Primary Care Strategies to Eliminate Racial/Ethnic Disparities in Women of Color

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St. Francis PHO 7th Annual Medical Management Conference
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Objectives

- Objective 1: Identify distinct health issues disproportionately impacting women of color
- Objective 2: Review disparities in health and health care for women of color at the state and national level
- Objective 2: Discuss established interventions and strategies to improving quality and eliminating disparities for...
Outline

I. Women’s Health in the US
II. Racial/Ethnic Disparities
   a. National
   b. State of Connecticut
III. Strategies and Solutions
IV. Summary
Women’s Health in the US

- Health needs & utilization are dynamic
- Mental health often overlooked
- Uninsured have worse outcomes
- Insured women also experience barriers
- Health care costs – an increasing challenge
- Poorer health = more obstacles
- Health care leaders in their families
- Many missed opportunities for counseling
- Racial/ethnic minority women and
Distribution of U.S. Population by Race/Ethnicity, 2000 and 2050

NOTES: Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marina Islands. “Other” category includes American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, and individuals reporting “Two or more races.” African-American, Asian, and Other categories jointly double-count 1% (2000) and 2% (2050) of the population that is of these races and Hispanic; thus, totals may not add to 100%.


Monday, December 14, 2009
Disparities in Women of Color—
Selected Health & Health Care Disparities

• Health Care:
  - Health Insurance
  - Access to care
  - Health care costs
  - Regular health care provider
  - Doctor–patient counseling

• Health:
  - Cancer and cancer screening
  - Cardiovascular disease
  - Obesity
  - Pregnancy & prenatal care

Monday, December 14, 2009
Health Insurance Coverage of Women Ages 18 to 64, by Race/Ethnicity, 2006

- **White**: 80% covered, 13% uninsured
- **African-American**: 60% covered, 23% uninsured
- **Hispanic**: 47% covered, 39% uninsured
- **Am. Indian/Alaska Native**: 47% covered, 33% uninsured
- **Asian/Pacific Islander**: 74% covered, 19% uninsured

**NOTE**: Includes women ages 18 to 64. Other includes Medicare, TRICARE, and other sources of coverage.


Monday, December 14, 2009
Women’s Barriers to Health Care by Income, 2004

Percent Reporting Delaying or Forgoing Needed Care in the Past 12 Months Due to:

- **All Women**
- **Low-income <200% FPL**
- **Non-Poor 200%+ FPL**

<table>
<thead>
<tr>
<th>Reason</th>
<th>All Women</th>
<th>Low-income &lt;200% FPL</th>
<th>Non-Poor 200%+ FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Insurance</td>
<td>19%</td>
<td>12%</td>
<td>33%</td>
</tr>
<tr>
<td>Couldn't find time</td>
<td>19%</td>
<td>19%</td>
<td>7%</td>
</tr>
<tr>
<td>Child care problems</td>
<td>21%</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>Transportation problems</td>
<td>18%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>17%</td>
<td>13%</td>
<td>7%</td>
<td>20%</td>
</tr>
</tbody>
</table>

NOTE: Includes women ages 18 and older. 200% of the FPL was $29,552 for a family of three in 2004.

*Significantly different from 200% of poverty and higher, p<.05.
^Among women who are employed. ^^ Among women with children younger than 18 years living in household.


Monday, December 14, 2009
**Exhibit 5a**

**Delayed or Went Without Care Because of Cost, by Selected Characteristics, Women Ages 18 and Older**

Percent reporting they delayed or went without care they thought they needed in the past year because of the cost:

- **Total Women**: 24%
- **Men**: 20%

**Age Group**
- **18 to 44**: 30%*
- **45 to 64**: 23%
- **65 and Older**: 9%*

**Race/Ethnicity**
- **African American**: 30%*
- **Latina**: 32%*
- **White**: 21%

**Health Status**
- **Excellent to Good**: 21%
- **Fair/Poor**: 37%*

*Significantly different from reference group (45 to 64, White, excellent to good), p <.05.

Data source: 2004 Kaiser Women's Health Survey, Kaiser Family Foundation.
Asians and Hispanics are more likely than whites and blacks to go without needed care

Percentage of adults ages 18 to 64 reporting not always getting care when needed, 2006

* Compared with whites, differences remain statistically significant after adjusting for income.


Monday, December 14, 2009
Exhibit 6a
Women With a Regular Health Care Provider, by Selected Characteristics, Ages 18 and Older

<table>
<thead>
<tr>
<th>Total</th>
<th>Women</th>
<th>83%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>73%*</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 44</td>
<td></td>
<td>75%*</td>
</tr>
<tr>
<td>45 to 64</td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td>65 and Older</td>
<td></td>
<td>95%*</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td>81%</td>
</tr>
<tr>
<td>Latina</td>
<td></td>
<td>64%*</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>87%</td>
</tr>
<tr>
<td>Poverty Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 200% of Poverty</td>
<td></td>
<td>75%*</td>
</tr>
<tr>
<td>200% of Poverty or Higher</td>
<td></td>
<td>88%</td>
</tr>
<tr>
<td>Insurance Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td>89%</td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td>81%*</td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td>95%*</td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
<td>50%*</td>
</tr>
</tbody>
</table>

*Significantly different from reference groups (Women, 45 to 64, White, 200% of poverty and higher, Private), p < .05.

Note: 200% of the federal poverty threshold was $29,552 for a family of three in 2004.

Data source: 2004 Kaiser Women’s Health Survey, Kaiser Family Foundation.
Hispanics are least likely of all racial/ethnic groups to use a private doctor and most likely to use a community health center as their usual place of care.

Percentage of adults ages 18 to 64 by usual place of care, 2006

* Compared with whites, differences remain statistically significant after adjusting for insurance or income.

Minority women have lower rates of breast cancer than white women, but black women are more likely to die from the disease.

**Incidence**

<table>
<thead>
<tr>
<th>Minority</th>
<th>2003 Incidence per 100,000 female population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>121</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>131</td>
</tr>
<tr>
<td>Black</td>
<td>119</td>
</tr>
<tr>
<td>Hispanic</td>
<td>80</td>
</tr>
<tr>
<td>AI/AN</td>
<td>38</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>50</td>
</tr>
</tbody>
</table>

**Mortality**

<table>
<thead>
<tr>
<th>Minority</th>
<th>2000-2003 Mortality per 100,000 female population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>26</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>26</td>
</tr>
<tr>
<td>Black</td>
<td>34</td>
</tr>
<tr>
<td>Hispanic</td>
<td>16</td>
</tr>
<tr>
<td>AI/AN</td>
<td>13</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>13</td>
</tr>
</tbody>
</table>

AI/AN = American Indian/Alaska Native.

Note: Data are age adjusted.


Monday, December 14, 2009
Cancer Screening Rates by Race/Ethnicity*, 2003

Breast Cancer (Mammography)
- White, Non-Hispanic: 70.4%
- Hispanic: 65.1%
- African-American, Non-Hispanic: 70.0%
- Asian: 58.2%

Cervical Cancer (Pap Test)
- White, Non-Hispanic: 80.2%
- Hispanic: 74.6%
- African-American, Non-Hispanic: 82.6%
- Asian: 67.8%

Colon and Rectum Cancer (Fecal Occult Blood Test)
- White, Non-Hispanic: 22.7%
- Hispanic: 15.4%
- African-American, Non-Hispanic: 22.3%
- Asian: 18.3%

NOTES: * Data for American Indians/Alaska Natives and Native Hawaiians/Pacific Islanders do not meet the criteria for statistical reliability, data quality or confidentiality. Age-adjusted percentages of women 40 and older who reported a mammography within the past 2 years, women 18 and older who reported a pap test within the past 3 years, and adults 50 and older (male and female) who reported a fecal occult blood test within the past 2 years.

Disparities in Women of Color –
Connecticut Profile

<table>
<thead>
<tr>
<th>Problem/Diagrapy</th>
<th>Group Most Affectaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease deaths</td>
<td>African-Americans</td>
</tr>
<tr>
<td>Cancer deaths</td>
<td>African-Americans</td>
</tr>
<tr>
<td>Stroke deaths</td>
<td>African-Americans</td>
</tr>
<tr>
<td>Diabetes-related deaths</td>
<td>African-Americans, Hispanics, AI/AN</td>
</tr>
<tr>
<td>Obesity</td>
<td>African-Americans, Hispanics, AI/AN</td>
</tr>
<tr>
<td>Adult Insurance Coverage</td>
<td>Hispanics, AI/AN</td>
</tr>
</tbody>
</table>
Connecticut Profile

- Teenage births & Birth Weight
  - Puerto Ricans 3.5x more likely than all groups
  - Puerto Ricans 7.3x more likely than whites
  - Low Birth weight highest in African-Americans

- Minorities with higher rates of STDs, HIV/AIDS, infant mortality

- African-American women:
  - Less likely to receive or understand mammogram reports than white women
  - More likely to experience inadequate communication about mammogram results
    - 31% with abnormal results
Primary Care Strategies to Reduce/Eliminate Disparities

Quality Improvement

Medical Homes

Chronic Care Model
Reducing Health Disparities in Women of Color

- Comprehensive, multi-level strategies
  - Legal, payor and regulatory environments
  - Patients and society
  - Health care systems and providers

- Current & future recommendations that address women should consider:
  - Multiple roles of women (parent, worker, HOH, caretaker, etc)
  - Trust and cultural beliefs unique to women
  - Improving provider’s quality of care
EQUITABLE

PATIENT-CENTERED

SAFE

QUALITY (IOM)

EFFECTIVE

EFFICIENT

TIMELY
Quality & Disparities

Patient-Centered Care and Evidence-Based Care

Customizing Care

Reduction or Elimination of Disparities

Quality Improvement
The Medical Home

“A model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care.”
Patient–Centered Medical Home

- Personal physician
- Physician–directed medical practice
- Whole–person orientation
- Coordinated and integrated care
- Quality and Safety are hallmarks
- Enhanced access
- Payment reflects added value provided
## Indicators of a Medical Home
### (adults 18–64)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Percent</th>
<th>White</th>
<th>African American</th>
<th>Hispanic</th>
<th>Asian American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular doctor or source of care</td>
<td>142</td>
<td>80</td>
<td>85</td>
<td>79</td>
<td>57</td>
<td>84</td>
</tr>
<tr>
<td>Among those with a regular doctor or source of care . . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not difficult to contact provider over telephone</td>
<td>121</td>
<td>85</td>
<td>88</td>
<td>82</td>
<td>76</td>
<td>84</td>
</tr>
<tr>
<td>Not difficult to get care or medical advice after hours</td>
<td>92</td>
<td>65</td>
<td>65</td>
<td>69</td>
<td>60</td>
<td>66</td>
</tr>
<tr>
<td>Doctors’ office visits are always or often well organized and on time</td>
<td>93</td>
<td>66</td>
<td>68</td>
<td>65</td>
<td>60</td>
<td>62</td>
</tr>
<tr>
<td>All four indicators of medical home</td>
<td>47</td>
<td>27</td>
<td>28</td>
<td>34</td>
<td>15</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: Commonwealth Fund 2006 Health Care Quality Survey.

Monday, December 14, 2009
Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it

- **Medical home**
- Regular source of care, not a medical home
- No regular source of care/ER

Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends

Source: Commonwealth Fund 2006 Health Care Quality Survey.

Monday, December 14, 2009
When African Americans and Hispanics Have Medical Homes They Are Just as Likely as Whites to Receive Reminders for Preventive Care Visits

Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctors’ office

Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends.

Source: Commonwealth Fund 2006 Health Care Quality Survey.

Monday, December 14, 2009
Adults Who Are Sent Reminders Are More Likely to Receive Preventive Screening

**Adults ages 18–64 who had their cholesterol checked in past five years**
- Reminder: 82%
- No reminder: 50%

**Women ages 40–64 who received a mammogram in past two years**
- Reminder: 79%
- No reminder: 62%

**Men ages 40–64 who received a screen for prostate cancer in past two years**
- Reminder: 70%
- No reminder: 37%

* Compared with reminders, differences remain statistically significant after adjusting for income or insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey.

Monday, December 14, 2009
Community Health Centers Serve Large Numbers of Uninsured Adults and Insured Adults with Low Incomes

Uninsured any time
46.8 million

- No regular place of care: 15%
- ER: 12%
- Hospital outpatient: 5%
- Community health center: 20%
- Other: 6%

Doctor's office: 41%

Insured, income below 200% poverty
22.2 million

- No regular place of care: 2%
- ER: 4%
- Hospital outpatient: 4%
- Community health center: 20%
- Other: 6%

Doctor's office: 65%

Note: Percentages may not sum to 100% because of rounding.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

Monday, December 14, 2009
Hispanics and African Americans Are More Likely to Rely on Community Health Centers as Their Regular Place of Care

<table>
<thead>
<tr>
<th>Percent of adults 18–64</th>
<th>Doctor's office</th>
<th>Community health center</th>
<th>Hospital outpatient/Other</th>
<th>ER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hispanic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>21</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td><strong>African American</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>62</td>
<td>13</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td><strong>Asian American</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>75</td>
<td>7</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>77</td>
<td>9</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>69</td>
<td>11</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

* Compared with whites, differences remain statistically significant after adjusting for insurance or income.

Source: Commonwealth Fund 2006 Health Care Quality Survey.
Community Health Center, Inc.

164 Community and School Based Sites

Monday, December 14, 2009
CHC’s Commitment to Reducing Disparities in Women of Color

- Multi-Disciplinary Care
- Patient-Centered Care & Self-Management
- Customer Service
- Data Driven Improvements
- Increased Access & Assistance
- Planned Care & Chronic Care Model
- Training and Education
- Research & Development
- EHR & IT

CHC, Inc.
Summary: Reducing Disparities in

- Awareness, leadership and advocacy
- Improve access to services and care
- Data collection and research
  - Focus on intersection of race/ethnicity & gender
- Health systems interventions
  - Should reflect how gender, culture, language influence health and care
- Education and training
- Health literacy and
Resources

- Community Health Center, Inc.
- The Office on Women’s Health in the U.S. Department of Health and Human Services
- NCQA: National Center for Quality Assurance
- National Centers of Excellence in Women's Health
- The Henry J. Kaiser Family Foundation
- Women's Health: Advancing Women's Health Through Science and Information
References

- “Women and Health Care: A National Profile,” Kaiser Family Foundation, July 2005
Thank You!

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