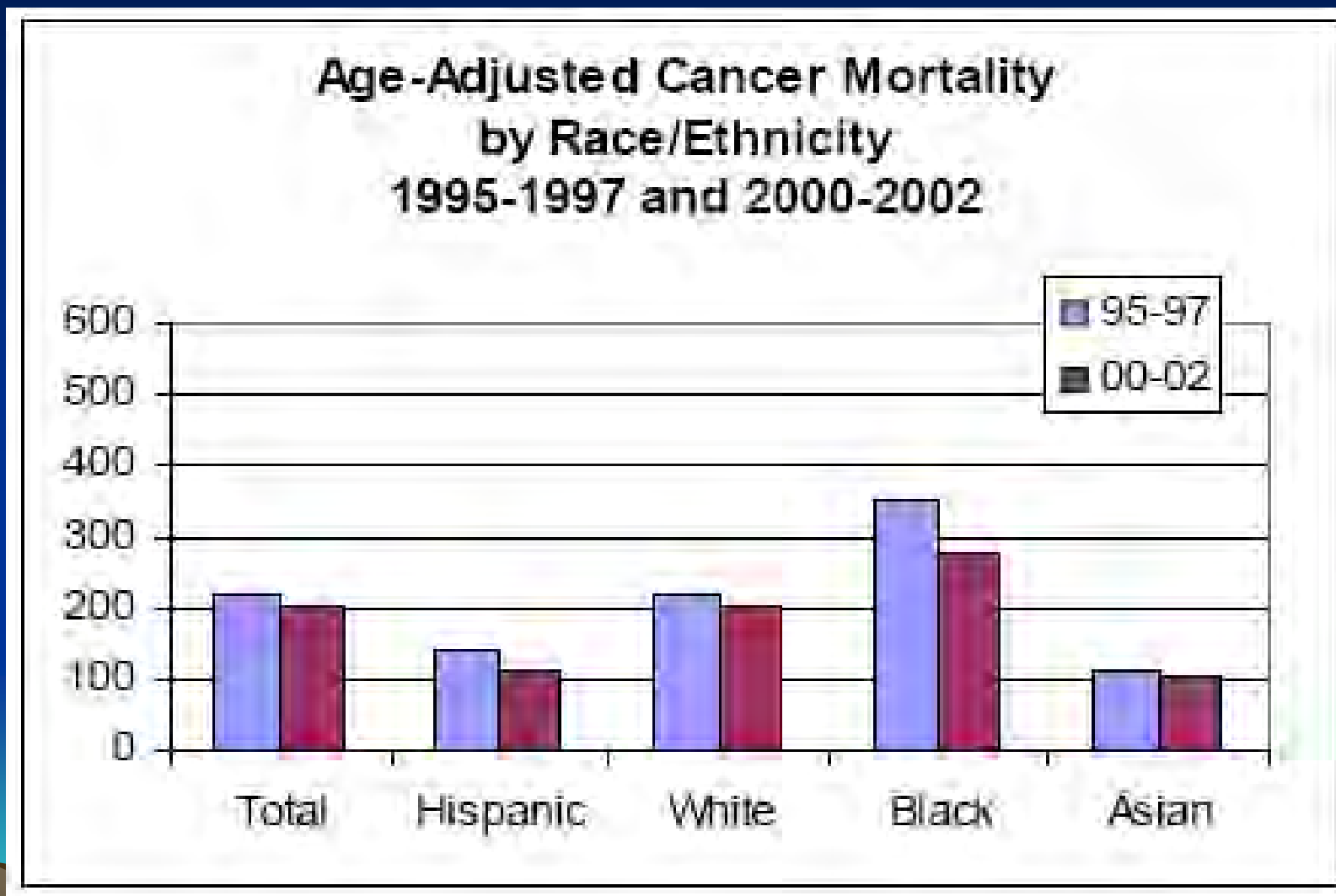
Cook County Data



Cook County Data



Cook County Data



Chicago Data

- Highest prevalence of asthma in Puerto Rican children (34% compared to 10% national average)
- Asthma death rates are 4-6 times higher for African-Americans and Hispanics than for Caucasians
- Asthma mortality in Chicago (age-adjusted) is almost five times higher in non-Hispanic whites than non-Hispanic whites

“Chicago Asthma Epidemic: The Status of Asthma in Chicago” Fact Sheet
Respiratory Health Association of Metropolitan Chicago

Other Noteworthy Factors

- Hospitalized minorities receive same standard of care as whites; however, there were differences in care provided by different hospitals
- Another study, however, showed disparity in pain management

Gaskin D, et al "Do Hospitals Provide Lower Quality of Care to Minorities than to Whites" *Health Affairs* March/April 2008

Todd KH, et al "Ethnicity as a Risk Factor for Inadequate Emergency Department Analgesia" *JAMA* 1993; 269: 1537-9

Mile Markers—Organized Medicine

- American College of Physicians—Position paper 2004
 - Calls for health insurance, improved communication and cultural competence; acknowledges literature showing relationship between ethnic concordance and improved patient satisfaction
 - Raised issue of lack of diversity in workforce at all levels
 - Embraces evidence-based practice as potential solution



Mile Markers—Organized Medicine

- AMA Board of Trustees Report
 - Zero tolerance to “racially or culturally based disparities in care”
- Numerous policies involving this issue
 - Health care access for the inner city poor
 - Minority and economically disadvantaged representation in the medical profession
 - Participation of minorities in organized medicine
- Acknowledge need for evidence-based practice



Mile Markers—Organized Medicine

- AAFP—has clear policy against discrimination
 - Embraces evidence-based practice
- American Academy of Pediatrics—policy regarding disparities in care
 - Embraces evidence-based practice
- ACOG has policy statement
 - Embraces evidence-based practice

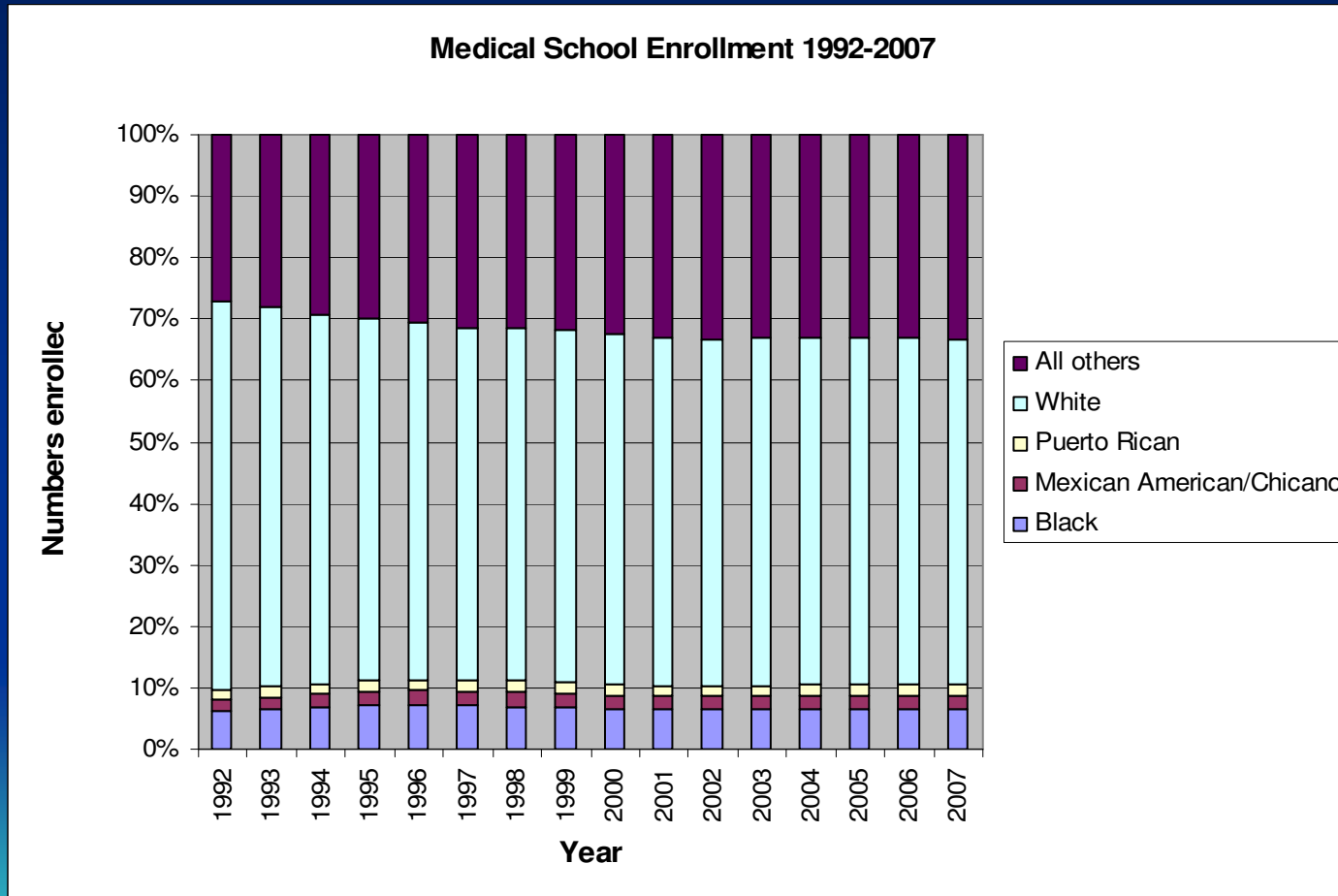


Mile Markers—Other Organizations

- American Nurses Association
 - Position statement on discrimination and racism in healthcare
- American Academy of Physician Assistants
 - Have position statement



Mile Markers—Medical School Enrollment



Source: AAMC Reports for 1992-2001 and 2002-2007

Mile Markers—Medical School Applicants

Applicants, Accepted Applicants, and First-Year Enrollees (Matriculants) to U.S. Medical Schools, 2006

		Applicants	Accepted Applicants	Matriculants
Hispanic/ Latino	Mexican American	955	466	448
	Puerto Rican	560	303	294
	Cuban	206	92	88
	Other Hispanic/Latino	935	415	397
	Multiple Hispanic/Latino	115	59	56
Non- Hispanic/ Latino	Black	2,906	1,219	1,155
	Asian	7,532	3,425	3,242
	Native American (incl AK)	146	70	68
	Native Hawaiian/Pacific Islander	111	33	33
	White	22,670	11,190	10,541
	Other	84	24	23
	Unknown	437	289	276
	Multiple Race	925	476	452
Non - U.S.	Foreign	1,527	381	297
Total		39,109	18,442	17,370

Solutions—Issues of Cultural Competence

Root Cause of Disparities	Cultural Competence Strategies to Address Them	Other Strategies to Address Them
Health system level factors		
Health system complexity (system particularly complex for those with limited English proficiency, low health literacy, mistrust, and little familiarity with the Western model of health care delivery and practice)	Multilingual signage ^H	General disease management ^E
	Interpreters ^E	
	Multilingual, low literacy written materials ^H	
	Culturally competent disease management ^E	
	Health care navigators ^E	

Adapted from “Improving Quality and Achieving Equity: The Role of Cultural Competence in Reducing Racial and Ethnic Disparities in Healthcare”. Betancourt, JR The Commonwealth Fund Report October 2006

Solutions—Issues of Cultural Competence

Care process variables		
Little attention or skill in dealing with patients from diverse sociocultural backgrounds leading to poor communication and clinical uncertainty	Cultural competence education ^H	
Provider stereotyping of patients leading to different recommendations for diagnostic or therapeutic procedures	Curricula on the impact of race/ethnicity on clinical decision-making ^H	Physician reminders (e.g., via electronic medical records) ^E Performance review, reporting, and detailing ^E
Providers caring for patients with limited-English proficiency in the absence of an interpreter	Interpreters ^E	

Adapted from “Improving Quality and Achieving Equity: The Role of Cultural Competence in Reducing Racial and Ethnic Disparities in Healthcare”. Betancourt, JR The Commonwealth Fund Report October 2006

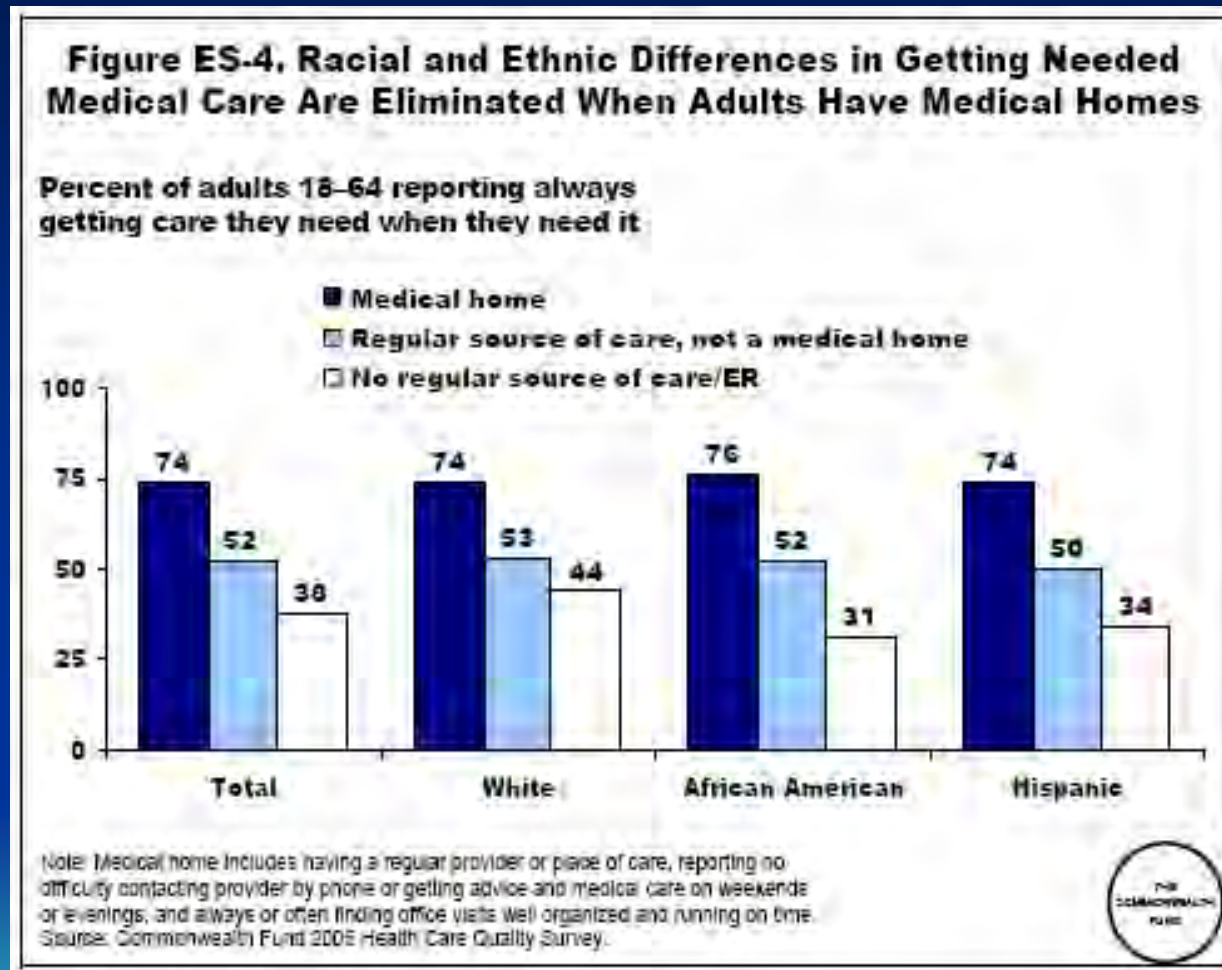
Solutions—Issues of Cultural Competence

Patient-level variables		
Difficulty navigating the health care system	Health care navigators ^E	Patient reminders ^E
Mistrust and discomfort voicing concerns or asking questions of the provider	Patient activation programs ^H	

Note: H=Hypotheses, E=Evidence.
Source: Author's analysis.

Adapted from “Improving Quality and Achieving Equity: The Role of Cultural Competence in Reducing Racial and Ethnic Disparities in Healthcare”. Betancourt, JR The Commonwealth Fund Report October 2006

Solutions—Medical Homes and Their Impact



“Closing the Divide: How Medical Homes Promote Equity in Healthcare” Beal, A, Doty, M et. Al.
The Commonwealth Fund Report June 2007

Solutions and efforts

- IOMC
 - City-wide conference in 2004
 - Forum on Dismantling Disparities at Annual Meeting 2007
 - Development and presentation of curriculum to teach cultural competence



Solutions and efforts

- Sinai Pediatric Asthma Intervention
 - Studied use of lay health workers
 - Improvement demonstrated across several key parameters



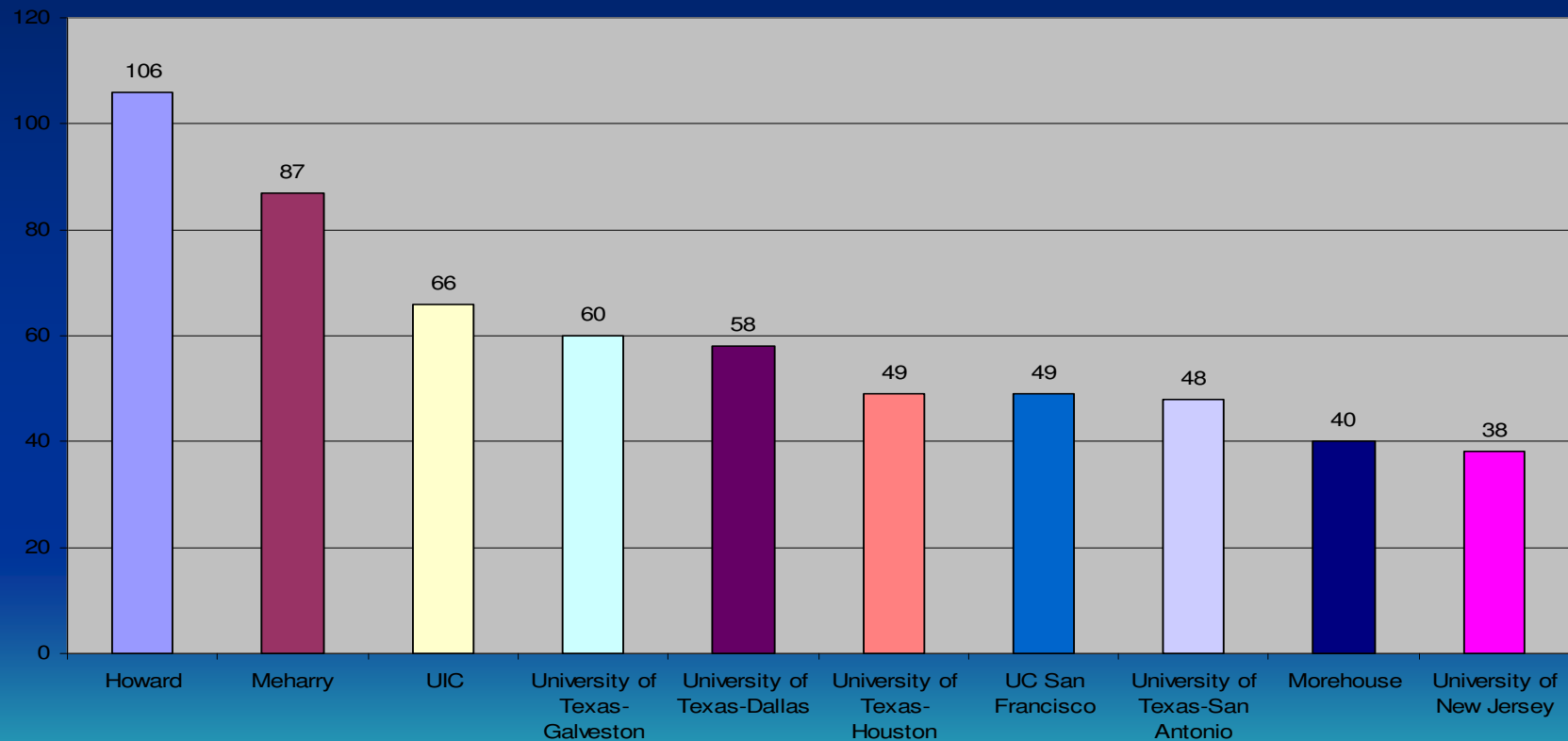
Solutions and efforts—medical education

- University of Illinois College of Medicine
 - Urban Health Program
 - Hispanic Center of Excellence



Solutions and efforts—medical education

2007 Entering Minorities (Hispanic and African-American)



Source: University of Illinois College of Medicine Hispanic Center of Excellence

Solutions—Legislation

- **H.R.3333 Minority Health Improvement and Health Disparity Elimination Act (Introduced in House)—sponsor Jesse Jackson, Jr.—referred to Subcommittee on Health**
 - **Requires the Secretary to establish the Health Action Zone Initiative demonstration program to support comprehensive state, tribal, or local initiatives to improve the health of racial and ethnic minority groups.**
 - **Provides for research to improve the health of racial and ethnic minority groups.**



Solutions—Legislation

- **H.R.3014** Health Equity and Accountability Act of 2007 – Sponsor, Hilda Solis—Subcommittee hearings held
 - Amends the Public Health Service Act to require the Secretary of Health and Human Services to establish the Robert T. Matsui Center for Cultural and Linguistic Competence in Health Care.
 - Provides for health care workforce diversity activities, including the establishment of: (1) a technical clearinghouse on health workforce diversity; and (2) Regional Minority Centers of Excellence Programs.
 - Requires health-related programs of the Department of Health and Human Services (HHS) to collect data on race, ethnicity, and primary language.
 - Provides for grants for strategies to eliminate racial and ethnic health and health care disparities.



Solutions—Legislation

- **S. 1790** Communities of Color Teen Pregnancy Prevention Act of 2007—Introduced by Barack Obama--referred to the Committee on Health, Education, Labor, and Pensions
 - Requires the Secretary of Health and Human Services to make grants for projects to prevent teen pregnancies in racial, ethnic minority, or immigrant communities with a substantial incidence or prevalence of cases of teen pregnancy compared to the average number in communities in the state
 - Requires the Secretary to make grants to: (1) provide public education and increase awareness with respect to the issue of reducing the rates of unintended pregnancy and sexually transmitted infections among teens and related social and emotional issues; and (2) establish and operate a National Clearinghouse for Teen Pregnancy Prevention.



Recap

– Key recommendations

- “Increase health providers’ awareness...”
- “Collect and report on...access and utilization by patients’ race, ethnicity, socioeconomic status...”
- “Increase proportion of...racial and ethnic minorities among health professionals.”
- “Promote the consistency and equity of care through evidence-based guidelines.”



Future Directions

