Life in Obamacare’s Dead Zone

Excluded from the Affordable Care Act because of politics, thousands of poor Americans grapple with the toll — physical and psychological — of being uninsured.
Health and Social Conditions of the Poorest Versus Wealthiest Counties in the United States.

Egen Q¹, Beatty K¹, Blackley DJ¹, Brown K¹, Wykoff R¹.

Abstract

OBJECTIVES: To more clearly articulate, and more graphically demonstrate, the impact of poverty on various health outcomes and social conditions by comparing the poorest counties to the richest counties in the United States and to other countries in the world.

METHODS: We used 5-year averages for median household income to form the 3141 US counties into 50 new "states"-each representing 2% of the counties in the United States (62 or 63 counties each)-by using the 2015 County Health Rankings National Data. We compared the poorest and wealthiest "states."

RESULTS: We documented dramatic and statistically significant differences in life expectancy, smoking rates, obesity rates, and almost every other measure of health and well-being between the wealthiest and poorest "states" in the country. The populations of more than half the countries in the world have a longer life expectancy than do US persons living in the poorest "state."

CONCLUSIONS: This analysis graphically demonstrates the true impact of the extreme socioeconomic disparities that exist in the United States. These differences can be obscured when one looks only at state data, and suggest that practitioners and policymakers should increasingly focus interventions to address the needs of the poorest citizens in the United States. (Am J Public Health. Published online ahead of print November 17, 2016: e1-e6. doi:10.2105/AJPH.2016.303515).

PMID: 27854531 DOI: 10.2105/AJPH.2016.303515

[In the US] ...compared to the wealthiest counties in the nation, the poorest counties see smoking rates that are twice as high, a 50 percent higher rate of obesity and a life expectancy 7 to 10 years shorter.
Health Disparities

Unequal access to healthcare

- Low SES
- Low Resource
- Women
- LGBTQI
- Men who have sex with Men
- Physical and Cognitive and Sensory Impairments
- Older adults
- Behavioral Health
  - E.g., drug addiction
- Mental Health
- Veterans
- Incarcerated

Research Disparities

- We need to connect
- Go *beyond who is correct*
  - Different syntax, same semantics
Improving Smart and Pervasive Health

Create Innovative Technologies
Don’t leave out populations

Works with specific populations
Community-based research
– Approaches, sharing, reciprocity, value

Proactively work to reduce disparities

Image: https://en.wikipedia.org/wiki/Yin_and_yang
Adaptability to Different Contexts

Flexible

- research designs
  - Piloting ideas
- technology systems
- adapting to resources & expectations
- over the project timeline
  - [Agency] How do we document changes appropriately to ensure *science*
Adaptability to Different Contexts

Flexible

– research designs
  • Piloting ideas
– technology systems
– adapting to resources & expectations
– over the project timeline
  • [Agency] How do we document changes appropriately to ensure science

Exciting Research

• Create novel methods to understand all stakeholders
  • Public Health methods
  • Empowering Lay Leadership

• Identify missing data/gaps
  – What data types do we need?
  – What assumptions can we make?
    • What, if any, healthcare providers do they visit?

• Identify and address personal and algorithmic biases and impact
High Level Goals

• All research proposals should include appropriate methods design and engagement methods in *Intellectual Merit* (as part of the research) for *the intended target population*
  – Similar to Smart Communities
  – E.g., if your proposal is about stroke participants, then you *should be* working with stroke patients

It is Intellectual Merit because impacts the generalizability, usability, and impact of the Science
High Level Goals

- Proposals to call out research addressing disparities in relation to
  - Access
  - Identify Inequities
  - Interventions
  - Methods (how to do community-based research; engage with all stakeholders and infrastructure, interdisciplinary collaborations)
  - Technical Approaches

It is Intellectual Merit because impacts the generalizability, usability, and impact of the Science
Raise the Floor; Lower the Bar

How do we do this?

- Resources
- Expertise
- Design Methods

- How do we find collaborators?
- How do we fund good collaborations?
High Level Goals

• Encouraging proposals that meet portfolio goals related to health disparities
  – [Agency side]
Example Health Disparity/Marginalized Groups

- Low SES
- Low Resource
- Women
- LGBTQI
- Men who have sex with Men
- Physical and Cognitive and Sensory Impairments
- Older adults
- Behavioral Health
  - E.g., drug addiction
- Mental Health
- Veterans
- Incarcerated
Health Disparities

• Create novel methods to understand it
  – Understanding why the approaches exist
    • Andrea Grimes-Parker
  – How to with the populations to design systems

• Identify missing data
  – Being more flexible about what data types we need
    – Assuming they get to healthcare providers
      • Community Healthcare workers
        – Low SES populations may not go to traditional healthcare facilities – they go to minute clinics, ERs, community health
      • Public Health methods
      • Empowering Lay Leadership