

Future Direction for Health Disparities Research & the Roles for Professional Societies

Louis W Sullivan, MD

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Endocrine Society Baltimore, MD



It's a Moral Issue

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”--Martin Luther King, Jr.

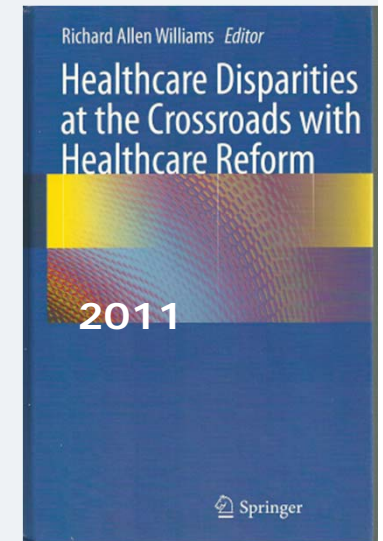
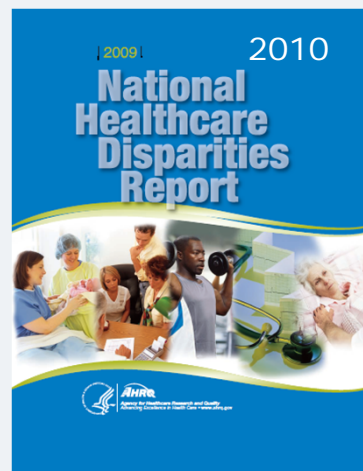
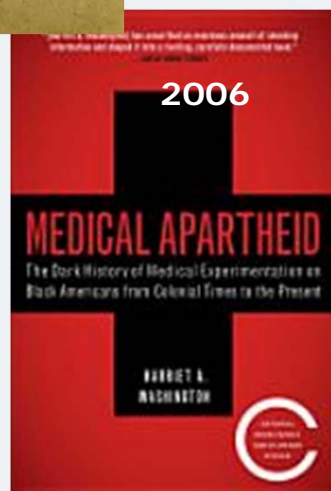
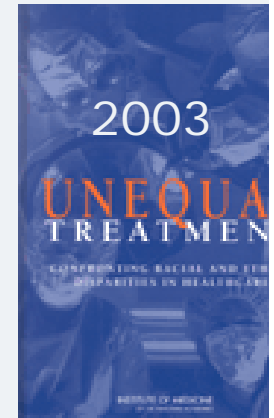
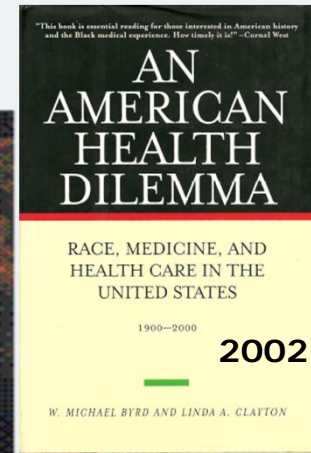
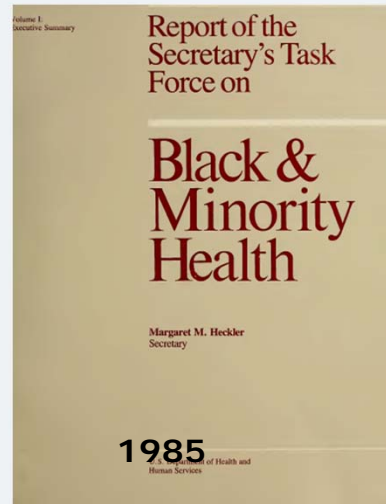
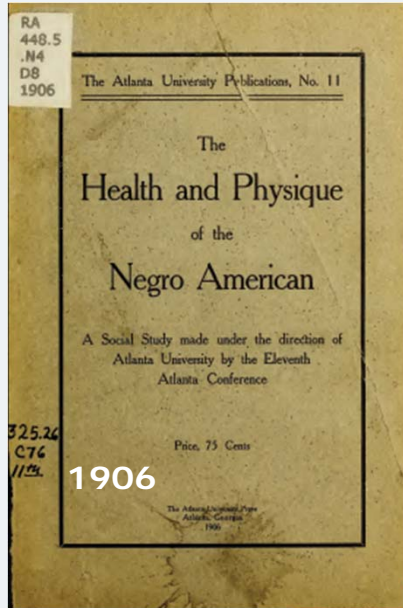
Excerpt from comments made in a Civil Rights protest against racially discriminatory practices of Chicago hospitals. March 1966, Chicago



Health Disparities

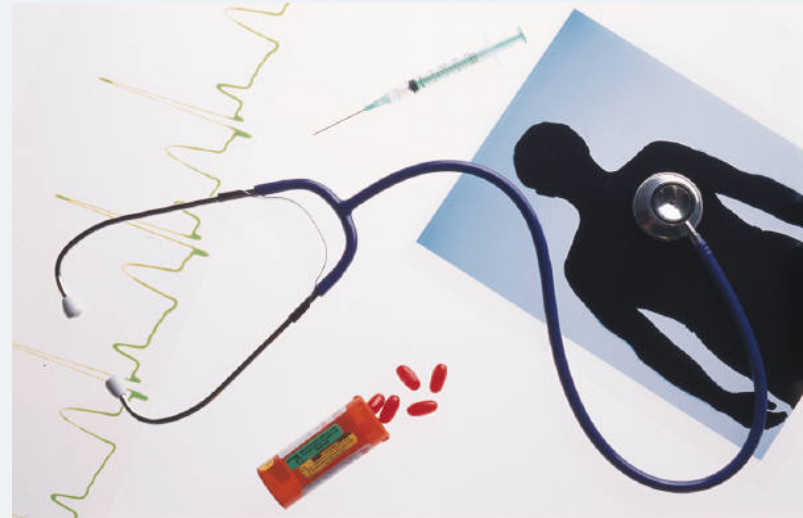
- National Institute of Health
 - “*Health Disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States*”
- Healthy People 2020
 - A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

The Journey to Achieving Health Equity

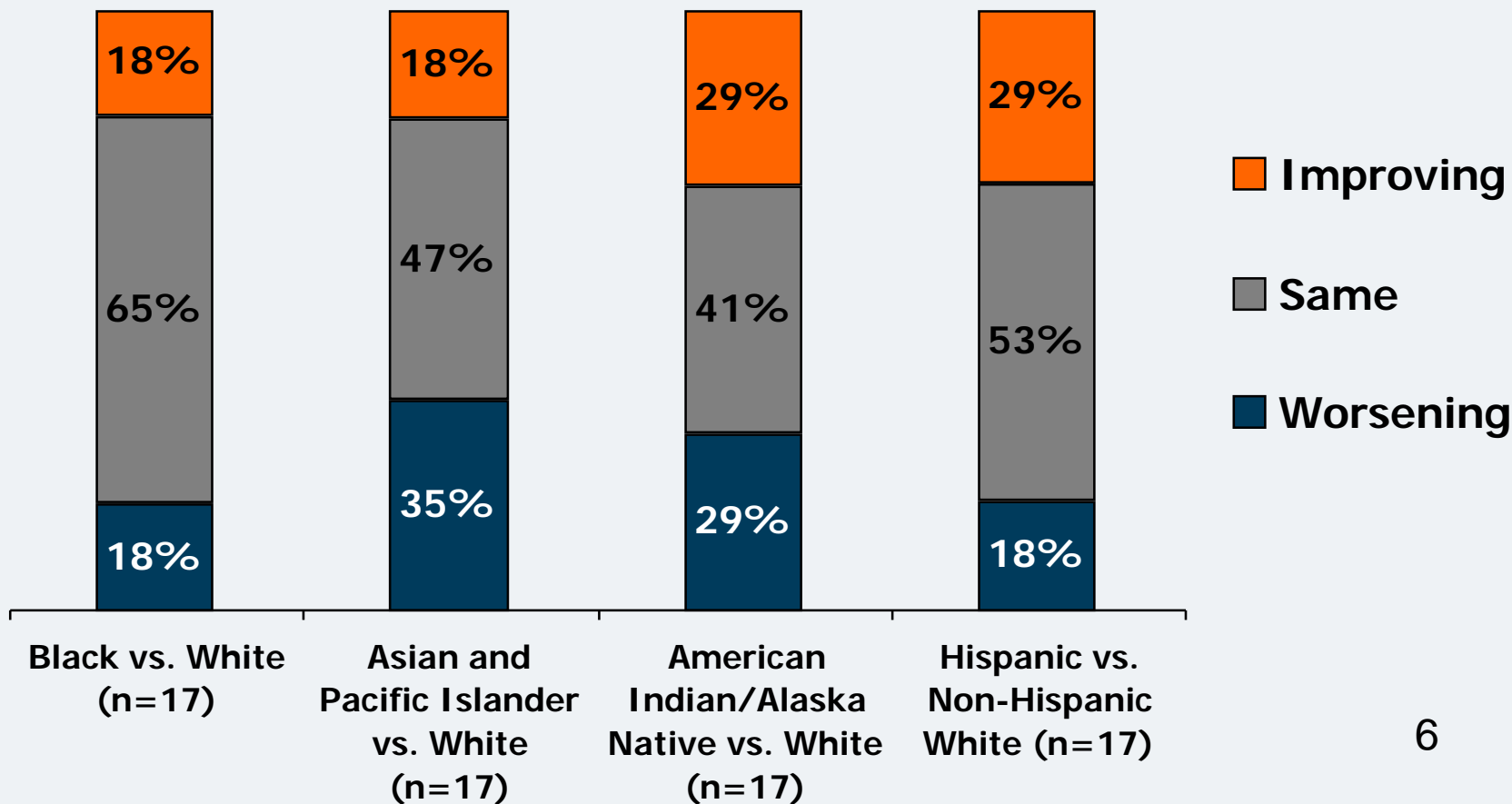


Leading Health Disparities

- Cardiovascular Disease
- Cancer
- Diabetes
- HIV/AIDS
- Infant Mortality
- Asthma
- Mental Health



Changes in Quality of Care Disparities Over Time: Summary by Race/Ethnicity, 2000-2001 to 2005-2006

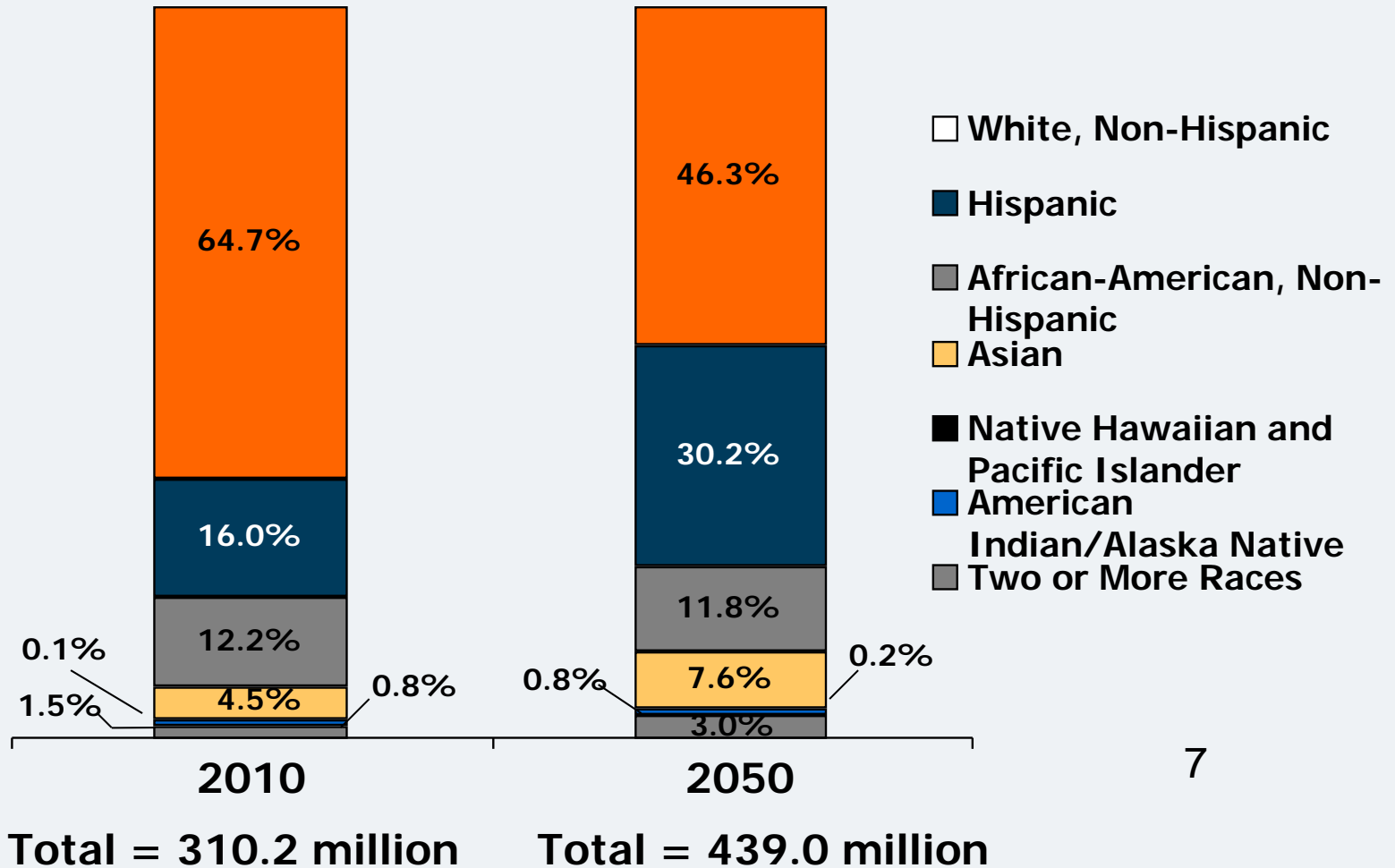


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NOTES: “Improving” means disparity is becoming smaller over time; “worsening” means disparity becoming larger over time. Data on all measures are not available for all groups; “n” refers to the number of measures on which the groups were compared. Totals may not add to 100% due to rounding. Time period differs by measure and includes oldest and newest years of available data.

SOURCE: Kaiser Family Foundation, based on AHRQ, National Healthcare Disparities Report, 2008, available at <http://www.ahrq.gov/qual/qdr08.htm>.

Distribution of U.S. Population by Race/Ethnicity, 2010 and 2050



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NOTES: All racial groups non-Hispanic. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands. Totals may not add to 100%.

SOURCE: Kaiser Family Foundation, based on <http://www.census.gov/population/www/projections/downloadablefiles.html> U.S. Census Bureau, 2008, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to July 1, 2050.

Disparities Related to Type 2 Diabetes in African Americans vs. Whites

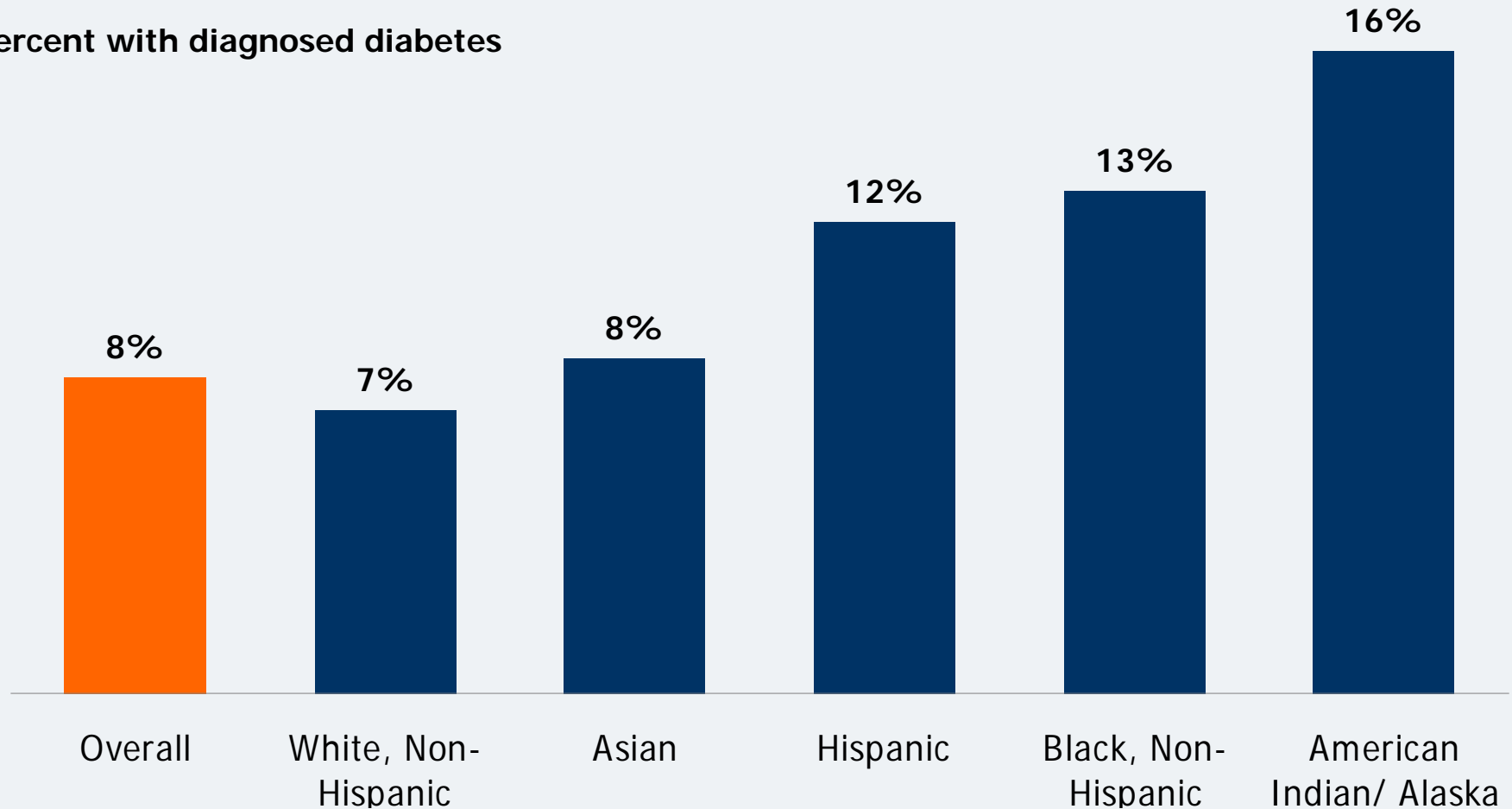
- Higher prevalence rates
 - For people >20 18.7% African Americans vs. 7.1% white
- Worse control
 - African Americans have a higher HbA1c of 0.65% higher than whites

Disparities Related to Type 2 Diabetes in African Americans vs. Whites Cont'd

- Higher rates of complications and mortality from the disease
 - 1.5 times more likely to die of disease complications
 - African American men are 2.2 times likely have ESRD treatment related to diabetes
 - 50% more likely to develop diabetes retinopathy
 - Less likely to have limb saving procedures and more likely to have a higher risk of lower limb amputation

Diagnosed Diabetes Among Adults Age 20 Years and Older, by Race/Ethnicity, 2007-2009

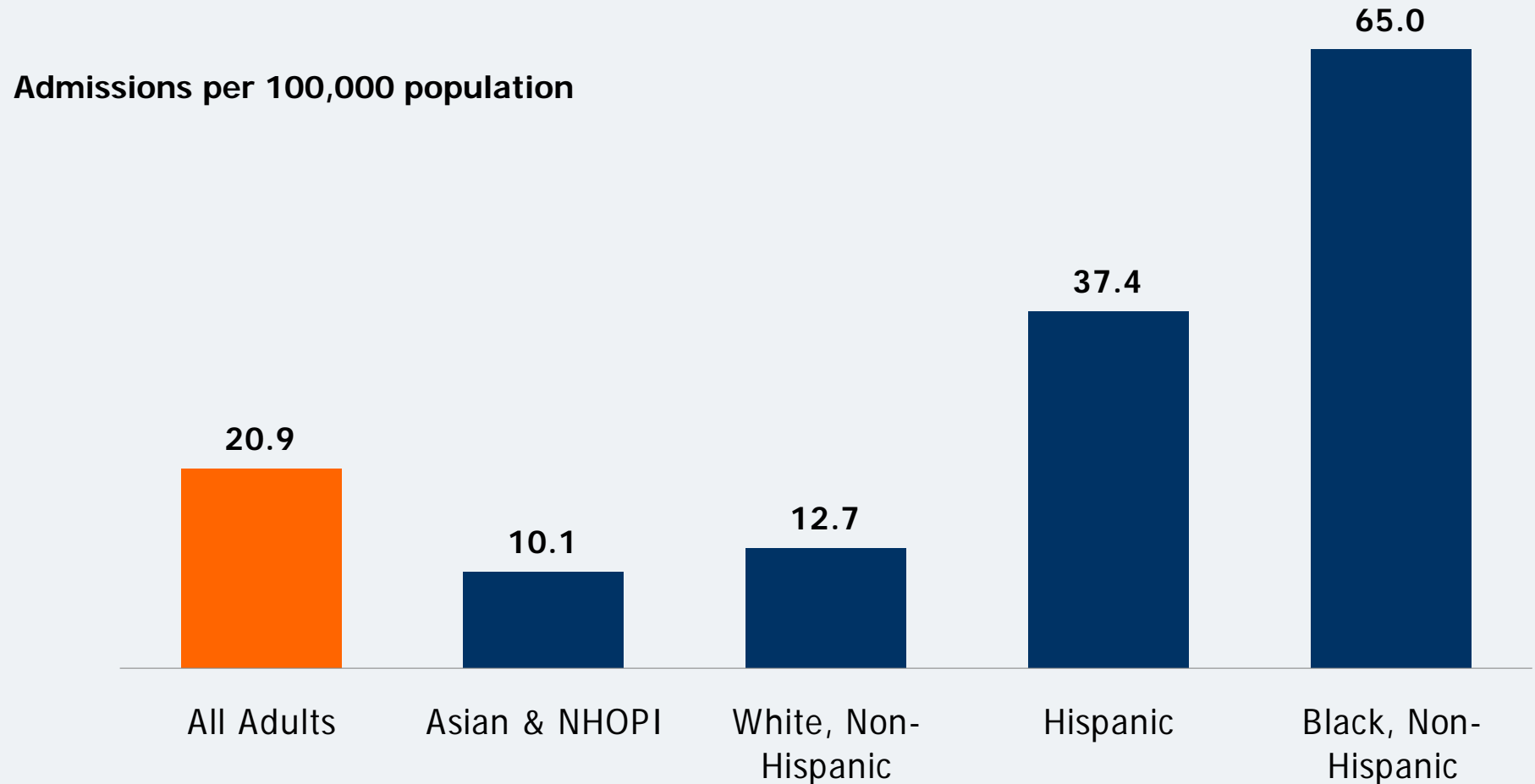
Percent with diagnosed diabetes



NOTE: Percentages are age-adjusted. Diabetes prevalence includes physician-diagnosed (self-reported). * Data for A/AN come from the 2009 Indian Health Services user file.

SOURCE: 2011 National Diabetes Fact Sheet. Centers for Disease Control and Prevention.
<http://www.cdc.gov/diabetes/pubs/estimates11.htm#4>

Adult Hospital Admissions for Uncontrolled Diabetes by Race/Ethnicity, 2007



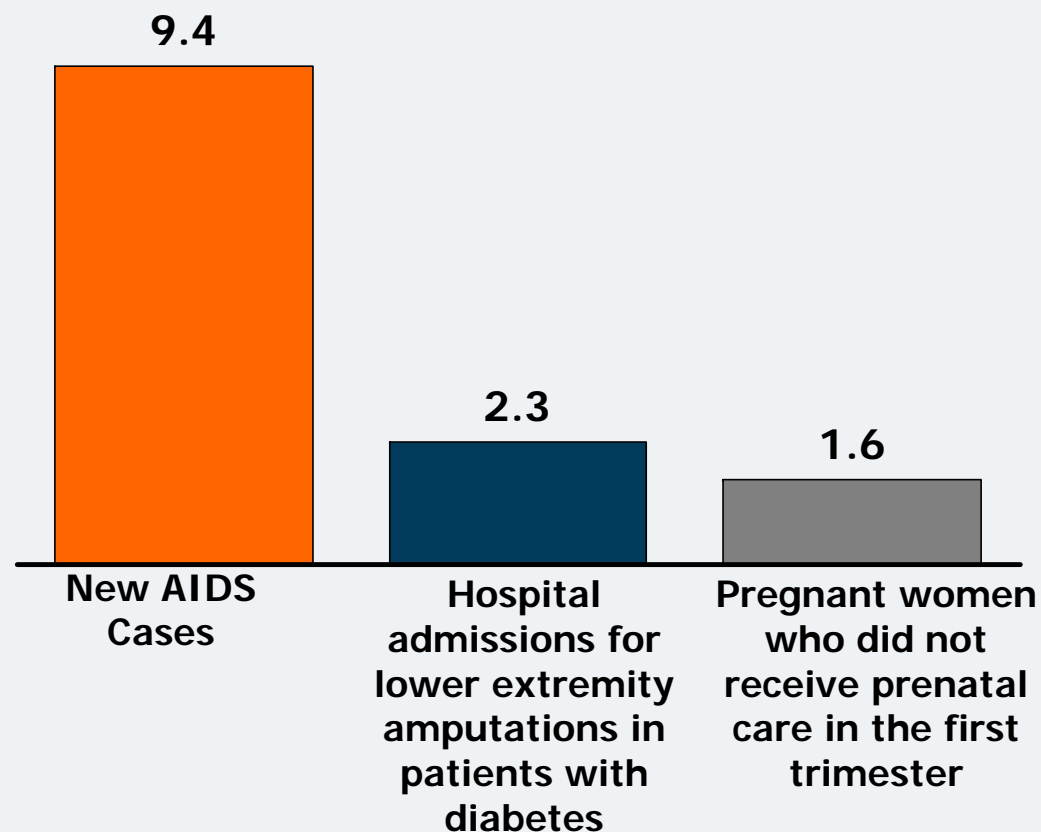
NOTE: Data are for adult population only and reflect admissions for uncontrolled diabetes without complication.

DATA: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project.

SOURCE: National Healthcare Disparities Report, 2010, available at: http://www.ahrq.gov/qual/qdr10/2_diabetes/T2_3_1-2.htm.

Three Largest Disparities in Quality of Care for Blacks in the U.S., 2008

Black rate relative to non-Hispanic Whites



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NOTES: The relative rate is the rate for Blacks divided by the rate for the comparison group of non-Hispanic Whites. It is one way to quantify the size of a disparity. For example, for the first measure listed, the rate of new AIDS cases for Blacks is 9.4 times the rate of new AIDS cases for non-Hispanic Whites.

SOURCE: Kaiser Family Foundation, based on AHRQ, National Healthcare Disparities Report, 2008, available at <http://www.ahrq.gov/qual/qdr08.htm>.

What are the Factors Contributing to the Greater Prevalence of Diabetes in Minority Populations

- **Lifestyle? Lack of physical activity?**
- **Diet?**
- **Genetic?**
- **Genes and the environment?**
- **Other**

When Controlling for the Following Factors – Similar Rates in Prevalence

- Age
- SES
- Health Insurance
- Body Mass Index
- Physical Activity
- Hypertension
 - (Signorello et al., 2007)

Factors in Higher Complication Rates

- Lack of use (or improper use of) health care system for preventive services, and health maintenance services
- Mistrust, confusion, lack of compliance
- Cultural and or linguistic barriers
- Providers' potential unconscious bias (data on insufficient limb saving procedures in minorities)
- Lack of insurance or financial resources
- Lifestyle

Factors in Higher Complications Rates 2

- Biology (other diseases or disorders; ie, hypertension, heart disease, etc.)
- Environmental (stress, air/water pollution, dust, etc.)
- Living in “food deserts” inaccessibility to fresh produce
- Living in inner city neighborhoods without “green spaces” for recreation
- Genetics (the experience of Pima Indians)

Roles for Health Professionals and Professional Societies

- Maintain high standards of health care and professionalism
- Promote policies and programs to insure access to health insurance and health care for all.
- Advocate for a welcoming, consumer-friendly environment in the health facility (office, clinic, hospital, special care unit)
- Respect the language, the values and the culture of the patient.
- Treat everyone with dignity and courtesy
- Advocate for prevention and health promotion activities for the patient and in the community

Support Programs in the Community to Enhance the Lives of Those Who Live There

- Strong public education system
- Jobs and economic development
- Affordable housing
- Public safety
- Parks and recreational facilities
- Clean air, water
- Ready access to fresh produce and healthy foods

Healthy People 2020

“Reduce the disease and economic burden of Diabetes Mellitus and improve the quality of life for all persons who have, or who are at risk for DM.”