



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



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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

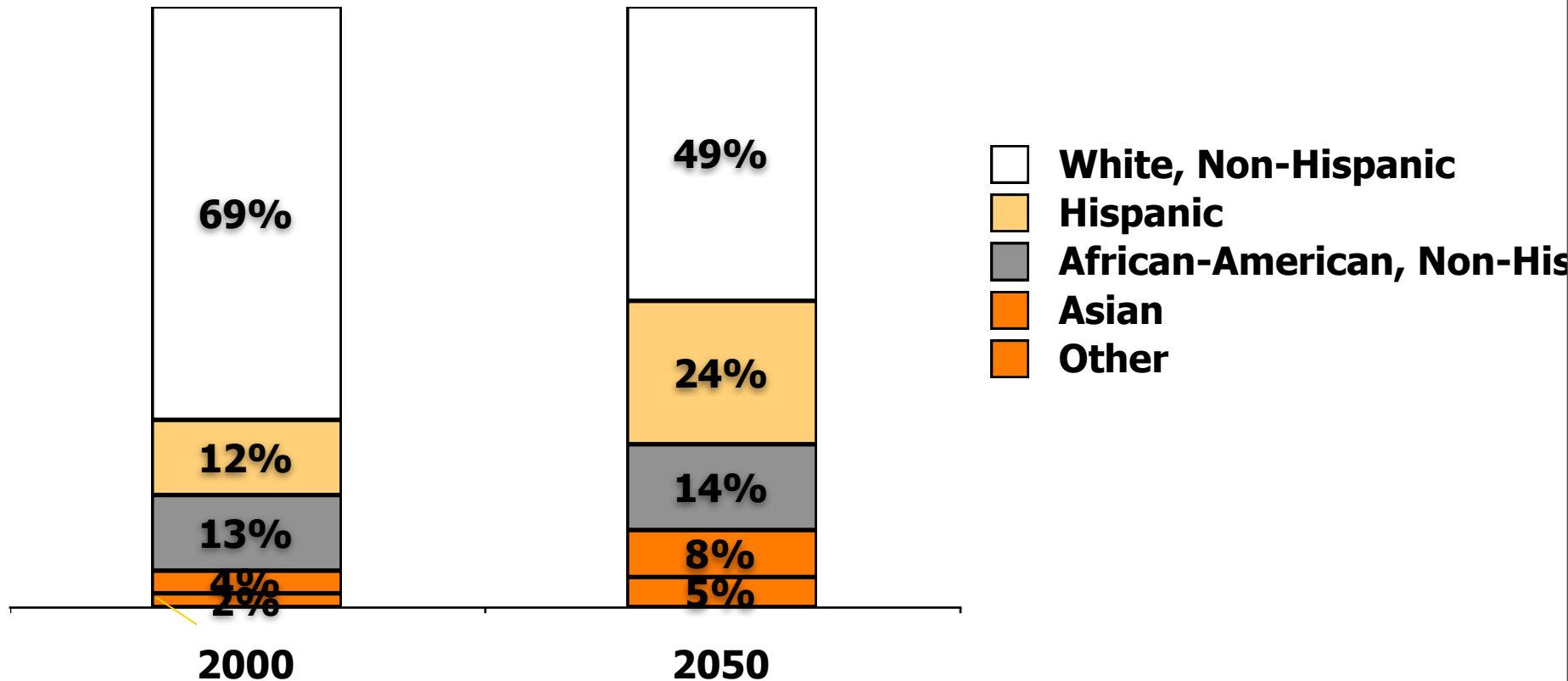
- I. Women's Health in the US
- II. Racial/Ethnic Disparities
 - a. National
 - b. State of Connecticut
- III. Strategies and Solutions
- IV. Summary



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



Total = 282.1 million Total = 419.9 million

NOTES: Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana 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%.

SOURCE: Kaiser Family Foundation, based on <http://www.census.gov/population/www/projections/popproj.html>, U.S. Census Bureau, 2004, US Interim Projections by Age, Sex, Race, and Hispanic Origin.



Disparities in Women of Color–



Selected Health & Health Care Disparities

•Health Care:

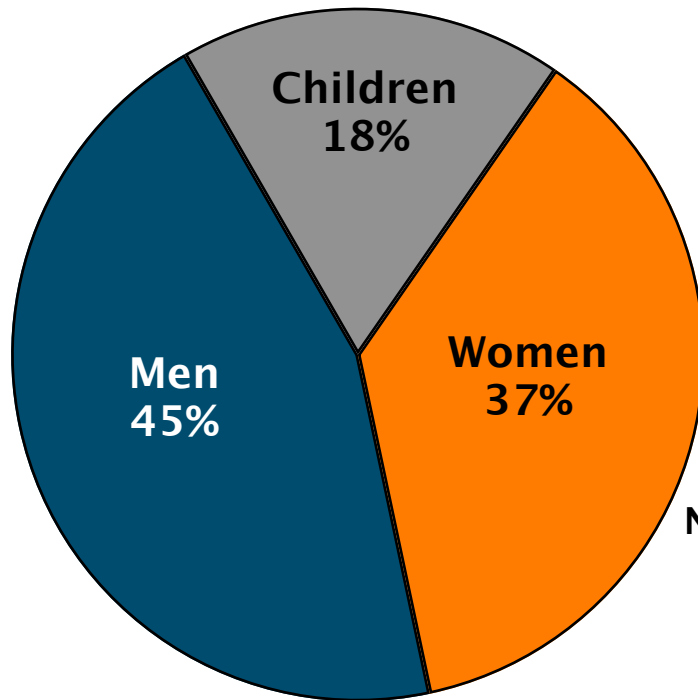
- Health Insurance
- Access to care
- Health care costs
- Regular health care provider
- Doctor-patient counseling

•Health:

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

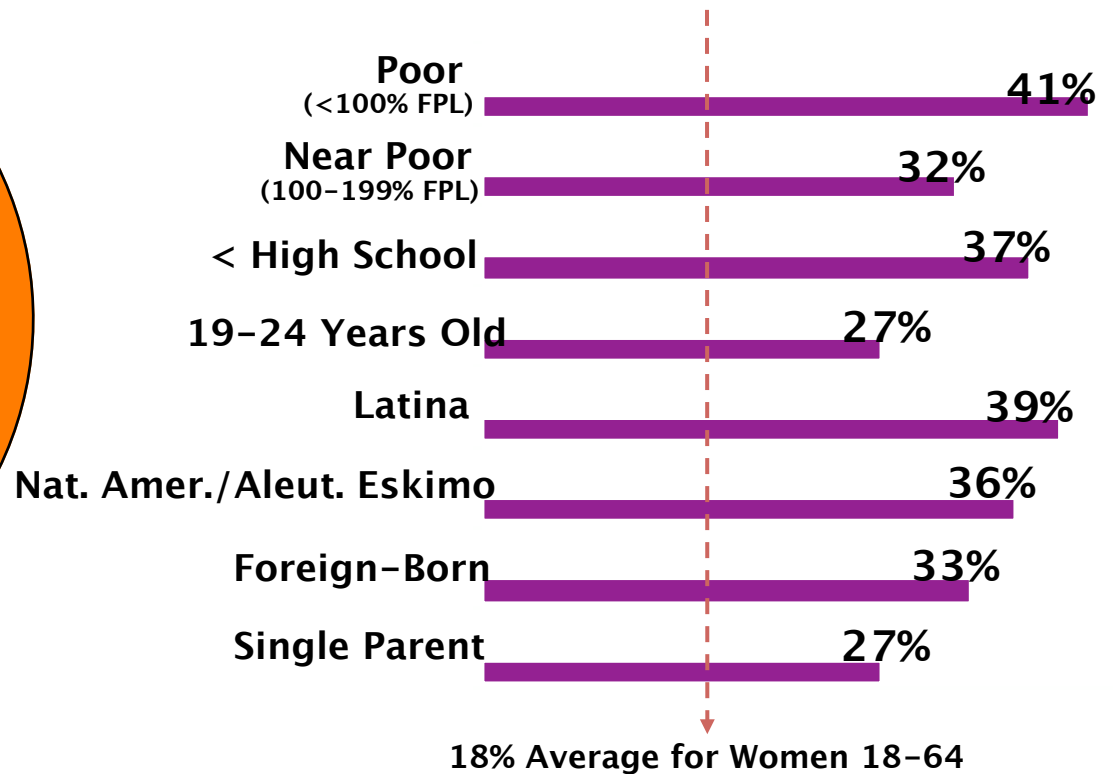
Uninsured Women: Who is at Risk?

Distribution of Uninsured, 2006



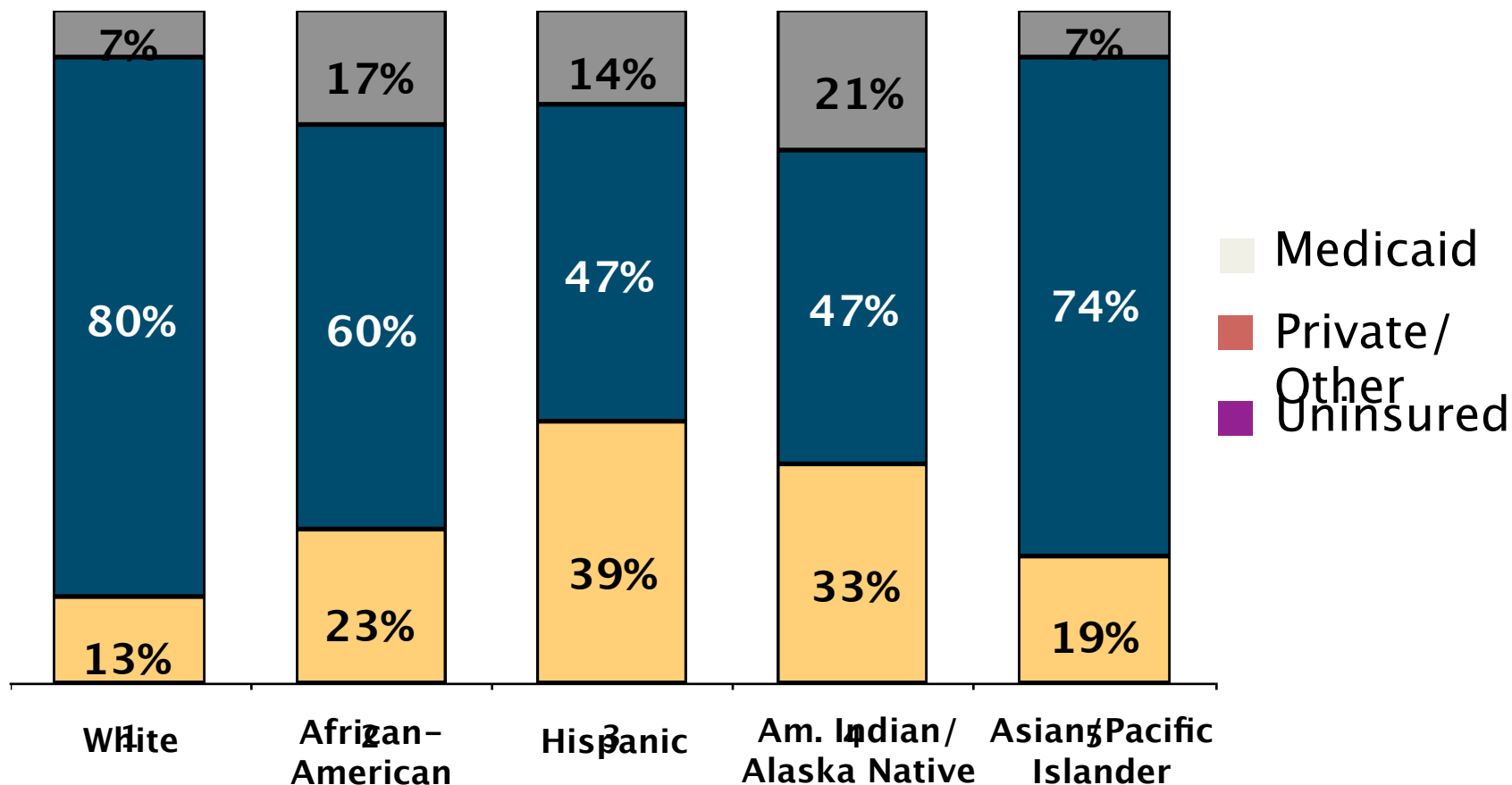
Total = 46.5 Million

Percentage of Women Who Are Uninsured, 2006:



SOURCE: Kaiser Commission on Medicaid and the Uninsured and Urban Institute tabulations of 2007 ASEC Supplement to the Current Population Survey. The Federal Poverty Threshold for a family of three in 2006 was \$16,327.

Health Insurance Coverage of Women Ages 18 to 64, by Race/Ethnicity, 2006

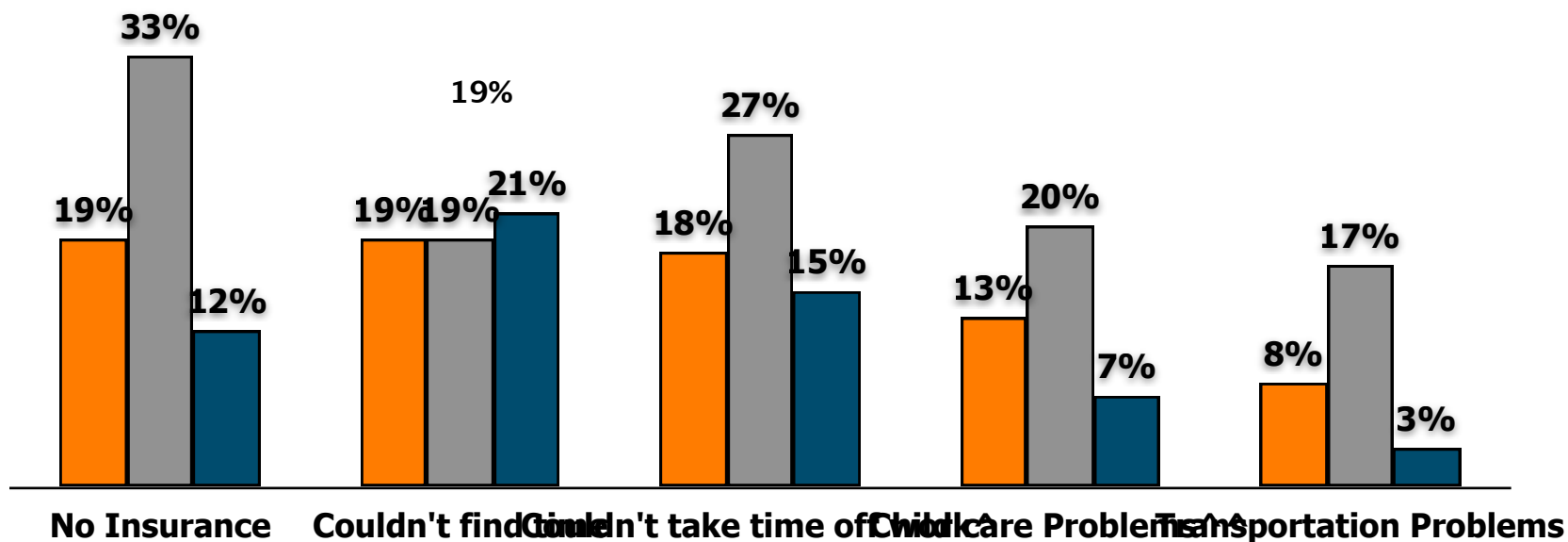


NOTE: Includes women ages 18 to 64. Other includes Medicare, TRICARE, and other sources of coverage.
SOURCE: Kaiser Family Foundation analysis of the March 2007 Current Population Survey, U.S. Census Bureau.

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



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, $p < .05$.

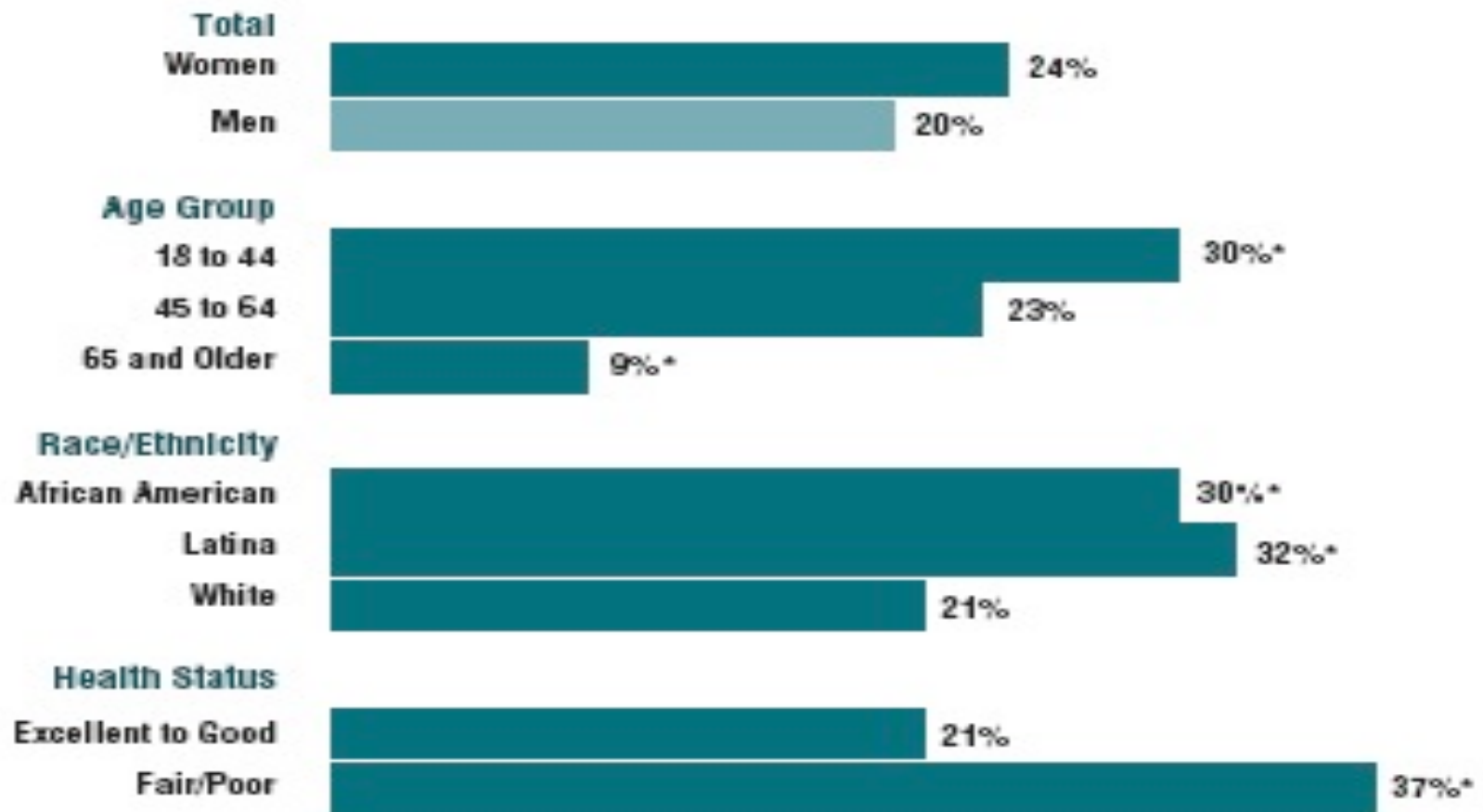
^Among women who are employed. ^^ Among women with children younger than 18 years living in household.

SOURCE: Kaiser Family Foundation, 2004 Kaiser Women's Health Survey.

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:

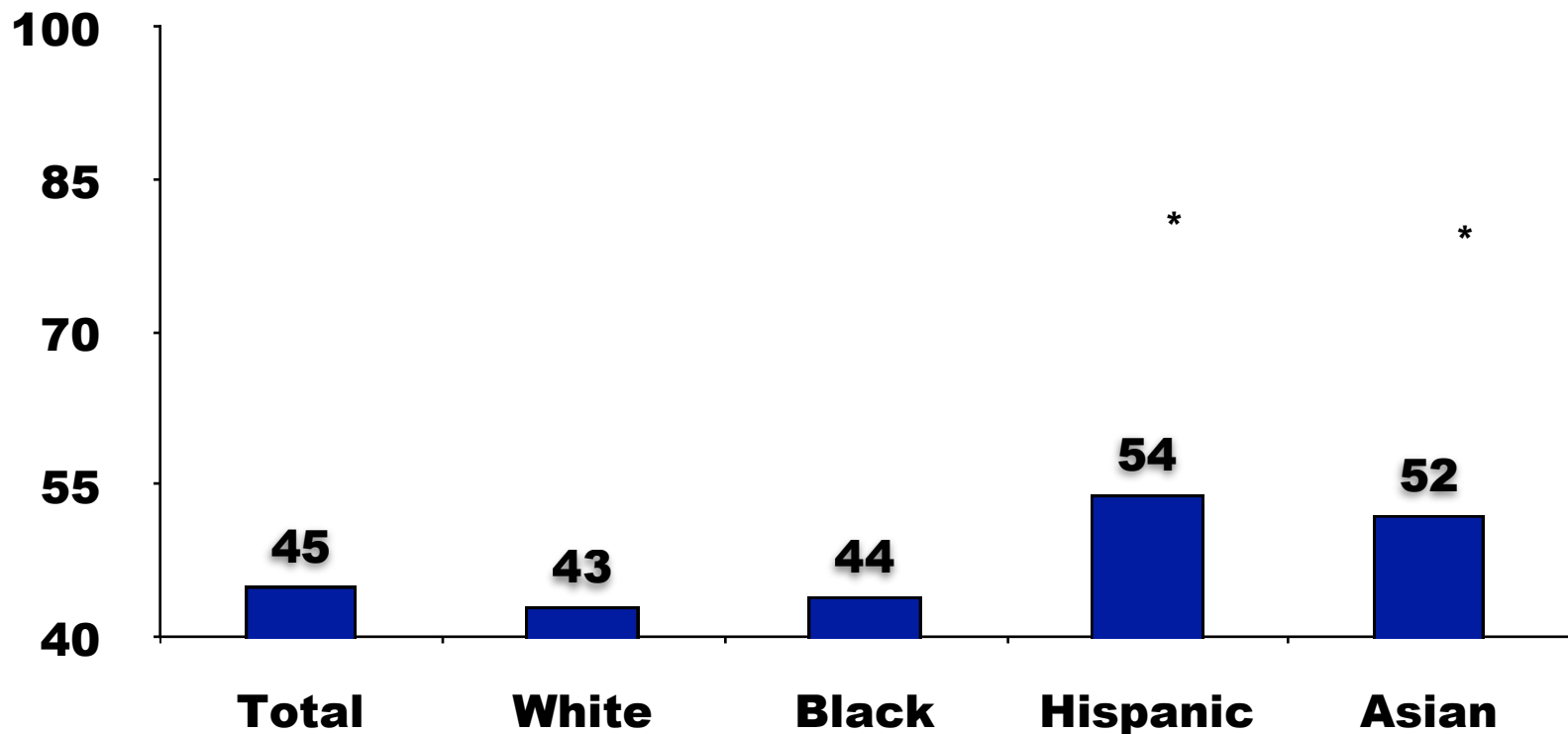


*Significantly different from reference group (45 to 64, White, excellent to good), $p < .05$.

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

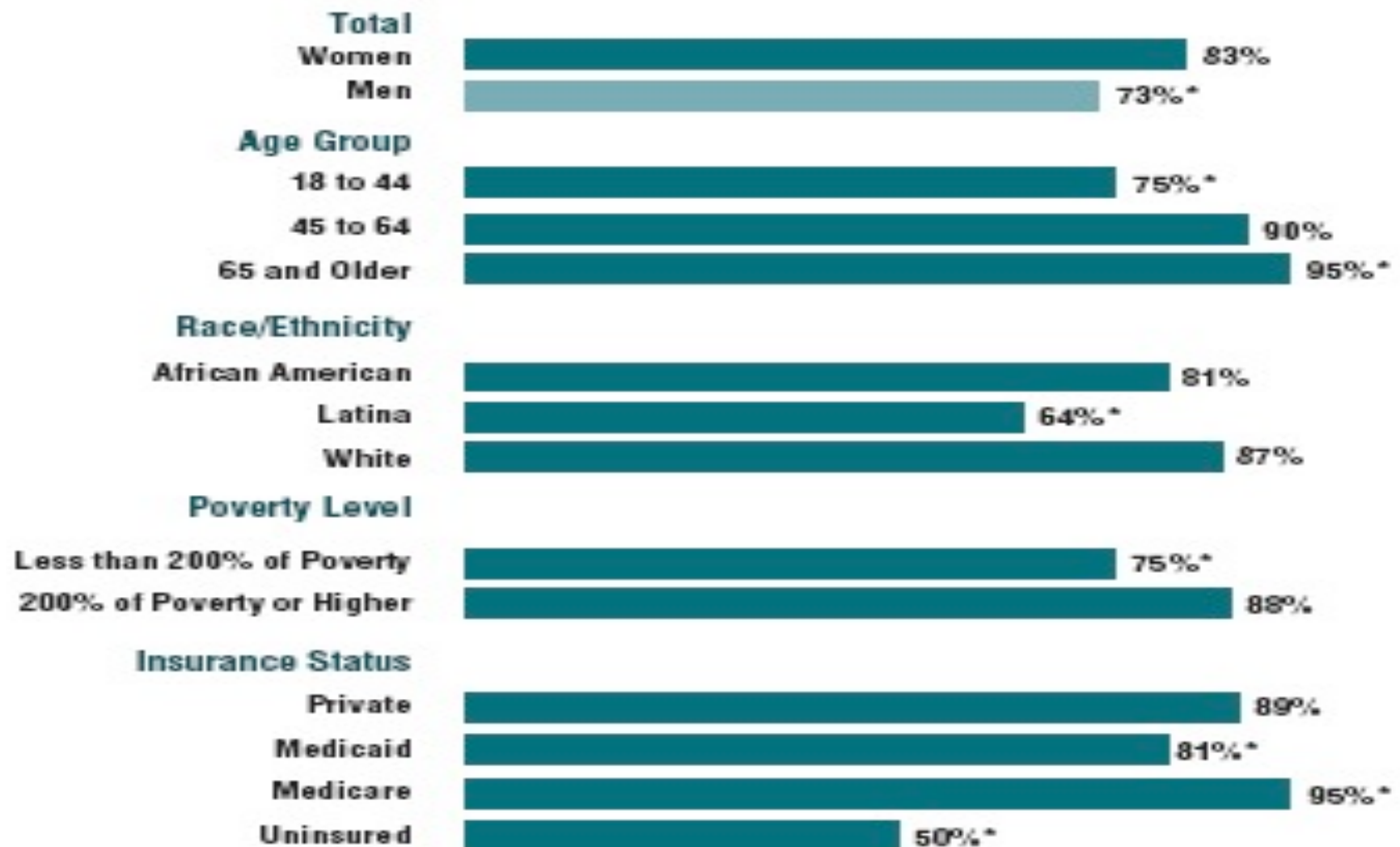


* Compared with whites, differences remain statistically significant after adjusting for income.

Source: The Commonwealth Fund. Health Care Quality Survey. 2006.

Exhibit 6a

Women With a Regular Health Care Provider, by Selected Characteristics, Ages 18 and Older



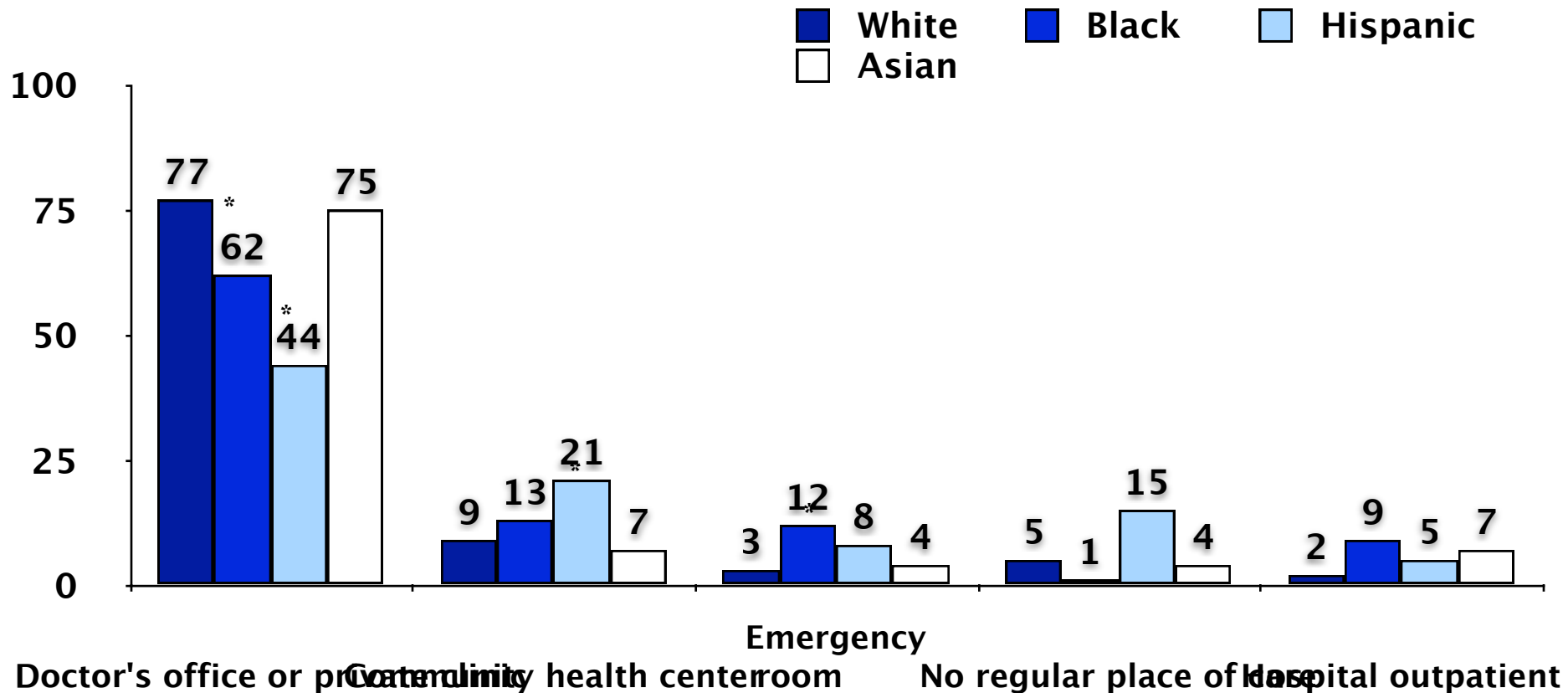
*Significantly different from reference groups (Women, 45 to 64, White, 200% of poverty and higher, Private), $p < .05$.

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

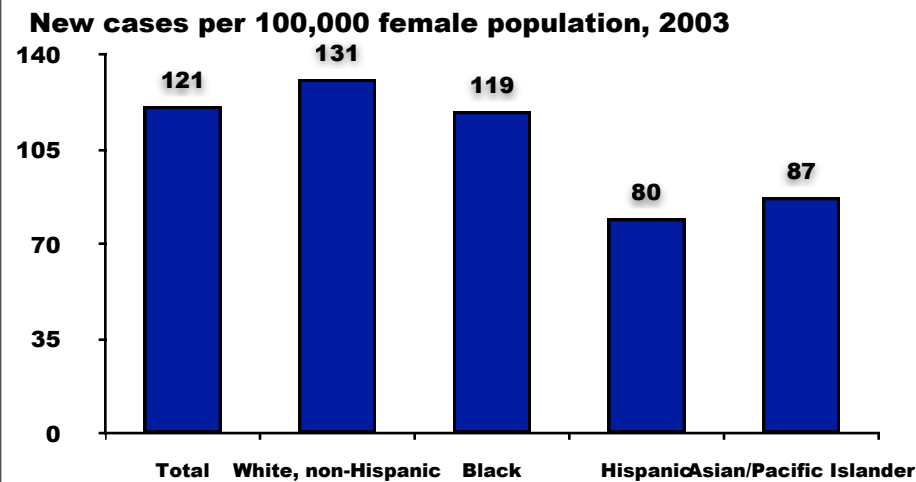


* Compared with whites, differences remain statistically significant after adjusting for insurance or income.

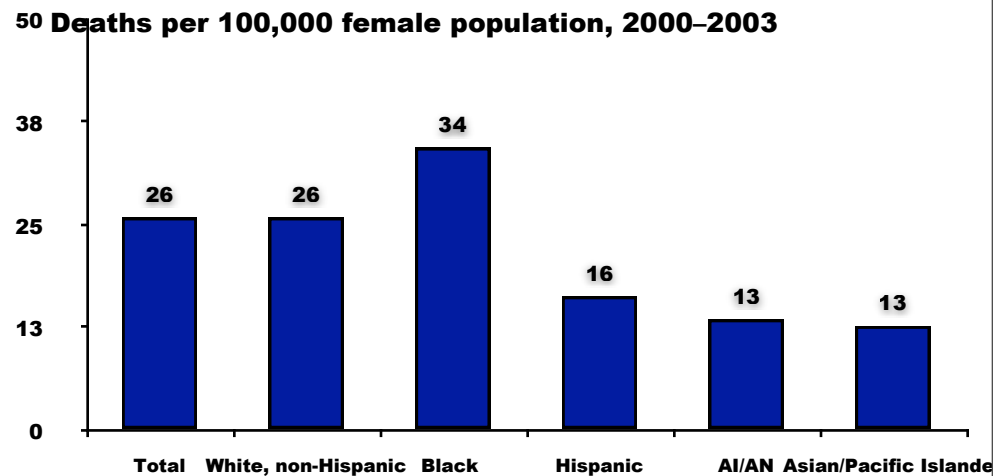
Source: The Commonwealth Fund, Health Care Quality Survey, 2006

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

Incidence



Mortality

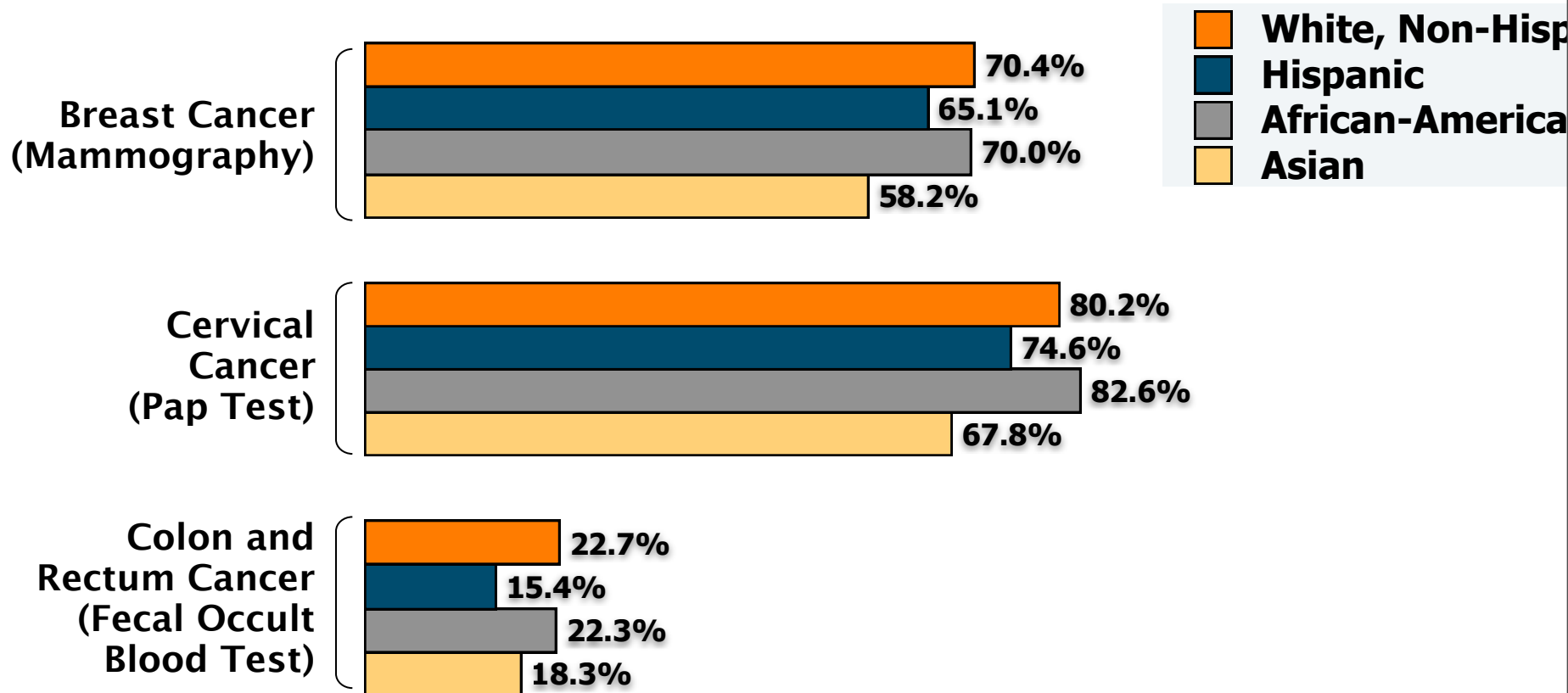


AI/AN = American Indian/Alaska Native.

Note: Data are age adjusted.

Source: National Center for Health Statistics. Health, United States, 2006: With Chartbook on Trends in the Health of Americans. 2006.

Cancer Screening Rates by Race/ Ethnicity*, 2003



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.

SOURCE: Kaiser Family Foundation, based on the National Healthcare Disparities Report, 2005, available at: <http://www.ahrq.gov/qual/nhdr05/index.html>, using data from the Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.



Disparities in Women of Color–



Connecticut Profile

Problem / Disparity	Group Most Affected
Heart Disease deaths	African-Americans
Cancer deaths	African-Americans
Stroke deaths	African-Americans
Diabetes-related deaths	African-Americans, Hispanics, AI/AN
Obesity	African-Americans, Hispanics, AI/AN
Adult Insurance Coverage	Hispanics, AI/AN

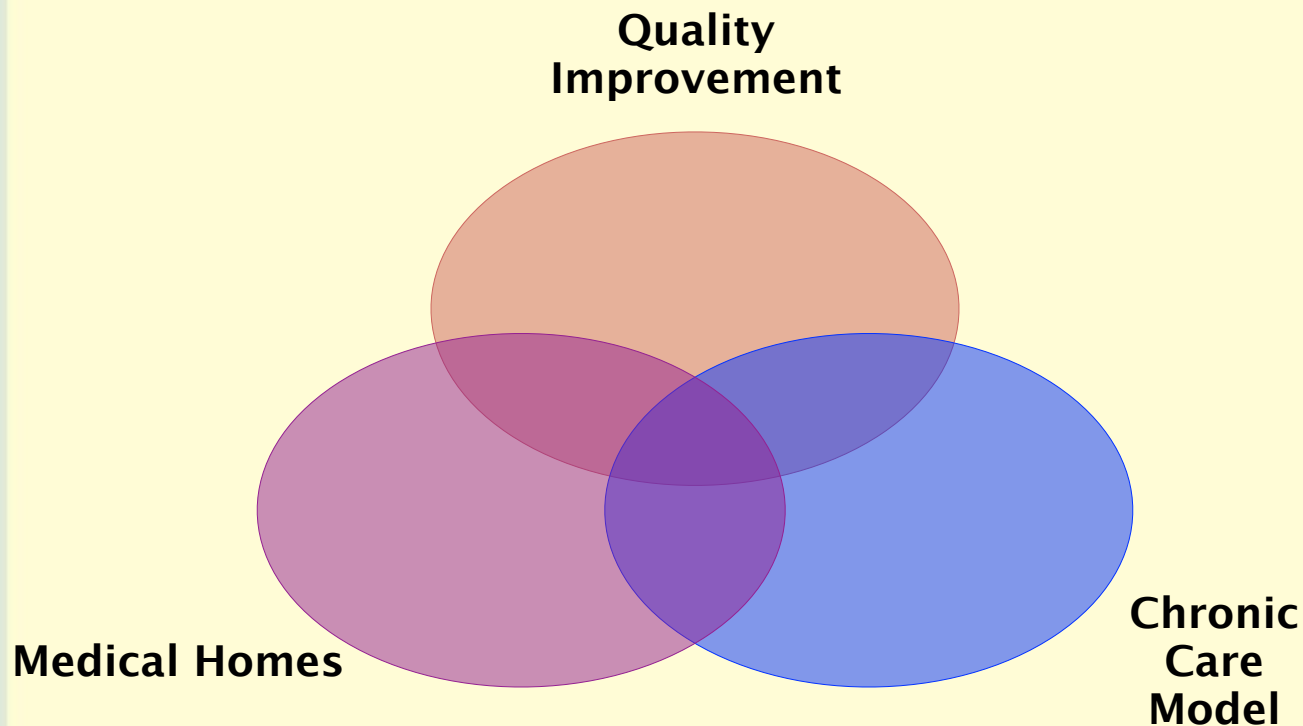


Connecticut Profile

- Teenage births & Birth Weight
 - Puerto Ricans 3.5x more likely than all groups
 - Puerto Ricans 7.3 x 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



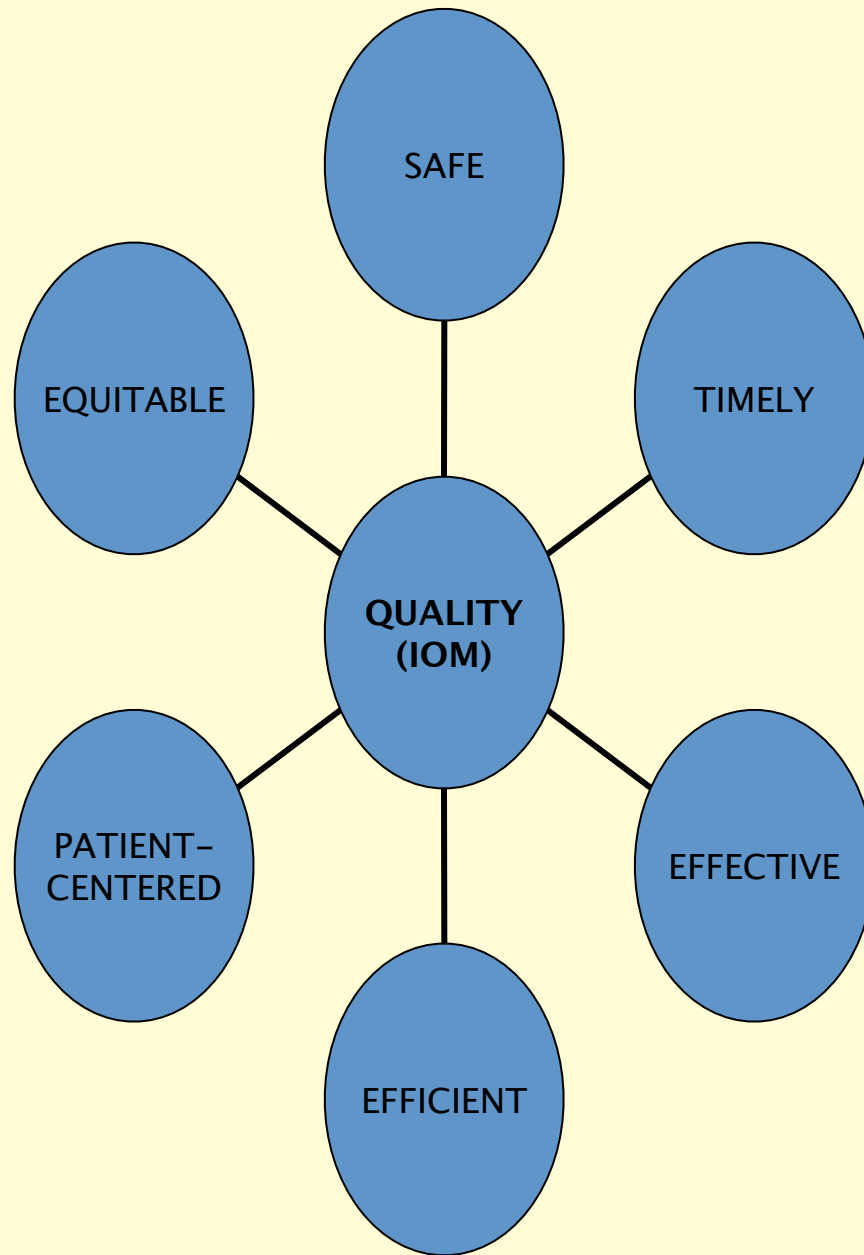
Primary Care Strategies to Reduce/Eliminate Disparities





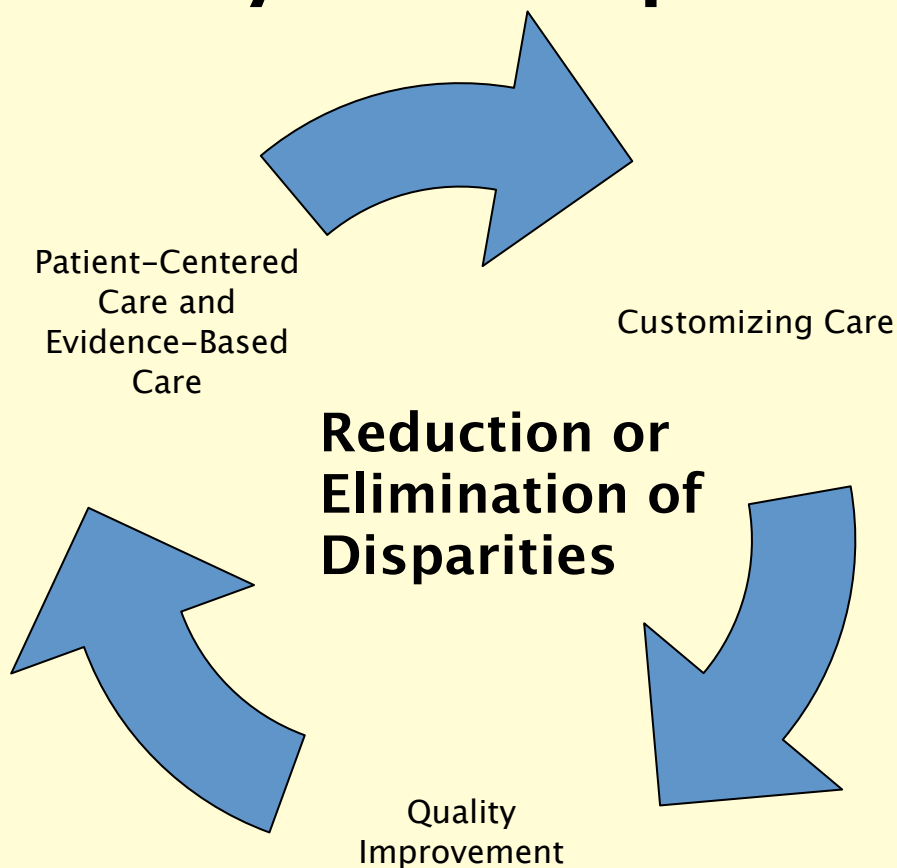
Reducing Health Disparities in Women of Color

- 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

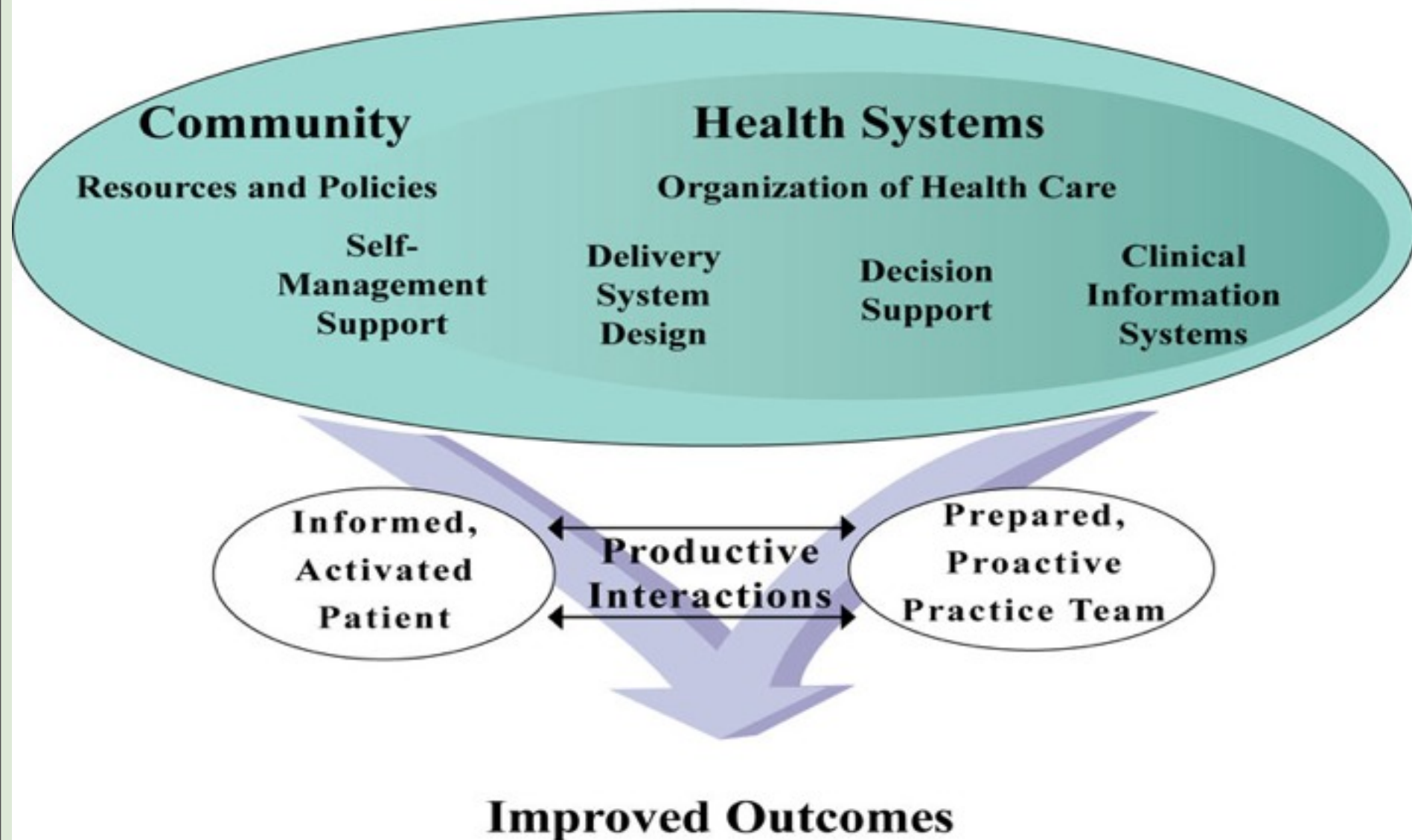




Quality & Disparities



The Chronic Care Model



Developed by The MacColl Institute
© ACP-ASIM Journals and Books



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

National Committee for Quality Assurance 2007 PPC-PCMH Joint Principles with ACP, AAFP, AAP, AOA

Indicators of a Medical Home (adults 18–64)

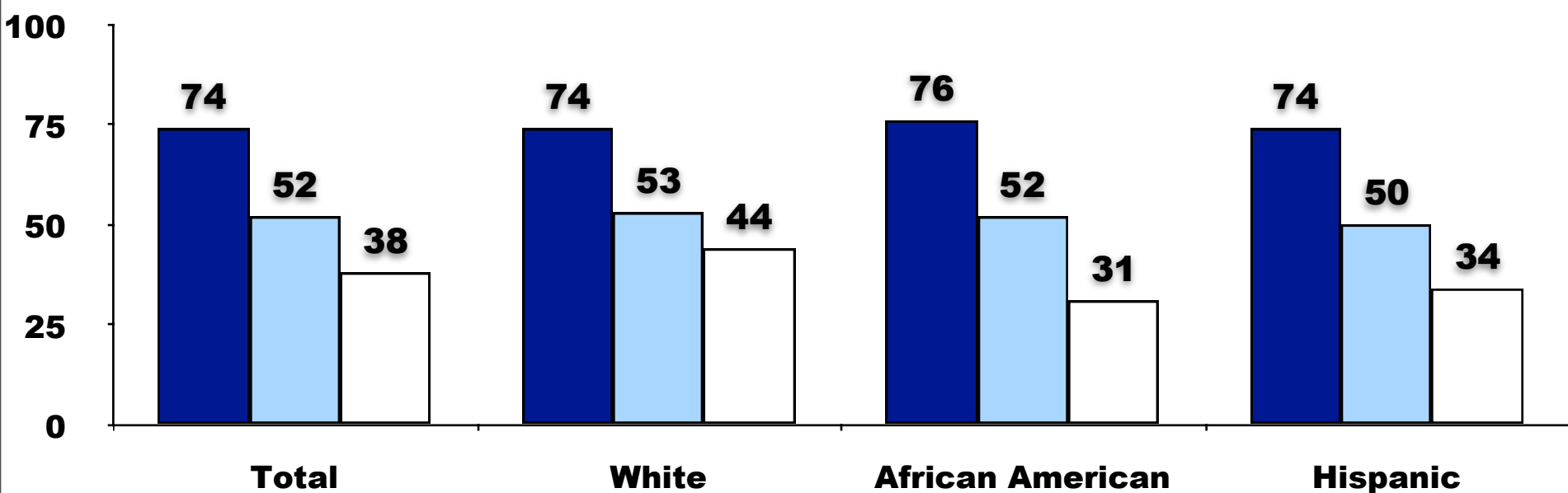
Total			Percent by Race			
Indicator	Estimated millions	Percent	White	African American	Hispanic	Asian American
Regular doctor or source of care	142	80	85	79	57	84
Among those with a regular doctor or source of care . . .						
Not difficult to contact provider over telephone	121	85	88	82	76	84
Not difficult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

Source: Commonwealth Fund 2006 Health Care Quality Survey.

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**

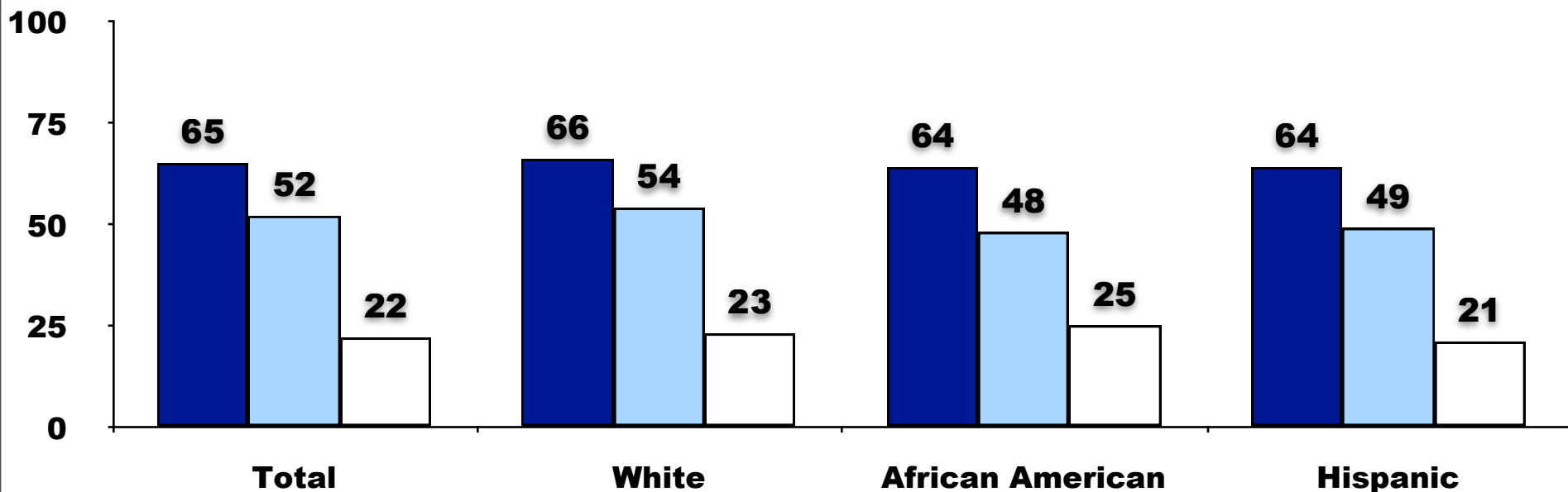


Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends

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

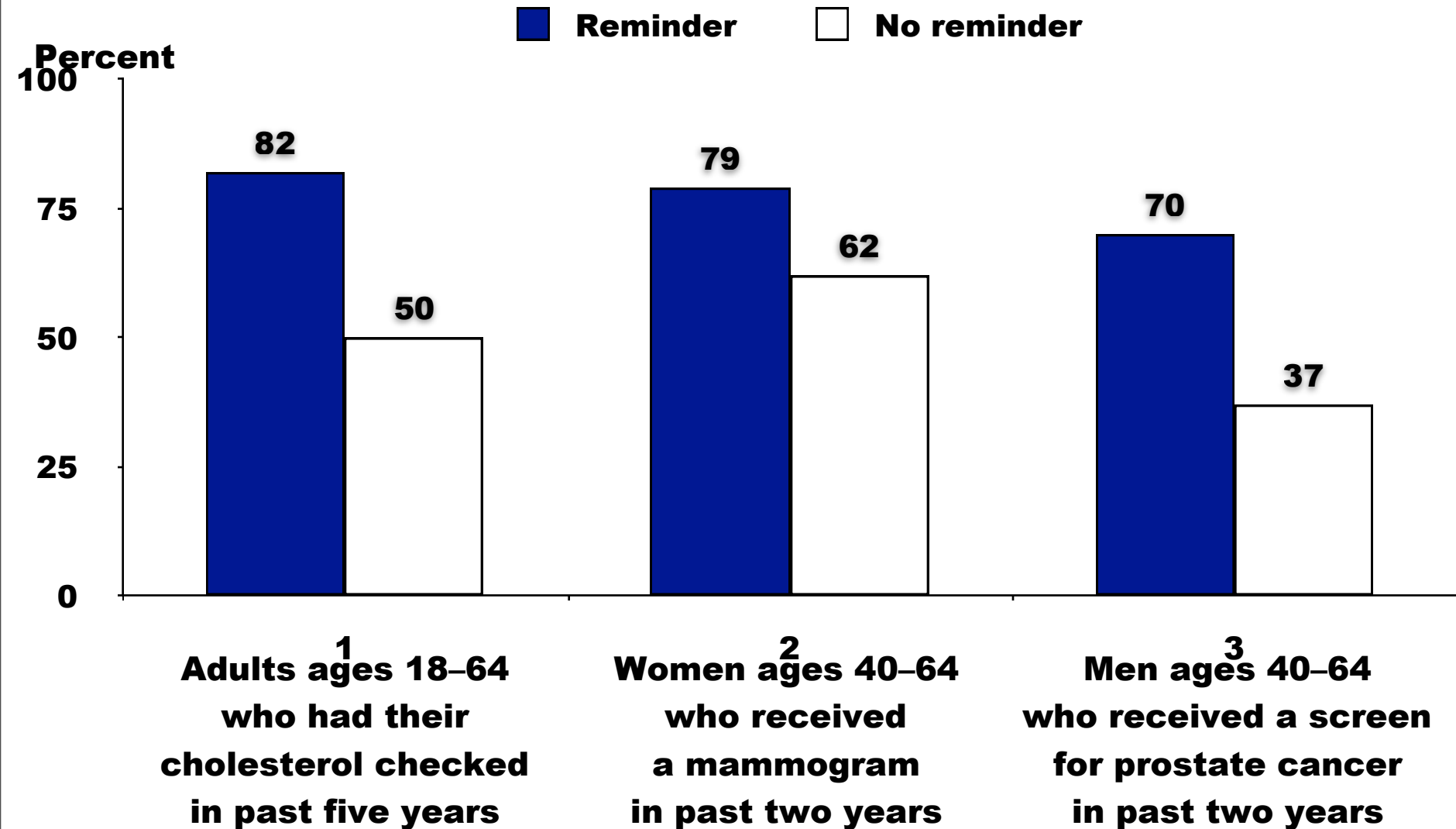
Percent of adults 18–64 receiving a reminder to schedule a preventive visit by doctors' office

- 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

Adults Who Are Sent Reminders Are More Likely to Receive Preventive Screening



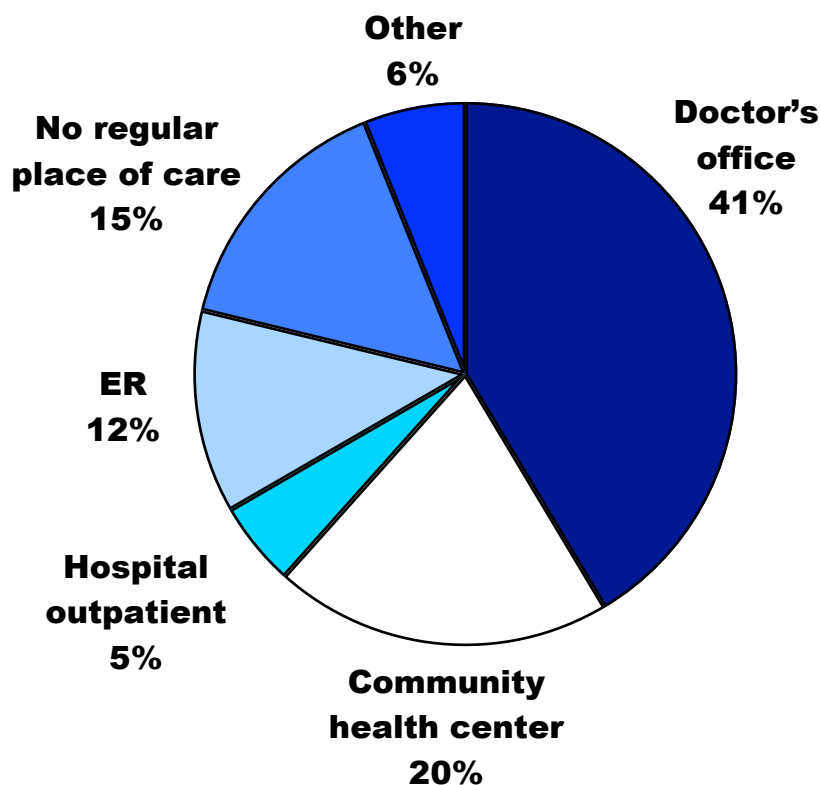
* Compared with reminders, differences remain statistically significant after adjusting for income or insurance.

Source: Commonwealth Fund 2006 Health Care Quality Survey

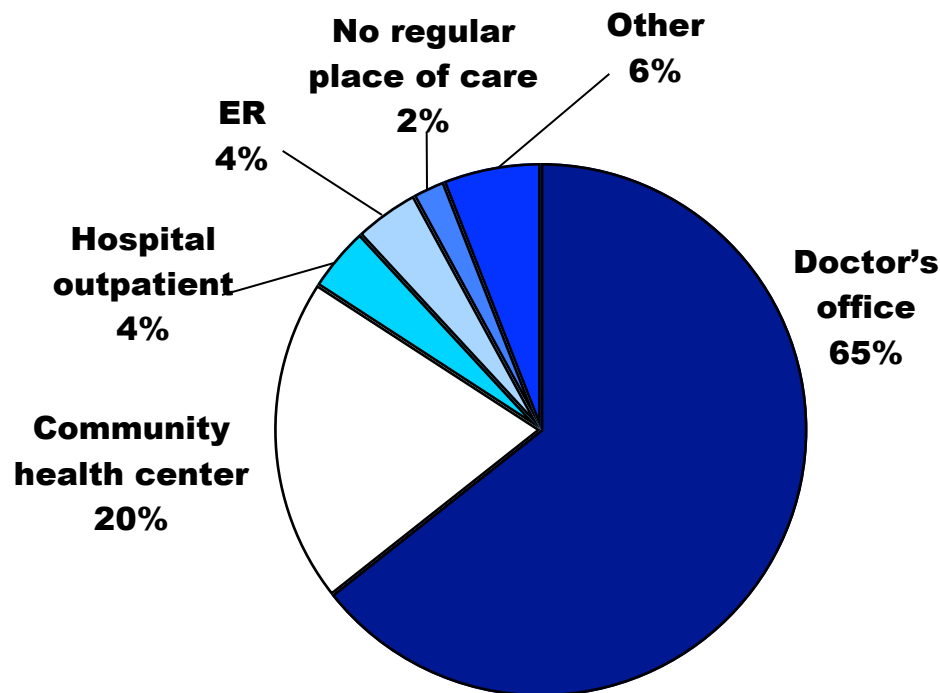
Monday, December 14, 2009

Community Health Centers Serve Large Numbers of Uninsured Adults and Insured Adults with Low Incomes

Uninsured any time
46.8 million



Insured, income below 200% poverty
22.2 million

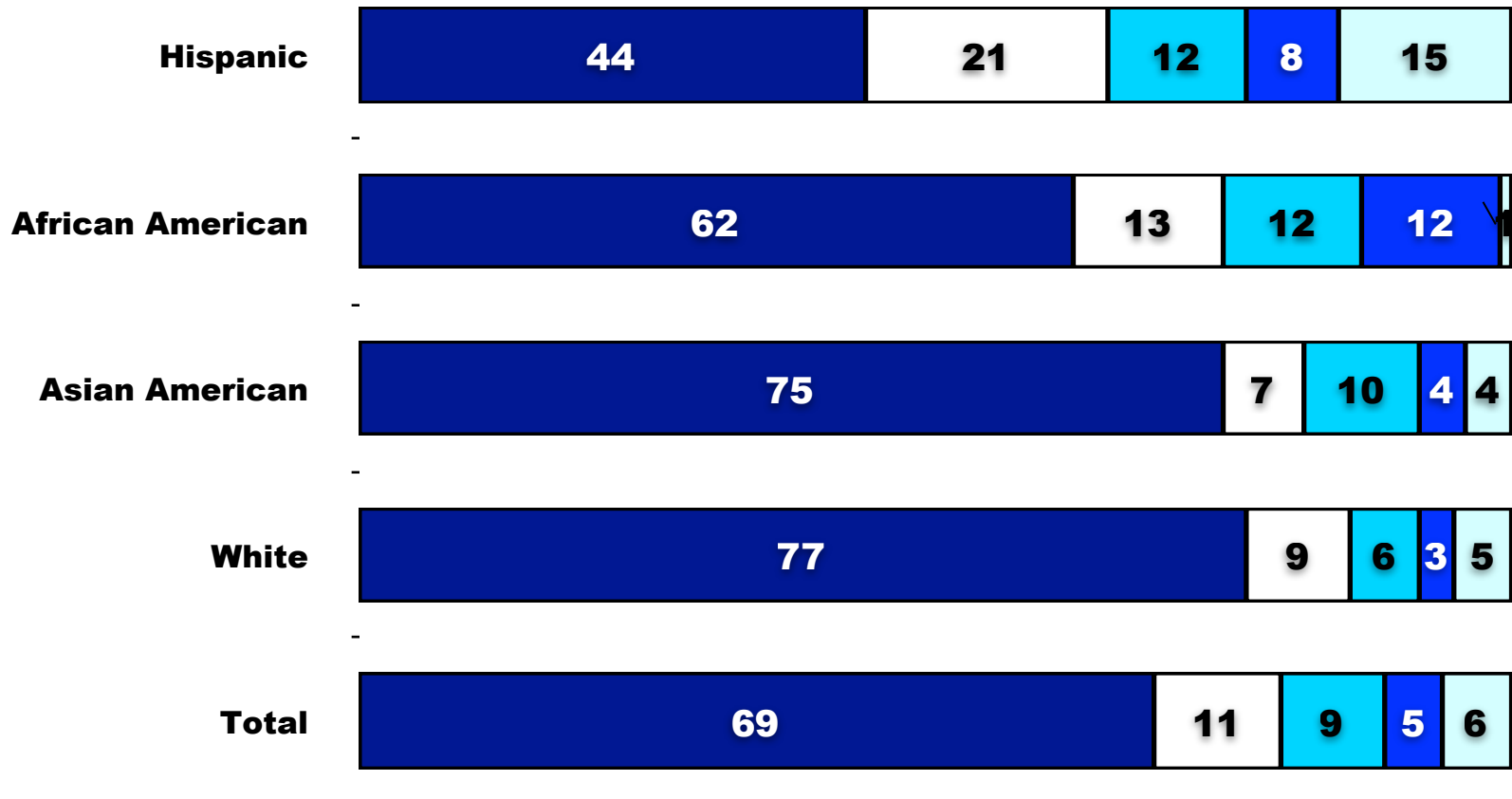


Note: Percentages may not sum to 100% because of rounding.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

Hispanics and African Americans Are More Likely to Rely on Community Health Centers as Their Regular Place of Care

Percent of adults 18–64

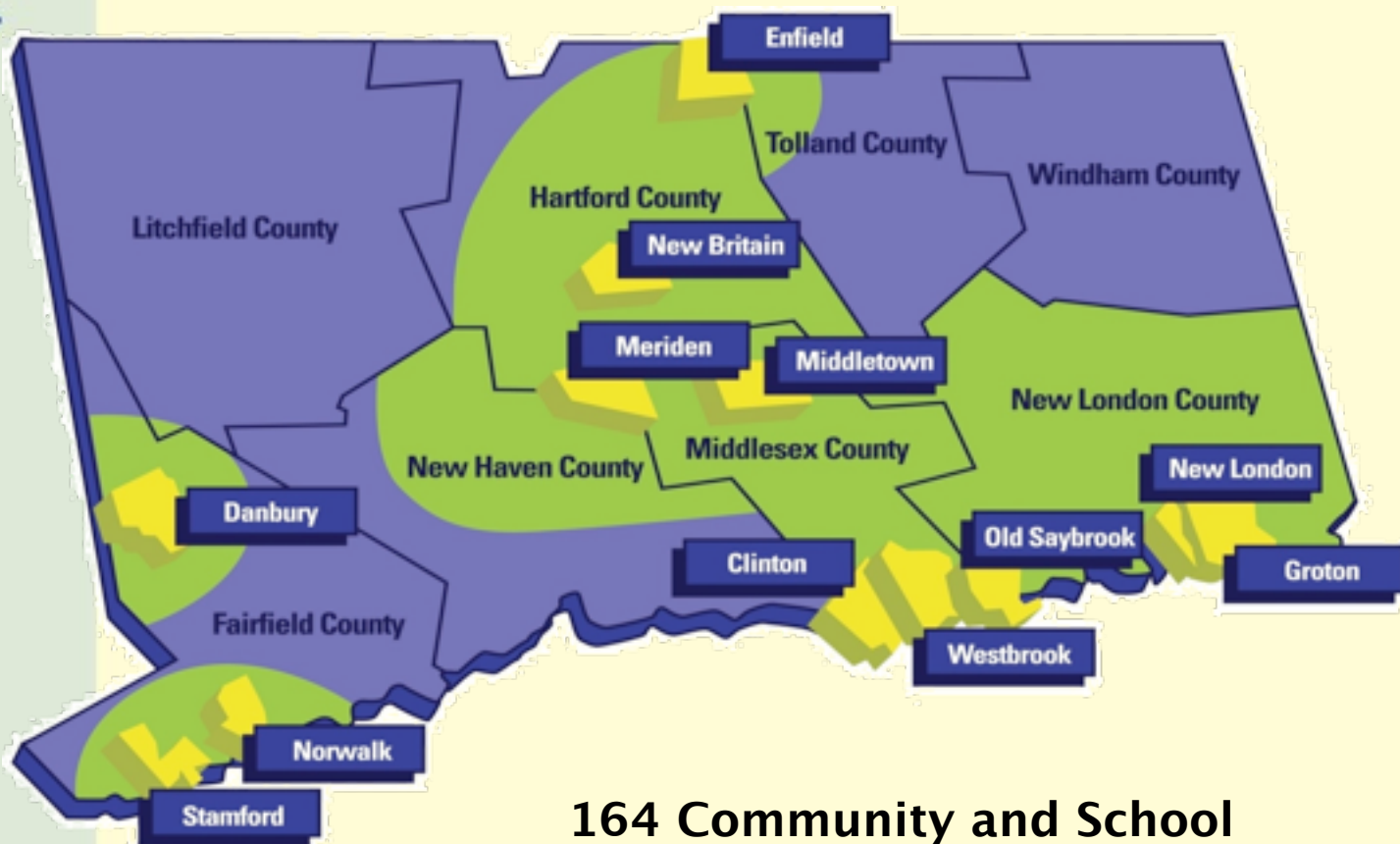
Doctor's office
 Community health center
 Hospital outpatient/Other
 ER
 No regular place of care
 ER



* Compared with whites, differences remain statistically significant after adjusting for insurance or income.
 Source: Commonwealth Fund 2006 Health Care Quality Survey.



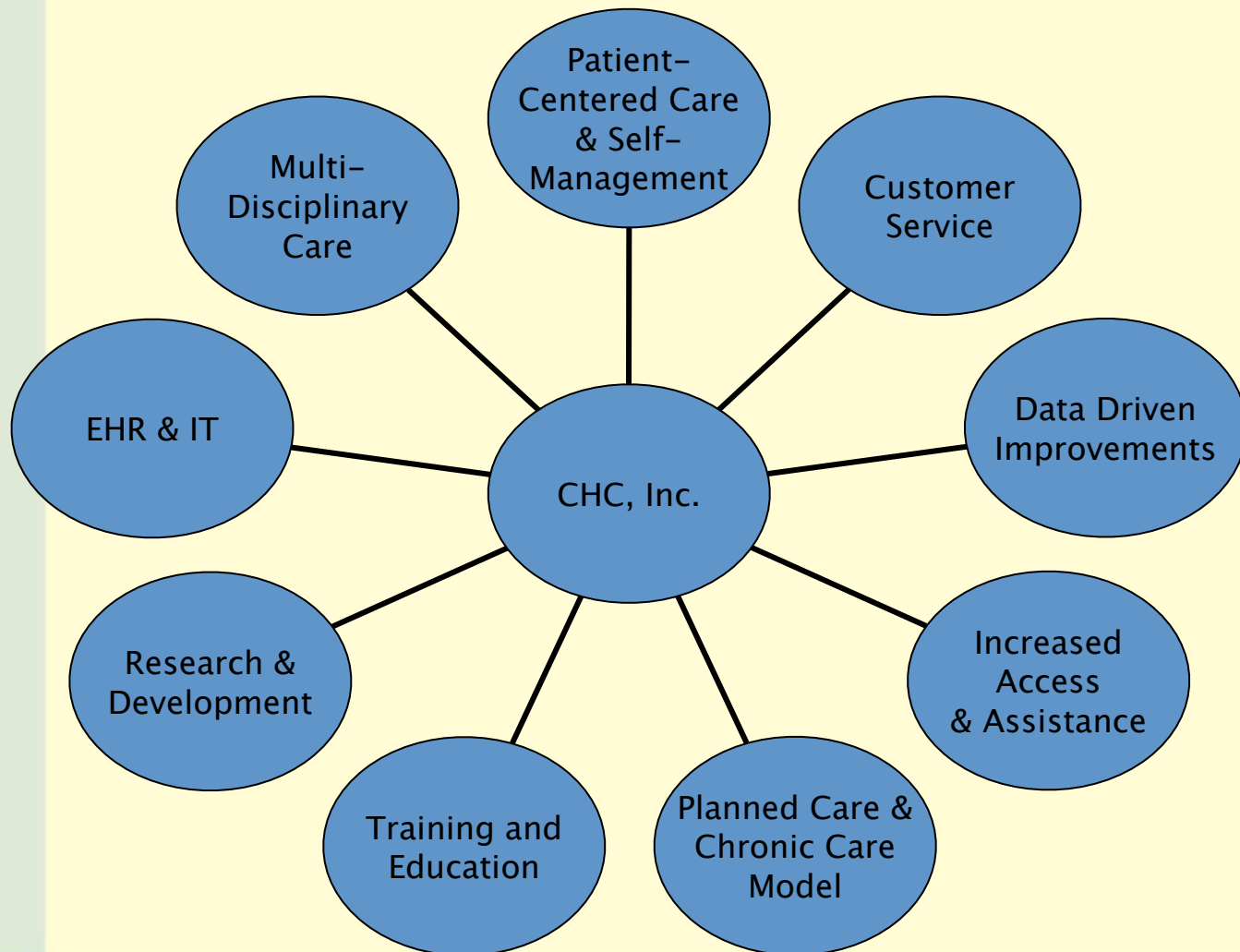
Community Health Center, Inc.



164 Community and School
Based Sites



CHC's Commitment to Reducing Disparities in Women of Color





Summary:

Reducing Disparities in

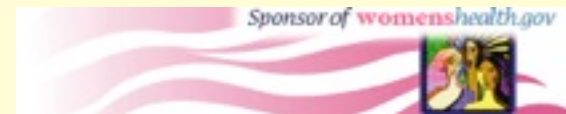
- Awareness, leadership and advocacy
- Improve access to services and care
- Data collection and research
 - Focus on intersection of race/ethnicity & gender
- Health systems interventions
 - Should reflect how gender, culture, language influence health and care
- Education and training
- Health literacy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





Resources

The Office on Women's Health
in the U.S. Department of Health and Human Services



National Centers of *Excellence* In Women's Health
A Program of the Office on Women's Health in the US Department of Health and Human Services



Welcome to the Office of
Women's Health
Advancing Women's Health Through Science and Information
[About OWH](#)



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Thank You!

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