Make Health Equality a Reality

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Health Disparities Destroy Lives and Dreams

The higher incidence of disease, disability, and early death among African Americans, Latinos and other minority groups is what defines racial and ethnic disparities in health.
Whites more likely to receive appropriate care
- Minorities more likely to receive appropriate care
- No difference in care

Source: Kaiser Family Foundation
What do Health Disparities look like?
Documenting Disparities in Life Expectancy

Figure 1. Trends in the racial gap in life expectancy between whites and blacks, United States, 1970-1996
Documenting Racial Disparities

LIFE EXPECTANCY

Figure 2. Trends in the racial gap in life expectancy between blacks and whites, attributed to the leading causes of death, males, United States, 1989-1996.
Figure 3. Trends in the racial gap in life expectancy between blacks and whites, attributed to the leading causes of death, females, United States, 1989-1996.
Infant mortality rates by race and Hispanic origin of mother

Per 1,000 live births

Year 2010 target = 4.5


Stroke death rates (age adjusted to the year 1940 standard population)*

Per 100,000 population

Black non-Hispanic

Am. Indian/Alaska Native

White non-Hispanic

Asian/Pacific Islander

Hispanic


*Age adjustment to the year 2000 standard population will begin in 1999.

SOURCE: CDC/NCHS, National Vital Statistics System
“Report Details Racial Disparities in Health, Access to Care, Insurance:
Bridging gaps between whites, others will not be easy, it concludes”
Associated Press, May 15, 1999

“Minorities lag behind whites in the United States on nearly every health measure, from life expectancy and disease rates to health insurance and access to care, said a report (from the Commonwealth Fund) documenting the widespread disparities”
Documenting Disparities in Diabetes...
In 2000, of the 30 million Hispanic Americans, about 2 million had been diagnosed with diabetes.

About 10.2 percent of all Hispanic Americans adults have diabetes.

On average, Hispanic Americans are almost twice as likely to have diabetes than non-Hispanic whites of similar age.

Diabetes is particularly common among middle-aged and older Hispanic Americans. For those age 50 or older, about 25 to 30 percent have diabetes.

Source: NIH
Lower extremity amputations in persons with diabetes (age adjusted to the year 2000 standard population)

Per 1,000 persons with diabetes

Year 2010 target - 1.8 percent

White: 3.8 in 1990, 2.6 in 1997
Black: 5.9 in 1990, 4.8 in 1997

SOURCE: CDC/NCHS, National Hospital Discharge Survey and National Health Interview Survey
Persons with diabetes and end-stage renal disease, 1996

Rate per million population

Year 2010 target – 78 percent

<table>
<thead>
<tr>
<th>Group</th>
<th>Rate per million population</th>
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<tbody>
<tr>
<td>White</td>
<td>79</td>
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<tr>
<td>Black</td>
<td>329</td>
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<tr>
<td>American Indian or Alaska Native</td>
<td>492</td>
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<td>Asian or Pacific Islander</td>
<td>156</td>
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</table>

SOURCE: NIH/NIDDK, U.S. Renal Data System
Diabetes Complications

- **Kidney Disease**
  - The rate of diabetic end stage renal disease is 2.7 times higher among African Americans than among whites.

- **Eye Disease**
  - Rates of blindness due to diabetes are only half as high for whites as they are for rest of the population.

- **Mortality**
  - Diabetes-related mortality rates for African-Americans, Hispanic Americans, and American Indians are higher than those for white people.

Source: CDC/ AHRQ
Make Health Equality a Reality

Seven Ways to Eliminate Health Disparities
End the segregation that still exists in health care facilities more than 40 years after the Civil Rights Act.

Effective Policy must support strict compliance with existing government health plan contracts, the redress of contract violations, and regulations that ensure equal care for all patients.
Jacobi v. Montefiore Einstein
(Distance: 2 blocks)
Source: SPARCS 2001 Table IX
North Central Bronx v. Montefiore Moses
(Distance: Contiguous)

Source: SPARCS 2001 Table IX

Bar chart showing uninsured and Medicaid patients for two locations:
- North Central Bronx (NCB)
- Montefiore Moses

Uninsured and Medicaid counts for each location.
Bellevue v. NYU
(Distance: 1 Block)
Source: SPARCS 2001 Table IX

![Bar chart showing uninsured and Medicaid patients at Bellevue and NYU.]

- Bellevue - Medicare
- NYU - Medicare

Bellevue: 50
NYU: 10
Queens Hospital Center v. St Joseph’s Hospital

Source: SPARCS 2001 Table IX
Kings County v. University Hosp of Brooklyn

Source: SPARCS 2001 Table IX

The bar chart shows the comparison between Kings County and University Hosp of Brooklyn for uninsured and Medicaid patients. The chart indicates a higher number of patients in the Medicaid category for both organizations, with University Hosp of Brooklyn having a significantly higher number of uninsured patients compared to Kings County.
Inequalities in care are rampant in all major teaching hospitals in NYC – especially with regards to specialty care access in ambulatory care facilities.
Work to create a more representative health care workforce

Effective policy must support funding for programs that recruit minorities into the health professions, and demand greater diversity in the admissions practices of medical schools and other health professional schools.
Race/ethnicity of NYS Practicing Physicians compared to Population

American Medical Association and Bureau of Census (1998 Data)
Stand up for insurance coverage for all

Effective policy must support a comprehensive health care delivery system funded by comprehensive insurance coverage.
% Uninsured by Race in NYC

- White: 16.7%
- Black: 28.0%
- Hispanic: 29.0%
- Other: 29.0%
% Publicly Insured and Uninsured by Race

- White: 24.8%
- Black: 52.2%
- Hispanic: 61.5%
- Other: 47.6%
Inequities in Government Payment for Health Care Services

The Federal Government has two major health care programs - Medicare for the elderly and disabled and Medicaid for the poor.

![Bar chart showing Medicare NYC and Medicaid payments for New Pt Comp Consult and Estab Pt F/U]
There is a basic inequity in the financing of the Medicare system …..

Medicare eligibility starts at age 65.

The average life expectancy of an African American male born today is 66 years.
Make it possible for everyone to get culturally competent care

Effective policy must advocate for the use of Medicaid funds to assure the availability of qualified translators within health care organizations, and support cultural competence training as part of state licensure requirements.
% of US Adults who Face Communication Barriers with Physicians (2001)

- Hispanic: 34%
- Asian American: 27%
- African American: 23%
- White: 16%

Source: Commonwealth Fund 2001 Health Care Quality Survey
The length of time between an abnormal screening mammogram and the follow-up diagnostic test to determine whether a woman has breast cancer is more than twice as long for Asian American, black, and Hispanic women as for white women. (Source: CDC/Agency for Healthcare Research and Quality)
“Racial Variation in Cardiac Procedure Use and Survival Following Acute Myocardial Infarction in the Department of Veterans Affairs”

Eric D Peterson, MD, MPH, et.al.
Journal of the American Medical Association 1994;271:1175-80

In a health care system designed to provide equivalent availability of care to all eligible patients, blacks received substantially fewer cardiac procedures (33% fewer cardiac catheterizations, 64% fewer revascularization procedures) after acute myocardial infarction than whites.
Ensure that public money is invested in public health education

Effective policy must help to direct public funds toward community based outreach and public health education.
Disparities in Cardiac Care

“The Effect of Race and Sex on Physicians’ Recommendations for Cardiac Catheterization”
Kevin A Schulman MD, et.al.

Actors portrayed patients in scripted interviews about their symptoms. 720 physicians reviewed recorded videotapes of these interviews.

Women were only 60% as likely to be referred for cardiac catheterization as men; Blacks were only 60% as likely to be referred for cardiac catheterization as whites. Black women were 40% as likely to be referred as white men.
Ensure that uncompensated care funds meet their intended use.

Effective policy must create mechanisms that bring greater accountability to the equitable distribution of uncompensated care pools.
Discharges by Expected Source of Payment
(SPARCS Table IX 2001)

S/P% and MCaid %

Hospitals

% Medicaid
% Uninsured
S/P Discharges 1999 SPARCS v. DSH Funding 2001 (DOH)
Recognize and end environmental racism and the toll it takes on communities of color

Effective policy must end the proportionately higher impact of environmental pollution on low-income communities of color by documenting and preventing the adverse health effects associated with existing and potential conditions.
Examples of Health Disparities
Asthma

Hospital Discharge Rates for Asthma by Race, 1988-1997

Rate per 100,000 Population


Source: CDC
% of Adults with Asthma who had Emergency Room Visits in Past Year

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Visits</th>
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<td>50</td>
<td>60</td>
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Hispanic, Black, Asian, White