

MAY 2022

OnPoint

A HEALTH AND WELL-BEING
PERSPECTIVE

ACHIEVING HEALTH EQUITY

A 5-Part Game Plan

- 1 Prioritize Social Determinants of Health
- 2 Invest in Community Health Workers
- 3 Check Your Data for Incomplete Information
- 4 Leverage Your Data
- 5 Improve Health Literacy

Health Equity

Health Equity is still an elusive goal for many minorities and underserved groups in the United States. The issue is complex. The multiple factors that create health inequities—race, ethnicity, socioeconomic level, education level, low health literacy, poverty, language and culture, sexual orientation, food insecure and housing, geographic location, and more – are strongly ingrained and intertwined. This edition of OnPoint outlines the key components of the health-equity issue and provides five practical steps to address it.



Each OnPoint issue provides a concise, insightful summary about a key health and well-being issue facing health plans and employers today.

def: **Health Equity**

The absence of systematic disparities in health and their social determinants between different social groups.

COMMON HEALTH INEQUITIES

- // Life Expectancy
- // Rates of Disease and Disability
- // Lack of Access to Care
- // Mental Healthcare
- // Lack of Health Insurance

Health Equality and Health Equity

Though the two terms are similar, there is an important distinction.

**HEALTH
EQUALITY**

The same level of care, resources and opportunities is provided to each individual or group.



**HEALTH
EQUITY**

The allocation of care and services is based on the social determinants, medical needs and unique circumstances of each individual and community.



The Economic Impact

At the most fundamental level, health equity is an issue of justice, of doing the right thing. But there are also practical benefits. Offering equitable care produces a more efficient healthcare system with fewer doctor visits, reduced ER utilization, less spending per patient and better outcomes overall. Indeed, one recent study found a potential economic gain of \$135 billion per year if racial disparities in health are eliminated, including \$93 billion in excess medical costs and \$42 billion in untapped productivity.¹

A New Sense of Urgency

The issue of health equity is not new. As early as the mid-19th century, health leaders understood that social and economic inequalities cause health disparities. But COVID-19 has generated a new urgency to address the issue. That's because COVID has dramatically revealed the pervasiveness and seriousness of health inequities. Many minority groups have been disproportionately impacted by COVID, in part because these groups already have a high rate of chronic illness and other conditions that make them especially vulnerable to the virus. For example, African Americans are 2.5x

more likely to be hospitalized with COVID and 1.7x more likely to die compared to white non-Hispanic persons.² Such a wide disparity dramatically highlights the extent to which health disparities exist in marginalized and underserved populations.

The Role of Health Plans

Addressing such a deeply rooted social issue as health inequity requires the commitment of multiple stakeholders. Within this complex landscape, health plans play a vital role. By partnering with community resource organizations in high-risk locales, health plans can serve as the conduit that connects at-risk members with local available resources. They can employ communication campaigns and their health/well-being platforms to help members break down barriers to care, such as transportation issues, close gaps in care, and improve health literacy. From a public policy perspective, health plans can also take a leadership role in advocating for policies that increase awareness of the issue. For example, the Blue Cross Blue Shield Association (BCBSA) launched a major initiative in 2021 to “change the trajectory of health disparities and reimagine a more equitable healthcare system.”

Achieving Health Equity: A 5-Part Game Plan

Integrating a health equity initiative into the member services department of a health plan creates a practical framework to address health inequities. Here are five tactics that can be leveraged within this framework.

1 Prioritize Social Determinants of Health

For too long, healthcare has focused on treating each individual as a separate, isolated unit instead of understanding each patient within the larger context of his or her personal environment and local community. Fortunately, more and more health plans are implementing new strategies to address Social Determinants of Health (SDoH), the circumstances that influence the health and well-being of individuals and communities. These determinants include everything from food and housing security to healthcare access, health literacy, public safety, and transportation. Because SDoH drive up to 80 percent of health outcomes, they are the key drivers of health inequities and disparities.

To address the vulnerabilities created by SDoH in their population, health plans must first gain an in-depth, data-

based understanding of which communities and neighborhoods are adversely affected by SDoH and the specific risk factors that need to be addressed within those communities. Onlife's SDoH Community-Based Index provides health plans, employers, and other organizations with a sophisticated mapping tool and data analyzer to understand in detail the multiple social dynamics that impact health and well-being in each of the 73,000 census tracts in the United States.

2 Invest in Community Health Workers

Marketers today have an unprecedented ability to collect and analyze data that can generate an increasingly detailed and accurate portrait of each consumer. But there are limits to what data can achieve. Data is an abstraction. Just as a map is not the territory, data is not the actual person. It is only a digital synopsis. There are some types of

information about each individual that can only be acquired in person by a doctor or other healthcare professionals. This is especially true for SDoH, which can vary from person to person within the same community.

Gaining this local knowledge requires a more "boots-on-the-ground" approach delivered by Community Health Workers (CHWs). Because CHWs live in the same communities as their members, they already possess local knowledge about the SDoH risks in the neighborhood. And because CHWs provide the first line of care in a member's home, they can report the specific SDoH vulnerabilities impacting each patient. Another way to gain SDoH information is the modern-day house call. Increasingly, home-based advanced primary care is serving as an extension of the PCP (Primary Care Provider) in caring for persistent high-care patients with medically complex needs, including behavioral health.

3 Check Your Data for Incomplete Information

Gaps in data limit the ability of health plans to address health inequities. You cannot address a problem if you don't know it exists. A recent California study illustrates the point. It found that two-thirds of commercial health plans in the state had data about race missing for more than half their membership, with ethnicity data being even sparser. As a result, these health plans lack the knowledge to effectively address health inequities. One of the causes for these gaps in data is no doubt the reluctance of some members to share their race/ethnicity with their health plan. As a result, health plans need to communicate more clearly and effectively the confidentiality of member answers. In addition, standardization of data collection would help ensure that race/ethnicity information is collected across all lines of business.

4 Leverage Your Data

Personas are just one example of how data can be leveraged to address health inequities. A persona is a subgroup of users who share similar patterns across a

set of variables. Onlife Health has developed six personas based on the five key Social Determinants of Health (SDoH): Economic Stability, Education, Social and Community Context, Health and Healthcare, and Neighborhood and Built Environment. When custom content is created specifically for a member's SDoH persona and tagged accordingly, our engagement metrics reveal that members are more than twice (2.1x) as likely to click on the information compared to content created or identified for other SDoH personas. The effectiveness of personas could be amplified by using cohorts, which can combine multiple factors to provide personalized content at a more granular level.

5 Improve Health Literacy

Health literacy is the ability of individuals to take control of and manage their own well-being by taking healthcare information and services and applying it to their medical situation. According to the CDC (Centers for Disease Control and Prevention), almost nine out of 10 adults struggle to understand and use personal and public health information when it's filled with unfamiliar or complex terms.³

Lacking health literacy, a person is less likely to adhere to a treatment regime, for example, or understand a prescription label.

Both health plans and employers have several opportunities to improve health literacy:

- // Provide adult education and English language instruction.
- // Employ education materials and communication that are culturally relevant and written in the member's primary language.
- // Use plain language and visual aids to help readers understand the information, which is often too complex and jargon filled.
- // Create provider networks that are representative of a community's demographics.

