
PRESS KIT: ***National Health Equity Strategy***

April 20, 2021

**Blue Cross Blue Shield Association's
National Health Equity Strategy**

Advisory Panel Biographies

NATIONAL ADVISORY PANEL ON HEALTH EQUITY



Tracey D. Brown, CEO, American Diabetes Association®

The American Diabetes Association (ADA) is a United States-based non-profit that seeks to educate the public about diabetes and to help those affected by it through funding research to manage, cure and prevent diabetes (including type 1 diabetes, type 2 diabetes, gestational diabetes and pre-diabetes). It is one of many non-profit organizations (American Cancer Society, Susan G. Komen Foundation and American Heart Association) that have emerged as an official institution to the American public and is highly influential to the U.S. healthcare system and government.

Tracey D. Brown is Chief Executive Officer of the American Diabetes Association (ADA), the nation's largest voluntary health organization and a global authority on diabetes.

Brown joined the ADA in June 2018 after her tenure as senior vice president of operations and chief experience officer at Sam's Club, a division of Walmart, Inc., where she was responsible for creating meaningful member experiences, directing member strategy, marketing and branding, go-to-market execution, data and analytics, and membership operations.

Brown brings more than 25 years of experience in driving global business growth, leveraging data to connect consumers with brands and creating omni-channel experiences to escalate customer loyalty. Prior to joining Sam's Club, Brown was chief executive officer and managing director of RAPP Dallas, a data-driven integrated marketing agency. Before RAPP, she served as chief operating officer for direct marketing agency, Direct Impact, where she coordinated strategic, tactical and overall company operations.

Previously, Brown was director of worldwide consumer marketing for Advanced Micro Devices, where she drove global marketing and demand generation activity around the world, including China, India, Russia, France, Spain, Italy and Japan. Early in her career, she served in leadership positions at American Express, Proctor & Gamble and Exxon Mobil.

Brown earned a Master of Business Administration degree from Columbia Business School in New York and a Bachelor of Chemical Engineering degree from the University of Delaware.

Brown, who lives with type 2 diabetes, recently served as a volunteer and fundraiser for the ADA in her local community. She joined the ADA's National Board of Directors in January 2018, before transitioning to her new role as CEO. She and her family reside in the Washington, D.C. metropolitan area.

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Marshall Chin, MD, MPH, Richard Parrillo Family Professor of Healthcare Ethics, University of Chicago

The University of Chicago, Department of Medicine has been the model of a successful, clinically active academic program in general medicine and subspecialties since its establishment in 1927. University of Chicago clinicians, researchers and educators are making major contributions on how we solve complex medical problems by integrating novel scientific findings and how we train our young physicians. Through advanced investigations, team work and data driven technology, the University of Chicago's quest for new medical knowledge has led to innovative basic, translational and clinical research that has advanced therapies and redefined how we practice medicine. The team is dedicated to educating the next generation of physicians and scientists to carry on our legacy of discovery.

Marshall H. Chin, M.D., M.P.H., a practicing general internist and health services researcher, has dedicated his career to reducing health disparities through interventions at individual, organizational, community and policy levels. Dr. Chin has elucidated practical approaches to improving care of diverse individual patients and addressing systemic, structural drivers of disparities in the health care system. Through the Robert Wood Johnson Foundation Advancing Health Equity program, Dr. Chin collaborates with teams of state Medicaid agencies, Medicaid managed care organizations and frontline healthcare organizations to implement payment reforms to support and incentivize care transformations that advance health equity. He also partners with eight urban and rural communities to integrate medical and social care to reduce diabetes disparities through the Merck Foundation Bridging the Gap program. Dr. Chin evaluates the value of the federally qualified health center program, improves diabetes outcomes in Chicago's South Side through healthcare and community interventions, and improves shared decision making among clinicians and LGBTQ persons of color. He also applies ethical principles to reforms to reduce health disparities, discussions about a culture of equity, and what it means for health professionals to care and advocate for their patients. Dr. Chin's most recent project uses improv and standup comedy, storytelling and theater to improve training of students in caring for diverse patients and engaging in constructive discussions around systemic racism and social privilege. Dr. Chin and his team created the Roadmap to Reduce Disparities cited in Centers for Medicare and Medicaid Services reports. Dr. Chin is a member of the National Advisory Council of the National Institute on Minority Health and Health Disparities. He is a former President of the Society of General Internal Medicine.

Dr. Chin is a graduate of Harvard College and the University of California at San Francisco School of Medicine, and he completed residency and fellowship training in general internal medicine at Brigham and Women's Hospital, Harvard Medical School. He has received mentoring awards from the Society of General Internal Medicine and University of Chicago. He was elected to the National Academy of Medicine in 2017, and recently served on NAM's Committee on the Future of Nursing 2020-2030.

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Gilbert Darrington, CEO, Health Services, Incorporated

Health Services, Inc. is a progressive healthcare organization specializing in innovative quality patient care, integrating physical, mental and social well-being. The focus on a broader spectrum of health including primary medical care, mental & behavioral health, and social health services offers a well-rounded approach for happier, healthier patients. HSI has served the community for over 45 years and is the first Federally Qualified Health Center in Alabama to earn dual accreditation with the Joint Commission and has earned their Gold Seal of Approval by demonstrating compliance with The Joint Commission's national standards for health care quality and safety as a Primary Care Medical Home as well as having Ambulatory Health Care Accreditation.

Gilbert F. Darrington is a native of Montgomery, Alabama. He is a graduate of Robert E. Lee High School and is married with two sons. Darrington holds a Master of Arts degree in Human Resources Development, Bachelor of Science degree in Occupational Education, B.S.O.E. in Business Administration/Healthcare Administration, A.A in General Studies and a LPN Certification. He is also a member of Omega Psi Phi Fraternity, Incorporated.

Darrington retired from the United States Army after 20 years of service in the medical field. After retiring, he served as the Director of Human Resources at Jackson Hospital in Montgomery, Alabama for 10 years. Darrington is currently the Chief Executive Officer of Health Services, Incorporated in Montgomery, Alabama. At HSI, he works with healthcare providers to offer a wide spectrum of health care services through 11 health centers, two wellness centers, four school-based health centers and two mobile health care units.

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Adaeze Enekwechi, Ph.D., MPP, Research Associate Professor, Milken Institute School of Public Health at George Washington University

Milken Institute School of Public Health at George Washington University begins with the basics of our existence—clean water, healthy food, safe housing and breathable air—and continues through more complex and technical issues such as auto safety, vaccine development and distribution, infectious disease, maternal and child health, obesity and health care reform. Public health impacts all of us: how long we live, the quality of our lives, our sense of well-being and mental health, and the health of our children and future generations. That's why right now is the best time in history to pursue innovative solutions as we seek to create a healthier planet for all, especially underserved populations.

Dr. Adaeze Enekwechi is a leading voice in health equity and evidence-based health policy making. She is committed to building a health care system that evolves beyond its current piecemeal, short-term approach to big challenges in order to meaningfully improve access to equitable, quality health care for all Americans.

She most recently served as the President of IMPAQ, a policy research and implementation firm focused on health, workforce and advanced analytics. In that role, she provided strategic oversight of all research, technical assistance and technology services across all policy and program areas at IMPAQ. She also led the organization's work on health equity, advancing ideas for how policymakers, payers and providers can engage for meaningful, measurable change in quality, costs and outcomes for vulnerable and underserved populations.

Dr. Enekwechi served as the Associate Director for Health Programs at the White House Office of Management and Budget under President Obama, where she provided policy, management and regulatory oversight for over \$1 trillion in spending on a range of programs across all federal health agencies. These agencies and oversight areas included the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, the National Institutes of Health, the Food and Drug Administration, and policy and spending negotiations for Medicaid, the Zika virus, and other public health funding efforts. She also led a multi-agency implementation of the Affordable Care Act, where she coordinated and set up the infrastructure to implement the complex law.

Dr. Enekwechi completed a BA at the University of Iowa, an MPP at the American University and a Ph.D. in Health Services and Policy from the University of Iowa. She completed postdoctoral training at the University of Chicago. Her research area covers the aging population and Medicare, health equity for vulnerable populations and evidence-based policymaking.

Dr. Enekwechi is a Research Associate Professor of Health Policy and Management at the Milken Institute School of Public Health at the George Washington University. Her teaching focuses on federal health policy, the US health care infrastructure, health equity and evidence-based policymaking. She also serves on the boards of directors and advisors for a number of health care organizations.

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Maria S. Gomez, RN, MPH, President and CEO, Mary's Center

Mary's Center provides primary health care and other wrap-around services to any individual that enters their doors regardless of their ability to pay. They take most private insurance, Medicaid, Medicare and provide a sliding fee-scale to self-paid individuals to guarantee that their health care needs are met. Their community is composed of citizens born in the U.S., as well as immigrants from more than 100 different countries living throughout the DC metropolitan area.

Maria S. Gomez, President and CEO of Mary's Center, founded the organization in 1988 as a clinic to provide prenatal and postpartum care to Latino women living in DC's Ward 1.

Under Gomez's leadership, Mary's Center has grown from an initial budget of \$250,000, serving 200 participants a year, to an annual budget of \$61 million serving nearly 50,000 participants from all over the globe at five medical locations, two senior wellness centers and a program office throughout DC and Maryland in 2018. Gomez is among the strongest leaders in the region. As a testament to her significant commitment to her community, she was selected by the White House as one of the 18 recipients of the 2012 Presidential Citizens Medal, the nation's second-highest civilian honor. She is also frequently recognized for her role in the DC metropolitan region's healthcare system.

Prior to establishing Mary's Center, Gomez was a public health nurse at the D.C. Department of Health. She also worked at the Red Cross, where she directed community education programming and disaster services, and at the Visiting Nurses Association. Originally from Colombia, Gomez immigrated with her mother at age 13 and attended DC Public Schools. Gomez obtained her Bachelor of Science in Nursing from Georgetown University and a Master's in Public Health from the University of California at Berkeley. She currently serves as a board member for the DC Primary Care Association, the Primary Care Coalition of Montgomery County, and the Washington Area Women's Foundation. Gomez is the recipient of many awards.

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Rachel R. Hardeman, Ph.D., MPH, Tenured Associate Professor, Division of Health Policy & Management at the University of Minnesota

The Center for Antiracism Research for Health Equity at the University of Minnesota School of Public Health has a mission to identify, understand and dismantle structural racism through multidisciplinary antiracist and collaborative research, education, authentic community engagement and narrative change.

Dr. Rachel R. Hardeman, a reproductive health equity researcher, serves as the center's Founding Director. Dr. Hardeman's program of research applies the tools of population health science and health services research to elucidate a critical and complex determinant of health inequity—racism. Dr. Hardeman leverages the frameworks of critical race theory and reproductive justice to inform her equity-centered work which aims to build the empirical evidence of racism's impact on health, particularly for Black birthing people and their babies. In 2020, she was named the first Blue Cross Endowed Professor of Health and Racial Equity.

Dr. Hardeman's research includes a partnership with Roots Community Birth Center, in North Minneapolis, one of five Black-owned freestanding birth centers in the United States. Her work also examines the potential mental health impacts for Black birthing people when living in a community that has experienced the killing of an unarmed Black person by police.

Dr. Hardeman is principal investigator of MORhELab, which explores and defines ways to measure structural racism for the purposes of empirical, quantitative investigation.

Published in journals such as the New England Journal of Medicine and the American Journal of Public Health, Dr. Hardeman's research has elicited important conversations on the topics of culturally-centered care, police brutality and structural racism as a fundamental cause of health inequities. Her overarching goal is to contribute to a body of knowledge that links structural racism to health in a tangible way, identifies opportunities for intervention, and dismantles the systems, structures and institutions that allow inequities to persist.

Dr. Hardeman is active locally and nationally with organizations that seek to achieve health equity. She was recently appointed to the Minnesota Maternal Mortality Review Committee and the CDC Maternal Mortality Review Information Application (MMRIA) Bias work group where she is working to develop a measure of structural racism to be included when reviewing maternal deaths. Dr. Hardeman also serves on the Board of Directors for Planned Parenthood of the North Central States.

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Stacey D. Stewart, President and CEO, March of Dimes

The March of Dimes is a national, non-profit organization that was established in 1938. The mission of the foundation is to improve the health of babies by preventing birth defects, premature birth and infant mortality. The March of Dimes funds programs of research, community services, education and advocacy.

Stacey D. Stewart joined March of Dimes as its fifth President and CEO on January 1, 2017. In this role, Stewart heads the organization leading the fight for the health of all moms and babies. She is responsible for all aspects of the organization's strategy, vision and operations.

Stewart came to March of Dimes from United Way Worldwide, where she served as U.S. President, leading national efforts in education, revenue growth, health and brand recognition.

A business veteran with an extensive background in finance, Stewart has also held a number of senior roles at Fannie Mae, Merrill Lynch and Pryor, McClendon, Counts & Co. Stewart has a Master of Business Administration in finance from the University of Michigan and a Bachelor of Arts in economics from Georgetown University. She also holds honorary degrees from Trinity University, Morgan State University, Texas Southern University, Lincoln University and Alabama A&M University. She currently serves on several boards nationally and in the Washington, D.C. metropolitan area.

Stewart and husband Jarvis reside in the DC Metro area with daughters Madeline and Savannah.

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Richard Taylor, CEO, ImbuTec

Pittsburgh-based Imbue Technology Solutions, Inc. ("ImbuTec") was formed in 2003. At its inception, the company focused on evaluating and deploying innovative technologies to improve energy efficiency in commercial buildings. Today, ImbuTec operates as a full-service electrical and general contractor serving a wide array of corporate, governmental and institutional customers. The company has built a strong reputation for delivering outstanding results and has a stellar safety record. In addition, ImbuTec is certified as a Minority Business Enterprise (MBE) and Disadvantaged Business Enterprise (DBE) by the U.S. Small Business Administration, the Pennsylvania Unified Certification Program (13311), the National Minority Supplier Development Council (PT 01525) and the Pennsylvania Department of General Services.

With over 30 years of business and professional experience, Richard Taylor is responsible for the overall strategic direction of the company. Taylor graduated cum laude with a B.S. in Business Administration from Georgetown University. During his tenure in the nation's capital, he worked on Capitol Hill as a government relations representative for a Fortune 500 energy company and was also actively involved in Congressional and Presidential campaigns across the country. He later attended Tulane University School of Law where he earned his Juris Doctor, cum laude, and then served as a law clerk to Judge James L. Dennis on the U.S. 5th Circuit Court of Appeals.

Prior to joining ImbuTec, Taylor served in various legal and senior corporate management roles in the energy industry, and he also organized and led a non-profit community development corporation affiliated with his church to help revitalize the historic Hill District community in which it sits.

Taylor is an active civic leader, and currently serves on the Board of Directors of the Pittsburgh Foundation, the Board of Fellows for the University of Pittsburgh's Institute of Politics as Co-Chair of the Economic Development Committee, the Power of 32 Implementation Committee and the Board of Directors for Macedonia Development Corporation. He previously served on the Boards of the Port Authority of Allegheny County, the August Wilson African American Cultural Center, the Urban League of Greater Pittsburgh, the Local Government Academy and as Secretary of the Homer S. Brown Law Association.

NATIONAL ADVISORY PANEL ON HEALTH EQUITY



Kevin Washington, President and CEO, YMCA of the USA

The YMCA (the Y) is a worldwide youth organization based in Geneva, Switzerland, with more than 64 million beneficiaries in 120 countries. It was founded on June 6th, 1844 by Sir George Williams in London. YMCAs are strongly rooted in their communities and offer a variety of programs and services based on local priorities and issues affecting young people and their communities. The YMCA is a non-governmental federation, with each independent local YMCA affiliated with its national organization. Each national organization, in turn, is part of both an Area Alliance, based on geographic location, and the World Alliance of YMCAs.

A 43-year YMCA professional, Kevin Washington is the 14th person and first African American to lead the Y in the United States.

He came to YMCA of the USA in February 2015 from the YMCA of Greater Boston, where he was President and CEO from 2010 to 2014. He expanded membership and access by reducing rates, increased diversity and engagement among the Board of Directors to better reflect the community and implemented a childhood-education quality initiative that benefits thousands of children and families throughout eastern Massachusetts.

Prior to Boston, Washington served as President and CEO of the YMCA of Greater Hartford from 2000 to 2010. Under his leadership the Hartford YMCA invested more than \$60 million to develop or expand eight facilities and camps. He was Chief Operating Officer for the YMCA of Metropolitan Chicago from 1995 to 2000, and he previously held other executive roles with the Chicago YMCA and the Greater Philadelphia YMCA. He got his start in the Y as Youth Program Director at the Philadelphia YMCA's Christian Street branch in 1978.

Washington earned a bachelor's degree in history from Temple University.

**Blue Cross Blue Shield Association's
National Health Equity Strategy**

Community Highlights

HOW DOULAS CAN IMPROVE THE SAFETY OF CHILDBIRTH FOR WOMEN OF COLOR

For every mother who dies a pregnancy-related death in the U.S., 70 experience a life threatening event. These are unexpected cases of what doctors call severe maternal morbidity (SMM), such as cardiac arrest, hemorrhage or sepsis, events that could be fatal or affect a woman long after childbirth. The overall rate of these events has increased by over 200% in the past two decades. And the statistics are worse for women of color. Researchers at the University of Illinois Chicago found that Black women face a 70% higher risk of SMM than any other racial group. Doulas might provide the prenatal support women at risk need to have a healthy pregnancy and childbirth.

The role of doulas in reducing SMM

Doulas provide emotional, physical, and informational support to women before, during and after childbirth. They're trained but non-clinical partners to women, often supplementing care from doctors and midwives. There's evidence to suggest that working with a doula can reduce serious complications. Research finds that doula care can help reduce C-sections, decrease maternal anxiety and depression and help coordinate care and communication between women of color and their other healthcare providers. According to the March of Dimes, "The role of doula care in reducing C-sections is important, because C-sections contribute to the risk of maternal morbidity and mortality in initial and subsequent pregnancies."

Blue Cross and Blue Shield companies are increasing support for doulas

Many BCBS companies are including doula coverage in their members' plans, making philanthropic contributions to doula organizations that focus on underserved communities and funding training programs for doulas.

- **Training:** The Blue Cross Blue Shield of Michigan Foundation funded a program at Western Michigan University Homer Stryker Medical School to create and train a network of eight community doulas to assist women at risk of poor birth outcomes.
- **Eliminating disparities:** Blue Cross and Blue Shield of Minnesota has taken action to help increase access to culturally appropriate doula services for women of color in its Medicaid plan. To make the doula model more sustainable, the company increased reimbursement rates by 60% for contracted providers for non-labor and delivery visits. It is also providing workforce development scholarships to increase the number of doulas in areas with the least access and providing member education about the doula program.
- **Doula coverage:** CareFirst BlueCross BlueShield, through their grant making efforts, covers doula services for Medicaid patients, including for those who visit the innovative Mamatoto Village, an organization focused on empowering Black mothers with services and education.
- **Supporting doula organizations:** Blue Cross and Blue Shield of Illinois has provided funding to Chicago Volunteer Doulas, who care for pregnant and new mothers in vulnerable communities. Excellus BlueCross BlueShield supports Syracuse Community Connections, an organization that provides culturally competent doula care with a focus on Black women and women of color.

Doulas and culturally competent care

Doulas may also be able to play another role in eliminating racial disparities in maternal health. A Tufts University School of Medicine researcher notes that doulas may be more trusted members of the community and able to spend time listening to a mother's needs and concerns. Within the traditional healthcare system, Black women face unconscious bias, which can cause doctors to dismiss a Black mother's concerns or create a lack of trust between patient and doctor.

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CULTURALLY APPROPRIATE INTERVENTIONS FOR MOTHERS AND NEWBORNS

Arizona has the third-highest American Indian population in the U.S., comprised of Apache, Hopi, Navajo and many other tribes. One of the most significant health crises facing these communities is substance use disorder (SUD). Rates of SUDs are higher among American Indians than any other population group in the country, according to the Substance Abuse and Mental Health Services Administration's 2018 National Survey on Drug Use and Health.

A complex fabric of social and historical factors make American Indian populations more vulnerable to substance misuse and inhibit their access to treatment:

- High levels of poverty
- Historical trauma
- Racism and discrimination
- High unemployment rates
- Underfunded health services
- Shortages of providers in rural communities
- Lack of transportation

These same factors contribute to devastating maternal death rates. In Arizona, American Indian women face rates as high as 70.8 deaths per 100,000 births. That's according to the CDC. The average maternal death rate across the U.S. is 16.7 per 100,000. Tribal communities throughout Arizona have identified the need for more education, prevention and treatment to serve pregnant and parenting women with an SUD.

Mobilize AZ

Blue Cross Blue Shield of Arizona (BCBSAZ) is the state's largest health insurer. With deep connections to Arizona's tribal nations, the company is committed to supporting native mothers and babies through culturally appropriate interventions. In part, that means investing in programs and organizations that already serve Native Indian communities throughout the state and expanding their capacity.

The health insurer's public health program, Mobilize AZ, earmarks millions of dollars each year to build statewide capacity and resources for prevention, treatment, resiliency and recovery efforts. Funding priority is given to projects that expand resources, increase systems-level capacity, target an identified vulnerable population, and have a measurable impact.

Through this program, BCBSAZ is supporting:

- Free childcare for native women receiving SUD treatment
- Culturally competent education on substance use prevention for young women and providers in tribal communities
- Helping build self esteem among native girls and young mothers.
- Education on clinically proven interventions for newborns with neonatal abstinence syndrome (NAS)
- Transportation from rural tribal communities to Phoenix, Arizona for NAS treatment
- Training for 250 child development specialists to provide Native Indians throughout the state with at-home support
- Educating tribal families on mindfulness and stress reduction to help reduce unhealthy coping behaviors

The company is also advocating on behalf of the state's tribal communities on policy matters. While Medicaid in some states covers housing costs, in Arizona, it does not. BCBSAZ is leading the charge to change that policy, which would help support low-income native households—many of which qualify for Medicaid.

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ELIMINATING FOOD INSECURITY TO IMPROVE MATERNAL AND FETAL HEALTH

Researchers are still learning how limited or uncertain access to nutritious food can be harmful during and after pregnancy for both mother and baby. Food insecurity may increase the release of stress hormones, which has been linked to pre-term birth as well as unhealthy changes in a mother's pregnancy weight. It has been linked to an increased risk for post-partum depression. Food insecurity can also affect a pregnant woman's blood pressure, and so much more.

Who is food insecure?

The burden of food insecurity is borne disproportionately by Black, Indigenous and women of color. Federal statistics show Black Americans are twice as likely to be food insecure as the national average. Through another lens, one in five Black people is food insecure, according to Feeding America.

Federal food assistance programs may help. But doctors and health insurers are seeing an opportunity—and using new resources—to support women at risk.

Three programs that keep pregnant women and their families from going hungry

- In Minnesota, **Blue Cross and Blue Shield of Minnesota** is studying the impact of providing mothers and families in need clinically tailored meals, food boxes and nutritional coaching. Members can start as early as 20 weeks into their pregnancy and continue through the second month after birth. The healthy food program is a partnership with Project Well and Second Harvest Heartland, which will deliver the food and the coaching. Members can also be connected to additional food benefit programs and resources to meet other social needs through case management.
- In New York, **Excellus BlueCross BlueShield** is working with FoodLink, a local food bank, to pilot a nutrition program designed to identify at-risk moms and connect them to nutritional education and resources. Experts from Excellus BCBS say providing boxes of food is only one step in addressing food insecurity. Empowering mothers with culturally competent nutrition education can do even more to keep moms and their children healthy.
- **Blue Cross and Blue Shield of Kansas City** works with local food banks and food distributions centers to help members who are pregnant or new moms. Mothers who continue to experience food insecurity are connected with a state food assistance program. The health plan trains front line providers to screen women for food insecurity. Then Blue Cross and Blue Shield of Kansas City community health workers connect those members to resources to meet their social needs and follow up with providers.

Food as healthcare

Healthcare providers and health insurers are increasingly involved in meeting more than just medical needs for their patients. They recognize that having enough food to eat, or access to transportation, among other social needs, are just as critical for good health as a blood test or a sonogram. And right now, there may be more needs to meet. The economic crisis brought on by the pandemic has left more Americans out of work, living in poverty and struggling. Programs like these will be critical for catching those who might otherwise fall through the cracks.

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IN NEW JERSEY, ADDRESSING MOOD DISORDERS IN BLACK POSTPARTUM WOMEN

About one in nine mothers experiences postpartum depression or another mood disorder in the U.S., a condition that can be crippling for a new mother and affect a newborn's development. For Black mothers, rates of postpartum depression may be even higher, but many are never diagnosed. Horizon Blue Cross Blue Shield of New Jersey (Horizon) experts believe that highlights another racial disparity in the way Black mothers receive care, disparities that have led to this alarming statistic: New Jersey has the highest maternal mortality rate in the nation (among states that report this data). So the health plan is on a mission to make sure Black mothers and babies thrive. It's just one part of Horizon's pledge to eliminate health disparities.

Identifying the root causes and the smartest interventions

The key is a unique partnership between the state's Medicaid agency, Horizon, which manages more than a million Medicaid members and the state's largest health system, RWJBarnabas Health. University of Chicago researchers are guiding the team's work, using evidence-based strategies. Together, they've been digging into the root causes behind disparities in postpartum depression or other mood disorder diagnosis rates and mapping out the best ways to intervene.

Why Black women may not be getting equitably diagnosed or treated

Many doctors use a standard method for screening postpartum depression. But Horizon's Valerie Harr says that method may fall short for Black mothers "Postpartum depression may not be expressed the same way by Black women," says Harr. "They may experience physical symptoms. They may experience stigma in their own communities when it comes to depression," which means they may not be as comfortable reaching out for help.

Harr says the team's analysis also found that Black mothers may not be able to access postpartum care as easily as their white counterparts. They may need transportation, child care or help paying out-of-pocket costs for appointments. Medicaid patients face the biggest barriers to care.

In addition, there may be stigma associated with seeking behavioral healthcare.

Designing a new approach to helping Black mothers receive postpartum care

Harr says Horizon will pilot some solutions with Medicaid patients in Newark, N.J., an area with some of the most tragic outcomes for Black mothers and babies. In the near future, Harr says Horizon can:

- Tap into the expertise of community health workers and doulas to address the social determinants of health that affect participants
- Provide culturally sensitive health education for participants and healthcare providers
- Help raise awareness among clinicians about how to find and make effective referrals for postpartum behavioral health treatment

The health plan and its partners will also be piloting programs to:

- Educate clinicians about culturally appropriate ways to diagnose postpartum mood disorders
- Encourage providers to reach out proactively to Black mothers for follow up visits
- Help providers make treatment referrals
- Tap into a network of trusted community health workers who can help moms get to follow up appointments
- Empower doulas, women trained to support and educate moms through and after childbirth, to connect women with postpartum care

Harr says that while the initiative continues to evolve, the team is committed to making New Jersey a model for improving maternal health.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield companies.

RWJBarnabas Health is the largest, most comprehensive academic health care system in New Jersey with a service area covering nine counties with five million people.

BLUECROSS BLUESHIELD OF SOUTH CAROLINA AIMS TO IMPROVE PREGNANCY OUTCOMES IN WOMEN WITH DIABETES.

Diabetes Free SC expects to reduce unplanned hospital admissions for pregnancy complications by 50%.

BlueCross BlueShield of South Carolina and the BlueCross BlueShield of South Carolina Foundation launched Diabetes Free SC, an ambitious, long-term multi-million dollar, statewide initiative dedicated to addressing disparities in care in several strategic areas including improved pregnancy outcomes in women with diabetes. According to the American Diabetes Association (ADA), more than 500,000 adults in the state have diagnosed diabetes while an additional 120,000 are unaware that they have the disease. African-Americans have a two times higher death rate from the disease than white adults.

According to David Pankau, president and CEO of BlueCross BlueShield of South Carolina, this effort reflects the organization's commitment to improving the health of South Carolina communities. He said, "We have a long history of ensuring access to care through the work of the BlueCross BlueShield of South Carolina Foundation. We understand that our organization can play a meaningful role in reducing disparities of care for the people of South Carolina. And, even as we build upon the good work already being done, our efforts to address disparities and assist in overcoming barriers to care continue to develop and mature. We are putting a stake in the ground with our commitment."

Additional facts:

- 26,000 people in South Carolina will be diagnosed this year with diabetes.
- Nearly 35% of the state's adult population has prediabetes.
- In addition to pregnancy, diabetes is also a significant factor in other conditions including kidney and cardiovascular disease, which disproportionately affects African-Americans.
- Goals of the program also include reduced lifelong risk of diabetes in children; and the prevention of diabetes and its complications in adults.

The annual cost of care for adult South Carolinians with diagnosed diabetes is estimated at \$5.89 billion (2017)

BlueCross BlueShield of South Carolina and the BlueCross BlueShield of South Carolina Foundation are independent licensees of the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield companies.

STRONG COLLABORATIONS AIM TO IMPROVE BIRTH OUTCOMES

BlueCross BlueShield of South Carolina and partners reduce early term elective inductions by 50%.

BlueCross BlueShield of South Carolina (BlueCross SC) is improving maternal care as a leading partner of the Birth Outcomes Initiative (BOI). The program is a partnership between the South Carolina Department of Health and Human Services (SCDHHS), The South Carolina Hospital Association (SCHA), March of Dimes, BlueCross SC and more than 100 other stakeholders to improve health outcomes for newborns in the Medicaid program and throughout the state. The goal is to unite private and public organizations to lower preterm birth, the leading cause of infant death in the state, through pledges from hospitals to end non-medically indicated elective inductions, public and private alignment on a non-payment policy and outreach to at-risk mothers.

Launched in 2011, the BOI has three interconnected goals that work together to improve birth outcomes throughout the state, including:

- Reducing the number of low birth weight babies
- Reducing NICU admissions and stays
- Reducing racial disparities in birth outcomes

An early effort of the South Carolina BOI was to end elective inductions for non-medically indicated deliveries prior to 39 weeks and make resources available to at-risk mothers. The State of South Carolina used its multi-stakeholder BOI to reduce early-term, elective inductions by 50 percent, improving birth outcomes while saving the state and the federal government \$6 million in Medicaid spending for the first quarter of fiscal year 2013.

How it works: Partnered with leaders from key clinical organizations and gained agreement from all birthing hospitals to stop early elective deliveries. - Implemented a policy of non-payment for early elective deliveries without medical necessity, a private and public (Medicaid) solution. - Leveraged member maternity programs and the Centering Pregnancy model of care.

The BOI contains a number of components, including a policy adopted by the South Carolina Department of Health and Human Services (DHHS) and BlueCross BlueShield of South Carolina (BlueCross SC), the state's largest commercial insurer, to stop paying for early elective deliveries (elective inductions and cesarean deliveries prior to 39 weeks gestation). South Carolina was the first state in the nation where both public (Medicaid) and private (BlueCross SC) entities implemented the same non-payment policy for early elective deliveries for both hospitals and physicians. BlueCross SC conducted extensive outreach to its large employer customers so the policy change would not be a surprise.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield companies.

**Blue Cross Blue Shield Association's
National Health Equity Strategy**

Factsheet

The Blue Cross Blue Shield Association (BCBSA) National Health Equity Strategy will confront the nation’s crisis in racial health disparities. The strategy intends to change the trajectory of health disparities and reimagine a more equitable healthcare system.

THE STRATEGY INCLUDES:

- Collecting data to measure disparities
 - Scaling effective programs
 - Working with providers to improve outcomes and address unconscious bias
- Leaning into partnerships at the community level
 - Influencing policy decisions at the state and federal levels

The multi-year strategy will focus on four conditions that disproportionately affect communities of color:

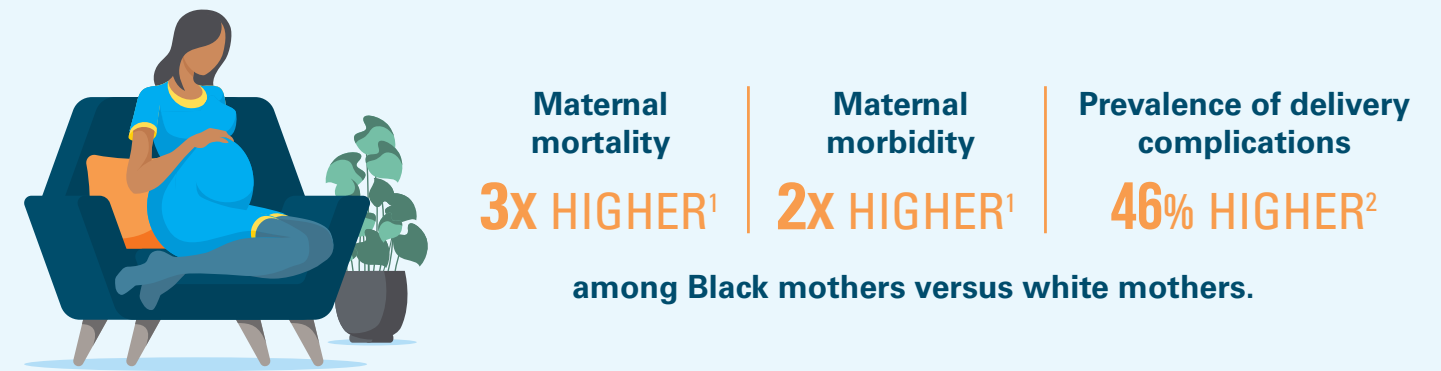
MATERNAL HEALTH

BEHAVIORAL HEALTH

DIABETES

CARDIOVASCULAR CONDITIONS

BCBSA HAS SET A GOAL TO REDUCE RACIAL DISPARITIES IN MATERNAL HEALTH BY 50% IN FIVE YEARS.*



BCBSA National Advisory Panel on Health Equity

BCBSA has convened a national advisory panel of doctors, public health experts and community leaders to provide guidance on the National Health Equity Strategy.

Tracey D. Brown American Diabetes Association®	Adaeze Enekwechi, PhD, MPP George Washington University	Stacey D. Stewart March of Dimes
Marshall Chin, MD, MPH University of Chicago	Maria S. Gomez, RN, MPH Mary’s Center	Richard Taylor ImbuTec
Gilbert Darrington Health Services, Incorporated	Rachel R. Hardeman, PhD, MPH University of Minnesota	Kevin Washington YMCA of the USA

We recognize we cannot do this alone. We invite others—industry leaders, stakeholders and policymakers—to join us in this critical work. We are hopeful that, together, we can affect meaningful, measurable progress for the health of all Americans.

To learn more about BCBSA’s National Health Equity Strategy and Maternal Health Program, visit [BlueHealthEquity.com](https://www.bluehealthequity.com).

*Metrics will include the Centers for Disease Control and Prevention (CDC) Severe Maternal Morbidity measures and BCBSA will report results annually.

1. AJMC “Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health,” 2020

2. BCBSA. Health of America – Maternal Health Data. 2020.

