STATE EMPLOYEE HEALTH PLAN

2022

# Health Equity Study

# The goal of this study is to focus on inequities that may be impacting the health and wellness of the plan's members and identify opportunities to improve outcomes.

## Data:

- State Employee Health Plan Medical and prescription drug claims between 2017 and 2020

## Parameters evaluated:

- Race/Ethnicity
- Income
- Job Classification
- Age
- Gender
- Socioeconomic disadvantages of neighborhoods based on the Area Deprivation Index
- Access to healthcare providers based on the Health Professional Shortage Area (HPSA) database
- Access to healthy food based on the USDA Food Access Research Atlas (FARA)
- Various chronic diseases and comorbidities
- Polypharmacy

# Benchmark

The benchmarks used in this study are from the Segal data warehouse made up of nearly 100 clients with approximately two million covered lives (Medicare retirees excluded). The benchmark is adjusted to the age/sex distribution of the state health plan. The clients are a mixture of multi-employer plans and public sector plans. About 70 percent of the lives are multi-employer and the rest are public sector. The data for the state of Connecticut is NOT included in the benchmarks to avoid the plan from being benchmarked against itself.

# Study Commissioned by Office of the State Comptroller

Analysis performed by Segal Company

Consulting on study design and recommendations provided by Health Equity Solution

Summary findings produced by Office of the State Comptroller Staff

# Findings

Race & Ethnicity

- Preventive Cancer Screenings
- Chronic Condition Compliance
- Telehealth
- Emergent Care Visits
- Diabetes Prevalence
- Treatment of Lower Back Pain
- Maternal Health

Gender

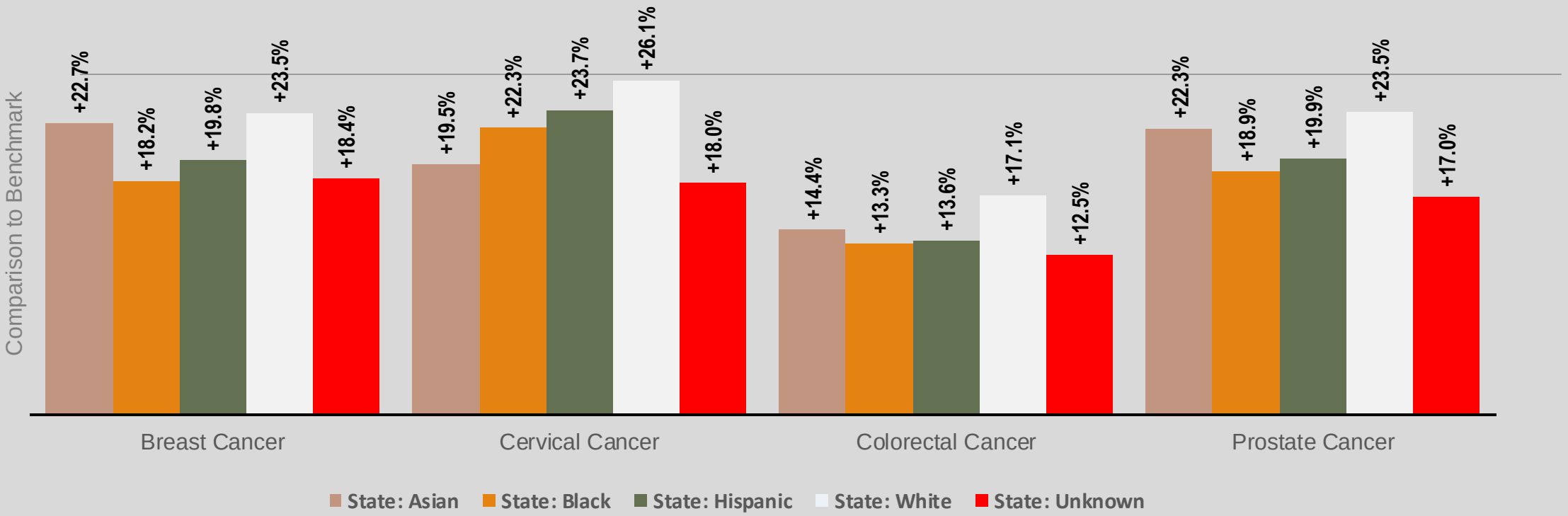
- Telehealth
- Preventive Screenings and Chronic Disease Care
- Medication Adherence

# Preventive Cancer Screenings

The state's Health Enhancement Program (HEP) drives significantly higher rates of compliance with recommended age-appropriate cancer screenings than seen in the general population.

While some disparities persist across racial and ethnic groups, all groups significantly outperform benchmarks.

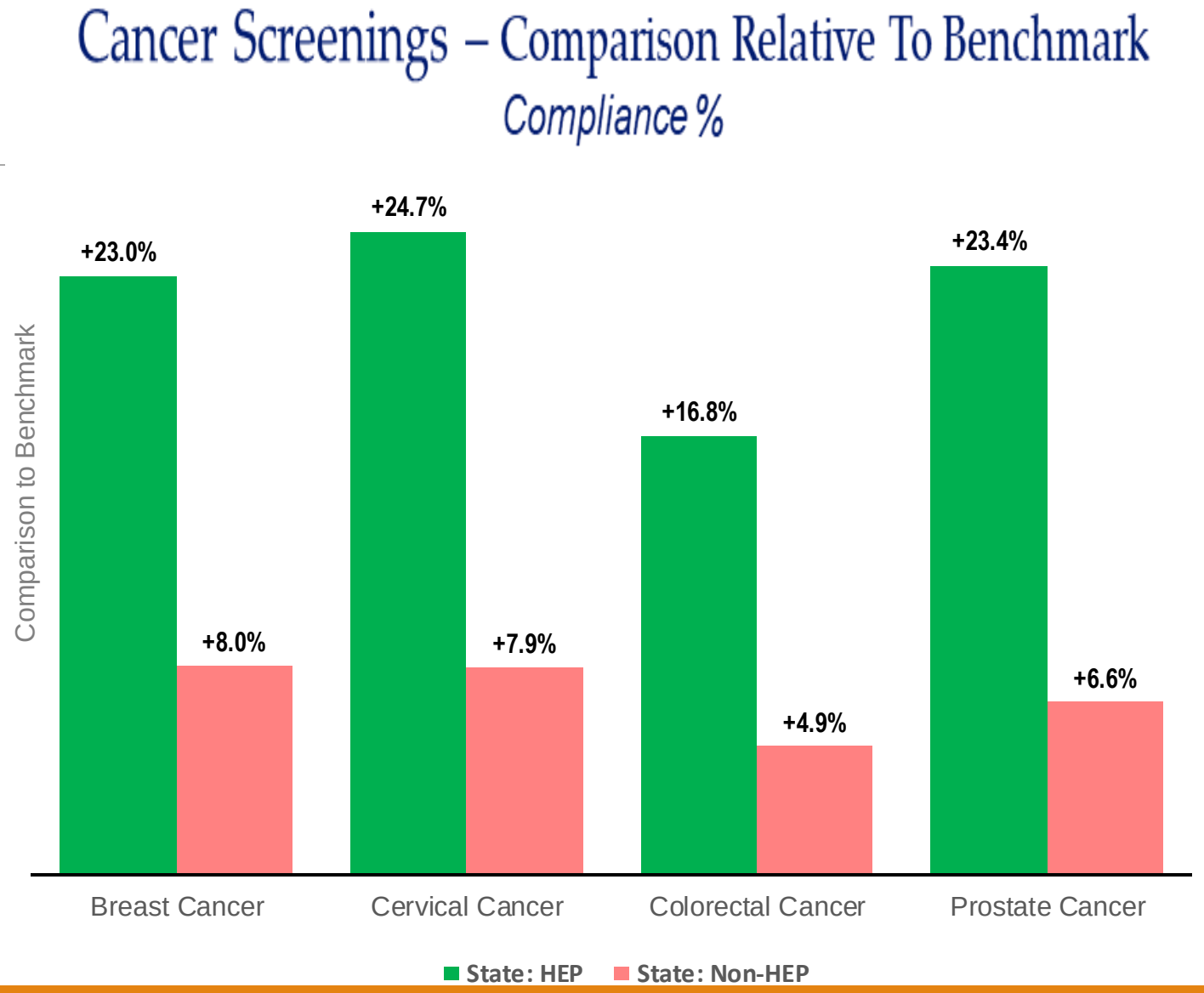
Individuals not participating in HEP have a significantly lower compliance rate, indicating the HEP program itself is responsible for the improved compliance.




# Preventive Cancer Screenings

## (Race and Ethnicity)

# Preventive Cancer Screenings (Impact of HEP)



# Emergent Care Visits

Significant disparities were found between racial and ethnic groups in terms of emergent visits

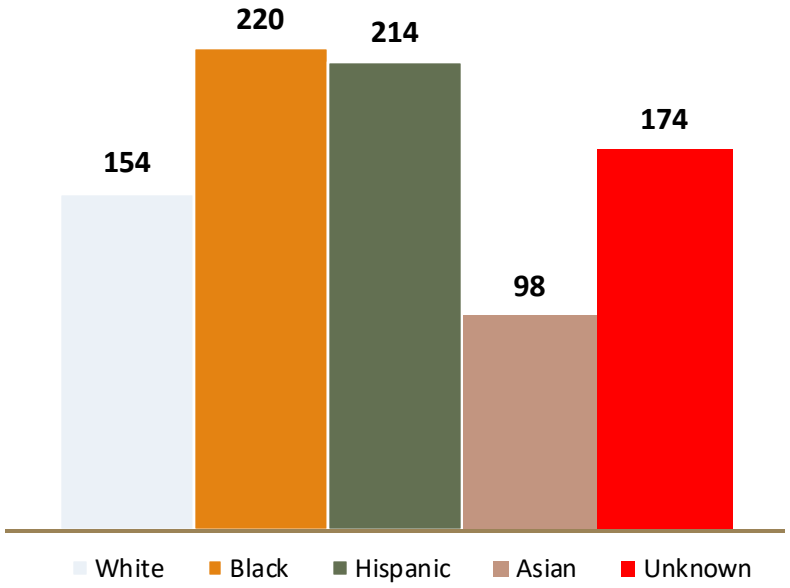
- Blacks and Hispanics were significantly more likely to utilize the Emergency Room (ER) and less likely to receive preventive visits
- Higher ER utilization was also correlated to lower income levels and a higher area deprivation index and lack of provider adequacy

A slight disparity was found between genders with female members 8% more likely to use ER services. However, female members were 66% more likely to use telehealth than male members and 25% more likely to use urgent care services. This is evidence that female members are more likely to use the health care system proactively than male members.

Paraprofessionals had the highest ER utilization of any job classification category. The high ER rate is consistent with lower levels of income, higher instances of residing a location with a higher area deprivation index score and the diversity of this population.

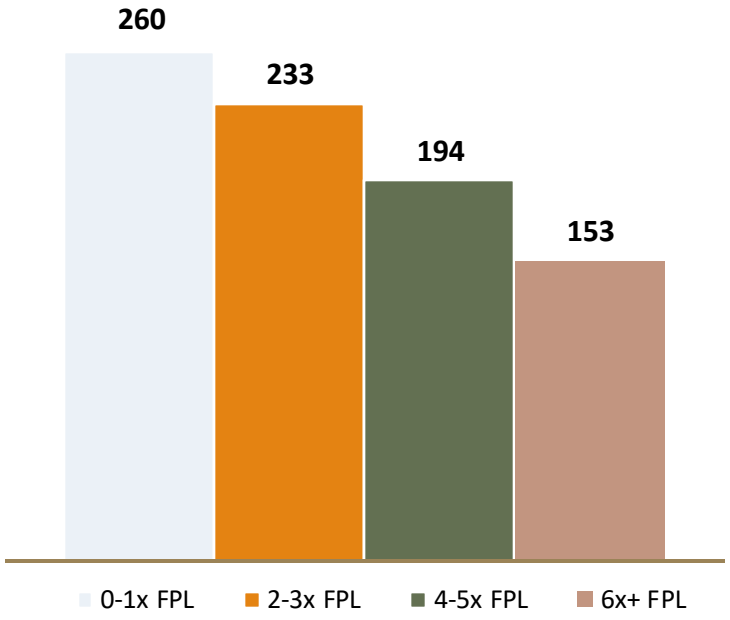
# Emergent Care Visits

ER Visits By Race/Ethnicity




Visits/1000

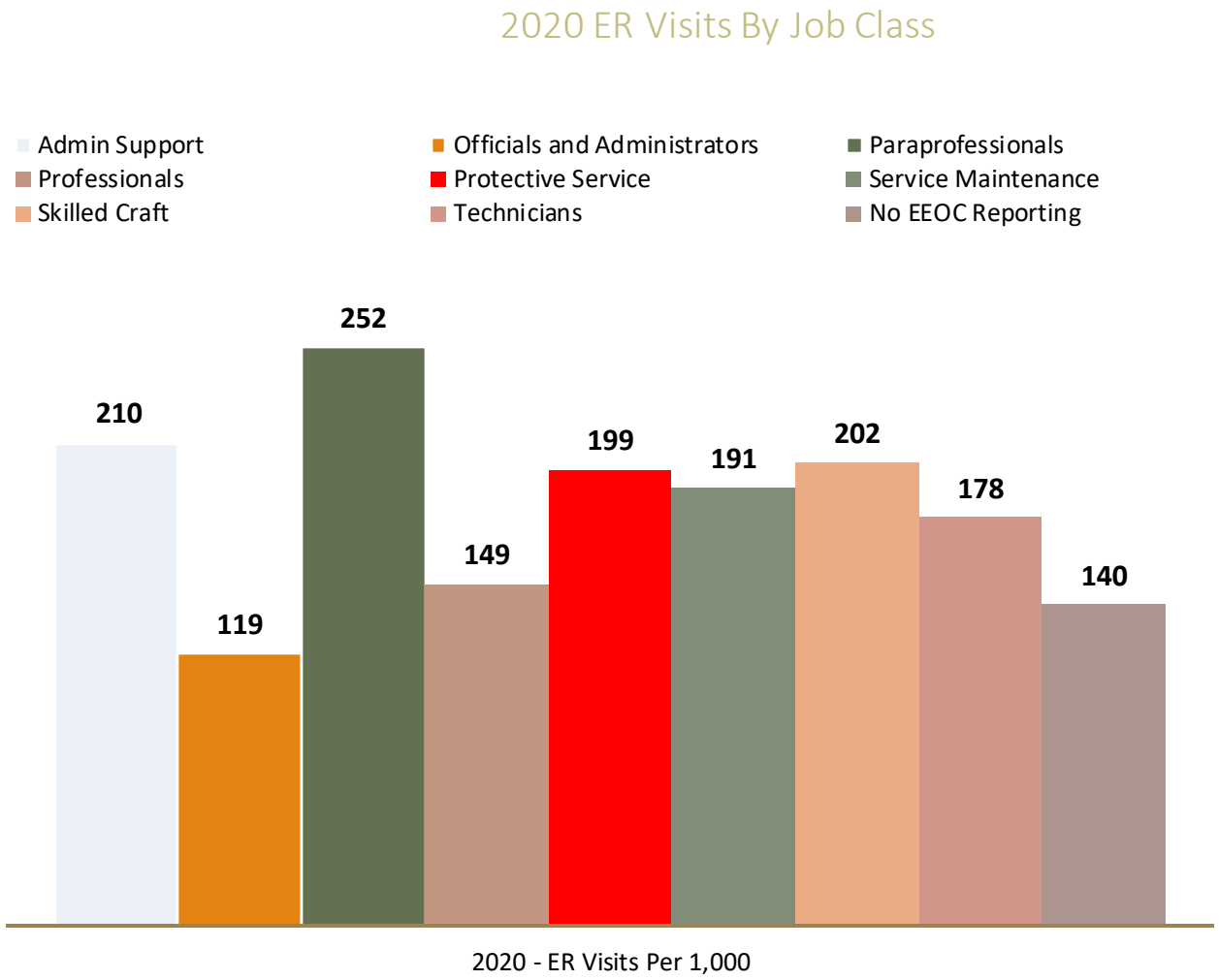
ER Visits By Income

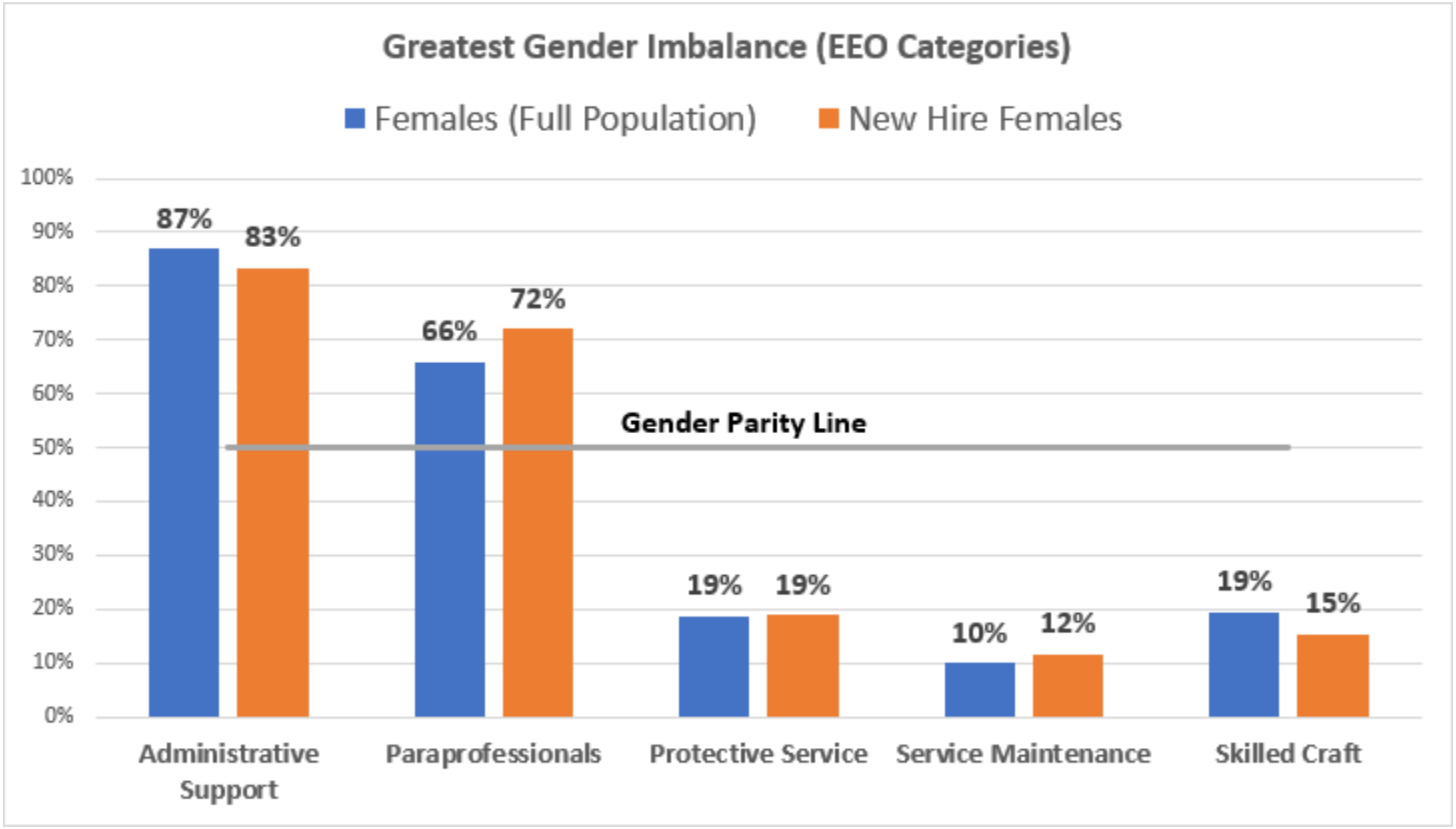


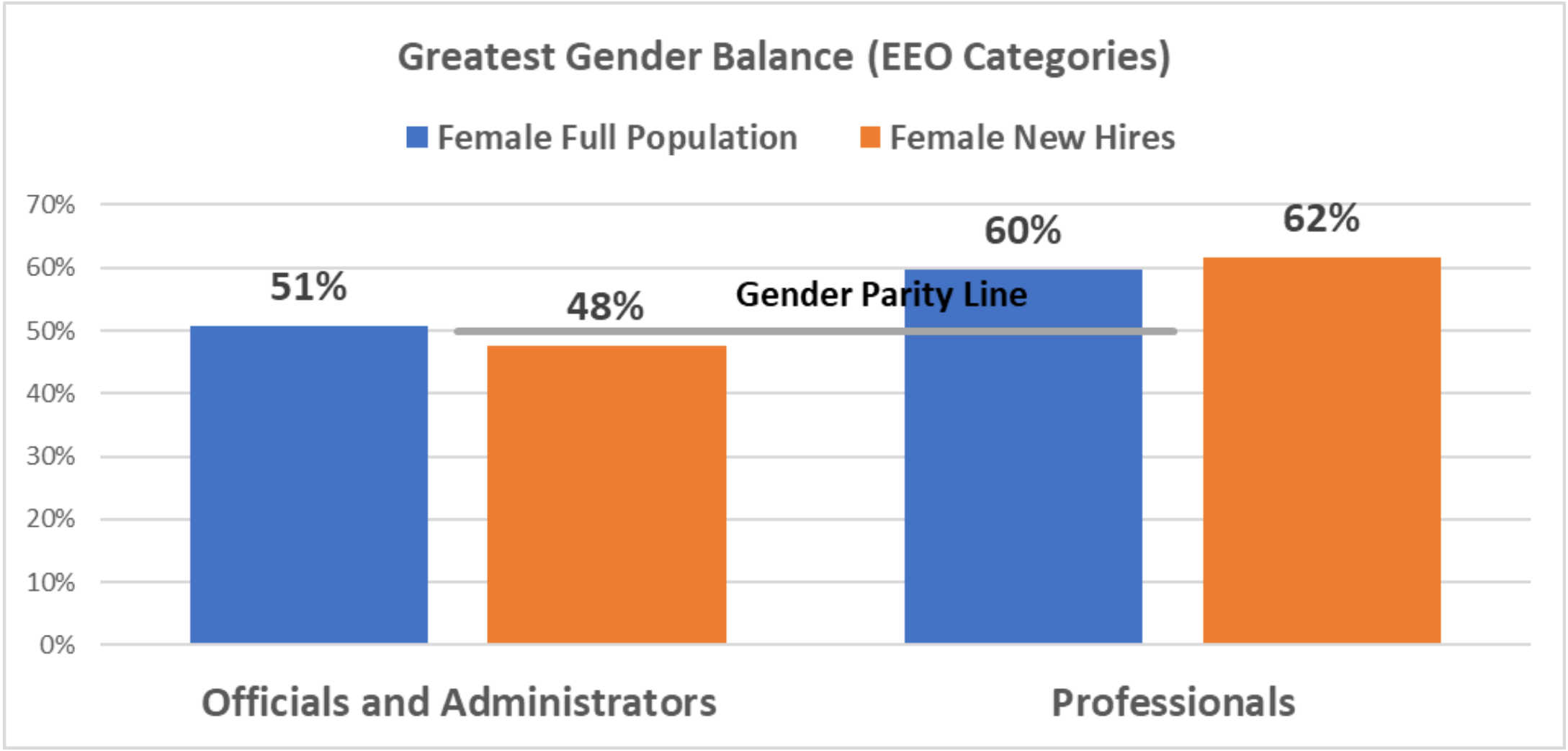
# Job Classification

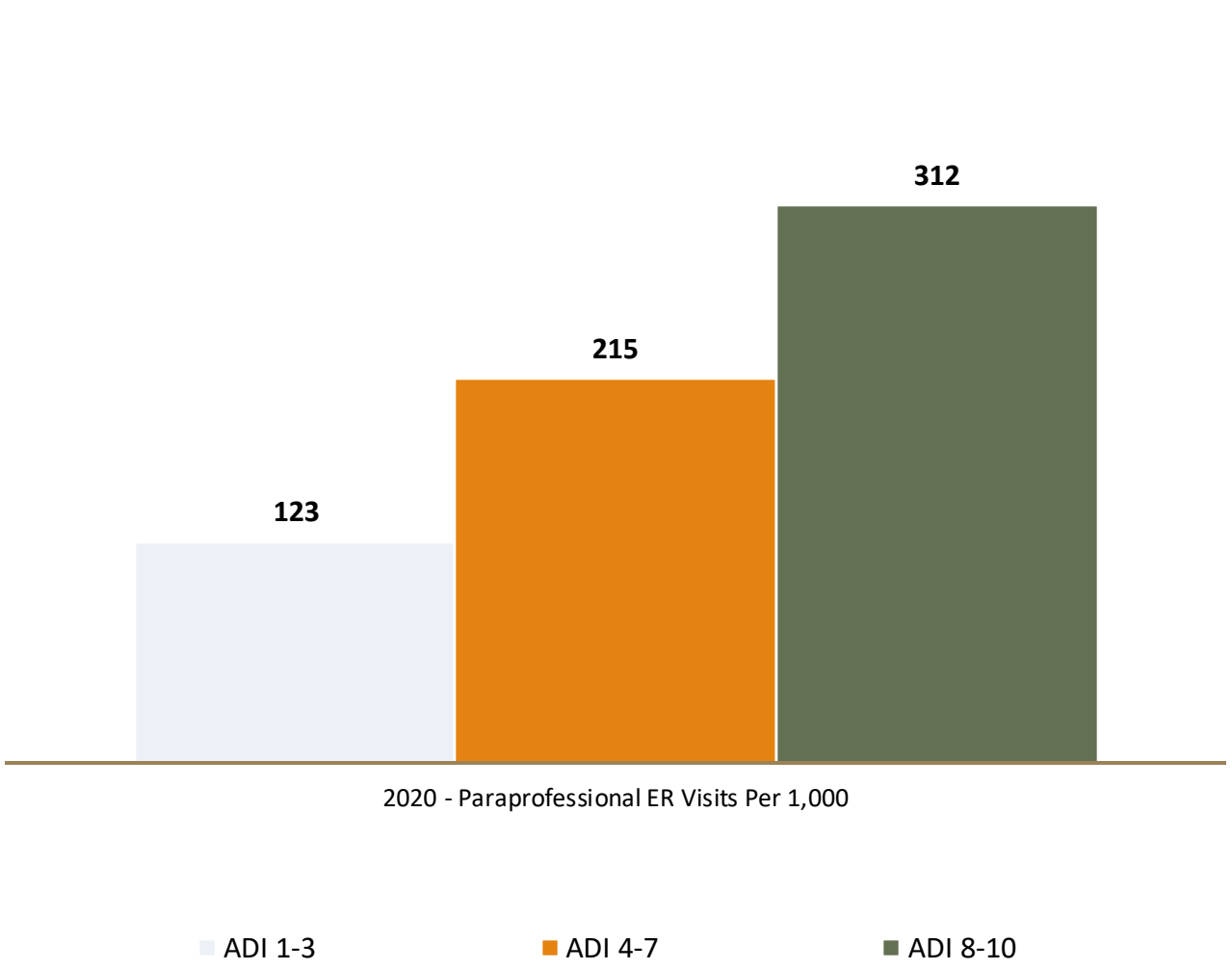
**Emergency Room (ER) Visits**

Paraprofessionals had a much higher ER visit rate (252 per 1,000) than all other job classes and was 57% higher than the rate for all job classes combined (161). ER visits per 1,000 for Officials and Administrators was 119, less than half the rate of paraprofessionals. Black and Hispanic paraprofessional had much higher ER visit rates than Whites and Asians.




Greatest Gender Imbalance (EEO Categories)
Females (Full Population)
New Hire Females
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
87%
83%
66%
72%
Gender Parity Line
19%
19%
10%
12%
19%
15%
Administrative Support
Paraprofessionals
Protective Service
Service Maintenance
Skilled Craft


Greatest Gender Balance (EEO Categories)
Female Full Population
Female New Hires
70%
60%
50%
40%
30%
20%
10%
0%
51%
48%
60%
62%
Gender Parity Line
Officials and Administrators
Professionals




# Job Classification

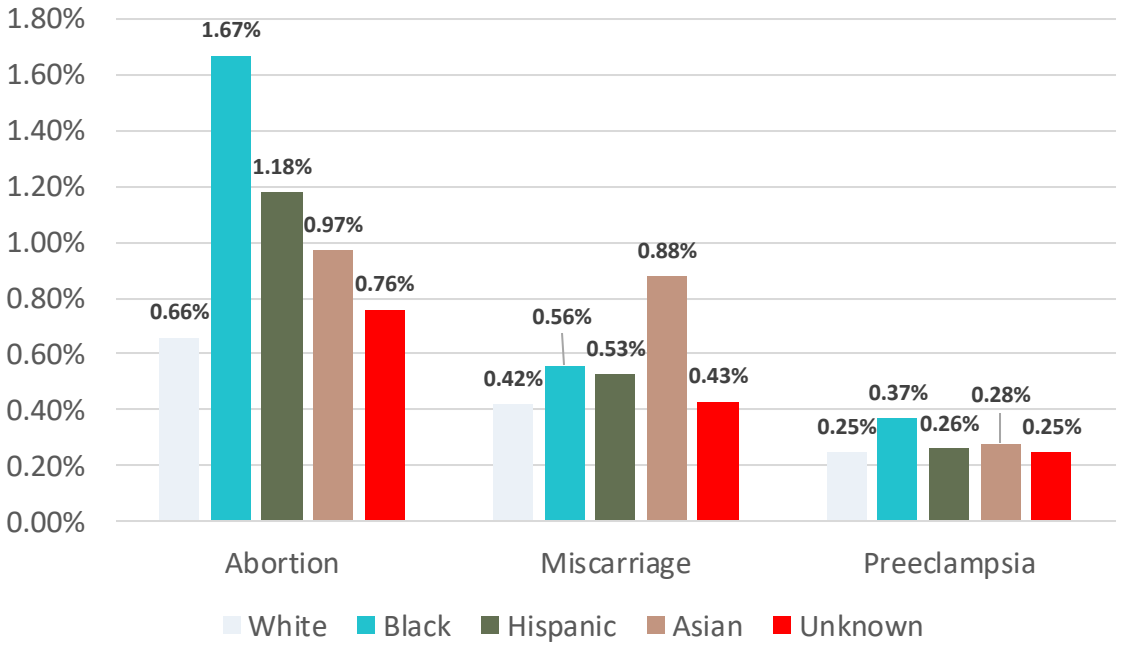
**Paraprofessional ER Visits By Area Deprivation Index**

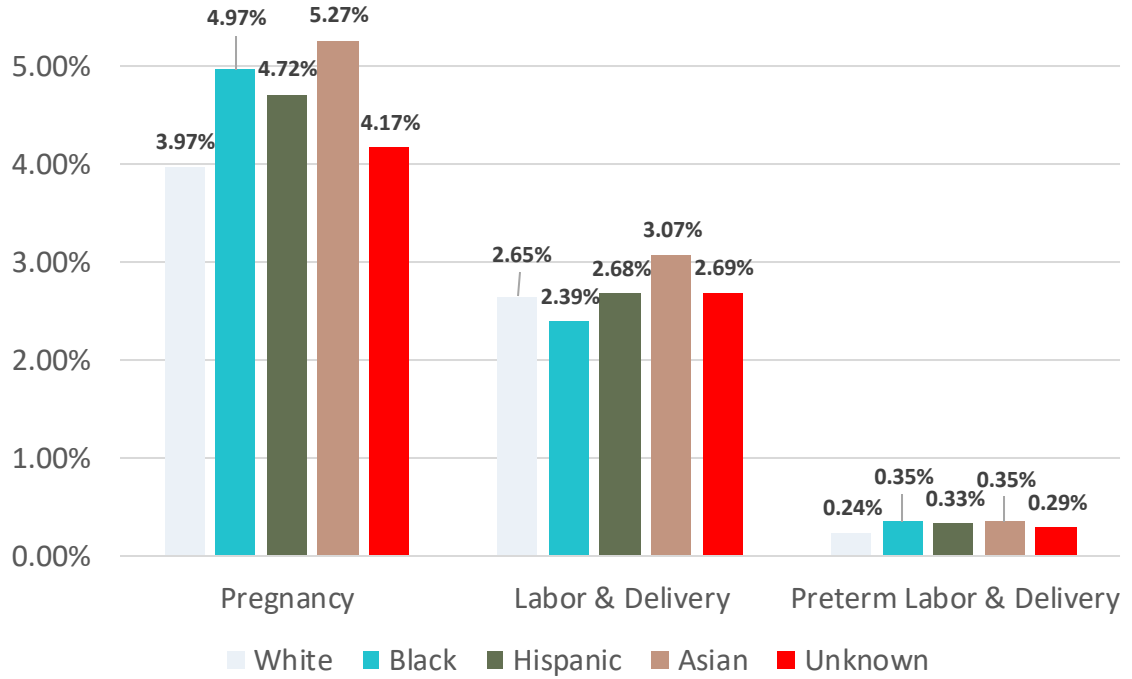
As the area deprivation index increases (i.e., the neighborhood where the employee lives becomes increasingly disadvantaged) for paraprofessionals, the ER visit rate increases substantially. The drill down of paraprofessionals on this page and the prior page indicates that race and neighborhood lead to the disparities in ER usage between paraprofessionals.

Disparities exist between job classes AND within job classes.

# Maternal Health

- The rates below represent combined experience for the four-year period due to the low numbers of some of these breakouts on a year-by-year basis. These results include only women of child-bearing age.
- Asian women had the highest pregnancy, birth and miscarriage rates.
- Black women had the highest preeclampsia rate.



# Opportunities for Intervention

Include health equity measures in Primary Care Initiative contracts and mutually share race and ethnicity data

Improve data collection of race and ethnicity data at the employer and provider level

Survey underserved and populations to identify challenges that result in increased ER utilization – determine ways to address such issues

Target communications to underserved and minority population (culturally appropriate and relevant)

Create reimbursement structures for maternal health that track disparities across race and ethnicity and reward improvements