Rural Health: A Health Equity Issue

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At a Glance

- The Intersection of Rural Health & Health Equity
- Arkansas Blue Cross and Blue Shield’s activities through three lenses:
  - Leadership
  - Partnership
  - Data-driven Education
- Implications and Takeaways
The Context of Arkansas and COVID-19

- Definitions:
  - Health Equity & Social Determinants of Health
- My Arkansas Context
- Our Challenges
  - Racial and Ethnic Health Disparities
  - Rural Health and Healthcare Access
  - COVID-19 Pandemic
Health Equity Leadership

- The long legacy of structural and systemic racism that influences access to socioeconomic, social determinants of health and health care resources, results in health inequities.
- The COVID-19 crisis presents renewed opportunity to address Health Equity in all its dimensions.
- In Leadership:
  - Championing Health Equity
  - Increasing knowledge - across the continuum
  - Developing, implementing, and evaluating health equity initiatives
Health Equity Impact

- Data is foundational for identification and measurement
- Internal stakeholder assessments
- External stakeholder engagement
- Building cross-sector partnerships
Arkansas BCBS Priorities

- **COVID-19 Response**
  - Blue & You Foundation awarded two rounds of Rapid-Response COVID-19 Relief grants in rural areas.
  - Vaccinate the Natural State

- **Maternal Health**
  - Decreasing Black Women’s maternal mortality by 50% in 5 years in coordination with the National BCBSA Health Equity Strategy

- **Behavioral Health**
  - Normalizing care through improving access and reducing stigma.
  - Helping people understand behavioral health needs and removing barriers that stand between them and the care they need.

- **Rural Health**
  - Blue Cross Blue Shield enterprise donation helped upgrade digital health networks in Arkansas’ rural hospitals.
Advancing Action Through:

- **Leadership**
  - Medical Director for Health Equity
    - Asking the right questions
    - Breaking down internal and external silos
    - Infusing health equity framework into everything we do

- **Partnership**
  - Engaging non-traditional, cross-sector partners
    - Supporting the development of CHW certification in the state with the Arkansas Community Health Worker Association (ARCHWA)
    - Faith-based Outreach and Engagement
    - Listening sessions with communities & minority mayors

- **Data-Driven Education**
  - Internal and external education
  - Internal collection of REL data and stratification of quality measures
  - Focusing on the Delta region in COVID
    - Making care accessible - *Vaccinate the Natural State*
Data-Driven Case Study: Vaccinate the Natural State

- 800,000+ Arkansans have had COVID
  - 10,000+ have died
  - 55% fully vaccinated

- Black and Hispanic Arkansans are at higher risk
  - Countless people in these communities still have questions, and to confidently choose to get the vaccine, they need answers.

- Vaccinate the Natural State and the Delta Focus
  - The Intention
  - The Partnership and Data
Data-Integration Dashboard

- Interactive Tableau Database
- Integrates multiple data sources:
  - Vaccination rates by **race/ethnicity and county**
  - Social Vulnerability Index
  - Covid 19 Treatment sites
  - Hospital Capacity
- Goal to support coordinated collaborative efforts in communities
Takeaways

- The intersection of minority health and rural health populations is a Health Equity issue.
- ABCBS has made Health Equity a priority through Leadership, Partnerships, Education and Data to facilitate collective action.
- Health plans and health care organizations must be a part of the solution in partnership with local communities.
- Health Equity must be infused across all functions, COVID and beyond to improve the health of all populations.
Thank You!

Questions?
Exchange Population: Telehealth Study

How Does Access and Income Correlate with Utilization?

Aaron M. Novotny, Ph.D.
Combining Income with Internet Access?

• Exchange members in areas without internet access or limited access may suggest more difficulty reaching a member or asking them to engage virtually.

• Moreover, limited income in areas without internet access suggest these members may be unable to gain education about conditions.

• Limited access suggests that members may be unable to be contacted.

• Access is defined by FCC data from latest reporting period.
Exchange members show higher odds to use telehealth if:
- The provider is a female
- Sessions are for Psychotherapy
- If the member’s gender matches the provider’s gender
- Higher medical risk
- Older members

Exchange members show less likely odds to use telehealth if:
- Internet access is below 40% of population in county
- Live in a geo-tract deemed by CDC’s social vulnerability score (RPL Theme 1) as having low socio-economic status
- Have psychiatric services
- Only have a High School diploma
The Exchange sub-population (imputed as minority) show increased odds of using telehealth if
- Psychotherapy services
- Female provider
- Gender member match with provider gender
- Older members

The Exchange sub-population (imputed as minority) show decreased odds of using telehealth if
- Low internet access
- Low income as measured by SVI (RPL_THEME 1)
- Psychiatric Services
- CHF flag