Social Justice and Health Disparities Working Group

Focus Areas

Focus Area 1: Expand access to providers and health systems for communities of color in the District

Focus Area 2: Eliminate health outcome disparities for communities of color in the District

Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District

The nation is in the midst of the COVID-19 pandemic, which is forcing a national reckoning over the disproportionate coronavirus-related illness and death in communities of color and other inequities that persist in this nation.

These pandemic inequities reflect a long history in the U.S. of racism, inferior treatment, discrimination and mistreatment of Black people and other people of color in the health care system. Further, hospitals and providers in predominantly Black communities often have fewer resources to care for patients, as evidenced by recent funding decisions that disadvantaged smaller and minority-serving hospitals during this pandemic.

In this context, the DC Health Benefit Exchange Authority has established the Social Justice and Health Disparities Working Group to study and develop recommendations for actions that may be taken to remedy health inequities and secure a healthier future for the District of Columbia.

Compared to White Americans with COVID-19:

- Latinos are hospitalized at 3.8 times the rate and dying at 1.3 times the rate
- American Indian or Alaska Natives are hospitalized at 3.7 times the rate and dying at 1.4 times the rate
- Black Americans are hospitalized at 3.3 times the rate and dying at 1.8 times the rate

Focus Area 1: Expand access to providers and health systems for communities of color in the District

The vast majority—over 96%—of District residents have health coverage, which ranks Washington, DC among the best in the country for coverage. However, there is a shortage of hospitals, urgent care facilities and other providers in areas of DC, leading to difficulties with obtaining medical care for many residents of color.

Potential solutions may address:

- Telehealth, including minimizing cost-sharing and reciprocity for Maryland and Virginia providers
- Incentives for primary care and specialists to locate in underserved areas in DC
- Assistance to establish care sites in underserved areas in DC
- Network adequacy requirements based on access or other standards
- Access to community health centers

Focus Area 2: Eliminate health outcome disparities for communities of color in the District

Blacks and Latinos are hospitalized at over 3 times the rate of their white counterparts. About 40 percent of non-Hispanic blacks compared to 28 percent of non-Hispanic whites have high blood pressure, and the rate of diagnosed diabetes is 77 percent higher among non-Hispanic blacks than non-Hispanic whites. African American men have the highest cancer death rate of any racial and ethnic group in the U.S.

Potential solutions may address:

- Targeted interventions, programs, and community-based testing for conditions with disparate impacts
- Patient education programs to help consumers seek services
- Provider education campaigns focused on treatment of conditions with disparities
- Health plans with programs that address conditions that disproportionally impact communities of color
- Payment models tied to reducing health outcome disparities.
- Data collection, monitoring, and reporting for race and ethnicity and other demographics across private and public payers

Medical management techniques discourage excessive health care utilization, which may include cost sharing through high deductibles, co-insurance and co-payment. Such tactics disproportionately burden lower income populations and could lead to avoidance of care.

Potential solutions may address:

- Cost-sharing for conditions that disproportionately affect communities of color
- Insurance benefit design (such as value-based insurance design) for equitable access, particularly for conditions with disparate impact

---

Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District

Recent studies identified significant racial bias in health care algorithms used to identify patients who would benefit from additional health care services and for medical decision-making. This results in people of color being less likely to (1) be eligible for intensive care management; and (2) receive timely diagnoses or appropriate care for heart failure, kidney disease, certain cancers and osteoporosis.

Potential solutions may address:

- Artificial intelligence bias in health care

Blacks are more likely to report being treated unfairly and with disrespect by providers because of their race. Studies show that minority patients benefit from having a minority doctor and Minority providers are more likely to deliver care in underserved communities and studies show that minority patients benefit from having a minority doctor. Yet, only about three percent of dentists, six percent of medical school graduates, and ten percent of registered nurses are African American; the statistics for other minority provider groups are similarly bleak.

Potential solutions may address:

- Access to providers of color, particularly in communities of color
- Provider education on caring for diverse populations, including implicit bias training