bhi
Blue Health Intelligence®

Addressing Healthcare Disparities

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

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

Healthcare 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 **239 million members** is one of the nation's largest, most extensive, conformed, and up-to date commercial claims databases. BHI has Qualified Entity (QE) certification from the Centers for Medicare and Medicaid Services, and our commercial claims repository is enriched with robust Medicare data. Users can uniquely and comprehensively track individual's healthcare longitudinally. With continuous enrollment, BHI's data is frequently refreshed and augmented with reliable race, ethnicity, and language data.

Our national data set is connected with SDOH factors, and 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 these factors have on care will help stakeholders 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.
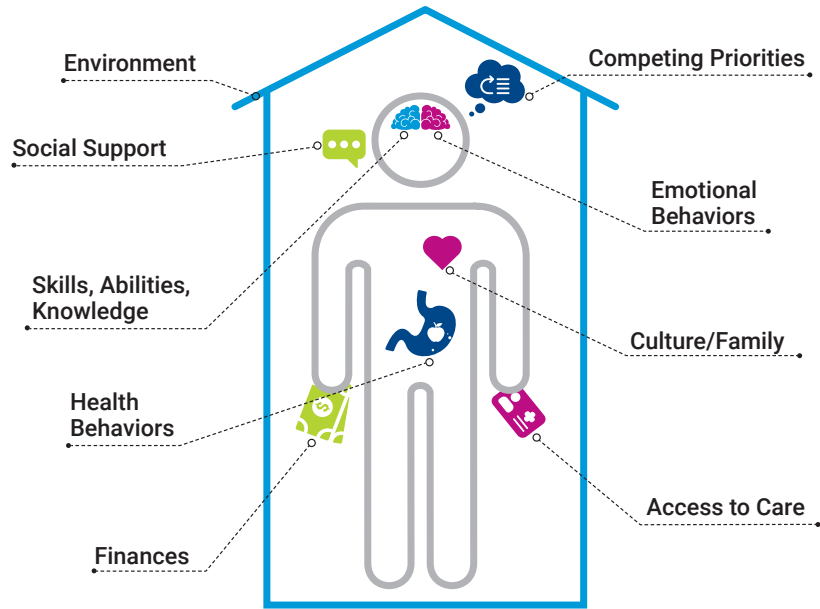
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SDOH Factors

Factors such as health behaviors, family composition, and socioeconomic variables impact health outcomes. Data gaps have hindered providers, plans and other stakeholders from recognizing and addressing these challenges.

BHI expertly accesses and analyzes numerous publicly available and algorithmically derived SDOH factors. We provide a broad range of individual-level SDOH factors across well-recognized domains.

Environment
Competing Priorities
Social Support
Emotional Behaviors
Skills, Abilities, Knowledge
Culture/Family
Health Behaviors
Access to Care
Finances

Indices That Illuminate Social and Economic Vulnerabilities

BHI has combined and weighted SDOH factors into widely adopted indices. Insights generated from these indices can inform healthcare decision-making and 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 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.

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."

Race, Ethnicity, and Language Data

In 2019, The National Committee for Quality Assurance (NCQA) found that 76% of commercial health plans' racial data and 94% of ethnicity data were incomplete. Understanding members' race and ethnicity is the first step in documenting disparities. However, commercial health plans have faced challenges gathering complete racial and ethnicity data.

76%

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94%

of ethnicity data were **incomplete**

⚠️ BHI has added a unique, private identifier to our individual health records that matches de-identified, individual members with race, ethnicity, and language information. The identifier 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 better understand the root causes of disparities and take action.

With hundreds of pre-defined analytics, BHI rapidly stratifies outcomes by race, ethnicity, and associated SDOH factors.

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