

Addressing Cardiovascular  
Disease in Our Communities:  
Access to Care

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# Objectives

Provide an overview of the problem of a lack of access to health care

Discuss the impact of a lack of access to health care on health disparities in cardiovascular disease

Describe strategies for improving access to health care at various levels

# Disparities in Health

## Disparities in health:

Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.

Populations include racial and ethnic minority populations: African Americans, Asians, Pacific Islanders, Hispanics and Latinos, Native Americans, and Native Alaskans.

NIH working group definition

# Disparities in health

Many factors contribute to disparities in health:

Biological/genetic factors : as sickle cell anemia in African Americans or African Americans may have greater sodium responsive hypertension

Environmental factors: exposure to pollution, environmental hazards, stress

# Disparities in health care

A more pressing issue is the disparity that exist in the provision and access to health care.

Disparities in health care: differences in health care access, coverage, and quality of care, including differences in preventive, diagnostic, and treatment services.

# Disparities in health care

Health insurance is an important and essential aspect to increasing access to care

Increasing health insurance coverage will contribute to eliminating health disparities

However, it does not guarantee **meaningful access** to care

# Disparities in health care

Meaningful access to health care that is:

easily available

appropriate for the patient's presentation

unbiased care

professional assessment, diagnosis, and treatment

provided in a timely manner

ethical and confidential

sensitive to a patient's social characteristics and

linguistic needs

geographically accessible

allows for patient choice

# Disparities in health care

Barriers to meaningful access are:

Language

Low health literacy/computer literacy

Patient education about health and health risk

Cultural beliefs that dictate health practices

Lack of culturally competent care

Lack of patient satisfaction

Lack of appropriate screening

Lack of appropriate follow-up care

Lack of appropriate treatment or referral

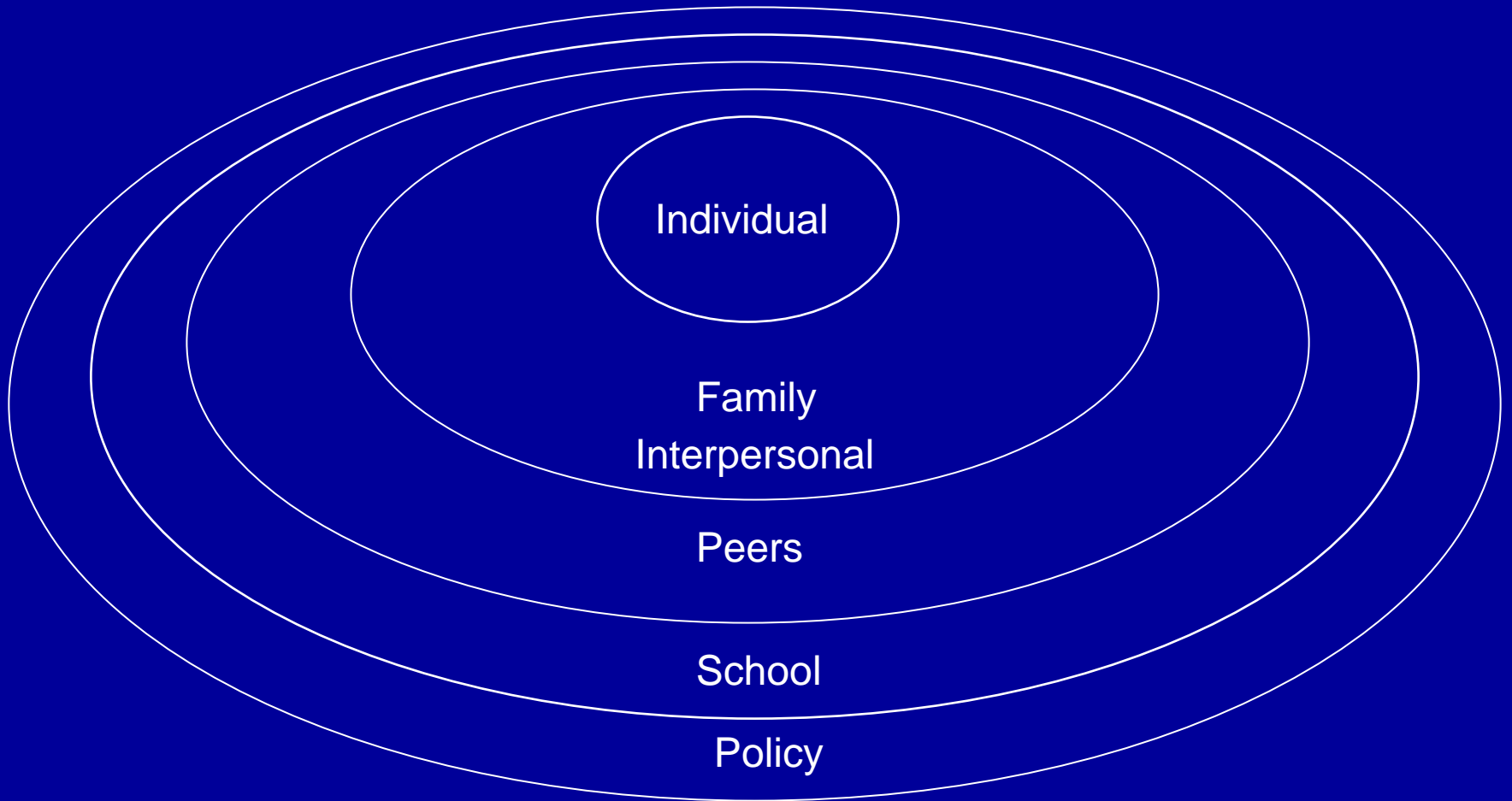
Lack of health insurance

# Disparities in Health Care

Socioecological model is a theoretical framework for evaluating the multiple barriers that challenge meaningful access to health care.

This model looks beyond the individual and looks at those social and environmental factors that contribute to health disparities: intrapersonal, interpersonal, community, institutional, policy

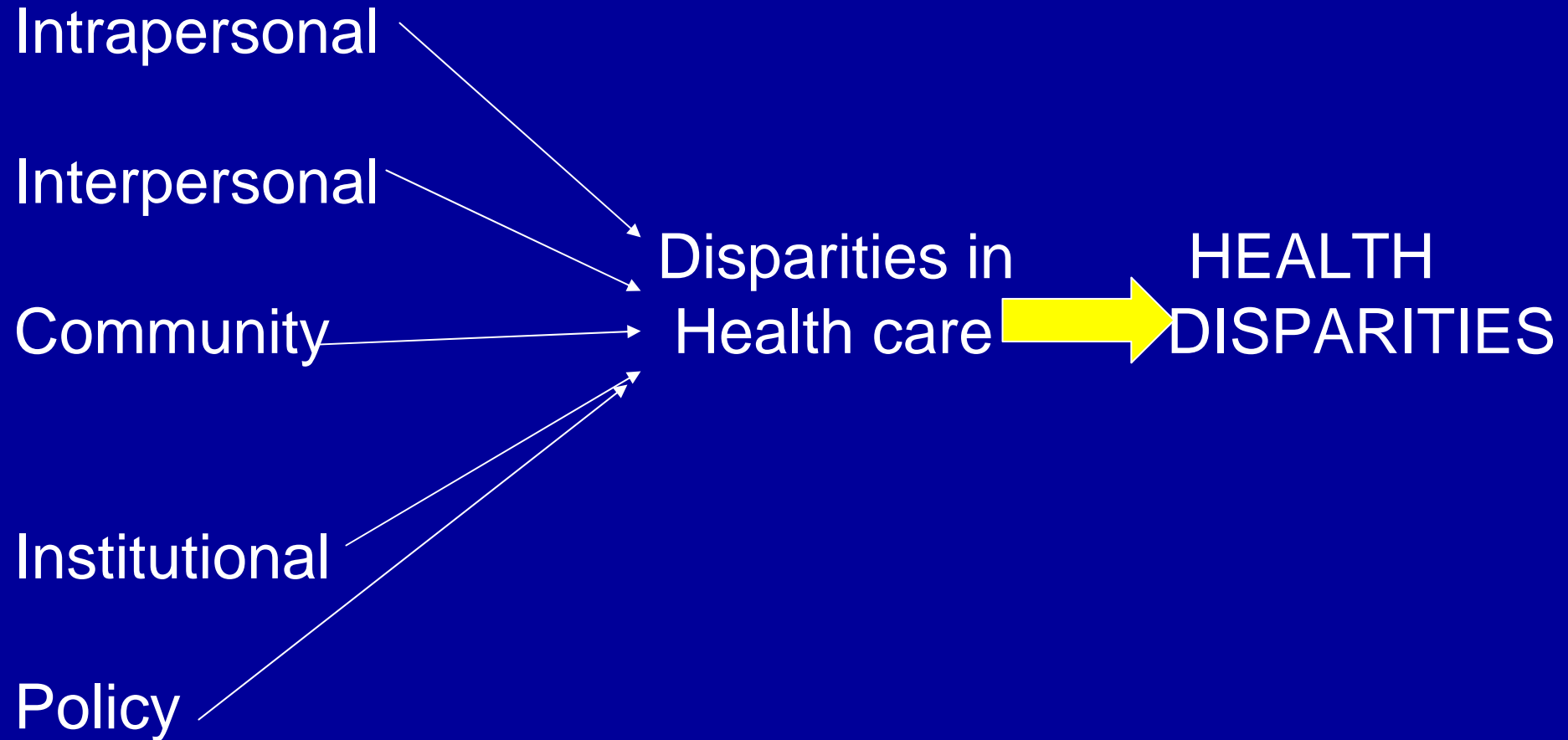
# Socio-Ecological Model



# Disparities in Health Care

Socioecological	Barriers to meaningful access
Intrapersonal (Individual ,self)	Language, health literacy ,education about health and personal health risk
Interpersonal social network	Drives cultural values, attitudes, and beliefs that dictate health practices
Institutional Hospital, clinics	Culturally incompetence, dissatisfaction lack of screening, treatment or referral
Community Schools, parks	Health facilities, exercise facilities, food vendors, school, environment
Policy	No health insurance, funding for health education, community health centers

# Disparities in Health Care



# Disparities in health care

Disparities in health care contributes to disparities in cardiovascular disease

African Americans and Latinos have more risk factors for cardiovascular disease

African American, especially women have worst outcomes after a heart attack

Studies have documented disparity in diagnosis, treatment, and referral for cardiovascular disease

# What is Cardiovascular Disease (CVD)?

Conditions affecting the heart vessels leaving or entering the heart:

Heart failure

Hypertension

Endocarditis (infection of the heart)

Stroke (affect blood vessels that supplies the brain)

**Heart disease and stroke**

# What Causes CVD?

## **Risk factors – can't prevent**

Genetics- predisposition

Age

Gender

## **Preventable risk factor**

Overweight and obesity

Smoking

Physical inactivity

Diabetes

High blood pressure

High blood cholesterol

# Access and health disparities in CVD

Risk factors	Lack of adequate access
Obesity	No preventive care, no education
Hypertension	Inadequate medication, adherence to medication or diet
Physical inactivity	Lack of safe environment for exercise, lack of fitness facilities, lack of physical education in schools
Diabetes	Inadequate medication, adherence to medication or diet
Cholesterol	Inadequate medication, adherence to medication or diet

# Disparities in health care

Mrs. A is a 56 year old woman who has a history of diabetes, hypertension, and elevated cholesterol. She is married, lives with her husband, and two children. She is self-employed as a seamstress.

Mrs. A. does not have health insurance and usually pays out of pocket for her medical visits and her medications. In order to save money, she takes half of the medications that she is prescribed and only takes blood pressure medications when she feels “sick”.

# Disparities in health care

How many nonelderly Americans lack health insurance?

Can someone be employed and uninsured?

If you are self-employed can you still be uninsured?

# Disparities in Health Care

46.1 million nonelderly Americans lack health insurance

81% of the uninsured are working families

69% are in households with at least one full-time worker

Low-wage workers are at the greatest risk of being uninsured, as are those employed in small businesses, service industries, and blue-collar jobs

Source: Kaiser Commission on Medicaid and the Uninsured

# Disparities in health care

Reasons for uninsured

Rising health care premiums

Fewer employers may offer health benefits

Enrollment hurdles may leave many who are eligible for Medicaid uninsured

Like Mrs. A, many of the uninsured are employed

# Disparities in health care

When Mrs. A runs out of her medications and if she is unable to afford to pay for her medical visits, she goes to the emergency room for care.

However, most of the time she stays without her medication because she fears paying high medical bills from the emergency room visit.

# Disparities in health care

Over 40% of uninsured adults have no regular source of health care

Compared the insured, adults who are uninsured:

Are more likely to delay receiving care

Less likely to fill prescriptions

More likely to have problems paying bills

More likely to have been called by collection agency

Source: Kaiser Commission on Medicaid and the Uninsured

# Disparities in health care

One afternoon at home, Mrs. A had a sudden onset of dizziness, nausea, and sweating. She called her neighbor to come over with Mylanta. Her neighbor told her to go the emergency room however, Mrs. A refused because she thought it was just gas and besides she did not want to incur a large medical bill.

# Disparities in health care

In spite of Mrs. A's refusal, her neighbor called 911, she was taken to the hospital and diagnosed with a myocardial infarction.

Mrs. A. was admitted for coronary artery angioplasty and was discharged from the hospital on her old medications. In addition she was prescribed new medications for her blood pressure and medication for her cholesterol. She was also told to follow-up with a regular doctor.

# Disparities in health care

What are barriers to access to meaningful health care for Mrs. A?

# Disparities in health care

Lack of health insurance results

Increased in preventable conditions

Decreased screening as preventative measure

Delays results in serious consequences and deaths

Lack of health insurance is estimated to contribute to  
15,000 to 18,000 deaths

Source: Kaiser Commission on Medicaid and the Uninsured

# Disparities in health care

A Commonwealth fund survey found that African-Americans and Latino Americans are more likely to be uninsured:

Compared to 20% of whites,

About 30% of African Americans ages 18-64 reported being uninsured

Nearly 50% of Latinos reported that they were uninsured

# Disparities in health care

The same survey found:

28% of African-Americans had no regular doctor compared to 9% Whites

43% of Latinos did not have regular source of health care

Those without regular source of care were:

Less confidence in health care, poorer doctor patient communication, greater dissatisfaction with care

# Disparities in health care

New York City DOHMH surveys

		No regular source of care	used ED for care
NYC	18%	24%	8%
Northwest Brooklyn	21%	24%	6%
Central Brooklyn	21%	29%	13%
East NY	21%	31%	14%
Flatbush	21%	20%	11%
Bushwick/Williamsburg	27%	32%	14%

# Disparities in access to health information

Language barriers-

18% of US residents speak a language other than English

8% have limited English proficiency

Less than half who need interpreters have access to one

Only 23% of US teaching hospitals provide training in interpreter services

Flores, G. NEJM 355;3

# Disparities in access to health information

Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health

Health literacy includes ability to read, comprehend, and analyze information; decode instructions, charts, and diagrams; weigh risks and benefits.

# Disparities in access to health information

Nearly half of all American adults--90 million people--have difficulty understanding and using health information.

Racial and ethnic minorities are more likely to have difficulty with health literacy.

Two-thirds of adults older than 60 have marginal health literacy

# Disparities in access to health information

Poor health literacy is associated with:  
higher rates of chronic illnesses

lower rates of preventive health

higher rates of hospitalization

higher rates of emergency services utilization

Institute of Medicine titled *Health Literacy: A Prescription to End Confusion*

# Disparities in access to health information

Computer literacy-the ability to effectively navigate health information using electronic technology

The term *Digital Divide* has been used to describe decreased access to information technologies, particularly the Internet, for racial and ethnic minorities, and those with low income

# Disparities in access to health information

While African-American and Latino households may have access to computer however they may not have internet access, ability to utilize electronic information to manage their health care or that of their family members.

# Health Disparities

More than health insurance

Lack of access is systemic and broad

Disproportionately impacts African Americans and Latinos

Contributes to health disparities

Strategies require multilevel interventions

# Disparities in health care

## Intrapersonal

Know what you may be eligible for  
Improve knowledge and education

## Interpersonal

Get family involved  
Know family history and risk

## Institutional

Improve translation services/cultural competence training

## Community

CBOs/ School health education/health literacy

## Policy

Health policy for health insurance funding  
Translation services  
Cultural and linguistic competence

# Health Disparities

Of all of the forms of inequality, injustice in health is the most shocking and the most inhumane

Dr. Martin Luther King, Jr.