

ERIC H. SCHULTZ

Health care equity is central to inclusion

At Harvard Pilgrim, inclusion is an integral part of our core business strategy. It is built on six complementary tracks, each intended to deliver on our overall inclusion goals. While each track is important and makes our business strategy whole, you can't be in the health insurance and health services business without realizing that health care equity must have a special, central place in your work. It's one of the six tracks and an important one.

Our focus on health care equity began more than a decade ago when we identified racial and ethnic disparities in care among our members through a health assessment we conducted in partnership with the Massachusetts Department of Public Health. Soon after, we became one of the initial 10 members of the National Health Plan Collaborative to reduce Racial and Ethnic Disparities in care and formally incorporated disparities initiatives into our annual quality planning and performance metrics. Since then our efforts to identify and reduce inequities in health care have expanded significantly and our thinking about what constitutes health care inequity has evolved.

The goal of our health care equity track today is to build on and expand our existing capability to provide equally excellent care and service to our members of all and differing backgrounds, including gender, gender identity, gender expression, race, ethnicity, veterans status, age and generation, physical and mental ability, sexual orientation and primary language.

As a result of our work, Harvard Pilgrim's self-reported data on race and ethnicity among our members has increased significantly over the past 10 years to a level that is more than twice that of the next leading commercial health plan in Greater Boston. Our work, spearheaded by Kathryn Coltin, our director of quality



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data initiatives, has uncovered a variety of areas and health care services in which disparities exist. For instance, we identified a disparity in the rate at which Hispanic and Latino members were screened for colorectal cancer. And we were able – through telephonic outreach and education materials in multiple languages – to significantly reduce that gap.

Harvard Pilgrim has also launched a health literacy initiative to address educational disparities that includes development of a corporate health literacy policy, verbal health literacy skills training for our customer service staff and mandatory training in health literacy for all of our employees.

Our Harvard Pilgrim Institute and our Foundation also participate in our health equity work.

► WHAT DO YOU THINK?

We want to hear your opinion on the issues you read about in the Boston Business Journal. Submit letters to Managing Editor Craig Douglas at cdouglas@bizjournals.com.

A few guidelines: Keep it brief and civil and remember to mention the news story you're writing about. No anonymous letters will be printed, and submissions will be edited.

The Institute, a unique collaboration between Harvard Medical School and Harvard Pilgrim, focuses on improving health care delivery and population health through innovative research and teaching. Institute staff members have worked with the Massachusetts League of Community Health Centers and the Massachusetts Department of Public Health to create MDPIInet, a resource that enables the rapid monitoring of the health status of individual communities so that, if necessary, officials can undertake community and even neighborhood-level interventions to improve and protect health.

The Institute is also uncovering barriers to prevention and care for obesity in children – increasingly a problem for families of lower socioeconomic status. Their work has found that patient-centered medical homes offer a promising alternative delivery structure for effectively addressing the needs of these young patients. They are now evaluating the best communication tools and other approaches to promote healthy lifestyles for children.

Our Foundation's Culture InSight team consults with health care organizations to help them provide culturally competent care to diverse patients.

Uncovering barriers to appropriate health care is central to our inclusion effort. I believe that while we have made significant strides in this area, we have many more opportunities ahead. In the coming year, we hope to be able to report on new and better approaches to not only uncovering inequities in how health care is accessed and delivered but also in finding practical solutions that will help us eliminate barriers to care and build a more even playing field for health care delivery in the communities we serve.

