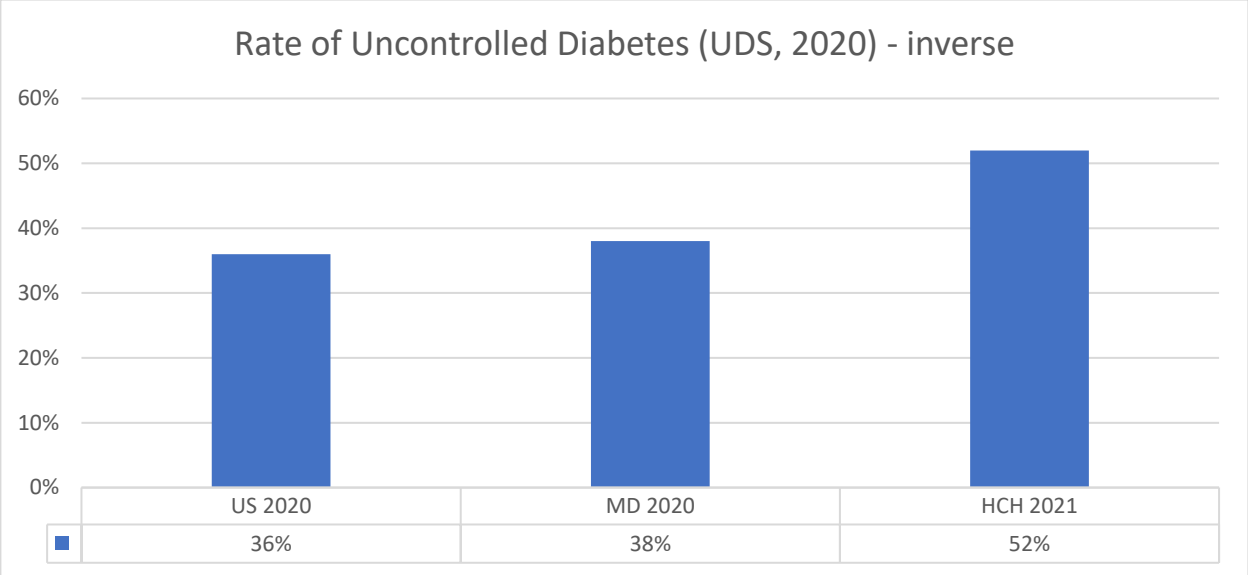
Description of Diabetes

Diabetes is a complex group of diseases marked by high blood glucose (blood sugar) due to the body's inability to make or use insulin. Left unmanaged, diabetes can lead to serious complications, including heart disease, stroke, hypertension, blindness, kidney disease, diseases of the nervous system, amputations and premature death. Proper diabetes management is essential to control blood glucose levels and reduce risks for complications.

Health Care for the Homeless (HCH) has disproportionately higher rates of uncontrolled diabetes than the national and state averages at 52% compared with 37% and 38%, respectively.



What do we use to measure quality?

The quality measure looks at the number of clients (ages 18-75) diagnosed with diabetes who had poorly managed blood sugar levels or were not tested throughout the year. The A1C test—also known as the hemoglobin A1C—is a simple blood test that measures your average blood sugar levels over the past 3 months. Higher A1C levels are linked to diabetes complications, so reaching and maintaining A1C goals is very important.

When reviewing the data, clients are counted as "controlled" if they have an A1C less than 9. They are "uncontrolled" if their A1C is greater than 9 or they did not receive an AIC test throughout the year. Due to this, the measure is what we call an inverse measure, which means the lower percentages equal poorer performance.

What are we doing with this data?

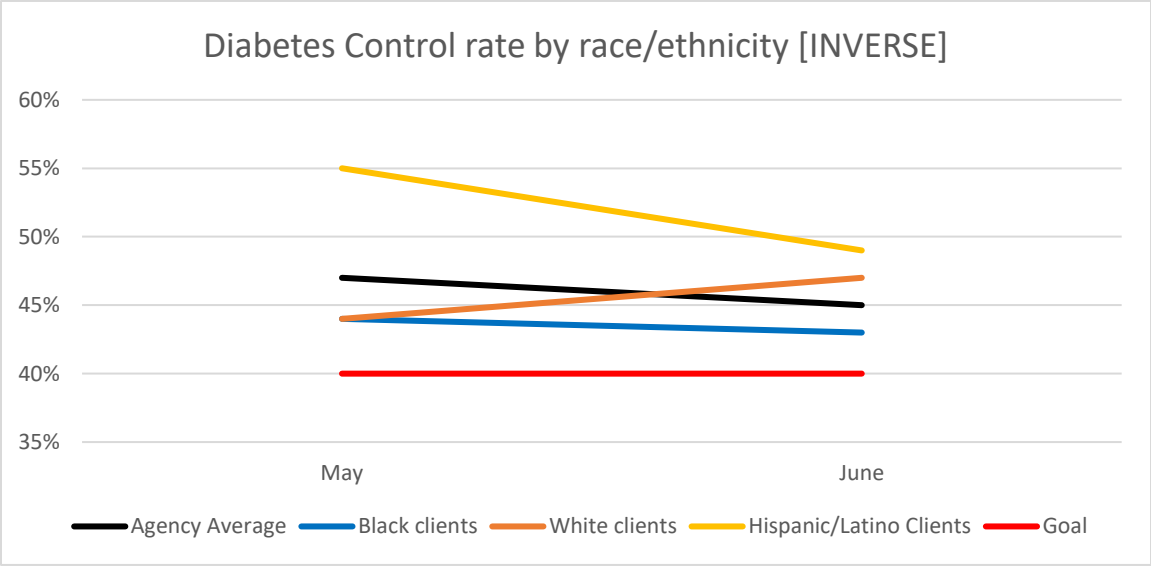
We use the data to help inform improvement projects and monitor our practices to ensure all clients are receiving equitable care. For diabetes, this is one of our prioritized measures for the 2nd quarter of 2022. Thus far, we have done surveys and are working on culturally competent care specific to diabetes management. We also have been working on nursing education and will work to reinstitute A1C reminder calls. These reminder calls will also look at race and ethnicity to ensure we are meeting clients equitably.

2022 YTD data (through May)

Agency Goal: 40% control and to reduce disparities

When reviewing the data the following disparities are evident:

- Hispanic men have the poorest health outcomes for diabetes control at HCH
- While Black or African American Individuals make up ~41% of our medical population, they account for nearly 60% of HCH clients with diabetes
- Individuals who identify as Black or as White are more likely to be controlled (56%) than those who identify as Hispanic/Latino (51%)



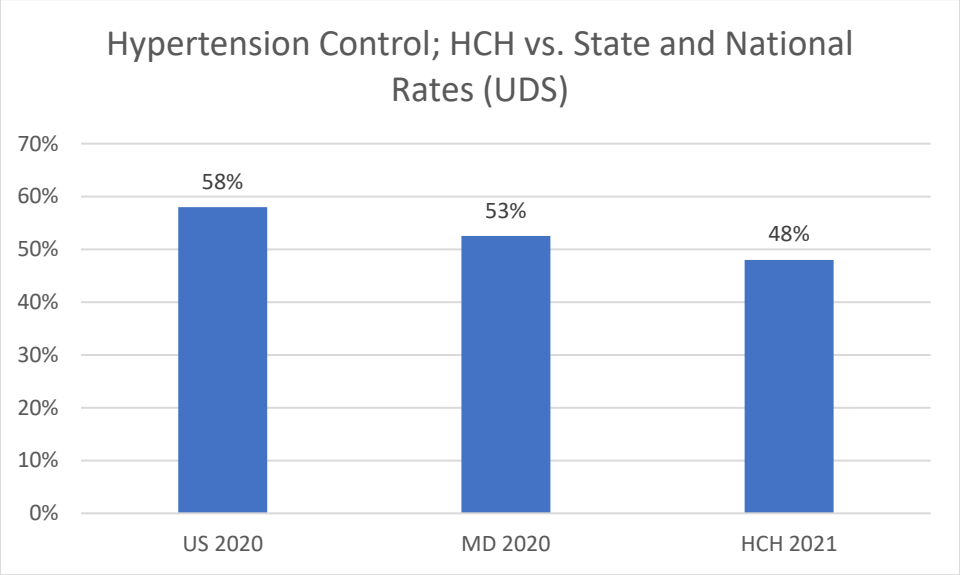
	May		June	
Diabetes (A1C <9) HCH Population	**47%**	**347/733**	**45%**	**358/792**
Black Clients Total:	44%	179/410	43%	250/440
Black Male Clients:	45%	116/259	45%	125/280
Black Female Clients:	42%	63/151	41%	65/160
White Total Clients:	44%	32/72	47%	36/77
White Male Clients:	48%	20/42	50%	22/44
White Female Clients:	40%	12/30	42%	14/33
Hispanic/Latino Total Clients:	55%	115/211	49%	114/234
Hispanic/Latino Male Clients:	57%	50/88	49%	47/95
Hispanic/Latino Female Clients:	53%	65/123	48%	67/139

(green = better than Agency average; red = lower than Agency average)

Description of High Blood Pressure (Hypertension)

Hypertension is a common condition. Uncontrolled high blood pressure can ultimately result in heart disease, heart attack, stroke, organ damage, metabolic syndrome, cognitive deficits, dementia and other health problems. For most adults, there is no identifiable cause of hypertension (primary or essential hypertension) and develops gradually over the years. In other cases, high blood pressure is caused by an underlying condition (called secondary hypertension) and develops suddenly. Fortunately, this is a condition that can be easily detected and be better controlled through medical management and healthy habits.

The rates of hypertension control are lower (50%) among the HCH population with essential hypertension compared with the state (52%) and the nation (58%).



What do we use to measure quality?

The quality measure looks at the percentage of clients ages 18-75 with essential hypertension over the past year whose most recent blood pressure reading was < 140/90 mmHg. Clients whose blood pressure is <140/90 are counted as having controlled hypertension, while those with a blood pressure ≥140/90 is considered uncontrolled or elevated. The higher this number, the better. We have an end of the year goal of 55%

What are we doing with this data?

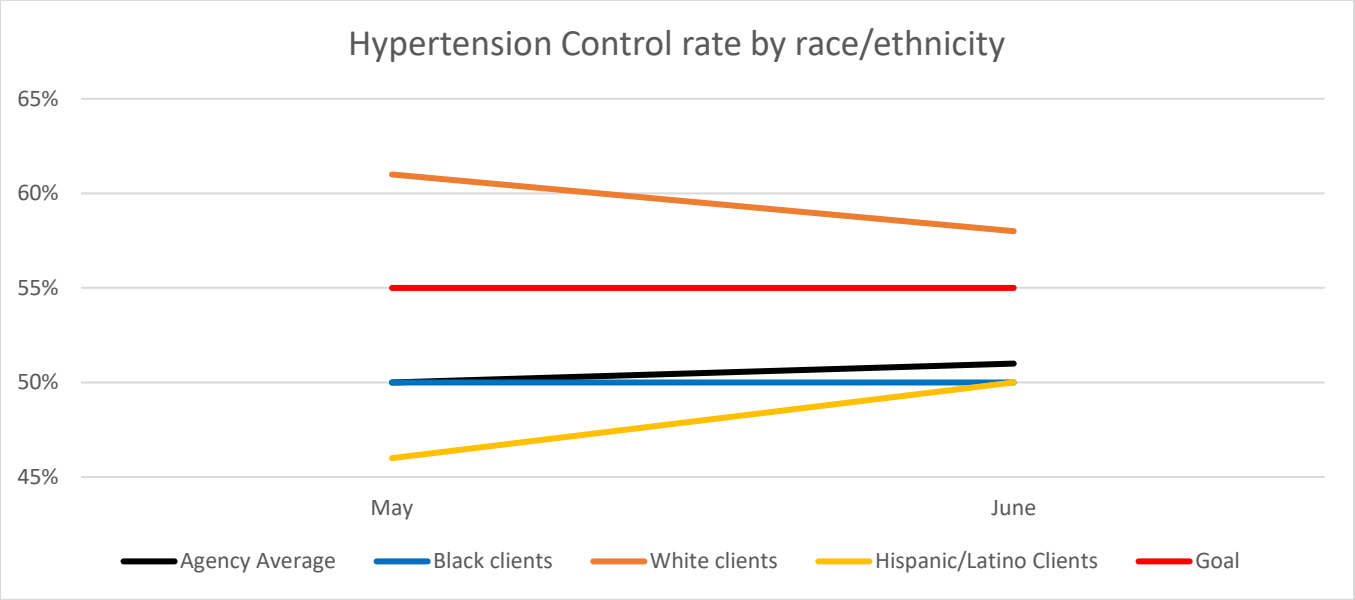
We use the data to help inform improvement projects and monitor our practices to ensure all clients are receiving equitable care. Hypertension is one of our prioritized measures for the 2022 calendar year. Our community site medical providers have begun to look at and note health disparities in the degree of hypertension control between their black and white clients, with black clients showed a disproportionately high rate of uncontrolled blood pressure compared with white clients. Hypertension is also a prioritized measure for 2022.

2022 YTD data (through May)

Hypertension Control Goal: 55% control Agency Wide and to reduce disparities

When reviewing the data, the following disparities are evident:

- Hispanic/Latino men and women have the poorest hypertension control at HCH at 46%
- Clients who identify as white have the best control rates (58%), averaging 11% better control above our agency average
- Black or African American clients are on par with the agency average for blood pressure control



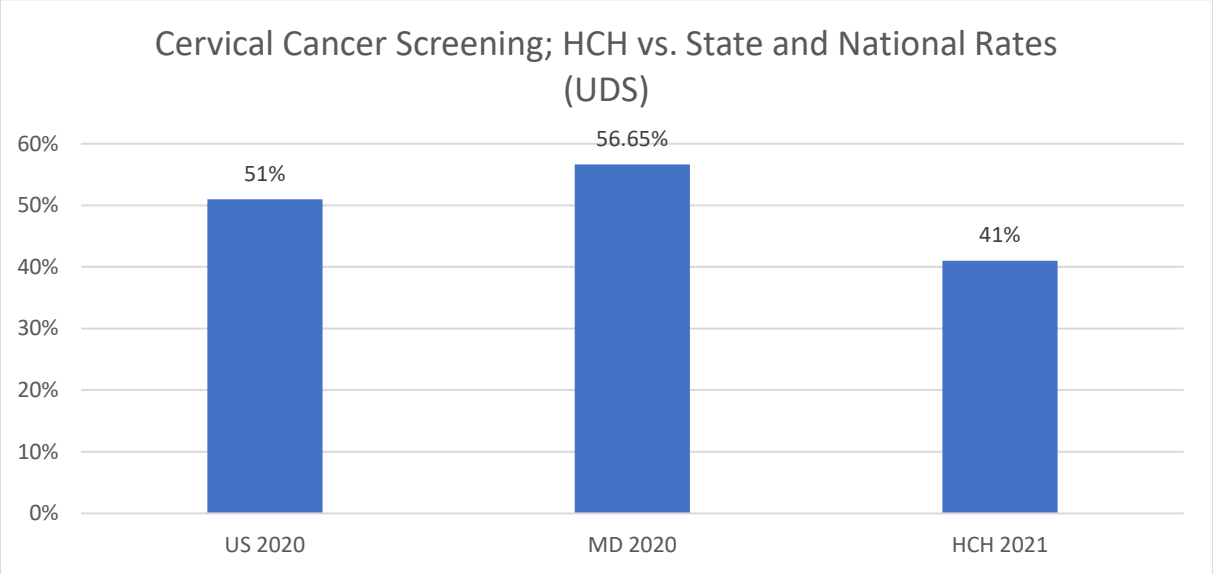
	May		June	
Hypertension Control HCH Population	**50%**	**669/1333**	**51%**	**774/1512**
Black Clients Total:	50%	431/867	50%	493/986
Black Male Clients:	50%	293/587	51%	338/668
Black Female Clients:	49%	138/280	49%	155/318
White Total Clients:	61%	95/155	58%	99/170
White Male Clients:	63%	71/113	60%	72/121
White Female Clients:	57%	24/42	55%	27/49
Hispanic/Latino Total Clients:	46%	124/271	50%	157/313
Hispanic/Latino Male Clients:	47%	53/112	46%	60/131
Hispanic/Latino Female Clients:	45%	71/159	53%	97/182

(green = better than Agency average; red = lower than Agency average)

Description of Cervical Cancer Screenings

Cervical cancer screenings are a part of a woman's routine health check-up from the ages of 21-65 and are meant to detect cervical cancer early on while the cancer is easier to treat, promoting a higher risk of survival. There are two types of tests: the Pap test (which detects precancers) and the HPV test (which looks for a virus which can cause cervical cell changes); these can either be done as stand-alone tests or in combination (cotesting). Generally, women should receive a pap every 3 years or contesting or with HPV or HPV alone every 5 years. Both tests can be done during an in-person medical provider visit at Health Care for the Homeless.

The cervical cancer screening rates are significantly lower than the national and state averages at 41% compared to 51% and 57%, respectively.



What do we use to measure quality?

The quality measure looks at the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria: Women 21-64 w/ pap every 3 years OR Women 30-64 w/ HPV test in the past 5 years. The highest this percentage of completion, the better. We have a year end goal of 59%.

What are we doing with this data?

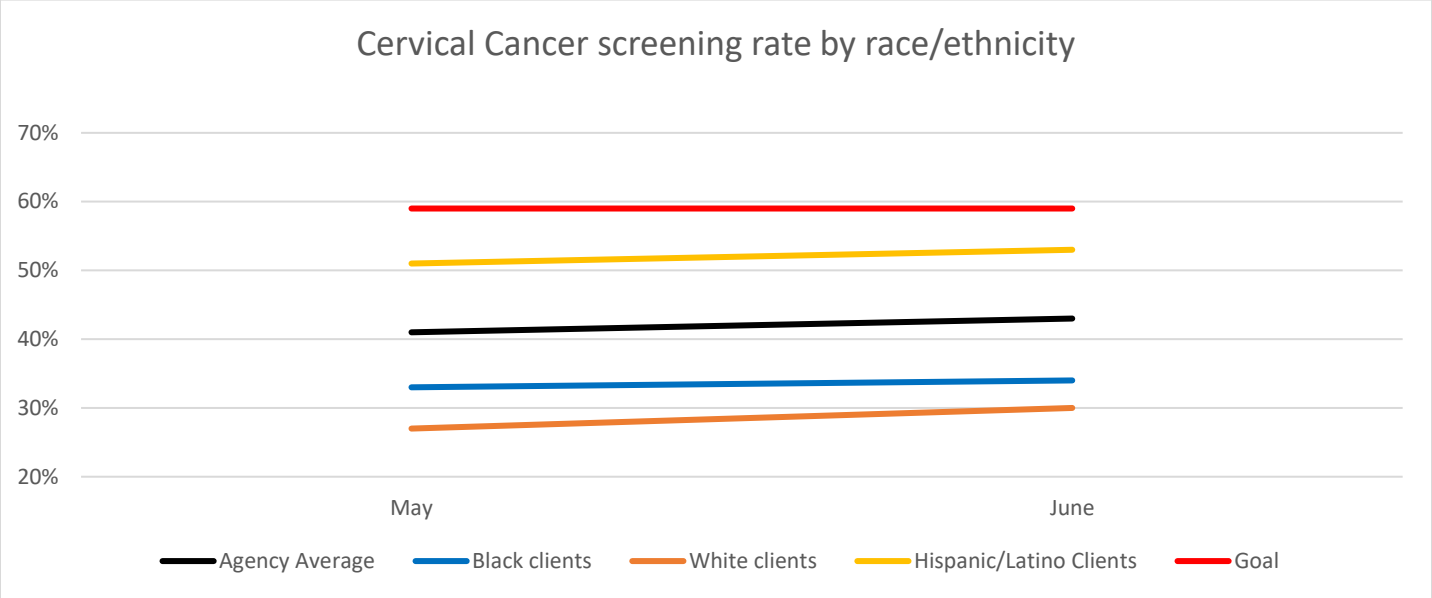
We use the data to help inform improvement projects, inform population heath campaigns, and monitor our practice to ensure all clients are receiving equitable care. Every year in January, we host a cervical cancer awareness month to bring awareness to cervical cancer screenings. We are in the midst of conducting a pilot with a West Baltimore medical provider and CMA around proactively reaching out to clients empaneled to that medical provider to close gaps in care. We plan to coordinate a Women's Health Day (our first since the pandemic started) for January of 2023 which can raise awareness about preventive women's health topics including paps.

2022 YTD data (through May)

Cervical Cancer Screening Goal: 59% agency wide and reduce disparities

When reviewing the data, the following disparities are evident:

- Clients who identify as white are completing fewer cervical cancer screenings compared to our Black or African-American or Hispanic/Latino clients.
- Clients who identify as Black or African American also receive screenings at a lower rate than our average agency rate of 43%.
- Hispanic/Latino clients are completing the highest rate of cervical cancer screenings, 10% higher than our agency average.



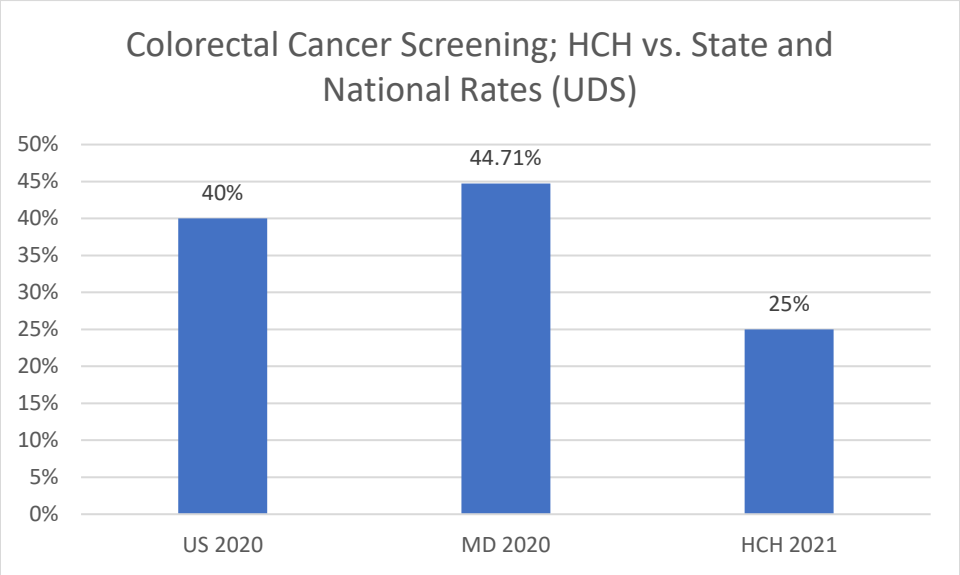
	May		June	
Cervical Cancer Screening HCH Population	**41%**	**634/1536**	**43%**	**760/1780**
Black Clients Total:	33%	165/493	34%	188/560
White Total Clients:	27%	56/206	30%	72/237
Hispanic/Latino Total Clients:	51%	421/823	53%	514/969

(green = better than Agency average; red = lower than Agency average)

Description of Colorectal Cancer (CRC) Screenings

Colorectal cancer screenings are a routine screening for men and women ages 45-75 used to detect precancerous growths or cancer in the colon or rectum early on, when treatment works best. CRC screenings are highly effective, and nine out of every 10 people whose CRC are detected early and treated are alive five years later. There are a variety of options for getting screened. Health Care for the Homeless utilizes two forms of screenings: the fecal Immunochemical test (FIT) or the colonoscopy. The FIT is a take-home stool test done annually while the colonoscopy is an outpatient procedure performed by a GI specialist every 10 years. Nationally, colorectal cancer is the third most common cancer in men and women and is the third leading cause of cancer-related deaths (CDC).

The percentage of U.S. adults aged 50 to 75 years who were up-to-date with CRC screening was 40% in 2020. This is much higher than our 2021 HCH screening rate of 24%.



What do we use to measure quality?

The quality measure looks at the percentage of percentage of eligible adults 50-75 years who had an appropriate screening for colorectal cancer. While USPSTF recommends screening for adults ages 45-75, the UDS measure remains at 50-75. The highest this percentage of completion, the better. We have a year end goal of 30%.

What are we doing with this data?

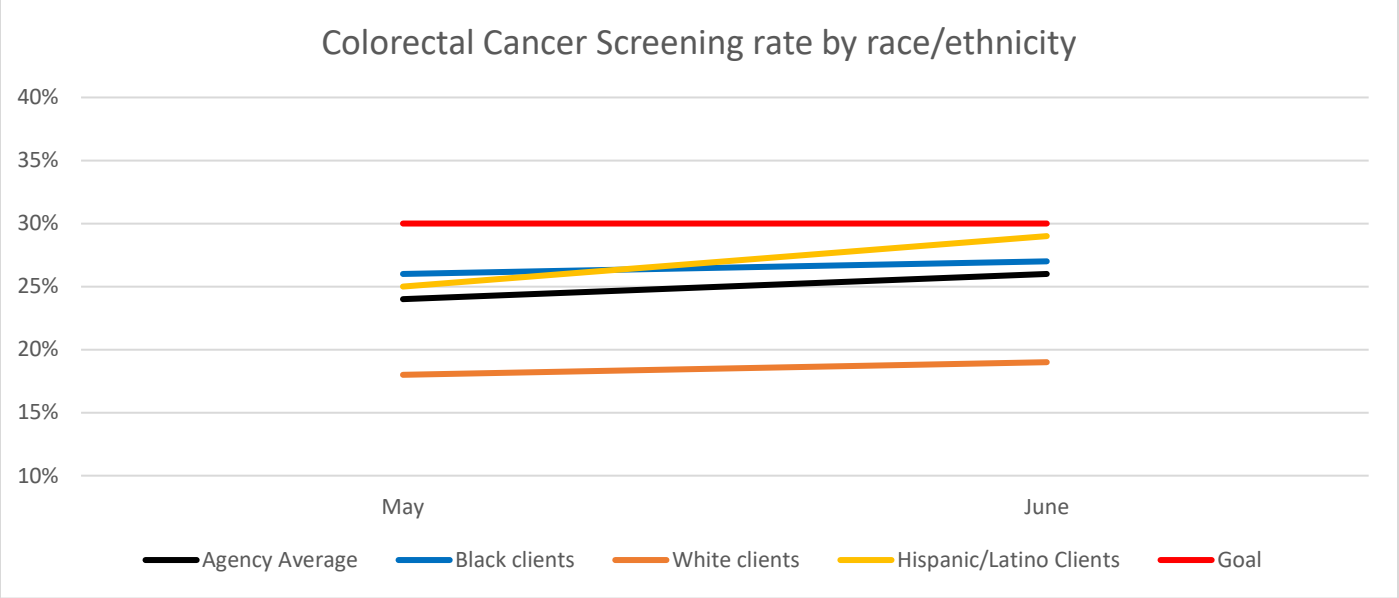
We use the data to help inform improvement projects and monitor our practices to ensure all clients are receiving equitable care. Every year, we conduct a colorectal cancer awareness month in March. This year, we conducted a nurse competency training on how to conduct a colorectal cancer screening with eligible clients, reinforcing the option of mailing clients a FIT kit as a lower-barrier method of accessing and returning a stool test to labcorp. We also promoted staff and client awareness through bulletin boards, the t.v. loop, signage throughout the agency, and wearing blue in honor of CRC awareness month on “FIT Friday” which took place on March 18th. On FIT Friday we also engaged with staff directly to raise awareness about CRC screenings and made CRC-themed crossword puzzles and word searches available to staff.

2022 YTD data (through May)

Colorectal Cancer Screenings Goal: 30% screening rate and reduce disparities

When reviewing the data, the following disparities are evident:

- Screening rates for our White clients is 19% and only 14% for women who identify as White
- Both our Black and Hispanic/Latino populations are performing at the agency average level



	May		June	
Colorectal Cancer Screening HCH Population	**24%**	**426/1761**	**26%**	**505/1955**
Black Clients Total:	26%	297/1162	27%	348/1292
Black Male Clients:	25%	205/813	27%	241/903
Black Female Clients:	26%	92/349	28%	107/389
White Total Clients:	18%	52/290	19%	61/314
White Male Clients:	20%	39/195	22%	47/215
White Female Clients:	14%	13/95	14%	14/99
Hispanic/Latino Total Clients:	25%	63/254	29%	82/287
Hispanic/Latino Male Clients:	23%	27/116	27%	34/126
Hispanic/Latino Female Clients:	26%	36/138	30%	48/161

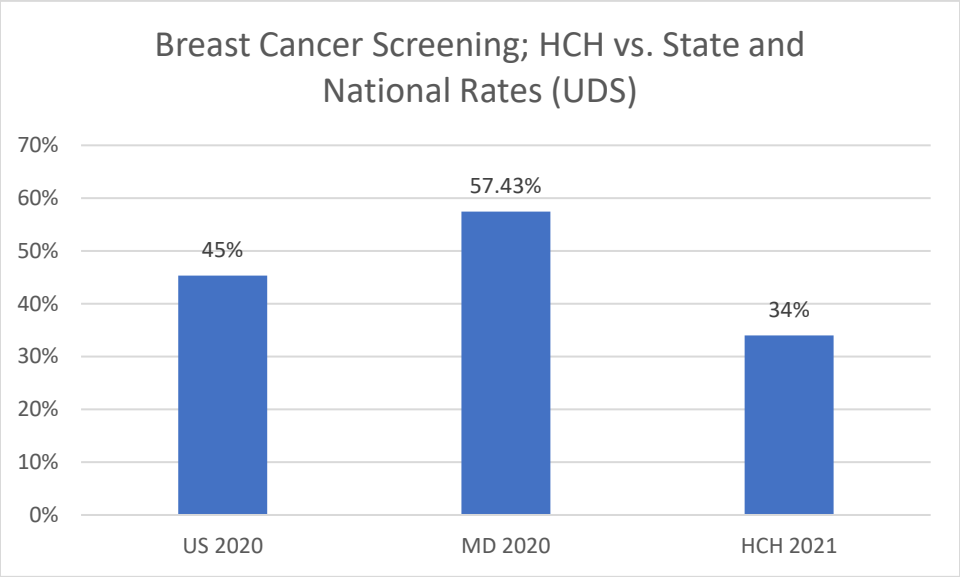
(green = better than Agency average; red = lower than Agency average)

Description of Breast Cancer Screenings

Breast Cancer Screenings are recommended every two years for women ages 50 to 74 (USPSTF) and can help detect breast cancer earlier on while the chances of treatment and survival are higher. The mammogram, which is an x-ray of the breast done at a radiology center, is the best way to detect breast cancer for most

women of screening age. Clinical or self breast exams looking for lumps, pain or changes in size can also be a helpful tools to supplement a mammogram.

HCH breast cancer screening rates are much lower than the national and state average, at 30% compared with 45% and 57%, respectively.



What do we use to measure quality?

The quality measure looks at the percentage of women ages 51-74 who had a screening mammogram completed in the last 27 months in accordance with USPSTF guidelines. The highest the percentage of completion, the better. We have a year end goal of 40%.

What are we doing with this data?

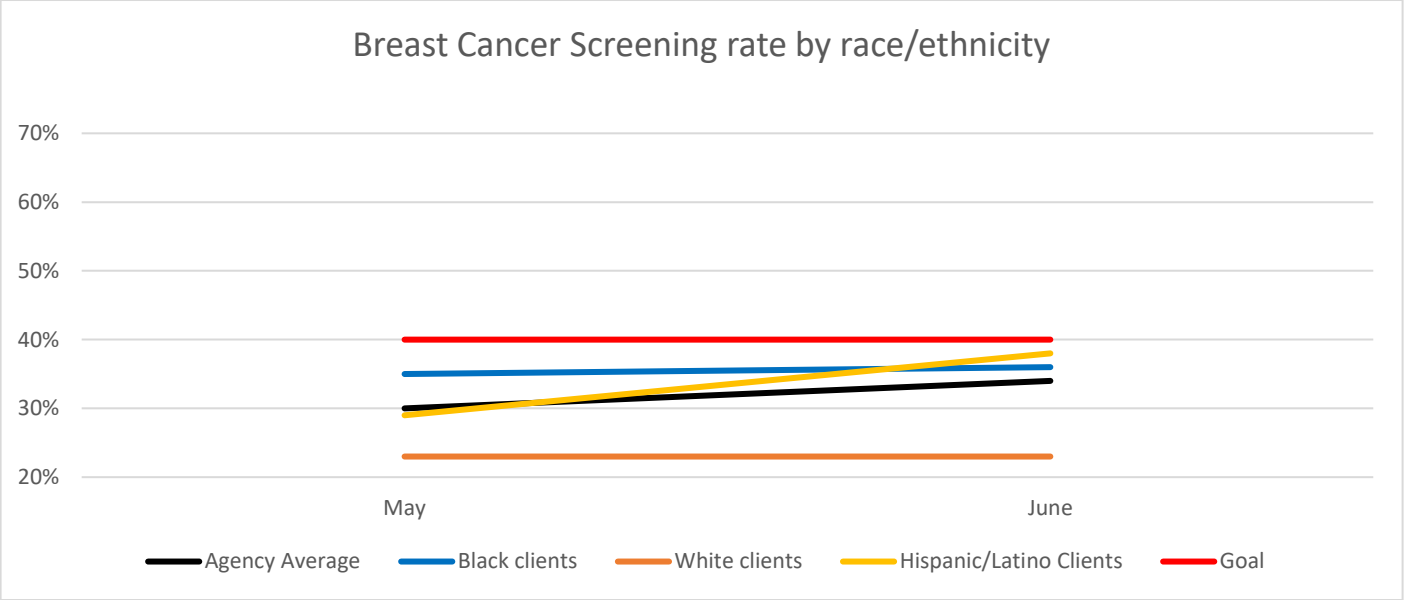
We use the data to help inform improvement projects and monitor our practices to ensure all clients are receiving equitable care. We will be conducting a breast cancer awareness month in October to promote staff and client awareness of the importance of breast cancer screenings and to promote screenings that month. We also hope to make use of our registries in order to proactively close gaps in care by reaching out to clients who are eligible and due to see if they are interested, ordering/processing referrals for clients who are interested, and mailing those clients their referral so they can complete their mammograms.

2022 YTD data (through May)

Breast Cancer Screening Goal: 40% screening rate and reduce disparities

When reviewing the data, the following disparities are evident:

- Our white female clients are well below our agency average at 11 percentage points below.
- Our black clients are completing the highest proportion of breast cancer screenings, scoring 2 percentage points above the agency average.



	May		June	
Breast Cancer Screening HCH Population	**30%**	**171/564**	**34%**	**209/622**
Black Female Clients:	35%	115/337	36%	136/373
White Female Clients:	23%	21/90	23%	22/94
Hispanic/Latino Female Clients:	29%	34/121	38%	52/138

(green = better than Agency average; red = lower than Agency average)