Closing the Gap: Reducing Racial and Ethnic Disparities in Florida

Rosebud L. Foster, ED.D.
Access to Health Care

“ The timely use of personal health services to achieve the best possible outcomes. “
The ability to obtain personal health services when needed

- Two major components:
  - The ability to pay
  - The availability of health care personnel and facilities that are close to where people live, (accessible by transportation, culturally acceptable, and capable of providing appropriate care in a timely manner and in a language spoken by those who need assistance)
Health Status

Influence

10%
Access to Care

20%
Environment

20%
Genetics

50%
Health Behaviors

National Health Expenditures

$1.2 Trillion

88%
Access to Care

8%
Other Health Behaviors

4%

Sources: Centers for Disease Control and Prevention, University of California at San Francisco, Institute for the Future
Healthy People 2000/2010

The Nations’ Statement of Policy on Health Promotion and Disease Prevention
Healthy People 2000/2010

- Presents a national prevention strategy for significantly improving the health of the American people.

- The goals focus on: (1) Increasing the span of healthy life; (2) Reducing Disparities; and (3) Achieving access to preventive services for everyone.
Healthy People 2000/2010

- “Inequalities in income and education underlie many health disparities in the United States.”

- “The most fundamental causes of health disparities are socioeconomic disparities.”
Areas of Disparities in Health Care

- HHS has focused on six areas where serious racial and ethnic disparities exist in health access and outcomes: (GAO 2004)
  - Cancer Screening
  - Cardiovascular disease
  - Diabetes
  - HIV Infection/AIDS
  - Immunizations
  - Infant Mortality
Disparities in Access to Health Insurance and Health Care

- One-Third of Latinos (37%)
- Non-Latino White (14%)
- Nearly One-Fourth African Americans (24%)
- One-Fifth Asian Americans and Pacific Islanders (AAPI’s) (20%)
- American Indians/Alaska Natives (AI/ANIS) - Uninsured
“CLOSING THE GAP” – A STATE PROGRAM OF RESEARCH AND COMMUNITY GRANTS
In July 2000, the “Patient Protection Act”, was signed into law. Also known as Reducing Racial and Ethnic Health Disparities: “Closing the Gap” grant program.

The act is designed to reduce racial and ethnic health disparities in Cancer, Cardiovascular Disease, Diabetes, HIV/AIDS, Adult and Child Immunizations and Maternal and Infant Mortality (Oral Health included in 2004).
“All members of a community are affected by the poor health status of its least healthy members, … infectious diseases for example, know no racial/ethnic or socioeconomic boundaries”.
ADDRESSING ISSUES OF HEALTH DISPARITIES IN FLORIDA

- The Federal OMH’s initiative attempts to examine the capacity of selected states in eliminating health disparities in priority areas:
  - Cardiovascular disease
  - Cancer
  - Diabetes
  - Infant Mortality
  - HIV/AIDS
  - Adult and Childhood Immunizations
Figure 1-1 Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare. Source: Gomes and McGuire, 2001

In Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare
Disparities in Health

In spite of the higher mortality and morbidity for cardiovascular disease, African Americans and Latinos are less likely to undergo treatment for their conditions and are especially less likely to receive high-technology cardiac procedures such as cardiac catheterization and coronary revascularization.
Immigration and Citizenship Status

*Immigrant Health Care*

- Research shows that immigrants have difficulty getting inside U. S. healthcare facilities, and even more problems receiving adequate care once they get there.

- This disparity in access is having dramatic effects on infectious disease rates, health care costs and even lives.
Characteristics of the Uninsured in Florida: FHIS 2004

- Estimates that there are about 2.8 million uninsured Florida residents under age 65 in 2004.
- Miami-Dade FHIS District 17 had the highest uninsurance rate in the state at 28.7 percent.
- Florida ranks 10th in the nation for highest insurance rates.
Table 1. Percent of Uninsured Floridians under Age 65, 1999 and 2004, Statewide and by FHIS District (see map below for district configuration).

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Source: Florida Health Insurance Survey (FHIS), 2004
Table 2. Percent of Uninsured Floridians under Age 65 by Race and Ethnicity, Statewide and by FHIS District

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<tr>
<th>Geographic Region</th>
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Source: Florida Health Insurance Survey (FHIS), 2004
“CLOSING THE GAP” – A STATE PROGRAM OF RESEARCH

- Stroke mortality rates in Florida in 2001 were about 50 percent higher among non-Whites than among Whites.
- Non-White women are more likely to be diagnosed with late-stage breast cancer and more likely to die from breast cancer than white women (FL 2000 data source).
Stroke Mortality Rates, FL, 2001

Per 100,000

[Bar chart showing mortality rates for White men, White women, Nonwhite men, and Nowhite women]
Percentage of Cases Diagnosed in Late Stages of Breast Cancer, FL, 2000

Breast

White Female  Non-White Female
“CLOSING THE GAP” – A STATE PROGRAM OF RESEARCH

• The mortality rate for prostate cancer is about 50 percent higher among non-white men than it is among white men.
• The diabetes mortality rate for non-white men and women in Florida is approximately 3 times the rate of white men and women.
Average Number of Survival Days of Four Cancers, FL, 2000

Days

Colorectal  Prostate  Breast  Cervical

White Male  White Female  Non-White Male  Non-White Female
Diabetes Mortality Rate, FL, 2001
Reported AIDS Case Rates per 100,000 Population
By Sex and Race/Ethnicity, Florida, 2001

<table>
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<th>Rate per 100,000</th>
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Legend:
- White
- Black
- Hispanic
FLORIDA

Living HIV/AIDS Cases by Race/Ethnicity
as of 12/31/01 (N=62,351)

- White: 59%
- Black: <1%
- Hispanic: 14%
- Other: 27%

2000 Adult Census by Race/Ethnicity
(N=13,361,579)

- White: 68%
- Black: 13%
- Hispanic: 16%
- Other: 3%
“CLOSING THE GAP” – A STATE PROGRAM OF RESEARCH

- Racial and ethnic disparities continue to persist in maternal and child healthcare despite federal and state initiatives.

- A baby born to an African American mother has more than twice the risk of dying the first year of life than a baby born to a white mother.
Resident Infant Death Rates per 1,000 Live Births by Race & Year of Report

Florida 1991-2000

Year of Report

White

Non-White

Total
The Problem

- Substantial gaps continue to exist in the health status of racial and ethnic groups in Florida.
- They are less healthy than their non-minority counterparts.
- Current data indicate a shorter life expectancy.
- More likely to die from strokes, cancer, and heart disease.
Closing the Gap: Racial and Ethnic Disparities Advisory Committee

Authorized by Florida Statue:

Charged to examine areas where public awareness, public education, research and coordination regarding racial and ethnic health outcome disparities are lacking; consider access and transportation issues which contribute to health status disparities; and make recommendations for closing the gaps in health outcomes and, increasing the public’s awareness and understanding of health disparities that exist among these populations.
The goal of the assessment process was to determine where the greatest needs regarding racial and ethnic health disparities exist in the 67 counties of the State.
Assessment and Evaluation

- assessing the State vital statistics on each of the six health disparities
- determining the most effective use of the data to effect a reduction in disease statistics and improve outcome
- recommend priority support for impacted communities
Assessment and Evaluation

- **Phase One:** Identify mortality and frequency of occurrence of health disparities rates for each region and county by zip code areas:

- Related mortality results where Whites, Blacks and Hispanic (Latino ) minorities and others (underepresented groups) were at greatest risk of dying.

- To identify geographic distribution of funded projects and specific disparities being addressed in the community.
Assessment and Evaluation

Utilization of maps by health disparity, that reflects county and zip code mortality data to determine areas of greatest need.

- 15 grants were awarded in Palm Beach, Broward & Dade counties.
Assessment and Evaluation

- **Phase Two**: An evaluation of the mortality statistics including deaths related to five of the six priority disparity areas:
  - Through geo-mapping, identified areas in need of technical and/or capacity building support.
  - The analysis defined those zip code areas of **HIGHEST PRIORITY** and **EMERGING PRIORITY** needs.
Florida Black Cardiovascular Deaths by Zip Code: Year 2000
Dade County
International Classification of Disease -10 Codes: 100 - 178

LEGEND

Note: Some Zip Codes with small counts may not show on this map.
Zipcode Counts are for the entire State.

Produced by Florida Department of Health
Office of Planning, Evaluation and Data Analysis for the Office of Minority Health
December 4, 2002
Source: Florida Vital Statistics, 2000
Florida Hispanic Cancer Deaths by Zip Code: Year 2000
Dade County

International Classification of Disease -10 Codes: C00 - C97

Legend
- Counties
- No Hispanic Cancer Deaths

Hispanic Cancer Deaths by Zip Code
- 1 - 3 (Zipcode Count=282)
- 3.01 - 10 (Zipcode Count=89)
- 10.01 - 30 (Zipcode Count=33)
- 30.01 - 106 (Zipcode Count=21)

Note: Some Zip Codes with small counts may not show on this map.
Zipcode Counts are for the entire State.

Produced by Florida Department of Health
Office of Planning, Evaluation and Data Analysis for the Office of Minority Health
October 15, 2003
Assessment of Health Plans by District

- Florida District Health Planning Councils - State Health Plan;
- Content analysis of six Regional Health Plans
- **Broward County - District 10**
  Public awareness, Infant Mortality, Medicaid issues and Community initiatives (e.g., CAP Program).
CLOSING THE GAP

- COMMUNITY HEALTH SURVEY
- FINDINGS
Figure 8: Last time visited a physician for a routine check-up

Florida Community Survey on Access to Health Care, 2004
Figure 14: Health care services that are difficult to obtain in the community

Percent indicating services is difficult to access

Florida Community Survey on Access to Health Care: Stakeholders, 2004
Figure 16: The major barriers to health care access among racial and ethnic groups in the community

Percent ranking issue as one of the top five issues

Florida Community Survey on Access to Health Care: Stakeholders, 2004
Figure 17: The major health care issues in the community

Percent ranking issue as one of the top five issues

- Lack of affordable health care: 71
- Prescription drug coverage: 60
- Rising health care costs: 53
- Health care access: 53
- Health insurance coverage: 52
- Transportation barriers: 49
- Cultural barriers: 39
- Limited number of providers overall: 24
- High insurance deductibles: 23
- Limited number of physicians: 17
- Bioterrorism: 10

Florida Community Survey on Access to Health Care: Stakeholders, 2004
Figure 19: Top approaches for improving access among racial and ethnic minority groups

Percent indicating that approach is one of their top five approaches

- Increase public funding: 81%
- More efficient use of existing resources: 80%
- Establish employer mandate for health insurance: 71%
- Offer affordable coverage: 56%
- Raise taxes: 25%
- Provide universal coverage: 15%

Florida Community Survey on Access to Health Care: Stakeholders, 2004
Figure 20: Who should address issues related to health care access?

Percent indicating that interest group is ranked as top three choice to address the problem

Florida Community Survey on Access to Health Care: Stakeholders, 2004
Figure 24: Lack of knowledge or education about available services

Florida Regional Community Health Survey on Racial and Ethnic Minorities
Access to health Care Providers' Survey, 2004
Summary of Key Recommendations for Reducing Racial and Ethnic Disparities

- Promoting the delivery of culturally competent care.
- Increasing the level of public awareness of disparities.
- The development of transportation programs to improve access to care.
Summary of Key Recommendations for Reducing Racial and Ethnic Disparities

- The development of additional epidemiological research at the community level to better understand the causes of disparities.
- Support local governments in their efforts to improve health insurance coverage in their communities.
To remove disparities in health status based on race and ethnicity, preventive care for minorities is essential along with monitoring of progress by regularly measuring preventive care indicators. (Center for Studying System Change)
Model to Eliminate Racial and Ethnic Disparities

- Requires enhanced effects at preventing disease, promoting health and delivering appropriate care.

- Necessitates improved collection and use of standardized data to correctly identify at risk populations and monitor the effectiveness of health interventions targeting these groups.

- Research directed towards a better understanding of relationship between health status and different racial and ethnic minority backgrounds.
“We cannot afford to ignore the impact health disparities are having on minority communities. If communities are better informed and take a more proactive role in obtaining screenings earlier, perform self-exams, have regular check-ups and make lifestyle changes, then we will see a positive impact on health outcomes and closing the gap”.

Institute of Medicine  IOM 2003
End of Presentation

Presented by:
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