

Addressing Social and Health Disparities in the American Indian, Asian, Hispanic and Latino Communities: A Case For Diabetes

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Native American Indian Health Disparities

- **American Indians and Alaska Natives die at higher rates than other Americans from**
 - **Tuberculosis (600% higher)**
 - **Alcoholism (510% higher)**
 - **Motor vehicle crashes (229% higher)**

Native American Indian Health Disparities

- **Diabetes (189% higher)**
- **Unintentional injuries (152% higher)**
- **Homicide (61% higher) and suicide (62% higher)**

Hispanic Latino Health Disparities

- **From 2000-2004, Hispanic/Latina women had the highest incidence rate for cancers of the cervix**
- **In 2005, the HIV/AIDS death rate was 2-3 times higher for Hispanic/Latinos than for non-Hispanic whites**
- **In 2005, the diabetes death rate for Hispanics/Latinos was 1.6 times higher than for non-Hispanic whites**

Hispanic Latino Health Disparities

- **Hispanic cultures and health profiles vary significantly by country of origin**
 - **Puerto Ricans suffer disproportionately from asthma, HIV/AIDS, and infant mortality**
 - **Mexican Americans suffer disproportionately from diabetes**

Asian-American Health Disparities

- Health indicators suggest that this population is one of the healthiest in the U.S.
- There is great diversity within this group, and marked health disparities exist for specific segments

Asian-American Health Disparities

- Example: Women of Vietnamese origin suffer from cervical cancer at nearly five times the rate for white women
- New cases of hepatitis and tuberculosis are also higher in Asian-Americans living in the U.S. than in whites

Asian-American Health Disparities

- Example: Although they make up only 4.4% of the U.S. population, AAPIs account for approximately 50% of Hepatitis B infections

Health Disparities Defined

“A health disparity is a particular type of difference in health (or in the determinants of health that could be shaped by policies) in which disadvantaged social groups systematically experience worse health or more health risks than do more advantaged social groups. Disadvantaged social groups include racial/ethnic minorities, low-income people, women, or others who have persistently experienced discrimination.”

–Braveman P. Annu Rev Public Health 2006;27:167-94

Health Disparities Defined

- Sources of racial and ethnic health care disparities include
 - Differences in geography
 - Alabama resource poor, fewer public programs
 - Lack of access to adequate health coverage

Health Disparities Defined

- 32% of Native Americans are uninsured, followed by 31% of Hispanics, compared to 11% of non-Hispanic whites
- Communication difficulties between patient and provider
 - Nearly a quarter of Americans speak a language at home other than English

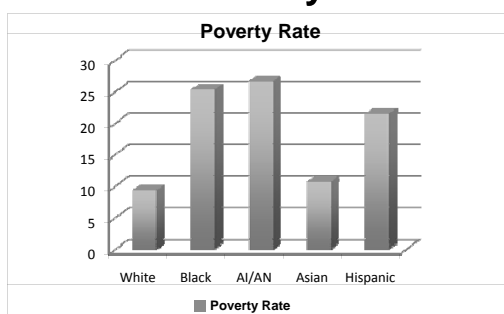
Health Disparities Defined

- Cultural barriers
 - Asian-Americans often have lower rates of preventive care despite having high rates of insurance coverage
- Provider stereotyping and lack of access to providers

Health Disparities Defined

- Hispanic, Asian, and African American patients have diminished trust and feel less respect from physicians than non-Hispanic white patients

Social Determinants of Health Poverty



Social Determinants of Health Poverty

- Poverty can affect health in a number of ways
 - Income provides the prerequisites for health, such as shelter, food, warmth, and the ability to participate in society

Social Determinants of Health Poverty

- Living in poverty can cause stress and anxiety which can damage health
- Low income limits choices and may prohibit desirable changes in behavior

Latinos and Diabetes Prevention

- U.S. Latinos are at disproportionately high risk for diabetes and its complications
- Prevalence of obesity also higher among Latinos

Latinos and Diabetes Prevention

- **Disparities among women**
 - 45% of Mexican American women are obese compared to 33% of non-Hispanic White women
- **Culturally relevant, community based interventions that prevent diabetes or improve management and health outcomes among Latinos are needed**



Why Focus on Latinas in Alabama?

- Alabama is one of several states referred to as “new settlement” area
- Alabama has one of the fastest growing Latino populations in the U.S.
 - Growth rate in Alabama overall >200%
 - Latinos represent 3.5% of population in Birmingham
 - >12% in some surrounding areas

Latina Immigrants in the South

- Young
- Low educational attainment
- Low-income
 - Most live below the poverty line
- Recent immigrants/mostly undocumented

Latina Immigrants in the South

- Lack of transportation
- Language barriers, few resources
- Lack of health insurance
- Poor access to health care
- Limited social support

Disconnected

- From friends, family
 - Social networks less mature than those in traditional settlement areas
 - Social isolation fueled by lack of transportation and crackdown in law enforcement

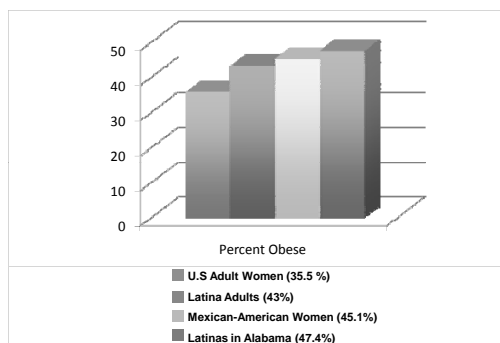
Disconnected

- From “the system”
 - Very few bilingual health professionals
 - Limited access to health care services and education
 - Little civic engagement, grass roots organization

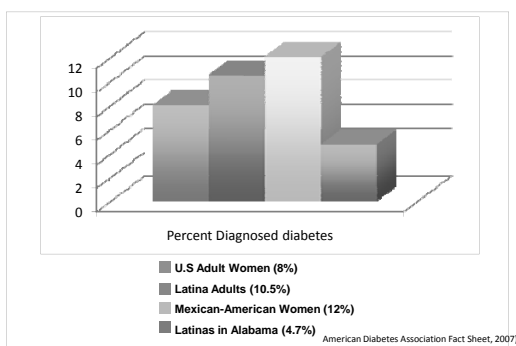


	Total Sample (n=218)
Mean age (SD)	30 (6.64)
Education (years)	
< HS	70.3%
HS or more	27.9%
Employed (%)	48.0%
Median income/month (SD)	\$1600 (917.21)
% with insurance	7.0 (%)
Country of origin	
Mexico (%)	85.9%
Years in US (range)	6.6 (4.49)
Years in AL (range)	5.1 (3.26)
BMI (SD)	29.3 (6.49)
Weight Status	
Normal Weight	24.0%
Overweight	28.6%
Obese	47.4%
Diagnosed Diabetes	4.7%

Obesity Prevalence



Diabetes Prevalence



How Can We Eliminate Health Disparities?

- To reduce and eliminate health disparities, we must support policies that
 - Increase access to high quality health care for all
 - Invest in preventive care
 - Create a more diverse health care workforce

How Can We Eliminate Health Disparities?

- Promote training in cultural competency at all levels
- Address social determinants of health
- Expand research into the causes of and solutions regarding racial and ethnic health disparities

UAB Minority Health and Health Disparities Research Center (MHRC)

- The MHRC is a comprehensive research, education, and outreach center focused on eliminating the health disparities of racial and ethnic minorities and underserved populations locally, regionally, and nationally

UAB Minority Health and Health Disparities Research Center (MHRC)

- This mission of advancing health equity is achieved through
 - State-of-the-art research
 - Training and career development
 - Community outreach
 - Dissemination of information

MHRC Research Program

- Goals
 - Stimulate interdisciplinary research to understand the underlying causes of health disparities and test innovative interventions to eliminate them

MHRC Research Program

- Expand available resources to help MHRC members compete effectively for external funding in health disparities research
- Disseminate evidence-based interventions to clinicians and communities

Eliminating Health Disparities Discovery to Delivery

- Understanding and addressing the root causes of health disparities requires an interdisciplinary approach
 - Biologic
 - Socioeconomic
 - Behavioral
 - System
 - Policy

Eliminating Health Disparities Discovery to Delivery



MHRC Training Program

- **Goals**
 - Provide training and career development opportunities for minority students and investigators
 - Train and develop a cadre of investigators with expertise in health disparities research

MHRC Training Program



Through partnerships with Historically Black Colleges and Universities, the MHRC has built a pipeline of minority scholars and healthcare professionals.

MHRC Community Outreach Program

- **Goals**
 - Serve as the link between UAB and the surrounding communities
 - Expand the existing partnerships with minority communities and organizations, health care providers, state agencies, and grassroots groups

MHRC Community Outreach Program

- Implement health education and promotion programs in low-income communities
- Develop healthy communities from within by empowering people to prevent disease and stay healthy

MHRC Community Outreach Program

- Building Healthy Communities has served more than 11,000 people in 12 Alabama counties and 8 Birmingham communities through health screenings, health talking circles, neighborhood events, and programs for nutrition and physical activity

**“Be the change you wish
to see in the world.”**

– Mohandas Karamchand Gandhi