

Health Disparities: A Latino Perspective

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Objectives

- Understand the characteristics of the Latino community within Colorado.
- Health Disparities
- Patient Navigation
- End of life care – Apoyo Con Carino
- Diversity in our healthcare workforce
- Healthcare Interest Program

Communities in Colorado

- 15% of Coloradans speak a language other than English at home.
- Four major communities of color:
 - Latinos: 21%
 - African-Americans/Blacks: 4%
 - American Indians: 1%
 - Asian/Pacific Islanders: 3%



Latinos health Demographic highlights from OHD

- Median household income \$35,941 vs \$52,015
- Population living below poverty 23.1% vs 12%
- High school graduation rate 57.1% vs 75%



Latinos health and risk behaviors highlights from OHD

- More likely to smoke 22% vs 19.1%
- More likely to engage in binge drinking 19.8% vs 16.8%



Latinos health and risk behaviors highlights from OHD

- Less likely to participate in any kind of physical activity 30.9% vs 17.7%
- Eat fewer than 5 fruits and vegetables per day 78.4% vs 74.9%



United Health Foundation's America's 2010 Health Rankings

- 3rd lowest for cardiovascular disease
- 1st for lowest prevalence of obesity
- 1st lowest prevalence of diabetes
- 33rd for lack of health insurance



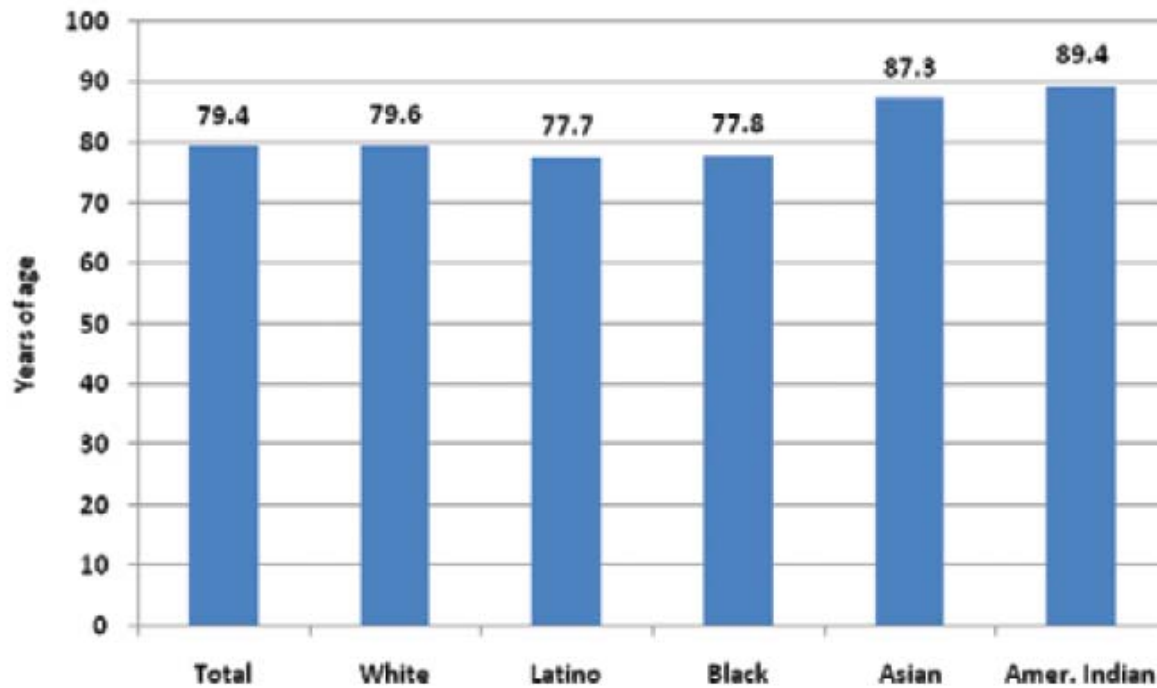
Ethnic health care and access disparities

- Obesity
 - Prevalence: African American/blacks at 28.1 %, Latinos at 25%, and non-Hispanic whites at 17.5 percent.
- Diabetes
 - Prevalence: African Americans/Blacks at 10.2%, Latinos 8.2% and whites 4.8%.
- Lack of health insurance
 - 42.5% of Latinos and 12.8% non-Hispanic whites.



Life expectancy in the Latino population

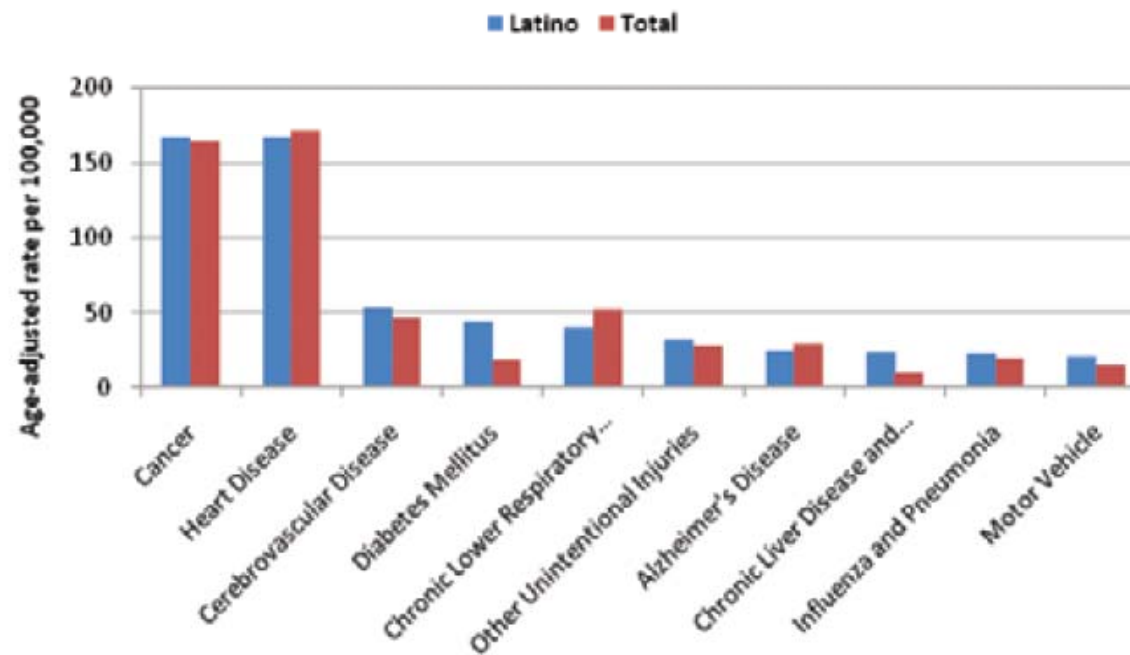
Figure 20. Life expectancy at birth, 2006



Source: Vital Statistics, Health Statistics Section, Colorado Department of Public Health and Environment

Leading causes of death in the Latino population

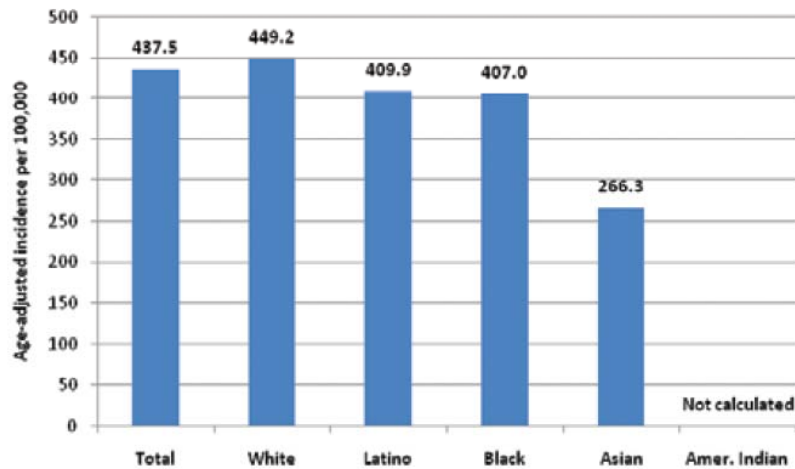
Figure 21. Ten leading causes of death for Hispanics/Latinos, 2002–06



Source: Vital Statistics, Health Statistics Section, Colorado Department of Public Health and Environment

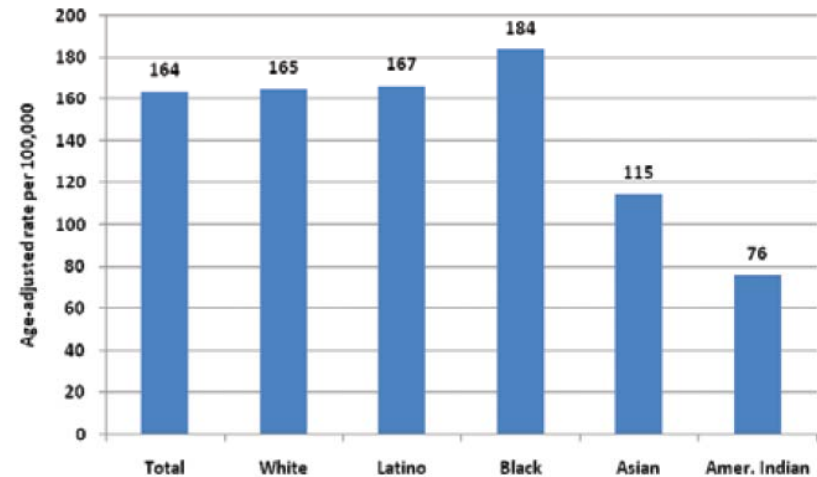
Cancer in the Hispanic/Latino community

Figure 28. Cancer incidence (all cancers), 2002–06



Source: Colorado Central Cancer Registry, Colorado Department of Public Health and Environment.

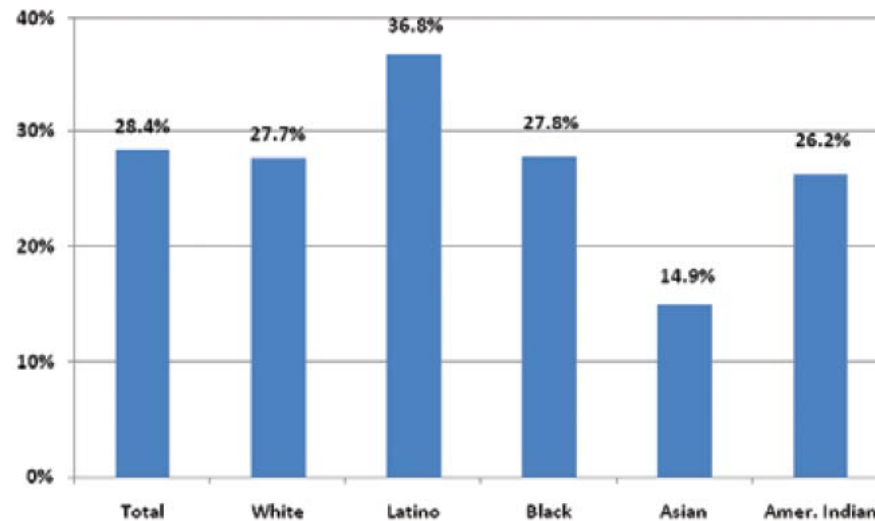
Figure 29. Cancer mortality (all cancers), 2002–06



Source: Vital Statistics, Health Statistics Section, Colorado Department of Public Health and Environment

Breast Cancer in the Latino/Hispanic community

Figure 30. Women 40+ who did not have a mammogram, 2004-07



Source: Behavior Risk Factor Surveillance System, Health Statistics Section, Colorado Department of Public Health and Environment

Patient Navigation

- A culturally competent strategy to address health disparities.
- Navigators work WITH patients, families, and communities to empower them to overcome barriers in the health care system and enjoy better health and health care.
- Roles vary: case management, SW, and advocacy.
- Dr. Harold Freeman, 1995 conducted first navigator study in Harlem.



Why navigation in palliative care?

- Disparities in end of life care in the Latino population:
 - Less likely to have a living will, durable POA, or a DNR order. Less likely to have knowledge of AD and more likely to report that they have not discussed advance care planning with their health care provider.
 - More likely to die in an institution even though literature shows that death at home is preferred.
 - Less likely to receive adequate pain control
 - Lower rates of hospice utilization

Apoyo Con Carino



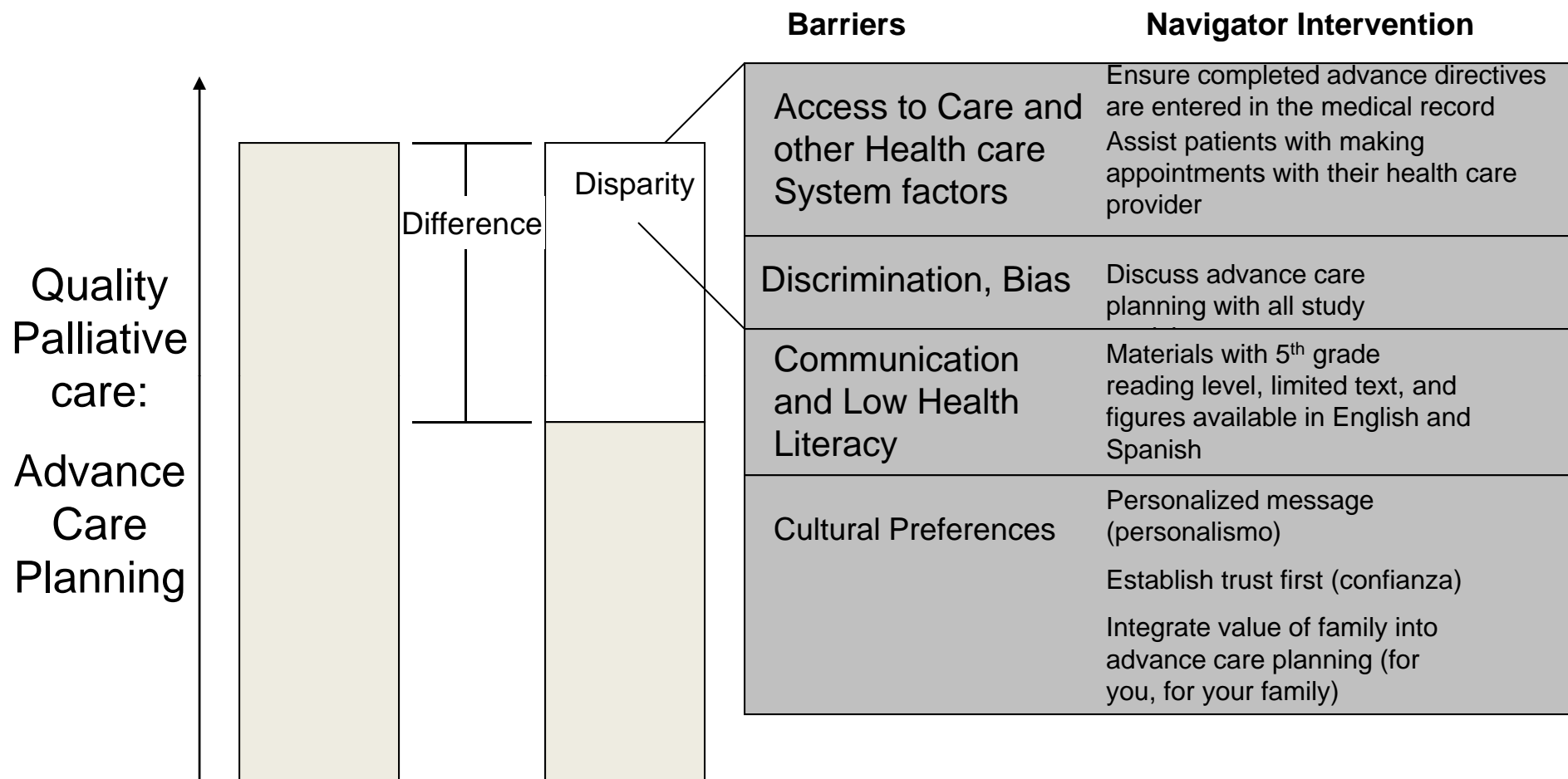


Figure 1. Model of Patient Navigator Intervention to Improve Advance Care Planning

Apoyo con Carino - Methods

- Randomized controlled trial
- Study participants:
 - 80 adults that self identify as Latino and meet CARING criteria:
 - Cancer is primary diagnosis
 - Admitted to the hospital >2 x in past year for a chronic illness.
 - Resident in a nursing home.
 - ICU admissions with multi-organ failure
 - Non Cancer Hospice Guidelines – >2 items in any given category
- Domains of interest: Advance care planning, pain management and hospice utilization

Apoyo con Carino - Methods

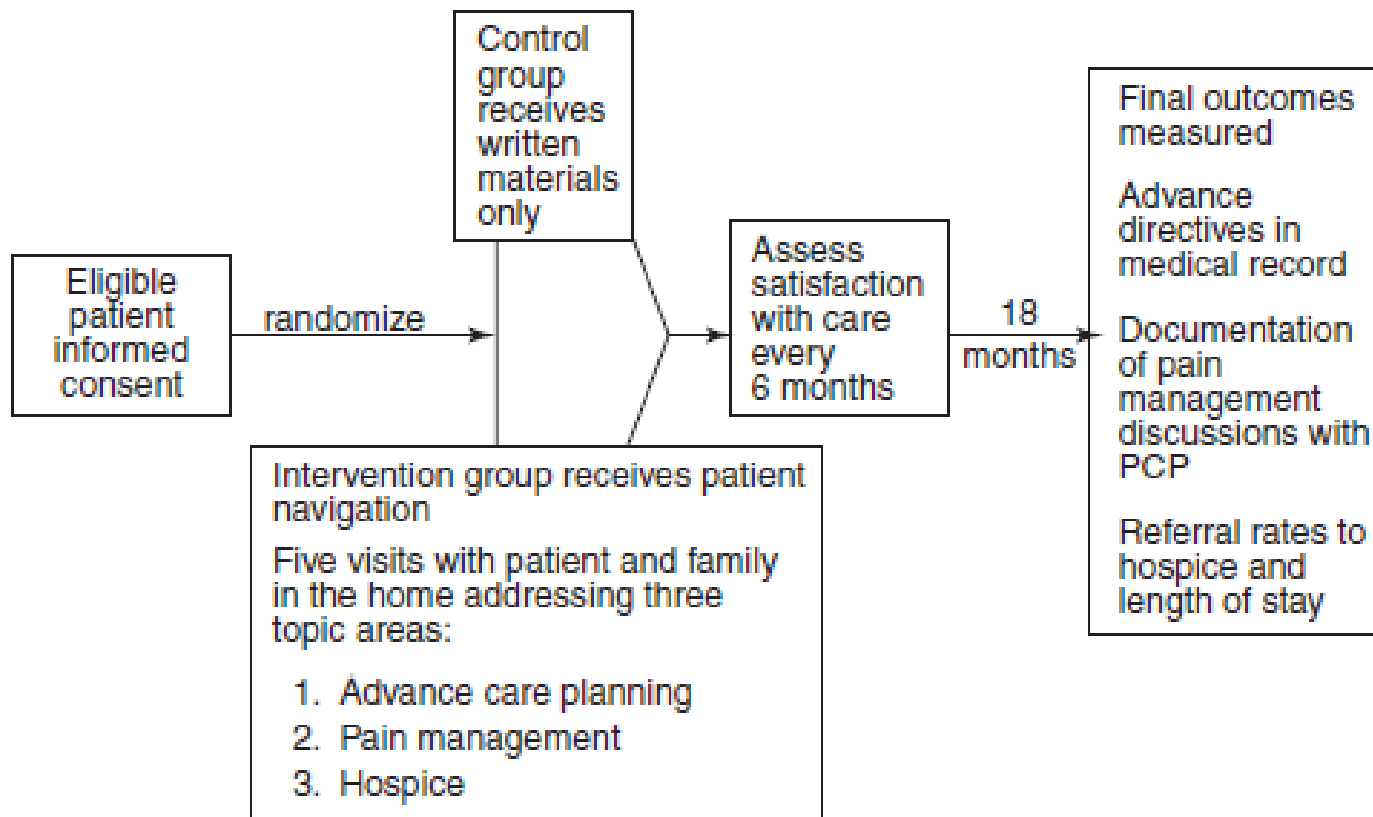


FIG. 1. Overview of the intervention and follow-up of the patient navigation program.

Examples of written materials

Instrucción anticipada de atención de salud de California

Este formulario le permite indicar la manera en que desea que lo traten si está muy enfermo.

● Este formulario consta de 3 partes. Le permite:




Parte 1: Escoger a un apoderado de atención de salud.
Un apoderado de atención de salud es una persona que puede tomar decisiones médicas por usted si está muy enfermo para tomarlas por usted mismo.

Parte 2: Tomar sus propias decisiones en cuanto a su atención de salud.
Este formulario le permite escoger el tipo de atención de salud que desea. De esta manera, las personas encargadas de su cuidado no tendrán que adivinar lo que desea si está muy enfermo para decirlo por usted mismo.

Parte 3: Firmar el formulario.
Se debe firmar antes de que se pueda usar.

Usted puede llenar la Parte 1, la Parte 2 ó ambas. Llene sólo las partes que desee. Siempre firme el formulario en la Parte 3.

Vaya a la página siguiente.



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When pain is not treated, you may be:

- Tired
- Depressed
- Angry
- Worried
- Lonely
- Stressed



Pain medication works best when taken regularly and as directed before pain becomes severe.

When pain is treated, you can:

- help or take care of your family
- enjoy activities
- sleep better
- improve your appetite
- prevent depression



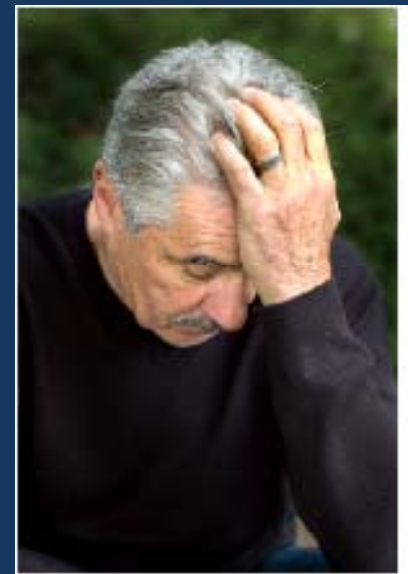
Areas of focus – Advance care planning

- Visit 1: Review AD and leave copy
- Visit 2: Complete a goals and value history
- Visit 3: Help participant complete AD
- Visit 4: Reinforce benefits/limitations of AD and make sure AD reaches medical record.
- Visit 5: Review AD



Area of focus – Pain Management

- Visit 1: Review educational materials about pain management and discuss current level of pain.
- Visit 2: Discuss strategy to discuss pain-related issues with PCP.
- Visit 3: Facilitate achieving adequate pain control by empowering participant through role playing.
- Visit 4: Troubleshoot barriers and problems
- Visit 5: Review current pain management plan



Area of focus – Hospice/Palliative Care

- Visit 1: Review educational materials about hospice care and goals of palliative care.
- Visit 2: Review principles. Use goals and values history as context.
- Visit 3: Work on plan for palliative care that incorporates values/goals of participant.
- Visit 4: Review plan of palliative care
- Visit 5: Refer if appropriate and requested by participant.

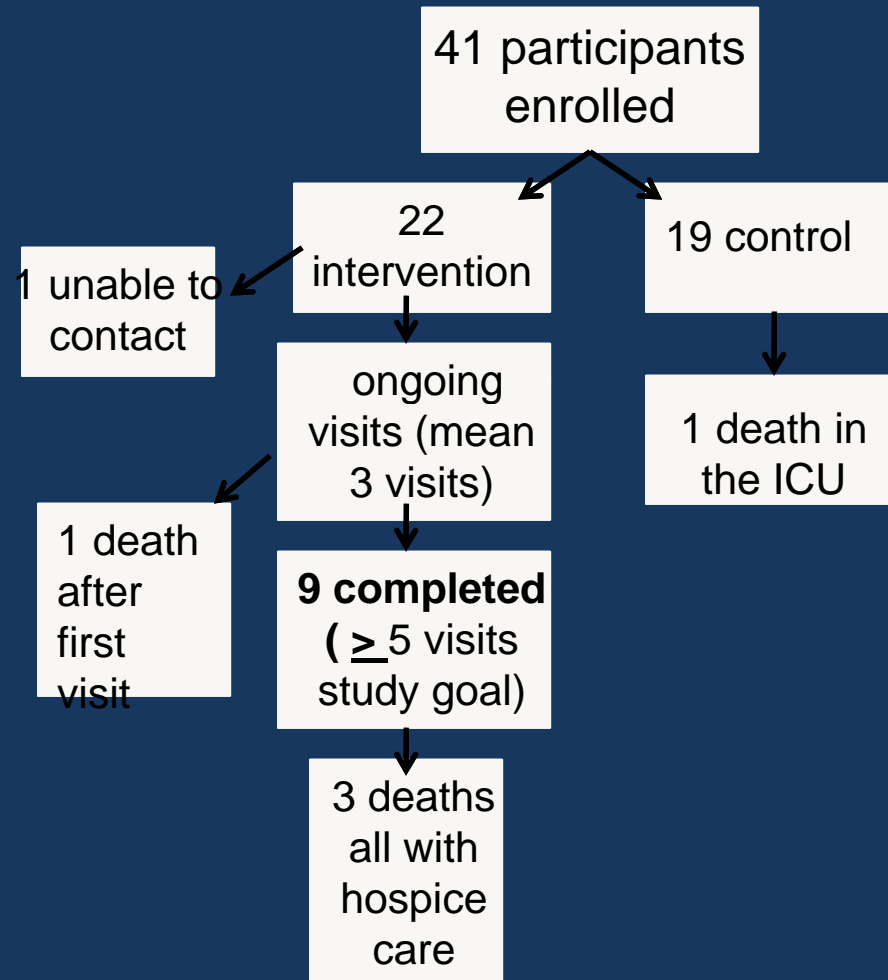
Outcome measures

- Advance Care Planning
 - Rates of documented advance directives
- Pain Management
 - Brief Pain Inventory: baseline, 3 and 6 months
 - Satisfaction with Pain Management Scale: 3 months and 6 months
 - Documentation of pain related discussion with provider
- Hospice
 - Hospice Utilization
 - Length of stay

Measuring Process

- Fidelity to the Intervention
 - Tracking visits
 - Phone calls
 - Visit details: time, who present, discussion content
 - Field Notes
- Cost
 - Utilization patterns of patients
 - Estimating costs of the navigator and intervention support

Participant Study Flow Diagram



Next steps

- **Adaption:** Create a reproducible and manualized process to adapt the intervention to the needs of a community
- **Generalizability:** Test the intervention in other patient populations
- **Dissemination:** Widespread dissemination of the patient navigator intervention for palliative care



Increasing diversity in our healthcare workforce

- Improved access to care
- Tend to choose primary care specialties.
- Language/cultural concordance
- Exposes other physicians in training to different perspectives and cultural backgrounds that may broaden their interpersonal skills and help in their interactions with patients
- Strengthen research of health problems that disproportionately affect minorities.
- Would assume management and policy-making to ensure strategic decisions about matters such as resource allocation and program design meet the needs of a diverse society.

Healthcare Interest Program (HIP)

- Mentorship program for undergraduate students from UCD from disadvantaged backgrounds interested in a healthcare career.
- 16 students paired with a hospitalist MD or PA/NP.



Healthcare Interest Program (HIP) Curriculum

- Students meet with their mentor 1-2 times per month for mentorship and clinical shadowing
- Books to bedside lecture series: monthly lecture given by MD that integrates the general sciences with hospital medicine.
 - Sample topics: Biochemistry of DKA, Physics of EKGs
- Reflection essay: Students keep an ongoing journal of their clinical experience and in the end write a final reflection essay.

Healthcare Interest Program

- Student characteristics:
 - 8 students are first in their family to attend college
 - 13 students work while in school
 - 8 do not consider English their primary language
 - Healthcare interests: 5 PA, 7 MD, 2 Dentists, and 2 nursing



Healthcare Interest Program

- Outcomes:
 - All 16 stated their that their program mentor was their role model in life.
 - 12 strongly agree that they intend to go to their healthcare school in the state of Colorado.
 - 14 strongly agree that one of their long term career goals is to work with people with health disparities.
 - All strongly agreed that participation in the program “expanded my perceptions of what I could accomplish in the healthcare field” and “my confidence that I will be accepted into my healthcare field of choice”.
 - Other outcomes: Acceptance to healthcare school.

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Thankyou!!!

