

Health Disparities: The Employer's Business Case

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• Who is Prudential?

- Founded over 130 years ago in Newark, NJ.
- In the Fortune 500 named one of America's Most Admired Companies by Fortune Magazine in 2010.
- Core services include life insurance, annuities, retirement related services, mutual funds, investment management and real estate services, offered to individual and institutional clients worldwide.
- Approximately 20,000 active domestic employees (42,000 globally).





September, 2007 - Business Group enters a partnership with the Office of Minority Health (OMH) - as part of the National Partnership for Action to End Health Disparities (NPA).

A 25 member advisory board was formed of employers, government agencies, health plans, and academicians.





The Business Case Issue Brief

• Released February, 2008 - Eliminating Racial and Ethnic Health Disparities; *A Business Case Update for Employers*

• This brief serves as an update to the 2003 Business Case Issue Brief

http://www.businessgrouphealth.org/pdfs/Final%20Draft%20508.pdf





The Business Case Issue Brief

This issue brief:

- Provides practical strategies to consider in addressing disparities
- Presents an overview of disparities including key contributing factors
- Highlights cultural beliefs and behaviors that may influence disparities





The Business Case Issue Brief- Highlights

- Employers provide health-focused benefits assuming these investments offer equal opportunities for all employees in terms of both access and outcomes.
- According to the Institute of Medicine's (IOM) 2002 report, Unequal Treatment, racial and ethnic disparities in health status exist and persist among adults and children <u>even when they</u> have adequate health benefits coverage.
- Diversifying workforce means that one size will not fit all.







The Business Case Issue Brief- Key Points

- Employers pay to insure everyone equally, yet not everyone is receiving the same health care.
- Health & wellness programs, EAP programs, etc. may not be reaching all intended audiences due to racial/ethnic differences that are not being taken into account.
- Addressing health disparities is a logical step in quality management.







In 2008 Business Group members were given a survey to gauge their awareness of disparities.

- Key findings include:
 - Employers who responded are generally unaware of disparities as a business issue;
 - Race and ethnicity data is generally not being collected and analyzed;
 - Little work is being done to collaborate with health plans in the area of collecting relevant data and addressing disparities.







Prudential's Approach

- Partnered with Thomson Reuters in 2003.
 - Fully-integrated 5 year database.
 - Medical, Prescription Drug, Disability, Workers' Comp, Health Risk Assessment, Lab Results Data, On-site Clinic, On-site Fitness Centers, and data from various other wellness programs.





Prudential's Approach

- In setting out to evaluate health disparities, we:
 - Developed a set of core measures.
 - Quality measures for chronic conditions.
 - Avoidable hospital admissions and complications.
 - Prevention and wellness measures, well child/baby.
 - Lab result averages for cholesterol and hemoglobin A1C.
 - Medication possession ratios for chronic conditions.
 - DMARD therapy adherence rates for RA patients.
 - Segmented our population by Job Grade, Race/Ethnicity and Gender.
 - Race/Ethnicity captured for employees within EEO process.
 - Conducted a baseline and three-year historic analysis to identify areas of disparity.
 - Created a framework upon which all efforts to eliminate health disparities will be tracked, and all new/emerging disparities will be studied.



Prudential's Findings

Reviewing three years of data:

- Lower-level job grades had consistently higher rates of ER usage, hospitalization, longer stays, and greater rate of avoidable hospital admissions.
- Children of employees in lower-level job grades receive recommended pediatric care and childhood immunizations at a lower rate.
- Latinos and people in lower-level job grades who are diabetic have average HbA1c lab results consistent with poorly controlled diabetes
- Lower-level job grades have a higher rate of obesity (34% are obese compared to 28% of overall population) which is a risk factor for developing diabetes at some future point
- In the **lower-level job grades** and **minority population**, people with asthma tend to have lower possession ratios for asthma controller medications

