



Health Care Disparities

THE AMERICAN CRISIS

Kellee Randle, DO, FACOI

- ▶ Graduate of TCOM
- ▶ Internal Medicine
- ▶ Assistant Professor at University of North Texas Health Science Center
- ▶ CEO of Equity Ventures Plus, LLC
- ▶ Equity and Inclusion Consultant



No Financial Disclosures



Learning Objectives

- ▶ Define and understand health disparities
- ▶ Understand who is impacted by health disparities
- ▶ Understand social determinants of health (SDOH) and their implications on patients, health care and the economy
- ▶ Discuss community-based strategies to address disparities
- ▶ Understand the difference between equity and equality
- ▶ Learn tools to improve health literacy

NIH Defines A Health Disparity as...

“...a health difference that adversely affects disadvantaged populations in comparison to a reference population, based on one or more health outcomes.”

The Face of Health Care Disparities

“All populations with health disparities are socially disadvantaged due in part to being subject to racist or discriminatory acts and are underserved in health care.”

The Face of Health Care Disparities

- ▶ People of Ethnic/Racial Groups*
- ▶ Uninsured/Under Insured
- ▶ LGBTQ+
- ▶ Rural Communities
- ▶ Lower Socio-economic Groups
- ▶ Women
- ▶ People Living with Disabilities

How are Health Care Disparities Defined?

Higher incidence and/or prevalence of disease when compared to the reference group

Earlier onset or more aggressive progression of disease than the reference group

Increased morbidity and mortality from specific health conditions

Reduction of life span compared to the reference group

Worse clinical outcomes when compared to the reference group

Worse daily functioning or symptoms from specific conditions (as self-reported by patients)



What Lead to Health Care Disparities?



Social Determinants of Health (SDOH)

What Are Social Determinants of Health?

“Social determinants of health (SDOH) are the **non-medical factors that influence health outcomes**. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.” (WHO)

How Do SDOH Negatively Impact Our Patients?

- Lack of Education
- High rates of Unemployment and job insecurity
- Poor living conditions
- Lack of Transportation
- Food insecurity
- Racism and Discrimination
- Uninsured/Under Insured Communities
- Lack of Access to affordable, quality health services
- Politics over People

How Do SDOH Negatively Impact Our Patients?

- ▶ Lack of Access
 - ▶ Uninsured/Under-Insured
 - ▶ Insured with Work Constraints
 - ▶ Transportation
 - ▶ Financial Constraints
- ▶ Mistrust→Non-Compliance
 - ▶ Systemic Racism
 - ▶ Past Trauma
- ▶ Health Implications
 - ▶ Increased risk of Cancers, Drug/Alcohol abuse
 - ▶ Mental Health
 - ▶ Health Illiteracy

How Do SDOH Financially Impact Health Care?

NEWS RELEASES

Tuesday, May 16, 2023

NIH-funded study highlights the financial toll of health disparities in the United States

Ground-breaking study provides national and state-level estimates of the economic burden of health disparities by race and ethnicity and educational levels.

- ▶ NIMHD; Tulane University School of Public Health and Tropical Medicine, New Orleans; Johns Hopkins Bloomberg School of Public Health, Baltimore; Uniformed Services University, Bethesda, Maryland; TALV Corp, Owings Mills, Maryland; and the National Urban League were published in *JAMA*.

How Do SDOH Financially Impact Health Care?

- ▶ This study is the first to estimate the total economic burden of health disparities for five racial and ethnic minority groups nationally and for all 50 states and the District of Columbia using a health equity approach
- ▶ The health equity approach set aspirational health goals that all populations can strive for derived from the **Healthy People 2030 goals**

How Do SDOH Financially Impact Health Care?

In 2018, health disparities cost the US economy **\$451 Billion** (Up 41% from 2014, where the cost was \$320)

Financial Burden By Racial/Ethnic Group

Racial & Ethnic Minority Groups

Total Burden
Estimated to be

\$451B
Nationwide

\$1,377
Per Person

This is equivalent to
2% of the GDP*

Burden by
Racial & Ethnic Minority Groups

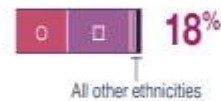
Black/African American ○	\$310B	69%
Hispanic/Latino □	\$94B	21%
American Indian/ Alaska Native ≡	\$26B	6%
Native Hawaiian/ Pacific Islander ◇	\$12B	3%
Asian △	\$8B	2%

Burden by Economic Components
and Racial & Ethnic Minority Groups

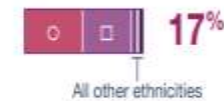
Excess Premature Deaths \$293B



Lost Labor Market Productivity \$81B



Excess Medical Care Costs \$77B



Burden Per Person By State



Up to \$600	CO, CT, IA, MA, ME, MT, NH, NE, OR, VT, WA, WI, WY
\$601-\$1,000	CA, ID, KS, KY, MO, MN, NY, UT
\$1,001-\$1,500	AZ, DE, IN, ND, NJ, OH, PA, TX, VA
\$1,501-\$2,000	AR, FL, MI, NC, OK, SD, TN
\$2,001-\$3,000	AL, DC, GA, IL, MD, NM, NV, SC, RI
\$3,001-\$5,000	AK, HI, LA, MS

*Gross domestic product (GDP)



Financial Burden By Educational Level

Educational Levels

Total Burden
Estimated to be

\$978B
Nationwide

\$2,988
Per Person

This is equivalent to
5% of the GDP*

Burden by
Educational Levels

Less than High School ☉	\$256B	26%
High School/GED ☐	\$593B	61%
Some College ◆	\$128B	13%

Burden by Economic Components
and Educational Levels

Excess Premature Deaths \$649B



Lost Labor Market Productivity \$174B



Excess Medical Care Costs \$155B



Burden Per Person By State



Up to \$2,100	CA, CO, CT, HI, NY, MA, MN, UT
\$2,101 - \$2,500	AZ, ID, IL, ND, NJ, RI, TX, WI
\$2,501 - \$2,800	FL, IA, MT, NE, NV, OR, WA, VA
\$2,801 - \$3,400	AR, IN, ME, MI, MO, NM, OH, OK
\$3,401 - \$4,400	AK, DC, GA, KS, MD, NH, PA, SD, WY, VT
\$4,401 - \$8,500	AL, DE, KY, LA, MS, NC, SC, TN, WV

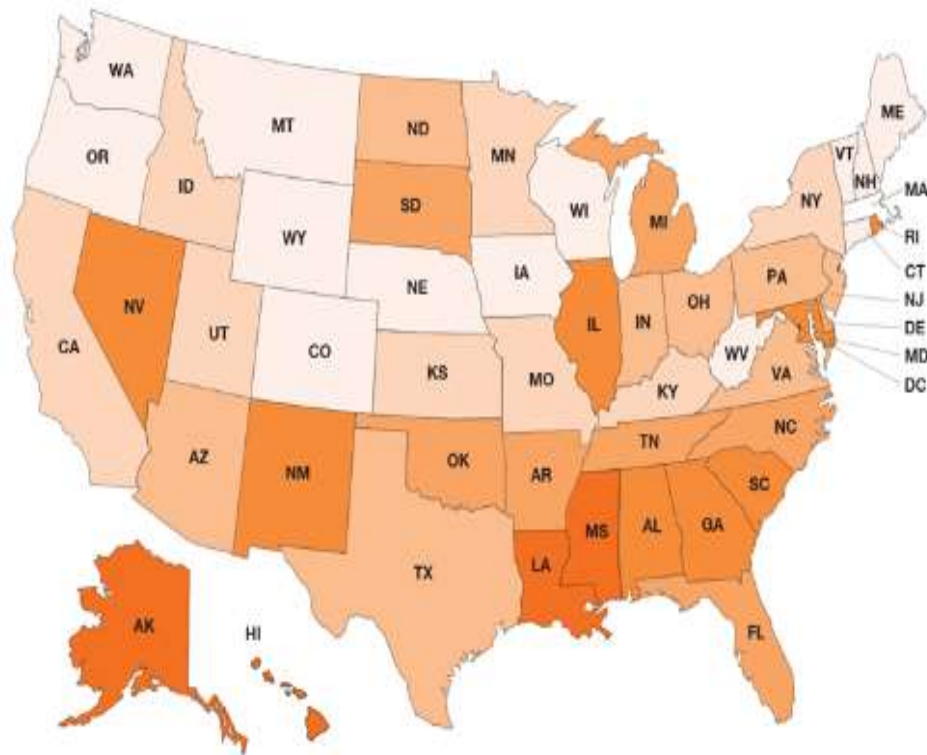


Source: The Economic Burden of Racial, Ethnic and Educational Health Inequities in the United States. LaVeist, Pérez-Stable, Richard, Anderson, Isaac, Santiago, Okoh, Breen, Farhat, Assenow, Gaskin. JAMA, 2023



Financial Burden By State

Burden Per Person By State



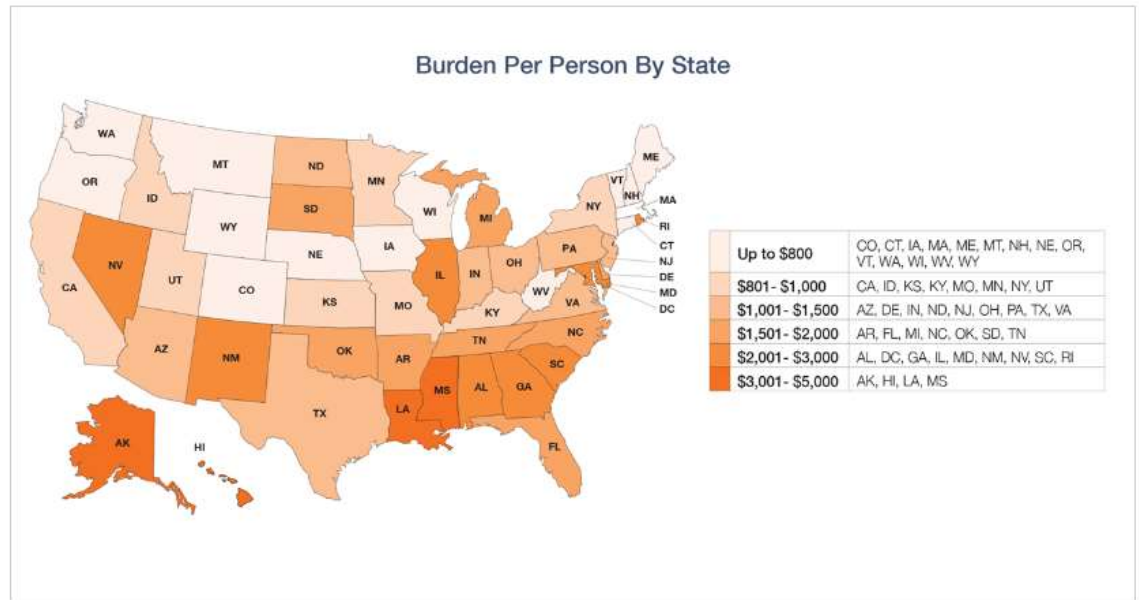
Up to \$800	CO, CT, IA, MA, ME, MT, NH, NE, OR, VT, WA, WI, WY, WY
\$801 - \$1,000	CA, ID, KS, KY, MO, MN, NY, UT
\$1,001 - \$1,500	AZ, DE, IN, ND, NJ, OH, PA, TX, VA
\$1,501 - \$2,000	AR, FL, MI, NC, OK, SD, TN
\$2,001 - \$3,000	AL, DC, GA, IL, MD, NM, NV, SC, RI
\$3,001 - \$5,000	AK, HI, LA, MS

US Educational System Rankings

- ▶ BEST: Florida, New Jersey, Massachusetts, Colorado, Connecticut, Wisconsin
- ▶ WORST: West Virginia, Mississippi, Louisiana, Arkansas, Alaska, New Mexico

The Impact of Education on the Cost of Health Care

- ▶ **BEST:** Florida, New Jersey, Massachusetts, Colorado, Wisconsin
- ▶ **WORST:** West Virginia, Mississippi, Louisiana, Arkansas, Alaska, New Mexico



Burden By State

Five states with the highest burden were among the most populous states:

- Texas (\$41 billion)
- California (\$40 billion)
- Illinois (\$29 billion)
- Florida (\$27 billion)
- Georgia (\$21 billion)

Key Findings From the NIH Study



- Most of the economic burden for racial and ethnic inequities (69%) was carried by the Black/African American population due to the level of premature mortality
- Native Hawaiian/Pacific Islander (\$23,225) and American Indian/Alaska Native (\$12,351) populations had the highest economic burden per person
- Five states with the highest burden of racial and ethnic health inequities were among the most populous and diverse states: Texas (\$41 billion), California (\$40 billion), Illinois (\$29 billion), Florida (\$27 billion), and Georgia (\$21 billion)
- Black/African American persons had the highest economic burden of racial and ethnic health inequities in most states (33), followed by Hispanic/Latino (9 states), American Indian/Alaska Native (8 states), and Native Hawaiian/Pacific Islanders (1 state)
- The burden of racial and ethnic health inequities relative to each state's GDP varied from 0.14% (Vermont) to 8.89% (Mississippi); 17 states had a burden higher than the annual growth rate of the U.S. economy in 2018

What Can We
DO?

Actionable (Community Centered) Steps to Improve Communities

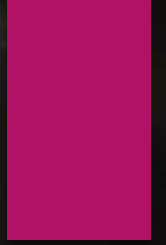
- Income and social protection
- Access to Quality Education and Early childhood development
- Safer Communities/Community Centered Policing
- Food Security
- Housing and basic amenities
- Social inclusion and Anti-racism agendas
- Access to affordable, quality health care services



Sounds Good...But How?



Community Centered Approach



Who Should Be Involved?

- ▶ Communities
- ▶ Public Officials/Policy Makers
- ▶ Private Entities
- ▶ Private Citizens
- ▶ Health Care Community (US)
- ▶ Anyone with a Stake in Health Care

Healthy People 2030 Initiative

- ▶ Initiative spearheaded by US Department of Health and Human Services (Office of Disease Prevention and Health Promotion)
- ▶ Established in 1979 as the nation's largest public health initiative
- ▶ **Goal: “Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.”**

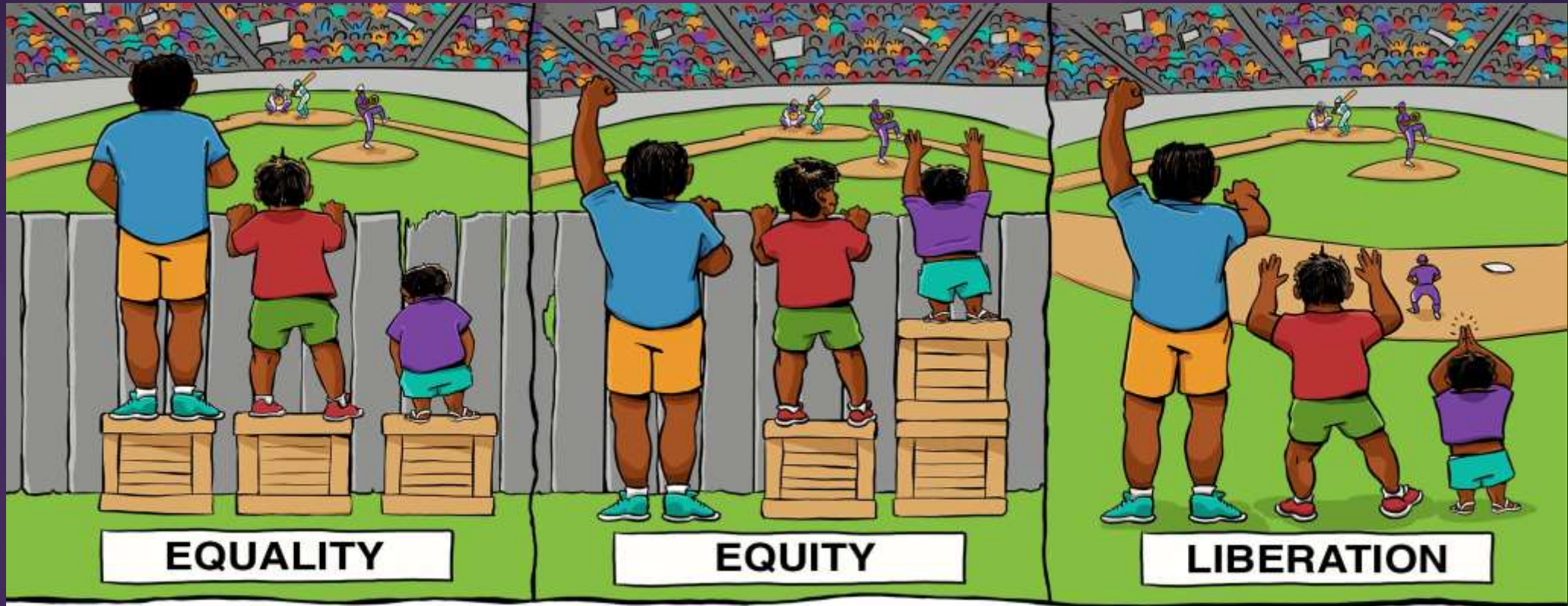
Healthy People 2030 Initiative

- ▶ 359 Measurable Objectives
- ▶ Framework for agencies and individuals working towards health equity
- ▶ Strategy: Focus on 3 Areas
 - ▶ Address the 5 Tenets of SDOH
 - ▶ Health Equity
 - ▶ Health Literacy (Personal and Organizational)

5 Tenets of SDOH

- ▶ **Economic Stability**
 - ▶ Goal: Help people earn steady incomes to allow them to meet health needs
- ▶ **Education Access and Quality**
 - ▶ Goal: Increase educational opportunities and help children/adolescents do well in school
- ▶ **Health Care Access and Quality**
 - ▶ Goal: Increase access to comprehensive, high quality health care services
- ▶ **Neighborhood and Built Environment**
 - ▶ Goal: Create neighborhoods and environments that promote health and safety
- ▶ **Social and Community Context**
 - ▶ Goal: Increase social and community support

Equity, Not Equality



Health Literacy

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others

Ways to Increase Health Literacy

- ▶ Exhibit Compassion
- ▶ Mutual Respect
- ▶ Encourage Autonomy
- ▶ Be Inclusive
- ▶ Get to know your patients
- ▶ Use a translator for patients whose primary language is not English (or your native tongue)
- ▶ Provide resources to your patients
- ▶ Explain and explain again
- ▶ Encourage Note Taking

Food For Thought...

- ▶ Patient Compliance/What are the Barriers?
 - ▶ Patient cannot afford medications
 - ▶ Language barriers
 - ▶ Lack of Understanding/Lack of Education
 - ▶ Other SDOH
- ▶ Implicit Bias
 - ▶ Are we making unfounded assumptions about our patients?
 - ▶ Are those assumptions affecting the clinical decisions we make?
 - ▶ How do we create safe spaces to discuss our biases and then address them?

Question 1

- ▶ Which of the following best defines a health disparity?
 - ▶ A. A difference that adversely affects disadvantaged populations
 - ▶ B. A non-medical factor that influences health outcomes
 - ▶ C. A system of economic policies
 - ▶ D. A social outcome that is not influenced by conditions in which people are born

Question 1

- ▶ Which of the following best defines a health disparity?
- ▶ A. A difference that adversely affects disadvantaged populations
- ▶ B. A non-medical factor that influences health outcomes
- ▶ C. A system of economic policies
- ▶ D. A social outcome that is not influenced by conditions in which people are born

Question 2

- ▶ Social determinants of health are...
- ▶ A. Non-reversible factors that influence health outcomes
- ▶ B. Not influenced by social systems
- ▶ C. Non-medical factors that influence health outcomes
- ▶ D. Unrelated to healthcare outcomes

Question 2

- ▶ Social determinants of health are...
- ▶ A. Non-reversible factors that influence health outcomes
- ▶ B. Not influenced by social systems
- ▶ C. Non-medical factors that influence health outcomes
- ▶ D. Unrelated to healthcare outcomes

Question 3

- ▶ Which of the following are associated with increased health care spending?
 - ▶ A. Level of education
 - ▶ B. Socioeconomic status
 - ▶ C. State of residence
 - ▶ D. Race/Ethnicity
 - ▶ E. All of the above

Question 3

- ▶ Which of the following are associated with increased health care spending?
- ▶ A. Level of education
- ▶ B. Socioeconomic status
- ▶ C. State of residence
- ▶ D. Race/Ethnicity
- ▶ E. All of the above

Question 4

- ▶ The best approach to addressing disparities includes which of the following?
- ▶ A. State mandates
- ▶ B. Federal mandates
- ▶ C. Community driven solutions
- ▶ D. It is not necessary to address disparities

Question 4

- ▶ The best approach to addressing disparities includes which of the following?
- ▶ A. State mandates
- ▶ B. Federal mandates
- ▶ C. Community driven solutions
- ▶ D. It is not necessary to address disparities

Question 5

- ▶ Which of the following is not addressed by Healthy People 2030?
- ▶ A. SDOH
- ▶ B. Equality
- ▶ C. Equity
- ▶ D. Health literacy

Question 5

- ▶ Which of the following is not addressed by Healthy People 2030?
 - ▶ A. SDOH
 - ▶ B. Equality
 - ▶ C. Equity
 - ▶ D. Health literacy



Questions?

Thank You!