

Faculty

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Crisis

Death Rates for Men per 100,000

Overall	924.8
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Hispanic	675.6
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White	922.8
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Black	1241
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Crisis

Life Expectancy

Overall

78.1 years

White women

81 years

Black women

76.9 years

White men

76 years

Hispanic Men

73 years

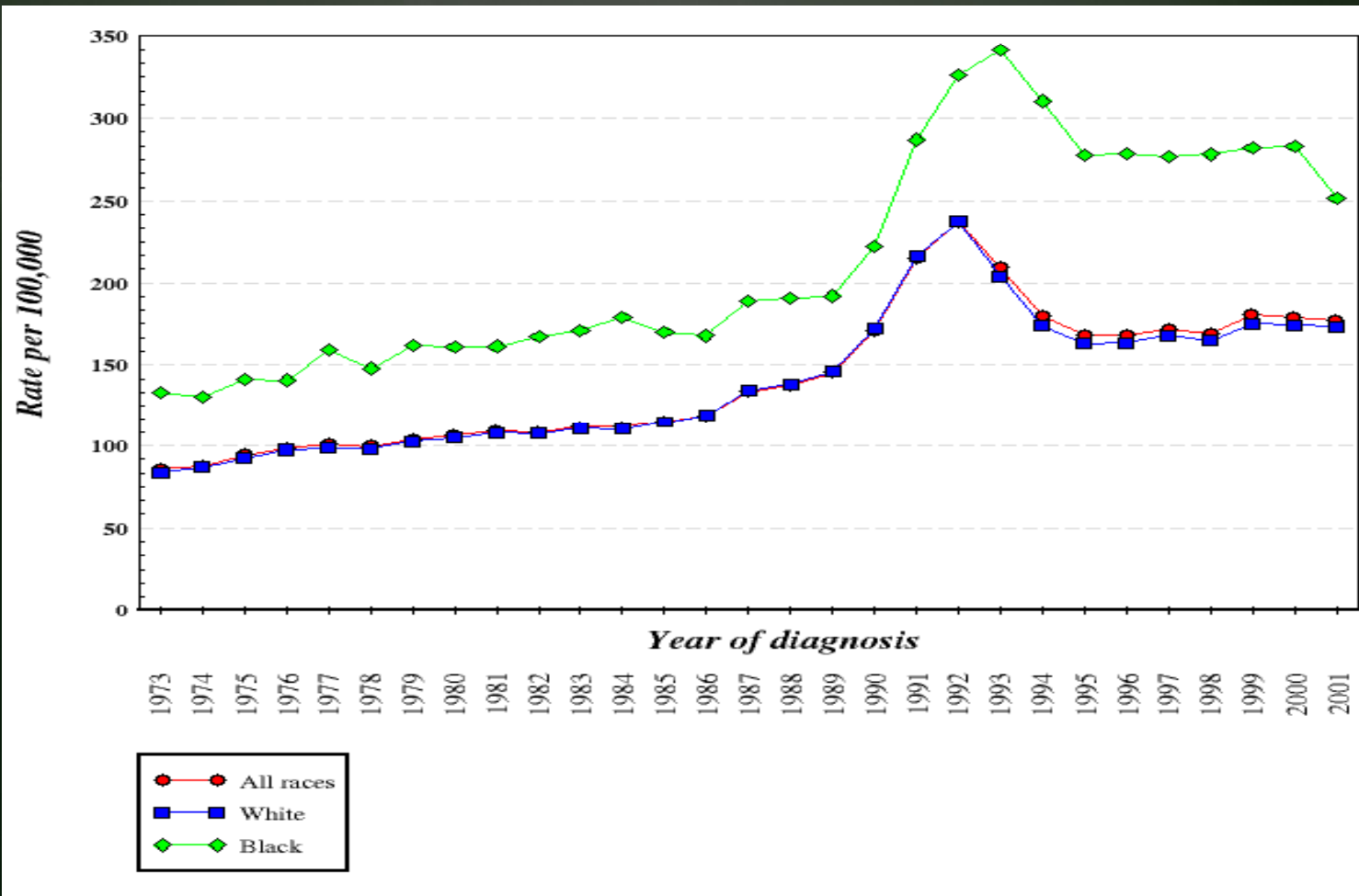
Black men

70 years

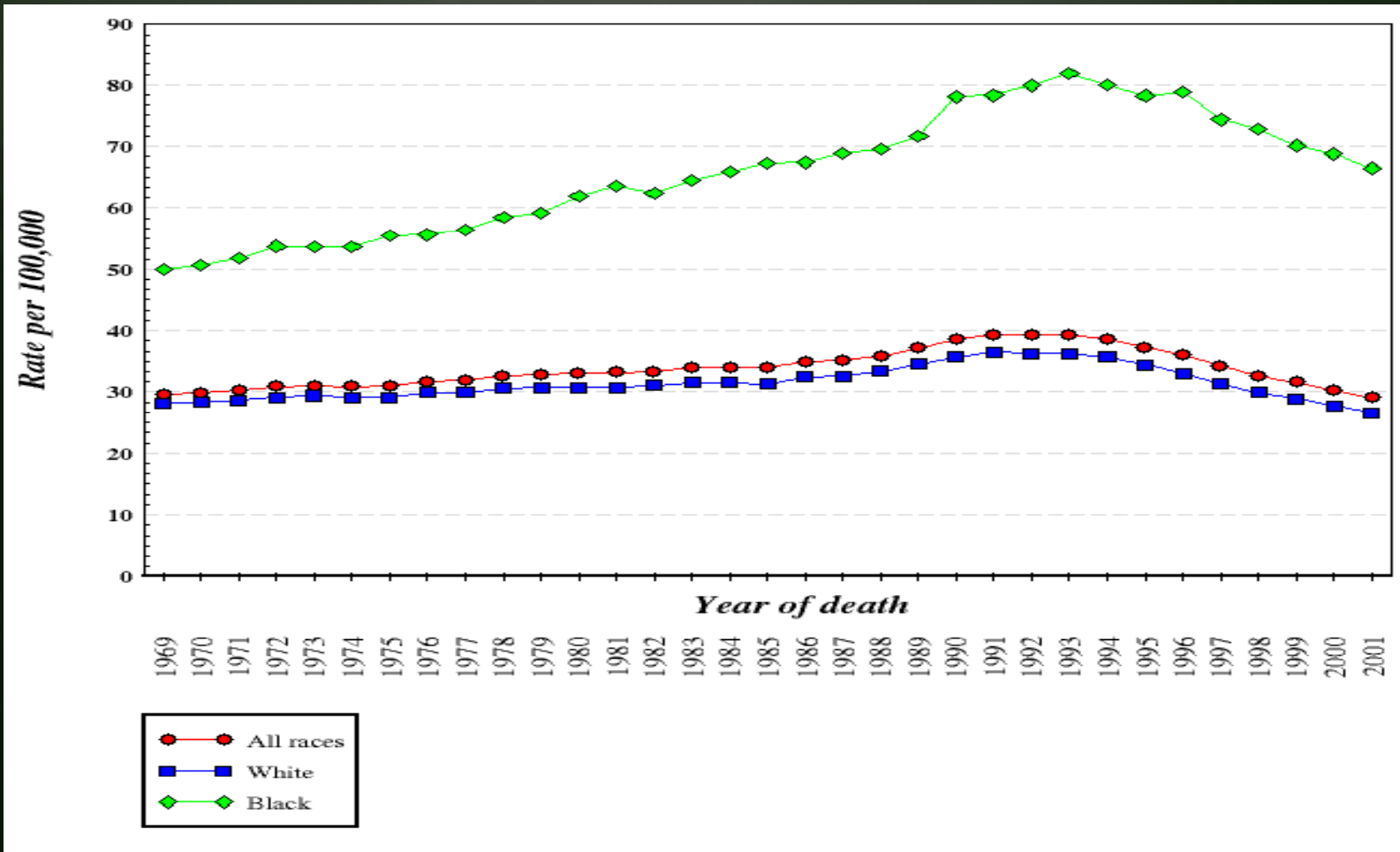
Leading Cause of Death

Black Males, All Ages	Percent*
1) Heart disease	24.8
2) Cancer	22.2
3) Unintentional injuries	5.9
4) Stroke	5.2
5) Homicide	4.7
6) Diabetes	3.8
7) HIV disease	3.3
8) Chronic lower respiratory diseases	2.8
9) Kidney disease	2.4
10) Influenza and pneumonia	1.9

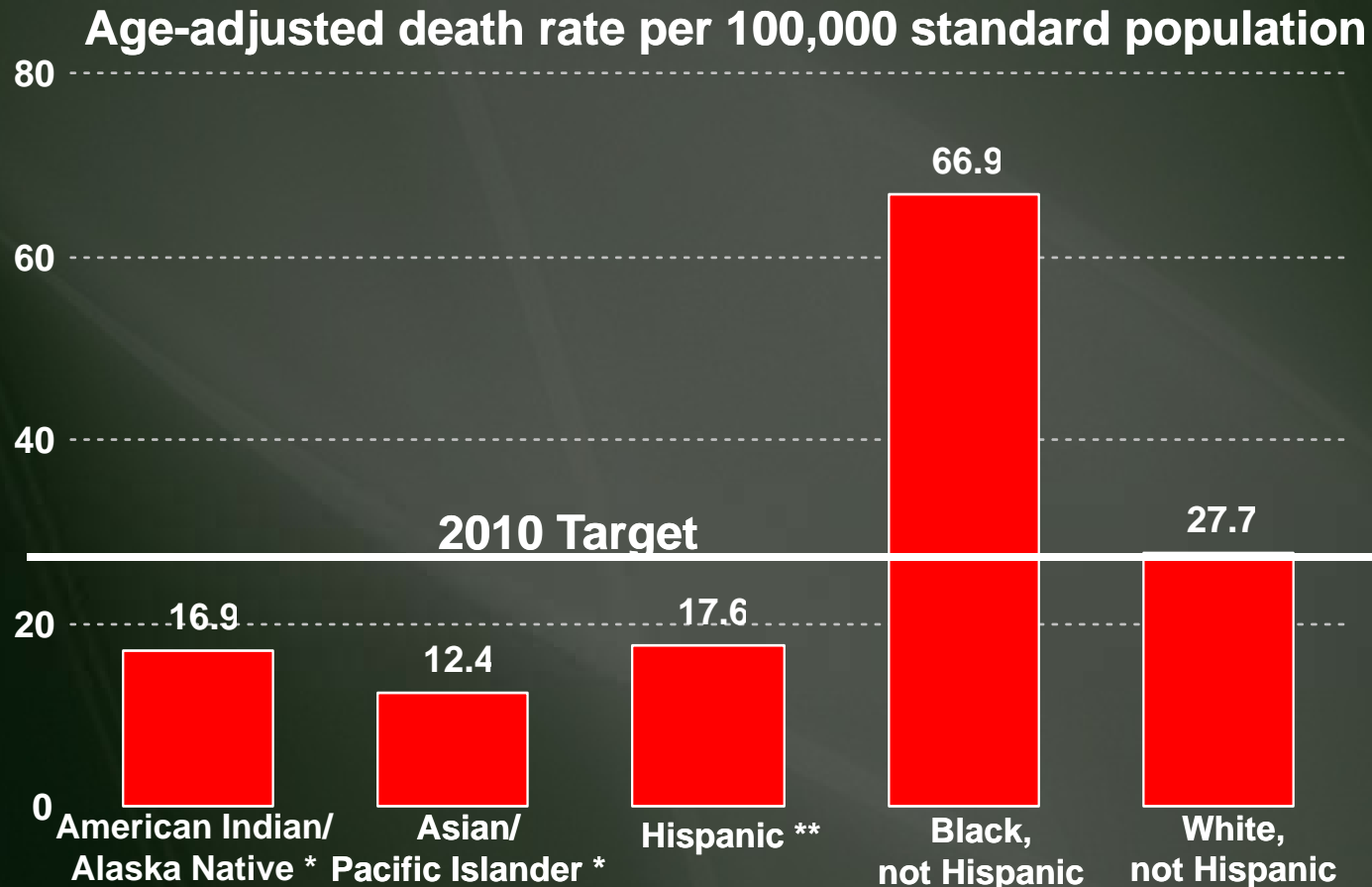
Prostate Cancer Incidence in US: to 2001



Prostate Cancer Mortality in US: to 2001



Prostate Cancer Mortality: by Race/ethnicity



* Includes persons of Hispanic and non-Hispanic origin.

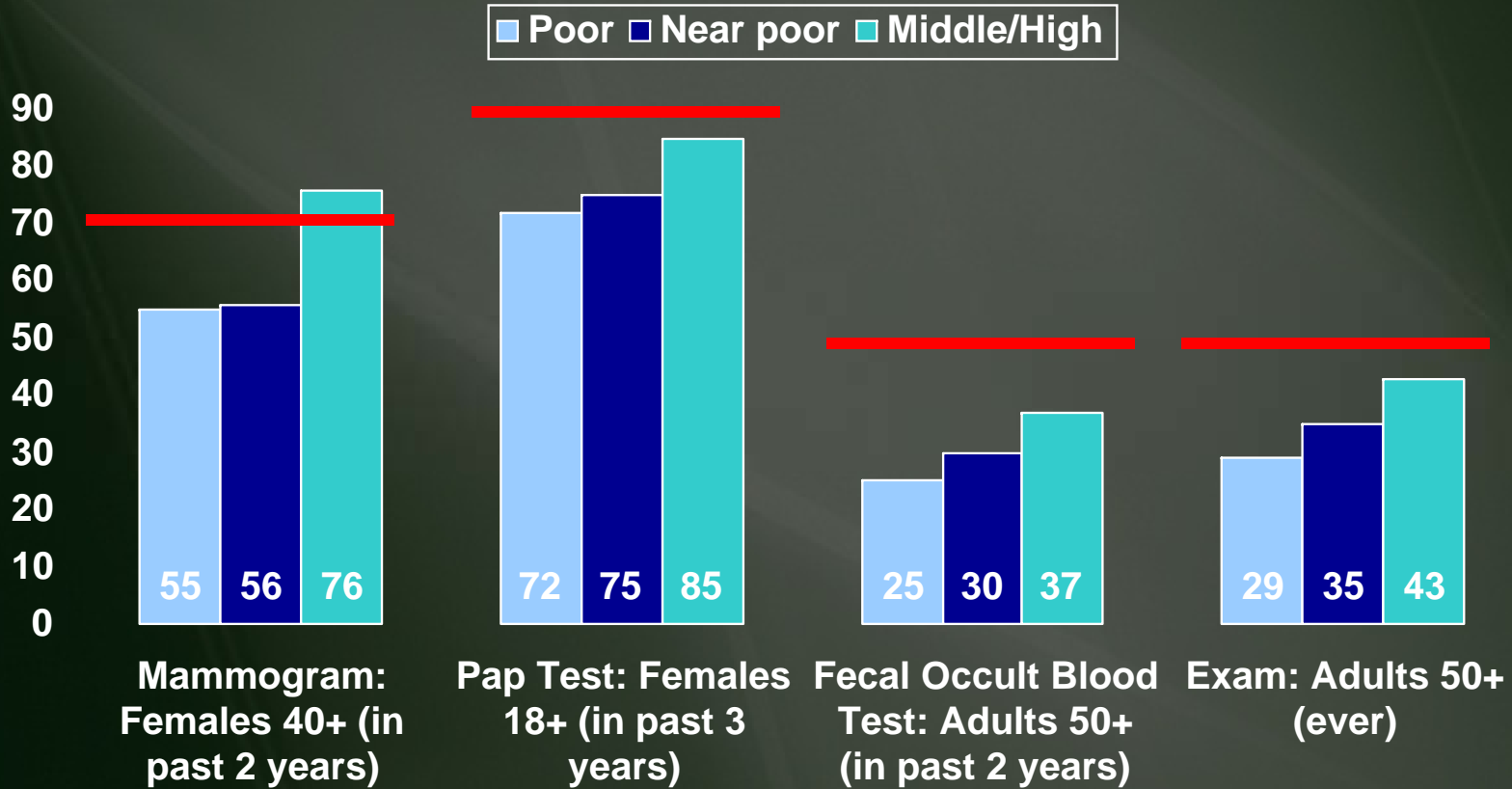
** Persons of Hispanic origin may be of any race.

Note: Data are age adjusted to the 2000 standard population.

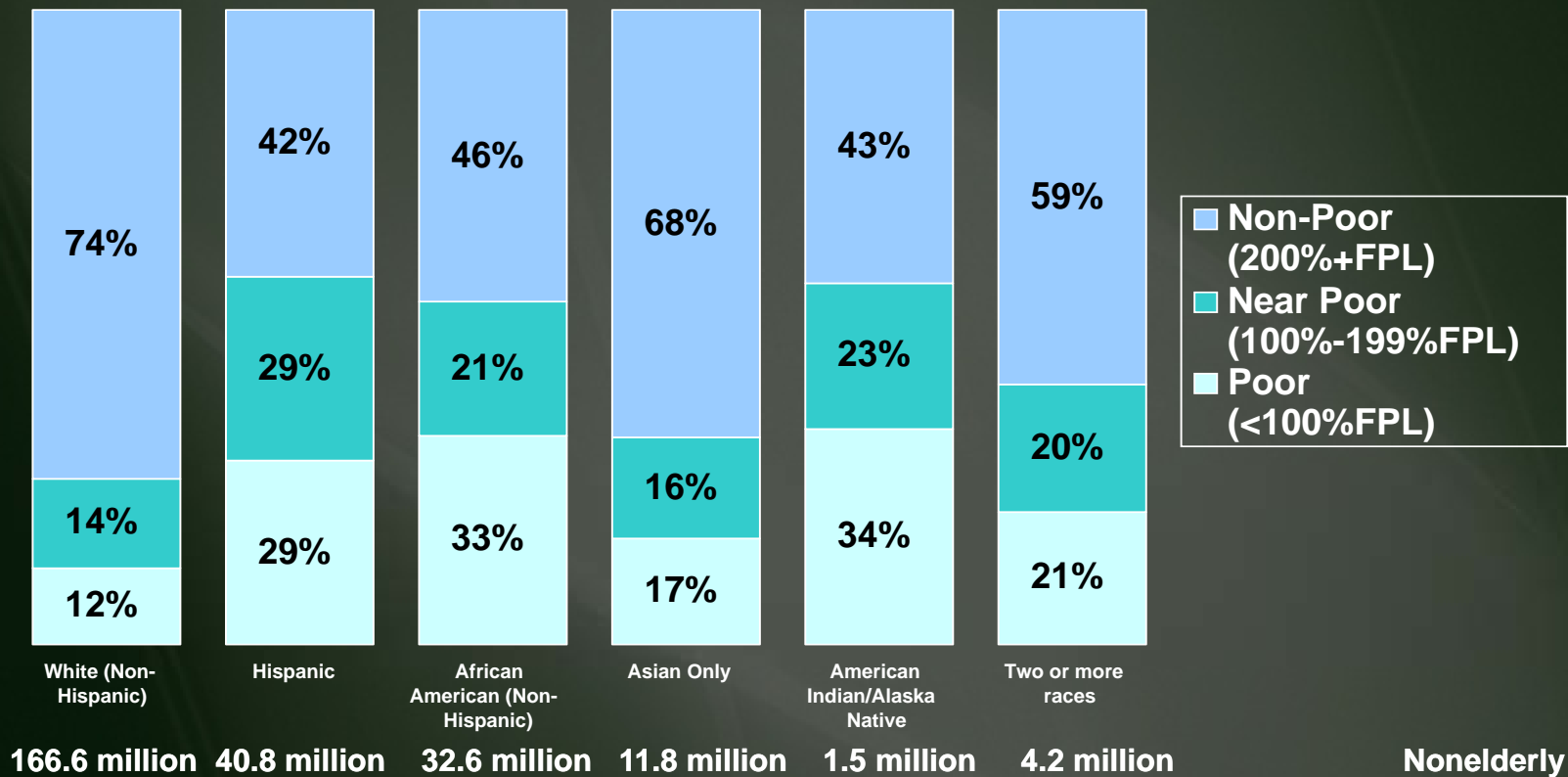
Early Cancer Detection Procedures by Income Level

- | 95% confidence interval
- Exam includes sigmoidoscopy, colonoscopy, or proctoscopy

Age-adjusted percent ————— 2010 Target



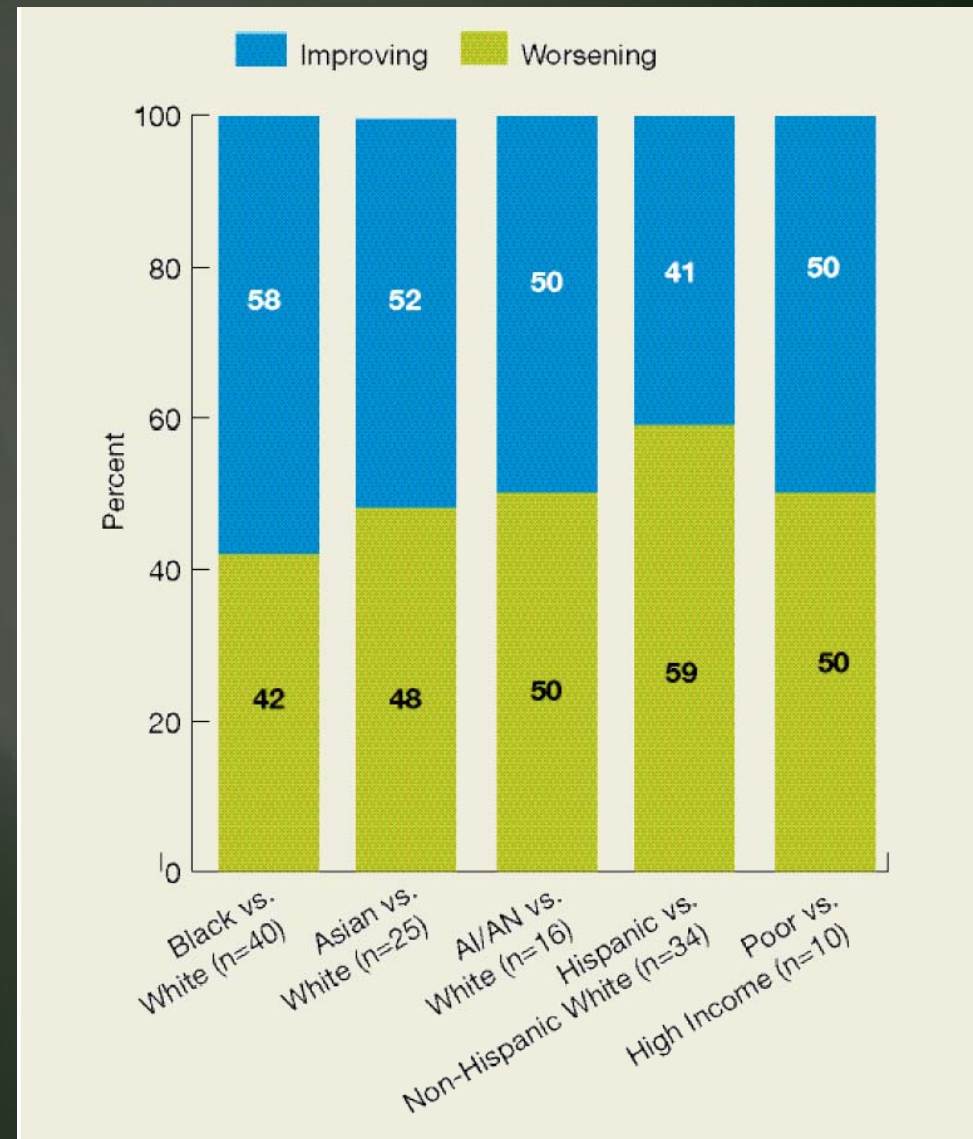
Poverty Status of the Nonelderly Population by Race/Ethnicity



- NOTE:** Individuals who reported more than one race group were categorized as “Two or more races.” Nonelderly includes all individuals under age 65. FPL = Federal Poverty Level. The FPL for a family of four in 2005 was \$19,971.

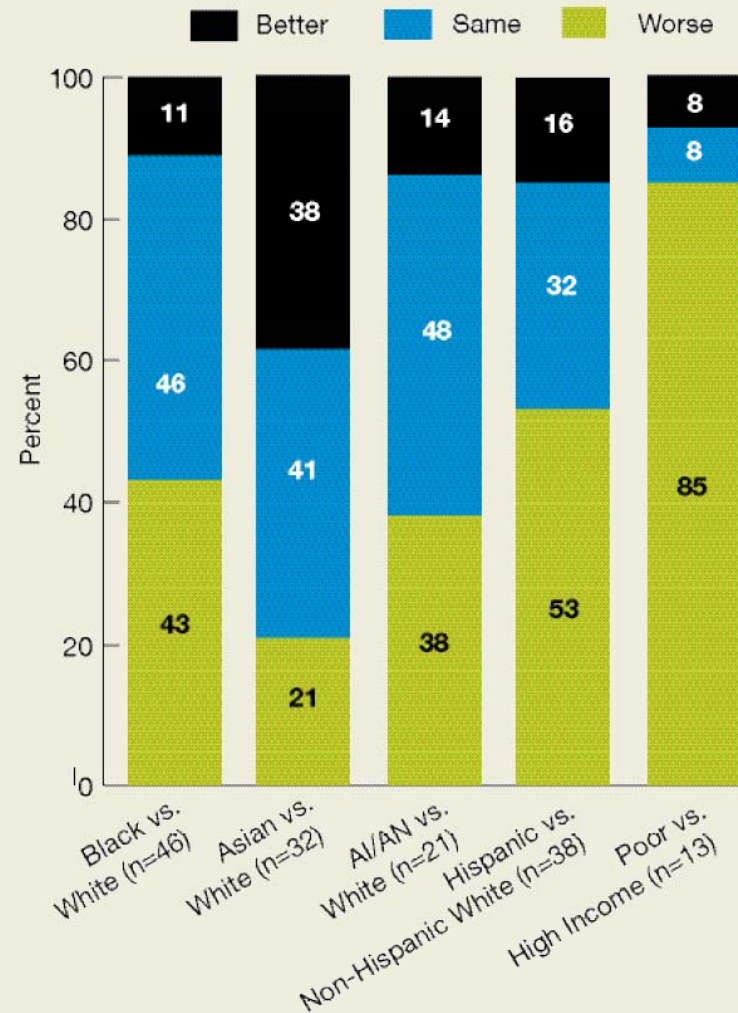
AHRQ Core Quality Measures

Change over
time

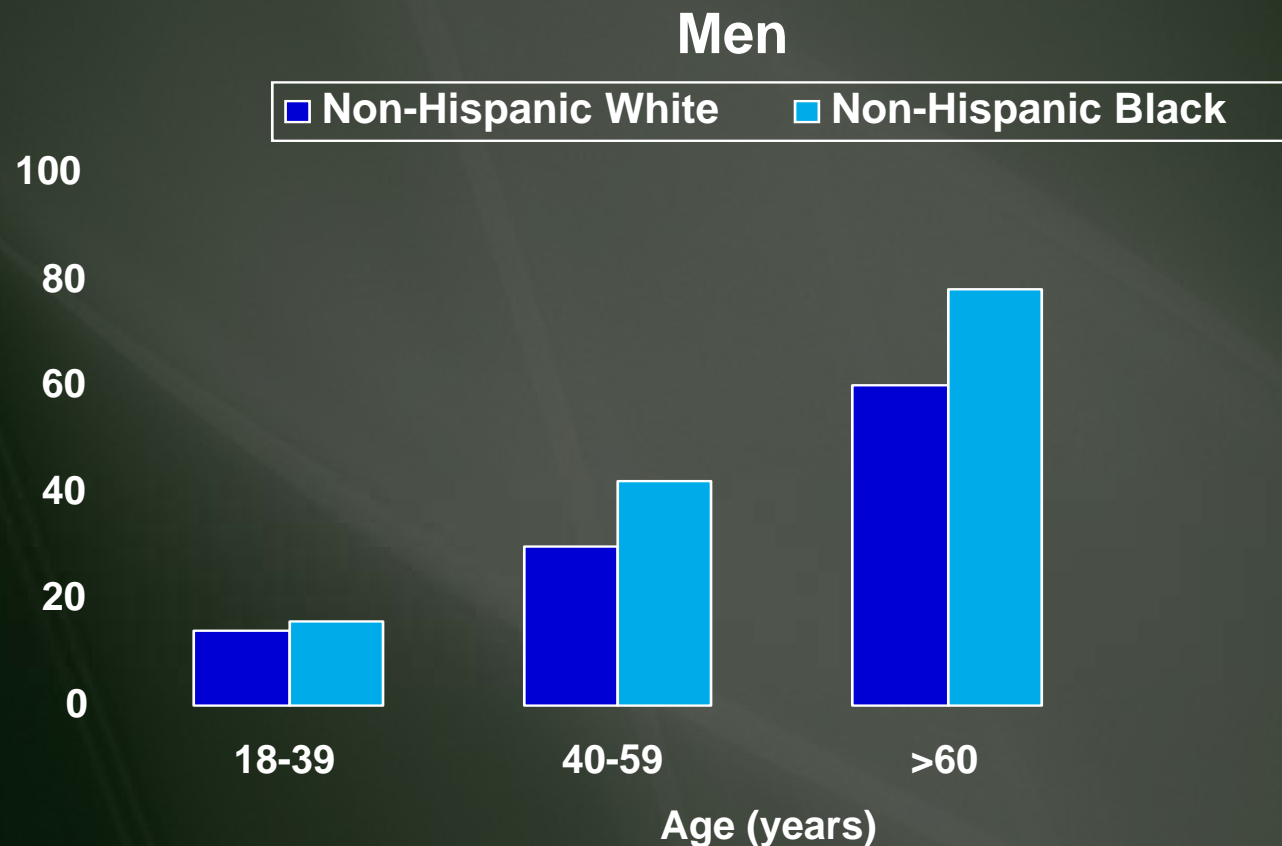


AHRQ Core Quality Measures

Current state



Hypertension Is More Prevalent in Black Men than in White Men



Error bars indicate 95% confidence intervals. Data are weighted to the US population.
Hajjar and Kotchen. *JAMA*. 2003;290:199-206.

Access to healthcare

- Insured at the time of diagnosis
- Fluctuations in insurance status
- Affordability of the-related expenses not covered insurance
- Personal transportation/Other constraints – Structural barriers

Social networks (support, influences)

- Extended family
- Friends
- Spouse/partner
- Other hypertension patient
- Pastor/Other religious leader

Health System Factors

- Perceived racism/discrimination /mistreatment
- AAs health care providers on staff
- Community standing with AAs

Hypertension-related

- Stage of hypertension at diagnosis
- Communication about hypertension from PCP
- Attitudes and behaviors related to normal blood pressure health and early detection

AA men's achieving control of hypertension

Accessing health information

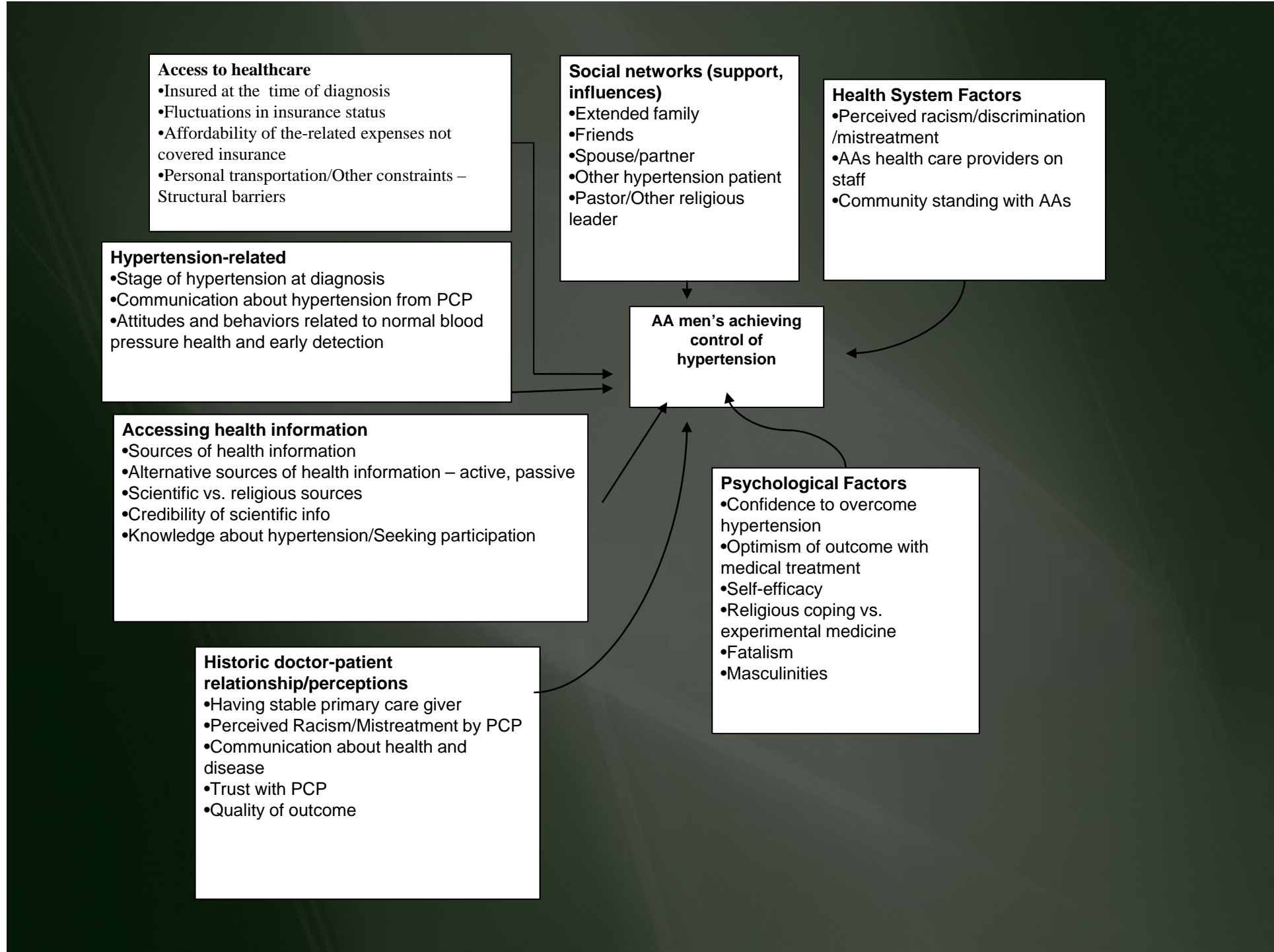
- Sources of health information
- Alternative sources of health information – active, passive
- Scientific vs. religious sources
- Credibility of scientific info
- Knowledge about hypertension/Seeking participation

Psychological Factors

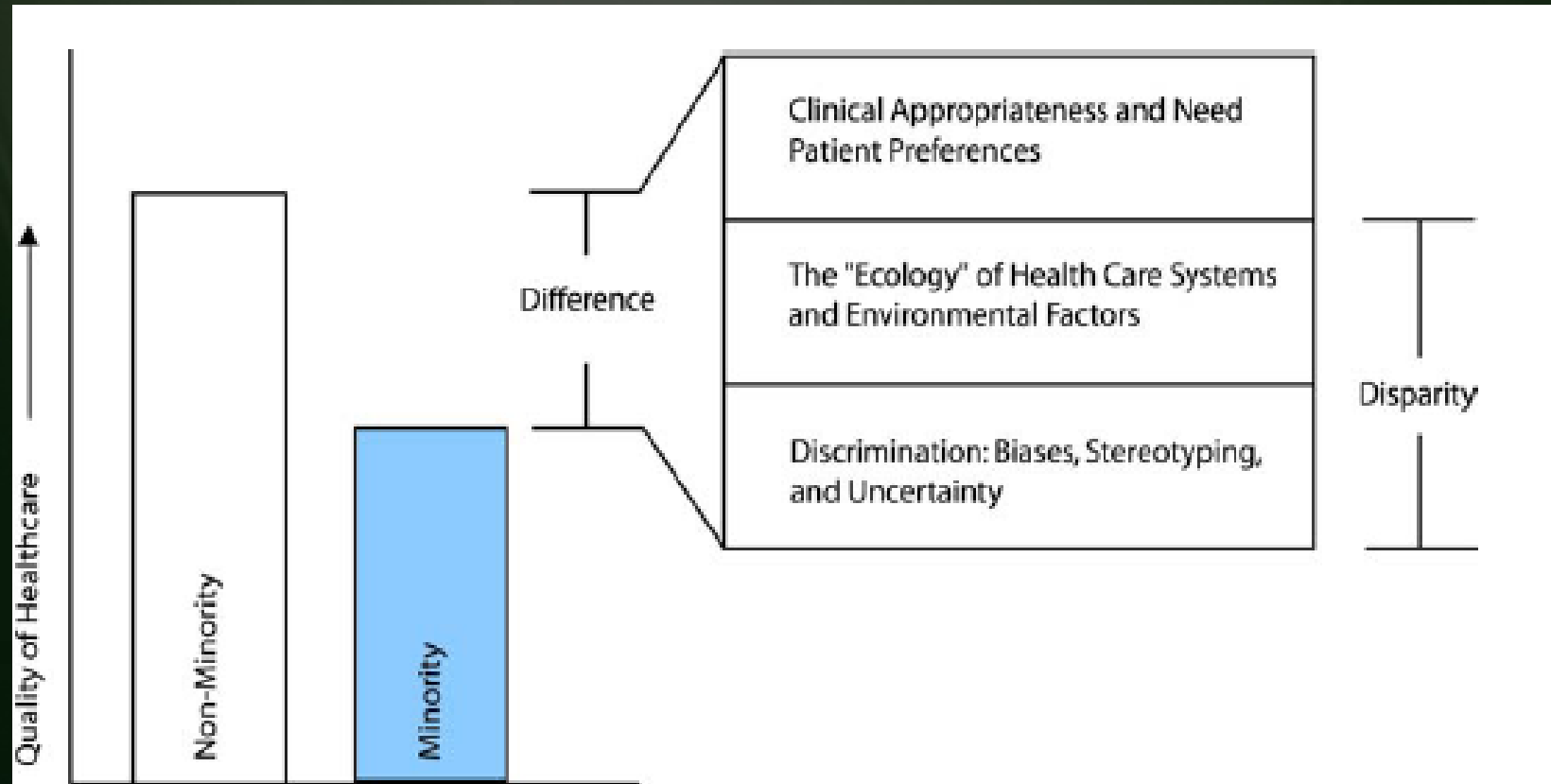
- Confidence to overcome hypertension
- Optimism of outcome with medical treatment
- Self-efficacy
- Religious coping vs. experimental medicine
- Fatalism
- Masculinities

Historic doctor-patient relationship/perceptions

- Having stable primary care giver
- Perceived Racism/Mistreatment by PCP
- Communication about health and disease
- Trust with PCP
- Quality of outcome



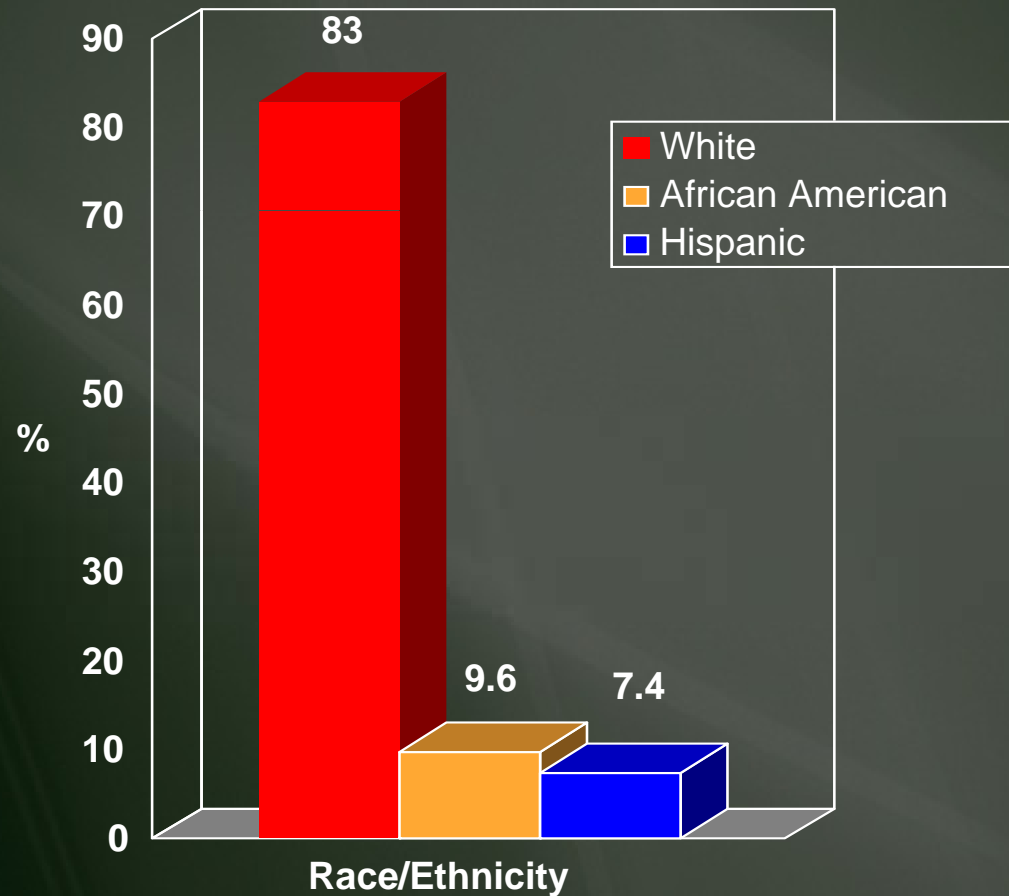
Health System and Disparities



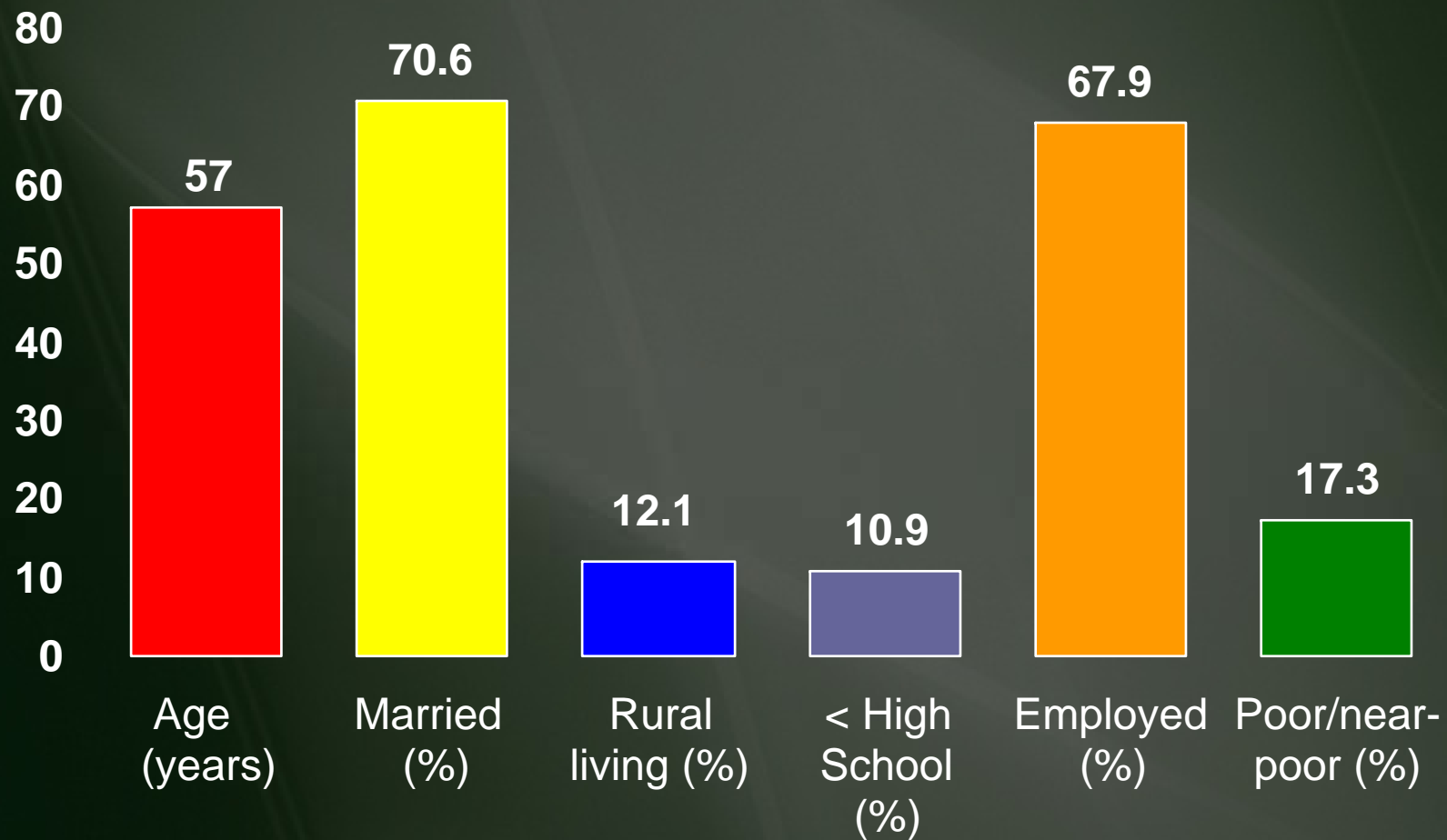
Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.
SOURCE: Gomes and McGuire, 2001

Race and Ethnicity

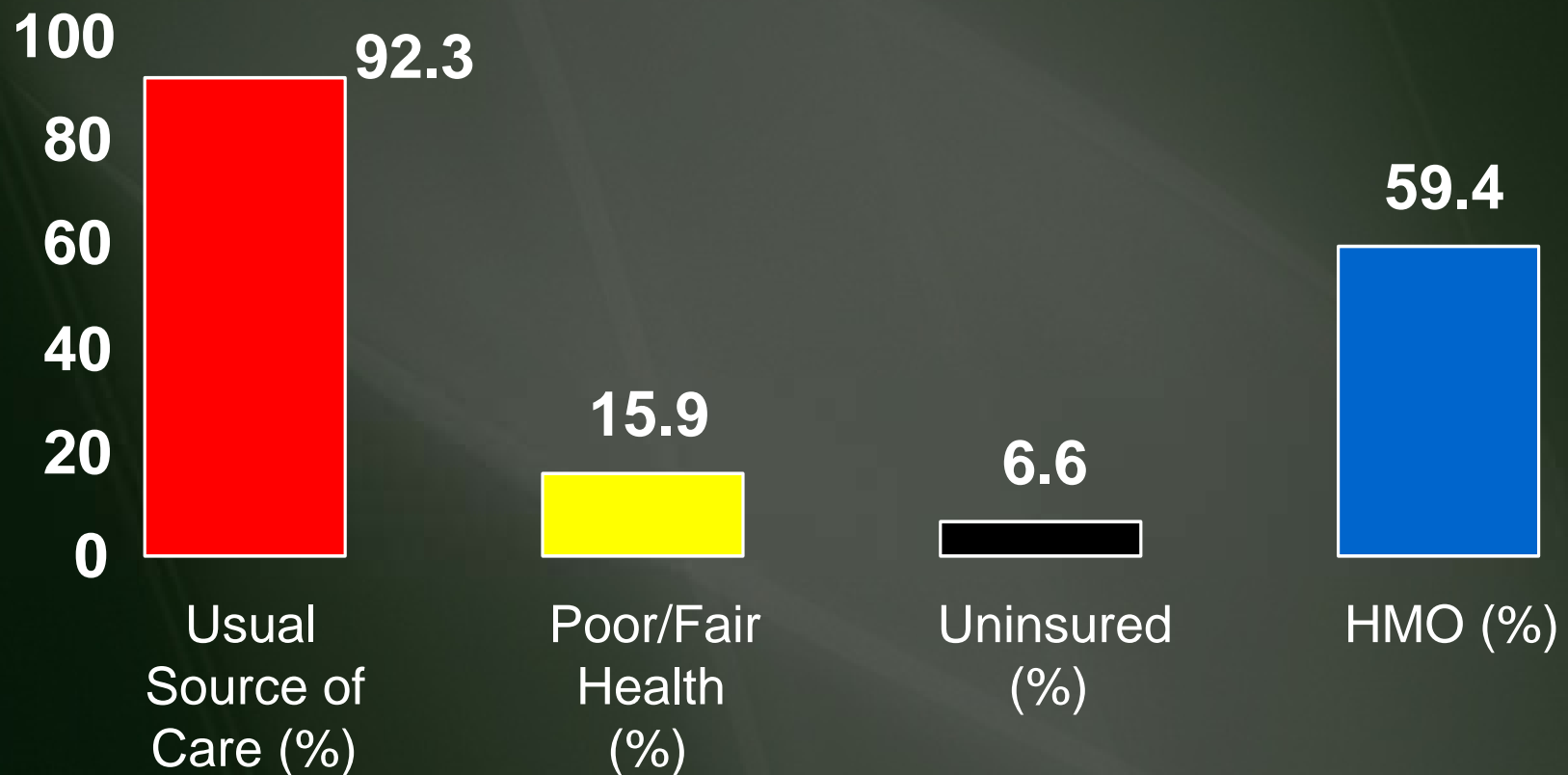
Weighted % of Race/Ethnicity



Selected Characteristics of Respondents

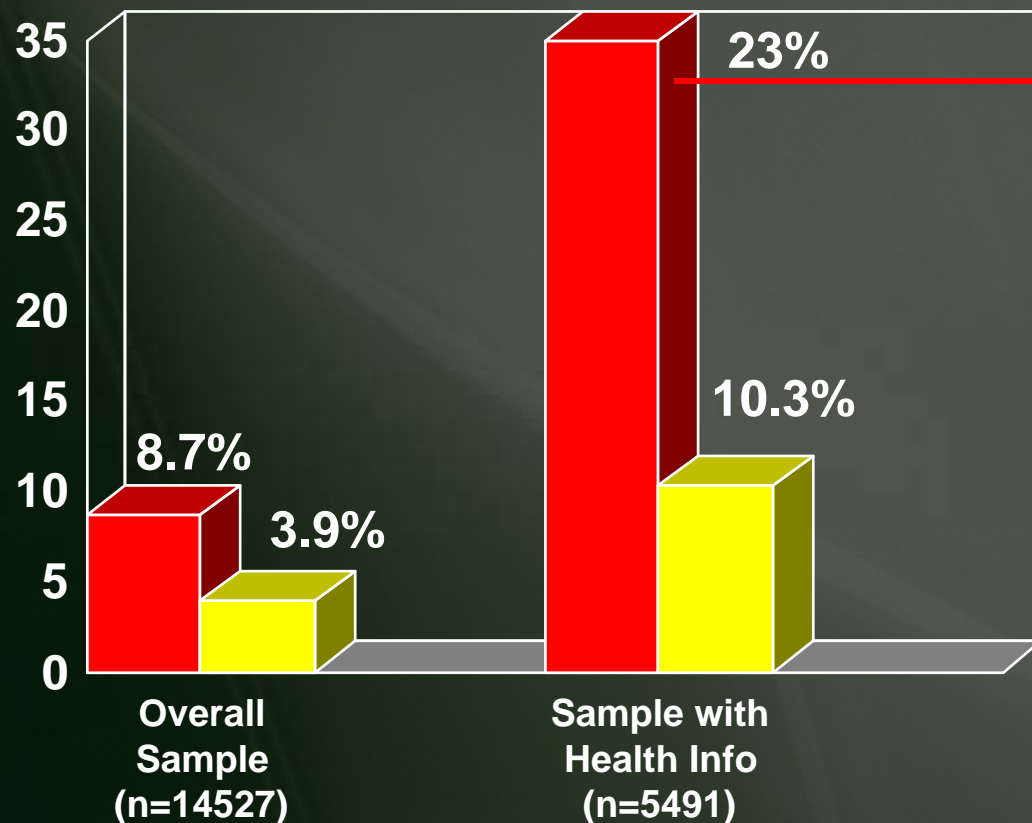


Selected Characteristics of Respondents



Dependent Variables

- Mentioned Info to Physician
- Physician Ordered Tests



Of the 23% who mentioned information to the physician (n=1261), 45% perceived that they got tests ordered

Sought Health Information

Characteristic	Odds Ratio	Confidence Interval	P value
Race			
White (ref)			
Black	1.05	(0.90-1.22)	0.539
Hispanic	1.13	(0.96-1.32)	0.147
Health Status			
Excellent (ref)			
Poor	1.65	(1.46-1.86)	<0.001
Good	1.3	(1.19-1.42)	<0.001
Employment status			
Yes (ref)			
No	1.16	(1.03-1.31)	0.015
Educational Level			
College graduate (ref)			
< high school	0.33	(0.27-0.39)	<0.001
High school	0.43	(0.39-.048)	<0.001
Some college	0.64	(0.57-0.71)	<0.001

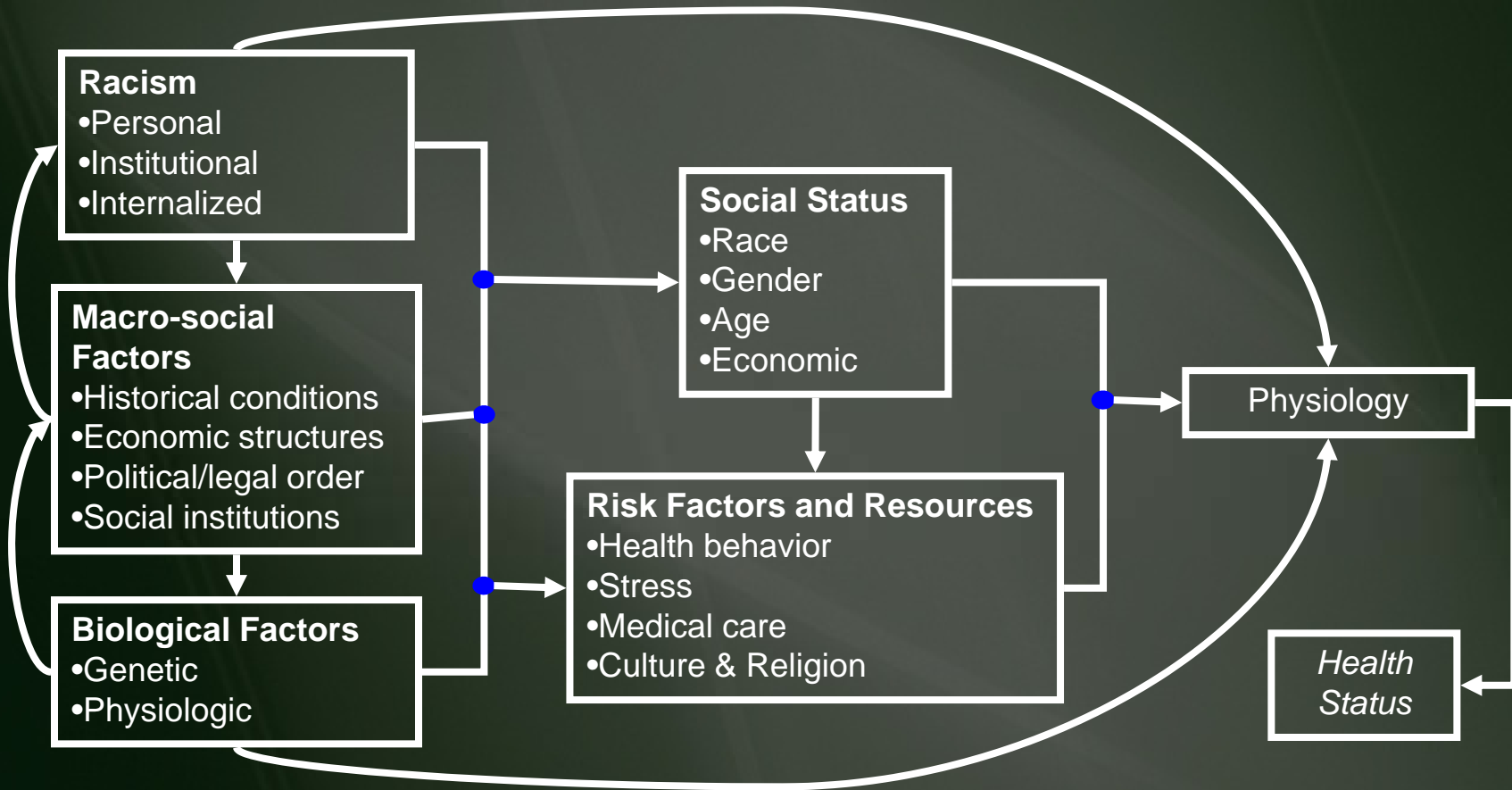
Sought Health Information and Mentioned to Doctor

Characteristic	Odds Ratio	Confidence Interval	P value
Race			
White (ref)			
Black	0.59	(0.41-0.84)	0.003
Hispanic	0.85	(0.59-1.22)	0.374
Health Status			
Excellent (ref)			
Poor	1.84	(1.49-2.26)	<0.001
Good	1.61	(1.38-1.88)	<0.001
Employment status			
Yes (ref)			
No	1.26	(1.0-1.59)	0.051
Educational Level			
College graduate (ref)			
< high school	0.51	(0.38-0.69)	<0.001
High school	0.68	(0.55-0.84)	<0.001
Some college	0.82	(0.67-1.01)	0.067

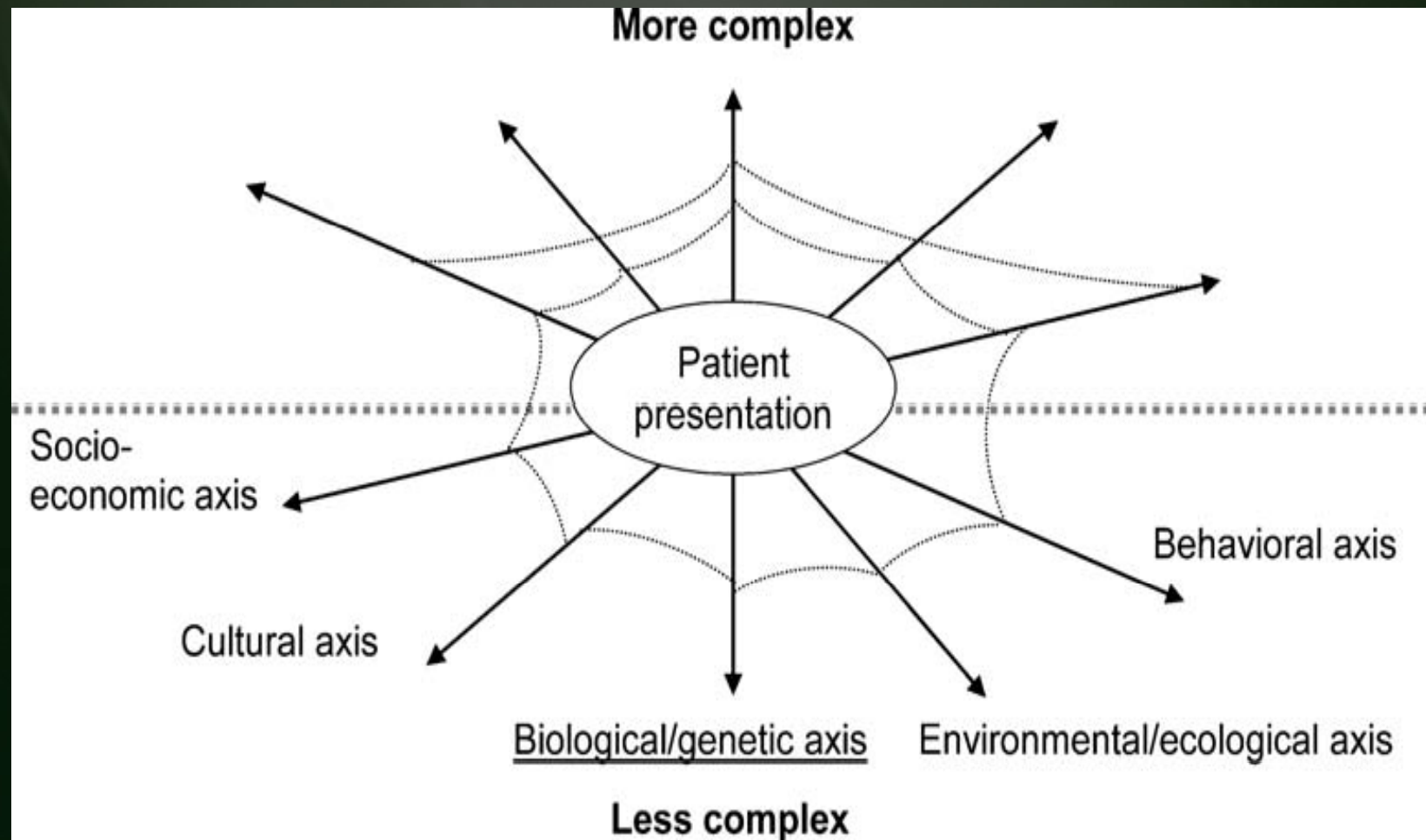
Perceived Test Ordered from Information

Characteristic	Odds Ratio	Confidence Interval	P value
Race			
White (ref)			
Black	1.32	(0.71-2.47)	0.386
Hispanic	3.57	(2.13-5.99)	<0.001
Health Status			
Excellent (ref)			
Poor	0.84	(0.59-1.18)	0.308
Good	0.96	(0.71-1.29)	0.776
Employment status			
Yes (ref)			
No	1.22	(0.85-1.75)	0.279
Educational Level			
College graduate (ref)			
< high school	1.79	(0.99-3.23)	0.055
High school	1.29	(0.96-1.74)	0.096
Some college	1.05	(0.75-1.46)	0.783

Williams-Jones Model of Health Disparities



Important to Remember: Men Complex Patients (particularly AA)



**Examples of Contributors
to Differential Medical
Treatment and of their
Consequences, by
Patient Complexity
Component Vector**

Vector	Sources of increased complexity along the Vector	Specific consequence
Socioeconomics	Lack of health insurance	Difficulty affording treatment
	Lack of transportation	Difficulty accessing providers
Culture	Low educational attainment	Inability to navigate complex systems
	Race/ethnicity	Care that is not culturally sensitive
	Language	Communication barriers
Biology/ genetics	Communication	Distrust, perceived discrimination
	Multiple comorbidities	Medication interactions
	Genetic variability	Cannot achieve recommended targets
Environment/ ecology	Cognitive impairment	Inability to follow recommendations
	Pollution	Exposure to toxins
	Neighborhood violence	Inability to exercise
Behavior	Lack of public transportation	Inability to buy healthy foods
	Smoking tobacco	Cardiovascular, pulmonary disease
	Unhealthy diet	Obesity
	Lack of physical activity	Diabetes

Faculty

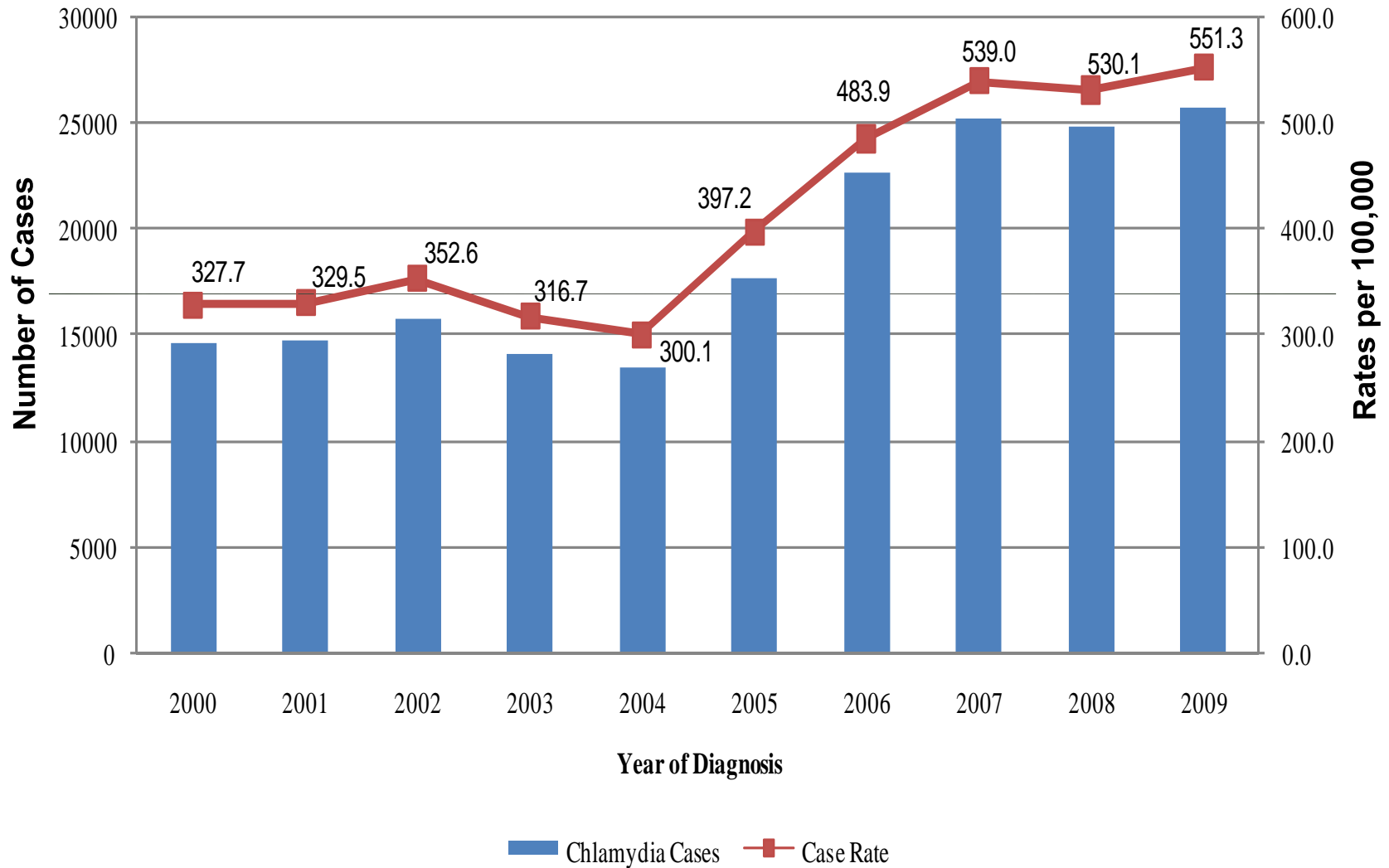
Anthony Merriweather, MSPH

Director

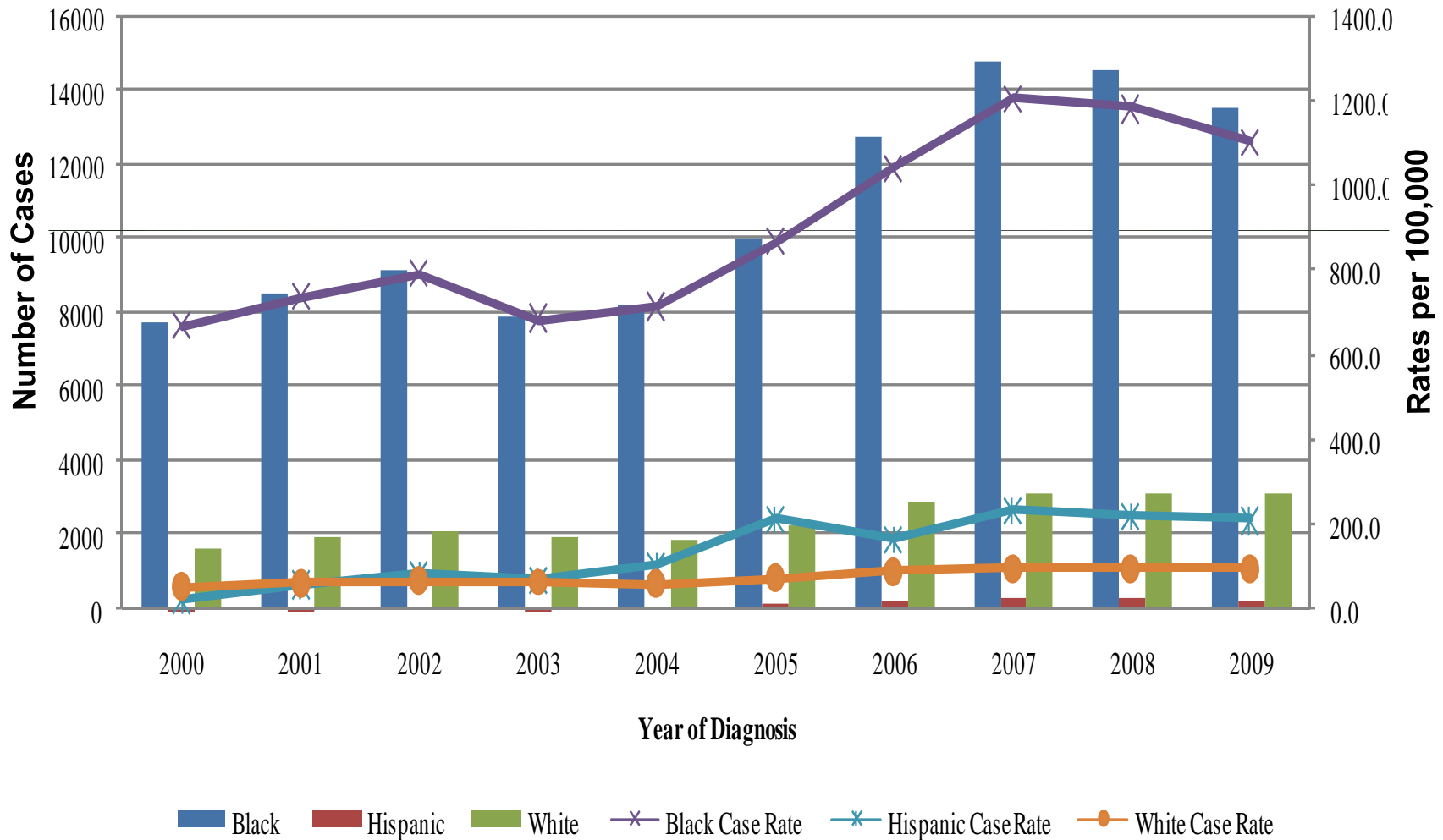
Division of STD

Alabama Department of Public Health

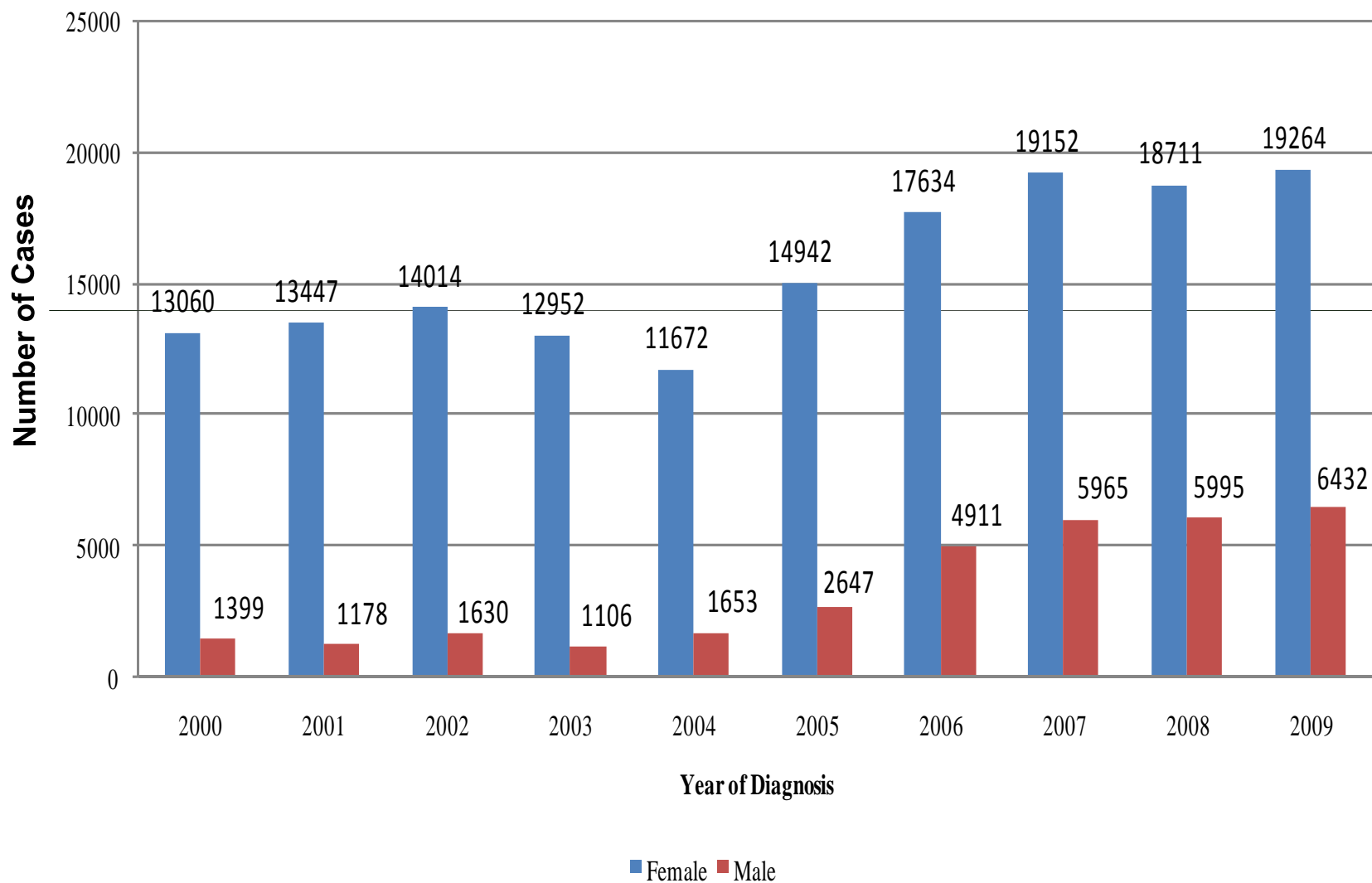
Chlamydia Cases, Alabama 2000-2009



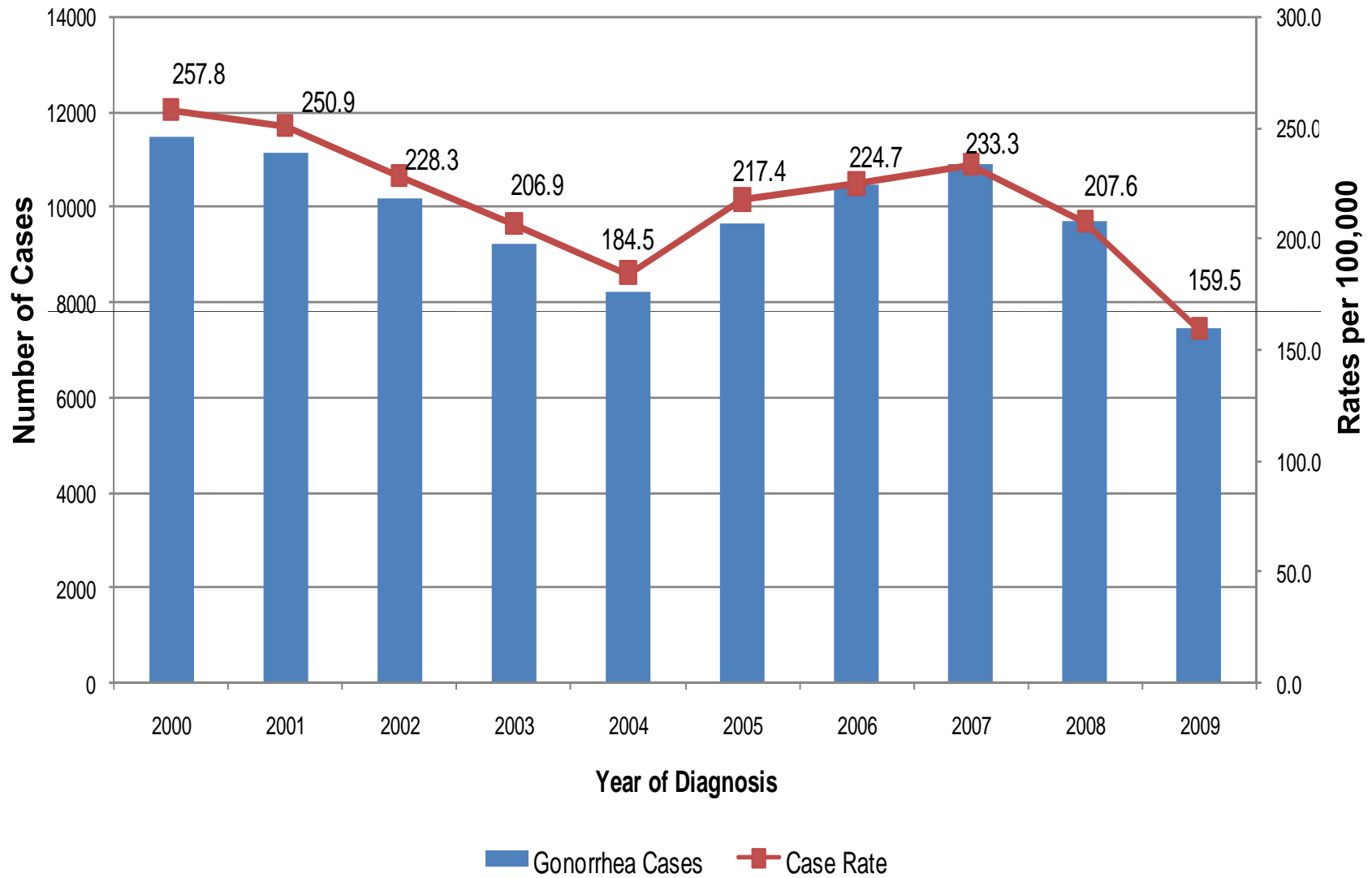
Chlamydia Cases by Race/Ethnicity, Alabama 2000-2009



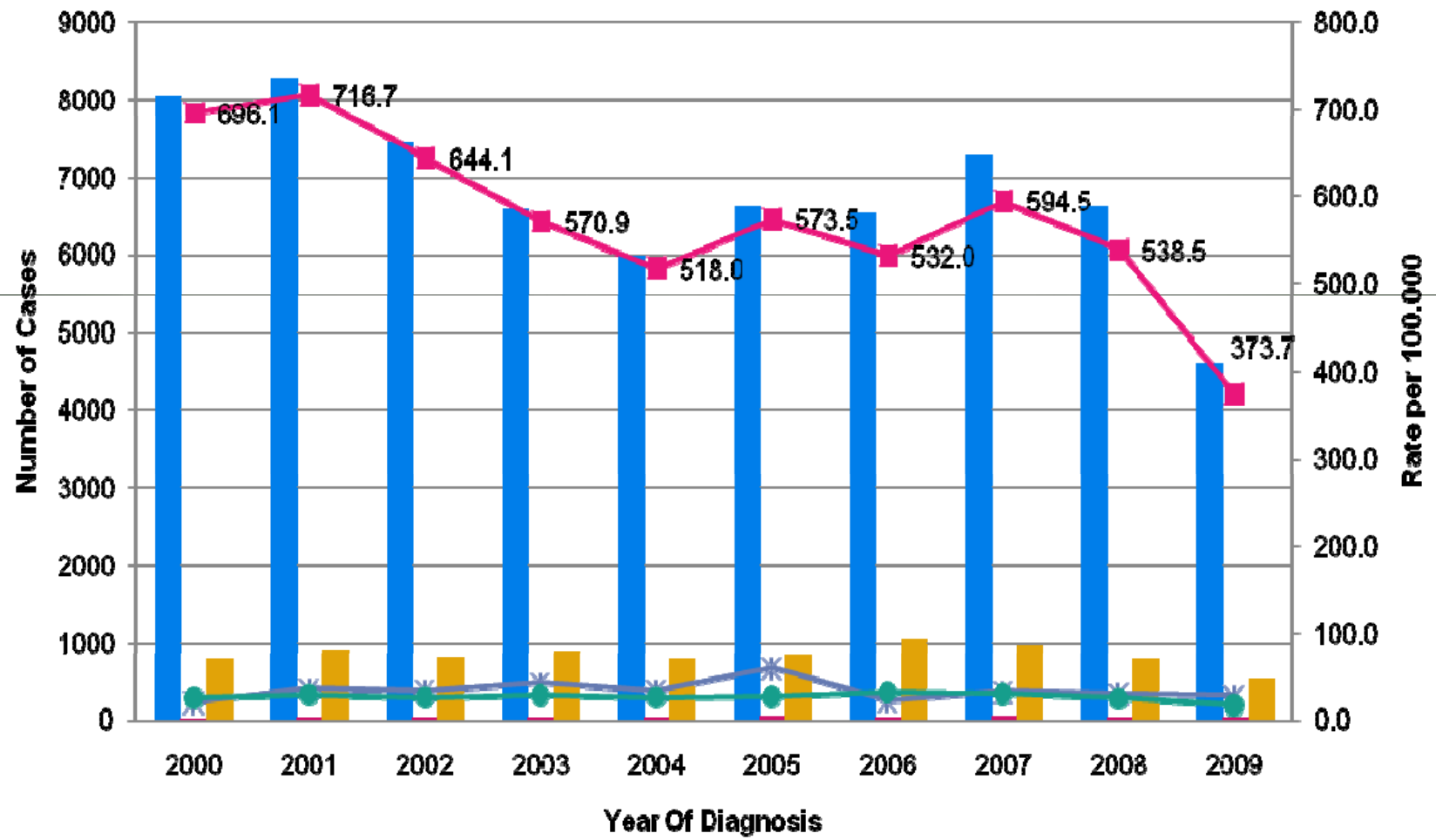
Chlamydia Cases by Gender, Alabama 2000-2009



Gonorrhea Cases, Alabama 2000-2009

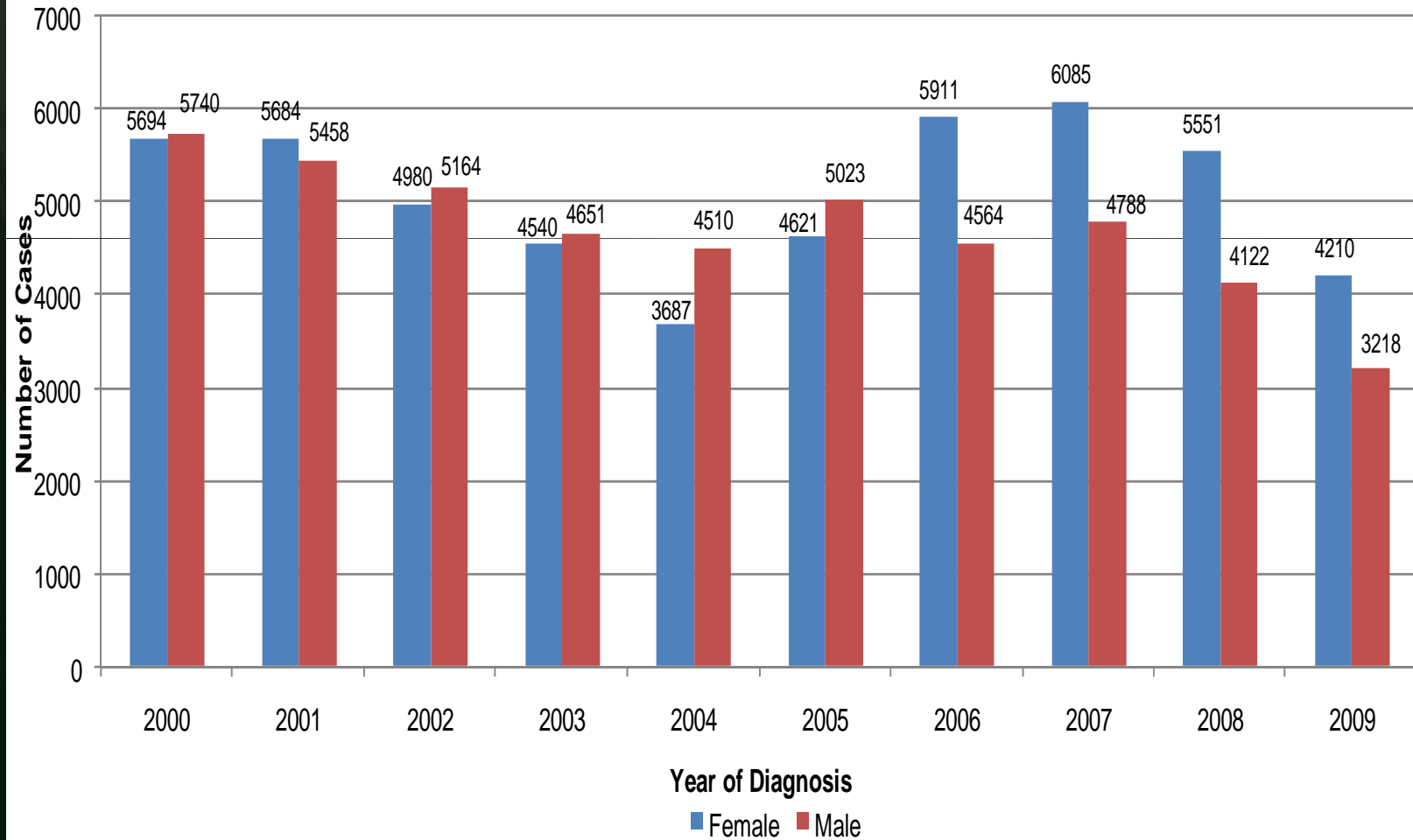


Gonorrhea Cases by Race/Ethnicity, Alabama 2000-2009

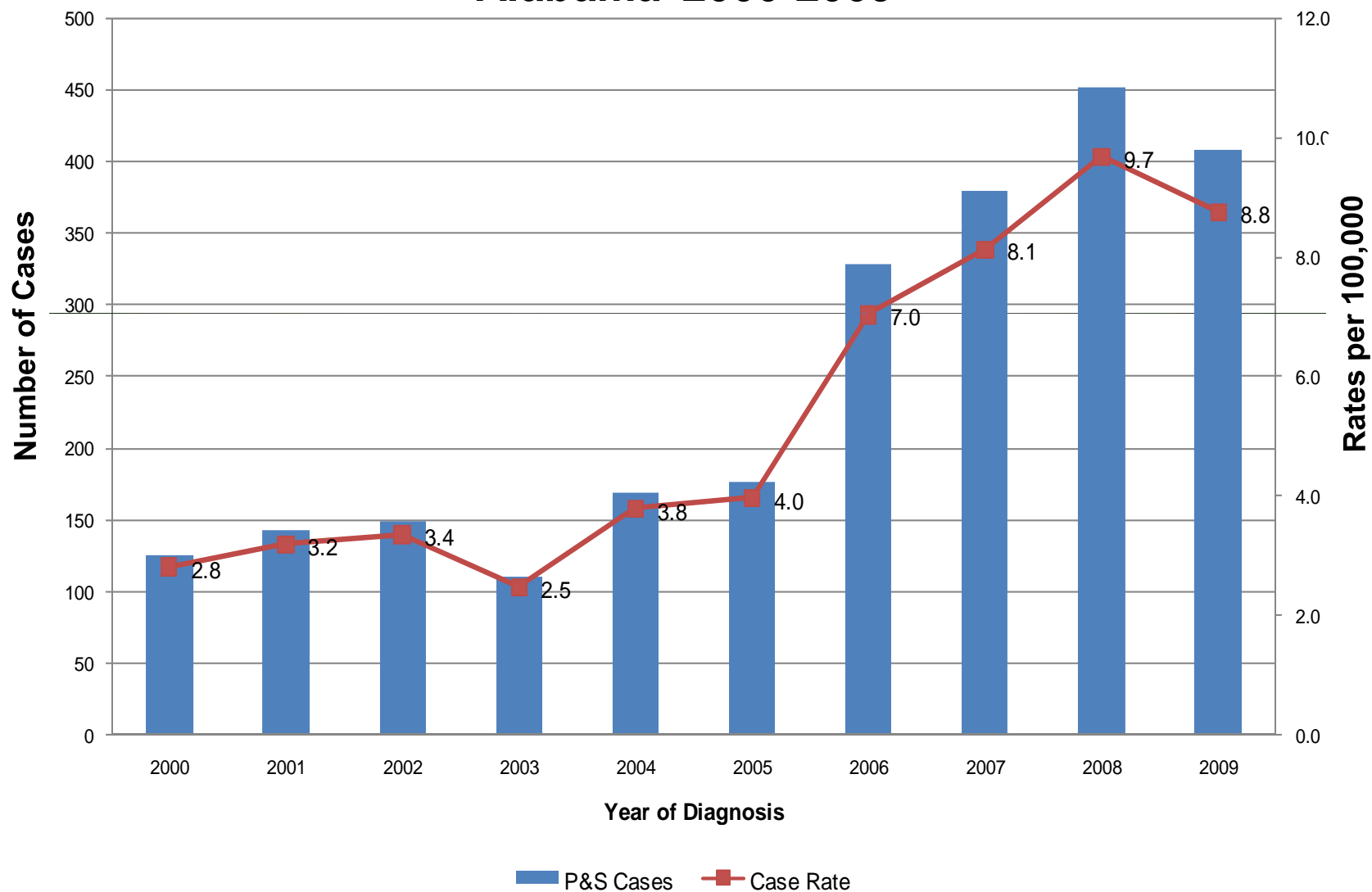


■ Black
 ■ Hispanic
 ■ White
 —■— Black Case Rate
 —*— Hispanic Case Rate
 —●— White Case Rate

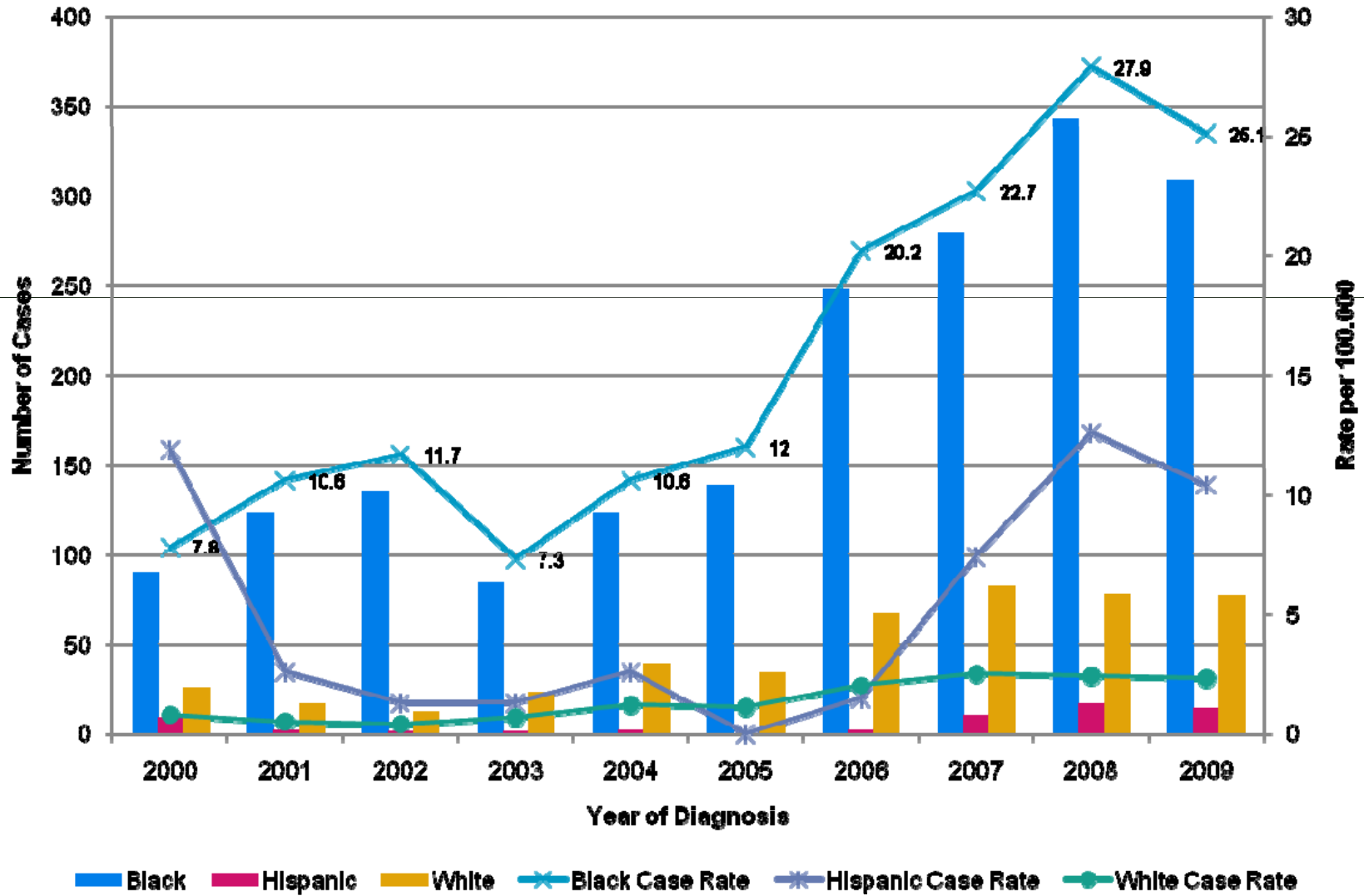
Gonorrhea Cases by Gender, Alabama 2000-2009



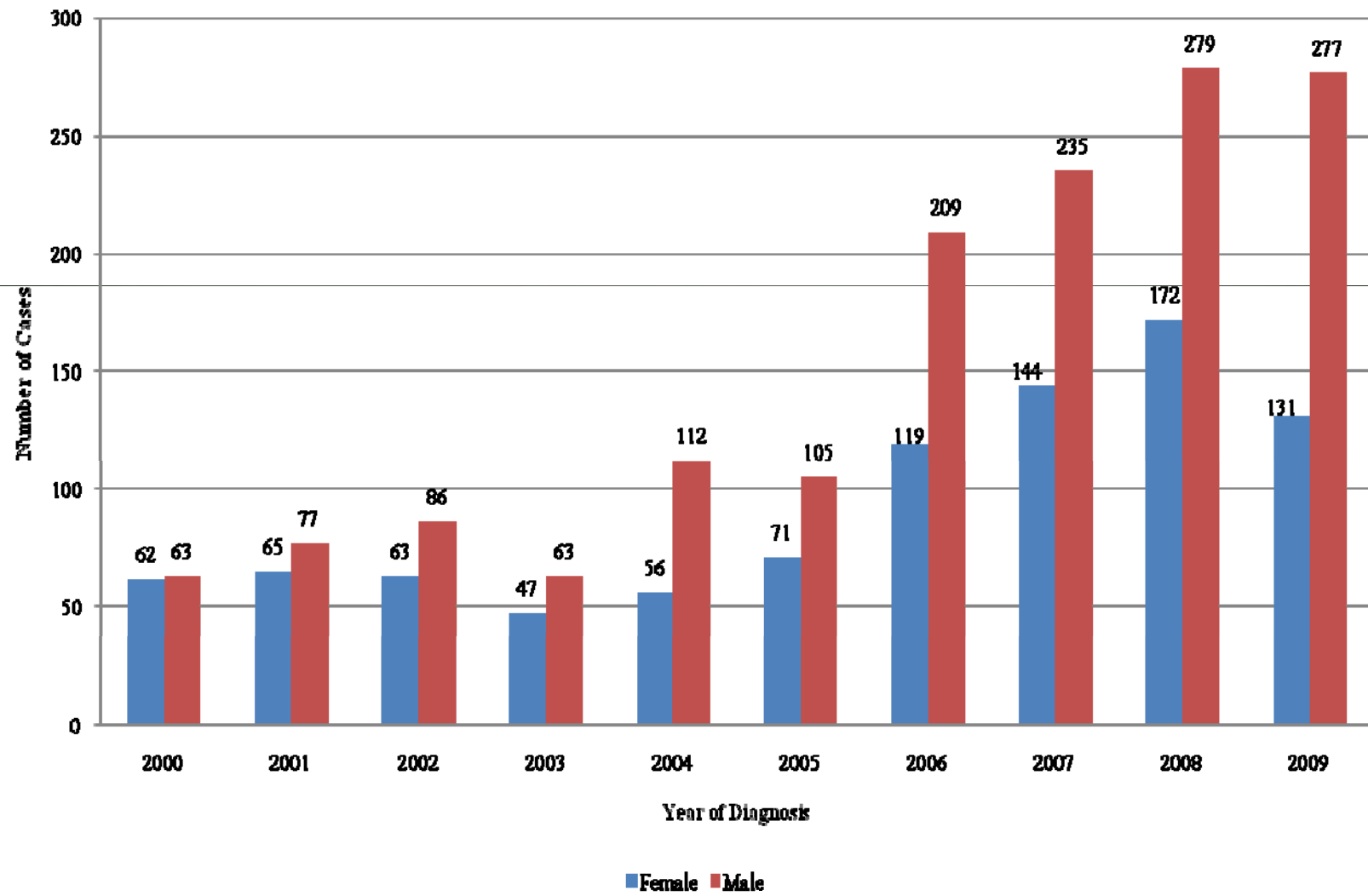
Primary and Secondary Syphilis Cases, Alabama 2000-2009



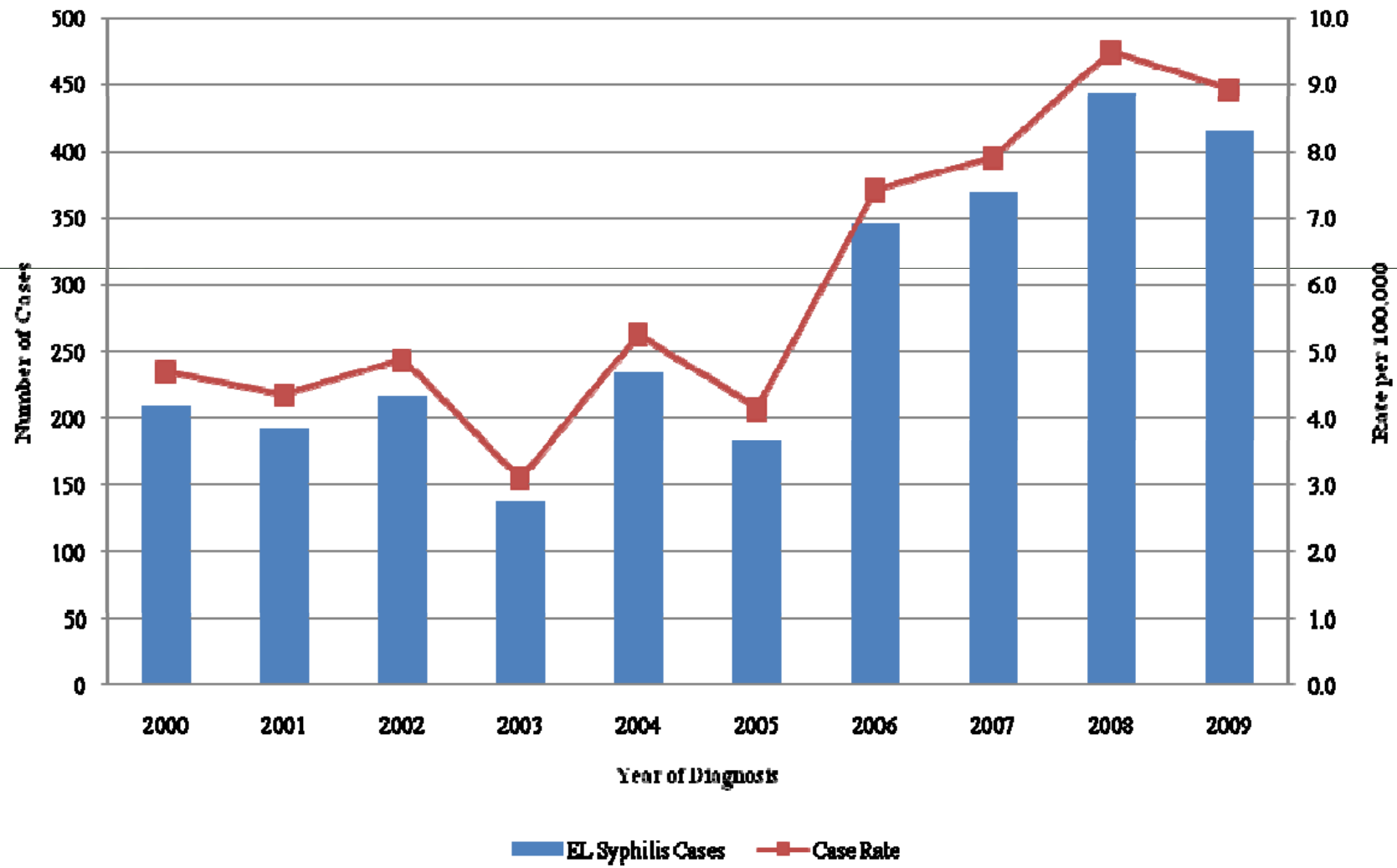
Primary and Secondary Syphilis Cases by Race/Ethnicity, Alabama 2000-2009



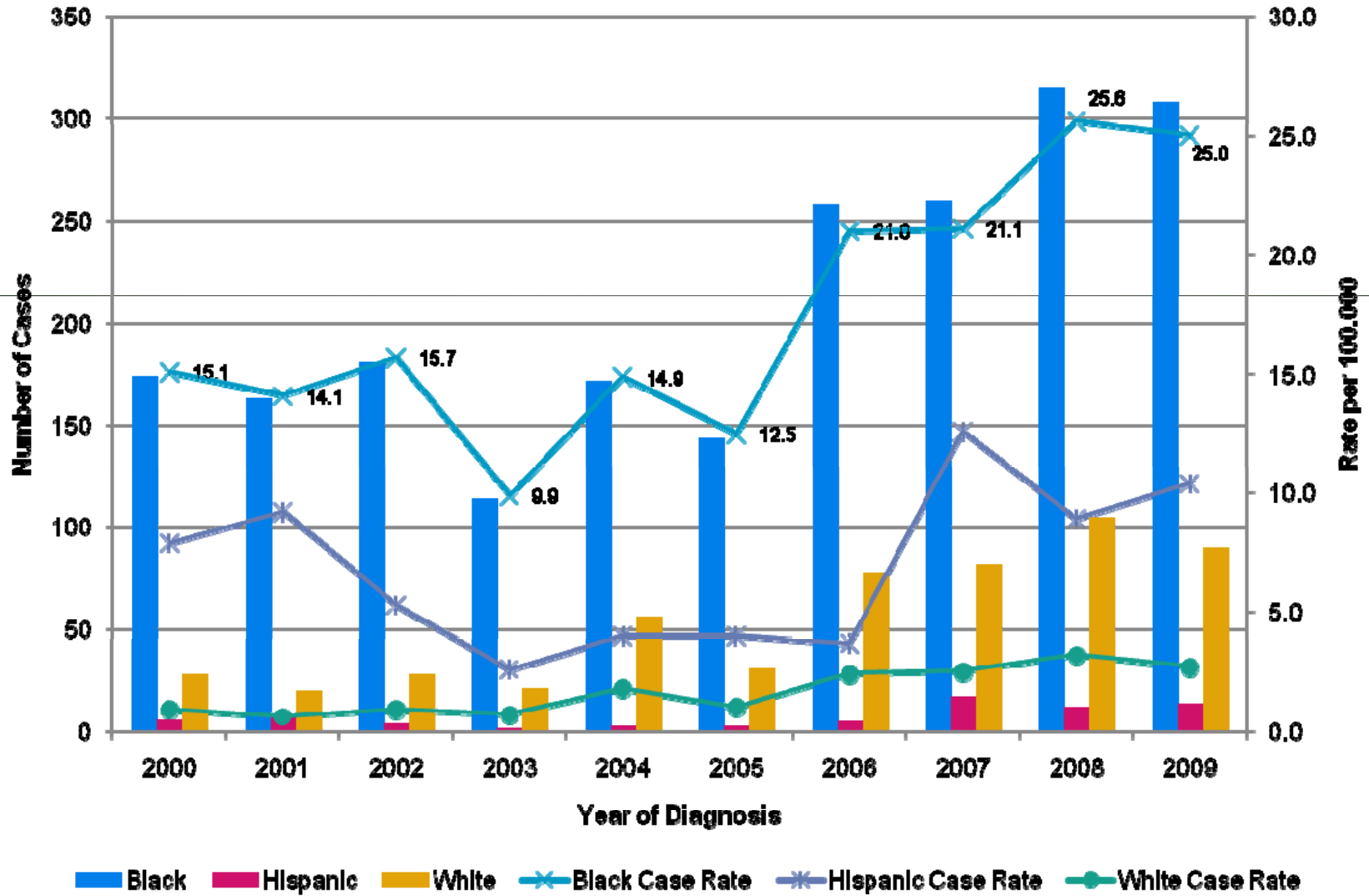
Primary and Secondary Cases by Gender, Alabama 2000-2009



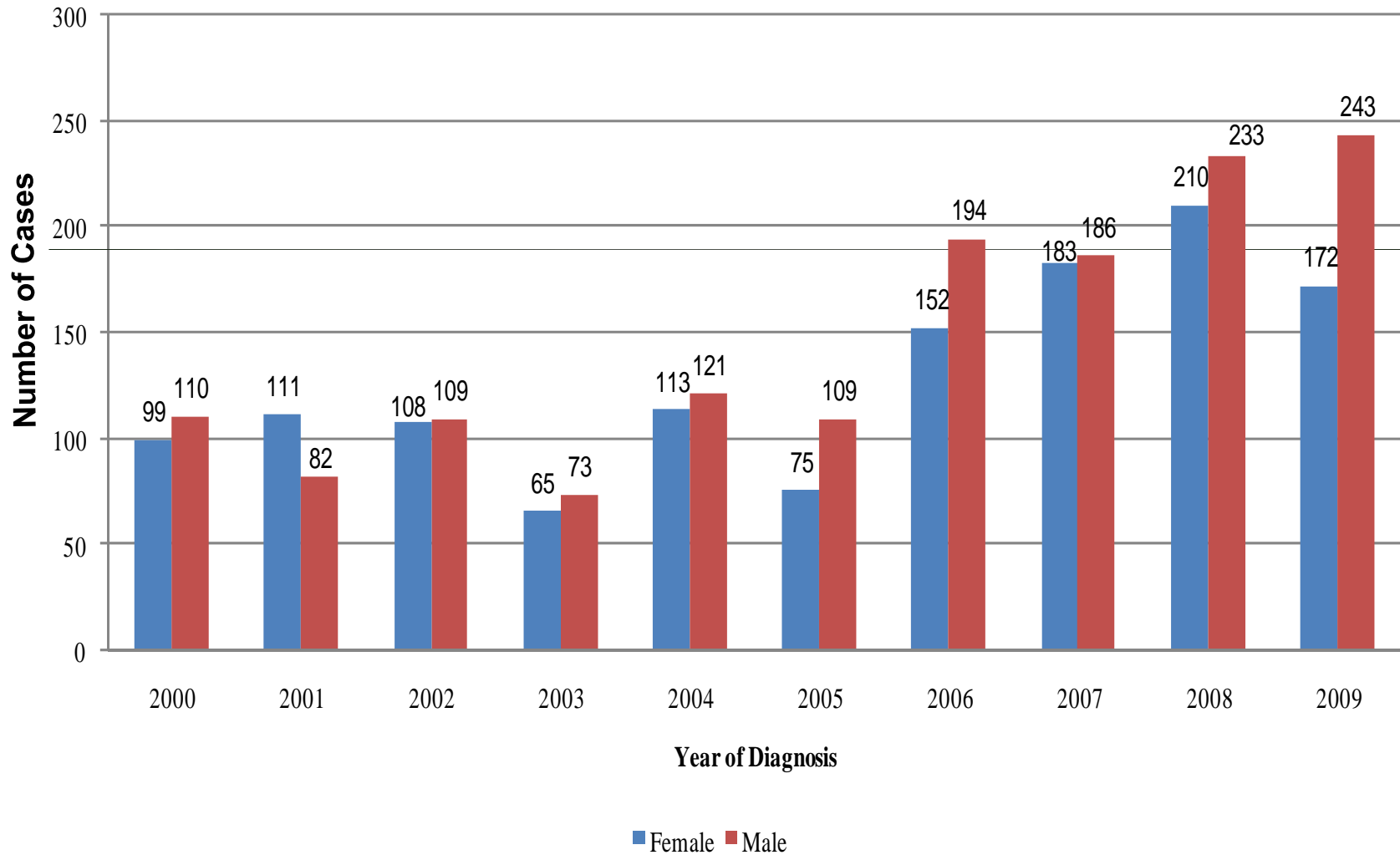
Early Latent Syphilis Cases, Alabama 2000-2009



Early Latent Syphilis Cases by Race/Ethnicity, Alabama 2000-2009



Early Latent Syphilis Cases by Gender, Alabama 2000-2009



Faculty

Donald M. Dietz, MS, ICADC, CADP
Director of Drug Treatment
Office of Plans and Programs
Alabama Department of Corrections

Scope of the Substance Abuse Problem in Alabama

2008 Arrests for **Sales**: Adult & Juvenile

		Opium/Cocaine		Marijuana		Synthetic Drugs		Other	
Race/Sex		Adult	Juvenile	Adult	Juvenile	Adult	Juvenile	Adult	Juvenile
White	M	82	1	73	3	64	3	425	3
White	F	60	2	23	1	30	5	184	1
Black	M	403	6	129	1	77	1	61	3
Black	F	59	0	14	0	7	0	12	0
Other	M	1	0	0	0	0	0	0	0
Other	F	1	0	0	0	0	0	0	0
Total:		606	9	239	5	178	9	682	7
Grand Total:		615		244		187		689	

Scope of the Substance Abuse Problem in Alabama

2008 Arrests for **Possession**: Adult & Juvenile

		Opium/Cocaine		Marijuana		Synthetic Drugs		Other	
Race/Sex		Adult	Juvenile	Adult	Juvenile	Adult	Juvenile	Adult	Juvenile
White	M	976	11	2499	285	525	14	425	3
White	F	535	6	642	68	296	8	184	1
Black	M	2631	92	5360	452	181	9	61	3
Black	F	361	7	600	27	47	1	12	0
Other	M	10	0	23	3	3	0	0	0
Other	F	2	0	6	0	0	0	0	0
Total:		4515	116	9130	835	1052	9	682	7
Grand Total:		4631		9965		1084		931	

Scope of the Substance Abuse Problem in Alabama

Year	Meth Lab Incidents
2002	261
2003	344
2004	404
2005	276
2006	193

Faculty

**Ronada Anderson, MSW, LGSW
Adult Viral Hepatitis Prevention
Coordinator**

Alabama Department of Public Health

Who Is At Risk?

Hepatitis A	Hepatitis B	Hepatitis C
Household contacts of infected persons	Persons with multiple sex partners in 6 mos.	Illicit drug users (injecting or snorting- even once)
Sex partners of infected persons	Persons with a history of STDs (including HIV)	Health care/Public safety workers
Travelers to HAV endemic countries	Illicit drug users (injecting or snorting)	
Men who have sex with men (MSM) and are not in mutually monogamous relationships	Health care and public safety workers exposed to blood	Hemodialysis patients
Illicit drug users	Household contacts of infected persons	Recipients of blood/blood products before 1992
	Prison or “street” tattooing/piercing	Prison tattooing/piercing
	Immigrants from areas with high (endemic) rates of HBV	“Street” tattooing/piercing
	Birth to an infected mother	

Tips To Prevent Transmission

Hepatitis A	Hepatitis B	Hepatitis C
Vaccination	Vaccination	Never share anything that may have blood on it (needles, razors, toothbrushes, snorting straws etc.)
Practice good hand washing	Use latex condoms during sex (multiple/unfamiliar partners)	Use latex condoms during sex (multiple/unfamiliar partners)
Use latex condoms/barriers during oral or anal sex	Never share anything that may have blood on it	Professionals exposed to blood should follow recommended precautions
Be careful with eating/handling raw foods	Limit sex partners	Limit sex partners
	Consider risks associated with tattooing and piercing	Consider risks associated with tattooing and piercing

The Liver

