



# Minnesota Health Disparities

By Race, Hispanic Ethnicity, Language, and Country of Origin (RELC)

**COMMUNITY WEBINAR**

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TUESDAY, NOVEMBER 14, 2023

# Welcome!

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Thanks for joining us today!



All webinar participants are in “listen-only” mode. To ask a question, please type your question into the “Q&A” box at the bottom of your screen at any time during the webinar.



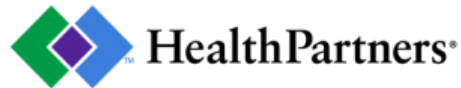
MNCM will send a link to the presentation slides and the recording to webinar attendees later this week.

# MNCM Members, Thank you!

## Health Plan Members



## Medical Group Members



# MNCM Mission Supporter Program

Financial support is essential to sustain and grow our objective, unbiased work. Your support helps assure our independent work continues. It's an opportunity for your organization to demonstrate its support and commitment to improving health care quality, equity, and affordability while strengthening our work.

## Current Silver Level Supporters



[www.mncm.org/mission-supporter-program](http://www.mncm.org/mission-supporter-program)

# MNCM empowers health care decision makers with meaningful data to drive improvement.

## What we do



Multi-stakeholder  
convening



Measure  
developer



Data collection,  
validation



Public  
transparency



Facilitated  
Data Sharing

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## How MNCM data are used



Quality  
improvement



Benchmarking



Value-based  
payment



Reducing  
disparities



Research  
partnerships

# Agenda

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## Overview of RELC Data Collection



## Key Findings and Appendix Tables

Care delivered in 2022



## Audience Q&A

# RELC Data Collection

## Best Practice

### Race/Ethnicity

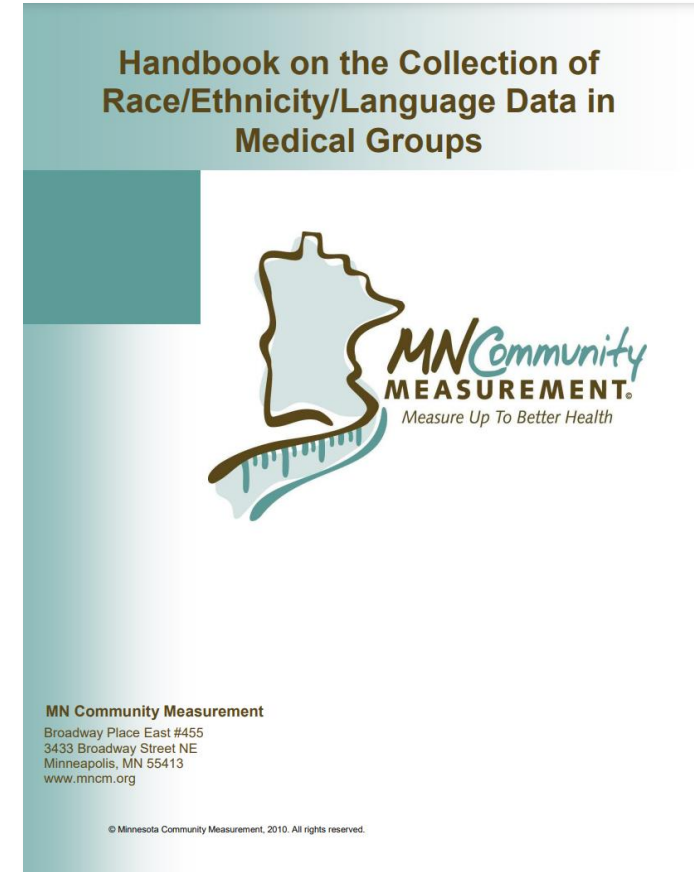
- Patient can self-report race/ethnicity
- Patient can select more than one race

### Preferred Language

- Patient can self-report preferred language

### Country of Origin

- Patient can self-report country of origin

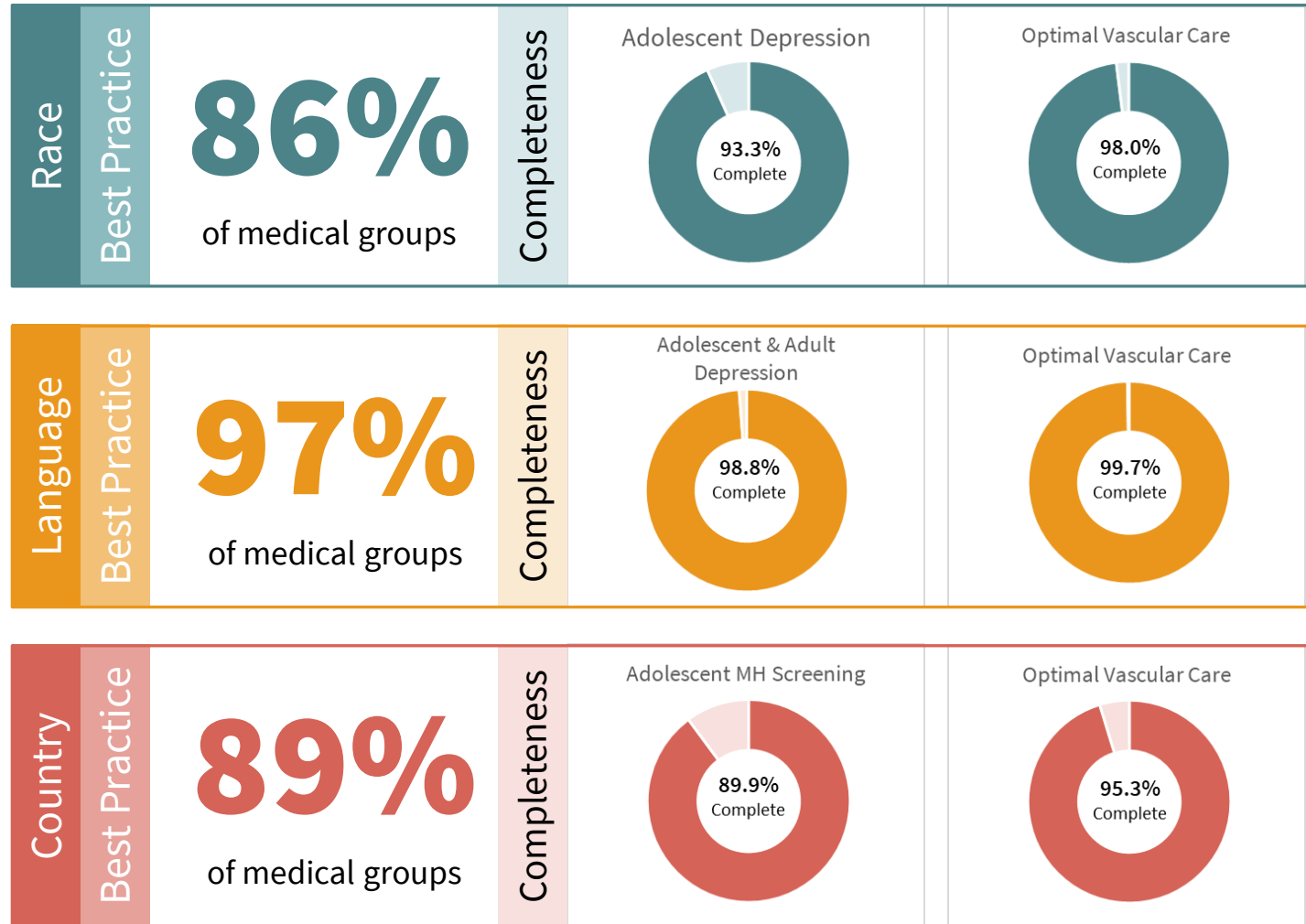


Guide available at:

<https://helpdesk.mncm.org/helpdesk/KB>



# RELC Data Completeness





# Current Report

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## What's inside?

- Summary of performance rates by each RELC category for each measure
- Three-year trend analysis by RELC category from 2019 to 2022 for each measure
- Snapshot summaries of performance rates for each measure by Black, Indigenous, and People of Color (BIPOC) populations

Report can be found at [mncm.org](https://mncm.org) > Reports & Data > Community Reports

# Colorectal Cancer Screening

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Measure steward: National Committee for Quality Assurance (NCQA)

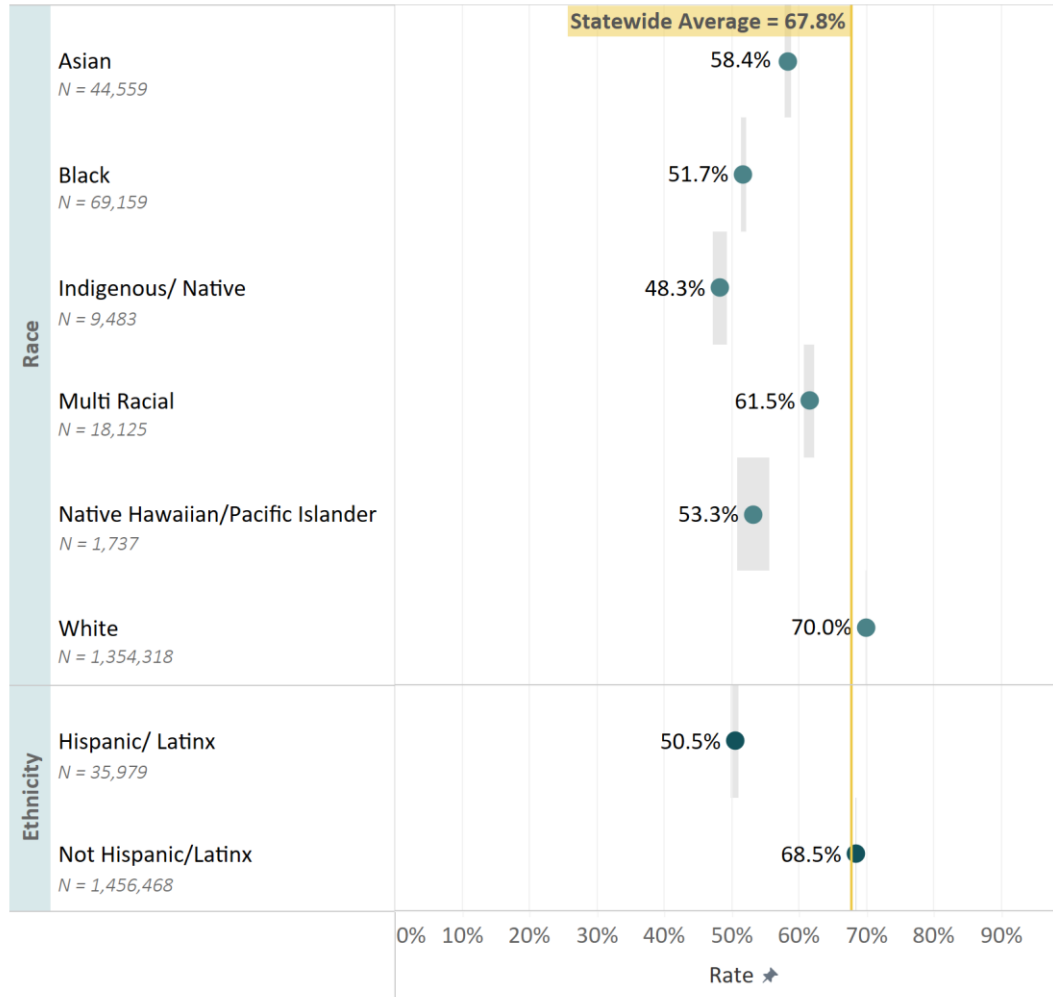
45

The percentage of adults ages <sup>^</sup>~~50~~-75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:

- Colonoscopy during the measurement period or the nine years prior; **OR**
- Flexible sigmoidoscopy during the measurement year or the four years prior; **OR**
- CT colonography during the measurement year or the four years prior; **OR**
- Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior; **OR**
- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year

# Race/Ethnicity

## Colorectal Cancer Screening



### SIGNIFICANTLY LOWER RATES

For patients who are:

- Asian
- Black
- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx



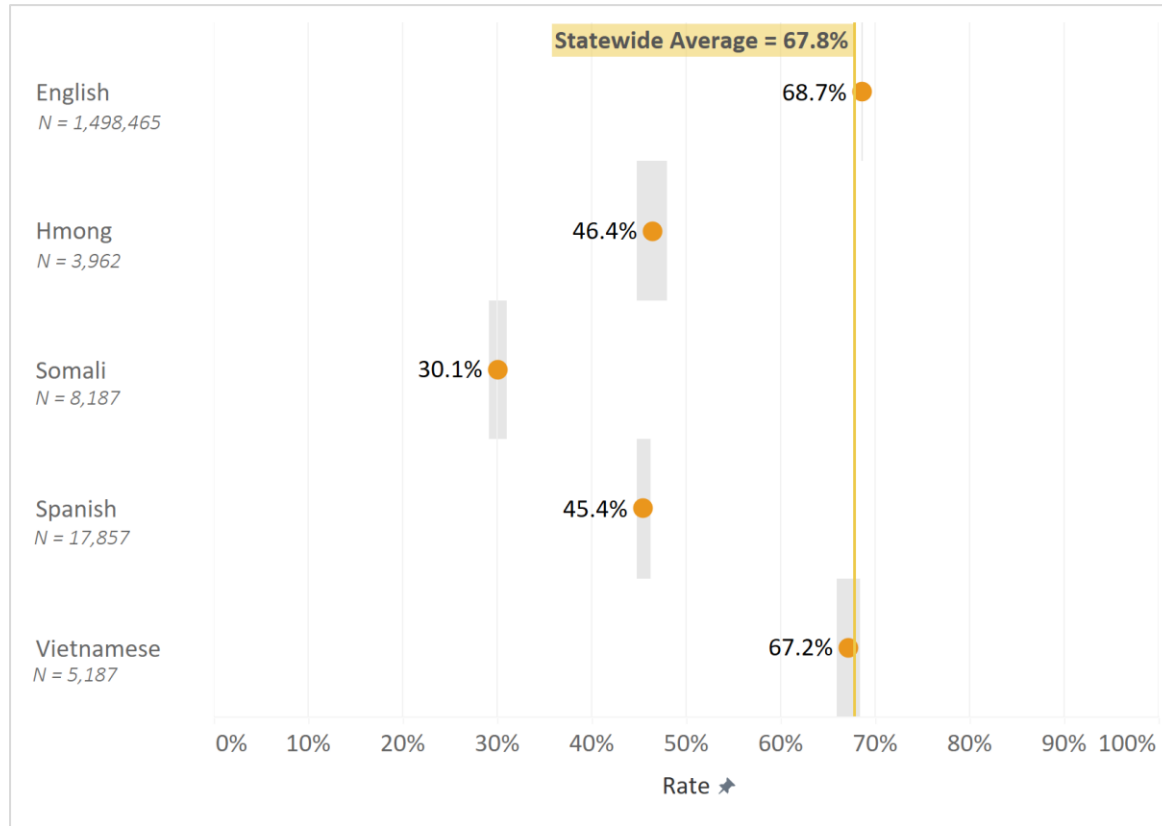
### SIGNIFICANTLY HIGHER RATES

For patients who are:

- White
- Not Hispanic/Latinx

# Preferred Language

## Colorectal Cancer Screening



### SIGNIFICANTLY LOWER RATES

For patients who speak:

- Hmong
- Somali
- Spanish



### SIGNIFICANTLY HIGHER RATES

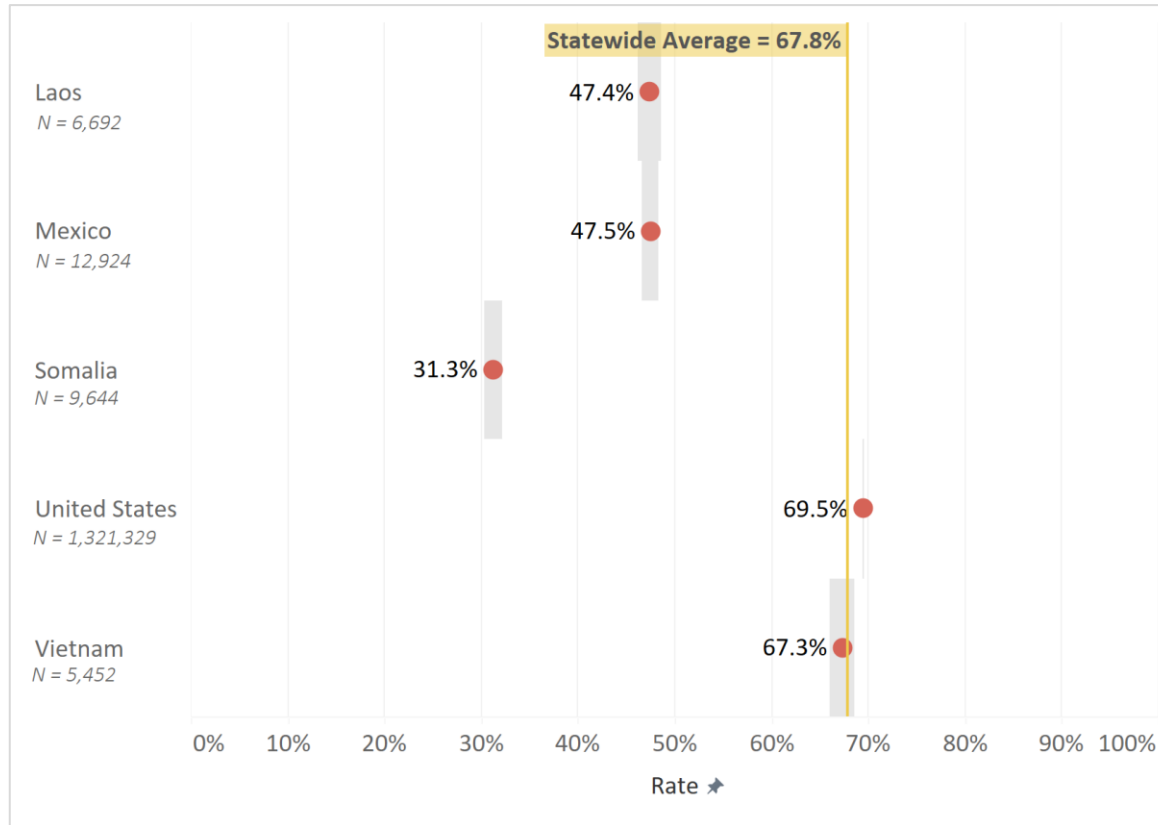
For patients who speak:

- English

**99%** of the eligible population prefers to speak English, Hmong, Somali, Spanish, or Vietnamese.

# Country of Origin

## Colorectal Cancer Screening



### SIGNIFICANTLY LOWER RATES

For patients from:

- Laos
- Mexico
- Somalia

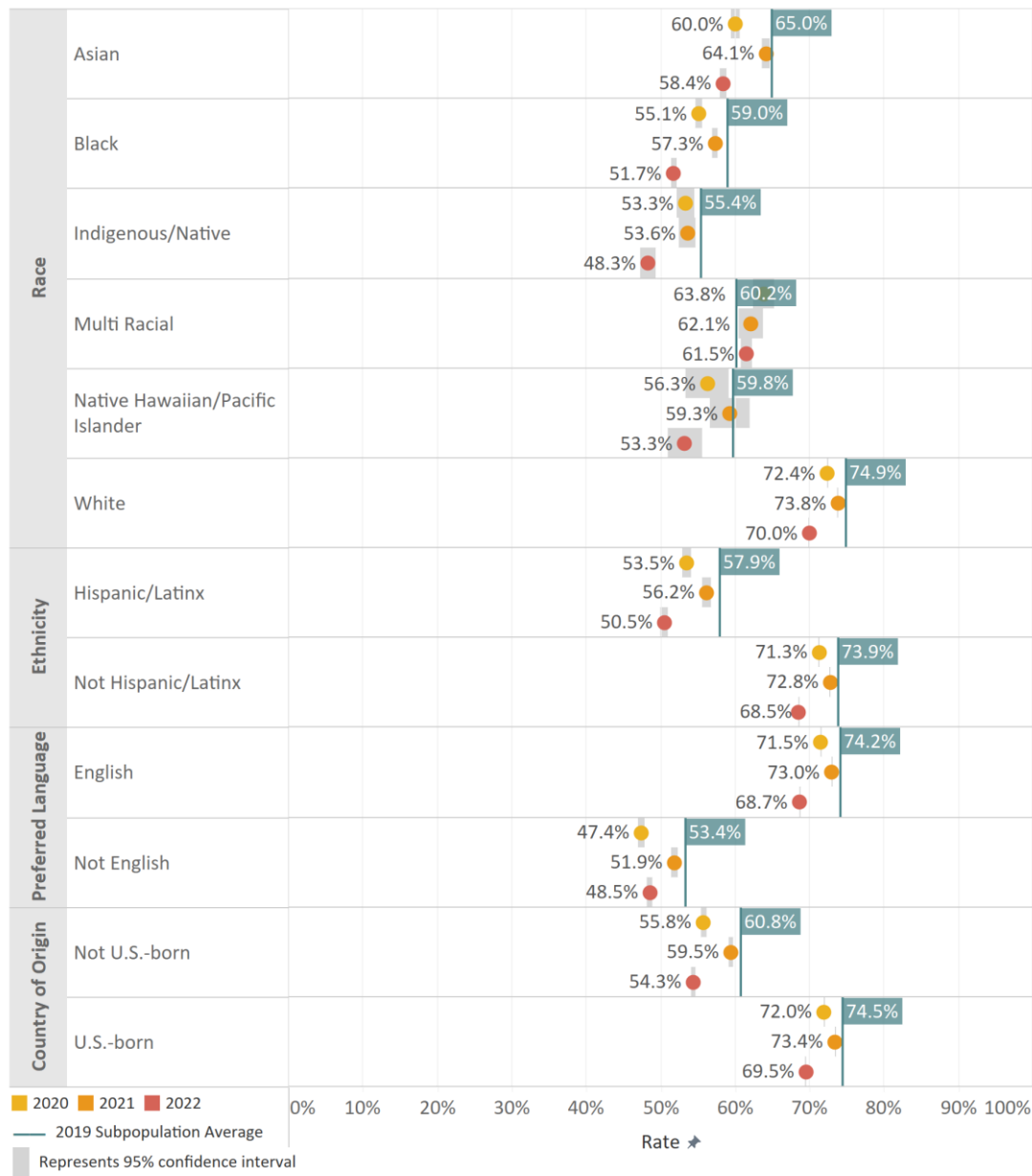


### SIGNIFICANTLY HIGHER RATES

For patients from:

- United States

**94%** of the eligible population from Laos, Mexico, Somalia, United States, or Vietnam.



# Trend

## Colorectal Cancer Screening

### 2022 vs. 2021

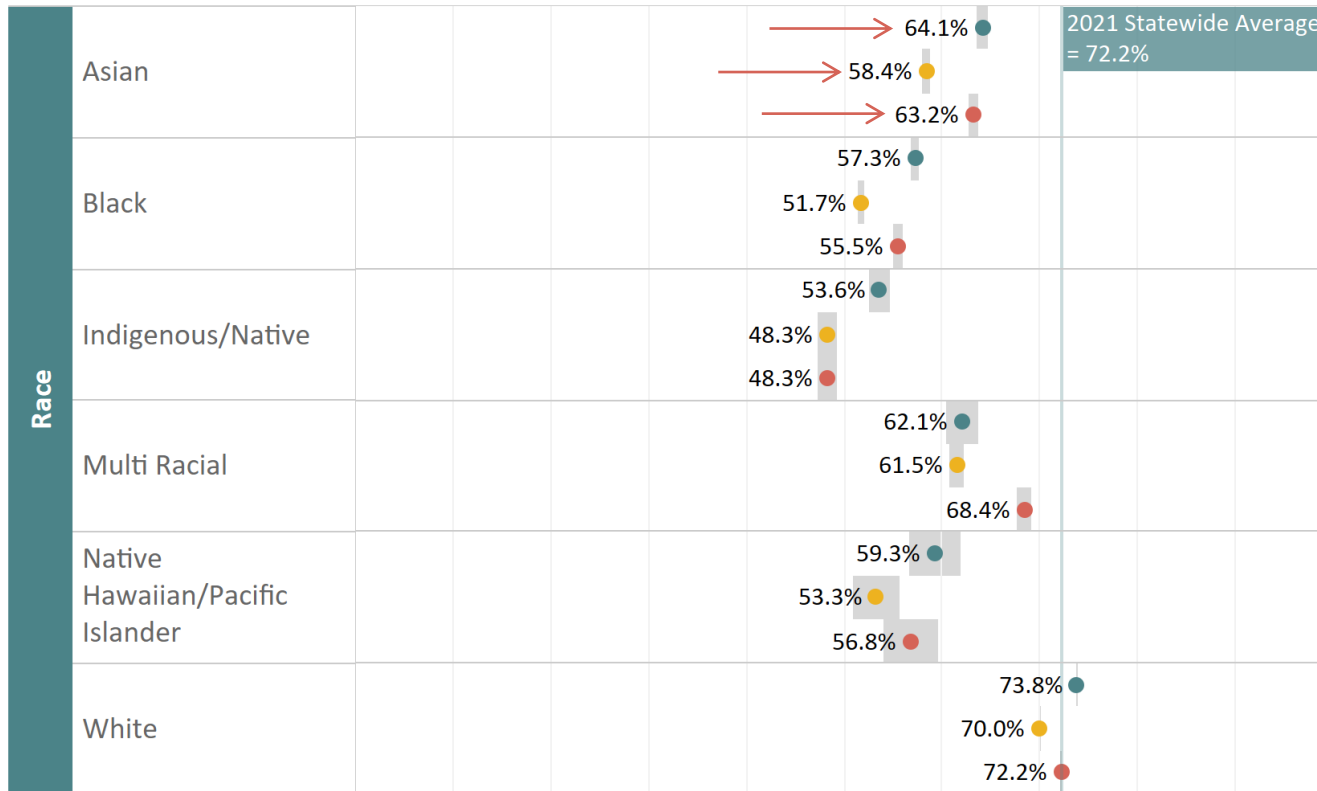
Significantly lower than 2021 for all subgroups, except for Multi Racial (not statistically different)

### 2022 vs. 2019

Significantly lower than 2019 for all subgroups, except for Multi Racial (not statistically different)

# Age Analysis

## Colorectal Cancer Screening



### SIGNIFICANTLY LOWER RATES

For patients who are:

- Black
- Indigenous/Native
- White
- Not Hispanic/Latinx
- English-speakers
- U.S.-born



### NOT STATISTICALLY DIFFERENT

For patients who are:

- Asian
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx
- Not U.S.-born



### SIGNIFICANTLY HIGHER RATES

For patients from:

- United States

→ ● 2021 (Actual)

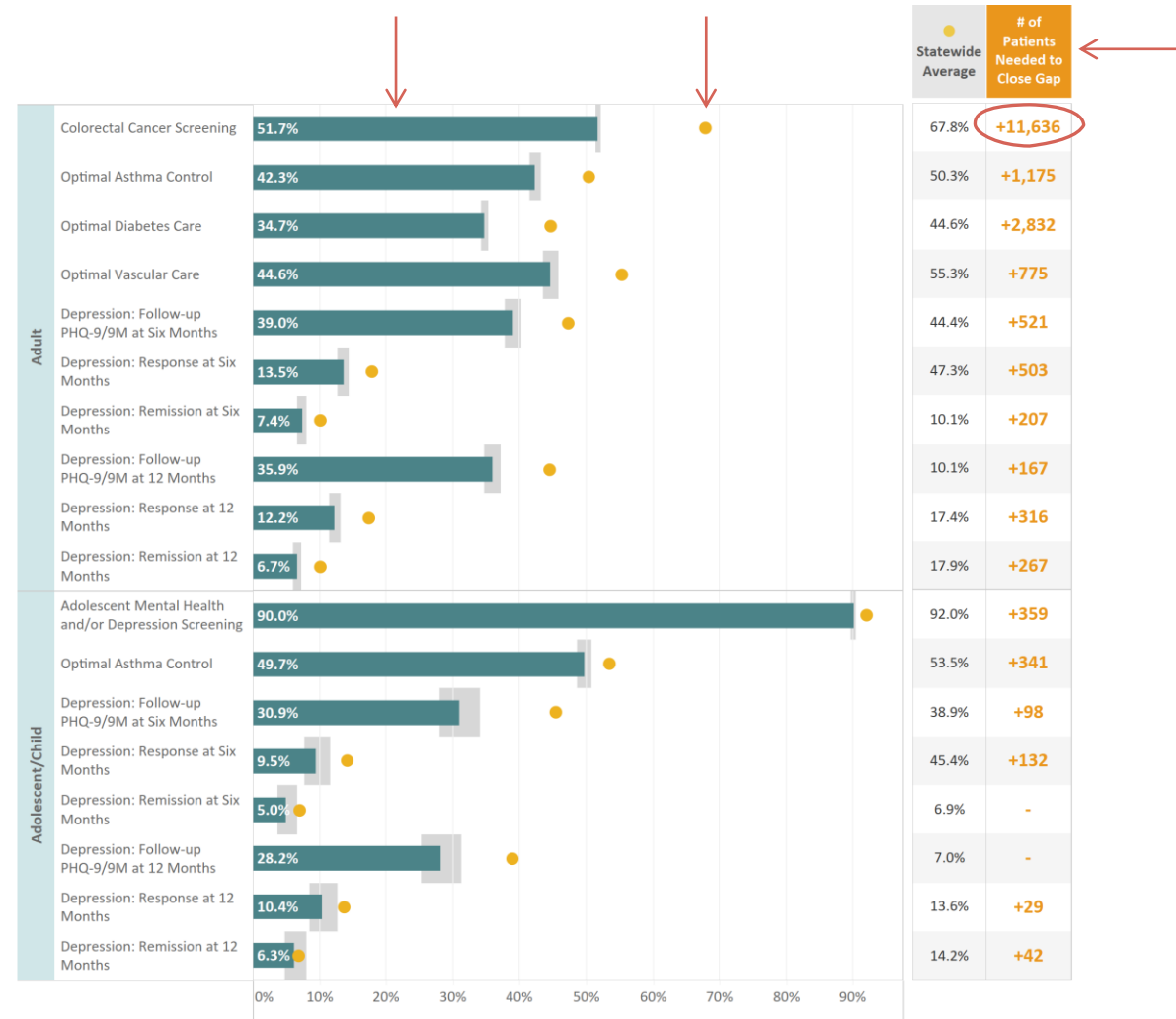
→ ● 2022 (Actual)

→ ● 2022 (Recalculated)



# Snapshot Summaries

## Black Patients



# Key Findings

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## SIGNIFICANTLY LOWER

health care quality rates compared to statewide average in:

- Black
- Indigenous/Native
- Multi Racial
- Hispanic/Latinx
- Patients who speak:
  - Hmong
  - Somali
  - Spanish
- Patients from:
  - Laos
  - Mexico
  - Somalia

## COLORECTAL CANCER SCREENING

- Largest disparities in performance rates across subgroups
- Eligible age range expanded to 45-75 years which contributed to some of the decline in rates

## 2022 vs 2021

- 2022 rates for most subpopulations were significantly higher or not statistically different than their 2021 rates
- The following subpopulations had significantly lower rates in 2022 compared to 2021 for the Optimal Vascular Care and Optimal Asthma Control – Children measures:
  - White
  - Not Hispanic/Latinx
  - English-speakers
  - U.S.-born

## 2022 vs 2019

- 2022 rates for most subpopulations were significantly lower or not statistically different than their 2019 rates
- For 11 out of 12 subpopulations, their 2022 rate for the Adolescent Mental Health and/or Depression Screening measure was significantly higher than their 2019 rate

# Appendix Tables

## Previous Appendix Tables

COLORECTAL CANCER SCREENING  
Results by Race  
2021 measurement year (2021 dates of service)  
Medical groups with 30+ patients overall.

MEDICAL GROUP	STATEWIDE AVERAGE 72.2%											
	ASIAN Average = 64.1%		BLACK Average = 57.3%		INDIGENOUS/NATIVE Average = 53.6%		MULTI RACIAL Average = 62.1%		NATIVE HAWAIIAN/ PACIFIC ISLANDER Average = 59.3%		WHITE Average = 73.8%	
	Rate	Comparison: Race Average, SW Average	Rate	Comparison: Race Average, SW Average	Rate	Comparison: Race Average, SW Average	Rate	Comparison: Race Average, SW Average	Rate	Comparison: Race Average, SW Average	Rate	Comparison: Race Average, SW Average
AALFA Family Clinic	<	-	<	-	<	-	<	-	<	-	74.5%	●
Allina Health	65.7%	●	58.8%	▲	57.8%	●	65.5%	●	60.1%	●	73.3%	▲
Alomere Health	<	-	<	-	<	-	<	-	<	-	80.8%	▲
Altru Health System	64.3%	●	59.8%	●	55.2%	●	<	-	<	-	75.6%	▲
Amery Hospital and Clinic	<	-	<	-	<	-	<	-	<	-	68.8%	▲
Appleton Area Health Services	<	-	<	-	<	-	<	-	<	-	63.0%	▼
Avera Medical Group	41.3%	▼	37.9%	▼	53.3%	●	<	-	<	-	66.0%	▼
Boydton Health Service	52.4%	●	67.5%	●	<	-	<	-	<	-	63.7%	▼
CCM Health	<	-	<	-	<	-	<	-	<	-	75.8%	▲
Cedar Riverside People's Center	<	-	18.5%	▼	<	-	<	-	<	-	19.6%	▼
CentraCare Health	65.0%	●	42.4%	▼	59.5%	●	66.3%	●	64.8%	●	82.4%	▲
Clinic Sofia Ob/Gyn	<	-	<	-	<	-	<	-	<	-	80.2%	▲
Community Memorial Hospital	<	-	<	-	53.8%	●	<	-	<	-	67.0%	▲
Community University Health Care Center	43.8%	▼	26.7%	▼	26.0%	▼	<	-	<	-	29.6%	▼
Cromwell Medical Clinic PLLC - IHN	<	-	<	-	<	-	<	-	<	-	59.3%	▼
Cuyuna Regional Medical Center	<	-	<	-	25.8%	▼	<	-	<	-	64.7%	▼
Dawson Clinic	<	-	<	-	<	-	<	-	<	-	58.8%	▼
Dr. VM Balch, PA	<	-	<	-	<	-	<	-	<	-	29.0%	▼
Duluth Family Medicine Clinic (Formerly Duluth Family Practice Center)	<	-	43.2%	▼	48.5%	●	<	-	<	-	60.5%	▼
Edina Sports Health & Wellness	<	-	<	-	<	-	<	-	<	-	84.5%	▲
Entira Family Clinics (formerly Family Health Services MN)	60.7%	●	57.8%	●	58.5%	●	57.6%	●	<	-	77.4%	▲
Essentia Health	71.6%	▲	63.2%	▲	60.9%	▲	62.9%	●	63.1%	●	78.7%	▲
Fairview Health Services	63.4%	▲	63.2%	▲	68.7%	▲	68.7%	▲	66.7%	●	76.3%	▲
Fairview Mesaba Clinics	<	-	<	-	<	-	<	-	<	-	77.0%	▲
Glencoe Regional Health Services	<	-	<	-	<	-	<	-	<	-	68.3%	▼

New look,  
same info!

## Updated Appendix Tables

MN Community MEASUREMENT

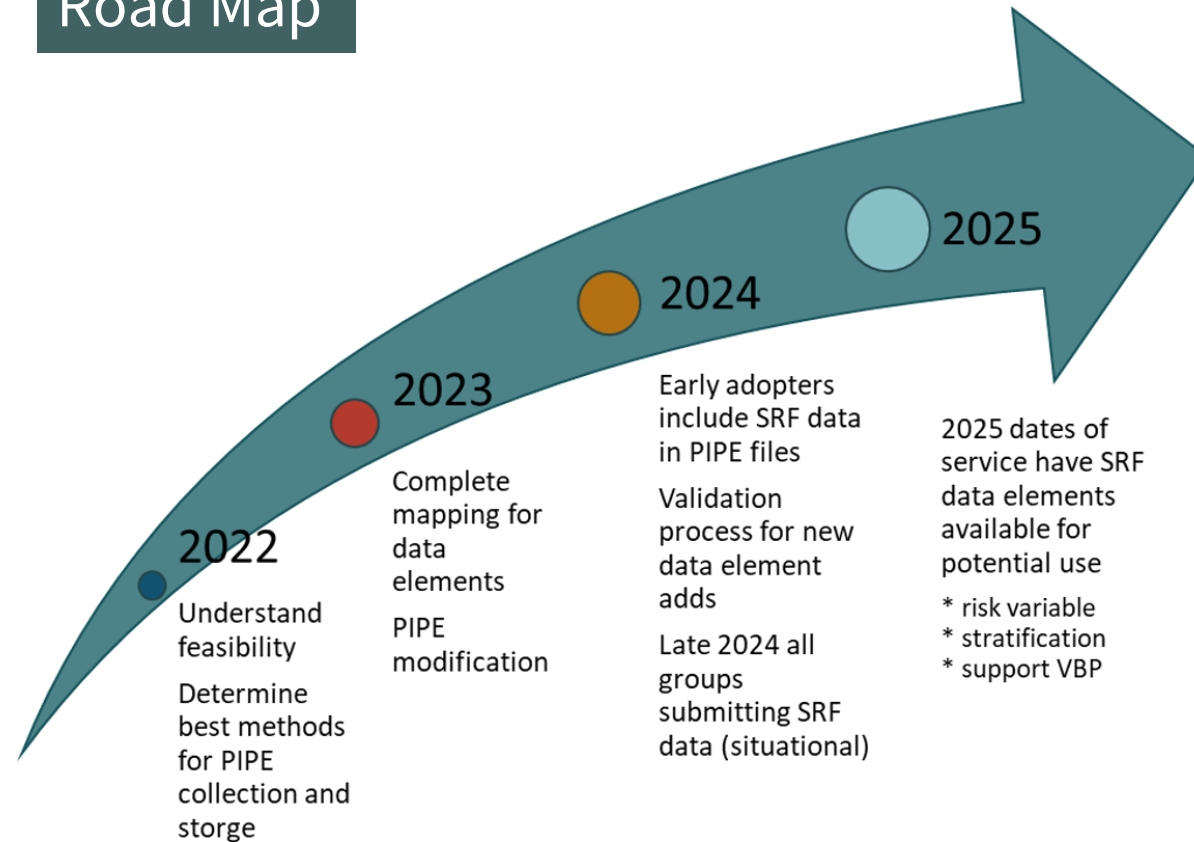
COLORECTAL CANCER SCREENING  
By Race  
2022 measurement year  
Data provided if medical group has at least 30 patients within the race group

MEDICAL GROUP NAME	RACE GROUP	MEDICAL GROUP RATE	STATEWIDE AVERAGE	RATING (Comparison to Statewide Average)	RACE AVERAGE	RATING (Comparison to Race Average)
AALFA Family Clinic	White	75.5%	67.8%	Above	70.0%	Above
Allina Health	Asian	59.9%	67.8%	Below	58.4%	Average
Allina Health	Black	54.9%	67.8%	Below	51.7%	Above
Allina Health	Indigenous/Native	56.3%	67.8%	Below	48.3%	Above
Allina Health	Multi Racial	61.2%	67.8%	Below	61.5%	Average
Allina Health	Native Hawaiian/Pacific Islander	53.6%	67.8%	Below	53.3%	Average
Allina Health	White	71.3%	67.8%	Above	70.0%	Above
Alomere Health	Asian	46.9%	67.8%	Below	58.4%	Average
Alomere Health	White	77.3%	67.8%	Above	70.0%	Above
Altru Health System	Asian	52.7%	67.8%	Below	58.4%	Average
Altru Health System	Black	34.2%	67.8%	Below	51.7%	Below
Altru Health System	Indigenous/Native	44.7%	67.8%	Below	48.3%	Average
Altru Health System	White	66.7%	67.8%	Below	70.0%	Below
Amery Hospital and Clinic	White	63.6%	67.8%	Below	70.0%	Below
Appleton Area Health Services	White	65.7%	67.8%	Average	70.0%	Average

Available on: <https://mncm.org/appendix-tables/>

# Social Risk Factor (SRF) Data Collection

## Road Map



Social Risk Factors for Exploration	
SRF Code	Social Risk Factor
1	Food Insecurity
2	Housing Instability
3	Transportation
4	Utility Assistance
5	Interpersonal Violence
6	Education
7	Financial Strain
8	Social Isolation
9	Substance Use
10	Homelessness

# More Information on SRF Data Collection

## Social Risk Factor Project Goals



### Data Standardization



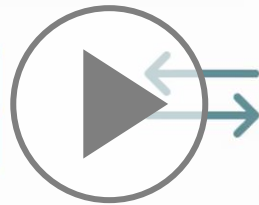
#### Harmonization

- Address frustration & fragmentation with reliable cross mapping



#### Aggregation

- See the big picture
- Gain better understanding of the population



#### Enable Comparison

- Population characteristics influence outcomes



#### Evaluate Improvement

- Intervention strategies
- Equitable improvement over time

## Social Risk Factors Data Collection Webinar

*Recorded 3/22/2023*

Available here:

<https://mncm.org/past-events-webinars/>



## Audience Q & A



*Please type your questions into the “Q&A”  
box at the bottom of your screen*

# Coming Attractions

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## Health Care Cost & Utilization

**Report Release:**  
11/30/2023



**Webinar:**  
12/13/2023

## Health Care Quality Report, Part 2

**Report Release:**  
12/21/2023



**Webinar:**  
1/23/2024

## Health Care Quality Report, Part 3

**Report Release:**  
1/11/2024



**Webinar:**  
1/23/2024



# Thank you for joining us!

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MNCM will send a link to presentation slides and the recording to webinar attendees later this week.



Please reach out to us at [support@mncm.org](mailto:support@mncm.org) with additional questions related to available data or how our data can support your work.



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