

Approaches to Disparities of Care

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Stroke

- Age adjusted incidence rates 45-84 y.o.
 - 6.6/1000 Black males
 - 4.9/1000 Black females
 - 3.6/1000 White males
 - 2.3/1000 White females
- Death rates
 - 73.9 % Black males
 - 64.9% Black females
 - 48.1% White males
 - 47.4% White females

*Reference: AHA/ASA
Heart Disease and
Stroke Statistics 2007*

- Prevalence
 - American Indians/Alaska Natives have the highest prevalence - 6%
 - Blacks (4%)- almost 2x that of Whites (2.3%)
 - 2x as high in those with <12 years of education (4.4%) compared with college graduates (1.8%)
 - Range: 1.5% in Connecticut to 4.3% in Mississippi

*Ref: Prevalence of Stroke - US2005
MMWR2007; 56:469-474*

Why is stroke health disparity important?

- 2006- 100 million minorities nationally for the first time in 2006
 - 1/3 of the population
- 2050 - 1/2 of the population
- Cost 2007 - \$62.7 billion
- Cost 2050 - ??

Ref: www.census.gov accessed 8/9/07 and AHA/ASA Heart disease and stroke statistics 2007

Action steps to combat health disparities

- **Admitting there is a problem**
 - Hospitals
 - Physicians
 - Patients
 - Communities
 - Government

Hospitals

- Hospitals must engage in quality improvement initiatives and collect data to document:
 - Evidence-based guidelines
 - Treatment of populations - age/gender/race/ethnicity
- Data collection systems work:
 - Organized Program to Initiate Lifesaving Treatment in Hospitalized Patients with Heart Failure (OPTIMIZE HF)
 - 259 hospitals; 2 years
 - JCAHO performance measures and OPTIMIZE HF quality measures
 - Evidence-based algorithms/discharge checklist/
 - web-based resource to enter patient data and provide quality of care reports regionally and nationally
- Results: Significant improvements in Quality of care in these institutions

Ref: Fonarow, G et. al' Influence of a Performance Improvement Initiative on Quality of Care for patients hospitalized with heart Failure. Arch. Intern. Med. 2007;167(14):1493-1502

Hospitals

What's needed for a hospital system to improve quality of care?

- Adequate resources:
 - Nurses to input data
 - Health information systems for documentation
- Hasnain-Wynia, Romana et.al., **Disparities in healthcare are driven by where minority patients seek care.** Arch. Intern. Med. 2007:167:1233-1239
- Bailey, James et.al., *Editorial* **Inequitable funding may cause healthcare disparities.** Arch. Intern. Med. 2007:167:1226-28

Physicians

Cultural Competence:

- When people access an organization where professionals work together to provide culturally competent care, there is a higher incidence of:
 - Quality care
 - Satisfaction with professionals and services
 - Participation in making decisions
 - Buy-in and adherence to personal plan

Ref: Cultural competence in healthcare. Issue Brief#5, Feb.2004 Georgetown U. Center on an Aging Society
- 2005 JAMA survey (Betancourt, J):
 - Residents lacked confidence in the area of cultural competency
 - Did not feel they had the skills to handle a patient with deep distrust of the healthcare system

Physicians

- California and NJ have mandated cultural competency CME
- Ohio is considering it
- In CA - burden on CME providers -all CME must have relevant cultural and linguistic information
- In NJ - burden on physicians- licensing requirement in 2008
- Health insurers provide cultural competency CME to physician and nursing staff - Aetna, BCBS- Florida and Mass, Wellpoint



PERSONALIZED COMMUNICATIONS

Physician/Patients

- When is the last time a physician checked to see if their patient could read and understand the instructions or description of an illness?
- Baker, D. et. al., **Health Literacy and Mortality Among Elderly Person.** Arch. Intern. Med. 2007; 167(14) 1503-1509

Patients

- Getting the information you need for your own health

“the closing digital divide” - more than 2/3 of low income households have a computer at home

Ref: Dr. Howard Koh, Harvard School of Public Health podcast, 2007

- Access health information sites targeting specific cultural groups - based on geography, diet preference and social norms
- Utilize physician/insurer/not-for-profit sites - health literate

Communities/Government/payors

Examples

- Support for health information structure
 - Pay for Improvement
- Advocacy for grocery stores in communities
- Sidewalks for walking
- Utilize radio and community outreach to educate

AHA Heritage Taskforce

Actions on health disparities

- GWTG - hospital based QI program
 - The committee has begun an initiative to voluntarily collect racial and ethnic data from participating GWTG hospitals - 12 hospitals have agreed
 - Also working to get hospitals with highly diverse populations to enroll in GWTG

Ellrodt, G, Kalenderian, E. **An Overview of the AHA's Get With the Guidelines Program on Health Disparities.**
Presented to AHA Heritage Affiliate Board. 2006

AHA Heritage Taskforce

Actions on health disparities

- Search Your Heart - faith-based program targeting African-American and Latinos
 - Education program which includes seminars for church ambassadors. Initial analysis of surveys from 2005 (completed 2006) with a revision of the program to focus on gaps

AHA Heritage Taskforce Actions on Health Disparities

- Web page
www.americanheart.org/healthdisparities
- Collaborations
 - NCNW, AKA Sorority, LINKS, NYC DOH, Sisters of the Covenant, Delta Sorority, Harlem Hospital, North General Hospital

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