Racial and Ethnic Disparities in Health and Health Care: The Impact on Women’s Health

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THE DISPARITIES SOLUTIONS CENTER
One Goal - High Quality Care for All
What are Disparities?

What is the Impact on Women’s Health?

What are the root causes?

Why should we care?

What can we do?
What are disparities?
Disparities in the Health of Minority Women

✿ Overall Health Trends
  – Minority women experience higher prevalence of
    ■ Diabetes (87% higher)
    ■ Heart disease (46% higher)
    ■ HIV contraction (50.1/100K vs 1.8/100K)
  – Minority women are over 2x more likely to report fair/poor health compared to white women
    ■ Hispanic women alone are three times more likely to report fair/poor health
What causes these Racial/Ethnic Disparities in Health?

- Social Determinants
Disparities in the Health of Minority Women

◆ Social determinants contributing to barriers

- Minority women more likely to be in poverty
- Minority household incomes are half that of white household incomes
- Minority women more likely to have lower educational attainment
What causes these Racial/Ethnic Disparities in Health?

- Social Determinants
- Access to Care
Disparities in the Health of Minority Women

- Access to health care

  - Minority women are 2-3x more likely to lack health coverage compared to white women
  - Minority women are more likely to not have a personal doctor
What causes these Racial/Ethnic Disparities in Health?

- Social Determinants
- Access to Care
- Health Care?
In patients with insurance...

- Disparities based on race for:
  - Influenza vaccination (Gornick et al.)
  - Lung Ca Surgery (Bach et al.)
  - Renal Transplantation (Ayanian et al.)
  - Treatment of chest pain, cardiac catheterization, angioplasty, bypass (Harris et al., Ayanian et al., Peterson et al., Johnson et al.)
  - Referral to cardiology specialist care (Schulman et al.)
  - Treatment of HIV/AIDS (Shapiro et al.)
  - Pain management (Todd et al.)
Disparities in Health Care 2002

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
What is the Impact on Women’s Health?
Disparities in the Health of Minority Women
Study on Management of Acute Myocardial Infarction

- Less aggressive management of coronary disease by providers among both women and African Americans
- African American men and women were less likely to receive reperfusion therapy and coronary angiography
  - Although African American women were least likely to receive either
- African American women had the highest adjusted mortality rate among all gender/racial groups
Disparities in the Health of Minority Women
Study on Ovarian Cancer Treatment

- Literature review of 24 studies from 1993-2008
- White women were almost 20% more likely to receive both surgery and chemotherapy
  - African Americans were more likely to receive only a single procedure
- African American survival rate significantly lower than white women in multiple studies reviewed
- Survival rate may be attributable to unequal treatment procedures instead of typically noted social determinants
Disparities in the Health of Minority Women Study on Receipt of HIV HAART Therapy

- In recent years, African Americans and Hispanics have become disproportionately affected by HIV
  - Significantly increasing numbers of minority women, esp. African American women (Make up about 61.4% of new female cases)
- African American women are less likely to receive HAART than white patients

Disparities in the Health of Minority Women
Pain Management

Emergency Department Study (Acute Abdominal Pain):
- Compared to men, women had a similar mean pain score, but were less likely to receive any analgesia (60% vs. 67%) and less likely to receive opiates (45% vs. 56%)

Clinical Vignette Study
- Physicians more often chose better pain management options for men (56.2%) following prostatectomy than for women after myomectomy (42%)

Chronic Pain Management
- Blacks were prescribed few pain medications (P=.03) and fewer women had adequate medication strength (P=.04).
- Women, particularly younger women, were at higher risk for inadequate pain management in a primary care environment
Disparities in the Health of Minority Women Study on Diabetes Care

- Disparities in core process measures for diabetes care:
  - 28.9% of women and 33.9% of men with diabetes received all 5 recommended process measures (HbA1c, lipid profile, eye exam, foot exam, and influenza immunization)

- Differences by gender for lipid profiles and foot exams:
  - Among non-Hispanic whites, women were less likely to have a lipid profile or receive retinal eye and foot exams

- Amputation rates among women:
  - 5 times higher for non-Hispanic blacks and 2 times higher for Hispanics than for whites
What are the root causes?
Impact of Gender and Sociocultural Factors on Health Beliefs, Behaviors and Treatment

- Variation in symptom presentation
- Expectations of care
- Ability to maneuver within the system
- Diagnostic and Treatment choices
Minorities Face Greater Difficulty in Communicating with Physicians

Percent of adults with one or more communication problems*

Base: Adults with health care visit in past two years.

* Problems include understanding doctor, feeling doctor listened, had questions but did not ask.

Disparities in the Health of Minority Women
Study on Health Literacy Limitations

- Low income and minority women are less likely to be screened for breast & cervical cancer before it worsens

- Health literacy issues in the Latina community
  - Little understanding of specific risks for breast and cervical cancers
  - Sought health information through family members and not health care providers
  - Limited literacy made it difficult to understand technical medical pamphlets

- Health literacy issues in the African American community
  - Misunderstanding of purposes for certain exams
    - Thought pap tests also diagnosed STIs
  - Lacked printed health materials with photos for better comprehension of diseases
Social Cognitive Theory: Stereotyping

- Automatic aspects; group → individual
- “Cognitive Misers” → cognitive shortcuts to save resources; principle of “least effort”
- Primal → race, gender, age
- Activated most when:
  - Stressed
  - Under time constraints
  - Multitasking
The Patient Perspective: Unequal Treatment
Kaiser Family Foundation Survey, 2000

Future unfair Tx based on race/ethnicity

Past unfair Tx based on race/ethnicity

Whites
Blacks
Latinos
IOM’s Unequal Treatment

www.nap.edu

Recommendations

◆ Increase awareness of existence of disparities

◆ Address systems of care
  – Support race/ethnicity data collection, quality improvement, evidence-based guidelines, multidisciplinary teams, community outreach
  – Improve workforce diversity
  – Facilitate interpretation services

◆ Provider education
  – Health Disparities, Cultural Competence, Clinical Decisionmaking

◆ Patient education (navigation, activation)

◆ Research
  – Promising strategies, Barriers to eliminating disparities
Why should we 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).
Linking Disparities to Quality and Safety

- **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 have lower satisfaction

- **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, ACS admissions, and longer LOS
Accreditation and Quality Measures

- Joint Commission: Disparities/cultural competence standards 2010-11
- NCQA: Multicultural Recognition and new standards
- National Quality Forum: Released cultural competence quality measures, and disparities measures, incorporating into MAP
- Health Care Reform has multiple provisions focused on disparities
What can we do?
1. Assure Effective Communication
Model for Cross-Cultural Care:
A Patient-Based Approach

- Assess **Core cross-cultural issues**
- Explore the **meaning of the illness**
- Determine the **social context**
- Engage in **negotiation**
2. Beware of Stereotyping

- Understand mechanism
- Identify conditioning
- Double-check clinical decisionmaking
3. Trust-Build

- Be aware of mistrust
- Acknowledge potential
- Provide focused reassurance
- Negotiate
Summary

- There is a significant body of evidence that has identified disparities in health care, and their impact on Women’s Health.

- Providers need to focus on key strategies to improve care and communication with Women.

- Addressing disparities will improve the care not only of minorities, but of all Americans.
Thank You

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