



**Beyond Numbers:**  
How Accurate Data Drives Health Equity

**2024 IHCP Works Annual Seminar**

**Presented by: Anye Carson, MPH**

*Providing health coverage to Indiana families since 1994*

# Agenda

- What Is Health Equity, and How Do We Talk About It?
- MDwise Efforts to Address Equitable Health Care
- Addressing Health Equity From a Provider Perspective
- Collecting Complete Demographic and Social Need Data
- Resources
- Questions

# Objectives

- ✓ Explain what health equity is and how to talk about it.
- ✓ Recognize MDwise efforts to address equitable health care.
- ✓ Discuss how to address health equity from a provider perspective and the impact on the overall practice.
- ✓ Describe methods for collecting comprehensive demographic and social need information.

# MDwise Mission and Vision

## Who Are We?

MDwise is your provider-led, local, Indiana-based nonprofit health care company. Our parent organization, McLaren Health Care, is a nonprofit integrated health system that believes all Indiana families should have access to high-quality health care regardless of income.

## What Is the MDwise Mission?

MDwise provides high-quality, affordable health care services and improves the well-being of our members by bringing together exceptional employees, community leaders, and health care professionals.

## What Is the MDwise Vision?

MDwise strives to be the most influential, trusted choice in health plans by doing what is best for the communities we serve.

# MDwise Values



## Trust

We trust each other and act with integrity. We are authentic, empowered to act and communicate openly with candor and caring. We make decisions for the greater good. We earn the trust of those we serve through transparency and accountability. We are dependable – a promise made is a promise kept.



## Innovation

We continuously improve to be easier to do business with. We challenge the status quo, generate ideas, collaborate, value diversity and demonstrate agility. We are courageous, learn from experience and adjust quickly.



## Excellence

We make sound decisions and deliver quality programs with precision. We are subject matter experts and perform at our full potential by working as a team.



## Stewardship

We are mission-driven. We are entrusted as stewards of a company that serves members, associates, customers, business partners and our community. We care deeply about each other and all stakeholders. We are privileged to take care of our members and treat every dollar as if it were our own. We are efficient, set priorities and ensure our processes add value to enhance the member experience.



## Leadership

We are industry thought leaders and advocates. We take initiative, are accountable for results and empower those around us to be their best. We roll up our sleeves and dig in to help. We lead by example.

# What Is Health Equity, and How Do We Talk About It?



# Key Terms

- **Health equity** requires ongoing societal efforts to:
  - Address historical and contemporary injustices
  - Overcome economic, social and other obstacles to health and health care
  - Eliminate preventable health disparities
- **Health inequities** are differences in health outcomes caused by systematic, avoidable, and unfair/unjust processes.
- **Health disparity** refers to a difference in health outcomes based on social, ethnic, and racial groups. Social drivers of health (SDoH) are life aspects that impact quality of life.



**Health Equity ≠ Health Equality**

# Additional Ways To Discuss Health Equity

## Defining Health Equity for Different Audiences

### **A 30-second definition for general audiences:**

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

**A 15-second definition for technical audiences:** For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

### **A 20-second definition for audiences who ask about the difference between equity and disparities:**

Health equity is the ethical and human rights principle that motivates us to eliminate health disparities; health disparities—worse health in excluded or marginalized groups—are how we measure progress toward health equity.

### **An 8-second version for general audiences (health equity as a goal or outcome):**

Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

### **Another 8-second version for general audiences (health equity as a process):**

Health equity means removing economic and social obstacles to health such as poverty and discrimination.

## Life Expectancy

**77 years**



United States

**69.4 years**



Marion County, IN

**83.7 years**



Hamilton County, IN



## Additional Key Terms

- **Cultural and Linguistically Appropriate Services (CLAS)** are national standards established by the U.S. Department of Health and Human Services, Office of Minority Health, in 2000. These standards intended to advance health equity, improve quality and help eliminate health care disparities.
- **Cultural Competence** refers to behaviors, attitudes and policies that can come together on a continuum to help ensure that a system, agency, program or individual can function effectively and appropriately in diverse cultural interactions and settings.
- **Diversity** is the range of different human traits that make us different from each other. This includes race, ethnicity, gender, sexual orientation, age, physical attributes and ability, financial status and religion.
- **Implicit Bias** refers to the attitudes and beliefs that form outside of our awareness and can affect our judgments, decisions and behaviors.
- **Inclusion** is the feeling of belonging.

# Social Drivers of Health (SDoH)

- **Social drivers of health (SDoH)** are life aspects that impact quality of life.
  - Examples of life aspects include:
    - Housing
    - Transportation
    - Education
    - Income level
    - Pollution
    - Literacy skills
    - Access to food
  - SDoH impacts health care by influencing:
    - Health outcomes
    - Health behavior
    - Health care access



## More Key Terms

- **Trauma-Informed Care** is an approach in the human services field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life, including service staff.
- **REaL SOGI** is an acronym for race, ethnicity, language, sexual orientation and gender identity.

<b>Race</b>	A biological, describing physical trait inherited from your parents.
<b>Ethnicity</b>	A cultural identity, chosen or learned from your culture and/or family.
<b>Language</b>	The primary way an individual expresses themselves audibly.
<b>Sexual Orientation</b>	Refers to the sex of those to whom one is sexually and romantically attracted.
<b>Gender Identity</b>	Refers to a person's innermost concept of self as male, female or something else and can be the same or different from one's physical sex.
<b>Sex Assigned at Birth (MDW Sex)</b>	Refers to the sex assigned to a person and written on the original birth certificate. The options are male and female.

# Pronouns and Disability

- **Pronouns** are words people use when referring to a person without using names. Examples are he/him/his, she/her/hers, they/them/theirs.
- **Disability** is any condition of the body or mind that makes it more difficult for a person to do certain activities and interact with the world around them.



# MDwise Efforts to Address Equitable Health Care



# 2024 Annual Cultural Competency and Equity Plan

## MDwise is committed to the following:

- Providing culturally competent and trauma-informed services to all members, ensuring that each individual, regardless of their cultural or ethnic background, limited English proficiency, comprehends their condition(s), recommended treatment(s) and treatment effects, including potential side effects.
- Ensuring all services are provided effectively and with the utmost respect for the worth and dignity of each member, regardless of their cultural, racial, ethnic or national origin backgrounds, geographies, sexual orientations, gender identities, abilities or religions.

# 2024 Annual Cultural Competency and Equity Plan - Goals

## Current goals:

- Goal 1: Build and retain a workforce that encompasses diversity, equity, and inclusion.
- Goal 2: Provide quality language services.
- Goal 3: Gather and analyze individual-level data to assess the existence of disparities.
- Goal 4: Evaluate and support practitioner network cultural responsiveness.
- Goal 5: Execute and analyze culturally and linguistically appropriate services.
- Goal 6: Monitor and evaluate member data to improve services and identify and reduce health disparities.

# 2024 Annual Cultural Competency and Equity Plan - Activities

## Current activities:

- Maintaining annual implicit bias training
- Reporting of diversity, equity, and inclusion workforce efforts
- Reporting of membership diversity
- Establishing an inclusive language review process for member-facing materials
- Assessing perceived health concerns
- Implementing member education campaigns
- Ensuring respectful processes to collect member demographic information
- Evaluating provider cultural responsiveness
- Assessing member complaints related to cultural issues
- Obtaining NCQA Health Equity Accreditation



# MDwise Efforts to Address Health Equity

- The MDwise Health Equity Council meets to ensure members have equitable access to high-quality care that is respectful and responsive to diverse cultural beliefs, languages and communication needs.
- Welcomes staff, providers and community partners.
- Current community representation includes:
  - ✓ Indiana Department of Health
  - ✓ Indiana Minority Health Coalition
  - ✓ Family Social Services Administration
  - ✓ Trans Solutions
  - ✓ Indiana Treatment Center
  - ✓ Cityblock
  - ✓ MICI-AHEC
  - ✓ Latino Health Organization
  - ✓ Eskenazi
  - ✓ Ascension

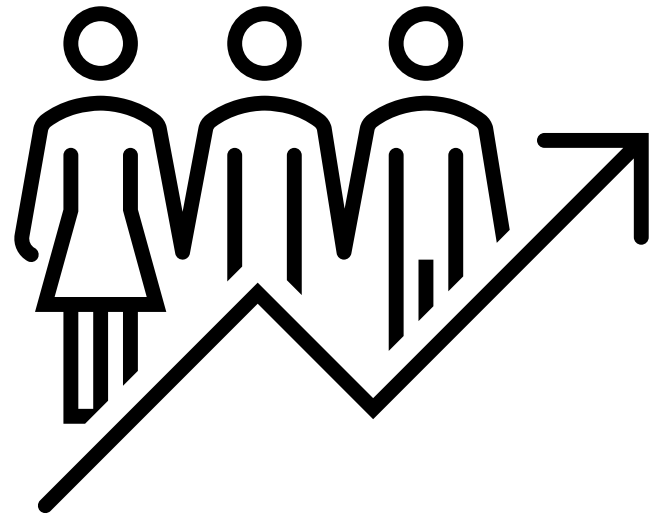


# Addressing Health Equity From a Provider Perspective



# The Impact of Health Equity on the Overall Practice

- ✓ **Improves patient outcomes**
- ✓ **Better HEDIS and performance outcome**
- ✓ **Enhances patient satisfaction**
- ✓ **Builds a positive reputation**



# Addressing Health Equity From A Provider Perspective

- **Health care teams can address health equity by:**
  - Understanding implicit bias and culturally competent care
  - Recognizing the importance of patient-centered approaches
  - Communicating efficiently with patients with diverse language needs
  - Engaging with the community to enhance health equity



*Does anyone have examples of ways they promote diversity, equity, and inclusion?*

# Collecting Complete Demographic and Social Need Data



# Importance of Collecting Demographic and Social Need Data

*If you can't measure it, you can't manage it.*  
- Dr. Edward Deming

- Demographic information can inform point-of-care needs that improve levels of health care quality for all.
- This information can be used to design and implement customized programs and services to meet the specific needs of each group, which can improve health outcomes and overall satisfaction with the health care experience.
- This data can help identify disparities in health care access and quality, and guide efforts to eliminate these disparities.

 *Does anyone have examples of ways they collect demographic or social need information?*

# Opportunities for Collecting This Data

Opportunities for capturing this information can present in many ways including the following:

- Intake assessments
- Customer service
- Grievance and appeals
- Outreach



# Sample Scripting to Collect Data


## *Sample Scripting*

- First, can you share your address with zip code?
- What is the best contact number to reach you?
- How would you describe your race? American Indian, Alaska Native, Asian, Black/African American, Native Hawaiian, Pacific Islander, White or Other
- Are you Hispanic or Latino?
- Can you confirm your sex assigned at birth? Male or Female
- Would you describe yourself as female, male, transgender female, transgender male, non-binary or questioning?
- Do you consider yourself? Straight, lesbian, gay, bisexual, not sure or other
- What are your pronouns? He/him, she/her, they/them or other
- We provide free language services. Do you have a language preference for materials? Preference for written language? Preference for spoken language?




# Additional Sample Scripting

- Example screening for social needs



**PRAPARE**  
Protocol for Responding to and Assessing  
Patients' Assets, Risks, and Experiences

**PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences**  
Paper Version of PRAPARE® for Implementation as of September 2, 2016



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**14.** In the past year, have you or any family members you live with been **unable** to get any of the following when it was **really needed**? Check all that apply.

Yes	No	Food	Yes	No	Clothing
Yes	No	Utilities	Yes	No	Child Care
Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)			
Yes	No	Phone	Yes	No	Other (please write):
I choose not to answer this question					

**15.** Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

Yes, it has kept me from medical appointments or from getting my medications
Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
No
I choose not to answer this question

**Social and Emotional Health**

**16.** How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone.

**17.** Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

Not at all	A little bit
Somewhat	Quite a bit
Very much	I choose not to answer this question

**Optional Additional Questions**

**18.** In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?

Yes	No	I choose not to answer this
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**19.** Are you a refugee?

Yes	No	I choose not to answer this
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**20.** Do you feel physically and emotionally safe where you currently live?

Yes	No	Unsure
I choose not to answer this question		

**AHC HRSN Screening Tool Core Questions**

If someone chooses the underlined answers, they might have an unmet health-related social need.

**Living Situation**

**1. What is your living situation today?**<sup>3</sup>

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

**2. Think about the place you live. Do you have problems with any of the following?**<sup>4</sup>

CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above

**Food**

Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months.<sup>5</sup>

**3. Within the past 12 months, you worried that your food would run out before you got money to buy more.**

# Scripting for the Reluctant Patient

**If you have a person who is concerned about asking for demographic information, here are sample follow-up talking points.**

- "Thank you for sharing your concerns with us. We understand that providing demographic information may feel intrusive, but it helps us ensure that our services meet the diverse needs of all our members. Your information is kept confidential and used only to improve our programs and better serve you."
- "We appreciate your feedback. Gathering demographic information allows us to identify and address health disparities within our community. By understanding the unique needs of our members, we can tailor our services to provide the best possible care for everyone."
- "We understand your hesitation in providing demographic information. Please know that your privacy is our top priority, and all information provided is kept strictly confidential. Your participation helps us ensure that our services are inclusive and accessible to all members of our diverse community."
- "Thank you for expressing your concerns. While we recognize that providing demographic information may seem unnecessary, it plays a crucial role in ensuring that our services are equitable and responsive to the needs of all our members. Your input helps us improve our programs and better serve our community."
- "We hear your concerns and appreciate your willingness to engage with us. Gathering demographic information allows us to identify gaps in care and develop targeted interventions to address them. Your participation is vital in helping us create a health care system that is inclusive and equitable for all members of our community."

# Collecting Complete Demographic and Social Need Data

## Let's practice:

- **Scenario A:** Practice collecting this information, and the member/caller completes the assessment without concerns and clarifying questions.
- **Scenario B:** Practice collecting this information, and the member/caller completes the assessment with clarifying questions about sexual orientation and gender identity.
- **Scenario C:** Practice collecting this information, and the member/caller completes the assessment but is clearly uncomfortable and makes negative comments.

# Collecting Data Example

## Let's practice:

**Practice Session**

Let's practice collecting demographic information.

- Scenario A: Practice collecting this information and the member/caller completes the assessment without concerns and clarifying questions.
- Scenario B: Practice collecting this information and the member/caller completes the assessment with clarifying questions about sexual orientation and gender identity.
- Scenario C: Practice collecting this information and the member/caller completes the assessment but is clearly uncomfortable and makes negative comments.

Participant list (right side): Kathleen..., Kara Wray, Tracy Gil..., Anye Car..., Megan ..., Geralyn ..., Courtne..., Kimberly..., Brittany ..., Danielle ..., Lisa Gree..., Jody Akers, Annisa G..., Olivia M..., Donnica ..., Garnette..., Kelsey R...

Playback bar (bottom): 43:09 / 57:56, 1x, CC, 1x, 10, 10, 2.3

# Resources

# Resources

- [Education - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov)
- [Health Equity | MDwise](#)
- [LGBTQIA+ Health Education Center](#)
- [LGBTQ+ ECHO meets 2nd and 4th Wednesdays \(Free CEUs\)](#)
- [SDOH & Practice Improvement | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov)
- [Fact Sheet: Advancing Health Equity Across HHS | HHS.gov](https://www.hhs.gov)
- [HEC Health Equity Council – HEC Health Equity Council \(intheequitycouncil.com\)](https://intheequitycouncil.com)
- [MDwise | Culturally and Linguistically Appropriate Services \(CLAS\) Provider Training](#)

# Thank You!

## ➤ Contact Information:

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# Questions?