



HEALTH DISPARITIES





WHAT ARE HEALTH DISPARITIES?

- “Differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.”
- Inequity and inequality in...
 - Access, utilization and quality of care
 - Specific health outcomes
 - Health status

US Dept. of Health and Human Services (2000)

Carter-Pokras and Baquet (2002)





WHERE DO HEALTH DISPARITIES EXIST?



- Health outcomes
- Access to care
- Quality of care





DISPARITIES IN HEALTH OUTCOMES

- Infant mortality is nearly 2.5 times higher among African Americans than among whites
- Hispanic Americans are twice as likely to die from diabetes as are non-Hispanic whites
- African American women are more likely to die of breast cancer than white women, despite having comparable screening rates



DISPARITIES IN ACCESS TO CARE

- Minority patients are...
 - More likely to be uninsured
 - Less likely to have a regular doctor
 - More likely to rely on emergency departments
 - Less likely to feel they have a choice in where they go for health care

Kaiser Family Foundation (2000)
Collins, et al (2002)



DISPARITIES IN QUALITY OF CARE



- Among preschool children hospitalized for asthma, African American and Hispanic American children are less likely than white children to be prescribed routine asthma medications
- African Americans with early stage non-small cell lung cancer were half as likely as white patients to undergo surgical resection and had poor five-year survival rates
- African Americans with HIV infection are less likely to receive antiretroviral therapy, prophylaxis for *Pneumocystis* pneumonia and protease inhibitors than whites with HIV. These disparities remain even after adjusting for age, gender, education and insurance coverage.



Bach et al. 1999
Agency for Healthcare Research and Quality (2002)

DISPARITIES IN QUALITY OF CARE



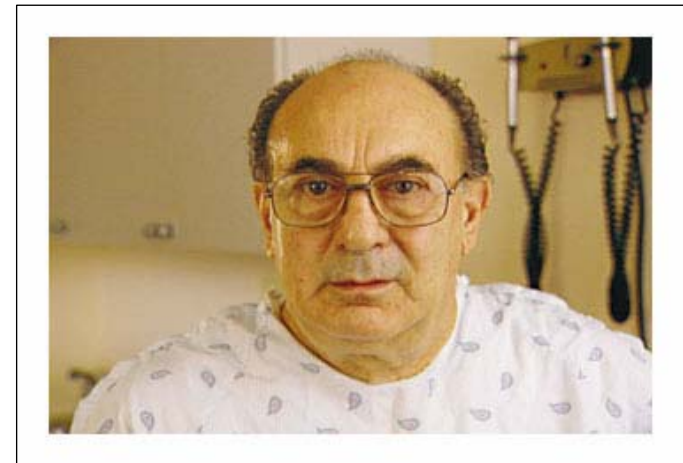
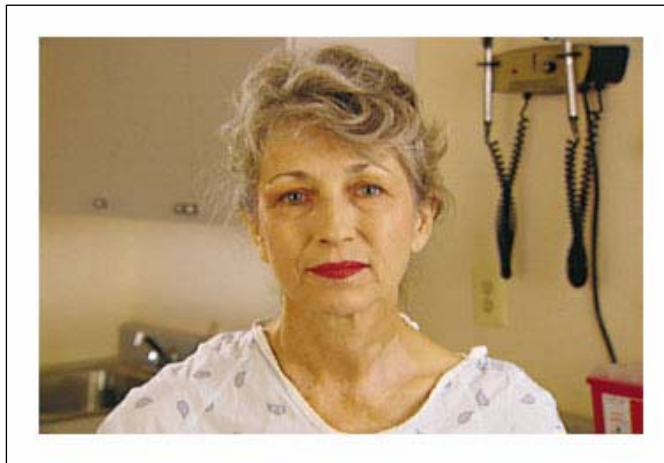
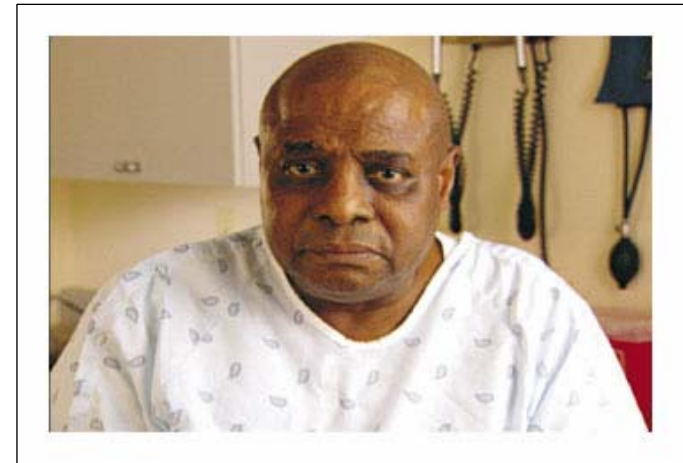
- **Cardiac Care**

- African Americans and Latinos were less likely than whites to undergo catheterization, angioplasty and bypass surgery
- African Americans had lower rates of reperfusion therapy and coronary angiography following myocardial infarction than whites
- Black women were less likely to be referred for cardiac catheterization than white males (among standardized “patients”)

Ford, et al. 2000
Vaccarino, et al. 2005
Schulman, et al. 1999



DISPARITIES IN QUALITY OF CARE



“Patients” with symptoms of heart disease in Schulman, et al. (1999)



THE CONCLUSION: DISPARITIES IN QUALITY OF CARE



“Racial and ethnic minorities tend to receive a lower quality of care than non-minorities, even when access-related factors, such as patients’ insurance status and income, are controlled”



Institute of Medicine Report (2002) *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*





“WHO YOU ARE INFLUENCES WHAT YOU THINK”

- Do you think the average African American is worse off than the average white American in terms of access to health care?
 - African Americans 61%, white Americans 35%
- How much discrimination do African Americans face in our society today?
 - *Some/A lot:* African Americans 86%, white Americans 71%
- Do you feel that African Americans have more, less or about the same opportunities in life as whites have?
 - *Less opportunities:* African Americans 74%, white Americans 27%

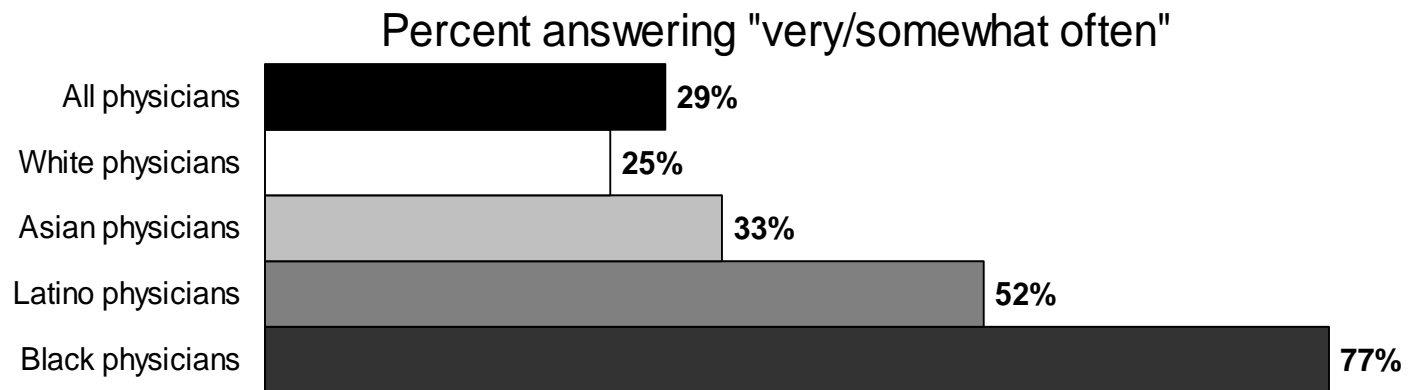


Washington Post, Kaiser Family Foundation, Harvard University (2001)
Institute for Ethics at the AMA and AMA Minority Affairs Consortium (2003)



PHYSICIAN PERSPECTIVES

- 2001 survey: How often does our health care system treat patients unfairly based on race or ethnicity?



- 2004 survey: 55% of physicians agreed that “minority patients generally receive a lower quality of care than white patients”



Kaiser Family Foundation (2002)
AMA/NHMA/NMA Commission to End Health Disparities (2005)



CAUSES OF HEALTH DISPARITIES

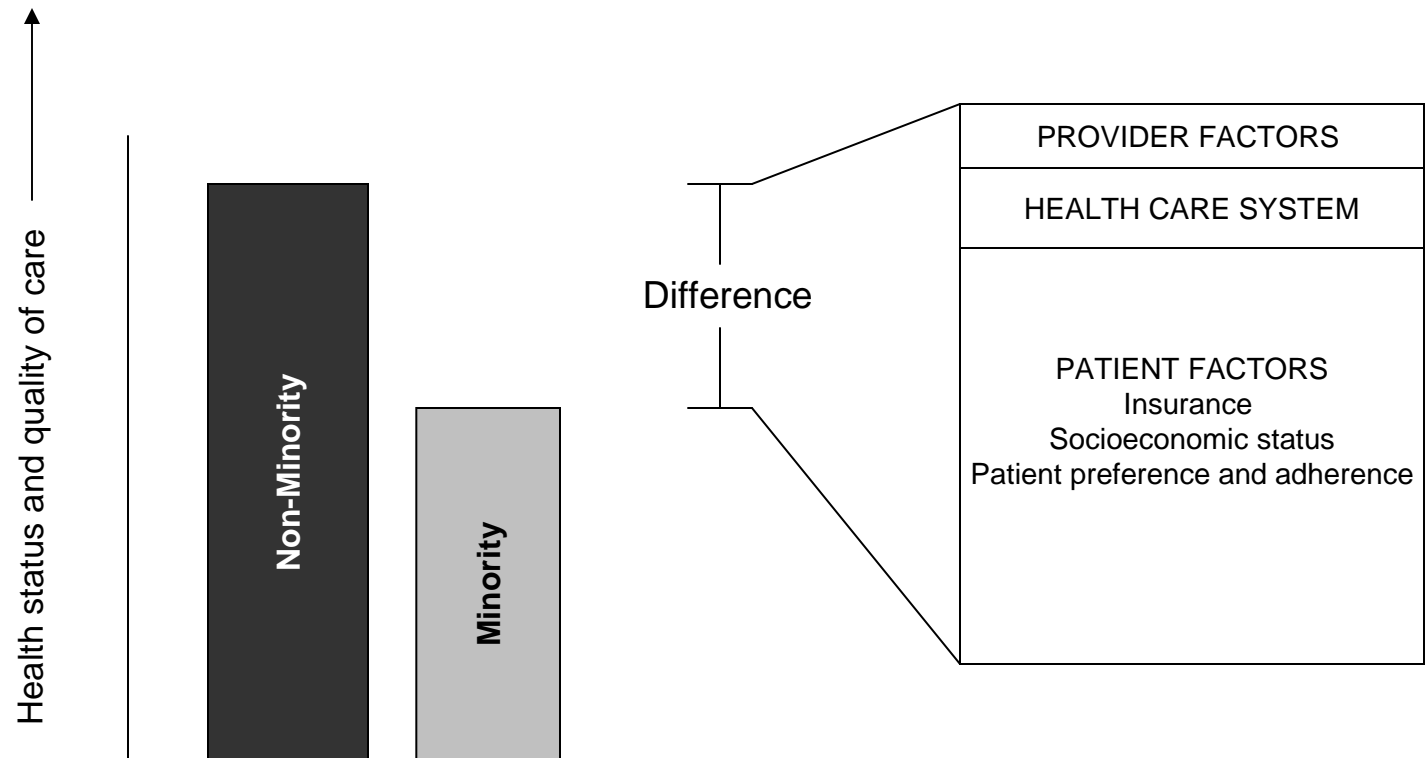
- Complex and inter-related
- Patient factors
 - Socioeconomic status, insurance status, ability to pay for health care, patient preference and adherence
- Institutional factors
 - Cultural and linguistic barriers, provider shortages in underserved areas
- Provider factors
 - Racial or ethnic bias, poor communication, clinical uncertainty when interacting with patients of another racial or ethnic group

Brach & Fraser, (2002)
Institute of Medicine (2002)
van Ryn & Fu (2003);
Williams, DR (2005)





SUMMARY: CAUSES OF DISPARITIES



Adapted from: Institute of Medicine (2002)



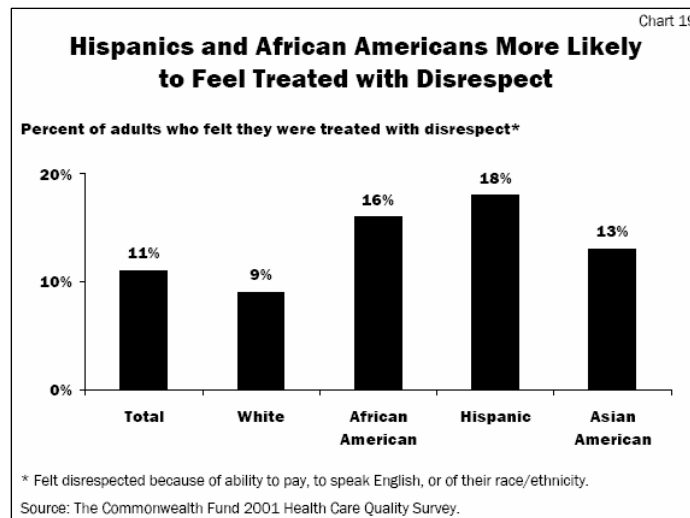
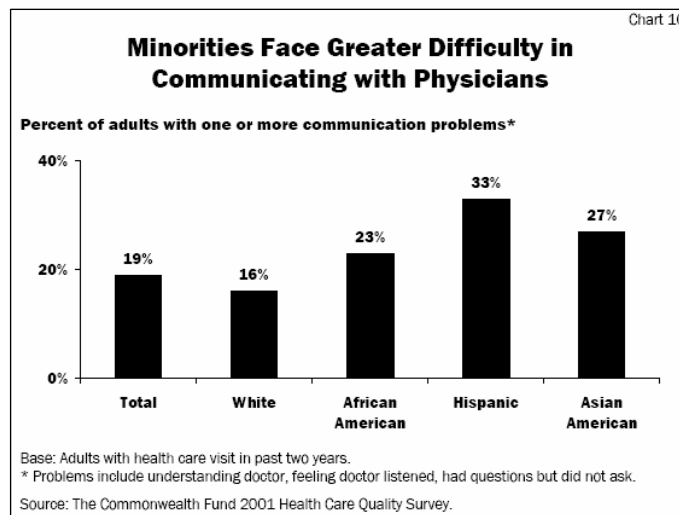
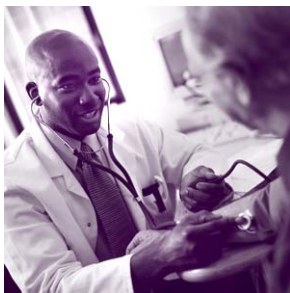
PROVIDER FACTORS: EVIDENCE

- Studies have found that medical students were more likely to assume that a white male “patient” with cardiac symptoms had a higher health status relative to a black female “patient” with objectively similar symptoms.
- In actual clinical encounters, it was found that doctors perceived African American patients as less intelligent, less likely to adhere to medical advice and felt less affiliation towards them as compared to white patients
- African American and low income patients are less likely to report receiving advice on preventive care during primary care visits

Rathore et al. (2000)
van Ryn & Burke (2000)
van Ryn & Fu (2003)



PROVIDER FACTORS: PATIENT PERSPECTIVES





THE QUESTION

- How could well meaning and highly educated health professionals create a pattern of care that is, at least in part, discriminatory?
- Providers may unintentionally lower expectations for patients in disadvantaged positions and therefore influence patient health outcomes
- Providers may employ stereotypes when under time constraints and patient communication is poor
- Patient mistrust → poor adherence → provider cynicism towards patient → provider offers patient fewer services



Smedley, et al. (2002)

Institute for Ethics at the AMA and AMA Minority Affairs Consortium (2003)

van Ryn & Fu (2003)



WHAT CAN BE DONE?

- Educate and increase awareness
- Increase diversity among physicians and healthcare workers
- Cultural competency training for health care workers, especially doctors
- Promote effective patient-physician communication by addressing needs of those with low health literacy and limited English proficiency



WHAT IS CULTURAL COMPETENCY?

- “Cultural competence in healthcare describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs”
- Three areas of focus
 - Cultural awareness
 - Cultural knowledge
 - Cultural skills



Betancourt, JR, AR Green, et al. (2005)
Campinha-Bacote (1999)



PRINCIPLES OF CULTURAL COMPETENCY

- Cultural skills: Guidelines for cross cultural communication

L *Listen* with empathy and understanding to the patient's perception of the problem

E *Explain* your perceptions of the problem

A *Acknowledge* and discuss the differences and similarities

R *Recommend* treatment

N *Negotiate* agreement



Berlin & Fowkes, 1983
University of Michigan Health System, 2005



PRINCIPLES OF CULTURAL COMPETENCY

- Understanding patient views of health and disease

Example questions

1. What do you call the problem?
2. What do you think caused the problem?
3. Why do you think it started when it did?
4. What do you think the illness does?
5. How severe is the illness?
6. What kind of treatment do you think the patient should receive? What are the most important results you think he/she should receive?
7. What are the chief problems the illness has caused?
8. What do you fear most about the illness?



Kleinman, Eisenberg and Good, 1978



STUDENT ACTION



EDUCATE!

- Present or distribute the evidence on minority health disparities to your fellow students
- Invite a speaker or assemble a panel discussion
- Organize a book or journal discussion
- AMA Speaker's Kit on Healthcare Disparities
<http://www.ama-assn.org/ama/pub/category/15774.html>



Physicians for Human Rights (2005)



STUDENT ACTION

Promote cultural competency training

- Find out what training is offered at your school.
 - Comprehensive information on cultural competency is available through the US Dept of Health & Human Services, Office of Minority Health <http://www.omhrc.gov/>
- Encourage and support the development of a cultural competency curriculum at your school if such training does not already exist
 - One medical school's cultural competency curriculum was implemented as a result of an initiative by medical students to create an extra-curricular educational program on cultural competency



Physicians for Human Rights (2005)
American Medical Student Association (2001)



STUDENT ACTION

Support diversity in the health professions

- Get involved in programs encouraging interest in medicine among minorities and low income youth
 - Partner with local schools to create a “doctor day” or health career fair to expose minority and low income children to health careers.
 - Set up a mentoring program between medical students and high school students interested in the health professions.
 - One medical student group worked with a local high school science department to create a “healthcare and career fair.” Medical students taught high school students to take blood pressures, read x-rays, and had displays on different areas of healthcare.



American Medical Association – Medical Student Section (2005)



STUDENT ACTION

Build partnerships

- Identify and work with community organizations and leaders interested in health disparities
- Partner with these organizations to lobby local, state and federal governments to address eliminating health disparities
 - Ensure cultural and linguistic competence
 - Encourage collection of health data by race/ethnicity in order to identify areas of disparity



Physicians for Human Rights (2005)



AMA POLICIES ON HEALTH DISPARITIES



The AMA supports...

- Greater awareness of racial disparities
- Increasing access to care for minority patients
- Culturally competent healthcare and curricula



AMA Policy H-350.967 Eliminating Health Disparities
AMA Policy H-350.974 and D-350.997 Racial and Ethnic Disparities in Health Care
AMA Policy H-295.897 Enhancing the Cultural Competence of Physicians



AMA ACTION ON HEALTH DISPARITIES

- AMA Minority Affairs Consortium’s “Doctors Back to School” Program to encourage interest in medicine among underrepresented minorities

<http://www.ama-assn.org/ama/pub/category/7131.html>

- Formed “Commission to End Health Disparities” along with the National Medical Association and National Hispanic Medical Association

<http://www.ama-assn.org/ama/pub/category/12809.html>

- The AMA is currently developing tools to help physicians better manage interactions with patients who have limited English proficiency

<http://www.ama-assn.org/ama/pub/category/15884.html>



SIGNS OF PROGRESS

- Racial and ethnic disparities are gaining attention in healthcare and health policy
- For most racial minorities, more disparities in quality of care are becoming smaller than are becoming larger.
- For more information on which healthcare disparities are improving, the National Healthcare Disparities Report is an excellent reference.

Troutman, A (2005)
National Healthcare Disparities Report (2005)





SELECTED RESOURCES

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