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Identifying Health Disparities: Lessons From the Rio Grande Valley

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Part I: What Are We Talking About?

What is “health disparities”?



Definition

“Population-specific differences in the presence of disease, health outcomes, or access to health care.”

Health Resources and Services
Administration

The Road to Health Disparities

Contributing Factors

“Race”
Gender
Ethnicity
Labor roles and social class markers
Nationality, language, and legal status
Sexual orientation
Insurance
Disability status
Geography
Religion

Impact

Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

Differences in access to health care, including preventive and curative services

Differences in the quality of care received within the health care system



Part II: Why is this important?

What impact do health disparities have on health and wellbeing?



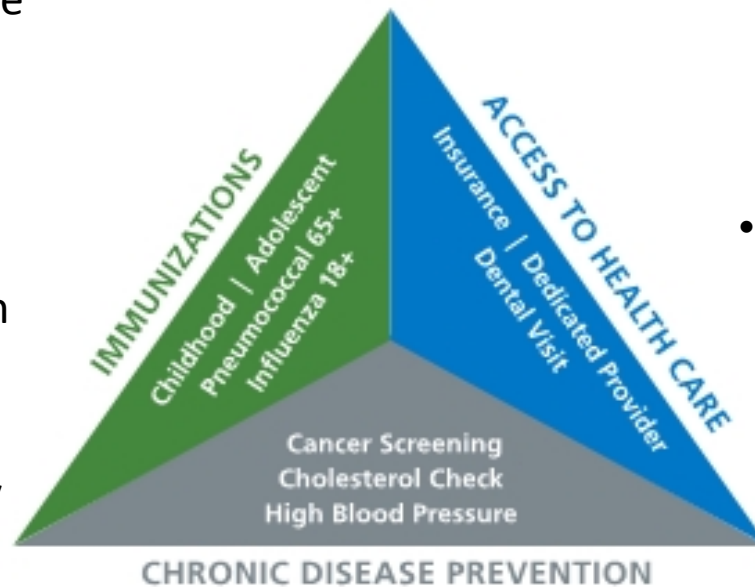
Coordinated Initiatives

Since 1985, the U.S. Department of Health and Human Services (DHHS) has focused on reducing or eliminating racial/ethnic health disparities.

- Hispanic Agenda for Action
- Educational Excellence for Hispanic Americans
- Improving Access to Services for Persons with Limited English Proficiency
- Hispanic Employment in the Federal Government
- Initiative to Eliminate Racial and Ethnic Disparities in Health
- *Healthy People 2020*

<http://www.cdc.gov/omh/aboutus/executive.htm>.

- Access to healthcare is highly correlated with use of preventive services.
- Almost all prevention measures vary with ethnicity, SES, education and geography.
- Immunization levels vary widely across all categories.



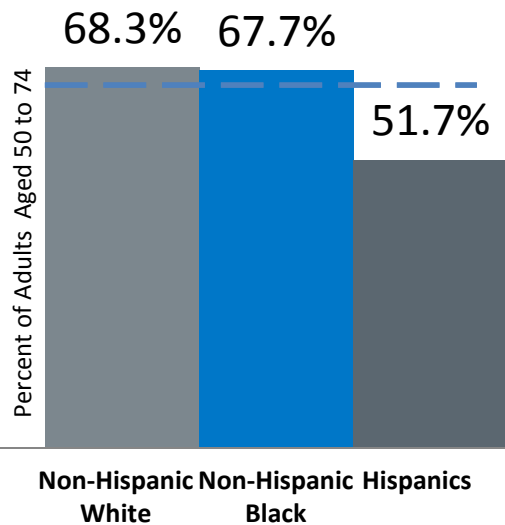
- Having a dedicated healthcare provider is highly correlated with colorectal cancer screening.
- A lower percentage of Hispanics report using preventive services than non-Hispanic whites & non-Hispanic blacks.

- Hispanic American high risk adults are 20% less likely than non-Hispanic white adults to have ever received the pneumococcal vaccine.
 - Hispanic children aged 19 to 35 months had comparable rates of immunization for hepatitis, influenza, MMR and polio.
 - Hispanic women are 40% less likely to receive an HPV vaccine, as compared to whites.
 - Hispanic adults were 20% less likely to have received the influenza (flu) shot in the past 12 months, compared to non-Hispanic whites.
 - Hispanic adults aged 65 and older were 30% less likely to have ever received the pneumonia shot, compared to non-Hispanic white adults of the same age group.

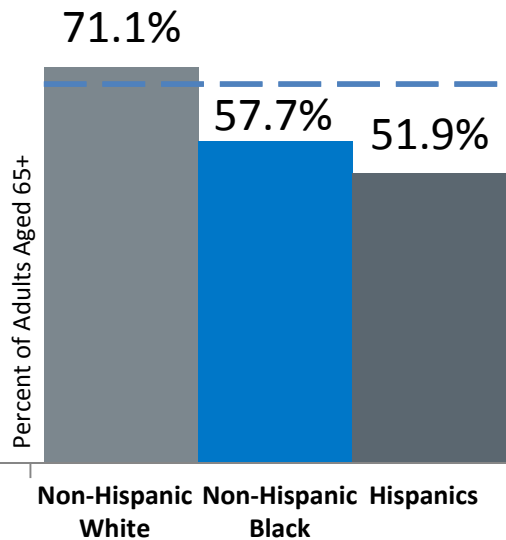
America's Health Rankings® Spotlight: Prevention, 2016

National Overview of Use of Clinical Services and Access to Care

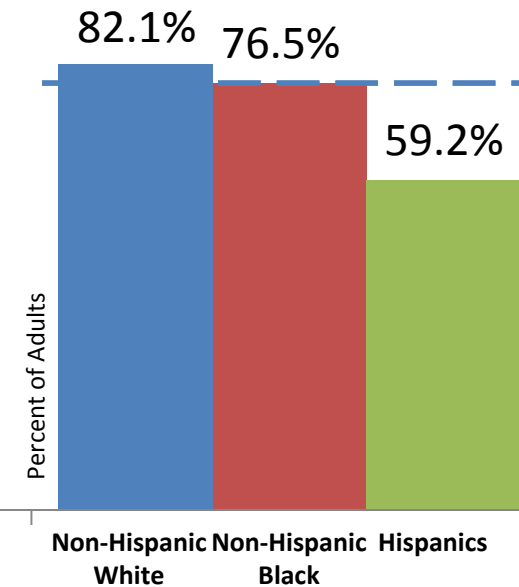
Percentage of Adults Aged 50 to 74 Who Received Recommended Colorectal Cancer Screening by Race/Ethnicity¹



Percentage of Adults 65 Years and Older Who Have Ever Received a Pneumococcal Vaccination By Race/Ethnicity¹



Percentage of Adults Who Have a Dedicated Health Care Provider by Race/Ethnicity¹

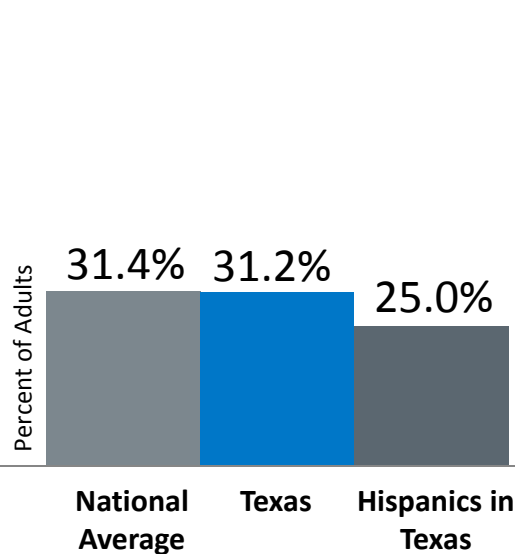


¹United States, 2014.

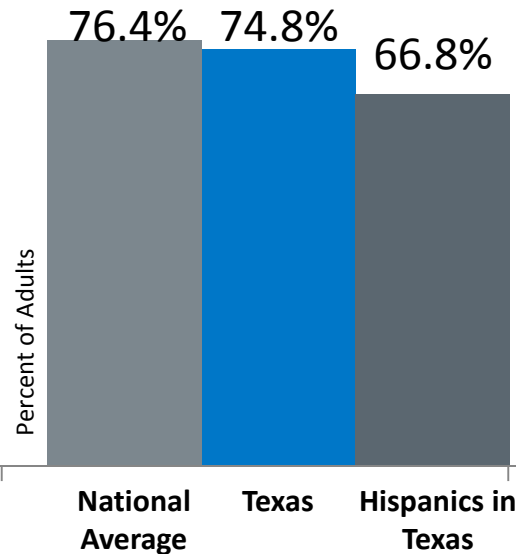
The dashed line in each graph indicates the national average for each measure.

Uneven Use of Clinical Services

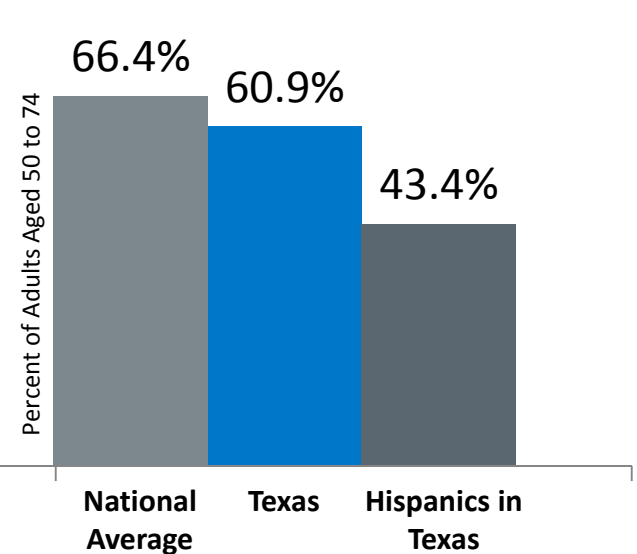
Percentage of Adults Aware They Have High Blood Pressure¹



Percentage of Adults Who Received a Cholesterol Check within the Past 5 Years¹



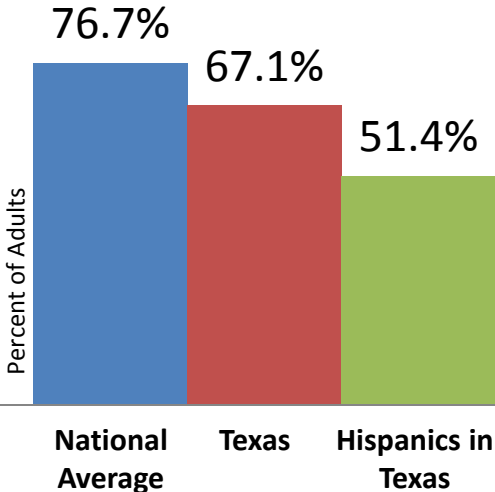
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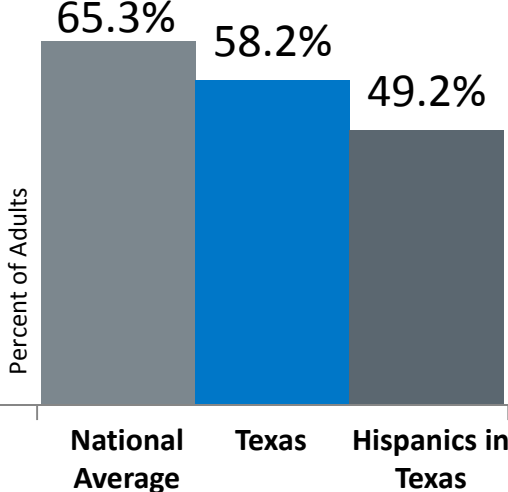
¹¹United States, 2014.

Access Key to Overall Prevention

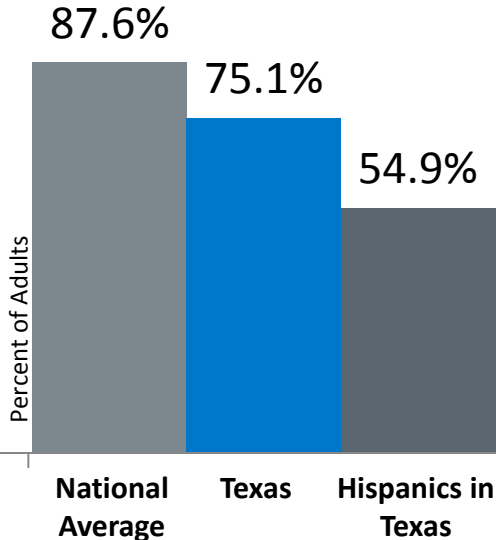
Percentage of Adults Who Have a Dedicated Health Care Provider¹



Percentage of Adults Who Have Had an Annual Dental Visit in the Past Year¹



Percentage of Adults with Some Type of Health Insurance¹



¹²United States, 2014.

Part III: Changing Perspectives on Health Disparities

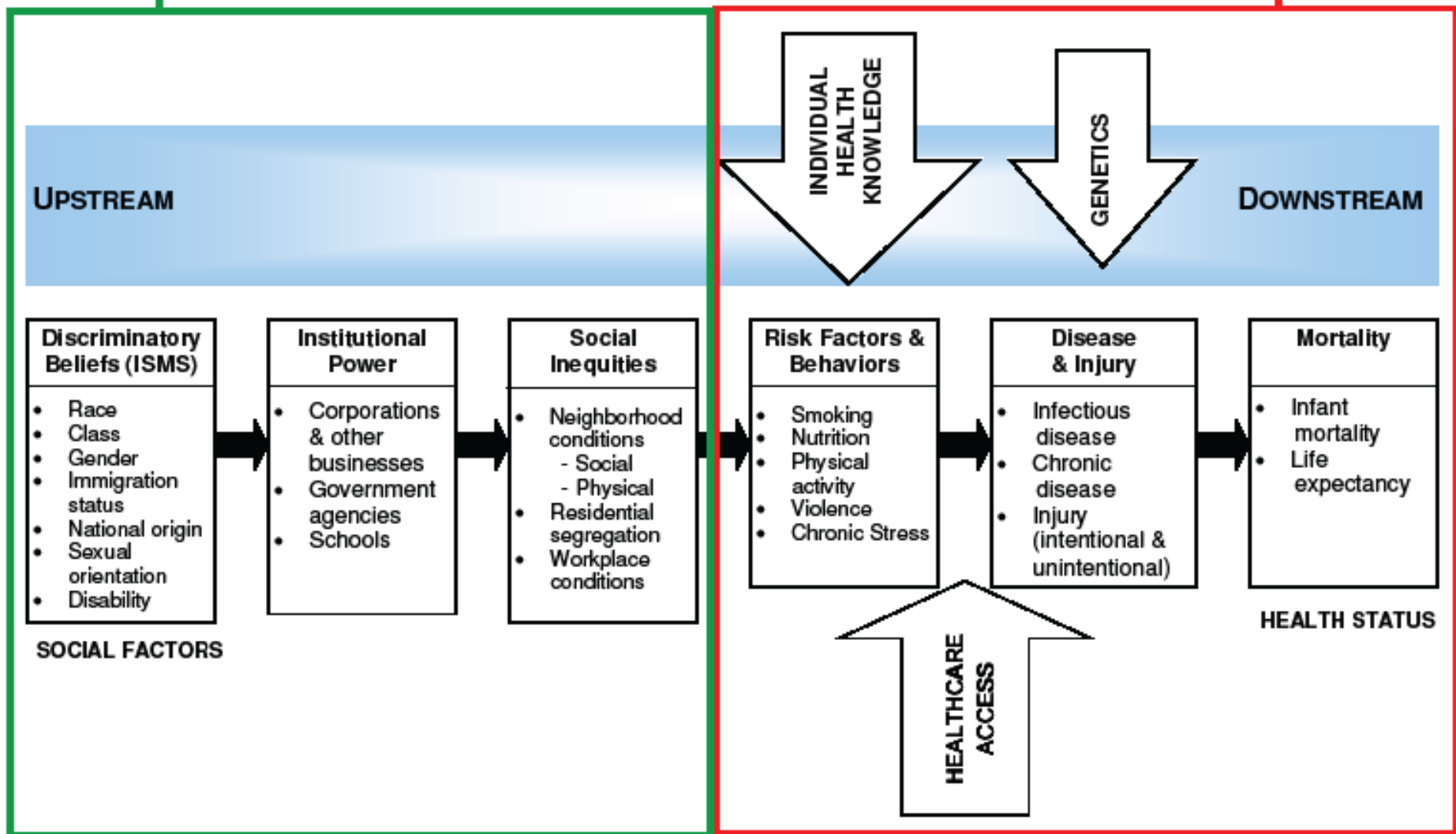
The Good, The Bad and The Ugly



A Framework for Health Quality

HEALTH

Healthcare



Part IV: Immediate Interventions and Considerations

The Case for Multi-Modal, Team-Based Care → Lessons Learned



JOHN AUSTIN PENA

Traditional Clinic Model



Nurse practitioners.
Nutrition.
Social Work.
Educational psychology.
Case management.
Occupational therapy.
Mental health.
Physician assistant.
Pharmacy.
Laboratory medicine.
Communication disorders.
Rehabilitation counseling.

Team Based Collaborative → Primary Care, Behavioral Health, and Addictions



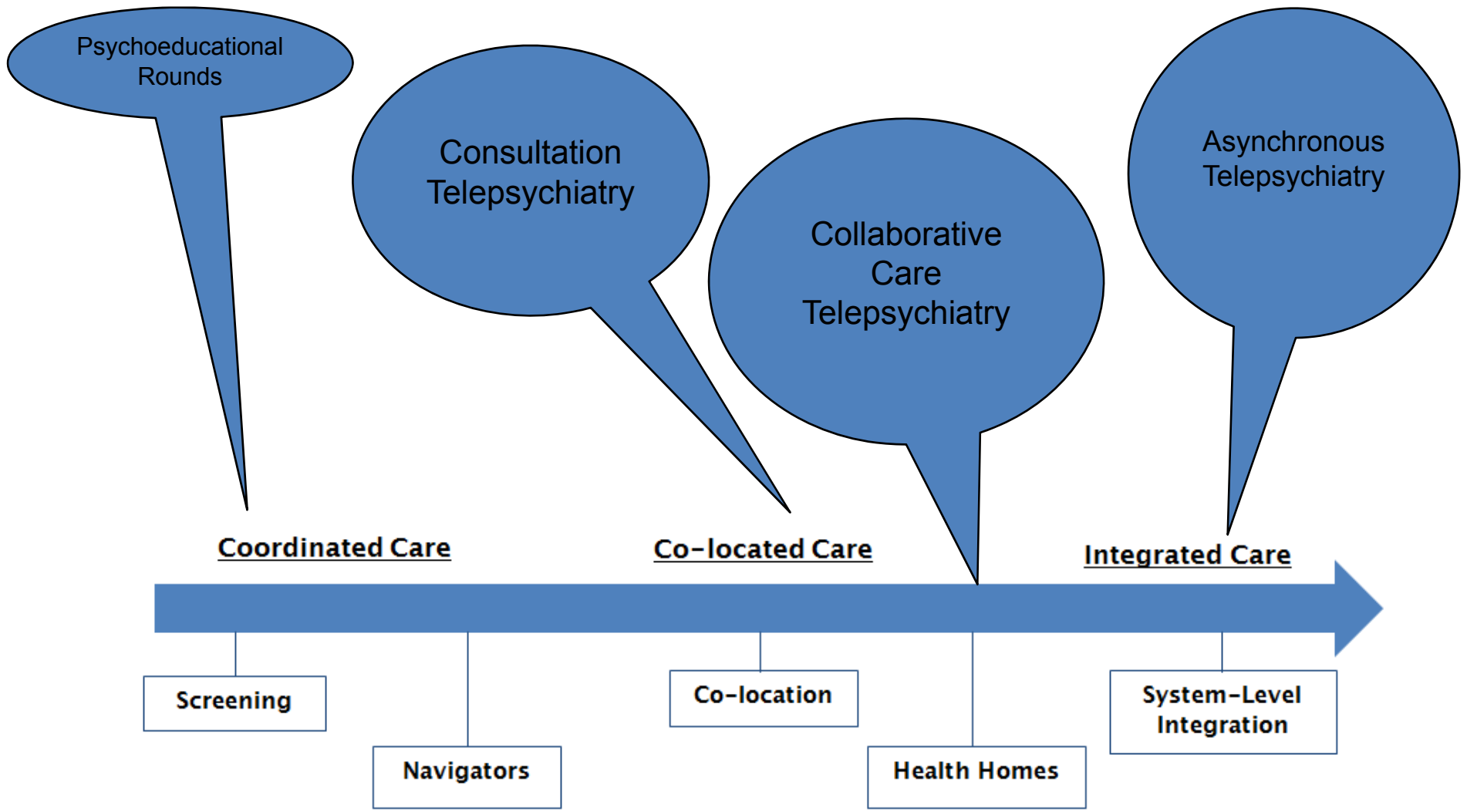
- Integrated Care.
- Focus → Triply diagnosed.
- Interprofessional Team-Based Care.
- Community- & Mission-Driven.
- Prevention Focus.
- Patient/Family-Centered Care.
- Telepsychiatry – Synchronous & *Asynchronous*.
- Community & Population Care.
- Mobile Technology.

Improved Access, Care → Improved Outcomes & Prevention



UniMovil

One Community, One Mission, One Solution



Kaiser Foundation Model of Continuum of Integrated Care

Part V: Then what about

The other tangibles ...





STITCH - Non-health Outcomes

- 1. GED**
- 2. BA with STC**
- 3. Added CHW certificates behavioral health & oral health**
- 4. Expand use of broadband for health literacy & prevention**



- Increase access to primary care services (STITCH, Pena Clinic, UniMovil, CRU).
- Partnerships with RGV communities to enhance planning, deliver health promotion, preventive, primary care & behavioral health services (VIDAS. Integrated Colonia Care).
- Inform/empower Latinos to be better healthcare consumers through production of accurate & culturally-linguistically appropriate information (TAMU, South Texas College, UTRGV B3I).
- Increase Latinos in the healthcare fields through a variety of educational programs (M2M, SUCCESS, GME).



Improving Access to Care in the Hispanic Community

I FOUND A PACK
OF CONDOMS
UNDER THE VERANDA..

WHAT'S
A VERANDA?

