Ten Years Later: How Far Have We Come In Reducing Health Disparities?

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WHO Definition of Health:

“A state of complete physical, mental and social well being and not merely the absence of disease or infirmity.”
TERMINOLOGY

Disparities – Differences

Inequality

Inequity – Unfairness
Multiple and Overlapping Lenses for Viewing Health Disparities

By Disease
- Cancer
- Cardiovascular disease
- HIV/AIDS
- Diabetes
- Obesity
- Hepatitis
- Mental illness
- Oral health disorders

By Population
- Race/ethnicity
- Socioeconomic position
- Gender
- Age
- Disability
- Sexual orientation

By Geography
- Urban versus rural
- Developed versus developing countries
- Neighborhood segregation

By Risk Factor
- Substance abuse (including tobacco)
- Diet and weight
- Vaccination status
- Screening status
- Access to care
- Insurance status
- Risk of injury/violence
- Environmental risks
- Sexual behavior
- Physical inactivity

Ref: Koh et al. AJPH 2010
HEALTHY PEOPLE (HP)

§ Comprehensive framework for improving the health of Americans
§ Began in 1979, updated every decade.

§ HP 2010 - “Eliminating Health Disparities” is one of two overarching goals

§ 28 FOCUS AREAS, 487 OBJECTIVES
HP 2010
Leading Health Indicators (LHI)

- 10 Indicators (31 objectives)
  - Access to Health Care
  - Environmental Quality
  - Immunization
  - Injury and Violence
  - Mental Health
  - Overweight and Obesity
  - Physical Activity
  - Responsible Sexual Behavior
  - Substance Abuse
  - Tobacco Use

- Preliminarily, about ½ of objectives have moved toward or met targets over the decade.
HP LHI DISPARITIES
OVER A DECADE

At least 70% of LHI objectives showed no significant disparity changes

Group best (or near best) in LHI measures: Asian, Native Hawaiian or other Pacific Islander, White

Group worst (in number and magnitude of relative disparities): American Indian, or Alaska native

Life expectancy

At birth

- White female
- Black female
- White male
- Black male

At 65 years

- Black female
- White female
- White male
- Black male

Year


Life expectancy in years

0 10 20 30 40 50 60 70 80 90 100

SOURCE: CDC/NCHS, *Health, United States, 2009*, Figure 16. Data from the National Vital Statistics System.
HIV death rates and introduction of highly active antiretroviral therapy (HAART)

HAART introduced into U.S. population

Deaths per 100,000 population

Year

1987 1989 1991 1993 1995 1997 1999 2001 2003 2005 2006

Black male
Black female
Hispanic male
White, not Hispanic male
Hispanic female
White, not Hispanic female

SOURCE: CDC/NCHS, Health, United States, 2009, Figure 35. Data from the National Vital Statistics System.
Coronary Heart Disease Mortality

NOTE: Data are age adjusted to the 2000 standard population. American Indian includes Alaska Native. Asian includes Pacific Islander. The black and white categories exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Only one race category could be recorded.

SOURCE: National Vital Statistics System - Mortality (NVSS-M), CDC, NCHS.
Toward the Elimination of Cancer Disparities
Cigarette Smoking among Adults

NOTE: Data are for adults 18 years and over and are age adjusted to the 2000 standard population. Data are for persons who have smoked at least 100 cigarettes in lifetime and currently report smoking every day or some days.

SOURCE: National Health Interview Survey (NHIS), NCHS, CDC.

Obj. 27-1a
Mammogram within the Past 2 Years

NOTE: Data are for women aged 40 years and older who received a mammogram within past 2 years. Data are age adjusted to the 2000 standard population. American Indian includes Alaska Native. The black and white categories exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Only one race category could be recorded.

SOURCE: National Health Interview Survey (NHIS), CDC, NCHS.
NOTE: Data are for women aged 40 years and older who received a mammogram within past 2 years. Data are age adjusted to the 2000 standard population. Three income categories that are used are: Poor (below the Federal poverty level), Near poor (100-199% of the Federal poverty level), and Middle and high income (200% or more of the Federal poverty level).

SOURCE: National Health Interview Survey (NHIS), CDC, NCHS.
Immunization Disparities: Children vs. Adults

Childhood immunization: Coverage at 19-35 Months

Adult immunization: Pneumococcal vaccine

- White
- Black
- Hispanic

- 19-64, high risk, White
- 19-64, high risk, Black
- 19-64, high risk, Hispanic
- 65 and over, high risk, White
- 65 and over, high risk, Black
- 65 and over, high risk, Hispanic
I = 95% confidence interval. NOTE: Data are for adults aged 20 years and over and are age-adjusted to the 2000 standard population using the age groups 20-29, 30-39, 40-49, 50-59, 60-69, 70-79 and 80 years and over. Obesity is defined as BMI ≥ 30.0. The black and white categories exclude persons of Hispanic origin. Persons of Mexican American origin may be any race. Prior to 1999, respondents were asked to select one race category; selection of more than one race was not an option. For 1999 and later years, respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
NOTE: Data are for adults under age 65 years who have any public or private health insurance. American Indian includes Alaska Native, and Native Hawaiian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one race prior to 1999. For 1999 and later years, persons were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group.

SOURCE: National Health Interview Survey (NHIS), NCHS, CDC.
## RE-AIM for Translating Research Efficacy Into Community Effectiveness

<table>
<thead>
<tr>
<th>Reach: participation rate and representativeness of participants</th>
<th>Efficacy/effectiveness: effect of an intervention on specified outcomes</th>
<th>Adoption: number of representativeness of settings and interventionists</th>
<th>Implementation: quality and consistency with which intervention is delivered</th>
<th>Maintenance: how long intervention holds up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homogenous sample</td>
<td>Intense, specialized intervention</td>
<td>1 setting</td>
<td>By research staff</td>
<td>Few or no issues</td>
</tr>
<tr>
<td>Heterogeneous sample</td>
<td>Brief, feasible intervention</td>
<td>Multiple settings</td>
<td>By variety of people</td>
<td>Major issues</td>
</tr>
</tbody>
</table>

**Effectiveness (Limited Research Settings)**

**Efficacy (Broad Community Settings)**

Ref: Glasgow
HHS and DISPARITIES

Medicare Improvements for Patients and Providers Act (MIPPA, 2008)

§ Requires HHS to evaluate methods for data collection and measurement/evaluation of disparities.
§ Requires assessment of performance according to patient race.


American Recovery and Reinvestment Act (ARRA, 2009)

• Communities Putting Prevention to Work.
• Investments in Community Health Centers – Health Resources Services Administration.
• Patient-centered Health Outcomes Research.

HITECH Act establishes committee to recommend development of e-data collection methods for race/ethnicity/primary language.
HEALTH REFORM and DISPARITIES

Federally supported programs, activities or surveys to collect/report data on race/ethnicity/sex/primary language.

Use of Office of Management and Budget standards for race/ethnic groups, and standards to measure primary language.

Study of hospital value-based purchasing programs, including on Medicare populations, by race/ethnicity.

Establishment of National Institute on Minority Health and Health Disparities
Prevention Provisions in Health Reform
FY2010

Private Insurance & Clinical Services
• New private insurance plans shall cover U.S. Preventive Services Task Force (USPSTF) and Advisory Committee on Immunization Practices (ACIP) recommended services.
• Requirements phase in beginning 9/10.

Medicaid & Clinical Services
• States are encouraged to cover USPSTF and ACIP recommended interventions without cost sharing in Medicaid.

Medicaid & Tobacco
• Medicaid shall cover comprehensive tobacco cessation interventions for pregnant women.

Medicare & Clinical Services
• Medicare preventive services are no-cost-sharing
• No-cost-sharing rule is effective 1/11.
National Partnership for Action to End Health Disparities

Coordinated by Office of Minority Health

The NPA will promote strategic actions in five key areas:

• Increase awareness of health disparities.
• Strengthen leadership at all levels.
• Improve health and healthcare outcomes.
• Improve cultural and linguistic competency in delivering health services.
• Coordinate and utilize research and outcome evaluations more effectively.
HHS Health Disparities Council

• Chaired by Assistant Secretary for Health, with representation from senior leadership across HHS

• Goal = coordinate health disparities activity across Department
  – Particularly important given upcoming existence of new offices of minority health throughout Department
    • Development of infrastructure
Leadership in Health Equity: A Social Determinants Approach

Embracing an ambiguous, interdisciplinary world

Cultivating interdependence of non-traditional partners

Communicating effectively – “health in all policies”

Renewing a sense of community

“The highest attainable standard of health...”