Evaluation for High Burden Subpopulations

The Center for Disease Control and Prevention (CDC) has recently released data and evaluation requirements around high burden subpopulations for our grant. High burden subpopulations are population groups with greater risk and morbidity profiles for chronic diseases such as hypertension, type 2 diabetes, and high cholesterol. **The high burden subpopulations that have been chosen for Utah are black/African American, American Indian/Alaskan Native, and uninsured/low income.** This means when possible, we ask all clinics and pharmacies working with The Healthy Living Program to stratify their data and control rates by at least these categories.

We know that each clinic and pharmacy also have their own high burden subpopulations based on their patient population. One of the purposes of the Health Equity projects is to determine those patient populations, identify their needs, and implement interventions to help these populations. We are learning together on what processes work well, what data we can obtain, and how we can make an impact on high burden subpopulations to improve their health outcomes and data quality measures. Please share feedback with us on this effort.

Possible ways to stratify data and clinical quality measures by:

- Race/ethnicity
- Income
- Insurance status
- Employment status
- Zip code/geographic area
- Number of SDOH needs identified
- Number of clinical conditions
- Number of ED visits

When possible, please at least stratify data and clinical quality measures by:

- Black/African American
- American Indian/Alaskan Native
- Insurance status
- Low income (200% FPL or below)

Example: Hypertension Control Rate NQF18

	Denominator (# of patients 18-85 with HTN diagnosis)	**Numerator** (# of patients with HTN controlled <140/90)	**% Controlled** $\left[\dfrac{\text{Numerator}}{\text{Denominator}}\right]$
Total	3744	2883	77%
Black/African Am.	255	150	59%
American Indian	50	15	30%
Uninsured	1000	653	65%
Medicaid	800	595	74%