



Addressing Health Disparities and Inequities in Communities of Color

Executive Summary

Long-standing social structures of racism and discrimination have systematically harmed the health and well-being of generations of Americans simply due to their race. Compounded with the presence of underlying bias, social factors create an environment where people of color are more likely to have negative experiences with the health care system when compared to whites. Issues such as a lack of access to health services have resulted in high rates of chronic illness and a greater risk of early death. The COVID-19 pandemic has magnified these racial health disparities to tragic proportions, with people of color contracting the disease at nearly three times the rate as whites, further underscoring the urgent need to create an equitable health care system for all.

As the health care partner to one in three Americans, the Blue Cross Blue Shield Association (BCBSA) believes everyone should have access to high-quality health care regardless of race, ethnicity, sex, gender identity, sexual orientation or age. Every Blue Cross and Blue Shield (BCBS) company across the country and Puerto Rico has launched local initiatives to address racial health disparities, with more than 300 programs already in place. Importantly, 175 of these initiatives focus on addressing the social determinants of health (SDOH) across crucial areas like food insecurity, housing, environmental and transportation. An additional 118 BCBS initiatives address health disparities related to specific health conditions that disproportionately impact communities of color, including diabetes, heart disease, behavioral health and maternal health.

In addition to the actions of BCBS companies in local communities, the BCBS System is committed to a sustained effort to reduce racial health disparities in America. Our systemwide efforts are comprehensive, ranging from addressing the paucity of racial health disparity data to tackling specific condition categories, like maternal and behavioral health, to working with local providers to both identify drivers of disparities and change the way that care is delivered as a result. Advancing health equity builds on our [Pledge to Make Meaningful Change](#) and reaffirms our commitment to building strong and equitable communities – not just for our 110 million members and 220,000 employees, but for all Americans.

Further building on this pledge, we are committed to continuing to work with policymakers and partners throughout the health care system, including the Administration's recently created health equity task force, to address years of systemic racism that has resulted in long-standing disparities and negative health outcomes in these communities.

The path forward requires five important steps:

- 1. Use data to uncover the most critical opportunities to drive health equity**
- 2. Target interventions to specific conditions that are chronic and plague communities of color**
- 3. Improve access to health coverage**
- 4. Address social determinants of health**
- 5. Increase the number of racially and ethnically diverse clinicians and provide training to all physicians that enables them to deliver culturally appropriate care**

Use Data to Drive Health Equity

The collection and appropriate use of demographic data are foundational to identifying disparities in health care and in monitoring and evaluating the effectiveness of health interventions. Improvement in what we measure and, importantly, standardization and availability of demographic data, including race, ethnicity and language (R/E/L), across the health care industry will provide a fuller understanding of population needs and inform the most effective interventions for eliminating disparities in health care based on race and ethnicity. To meet these goals, the standardized collection of R/E/L data must be an industrywide imperative.

BCBSA urges the following steps to promote appropriate and effective use of data to drive health equity:

- **Support industry initiatives to develop national standards including R/E/L data to further health equity issues.** The government should support industry-led efforts to accelerate the development and adoption of national data standards. For instance, a key initiative in this area is the [HL7's Gravity Project](#), a multi-industry effort to reduce barriers to the integration of social risk data into clinical decision-making to improve health outcomes, while supporting appropriate safeguards and privacy protections. R/E/L data should also include clinicians' R/E/L data. Medicare could support the collection of clinicians' data by adding this to the National Provider Identifier (NPI) application.
- **Incentivize the use of standardized data and risk assessment protocols.** Policymakers should provide incentives in Medicare and Medicaid reimbursement to identify SDOH as well as administrative activities geared towards referring beneficiaries to local resources and social supports.

Target Interventions to Specific Conditions

Research shows that people of color experience higher rates of chronic illnesses, worse health outcomes, poorer access to health care and have a greater distrust of the health care system compared to white Americans. In 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that 69.4 percent of Black and 67.1 percent of Hispanic adults with any mental illness reported receiving no treatment.¹ Black and Native American women are two to three times more likely to die from pregnancy-related causes than white women, regardless of income or education. Black men have the lowest life expectancy of any major demographic group in the U.S. and live, on average, 4.5 fewer years than white men. Black and Hispanic adults are less likely than white adults to have received vaccines for the flu and several other diseases. In addition to maternal health, behavioral health and immunizations, BCBSA will address a broad range of conditions including substance use, diabetes, cardiovascular disease, end-stage renal disease (ESRD) and other conditions that adversely impact people of color.

Black and Native American women are TWO TO THREE TIMES MORE LIKELY TO DIE FROM PREGNANCY-RELATED CAUSES THAN WHITE WOMEN, regardless of income or education.

Maternal Health

The United States has the highest maternal death rate of any developed country. Poor maternal health disproportionately affects women of color and women in rural areas. Disparities in health coverage and access to quality services along with other social factors threaten women's health before, during and after childbirth.

BCBSA urges the following steps to ensure access to care and improve maternal health outcomes:

- **Close gaps in maternal health care.** A significant determining factor for maternal health outcomes is access to quality prenatal, delivery and postpartum care services. Black women are three times more likely to die from pregnancy-related causes than white women.² The Black Maternal Health Momnibus Act of 2021 should be passed by Congress to address gaps and significantly improve the health outcomes for Black mothers and infants. Currently, Medicaid covers 43 percent of all births in the U.S.³ Congress should support states in extending Medicaid coverage to 12 months postpartum by permanently enacting the Helping Medicaid Offer Maternity Services Act, requiring comprehensive coverage for women eligible for Medicaid through the pregnancy-related and parents-of-dependents pathways, and expanding coverage of telehealth services for Medicaid beneficiaries. We urge Congress to permanently enact this legislation beyond the five years included in the American Rescue Plan Act (ARPA).

¹ <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

² <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>

³ <https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/>

- **Develop alternative payment models targeted to maternal health.** The Administration should expand access to maternal health medical homes, birth centers, community-based doulas, accountable care organizations and Medicaid managed care plans, all of which provide care coordination so maternal health conditions are treated before they become debilitating. These models can harness performance and quality measures to save lives and help decrease the rate of complications such as unnecessary Cesarean sections, which are 12 percent more likely in low-risk pregnancies among Black women compared to white women.⁴
- **Promote cultural competency in maternal health care delivery.** Improving all facets of the health care industry's ability to identify and address racial/ethnic biases in their practices through training, outreach and other methods is critical to improving disparities for all health outcomes, but particularly for maternal health where the gaps in morbidity and mortality across populations continue to grow, regardless of socioeconomic status. Cultural competency training should be provided to clinicians and applied to the delivery of care across the country. Additionally, more racially and ethnically diverse clinicians should be introduced into the health care workforce.

Behavioral Health

[Research](#) shows that people of color are less likely to have access to behavioral health services, less likely to seek out such services (i.e., stigma) and receive needed care, more likely to receive poor quality of care and more likely to end services prematurely (i.e., economic) than whites. The COVID-19 pandemic and related economic crisis have worsened these gaps.

BCBSA urges the following steps to improve behavioral health care for people of color:

- **Promote primary care and behavioral health integration.** Initiatives that integrate evidence-based, behavioral health care into primary care help ensure that the population as a whole has access to behavioral health care early and without disruption. Holistic care greatly increases the likelihood of good health outcomes.⁵ Policymakers should implement alternative payment models that prioritize this integration and incentivizes providers to address racial health disparities. Such models could include quality and cost incentives, employ metrics and make reimbursement contingent upon providers demonstrating acceptable levels of engagement with multicultural patients.
- **Increase the number of minority mental health clinicians and promote culturally appropriate training.** Programs should be developed to help bolster a diverse workforce to better meet the needs of the population and address access and utilization barriers. This should include educational pipeline training programs that enhance opportunities for people of color to enter careers in the mental health professions. In addition, there should be a focus on increasing training that enables all providers to deliver culturally and linguistically appropriate care to support the specific needs of communities of color. We urge Congress to continue to build on the funding for behavioral workforce education and training that was included in the ARPA.
- **Address stigmas in behavioral health.** It is critical to address lingering stigmas about receiving mental health care and to increase awareness of mental and behavioral health disorders in communities of color, while addressing the social and environmental factors that may place individuals at risk. Policymakers should support efforts to build this awareness through campaigns such as the Independence Blue Cross "Know Your Mind" campaign to increase consciousness around depression and anxiety.⁶

Immunization

[Research](#) shows that distrust, safety concerns, experiences with discrimination, and historical abuse of people of color by the medical and scientific community contribute to disparities in vaccination rates. Greater community engagement and collaboration with the private sector will help to dispel myths about vaccines and confront the systemic distrust in health care institutions that inhibit vaccinations.

BCBSA urges the following steps to address disparities in vaccination rates in communities of color:

- **Ensure all vaccines are affordable and available in underserved communities.** There should be no cost-sharing for CDC-recommended vaccinations for adults, similar to what exists for children, and actions should be taken to ensure and expand funding for free access for the uninsured, who are disproportionately people of color. To address barriers to immunization, federal agencies should strengthen the public health infrastructure supporting outreach to physicians and community groups.

⁴ <https://hcttf.org/wp-content/uploads/2019/07/Expanding-Access-to-Outcomes-Driven-Maternity-Care-through-Value-Based-Payment.pdf>

⁵ <https://www.ama-assn.org/delivering-care/public-health/collaborative-care-model-mental-health-addiction-treatment>

⁶ <https://www.libx.com/htdocs/custom/known-your-mind/index.html>

- **Build COVID-19 vaccine confidence.** We support the government's efforts to lead a coordinated outreach and public education campaign leveraging health care, corporate and community partners to build public trust and educate physicians and community groups on the clinical efficacy and safety data of COVID-19 vaccines. Officials must continue to ensure transparency and accountability in the vaccine development lifecycle with consistent messaging demonstrating a reliance on scientific evidence in order to generate public support. There should be a higher portion of people of color included in COVID-19 vaccine clinical trials to provide evidence to persuade people of color to obtain a vaccination.
- **Prioritize access to COVID-19 vaccines.** BCBSA supports an increased emphasis on distribution of COVID-19 vaccines to communities that have been disproportionately affected by the disease. To this end, BCBS companies and other insurers launched the Vaccine Community Connectors pilot initiative to support the vaccination of 2 million seniors age 65 and older in America's most at-risk, vulnerable and underserved communities.

BCBSA supports a distribution of COVID-19 vaccines that PRIORITIZES THE NEEDS OF COMMUNITIES that have been disproportionately affected by the disease.

Improve Access to Coverage

[Research](#) shows that people of color are more likely to be uninsured.⁷ The Affordable Care Act (ACA) has significantly reduced racial and ethnic gaps in health insurance coverage rates, but significant barriers remain.

BCBSA urges the following steps to further reduce unequal access to coverage:

- **Make ACA coverage more affordable.** Congress should make permanent the enhanced premium subsidies for lower-income families included in the ARPA, which lowers the percentage of income premium caps and eliminates the income eligibility cutoff of 400 percent of the federal policy level. Additionally, to ensure consumers can purchase coverage that covers 80 percent of their out-of-pocket costs at no additional premium, Congress should change the premium tax credit benchmark from silver to gold plans. To make premiums affordable for everyone, lawmakers should eliminate glitches in the tax credit structure that disfavor the young and establish a sustained federal funding mechanism that states could use to support the cost of caring for those with serious health conditions.
- **Close the low-income coverage gap.** Congress should continue to offer incentives to expand Medicaid eligibility through a 5 percent Federal Medical Assistance Percentage (FMAP) bump for non-expansion states' traditional Medicaid population with a 90 percent FMAP match for all expansion populations.
- **Automatically enroll individuals in available coverage.** Over half of the non-elderly uninsured in the U.S. are eligible for financial assistance through ACA marketplaces, Medicaid and the Children's Health Insurance Program (CHIP). Marketplaces should automatically enroll and renew individuals eligible for premium-free marketplace plans and Medicaid and facilitate enrollment for any remaining uninsured. The federal government should help states use the tax-filing process to obtain eligibility information and provide a federal data hub to maintain the most current enrollment and eligibility data.
- **Remove barriers preventing immigrants from accessing necessary care.** Congress should broaden support to states that opt to remove or narrow Medicaid waiting periods for permanent legal residents. These changes will ensure lawful immigrants and mixed-status families eligible for Medicaid can gain or retain coverage.

Address Social Determinants of Health

Socially determined factors have profound and measurable impacts on health. This includes experience with discrimination, socioeconomic status, education level, access to healthy foods and neighborhood segregation.

BCBSA urges the following steps to address SDOH and promote community-based partnerships and assist individuals in accessing necessary services:

- **Bolster broadband and phone access.** Roughly one in three rural Americans are without broadband access, cutting them off from services like telemedicine during this health crisis. Congress should adequately fund the Lifeline Program, administered by the Federal Communications Commission (FCC), which facilitates cell phone access for individuals on Medicaid so they may connect with their health plan and medical providers. Lawmakers should continue to invest in and further expand broadband access to enable the use of telehealth and remote patient-monitoring capabilities for all underserved communities, including rural and urban areas with limited transportation access.

⁷ <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>

- **Address food insecurity.** In the months prior to the COVID-19 pandemic, the Supplemental Nutrition Assistance Program (SNAP) served nearly 37 million people across the country.⁸ SNAP plays a critical role in reducing hunger, malnutrition and poverty, and improving family security, child and adult health, employment, and other outcomes. Congress should preserve states' flexibility to raise income eligibility limits and simplify the application process to increase access to SNAP benefits, as well as make permanent the increased investments in outreach, application assistance and technology support.
- **Support access to stable and affordable housing.** The Centers for Medicare & Medicaid Services (CMS) should encourage state Medicaid demonstrations for housing support services (e.g., housing location services, eviction prevention supports, and tenant rights and responsibilities training) to eligible individuals.
- **Facilitate innovation across programs and focus incentives on SDOH.** Congress should enact the bipartisan "Leveraging Integrates Networks in Communities to Address Social Needs Act," which establishes an infrastructure for sharing information and coordinating care to expand and improve efforts to address health and social needs. CMS should maintain and expand flexibilities related to benefit design and care delivery across markets that improve chronic disease management and address SDOH.
- **Support efforts to provide benefits that address SDOH.** Medical loss ratio (MLR) requirements are intended to ensure that health plans use premiums prudently to benefit the health enrollees. Spending for benefits related to social determinants should be included in the numerator of the MLR formula for all markets along with spending on clinical services. This treatment would be consistent with the definition of "incurred claims" used to calculate Medicare Advantage and Part D MLRs.

Increase the Number of Racially and Ethnically Diverse Clinicians and Provide Culturally Appropriate Training

Alignment between provider and patient is an effective way to ensure culturally competent care. The Association of American Medical Colleges (AAMC) projects that there will be a severe shortage of primary and behavioral health care practitioners to meet the needs of those seeking medical services.⁹ Additionally, as the nation grows more diverse, so will the need for a health care workforce that is representative of the population and delivers culturally competent, equitable care.

BCBSA urges the following steps to alleviate expected workforce shortages, develop a diverse next generation of health care practitioners and promote workforce retention in underserved and rural communities:

- **Increase financial support for improving the diversity of the health care workforce.** Congress should increase federal funding for Title VII Health Professions and Title VIII nursing workforce development programs to increase the number of diverse primary care workers. Direct financial incentives for health care organizations to hire and retain culturally competent health care providers and organizational leaders from underrepresented groups, with a particular focus on hiring those individuals from the health organization's own community will help build trust within the health care system.¹⁰
- **Promote culturally competent care.** Cross-cultural and implicit bias training should be required for health care practitioners at all levels. For example, the American Medical Association's graduate medical education competency program helps residents recognize patients' cultural, professional and biological differences, which can lead to more effective diagnosis, treatment and management.¹¹
- **Expand availability of non-physician practitioners to address workforce shortages.** Congress should design a CMMI (Center for Medicare and Medicaid Innovation) model to specifically test the best models for integrating more non-physician practitioners into care teams and build non-physician practitioners into the design of broad CMMI value-based models, Medicaid waivers or other Medicaid value-based waivers. Policymakers should support the development of programs that advance ethnically diverse health care leadership and strengthen existing pipeline programs in order to develop a cadre of professionals who may assume influential positions in academia, government and private industry.¹²

⁸ <https://frac.org/wp-content/uploads/FRAC-Transition-Recommendations-to-Address-Hunger-in-US-2020.pdf>

⁹ <https://www.aamc.org/news-insights/us-physician-shortage-growing>

¹⁰ <https://www.ama-assn.org/education/improve-gme/1-big-mistake-medical-residents-must-avoid-assumptions>

¹¹ <https://www.sciencenews.org/article/black-newborn-baby-survival-doctor-race-mortality-rate-disparity>

¹² https://www.commonwealthfund.org/sites/default/files/documents/_media_files_publications_fund_report_2002_oct_cultural_competence_in_health_care_emerging_frameworks_and_practical_approaches_betancourt_culturalcompetence_576.pdf