

# Understanding and Addressing Healthcare Disparities

SDOH FACTORS | RACE, ETHNICITY, AND LANGUAGE DATA | HEALTH EQUITY ANALYTICS

Defining, explaining, and addressing healthcare disparities requires widespread, reliable, and scalable healthcare data linking race, ethnicity, and language characteristics to utilization.

While there are many questions about the experiences, triggers, and events that result in healthcare disparities, we know that disparities are often rooted in social and economic disadvantages, reflected in social determinants of health (SDOH).

Blue Health Intelligence®'s (BHI®)'s national data set of more than 217 million unique members is one of the nation's largest, most extensive, conformed, and up-to-date commercial claims databases. In 2019, BHI received Qualified Entity (QE) certification from the Centers for Medicare and Medicaid Services, allowing us to enrich our commercial claims repository with robust Medicare data. With frequent refreshes and continuous enrollment, BHI's data allows users to comprehensively track individuals' healthcare longitudinally. We recently augmented this tremendous data set with reliable race, ethnicity, and language data.

For years, BHI has been connecting our national data set with SDOH factors. We have rolled these factors into a number of transparent indices to measure social vulnerability, economic stress, and barriers to care.

A thorough understanding of the impact race, ethnicity, language and SDOH factors have on care will help stakeholders truly understand healthcare disparities and how to address them.



## A Longstanding Commitment to the Nation's Blue Plans

BHI is a privately held, for-profit company owned by 18 of the nation's top Blue Plans and the Blue Cross Blue Shield Association. We are deeply familiar with the Blue System and have strong, comfortable working relationships with the BCBSA's leadership team and Plans across the U.S.

We are committed to supporting the BCBSA and Plans in their effort to end healthcare inequities by collecting data to measure disparities, scaling effective programs, and working with providers to improve outcomes.

## SDOH Factors

Factors that limit or enhance an individual's ability to receive care and improve health



Environment

Access to Care

Culture/Family

Financial

Health Behaviors

Social Support

Skills, Abilities, Knowledge

Competing Priorities

Emotional Behaviors

Factors such as health behaviors, family composition, and socioeconomic variables impact health outcomes. Data gaps have hindered providers', plans', and other stakeholders' abilities to recognize and tackle these challenges.

BHI has extensive experience accessing and analyzing numerous publicly available and algorithmically derived SDOH factors. We provide a broad range of individual-level SDOH factors across well-recognized domains.

### *Indices that illuminate social and economic vulnerabilities*

BHI has combined and weighted SDOH factors into widely adopted indices. Insights generated from these indices can guide COVID-19 vaccine outreach, drive innovative benefits, and strengthen community partnerships.

**Socioeconomic Status Index (SES).** Understand your members' socioeconomic status to shape benefit designs and innovative social programs.

**Social Vulnerability Index (SVI).** Fifteen U.S. census variables are used to identify individuals living in vulnerable communities who may need support. Plans are using this index, in combination with race data, to guide vaccine outreach.

**Healthcare Barrier Index.** BHI's proprietary index that addresses similar factors as the SES and SVI, but also includes individual skills, abilities, knowledge, and behaviors that often translate into barriers to accessing and managing care.

## Race, Ethnicity, and Language Data

Understanding members' race and ethnicity is a first step in documenting disparities. Yet, commercial health plans have faced challenges gathering complete racial and ethnicity data. In 2019, NCQA found that 76% of commercial health plans' racial data and 94% of ethnicity data were incomplete.

BHI has added a unique, private identifier to our individual health records. Through this identifier – or tokenization – we securely match de-identified individual members with race, ethnicity, and language information. The source is between 82.5% and 92.5% accurate at identifying individuals by race.

## Health Equity Analytics

As the industry moves to greater transparency on health equity, healthcare stakeholders are being asked to report outcomes by race and ethnicity, to understand the root causes of disparities, and take action.

With hundreds of pre-defined analytics, BHI can work with your team to rapidly stratify outcomes by race, ethnicity, and associated SDOH factors.

### How Do Race, Ethnicity, and Language Impact Health?

*Although race and ethnicity are social constructs, they have real-world implications for access to care, quality of care, and health outcomes. Individuals belonging to racial and ethnic minorities and those with limited English proficiency experience substantially worse outcomes and quality of care than the majority population.*



#### Race

The heritage one is born with, regardless of location or learned behavior. The impact of race on health usually has more to do with socially constructed inequalities than genetic factors.



#### Ethnicity

Learned behaviors from different cultures, traditions, and customs throughout the world. Ethnicity is linked with cultural expression and national origin.



#### Language

The language one first learned at home. One in five Americans speak a language other than English at home, and 42% of those are considered "limited English proficient."