Agenda

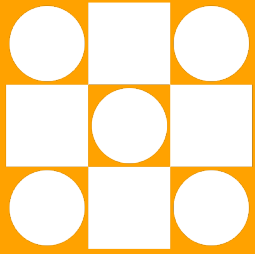|			
About SEIU 775 Benefits Group	**Understanding disparity with county metrics**	**Understanding disparity with Area Deprivation Index**	**Understanding disparity with language**

SEIU 775 Benefits Group
Introduction
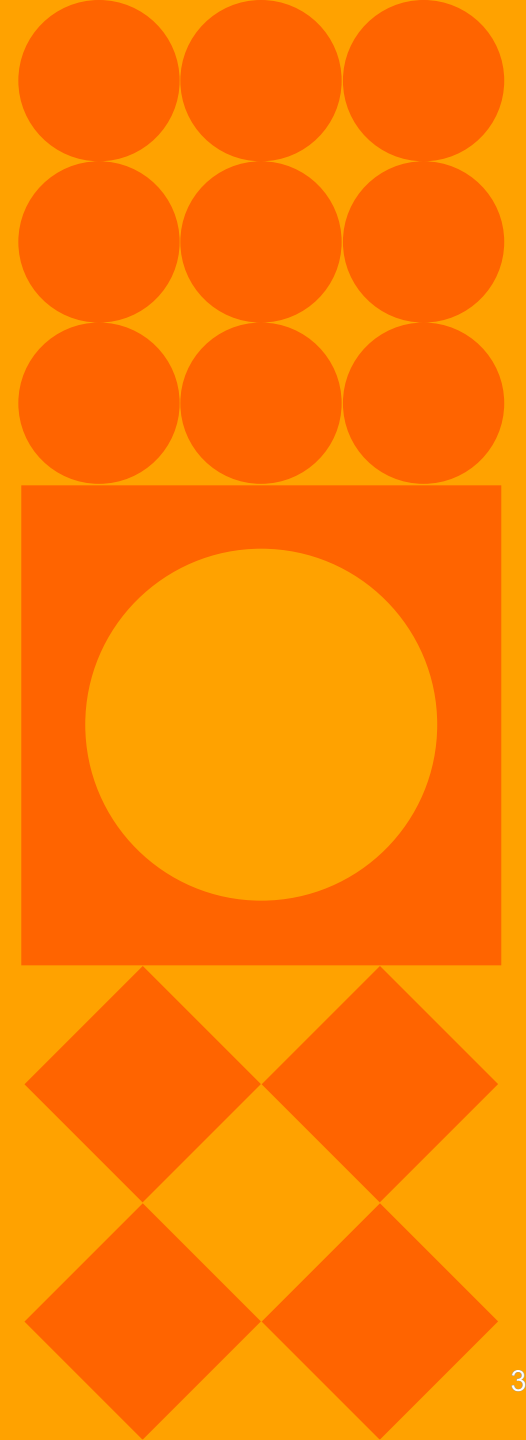
Growing demand for caregivers

8

Every **8 seconds**, an American turns 65.

76,000

By 2030, Washington will need **76,000** caregivers.

55,000

Currently there are **55,000** caregivers working in Washington.

SEIU 775
BENEFITS GROUP

Organization overview
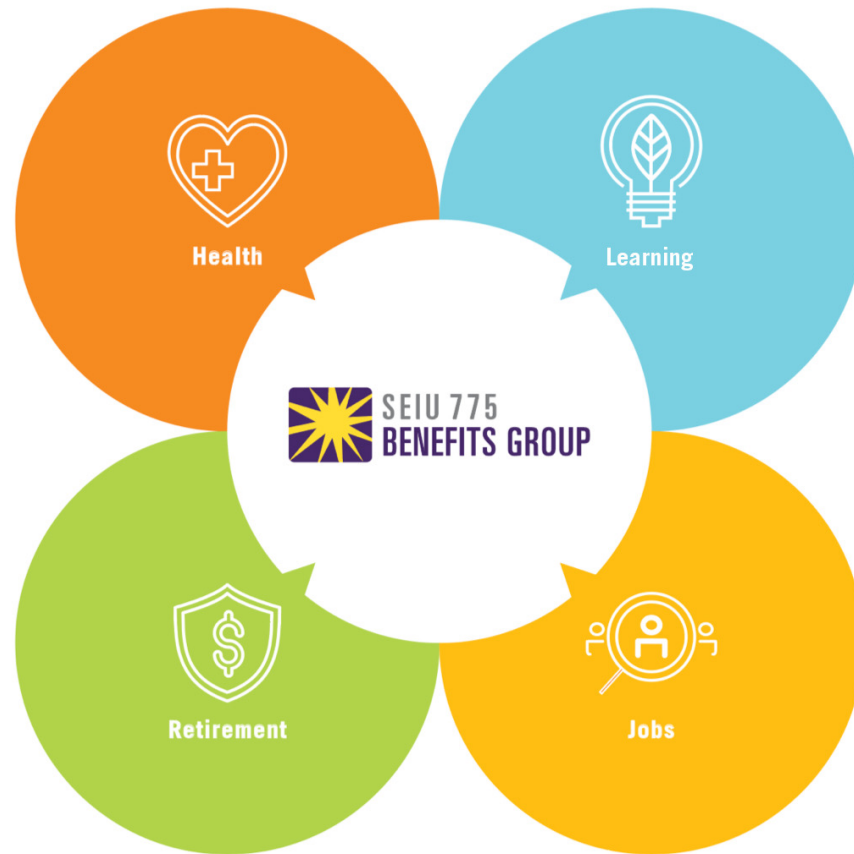
Who is SEIU 775 Benefits Group?

- Leading the nation in improving the skills, health and sustainability of the caregiving workforce.

- Provide high-quality learning, health, and retirement benefits as well as jobs through independent trusts.

- Each trust has a board and governance structure.

Trust overview

About the Health Benefits Trust

- Purchaser of health insurance.

- Taft-Hartley trust that administers health, wellness, and safety benefits to home caregivers in Washington.

 o Health insurance coverage: 22,500 participants

  o Wellness and safety programs: 55,000 participants

- Focuses on improving caregivers' health through value-based purchasing and innovative benefit programs that are rooted in the concepts of equity, inclusion, and cultural and linguistic competency.

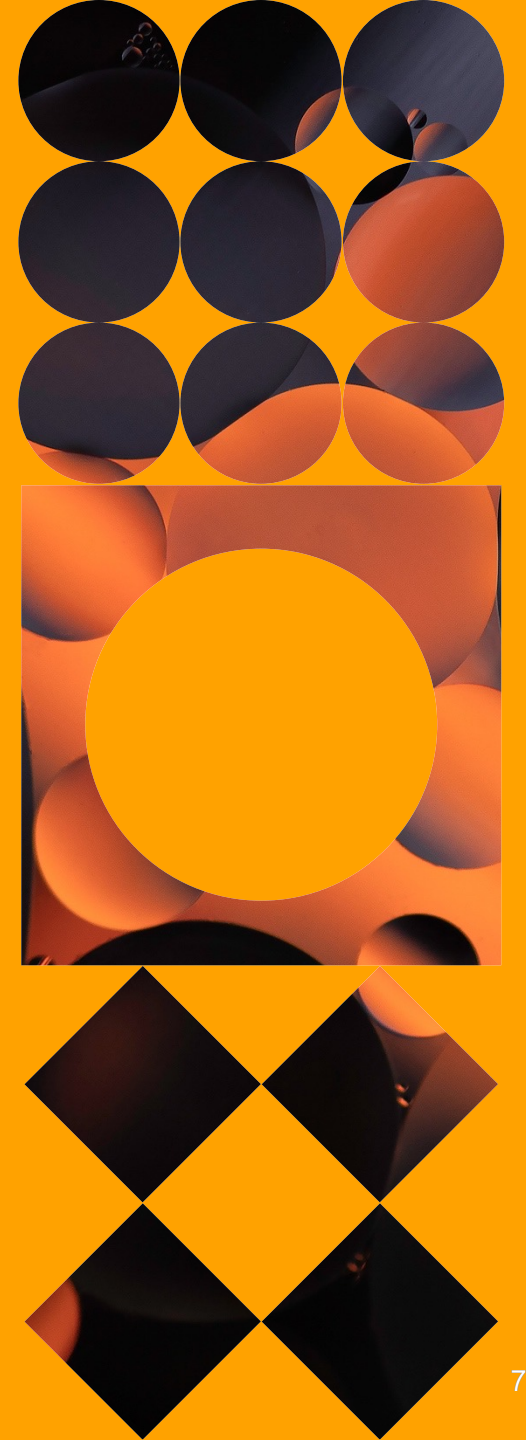- Provides insurance for a select few employers based in Washington & Montana.
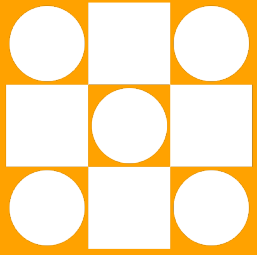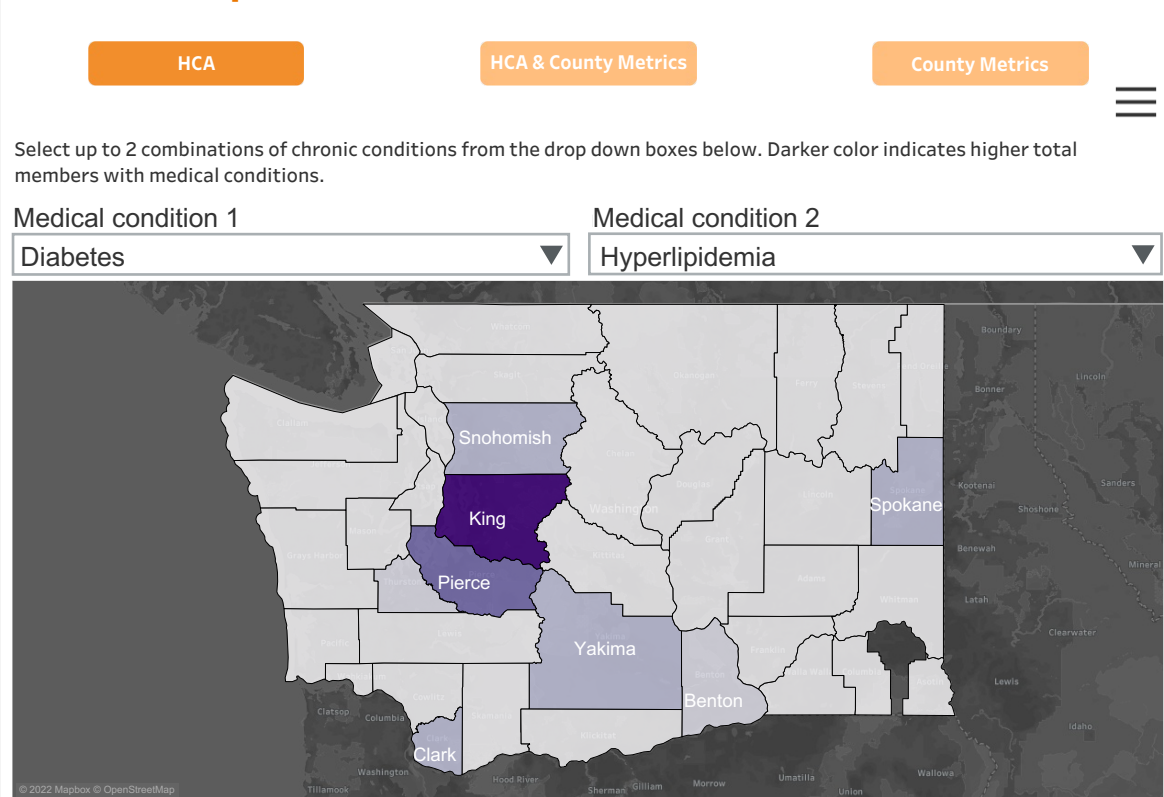
SEIU 775
BENEFITS GROUP

Understanding disparity with county metrics

Understanding chronic condition prevalence

Diabetes & Hyperlipidemia

Understanding social determinants of health

Poverty: 125% FPL

Identify county level statistics:

- County Health Rankings
- Department of Health
- Office of Financial Management
- Other federal & state resources

Health Disparities Dashboard

HCA

HCA & County Metrics

County Metrics

Select one county metric to display on the map.

County Metric

- ○ % Asian
- ○ % Hispanic
- ○ % HS Graduation*
- ○ % Not Proficient in English
- ○ % Severe Housing Cost Burden
- ○ % With Access To Exercise Facilities
- ○ Food Environment Index*
- ○ Income Ratio 80:20
- ○ Median Household Income*
- ◉ Poverty: 125% FPL
- ○ Presence of Water Violation
- ○ Unemployment 16+

*The county metrics % High School Graduation, Food Evnronment Index, and Median Household Income have been altered to indicate similar color directionality as other metrics.

Darker blue indicates one of the following: higher % of race, worse socioeconomic conditions, or worse environmental factors.

Addressing chronic diseases with SDoH in mind

Diabetes, hyperlipemia & poverty

Addressing chronic diseases with SDoH in mind

Diabetes, Hyperlipidemia & %with access to exercise facilities

Medical condition 1
Diabetes ▼

Medical condition 2
Hyperlipidemia ▼

County Metric
○ % Asian
○ % Hispanic
○ % HS Graduation*
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● % With Access To Exercise Facilities
○ Food Environment Index*
○ Income Ratio 80:20
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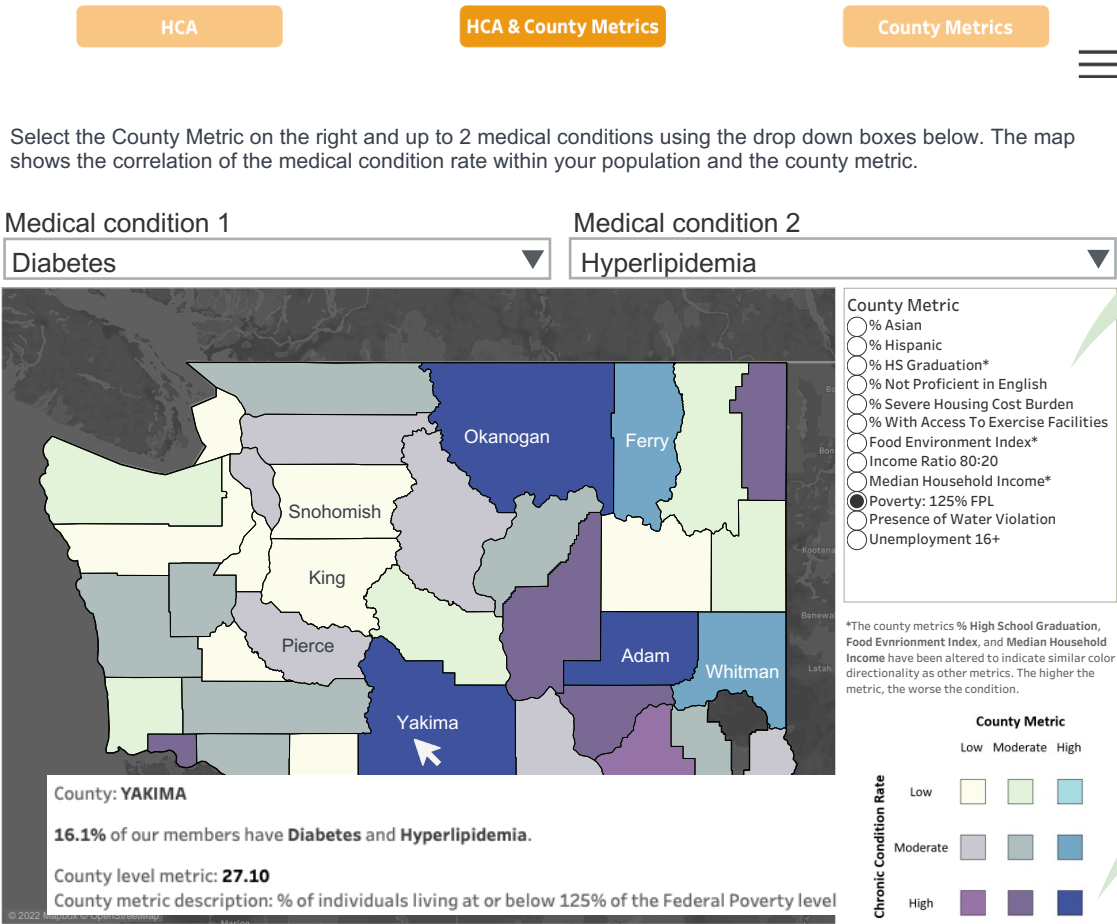○ Presence of Water Violation
○ Unemployment 16+

*The county metrics % High School Graduation, Food Evnrionment Index, and Median Household Income have been altered to indicate similar color directionality as other metrics. The higher the metric, the worse the condition.

County: WAHKIAKUM

14.8% of our members have Diabetes and Hyperlipidemia.

County level metric: 11.70
County metric description: % of population with adequate access to locations for physical activity. Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they: reside in a census block that is within a half mile of a park, or reside in an urban census block that is within one mile of a recreational facility, or reside in a rural census block that is within three miles of a recreational facility

County Metric

Chronic Condition Rate	Low	Moderate	High
Low			
Moderate			
High			

Benefit programs such as gym membership or free personal trainer provided in the dark blue regions might have a better success rate than in the purple regions.

Addressing chronic diseases with SDoH in mind

Diabetes, Hyperlipidemia & % Hispanic
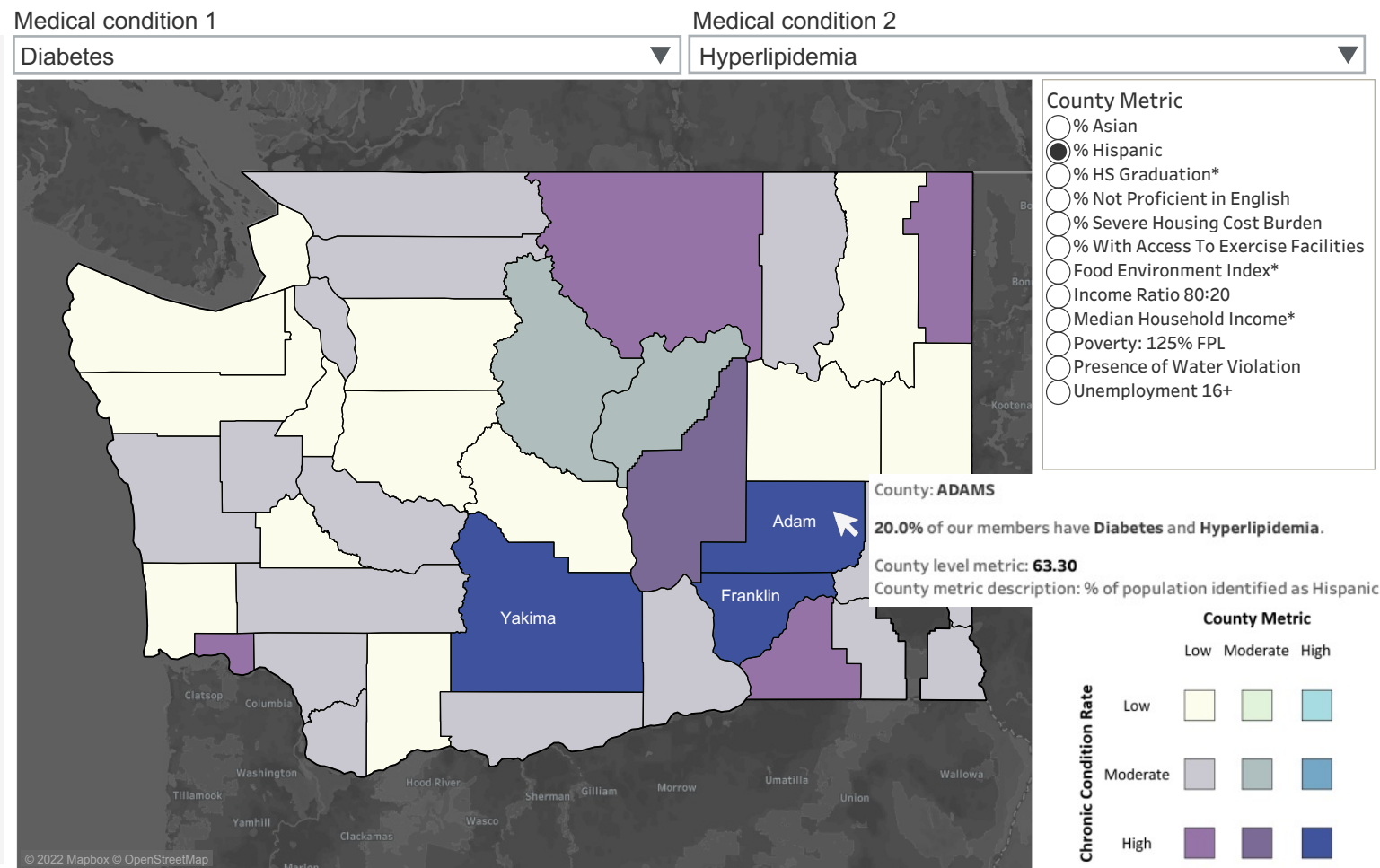
Addressing chronic diseases with SDoH in mind

Summary
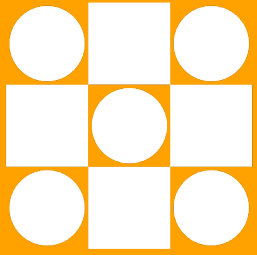
Superimpose internal data with county level data

Identify areas of opportunity for meaningful intervention

Develop area-specific intervention strategy

Launch intervention pilots and evaluate success

Understanding disparity with Area Deprivation Index

Area Deprivation Index (ADI)

Socioeconomic status indicator at the neighborhood level

- ➤ **ADI**
  - o Ranking of neighborhoods by socioeconomic status factoring in income, education, employment, and housing quality [1]

- ➤ **Steps to generate ADI**
  - o Geocode member addresses to obtain GEOID
  - o Look up ADI state/national decile with GEOID

[1] Kind AJH, Buckingham W. Making Neighboorhoodar Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*, 2018. 378: 2456-2458. DOI: 10.1056/NEJMp1802313. PMCID: PMC6051533. AND University of Wisconsin School of Medicine Public Health. 2015 Area Deprivation Index v2.0. Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/ October 13, 2019.
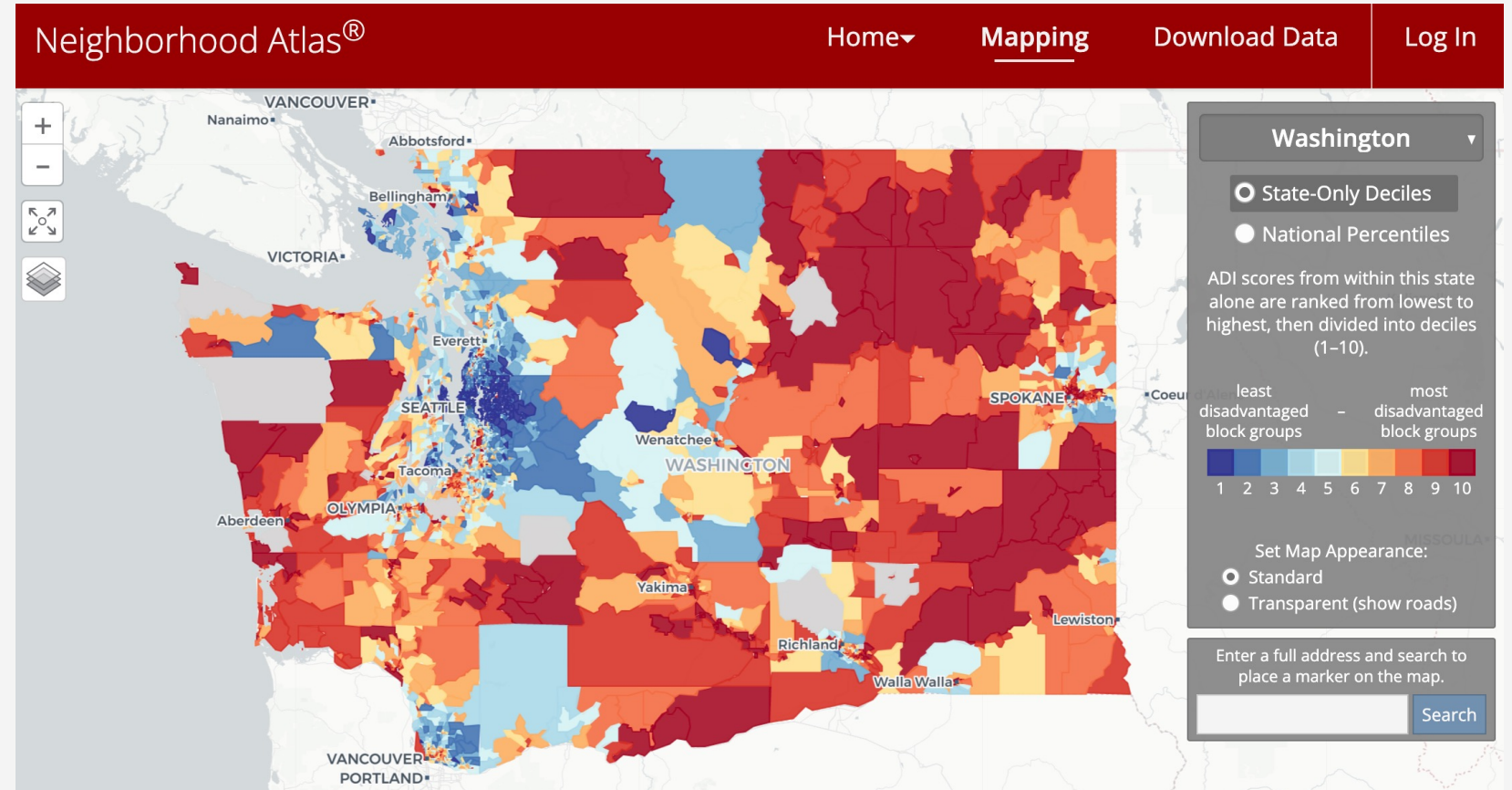
Understanding the living environment of members

Membership by ADI

ADI State Decile: 10 — 12.9%	ADI State Decile: 7 — 12.0%	ADI State Decile: 4 — 10.4%	ADI State Decile: 3 — 8.6%
ADI State Decile: 8 — 12.4%	ADI State Decile: 6 — 11.3%		
ADI State Decile: 9 — 12.1%	ADI State Decile: 5 — 11.3%	ADI State Decile: 2 — 5.8%	ADI State Decile: 1 — 3.0%
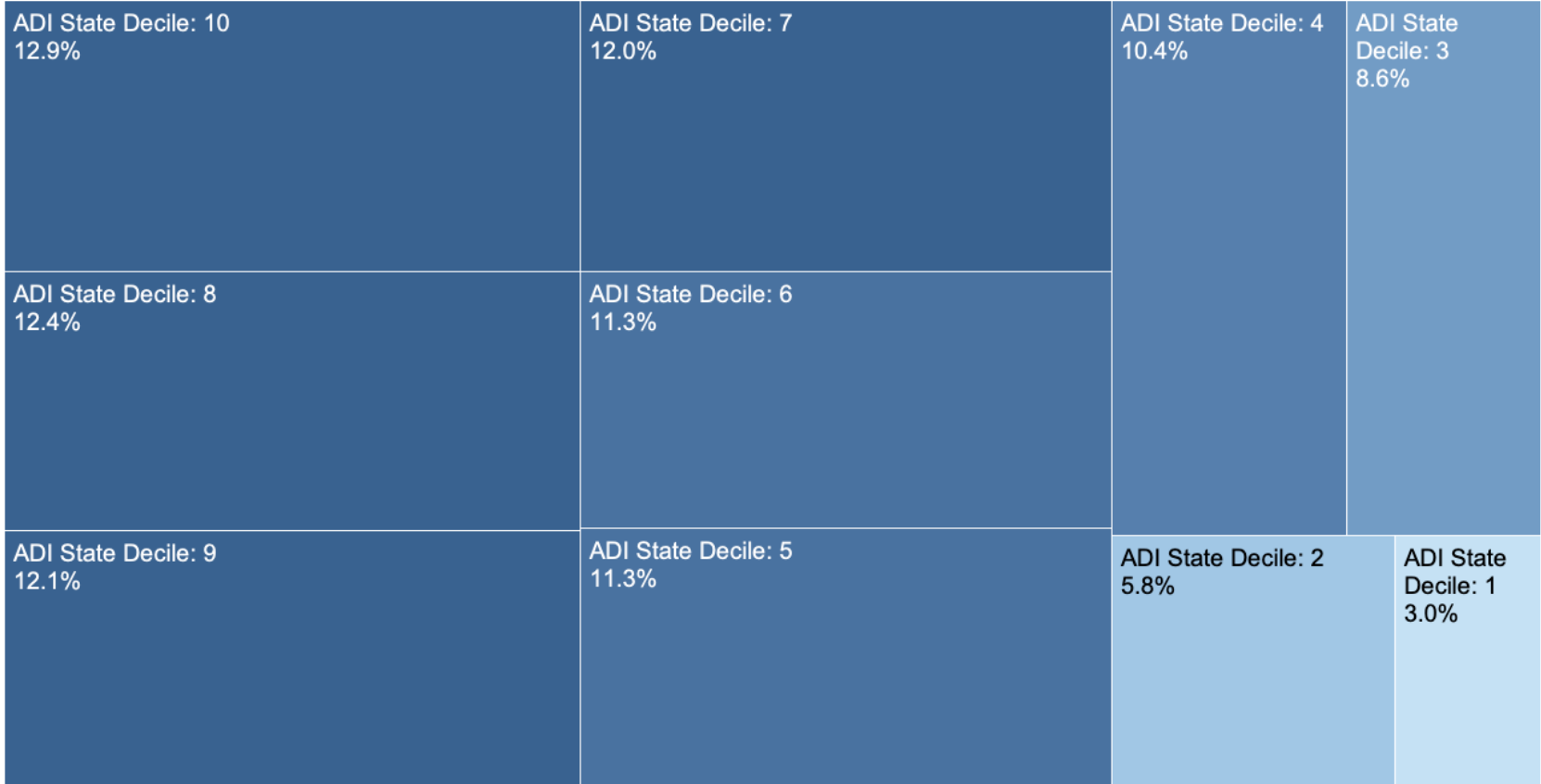
Modeling the effect of ADI on chronic disease

Model visualization
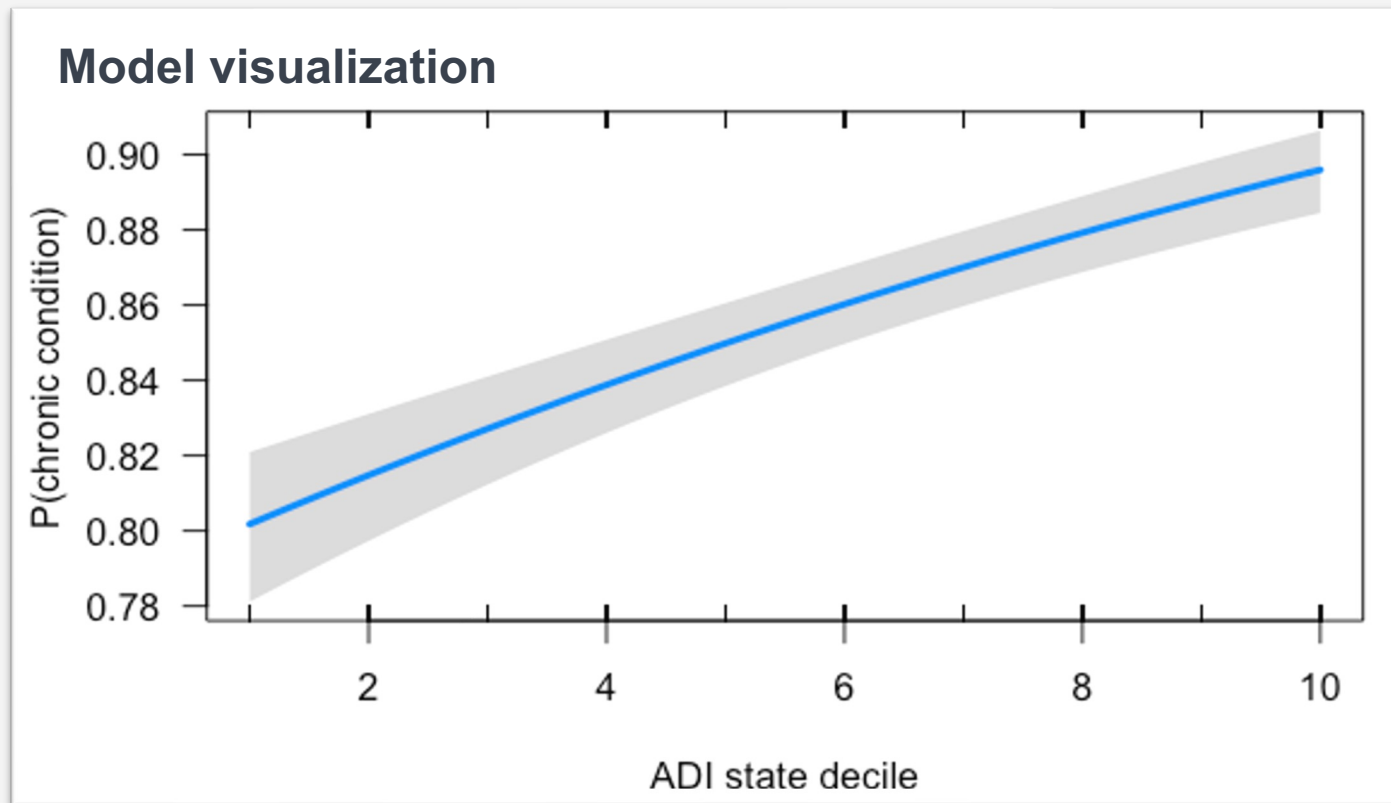
glm(formula = chronic_ind ~ ADI_StateDecile + Age + Gender + language,
family = binomial, data = CCHG_by_ADI)

Age, gender, and English language proficiency controlled

Chronic disease is highly correlated with ADI

What can a health plan do?

Promote health and health equity in socioeconomic disadvantage neighborhoods by promoting:

| Community health centers [1]	Mobile health clinics [2]	Virtual care	Social need referral services [3]

[1] "Reducing health disparities through community health center partnerships." *Wolters Kluwer website*. September 14 2022. Accessed September 14 2022. <https://www.wolterskluwer.com/>

[2] Attipoe-Dorcoo, S., Delgado, R., Gupta, A., Bennet, J., Oriol, N. E., & Jain, S. H. (2020). Mobile health clinic model in the COVID-19 pandemic: lessons learned and opportunities for policy changes and innovation. *International Journal for Equity in Health*, 19(1), 1-5.

[3] Bettano, A., Land, T., Byrd, A., Svencer, S., & Nasuti, L. (2019). Peer Reviewed: Using Electronic Referrals to Address Health Disparities and Improve Blood Pressure Control. *Preventing Chronic Disease*, 16.

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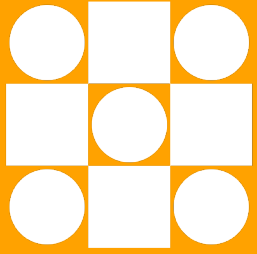
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2022

Understanding disparity with language

Disparity in cancer screening

Cervical cancer screening EBM rate by year and language

COVID-19 drove up disparity in cervical cancer screening

Develop culturally competent care

Increase localization and translation services

Increase provider diversity and communication[1]

[1] Taylor, K. J., Ford, L., Allen, E. H., Mitchell, F., Eldridge, M., & Caraveo, C. A. (2022). Improving and Expanding Programs to Support a Diverse Health Care Workforce.

Disparity in cancer screening (cont.)

- **Identify utilization pattern**

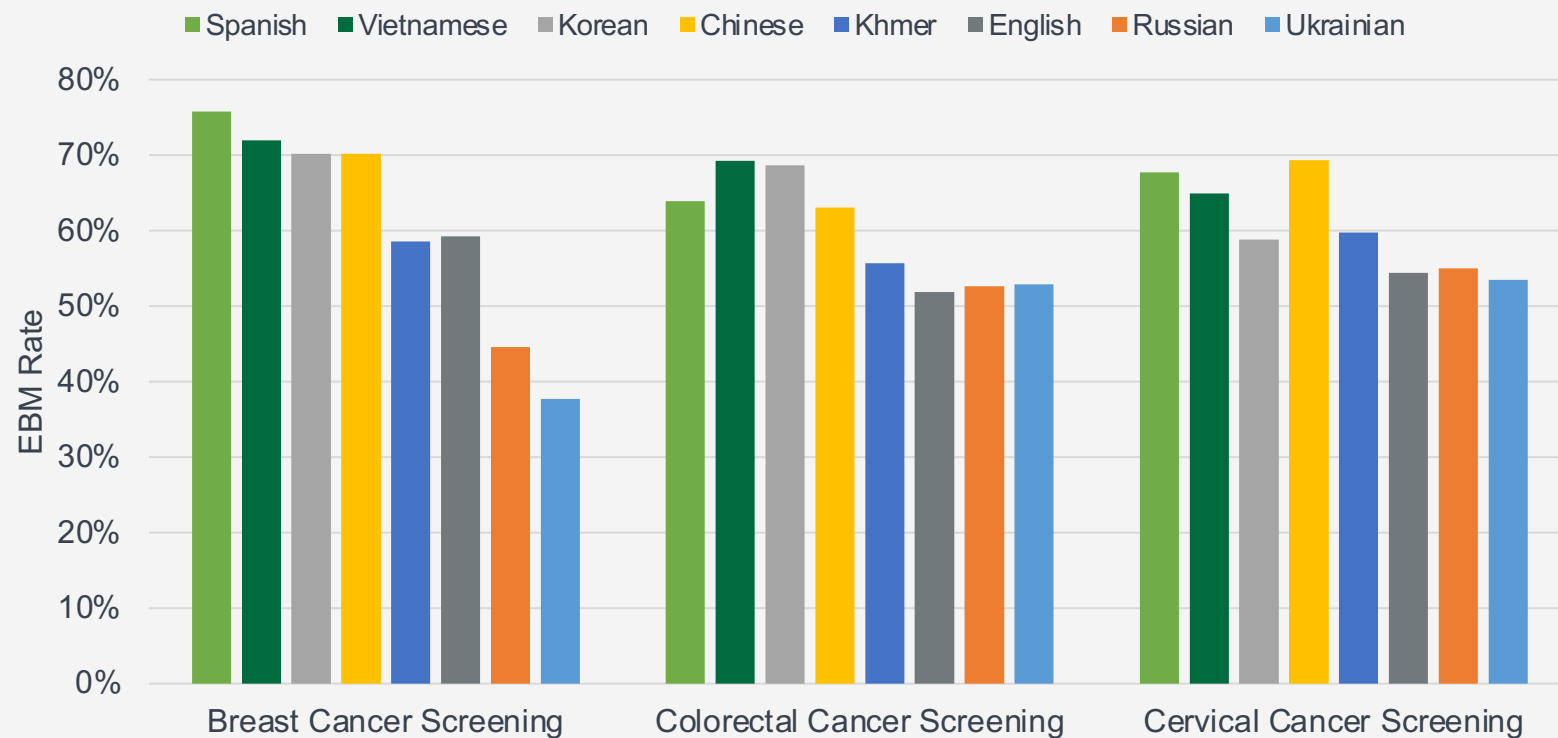- **Understand barriers**

- **Increase utilization among low-utilizers by:**
  - o Developing targeted marketing campaigns
  - o Increasing provider diversity and communication

Cancer screening EBM rate by language
2020 & 2021

Legend: Spanish, Vietnamese, Korean, Chinese, Khmer, English, Russian, Ukrainian

Y-axis: EBM Rate (0% – 80%)

X-axis categories: Breast Cancer Screening, Colorectal Cancer Screening, Cervical Cancer Screening

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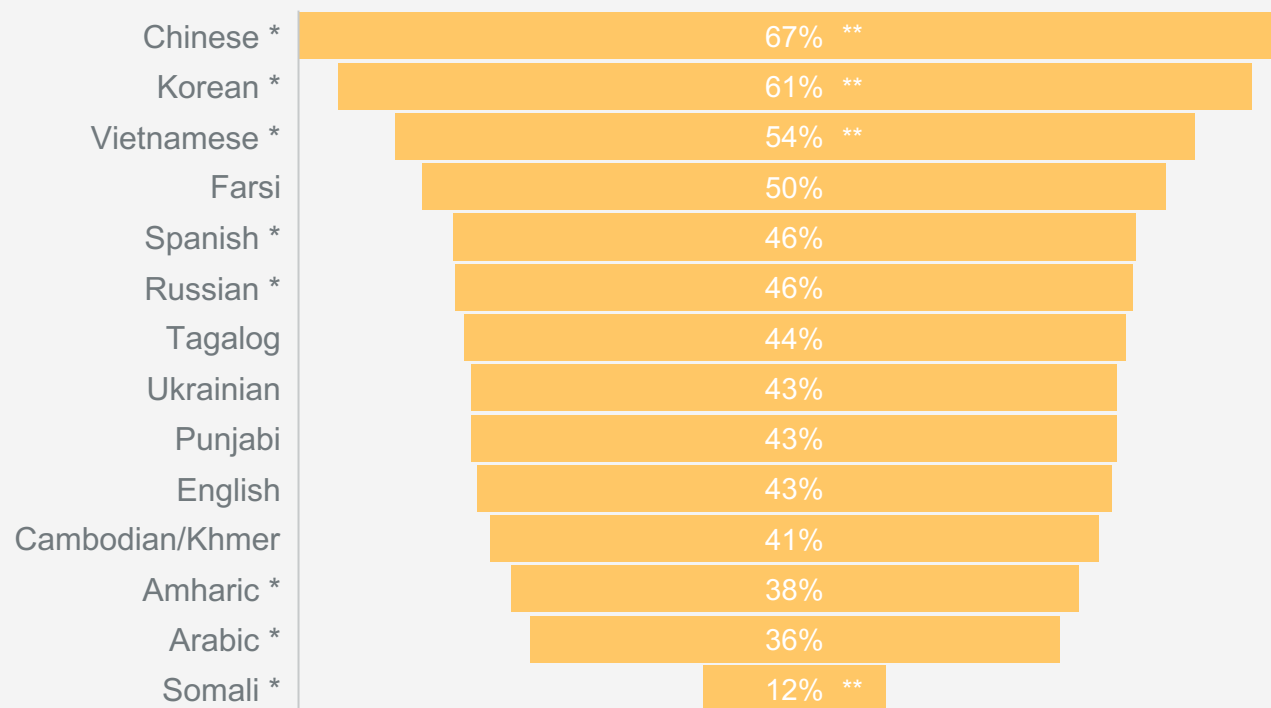HEALTHCARE INTELLIGENCE
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Disparity in other benefit utilization

A use case of integrating program data with claims data

Integrating program data and claims data enables us to:

➢ Evaluate program efficacy based on medical utilization

➢ Evaluate program ROI based on claim spend
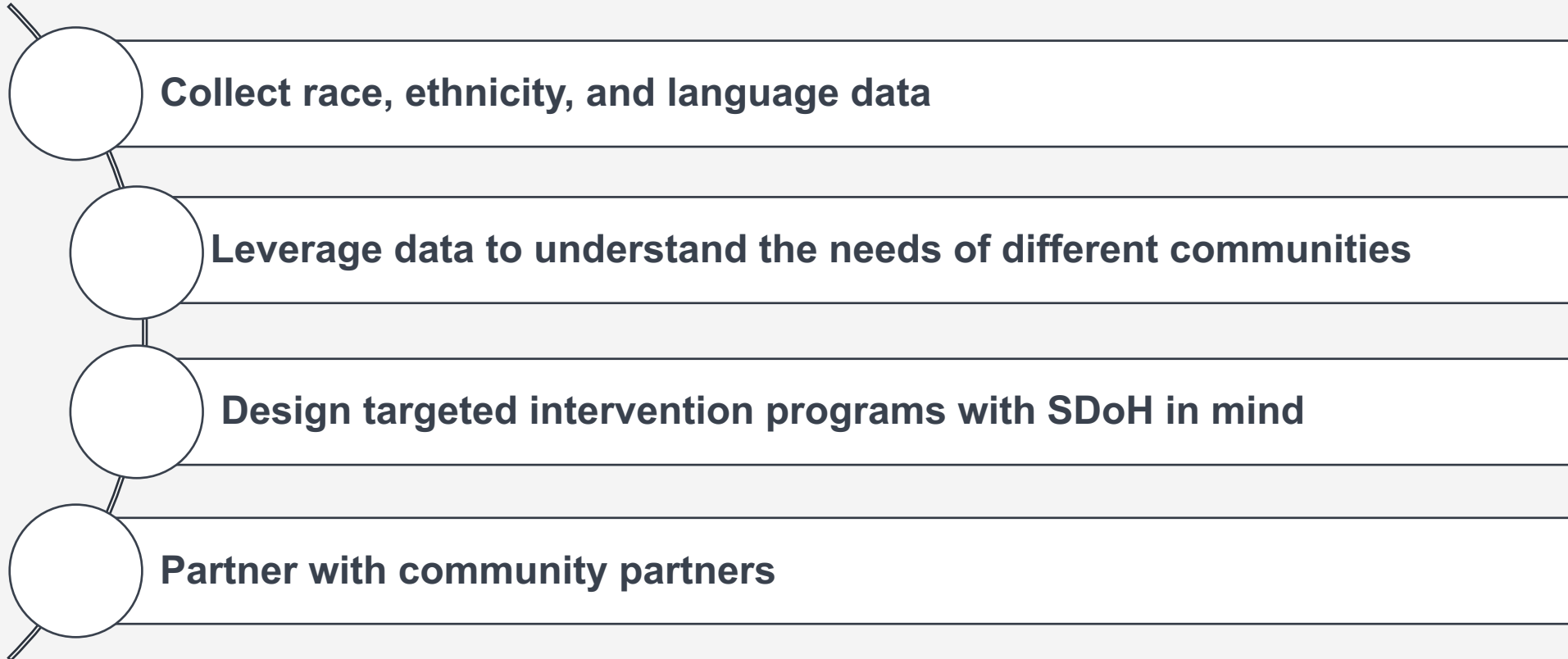
➢ Identify disparity in benefit utilization

% of Eligible caregivers utilized safety benefit

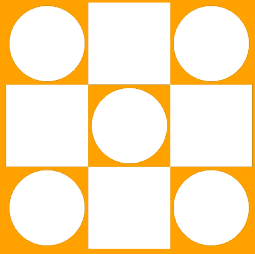| Language	%
Chinese *	67% **
Korean *	61% **
Vietnamese *	54% **
Farsi	50%
Spanish *	46%
Russian *	46%
Tagalog	44%
Ukrainian	43%
Punjabi	43%
English	43%
Cambodian/Khmer	41%
Amharic *	38%
Arabic *	36%
Somali *	12% **

* Localized program information available.

** Difference between LEP language group and English group is statistically significant.

Small steps toward improving health disparity

- Collect race, ethnicity, and language data
- Leverage data to understand the needs of different communities
- Design targeted intervention programs with SDoH in mind
- Partner with community partners

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Thank you

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