

Health Care Access to Vulnerable Populations

Closing the Gap: Reducing Racial and Ethnic Disparities in Florida

Rosebud L. Foster, ED.D.



Access to Health Care

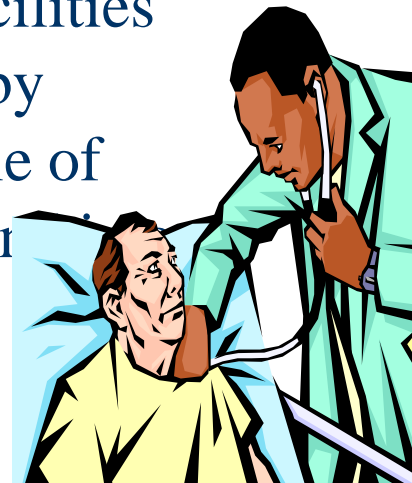


“ The timely use of personal health services to achieve the best possible outcomes. “

ACCESS TO HEALTH CARE

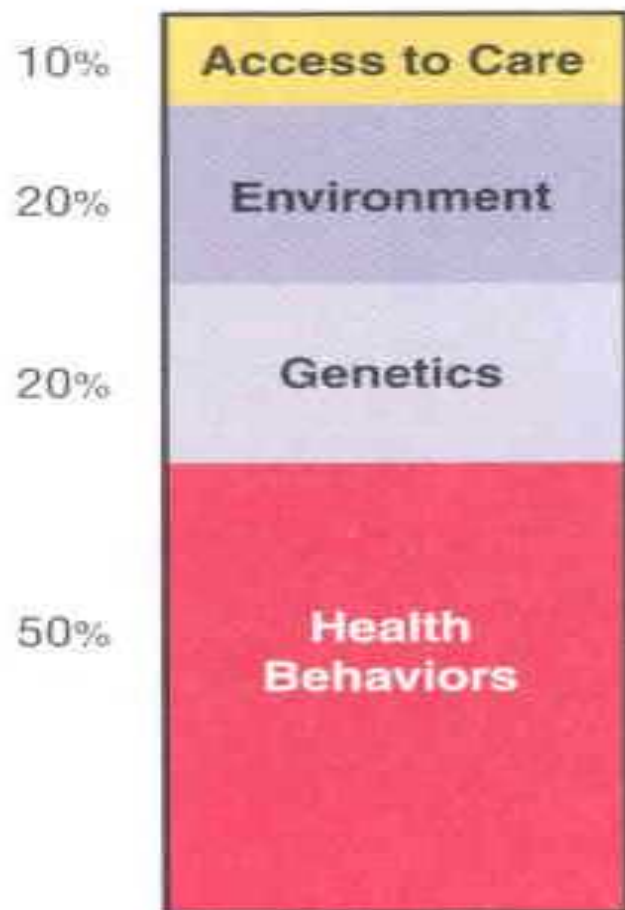
The ability to obtain personal health services when needed

- ◆ 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 at language spoken by those who need assistance)



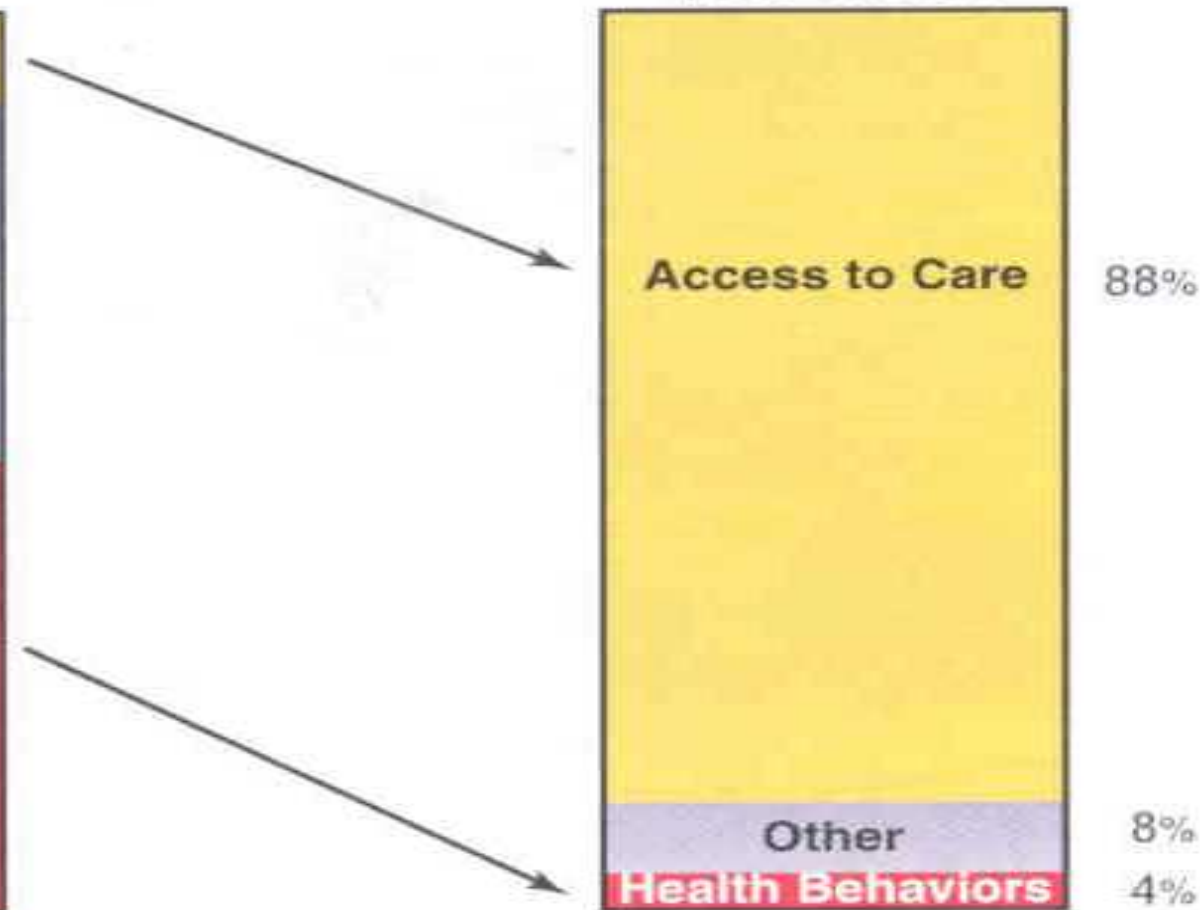
Health Status

Influence



National Health Expenditures

\$1.2 Trillion



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.”

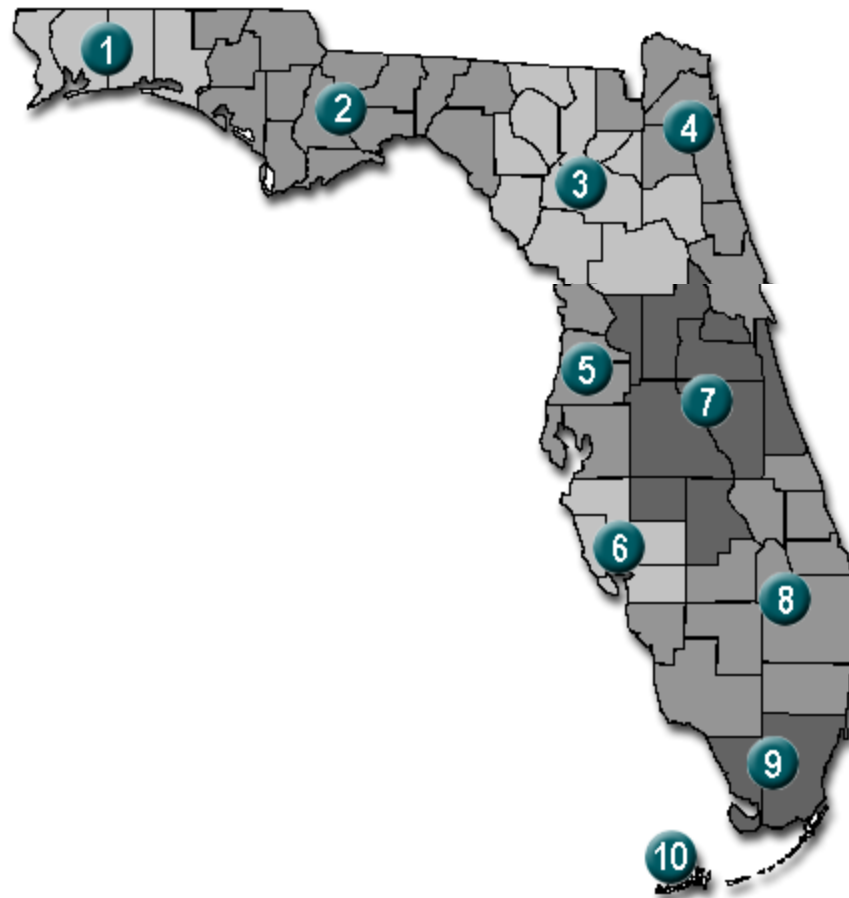
Areas of Disparities in Health Care

- ◆ **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



“CLOSING THE GAP” - A STATE PROGRAM

- ◆ **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).**

ADDRESSING ISSUES OF HEALTH DISPARITIES IN FLORIDA (cont'd)

- ◆ **“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**

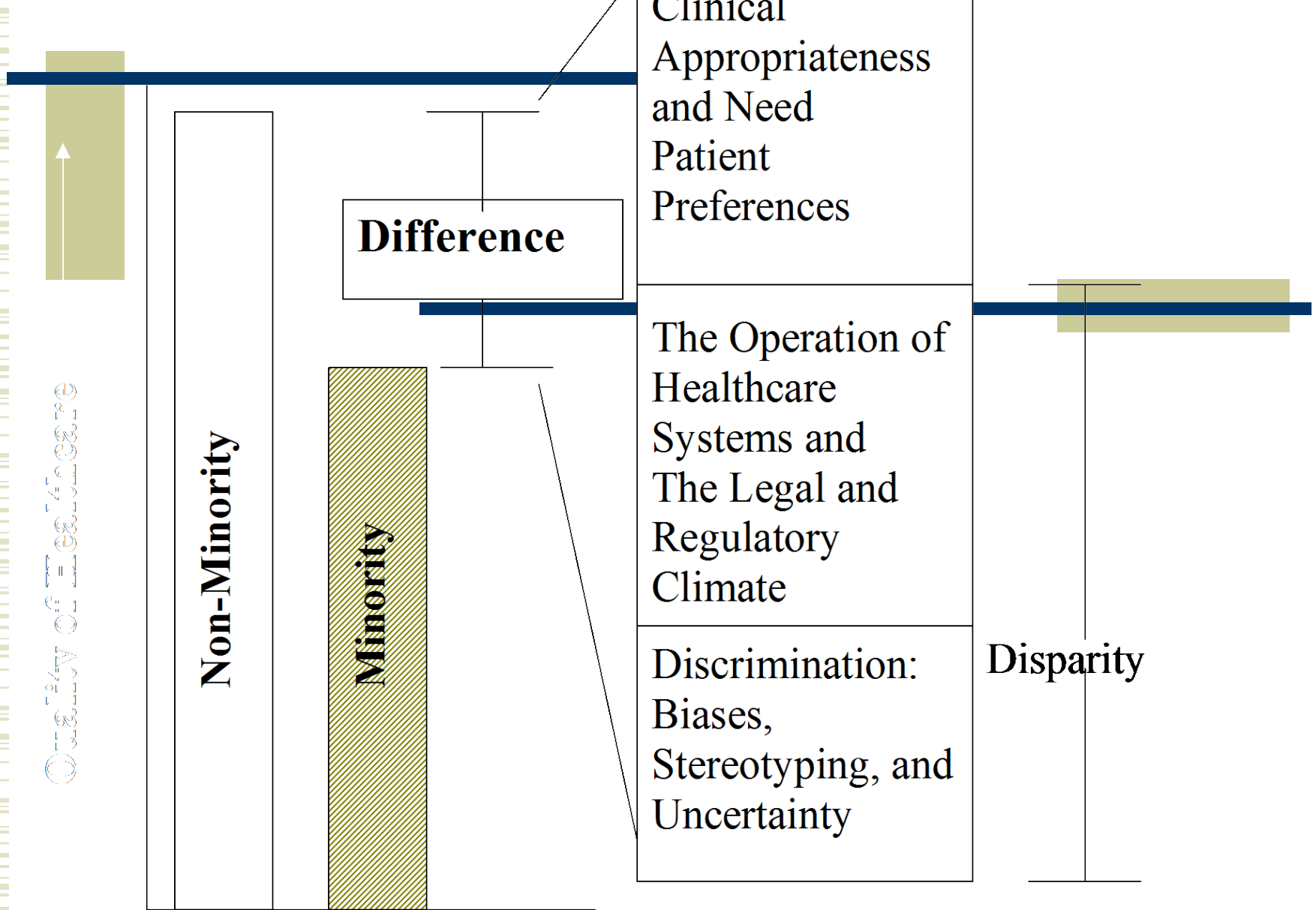
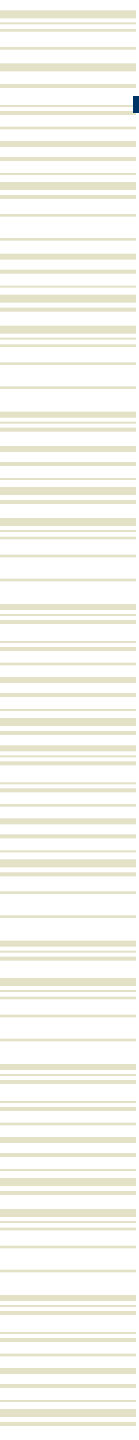


Figure 1-1 Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare. Source: Gomes and McGuire, 2001



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).

Geographic Region	Percent Uninsured 1999	Percent Uninsured 2004
Florida	16.8	19.2
District 1	14.0	14.3
District 2	18.9	20.7
District 3	18.3	17.1
District 4	12.1	13.7
District 5	14.7	14.4
District 6	11.8	16.7
District 7	15.2	18.7
District 8	17.0	17.8
District 9	13.6	19.0
District 10	13.9	14.1
District 11	14.7	18.4
District 12	18.2	19.2
District 13	25.5	24.4
District 14	19.8	24.4
District 15	15.1	18.9
District 16	14.8	18.4
District 17	24.6	28.7

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

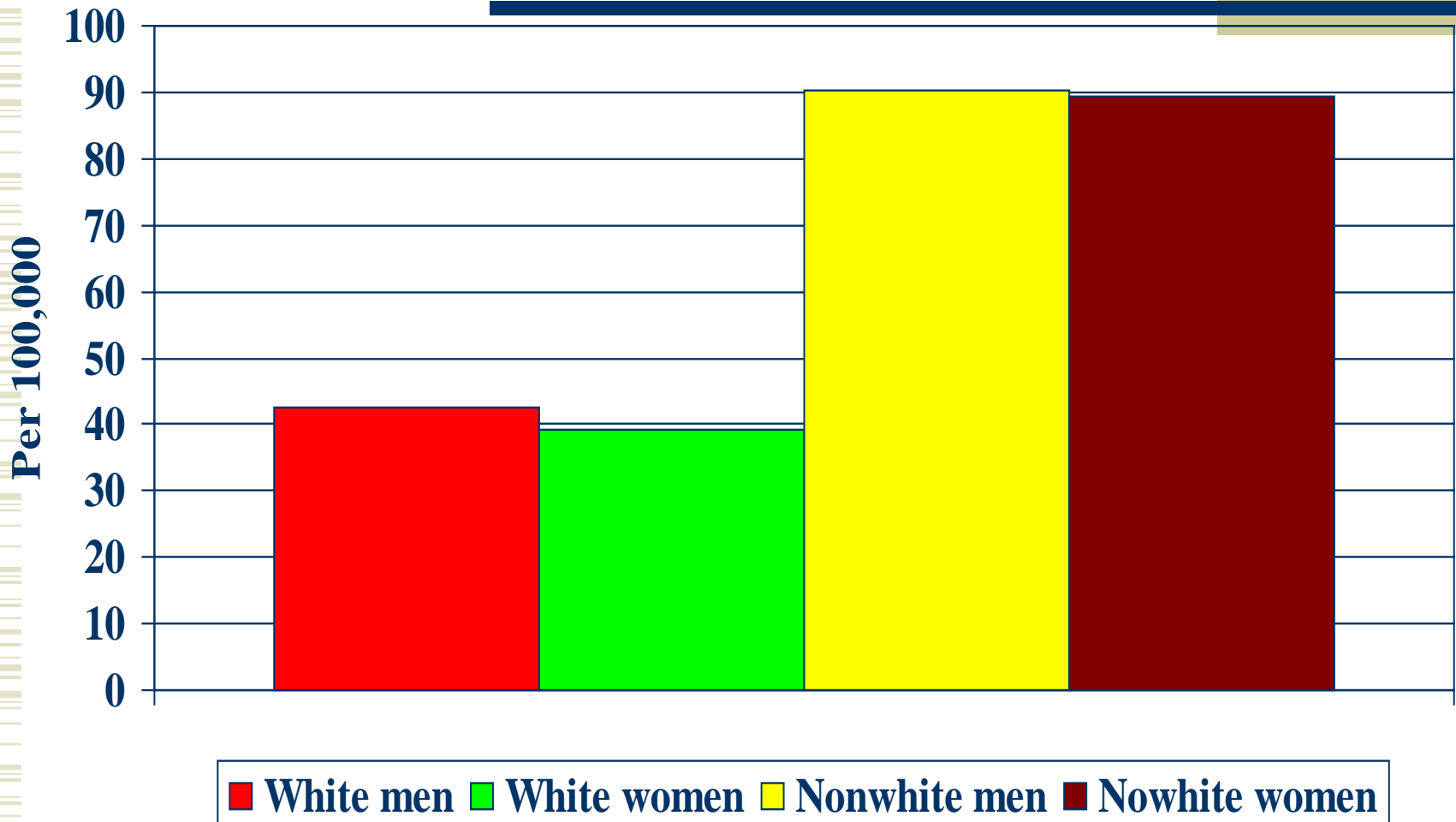
Geographic Region	White Non-Hispanics	Hispanics	Black	Other*
Florida	14.3	31.8	22.6	19.0
District 1	14.3	12.9	12.5	22.0
District 2	19.8	36.1	20.2	19.0
District 3	14.3	36.7	17.1	23.6
District 4	11.3	20.9	16.8	15.1
District 5	14.0	24.0	9.3	18.3
District 6	12.6	33.8	23.9	10.1
District 7	13.0	28.2	23.9	19.3
District 8	16.6	32.5	10.4	17.8
District 9	16.1	38.8	26.7	14.3
District 10	11.9	17.5	16.5	24.3
District 11	16.2	35.6	22.9	13.4
District 12	14.4	50.8	17.0	37.0
District 13	18.6	40.6	19.5	32.3
District 14	16.6	46.6	43.6	28.0
District 15	11.8	31.6	34.5	19.1
District 16	11.6	27.9	24.7	14.5
District 17	12.1	33.0	29.2	17.0

Source: Florida Health Insurance Survey (FHIS), 2004

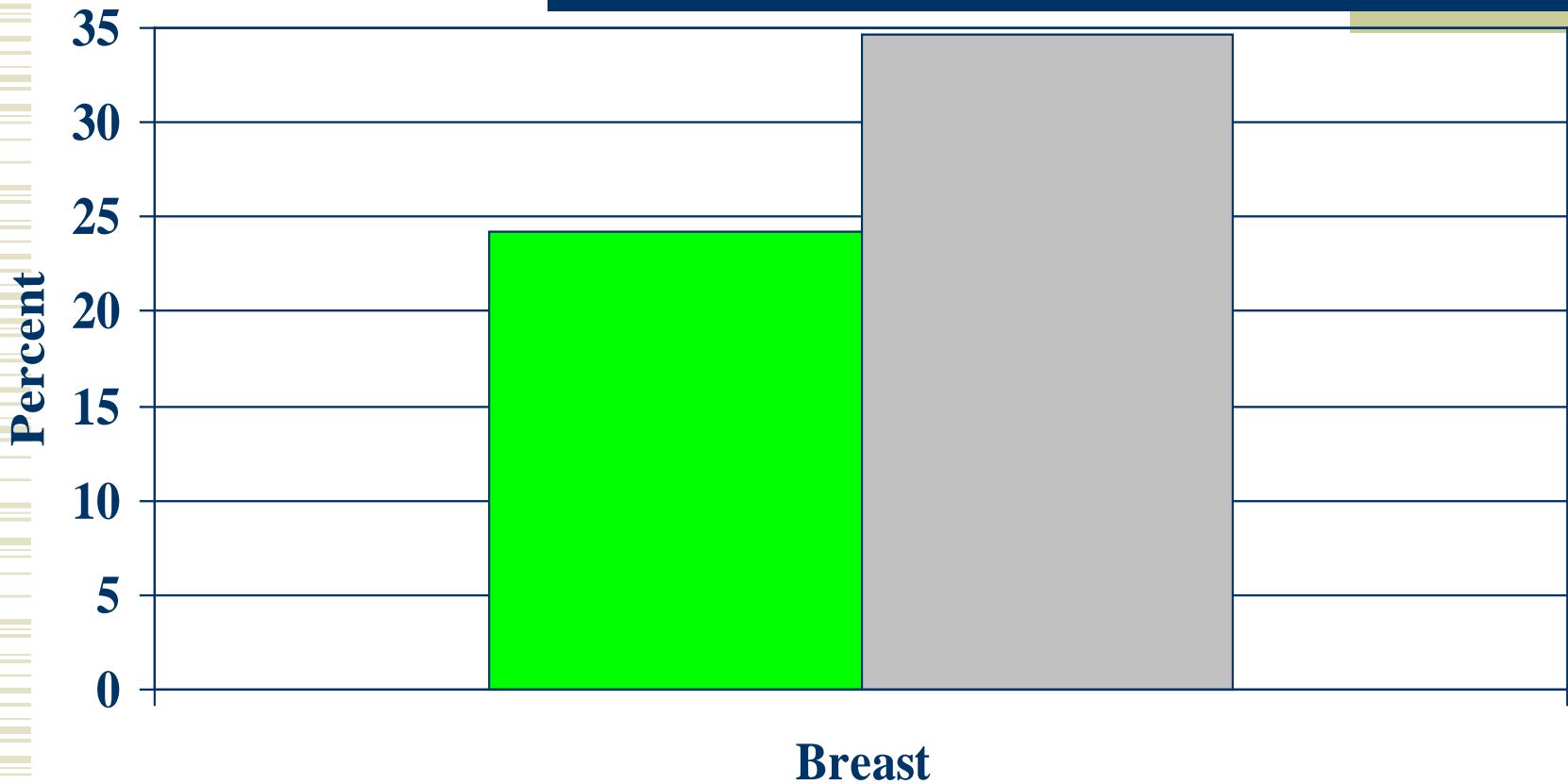
“CLOSING THE GAP” – A STATE PROGRAM OF RESEARCH

- **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



Percentage of Cases Diagnosed in Late Stages of Breast Cancer, FL, 2000

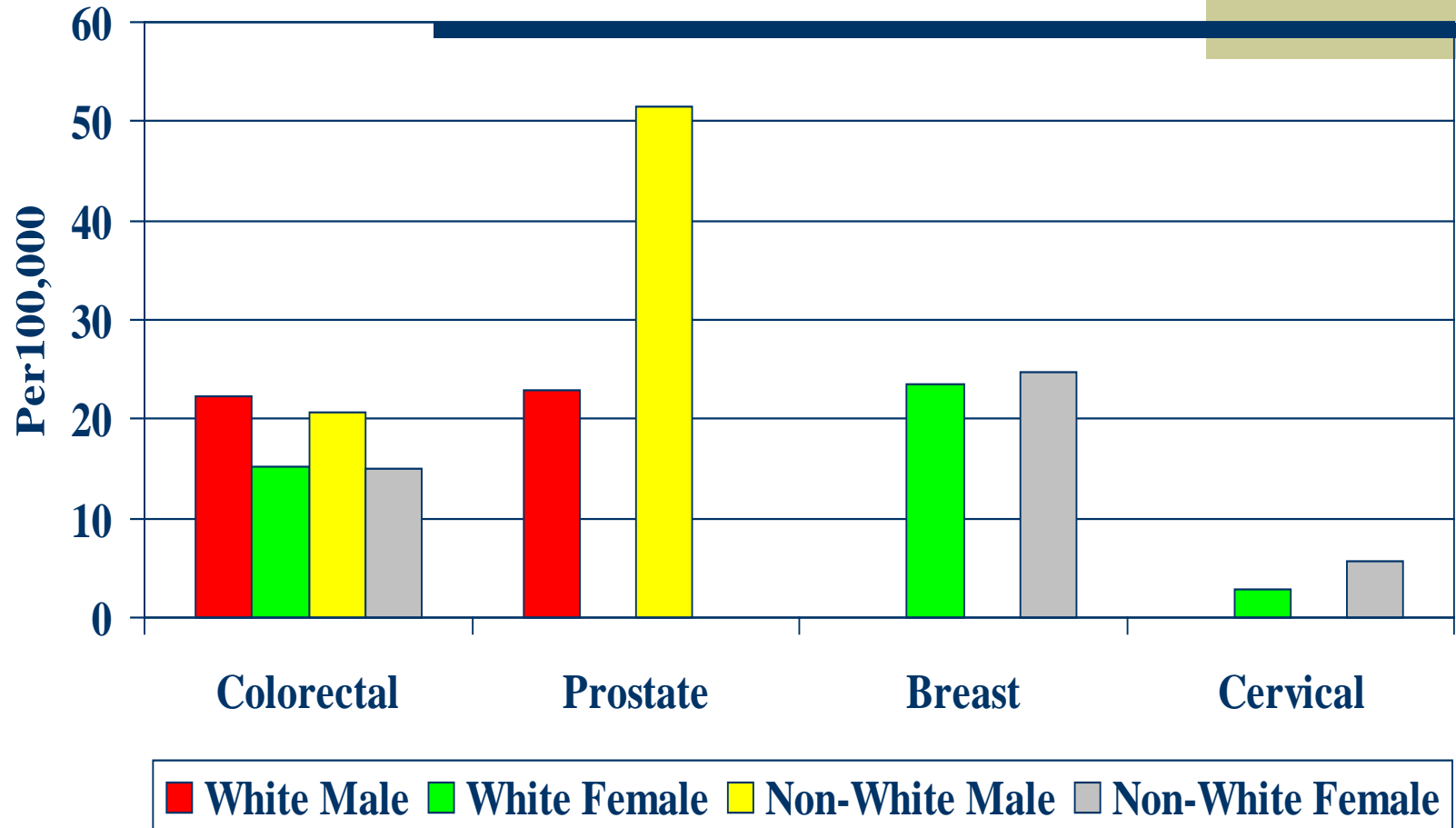


■ White Female ■ Non-White Female

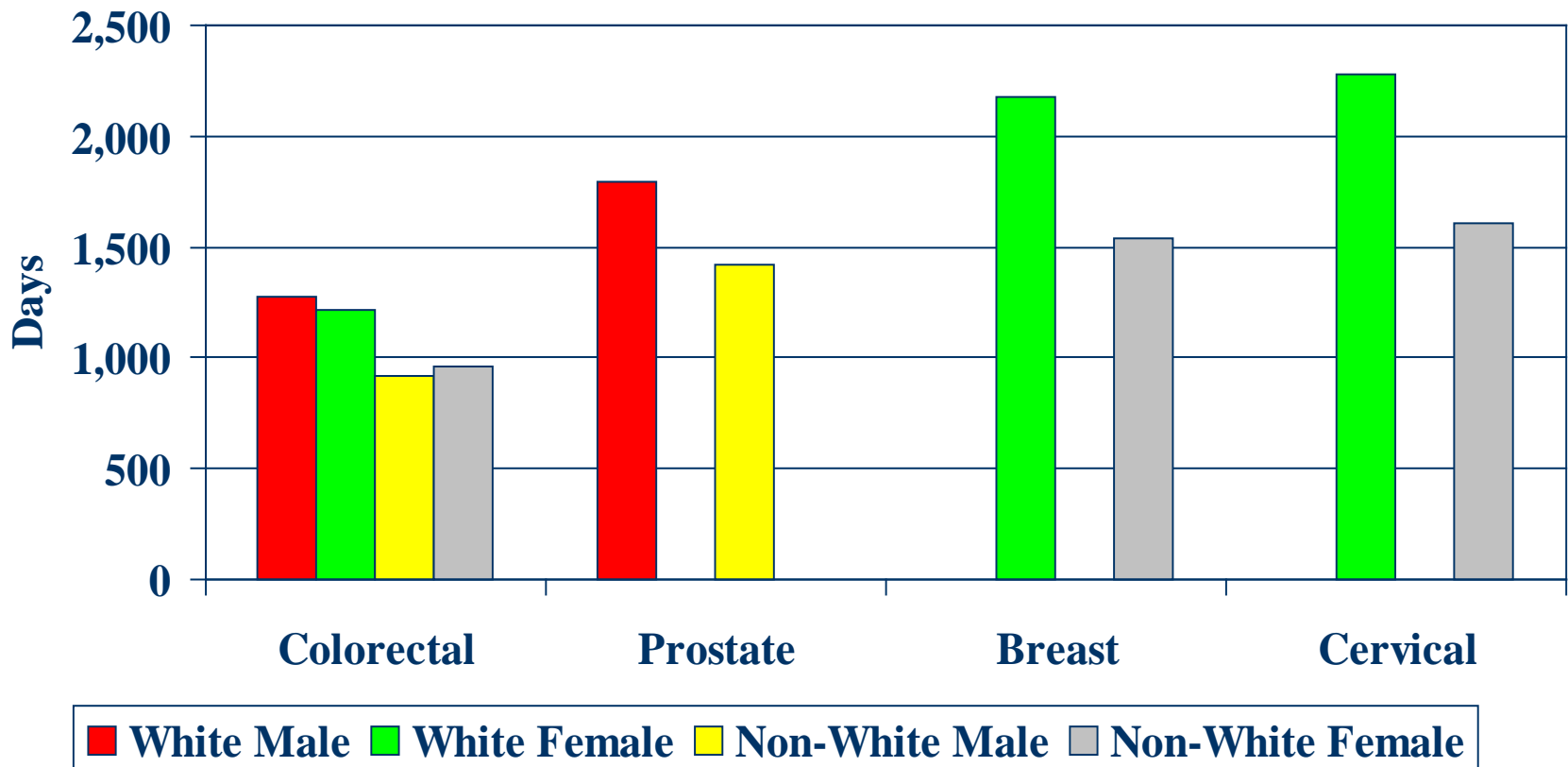
“CLOSING THE GAP” – A STATE PROGRAM OF RESEARCH

- 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.**

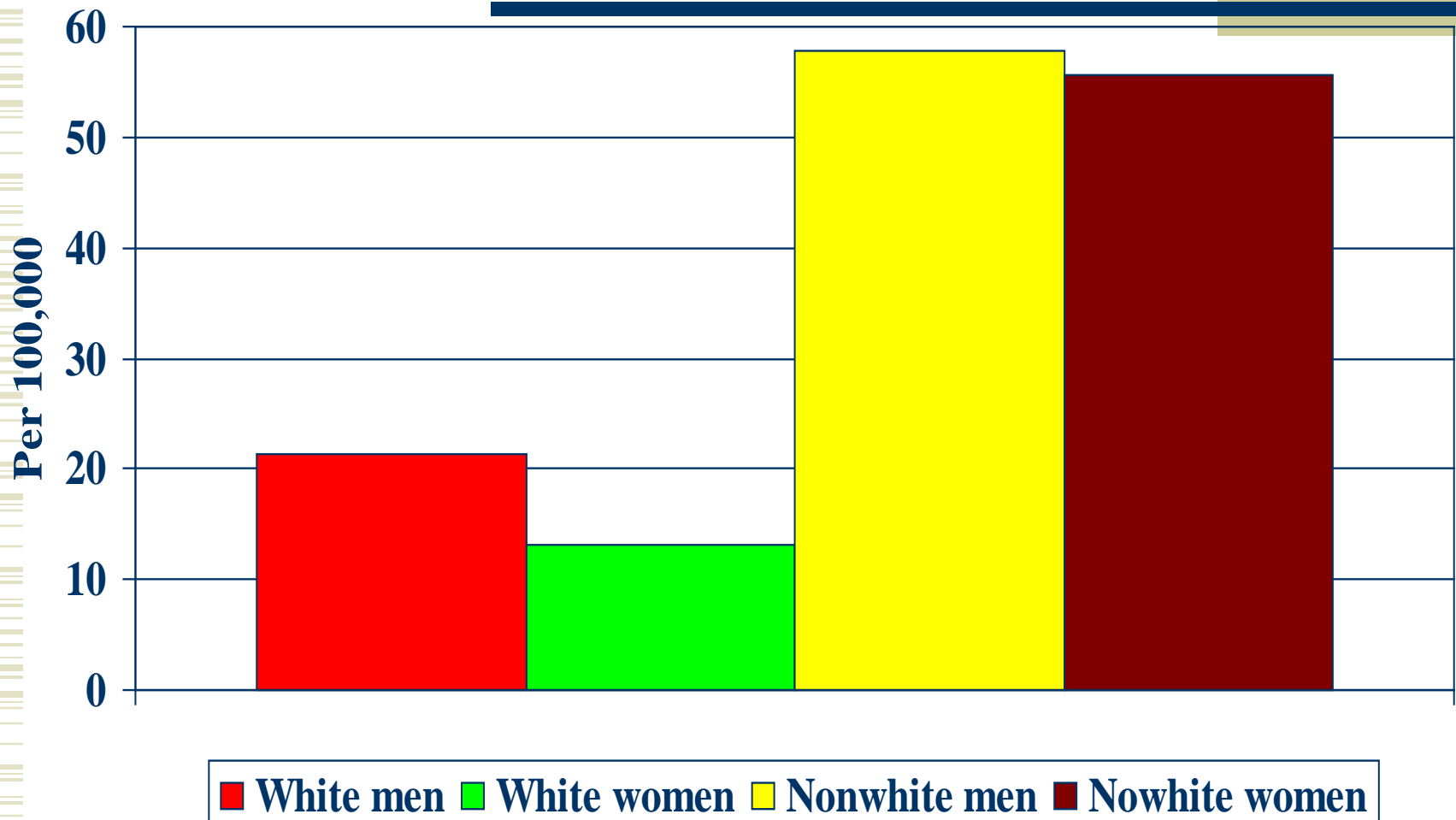
Mortality of Four Cancers FL 2000



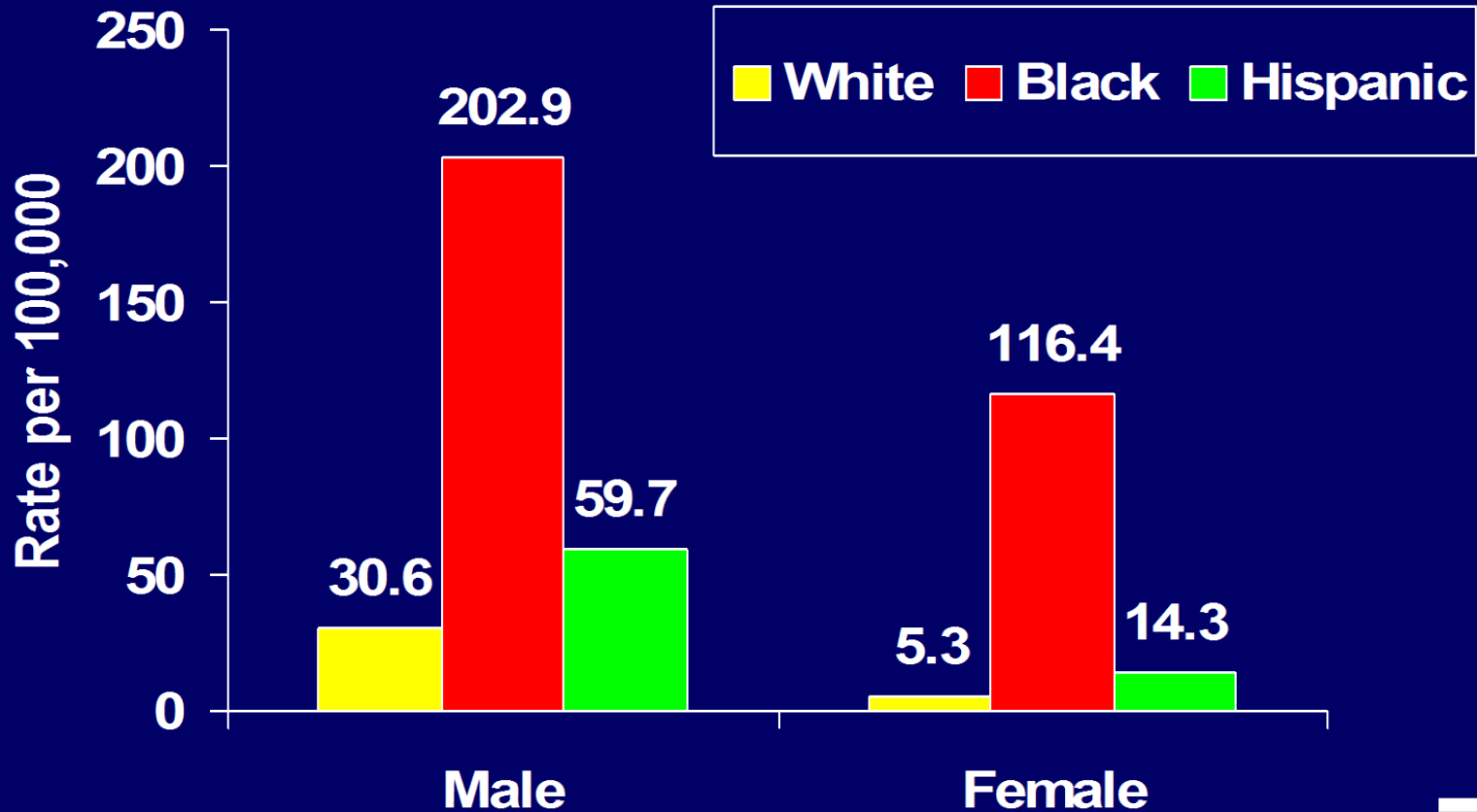
Average Number of Survival Days of Four Cancers, FL, 2000



Diabetes Mortality Rate, FL, 2001

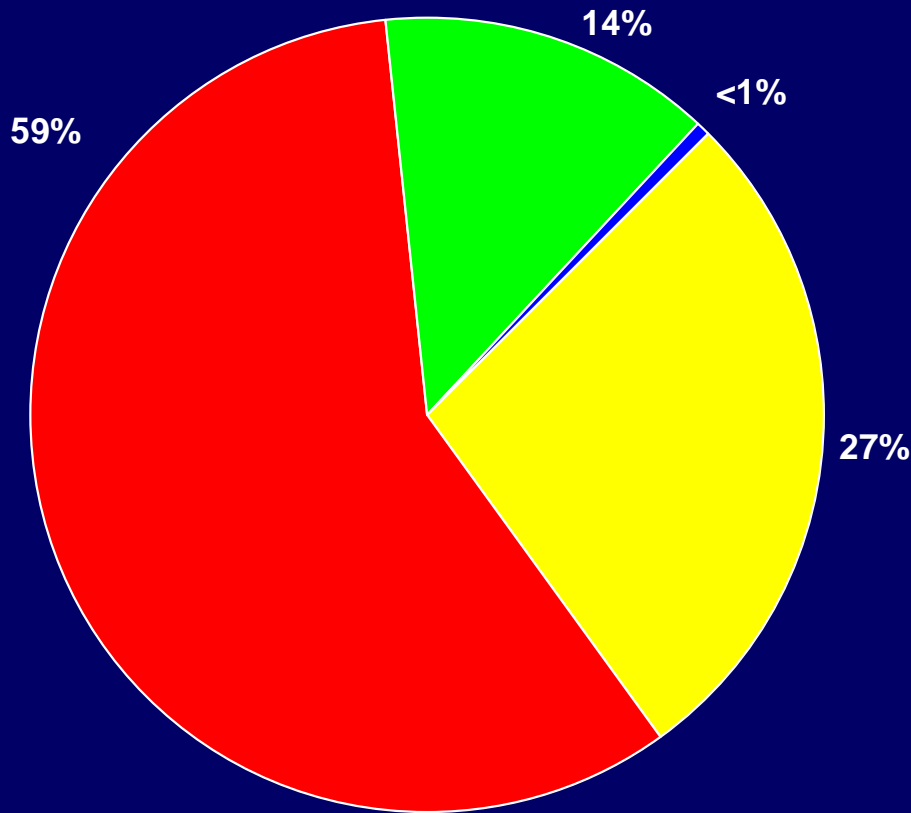


Reported AIDS Case Rates per 100,000 Population By Sex and Race/Ethnicity, Florida, 2001

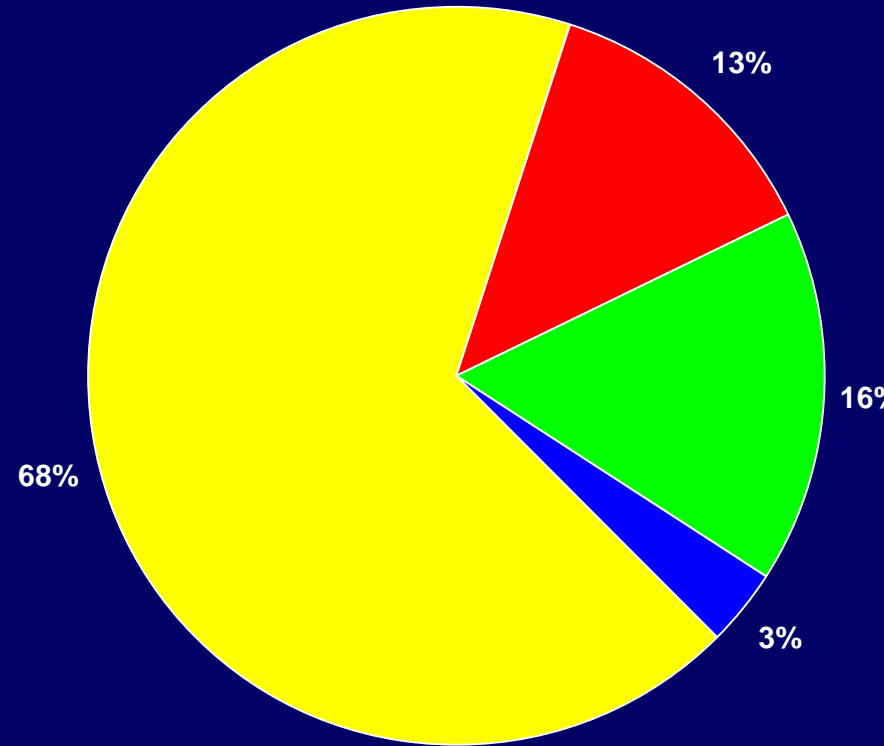


FLORIDA

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



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



■ White ■ Black ■ Hispanic ■ Other



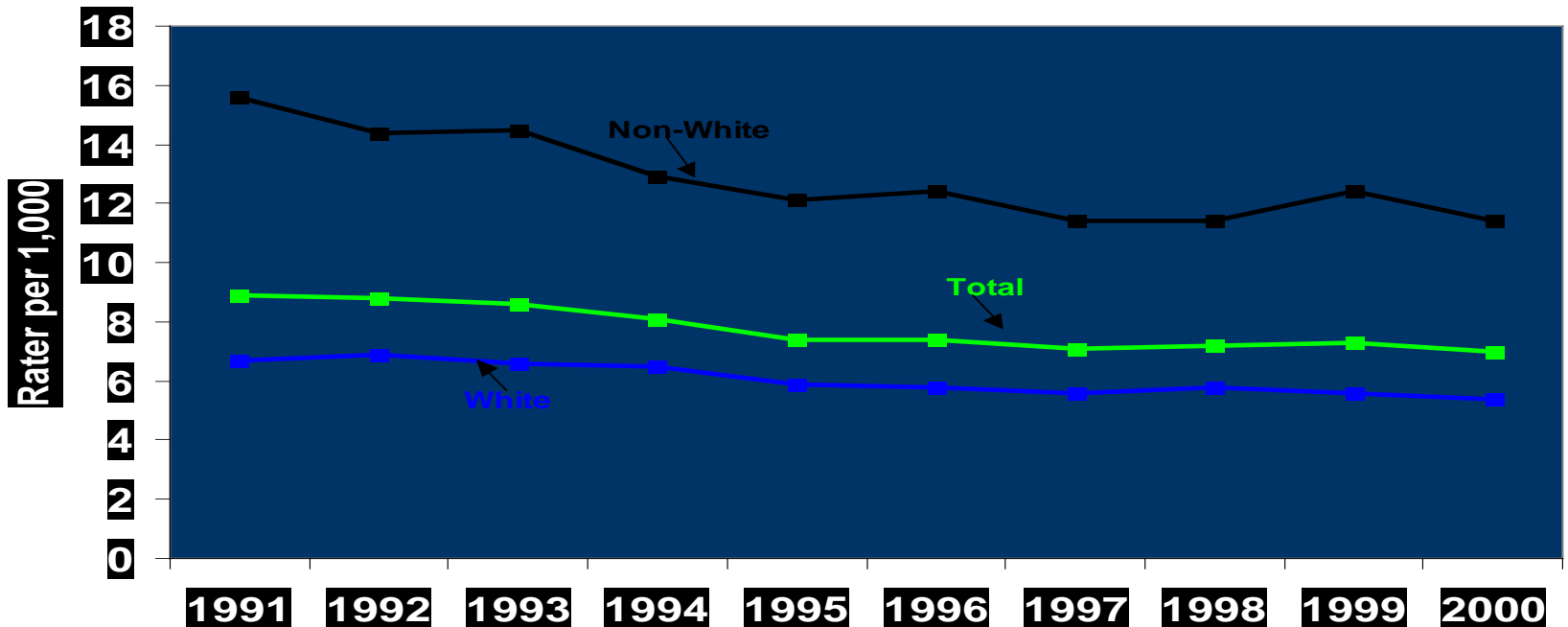
“CLOSING THE GAP” – A STATE PROGRAM OF RESEARCH

- **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

Year of Report

Florida 1991-2000





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

Assessment and Evaluation

- ◆ **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.

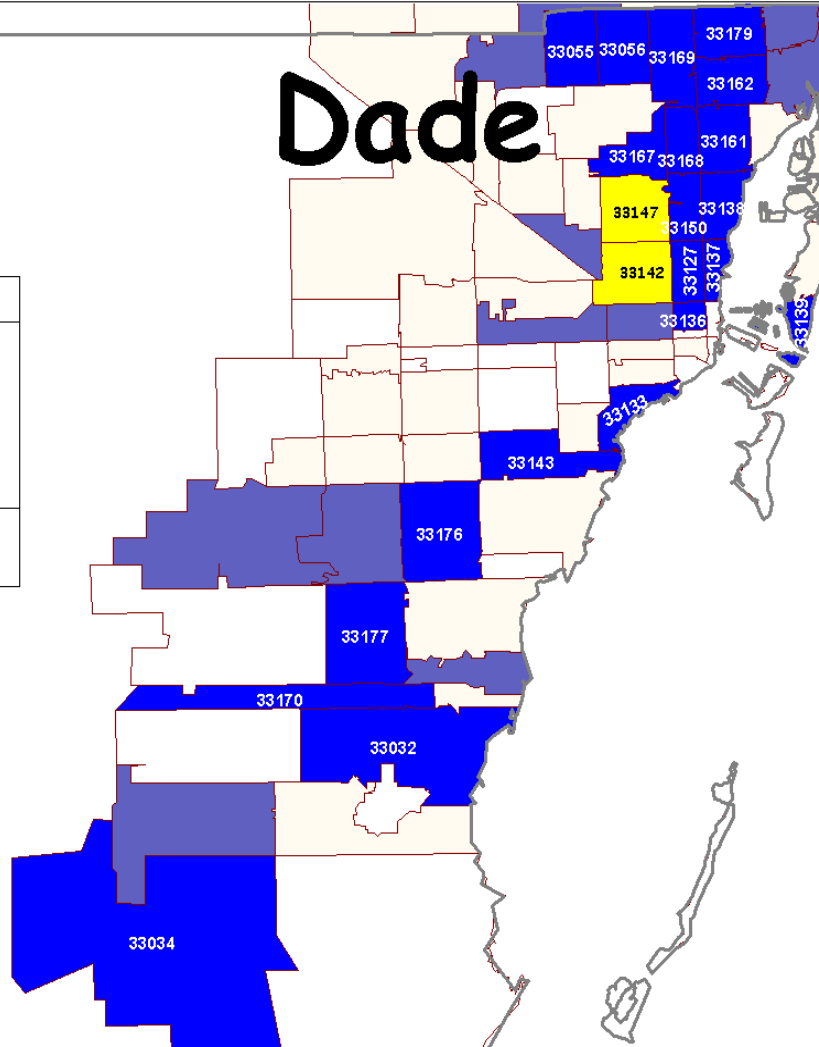
Florida Black Cardiovascular Deaths by Zip Code: Year 2000
 Dade County
 International Classification of Disease -10 Codes: I00 - I78

Dade

LEGEND

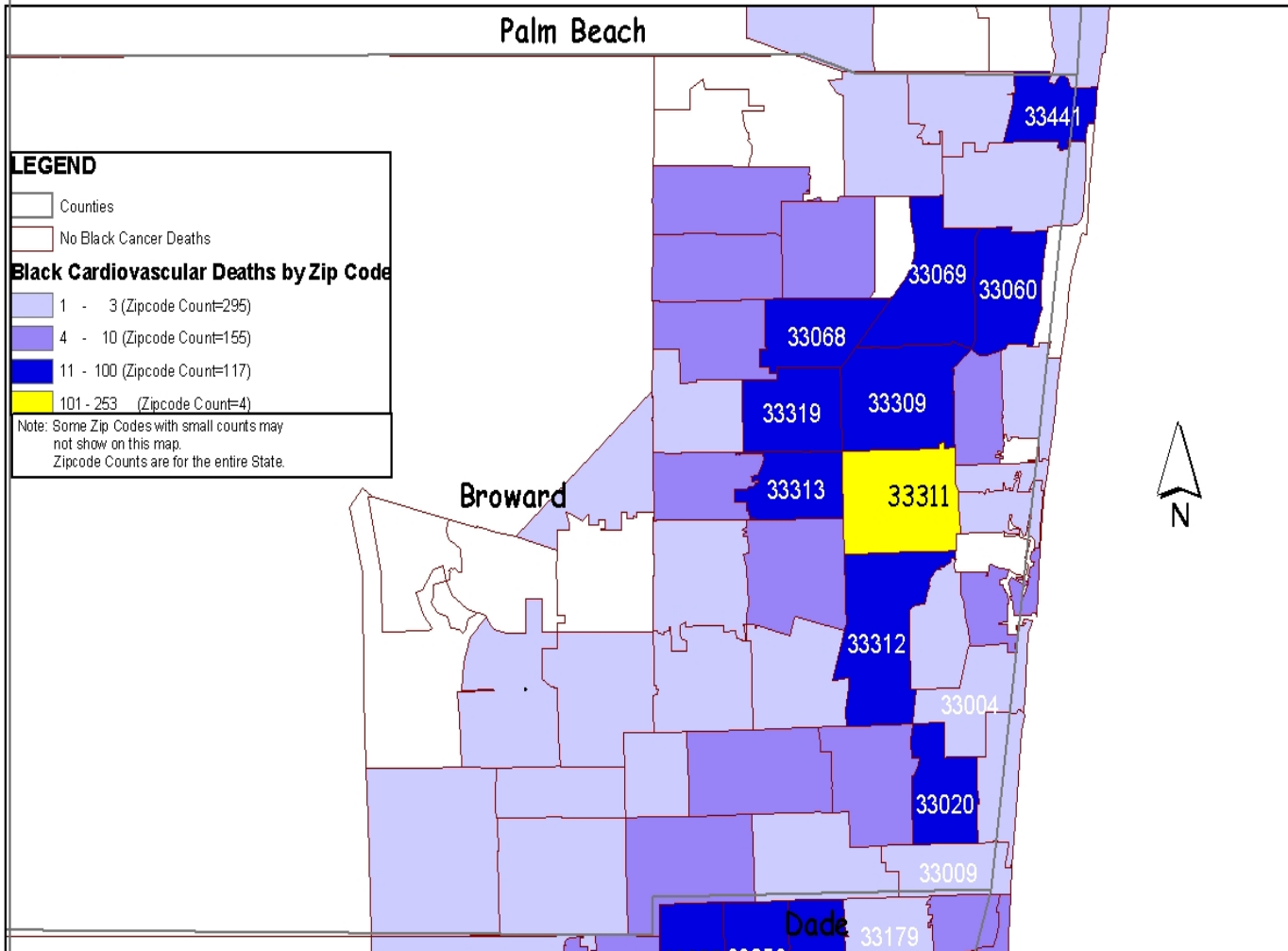
- Counties
- No Black Cardiovascular Deaths
- Black Cardiovascular Deaths by Zip Code
- 1 - 3 (Zipcode Count=295)
- 3.01 - 10 (Zipcode Count=155)
- 10.01 - 100 (Zipcode Count=117)
- 100.01 - 253 (Zipcode Count=4)

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



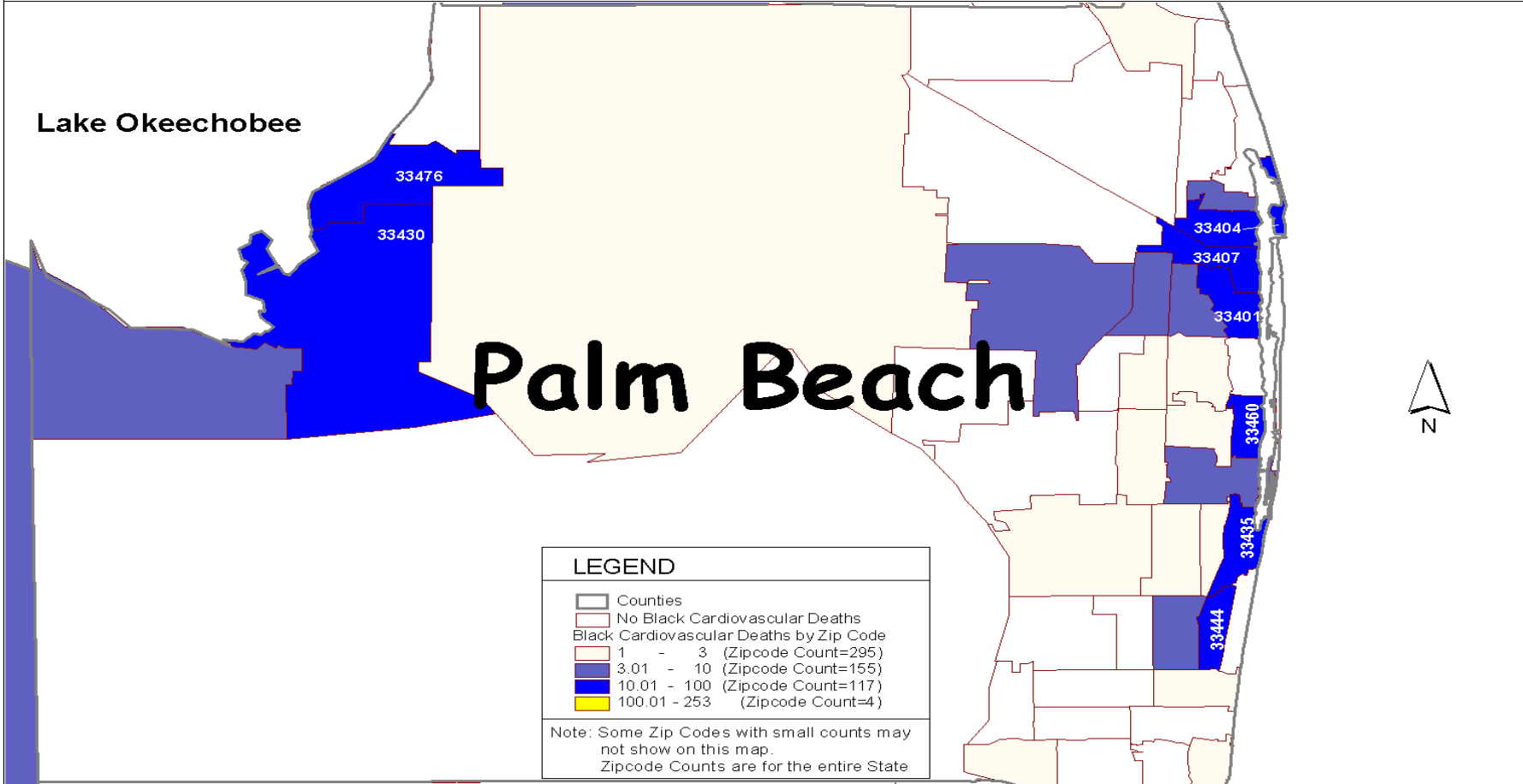
Produced by Florida Department of Health
 Office of Planning, Evaluation and Data Analysis for the Office of Minority Health
 December 4, 2002
 Source: Florida Vital Statistics, 2000

Florida Black Cardiovascular Deaths by Zip Code: Year 2000
 Broward County
 International Classification of Disease - 10 Codes: I00 -I78



Produced by Florida Department of Health
 Office of Planning, Evaluation and Data Analysis for the Office of Minority Health
 October 10, 2003
 Source: Florida Vital Statistics, 2000



Florida Black Cardiovascular Deaths by Zip Code: Year 2000
 Palm Beach County
 International Classification of Disease -10 Codes: I00 - I78







Produced by Florida Department of Health
 Office of Planning, Evaluation and Data Analysis for the Office of Minority Health
 March 7, 2003
 Source: Florida Vital Statistics, 2000

Florida Hispanic Cancer Deaths by Zip Code: Year 2000
 Dade County
 International Classification of Disease -10 Codes: C00 - C97

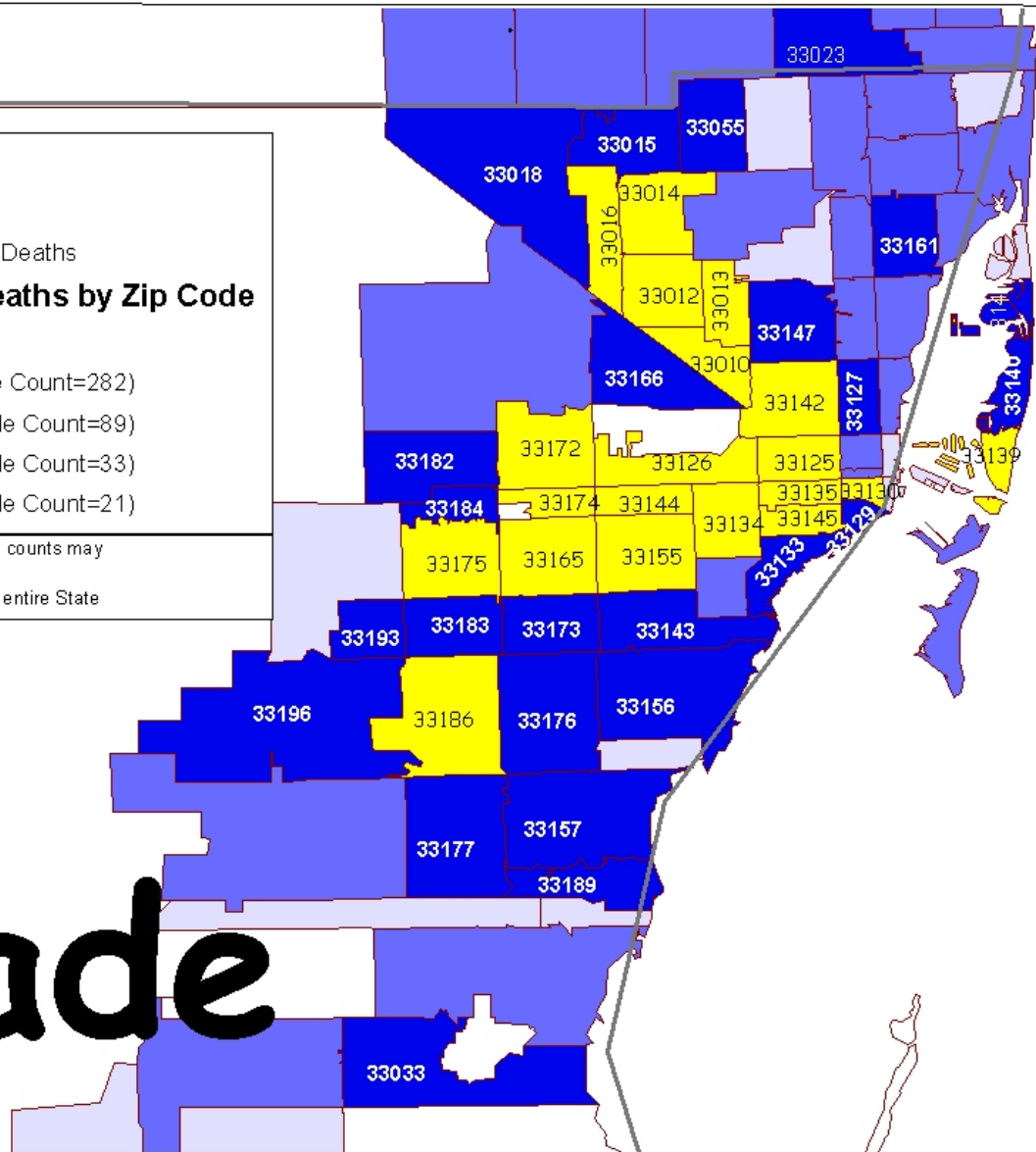
Legend

-  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



Dade



Florida Hispanic Cardiovascular Deaths by Zip Code: Year 2000

Dade County


International Classification of Disease - 10 Codes: I00 - I78

Broward


Dade


Legend


 Counties


 No Hispanic Cardiovascular Deaths

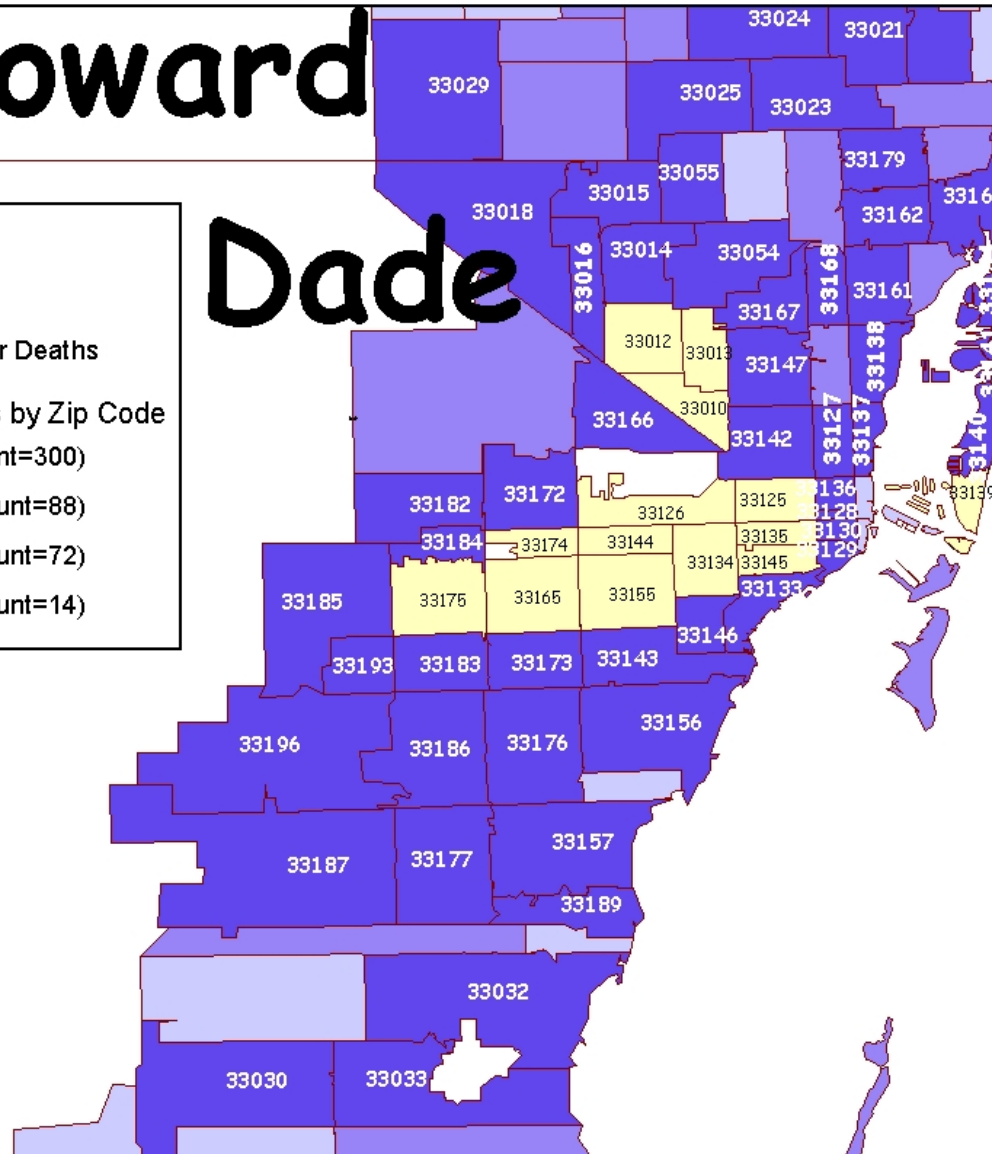
Hispanic Cardiovascular Deaths by Zip Code

 1 - 3 (Zipcode Count=300)

 3.01 - 10 (Zipcode Count=88)

 10.01 - 100 (Zipcode Count=72)

 100.01 - 274 (Zipcode Count=14)



Florida Hispanic Cancer Deaths by Zip Code: Year 2000
Broward County
International Classification of Disease -10 Codes: C00 - C97

Broward

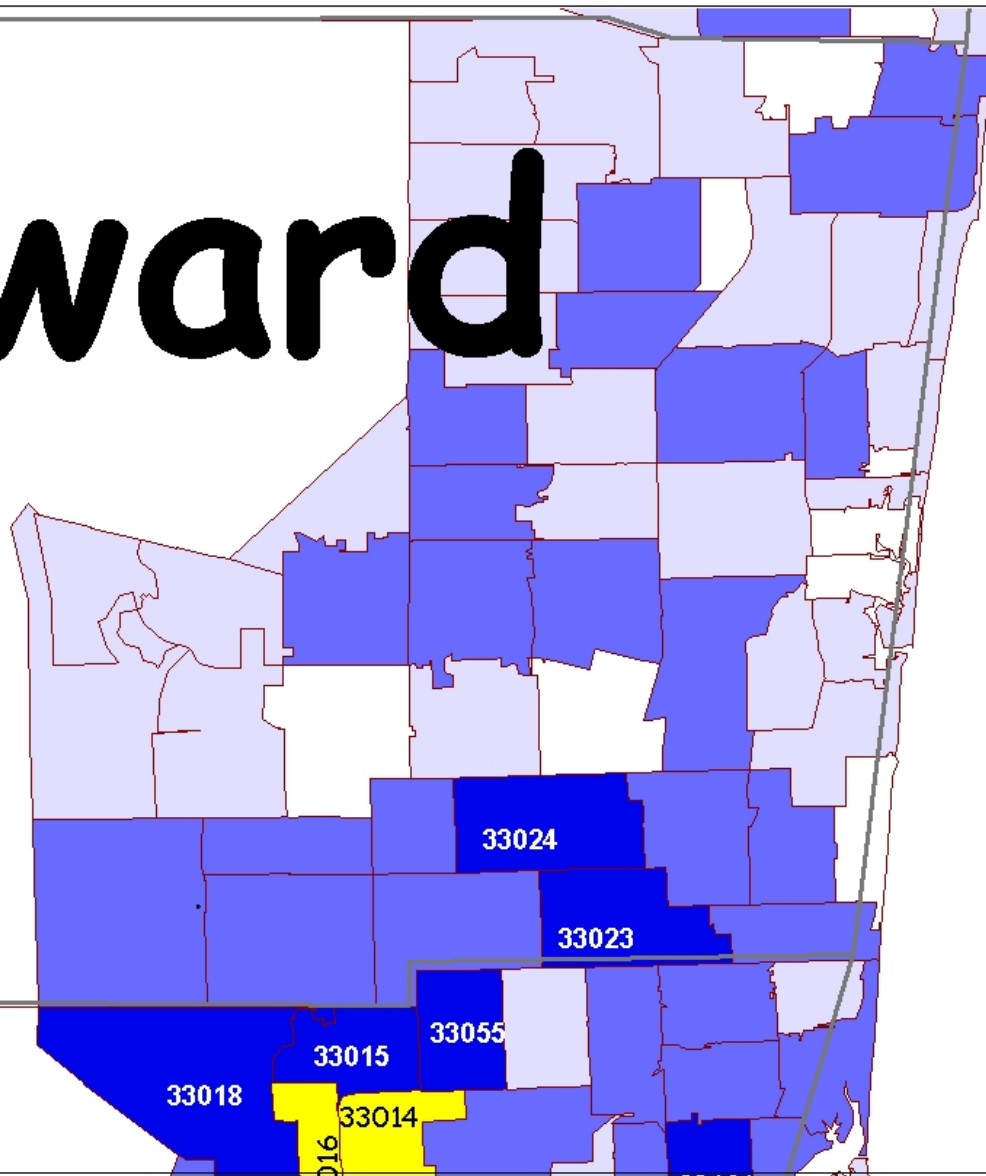
Legend

- 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



Dade

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).

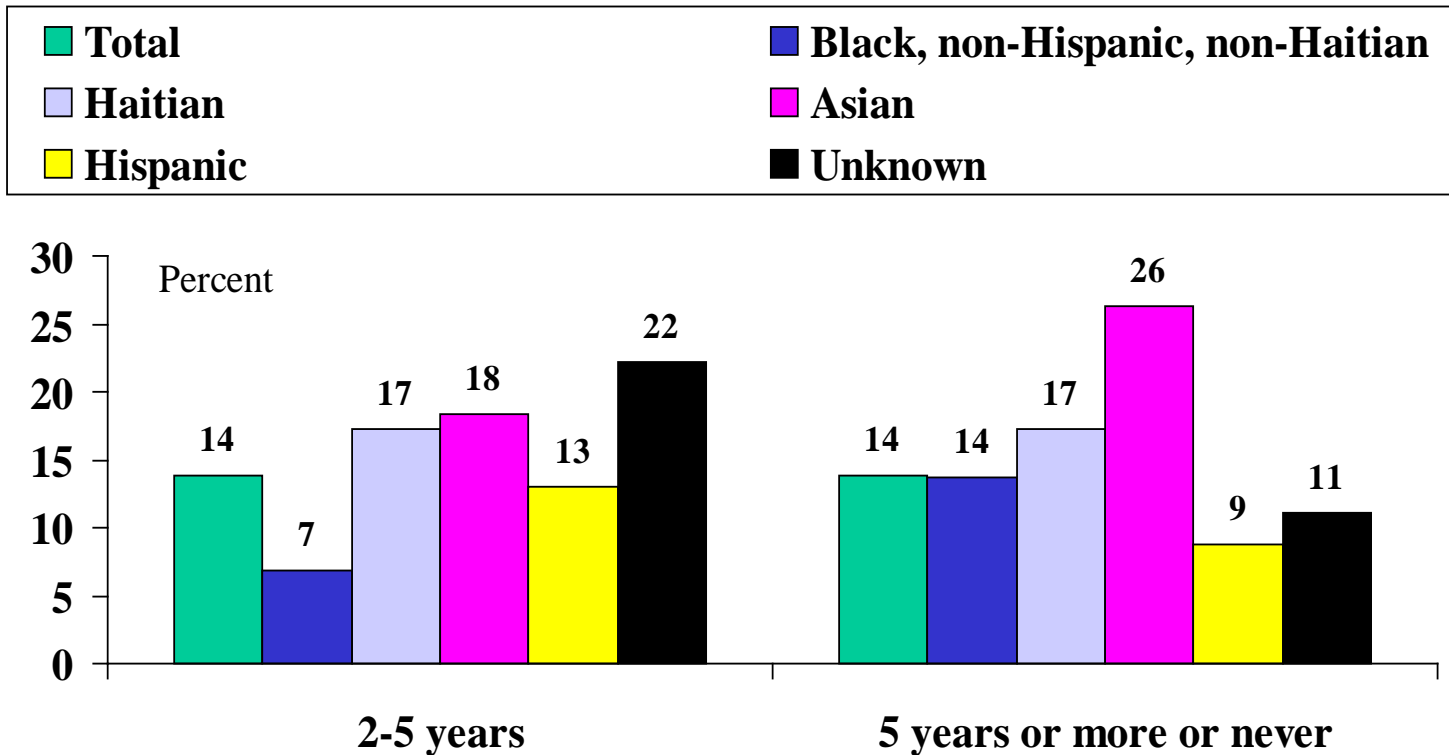


CLOSING THE GAP



- ◆ COMMUNITY HEALTH SURVEY
 - ◆ FINDINGS

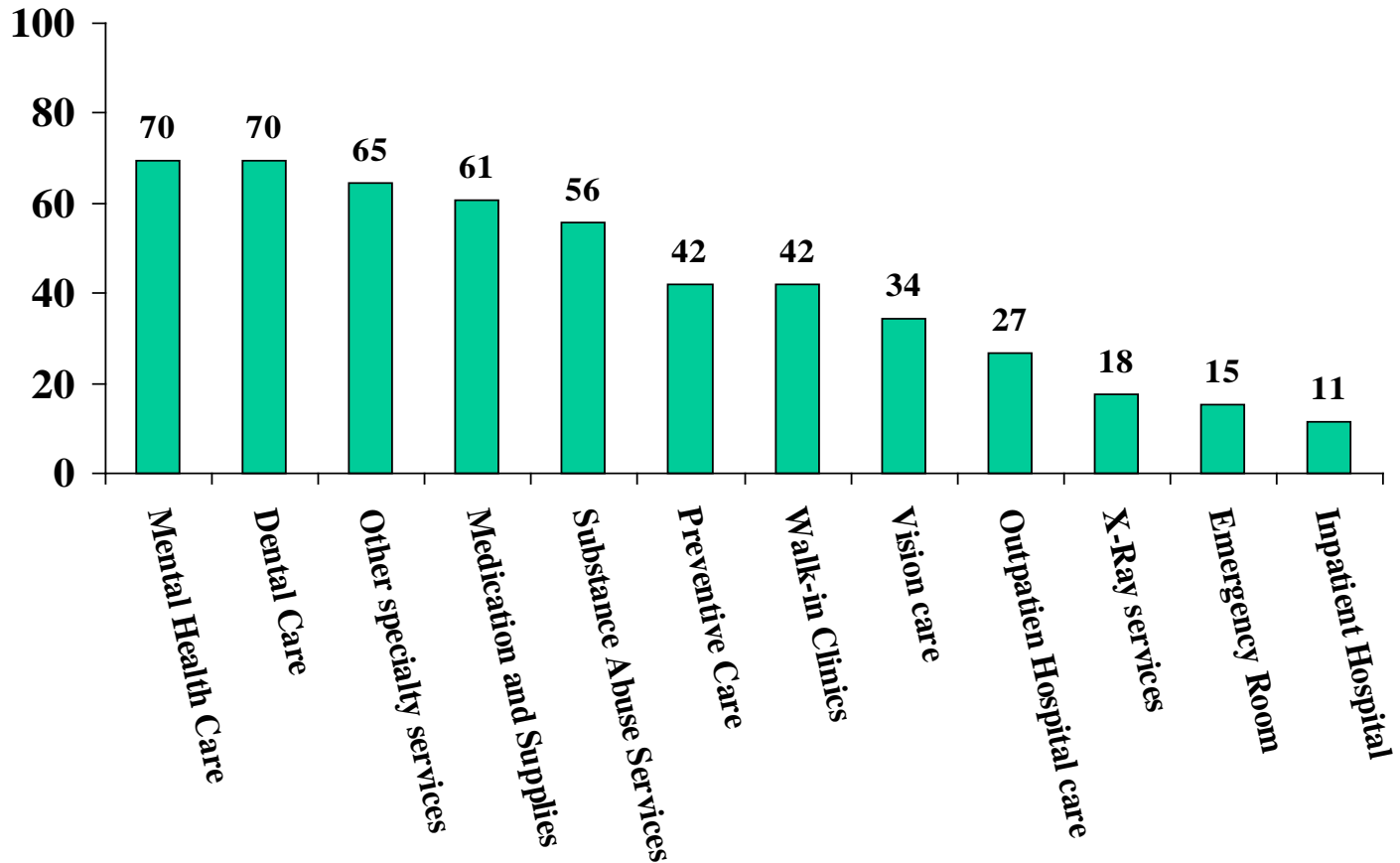
Figure 8: Last time visited a physician for a routine check-up



Florida Community Survey on Access to Health Care, 2004

Figure 14: Health care services that are difficult to obtain in the community

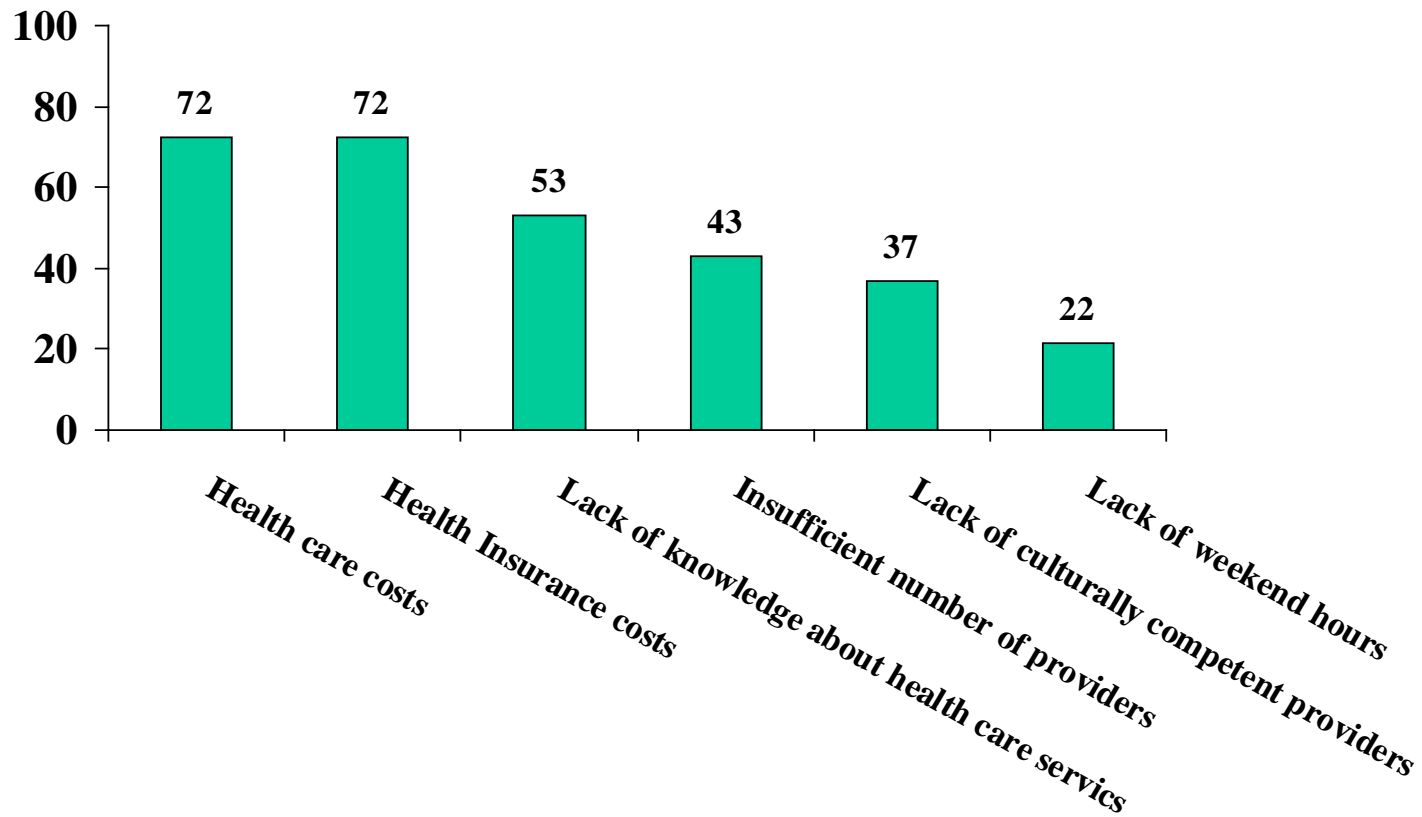
Percent indicating services is difficult to access



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

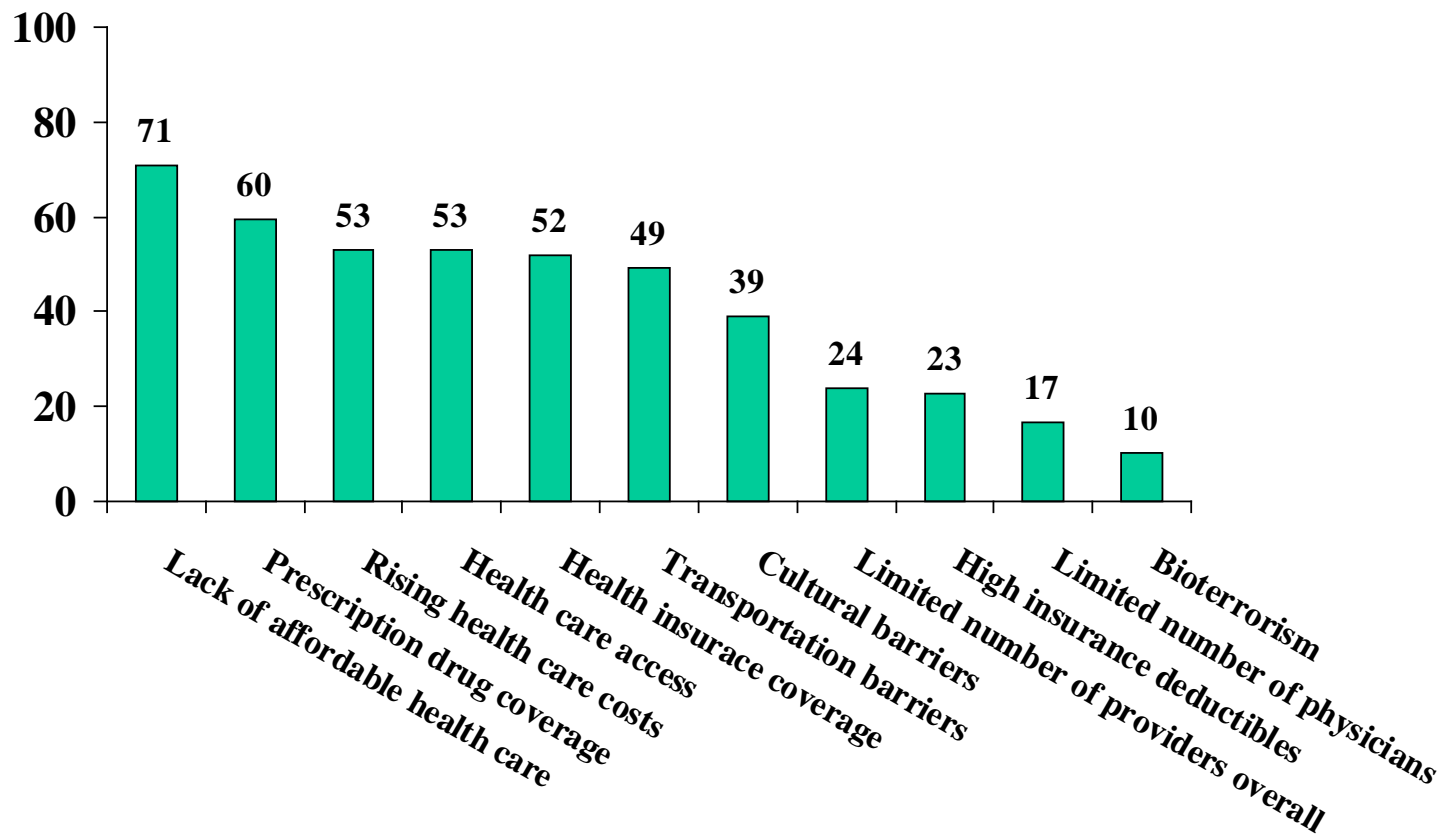
Percent ranking issue as one of the top five issues



Florida Community Survey on Access to Health Care:
Stakeholders, 2004

Figure 17: The major health care issues in the community

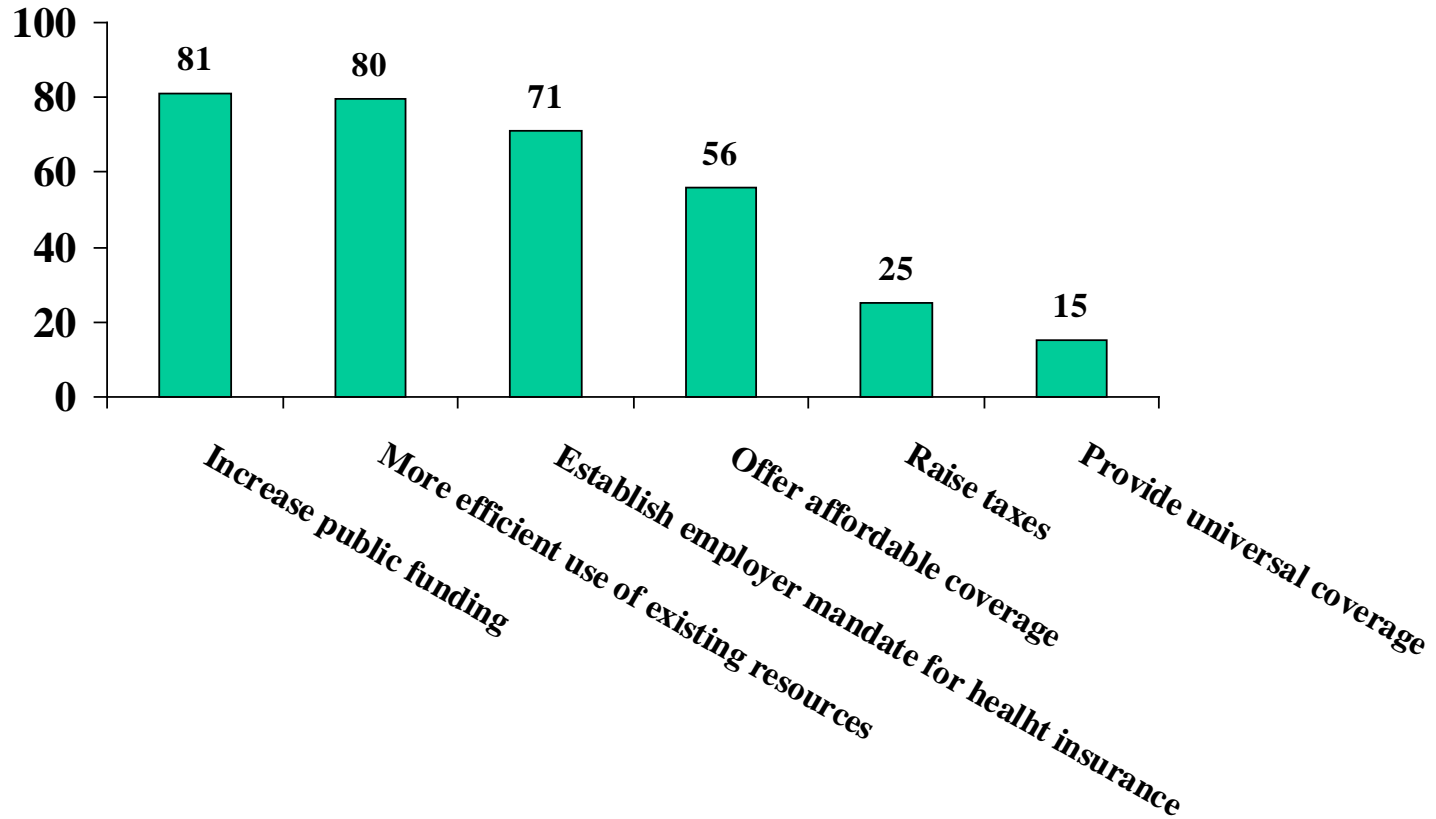
Percent ranking issue as one of the top five issues



Florida Community Survey on Access to Health Care:
Stakeholders, 2004

Figure 19: Top approaches for improving access among racial and ethnic minority groups

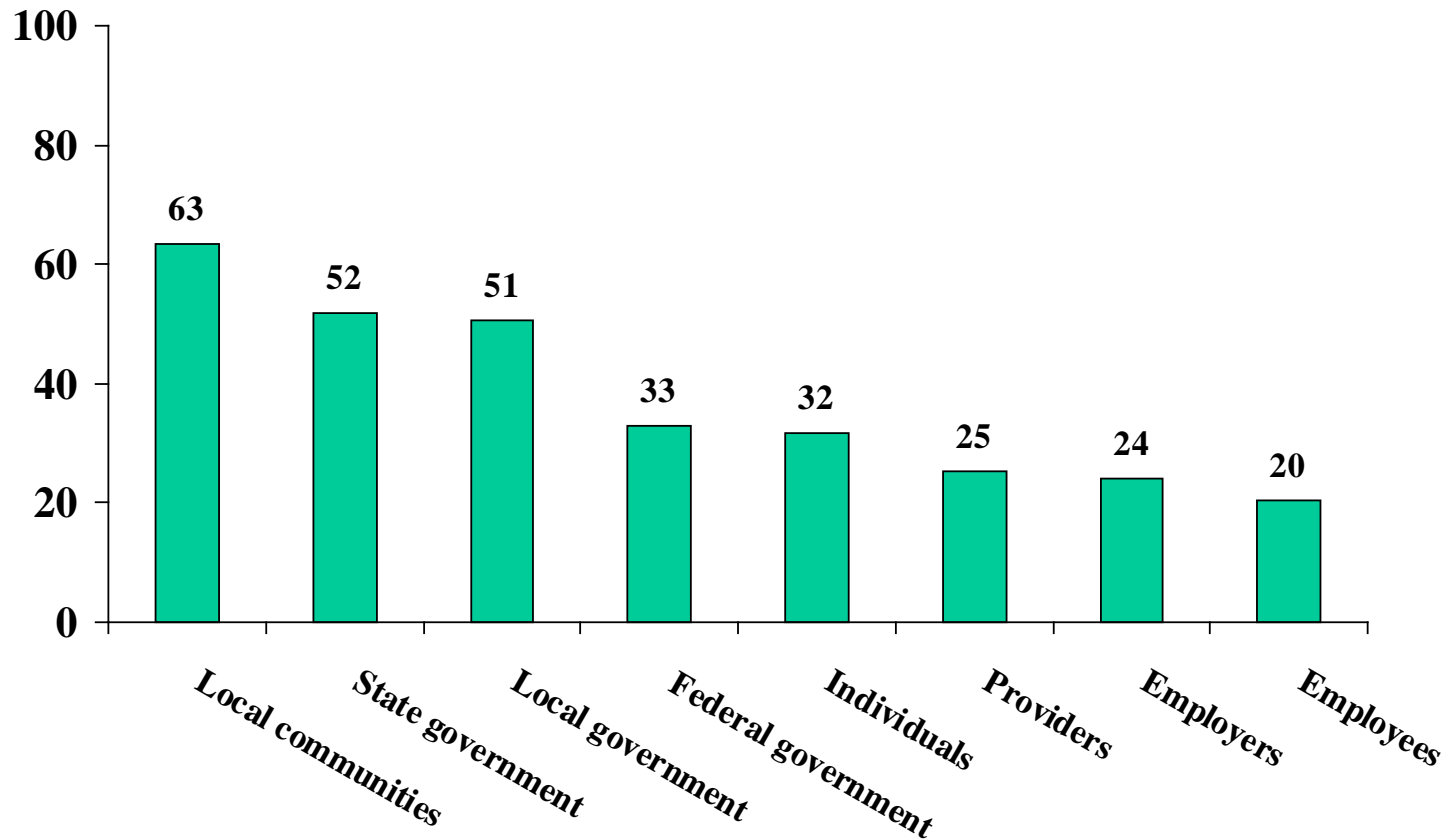
Percent indicating that approach is one of their top five approaches



Florida Community Survey on Access to Health Care:
Stakeholders, 2004

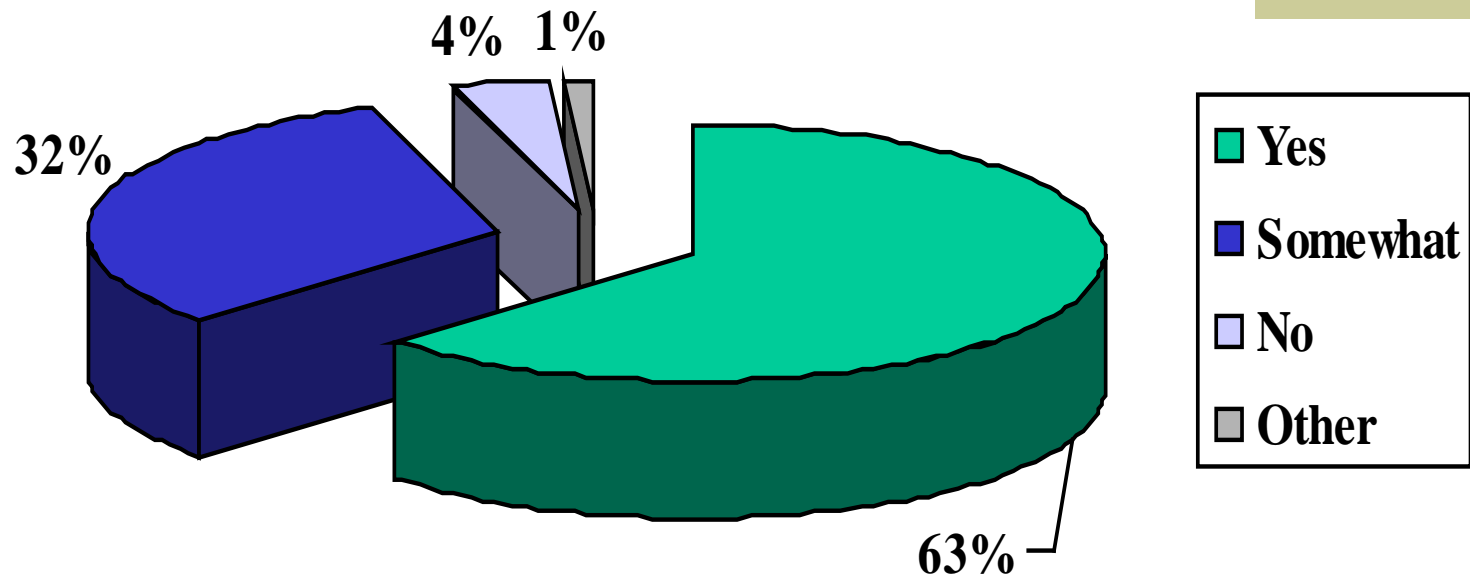
Figure 20: Who should address issues related to health care access?

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.**

ADDRESSING ISSUES OF HEALTH DISPARITIES IN FLORIDA (cont'd)

- ◆ *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:

Rosebud Foster, Ed.D.

