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.
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

- Poor vs. High Income (n=19): 19 better, 10 same, 0 worse
- Black vs. White (n=21): 11 better, 4 same, 6 worse
- Hispanic vs. White (n=21): 14 better, 3 same, 3 worse
- Asian vs. White (n=18): 9 better, 6 same, 4 worse
- AI/AN vs. White (n=13): 9 better, 4 same, 0 worse
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

<table>
<thead>
<tr>
<th>Group</th>
<th>Improving</th>
<th>No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor vs. High Income</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Black vs. White</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Hispanic vs. White</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Asian vs. White</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>AI/AN vs. White</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

(n=19, n=21, n=21, n=18, n=10)
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

Adults ages 18-64 who were uninsured at the time of interview, by race/ethnicity, January 2010-June 2014

Key: Q = quarter.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 2010-2014, Family Core Component.

Note: For this measure, lower rates are better. Data only available for 2014 quarters 1 and 2 White and Black are non-Hispanic. Hispanic includes all races.
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
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
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

<table>
<thead>
<tr>
<th></th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor vs. High Income</td>
<td>62</td>
<td>41</td>
<td>6</td>
</tr>
<tr>
<td>Black vs. White</td>
<td>60</td>
<td>85</td>
<td>20</td>
</tr>
<tr>
<td>Hispanic vs. White</td>
<td>43</td>
<td>77</td>
<td>30</td>
</tr>
<tr>
<td>Asian vs. White</td>
<td>32</td>
<td>78</td>
<td>36</td>
</tr>
<tr>
<td>AI/AN vs. White</td>
<td>20</td>
<td>50</td>
<td>15</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Hemoglobin A1c &lt;8.0%</th>
<th>Blood Pressure &lt;140/80 mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>White</td>
<td>White</td>
</tr>
<tr>
<td>Black</td>
<td>Black</td>
</tr>
<tr>
<td>Mexican American</td>
<td>Mexican American</td>
</tr>
</tbody>
</table>


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.
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.

2008 Achievable Benchmark: 5 per 100,000 Population
WORKFORCE AND HEALTHCARE SYSTEM RELATED POLICY
Access to Health Care

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.
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!