



## **The American Journey to Health Equity**

Ilana S Mittman, PhD, MD

September 11, 2011

Baltimore, MD



1

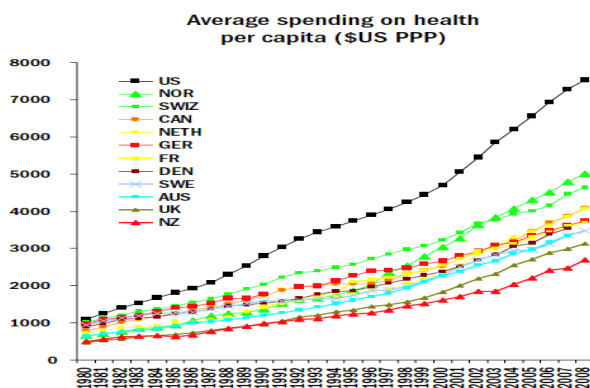
**“Of all the forms of inequality, injustice in health care is the most shocking and inhumane”--Martin Luther King, Jr.**

Excerpt from comments made in a Civil Rights protest against racially discriminatory practices of Chicago hospitals. March 1966, Chicago



2

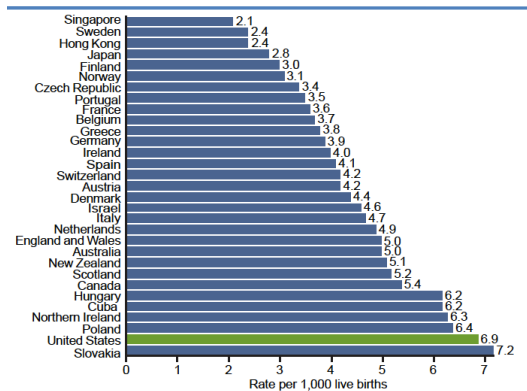
## The American Health Paradox - 1



The U.S. outspends all other nations on healthcare comprising 16% of its GDP in 2008

3

## The American Health Paradox - 2



In 2000 the U.S. ranked 39th for infant mortality, 43rd for adult female mortality, 42nd for adult male mortality, and 36th for life expectancy. (Source: Murray et al., 2010)



Between 2005-2008 health disparities contributed to 880,000 excess deaths, costing the nation about 50 billion dollars annually (Source: Joint Center for Political and Economic Studies, 2008)

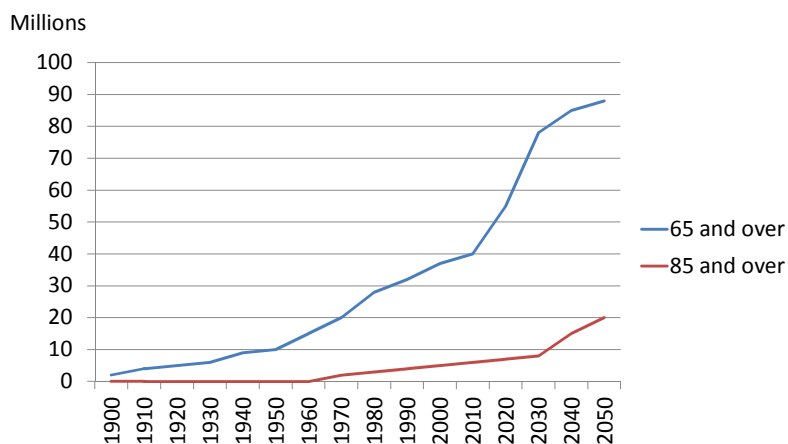
4

## Factors Affecting The Nation's Health Workforce

- Baby Boomers are slated to begin retiring in 2011
- The number of Americans over 65 is expected to soar from 37 million in 2006 to 88 million by 2050, (DHHS, Administration on Aging, 2008)
- Rapid developments in medical technology
- Higher utilization of services
- The Patient Protection and Affordability Act – 32 million more Americans with health insurance
- Minorities will become the majority of the school age population by 2020

5

## Number of people age 65 and over 1900-2050



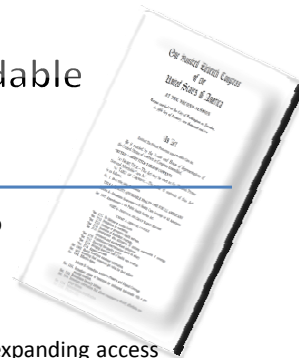
Source: U.S. Census Bureau, Decennial Census, Population Estimates and Projections

6

## The Patient Protection and Affordable Care Act

**Commits \$940 billion over 10 years to expand coverage to nearly 32 million uninsured Americans including:**

1. Mandatory acquisition of health insurance by 2014
2. Creation of a new insurance marketplace, resulting in expanding access to coverage and formation of state-based exchanges
3. Sweeping insurance market reforms:
  - New regulations imposed on health plans, preventing insurers from denying coverage for *any* reason
4. Fundamental changes to Medicare, expansion of the Medicaid program, and reform of Part D
5. Health IT, prevention and wellness initiatives across the health care system



7

## Who Will Provide Care? Projected Critical Shortage of Health Professionals



By 2025 the U.S. will need additional

160,000



250,000



Public Health

1,000,000



8

## Health Disparities

---

- Higher morbidity and mortality for minorities has been recognized for decades
- Healthy People 2000 was the first national initiative to target the reduction and eventual elimination of health disparities with its three overarching goals:
  - (1) Increase the span of healthy life
  - (2) Reduce health disparities, and
  - (3) Improve access to preventive services

9

10

11

## Leading Health Disparities

---

1. Cancer
2. Diabetes
3. End stage renal disease
4. Cardiovascular disease
5. HIV/AIDS
6. Mental Health
7. Substance abuse
8. Respiratory disease



AHRQ: National Health Care Disparities Report, 2009

12

## Unconscious Bias in Diagnosis and Treatment

Studies show that even when controlling for insurance and source of care, ethnic and racial minorities...

- Are undertreated for acute cardiac symptoms, as they receive less:
  - Catheterization
  - Angioplasty
  - Bypass surgery
  - Beta blockers
  - Implantable cardioverter-defibrillators (ICD)
- Are less likely to receive pain medications when presenting to emergency rooms
- Are more likely to get lower limb amputations as a result of diabetes than limb saving procedures

*(Source: Augustus White, 2011)*

*\*Diagnosis and treatment disparities seem to be highest when physicians engage in "high discretion"*

13

## Trends in Health Disparities

- For low income groups, disparities are improving for almost half of the quality measures
- For American Indians/Alaskan Natives, approximately 40% of disparities in care improved
- For Blacks, Asians and Hispanics at least two-thirds of measures of quality of care are not improving
- For Blacks, only about 20% of measures of disparities in quality of care improved

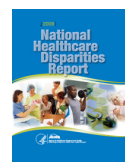
14

## Highlights from the National Healthcare Qualities and Disparities Report, 2010

- Health care quality and access are *suboptimal*, especially for minorities and low income groups
- Quality of care is improving for most Americans, but access to care is not
- The narrowing of health disparities is minimal

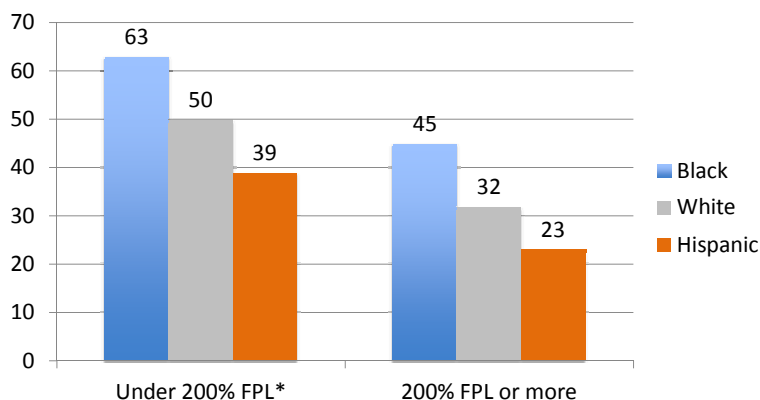
### **Urgent attention is needed for:**

1. Disparities in preventive services and access to care
2. Residents of inner cities and rural areas
3. Nutritional counseling and obesity
4. Diabetes management
5. Cancer screening



15

Even at higher incomes, blacks are more likely to suffer from a chronic condition or disability than whites and Hispanics



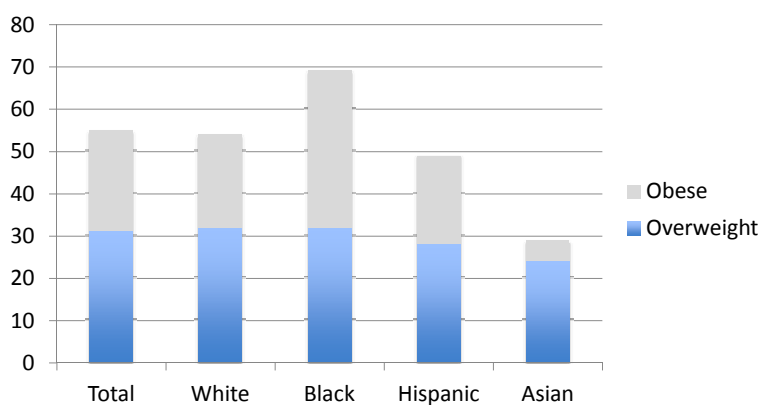
\* FPL = Federal Poverty Level

Source: The Commonwealth Fund. Biennial Health Insurance Survey, 2005

16



Seven of 10 blacks are significantly overweight or obese



Source: The Commonwealth Fund. Health Care Quality Survey. 2006

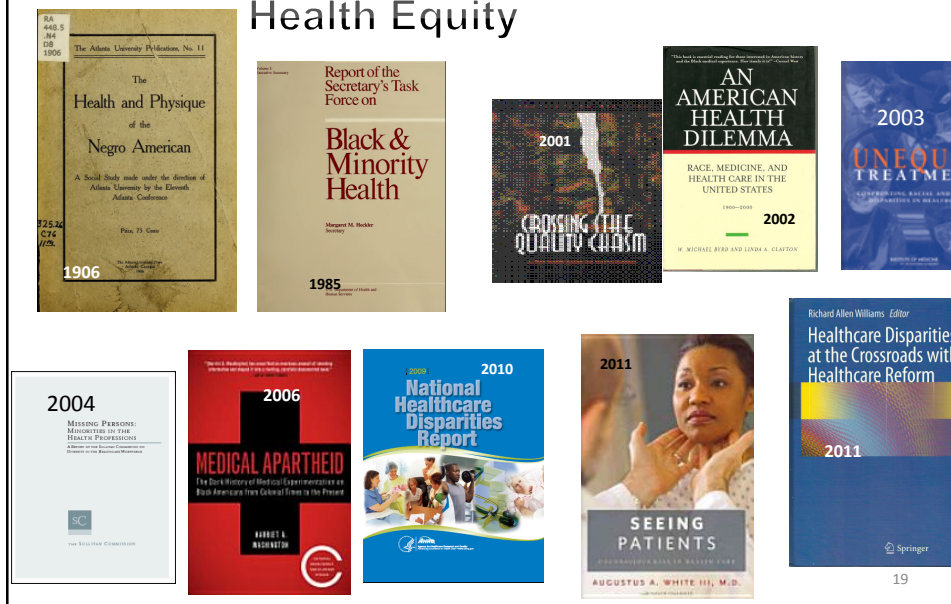
17

## The Case for Workforce Diversity

- Increased access to care
- Increased quality of care
- Provide a more linguistically and culturally competent workforce
- Increased creativity and problem-solving

18

## The Journey to Achieving Health Equity



## The Journey: History and Politics I

- **1906**
  - DuBois documents poor health in African Americans and attributes disparities to social inequities rather than inherent racial traits (“The Health and Physique of the Negro American”)
- **1915**
  - National Negro Health Movement established
  - Booker T Washington launches “National Negro Health Week” (evolved into Minority Health Month)
- **1932**
  - The Office of Negro Health Work established within the USPHS
- **1955**
  - Establishment of the Indian Health Service

## The Journey: History and Politics II

---

- 1964
  - Passage of the Civil Rights Act, leading to hospital desegregation for patients and medical students
- 1965
  - Passage of Medicare and Medicaid
  - Voting Rights Bill enacted
- 1975
  - The Morehouse School of Medicine established
- 1983
  - Blacks in the Health Professions in the 80's: a Natural Crisis and a Time for Action. A report from the Association of Minority Health Professions schools
- 1985
  - The Heckler report on Black and Minority Health. The report identifies 60,000 excess deaths annually in minorities. The committee was chaired by Thomas Malone, Deputy Director, NIH
- 1985
  - Secretary Heckler establishes the Office of Minority Health
- 1986
  - Asian Pacific Islander Health Forum established
- 1989
  - Louis W. Sullivan, MD appointed Secretary, U.S. Department of Health and Human Services

21

## The Journey: History and Politics III

---

- 1990
  - Secretary Sullivan established the Office of Research on Minority Health at NIH
  - The American Medical Association's Council on Ethics and Judicial Affairs releases a report titled "Black-White Disparities in Health Care"
  - Antonia Novello, MD, appointed first minority and first woman Surgeon General
- 1993
  - U.S. Surgeon General's Hispanic/Latino Health Initiative
- 1991
  - The AAMC launches Project 3000 by 2000
- 1999
  - The New England Journal of Medicine publishes Kevin A Schulman's study showing that African American women presenting with chest pain were less likely to be referred for cardiac catheterization, suggesting sub-conscious bias. The study received wide spread media coverage

22

## The Journey: History and Politics IV

- 2000
  - President Clinton signs the Minority Health and Health Disparities Research Education Act, elevating the NIH Office of Minority Health to the Center for Research in Minority Health and Health Disparities
- 2003
  - The IOM report on health disparities, “Unequal Treatment”, is released
    - Health and healthcare disparities persist even when controlling for insurance type, source of care and severity of disease
    - “Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.”
- 2004
  - Release of the report of the Sullivan Commission “Missing People: Minorities in the Health Professions” and the IOM report, “In the Nation’s Compelling Interest”
    - “The fact that the nation’s health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans.” (The Sullivan Commission report)
- 2010
  - The Passage of the Patient Protection and Affordability Act
- 2010
  - Elevation of the Center for Minority Health and Health Disparities to the Institute for Minority Health and Health Disparities at NIH

23

## Ten Greatest Public Health Achievements United States, 1900-1999

1. Vaccination
  2. Motor-vehicle safety
  3. Safer workplaces
  4. Control of infectious diseases
  5. Decline in deaths from coronary heart disease and stroke
  6. Safer and healthier foods
  7. Healthier mothers and babies
  8. Family planning
  9. Fluoridation of drinking water
  10. Recognition of tobacco use as a health hazard
- African Americans/blacks represented: – 51% of all HIV/AIDS cases diagnosed in 2007 – 70% of the total number of reported cases of gonorrhea in 2007 – 28% of the total number of tuberculosis cases in 2007
  - African Americans have the highest rate of high blood pressure in the United States and this rate is increasing. African American men, are 30 percent more likely to die from it than white men.
  - African Americans are more likely to live in urban dwellings with limited access to fresh produce and healthy foods (“food deserts”)
  - African Americans have 2.4 times the infant mortality rate as non-Hispanic whites. They are four times as likely to die as infants due to complications related to low birth weight as compared to non-Hispanic white infants.
  - African Americans experience severe oral health disparities (the Diamante Driver Case)
  - African Americans are more likely to smoke than non-Hispanic whites and Each year, approximately 45,000 African Americans die from a preventable smoking-related disease

Source: CDC MMWR, April 2, 1999 48(12):241-243

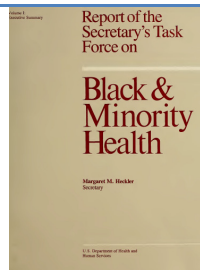


24

## Missing Persons: Minorities in the Health Professions

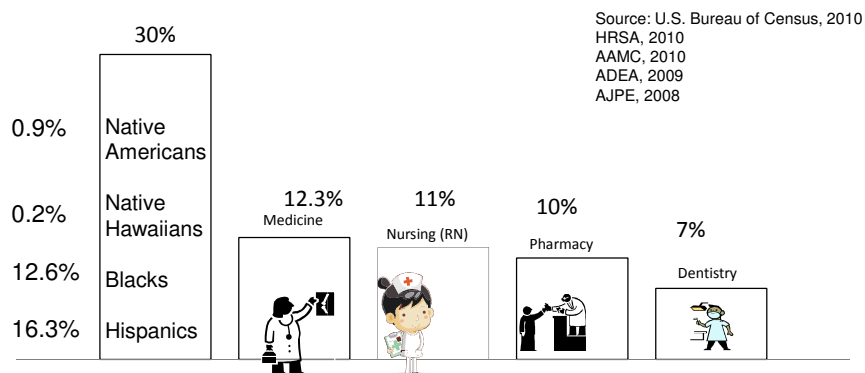
"The proportion of Blacks among health professionals is relatively low and not likely to change appreciably in the near future. In virtually none of the States surveyed for this report do the number of Black graduates of medical, dental, or pharmacy schools even approach the proportions of Blacks in the population." -- 1985

"The fact that the nation's health professions have not kept pace with changing demographics may be an even greater cause of disparities in health access and outcomes than the persistent lack of health insurance for tens of millions of Americans."



25

## Racial and Ethnic Minorities (URMs\*) are Vastly Underrepresented in the U.S. Health Professions



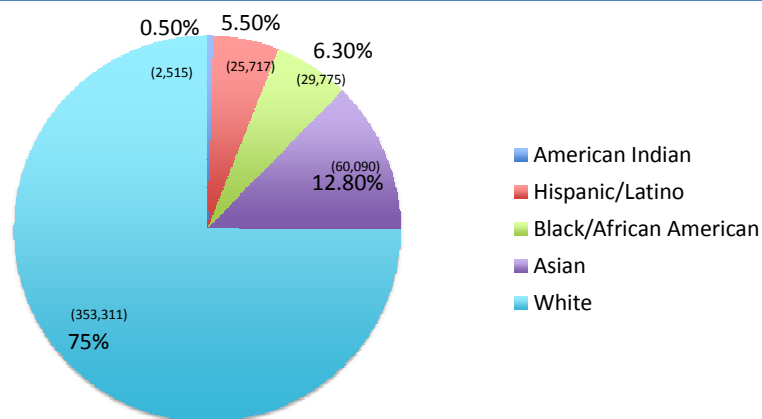
URMs in the General Population

URMs in the Health Professions

URMs are persons underrepresented in the health professions relative to their distribution in the general population

26

## U.S. M.D. Physicians by Race and Ethnicity, 2008



Source: Diversity in the Physicians Workforce, 2010, AAMC

27

## "Medical Education of the Negro"

Abraham Flexner in *Medical Education in the United States And Canada, A Report to the Carnegie Foundation For the Advancement of Teaching. Bulletin # 4, 1910*



### Physicians

"The practice of the negro shall be limited to his own race... Their duty calls them away from large cities to the village and the plantation."

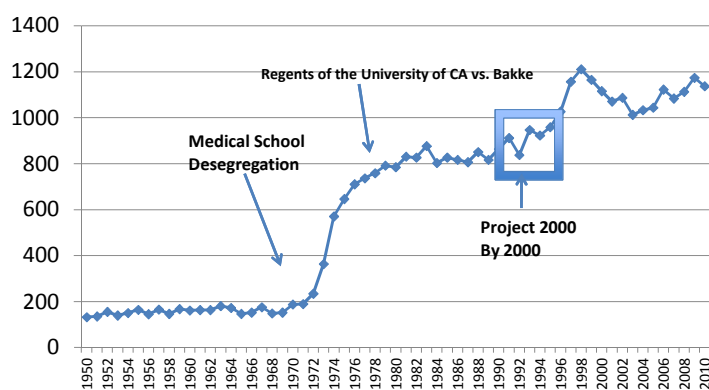
### Medical Schools

"The negro needs good schools rather than many schools... schools to which the more promising of the race can be sent to receive substantial education, in which hygiene rather than surgery... is strongly accentuated."

"Of the seven medical schools for negroes in the United States five are at this moment in no position to make a contribution. Meharry at Nashville and Howard In Washington are worth developing."

28

## African Americans Graduating from U.S. Medical Schools, 1950-2010



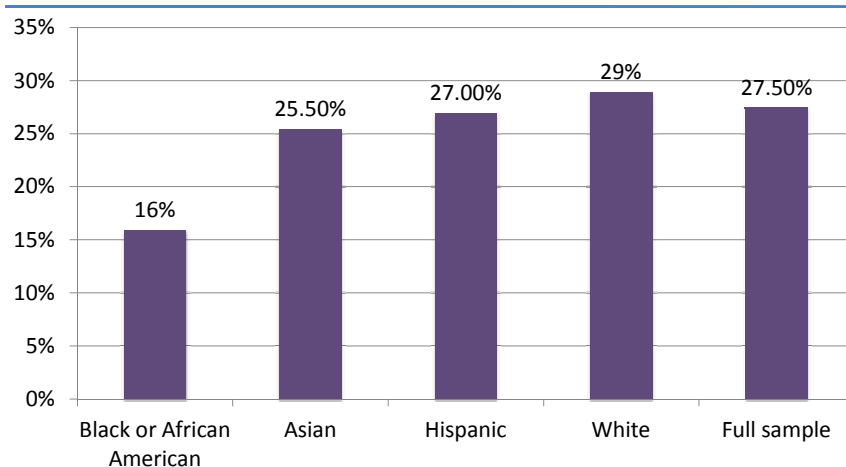
Sources: Minority Graduates of U.S. Medical Schools: Trends, 1950-1998/Diversity in Medical Education Facts and Figures, 2008 29

### Principal Investigators on NIH Research Grants, by Race/Ethnicity

Fiscal Year	White	African Americans	Hispanic	Other
2000	86.2%	1.3%	2.9%	11.4%
2001	85.7%	1.3%	2.9%	12.1%
2002	85.2%	1.5%	3.1%	12.4%
2003	84.4%	1.6%	3.3%	13.2%
2004	83.5%	1.7%	3.3%	14.1%
2005	82.8%	1.7%	3.5%	14.8%
2006	82.1%	1.8%	3.5%	15.4%
2007	81.4%	1.7%	3.5%	16.3%
2008	80.8%	1.7%	3.5%	17.0%

Source: Raynard Kington, Former Acting Director, NIH, March 12, 2009

### Probability of NIH Awards by Race and Ethnicity, 2000-2006 (n=83,188)



Source: Ginther DK et al., *Science* 333, 1015 (2011)

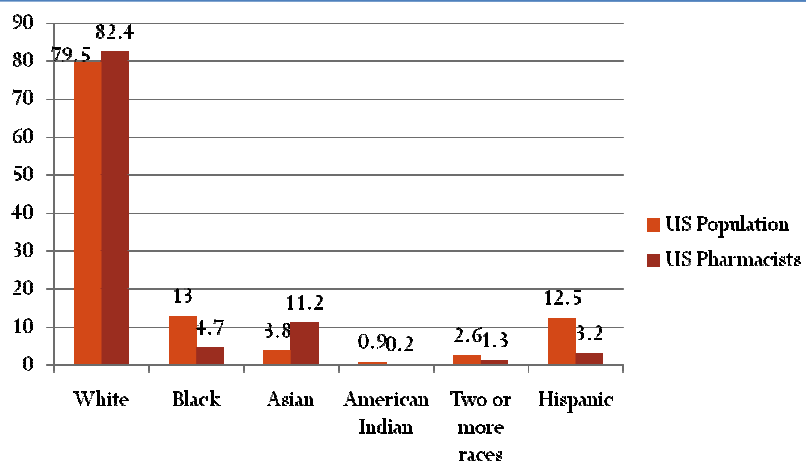
32



## Minorities in Pharmacy

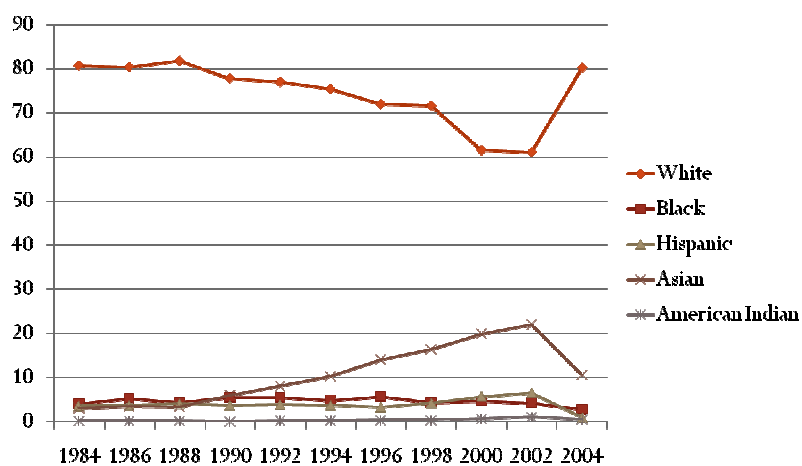


Pharmacist Race Distribution: 2000



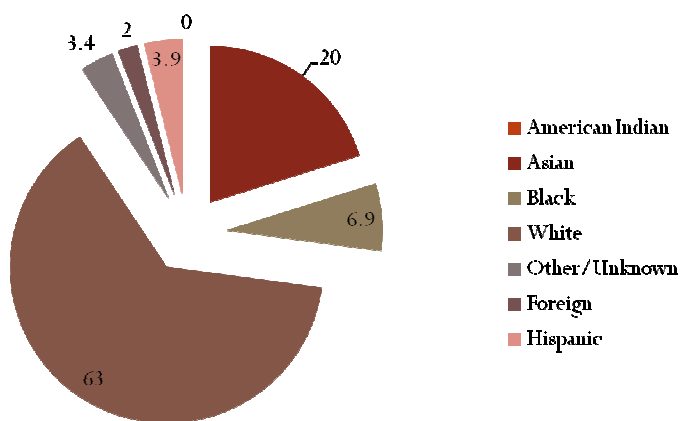
Source: *The Adequacy of Pharmacist Supply: 2004 to 2030*. (HRSA)

**Percent of Baccalaureate (B.S. Pharmacy, B.Pharm.) Recipients 1984-2004 by Race/Ethnicity**

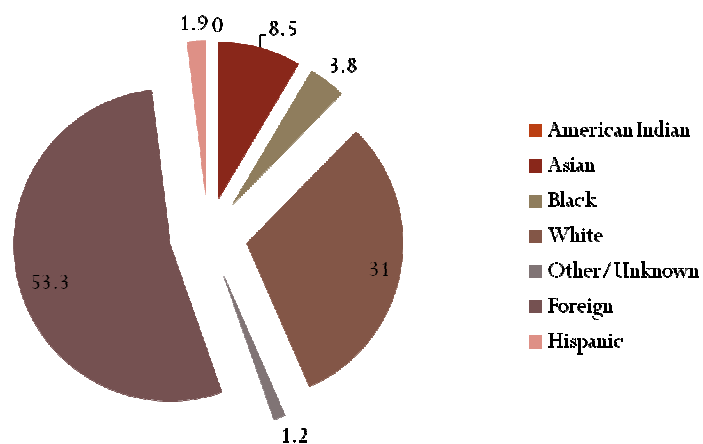


Source: AACP: Profile of Pharmacy Students, Fall 2004

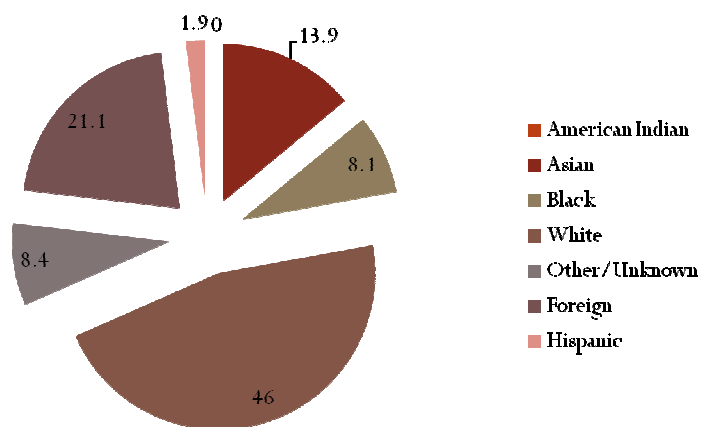
**Pharm.D. by Race and Ethnicity, 2006-2007**



Source: 2007-08 Profile of Pharmacy Students, AACP

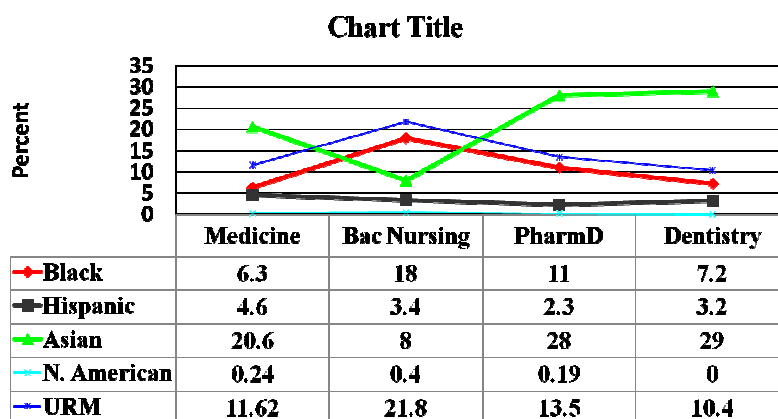
**PhD in Pharmacy by Race and Ethnicity, 2006-2007**

Source: 2007-08 Profile of Pharmacy Students, AACP

**Masters of Science in Pharmacology by Race and Ethnicity, 2006-2007**

Source: 2007-08 Profile of Pharmacy Students, AACP

**Graduation from Health Professional Schools by Race and Ethnicity,  
and Degree Type  
Maryland Schools**



Source: AAMC

## The Case for Workforce Diversity

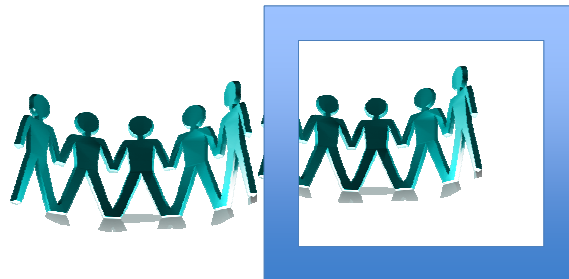
- Increased access to care
- Increased quality of care
- Provide a more linguistically and culturally competent workforce
- Increased creativity and problem-solving

## By 2020 Minorities Will Comprise 40% of the College Population

---



Minorities already compose 41% of persons under 18 in the U.S.



41

## The Sullivan Commission Report

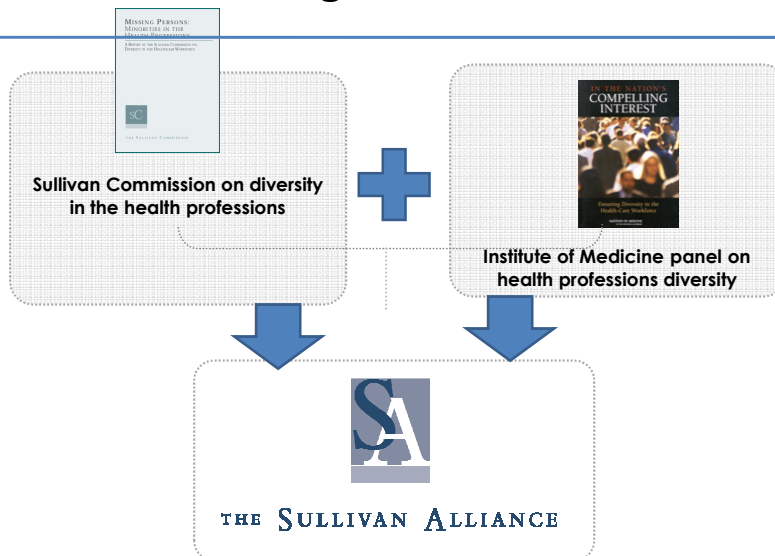
---

### Missing Persons: Minorities in the Health Professions

The Sullivan Commission put forth **37 recommendations** based upon 3 overarching principles:

1. **Culture** of health professions' schools must change in order to increase diversity in the health professions;
2. **New and nontraditional paths** to the health professions should be explored;
3. **Commitments** must be at the highest levels of our government and in the private sector.

## Transforming Health Professions



## The Mission of the Sullivan Alliance

The Sullivan Alliance is committed to increasing diversity in the health professions in order to help reduce racial and ethnic health disparities:

- Providing national leadership
- Increasing awareness
- Spurring action

## **Why State Alliances?**

---

- Lack of federal focus or commitment
- States directly involved in addressing the:
  - Health access needs of citizens
  - Education gaps
- Commitment within the academic community to identifying and nurturing students, faculty and administrators of diverse backgrounds
- Formalizing the relationships inter- and intra-campus results in real change...a direct increase in the number of qualified students committing to graduate studies within the health professions
- More efficient use of resources – sharing resources

## **What Is a State Alliance?**

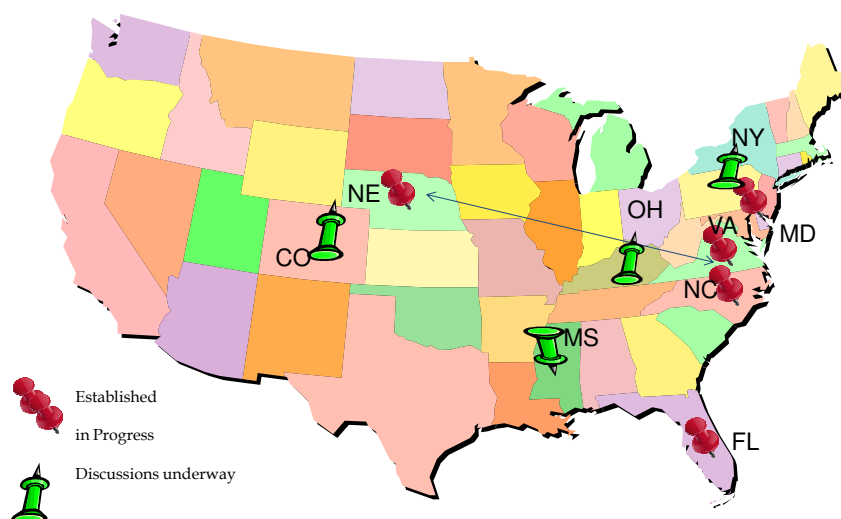
---

- Formal collaboration between higher education institutions, MSIs and majority schools, dedicated to developing a more robust, diversified healthcare workforce pipeline for their state, and therefore, the nation

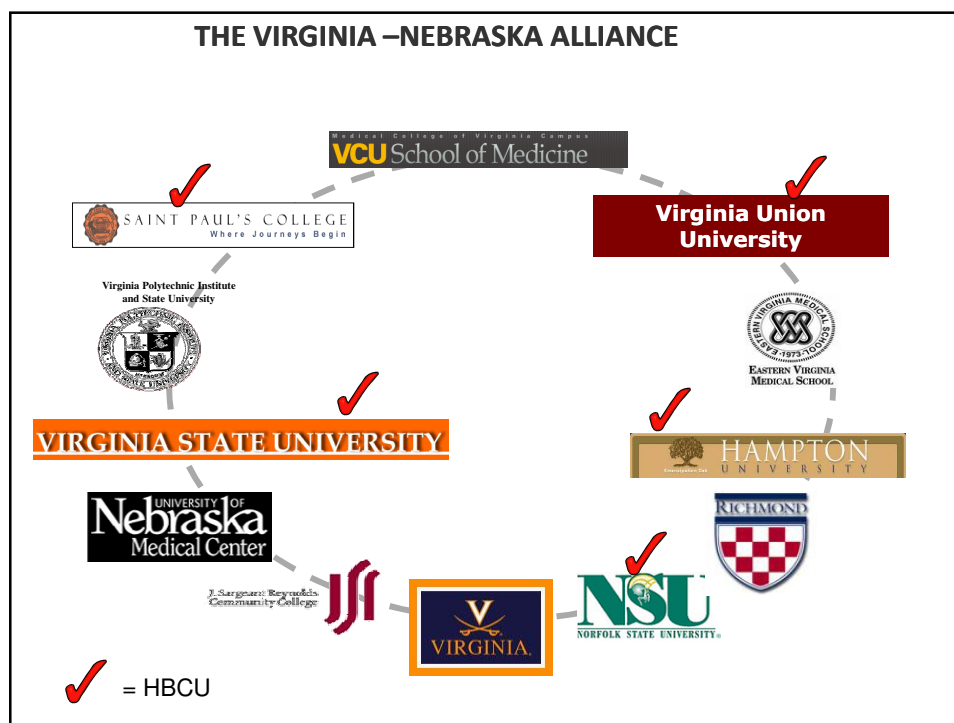
## State Alliances: Sullivan Alliance Support

- Planning
- Leadership availability
  - Participation in organizing/launch meetings and/or events
- Full Alliance membership access
- Startup funding strategies
- Research support
- Web support – creating a virtual community
- Legal consultation – 501©3
- **Link to webcast on “Alliance 101”**
- <http://www.webcastgroup.com/client/start.asp?wid=0680515084079>

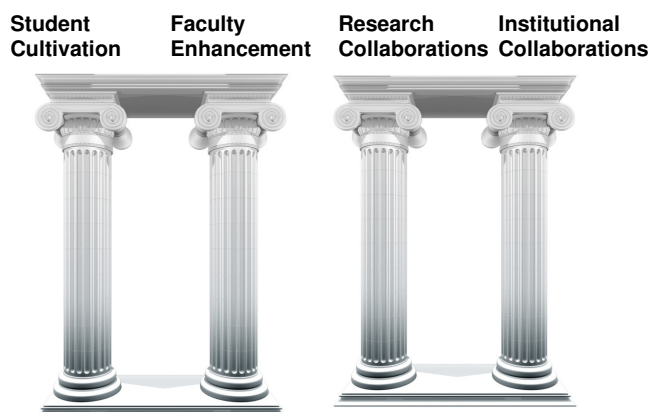
### Sullivan Alliance - State Alliances







## The Four Pillars of the VA-NE Alliance



## **Programs Offered by the VA-NE Alliance**

---

- SMDEP
- Summer MCAT Preparation
- Summer Research Opportunities (College)
- Summer Research Opportunities (High School)
- BS to MD
- Faculty Exchange Program
- Faculty Development Fellowship

## **The Maryland Alliance to Transform the Health Professions**



Memorandum of Understanding (MOU) Signed on May 5, 2010,  
at Morgan State University

52

## **MD Alliance: Participating Institutions**

---

- University of Maryland
  - School of Medicine School of Pharmacy
  - School of Pharmacy
  - School of Public Health UMCP
- Coppin State University
- Morgan State University
- University of Eastern Shore
- Johns Hopkins University

53

## **Sullivan Alliance – Future Plans**

- Continue to pursue alliances and partnerships with academic institutions
- Inform policy related to education, health and workforce issues
- Increase awareness to health workforce issues
- Contribute to research related to understanding and resolving barriers
- Serve as a resource for data, research and best practices
- Partner with national associations such as AMA, NMA, NHMA, AMSA and others

## **Challenges for the 21<sup>st</sup> Century I**

---

1. Improved access to health services for all.
2. More comprehensive/more effective health promotion/disease prevention programs and improved health behavior of Americans.
3. Increased number, and greater diversity, of health professionals, including mid-level providers in our inner cities and rural areas.

55

## **Challenges for the 21<sup>st</sup> Century II**

---

4. More efficient, less bureaucratic organization of the health system and health services.
5. Less political ideology and fewer legal intrusions into the health system.
6. Maintenance of the highest ethical standards in the health system, including codes of personal professional conduct.
7. Protecting and preserving humanism in the health professions.

56



Dr. Sullivan with students participating in activities of the VA-NE Alliance

## Contact Information

---

Robin H. Carle  
Chief Executive Officer  
[rcarle@thesullivanalliance.org](mailto:rcarle@thesullivanalliance.org)

1200 G Street  
Suite 800  
Washington, DC 20005  
T 202-434-8700  
F 202-434-8707