2014 Award for Innovation in Reducing Health Care Disparities

National Business Group on Health

Presented March 2014

Using Population Data to Address Health Care Disparities and Achieve Health Equity

Many employers continue to address health care disparities within their employee population through data collection and analysis. By identifying the problem of disparities through data collection, developing practical tools to reduce disparities, and implementing programs and initiatives, employers can eliminate disparities and improve health equity. Addressing disparities should be a priority for all employers because focusing on eliminating disparate gaps in care can lead to a healthier, more engaged, and ultimately, more productive workforce.

The National Business Group on Health awarded six employers—Aetna, Baptist Health South Florida, Vanderbilt University, Paychex, Wegmans, and Xerox with the fourth annual Innovation in Reducing Health Care Disparities award for using several evidence-informed strategies to address disparities and health equity. The awards were presented March 7, 2014 at the Business Health Agenda conference in Washington, DC.

In presenting the awards, Helen Darling, strategic advisor and former president and CEO of the National Business Group on Health, said, "We are delighted to recognize these organizations for their tireless efforts and innovative approaches to reducing health care disparities. Increasingly, companies understand how important it is that their health benefit programs meet the needs of a culturally, linguistically and ethnically diverse workforce. The employers that we are honoring today recognize that by addressing health care disparities, they are also improving the quality and effectiveness of the health care services their employees receive."

The following is a summary of award winning programs from Aetna, Baptist Health South Florida, Vanderbilt University, Paychex, Wegmans, and Xerox.

Aetna. The Provider-Focused Diabetes Initiative

Aetna has been collecting racial and ethnic data for more than 10 years now. Seven years ago, Aetna developed its own proprietary database for Aetna members, known as the Racial and Ethnic Equality Dashboard (REED). The report uses voluntarily submitted racial, ethnic and demographic information combined with claims, pharmacy and lab results and utilization. This report has helped Aetna identify specific health care inequities within its member population. The REED report identified diabetic care disparities in Texas, particularly with Aetna's African American and Hispanic members.

Helen Darling, former president and CEO of the Business Group, presents the award to Michele Toscano and Wayne Rawlins, MD, Aetna.

To address this disparity, Aetna partnered with the Medical Clinic of North Texas (MCNT) to develop a provider-focused intervention program to improve diabetic control for African American and Latino members. Prior to partnering with MCNT, Aetna received counsel from its Racial and Ethnic External Advisory Committee (a group of physicians, academic and business professionals) regarding the intervention. The goal of the program was to reduce Hemoglobin A1c or HbA1c for African American and Hispanic members with A1c values greater than or equal to 8%. Aetna and MCNT developed a multifaceted approach using a bilingual nurse certified diabetic educator (care coordinator) and culturally and linguistically appropriate health education materials. Over the two year program period, MCNT provided individual and group educational sessions, as well as community and telephone outreach to identified members.

The intervention identified 153 members—98 African Americans and 55 Hispanics—with A1c values greater than or equal to 8%. After the intervention period, the mean baseline A1c value was 10% and the most recent mean A1c value was 8.4%—an improvement of 1.6% points. For African Americans, the improvement was 1.5% points and for Hispanic members, 1.6% points—both of which sustained these improvements for two years.

The provider-focused diabetes initiative successfully improved A1c values for Aetna's African American and Hispanic diabetic

members in Dallas, Texas. The initiative attributes its success to the bilingual care coordinator—seen as a trusted advisor for the patient and physician, and the use of culturally and linguistically appropriate materials.

Baptist Health South Florida. Chronic Disease Management

Helen Darling, former president and CEO of the Business Group, presents the award to Doris Brown and Maribeth Rouseff, Baptist Health South Florida.

Baptist Health South Florida (BHSF) has a high percentage of ethnic minorities, making it essential for BHSF to create programs with a focus on reducing health care disparities and promoting health equity. BHSF voluntarily collects racial and ethnic data through health assessments and collects biometric data during annual health fairs. This data is used to target facilities that have a high number of employees with hypertension, high cholesterol, obesity, and diabetes.

The My Unlimited Potential (MyUP) program was implemented to reduce the incidence of chronic disease in BHSF's ethnically and racially diverse employee population. The yearlong voluntary program is free to all employees identified with cardio-metabolic risk factors. BHSF offers the program to all employees regardless of insurance coverage, subsequently addressing any gaps in care that may occur due to lack of insurance.

Program selection for the MyUP program is determined by the presence of two or more modifiable risk factors for chronic disease—the initial interview session by the MyUP team is used to determine potential program participants' readiness to change and allows the team to gather unique cultural information that helps shape the program.

Participants must receive medical clearance before enrolling in the yearlong multidisciplinary and multidimensional program. After the initial interview, participants are scheduled for one-hour assessments with the nurse practitioner (ARNP), registered dietitian (RD) and exercise physiologist (EP).

Phase One—lasting 12 weeks—involves visits with the EP three days/week for one-hour exercise sessions. Each participant receives a personalized exercise prescription and exercise equipment.

Participants meet with the ARNP weekly for 30 minutes. The nurse practitioner can prescribe medication and provide health education, stress management, mental health evaluation, counseling, and referrals if necessary. The registered dietician provides a personalized nutrition plan based on weight loss goals and the exercise prescription. Participants are given a box of fresh produce weekly, accompanied by healthy recipes.

During Phase Two (the last 40 weeks), MyUP participants are seen by their wellness coach once per month and by the MyUP team monthly for six months and at 12 months.

All participants are encouraged to join systemwide wellness initiatives. Data is collected pre-program, at the third-, sixth- and 12th-month marks.

The MyUP program has seen a reduction in the incidence of chronic disease within BHSF's racially and ethnically diverse employee population. Program data showed a significant improvement in risk factors—weight loss, reductions in A1c levels, body fat percent, blood pressure, lipid levels, and improvements in physical fitness levels.

The MyUP program's goal is to instill in participants a comprehensive lifestyle change using instructional strategies, nutrition, exercise, disease management, medication management, and emotional health management counseling. MyUP equips the participants with the tools necessary to improve patient understanding and treatment adherence.

Vanderbilt University. Health and Wellness to Achieve Optimal Health

Helen Darling, former president and CEO of the Business Group, presents the award to Mary Yarborough, MD, Vanderbilt University and Medical Center, and John Von Arb, Vanderbilt Health Affiliated Network (VHAN).

Vanderbilt University strives to meet the physical, personal, psychological and community environment needs of its employee population. Vanderbilt is especially sensitive to the cultural, socioeconomic, and educational needs of its employees and has formed several departments, committees and programs aimed at reducing disparities.

The Health and Wellness team encompasses three programs: Occupational Health Clinic, HealthPlus and the Work/Life Connection Employee Assistance Program. These programs promote optimal health and reduce health care disparities within Vanderbilt's employee population. To target specific populations, data is collected from annual risk assessments and employee surveys.

Vanderbilt's Occupational Health Clinic (OHC) provides free services to its employees, such as immunizations, job-specific physical exams and occupational exposure treatments. The OHC uses self-reported data on sick days and emergency room visits and the Express Care clinic treats minor injuries and acute illnesses on a daily walk-in basis, at no cost to the employees. The clinic's staff clinicians are given cultural sensitivity training and patient educational materials are available in several languages or interpreted if needed. Data from the Express Care clinic showed that employees saved over $70,000 in out-of-pocket copays by using the clinic.

The HealthPlus program encompasses the Go for the Gold (GFTG) program, which was designed to identify health

risks and provide initiatives and resources to reduce health risks. The GFTG program has three components: 1. Health Assessment—used to identify personal health risks; 2. Wellness Actions Log—a lifestyle management tool; and 3. Game Plan for Your Health—a video of motivational personal interviews. These three components are used to aid employees in taking charge of their health.

Data collected showed that the GFTG program is essential in reducing health risks for Vanderbilt's African American employee population; findings indicated a two-third reduction in inactivity. Several other HealthPlus initiatives, such as Quit RX for tobacco cessation, the mobile health team that sets up stations to offer face-to-face assistance for completing programs, and the use of tailored and targeted communication campaigns were all successful in reducing disparities for Vanderbilt's ethnically and culturally diverse population.

The Work/Life Connection Employee Assistance Program (WLC) plays an important role in establishing best practices and providing assistance to supervisors in understanding the cultural needs of employees. The WLC has an employee assistance professional that focuses specifically on understanding international employees and helps to develop services for them. A hardship fund was established to financially assist those who are experiencing a temporary hardship due to a significant life event.

Addressing the ethnic, cultural, socioeconomic and educational needs of Vanderbilt's employees is a top priority with the goal to help them achieve optimal health and quality of life. Using data and investing in internal and external partnerships is crucial in upholding Vanderbilt's standards of excellence and reducing health care disparities.

Paychex, Wegmans, Xerox (Rochester High Blood Pressure Collaborative). Reducing the Prevalence and Cost of Hypertension in the Rochester Community

Helen Darling, former president and CEO of the Business Group, presents the award to Jake Flaitz, Paychex, Inc.

The Rochester High Blood Pressure Collaborative was formed to improve the care experience, reduce the consequences of high blood pressure, and reduce costs on an employee/communitywide basis. Paychex, Wegmans, and Xerox as founding members of the Rochester Community High Blood Pressure Collaborative (HBP Collaborative) work with several Rochester area employers to reduce disparities in their employee populations and throughout the entire community. Using national and community data, the collaborative found that African Americans and Latinos have a higher prevalence of hypertension in comparison to Whites.

The collaborative received input from community stakeholders—the African American Health Care Coalition, Latino Health Care Coalition, Monroe Medical Plan, Southwest Area Neighborhood Association, Community Place and several physician groups and community organizations to develop the initiative.

The HBP Collaborative partnered with the Finger Lakes Health Systems Agency to develop the community outreach program, which consisted of blood pressure screenings, educational events, and the use of culturally and linguistically appropriate communications. The gateways in reaching the target populations included barber shops and beauty salons, churches, community centers, health fairs and adult education centers. Several churches formed a Health Ministries Coalition. Through this coalition, an ambassador campaign was developed that included posters and videos. The coalition provided blood pressure screenings, 8-week classes centered on blood pressure and diabetes education, and four of the churches offered Diabetes Prevention Program (DPP) classes.

The HBP Collaborative works with the primary care practices twice a year to collect race, ethnicity, demographic and quality data which all help in tracking and reporting disparities. The collaborative uses this data to develop and refine specific strategies aimed at populations with disparate results. Initial data confirmed that blood pressure control rates are lower in African Americans compared to Whites and lower among people of lower socio-economic status. The communitywide registry was established and is now maintained by taking electronic feeds from the health system EHRs in a secure, non-personally identifiable manner and has demonstrated that community efforts have improved high blood pressure control in the Rochester area. The baseline rate was 62.7% of individuals "in control" at December 2010 and has improved to 71.3% at December 2013.

Several challenges and limitations exist in deploying a communitywide initiative, which include financial and human resources as well as capturing the necessary target population. The collaborative has been successful to date in improving blood pressure control rates for the African American and Hispanic populations. The collaborative will continue to utilize data, build resources and invest in strategies that will reduce the prevalence of hypertension, and subsequently reduce the disparities that exist in the Rochester community.

Conclusion

Employers that are successful in reducing health care disparities use several strategies, including collecting data to identify disparities and tailoring programs based on that data; developing and maintaining external partnerships; continual monitoring and evaluation of initiatives; and using culturally and linguistically appropriate communication and education materials.

"It is critically important for employers to help keep their employees and dependents as healthy, engaged and productive as possible. We strongly encourage other employers to follow the lead of these organizations in addressing the issue of health care disparities," Darling said.

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Additional copies of this *Award Profile* are available at **www.businessgrouphealth.org** or by contacting **info@businessgrouphealth.org** for more information.

Award Profile

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About the National Business Group on Health℠

The National Business Group on Health (the Business Group) is the nation's only non-profit organization devoted exclusively to representing large employers' perspective on national health policy issues and providing practical solutions to its members' most important health care and health benefits challenges. Business Group members are primarily Fortune 500 companies and large public-sector employers—representing the nation's most innovative health care purchasers—that provide health coverage for more than 55 million U.S. workers, retirees and their families. The Business Group fosters the development of a safe, high-quality health care delivery system and treatments based on scientific evidence of effectiveness. Business Group members share strategies for controlling health care costs, improving patient safety and quality of care, increasing productivity and supporting healthy lifestyles.