



CLOSING THE DISPARITIES GAP

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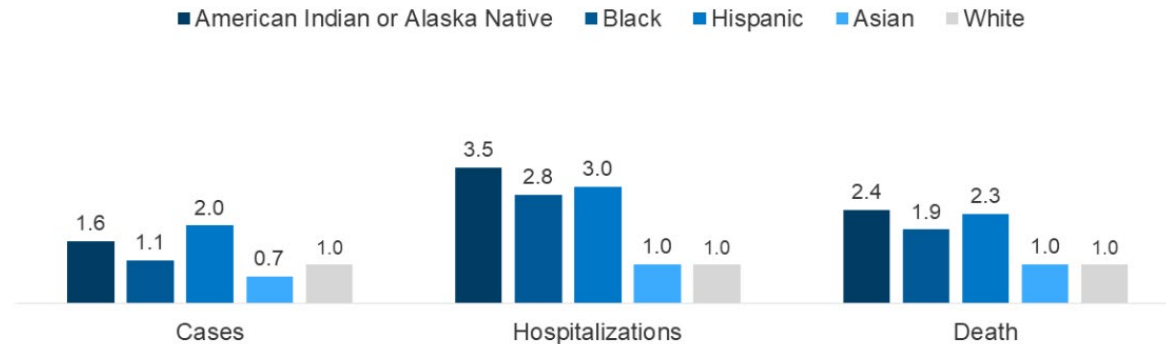
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COVID-19 shone the light on health and health care disparities and social determinants of health

People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity, as of 5/12/2021, www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html, accessed 5/12/2021.

KFF

In the early months of the pandemic, African-American/Black residents as well as Native American, Hispanic/Latino and people with disabilities faced many barriers such as:

- 01 Access to testing sites
- 02 Unconscious bias at testing sites
- 03 Being frontline workers
- 04 Food insecurity
- 05 Underlying health conditions where disparities are already prevalent – obesity, diabetes, hypertension, kidney disease and other conditions.



CDC: U.S. life expectancy fell by a year during first half of 2020 due to COVID-19

All

78.8 years to 77.8 years
(one year)

Blacks

74.7 years to 72 years
(nearly three years)

Hispanics

81.8 years to 79.9 years
(nearly two years)

Maternal Deaths Rose During the First Year of the Pandemic

Deaths during pregnancy and the first six weeks after childbirth increased, especially for Black and Hispanic women, according to a new report.

New York Times February 23, 2022

Black women in America experienced the most deaths: One-third of the pregnant women and new mothers who died in 2020 were Black, though Black Americans make up just over 13 percent of the population. Their mortality rate was nearly three times that of white women.

HEALTH

Deaths from Heart Disease and Stroke Rose Sharply During Pandemic

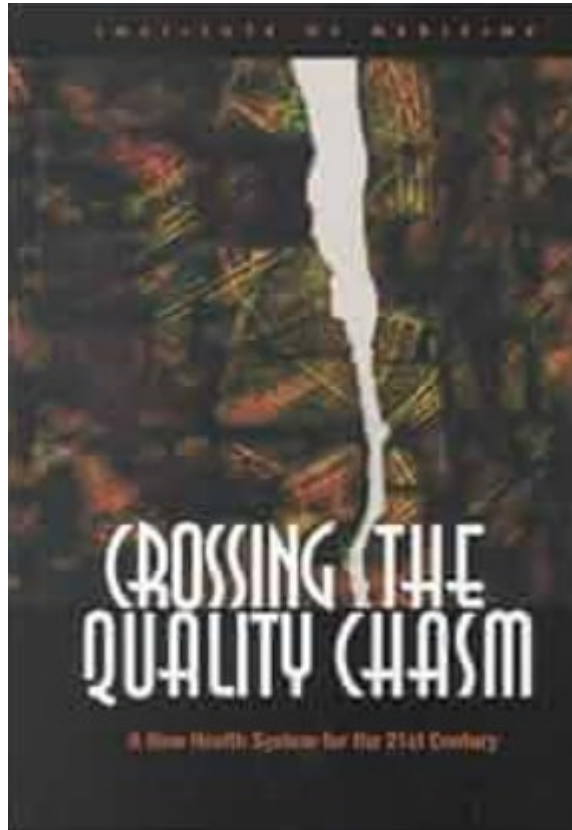
Mortality trends in the U.S. worsened during the Covid-19 pandemic, a new study demonstrated, widening already significant racial and ethnic disparities in health outcomes.

By Betsy McKay March 23, 2022 11:22 am ET



Wall Street Journal

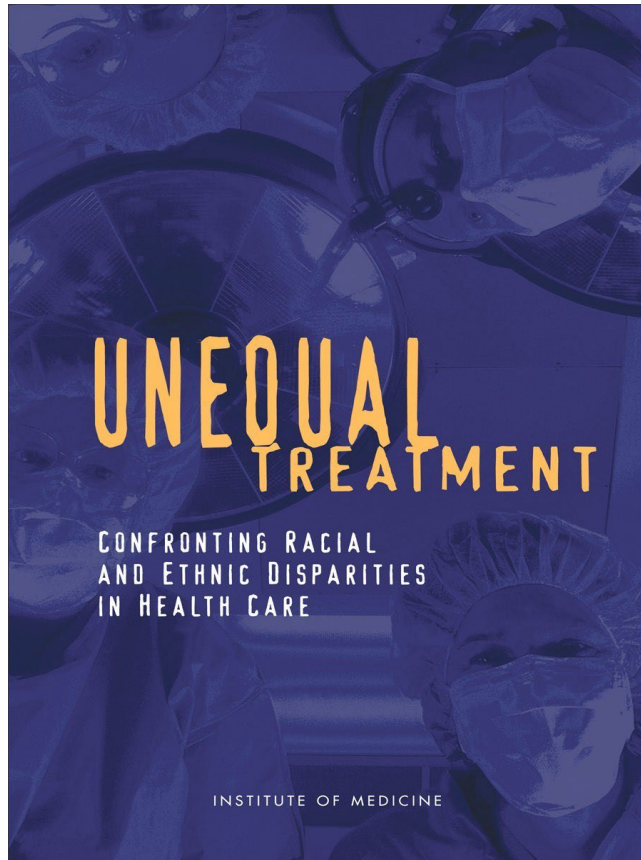
Institute of Medicine, 2001



Level A: Patient experiences

The first recommendation in *Crossing the Quality Chasm* relates to **setting patient-centric goals** for improving the U.S. health care system. It proposes making clear, comprehensive, and bold goals for quality improvement and that those goals should focus on improving patient experiences, the cost to each patient, and equity across disparate racial and income populations. This is in contrast to developing hospital- or physician-centric goals that emphasize the needs of health care organizations and providers.^[1]

In 2003, the Institute of Medicine acknowledged disparities



Source: Institute of Medicine

“Disparities in the health care delivered to racial and ethnic minorities are real and are associated with worse outcomes in many cases, which is unacceptable.”

– Alan Nelson

Retired physician, former president of the American Medical Association and chair of the committee that wrote the Institute of Medicine report, *Unequal Treatment: Confronting Racial and Disparities in Health Care*

Healthy People 2030 Objectives and Measures



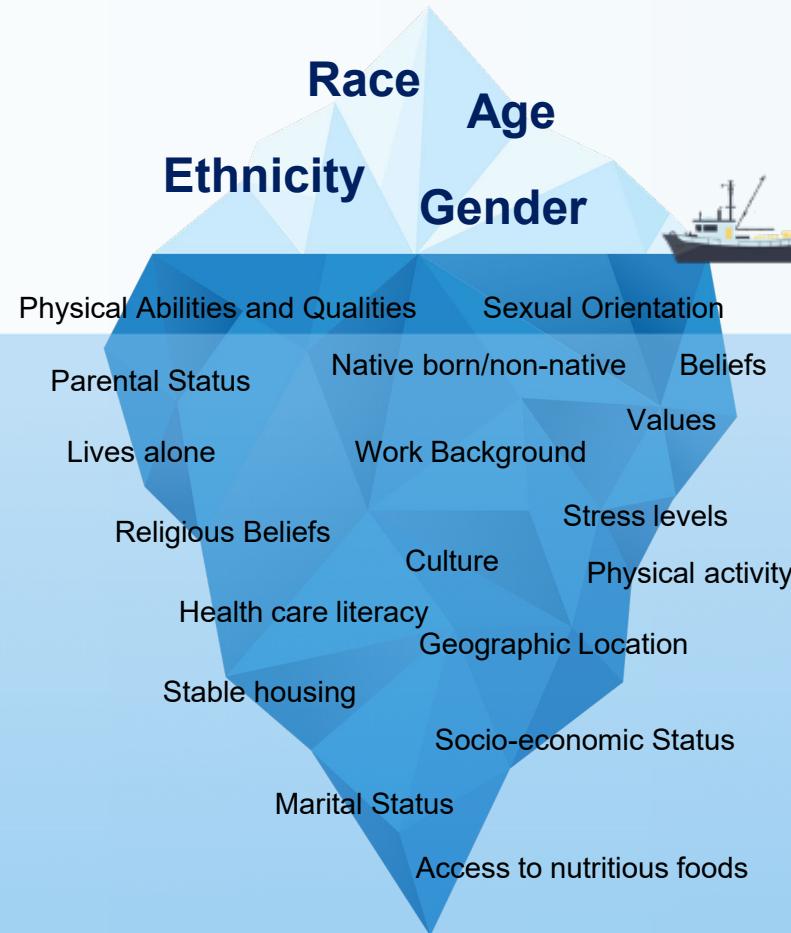
What do you see?



We see the world not as it is, but as we are...or as we are conditioned to see it. When we open our mouths to describe what we see, we in effect describe ourselves, our perceptions, our paradigms.

–Stephen Covey

Whole-person health care





“One size does not fit all...”

Office of Management and Budget has revised categories for race and ethnicity

- On March 28, 2024, the Office of Management and Budget released revised data standards for collecting and reporting race and ethnicity across federal agencies
- The final standards were developed through a process beginning in June 2022 that involved:
 - Convening an Interagency Technical Working Group of Federal Government career staff in summer 2022
 - Hosting almost 100 listening sessions in fall 2022
 - Solicitation of public comments in spring 2023

Comparison of Previous and Revised OMB Minimum Data Standard Reporting Categories

| Previous OMB Standards | Revised OMB Standards |
|---|--|
| Separate questions on ethnicity and race | Combined race/ethnicity question |
| Are you Hispanic, Latino/a, or Spanish origin? <ul style="list-style-type: none"> • Yes, Hispanic, Latino/a, or Spanish origin • No, not of Hispanic, Latino/a, or Spanish origin • Do not know | |
| What is your race? | What is your race and/or ethnicity? Select all that apply |
| <ul style="list-style-type: none"> • White | <ul style="list-style-type: none"> • American Indian or Alaska Native |
| <ul style="list-style-type: none"> • Black or African American | <ul style="list-style-type: none"> • Asian |
| <ul style="list-style-type: none"> • Asian | <ul style="list-style-type: none"> • Black or African American |
| <ul style="list-style-type: none"> • American Indian or Alaska Native | <ul style="list-style-type: none"> • Hispanic or Latino |
| <ul style="list-style-type: none"> • Native Hawaiian or Pacific Islander | <ul style="list-style-type: none"> • Middle Eastern or North African |
| <ul style="list-style-type: none"> • Other | <ul style="list-style-type: none"> • Native Hawaiian or Pacific Islander |
| | <ul style="list-style-type: none"> • White |

Required Detailed Categories (Limits to 5 with optional write-ins)

What is your race and/or ethnicity?

Select all that apply and enter additional details in the spaces below.

- American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- Asian** – Provide details below.

- Chinese Asian Indian Filipino
 Vietnamese Korean Japanese

Enter, for example, Pakistani, Hmong, Afghan, etc.

- Black or African American** – Provide details below.

- African American Jamaican Haitian
 Nigerian Ethiopian Somali

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- Hispanic or Latino** – Provide details below.

- Mexican Puerto Rican Salvadoran
 Cuban Dominican Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

- Middle Eastern or North African** – Provide details below.

- Lebanese Iranian Egyptian
 Syrian Iraqi Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

- Native Hawaiian or Pacific Islander** – Provide details below.

- Native Hawaiian Samoan Chamorro
 Tongan Fijian Marshallese

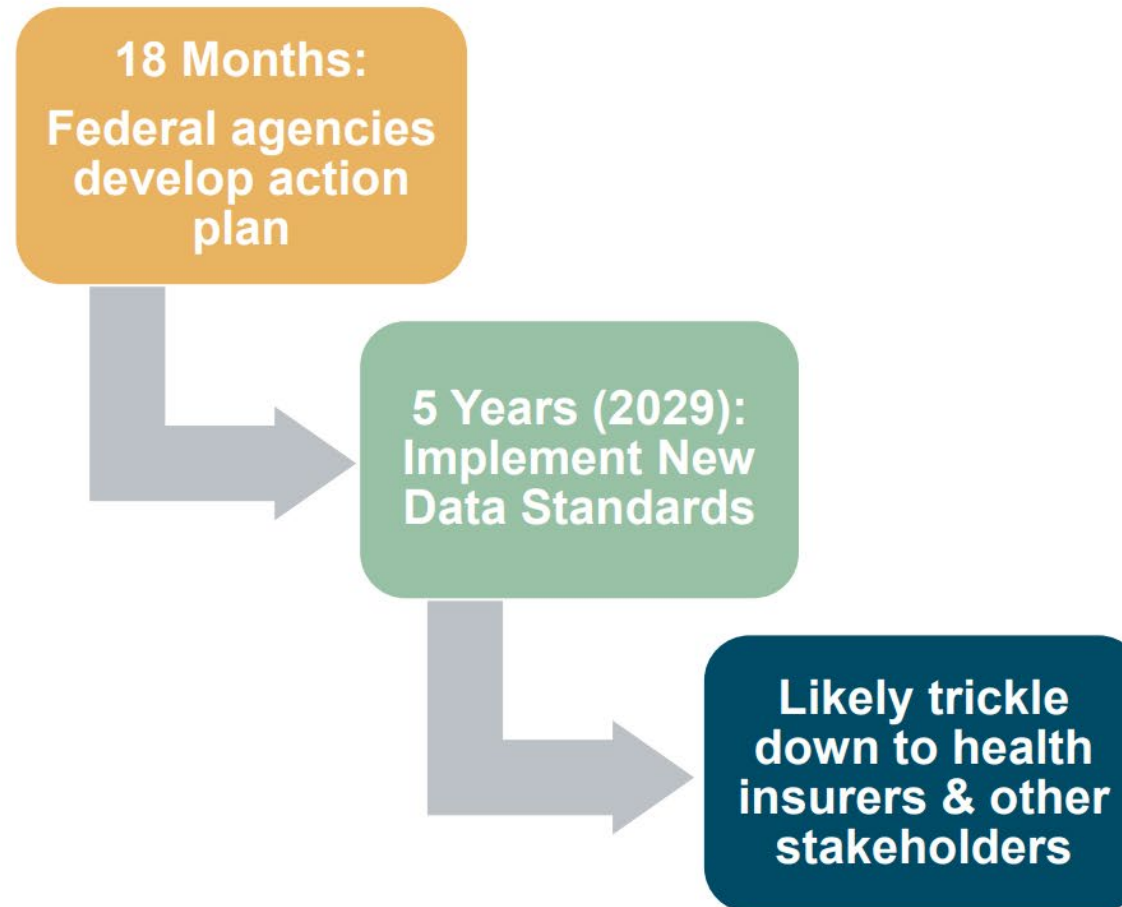
Enter, for example, Chuukese, Palauan, Tahitian, etc.

- White** – Provide details below.

- English German Irish
 Italian Polish Scottish

Enter, for example, French, Swedish, Norwegian, etc.

The OMB category changes will roll out over several years

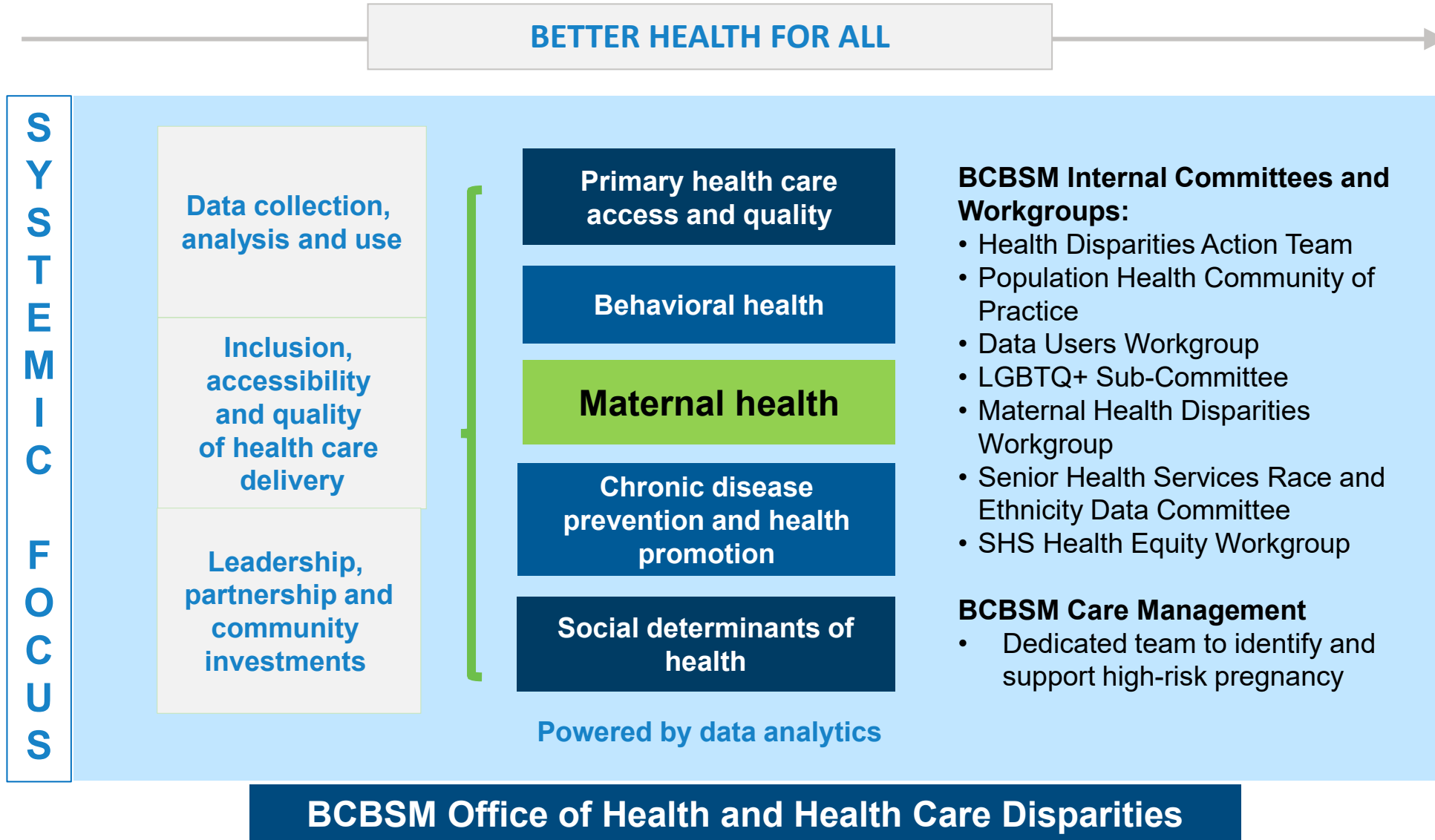


We have to think differently about health equity and health care



- Health equity is **not** a special project.
- Health equity is about **quality** in health care delivery.
- Health equity is about **patient experience**.
- Health equity is about **seeing the person in front of you** and **personalizing care** as appropriate.
- Health equity must focus on **integrating and embedding a health equity lens** in policies, programs and processes.

BCBSM's multi-year health equity strategy addresses disparities



We must build a foundation for sustainable best practices

| | |
|-------------|---|
| Help | Help decrease, not exacerbate inequities |
| Focus on | Focus on what a “real” person needs and why |
| Meet | Meet individuals where they are (inform, listen, educate) |
| Think about | Think about the positive ways new practices can be leveraged to improve health outcomes |
| Focus on | Focus on impact and outcomes for patients, health systems and communities |



Building capacity for health equity is key

| | |
|--------------|---|
| Ask | Ask the question “why?” |
| Set a vision | Set and communicate a clear vision |
| Identify | Identify a champion and build a coalition |
| Assess | Assess current programs, policies and processes to identify gaps, needs and opportunities |
| Build | Build a comprehensive, data-driven strategy that fosters cross-cultural collaboration and community and provider partnerships |
| Tell | Tell the story of capacity building, culture change and impact |



Critical competencies and capabilities of Effective Health Equity Leadership



Demonstrate Competency

- ▶ Develop deep understanding of historical context of inequities, including social and political determinants
- ▶ Recognize complexity of the health equity ecosystem
- ▶ Display aptitude in DEI and anti-racism principles
- ▶ Understand and challenge implicit bias



Be Inclusive and Collaborative

- ▶ Focus on partnership, connection, and community
- ▶ Hear all perspectives and learn from each other
- ▶ Encourage collaboration, not competition, through alignment of incentives



Display Bold Willingness to Act

- ▶ Make health equity a long-term strategic priority
- ▶ Commit resources (i.e., time, funding, capacity)
- ▶ Make long-term investments driving sustainability
- ▶ Focus on meaningful impact, not activity



Drive Long-term Accountability

- ▶ Tie stakeholder success to reportable key performance indicators and outcome targets
- ▶ Build processes, mechanisms, and shared agendas that promote mutual accountability for change
- ▶ Engage in transparent communication to build trust



Be Innovative and Data-driven

- ▶ Build the business case to enable long-term investment, scaling and sustainability
- ▶ Understand and address barriers to emerging technology and solutions (i.e., the digital divide, the potential perpetuation of inequities through use of AI and bias in technology)



Advocate, Engage, and Educate

- ▶ Be a vocal champion
- ▶ Broadly educate others and promote health equity
- ▶ Have courage and willingness to participate in uncomfortable conversations and to stay the course despite detractors

It takes a village... to keep the momentum

- Be mindful of patients needs and preferences
- Understand and recognize health and health care disparities
- Work to mitigate unconscious bias
- Continue to foster trust in the physician – patient relationship
- Understand and help facilitate a pathway to address social determinants of health
- Understand and communicate community needs
- Provide leadership in the community and make meaningful community investments
- Form partnerships to address policies, practices and procedures
- Establish and implement a health equity approach
- Advocate for greater race, ethnicity, language data collection

