Underserved Population (UP) Network Calls
Presented by
Home Health Quality Improvement (HHQI)
National Campaign

Million Hearts Comes to Home Health

- If you missed the Kick off Webinar, the recording is now posted on www.HomeHealthQuality.org under the Cardiovascular Health tab; Webinars

UP Networking Webinar

- “Advancing Health Equity Now: Uniting our Communities to Bring Healthcare Coverage to All”
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**UP NETWORK HOME HEALTH QUALITY IMPROVEMENT WEBINAR**

"ADVANCING HEALTH EQUITY NOW: UNITING OUR COMMUNITIES TO BRING HEALTHCARE COVERAGE TO ALL"

Dr. Ndidiamaka N. Amutah PhD, MPH, CHES
August 14th, 2013

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**MEDICARE/MEDICAID STATISTICS**

- Statistics on Insured and Uninsured Black Population in the US in 2011
  - Only 44% of Blacks are covered under Employee-Sponsored insurance policies
  - 10% of Blacks are currently Medicare beneficiaries as of 2011
  - 20% of Non-Elderly Blacks are currently beneficiaries of Medicaid
  - In some states, the rate for Non-Elderly Blacks enrolled in Medicaid is near 80%
    - District of Columbia has 79% of Non-Elderly Blacks enrolled
    - Mississippi’s Non-Elderly Black population, 67% are enrolled
    - Louisiana’s rate for the same is at 57%

Source: Kaiser Family Foundation, www.statehealthfacts.org

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**RACIAL AND ETHNIC HEALTH DISPARITIES**

- We continue to see continuing disparities reflected in income level, education, treatment decisions, and it is reflected in our physical neighborhood environments and within communities.

- This translates to increased morbidity and mortality, increased health costs, and poorer health and outcomes.

- African Americans are more likely to require services, but less likely to receive them, as well as more likely to receive negative or undesirable procedures (such as amputations, etc.)

Source: Kennedy, 2010; Kaiser, 2012; Boulware, 2003
CURRENT STATISTICS
- Hispanics, AI/AN and Blacks most likely to be uninsured.
- Blacks and other minorities reported to have gone without care due to cost 80% more than whites did.
- Excess morbidity/mortality in communities of color.

"Race, ethnicity and socioeconomic status exert independent and interactive influences on health." (Richardson, 2010).

BARRIERS TO ACCESSING CARE
- High levels of racial segregation within neighborhood communities, and the types of services or resources available or unavailable in these communities.
- Racial and ethnic minorities have higher rates of residence in disadvantaged areas, often associated with reduced resources, low property taxes and substandard housing, poorer quality education.
- Presence of crowding, poverty, crime and noise pollution.
- Disadvantaged neighborhoods often lack the resources to generate and sustain good health outcomes.
- Dr. David R. Williams says, "Racial residential segregation is a fundamental cause of racial disparities in health."


HOW IS RACISM STILL AN INFLUENCING FACTOR IN HEALTH IN THE 21ST CENTURY?

"Once racism is deeply embedded in a society, discrimination can persist institutional structures and policies even in the face of declining individual levels of racial prejudice and discrimination." (Richardson, 2010)

"Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained." - Dr. Camara Jones, A gardener’s tale (2000), who also defined institutionalized racism as “differential access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need...manifests itself both in material conditions and in access to power."
A HISTORY OF MISTRUST

- Serves as a barrier between patients of color and their healthcare providers, as well as the healthcare system
- Linked as far back as Colonial Years, and the enslavement of African Americans in the US
  - As slaves, African Americans were not offered opportunity to receive healthcare of any professional nature, and therefore relied on folklore and practices from their homeland for disease and illness
  - The Tuskegee study served for many as "a symbol of their mistreatment by the medical establishment...a metaphor of deceit, conspiracy, malpractice and neglect, if not outright genocide." (James Jones, "Bad Blood" 1993)


HOW HISTORY HAS SHAPED THE MINORITY – HEALTHCARE SYSTEM RELATIONSHIP TODAY

- Blacks are more likely to report feelings of distrust, infringement on personal privacy or autonomy and being offered different or inferior treatment
- Still continued fear of interpersonal race-based discrimination
- Blacks and racial/ethnic minorities are more likely to receive less desirable services, such as amputation, etc.


STRESS AS A SERIOUS FACTOR

- Stress cited as dominant influencer of health, attributed to lack of income, racism, unhealthy neighborhoods, and relational conflict
  - often related to unstable employment, income, familial issues, constant threat of violence
  - Threats such as these faced daily overtime eat away at the strength of the mind and body, correlating to adverse health outcomes.
- In a study conducted by Dr. David Williams, “Blacks exhibited a higher prevalence of stress overall, and compared to Whites, multiple stressors were more common among Blacks reporting any stressors.”

Source: Xanthros, 2010; Williams, 2011
Navigating the Healthcare System

- Lower occurrence of accessible health care services and resources in areas with high minority populations
- Lower health literacy and barriers in communication such as prejudice and bias can foster difficulties and even frustrations with navigating the healthcare system

Cultural Sensitivity of Staff

- Lack of cultural sensitivity and competence serves as breeding grounds for mistrust.
- Cultural sensitivity has been extensively designated as a need and training component for the medical and healthcare field
- Increased awareness and sensitivity to cultural differences can serve as a means for building trust between minorities and the healthcare system as a whole


Underrepresentation of Minorities on the Other Side

- The race or perceived race of healthcare providers, such as primary care providers or physicians, plays a role in patient to provider interaction and cohesiveness. This is reflected in patient participation in regards to their own health, as well as effective communication, it involves more than shared values and norms.
- Underrepresentation of people of color in the healthcare and medical professions
  “Patients that see physicians of their own race, rate the care that they receive higher than when they see a physician from another race or ethnic group.” (Kennedy, 2007).

ATTAINING ACCESS TO CARE

- Must first gain entry into the healthcare system
- Gain access to sites at which needed care is provided
- Find providers who meet the need of individual patients and with whom patients can share a relationship of mutual communication and trust

Source: Richardson, 2010

IMPLICATIONS: ADDRESSING RACIAL AND ETHNIC DISPARITY AS A MULTIFACTORIAL ISSUE

- As a field, there must be an understanding that racial and ethnic disparity are the result of multiple complex and yet subtle interlineations between biological, social, environmental, and healthcare system infrastructure factors.
- Must focus on improving physician-patient relationships

Source: Richardson, 2010; Stevens, 2007; Kennedy, 2007; Williams, 2001; Airhihenbuwa, 2006

IMPLICATIONS: ADDRESSING RACIAL AND ETHNIC DISPARITY AS A MULTIFACTORIAL ISSUE

- Need for evidence based allocation of funds and increased community development resources for disenfranchised neighborhoods
- Infrastructure change to better address the needs of the poor, the underrepresented, and minorities and equalize access to quality healthcare.
- Safety nets and other programs in place for low income populations.

Source: Airhihenbuwa, 2006; Kennedy, 2007; Williams, 2001
CONCLUSION

- Achieving health equity for African Americans is paramount to the elimination of health disparities and improving the quality of life for all populations.

- The social determinants of health play a vital role in shaping the health of African Americans and should be considered in the goal of achieving health equity for all populations.

QUESTIONS?

- Feel free to ask!

CONTACT INFORMATION

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References


THANK YOU

Additional Resources

- Underserved Population BPIP
  - CDC Brochure: Health Disparities Affecting Minorities
    - African Americans (p. 25)
  - African American nutritional resources (pp. 56-58)
- Cardiac Health Part 1 BPIP (Aspirin as appropriate & Blood pressure control)
  - Heart Healthy Resources - African Americans (p. 33)
  - Hypertension Resources - African Americans (p. 70)
Additional Resources (cont.)

• African American Medical Network
  – Patient videos on numerous topics including:
    • Cardiovascular disease, cholesterol, chronic kidney disease, etc.
    • http://www.aamntv.com/?cat=3

Next UP Networking Webinar

• 09/11/13 @ 3 – 4 pm (ET) – Webinar registration is open
• "Building an identification and referral system for patients at-risk for diabetes in primary care centers"
  – Adam Baus, MA, MPH Assistant Director, Office of Health Services Research, West Virginia University
  School of Public Health Sciences
  – Gina Wood, Registered Dietician, West Virginia Association of Diabetes Educators and WV Gestational
  Diabetes Collaborative

Next Live Chat

• This Friday – 08/16/13 @ 2 – 3 pm (E.T.)
• 1-hour online chat (no audio)
• Focus topic: Cardiac Health Part 1 (Aspirin as appropriate & Blood pressure control)
• Register for a reminder or just join