Health Care Equity, Access, Poverty, and Workforce Diversity

A. T. Coombs, MD
Chair, Workforce Diversity Committee
AMA Commission to End Health Care Disparities
Vice President
Massachusetts Medical Society

Health Care-Resource gap

- US GDP greater than the sum of Japan, Germany, People's Republic of China and the United Kingdom
- Health Care 16% of GDP
- Health Care $7600/capita
- Worse Outcomes
  - Infant Mortality
  - Maternal Mortality
  - Life expectancy
- Greater inequities with in segment of the US

For Want of a Dentist

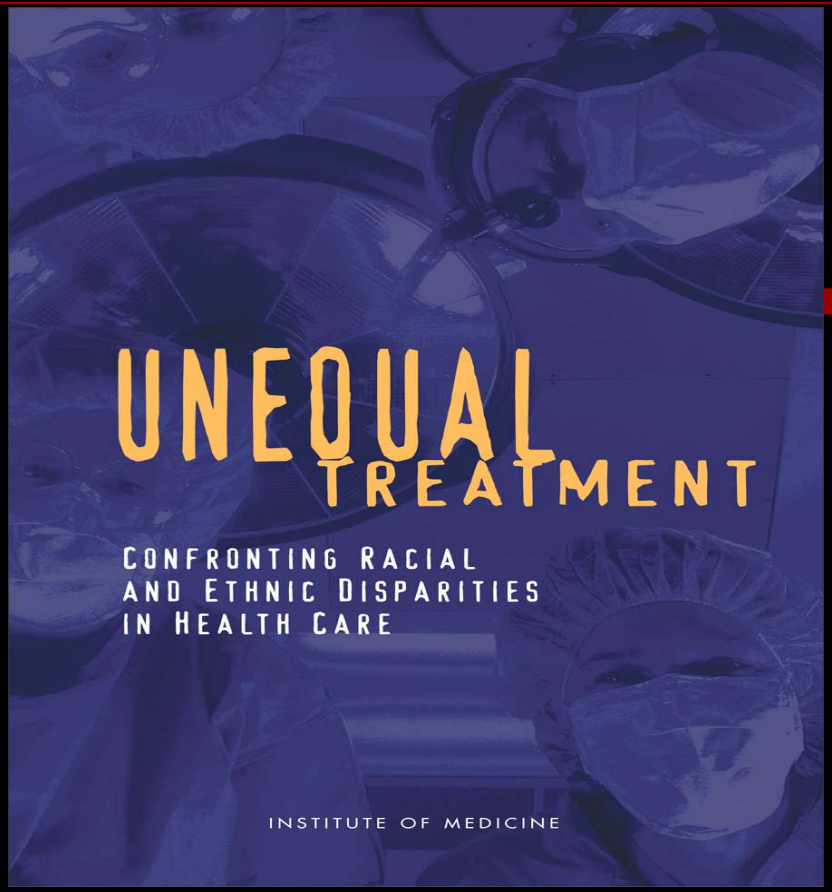
Washington Post, Wednesday, February 28, 2007; Page B01

Deamonte Driver, sitting next to his mother, Alyce,.

Twelve-year-old Deamonte Driver died of a toothache Sunday.

Health Care Disparities

IOM's Unequal Treatment- Specific Findings



- *Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.*
- Many sources – health systems, health care providers, patients, and utilization managers – contribute to racial and ethnic disparities in health care.

HCD Dilemmas

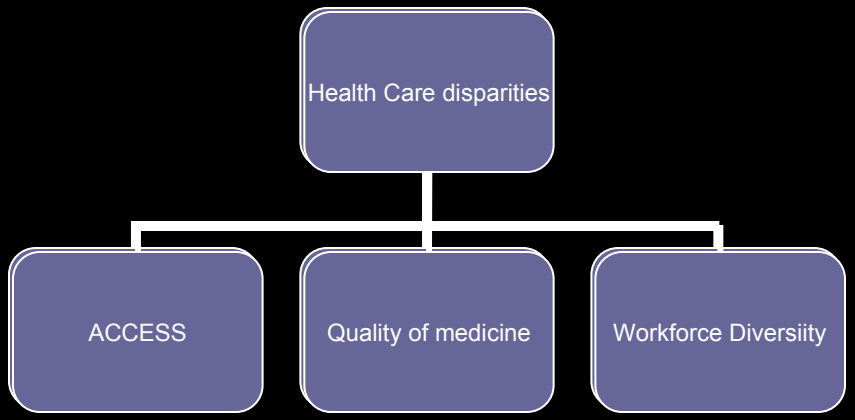
- Inferior Healthcare is multi-factorial
- Quality of Healthcare affected by access
- Despite adequate Healthcare insurance Healthcare Disparities still exist
- Regardless of economic levels Blacks, Hispanics and Asians receive inferior healthcare
- Workforce Diversity is deficient
- Eliminating healthcare disparities requires financial commitment

Health Care Inequities

- WHAT ?
- **DETECTING** DISPARITIES IN
- HEALTH CARE FOR DIFFERENT
- GROUPS
- Define health care disparities and identify vulnerable populations
- Measure disparities

- Why? How?
- Determinants
- Patient level characteristics
- Clinical relationship
- Health care facility/system

- How?
- Intervention and
- Implementation and
- Evaluation of interventions
- Change infrastructure policy



AMA The Commission to End Health Care Disparities

- Formed in 2004 to coordinate organized medicine's effort to eliminate racial and ethnic disparities in health care. More than 60 medical and public health organizations have agreed to the Commissions mission and vision. Four priority areas:

  1. Professional awareness/education and training
  2. Data and information gathering
  3. Workforce diversity
  4. Advocacy and Policy

Workforce diversity committee is working to increase the health professional pipeline. They've adopted the MAC DBTS program and encouraged physicians to conduct over 100 visits across the country contacting nearly 13,000 students.

The AMA Commission has promoted collaboration between medicine and private industries on strategies to eliminate disparities and welcomed corporate members in the work of the Commission

Racial and Ethnic Health Care Disparities: A Call to Action for All Physicians

- Racial and ethnic disparities in health and health care are real
- We all have a stake in finding and implementing solutions

HCD 2008 Commission Efforts

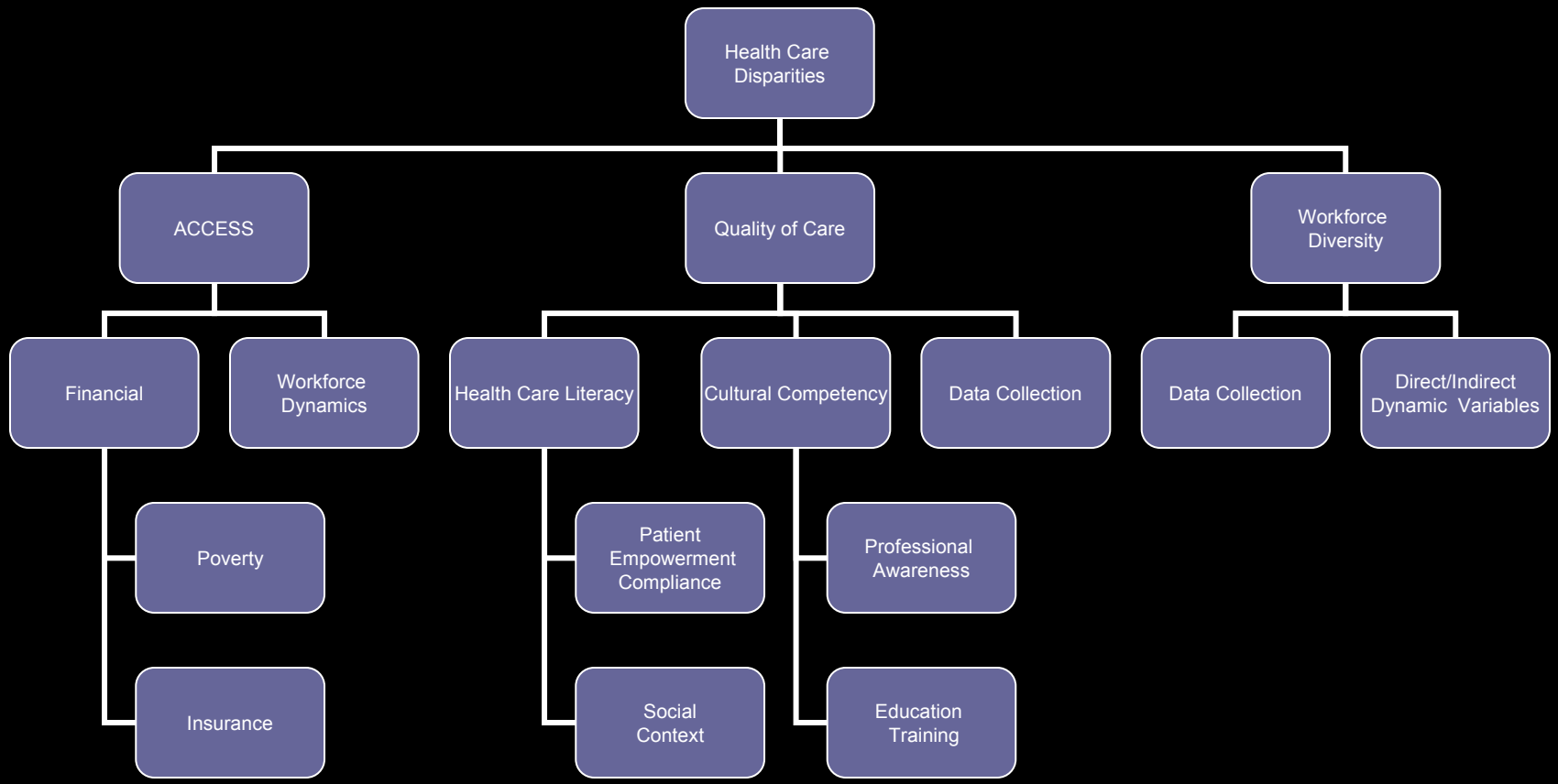
AMA Commission to End HCD

- Increasing awareness of disparities
- Promoting better data gathering
- Promoting workforce diversity
- Increasing education and training

Massachusetts State Commission to Eliminate HCD

- Social Context
- Access to Care
- Care Services
- Workforce Development and Diversity

Health Care Disparities



Socioeconomic Indicators
Boston, 2000

Indicator	Boston	Black	White	Latino	Asian
Less than high school or GED	21%	27%	14%	43%	36%
% of population below poverty level*	20%	23%	14%	31%	30%
% of children (<18) below poverty level	26%	28%	12%	38%	20%
% of adults (>65) below poverty level	18%	23%	14%	29%	11%
Median household income (1999)*	$39,629	$30,523	$46,456	$27,205	$28,402

*Based on income in 1999. DATA SOURCE: US Dept of Commerce, Bureau of the Census, American Fact Finder, Census 2000, Summary File-Sample Data

Social Context
Barriers to Health Care

- Poverty
- Lack of insurance
- Physical Barriers
- Limited access to health care
- Education
- Language
- Cultural competence
- Poor provider attitudes: stereotyping, prejudice, bias

Health Equity
United States Progress

- Improving Quality and Equity in Health Care by Reducing Disparities
- Romana Hasnain-Wynia, PhD, Northwestern University Feinberg School of Medicine
- *Better defining specific drivers of disparities in health care gives directions*
- National Healthcare Disparities Report, reveal in the last three years more than 60% of disparities in quality of care have stayed the same or worsened for Blacks, Asians, Hispanics and poor populations.

Workforce Diversity Committee

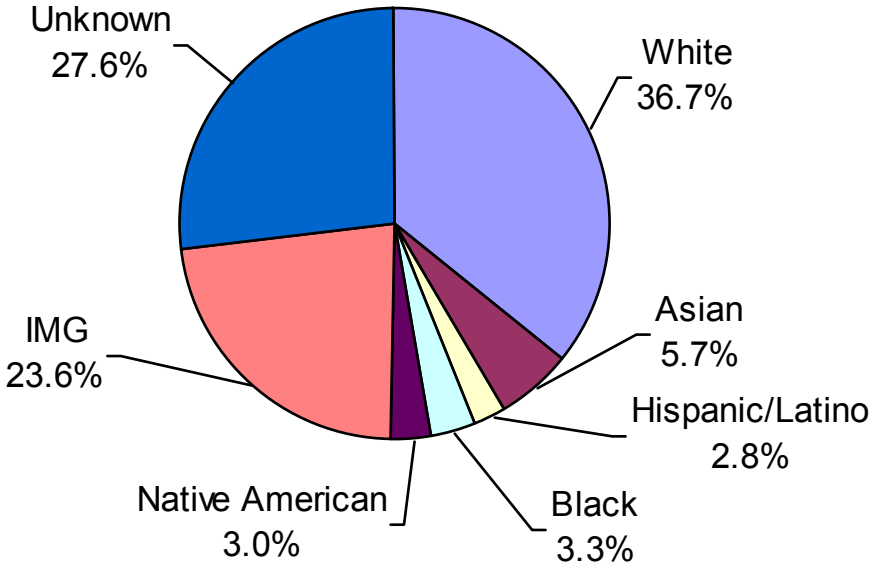
- Global Workplace Diversity
- Workforce Diversity Matters Patient Care
- Workforce Environment
- Workforce Diversity Pipeline Initiatives
- Workforce Development- Retraining
- Workforce Legislative and Institutional Commitment
- Workforce Diversity Long Range Goals

Workforce Diversity
National Demographics

- African American, Hispanic Americans, and American Indian
  - 25% of population
  - 9% nursing
  - 6% physicians
  - 5% dentists.
- Health professional schools, minorities
  Baccalaureate nursing faculties<10%
- Dental school faculties 8.6%
- Medical school faculties 4.2 %.

Workforce and the Underserved/Racial and Ethnic Minorities

U.S. Physicians by Race and Ethnicity, 2004



Workforce Diversity Massachusetts Demographics

- Population
- Racial 13.7% of population
  - Blacks
  - Latinos
  - Native Americans
- Physicians URM 3.2%
  - Blacks
  - Latinos,
  - Native Americans
- Projections/Trends

Workforce Development and Diversity Committee

- Leadership
- Pipeline programs
- Recruitment, development and retention-Post BS programs
- Financing education in the Health Professions
- Cradle to Practitioner efforts
- Targeting/Channeling/ Mentoring Objectives
- Establish Current existing Statistics/Data
- Goal Racial Parity

Establish Current existing Statistics/Data Health Plans

- State Policy and Regulation on collecting Racial and Ethnic Data
  - States that require collection SC, Texas (language)
  - States that prohibit collection Ca, MD, NH, NJ

Physician Diversity Project at Health Care For All

“Some key findings in the report:

- While people of color make up just over 50% of Boston's population, no teaching hospital reports an underrepresented minority physician makeup of more than 10%.
- Only one of five of the Black, Latino and Native American students accepted into Massachusetts medical schools pursue their medical education in the state.
- Only 33% of physicians trained in Massachusetts remain to practice in the state, well below the national average.
- By the time a student entering medical school in 2004 becomes a full-fledged physician in 2015, Massachusetts will have 422,000 more Black and Latino residents”.

Workforce Development and Diversity Recommendations

- Health professionals should adopt, review and promote policies, procedures and incentives to encourage community-engaged scholarship and research
- Health professions schools, hospitals, and other organizations should partner with businesses, communities, and public schools systems
- US Public Health Service, state health departments, colleges, and health professions schools should provide public awareness campaigns to encourage minorities to pursue health careers
- Baccalaureate colleges and health professions schools should provide and support bridging programs that enable successful transitions to colleges
- Leadership should establish a division of diversity to evaluate each department and division for their success in achieving diversity
- Leadership should increase the representation of minority faculty on committees, governance boards, and advisory councils
- Leadership should require standardized race and ethnicity data to be collected by all licensing and certifying health professions; private and public insurers; and health industry employers.
- Leadership should actively investigate reports of discrimination at schools and hospitals; bring disciplinary action if necessary

Consistent Committee Recommendations

- Establish a centralize governmental body which focuses on Healthcare Disparities and works intrinsically and externally to decrease healthcare disparities across the board.
- Health care Disparities Government appointed Official

Why Diversity? Race Matters

- Cultural Competency
- Community Concordance
- Parity of Workforce

Impact of Workforce Diversity

- Increasing the supply of minority physicians increases access to medical care (Komaromy 96')
- AAMC 13, 428 MD Degrees between 1974-75 Results- "almost twice the proportion of minority graduates as non-minorities were practicing in federally designated manpower shortage areas (11.6 vs.6.1%, $p<0.001$)
- Black physicians practice in predominantly metropolitan areas (Rochleau 1978)
- Howard University School of Medicine alumni 55'-75'
  - 60% practice in large city , 32% in inner city

Workforce Diversity

Does it Benefit the Medical School Education Process fo non-minority students?

- Student Body Racial and Ethnic Composition and Diversity-Related Outcomes in US Medical Schools
- Somnath Saha MD, MPH etal JAMA Sept 10, 2008
- White Students in Medical Schools with the greatest proportion of Underrepresented Minority (URM) (12-23%) when compared to Med schools with Low proportion (0-4.5%) of URM were:
  - More likely to rate themselves as highly prepared to take care of minority populations
  - More like to have Strong attitudes endorsing equitable access to health care
  - More likely to serve the Underserved Strongest correlation, 48.7% vs 16.2% (Low URM)

Patient-Physician Racial Concordance and the Perceived Quality and Use of Health Care

- "Black respondents with black physicians were more likely than those with non-black physicians
  - Rated their physicians as **excellent** (adjusted odds ratio [OR], 2.40; 95% confidence interval [CI], 1.55-3.72)
  - Report **receiving preventive care** (adjusted OR, 1.74; 95% CI, 1.01-2.98) and all needed medical care (adjusted OR, 2.94; 95% CI, 1.10-7.87) during the previous year.
  - Hispanics with Hispanic physicians were more likely than those with non-Hispanic physicians **to be very satisfied** with their health care overall (adjusted OR, 1.74; 95% CI, 1.01-2.99). Komaromy 99 Archives

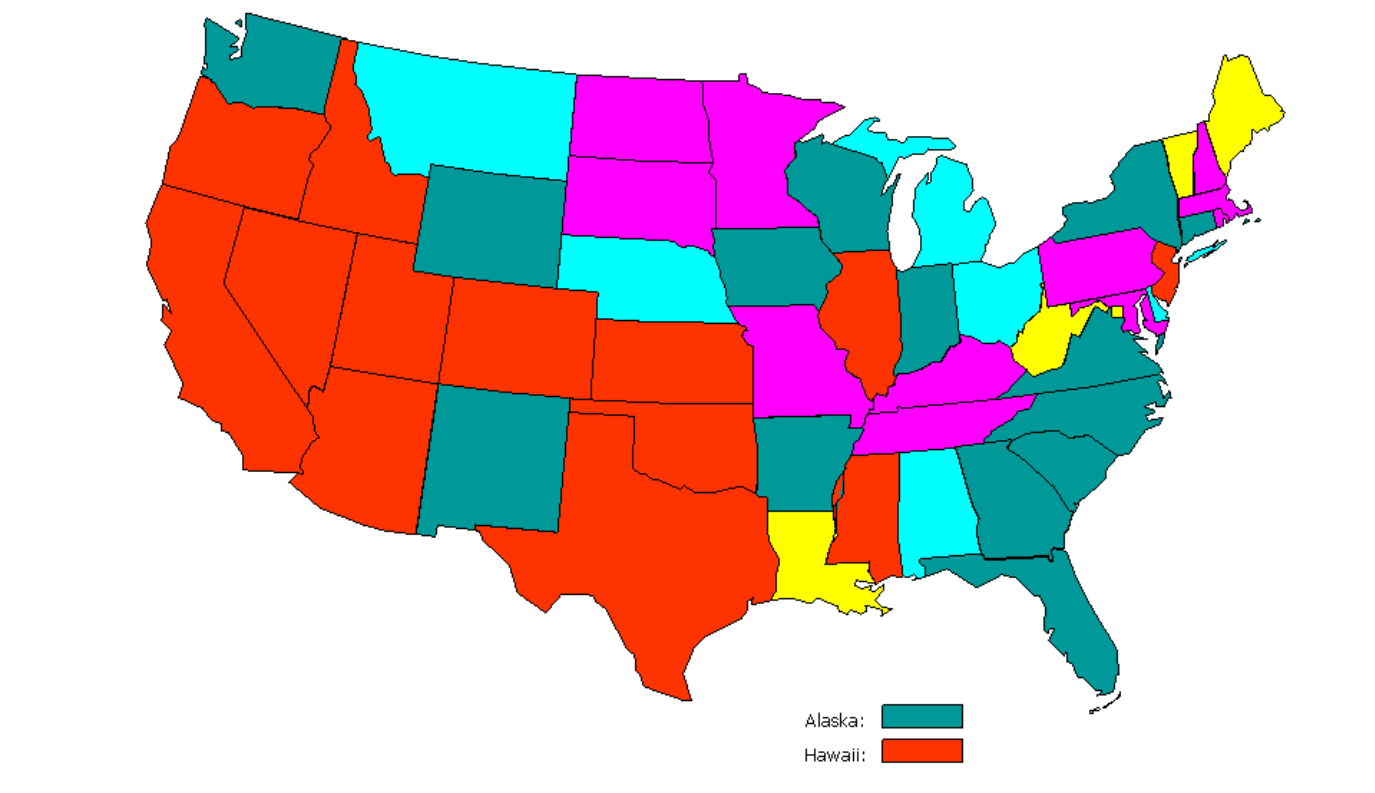
Workforce Diversity

- Physician Mal-distribution
- Blacks
- Non White Hispanics/Latinos

Ratio of Latino Physicians to 100,000 Latino Populations

Under 50	50 to 74	75 to 99	100 to 199	200 and over

US average: 51

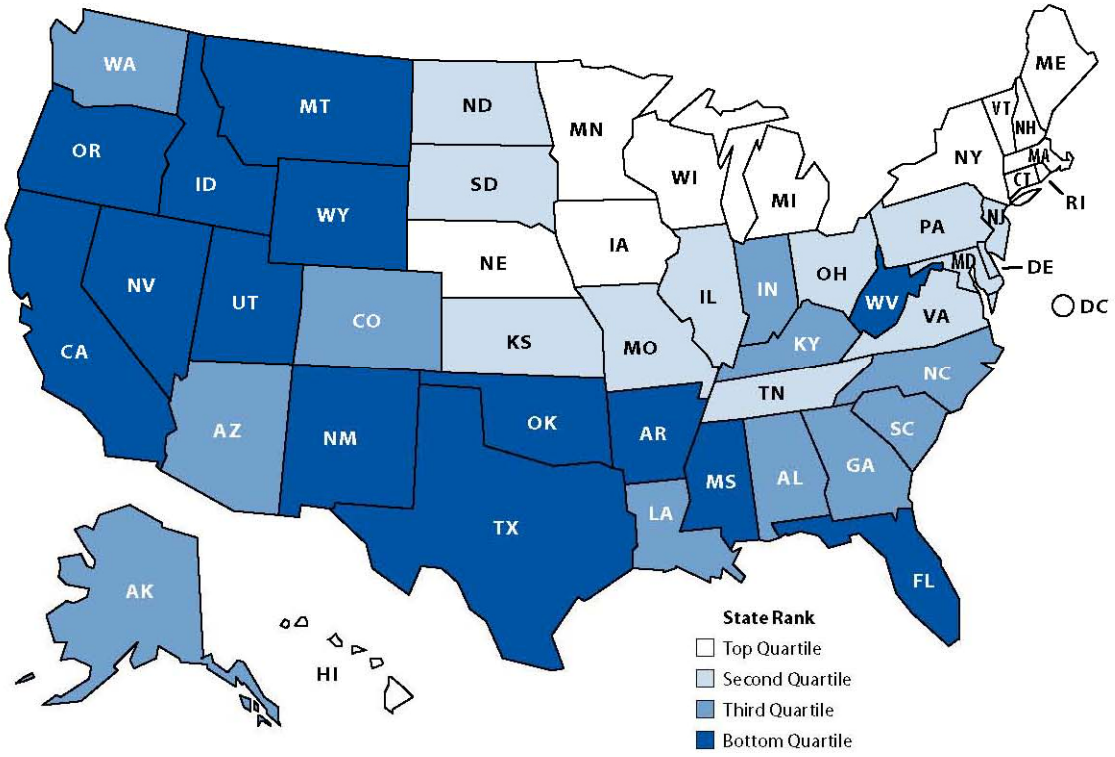


Diversity in the Physician Workforce: Facts & Figures 2006.

AAMC

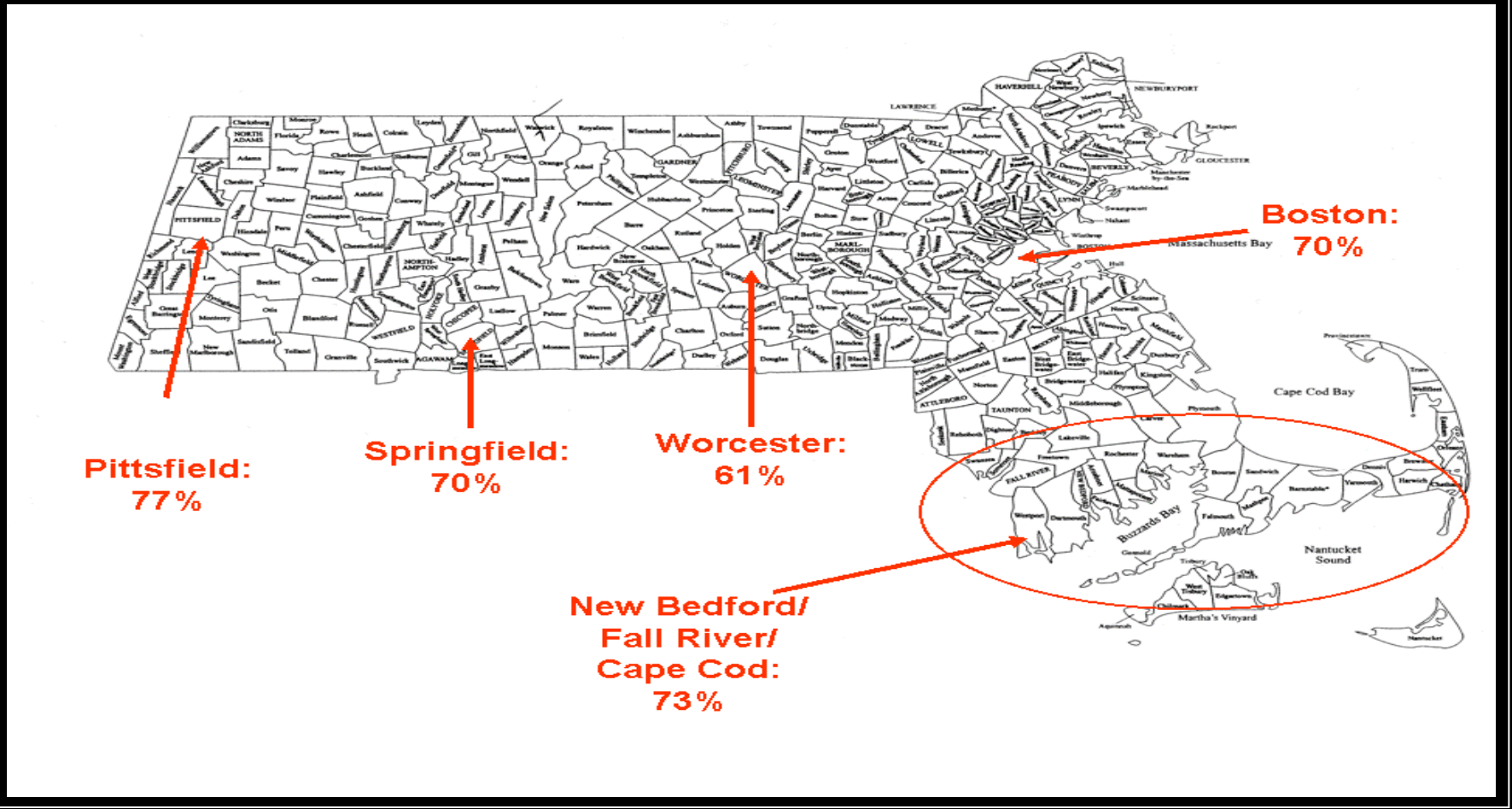
ACCESS EXHIBIT 5

State Ranking on Access Dimension

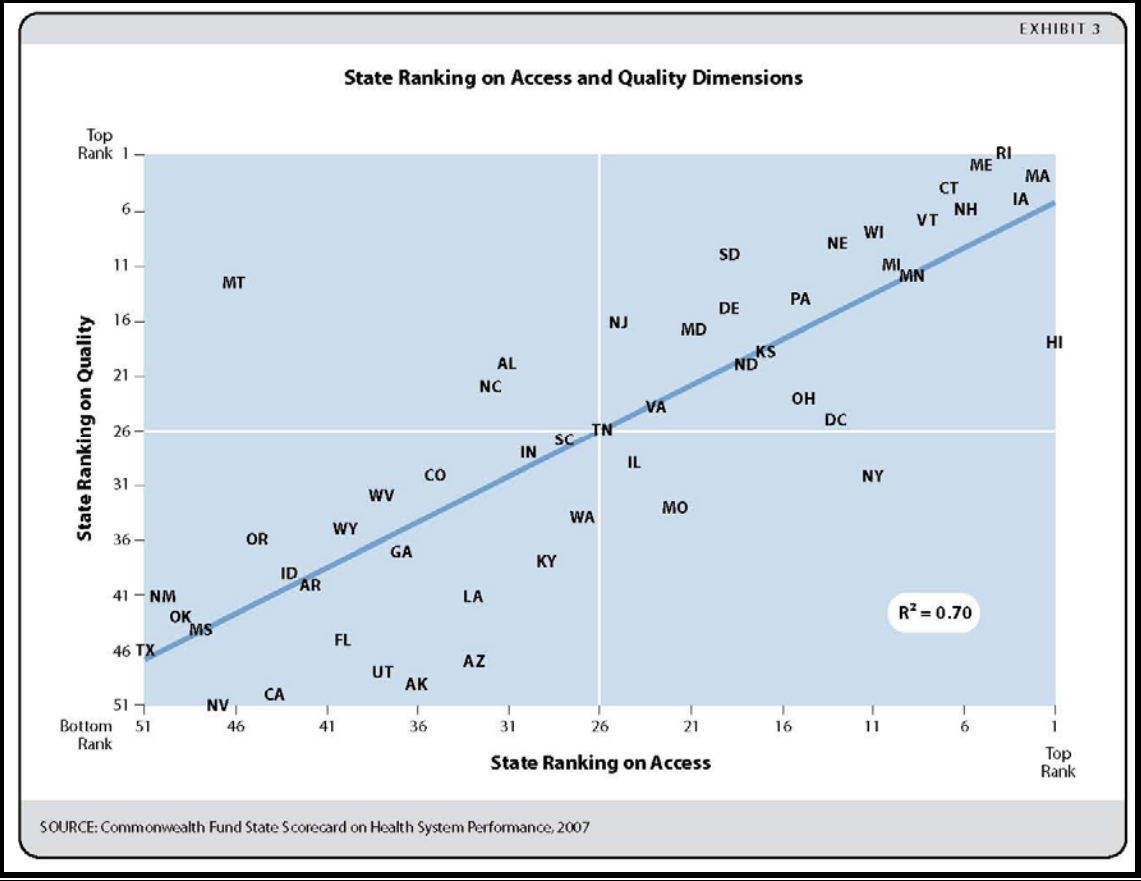


SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007

Massachusetts Physician Maldistribution



Health Care Access

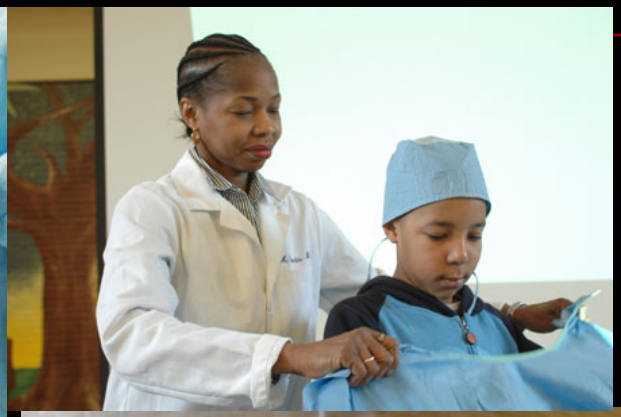


AMA DBTS

- Kick off March 2007
- Target 100,000 students
- Evaluation and Assessment
- Reached 13000+ students Grades 3-12
- Next Phase
  Long Term Mentoring
- College Mentoring
- Mentor teaching medical students mentoring

Massachusetts State Commission to Eliminate Racial and Ethnic Health Disparities

Pipeline Initiatives
Doctors back to School DBTS



Woman Dies in ER Lobby as 911 Refuses to Help

June 13, 2007

Tapes show operators ignored pleas to send ambulance to L.A. hospital

Fury after woman dies in hospital lobby

13, 2007

June 13: NBC's Michael Okwu reports on a desperate 911 call made as a woman lay dying in a California hospital lobby.

Associated Press Updated: 10:43 a.m. ET June

"Edith Isabel Rodriguez, 43, died of a perforated bowel on May 9 at Martin Luther King Jr.-Harbor Hospital. Her death was ruled accidental by the Los Angeles County coroner's office.
Relatives said Rodriguez was bleeding from the mouth and writhing in pain for 45 minutes while she was at a hospital waiting area. Experts have said she could have survived had she been treated early enough."