

[Return to the AHDC Weekly Update page](#)

AHDC Email Network – Data, News, Articles and Policies Related to Health Disparities
February 1 – 8, 2012

- 1) Case Study: Integrated Care Delivery for Vulnerable Populations
- 2) AHA Launched a Call to Action to Eliminate Health Care Disparities
- 3) Studies Show Programs Improve Diabetes Care in Low-Income Areas
- 4) Study Shows That Asian-Americans More Apt to Die in Hospital After Heart Attacks
- 5) 2nd Annual HealthHIV State of HIV Primary Care Survey Results
- 6) Developing Preventive Mental Health Interventions for Refugee Families in Resettlement
- 7) 2011 Kids Count Data Book
- 8) Study Indicates Diagnosis, Treatment of Depression Among Elderly Depend On Racial, Cultural Factors
- 9) Study Shows Hispanic Lesbians and Bisexual Women at Heightened Risk of Health Disparities
- 10) Research Found Impact of Electronic Health Records on Racial and Ethnic Disparities in Blood Pressure Control at US Primary Care Visits
- 11) Study Found That Racial and Ethnic Disparities in Obesity During the Transition to Adulthood: The Contingent and Nonlinear Impact of Neighborhood Disadvantage

1) Case Study: Integrated Care Delivery for Vulnerable Populations

This patient-centered system of hospitals, community clinics, and school-based clinics uses innovative practices for managing chronic disease, provides access to high-quality specialty hospital care, and employs targeted care management and robust health information technology in support of integrated care

<http://www.commonwealthfund.org/Publications/Case-Studies/2010/Oct/Montefiore-Medical-Center.aspx>

2) AHA Launched a Call to Action to Eliminate Health Care Disparities

The American Hospital Association (AHA), through its Hospitals in Pursuit of Excellence strategic platform, is committed to helping the hospital field improve the care provided to all persons and eliminating disparities in care. Recently the AHA, Association of American Medical Colleges, American College of Healthcare Executives, Catholic Health Association of the United States, and National

Association of Public Hospitals and Health Systems have launched a call to action to eliminate health care disparities.

<http://www.hpoe.org/topic-areas/health-care-equity.shtml>

3) Studies Show Programs Improve Diabetes Care in Low-Income Areas

According to a recent article published by *MedPage Today*, two new initiatives have been successful in improving diabetes management in underserved populations. Previous research indicates that many factors contribute to racial and ethnic disparities in diabetes and many efforts are underway to bridge the gap. In one study, Dr. Peter Huckfeldt investigated the impact of diabetes management interventions in Los Angeles, CA. The study found health improvements for patients enrolled in community interventions featuring targeted diabetes care as well as integrated primary care. In the second study, Dr. Monica Peek also found promising results for a diabetes management program in Chicago. This program aimed to reduce disparities through community partnerships as well as culturally competent patient education and provider trainings. Both studies concluded that the health care safety net can be strengthened to better address the needs of high risk diabetes patients.

<http://content.healthaffairs.org/content/31/1/168.abstract>

<http://content.healthaffairs.org/content/31/1/177.abstract>

4) Study Shows That Asian-Americans More Apt to Die in Hospital After Heart Attacks

Health Day reported on a five-year study that found improvement in the number of heart attack mortalities among Asian-Americans; however, they were still more likely than whites to die in a hospital. The study included over 107,000 Asian-American and white heart attack patients from 2003 to 2008. The authors explored what certain measures of care, (e.g. whether a patient received an aspirin or ACE inhibitors, counseling on how to quit smoking, were made available to a patient after discharge. The results found Asian-Americans were less likely to receive such care and twice as likely to die in a hospital after a heart attack. "Health disparities are a serious public health concern in the United States and we've seen that different racial and ethnic groups often receive unequal treatment for the same diagnosis," said Dr. Feng Qian, a research assistant professor in the anesthesiology department at the University of Rochester Medical Center in New York. Possible factors for the disparity included Asian-Americans being much older, and other health issues such as diabetes, hypertension, and smoking. The researchers did find as the quality of care improved, the health disparity decreased. "This improved care is more significant and sustainable the longer hospitals participate in the program," said Qian. These results prompted the lead author, Dr. Qian, to say "Future studies should look more specifically at differences in care among racial subgroups as well as at more long-term outcomes."

<http://consumer.healthday.com/Article.asp?AID=660515>

5) 2nd Annual HealthHIV State of HIV Primary Care Survey Results

Concerns over rising HIV caseloads among overworked specialists and insufficient reimbursement for HIV services are key findings from the Second Annual HealthHIV State of HIV Primary Care survey. Set against a landscape in which the federal government prepares to extend healthcare coverage to 32-million newly insured individuals (including an estimated 850,000 people living with HIV), the survey reveals a shifting landscape between the readiness of the HIV workforce and its ability to treat the growing number of people living with HIV, especially in primary care settings. In conjunction with the survey results, HealthHIV is also releasing a "Readiness Report" of HIV care providers and primary care providers, identifying factors among different provider types, which speak to their readiness to provide HIV care in near future. Additional survey findings will be released throughout the coming year at select conferences.

http://www.healthhiv.org/modules/info/2nd_annual_state_of_hiv_primary_care_survey.html

6) Developing Preventive Mental Health Interventions for Refugee Families in Resettlement

Published by the journal on *Family Process*, the article describes eight characteristics that preventive mental health interventions should address to meet the needs of refugee families, including: Feasibility, Acceptability, Culturally Tailored, Multilevel, Time Focused, Prosaicness, Effectiveness, and Adaptability.

<http://www.ncbi.nlm.nih.gov/pubmed/21884078>

7) 2011 Kids Count Data Book

Released by the Annie E. Casey Foundation, this data book allows online access to hundreds of child well-being indicators in areas of education, employment and income, health, poverty, and youth risk factors. This data may be helpful for reporting and applying for funding.

http://datacenter.kidscount.org/databook/2011/OnlineBooks/2011KCDB_FINAL.pdf

8) Study Indicates Diagnosis, Treatment of Depression Among Elderly Depend On Racial, Cultural Factors

A recent article published by *Medical News Today*, highlights racial and ethnic disparities in depression care among the elderly. Depression can significantly diminish quality of life and complicate coexisting medical conditions. For this reason, depression is a significant public health issue for elderly populations. A new study from Rutgers University found that elderly African Americans are significantly less likely to be appropriately diagnosed or treated for depression. Lead study researcher Ayse Akincigil noted that "help-seeking patterns differ by race/ethnicity, contributing to the gap in depression diagnosis rates." The study also indicated that shame, denial, and insurance status may also be significant obstacles for

black patients struggling with depression. The study concludes that additional measures must be taken to “reduce the burden of undetected and untreated depression and to identify the barriers that generate disparities.” According to the researchers, universal depression screening and increases in treatment reimbursement rates may be effective in increasing access to appropriate care for low-income and minority patients.

<http://www.medicalnewstoday.com/releases/239622.php>

9) Study Shows Hispanic Lesbians and Bisexual Women at Heightened Risk of Health Disparities

A recent study published in the *American Journal of Public Health* found Hispanic lesbian and bisexual women tend to be at a greater risk of worse health outcomes than Hispanic heterosexual as well as white lesbian and bisexual women. Little background literature covers health disparities among sexual minorities of color, especially Hispanics, according to the authors. This study aims to explore how Hispanic sexual minorities fare in health care access, health outcomes, health status, and health risk behaviors. The study used the weighted-data from a 7- year merged file of the Washington State Behavioral Risk Factor Surveillance System (BRFSS), 2003 – 2009. The sample size for the analysis was 6,338. Only Hispanic and white women who self- identified as lesbian, bisexual, or heterosexual were included in the study. Within the sample, 1.1% were Hispanic lesbian and 1.6% were Hispanic bisexual. Data were collected for health status, health risk behaviors, health outcomes, and health care access. Hispanic lesbian and bisexual women did not differ from white lesbian and bisexual women for many health and demographic indicators, but some differences were observed. For example, Hispanic lesbian women tended to have a higher prevalence of lifetime asthma than all the other groups. Furthermore, Hispanic lesbian women also reported higher smoking rates and lower exercise rates than Hispanic heterosexual women. Hispanic bisexual women tended to have higher rates of mental distress and worse general health than both white and Hispanic heterosexual women as well as white lesbian and bisexual women. This study is one of the first studies to assess disparities among Hispanic lesbian and bisexual women according to the authors. The authors suggest that further research is needed in order to develop culturally appropriate programs that meet the needs of these subgroups. This in turn, as the authors argue, will achieve the goals laid out Healthy People 2020.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300378>

10) Research Found Impact of Electronic Health Records on Racial and Ethnic Disparities in Blood Pressure Control at US Primary Care Visits

A recent study published in *Archives of Internal Medicine* found that black and white patients experience similar levels of blood pressure if they visit a doctor who uses electronic health records (EHR) with clinical decision support (CDS). Prior research has indicated improved blood pressure among patients whose doctor used both electronic health records (EHR) and clinical decision support (CDS). For this study, the researchers sought to determine whether the benefits achieved are shared equally among patients of different racial and ethnic backgrounds. Using data from the National Ambulatory Medical Care Survey (NAMCS, which is a nationally representative survey of primary care visits by the National

Center for Health Statistics (NCHS), the primary outcome of interest was whether a patient's blood pressure improved. Visits were grouped by race and ethnicity and whether the patient visited a doctor who used EHR and/or CDS. Analyses controlled for age, sex, diabetes, practice ownership, and insurance type of insurance. Patients who visited a doctor that used both EHRs and CDS experienced improved levels of blood pressure, and Hispanic patients experienced significant improvement. The results also showed that there was no disparity between the black and white patients whose providers used HER and/or CDS. However, racial disparities persisted for the black patients who visited a doctor that did not use EHR and CDS. The authors suggested these findings highlighted primary care may reduce morbidity and mortality from cardiovascular disease and reduce blood pressure control disparities by implementing EHRs with CDS.

<http://archinte.ama-assn.org/cgi/content/extract/172/1/75>

11) Study Found That Racial and Ethnic Disparities in Obesity During the Transition to Adulthood: The Contingent and Nonlinear Impact of Neighborhood Disadvantage

A recent study published in the *Journal of Youth and Adolescence* found that neighborhood disadvantage increases the risk of obesity and partially explains racial and ethnic disparities in obesity among young women. Children who are obese during adolescence are at risk of developing additional health complications as they enter adulthood. This study sought to determine the influence of neighborhood economic disadvantaged on the onset of obesity in young adults across racial and ethnic groups. Using 1994 data from the National Longitudinal Study of Adolescent Health (Add Health), the study analyzed the health status of 5,759 teenagers. The key variables included in the study were obesity (obese or not obese); gender; race and ethnicity (black, white, or Hispanic); and neighborhood disadvantage (a measure of economic insecurity at the census tract level). The authors found that black and Hispanic teenage girls were nearly twice as likely to become obese compared to white girls. Black boys were slightly more likely to become obese compared to white boys. The study also found neighborhood disadvantage to be significant predictor of obesity among teenage girls. While this variable explained much of the disparity between black and white girls, it minimally explained the disparity between Hispanic and white girls. The authors concluded that policy interventions improving public safety and access to nutritious food in disadvantage neighborhoods will help reduce childhood obesity. However, additional research is needed to better understanding the factors contributing to obesity among Hispanic girls.

<http://www.springerlink.com/content/f927524150m54737/>