

2019

Wisconsin Health Disparities Report

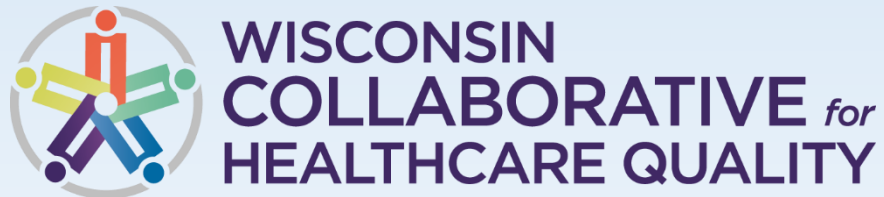
Introduction and Background

Abbey Harburn



History of WI Health Disparities Report

- Partnership with the Health Innovation Program
- Project funded by the Wisconsin Partnership Program (WPP)
 - Interest from WPP facilitated by Greg Nycz



Funding provided by:



Wisconsin Partnership Program

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

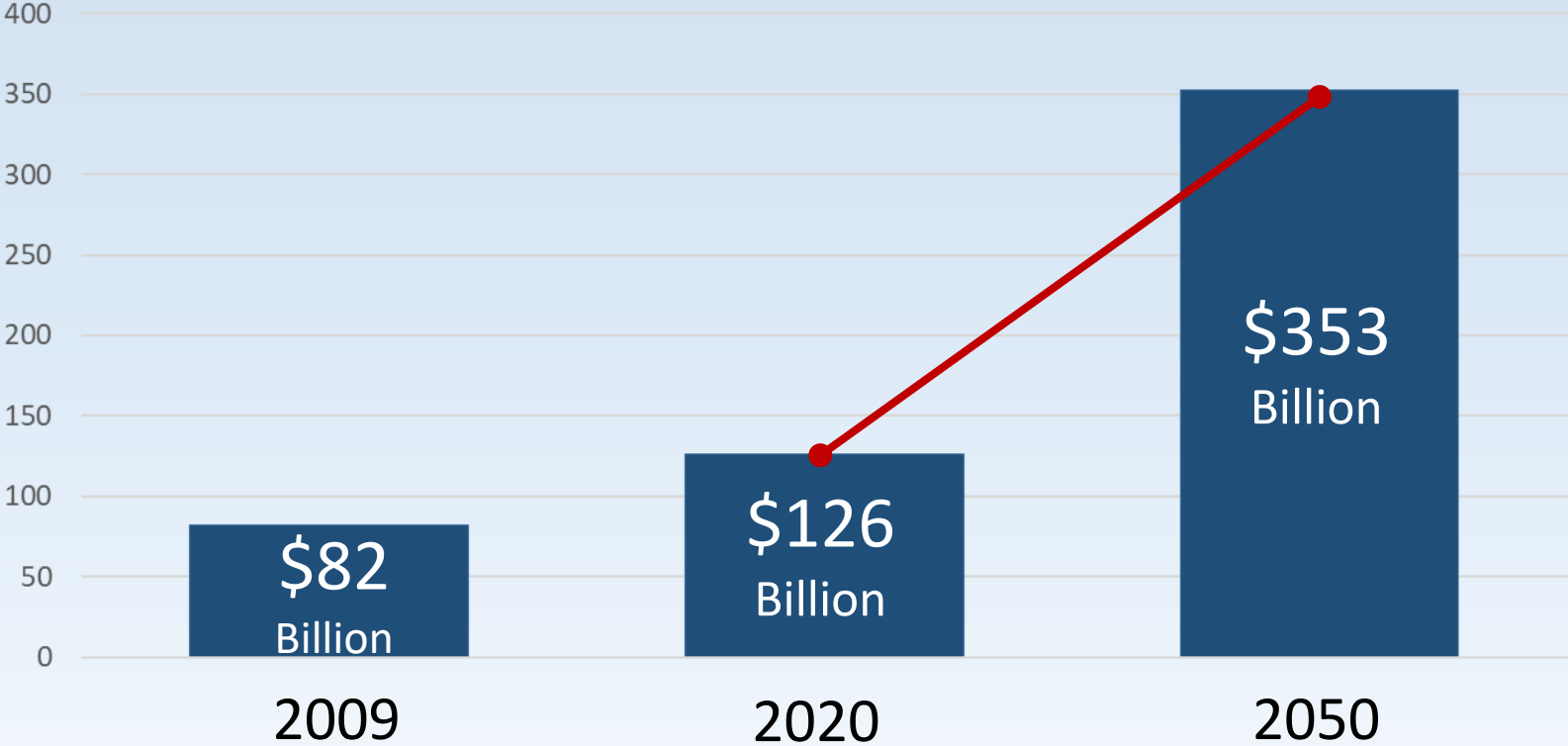
Purpose of the WI Health Disparities Report

This report provides baseline information on disparities in health outcomes and care in Wisconsin to **inform and accelerate programs working to eliminate disparities**

- Identify opportunities for improvement
- Build interdisciplinary partnerships among stakeholders
- Track change over time



Economic Burden of Health Disparities in the U.S. if Unchanged



Primarily for Medicare costs due to higher rates of chronic disease among African Americans, Hispanics/Latinos, and the aging population

Health Disparities in Wisconsin

Findings from County Health Rankings

- American Indian/Alaska Native and Black have poorer health outcomes
- Racial/ethnic minority populations experience:
 - More poor physical health days compared to White
 - More poor mental health days compared to White and Asian/PI

Health Outcomes in Wisconsin

Differences by: Race/Ethnicity

WI Racial/Ethnic
Groups

Best

Length and
Quality of Life
in WI

Worst



AI AI/AN A Asian/PI B Black H Hispanic W White

Data for every racial/ethnic group may not be available due to small numbers

AI/AN – American Indian/Alaskan Native/Native American

Asian/PI – Asian/Pacific Islander

Poverty Disparities in Wisconsin

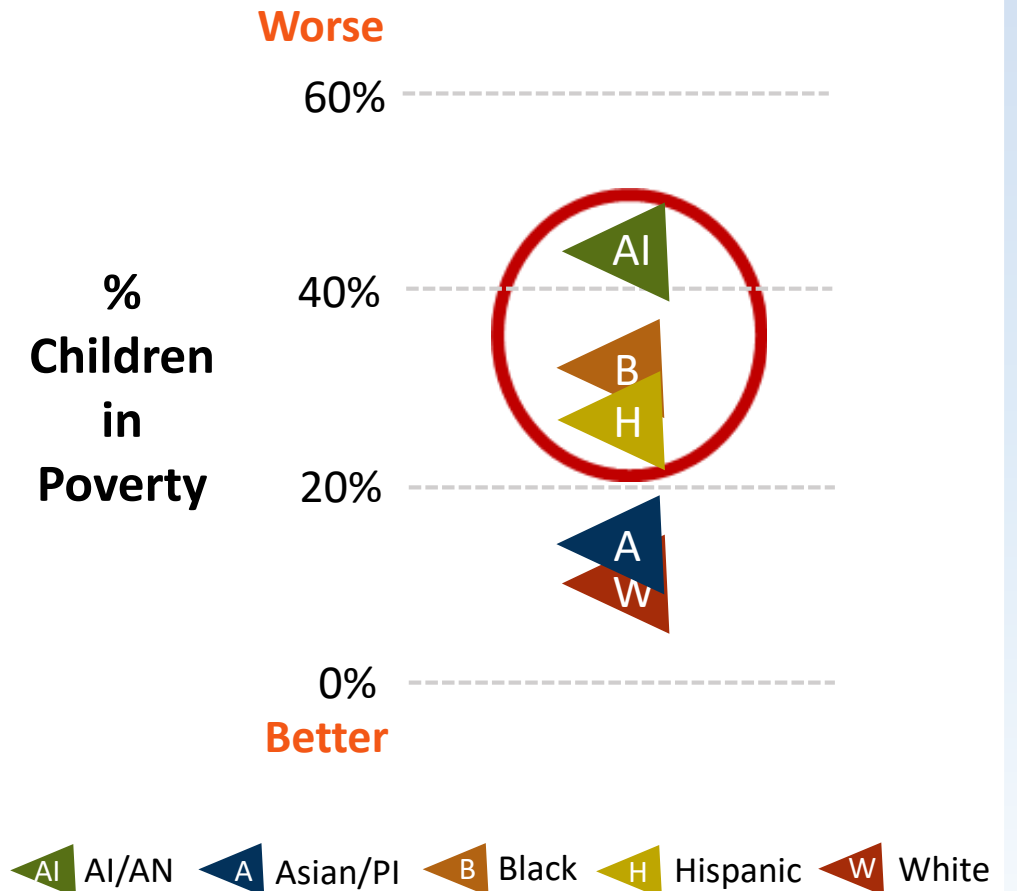
Findings from County Health Rankings

- American Indian/Alaska Native, Black, and Hispanic populations experience:
 - More children in poverty
 - Severe housing cost burden/less homeownership

Children in Poverty in Wisconsin

Differences by: Race/Ethnicity

WI Racial/Ethnic Groups



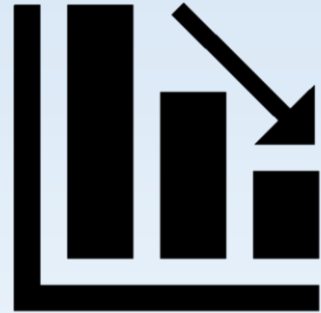
Data for every racial/ethnic group may not be available due to small numbers

AI/AN – American Indian/Alaskan Native/Native American

Asian/PI – Asian/Pacific Islander

Reducing Health Disparities in WI

- Understand where disparities exist
 - Measure disparities in health outcomes and care
 - Benchmark current performance
- Develop and implement programs
 - Engage multiple stakeholders
 - Prioritize and focus efforts
- Regularly monitor disparities measures
 - Maintain motivation over time
 - Ensure that gaps are closed



WCHQ Definition of Disparities

Race/Ethnicity*

- American Indian or Alaska Native
- Asian/Pacific Islander
- Black
- Hispanic/Latino
- White

Payer

- Commercial
- Medicaid
- Medicare
- Uninsured

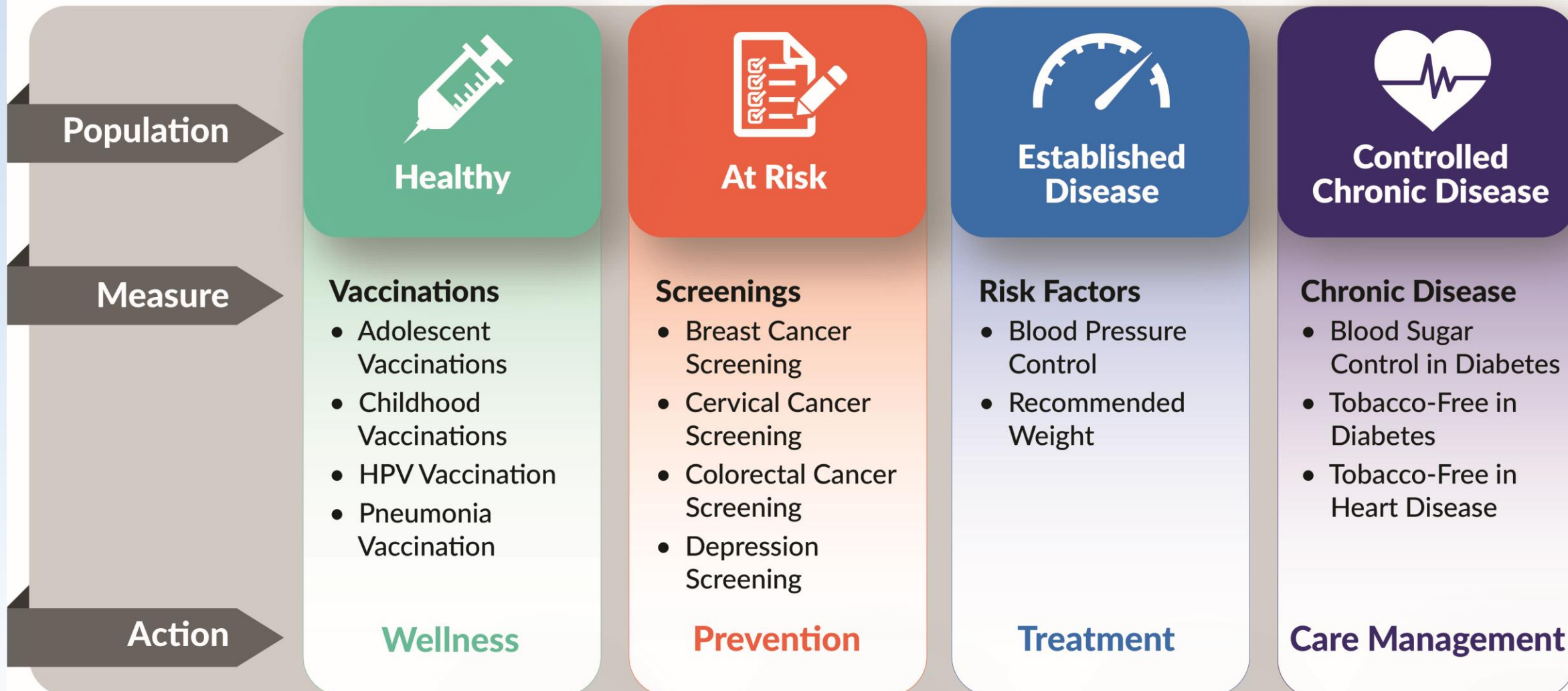
Rural/urban**

- Rural
- Urban

**Limited by only two categories; a future report will use more categories.

*From the Centers for Disease Control and Prevention

Chronic Disease Prevention and Management Continuum



WCHQ Data

Data Sources

- Electronic health records (EHR)
 - 25 health systems
 - Reported twice yearly to WCHQ
 - Longitudinal clinical data
- Some small sample sizes
 - Minimum denominator of 100
- Data do not currently include
 - Federally Qualified Health Centers
 - Indian Health Service clinics
 - Some clinics in northwestern Wisconsin

Population Definition

- Have recently seen a primary care provider (PCP)
- **By limiting to those with a PCP visit, report may underestimate disparities**

Value of WCHQ Approach

- Data are pre-existing; not self-reported
- Measures are actionable
 - Measures can be repeated and tracked over time
 - Recent data (<6 months old)
- Measures span the care continuum
- Detailed information to support programs and change efforts

2019

Wisconsin Health Disparities Report

Results and Discussion

Lauren Bednarz



Definition of Substantial Disparities

Differences in health outcomes and care measures adversely affecting population groups seen in primary care settings.

The following thresholds are used to describe the differences in rates between population groups:

- 0%-4% No difference between population groups
- 5%-9% Population group has *lower* rates, representing a gap or disparity
- **≥10%** **Population group has much lower rates, representing a *substantial gap* or disparity**

Overview of Findings

Race/Ethnicity

- Substantial disparities existed

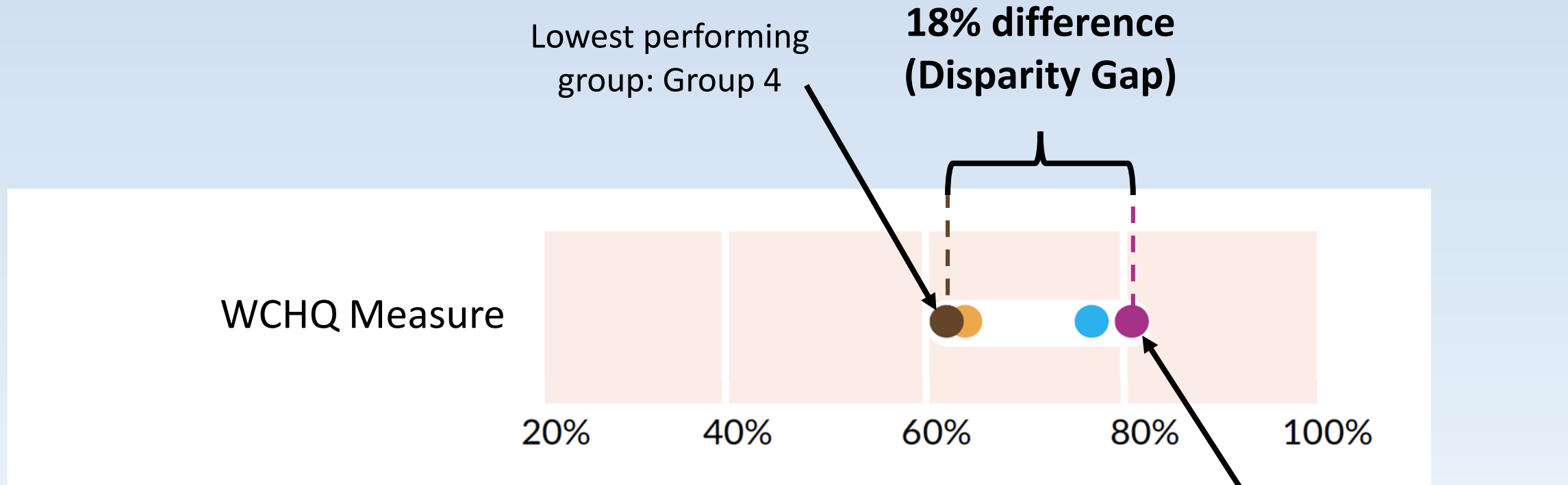
Payer

- Substantial disparities existed

Rural/Urban Residence

- Did not find substantial disparities
- Limited by only two categories
- Future report will use more categorizations

Definition of a Disparity Gap



Number of Patients Eligible

Group 1	N = 345,985
Group 2	N = 26,229
Group 3	N = 161,554
Group 4	N = 16,214

2,919 more adults from **Group 4** need to attain the recommended measure to **close the disparity gap to zero**

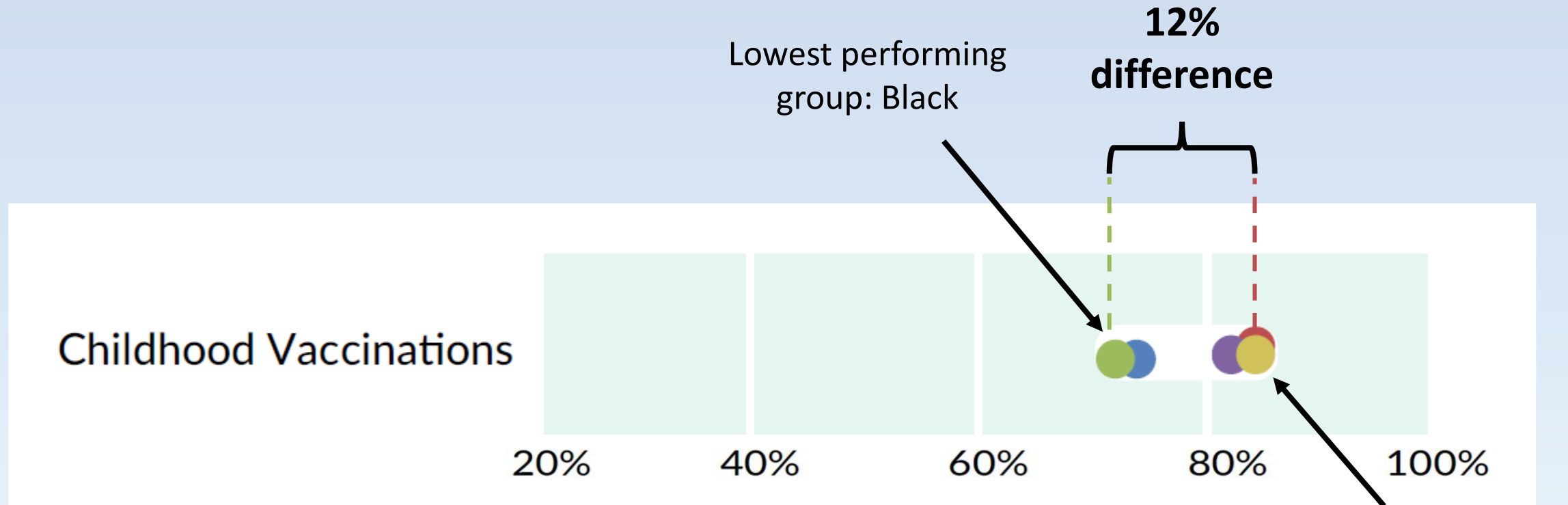
Disparities by Race/Ethnicity

Substantial Disparities in Wisconsin by Race/Ethnicity

	American Indian/ Alaska Native	Asian/ Pacific Islander	Black	Hispanic/ Latino	White
Childhood Vaccinations	10% ↓	●	12% ↓		●
HPV Vaccinations				●	11% ↓
Breast Cancer Screening	12% ↓	10% ↓			●
Colorectal Cancer Screening		11% ↓			●
Recommended Weight	18% ↓	●	20% ↓	18% ↓	10% ↓
Blood Pressure Control			10% ↓		●
Blood Sugar Control in Diabetes				12% ↓	●
Tobacco-Free in Diabetes	23% ↓	●	13% ↓		
Tobacco-Free in Heart Disease	21% ↓	●	19% ↓		

● = Highest performing reference group(s) for the measure

Childhood Vaccinations: Race/Ethnicity

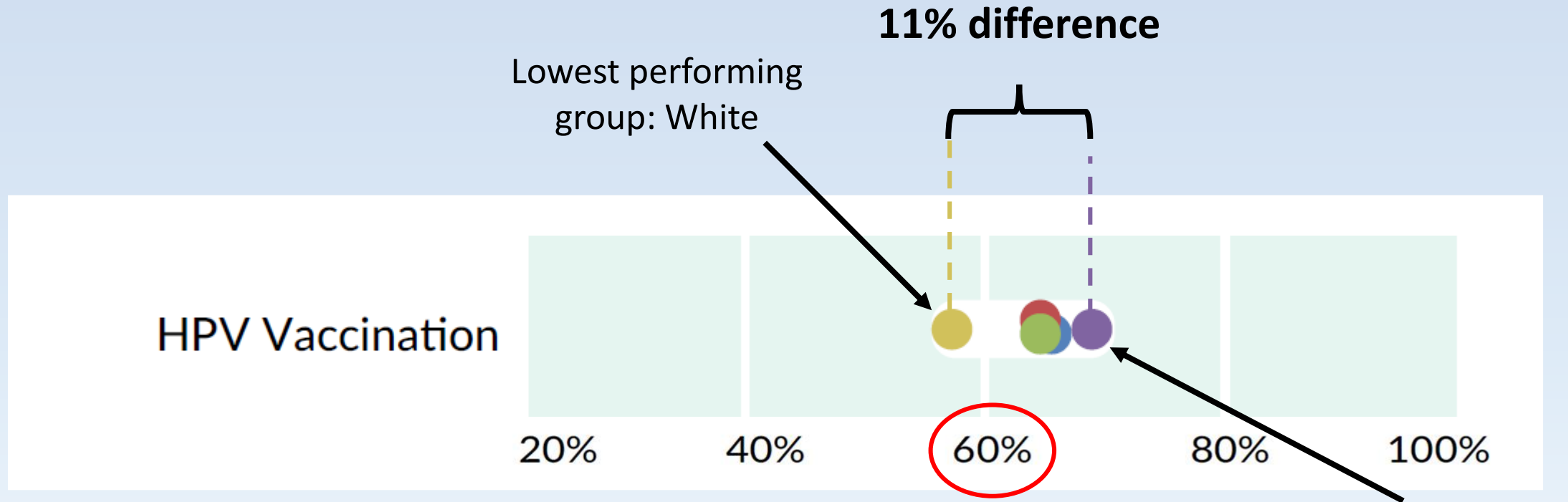


304 more Black children need to receive childhood vaccinations to close the disparity gap

Number of Patients Eligible

American Indian/Alaskan Native	N = 206
Asian/Pacific Islander	N = 1,726
Black	N = 2,532
Hispanic/Latino	N = 3,628
White	N = 30,312

HPV Vaccination: Race/Ethnicity



2,474 more **White adolescents** need to receive the HPV vaccination to close the disparity gap

Number of Patients Eligible

American Indian/Alaskan Native	N = 127
Asian/Pacific Islander	N = 706
Black	N = 1,455
Hispanic/Latino	N = 2,210
White	N = 22,495

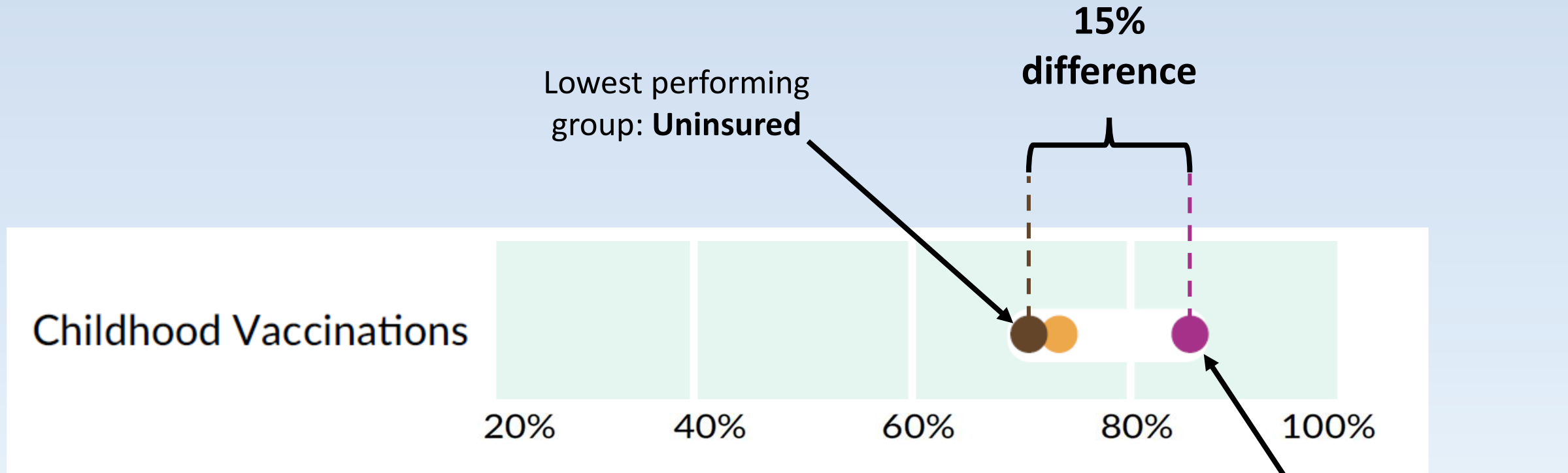
Disparities by Payer

Substantial Disparities in Wisconsin by Payer

	Commercial	Medicaid	Medicare	Uninsured
Childhood Vaccinations	●	12% ↓		15% ↓
HPV Vaccinations		●		13% ↓
Breast Cancer Screening	●	16% ↓		18% ↓
Cervical Cancer Screening	●		19% ↓	12% ↓
Colorectal Cancer Screening	●	17% ↓	●	14% ↓
Depression Screening		15% ↓	●	
Recommended Weight	15% ↓	18% ↓	●	16% ↓
Blood Pressure Control		10% ↓	●	
Blood Sugar Control in Diabetes		17% ↓	●	14% ↓
Tobacco-Free in Diabetes	●	19% ↓	●	
Tobacco-Free in Heart Disease		26% ↓	●	

● = Highest performing reference group(s) for the measure

Childhood Vaccinations: Payer

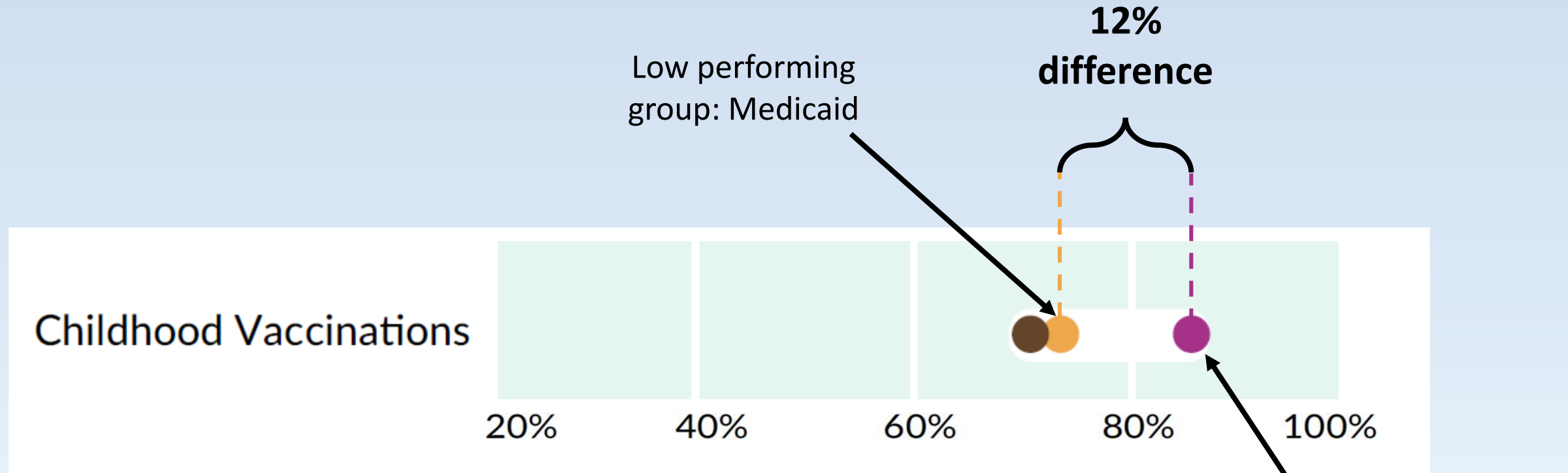


Number of Patients Eligible

Commercial	N = 23,557
Medicaid	N = 13,153
Uninsured	N = 1,131

170 more uninsured children need to receive childhood vaccinations to close the disparity gap

Childhood Vaccinations: Payer

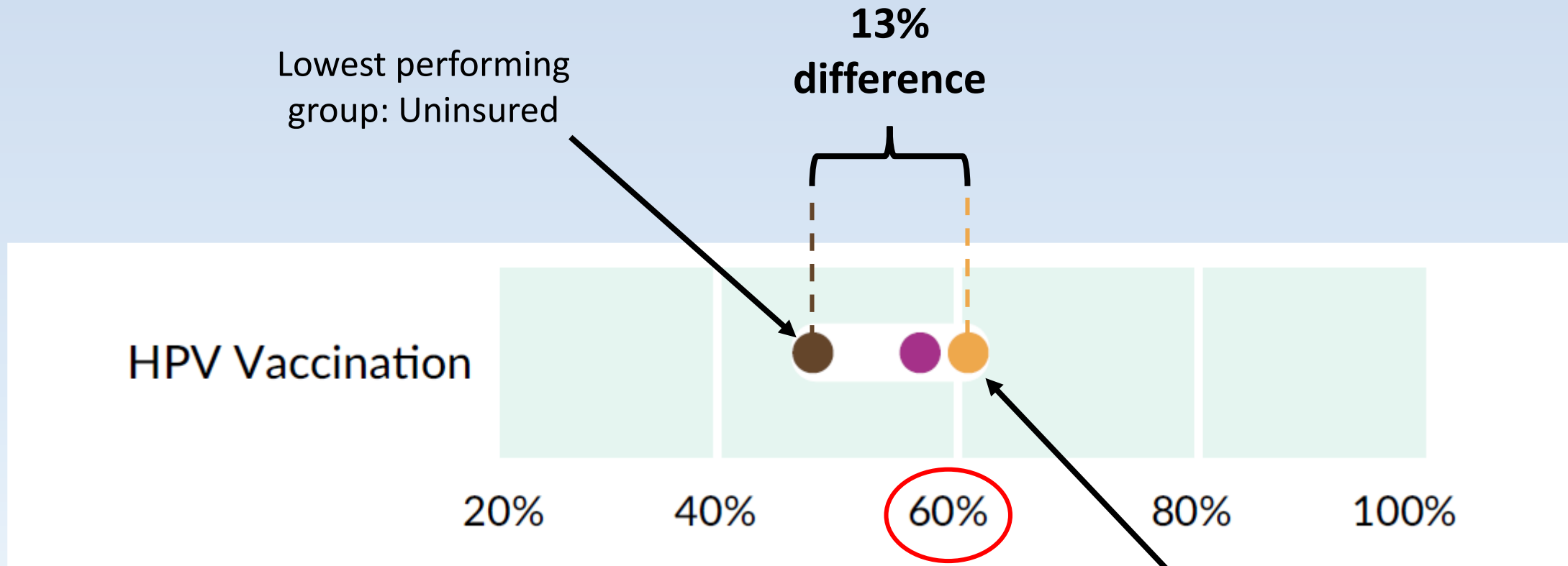


Number of Patients Eligible

Commercial	N = 23,557
Medicaid	N = 13,153
Uninsured	N = 1,131

1,578 more children with Medicaid
need to receive childhood vaccinations
to close the disparity gap

HPV Vaccination: Payer

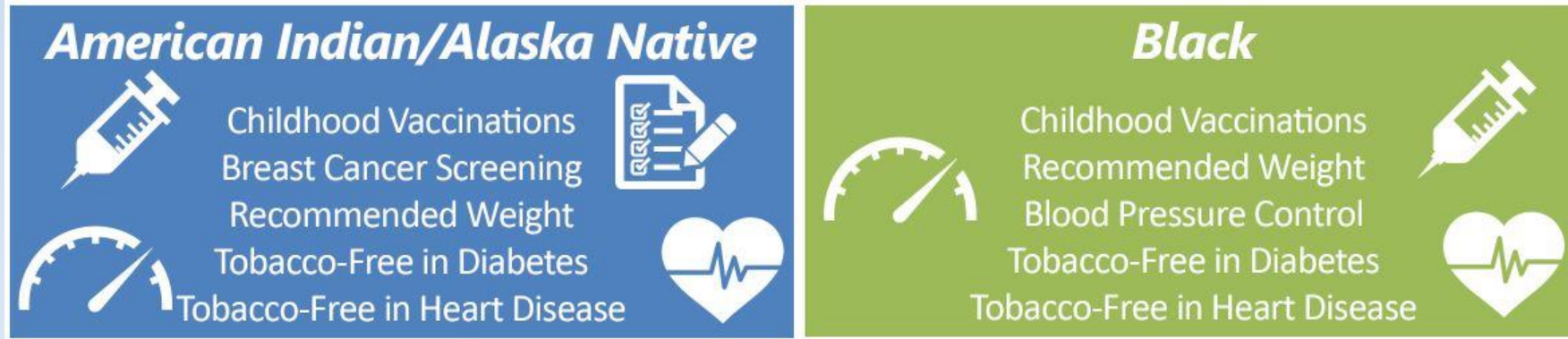


Number of Patients Eligible

Commercial	N = 18,578
Medicaid	N = 6,919
Uninsured	N = 594

77 more uninsured children
need to receive HPV
Vaccinations to close the
disparity gap

Conclusions – Race/Ethnicity



American Indian and Black populations experienced multiple substantial disparities across many measures

- ❑ Consider addressing root causes of health such as social & economic factors, with focused efforts on selected measures



Hispanic/Latino, White, and Asian/Pacific Islander populations experienced fewer substantial disparities

- ❑ Consider targeting selected measures with focused efforts, in addition to root causes when indicated

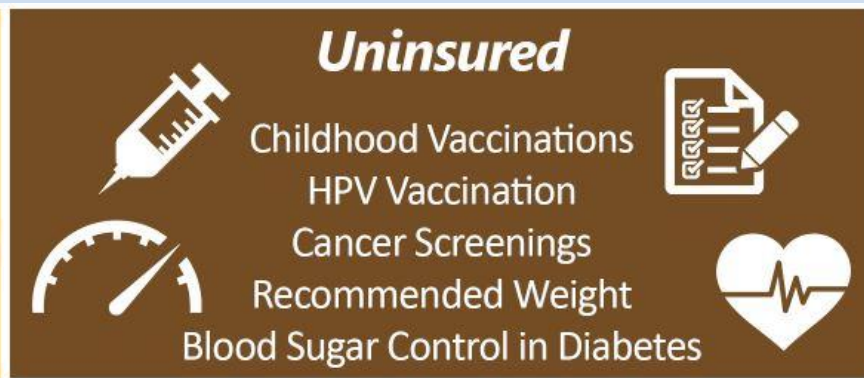
Conclusions - Payer

Medicaid Insurance



Childhood Vaccinations
Cancer & Depression Screenings
Recommended Weight
Blood Pressure Control
Blood Sugar Control in Diabetes
Tobacco-Free in Diabetes and in Heart Disease

Uninsured



Childhood Vaccinations
HPV Vaccination
Cancer Screenings
Recommended Weight
Blood Sugar Control in Diabetes

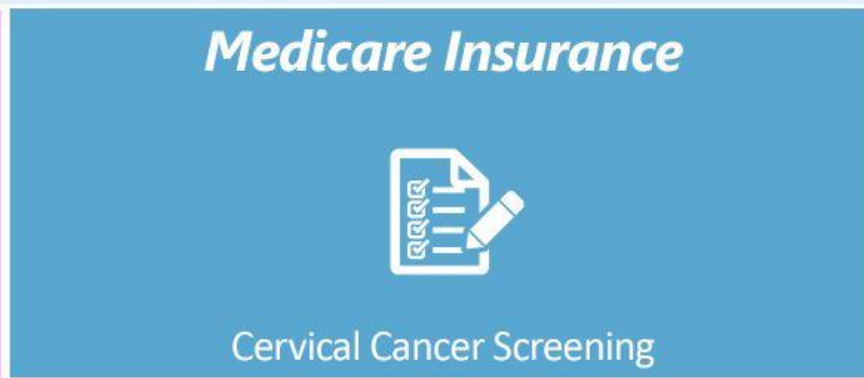
Those on Medicaid or Uninsured experienced multiple substantial disparities across many measures

Commercial Insurance



Recommended Weight

Medicare Insurance



Cervical Cancer Screening

Those on Commercial insurance or Medicare experienced fewer substantial disparities

Consider addressing root causes of health such as social & economic factors, with focused efforts on selected measures

Consider targeting selected measures with focused efforts, in addition to root causes when indicated

Challenge – Align Stakeholders to Common Goal



**Recent and
regularly updated
data allows WCHQ
to monitor
statewide
progress in closing
disparities gaps**

Discussion/Questions

Summary for Reference

Race/Ethnicity	Substantial Disparities in Wisconsin Compared to Population Group with the Highest Rate
American Indian/Alaska Native	Childhood vaccinations; breast cancer screening; recommended weight; tobacco-free (diabetes; heart disease)
Asian/Pacific Islander	Breast cancer screening; colorectal cancer screening
Black	Childhood vaccinations; recommended weight; blood pressure control; tobacco-free (diabetes; heart disease)
Hispanic/Latino	Recommended weight; blood sugar control (diabetes)
White	HPV vaccination; recommended weight

Payer	Substantial Disparities in Wisconsin Compared to Population Group with the Highest Rate
Commercial	Recommended weight
Medicare	Cervical cancer screening*
Medicaid	Childhood vaccinations; breast and colorectal cancer screening; depression screening; recommended weight; blood pressure control; blood sugar control (diabetes); tobacco-free (diabetes; heart disease)
Uninsured	Childhood vaccinations; HPV vaccination; breast, colorectal, and cervical cancer screening; depression screening; recommended weight; blood sugar control (diabetes)

*Approximately 17% of Medicare beneficiaries are under the age of 65

2019 Wisconsin Health Disparities Report

Report available at www.wchq.org/disparities.php

Appendix available through WCHQ online community
and www.hipxchange.org/wchqdisparities



Public Health Framework for Reducing Health Inequities

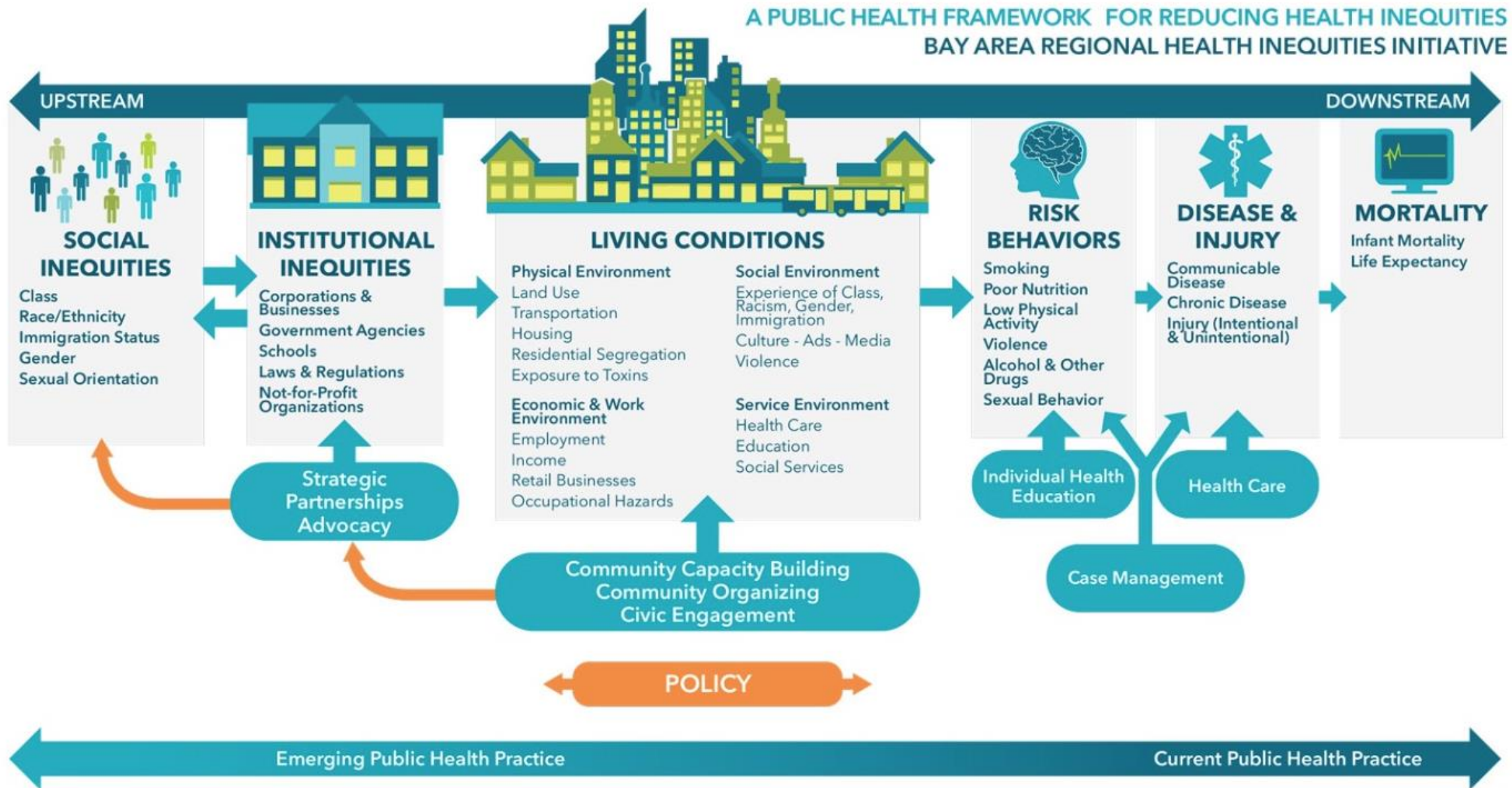


Figure 1: A Public Health Framework for Reducing Health Inequities - Bay Area Regional Health Inequities Initiative³