

Social Determinants of Latino Health Disparities In the 21st Century

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Latino Health Disparities

Latino population demographics

Latino health disparities

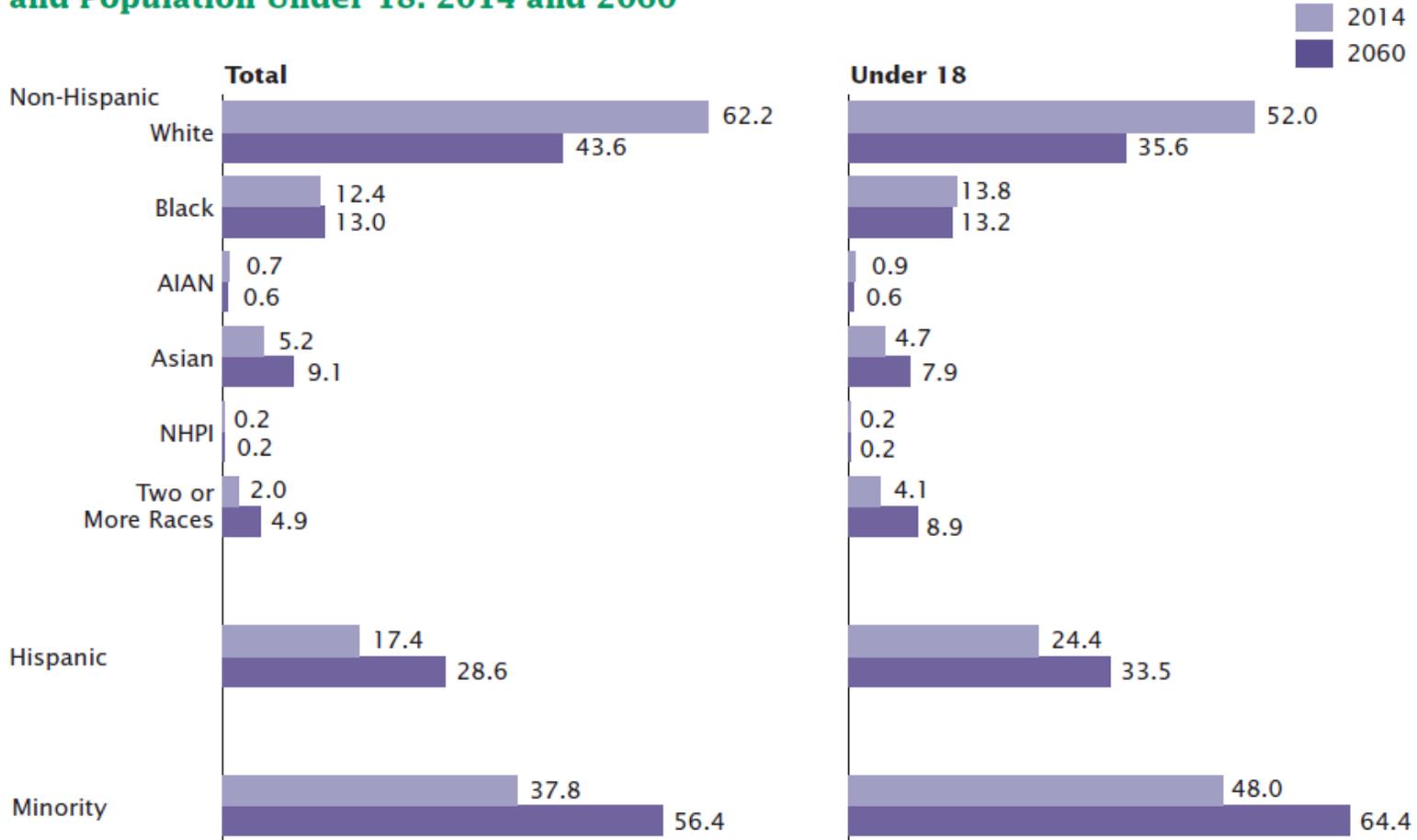
Social determinants of Latino health disparities

Conclusions and implications



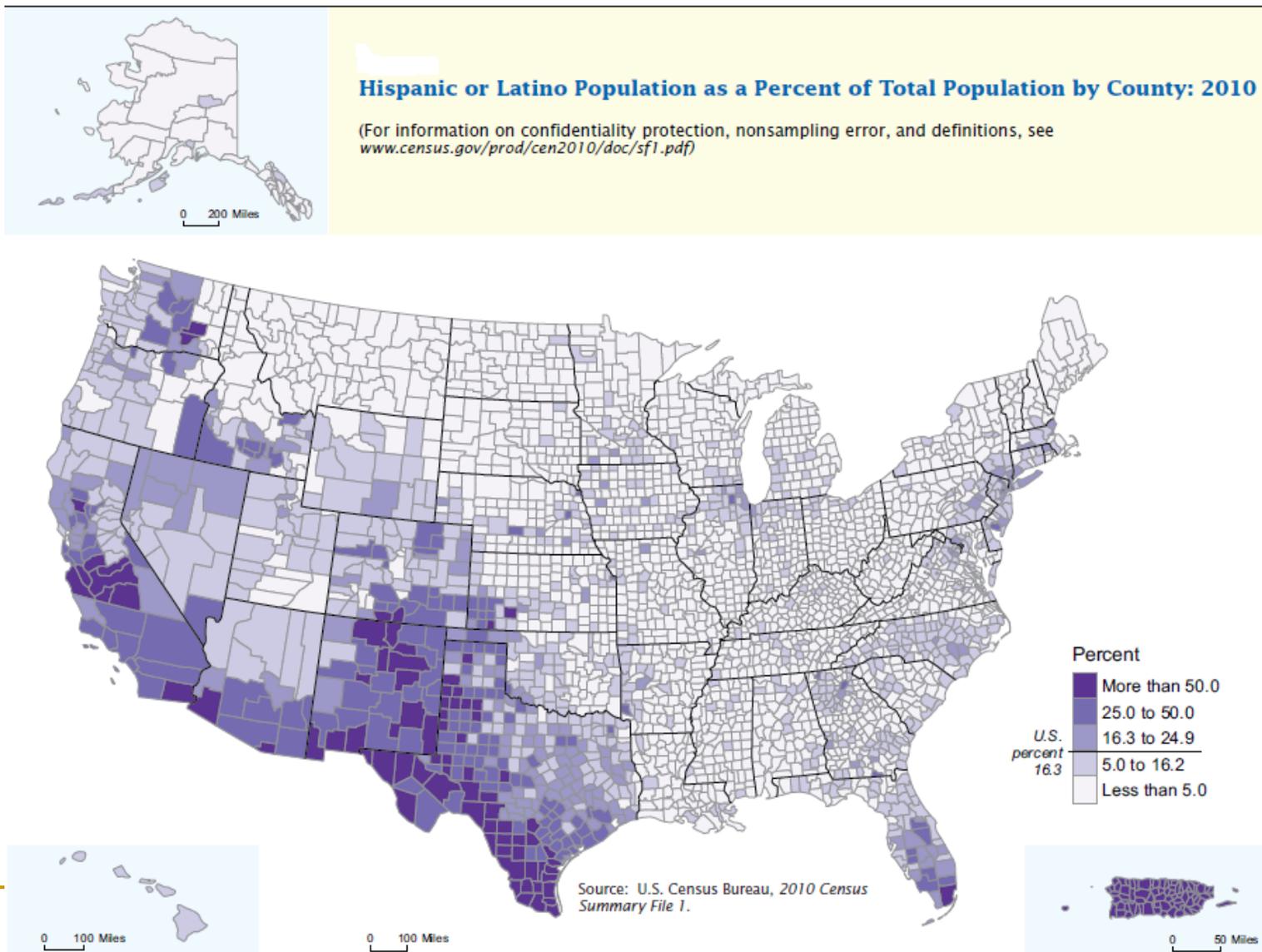
Projected Hispanic Growth

Distribution of the Population by Race and Hispanic Origin for the Total Population and Population Under 18: 2014 and 2060



Note: The percentages for the total population or the population under 18 may not add to 100.0 due to rounding. Unless otherwise specified, race categories represent race alone. NHPI=Native Hawaiian and Other Pacific Islander, AIAN=American Indian and Alaska Native. Minority refers to everyone other than the non-Hispanic White alone population. Source: U.S. Census Bureau, 2014 National Projections.

Hispanic Population Distribution



Ennis SR, Rios-Vargas M, Albert NG. The Hispanic Population: 2010. 2010 Census Briefs. May 2011.

Latino Population Diversity

- Hispanics/Latinos are a diverse population of individuals of mostly: **Mexican** (64%), **Puerto Rican** (9.4%), **Cuban** (3.7%), **South** (5.9%) and **Central American** (9%) origin.
- **A majority** (52%) of the 24 million Latino children are now “second generation,” sons or daughters of at least one foreign-born parent.
- **3.1 million** Latinos are age 65 and over (7% of older adults). By 2060, they are projected to increase to approximately 19 million accounting for 21% of elders in the U.S.



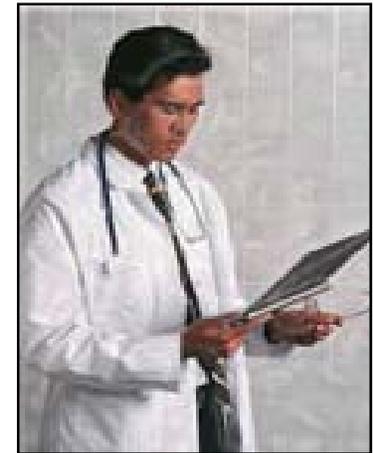
Health Care for Latinos

- The projected Latino population growth calls for national attention to the health care implications of such growth.
- **Chartbook on Health Care for Hispanics** (2015) reports on national progress addressing Latino health disparities and the consequent healthcare needs.
- The chartbook summarizes *trends* in health and health care disparities for Latinos over the last 30 years since the last national report



Health Disparities Trends

- The **National Healthcare Quality and Disparities Report** (Heckler Report) was released in 1985 by the U.S. Department of Health and Human Services (HHS).
- **Six** causes of death continue to account for >80% of mortality disparities among ethnic minorities when compared to Whites:
 - **Cancer**
 - **Cardiovascular disease and stroke**
 - **Chemical dependency (deaths due to cirrhosis)**
 - **Diabetes**
 - **Homicide and accidents (unintentional injuries)**
 - **Infant mortality.**



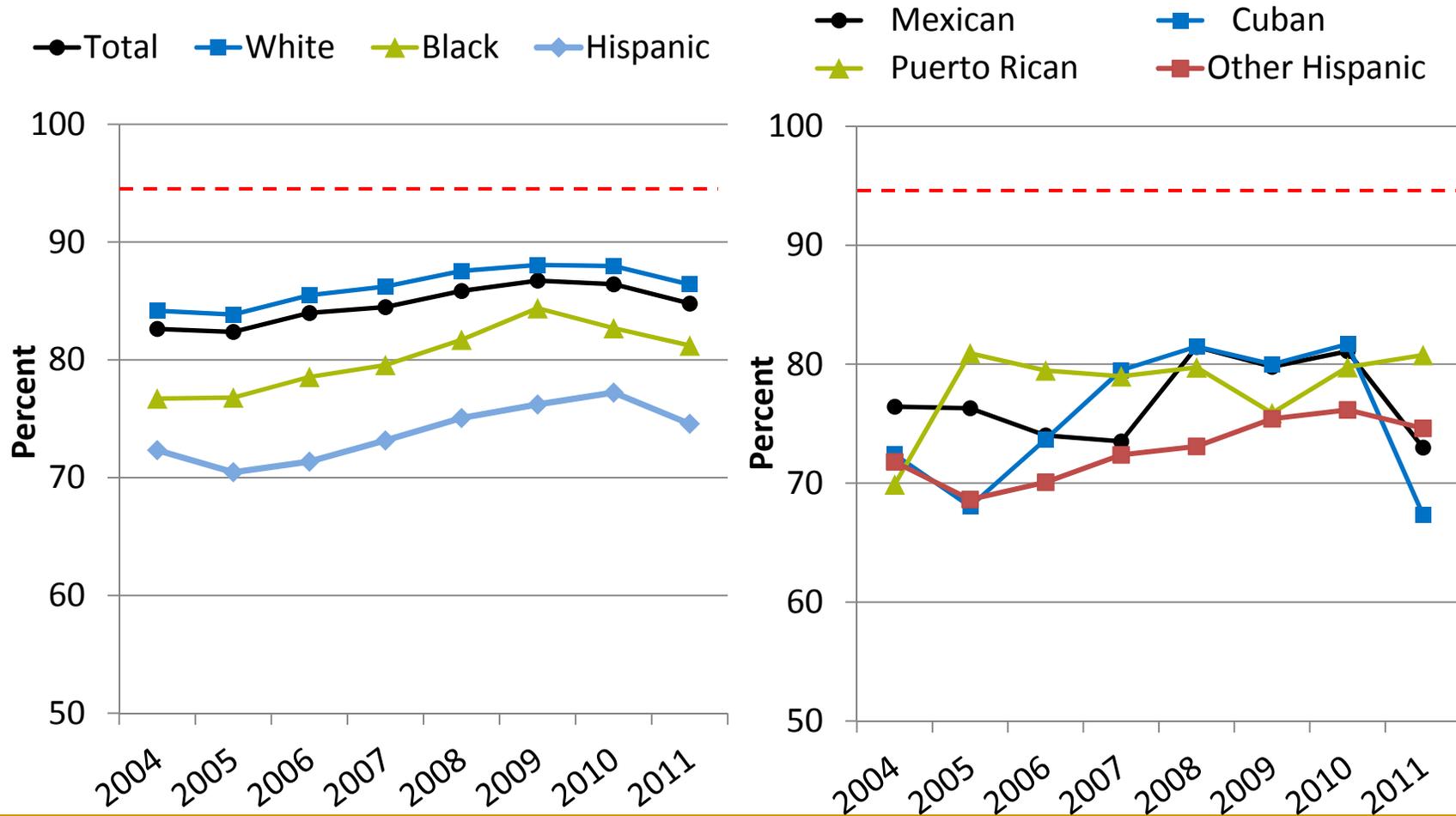
Latino Health & Health Care Disparities

Health Care Disparities Trends

Priority	Most Recent Disparity	Disparity Change
Care for Cancer	29% worse	50% narrowing
Care for Cardiovascular Diseases	33% worse	0% narrowing
Care for Substance Use Disorders	No disparity difference	No change
Care for Diabetes	56% worse	50% narrowing
Suicide Prevention & Mental Health Care	75% worse	0% narrowing
Infant Mortality & Maternity Care	43% better	No change

Cancer Care Measures

Women under age 70 treated for breast cancer within 1 year of diagnosis



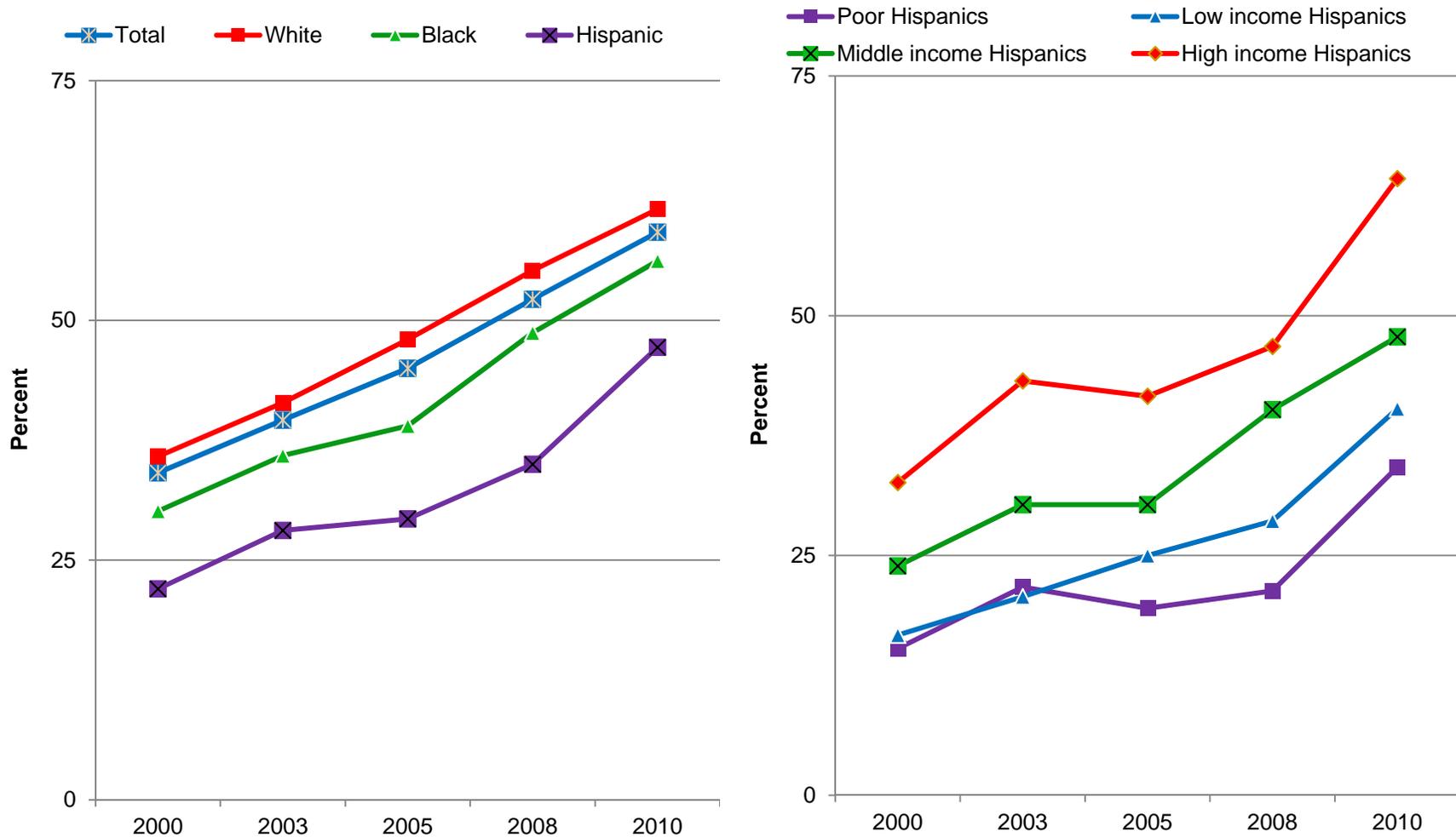
Source: Commission on Cancer, American College of Surgeons and American Cancer Society, National Cancer Data Base, 2004-2011.

Denominator: Women under age 70 treated for breast cancer with breast-conserving surgery.

Note: Puerto Ricans include patients receiving cancer care in hospitals in Puerto Rico.

Cancer Care Measures

Men and women ages 50-75 who had colorectal cancer screening



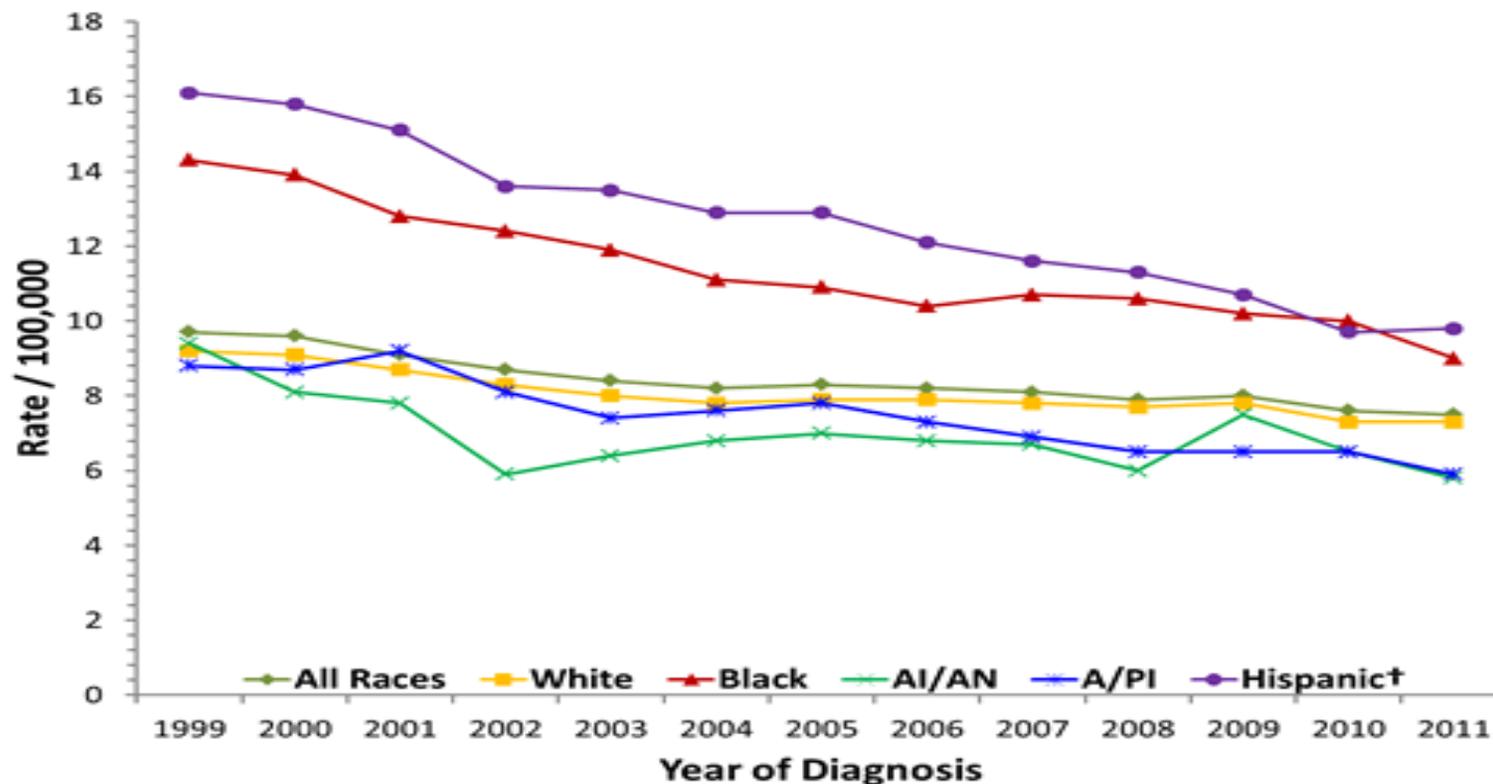
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2000-2010.

Denominator: Adults ages 50-75.

Note: Measures is age-adjusted.

Cancer Care Measures

Incidence of cervical cancer among women in the United States



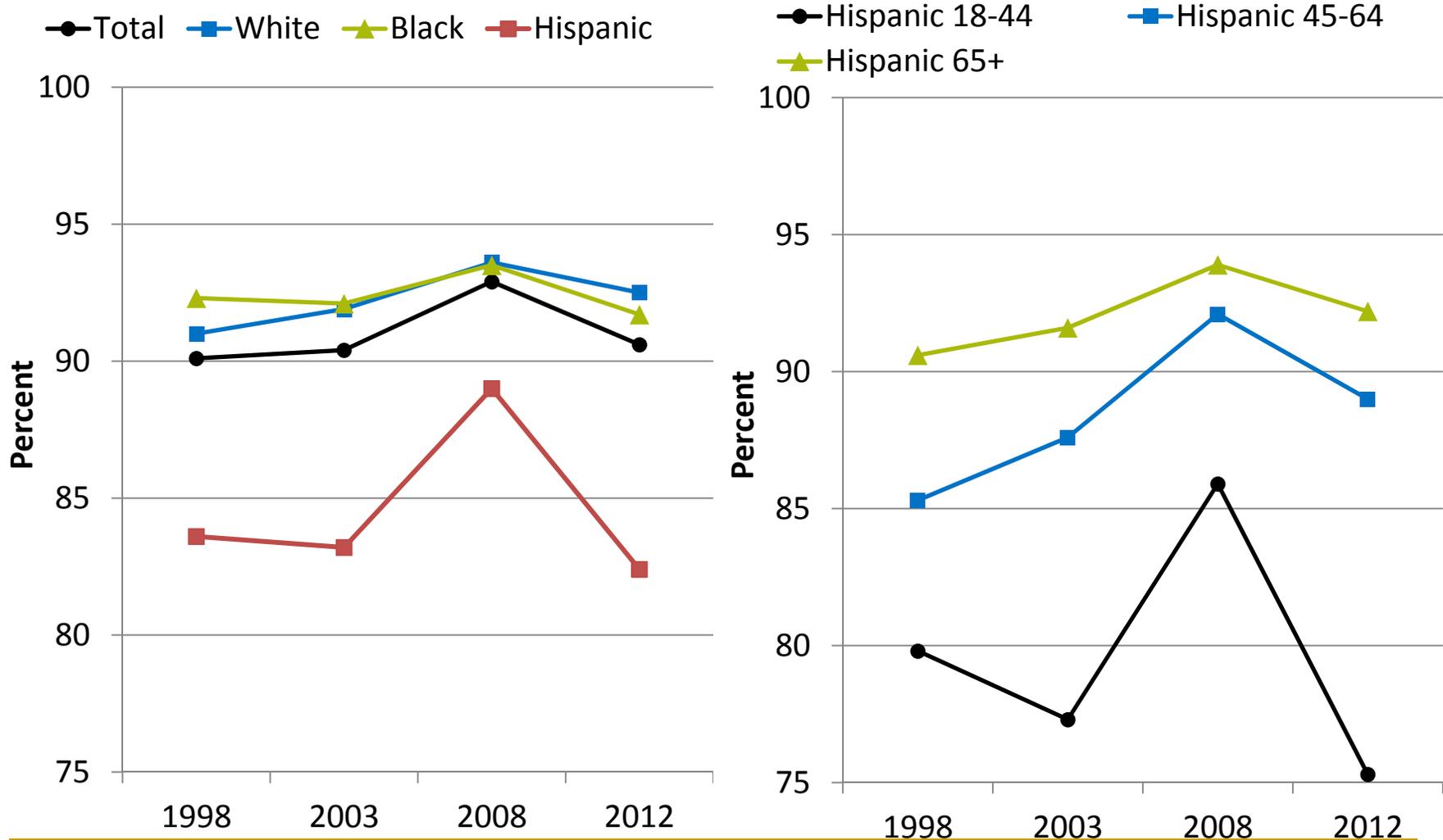
Source: *Cervical Cancer Incidence Rates (1999-2011)* <http://www.cdc.gov/cancer/cervical/statistics/race.htm>

Denominator: Women over 50 years of age.

Note: Combined data from the National Program of Cancer Registries as submitted to CDC and from the Surveillance, Epidemiology and End Results program from the National Cancer Institute in 2013. The year 2011 is the most recent year for which numbers have been reported.

Cardiovascular Care Measures

Adults who received a blood pressure measurement in the last 2 years



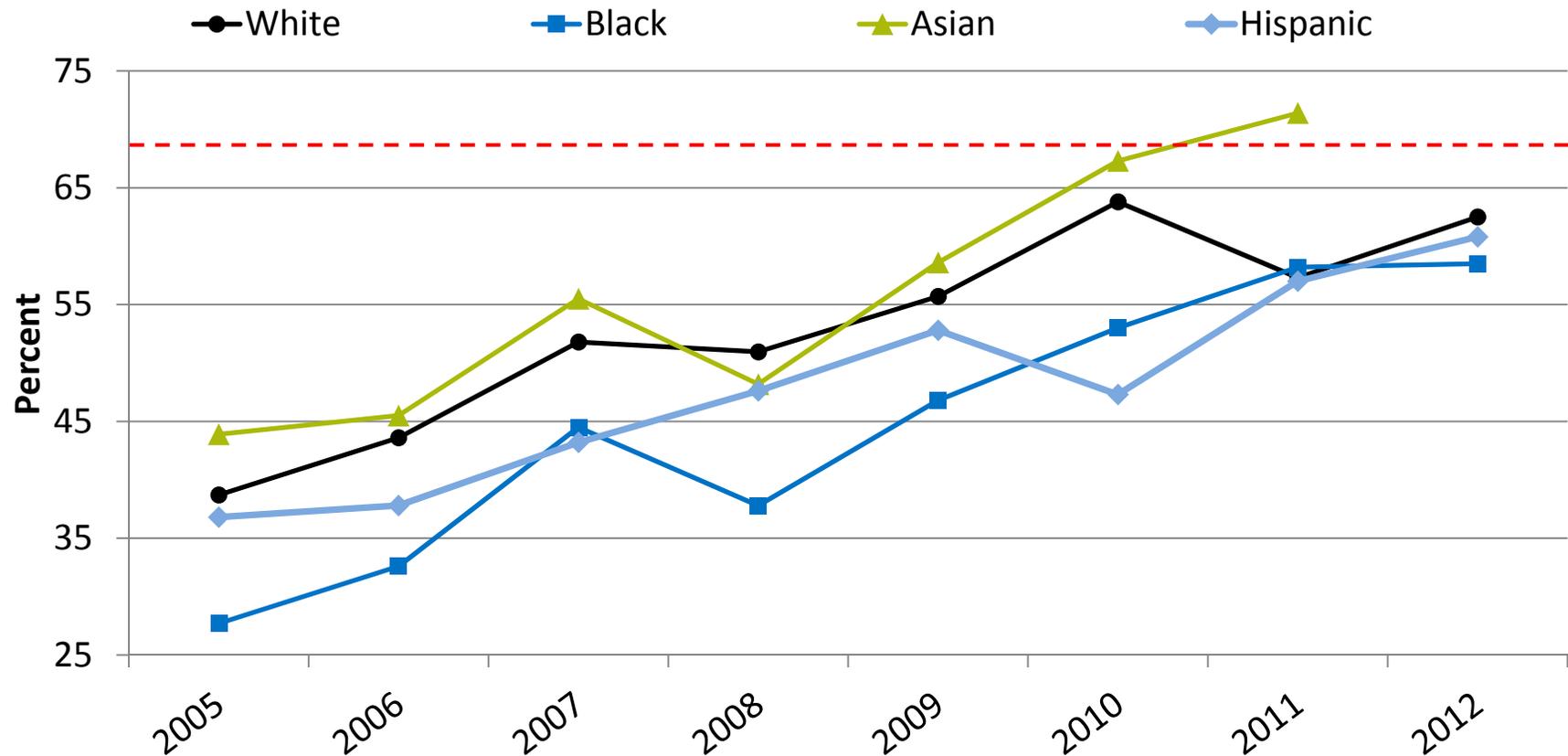
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 1998-2012.

Denominator: Adult civilian noninstitutionalized population.

Note: White and Black are non-Hispanic. Hispanic includes all races. Measures is age adjusted.

Cardiovascular Care Measures

Hospital patients with heart attack given medication upon arrival



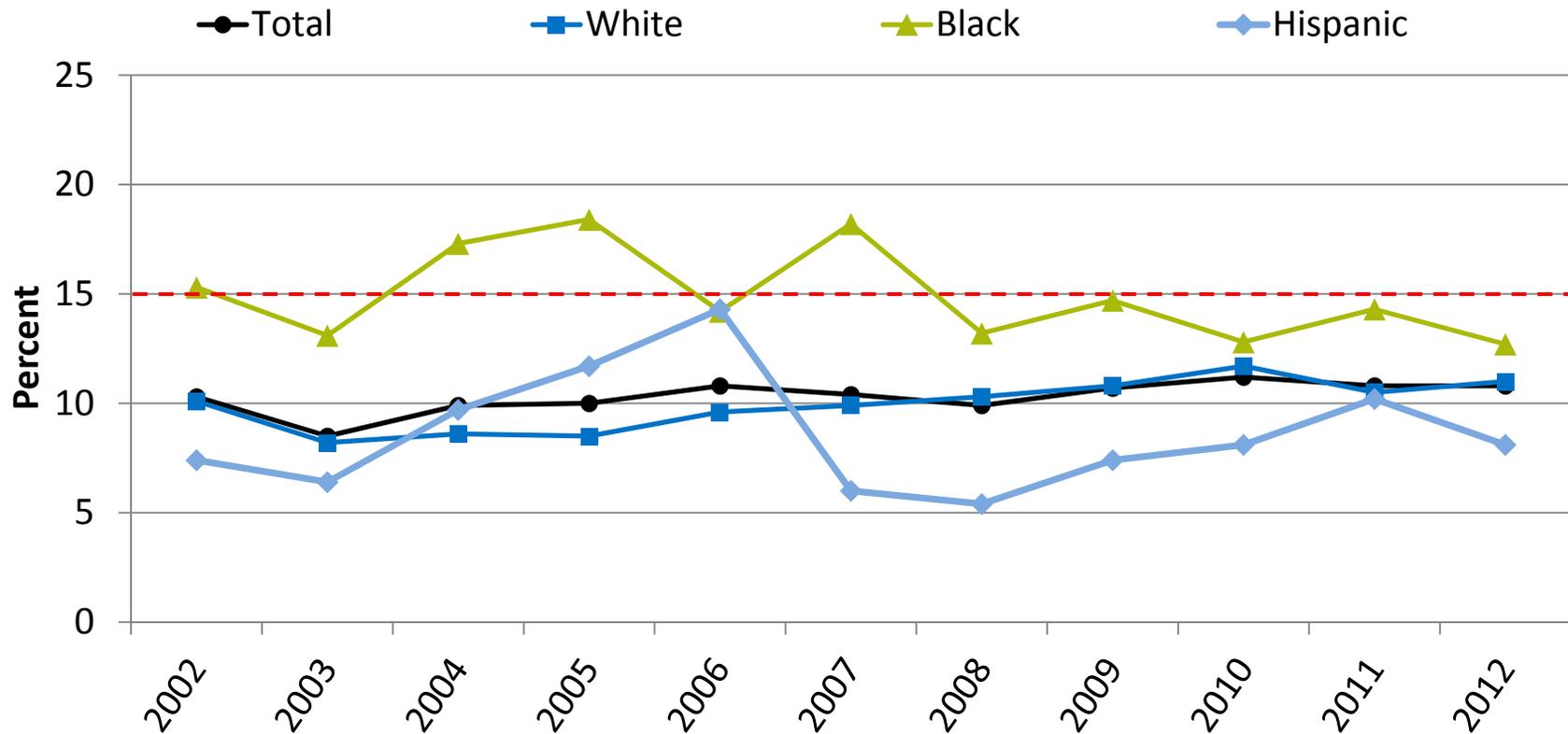
Source: Centers for Medicare & Medicaid Services, Medicare Quality Improvement Organization Program, 2005-2012.

Denominator: Discharged hospital patients with a principal diagnosis of acute myocardial infarction and documented receipt of thrombolytic therapy during the hospital stay.

Note: Data for Asians in 2012 were statistically unreliable.

Substance Abuse Care Measures

People who received treatment for illicit drug use or an alcohol problem



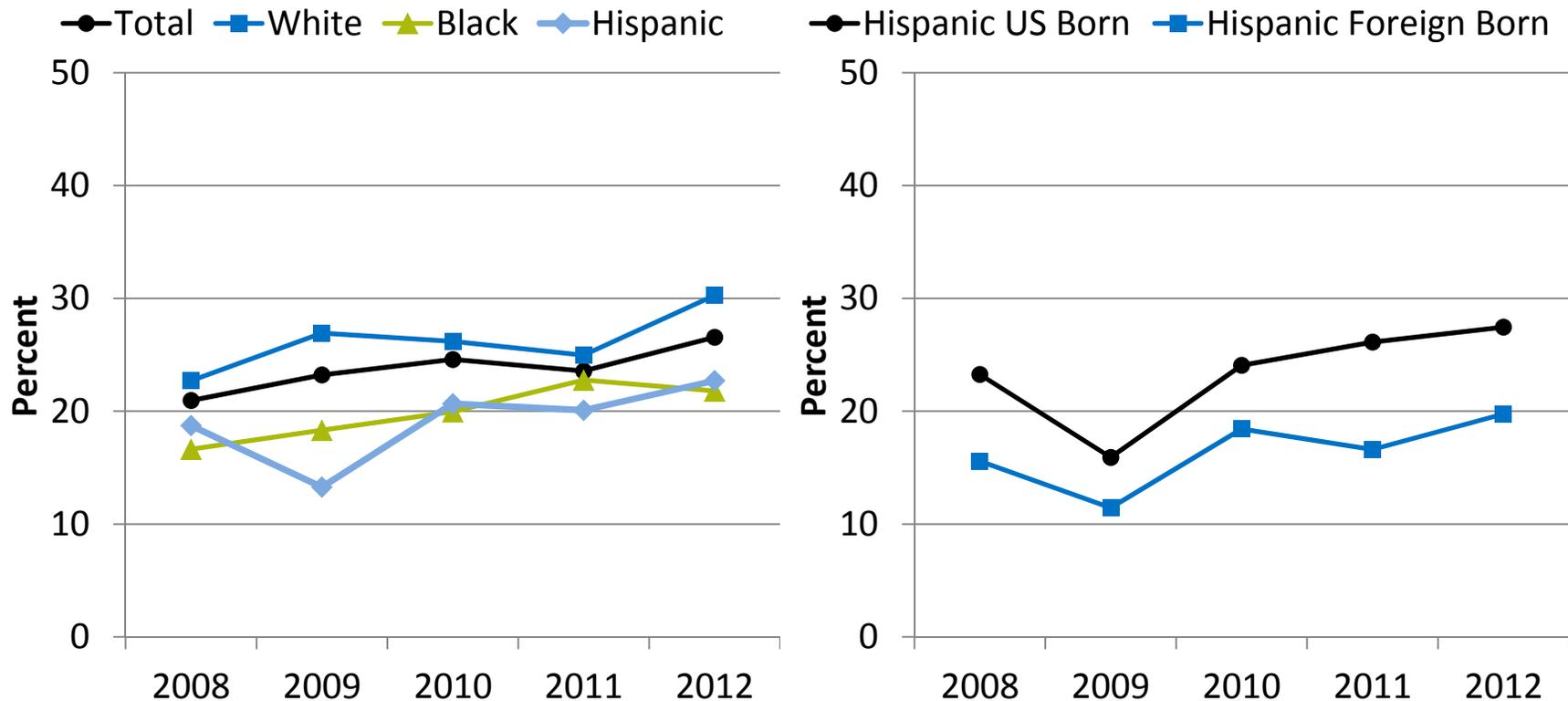
Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2002-2012.

Denominator: Civilian noninstitutionalized population age 12 and over who needed treatment for illicit drug use or an alcohol problem.

Note: Treatment refers to treatment at a specialty facility, such as a drug and alcohol inpatient and/or outpatient rehabilitation facility, inpatient hospital setting, or mental health center. White and Black are non-Hispanic. Hispanic includes all races.

Diabetes Care Measures

Adults with diagnosed diabetes who received services for diabetes



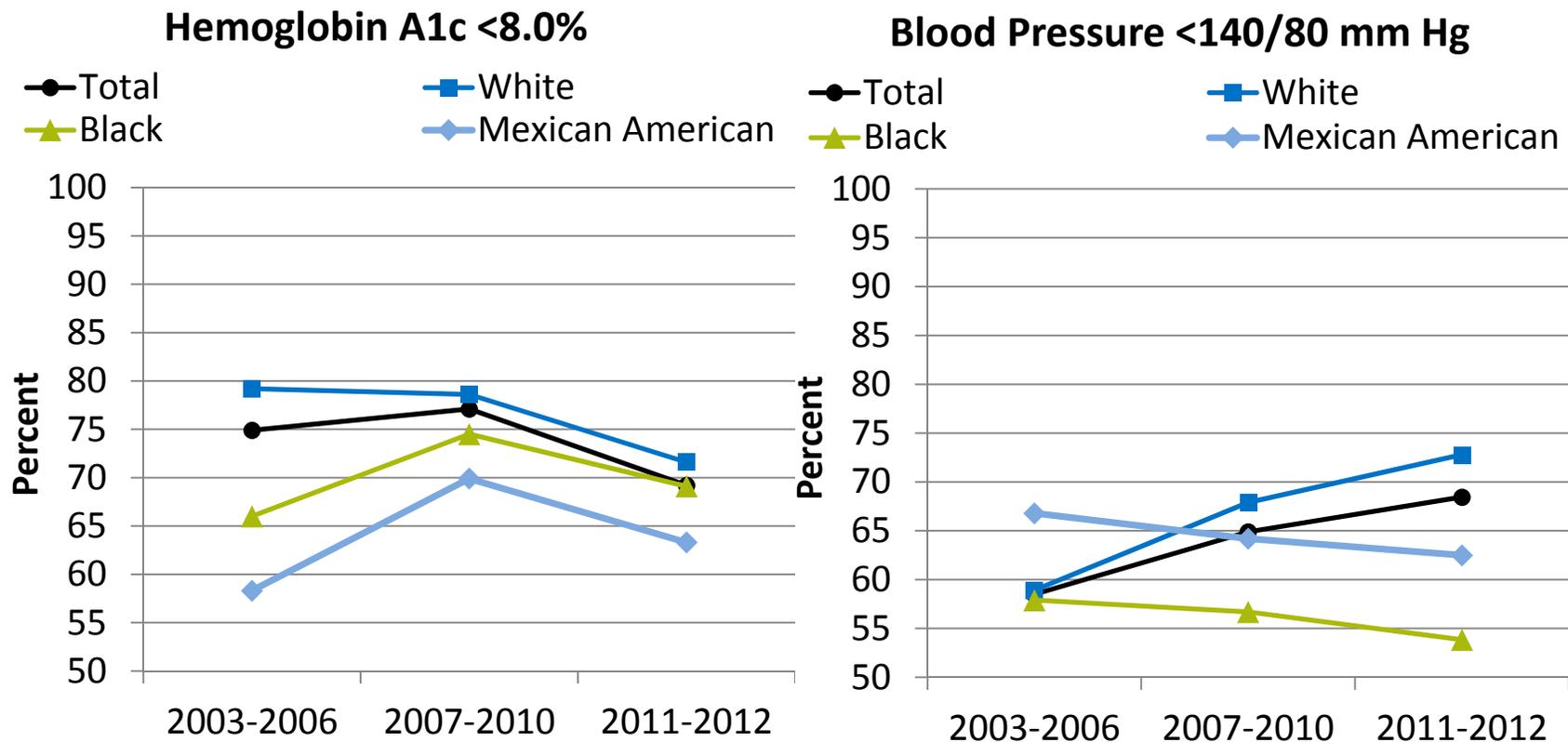
Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2008-2012.

Denominator: Civilian noninstitutionalized population with diagnosed diabetes, age 40 and over.

Note: Data include people with both type 1 and type 2 diabetes. The four recommended services are 2+ hemoglobin A1c tests, foot exam, dilated eye exam, and flu shot. Rates are age adjusted to the 2000 U.S. standard population using two age groups: 40-59 and 60 and over. White and Black are non-Hispanic. Hispanic includes all races.

Diabetes Care Measures

Adults with hemoglobin A1c and blood pressure under control



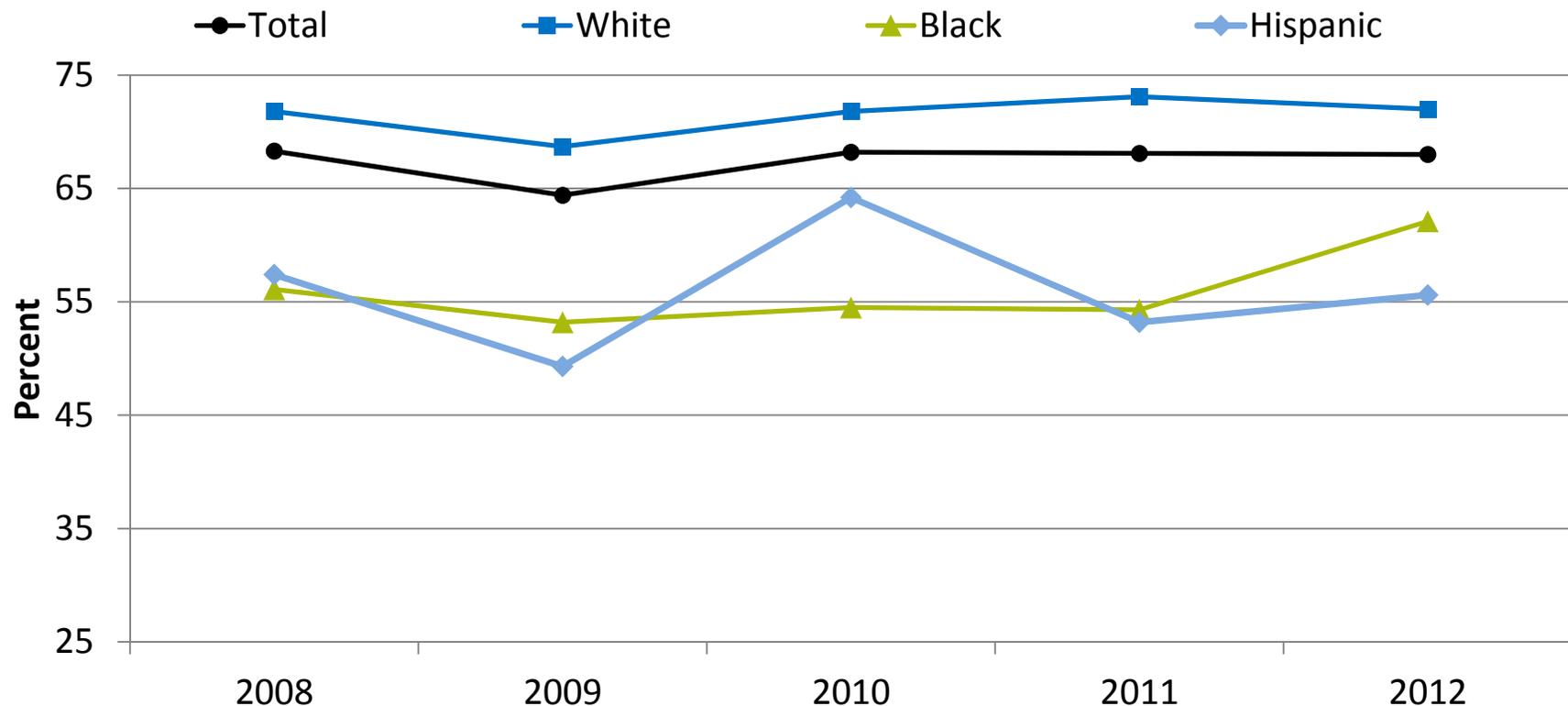
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, 2003-2006, 2007-2010, and 2011-2012.

Denominator: Civilian noninstitutionalized population with diagnosed diabetes, age 40 and over.

Note: Age adjusted to the 2000 U.S. standard population using two age groups: 40-59 and 60 and over. White and Black are non-Hispanic. Mexican American includes all races.

Mental Health Care Measures

Adults with a major depressive episode who received treatment



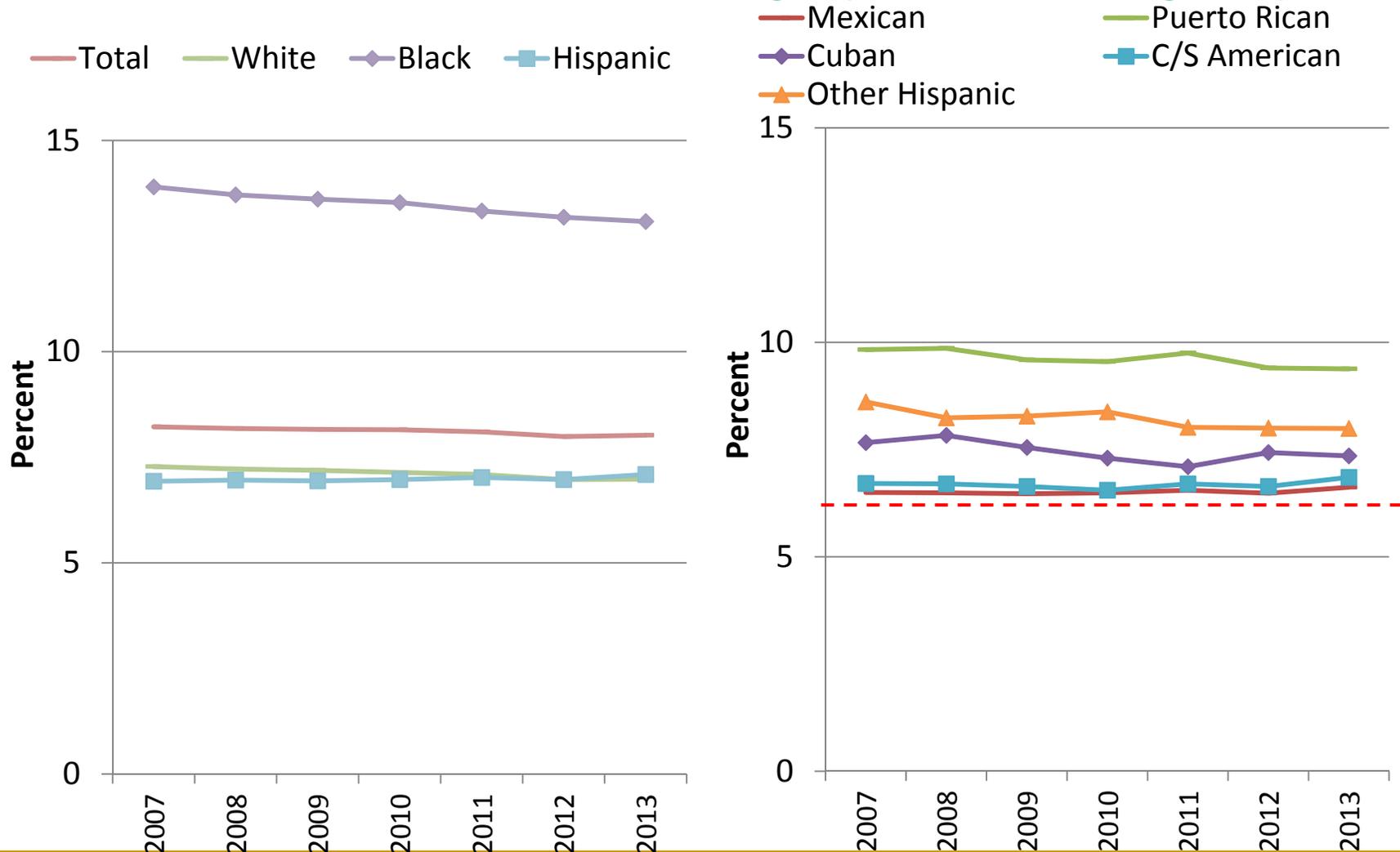
Source: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008-2012.

Denominator: Adults age 18 and over with a major depressive episode in the past year.

Note: Major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms of depression described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Treatment for depression is defined as seeing or talking to a medical doctor or other professional or using prescription medication in the past year for depression. White and Black are non-Hispanic; Hispanic includes all races.

Infant Health Care Measures

Live-born infants with low birth weight (less than 2,500 grams)



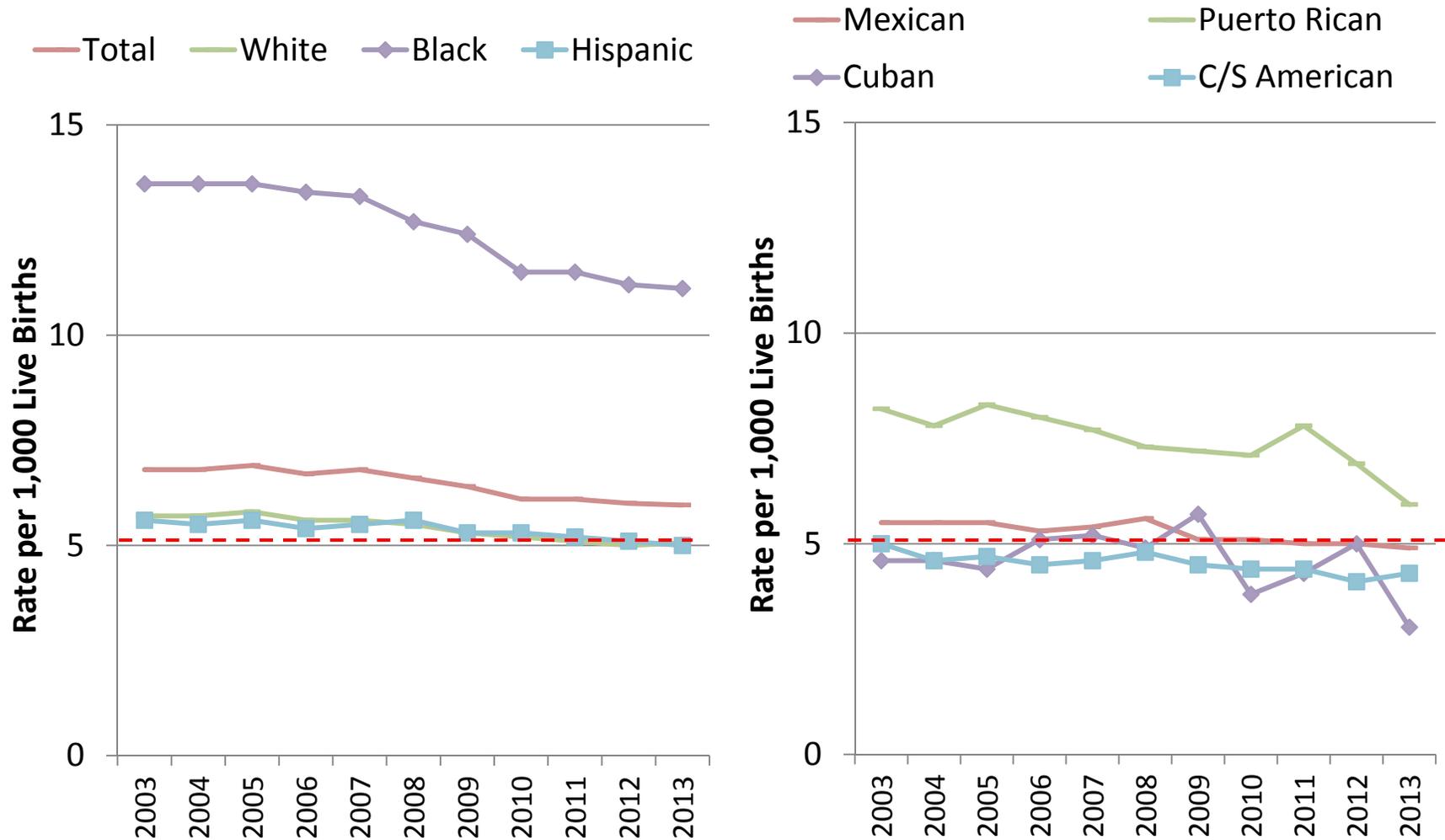
Key: C/S American = Central or South American

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics system - Natality.

Denominator: Live births with known birth weight

Infant Health Care Measures

Infant mortality per 1,000 live births



Key: C/S American = Central or South American

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics system – Linked Birth/Infant Death Data Set.

Denominator: Live births with known birth weight

Social Determinants of Latino Health Disparities

Factors Affecting Disparities

Social & system factors (socio-demographic variables, access)

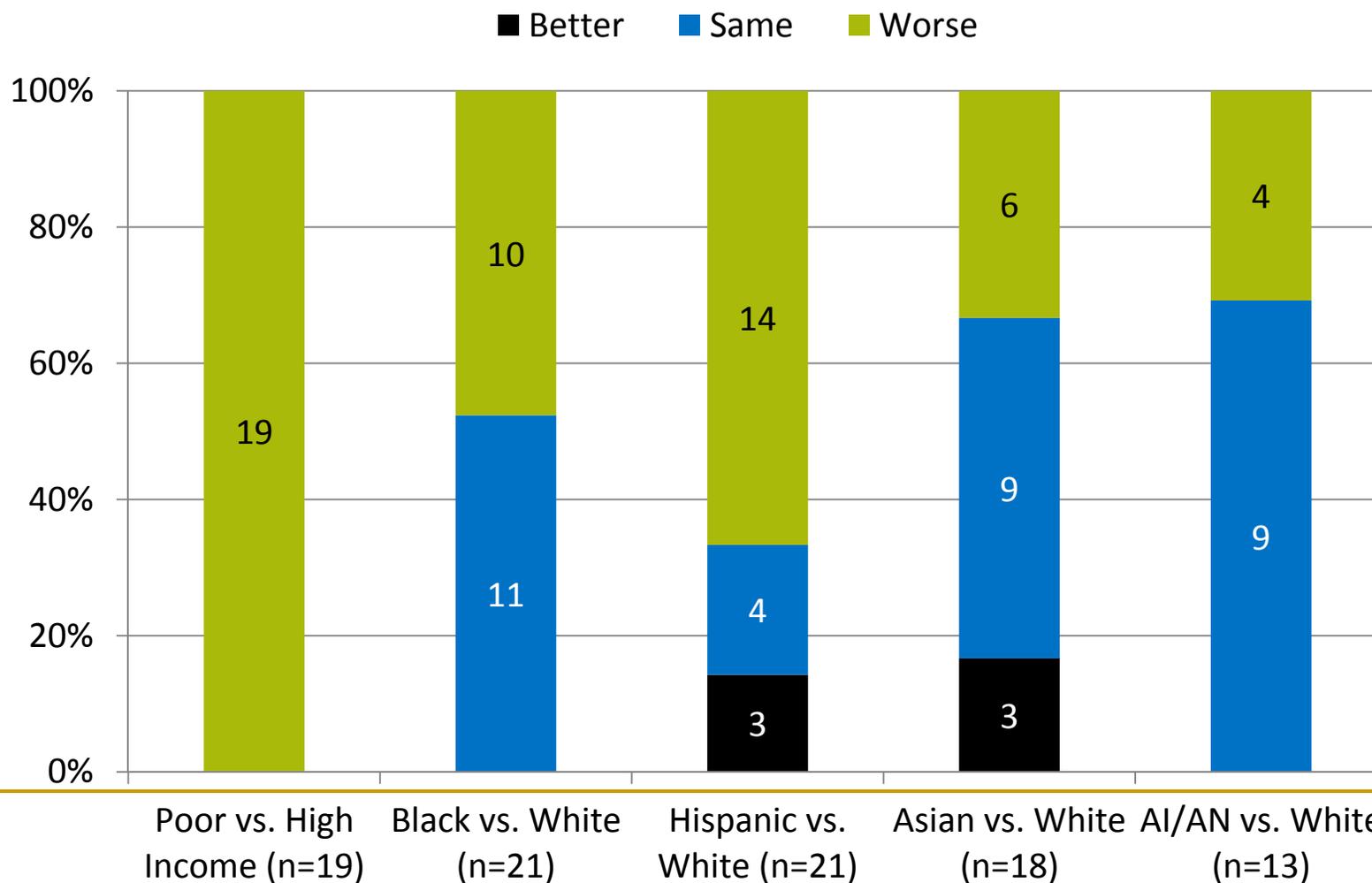
Cultural factors (acculturation, cultural explanatory models/CEMs)

P psychological factors (intentions, self-efficacy, cognitive and affective states, decisional factors)



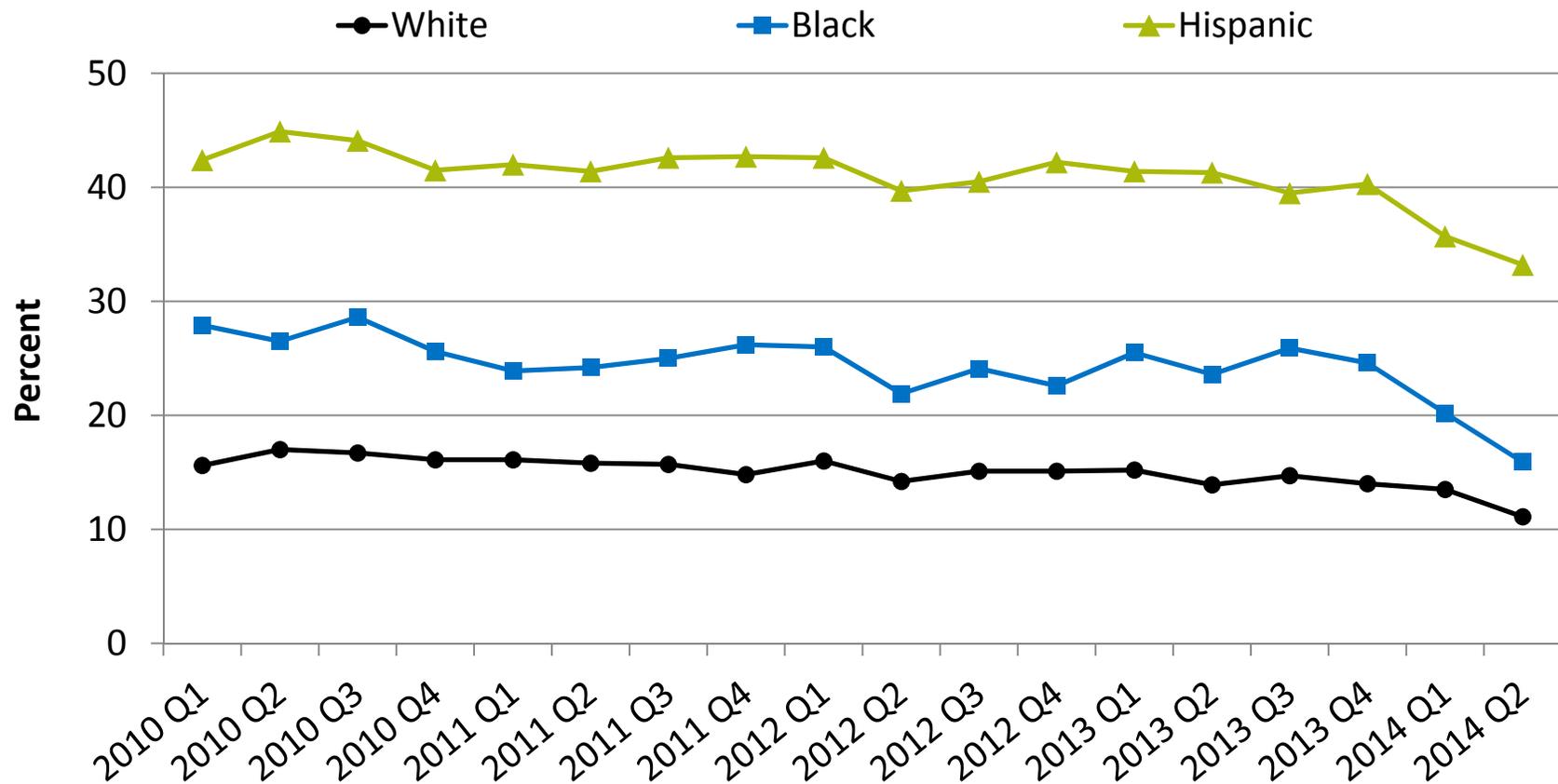
Access Barriers and Disparities

Disparities: Number and percentage of access measures for which members of selected groups experienced better, same, or worse access to care compared with reference group, 2012



Access Barriers and Disparities

Adults ages 18-64 who are Uninsured



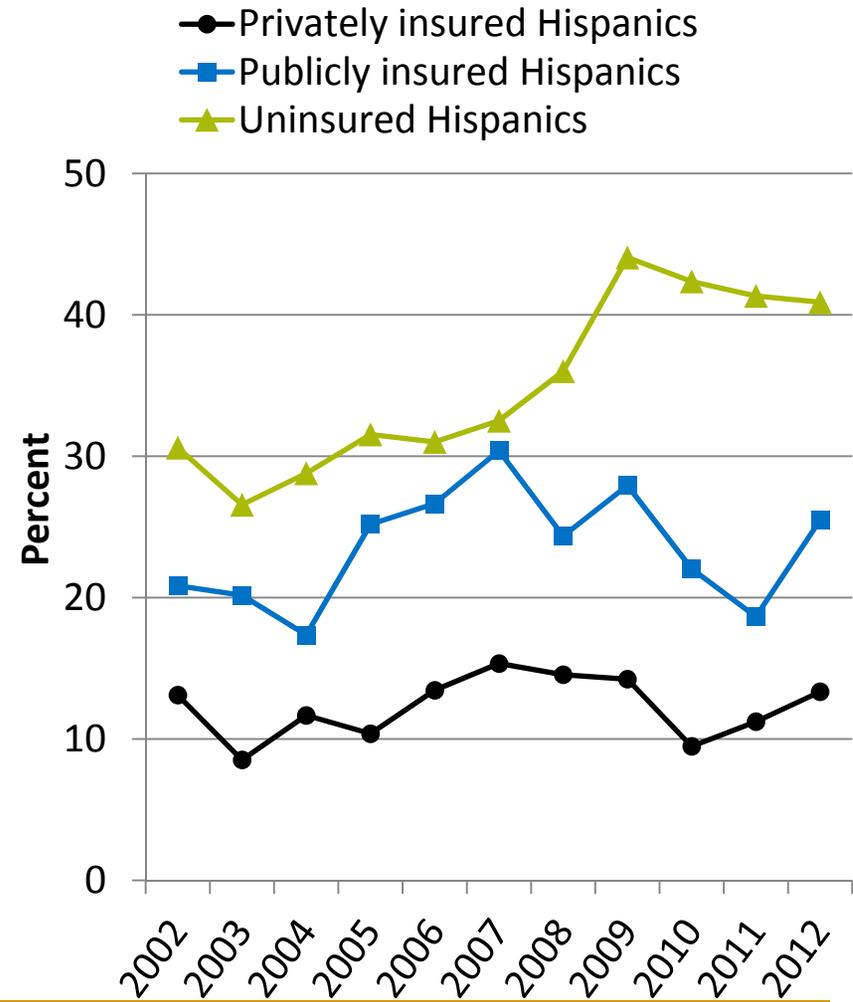
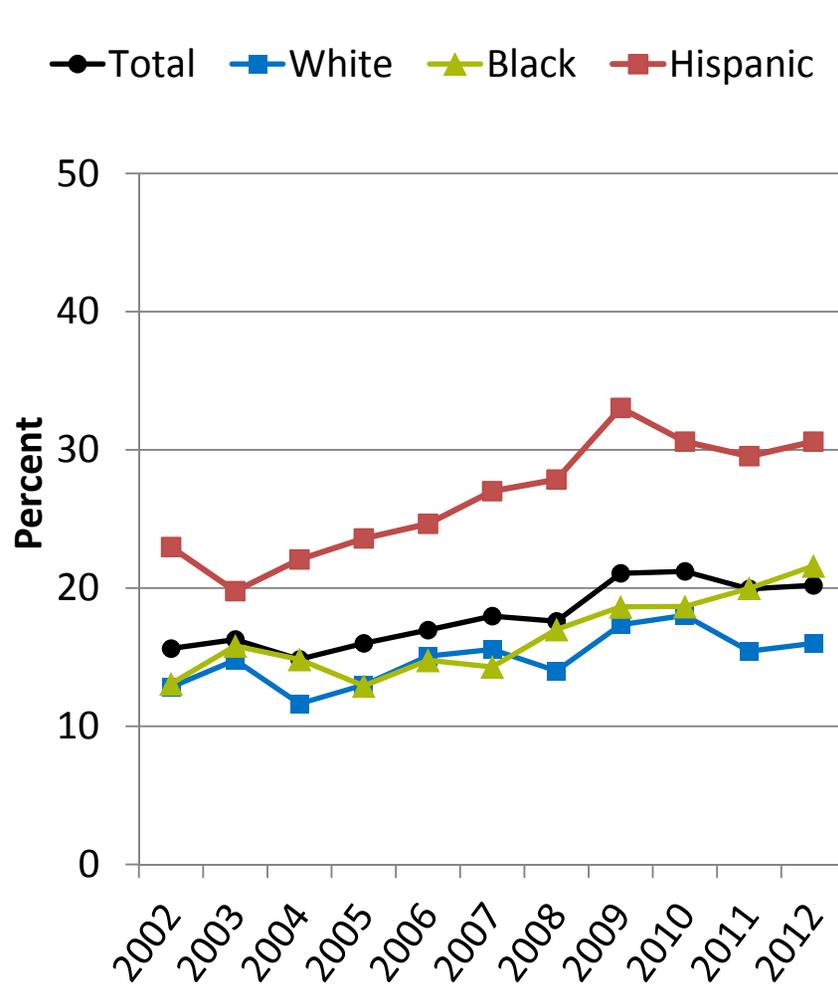
Key: Q = quarter.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2010 -2014, Family Core Component.

Note: For this measure, lower rates are better. Data only available for 2014 quarters 1 and 2. White and Black are non-Hispanic. Hispanic includes all races.

Access Barriers and Disparities

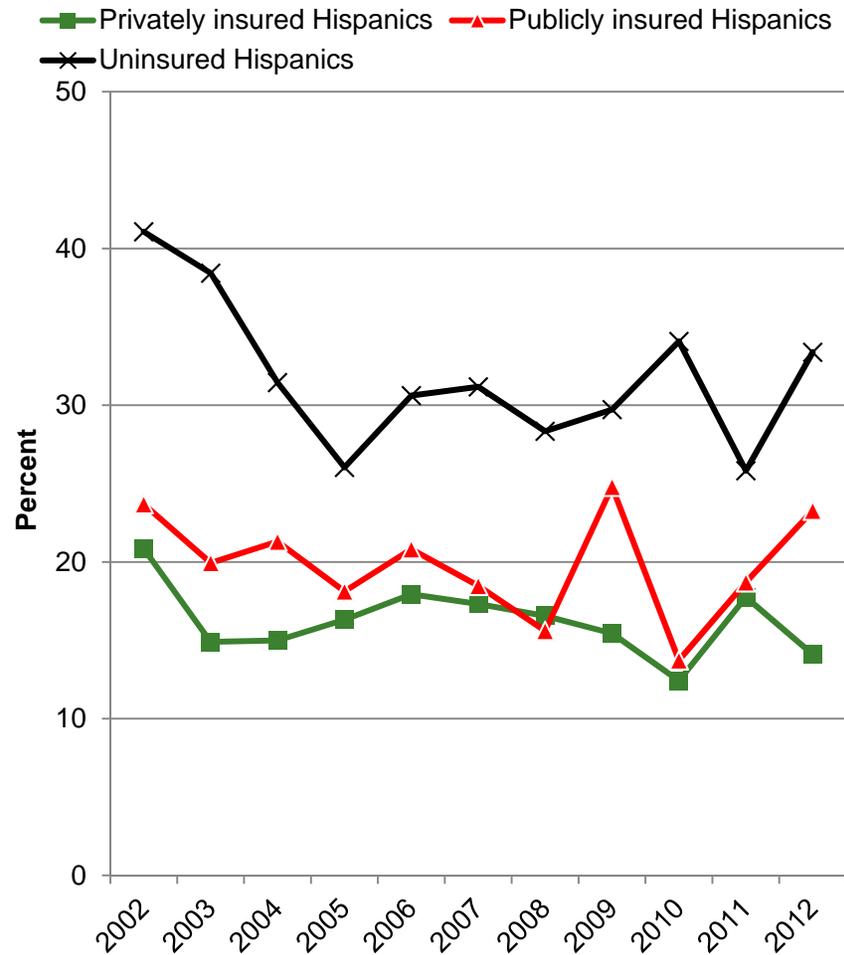
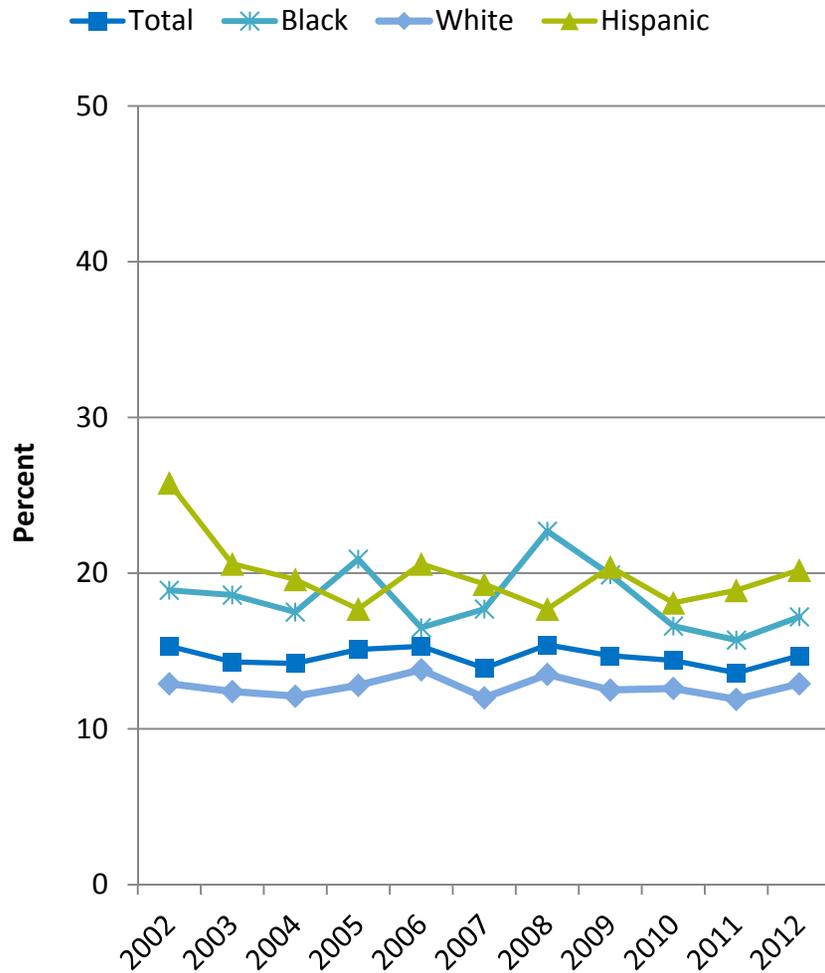
People without a usual source of care due to financial or insurance



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2012.
Denominator: Civilian noninstitutionalized population without a usual source of care.
Note: For this measure, lower rates are better.

Access Barriers and Disparities

Adults (18-64 years old) who needed care but sometimes or never got care

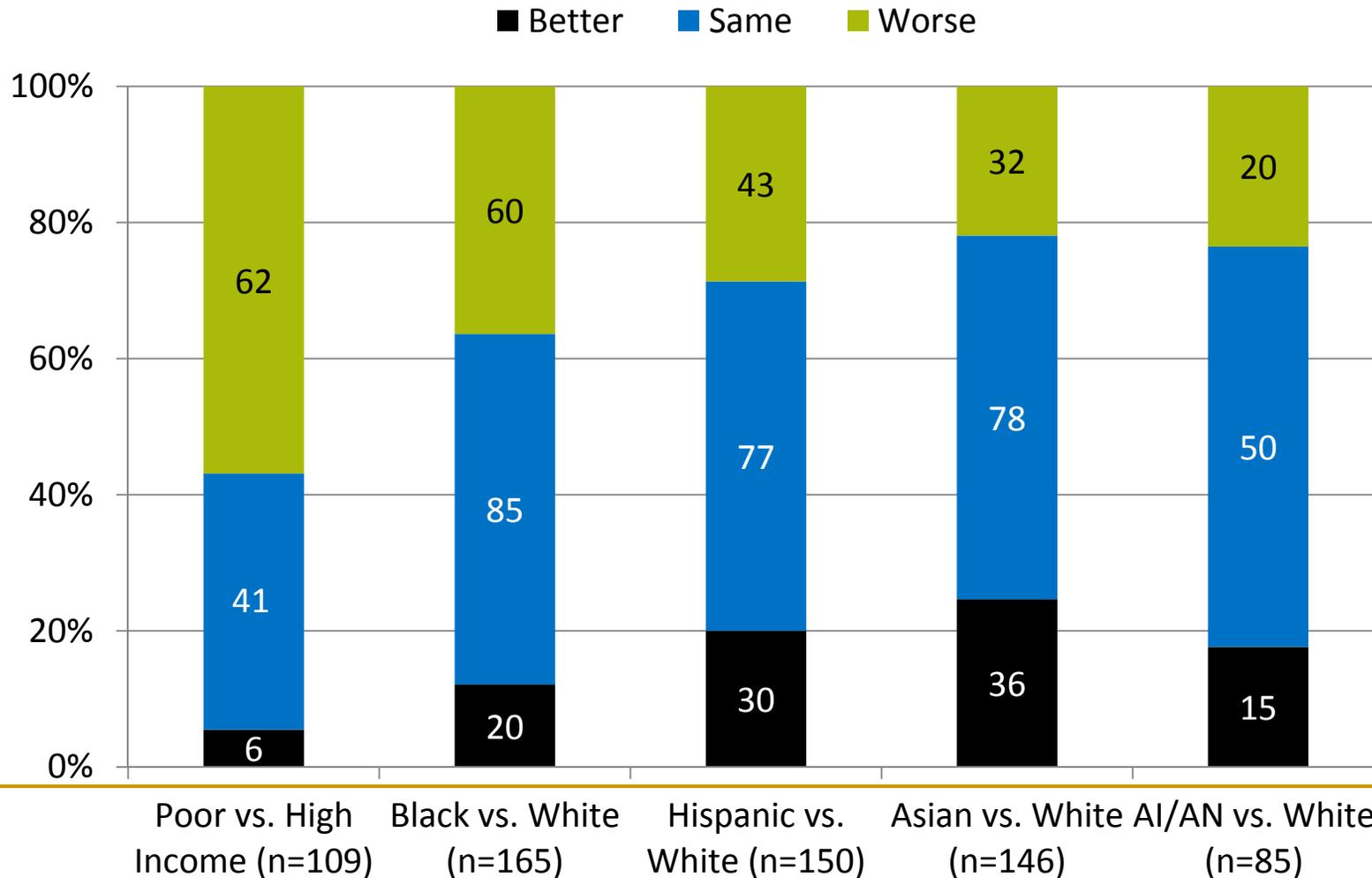


Data Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2012.

Note: White and Black are non-Hispanic. Hispanic includes all races.

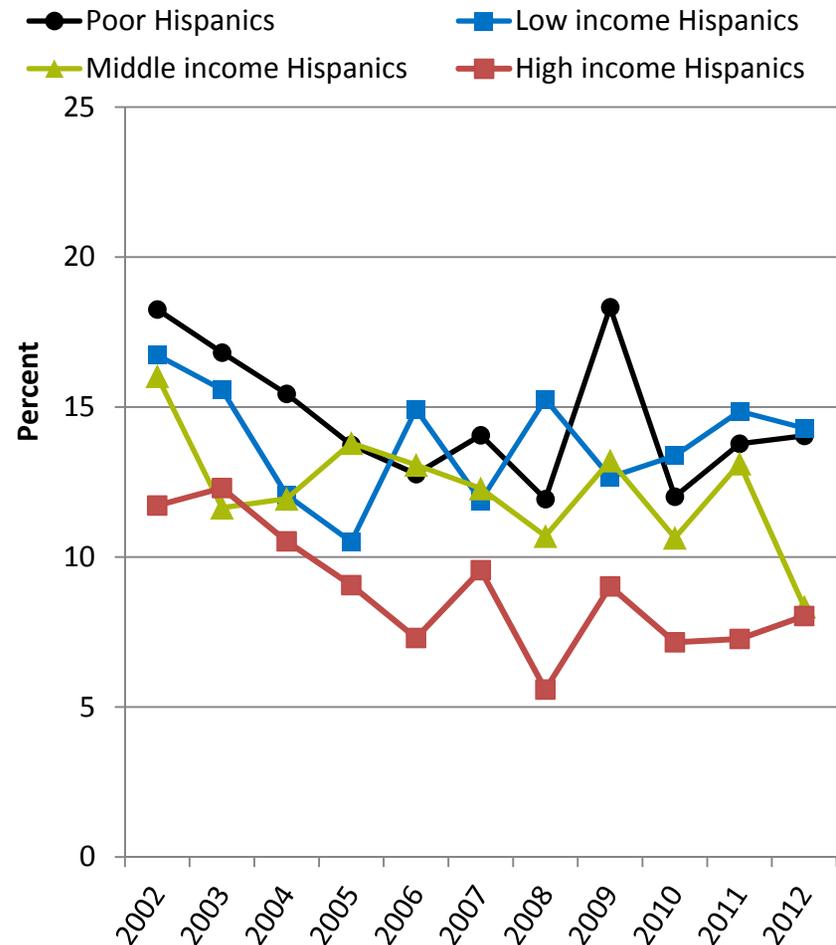
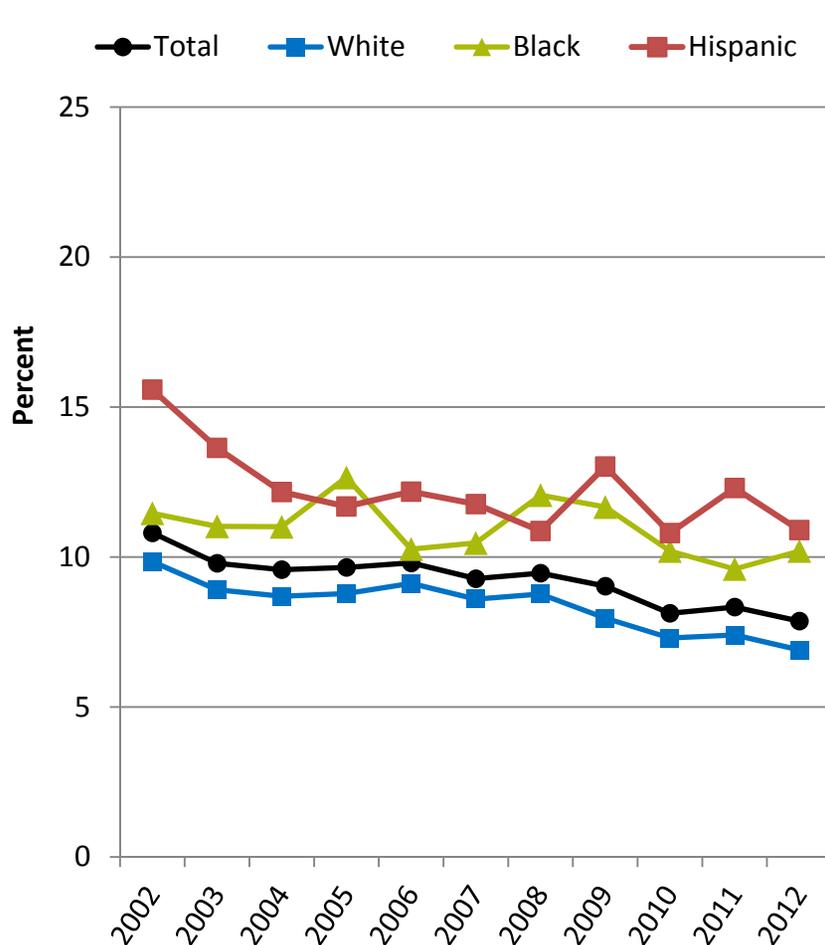
Quality of Care and Disparities

Disparities: Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group



Quality of Care and Disparities

Adults who report poor communication with health providers



Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2012.

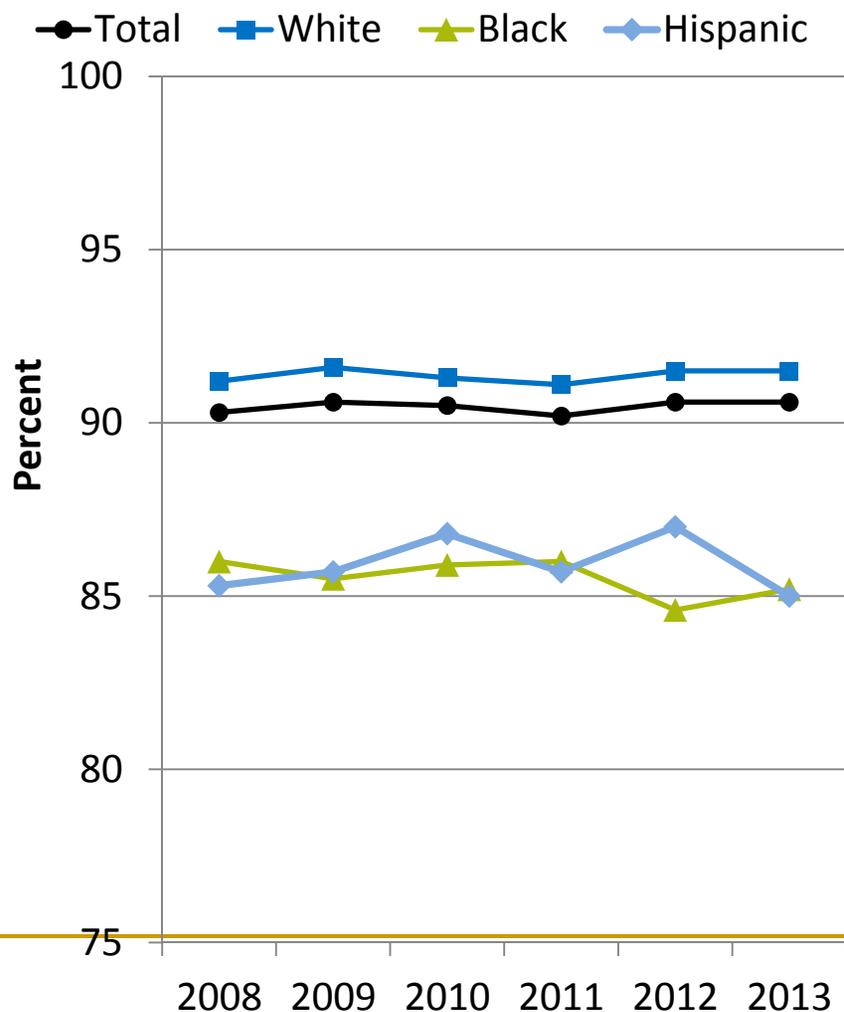
Denominator: Civilian noninstitutionalized population age 18 and over who had a doctor's office or clinic visit in the last 12 months.

Note: For this measure, lower rates are better. White and Black are non-Hispanic. Hispanic includes all races. Patients who report that their health providers sometimes or never listened carefully, explained things clearly, showed respect for what they had to say, or spent enough time with them are considered to have poor communication

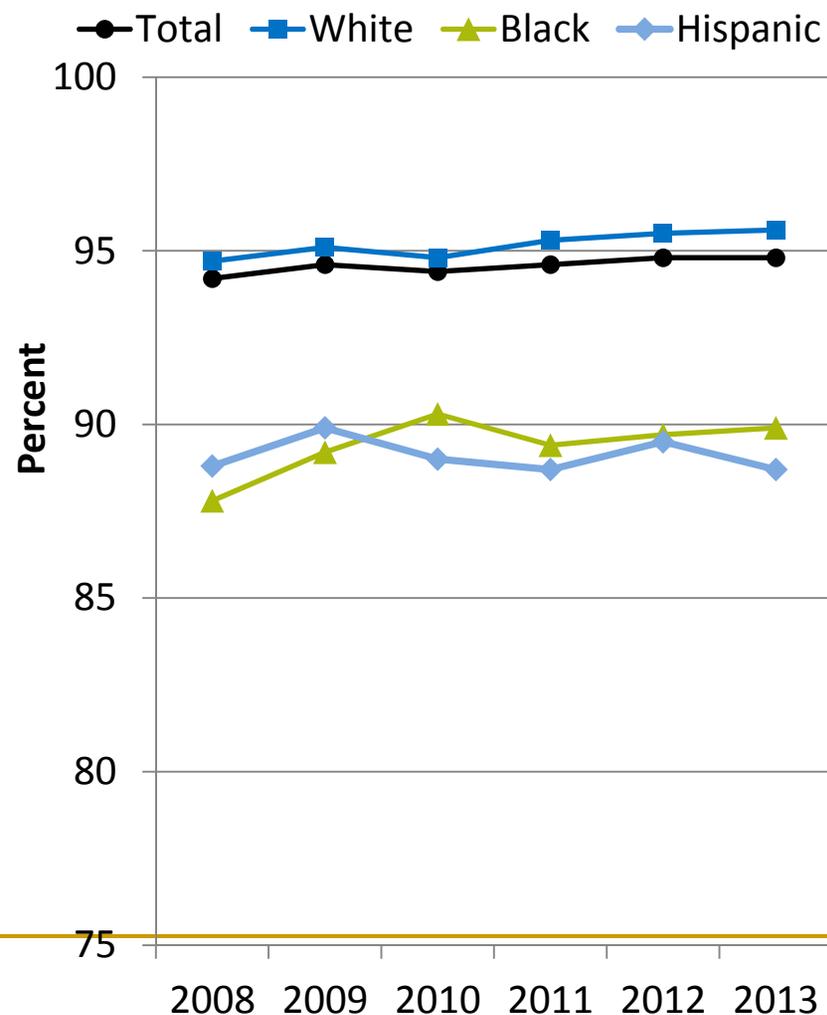
Quality of Care and Disparities

Hospice patients who received help anxiety or sadness

Help for Anxiety or Sadness



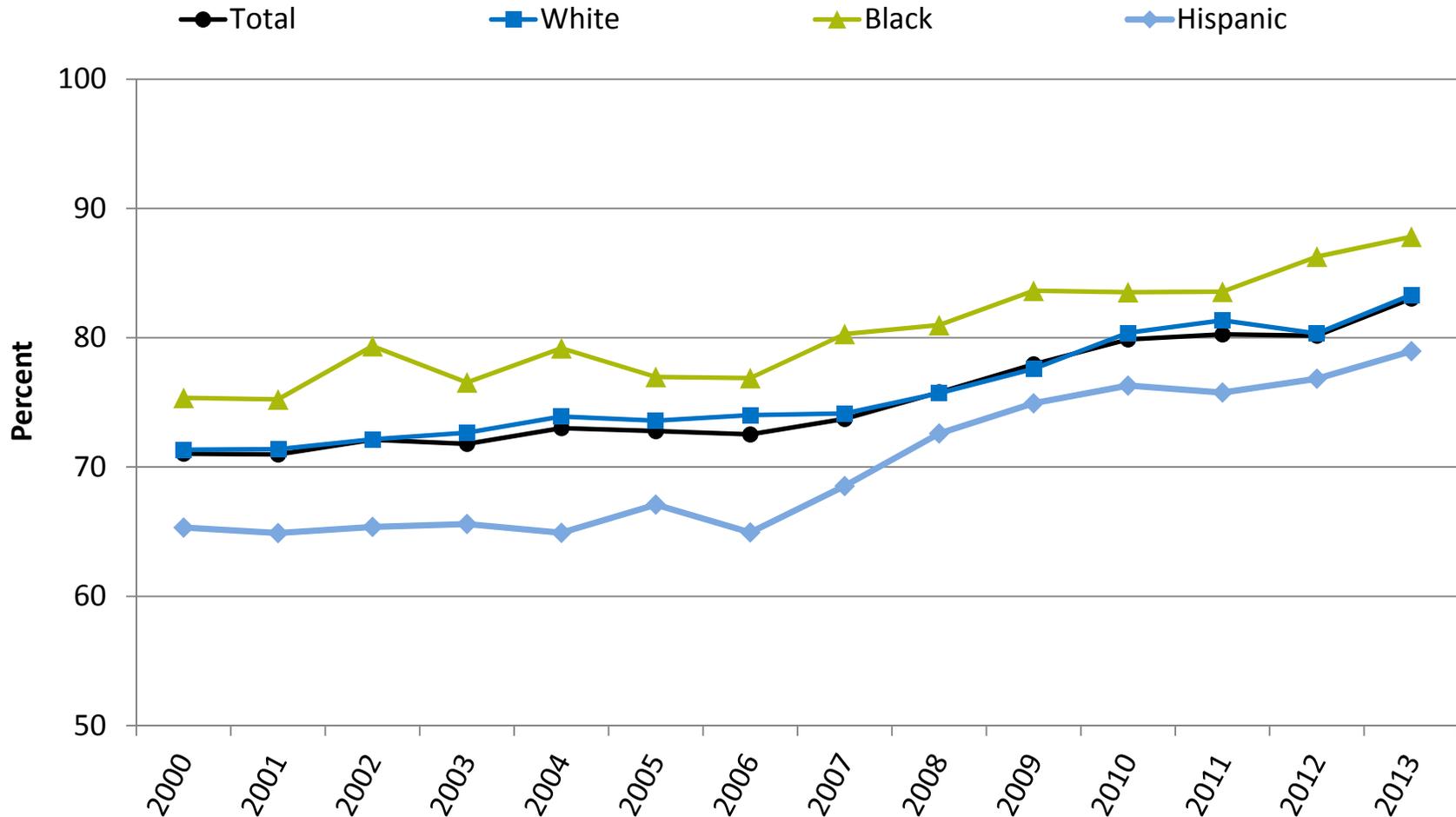
Care Consistent with Wishes



Source: National Hospice and Palliative Care Organization, Family Evaluation of Hospice Care Survey, 2008-2013.

Quality of Care and Disparities

Children ages 0-17 with a well-child health care visit



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2000-2013.

Note: White and Black are non-Hispanic. Hispanic includes all races.

Cultural & Psychological Factors

Acculturation to mainstream U.S. culture significantly increases access healthcare services.



Cultural health beliefs (fatalism, predestination, asymptomatic illness) negatively impact seeking healthcare

Psychological precursors to health behaviors (e.g., self-efficacy, perceived severity and vulnerability) are lower among Latinos and contribute to disparities.

Conclusions and Implications

Latinos are the largest ethnic minority group, with most projected increase in children and older adults.



Disparities in the 6 main causes of death remain 30 years later.

Disparities in the main social determinants of health also remain and negatively influence health disparities.



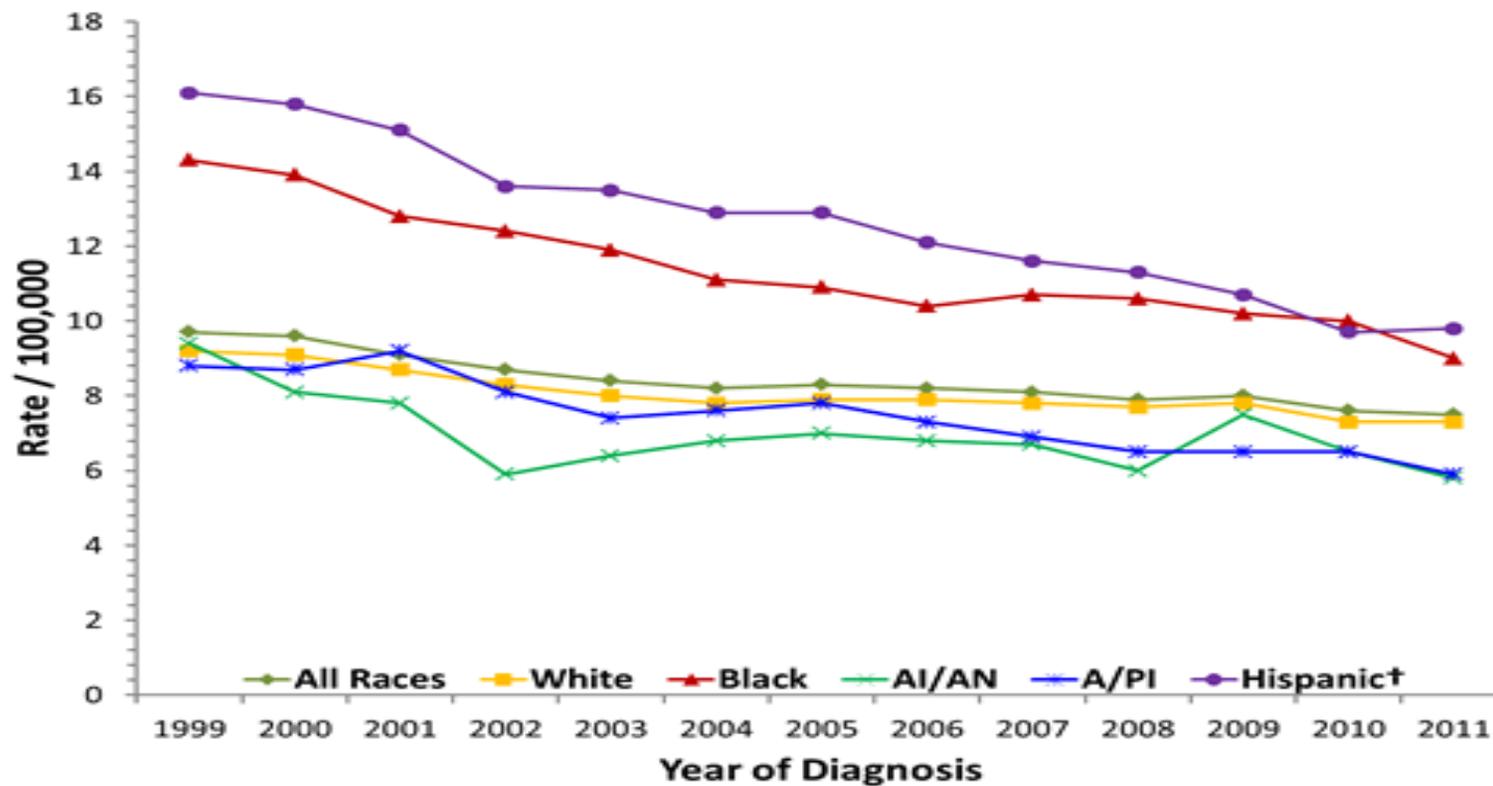
Unless action is taken now, disparities will increase as the projected population increases.

Justice for future generations....



Multi-level Interventions

Incidence of cervical cancer among women in the United States



Source: Cervical Cancer Incidence Rates (1999-2011) <http://www.cdc.gov/cancer/cervical/statistics/race.htm>

<https://www.youtube.com/watch?v=AOXtG34bhLY&feature=youtu.be>