CMS Initiatives
Disparity Conference – March 4

(…….Charlotte's opening……..)

In his State of the Union Address in January, the President said "... medical care costs too much and many have no health coverage at all... we must work toward a system in which all Americans have a good insurance policy, choose their own doctors, and seniors and low-income Americans receive the help they need."

The Department of Health and Human Services and the Centers for Medicare and Medicaid Services are committed to ensuring that everyone, no matter who they are, where they live, or their financial status gets the high quality health care services they need.

The Centers for Medicare and Medicaid Services spends one out of every three dollars in the healthcare system nationally.

While we pay for services to 70 million beneficiaries through the programs that we administer -- Medicare, Medicaid, and Children's Health Insurance -- we want to be certain that every eligible American receives the care they deserve.

Since its inception, Medicare has helped to reduce racial and ethnic health disparities by:

- Providing health insurance coverage for ALL Medicare beneficiaries;
- Requiring that health care institutions provide care in a non-discriminatory manner; and
- Providing for Supplemental Medical Insurance buy-in for eligible seniors through State Medicaid programs.

Since 1993, key indicators have shown that our nation's health has greatly improved.

The public health advances of the past century have added years to our lives.

The average American life expectancy in 2003 is 76.8 years – a marked improvement over the 47-year life expectancy in 1900.

The diagnostic armamentarium available to health care providers allows for early detection of disease; and new treatment modalities now render even devastating diseases amenable to cure.

Despite this encouraging news, vulnerable populations of Medicare beneficiaries continue to suffer from preventable death and disease at disproportionately high rates.

For example:

- The African-American life expectancy is only 70.3 years;

- African-Americans experience only 56 years of healthy life as compared to 64 years of healthy life for Caucasian-Americans;
- Vietnamese-American women suffer from cervical cancer at nearly five times the rate for Caucasian-American women;
- Hispanic-Americans have two to three times the rates of stomach cancer as Caucasian-Americans.
- There is strong evidence that African-American, Hispanic-American, American Indian/Alaska Native, Asian-Pacific Islander and low-income Medicare beneficiaries do not receive needed preventive services.

In Medicare alone, we estimate that 12 million of our nearly 40 million beneficiaries may not be able to access the health care services they need as a result of cultural and language barriers.

Helping to make sure that everyone gets the health care services they need is major priority at CMS -- we do not view this

as a minority health issue. There is nothing minor about this -- these people are not minor, nor are our efforts.

We are committed to the national goal of eliminating longstanding disparities by the year 2010 and continue the progress the nation has already made in improving the overall health of the American people.

In doing so, we are working to eliminate disparities caused by differing access to health care. The three priorities for access , as stated in the Healthy People 2010 project supported by HHS, are:

1. Health Insurance;
2. An ongoing source of primary care; and
3. Reducing barriers. Those barriers maybe the lack of insurance coverage, lack of nearby facilities or health care professionals, or cultural or language differences.

CMS continues to make significant progress in many areas affecting Asian American and Pacific Islanders, African Americans, Hispanic Americans, and Native Americans and Alaska Natives. We are helping to provide greater access to preventive health services through outreach and education, research, and data collection.

We are reaching out to these communities in a variety of ways. Communication is an important aspect of eliminating health disparities. We have included Diversity as one of our open door forums. These forums, which are kind of like public meetings except they are usually conducted by telephone, allow us to pass on information and also allow individuals and organizations to get input from us. The types of groups that have participated in the Diversity Open Door Forums include, for example, the National Association of Social Workers, Families USA and the California Healthcare Association. Topics that have come up include

- Contracting and demonstration opportunities with CMS

- Reimbursement for interpreter services -especially at the State level

- Limited English Proficiency (LEP) guidance for providers -in terms of access for those non / limited English speaking providers
- School-based health in grades K-3 -where a disproportionate share of minority youth depend upon health care

- Primary Language in State Children's Health Insurance (SCHIP) Regulations

- Funding Sources for Computer Systems Upgrade

The next diversity open door forum call is scheduled for 10 a.m. on April 15. Information on all the Open Door Calls --telephone numbers, dates, and times -- are located on the CMS web site. You can go to www.cms.hhs.gov. and if you look on the left hand side of the page, you will see a link to the Open Door Forums.

We also have established several partnerships with organizations and educational institutions among major racial and

ethnic groups to assist us in communicating and educating our beneficiaries.

CMS is working on several projects to help eliminate racial and ethnic disparities, largely through our **Horizons Project**.

The goal of the **HORIZONS** project is to

- improve health,
- education, and
- communications
- to Medicare beneficiaries from four targeted populations:
    1. African-Americans,
    2. Hispanic Americans,
    3. Asian-Americans/Pacific Islanders, and
    4. Native American - Alaska Natives.

- The HORIZONS project enables CMS to assist in a broad variety of culturally and linguistically competent communications and assessment activities.

- Additionally, we are working with our **Quality Improvement Organizations** or QIOs, in all 50 states, to make sure that every Medicare beneficiary gets the same quality of health care services no matter
    - where they live,
    - their income, or
    - their ethnic background.

  Under the Seventh Scope of Work contract, CMS expects every QIO to improve health outcomes for Medicare beneficiaries who are identified as belonging to a vulnerable population group. QIO projects will address priority care areas to include heart failure, pneumonia, stoke, surgical wound infection prevention, diabetes, breast cancer and stroke.

The Centers for Medicare and Medicaid Services have several efforts targeted for specific populations or communities.

In the African American Population

- To strengthen our ability to meet the needs of aging African Americans, we are reaching out to African Americans in rural areas of Mississippi and South Carolina with information about health services and disease prevention.
- This important initiative is a partnership with Historically Black Colleges and Universities, and state agencies whose goal is to disseminate publications (Medicare, Medicaid, and SCHIP) that include state specific information.
- We are currently partnering with a historically black college to develop and conduct a pilot project that will address **"Diabetes in the African American Community."**
    - This project will allow us to evaluate the **effectiveness of diabetes management intervention** strategies and

provide information about diabetes to the African American community.

- The Healthy People 2010 near-term goal for adult immunizations is to increase the rate of pneumococcal and influenza immunizations to 60 percent among all adults aged **65 and older.** CMS is holding immunization workshops that are designed to assess the knowledge of African-American participants about adult immunizations, identify the characteristics of adults who should receive immunizations and clarify myths about adult immunizations. We will evaluate the knowledge gained through the information sessions, administer the flu vaccine, provide follow-up, determine the access to care among African Americans regarding immunizations, and evaluate the effectiveness of telephone reminders on obtaining immunizations.

In the Hispanic American Population

- As a result of our commitment to address health disparity issues among the Hispanic American community, we are

partnering with a Hispanic Serving Institution to develop a pilot community participatory intervention project for type 2 diabetes.

- This intervention project will measure the participants'
    - attitudes,
    - knowledge, and
    - behaviors
    - associated with
        - diabetes prevention,
        - treatment, and
        - control.
- With nearly a million Hispanic Medicare beneficiaries in the U.S. -- and that number is rapidly growing --, we are planning a conference in 2004 entitled, **"Elder Hispanic Health Conference."**

This conference will provide a unique opportunity to collaborate with

- federal agencies,
- Medicare+Choice plans,
- hospitals, and
- clinics
- in predominately Hispanic communities, social service providers and Hispanic health issue leaders.
- This collaboration will help us better understand how to serve the needs of elder Hispanics and plan for how to eliminate this population's health disparities in the near future

- We also recognize the need to provide Medicare health information to our beneficiaries in languages other than English. As our non-English speaking beneficiary populations continue to increase, it becomes increasingly necessary for us to provide various publications and services in foreign languages.

- One of our goals is to become more effective in reaching vulnerable and underserved populations, in particular Hispanic/Latino populations. We already translate the Medicare & You handbook and the Guide to Health Insurance in Spanish and more are on the way.

In the Asian Americans and Pacific Islanders (AAPI) Population

- In order to maximize our effort to end health disparities within the AAPI community over the past year, we have entered into non-competitive, sole source contracts with AAPI community based organizations (CBOs) . We are **expanding our Hepatitis B Outreach Campaign to reach Chinese and Vietnamese** populations in Boston and New York, and funding other CBOs nationwide that will conduct education, outreach, and screening related to diabetes and cancer.

- During the past year, we also conducted a mammography awareness radio broadcast campaign in 6 major cities across the U.S. The public service announcements (PSAs) were broadcast in two Chinese dialects, Mandarin and Cantonese
- We conducted focus group testing in Boston, New York, and San Francisco to determine the effectiveness of the PSAs.
- Additionally, we contracted with an organization to compile a nationwide demographic report to help us identify all AAPI populations within the U.S.
- and have created a Chinese Web page at http://www.medicare.gov, which offers information about Medicare in Chinese.

In the Native American/Alaska Native Population

- We have been working with the Indian Health Service for a number of years to make sure that Medicare and Medicaid payments to Indian Health Service facilities reflect the full

cost of providing services. This methodology, together with better efforts to enroll eligible Indian people and legislative changes expanding the scope of covered services has led to an increase in health insurance reimbursement of 146 percent since FY 1995.

- We are partnering with Salish-Kootenai College (SKC) to acquire **valuable information** that will help us **improve enrollment** among Native Americans in our programs. We conducted focus groups to identify problems in accessing health care services and barriers to enrolling in Medicare, Medicaid, and SCHIP to accomplish this goal. The focus groups were conducted on five reservations around the country.

Other CMS activities that cross-cut into the Asian American/Pacific Islander, African American, Hispanic American,

and the Native American/Alaska Native communities include the following:

- The first, is a **M+C Organization National Quality Assessment and Performance Improvement (QAPI) Project.**
- This past summer, we sponsored a conference for Medicare+Choice Organizations to help them develop their quality assessment and performance improvement (QAPI) projects. These Medicare health plans are required to conduct a quality improvement project this year. They may choose between two options--clinical health care disparities (CHCD) or culturally and linguistically appropriate services (CLAS).
- Another project we are involved in is a **Cancer Prevention and Treatment Demonstration Project for Racial and Ethnic Populations**

- This project was initiated as a result of BIPA legislation. It is a multi-year project that has two phases. The first phase involves producing an evidence report that will synthesize evidence and best practices on intervention models that promote primary and secondary prevention interventions among the targeted racial and ethnic populations. The second phase requires that Brandeis University design and implement behavioral risk factor reduction and health promotion demonstrations in each of the four-targeted populations, based on the findings provided in the evidence report.

- And, we are engaged in the **Health Disparity Research Consultation Awards.**
- Five expert researchers are working with us to develop recommendations and strategies for shaping a future research agenda and strategic plan to eliminate health disparities in racial and ethnic population groups. The consultants are focusing on

Asian American and Pacific Islanders, African Americans, Hispanic Americans, and Native Americans and Alaska Natives.

I've talked about our efforts to eliminate health disparities on national level. I'd now like to spend just a few minutes to highlight what is happening in New England.

I previously mentioned that Quality Improvement Organizations in each state are working on clinical projects to improve health outcomes for Medicare beneficiaries who are identified as belonging to a vulnerable group. They were asked to conduct projects where a disparity of seven percent or greater was observed between the target underserved population and the reference group. In the sixth scope of work contract (that ended recently), the Massachusetts QIO worked on a project to improve diabetes treatment for African Americans. The Connecticut, Maine, New Hampshire and Vermont QIOs worked on projects to increase mammography screening rates among the dual eligibles – our

beneficiaries who are not only eligible for Medicare, but for Medicaid as well. And, the Rhode Island QIO worked on a diabetes project for the dual eligible population.

For the 7th scope of work (the new QIO contract with CMS), the Connecticut QIO plans to work on a mammography project targeting female beneficiaries in Bridgeport, Hartford, New Haven and Waterbury. The Rhode Island QIO will conduct another diabetes project with dual eligible beneficiaries and the Massachusetts QIO will continue with a diabetes project for African Americans. And, the QIO for the states of New Hampshire, Maine and Vermont plans to work with rural hospitals in the respective states on heart failure treatments before arrival, during hospitalization and after planned discharge.

The Boston Regional Office is working several contract proposals regarding Asian American and Pacific Islander projects. One project would involve a contract with the South Cove Community Health

Center in Boston. The project's goal: to decrease health disparities among low-income Asian American immigrants, who have increased risks of exposure to the Hepatitis B virus, by increasing their knowledge of the risk of Hepatitis B and by providing them with vaccinations in a community based, primary care practice model.

Besides projects involving Quality Improvement Organizations and Asian American and Pacific Islander Initiatives, staff from the Boston Regional office also with local partnerships on outreach, educational and advertising projects to educate underserved beneficiaries.

- Last spring, we produced laminated tray liners that were distributed to Medicare beneficiaries in Bridgeport, CT, via the Meal on Wheels program.
    - These liners explained in English and Spanish about the various places to obtain information about Medicare.
- We also placed preventive benefit ads in Connecticut newspapers, last May and June.

- There were English, Chinese and Spanish versions of the ads.
- The ads ran primarily in newspapers read by African Americans, Asian and Hispanic populations in Fairfield County, Hartford and New Haven.
- Several ads also appeared in rural newspapers and in newspapers read by Native Americans.

- Another innovative idea that our office participated in was **Medicare Day at the New Britain Rock Cats Baseball Game**.
  - On June 20, CMS and the Buckley Radio Network co-sponsored "Baseball Bingo Senior Day" at the minor league game in New Britain.
  - During the game, the Rock Cats' announcer would periodically broadcast CMS sound-bites on
    - prevention,
    - choices,
    - and different channels for Medicare information.

    - CMS,
    - First Coast Service Options (Medicare Part B), and
    - CHOICES (Connecticut SHIP program),
    - Were on site to answer questions and provide Medicare information.
    - CMS's partners publicized the event to the elderly and disabled living in group homes in the area
    - and it drew a sizeable Hispanic population.
- Even more recently, in August, the Boston office invited federally recognized tribes in New England to participate in a consultation session and discussed health care issues and federal grants.
- On the next day, the Boston office co-sponsored a meeting at the University of Southern Maine, of the Northeast Consortium for Native Americans.
- The Northeast Consortium for Native Americans is an active organization that includes federal and state agencies and

colleges and universities. We are proud to be a part of the consortium's continuing initiatives to improve health care in the tribal communities of New England.

This past fall, the Boston Regional Office produced advertisements promoting flu immunization in English and Spanish, which were placed on Boston subway lines and on seven Connecticut urban bus systems. In Vermont, we placed the bilingual ads on three bus systems. We plan on doing a similar ad campaign this fall. Besides flu immunization, we will also produce mammography advertisements. And, besides bus and subway ads, we will work with community-based organizations in all six New England states to place bilingual posters in storefronts to include beauty salons, barbershops, and grocery stores.

-----(Charlotte's ending)---------