

The journey toward health equity **takes all of us**



HEALTH DISPARITIES BY THE NUMBERS

Detailing the impact on key conditions and workplaces

UNDERSTANDING SOCIAL DETERMINANTS OF HEALTH

See what's making this the focus for more employers

SOLUTIONS EMPLOYERS CAN ADVANCE

Health equity takes all of us, here's where you can lead

America's health equity crisis is unconscionable and devastating to many people. We need better outcomes. Better representation. A better way. Blue Cross and Blue Shield companies are leading the charge, but it will take all of us to get there—healthcare partners, employers, communities and more. **Consider this your invitation to a life-bettering, life-saving movement for your entire workforce.**



For us to have meaningful conversations around creating more equitable health, we must first define key concepts that are core to the discussion.

Know these terms:

Consider this critical distinction:

**HEALTH EQUITY
&
HEALTH DISPARITIES**



**EQUITY
VS.
EQUALITY**



“Your health shouldn't depend on the color of your skin or the neighborhood you live in. While BCBS companies have made great strides in addressing racial health disparities in our local communities, there is so much more to be done.”

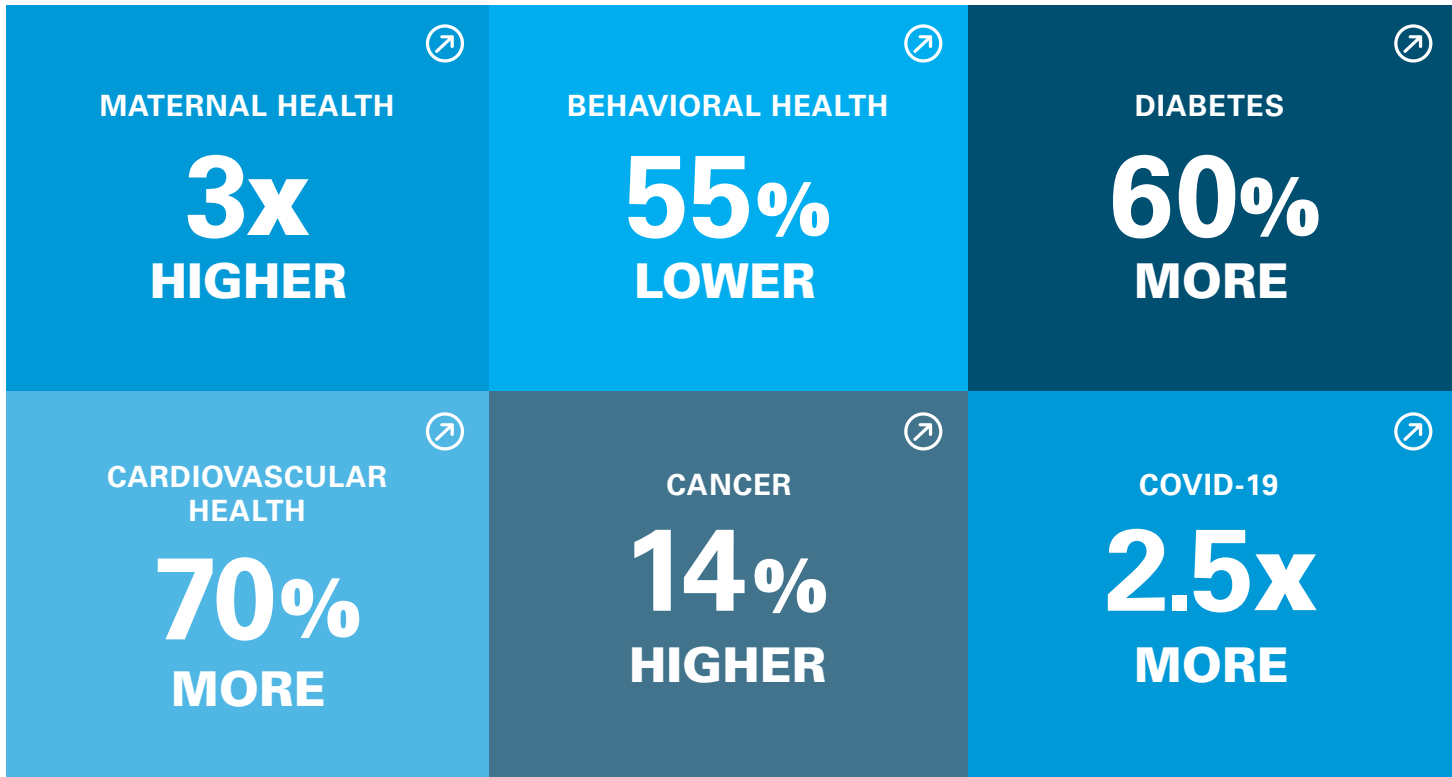
– Kim Keck, President and CEO, Blue Cross Blue Shield Association

Health equity: scale of impact

Identifying areas where health equity is suffering most, and what it’s costing employers, are the first steps in addressing what employee populations might be up against.



Throughout America, health disparities exist across key conditions that prevent oppressed and marginalized populations from receiving the care they need, causing and exacerbating a range of health issues.



Impact on the workplace

Addressing health equity isn’t just better for employees—but also for businesses.

[Learn more](#)



Revealing key influencing factors

There are many dynamics impeding health equity. Below are some overarching factors that are critical for employers to understand and address.

STRUCTURAL RACISM & DISCRIMINATION

These long-standing factors impact access to care and the kind of care received when oppressed and marginalized populations seek services.

[Learn more](#)

ZIP CODE

Evidence suggests that living in certain geographic areas or neighborhoods—a key social determinant of health (SDoH)—can come with particular health equity challenges.

[Learn more](#)

PROVIDER REPRESENTATION

The Association of American Medical Colleges found the diversity of physicians does not reflect that of the country.

[Learn more](#)

PROVIDER BIAS & INEQUALITY OF CARE

A lack of cultural understanding of certain populations can affect the seeking of and quality of care.

[Learn more](#)

LACK OF PREVENTIVE CARE

Lack of trust in providers can lead minority communities to avoid seeing physicians regularly, which may result in significant health challenges.

[Learn more](#)



Uncovering stigma that fuels behavioral health disparities

Many cultures associate mental health challenges with weakness or shame, which in turn creates a barrier to treatment.

[Learn more](#)

Diving deeper into SDoH

As we continue breaking down the factors that contribute to people’s health and the care they receive, it’s imperative to look at SDoH—conditions in the environments where people are born, live, learn, work and age that impact a range of health, functioning and quality-of-life outcomes and risks.³³ SDoH can be just as dangerous as serious medical conditions, and can have severe negative impacts on mental health, blood pressure and cholesterol. Achieving health equity requires advancing SDoH along with more equitable benefits, support and care.



60%

of an individual's health outcomes are driven by social determinants of health.³⁵

IN ON HEALTH EQUITY:

Taking on SDoH

Blue Cross and Blue Shield of North Carolina has dedicated \$3.2 million for a groundbreaking clinical research study to address food insecurity among its at-risk members who also have hypertension/high blood pressure. The study will measure how to best help people who are food insecure achieve better health outcomes by comparing two different types of healthy food interventions with and without nutrition education.³⁶



Implementing a National Strategy to advance health equity

Blue Cross and Blue Shield companies have set a goal:

TO REDUCE RACIAL HEALTH DISPARITIES IN MATERNAL HEALTH BY 50% IN FIVE YEARS.

Blue Cross and Blue Shield companies launched a multi-year National Health Equity Strategy to tackle health disparities in local communities across the country. This commitment includes:

- Collecting data to measure disparities
- Scaling effective programs
- Working with providers to improve outcomes and address unconscious bias
- Activating partnerships at the community level

We're starting with a focus on four conditions that continue to be top challenges for many workforces. These conditions also tend to disproportionately affect communities of color:



MATERNAL HEALTH



BEHAVIORAL HEALTH



DIABETES



CARDIOVASCULAR CONDITIONS

We recognize we cannot do this alone. With your input and partnership, we'll continually improve our local programs and scale the best initiatives nationwide to accelerate health equity across the care continuum. Visit [BlueHealthEquity.com](https://www.BlueHealthEquity.com) to learn more.

What we can do together

Critical to establishing better equity are network and benefit design. To drive this, health plan partners and employers can work together. Health plan partners need to assure a variety of quality health providers are available to address healthcare deserts and help alleviate the challenges of accessing care that exist in many communities. Employers can ask their health plan partners to focus on provider enhancements and incentives that improve health disparities and help every employee access higher-quality, lower-cost care.

For network strategy, there isn't a one-size-fits-all approach

Employers can rely on their health plan partner as an expert advisor to help design the right strategy and achieve the right balance of savings and access for your employees. A thoughtfully designed employee benefits program prioritizes wellness, prevention and equitable care while removing barriers standing between employees and the healthcare they need. Consider:

- Collaborating with your health plan partner to explore ways to improve the affordability of care, such as lowering or removing copays and ensuring broader access to preventive screenings
- Creating flexibility around time off for health needs like vaccinations, preventive screenings, doctor visits and behavioral care
- Addressing transportation barriers by evaluating benefits like bringing clinicians on-site or offering transportation subsidies

Look to virtual care resources—but with the right context and support

Virtual care can help connect people with the right clinicians for their needs. However, not all employees are digitally literate or have access to high-speed internet. To support employees' use of such programs, consider having a place and time during the workday where they can access digital tools.



Where employers can lead the way

To ensure that everyone has the access and support they need, our healthcare system and workplace cultures need to be proactively inclusive. We must work together to operationalize more culturally competent strategies—a practice of listening to, understanding and responding effectively to the unique backgrounds, needs and challenges of your employee population.

Promoting a culturally competent workplace

Cultural competency requires programs that are sensitive to and respectful of varying populations and equitable benefits for all employees and their families. That means:

- Fostering cultural humility—embracing an ongoing willingness to learn, and an environment where senior leaders speak openly about the importance of health equity
- Offering education around diversity, equity and inclusion (DEI), including implicit bias training across the workforce—starting with your leadership
- Meeting with and listening to diverse groups of people and/or Employee Resource Groups (ERGs) to better understand needs and address barriers to care
- Evaluating and evolving programs and communications to ensure they are culturally and linguistically appropriate.
- Asking your health plan partner if they are pursuing initiatives to address provider challenges including representation, bias and cultural competency



7 out of 10

employers indicated they plan to promote DEI-related aspects of their benefit and well-being programs over the next three years.³⁷

IN ON HEALTH EQUITY:

Undoing maternal health bias

Blue Cross and Blue Shield companies have developed a national partnership with March of Dimes to expand access to its implicit bias training program—*Dismantling Bias in Maternal & Infant Health*—across the communities we serve. The training program’s unique learning experience is designed to reduce implicit bias among healthcare professionals caring for women before, during and after pregnancy.

Join the movement to advance health equity

THIS IS
HOWSM

Health equity benefits everyone. That's why it will take all of us—working together, thinking differently and building on our successes.

Use data to drive decision-making

Better data enables us to pinpoint healthcare disparities, improve outcomes and address unconscious bias. Ask your health plan partner how you can work together to improve the collection of data to help drive equity within your workforce.

Consider value of investment

Just because you can't directly measure the impact of a program doesn't mean it's not creating value. Offerings designed to address disparities among a specific segment of your population may not see the broad participation that traditionally demonstrates success. However, the impact they have on the community they were designed for can result in improved health outcomes as well as increased presenteeism, engagement and productivity.

Reach out for help

Advancing health equity will require all of us working together. Ask employees for their input. Look to the community for local resources that can help address disparities. Collaborate with your health plan partner to see what solutions they can bring to the table.

Learn more at smarterbetterhealthcare.com.

- ¹ World Health Organization (WHO), *Health Equity*, 2021.
- ² Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, “Health Disparities,” Centers for Disease Control and Prevention, Jan. 31, 2017.
- ^{3, 4, 10} American Cancer Society and American Cancer Society Cancer Action Network (ACS CAN), “Making the Case for Health Equity,” No. 080775, April 2020.
- ⁵ Gianna Melillo, “Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health,” *AJMC*, June 13, 2020.
- ⁶ Blue Cross Blue Shield, *The Health of America Report*[®], *Millennial Health: Trends in Behavioral Health Conditions*, Oct. 15, 2020.
- ⁷ U.S. Dept. of Health & Human Services, *National Diabetes Statistics Report: 2020 Estimates of Diabetes and Its Burden in the United States*, CDC, 2020.
- ⁸ Office of Minority Health, “Diabetes and African Americans,” U.S. Department of Health and Human Services, March 1, 2021.
- ⁹ Office of Minority Health (OMH), “Stroke and African Americans,” U.S. Dept. of Health & Human Services, Feb. 11, 2021.
- ¹¹ “New CDC Report Shows Deaths from Cancer Higher in Rural Areas,” Centers for Disease Control and Prevention, July 6, 2017.
- ¹² National Center for Immunization and Respiratory Diseases, Division of Viral Diseases, “Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity,” CDC, Sept. 9, 2021.
- ¹³ Erica Coe, et al., “Insights on Racial and Ethnic Health Inequity in the Context of COVID-19,” McKinsey Center for Societal Benefit through Healthcare, July 31, 2020.
- ¹⁴ CEO Roundtable, *Driving Health Equity in the Workplace*, American Heart Association, 2021; CEO Roundtable, “*Driving Health Equity in the Workplace: Market Research Insights*,” American Heart Association, 2021.
- ¹⁵ Ryan Golden, “SHRM: Workplace Racial Inequity Cost Employers \$172B over past 5 Years,” HR Dive, May 27, 2021.
- ^{16, 17, 28} Ani Turner, *The Business Case For Racial Equity: A Strategy For Growth*, Altarum/W. K. Kellogg Foundation, July 24, 2018.
- ^{18, 29, 30} Katie Jennings, “White Americans Receive Greater Share of U.S. Healthcare Dollars, Study Finds,” *Forbes*, Aug. 17, 2021.
- ^{19, 31} “Identity and Cultural Dimensions: Black/African American,” Your Journey, National Alliance on Mental Illness (NAMI).
- ²⁰ Karen Donelan, et al., “Patient and Clinician Experiences With Telehealth for Patient Follow-up Care,” *American Journal of Managed Care*, Jan. 2019.
- ²¹ New American Economy, “New Study Shows 60 Percent of U.S. Counties Without a Single Psychiatrist, One-Third of All Psychiatrists Nationwide Trained Abroad,” Oct. 23, 2017.
- ²² Hope Landrine, et al., “Residential Segregation and Racial Cancer Disparities: A Systematic Review,” *Journal of Racial and Ethnic Health Disparities*, 4(6), 1195-1205, Dec. 2017.
- ²³ USA Facts, “Which Cities Have the Most Food Deserts?” U.S. Department of Agriculture (USDA), June 23, 2021.
- ²⁴ Ken Alltucker, “U.S. Doctor Shortage Worsens as Efforts to Recruit Black and Latino Doctors Stall,” *USA Today*, June 26, 2020.
- ²⁵ Michele K. Evans, MD, “Health Equity—Are We Finally on the Edge of a New Frontier?” *The New England Journal of Medicine*, Sept. 10, 2020.
- ²⁶ “The Importance of Diversity in Health Care: Medical Professionals Weigh In,” *The SGU Pulse (Medical School Blog)*, St. George’s University Medical School, Aug. 19, 2021.
- ²⁷ Michael A. Gara, PhD, et al., “A Naturalistic Study of Racial Disparities in Diagnoses at an Outpatient Behavioral Health Clinic,” *Psychiatric Services*, Dec. 10, 2018.
- ³² Eghaneyan, B. H., and Murphy, E. R., “Measuring Mental Illness Stigma Among Hispanics: A Systematic Review,” *Stigma and Health*, 5(3), 351-353, Aug. 2020.
- ³³ Healthy People.gov, “Social Determinants of Health,” U.S. Department of Health and Human Services, Oct. 27, 2021.
- ^{34, 37} Willis Towers Watson, “Employer Efforts to Promote Diversity, Equity and Inclusion in Benefit Programs Expected to Surge,” April 27, 2021.
- ³⁵ Joseph J. Fifer, “Social Determinants of Health: Pushing the Boundaries of Healthcare,” Healthcare Financial Management Association (HFMA), Oct. 22, 2019.
- ³⁶ BlueCross BlueShield of North Carolina, “Blue Cross NC, UNC Health Join Forces for New Clinical Study to Improve Food Security, Chronic Health Conditions,” Sept. 15, 2021.