ENDING HEALTH DISPARITIES: *A Congressional Black Caucus Priority*

Congresswoman Donna Christensen

at the

Roundtable on Value and Science-Driven Health Care with the Clinical Effectiveness Research Innovation Collaborative

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CBC Congressional Black Caucus Foundation, Inc. Health Braintrust

The Congressional Black Caucus

Why Is Health Disparity Elimination a CBC / CBC Health Braintrust Priority?

Because….

1. Health disparities are costly

- ***in human health, wellness and life; and***
- ***in direct and indirect medical costs.***

2. We know what is needed

3. Health disparities have been persistent and pervasive for centuries;

A Historical Overview of Health Disparities

The poor health of African-Americans is not a biological act of nature nor an accident, but can be directly attributed to the institutions of slavery and racism-circumstances under which African-Americans have continuously suffered from for nearly four centuries

- Dr. Rodney Hood, NMA, 2005 on the "Slave Health Deficit"

The Persistent History of Health Disparities

"There have… been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference."

- W.E.B. DuBois, 1899

The Persistent History of Health Disparities

The 1985 Heckler Report

"…there was a continuing disparity in the burden of death and illness experienced by Blacks and other minority Americans as compared with our nation's population as a whole… The stubborn disparity remained – an affront both to our ideals and the genius of American medicine."

The Persistent History of Health Disparities

About the IOM "Unequal Treatment" Report:

"In unassailable terms, the report found that even when their insurance and income are the same as those of whites, minorities often receive fewer tests, and less sophisticated treatment for a panoply of ailments, including heart disease, cancer, diabetes, and HIV/AIDS."

USA Today, March 2002

Key Themes of the 2010 National Healthcare Disparities Report

- Overall, quality is improving. However, access and disparities are not improving.
- Health care quality and access are suboptimal, especially for racial and ethnic minority and low-income groups;
- Magnitude and pattern of some disparities are different within subpopulations.
- Some disparities exist across multiple priority populations.

Key Themes of the 2010 National Healthcare Disparities Report

Urgent attention is warranted to ensure improvements in quality and progress on reducing disparities with respect to certain services, geographic areas, and populations, including:

Cancer screening and management of diabetes;

States in the central part of the country;

Residents of inner-city and rural areas; and

Disparities in preventive services and access to care.

Key Themes of the 2010 National Healthcare Disparities Report

- **Progress is uneven with respect to the following eight national priority areas:**

  Two are improving in quality: (1) Palliative and End-of-Life Care and (2) Patient and Family Engagement.

  Three are lagging: (3) Population Health, (4) Safety, and (5) Access

  Three require more data to assess: (6) Care Coordination, (7) Overuse, and (8) Health System Infrastructure

Despite progress made, however, all eight priority areas showed disparities related to race, ethnicity, and socioeconomic status.

Other findings: 2010 National Healthcare Disparities Report

- African Americans and American Indians and Alaskan Natives received worse care than Whites for 40% of core measures.
- Hispanics 60%
- Asians 20%
- Poor 80%

A Brief Overview of Health Disparities

What We Know…

Numerous factors create and exacerbate racial and ethnic health disparities.

- ❑ Insurance status
- ❑ Educational attainment
- ❑ Socio-economic status
- ❑ Race and ethnicity, as well as gender
- ❑ Discrimination and bias in the health care system
- ❑ Geography and environmental factors
- ❑ Family history and health decisions

The Economic Consequences of Health Disparities Are Dire

What We Know…..

- 1. Between 2003 and 2006, the combined direct and indirect costs of health disparities were $1.24 trillion;

  2. Eliminating racial and ethnic health disparities would have reduced direct medical care expenditures by $229.4 billion for the years 2003-2006; and

  3. Between 2003 and 2006, the direct medical care expenditures for African Americans, Asian Americans and Hispanics were nearly 31% percent higher as a direct result of health disparities.

A Brief Overview of Health Disparities

What We Know…

Another factor that creates and exacerbates racial and ethnic health disparities:

- **The lack of racial and ethnic, as well as gender diversity in clinical and medical research; and**
- **The lack of an expansive body of patient centered outcomes research that included race, ethnicity and gender as a variable of analysis.**

“We know that African Americans and other under-served communities do not participate in medical research or clinical trials at the same rate of the general population. We feel that the lack of diversity in clinical trial participation contributes to health disparities. Plus, it affects our ability to develop new ways to prevent, diagnose or treat illness.”

- Dr. Claudia Baquet,
Dierctor of the National Bioethics Research Center,
University of Maryland School of Medicine

THE FOUR ETHOI THAT GUIDE CBC EFFORTS AROUND HEALTH DISPARITY ELIMINATION, HEALTH EQUITY AND HEALTH JUSTICE:

Ethos I: ***HEALTH CARE IS A RIGHT!***

Ethos II: To end premature, preventable excess deaths and disability in racial, ethnic and rural communities, we must act NOW!

Ethos III: Health equity can be achieved only if the social determinants of health are adequately and appropriately identified and addressed.

Ethos IV: Health and health care investments that eliminate health disparities and achieve health equity and justice are "good" debt, worth absorbing and achieve savings.

CBC APPROACH TO HEALTHCARE REFORM

- **Insurance is not enough!**
  - **Only 20% of disparities can be attributed to health insurance status.**
- **Health equity must be a core goal that is achieved with a comprehensive strategy**

PPACA Provisions that Promote Health Equity

- Expansion of coverage, consumer protections, Medicaid , CHIP /creation of exchanges
- Improvements in Medicare
- For Territories:
  - Substantial increases in Medicaid funding for Territories
  - Limited funding provided to set up exchanges
  - Consumer Protections and capacity building grants apply
- Inclusion of the Indian Health Improvement Act

PPACA Provisions that Promote Health Equity

- Expansion of Community Health Centers & School Based Health Centers
- Community Health Worker grants
- Community Transformation Grants
- Mandates that non-profit hospitals create a community health needs assessment every 3 years
- Establishes a Community Preventive Services Task Force

PPACA Provisions that Promote Health Equity

- Ensures federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status.

- Addresses healthcare disparities in Medicaid and SCHIP by standardizing data collection requirements

PPACA Provisions That Promote Health Equity

- Establishes a National Health Care Workforce Commission and requires reporting
- Increases National Health Services Corps and loan repayment programs
- Expands Centers of Excellence
- Investment in Historically Black Colleges and Universities and Minority Serving Institutions

PPACA Provisions that Promote Health Equity

- Amends PHS Act to Provide Support for Cultural Competence Training for Healthcare Professionals
- Provides grants to health workforce to provide culturally and linguistically-appropriate services
- Require the dissemination of information adapted to individuals from a variety of cultural, linguistic and educational backgrounds to reflect the varying needs of consumers and diverse levels of health literacy.

PPACA Provisions that Promote Health Equity

- Mental Health and Substance Abuse Parity
- Dental Services included in basic package for all children
- Strengthens oral health care prevention efforts
- Establishes Prevention and Public Health fund
- Establishes the National Diabetes Prevention Program
- Strengthens and expands Office of Women's Health

PPACA Provisions that Promote Health Equity

- Elevates Office of Minority Health to the Office of Secretary of HHS
- Creates / expands offices of minority health in **FDA, CDC, CMS, AHRQ, HRSA, & SAMHSA**
- Elevates Center of Minority Health & Health Disparities to National Institute at NIH
- Requires a National Strategy for Quality Improvement in Health Care

PPACA Provisions that Promote Health Equity

- Prohibits discrimination
- Defines “health disparity” and “health disparity population”
- Research and reports must include issues related to elimination of health disparities
- Incentive payments for reducing health disparities

PPACA Provisions that Promote Health Equity Through Patient Centered Outcomes Research

- **The establishment of the Patient Centered Outcomes Research Institute, which must include health disparities in determining research priorities.**

- **Comparative Effectiveness Research must include racial and ethnic subgroups, women and people with co-morbidities.**

PCOR's Role in Health Disparity Elimination:
The CBC's Expectations

- **Increasing inclusion of racial and ethnic minorities, women and people with disabilities who have traditionally been left out of clinical trials.**
- **Increasing the diversity of academic faculty and the research workforce**
- **Increasing community participation**
- **Determining which drugs that are ineffective or less effective in African Americans or Native Americans and providing the information so that they would not be prescribed to such patients.**

PCOR's Role in Health Disparity Elimination: *The CBC's Expectations*

- Drugs that are shown to have better outcomes in certain population groups not only are prescribed to such patients, but also made affordably available.
- Including consideration of the socio-economic environments in which the patient lives in designing the medical interventions
- Becoming advocates for increased investment in eliminating disparities
  - And for health policy in every policy
- Bringing high quality science to bear on policy making

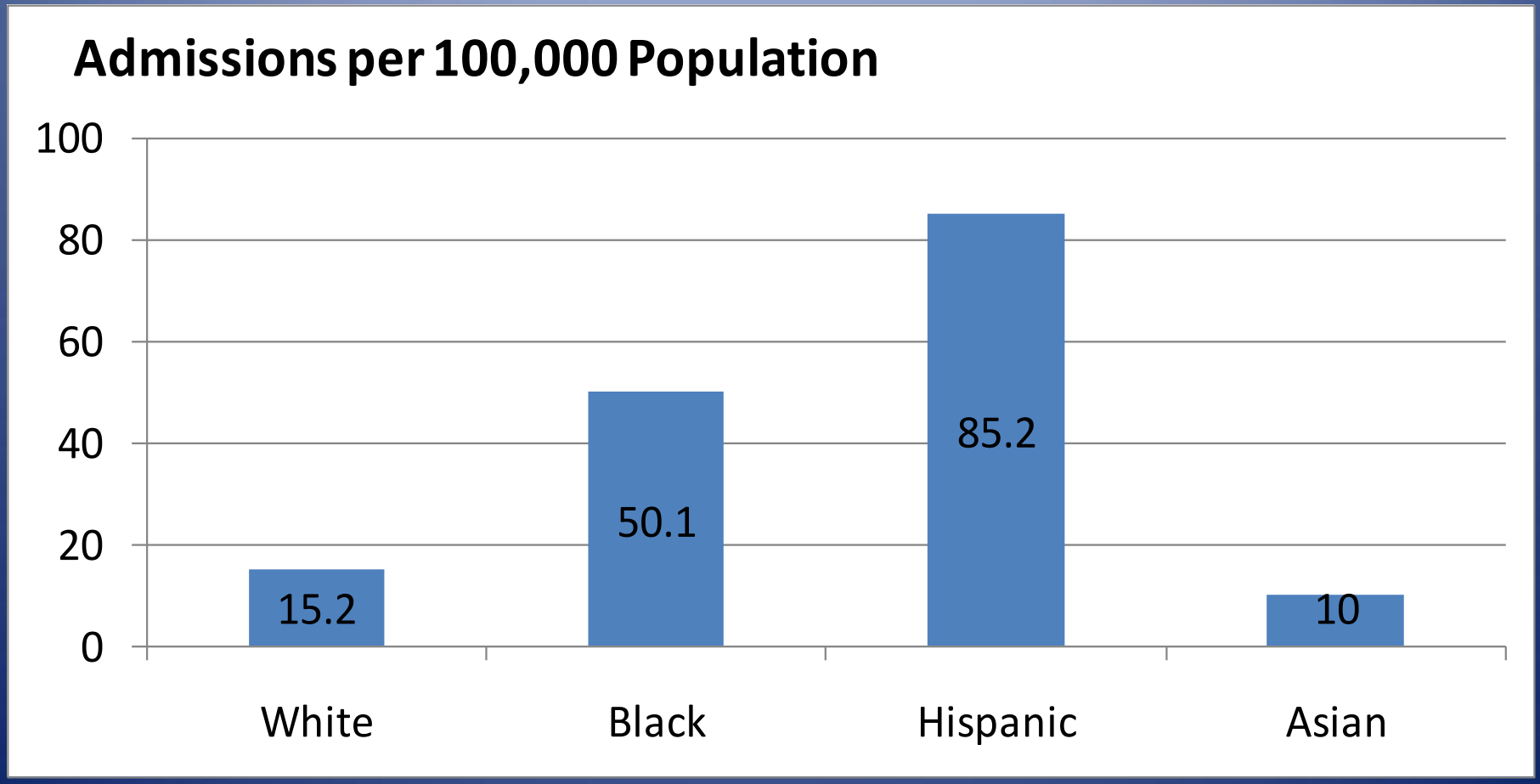
PCOR's Role in Health Disparity Elimination:
The CBC's Expectations

That patient centered outcomes research can and hopefully will provide several key pieces to the puzzle of health disparity elimination that are missing.

And that not only will PCOR help improve the delivery of health care services to racial and ethnic minority populations, it will also expand the body of minority health literature that will be taught in public health, health care and medical curricula in the future.

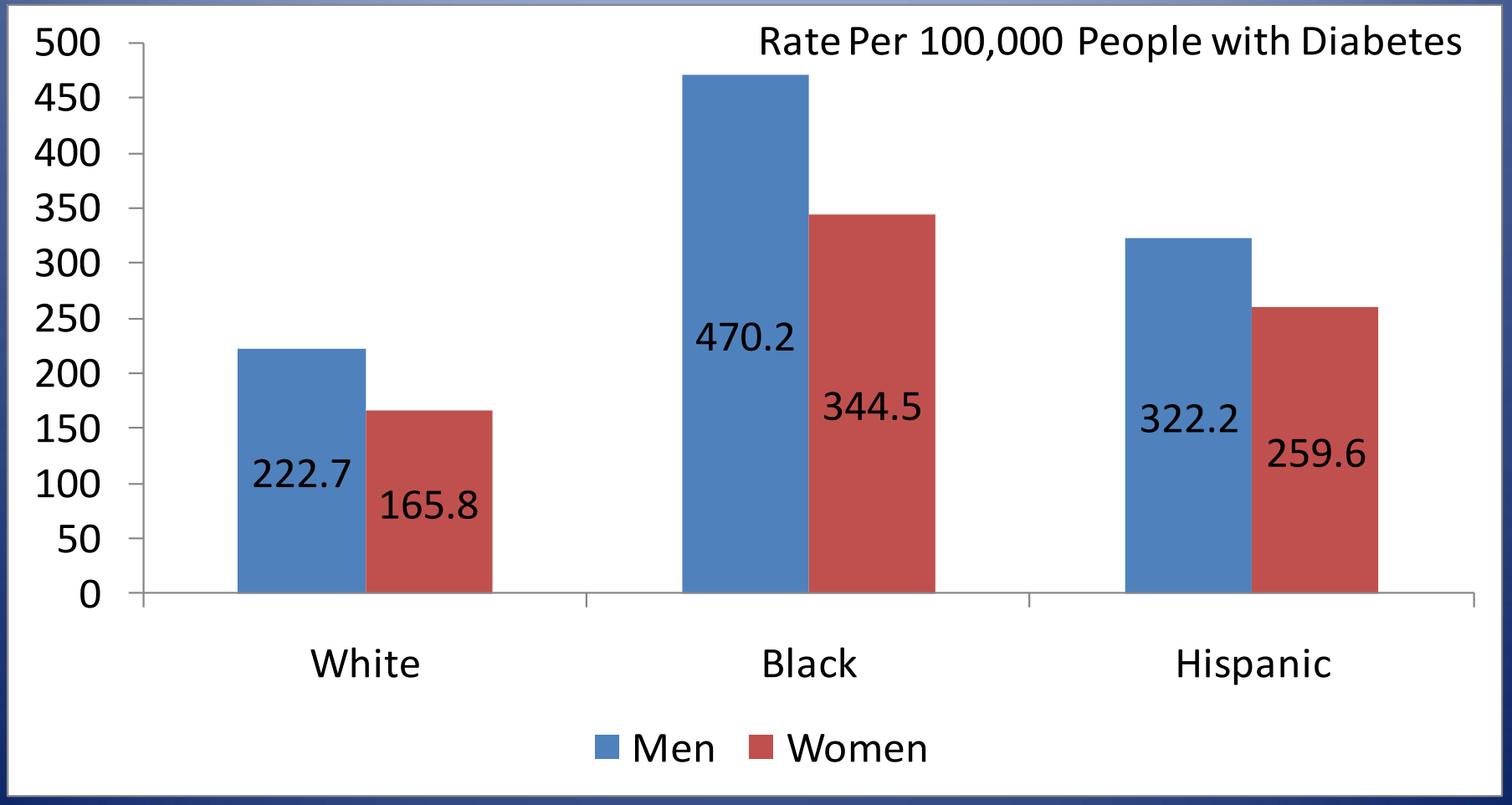
THAT THE BENEFITS OF PATIENT CENTERED OUTCOMES RESEARCH WILL EXTEND EQUALLY TO EVERY COMMUNITY

Hospital Admissions for Uncontrolled Diabetes by Race/Ethnicity



Source: National Healthcare Disparities Report

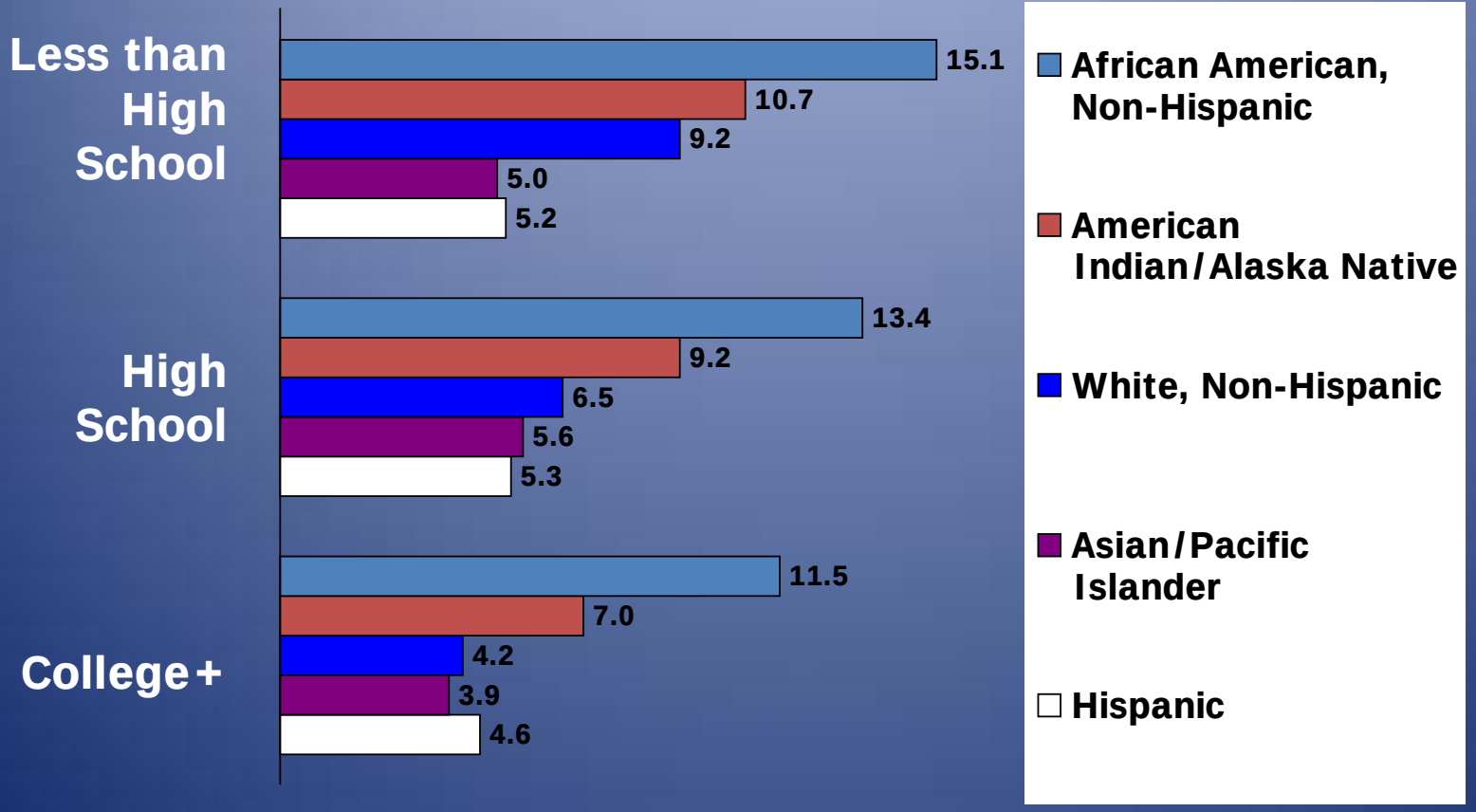
Rate of Diabetes Related End-Stage Renal Disease Among Diabetics



Source: www.cdc.gov/diabetes/statistics/esrd/Fig5Detl.htm

Infant Mortality Rates for Mothers Age 20+, by Race/Ethnicity and Education

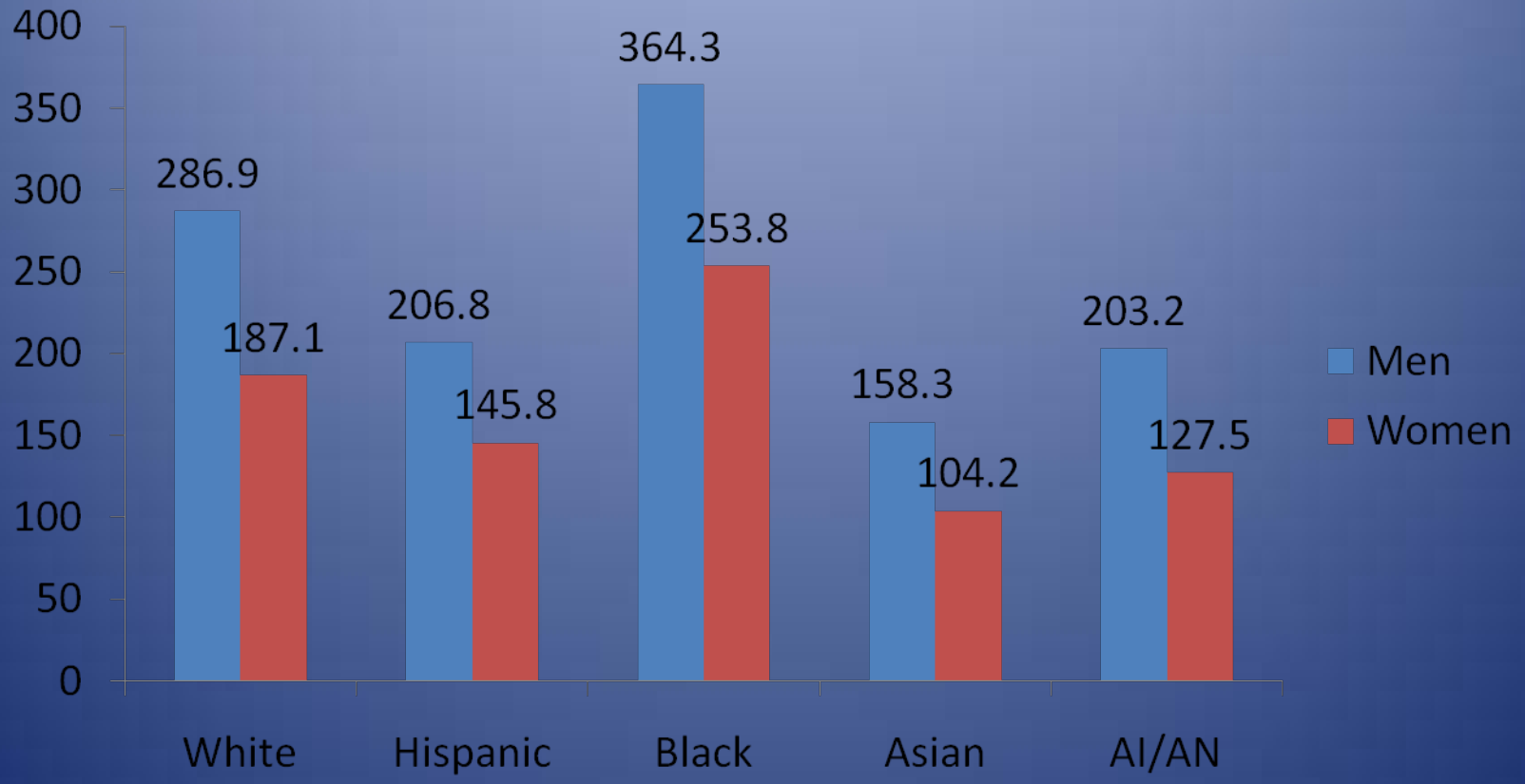
Infant deaths per 1,000 live births:



SOURCE: Kaiser Family Foundation, based on Health, United States, 2006, Table 20, using data from the National Center for Health Statistics, National Vital Statistics System, National Linked Birth/Infant Death Data.

Death Rate due to Heart Disease

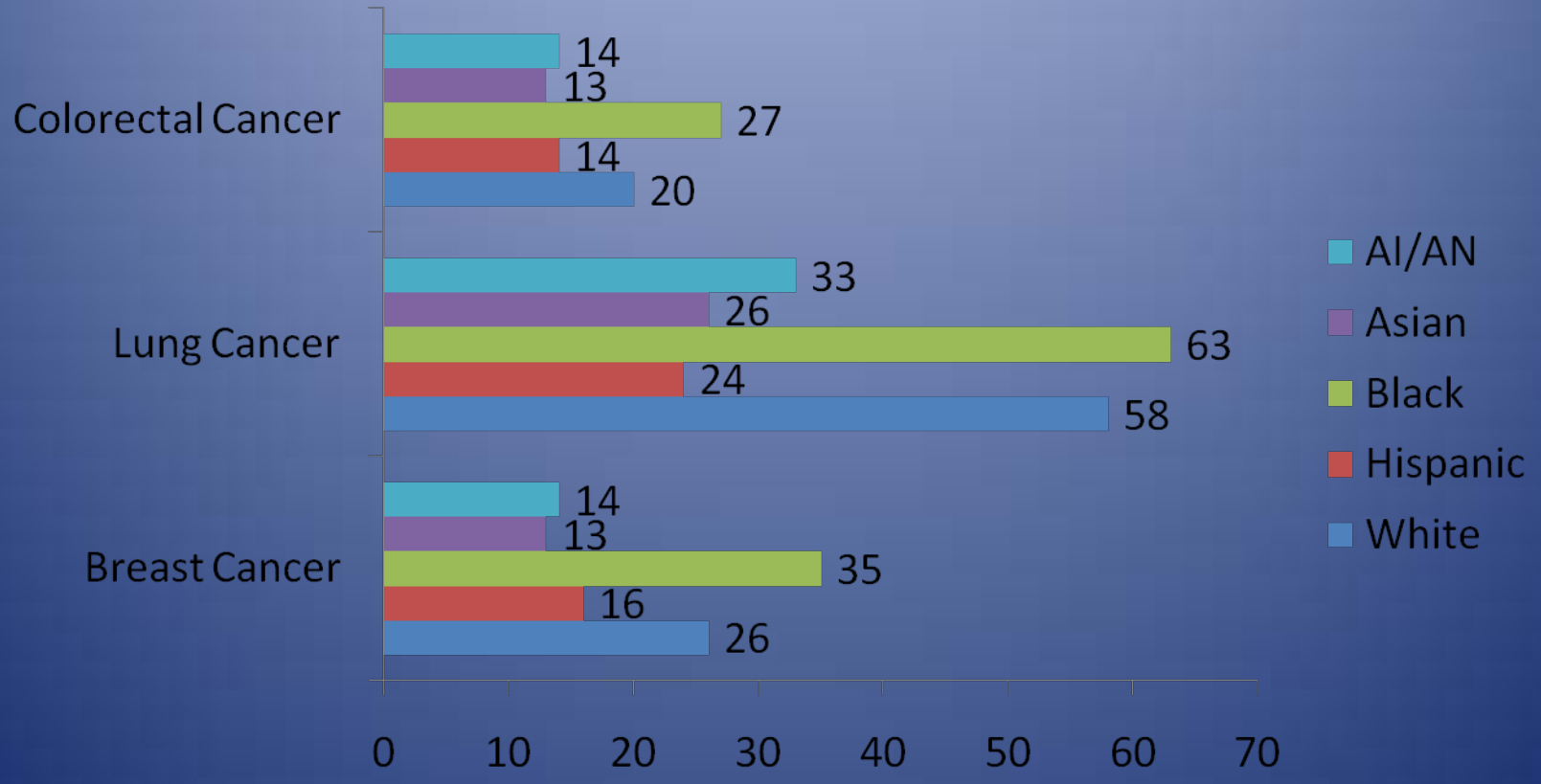
Deaths per 100,000 Population:



Source: *Health, United States, 2005,* Table 36

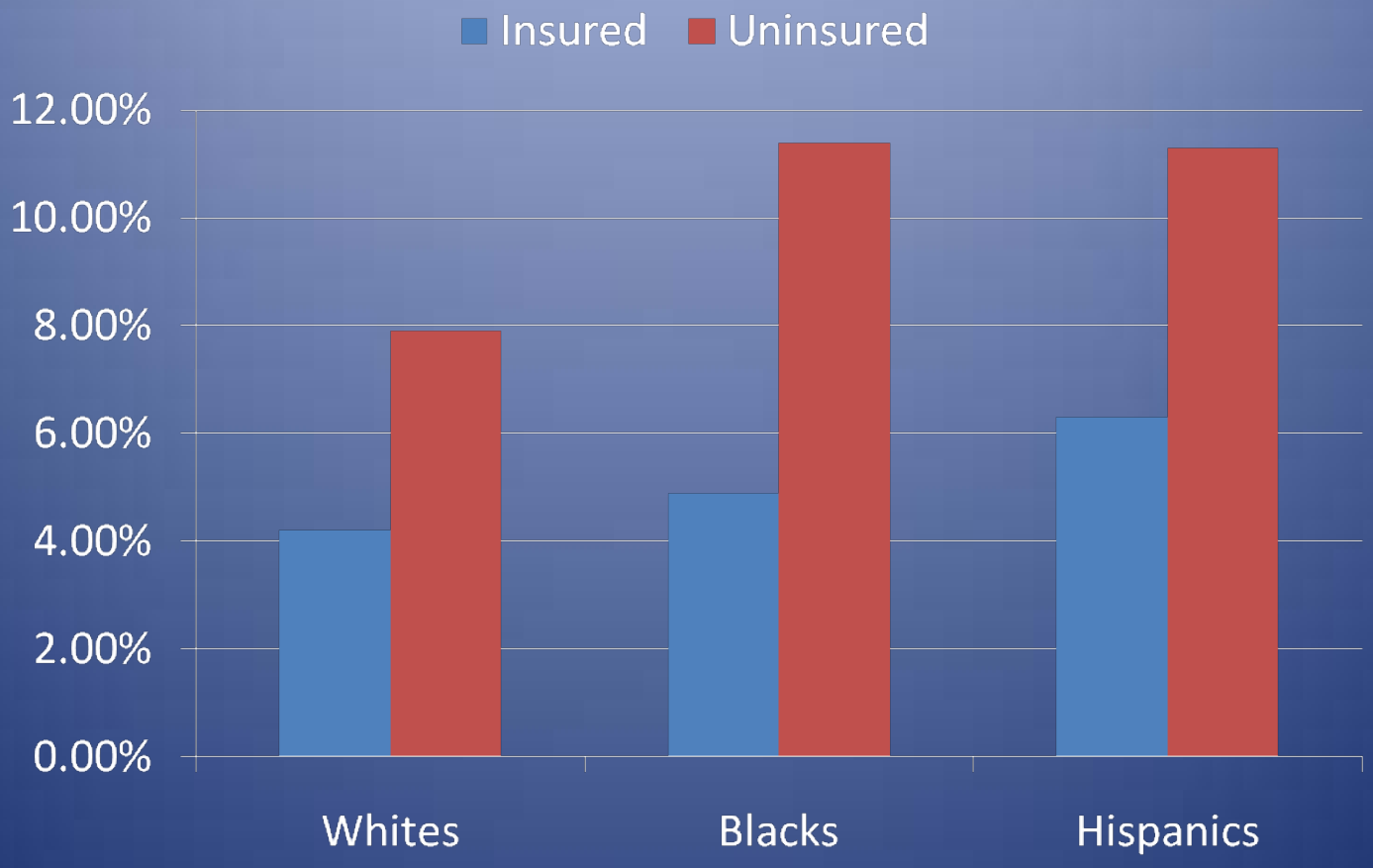
Cancer Death Rates

Deaths Per 100,000 population:



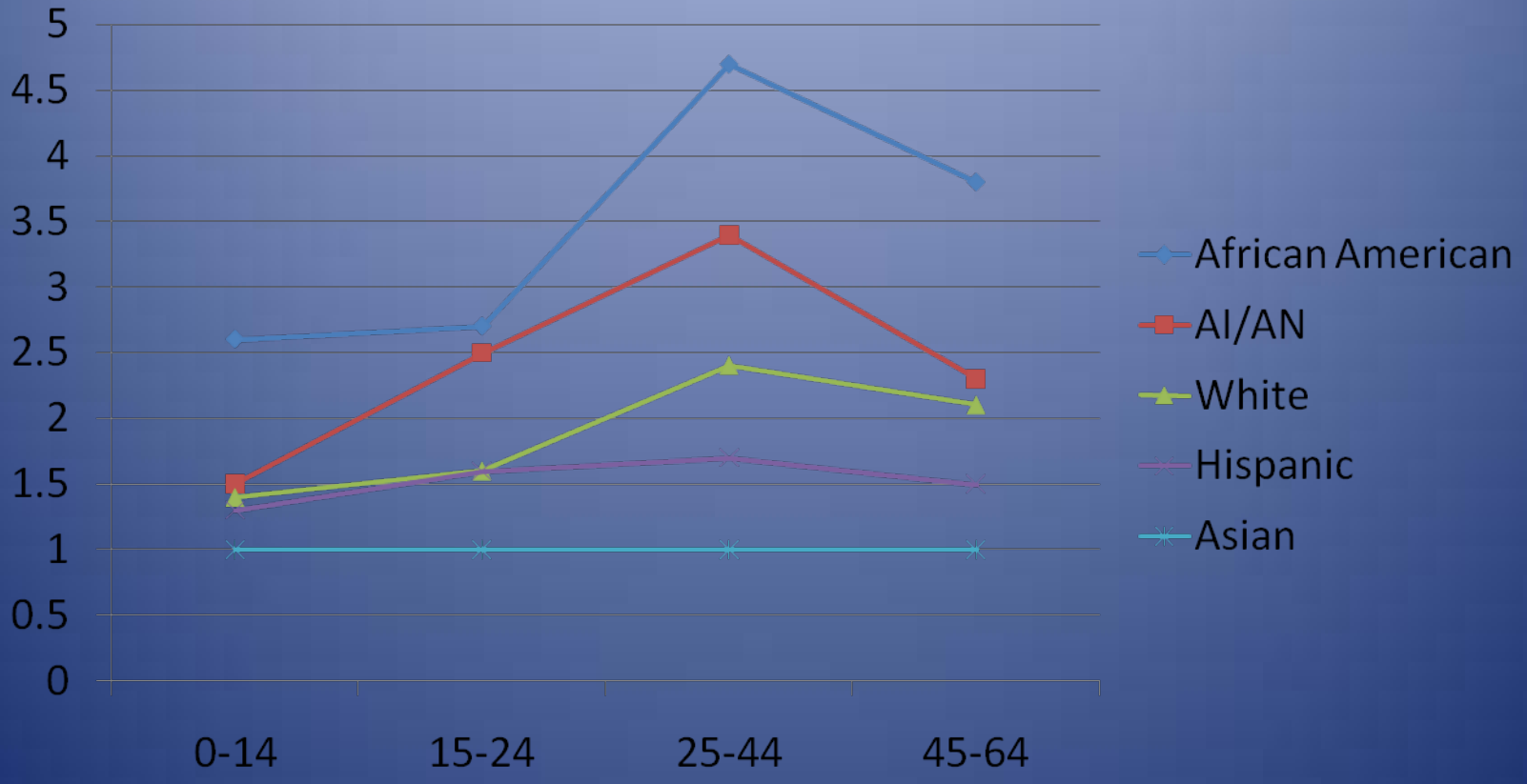
Source: National Healthcare Disparities Report, 2005

ER Mortality Rate by Insurance Status



Source: Archives of Surgery, 2008; 143(10).

Mortality Ratios by Age and Gender



Source: *National Vital Statistics Report,* 54(13)

The Persistent History of Health Disparities

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

- Dr. Martin Luther King, Jr.