

PROMOTING EQUITY

STRUCTURAL RACISM impacts one's ability to obtain safe housing, access healthy food, receive quality education and generate wealth. These factors, known as social determinants of health (SDOH), are significant drivers of DEEP DISPARITIES in social, economic and health outcomes.

How is CareFirst working to advance EQUITY AND INCLUSION for our members, provider partners, employees and communities? We are:



Addressing health disparities

CareFirst is devoted to the Blue Cross and Blue Shield Association (BCBSA) National Health Equity Strategy. We have set goals to ensure we're eliminating disparities in maternal mortality, behavioral health, diabetes and cardiovascular conditions—conditions that disproportionately affect communities of color.



Leveraging data and analytic capabilities

We analyze comprehensive race, ethnicity and language data to understand the challenges and barriers individuals face when accessing care. This data informs our ability to implement interventions that will improve the health outcomes of members in our communities.



Collaboration with our regional partners

We have partnerships across the public and private sectors. These partnerships include working with Holy Cross Hospital and the Maryland Department of Health to improve maternal health. We serve as a member of the Maryland Commission on Health Equity, a statewide committee responsible for improving health outcomes and reducing health inequities in the state. And in 2021, we awarded \$1.7M across 26 organizations prioritizing place-based approaches to health or uniquely suited to address SDOH in specific communities.



Education

In 2021, We invested \$1.2M in culturally competent vaccination education, outreach and delivery across Maryland, D.C., West Virginia and Northern Virginia as a part of our Better Together Campaign. In April 2021, we launched our first health equity training course, which has been completed by over 1,500 CareFirst providers and community members. Lastly, CareFirst holds an annual Week of Equity & Action where associates join training on implicit bias and learn ways to promote equity.

CareFirst committed

\$10.35M
IN REGIONAL FUNDING

to address diabetes and its upstream SDOH factors in six targeted communities in Maryland, D.C. and Northern Virginia.

CareFirst awarded

\$2.2M
IN GRANTS

to small businesses and nonprofits in Maryland, D.C. and Northern Virginia. We're building on our commitment to address economic inclusion needs to improve social support and minimize barriers to accessing care and social services.

CareFirst partnered with

SOCIALLY DETERMINED
IN A FIRST-OF-ITS-KIND

expansion of their SocialScape platform and advisory services, giving CareFirst greater ability to identify people with elevated health risks due to social factors.

How can policymakers improve health outcomes for communities of color?



Recognize the legacy of structural racism and implement policy change for equity

- Embrace open dialogue about the continued impact of longstanding discriminatory policies and institutional practices and how structural racism operates in policy today.
- Call out discriminatory policies and practices and implement changes such as naming structural racism as a public health crisis.



Accelerate the adoption of alternative payment models

Value-based reimbursement arrangements—i.e., patient-centered medical homes, global capitation and accountable care organizations— incentivize providers to focus on health outcomes and quality of care. Alternative payment models create opportunities to make reimbursement and bonuses contingent upon meeting specific quality improvement metrics, which could be tied to improving outcomes for vulnerable populations or engagement metrics for interactions with racial and ethnic minorities.



Improve affordability of coverage

Congress should make permanent the enhanced premium subsidies for lower-income families included in the American Rescue Plan Act (ARPA), which lowers the percentage of income premium caps and eliminates the income eligibility cutoff of 400% of the federal poverty level.



Strengthen access to and affordability of quality care in communities of color

Doing the following can promote health equity in underserved populations:

- **Supporting expansion** of behavioral health services, treatment of chronic conditions and access to affordable, high-quality care.
- **Improving outreach**, engagement and the quality of care for underserved populations.
- **Improving healthcare workforce diversity** through programs that recruit diverse candidates, and training linguistically and culturally competent providers.
- **Providing funding** for telehealth infrastructure, including broadband Internet or smartphone devices, which are often lacking in communities of color.

In 2021, CareFirst employees logged over

20,000
VOLUNTEER HOURS

50%
OF OUR WORKFORCE
REPRESENTS AN ETHNIC
MINORITY

CareFirst is committed to hiring employees that reflect the diverse communities we serve.



"This work has just begun. We cannot accept this reality. We can do more. We must embrace the need to change—each of us individually and collectively as a society."

Brian Piennick

CEO, CareFirst