



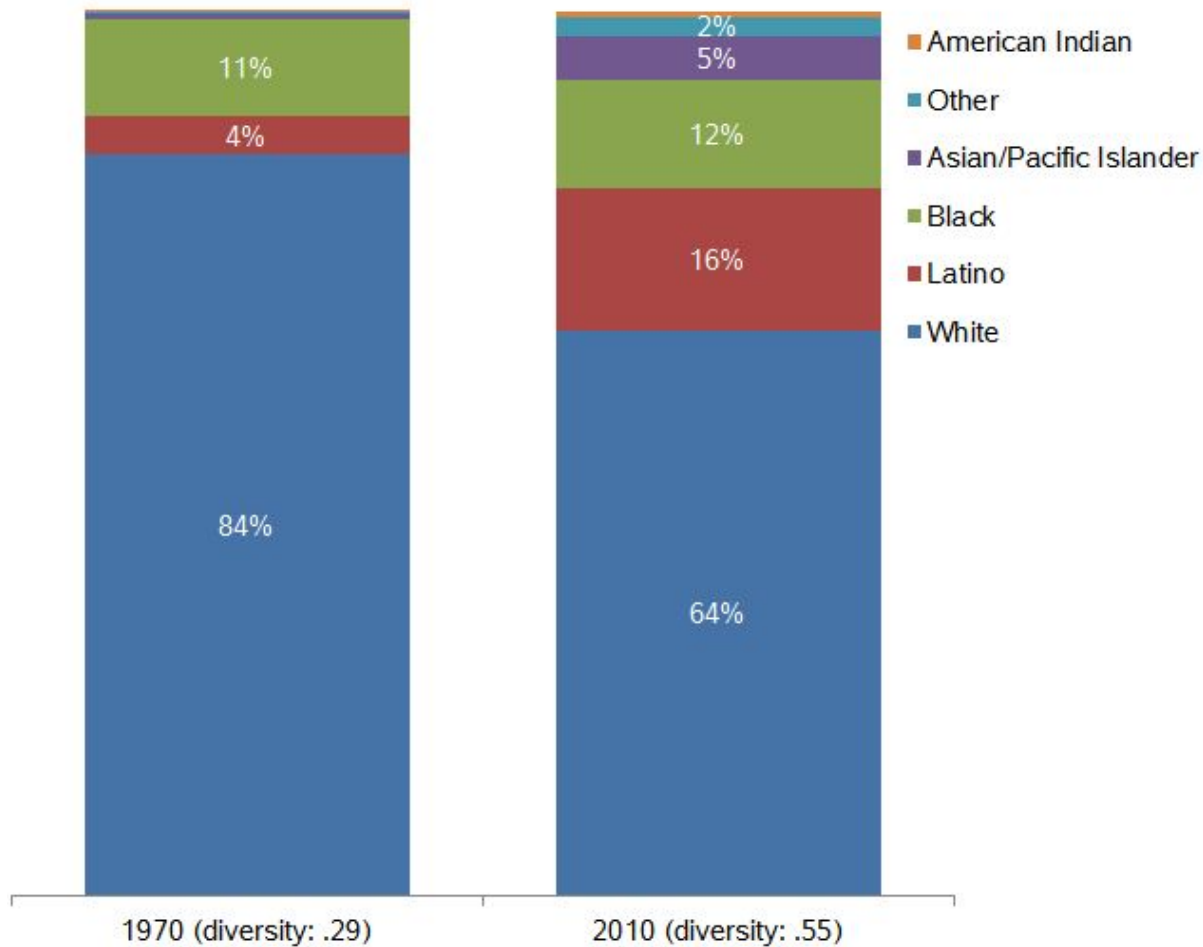
***Call to Action – Health Disparities in Cardiovascular
and Diabetes Care and Outcomes***
**The Unintended Consequences
of Reporting ‘All’**

LaVonna B. Lewis, PhD, MPH

2016 Right Care Initiative Program

November 14, 2016

Race-ethnic identity, U.S. 1970-2010



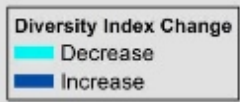
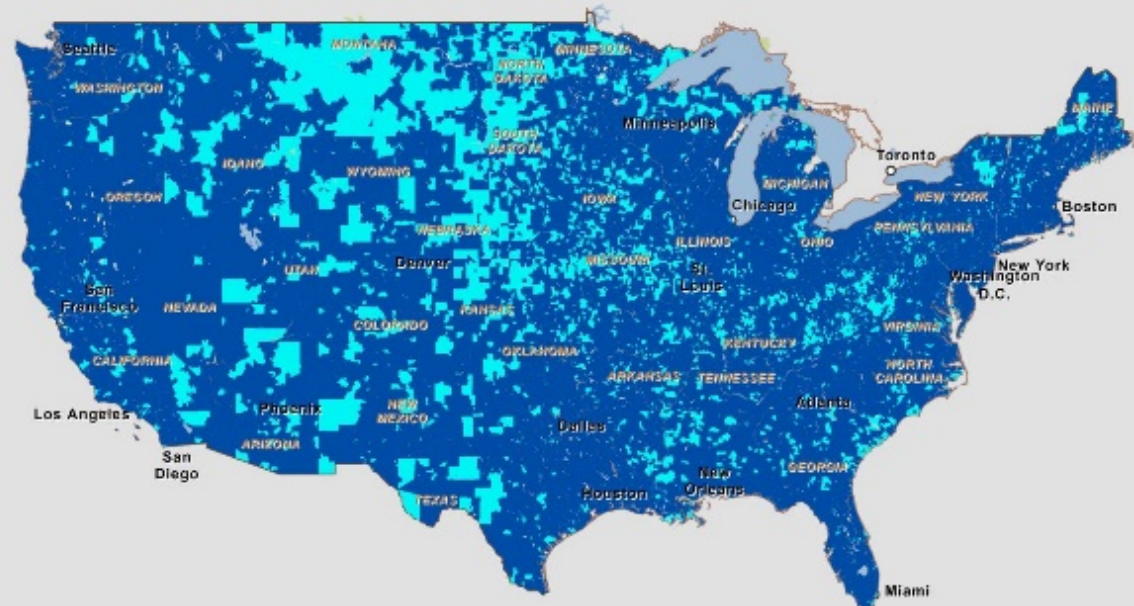
Source: U.S. Census Bureau

Diversity Index Change, 2010-2012, by ZIP Code

Alaska



Hawaii



Communities of Opportunity

- Social/economic inclusion
- Thriving small businesses and entrepreneurs
- Financial institutions
- Good transportation options and infrastructure
- Home ownership
- Better performing schools
- Sufficient healthy housing
- Grocery stores
- IT connectivity
- Strong local governance
- Parks & trails

Good Health Status

Poor Health Status

Contributes to health disparities:

- Diabetes
- Cancer
- Asthma
- Obesity
- Injury

Low-Opportunity Communities

- Social/economic exclusion
- Few small businesses
- Payday lenders
- Few transportation options
- Rental housing/foreclosure
- Poor performing schools
- Poor and limited housing stock
- Increased pollution and contaminated drinking water
- Fast food restaurants
- Limited IT connections
- Weak local governance
- Unsafe/limited parks

Access to Care: Nationally

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

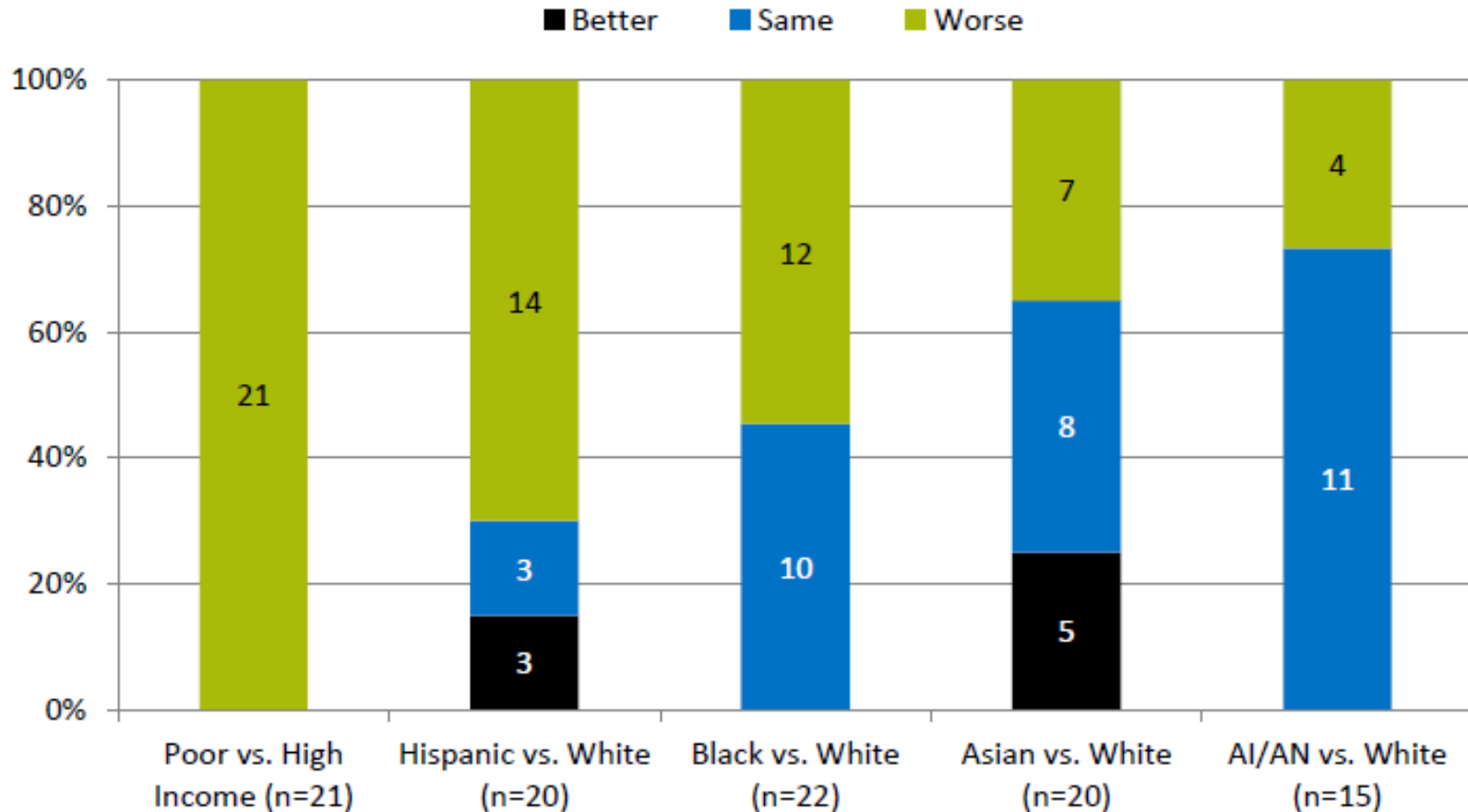


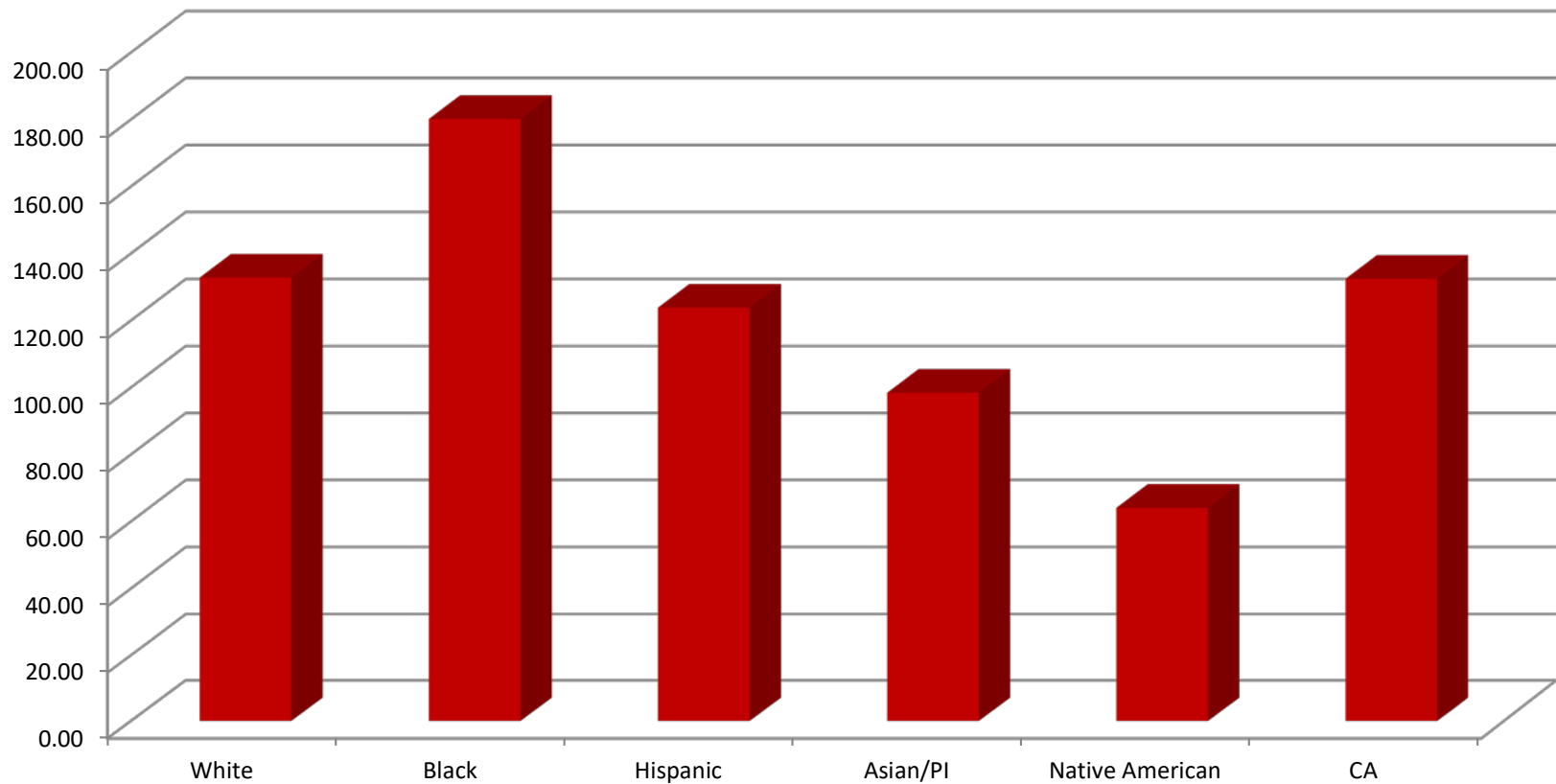
Table 1
Estimated excess direct medical care expenditures due to health inequalities, 2003 to 2006, constant 2008 dollars (billions)†

	African Americans	Asians	Hispanics	Total
2003	35.2	3.6	17.6	56.3
2004	32.0	2.7	18.2	53.8
2005	32.8	2.9	22.4	58.2
2006	34.9	2.2	23.9	61.1
Total	135.9	11.4	82.0	229.4

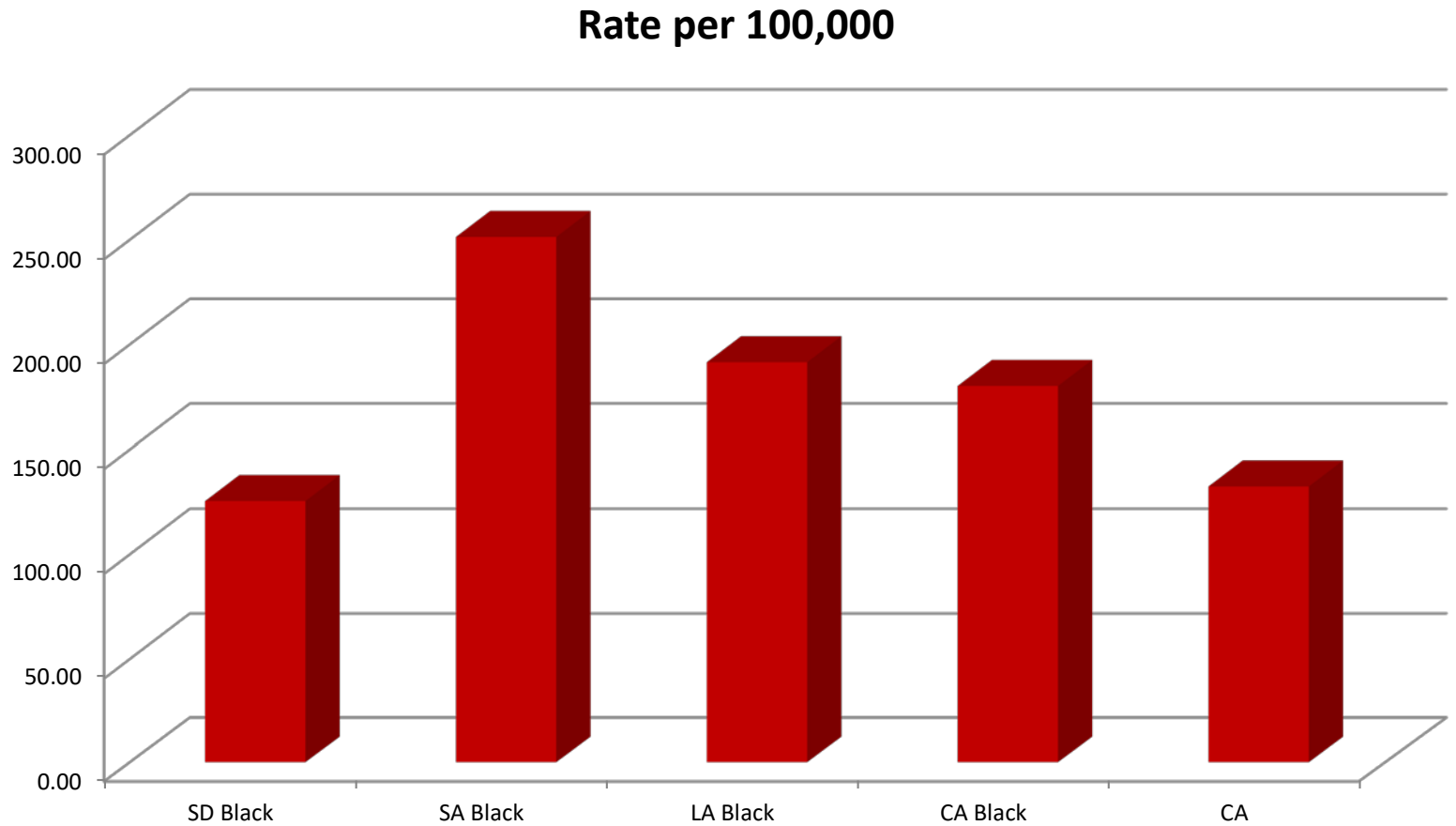
† All expenditures are standardized to 2008 dollars.

Source: Based on calculations using the Medical Expenditure Panel Survey 2003-2006.

Rate per 100,000

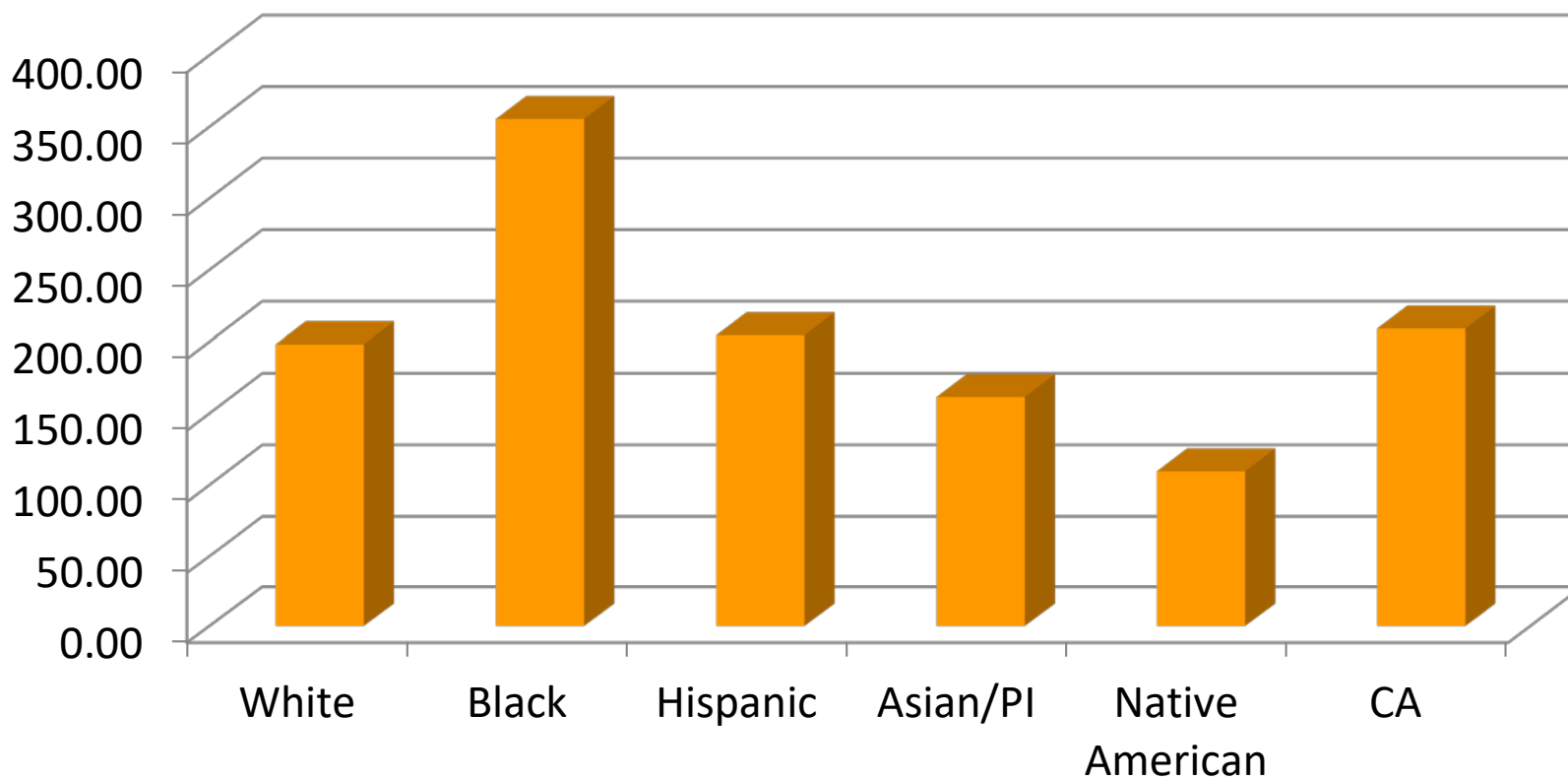


2014 MI Rates: All CA and Blacks by Site

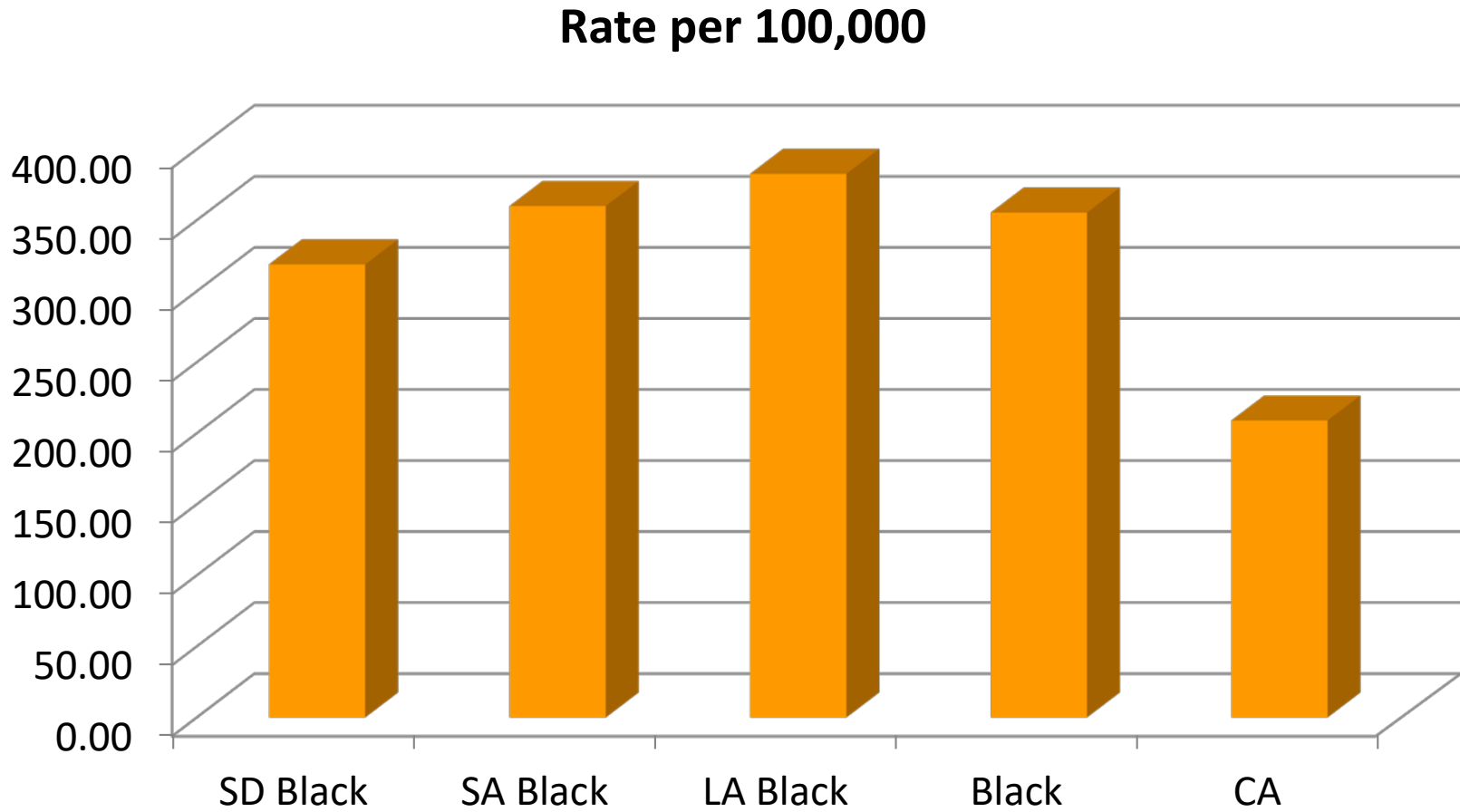


2014 Stroke Rate (W/TIA): CA-All Groups

Rate per 100,000

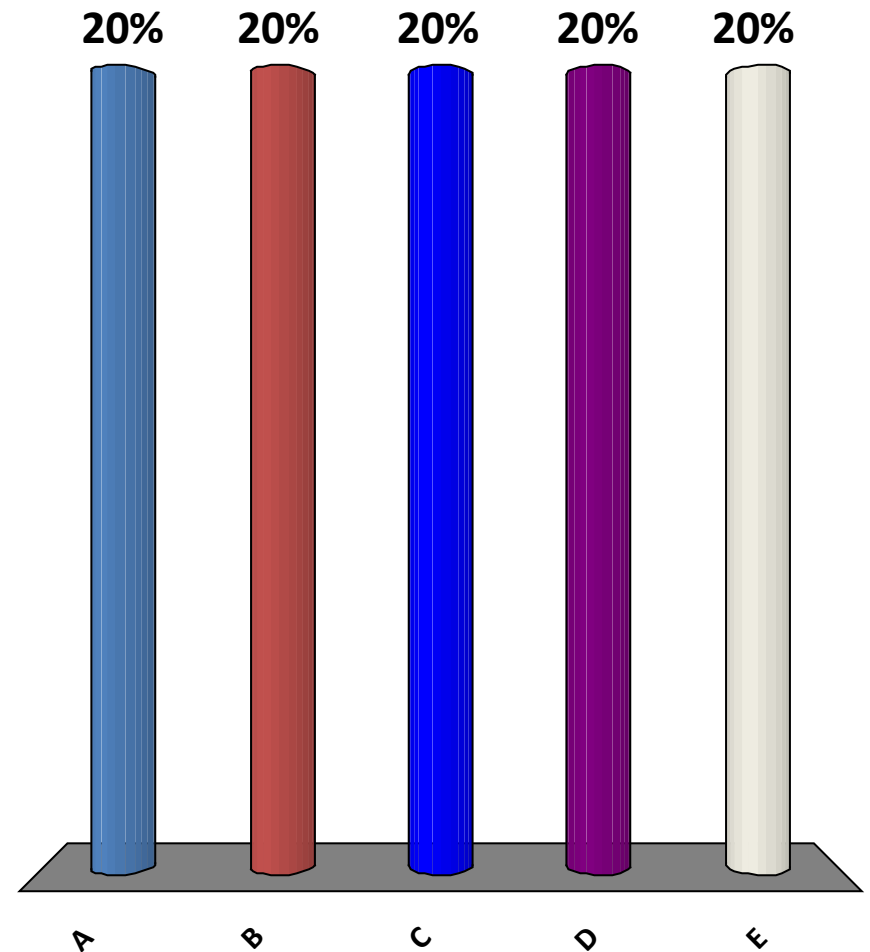


2014 Stroke Rate (W/TIA): CA Blacks by Site



Question 1: What contributes to the variation that you have just seen in the rates of myocardial infarction and stroke?

- A. Differing responses to medications and access to appropriate care
- B. Environmental factors and opportunities for healthy exercise
- C. Cultural dietary preferences and food availability
- D. Genetics
- E. All of the above



We cannot solve the problems
we have created with the
same thinking that created
them.”

– Albert Einstein

- Question 2: What's your WOW? What will you do (or continue to do) -**Within One Week**- that will improve health outcomes for diabetes and heart disease?

LaVonna B. Lewis, PhD, MPH

- Teaching Professor of Public Policy
- Diversity Liaison, USC Sol Price School of Public Policy
- Director, USC Diversity in Health Care Leadership Initiative

llewis@price.usc.edu

213.740.4280 office phone

323.791.6150 cell phone