

# Evidence to Impact Health Equity: Policy Matters



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# Definitions

- **Health Disparity** - a difference in health outcomes across subgroups of the population. Health disparities are often linked to healthcare or to social, economic, or environmental disadvantages (e.g., less access to good jobs, unsafe neighborhoods, lack of affordable transportation options).
- **Healthcare Disparities** refer to differences in access to or availability of facilities and services.

# Another Definition

**Health equity** means that everyone has a fair opportunity to live a long, healthy life. It implies that health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.



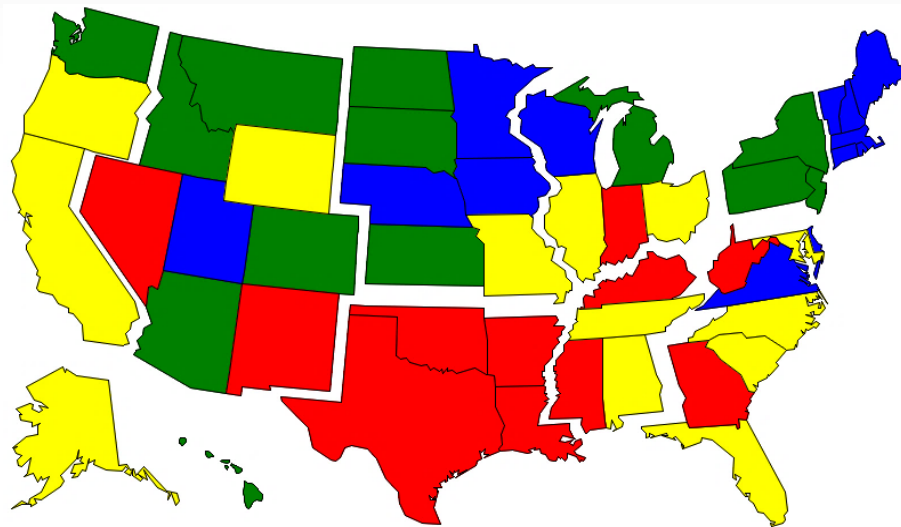
# Disparity Populations

- Racial/Ethnic minorities
- Low SES populations
- Male/Female
- Differently-abled populations
- Primary language minorities
- Sexual Minorities (LGBTQ)
- Rural populations
- Cultural minorities



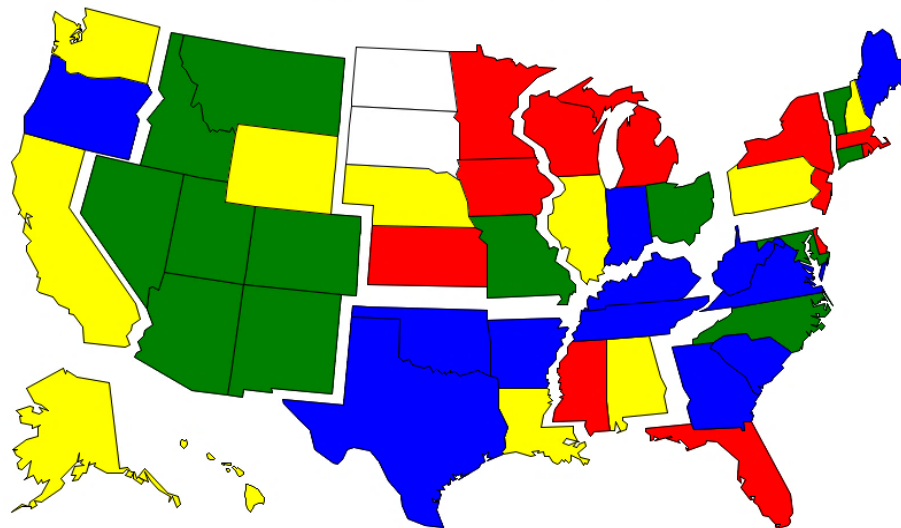


## QUALITY DISPARITIES: Overall quality (top map) and racial/ethnic disparities (bottom map) varied widely across states and often not in the same direction



Overall Quality

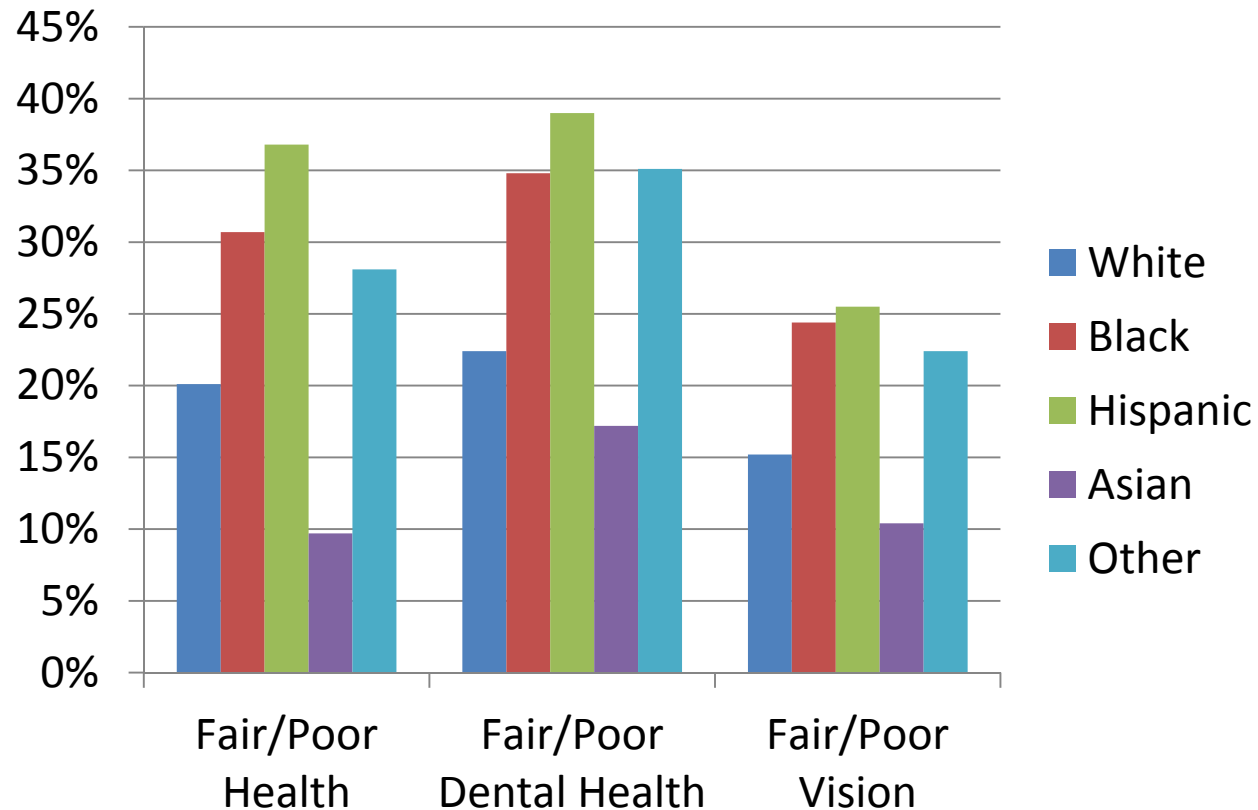
- Blue: Quartile with Highest Quality
- Green: Second Quartile
- Yellow: Third Quartile
- Red: Quartile with Lowest Quality



Racial/Ethnic Disparities

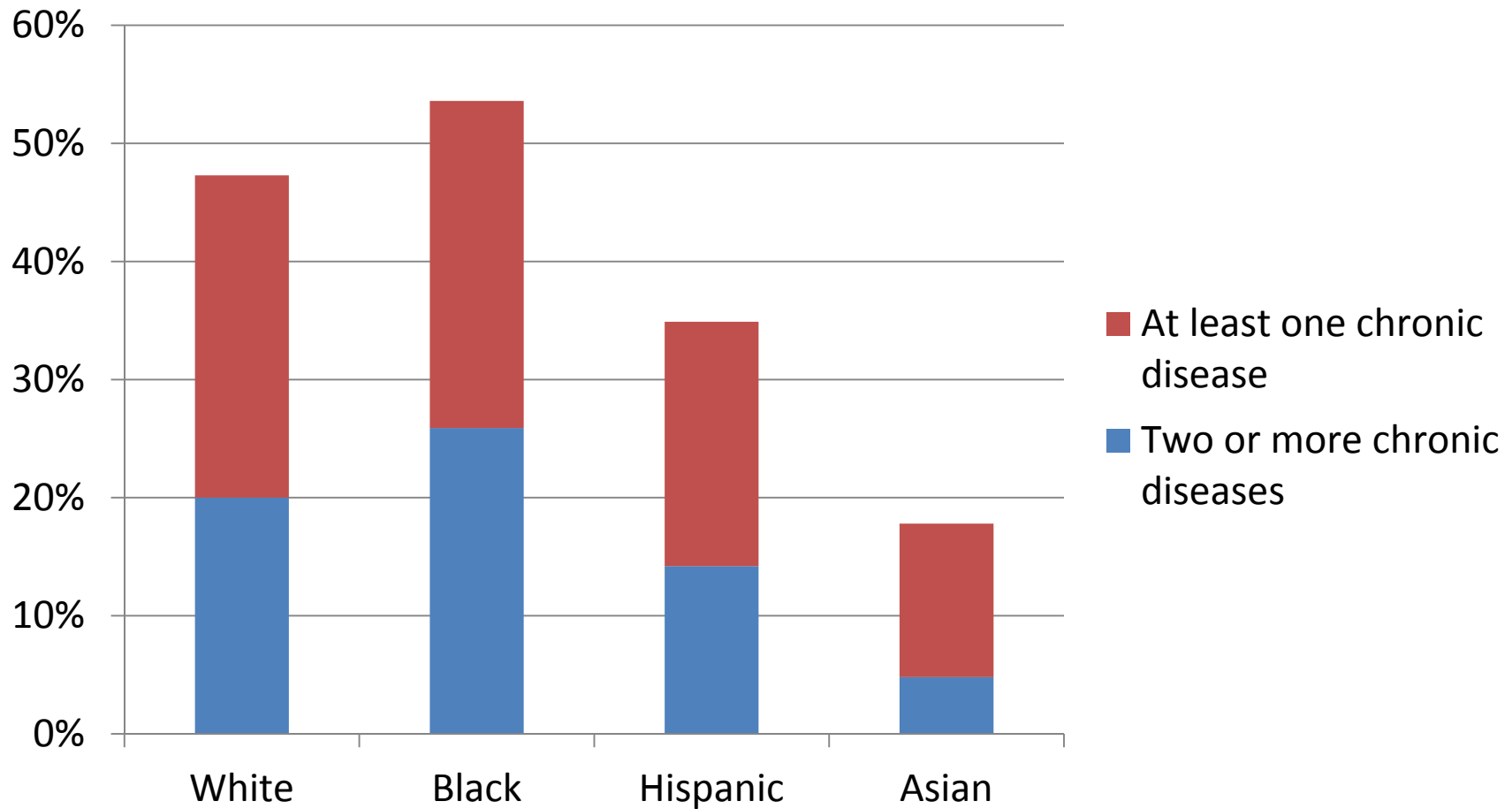
- Blue: Quartile with Fewest Disparities
- Green: Second Quartile
- Yellow: Third Quartile
- Red: Quartile with Most Disparities
- White: Insufficient Disparities Data Available

# Ohio self-reported health status



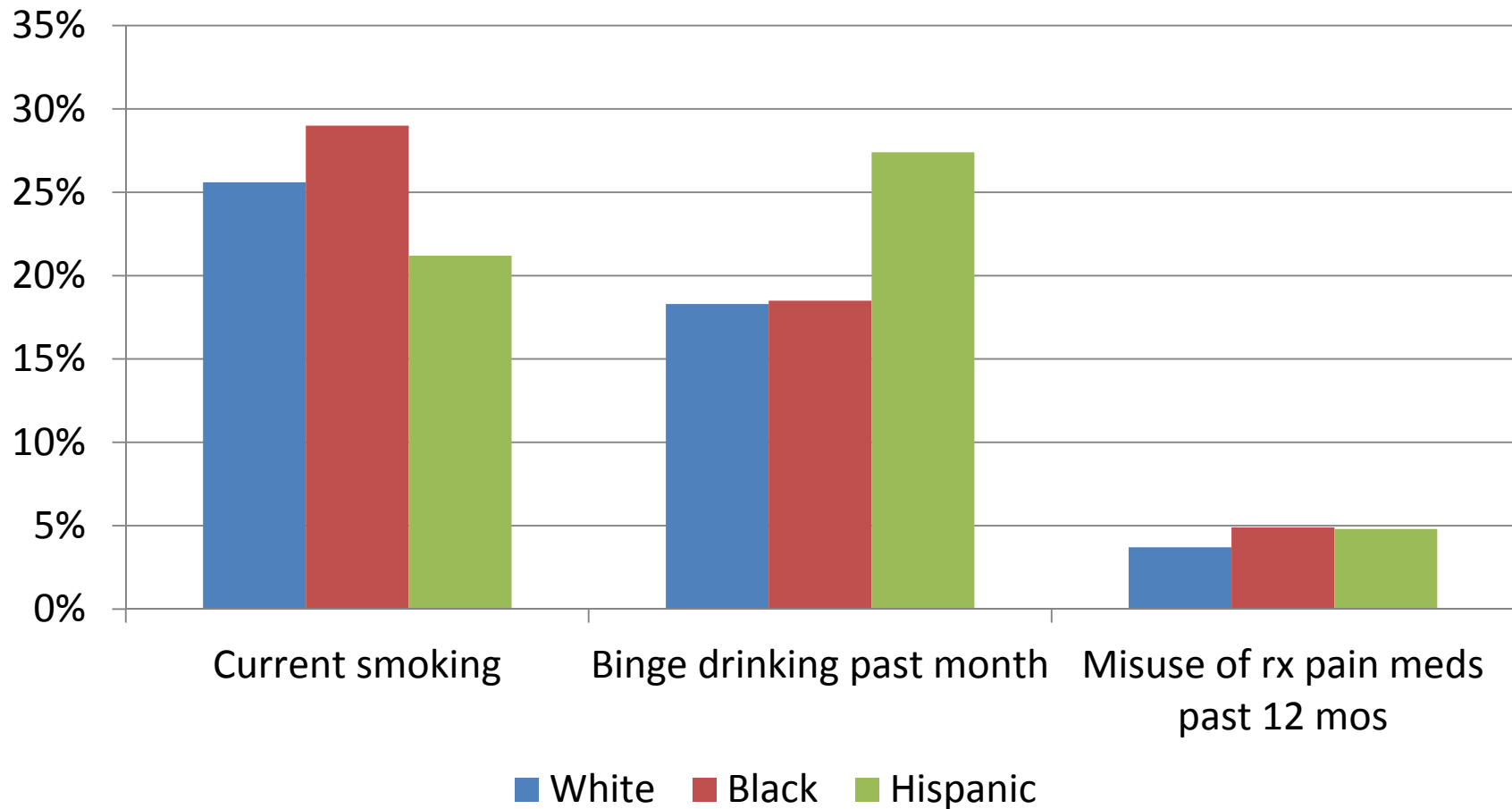
Source: The Ohio Medicaid Assessment Survey, 2012

# Ohio chronic illness disparities



Source: The Ohio Medicaid Assessment Survey, 2012

# Ohio risky health behaviors

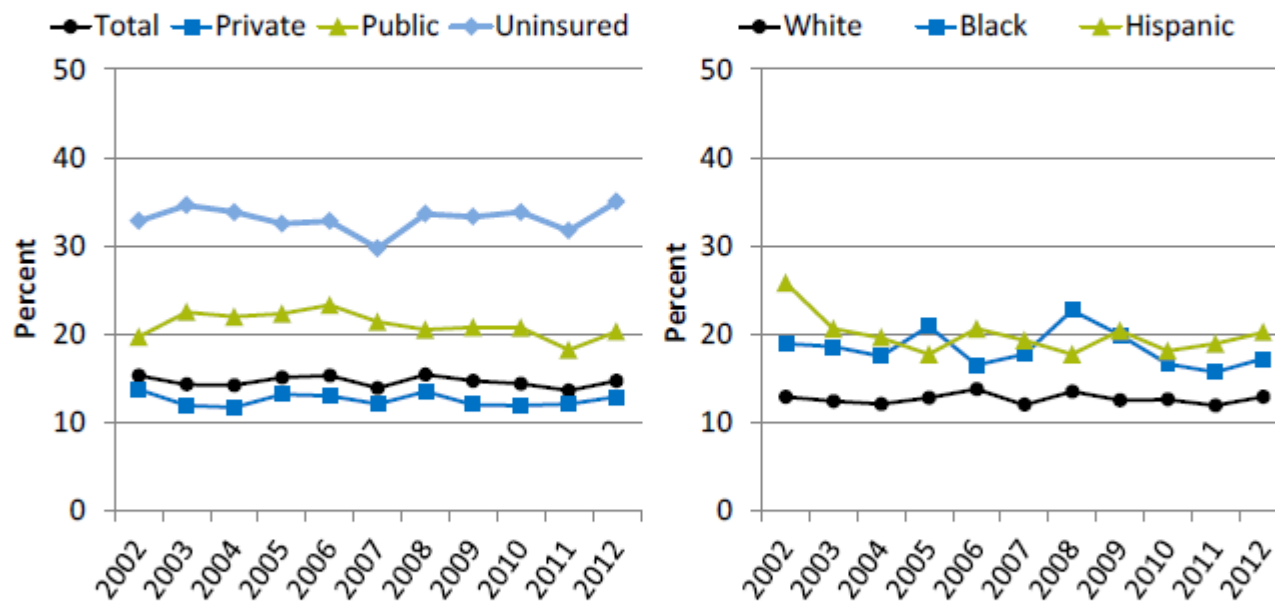


Source: The Ohio Medicaid Assessment Survey, 2012



## Trends in Adults Getting Care As Soon As Wanted

Adults who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as wanted, by insurance (ages 18-64) and ethnicity, 2002-2012



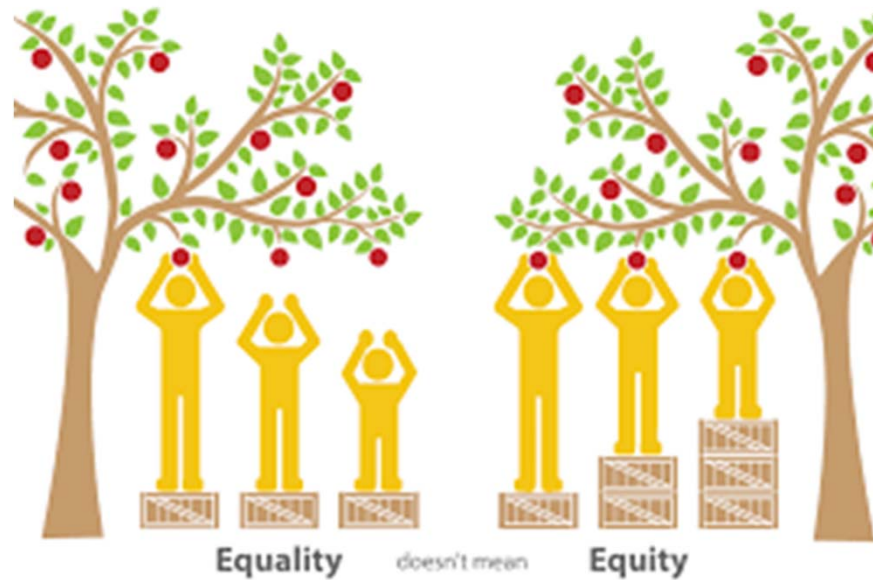
**Data Source:** Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2012.

**Note:** White and Black are non-Hispanic. Hispanic includes all races.

# Some policy approaches to closing the gap

- Access
  - Public insurance expansion
  - Parity policies
- Quality and performance mandates/incentives
  - PCMH
  - PQMP
  - P4P
- Dealing with the “elephant in the room”
  - Workforce diversity
  - Cultural competence/ Cultural Awareness training

# But first, a distinction...



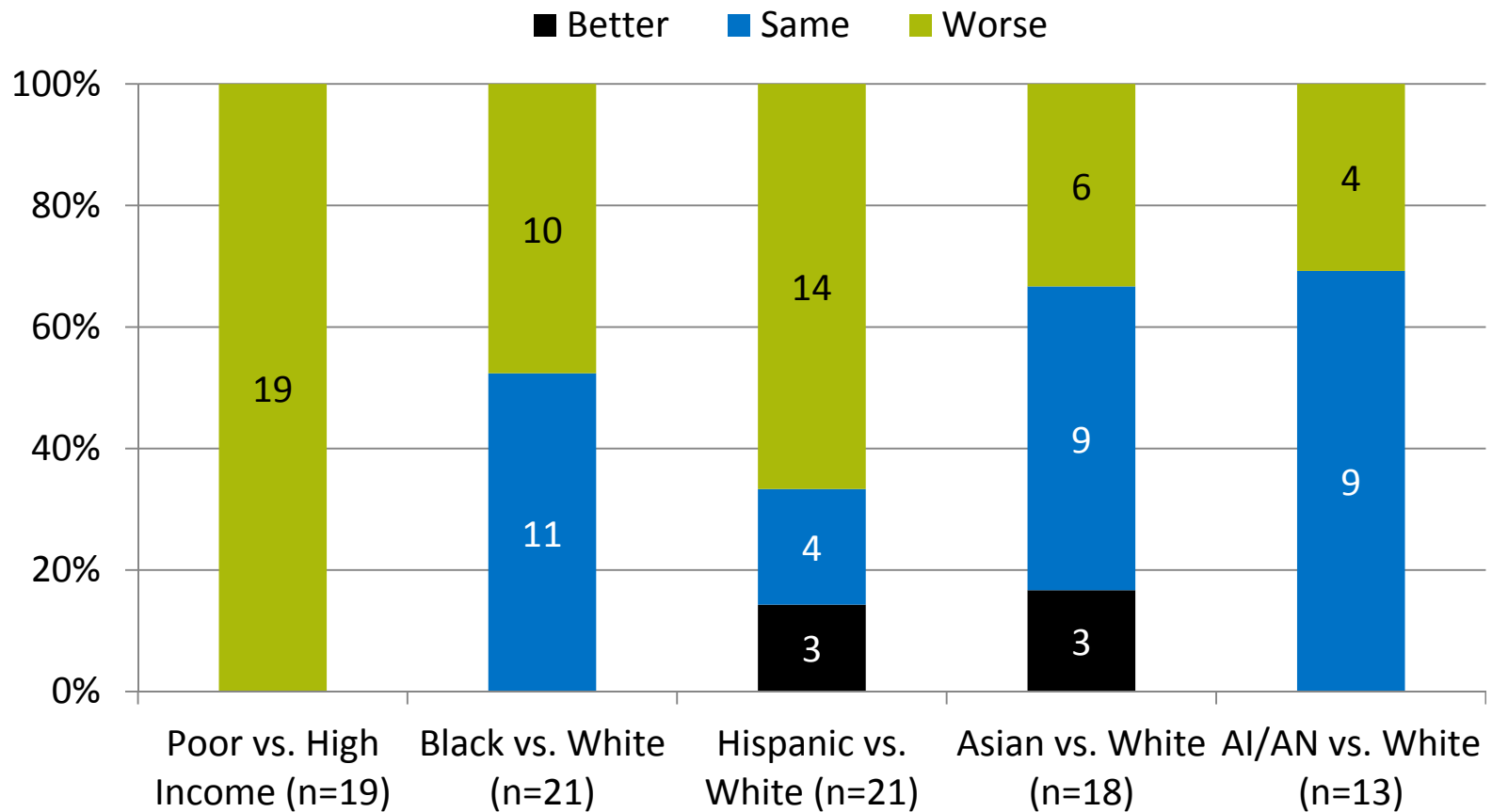
Providing health equity care does not always mean treating everyone equally.

# **ACCESS POLICY**



## ACCESS DISPARITIES: In 2012, disparities were observed across a broad spectrum of access measures

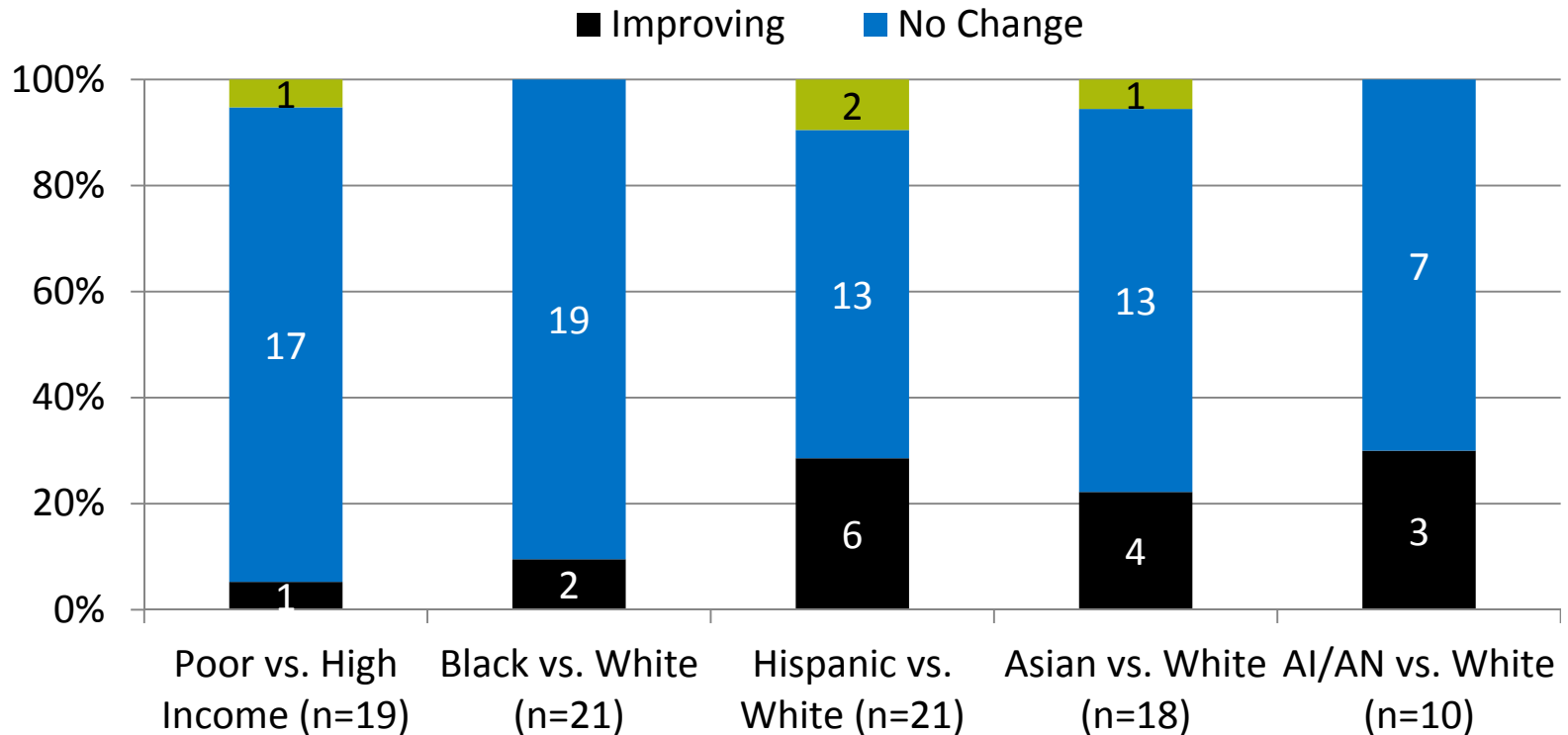
**Disparities: Access measures for which members of selected groups experienced better, same, or worse access to care compared with reference group, 2012**



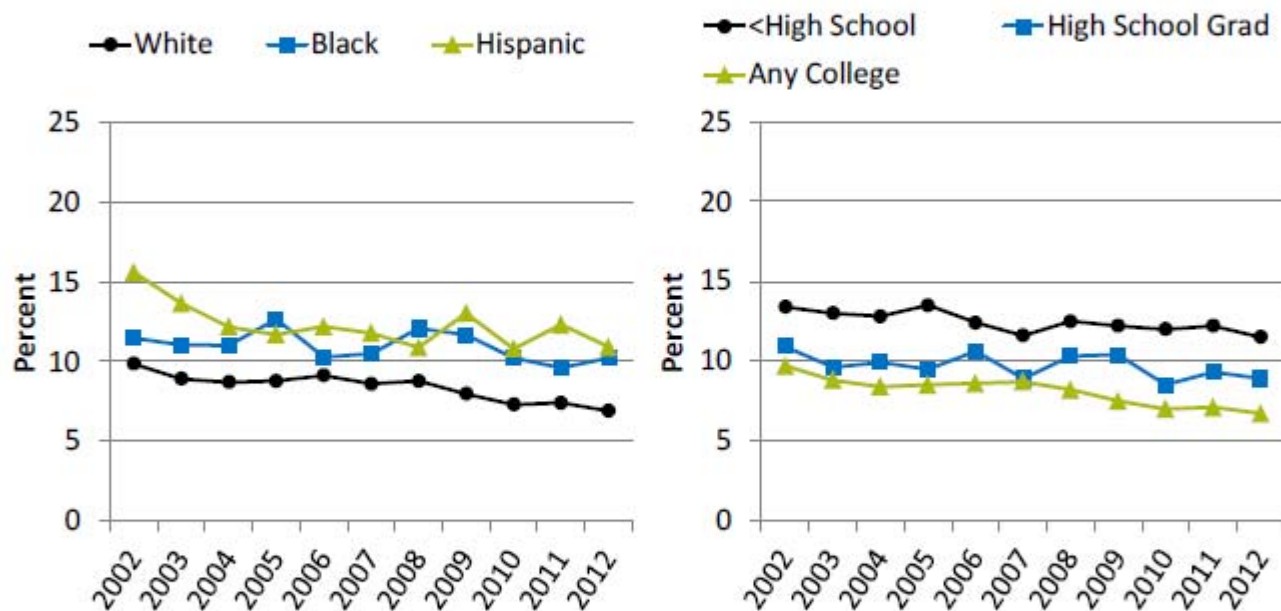


## ACCESS DISPARITIES: Through 2012, across a broad spectrum of access measures, some disparities were reduced but most did not improve

**Change in Disparities: Number and percentage of all access measures for which disparities related to race, ethnicity, and income were improving, not changing, or worsening, through 2012**



Adults who had a doctor's office or clinic visit in the last 12 months who reported poor communication with health providers, by ethnicity and education, 2002-2012

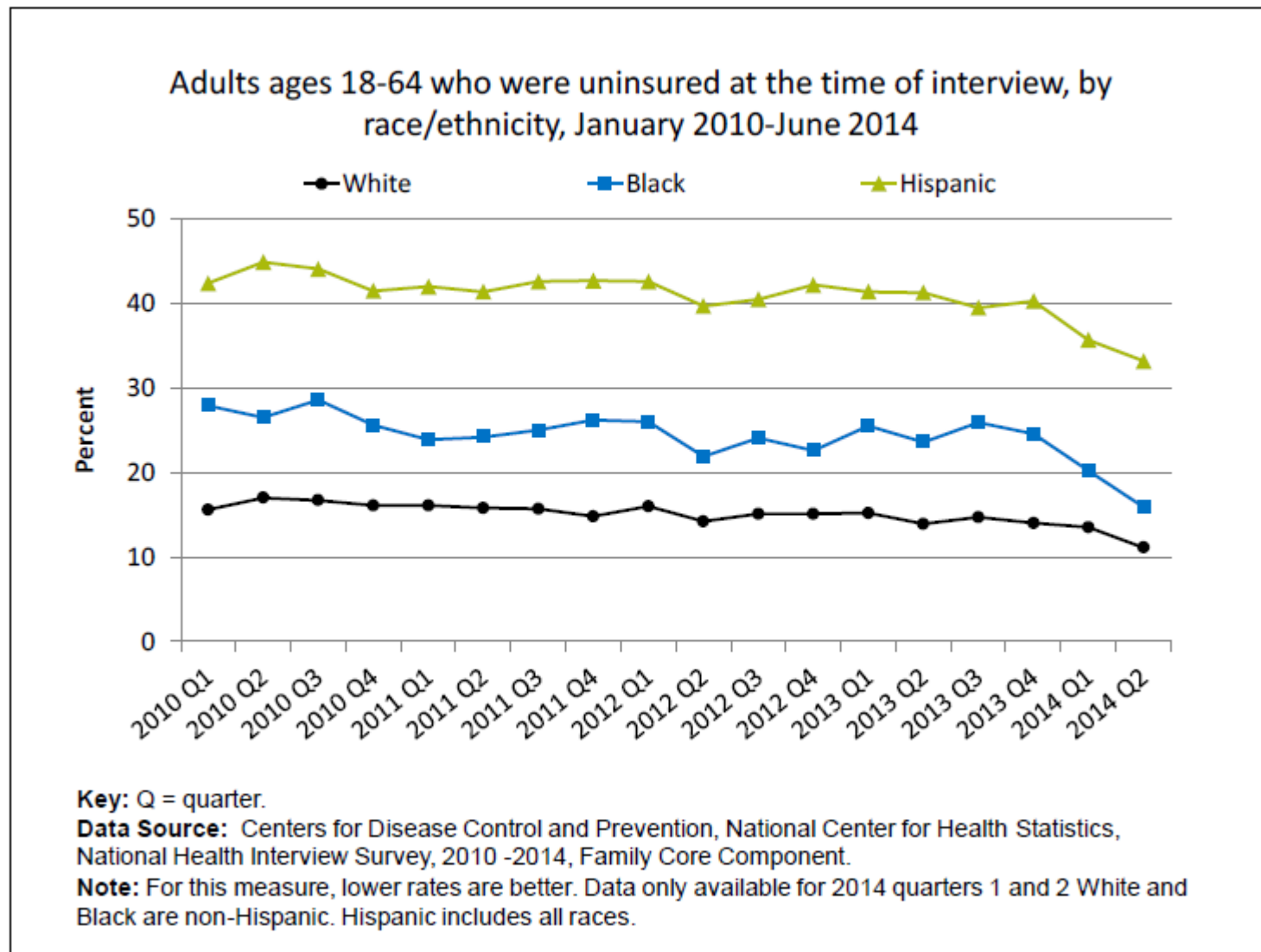


Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2002-2012.

Denominator: Civilian noninstitutionalized population age 18 and over who had a doctor's office or clinic visit in the last 12 months.

Note: For this measure, lower rates are better. White and Black are non-Hispanic. Hispanic includes all races. Patients who report that their health providers sometimes or never listened carefully, explained things clearly, showed respect for what they had to say, or spent enough time with them are considered to have poor communication

## Trends in Uninsurance Disparities





# ACA and Medicaid expansion Policy Solution to Disparities

- Patient Protection and Affordable Care Act (2010)
- “ABCs of the ACA” to address disparities:
  - Access to coverage
  - Better insurance
  - Consumer protection

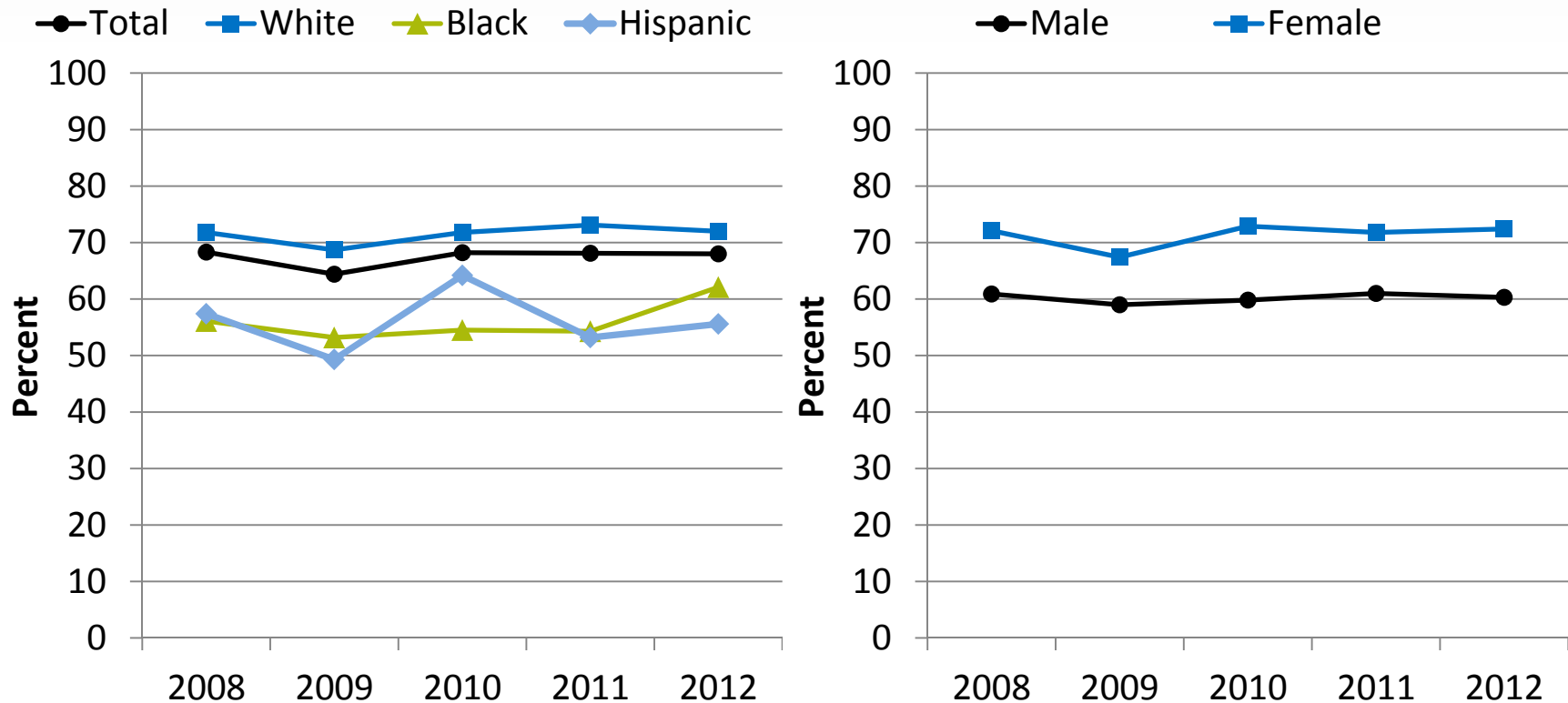
# **PARITY LAWS**

# Mental Health Parity Policy and Disparities

- Mental Health Parity and Addiction Equity Act of 2008
    - Parity initiatives before 2010: state parity laws, Mental Health Parity Act of 1996, and the Federal Employees Health Benefits program
  - Key elements of federal parity: inclusion of substance use and extended parity to out-of-network services
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## Adults with a major depressive episode in the past year who received treatment for depression in the past year, by race/ethnicity and sex, 2008-2012



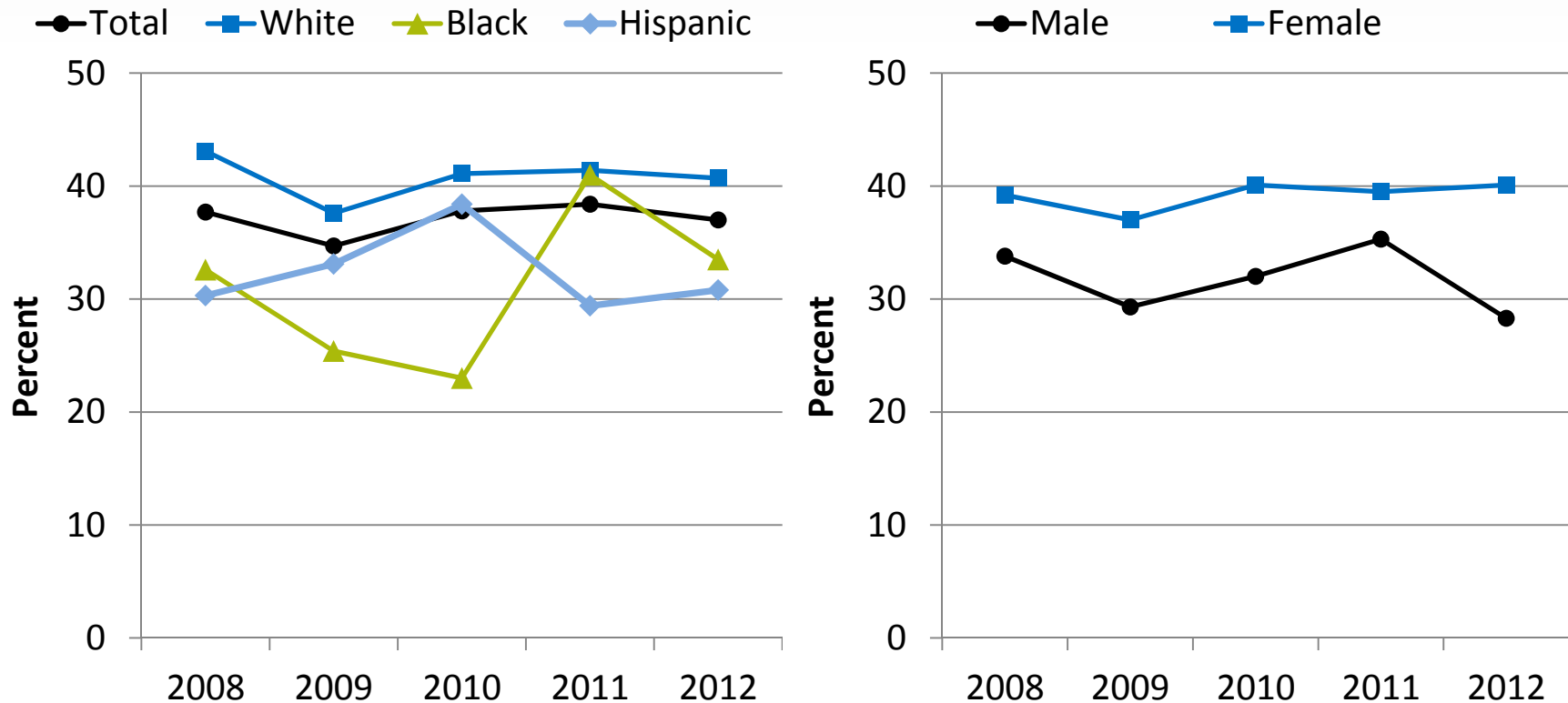
**Source:** Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008-2012.

**Denominator:** Adults age 18 and over with a major depressive episode in the past year.

**Note:** Major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms of depression described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Treatment for depression is defined as seeing or talking to a medical doctor or other professional or using prescription medication in the past year for depression. White and Black are non-Hispanic; Hispanic includes all races.



## Adolescents with a major depressive episode in the past year who received treatment for depression in the past year, by race/ethnicity and sex, 2008-2012



**Source:** Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008-2012.

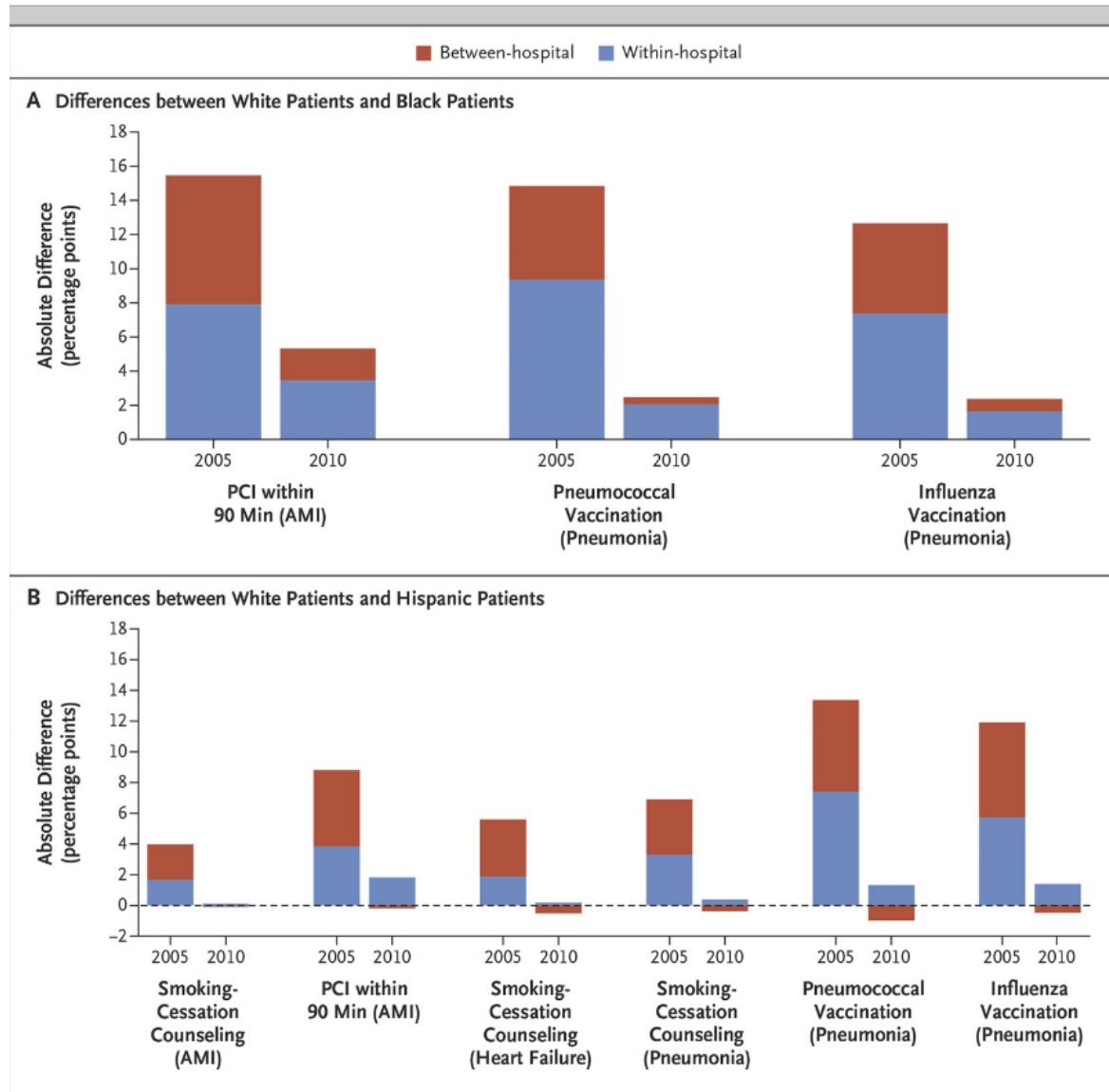
**Denominator:** Adolescents ages 12-17 with a major depressive episode in the past year.

**Note:** Major depressive episode is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms of depression described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Treatment for depression is defined as seeing or talking to a medical doctor or other professional or using prescription medication in the past year for depression. White and Black are non-Hispanic; Hispanic includes all races.

**QUALITY AND PERFORMANCE  
MANDATES AND INCENTIVES**

# Quality and Performance Incentives

- CMS Hospital Inpatient Quality Reporting program
- Medicare Pay for Performance measures
- Pediatric Quality Measurement Program
- Patient centered-medical home incentives
- ACOs and shared savings



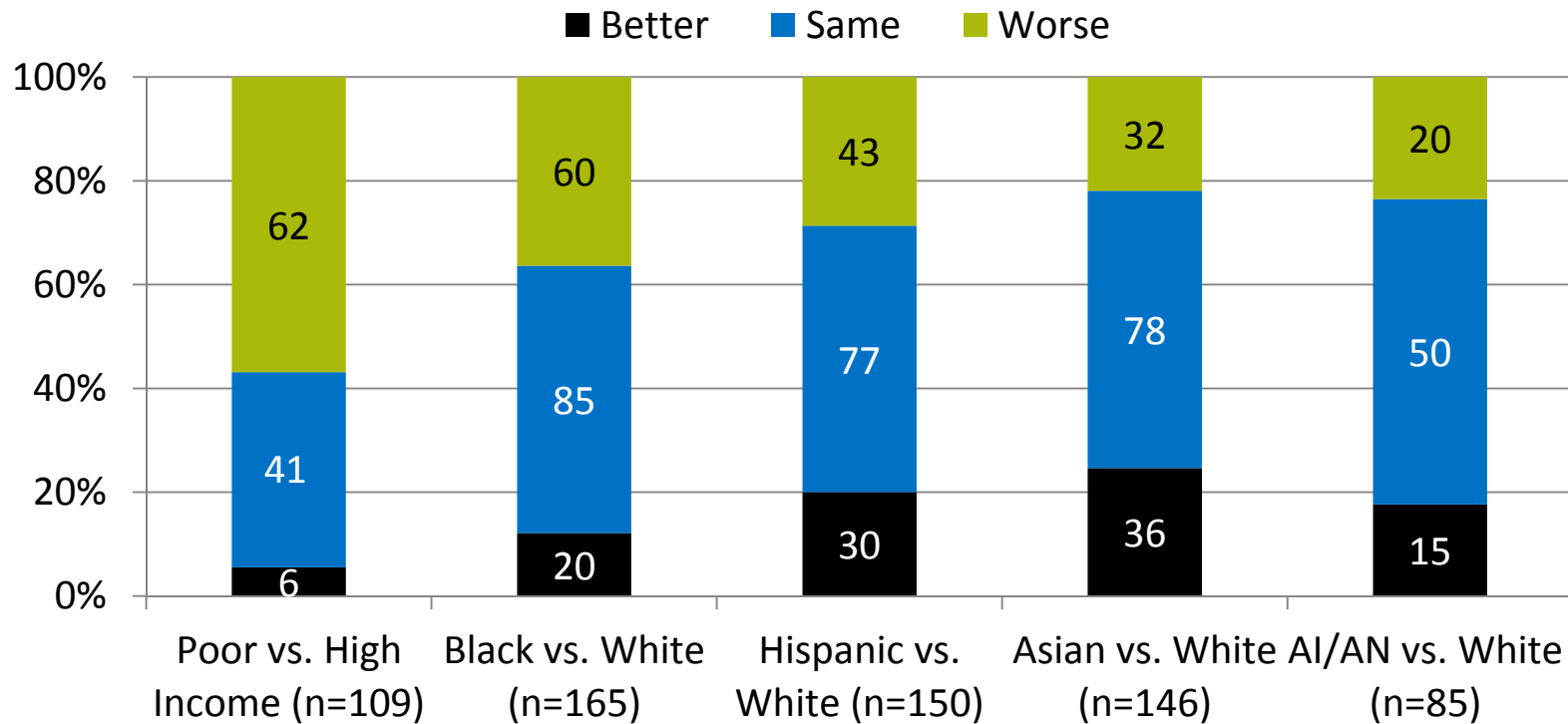
Trivedi AN, Nsa W, Hausmann LR, Lee JS, Ma A, Bratzler DW, Mor MK, Baus K, Larbi F, Fine MJ. Quality and equity of care in U.S. hospitals. N Engl J Med. 2014 Dec 11;371(24):2298-308.





## QUALITY DISPARITIES: Disparities remained prevalent across a broad spectrum of quality measures

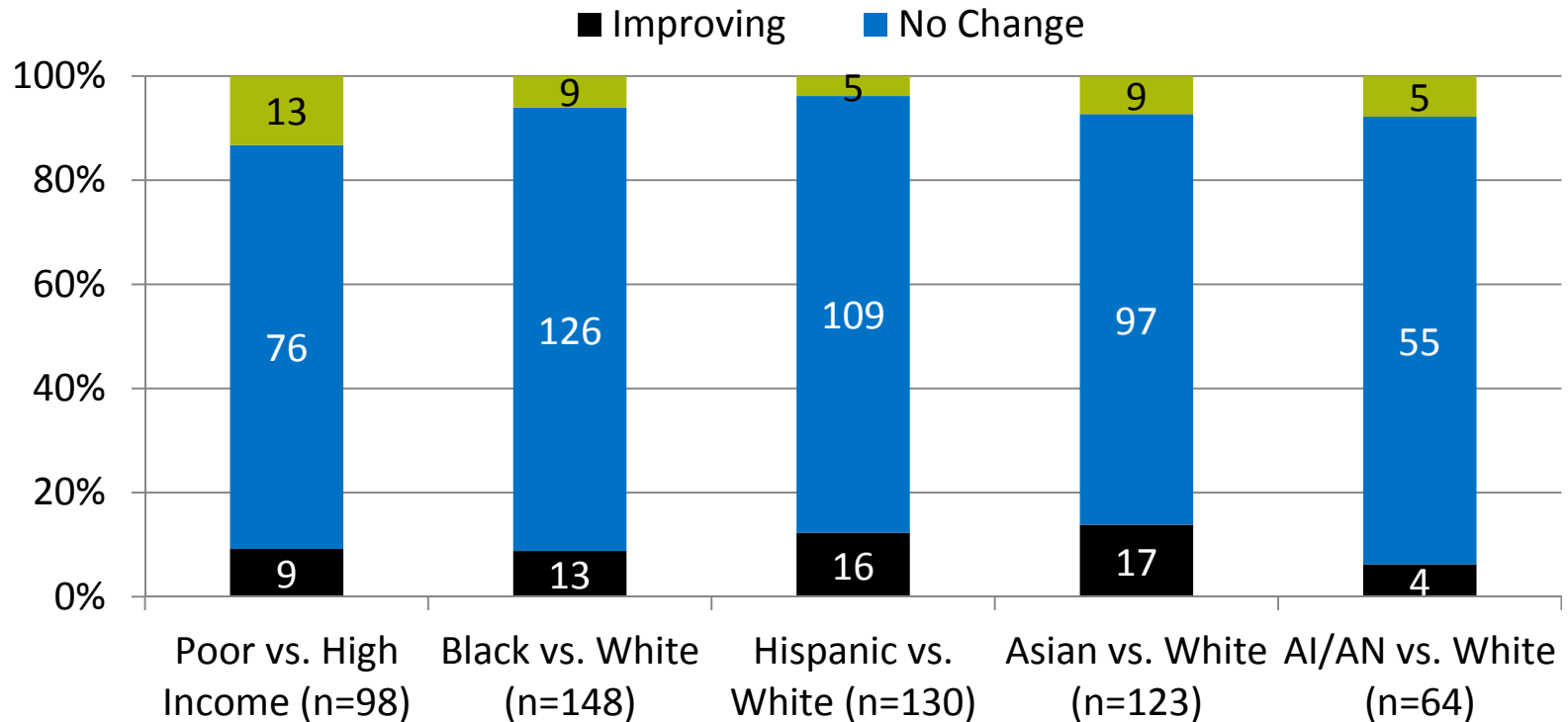
**Disparities: Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group**





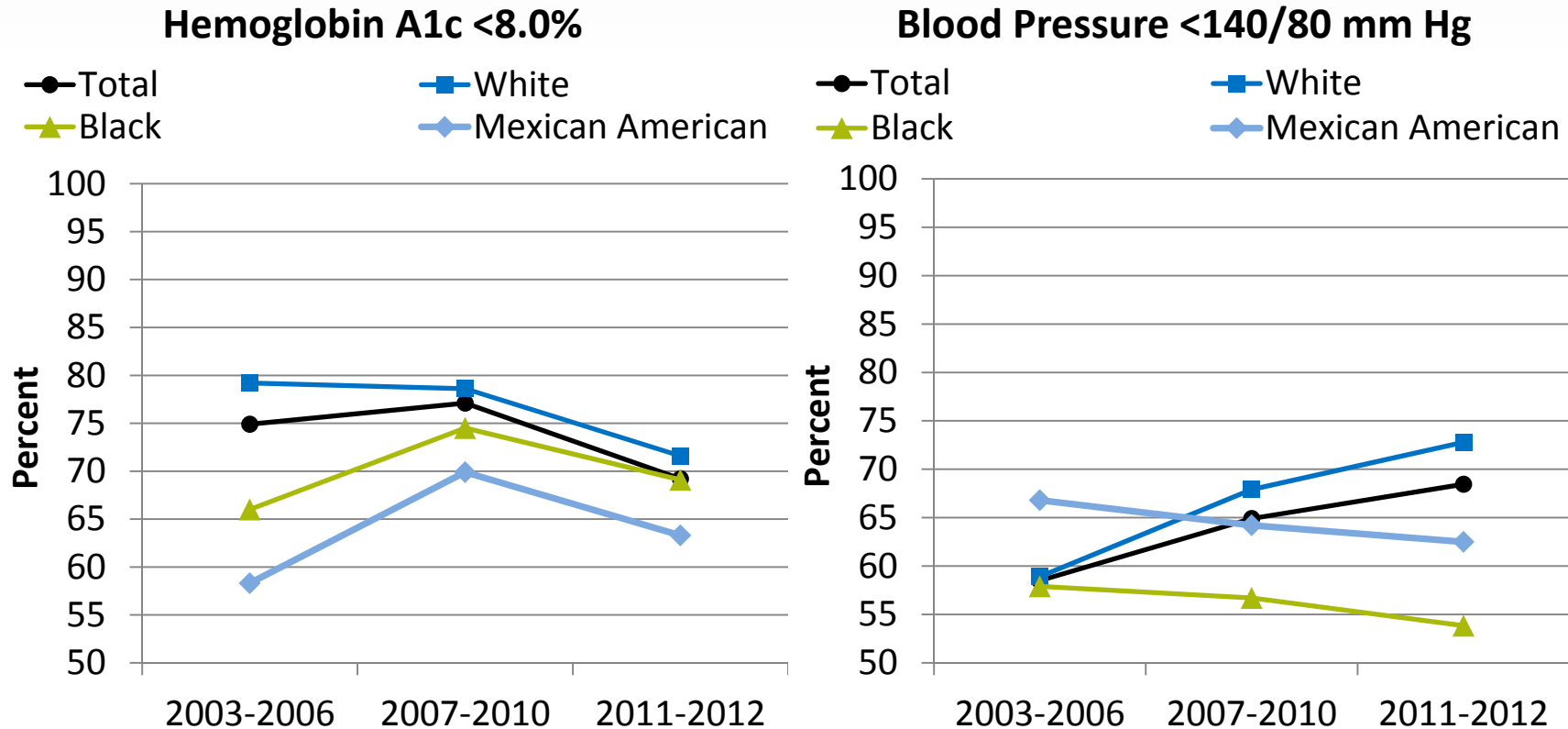
## QUALITY DISPARITIES: Through 2012, some disparities were getting smaller but most were not improving across a broad spectrum of quality measures

**Change in Disparities: Number and percentage of quality measures for which disparities related to race, ethnicity, and income were improving, not changing, or worsening through 2012**





## Adults age 40 and over with diagnosed diabetes with hemoglobin A1c and blood pressure under control, by race/ethnicity, 2003-2006, 2007-2010, and 2011-2012



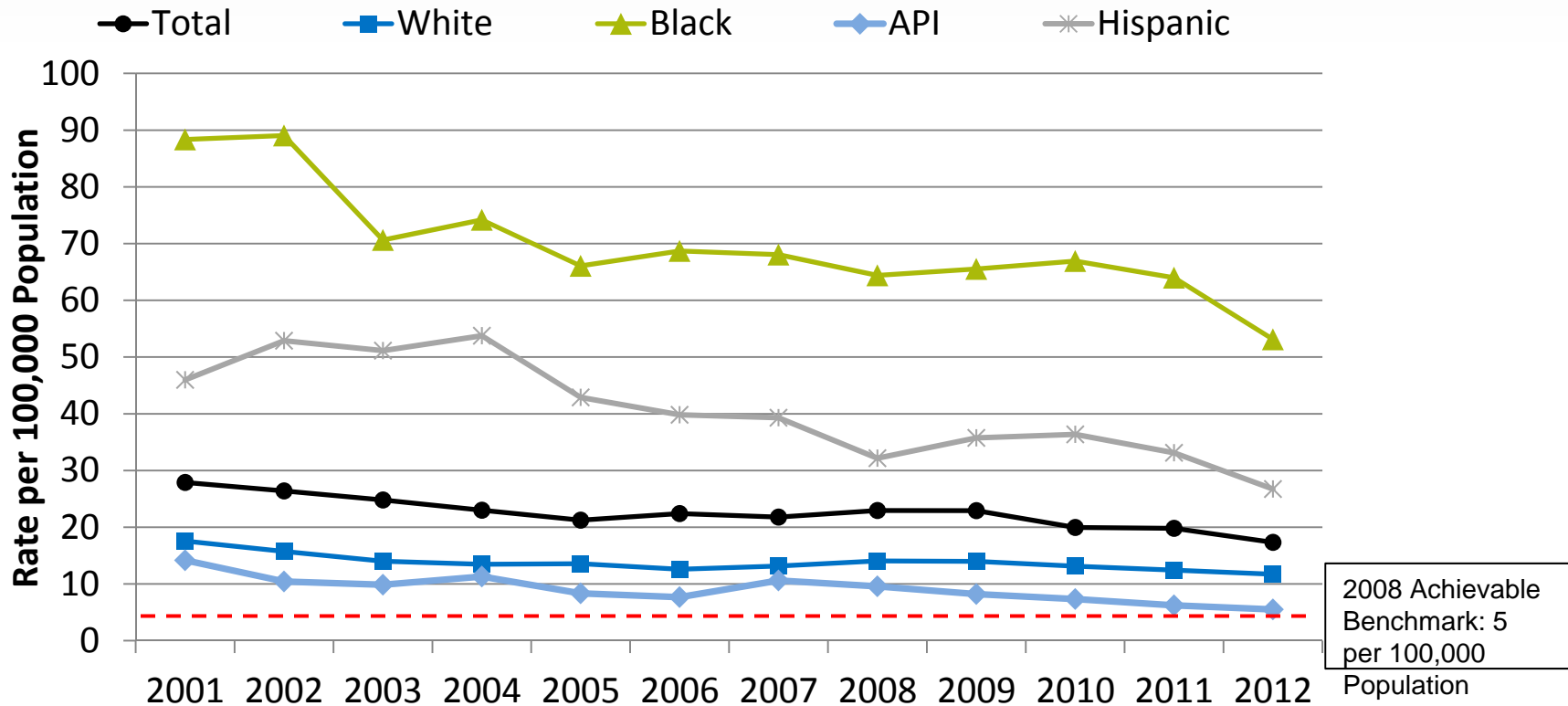
**Source:** Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, 2003-2006, 2007-2010, and 2011-2012.

**Denominator:** Civilian noninstitutionalized population with diagnosed diabetes, age 40 and over.

**Note:** Age adjusted to the 2000 U.S. standard population using two age groups: 40-59 and 60 and over. White and Black are non-Hispanic. Mexican American includes all races.



## Hospital admissions for uncontrolled diabetes without complications per 100,000 population, age 18 and over, by race/ethnicity, 2001-2012



**Key:** API = Asian or Pacific Islander.

**Source:** Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases, disparities analysis files and AHRQ Quality Indicators, version 4.4, 2001-2012.

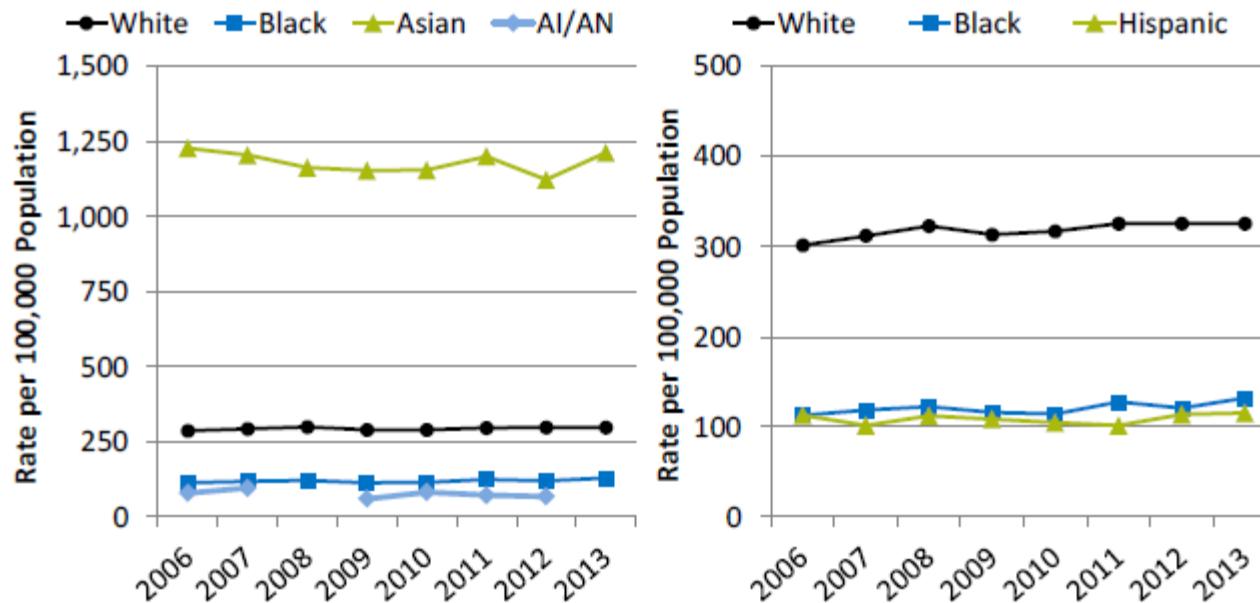
**Denominator:** U.S. resident population age 18 and over.

**Note:** For this measure, lower rates are better. White and Black are non-Hispanic. Hispanic includes all races.

**WORKFORCE AND HEALTHCARE  
SYSTEM RELATED POLICY**

### Rate of Physicians and Surgeons per 100,000 Population

Physicians and surgeons per 100,000 population, by race and ethnicity, 2006-2013



**Key:** AI/AN = American Indian or Alaska Native.

**Data Source:** U.S. Census, American Community Survey, 2006-2013.

**Note:** The 2008 and 2013 data for AI/ANs did not meet the criteria for statistical reliability, data quality, or confidentiality. White and Black are non-Hispanic. Hispanic includes all races.

# Policies for Systemic and Interpersonal Bias

Dealing with the elephant

- Building a diverse workforce that reflects the populations served through targeted tuition support, loan repayment, and “pipeline” programs.
- CLAS standards
- Standards by accreditation bodies
  - JCAHO
  - HEDIS
  - ACGME/CLER

**MOVING UPSTREAM: ADDRESSING  
SOCIAL DETERMINATES OF HEALTH**



# Example: Infant Mortality

FIGURE 3



**Aggregated infant mortality rates (deaths per 1000 live births) for the years 2007–2010 by black and white race**

The black:white ratios are displayed across the top of the chart. (CDC WONDER; Available at: <http://wonder.cdc.gov/lbd.html>. Accessed May 29, 2010.)

CA, California; GA, Georgia; MA, Massachusetts; MO, Missouri; MS, Mississippi; OH, Ohio.

# Public Private Partnerships

- Infant Mortality Initiatives
  - CelebrateOne
  - Ohio Equity Institute
  - Ohio Perinatal Quality Collaborative
- Healthy Neighborhoods/Healthy Families
- The Accountable Health Communities Model

# Thank you!



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.™*