



Health Equity Report 2024



OUR VALUES

Diversity, inclusion & health equity

At BlueCross, we're focused on improving lives. That starts with building a workforce that reflects and understands the communities we serve. And it extends to addressing health disparities so every person can thrive, regardless of their background.

WHO WE SERVE

3.4 million unique members

Every person BlueCross serves, and every person at our company, has their own story — representing every facet of diversity. Understanding one another better helps us collaborate to create a healthier Tennessee.



By the numbers: our people and our communities

We employ nearly

6,500+

people from
all walks of life

We work with over

54,000

providers to give
our members options

Around

25%

of our members are
racial or ethnic minorities

Our foundation has given

\$150M

to support Tennessee
communities since 2005



INCLUSIVE WORKFORCE

BlueCross values every person's unique story

Creating a workplace where everyone is valued and respected is the right thing to do. It also makes BlueCross stronger — and better able to serve our 3.4 million members.



WHAT WE'RE DOING

Improving access to care for everyone

We're taking steps to increase health equity across Tennessee – here are just a few of the things we are doing to improve access to care across our state.

- › We developed a Social Risk Index to understand how our members' needs affect their health outcomes
- › We joined forces with Meharry Medical College to study health disparities in Tennessee
- › Our foundation has awarded \$415,000 in scholarships to 44 outstanding health care students since 2013



HEALTH EQUITY REPORT

Social factors affecting health outcomes

Every person's journey through life is different. And the challenges they face are all connected to how they experience the health care system.



WHAT WE'RE DOING

The social risk factors that affect health outcomes

Each person's life experiences have a lot to do with their health journey. Social risk factors can affect anyone and lead to health disparities, or unfair and avoidable differences in health status. These factors can also correlate with racial and ethnic identities because of the historic inequities these groups have faced.

SOCIAL RISK FACTORS AFFECTING OUTCOMES

Health Disparities and Our Members

Obstacles like these can be measured and studied. And we're using that information to help equip people to make progress toward their own goals for better health. We've identified the social risk factors below as being correlated with health disparities between racial and ethnic groups.



Education

White members are 2x more likely to obtain a high school education compared to Hispanic members.



Language

Half of all Asian and Hispanic members experience a language barrier when seeking care.



Safety

Black members are more likely to live in areas with a higher rate of violent crime, compared to White members.



Debt Burden

Black members are 4x more likely to suffer from debt compared to White members.



Behavioral Health Care Shortage

White and indigenous members are more likely to live in an area where there is a shortage of behavioral health professionals.



WHAT WE KNOW

Using Data to Advance Health Equity

Social drivers of health are obstacles that can lead to health disparities, or unfair and avoidable differences in health status. These barriers can be measured and studied. We've compiled decades of data to create our proprietary Social Risk Index, and we use it to identify the social barriers our members face by targeting our member's specific needs. We then equip our care teams with the training, tools, and resources to effectively provide the necessary services and supports.

SOCIAL DRIVERS OF HEALTH

20 key risk factors

The index assists us in understanding each person’s relative risk level and find ways to help improve their health, sometimes with the aid of community partners and resources.

RISK FACTOR	MEMBERS MAY EXPERIENCE
Food insecurity	Possibly lacking regular or reliable food supply or likely to have a malnutrition diagnosis
Housing	Experiencing homelessness or uncertainty about their living situation
Financial Strain	Having trouble affording necessities
Debt burden	Likely to be in the lowest credit score segment
Income	Earning less than the Federal Poverty Level
Employment	Being unemployed or being employed in a service industry segment
Medical cost burden	Facing difficulty affording medical costs
Language	Not speaking English or having another type of language barrier
Literacy	Having a low reading level
Education	Having less than a high school education
Health literacy	Having trouble understanding health problems and information
Transportation	Lacking convenient transportation or needing transportation assistance
Primary care access	Not having convenient access to primary care providers
Behavioral health access	Not having convenient access to behavioral care providers
Home safety	Safety concerns in their home such as lack of heat or air conditioning, fall, or trip hazards, faulty electrical wiring, or lead paint
Crime safety	Living in a situation with potential for violent crimes
Environmental safety	Poor water, air, or soil quality due to local environmental factors
Racial discrimination	Facing the possibility of discrimination because of race or ethnicity
Disability discrimination	Facing the possibility of discrimination because of an intellectual or physical disability
Social support	Living alone or without community connections



HEALTH EQUITY REPORT

Our health equity report in action

This report tracks 20 of the top health metrics for 2 million members in four categories of racial and ethnic demographics, and:

- › Identifies the social risk factors we see across Black, White, Asian and Hispanic populations that could be contributing to health disparities
- › Drives our focus to help improve at least 10 of the measures associated with significant inequities



HEALTH EQUITY REPORT

Maternal health disparities

Between 2017 and 2021, 166 women in Tennessee died from pregnancy-related causes. Most of these deaths were preventable — and a majority of them correlate with health disparities affecting minority communities.



What We Know:

Pregnant people of color are less likely to receive the right prenatal care.

Maternal health disparities



Key facts in Tennessee^{1,2}

Black patients were

2.3x

more likely to die than
White patients

Discrimination contributed
to more than

1 in 5

pregnancy-
associated deaths

Mental health
contributed to

27%

of all pregnancy-related
deaths

Substance abuse
contributed to

39%

of all pregnancy-related
deaths

Data Sources

1. [Tennessee Department of Health, 2023 Maternal Mortality in Tennessee report](#)

2. 2022 BCBST Commercial Racial/Ethnic Health Disparity Population Assessment

The calculated measure result rates are considered adjusted, unaudited HEDIS rates. They are only used for population health purposes and internal, quality improvement purposes. All stratified rates are based on data from BCBST administrative systems only. No attempt was made to manually abstract data from patients' medical records.

HEDIS® – The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

BY THE NUMBERS

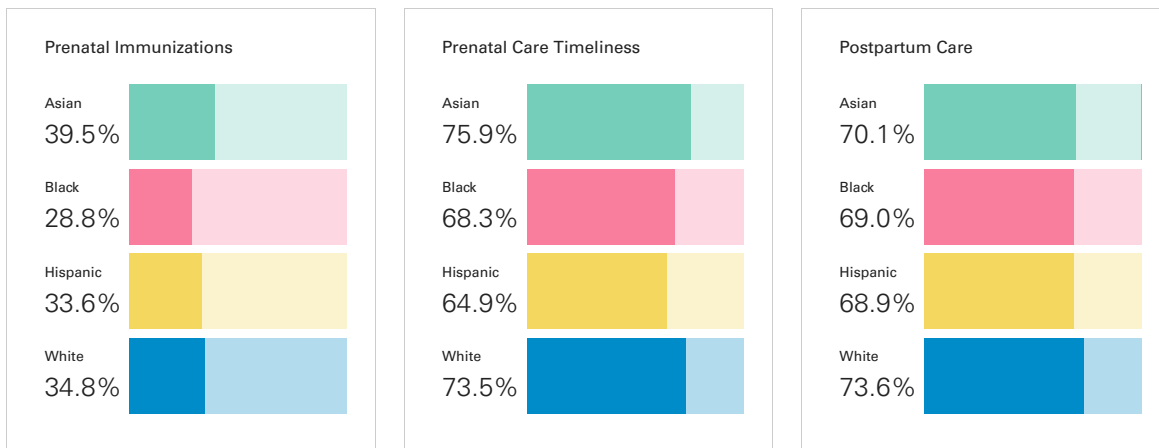
Prenatal and post-partum care

Understanding the data will pave the way for us to make progress. We'll work with health care providers to deliver better health for everyone, regardless of their background. **This data shows how likely members are to receive certain screenings or treatments, broken down by race.**

We split the data by type of health plan because we know that, generally speaking, Medicaid members tend to face more social risk factors and health disparities than people with commercial health plans.

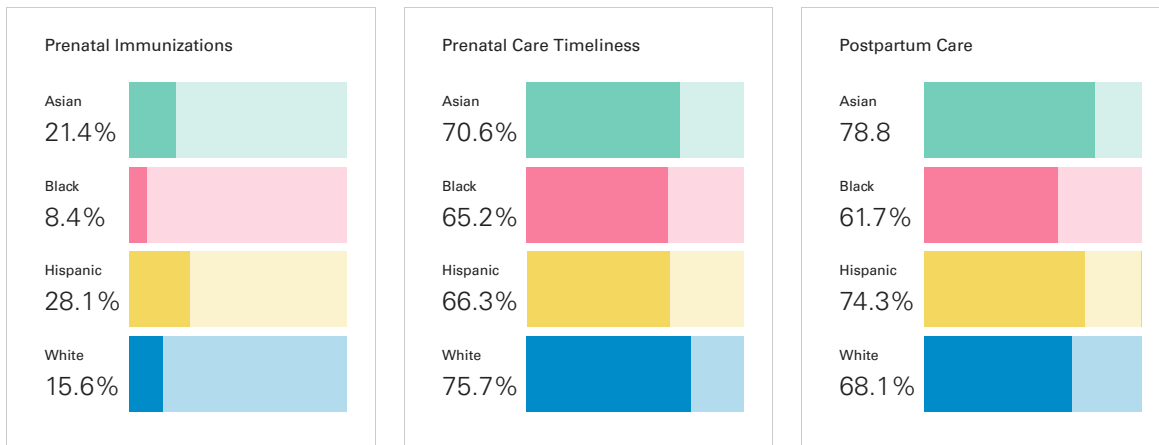
Commercial members

Commercial members include people who get health coverage through their jobs or buy an individual policy directly from BCBST (without financial assistance through healthcare.gov).²



BlueCare members

BlueCare members include people who get coverage through TennCare, Tennessee's Medicaid program.²





HEALTH EQUITY REPORT

Cancer screening health disparities

Prevention saves lives, but not everyone is getting the right screenings at the right times. In fact, Hispanic members are the least likely among all racial groups to get screened for colorectal cancer at the recommended age.



What We Know:

Access to care and early screening is a key disparity in cancer mortality rates among minority populations.

Cancer screening health disparities



Key facts in Tennessee^{1,2}

Every day
in Tennessee

103

people are diagnosed
with cancer

Black Tennessee
women were

33%

more likely to be diagnosed
with breast cancer in
late stages

Only

68%

of Black Tennesseans age
50 and older were screened
for colorectal cancer

Black Tennesseans are

3x

as likely as Whites to die
of cervical cancer and
Hispanics are 2x as likely
as non-Hispanics

Data Sources

1. [Tennessee Department of Health, Cancer in Tennessee Report, BetterTennessee](#) [Health Brief: Cancer, Tennessee Department of Health](#) [Cervical Cancer Awareness Month](#) [American Cancer Society, Colorectal Cancer Facts & Figures 2023](#)

2. 2022 BCBST Commercial Racial/Ethnic Health Disparity Population Assessment

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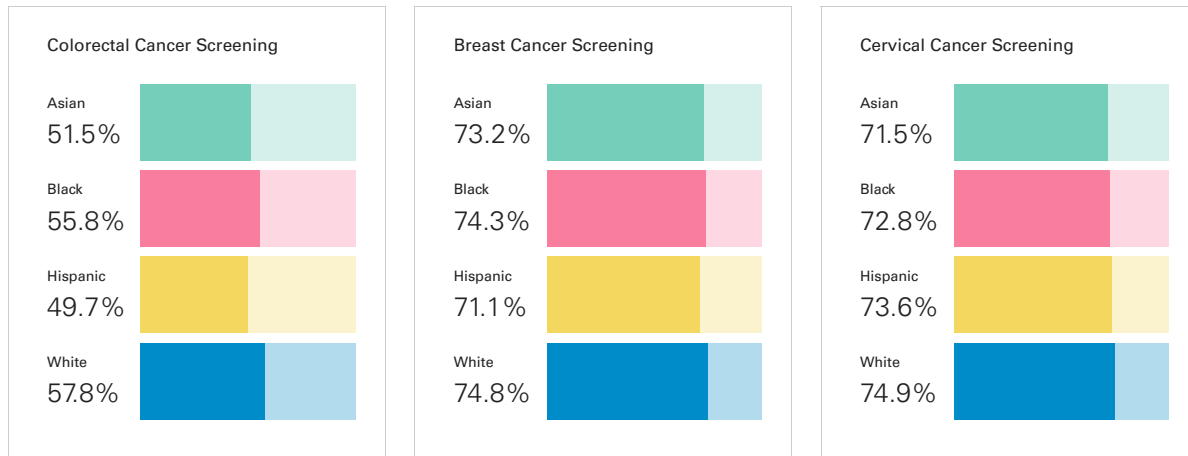
Cancer screenings

This data shows how likely members are to receive certain screenings or treatments, broken down by race.

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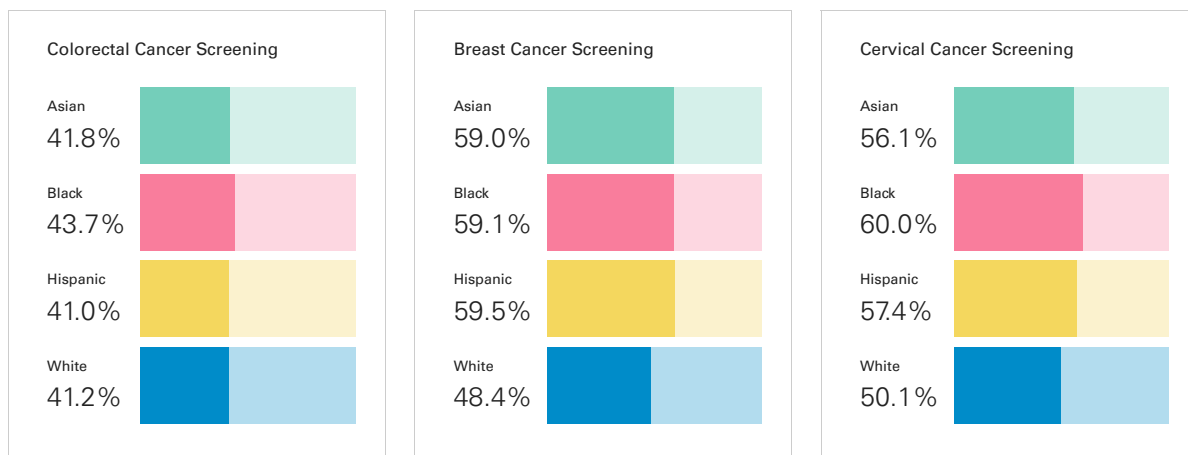
Commercial members

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BlueCare members

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HEALTH EQUITY REPORT

Chronic condition health disparities

High blood pressure often leads to heart disease and stroke, which are common causes of death in Tennessee. And Black residents are more likely to experience high blood pressure.



What We Know:

Health disparities have led to higher rates of chronic conditions among minority populations.

Chronic condition health disparities



Key facts in Tennessee^{1,2}

Black women
2x
more likely to die
from diabetes than
White women in Tennessee

37%
of Tennessee adults report
experiencing anxiety or
depression

29%
of Tennessee adults
don't exercise or get
regular physical activity
outside of work

35%
of Tennessee adults
experience obesity

Data Sources

1. [Tennessee Department of Health, Tennessee Diabetes Action Report](#) [U.S. Census Bureau, Household Pulse Survey 2023](#) [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System](#) [Centers for Disease Control and Prevention Adult Physical Inactivity Prevalence Maps by Race/Ethnicity](#)

2. 2022 BCBST Commercial Racial/Ethnic Health Disparity Population Assessment

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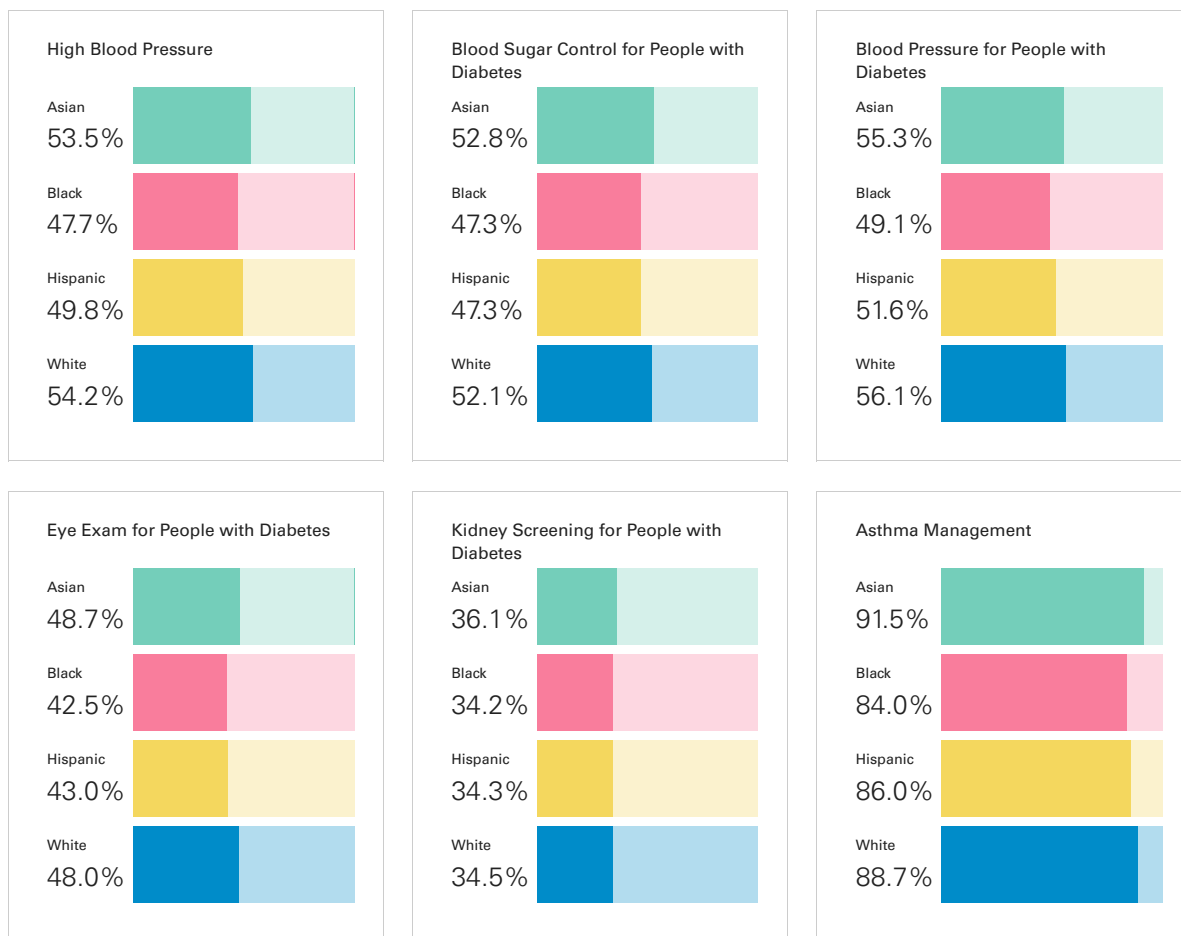
Chronic condition management for commercial members

This data shows how likely members are to receive certain screenings or treatments, broken down by race.

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Commercial members

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BY THE NUMBERS

Chronic condition management for BlueCare members

This data shows how likely members are to receive certain screenings or treatments, broken down by race.

We split the data by type of health plan because we know that, generally speaking, Medicaid members tend to face more social risk factors and health disparities than people with commercial health plans.

BlueCare members

BlueCare members include people who get coverage through TennCare, Tennessee's Medicaid program.²





HEALTH EQUITY REPORT

Child and adolescent well-care health disparities

The first few years can set a child up for a lifetime of health — or set them back. Unfortunately, kids from minority families are most at risk of missing health care milestones.



What We Know:

Not every Tennessee child is getting the healthy start they deserve.

Child and adolescent well-care health disparities



Key facts in Tennessee^{1,2}

Black babies in Tennessee have a

15%

chance of being born at a low birthweight

Black children in Tennessee were

34%

less likely than White children to be vaccinated against the flu in 2022

In 2021

30%

of Tennessee Hispanic households did not have health insurance

Black children and teens are

2x

more likely to die than White children and teens in Tennessee

Data Sources

1. [Tennessee Department of Health, 2022 Child Fatality Annual Report](#) [Tennessee Department of Health, 2022 Immunization Status Survey of 24-Month-Old Children in Tennessee report](#) [March of Dimes, State Summary for Tennessee](#) [The Sycamore Institute, 2021 Census Data on Health Insurance Coverage in Tennessee](#)

2. 2022 BCBST Commercial Racial/Ethnic Health Disparity Population Assessment

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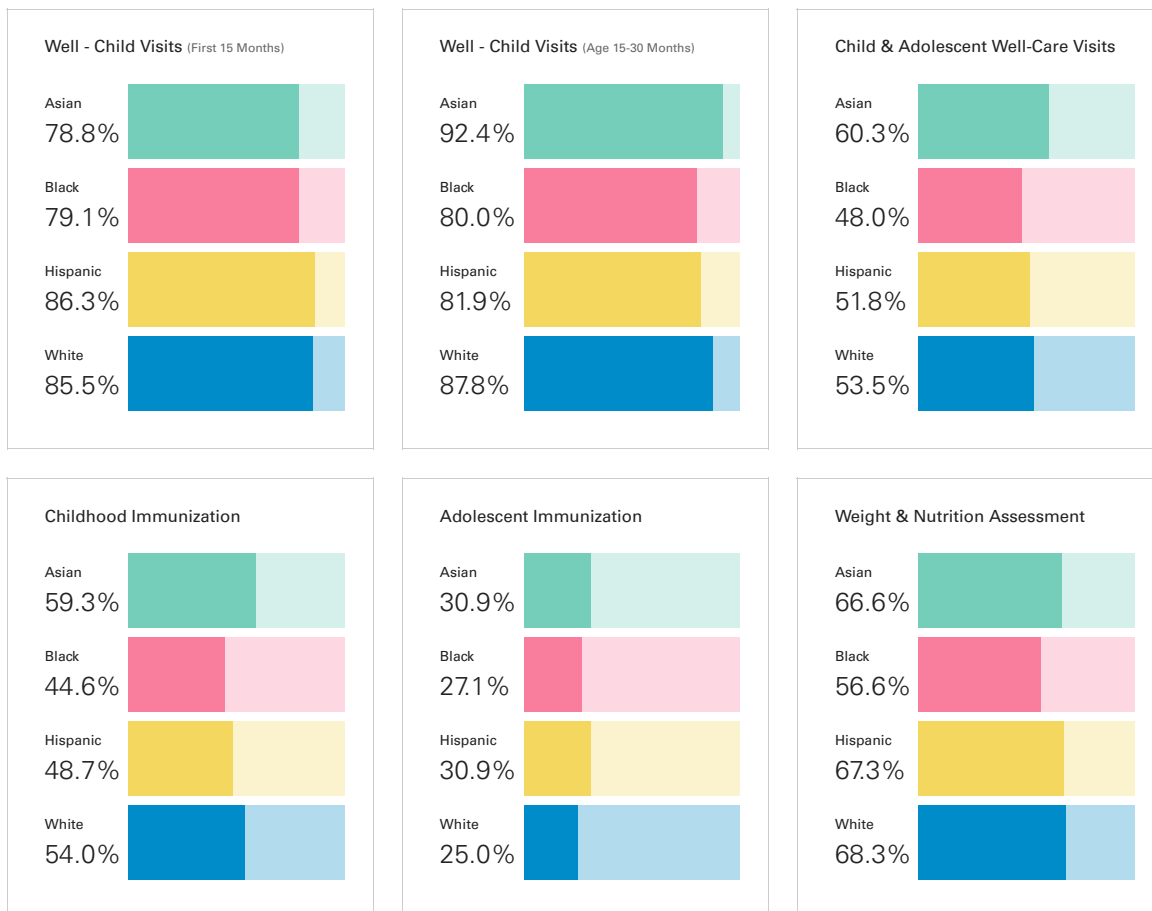
Child and adolescent well-care for commercial members

This data shows how likely members are to receive certain screenings or treatments, broken down by race.

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Commercial members

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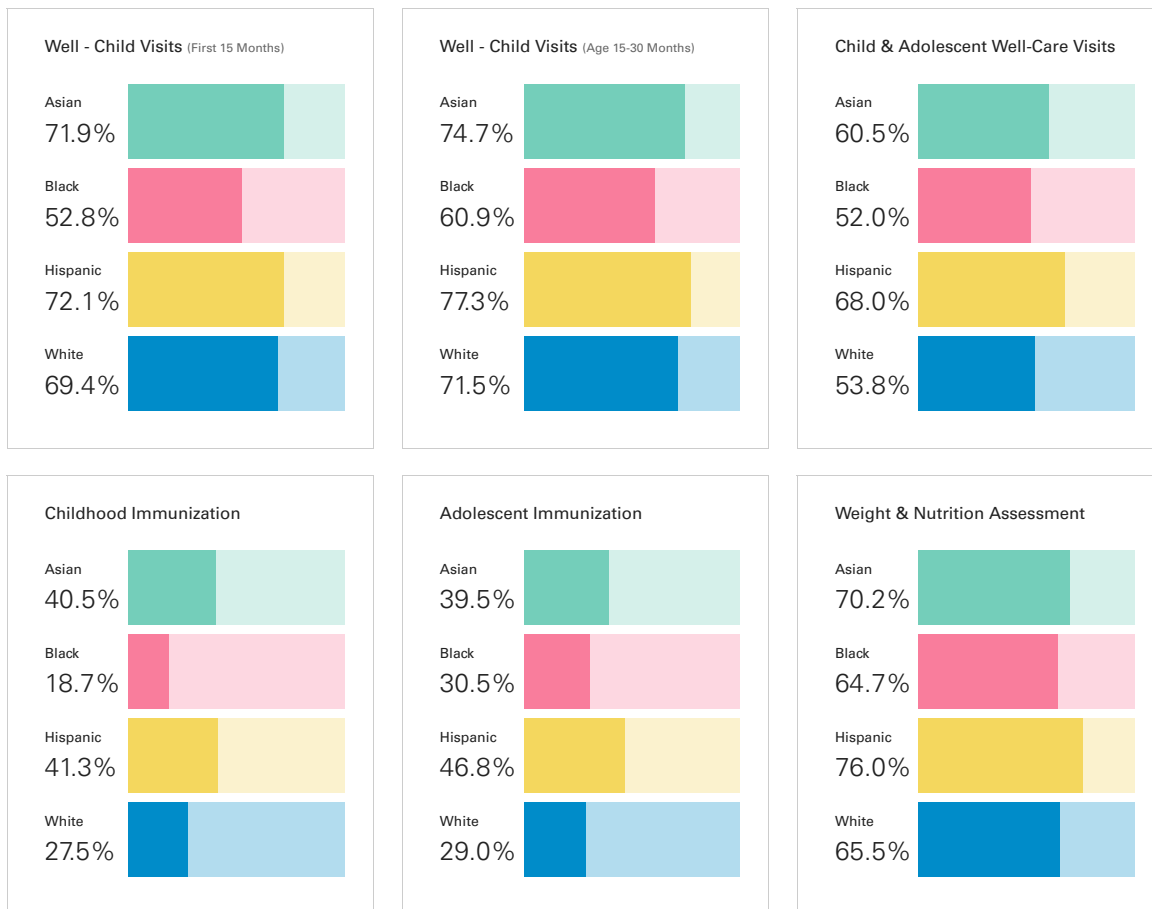
Child and adolescent well-care for BlueCare members

This data shows how likely members are to receive certain screenings or treatments, broken down by race.

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HEALTH EQUITY REPORT

Behavioral health disparities

Nearly every measure of substance abuse and mental health among adult Tennesseans worsened in the five years before the COVID-19 pandemic. As communities recover from lingering effects of prolonged isolation, it is more important than ever to focus resources on mental health care.



What We Know:

The mental health of Tennesseans continues to worsen as depression, suicidal thoughts, mental illness and suicide death trend upwards.

Behavioral health disparities



Key facts in Tennessee^{1,2}

Indigenous Tennesseans
reported at least

9

days per month with poor
mental health, more than any
other racial or ethnic group

In 2021

1,222

Tennesseans died
of suicide

1 in 4

adult Tennesseans had
a mental illness in 2021

36%

of youth ages 6-17 statewide
were diagnosed with at least
one behavioral health
condition in 2022

Data Sources

1. [The Sycamore Institute, Child and Adolescent Mental Health in Tennessee](#) [Kaiser Family Foundation, Average Number of Poor Mental Health Days Reported in the Last 30 Days Among All Adults by Race/Ethnicity](#) [Substance Abuse and Mental Health Services Administration, NSDUH State Estimates](#) [Center for Disease Control and Prevention, Suicide Mortality by State](#)

2. 2022 BCBSST Commercial Racial/Ethnic Health Disparity Population Assessment

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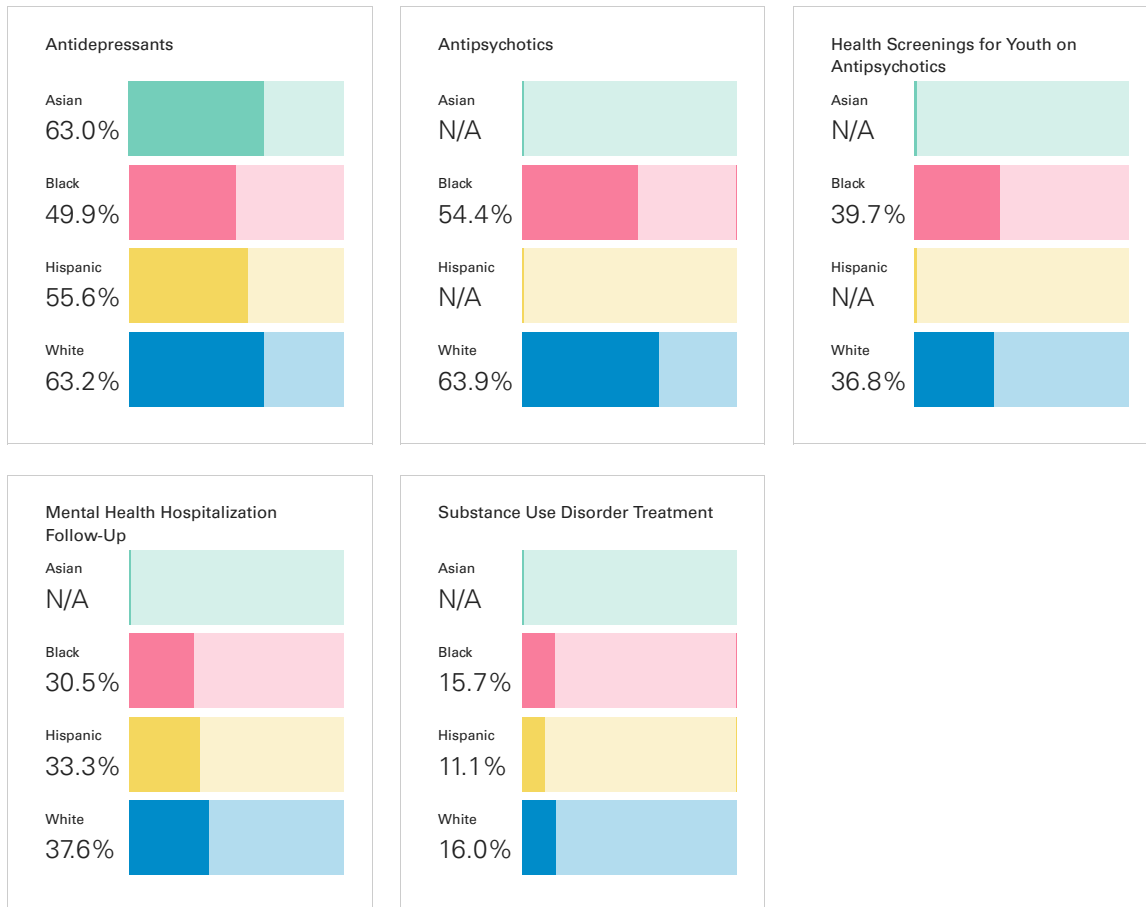
Behavioral health

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Commercial members

Commercial members include people who get health coverage through their jobs or buy an individual policy directly from BCBS (without financial assistance through healthcare.gov).²



*N/A = Race or ethnicity groups with fewer than 30 members are not displayed to minimize the amount of random variation in the rates and to protect the privacy of our members.

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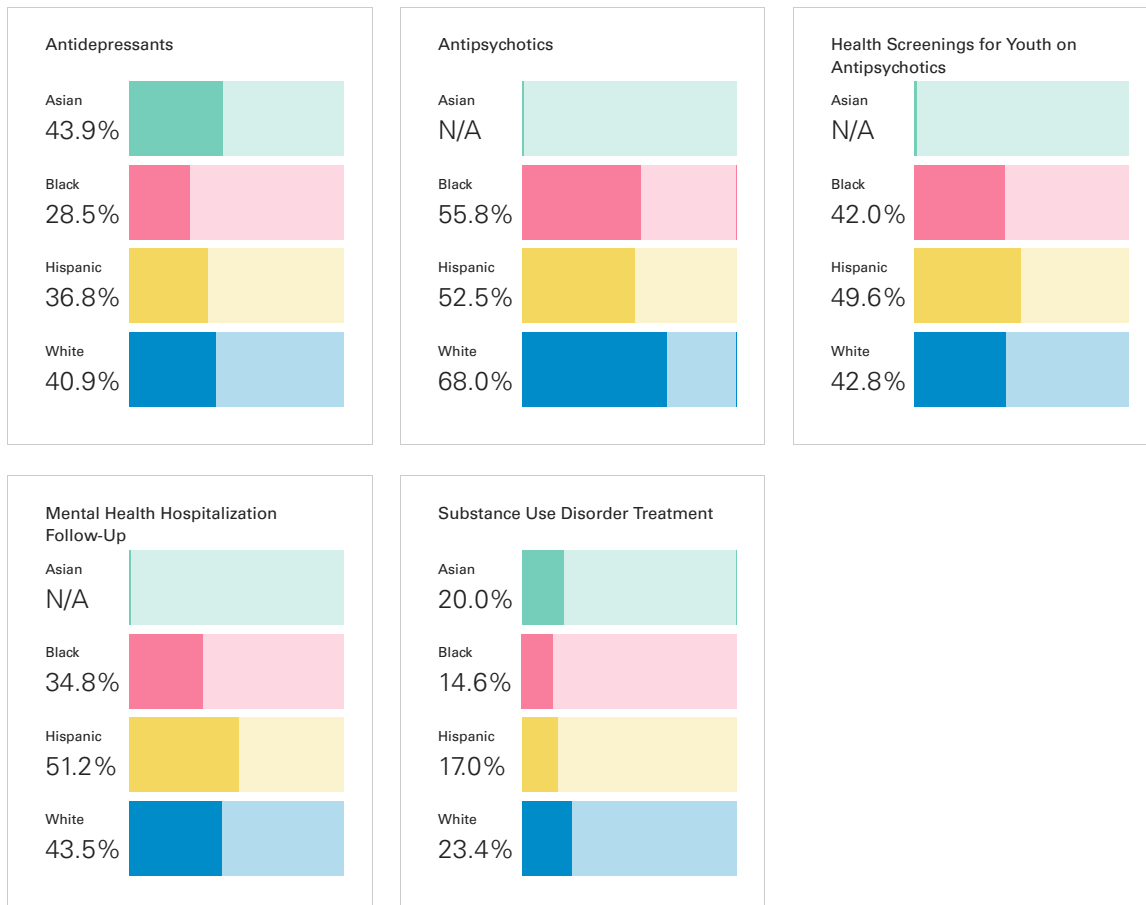
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Every day we're working together to improve the lives of the people we serve

We believe everyone deserves a fair opportunity to attain their highest level of health. That's why we're working to increase health equity across Tennessee.

At BlueCross, we recognized that we first had to understand the scope of the challenge. Our health equity report shares what we know about how race, ethnicity, and societal factors affect health.



**Andrea Willis,
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Sherri Zink

Senior Vice President & Chief Data and Engagement Officer at BlueCross BlueShield of Tennessee



We'll update this report each year, sharing valuable insights and metrics that show our progress on these specific goals.



Take a closer look at our full health equity report.
bcbst.com/healthequity24

