# Lessons Learned from Recent Efforts in Health Equity A Coalition Roundtable

National Alliance Health Equity Webinar Series

October 26, 2022



## Today's Panel



Michael Thompson
Moderator
President & CEO
National Alliance of Healthcare Purchaser
Coalitions



Natalie Middaugh Director, Programs and Health Strategies Kentuckiana Health Collaborative



Janaera Gaston Vice President, Programs and Conferences Northeast Business Group on Health



Mike Stancil Chief Operating Officer & Director of Marketing Pittsburgh Business Group on Health



**Cristie Travis** *CEO Memphis Business Group on Health* 



**Denise Giambalvo**Director of Purchaser Strategies
Washington Health Alliance

# Kentuckiana Health Collaborative

Natalie Middaugh, Director Program & Health Strategies



# Kentuckiana Health Collaborative

The mission of the KHC is to work collaboratively with healthcare purchasers and stakeholders to build healthier communities through high quality, affordable, and equitable healthcare across Kentucky and Southern Indiana.







High Quality Healthcare Affordable Healthcare Equitable Healthcare



# **Our Story**

- KHC Board of Directors identified SDOH as organizational priority in 2020
- KHC explored role as a multi-stakeholder regional coalition in addressing SDOH in community while supporting other ongoing work from partners
- Calls for racial justice in the Summer of 2020 sparked discussion on racism in healthcare and reframing of how the organization can impact health equity
- Engaged with KNA and Have a Heart Clinic in regular discussion on how to act
- Formed the Healthcare Equity Advisory Committee



# **Key Areas of Focus**

- Health Equity Data Advisory Committee
- Anti-Racism Training for Members
- <u>Leading by Example and Moving</u>
   <u>Upstream Together</u>
- Healthcare Equity Learning Series
- Healthcare Equity Advisory Committee
- Principles of Advancing Healthcare Equity





# **Lessons Learned**

- Work can be done on all levels of racism (individual, interpersonal, organizational, systemic)
- Organizations come to these conversations at different levels of engagement and understanding – provide entry points for all
- Put an emphasis on the root causes of inequities and how they connect to today's ecosystem
- Lead with transparency, candor, and a growth mindset
- Equity is not a singular issue or initiative, but an organizational value



# Pittsburgh Business Group on Health

Equity Landscape and Initiatives
Mike Stancil, Chief Operating Officer

### **Pittsburgh Equity Overview**



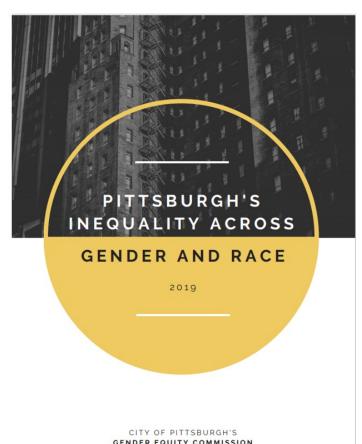
85 percent of cities have higher Black employment than Pittsburgh.

Fetal deaths are 2 times more likely among Pittsburgh's Black women compared to White women

Pittsburgh's Black maternal mortality rate is higher than Black mortality rates in 97 percent of similar cities.

More Black residents die of cardiovascular disease in Pittsburgh than 98 percent of similar cities

Pittsburgh's Black adult women are 5 times more likely to live in poverty than White adult men Black adult mortality rates are higher in Pittsburgh than in 98 percent of similar cities.





#### **Current Initiatives:**

- Heinz Endowment Employers making an impact on Maternal/Infant Mortality
- Highmark Foundation Public education around Maternal/Infant health inequities in Pittsburgh. Currently getting ready for the third series
- CDC Leading Together Project
- · Race/Equity/Health Town Hall with the National Alliance
- Anti-Racism Training Dr. Jill Wener, Dr. Maivsha Claiborne
- Equity Pledge
- Nelu Diversified Solutions partnership and course (DE&I in-practice training)
- Equity Pledge
- Launched Bridges 4 Health Equity 501c3

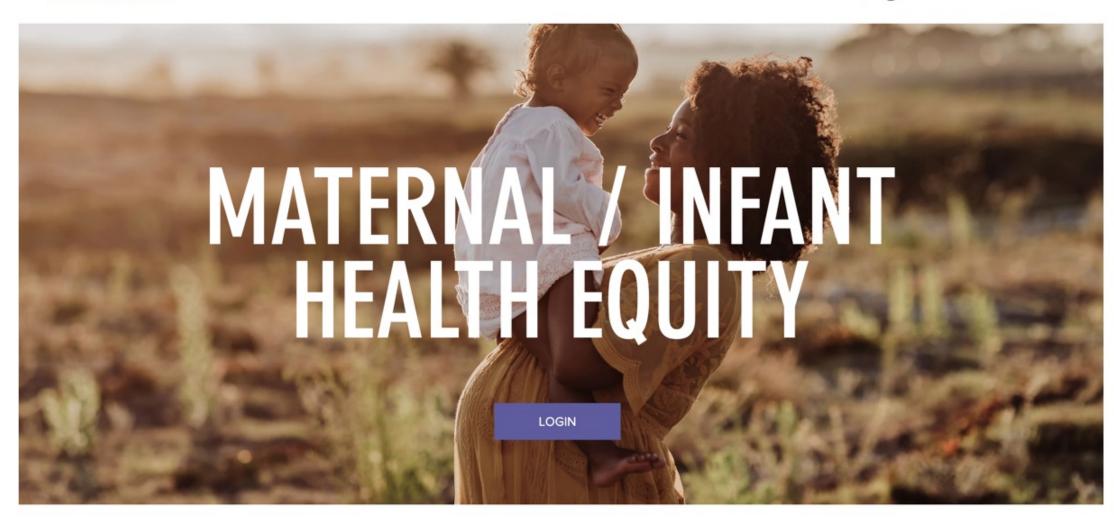
### **Maternal and Infant Health Equity Website**



MIHE Cohort Forum Home Forum Members Resource Documents Video Resources









#### Take Aways

- DE&I are often siloed from HR function
- Making sure access to demographic data and claims data
- Level-setting and reiterating the need is a double-edged sword
- Aligning with community organizations is important, but can be difficult
- Starting from a baseline with Equity training is important first step
- Lead with research when working towards recommendations



# TAKE THE EQUITY PLEDGE

SIGN THE PLEDGE

**BRIDGES 4 HEALTH EQUITY** 

Our Work

I promise to first do no more harm – to educate myself on systemic and institutional racism, and do everything in my power to reduce my contribution to its perpetuation.

I promise to not turn away from the ugliness of racism. I will face the truth so that it can not persist through being ignored.

I promise to do my part. Equity is a community concern, and I will seek to not only understand my role and areas of influence, but will take action to support that goal.

# Advancing Equity to Improve Health Benefit Performance

**Cristie Travis** 

**President & CEO** 



#### What resonates with our members?



- Seeing the big picture
  - Brought home to our market
- Expanding the employer's role (albeit incrementally)
  - With a logic model built on traditional role
  - First step for us, social drivers/social needs
    - Building toward population-health improvement by addressing personal needs systematically
- Identifying specific actions
  - Incorporating into existing strategies, such as
    - Navigation/advocacy
    - Centers of excellence/bundled payments



#### What's Next for Us?

#### Deep dive with select members to:

- Take Action Step #1: Examine claims data to identify disparities by chronic condition prevalence, quality of care, and utilization benchmarks at local, state and national levels
  - Includes integrating social drivers into traditional claims data review process
- Use this information to better understand employee populations that:
  - Bear a disproportionate burden of chronic disease/conditions
  - Are not experiencing their health benefits equitably (as compared to other employee populations)
- Take Action Step #2: Identify strategies to close the gaps

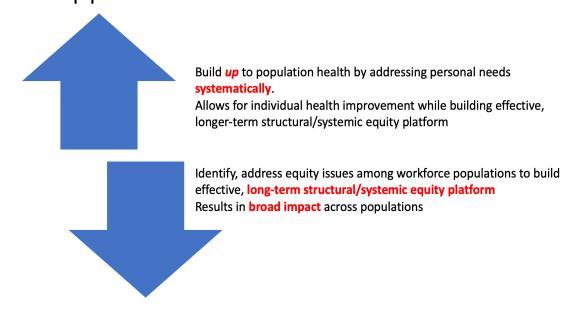
This work is supported through a contract with the

Tennessee Department of Health and is jointly managed by

Memphis Business Group on Health and HealthCare 21 Business Coalition

for statewide impact

#### Both approaches are valuable & needed....



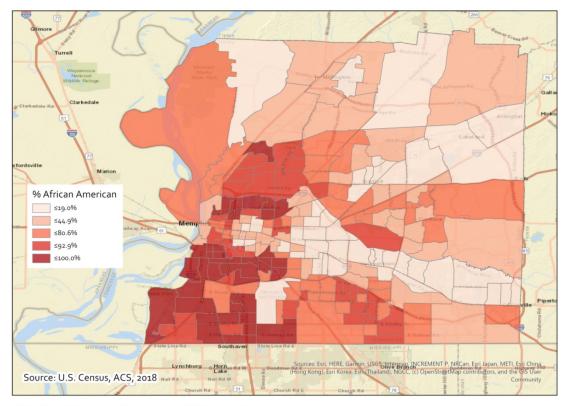
# Shelby County demographics differ significantly



(Brought it home)

#### **2019 Population Estimates**

Race	Shelby County	U.S.
White Alone	40.9%	76.3%
Black/African American Alone	54.3%	13.4%
Hispanic/Latino	6.6%	18.5%



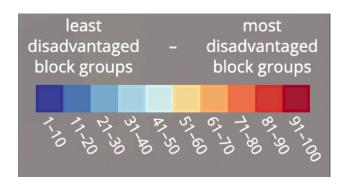
Shelby County Percent African American, 2018

### Shelby County has many areas of the most disadvantaged in US

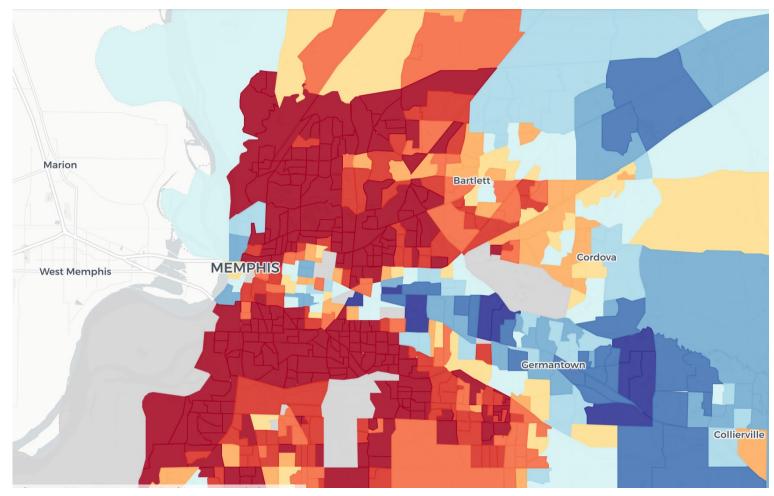


#### 2014-2018 Area Deprivation Index

(Brought it home)

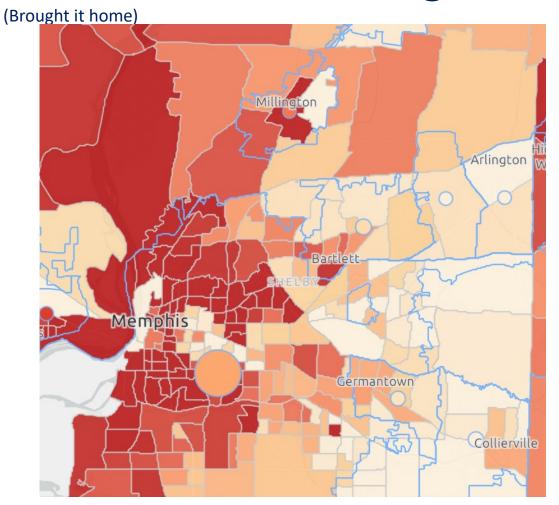


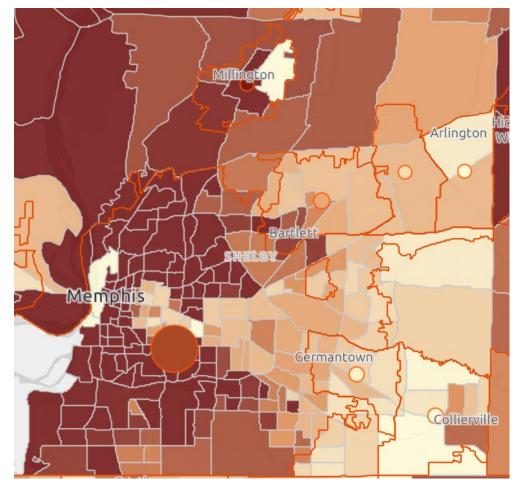
The Area Deprivation Index includes information for income, education, employment, and housing quality—all social drivers of health.



Source: Neighborhood Atlas, University of Wisconsin at Madison, downloaded from <a href="https://www.neighborhoodatlas.medicine.wisc.edu/mapping">https://www.neighborhoodatlas.medicine.wisc.edu/mapping</a> on 4.1.2021 and reviewed on 4.19.2022.

## The most disadvantaged have the poorest health





**Heart Disease** 

**COPD** 

Data sources: The model-based estimates were generated using BRFSS 2019 or 2018, Census 2010 population counts or census county population estimates of 2019 or 2018, and ACS 2015-2019 or ACS 2014-2018; Estimates are not available for areas shaded in gray. For more information visit <a href="https://www.cdc.gov/places">https://www.cdc.gov/places</a>; Credit: Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health, Atlanta, GA Downloaded 4.19.2022

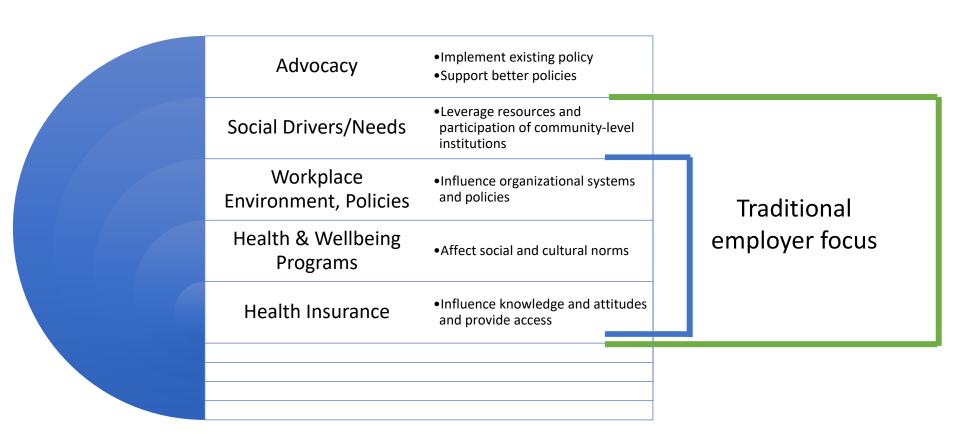
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## Social Ecological Model for employers

(Expanding the employer's role)



#### Employee health is determined by influences at multiple levels



Expanded employer focus



## Janaera J. Gastón, M.P.A.

Vice President, Programs and Conferences Northeast Business Group on Health

National Alliance for Healthcare Purchasers Equity Update - October 26, 2022



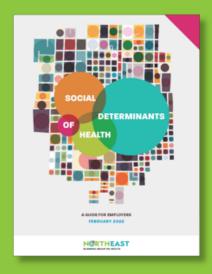


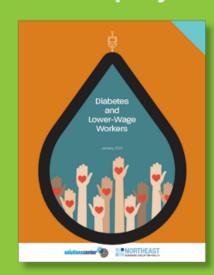
## **Key Areas of Focus (What We've Done)**



#### **Releasing Guides with Action Steps for Employers**







#### **Engaging Members in Sharing Ideas and Experiences**

- Biweekly Roundtables with Senior Benefits Leaders
- Quarterly Roundtables with Emerging Benefits Leaders
- Quarterly Roundtables with Medical Directors

Designating an In-House NEBGH Champion for Racial Health Equity

## **Lessons Learned**

- We can't give in to "health equity fatigue." Quality care isn't possible without a focus on racial health equity.
- We all need to get comfortable with being uncomfortable.
- Infuse everything we do with a dialogue about racial health equity.
- Don't let vendors off the hook we need to keep them intentional and accountable for reducing health inequities.
- Infuse everything we do with a dialogue about racial health equity.
- Employers are in the "driver's seat" they can keep racial health equity front and center for key players in the healthcare industry and hold them accountable.



# Future Plans (here's where we are going)

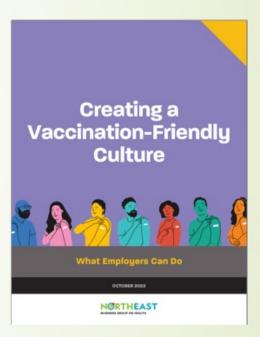




Creating a Culture of Mental Wellness



NEBGH's Well Gauge Tool can Help!





# Diversity, Equity, Inclusion: Making it a habit

Denise Giambalvo

Director of Purchaser Strategies

October 26, 2023

# Washington Health Alliance

Denise Giambalvo, Director of Purchaser Strategies

## Behavioral Health in the LGBTQ+ Community

- Washington state's LGTBQ+ population estimated at 5.2% and represents about 6% of the workforce
- 45% of LGBTQ+ youth seriously considered attempting suicide
- Screening of the documentary Between the Shades with a panel discussion

View the full-length video <u>here</u>

<u>Download</u> the Action Brief

#### **Lessons Learned & key insights**

Care delayed due to general distrust in doctors

Fear of discrimination

Older adults may have been traumatized

- Recognize that diversity breeds innovation allow for individuals to express themselves
- Be authentic about why diversity is important to your organization. Make it your core value
- Review benefits design to ensure equitable coverage for all

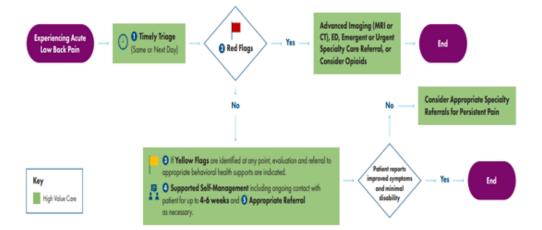


## **Applying an Equity Lens to our Initiatives**



#### Acute Low Back Pain Care Pathway

Common Goal - Decreased Use of: Advanced Imaging, Emergency Department (ED), Opioids and Surgery as First Interventions



#### **Employers**

Implemented programs with zero co-pay and 24-hour access to triage

#### **Providers**

- Created educational materials in multiple languages
- Practicing shared-decision making
- Championed new legislation that would include coverage for Chiropractic care for all adults in WA
- Increased timely triage with trained clinicians who provide supportive self-management

#### **Health Plans**

- Worked to expand coverage for evidence-based alternative therapies
- Deployed bilingual navigators focused largely on communities with limited English proficiency



## Coming in 2023: Area Deprivation Index

#### https://www.neighborhoodatlas.medicine.wisc.edu/

Based on a measure created by the Health Resources & Services Administration over two decades ago for primarily county-level use

 Refined, adapted, and validated to the Census block group/neighborhood level by Amy Kind, MD, PhD and her research team at the University of Wisconsin-Madison

Allows for rankings (groupings) of neighborhoods by socioeconomic disadvantage in a region of interest, e.g., statewide or nationally

- Includes domains of income, education, employment, and housing quality
- Can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups
- Has been correlated with health outcomes including all-cause cardiovascular, cancer, and childhood mortality; cervical cancer prevalence; etc.



#### **National Alliance**

Sample employer/plan sponsor "lessons learned" to date

- Health Equity discussion is often confused with and limited to Social Determinants
- Health Equity is not about equality in structures/processes but rather a focus on comparable outcomes
- Resistance to measurement by some employers but less aversion to being inclusive and intentional
- Stronger inclination to address social needs of employees rather than social determinants of community
- Strong parallels and synergy with culture of health, safety and quality leadership buy-in is key
- Employers/Plan sponsors can be highly influential in influencing equity strategies across the supply chain
- Need to capture the qualitative data the stories that share meaningful insights



## Questions?



**Michael Thompson** Moderator President & CEO National Alliance of Healthcare Purchaser Coalitions



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## Wrap-Up

- Next Webinar in Health Equity Series Q1 2023
- Register 2022 Annual Forum November 7<sup>th</sup> 9<sup>th</sup>
  - Crystal Gateway Marriott, Arlington, VA
  - Register today!: <a href="https://nationalalliancehealth.swoogo.com/2022annualforum/begin">https://nationalalliancehealth.swoogo.com/2022annualforum/begin</a>

