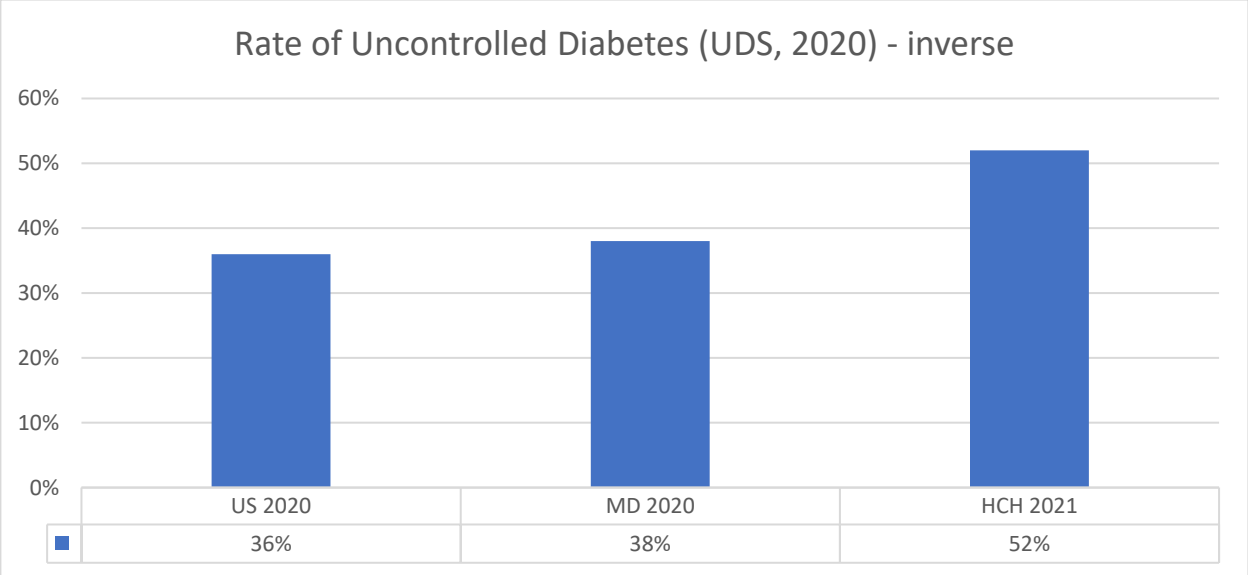
Data pulled: November 4th, 2022

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 (during their most recently tested A1C) or were not tested during the calendar 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 A1C test during the year. Due to this, the measure is what we call an inverse measure, which means higher percentages equal poorer performance (unlike other measures, where higher rates equal better 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.

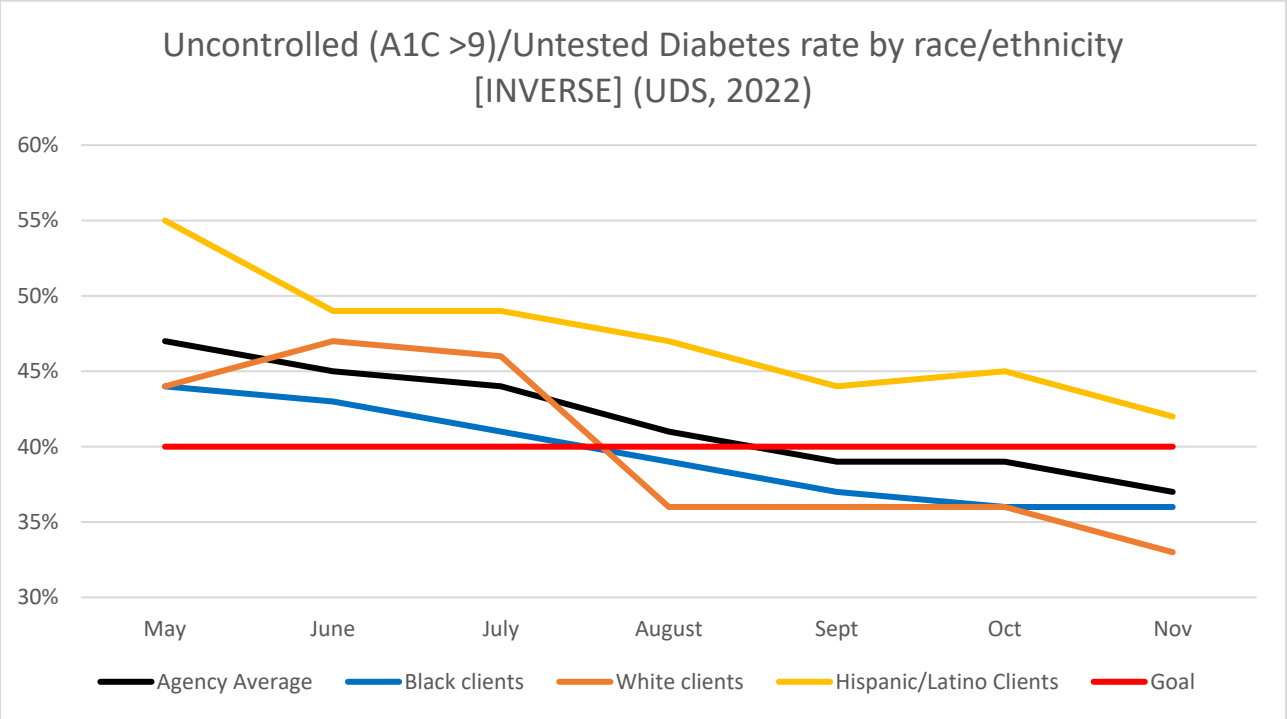
Data pulled: November 4th, 2022

2022 YTD data (as of November 4th, 2022)

Agency Goal: 40% control and to reduce disparities

When reviewing the data the following trends or disparities are noted:

- Overall rate of diabetes control and testing improved by 2% over the past month. The agency met the year-end goal of 39% in September!
- While Black or African American Individuals make up about 41% of our medical population, they account for more than half of HCH clients with diabetes
- Individuals who identify as White are the most likely to have controlled diabetes while Hispanic/Latino/a clients are least likely to have controlled diabetes.
- Rates of control for Black clients have stayed consistent to last month, and have improved for both White clients and for Hispanic or Latino/a clinets over the past month.



Diabetes (A1C >9) HCH Population	May (47%)	June (45%)	July (44%)	Aug (41%)	Sept (39%)	Oct (39%)	Nov (37%)	Nov num/den: 395/1065
Black Clients Total:	44%	43%	41%	39%	37%	36%	36%	202/567
Black Male Clients:	45%	45%	42%	41%	40%	39%	39%	141/363
Black Female Clients:	42%	41%	38%	35%	31%	31%	30%	61/204
White Total Clients:	44%	47%	46%	36%	36%	36%	33%	35/106
White Male Clients:	48%	50%	49%	39%	40%	35%	34%	22/65
White Female Clients:	40%	42%	42%	32%	31%	36%	32%	13/41
Hispanic/Latino Total Clients:	55%	49%	49%	47%	44%	45%	42%	153/364
Hispanic/Latino Male Clients:	57%	49%	54%	51%	50%	52%	48%	76/158
Hispanic/Latina Female Clients:	53%	48%	46%	43%	39%	40%	37%	77/206

Red = worse than agency average for the month

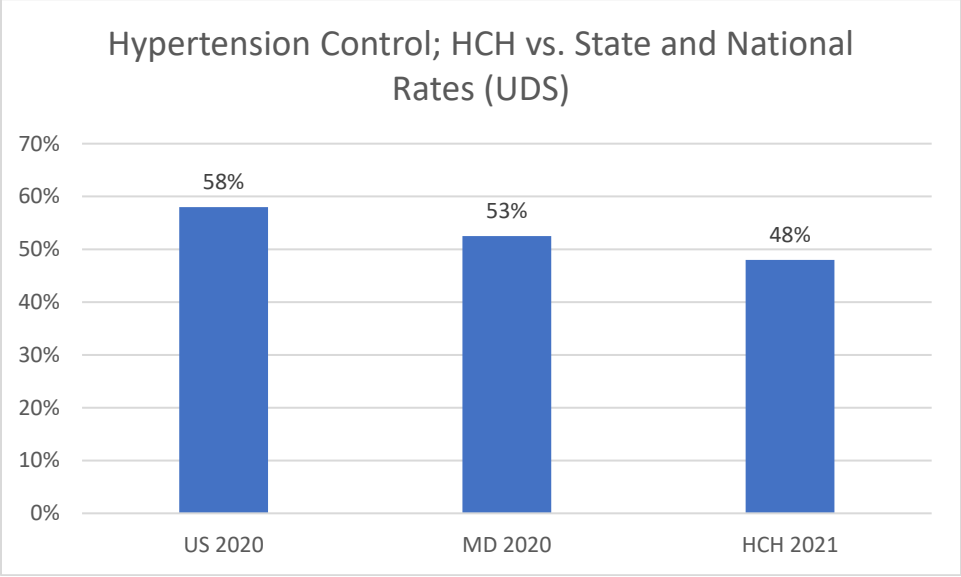
Green = better than agency average for the month

Data pulled: November 4th, 2022

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 (48%) among the HCH population with essential hypertension compared with the state (53%) 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.

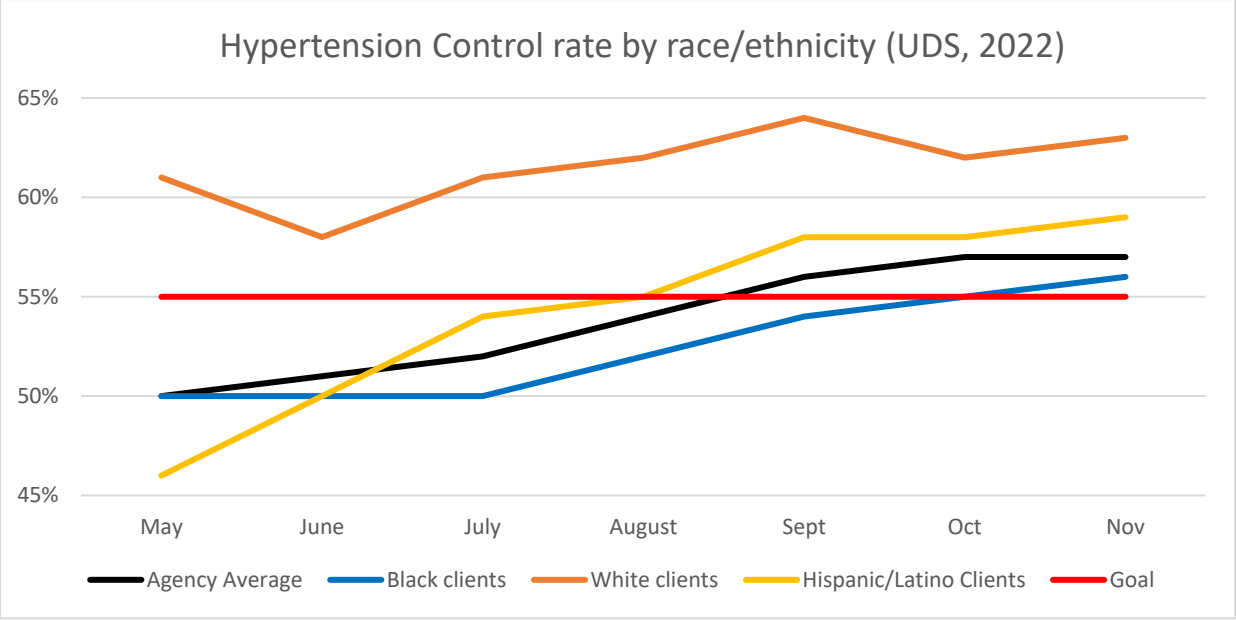
Data pulled: November 4th, 2022

2022 YTD data (as of November 4th, 2022)

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

When reviewing the data the following trends or disparities are noted:

- Blood pressure control has improved as an this year, though remained the same over the last month
- White clients continue to have the best control rates, averaging 6% higher than the agency average
- Black or African American clients have had the lowest rates of control since July compared with White and Hispanic/Latino/Latina clients, although the rates for Black clients have now reached the agency end of year goal of 55%.
- The disparity across the three populations is the lowest (7%) over the past two months than it has ever been since we began tracking this data in May.



Hypertension Control HCH Population	May (50%)	June (51%)	July (52%)	Aug (54%)	Sept (56%)	Oct (57%)	Nov (57%)	Nov num/den: 951/1660
Black Clients Total:	50%	50%	50%	52%	54%	55%	56%	602/1081
Black Male Clients:	50%	51%	51%	53%	55%	56%	57%	419/734
Black Female Clients:	49%	49%	48%	50%	52%	53%	53%	183/347
White Total Clients:	61%	58%	61%	62%	64%	62%	63%	116/185
White Male Clients:	63%	60%	62%	63%	64%	63%	67%	88/132
White Female Clients:	57%	55%	60%	60%	64%	61%	53%	28/53
Hispanic/Latino Total Clients:	46%	50%	54%	55%	58%	58%	59%	216/367
Hispanic/Latino Male Clients:	47%	46%	56%	57%	58%	58%	58%	89/154
Hispanic/Latina Female Clients:	45%	53%	52%	54%	59%	58%	60%	127/213

Red = worse than agency average for the month

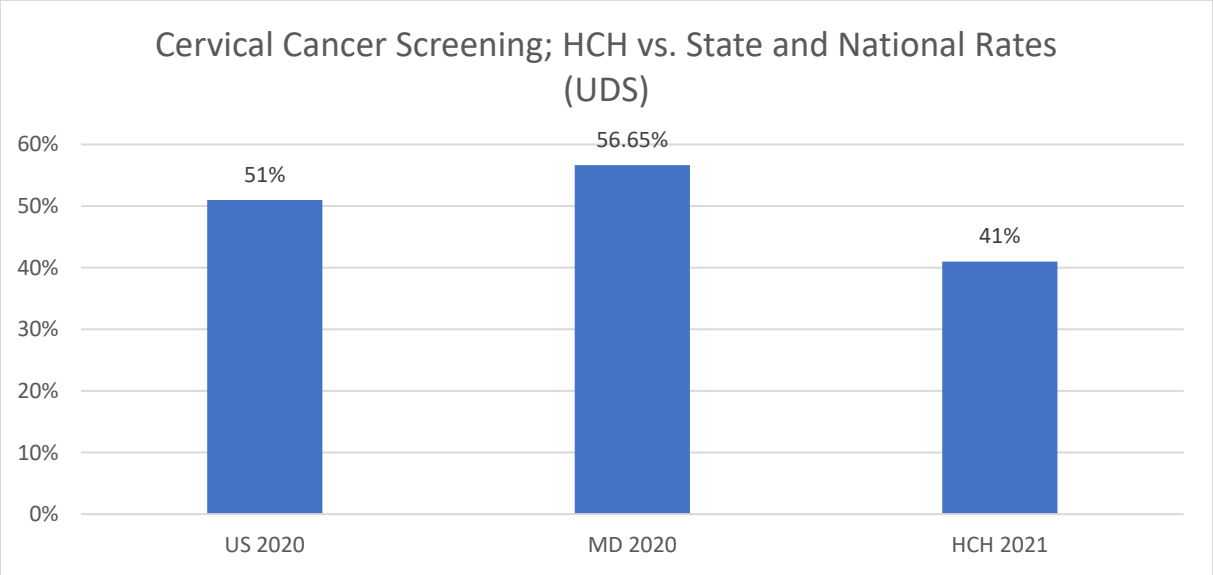
Green = better than agency average for the month

Data pulled: November 4th, 2022

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. A medical provider and two CMAs at Fallsway are championing this work and trying interventions such as pap-only visits in follow-up to a regular provider visit. 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.

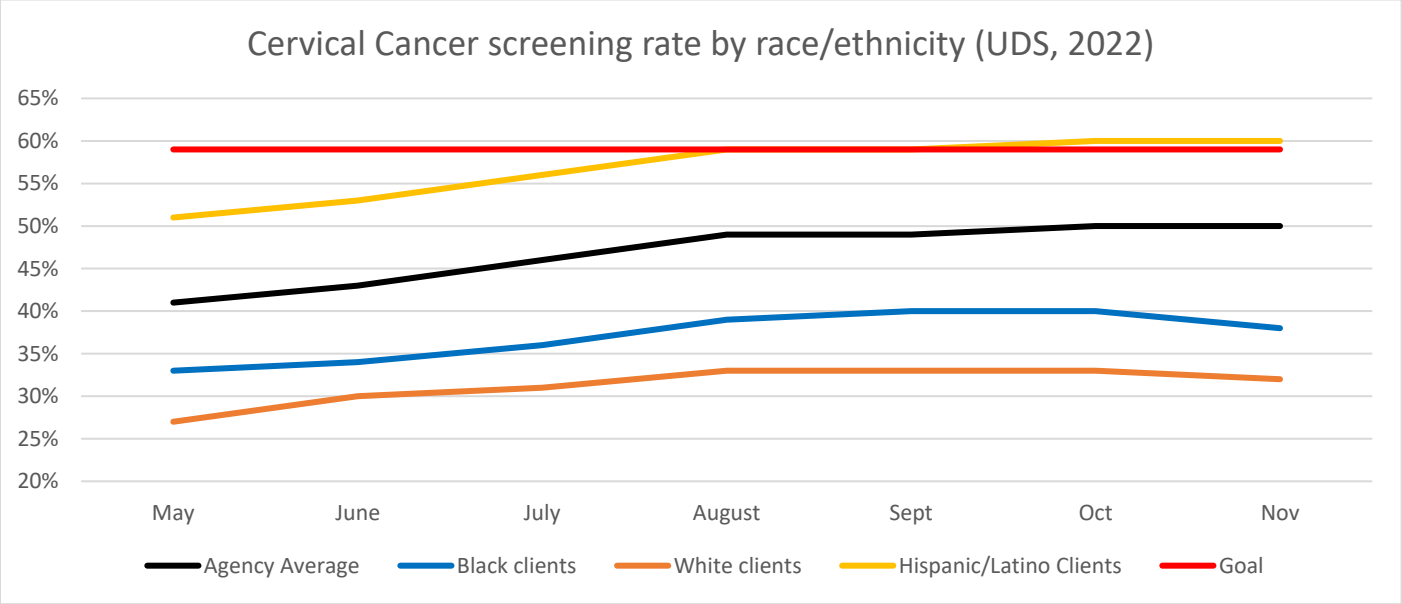
Data pulled: November 4th, 2022

2022 YTD data (as of November 4th, 2022)

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

When reviewing the data the following trends or disparities are noted:

- Screening rates have been improving at similar rates across all three groups up until August and have not made much movement/progress since
- Hispanic/Latino/a clients make up the largest denominator in this measure and are completing the highest rate of cervical cancer screenings by far at 10% higher rate than our agency average.
- Clients who identify as white are completing fewer cervical cancer screenings than our Black and Hispanic/Latino/a clients.
- Black clients also complete cervical cancer screenings at 12% below (38%) the agency average of 50%.



*Cervical Cancer Screening HCH Population	May (41%)	June (43%)	July (46%)	Aug (49%)	Sept (49%)	Oct (50%)	Nov (50%)	Nov num/den: 1337/2685
Black Clients	33%	34%	36%	39%	40%	40%	38%	297/776
White Clients	27%	30%	31%	33%	33%	33%	32%	110/342
Hispanic/Latino/-a Clients	51%	53%	56%	59%	59%	60%	60%	947/1567

***Includes clients assigned female at birth (AFAB)**

Red = worse than agency average for the month

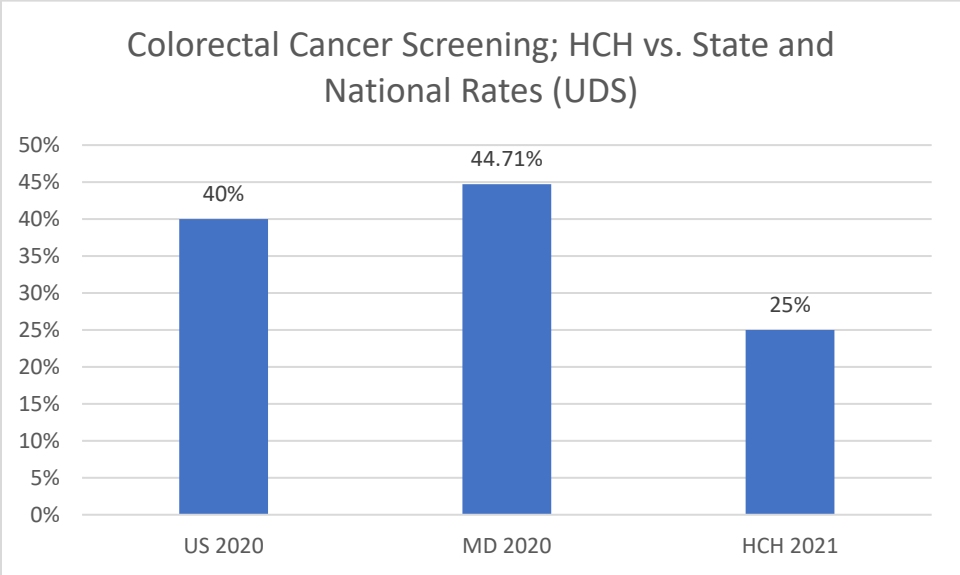
Green = better than agency average for the month

Data pulled: November 4th, 2022

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, while 45% of those in Maryland were up-to-date on their screening. Both the national and state rates are much higher than our 2021 HCH screening rate of 25%.



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.

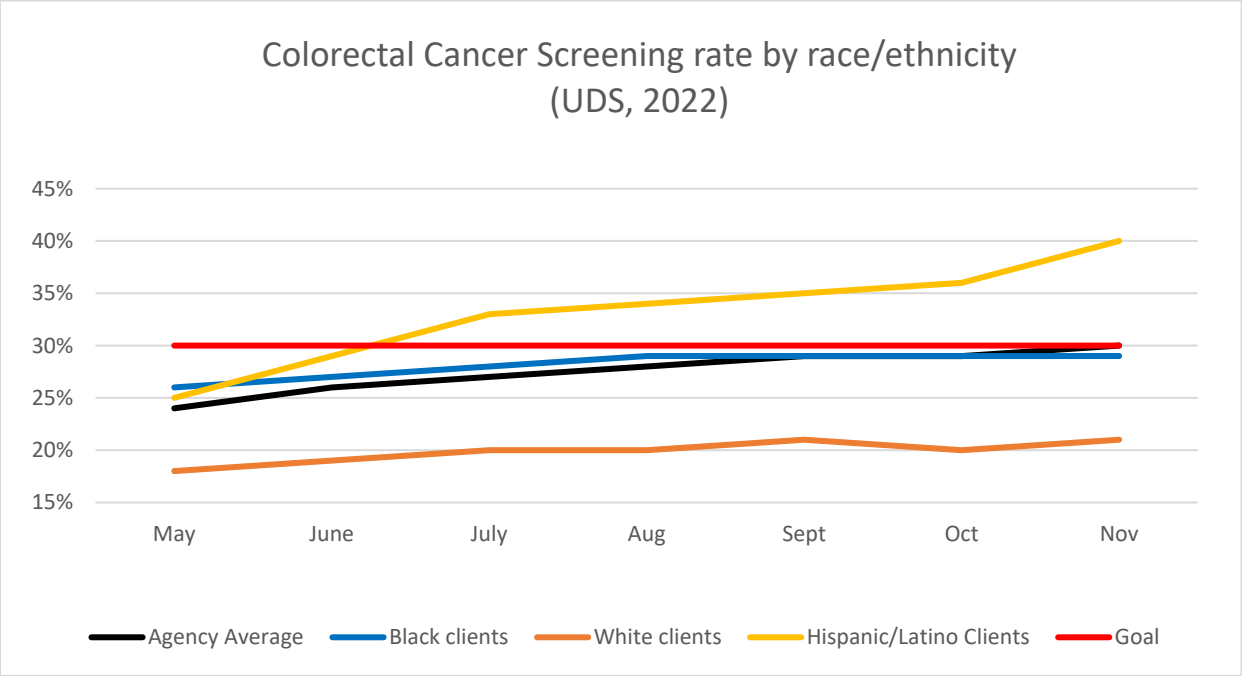
Data pulled: November 4th, 2022

2022 YTD data (as of November 4th, 2022)

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

When reviewing the data the following trends or disparities are noted:

- The overall screening rate increase by 1% this past month, and we just hit 30%, which is our end of year agency goal for this measure!
- The screening rates for our White clients is far lower than for our Black and Hispanic/Latino/a populations and well below the agency average of 30%. White female clients are screened at the lowest rate at 16% followed by White male clients at 24%.
- Our Black population is screening at 29%, which is close to the agency average of 30%.
- Our Hispanic/Latino/a population is seeing improving rates, going from close to the agency average in May to now 10% higher than the agency average in November (with a 4% jump since last month).



Colorectal Cancer Screening HCH Population	May (24%)	June (26%)	July (27%)	Aug (28%)	Sept (29%)	Oct (29%)	Nov (30%)	Nov num/den: 764/2564
Black Clients Total:	26%	27%	28%	29%	29%	29%	29%	497/1685
Black Male Clients:	25%	27%	28%	29%	29%	30%	30%	351/1177
Black Female Clients:	26%	28%	28%	28%	29%	29%	29%	146/508
White Total Clients:	18%	19%	20%	20%	21%	20%	21%	85/402
White Male Clients:	20%	22%	23%	22%	24%	23%	24%	64/272
White Female Clients:	14%	14%	16%	16%	15%	15%	16%	21/130
Hispanic/Latino Total Clients:	25%	29%	33%	34%	35%	36%	40%	170/430
Hispanic/Latino Male Clients:	23%	27%	30%	32%	32%	32%	35%	64/183
Hispanic/Latina Female Clients:	26%	30%	35%	35%	38%	39%	43%	106/247

Red = worse than agency average for the month

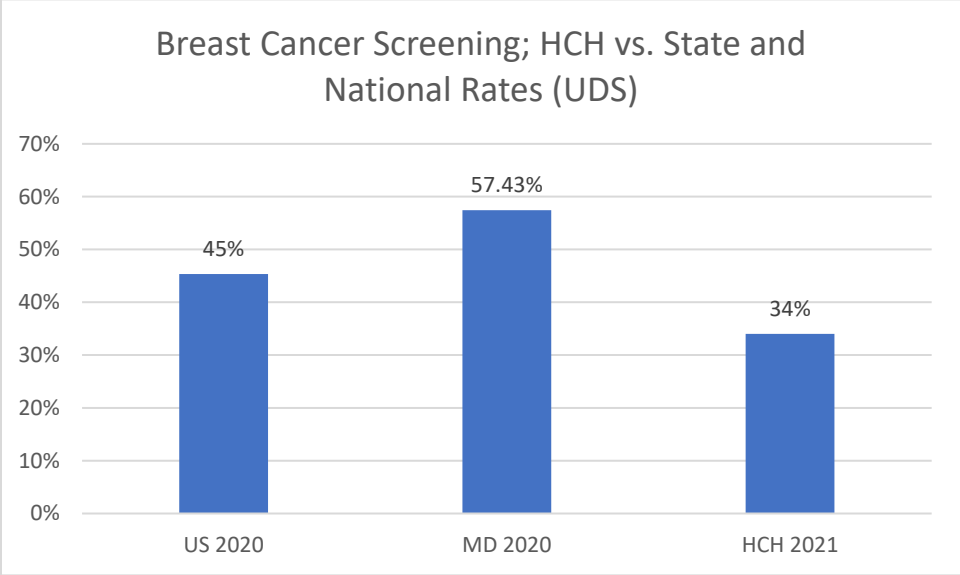
Green = better than agency average for the month

Data pulled: November 4th, 2022

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 34% 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.

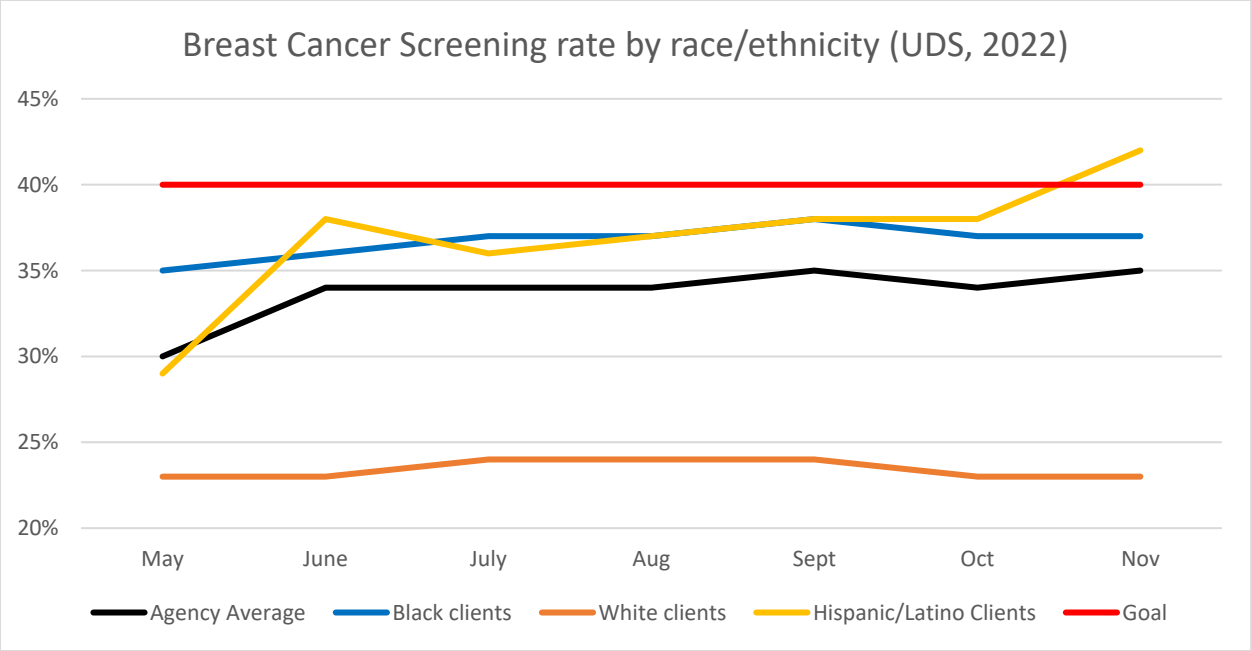
Data pulled: November 4th, 2022

2022 YTD data (as of November 4th, 2022)

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

When reviewing the data the following trends or disparities are noted:

- The agency screening rate returned to 35% this month after going from 35% to 34% in October.
- Our white clients continue to screen at rates well below our agency average of 35% and have significantly lower screening rates than the Black and Hispanic or Latina populations.
- Our Hispanic/Latina clients and Black clients are being screened at above the agency average, though the rate for Black clients stayed consistent at 37% since last month, and improved for Hispanic or/Latino/a clients by 4% over the past month.



*Breast Cancer Screening HCH Population	May (30%)	June (34%)	July (34%)	Aug (34%)	Sept (35%)	Oct (34%)	Nov (35%)	Nov num/den: 290/822
Black Clients	35%	36%	37%	37%	38%	37%	37%	**178/303**
White Clients	23%	23%	24%	24%	24%	23%	23%	**28/123**
Hispanic/Latino/-a Clients	29%	38%	36%	37%	38%	38%	42%	**87/209**

***Includes clients assigned female at birth (AFAB)**

Red = worse than agency average for the month

Green = better than agency average for the month