

# Disparities in Health

## An Overview and Update



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## Outline

- ◆ Disparities in Health
- ◆ Key Drivers
- ◆ Approaches and Areas of Interest

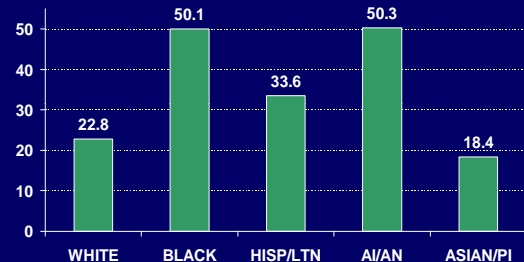
## Disparities in Health

Differences in health outcomes in condition X by:

- ◆ Socioeconomic Status
- ◆ Insurance Status
- ◆ Geography
- ◆ Race or Ethnicity
- ◆ Gender
- ◆ Disability
- ◆ Sexual Orientation

## Diabetes-Related Death Rate, 2012

Deaths per 100,000 population



## What causes these Racial/Ethnic Disparities in Health?

- ◆ Social Determinants
- ◆ Access to Care
- ◆ Health Care?

## Racial and Ethnic Disparities in Health Care

Racial/Ethnic disparities found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) controlled for.

*Many sources contribute to disparities—no one suspect, no one solution*

- Navigation
- Communication
- Stereotyping
- Mistrust



## Disparities in Health and Health Care

Differences in health outcomes or health care quality for:

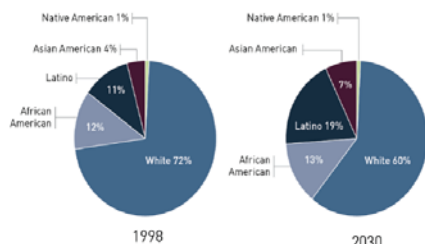
- Diabetes
- CVD (CHF)
- Asthma
- Cancer
- HIV/AIDS
- Depression
- ◆ Socioeconomic Status
- ◆ Insurance Status
- ◆ Geography
- ◆ Site of Care/Practitioner
- ◆ Race or Ethnicity
- ◆ Gender
- ◆ Disability
- ◆ Sexual Orientation

## Key Drivers

### Increasing Diversity

Health care organizations need to prepare staff to work with patients and colleagues from diverse cultural backgrounds

Current and Projected Resident Population of the United States, 1998-2030<sup>1</sup>

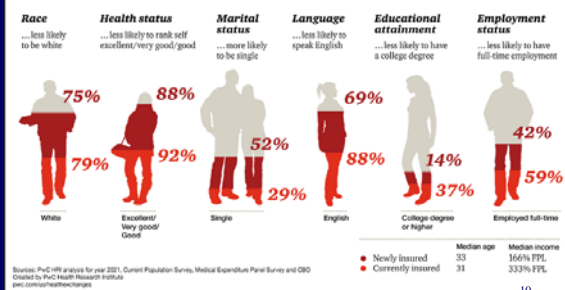


<sup>1</sup> Colleen KS et al. US Minority Health: A Chartbook, Vol. 11. New York, NY: The Commonwealth Fund, 1999.

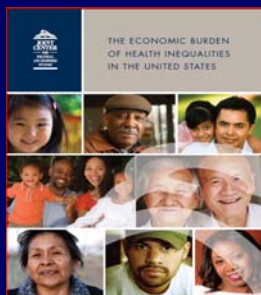
### The Newly Insured Population Approximately 50% Minority

#### What will the newly insured look like?

The newly insured compared to the currently insured are...

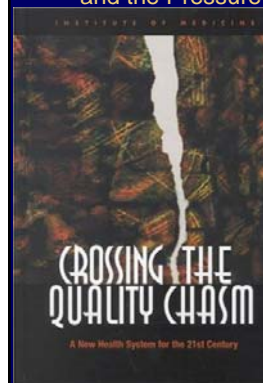


### Cost of Disparities and Value in Health Care



- ◆ Between 2003 and 2006, the combined direct and indirect cost of health disparities in the United States was **\$1.24 trillion** (in 2008 inflation-adjusted dollars).
- ◆ Payment moving from quantity to quality

### Linking Disparities to Quality and Safety and the Pressure Points of Transformation



- ◆ Safe
  - Minorities have more medical errors with greater clinical consequences
- ◆ Effective
  - Minorities received less evidence-based care (diabetes)
- ◆ Patient-centered
  - Minorities less likely to provide truly informed consent; some poorer patient experience
- ◆ Timely
  - Minorities more likely to wait for same procedure (transplant)
- ◆ Efficient
  - Minorities experience more test ordering in ED due to poor communication
- ◆ Equitable
  - No variation in outcomes
- ◆ Also
  - Minorities have more CHF readmissions, and avoidable hospitalizations

## Approaches and Areas of Interest

### Approaches

- ◆ Primary Data Collection
  - Surveys
  - Interviews
- ◆ Secondary Data Analysis
  - Datasets
- ◆ Key Informant Interviews/Case Studies/Focus Groups
- ◆ Goals:
  - Define problems
  - Explore relationships and root causes
  - Develop, pilot and evaluate interventions and solutions

### Areas of Interest

- ◆ Geography
- ◆ Social Determinants
- ◆ Impact of Health Care Reform and Insurance
- ◆ Cost of Care
- ◆ Care Site and Practitioner
- ◆ Use of Health Information Technology
- ◆ Impact of Language
- ◆ Behavioral Health/Mental Health
- ◆ New Types of Disparities (Disability, Sexual Orientation)
- ◆ Solutions to Eliminate Disparities

### Thank You

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