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EmployeeBenefit news

APRIL 1, 2009 • VOL 23 NO 4 •

FEATURED

Minority report

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Although disease management programs are a common benefit, if they are not well-designed and well-communicated, they may not benefit a common target group — African-American employees, who are at a higher risk for several chronic diseases. When employers measure the effectiveness of their disease management program, an important assessment is whether the program is meeting the needs of all at-risk groups, and African-Americans in particular.

According to Dr. Larry Luter, chief medical officer at Meritain Health, a third-party administrator and disease management provider: "Compliance for disease management programs remains low across the board, but especially for African-American employees. The information

(CONTINUED ON PAGE 19)

(FROM PAGE 1)

that is typically shared during interactions between a disease management nurse and the [patient] is significant and vital for the successful empowerment of the patient. Too often, this information isn't effectively delivered by the nurse in the one-on-one telephone encounter. We know this because of the poor participation rates of most disease management programs, often less than 20%."

Minority report

Making disease management effective for African-American workers

In addition, he notes, "Among the African-American community, there may be a trust issue with HR or benefits staff, which could further drive poor participation." (See related coverage on page 32 about how benefit managers can more effectively target minority employees for disease management programs.)

RACIAL DISPARITIES

African-Americans, who represent 13% of the U.S. population, are disproportionally impacted by certain diseases, including HIV/AIDS, diabetes, cancer, heart disease and stroke, according to statistics from the Centers for Disease Control and Prevention. For example, in 2001, African-Americans with diabetes were more than twice as likely to die than white Americans with the disease.

African-Americans also have higher rates of obesity, new gonorrhea infections and death by homicide, compared to white Americans, according to the CDC. In addition, three of the 10 leading causes of death for African-Americans are not among the leading causes of death for whites: homicide, human immunodeficiency virus (HIV) and septicemia.

In 2002, African-Americans trailed Caucasians in four positive health indicators: having health insurance coverage (81% of non-Hispanic blacks versus 87% of non-Hispanic whites); taking a flu vaccine (50% versus 69%); receiving prenatal care in the first trimester of pregnancy (75% versus 89%); and participating in regular, moderate physical activity (25% versus 35%), the CDC reports.

Health care can be strongly influenced by economic circumstances, language and cultural beliefs about disease and the human body. The CDC cites several factors to explain racial/ethnic health disparities, including differences in access to preventive care; education; employment; income; physical activity; alcohol intake; neighborhood conditions; work conditions; and racial/ethnic discrimination.

Dr. Tim Moore, executive vice president of health improvement and clinical services at Alere, a firm that provides disease management programs, explains, "There's some genetic predisposition to many of these conditions that are at a higher incidence. Sometimes there's been evidence of a lack of access to the same type of health care that their counterparts have achieved. It's a multitude of various contributors to this."

Because so many factors are involved, "simply expanding coverage is not going to eliminate disparities," says Cara James, senior policy analyst at the Kaiser Family Foundation.

SOLUTIONS

It's not a simple thing to figure out whether your disease management program is meeting the needs of African-American employees, but it's worth the effort.

In addition to addressing the conditions that are more prevalent in African-Americans, Moore recommends keeping an eye on health indicators, such as blood pressure and cholesterol levels, to see whether those indicators are improving among employees who are enrolled in a disease management program.

Patient satisfaction surveys are another way to gauge whether the disease management program is meeting the needs of African-American workers.

Sabrina Corlette, director of health policy programs for the National Partnership for Women and Families, says large employers should push insurers to collect data on race so that it's possible to know whether the health disparities are growing or shrinking.

In addition, employers should ask their car-

(SEE MINORITY ON PAGE 21)

Minority

(FROM PAGE 19)

riers to explain what steps they are taking to eliminate health disparities and what the network doctors are doing to provide culturally competent care.

Meanwhile, James stresses the need to get more doctors into underserved communities and encourage them to stay there, so the local residents have good continuity of care.

Promoting a medical-home model centered on primary care and disease prevention can help to reduce some disparities in health care, according to Corlette.

PROMOTING THE PROGRAM

Like most benefits, disease management programs need to be frequently communicated and clearly explained to employees. Moore says, "It is really a sale that you have to do at the individual level. You can't just call them and expect them to want to participate in the program. It's very important that you make those benefits very personal for them so they can understand how these programs are going to personally improve their well-being, their family. At the end of the day, features are nice, but personal benefits are going to weigh a lot more."

Verbal communication in simple, plain terms is the most effective way to communicate about the health issues, so that's what disease management vendors and employers should be doing, Luter says.

"Getting the member's attention and conveying the relevance of the information is critical," he remarks. "Members must know that they have more control of their own health outcomes than they [realize]. There are many opportunities to get this information into the hands of the members, so that they can effectively manage their conditions along with their physicians. The HR professional should look for opportunities within the organization where this health information relying on social networks, like local churches, community groups and health fairs.

But, he warns, "It's probably not reasonable to say, 'Here is one approach that works for all African-Americans,'" since there are regional differences that impact health.

A guide from the Office of Minority Health, an arm of the Department of Health and Human Services, sums up the reason for providing culturally competent programs: "Health care services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients can help bring about positive health outcomes."

–L.S.