Contributor: Z. Colette Edwards
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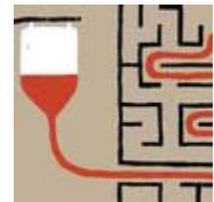
Human Resources iQ
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All for One and One for All: The Business Case for Addressing Health Inequity and Health Disparities

All for one and one for all !   —Alexandre Dumas (The 3 Musketeers)

As we hear more and more about "personalized" medicine (finding the optimal therapy through analysis of a patient's specific biology), this is the perfect time to ask:

1. How well do I **really know** my organization's **workforce** population?
2. Am I leveraging claims **data** to maximize the opportunity to **improve health** and **lower the cost of care** for employees and their families?
3. What can we do to **increase engagement** in our population's health and wellness programs?

Ignorance Kills

The National Institutes of Health define health disparities as "the difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exists among specific population groups." Many factors may impact an individual's health status and outcomes, including age, gender, socioeconomic status, educational background, race/ethnicity, language and culture, sexual orientation, disability status, and even geographic locale.

Did you know:

- Women have worse long-term outcomes as well as increased hospital readmission following coronary bypass surgery compared to their male counterparts?[1]

- Patients with low health literacy skills are 29% more likely to undergo a hospital admission?[2] Low health literacy is highest for those 65+ years of age, a segment of the population with a higher prevalence of co-morbid conditions and a greater need for polypharmacy.[2]

- More than 30% of direct medical costs for Latinos, African Americans, and Asian Americans in the U.S. are excess costs due to health inequities?[3]

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De-Coding the Healthcare System

Sometimes, it's tough to know how to best navigate through the healthcare system. Many liken it to trying to read and understand a foreign language. Do you know what this means? *eht thgisni rotcod syas ot ekat eno dna llac em ni eht gninrom.*

The Institute of Medicine defines heath literacy as "the degree to which individuals have the capacity to <u>obtain</u>, <u>process</u> and <u>understand</u> basic health information and services needed to <u>make</u> appropriate <u>decisions</u>."

It is critical to note that reading literacy is not the same thing as health literacy, nor does it guarantee it. That means health illiteracy can impact anyone, regardless of their socioeconomic status or educational background. And the impact can be far-reaching, with implications for both quality and cost of care:

- increased chance of misdiagnosis

- longer time and more tests to make the correct diagnosis

- condition diagnosed at a later and potentially more deadly stage

- fewer preventive care visits and lower screening rates

- higher rates of hospitalization

- longer hospital stays

- higher utilization of the emergency room

- less engaged patient, or a patient perceived by a healthcare professional to be less engaged

- problems with care plan development and adherence

Could your costs be higher than medically necessary because of a health literacy gap? How well do your employees even understand their benefit plan? Are your patients not achieving optimal health outcomes because of a communication labyrinth and gaps in understanding?

By the way, "*eht thgisni rotcod syas ot ekat eno dna llac em ni eht gninrom*" becomes "The Insight Doctor says to take one and call me in the morning" when you read the words with the letters in reverse order. Easy enough when you know the code. When you don't, not so much. Words really *do* matter.

En Garde!

So what can you do to address potential health inequity in your population?

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1. *Connect the dots.* When you review your medical, pharmacy, dental, and vision claims data, take an integrated approach. Cross-reference claims data with age, gender, race, and zip code demographics, and incorporate disability and workman's comp in your analysis.

   Doing so will help you figure out main drivers of healthcare cost trends more comprehensively. It may also identify subsegments of the population that warrant more focused efforts or a more customized approach to communications and outreach, as well as conditions that are cost drivers but may not even be on your radar.

2. *Increase the health literacy of your workforce.* Navigating the healthcare system and making the most of one's health benefits are a challenge, to say the least. In a world of information overload, your employees may find educating themselves about a health condition or ways to increase their well-being can be overwhelming. Yet having the skills to ask the right questions and learning to be an effective self-advocate may literally save one's life.

   Partner with your carrier to implement an awareness campaign regarding health literacy. Ask what they are doing to ensure their programs address the challenges of health illiteracy. Review your benefit summaries and SPDs as well as health-related communications (across all platforms) to make sure they are easy to understand.

3. *Recognize your power as an employer to improve the healthcare system.* A high percentage of the time (and I believe *most* of the time), health disparities are just the tip of the iceberg and actually reflect a major *systemic* issue. They are "the canary in the coal mine." For example, if you discover a readmission rate that is higher for Baby Boomers hospitalized with pneumonia in the Southern region of the U.S., it may well signal a discharge process that works poorly for most people and contributes to avoidable readmissions in general.Expand your view. Learn more about your workforce. Take the time to identify needs in a more tailored fashion. You will find yourself on a path which leads to solutions that solve problems for all of us.

Learn More

1. Health Literacy Statistics: At-A-Glance (from the National Patient Safety Foundation): http://www.npsf.org/wp-content/uploads/2011/12/AskMe3_Stats_English.pdf accessed September 2013
2. National Business Group on Health - Health Disparities Cost Impact Tool: http://www.businessgrouphealth.org/disparities/index.cfm
3. The Office of Minority Health: http://minorityhealth.hhs.gov/
4. Medline Plus – Health Disparities: http://www.nlm.nih.gov/medlineplus/healthdisparities.html
5. AHRQ National Health Disparities Report: http://www.ahrq.gov/research/findings/nhqrdr/nhdr12/nhdr12_prov.pdf
6. Roadmap to Reduce Disparities: http://www.solvingdisparities.org/
7. National Partnership for Action: http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=11
8. World Health Organization Report on Social Determinants: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1
9. AHIP: www.ahip.org: Health Literacy - Laying the Foundation and Beyond Health Literacy – A Toolkit for Communicators The Basic Elements of a Health Literacy Program
10. CMS Toolkit for Making Written Material Clear and Effective: http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/

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1. Can J Cardiol. 2005 Jul; 21(9):757-62: http://www.ncbi.nlm.nih.gov/pubmed/16082435 accessed December 2013.
2. Health Literacy: http://nnlm.gov/outreach/consumer/hlthlit.html   accessed June 2013

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3. The Economic Burden of Health Inequalities in the United
    States: http://www.jointcenter.org/hpi/sites/all/files/Burden_Of_Health_FINAL_0.pdf accessed December 2013