

MILES TO GO:

Progress on Addressing Racial and Ethnic Health Disparities in the Dual Eligible Demonstration Projects

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VOICES FOR BETTER HEALTH



***New Opportunity to Address Racial and Ethnic Health Disparities
for Medicare & Medicaid Beneficiaries Webinar***

November 11, 2014

Boston, MA

About Community Catalyst



- Nonprofit health care advocacy organization
- Network of advocates in 40+ states
- Building advocacy infrastructure
- Leading broad-based issue campaigns
- Advancing health equity is an organizational priority

Voices for Better Health

Partners with state and local advocates to:

- Influence the policies and design of the dual eligible demonstrations at the state and federal level
- Work with delivery systems to develop meaningful engagement with their consumers

AGENDA

1. Overview of the Demonstrations

2. Miles to Go

- Key Findings
- Recommendations

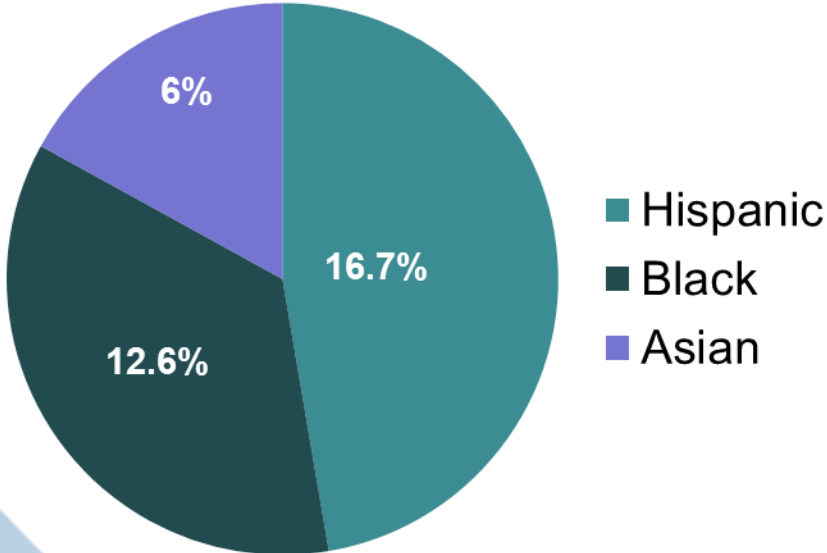
3. Role for Advocates

Overview of the Demonstrations

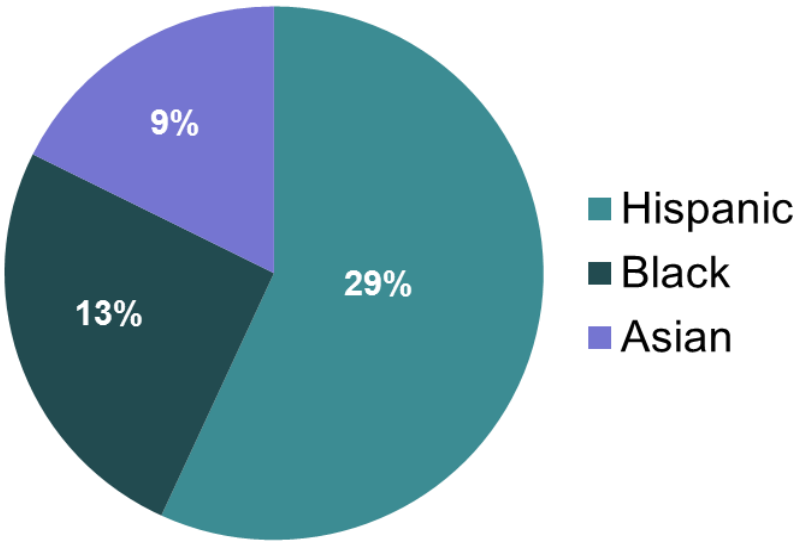
- Medicare-Medicaid Coordination Office
- Financing Mechanisms
 - Capitated
 - Managed Fee for Service
- Current Status
 - Three-way contracts
 - Memoranda of Understanding

The Changing Demographics

Current



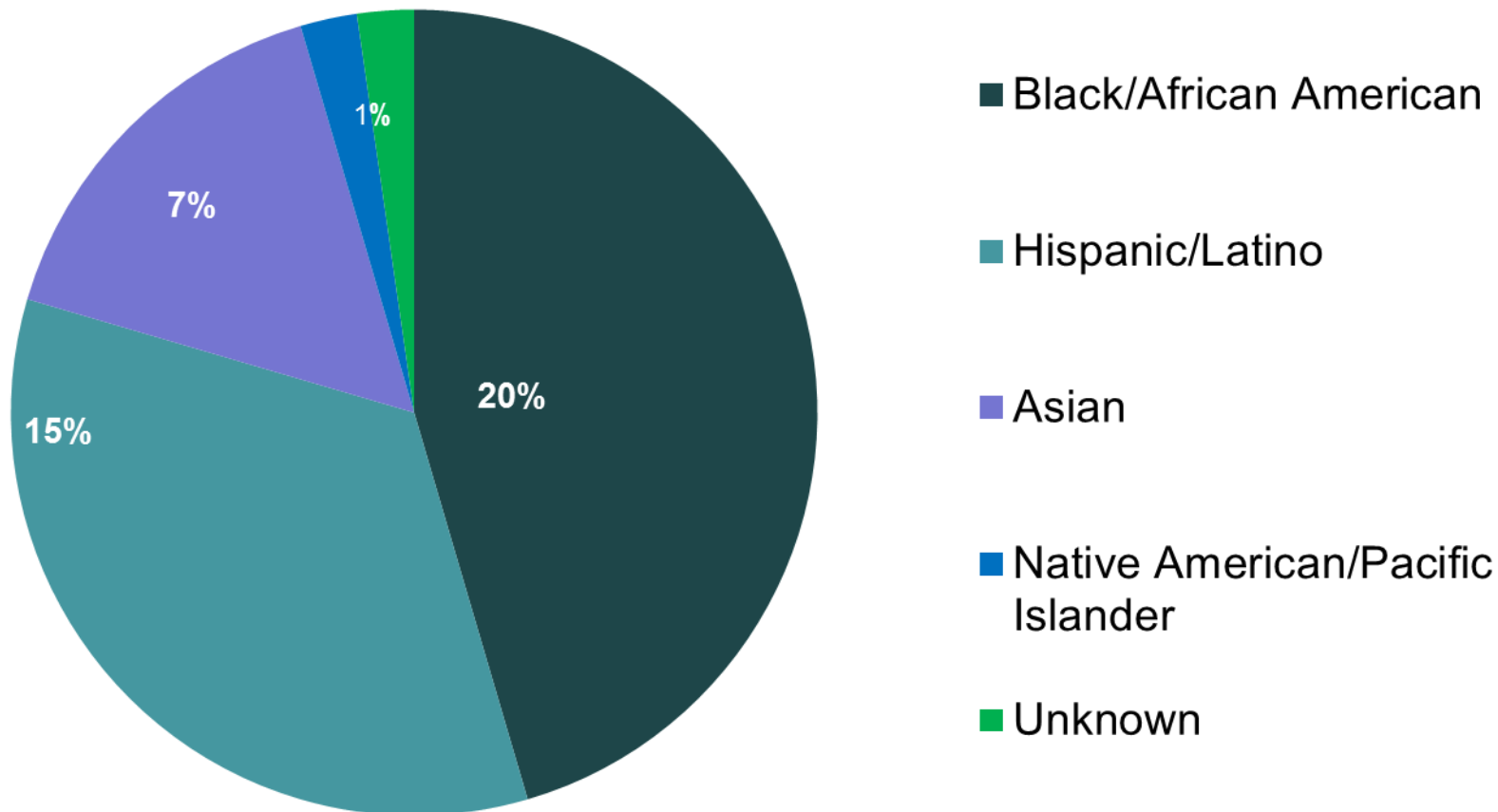
Projected by 2050



Source: U.S. Census and National Standards for Culturally and Linguistically Appropriate Services

Demographics Among Dual Eligibles

Breakdown by Race



Source: Centers for Medicare and Medicaid Services, "Medicare-Medicaid Enrollee State Profile The National Summary -2008" See Figures 8 and 9. Retrieved: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/2008NationalSummary.pdf>

Barriers to Care Today

All Duals Population

- No reliable data and quality measures
- Medicare and Medicaid not working well together
- Lack of meaningful consumer engagement

Sub-populations

- Language and communications barriers
- Lack of a diverse workforce
- Lack of cultural competence and sensitivity among health and health care professionals
- Lack of care coordination

Miles to Go: Key Findings

- Cultural Competency in Care Delivery
- Language Access
- Quality and Monitoring
- Consumer Engagement

Miles to Go: Recommendations

- Ensure a Diverse Workforce
- Delivering LTSS in a Culturally Competency Manner
- Cultural Competency Training for Staff and Providers
- Implement Appropriate Language Access Services
- Quality and Monitoring Related to Racial and Ethnic Health Disparities
- Inclusive Consumer Engagement

Consumer Advocates Play a Pivotal Role

- Design, Implementation and Oversight Phase
 - State Level
 - Plan/Provider Group Level
 - Grassroots/Education

Thank You!



Who We Are



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COALITION

sageSM

SERVICES & ADVOCACY
FOR GAY, LESBIAN, BISEXUAL
& TRANSGENDER ELDERS

NHCOA
NATIONAL HISPANIC COUNCIL ON AGING



NAPCA NATIONAL ASIAN PACIFIC
CENTER ON AGING

What We Do



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- Advocate for policies and programs that improve aging in our communities as racially and ethnically diverse people, AI/ANs and LGBT people
- Focus on strengthening programs that enhance the health and economic security of diverse elders
- Educate and connect our older people and their loved ones to key policy debates on aging
- Seek to increase public support for issues that affect our communities

Changing Demographics



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- The U.S. is becoming increasingly older and more diverse in its racial and ethnic composition
- By 2030, 1 in 3 people 65 or older will be a person of color, which includes Black, Latino, Asian and Pacific Islander, American Indian and Alaska Native, and multiracial people
- More than 4 million LGBT people will be age 65 or older by 2030

Challenges Facing Older People of Color and LGBT Elders



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- Economic vulnerability
- Poor health and health care access
- Cultural and linguistic challenges
- Public policies that neglect, discriminate and underfund our communities

Disproportionately Represented Among Dual Eligible Populations



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- 44% of U.S. Dual Eligible populations are from communities of color, compared to 17% of the Medicare only population
- Data for LGBT Dual Eligibles not available
- 59% of Dual Eligibles are 65 and older
- Great variety in demographics state to state

The Need for Disaggregated Data

California Example



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- 71% are 65 and older
- Medicare only: 83% white, 3% Hispanic, 5% Black, 4% Asian, 5% other (17% communities of color)
- All Dual Eligibles: 50% white, 16% Hispanic, 10% Black, 20% Asian, 3% other (50% communities of color)
- Dual Eligibles 65 and older: 45% white, 17% Hispanic, 8% Black, **27% Asian**, 4% other (55% communities of color)
- LGBT ???

27% Asian – Hard to Use This Data When Planning Services Without More Detail



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- AAPI population comprised of 30+ ethnic groups
- Limited English Proficiency rates in California
 - California overall 19.4%, Asian overall 33.9%, Hmong 38.7%, Vietnamese 55.1%
 - For people with LEP, visual and audio educational materials are helpful
- Poverty rates
 - California overall 16.4% , Asian overall 12%, Hmong 35%, Vietnamese 17%

27% Asian – Hard to Use This Data When Planning Services Without More Detail (continued)



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➤ Health

- AAPI elders face chronic health conditions such as diabetes and high blood pressure
- Southeast Asian American elders face high rates of mental health conditions such as PTSD due to refugee experiences with war trauma
- 1 in 12 AAPIs live with Chronic Hepatitis B
- Older Asian American women have the highest suicide rate of all women over age 65 in the U.S.

Health Literacy



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- Health care requires the active involvement of patients, particularly those with chronic conditions
- Health literacy – essential to active involvement
 - How and when to take medications
 - Useful discussions with medical providers
 - Daily decisions which impact health
- Limited health literacy limits health communications and worsens outcomes

Health Literacy and Aging Populations



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- 71% of older adults report difficulty using print materials provided by their medical provider
- 80% have difficulty using forms and charts posted in the clinic or doctor's office
- 68% have difficulty calculating the amount of medication prescribed to them
- 29% have below basic health literacy level

Health Literacy and Hispanics



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- Hispanic Adults have on average lower health literacy than any other racial/ethnic group in the U.S.
- 41% of Latino adults lack basic health literacy
- Non-native English speakers more likely to have low health literacy
- Immigrants more likely to have difficulty navigating health care system
- Linguistic and cultural barriers compound the challenges

Improving Health Literacy

NHCOA's Resources



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- Health literacy page: Resources in English & Spanish
 - <http://www.nhcoa.org/health-literacy/>
- Health literacy tool developed for lay health educators
 - The Portal e Comunidad system
 - www.nhcoa.org/elearning (in beta testing mode)
 - Tuition-free online learning community



Cultural and Linguistic Competency



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- Older people of color and LGBT elders report encountering aging and health professionals who lack the insight and sensitivities to deal with elders with different cultural backgrounds, customs, languages and identities
- Limited-English elders report a dearth in resources available in their native languages
- AI/AN: 566 federally recognized tribes, many languages, tribe specific customs, geographic isolation & a lifetime of discrimination
- Lack of integrated data and research for a complete picture of AI/ANs especially elders age 55+

Cultural and Linguistic Competency

A Look at LGBT Older Adults



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- SAGE's recently released LGBT older adult market research study: Out & Visible
 - <http://www.sageusa.org/resources/outandvisible.cfm>
- 40% of LGBT people ages 60-75 say their healthcare providers don't know their sexual orientation
- Fear of being judged or receiving inferior care. Higher among Hispanic and African American LGBT older people than among White LGBT older people
- 65% of transgender older people fear they will experience limited access to healthcare

Cultural and Linguistic Competency Understanding & Supporting LGBT Older Adults



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- The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to LGBT older adults
- NRC offers both in-person and online webinar trainings meant to assist you in learning the best ways to create an inclusive, safe, and welcoming environment for your LGBT older population
 - <http://www.lgbtagingcenter.org>

Cultural and Linguistic Competency LGBT Older Adults (continued)



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- The history of legally- and medically-sanctioned discrimination and prejudice is what has led many older LGBT adults to have a deep distrust of the government and health and social services
- Common Assumption: Service providers assume they can identify any LGBT adult
- Assuming you do not serve LGBT people may create a “Don’t Ask don’t Tell” atmosphere

Cultural and Linguistic Competency NHCOA Resources



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- NHCOA developed a Cultural Competency Course for healthcare providers who serve large Hispanic populations
 - <http://edu.nhcoa.org>
- Part of the Salud y Bienestar (Health and Wellbeing) program which focuses on increasing awareness and education about diabetes among Hispanic older adults, while working to close the gap between healthcare users and providers

Learn More

Twitter:

[@diverseelders](https://twitter.com/diverseelders)

Facebook:

[Facebook.com/diverseelders](https://www.facebook.com/diverseelders)

Website:

www.diverseelders.org

Blog:

www.diverseelders.org/blog



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Community Catalyst Michigan Voices for Better Health MI Health Link



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November 11, 2014

Michigan Demonstration Project *MI Health Link*



- 9 counties / 4 regions, Southeast, Southwest and the Upper Peninsula
- Approximately 100K identified dual eligible persons
- Two waves voluntary enrollment
- Partner with health care plans – *ICO's*
 - Medical / physical health benefits
 - *Behavioral / substance abuse benefits – contract with PIHP's*
 - LTSS Coordinator
 - Demonstrate cultural competency
 - Compliant with ADA and Olmstead Act
 - Required to have a Community Advisory Board

Demographics



- Four regions
 - Diverse education, culture, ethnicity, religion, race, income
 - Location of home, Exposure to toxins,

	Berrien	Wayne	St. Joe
65+	17%	14%	16%
Caucasian	80%	54%	94%
Language other than English	8%	12%	10%
Below poverty level	20%	24%	17%

Why talk about it?



- What is cultural competency? Developing cultural competence results in an ability to understand, communicate with, and ***effectively interact*** with people across cultures.
 - four components
 - 1) Awareness of one's own cultural worldview
 - 2) Attitude towards cultural differences
 - 3) Knowledge of different cultural practices and worldviews
 - 3) Cross-cultural skills.

MI Health Link's Plan



- Recognize wide variety of people to be serviced
 - Native Americans / Hmong
 - Oakland County / Wayne County
 - Catholic / Muslims / Protestants / Atheist
 - Various educational and reading levels
- Statewide meeting in next few weeks – opportunity to meet as a group to develop plan to work with Advocates
- Collaborating with geriatric partner
 - Identifying groups / organizations to approach
 - Developing talking points

Provider Perspective



- Direct Provider / First Line



- Indirect Provider / Second Line



First Line Provider Perspective



- Population Serving

	Wayne County	Detroit City
65+	14%	11%
Caucasian*	54%	10%
Language other than English	12%	10%
Below poverty level	24%	38%

- Personal Experience



Take-Away Points

- Remember definition of ‘Cultural Competency’
- Offer to assist in developing Cultural Competencies (provide available resources)
- Encourage providers to have staff reflective of community they are serving
- Have continual training and evaluation of programs
- Reach out to community / religious groups
- Consider sponsoring consumer focus groups – better understanding of community needs



Better Health

Less costs \$