

Grant Outcomes Report

Reducing Racial Disparities in Health Outcomes Through a Publicly Financed Insurance Expansion

The Problem:

Racial and ethnic minorities in New York are disproportionately uninsured and suffer worse health outcomes than whites. Approximately 22% of black adults, 31% of Latino adults and 22% of Asian/Pacific Islander adults are uninsured, compared with 13% of white adults, according to data from the 2007 Current Population Survey as reported by the Community Service Society of New York.¹ Blacks in New York have higher rates of diabetes and adult obesity than other racial/ethnic groups, according to the New York State Office of Minority Affairs. Latinos have the highest asthma rates.

Grant Activities & Outcomes:

With a grant from the New York State Health Foundation's Coverage Consortium initiative, staff at the Community Service Society aimed to provide policymakers with proposals and recommendations to reduce racial disparities in health care access and outcomes for New Yorkers enrolled in public insurance programs.

Elisabeth Benjamin, M.S.P.H., J.D., directed the project.

To develop the proposals and recommendations, Benjamin:

- ▶ reviewed literature and interviewed experts about initiatives to reduce disparities underway in New York and elsewhere;
- ▶ analyzed quality of care and enrollment/retention data collected by the State regarding enrollment in managed care plans for publicly insured enrollees;

¹ "Racial and Ethnic Disparities Proposal 3-5-08 Revision." New York: Community Service Society, unpublished proposal, footnote #6, March 5, 2008.

KEY INFORMATION:

GRANTEE

Community Service Society of New York

GRANT TITLE

Reducing Racial Disparities in Health Outcomes Through a Publicly Financed Insurance Expansion

DATES

April 1, 2008–June 30, 2009

GRANT AMOUNT

\$174,137

GRANT ID

2369176

FUNDING

NYSHealth Coverage Consortium Initiative

- ▶ convened a Racial Disparities Roundtable with public officials, managed care plan administrators, providers, and advocates to present findings and gather feedback; and
- ▶ issued two reports.

Based on the analysis of State data, Benjamin found evidence of significant disparities, with blacks having worse health outcomes than other groups on 10 of 12 measures of health, and Latinos and whites having better outcomes on some measures and worse outcomes on others.

Benjamin also noted that while disparities exist, New York was trying to address them. She offered the following observation:

“We began our study based on the assumption that while very little was currently being done in New York State in this area, important work around pay-for-performance, and health equity and quality was occurring throughout the country. We were surprised to learn that New York was actually somewhat ahead of the curve in thinking about disparities in the area of quality, and that no State entities had thought about disparities in the context of retaining people in coverage after they enrolled.”

BENJAMIN DEVELOPED THE FOLLOWING RECOMMENDATIONS:

To Improve Health Equity and Quality of Care

- ▶ Monitor health plan quality indicators by racial and ethnic categories.
- ▶ Publicly disclose results of disparities in quality and coverage by health plan.
- ▶ Institute pay-for-performance approaches and monitor performance in key quality indicators by race.

To Improve Health Equity and Retention

- ▶ Streamline the enrollment and renewal processes to improve retention.
- ▶ Launch targeted retention initiatives with health plans.
- ▶ Annually analyze and report retention data by managed care plan and by race/ethnicity.

According to Benjamin, “Initial feedback from the State Department of Health indicates that it is considering integrating some of our findings and recommendations on health equity in its current pay-for-performance (QI) program. In fact, its 2009 Managed Care Report included a mental health quality indicator by race for the first time.² The Department has also begun posting several health

² New York State 2009 Managed Care Plan Performance Report, pp. 76. Available at: http://www.health.state.ny.us/health_care/managed_care/qarrfull/qarr_2009/docs/qarr2009.pdf

indicators by race/ethnicity at the county level to its website, and comparisons of statewide numbers to the US as a whole, though these have not yet been tied to health plans nor incorporated into the pay-for-performance process.³ However, there is less receptivity in the Department to our retention findings because of its concern that disparities in rates of retention are driven predominately by other factors, such as aid category, plan size, county size and whether or not a county has a mandatory managed care program.”

The Community Service Society produced two policy briefs and presented findings to 16 members of the State legislative Black, Latino, and Asian Caucuses.

Publications:

Benjamin ER and Garza A. *Promoting Equity & Quality in New York's Public Insurance Programs: The First in a Two-Part Series on Racial and Ethnic Disparities in Health*. New York: Community Service Society, May 2009. Available at: <http://www.nyshealthfoundation.org/content/document/detail/1697/>

Benjamin ER and Garza A. *Promoting Equity & Coverage in New York's Public Insurance Programs: The Second in a Two-Part Series on Racial and Ethnic Disparities in Health*. New York: Community Service Society, May 2009. Available at: <http://www.nyshealthfoundation.org/content/document/detail/1716/>

³ New York State Department of Health website, Minority Health Data and Statistics. Available at: <http://www.health.state.ny.us/statistics/community/minority/>