Leading Health Systems Change for Increased Access to Care for Vulnerable Communities*

Louis W Sullivan, MD**
March 16, 2017
Long Beach, California

*Presentation at The ADEA Minority Dental Faculty Development and Inclusion Training Program
The Westin Long Beach Hotel

**President Emeritus, Morehouse School of Medicine
U.S. Secretary of Health and Human Services, 1989-1993
Chairman, the Sullivan Alliance to Transform the Health Professions
Life Expectancy at birth by race and gender, U.S. 1900-2000

Expected years of life remaining

Leading Causes of Death in African Americans 1900-2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease of consumption</td>
<td>Cancer</td>
<td>Heart disease</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Cardiovascular disease and stroke</td>
<td>Cancer</td>
</tr>
<tr>
<td>Infantile marasmus</td>
<td>Cirrhosis</td>
<td>Stroke</td>
</tr>
<tr>
<td>Cholera</td>
<td>Homicide</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Inanition</td>
<td>Accidents</td>
<td>Unintentional injuries</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Infant mortality</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
</tr>
</tbody>
</table>
The Journey to Achieving Health Equity
Highlights from the National Healthcare Disparities Report, 2013

- Health care quality and access are *suboptimal*, especially for minorities and low income groups
- Quality of care is improving for most Americans, but access to care is not
- The narrowing of health disparities is minimal

**Urgent attention is needed for:**
- Disparities in preventive services and access to care
- Residents of inner cities and rural areas
- Nutritional counseling and obesity
- Diabetes management
- Cancer screening
Diagnosed Diabetes Among Adults Age 20 Years and Older, by Race/Ethnicity, 2010-2012

Percent with diagnosed diabetes

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>9%</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>8%</td>
</tr>
<tr>
<td>Asian</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13%</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>13%</td>
</tr>
<tr>
<td>American Indian/Alaska Native*</td>
<td>16%</td>
</tr>
</tbody>
</table>

NOTE: Percentages are age-adjusted. Diabetes prevalence includes physician-diagnosed (self-reported).

* Data for AI/AN come from the 2012 Indian Health Service’s National Patient Information Reporting System.

Adult Hospital Admissions for Uncontrolled Diabetes by Race/Ethnicity, 2010

Admissions per 100,000 population

- All Adults: 20.6
- Asian & NHOPI: 7.0
- White, Non-Hispanic: 12.6
- Hispanic: 34.6
- Black, Non-Hispanic: 63.7

NOTE: Data are for adult population only and reflect admissions for uncontrolled diabetes without complication.
DATA: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project.
Unconscious Bias in Diagnosis and Treatment

Studies show that even when controlling for insurance and source of care, ethnic and racial minorities...

• Are undertreated for acute cardiac symptoms, as they receive less:
  – Catheterization
  – Angioplasty
  – Bypass surgery
  – Beta blockers
  – Implantable cardioverter-defibrillators (ICD)
• Are less likely to receive pain medications when presenting to emergency rooms
• Are more likely to get lower limb amputations as a result of diabetes than limb saving procedures

(Source: Seeing Patients, Augustus White and David Chanoff, 2011)

*Diagnosis and treatment disparities seem to be highest when physicians engage in “high discretion”*
Racial and Ethnic Minorities (URMs*) are Vastly Underrepresented in the U.S. Health Professions

<table>
<thead>
<tr>
<th>URMs in the General Population</th>
<th>URMs in the Health Professions</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.7% Native Hawaiian/Pacific Islander</td>
<td>15.1% Nursing (RN)</td>
</tr>
<tr>
<td>1.2% American Indian/Alaska Native</td>
<td>13.5% Medicine</td>
</tr>
<tr>
<td>13.2% Black</td>
<td>9.8% Pharmacy</td>
</tr>
<tr>
<td>17.1% Hispanic/Latino</td>
<td>9% Dentistry</td>
</tr>
</tbody>
</table>

*URMs are persons underrepresented in the health professions relative to their distribution in the general population

Probability of NIH Awards by Race and Ethnicity, 2000-2006 (n=83,188)

- Black or African American: 16%
- Asian: 25.50%
- Hispanic: 27.00%
- White: 29%
- Full sample: 27.50%

Source: Ginther DK et al., Science 333, 1015 (2011)
The story of the Morehouse School of Medicine reflects the turbulent time in which it was founded and the lofty goals and accomplishments of a diverse group of African American leaders. Their tireless efforts in creating this eminent Black institution changed the landscape of medical education and the racial and ethnic makeup of physicians and health care professions.

*Forward written by Barbara Bush*
The Sullivan Alliance to Transform the Health Professions

• Report of the Sullivan Commission, September, 2004

• Formation of the Sullivan Alliance, January, 2005

• Purpose: To increase diversity in all of the health professions, with focus on medicine, dentistry, public health and nursing.

• Current support for dental therapists, a new (for U.S.) mid level professional in dentistry.
The Sullivan Alliance

Our alliance activities focus on developing and supporting a network of academic and community partners at the local, state and national levels.

We are committed to prioritizing the recruitment, support, and training of students aspiring to the health professions from medically underserved communities and disadvantaged economic and cultural groups.
Sullivan Alliance – State Alliances 2016
Why State Alliances?

• Insufficient federal focus or commitment
• States directly involved in addressing the:
  – Health access needs of citizens
  – Education gaps
• Commitment within academic, business and community leadership to identifying and nurturing students, faculty and administrators and mentors of diverse backgrounds
• Formalizing the relationships inter- and intra-campuses and communities results in real change...a direct increase in the number of qualified students committing to studies within the health professions
• More efficient use of resources – sharing resources
The Role of Dental Therapists

• Mid-level dental professionals provide basic dental care, under the supervision of a dentist.

• Support dentists’ work in different locations, based on patient and practice needs

• Receive more clinical training hours than dentists

• Capable of a specific number of routine and preventive procedures

• Facilitate continuity of care

• Can increase the number of individuals served by a dental practice, while increasing the income of the dentist.

• August 2015 - Commission on Dental Accreditation (CODA) voted to implement national standards for dental therapy training programs
Alaska Dental Health Aide Therapists (DHATs)

Graduation: June 2014
Challenges for the 21st Century I

1. Improved access to health services for all.
2. More comprehensive/more effective health promotion/disease prevention programs and improved health behavior of Americans.
3. Increased number, and greater diversity, of health professionals, including mid-level providers in our inner cities and rural areas.
Challenges for the 21st Century II

4. More efficient, less bureaucratic organization of the health system and health services.

5. Less political ideology and fewer legal intrusions into the health system.

6. Maintenance of the highest ethical standards in the health system, including codes of personal professional conduct.

7. Protecting and preserving humanism in the health professions.
Our Contact Information

1729 King Street, Suite 100
Alexandria, Virginia 22314
Phone:  703.706.9656
Fax: 703.229.4191

Webpage:   http://www.thesullivanalliance.org
Facebook:   The Sullivan Alliance
Twitter:    @SullivanAllianc
LinkedIn:   The Sullivan Alliance
Email:      info@thesullivanalliance.org