



CAREFIRST'S COMMITMENT TO HEALTH EQUITY

Pursuing Health Equity by Addressing the Social Determinants of Health

HBX Social Justice and Health Disparities Working Group – May 6, 2021

CareFirst's Approach to Community Health & Social Impact

Destiny-Simone Ramjohn, Ph.D.

Vice President, Community Health and Social Impact

BlueCross BlueShield Health Equity Strategy

BCBS is advancing a strategy to improve health equity in local communities across the country

BCBS HEALTH EQUITY STRATEGY



National Health Equity Strategy

The National Health Equity Strategy will confront the nation's crisis in racial health disparities. The strategy intends to change the trajectory of health disparities and reimagine a more equitable healthcare system.

THE STRATEGY INCLUDES:

- ✓ Collecting data to measure disparities
- ✓ Scaling effective programs
- ✓ Working with providers to improve outcomes and address unconscious bias
- ✓ Leaning into partnerships at the community level
- ✓ Influencing policy decisions at the state and federal levels

The multi-year strategy will focus on four conditions that disproportionately affect communities of color:



**MATERNAL
HEALTH**



**BEHAVIORAL
HEALTH**



DIABETES



**CARDIOVASCULAR
CONDITIONS**

Health Disparities in Communities of Color: By the Numbers

Cardiovascular Health

70%

Black men are 70% more likely to die from a stroke as compared to non-Hispanic white men.



Behavioral Health

55% lower

Likely to due to under-diagnosis, Millennials from majority Black and Hispanic communities have lower diagnosis rates of major depression, 31% and 55% lower respectively when compared to white communities.



Diabetes

60%

African American adults are 60% more likely than non-Hispanic white adults to be diagnosed with diabetes by a physician.



Maternal Health

3x higher

Black mothers have 3x higher maternal mortality and 2x higher morbidity than white mothers.



Sources: 1) [OMH: Stroke and African Americans](#); 2) [Millennial Health: Trends in Behavioral Health Conditions](#); 3) [CDC: National Diabetes Statistics Report](#); 4) [AJMC: Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health](#)

In 2021, CareFirst, like BCBSA, will focus first on maternal health, followed by behavioral health

BCBSA HAS SET A GOAL TO REDUCE RACIAL DISPARITIES IN MATERNAL HEALTH BY 50% IN FIVE YEARS.*



| Maternal mortality | Maternal morbidity | Prevalence of delivery complications |
|---|------------------------|--------------------------------------|
| 3X HIGHER ¹ | 2X HIGHER ¹ | 46% HIGHER ² |
| among Black mothers versus white mothers. | | |

What Health Equity Means to CareFirst

CareFirst's Five-Year Vision

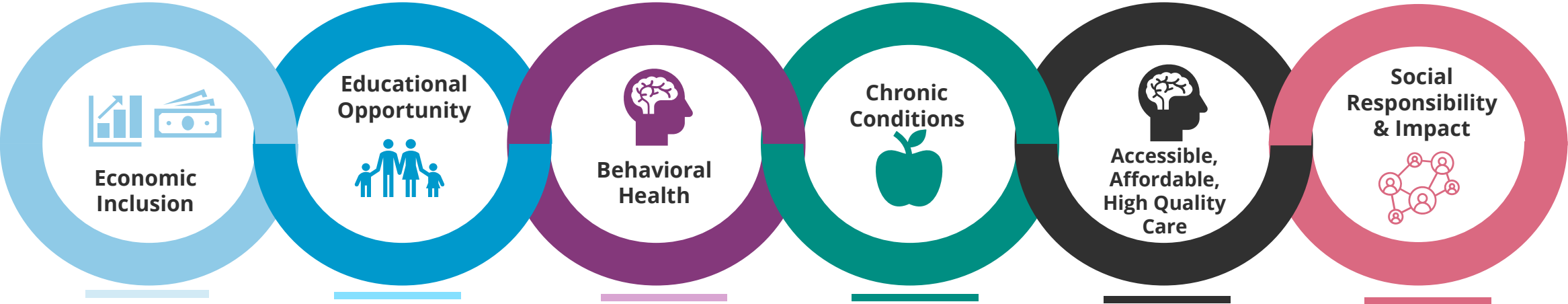


© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd



Community Health and Social Impact Investments Focus on Six Areas

Our toolkit includes interventions where members, providers, and the communities we serve live, learn, work, play, and seek care to drive impact and improve outcomes for all



Drive community economic development through **small business creation and workforce training**

Increase access to **education, skills training, and employment** opportunities

Expand access to **mental health, trauma informed care, and substance abuse** services

Address upstream **conditions that drive disparities in chronic conditions, especially diabetes**

Accelerate high touch processes, programs, or systems to **assess preventive care, clinical, and social needs** while establishing the ability to make referrals

“Do well and do good”
Leverages the *total assets* of CareFirst in service of communities while pursuing strategic growth

CareFirst Investing In Health Equity in Washington, DC

Summary of CHSI Investments to SDOH

CareFirst has moved more upstream in our investments. Utilizing an equity lens, we are strategically expanding our focus beyond simply providing clinical care, to addressing SDOH and improving overall community conditions. From 2015 to 2019, CareFirst has invested \$10.9 million to address SDOH in the District of Columbia.

- **Boys & Girls Clubs of Greater Washington: \$340,000** since 2015 to support after-school programming that included academic support and health and wellness classes at Clubhouse #14 (Ward 8).
- **Bread for the City: \$230,000** since 2015 to support access to vision services, comprehensive primary and behavioral health services, and COVID-19 testing.
- **Building Bridges Across the River (BBAR): \$60,000** since 2016 to support programming addressing arts, education, and nutrition and to provide emergency food to residents experiencing food insecurity due to COVID-19.
- **Community of Hope: \$645,000** since 2015 to support the expansion of comprehensive prenatal care services in Ward 8 including Centering Pregnancy (an evidence-based group care model) and the co-location of behavioral health services at Martha's Table in Ward 8.
- **Family and Medical Counseling Service (Family Medical): \$200,000** since 2018 to provide access to comprehensive substance use services including counseling and medication assisted treatment.
- **Mamatoto Village: \$200,000** since 2019 to support access to culturally competent prenatal services including health education, care coordination, social support, doula care, and counseling for women of color in Wards 7 and 8.
- **Martha's Table: \$41,000** since 2018 to support educational programming and fresh produce at no-cost for children in families in Ward 8.



\$10.9M

Invested in Washington, DC-based SDOH programs since 2015



7

Organizations received CareFirst funding to afford access to care for Washington, DC residents

Summary of CHSI Investments due to COVID-19

CareFirst's 2020 investments supported the health, social and economic needs of Washington DC residents as a result of COVID-19 in addition to supporting access to quality, affordable health care services.

Examples of investments include:

- **Bread for the City:** \$75,00 to provide 4,000 clients with free testing and medical care, allowing Bread for The City to rapidly expand access to no-cost testing and medical care and ensure that its health care providers have the equipment they need.
- **Building Bridges Across the River (BBAR):** \$ 50,000 to serve 4,500 clients; distribute 12,000 meals; and expand CSA to 150 families. BBAR will provide access to healthy food for children, adults, and seniors who live east of the Anacostia River.
- **Dreaming out Loud:** \$ 25,000 to serve 4,000 clients; produce 10,000 meals weekly This project supports emergency meal production for vulnerable populations in Wards 7 and 8 in response to the COVID-19 crisis.
- **Latin American Youth Center:** \$ 25,000 to provide 1,500 low-income youth and families, particularly amidst communities of color, with social services such as food delivery, basic care access, case management, and technological support.
- **Pathways to Housing DC:** \$50,000 to serve 1,200 clients experiencing and recovering from chronic homelessness with integrated health care services. Services include medical street outreach, behavioral health, psychiatry, substance use and recovery, wellness checks and telehealth, medication, and onsite and in-home services for clients with chronic conditions.



\$2.76M

Invested in nonprofits located in or benefitting Washington, DC residents in 2019



11

Organizations received CareFirst funding to support COVID-19 relief efforts for Washington, DC residents

PPE Support



Delivered more than **23,325** gowns, **93,000** pairs of gloves, and **45,000** masks to organizations throughout Washington, DC.

Clinical Support



Established a **volunteer program for CareFirst's licensed clinicians** to support direct patient care, alleviating the strain on provider organizations.

Community Investments



Invested over **\$4 million** to address health, social and economic needs of those disproportionately impacted by COVID-19.

CareFirst BlueCross BlueShield

Community Health and Social Impact's Regional COVID-19 Support

CareFirst is meeting the health, social, and economic needs of the communities we serve



Food Rescue US - DC
@FoodRescueDC

Loaded up at [@Aramark](#) [@CareFirst](#) and headed to [@DCDreamCenter](#). This donation brings 120 boxed meals 5 days a week, designated to our partner agencies. It's a wonderful partnership!



CareFirst And Cityblock

Community Focused Care Management

CareFirst Community Health Plan partners with Cityblock, an in-home, community-based, and virtual care provider focused on Medicaid population. CareFirst CHPDC coverage includes a personal Cityblock team at no cost to help you manage your care and meet your health goals. Services include:

- Scheduling appointments
- Coordinating between providers
- Reviewing prescriptions to help members understand medications
- Support members recovering from hospital visits
- Help members find housing, employment, legal aid, food, transportation, or childcare



CareFirst Maternal Health Equity Efforts

Addressing Maternal & Child Health in the Region

A Commitment to Healthy Beginnings

- Maternal and child health (MCH) is a barometer for a population's health and wellbeing, with infant mortality serving as the essential indicator of health care quality and community-wide contextual factors, globally.
- For over a decade, CareFirst's community efforts have remained committed to supporting and advancing MCH efforts with the goal to reduce infant and maternal mortality.
- Since 2007, CareFirst has invested more than \$20M in maternal and child health programs in Maryland, Washington D.C., and Northern Virginia to reduce infant mortality rates. CareFirst funding supports interventions aimed at reducing infant and maternal mortality rates such as city-wide strategies and evidence-based programs to enhance prenatal care.

Since 2007:



- More than \$20M in grants to support maternal and child health programs



- More than 50 organizations supported since 2007 to advance maternal and child health in Maryland, District of Columbia, and Northern Virginia



- CareFirst funding supports home visiting services, group-based prenatal care, and more

Mamatoto Village

Goal: Improving Birth Outcomes

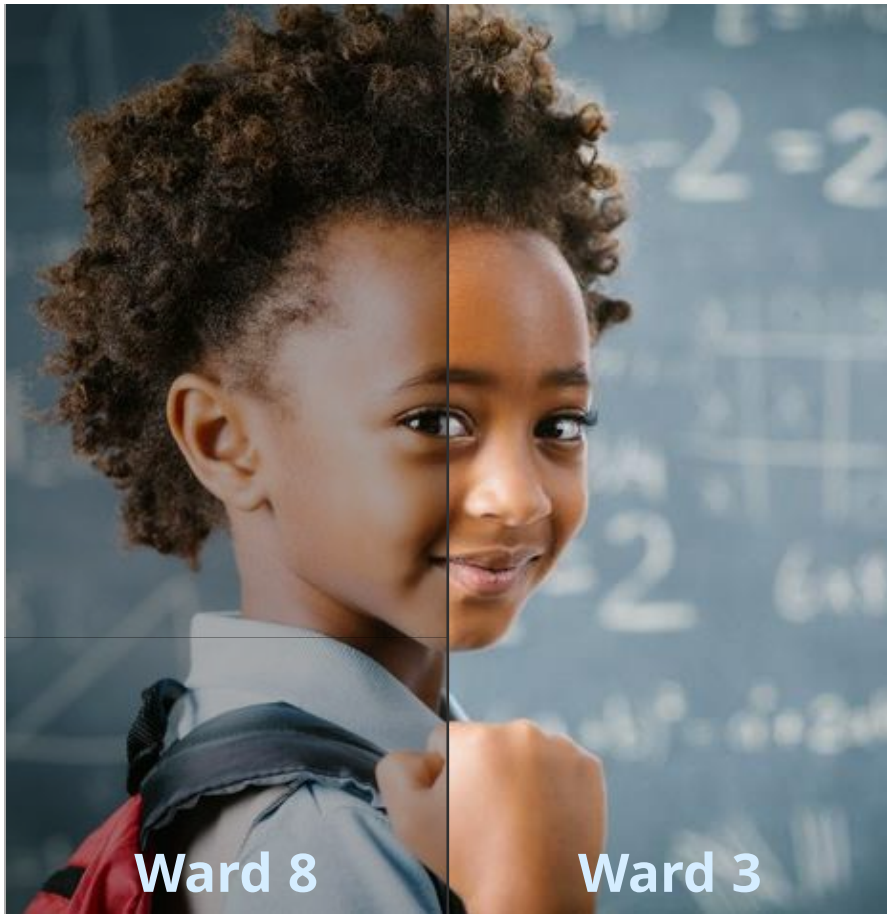
- Mamatoto Village provides comprehensive prenatal and perinatal care for African American and Latina women residing in Wards 5, 7, and 8 in the District of Columbia.
- Programming includes home visiting services to clients from pregnancy to 12 weeks postpartum providing psychosocial support, life skills, system navigation, and doula services.
- Mamatoto Village remains steadfast in their approach in engaging women early to ensure prenatal care starts during the first trimester and breast-feeding initiation and adoption.

2019 Data:



- 90% of babies go to full term
- 80% of babies didn't have to NICU
- 89% of mothers initiated breast feeding
- 44% of mothers had chosen a birth control method post delivery

CareFirst Place-Based Community Investments: Diabetes



**Life
Expectancy
72**

**Life
Expectancy
87.6**

In 2021, CareFirst will invest **\$10.5 million to address the root causes of diabetes**, especially the economic, environmental, and social conditions that shape unequal health outcomes.

Working together, four protective factors build and sustain community and individual health in neighborhoods:

Economic Environment

- A solid economic environment includes commercial investment, a focus on providing jobs that take people out of poverty, businesses that provide healthy food options to all residents, and a path that moves people to opportunity.

Social Environment

- Strong social networks that bring neighbors together—whether to advocate for change, cultivate a community garden, or provide services—can strengthen community ties and empower individuals to be advocates for themselves and change agents for their neighborhoods.



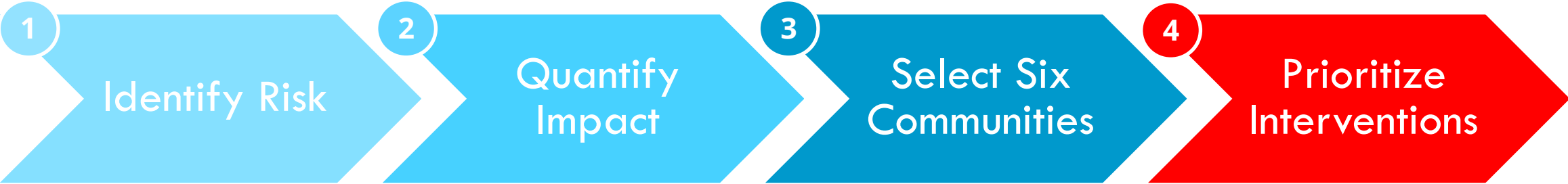
Physical Environment

- Safe parks; full-service grocery stores and/or farmers' markets; safe, walkable streets; well-maintained housing; and open spaces that encourage community gathering contribute to the health of a community.

Service Environment

- The equitable distribution of healthcare services and other neighborhood-level services has a huge impact on the overall health of a community. Access to quality healthcare services, public safety, and community support services are all necessary for a healthy community.

CareFirst's data driven initiatives will address the root causes of diabetes, especially the economic, environmental, and social conditions that shape unequal health outcomes in neighborhoods.

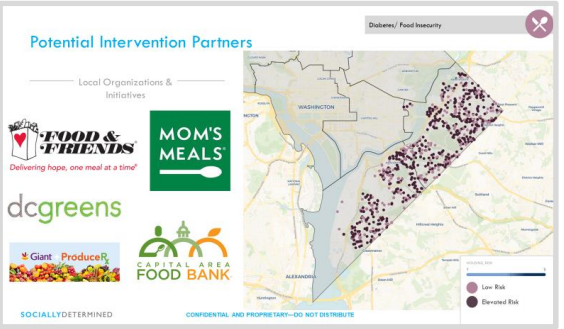
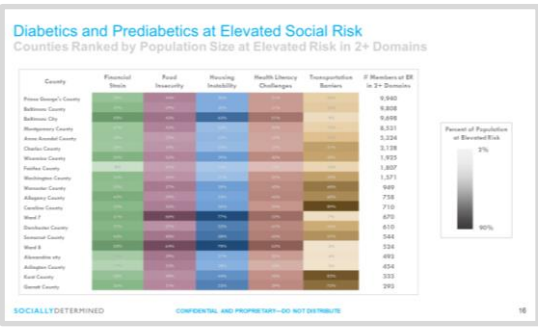


Generated community risk reports characterizing SDOH risk and diabetes disease burden for 20 communities of interest in CareFirst service area. Identified diabetic members and generated individual risk scores.

Visualized the distribution of CareFirst's high-risk diabetic members and identified where the elevated social risk is associated with higher member cost and utilization within the 20 communities of interest.

Establish a decision matrix to prioritize communities for intervention. Selected three pilot communities: Wards 7 & 8 in Washington, DC and Baltimore City and Prince George's County in Maryland. Generate actionable insights to inform RFP for intervention partners.

Partner with multi-sector, multi-disciplinary, and multi-level stakeholders to monitor and evaluate interventions. Findings will inform refinement and eventual scaling of programs across service area.



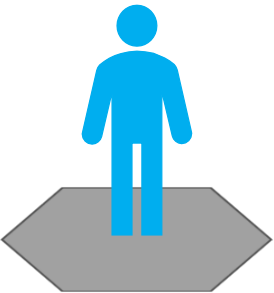
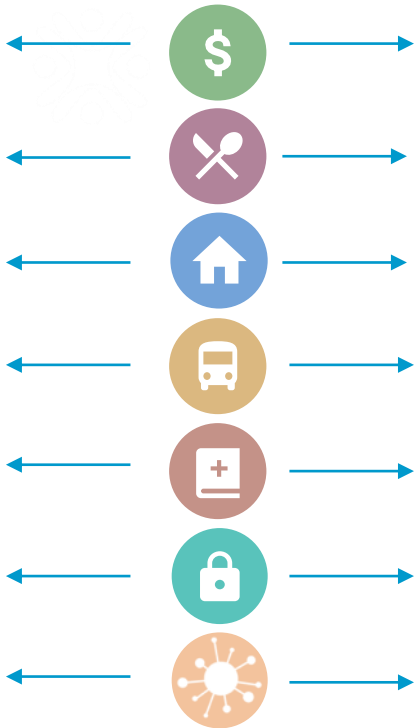
In collaboration with Socially Determined, a D.C. based healthcare analytics firm, a range of social risk factors were analyzed, including economic climate, food insecurity, health literacy, violence exposure, housing instability, transportation barriers, and coronavirus (COVID-19) vulnerability. These findings will support CareFirst's selection of six pilot communities for social risk and clinical interventions.

Our Community Risk Exposure Indices & Individual Risk Factor Scores

Community
Social Risk
Indices



- Economic Climate
- Food Landscape
- Housing Environment
- Transportation Network
- Health Literacy
- Crime & Violence
- COVID-19 Social Susceptibility



Individual
Social Risk
Scores

- Financial Strain
- Food Insecurity
- Housing Instability
- Transportation Barriers
- Health Literacy Challenges
- Violence Exposure
- COVID-19 Vulnerability



THANK YOU

For more information, contact

DESTINY-SIMONE RAMJOHN, PHD

VICE PRESIDENT, COMMUNITY HEALTH AND SOCIAL IMPACT

DESTINY-SIMONE.RAMJOHN@CAREFIRST.COM

COMMUNITY HEALTH AND SOCIAL IMPACT

COMMUNITY@CAREFIRST.COM