What Drives Health

AND WHAT WE CAN DO ABOUT IT.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) continues to focus on improving the health and well-being of our customers and communities. While elements like value-based care, innovative networks and personalized engagement tend to garner the most attention, we're working just as hard at fostering health equity for those we serve. One critical strategy to achieve that goal is addressing **Drivers of Health.**

53%

of consumers report being negatively impacted by at least one driver of health[2]

Meet the Drivers

What makes us healthy? The Harvard Global Health Institute developed the Drivers of Health (DoH) framework as a starting point to begin answering that question. It includes the following indirect and direct factors:[1]

GOVERNMENT | POLICY

A wide range of government policies can affect health — such as vaccination programs and Medicaid expansion

EDUCATION

Evidence suggests that education has a causal effect in reducing mortality

INCOME | WEALTH

Poverty can impact health through complex pathways (e.g., access to care, food and housing, childhood development)

ENVIRONMENT

Environmental factors — both natural and man-made — can have profound effects on our health

HEALTH BEHAVIORS

A wide range of human behaviors can impact our health

OCCUPATION

Occupation can be linked to health outcomes and contribute to health inequality

RACIAL IDENTITY

Systemic racism (and exposure to racism) can impact health outcomes and quality of care

GENDER IDENTITY

Social aspects of gender (including discrimination) can affect access to care and quality of care

■ INDIRECT FACTORS
■ DIRECT FACTORS

MEDICAL CARE

Both quality and access to care can influence health outcomes

GENETICS

Genetics play a role in the development of certain diseases, such as cancer

SOCIAL CIRCUMSTANCES

Relationships can affect mental and physical health as well as behaviors and mortality risk

Blue Cross NC is focused on these non-medical factors in our current DoH efforts:

FOOD SECURITY

TRANSPORTATION (for both medical & daily living needs)

SOCIAL ISOLATION & LONELINESS

HEALTHY HOUSING

"The language we use matters, by revealing (or obscuring) a shared understanding of what we all need to be healthy."[3]

LANGUAGE MATTERS:

DoH versus SDoH

"In recent years, the term 'social determinants of health' [SDoH] has morphed from academic standby to health care buzzword … At the same time, the term's broad adoption has prompted consternation.

Most prominent is the caution that the health care sector is conflating SDoH (the underlying social and economic factors that affect the health of everyone in a community), social needs (an individual's need for food, housing, transportation or other resources) and social risk factors (the adverse social conditions associated with poor health, such as food insecurity and housing instability).

One way to spur action is to adopt language that reflects these shared values. A growing number of institutions (including our own) have adopted the term 'drivers of health,' viewing it as more respectful of community members and less suspect to the separation of the self from the 'other' that fuels racial inequities in health care. This language also allows us to distinguish between 'individual drivers of health' and 'community drivers of health,' … recognizing that these each require different approaches.

Now more than ever, it is crucial that we use language that speaks to the realities of peoples' lives and illuminates, rather than obscures, our shared understanding of and responsibility to act on all the factors that drive health."[3]

John R. Lumpkin, MD, MPH

Vice President of Drivers of Health Strategy at Blue Cross NC

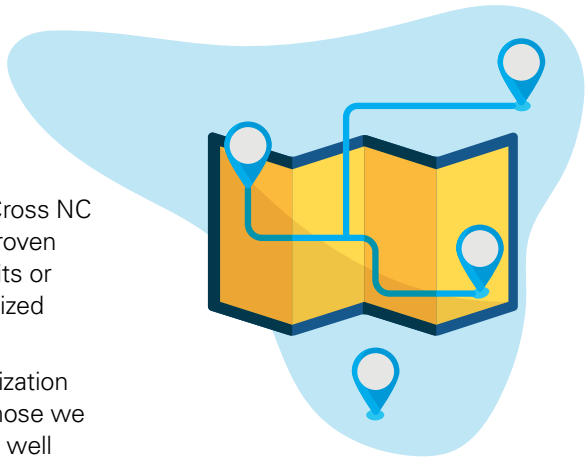
See the Impact

Knowing what makes us healthy allows us to direct resources to the right areas, from a single health behavior to how the health system itself operates. It also allows better targeting of precise programs to address the drivers found in a specific population. Taken together, these efforts can lower health care costs — and improve the health care experience — for employers and employees alike.

Across the country, Blue Cross and Blue Shield (BCBS) companies have launched local initiatives to address racial health disparities — with more than 300 programs already in place. Importantly, 175 of these initiatives focus on addressing drivers of health across crucial areas like food insecurity, housing, the environment and transportation. An additional 118 BCBS initiatives address health disparities related to specific health conditions that disproportionately impact communities of color — including diabetes, heart disease, behavioral health and maternal health.

At Blue Cross NC, we're taking a methodical approach to building DoH-focused solutions (see next page). We're also investing in 501(c)(3) organizations led by or serving historically under-represented communities and people of color through our Strengthen NC initiative. They will work to promote health equity by addressing disparities in maternal health and/or behavioral health.

No community can truly be healthy until racism no longer exists.



Charting a Path Forward

There is no single evidence-based DoH roadmap to follow today. So, Blue Cross NC is building the quantifiable evidence through test-and-learn models. Once proven to have positive impacts, a model can scale up by expanding through benefits or programs across our membership. Even those that don't have the hypothesized impact will offer valuable insights that are applied to future concepts.

To date, most of our tests have quickly met or exceeded enrollment and utilization targets — validating that the need and desire for support is strong among those we serve.[4] Below are four of the model concepts that began testing in 2021, as well as some initial results we are seeing. (Most will have a total cost of care analysis conducted in 2022.)

Testing DoH Model Concepts

MODEL: **Companion Support**
DRIVER(S) ADDRESSED: Social Isolation / Transportation
AIM: Learn if providing up to 60 hours of integrated companion support that members can use at their discretion impacts loneliness, member experience and medical expense

Preliminary data shows utilization is highest among those age 50 to 70 with chronic conditions; majority of users are female; primary usage is for companionship activities, speaking to the prevalence of social isolation — especially among older adults[4]

MODEL: **Produce Prescription Program**
DRIVER(S) ADDRESSED: Food Security
AIM: Learn if offering $40 for fruits and vegetables each month is the right dose, and determine the right duration, to see an impact on food insecurity, member experience and medical expense among at-risk members with both food insecurity and hypertension

Preliminary data shows 8 out of 10 members that enroll in this pilot follow through and redeem the benefit; enrollment target was met within just 7 weeks of pilot launch[4]

MODEL: **Food Delivery & Health Coaching**
DRIVER(S) ADDRESSED: Food Security
AIM: Learn if delivering $60 in healthy food to the home bi-weekly — supported by 6 months of weekly health coaching — impacts food insecurity, sustained behavior change, member satisfaction and medical expense for at-risk members with both food insecurity and type 2 diabetes

Preliminary data shows a 9% jump in satisfaction; early results also show a 20% improvement in depression scores and a 0.7% reduction in A1C for diabetic participants[4]

MODEL: **Randomized Clinical Trial**
DRIVER(S) ADDRESSED: Food Security
AIM: Through academic research, compare effectiveness of two different types of food interventions (with and without lifestyle support) for 6 or 12 months among at-risk members with both food insecurity and hypertension

Blue Cross NC, UNC Health and UNC-Chapel Hill researchers are conducting a first-of-its-kind clinical study to establish sustainable best practices for the use of nutritious food as medicine to treat chronic conditions and improve overall health[5]

People dealing with food insecurity are 2.4x as likely to report multiple ER visits & 2.0x as likely to report an inpatient visit over a 12-month period[2]

It's Time for Action

Advancing health equity requires more than press releases and lofty promises. That's why Blue Cross NC is on the ground, taking concrete action on the drivers — often ignored or deprioritized — that significantly influence our health and contribute to inequity. As you can see, we're already delivering real-world impact. And we'll continue to learn and evolve, creating new strategies that push health care further and make it easier for all of us to live well.

For more insights on advancing health equity within your workforce, visit

BlueCrossNC.com/SpotlightOnEquity

1. "The Framework." Harvard Global Health Institute. Online: *https://driversofhealth.org/the-framework* (Accessed December 2021).
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4. Source: Blue Cross NC Drivers of Health Strategy Program: Q3 2021 Performance Report. Note: Pilot programs are not available to all members and may be discontinued at any time; results may be preliminary and are subject to change over time.
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Expecting Equity
IN THE CARE OF MOTHER & CHILD.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) approaches its work through a lens of health care equity to truly make health care better for all. By weaving Diversity, Equity, and Inclusion (DEI) into the fabric of what we do for our customers and communities, we can reduce some of today's most harmful — and costly — disparities. One area we've prioritized is **reducing racial disparities in maternal and infant health.**

Confronting the Problems at Hand

Consider these key findings from the Blue Cross Blue Shield, The Health of America Report® *Racial Disparities in Maternal Health*:[1]

1 WIDE DISPARITIES IN CHILDBIRTH COMPLICATIONS

Severe Maternal Morbidity (SMM) measures unexpected outcomes from labor and delivery with significant short- or long-term impacts to a birthing person's health. SMM rates were substantially higher for women in majority Black and majority Hispanic communities (63% and 32% respectively) than for women in majority White communities in 2020.

Since 2018, rates are on the rise overall, with Hispanic women seeing the highest increase of 19%. Although Black women saw a modest decrease in 2020, they have much higher SMM rates compared to women in majority White and Hispanic communities.

2 YOUNGER BLACK MOTHERS ARE STILL AT HIGHER RISK

Overall, women ages 35-44 had higher rates of SMM than those under age 35. However, women in majority Black communities under the age of 35 had SMM rates higher than women in majority White communities ages 35-44.

3 DISPARITIES VARY IN SMM INDICATORS BETWEEN RACES/ETHNICITIES

Compared to majority White communities, women in majority Black and Hispanic communities have higher prevalence rates for nearly all SMM indicators such as kidney failure, sepsis, shock and eclampsia.

4 BLACK AND HISPANIC WOMEN ARE MORE LIKELY TO HAVE RISK FACTORS FOR SMM

Women in majority Black communities have up to twice the prevalence of risk factors, such as hypertension or anemia, for SMM than women in majority White communities.

Women in majority Hispanic communities have prevalence rates up to a third higher for some risk factors, such as prior cesarean birth and preexisting diabetes, than women in majority White communities.

Making a (Measurable) Difference

Blue Cross NC — alongside other Blue Cross and Blue Shield companies — aims to reduce racial disparities in maternal and infant health care by 50% in five years.[2] The following sections spotlight ways we're making meaningful progress toward that goal.

DISPELLING BIAS

Studies show many doctors have a significant pro-White bias and unconsciously associate Black patients with being less likely to cooperate with medical procedures — often resulting in Black patients receiving different treatment than White patients.[3] This was validated in The Health of America Report, which found Black mothers reported feeling their provider did not spend enough time with them and had lower confidence they would receive the care they need. They also felt like they could not openly speak to their provider about their pregnancy.[1]

To combat this problem, Blue Cross NC is working to increase the percentage of diverse doulas and community health workers across the state. We've also invested in the March of Dimes so they can expand their "Breaking Through Bias in Maternity Care" program into counties across North Carolina. It helps providers caring for women before, during and after pregnancy (e.g., doctors, nurses, doulas) recognize how stereotypes can unconsciously impact decisions, a patient's health care experience and overall quality of care. There's no fee to attend — and the curriculum provides an overview of implicit bias, its impact on the maternal and infant health crisis, the history of structural racism in the U.S., and strategies for providers to both mitigate racial bias in maternity care and commit to a culture of equity.[4]

INVESTING IN TOMORROW

Blue Cross NC is investing $2 million into evidence-based initiatives that are shown to make a significant improvement on infant and maternal health outcomes across the state — with an emphasis on Black, American Indian and Hispanic birthing people. Our "Addressing Health Disparities: Improving Maternal and Infant Health Outcomes" request for proposal (RFP) seeks

Pregnancy-related mortality is

2.5x HIGHER

for Black women compared to non-Hispanic White women[5]

North Carolina has the

11TH HIGHEST

infant mortality rate in the U.S.[6]

60%

of pregnancy-related deaths are preventable[7]

organizations with sustainable and expandable programs that tackle disparities in these historically underserved communities, such as:[2]

Implicit bias/structural racism	**Social drivers of health**
Safe sleep habits	**Maternal mental health**
Tobacco, alcohol and substance use cessation	**Severe Maternal Morbidity (SMM)**
Prenatal care	**Postpartum care**

The RFP concluded in November 2021 — with an announcement of the chosen organizations and the work they'll be leading expected in the first half of 2022.

NOURISHING COMMUNITY ROOTS

Blue Cross NC has long supported community-based organizations working on the front lines to improve maternal health and promote equity. In 2018 alone, we invested nearly $2 million in local organizations that help women before, during and after delivery. Below are just a few examples of how that support continues today:[8]

We helped sponsor a UNC School of Global Public Health initiative that supports North Carolina hospitals as they pursue designation as a Baby-Friendly Hospital. Our investment helped 41 hospitals — many located in historically underserved and marginalized communities — engage in the rigorous certification process. (Prior to our investment, only 14 hospitals in the state had achieved this status.) Other funds have helped educate new mothers how to care for their infants.

* * *

The Blue Cross and Blue Shield of North Carolina Foundation — long a champion of efforts to support doulas (non-medical professionals trained in childbirth) in our state — has provided ongoing support to the Mothering Asheville program. Using the community-centered health approach, Mothering Asheville is working to reduce, and ultimately eliminate, racial disparities in infant mortality by changing institutional policies to address structural racism and increase access to preventive services in community-based settings. The collaborative, working in partnership with a safety-net obstetrical practice, developed a doula program that employs women from the community most impacted by infant mortality in the Buncombe County area.

POLICY MATTERS:

Driving Change

"The Health Policy Office (HPO) represents Blue Cross NC on several statewide taskforces, including the North Carolina Institute of Medicine (NCIOM) Maternal Health Task Force and Healthy North Carolina 2030.

Blue Cross NC is also dedicated to investing in communities to ensure care and access is available to all. In 2018, Blue Cross NC invested $1.7 million to improve maternal and infant health across the state — organizations included Family Connects International, UNC Gillings School of Global Public Health and Nurse-Family Partnership. In 2020, Blue Cross NC committed more than $7 million to help North Carolinians access nutritious food and other essentials — which is a key factor for maternal and perinatal health.

Blue Cross NC is also focused on the rate of substance use disorder (SUD) among pregnant women in North Carolina. We address SUD as a chronic disease and have set up programs to include SUD treatment for expecting mothers.

The Blue Cross NC Healthy Blue® Medicaid option offers breastfeeding and safe sleep support kits, in addition to help with transportation barriers and housing security. Populations with social risk factors have access to value-added services such as community health workers, doulas and community-based services. Programs such as New Baby, New Life help connect members to an OB care manager, as needed, based on risk assessment.

The Affordable Care Act (ACA) expanded coverage for many maternal health benefits including breastfeeding support, counseling and equipment for the duration of breastfeeding. Other coverage provided by Blue Cross NC includes maternal depression screening, prevention of perinatal depression and gestational diabetes screening."

– Maternal & Perinatal Health Equity Issue Brief from the Health Policy Office of Blue Cross NC[9]

In North Carolina, less than

7 OUT OF 10

pregnant women get necessary early prenatal care services[11]

DRIVING MORE ACCESS TO INFORMATION

Women of color tend to have less access to high quality reproductive health information compared to White women.[10] To help address this disparity, Blue Cross NC has implemented more diverse maternal-specific materials through our My Pregnancy app (powered by Wildflower). One of the new content series includes 18 articles focused on Black Maternal Health during pregnancy as well as postpartum. There are also new articles that focus on drivers of health. In addition, we're transforming our Condition Care nurse support program for high-risk pregnancies to incorporate and address factors that can drive maternal health disparities.

It's Time for Action

Blue Cross NC views infant and maternal health as a public health priority. It's more important than ever to work together in addressing the issues causing disparities during labor and postpartum health care. We're focusing on those that need our help the most — with a priority on marginalized communities — to make a meaningful impact on infant and maternal morbidity in North Carolina. You can learn more about our strategy at ***BlueCrossNC.com/MaternalSpotlight***. Together with employers, providers and community organizations, we will make a difference that ripples through the generations to come.

For more insights on advancing health equity within your workforce, visit

BlueCrossNC.com/SpotlightOnEquity

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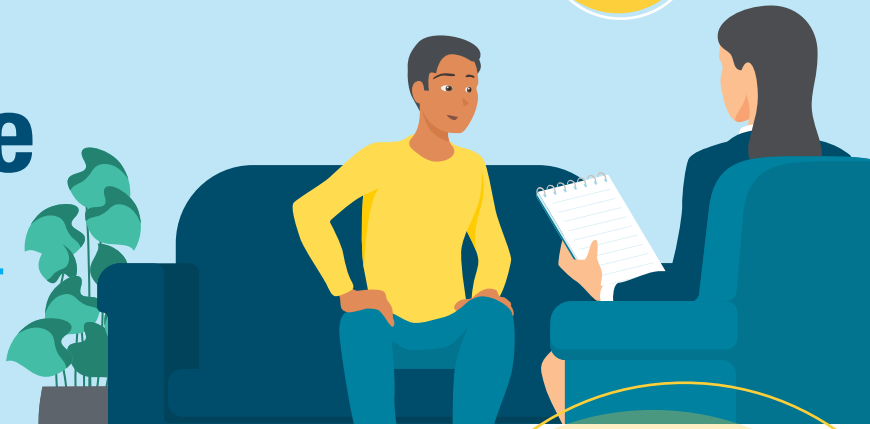
Wildflower Health is an independent company solely responsible for the services it provides via the My Pregnancy app on behalf of Blue Cross NC. Wildflower Health does not offer Blue Cross or Blue Shield products or services.

Connecting Care

FOR THE BEST MENTAL & PHYSICAL HEALTH.



Research shows that more than 200 million workdays are lost due to mental health conditions each year, costing companies almost $17 billion in lost productivity.[1] So it's no surprise that 9 out of 10 large employers today are concerned about long-term mental health issues resulting from the COVID-19 pandemic.[2] In light of this, it's critical to focus on **Behavioral Health**.

The number of adults reporting symptoms of anxiety or depressive disorder jumped from 11% in 2019 to 41% at the start of 2021.[3] Those reporting negative mental health impacts from the pandemic has consistently hovered around 50% from July 2020 through March 2021.[4] Those impacts include difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%) and worsening chronic conditions (12%).[3]

To help address this crisis, Blue Cross and Blue Shield of North Carolina (Blue Cross NC) continues to drive its multi-year behavioral health strategy focused on improving access, quality, equity and experience. This spotlight highlights key issues at play — as well as several ways we're working to bring about real change for you and your employees.

87%

of large employers accelerated initiatives to improve mental health access and services due to COVID-19[2]

Breaking Down Barriers

While behavioral health has received a lot of attention in recent years, the path to treatment is still littered with obstacles. Among those struggling with their mental health during the pandemic, one-third did not get the behavioral health care they thought they needed; of those, 5% said the main reason was being afraid or embarrassed to seek treatment.[4] This extends to the office, too. Despite attempts to shift culture, less than half of employees that had a conversation about mental health at work described it as positive.[1] 2022 will be the first time that a majority of employers have an anti-stigma campaign in place.[2]

Even when stigma isn't a barrier, access often is. One in 4 adults cite being unable to find a provider as the main reason they didn't get behavioral health treatment.[4] One study found no psychiatrists working in more than half of the 3,000+ counties in the United States as of 2016.[5] And in the coming years, the Health Resources and Services Administration (HRSA) projects a large shortfall in the number of adult psychiatrists and addiction counselors needed to meet anticipated demand through 2030.[6]

Emphasizing Equity

Racial disparities in behavioral health treatment are also a factor. Just one-third of Black and Hispanic adults with a mental health diagnosis receive treatment or counseling, compared to half of White adults.[7] For these reasons and more, the Blue Cross Blue Shield Association is targeting behavioral health as one of four focus areas in our National Health Equity Strategy.[8]

DISPROPORTIONATE IMPACT:

Unintended Consequences

2 OUT OF 3

large employers will be actively addressing racism as a driver of health in the next three years[2]

"Many of the inequities in [drivers of health] drive poor health outcomes — such as neighborhood and physical environment, health and health care, occupation, economic stability and education. These inequities may become worse during the COVID-19 response, disproportionately affecting racial and ethnic minority groups. Unintended consequences of these inequities may include lost wages, unemployment and loss of health insurance as a result of business closures; stress and social isolation because of restrictions on social gatherings; and the stigma of having or being suspected of having the virus if wearing a mask. These unintended consequences may cause exceptional difficulties in communities with limited resources and communities in which mitigation strategies are more strictly enforced.

Discrimination, which includes racism, shapes social and economic factors that can put racial and ethnic minority groups at higher risk for COVID-19 infection. These same factors, in turn, contribute to worse economic, social and secondary health consequences of mitigation strategies.

The disproportionate burden of COVID-19 experienced by racial and ethnic minority groups, combined with the unintended consequences of COVID-19 mitigation strategies, including increased social isolation, may also affect mental health and bereavement.

MENTAL HEALTH

The COVID-19 pandemic has been stressful for many people. Fear and anxiety about a new disease and what could happen can be overwhelming and cause strong emotions in adults and children. Some groups may be more affected than others. ... One study found elevated depressive symptoms, and fear of COVID-19 among racial and ethnic minority populations (combined) compared with non-Hispanic White people. Another study found symptoms of adverse mental or behavioral health conditions were more common among Hispanic and non-Hispanic Black people compared with non- Hispanic White people. ... The effect of the COVID-19 pandemic on mental health may be influenced by the intersection of age, income, employment and other social factors, in addition to race and ethnicity.

BEREAVEMENT

Many people are experiencing grief during the COVID-19 pandemic. Grief is a normal response to loss during or after a disaster or other traumatic event. Grief can happen in response to loss of life, as well as to drastic changes in daily routines and ways of life that usually bring us comfort and a feeling of stability. Some groups may be more likely to experience loss of a loved one due to COVID-19. Non-Hispanic Black people were found to be more likely to have a close relative who died from COVID-19.

Inequities in [drivers of health] increase the negative effects of the COVID-19 pandemic for some racial and ethnic minority groups. We need to work together to reduce the negative effects that COVID-19 community mitigation strategies have had on individuals and communities, including working to address inequities in the [drivers of health]."

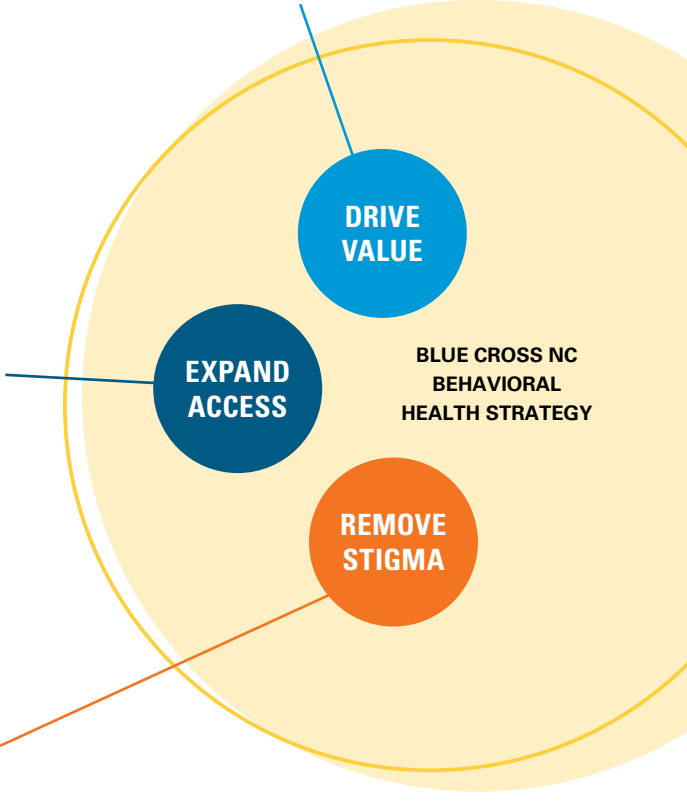
– "Unintended Consequences of COVID-19 Mitigation Strategies: Racial and Ethnic Health Disparities" from the Centers for Disease Control and Prevention[9]

Taking a Multi-Layered Approach

Blue Cross NC's behavioral health strategy is focused on integration, optimization and innovation to expand access, drive value and remove stigma. Below, you'll see concrete ways we're bringing that vision to life. Other initiatives underway will complement this strategy. For example, research shows that investments in drivers of health — such as housing security, nutrition and education — can also reduce depression and anxiety disorders.[10] (*See the Drivers of Health spotlight for more on our efforts there.*)

With **Blue Premier℠ Behavioral Health**, behavioral health providers earn incentives — in addition to their current fee-for-service billing — when they coordinate their efforts with primary care providers, help patients gain quick access to care and, most importantly, help patients improve. We also help members find high-quality, high-value substance use disorder treatment options through **Shatterproof's ATLAS** (the Addiction Treatment Locator, Assessment and Standards platform).

Because finding providers is a common barrier to access, the **Quartet platform** allows primary doctors to refer patients to a behavioral health provider with availability and stay connected on their treatment. (Members can also self-refer and have their primary doctor kept informed.) Digital solutions can also greatly increase access at scale. **myStrength** leverages intelligent personalization to offer evidence-based, self-guided digital content and tools that support employees through their mental health journey. Expanding access to substance use disorder treatment is supported by **Eleanor Health**, which provides end-to-end, integrated care through outpatient clinics coupled with comprehensive support beyond the clinic walls. Finally, offering **tele-behavioral health through Teladoc®** shifts the site of care to the home — enhancing access for those in treatment "deserts" as well as alleviating the common barrier of stigma.



While many companies have behavioral health programs in place, employees are often hesitant to seek out the support they need. In fact, 6 out of 10 employees have never even spoken about their mental health at work — and less than half felt mental health was prioritized at their company.[1] Blue Cross NC offers a multi-touch **Behavioral Health Employee Communications Toolkit** to highlight available resources and spark a dialogue on a range of relevant topics — from diffusing burnout and supporting caregivers to reducing stigma, managing everyday stressors and coping with pandemic-related pressures. Most of all, it allows employers to lead by example. That is key, as the most-commonly desired workplace resources for mental health are a more open and accepting culture, training and clearer information about where to go or who to ask for support.[1]

3 TO 5x

higher total medical expenditures for individuals with severe mental health conditions[11]

It's Time for Action

Blue Cross NC will continue working with employers, providers, community organizations, governments and health systems to make behavioral health care accessible, high-value and stigma-free. Our whole-person approach integrates behavioral and physical health to improve outcomes and lower costs — while reducing disparities so no person is blocked from the help they need. That's smarter, better (whole) health care. And that's what your employees need now more than ever.

For more insights on advancing health equity within your workforce, visit

BlueCrossNC.com/SpotlightOnEquity

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