




# The Cost of Care:

*Consequences of Impaired Health Care Utilization Exacerbated by an Uninsured/Underinsured Condition among Minority Populations Practicing Risky Sexual Behavior*

**The Cost of Care:** Consequences of Impaired Health Care Utilization Exacerbated by an Uninsured/Underinsured Condition among Minority Populations Practicing Risky Sexual Behavior



Mandy J. Hill (Roberts), DrPH, MPH  
Assistant Professor  
The University of Texas  
Health Science Center at Houston  
Department of Emergency Medicine



## Presenter Disclosure:

**MANDY HILL (ROBERTS), DRPH, MPH**


The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

**NO RELATIONSHIPS TO DISCLOSE**

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### Overview:

- Public health importance of an uninsured (UI)/underinsured (UI<sup>2</sup>) condition
  - Effect of this condition on health care
  - Explore the relationship between risk and health outcomes, exacerbated by UI/UI<sup>2</sup> condition
  - Brief description of Cases and Places study
  - Presentation of findings in light of UI/UI<sup>2</sup>
- Societal impact of UI/UI<sup>2</sup> condition:
  - Social Injustice



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### Uninsured (UI)/Underinsured (UI<sup>2</sup>) Condition

Contributors

- Unemployment
- Low income
- Ethnicity
  - An UI/UI<sup>2</sup> accompanied by high rates of poverty disproportionately affect African Americans 20% more than Caucasians<sup>1-4</sup>.
- Health status
  - These contributors have a causal relationship with health care use<sup>5</sup>


Statistics

- 6.8–24.6% of people 18–64 years in the US were uninsured in 1995<sup>6-8</sup>
- US Census Bureau identified 41.2 million (14.6%) of Americans without health insurance, a 0.4% increase since 2000.
- 91.1 million Americans are either UI/UI<sup>2</sup>.
- Lastly in 2004, Texas lead the nation in uninsured state residents<sup>9</sup>.

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## Who are the UI/UI<sup>2</sup>

- Children<sup>1</sup>
- Low income<sup>1</sup>
- Minorities<sup>1</sup>
- Health status
  - Four times more likely to require hospital admissions<sup>2</sup>
  - More likely to require non-emergent care for chronic conditions such as diabetes, pneumonia, and hypertension<sup>2</sup>.

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## Flow of risk related behaviors to outcomes

Behavioral determinants  $\xrightarrow{\text{Sexual risk}}$  Underinsured condition  $\xrightarrow{\text{Poor health care use}}$  Poor health outcomes


**A** **B** **C** **D** **E**

- ✓ A. Low income, public assistance, homelessness, symptoms of depression
- ✓ B. , HIV testing, douching, condom use, sexual orientation
- ✓ C. Fuels delays to care access; hinders preventive measures (early detection and treatment)<sup>1</sup>.
- ✓ D. Underutilization of preventive care, lack of consistency in care<sup>2</sup>.
- ✓ E. Premature mortality, disease progression, diminished quality of life, chronic diseases aren't managed (i.e. diabetes, hypertension) <sup>3</sup>.

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### Cases and Places Study

#### Places

N = 158 (66 men, 92 women)

Recruitment:

- ☐ Two local clubs/bars (designated as low vs. high risk venues)

#### Cases

N = 57 women

Recruitment:

- ☐ Two local clinics

- Behavioral /environmental surveillance study
- Assessed factors related to gonorrhea transmission among a high risk pop.
- 119 survey questions
- Approved by CPHS at UT-HSC

Incentives:


- \$30-\$40 for a 30 minute interview

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Variable	Categories of Variable	Frequency (N)	Percent (%)
Gender	Female	149	69.3
	Male	66	30.7
Age	18-19	12	5.6
	20-25	56	26.0
	26-30	25	11.6
	31 and older	122	56.7
Race	African American	210	97.7
	Hispanic or Latino	1	0.5
	White	3	1.4
	Other	1	0.5
Education Completed	Elementary School	1	.5
	Junior High School	31	14.4
	High School or GED	166	72.6
	College	27	12.6
Income (monthly)	None	23	10.7
	Less than \$500	55	25.6
	\$501-\$1,000	47	21.9
	\$1,001-\$1,500	32	14.9
	\$1,501-\$2,000	21	9.8
	\$2,001-\$2,500	14	6.5
	\$2,501-\$3,000	8	3.7
	\$3,001 and over	14	6.5
Recruitment Sites	Medical Center Clinic	12.56	
	Male Cases	0	
	Female Cases	27	100.0
	West End Health Center	13.95	
	Male Cases	0	
	Female Cases	30	100.0
	Red Rooster	37.21	
	Male Places	36	45.0
	Female Places	44	55.0
	Reminiscence	36.28	
	Male Places	30	38.46
	Female Places	48	61.54

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### Logistic regression findings

- Participants reporting no income were associated with NOT having a usual source of care, (OR=.14, .02-.95, p=.04).
- Similarly, those reporting no income were more likely to report delayed medical care (OR=48.03, 1.55-1490.79, p=.03)
- Those who reported no history of homelessness were more likely NOT to delay medical care (OR=.22, .05-.88, p=.03)
- Women reporting symptoms of depression were more likely to delay medical care:
  - worthlessness – OR=1.59, 1.18-2.14
  - Hopelessness – OR=1.33, 1.02-1.74
  - Change in appetite – OR=1.33, 1.01-1.76
  - Loss of pleasure/interest – OR=1.41, 1.03-1.87
  - Trouble sleeping – OR=1.29, 1.00-1.68 (not significant)

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### Summary of Findings


The Cases and Places study:

- o African American (97.7%)
- o Women (69.3%)
- o 31 years of age or older (56.7%)
- o GED level of education (72.6%)
- o Low income ( 73.1% accruing \$1500 or less)
- o Thus, the relationship between behavioral risks and outcomes largely affects adult, African American women with low income and minimal education.
- o In summary, the exacerbation of this relationship by an uninsured/underinsured condition likely impacts this demographic at a higher level than other populations.

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### Exploring correlations

Lack of income → No usual source of care and/or delayed medical care


Lack of means = Lack of access to care results (i.e. UI/UI?)

Lack of income:

- Poor management of chronic diseases (i.e. diabetes, hypertension)
- Disease progression which could have been averted by preventive measures
- Excessive ED visits for non-emergent conditions (i.e. overcrowding)



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### Exploring correlations (con't)


No history of homelessness → No delay in medical care

No history of homelessness:

- Shelter
- Employment
- Income




Protective effect to delays in medical care



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### Exploring correlations (con't)


Symptoms of depression (women) → Delayed medical care

Symptoms of depression:

- Low self-esteem (feelings of worthlessness/hopelessness) impedes value of physical health
- Self-esteem → willingness to preserve health
- UI/UI2 → feelings of worthlessness and hopelessness
- STI diagnosis possible source of this correlation



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### Societal Impact

2010 UI/UI<sup>2</sup> = minorities, low income & limited education

Historical health inequities are prevalent today and are evident among the UI/UI<sup>2</sup> populations

Low income and symptoms of depression → predictors of poor health care utilization among at-risk, African American, female, limited education study population in Houston, TX.

Addressing injustices → provides an opportunity for UI2 population to have a healthy, fulfilling quality of life.

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