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Price Talks: Uncovering Health Disparities During a Pandemic

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May 12, 2020

Health Disparities

- Differences in the incidence and prevalence of health conditions and health status between groups, based on:
  - **Race/ethnicity**
  - Socioeconomic status
  - Sexual orientation
  - Gender
  - Disability status
  - Geographic location
  - Combination of these

Braveman P. Health disparities and health equity: concepts and measurement. Annual Review of Public Health 2006;27:167-194.

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Health Disparities Are Not New

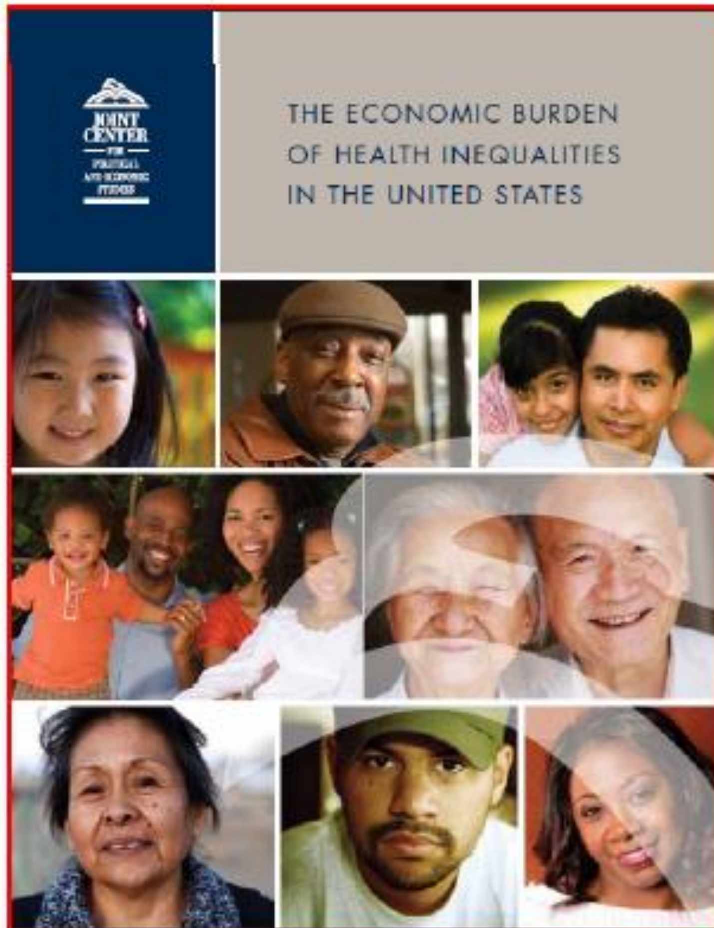
DEATH RATE PER 100,000 FROM SPECIFIED DISEASES: 1890, Philadelphia

	Negro	White
Consumption	532.52	269.42
Pneumonia	356.67	180.31
Diarrheal diseases	193.19	151.40
Diseases of the nervous system	388.86	302.01
Diphtheria and croup	44.58	82.06
Diseases of the urinary system	133.75	60.81
Heart disease and dropsy	257.59	157.16
Cancer and tumor	37.15	56.63
Disease of the liver	12.38	27.82
Malarial fever	7.43	5.66
Typhoid fever	91.64	72.82
Still-births	203.10	135.61
Suicides	3.20	12.99
Other accidents and injuries	99.07	78.78

– Taken from: W.E.B. DuBois, The Philadelphia Negro. New York: Lippincott, 1899

Health Disparities Are Costly

Disparity denotes differences, whether unjust or not; inequity denotes differences in health outcomes that are systematic, avoidable, and unjust



- 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities.

- Direct medical care expenditures by $229.4 billion for the years 2003-2006. (2008 constant dollars)

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Health Disparities Are Costly

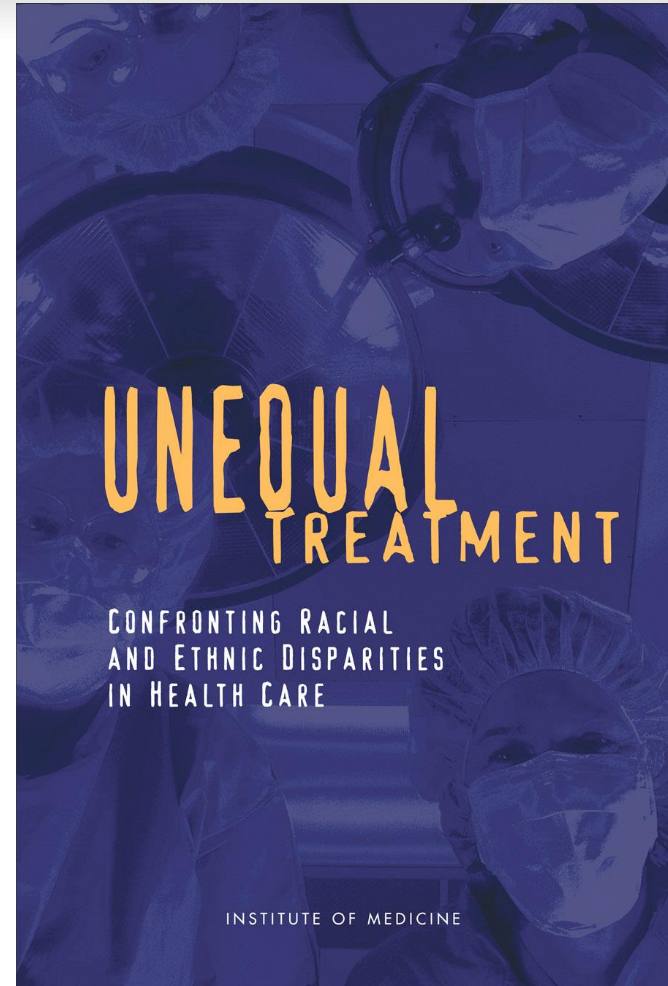
- **Direct Medical Care**
  - Costs $229.4 billion for the years 2003-2006.
- **Indirect Costs of Disability and Illness**
  - $50.533 billion
- **Cost of Premature Deaths**
  - $957.5 billion
- **Total $1.24 trillion**
  - (in2008 inflation-adjusted dollars)
    - Joint Center for Political and Economic Studies-LaVeist et al 2009

Disparities in Health Care

Unequal Treatment:

Confronting Racial and Disparities in Health Care

Racial/Ethnic disparities consistently found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) are controlled for (IOM, 2002)



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IOM Findings

- Racial and ethnic disparities in health care *exist* and are *unacceptable*.
- They occur in the context of *persistent* racial and ethnic discrimination in many sectors of American life.
- *Many sources* – health systems, health care providers, patients, and utilization managers – contribute to disparities.
- Bias, stereotyping, prejudice, and clinical uncertainty *may* contribute to racial and ethnic disparities in health care
- Racial and ethnic minority patients more likely than whites to refuse treatment, but differences *do not* explain disparities.

Specific Examples

- In patients *with* insurance…Disparities based on race for:
  - Vaccines
  - Surgeries
  - Transplants
  - Treatment for pain
  - Referral to specialists
  - Prenatal and maternal health care
  - End of life care

Disparities and Quality

- Safe
  - Minorities have more medical errors with greater clinical consequences
- Effective
  - Minorities received less evidence-based care (diabetes)
- Patient-centered
  - Minorities less likely to provide truly informed consent
- Timely
  - Minorities more likely to wait for same procedure
- Efficient
  - More test ordering in ED for minorities due to poor communication
  - Disparities in Emergency Departments

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IOM Recommendations

- Increase awareness of existence of disparities
- Address systems of care
  - Support race/ethnicity data collection, quality improvement, evidence-based guidelines, multidisciplinary teams, community outreach
  - Improve workforce diversity
  - Facilitate interpretation services
- Provider education
  - Health Disparities, Cultural Competence, Clinical Decision Making
- Patient education (navigation, activation)
- Research
  - Promising strategies, barriers to eliminating disparities

May 11, 2020

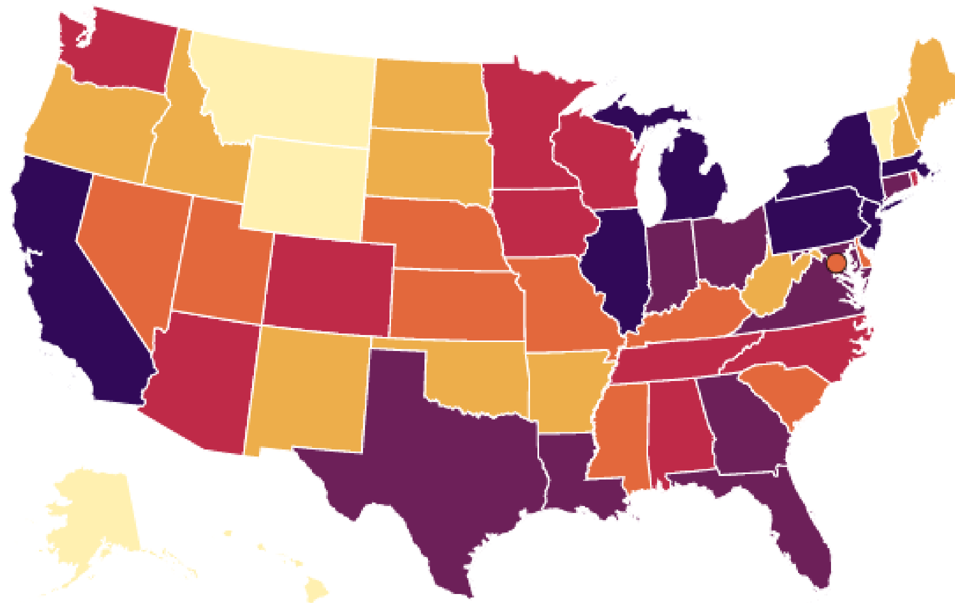
Current projections on the nation's leading causes of death:

1. Heart disease: 269,583 deaths
2. Cancer: 252,500 deaths
3. **COVID-19 pandemic: 88,217 to 293,381 projected deaths**
4. Stroke: 60,833 deaths
5. Alzheimer's disease: 50,417 deaths
6. Drug overdoses: 29,265 deaths
7. Suicide: 19,583 deaths

May 11, 2020

26 states report more than 10,000 cases of COVID-19.

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.



Reported Cases

- 0 to 1,000
- 1,001 to 5,000
- 5,001 to 10,000
- 10,001 to 20,000
- 20,001 to 40,000
- 40,001 or more

AS GU MH FM MP PW PR VI

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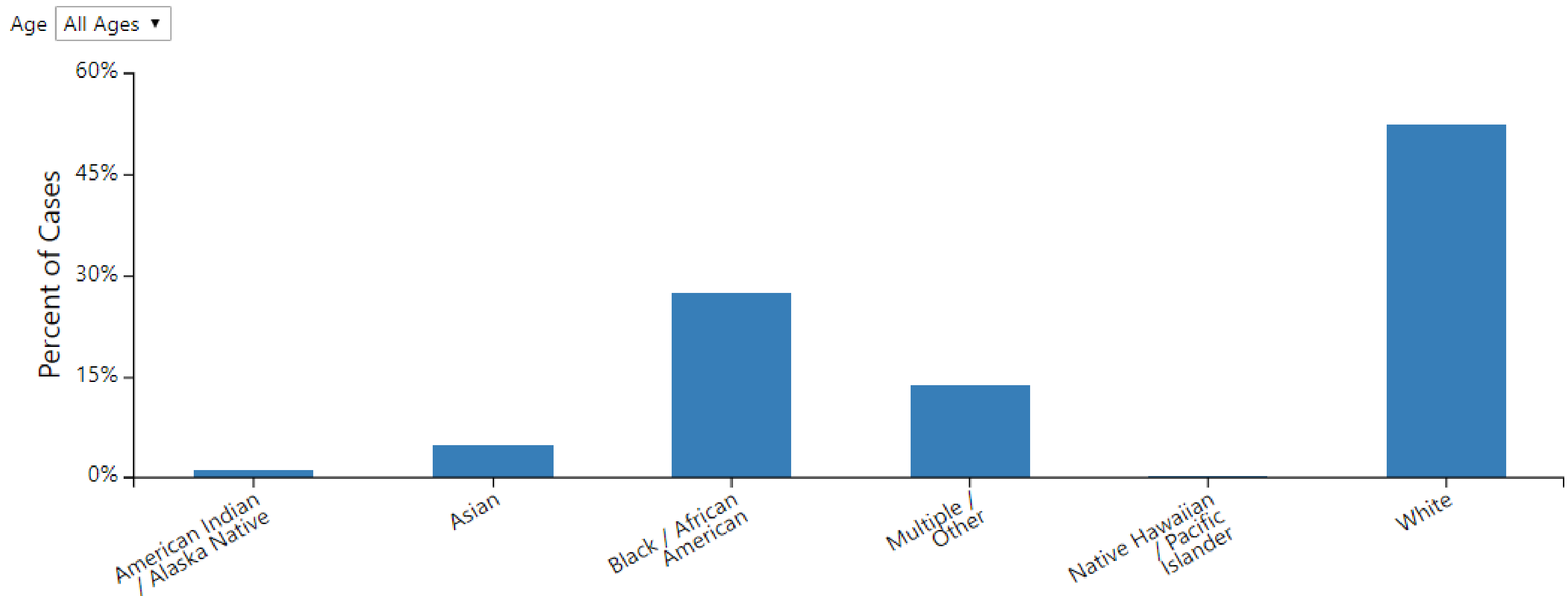
Cases by Race & Age

The following chart shows the race of people with COVID-19. Data was collected from 1,022,419 individuals, but race was only available for 479,452 (46.9%) people.



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What We Don't See

- Privilege gap in the data and science
- Impact of race, place, class
- Disasters always expose inequities

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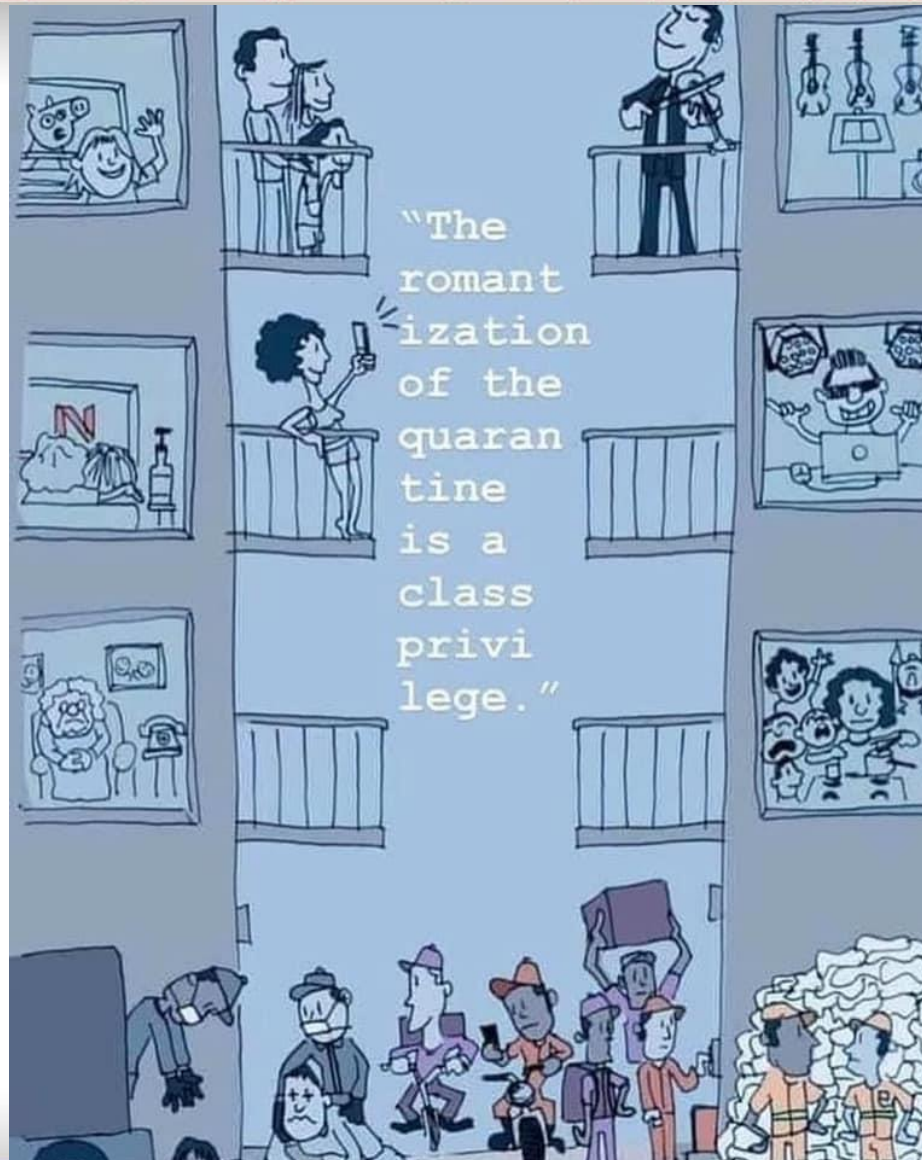
What We Don't See



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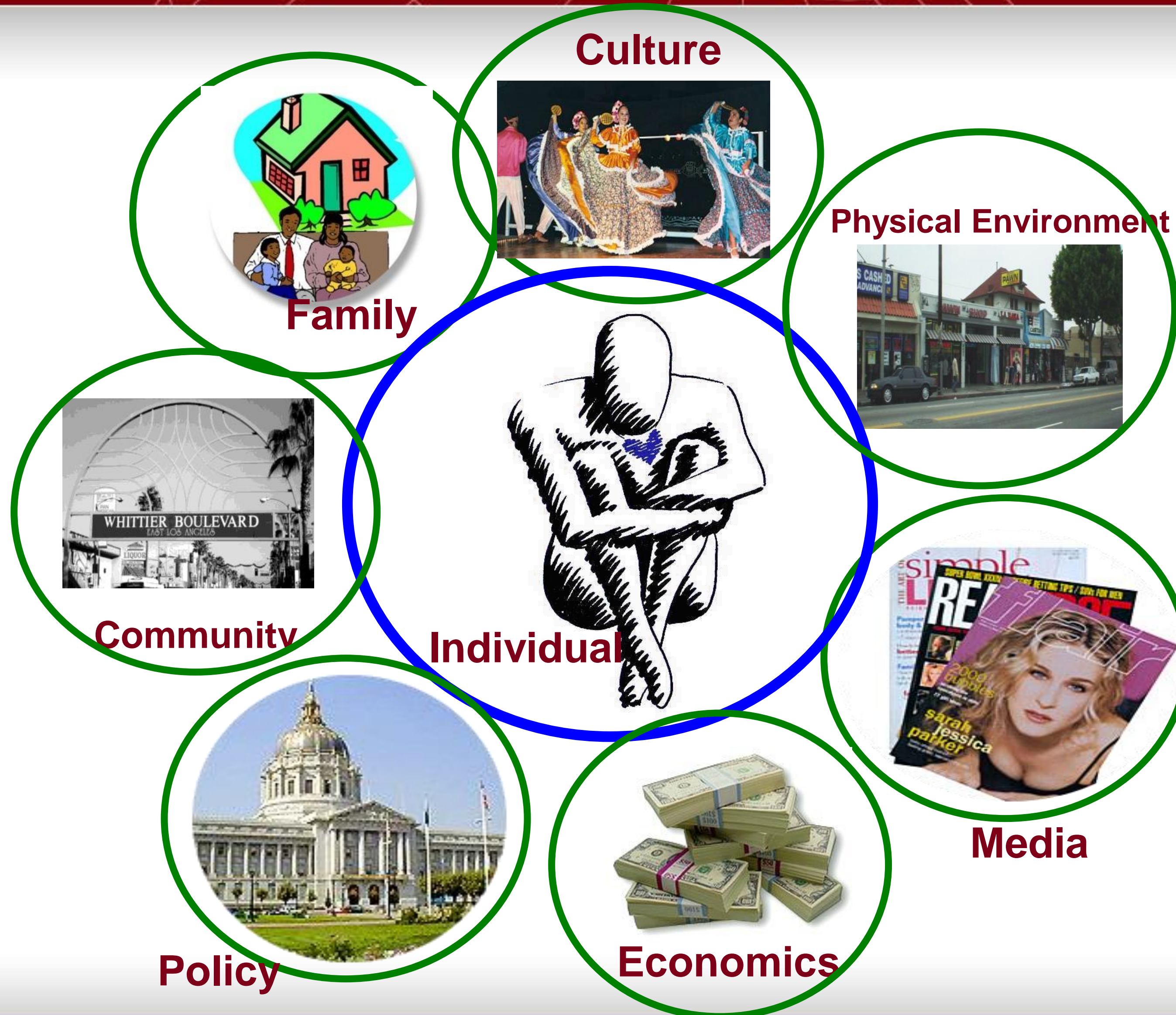
What We Don't See:

All of these factors influence HEALTH



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Questions?

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