ESRD Network 14

Supporting Quality Care







Addressing Health Disparities

Webinar Objectives

- Learn about the health disparities that affect Texas' rural communities
- Learn the risk factors for health disparities
- □ Share solutions, strategies, and best practices



Rural Facilities Survey Results (102)

Select the term that best describes differences in access, treatment, and outcomes between individuals and across populations that are systemic, avoidable, predictable, and unjust.





Equality versus Equity





All facilities give patients the option to set up meetings with a social worker. All patients have the instructions needed to schedule said meetings. The instructions are provided in English.

All facilities give patients the option to set up meetings with a social worker. All patients have the instructions needed to schedule said meetings. Facilities with non-English speaking patients also have instructions in non-English languages.



Addressing Health Disparities

In your own words, define Health Disparities:

- Barriers that the patient is met with that prevent him/her from adequate/fair treatment.
- Circumstances that prevent an individual from necessary care.
- Differences in opportunities.
- Differences among different populations that effect their overall health and ability to attain or maintain a certain level of health.
- □ My clinics are rural, our Health Disparities are truly due to their remote location which are very medically underserved.
- Lack of knowledge to access health care and the ability to advocate for one's self.
- □ Wide spread and avoidable differences.



Rural Facilities Survey Results (102)

Do you think that your facility serves patients from a vulnerable population?





Ineligibility for other modalities such as home therapy or transplant

Disease prevalence

Do you think that your facility serves patients with health



Other (please specify) 6%



Rural Facilities Survey Results (102)

What Participants Would Like to Learn

- □ *Mental health resources for dialysis patients in Texas*
- □ Anything that can improve how we see and care for our population.
- □ Disparities of our patient population in relation to other patient populations
- □ Health Disparities and it's Impact to Patients on Hemodialysis
- □ How to assure that all patients have equal availability to treatment and that they are all treated the same.
- □ How to encourage patients when to seek alternative care. How could we go about getting another transportation company in our area.
- □ How to get care for patients to decrease hospitalizations, increase possibility of transplant...
- □ How to narrow the gap; what can we do to support
- □ How to reduce disparities and what resources are available in the rural communities.
- □ Resources available to patients with very limited financial resources for preventative and routine care.
- □ Ways to reduce the inequities and disparities that result for the populations that I serve.
- □ Would like to find out what other services and options are available for our patients



Rural Facilities in Network QIAs (102)





BSI QIA Facilities – 60 out of 264

Do you think that your facility serves patients from a vulnerable population?





BSI QIA Facilities – 60 out of 264

Do you think that your facility serves patients with health disparities?





Transplant QIA Facilities – 30 out of 185

Do you think that your facility serves patients from a vulnerable population?





Transplant QIA Facilities – 30 out of 185

Do you think that your facility serves patients with health disparities?





Home QIA Facilities – 44 out of 189

Do you think that your facility serves patients from a vulnerable population?





Home QIA Facilities – 44 out of 189

Do you think that your facility serves patients with health disparities in regards to the following issues?



16



PHFPQ QIA Facilities – 15 out of 69

Do you think that your facility serves patients from a vulnerable population?





PHFPQ QIA Facilities – 15 out of 69

Do you think that your facility serves patients with health disparities in regards to the following issues?





TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER.

Julia Jones Matthews Department *of* Public Health

Healthcare Disparities in Rural Texas

Julie St. John, DrPH, MA, CHWI Rural Health Disparities Webinar ESRD Network of Texas, Inc. August 22, 2018

Activity: Life expectancy by zip code

https://www.rwjf.org/en/library/interactives/ whereyouliveaffectshowlongyoulive.html

• Try a few zip codes you have lived in

• Thoughts? Surprised?

"Your zip code shouldn't determine how long you live, but it does."

(The California Endowment, https://avanzastrategies.com/10-insightfulquotes-on-health-disparities/)



Objectives & Topics



- Key definitions
- Texas snapshot
- Key health disparities in rural areas
- Risk factors for health disparities
- Challenges
- Solutions, strategies, best practices

DEFINITIONS







can be avoided by reasonable means.

cannot be avoided by reasonable means.

Health equity is ...

When poll is active, respond at **PollEv.com/juliestjohn590** Text **JULIESTJOHN590** to **37607** once to join

Definitions



- Determinants of health: environmental, biological social
- Social determinants of <u>health</u>: conditions people are born, grow, live, work & age
- Health disparities: differences that exist certain population groups do not benefit from the same health status as other groups



Modifiable factors impacting health



- Health inequality: differences in the health of individuals or groups
- Health inequity: specific type of health inequality that denotes an unjust difference in health
- Health equity: assurance of conditions for optimal health for all people



TEXAS





Demographics

- 261,797 square miles
- 2017 population: 28,304,596
 (3,061,090 rural residents, 11%)
- 254 counties; 172 nonmetropolitan(68%); 82 metropolitan (32%); 32 border

• Ethnicity:

- 42.6% White
- 39.1% Hispanic
- 12.6% Black
- 4.8% Asian
- 1% American Indian/Alaskan Natives

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Top Texas Commodities



Industry

- Leads U.S. in cattle, cotton, hay, sheep, goats & mohair production
- Leads U.S. in # of farms & ranches
- Leads U.S. in # women & minority farm operations
- 84% of total land area = rural
- 1 in 7 working Texans (14%) has agriculture-related job
- Average age of Texas farmers/ranchers = 58 years
- Economic impact of food & fiber sector
 =>\$100 billion/yr
- Agricultural cash receipts average \$20 billion/yr

YOUR LIFE out pu





Healthcare

- 404 hospitals (84 federally-designated critical access hospitals)
- 75% of rural hospitals are governmental facilities
- 70% of inpatients in rural hospitals are Medicare (55%), Medicaid, or uninsured
- 305 rural health clinics (CMS 2017)
- 73 FQHCs, 466 sites (NACHA, 2016)
- 15 counties have never had a primary care physician at any point in time
- 132 whole-county Primary Care HPSAs; 48 partial county HPSAs





Social Determinants

- No health insurance: 15% (Kaiser, 2016)
- Average per-capita income: \$46,274
- Rural per-capita income: \$37,629
- Urban poverty rate: 15.3%
- Rural poverty rate: 18.1%
- < High school education, urban: 17.1%
- < High school education, rural: 21.5%
- Unemployment, urban: 4.5%
- Unemployment, rural: 5.6%
- Food insecure households: 14.3%





RURAL HEALTH DISPARITIES





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Rural health disparities

Socioeconomic indicators

Measure	Non- metropolitan	Texas
Unemployment	6.6%	6.2%
Per capita income	\$38,083	\$43,862
Without health insurance (0-17 yrs)	15.1%	12.7%
Without health insurance (0-64 yrs)	26.6%	24.8%
Persons living in poverty (0-17 yrs)	29.9%	25%
Persons living in poverty (0-64 yrs)	20.1%	17.5%


Births (Natality)

Measure	Non- metropolitan	Texas
Total live births	39,500	
Adolescent mothers (<18)	4.3%	3.2%
Unmarried mothers	47.2%	42.4%
Low birth weight	8%	8.3%
Prenatal care in 1 st trimester	59.8%	62.5%
Fertility	75.4%	69.8%

Communicable diseases (reported cases)

Measure	Non- metropolitan	Texas
AIDS	4.8%	9.2%
Chlamydia	361.4	473.1
Gonorrhea	81	125.2
Pertussis	22.9	15.1
Primary & Secondary Syphilis	1.1	5.6
Tuberculosis	3.7	4.6
Varicella (Chickenpox)	10.6	7.1

Deaths (mortality)

Measure	Non-metropolitan	Texas
Deaths from all causes	841.0	749.2
Accidents	51.5	36.8
Motor vehicle accidents	2 4.7	13.4
Alzheimer's	30.1	24.4
Assault (homicide)	4.5	5.1
Cerebrovascular Disease (stroke)	45.8	40.1
Chronic lower respiratory disease	49.5	42.3
Diabetes	24.8	21.6
Heart disease	199.9	170.7

Deaths (mortality)

Measure	Non- metropolitan	Texas
Influenza & Pneumonia	17.0	14.4
Kidney disease	17.5	15.9
Liver disease	14.7	12.8
Septicemia	16.1	16.4
Suicide	14.7	11.6
Fetal deaths	4.7	5.0
Infant deaths	6.4	5.8

Deaths (mortality)

Measure	Non- metropolitan	Texas
Cancer (all)	166.7	156.1
Breast cancer	19.9	20.1
Colon cancer	15.5	14.6
Lung cancer	44.4	38.4
Prostate cancer	18.1	18.7

Health

Measure	Non- metropolitan	Texas
Have personal doctor	67.7%	63.5%
Routine checkup in last year	66.6%	68.3%
Delayed seeing doctor due to cost	18.1%	17.9%
Health status (fair to poor health)	24.9%	18.3%
Health related QOL (5+ days poor health interfered with usual activities)	13.2%	11.7%
Health related QOL (5+ days poor health)	21%	18.5%
Health related QOL (5+ days poor mental hlth)	15%	18.5%
Dental visit in past year	55%	59.4%

Behaviors

Measure	Non- metropolitan	Texas
Diabetes (saw doctor with last year)	79%	85.1%
Pre-diabetes (tested diabetes/blood sugar)	54.2%	55.6%
Ever had prostate-specific antigen test	45.4%	50.6%
Ever had a mammogram	71.2%	62.4%
Ever had a pap smear	91.4%	87.5%
Had Hysterectomy	32.5%	22.6%
Had sigmoidoscopy or colonoscopy (50+)	48.8%	56.8%
Heavy alcohol consumption	8.5%	6.9%
Drinking & Driving (within past 30 days)	3.2%	4.3%

Behaviors

Measure	Non- metropolitan	Texas
Exercise (leisure time physical activity)	68.1%	74.8%
Had a fall in the past year, age 45+	30.5%	28.6%
Ever had HIV test	30.3%	39.5%
Engaged in high risk behaviors (HIV/STDs)	6.5%	6.1%
Insufficient sleep (<7 hrs/day)	29.1%	32.4%
Internet (used in past 30 days)	75.2%	83.6%
Seatbelt use (always wear)	88.1%	90.9%
Current smoker (every day)	10.4%	8.4%
Former smoker	25.2%	23%

Conditions

Measure	Non-metropolitan	Texas
Any cancer	12.5%	9.7%
Skin cancer	7.6%	4.9%
Asthma	7.1%	7.6%
Cardiovascular disease	10.2%	7.6%
Chronic obstructive pulmonary disease (COPD)	6.1%	4.8%
Depressive disorders	12.5%	12.5%
Diabetes	17.4%	11.2%
Disability	32.6%	24.8%

Conditions

Measure	Non-metropolitan	Texas
High blood pressure	41.2%	35.1%
Taking blood pressures medications	85%	76.6%
Limitations	27.6%	22.3%
Overweight or obese	73.8%	68.4%
Veteran	11.5%	11.9%

What is the most notable health disparity in the rural community you work and/or live in?

Total Results: o

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- Rural Americans > likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, stroke
- Unintentional injury deaths = 50 % higher (motor vehicle crashes & opioid overdoses)
- Rural residents = older & sicker
- Rural children with mental, behavioral,
 & developmental disorders face more community & family challenges
- Lower life expectancy (Singh & Siahpush 2014)





RISK FACTORS



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Health disparities risk factors

- Geographic/social isolation
- Travel long distances
- Transportation difficulties
- Environmental hazards
- Limited job
 opportunities
- Lower socio-economic status (higher poverty rates)
- Lower task bases



Health disparities risk factors

- Lack of quality healthcare
- Fewer healthcare providers (recruitment/retention)
- Higher rates of health risk behaviors (smoking, obesity, high blood pressure, less physical activity; lower seatbelt use)
 Limited access (exercise, nutrition, insurance)



CHALLENGES



Challenges

- Workforce shortages (primary care, obstetric services, mental health, oral health, substance abuse services)
- Health insurance coverage
- Distance & transportation
- Social stigma & privacy issues
- Poor health literacy



RECOMMENDATIONS



https://www.ruralhealthinfo.org/new-approaches/frontier-extended-stay-clinics

Strategies & Solutions

- Screen for & control high blood pressure
- Increase cancer prevention & early detection
- Encourage physical activity & healthy eating to reduce obesity
- Promote smoking cessation
- Identify support for families with children with mental, behavioral, or developmental disorders
- Promote motor vehicle safety
- Engage in safer prescribing of opioids for pain



Strategies & Solutions

- Fund research in rural areas examining behavioral health & primary care integration
- Research & develop policies addressing opioid crisis
- Increase funding for training primary care providers
- Support trauma system training
- Delivery models (frontier extended stay clinics & frontier community health integration program)
- Affiliation with larger healthcare systems & networks
- Telehealth



Thank you!



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Activity



https://padlet.com/juliestjohn78/uqzjz01bkb2t

How can we address disparities in our rural clients?

Share your ideas!



Discussion

ACCESS TO GOOD HEALTH CARF SHOULDN'T DEPEnd on Where

VICTORIA BECKHAM

http://www.44billionlater.com/good-health-insurance-quotes/

- Of the clients you serve, who is impacted the most by rural health disparities?
- What are the implications of health disparities in your clients & in your profession?
- Who has the responsibility to reduce disparities?
- Where & when do we start?
- How do we grow our resources?

Questions?









Resources

- <u>Post Webinar Survey</u>
- <u>CMS Tool</u>
- <u>IHI Tool</u>
- <u>CDC Rural Health Website</u>
- POLARIS Rural Health Website
- <u>National Organization of State Offices of Rural Health</u>
- <u>National Rural Health Day</u>: November 15, 2018





