



XAVIER UNIVERSITY OF LOUISIANA COLLEGE OF PHARMACY
SIXTH HEALTH DISPARITIES CONFERENCE
IMPROVING MEDICAL EFFECTIVENESS AND HEALTH OUTCOMES TO ACHIEVE HEALTH EQUITY THROUGH INTERPROFESSIONAL COLLABORATIONS
NEW ORLEANS, LOUISIANA MARCH 7-9, 2013

Breakout Session A
Abstract Podium Presentations:
Disease Process and Disparities



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This session will include abstract presentations discussing disease process and disparities across the interprofessional spectrum.



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Christopher D. Williams, PhD
OPENING REMARKS



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Michael L. Jones, RN, MSN, MBA
ABSTRACT PRESENTATION

Healthy Linkages: Addressing Health Disparities Through Partnership & Collaboration


Michael L. Jones, RN, MSN, MBA
Chief Community Health Officer
Director, Healthy Linkages
Office of the Vice Chancellor for Health Affairs



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Conflict of Interest Statement

I attest that there are no financial, professional, or personal conflicts of interest associated with this presentation.



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Objectives

- Discuss Health Disparities in Mississippi
- Discuss mechanisms for addressing Disparities in Mississippi (Healthy Linkages)
- Discuss the importance of partnerships and collaboration



What We Know About Mississippi's Health Crisis!

- Health Literacy
- Chronic Disease Prevalence
- Dysfunctional Health System
- Poverty Rankings
- Health Disparities
- Bright Spots



Health Literacy



Chronic Disease Prevalence

- **Obesity**
 - Mississippi 34.4% (U.S. 33.8%)
- **Hypertension**
 - Mississippi 33.7% (U.S. 31.3%)
- **Diabetes**
 - Mississippi 11% (U.S. 8.3%)

(Centers for Disease Control & Prevention, 2011)



Dysfunctional Health System

- Focus on treatment over prevention
- Lack of state support for public health
- Lack of primary care health care providers



Poverty & Health Disparities

- 21% of Mississippians live below the poverty level (630,000)
- 13.8% of Americans live below the poverty level
- Increased Poverty = Increased Health Disparities

(U.S. Census Bureau, 2012)



Bright Spots

- Community & Faith-based Efforts
 - Federally Qualified Health Centers
 - Religious Institutions
 - Other Programs
- Partnerships



Healthy Linkages

- Collaborative Effort Between:
 - The University of Mississippi Medical Center (UMMC)
 - The Mississippi State Department of Health (MSDH)
 - The Mississippi Primary Health Care Association
 - 21 Federally Qualified Health Centers (FQHC)



UMMC

- The sole Academic Medical Center
- 722 Beds
 - 27,000 inpatient stays each year
- 418,000 Outpatient and ER visits each year
 - 70,000 ER Visits Each Year
 - 17,000 inappropriate visits
- Huge population of underserved and underserved
 - Millions each year in uncompensated care



MSDH

- Lead public health agency
- Protect the wellbeing of the citizens of the state of Mississippi
- Serves large population of uninsured and underserved
- Several county clinics throughout the state
 - Pediatrics
 - Women's Health
 - WIC



FQHC

- Most often called "Community Health Centers"
- Local, non-profit, community-owned health care providers serving low-income and medically underserved communities.
- For over 40 years, have provided high-quality affordable primary care and preventive services to the nation's most vulnerable populations.





FQHC

- Improve access to care for thousands of Mississippians regardless of their insurance status or ability to pay.
- Offer services such as transportation, dental, medical, pharmacy, vision, school-based clinics, etc.
- The cost of care in a Community Health Center rank among the lowest.



FQHC


- Funded by the Bureau of Primary Health Care (an arm of the Health Resources and Services Administration – HRSA) and must meet very strict requirements.
 - Governance
 - Sliding Fee Scale

Mississippi FQHC Statistics

- Mississippi has 21 FQHCs with over 160 service delivery sites.
- In 2011, served 324,046 patients (Adults & Children) – **903,695 Visits**
 - 41.4% - Uninsured
 - 30.7% - Medicaid
 - 2.3% - CHIP
 - 0.1% - Other Public Insurance
 - 9.5% - Medicare
 - 15.9% - Private insurance


Bureau of Primary Health Care, 2012



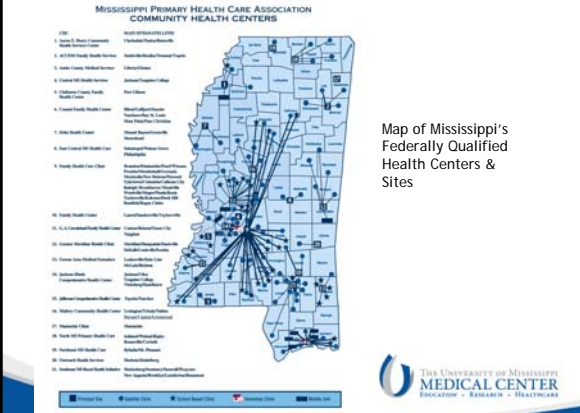
U.S. FQHC Statistics

- Nationwide there are 1,131 FQHCs
- In 2011, served 20,224,757 patients (Adults & Children) – **80,027,696 Visits**
 - 36.4% - Uninsured
 - 38.7% - Medicaid
 - 1.3% - CHIP
 - 1.1% - Other Public Insurance
 - 7.8% - Medicare
 - 14.1% - Private insurance


Bureau of Primary Health Care, 2012



MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION COMMUNITY HEALTH CENTERS




Map of Mississippi's Federally Qualified Health Centers & Sites



Overview of Healthy Linkages

- Purpose of Healthy Linkages
 - To address the causes of health care problems experienced by some of Mississippi's most vulnerable citizens during times of disaster (man-made or natural) and during normal times.



Overview of Healthy Linkages

- Addressing Health Care Concerns
 - Improving Communications Between the Three Entities.
 - Formalized Patient Referral Systems
 - Medical Homes




Aspects of Healthy Linkages

- **Aims of Healthy Linkages**
 - Emergency Communications Network
 - Patient Referral System



Background of Healthy Linkages

- **Prior to Hurricane Katrina**
 - No formal communication between the three entities
 - Emergency Room visits
 - Tertiary/Specialty visits
 - Hurricane Katrina revealed a need to collaborate.



Background of Healthy Linkages

- **Post Hurricane Katrina**
 - Grant monies secured by the University of Mississippi Medical Center
 - Healthy Linkages committee formed
 - Subcommittees of clinicians formed
 - Project Manager hired
 - Pilot Project implemented




Healthy Linkages Pilot

- **Referral Process**
 - OB/GYN
 - Cardiology
 - University of Mississippi Medical Center Access Center
 - Emergency Room Diversion



Updates/Successes

- **Project Manager**
 - Liaison between three entities
- **ER Diversion Based on Zip Code**
 - 3,600 Referrals
- **Referral Process**
 - UMC Access Center
- **Healthy Linkages Committee**
 - Regular Meetings
- **Jackson Medical Mall**
 - UMC/Jackson-Hinds Collaboration




UMMC/Jackson-Hinds Collaboration

- **Collaboration**
 - University of Mississippi Medical Center
 - *Only Academic Medical Center in Mississippi*
 - Jackson-Hinds Comprehensive Health Center
 - *Largest FQHC in Mississippi*




UMMC/Jackson-Hinds Collaboration

- Jackson-Hinds Comprehensive Health Center
 - Largest FQHC in Mississippi (# of patients seen)
 - Approximately 44,000 patients
 - 13 sites (including school-based clinics) across 3 counties in Mississippi (Hinds, Warren, Copiah)
 - Serves UMC high utilization service area
 - 70% of patients seen in ER from Jackson-Hinds service delivery area



UMMC/Jackson-Hinds Collaboration

- University of Mississippi Medical Center
 - Hospital-Based Clinics
 - 37,727 Primary Care Visits/Year (prior to collaboration)
 - Inefficient Delivery Model
 - \$2.2 Million Loss Per Year in Primary Care Clinics (OB/GYN, Pediatrics, Internal Medicine)
 - Inefficiency in Access
 - 17,000 in appropriate Patient Visits to ER
 - Needed to optimize resources




UMC/Jackson-Hinds Collaboration

- **Benefits**
 - Residency Training
 - Improved Access to Specialty Care
 - Strategic Position for Grant Opportunities
 - Enhanced Access to Primary Care
 - Medical Homes
 - Emergency Room Diversion (cost savings)
 - Better Utilization of Resources



UMC/Jackson-Hinds Collaboration

- Emergency Room Diversion
 - Access to FQHC Scheduling System
- OB/GYN
 - New Shared Physician
- Underserved Population
 - Shared Vision



Challenges/Opportunities

- Trust Building
- Electronic Medical Records
 - Sharing of health information
- Telemedicine
- Emergency Communications Network
- Maintenance of Medical Homes
 - ER Diversion




Only by working together can we can make a difference!




Additional Information

- **Jones, M.**, Brunson, C. AHRQ Health Care Innovations Exchange Innovation Profile: Formalized, Technology-Enabled Referral Relationships Between Medical Center and Community Clinics Enhance Access and Reduce Inappropriate Emergency Department Visits. *AHRQ Health Care Innovations* (<http://www.innovations.ahrq.gov/content.aspx?id=3667>). Rockville, MD (9/5/2012).
- Brunson, C., **Jones, M.** Viewpoint: Partnership Creates 'Healthy Linkages' in Mississippi. *Association of American Medical Colleges Reporter* September (<https://www.aamec.org/newsroom/reporter/sept2012/303660/viewpoint.html>). Washington, D.C. 2012; 21(8): 3.



Contact Information

Michael L. Jones, RN, MSN, MBA
 Chief Community Health Officer
 University of Mississippi Medical Center
 2500 North State Street
 Jackson, Mississippi 39216
 Phone: 601-815-9693
 Email: mljones2@umc.edu



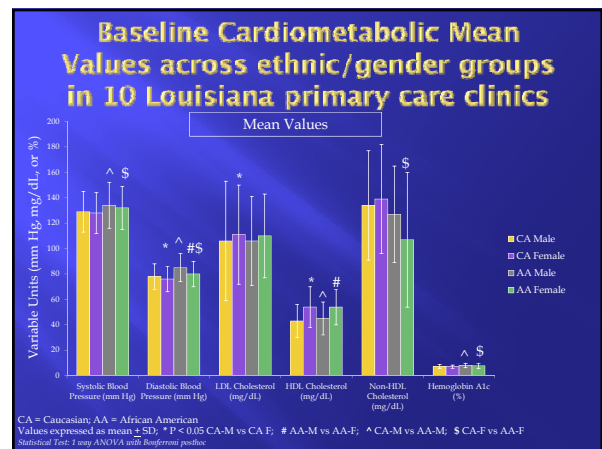
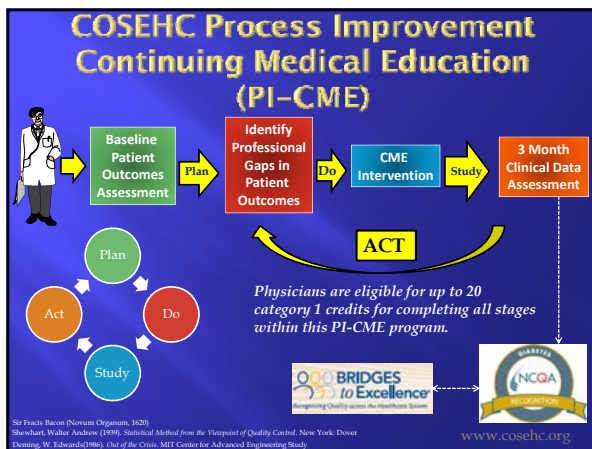

David G. Carmouche, MD
 ABSTRACT PRESENTATION

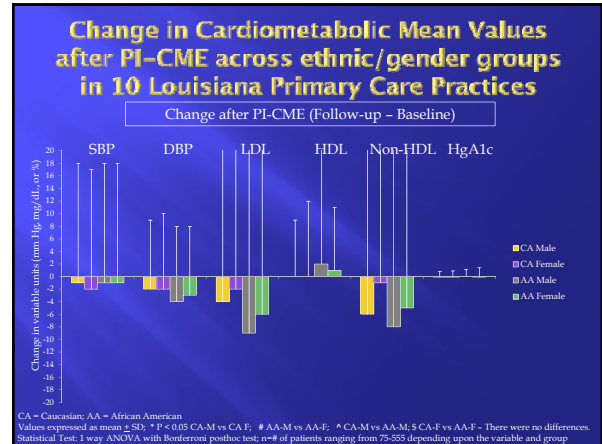
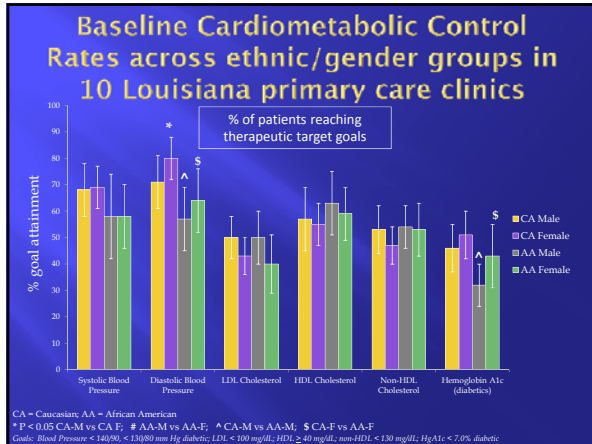


Louisiana Cardiometabolic Risk Factor Disparities Provide Opportunities for Improvement

David Carmouche, MD
 The Consortium for Southeastern Hypertension Control (COSEHC)
 In partnership with BlueCross BlueShield of Louisiana and the Baton Rouge Clinic

www.cosehc.org





Conclusion

- Professional gaps exist for the optimal control of cardiometabolic risk factors among African American patients in Louisiana primary care practices.
- Ongoing COSEHC PI-CME intervention in these practices will be utilized to address these gaps

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Narviar C. Barker, MSW, PhD
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The Impact of Attitudes towards Homosexuality on Health Policy Support

Narviar C. Barker, M.S.W., Ph.D., Morehouse College
 D. Sarita Cathcart, B.S., MSN, NP - C, Morehouse School of Medicine

+

Homosexuality

- Sex** ~ is what you are born with
- Sexuality** ~ is how you perceive sex and your preferences
- Gender** ~ is how you socially exhibit your sexuality
- You** ~ at birth, genetic mapping, nurture vs. nature ?

+ Purpose of Study:

- To examine how attitudes towards homosexuality impact health policy and inform decision making
- To determine how attitudes towards homosexuality vary between different cultures and organized groups
- To examine how attitudes towards homosexuality impact self-disclosure and health outcomes

+ Methodology

- An Attitudes towards Homosexuality Survey (AHS) was self-administered to diverse population groups
- The AHS is a 34-item survey that assesses attitudes and anxieties toward homosexual people using a likert design. Participants rate each of the thirty-four items from "1" Strongly Agree to "5" Strongly Disagree. An additional choice of "I prefer not to Comment" also was included on the survey. This scale is a modified version of the Homosexuality Attitude Scale from Kite, M.E., & Deaux, K. (1986). Attitudes toward homosexuality: Assessment and behavioral consequences. *Basic and Applied Social Psychology*, 7, 137-162.
- SAS 9.3 was used to analyze the data in this study.

+ Findings

- Public attitudes towards homosexuality are changing to reflect greater acceptance, with younger individuals showing the greatest acceptance.
- Negative attitudes towards homosexuality is significantly associated with African American race, male gender, older age, being married, divorced, separated, or widowed. *Never married* was the most accepting group.
- Negative attitudes towards homosexuality also were highest among respondents with lower educational attainment and lower income
- Knowing someone who is LGBT showed greatest acceptance and more positive attitudes towards homosexuality
- There appears to be greater acceptance of lesbians than of gay men.

+ Homosexuality & Health Outcomes

Researchers conducted an "in depth" survey that screened for health disparities among heterosexual/straight, gay/lesbian/homosexual, and bisexual adults. The survey sampled individuals from 2001 to 2006 and included data from 38,910 individuals, including 1.9% who identified as gay/lesbian/homosexual and 1.0% who identified as bisexual. The report suggested that differences in health exist based on data collected from this "population based" estimate of sexual orientation. (Behavioral Risk Factor Surveillance System (BRFSS)).

Poorer outcomes among homosexual populations include:

- Self-reported health
- Disability-related activity limitations
- Asthma
- Current and past tobacco smoking
- Anxious mood
- 30-day binge drinking and substance use
- Lifetime and 12-month sexual assault victimization
- Mental health/mental illness

+ The Centers for Disease Control (CDC) tracks HIV/AIDS information on five racial and ethnic groups: white, not Hispanic; black, not Hispanic; Hispanic; Asian/Pacific Islander; and American Indian/Alaska Native. (Implications for health outcomes)

Race/Ethnicity	Estimated HIV Prevalence, 2006
White, not Hispanic	10,758
Black, not Hispanic	17,356
Hispanic	6,481
Asian/Pacific Islander	397
American Indian/Alaskan Native	166

Source: CDC

+ Points of Entry for Changing Attitudes towards Homosexuality: Policy Implications

- Educational Institutions
- Faith-Based Organizations and Religious Institutions, i.e., the church
- Policy and Law (homosexual rights and gender identity)
- Research: Adapted from Wolff (1971), Gupta (1996) and Kallman (1982): Causal Factors
 - Psychological
 - Biological
 - Hormonal
 - Behavioral
 - Genetic

Results

Demographics

Table 1: Demographics of the Study Population

Demographic Group	Number	Percentages (%)
Overall		
GENDER		
Male	78	57 %
Female	58	42 %
N/A	2	1 %
RACE/ETHNICITY		
White	33	24.8 %
African American	96	71.4 %
Others	4	2.2 %
EDUCATION		
Less than high school		
High school diploma or Some College	81	59 %
College degree or higher	55	40 %

Demographics Cont'd

Age	Number	Percentage (%)
1980 - 1995 (18 - 33 years of age)	88	63.8 %
1965 - 1979	15	11 %
1950 - 1964	10	7.2 %
1949 or less	0	0
Marital Status		
Married	23	16.7 %
Not Married	103	74.6 %
Divorced or Separated	10	7.2 %
Partner or Living together as Married	2	1.4 %
Religiosity		
Attend Spiritual Activities (i.e. Church, Mosque) Weekly	54	39.1 %
Attend Spiritual activities (i.e. Church, Mosque) at least once per month and Christians	55	40 %
Believe and do not attend spiritual activities	9	6.5 %
Do not attend Spiritual activities but believe in a higher being	12	8.7 %

Attitudes towards Homosexuality by Gender

Q1: I am uncomfortable being in the same room with lesbians.

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	29 (37.2%)	26 (33.3%)	13 (16.7%)	7 (8.9%)	1 (1.3%)
Female	24 (41.4%)	16 (27.6%)	5 (8.6%)	3 (5.2%)	24 (41.4%)
N/A	0	2 (100%)	0	0	0

Q2: I am uncomfortable in the same room with gay men.

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	1 (1.3%)	9 (11.5%)	19 (24.4%)	28 (35.9%)	20 (25.6%)
Female	27 (46.6%)	16 (27.6%)	8 (13.8%)	2 (3.5%)	0
N/A	0	1 (50%)	0	0	1 (50%)

Q3: I am comfortable having acquaintances inform me of their sexual orientation.

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	8 (10.3%)	19 (24.4%)	16 (20.8%)	24 (30.8%)	11 (14.1%)
Female	11 (19%)	9 (15.5%)	6 (10.3%)	20 (34.5%)	11 (19%)
N/A	0	1 (50%)	1 (50%)	0	0

Attitudes towards Homosexuality by Gender Cont'd

Q4: I am uncomfortable participating in social activities (i.e., parties/socials) with lesbians.

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	26 (33.3%) - SD	24 (30.8%)	14 (18%)	11 (14.1%)	2 (2.6%) - SA
Female	22 (38%) - SD	5 (8.6%)	15 (25.9%)	6 (10.3%)	3 (5.2%) - SA
N/A	0	2 (100%)	0	0	0

Q5: I am uncomfortable participating in social activities (i.e., parties/socials) with gay men.

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	12 (15.4%)	26 (33.3%)	23 (29.5%)	9 (11.5%)	6 (7.7%)
Female	22 (38%)	10 (17.2%)	14 (24.1%)	3 (5.2%)	2 (3.4%)
N/A	0	1 (50%)	0	0	1 (50%)

Q6: Believe that members of the LGBT community should have the same rights and protections as heterosexuals

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	6 (7.8%) - SD	16 (20.8%)	18 (23.4%)	20 (26%)	16 (20.8%) - SA
Female	5 (8.6%) - SD	6 (10.3%)	8 (13.8%)	12 (20.7%)	20 (34.5%) - SA
N/A	0	2 (100%)	0	0	0

Attitudes towards Homosexuality by Gender Cont'd

Q7: The LGBT community is responsible for the spread of HIV-AIDS.

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	13 (16.9%)	25 (32.3%)	22 (28.6%)	12 (15.6%)	4 (5.2%)
Female	21 (36.2%)	12 (20.7%)	8 (13.8%)	4 (7%)	6 (10.3%)
N/A	0	1 (50%)	1 (50%)	0	0

Q8. Homosexuality is a choice

GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	7 (9.1%)	13 (16.9%)	27 (35.1%)	19 (24.7%)	10 (13%)
Female	19 (22.4%)	9 (15.2%)	16 (27.6%)	11 (19%)	8 (13.8%)
N/A	0	0	0	1 (50%)	1 (50%)

Q9. Homosexuality is a nature (born this way)

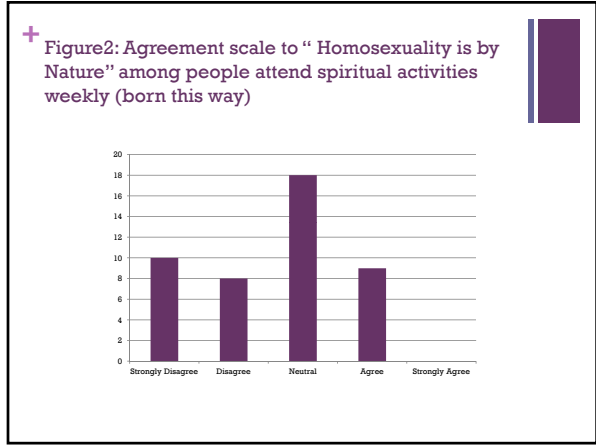
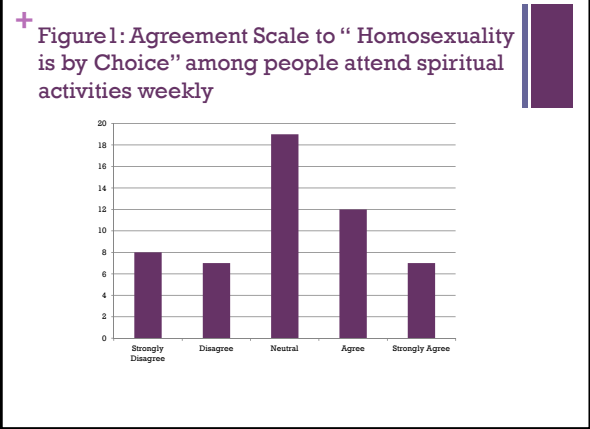
GENDER	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	14 (18.4%)	13 (17.1%)	24 (31.5%)	12 (15.8%)	9 (11.8%)
Female	7 (12.3%)	9 (15.8%)	19 (33.3%)	11 (19.3%)	7 (12.3%)
N/A	0	1 (50%)	0	1 (50%)	0

Attitudes towards Homosexuality by Religiosity

- None of participants who attend a weekly church, Mosque or spiritual activity agreed with "Homosexuality is a nature"
- Significant number of participants who attend a weekly church, Mosque or spiritual activity were comfortable with social activities with gays (46.4%) and lesbians (46.3%)
- 45.3% of participants who attend a weekly church, Mosque or spiritual activity believed LGBT community have the same rights and protections as heterosexuals
- Sex was significantly associated with being in the same room with gay men (P-value <0.0001), however for lesbians the P-value <0.27.**

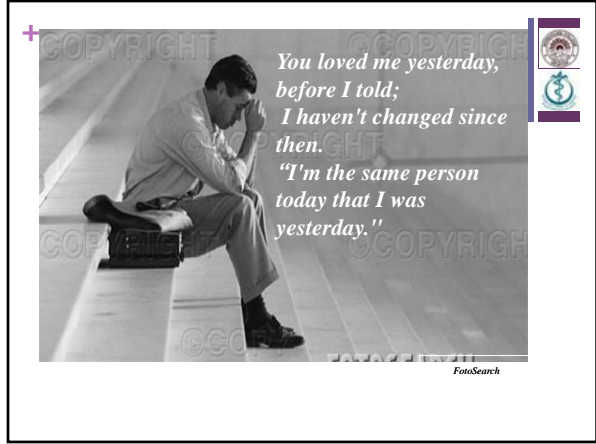
+ Attitudes towards Homosexuality by Religiosity cont'd

- Sex was significantly associated with participating in social activities with gay man (P-value <0.006), and lesbians (P-value 0.02)
- There was not a statistically significant difference in religiosity regarding the nature (P-value <0.99) Vs. Choice (P-value < 0.46) of homosexuality.



+ Conclusions/Discussion

- Negative attitudes towards homosexuality impacts self disclosure and health outcomes, especially at the population level
- Attitudes towards homosexuality often are reflected in legal codes, from liberal to ultra-repressive attitudes. This impacts:
 - Funding and support of research, prevention and cures
 - Civil liberties, i.e., equal and fair treatment
 - Religious opportunities, i.e., serving openly in the ministries
 - Implementation of law and policy (debate exists over the legitimacy of including sexual orientation among categories traditionally protected by civil rights law)



+ Thank You

It's QUESTION TIME!!



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Panel Discussion



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Closing Remarks