

Assessing Health Disparities: The Oklahoma Minority Health Survey

What is the Oklahoma Minority Health Survey?

The Oklahoma Minority Behavioral Risk Factor Survey (OMBRFS) is a survey that was done in Oklahoma and focused specifically on minority populations. Information was collected using a questionnaire similar to the one used in the OK Behavioral Risk Factor Health Surveillance System (BRFSS). *See page 2 for details.*

The OMBRFS was conducted over the telephone and includes several initial questions to identify whether or not there is anyone in the household who may be any racial group other than non-Hispanic White. While all Hispanic and non-White members of a given household were

eligible, only one member was selected at random to be interviewed.

In addition to the routine questions regarding health status, access to care, and various health behaviors, other important questions were also asked to determine if minority populations acted or were treated differently from White populations. The added questions asked about discrimination, trust, language and ethnicity, and alternative medicine. Other questions addressed sexual assault, osteoporosis and deterrents to obtaining mammograms and pap smears.

The OMBRFS was conducted from April



2003 through December 2004. The survey took approximately 20 to 30 minutes to complete and required the help of 8 part-time interviewers, 4 of which were Spanish-speaking.



Provided by: Data Subcommittees of the Oklahoma Task Force to Eliminate Health Disparities and the Oklahoma Turning Point Council

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For More Information:

Janis E. Campbell, Ph.D.
Surveillance Coordinator
Chronic Disease Service
OSDH
(405) 271-4072
JanisC@health.ok.gov

Derek Pate, M.P.H.
OK BRFSS Coordinator
Health Care Information Div
OSDH
(405) 271-5562
DerekP@health.ok.gov

Joyce Kirksey
Call Center Coordinator
Health Care Information Div
OSDH
(405) 271-2838

BRFSS Website
www.edc.gov/brfss

Discrimination in Oklahoma

Determining whether or not patients felt they were discriminated against by health care providers, as well as estimating to how this perception varied by race, was of high concern to researchers.

OMBRFS interviewers asked non-White

residents whether or not they felt like they were treated unfairly or with disrespect due to a variety of issues such as race, appearance, ability to pay, English fluency, and weight. *[For the exact wording of the question, see page 3].*

Of those who believed

they had been discriminated against, the most often cited reasons were related to their health insurance status (7.1%) and their ability to pay (5.3%). Four of the top six categories were related to money and included

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Behavioral Risk Factor Surveillance System

The Okla. Minority Behavioral Risk Factor Health Survey is modeled after a larger project, the Behavioral Risk Factor Surveillance System (BRFSS).

According to the Centers for Disease Control and Prevention (CDC), scientific research clearly shows that personal health behaviors play a major role in premature death and illness. In order for Oklahoma policy makers and health experts to evaluate the risk our state residents have for poor health, it is very important that they have data on actual behaviors, rather than on attitudes or knowledge. This type of information is especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs.

The Oklahoma BRFSS is an ongoing, state-based survey that has been conducted since 1988. This survey is currently being conducted in all 50 states, the District of Columbia, Puerto Rico, Guam and many other countries.

Adults age 18 and older across the state are called at random and asked various questions related to their health status, their access to health care and a range of associated risk behaviors. Some of these behaviors include physical activity, nutrition, tobacco use, health care access, and immunization. Other questions revolve around potential diagnoses that may have been made by a health care provider such as cancer, diabetes, arthritis and heart disease.

OMBRFS Response Rates

Normally, it is very difficult to develop estimates of health related risk for races other than African American or American Indian using BRFSS due to the small number of individuals from other races who are called at random and who then respond to the survey.

The OMBRFS was specifically designed to call areas that were more likely to have non-White households. OMBRFS was particularly successful at accomplishing this.

In the 2003 BRFSS, 79% of the respondents were White, which is similar to the proportion of White in

the state population. In the OMBRFS, however, less than 5 percent of the respondents were White.

In 2003, the BRFSS surveyed a total of 71 Asian individuals. With few exceptions, this was much too small for evaluation. OMBRFS, however interviewed 335.

There were 3.5 times more interviews completed by African American Oklahomans with the OMBRFS than the BRFSS, 2.5 times more by American Indians and 5.5 times more surveys completed by Hispanics.

Completed Survey Comparison (Number and Percent)

| | OMBRFS 2003-2004 | | OK BRFSS 2003 | |
|---------------------|---------------------|---------------|------------------|---------------|
| African American NH | 1,582 | 29.0% | 468 | 6.1% |
| Native American NH | 1,381 | 25.3% | 528 | 6.9% |
| Asian NH | 335 | 6.1% | 71 | 0.9% |
| Pacific Islander NH | 27 | 0.5% | 13 | 0.2% |
| Other NH | 53 | 1.0% | 38 | 0.5% |
| White NH | 240 | 4.4% | 6,061 | 79.4% |
| Multi-racial | 356 | 6.5% | 169 | 2.2% |
| Hispanic | 1,476 | 27.1% | 266 | 3.5% |
| Unknown | 2 | 0.0% | 19 | 0.2% |
| Total | 5,452 | 100.0% | 7,633 | 100.0% |

NH=Non-Hispanic

Task Force Committee

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Annette Johnson, OUHSC
Carter Anthony McBride
Tim O'Connor
Maria Palacios
Mike Parkhurst
Chester Phyffer
Brad Stanton
Dr. Gloria Teague
Rep. Opio Toure

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Pam Archer, OSDH
Anne Bliss, OSDH
J. Boyd, Cherokee Nation
Daryl Baker, OHCA
Kelly Baker, OSDH
Don Blose, OSDH
Sen. Bernest Cain, OK State Senate
Dan Cameron, IHS
Hannah Comstock, OSDH
Joe L. Conner, Paradox A.I. Research
Kym Cravatt, Cherokee Nation
Mary Daniel, OUHSC
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Bunner Gray, Cherokee Nation
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J.Paul Keenon, OHCA
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First Annual Data Report- 9/04

<http://www.health.state.ok.us/commish/HDReport2004lowres.pdf>

Other Newsletters: <http://www.health.state.ok.us/commish/hd/newsletters.html>

Discrimination in Oklahoma (continued)

income (4.1%) as the 4th most often cited reason and Medicaid (2.1%) coverage as the 6th. Race or ethnic background was 3rd at 4.4%. Discrimination due to sexual orientation was cited least often (0.3%).

| Perceived Reason | Percent |
|------------------|---------|
| Health Insurance | 7.1 |
| Pay | 5.3 |
| Race | 4.4 |
| Money | 4.1 |
| Treatment | 3.2 |
| Medicaid | 2.1 |
| Gender | 1.9 |
| Language | 1.9 |
| Disabled | 1.9 |
| Education | 1.7 |
| Dressed | 1.8 |
| Overweight | 1.7 |
| Medical History | 1.6 |
| Medicare | 0.9 |
| Gay/Lesbian | 0.3 |

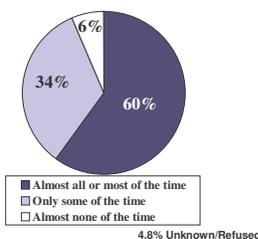
One in twelve Asian residents (8.2%) felt like they had been discriminated against because of their race. This is higher compared to 6.3% of African-Americans, 3.9% of Hispanics, 2.6% of American Indians and 2.4% of multiracial residents. Overall 4.4% reported they had been discriminated against because of race.

Survey Question

How much of the time do you think you can trust [Doctors or other health care providers, Hospitals, Clinics or Health Centers, County or City/County Health Departments, Medicare, Medicaid, Health Insurance Companies] to do what is best for patients or customers?

Sixty percent of non-White residents trusted their doctors to do what was

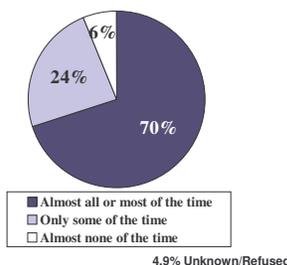
Doctors and Other HCPs: OkMBRFS 2003-04



best for them almost all or most of the time. Only 4% reported trusting their doctors almost none of the time.

Seventy percent trusted hospitals to do the right thing most or almost all of the time, one in four trusted hospitals only some of the time and six percent trusted hospitals almost none of the time. This was similarly true for clinics/health centers, health departments and Medicare.

Hospitals: OkMBRFS 2003-04



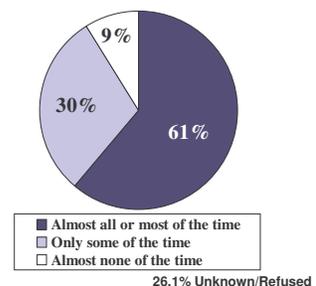
Sixty-one percent of non-White residents trusted Medicaid to do what was best most or almost all of the time. Thirty percent trusted Medicaid only some of the time and nine percent reported they trusted Medicaid to do what was right almost none of the time.

Survey Question

Thinking about all of the experience you have had with health care visits in the last 2 years, have you ever felt that the doctor or health provider you saw or any other staff members judged you unfairly or treated you with disrespect because of...

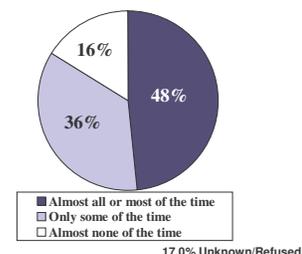
- ✓ What your **race or ethnic** background is.
- ✓ Whether or not you have **health insurance**.
- ✓ Whether you are **male or female**.
- ✓ How well you speak **English**.
- ✓ Whether or not you were physically **disabled**.
- ✓ How you were **dressed or groomed**.
- ✓ How much **education** you have.
- ✓ Whether or not you were **overweight**.
- ✓ How much **money** you had.
- ✓ Your **sexual orientation** – that is, if you are gay, lesbian or have a same sex partner.
- ✓ Your **ability to pay** for the care.
- ✓ Something in your **medical history**.
- ✓ The **treatment** you needed that day.
- ✓ Your **Medicaid** coverage.
- ✓ Your **Medicare** coverage.

Medicaid: OkMBRFS 2003-04



Fewer than half (48%) trusted health insurance companies to do what was best for them all or almost all of the time. Thirty-six percent trusted them only some of the time and one in six reported they almost never trusted health insurance companies to do what was best for patients or customers.

Health Insurance Companies: OkMBRFS 2003-04



For more information on the Task Force, contact:

Connie Johnson,
Sr. Legislative Analyst—Senate
1-405-521-5776
johnsonc@lsb.state.ok.us

Marcia Goff
Researcher— House
521-3201
goffma@lsb.state.ok.us

For more information on the Data subcommittee, contact :

Janis Campbell, PhD
Chronic Disease Division,
Oklahoma State Department of Health,
1000 NE 10th Street,
Oklahoma City, OK 73117
1-405-271-4072
janisc@health.ok.gov

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*Newsletter prepared by:
Health Care Information
Division, Oklahoma State
Department of Health*

Health Outcomes: OMBRFS vs. BRFSS

The estimates provided by the OMBRFS were very similar to those provided by the BRFSS. This is important because it provides evidence for the accuracy of the estimates. Not only will OMBRFS provide new estimates for non-White groups that were not previously available due to small numbers but it will also allow researchers to estimate health disparities among those groups with greater precision than before which is reflected in lower standard errors (SE).

What has been learned so far?

- Rates of diabetes and high cholesterol can now be calculated for Oklahoma’s Asian population.
- American Indians rate of high blood pressure was significantly higher than that of Whites.
- African-American and Hispanic rates of high cholesterol was significantly lower than that of Whites.

What Now?

A data CD is currently being prepared and a work group is being organized to develop an analysis and publication plan.

Participants will consider how to best merge the OMBRFS with the 2003 Oklahoma BRFSS, as well as to how to interpret the information collected from the Trust and Discrimination modules.

It is hoped that culturally appropriate interventions can be developed using the OMBRFS data and that recommendation related to provider education can be made to the Health Disparities Task Force to lessen provider discrimination in the treatment of ethnic minorities.

If you have questions or would like to participate in the workgroup, please contact Janis Campbell, PhD [janisc@health.ok.gov] for more information.

Special Thank You

Eight part-time staff worked 6 days a week for 21 months interviewing state residents in order to collect the OMBRFS information. Our thanks go out to them! (OMBRFS Bilingual interviewers—Left to Right: Gloria Martinez, Daniela Cavazo, Yvonne Gonzales, Adriana Alfonsin)



| | OMBRFS 2003-2004 | | OK BRFSS 2003 | |
|----------------------------|---------------------|------|------------------|------|
| | Percent | S.E. | Percent | S.E. |
| DIABETES | | | | |
| African American NH | 9.2 | 1.1 | 9.5 | 1.4 |
| Native American NH | 12.3 | 1.1 | 11.3 | 1.4 |
| Asian NH | 5.6 | 2.2 | ** | ** |
| Other NH | * | * | 6.3 | 2.9 |
| White NH | * | * | 6.6 | 0.3 |
| Multi-racial | 9.2 | 2.7 | 12.8 | 3.1 |
| Hispanic | 6.8 | 1.2 | 6.5 | 1.5 |
| HIGH BLOOD PRESSURE | | | | |
| African American NH | 30.6 | 1.9 | 34.9 | 2.6 |
| Native American NH | 31.1 | 1.7 | 29.4 | 2.2 |
| Asian NH | 13.3 | 2.9 | 14.3 | 4.3 |
| Other NH | * | * | ** | ** |
| White NH | * | * | 29.4 | 0.7 |
| Multi-racial | 34.8 | 4.5 | 46.0 | 4.4 |
| Hispanic | 14.3 | 1.4 | 14.6 | 2.4 |
| HIGH CHOLESTEROL | | | | |
| African American NH | 25.0 | 2.0 | 28.8 | 2.7 |
| Native American NH | 36.2 | 2.1 | 26.1 | 2.4 |
| Asian NH | 31.0 | 5.3 | ** | ** |
| Other NH | * | * | ** | ** |
| White NH | * | * | 33.5 | 0.8 |
| Multi-racial | 39.8 | 5.3 | 41.4 | 4.9 |
| Hispanic | 26.6 | 2.5 | 24.6 | 4.1 |

NH: Non-Hispanic

* Excluded from analysis

** Small numbers in cell