

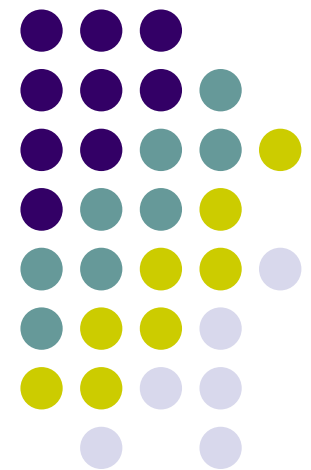
# ***Ix & Health Disparities: A Framework for Innovation***

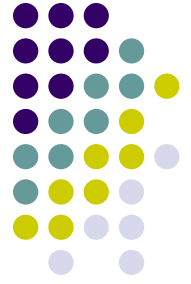
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2008 Information Therapy Conference

June 13, 2008

Warren A. Jones, MD, FAAFP  
Executive Director,  
Mississippi Institute for Improvement of Geographic Minority Health  
Professor of Family Medicine  
Distinguished Professor of Health Policy  
University of Mississippi Medical Center



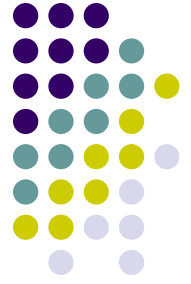


***Ix & Health Disparities:  
A Framework for Innovation***



M. Bouldin, MD

# What are Health Disparities?

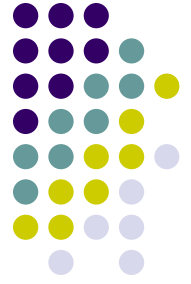


Webster's dictionary defines disparities as:

“Markedly Distinct in quality or character”

“Different”

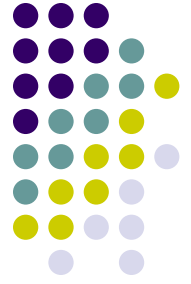
# Disparities in Healthcare



May result from:

- Socioeconomic conditions
- Geographic conditions: Rural vs Urban
- Racial and or Ethnic Conditions
- Age differences
- Gender

# Institute of Medicine

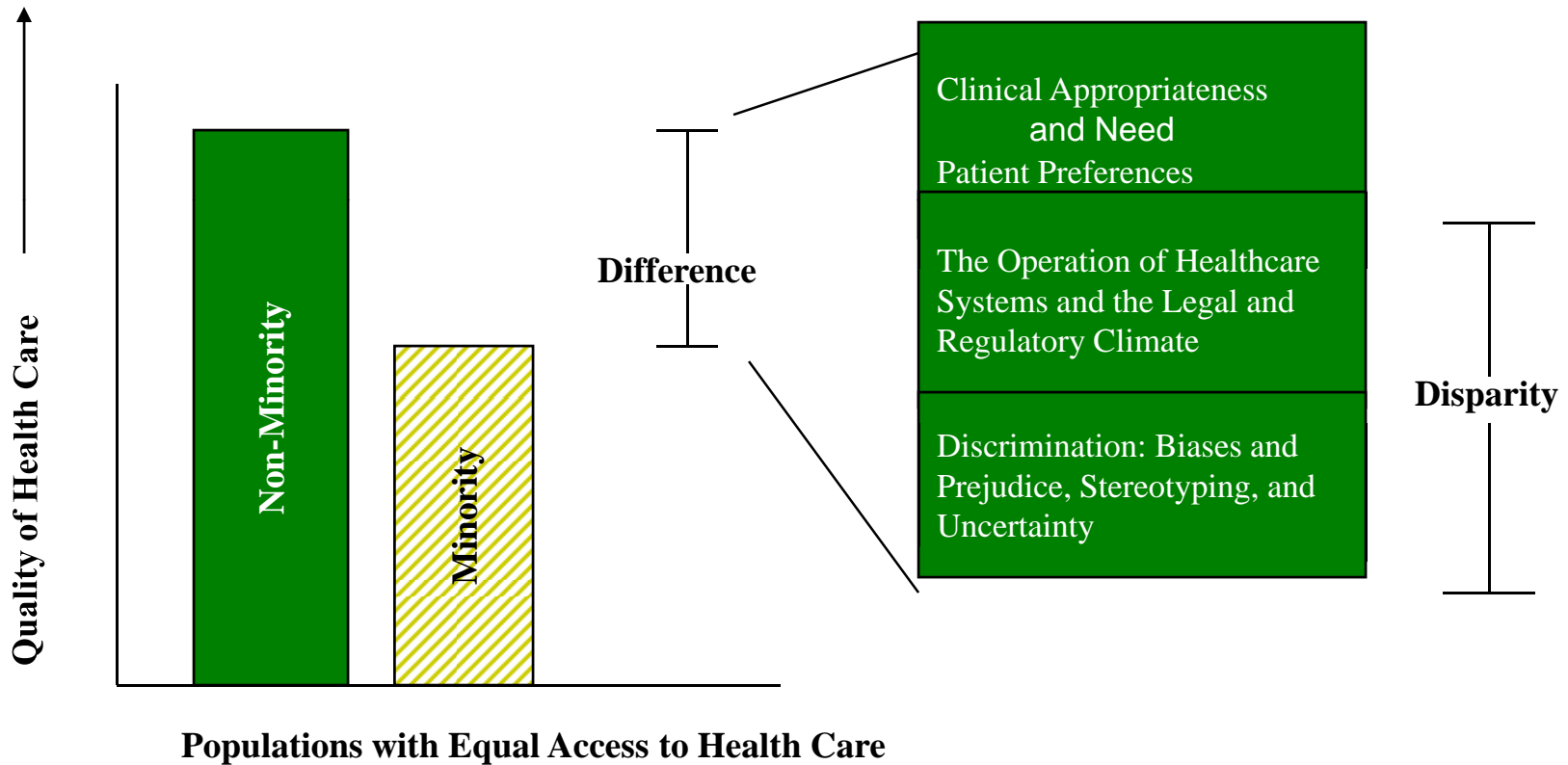


In 1999, IOM released it's report:

## **Unequal Treatment: Confronting Racial and Ethnic Disparities**

“Racial and ethnic disparities in healthcare exist and they are associated with worse outcomes in many cases, disparities are unacceptable. The real challenge lies not in debating whether disparities exist but in developing and implementing strategies to reduce and eliminate them.”

# Differences, Disparities, and Discrimination: Populations with Equal Access to Health Care



# Potential Sources of Disparities in Care



## Patient-Level

- Patient preferences
- Treatment refusal
- Care seeking behaviors and attitudes
- Clinical appropriateness of care

## Health Care Systems-Level

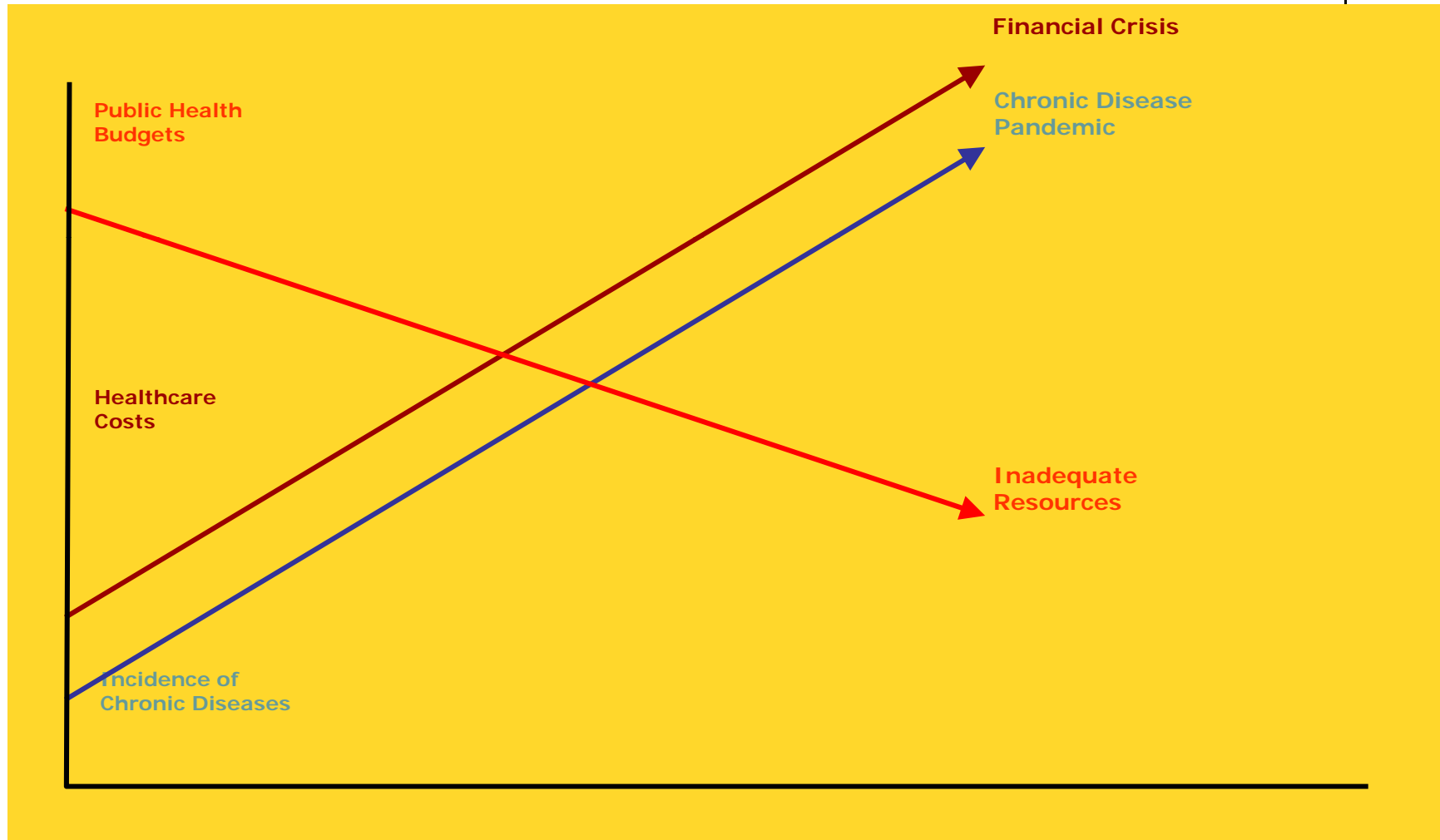
- Lack of interpretation and translation services
- Time pressures on physicians
- Geographic availability of health care institutions
- Changes in the financing and delivery of health care services

## Provider-Level

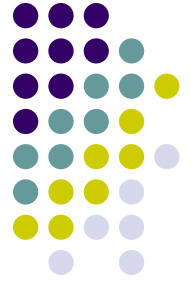
- Bias
- Clinical uncertainty
- Beliefs/stereotypes about the behavior or health of minority patients



# The Current Situation



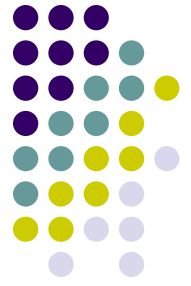
Courtesy Community Services Network



# Chronic Disease Crisis

- Chronic diseases – ongoing, generally incurable illnesses, such as asthma, cancer, diabetes, and heart disease – are the single greatest threat to our nation's health and to our health care system. In the United States, chronic diseases:
  - account for more than 75 cents of every dollar spent on health care in this country
  - are the #1 cause of death and disability
  - are the #1 driver of rising health care costs

# Chronic Disease

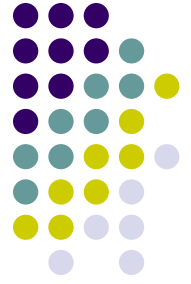


- About 133 million Americans – 45% of the population – have at least one chronic disease.

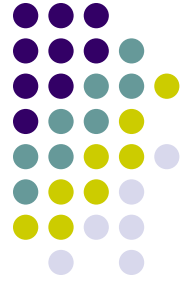
(Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation.  
RAND Corporation, October 2000.)

- The number of people **diagnosed** with diabetes almost doubled from 1995 (4.4%) to 2005 (7.3%).
- The number of adults with asthma has increased 10% in just five years, with 8% of the population affected in 2005 and only 7.3% in 2000. (CDC)
- Many chronic diseases are caused or exacerbated by poor nutrition, lack of exercise, smoking, and other lifestyle choices.

# Chronic Disease



- Risk factors are on the rise. The most striking is OBESITY:
- Over the past 20 years, adult obesity has risen significantly in the U.S. Latest data from the CDC show that 30% of U.S. adults 20 years of age and older – more than 60 million people – are obese.
- The increasing rate of obesity in children is staggering.



"Because of increasing rates of obesity...we may see the first generation that will...have shorter life expectancy than their parents."  
— Former Surgeon General, Richard H. Carmona

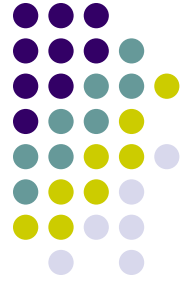
# Many Lack Health Care Coverage



- 118 M (40%) - ERISA
- 74 M (25%) - HMO
- 45 M (15%) - Public
  - 47 M (15%) - uninsured!
  - 15 M (5%) - indemnity

\*\*\*This is critical because of delays in diagnosis and treatment of many chronic disease

# Costs are High and Rising



- 17% of GDP - \$2.1 Trillion  
by 2011 (Swiss 11%)
- Largest single segment of economy
- More money spent per person than any  
country by far.

\*\*\* The nations policy agenda has skirted around the need for a coordinated strategy to fight chronic disease until the march began towards 20% of the GDP



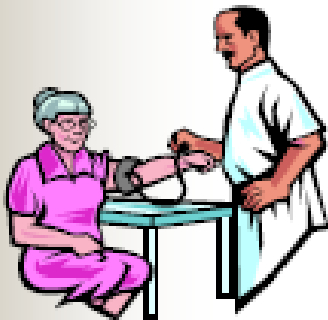
# Contemporary Health Care



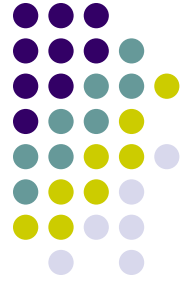
**CHRONIC  
DISEASE**



**SHARED  
DECISION-MAKING**



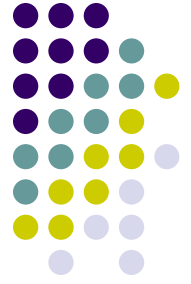
# Health Literacy



"The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions"

*Health People 2010*

# Skills Needed for Health Literacy

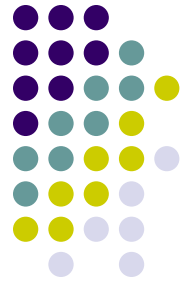


Patients are often faced with complex information and treatment decisions. Some of the specific tasks patients are required to carry out may include:

- evaluating information for credibility and quality,
- analyzing relative risks and benefits,
- calculating dosages,
- interpreting test results, or
- locating health information.

# Skills Needed for Health Literacy

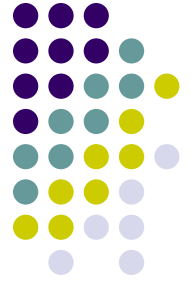
(cont)



In order to accomplish these tasks, individuals may need to be:

- visually literate (able to understand graphs or other visual information),
- computer literate (able to operate a computer),
- information literate (able to obtain and apply relevant information), and
- numerically or computationally literate (able to calculate or reason numerically).

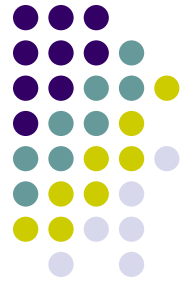
# Health Numeracy



“Health numeracy occurs when individuals are able to access, process, interpret, communicate, and act on quantitative health information needed to be informed about health issues, perform routine health care actions, and make effective health decisions.”

Elena Joram, PhD, Univ of Northern Iowa

# Health Numeracy (cont'd)



Is critical to the ability to assess risk estimates:

“Your chances of developing breast cancer increase as you get older. The disease rarely affects women under 30 years of age; while close to 80% of breast cancers occur in women over age 50. At age 40, you have a 1 in 217 chance of developing breast cancer. By age 85, your chance is 1 in 8.”

(Burkell, 2004)

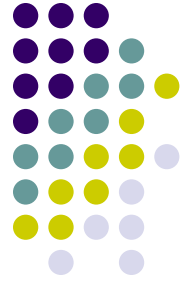


# Culture as a Key Component

## What is Culture?

**“The integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group.”**

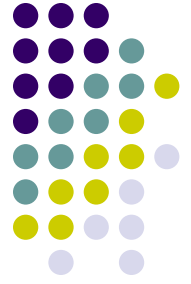
(Uhlman, M.: “Cultural Savvy is coming to health care.” Philadelphia Inquirer; April, 1998)



## **Why is an understanding of cultural differences a relevant topic for physicians?**

**The Institute of Medicine defines optimal primary care as including “an understanding of the cultural, nutritional and belief systems of patients and communities that may assist or hinder effective health care delivery.”**

# Cultural Facts



- **By the year 2050, 50% of the US population will be non-white.** (*US Bureau of Census;1996*)
- **The Physician population of the US continues to be predominately white and male. (75%)** (*American Association of Medical Colleges*)
- **There is a higher prevalence of chronic diseases in minority populations.** (*Health and Human Services: Task Force Report;1986*)

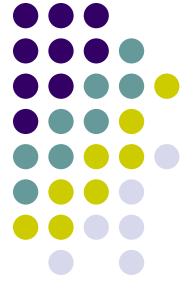
# The Importance of Culture



***We have become not a melting pot but a beautiful mosaic. Different people, different beliefs, different yearnings, different hopes, different dreams.***

***Jimmy Carter***

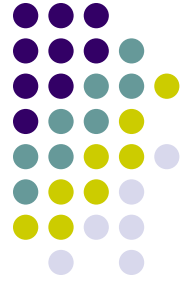




# To Be Successful....

- We must emphasize PREVENTION...
- We MUST promote Early Diagnosis...
- We Must find a way to EMPOWER consumers to make Healthy Choices ...
- We MUST find a way to accomplish Consumer Buy-In to treatment choices, i.e., better Treatment Plan Adherence...

# CONCLUSION



**INSANITY:** Continuing to do things the same way and expecting a different outcome.

(Michael Milken)

(Einstein)

(Rudyard Kipling)

(Chinese Proverb...)

