Regional Lifestyle Management Program

Better You from Blue^{SM}
Next Steps
Presented by:
Regine Joly, MPH, RN

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Abstract

- The program is designed by a team of multicultural nurses; to educate members at their pre-disease state whose lifestyle is burdened by risk factors that left unmanaged will result in a preventable chronic condition.

- The program through its nurses and other personnel, education materials, tools, awareness and design will try to overcome disparities in prevalence of risk factors and outcomes in the existing healthcare delivery system due to socioeconomic status, racial and ethnic minorities' composition of the demographics of the population we serve. This program will address not only our members but also our local communities.

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Regional Lifestyle Management Program Goals

- Reduce healthcare disparities by assisting our members to establish reasonable and attainable goals through cultural competent education and recurrent communication.

- Educate members to engage with their physicians in order to change their behavior.

- Show improvement in identifying risk factors and reduce racial and ethnic barriers for improved delivery of care.

- Address unique health care needs, disparities and access to care among our Florida population specially those belonging to racial ethnic minorities.

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Learning Objectives

- Identify the barriers and disparities to health care access due to racial, ethnic and socioeconomic status in the sate of Florida.

- Analyze the culture barriers and differences within our diverse population in the state of Florida in order to deliver a unique message that is personal to not only our members but also our local communities.

- Create a program that will promote, prevention, promotion, and access to appropriate health care services for all Floridians.

Methodology

- A descriptive survey of Florida's communities was conducted on racial and ethnic minority groups access to health care in the state

- The survey focused on identifying gaps and areas where health care services are lacking

- The assessment was directed towards understanding issues of access to health care regarding public awareness and public education, coordination, research and transportation

- A review of reported structural, socioeconomic and personal barriers were identified

- The survey instruments were formulated based on a comprehensive literature review of existing community-based assessment tools focusing on access to health care among minorities.

- The Center for Disease Control and Prevention (CDC) Community questionnaire survey instrument of children, adults, and older adults ages 18-65; and, the Florida Health Planning Councils Inc., statewide and local districts survey designs, utilizing six of the eleven district plans available were modified and adapted to develop the survey instruments.

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Barriers and Disparities in Health Care

- Disparities in health care refer to the differences between two or more population groups in health care access, coverage, and quality of care, including differences in preventative, diagnostic, and treatment services

- Numerous studies and reports have documented the fact that racial and ethnic minorities, compared to whites, are in poorer health, receive lower quality Health care, suffer worse health outcomes, and have higher rates of illness, injury, and premature death.
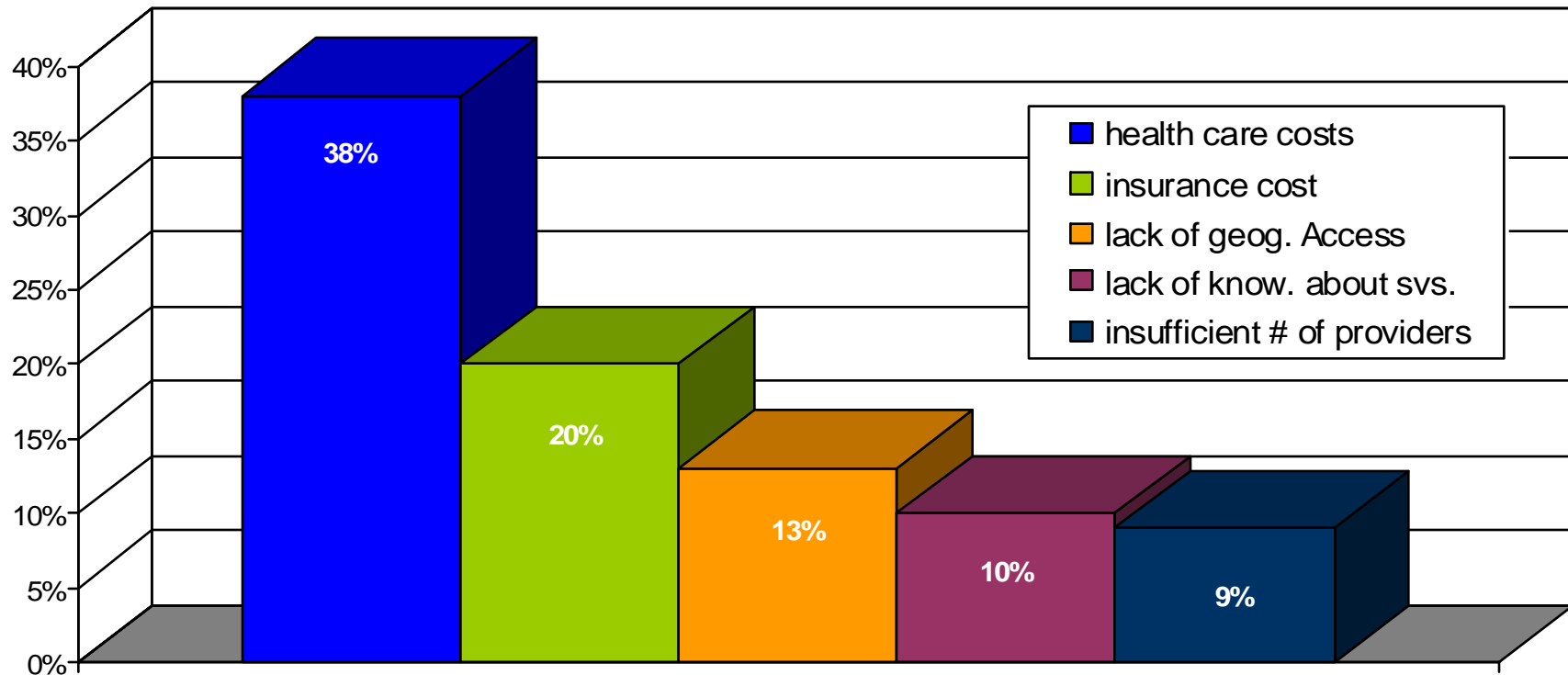
Barriers and Disparities in Health Care

- Health insurance and access to care
- Genetic risk factors such as obesity
- Physical activity
- Race
- Ethnic Background
- Classifying all as African American or Hispanic without considering ethnic background or culture.
- Transportation
- Housing
- Language and accent

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Access To Health Care

Access to Health Care Barrier

Legend:
- ■ health care costs
- ■ insurance cost
- ■ lack of geog. Access
- ■ lack of know. about svs.
- ■ insufficient # of providers

Chart values: health care costs 38%, insurance cost 20%, lack of geog. Access 13%, lack of know. about svs. 10%, insufficient # of providers 9%

Florida Regional Community Health Survey on Racial and Ethnic Minorities Access To Health Care Providers Survey, 2004
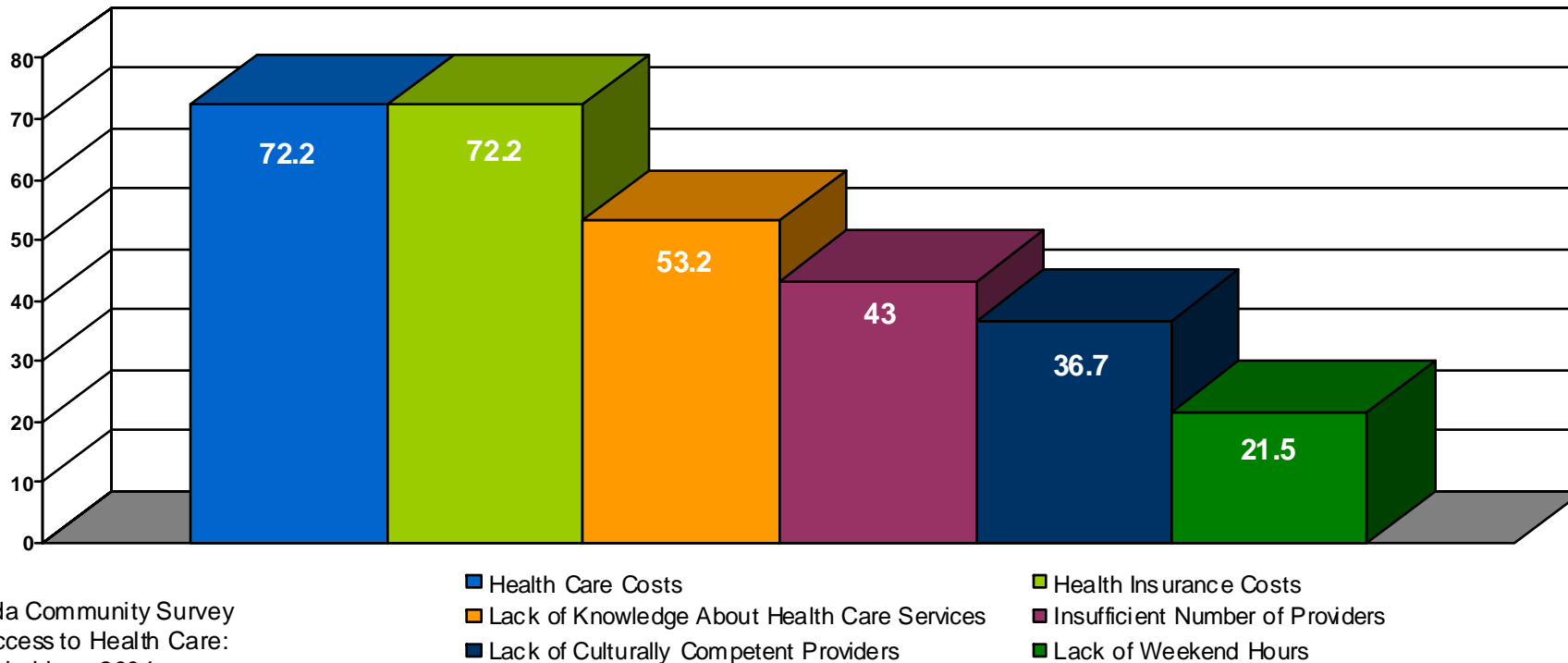
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The Major Barriers to Health Care Access
Among Racial and Ethnic Groups in the Community
(percent ranking issue as one of the top five issues)

Chart values:
- Health Care Costs: 72.2
- Health Insurance Costs: 72.2
- Lack of Knowledge About Health Care Services: 53.2
- Insufficient Number of Providers: 43
- Lack of Culturally Competent Providers: 36.7
- Lack of Weekend Hours: 21.5

Legend:
- ■ Health Care Costs
- ■ Health Insurance Costs
- ■ Lack of Knowledge About Health Care Services
- ■ Insufficient Number of Providers
- ■ Lack of Culturally Competent Providers
- ■ Lack of Weekend Hours

Florida Community Survey
on Access to Health Care:
Stakeholders, 2004

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The Major Health Care Issues in the Community

(percent ranking issue as one of the top five issues)

Bar chart showing percent values for health care issues:

- Lack of Affordable Health Care: 70.9
- Prescription Drug Coverage: 59.5
- Rising Health Care Costs: 53.2
- Health Care Access: 53.2
- Health Insurace Coverage: 51.9
- Transportation Barriers: 49.4
- Cultural Barriers: 39.2
- Limited Number of Providers Overall: 24
- High Insurance Deductibles: 22.8
- Limited Number of Physicians: 16.5
- Bioterrorism: 10.1

Legend:
- Lack of Affordable Health Care
- Prescription Drug Coverage
- Rising Health Care Costs
- Health Care Access
- Health Insurace Coverage
- Transportation Barriers
- Cultural Barriers
- Limited Number of Providers Overall
- High Insurance Deductibles
- Limited Number of Physicians
- Bioterrorism

Florida Community Survey on Access to Health Care: Stakeholders, 2004

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Difficulty Getting Specialty Care Referrals

(Percent reporting difficulty)
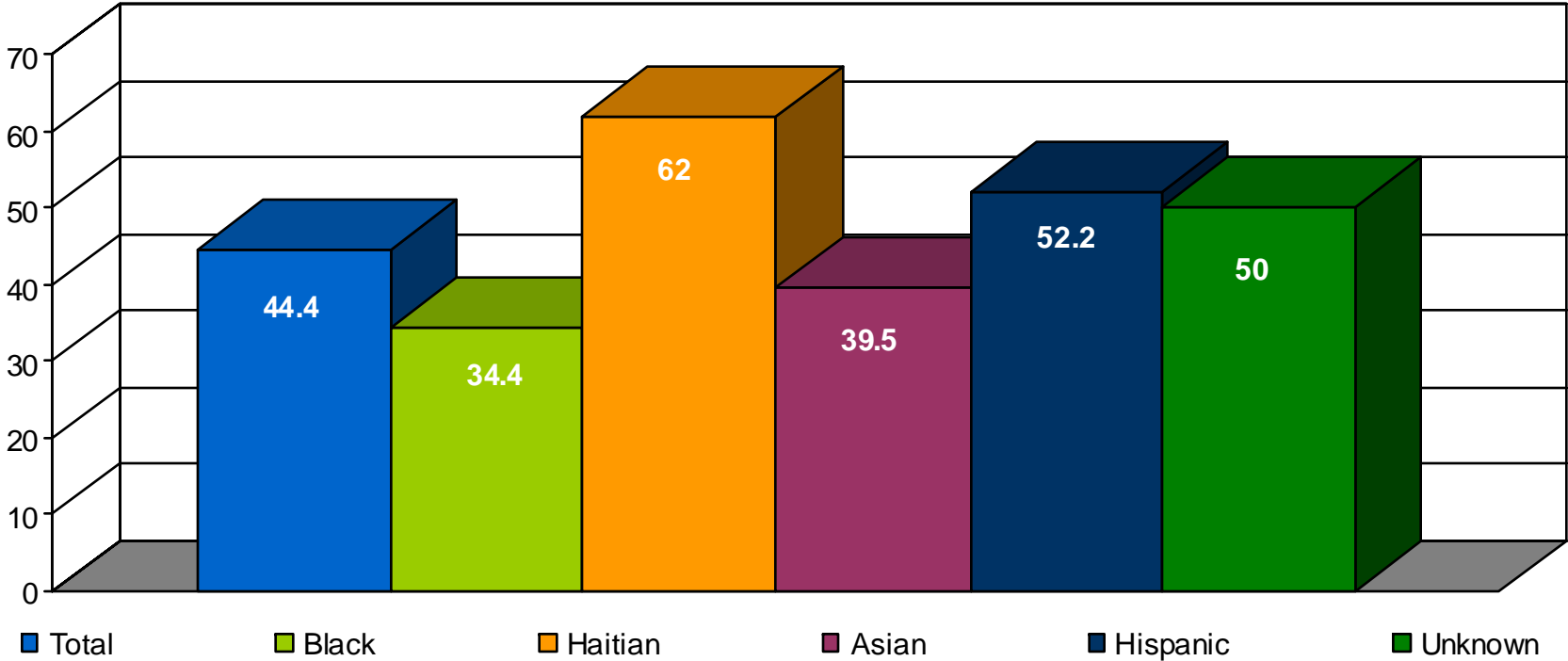
	Total	Black	Haitian	Asian	Hispanic	Unknown
Value	44.4	34.4	62	39.5	52.2	50

Florida Community Survey on Access to Health Care, 2004

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Last Time Visited a Physician for a Routine Check-up
(percent)

	2-5 years	5 years or more or never
Total	13.8	13.8
Black, non-Hispanic, non-Haitian	6.9	13.7
Haitian	17.2	17.2
Asian	18.4	26.3
Hispanic	13	8.7
Unknown	22.2	11.1
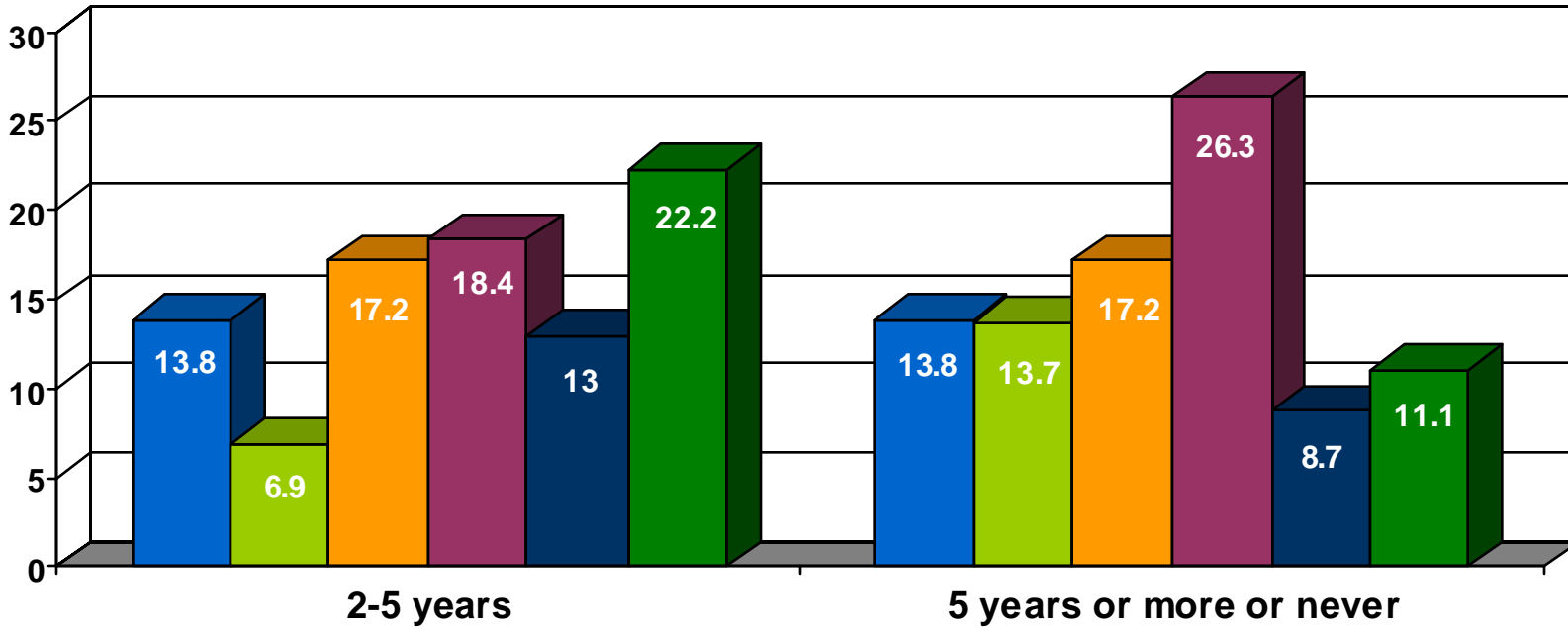
Legend: ■ Total ■ Black, non-Hispanic, non-Haitian ■ Haitian ■ Asian ■ Hispanic ■ Unknown

Florida Community Survey on Access to Health Care, 2004

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Lack of Knowledge or Education About Available Services
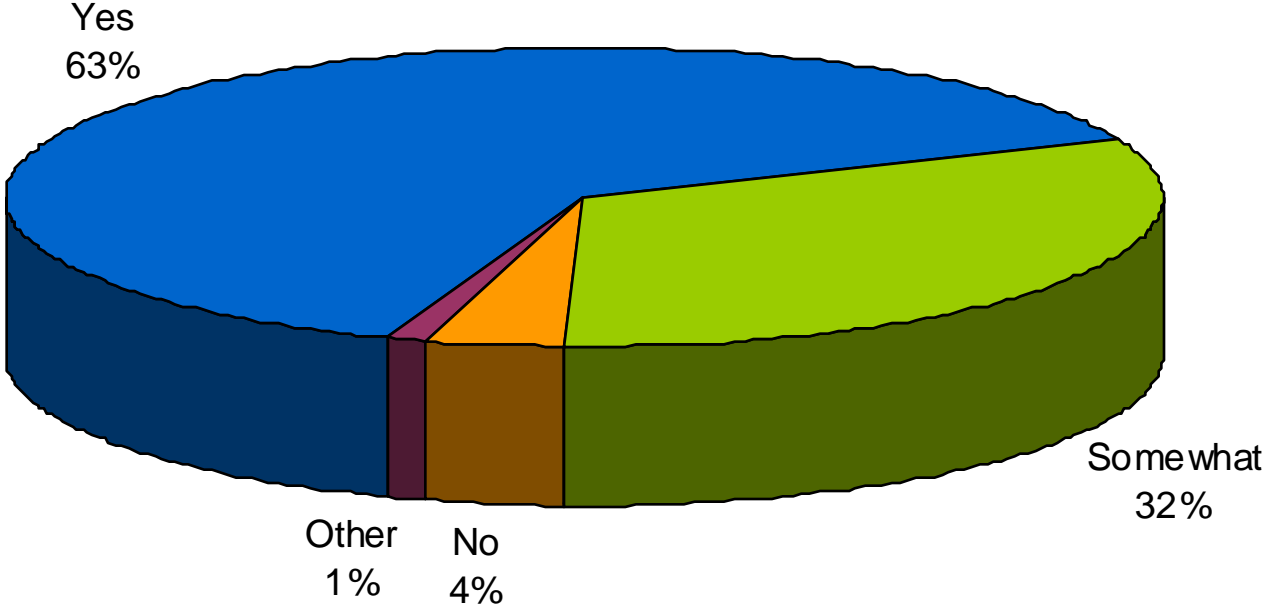
Yes
63%

Somewhat
32%

Other
1%

No
4%

Florida Regional Community Health Survey on Racial and Ethnic Minorities Access to health Care Providers' Survey, 2004

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Health Status in the State of Florida

Known facts, according to the Florida Health Department statistics:

- African-Americans experience the highest rates of mortality from heart disease, cancer, diabetes, and HIV/AIDS of any other racial or ethnic group.

- Cardiovascular disease: The leading cause of death for all racial and ethnic groups. "In Florida, African Americans have higher cardiovascular disease rates in general and twice as likely to die of strokes."

- Diabetes and Obesity: "Hispanics are 26 percent more likely than non-Hispanic whites to be obese and African Americans are 77 percent more likely to be obese than whites."

- Reduced access to medical care can lead to diagnosis and treatment delays and contribute to well-documented disparities in minority health. "Poverty is a determinant of insurance coverage."

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Health Status in the State of Florida

- Racial and ethnic minorities are the fastest growing segments of Florida's populations. Continued poor health status of this population will result in increasing health care cost for preventable and controllable disease.

- Based on a variety of socioeconomic reasons, minority populations do not have comparable access to health care services as whites.

- Lower socioeconomic position and minority (race/ethnicity) are associated with poorer health and shortened survival.

- Because of the following report from "Better Blue for You", BCBSF is piloting the Next Steps program to meet the needs of our members identified as at risk because of unhealthy lifestyle practices.

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Health Status in Minorities and Diverse Employees: Challenges & Solutions

- Unhealthy lifestyles account for 70 percent of the preventable illness burden of our population and more than 50 percent of all deaths are attributed to "poor" lifestyle. Unhealthy habits such as, lack of exercise, poor nutrition, smoking and alcohol abuse can lead to obesity, abnormal cholesterol levels, high blood pressure and increased stress are all in the top ten list of causes of death.

- The new 2006 guidelines from the American Heart Association (AHA) focus on long-term changes in diet and lifestyle. A combination of physical activity with heart-healthy diets, weight control, and tobacco avoidance is the best way to lower cardiovascular risk (Dr. Alice Lichtenstein, AHA's Nutrition Committee).

- Statistics from the AHA state at least 70 million people in this country suffer from some form of heart disease. One person in four suffers from some form of cardiovascular disease. This includes high blood pressure – 65 million; coronary artery disease – 13 million; stroke 5.4 million and congestive heart failure – 4.9 million.

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Health Status in Minorities and Diverse Employees: Challenges & Solutions

- Cardiovascular disease is the cause of more deaths than the next five causes of death combined, which are cancer, chronic lower respiratory diseases, accidents, diabetes mellitus, and flu/pneumonia.

- Socioeconomic factors such as lack of health care facilities in minority communities as well as the inability to afford high co-payments play a large role in racial and ethnic disparities in health care. Most areas in Florida have a higher uninsured rate than the national average (FHIS, 2004 socioeconomic disparities).

- The Institute of Medicine study cites communication barriers due to language, provider and member bias as cause of health care disparities in outcome for racial and ethnic minorities.

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Health Status in Minority Employees: Challenges & Solutions

- Creating a standard health program that sends out a unique message that can meet all culture needs.

- Educating physicians on the importance of not only treating the patient , but to have the ability to treat each patient as an individual and understanding their unique culture.

- Address unique health care needs, disparities and access to care among our Florida population specially those belonging to racial ethnic minorities.

- How do we do all this and contain cost?

- Knowing our population, member and community before we provide services.

Blue Cross and Blue Shield of Florida (BCBSF) Vision

- Three years ago BCBSF implemented the " Better You from Blue " health promotion biometric screening program for our employer groups. If a member was identified with a condition they were referred to our Disease Management Program, Case Management and the critical values were sent to the ER or Physician.

- In 2006 because of the biometric screening provided by the Better You from Blue employee health fairs, we identified that 70% of the member we screened were at risk for a chronic condition or pre-disease and we did not have any programs developed for prevention or people at risk.

- In January 2007 the Regional Lifestyle management Program was implemented for the 70% of the population that were at risk for disease. The program recognized that all Blacks are not African Americans and all Hispanics are not Cubans.

- BCBSF believes as an insurance company if we promote wellness and provide tools, and incentives for our members it will lower the cost of insurance premiums. Our health insurance leadership team also believes if the care for the wellbeing of the uninsured in the state of Florida and provide affordable health plans this will address medical cost. In the state of Florida the uninsured is our biggest competitor.

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Questions

- How do we create a program that is really truly diverse?

- Are we truly being diverse when we create programs for Hispanics and African Americans ?

- How do we target workers who really need these programs without offending people?

- Is this something that small businesses can afford?

- How do you justify the cost of this kind of effort in the short term when employees don't tend to stay in one job for a long enough time to justify the investment?

- How can employers encourage employees to seek treatment for themselves and their families?

- How do we address the uninsured?

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Results

- We are enrolling 30% of the members we identify with risk factors.
- We know that our program brings value to our members & employer groups
- We will have outcomes by the 1st quarter of 2008.
- What can BCBSFL identify today as an outcome?
- Any Questions?

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Blue Cross Blue Shield of Florida

- Regine Joly, MPH, RN
- Senior Manager
- Regional Lifestyle Management Program
- 8400 NW 33 Street
- Miami, Florida 33122
- 1-800-955-7635 X 17430
- Regine.Joly@BCBSFL.com
- *Better You from Blue: Next Steps*

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