

# Musculoskeletal Disparities and Their Impact on the Health of the Nation

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September 20, 2010

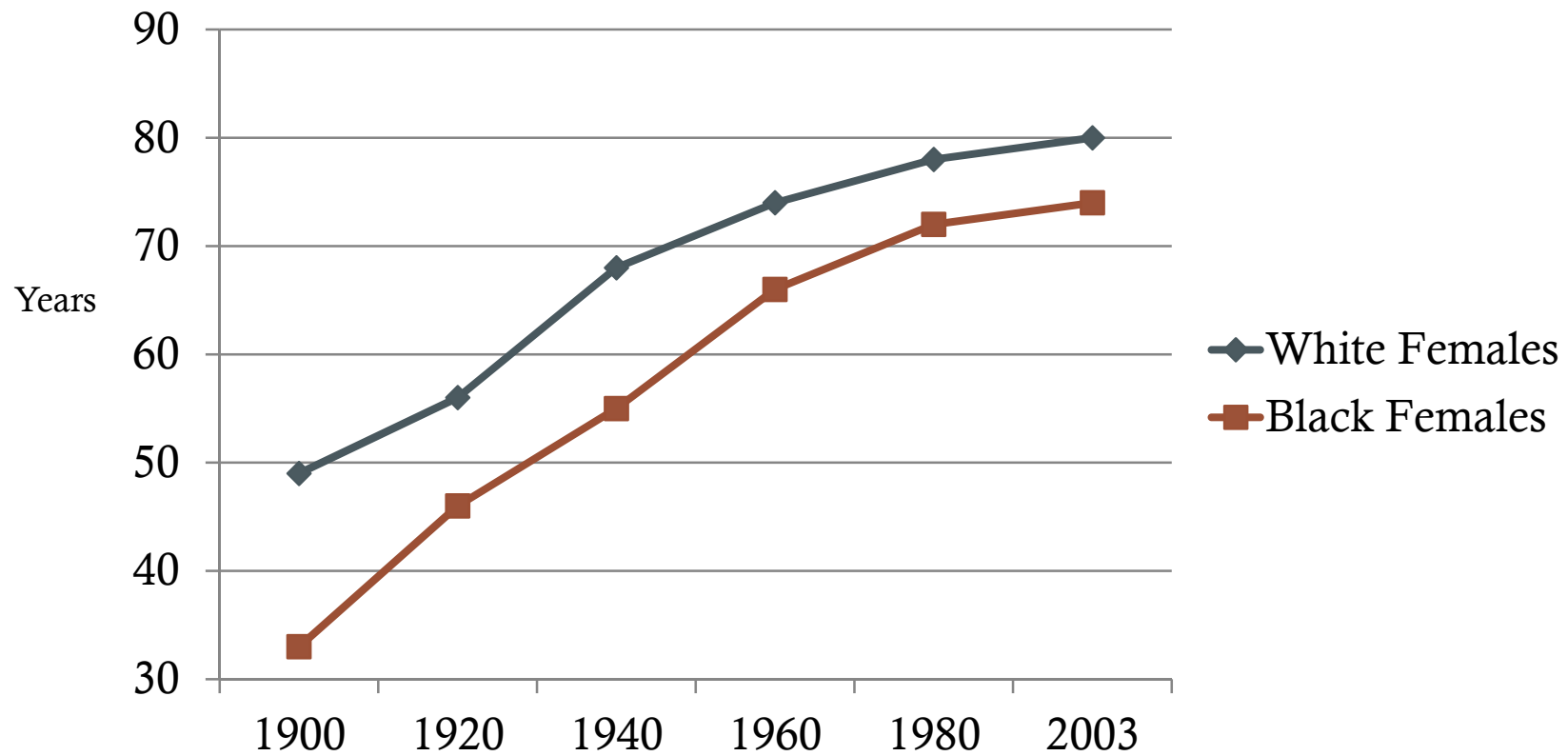
Bethesda, MD



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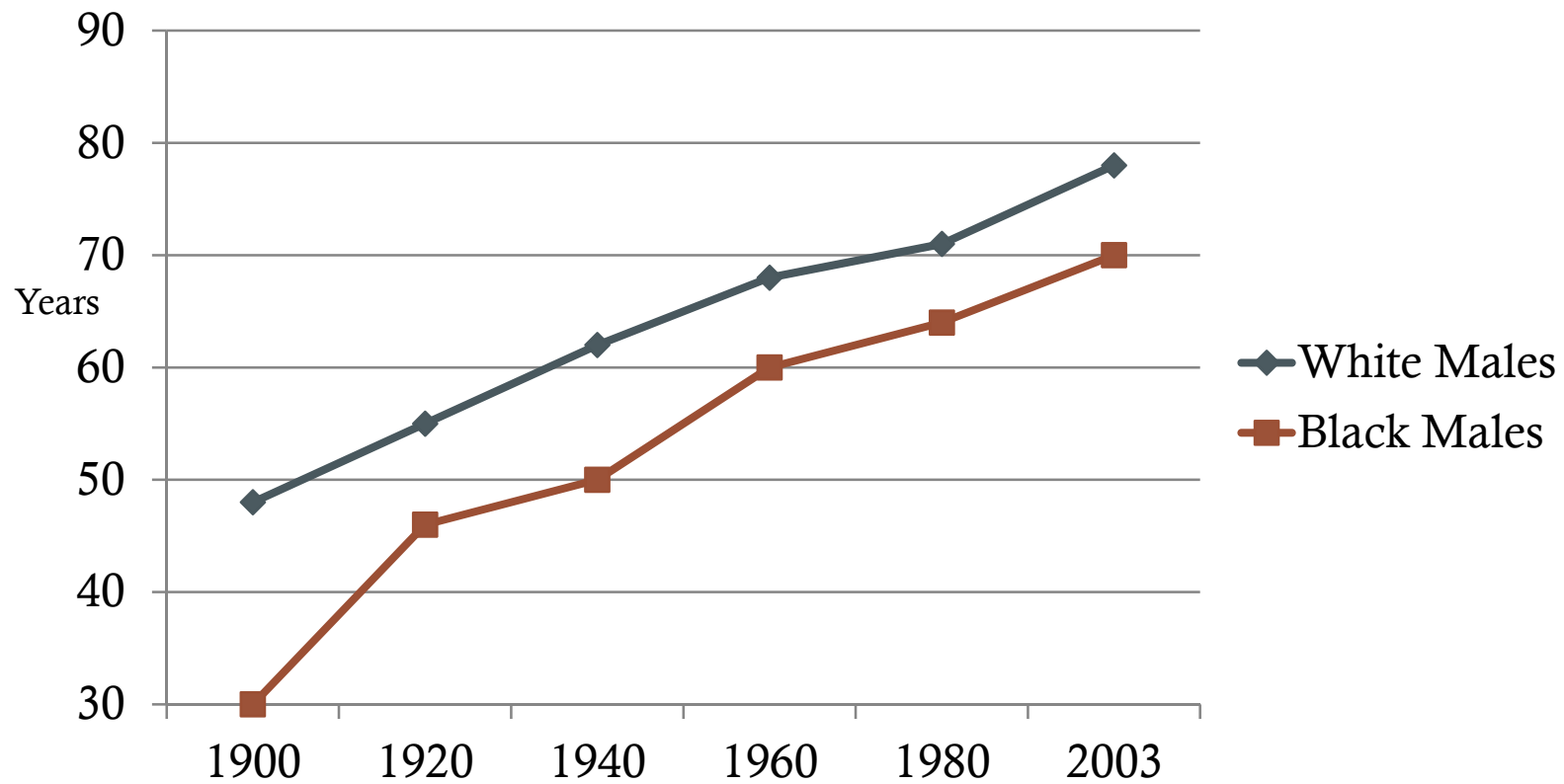
A National Dialogue On Arthritis, Musculoskeletal  
Health Disparities And The Health Of The Nation

# Trends in Life Expectancy at Birth, by Race for Females 1900 to 2003



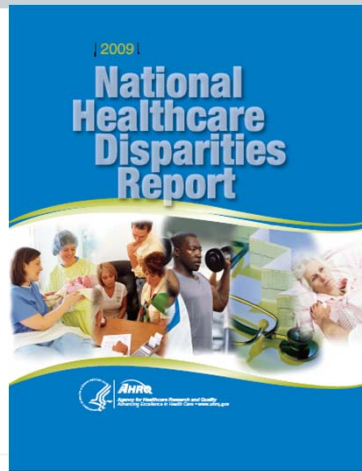
Source: Congressional Research Center, 2006

# Trends in Life Expectancy at Birth by Race for Males 1900 to 2003



Source: Congressional Research Center, 2006

# An Overview of Health Disparities



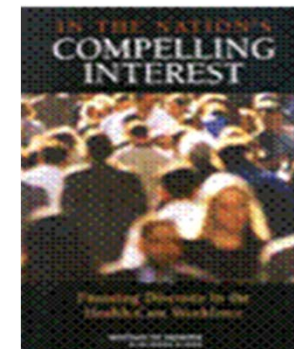
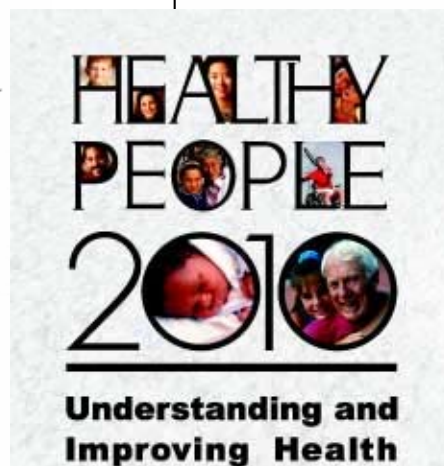
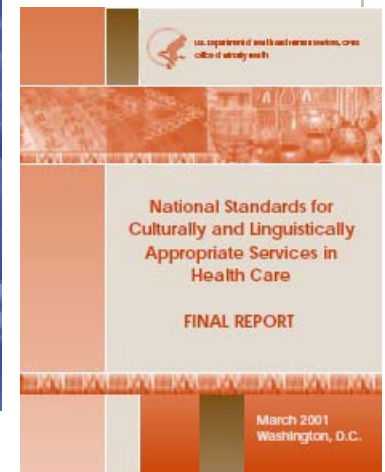
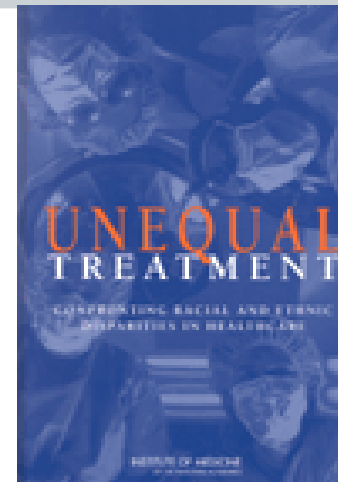
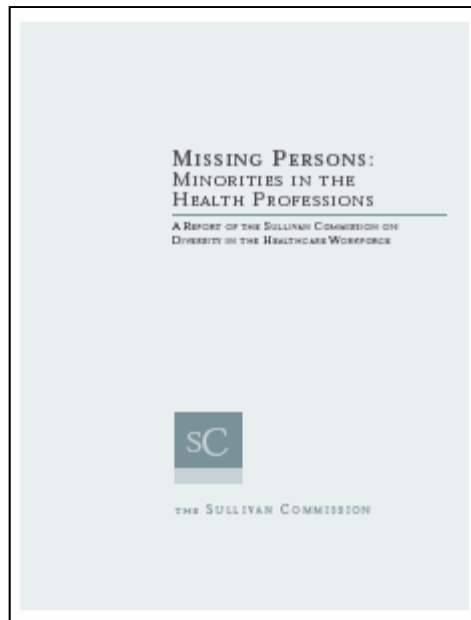
Volume I:  
Executive Summary

Report of the  
Secretary's Task  
Force on

## Black & Minority Health

Margaret M. Heckler  
Secretary

U.S. Department of Health and  
Human Services

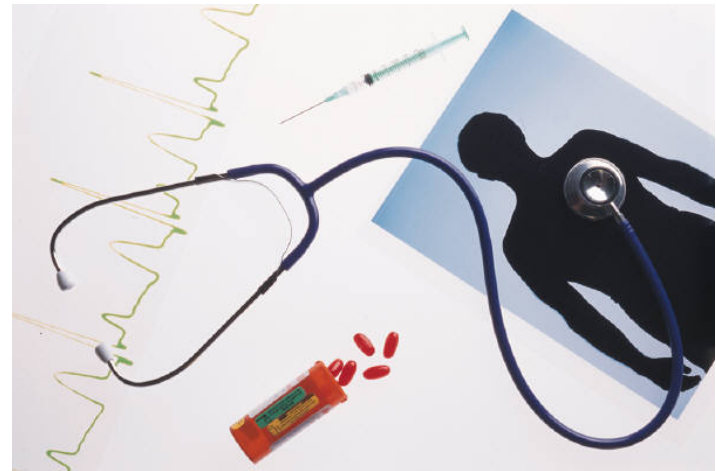


# Health Disparities

- Higher morbidity and mortality for minorities has been recognized for decades
- Healthy People 2000 was the first national initiative to target the reduction and eventual elimination of health disparities with its three overarching goals:
  - (1) Increase the span of healthy life
  - (2) Reduce health disparities, and
  - (3) Improve access to preventive services

# Leading Health Disparities

- Cancer
- Diabetes
- End stage renal disease
- Cardiovascular disease
- HIV/AIDS
- Mental Health
- Substance abuse
- Respiratory disease



# Trends in Health Disparities

- For low income groups, disparities are improving for almost half of the quality measures
- For American Indians/Alaskan Natives, approximately 40% of disparities in care improved
- For Blacks, Asians and Hispanics at least two-thirds of measures of quality of care are not improving
- For Blacks, only about 20% of measures of disparities in quality of care improved

# Musculoskeletal Disorders – Becoming a “Disabled” Nation

- Arthritis is the single greatest cause of chronic pain and disability among Americans and costs more than 128 billion dollars a year in medical care and lost productivity
- Four in five Americans either have, or know, someone who has arthritis
- The true prevalence of arthritis is under-estimated because of lack of ascertainment
- Confirmed cases of arthritis are increasing, while age of diagnosis has been going down



# Healthy People 2010

## Leading Health Indicators



1. Physical Activity
2. Overweight and Obesity
3. Tobacco Use
4. Substance Abuse
5. Responsible Sexual Behavior
6. Mental Health
7. Injuries and Violence
8. Environmental Quality
9. Immunizations
10. Access to Health Care

## Women suffer disproportionately from the burden of musculoskeletal diseases

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- Women represent the majority of doctor visits and hospitalizations for arthritis
- Women develop more severe osteoarthritis
- Women present with more advanced disease at time of total knee replacement and are more physically disabled than men

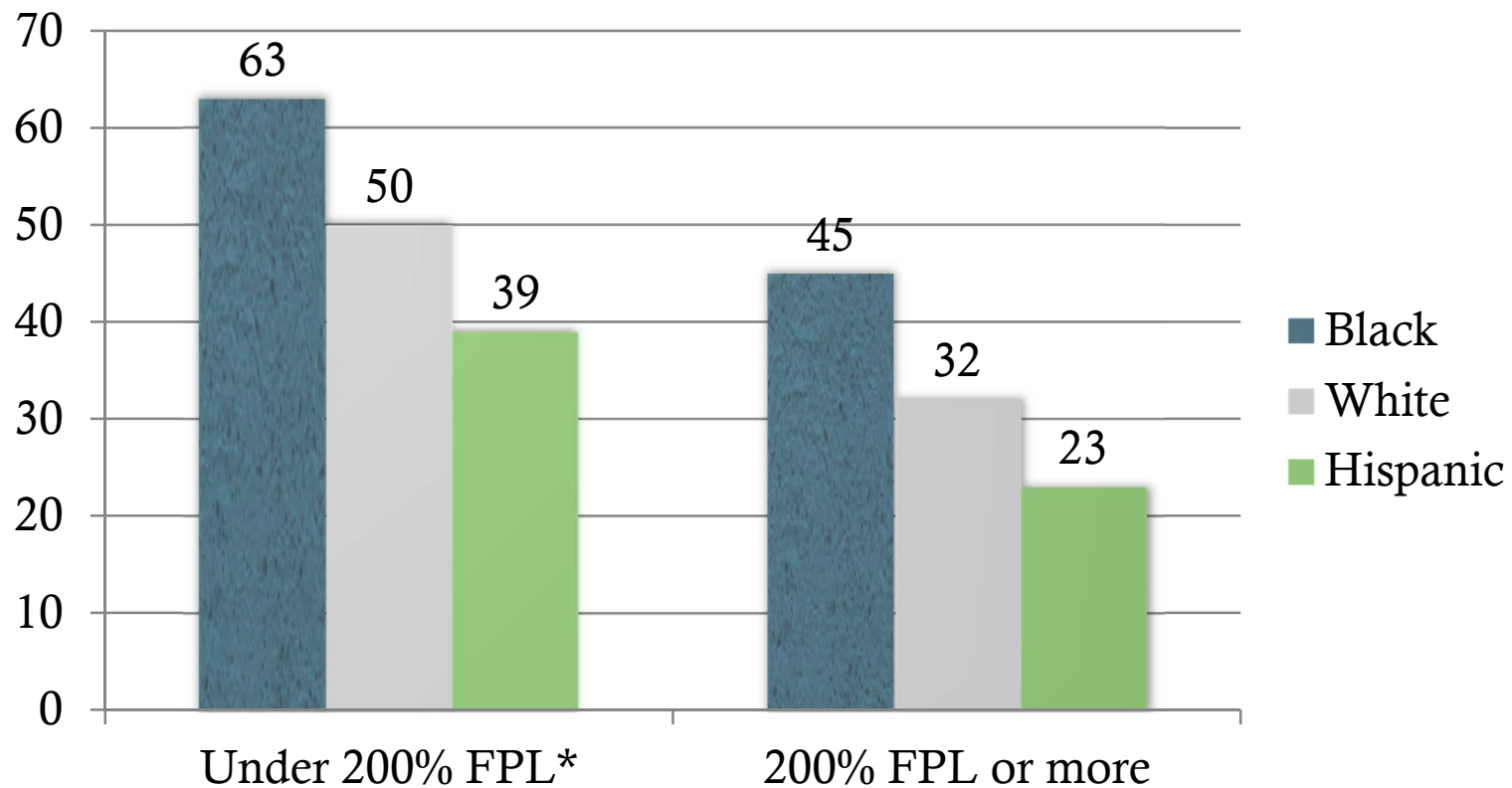
## Ethnic and racial minorities suffer disproportionately from the burden of musculoskeletal diseases

- For osteoarthritis of the knee, African Americans have a higher prevalence and symptoms and radiographic changes than whites
- The CDC estimates that nearly three million Hispanic adults in the U.S. report medically-confirmed arthritis, millions more live with chronic joint problems but do not seek care
- Despite lower prevalence of arthritis, once affected, Hispanics report higher mobility limitations, and more severe pain than whites

## Ethnic and racial minorities suffer disproportionately from the burden of musculoskeletal diseases 2

- The rates of total joint arthroplasty (TJA) among African American and Hispanic patients are significantly lower than non-Hispanic white patients
- African Americans and Hispanics having TJA are more likely to use practices with low case volumes
- Mexican Americans and African Americans with diabetes are more likely to receive immediate proximal amputations, than limb-preserving surgical procedures
- Hispanic patients presenting to the emergency department with long bone fractures were half as likely as non-Hispanic whites to receive pain medication
- Hispanics and African Americans are more likely to accept joint disease and mobility limitations as “facts of life” and delay or avoid seeking care

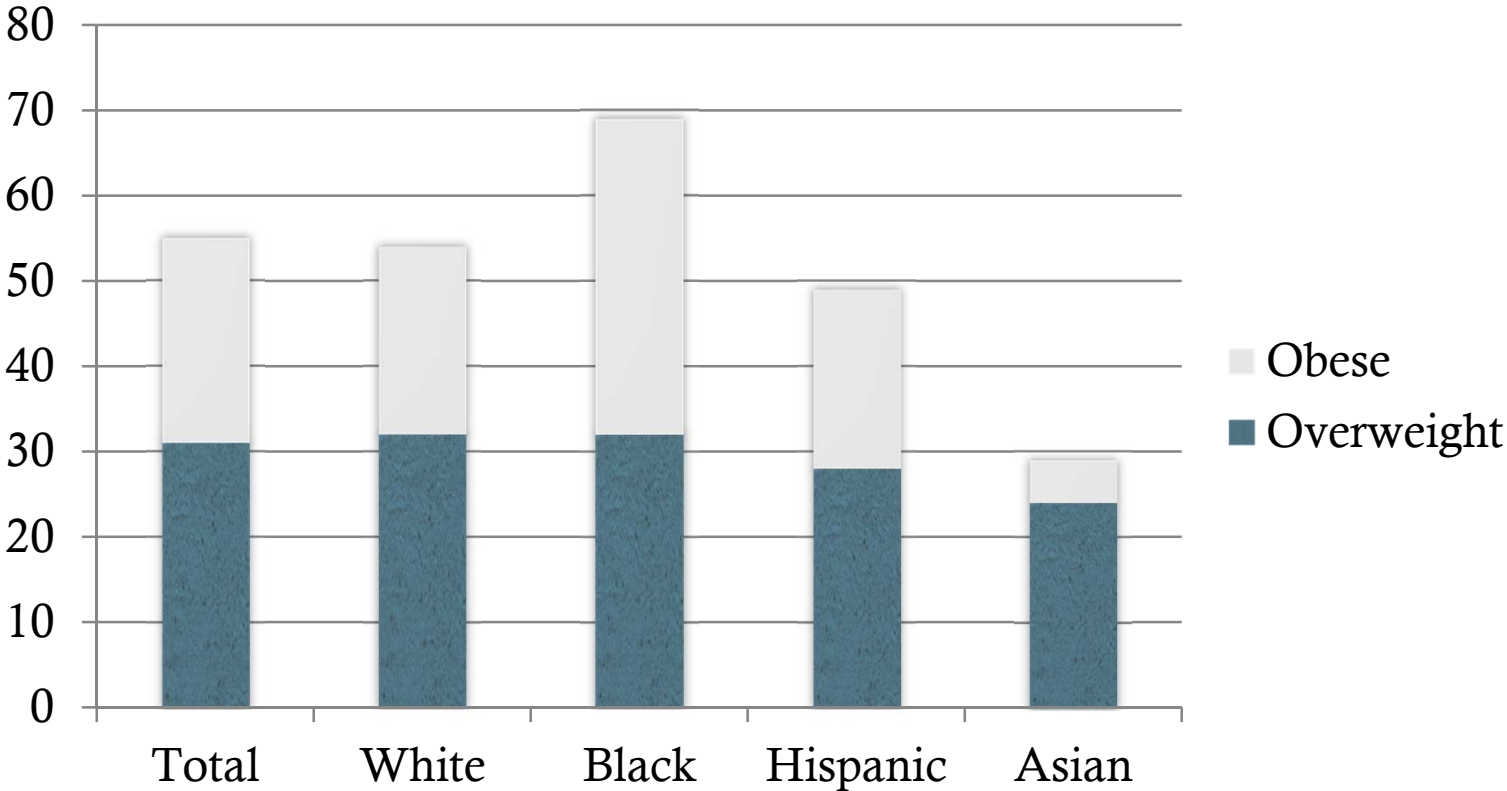
# Even at higher incomes, blacks are more likely to suffer from a chronic condition or disability than whites and Hispanics



\* FPL = Federal Poverty Level

Source: The Commonwealth Fund. Biennial Health Insurance Survey, 2005

# Seven of 10 blacks are significantly overweight or obese



Source: The Commonwealth Fund. Health Care Quality Survey. 2006

# Mobility Improves the Following Conditions Prevalent in Minorities

Heart  
Disease

Diabetes

Obesity



# Missing Persons: Minorities in the Health Professions - 2004

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The Sullivan Commission concluded, “the fact that the nation’s health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of thousands of Americans.”

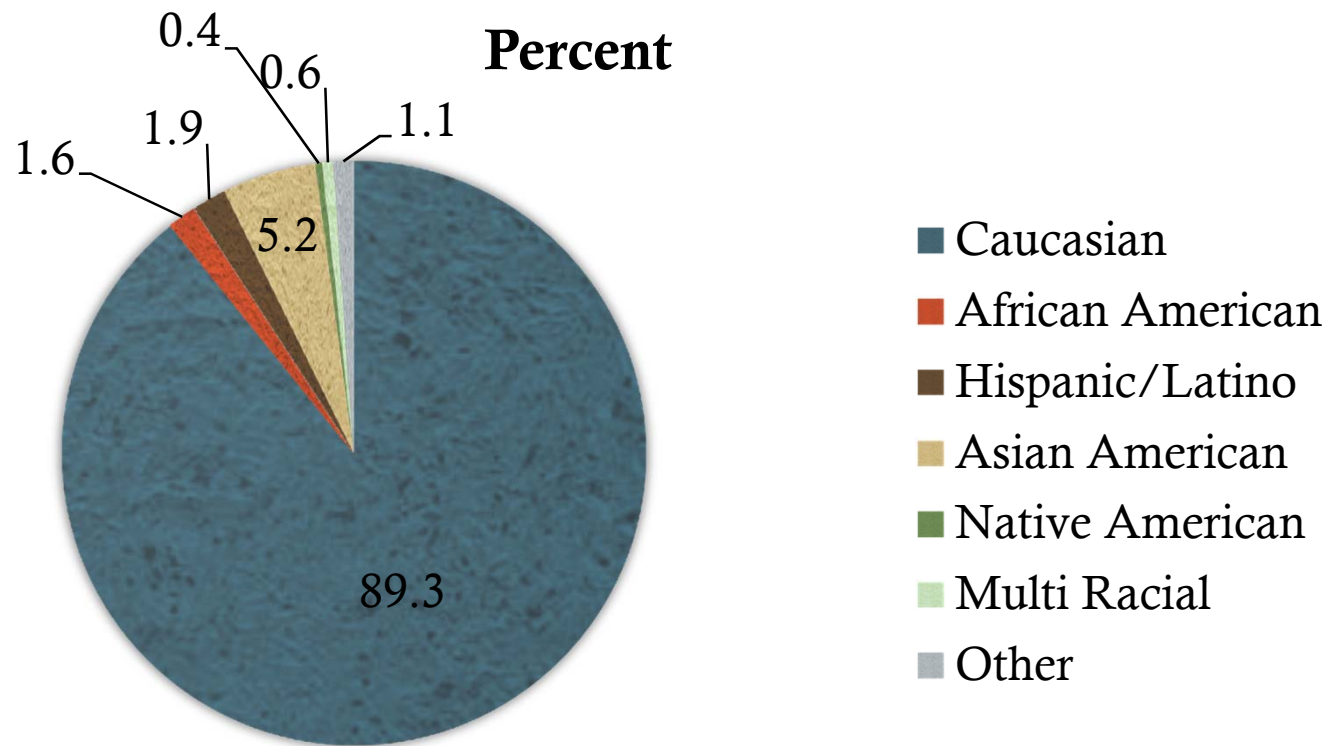


# Minorities in the Health Professions

African Americans, Hispanics, Native Americans and Pacific Islander groups make up over 30% of the U.S. population, but in 2007, they accounted for:

- 9% of physicians
- 7% of dentists
- 10% of pharmacists
- 9% of registered nurses (RNs)

# Demographics of Orthopedic Surgeons

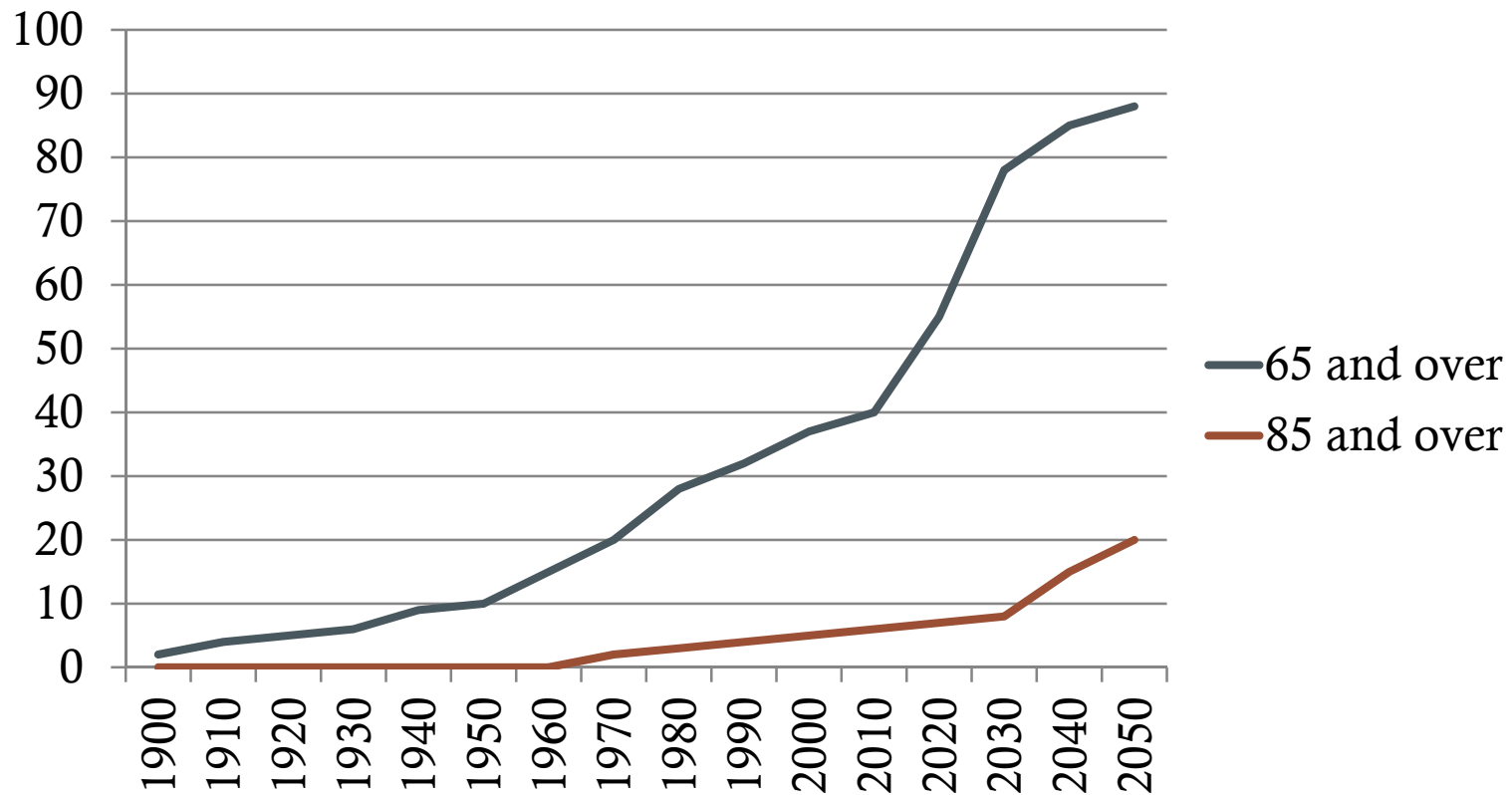


# Factors Affecting The Nation's Health Workforce

- Baby Boomers are slated to begin retiring in 2011
- The number of Americans over 65 is expected to soar from 37 million in 2006 to 88 million by 2050, (DHHS, Administration on Aging, 2008)
- Rapid developments in medical technology
- Higher utilization of services
- The Patient Protection and Affordability Act – 32 million more Americans with health insurance
- Minorities will become the majority of the school age population by 2020

# Number of people age 65 and over 1900-2050

Millions

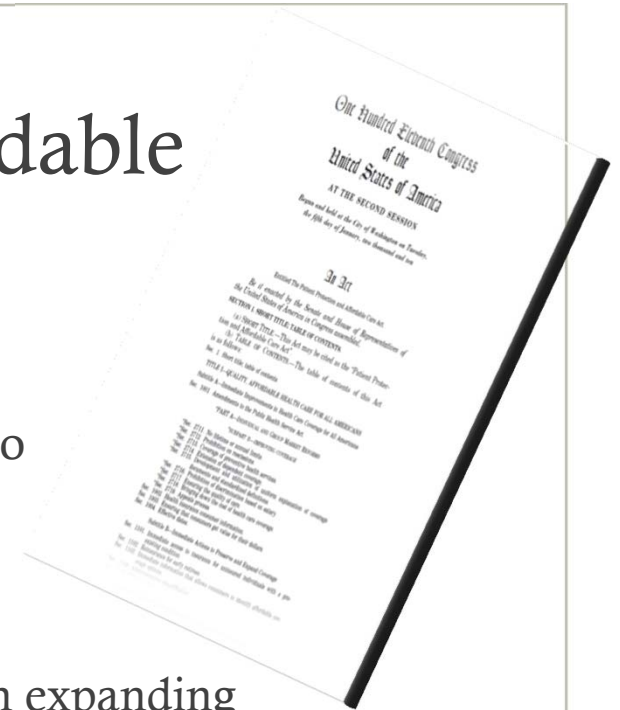


Source: U.S. Census Bureau, Decennial Census, Population Estimates and Projections

# The Patient Protection and Affordable Care Act

Commits \$940 billion over 10 years to expand coverage to nearly 32 million uninsured Americans including:

1. Mandatory acquisition of health insurance by 2014
2. Creation of a new insurance marketplace, resulting in expanding access to coverage and formation of state-based exchanges
3. Sweeping insurance market reforms:
  - New regulations imposed on health plans, preventing insurers from denying coverage for *any* reason
4. Fundamental changes to Medicare, expansion of the Medicaid program, and reform of Part D
5. Health IT, prevention and wellness initiatives across the health care system



# Who Will Provide Care? Projected Critical Shortage of Health Professionals



By 2025 the U.S. will need additional

160,000



250,000



Public Health

1,000,000



# By 2020 Minorities Will Comprise 40% of the College Population



# The Case for Workforce Diversity

- Increased access to care
- Increased quality of care
- Provide a more linguistically and culturally competent workforce
- Increased creativity and problem-solving



# Treatment Disparities

Treatment disparities seem to be highest when physicians engage in “high discretion” procedures such as:

- Implantable cardioverter-defibrillators (ICD)
- Cardiac catheterizations
- Coronary artery bypass grafts (CABG)
- Testing for osteoporosis
- Active treatment for prostate cancer

# Recommendations

- The overall burden and economic impact of musculoskeletal diseases must be recognized and they must become among the core conditions tracked by federal initiatives
- Increased gender, ethnic and racial diversity within orthopedics will increase the overall trust between orthopedists and their patients and the quality of orthopedic care given, improving the quality of life of all Americans



The 22nd annual Sullivan 5K Run and Walk for Health and Fitness  
Vineyard Gazette, August 31, 2010