Disparities in Childhood Health

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“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

—Dr. Martin Luther King

MN Health Plans Collaborative

Hennepin Health

ucare

South Country Health Alliance

BlueCross BlueShield Minnesota

HealthPartners

HealthPartners
Equality vs Equity

One of the healthiest states in the US

Unfortunately, not all Minnesotan children share these excellent health outcomes. There are differences based on:

- Race (White children versus children who are Black, Indigenous, and/or People of color)
- Family income (affluent and middle class children versus children of lesser means)
- Language
- Age
- Sex or Gender
- Sexuality
- Geography (urban vs rural)
- Religion
- Political affiliation

Note: there can be overlap between these groups. (i.e. BIPOC children tend to live in lower income homes)
Minnesota children and families

- In 2018, Minnesota was home to 1,302,615 children under age 18, representing 23% of our state’s population.

- About 56% of Minnesota’s children under 18 live in the 7-county Twin Cities region, while 44% live in the other 80 counties.

- About 163,380 or 12.9% of Minnesota’s children lived in poverty in 2017.

Average monthly enrollees in MN Medicaid by region

Ages 0-19

<table>
<thead>
<tr>
<th></th>
<th>Minnesota</th>
<th>7-County Metro</th>
<th>Central</th>
<th>Northeast</th>
<th>Greater MN</th>
<th>Southeast</th>
<th>Southwest</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>526,433</td>
<td>279,013</td>
<td>67,942</td>
<td>28,235</td>
<td>65,351</td>
<td>44,896</td>
<td>40,996</td>
</tr>
<tr>
<td>2018</td>
<td>535,270</td>
<td>283,839</td>
<td>68,864</td>
<td>29,326</td>
<td>66,015</td>
<td>45,591</td>
<td>41,635</td>
</tr>
<tr>
<td>2017</td>
<td>524,757</td>
<td>277,992</td>
<td>67,474</td>
<td>29,101</td>
<td>64,649</td>
<td>44,844</td>
<td>40,697</td>
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<tr>
<td>2016</td>
<td>516,951</td>
<td>275,206</td>
<td>65,779</td>
<td>28,804</td>
<td>63,194</td>
<td>44,169</td>
<td>39,799</td>
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<tr>
<td>2015</td>
<td>502,206</td>
<td>268,625</td>
<td>63,360</td>
<td>28,457</td>
<td>61,026</td>
<td>42,827</td>
<td>37,911</td>
</tr>
</tbody>
</table>

Who Medicaid and MinnesotaCare serve / Minnesota Department of Human Services (mn.gov)

About 40% of all children who live in Minnesota are on Medicaid!
Care group race demographics by age band

HealthPartners Care Group 2021

Overall (% of patients)
- All Patients: 70.9%
- 65+: 87.6%
- 45-64: 77.8%
- 25-44: 66.1%
- 15-24: 63.3%
- 0-14: 54.2%

By Age Band (% of patients)
- Patients who are White
- Patients of Color
- Unknown

Minnesota demographic trends

Communities of color in MN will grow faster than white population between 1995 and 2025

Percentage of people of color in MN: 19% (2015) → 25% (2035)
Reducing Disparities in Health Care
Root Cause Analysis/PDSA

All Stakeholders must be involved

- Healthcare workers
- Patients and families
- Community members
- Insurers
- Educators
- Other interested groups (Medical Groups, Departments of Health, Governmental Agencies)
- ALL OF YOU!!!

Determine if a disparity exists
Determine possible causes
Study the outcome of the solution (effectiveness, unintended side effects)
Implement Recommendations
Recommend possible solutions

Disparities in preventive care:
Pediatric Combo-10 Immunizations

**Definition:** Percent of children turning 2 years old during the reporting month who had a primary care visit in last 12 months who are up-to-date with the required HEDIS Combo 10 immunizations. (HEDIS combo 10 – DTaP - 4 doses, PCV7 - 4 doses, IPV - 3 doses, Hib - 4 doses, HepA – 1 dose, HepB - 3 doses, MMR - 1 dose Varicella - 1 dose, Rotavirus 2 doses of Rotarix or 3 doses of RotaTeq,Influenza 2 doses)
Disparities in developmental health screening: 
**ASQ-3 Screen**

**Race**
- Patients who are white: December 2020: 88.3%, May 2021: 87.0%
- Patients of color: December 2020: 84.6%, May 2021: 83.7%

**Payor**
- Commercial: December 2020: 88.3%, May 2021: 86.9%
- Medicaid: December 2020: 84.1%, May 2021: 83.2%

**Definition:** Ages & Stages Questionnaires®, Third Edition The percentage of pediatric patients ages 2 months to 4 years who were seen for a well-child visit, and received appropriate developmental and/or social emotional screenings.

Disparities in emotional health screening: 
**MCHAT-R Screen**

**Race**
- Patients who are white: December 2020: 88.2%, May 2021: 89.3%
- Patients of color: December 2020: 82.6%, May 2021: 84.1%

**Payor**
- Commercial: December 2020: 86.8%, May 2021: 88.2%
- Medicaid: December 2020: 84.5%, May 2021: 84.3%

**Definition:** Modified Checklist for Autism in Toddlers, Revised The percentage of pediatric patients ages 18 months to 24 months who were seen for a well-child visit, and received appropriate developmental and/or social emotional screenings.
Disparities in physical health screening:
*Adolescent Mental Health Screening*

**Race**

<table>
<thead>
<tr>
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<th>December 2020</th>
<th>May 2021</th>
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<tbody>
<tr>
<td>Patients who are white</td>
<td>89.0%</td>
<td>92.0%</td>
</tr>
<tr>
<td>Patients of color</td>
<td>85.8%</td>
<td>88.2%</td>
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**Payor**

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<tr>
<td>Commercial</td>
<td>88.7%</td>
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<tr>
<td>Medicaid</td>
<td>85.2%</td>
<td>87.2%</td>
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**Definition:** Percent of pediatric patients ages 12-17 who have a documented mental health and/or depression screening on file within 12 months of their well child visit.

Causes of disparities in health care

- Ignorance that the disparity exists
- Access to our health system
- Operational hurdles
- Trust
- Education/access to information (patients and staff)
- Bias, beliefs, and cultural differences (patients and staff)
Methods for reducing disparities

Reducing Disparities in Health Care

**Healthcare workers**

**Align with mission**
- Institutions must create a Mission that employees can understand and support, and an environment where that Mission can thrive

**Embrace a culture of inclusion and diversity**
- Leaders must lead
- Hiring a diverse workforce that reflects the community
- Ensuring everyone feels welcome and included

**Education staff**
- The existence of the disparities, their causes, and possible solutions
- The importance of reducing disparities
- Anti Racism training, OB DOI Training
- Cultural humility
- Must be done understanding that we are all at different points in our journey
Reducing Disparities in Health Care

**Improving access/removing barriers**

- Adding Evening hours and weekend hours
- Improving Interpreter Access (in person, online, video, phone)
- Telemedicine (Video Visits, Phone Visits, E visits)
- Drive Through Services
- Adding Services to Urgent Care (Vaccines in UC)
- Walk-In Well Care
- Outreach (Mail, Text, Social Media, Online Account)

**Operational Improvements**

**Standardizing care across the entire Care Delivery System**
- Incorporating all recommendations and requirements
- Physical Health (Well Child Care, Immunizations, Asthma Control)
- Emotional Health (Screening Forms, Workflows, and Resources)
- Developmental Health (Screening Forms, Workflows, and Resources)
- Social Health (Social Determinants of Health, Workflows, Resources)

**Leveraging electronic medical record**
- Predicts care recommended for patient
- Automatically pends needed orders
- Walks staff through all recommended and required medical services

**Centralized outreach**
- Mail, text, calls, letters

**Aligning system and patient incentives**
- i.e. gift cards
Reducing Disparities in Health Care

*Trust, Education, Collaboration*

- Engage and partner with:
  - Patients
  - Community members
  - Community leaders
  - Community groups

- Collaboratively create solutions that meet the needs as identified by the community

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Thank you!

Any Questions?
Link to Evaluation

Certificate upon completion of evaluation

Recording available on Stratis Health website