

## Identifying and Addressing Equity Gaps Among LVHN Health Plan Members

Jessica Berman

Cynthia Kusorgbor-Narh MPH, CHES

Brigid Tray MPH, CHES

Lori Piltz BS, RN, CPHQ

Follow this and additional works at: <https://scholarlyworks.lvhn.org/research-scholars>



Part of the [Medicine and Health Sciences Commons](#)

### Let us know how access to this document benefits you

---

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# Identifying and Addressing Equity Gaps Among LVHN Health Plan Members

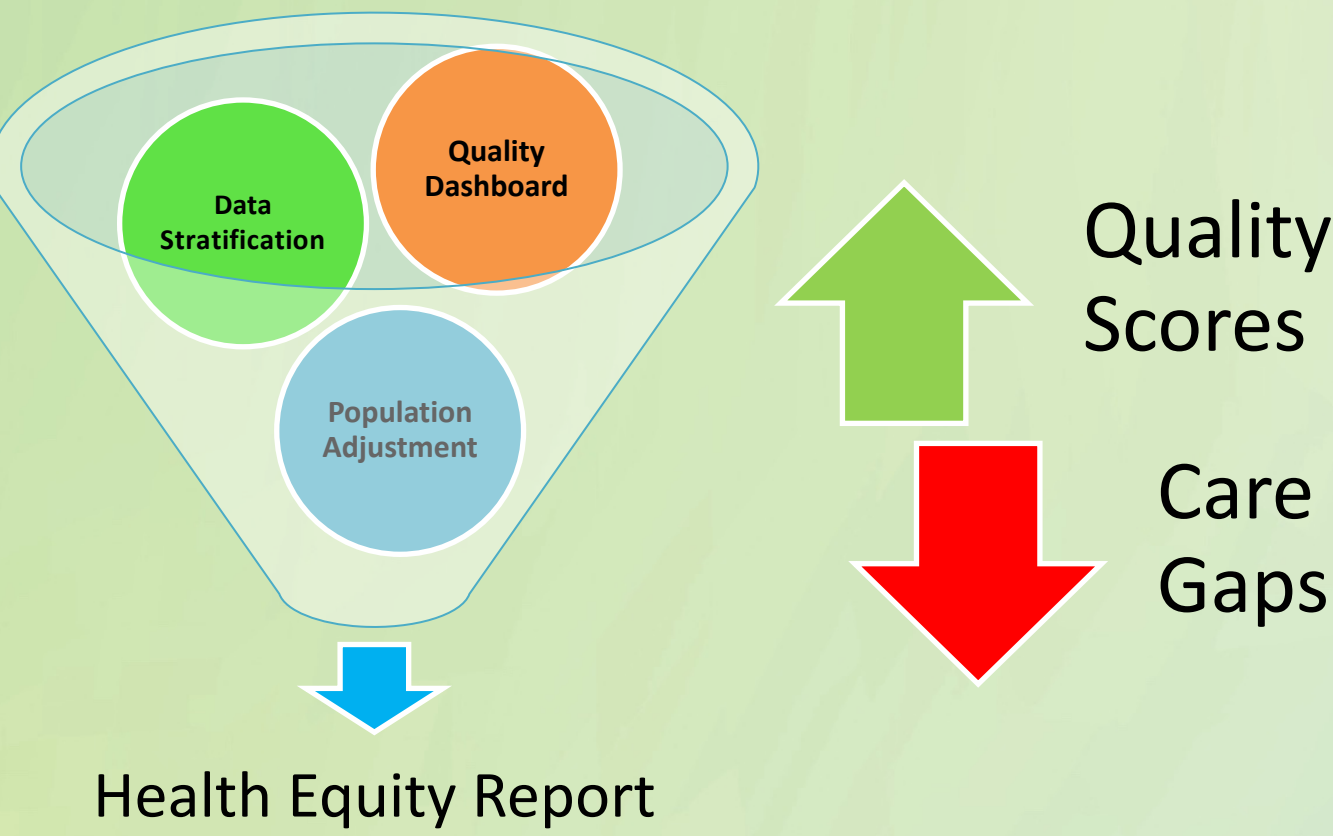
Jessica Berman; Cynthia S. Kusorgbor-Narh, MPH, MCHES®; Brigid Tray, MPH, CHES®; Lori Piltz, MSN, BS, RN, CPHQ

Lehigh Valley Health Network, Allentown, Pennsylvania

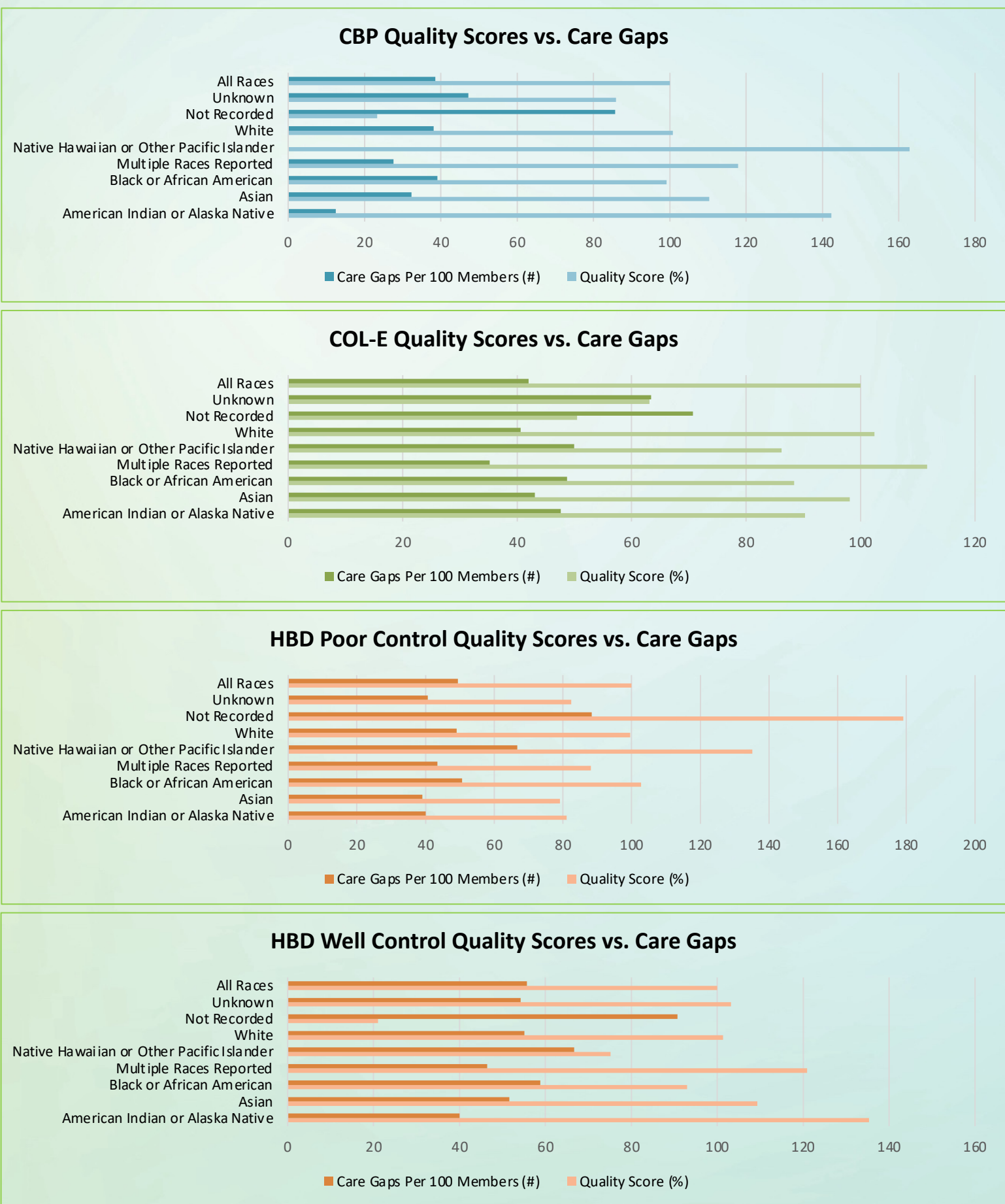
## BACKGROUND & OBJECTIVE

- Background**
- **Health equity:** state in which everyone has a fair and just opportunity to attain their highest level of health<sup>1</sup>
  - **Equity gaps (EGs):** unfair, avoidable or remediable differences among groups of people<sup>2</sup>
  - \$320 billion = annual economic burden of health inequities in US<sup>3</sup>
    - Projected to be ≥ \$1 trillion annually by 2040 if not rectified<sup>3</sup>
  - 2 in 5 Americans with employer-sponsored insurance cite challenges affording medical care, prescription drugs and premiums<sup>4</sup>
- Objective**
- Identify and address EGs among LVHN Health Plan members across 3 quality measures:
- Controlling high blood pressure (CBP)
  - Colorectal cancer screening (COL-E)
  - Hemoglobin A1c Control for Patients with Diabetes (HBD)
    - Poor Control (> 9%); Well Control (< 8%)

## METHODOLOGY



## RESULTS



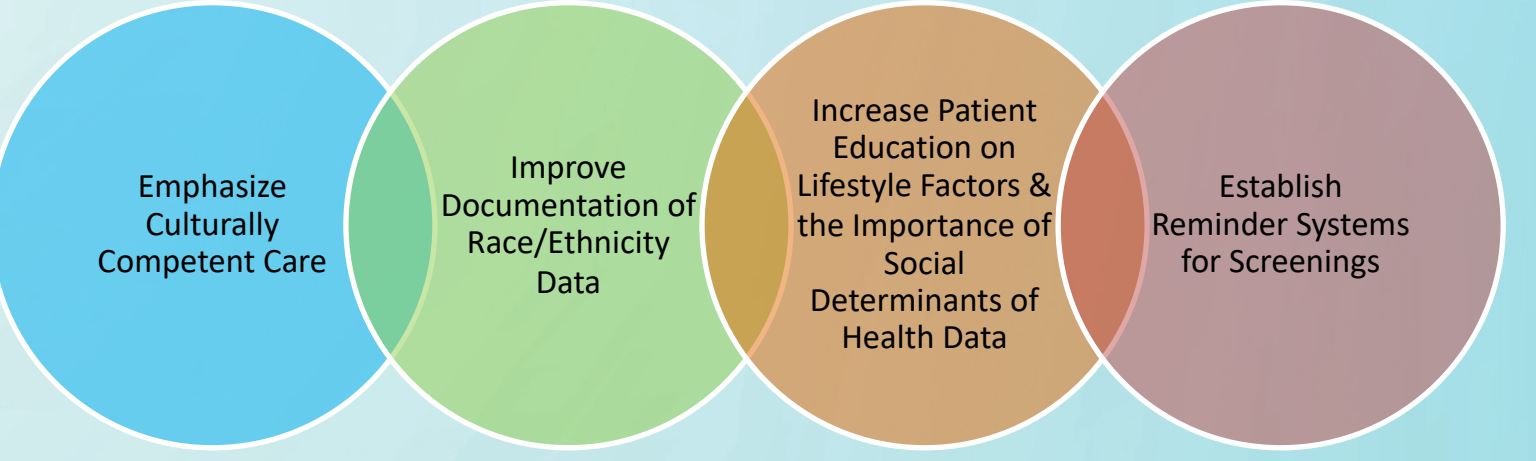
## CONCLUSIONS

LVHN Health Plan populations experiencing highest EG's:

Quality Measure	Population
CBP	Black/African American (AA), Not Recorded (NR), Unknown
COL-E	American Indian/Alaska Native (AI/AN) females, Asian, Black/AA, Native Hawaiian/Other Pacific Islander (NH/OPI) males, NR, Unknown
HBD Poor Control	AI/AN males, Asian males, Black/AA, NH/OPI, NR
HBD Well Control	Asian males, Black/AA, NH/OPI, NR, Unknown males

Interventions and resource allocations should be prioritized to address the EGs within the Black or AA and Not Recorded populations

## RECOMMENDATIONS TO BRIDGE EQUITY GAPS



## REFERENCES

<sup>1</sup>Centers for Disease Control and Prevention. (2024). *Health Equity*. Cdc.org. <https://www.cdc.gov/health-equity/index.html>

<sup>2</sup>Chopoorian, R. (2024). *Closing the health equity gap*. Pwc.com. <https://www.pwc.com/gx/en/industries/healthcare/publications/closing-the-health-equity-gap.html>

<sup>3</sup>Robeznieks, A. (2023, June 19). *Inequity damages health—and drains the economy*. Ama-assn.org. <https://www.ama-assn.org/delivering-care/health-equity/inequity-damages-health-and-drains-economy>

<sup>4</sup>Hughes, S., Gee, E., & Rapfogel, N. (2022, November 29). *Health Insurance Costs Are Squeezing Workers and Employers*. Americanprogress.org. <https://www.americanprogress.org/article/health-insurance-costs-are-squeezing-workers-and-employers/>



Please scan QR code to view the Health Equity Report