

Addressing Racial and Ethnic Health Disparities

National Business Group on Health Webinar
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Quest Diagnostics Incorporated

- The leading provider in diagnostic testing, information and services
 - ◆ Comprehensive Diagnostic Testing
 - ◆ Advanced Information Technology
 - ◆ Clinical Trials Testing
 - ◆ Innovation Diagnostics Products
 - ◆ Risk Assessment Solutions to Life Insurance Industry
- World Leader in Cancer Diagnostics

Touching the lives of patients 150 million times each year

Diversity within Quest Diagnostics

- Our employee population is quite diverse, reflecting the changing demographics in the US
- Our employee networks provide opportunities for linkage with our Wellness Initiative, HealthyQuest

Sources of Data About Diversity of Health Risks

- The aggregate data from our risk assessment program, Blueprint for Wellness®
 - Connected to our EEO data
- Publically available information from associations and government sources

A Sample of the Findings

Internal Data

- ❑ Our African American employees were 5 x more likely than Asians to be Obese
- ❑ Our Non Hispanic Caucasian employees used tobacco at rates 40% higher than African Americans
- ❑ Our Asian employees were most at risk for diabetes
 - ❑ Measured by elevated Glucose

External Data

- ❑ Race is one of the risk factors for Colon cancer
- ❑ Compliance with Colon Cancer screening is relatively low

U.S. Rates of Colon Cancer Screening

- ❑ 46.8% - Overall Screening rate
- ❑ 49.5% - Screening rates among Caucasians
- ❑ 40.1% - Screening rates among African Americans
- ❑ 34.4% - Screening rates among American Indians/Alaskan Natives
- ❑ 33.8% - Screening rates among Asians
- ❑ 31.9% - Screening rates among Hispanics

Source: American Cancer Society

Deaths Due to Colon Cancer

Death rates per 100,000 by ethnicity:

27 - African Americans

20 - Non Hispanic Whites

14 - Hispanics

13 - Asians

13 - American Indians/Alaskan Natives

Incidence of new cases among African Americans is at least 25% higher than for any other ethnicity

Source: The Commonwealth Fund: Racial and Ethnic Disparities in US Healthcare: A Chart Book March 2008



How to Prevent Colon Cancer?

- Eat Right
- Limit Alcohol
- Stay at a Healthy Weight
- Regular Exercise
- Get Screening
 - ◆ This is *the* single most important step people can take
 - ◆ Five year survival rate up to 90% if caught early
 - ◆ Five year survival rate is 10% if caught late

Who Should be Screened and When?

- Beginning *at* age 50 if at average risk
- Beginning at an earlier age if at higher risk due to family history of colon cancer
- African Americans should be screened beginning at age 45
- New evidence indicating those with a history of extremely heavy smoking or obesity may be screened beginning at age 45
 - ◆ Physician must be engaged

Types of Screening

- Colonoscopy every 10 years
- CT Colonography every 5 years
- Flexible Sigmoidoscopy every 5-10 years

- Fecal Immunochemical Test (FIT) every year
- Hemoccult Sensa every year
- Fecal DNA testing every 3 years

To paraphrase Dr. C. Everett Koop:

Screening does not work for patients who do not do their screening

HealthyQuest Actions taken Promote CRC Screening

- ❑ Mailed an Insure FIT® specimen collection kit or a letter with a Business Reply Card to request a kit
- ❑ Eligible population defined as employees and spouses >50, and African Americans > age 45
- ❑ Undertook an educational campaign of e mails, reminder postcards, posters, and onsite leadership
 - ❑ Stressed easy, noninvasive, highly sensitive
 - ❑ Communicated the higher risks among African American population
 - ❑ In 2008, introduced a contest linked to a new website, www.doyouhavetheguts.com



Was it Worth the Effort?

- ❑ Yes.
- ❑ 2,900 persons screened in 2007, rising to 5,500 in 2008
- ❑ Disproportionately higher detection rate among those < age 50 in 2007 led to significantly higher participation in 2008 in this cohort
- ❑ In 2008, detection rates among the <50 group came closer to the rates for next higher age cohort
- ❑ Allowed us to engage more broadly across the organization

Community and Employer Imperative

- ❑ Despite now being the #3 Cancer killer, Colorectal Cancer is one of the most treatable if detected early
 - ❑ *Preventable, Treatable, Beatable*
- ❑ Huge opportunity to close the gap on disparate screening rates and effects
- ❑ The medical cost alone for late stage colorectal cancer treatment can be >\$115,000
- ❑ Cost of screening can be very modest
- ❑ We know what to do, we just must do it

Questions??

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