

# Making Progress in Addressing Health Inequalities

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# Outline

- Brief overview of inequities in health
- Why haven't we moved the needle?
- What is going on in communities, beyond hospital doors, to break down inequities in health care and health outcomes?
- How can we better engage communities to do more of this work?
- What opportunities exist for Foundations to move us forward?

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# The Skin You're In

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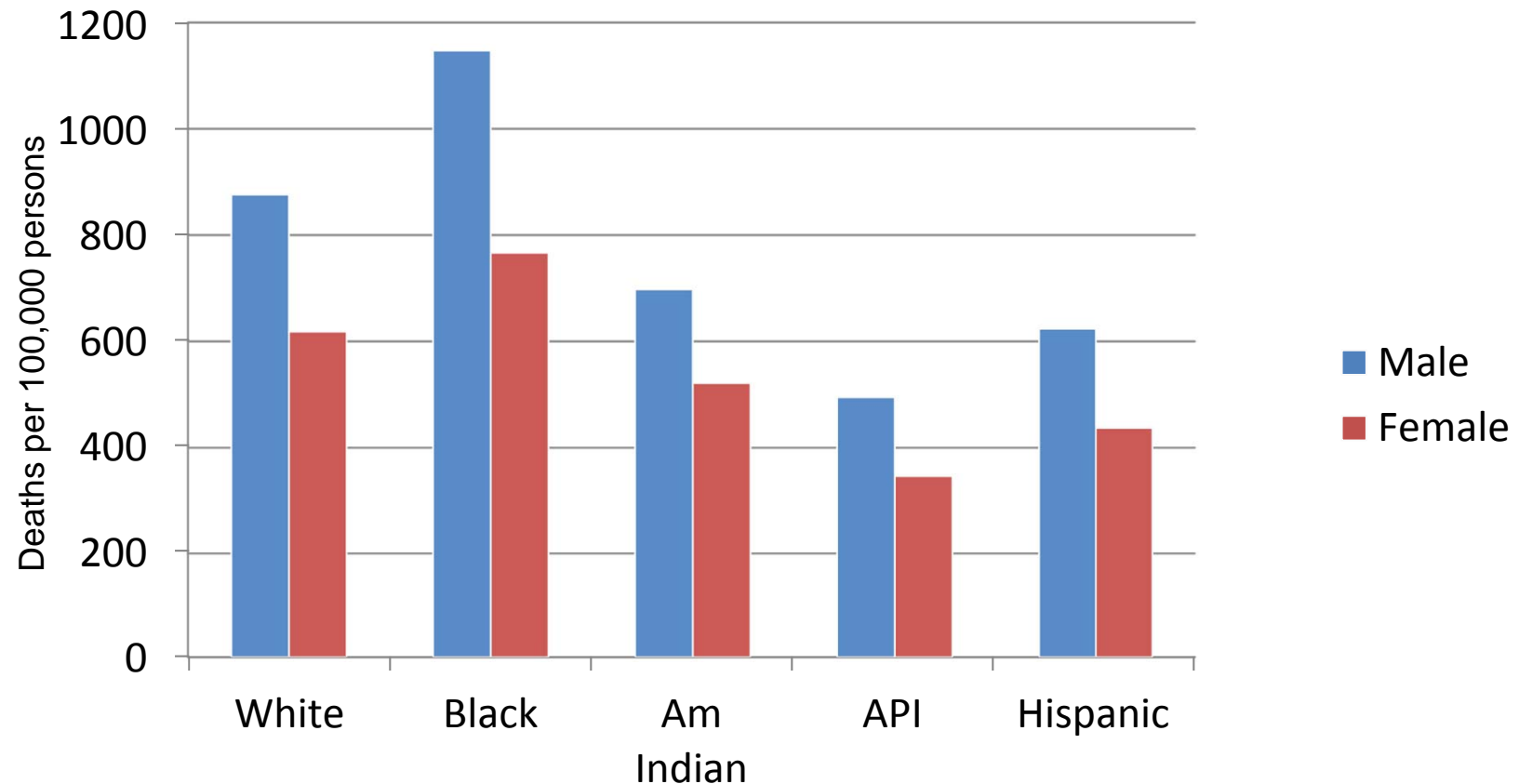
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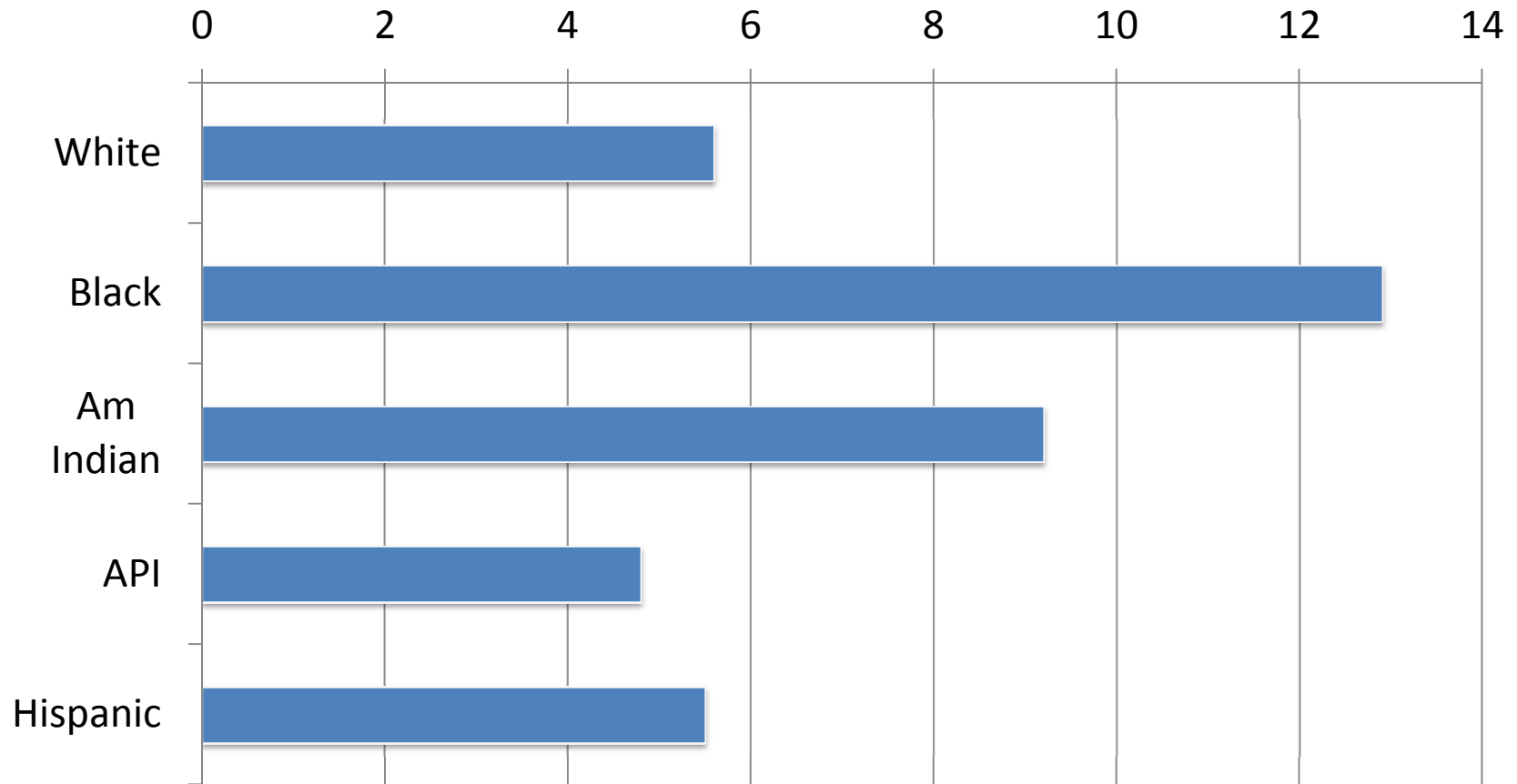


# Age-adjusted mortality rates by race/ethnicity and gender, 2009



Source: U.S. National Center for Health Statistics, "National Vital Statistics Reports," Volume 60, Number 3, Tables 1 & 2 December 29, 2011

# Infant mortality rates by race by race/ethnicity, 2009



Source: U.S. National Center for Health Statistics, "Health, United States, 2011", Table 15

**WHY MUCH OF WHAT WE ARE  
DOING WILL FAIL...**

**INCORRECT DIAGNOSIS OF HEALTH DISPARITIES**



# Popular Explanations for Race Disparities

- Equal access to healthcare will solve the health disparities problem
- Disparities are caused by biological or genetic differences between groups
- Race disparities are caused by race differences in SES or poverty

# What determines the health status of a population?

- Behavioral Choices – 40%
- Genetic/Gestational Endowment – 30%
- Social Determinants – 15%
- Medical Care – 10%
- Environmental Conditions – 5%

McGinnis MJ, Williams-Russo P; Knickman JR (2002) “The Case For More Active Policy Attention To Health Promotion” Health Affairs 21 (2): 78-93

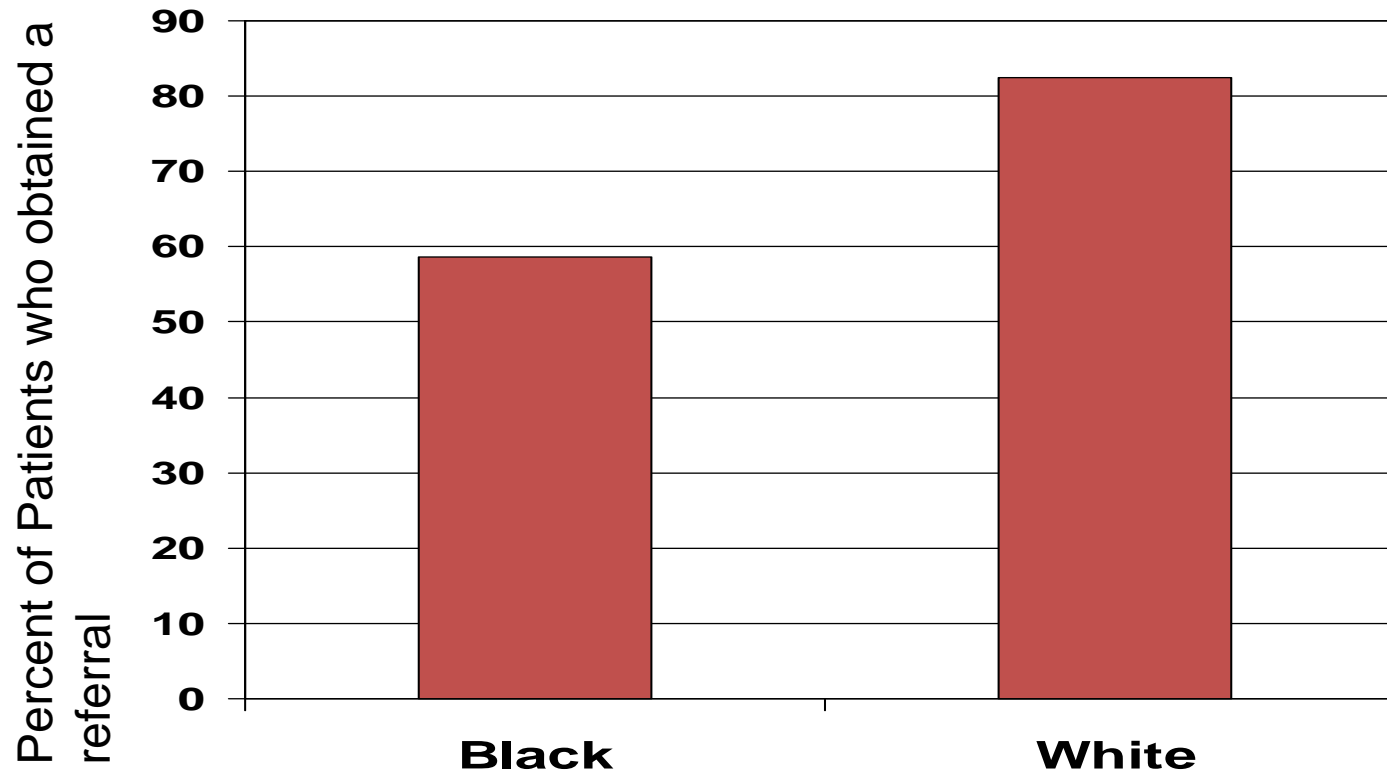


# Equal Access to Care



# Healthcare Disparity

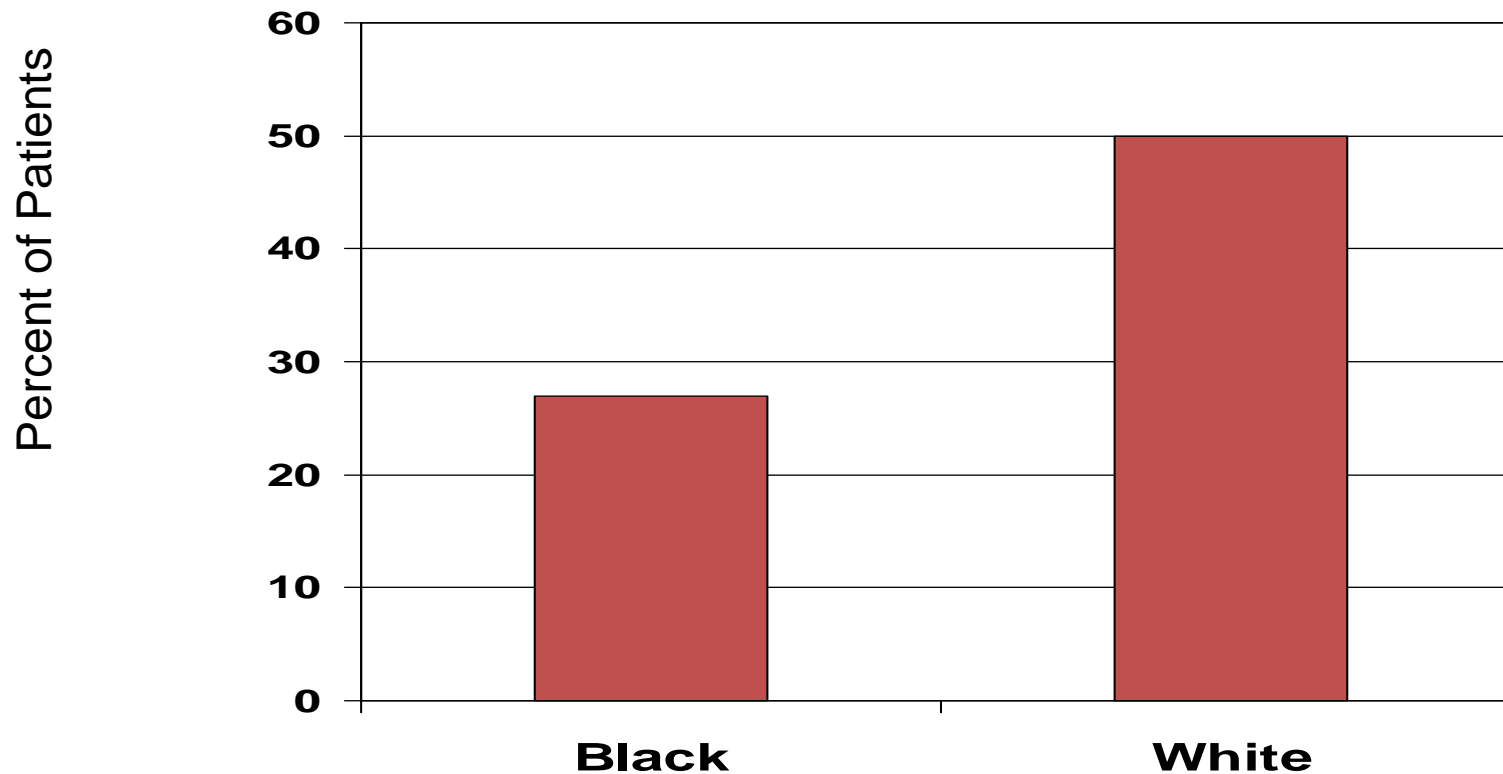
Studies of patients who were appropriate candidates for **coronary angiography** have found race differences in obtaining a referral for this diagnostic procedure.



Source: LaVeist TA, Arthur M, Morgan A, Rubinstein M, Kinder J, Kinney LM, Plantholt S. The cardiac access longitudinal study. A study of access to invasive cardiology among African American and white patients. *J Am Coll Cardiol.* 2003 Apr 2;41(7):1159-66.

# Healthcare Disparity

A race disparity in **coronary revascularization** was found among patients in the **Veteran Affairs** health system, where there are no race differences in ability to pay and providers are paid a salary.



Source: Ibrahim SA, Whittle J, Bean-Mayberry B, Kelley ME, Good C, Conigliaro J. Racial/ethnic variations in physician recommendations for cardiac revascularization. Am J Public Health. 2003 Oct;93(10):1689-93.

# BAD GENES



“I’d Like to Go Straight But I’ve Got Crooked Genes.”

# Case Study: BiDil



- Isosorbide Dinitrate
- Hydralazin Hcl

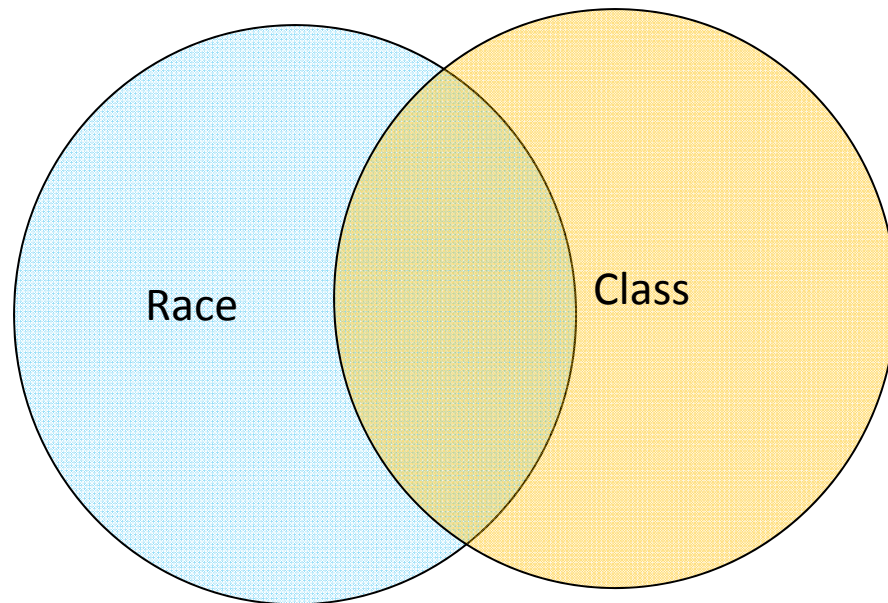
# Who gets BiDil?



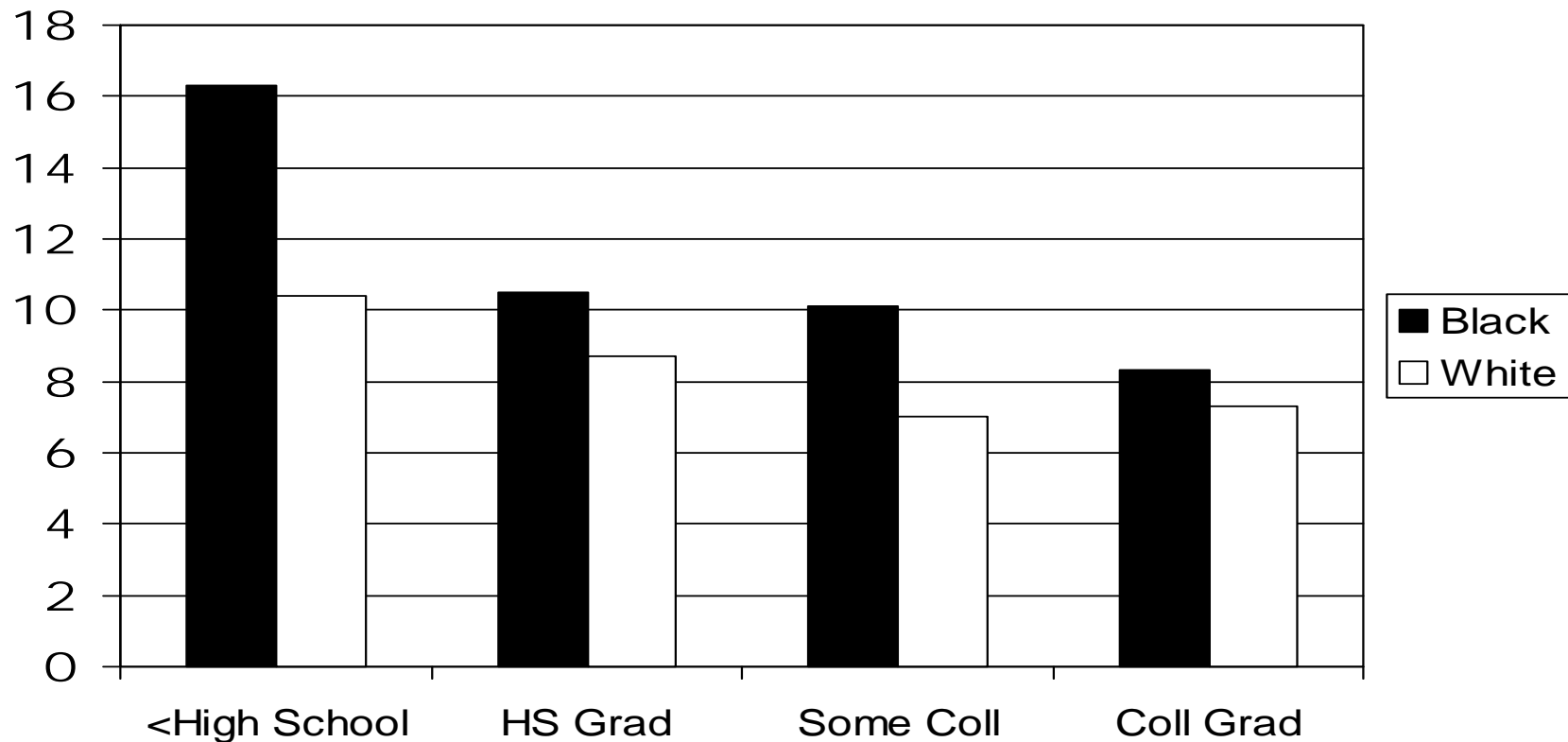
Vijay Singh  
Colin Powell  
Barack Obama

Tiger Woods

**It's really income and not  
race/ethnicity**



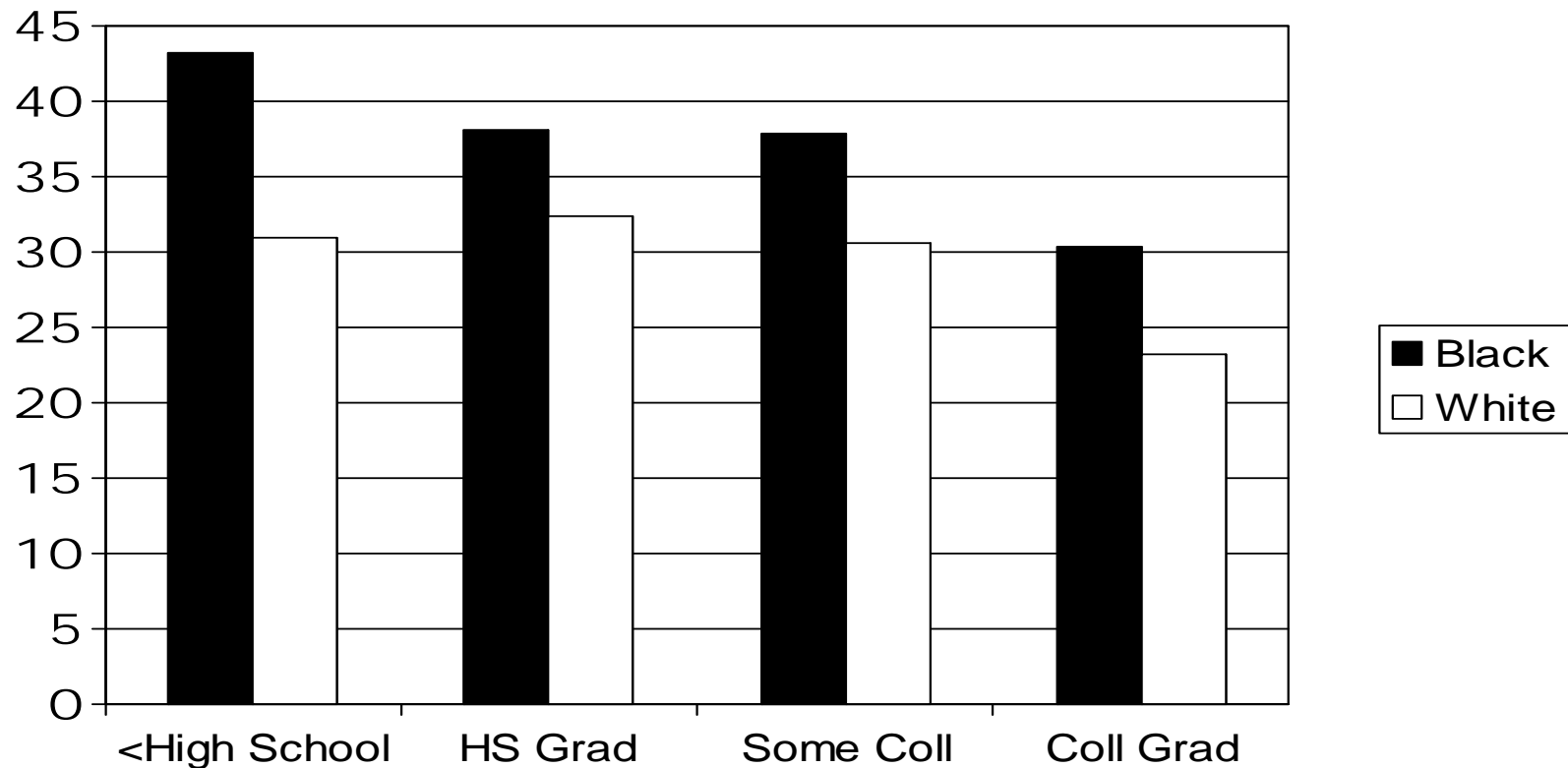
# Education and Disparities in Diabetes, Age-Adjusted



Source: Original analysis of 2005 National Health Interview Survey

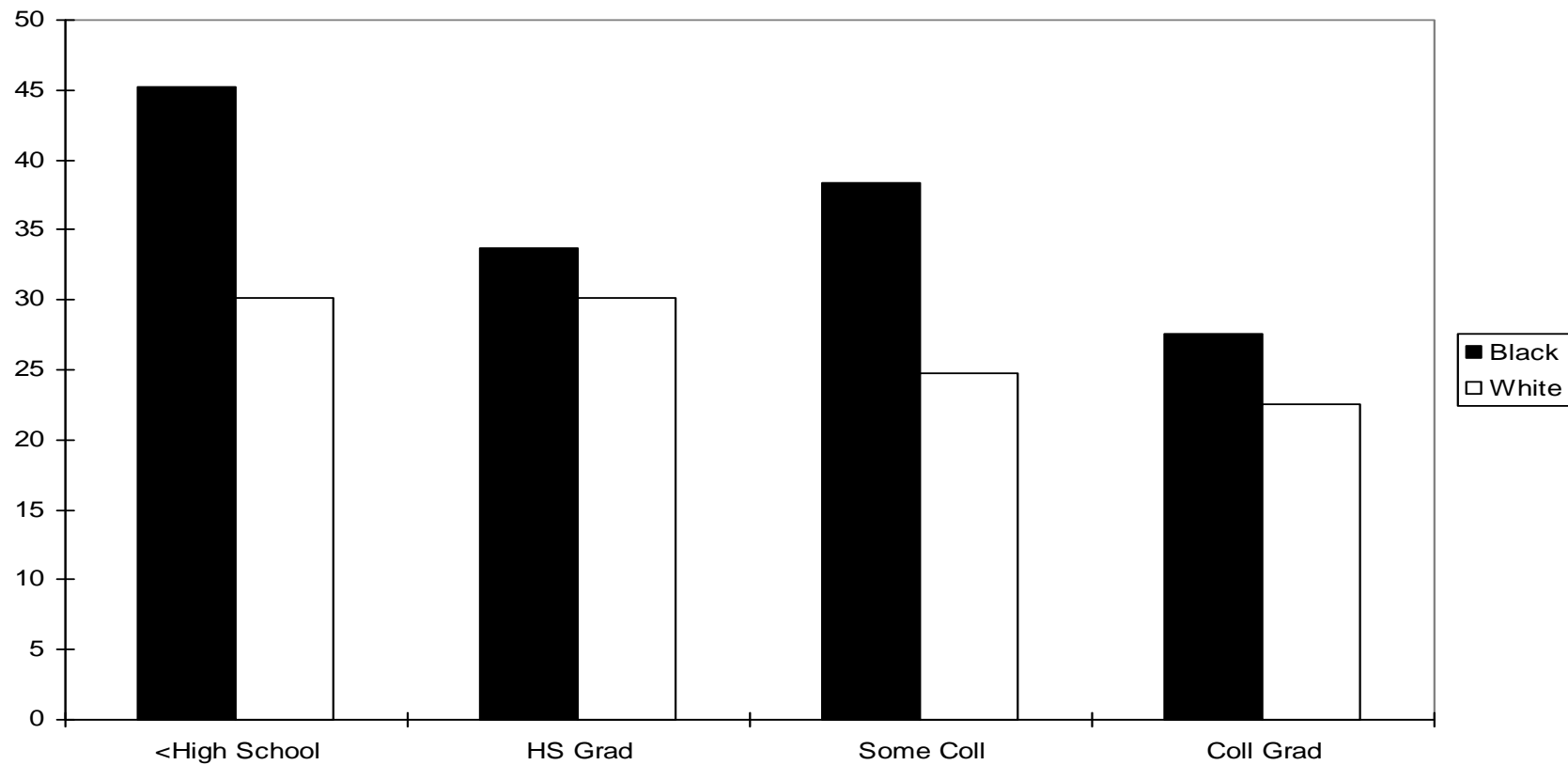


# Education and Disparities in Obesity, Age-Adjusted



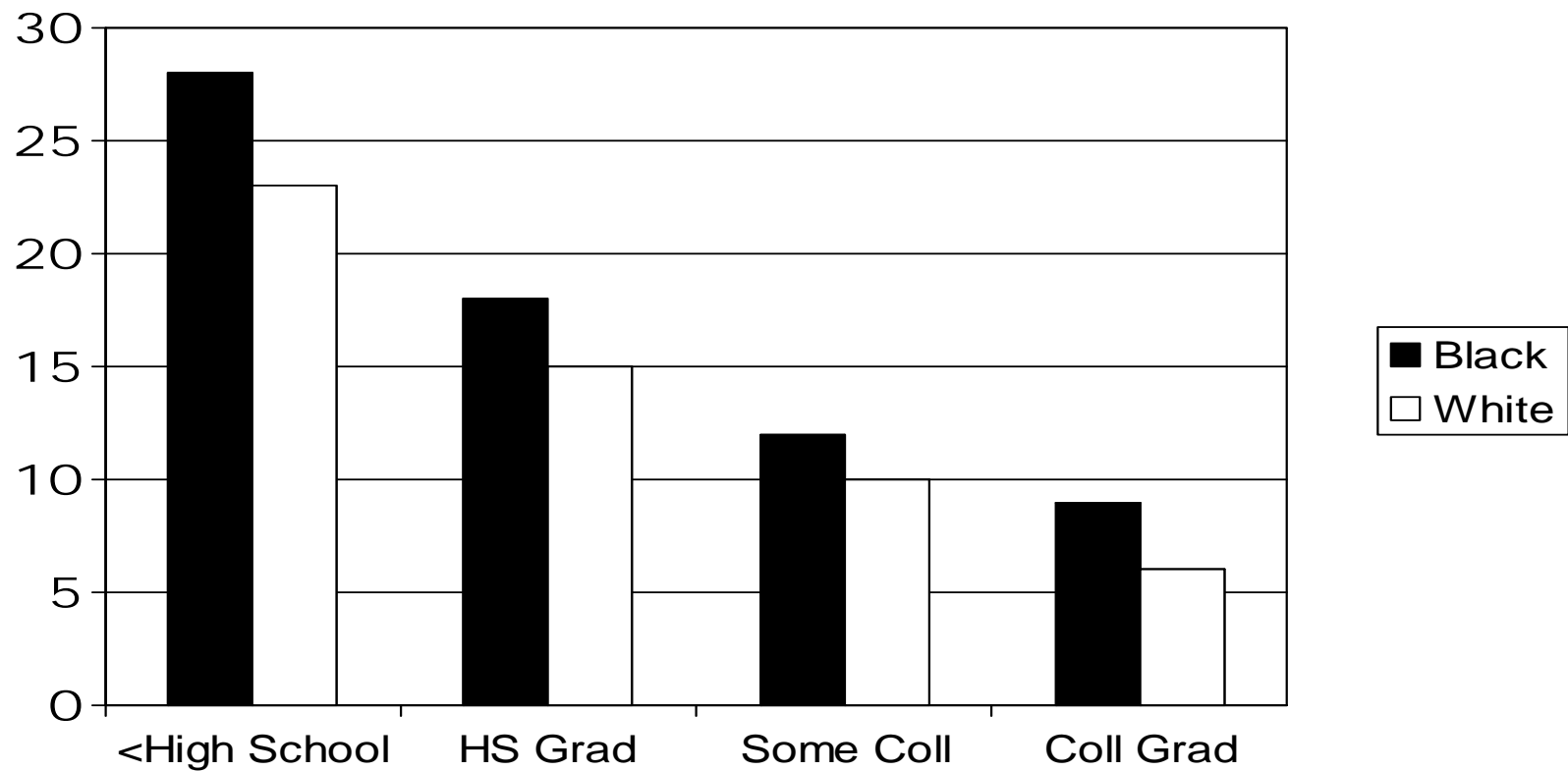
Source: Original analysis of 2005 National Health Interview Survey

# Education and Disparities in Hypertension, Age-Adjusted



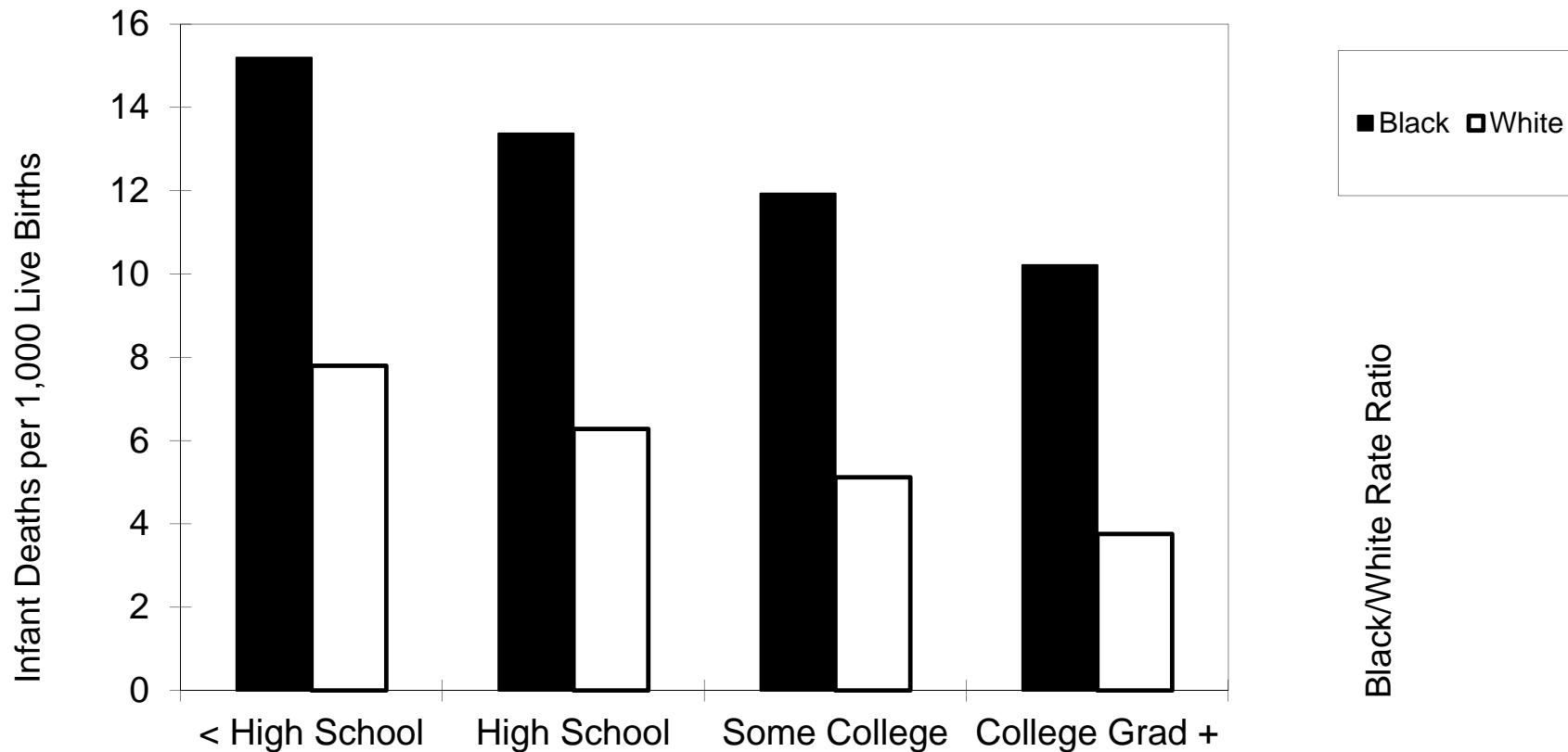
Source: Original analysis of 2005 National Health Interview Survey

# Education and Disparities in Self Reported “Fair” or “Poor” Health, Age-Adjusted



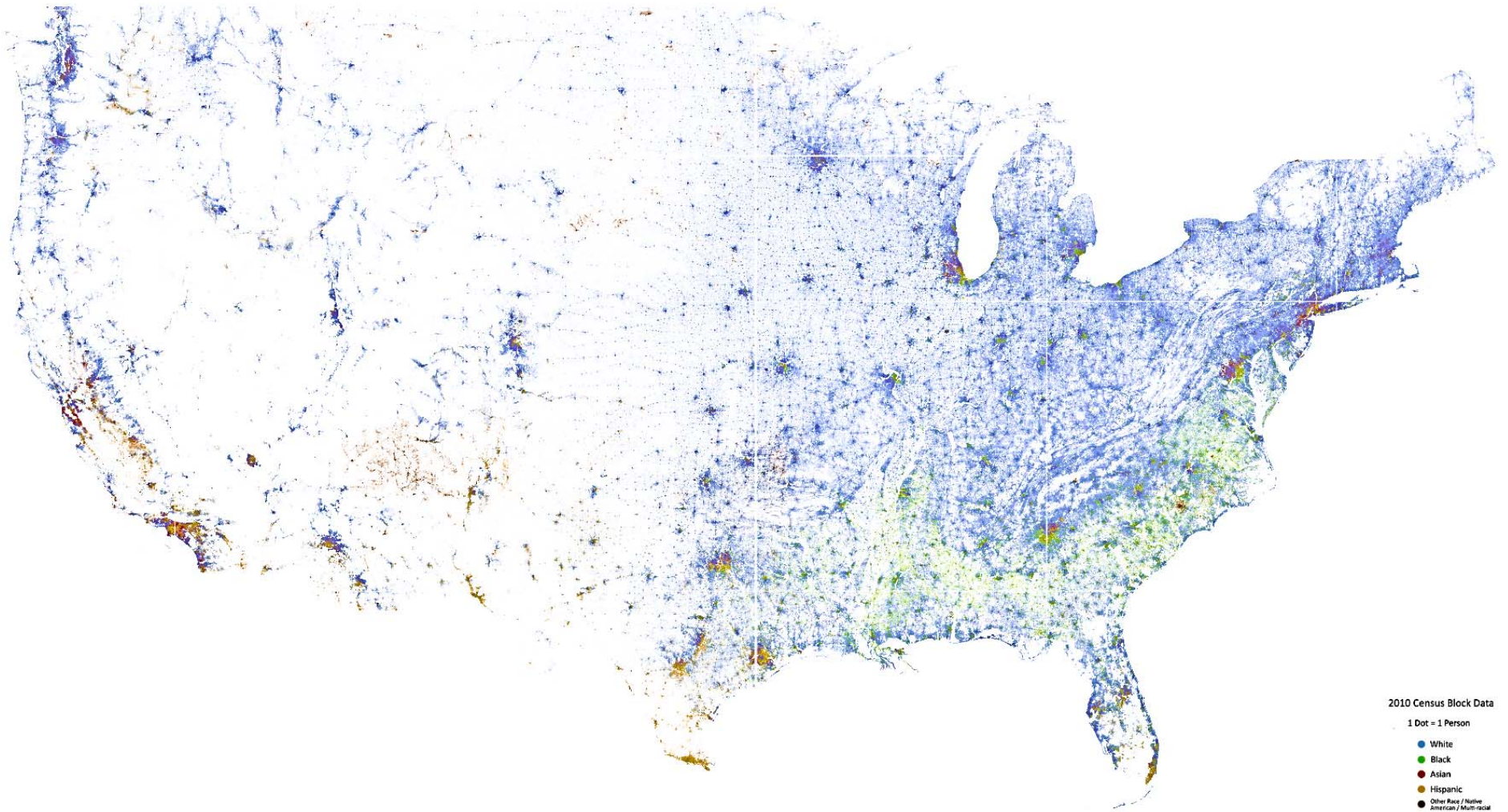
Source: Original analysis of 2005 National Health Interview Survey

# Infant mortality rates by Mother's education, 2003



Source: U.S. National Center for Health Statistics, 2006





2010 Census Block Data

1 Dot = 1 Person

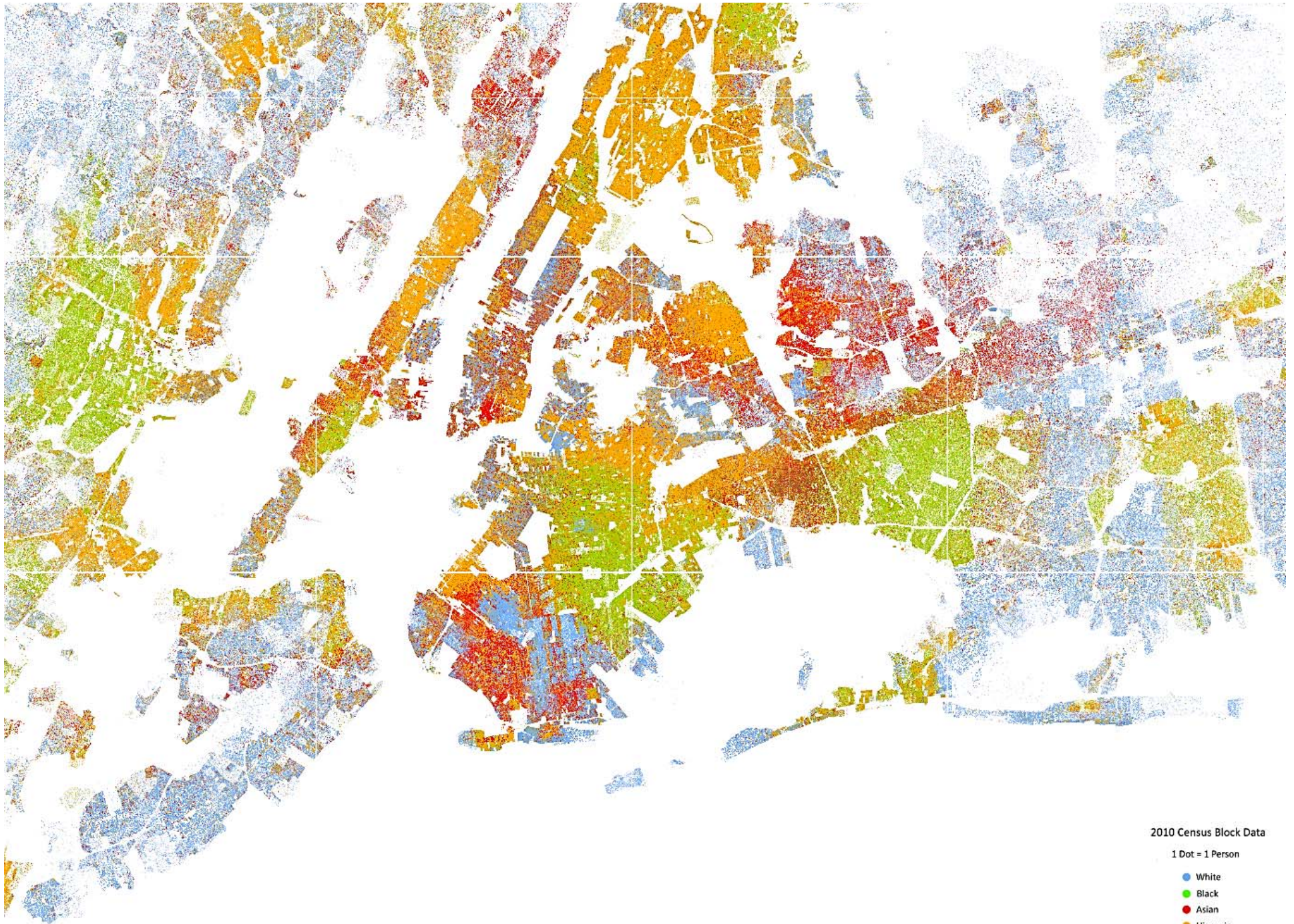
- White
- Black
- Asian
- Hispanic
- Other Race / Native American / Multi-racial

What am I looking at...?

Share

Dustin A. Cole | University of Virginia | Weldon Cooper Center for Public Service | Reference Data by Salsman Design

Figure 1 of 10



2010 Census Block Data

1 Dot = 1 Person

- White
- Black
- Asian
- Hispanic
- Other Race / Native American / Multi-racial



**58,000 People**  
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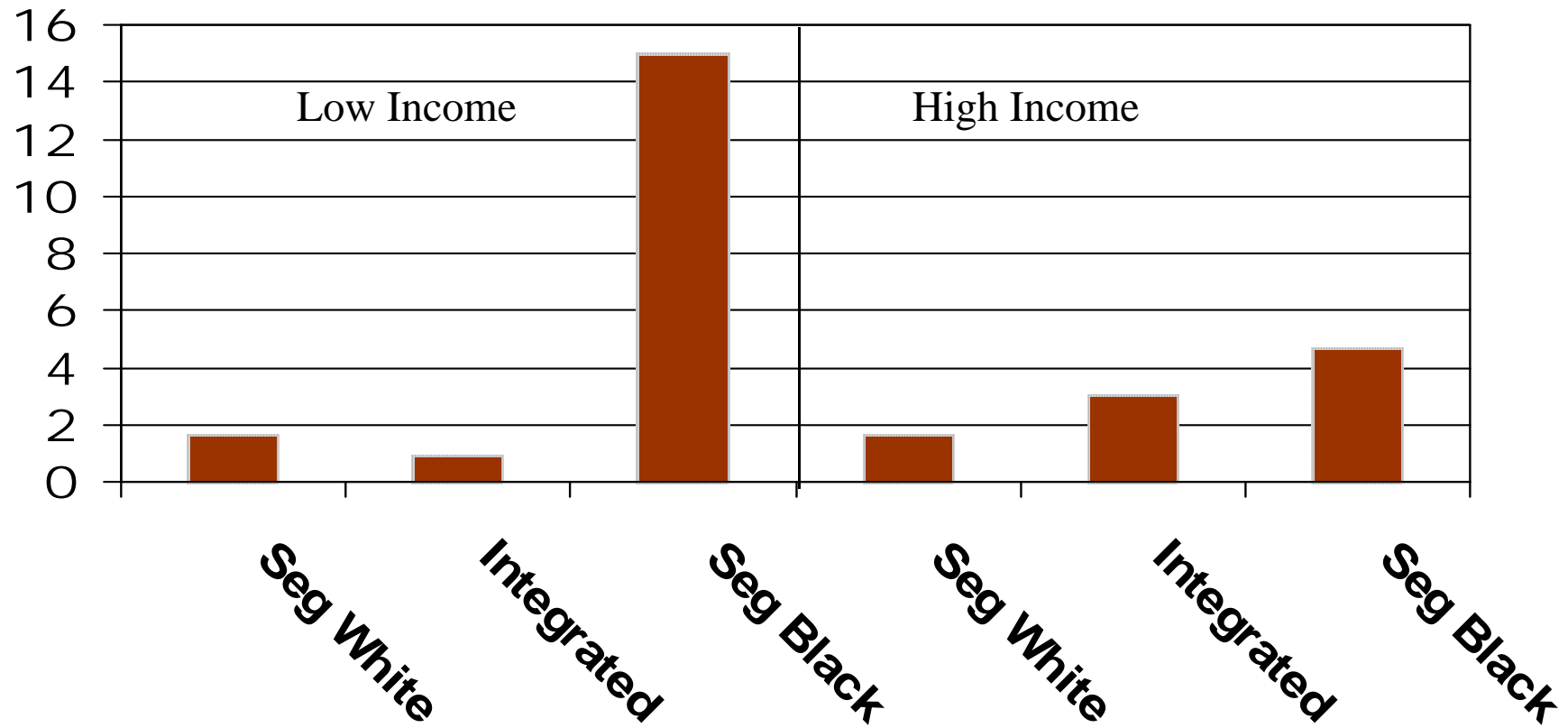








# Per Capita Liquor Stores by Race and Income





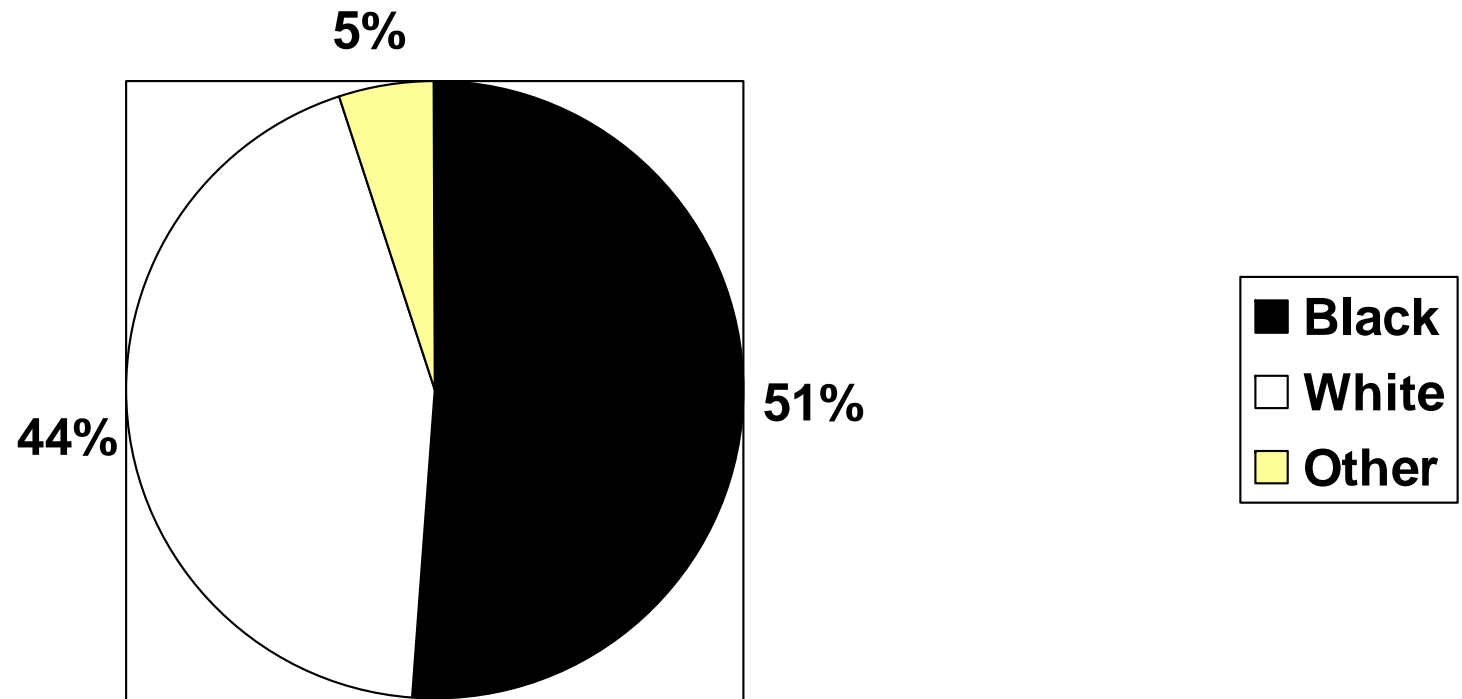
# Exploring Health Disparities in Integrated Communities (EHDIC)

- Census tracts
  - 35% African Americans AND 35% white
  - b/w median income ratio 0.85-1.15
  - b/w percent high school grad 0.85-1.15

# Profile of the Community

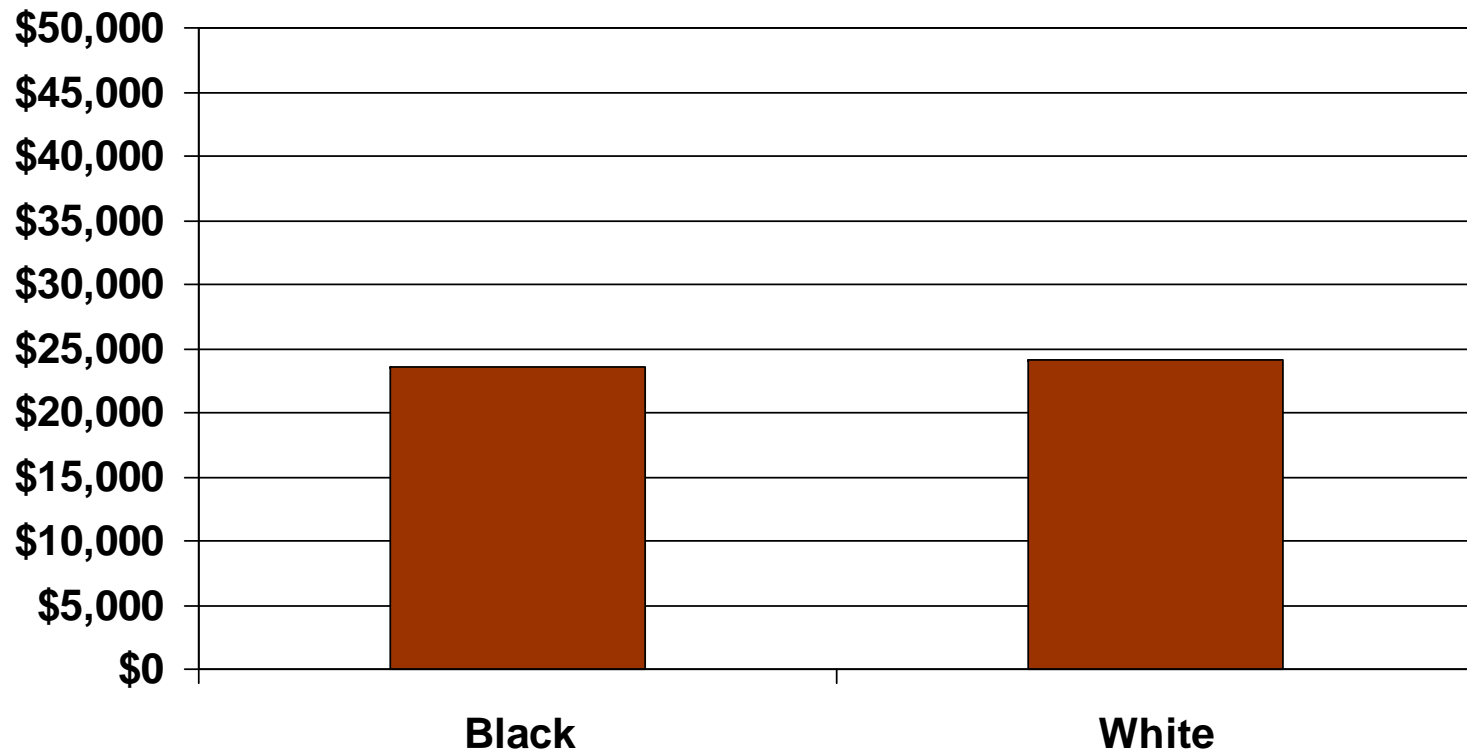


# Racial Distribution



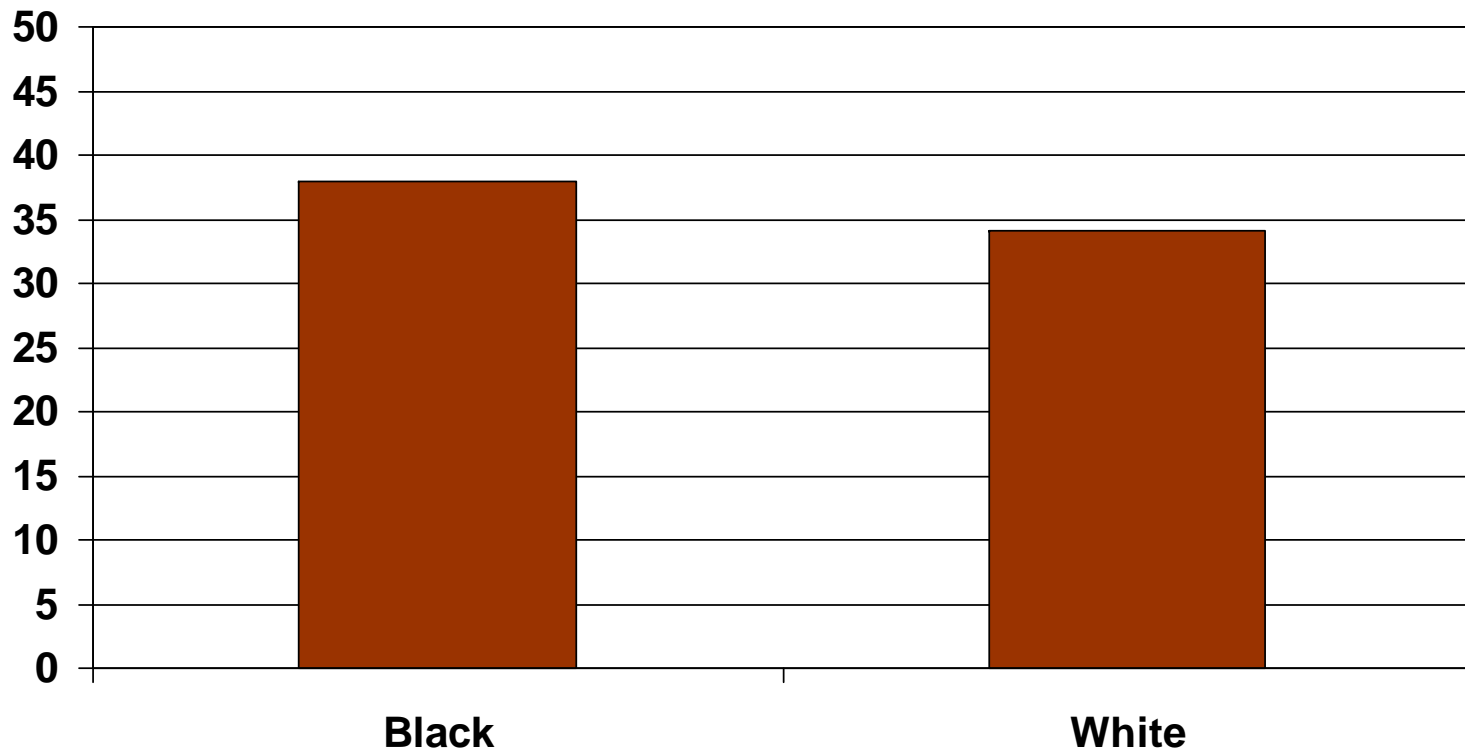


# Median Income



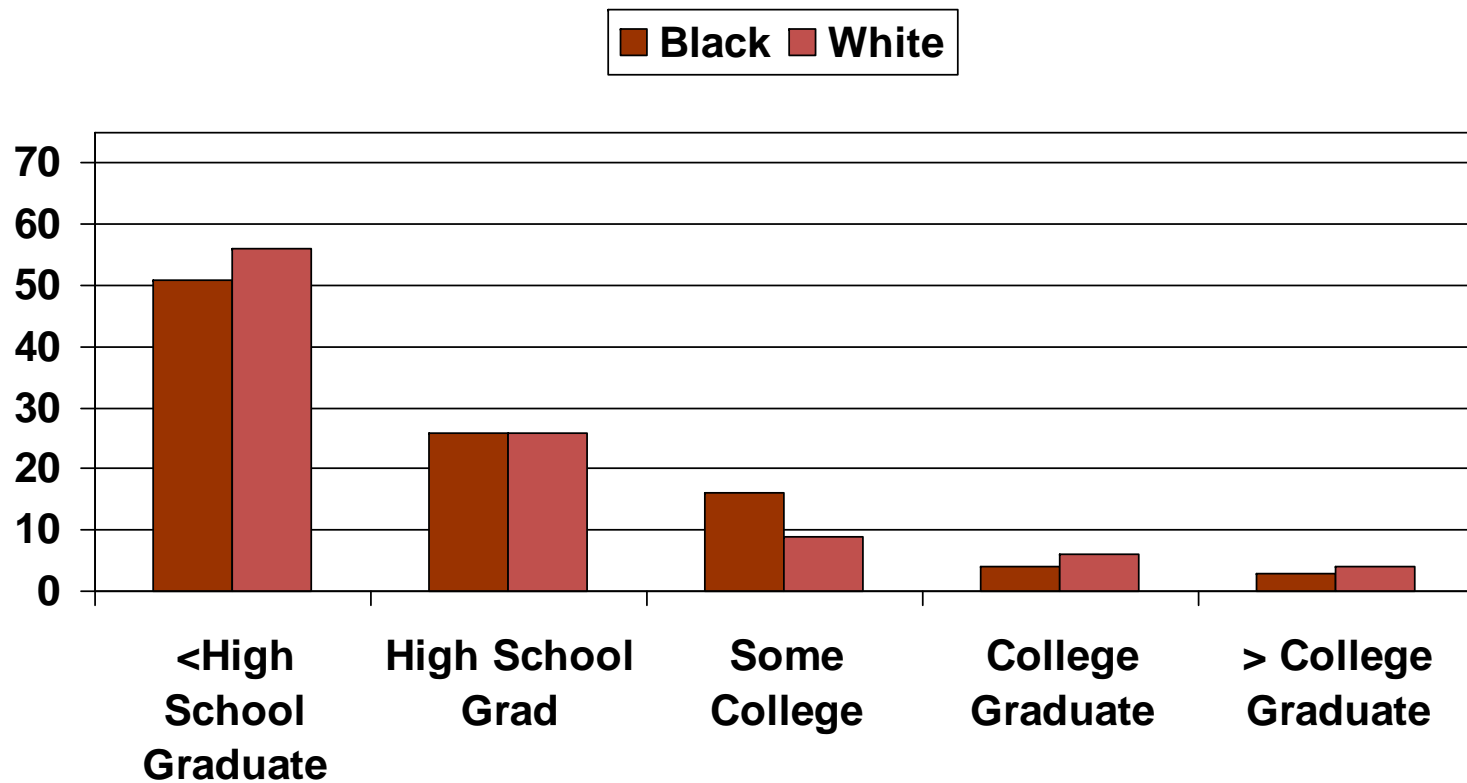
Source: US Censuses 2000

# Percent Living Below Official Poverty Level



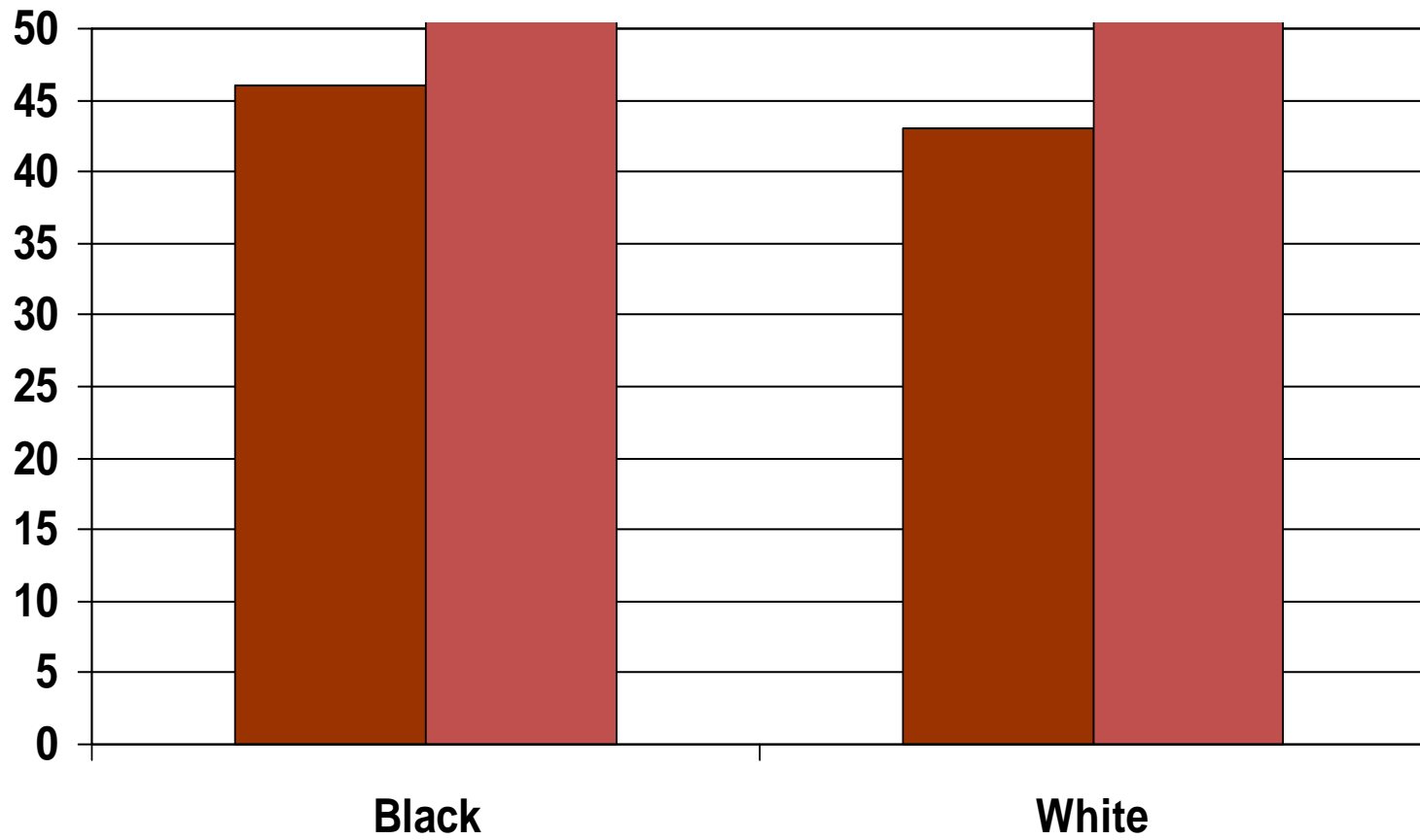
Source: US Censes 2000

# Educational Status



Source: US Censuses 2000

# Sex



Source: US Censuses 2000

# The Study

- Adult Residents of the 2 census tracts
- 40 Minute Interview
- Interviews In-person at home or at health fair
- 3 Blood pressure measurements
- Cuffs calibrated at Johns Hopkins Hospital
- 35 Interviewers
- Interviewer Incentives
- Respondent Incentives
- Interviewed N=1498 (42.14%)

# Odds Ratios and 95% Confidence Intervals for National Studies vs. EHDIC

Condition	National Data (Segregated)	EHDIC (Integrated)
Diabetes <sup>1</sup>	AA 61% greater	No race difference
Obesity <sup>2</sup>	AA 87% greater	No race difference
Hypertension <sup>3</sup>	AA 101% greater	AA 42% greater
Use of Health Services <sup>4</sup>	No race difference	No race difference

1 LaVeist, et al. (2009) Journal of General Internal Medicine

2 Bleich, et al. (2010) Journal of Epidemiology and Community Health

3 Thorpe, et al. (2008) Social Science and Medicine

4 Gaskin, et al. (2009) Medical Care Research and Review

















