Moderator & Panelists

Michael Thompson
National Alliance

Rachel Harrington, PhD
National Committee for Quality Assurance (NCQA)

Karen Mancera-Cuevas
National Health Council

Carol McBride
Mr. Cooper Group, Inc.

Nita Stella
Caraway Health

George Robinson II
UPMC

Health Equity:
The Building Blocks

Understand Impact of Differences

- Engage diverse communities
- Obtain data at community and organizational level
- Analyze "variation" not "averages"
- Examine business case to address

Integrate Equity into Strategy

- Break down silos (e.g., D&I, HR, benefits, wellbeing)
- Establish equity metrics for programs
- Improve program responsiveness
- Extend cultural focus (e.g., culture of health, safety & equity)

Evaluate & Engage Supply Chain

- Include equity & inclusion in accountabilities
- Focus on direct (health plans, vendors) and indirect (providers) influence
- Create transparency on performance
- Align incentives with expectations

Sustain Culture of Inclusion

- Makeup of governance & key advisors
- Inclusion in balanced scorecard
- Organization values & objectives
- Investment consistent with needs & strategy

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

A Focus on Health Equity

Equity requires a focus on achieving comparable outcomes across *subgroups* in a multi-dimensional workforce

- Sub-groups such as income & job function, race & ethnicity, gender & sexual orientation, age, health status and even remote/hybrid workers

- Each has unique dimensions contributing to and influencing their health, healthcare & wellbeing

Both cultural competence and cultural humility are critical for fostering an inclusive and supportive health strategy

- *Cultural competency* refers to having a basic understanding of different cultures, norms, and behaviors to effectively interact with diverse groups

- *Cultural humility* is more introspective, acknowledging one's limitations, listening to unique experiences and adapting strategies to needs

Equity requires both removing barriers and intentionally addressing differences in workforce needs and expectations

- With historical healthcare inequities, need to better understand the deeper issues/root causes to appropriately rebuild trust and credibility

- Successful execution should engender a safer, more inclusive workforce environment respecting diverse perspectives and lived experiences

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Subgroups

Subgroup Dimension	Unique Perspectives & Experiences	Unique Needs & Expectations
Income & Job Function		
Race & Ethnicity		
Gender & Sexual Orientation		
Age & Generational Differences		
Health Status		
Remote Workers		

Unique Perspectives & Experiences

- Access to Care
- Affordability
- Health Literacy
- Health Technology
- Implicit Bias
- Social Determinants

Unique Needs & Expectations

- Diverse Networks
- Community Engagement
- Cultural Competency
- Diverse Networks
- Inclusion/Belonging
- Interdisciplinary collaboration

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Equity in Supplier Relationships

Health Equity Levers	Third Party Administrators (Health Plan, PBM)	Health, Healthcare & Wellbeing Vendors	Healthcare Providers (Primary Care, Specialty Care, Hospitals)
Awareness	X	X	X
Metrics & Accountability	X	X	X
Healthcare Coverage	X		
Programs & Policies	X	X	X
Communications	X	X	X
Environment			X
Leadership	X	X	X
Partnering with Community	X		X

Levers to Create Alignment & Accountability for Health Equity

Clearly Define Expectations

- Vendor contracts
- Outcomes, metrics, and timelines
- Cultural Competence

Set Performance Metrics

- Key performance indicators (KPIs) (e.g., reduced health disparities, improved access to care, or culturally competent services
- Regular Monitoring
- Incentives and Penalties

Transparent Reporting and Public Accountability

- Incentives and Penalties
- Cultural Competence
- Community Engagement

Continuous Improvement

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Questions for Employers to Consider

- What subgroups are you focused on?

- How are you holding them accountable in those areas?

- How is it influencing your vendor selection? Or plan network partners?

- What role does your vendor play with the community?

- How are you coordinating across vendors/supply chain?

Q & A

Rachel Harrington, PhD
National Committee for Quality Assurance (NCQA)

Karen Mancera-Cuevas
National Health Council

Carol McBride
Mr. Cooper Group, Inc.

Nita Stella
Caraway Health

George Robinson II
UPMC

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value