



## ***POSTER SESSION:***

### **5<sup>th</sup> Annual Florida Medicaid Research Conference, 2006**

#### **“Health Literacy: A Prescription for Clarity - A Curriculum for Health Professionals, Florida Area Health Education Center Network”**

**PRESENTER:** Cynthia Selleck, Florida Area Health Education Center Network

#### ***ABSTRACT***

Low health literacy is a common problem in the United States and Florida. Healthy People 2010 defines health literacy as “the degree to which individuals have the capacity to obtain, process, understand and act on basic health information and services needed to make appropriate health decisions.” Health care systems today are complex and often create barriers for individuals to seek health care information, understand their rights and responsibilities and make informed health care decisions for themselves and others. Simply knowing how to read does not guarantee understanding.

Low health literacy and its potentially damaging effects are astounding. An important concern for health care providers is that patients with low health literacy skills frequently misunderstand medical information. Besides compromising the communication between health care providers and patients, low health literacy may also affect the quality of care and have negative effects on the health of this population. Additionally, low health literacy increases health care costs by \$73 billion a year, underscoring the urgency and scope of the issue.

Because of the impact of low health literacy on the citizens of Florida, in 2004 the Florida Area Health Education Center (AHEC) Network, in partnership with the Florida Department of Health, developed *Health Literacy: A Prescription for Clarity* to educate health professionals and health professions students. The three-hour curriculum includes a PowerPoint presentation on CD, a speaker/ trainer guide, supplemental materials and a resource directory. Participants are introduced to the concepts of low literacy, low health literacy and why it is a significant problem in health care settings. The curriculum is divided into six sections and each section contains learning objectives, PowerPoint slides, speaker points and skill-building exercises. Some sections include reproducible fact sheets and presenters are encouraged to identify local health education materials to use with the skill-building exercises. Practical suggestions for improving verbal and written communication between providers and patients with low health literacy skills are included as well as suggestions on improving the physical environment, procedures, and training staff.

*Health Literacy: A Prescription for Clarity* is an appropriate program for primary care providers including physicians, nurse practitioners, physician assistants, licensed clinical social workers, pharmacists and health professions students. Florida's 10 regional AHEC Centers are able to utilize the curriculum to conduct local continuing education programs as well as train others in use of the curriculum through "train-the-trainer" events.

Improving the health literacy of persons with inadequate or marginal literacy skills is one of the objectives of Healthy People 2010. The public health workforce must increase awareness of the issues in order to focus on public health interventions to increase the health literacy of the public. If individuals who promote health care, create policy and develop materials have a clear understanding of the problems of health literacy, then procedures, policies and programs can be developed to meet the needs of Florida's citizens. The Florida AHEC Network and Florida Department of Health are pleased to share information on *Health Literacy: A Prescription for Clarity* and how it can be utilized throughout the state to educate Medicaid providers who, in turn can use what they have learned to improve the care they provide and empower their patients as consumers.

### **"Enhanced Coordination of Benefits"**

**PRESENTER:** Ryan Shannon & Maureen Maiuri, UMass Medical School's Center for Healthcare Finance

#### **ABSTRACT:**

The Enhanced Coordination of Benefits (ECOB) Unit is a specialized program under The University of Massachusetts Medical School that works in conjunction with Massachusetts Medicaid (MassHealth). ECOB coordinates insurance benefits for high-cost, medically complex cases directly from sites throughout the state and from internal programs.

The ECOB Health Benefit Coordinators work with the MassHealth member and their family to help them gain access to commercial insurance through an employer, spouse, parent, or COBRA policy. The benefits of the ECOB program include allowing the member to have more opportunities for services, different provider options, and a more comprehensive health care package. The goal of the ECOB unit is to ensure that the MassHealth member is maximizing and receiving all benefits they are entitled to from both their commercial insurance as well as MassHealth. This gives the patient the best care possible through their trusted physicians and healthcare providers they have come to know and rely on for their care.

The ECOB program provides a unique service to its qualified members. We work collaboratively with the member, commercial insurance companies, employers, and healthcare providers to obtain and maintain the best benefit package possible for our member. Many MassHealth members do not purchase their employer-sponsored health insurance plan due to rising costs in health insurance premiums. ECOB works with MassHealth and the Premium Assistance Unit to help relieve their financial burden by assisting with their insurance premiums. When a member has MassHealth and a commercial insurance, MassHealth will pay for their co-pays and deductibles, with minimal cost to the member. This helps to alleviate financial strain and allows them to focus on getting the best care available.

The Health Benefit Coordinators work closely with hospitals and clinical sites in order to maximize their revenue from commercial insurances, while ensuring that MassHealth is the payor of last resort. Since its inception in 1999, the ECOB program has accomplished the following:

- Generated millions in Cost Avoidance for the MassHealth Program.
- Tripled cost savings from FY02 to FY03 by placing Health Benefit Coordinators onsite at the Hospitals.
- Increased average referrals for FY06 to approximately 31 per month.

## “Medicaid Reform in the Rural Pilot”

**PRESENTER:** Diane Dimperio, Alachua County Health Department & Lori Bilello, St Johns River Rural Health Network

### **ABSTRACT:**

Medicaid Managed Care has been an effective strategy for controlling medical costs in urban areas. Many HMOs have expanded into rural areas only to withdraw after relatively short periods of time. The waiver under which Florida Medicaid Program will be operating effective July 1, 2006 envisions a statewide transition to Managed Care. The second phase of the pilot which begins in Duval and Broward counties includes Baker, Clay and Nassau Counties. These three counties, which surround Duval, will be the laboratory for development of a successful Managed Care Model for Rural areas.

Providers in the rural pilot are interested in participating in the design of a program that meets the goals of improved services and cost containment that is practical for a rural area. The St. Johns Rural Health Network has accepted the role of working with providers to understand the processes included in reform to develop a strategic response.

The poster session will summarize the first four months of the process and report on the activities and status of program development. Issues presented will include: identified options for providers; role of the network, and; plan for the coming year.

## “The Role of Mothers In Accessing Medicaid-Funded Well Child Care And Immunizations”

**PRESENTER:** Wendy Struchen-Shellhorn, PhD

Authors: Wendy Struchen-Shellhorn, PhD<sup>1</sup>; Karen Perrin, PhD<sup>2</sup>; Lisa Simpson, MB<sup>1</sup>; Jeffrey Kromrey, PhD<sup>3</sup>; Charles Mahan, MD<sup>2</sup>; Stanley Graven, MD<sup>2</sup>

### **ABSTRACT:**

Adequate receipt of well child care and immunizations, especially within the Medicaid population, needs improvement (1). Current literature has found associations between attachment style (anxious, avoidant, and secure) and adult health care utilization patterns (2, 3). Building upon the literature, this study explored the relationship of maternal attachment style and other factors on pediatric health care utilization patterns. Mothers (N=126) of infants 12-18 months of age receiving Medicaid-funded pediatric care were interviewed in and infant health care utilization data (immunizations, well child care, sick/follow-up, and emergency department visits) was gathered from providers.

Anxious mothers took their children to more sick/follow-up visits while avoidant mothers took their children to fewer sick/follow-up visits. Child health rating was a confounder while birth order, WIC/Healthy Start participation, mother-child bonding, and feelings about going to the doctor acted as moderators. Secure mothers took their children to more emergency department visits, controlling for the confounding of mother-child bonding as well as the moderating effect of child health status and maternal age. Additionally, rates of women with high avoidant scores (57%) were twice that of population estimates (25%) and Black, non-Hispanic women were more likely ( $p < .001$ ) to express high avoidant attachment styles (4) than White, non-Hispanic or Hispanic women.

Predicting health care utilization patterns will help better target the specific needs of mothers, maximize the appropriate use of health care resources and ultimately improve health outcomes. Findings indicate that, in some cases maternal attachment style is associated with how and when mothers access health care and health information for their children. For example, women with high avoidant scores expressed a strong need for independence over their lives. These women may respond better to independent sources of information

regarding health care and parenting issues rather than attending parenting classes in groups. Conversely, women with high anxious scores may prefer the support they receive from the group setting parenting classes provide. Understanding and responding to the needs of women and their children in a way that is congruent with their attachment style can enhance health care experiences and may improve utilization patterns.

- 1) Lee MA. & Learned A. (2002). Well-baby care in Connecticut's Medicaid managed care program. *Connecticut Medicine*, 66(9), 515-521.
- 2) Ciechanowski PS, Walker EA, Katon WJ & Russo JE. (2002). Attachment theory: a model for health care utilization and somatization. *Psychomatic Medicine*. Jul-Aug; 64(4):660-7.
- 3) Thompson D. & Ciechowski PS. (2003). Attaching a new understanding to the patient-physician relationship in family practice. *Journal of the American Board of Family Practice*. May-Jun; 16(3): 219-26.
- 4) Mickelson KD, Kessler RC & Shaver PR. (1997). Adult attachment in a nationally representative sample. *Journal of Personality and Social Psychology*, 73(5), 1092-1106.

## “Florida Department of Health’s Read for Health Initiative”

**PRESENTER:** Carol Scoggins, Department of Health

### **ABSTRACT:**

The ability to read, write and understand letters and numbers is a basic component to maintaining good health and eliminating health disparities. The Read for Health Initiative seeks to improve the health and welfare of Florida citizens by incorporating reading and health literacy-related activities into the scope of services delivered to all Department of Health customers from birth throughout the lifespan thereby enabling families to:

- Access health care appropriately.
- Understand and follow basic health care instructions.
- Interact with their children in ways that will lead to optimal growth and development and,
- Make informed health and life decisions.

## “Race Differences in Mental Disorders among Patients with AIDS”

**PRESENTER:** William N. Mkanta, Ph.D., University of Florida

Authors: William n. Mkanta, Nicole Scheys, MPH, Paul Duncan, Ph.D.

### **ABSTRACT:**

**Background:** Persons living with HIV/AIDS have high rates of mental disorders. The disorders may influence prevention, management, and costs of healthcare. As patients live longer, the need to determine patterns of their mental disorders is recognized, and greater emphasis is needed in treatment, prevention, and reduction of the disorders.

**Methods:** With approval from the Institutional Review Board, we analyzed cross-sectional data from the Immunology Case Registry. The sample consisted of 3,458 black and white patients. Our analysis included 1,642 cases of mental and substance abuse disorders. Chi-square analysis was used to examine differences in the prevalence of mental disorders and substance abuse associated with injection drug use (IDU) in black and white men with known duration of AIDS.

**Results:** In an initial analysis, there were no racial differences in the prevalence of disorders, regardless of AIDS duration. However, when rates were modified by IDU status, differences existed and were more pronounced among patients with long duration of AIDS. Blacks with a history of IDU had higher rates of mood, anxiety, sexual, stress and adjustment disorders, and overall mental disorders than whites with IDU history. Similar differences occurred among patients with long duration of AIDS. However, in addition, blacks had significantly higher rates of both mental disorders and substance abuse (15.9% vs. 8.7%;  $p=.047$ ) and alcohol dependence (14.7% vs. 7.7%;  $p=.046$ ).

**Conclusion:** Among IDUs, blacks are more susceptible to mental disorders and substance abuse than whites. Racial disparities in mental disorders occurring concomitantly with HIV/AIDS persist and tend to be more complex as patients attain long-term survival. Interventions to reduce rates of mental disorders should focus on racial disparities.

## “Health Insurance Coverage of Young Adults Aged 22-29 in Florida”

**PRESENTER:** Jingbo Yu, MHA, University of Florida

Authors: Jingbo Yu, Paul Duncan, PhD., Allyson Hall, PhD, Mark Allen

### **ABSTRACT:**

**Background:** Young adults aged 22-29 currently have high rates of uninsurance in Florida, and the rates of uninsurance for this age group have been rapidly rising in recent years. Our objectives were to identify the demographic factors associated with being uninsured for young adults aged 22-29 in Florida, and to examine the effect of uninsurance on health care access for this population.

**Methods:** Data comes from the 2004 Florida Health Insurance Survey (FHIS), in which a stratified random sampling method was used. In 2004, telephone interviews were conducted with 17,435 households, yielding data about 46,876 individuals from 17 districts of Florida. For this study, data were examined for 4,284 young adults aged 22-29 who provided information on demographics, health insurance status, and perceived inability to afford care. Males and females were examined separately. Multiple logistic regression was used to estimate the odds of being uninsured and to estimate the odds of reporting the inability to afford needed health care.

**Results:** Among the young adults studied, 36.8% of males and 28.7% of females were uninsured. For both genders, the odds of being uninsured increased for Hispanics, those with less education, unmarried people, those not in excellent health status, those without full-time employment, and those with lower income. Among young adults employed full-time, 62% of males and 49% of females had insurance, with rates dropping off dramatically for those not employed full-time. Compared with the insured groups, uninsured young adults of both genders had significantly higher odds of delaying or not receiving health care in the past 12 months because of cost. Compared with male young adults, female young adults were 1.82 times more likely to delay or not receive health care, controlling for other demographic variables and health insurance status.

**Conclusion and Implication:** Certain subgroups of 22-29 year old Floridians are at high risk of not having health insurance. Uninsured young adults of both genders were shown to have significantly higher odds of not receiving health care because of cost. Programs that give businesses an incentive to insure their younger workers, or that provide a subsidized form of insurance similar to those available to full-time students could potentially increase insurance rates in this population.

## “Does Socioeconomic Status and Employment-related Characteristics Explain Racial and Ethnic Variations in Health Insurance Among Adult Workers in Florida?”

**PRESENTER:** Jacky LaGrace, University of Florida

Authors: Jacky LaGrace, Allyson Hall, Ph.D.

### **ABSTRACT:**

**Background:** Nationally, racial and ethnic disparities in health insurance coverage are well documented. Several reform proposals recommend expanding coverage by bolstering the current employer-based system. Little is known empirically about the extent to which socioeconomic and in particular employment related characteristics explain the racial and ethnic variations in health insurance coverage.

**Purpose:** To investigate the extent to which socioeconomic status and employment-related characteristics explain racial and ethnic variations in coverage among adult workers in Florida.

**Method:** The data source for this analysis is the 2004 Florida Health Insurance Study Telephone Survey, a stratified random-digit dial sample. The analysis was limited to working adults age 19-64 (n=23, 395). Bivariate analysis calculated the rates of uninsurance across racial and ethnic groups. Stepwise logistic regression analysis was conducted to predict the likelihood of being uninsured while controlling for demographic factors, SES, employment-related characteristics, and geographic location.

**Results:** Overall, among adult workers, Hispanics have the highest rate of uninsurance (37.2%), compared to 27% of Blacks, 17.8% of other racial groups, and approximately 14.6% of Whites. This trend held regardless of the sociodemographic or employment-related characteristics. The logistic regression analysis showed that even

after controlling for the sociodemographic and employment related characteristics, Hispanic working adults were almost one and a half times more likely to be uninsured compared to their White counterparts. There was no difference between African American and White workers in the likelihood of being uninsured.

**Conclusion:** Hispanic adult workers are more likely to be uninsured and socioeconomic and employment characteristics do not entirely explain this phenomenon. Future research is needed to better understand why Hispanic workers have lower rates of health insurance coverage.

### **“The MediRITE (Medicaid Reform, Information, Training and Evaluation) Project”**

**PRESENTER:** Pete Olson, Florida Center for Prevention Research

#### **ABSTRACT:**

FCPR under contract with the Agency for Health Care Administration (AHCA) will assist the Agency with the Medicaid *Reform* waiver pilot program as mandated by Florida’s legislature and approved by the Center for Medicare and Medicaid Services. The goal of *Reform*, as Governor Bush said, “... is to reflect the needs of patients, rather than the dictates of government.” To these ends, FCPR in close coordination with AHCA is tasked with three key elements of the pre-implementation and implementation phases of the Medicaid *Reform* waiver pilot program which will take place in Broward and Duval Counties between July 2006 and June 2007: The three elements are: 1) develop an easy to read flyer, website, and an informational DVD so beneficiaries can understand the Medicaid changes and make well informed health plan choices; 2) develop an on-line certification course and qualification examination to certify Medicaid Reform *Choice Counselors*; and 3) monitor and evaluate the implementation process and measure quality-specific outcomes of the Choice Counseling component to ensure the *Reform* program maintains or improves upon established quality standards.

The three MediRITE elements are essential to the success of the *Reform* waiver pilot program that empowers beneficiaries to make well-informed health plan decisions and educates them on “healthy behaviors” that will enable them to earn credits which can be used for items such as over-the-counter drugs or medical equipment and supplies. The poster will present the three elements and their relevance to “Patient Empowerment and Health Literacy” and the process of beneficiary involvement in material development.