

# **UNEQUAL: Health Disparities Among Minority Children**

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- "the future health of America as a whole will be influenced substantially by the success in improving the health status of our racial and ethnic minorities." Satcher 2000

# Who are the families from underserved communities

- Mom in recovery program
- Grandma raising a former premature infant with asthma and skin problems
- Homeless mom with 8 month old
- Recently relocating family
- Food insecurity
- Linguistic challenges
- Barriers to basic needs
- Untraditional information sources
- Preventable conditions
- Disempowered
- Neighborhoods with low social capital

# Some trends

- Changing neighborhoods
- Changing immigration patterns
- Community programs spread thin
- Increasing poverty
- Threats to medicaid and other safety net services



# Minority kids' healthcare needs

- Behavioral health services
- Foster care services
- Neighborhood enrichment
- Elimination of health disparities
- Access to preventive dental services
- Overweight management resources
- Proven support for respiratory illnesses
- Poverty relief

# Across the health spectrum: **Race Matters**

- Health outcomes tend to be different among different racial/ethnic groups
- Outcomes are often more severe among minority/under-represented groups
- Reasons are multi-factorial

# Unequal outcomes

- Neonatal mortality is 2.5 times higher
- Prematurity is 4 times higher
- Life-limiting chronic diseases are 70% higher
- Autism diagnosed later and work up is more extensive
- Heart surgery for the same congenital heart disease happens at twice the age

# Mortality rates have declined for everyone

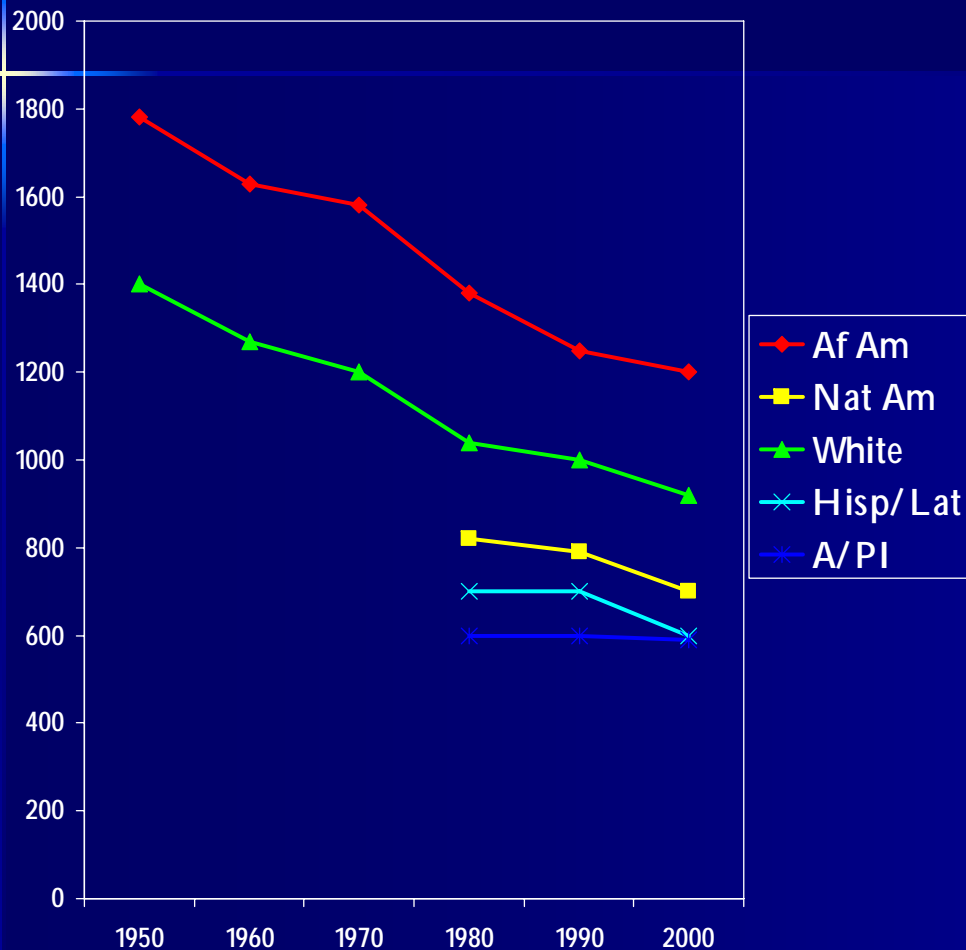
- But the cultural gaps have remained





# Death Rates: Age-adjusted

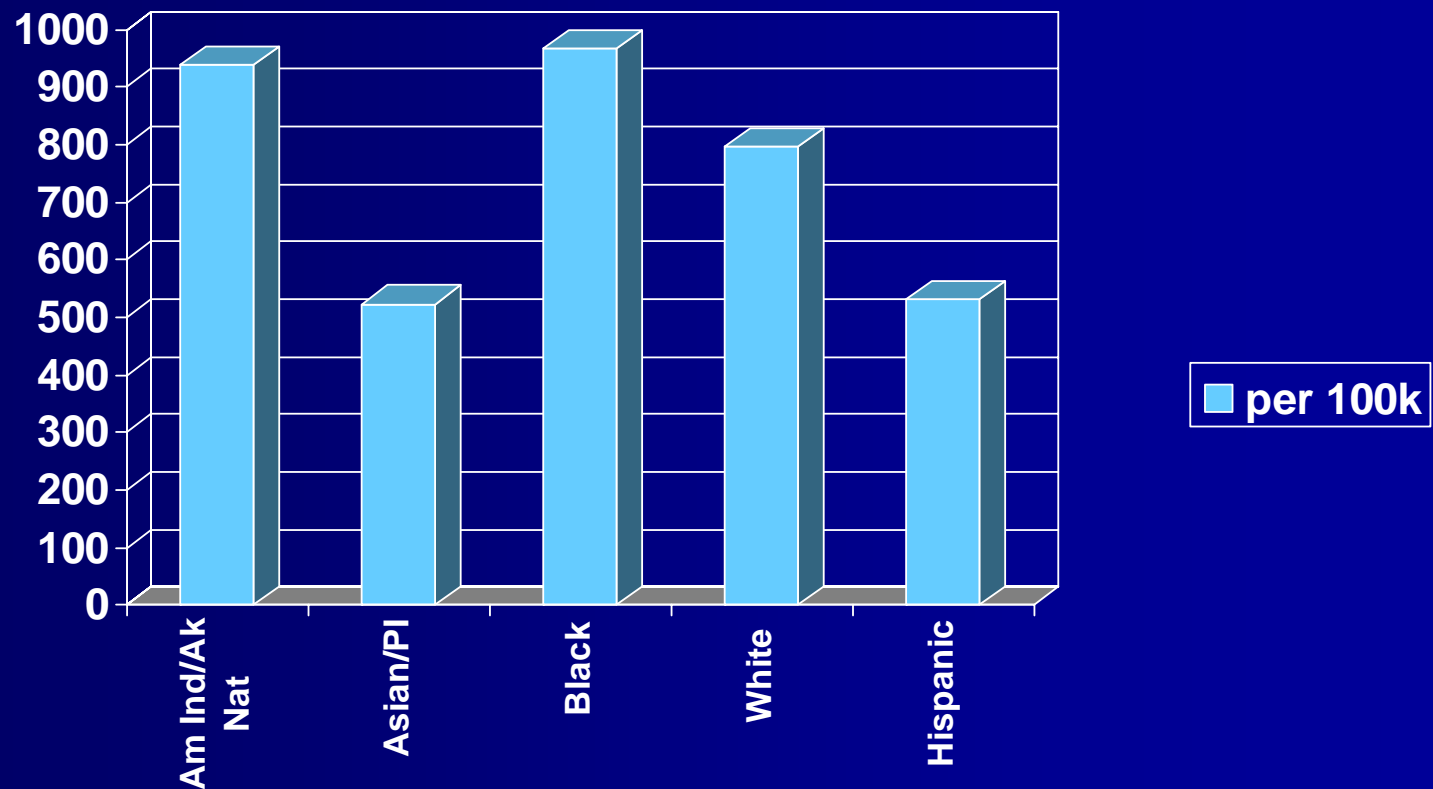
National Center for Health Statistics, 2001



- Age-adjusted death rates in the US over 50 years

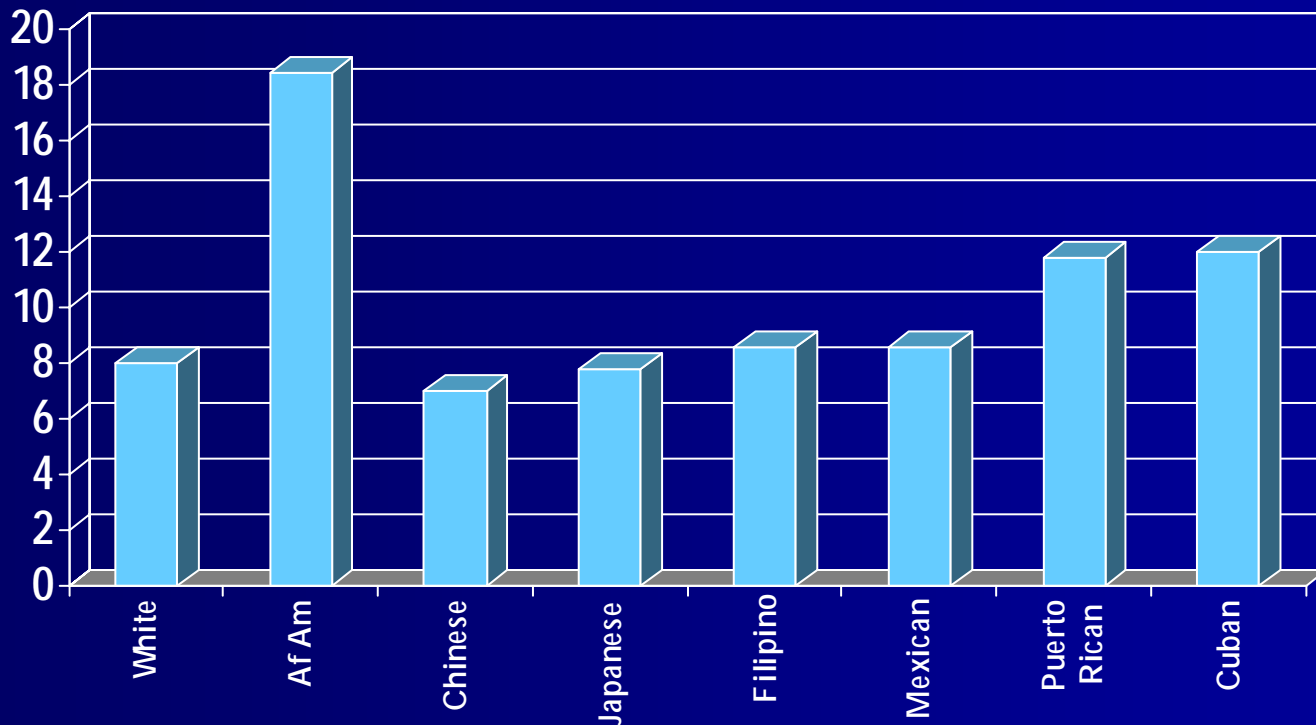
- Deaths per 100,000 population

# Mortality rates, Washington State 2002



# Variations in infant mortality by ethnicity

- Infant mortality per 1000 live births



## **Areas of healthcare delivery that have evidence of disproportionate burden on minorities**

- Self Reported health
- Cancer
- Mental Health Services
- Cardiovascular Disease
- Diabetes
- HIV/AIDS
- Children with special needs
- Many more

## Slide 12

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getting a fontan: Af Am at 60m, Wh at 36  
getting a Glenn: Af Am at 11m, Wh at 5m

Autism dx later

Kidney transplant

68/81 (84%) of studies of cardiac care showed race played a role in the care they received

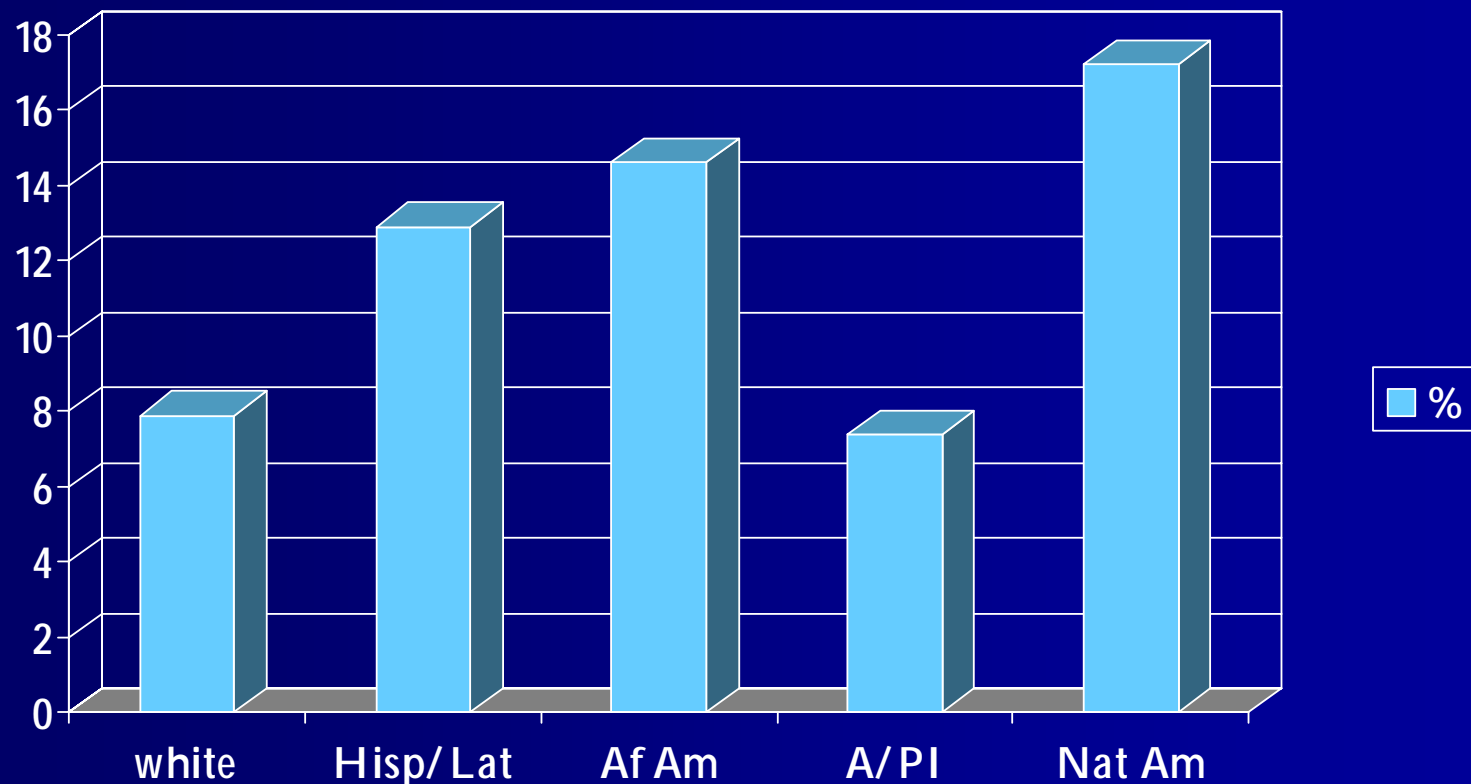
Black vets less likely to get prime PTSD tx's than white vets

Native Americans disproportionately suffer from MH illness and are unlikely to receive svcs

benjamin danielson, 5/31/2004

# Self-reported fair to poor health

National Health Interview Survey, 2000



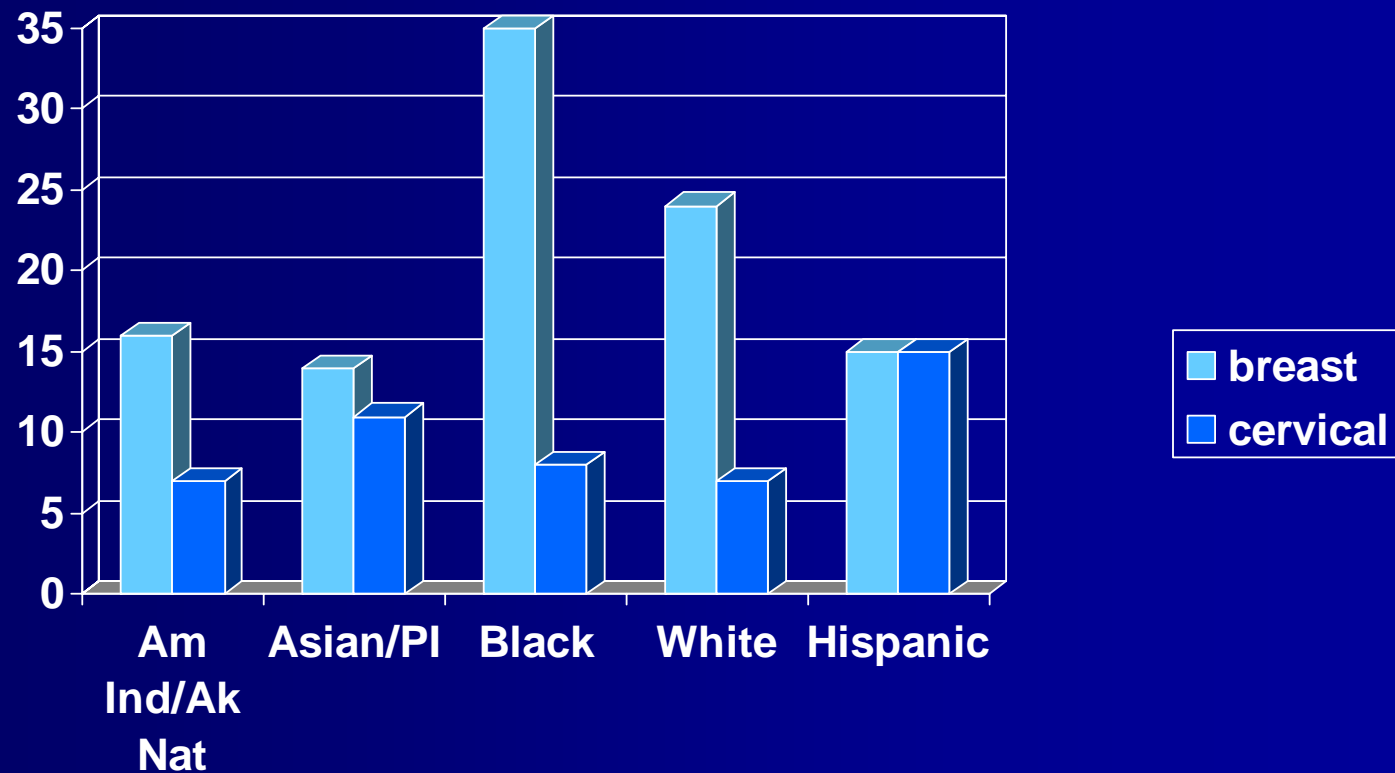
# Cancer Detection, 2000

American Cancer Society, Facts and Figures 2003



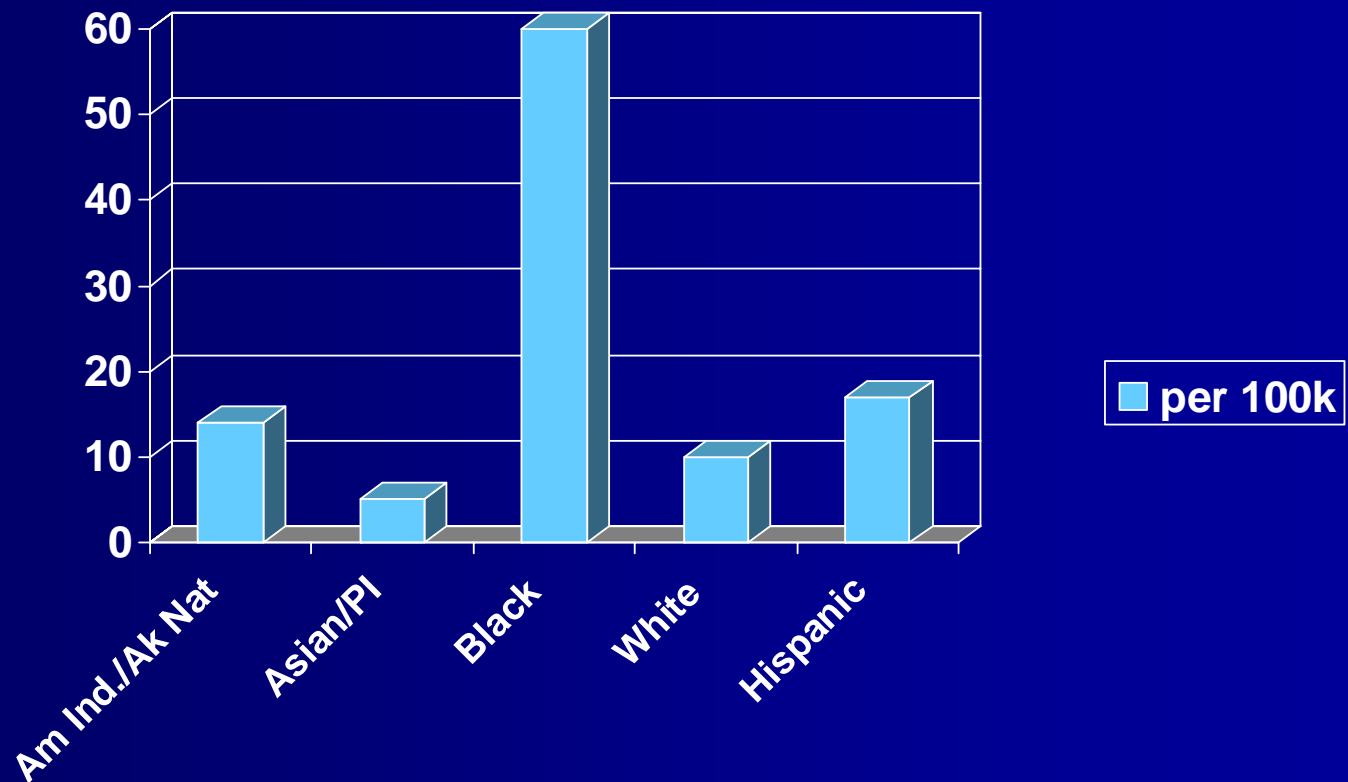
- Screening has generally increased
- Latina, Asian/Pacific Islander, and American Indian/Alaska Native women have lower rates of screening for breast and cervical cancer
- Despite comparable screening rates, African American women get different treatment and have higher mortality rates if cancer is diagnosed

# Breast and Cervical Cancer mortality Washington 2002



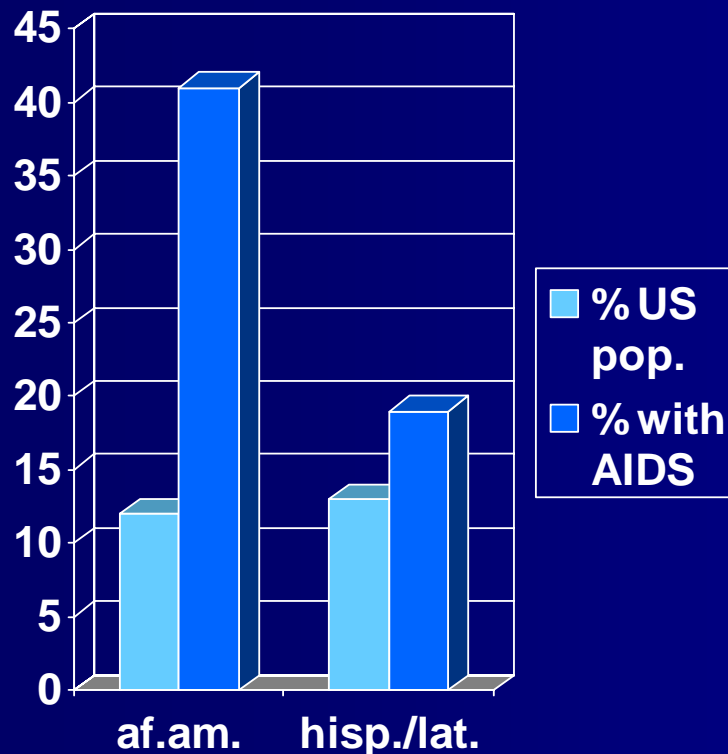


# HIV/AIDS Incidence Rates Washington State 2002



# HIV/AIDS

CDC data per NIAID report 12/03



- 78% of females with AIDS are African American or Hispanic/Latino
- Of the 92 pediatric AIDS cases reported in the US in 2002 89% were African American and Hispanic/Latino

# Asthma: societal burden



- From 1982 to 1994 asthma rates in youth increased by 72%
- Asthma is considered the #1 medical reason for school absence

# Asthma Health Care Use and Outcomes

CDC, NCHS data 2003, hospital surveys, President's Initiative on Race  
chartbook 2001

- In 2001 9% of all children had asthma (doubled since 1980)
- Washington is tied for 6<sup>th</sup> place
- ED visits occur twice as often for minorities with asthma
- Hospitalizations are 3 times more frequent than for caucasian children with asthma
- Mortality for minorities is 3 times higher

## Slide 19

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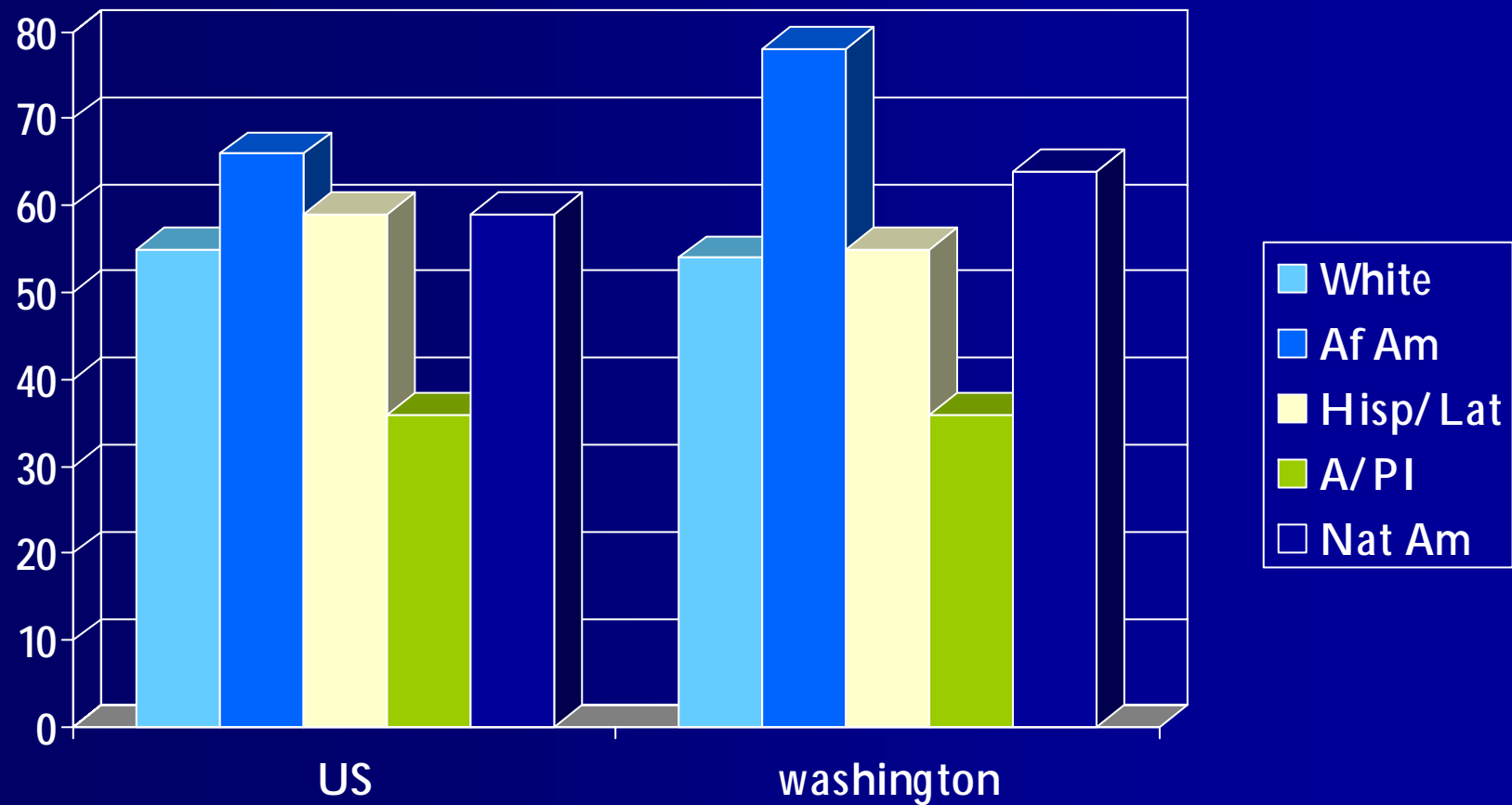
- Af Ams and Hisp 6x more likely to die
  - 25% of Af Ams live in areas that exceed federal standards for air pollution
  - schools screen for scoliosis, but not the #1 health reason for school days missed
- benjamin danielson, 5/31/2004

# Asthma: societal burden

- NIH data 1995
- Average patient yearly cost \$640
- Yearly cost well controlled \$450
- Cost of 1 ER visit \$1140
- Cost of 1 hospitalization \$2350
- Average cost of patients with multiple hospitalizations \$5000



## Overweight is more prevalent and more severe at all ages for African Americans, Native Americans and Hispanic/Latinos



# Factors that contribute to disparate outcomes

- Biological/Genetic
- Societal
- Behavioral
- Environmental





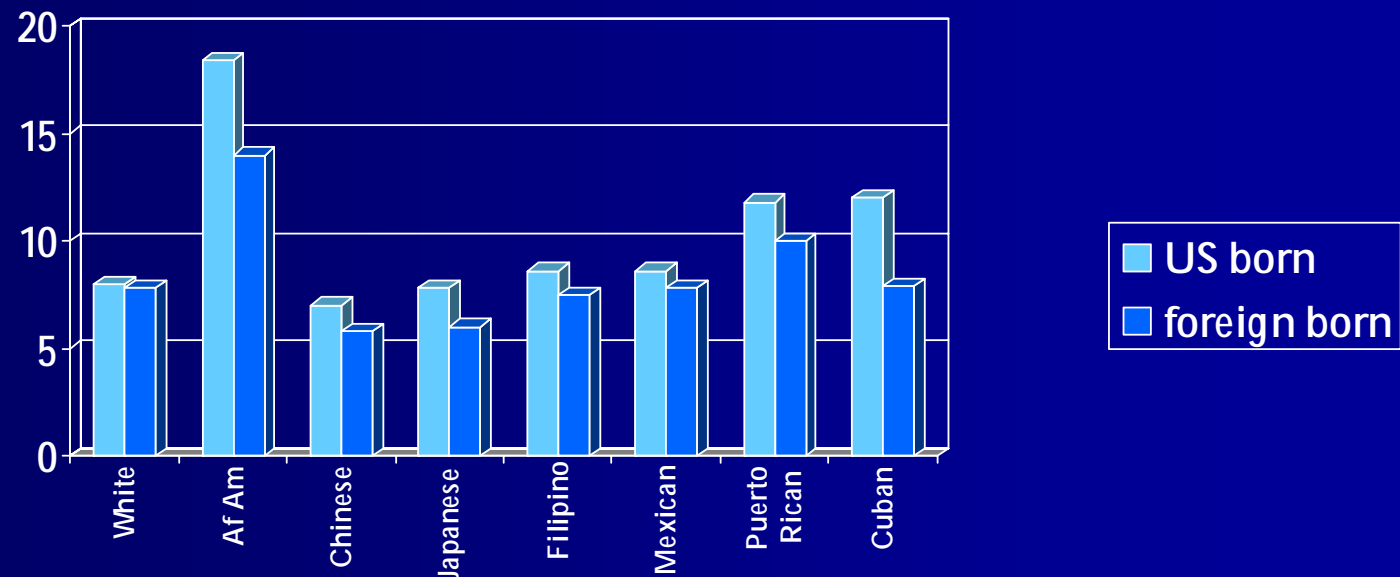
# Institutional, Environmental, Social Influences:



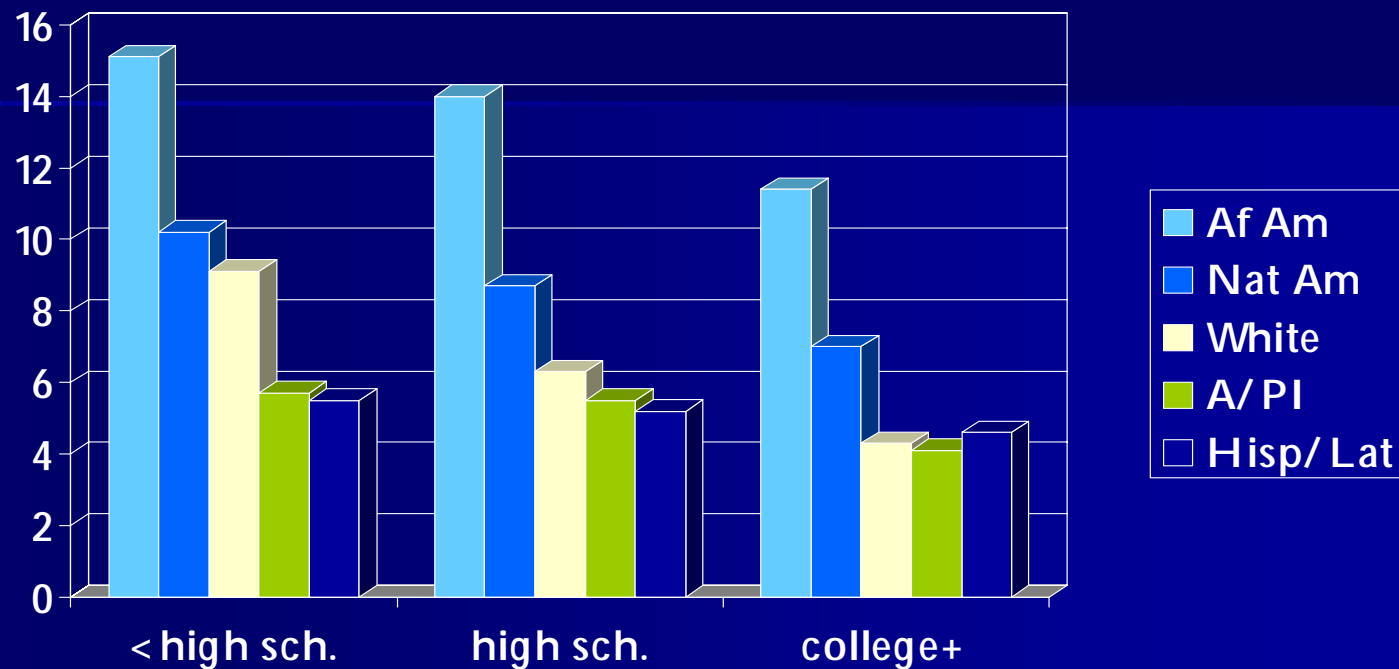
- Acculturation
- Socio-economics
- Neighborhood
- Occupational exposures
- Access to healthcare
- Quality of healthcare
- Discrimination

# Immigrating can worsen health

- Infant mortality per 1000 live births, 1985-1987
- Singh and Yu 1996



# Infant Mortality



- Differences are not explained by SES as measured by maternal education level 1998-2000
- National Center for Health Statistics, National linked birth/infant death data, 2002

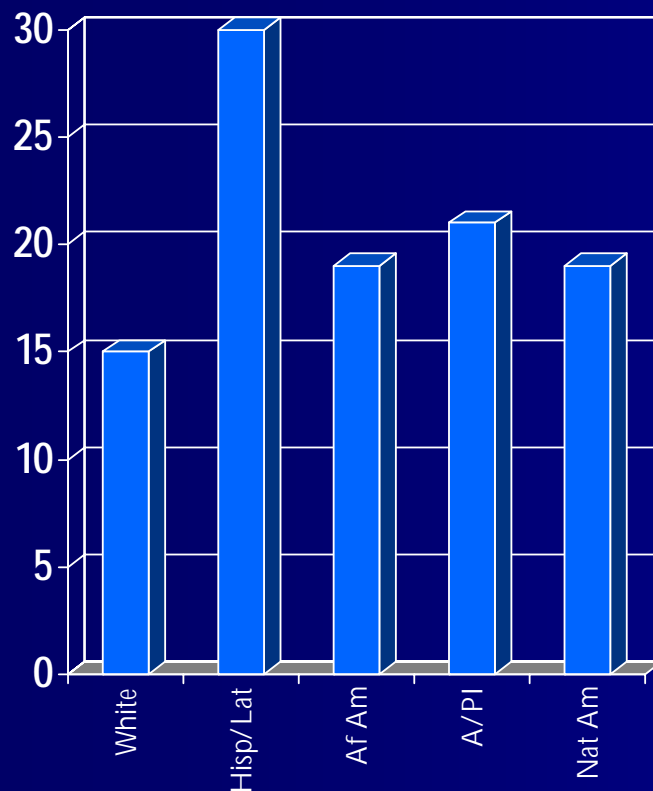
# Neighborhood Rules

Pickett and Pearl, 2000

- Neighborhood, especially neighborhood socio-economics predicts health outcomes above and beyond individual socio-economics
  - Higher mortality
  - Higher rates of illness
  - More depression and anxiety
  - Fewer health services

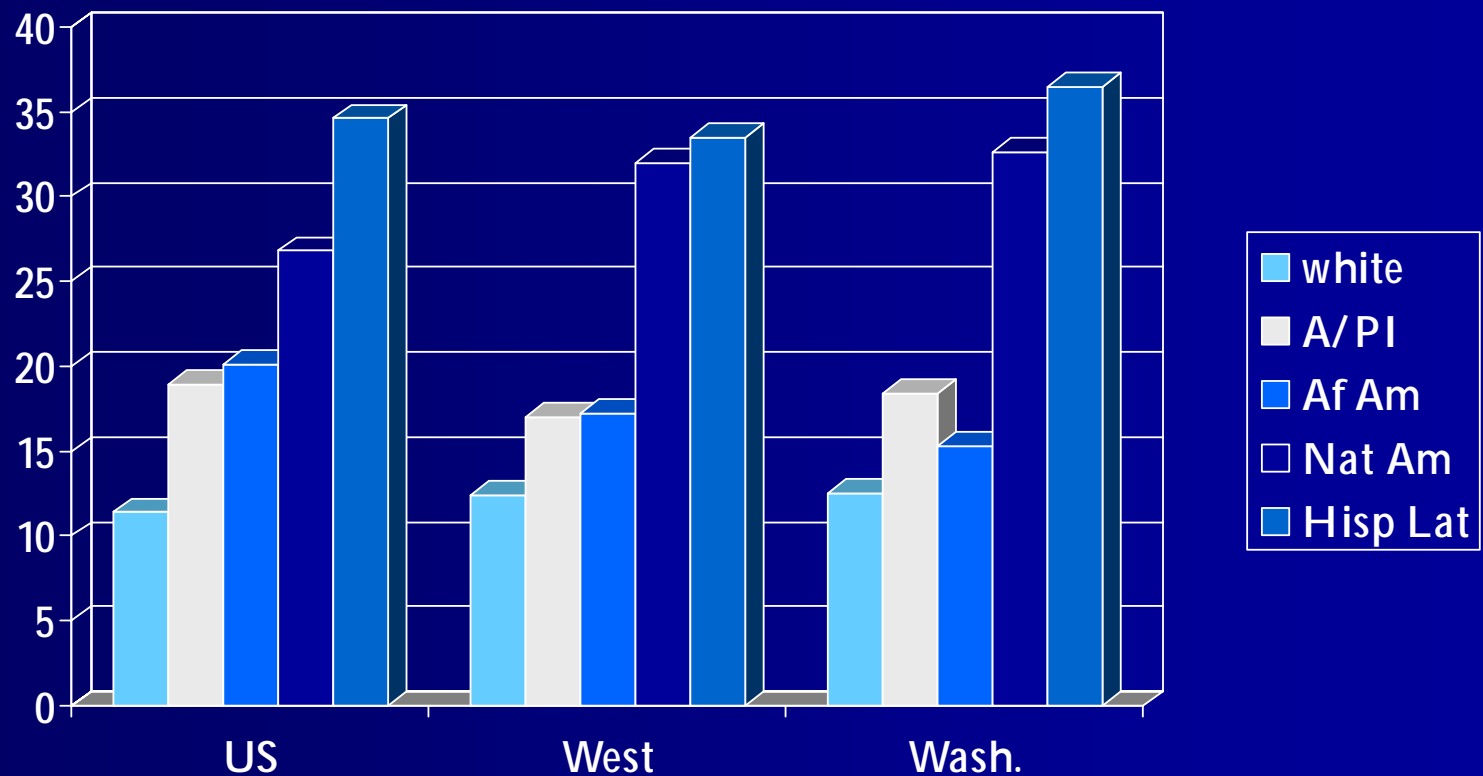
# No Usual Source of Health Care

National Health Interview Survey 2000



- People of color are more likely to be without a usual source of medical care
- The disparity has not changed much in recent years

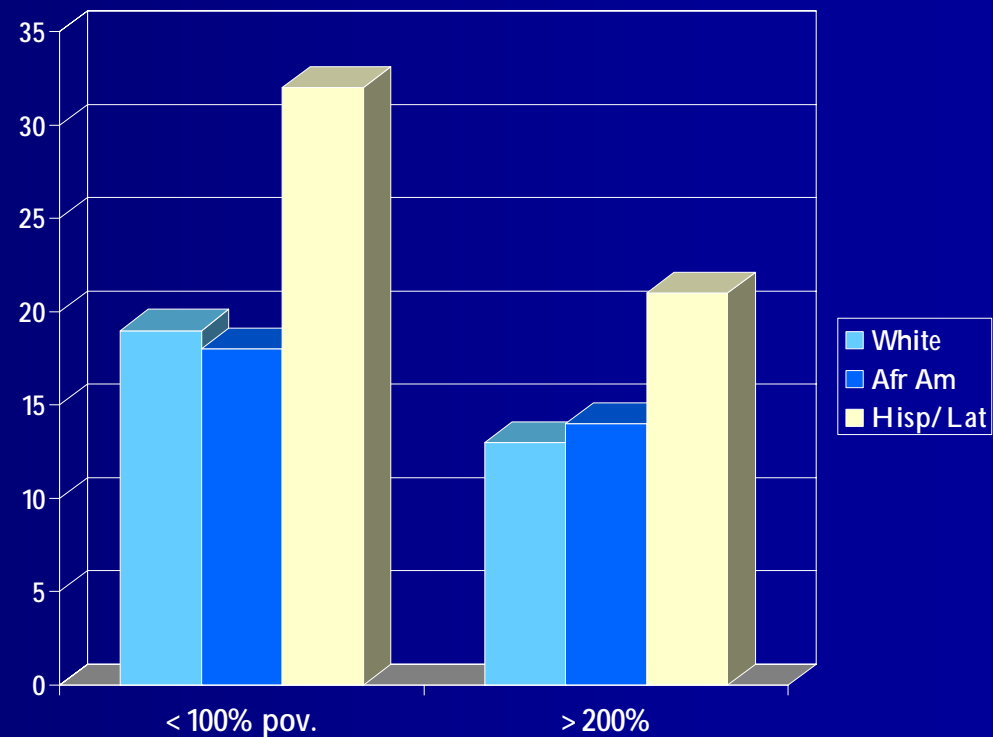
# Uninsured rates 2001, by region



# No health care visits in the past year

National Health Interview Survey, 2000

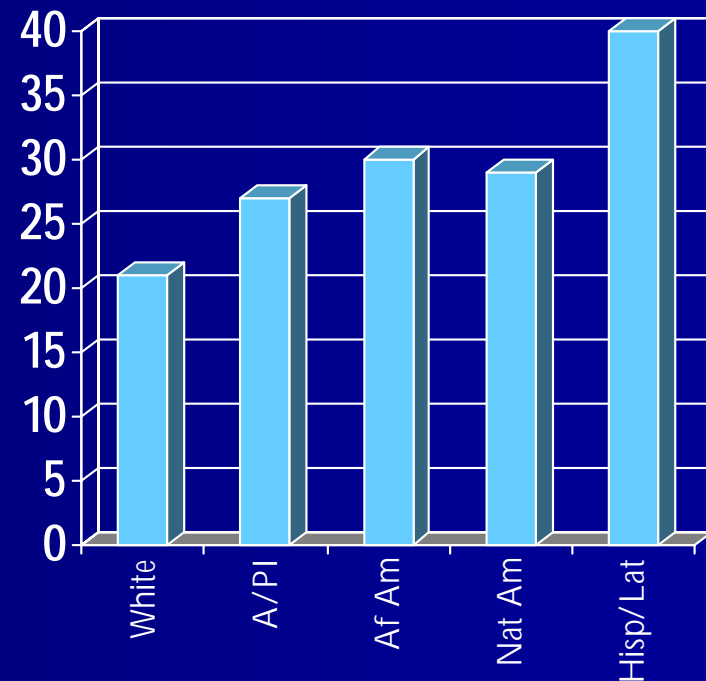
- Latinos still lag in receiving healthcare behind poorer patients even if they are not living in poverty



# No Dental Visits in the past year

National Health Interview Survey, 2002

- Dental check up rates among 2-17 year olds
- Racial disparities increase as income increases among some minorities





# Emergency Room Care

Pediatric Emergency Care Applied Research Network, 2003

- Review of treatment received by children in 25 ED's over 10 days in 2003
- Among 181 with leg or arm fractures, Caucasian children received pain medication 2.3 times as often as African American kids
- 635 asthmatics; Caucasians received preventer prescriptions twice as often as African American children
- African Americans with burns, fractures, head injuries or poisonings were 3 times as likely to get a social work referral

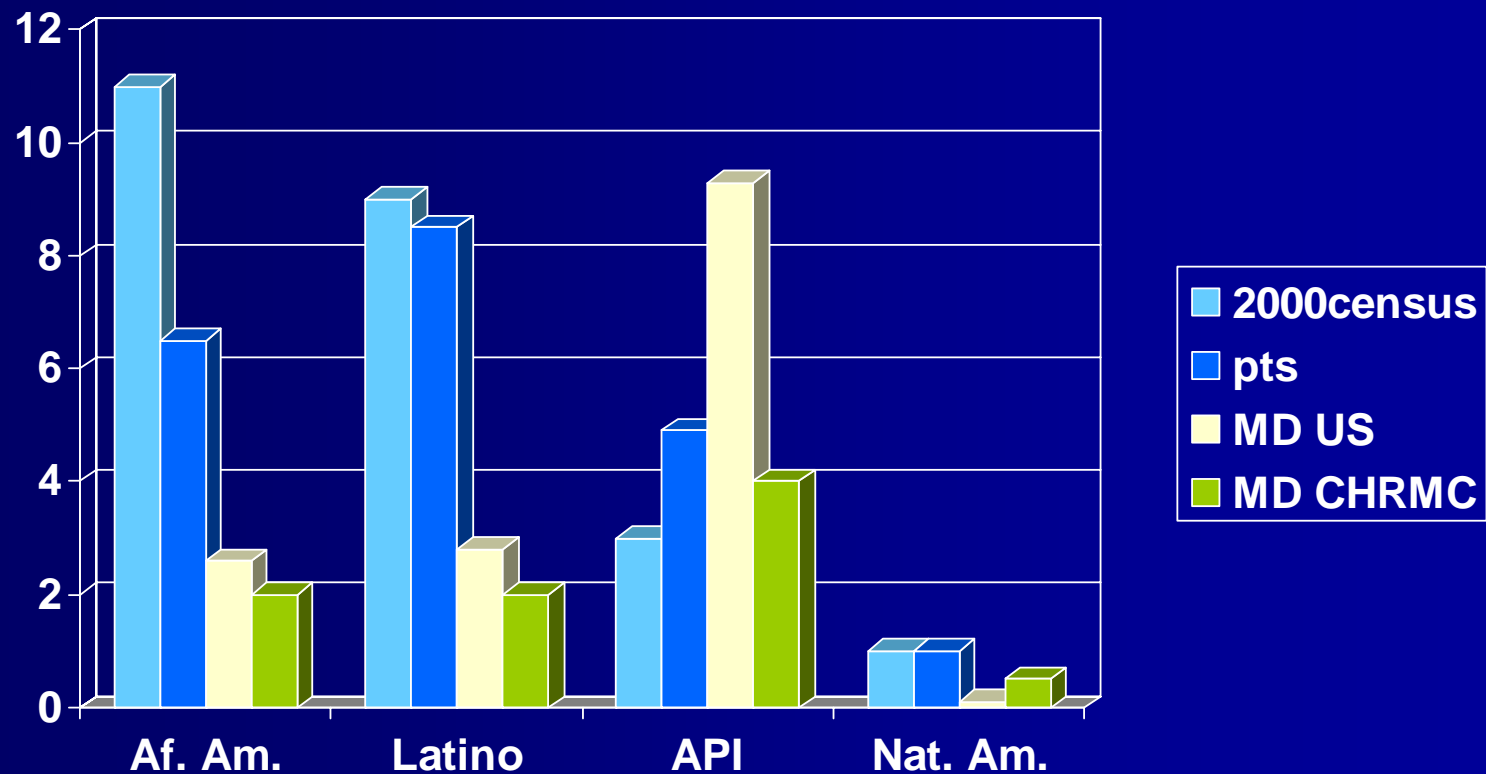
# Pulling the data together

- 1999 – Congress asked the Institute of Medicine to assess the medical evidence
- Over 600 articles initially examined
- Over 100 studies included
- These studies held constant insurance, income, severity of disease, patient preferences, appropriateness of procedures age and gender

# Institute Of Medicine study report 2002

- "The study committee was struck by the consistency of research findings: minorities are less likely than whites to receive needed services, including clinically necessary procedures".
- "Disparities occur in clinical services that are equally effective for all groups. Differences in patient attitudes cannot explain the disparities in healthcare"

# Some minorities are not well represented in the medical field



# Cultural Dynamics and Healthcare

- Many minority groups distrust the healthcare system
- This is often based on the legacy of traditional healthcare afforded their culture
- However, it is also directly related to care they have received.
- Almost  $\frac{1}{4}$  of African Americans and  $\frac{1}{6}$  of Hispanic/Latinos feel they would get better care if they were another race. Hogue and Hargraves, *Minority Health in America*, 2000

# Minority Children need supportive healthcare



- Providing care for children in foster care
- Supporting children being raised in kindred care
- Caring for families who are homeless, in emergency shelters or frequently moving
- Helping children disproportionately affected by severe, chronic illness
- A safe haven of health and support for families in turmoil

- “The inseparable twin of racial injustice is health injustice”

- Martin Luther King Jr.

