

# BCBS Institute

## Presentation to National Coordinating Committee of Multiemployer Plans

October 14, 2020  
Via Webex



**BlueCross  
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Association

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# BCBS Institute | Identifying Social Determinants of Health

The BCBS Institute is a social enterprise employing business practices to sustainably address social determinants of health

## BEHAVIORAL BARRIERS

- **The CHM Hub®** platform identifies local behavioral barriers impacting member health outcomes, enabling Plans to provide tailored solutions including telehealth and specialized care management programs, such as behavioral health counseling.

## STRUCTURAL BARRIERS

- **The CHM Hub®** platform identifies structural barriers that impact access to local health care resources, such as physicians, pharmacies, nutrition and fitness, enabling Plans to target strategic partnerships and resource deployment.

# BCBS Plans | Addressing Social Determinants of Health

BCBS Plans engage across in various initiatives to address health disparities and inequities



	Communities	Providers	Members	Employees
<b>Description</b>	<i>Understand and address health inequities within local communities</i>	<i>Equip providers with tools and resources to address inequity at multiple levels</i>	<i>Identify and resolve individual- or cohort-level health challenges</i>	<i>Foster culture that empowers employees to address inequities</i>
<b>Key Initiative Types (examples)</b>	<ul style="list-style-type: none"> <li>• Grants</li> <li>• Programs &amp; partnerships</li> <li>• SDoH efforts</li> <li>• Education &amp; awareness</li> <li>• Policy and advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Education &amp; training</li> <li>• Network expansion</li> <li>• Physician workforce diversity efforts</li> <li>• Support providers disproportionately serving racial minorities</li> </ul>	<ul style="list-style-type: none"> <li>• Data &amp; analytics</li> <li>• Product &amp; benefit design</li> <li>• Care and case management</li> <li>• Member Education and communication</li> <li>• Ensure access to culturally competent providers and care settings</li> </ul>	<ul style="list-style-type: none"> <li>• Education &amp; training</li> <li>• Resource groups</li> <li>• Internal programs</li> </ul>

# BCBS Plans | Focus on Nutrition Deserts

BCBS Plans engage across in various initiatives to address health disparities and inequities

BCBS Institute leverages the Community Health Management Hub® technology platform’s novel analytics and reporting capabilities to support identification of actionable insights designed to address social and environmental determinants of health

**Geography XX** **6<sup>TH</sup> Rank**

Geography XX, home to Geography YY’s bustling downtown area presents higher median Per Capita income and overall mild nutritional desert constraints. However, a community within Geography XX, Geography AA, presented moderate nutritional barriers accounting for 24.2% of the total estimated cost savings from avoidable healthcare utilization within Geography XX.

The visuals below demonstrates the overlay of Nutrition Deserts (Figure 1a) and Nutritional Behavior (Figure 1b) in Geography XX. Despite having lower disease prevalence rates compared to national, state of BB, and city of Geography YY benchmarks, Geography XX displays limited access to nutritional resources accompanied with poor nutritional behaviors, as indicated in the red shading in the visuals below. The poor nutrition access and behaviors is highlighted further more in the Geography AA community.

Figure 1a: Community Insight | Geography XX | Nutrition Desert



**Decreased Access to Nutritional Deserts:** The nutritional desert measure, constructed at the block and block-group level, and assembled into neighborhood level allows for the identification of nutritional deserts among communities throughout the United States. Neighborhoods in red represent communities

Figure 1b: Community Insight | Geography XX | Nutrition Behavior



**Lower Purchasing Patterns of Fruits and Vegetables:** Estimates were derived from consumer’s purchasing patterns of fresh fruits, vegetables and whole grains, and attributed back to their residential neighborhoods. This allows for benchmarking against similar communities to understand comparative nutritional behaviors. Neighborhoods in red were underperforming

where residents had poorer access to grocery stores in their communities. when compared with neighborhoods with similar social, environmental, and nutritional desert constraints.

**Neighborhood Assessment**

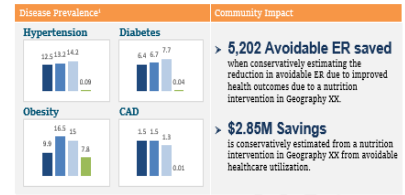
Geography XX residents displayed the largest median household income, the lowest disease prevalence rates, and one of the lowest percent of community population who received Supplemental Nutrition Assistance Program (SNAP) benefits. In addition, single, non-family households dominated in Geography XX at 50.3%, compared to 45.8% average single, non-family households in the city of Geography YY.

Although Geography XX residents presented higher percentage of local households without access to own vehicle compared to 36.20% average in the city of Geography YY, Geography XX provides public transportation (i.e. ACME Rail) and a variety of businesses, such as restaurants, within a small geography.

Overall mild constraints on nutritional resources coupled with moderate estimated savings from avoidable healthcare utilization ranked Geography XX six out of the fifteen neighborhood under review for a nutritional intervention.

Demographics <sup>a</sup>	Geography XX
<b>Population</b>	
General Population	171,901
Percent of Total Population	11.1%
Number of Households	83,977
Median Age	33.0
<b>Ethnicity/Race</b>	
African American	23.1%
Asian	12.5%
Caucasian	37.9%
Hispanic	7.4%
<b>Language<sup>b</sup></b>	
Primary Foreign Language	Chinese
Percent of Total Population	6.9%
Linguistically Isolated	4.9%
<b>No High School/Higher Education</b>	35.4%
<b>Family Composition</b>	
Non-family Household	60.5%
Female-only Household	5.1%
Male-only Household	5.3%
Family greater than three	10.25%
<b>Other Demographics</b>	
Per Capita Income	\$31,652
Receives SNAP <sup>c</sup>	16.8%
No Access to a Vehicle <sup>d</sup>	42.9%

<sup>a</sup> Obtained from 2018 American Community Survey data.  
<sup>b</sup> Supplemental Nutritional Access Programs  
<sup>c</sup> Obtained or Retrieved  
<sup>d</sup> Inferred from Zip Code Level Data



<sup>1</sup> Per 100 individuals based on Commercial RBS Prevalence Rates.  
<sup>2</sup> City of Geography YY is light blue, highlighting neighborhood in green.

**Community Assessment**

Community Rank <sup>1</sup>	Geography AA	Population	Geography AA
12	Geography AA	General Population	32,704
15	Geography CC	% of Total Population	1.1%
40	Geography DD	Number of Households	12,004
45	Geography EE	Median Age	30.4
47	Geography FF	<b>Ethnicity/Race</b>	
60	Geography GG	African American	67.5%
63	Geography HH	Asian	6.5%
64	Geography II	Caucasian	19.9%
65	Geography JJ	Hispanic	6.7%
67	Geography KK	<b>Language</b>	
		Primary Foreign Language	Spanish
		Percent Population	2.8%
		Linguistically Isolated	0.6%
		<b>No High School/Higher Education</b>	65.1%
		<b>Family Composition</b>	
		Non-family Household	43.8%
		Female-only Household	17.6%
		Male-only Household	22.7%
		Family greater than three	14.2%
		<b>Other Demographics</b>	
		Per Capita Income	\$18,692
		Receives SNAP	50.8%
		No Access to a Vehicle	50.4%
		<b>Disease Prevalence<sup>2</sup></b>	
		Hypertension	10.3%
		Diabetes	5.9%

Compared to neighboring Geography XX communities, Geography AA residents had the lowest median household income and largest percentage of SNAP benefit recipients. This community also accounted for one of the largest minority groups. Although Chinese was the primary foreign language in Geography XX, Spanish was the primary foreign language in Geography AA. While the majority of the population were of single, non-family households, the largest population of single parent households was observed in Geography AA. Despite experiencing mild nutritional

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