

Diversity Influences on Healthcare

Harlan Levine, M.D.

Chief Executive Officer, Medical Foundation

City of Hope

California has the largest population of any State

California's
total population

38,340,074

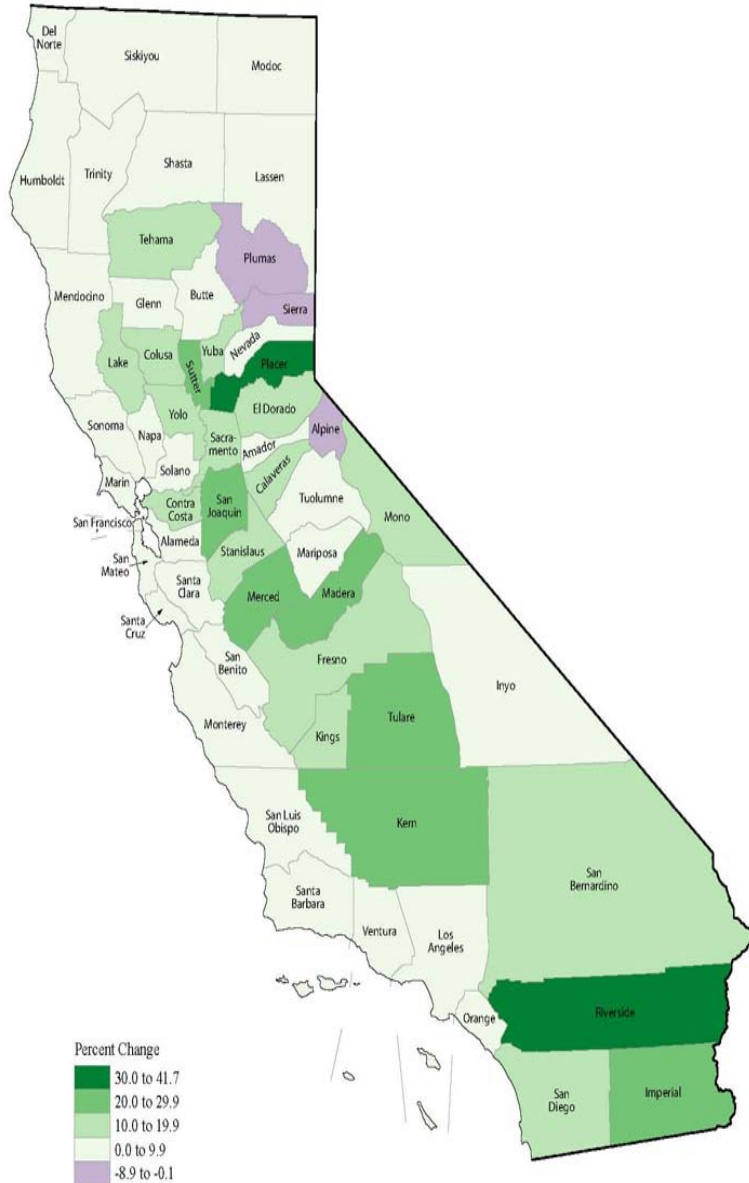
Making it the largest state in the US
by more than 10 Million people

Top 5 States by population

1.	California	38 million
2.	Texas	26 million
3.	New York	19 million
4.	Florida	19 million
5.	Illinois	12 million

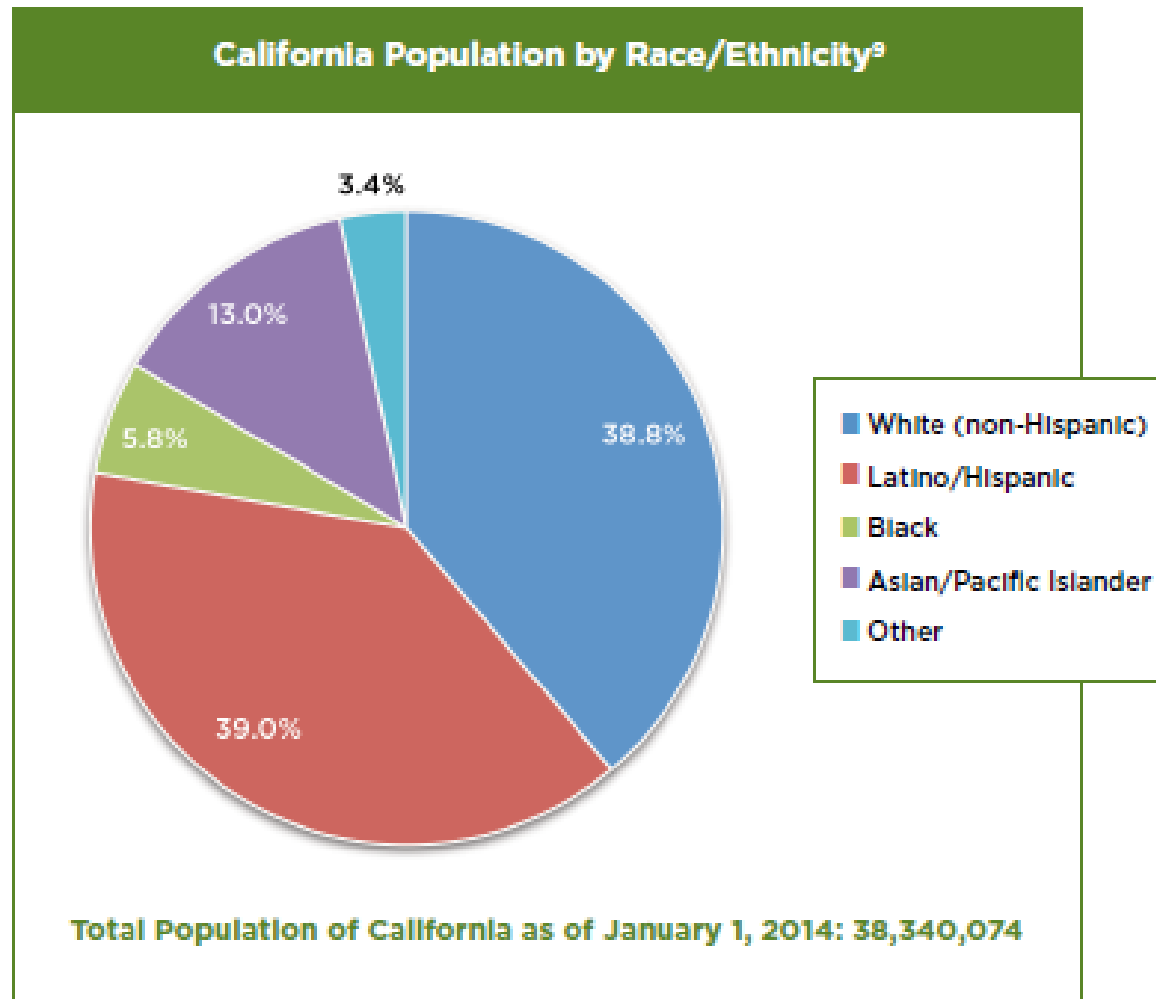
Between 2000 and 2010,
Riverside and Placer
counties were the fastest
growing counties in the
state.

7 counties grew between
20% to 29.9%



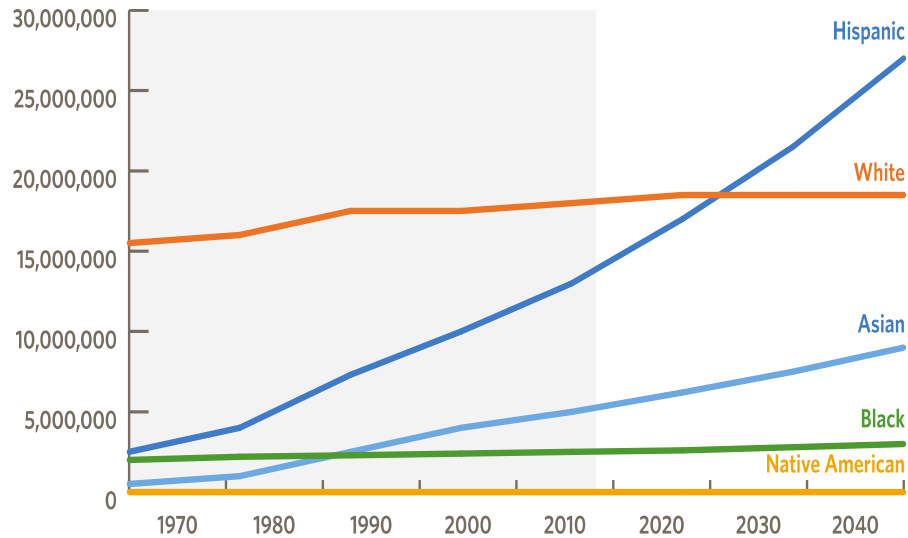
Source: U.S. census bureau;
<http://www.census.gov/newsroom/releases/archives/population/cb12-55.html>;
http://www.laobserved.com/archive/2011/03/census_2010_california_co.php

No Racial/Ethnic Group is the Majority of the California Population

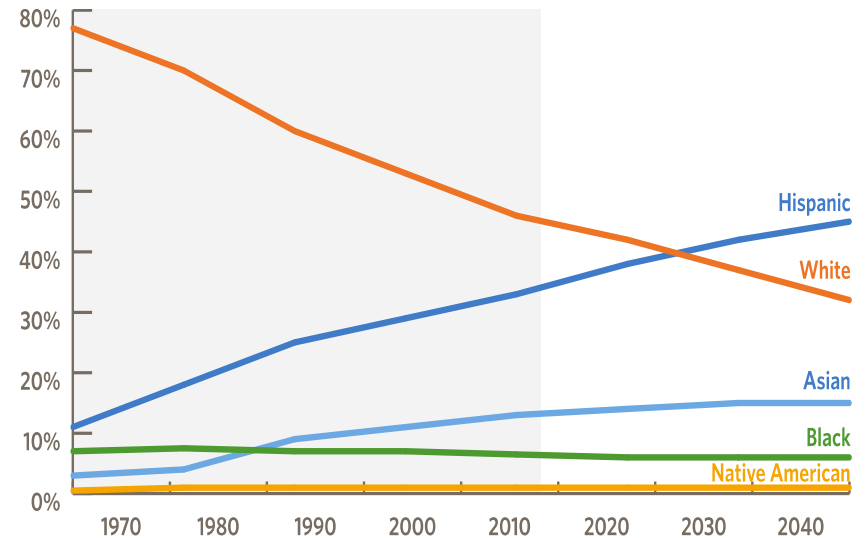


Latino and Asian populations will continue to grow

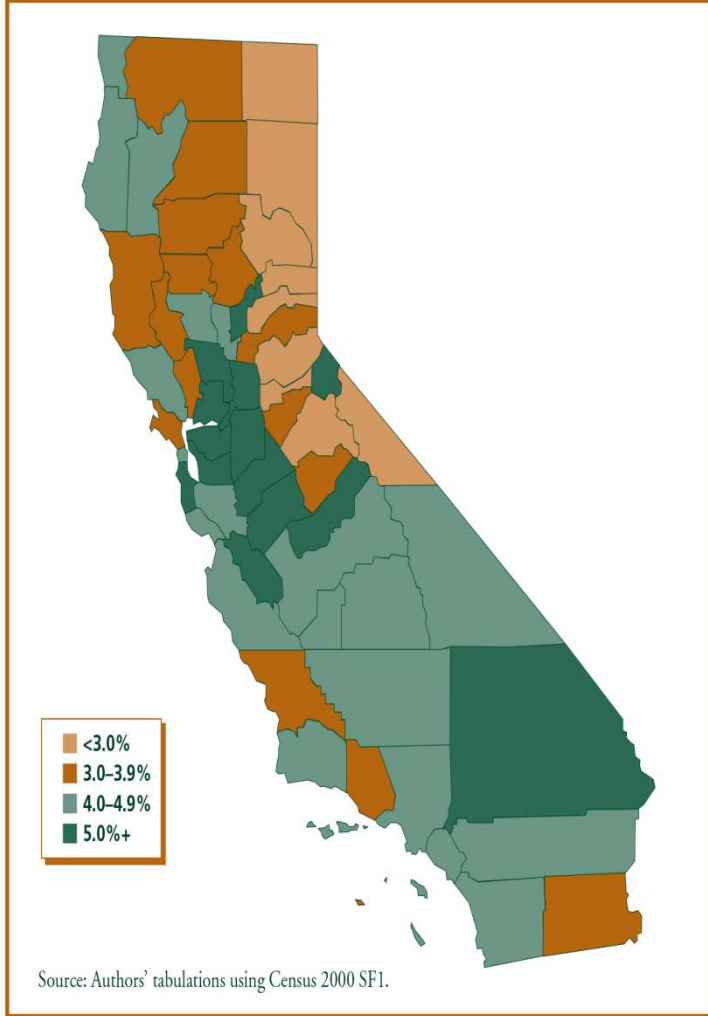
Population by Ethnicity, California 1970–2040



Ethnicity as Proportion of Population, California 1970–2040



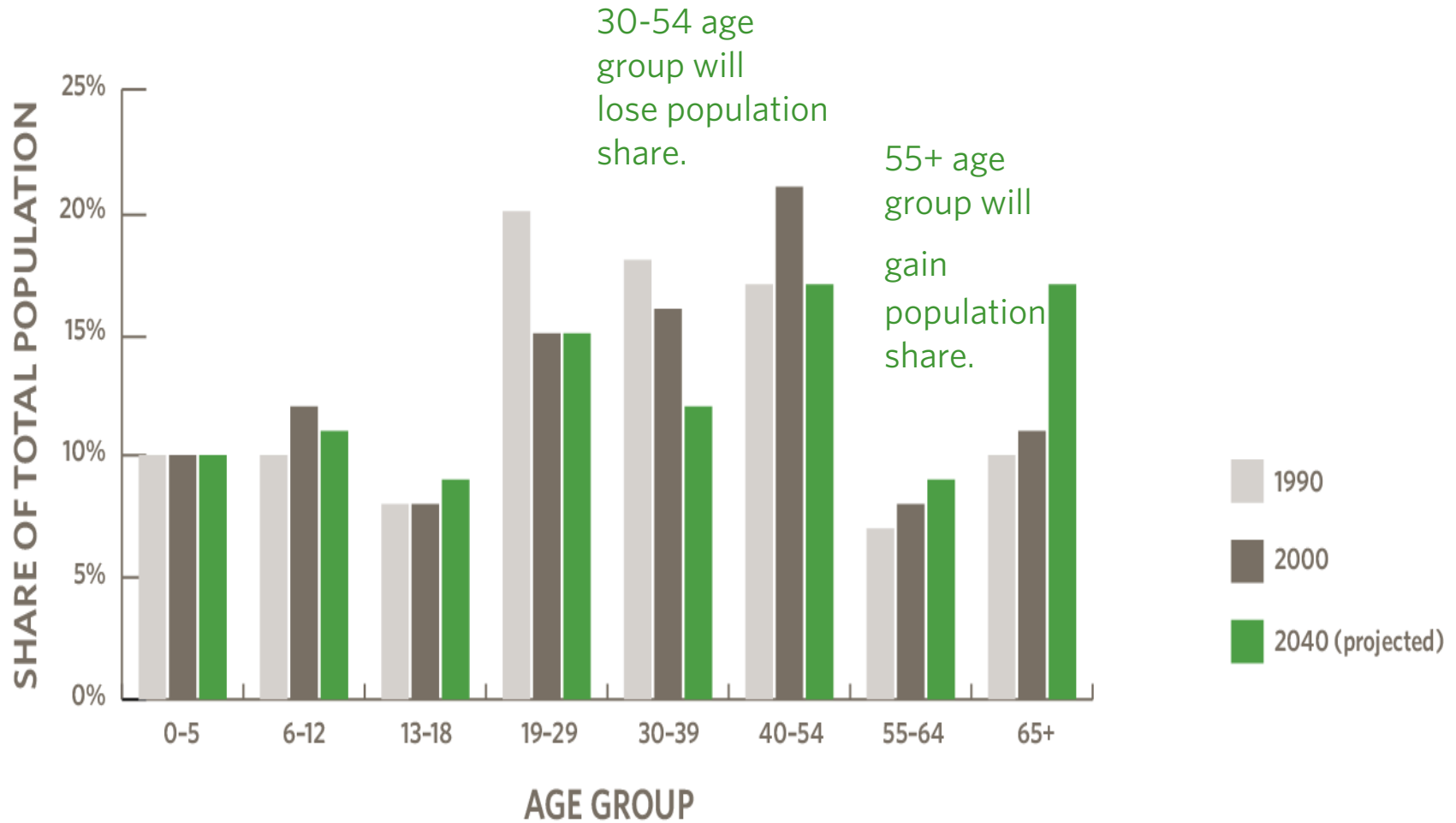
Map 1. Percentage Multiracial, by County, Census 2000



Beginning in 2000, the US census began allowing respondents to identify more than one race.

1.6 million Californians
(5% of the population)
identified as more than one race.

Twice the rate of the U.S.



Estimated adult LGBT Population, 2012



California has the **largest** number of LGBT residents in the US (over 1.3 million), but ranks **10th by percentage** of total population (4%).

Challenges affecting LGBT community cancer risk:

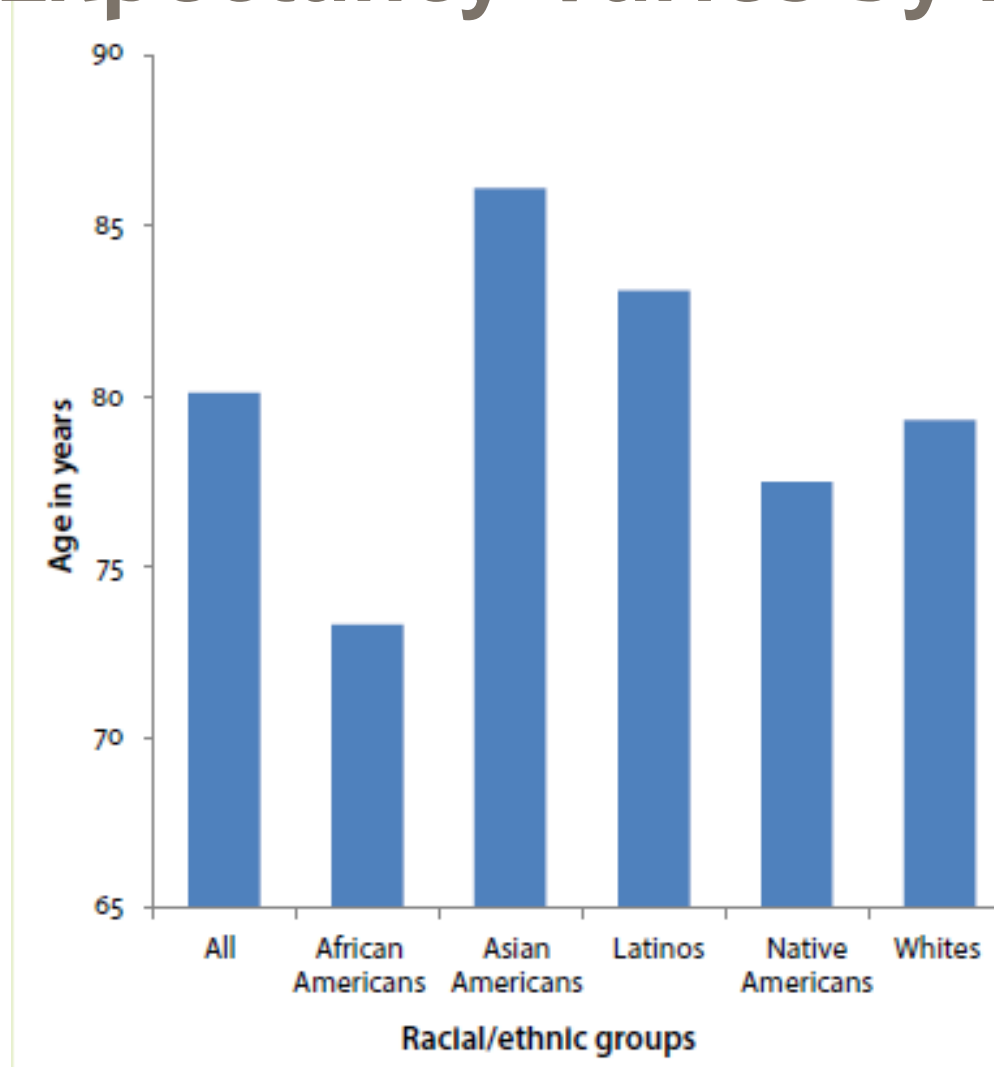
- Past negative experiences with health care providers may cause some members of the LGBT community to wait too long before seeking health care services
- LGBT individuals are more likely to be uninsured
- Lesbians reported having fewer mammograms and pelvic exams than the heterosexual population
- Less frequent Pap tests among lesbians
- Gay men are more likely to smoke

Diversity and Disparities

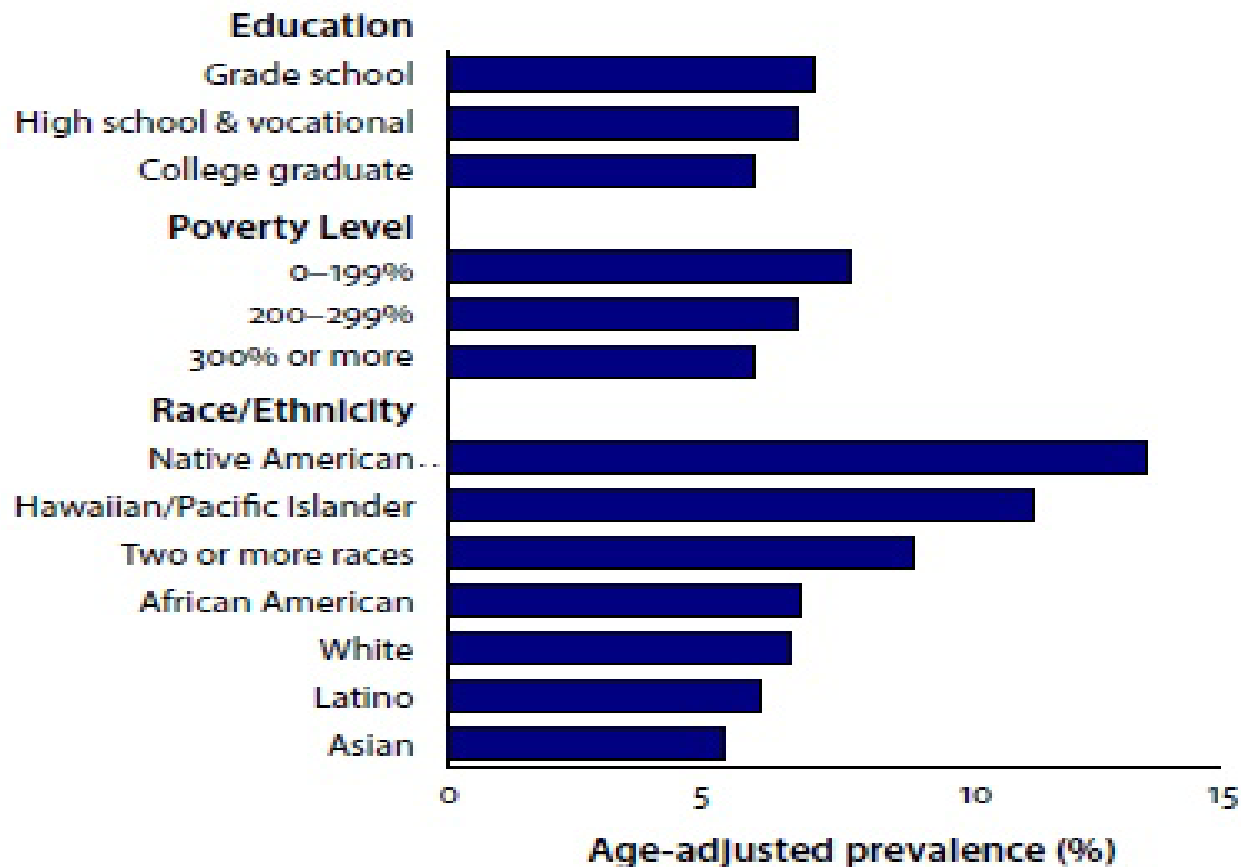
We need to be curious

- What are the many possible reasons differences exist?
- What have we not yet explored?
- What bold approach is needed to change the future?
- What is possible?

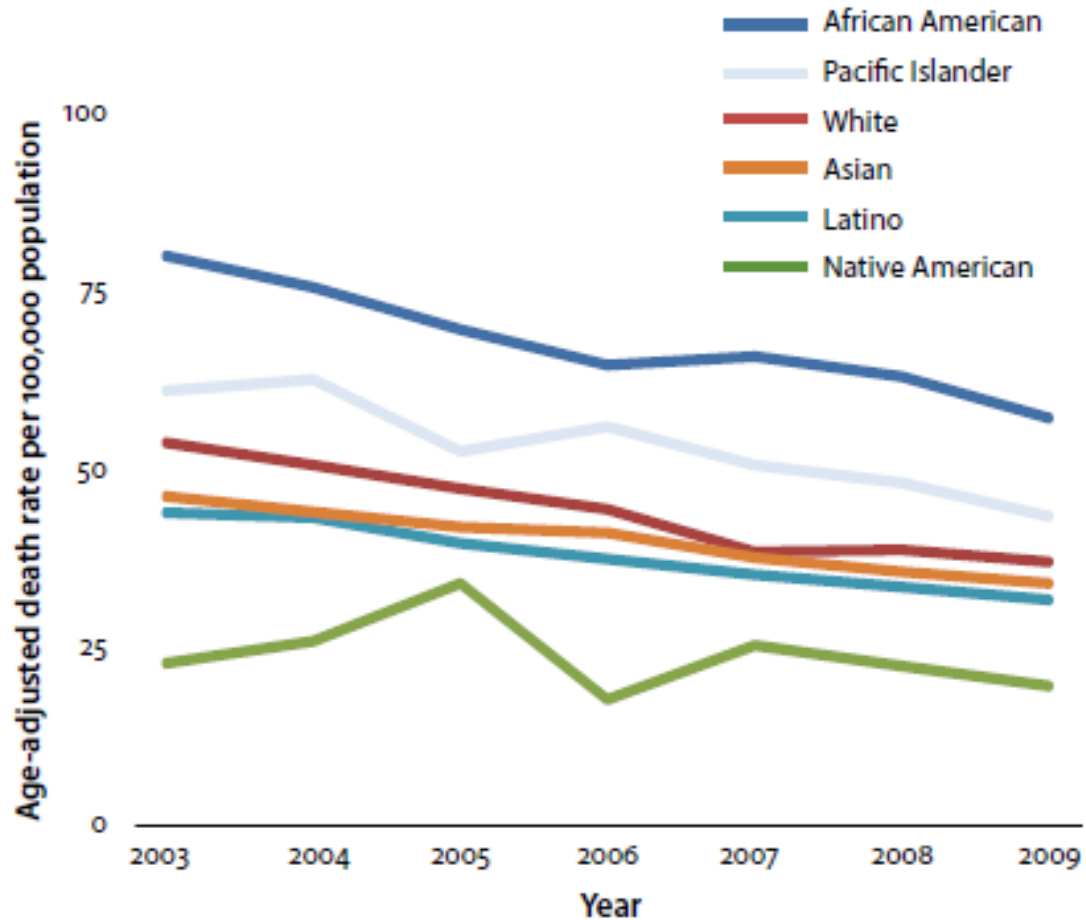
Life Expectancy Varies by Ethnicity



Heart Disease More Common in Less Educated, Poor, and Some Racial/Ethnic Minorities

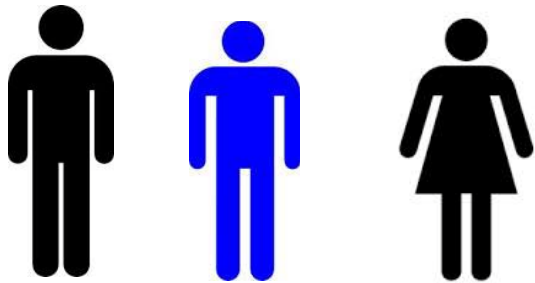


Stroke Death Rates have declined, but remain highest for African Americans

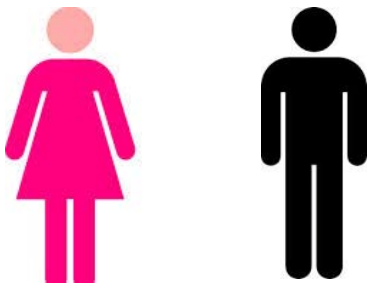


Risk Factors for Heart Disease and Stroke include High Blood Pressure, High Cholesterol, Diabetes, and Obesity

A Closer Look at High Blood Pressure

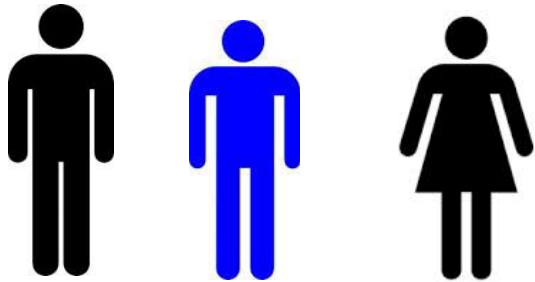


1 of 3 Americans have High Blood Pressure, but only 1 of 2 have it under control.

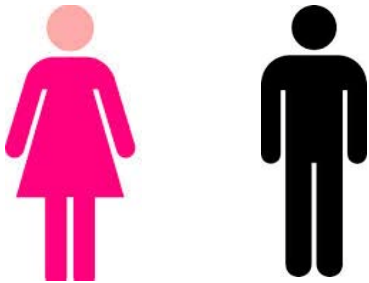


- Non-Hispanic blacks are more likely to develop high blood pressure earlier in life.
- In a recent study, Yoon et al (2012):
 - **Non-Hispanic black adults** were **more aware** of their hypertension than were **Hispanic adults**.
 - **Hispanic adults** were **less likely** to take antihypertensive medication compared with **non-Hispanic white** and **non-Hispanic black adults**.

A Closer Look at High Cholesterol



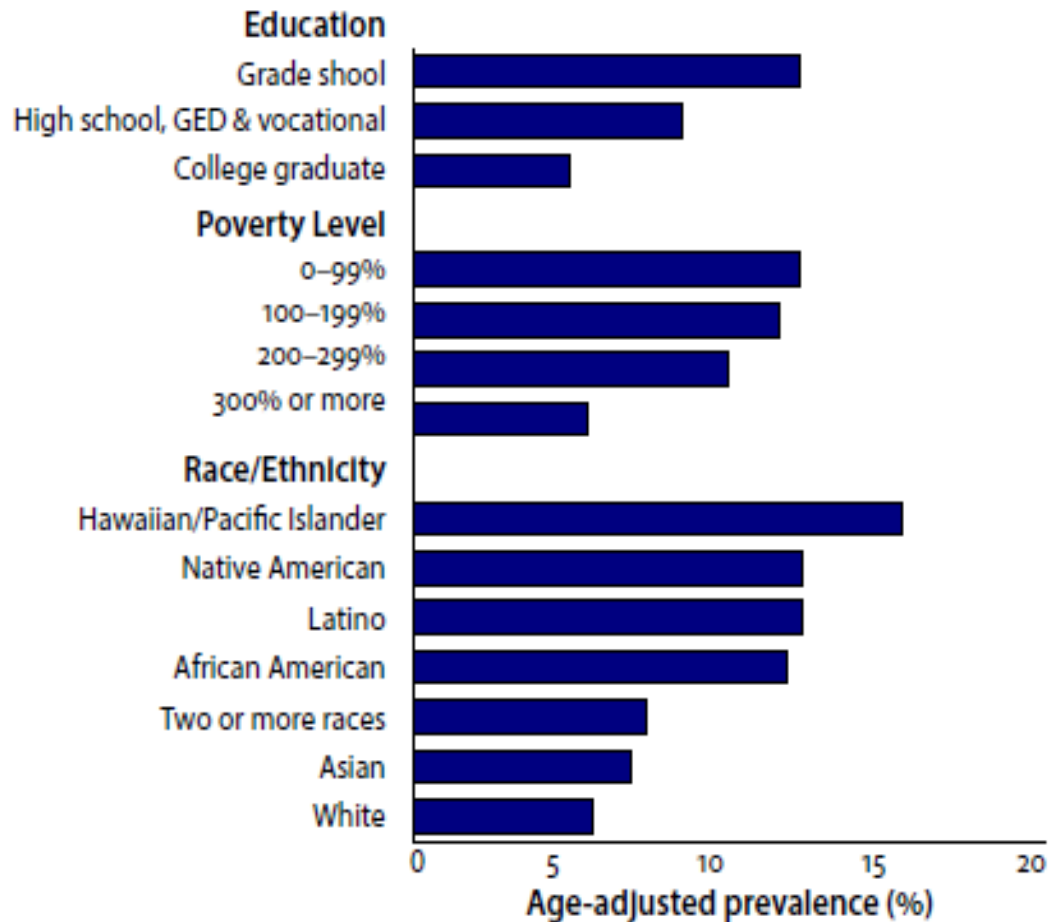
1 of 3 Americans with high LDL Cholesterol have it under control. Less than half of adults with high LDL Cholesterol get treatment.



- During 2009–2010, 68% of Americans age 20 and over reported that they had their cholesterol checked within the previous five years.
- Less than half (49.7%) of Hispanic men were screened for high cholesterol in the previous five years.

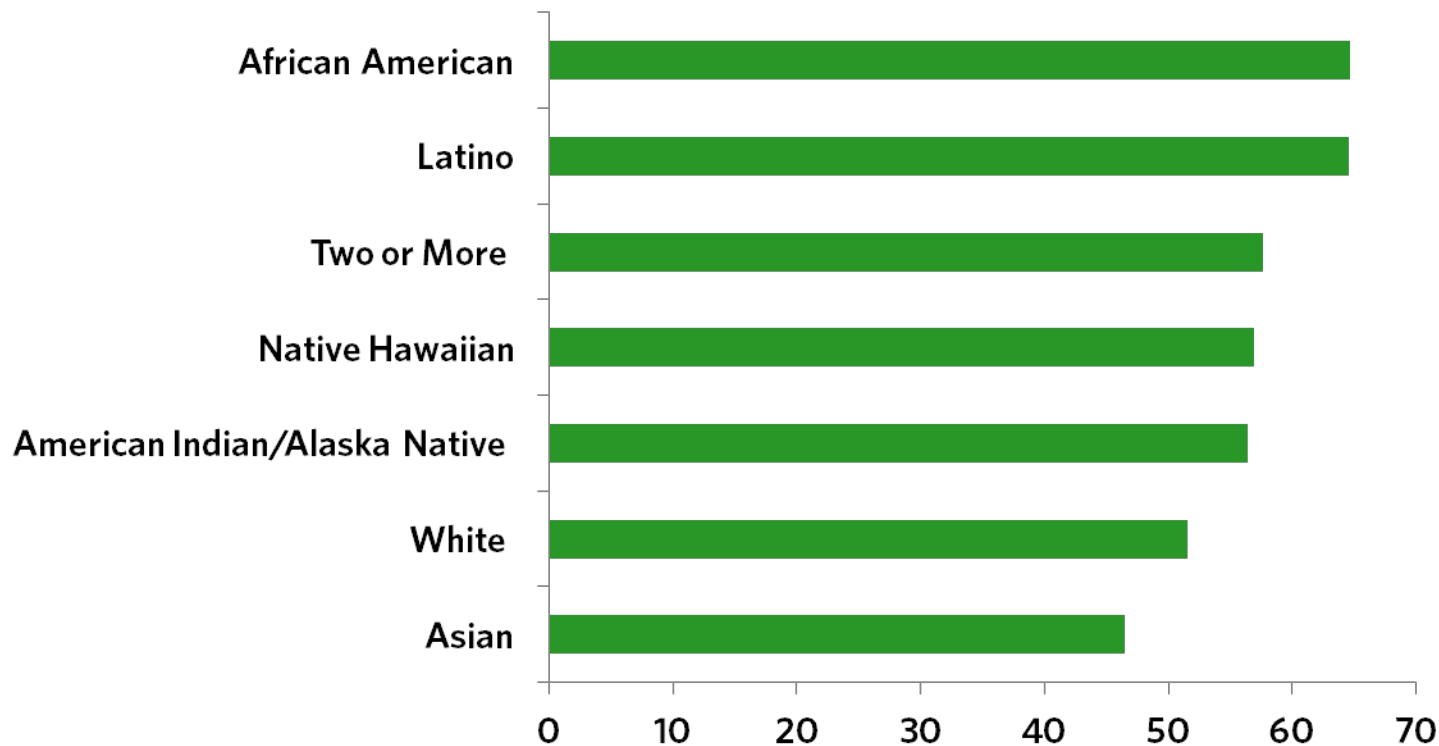
9% of California Adults are Diagnosed with Diabetes

More Common Among Less Educated, Poor, and Racial/Ethnic Minorities

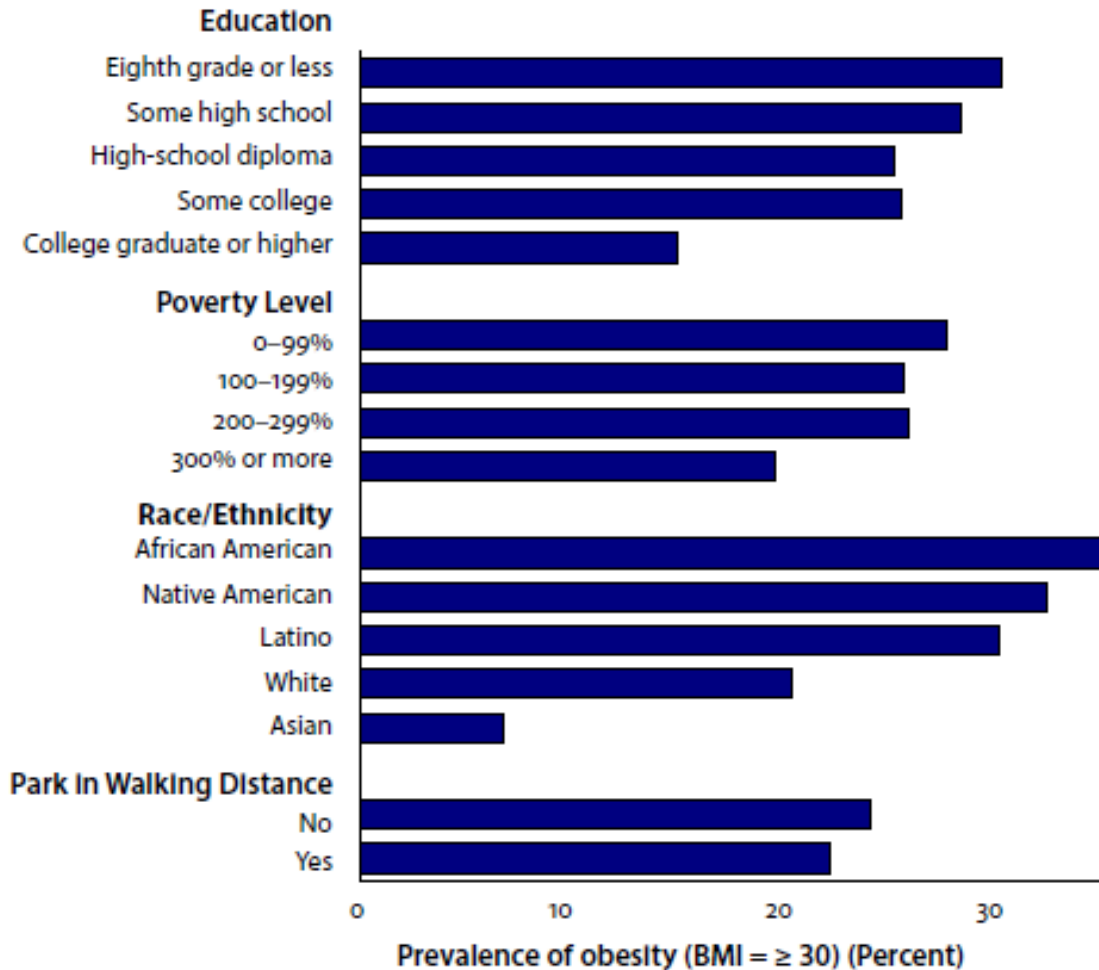


Diabetes can be Controlled, but Confidence in Ability to Control and Manage Diabetes Varies

Report being "Very Confident" in Controlling and Managing Diabetes



Obesity More Common Among Less Educated, Poor, and Some Racial/Ethnic Minorities



Only 50% of Californians get the recommended amount of regular physical activity, and nearly 25% get **NO** regular physical activity.

Inactivity among Hispanics is nearly twice that of Whites.

	California	US Average White	US Average Hispanic	US Average African American
Percent reporting no regular physical activity	23.5%	16.7%	32%	26.3%

Cancer is the second leading cause of death in California.

35%

of deaths in 2011
were caused by
heart disease and
stroke

23%

of deaths in 2011
were caused by
Cancer

#1

Cancer is the
leading cause of
death among
Hispanics in
California

Cancer Screening Rates Vary by Race/Ethnicity

Mammogram - Over 65% of Women Across all Races have been Screened in Last 2 years

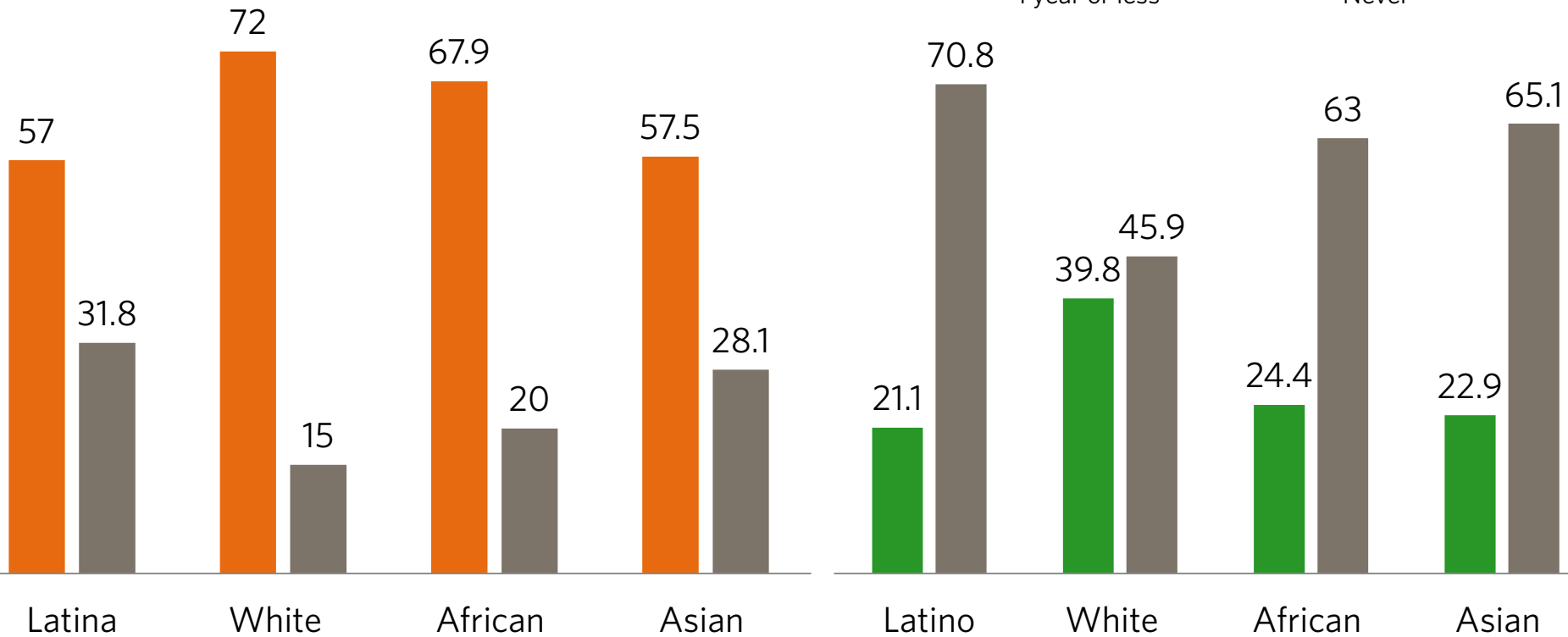
PSA Test (Prostate) - About 30% of Men across all Races have been Screened in Last Year

■ 2 years or less

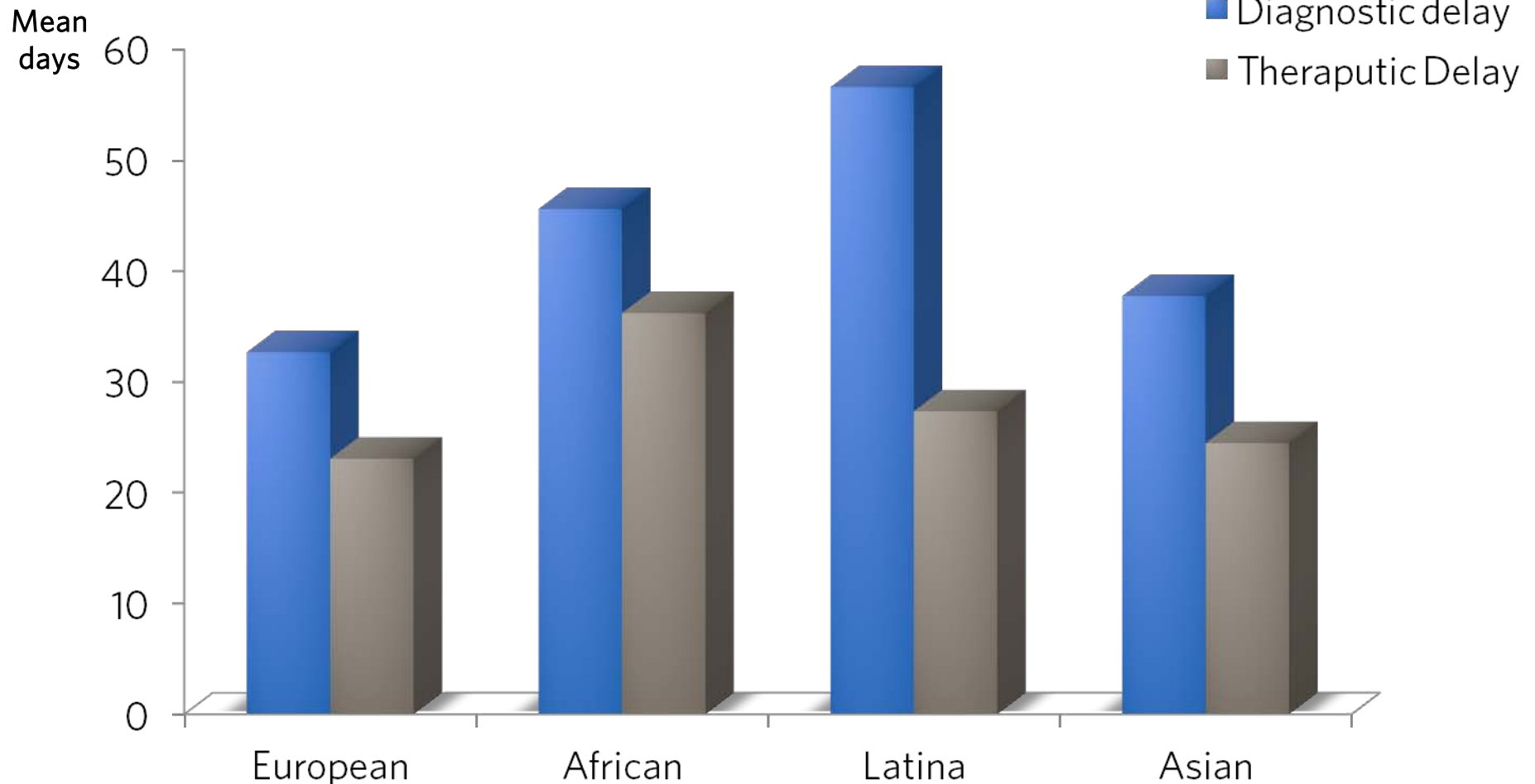
■ Never

■ 1 year or less

■ Never

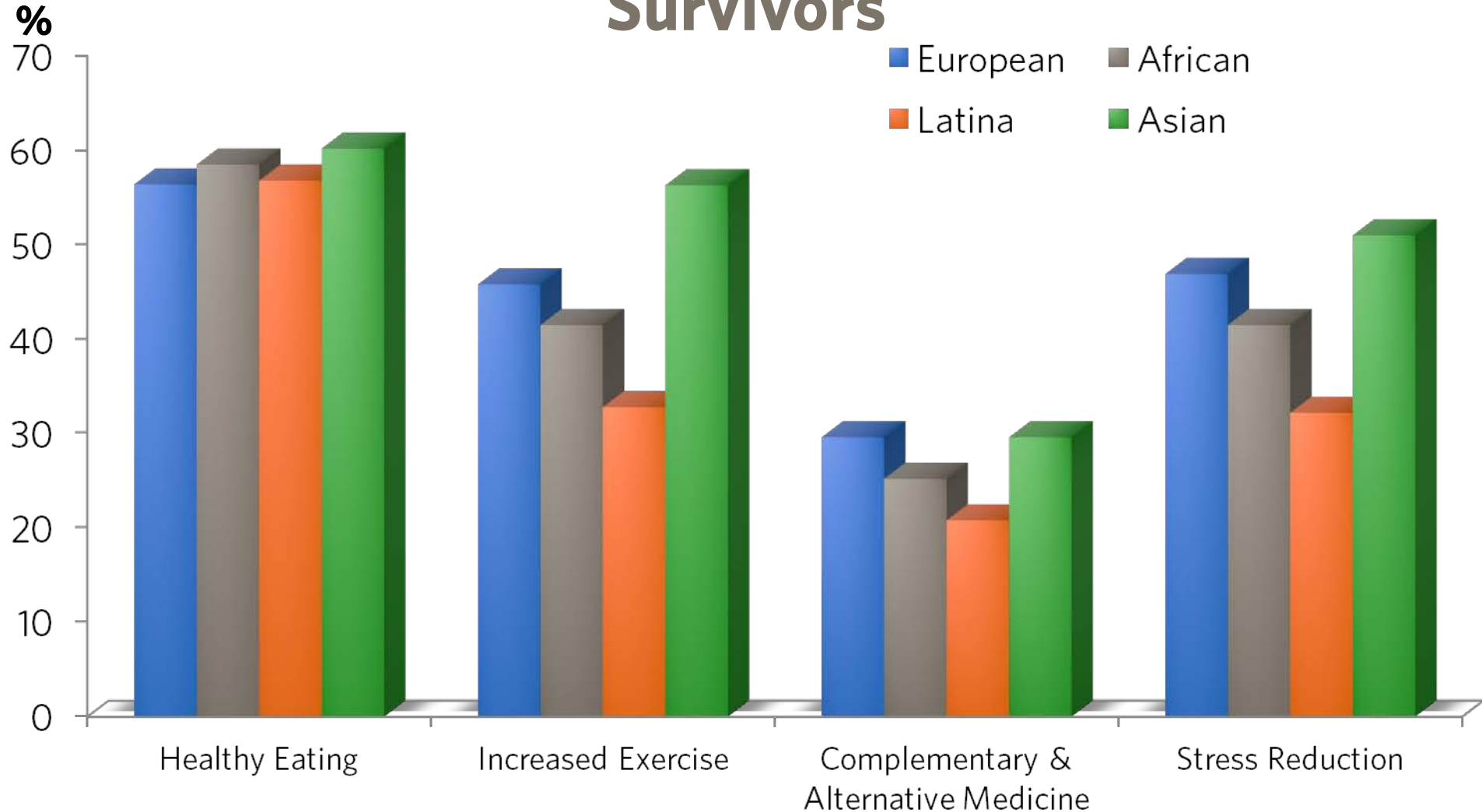


Diagnostic and Therapeutic Care Delay by Ethnicity



Note. Ashing-Giwa et al. (Cancer, 2010); "Diagnostic delay" was defined as the time interval (days) between the first symptom and medical diagnosis; "Therapeutic delay" was defined as the time interval (days) between receiving a medical diagnosis to treatment.

Lifestyle Changes by Ethnicity for Breast Cancer Survivors



Selected Vaccination Rates Indicate Disparities by Race/Ethnicity, Income

CHILDREN

Latino and Whites are less likely to receive flu and 4+ DTaP vaccines than Asian children.

African American kindergartners are less likely to have had DTaP, polio & MMR vaccines.

TEENS

Latinas are more likely to have received the 1+HPV vaccine dose than White females.

No other significant differences for race/ethnicity exist for other immunizations.

ADULT

Compared to Whites and Asians, Latinos and African American adults are less likely to receive the flu vaccine.

OLDER ADULT

African Americans are less likely to receive the flu vaccine than Whites and Latinos.

Those living at 200% above the federal poverty line (\$23K) are less likely to have a flu vaccine than those at 300% above the federal poverty line (\$35k)

Source: Immunization Disparities: A Report of Key Findings and Recommendations from the California Immunization Coalition Health Disparities Data Task Force by

http://www.immunizeca.org/wp-content/uploads/2014/04/CIC214_Final_04-30-14.pdf

Medication Adherence

Nearly $\frac{1}{4}$ of Prescriptions
are Not Filled



50% of the time,
medications are not
taken as prescribed.

- A few examples:
 - Elderly African Americans reported following physician instructions on taking medications less frequently than did elderly whites, even after adjusting for differences in demographic characteristics, health literacy, depression, and social support. (Gerber et al.)
 - 46% of African American and 28% of Asians were non-adherers, compared to 14% of non-Hispanic whites – partially explained by single-parent households, low income household, low maternal education levels, etc. (Bhatia, et al.)

Many Factors Influence Medication Non-Adherence

- Personal connection with a pharmacist or pharmacy staff
- Affordability of medications
- Continuity of health care
- Perceived importance of taking medication exactly as prescribed
- Health literacy
- Extent of unpleasant side effects

Diversity and Insurance

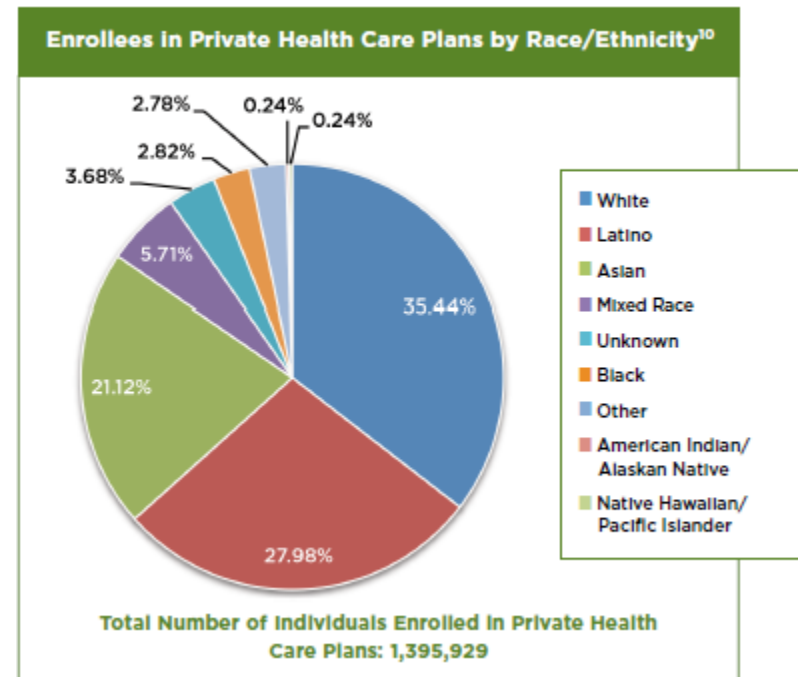
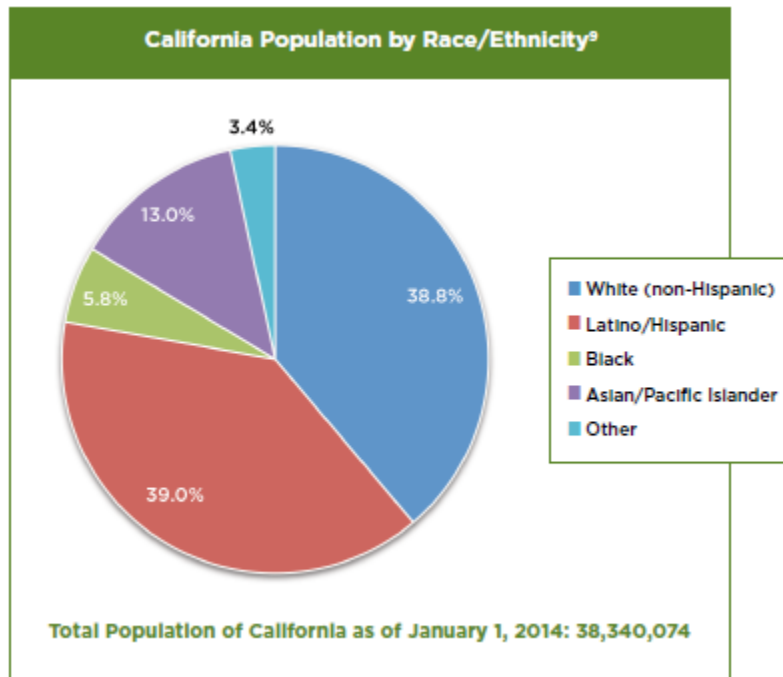
The Case of Covered California

ACA Has Impacted Many People

Facts about Covered California

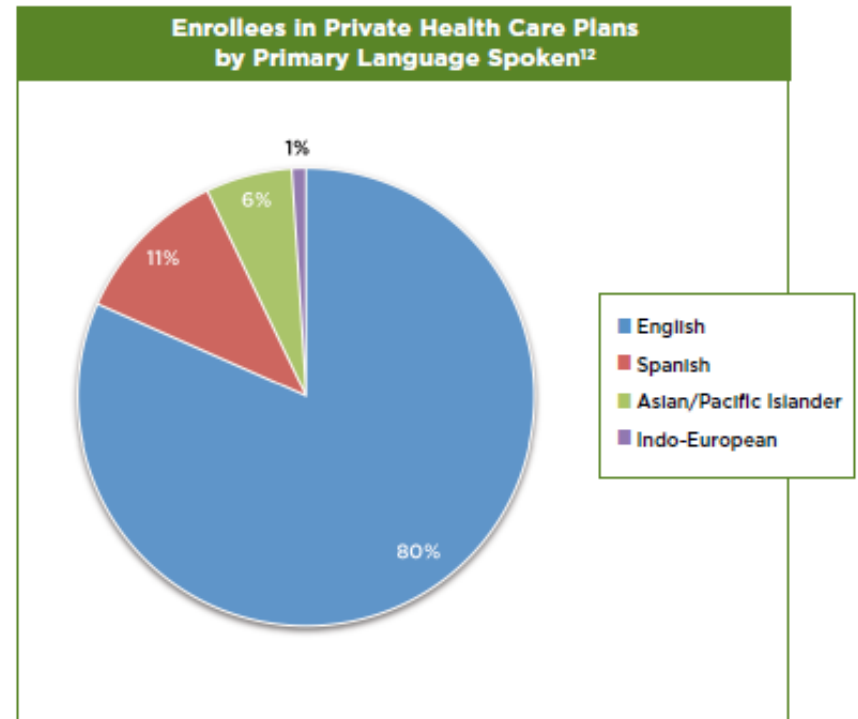
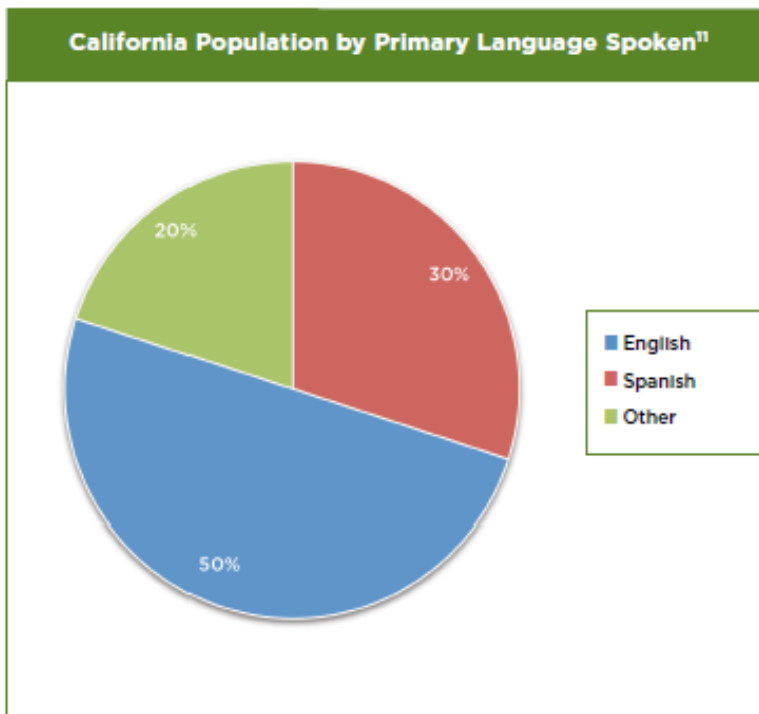
- 3.3 million signed up in 2014
 - 1.4 million enrolled in private insurance
 - 1.9 million gained coverage through the expansion of Medi-Cal
 - 88 % received subsidies
- Expect 300,000 additional enrollees in 2015

Asians are Disproportionately Represented in Covered California Plans, Blacks & Latinos are Underrepresented



Source: California Quickfacts (2014). *United States Census Bureau*. <http://quickfacts.census.gov/qfd/states/06000.html>; Covered California Enrollment Statistics (2014). Covered California. http://3.bp.blogspot.com/-lr_3Vrs61_o/U1Bpf-BRhu2I/AAAAAAAAAZM/QqRUOE0rngg/s1600/Mar-one-sheet-p1.jpg

English Speakers are Disproportionately Represented in Covered California Plans

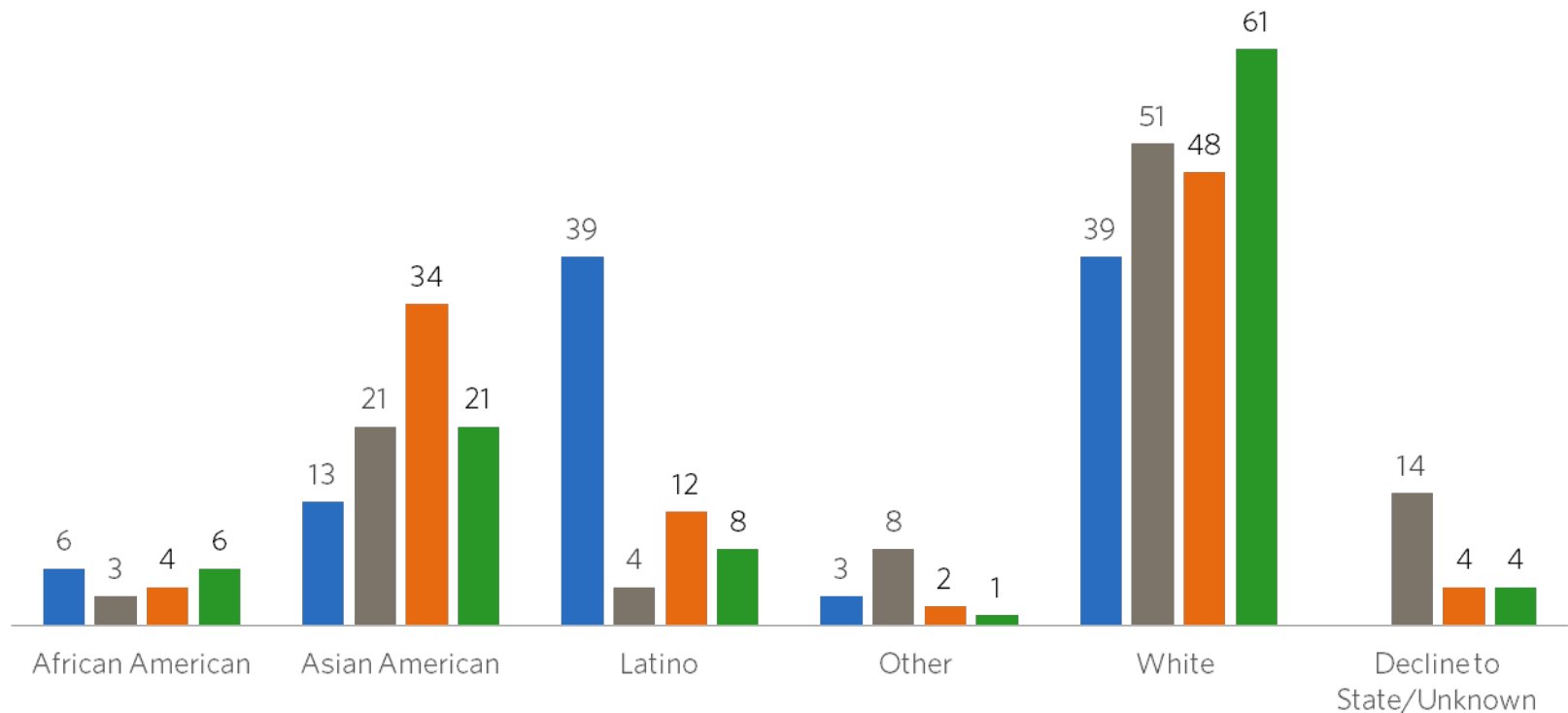


Preparing the Physician Pipeline

Looking toward the future

The Physician Workforce Does Not Currently Mirror California's Diversity

■ CA Population ■ CA Physicians ■ CA Medical School Graduates ■ U.S. Medical School Graduates



Patient-Physician Race Congruency Contributes to Positive Patient Experiences

- Black patients **preferred same-race** provider if they believed **discrimination** existed in the provider-patient dyad (Malat and Hamilton)
- Patients with **same race** provider rated **physician satisfaction** higher (Cooper and Roter)
- If given a **choice**, people tend to choose a **same-race** provider (LaVeist and Nuru-Jeter)

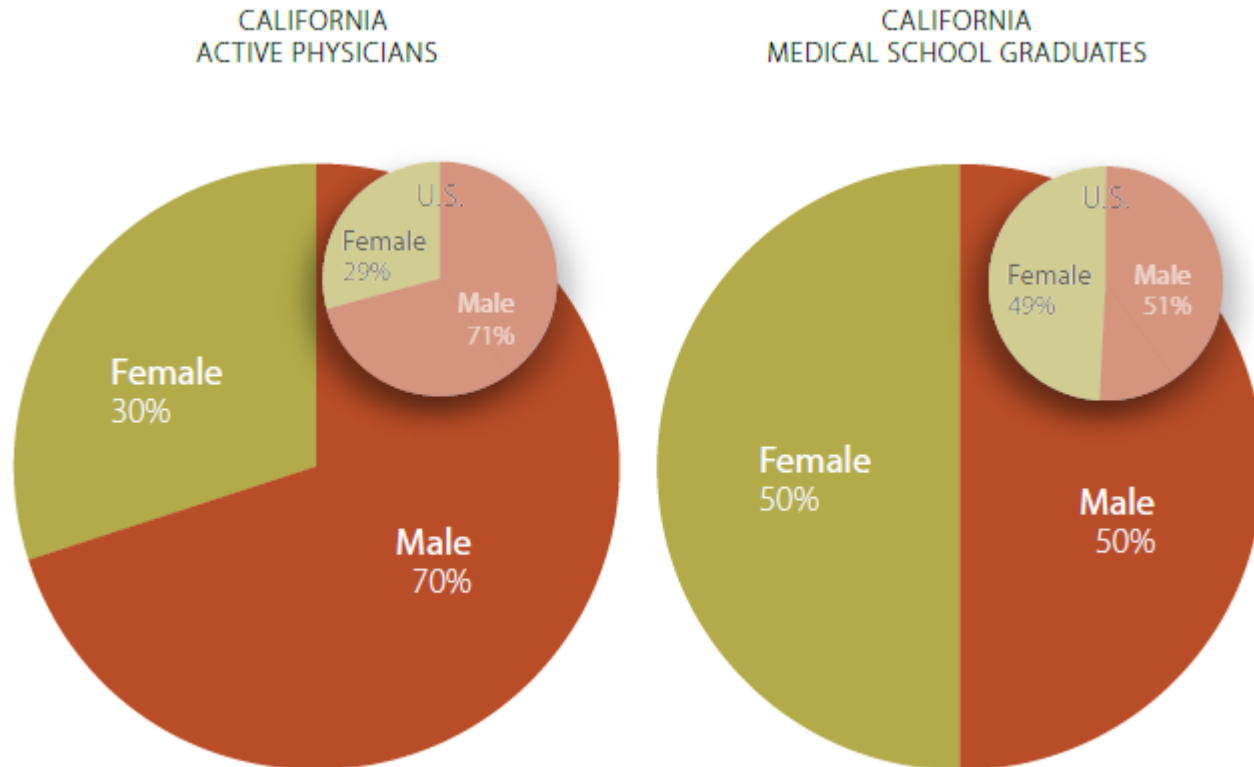
J. Malat and M.A. Hamilton, "Preferences for same-race health care providers and perceptions of interpersonal discrimination in health care," *Journal of Health and Social Behavior*, 47, 173-187.

L.A. Cooper and D.L. Roter, "Patient-centered communication, ratings of care, and concordance of patient and physician race," *Annals of Internal Medicine*, 139, 907-915.

T. LaVeist & Nuru-Jeter, "Is doctor-patient race concordance associated with greater satisfaction with care?" *Journal of Health and Social Behavior*, 43, 296-306.

A Gender Gap Exists in Active Physicians, But Gap Will Likely Lessen Over Time

Physicians and Medical School Graduates by Gender, California vs. United States, 2008



Sources: Association of American Medical Colleges (aaMC), 2009 State Physician Workforce Data Book. aaMC data Warehouse, table 27: total Graduates by u.s. Medical school and sex, 2002–2009 in California Health Care Almanac, Physician Facts and Figures, 2010

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