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# Health Care Diversity, Disparities and Inclusiveness

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FLASCO – October 30, 2021



A Cancer Center Designated by the  
National Cancer Institute

# Learning Objectives

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- Review recent data on disparities in health and health care
- Understand multifactorial nature of health disparities and role of social determinants of health
- List some provider level and other culturally-tailored strategies to help address health disparities



## Sylvester Comprehensive Cancer Center

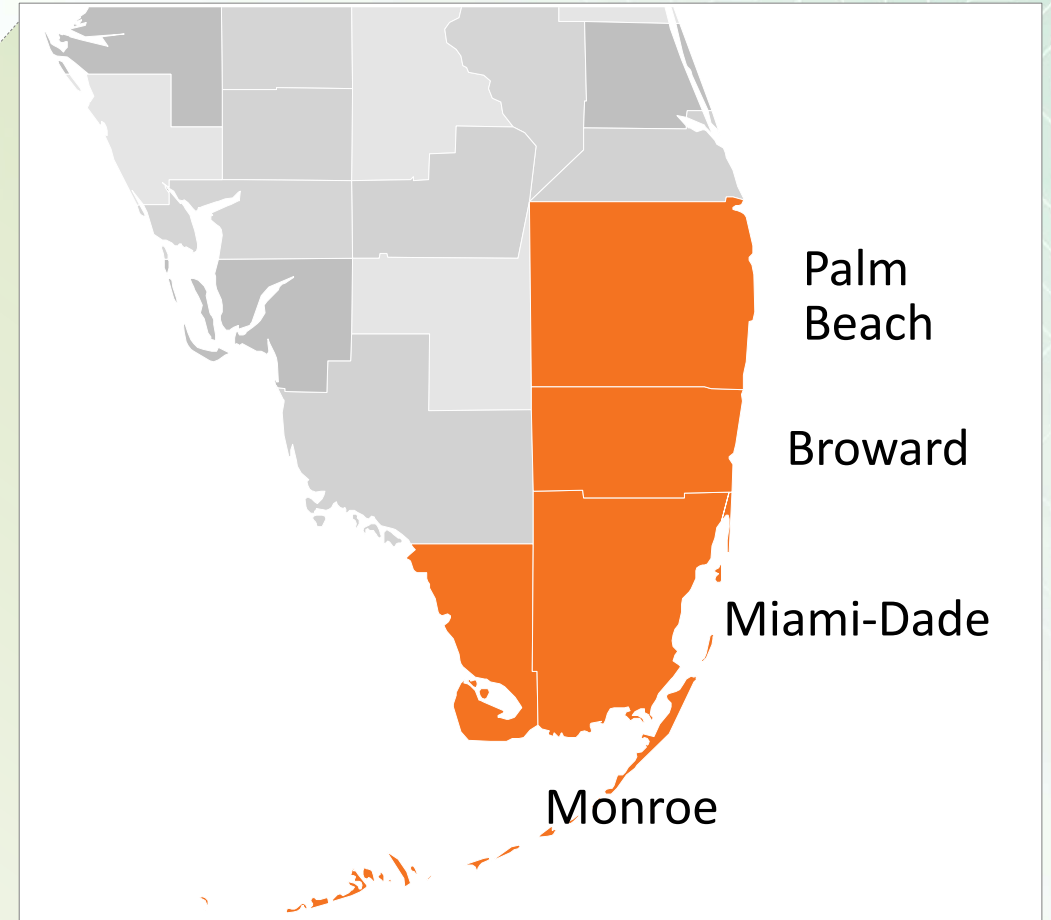
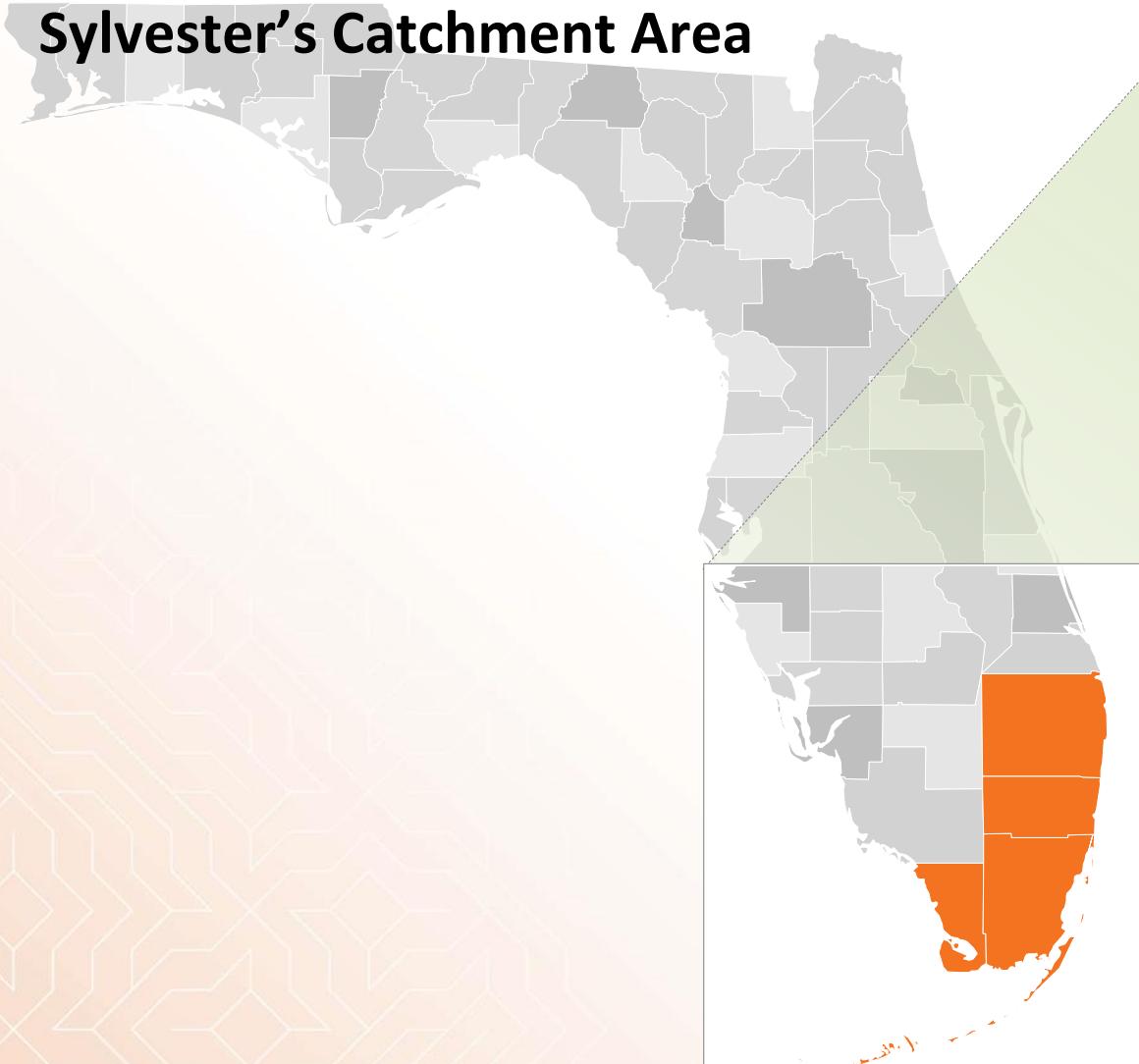
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Part of **UHealth** – the University of Miami Health System and the **University of Miami Miller School of Medicine**

- More than 120 cancer researchers and 130 cancer specialists
- A member of the elite Alliance of Dedicated Cancer Centers
- South Florida's only NCI Designated Cancer Center

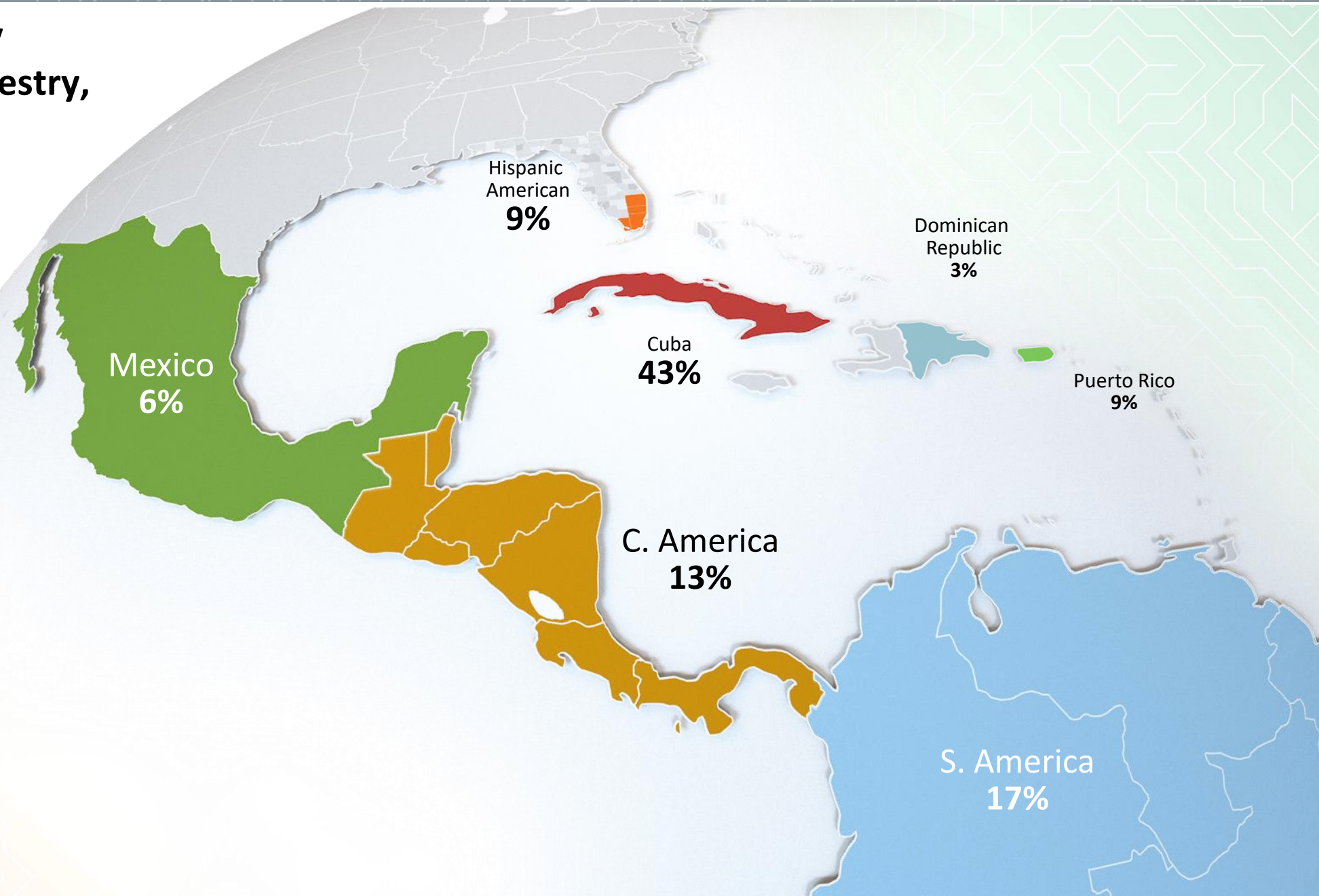
# South Florida

## Sylvester's Catchment Area



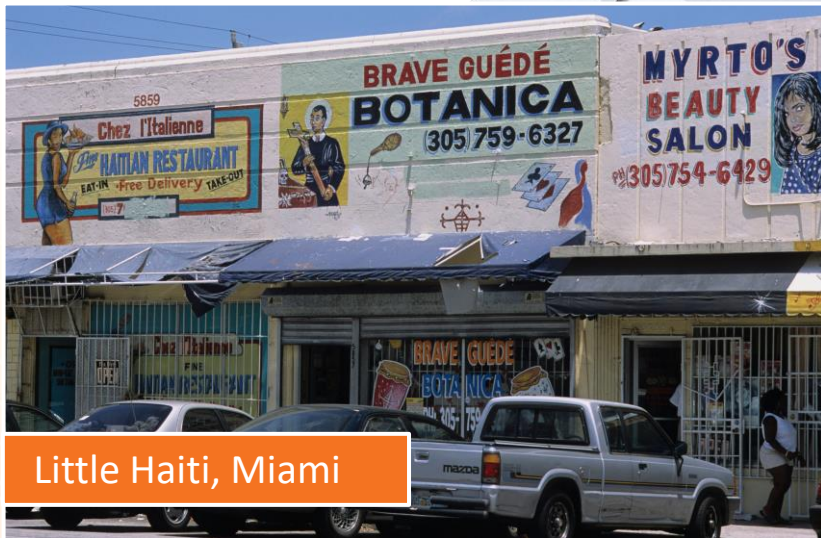
# Unparalleled Diversity in Race/Ethnicity, Ancestry, and Culture

## Self-Identified Ancestry for **HISPANICS**



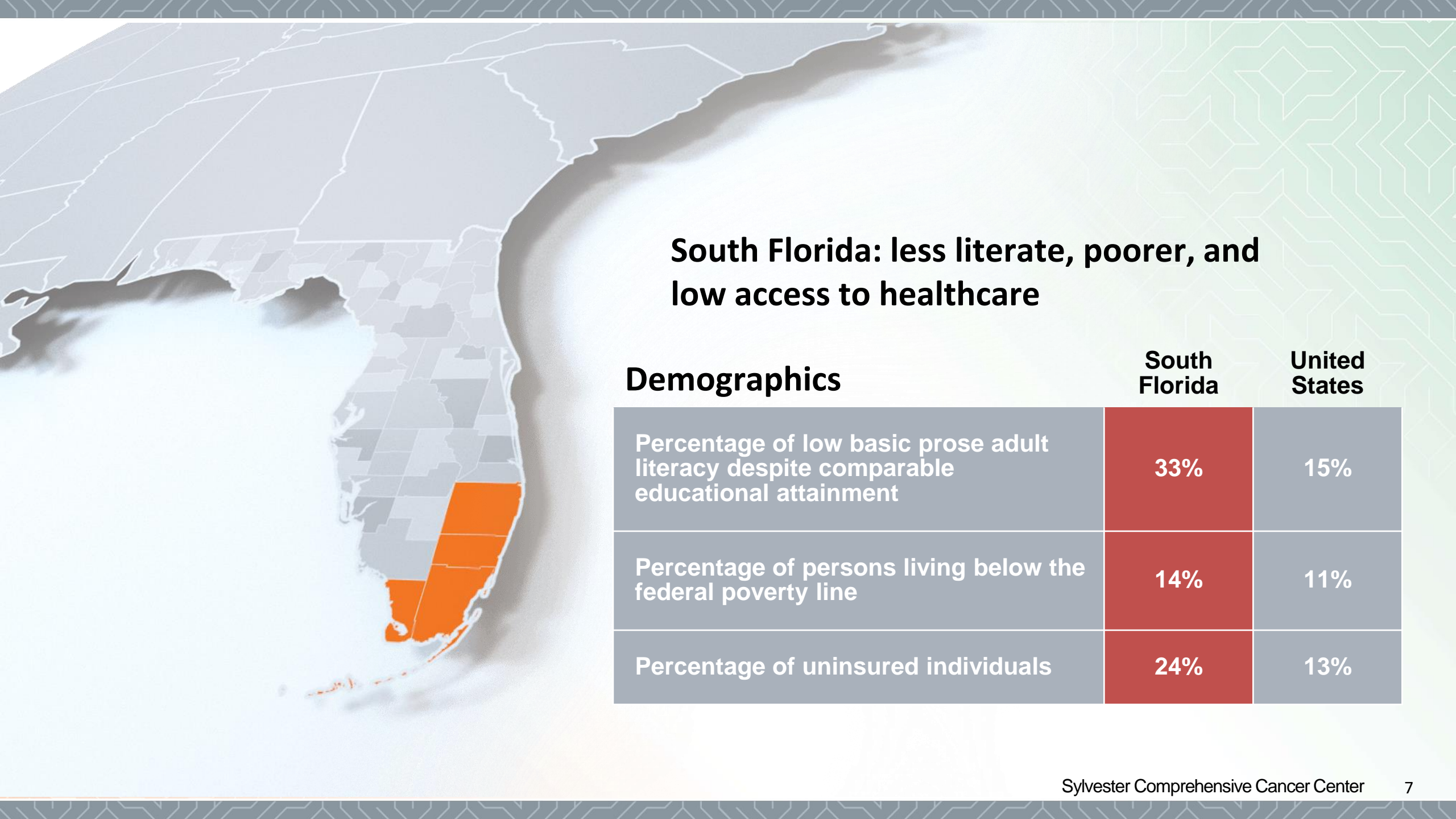
# Unparalleled Diversity in Race/Ethnicity, Ancestry, and Culture

## Self-Identified Ancestry for **BLACKS**



Little Haiti, Miami





# South Florida: less literate, poorer, and low access to healthcare

## Demographics

	South Florida	United States
Percentage of low basic prose adult literacy despite comparable educational attainment	33%	15%
Percentage of persons living below the federal poverty line	14%	11%
Percentage of uninsured individuals	24%	13%

# Unique Cancer Risk Factors



## HIV

2x national  
incidence



## HBV + HCV

Incidence exceeds Healthy  
People goals



## HPV

25% of women  $\geq 30$  years  
infected in Little Haiti



## HTLV-1

Excess adult T cell leukemia/  
lymphoma (ATLL)

# Unique Cancer Burden

Five-year Age-Adjusted Incidence Rates 2011 – 2015



**Cervical Cancer:**  
Non-Hispanic Black Women

63% Higher



**Prostate Cancer:**  
Hispanics

21% Higher



**Melanoma:**  
Non-Hispanic Black Men

37% Higher



**Anal Cancer:**  
Men

58% Higher

South Florida	13.7*	110.8	1.8	2.3
U.S.	8.4*	91.8	1.3	1.5

\*All rates per 100,000

# Health Disparities: NIMHD

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- NIMHD envisions an America in which all populations will have an equal opportunity to live long, healthy, and productive lives
- Health Disparity: a health difference that adversely affects a disadvantaged group based on:
  - Higher incidence of a disease or disorder
  - Population differences in premature or excess mortality
  - Greater disease burden (e.g. disability)
  - Poorer daily functioning

# Health Disparities: HHS

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- A health difference that is closely linked with social, economic, and/or environmental disadvantage
- Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health
- Based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion
- In the US, many racial and minority groups experience poorer health or health outcomes

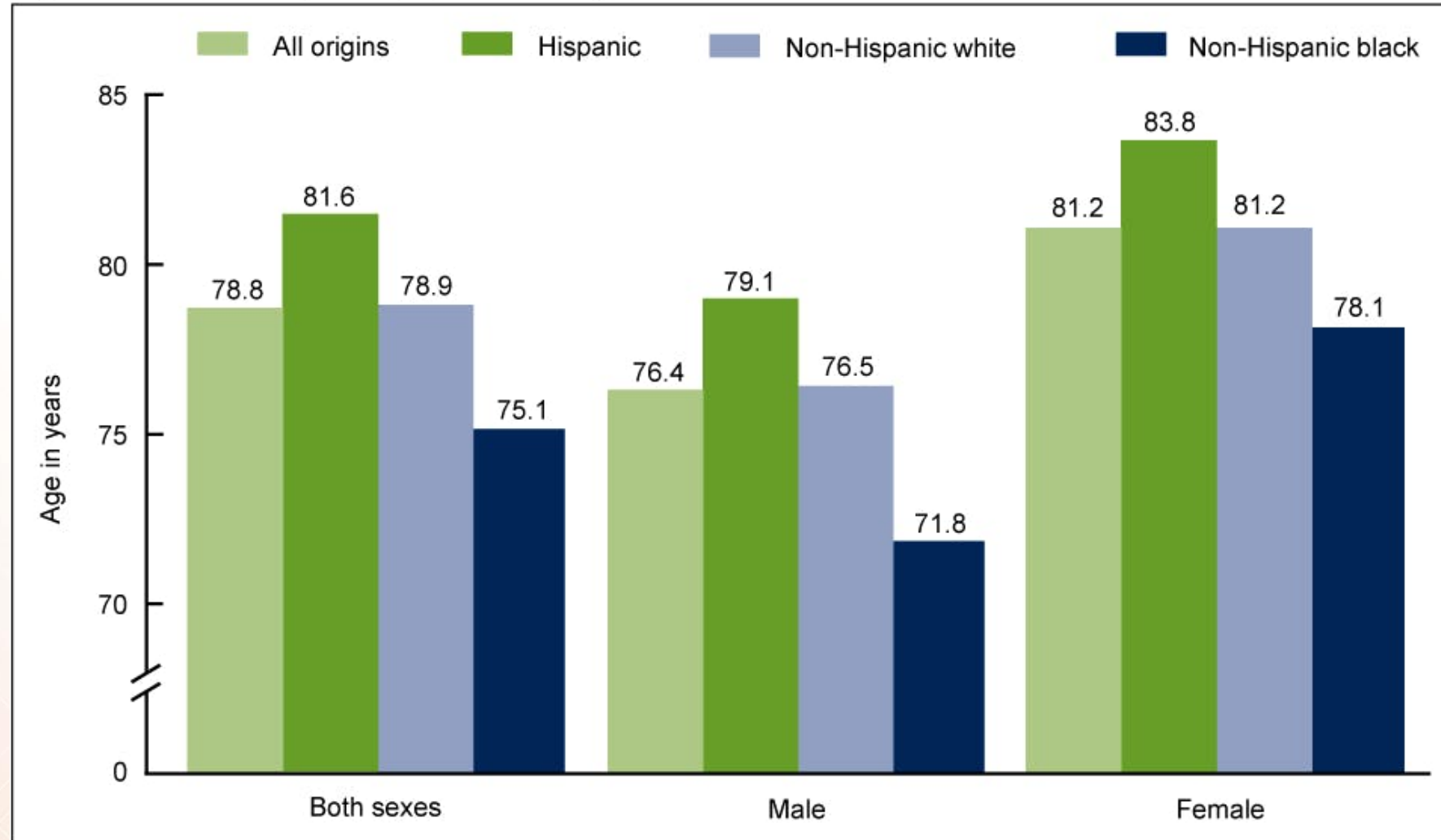
# What is Health Disparities?

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- Differences in the **Health** of racial or ethnic minorities versus non Hispanic whites
- Differentials in **Access to Health Care** by racial or ethnic minorities versus non Hispanic whites
- Differences in **Quality of Health Care Received** by racial or ethnic minorities versus non Hispanic whites

# Racial Disparities

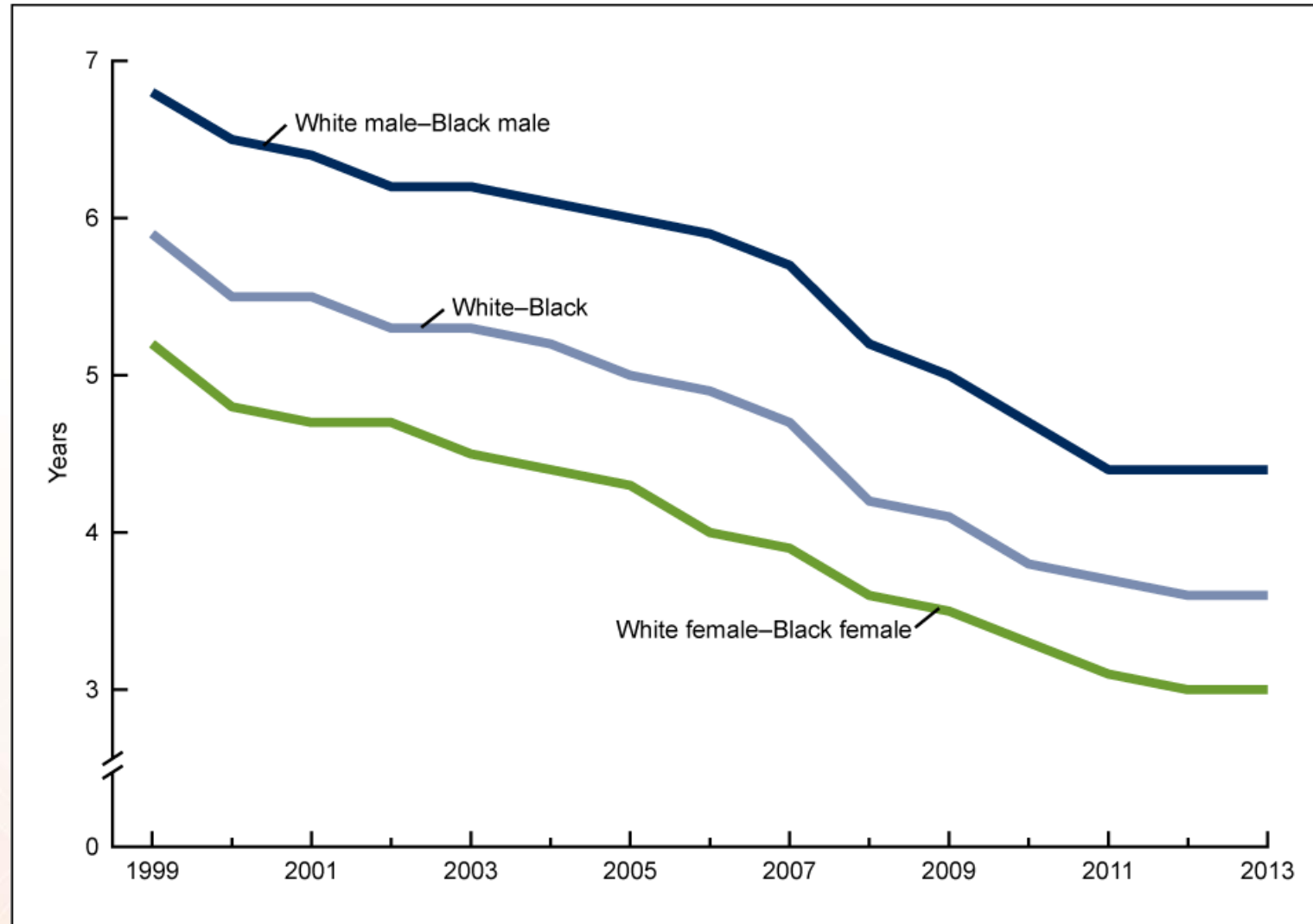
Figure 1. Life expectancy at birth, by Hispanic origin, race, and sex: United States, 2013



NOTE: Life expectancies are based on death rates that have been adjusted for race and Hispanic origin misclassification on death certificates (2).  
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

## Are we making progress?

Figure 2. Differences in life expectancy between white and black populations, by sex: United States, 1999–2013



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality.

# Why Race and Ethnicity?

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- In the United States, disparity is often characterized along racial/ethnic lines  
Non-Hispanic (NHW) vs Black/Hispanic/Asian
- In Europe and prior to 1980's in US it was mostly disparities due to socio-economic status
  - Class, Income, wealth

# More Disparities Groups

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- Socio-economic / Class
- Gender
- Age
- LGBT
- Rural/ urban
- Obesity
- Disabilities
- Geography

# Growing Disparities

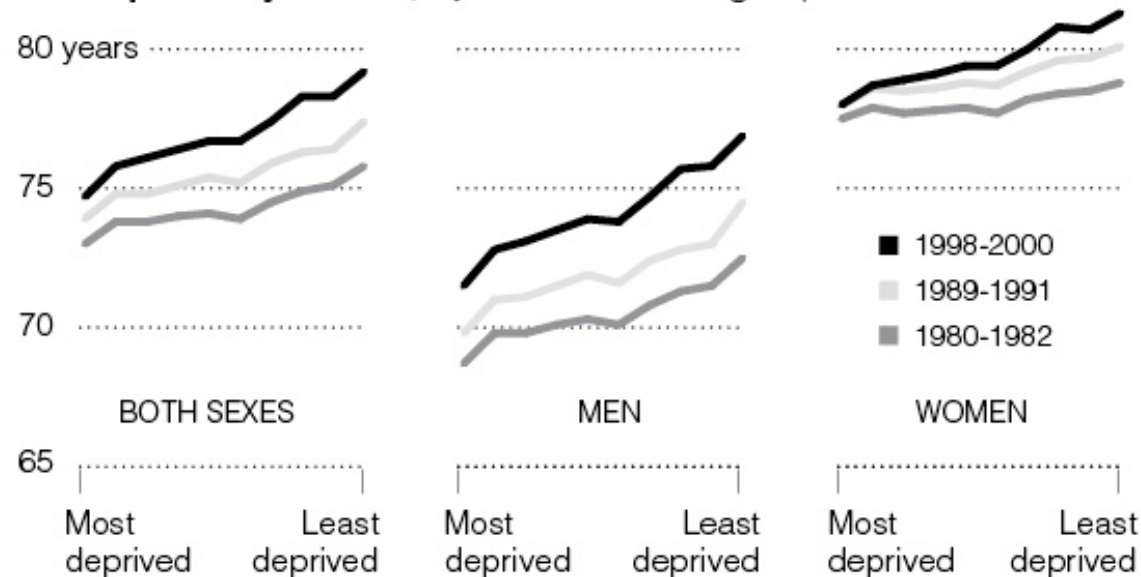
The New York Times

March 23, 2008

## Growing Disparities

New research has found that differences in life expectancy for richer and poorer Americans have grown in the last two decades.

### Life expectancy at birth, by socioeconomic groups



Source: Gopal K. Singh and Mohammad Siahpush, using data from Department of Health and Human Services

THE NEW YORK TIMES

# What about Health Insurance?

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- **Of all the determinants of access to care insurance is by far most important !**
- Less likely to have usual source of care
- More likely to have unmet health care needs
- More likely to rely on emergency room for care
- Less likely to have preventive health services- Pap smears, mammograms, immunizations
- Higher preventable hospitalization rates
- Higher adjusted mortality rates
- 18,000 deaths per year

# Why is Disparities Important?

- While great gains have occurred in improving overall health and reducing health disparities, the persistence of racial, ethnic, economic, or other social inequalities in health is unacceptable.
- Eliminating health disparities would save > 100,000 thousands of lives each year.
- Save > \$200 billion



# Influences on Health: Broadening the Focus

Health is shaped by many influences, including age, sex, genetic make-up, medical care, individual behaviors and other factors not shown in this diagram. Behaviors, as well as receipt of medical care, are shaped by living and working conditions, which in turn are shaped by economic and social opportunities and resources.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

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[www.commissiononhealth.org](http://www.commissiononhealth.org)

# What causes health disparities?

- The factors which influence an individual's or population's health, are known as *determinants of health*
- There are include the powerful, complex relationships exist between health and biology, genetics, and individual behavior
- Also between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies

# Biggest Challenge in Disparities:

## How do we address Social Determinants of Health

- Social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.
- These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics
- Can they be addressable at health care / health care delivery level?
- As a healthcare provider, what can I do?

# Social Determinants of Health

- Conditions in which people are born, grow, live, work and age
- Shaped by the distribution of money, power and resources at global, national and local levels
- Mostly responsible for health inequities

# Social Determinants of Health

- Access to social and economic opportunities
- Resources and supports available in our homes, neighborhoods, and communities
- Quality of our schooling
- Safety of our workplaces
- Cleanliness of our water, food, and air
- Nature of our social interactions and relationships



<b>NIMHD Minority Health and Health Disparities Research Framework</b> <b>Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual/Gender Minority</b> <b>Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region</b>				
Domains of Influence	Levels	of	Influence	
	Individual	Interpersonal	Community	Societal
<b>Biological</b>	Biological Vulnerability and Mechanisms	Caregiver-Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
<b>Behavioral</b>	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
<b>Physical/Built Environment</b>	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
<b>Sociocultural Environment</b>	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Societal Norms Societal Structural Discrimination
<b>Healthcare System</b>	Insurance Coverage Health Literacy Treatment Preferences	Patient-Clinician Relationship Medical Decision-Making	Availability of Health Services Safety Net Services	Quality of Care HealthCare Policies
<b>Health Outcomes</b>	Individual Health	Family/Organizational Health	Community Health	Population Health



# So What Can I do to help these

## #1 Know your community

Know your population: data on patients' race, ethnicity, primary language  
Know basics of politics/history/cultural markers of your community's  
background

Know about and try to understand social determinants and  
barriers to care in your community

## #2: Collect data on social determinants of health

What do we collect at UHealth:

<b>Race/ethnicity</b>	<b>Income</b>	<b>Education</b>
<b>Health literacy</b>	<b>Food insecurity and financial strain</b>	<b>Stress</b>
<b>Social support</b>	<b>Transportation</b>	<b>Physical Activity</b>
<b>Living conditions</b>	<b>Reasons for delaying medical care</b>	<b>Years in the US</b>

- Adapted from IOM questionnaire

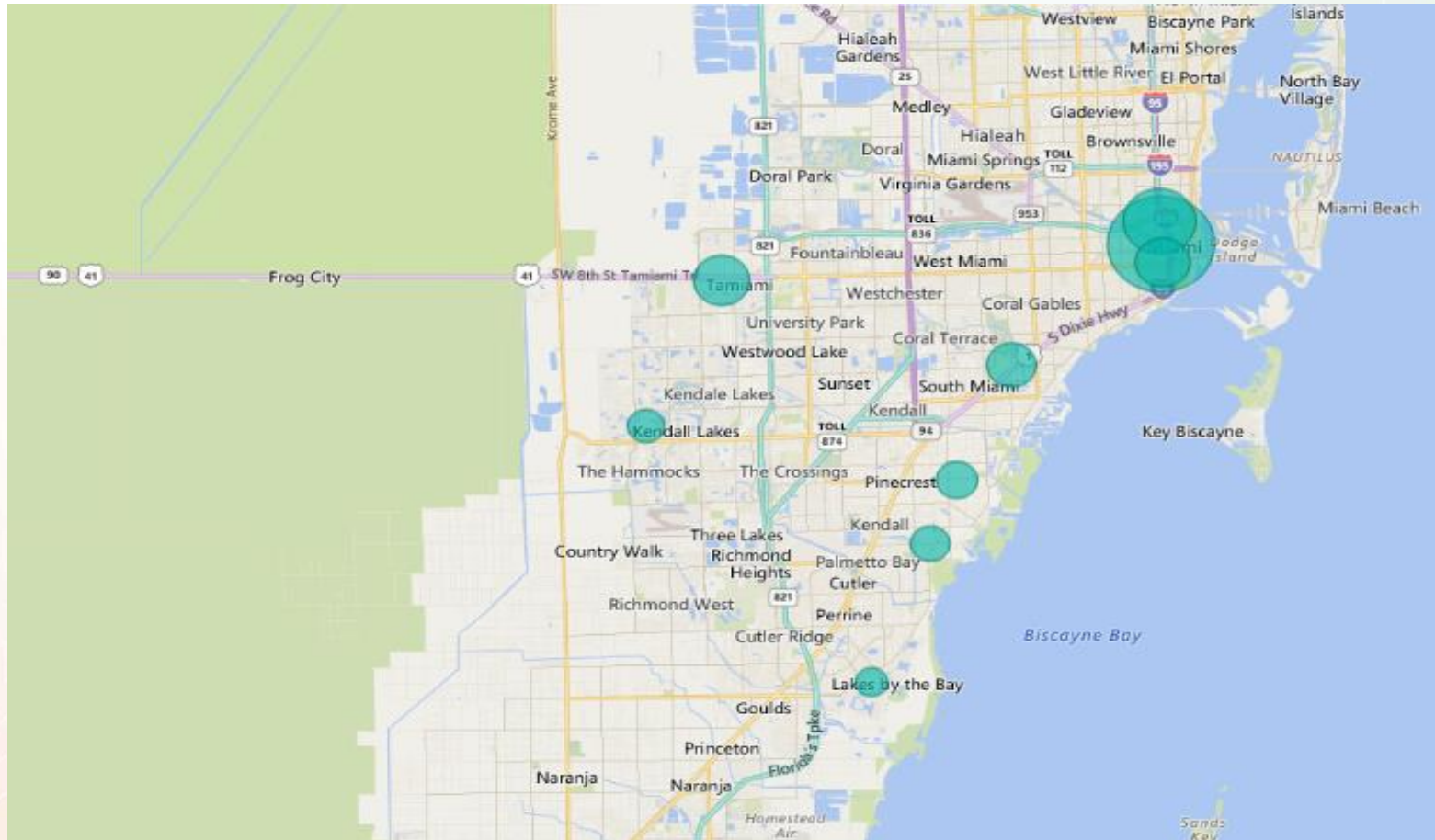
# UHealth: Most common social risks

SDH metric	% (N = 2876)
Delay in care, %	31
Difficulty paying for basic needs, %	33
Moderate to high stress, %	22
High school education or less, %	21
Difficulty filling out forms, %	20
Does not meet with family and friends,%	24
Not physically active, %	30

# UHealth: Relationship between SDH and the Framingham risk score

SDH metric	Framingham risk score >=10	Framingham risk score <10
Delay in care	45	26
Difficulty paying for basic needs	45	32
Moderate to high stress	35	20
High school education or less	23	15
Difficulty filling out forms	25	10
Does not meet with family and friends	24	18
Not physically active	62	41

# UHealth: where you live matters



## #3 You need need a multidisciplinary team

- Social Workers
- Home nurses, home health services
- Nutrition
- CDEs
- CHWs
- Hire people whom know and understand your community

## #4 Community Health Workers

- “Promotores de Salud” = “Promoters of Health,”
  - Health Navigators, Outreach Workers
- Community members without formal health care education who serve as a link between patients and providers
- Have long been used in Latin-America as an integral part of their health care delivery system
- Share the same ethnicity, socio-economic status, cultural norms, and communicate in the language of the community

# Roles/Scope of CHW Practice

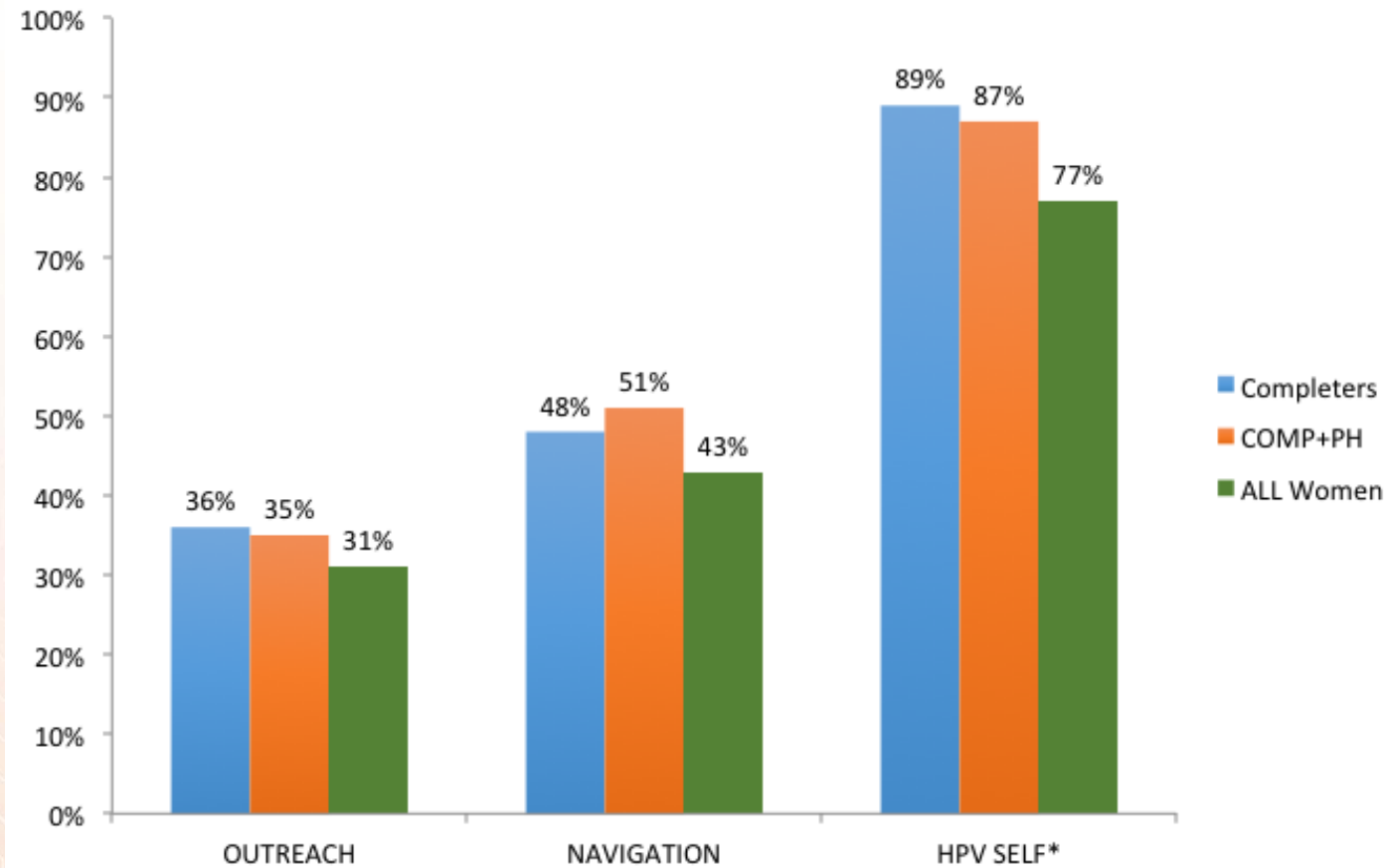
1. Bridging/cultural mediation between communities and the health and social service system (help filling forms, finding programs, housing and food banks, legal etc.)
2. Providing culturally appropriate basic health education and information
3. Navigating people to get the services they need (provide insurance enrollment assistance/connectors to care)
4. Providing informal counseling and social support
5. Providing basic clinical/chronic disease management tasks (taking blood pressure, help w nutrition and physical activity, etc.)

## Mostly non-medical services

- Health Insurance and coverage navigation
- Legal (housing, immigration)
- Behavioral
- Job training, resumes, placement
- SNAP, WIC, free phones
- Family based approach, help all



# Cervical cancer screening



$P < .01$  for HPV self vs outreach and HPV self vs Navigation  
Adj age, education, insurance, prior pap, marital status, immigration, and CHW clustering



# Sylvester Office of Outreach and Engagement (SOOE)

- Goals:
  - Address the cancer burden in our South Florida community
  - Identify and assess specific needs in our communities
  - Partnership and collaboration



# Sylvester Office of Outreach and Engagement (SOOE)

- **Sylvester Game Changer Vehicle**
  - The following services are provided for **FREE**:
    - Cervical cancer screening
    - Colorectal cancer screening
    - Hepatitis C viral exposure screening
    - Skin cancer screening (coming soon)
    - HIV testing
    - Sexually transmitted infections (STI) screening
  - In-person counseling and/or referrals for common health concerns
  - Cancer health education rooted on prevention & early detection



# Tackling Health Disparities

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- Increase Awareness
  - 55% of physicians agree with the statement, “Across the United States, minority patients generally receive lower quality care than white patients”
  - 33% of cardiologists believed that disparities in cardiac care occurred nationally and even fewer (5%) believed they might exist in their own practices

# Tackling Health Disparities

- Cultural Competency
  - Integrate cross- cultural education into the training of all health care professionals current and future
    - Focus on general skills and approaches dealing with patients of different backgrounds
    - Respectful, patient-centered communication
    - Not stereotypes, but some knowledge is OK
  - Support the use of interpretation services where community needs exists
    - How many Spanish speaking nurses?
    - How many times did your social workers use phone bank?



# Summary

- Disparities exist!
- Know the differences between disparities in health and health care
- Disparities in health are difficult to address (poverty, education, housing, environment, segregation etc.)
- One of most important cause of disparities in health care could be addressed with equitable universal coverage
- Some disparities would still exist-
  - novel and complex interventions are needed and being tested
- Know your community, collect data on SDH, need to have multi-disciplinary team

# Thank You

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A Cancer Center Designated by the  
National Cancer Institute