Addressing Racial & Ethnic Health Care Disparities in Children

Rhonda Johnson, MD, MPH
NIHCM Foundation Webinar
October 30, 2006
Overview of Our Efforts

• Activities span from 2004 to 2006
• Participant in the National Health Plan Collaborative
• Effort anchored in Quality Management with collaboration across multiple business groups in our insurance business
• Our activities have been primarily focused on:
  - Data Analysis and Collection
  - Member & Provider Interventions
  - Community Partnerships / Grants
  - Organizational Collaboration
• Most of our disparity-focused clinical interventions are for diabetes and asthma conditions
Participation in the National Health Plan Collaborative
National Health Plan Collaborative

- Established in December 2004
- Public-private partnership including nine major health insurance companies
- Technical assistance provided by Center for Health Care Strategies, Agency for Healthcare Research and Quality, Institute for Healthcare Improvement and RAND Corporation
- Supported by the Robert Wood Johnson Foundation
Why We’ve Come Together

• We are committed to reducing racial and ethnic disparities.

• We want to improve quality of care for all Americans.

• We believe health insurance companies must do their part to solve the problem.
Health Plan Pilot Examples

• Provide focused, educational workshops to physicians and office staff in PCP practices located within the top six least compliant zip codes.

• Implement automated telephone outreach (Spanish and English) to Hispanic members who have not had an eye exam, to test their knowledge and remind them to get screened.

• Connect Spanish speaking members with specialized bilingual diabetes nurses to improve glycemic control and compliance with recommended diabetes care plans.

• Develop a collaborative community-based intervention in up to five communities to improve eye exam rates among Hispanic members with diabetes.
Other Activities We Would Like To Share

• DATA STRATEGIES
• MEMBER & PROVIDER STRATEGIES
• COMMUNITY PARTNERSHIPS & GRANTS
• ORGANIZATIONAL COLLABORATION
• HIGHMARK HEALTHY HIGH 5
Data Strategies

Dual approach:

• “Indirect” - Geocoding and surname analysis of HEDIS® measures (2004 to present)

• “Direct” - Voluntary collection of self-identified race, ethnicity and language preference (2006)
Methodology to Identify Health Disparities
<table>
<thead>
<tr>
<th><strong>Diabetes (adults)</strong></th>
<th>Blacks &amp; Hispanics less likely to get HbA1c and LDL tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma (children)</strong></td>
<td>Black children less likely to have appropriate use of medications</td>
</tr>
<tr>
<td><strong>Prevention (adults)</strong></td>
<td>Black women less likely to get breast cancer screening.</td>
</tr>
</tbody>
</table>
Voluntary Data Collection

2006

Self-Identified
Voluntary
Confidential

All Lines of Business
“Opt out” Option

Race
Ethnicity
Language
Provider and Member Strategies: Quality Management

• Office-based education to targeted provider office staff located in targeted low income Zip codes (2004).
• Provider & member newsletters addressing disparities and diabetes care (2005).
• Physician-focused discussion on improving diabetes care (Western PA, 12/2005; Central PA, Fall 2006).
• Interactive voice recognition telephonic outreach to diabetic members with an added focus on potential needs of the minority population (2006).
• Letters on physician letterhead reminding patients regarding needed testing (2006).
• Targeted asthma education for offices with identified disparities (Spring, 2006).
• “Shoot For Your Good Health” asthma basketball camp for kids with asthma, ages 8 to 14 (2005, 2006).
Organizational and Community Strategies

- Health Care Disparities / Culturally Appropriate Linguistic Services Committee created in 2005. This multi-departmental committee meets every other month to discuss initiatives to address health disparities, cultural, and linguistic issues.

- Cultural competency training for clinical staff is underway with expansion to non-clinical staff planned for 2007.

- The Highmark Foundation funds numerous grants to faith-based groups, hospitals, and other health and community organizations to promote health and well-being in communities throughout our 49-county service area. Some disparity reduction grants provide support for health literacy programs, programs that support healthy lifestyles, chronic disease management, health screenings in underserved communities, media programs and informational events. Over $850,000 in grants for disparity reduction since 2005.
Introducing...

A five year, $100 million initiative of the Highmark Foundation to promote lifelong, healthy behaviors in children and adolescents ages 6-18 to ensure that they have healthy bodies and minds.
Our Goal

To help children and adolescents develop the health habits they need to make informed choices to lead longer, healthier lives.
Our Approach: Highmark Healthy High 5

Mission

To promote lifelong healthy behaviors in children and adolescents (ages 6-18) to ensure that they have healthy bodies and minds

Issue

Children’s Health Promotion

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Physical Activity</th>
<th>Self-Esteem</th>
<th>Grieving</th>
<th>Bullying</th>
</tr>
</thead>
</table>

Elements

Grants | Volunteerism | Awareness | Programs

Partners & Programs

Partners
Pennsylvania Advocates for Nutrition and Activity (PANA)
Susan P. Byrnes Health Education Center
SPARK
InnerLink, Highmark Health eTools for Schools
Heartwood Institute
Office of Community Health, Conemaugh Health System
Highmark Caring Place

Programs
Childhood Obesity Regional Summit
Childhood Obesity Physician Tool Kit
Totally Awesome Health Program
Junior Great Race (Kids Race only)
Pittsburgh Kids Keep Active
Pittsburgh Public Schools Fun to be Fit Program
Teen Fun, Fit and Fabulous Event
Have a greater hand in raising happier, healthier kids...

...by visiting

www.highmarkhealthyhigh5.org