Looking at health equity in Missouri:  
A project summary from the  
Missouri Health Equity Collaborative (MOHEC) 2010

Background

Good healthcare is not one-size fits all. Many groups across America are working to understand how where we live, learn, work and play, all influence our health. Healthcare advocates in Missouri are focusing on these issues, too. In 2007, the Missouri Health Equity Collaborative (MOHEC) began with funding from the Missouri Foundation for Health and the Health Care Foundation of Greater Kansas City. Led by the MU Center for Health Policy, MOHEC brings together educators, healthcare workers and community members to uncover the state’s own gaps in healthcare. Through this partnership, MOHEC is also working to gather better data that can inform our programs, polices and services. In Fall 2010, MOHEC began to review ethnic, racial and other underserved groups’ healthcare gaps in Missouri. The MOHEC team looked at key health measures such as diabetes, asthma and high blood pressure. Interviews were also held with African Americans and Hispanic/Latinos to better understand their healthcare experiences.

Key findings include:

Health disparities are in Missouri.

Missouri’s African American and Hispanic populations suffering from asthma, diabetes and hypertension are more likely to receive treatment for these conditions in the emergency department (ED) than Whites.\(^1\) Local data points to large disparities in preventable hospitalizations for the conditions mentioned above. Emergency department visits and preventable hospitalization rates are seen by many organizations, including the Center for Disease Control (CDC) and the Agency for Healthcare Research and Quality (AHRQ), as markers of the efficiency of a health care system. Communities can use this knowledge to focus on the barriers some people face when they try to get good health care.\(^2\)

\(^1\)2008 MICA
\(^2\)CDC Health Disparities and Inequalities Report — United States, 2011
Good data is the key.
Often we do not know about gaps in healthcare because we do not have complete data. Looking at change over time is hard when data is not reported the same way. This is often true for busy EDs which care for underserved groups. Much of the data collected to date has been limited to Medicare, Medicaid and Veterans Administration patients. These data generally compare Whites to African Americans. Few report other races and ethnicities. Likewise, very little pharmacy data is available such as the prescribing and adherence behavior of patients and providers. More studies are needed to fill in these gaps.

Interpretation services are needed.
Over 90 different languages were spoken in Missouri last year, and some of those residents need more help when going for a medical or hospital visit. From our urban centers to more rural areas, there is a growing demand for adequate interpretation services in the state. But providing these services is not as simple as asking a relative or someone who works at the hospital and happens to speak the same language to assist. True interpretive services require professional certification and offering these services can be expensive and time consuming. Few state health care programs provide coverage for interpretation services, but the demand continues to grow. Being able to offer these services is critical to many underserved communities who forego care because of language barriers.

Missouri needs more healthcare workers.
Most of Missouri is in a healthcare workforce shortage area. Being able to care for a more diverse and aging population with more chronic disease is a challenge. This is especially true in urban underserved and rural areas of the state. MO HealthNet patients have reported difficulties finding doctors that will take Medicaid in some areas. Access to mental health and dental health providers is a challenge in many parts of the state.

Doctors need specific training to improve communication with all patients.
Serving all Missourians has grown beyond traditional medical training. As our state changes, so must the skill sets taught to doctors and nurses. More healthcare workers need cultural health literacy, competence and humility training. Each region of the state has its own culture and traits. All care providers need to understand and respect these factors in order to improve the health of all Missourians.

Communities matter and want input on solutions.
The MOHEC team shared their findings with communities in Portageville, Springfield, St. Louis, Kansas City and Columbia. At the meetings, community members and healthcare workers listened to the results and helped to indentify organizations in the community that have shown promising ways to improve health for all people. Participants were also asked for their input on how these ways might work best on a larger scale, and to name other ideas and groups that could be part of the solution.

Next Steps
We understand that health disparities are not based just on race or ethnicity, but affect a large number of vulnerable populations as defined by socio-economic status, geography, gender, age, disability status, immigration status, sexual orientation and identity or country of origin. Along with our MOHEC partners, our efforts will focus on raising awareness about health disparities that affect the lesbian, gay, bisexual and transgender (LGBT) community, individuals and families affected by mental health conditions and substance abuse problems, and individuals from other nations who have recently settled in Missouri. Periodic updates and findings will be shared across the state and on MOHEC's web site, Mohec.org.