

STORIES OF EQUITY

STORIES OF Aging

Chapter 1: Assisted Living Costs

CONFLICT:

Assisted living and residential care settings often provide friendlier, less costly environments for elderly patients—but Medicaid policies force many patients into more expensive nursing homes that provide more care than patients need.

RESOLUTION:

Addressing payment rates to favor assisted living facilities when appropriate could reduce Medicaid costs and assure that elderly patients get safe, effective care.



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Chapter 2: Coordinating Complex Care

CONFLICT:

Patients who qualify for both Medicare and Medicaid frequently have complex care needs, but many patients—particularly racial and ethnic minorities—do not get the care they need because it can be difficult to navigate both systems effectively.

RESOLUTION:

Care coordinators who have expertise in both Medicare and Medicaid can simplify the process for patients and help them get the care they need.



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Chapter 3: Follow-Up Care

CONFLICT:

Where people live can affect whether they get proper follow-up care after procedures or illness. A study by researchers from RTI and UNC-Chapel Hill found Medicare patients from rural or isolated areas are almost 20% less likely to receive proper follow-up within 30 days, so they're more likely to require readmission.

RESOLUTION:

Proper follow-up care is essential in helping elderly patients recover. Implementing policies and procedures to assure elderly patients receive needed follow-up care can reduce complications and rehospitalization.



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Chapter 4: Quality Care Ratings

CONFLICT:

With many post-acute and hospice providers claiming to provide quality care, it can be difficult for patients and their families to choose from among them.

RESOLUTION:

New websites developed by RTI for the Centers for Medicare & Medicaid Services (CMS) help families choose which facilities near them provide quality care.



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Chapter 1: Challenges Leaving Prison

CONFLICT:

Newly released inmates often struggle to successfully reintegrate into society, leading to a vicious cycle of people moving in and out of the prison system.

RESOLUTION:

Supportive families can help those just out of prison better reintegrate into society and avoid going back. An RTI study of more than 1,400 families found that programs to strengthen family relationships during and after incarceration can help preserve those ties and prepare inmates for release.



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Chapter 2: Leaving Prison at 55+

CONFLICT:

The number of people aged 55 or older leaving prison is growing, and they have special challenges transitioning back to civilian life. Issues include obtaining health coverage, connecting with community-based health care, and working to ensure continuity for prescription drugs treating chronic conditions.

RESOLUTION:

RTI's case study of the Miami-Dade County's Criminal Mental Health Project showed how the county is successfully helping older inmates reintegrate into society by providing them guidance for accessing the care and services they need.



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Chapter 3: Untested Sexual Assault Kits

CONFLICT:

Untested sexual assault kits have piled up in evidence lockers across the country for decades, creating a backlog of potentially useful evidence against sexual assault offenders.

RESOLUTION:

The National Sexual Assault Kit Initiative (SAKI), supported by RTI, provides police departments with training and resources. Kits are inventoried and tested so that DNA matching can be used to prosecute more offenders. To date, more than 37,000 kits have been tested and 3,800 DNA hits have been made.



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Chapter 4: Minority Victim Reports

CONFLICT:

Existing national criminal data collections may fail to collect complete crime information and don't include many minority victims who may not report crime because they distrust police.

RESOLUTION:

RTI is contributing to reforms of the National Crime Victimization Survey to better capture data on unreported crimes and is helping law enforcement agencies transition to the new National Incident-Based Reporting System, which collects more complete crime data.



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STORIES OF Gender & LGBTQ+

Chapter 1: Teen Pregnancy

CONFLICT:

Adolescent pregnancy can limit the educational achievements and career potential of teenage girls. RTI studies found that black and Hispanic teens are 2.5 and 2 times more likely, respectively, to experience pregnancy than white teens.

RESOLUTION:

Improving outreach and education to minority and at-risk teens may help reduce teen pregnancy rates and ultimately improve their outcomes in adulthood.



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Chapter 2: Sexual Assault at HBCUs

CONFLICT:

Students at Historically Black Colleges and Universities (HBCUs) are less likely than their peers at white institutions to report sexual assault, according to an RTI study. This may be due to distrust or avoidance of legal, medical, and social service systems resulting from prior negative interactions and stereotypical beliefs.

RESOLUTION:

RTI recommends that HBCUs work to boost education and awareness about sexual assault, increase survivor services, implement strategies for protecting the confidentiality of survivors, and create alternate means for victims and their peers to report.



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Chapter 3: LGBTQ+ Victimization

CONFLICT:

LGBTQ+ people are at an elevated risk of sexual assault victimization, particularly at the hands of partners and family members, according to RTI studies. Research indicates 44% of lesbians report such violence compared to 35% of heterosexual women.

RESOLUTION:

Understanding the root causes of victimization against LGBTQ+ individuals allows us to better confront the issues and eliminate this violence.



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Chapter 4: HIV and Pregnancy Prevention

CONFLICT:

Women in low-income areas—as well as women with violent, controlling partners—often face the risks of unwanted pregnancy and HIV infection, particularly in underdeveloped nations.

RESOLUTION:

An RTI-led team is developing a discreet implant (i.e., PrEP) that will put control of women's health and well-being in their hands. PrEP reduces the risk of contracting HIV and behaves as a long-acting contraception.



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STORIES OF Mental Illness

Chapter 1: Cost of Care

CONFLICT:

Many low- and middle-income people fail to receive the mental health care they need, even if they have health insurance, due to its high cost.

RESOLUTION:

An RTI study found that psychiatrists receive reimbursements 13%–20% lower than other physicians for the same care, increasing patients' out-of-pocket costs. Changing reimbursement rates could help more people get the care they need.



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Chapter 2: Educational Support

CONFLICT:

Mental illness often strikes during late adolescence or young adulthood and can prevent young people from completing their educations and launching their careers, putting them into a cycle of poverty.

RESOLUTION:

RTI found that Supported Education programs can help end the cycle by assisting those with mental illness set and achieve educational goals, develop study and career skills, and navigate the educational environment to improve educational and career attainment.



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Chapter 3: Telehealth Therapy

CONFLICT:

Many people with mental health issues fail to get treatment because they live too far from treatment centers or are fearful of the stigma of having a mental illness.

RESOLUTION:

An RTI study found that telehealth therapy options can help those with mental health issues get the care they need. Telehealth has proven successful for helping members of the military suffering from post-traumatic stress disorder (PTSD) or depression, and could help others as well.



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Chapter 4: Victims of Violence

CONFLICT:

Individuals with mental illness are perceived to be a greater danger to themselves and others, a perception often reflected in the news following mass shootings.

RESOLUTION:

An RTI study found that although nearly a quarter of adults suffering from mental illness in the United States will perpetrate an act of violence, almost one-third will be victims of violence. This indicates a need to focus on ways to reduce violence committed against them.



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Noncommunicable Diseases

Chapter 1: Taxing Unhealthy Products

CONFLICT:

Unhealthy products such as soft drinks, alcohol, and tobacco are known contributors to many noncommunicable diseases (NCDs).

RESOLUTION:

According to a study coordinated by RTI, taxing these products can help lower consumption rates and improve the health of the poorest communities, particularly if tax revenues are directed toward intervention programs.



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Noncommunicable Diseases

Chapter 2: Socioeconomics and Cancer

CONFLICT:

Finding new cancer treatments is a long and expensive process, and cancer patients with lower socioeconomic status often suffer from multiple conditions. Finding treatments for those individuals is even more difficult due to the way clinical trials are conducted.

RESOLUTION:

RTI is developing methods to integrate socioeconomic data into clinical trial data for cancer to help better understand how to treat people with more advanced diseases or multiple NCDs.



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Noncommunicable Diseases

Chapter 3: Diabetes Prevention

CONFLICT:

One-third of Medicare spending is dedicated to diabetes treatment. Although lifestyle changes can reduce the incidence of Type 2 diabetes, few studies have investigated whether diet, exercise, and weight-loss interventions save money.

RESOLUTION:

RTI conducted an analysis of a YMCA-based diabetes prevention program and found that the program saved \$278 per patient each quarter over the first 3 years.



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Noncommunicable Diseases

Chapter 4: Cancer Screening

CONFLICT:

Preventive screenings can catch cancers early and improve treatment rates at lower costs. Yet only 24% of uninsured 50- to 70-year-olds followed recommended colorectal cancer screening recommendations, even when screenings were provided at no cost.

RESOLUTION:

Finding ways to reduce travel and lost-productivity costs incurred by patients accessing screenings and preventive care could have a substantial impact on curbing the rates of NCDs around the world.



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Opioids and Substance Abuse

Chapter 1: Telehealth Therapy

CONFLICT:

Many people with opioid use disorder (OUD), especially those in rural areas, live hours away from the nearest treatment center or behavioral health specialist—and general practitioners in their area may have little training to identify or treat OUD.

RESOLUTION:

RTI is investigating whether telehealth therapy options may be useful in rural areas for helping people with OUD by treating rural patients and training local general practitioners.



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Opioids and Substance Abuse

Chapter 2: Treatments Using Medication

CONFLICT:

Treatments for opioid use disorder (OUD) vary greatly, from counseling only to counseling plus medication-assisted treatment (MAT).

Patients respond to these treatments differently, and we know little about which factors influence long-term treatment success.

RESOLUTION:

RTI is conducting a large-scale study to uncover which factors—such as demographics or treatment program characteristics—influence MAT success, potentially leading to improvements in OUD treatment.



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Opioids and Substance Abuse

Chapter 3: Rating Treatment Facilities

CONFLICT:

Substance abuse treatment facilities vary in their services and quality. Fewer than 20% of U.S. treatment programs prescribe any of the Food and Drug Administration (FDA)-approved types of MAT, and one-third of patients discontinue treatment within 2 weeks of entering a facility.

RESOLUTION:

RTI has proposed the need for a nationwide evaluation system to offer patients more information on the quality of treatment centers—which could save lives, improve outcomes, and reduce costs.



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Chapter 4: Reversing Overdoses

CONFLICT:

Naloxone can reverse opioid overdoses. But RTI studies show only 8% of all U.S. counties—13% with the highest overdose mortality rates—have overdose education and naloxone distribution (OEND) programs. Barriers may include cost and a stigma against perceived enabling or encouraging opioid use.

RESOLUTION:

States that pass laws removing legal barriers to prescribing and distributing naloxone were more likely to implement OEND programs.



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