



Reducing Racial, Ethnic and Socioeconomic Disparities in Health Care

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“The real challenge lies not in debating whether disparities exist, because the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them.”

“Confronting unequal treatment and reducing racial and ethnic disparities in health care will require a broad and sustained commitment from those who provide and finance care, as well as those who receive it.”

Alan Nelson, M.D.
past president of the A.M.A.



“The health care industry can play a pivotal role
in addressing health care disparities.”

John W. Rowe, M.D.
Chairman and CEO, Aetna Inc.

Wellness Programs

- ▶ Reminders—cancer screening, immunizations, check ups
- ▶ Information—nutrition, weight reduction, tobacco use, exercise, alcohol and drug abuse
- ▶ Internet—Intelihealth, Navigator
- ▶ Informed Health Line
- ▶ Simple Steps—health risk assessment
- ▶ Discounts for health related supplies

Chronic Disease

Disease Management Programs

- Diabetes
- Asthma
- Congestive Heart Failure

Improving behaviors
Improving compliance
Improving self awareness
Improving self control

Premature Labor Program

- ▶ Increased education
- ▶ Provides specially trained case managers
- ▶ Provides nursing outreach with home visits

Premature Labor Program

Case management for high-risk members resulted in a 22 percent reduction in Neonatal Intensive Care Unit (NICU) days between the first half of 1998 and the second half of 2000.

Demographic Data

- ▶ Collecting and analyzing racial and ethnic demographic data from members and providers
 - Focused efforts—prevention, education, treatment
 - Track variation and outcomes
 - Understand ethnic and language preferences
- ▶ Obtained from membership on enrollment
- ▶ Obtained from providers upon participation and updated through surveys
- ▶ Supported by NCQA standards evaluating cultural competency

Grant funding

- ▶ Last year, Aetna awarded more than \$850,000 in grants through the Aetna Foundation
 - “Assessing the Impact of Cultural Competency Training Using Participatory Quality Improvement Methods”, University of Medicine and Dentistry of New Jersey
 - “Using Patient-Provider Communication Skills Training to Improve Depression Care for African Americans”, Johns Hopkins University
 - “The Health Outcomes and Quality of Care of African Americans Living with Chronic Pain”, University of Michigan

Grant funding

- ▶ \$40,000 planning grant to Meharry, Charles Drew, Howard, and Morehouse Schools of Medicine
- ▶ \$4 million through the Quality Care Research Fund supported by Aetna
 - “Strategies for Asthma Management in Inner-City Subjects”
 - “The Effectiveness of a Volunteer Based Mentoring Program on the Health of At-Risk Inner-City Youths”
 - “Effect of Intensive Case Management on Utilization of Health Services and Quality of Life in Sickle Cell Patients”
 - “Preparing African American Men for Decision Making about Prostate Cancer and Early Detection”

Conferences

- ▶ Academic Medicine and Managed Care Forum—May 2001, May 2002
- ▶ Voice of Conscience: National Conversation on Race, Ethnicity and Culture—February 2003
- ▶ Cancer Research Foundation of America—March 2003
Exploring innovative strategies that have the potential to increase colorectal cancer screening among diverse and underserved populations

Partnerships

- ▶ Hospitals
- ▶ Societies
- ▶ Foundations
- ▶ Academic medical institutions
- ▶ Employers
- ▶ Federal agencies
- ▶ Pharmaceutical companies
- ▶ Information technology companies

“If health care industry leaders each find their own way to contribute to a comprehensive approach to addressing racial and ethnic disparities in health care, we will significantly increase the likelihood of improving the overall health of our nation’s citizenry and eventually, eliminating disparities in the health status of our citizens.”

Louis W. Sullivan, M.D.
President, Morehouse School of Medicine