Reducing Health Disparities by Addressing Cultural Competency and Health Equity

Medicaid Health Plans of America

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Overview

- AmeriHealth Caritas Overview
- Defining Health Disparities and Health Equity
- Health Disparities: A National Lens
- Expanding CLAS
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About AmeriHealth Caritas

AmeriHealth Caritas Coverage Area
Touching the lives of more than 6.9 million members nationwide
Health Disparities
Differences in health status among distinct segments of the population.

- Gender
- Race
- Ethnicity
- Education or income
- Disability
- Geographic locality

Health Equity
Achieving the highest level of health for all people.
Equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.
A Picture of Health Disparities - African American

AFRICAN AMERICAN HEALTH DISPARITIES: ADULTS

- **Asthma**: ×2.1 as likely to die from asthma²
- **Depression**: 20% less likely to receive treatment for depression¹
- **Stroke**: 40% more likely to die from stroke³
- **Breast Cancer**: 40% more likely to die from breast cancer⁴
- **Cervical Cancer**: ×2 as likely to die from cervical cancer²
- **Prostate Cancer**: ×2 as likely to die from prostate cancer³
- **Heart Disease**: 30% more likely to die of heart disease²
- **Obesity**: 40% more likely to be obese⁵
- **HIV**: ×9 as likely to be diagnosed with HIV⁶
- **Diabetes**: 60% more likely to be diabetic⁷
- **Maternal Mortality**: ×2.5 as likely to die during pregnancy⁴
- **HIV**: ×8 as likely to die from HIV⁸
- **Amputation**: ×2 as likely to undergo leg, foot, or toe amputation⁵

Source: Families USA
A Picture of Health Disparities - Latino

LATINO HEALTH DISPARITIES: ADULTS

- **Asthma**: 2x as likely to have asthma³ (Puerto Ricans)
- **Tuberculosis**: 6x as likely to have tuberculosis
- **Cervical Cancer**: 45% more likely to be newly diagnosed with cervical cancer
- **Liver Disease**: 15% more likely to have liver disease
- **Obesity**: 15% more likely to be obese
- **HIV**: 2.5x as likely to be diagnosed with HIV³, 2.5x as likely to die from HIV³
- **Diabetes**: 65% more likely to be diabetic, 55% more likely to have end-stage renal disease, 45% more likely to die from diabetes³

Source: Families USA
A Picture of Health Disparities - Asian American/Pacific Islander

**ASIAN AMERICAN & PACIFIC ISLANDER HEALTH DISPARITIES: ADULTS**

- **Cancer**: 10% more likely to die of cancer
- **Liver Cancer**: 80% more likely to die from liver cancer
- **Stomach Cancer**: ×2 as likely to die from stomach cancer
- **Tuberculosis**: ×15 as likely to suffer from tuberculosis (Asian Americans)
- **Obesity**: 35% more likely to be obese (Native Hawaiians and Pacific Islanders)
- **Hepatitis**: ×3 as likely to suffer from Hepatitis A
- **Diabetes**: 10% more likely to be diabetic (Asian Americans)
- **Kidney Disease**: 60% more likely to have end-stage renal disease (Asian Americans)

Source: Families USA
A Short Distance to Large Disparities in Health

Source: RWJF Commission to Build a Healthier America

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Source: RWJF Commission to Build a Healthier America
Life span disparities reflect differences in wealth, education and environment across community residents - The differences are even more dramatic – sometimes double – if you compare black and white residents.

Source: RWJF Commission to Build a Healthier America
Between 2003 and 2006, 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities:

- Eliminating health disparities for minorities would have reduced direct medical care expenditures by $229.4 billion
- Eliminating health inequalities for minorities would have reduced indirect costs associated with illness and premature death by more than one trillion dollars
- The combined costs of health inequalities and premature death in the United States were $1.24 trillion
Affordable Care Act

- The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, which is referred to as the Affordable Care Act (federal health reform), signed into law in March 2010
- Provisions include improving the quality of care, reducing costs, increasing access to care, fortifying the health care workforce and making health coverage obtainable for all Americans, all of which have the capacity to reduce disparities in health.
ACA Disparities Provisions

• Federal Infrastructures to Reduce Health Disparities.
• Data Collection, Quality Improvement, and Research.
• Medicaid Expansion.
• Health Care Workforce and Cultural Competence.
• Community Health Centers (CHCs).
• Prevention and Wellness.
• Maternal and Child Health.
ACA Provision: Data Collection, Quality Improvement, and Research

• Collect, report, monitor and trend-data on race, ethnicity, sex, primary language, disability status

• Minimum OMB categories include:
  • Race: White, Black or African American, American Indian or Alaska Native.
  • Ethnicity: Are you Hispanic, Latino/a, or Spanish origin?
  • Primary Language: Do you speak a language other than English at home? If yes, what is this language? Spanish, Other language.
What are the National CLAS Standards?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

- Currently 15 CLAS Standards
- Offers free CME’s for:
  - Physicians and PA’s
  - Oral Health Professionals
  - Nurses and Social Workers
  - Mental Health
  - EMT’s

Source: Office of Minority Health
Cultural Competency Legislation: National Status

Blue Legislation requiring (WA, CA, CT, NJ, NM) or strongly recommending (MD) cultural competence training that was signed into law.

Yellow Legislation that was referred to committee and/or is currently under consideration.

Red Legislation that died in committee or was vetoed.

Gray No legislation at this time.

Source: Office of Minority Health, Think Cultural Health
15 National CLAS Standards

**Principal Standard**
1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

**Governance, Leadership and Workforce**
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

**Communication and Language Assistance**
1. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
2. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
3. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
4. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

**Engagement, Continuous Improvement and Accountability**
1. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations’ planning and operations.
2. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
3. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
4. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
5. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
6. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
7. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.
Resources

U.S. Department of Health and Human Services
Office of Minority Health

NATIONAL HEALTHCARE DISPARITIES REPORT 2011

UNEQUAL TREATMENT: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE

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**Recommendations and Priorities to Achieve Health Equity Include (summary):**

### 3. Enhance Medical Innovation and Research
- Increase availability, quality, and use of data to improve the health of minority populations
- Advance the use of culturally and linguistically appropriate services
- Promote data sharing between health systems stakeholders
- Promote healthcare interpreting professions as part of the healthcare workforce
- Invest in digital technologies....and medicalized smartphones
- Test payment and service delivery models

### 4. Spark Federal Action
- Pass critical health disparities legislation
Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs

Priority 3: Develop and Disseminate Promising Approaches to Reduce Health Disparities

Priority 4: Increase the Ability of the Health Care Workforce to Meet the Needs of Vulnerable Populations

Priority 5: Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities

Priority 6: Increase Physical Accessibility of Health Care Facilities
Our goal is to help people get care, stay well and build healthy communities.

AmeriHealth Caritas Commitment to Health Disparities

- Organizational commitment
- Improve health outcomes
- Deliver culturally competent care

Reduce health care disparities

- Address social determinants of health
- Demonstrate Value
- Community health education and empowerment

Improve health equity
• The MHC Subcommittee provides support and information to the application process of the National Committee for Quality Assurance’s (NCQA) Multicultural Healthcare Distinction (MHC).

• MHC is an award recognizing health plans that are innovators and leaders in serving culturally and linguistically diverse health plan members.

• In order to earn the MHC Distinction, each health plan must pass a rigorous examination of NCQA standards in the following areas:
  • Race/Ethnicity and Language Data Collection
  • Access and Availability of Language Services
  • Practitioner Network Cultural Responsiveness
  • Culturally and Linguistically Appropriate Services Programs
  • Reducing Health Care Disparities

Distinctions Awarded/Renewed in the Family of Companies:
• AmeriHealth Caritas PA
• Keystone First
• Select Health

Early Adopters

2015 Distinctions Awarded
• Keystone First
• AmeriHealth Caritas PA
• Select Health of South Carolina
• Blue Cross Complete of MI
Solutions

Gift for Life

A personal gift for yourself, your family and your life.
Mission GED is a program created by Keystone First to help members attain their GEDs. Through coaching, paid testing fees and rewards, Mission GED can easily show you the resources you need to successfully get your GED.

**Why should members get their GEDs?**

Getting your GED may lead to a number of ways to improve the quality of life for both you and your children. Did you know that education can affect your …

- Health.
- Child’s health.
- Behavioral health.
- Employment.
- Income.

**Who is eligible to enroll?**

[Image: Woman smiling outdoors]
Health Literacy in America

Health Literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions. (U.S. Department of Health and Human Services, National Center for Education Statistics) 

Health care professionals have their own culture and language. Many adopt the "culture of medicine" and the language of their specialty as a result of their training and work environment. This can affect how health professionals communicate with the public.

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**Proficient**
Can find the information required to define a medical term by searching through a complex document.

**Intermediate**
Ability to accurately interpret and understand a prescription drug label.

**36%**
of Americans possess basic or below basic health literacy, inhibiting their ability to remain engaged and successfully manage their health.

**Basic**
Can read and understand medical information in a short, simple document.

**Below Basic**
Able to identify and correctly circle the date on a medical appointment slip.

**52%**
of Americans recently discharged from the hospital could not tell researchers what medications they were prescribed, how often they should take them or in what amounts.

**$75-$125 BILLION**
estimated annual cost for low health literacy

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Opportunities to Improve Health Equity

• Advocate for Medicaid Expansion (to increase healthcare access and coverage)
• Adopt the OMH National CLAS Standards
• Capture Direct REL Data from members and integrate into health outcomes data
• Engage “the patient” as a member of their own healthcare (as an advocate and potential navigator)
• Use mobile technology to engage patients as active participants in care and to improve outcomes
• Create multi-sector partnerships and collaborations
• Encourage primary prevention:
  – Moving from “Sick care” to Well care