The Role of State Health Agencies in Addressing Health Equity by Improving Access to 17P

Association of State and Territorial Health Officials
CityMatCH Annual Conference
September, 2016
Why ASTHO?

- ASTHO represents: U.S., U.S. Territories and freely associated states, and D.C. public health agencies
- Convene governmental and nongovernmental agencies
- Engage clinical and community partners
- Raise visibility among a broader community of policymakers, funders
- Leverage and link data to collaborate with public and private payers to drive payment policy reforms
Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity

- Implement Health in All Policies
- Strengthen Community Capacity
- Expand Understanding of Health

- Implement a Health in All Policies Approach With Health Equity as the Goal
- Expand Our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future
Preterm birth increases risk for infant health problems, long-term developmental issues, and death compared to infants who are born full term.

1 in 10 infants in the United States are born preterm, and disparities exist.

Preventing preterm birth is critical to supporting long-term infant health and promoting health equity.
Pre-Term Birth & Long Term Effects on Health Inequities

- Maternal Health (Physical, Mental and Social)
- Pre-Term Birth and Future Medical Condition
- Pre-Term Birth and Educational Attainment
- Pre-Term Birth and Adulthood Complications
Progesterone is a steroid hormone helps:

- Prepare the uterus for pregnancy
- Maintain a uterine environment that supports fetal growth during pregnancy

Progesterone treatments can reduce adverse outcomes by 43 percent and neonatal death by 52 percent.
17P is a synthetic form of progesterone administered through weekly injections beginning at 16-21 weeks gestation until delivery.

17P has been shown to reduce the recurrence of PTB in eligible women.

~133,000 women each year are eligible for treatment with 17P

Few receive progesterone treatment
17P Availability & Access Challenges

- Despite the strong evidence supporting the use of 17P, a number of challenges exist to ensuring all eligible women receive treatment.
  - Cost
  - Safety and Quality
  - Ensuring Adherence to Treatment
ASTHO Efforts: Increasing State Health Agency Capacity to Improve 17P Utilization

- Interviewed key staff from six states:
  - Iowa
  - Louisiana
  - North Carolina
  - Ohio
  - South Carolina
  - Texas

- Developed issue brief based on best practices described by states
State Health Agencies Increasing 17P Utilization

- Leveraging Data for Improving Screening and Identifying Eligible Women
  - Louisiana, North Carolina, Ohio, Texas

- Texas
  - Birth data shared with Medicaid to immediately identify 17P-eligible women
  - Managed care plans report quarterly on birth volume and women initiating 17P
Landscape of Health Equity in Texas

The Office of Minority Health and Health Equity is a central repository for resources to increase the ability of health service departments and programs, universities, and community-based organizations to address health disparities. The office works or contracts with state and federal agencies, universities, offices of minority health and others on initiatives to reduce or eliminate disparities in health and healthcare access and to promote culturally and linguistically appropriate health-related services.

The Office of Minority Health and Health Equity encourages system-level approaches to achieve health equity through the promotion of social and environmental risk reduction and healthy living options for lifestyle changes so as to improve the health of communities. The office also supports efforts for reducing systemic barriers to access and use of health and healthcare services. The office contributes to such efforts through:

1. Knowledge and skills enhancement – Create and disseminate informational guides/briefings that promote health equity in systems and communities.
2. Health information, data and research – Promote the collection, analysis and distribution of health data by race, ethnicity and primary language for use in the development of health-related policies and programs.
3. Programmatic guidance, implementation and evaluation – Promote and facilitate the involvement of diverse community partners in the design, implementation and evaluation of health-related policies and programs.
4. Collaboration and networking – Foster and strengthen network, coalitions and partnerships to identify health problems and support actions for eliminating health disparities.
5. Workshop facilitation and training – Present/facilitate trainings and sessions to strengthen workforce and community capacity to identify and address problems to eliminate health disparities.

Initiatives
State Health Agencies Increasing 17P Utilization

- Working with Medicaid
  - Iowa, Louisiana, Ohio

- Louisiana
  - Created a progesterone pay-for-performance measure for Medicaid managed care plans
  - Plans must increase percentage of women receiving 17P or lose up to $250,000
Landscape of Health Equity in Louisiana

Health Equity Initiatives

The existence of a positive correlation between social/economic status and life expectancy is an indicator of health inequity. Health inequity results when the social gradient is shaped by economic and social conditions that are not only unfair but avoidable. Examples include unequal distribution of societal burdens such as the disproportionate placement of toxic landfills near low-income communities, lack of inclusionary zoning laws to promote mixed-income housing and discourage de-facto housing segregation, and the existence of economic policies that result in the widening income inequality gap.

In order to increase awareness of the significance of health disparities, their impact on the state, and the actions necessary to improve health outcomes for racial, ethnic and underserved populations, the Bureau of Minority Health Access must execute the following objectives:

- Gain an understanding of the impact of pending health care reform on health equity
- Lay the groundwork for regional and local advocate communities working to promote health equity
- Share information about work on health equity
- Build new relationships and connections with others working on health equity and access
- Identify priorities for health equity work
- Determine resources needed for this work
- Address how local and national associations can assist in moving health equity work forward
State Health Agencies Increasing 17P Utilization

- Ease Ordering Process to Increase 17P Availability
  - Louisiana, North Carolina, Ohio, South Carolina, Texas

- South Carolina
  - Developed universal 17P authorization form for use in all managed care plans
  - Medicaid managed care plans must pay for market drug when compounded 17P is unavailable
Landscape of Health Equity in South Carolina
State Health Agencies Increasing 17P Utilization

- Improving 17P Delivery/Administration
  - Iowa, Louisiana, South Carolina

- Iowa
  - Established a new code that allows Title V agencies to bill for 17P at a clinic setting Medicaid
  - Reimburses transportation to these clinic appointments, as well as care coordination
Landscape of Health Equity in Iowa

Under HF2526, the name of the office was changed to the Office of Minority and Multicultural Health (OMMH). Previous funding, which ended in 2013, allowed OMMH to expand activities via statewide community and faith based health and wellness programming which continues to exist through sustainability resources and networks provided by OMMH technical assistance and support. The OMMH Advisory council continues to use its 2017 strategic plan for council and program activities. To date, through numerous influential and productive partnerships, trainings have been provided to over 500 health professionals by OMMH staff, to enhance education and outreach strategies in issues related to health equity/health disparities and the impact on diverse populations. OMMH also serves on the Region VII Health Equity “Heartland” Advisory Council and is a board member of the National Association of State Offices of Minority Health. Communities continue to increase the engagement of the OMMH Advisory Council in strategic planning and program activities, regional multicultural coalitions, and service delivery. We continue to provide preceptorships and internships for the Des Moines University College of Osteopathic Medicine, Masters of Public Health Program and partner with other Iowa academic institutions in accordance with our goal to provide internships for students of diverse ancestry heritage.

Did you Know?

- In 2005, IDPH established the Office of Multicultural Health (OMH). In 2006, OMH became part of Iowa law. Since 2007, OMMH, strategic planning has worked diligently to actively promote and facilitate health equity for Iowa’s multicultural communities.
- In 2010, OMMH received its first federal DHHS OMH State Partnership Grant. In 2011, OMMH, in contractual agreement with the University of Northern Iowa completed 8 diverse health equity projects resulting in a master’s degree.
State Health Agencies Increasing 17P Utilization

- Provider and Patient Education
  - Iowa, Louisiana, North Carolina, Ohio, South Carolina, Texas

- Ohio
  - Ohio Perinatal Quality Collaborative is providing physicians educational materials to distribute to patients
  - Physicians and sonographers also receiving training on premature births and 17P
Understanding Health Equity, Health Disparities & Social Determinants of Health

The Ohio Department of Health (ODH) is committed to the elimination of health inequities. Through its Office of Healthy Ohio, ODH is addressing elimination of health inequities via increased awareness and action in ODH programs and initiatives.

Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not limited to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors.

People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health.

The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as health equity.

Last Reviewed 2/4/12
State Health Agencies Increasing 17P Utilization

- Partnerships
  - Iowa, North Carolina, Ohio, South Carolina, Texas
- North Carolina
  - Multiple partners across agencies worked together to address 17P access in the state
  - Collaborated with pharmaceutical company, pharmacies
  - Major stakeholders met to improve access and complete treatment for all 17P-eligible women.
Landscape of Health Equity in North Carolina
ASTHO Resources


- 17P Fact Sheet: http://www.astho.org/Maternal-and-Child-Health/17P-Fact-Sheet/


ASTHO Health Equity Resources

- ASTHO 2016-2018 Strategic Map:

- ASTHO President’s Challenge Webpage:
  - [http://www.astho.org/Health-Equity/2016-Challenge/](http://www.astho.org/Health-Equity/2016-Challenge/)

- ASTHO Health Equity Webpage:
  - [http://www.astho.org/Programs/Health-Equity/](http://www.astho.org/Programs/Health-Equity/)

- ASTHO Health Equity Strategic Map:
  - [http://www.astho.org/Programs/Health-Equity/Strategic-Map-2013-2016/](http://www.astho.org/Programs/Health-Equity/Strategic-Map-2013-2016/)
Contact Information

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