



Closing the Gaps in Health Disparities

How UnitedHealth Group is Driving Health Equity

UNITEDHEALTH GROUP

A DISTINCTIVELY DIVERSIFIED ENTERPRISE

HELPING PEOPLE LIVE HEALTHIER LIVES AND HELPING MAKE
THE HEALTH SYSTEM WORK BETTER FOR EVERYONE



HEALTH BENEFITS



Complementary but Distinct
Business Platforms



HEALTH SERVICES



FOUNDATIONAL COMPETENCIES

Clinical Insight

Technology

Data & Information

OUR UNITED CULTURE

Integrity

Compassion

Relationships

Innovation

Performance

UHG Health Equity Commitment

According to the National Institutes of Health, “health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.”

Specific population groups can be identified by demographics such as gender, race, income, disability, etc.

- UHG has supported efforts to reduce health disparities for well over a decade through our continuous work to identify, address and monitor health disparities associated with age, gender, address, race and ethnicity, language and disability.
- The UHG commitment to achieving health equity serves as the foundation for our efforts to offer culturally competent care management services to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.

Achieving Health Equity

In June 2010, our commitment to this effort was strengthened by founding the Health Equity Services Program. This cross-functional, *enterprise wide program works with leaders across the enterprise to foster a holistic approach to first using data to identify gaps in **access, care and/or outcomes** and then developing tailored materials and interventions based on members' cultural beliefs and behaviors aimed at reducing health disparities and enhancing the end to end consumer experience.*



Efforts that support Health Equity include:

- Health Disparities
- Social Determinants of Health
- Inclusion & Diversity
- Health Literacy
- Cultural Competency and Bias training
- Supplier Diversity
- Research & Development
- Social Responsibility

Health Equality vs. Health Equity

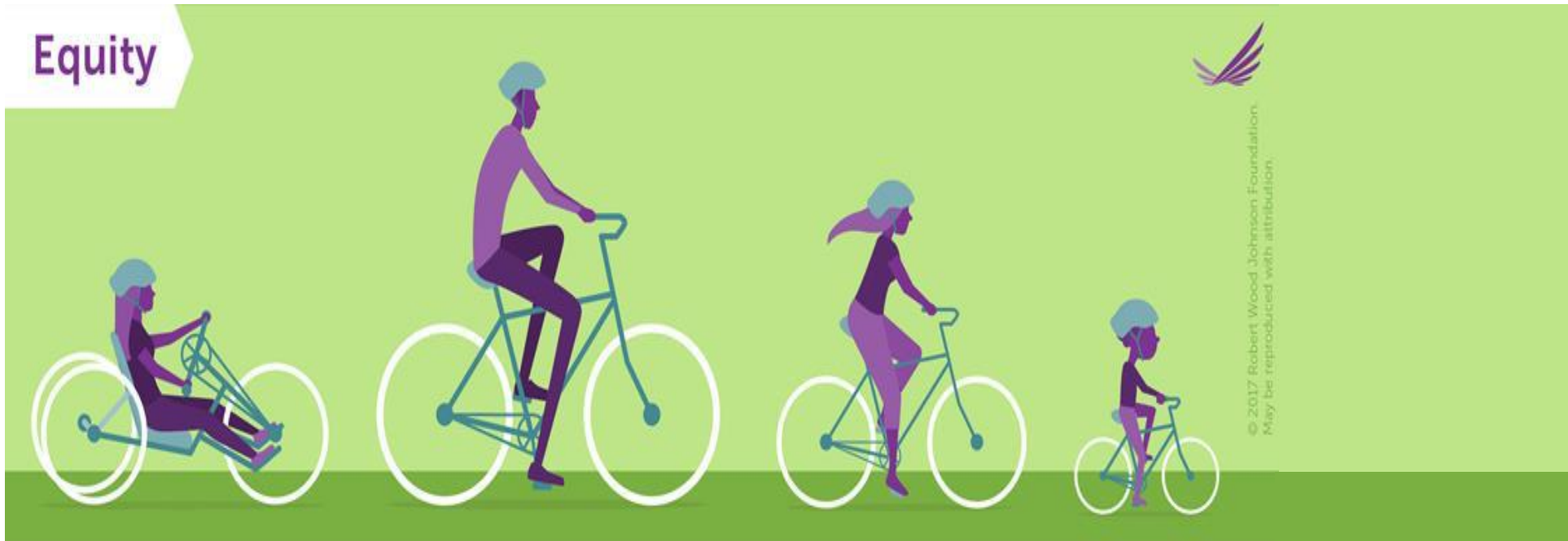
- Health equity means helping people be the healthiest they can be. It also means getting rid of inequalities, or unfair differences, in how people are given health care. These inequalities are also known as health disparities.
- ***Equality*** means treating everyone the same to achieve the same result. However, this approach only works if everyone is starting from the same status. Not all individuals start from the same status.
- ***Equity***, on the other hand, is giving people what they *need* in order to achieve the same result. It's commonly referred to as 'leveling the playing field.' Equity is needed before attaining true equality.

Equality



Equality means treating everyone the same to achieve the same result. However, this approach only works if everyone is starting from the same status. Not all of our members start from the same status. In fact, they experience **health inequities**, or avoidable differences in health outcomes.

Equity

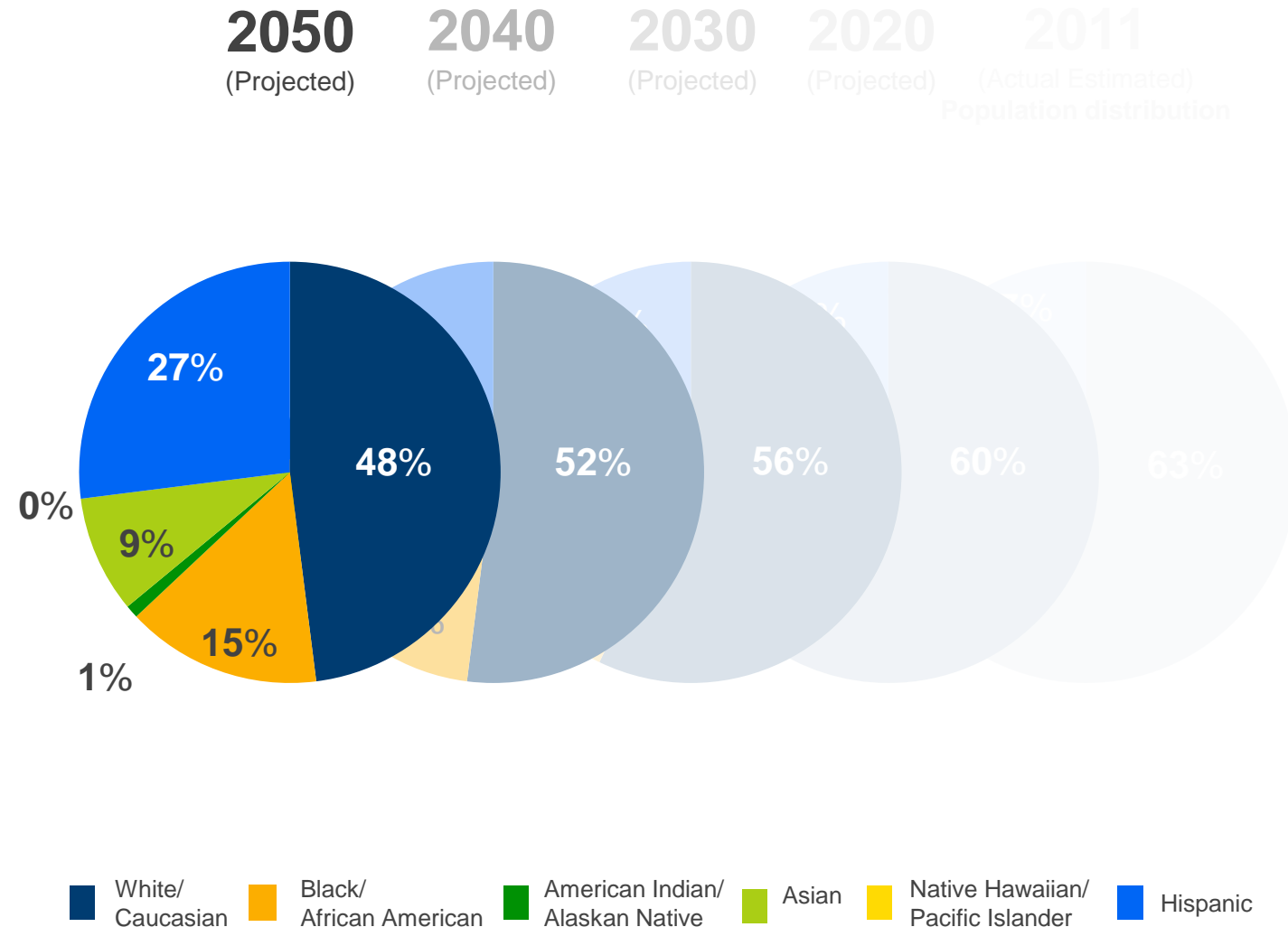


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Projected U.S. Population Distribution

- By 2050, “Minorities” will comprise the majority of the U.S. population.¹
- Minority births now comprise the majority according to recent Census data.²
- Hispanics, Asians and Blacks/ African American populations will grow at faster rates than other racial/ethnic groups.¹

¹ U.S. Census Bureau, [Current Estimates Data \(v2012\)](#) and [2012 National Projections \(Updated May 2013\)](#). Note: Charts depict non-Hispanic race (includes race alone or in combination) compared to all Hispanics.
² Most Children Younger than Age 1 are Minorities, Census Bureau Reports, U.S. Census Bureau. 17 May 2012.



Addressing Health Disparities



Has a Positive Effect On

Member health behaviors, utilization
and outcomes

Higher member satisfaction

Net Promotor Score

CMS STAR ratings

Consumer Assessment of Healthcare Providers
and Systems (CAHPS) ratings

Retention

Growth



Promotes Affordability

If left unaddressed,
health disparity costs are
projected to double from
\$23.8 billion in 2009 to
\$50+ billion in 2050

Foundational Efforts to Improve Health Outcomes

- Our core efforts to acknowledge and support the impact culturally competent care has on improving health outcomes include:
 - Analytics - Integrating member age, gender, address, race/ethnicity and language data with clinical data to identify any disparities in care that are associated with the aforementioned member demographics.
 - Cultural Competence - providing clinical and non-clinical cultural competency training to staff to create an awareness of the unique needs of members from various cultures resulting in the delivery of more personalized service.
 - Outreach - customizing member materials and engagement strategies based on identified unique cultural needs and gaps in care.
 - Providers - fostering culturally competent care by our contracted providers.

What drives health outcomes?

Health is impacted by more than clinical performance¹.

40%

Social and Economic Factors

- Economic²
- Political Systems²
- Access to Nutritious Food³
- Environmental Conditions³
- Job Opportunities³
- Safety³

20%

Clinical Care
(Access, quality, etc.)

10%

Physical Environment
(Environmental quality)

30%

Health Behaviors
(Tobacco use, diet, etc.)

¹ 2014 County Health Rankings – University of Wisconsin Population Health Institute

² World Health Organization. Social Determinants of Health. http://www.who.int/social_determinants/en/

³ Office of Disease Prevention and Health Promotion. Social Determinants of Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Social Factor Examples

- Lack of safe and affordable housing or social isolation impacts discharge plans from a hospital.
- A person's cultural and/or religious beliefs impacts their decision to seek timely care and/or take prescribed medications.
- Limited transportation is a serious challenge for people with treatment plans that require frequent face-to-face contact, dialysis, cancer treatment, rehabilitation services, etc.
- When the right kind of food is not readily available, this plays a significant role in treatment of people with diabetes.
- Care plans and treatment methods are successful only when a patient understands them, so literacy can make or break success. For example, because an organ transplant requires adherence with complex medication schedules, dietary recommendations, and management of other conditions, literacy is a key factor in a successful outcome.

Health Equity Effort Examples

- **Addressing Disparities in Maternal Health Outcomes**

Develop initiatives that address disparities in avoidable adverse maternal health outcomes associated with child birth to include:

- Maternal Morbidity data stratification by race
- Partnerships to support Research (National Medical Association), Remote Patient Monitoring (Optum pilot), and improved Maternity Care (March of Dimes)
- Addressing Maternal Mortality accredited on-demand education (OptumHealth Education)

- **Health Disparities Action Plans**

Developed by all C&S health plans (BP, PPC, AWC, BCS, Diabetes screening, etc.)

- **NCQA Multicultural Health Care Distinction**

The distinction recognizes organizations that lead the market in providing culturally and linguistically sensitive services, and working to reduce health disparities. Distinction has been achieved by the following C&S Health Plans: HI, MD, MI, MS CAN/CHIP, OH, PA and TN

- **Web-Based Advancing Health Equity Education**

This three-part, accredited on-demand no cost series informs the learner about the complexity of cultural health disparities and the skills needed to work toward health equity. The first two parts (45 minutes) of the course are good background for all employees. The third part (30 minutes) is specifically for providers.

- **Virtual LGBTQ+ Support Group (launched Jan 2020)**

Provides our LGBTQ+ members a safe place online to connect, share and support each other, in partnership with Rally; launching a dedicated LGBTQ+ forum within the existing Rally online community (LGBTQ+ community will have moderators and a dedicated community manager to ensure there are constructive conversations on it).

- **Racial Disparities and Comorbidity of Patients with confirmed or suspected COVID-19 infection**

The specific objectives for this study are to: 1) Determine if comorbidity profiles of non-Caucasian populations put them more at risk for COVID-19 infection, or for more severe disease and 2) Examine whether non-Caucasian patients present for treatment later in the course of their COVID-19 illness, resulting in more resource-intensive treatment and higher risk of mortality.



Recognition

**2020 CMS Health
Equity Award**

**2019 Healthcare
Informatics
Innovator Award**

**NBGH 2018
Innovation in
Advancing Health
Equity Award**

Washington, D.C.



STOPCOVID-19 Washington, DC

Get the free test. Stop the spread.



Pennsylvania Avenue
Baptist Church
Washington, DC
Monday,
Tuesday,
Thursday &
Saturday
10 AM - 4PM

Partners Included:

- Leadership Council on Healthy Communities
- Changing Perceptions
- Mary's Center



Leveraging STOP COVID Framework for Vaccine Dissemination



Serving Underserved Communities



Social Supports Provided by UHC



Faith-Based Leaders + SDBs



Mobile Testing & Vaccine Capability



Networking with DC Department of Health



Convening Local partners to Combat Hesitancy

**Improved Provider
Experience**

**Improved Patient
Outcomes**

QUADRUPLE AIM



Lower Cost of Care

**Improved Patient
Experience**



THANK YOU

