Recognizing Implicit Bias and Using Data to Overcome It

February 21, 2023

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

Speakers

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Illness

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Purchaser Coalitions

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

Health & Equity Framework

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 (eg D&I, HR, Benefits, Wellbeing)
- Establish Equity Metrics for Programs
- Improve program responsiveness
- Extend cultural focus (eg 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

Keynote Presentation

Demond Hollingsworth
Deloitte Consulting

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

Deloitte.

Bias in Healthcare

FEBRUARY 2023

MAKING AN
IMPACT THAT
MATTERS
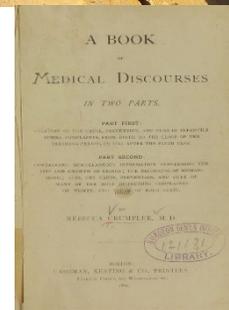since 1845

EDMUND PETTUS BRIDGE

HONORING
THE PAST
EDUCATING
THE PRESENT
INSPIRING
THE FUTURE

Dr. Vivien Theodore Thomas
Co Creator of blue baby surgery

Alexa Irene Canady
First female African American neurosurgeon

A BOOK OF MEDICAL DISCOURSES IN TWO PARTS.

Rebecca Crumpler, M.D.
First African American woman to earn a medical degree

Dr. Nathan Francis Mossell
Champion for the Frederick Douglass Memorial Hospital and Training school

Health equity is more than equal access to care

The **fair and just opportunity** for everyone to fulfill their human potential in all aspects of **health and wellbeing**

Health and well-being include **not only clinical issues** traditionally addressed by the healthcare system, but also a person's **mental, social, emotional, physical, and spiritual health**.

Inequality in Healthcare

Disparities across the healthcare system (in the US and globally)

Racial disparities in healthcare

The disparate impacts of the COVID-19 pandemic, ongoing incidents of police brutality, and recent rise in Asian hate crimes have brought health and health care disparities into sharper focus among the media and public.

However, health and health care disparities are not new. They have been documented for decades and reflect longstanding structural and systemic inequities rooted in racism and discrimination.

Source: Kaiser Family Foundation

Focused examples for today's discussion

Vaccinations

Global inequalities in vaccination distribution and it's implications for lower income people and people of color

Flint Water Crisis

Funding due to demographic makeup of a city can lead local governments to make financial decisions with negative health implications
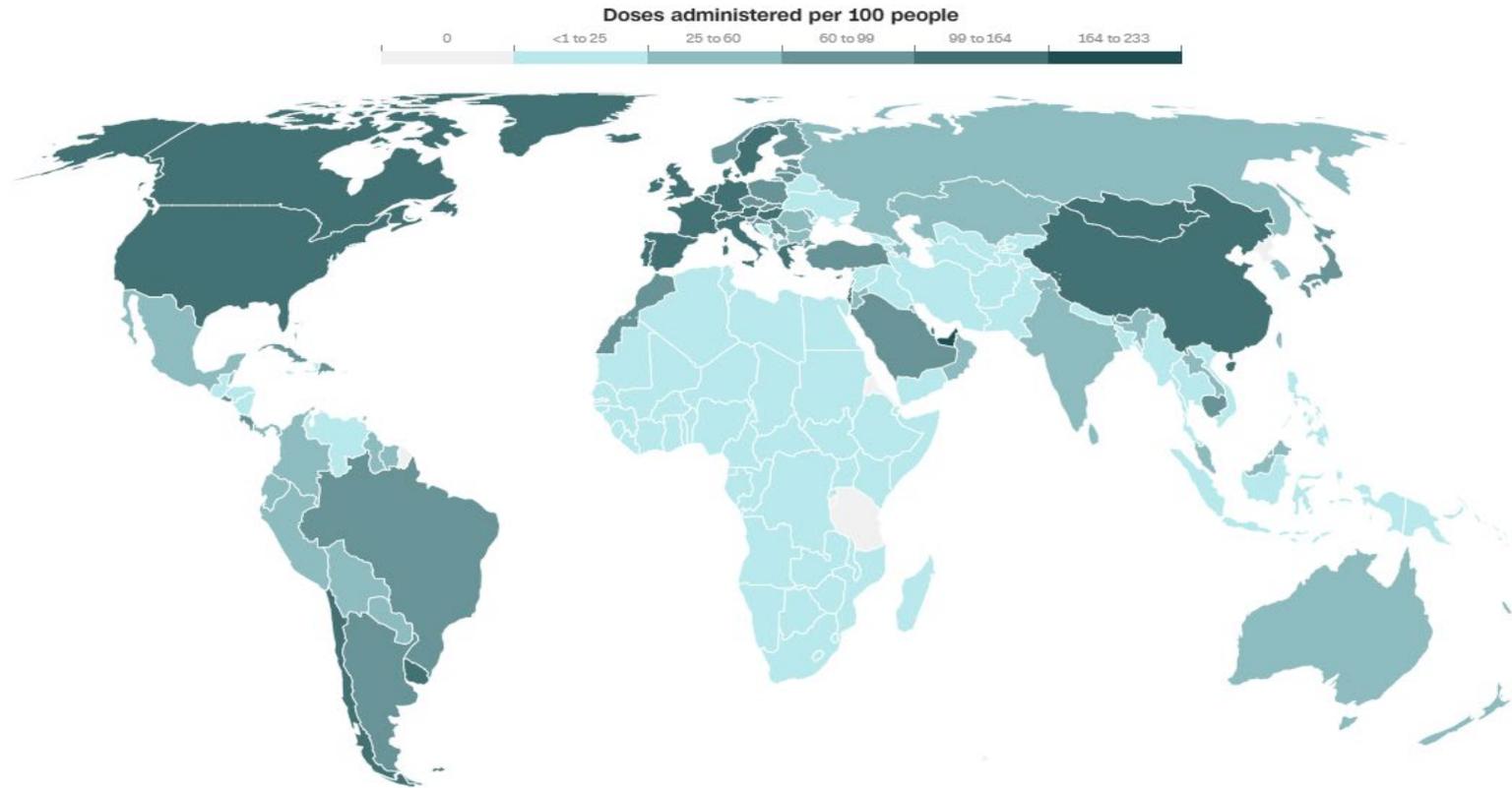
Birthing Outcomes

Race and gender discrimination amongst black women and outcome for these women and their babies

Vaccination tracking worldwide[1]

Vaccines have been disproportionally distributed to countries with high income levels

Doses administered per 100 people

0	<1 to 25	25 to 60	60 to 99	99 to 164	164 to 233

As of the end of July, 214 countries and territories have administered over 3 billion doses of COVID vaccine. The economic outlook for rich countries versus low- and middle-income countries seems to be getting larger as the pandemic rages on and low access to vaccinations impact low- and middle-income nations

Last updated: July 28, 2021 at 10:48 a.m. ET
Source: Our World in Data

Vaccination tracking worldwide[1] (as of July 28, 2021)

Vaccination Rates[1] by Race/ Ethnicity in US

US vaccination rates vary by race across states (-25 [Florida] to +8 [Alaska])

	White		Black		Hispanic			Asian		
	Percent Vaccinated	Percent Vaccinated	White to Black Ratio	Percentage Points from White	Percent Vaccinated	White to Hispanic Ratio	Percentage Points from White	Percent Vaccinated	White to Asian Ratio	Percentage Points from White
Total (40 States)	48%	36%	1.3	−12	41%	1.2	−7	65%	0.7	17

Vaccination Rate Among 40 States by Race/ Ethnicity
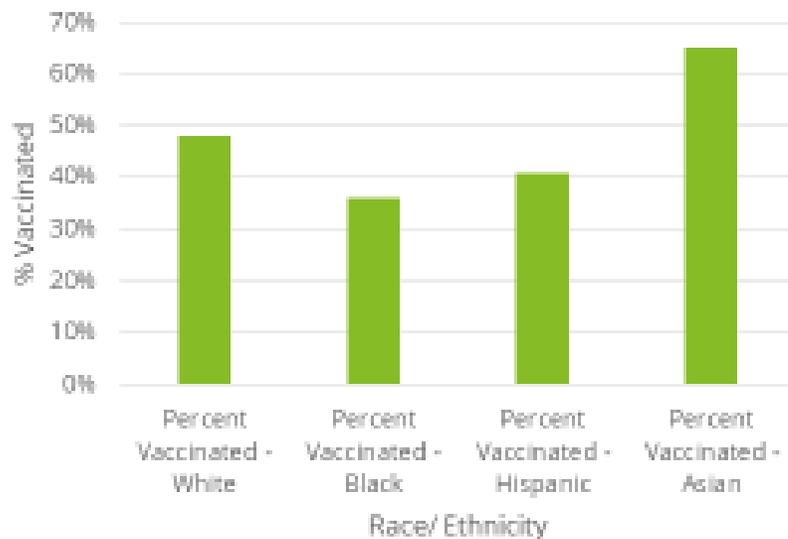
Vaccination Rates[1] by Race/ Ethnicity in US (as of July 19, 2021)

Latest Data on COVID-19 Vaccinations by Race/Ethnicity | KFF

A new vaccination approach: Reaching those who weren't planning to get the shot
Bracey Harris, May 1, 2021

On the second Saturday in April, Dr. Karen Smith was able to easily find a parking space at the Freedom Chapel AME Zion Church — the first sign that something was off.
Smith, who has a family medicine practice in the rural North Carolina town of Raeford, had come to the church with enough doses to vaccinate 1,000 people.
On the morning of April 10, there were only a few takers in a community where plenty of local residents remained eligible for a shot. Only 14 percent of residents in Hoke County have been fully vaccinated. The rate is the second lowest in the state and trails well behind the nation's average of nearly 31 percent.

After vaccinating about 50 people and at least 100 doses thawed for use, Dr Smith left the vaccination site to seek out members in their community, going to:

- Poultry Plant
- County Jail
- Convenience Store

Flint, MI Water Crisis

Prior to 1980's

Flint was a bustling city many people were employed by GM

When GM downsized in the 1980's the city went into an economic decline to under 100,000 people

Over 50% of the city is **black** (only about 14% of the State of Michigan is black)

August 2014

Residents began complaining that their water had strange odors, and was brown colored

Flint issued a boil water advisory, after fecal bacteria was found in the water

September 2015

The water was deemed unsafe to drink or cook with and later is discovered that the number of children with elevated lead levels has tripled

March 2017

A federal judge approves $97 million settlement to replace galvanized steel water lines and pipes that connect household plumbing

April 2014

State, city, and county officials decided to switch Flint to a new water source from Lake Huron to save money on water to offset $25 million deficit from the city

June 2015

EPA found dangerous lead levels in Flint's water

Some health of effects of lead are: heart, kidneys and nerves and in children impaired cognition, behavioral disorders, hearing problems and delayed puberty

December 2015

At the end of 2015, the mayor declared the city in a state of emergency

In January 2016 President Obama then declared it a federal emergency and enabled $5 million in aid funding and FEMA support

August 2020

State of Michigan reached $600 million settlement in Flint water crisis lawsuit as direct payments to Flint residents

Pregnancy and birthing outcomes for Black Mothers

3-4x black mothers die at a rate faster than white mothers

49% black women are more likely to deliver prematurely than white women

2x black babies are more likely to die before their first birthday than white babies

33% of black women discriminated against because of race when going to a doctor/health clinic

Double "whammy" of **race + gender discrimination** across all socioeconomic and education statuses likely the most significant factor in driving poor maternal outcomes in black women in the US

After the birth of her daughter, Serena Williams experienced complications that led her to become an advocate for black mothers due their extreme disparities in birthing outcomes across the world.

She is an investor in Mahmee, a digital health startup focused on care coordination and support for new mothers.

Read about Serena's childbirth experience on CNN (Link here)
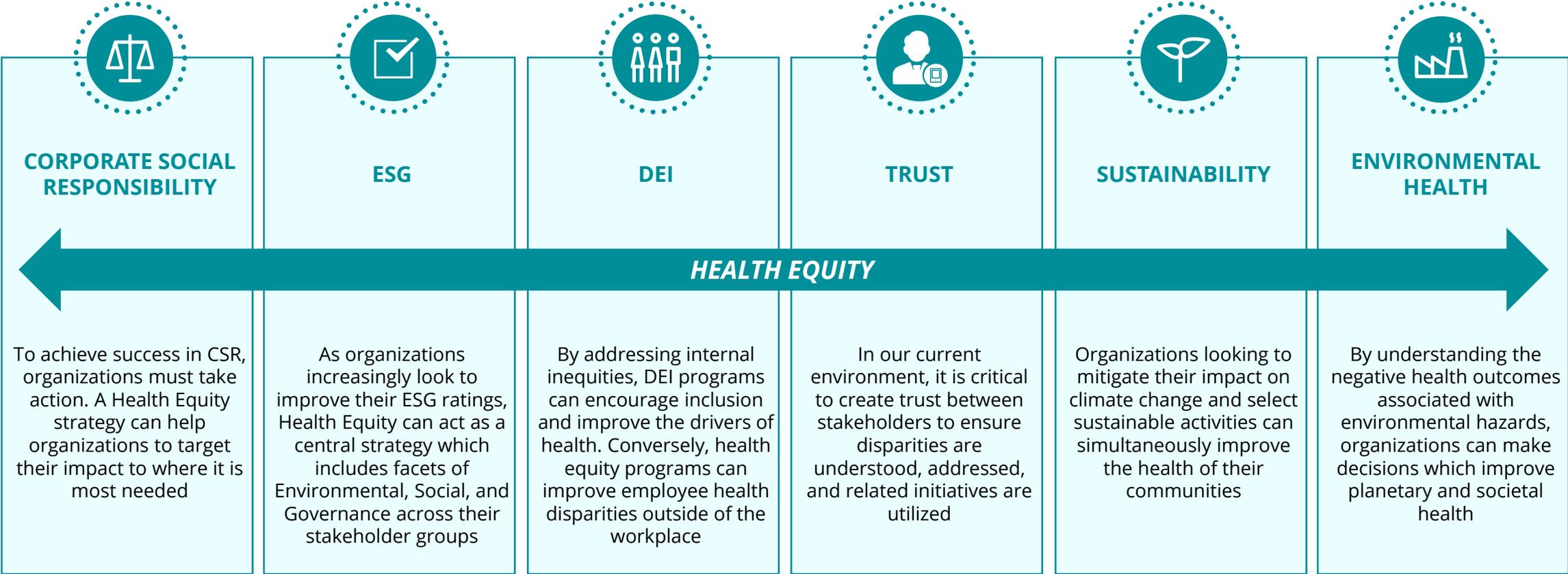
After delivering her daughter early at 32 weeks, US Olympian Allyson Felix became an advocate for the *#HearHer* campaign to raise awareness for mothers to learn urgent maternal health warning signs and encouraging their supports systems and health care providers to listen when they express concerns.

Watch an interview about Allyson's childbirth experience on the CDC's website (Link here)

Advancing Health Equity

Health Equity can act as a force multiplier for other intersectional priorities that that matter to organizations and their broader communities

CORPORATE SOCIAL RESPONSIBILITY	ESG	DEI	TRUST	SUSTAINABILITY	ENVIRONMENTAL HEALTH

HEALTH EQUITY

To achieve success in CSR, organizations must take action. A Health Equity strategy can help organizations to target their impact to where it is most needed	As organizations increasingly look to improve their ESG ratings, Health Equity can act as a central strategy which includes facets of Environmental, Social, and Governance across their stakeholder groups	By addressing internal inequities, DEI programs can encourage inclusion and improve the drivers of health. Conversely, health equity programs can improve employee health disparities outside of the workplace	In our current environment, it is critical to create trust between stakeholders to ensure disparities are understood, addressed, and related initiatives are utilized	Organizations looking to mitigate their impact on climate change and select sustainable activities can simultaneously improve the health of their communities	By understanding the negative health outcomes associated with environmental hazards, organizations can make decisions which improve planetary and societal health

Health equity cannot be achieved by improving health care – instead we must address the underlying root causes of health inequities

Racism & bias within & outside health care

System of structuring opportunity and assigning value based on physical appearance, socioeconomic status or other properties[1]

Example: Even after adjusting for demographic factors, people who have experienced racism have a higher risk of chronic inflammation, illness, high blood pressure, and other critical health disparities[2]

Structural flaws in the health care system

Barriers to timely, affordable, and quality health care necessary for promoting full health and well-being[3]

Example: 13% of U.S. residents live in a county with a primary care physician shortage, defined as less than one primary care physician per 2,000 people[4]

Deep inequities in the Drivers of Health

Economic, social, and environmental factors that influence an individual's health or how they access or respond to care[5]

Example: Communities of color are 40% more likely to live in counties with consistent drinking water violations, defined as 12 consecutive quarters of violations

Economic, social, and environmental disparities have laid bare the need for cross-sector leaders to support the health of individuals and communities in a more integrated way

HEALTH	ECONOMIC	SOCIAL	ENVIRONMENTAL
Breast Cancer About **1 in 8** U.S. women (about **13%**) will **develop invasive breast cancer** over the course of her lifetime[1]	**Homelessness** **17%** of LGBTQ Americans report that they have **experienced homelessness** in their lifetime, which is more than **2x** the rate of homelessness for the general population[4]	**Violence** About **1 in 3** women will experience some type of **violence** at the hands of their current or former partners **in their lifetime**[7]	**Pollution** Black and Hispanic communities are exposed to **60% excess** pollution, while White communities experience **17% less** pollution than is caused by their emissions[10]
Maternal Mortality Black, American Indian, and Alaska Native (AI/AN) women are **2-3x** more likely to **die** from **pregnancy-related causes** than white women[2]	**Poverty** For families with **single women heads of household**, **23.4%** were in **poverty** compared to 11.4% for families led by single men[5]	**Incarceration** Black and Hispanic adults are **5.9x** and **3.1x** more likely to be **incarcerated** than Whites, respectively[8]	**Toxic Waste** Over **50%** of individuals living within **1.9 miles** of **toxic waste facilities** – **linked with health issues** such as **cancer** and **kidney failure** – are people of color[11]
HIV Diagnosis Among females, Black Americans accounted for **58%** of HIV infection diagnoses in 2018, although they only made up **13%** of the population[3]	**Wage Equity** Collectively, more than 55 million full-time working women earned an estimated **$545.7 billion less** than their male counterparts in 2019[6]	**Literacy** More than **36 million adults** in the United States **cannot read, write, or do basic math** above a third-grade level[9]	**Food Insecurity** LGBT adults living in the U.S. are **2x more likely to experience food insecurity** during the pandemic, compared to non-LGBT adults[12]

Moving towards health equity starts with a recognition that health is much broader than health care, and actions to address the Drivers of Health can be force multipliers in promoting full health and well-being

Sources: 1. Breast Cancer 2. CDC 3. CDC 4. Williams Institute 5. Bloomberg 6. American Progress 7. OXFAM 8. Sentencing Project 9. NCBI "Literacy and Health Outcomes" 10. NAS 11. American Progress 12. NPR

There is a clear business case for addressing health equity

FINANCIAL IMPACTS

Organizations see real costs of health inequities. Each year...

An estimated **$93 billion** is spent **in excess medical costs** due to racial inequities in health[1]

An estimated **$16 trillion in GDP was lost over the last 20 years** due to race-based inequities within & outside the health care system[2]

One state saw an estimated **$2 billion in preventable health care costs** in one year[3]
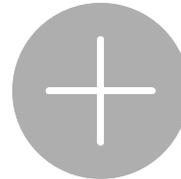
OPERATIONAL IMPACTS

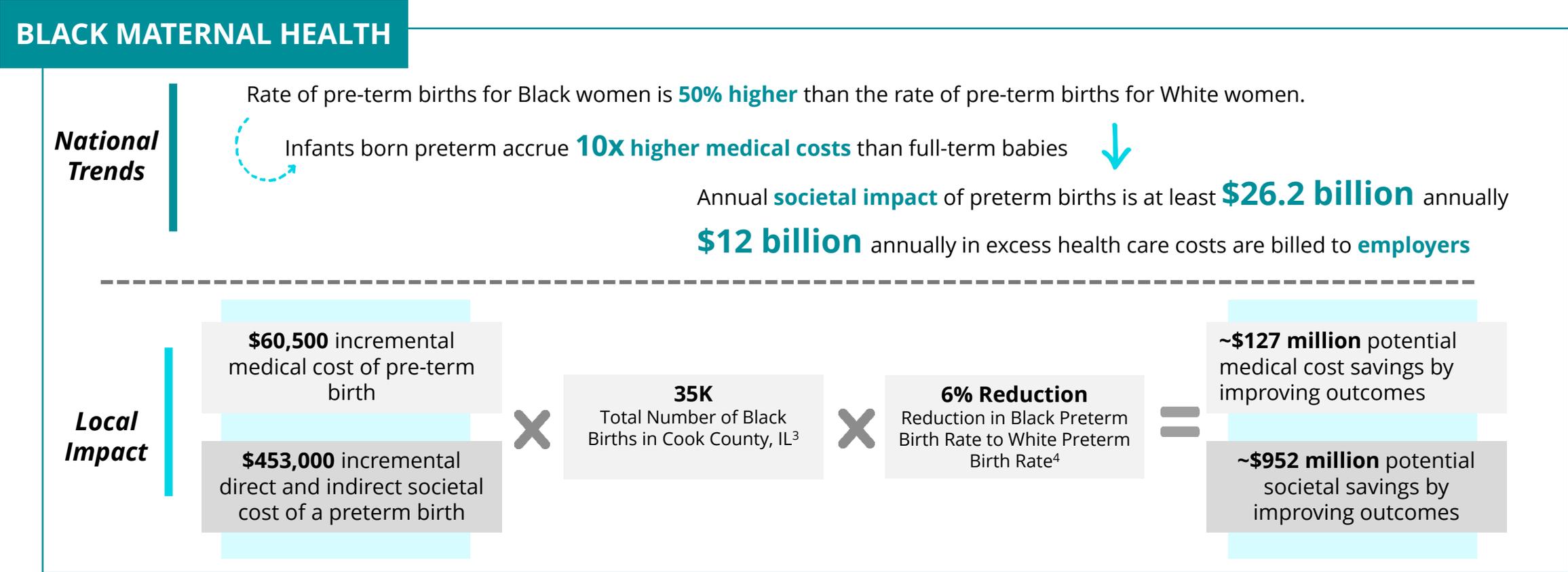*Organizations experience indirect impacts of equity initiatives or the lack thereof, such as:*

An estimated **$42 billion is lost via reduced productivity** due to health disparities each year[4]

Employees experience **40% less burnout and 13% fewer sick days** at organizations that have earned high-trust than those with low-trust[5]

One workforce health program was found to boost **productivity** by an average of **one full workday per month**[6]

Sources: 1) Kaiser Family Foundation; 2) Business Wire; 3) Minnesota Dept. of Health; 4) Kaiser Family Foundation; 5) Harvard Business Review; 6) UC Riverside

Example: Cost reductions through eliminating disparities in pre-term births for Black women in one community
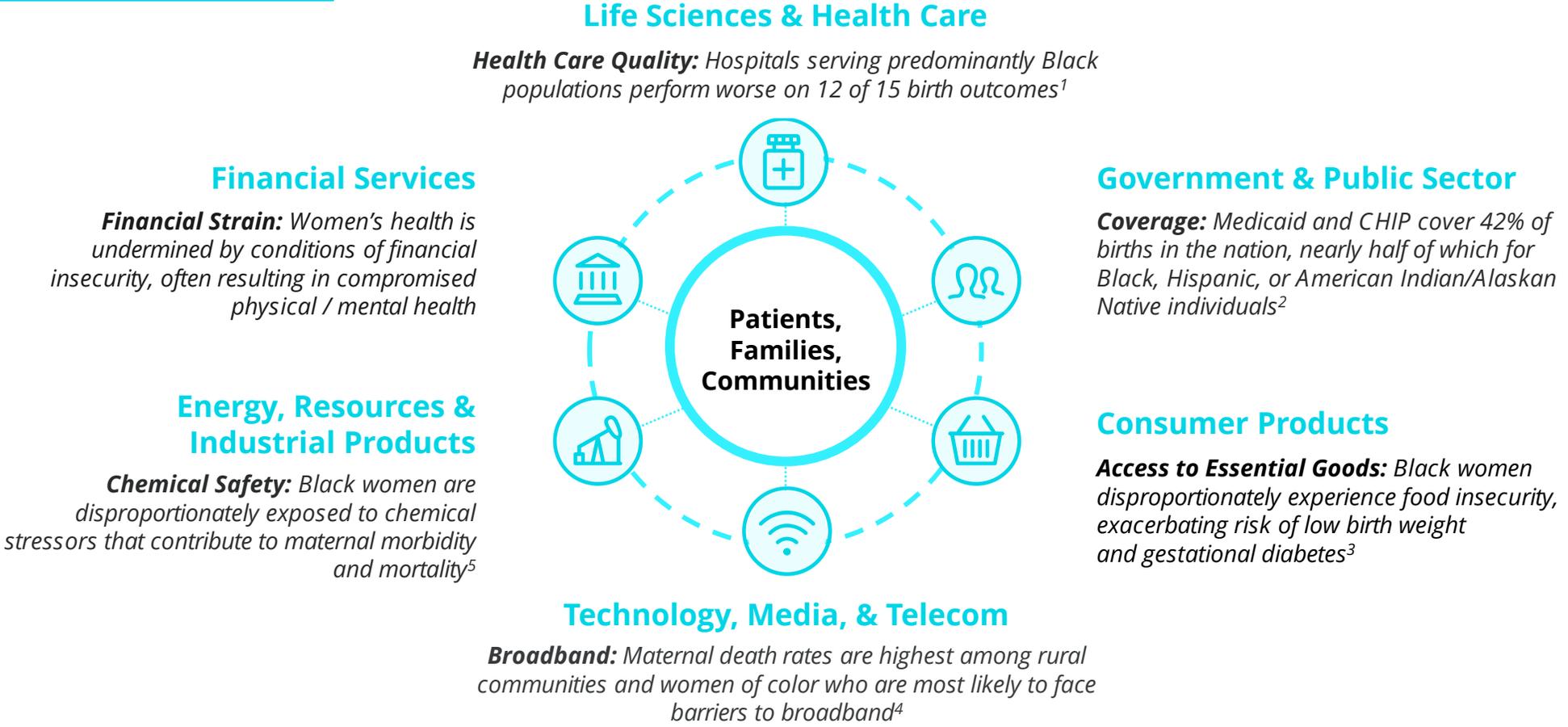
Financial costs of inequities in health outcomes can be calculated by understanding the **direct medical costs** and **societal costs** of each disparity.

BLACK MATERNAL HEALTH

National Trends

Rate of pre-term births for Black women is **50% higher** than the rate of pre-term births for White women.

Infants born preterm accrue **10x higher medical costs** than full-term babies

Annual **societal impact** of preterm births is at least **$26.2 billion** annually

$12 billion annually in excess health care costs are billed to **employers**

Local Impact

$60,500 incremental medical cost of pre-term birth	✕	35K Total Number of Black Births in Cook County, IL[3]	✕	6% Reduction Reduction in Black Preterm Birth Rate to White Preterm Birth Rate[4]	=	**~$127 million** potential medical cost savings by improving outcomes
$453,000 incremental direct and indirect societal cost of a preterm birth						**~$952 million** potential societal savings by improving outcomes

Sources: 1. MD Drug Intox Report 2. County Health Rankings 3. HCUP 4. Based on Deloitte model leveraging data from Cancer Therapy Advisor and "Medical Care Costs Associated with Cancer Survivorship" 5. CDC 6. Utilization and cost data is based on an analysis of 2018 MarketScan data for the MSA containing this count

19

Example: Ecosystems and collaboration across industries can address the underlying issues driving disparate outcomes

BLACK MATERNAL HEALTH

Life Sciences & Health Care

Health Care Quality: *Hospitals serving predominantly Black populations perform worse on 12 of 15 birth outcomes[1]*

Financial Services

Financial Strain: *Women's health is undermined by conditions of financial insecurity, often resulting in compromised physical / mental health*

Government & Public Sector

Coverage: *Medicaid and CHIP cover 42% of births in the nation, nearly half of which for Black, Hispanic, or American Indian/Alaskan Native individuals[2]*

Patients, Families, Communities

Energy, Resources & Industrial Products

Chemical Safety: *Black women are disproportionately exposed to chemical stressors that contribute to maternal morbidity and mortality[5]*

Consumer Products

Access to Essential Goods: *Black women disproportionately experience food insecurity, exacerbating risk of low birth weight and gestational diabetes[3]*

Technology, Media, & Telecom

Broadband: *Maternal death rates are highest among rural communities and women of color who are most likely to face barriers to broadband[4]*

Sources: 1) NPWF; 2) CMS; 3) CAP; AJCN 4) Urban Institute; 5) JWH; 6) Commonwealth Fund

Organizations from all industries can take action to advance health equity

Industry / Sector	Example Opportunities	Equity Initiatives in Action
CORE INDUSTRIES — **Life Sciences & Health Care**	Promote equitable care management, care model design, and clinical trials to more effectively treat historically disadvantaged populations	**Anthem** teamed to build the **Take Action for Health web tool** to provide free educational materials on key health issues and identify and **provide resources to mitigate barriers to care**[1]
Government & Public Sector	Build and sustain equity-centered programs and policy to serve all communities; collect data and research to enable targeted interventions	The **CDC** is investing over $2B in programming **to address COVID-19 disparities in underserved communities**, including racial and ethic minority populations[2]
Consumer Products	Leverage supply chains and customer access to deliver products such as clothing, food, and OTC medications, etc. to those in need	**Walmart** established **Healthier Food for All** to design innovative solutions to connect communities with **healthier food options** and **culturally relevant nutrition education**[3]
Technology, Media, & Telecom	Expand access to broadband, improve data protections, and provide accurate and timely health information to content viewers	**Google** partnered with the Morehouse School of Medicine to **launch the Health Equity Tracker**, to analyze data and systematically **identify health disparities** across the US[4]
Energy, Resources & Industrial Products	Rethink plant locations and protocols to reduce emissions and pollution, especially near low-income areas historically most impacted	**South California Edison** launched its **Charge Ready** program to build electric vehicle charging stations, locating half **in disadvantaged communities to improve air quality**[5]
Financial Services	Develop programming to improve financial literacy and create sustainable financial solutions for the un- or under-banked	**JP Morgan Chase** is investing **$30B in racial equity** through investments in **social determinants** like **housing**, **banking resources** for the underserved, and **workforce diversity**[6]

Sources: 1) Anthem; 2) CDC; 3) Grocery Drive; 4) Google; 5) SCE; 6) JPMC

Through our work with industry leaders, we know what success looks like and the common pitfalls organizations tend to make in activating health equity

	Organization	Offerings	Community	Ecosystem
CENTRAL IDEA[1]	The *organization* domain refers to **how an employer addresses diversity, equity, and inclusion in** the **workplace**.	Life sciences and health care organizations also should **address health equity** within their *offerings*, meaning the **products and services they deliver**.	The *community* domain is what an organization can do to **improve health and equity** in its **own community**—both **geographic** and **virtual**.	The *ecosystem* domain refers to **what the organization can do with cross functional organizations to advance an agenda for better health and equity**.
WHAT LEADERS CAN DO	• Collect and use data from employees to **design equitable employee benefit programs** • Mandate **cultural competency** and **implicit bias training** for all employees	• Advance **value-based payment models** and reward for **equitable outcomes** as well as **overall outcomes** • Design for **equity in R&D** and **when creating new products and services**	• Strategically **invest in communities** to build on existing assets while helping to fill gaps • **Partner with traditional competitors** to **magnify impact** on health equity in the same virtual or geographic communities	• Consider **diversity** when selecting **vendors** and **suppliers** • Amplify your health equity efforts through a **defined policy agenda**

Source: Deloitte

Through our work with industry leaders, we know what success looks like and the common pitfalls organizations tend to make in activating health equity

	Organization	Offerings	Community	Ecosystem
WHAT SUCCESS LOOKS LIKE	**Embed health equity** in organizational strategy Make health equity a **standing agenda item** for the Board Set **specific goals and metrics** for the leadership team Stand up a **health equity office** with dedicated leaders who report directly to the CEO Infuse commitment to health equity into **organization culture**	Address **the social, economic and environmental needs** of employees and consumers, not just clinical needs Root **all decisions in data,** targeting specific needs and measuring outcomes Analyze the **healthcare costs or performance losses** attributed to unmet health equity needs Transform **clinical trial inclusion criteria** and protocol development	**Partner** with local community organizations and leaders to build trust and improve transparency **Prioritize geographies** that are high need and have high density of patients/members for investment **Consult communities directly** and regularly on what they need and for oversight Track improvements across **population health outcomes**	**Elevate the profile** of the organization *and* individual leaders **Use ecosystem alliances** to tackle large-scale problems Leverage **political power** to advocate for health equity policy Embed **health equity performance measures** in all contracts Use **purchasing power** to advance equitable suppliers and providers
COMMON PITFALLS	Pursuing health equity via **"off the side of the desk"** initiatives Standing up a Health Equity Officer with **no support or funding**	**Over-engineering** ideas so they never reach those who need it **Failing to track** progress or identify the hidden costs of leaving needs unaddressed	**Re-inventing the wheel** instead of partnering with existing community-based-organizations Pursuing health equity **solely on racial demographics**	Focusing on developing a health equity brand in the ecosystem **before setting up the infrastructure**

Health equity is core to environmental, social, & corporate governance (ESG) strategy, a growing priority for investors and the public

ENVIRONMENT

Environmental health and health equity are interconnected

Health Equity Activation Areas:

- Disparities in environmental drivers of health
- Health impacts of climate change

SOCIAL

Health equity underpins existing tenets of the "Social" pillar while creating new pathways for social impact

Health Equity Activation Areas:

- Accessibility, affordability, and inclusivity of offerings
- Product quality and safety
- Individual & community welfare
- Human rights

GOVERNANCE

Health equity is a board-level issue that strengthens governance performance

Health Equity Activation Areas:

- Boards and C-suite prioritization of health equity
- Diverse and inclusive workforce
- Good workforce health
- Public policy & decision-making

Activating health equity can drive material societal impact as organizations face increasing pressure to measure and document their ESG progress

A snapshot of our experience driving health equity

THROUGH CLIENT SERVICES

Large Health System Activating Equity
Deloitte delivered an integrated strategic roadmap to be implemented over two years to drive Diversity, Inclusion, and Belonging across the workforce and Health Equity in key areas across 21 markets to serve 150K employees and 20M patients.

Insurance Provider's Platform for DOH
The team analyzed the prevalence of DOH issues across communities, prioritizing a "Healthy Communities" theme for all DOH efforts, delivering an integrated approach to improving health outcomes of families and the broader community, and developing a 3-year execution plan, and 90-day roadmap.

Nonprofit Organization Supporting a Major U.S. City
Deloitte delivered a comprehensive roadmap detailing activities for the short-, medium-, and long-term to help the metro region's health system become more resilient and better prepared for any future crisis through strategic investments and partnerships.

THROUGH THE HEALTH EQUITY INSTITUTE

Black Directors for Health Equity Agenda (BDHEA)
BDHEA and Deloitte's partnership has driven engagement with leaders across the health ecosystem – culminating in a 60+ page, public-facing playbook to spark stakeholders to take actions that activate health equity in their organizations and beyond

World Economic Forum (WEF)
In collaboration with WEF, Deloitte has taken a lead role in showcasing health equity and drivers of health on a global scale. Outputs of the partnership – including an equity 'footprint' assessment, an executive scorecard, and an equity playbook – will lay the foundation for organizations to better understand how to move the needle on health equity

New York Presbyterian (NYP)
DHEI collaborated with the NYP Dalio Center for Health Justice to identify and design a Drivers of Health community-based program to improve health outcomes for women and children. Deloitte Health Prism and third-party data was leveraged to hyper-target NYC neighborhoods of highest need, with project learnings consolidated into case studies to share and expand impact.

Organizations best positioned to make an impact on their communities and their bottom line have developed a strategy that is authentic to their business. We can help you get started.

What you can do	How we can help
1 — **Launch A Data-Driven Health Equity Strategy** *Gain internal alignment on role and objectives; design an operating model to oversee programming, and leverage analytics to build initiatives that play to your strengths*	**Commitment Scale**: Help leaders understand vision and identify gaps **Greenhouse Lab:** Align leaders around shared health equity priorities **HealthPrism**: Analyze health and social disparities within your community **Employee Screening Tool:** Reveal unmet needs within your organization
2 — **Engage Communities & Build Partnerships** *Take a human-centered, culturally humble approach to identify drivers of health inequities within your communities and collaborate with partners who can enhance your impact*	**Equity By Design**: Use community voices to design trustworthy and effective solutions **Trustworthy AI**: Framework for designing and implementing ethnical AI solutions
3 — **Integrate Health Equity into ESG Goals** *Elevate health equity to a board level issue and gain alignment with other ESG initiatives; develop an approach to measuring impact and evaluating progress*	**D.Bias**: Leverage technology to analyze AI and ML programs to identify potential bias **Strategy Accelerator**: Support operationalizing strategy and track key metrics

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Thank You

FEBRUARY 2023

MAKING AN
IMPACT THAT
MATTERS
since 1845

Keynote Presentation

Hugh O'Toole
Innovu

Deborah Partsch
Innovu

Agenda

1. Definition of Health Equity

2. Own the Data

3. Consequences of Starting with Measure

4. Illustrative Use Case

5. Next Steps to go deeper on your Data Journey

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Defining Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Deloitte Center for Health Equity (the state in which everyone has a fair and just opportunity to attain their highest level of health)*

"When you developed your program, who did you have in mind?"

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Data Journey

"The higher you climb, the better the view"

"Let data get in the way of your decisions"

Optimization

Predictive Analysis

Isolation & Causation

Correlations

Benchmarks

Scorecards & Dashboards

TM

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Own The Data

Create Unified Record

- Medical
- Pharmacy
- Plan Design
- HRIS
- Biometric
- Workers' Comp
- Retirement
- Other Data
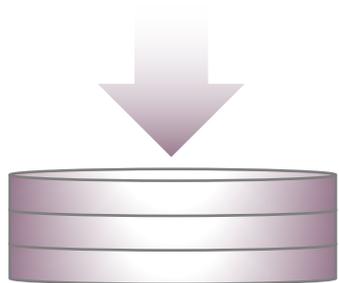
Enrichment Data

- Medispan
- AMA
- NPI

Benchmark Data

- Innovu Data *(3.8M lives)*
- MarketScan *(43.6M lives)*
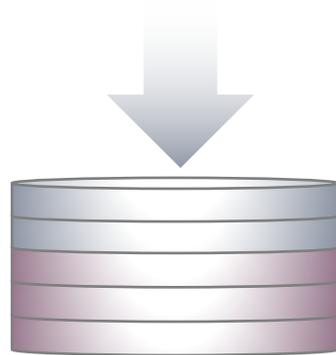
Lens Capabilities

Enhancement Modules

- Quantros Quality
- Truven Grouper
- Hospital & Payer Data
- Additional / Custom

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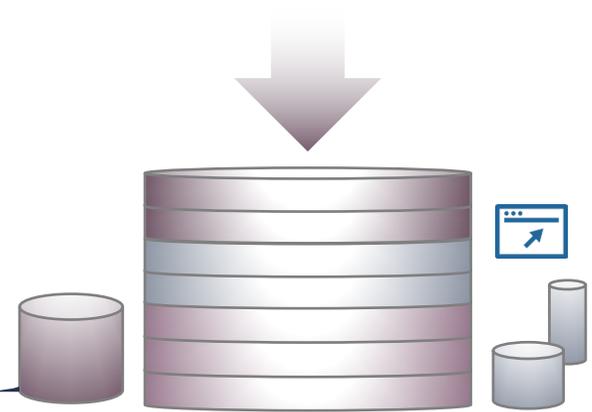
Consequences of Starting with Measure

Questions not asked when you start with Measure:

a. Individually identify Population being targeted

b. Identifying the methodology to measure outcomes and impact on targeted community

c. Do you have the data elements (Current and Additional) to start the analysis

    i. Data is necessary to identify the problem and establish a baseline

    ii. Independently identify Population

    iii. Identify solution for desired impact

    iv. Independently measure the outcome

d. Enhance data sets to create more specificity on root cause

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Health and Equity Case Study – Vaccinations

Innovu Data:
Lower Vaccination rates in Hispanic and Black populations

ASPE
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
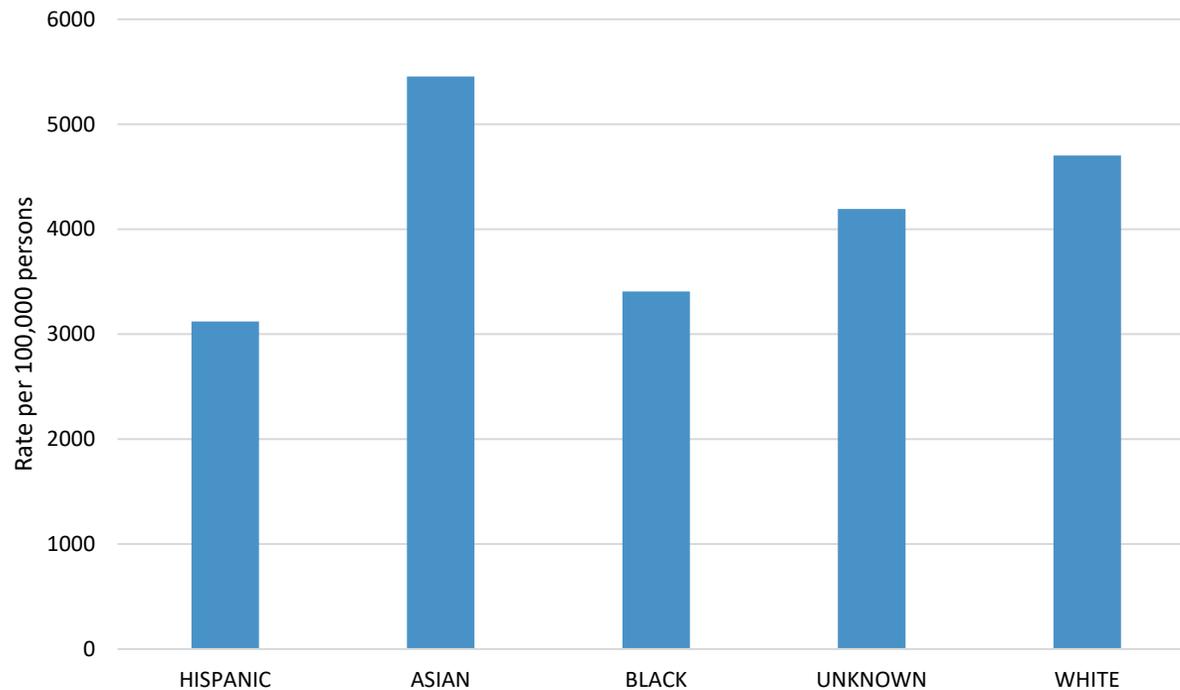
ISSUE BRIEF
March 16, 2021

HEALTH DISPARITIES BY RACE AND ETHNICITY DURING THE COVID-19 PANDEMIC: CURRENT EVIDENCE AND POLICY APPROACHES

Adelle Simmons, Andre Chappel, Allison R. Kolbe, Laina Bush, and Benjamin D. Sommers

KEY POINTS

- The COVID-19 pandemic has highlighted stark health disparities among Black, Hispanic, Native American, and Native Hawaiian/Pacific Islander populations in several areas, including infections, hospitalizations, death rates, and vaccination rates.
- Key short-term policy steps to address health inequities include using existing data and collecting more complete data on race and ethnicity to support policymaking to reduce health disparities; ensuring equitable rates of COVID-19 testing, treatment, and vaccination; and improving access to health insurance coverage.
- Longer-term efforts should address socioeconomic drivers of variation in health outcomes and strengthen public health surveillance systems and infrastructure through data modernization.

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Innovu's Book of Business in the State of Pennsylvania

When comparing Enrollment by Imputed Race to COVID Prevalence by Imputed Race for Innovu's book of business in the state of Pennsylvania, the racial disparity is highlighted even further, most noticeably for the Hispanic race.

Enrollment by Imputed Race
- ASIAN: 7.8%
- BLACK: 1.5%
- HISPANIC: 5.3%
- UNKNOWN: 0.0%
- WHITE: 85.3%

COVID Prevalence by Imputed Race
- ASIAN: 6.9%
- BLACK: 2.7%
- HISPANIC: 21.9%
- WHITE: 68.5%
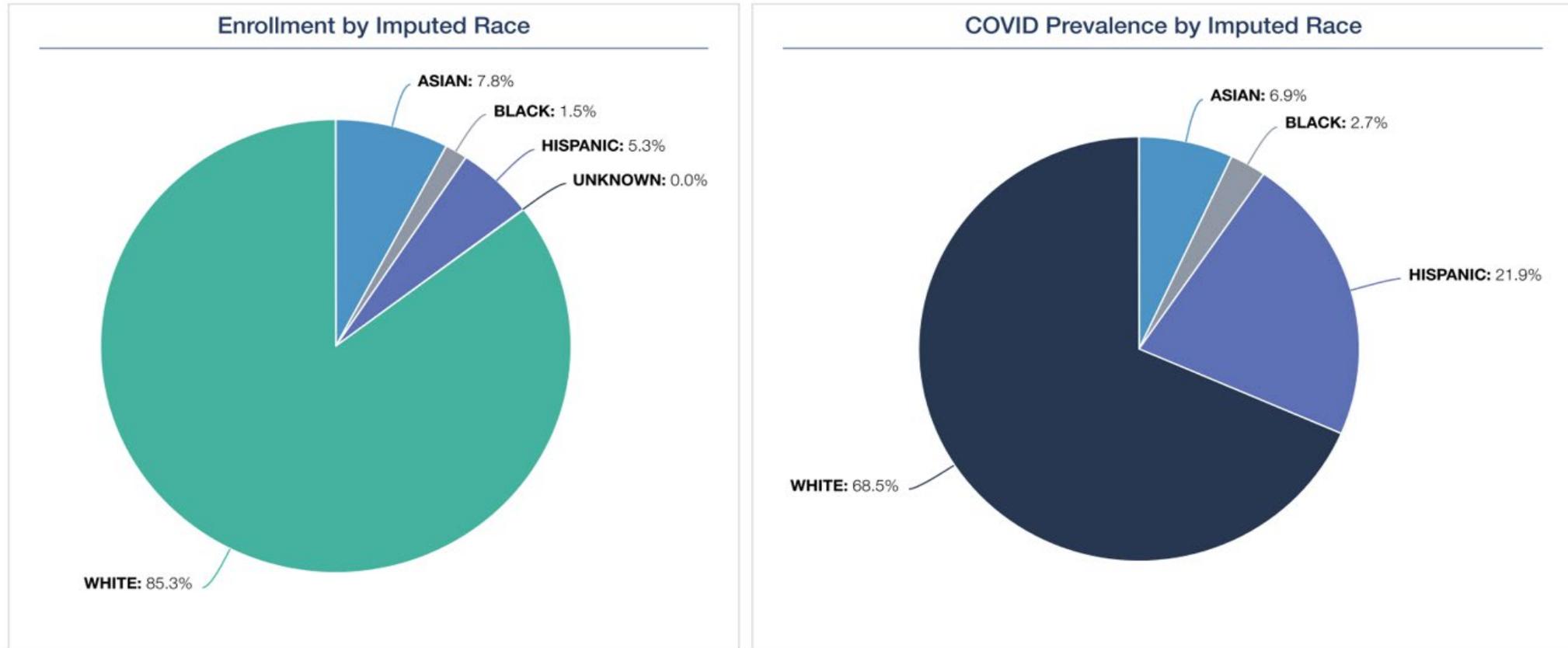
When looking at only the state of Pennsylvania, the Hispanic race disproportion is even more dramatic (5.3% of enrollees accounting for 21.9% of COVID-19 diagnoses).

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Innovu's Book of Business in Southern Pennsylvania

When comparing Enrollment by Imputed Race to COVID Prevalence by Imputed Race for Innovu's book of business across three regions in Southern Pennsylvania, the racial disparity continues to present itself but not as dramatically in Southwestern and Southeast Pennsylvania.

PA Region	Imputed Race*	Enrollment by Imputed Race	COVID Prevalence by Imputed Race
Southwestern	Asian	8.7%	9.7%
	Black	*1.7%*	*4.4%*
	Hispanic	3.5%	4.0%
	White	86.1%	81.9%
Southcentral	Asian	6.2%	3.4%
	Black	1.4%	0.9%
	Hispanic	*9.6%*	*52.3%*
	White	82.8%	43.4%
Southeast	Asian	7.0%	7.7%
	Black	*2.9%*	*4.5%*
	Hispanic	8.8%	9.7%
	White	81.1%	78.1%

Cases where Imputed Race is Unknown are excluded

While Southwestern and Southeast Pennsylvania reflect a COVID Prevalence that is closely aligned with their respective Enrollment by Imputed Race, Southcentral Pennsylvania is showing a significant disproportion for the Hispanic race.

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Health and Equity Case Study – Treatment Non-Compliance

Outpatient Hospital Infusions
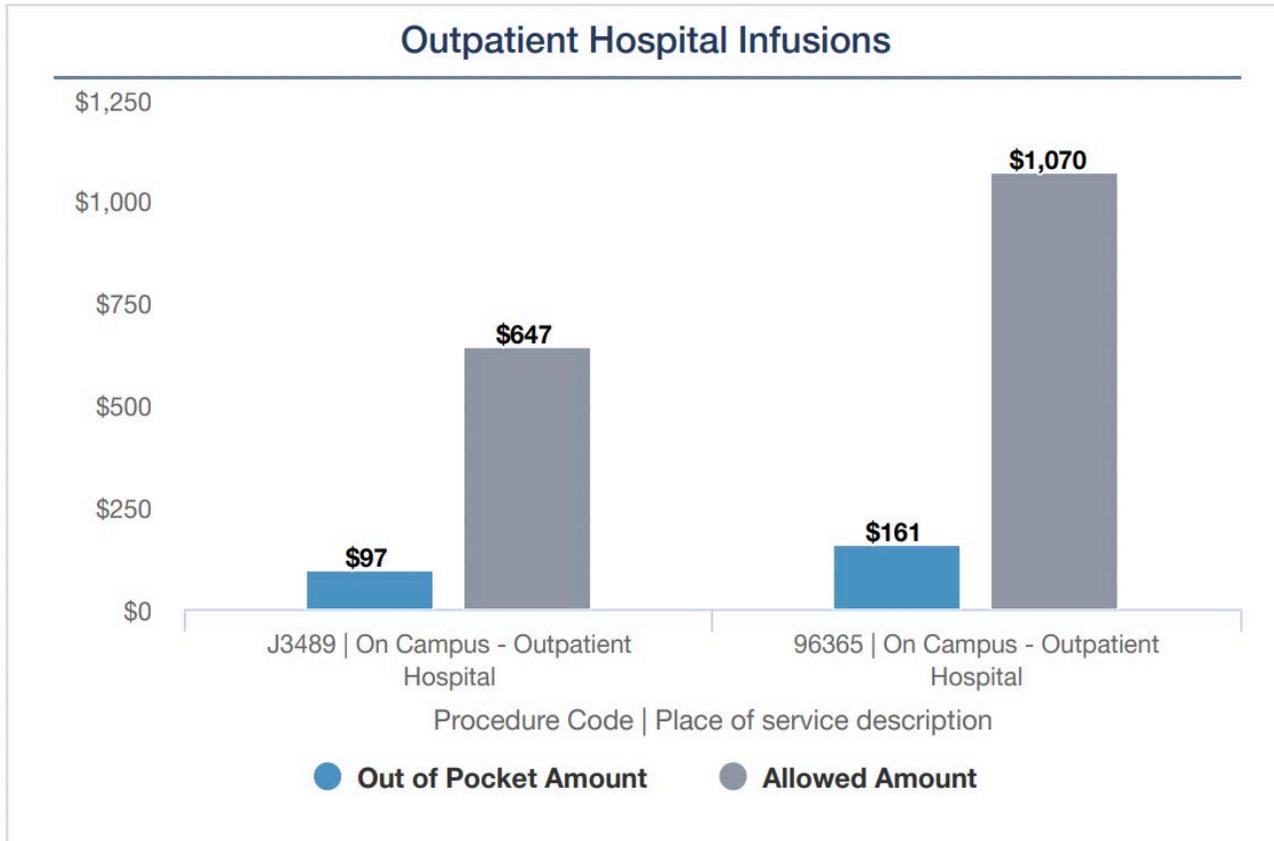
CCSR Category 1 Description	Diagnosis Short Description
Socioeconomic/psychosocial factors	Other problems related to housing and economic circumstances

- Employee has socioeconomic and problems related to housing identified in medical claims.

- The member paid over $250 for one drug infusion at an outpatient hospital; receiving the infusion at home is not an option due to the member's housing issue.

- The member stopped taking drug therapy to treat their chronic condition.

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Data Needed to Reveal Deeper Insights into Health Inequities

1. Data Sets needed
   a) Data sets that determine EE Health Inequity
   b) Medical and Pharma to identify and measure inequity exists – this is always your richest dataset
   c) Find a possible correlation between different variables and the health inequity

2. Find a subpopulation that has a problem then you need to get much more data to make claims of a theory

3. HRIS
   a) Climate
   b) Race
   c) Income
   d) Region

4. Design Elements that effect utilization

5. Facilities used by these factors

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Roundtable Presenters

Janaera Gaston
Northeast Business Group on Health

Recognizing Implicit Bias and Using Data to Overcome It

Tuesday, February 21, 2023

Janaera Gastón

Northeast Business Group on Health

NORTHEAST
BUSINESS GROUP ON HEALTH

1

NEBGH: Who We Are

- Northeast Business Group on Health (NEBGH):
  - 160 – member, employer-led coalition – NY Tri-state region
    - Members national and global in scope
  - Education, information and action recommendations
  - Maximize the value of healthcare benefits purchased
  - Work to create a culture of health and wellbeing for employees and family members.
  - We are mission-driven! Work we do in areas like SDOH, health equity, mental health and vaccination has impact far beyond our members.
- Our employers are diverse in industry and demographics – many have > 60% employees of color
- Employers need to understand the significance – the moral imperative - of addressing health equity and being intentional about it
  - Providing "equal benefits for everyone" is insufficient
  - Making deliberate efforts to improve health equity enhances the health and wellbeing employees and family members

NORTHEAST
BUSINESS GROUP ON HEALTH

Actions to Address Implicit Bias in Race and Health Benefits

- Diversity and Inclusion Training
- Cultural Competency
- Diverse Representation, i.e., provider networks
- Collecting and Analyzing Data
- Partnering with Community Organizations
- Regular Review and Evaluation

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BUSINESS GROUP ON HEALTH

3

Employer Examples

- Company 1: Provide access to healthcare for all employees

- Company 2: Support mental health for employees of color

- Company 3: Reduce disparities in Black maternal health

Questions to Ask Vendors

1. Can you provide data by race and/or ethnicity? Can you provide it regularly or only on request?

2. What methods are you using to attract diverse talent and clients?

3. How do you lead by example in DE&I?

4. How does your organization's work align with and support our DE&I strategy?

5. How do you engage users in evaluating how well your offerings meet their needs? How do you ensure that feedback reflects diverse users?

6. What is your strategy for understanding those you're not reaching?

7. Do you use qualitative and quantitative methods to measure the success of your offerings?

8. If your offerings involve machine learning and artificial intelligence, to what extent have you looked at inherent bias in your algorithms?

Source: *"Obesity, Diabetes and Racial Health Equity: What Employers Can Do."* (2022) Northeast Business Group on Health. https://online.flippingbook.com/view/644877113/

Resources You Can Use

NEBGH Guides with Action Steps for Employers

- *Obesity, Diabetes and Racial Health Equity: What Employers Can Do (2022)*

- *Social Determinants of Health: A Guide for Employers (2022)*

- *Diabetes and Lower-Wage Workers (2020)*

- **Just released!** *Creating a Vaccination-Friendly Culture: What Employers Can Do*
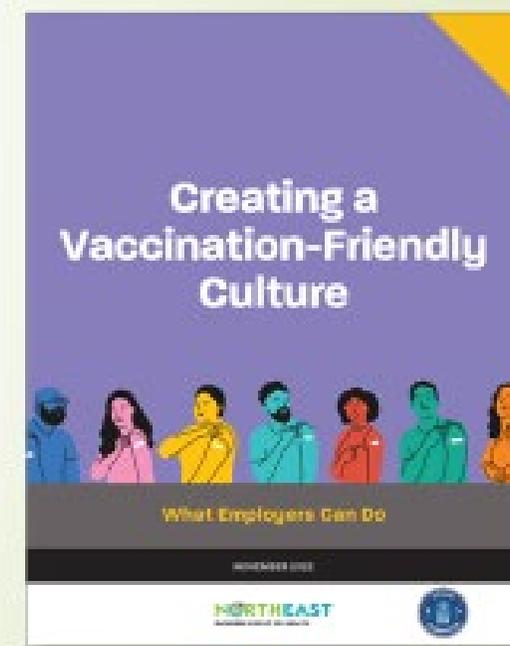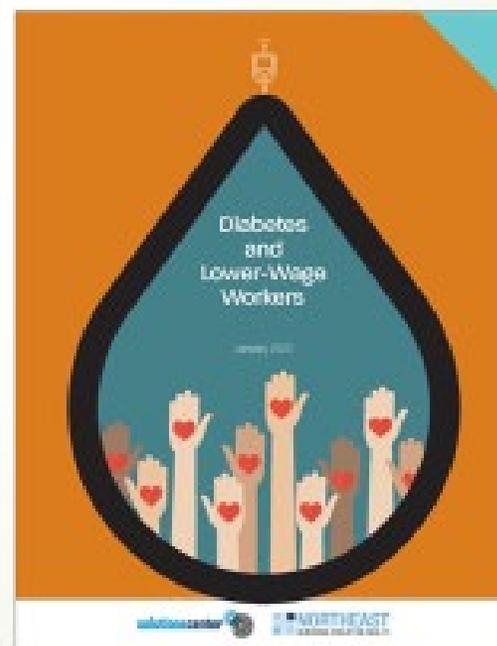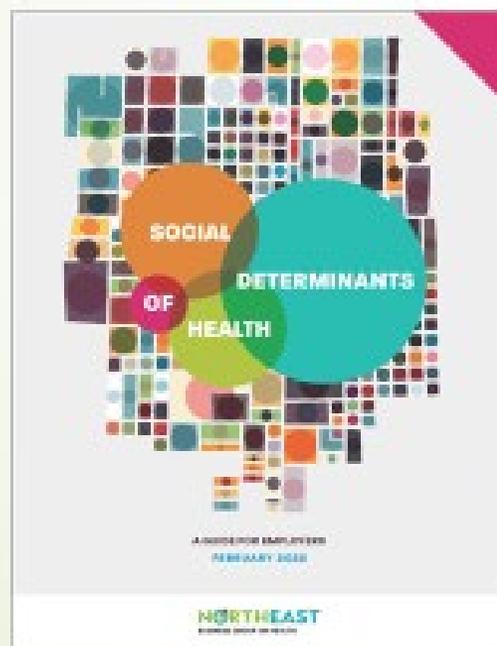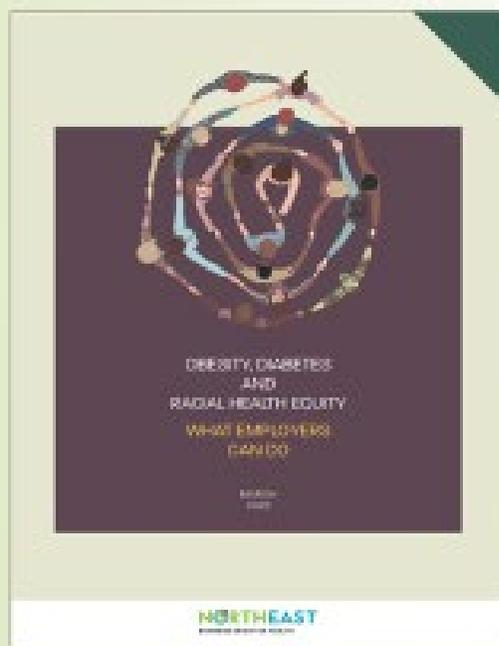
Dawn Brown
National Alliance of Mental Illness

Roundtable Discussion

Desmond Hollingsworth
Deloitte Consulting

Hugh O'Toole
Innovu

Deborah Partsch
Innovu

Janaera Gaston
Northeast Business Group
on Health

Dawn Brown
National Alliance of Mental
Illness

Michael Thompson
Moderator
National Alliance of Healthcare
Purchaser Coalitions

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

Upcoming Webinars & Events

Immune Fitness and Vaccination: Overcoming Misinformation and Trust Issues |March 9| 1:00 p.m.- 2:00 p.m. (EDT)

Employer Town Hall: Interplay Between Mental Health & the Spectrum of Addition | **March 22** | 3:00 p.m. – 4:00 p.m. (EDT)

2023 Leadership Summits: June 28–29