Health Equity Action Plan Update

Exchange Policy Committee
March 15, 2022

Leah Hole-Marshall, she/her
March Policy Committee
Health Equity Update

Today’s Topics

▪ Health Equity Focus – Level Set
▪ Health Equity Action Plan – Progress Update
▪ Interagency Collaboration – Progress Update

HBE Goal: further improve the health of our customers and reduce persistent disparities by addressing social determinants of health
SDOH and HBE Direct and Indirect Influence

**Economic Stability**
- Employment
- Income
- Expenses
- Debt
- Medical Bills
- Support

**Neighborhood & Physical Environment**
- Housing
- Transportation
- Safety
- Parks
- Playground
- Walkability
- Zip code/geography

**Education**
- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

**Food**
- Hunger
- Access to healthy options

**Community and Social Context**
- Social Integration
- Support Systems
- Community Engagement
- Discrimination
- Stress

**Health Care System**
- Health Coverage
  - Provider Availability
  - Provider (linguistic and cultural competency)
  - Quality of Care

**Health Outcomes**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

[Diagram showing direct and indirect influences]
Leverage current assets for near term Health Equity Improvement

Key Organizational Assets:

HBE has four (4) key assets to leverage in order to help identify and reduce SDOH disparities:

**AUTHORITY**
- Authority to directly impact health insurance coverage and influence utilization
- Ability to enact specific improvements in health insurance coverage with the direct involvement of the necessary key stakeholders

**PLATFORM**
- Ability to directly reach and influence 1 in 4 WA residents
- Expertise of the uninsured health care market and population engagement strategies
- Access to partner agencies’ health equity data, experiences and research

**DATA**
- Access to unique population data
- Maturing data and analytics capability

**COMMUNITY OUTREACH**
- Direct involvement and oversight of state-wide navigator organizations
- Connections to a wide-range of community partners
Health Equity Action Plan

13 Near Term Opportunities and Tactics

**HBE AUTHORITY AND RELATIONSHIPS**

- **Assign a resource to lead Health Equity activities**
- **2. Expand access to affordable insurance to address expenses and medical debt**
  - Solution for undocumented residents
  - State subsidy for low income
- **3. Improve products**
  - Cost share for high value care for chronic conditions
  - Identify impact of tobacco rating
- **4. Partner with carriers to improve services for vulnerable populations.**
  - **Race/ethnicity reporting on outcome measures**
  - Accountability to assure access tax credits and cost sharing
  - Identify common tactic(s)

**HBE PLATFORM**

1. **Improve vulnerable population data capture and sharing**
   - REL data sharing
   - Capture non-binary gender
2. **Improve access for low income individuals**
   - Implement self serve special enrollment period for year round access
   - Study approaches to streamline enrollment for other social services
3. **Improve website support for health literacy**
   - Emphasize mobile use for populations who access via phone
   - Define provider directory requirement to show provider demographics (e.g. race)

**DATA and ANALYTICS**

1. **Use SDOH Analytics database to refine marketing and outreach**
   - Improve geographically targeted marketing to focus on high uninsured in high ADI areas
   - Pilot “micro” community engagement based on SDOH factors
   - Develop Lead Org specific SDOH reports
2. **Use claims data and SDOH analytics to inform cost share changes**
3. **Explore use of area deprivation index to stratify health outcome differences**

**COMMUNITY OUTREACH**

1. **Identify partners to improve assistance for individuals for whom English is a second language**
   - First focus on trusted partners in immigrant community
2. **Improve American Indian Alaska Native experience and access through a Tribal Enhanced User program.**
   - Identify best practices from pilot and expand.
3. **Identify next tactics and population using knowledge from analytics, and community engagement**
HBE Authority and Relationships

Highlight: Race and Ethnicity Reporting by outcome

Supporting Carriers

- Carrier Race and Ethnicity data is needed to identify health outcome disparities.
- WAHBE goal is to align to best practice and NCQA standard of race and ethnicity data on 80% of enrollees. (NCQA by 2024)
- HBE completed system modifications to share HBE’s race and ethnicity data collected through the application to assist carriers not otherwise collecting.

Increasing Standards

- In 2021 Quality Requirement (for 2022 plan year), HBE required carriers to collect race and ethnicity data on 60% of enrollees
- In 2022 Quality Requirements (for 2023 plan year), HBE requires carriers to reach 70%
  - Some issuers already achieve the ultimate goal of 80% threshold, but this gives other issuers more time to prepare and will look to align requirement of 80% with NCQA’s 2024 timeframe

More actionable Information

- In 2022 Quality Requirements (for 2023 plan year), HBE requires carriers to stratify its first quality measure by race and ethnicity.
- Plan all-cause readmissions remain disproportionately high for QHP enrollees, and this measure has not materially improved. Stratification by race and ethnicity can help identify highest impacted populations to address re-admissions more effectively.
**HPF Platform**

**Highlight: Improvements in Race and Ethnicity Collection**

**HBE Race and Ethnicity undercounts**
- Compared DSHS REL data to HBE REL date. Findings: collection caused confusion and less specific information.
  - HBE’s Hispanic ethnicity reporters struggled with race: 37% report “Other”, 30% do not report
  - HBE’s Race reporting of “Unreported” or “Other” higher than DSHS
    - HBE “Unreported”: 70% identified a race in matched DSHS data
    - HBE “Other”: 26% identified a race in matched DSHS data

**HPF Improvements**
- Changed instructions and selections within HPF to support users and improve reporting
  - Up next: further investigate best practices for improving collection with interagency collaboration

**Results**
- Support equity by including standard reporting that highlight groups who experience barriers and have different outcomes
- Respect the information supplied by HPF enrollees by showing details in footnotes when information is consolidated for readability and ensuring all who report can find themselves in the data
HBE Platform

Improvements in Collection = Better Reporting

Signups by Race/Ethnicity
Open Enrollment 2022

Hispanic Ethnicity and Race are collected separately, so are shown as different categories. Chart excludes customers who did not report race or ethnicity.

- Race not reported: 82,000, 34% of 240,000
- Ethnicity not reported: 145,000, 61% of 240,000

Change to HPF “Multi-race” Collection Screen, Spring 2021

- Increase in "Multi-race" reporting after HPF screen change in 2021

- Race not reported: 82,000, 34% of 240,000
- Ethnicity not reported: 145,000, 61% of 240,000
### Data and Analytics

**Highlight:** Social determinants data to plan outreach

- First dataset available early 2021
- Reviewed for outreach to areas with low broadband access

---

#### SDOH Overview Dataset

- Refined for marketing planning (sample below)
- Under consideration for additional outreach targeting

---

#### Used to refine marketing approach

---

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>County</th>
<th>Zip ADI Rank</th>
<th>Zip Population</th>
<th>Zip Households</th>
<th>Zip Uninsured</th>
<th>Uninsured % of Zip</th>
<th>% of County Population</th>
<th>% of State Uninsured</th>
<th>% Hispanic</th>
<th>% English</th>
<th>Challenges</th>
<th>% Households Food Stamps/SNAP</th>
<th>Highest County ADI</th>
<th>Total County Pop</th>
<th>Weighted Avg County ADI</th>
</tr>
</thead>
<tbody>
<tr>
<td>99301</td>
<td>Franklin</td>
<td>7.54</td>
<td>79,819</td>
<td>23,938</td>
<td>7,701</td>
<td>10%</td>
<td>88%</td>
<td>1.72%</td>
<td>53%</td>
<td>44%</td>
<td>19%</td>
<td>10.00</td>
<td>91,201</td>
<td>7.75</td>
<td></td>
</tr>
<tr>
<td>98902</td>
<td>Yakima</td>
<td>9.39</td>
<td>46,130</td>
<td>16,464</td>
<td>7,008</td>
<td>15%</td>
<td>18%</td>
<td>1.57%</td>
<td>50%</td>
<td>31%</td>
<td>27%</td>
<td>10.00</td>
<td>250,658</td>
<td>8.84</td>
<td></td>
</tr>
<tr>
<td>99362</td>
<td>Walla Walla</td>
<td>7.92</td>
<td>41,515</td>
<td>15,717</td>
<td>6,092</td>
<td>15%</td>
<td>69%</td>
<td>1.36%</td>
<td>21%</td>
<td>15%</td>
<td>14%</td>
<td>9.24</td>
<td>60,482</td>
<td>8.13</td>
<td></td>
</tr>
<tr>
<td>98908</td>
<td>Yakima</td>
<td>7.53</td>
<td>36,965</td>
<td>14,574</td>
<td>5,283</td>
<td>14%</td>
<td>15%</td>
<td>1.18%</td>
<td>20%</td>
<td>10%</td>
<td>8%</td>
<td>10.00</td>
<td>250,658</td>
<td>8.84</td>
<td></td>
</tr>
<tr>
<td>98801</td>
<td>Chelan</td>
<td>6.91</td>
<td>43,366</td>
<td>15,998</td>
<td>4,713</td>
<td>11%</td>
<td>57%</td>
<td>1.05%</td>
<td>33%</td>
<td>22%</td>
<td>12%</td>
<td>7.62</td>
<td>76,231</td>
<td>6.56</td>
<td></td>
</tr>
<tr>
<td>98023</td>
<td>King</td>
<td>4.73</td>
<td>50,201</td>
<td>17,782</td>
<td>4,683</td>
<td>9%</td>
<td>2%</td>
<td>1.05%</td>
<td>14%</td>
<td>20%</td>
<td>13%</td>
<td>9.00</td>
<td>2,208,162</td>
<td>3.22</td>
<td></td>
</tr>
<tr>
<td>98901</td>
<td>Yakima</td>
<td>8.96</td>
<td>32,358</td>
<td>10,635</td>
<td>4,498</td>
<td>14%</td>
<td>13%</td>
<td>1.01%</td>
<td>52%</td>
<td>35%</td>
<td>32%</td>
<td>10.00</td>
<td>250,658</td>
<td>8.84</td>
<td></td>
</tr>
<tr>
<td>98003</td>
<td>King</td>
<td>6.83</td>
<td>49,533</td>
<td>18,547</td>
<td>4,176</td>
<td>8%</td>
<td>2%</td>
<td>0.93%</td>
<td>23%</td>
<td>34%</td>
<td>21%</td>
<td>9.00</td>
<td>2,208,162</td>
<td>3.22</td>
<td></td>
</tr>
<tr>
<td>98837</td>
<td>Grant</td>
<td>8.63</td>
<td>44,136</td>
<td>15,087</td>
<td>3,960</td>
<td>9%</td>
<td>46%</td>
<td>0.89%</td>
<td>31%</td>
<td>16%</td>
<td>20%</td>
<td>10.00</td>
<td>95,171</td>
<td>8.75</td>
<td></td>
</tr>
<tr>
<td>98026</td>
<td>Snohomish</td>
<td>3.39</td>
<td>37,995</td>
<td>14,818</td>
<td>3,832</td>
<td>10%</td>
<td>5%</td>
<td>0.86%</td>
<td>7%</td>
<td>12%</td>
<td>5%</td>
<td>9.91</td>
<td>779,625</td>
<td>4.57</td>
<td></td>
</tr>
</tbody>
</table>
### Community Outreach

**Highlight:** Improve American Indian / Alaska Native experience

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tribal Engagement</strong></td>
<td>• Build, support, and maintain relationships with Tribes and tribal organizations</td>
</tr>
</tbody>
</table>
| **Tribal Assisters** | • Statewide assisters are a key organization asset for the organization to reach vulnerable populations  
  • Take lessons learned from tribal enhanced user pilot and develop program |
| **Tribal Sponsors**  | • Tribes are strategic partners as 13 of 17 current sponsors                  |
| **Tribal Members**   | • Connect Tribal members to available services on Washington Healthplanfinder   |
| **HBE Staff**        | • Support a culture of Equity, Diversity, and Inclusion among staff            |
Interagency Health Equity Work

▪ Health and Human Services (HHS) Coalition
  ▪ HBE leading workgroup that is identifying appropriate way to collect sexual orientation and gender identity information
  ▪ *Current activity - Designing survey with community organizations*

▪ State Health Equity Collaboration
  ▪ HCA facilitating leadership conversations with DOH, DSHS, DOC, HBE, and DCYF on potential collaboration
  ▪ *Current activity – Charter development*

▪ Race, Ethnicity, and Language Data Improvement
  ▪ Build on great work to standardize collection and transmission across health and human services organizations
  ▪ *Current activity – HBE developing proposed workplan/approach*
What questions and feedback do you have?
### Health Equity Organizational Framework
#### Mapping Existing Actions and In-Flight Initiatives

<table>
<thead>
<tr>
<th>HEALTH EQUITY INFRASTRUCTURE</th>
<th>ANALYTICS (INSIGHTS)</th>
<th>ENGAGEMENT PATHWAYS</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Board Equity Statement and inclusion in Executive Strategy</td>
<td>• Eligibility and Enrollment data</td>
<td>• HPF Application and Call Center</td>
<td>• Consumer persona enhancements</td>
</tr>
<tr>
<td>• Health Equity Technical Advisory Committee</td>
<td>• Customer Surveys</td>
<td>• Lead Organizations and Navigators</td>
<td>• DSHS website linkage</td>
</tr>
<tr>
<td>• Diversity, Equity, Inclusion (DEI) Director</td>
<td>• Claims Data</td>
<td>• Tribal Assisters</td>
<td>• Pilot programs for newly unemployed and child-care professionals during COVID</td>
</tr>
<tr>
<td>• SDOH Consulting Engagement</td>
<td>• Uninsured Data</td>
<td>• Brokers</td>
<td>• System improvements</td>
</tr>
<tr>
<td></td>
<td>• SDOH Research Database v1.0</td>
<td>• HHS Coalition</td>
<td>– Gender-identity and ADA enhancements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tribal Advisory</td>
<td>– AI/AN application enhancements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Health Equity Disparities Council</td>
<td>– Alignment with partners on race capture</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– Race and Language expansion and survey questions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>– Large print and braille translations (over ~3,000 people)</td>
</tr>
</tbody>
</table>