

# Rural Health: A Health Equity Issue

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# At a Glance

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- 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

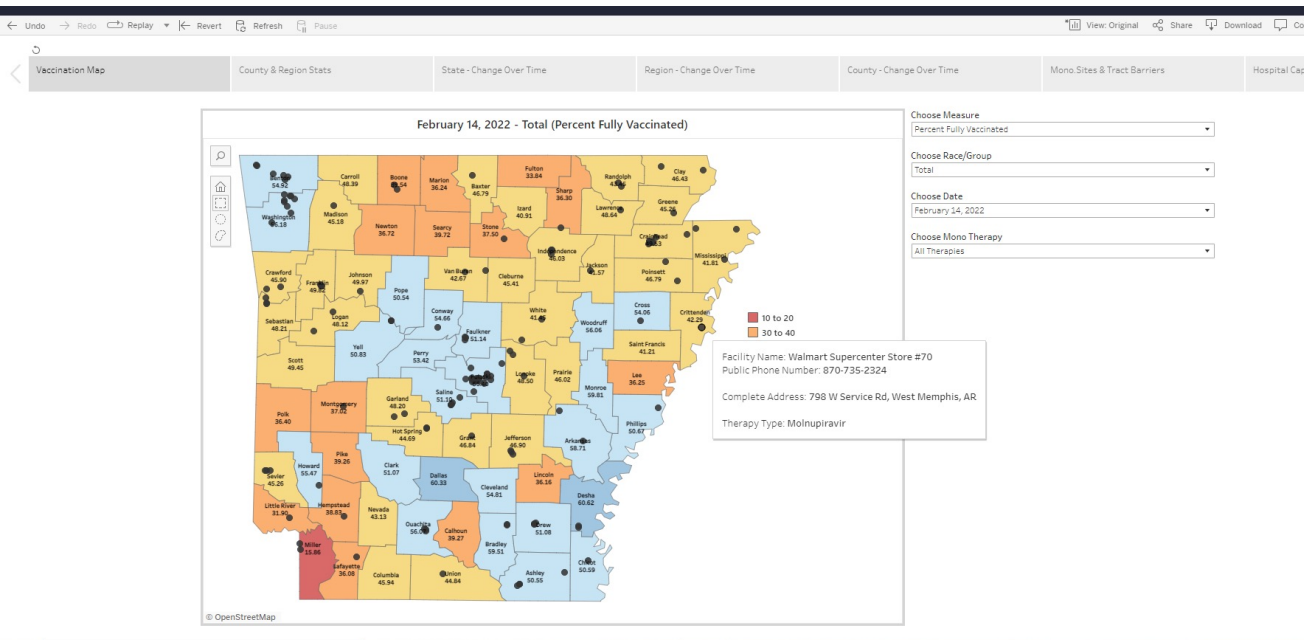
- 800,000+ Arkansans have had COVID
  - 10,000+ have died
  - 55% fully vaccinated
- Black and Hispanic Arkansans are at higher risk
  - Countless people in these communities still have questions, and to confidently choose to get the vaccine, they need answers.
- Vaccinate the Natural State and the Delta 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***

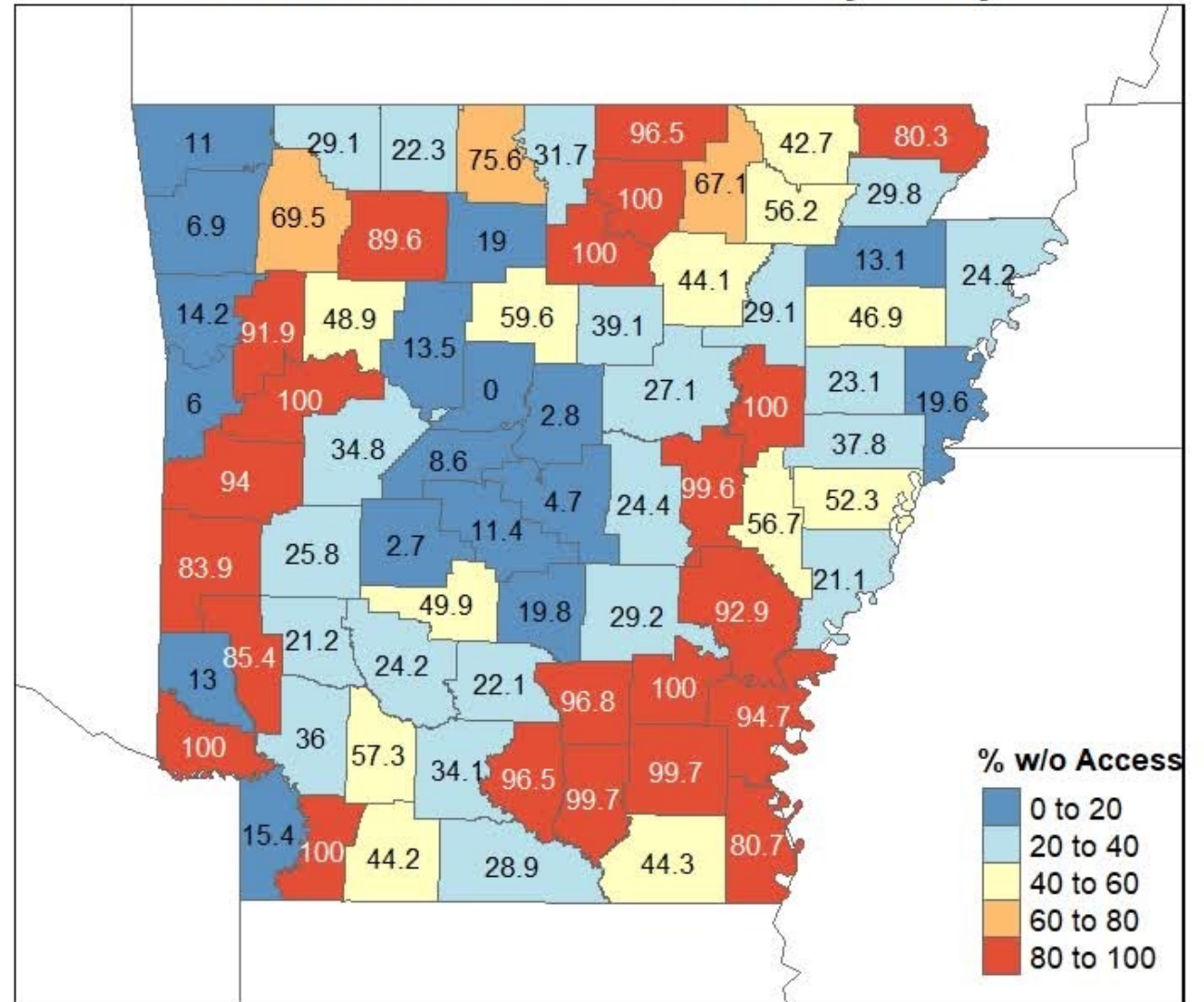
***How Does Access and Income Correlate with Utilization?***

***Aaron M. Novotny, Ph.D.***

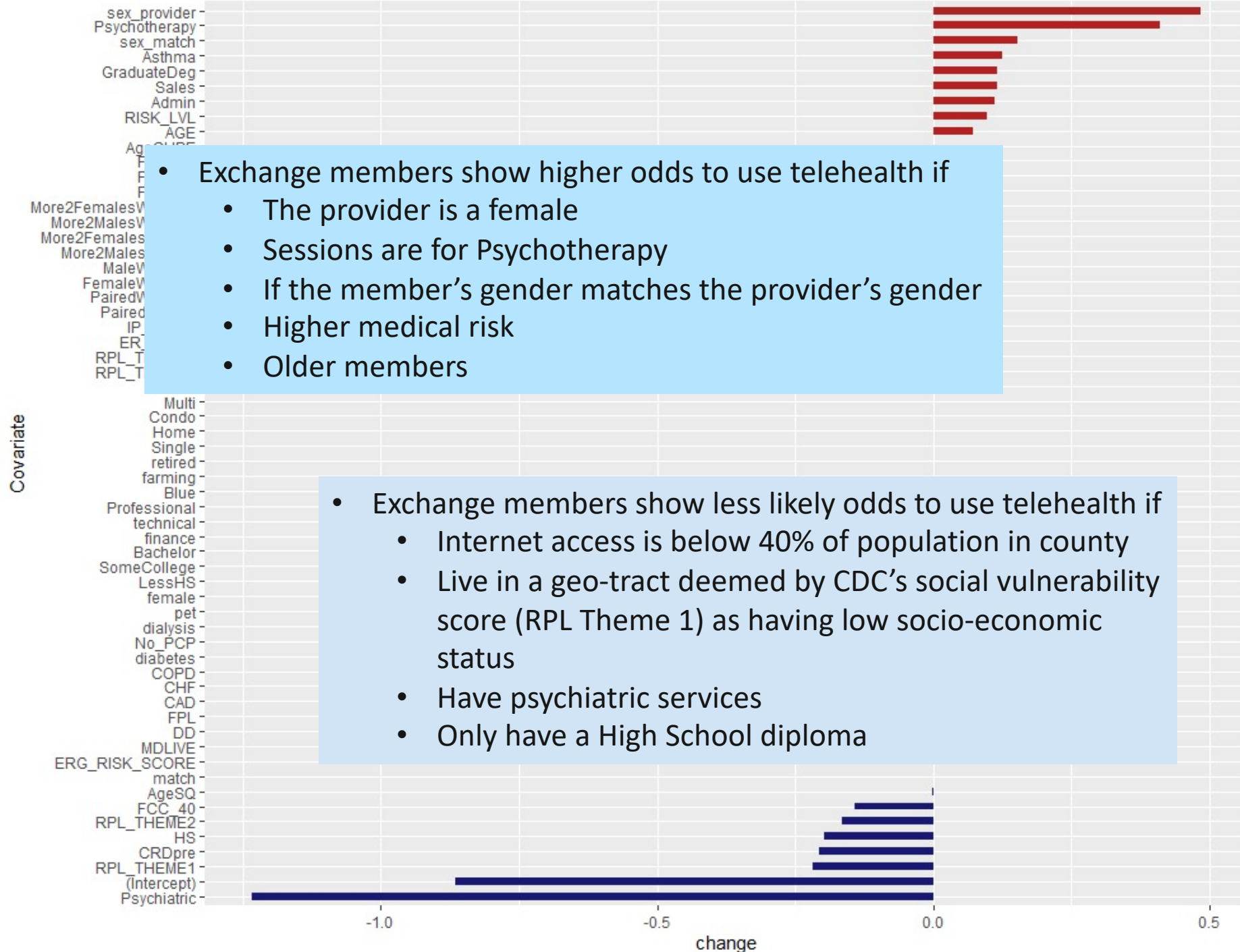
# Combining Income with Internet Access?

- 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

Percent without Broadband Access by County



# Overall Exchange Population

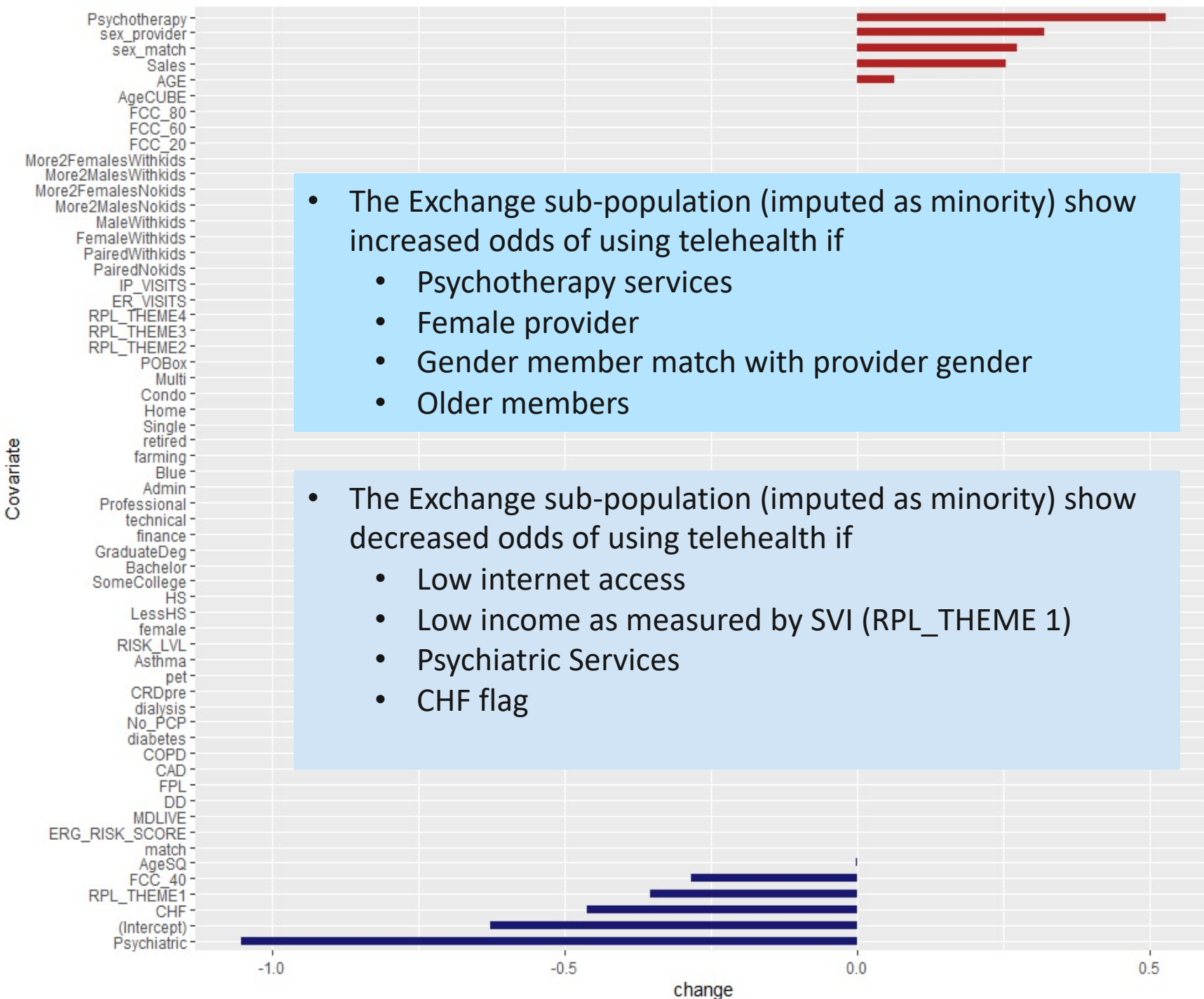


- Exchange members show higher odds to use telehealth if
  - The provider is a female
  - Sessions are for Psychotherapy
  - If the member's gender matches the provider's gender
  - Higher medical risk
  - Older members

- 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



# Minority Exchange Population



- 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

Characteristic Associations

- Above Average
- Below Average