Evidence-Based Practices to Reduce Health Disparities and Achieve Health Equity in Chronic Disease Prevention and Management Meghana Chandra¹, MPP; Ashley Palmer¹, PhD; Halelujha Ketema¹, BS; Karen Matsuoka², PhD

OBJECTIVES:

- Identify promising practices to address health disparities and achieving health equity in chronic disease prevention and management.
- Assess and summarize evidence base of practices to improve chronic conditions and address disparities in the Medicaid and safety net population.

METHODS: We conducted a systematic review of evidence-based practices focused on reducing the incidence of chronic diseases among priority populations such as racial and ethnic minorities, individuals with limited English proficiency, individuals experiencing a disability, rural populations, sexual and gender minorities with Medicaid coverage, or are part of the safety net population. This review was framed in the context of the adult and child core set quality measures related to diabetes, hypertension, childhood obesity and adult obesity. Studies were sourced via PubMed, using consensus search terms and rated on their quality by adapting a scale of study quality developed by AHRQ.

FINDINGS:

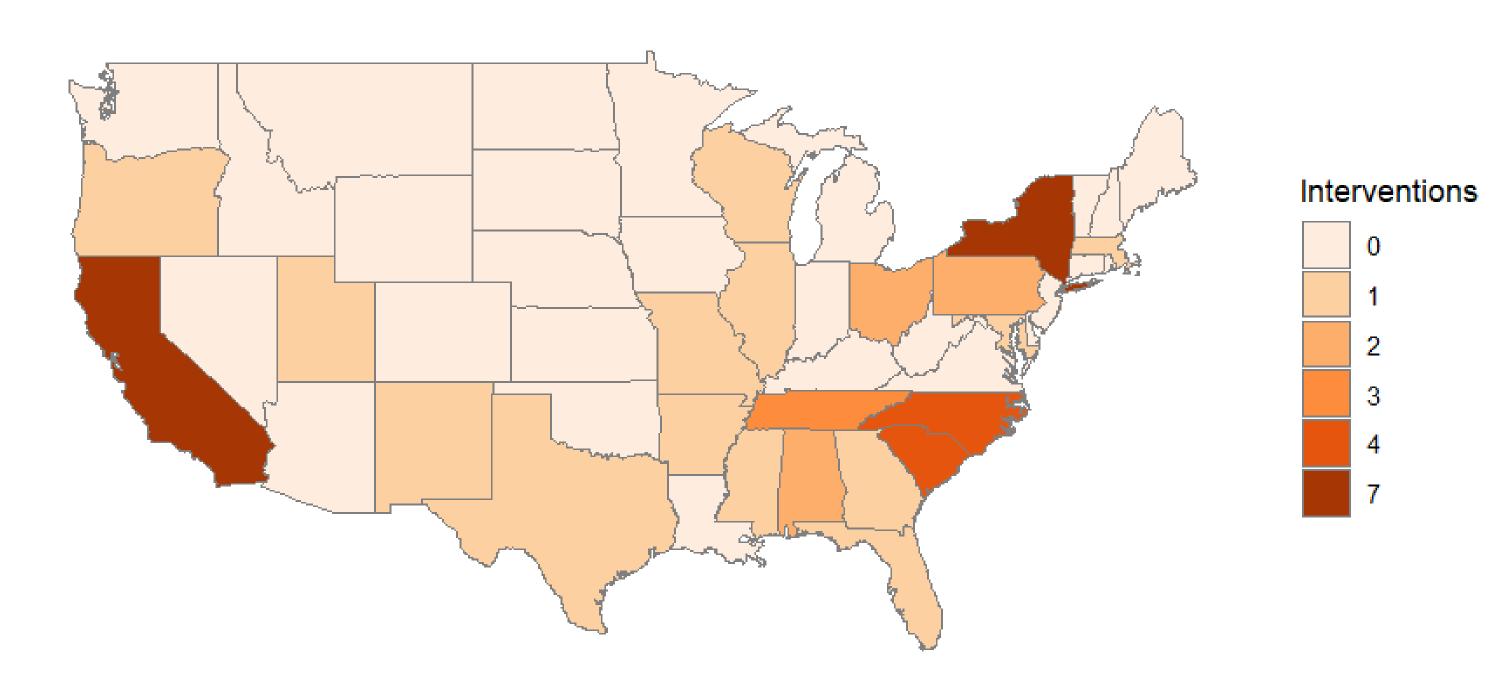
- Diabetes: 10 out of 18 studies reported clinically significant improvements in glycemic control. A majority of the \bullet interventions used peer or community health workers (CHWs) and culturally tailored health education. Several studies also emphasized the interacting relationships of glycemic control, engagement in diabetes self-care activities, and mental health concerns.
- Hypertension: 6 out of 10 studies reported clinically significant positive impacts on blood pressure control. Interventions involved *screening and referral* interventions targeting racial and ethnic minorities, and technological interventions to monitor blood pressure and promote medication adherence.
- Childhood Obesity: 2 out of 5 studies reported positive impacts on BMI. 3 of the 5 interventions involved family- \bullet based interventions for obesity prevention and management focused on positive parenting, and nutritional education.
- Adult Obesity: 8 out of 9 studies reported positive impacts on weight loss, healthy eating behaviors, and physical • activity. Three interventions used faith-based organizations to recruit and provide health education to participants.

HEALTH EQUITY IMPLICATIONS:

- CHWs may help bridge the health equity gap by providing culturally appropriate health education and facilitating access to services. The interventions support systemic integration of CHWs into interprofessional clinical teams
- Tailored interventions for those with limited English Proficiency such as language-concordant care, and • technology that can provide multilingual support may be effective in improving patient outcomes.
- Adaptation of low resource interventions such as automated telephone or text messaging may support delivery of health education to patients in a resource-constrained urban safety-net setting.

CMS HEALTH EQUITY CONFERENCE

1 = NORC at the University of Chicago (NORC); 2 = Centers for Medicare & Medicaid Services (CMS)



Intervention Focus

Diabetes Care

Hypertension care

Childhood Obesity

Adult Obesity



| Corresponding Quality Measure | # Articles Found | Suggested Level of Evidence |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------|
| Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)* | 18 | Strong |
| • Hypertension Under Control (CBP-AD) | 10 | Strong |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) | 5 | Low |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) | 9 | Moderate |

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