Health Disparities

• Health disparities can be defined as "population-specific differences in the presence of disease, health outcomes, or access to health care."

• In the US minority populations have higher rates of disease morbidity and mortality as a result of socioeconomic, environmental, and systemic gaps in the quality of health and health care across racial and ethnic groups.
• American Indians/Alaska Natives, African Americans and Hispanics are more likely to report poor health.

• Women of racial and ethnic minorities are less likely to receive Pap tests, and thus have higher rates of cervical cancer.

• In 2001, Hispanics and African Americans aged 65 or older were less likely to receive either influenza or pneumococcal vaccinations.

• Compared to white populations, American Indians are 2.6 times more likely to have diabetes, and African Americans and Hispanics are twice as likely as to have diabetes.

• Infant mortality rates (a sensitive indicators of health and well-being of a population), are significantly higher in African American and American Indian/Alaska Native populations.
• Death rates from heart disease are 29% higher in African-Americans than in whites, and 40% higher with regard to strokes.

• In the first half of 2001, African-Americans and Hispanics accounted for 66% of the adult AIDS cases and 82% of pediatric AIDS cases.

• American Indians and Alaska Natives are twice as likely to die from suicide.

• In 2002, half of the reported cases of Hepatitis B occurred in Asian-Americans and Pacific Islanders.

• In 1998, the death rate from homicide was eight times higher for African-Americans than for whites.
Race & Ethnicity in Nevada

• Nevada has high proportions of racial and ethnic minorities (US Census, 2000)
  • US: 0.9% American Indian/Alaska Native
    3.6% Asian
  • Nevada:
    1.3% American Indian/Alaska Native
    4.5% Asian

• Nevada’s largest minority population is Hispanic/Latino
  – 23.1% in Nevada, compared to 15.5% in the US (2005 projections of 2000 Census data)
  – Clark County 25.5%, Lander 24.2%, Pershing 20.8%, Elko 19% (2005 projections of 2000 US Census)
Immigrant and Language Status for Nevadans

- 15.8% of Nevada’s population are foreign born – compared to only 11.8% nationwide
  - Clark County - 18.0%
  - Washoe County – 14.1%

- 23% of Nevada’s residents speak a language other than English at home compared to 17.9% of all US residents
  - Clark County – 26%
  - Elko County – 20%

(Data from 2000 US Census)
Issues related to HD for minorities

- Access issues
  - To health care services, cultural competence

- Language barriers,
  - especially for recent immigrants

- Low health literacy
- Health Behaviors affected by culture
- Systemic racism
- Lack of culturally competent services
Common Misconceptions about Health Disparities

• Health disparities are not only related to accessing health care
  – They are related to health outcomes.

• Health disparities are not related to genetic differences or choices people make
Complexity of Health Disparities

“The diagram delineates the pathways by which root factors such as oppression and discrimination increase the frequency and severity of injury and illness. …

• First, people of color are born into a society that discriminates against them and are disproportionately subject to living in impoverished communities.

• Second, these fundamental conditions shape behaviors and the social and physical environment which people encounter.

• Third, lack of access to medical care and lower quality diagnosis and treatment for people of color leads to higher rates of sickness, disability, and mortality. “

Prevention Institute, 2003
The Problem in Nevada

• Baseline data about disparities is unavailable for Nevada

• However, we do know that there are disparate outcomes for different populations in the state.

• Therefore....
Eliminating Racial & Ethnic Health Disparities

- HP2010 has 2 overarching goals:
  1) Increase quality and years of healthy life
  2) Eliminate health disparities

- To address these goals the National Institutes of Health, National Center on Minority Health and Health Disparities developed Project EXPORT.
**Project EXPORT aims to build research capacity at designated institutions and to promote participation and training in biomedical and behavioral research among health disparity populations.**

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Our Mission:
To conduct academic and community-based participatory research that will guide public policy, program development and data collection throughout the State in an effort to reduce, and ultimately eliminate health disparities.

Our Vision:
Eliminating Health Disparities through Community Partnerships and Evidence-Based Solutions
1. Build Relationships
   open communication; an atmosphere of inclusion; trust and trustworthiness

2. Build Skills
   Communication, maximizing individual abilities and contributions, promoting cultural sensitivity, cultural competence.

3. Promote Interdependence
   Recognize mutual reliance upon one another; value all contributions; collective problem solving and decision making; responsibility and accountability.

4. Promote Commitment
   Reciprocity; advocacy; mentorship; collaboration.
Research

A commitment to community based participatory research

- Develop a skilled research team
- Develop an appropriate health disparities research agenda for Nevada and the region
Education

A commitment to the next generation of researchers

• Coursework
  – Community Based Participatory Research
  – Health Disparities

• Curriculum Infusion
  – Health disparities integrated into undergraduate and graduate coursework
  – Core of the SPH mission
Training

A Commitment to Mentorship and Minority Recruitment

- Faculty and student research support
- Recruit faculty researching health disparities
- Graduate Assistantships and Scholarships
- Researchers Workshops
  - Cultural Competence
  - Protecting Human Subjects
Outreach

A commitment to partnerships

- Nevada System of Higher Education
- State of Nevada
  - Division of Health
  - Office of Minority Health
- Clark County Health District
- Community agencies
  - Area Health Education Center of Southern Nevada
  - Clinic on Wheels
  - Nevada Cancer Institute
Current Areas of Research

- Health disparities in Nevada
- Data and technology resources
- Access to care issues for minority populations
- Breast and cervical cancer care for low income minority women
- Diabetes translational research for tribal populations
- Morbidity and mortality disparities
- Health Literacy
- Community Readiness to address health disparities
Future Research Directions

• Chronic Disease and Injury
  – Latinos, American Indians, Hawaiian Natives

• Health literacy and health disparities
  – Geographic, economic, and age related disparities

• Historical trauma and metabolic diseases
What can the LCB focus on?

- Policy should focus on eliminating health disparities.
- Improve surveillance and data collection activities
  - e.g. PRAMS in NV
- Support for public health research
- Partnership opportunities
"The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature death."

~ Guiding Principle for Improving Minority Health