

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



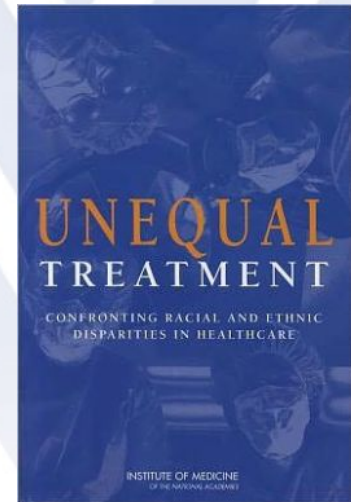
Definitions

- 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.



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**



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”



Low Health Literacy

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

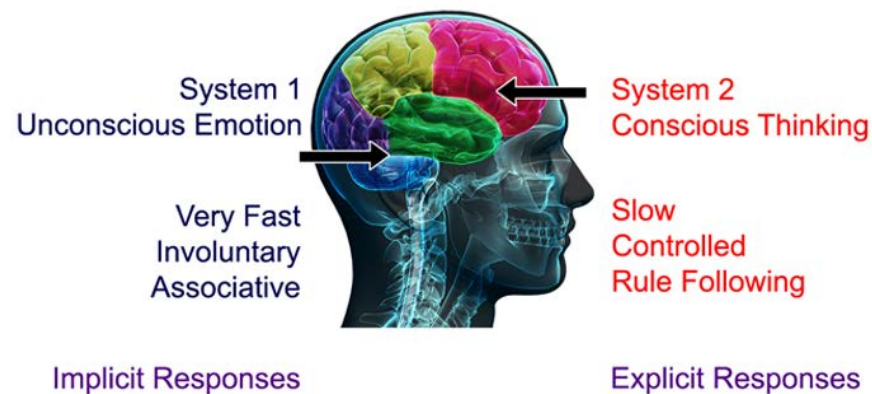
Be Aware of Patient's Health Literacy Level!



Everyone has Biases

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

Two Decision Making Routes



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

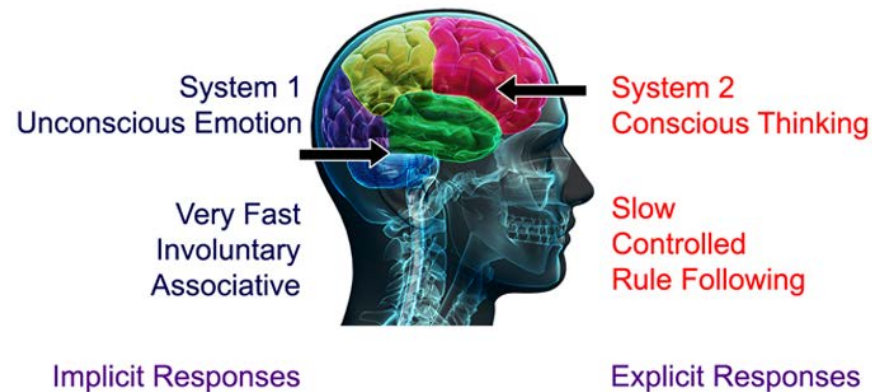
Chapman et al, 2013



Implicit Bias

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

Two Decision Making Routes



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





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

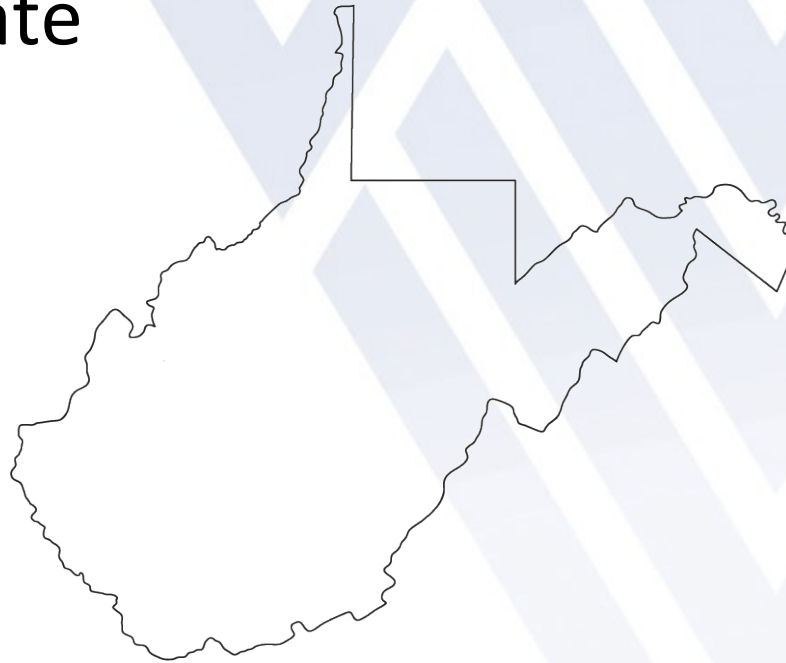
Examines 22 health indicators at the state level for different racial and ethnic populations in each of the 50 states + 4

	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 100,000)¶								
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



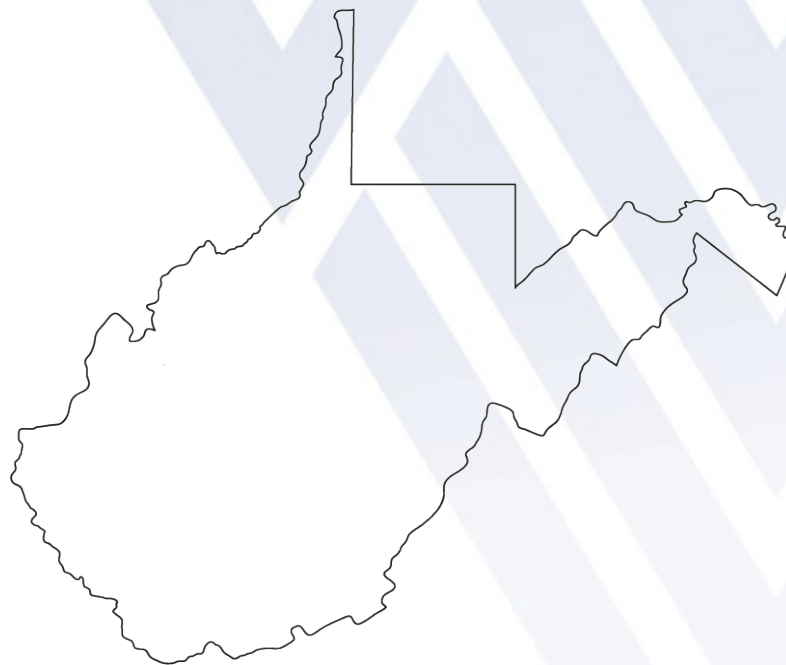
Barriers to Care in WV

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



Characteristics of Rural WV

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



The Appalachian Region





Characteristics of Rural WV

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





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
 - <https://implicit.harvard.edu/implicit>
- 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!

