

# Fast Facts

JULY HEALTH EQUITY SPECIAL EDITION 2024

News for Providers from HealthPartners  
 Provider Relations & Network Management

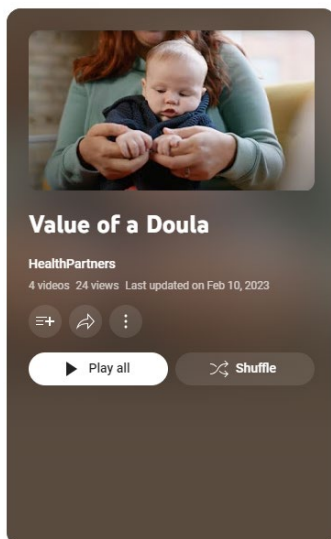
## Health Equity

### Doula support for pregnant members

For many, having doula support can have a positive impact on the birth experience and outcomes.

Doulas **have been shown** to decrease the likelihood of a c-section and use of medications for pain, and increase satisfaction with their birth experience. A doula is a support person who is trained to provide one-on-one physical, emotional and educational support before, during and after birth. Having doula support for pregnancy and birth can be valuable for anyone, but especially for people of color who experience the worst disparities.

Doulas are a covered benefit for people who get their insurance through Medical Assistance in Minnesota. HealthPartners has been working with the community and our doula providers to increase access to members who would benefit from doula support.



- 1  **What are doulas and what do they do?**  
 HealthPartners · 330 views · 4 months ago
- 2  **Value of a Doula (Somali)**  
 HealthPartners · 60 views · 4 months ago
- 3  **Value of a Doula (Hmong)**  
 HealthPartners · 115 views · 4 months ago
- 4  **Value of a Doula (Spanish)**  
 HealthPartners · 73 views · 4 months ago

Doulas are a covered benefit for people who get their insurance through Medical Assistance in Minnesota.

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Many birthing people and providers are not aware of what a doula is, so we created a video to explain the [value of a doula](#). It has been translated into Somali, Spanish and Hmong with subtitles. For more information about how a doula can support your patients, this post – [What are doulas and what do they do?](#) – has more information. Please share this information with your maternity care teams and your patients. *Members who are interested in finding out more can contact Member Services at the number on the back of their card.*

## Breast Cancer Gaps Project

### WORKING TO SAVE BLACK WOMEN’S LIVES FROM BREAST CANCER

The reality of breast cancer in the African American community is stark: African American women are less likely to develop breast cancer, but more likely to die from it – a lot more likely. The variation in the five-year survival rate for Black women is 20 percent lower than for white women based on 2019 MN Cancer Registry reports. Black women with late-stage breast cancer have a 58 percent survival rate compared to 81 percent for white women. Black women have the highest breast cancer mortality rates of all racial and ethnic groups.



Over the past few years, the [Breast Cancer Gaps Project](#) has been working to listen to the Black community about their concerns, find ways to educate community members, and create tools to support this work – all driven by the Black community. They have worked with clinic systems to implement mammogram awareness campaigns among their patients that have shown strong results with increasing screening among Black patients.

Some of the resources that can be found on the website include myth-busting and educational videos:

- [We Matter: Get Screened Showcase](#) – This series of short educational videos promoting mammography among Black women reminds women that they matter to their friends, family and community.
- [Men Matter Too](#) – How can young Black men normalize life-saving conversations about breast health with the women they love? Using design thinking, the Gaps Project created this video and conversation guide for Black men.

## RideCare – HealthPartners transportation



HealthPartners recently created a new video that informs and reminds people about RideCare, a transportation service that’s available to members with Medicaid plans. The video – [How to get no-cost rides to your medical appointments](#) – provides an overview about what RideCare is, who can use it and how to access it.

### WHO IS ELIGIBLE?

- Members in HealthPartners PMAP, MSC+, SNBC, MSHO.
- Pregnant people and children in MinnesotaCare.

Please note there are specific eligibility requirements for RideCare services. Members can contact the RideCare department at **952-883-7400** to schedule a ride (if eligible).

# HealthPartners Patient Management Application

## A TOOL TO HELP CLOSE GAPS – INCLUDING RACE DISPARITIES

HealthPartners and providers partner together with the shared goal of improving quality of care, making care more affordable, and improving the experience for our patients and members. Contractual arrangements and provider incentives were developed and designed to support those efforts. The Patient Management Application (PMA) helps to translate opportunities into tangible actions that providers can take to make improvements related to total cost of care, quality measurement and diagnosis accuracy (risk adjustment).

The PMA provides patient information that assists providers in proactively managing patients, fostering coordinated care, facilitating pre-visit planning and redesigning care models. Patient information includes:

- Predicted cost metrics
- Utilization detail (e.g., number of ER visits, inpatient admissions)
- Total medical and pharmacy spend
- Patient demographic information including race, ethnicity and language
- Gaps in coding chronic conditions
- Quality gaps including preventive screenings

The PMA is shared on a monthly basis with the intent of providing information for earlier review. Recognizing that information and data are currently shared in different formats with providers, HealthPartners is interested in exploring how we can share data efficiently back and forth to better support operational workflows, enhance algorithms and improve quality results. Data sharing can include direct data feeds from HealthPartners into the provider's EMR to be surfaced directly to the clinician, care coordinator or administrator. Additionally, data from the provider's EMR could be shared directly with HealthPartners to improve accuracy in quality measurement, patient demographic profiles, and patient health assessment and disease management opportunities.

Clinics are urged to use the information available in the PMA tool to prioritize outreach to patients who are behind in preventive care, such as breast or colon cancer screening, to help address disparities in these measures. The individual language information can be used to predict language assistance resources a patient may require during their visit. For questions or interest in discussing the PMA in detail, please reach out to your Provider Relations Manager or Health Informatics contacts.

## Effective communication resources

### MMA INCLUSIVE COMMUNICATION GUIDE – FOR LANGUAGE THAT PROMOTES EQUITY

Words matter when building trust with your patients. To support providers in their journey to improve health equity, promote an anti-racist culture in medicine and provide safe quality care to their patients, the Minnesota Medical Association (MMA) has created an [Inclusive Communication Guide](#). The purpose of this document is to enable more inclusive communication by providing suggested language, guidance and explanatory context.

This document provides definitions for commonly used words in health equity discourse, identifies harmful words and offers equity-centered alternatives, clarifies subtle differences between seemingly synonymous terms, and explains how certain words perpetuate racist narratives while others promote racial justice. It aims to raise awareness and encourage users to think critically about the words they use, the meaning conveyed and the potential impact.

## Culture Care Connection

In collaboration with Stratis Health and UCare, HealthPartners created a webpage [culturecareconnection.org/cultural-responsiveness](https://culturecareconnection.org/cultural-responsiveness) that offers cultural and linguistic resources for network providers in one location. The goal of this work is to support culturally informed care and address barriers to health equity for our members by enhancing provider resources. The site is embedded in the [Cultural Responsiveness](#) page of the Stratis Health website.

## Resources for working with patients with limited English

### AMA COURSES

[How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity?](#)  
[Humanities](#) | [AMA Journal of Ethics](#) | [AMA Ed Hub \(ama-assn.org\)](#)

How Should Clinicians  
Respond to Language  
Barriers that Exacerbate  
Health Inequity?

From the American Medical Association, patients and families with limited English proficiency (LEP) face barriers to health care service access, experience lower quality care and suffer worse health outcomes. LEP is an independent driver of health disparities and exacerbates other social determinants of health. Disparities due to language are particularly unjust because LEP is morally irrelevant and a source of unfair, unnecessary disadvantage. Clinicians and health care organizations have duties to intervene, which this article describes.

#### Learning Objectives:

1. Explain a new or unfamiliar viewpoint on a topic of ethical or professional conduct.
2. Evaluate the usefulness of this information for health care practice, teaching or conduct.
3. Decide whether and when to apply the new information to health care practice, teaching or conduct.

[Clinicians' Obligations to Use Qualified Medical Interpreters When Caring for Patients with Limited English Proficiency](#) | [Journal of Ethics](#) | [American Medical Association \(ama-assn.org\)](#)

Clinicians' Obligations to  
Use Qualified Medical  
Interpreters When Caring  
for Patients with Limited  
English Proficiency

From the American Medical Association, access to language services is a required and foundational component of care for patients with limited English proficiency (LEP). National standards for medical interpreting set by the US Department of Health and Human Services and by the National Council on Interpreting in Health Care establish the role of qualified medical interpreters in the provision of care in the United States. In the vignette, the attending physician infringes upon the patient's right to appropriate language services and renders unethical care. Clinicians are obliged to create systems and a culture that ensure quality care for patients with LEP.

## Webinars

[Inclusive Communication and Maternal Health](#)

[Tuesday, August 6, 2024, 12:30 – 1:30 pm](#)

**Register Here**

Inclusive Communication  
and Maternal Health

This webinar will address strategies for ensuring that all expecting and new mothers receive respectful and comprehensive care, addressing disparities and fostering a supportive environment. The webinar will equip participants with valuable knowledge and tools to enhance communication and care in this important area.

*Presented by Haley Brickner, Health Equity Coordinator  
Minnesota Medical Association*

## Meeting the Challenges of Diabetes: Working with Non-English Speakers with Diabetes

### Recorded Webinar

Meeting the Challenges of Diabetes: Working with Non-English Speakers with Diabetes

A diagnosis of diabetes can be overwhelming. When you don't speak the primary language of the health care system, it can be especially daunting to learn about your condition and understand all the recommended steps patients should take to stay healthy. This webinar reviews the basics of working with interpreters, how language and cultural differences impact care, create misunderstandings

and jeopardize appropriate follow-through, and common points where misunderstandings can happen. Community Health Workers and Care Coordinators can play a valuable role in reducing these barriers. The presenters will share tips from their years of experience working directly with people with diverse languages and cultures.



## Unite Us

### LOCAL COMMUNITY RESOURCES AT YOUR FINGERTIPS

Social drivers of health are the non-medical things that impact the health of a person or the community such as safe housing, transportation, community violence, education, access to nutritious foods and more. To support our members and patients in having access to resources to support these areas, HealthPartners has teamed up with **Unite Us** to help you quickly find community assistance resources.

## Vaccination resources

### ◆ VACCINATION BLOG FOR PARENTS

Routine childhood immunization rates have decreased throughout the pandemic. According to the Minnesota Department of Health, the rate of children up to date on vaccinations by age two has dropped significantly between 2019 and 2022. This leaves children vulnerable to preventable diseases and puts Minnesota at risk for outbreaks like measles and polio as other areas of the country are experiencing.



This [blog](#), developed by the Minnesota Medicaid health plans in collaboration with the Minnesota Council of Health Plans, explains to parents the importance of making sure children are up to date on their vaccinations and gives an overview of the immunizations recommended by age two.

**Parents can read or listen to the information in English, Hmong, Somali or Spanish.** There are also printable handouts in all these languages.

Come back to get caught up

## ◆ MOTIVATIONAL INTERVIEWING FOR VACCINE HESITANCE: A TRAINING MODULE FOR HEALTH CARE PROVIDERS

This [four-part online video series](#) created by the North Dakota State University Center for Immunization Research and Education aims to help clinicians improve their conversations with vaccine-hesitant patients.

Viewers will be introduced to several communication strategies rooted in motivational interviewing (MI). An avatar version of Dr. Mary Larson (a Member of the MI Network of Trainers in real life!) will guide viewers through four videos, each about 10-15 minutes long.

Pre- and post-assessments will help viewers apply their learning and get continuing medical education (CME) credit. This activity has been approved for AMA PRA Category 1 Credit.

## ◆ MDH – IMMUNIZATION QUALITY IMPROVEMENT FOR PROVIDERS (IQIP)

The Immunization Quality Improvement for Providers (IQIP) program supports clinics to improve immunization rates. The program uses a site visit approach that includes quality improvement capacity building, [Minnesota Immunization Information Connection \(MIIC\)](#) training, and resource sharing.

If your clinic is interested in improving your immunization practice and raising immunization rates, email the Minnesota IQIP team at [health.IQIP.mailbox@state.mn.us](mailto:health.IQIP.mailbox@state.mn.us). A site visitor will work with your clinic to choose and implement process improvement strategies and activities that meet your clinic's needs.



## Cultural toolkits for African American, Somali and Ukrainian cultures

The Minnesota WIC program has developed cultural toolkits for their home visitors which others may also find interesting or helpful in their interactions with people from those cultures. These cultural toolkits provide basic information about the African American, Somali and Ukrainian cultures.

Because they were developed by WIC, they lean heavily on topics such as breastfeeding, formula feeding, starting solids and parenting, but also give an overview of traditions, customs and traditional foods. These toolkits are still a work in progress, and additional toolkits will be added as they become available.

## Podcasts that explore equity topics

### OFF THE CHARTS: EXAMINING THE HEALTH EQUITY EMERGENCY



An innovative podcast from HealthPartners about diversity, equity, inclusion and anti-racism that asks candid questions.

Join hosts Kari Haley, MD, and Steven Jackson, MD, plus leading guest experts, as they help expand the definition of healthy communities through open dialogue and conversations.

### EARLY RISERS



*Early Risers* is a podcast from *Little Moments Count* and MPR with frank facts, engaging stories and real how-tos for anyone who cares about raising children with a clear-eyed understanding of cultural differences, race and implicit bias. Hosted by Dianne Haulcy of The Family Partnership.



## Spoken language interpreter services

### INFORMATION FOR HEALTHPARTNERS CARE, HEALTHPARTNERS INSPIRE AND HEALTHPARTNERS MSHO

Members may use the following spoken language interpreter services:

#### **Kim Tong Translation Service**

**Website:** [kttsmn.com](http://kttsmn.com)

2994 Rice St.  
Little Canada, MN 55113  
Phone: 651-252-3200  
Fax: 651-252-3214  
24-Hour Service  
Face to face and phone interpretation

#### **Itasca Corporation**

**Website:** [itascacorp.biz](http://itascacorp.biz)

475 Etna St. Ste. 1  
St. Paul, MN 55106  
Phone: 651-457-7400  
Fax: 651-457-7700

#### **The Bridge World Language Center, Inc.**

**Website:** [bridgelanguage.com](http://bridgelanguage.com)

110 2<sup>nd</sup> St S Ste 213  
Waite Park, MN 56387  
Phone: 320-259-9239  
Fax: 320-654-1698

#### **The Language Banc**

**Website:** [thelanguagebanc.com](http://thelanguagebanc.com)

1625 Park Ave  
Minneapolis, MN 55404  
Phone: 612-588-9410 or 888-588-1904  
Fax: 612-588-9420  
24-Hour Service

#### **The Minnesota Language Connection, Inc.**

**Website:** [minnesotalanguageconnection.com](http://minnesotalanguageconnection.com)

1327 County Road D Circle E  
Saint Paul, MN 55109  
Phone: 651-644-7100  
Fax: 651-237-9009  
24-Hour Service

#### **Propio LS, LLC**

**Website:** [propio-ls.com](http://propio-ls.com)

*(including its subsidiaries Intelligere, LLC and Arch Language Network, LLC)*  
10801 Mastin Blvd. Ste 580  
Overland Park, KS 66210  
Phone: 952-920-6160  
Fax: 866-231-8176

## HealthPartners membership language data

HealthPartners members, like the [Minnesota population](#), has a wide diversity of languages spoken. It's important to understand the language needs of our membership to best be able to provide equitable access and quality of care.

See below for our current membership language data breakdown by product.

### COMMERCIAL MEMBER LANGUAGE DATA

	2020	2021	2022	2023	2024
English	98.6%	98.6%	98.6%	98.6%	98.4%
Spanish	0.4%	0.4%	0.5%	0.5%	0.5%
Hmong	0.2%	0.2%	0.2%	0.2%	0.2%
Vietnamese	0.1%	0.1%	0.1%	0.1%	0.1%
Somali	0.1%	0.1%	0.1%	0.1%	0.1%
Mandarin Chinese	0.0%	0.0%	0.0%	0.0%	0.1%
Cambodian	0.1%	0.0%	0.0%	0.0%	0.0%
Amharic	0.0%	0.0%	0.0%	0.0%	0.0%
Russian	0.0%	0.0%	0.0%	0.0%	0.0%
Loatian	0.0%	0.0%	0.0%	0.0%	0.0%
Oromo	0.0%	0.0%	0.0%	0.0%	0.0%
French	0.0%	0.0%	0.0%	0.0%	0.0%
Karen	0.0%	0.0%	0.0%	0.0%	0.0%
Arabic	0.0%	0.0%	0.0%	0.0%	0.0%
Nepali	0.0%	0.0%	0.0%	0.0%	0.0%
Other Language	0.3%	0.3%	0.3%	0.3%	0.3%

### MEDICAID MEMBER LANGUAGE DATA

	2020	2021	2022	2023	2024
English	89.6%	89.9%	88.7%	87.2%	86.1%
Spanish	2.8%	2.8%	2.9%	3.3%	3.5%
Somali	1.7%	1.6%	1.9%	2.1%	2.3%
Vietnamese	1.2%	1.2%	1.1%	1.2%	1.2%
Oromo	0.8%	0.8%	0.8%	1.0%	1.1%
Hmong	0.8%	0.8%	0.8%	0.8%	0.9%
Amharic	0.6%	0.6%	0.6%	0.7%	0.7%
Karen	0.1%	0.1%	0.6%	0.7%	0.8%
Nepali	0.3%	0.3%	0.3%	0.3%	0.4%
Mandarin Chinese	0.3%	0.3%	0.3%	0.3%	0.3%
Arabic	0.2%	0.2%	0.3%	0.3%	0.4%
Russian	0.2%	0.2%	0.2%	0.2%	0.2%
Cambodian	0.2%	0.2%	0.1%	0.2%	0.2%
French	0.1%	0.1%	0.2%	0.2%	0.2%
Loatian	0.1%	0.1%	0.1%	0.1%	0.1%
Other Language	0.9%	0.9%	1.2%	1.4%	1.7%



## MEDICARE MEMBER LANGUAGE DATA

	2020	2021	2022	2023	2024
English	99.4%	99.3%	99.1%	98.9%	98.8%
Vietnamese	0.1%	0.1%	0.2%	0.2%	0.3%
Spanish	0.1%	0.1%	0.1%	0.1%	0.1%
Hmong	0.0%	0.1%	0.1%	0.1%	0.1%
Mandarin Chinese	0.0%	0.0%	0.0%	0.0%	0.1%
Loatian	0.0%	0.0%	0.0%	0.1%	0.1%
Cambodian	0.0%	0.0%	0.0%	0.0%	0.1%
Russian	0.0%	0.0%	0.0%	0.0%	0.0%
French	0.0%	0.0%	0.0%	0.0%	0.0%
Arabic	0.0%	0.0%	0.0%	0.0%	0.0%
Somali	0.0%	0.0%	0.0%	0.0%	0.0%
Amharic	0.0%	0.0%	0.0%	0.0%	0.0%
Oromo	0.0%		0.0%	0.0%	0.0%
Karen			0.0%	0.0%	0.0%
Other Language	0.3%	0.3%	0.3%	0.4%	0.4%

## MSHO MEMBER LANGUAGE DATA

	2020	2021	2022	2023	2024
English	66.9%	68.6%	70.7%	71.2%	69.8%
Vietnamese	9.2%	8.7%	7.9%	7.7%	8.0%
Hmong	3.7%	3.6%	3.2%	3.2%	3.4%
Spanish	2.9%	2.8%	2.7%	2.8%	2.7%
Cambodian	3.0%	2.7%	2.4%	2.3%	2.5%
Somali	1.7%	1.7%	1.5%	1.7%	1.9%
Mandarin Chinese	1.1%	1.1%	1.2%	1.2%	1.2%
Loatian	1.2%	1.2%	1.1%	1.1%	1.0%
Oromo	1.0%	1.0%	1.0%	0.9%	0.9%
Amharic	0.8%	0.7%	0.8%	0.9%	1.0%
Russian	0.8%	0.8%	0.8%	0.8%	0.7%
Arabic	0.7%	0.6%	0.5%	0.5%	0.6%
Karen	0.2%	0.2%	0.2%	0.2%	0.2%
Nepali	0.1%	0.1%	0.1%	0.1%	0.1%
French	0.0%	0.0%	0.1%	0.1%	0.1%
Other Language	6.7%	6.2%	5.9%	5.6%	5.9%

Note: Percentages are calculated excluding unknown members from denominator

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at [healthpartners.com/fastfacts](https://healthpartners.com/fastfacts).

**Fast Facts Editor:** Mary Jones