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# Inequality in Quality: Closing the Disparity Gap

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# Disclosures

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# Objectives

- To briefly define and describe disparities in quality health care
- To describe the link between disparities and quality
- To discuss some solutions to reduce disparities and improve quality health care

# Definition of Health Disparities

Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups

Literacy

Primary Language

Gender

Age

Race/Ethnicity

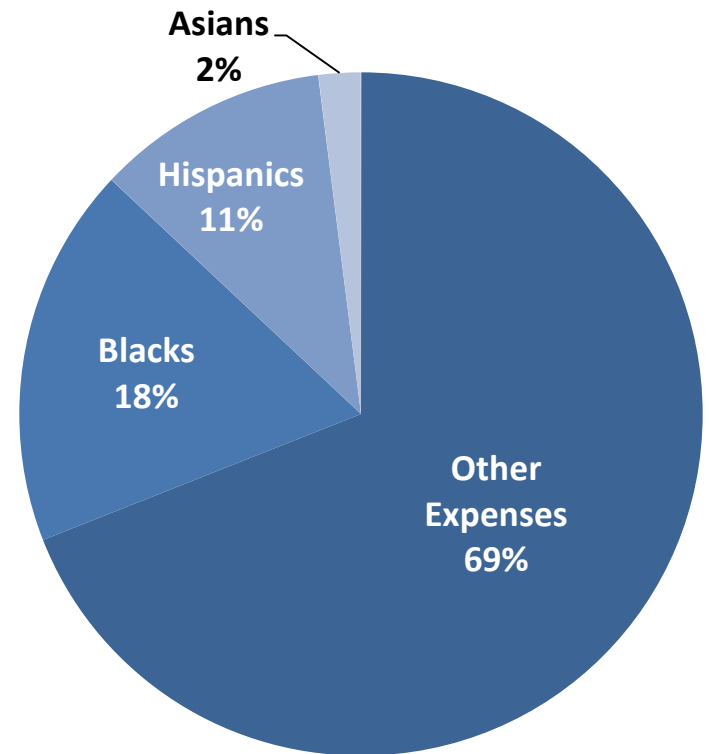
Poverty

Geography

# Why do health care disparities matter?

- Disparities limit continued improvement in population health and overall quality of health care
- Disparities cost the health care system
- >30% of direct medical costs for minorities were excess costs due to health inequities
  - Direct costs associated with treating a sicker population
  - Indirect costs associated with lost productivity and wages, premature death
- Eliminating health disparities for minorities in 2003-2006 could have saved >\$1 trillion in medical expenditures

**Excess Direct Medical Expenditures due to Health Disparities**

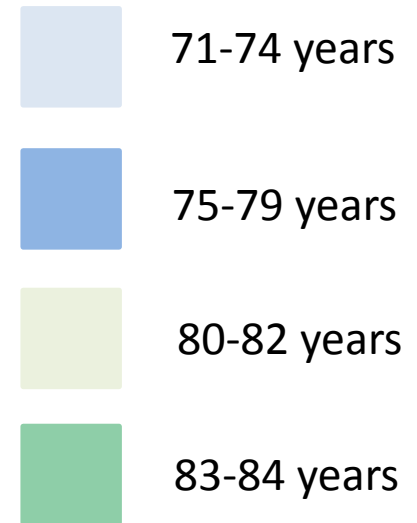
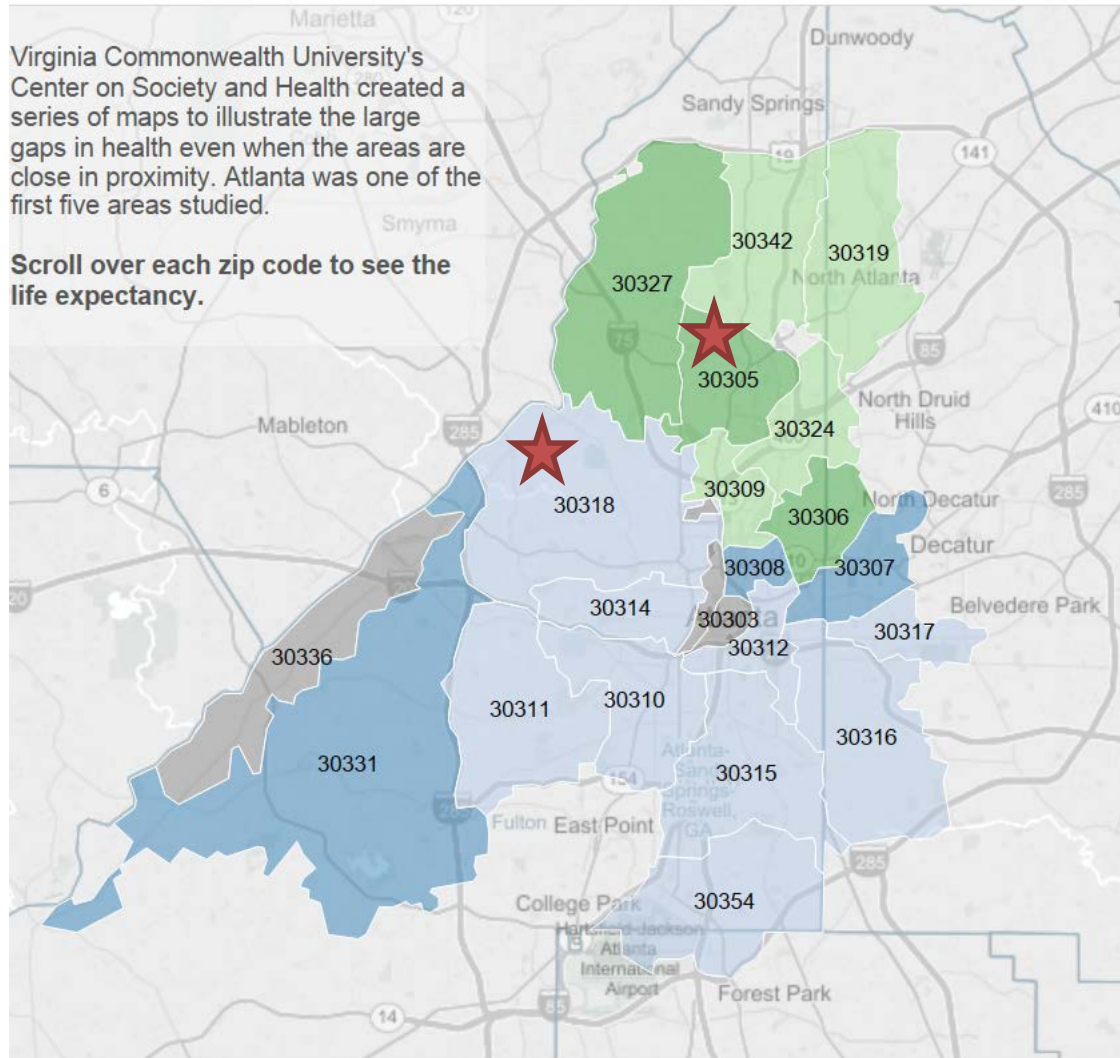


# Local Health Disparity

## Atlanta Life Expectancy By Zip Code

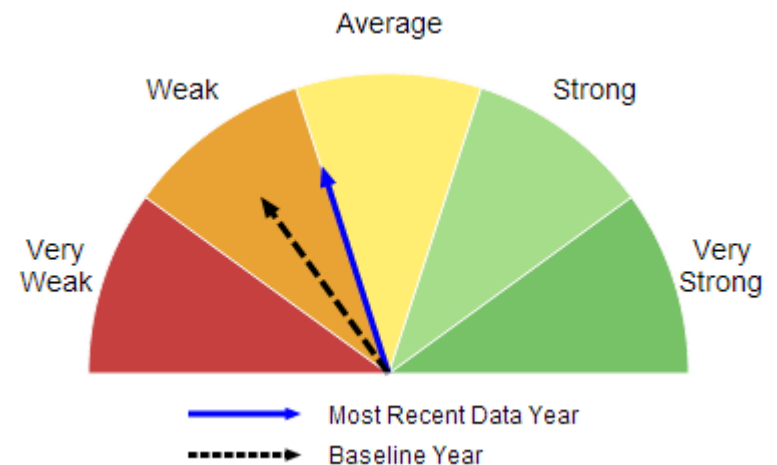
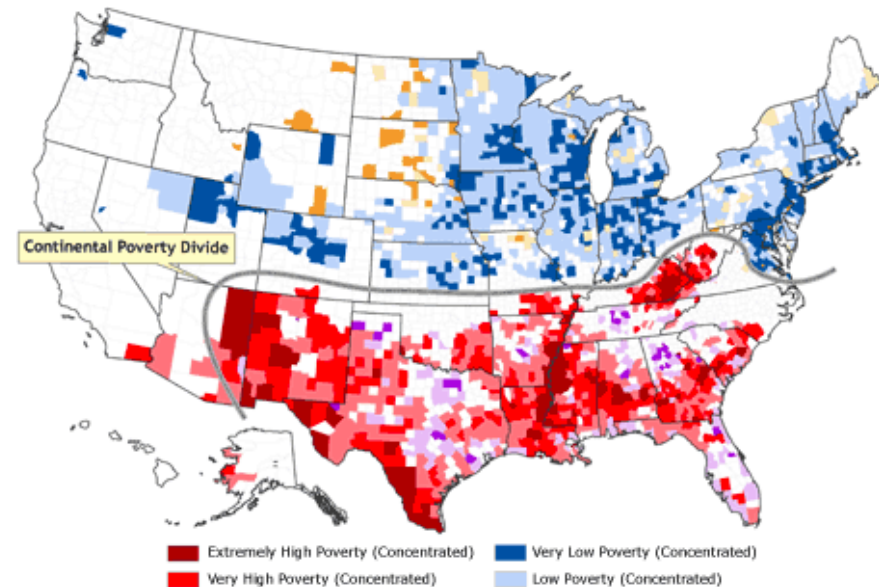
Virginia Commonwealth University's Center on Society and Health created a series of maps to illustrate the large gaps in health even when the areas are close in proximity. Atlanta was one of the first five areas studied.

Scroll over each zip code to see the life expectancy.



# Disparities: Focus on the Southeastern US

- Southeastern US has a higher concentration of poverty
- In Georgia, 91% of counties have a lower life expectancy than the US median of 76.5 years
- Southeast has higher rates of stroke, hypertension, diabetes, obesity, low birth rate, infant mortality, and hospitalization rates for chronic conditions
- Ranks #2 in percent of people uninsured (19.1%)
- GA ranks “Weak” on meeting HP 2020 Goals



# Rethinking Equity in Healthcare Quality

- Disparities reduction is an integral part of quality improvement in healthcare <sup>1</sup>
- Patients spend a relatively small amount of time in a health system vs. in their neighborhood or community
  - Increasing emphasis on improving the system of care, and integrating interventions within community and health system
- Two basic ways that health care affects health status: access to health care and quality of health care received <sup>2</sup>
  - US trails other developed nations

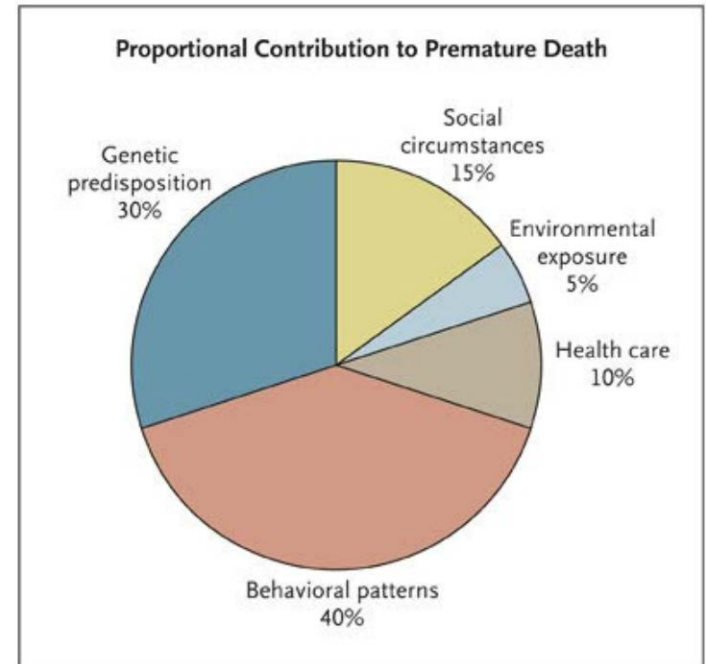
1. *Institute of Medicine Report "Future Directions for the National Healthcare Quality and Disparities Report."*

2. *Schroeder SA. "We can Do Better – Improving the Health of the American People. N Engl J Med 2007;357:1221-1228.*



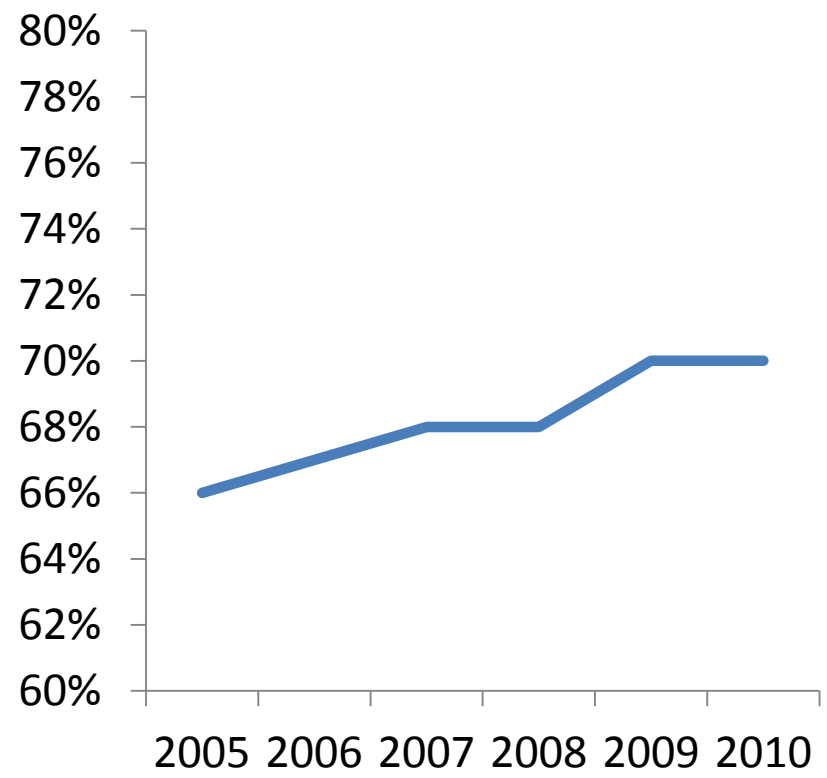
# Healthcare Access and Outcomes

- Improving access to care does not necessarily improve health care outcomes
- Even if all of the population had access to medical care, only 10% of premature deaths would be prevented
  - Among the insured, health care is underutilized among those with low socioeconomic status
- Social and behavioral determinants play a much larger role

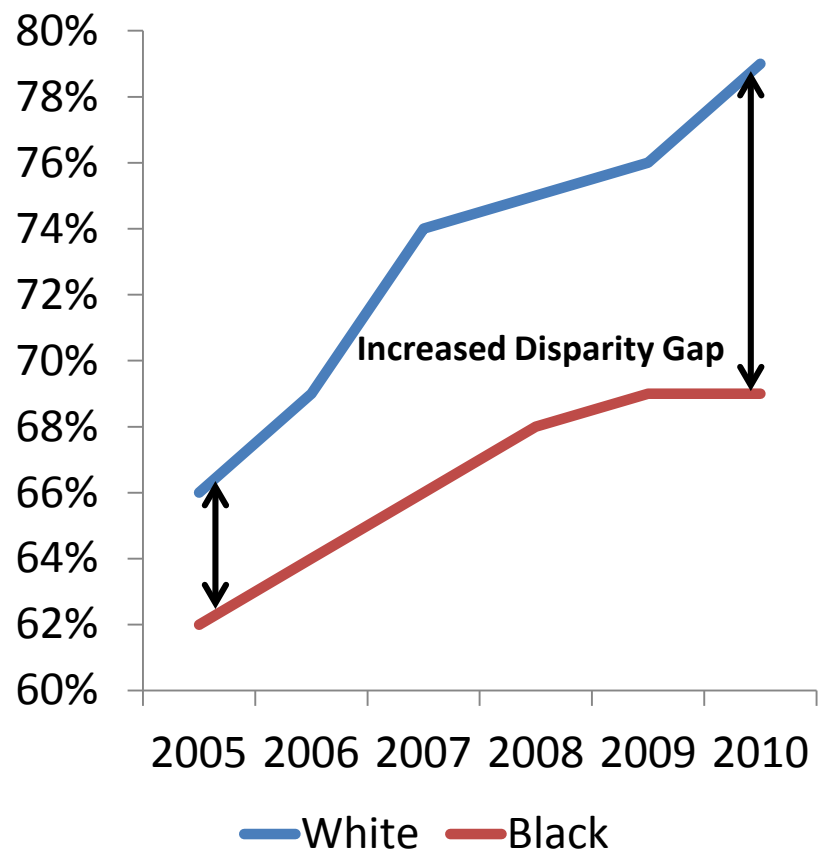


# Increasing Quality of Care Does not Necessarily Reduce Disparities

**% Receiving Adequate Quality Care**



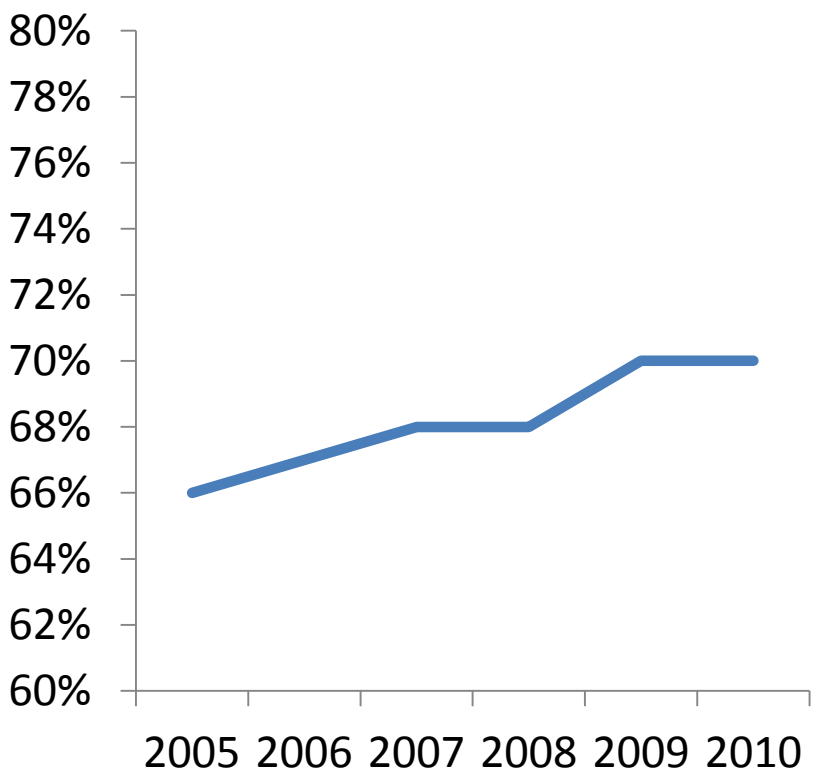
**% Receiving Adequate Quality Care by Race/Ethnicity**



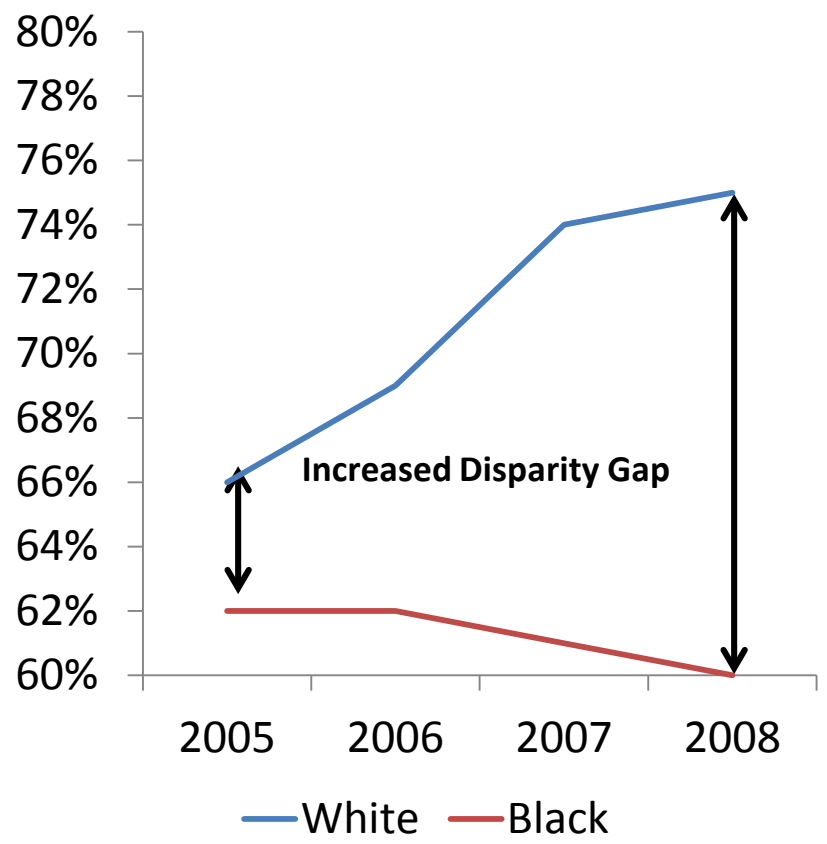
Hypothetical Data

# Increasing Quality of Care Does not Necessarily Reduce Disparities

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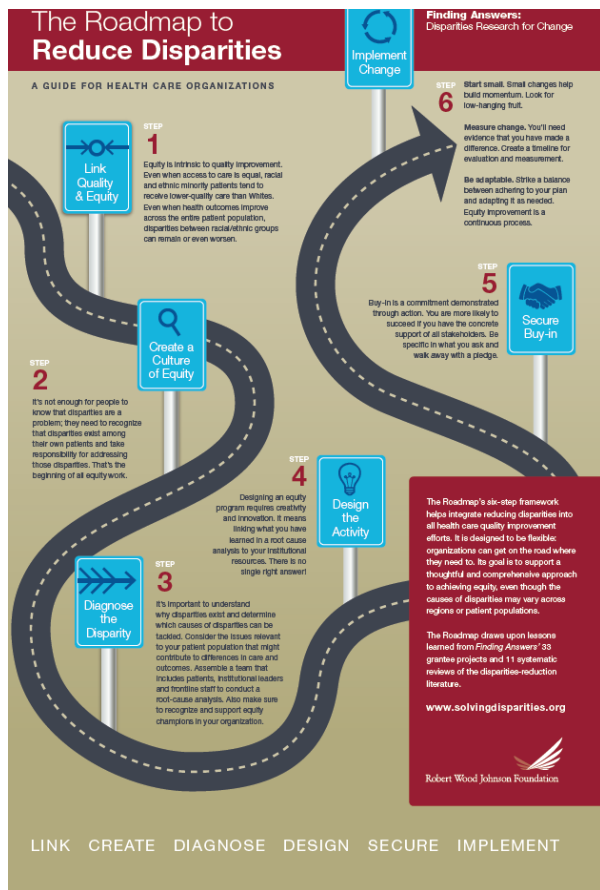


**% Receiving Adequate Quality Care by Race/Ethnicity**



Hypothetical Data

# What methods have worked to reduce disparities?



- Multidisciplinary team of providers
  - Patient or peer navigators in addition to physicians, nurses, or other staff
- Education using interactive methods are more effective than traditional or didactic approaches
- Multi-factorial interventions targeting multiple leverage points along a patient's pathway of care
  - Patient, provider, microsystem, organization, community, policy
  - Collaborative community/academic partnerships

# Conclusions

- Equity is a fundamental component of quality improvement
- Social and behavioral determinants of health play a large role in health quality
- Due to the multifactorial, multilevel nature of health disparities in our country, both individual and population-level strategies to reduce disparities are necessary
- Utilizing patient-centered, community-based research methods has the potential to improve quality of care *and* reduce disparities

“The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social”

– Geoffrey Rose, epidemiologist

# Resources & References

- Tools to Reduce Disparities
  - Roadmap to Reduce Disparities ([www.solvingdisparities.org](http://www.solvingdisparities.org))
  - Finding Answers Intervention Research (FAIR) Database
  - Toolkits to guide organizations in methods to collect race, ethnicity, and language (REL) data ([www.hretdisparities.org](http://www.hretdisparities.org))
  - AHRQ Health Care Innovations Exchange
    - [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov)
- Equity Resources for Health Care Organizations
  - <http://www.solvingdisparities.org/tools/roadmap/equity-resources>
  - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (HHS)

