FLORIDA ALLIANCE FOR HEALTHCARE VALUE
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Diabetes Employer Learning Collaborative

June 28, 2022

1:30 PM– 2:30 PM EST

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Presentations at Today's ELC

- **Prediabetes, Diabetes & Obesity: The Role of Health Equity –** Lauren L. Josephs, PhD, LMHC, NCC, Florida Alliance for Healthcare Value
- **The National DPP: The Business Case for Inclusion as a Covered Health Benefit** – Karen van Caulil, PhD, Florida Alliance for Healthcare Value

Prediabetes, Diabetes & Obesity: The Role of Health Equity

PRESENTER:
LAUREN L. JOSEPHS, PHD, LMHC

Training Objectives

1. Learn diabetes and obesity statistics pertaining to Black, Indigenous, and People of Color (BIPOC)
2. Understand the difference between racial and health equity; equity and equality in benefit design
3. Learn about unique factors BIPOC face in receiving diagnoses and accessing treatment
4. Learn about the employer's role in achieving health equity

Health Disparity

Health disparity:

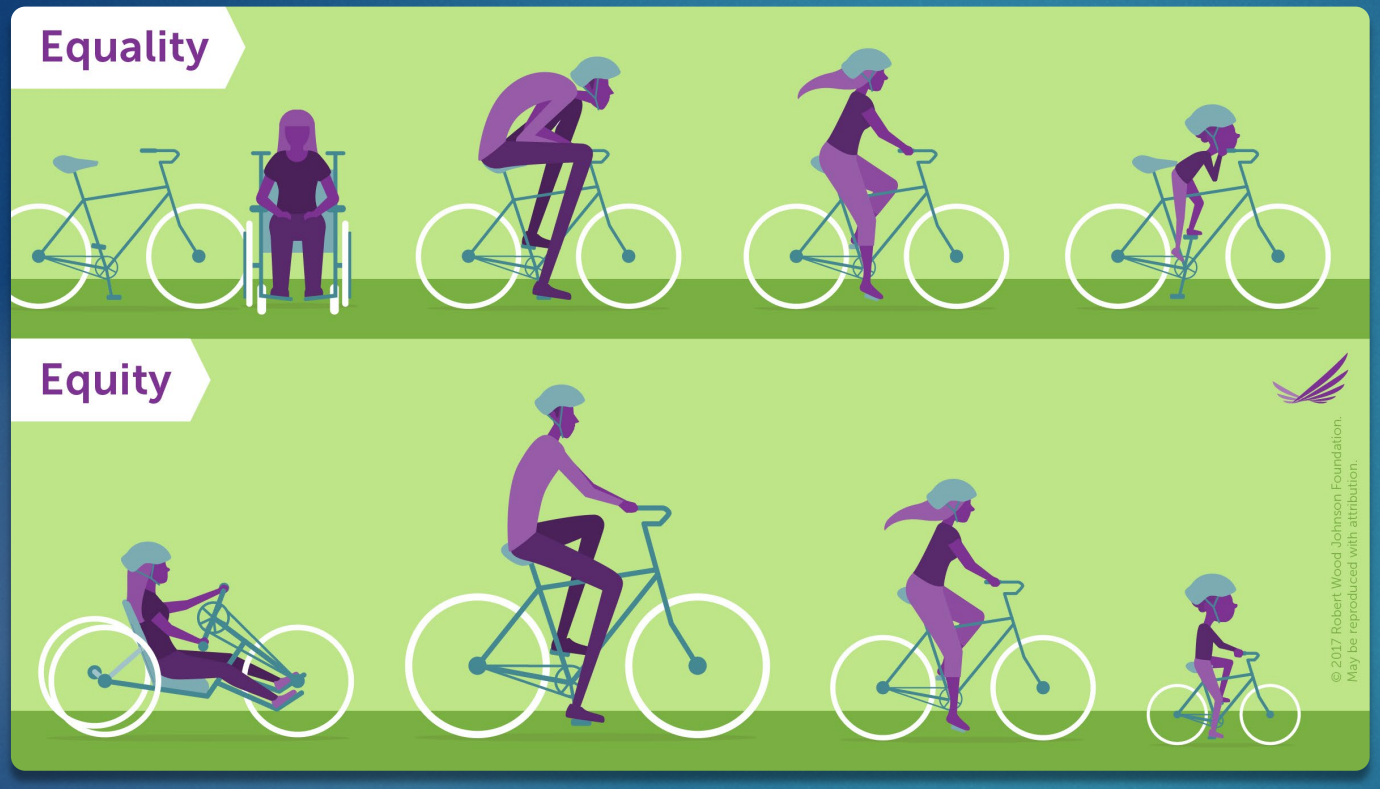
- **health difference** that is closely linked with social, economic, and/or environmental disadvantage.
- adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.
- Health disparities (worse health in marginalized groups) are how we measure progress toward health equity.

https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030

Equality, Equity, Racial Equity and Health Equity

- **Equality** means each individual or group of people is given the same resources or opportunities
- **Equity** recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.
- **Health equity** means that everyone has a fair and just opportunity to be as healthy as possible.
- **Racial equity** is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares.

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/



Equality vs. Equity

https://www.rwjf.org/en/library/features/achieving-health-equity.html

Social Determinants of Health

- Movement towards health equity requires work to address the social and structural determinants that underly inequitable outcomes in life and in health.
- Social determinants of health are are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.
- These circumstances are shaped by the distribution of money, power and resources.
- The social determinants of health also determine access and quality of medical care

https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Social Determinants of Health

- SDOH have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:
  - Safe housing, transportation, and neighborhoods
  - Racism, discrimination, and violence
  - Education, job opportunities, and income
  - Access to nutritious foods and physical activity opportunities
  - Polluted air and water
  - Language and literacy skills

- Merely promoting healthy choices won't address the negative impact of poor social determinants

https://www.diabetes.org/about-us/statistics/cost-diabetes

Factors Impacting Access to Care & Diagnosis

https://www.diabetes.org/about-us/statistics/cost-diabetes

Factors Impacting Access to Care & Diagnosis

Disparities in Health <u>care</u>

- Despite improvements in the overall health in the US, BIPOC experience a lower quality of health care
- BIPOC are less likely to receive routine medical care and face higher rates of morbidity and mortality

The IOM report found that:

- Disparities in health care exist and are associated with worse health outcomes.
- Health care disparities occur in the context of broader inequality.
- There are many sources across health systems, providers, patients and managers that contribute to disparities.
- Bias, stereotyping, prejudice and clinical uncertainty contribute to disparities.
- A small number of studies suggest that racial and ethnic minority patients are more likely to refuse treatment.

Institute of Medicine 2002. Care Without Coverage: Too Little, Too Late. Washington, DC: The National Academies Press. https://doi.org/10.17226/10367.

Factors Impacting Access to Care & Diagnosis

- **Lack of health insurance** –likely to delay healthcare and to go without the necessary healthcare or medication they should have been prescribed.
- **Lack of financial resources** –limits to number of visit and types of providers.
- **Irregular source of care** – Compared to white individuals, BIPOC are less likely to be able to visit the same doctor on a regular basis and are more likely to utilize clinics and emergency rooms.

Institute of Medicine 2002. Care Without Coverage: Too Little, Too Late. Washington, DC: The National Academies Press. https://doi.org/10.17226/10367.

Factors Impacting Access to Care & Diagnosis

- **Structural barriers** –lack of transport to healthcare providers, inability to obtain convenient appointment times and lengthy waiting room times
- **Lack of healthcare providers**
- **Language barriers** – Limited-English-Proficiency can make it difficult for people to understand basic information about health conditions or when they should visit their doctor.
- **Age** –15% of the older adults don't have access to the internet; can't have access remote visits

https://www.diabetes.org/about-us/statistics/cost-diabetes

Prediabetes, Diabetes & Obesity Prevalence, Disparities & Costs

Intersectionality

- **Health and health care disparities are often viewed through the lens of race and ethnicity, but they occur across a broad range of dimensions.**
  - Socioeconomic status
  - Age
  - Geography
  - Language
  - Gender
  - Disability status
  - Citizenship status, and
  - Sexual identity and orientation

  These groups are not mutually exclusive and often intersect in meaningful ways.

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

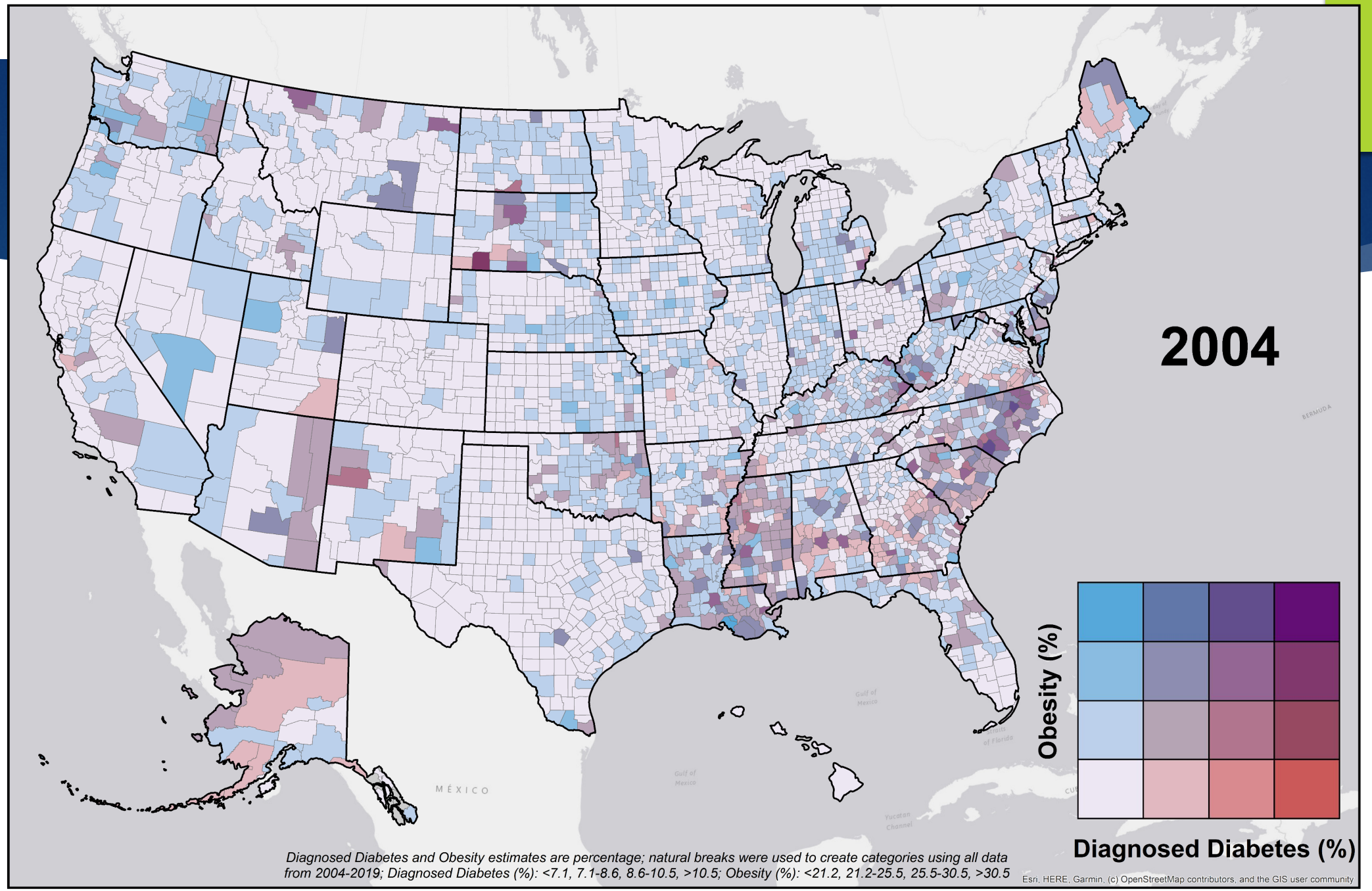
Within Group Differences

- There are differences within groups (e.g., Hispanic and Asian populations) in health and health care based on length of time in the country, primary language, and immigration status.
- Data for Asian people sometimes mask underlying disparities among subgroups within the Asian population.

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Age-Adjusted Prevalence of Diagnosed Diabetes and Obesity Among Adults, by County, United States (2004, 2009, 2014, 2019)

https://www.diabetes.org/about-us/statistics/cost-diabetes



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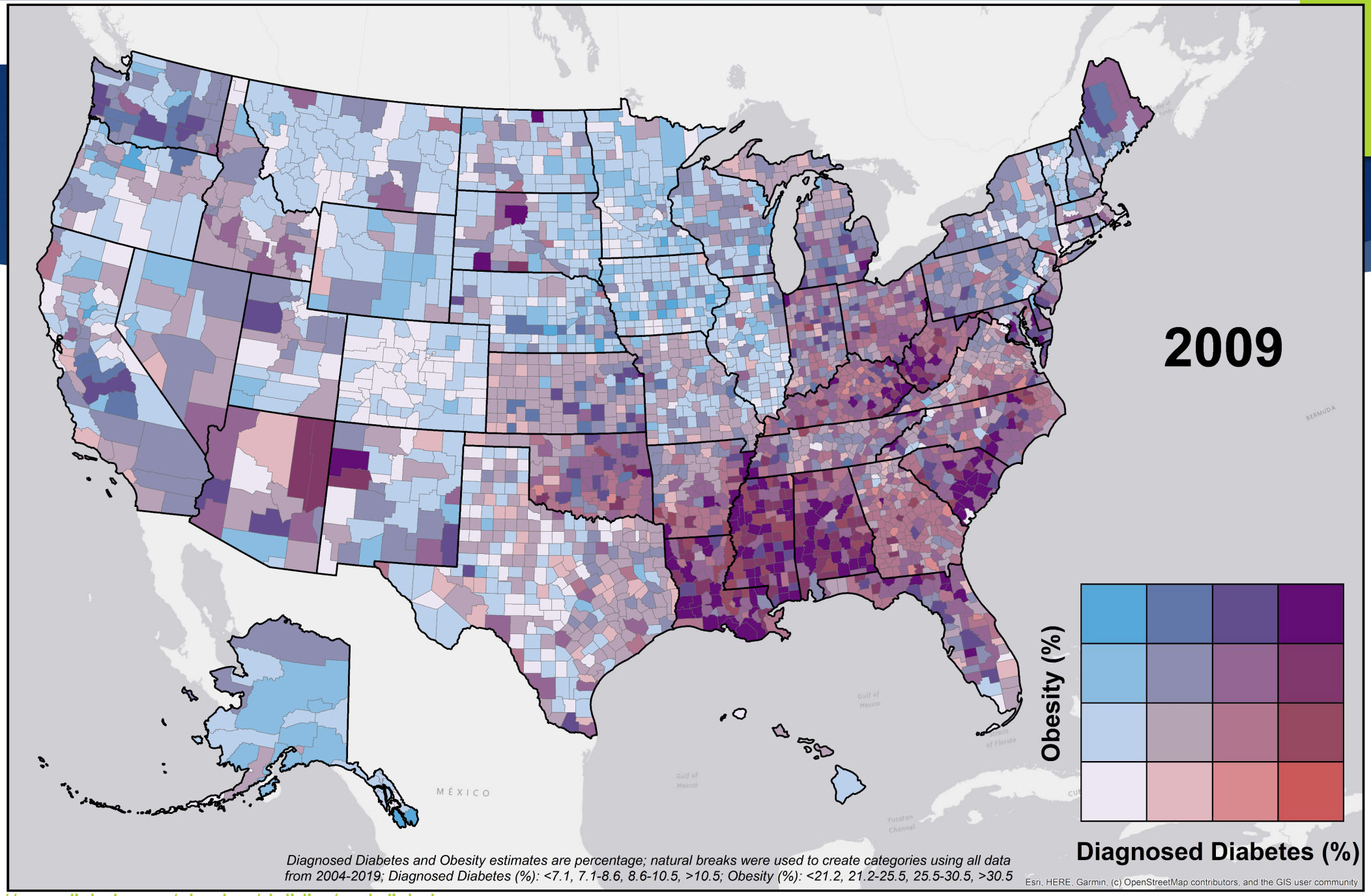

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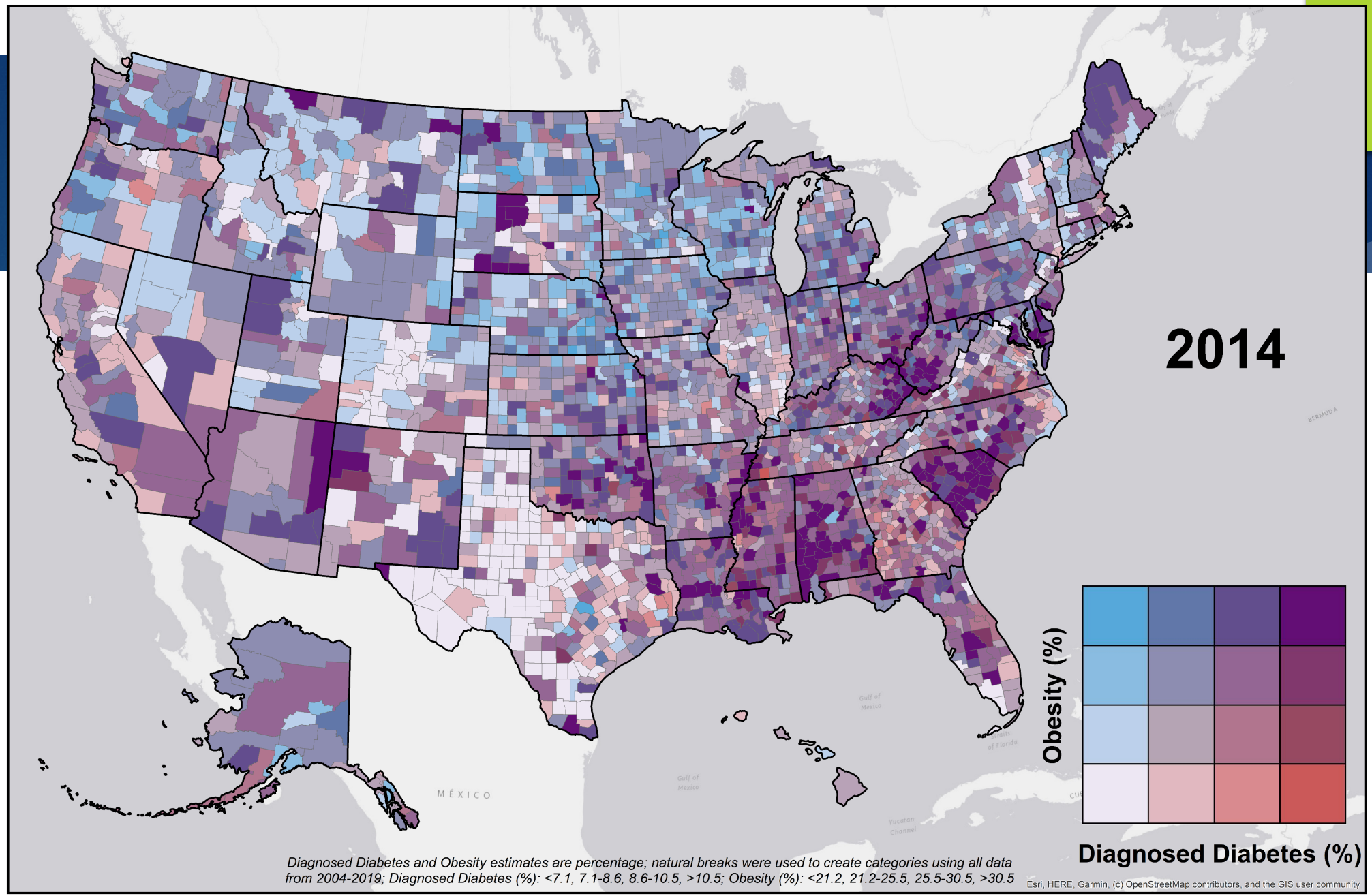

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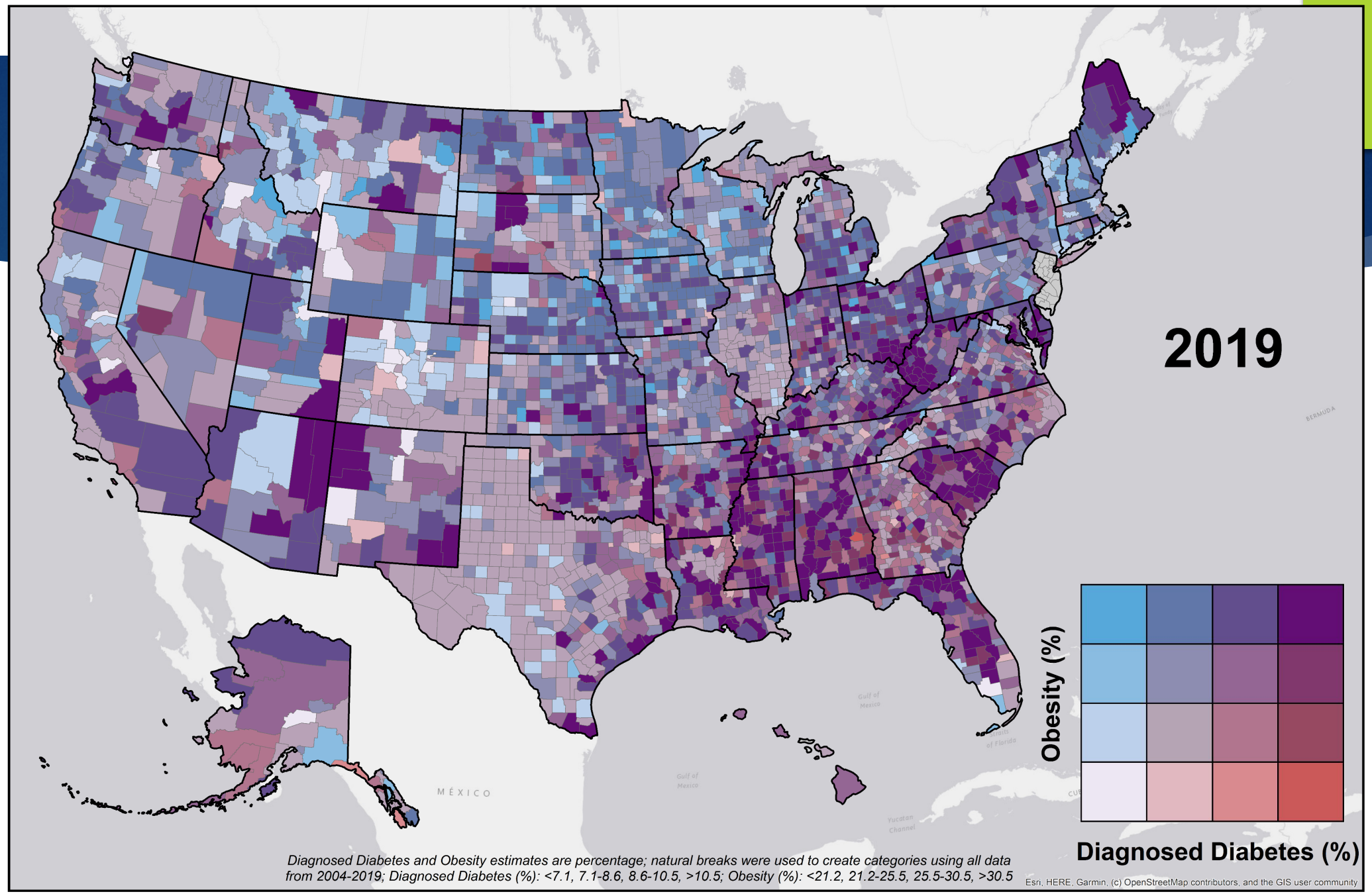

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Obesity Prevalence & Costs

- The US obesity prevalence increased from 30.5% (1999)to 41.9% (2017 –2020).
- Prevalence of severe obesity increased from 4.7% to 9.2%.
- The estimated annual medical cost of obesity in the United States was nearly $**173 billion** in 2019 dollars.
- Medical costs for adults who had obesity were $1,861 higher than medical costs for people with healthy weight.

https://www.cdc.gov/obesity/data/adult.html

Disparities in Prevalence of Obesity

HIGHER PREVALENCE

- Black, American Indian/Alaska Native, Hawaiian/Pacific Islander and Hispanic adults
- Adults ages 45-64
- Adults ages 25 and older with less than a high school education
- Adults ages 25 and older with an annual household income less than $25,000

LOWER PREVALENCE

- Asian adults have a significantly lower prevalence of obesity than all other racial and ethnic groups
- Adults ages 18-44 and adults ages 65+
- College graduates have the lowest prevalence of obesity
- Adults with a household income of $75,000 or more have the lowest prevalence of obesity

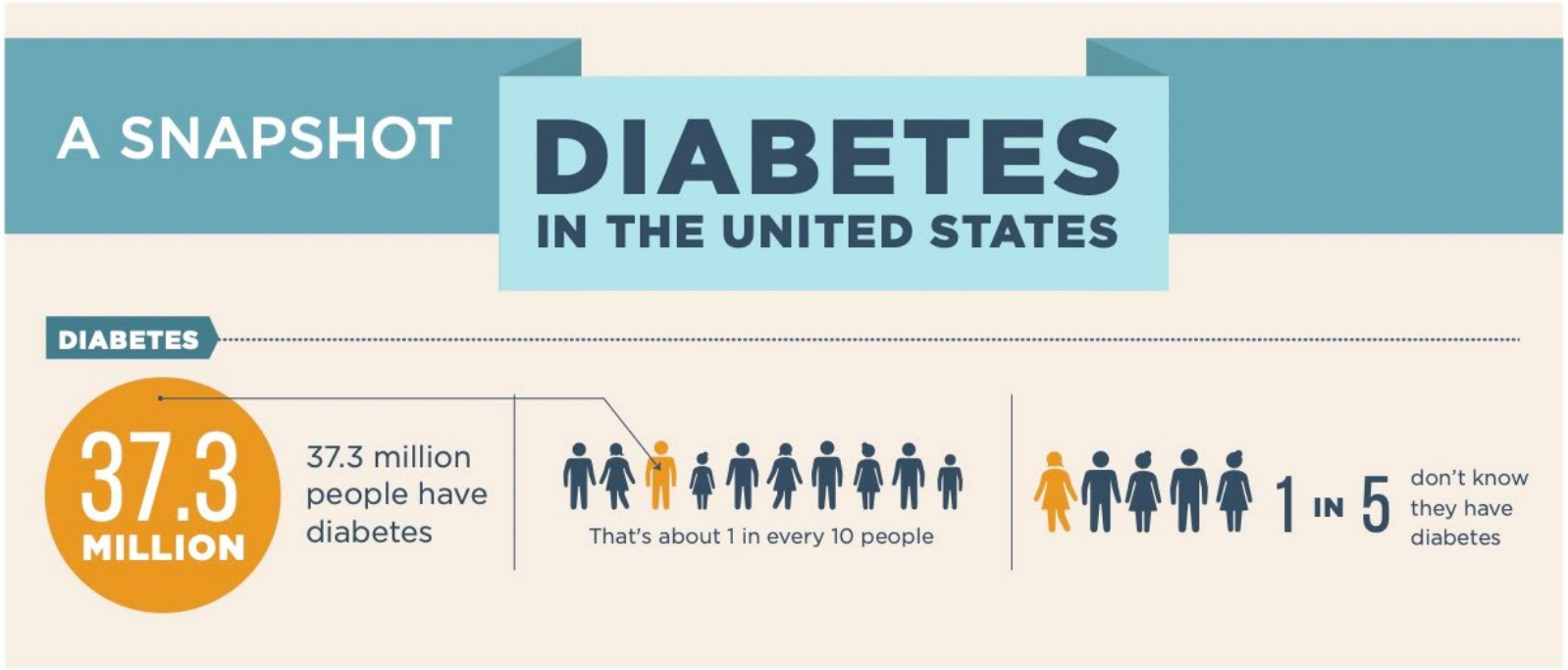
https://www.cdc.gov/obesity/data/adult.html

Disparities in Prevalence of Obesity

- Non-Hispanic Black adults (49.9%)
- Hispanic adults (45.6%),
- Non-Hispanic White adults (41.4%)
- Non-Hispanic Asian adults (16.1%).
- The obesity prevalence also varies by age
  - 39.8% among adults aged 20 to 39 years
  - 44.3% among adults aged 40 to 59 years, and
  - 41.5% among adults aged 60 and older.

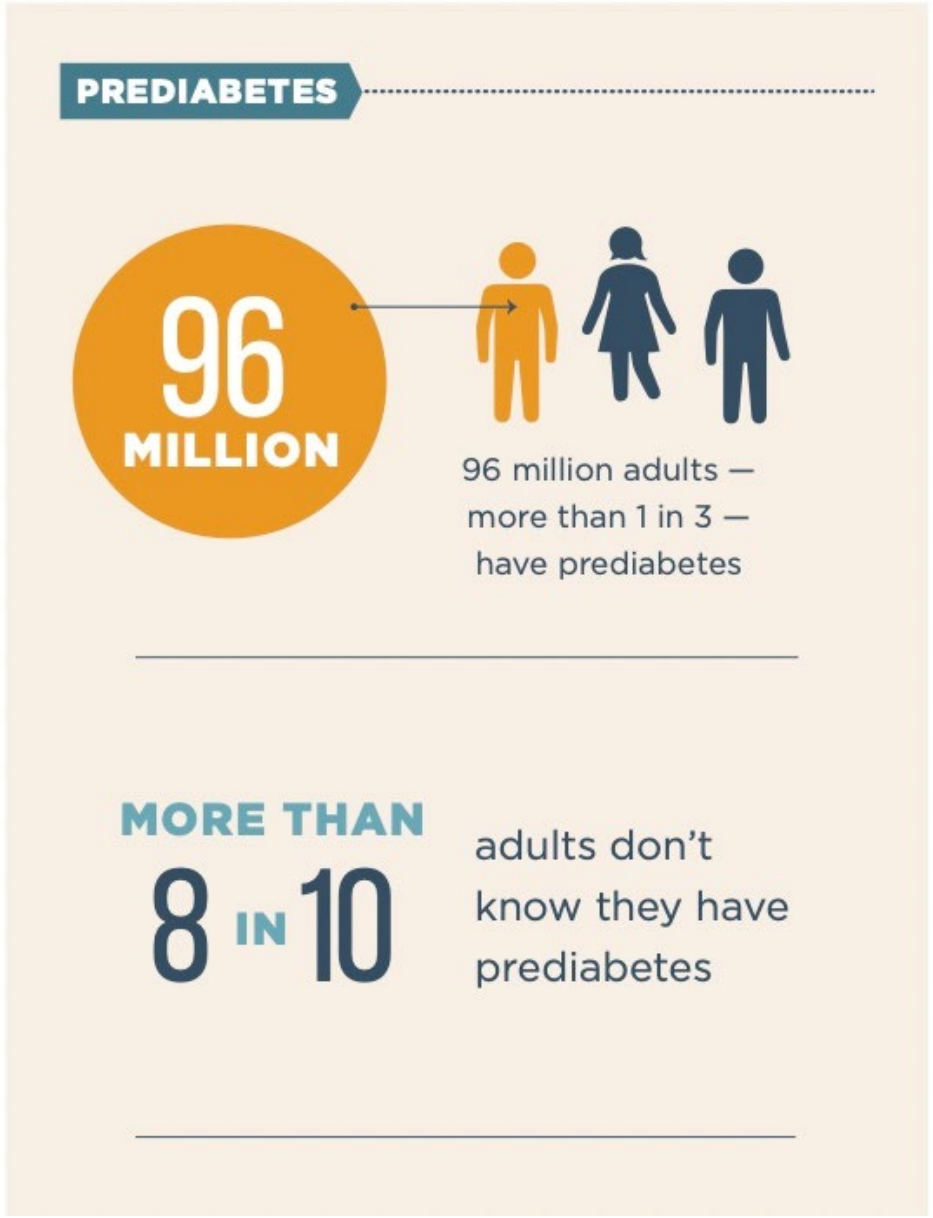
https://www.cdc.gov/obesity/data/adult.html

Diabetes Prevalence



https://www.cdc.gov/diabetes/health-equity/diabetes-by-the-numbers.html

Prediabetes Prevalence



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Diabetes Costs

In 2017, the total cost of medical care and lost productivity for people with diagnosed diabetes was $327 billion, up 33% over a 5-year period.

About 1 in 4 health care dollars is spent on people with diagnosed diabetes.

Most expenses are related to hospitalizations and medications used to treat complications of diabetes.

Annually, people diagnosed with diabetes incur on average $16,750 in medical expenses (2.3 times the medical expenses of a person without diabetes).

Risk of Early death is 60% in individuals with diabetes.

https://www.diabetes.org/about-us/statistics/cost-diabetes

Disparities in Diabetes Prevalence

The rates of diagnosed diabetes in adults by race/ethnicity 2018-2019:

- 14.5% of American Indians/Alaskan Natives
- 12.1% of non-Hispanic blacks
- 11.8% of Hispanics
- 9.5% of Asian Americans
- 7.4% of non-Hispanic whites

There is also an inverse relationship between education, family income and diabetes prevalence

https://www.diabetes.org/about-us/statistics/cost-diabetes

Examples of within Group Differences

https://www.diabetes.org/about-us/statistics/cost-diabetes

Diabetes rates among Hispanic Adults

The breakdown among Hispanic adults:

8.3% of Central and South Americans

6.5% of Cubans

14.4% of Mexican Americans

12.4% of Puerto Ricans

https://www.diabetes.org/about-us/statistics/cost-diabetes

5.6% of Chinese

10.4% of Filipinos

12.6% of Asian Indians

9.9% of other Asian Americans

in Diabetes Rates among Asian Americans

https://www.diabetes.org/about-us/statistics/cost-diabetes

Diabetes Costs

- Employers may see the effects of indirect costs including:
  - Increased absenteeism ($3.3 billion)
  - Reduced productivity while at work ($26.9 billion)
  - Inability to work as a result of disease-related disability (37.5 billion)
  - Lost productivity capacity due to early mortality ($19.9 billion)

https://www.diabetes.org/about-us/statistics/cost-diabetes

What Employers Can Do

Strategies for moving towards health benefit equity

Find out where you stand

- To advance equity, organizations first need to understand what and whether inequities exist in their systems.
- A health benefits equity audit can reveal how an organization's benefit design affects plan choice depending on employee's income level and social demographics.

https://www.benefitspro.com/2021/02/09/employers-can-lead-the-dei-movement-through-benefit-design-improvement/

Strategies for moving towards health benefit equity

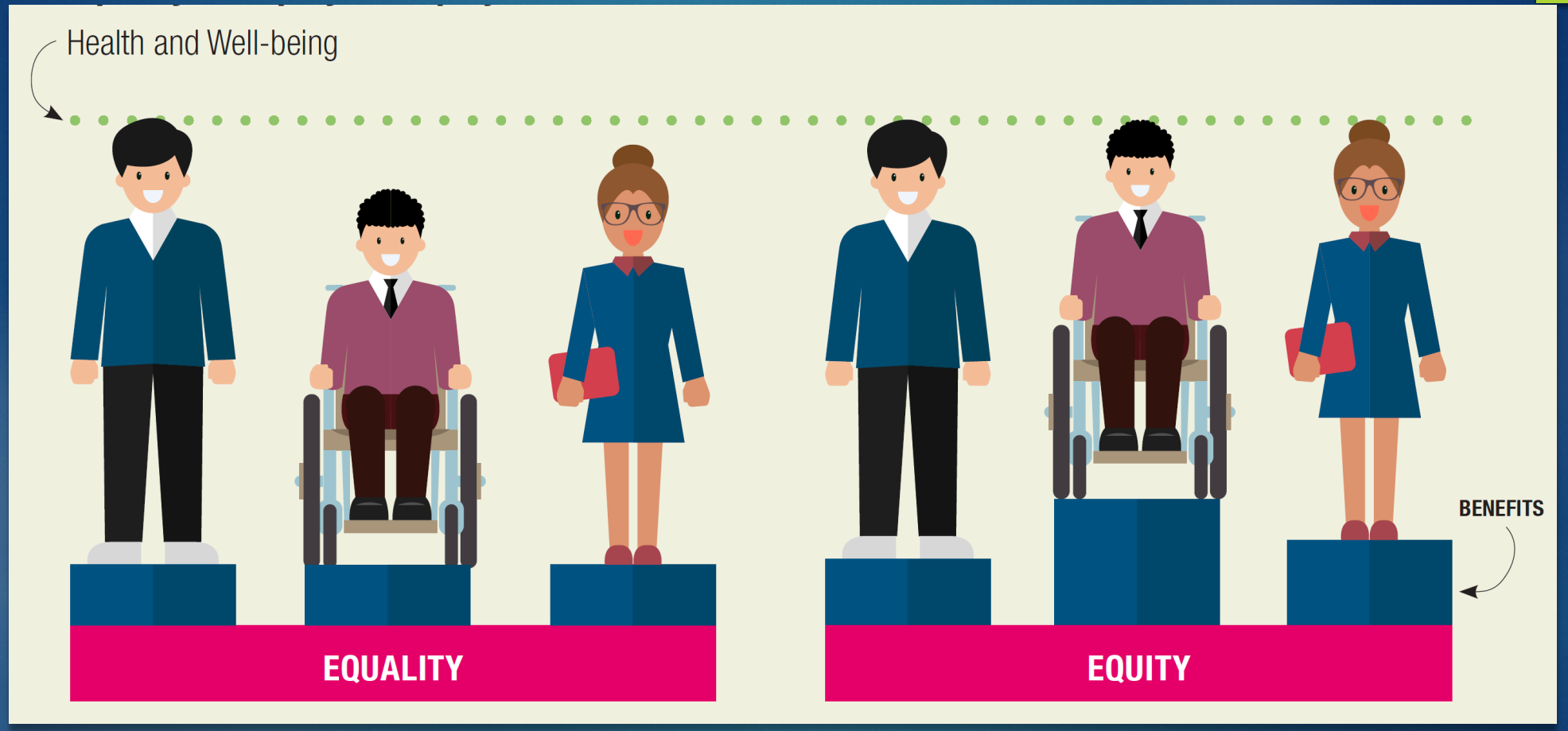
- **Improve Employee Health and Benefits Literacy -** Less than 5 percent of Americans understand the health terms needed to choose an optimal health plan. Ensure that everyone has an opportunity to learn by offering:
  - Opportunities for people to learn in different formats (e.g., videos, flyers, seminars)
  - Information is available for individuals with limited-English-proficiency
  - Multiple opportunities for employees to learn
  - Access to someone to talk to about their benefits
  - Tools that show how different benefit plans affect their specific circumstance

https://www.benefitspro.com/2021/02/09/employers-can-lead-the-dei-movement-through-benefit-design-improvement/

Strategies for moving towards health benefit equity

- Adjust plan design to accommodate different health needs.
  - The social determinants of health differentially impact subgroups of workers.
  - Lower-income populations and people of color disproportionately bear the burden of chronic disease, chronic care management is important in achieving equity
- Utilize evidence-based and culturally responsive approaches that combat specific health concerns that disproportionately affect BIPOC
- Offer health plans that cover chronic disease and care management programs and make it easy for employees to identify and therefore choose those plans when necessary.

https://www.benefitspro.com/2021/02/09/employers-can-lead-the-dei-movement-through-benefit-design-improvement/



Equity vs. Equality in Employer Healthcare Benefits

Northeast Business Group on Health presentation: "Obesity, Diabetes, & Racial Health Equity"

Questions?

Contact me:
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Employer Market Assessment

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Following today's ELC, we will send you an email with a link to a brief survey – about 10 minutes – to gauge your interest and activities related to the National DPP.

The Florida Alliance, the National Association of Chronic Disease Directors, and the Florida Department of Health would greatly appreciate your time in completing the survey! **Thank you in advance!**