

How Health Insurance Providers Address Inequities

Michelle Jester, MA, PMP

Executive Director of Social Determinants of Health

America's Health Insurance Plans

mjester@ahip.org

Health Plan Strategies to Reduce Inequities

Leveraging Data Analytics to Identify & Reduce Disparities

- Improving Demographic Data Standards (race, ethnicity, language, SOGI, disability, veteran, spirituality)
- Reviewing AI & algorithms to reduce potential harmful biases
- AHIP launched workgroup focused on health equity topics, such as data, diverse provider networks, and training

Promoting Diverse & Culturally Humble Provider Networks

- Loan repayment programs and NHSC
- Diversifying types of staff & employ from local community (CHWs, doulas, etc)
- Facilitating consumers' ability to find someone they feel comfortable seeing for care
- Developing "Best in Class" Unconscious Bias/Anti-Racism/ Cultural Humility Training for insurance industry, brokers, & provider networks

Exploring Health Equity Measures for VBC

- To incentivize and reward orgs who focus on health equity
- Focusing on: access, quality, member experience, community partnerships, data infrastructure. culture/structure of equity, accountability
- AHIP launched workgroup focused on this topic

Implementing Programs that Reduce Inequities

- Enhancing outreach materials to better reach diverse populations
- Partnering with CBOs and local provider orgs
- Investing in CBOs to move from reducing disparities to advancing equity



Efforts to Advance Health Equity in SDOH Space: Importance of Focusing Upstream

SYSTEM & POLICY Level:
Structural & Political
Determinants of Health

POPULATION and COMMUNITY Level:
Social Determinants of Health/ Socioeconomic Living Conditions

UPSTREAM (Focus on Equity)

MIDSTREAM

Ex: Advocating for community investment and fair policies that advance equity (e.g., increase affordable housing options & policies)

Ex: Partnering and investing in CBOs; Purchasing buildings to provide supportive housing

Outcome:
Addressing upstream root causes that lead to SDOH.
Can help broader pops, more communities, & lead to sustainable change

Outcome:
Improving community
conditions but still working
within inequitable system

INDIVIDUAL Level: Health-Related Social Needs

DOWNSTREAM

Ex: Assess needs and provide services to address those needs (housing navigation services, referrals to food banks, etc.)

Outcome:
Addressing individual needs. Not addressing root cause of the problem so problem will persist

Innovating to Reduce Inequities During the COVID-19 Crisis

Inequity Emerging During Pandemic

Digital Divide

Accessing COVID-19 Vaccines

SDOH Inequities

Innovation to Address Inequity

Supply phones with data plans so people can access telehealth. Provide digital literacy technical assistance

Convert community resource centers to provide free public WiFi along with private spaces with computers & webcams so that people can have telehealth visits & sign up for benefits

Vaccine Community Connectors Program with White House

Reaching homebound and other hard to reach populations

Provide transportation to COVID testing and vaccination sites

Repurpose medical vans to deliver food to people in need. Supply online grocery delivery services or boxes of essentials

Connect people with employers who were still hiring during pandemic, education opportunities, etc.

Address social isolation and loneliness through Togetherness Programs that pair people together to help build relationships

Questions or Comments?

Michelle Jester

Executive Director, Social Determinants of Health

mjester@ahip.org

