

Two views of Health Disparities

- Institute of Medicine examined Social Determinants, Access to Care, and the Health Care System.
- A broader approach detailed in JAMA(1993) and Health Affairs(2002) extends the model to include Genetic Predisposition and Behavioral Patterns.

IOM's Factors of Health Disparity's

- Social Determinants: Education, Environment, Employment
- Access to Care: Lack of insurance for minorities
- Health Care: Differences in Utilization of care between races

"Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare". Institute of Medicine, 2003.

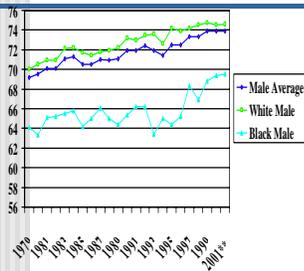
Extended Model(Early Deaths)

- Genetic Predisposition 30%
- Social Circumstance 15%
- Environmental Exposure 5%
- Behavior/Lifestyle 40%
- Shortfalls in Medical Care 10%

Overview

- Changes in Life Expectancy between 1979-2001
- Factors facing Health Disparities
- Using BRFSS to help explain Health Disparities
- Using CAHPS to help explain Health Disparities

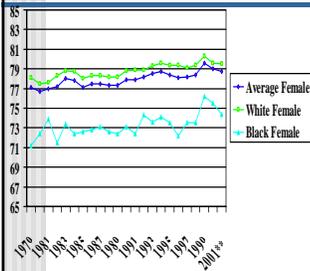
Changes in Life Expectancy for Delaware Males*



- Black Males continue to lag White Males.
- Black Males have made sharp gains in the past five years.

*Hispanics not included due to insufficient data.
 ** Most Recent data

Changes in Life Expectancy for Delaware Females*



- Life Expectancy for Females has remained relatively stable in recent years.
- Black Females have consistently lagged behind White Females by five years over the past 22 years.

*Hispanics not included due to insufficient data.
 ** Most Recent data

Examples of Factors that Affect Early Deaths

- Behavior/Lifestyle: Drinking, Smoking, Poor Diet, and Lack of Exercise.
- Environmental Exposure: Air and Water Pollution, Lead-Based Paints, and proximity to Industrial Locations.
- Genetic Predisposition: Heart Disease, High Cholesterol, and Cancer in the Family.

Disparity Indicators

- The Disparity Ratio is calculated by dividing the amount of Black deaths per 100,000 by the amount of White deaths per 100,000.
- 110 Black Deaths/100 White Deaths = 1.10 Disparity Ratio
- With a Disparity of 1.10 Blacks are 10% more likely to die from Disease X than Whites.
- The closer the Disparity Ratio is to 1.0, the lower the amount of Disparity.

Black/White Disparity Ratios for Delaware for Mortality

	2002 DE Disparity Ratio	1997 DE Disparity Ratio	1998 U.S. Disparity Ratio	Trend
Heart Disease	1.16	1.11	1.25	Increase
Cancer	1.20	1.45	1.29	Decrease
Stroke	1.39	1.57	1.40	Decrease
Diabetes	2.33	2.33	2.23	No Change
HIV Infection/AIDS	15.56	8.23	5.35	Increase
Homicide	3.94	3.56	5.88	Increase
Alcohol Induced Death	1.34	1.57	*****	Decrease
Infant Death	2.41	2.63	2.42	Decrease

Source: Division of Public Health, State of Delaware

Other Black/White Disparity Ratios of Concern

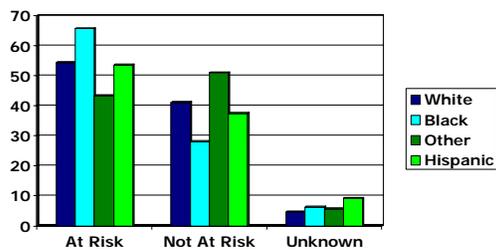
	2002 DE Disparity Ratio	1997 DE Disparity Ratio	1998 U.S. Disparity Ratio	Trend
Teen Births	2.35	2.74	1.86	Decrease
Prenatal Care	2.19	3.11	*****	Decrease
Percent of LBW Births	1.95	2.08	*****	Decrease
Asthma	2.93	2.53	*****	Increase

Source: Division of Public Health, State of Delaware

Behavioral Risk Factor Surveillance System (BRFSS)

- The BRFSS is a state-based system of health surveys that generate information about health risk behaviors, clinical preventive practices, and health care access and use primarily related to chronic diseases and injury.
- 4000 Delaware Households are interviewed annually.
- Only Behaviors concerning Obesity, Exercise, Cholesterol Checks, Diabetes, and Health Insurance are addressed here.

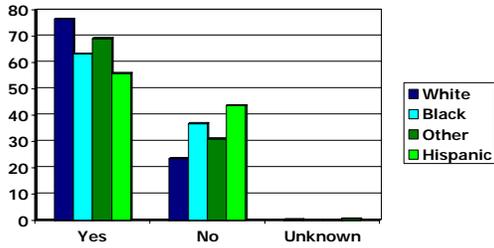
At Risk for Overweight by Race/Ethnicity



Source: Center for Applied Demography & Survey Research, University of Delaware

Have you Exercised in last 30 days

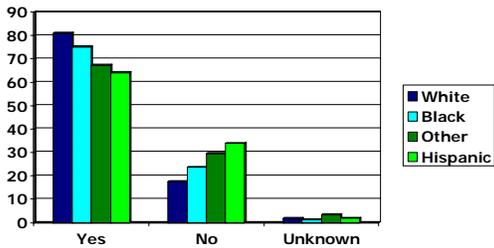
by Race/Ethnicity



Source: Center for Applied Demography & Survey Research, University of Delaware

Ever Had Blood Cholesterol Checked

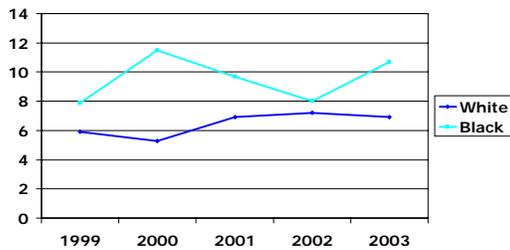
by Race/Ethnicity



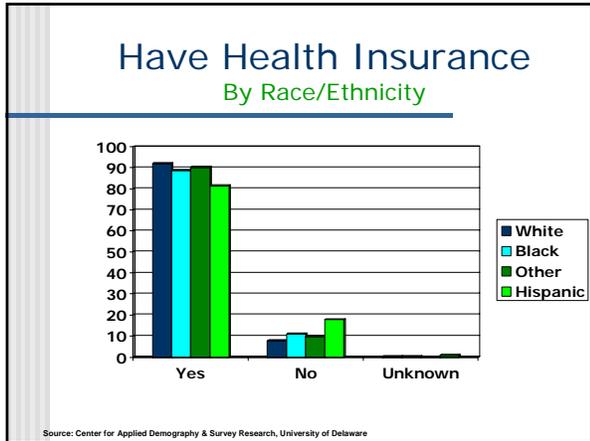
Source: Center for Applied Demography & Survey Research, University of Delaware

Ever told you have Diabetes

By Race/Ethnicity

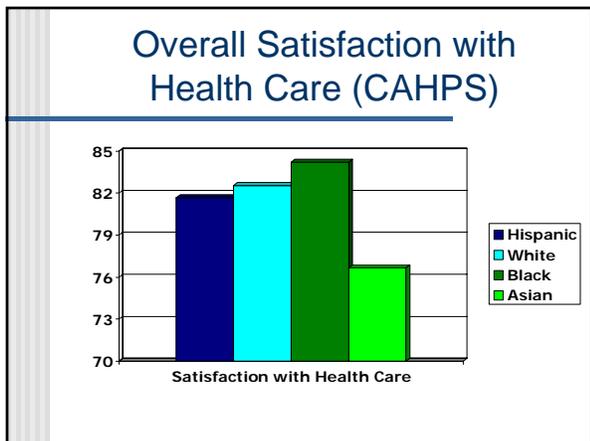


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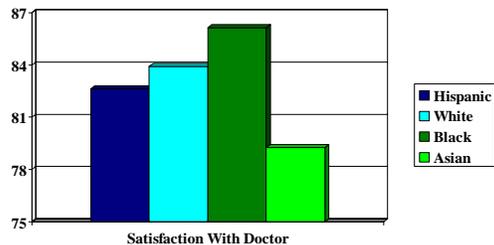


Consumer Assessment of Health Plans (CAHPS)

- CAHPS refers to a comprehensive and evolving family of surveys conducted throughout the United States that ask consumers and patients to evaluate the interpersonal aspects of health care.
- CAHPS surveys probe those aspects of care for which consumers and patients are the best and/or only source of information.
- 1800 Delaware Households were interviewed from 1998-2003.



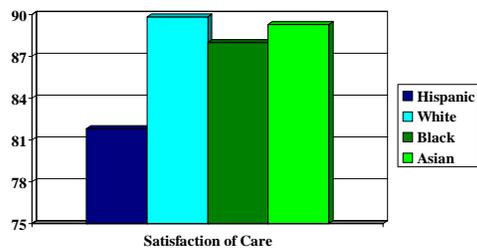
Overall Satisfaction with Personal Doctor (CAHPS)



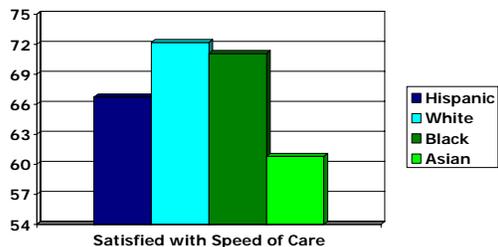
Institutional Satisfaction

- Blacks are slightly more satisfied than Whites and Hispanics with their Health Care, with Asians lagging the group by a large margin.
- Blacks have the highest satisfaction score with their personal doctor among all races, while Asians and Hispanics lag behind both Blacks and Whites in overall satisfaction.

Satisfaction Getting Needed Care (CAHPS)



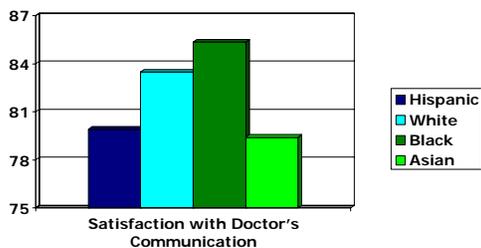
Satisfied with Speed of Care (CAHPS)



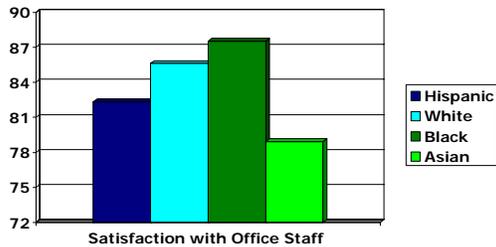
Meeting of Care Expectations

- Hispanic patients feel far less satisfied with the care that they receive than that of both Whites and Blacks.
- When asked, Blacks also lag Whites and Asians slightly in satisfaction of getting necessary care.
- All races give lower satisfaction ratings to Speed of Care with Asians and Hispanics showing the most displeasure.

Satisfaction with Doctor's Communication



Satisfaction with Office Staff (CAHPS)



Communication

- Hispanics and Asians had lower satisfaction levels with Doctor's Communication and with the Office Staff than Blacks and Whites.
- The communication issues with Hispanics and Asians may be one explanation for the lower satisfaction ratings in other categories.

Key Points

- Black Males and Black Females continue to trail their White counterparts in Life Expectancy.
- The Black/White Disparity ratios are increasing in Heart Disease, HIV/AIDS Infection, Homicide, and Asthma Hospitalization.
- But there has been progress in Cancer, Stroke, Alcohol Induced Death, Infant Death, Teen Births, Prenatal Care, and Percentage of Low Birth Weight Babies.

Key Points

- BRFSS suggests that there are behavioral issues which may be contributing to Early Deaths among Minorities.
- CAHPS suggests that Blacks are generally satisfied with the care they are receiving and their ability to communicate with Health Care professionals.
- There are however potential Cultural/Language issues principally with Hispanics and Asians.

Things to take away

- There has been steady improvement in Life Expectancy for all groups but there is still room for improvement.
- Delaware continues to produce less disparity than in the US as a whole with a few exceptions.
- Overtime there have been improvements in Delaware for a number of diseases but some still are moving in the wrong direction.

Things to take away

- There is still room for improvement in personal behavior that can affect early death.
- While people are generally satisfied with their Health Care, there are areas that need further attention.
- Based on this research there is no single thing that is likely to resolve the existing disparities. Improvements in social and economic factors in the future coupled with imaginative state/local initiatives have the most promise.
