Disparities in Childhood Health

Andrea Singh, MD. Chair, Department of Pediatrics, Park Nicollet

Jason Maxwell, MD. Chair, Department of Pediatrics, HealthPartners
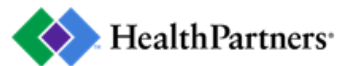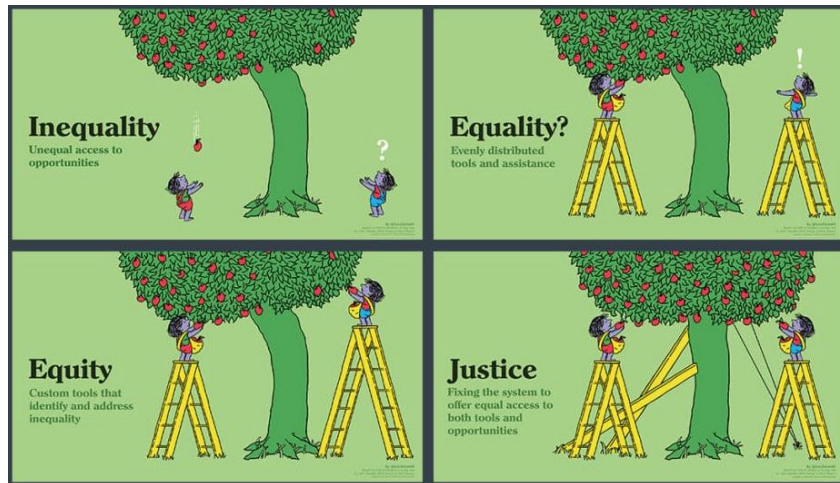
1

MN Health Plans Collaborative

2

Equality vs Equity

Source: "Addressing Imbalance," by Tony Ruth for the 2019 Design in Tech Report.

HealthPartners

3

Minnesota

One of the healthiest states in the US
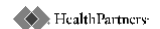
Unfortunately, not all Minnesotan children share these excellent health outcomes. There are differences based on:

- **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)

HealthPartners

4

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.

Data by Topic - Children & Families / MN State Demographic Center

HealthPartners

5

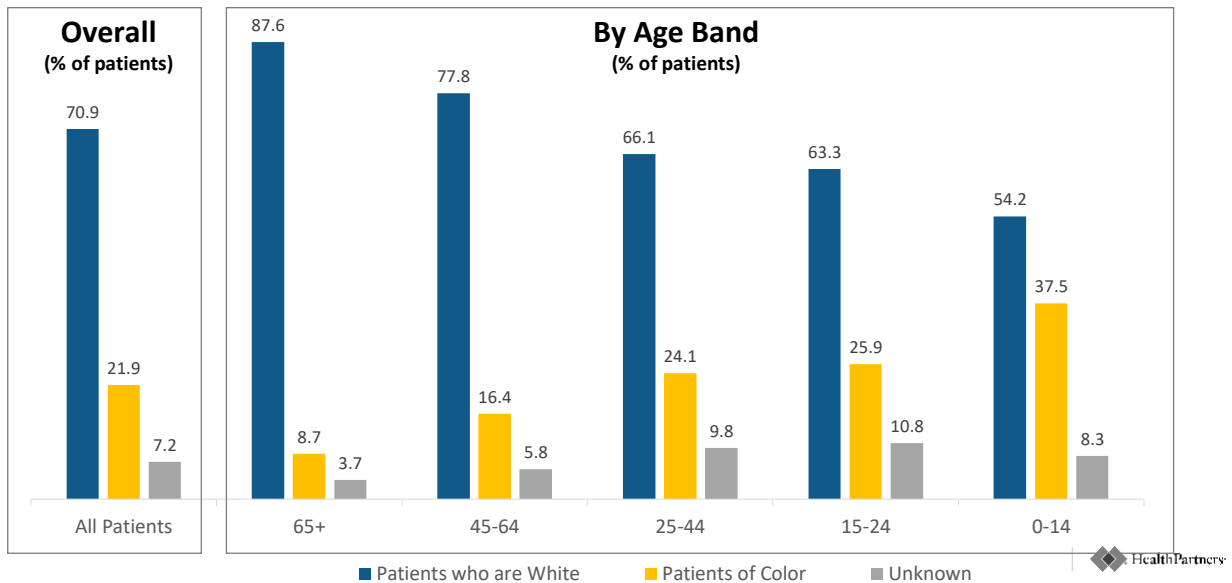# Average monthly enrollees in MN Medicaid by region
Ages 0-19

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

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

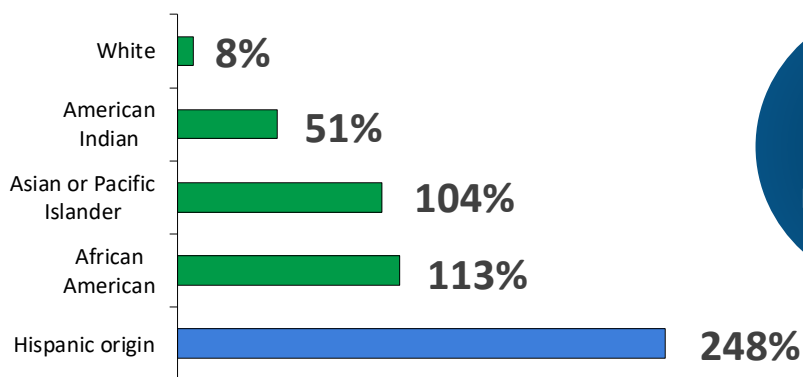About **40% of all children** who live in Minnesota are on **Medicaid!**

HealthPartners

6

Care group race demographics by age band
HealthPartners Care Group 2021

Overall
(% of patients)

By Age Band
(% of patients)

All Patients	70.9	21.9	7.2

65+: 87.6, 8.7, 3.7
45-64: 77.8, 16.4, 5.8
25-44: 66.1, 24.1, 9.8
15-24: 63.3, 25.9, 10.8
0-14: 54.2, 37.5, 8.3

■ Patients who are White   ■ Patients of Color   ■ Unknown

HealthPartners

7

Minnesota demographic trends

White: 8%
American Indian: 51%
Asian or Pacific Islander: 104%
African American: 113%
Hispanic origin: 248%

Source: State Demographic Center at Minnesota Planning

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

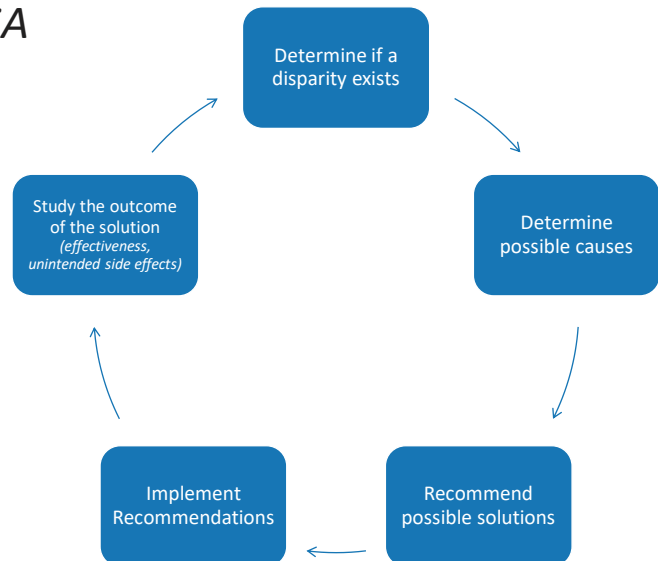Percentage of people of color in MN: **19% (2015) → 25% (2035)**

HealthPartners

8

4

Reducing Disparities in Health Care
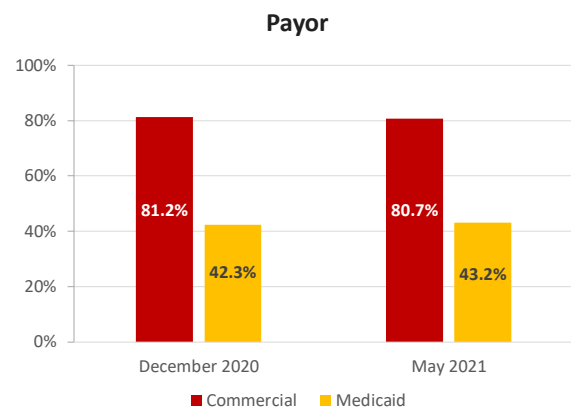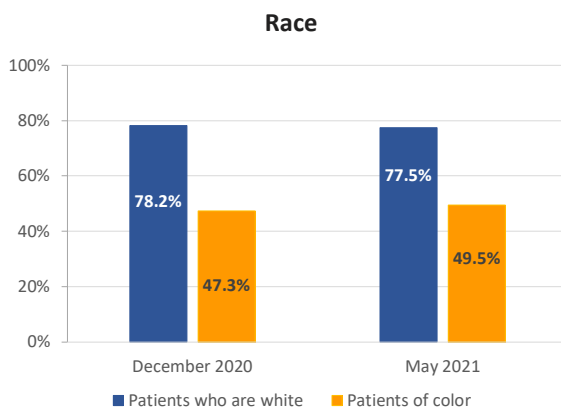## *Root Cause Analysis/PDSA*

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

Recommend possible solutions

Implement Recommendations

Study the outcome of the solution *(effectiveness, unintended side effects)*

HealthPartners

9

Disparities in preventive care:
Pediatric Combo-10 Immunizations

Race

78.2% (December 2020, Patients who are white)
47.3% (December 2020, Patients of color)
77.5% (May 2021, Patients who are white)
49.5% (May 2021, Patients of color)

■ Patients who are white ■ Patients of color

Payor

81.2% (December 2020, Commercial)
42.3% (December 2020, Medicaid)
80.7% (May 2021, Commercial)
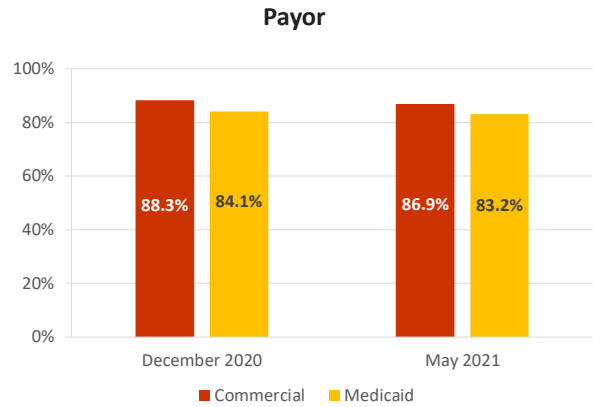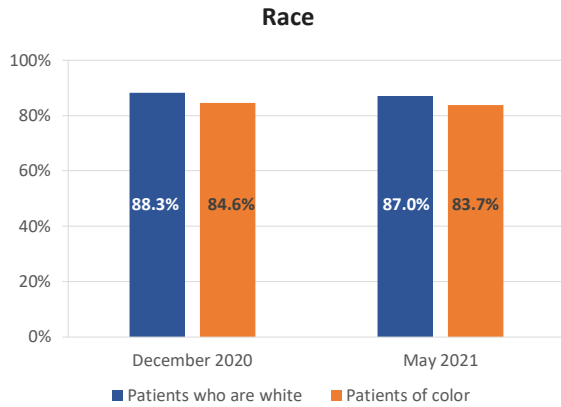**43.2%** (May 2021, Medicaid)

■ Commercial ■ Medicaid

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)

HealthPartners

10

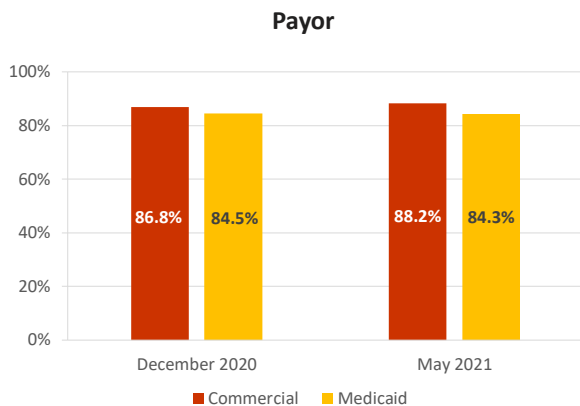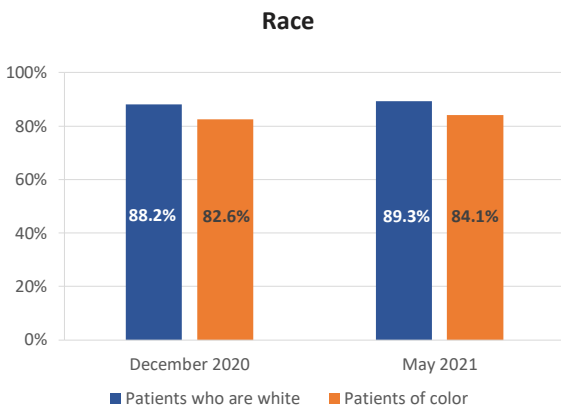# Disparities in developmental health screening:
ASQ-3 Screen

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*

11

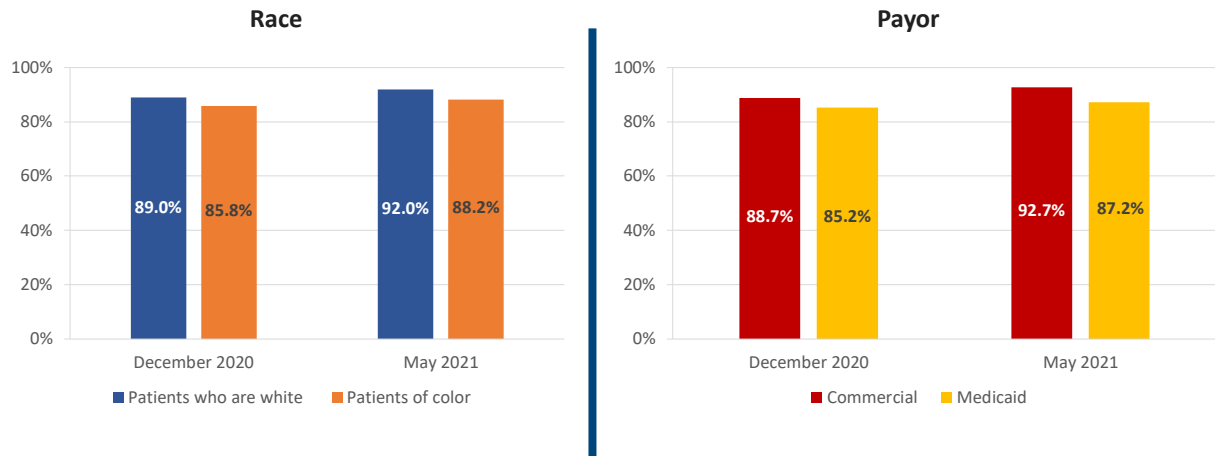# Disparities in emotional health screening:
MCHAT-R Screen

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.*

12

Disparities in physical health screening:
Adolescent Mental Health Screening

Race

89.0% 85.8% (December 2020)
92.0% 88.2% (May 2021)

■ Patients who are white ■ Patients of color

Payor

88.7% 85.2% (December 2020)
92.7% 87.2% (May 2021)

■ Commercial ■ Medicaid

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.

HealthPartners

13

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)

HealthPartners

14

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

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)

- 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

HealthPartners

17

Reducing Disparities in Health Care
Operational Improvements

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)

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

HealthPartners

18

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

Midway Peace Park Grand Opening 2021

19

Thank you!
Any Questions?

20

Link to Evaluation

Certificate upon completion of evaluation

Recording available on Stratis Health website

HealthPartners

21