

Highlights of the State Health Equity Measure Set: Measures to Assess and Improve Equity

Thursday, June 29, 2023

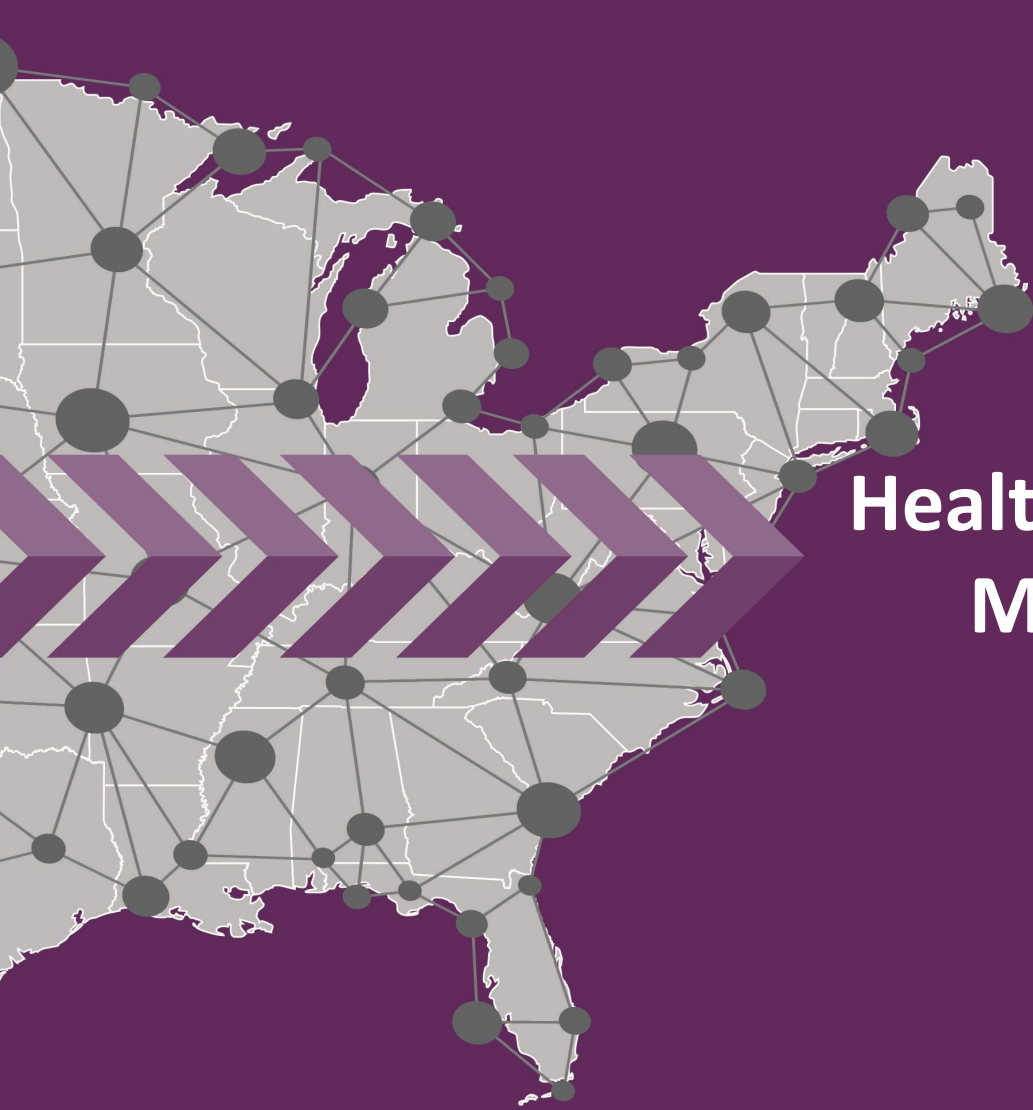
2:00 – 3:00 p.m.

Please stand by, this webinar will begin shortly

STATE
Health & Value
STRATEGIES

*Driving Innovation
Across States*

A grantee of the Robert Wood Johnson Foundation



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Bailit Health

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About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

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The views expressed here do not necessarily reflect the views of the Foundation.*

About Bailit Health: Webinar Presenters

Deepti Kanneganti



dkanneganti@bailit-health.com

Jessica Mar



jmar@bailit-health.com

Working with state agencies and their partners
to improve health care system performance for all.

<http://www.bailit-health.com/>

Housekeeping Details

- Use the 'Q&A' function in Zoom to submit questions and comments to the meeting facilitators. **Note that you must select to submit a question anonymously.** The meeting facilitators will address questions and comments verbally in a manner that maintains the anonymity of the state.
- All participant lines are muted. Use the 'raise hand' feature in Zoom if you would like to speak during the discussion portion. The meeting facilitators will then unmute you.
- After the webinar, the slide deck and a recording will be available at www.shvs.org.

Agenda

- **Current State of Measuring and Reporting on Health Equity**

- **State Health Equity Measure Set**

- **State Considerations When Adopting the Measure Set**

- **Operationalizing the Measure Set**

- **State Perspectives**

- **Discussion**



Current State of Measuring and Reporting on Health Equity

Definitions

Health Equity

- Everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, socioeconomic status, geography, or any other social barrier/factor.

Health Inequities

- Differences that are unfair and unjust without comparison to another group.

Disparities

- Avoidable differences in health outcomes experienced by people with one characteristic (e.g., race, gender, sexual orientation) as compared to the socially dominant group (e.g., White, male, cis-gender, heterosexual, etc.).

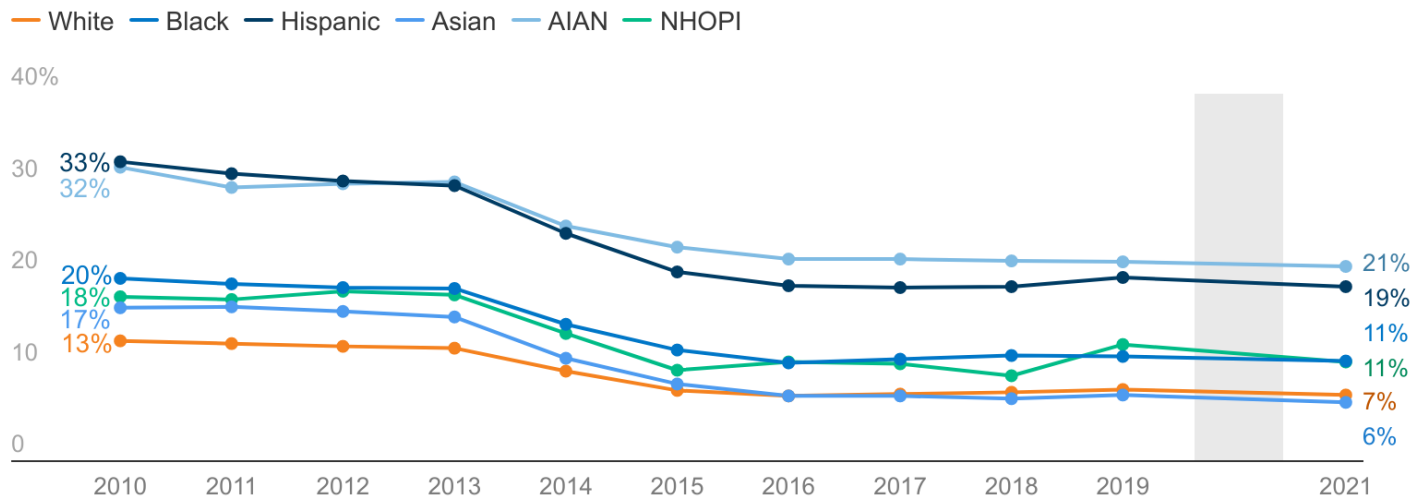
Inequities in the U.S.

- The United States struggles with inequities in healthcare access and health outcomes for people of color due to centuries of institutional and systemic racism and the persistence of racism in our systems and policies today.

Inequities in the U.S.: Access to Care

People of color have historically faced higher uninsured rates relative to the White population.

Uninsured Rates for Nonelderly Population by Race/Ethnicity, 2010-2021

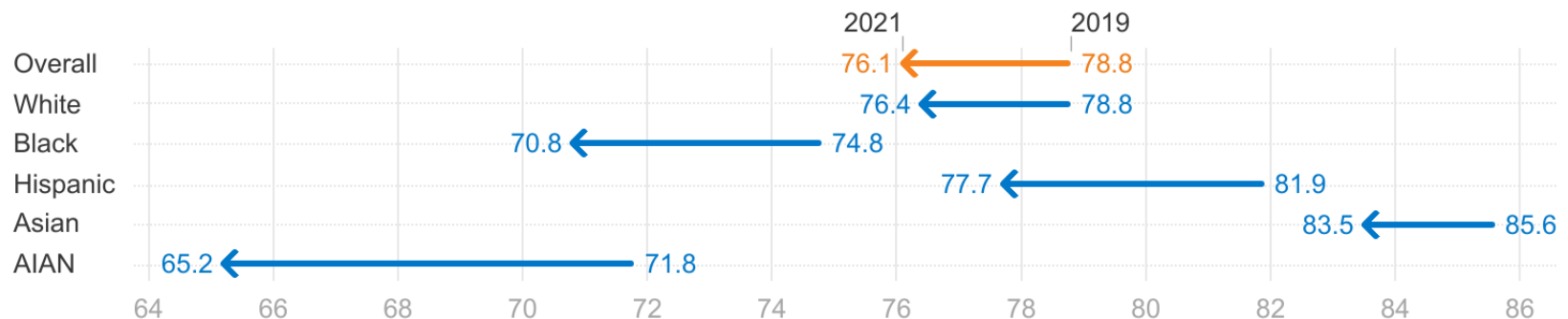


<https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>

Inequities in the U.S.: Health Outcomes

Some people of color have shorter life expectancy at birth and/or have realized larger declines in life expectancy compared to the White population in recent years.

Life Expectancy in Years by Race/Ethnicity, 2019-2021



<https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>

The Need for a Standard Set of Health Equity Measures

- State and federal agencies have increasingly devoted resources to measuring and understanding health disparities.
- However, there is no standard set of health equity measures or central source of state-specific health equity performance data.



State Health Equity Measure Set

Purpose of the State Health Equity Measure Set

- The *State Health Equity Measure Set* provides states with a curated set of measures that allows states to compare and track their state-wide performance over time on improving health equity.
- Interested parties can use the *Measure Set* to identify specific healthcare outcomes or processes with the greatest opportunity for improvement and can tailor interventions to reduce disparities by race and ethnicity.

Methodology for Selecting Measures

- We consulted with an advisory group to create the *Measure Set*.
 - The group comprised of state agency representatives and health equity measurement experts, including physicians, public health experts, and state Medicaid officials.
- Primary steps to identify measures include:



Two Types of Measures

The *Measure Set* includes two categories of measures: health status measures and healthcare measures.

- **Health status measures** are population-level measures (typically of incidence or prevalence).
 - *Examples: statewide obesity rate, opioid overdose rate*
- **Healthcare measures** are those that assess access to, receipt of, cost of, perception of, and outcomes associated with evidence-based healthcare services.
 - *Examples: child and adolescent well-care visit rate, cancer screening rate*

10 Health Status Measures

Domain	# of Measures
Behavioral Health Conditions	1. Behavioral Health Condition Prevalence (Pediatric)
	2. Mental Illness Prevalence (Adult)
	3. Substance Use Prevalence Rate (Adolescent & Adult)
Birthing People, Infant, Perinatal and Family Care	4. Maternal Mortality Rate (Adult)
	5. Infant and Perinatal Mortality Rate (Pediatric)
	6. Premature Birth (Pediatric & Adolescent)
Chronic Physical Conditions	7. Asthma Prevalence Rate (Adult)
	8. Cancer Incidence Rates (Adult)
	9. Cardiovascular Conditions Prevalence Rates (Adult)
	10. Diabetes Prevalence Rate (Adults)

19 Healthcare Measures (measures 1 to 11)

Domain	# of Measures
Access & Affordability	1. Avoided/Foregone Care (Adult)
	2. Avoided Foregone Care (Pediatric)
	3. High Medical Cost Burden (All Ages)
	4. Usual Source of Care (Pediatric)
Behavioral Health Conditions	5. Receipt of Mental Health Services (Adolescent & Adult)
	6. Receipt of Substance Use Treatment (Adolescent & Adult)
	7. Medications for Behavioral Health Conditions (Pediatric)
Birthing People, Infant, Neonatal and Family Care	8. History of Breastfeeding (Pediatric)
	9. Inadequate Prenatal Care (Adult)
	10. Use of Long-Acting Contraceptives (Adolescent & Adult)
	11. Alcohol Use During Pregnancy (Adult)

19 Healthcare Measures (measures 12 to 19)

Domain	# of Measures
Chronic Physical Conditions	12. Cancer Screening Rates (Adult)
	13. Diabetes Management (Adult)
	14. Weight Concern (Pediatric)
Oral Health	15. Access to Oral Health Services (Pediatric)
	16. Access to Oral Health Services (Adult)
Prevention	17. Adolescent Vaccination Rates (Adolescent)
	18. Child Vaccination Rates (Pediatric)
	19. Flu Vaccination Rates (All Ages)

Data Sources

For each measure in the *Measure Set*, we provided both a **primary** and **secondary** data source.

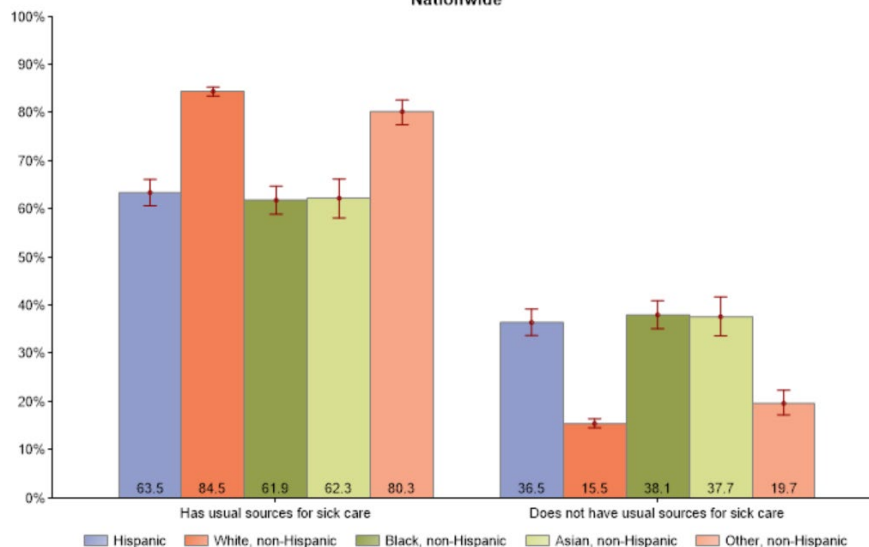
Primary Data Source

Displays state-specific data and may include interactive graphics

Secondary Data Source

Includes raw data for states that want to perform “drill-down” analyses

Medical Home Component: Usual source for sick care
Children age 0-17 years
Nationwide



NSCH Datasets 2021



SAS data file [2.86 MB]



STATA data file [5.05 MB]



State Considerations When Adopting the Measure Set

State Considerations: Over- and Underrepresentation

States must be cognizant of how people of color may be represented in healthcare data, as **overrepresentation** or **underrepresentation** may respectively exacerbate or temper the reporting of health disparities.

Factors contributing to overrepresentation

- Provider bias
- Inadequate diagnostic criteria
- Limited/ineffective provider/patient communication

Factors contributing to underrepresentation

- Barriers accessing healthcare
- Biased provider assessments
- Limited patient self-reporting for fear of discrimination

State Considerations: Implementing the *Measure Set*

States must also be mindful of how they analyze, interpret and present findings when using the *Measure Set*.

Perform additional analysis with other demographic variables.

Assess whether there is sufficient denominator size when stratifying performance.

Exercise caution when interpreting and reporting performance.

Examine root causes of health disparities and implement policy interventions to improve equity.



Operationalizing the Measure Set

Steps to Operationalize the Measure Set

Use primary data source to **pull state** and **other data** (e.g., national, regional) to serve as a benchmark.



Develop **graphics** or an **interactive dashboard** to visualize health equity in various populations.



Leverage data to **inform policy initiatives** aimed at improving health equity and outcomes.

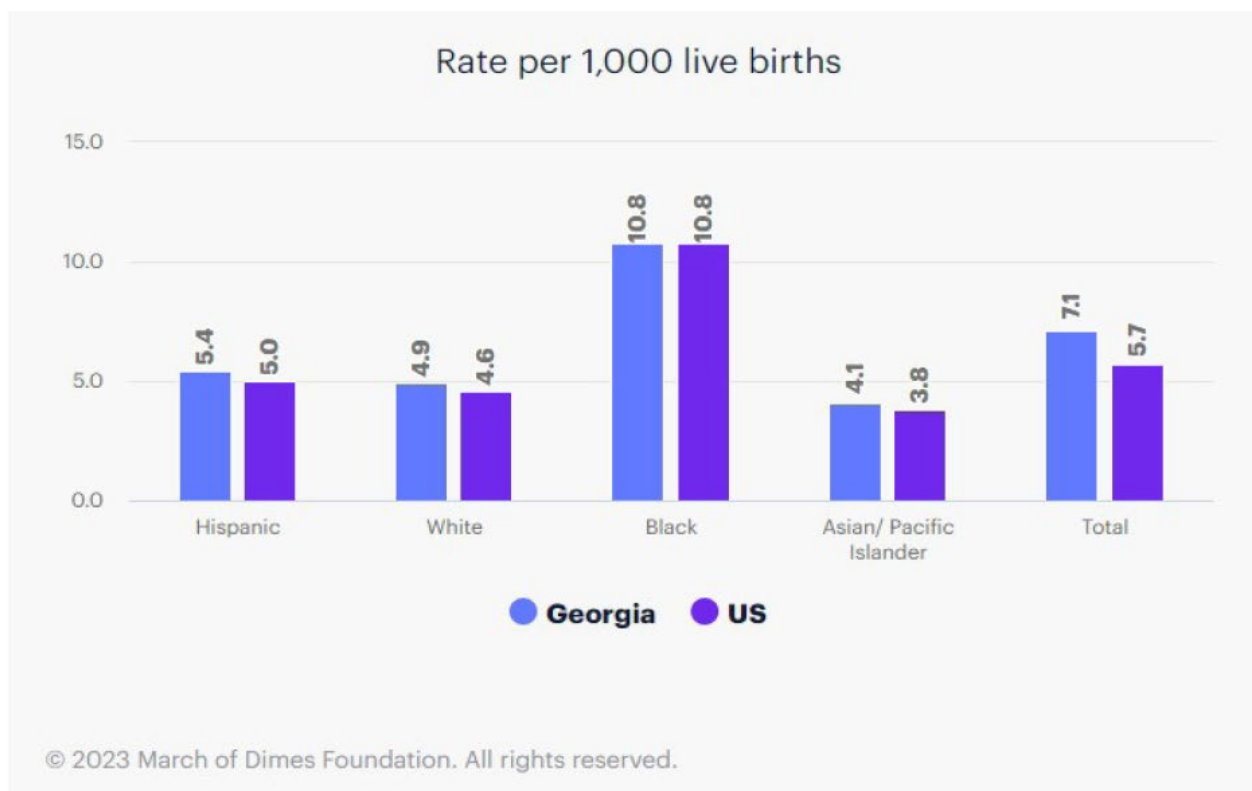


Analyze data to identify **areas of opportunity** and **priority**.

Example: Georgia (1 of 2)

Figure 1: Infant Mortality Rates by Race and Ethnicity: Georgia and U.S., 2017-2019 Average

(Source: March of Dimes PeriStats report)



Example: Georgia (2 of 2)

To address these findings, state officials in Georgia could pursue strategies aimed at reducing infant mortality rates among Black infants. They could conduct analyses to better understand:

- The population at risk.
- National and state policies that may impact performance.
- If there are specific healthcare processes, such as those assessed through measures and other data sources, that are contributing to poor health status.
- Strengths of the subpopulation that the state may build upon to improve mortality rates.



State Perspectives

About Our State Presenters

Kolynda Parker

Medicaid Deputy Director

Louisiana Department of Health

kolynda.parker@la.gov

Davondra Brown

Director of Bureau of Community
Partnerships & Health Equity

Louisiana Department of Health

davondra.brown@la.gov

Discussion

The slides and a recording of the webinar will be available at
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Thank You

Deepti Kanneganti

Senior Consultant

Bailit Health

dkanneganti@bailit-health.com

781-317-5001

www.bailit-health.com

Jessica Mar

Consultant

Bailit Health

jmar@bailit-health.com

781-559-4706

www.bailit-health.com

Daniel Meuse

Deputy Director

State Health and Value Strategies

dmeuse@princeton.edu

Heather Howard

Director

State Health and Value Strategies

heatherh@princeton.edu