A Health Plan’s Role in Equitable Public Health

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TESTING AND HOSPITALIZATION RATES FOR COVID-19
How do these rates compare for different races and ethnic groups?

VARIABLE RATES
Although the testing rate is similar across racial/ethnic groups, disparities can be found in positivity and hospitalization rates.

- **Hispanic members** had a significantly higher **positivity rate**.
- **Black members** had higher rates of **hospitalizations**.
BLUECROSS BLUESHIELD OF TENNESSEE INITIATIVES

- Funded free COVID-19 testing for the uninsured or underinsured.
- Strategically invested in BlueCross Healthy Places in communities who lacked environments to promote physical activity.
- Financially supported increased broadband access in areas that have been underserved.
- Launching a statewide vaccination campaign to provide education and encourage preventative measures.
- Increased the number of minority scholarships for students pursuing healthcare professions.
- Funded state department of health webinar education sessions for providers on COVID-19 vaccinations.

The BlueCross BlueShield of Tennessee Foundation is awarding multiple grants, totaling up to $1.7 million, to help Tennessee communities promote and support COVID-19 vaccinations. The program is designed to provide funding to leverage local knowledge, expertise, resources and relationships to increase vaccinations within communities.
Public health promotes and protects the health of people and the communities where they live, learn, work and play.

Public health works to track disease outbreaks, prevent injuries and shed light on why some of us are more likely to suffer from poor health than others.

The COVID-19 pandemic, as well as racial injustices, have emphasized the impact of socioeconomic status, education, neighborhood and physical and emotional environment upon health outcomes.

BCBST has been intentional in efforts to play a role in reducing health disparities by outreach efforts to vulnerable populations and partnering with Meharry Medical College to produce a collaborative, data-driven effort to prioritize COVID-19 interventions for disparate populations.
Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care. They are linked to a lack of opportunity and to a lack of resources to protect, improve, and maintain health. Together, these factors are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between populations.
THE COVID-19 VACCINATION HESITANCY VULNERABLY INDEX
A collaboration between BCBST and Meharry Medical College

**Goals:**
- Identify social determinants of health that may influence COVID-19 vaccine acceptance
- Develop strategies for reducing disparities in COVID-19 vaccination
- Inform resource allocation recommendations and policy guidance for public health officials and policymakers
A SNAPSHOT ON VACCINE HESITANCY
Young Adults, Black Adults Most Likely to Want to “Wait and See”

Percent within each group who say, when an FDA approved vaccine for COVID-19 is available to them for free, they would wait and see how it is working for other people:

- Ages 18-29: 43%
- Black adults: 43%
- Hispanic adults: 37%
- Urban residents: 37%
- Republicans: 33%
- Independents: 33%
- Total: 31%
- Essential workers (non-health): 31%
- Suburban residents: 29%
- Health care workers: 28%
- Rural residents: 27%
- Democrats: 26%
- White adults: 26%
- Ages 65 and older: 21%

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Research Plan

**Phase 1:**
Initial models will leverage BCBS vaccination refusal data for the development and evaluation of a novel vaccination hesitancy index.

**Rigorous methodological approaches will include:**
- Mapping and geospatial analyses to identify high-risk communities
- Predictive modeling to identify individual-level and community-level factors driving risk

**Phase 2:**
Initial models will be applied to COVID-19 vaccination refusal data and refined accordingly, including relevant covariates (e.g., COVID-19+).

Implications

- Results will provide prioritization recommendations for public health messaging, both before and after a vaccine is available.
- Recommendations for where and to whom messaging should be focused to provide the highest potential impact, thereby representing a blending of population health and precision medicine approaches.
**SOCIAL VULNERABILITIES INDEX (SVI) DEFINED**

Aids in identifying additional risk factors for the member

**SOCIAL VULNERABILITY INDEX (SVI)**

- **Aggregate score** that quantifies the number of social determinants of health (SDOH) for which a member may be at risk.

- **Values range from 0 to 19**
  - A **higher score** means there are **more areas** of a member’s life in which vulnerabilities may **negatively impact their health**.

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<thead>
<tr>
<th>19 SVI Factors</th>
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<tbody>
<tr>
<td>Safety</td>
<td>Financial Strain</td>
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<td>Food Insecurity</td>
<td>Debt Burden</td>
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QUALITY OF CARE COUNTS

- We must include quality metrics and outcomes into **innovative care delivery**
- Quality care **doesn’t add costs** to the healthcare system
- Social Determinants of health must be a part of the **value-based conversation**
- Sincere quality healthcare discussions need to bring **more stakeholders to the table**
QUESTIONS?