Health Care Disparities Introduction for GME New Resident Orientation

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Disclosures

• None



Objectives

- Provide new trainees with discussion about health care disparities (HCD)
- Re-enforce knowledge about factors associated with HCD
- Touch upon Appalachian and rural population characteristics
- Discuss individual solutions to decrease HCD



Definitions

- Health and health care disparities refer to differences in health and health care between populations.
- Disparities in "health" and "health care" are similar but not synonymous, concepts.
- Health disparity higher burden of illness, injury, disability, or mortality experienced by one population group relative to another
- Health care disparity differences between groups in health insurance coverage, access to and use of, and quality of care.
- Health inequality and health inequity, are also often used interchangeably to describe differences that are socially-determined and/or deemed to be unnecessary, avoidable, or unjust.

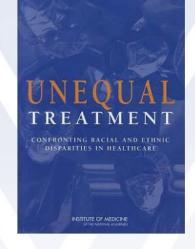


US National Library of Medicine. Health disparities. Available as: http://www.nlm.nih.gov/hsrinfo/disparities.html. Accessed June 15, 2016

Institute of Medicine, 2002

- Approximately 600 studies reviewed
- Minorities experienced:
 - Fewer routine screenings
 - Less pain medications
 - Less surgery
 - Less dialysis
 - Fewer organ transplants

Even when SES and insurance status matched





IOM. Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. Released in 2002.

Factors Associated with HCD

- Patient Characteristics
 - Educational attainment
 - Household income
 - Insurance status
 - Health literacy

- Physician Characteristics
 - Biases
 - Discriminatory behavior
 - Clinical uncertainty
- Systemic Factors



Definition of Health Literacy

 "the ability to obtain, process and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment"



American Medical Association. "Health Literacy." Available at ama-assn.org. Accessed on January 21,

Low Health Literacy

- =poorer health
- =worse outcomes
- =higher rates of health services utilization
- =higher health care costs

Be Aware of Patient's Health Literacy Level!



Larsen "Health Literacy." In Walker PF and Barnett ED Eds. *Immigrant Medicine*. Saunders Elsevier. Philadelphia. 2007: 711-724.

Everyone has Biases

- <u>Explicit Bias</u> has decreased significantly over the past 50 years
- Implicit Bias is common and present

Two Decision Making Routes

System 1 Unconscious Emotion

> Very Fast Involuntary Associative



System 2 Conscious Thinking

Slow Controlled Rule Following



Implicit Responses

Explicit Responses

Implicit Bias

 "an unintentional, unacknowledged preference for one group over another"

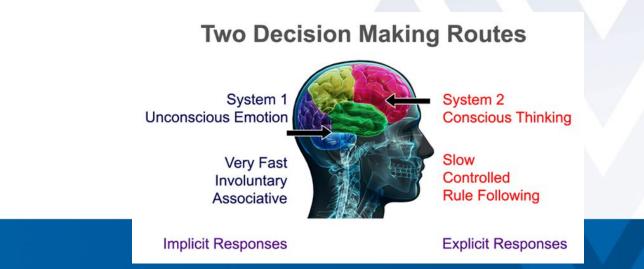
> Institute of Medicine Finding 4.1: Implicit bias is a plausible cause of HCD

> > Chapman et al, 2013



Implicit Bias

- Can be activated quickly and unknowingly by situational cues
- Exerts more influence when individual is stressed, fatigued



Predictors of Increased Implicit Bias

- Having heard negative comments from attendings
- Unfavorable contact with attendings

Negativity Breeds Negativity!

Van Ryn et al, 2015



Implicit Bias and Patient-MD Dyad

- Providers with greater implicit bias:
 - Rated as less "patient-centered"
 - Rated as less knowledgeable about patient
 - Rated as providing poorer communication

Note: Studies concerning implicit bias effects on treatment decisions and health outcomes are lacking



Hall WJ et al. Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systemic review. *American J Public Health*. 2015;105(22):e60-e76.



Keep in Mind.....

 Patients who evaluate their clinicians more positively on patient-centeredness are more satisfied with their care, are more likely to adhere to treatment and follow-up with their clinician, and have better health outcomes

Better Communication = More Patient Satisfaction = Less Law Suits

Multiple References



Examples of Disparities in WV



Health Disparities Profile for WV

Examines 22 health indicators at the state level for different racial and ethnic populations in each of the 50 states + 4

	Non-Hispanic White	Non-Hispanic Black	Hispanic	American Indian/Alaskan Native	Asian/Pacific Islander	State Total	Healthy People 2020 National Target	State Rank
Population (2009) (all ages)	93.9	3.9	1.2	0.2	0.8	1,819,777	+	
Major causes of death (rate per 10	0,000)¶							
All cause	952.2	1,063.5	168.6	177.0	165.9	945.7	+	52
Heart disease	239.0	246.7	54.0	*	*	237.2	+	49
Coronary heart disease	168.2	161.2	*	*	*	166.6	100.8	44
Total cancer	208.8	216.2	*	*	*	206.8	160.6	53
Colorectal cancer	20.1	27.1	*	*	*	20.1	14.5	52
Lung cancer	68.7	55.7	*	*	*	67.7	45.5	53
Stroke	49.1	66.2	*	*	*	49.2	33.8	42
Chronic obstructive pulmonary diseases (age 45 & over)	167.4	88.1	*	*	*	163.6	98.5	52
Diabetes-related	107.5	185.3	*	*	*	108.6	65.8	51
Influenza and pneumonia	19.7	17.2	*	*	*	19.5	+	36
Unintentional injuries	60.5	52.8	*	*	*	59.3	36.0	51
Suicide	14.8	11.5	*	*	*	14.4	10.2	42
Health risk factors (percent) §								
Diagnosed high blood pressure (2007- 2009)	32.4	44.7	33.7	*	*	32.5	26.9	50
Obesity (2008-2010) (age 20 & over)	32.7	46.3	29.6	*	*	32.8	30.6	52
No leisure-time physical activity (2008- 2010)	31.6	36.4	31.0	*	*	31.6	32.6	51
Smoking currently (2008-2010)	27.4	28.8	26.5	*	*	27.5	12.0	54



US Dept of Health and Human Services. Health disparities profiles. Available at: healthstatus2020.com. Accessed on January 12, 2013.



Barriers to Care in WV

 More than half (51.3%) of the population of WV or nearly one million residents live in rural areas in the state



US Census Bureau. Growth in urban population outpaces rest of nation. Available at 2010.census.gov. Accessed on September 7, 2012.

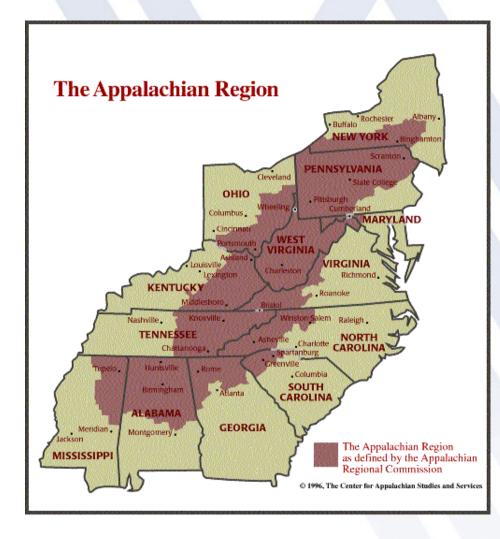
Characteristics of Rural WV

- Has fewer physicians
 - 47/55 counties are Health Professional Shortage
 Areas



US DHHS. Shortage areas by state and county. Data as of May 1, 2013. http:://hpsafind.hrsa.gov?HPSA Search. aspx







Characteristics of Rural WV

- Environmental, transportation, financial and attitudinal barriers:
 - Isolation
 - Trust
 - Poverty
 - Education
 - Fatalism
 - Religion
 - Confidence



Deskins S, Harris CV, Bradlyn AS, **Cottrell L**, Coffman JW, Olex J, **Neal W**. Preventive care in Appalachia: use of theory of planned behavior to identify barriers to participation in cholesterol screenings among West Virginians. *J Rural Health*. 2006;22(4):367-374.



Individual Solutions

- Continue to strive to excel in all competencies, especially Interpersonal and Communication Skills
- Develop and adhere to clinical routines
- Use evidence-based management strategies on all patients



Tackling Implicit Bias

- Increase Self-Awareness; Take IAT
 - <u>https://implicit.harvard.edu/implicit</u>
- Individuating
- Perspective-Taking; Increase Empathy
- Participate in wellness events



Summary

- HCD exist in WV and USA
- HCD associated with the patient, physician and system factors
- Each individual health care provider is a part of the solution to decrease HCD
- Practice, Practice, Practice with each patient encounter



The End



Questions?



Thank-you!

