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Measurement and Actions to Advance Health Equity

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Objectives

- How to measure equity according to race, ethnicity and other social/economic measures
- Demonstrate the use of measures in recent study in Kaiser Permanente Northern California
- Discuss how results from measures of health equity/disparities can be used iteratively

Health Equity and Health Disparities

Health Equity

Health Equity vs. Healthcare Equity vs. Intersectionality

CDC: Health equity is the state whereby every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of socially determined circumstances."

Healthy People 2020: the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Health Disparities

CDC: Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that are socially disadvantaged.

Healthy People 2020: "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities 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."

Inextricably linked to social injustices and social determinants of health and related structural barriers

Health Equity and Health Disparities

Health Equity (fairness/justice)

Social inequities ↕ Cultural, Economic, and Structural Barriers

- ↑ Risk Factor
- Structural Barriers
- Access
- Quality
- **Life expectancy**

Health Disparities

(measurable differences in health and health outcomes)

- Prevention (information, counseling, recommendation)
- Screening participation
- Follow-up and diagnostic work-up
- Treatment
- Quality of care measures
- Intermediate disease measures (incidence, stage, characteristics)
- Health outcomes:
  - ***Quality of Life***
  - ***Mortality***
- **Life expectancy**

What to do about the results

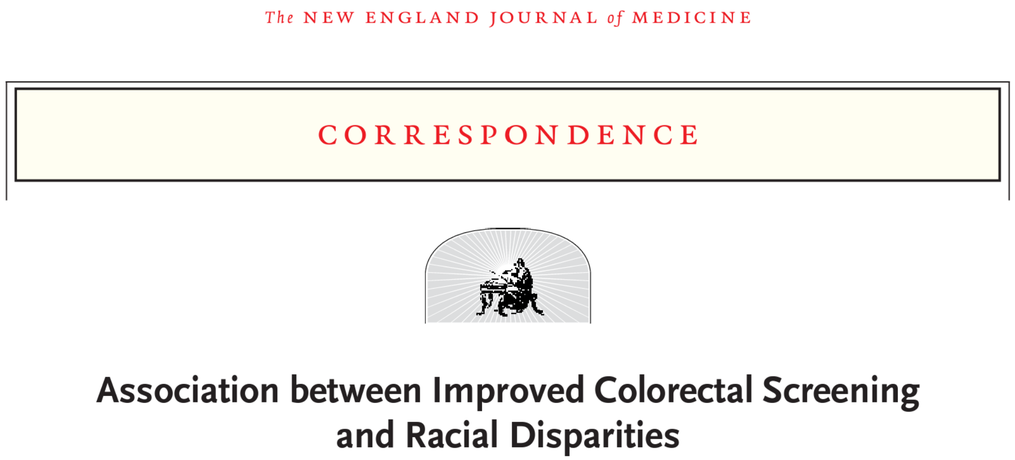
Measurements with disaggregated data are not an end – they enable understanding of what is happening

- They are tools to engage systems, clinical teams, patients, and communities to guide strategies
- It is not once-and-done, but an ongoing iterative process

KPNC Analysis

- Achieving health equity is national priority
- KPNC's organized CRC screening program, launched (2006-2008) has increased screening rates across racial and ethnic groups

  Population-based program (mailed FIT and on-request colonoscopy).
- A prior study showed decreases in CRC mortality rates over time



Doubeni, Corley, et al. N Engl J Med 2022; 386:796-798

KPNC Analysis

- **Current analysis**: Focused on racial and ethnic differences in measures of disparity across the screening continuum (excluding treatment) according to race and ethnicity, with a focus on Black-White disparities
- **Study design**: retrospective cohort
- **Study population**: men and women 50–75 with follow-up to 79
- **Study years**: 2000 to 2019

Comparing BLACK and White Members

cohort Characteristics, KPNC 2000-2019

	2000		2010		2019	
	White persons	Black persons	White persons	Black persons	White persons	Black persons
Total cohort	474,350	52,051	567,899	66,845	703,347	88,734
Age (years)						
50-64	62%	68%	64%	70%	57%	65%
65-75	30%	26%	29%	25%	35%	29%
76-79	8%	6%	7%	5%	8%	6%
Female	53%	55%	53%	56%	53%	56%

Comparing BLACK and White Members

cohort Characteristics, KPNC 2000-2019

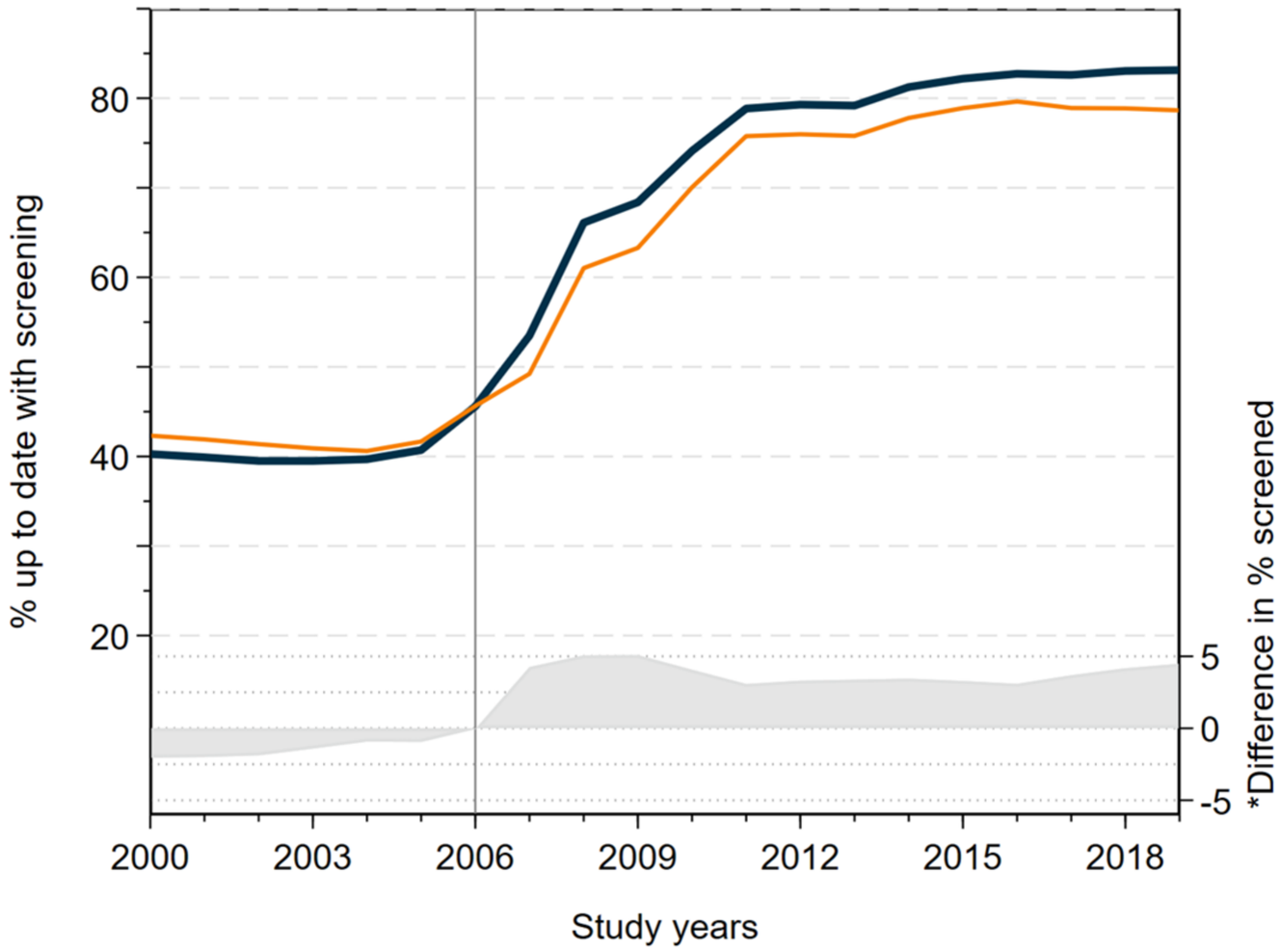
	2000		2010		2019	
	White persons	Black persons	White persons	Black persons	White persons	Black persons
Total cohort	474,350	52,051	567,899	66,845	703,347	88,734
KPNC membership duration (years)						
1-5	11%	7%	9%	6%	15%	12%
6-10	14%	11%	16%	11%	15%	13%
11-15	17%	16%	14%	14%	16%	15%
16-20+	58%	66%	61%	69%	54%	61%

Comparing BLACK and White Members

cohort Characteristics, KPNC 2000-2019

	2000		2010		2019	
	White persons	Black persons	White persons	Black persons	White persons	Black persons
% adults 25+ years with a high school diploma or higher educational attainment, quartiles (Q)						
Q1	19%	46%	18%	44%	16%	40%
Q2	24%	23%	24%	25%	24%	27%
Q3	26%	19%	28%	21%	28%	22%
Q4	29%	10%	30%	10%	32%	11%
Missing	2%	2%	0.2%	0.4%	0.2%	0.4%

CRC Screening Among Black Persons and White Persons, 2000–2019



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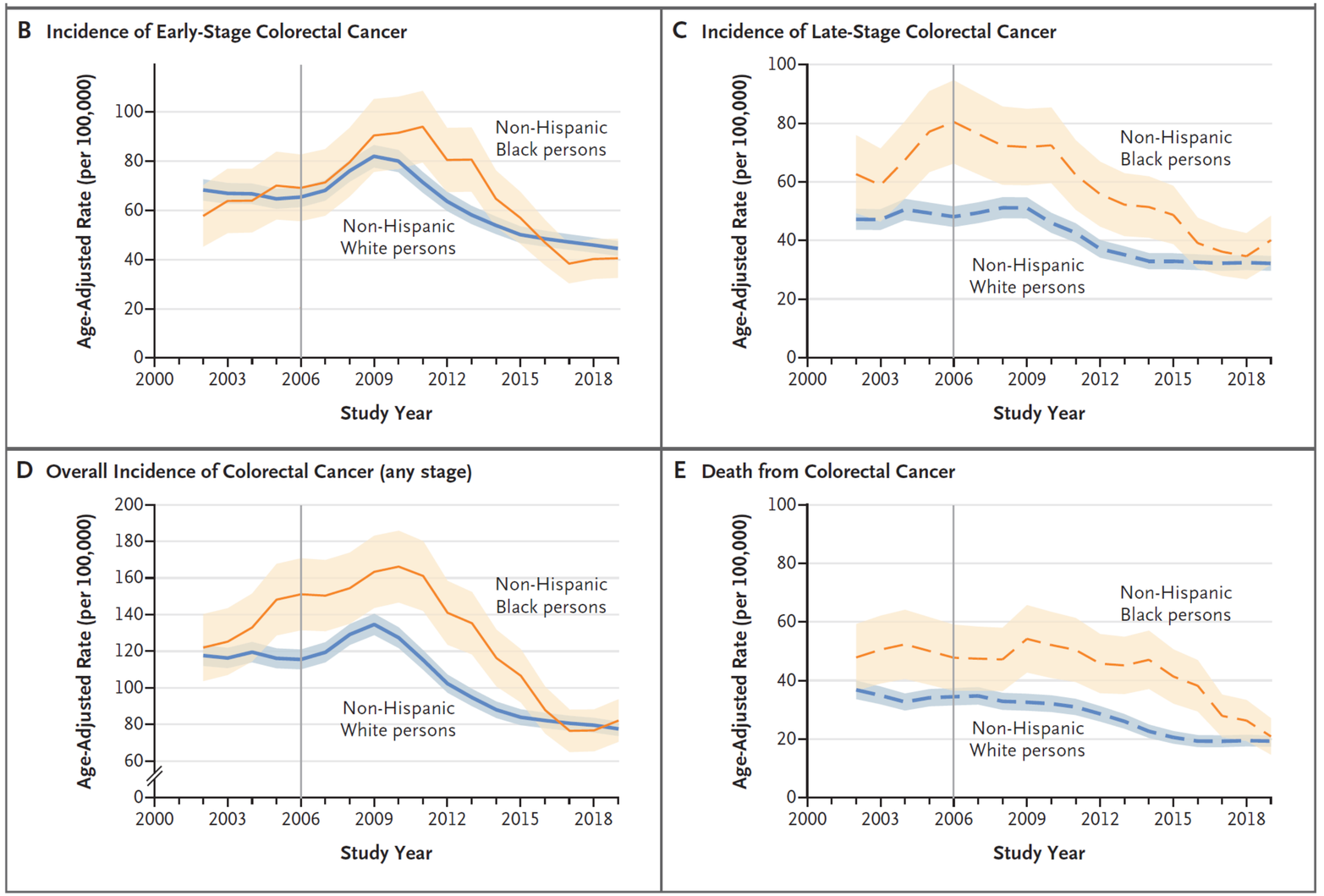
Continuum-of-Screening Outcomes among Black Persons and White Persons, 2000–2019



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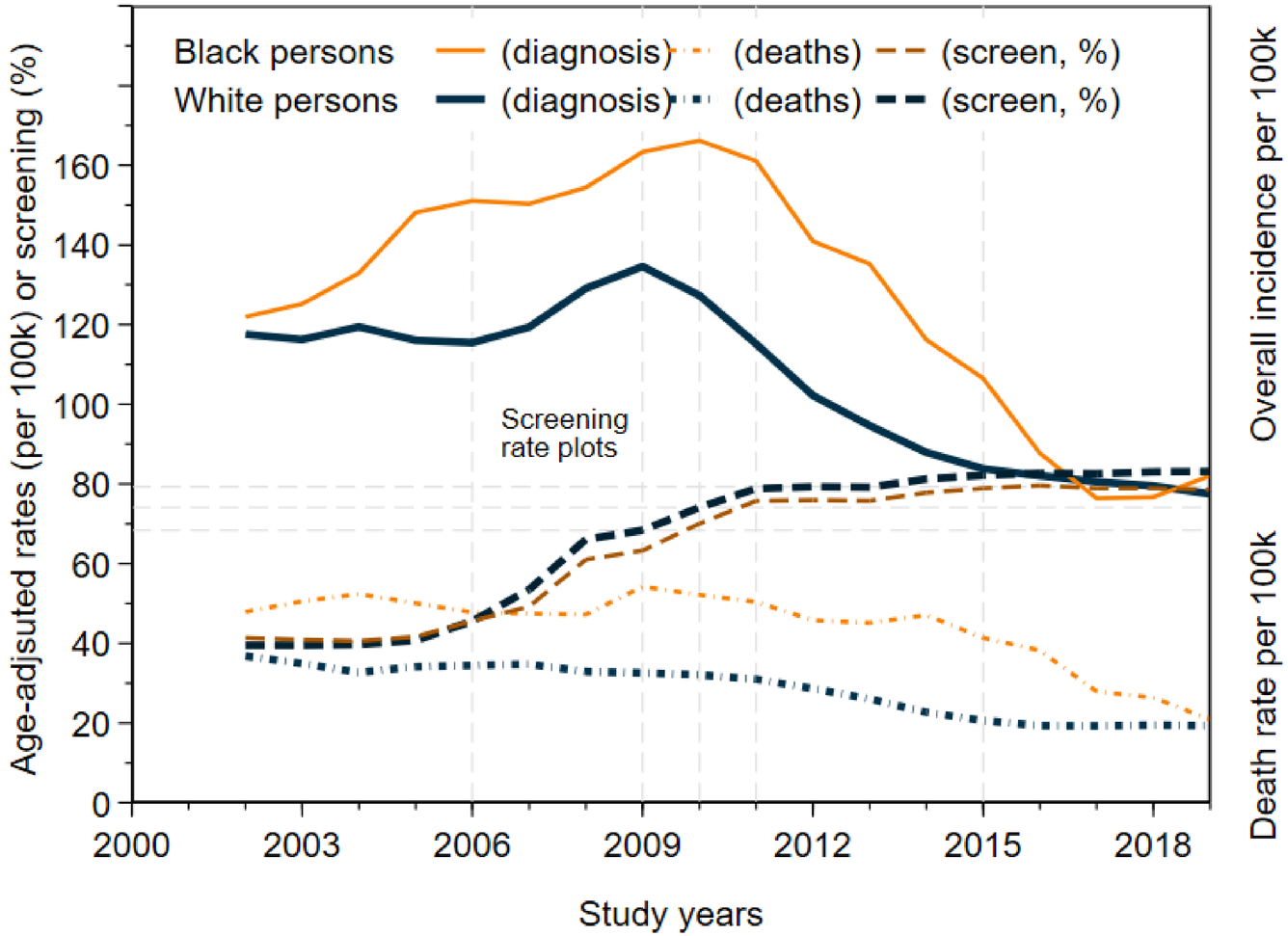
Comparative Plot of screening and outcomes



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Conclusion and Discussion

- To reduce disparities, the **improvements needed to benefit Black people more** due to their higher baseline disease burden (*Freeman Car Analogy*)
- **Core principle demonstrated by the study**: sustained efforts to intentionally enable equitable delivery of effective interventions across the care continuum can eliminate disparities.
- **Improvements were seen across all indicators studied**
  - Earlier detection and timely treatments
- **Results are widely applicable beyond KPNC**
  - Patients served closely approximate the region's underlying population

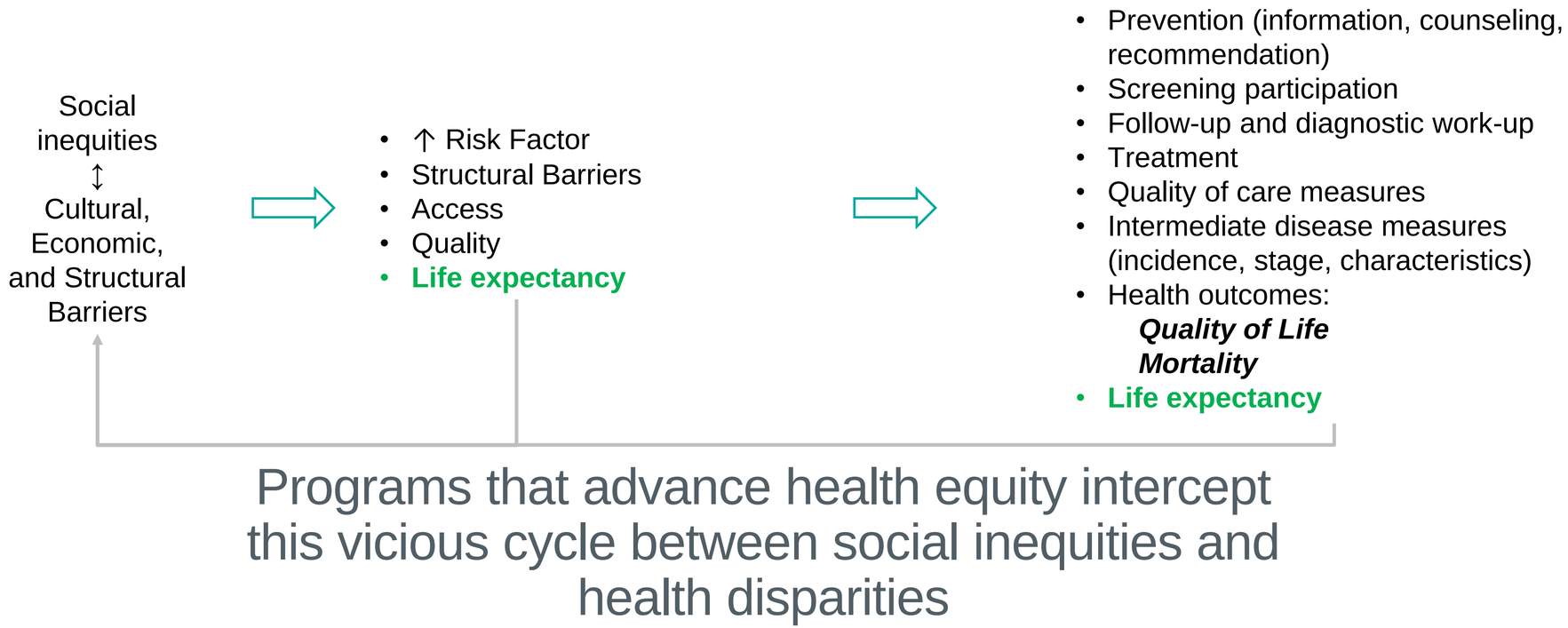
Conclusion and Discussion

- Small gaps in screening appeared after the program launched and persisted
  - Inequities are multifaceted and complex
  - A single program can seldom address all unique needs across all populations
- **Results are widely applicable beyond KPNC**
  - Patients served closely approximate the region's underlying population
- KPNC's strategies **closed care gaps and addressed drivers of disparities** using centralized tracking to increase screening participation and timely follow-up.
  - Monitoring of the program enables iterative improvements to be made

Health Equity and Health Disparities

Health Equity (fairness/justice)

Health Disparities (measurable differences)



Programs that advance health equity intercept this vicious cycle between social inequities and health disparities

EQUITY

SOME MEASUREMENTS ARE DIFFICULT BUT YOU KNOW IT ONCE YOU GET THERE

QUALITY OF LIFE

Disability

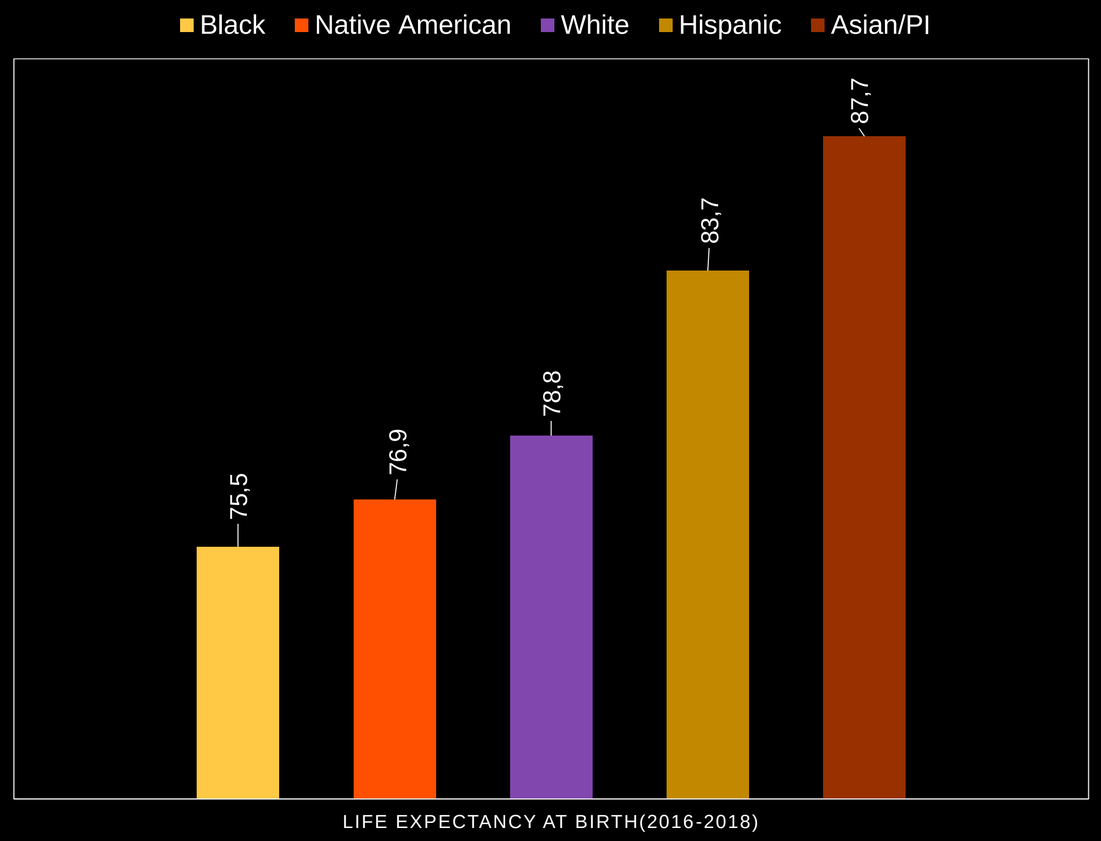
Morbid illnesses

Psychological or mental

Social and economic

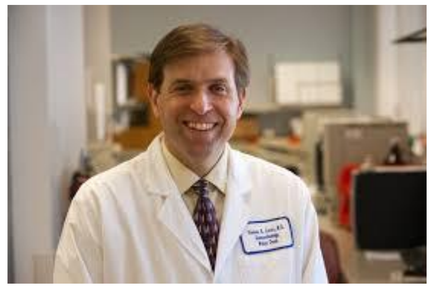
“Mindlessly enjoy life”

LIFE EXPECTANCY



Doubeni CA, Simon M, Krist AH. Addressing Systemic Racism Through Clinical Preventive Service Recommendations From the US Preventive Services Task Force. JAMA. 2021;325(7):627–628

KPNC Regional CRC Team Members



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