

## Using Information Technology to Reduce Healthcare Disparity

In reviewing available literature and current studies we have found that despite the passage of the Minority Health and Health Disparities Research and Education Act several years ago, the States that comprise the Mississippi Delta region have a high level of healthcare disparity among their rural and minority populations when compared with other States. Particularly, Mississippi ranks last in most healthcare indicators for the poor and minority citizens living in rural areas. Because of longstanding disparities in health care between the general population and the rural, poor, and minority populations in the areas comprising the Delta region, residents of the region continue to bear a disproportionate burden of disease incidence and prevalence, disability, premature death, and years of potential life loss. One recent study found that although Delta counties account for only 33% of the counties in the eight targeted states, they represent the majority of counties with the highest mortality measures, and represent the minority of counties with positive health outcomes.<sup>1</sup> The investigators who have documented the gross inequities in access to high quality health care and resulting poor health outcomes in the Delta region have also concluded that these inequities are not intractable. For example, a study published by the School of Human Environmental Sciences, University of Arkansas-Fayetteville, Fayetteville, Arkansas in 2005 concluded that targeted outreach programs can significantly diminish disparities in health care between minority communities and the community at large.<sup>2</sup>

These and other similar studies conclusively demonstrate the need to improve the targeting of federally funded services to address the disparity in health care outcomes in these communities. Even before the increase in unemployment across the country, and the corresponding loss of employer-sponsored medical insurance coverage by those who have recently lost their jobs and others, Mississippi ranked only behind Louisiana in the increase in the number of uninsured citizens between 2005 and 2006<sup>3</sup>. We have observed that the continuing disparity in health care for this population is in part the result of two problems, namely inadequate funding and less than optimal application of the funding that has been provided. This paper addresses our approach and recommendations for the second problem, that of improving the application of funds available to better serve the purpose of improving the quality of care provided to the targeted population.

Although several innovative approaches have been tried to address the issue of health disparity, there has been no directed effort at applying innovative approaches based on information technology.

There are many benefits to having an information technology solution focused at solving the health disparities problem. These include:

1. Facilitating a fact-based review, assessment, evaluation, and monitoring of programs funded by the Federal government to address disparities in health care and health outcomes by using data collected and analyzed using information systems.
2. Developing a repository of best practices with the goal of identifying and providing quantitative measurement of outcomes.
3. Providing visibility and connecting the various health disparity reduction efforts across the country.
4. Relating funding levels and funding sources to outcomes in order to determine the effectiveness of each program. This will allow each funding agency to track outcomes and to determine the extent to which its programs are effective when compared with other programs and established regional and national benchmarks.

**About Ascellon Corporation:** Ascellon Corporation is a small minority-owned company. For thirteen years, Ascellon has provided Program Integrity and Monitoring Services to the Federal government in the area of health care quality. We work on issues related to the quality of care provided to the elderly and people with physical and mental disabilities, as well as employment issues for the disabled. Our organization employs health care professionals, statisticians, researchers, and data analysts whose expertise and knowledge will be applied to this project. Our record of performance includes monitoring and evaluation of Medicaid Initiatives grants for the Department of Health and Human Services, measuring the quality of essential health care services on behalf of HRSA, and providing technical assistance to States in support of Federal grants for community and home-based services for the elderly and disabled.

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<sup>1</sup> "Health status in the Mississippi River Delta region", Southern Medical Journal, 2005 Feb;98(2):149-54

<sup>2</sup> "Attenuation of racial differences in health service utilization patterns for previously uninsured children in the Delta", Journal of Rural Health, 2005 Fall;21(4):288-94

<sup>3</sup> "Income, Poverty and Health Insurance Coverage in the United States", US Census Report No. P60-235, August 2008.