

MEETING NOTES

The second meeting of the Social Justice & Health Disparities Working Group was held on February 9, 2021 from 12-1:30pm.

Dr. Dora Hughes opened the meeting with a brief presentation on “Focus Area 3: Ensuring equitable treatment of patients of color in health care settings and in the delivery of health care services in the District.” Her presentation reviewed (1) provider bias and false beliefs; (2) artificial intelligence bias in health care; (3) race corrections in diagnostic tools; and (4) access to providers of color. The slides included examples and statistics to illustrate key points.

The subsequent discussion clarified the need to focus on equity and not equality, the critical importance of racial and ethnic data, and that gender bias, along with racial/ethnic bias, is an important contributor to disparities in care and outcomes. The potential role for the Exchange in addressing these issues may be discussed in future Working Group meetings.

Working group members representing DC Health Link carriers were then invited to share a few examples of health equity activities that their plans are supporting in the District.

DC Health Link Carrier Activities and Initiatives to Address Health Disparities

Kaiser Permanente’s initiatives can be organized into three primary areas: quality improvement, health care delivery, and social determinants of health. In the Mid-Atlantic region, Kaiser has a high race/ethnicity data capture rate, and this supports many of their quality improvement efforts. Among their members, they have managed to reduce or eliminate racial and ethnic disparities in a few key areas: flu immunization rates, diabetes mortality rate, and five-year colorectal cancer survival rate. Kaiser also has earned the NCQA Distinction in Multicultural Health Care and established the Institute for Culturally Competent Care that helps develop and implement best practices in their facilities. This year they are rolling out **Belong@KP**, a cultural transformation program that aims to cultivate anti-bias and anti-racism habits in the care setting. Further, their “Thrive Local” program has case managers connect patients with social services in the community and they are rolling out an initiative this year to help people sign up for SNAP benefits.

UnitedHealth Group has a number of initiatives related to the COVID-19 response and addressing social determinants of health. For example, they made investments and partnered with community-based organizations and faith-based institutions in Wards 7 and 8 to determine how to expand access to health care, testing, and potentially vaccination to residents east of the river. United partnered with Mary’s Center and were able to connect individuals who tested positive for COVID-19 with a provider in their community. They also recently invested in affordable housing—the rehabilitation of Anacostia Gardens in southeast DC is among the projects that will receive financing—and have initiatives that focus on food access and health literacy.

Aetna has a number of initiatives related to COVID-19 response and addressing social determinants of health. Aetna has a campaign called “Time for Care” about seeking preventive care, and another program called “Project Health” that offers free health screening events at CVS. These events may help detect risk chronic diseases that disproportionately impact people of color including diabetes, hypertension, and heart disease, and also feature informational resources on weight management, diabetes, and smoking cessation. Additionally, Aetna has led housing, food access, and workforce initiatives, and financed a number of projects both internally focused (e.g. staff training and implicit bias training), and outwardly focused (e.g. community investment and wraparound services).

CareFirst Blue Cross Blue Shield has a number of initiatives related to health care access and social determinants of health. CareFirst has entered into the Medicaid market and also has welcomed a number of fee-for-service members into the managed care transition. As part of their commitment to hands-on care management they have partnered with CityBlock and anticipate their services will grow to include primary care and behavioral health care, among other services. CareFirst now covers insulin and diabetic supplies without cost-sharing, and recently announced a financial commitment to support diabetes initiatives across their jurisdictions, including DC Wards 7 and 8. CareFirst’s Community Health and Social Impact Team has identified six areas of focus that include 1) economic inclusion, 2) educational opportunity, 3) behavioral health, 4) chronic conditions, 5) access to affordable and quality health care, and 6) social responsibility and impact. Additionally, CareFirst has provided personal protective equipment to community health centers.

Next Steps

Chair Diane Lewis ended the discussion by reiterating her expectation that the outcome of this Working Group process will be policy recommendations that the Exchange can implement to advance equity.

Attendee List

Dora Hughes
Helen Mittmann
Debra Curtis
Purvee Kempf
Mila Kofman
Diane Lewis
Cara James
Allison Mangiaracino
Anneta Arno
Howard Liebers
Maria Prince

Pamela Riley
Philip Barlow
Tonya Vidal Kinlow
Chikarlo Leak
Paul Speidell
Ciana Creighton
Colette Chichester
Daniel Wilson
Janice Davis
Mansi Kotwal
Margarita Dilone
Philip Barlow
Yollette Gray
Yulondra Barlow