

Health Equity in WNY Workgroup

P2 Collaborative of WNY
September 25, 2009

Background

- ❑ Health Equity in WNY
 - ❑ History of workgroup
 - ❑ Mission
 - ❑ Structure
 - ❑ Specific committee updates
 - ❑ Conversation
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Latest data on disparities

- Dartmouth Atlas – Fall, 2008
 - www.dartmouthatlas.org
 - Five indicators for WNY in comparison to 13 other communities
 - Data limited to White/Black comparison
 - Data limited to Medicare FFS
 - WNY has mixed results
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WNY comparison on 5 indicators

- Diabetes: Rates/1000 Medicare Enrollees:
 - Blood sugar testing
 - White: 83.7%
 - Black: 78.6%
 - Blood lipid testing
 - White: 89.3%
 - Black: 85.4%
 - Eye examinations
 - White: 70.9%
 - Black: 61.0%
 - Leg Amputations
 - White: .96
 - Black: 1.96
 - ACSC Hospitalizations
 - White: 74.2
 - Black: 94.4

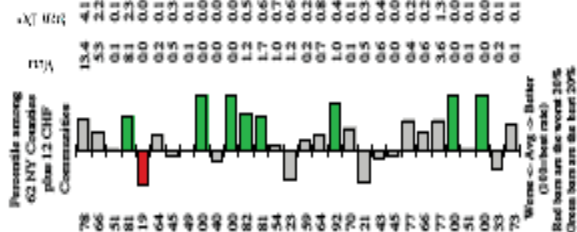
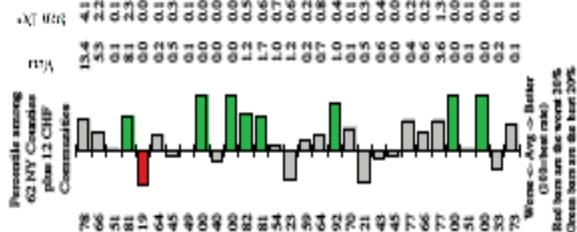
Ambulatory Care Sensitive Conditions

- 26 conditions that SHOULD be able to be managed through routine outpatient care and NOT require hospitalization
 - Three types:
 - Chronic (diabetes, hypertension)
 - Preventive (measles, dental care)
 - Rapid (angina, ENT infections)
 - Hospitalization often an indicator of inadequate primary care
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Erie All Payers Both Sexes, 22-64

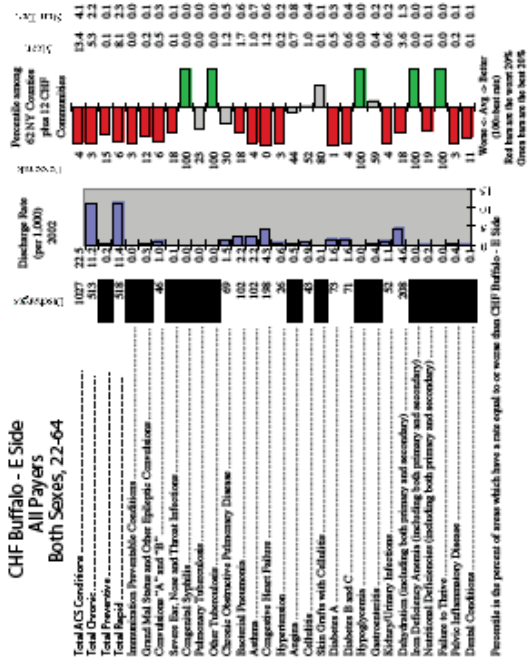
Condition	Count	Discharge Rate (per 1,000) 2002	Percentile among 62 NY Counties	Change since 2000
Total ACS Conditions	5367	10.6	78	
Total Chronic	2251	4.3	66	
Total Preventive	57	0.1	51	
Total Rapid	3543	6.4	81	
Immunization Preventable Conditions		0.0	19	
Onset Mid Stage and Other Epileptic Convulsions	74	0.1	64	
Chorea/Akathisia and Tardive Dyskinesia	261	0.5	46	
Stroke Ischemic and Transient Ischemic	51	0.1	100	
Neurocysticercosis		0.0	40	
Other Tuberculosis		0.0	100	
Chronic Obstructive Pulmonary Disease	411	0.8	82	
Bacterial Pneumonitis	685	1.3	81	
Asthma	425	0.8	54	
Congenitive Heart Failure	757	1.4	23	
Hypertension	85	0.2	39	
Angina	175	0.3	64	
Cellulitis	313	0.6	92	
Skin Grafts with Cellulitis	41	0.1	71	
Diabetes A	299	0.6	21	
Diabetes B and C	267	0.5	45	
Hypothyroidism		0.0	47	
Gonorrhoea	131	0.3	77	
Kidney/Urinary Infections	265	0.5	66	
Dehydration (including both primary and secondary)	1470	2.8	77	
Iron Deficiency Anemia (including both primary and secondary)		0.0	100	
Nutritional Deficiencies (including both primary and secondary)	35	0.1	51	
Failure to Thrive		0.0	100	
Pelvic Inflammatory Disease	100	0.2	53	
Dental Conditions		0.0	75	

Percentile is the percent of areas which have a rate equal to or worse than Erie



Worse <- Avg -> Better
0.0 100
Red bars are the worst 20%
Green bars are the best 20%

CHF Buffalo - E Side All Payers Both Sexes, 22-64



Percentile is the percent of areas which have a rate equal to or worse than CHF Buffalo - E Side
 Red bars are the worst 25%
 Green bars are the best 25%

History of Workgroup

- Initial meeting in early 2009
 - RWJF AF4Q requirement one of the stimuli
 - Intention is always to maintain a broader community focus
 - Visioning meeting held in May 2009
 - Committees been working since then
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Results of Visioning Session

- Mission developed
 - Creating a culture of urgency to mobilize and align forces for quality through relevant community-based strategies that ensure health equity in WNY
 - Four committees identified
 - Strong interest in learning community
 - Commitment for staffing the committees
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Outcome of visioning session

- ❑ Disparities should be a social and equity concern beyond the health care community
 - ❑ Tied directly to ability to achieve in school, to contribute to the economy and to reduce individual and social pain
 - ❑ Undeniably and inextricably linked to issues of poverty
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Health Justice meeting in DC

“It is well documented that African-Americans, Latinos and other minorities experience disparities in health outcomes NOT merely as a result of the barriers to healthcare that they face...BUT

...primarily as a result of **broader social inequality**.

Health Justice quote, con't.

...For example, good health is impossible in the face of unequal access to:

- high-quality education;
 - job opportunities that pay a fair, living wage; and
 - safe and affordable housing in clean neighborhoods, where local grocery stores offer affordable, healthy foods.
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Four active committees:

- ❑ Data Collection
 - ❑ Cultural Competency
 - ❑ Community Programming
 - ❑ Education and Advocacy
 - ❑ In addition, an inventory of health equity/disparities reduction activities is being developed as first step in building the learning community
 - ❑ Holly Franz is Coordinator
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Outstanding questions

- ❑ How to engage the more rural communities if we're starting with the more highly concentrated communities?
 - ❑ Sequencing of activities
 - ❑ Definition of outcomes and demonstration of impact
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U.S. Stroke Belt

