

Arnold School of Public Health

Institute for Partnerships to Eliminate Health Disparities

University of South Carolina

Poster Session & Abstracts

Pass the Torch, Re-Ignite the Flame: Approach
Health Disparities with Passion Beyond Commitment

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MONDAY
April
27
2015

Part of the 8th Annual
James E. Clyburn
Health Disparities Lecture



UNIVERSITY OF
SOUTH CAROLINA
Arnold School of Public Health

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Beyond Commitment

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April 27, 2015

Hilton in the Vista
Columbia, South Carolina

This year's Poster Session & Abstracts booklet will showcase health disparities research and practice being conducted by faculty, postdoctoral research fellows, staff, and students at the University of South Carolina. Abstracts submitted by individuals from other academic institutions and community-based organizations describing their efforts to eliminate health disparities are also included. The 8th Annual James E. Clyburn Health Disparities Lecture Poster Session is an opportunity for individuals to share their health disparities research and practice with others who are "*...approaching health disparities with passion beyond commitment.*"

The Poster Session & Abstracts booklet is available on the Institute for Partnerships to Eliminate Health Disparities website at http://www.sph.sc.edu/health_disparities/poster.shtml.

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P01. Innovative Strategies to Address the Unique Cultural and Spiritual Perspectives of African American Patients and Families at End of Life (031801)

Ronit Elk, Linda Emanuel, Cynthia Coburn-Smith, Constance Duke, Laura Reparaz, Sue Levkoff

Background

Terminally ill patients' preferences for the care they receive are strongly influenced by their race, ethnicity and culture. Palliative care programs focus on relief of pain and discomfort and are extremely effective. However, no palliative care programs have been developed in the US that consider the cultural preferences of multicultural groups of rural patients. We are developing the first culturally-tailored palliative care program for African American and White elders living in Beaufort, S.C., an area of cultural and economic contrasts, and are doing so with full community participation. We assembled a Community Advisory Group in Beaufort, representing various segments of the African American and White community, to guide all three phases of the two-year study. The aim of Phase One was to determine the perspectives of family members of elders who had died in Beaufort, about care their loved ones received.

Methods

We conducted separate focus groups with African American and White community members. The data were analyzed to determine emergent themes within groups.

Results

Results indicated that although there were similar themes in terms of care preferences across both groups, there were also many differences. Phase Two (ongoing) reviews the results from Phase One, and based on these, develops a palliative care program that is both evidence-based and culturally tailored to African American and White elders of this rural community. The program will be administered in Phase Three to terminally ill elders receiving care in the hospital in Beaufort, and patient and family satisfaction with care will be evaluated.

Conclusions

Project outcomes will be used to test the effectiveness of a telemedicine palliative care program in enhancing end of life care for rural African American and White elders. This study may serve as an evidence-based model that can be adapted for other rural areas, and with other ethnic minority groups.

Funding Source

NIH (NIA), USC ASPIRE

P02. Educating South Carolina's Caregivers (031802)

Macie P. Smith, Ed.D; Aaron Guest, BA; Brenda Hyleman, MSW

Background

The South Carolina Alzheimer's Disease Registry, as maintained by the Office for the Study of Aging at the University of South Carolina, reports that 11.5% of South Carolinians age 65+ and 42.7% age 85+ have Alzheimer's disease or a related disorders. Recognizing the growing need for information, support, and resources for those providing care to individuals with Alzheimer's and dementia, the Office for the Study of Aging, through a training contract with the South Carolina Department of Health and Human Services, developed the Dementia Dialogues education program in the mid 2000's.

Methods

Dementia Dialogues is a 5-session training course designed to educate individuals who care for persons who exhibit signs and symptoms associated with Alzheimer's disease or related dementias. The course is divided into five 1.5 hour in person training modules covering Alzheimer's and dementia facts, communication skills, environmental factors, activities of daily living, challenging behavior, and creative problem solving.

Results

Since its inception, over 21,000 individuals have received Dementia Dialogues training and over 10,000 have completed all five modules and have earned the Dementia Specialist certificate. An additional 24 individuals have become train-the-trainer certified and assist in delivering the program across the state. Participants report higher rates of understanding Alzheimer's disease and dementia, recognition of signs and symptoms, and effectively managing challenging behaviors.

Conclusions

Discussions are now underway to disseminate the program more broadly, including across the state and nationally.

Funding Source

South Carolina Department of Health and Human Services

P03. Alzheimer's disease and Nutrition Management in Long Term Care Settings: Educational Opportunities (031803)

Aaron Guest, BA; Brenda Hyleman, LISW-AP/CP; Macie Smith, ED.D; Maggi Miller, PhD

Background

According to the South Carolina Alzheimer's Disease Registry 11.5% of South Carolinians age 65+ and 42.7% age 85+ have Alzheimer's disease or a related dementia. Alzheimer's disease and related disorders (ADRD) represent an ever-increasing area of concern for families and the healthcare community. ADRD can affect an individual's nutritional status through a variety of factors, including environmental, approach to care, and disease manifestation.

Methods

In response to the growing epidemic of nutritional imbalances in individuals living with ADRD, and as part of their commitment to addressing ADRD, the Office for the Study of Aging (OSA) developed the Dementia Dialogues program that educates healthcare and human services professionals, informal and formal caregivers, and family members on Alzheimer's and dementia care, to include an emphasis on nutrition education.

Results

Over 21,000 individuals have participated in Dementia Dialogues 5-session training program from all levels of the caring spectrum. This includes over 10,800 individuals who have completed all five sessions and have become Dementia Specialists. Since the program's inception, 24 Dementia Specialists have received additional training to become Dementia Dialogues Trainers.

Conclusions

The OSA continues to develop additional resources with nutritional components for the aging and long-term care communities. These include plans to develop and implement a Chronic Disease Self-Management Education Series to address the growing need for education and training in long-term care settings and plans, through a unique community-partnership, to establish protocol for healthy cooking demonstrations in long-term care settings to ensure the provision of appropriate disease management nutrition.

Funding Source

SC Department of Health and Human Services

P04. Community Paramedicine in Abbeville, SC (032301)

Matt Yuen, MPH, Kevin Bennett, PhD, David Porter

Abbeville, in rural South Carolina, is serviced by a critical access hospital. Abbeville residents have higher rates of chronic disease, which has led to high rates of emergency department (ED) use. Abbeville County Emergency Management Services (ACEMS) began the Community Paramedicine (CP) Program to utilize paramedics to improve care of frequent ED users at least one of the following diagnoses: Hypertension (HTN), Diabetes (DM), Chronic Heart Failure (CHF), Asthma, and Chronic Obstructive Pulmonary Disease (COPD).

Of the 59 patients enrolled into the program, 46 patients were uninsured at the time of enrollment. 22 uninsured patients were referred to Medicaid, Medicare, or disability benefits. Other uninsured patients were given a medical home at a free clinic. 34 patients are now seeing a PCP on a regular basis.

Following 4 months of enrollment into the program, we found a 64% decrease in ER usage. Inpatient stays fell by 71%, with the average length of stay falling from 2.6 days to 1.0 day among those with a stay. We also found significant differences in the disease-specific quality measures. As a group, 84% of patients diagnosed with hypertension saw a decrease in their blood pressure readings, while 78.7% of diabetic patients had a significantly lower average blood glucose level.

At the current time, the CP program has shown the ability to make a significant difference in the health of patients, and a reduction in their health care utilization. Future analyses regarding sustainability and funding models of the CP program are planned.

Funding Source
Duke Endowment

P05. Depressive symptoms, stress, and serum inflammation levels, among African Americans in a randomized community lifestyle trial (032302)

Kinjal Pandya, B.S., Heather Eaddy-Page, MA, Michael Wirth, PhD, James R. Hebert, ScD, Cheryl A. Armstead, PhD

Background

After the age of 55, African Americans are disparately at risk for clinical depression. The objective of our study is to describe the biopsychosocial stress and inflammatory predictors of depressive symptoms among a community dwelling African American adults between 55-70 years of age. Circulating inflammatory markers such as interleukin-6 (IL-6) and C-reactive protein are higher among older individuals with greater depressive symptomology. Exploring differences in stress biology is a logical way to start to understand depression disparities among African Americans as they age.

Methods

Control and intervention participants from a community randomized control trial completed baseline demographic, clinical measures, psychosocial questionnaires. Serum IL-6 and C reactive protein were treated as a composite measure of inflammation. Of the current sample (n=444), 80% was female, with 97% percent attaining at least a high education. The mean age of the sample was 61 years (SD= 4.15). Hierarchical regression models were fit to identify the ability of stress and the composite inflammatory variable to depression scores. Age, education and body mass index (BMI) were forced into all analyses after variance was obtained for other predictors. 37% of the variance in depression scores for the total sample was explained by lower education ($\beta = -0.10$, $p < .05$), increased stress ($\beta = 0.57$, $p < .05$), and higher composite inflammation ($\beta = 0.78$, $p < .05$). Females shared similar predictors explaining 40% of the variance in self-reported depression symptoms (e.g. lower education ($\beta = -0.10$, $p < .05$), increased stress ($\beta = 0.59$, $p < .05$), and higher composite inflammation ($\beta = 0.19$, $p < .05$)). 21% of the variance in depression symptoms was predicted by only one variable, perceived stress ($\beta = 0.03$ $p < .05$), among men in our sample.

Results

Findings from this study provide empirical support that stress may influence bio-behavioral systems among aging African American males and females, which create gender-mediated pathways to depression symptomology.

Funding Source

Funding was provided by the National Cancer Institute, National Institute on Minority Health and Health Disparities (NIMHD; R24 MD002769 Hebert, JR [PI]).

P06. Home Health Care Diagnostic Severity: The disparity of rural minorities (032501)

Grishma P. Bhavsar, PhD, Janice C. Probst, PhD

Background

Among home health (HH) patients, clinical severity is inversely linked to HH provider profit margins. This can lead to “cherry-picking” among providers. In rural areas, where few providers are present, high severity can lead to financial distress or withdrawal from the market, reducing the availability of care.

Methods

Data were drawn from the 2010 Outcome Assessment Information Set, which records a provider-conducted clinical evaluation of patient status. Analysis was restricted to start of care assessments, excluding those with missing data on key variables (n = 982,794). Rurality was measured using the 2003 Urban Influence Codes. The main independent variables were rurality and race. The outcome variable was high diagnostic severity defined as symptoms poorly controlled with/without history of rehospitalization. Adjusted analysis controlled for sex, age, insurance, living arrangements, and assessor discipline (RN versus other).

Results

The majority of beneficiaries (57.7%) were rated as high diagnostic severity. Severity was higher for African American rural residents (61.7% high) than for African American urban residents (56.5% high) and White urban residents (56.5% high). Adjusted analysis demonstrated an interaction between race and rurality. Rural residents of each race had greater odds for high diagnostic severity when compared to assessments for White urban residents.

Conclusions

This study corroborates previous findings of race and residence-based disparities. Future policy decisions that impact rural home health agency profit margins must account for the needs and clinical severity of the patient population served. e Health Care Diagnostic Severity: The disparity of rural minorities

Funding Source

Federal Office of Rural Health Policy

P07. By word of mouth: A qualitative approach to understanding the integration of preventive dental health in primary settings (032601)

Joni D. Nelson, PhD; Mindi Spencer, PhD; Christine E. Blake, PhD; Justin B. Moore, PhD; Amy B. Martin, DrPH

Background

Extensive strides have been made in advancing the knowledge and oral health promotion in the United States, but substantial racial, ethnic and socioeconomic disparities remain in oral health statuses among children and adolescents. Children and adolescents living in the U.S. are placed at a high risk for poor health outcomes, which may extend into adulthood. As a potential strategy to address oral health disparities among children and adolescents, we aimed to explore medical-dental collaboration as a model for encouraging preventive dental health in pediatric primary care settings.

Methods

Qualitative interviews were conducted with 22 individuals of the participating primary care pediatric practices (n=18) in the Quality through Technology & Innovation in Pediatrics (QTIP) project to explore the perspectives of the QTIP participants about their experiences with preventive dental health integration in their primary care settings. We developed a semi-structured interview guide to capture participant experiences integrating preventive dental health and focused on the following: Experiences with oral health, barriers and practice-based recommendations for preventive in pediatric primary care settings.

Results

As a result of pediatric practices' participation in the QTIP project, preventive dental health integration was implemented across all QTIP practices. Experiences described by QTIP participants were represented by 6 themes: communication between staff members, preventive dental health education and training, sustaining improvement, willingness to engage in QTIP recommendations for preventive dental health, parent and patient behaviors, and practice-based preventive dental health integration recommendations.

Conclusions

In this study we identified key perceptions, barriers, and best practices about preventive dental health integration in medical settings that can truly affect the oral health outcomes of children and adolescents living in SC. Promoting this model of medical-dental collaboration in medical settings has the potential to reduce the prevalence of oral health diseases and related health illnesses linked to poor oral health.

P08. Racial Disparities in Uterine Cancer Epidemiology and Mortality-to-Incidence Ratios in South Carolina (032602)

Oluwole A Babatunde, Swann A Adams, James R Hebert, Jan M Eberth

Background

Endometrial cancers exhibit striking racial disparities. There is a 30% decreased incidence among African Americans (AA), however, those who are diagnosed with endometrial cancer are 2.5 times more likely to die than their European American (EA) counterparts. Mortality-to-incidence rate ratio (MIR) provides a population based indicator for survival accounting for incidence.

Methods

South Carolina Central Cancer Registry incidence data and Vital Registry death data over 12 years were used to construct MIRs. ArcGIS 9.2 mapping software was used to map cancer MIRs by race for 8 Health Regions within South Carolina. Four categories of MIR were derived using the national MIR for endometrial cancer among EAs as the reference with the 1st category being the lowest and the 4th category being the highest MIR.

Results

Endometrial cancer incidence was higher among AAs for all age groups with the greatest difference observed in the age-group 65-69 years. When stratified by tumor stage, AAs had higher levels of poorly differentiated tumor across all stages. The incidence and mortality were consistently higher among AAs. Striking racial differences were observed as all the in the 8 health regions were in the 4th category of highest MIR in each region for AAs, while the EAs were more evenly divided over the 4 categories.

Conclusions

The MIR proved useful for identifying disparities in endometrial cancer's incidence, mortality and virulence among AA and EA women in South Carolina. Cancer surveillance programs should use the MIR to monitor disparities across racial/ethnic groups and geographic regions going forward. MIR has the potential as an indicator of the long-term success of cancer surveillance programs.

Keywords: Corpus uterus, endometrial cancer, Incidence, Mortality, Mortality-to-incidence ration, uterine cancer

P09. Perceived determinates of racial inequities in colorectal cancer screening and the impact of patient navigation in a medically underserved Black population: An ethnographic case study (032603)

Deeonna E. Farr, MPH, DrPH(c) CHES; Heather M. Brandt, PhD, CHES; Cheryl A. Armstead, MS(R), PhD; Franklin G. Berger, PhD

Background

Colorectal cancer (CRC) is largely preventable through the use of colonoscopy screening. Black Americans, especially the medically underserved, complete colonoscopies at substantially lower rates than other groups despite increased CRC risk. Patient navigation is a strategy designed to address the psychosocial, cultural, and structural factors that influence medically underserved Black Americans' ability to complete a colonoscopy. Goals and Objectives: The purpose of this study was to examine perceptions of health care providers, navigators, and Black patients associated with a state-wide colonoscopy navigation program.

Methods

A series of three semi-structured interviews were conducted with patients involved in the CRC screening program at a free medical clinic in South Carolina. Participants were recruited to ensure maximum variation in important categories, such as gender, navigation program status, and colonoscopy completion. Triangulation of methods included clinical observations, document reviews, and interviews with patient navigators and clinical staff. Thematic coding allowed researchers to examine experiences and perceptions related to patient navigation.

Results

Thirty six interviews were completed with patients and clinic staff. Of the 10 patients interviewed, half are female and have a mean age of 55 (SD=4.55) years. Most patients had a high school education (70%). A variety of factors impeded colonoscopy completion. Healthcare providers acknowledged structural barriers to the exclusion of cultural or psychosocial barriers to screening. Patients felt navigation was effective in addressing psychosocial barriers but not all structural barriers. Patient navigators described both types of barriers and revealed racial/cultural differences in CRC knowledge.

Conclusions

Perceptions of contributors to racial inequities in cancer screening vary between healthcare providers, navigators and patients. Differences in perceptions of factors that contribute to CRC screening inequities should be addressed. This information can enhance healthcare providers understanding of supports needed to increase CRC screening in this population such as patient navigation.

Funding Source

This work is supported by grant number U54CA153461-04S2 (2013-2015; PI: Hébert/PL: Farr) from the Center to Reduce Cancer Health Disparities of the National Cancer Institute, the 2014-2015 University of South Carolina Institute for African American Research Fellowship, and the Spring 2014 University of South Carolina Center for Colon Cancer Research Fellowship. The content is solely the responsibility of the authors and does not represent the official views of the NIH or any of the listed funding organizations.

P10. An Evaluation of Exposure to Environmental Pollutants through Fishing and Fish Consumption Patterns of Africans Americans in Beaufort and Charleston Counties, South Carolina (032701)

Jamelle H. Ellis, Ph.D., Patricia Fair, Ph.D., John E. Vena, Ph.D.

In 2012-2013, four focus groups (N=34) and 102 individual interviews were conducted with anglers who self-identified as African American (AA) and/or Gullah/Geechee (G/G) anglers who prepared and consumed fish and who resided in the South Carolina (SC) Lowcountry in order to determine fish consumption patterns within the population. A decade earlier, in 2002 and 2003, the South Carolina Department of Natural Resources collected fish in order to investigate contaminants (perfluorooctane sulfonate, PFOS, and perfluorinated chemicals, PFCs) in prey species of bottlenose dolphins. Analyses of five known dolphin prey species resulted in high levels of PFOS (90 ng/g) and PFCs (92 ng/g). The concentrations of PFCs were much higher in fish collected from Charleston compared to the same species collected from Florida by a factor of 5-19. Research suggests that African American and Gullah/Geechee anglers and bottlenose dolphins in the Charleston Harbor area share significant similarities in the fish species they most frequently consume. The study will compare fish consumption patterns and exposures to environmental pollutants based on the most commonly consumed fish in both African American (AA) and/or Gullah/Geechee (G/G) and bottlenose dolphin populations in the Charleston Harbor, Ashley River, and Cooper River in order to study potential environmental exposures and health impacts through fish consumption. The proposed research includes three aims: (1) To determine North Charleston AA and G/G angler consumption patterns of seven fish species, including croaker, spotted seatrout, mullet, red drum, spot, whiting, and flounder through distribution of fish consumption surveys; (2) To assess environmental exposures to polybrominated diphenyl ethers (PBDEs), polyfluorinated compounds (PFCs), and total mercury (THg) through laboratory analysis of fish tissues of specimen captured from the target water bodies, and (3) to estimate body burden of THg through fish consumption in the AA and G/G anglers by collecting and analyzing hair samples.

Funding Source
MUSC Internal

Acknowledgements
Gullah/Geechee communities of the SC Lowcountry

P11. End-Stage Renal Disease Medication Self-Management: What are the Effects of Everyday Discrimination? (032702)

Tamara Estes Savage

Background

Poor medication self-management leads to increased risk for morbidity and mortality in end-stage renal disease (ESRD) patients. African American ESRD patients have poorer rates of medication self-management when compared to Whites. Studies have not investigated the impact of broader social issues such as everyday discrimination on this disparity. It is critically important to understand how everyday discriminatory acts within the healthcare system contribute to this disparity in medication self-management. Thus, a qualitative study was conducted to ascertain how everyday discrimination impacts medication self-management within this population.

Methods

Primary data were gathered from five in-depth interviews with African American ESRD patients (N = 5) in Greensboro, NC. Each interview was 1.5 to 2 hours in duration. Participants were recruited from attendees at the National Kidney Foundation Patient Empowerment Meeting. The interviews were transcribed verbatim. Grounded theory was used to identify themes that emerged from a line-by-line review of the interview transcripts.

Results

Participants explained that everyday discrimination perpetuated within the healthcare system negatively affected their medication self-management. Themes of racial discrimination that emerged which quashed further questions or engendered misunderstandings regarding their medication include: assumptions that patients could not pay for prescriptions not covered by insurance, assumptions that patients were not intelligent enough to understand medication instructions, patients were ignored by medical staff so they had to “pin the nurse down to ask about medication”, and information about their medication and lab results being withheld or given to them without further consultation while white patients received in-depth consultation.

Conclusions

These findings provide the basis for development of future research concerning the impact of everyday discrimination on medication adherence in the African American ESRD population. Such research could lead to antiracist praxis, strategies, and targeted interventions that can address the medication adherence health disparity.

Funding Source

SPARC Grant from USC

P12. African-American Veterans Perceptions on Prostate Cancer Screening (032703)

Misa Alquicira, B.S., David W. Hancock, M.A., Yhoselin O. Gonzalez, B.A., & Rachel E. Davis, Ph.D.

Background

African American men are more likely to develop prostate cancer, the most common non-skin cancer and the second leading cause of cancer death, compared with Caucasian men and are nearly 2.5 times as likely to die from the disease, largely due to late diagnosis. Moreover, African Americans have lower rates of participating in screening for diseases. While African Americans represent a particularly vulnerable population, being a Veteran only compounds the issue due to service related exposures, such as Agent Orange, that significantly increase the risk of prostate cancer (almost 50% higher than unexposed Veterans). Studies demonstrate that patients who are presented with an opportunity to participate in their healthcare are more likely to be engaged in improving their health. One approach to engaging patients is to understand their perspectives regarding their healthcare. Objective: To engage African American Veterans in a focus group discussion to understand their perceptions regarding prostate cancer screening.

Methods

As a pilot study with no prior evidence for guidance, we proposed a qualitative research study, using four focus groups with an anticipated 10 participants in each focus group at the Dorn VA Medical Center in Columbia, SC. We included African American males over the age of 40 in our study. The recruitment of participants was conducted by posting flyers around VA primary care clinic waiting rooms, as well as through nurses within the primary care offices. In addition to ensure participation, the PI (Dr. Qureshi) and a co-investigator went around each waiting room informing potential participants regarding the study and opportunity to participate. We provided a \$30 incentive to help encourage participation and to thank participants for their time. A focus group question guide was developed by the PI through extensive literature searches and guidance from experts in the field of prostate cancer screening as well as qualitative research (CHSPR). Since the study is in progress the discussion are being led by Drs. David Murday and Haddock both of whom have prior experience in leading focus groups at the VA. The clinical expertise of a nurse (Dr. Haddock) was considered important to guide probing questions included in the template. Additionally, a male moderator (Dr. Murday) was deemed a preferred approach as prostate health is a sensitive topic and it was anticipated that participants would be more comfortable discussing issues openly with a male focus group leader. Based on focus group leaders prior experience this combination was considered the best approach.

Results

In progress.

P13. Crafting Health Promotion Narratives: Childhood Obesity Prevention among Mexican-Origin Mothers of Preschool-Aged Children (032704)

Kevin J. Bennett, PhD; Ashley S. Robertson, JD; Janice C. Probst, PhD

Background

Narratives are frequently used in health promotion, yet relatively little is known about how to construct narratives to maximize health promotion effectiveness. The purpose of this qualitative study is to improve empirically based knowledge about how to craft effective health promotion narratives to promote childhood obesity prevention messages among Mexican-origin mothers of preschool-aged children.

Methods

As this study is currently ongoing, this poster will present the study design. A total of 38 participants are being recruited within Richland and Lexington Counties. Eligible participants are aged 18 or older, born in Mexico, Spanish speakers, and the mothers of at least one child aged 2-5. Each participant completes a phone interview and two face-to-face, in-depth interviews in Spanish. Fictional narratives were developed by the study team and are used as stimuli to conduct seven experiments to test the influence of specific narrative strategies on message engagement and retention: (1) characters who explain vs. act out recommended behaviors; (2) the influence of setting familiarity and the presence of other people; (3) levels of suspense; (4) varying the amount of health information; (5) first-person vs. third-person narration; (6) protagonists representing perfect, well-intentioned but imperfect, vs. crafty (*mañosa*) mothers; and (7) the inclusion verbal visual imagery to describe behavioral barriers vs. outcomes. Each set of experimental narratives features a different parental behavior associated with childhood obesity risk and a Mexican-origin mother of a preschool-aged child as the story protagonist. Study participants are randomly assigned to experimental conditions.

Results

Primary outcomes include message enjoyment, message recall, knowledge retention, and story preferences.

Conclusions

Findings from this research will inform the creation of effective narratives to promote health behavior among Mexican-origin populations in the U.S., who are often faced with economic, educational, and communication barriers that impede their ability to both access and appropriately interpret relevant health information.

Funding Source

Federal Office of Rural Health Policy

P14. Racial and Ethnic Disparities in Medicare Spending and Utilization Patterns (032705)

Karen M. Herman, MSPH and Janice C. Probst, PhD

Background

Understanding racial disparities in Medicare spending patterns among dual-eligible beneficiaries can shed light on disparities in care.

Methods

Using the 2009 5% sample of Medicare beneficiaries, we identified a subset of 383,917 beneficiaries with a full year of eligibility for both Medicare and Medicaid and with at least one Medicare expenditure during the year. We further subset these beneficiaries into two groups: one made up of “high cost” beneficiaries (whose expenditures placed them in the upper ten percent of Medicare expenditures among dual eligible) and the other made up of the other ninety percent of full year dual-eligible beneficiaries (i.e. the “lower-cost” beneficiaries). Those who died during the study year were excluded. For each beneficiary, all expenditures for Parts A and B were summed. Medicare Part D expenditures were not included. Race/ethnicity was categorized into four groups (White Non-Hispanic, African American Non-Hispanic, Hispanic, and “Other”). Pearson chi-square tests ($\alpha = .05$) and multiple logistic regression models analyzed differences in expenditures by race/ethnicity and rurality, adjusting for a demographic and clinical confounders as well as type of dual eligibility.

Results

White beneficiaries accounted for 66.1% of all beneficiaries in our study population, but 63.1% of high cost beneficiaries. African American beneficiaries accounted for 18.6% of the study population, but 23.9% of high cost beneficiaries, while Hispanic beneficiaries accounted for 6.6% of the study population, but 7.3% of high costs beneficiaries. Within the rural population, 9.5% of White beneficiaries were high use, compared to 12.9% of African American and 11.0% of Hispanic beneficiaries ($p < .0001$). These results were supported by the results of the multivariate analysis.

Conclusions

Further research will attempt to determine the cause of these observed differences in expenditures patterns by race/ethnicity are related to a higher morbidity status among non-Whites, disparate access to primary care, or some other phenomena.

Funding Source

Federal Office of Rural Health Policy, Health Resources and Services Administration Grant Award U1CRH03711

P15. People are worried about paying for medical costs in the United States, 2011–2013 (032706)

Yonte Burnam and Amanda Powell

Background

Despite economic improvements in the US, medical costs remain a burden for many families. Medical costs, especially when unexpected, can devastate a family. When the cost of medical care becomes too great, families may delay or postpone needed medical care or reduce other household expenses.

Methods

Using the 2011–2013 National Health Interview Survey, adults, 18 and older were asked, “If you get sick or have an accident, how worried are you that you will be able to pay your medical bills?” The analysis will focus on adults 18–64 years old. We explored the relationship between worry about paying medical bills and select respondent’s characteristics and experiences.

Results

In 2011–2013, 55% of adults 18–64 years old were worried (very and somewhat) about paying medical bills in case of an illness or accident. Among those who were worried about paying medical bills, 87% delayed medical care due to costs, and were over 4 times more likely to delay care than non-worried adults were. Minorities and women were more likely to worry about paying medical bills. Uninsured adults were more likely to worry about paying medical bills than adults with private insurance (aOR=3.6, $P<0.001$). In addition, adults with higher education and those in better health worried less about paying medical bills. Adults with income 100%–200% above the federal poverty level reported the greatest worry across other income categories.

Conclusions

Minority working age adults are more likely than white adults to worry about costs of medical care. Worry about cost is associated with delaying care. The delay of medical care may result in greater health complications, resulting in more advanced treatment. The uninsured are at greatest risk for delaying health care. The Affordable Care Act’s provision for mandatory health insurance may alleviate worry and delaying of medical care.

Acknowledgements

Dr. Dajun Dai

P16. Characterizing Georgia's Food Deserts (032707)

Zaina Qureshi, David Murday, Kathlyn Sue Haddock, Ronnie Horner

Obesity is a growing epidemic in the state of Georgia. Poor nutrition has been linked to the development of many negative health outcomes, including an increased risk of becoming obese (Comstock S, 2012). The Centers for Disease Control and Prevention (CDC) estimate a total of 147 billion dollars is spent annually in the United States to treat illnesses related to obesity. In 2010, the CDC reported 64.8% of Georgia residents were overweight (BMI > 25). They also estimated 29.6% were obese (BMI > 30) (CDC, 2010). Food availability has been shown to play a key role in the development of healthy eating habits. Research in the fields of nutrition and health has established the protective effects of consuming fresh fruits and vegetables daily (Shaw, 2006). Food deserts are geographic areas where residents do not have adequate access to fresh and affordable foods. This analysis will be used to analyze characteristics of Georgia residents in relation to access to healthy and affordable foods. Food availability in Georgia was characterized using ArcGIS software. Food deserts were used as the main descriptive variable for detailing food accessibility. This study aims to characterize the geographic locations of food deserts in the state of Georgia. Our goal is to further analyze these food deserts in order to provide more insights on the populations of Georgia residents who may be most affected by a lack of food availability.

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Other Contributed Abstracts

List of Other Contributed Abstracts

ID#	First Author	Title (Abstract ID#)
1	Lisa T. Wigfall, PhD	Non-Emergency Medical Transportation Service Providers' Perspectives on Improving Healthcare Access for Vulnerable Populations (040201)
2	Yamo Bessa, PhD	Underutilization of Counseling Center among Black College Students: Case of Minority Serving Institutions (040202)
3	*Christopher Whitehead	4WARDLife™: Improving the Health of Low-Income Fathers and their Children (040301)
4	*Neha Jaggi	Region 1/Region 2 GMaP: Enhancing Communications and Disseminations Efforts through the Development of an Online Presence (040302)

*Denotes student abstract submission

1. Non-Emergency Medical Transportation Service Providers' Perspectives on Improving Healthcare Access for Vulnerable Populations (040201)

Background

Transportation vulnerability is a barrier to health services use. This problem is exacerbated for vulnerable populations such as the poor and elderly.

Transportation-related healthcare access barriers have been examined at the patient and provider levels. Although non-emergency medical transportation (NEMT) service providers and transportation brokerage services are an integral part of the healthcare delivery system, little is known about transportation-related healthcare access barriers and facilitators from the perspectives of NEMT service providers. The population we studied included persons involved in a variety of roles related to providing NEMT services. These included NEMT service business owners, drivers, and other office staff (e.g., dispatcher). To examine transportation-related healthcare access barriers and facilitators from the perspective of non-emergency medical transportation (NEMT) service providers.

Methods

After obtaining IRB approval to conduct this exploratory research study, letters were mailed to 52 NEMT service business owners (15% response rate, n=8/52) inviting them to participate in one of four focus group discussions. Each focus group discussion was recorded after obtaining consent from each participant. There were a total of 12 participants. Audio files were transcribed verbatim by a professional transcription service.

Results

Participants' age ranged from 29-54 years (mean=42.4). All participants were Non-Hispanic Black. Most (75%) had a college degree (n=9/12). Half (50%) were female (n=6/12). A social ecological framework was used to contextualize the role of NEMT service providers within the healthcare delivery system. Thematic

analysis was used to analyze the transcripts after quality control checks were completed. Inter-rater reliability was checked between two coders. Several codes and subcodes emerged from the data. Potential themes that will be discussed focus on NEMT service providers' interactions with patients, providers and transportation brokerage services. These include barriers such as poor communication and lack of patient accountability, as well as facilitators such as good communication and positive relationships.

Conclusions

NEMT service providers play a vital role in vulnerable populations having realized access to healthcare services for vulnerable populations. Our findings underscore the need to further elucidate transportation-related barriers and facilitators from the perspectives of NEMT service providers and also transportation brokerage services. The following policy-related questions were raised from this exploratory qualitative research study: 1) Should NEMT service providers get compensated if the patient decides not to go to their medical appointment after the driver has arrived at the patient's home to pick them up? Why or why not?, and 2) Should patients be held accountable for no-shows (e.g., not contacting either the NEMT service provider or the transportation brokerage service in advance to cancel their transportation appointment? Why or why not? How?

2. Underutilization of Counseling Center among Black College Students: Case of Minority Serving Institutions (040202)

The underutilization of counseling center among college students constitutes a serious problem, yet very few studies have investigated this phenomenon, especially among minority college students. Thus, the purpose of the present study is to fill out this gap by analyzing the underlying values and attitudes leading to underutilization of counseling center among Black college students on the campuses of two minority serving institutions with sample size $N = 400$. We have formulated three hypotheses: 1-Students who have nonclinical counselors are less likely to use counseling center on their campus than those who do not have nonclinical counselors, 2-Students' values about counseling center on campus are expected to be negatively correlated to the frequency of its use, 3-Students' attitudes about counseling center on campus are expected to be negatively correlated to the frequency of its use. The study is founded on the bifurcation theory and will be helpful in reducing stigma toward counseling center among Black college students. Ultimately, this study is expected to increase the number of Black college students who will visit the counseling center on their campus for mental and emotional health issues.

3. 4WARDLife™: Improving the Health of Low-Income Fathers and their Children (040301)

Background

Minority and low income families are at high risk for developing chronic diseases. Research has shown that these families have disproportionately limited access to healthy foods yet greater access to high-fat, processed, fast food in their communities. Research also shows that low income families are more likely than middle/high income families to be physically inactive. In an effort to improve the overall health of these families, the University of South Carolina's Cancer Prevention and Control Program has partnered with the South Carolina Center for Fathers and Families (SCCFF), a program that serves low income males, to create the 4WARDLife™ Program. This program is an initiative designed to increase healthy lifestyle knowledge and behaviors among SCCFF participants.

Methods

Fourteen weekly sessions will focus on healthy eating, physical activity and stress-reduction techniques through hands-on learning experiences. One hundred participants will receive the 4WARDLife™ nutrition tool, a pocket-sized reference guide which contains material presented in sessions and QR codes for additional information. Pre- and post-tests will be administered to evaluate program outcomes.

Preliminary Results

To date, we have conducted four sessions at SCCFF sites in Richland and Lexington Counties. Preliminary results from 33 baseline questionnaires showed that most participants were Black/African Americans (65%), 25-44 years old (78%), and 33% were unemployed. Half of participants reported buying their groceries at a grocery store (53%) and 47% bought groceries at multiple places, including grocery stores, and drug or convenient stores. The majority of SCCFF participants

(73%) reported spending \$10-\$40 or > \$40 per week on fast food.

Conclusions

Post-tests will evaluate participant healthy eating and physical activity behaviors, as well as obtain participant feedback on program tools (e.g., QR codes for smartphones). Project partners hope to gain an understanding of the value of the healthy lifestyle education program to fathers and their children.

4. Region 1/Region 2 GMaP: Enhancing Communications and Disseminations Efforts through the Development of an Online Presence (040302)

Background

The National Cancer Institute defines cancer health disparities as “adverse differences in cancer incidence, prevalence, morbidity, mortality, survivorship, and burden of cancer or related health conditions that exist among specific population groups in the United States.” Geographical Management of Cancer Health Disparities Program (GMaP) consists of five hubs throughout the U.S. Its mission is to increase collaborative efforts to reduce cancer health disparities intra- and inter-regionally. GMaP Region 1 and 2 (R1R2) includes 11 Eastern states and the District of Columbia.

GMaP members cited the need for an improved infrastructure to streamline program communications and facilitate collaborative efforts. To improve efficiency and tracking of activities across a large membership group within R1R2, a communications strategy was developed and an online platform was launched.

Methods

GMaP R1R2 launched a Google website that integrated social media, Google applications, infographics and additional media channels for broader dissemination efforts. Mailchimp was selected for newsletter distribution replacing email communications and to tailor messaging to investigator career levels. Built-in analytics for each of these platforms reflected uptake, which informed Program and Regional Coordinator efforts.

Results

MailChimp® analytics reflect an average of 27% uptake across all newsletters which included an average of 700 subscribers. The GMaP R1R2 Google+ Circle recruited 85 members and its website averaged 328 pageviews.

Conclusions

GMaP R1R2 members and institutions have the opportunity to further streamline communications regionally by connecting to online GMaP R1R2 channels, linking institutional feeds to GMaP R1R2 RSS feeds and to the GMaP R1R2 online

platform. This will elevate the GMaP R1R2 presence and increase collaborate opportunities within the network to address cancer-related health disparities. Polling listserv members, GMaP R1R2 members and institutions to learn about usefulness of these communications specifically will assist in shaping future communications and online platforms development efforts.

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