HIT -- Tools to Address Social Inequities

HIT: Tools to Address Social Inequities Experienced by Users of LHDs' Programs and Services

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National Association of County & City Health Officials

HIT -- Tools to Address Social Inequities

The National Association of County and City Health Officials

NACCHO supports efforts that protect and improve the health of all people and all communities…

– promotes national policy

– develops resources and programs, seeking health equity

– supports effective local public health practice and systems

represents approximately 2,800 LHDs across the US

LHDs Core Functions/Population Served

SafetyNet Role Aligns with
Public Health Core Functions/Essential Services

- Assessment--
  - Monitor health status
  - *Diagnose and investigate health problems and health hazards*
  - *Inform, educate, and empower people about health issues*
  - Mobilize community partnerships to identify and solve health problems
- Policy development--
  - Develop policies and plans that support individual and community health efforts
  - Enforce laws and regulations that protect health and ensure safety
- Assurance--
  - *Link people to needed personal health services and assure the provision of health care when otherwise unavailable*
  - Assure a competent public health and personal health care workforce
  - Evaluate effectiveness, accessibility, and quality of personal and population-based health services
  - Research for new insights and innovative solutions to health problems

Comprehensive Primary Care Services

LHD Population	Total # LHDs	Providing Primary Care %
<25,000	1,200	7%
25,000-49,000	586	9%
50,000-99,999	414	16%
100,000-499,999	463	16%
500,000+	131	25%
Total	2,794	11%

Guesstimate:
   307 LHDs operate primary care clinics @ 10,000 pts ea = 3 million pts.
Large LHDs @ 10,000 pts each = 1.3 million pts (Note: Phila LHD, 90,000 pts; 8 sites.)

Source: NACCHO, 2008 National Profile of Local Health Departments, July 2009

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LHDs—Additional Health Services

	Population in Jurisdiction		
	50,000-99,000	100,000-499,999	500,000+
Family Planning	59%	62%	66%
Prenatal Care	37%	42%	40%
Oral Health Care	33%	43%	57%
Mental Health	12%	13%	27%
Substance Abuse	8%	9%	24%
Home Health	26%	18%	11%

Source: NACCHO, 2008 National Profile of Local Health Departments, July 2009

Public Health
Prevent. Promote. Protect.

LHDs Population-Based Services—
Reaching Medically Underserved

- Immunizations
- STD/TB Programs
- Child Health/EPSDT
- HIV/AIDS
- Home Visitation
- WIC
- Screenings/Treatment
  – Diabetes, Cancer, CVD, HIV, STD, TB, HPTN

- Lead Testing
- Communicable Disease
- School Health Activity
- Oral Health
- Behavioral/Mental Health
- Substance Abuse
- Cardiovascular/Diabetes
- Asthma

Source: NACCHO, 2008 National Profile of Local Health Departments, July 2009

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LHDs—A Key Safety Net Provider

The Safety Net in medically underserved communities….

- *Local health departments (via health centers/clinics and public health programs)*
- Community health centers (FQHCs and FQHC Look Alikes)
- Independent clinics and health centers
- Free clinics
- Clinics in schools, homeless shelters, housing projects
- Public hospitals

Source: Institute of Medicine, 2000 America's Healthcare Safetynet: Intact but Endangered.

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Medically Underserved Populations Served by LHDs

General Characteristics…

- Economically poor, with little resources to pay or travel for health care
- Uninsured/underinsured
- NonEnglish speakers
- Newly arrived foreigners and/or undocumented
- Lack knowledge of how to use health care system
- Unhealthy
- Have cultural beliefs that may conflict with health care practices
- May distrust health care system/providers
- Mobile population

Social Inequities

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Three distinguishing features of Social Inequities*

- systematic—not distributed randomly—they show consistent patterns
- socially produced via processes (and therefore modifiable)
- unfair

*Differs from mere variations or differences in health that normally occur because of genetics. (Note: health disparities have little to do with genetics**)*

*Concepts and principles for tackling social inequities in health. WHO Collaborating Centre for Policy Research on Social Determinants of Health , 2006.
    http://www.euro.who.int/_data/assets/pdf_file/0010/74737/E89383.pdf

**Collins, F.S. (November, 2004). What we do and don't know about "race," "ethnicity," genetics and health at the dawn of the genome era. Nature Genetics Supplement, 36(11).

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Social Inequities Relevant to Health Status/Care

Systematic

- Incidence of morbidity and mortality—for poor, uneducated, minority, and certain communities

Socially Produced

- Economic access—costs associated with obtaining health care (fees/deductibles); costs of insurance; regulations governing eligibility for publicly funded insurance ➔ no care/delayed care; ill health
- Inadequate focus on disease prevention; relative to resources available for treatment/specialty care ➔ population must get chronically ill before care can be provided
- Patients encounter difficulty in navigating health care system ➔ delayed care

Unfair

- Health information—interpreters unavailable; spoken/written information in language patient cannot understand, or at inappropriate literacy levels ➔ patients lack knowledge to assure their health
- Access—services/providers unavailable within community; costs may be high for travel to health care ➔ long waits for appointments, delayed care

PUBLIC HEALTH INFRASTRUCTURE & SYSTEMS

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Equity in Health*

"The highest standards of health should be within reach of all, without distinction of race, religion, political belief, economic or social conditions."

"Equal use for equal need….People who wish to use services could do so…."

*Concepts and principles for tackling social inequities in health. WHO Collaborating Centre for Policy Research on Social Determinants of Health , 2006. http://www.euro.who.int/_data/assets/pdf_file/0010/74737/E89383.pdf

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Technology—

An Enabler for Improving Equity…

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Needs/Tools…

Literacy Levels

Tools:

- Electronic health education modules/kiosks
- E-Rx solutions
  - Providing printed information
    - at reading levels appropriate for patients
    - in language patients can understand
    - that is culturally relevant
    - listing additional resources patient can access
    - standardized information

Language Needs

Tools:

- Translation solutions
  - Supporting communications
    - Cost effective (versus use of family members/resource intensive language lines)
    - Formal/standardized translation services

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Needs/Tools…

Example (Translation Tools-cont'd):

- Virginia Department of Public Health—Translation solution
  http://www.vdh.virginia.gov/ohpp/clasact/CUCP.aspx

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Needs/Tools…

Access

Tools:
- Telehealth solutions
- Health monitoring solutions

- Create access to primary care/specialty care in shortage areas (e.g., photograph rashes or eye problem and transmit to dermatologists/ophthalmologists at specialty hospital)
- Aging population, isolated populations--supports independent living
  - health monitoring solutions
  - daily automated check-in calls that remind patients to take medicines, check blood pressure

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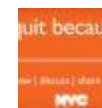
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Needs/Tools…

Tools:

- Cell phones/smart phones
- Social media (e.g., Facebook, Twitter, YouTube)
- Widgets (small applications to use on social media/webpage)
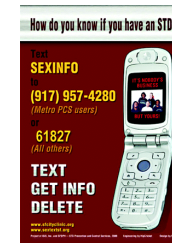
  - Public health messages
  - Reminders for screenings
  - Health information/assessment widgets (e.g., to calculate BMI)

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Needs/Tools…

Access

Examples:

- Idaho Dept of Hlth. RoboCall—Robocalls--Push out messages via phones—reminders for immunizations

- California. InSpot.org—portal for STD/HIV partner notification—individual can send cards anonymously to up to 6 people; H1n1 messages via cell phones, Facebook, Twitter –"text No Flu and zipcode to 30644. " Gives info on closest H1n1 vaccination site.

- San Francisco. SEXINFO: A Sexual Health Text Messaging Service for San Francisco Youth

- Boston Public Health Commission, MA. Facebook, teenagers can anonymously post questions about sexual health that will be answered by disease specialists; Health videos using YouTube, MTV

- Philadelphia Department of Public Health. Facebook for H1N1/flu vaccines

- New York City Department of Health and Mental Hygiene on Twitter

- MyPyramid.gob on Twitter

- CDC. Text4baby—weekly messages that align with due date, info on birth defects, immunization, nutrition. Text BABY to 511411; text BEBE to receive info in Spanish. No cost 3 weekly messages.

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Needs/Tools…

Mobility

Tools:

- Smart card
- Care summary
- Personal health record
- Electronic medical records
- Data exchanges
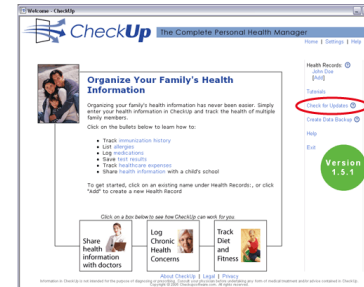
   – Patients access key health information, to manage their own health

   – Patients can share health information with other/new providers they visit

   – EMRs facilitates tracking patients' health care/compliance (via decision support)

   – Providers exchange/provide access to patient health information--on need to know basis, thus improving health

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Needs/Tools…

<u>Examples</u>:

- EHRs
    - San Francisco Department of Public Health
    - Chicago Department of Public Health
    - Multnomah County (Oregon)
    - New York City's Department of Health and Mental Hygiene
    - Philadelphia Department of Public Health (in contract phase)

- Data Exchanges
    - See website for Office of the National Coordinator for Health Information Technology

LHD IT Infrastructure and Challenges in Adopting HIT

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LHD IT Infrastructure and Challenges in Adopting HIT

ARRA/HiTech Act* funding for health focuses on…

– HIT--Electronic Health Records and health information exchange

– Incentive payments apply to eligible providers, defined as physicians/NPs/PA/Nurse Mid-wives

– Solutions relevant to health care/treatment (hospitals/health centers), not for prevention programs/case management services

LHD Primary Care Activities (applicable to about 260 LHDs)--Challenges

– In some cases communities cannot generate funding/allocations to support EMR initiatives, prior to receiving incentive payments

– providers are RNs/outreach workers (which do not qualify for incentive payments)

– lack access to sufficient resources (staffing, expertise/skills) to support/staff EMR/HIE initiatives

*American Recovery and Reinvestment Act of 2009; Title XIII

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LHD IT Infrastructure

LHD Prevention/Health Education Activities (applicable to 100% LHDs)-- Challenges

- Require case management systems (not EMRs) and mobile solutions
    - information system may be currently be paper-based
    - applications are unavailable at point of service
    - information system may preclude data exchange among internal programs
        - categorical funding source may prescribe data sharing/usage
        - home grown databases, each incorporating different data stds/specs
- HIT funds are not allocated/available to procure/adopt technology that can support prevention and case management activities

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LHD IT Infrastructure and Challenges in Adopting HIT

LHD Surveillance Activities (applicable to 100%? LHDs)--Challenges

- HIT of relevance includes surveillance systems; disease registries; information exchange
  - Systems may be based on outdated technology
  - Many stand alone systems, incompatible with each other; costly to incorporate in HIE
  - Systems are not based on standardized specifications
- HIT funds are not allocated to build, enhance, replace PH IT infrastructure/systems needed to support data exchange

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LHD HIT—Implications for Meaningful Use

Stage 1 Objective for Meaningful Use includes: Improve population/public health

Key MU Indicators of Relevance for LHDs

- Submit electronic data to state immunization registries
- Provide electronic syndromic surveillance data to public health agencies via EHRs
- Report lab results electronically to public health agencies

LHD IT—Immunization registry; surveillance system; lab system

- No standardization; too many systems based on too many standards/specs
- Enormous vendor effort would be required to integrate with so many systems
- May involve high costs to integrate

Industry Outcry: Public Health is not ready to receive data/send data!

Information/data to assure the public's health has not been addressed?

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Summary/Call for Action

Call for Federal Action

       Incentivize funding and enhancement/procurement of HIT in LHDs

- Incorporate existing/emerging innovative technology in public health programs/services
- Immediately support enhancement of key public health systems pertinent to meaningful use and data exchange

Incorporate in LHDs the IT offering opportunity to…

- to support public health education and prevention efforts
- facilitate public health surveillance and assure emergency preparedness
- integrate and create a seamless health care delivery system
- improve quality of care (effective, efficient, safe, timely, patient centered, and equitable)
- improve access to health care
- enhance communications in health care

       Incorporate the IT that has potential to address many social inequities!

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Thank you! Questions?