



Advancing Health Equity at Elevance Health

A Review of Approach and Capabilities

March 2024



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Executive Summary

Elevance Health, Inc. (“Elevance Health”) is committed to improving the health of humanity. To that end, it has made an organization-wide commitment to health equity, which means making sure that all people have “a fair and just opportunity” to be as healthy as they can, regardless of race or ethnicity, sexual orientation, gender identity, disability, and geographic or financial access.

The diversified health services company, which changed its name from Anthem, Inc. in 2022, offers health insurance plans and care solutions to its approximately 47 million members. To understand if Elevance Health is living up to its commitment to health equity, company leaders asked BSR to evaluate the organization’s efforts through a health equity assessment.

Health equity is an emerging and increasingly visible field, especially for the for-profit healthcare sector. BSR’s team began this report by grounding itself in understanding the drivers of health equity, including its emerging trends. We surveyed the health equity landscape, seeking to understand how Elevance Health’s peers were approaching health equity. BSR assessed 12 aspects of such peer companies: strategy, governance, leadership and organizational structure, remuneration, operations, public policy, metrics, services and offerings, data, collaborations, advocacy efforts, and philanthropy. Additionally, BSR conferred with external experts from organizations such as the Robert Wood Johnson Foundation and the Commonwealth Fund to deepen our understanding of external stakeholders’ expectations for business.

Elevance Health’s Approach to Health Equity

BSR then examined Elevance Health’s ecosystem using this same framework, from its products and leadership to its staff and community partners, to see if the company’s current reality lives up to its health equity goal.

Advancing health equity is core to the company achieving its purpose of improving the health of humanity. BSR found that the company lives that out in several ways, from its leadership and structure, including having a dedicated health equity team, to taking a value-based care approach which incentivizes health equity for its networks of care providers. The organization has intentionally brought a health equity lens to its main businesses and plans: Medicaid, Medicare, Caredon, and its commercial insurance plans. Elevance Health integrates clinical, social, and demographics data to support whole health analytics to meaningfully drive improvement and reduce health disparities, including along its four priority areas: maternal health, food as medicine, behavioral health, and pharmaco-equity.

This resulting report shows how **Elevance Health stands by its commitment to health equity from the top down and is an example of how the health services industry can better align its initiatives and make better use of its resources, technology, and influence to create a healthier U.S. population.** The report provides a detailed and nuanced description of the many ways that Elevance Health works toward its goal of health equity, and how it can continue to improve upon each. This includes how Elevance Health embeds health equity into its health plans and business offerings, how the public affairs team engages with public policy and advocacy work to increase health equity in the U.S., and how the Elevance Health Foundation provides grant money to programs whose mission aligns with the organization’s values. Additionally, there is information on Elevance Health’s work at the intersection of climate and health equity.

Throughout this report BSR provides recommendations on how Elevance Health can continue to strengthen its health equity approach and capabilities. Actionable areas include opportunities such as pursuing the National Committee for Quality Assurance Health Equity accreditation for all health plans and continuing to mature its Whole Health Index.

Overall, Elevance Health has an integrated and mature health equity strategy, and advanced practices among its peers. Its dedicated health equity team and the board’s commitment provide a solid foundation and structure for the organization’s health equity commitment. Right now, the U.S. population is increasingly aware that a person’s and a community’s health lies at the intersection of many personal, historical, and societal factors. Elevance Health’s values and approach reflect this reality.

1. Introduction

1.1 About Elevance Health

Elevance Health is an American diversified health services company. It was formerly known as Anthem, Inc., but changed its name to Elevance Health in 2022. Elevance Health is one of the largest for-profit managed health care companies in the U.S., with approximately 47 million members. It offers a variety of health insurance plans, including commercial, Medicare, and Medicaid plans. Elevance Health also offers a variety of clinical, behavioral, pharmacy, and complex-care solutions. The name Elevance Health brings together the ideas “elevate” and “advance,” underscoring the organization’s commitment to elevating whole health and advancing health beyond healthcare for consumers, their families, and their communities.

Elevance Health’s purpose is to improve the health of humanity. The company focuses on helping people live healthier lives by providing them with access to care and the resources they need to do so. Elevance Health is also committed to addressing the social drivers of health, such as poverty, food insecurity, and housing instability, which can have a significant impact on people’s health.

Elevance Health consists of a family of companies to support and reach different segments of the market and to offer a variety of products and services. Its main health plans consist of: Anthem Blue Cross and Blue Shield, which offers a variety of plans in 14 Blue states; and Wellpoint, which offers select Medicaid, Medicare and commercial plans in non-Blue states. Carelon, a healthcare services business, consolidates Elevance Health’s broad portfolio of capabilities and services businesses under one brand. In all, Elevance Health serves more than 115 million people, including the approximately 47 million members within its family of health plans.

1.2 Why a Health Equity Assessment?

To reinforce the company’s commitment to advancing health equity, Elevance Health engaged BSR, a global nonprofit that works with businesses to create a just and sustainable world, to conduct a health equity assessment. The assessment reviewed Elevance Health’s services to discern whether their offerings create equitable outcomes that improve health for all regardless of age, race, ethnicity, sexual orientation, gender identity, disability, place of residence, and/or financial status. The assessment included a review of Elevance Health’s thought leadership, the company’s advocacy efforts, responsible artificial intelligence (AI) practices intended to help advance health equity, and engagement with internal and external stakeholders. The assessment aims to enable Elevance Health to further strengthen its commitment to health equity by identifying opportunities to integrate inclusive and equitable policies and practices into its service offerings.

1.3 Assessment Methodology

BSR gathered and reviewed a wide range of information to understand Elevance Health’s current approach to health equity and to identify areas for improvement.

Initial research looked for trends in health equity and identified emerging issues. BSR reviewed public documentation such as website content, annual reports, impact reports, news stories, press releases, videos, and interviews with leadership to understand Elevance Health’s health equity approach more deeply and to assess its progress against selected peers. BSR also reviewed internal materials such as the Health Equity Playbook for associates, board meeting presentations, and training calendars.

To assess progress made on enhancing health equity in the U.S., BSR also evaluated the comprehensiveness of several health services and health insurance providers’ efforts—including Elevance Health—using publicly available information.

Finally, BSR engaged internal and external stakeholders, including staff, community partners, and other experts to gain a holistic perspective on Elevance Health’s successes and challenges, and to identify

industry-wide opportunities. BSR included a wide range of stakeholders in this assessment by interviewing 18 individuals within Elevance Health and six external health equity experts and organizations. Internal interviewees' functions and departments included Health Equity, Medicaid, Medicare Advantage, Quality, Strategy, Communications, Public Policy, Marketing, Consumer Experience, Digital and Data Analytics. External organizations were selected on previous knowledge and experience working with Elevance Health and expertise of health equity in the U.S. Some of the external stakeholders interviewed were:

- Katherine Hempstead, Senior Policy Adviser, Robert Wood Johnson Foundation
- Hyewon Han, Director of Shareholder Advocacy, Trillium Asset Management
- Mary E Fleming, MD, MPH President, Reede Scholars, Co-Founder, CMO, Cayaba Care
- Joseph R. Betancourt, MD, MPH, President, The Commonwealth Fund
- Dr. Astrid Williams, Director, Programs & Initiatives, California Black Health Network

2. Elevance Health's Approach to Health Equity

2.1 Definitions

Elevance Health uses the Robert Wood Johnson Foundation (RWJF) definition of health equity, defined as *everyone having a fair and just opportunity to be as healthy as possible*. This includes removing obstacles to health such as poverty and discrimination. It also includes acknowledging those obstacles' consequences including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Additionally, Elevance Health uses the following terms in the context of health equity:

- **Health disparities** are differences in health outcomes between groups of people.
- **Health inequities** are differences in health outcomes that are avoidable, unnecessary, unfair, and unjust.
- **Social drivers of health** include how and where a person lives and how they react to and interact with their community and physical environment. Notably, Elevance Health does not use the term "social determinants of health," as the organization believes this suggests that health is pre-determined—that nothing can be done to change a person's health situation. The term "drivers" demonstrates that people and communities can overcome or change such factors. Health-related social needs (HRSN) are an individual's unmet, adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social drivers of health. Additionally, Elevance Health recognizes that climate change is a driver of health and can worsen existing health disparities.
- **Healthcare equity** more narrowly describes equity in the experience of assessing and interacting with the healthcare system and its organizations. Healthcare equity more directly examines whether patients have equitable access, receive equitable care, and have equitable experiences.

Health Equity by Design

Elevance Health has committed to "**health equity by design**," an internal operational approach that allows for personalized, intentional interventions to ensure that all people can receive individualized care. "Health equity by design" strives to enable a comprehensive understanding of all members' needs by examining member data, analyzed within a community context; expanding and standardizing member data collection, analysis, and reporting; enhancing provider capacity, incentives, and accountability to advance health equity; identifying and scaling best practices for health outcome improvement; and cultivating and sustaining an enterprise culture of health equity.

2.2 Governance

At Elevance Health, a dedicated health equity team executes this mission and implements "health equity by design". The Chief Health Equity Officer leads the team, along with the Staff Vice President of Social Impact and Equity, and the Food as Medicine Director. They work in collaboration with the board of directors, which is actively involved in overseeing the organization's health equity strategy.

Elevance Health emphasizes health equity as being core to achieving its purpose and strategy and, accordingly, integrates it into their performance metrics. Elevance Health's Annual Incentive Plan includes environmental, social, and governance (ESG) metrics (specifically, improving Black maternity outcomes), Medicare Star Ratings, and provider collaboration, all of which relate to health equity. This is further strengthened by integrating health equity into program management objectives and

by implementing a multi-year project with various workstreams to establish internal behaviors aligned with health equity.

The organization also has a cross-functional Health Equity Advisory Roundtable (HEAR), a leadership group that meets to discuss, share, and scale health equity implementation lessons and best practices; and a Health Equity Action Lab (HEAL), an associate-level meeting on the same subject.

Driven by a top-down commitment to health equity, Elevance Health is a signatory of the World Economic Forum Zero Health Gaps Pledge. This pledge unites CEOs from various industries and regions to play their part in advancing health equity and eliminating disparities by embedding health equity into core strategies, operations, and investments.

“Accountability is essential to the success of health equity in healthcare, which can be done by setting goals and being strategic about how to leverage payment to support equity measures and making sure each executive and their teams have their own equity goals.”

Joseph R. Betancourt, MD, MPH,
President, The Commonwealth Fund

Elevance Health has an integrated and mature health equity strategy, and advanced practices among its peers. Health equity considerations affect core business decisions and are routinely considered. Elevance Health has strong support to address health equity from CEO Gail Boudreaux and its board of directors, and the organization is embedding health equity strategy into its business planning process and overall priorities. There continues to be opportunity for Elevance Health to further mature the integration of health equity into its services and offerings. Business lines are increasing clarity on how to address health equity in their work directly and are collaborating to elevate and advance health equity.

Elevance Health is committed to developing a diverse workforce and acknowledges that gender and racial or ethnic diversity provide a variety of perspectives, which fosters innovation and inclusion. The organization’s corporate governance guidelines require that the governance committee considers the board’s overall diversity when identifying possible nominees for director—including gender, race or ethnicity, age, tenure, and geographic location. The current board is diverse in both gender and race or ethnicity, and across Elevance Health’s U.S. workforce, 65 percent of managers are female and 38 percent are racially or ethnically diverse. To continuously enhance this diversity and integrate it into its organizational culture, Elevance Health offers associates a number of trainings on diversity, equity, and inclusion (DEI), has nine internal business resource groups (BRGs) that support employees from various backgrounds, and cultivates a diverse and inclusive workforce through recruitment and retention programs.

A workforce reflecting the communities it serves brings a multitude of viewpoints and experiences to the table. This leads to a more nuanced understanding of health disparities and the development of culturally competent solutions. The intersectionality in Elevance Health’s health equity and DEI team priorities creates opportunities for them to collaborate further.

2.3 Stakeholder Engagement

The organization is actively working to measure the impact of its health equity initiatives and collaborates with partners such as Harvard University, Brigham and Women’s Hospital, Feeding America, American Academy of Developmental Medicine and Dentistry, and others to advance health equity. Elevance Health also engages external stakeholders across all business lines to better meet members’ health needs. Additionally, the organization, including through its Public Policy Institute, engages with several academic institutions, civil society organizations, and federal and state policymakers to advance health equity practices and learnings.

Elevance Health regularly reaches out to various stakeholders using different methods to ensure a feedback loop that allows the company to update priorities, interventions, and systems as needed. Examples of Elevance Health’s stakeholder communications include:

- **With community partners:** Elevance Health maintains communication through conferences, roundtable discussions, participation on boards and advisory councils, attendance at annual meetings, by volunteering, and through research and data sharing.
- **With suppliers and healthcare providers:** Elevance Health connects through briefings and meetings, conferences and industry events, trainings and workshops, and the Ethics and Compliance HelpLine.
- **With health plan members:** Elevance Health has in-person interactions, conducts focus groups, has a 24/7 customer relations hotline, conducts surveys, and stays active through social media and the Sydney Health mobile app.
- **With academic institutions:** Elevance Health collaborates to sponsor research on high-cost, high-need individuals enrolled in Medicare Advantage plans through institutions like the Perelman School of Medicine at the University of Pennsylvania. The organization also partners with academic institutions for associate development, such as through the [Leadership Development to Advance Equity in Health Course](#), developed with the Harvard T.H. Chan School of Public Health.

2.4 Priority Areas

Elevance Health prioritizes several areas for immediate health equity progress: maternal health, behavioral health, access to evidence-based medical therapy, and food as medicine.

Maternal Health

Elevance Health works with providers to enhance the care received by pregnant individuals. Improvement in black maternity outcomes—specifically prenatal and postpartum care rates and reduction in preterm births are tied to executive compensation. The organization has also joined the Blue Cross Blue Shield Association (BCBSA) with a shared goal of [reducing racial disparities in maternal health by 50 percent in five years](#). This goal is a part of BCBSA’s National Health Equity Strategy to take on the U.S.’ racial health disparities and envision a more equitable healthcare system.

Elevance Health has done extensive research in the maternal care space—for example, on the [importance of doula care in improving maternal health outcomes and hypertensive disorders in pregnancies](#). Research is a vital part of understanding members’ needs and creating necessary interventions and programs to address those needs.

The organization created an [obstetrics practice consultant \(OBPC\)](#) role, which consists of maternal care clinicians who work closely with obstetrical practices and staff to provide high-quality care. OBPCs provide data to support care providers, deliver evidence-based care, and improve patient experience. Elevance Health offers OBPCs the ability to participate in value-based care agreements like the OB Quality Incentive Program to support pregnant people through their care experience.

The [OB Healthcare Quality Incentive Program](#) provides financial incentives to care providers for achieving high-quality measures such as having a patient’s first prenatal visit in the first trimester, a low rate of C-sections, having babies born at a healthy weight, full-term births, and cervical cancer screenings. The program’s goal is improving health outcomes for people who are pregnant and their babies by rewarding points to a care provider every time they meet a metric.

In addition to the OB Healthcare Quality Incentive Program, Elevance Health collaborates with medical experts to address social drivers of maternal health disparities and embeds maternal health metrics into the company’s annual incentive plan. The organization also analyzes data to identify disparities, design intentional interventions, and to identify the needs of Medicare recipients, such as food, transport, and housing.

Behavioral Health

Elevance Health uses data to address behavioral health needs such as mental health and substance abuse disorders. The company created multiple programs and tools to reach members across different

backgrounds, demographics, and geographies. Beginning in 2022, the Suicide Prevention Program examines health insurance claims for hundreds of potential risk factors including substance use, certain behavioral health diagnoses, inpatient mental health stays, and prior suicide attempts. The program uses predictive modeling of data to identify members with at least a 10 percent risk of suicide events or attempts in the next 12 months and can alert a trained care management team to contact these members and provide support. As a result, in early 2022, there was a nearly 50 percent reduction in suicide attempts among the people enrolled in the program. The program has expanded to California, Georgia, and New York and with membership groups across commercial, Medicare and Medicaid business lines. The Changing Pathways program helps members admitted into an inpatient facility for behavioral health disorders receive educational material, medication, and ongoing treatment support from community providers and specialists once they leave the facility. The program has seen positive results in Connecticut, where members who engaged in the Changing Pathways program were 2.5 times more likely to follow their treatment 90 days after being discharged compared to people who went through traditional withdrawal management.

Carelon Behavioral Health focuses on digital health tools to help members. Carelon Behavioral Health has partnered with Buoy Health, an AI-powered care-navigation system, to help people identify their symptoms and find appropriate providers in their area. These types of tools have helped Carelon Behavioral Health prioritize access to treatment, eliminate wait times, streamline care, measure member satisfaction and symptom reduction, increase patient choice, expand coverage of specialty care for adolescents, improve patient retention rates, and improve quality and affordability of care.

In July 2022, Carelon Behavioral Health launched the 988 Suicide and Crisis Lifeline. Working with the Substance Abuse and Mental Health Services Administration and Vibrant Emotional Health, in May 2022, Carelon Behavioral Health created a nationwide backup center capable of answering up to 20,000 texts and chats per month and now includes a Spanish-language line. In the year since the launch of the 988 Lifeline, text and chat answer rates have reached 96 percent or higher and Carelon Behavioral Health is working in some states to hold community meetings where stakeholders can share data, identify gaps in care, and find other ways to improve the Lifeline.

Elevance Health has seen a demand for behavioral health telehealth services increase by 80 times since 2019. To meet the demand, the company has trained about 7,000 providers in virtual care delivery and expanded their network of mental health and substance use disorder providers.

Food as Medicine

Elevance Health's Food as Medicine programs address the link between nutrition and health through strategies or interventions that improve access to nutritious food to prevent, manage, or even treat diseases. These strategies include tools such as tailored meals, produce prescription programs, and federal public health programs like the Special Supplemental Nutrition Program for Women, Infants, and Children. For Elevance Health, food as medicine is an important part of the Whole Health strategy. Given the organization's holistic view of health, Elevance Health believes it is critical to improve access to nutritious food for the people and communities it serves.

Elevance Health's programs and interventions recognize the important role food plays in managing health conditions and outcomes. To that end, the organization created and filled an official Food as Medicine director role at the end of 2023. The new Food as Medicine director will consolidate all Food as Medicine initiatives into a unified strategy, measured and analyzed for their impact on better health outcomes.

As an important partner in the Food as Medicine work, the Elevance Health Foundation has given \$14 million to the largest hunger-relief organization in the U.S., Feeding America, to combat food insecurity, a key social driver of health. This multiphase collaboration with Feeding America includes data collection and analysis between hospital systems and food banks to increase understanding of how food as medicine affects clinical outcomes among people with diet-related health conditions. The Elevance Health Foundation has committed \$30 million in food as medicine grants over a three-year period.

Pharmacoequity—Increasing Access to Evidence-Based Medical Therapy

Elevance Health’s work to provide evidence-based medical therapy to members focuses on *pharmacoequity*, the practice of improving access to evidence-based medical treatments. Everyone should have access to the most appropriate evidence-based medication to improve their health, regardless of race, class, or availability of resources. The term comes from Dr. Utibe Essien, an assistant professor of medicine at the University of Pittsburgh School of Medicine and a health disparities researcher.

CarelonRx is working to identify and remove barriers to health, including transportation access and cost, so members can get the medication they need when they need it. A CarelonRx pharmacist-led case management program helps members take their medication as indicated by their doctors. Pharmacists contact members by phone and ask questions to understand whether they may be having care accessibility issues. Pharmacists can help with a variety of accessibility issues, including arranging mail-order pharmacy services to ensure that members receive medication at the necessary times. CarelonRx is also working to increase access to evidence-based therapies to consistently improve health across patient types. They aim to reach the largest audience possible while reducing prescription drug spending and costs.

2.5 Strategy

Advancing health equity is a critical component of Elevance Health’s whole health approach.

Using a whole health lens, the organization aims to address physical, behavioral, and social needs to improve health, affordability, quality, equity, and access for individuals and communities.

Leading by example is the focus of advancing health equity. That includes providing individuals with fair and just opportunities to be healthy, looking beyond healthcare to external needs, and connecting individual health with community health. This means expanding and standardizing the collection, analysis, and reporting of member data; enhancing provider capacity, incentives, and accountability; and scaling best practices—all while cultivating an enterprise culture of health equity that allows for innovation in improving access and affordability.

Known internally as “health equity by design,” **Elevance Health’s health equity approach is well integrated into the organization’s overall strategy.**

The organization approaches health equity from numerous angles, not only by incorporating it into day-to-day operations and in its services and offerings, but also in its research via its Public Policy Institute, its approach to climate action, and through the Elevance Health Foundation. Elevance Health trains its associates using the Health Equity Playbook, and has enhanced that training through a leadership development course created in partnership with Harvard’s T.H. Chan School of Public Health. The playbook supports associates in bringing a health equity lens to their work and in aligning with the organization’s overall purpose and strategic priorities.

Elevance Health experiences some fragmentation due to its size and complex structure. That includes the breadth of approaches deployed across departments and functions, and departmental funding of health equity initiatives. To mitigate this, Elevance Health can continue to focus on a comprehensive approach that encompasses cross-departmental collaboration, stakeholder engagement, funding priorities and measurable goals.

“Companies should look more and more to upstream interventions like policy, partnering with organizations that are less fragmented, and fixing the reimbursement processes to address health equity.”

Mary E Fleming, MD, MPH
President, Reede Scholars, Co-Founder, CMO, Cayaba Care

Aligning priorities and research across departments can be a powerful engine for health equity. Clear goals, targets, and key performance indicators (KPIs) drive progress and prove dedication to a just and equitable health landscape. For example, Elevance Health has set climate targets, such as asking suppliers to set their own greenhouse gas (GHG) emission goals (target: engage with 70 percent of indirect supply chain spend on setting their own science-based GHG emissions reduction goals by end of 2023). In addition, with Medicare, Elevance Health has a goal to increase the percentage of Medicare members in 4-Star or better plans.

2.6 Use of Data in Health Equity

Digitally enabled healthcare integrates data and applies insights to improve healthcare. This includes care delivery, experiences, and outcomes. Data is necessary to understand individuals' health needs and shouldn't be a barrier to advancing health equity. Elevance Health integrates clinical, social, and demographics data to support whole health analytics to drive meaningful improvement and reduce health disparities. The organization takes special precautions to mitigate data bias through its office of Responsible AI, and its AI Guiding Principles that ensure that Elevance Health monitors and remains accountable for the full lifecycle of AI technology the company uses.

Elevance Health formed its office of Responsible AI to address both the unique opportunities and challenges found at the intersection of health equity and technology. Its office of Responsible AI operates inclusively, testing and validating solutions to ensure everyone has fair and just opportunities to be healthy. It maintains comprehensive documentation of all processes to promote transparency, secure data, and uphold federal and state regulations. The office works to ensure the appropriate internal partners, including privacy, compliance, information security, technology, and data science are included in the process.

Elevance Health's AI Guiding Principles are core to decision-making for internally developed solutions. These principles include fairness and equity, robustness of AI solutions, transparency of AI models, accountability through the entire AI lifecycle, and ensuring privacy and security of all data to maintain trust with members and comply with state and federal regulations. These principles are included as a component in Elevance Health's [Code of Conduct](#), and all associates are required to complete training on the Code annually. Additionally, Elevance Health provides thought leadership on the [National Institutes of Science and Technology \(NIST\) draft of the Artificial Intelligence Risk Management Framework](#) to better manage risks associated with AI and increase trust associated with the design, development and use of AI.

Elevance Health's wealth of data holds the potential to deepen the understanding of health trends and guide effective interventions. Already, the organization leverages its own data alongside external datasets, like census, zip code, and marketing information, to gain a more holistic understanding of members' needs and to drive improved health outcomes. Further standardizing data collection practices across teams and expanding the breadth of data collection is an opportunity for the organization. By addressing data fragmentation, which stems from the use of multiple data systems, diverse storage, and analyses approaches, Elevance Health can continue making progress on health equity for its members. The right data in the hands of the right associates can unlock even greater potential to improve member health and well-being.

“The important thing to keep in mind about AI is that it shouldn't make decisions for us. AI is something that everyone should be using, but we need to be accountable to people and the algorithms that we use can't just be a black box so that we can't explain why something did or did not happen.”

Katherine Hempstead, Senior Policy Adviser, Robert Wood Johnson Foundation

“Healthcare companies can work with outside researchers to find bias in algorithms and integrate biological markers rather than cost of care markers, a process which has been found to reduce bias significantly.”

Hyewon Han, Director of Shareholder Advocacy, Trillium Asset Management

3. Defining the Role of Diversified Health Services Companies

3.1 Trends Shaping Health Equity in the U.S.

In recent years, there has been growing awareness of significant health disparities between different groups of people. Events like the COVID-19 pandemic have highlighted the vulnerabilities and inequalities within healthcare systems. The pandemic accelerated discussions about the importance of health equity in emergency response and preparedness. Coupled with a growing commitment to social justice, health equity has emerged as a critical topic and focus across industries and within the public and private sectors. Governments, international organizations, and advocacy groups have recognized the importance of addressing health equity. Policies and initiatives are being developed to promote equitable access to healthcare and improved health outcomes.

Several factors contribute to the increasing scrutiny on health equity in the U.S. For example, certain state and federal officials have prioritized efforts to expand healthcare access for underserved communities. This push includes measures such as expanding affordable healthcare coverage, increasing funding for community health centers, promoting diversity in healthcare professions, and investing in public health infrastructure. It signals a renewed commitment to addressing health equity in the U.S. and is an opportunity for organizations to play a leading role in advancing health equity, thereby improving the health of all Americans.

Recent studies have shown that health inequities are a major problem in the U.S., and they cost the country billions of dollars. Health inequities not only result in diminished individual well-being but also place a significant financial burden on society through increased healthcare costs, lost productivity, and reduced economic growth. Coupled with the impact of inflation, the rising cost of healthcare disproportionately affects marginalized populations who may already face financial barriers to accessing medicine and healthcare services. Many in those populations are also uninsured or underinsured. According to KFF's 2023 employer health benefits survey, the average family premium grew 7% in 2023, compared to the average wage growth rate of 5.2%. Moreover, promoting maternal health is vital for achieving health equity. Prioritizing maternal health in healthcare policies reflects the increasing acknowledgment of the need for equitable access to maternal healthcare.

Additionally, external factors such as climate change pose challenges to health equity as they exacerbate existing disparities and introduce new health risks. Some factors that can amplify those risks include living in areas particularly vulnerable to climate change and extreme weather events, not being able to relocate or rebuild after a disaster and facing limited access to healthcare services, and limited access to information (e.g., language barrier). Climate change is a major threat to health, and it is already having a disproportionate impact on historically disenfranchised populations.

However, there are also opportunities to create strong momentum in the health equity ecosystem. Value-based care models represent a shift in healthcare delivery and reimbursement systems, focusing on outcomes, quality, and cost-effectiveness. These models aim to improve health equity with incentives that encourage healthcare providers to reduce unnecessary variations in care, prioritize preventive services and deliver high-quality care for all patients, regardless of their socioeconomic background. Telehealth platforms are incorporating AI technologies to improve underserved populations' access to care. AI-powered virtual assistants can facilitate remote consultations, provide language translation services, and offer personalized health recommendations. These services enhance accessibility while overcoming language and cultural barriers.

In addition, data and analytics are crucial to advancing health equity. They provide insights into healthcare disparities, identify marginalized populations, and inform evidence-based interventions. The use of comprehensive and disaggregated data, coupled with advanced analytics techniques, holds great promise in improving health equity and creating more inclusive healthcare systems. Also, key are individuals' intersecting social identities, such as race, gender, class, sexuality, and ability, which shape their experiences of disadvantage and discrimination. Incorporating intersectionality into health policies

[and guidelines](#) has gained traction, highlighting the need to consider intersecting dimensions of identity when addressing health disparities. DEI efforts within organizations focus on creating inclusive environments that value and celebrate diversity, ensure equitable opportunities, and foster a sense of belonging for all employees. There is a growing focus on how [DEI among healthcare workers](#) and practitioners can foster health equity.

3.2 Health Services and Health Insurers' Response

To assess the maturity level of health equity within the health services and health insurers industry, BSR conducted a landscape assessment of Elevance Health and its direct peer group as indicated in its [proxy statement](#).¹ The review was based on publicly available information.

Because a broad focus on health equity is still emerging, no framework exists for evaluating progress on its enhancement. BSR therefore created its own framework based on its extensive experience assessing organizations' sustainability maturity and included adapted criteria and scoring scales. These scales reflect what BSR feels is most meaningful when assessing an organization's approach to health equity.

Landscape Assessment Criteria

The companies were assessed across 12 factors, both internal and external to the companies, to get a comprehensive view of their efforts. These factors are as follows:

1. **Strategy:** A company which integrates health equity into its corporate strategy is more likely to succeed at achieving its health equity goals.
2. **Governance:** The board of directors plays a critical role in setting the company's strategic direction, so it is important that they have a clear mandate and a committee related to health equity.
3. **Leadership and Organizational Structure:** Including clearly defined health equity responsibilities in day-to-day job functions helps to ensure that everyone in the company is working towards the same goals.
4. **Remuneration:** Linking executive compensation to health equity strategy and goals gives executives a strong incentive to focus on these issues.
5. **Operations:** Internal health equity policy, culture, and educational opportunities can help to create a more equitable workplace.
6. **Public Policy:** Transparency around guidelines for political contributions and lobbying activities help to ensure that the company's actions align with its stated commitment to health equity.
7. **Metrics:** Health equity metrics help to track progress and ensure that the company is on target to achieve its goals. Health outcomes should be measured using a variety of indicators such as health inequities and access to care.
8. **Services and Offerings:** Identifying the services the company offers to members helps to better understand if the company is taking a holistic approach to health equity. It also reveals if the company considers its offerings' impact on diverse groups of people or if it only focuses on specific areas.
9. **Data:** Identifying how the company uses data to identify and address health inequities and evaluate the impact of its products can show whether a company is using data to effectively address these inequities (i.e., inclusive of all population groups while accounting for health-related social needs).
10. **Collaborations:** Identifying the company's collaborations helps to assess its commitment to working with others to advance health equity and to address health inequities.
11. **Advocacy Efforts:** Identifying how the company is using its voice to advocate for health equity shows how the company uses its influence to support healthy equity. Examples include supporting legislation to expand health care access or promoting healthy eating.
12. **Philanthropy:** Identifying a company's donations (including research funding), volunteer work, and other in-kind contributions helps to understand whether it is making meaningful contributions to improve health equity to communities.

¹ Peers include: Centene Corporation, Cigna Corporation, CVS Health Corporation, Humana, Inc., and UnitedHealth Group Incorporated.

Landscape Assessment Insights

Elevance Health has advanced practices among its peers and is aligned with industry best practices. The organization's comprehensive approach to health equity is reflected in corporate strategy and specific goals for reducing health inequities.

The landscape assessment revealed eight high-level insights across all reviewed companies.

> Health equity success metrics are yet to be determined.

Without universal standards or frameworks for health equity or the data necessary to gauge progress, companies are in the planning phase of reporting on their health equity outcomes progress.

> National Committee for Quality Assurance (NCQA) Health Equity Accreditation is foundational.

As more states require health equity accreditation, early adopters (including Elevance Health) will stand out as examples to emulate.

> Health equity leadership is not yet standard practice.

Companies are creating dedicated health equity functions, but there is room for further integration within business functions.

> Incentivizing health equity is an opportunity area.

Executive compensation structures are very rarely tied to health equity strategy, leaving room for most organizations to further incentivize this work.

> Equity assessments are not yet common practice.

Although companies disclose strategies and efforts for addressing health inequities, they typically discuss improvement areas in general terms, rather than focusing on the companies' services and offerings.

> Internal health equity policies are overlooked.

Companies largely focus on external health equity programs while overlooking opportunities to address health inequities among their own workforces.

> Partnerships are a strategic imperative.

No single organization can single-handedly address the complex issue of health equity. All companies rely on partnerships with members, communities, and other external stakeholders to address the issue from multiple angles.

> Data is a major vehicle to address health inequities.

Companies are expanding their (often incomplete) data ecosystems with publicly available data to better inform health equity interventions; however, it is not clear how this data is used and how to avoid biases.

In general, the healthcare industry is still assessing the impact of health equity initiatives, while long-term evidence that effective practices can be replicated and scaled is emerging. The industry also has an opportunity to partner and formally establish a health equity assessment framework, develop industry standards, and define success metrics to evaluate health equity approaches and impact.

4. Embedding Health Equity across Elevance Health's Enterprise

4.1 Medicaid

Elevance Health provides Medicaid and other state sponsored services, such as administrative services in 26 states and Puerto Rico, with contracts serving 11 million members. Whole health and health equity are integral to Medicaid operations due to the governance structures and procurement processes in place. Health equity is a significant priority for most state Medicaid agencies, which consider it critically important. They prioritize health equity by emphasizing areas such as maternal health, food security, obesity, access to care, and housing.

Elevance Health reports that today, more than 70 percent of the Request for Proposals the organization responds to require products that promote state residents' well-being. Consequently, the organization's Medicaid programs incorporate health equity components into plans by default. This is likely due to the growing reality that achieving health equity means addressing the social drivers of health and the barriers, such as transportation, that might prevent a member from accessing healthcare.

In 2023, the Medicaid eligibility redetermination process was reinstated. Redetermination typically happens each year. Through redetermination, states establish an enrollee's continued eligibility for Medicaid. Medicaid disenrollments were paused during the COVID public health emergency but have since resumed. Overall, an estimated 15 million people are expected to lose Medicaid coverage during the redetermination process. Elevance Health itself faces the loss of thousands of members who haven't re-enrolled or re-qualified, often due to a lack of information and education. Elevance Health is actively working to expand its outreach efforts to educate Medicaid members about their benefits and the reenrollment process.

Sufficient outreach and communication to members is an industry-wide challenge.

Underrepresented and marginalized groups (especially those who are unhoused, without stable housing, or living in rural or frontier areas) can face challenges in receiving or accessing healthcare communications. Medicaid members who are hard to reach during re-enrollment periods are at risk of losing care. Lack of healthcare literacy, difficulty finding care due to complex systems, and cultural and language inadequacies can hinder effective outreach across all groups.

Embedding Health Equity into Medicaid Plans

Medicaid has a wealth of knowledge and experience with health equity that could be implemented or adapted for other business lines. Some of those best practices and health equity examples include:

- Elevance Health was one of the first managed care organizations to earn the full three-year Health Equity Accreditation from the National Committee for Quality Assurance (NCQA). Of the 28 managed care entities to get NCQA Health Equity accreditation in 2022, 21 were part of Elevance Health. These 21 Medicaid health plans cover more than 90 percent of Elevance Health's Medicaid membership. The NCQA accreditation means that Elevance Health's network of healthcare professionals have the capacity to meet members' diverse needs: Members can speak and be understood in the language of their choice when seeking care from health professionals or interacting with Elevance Health associates, and members can receive treatment and services from culturally competent providers. It also means that Elevance Health is dedicated to hiring, retaining, promoting, and attracting diverse staff.
- In 2023, 21 of Elevance Health's Medicaid plans received NCQA Health Equity Plus Accreditation. This is a particularly esteemed recognition, and Elevance Health's plans received more than any other organization, receiving 21 of the total 28 accreditations awarded. Of the members enrolled in the organization's Medicaid plans, 93 percent are enrolled in a plan that achieved NCQA Health Equity Accreditation Plans. Health Equity Plus is a voluntary option that includes standards for

assessing and addressing social drivers of health and recognizes the systems in Elevance Health's Medicaid plans that identify social needs and provide examples of outcomes.

- [Simply Healthcare](#) conducted several listening sessions and convened a task force designed to give community partners a space to discuss health equity and population health. The sessions gathered business, industry, and civic representatives. The goal—envisioning programs that build trust with historically marginalized populations, drive outcomes, and create more equitable healthcare experiences—was accomplished: Simply Healthcare identified and implemented new programs with community partners.
- [Wellpoint Maryland](#) partnered with the Maryland Department of Health and the [Hilltop Institute](#) to develop a methodology that will support and incentivize [HealthChoice managed care organizations](#) in advancing health equity in the populations they serve. The methodology will be implemented in 2024.
- Most states with Elevance Health Medicaid contracts have a health equity and/or whole health director to measure performance outcomes and effectiveness. Most states also have a quality director, and each state has staff responsible for evaluating interventions to ensure health equity.
- Medicaid interventions are designed to include metrics focused on specific conditions important to a particular state (e.g., maternal health for Black women).
- Elevance Health piloted the use of a remote exam kit during telehealth visits in 2023 in five of their commercial and Medicaid health plans. The kits allow doctors to listen to their patients' hearts and lungs and see inside their mouths and ears, giving doctors real-time data and images to enhance care. The kits received positive feedback and the company is looking to grow the effort.
- In early 2024, Elevance Health launched a [first-of-its-kind program](#) to help bridge the digital divide. The program will offer high-quality smartphones with unlimited data, talk, and texting service at no cost to eligible individuals enrolled in some of its affiliated Medicaid health plans. Devices will be preloaded with a customized experience and give individuals access to digital and virtual healthcare tools they might otherwise not have had. This effort is a result of a collaboration between Elevance Health and Verizon, together with Samsung, AT&T, and T-Mobile, and is supported by funding from the Federal Communications Commission's Affordable Connectivity Program (ACP).

Assessment of and Opportunities for Elevance Health

Elevance Health's Medicaid business line leads in addressing health equity within the company. **Overall, the Medicaid business also shows a strong commitment to promoting health equity and improving members' well-being.** Elevance Health's ability to adapt to industry trends and its proactive approach position the organization well for success in the evolving healthcare landscape.

Elevance Health's tested approach to its Medicaid business line is potentially scalable by replicating the NCQA accreditation process for other business lines. The NCQA framework has generated improved quality and efficiency within the Medicaid line and presents an organization-wide growth and development opportunity. By sharing the lessons learned and implementing NCQA best practices across the board, Elevance Health can create positive change across its many services and offerings, benefitting all its members.

4.2 Medicare

Elevance Health's Medicare plans serve more than 2.9 million members, including nearly 2.1 million Medicare Advantage members. Elevance Health also offers Dual Eligible Special Needs Plans (D-SNP) in 21 states, its Chronic Condition Special Needs Plans (C-SNPs) in 15 states and an Institutional Special

The Centers for Medicare & Medicaid Services (CMS) has recently rolled out changes, including adding five new pillars to its strategic framework. One pillar focuses on health equity with CMS working to design, implement and operationalize policies and programs that support health for all and eliminate health disparities, particularly for those who are disadvantaged or underserved.

Needs Plans (I-SNPs) in 8 states. In 2024, Medicare Advantage plans expanded to 91 more counties and will continue focusing on Elevance Health's whole health approach. Medicare plans' care will be more affordable, with \$0 premiums, \$0 copays for primary care providers, improved prescription drug coverage, and easier and faster access to dental care. Member care access will be more streamlined, and eliminating prior authorization requirements on the most common healthcare services will reduce care providers' administrative burden.

Elevance Health's Medicare Advantage plans follow a value-based care model. The organization works with its care provider partners and primary care providers to incentivize patient-centered, quality care focused on member experience. This approach aims to encourage positive behavior through services such as home visits, preventive care, and cancer screenings. Proactive engagement that emphasizes member value drives better clinical outcomes, including medication adherence, post-hospital follow-ups, and improved chronic disease management. This approach builds trust while empowering members to utilize benefits like home medication delivery, further enhancing their health.

Elevance Health's Medicare members have seen that providers participating in value-based care had 12.5 percent more annual visits than providers who do not practice value-based care. With value-based care, members achieved over 20 percent better health outcomes than patients treated with a traditional approach.

Elevance Health is also using digital tools to improve health equity in Medicare plans' service and product offerings. Internally, the company is training associates on health equity in Medicare Advantage plans.

Embedding Health Equity into Medicare Advantage Plans

Elevance Health's Medicare Advantage plans are well regarded for their supplementary benefits, array of support, and flexibility. Their best practices include:

- Medicare Advantage plans' supplemental benefits, known as Essential Extras, provide members with the flexibility to tailor their plans to their specific needs by choosing how to spend their allowance. Essential Extras allow members to choose among dental; vision and hearing; transportation to medical appointments; assistive devices; utilities, such as gas and electric bills; and groceries. Members can access Essential Extras in multiple ways—in store, online, by app, or over the phone. Use of Essential Extras has been strong, with 75 percent of Medicare Advantage members and 83 percent of Medicare Advantage D-SNP members using at least one supplemental benefit.
- In 2024, Elevance Health's Medicare Advantage plans will support members with personalized customer service by creating a single point of contact to champion for members' needs and issues. Plans also include the company's Member Connect program, which includes interventions to improve outcomes among older adults.
- Elevance Health has prioritized partnering with primary care providers and investing in new, innovative primary care models to support all members, regardless of geography or health status. Some of these models include smaller patient panels that focus on whole-person care and aggregator models. The latter delivers independent primary care provider practices with analytics, technical support, and other capacities to deliver superior care and to move from fee-for-service to value-based care.

- Nurses work with Elevance Health’s primary care providers to encourage and schedule annual appointments and home visits. The data from these visits help primary care providers support members in better managing their health.

Assessment of and Opportunities for Elevance Health

Overall, Elevance Health's Medicare plans showcase a strong combination of affordability, accessibility, whole-person care, and innovative health equity initiatives. The organization’s commitment to value-based care and its clear benefits for seniors and those with disabilities strengthen their position among innovative and effective Medicare Advantage providers.

The organization could improve its Medicare plans by replicating the NCQA Health Equity accreditation process. Elevance Health can find efficiencies by building on the learnings and best practices from achieving this accreditation for its Medicaid plans.

4.3 Commercial

Elevance Health’s commercial health plans serve more than 31 million people, from individuals buying subsidized insurance via the Affordable Care Act marketplace to large, multinational, self-insured employers. Elevance Health’s value-based contracts comprise 63 percent of the company’s medical spend among all health product lines, and are key to the company’s business strategy. Elevance Health’s commercial value-based solutions range from primary care and specialty care to hospital and ancillary services. By focusing on quality over quantity and tying payment to treatment outcomes, the organization promotes and rewards a patient-centered, data-driven, coordinated-care approach that maximizes impact and value. The organization continues to invest in developing technology, administrative processes, and care delivery solutions that support providers in meeting both their patients’ and their practices’ needs. Approximately 100,000 care providers and 200 care organizations participate in Elevance Health’s value-based payment agreements.

Embedding Health Equity in Commercial Health Plans

Elevance Health’s goal is to partner with care providers while using digital tools and analytical insights to further customize and improve member care. Examples of health equity work include:

- As described earlier, in 2023, Elevance Health piloted the use of a remote exam kit during telehealth visits in five of their commercial and Medicaid health plans and anticipates distributing more kits to members in 2024.
- The Enhanced Personal Health Care program incentivizes quality and efficient care by encouraging providers to focus on prevention and wellness by offering personalized plans and coordinating treatment with other care providers.
- The Oncology Medical Home Plus (OMH+) solution holds medical oncologists responsible for members undergoing chemotherapy treatment by incentivizing aligning treatment with patient goals, following evidence-based plans, and supporting patients through care transitions. OMH+ also supports care providers by offering digital resources, population analytics, and tools for improved decision-making.
- Episode-based payments reward cost-effective coordination between primary care, specialty care, and ancillary health services by holding specialists accountable for cost and quality outcomes for a member’s entire episode of care. This approach reduces care fragmentation and supports improved outcomes.
- Elevance Health promotes the National Institutes of Health’s All of Us Research Program, which aims to build a large database reflecting the diversity of the U.S. population to improve the data that informs health research and interventions across the country. This will ultimately improve outcomes for historically overlooked populations, in particular.

- MyDiversePatients.com provides health equity resources. Free to all providers, it offers ideas and opportunities to learn new techniques that can help personalize care for every patient, with the goal of bridging gaps often experienced by diverse populations. Elevance Health has partnered with Training Systems Design, LCC on MyDiversePatients.com to expand how people think about providing healthcare. MyDiversePatients.com is one way that Elevance Health gives care providers the resources to close care gaps and deliver more equitable treatment. The website has had 41,000 unique visitors from 17 countries since its 2017 launch.²

Assessment of and Opportunities for Elevance Health

Elevance Health's commercial health plans offer a diverse array of customizable offerings to meet individuals', families', and employers' unique needs. **The organization's varied payment models, such as value-based partnerships with local care providers, promote health equity by incentivizing cost-effective care and improved outcomes for all members, regardless of background.**

The commercial sector could benefit from incorporating some of Medicaid and Medicare Advantage's existing programs and processes. Elevance Health could continue to collaborate with others, including employers and customers, to further encourage the incorporation of health equity-related services and offerings into plans.

4.4 Carelon

Elevance Health's services businesses are united under the [Carelon](#) brand. Carelon focuses on solving healthcare's most complex challenges by offering solutions that connect people with technology, data, and expertise—making it possible to support whole health and to streamline the healthcare system. Carelon is building new ways to improve affordability, outcomes, and access to healthcare, in line with Elevance Health's whole health strategy.

Embedding Health Equity in Carelon's Portfolio

Carelon keeps the member experience at the center of its strategy and integrates market-leading solutions leveraging sophisticated digital platforms that build better-connected, quality-driven, and holistic healthcare journeys. Carelon's offerings include:

- **Advocacy:** Carelon leverages smart-signal technology, automated insights, and experienced advocates to guide equitable, value-driven healthcare for members with complex and chronic conditions. By making the system more personalized and easier to navigate, Carelon helps improve access to specialized care and enhances care experiences.
- **Behavioral Health:** Carelon combines clinical expertise, an expansive network, evidence-based insights, and digital tools to improve access to treatment, enhance member coverage and choice, and make whole health care more affordable.
- **Care Delivery:** Carelon delivers primary and palliative care when and where it's needed through integrated care teams that go beyond treating physical symptoms to understand and address a patient's emotional health, nutritional needs, financial concerns, and family and community relationships.
- **Pharmacy:**
 - CarelonRx is a pharmacy benefit manager focused on bringing new clarity to the complicated world of pharmacy.
 - Carelon collaborates with independent pharmacies and uses proprietary technology to understand members' medication needs and identify care gaps to help remove barriers like

² Statistics have been provided by Elevance Health and will be published in its 2024 Advancing Health Together: Progress Report.

transportation, language, or medication use complexity. Carelon's actionable data, together with community, and independent pharmacy partners, helps connect consumers to pharmacies that offer high-touch service and care, supporting better health outcomes and lowering overall costs.

- Carelon's Clinical Pharmacy Care Center focuses on improving health outcomes for members. The center engages members, providers, and pharmacies to deliver personalized medication support, achieve Medicare Star ratings, improve clinical outcomes, and lower the cost of care.

Assessment of and Opportunities for Elevance Health

Carelon, through its offerings, demonstrates a clear commitment to improving the health and well-being of members through a whole health approach. By unifying services, leveraging technology, and removing barriers, Carelon has the potential to significantly impact the health outcomes of its members and contribute to a more efficient and effective healthcare system.

Through Carelon, Elevance Health has the opportunity to reach more members, and by doing so, advance health equity across all business lines. The organization should continue to advance health equity training and education for Carelon associates via the operationalization of the enterprise Health Equity Playbook.

4.5 Public Policy and Advocacy

Elevance Health engages in public policy and advocacy through its Public Affairs department, including the [Elevance Health Public Policy Institute](#). The team supports and engages in public policies that are aligned to the company's core business and that improve the healthcare system. The company's [public policy priorities](#) include expanding access to coverage and health care, advancing health care affordability, improving the quality of care and outcomes, addressing health equity, and reducing health disparities. Its public policy engagement includes direct lobbying and advocacy, political contributions, grassroots engagement, trade association memberships, research, and partnerships with other stakeholders.

Embedding Health Equity into Public Policy and Advocacy Work

Partnerships are critical to Elevance Health's ability to advance public policy to address health equity and health disparities. The Public Affairs team works with organizations such as the Blue Cross Blue Shield Association, AHIP, Mom's Meals, Congressional Black Caucus Foundation, Congressional Hispanic Caucus Institute, National Hispanic Council on Aging, ADvancing States, Association for Behavioral Health and Wellness, and the March of Dimes on various issues that relate to health equity and health disparities.

Elevance Health's Public Affairs team has also prioritized health equity in its work in drafting public comments to proposed legislation and regulation, conducting and commissioning research, thought leadership, public speaking, and engagement with people who experience health disparities and inequities to inform their positions and approaches.

Its health equity-related work also includes:

- Examining members' use of benefits (transportation, in-home support, etc.) by race and ethnicity, particularly in Medicare and Medicaid managed care plans.
- Research engagement with the Urban Institute, the American Benefits Council, and the Deloitte Health Equity Institute to better understand challenges to collecting race and ethnicity data and identifying possible solutions for improving its collection and use. The research [found that virtual healthcare is a viable tool](#) for advancing health equity.

- Research done by the Public Policy Institute includes analyzing commercial plan enrollment claims data to determine potential national cost savings; looking at doula care to improve maternal health outcomes and opportunities for improving outcomes for Medicaid beneficiaries by integrating physical and mental healthcare benefits, among other studies and analysis.
- Advocating at the state and federal levels with the Center for Medicare & Medicaid Services for 12-month postpartum care for mothers.
- Advocating for certified doula coverage to be paid and provided to Medicare recipients who may benefit from the service or who are looking for additional support during pregnancy.
- Supporting the National Advisory Board on Improving Healthcare Services for Older Adults and People with Disabilities to promote home and community-based services and accessible healthcare for people with disabilities and older adults.

Assessment of and Opportunities for Elevance Health

Elevance Health’s public policy and advocacy work presents a strong picture of data-driven decision making, member-focused priorities, and a genuine commitment to advancing health equity through research, partnerships, and impactful policy advocacy.

This comprehensive approach further solidifies the organization’s commitment to addressing healthcare disparities and improving outcomes for all members.

In addition to its annual political contributions report, there is opportunity for Elevance Health to communicate the company’s specific advocacy efforts related to health equity within public-facing documentation including the Annual Impact Report.

4.6 Elevance Health Foundation

Elevance Health’s philanthropic arm, the Elevance Health Foundation, operates with the mission of advancing health equity in the U.S., focusing on community health needs. Over a three-year period ending in 2024, the foundation will invest up to \$90 million in partnerships and programs that address health inequities in four focus areas: maternal health, food as medicine, substance abuse, and community resiliency and disaster relief.

Embedding Health Equity in the Foundation’s Programs

The Elevance Health Foundation has spent millions of dollars on grants to support maternal health, food as medicine, substance abuse, and disaster relief. Some of those programs and partnerships include:

- Since 2021 and through January 2024, the Elevance Health Foundation has awarded \$29.6 million to 44 nonprofit organizations in maternal health grants, affecting 100,000 women. The grants are awarded to help implement programs to improve maternal healthcare access, address mental health, provide interventions for those most at risk for health complications and address health-related social needs.
- The Elevance Health Foundation’s community-based approach aims to reduce food insecurity by providing grants to feed 5.5 million families with 30 million meals. The Food as Medicine program, in partnership with Feeding America, expanded in 2021 to reach about 100,000 people. In 2022, the foundation awarded Feeding America with a \$14.1 million three-year grant to continue the program.

- Since 2021, the Elevance Health Foundation has awarded approximately \$20 million in grants to promote equity in mental health, particularly for people with substance use disorders. These grants are part of the \$30 million the Foundation plans to invest over a three-year period ending in 2024 to significantly reduce health impacts from substance use disorders. Each program will focus on one of the following goals: prevention and early intervention of risk factors that can lead to substance use disorders; improving treatment access and quality; reducing the morbidity and mortality rate for those with substance use disorders; and community support to promote lifelong recovery. For example, the Foundation partnered with national nonprofit Shatterproof to develop and design an intervention that reduces addiction stigma in the healthcare community, particularly in the Latinx community. The \$5.4 million project will reach about 3,000 healthcare professionals to address stigma and discrimination as a primary barrier in proper treatment and recovery and ensure that providers treat patients with dignity as they seek treatment.

“Health insurers have a social responsibility to give back to the communities they serve and where their members actually live. This means investing in community benefit programs that empower people with proactive health education before issues become dire, and equip them to be advocates for their own health. It’s also crucial to support provider education and ensure they reflect the diverse communities they care for.”

Dr. Astrid Williams, Director, Programs & Initiatives, California Black Health Network

Assessment of and Opportunities for Elevance Health

The Elevance Health Foundation demonstrates meaningful impact through its strategic partnerships focusing on health equity. The diverse range of initiatives, targeted investments, and commitment to addressing disparities in underserved communities showcase its mission to improve lives and to build healthier communities for all.

The Elevance Health Foundation has nearly fulfilled its current three-year overall commitment ending in 2024 to invest up to \$90 million to strengthen communities and to address health inequities across the country. The Foundation can continue to analyze grant data to assess what has been successful and identify opportunities to build on this impact moving forward. By refining its evaluation tools and focusing on replicable programs, the Elevance Health Foundation can leverage its resources to amplify its impact, reaching more individuals and building healthier communities through sustainable solutions.

4.7 Programs, Tools & Platforms

One of Elevance Health’s most important tools to advance health equity is the Whole Health Index (WHI). The WHI looks at 93 measures of data across the physical, behavioral, and social drivers of health (as well as pharmacy needs) to create a holistic picture of health for over 40 million people with one of Elevance Health’s affiliated health plans, including Medicare, Medicaid, and commercial plans. The WHI considers social factors including finances, transportation, housing, and food, as well as clinical factors, like the quality of care received. These 93 measures of data that look at social and clinical factors allow Elevance Health to track members’ health over time and measure racial and economic inequalities associated with health.

With the use of the WHI, the Whole Health Improvement Now (WIN) program identified 174,000 members across the company’s health plans most in need of care management and social support. This insight from the WHI helped Elevance Health create partnerships with health plan affiliates, care providers, and community health organizations to improve health outcomes for those members. The WIN program also helped Elevance Health engage with the households of those 174,000 members, recognizing that they may have similar social needs as well, and saw positive results. Data from the WHI has been incorporated into a suite of digital tools across lines of business to allow associates to identify disparities,

develop whole health strategies, create interventions, and track outcomes. The suite of Whole Health analytics tools automatically pull together the most actionable insights needed to make informed decisions for Elevance Health's member populations and communities.

Embedding Health Equity into Programs, Tools, and Platforms

Other programs, tools, and platforms that Elevance Health uses to address health inequities include:

- **Health Equity Playbook:** Elevance Health created a Health Equity Playbook for associates, developed in partnership with Harvard's T.H. Chan School of Public Health, to train Elevance Health associates on health equity.
- **Sydney Health mobile app:** A member engagement platform that provides an array of tools and experiences designed to meet each member's medical, pharmacy, dental, and vision needs. It also allows members to quickly access their benefit and claim information. The platform offers personalized care options, including wellness resources and an interactive chat.
- **MyDiversePatients.com:** This site allows care providers (in or out of network) to access free courses and receive continuing medical education credits on topics like promotion of equitable practices.
- **Life Essential Kit:** A program to help certain Elevance Health associates offset the costs of childcare, transportation, or nutritious food as part of their health plan.
- **988 Spanish-language line:** The 988 Spanish-language line creates greater access to care by providing text and chat crisis services for Spanish speakers.
- **Total Health Connections:** A platform that offers guided and personalized healthcare to help members schedule appointments, pay claims, and connect with care providers in real time.
- **Health Guides:** Health Guides prioritize inclusive care by providing information on specialties and healthcare providers, including for specific populations such as those that identify as LGBTQIA+ allies. Guides are advocates that can be accessed through the Sydney Health app that can help members find appropriate care providers, education, and community resources for their specific health needs.
- **Digital Data Sandbox:** A secure platform hosting encrypted data from over 1 billion healthcare claims, de-identified to protect the privacy of individuals, which supports Elevance Health's commitment to bring together the industry's best innovators, leaders, and technology to discover new insights, build and train AI tools and validate solutions.

Assessment of and Opportunities for Elevance Health

Elevance Health has a robust strategy for using data-driven insights to address health disparities, engage in targeted interventions, and foster collaboration across various stakeholders.

While Elevance Health has targeted programs and tools (i.e., Whole Health Index), there is opportunity for the organization and the industry at large to better measure, track, and report outcomes. Doing so will help Elevance Health and the industry at large to identify successful strategies, as well as areas for adjustment and continuous improvement.

4.8 Sustainable Operations

Elevance Health recognizes the connection between climate change and health equity. Climate change affects various aspects of health and can worsen existing health disparities. It also contributes to extreme weather events, disease spread, poorer air quality, mental health problems, and threatens access to food and clean water. Disadvantaged communities, often lacking the resources to adapt to these climate risks,

are disproportionately affected by these changes. When it comes to addressing climate change impacts on health, the healthcare industry can start in its own backyard. Healthcare is one of the most carbon-intensive service sectors in the industrialized world. The U.S. healthcare industry is estimated to contribute 8.5 percent of the nation's greenhouse gas emissions.

Embedding Health Equity into Environmental Sustainability Work

Recognizing that healthcare companies can be influential stakeholders at this intersection of climate and health, Elevance Health is actively engaged in several initiatives, including:

- The White House/Department of Health and Human Services Health Sector Climate Pledge: Elevance Health is an initial signatory, demonstrating its commitment to lowering greenhouse gas emissions and building a more climate-resilient infrastructure. The pledge originated with the Office of Climate Change and Health Equity, whose mission is to protect the health of people throughout the U.S. in the face of climate change, especially those experiencing a higher share of exposures and impacts.
- RE100: A global corporate renewable energy initiative bringing together hundreds of large and ambitious businesses committed to 100 percent renewable electricity. Elevance Health was the first U.S. health benefits company to join. It currently uses 100 percent renewable electricity and is carbon neutral for direct operations.
- Drawdown Georgia Business Compact: The compact leverages the collective impact of the Georgia business community to achieve net-zero carbon emissions in the state through a just, prosperous, and sustainable transition. Elevance Health was a founding member of this inclusive initiative, which seeks diverse participation while building on the leadership of businesses headquartered and/or operating in Georgia with net-zero carbon emission targets or similar ambitions.
- Participation in collaborative initiatives, such as BSR's Centering Health Equity in Climate Action, to work in partnership across sectors to amplify business action in addressing community health inequalities.

Assessment of and Opportunities for Elevance Health

Elevance Health's environmental sustainability efforts serve as a positive example for the healthcare industry and beyond. Recognizing the link between climate change and health disparities demonstrates a forward-thinking approach and a commitment to social responsibility.

Elevance Health should continue to research and better understand the connection between climate and health/health equity to inform future actions and initiatives. This includes potentially incorporating climate and environmental factors into tools such as the Whole Health Index.

5. Moving Health Equity Forward

The focus on health equity has gained momentum across the health services industry, yet significant challenges remain. The absence of universally accepted metrics makes measuring progress and comparing efforts difficult, even if the NCQA Health Equity Accreditation programs offer a more direct path forward. While many companies focus on general health equity initiatives, a deeper dive into how their services impact different populations is crucial. Conducting thorough health equity assessments can help identify and address these disparities.

Leadership dedicated to health equity is essential, and its integration across all business functions is crucial for a truly comprehensive approach. Elevance Health exemplifies this approach with its top-down commitment, dedicated health equity team, and a robust incentive structure tied to ESG metrics, Medicare Star Ratings, and provider collaboration.

The complex nature of health equity also necessitates collaboration. Building partnerships with community stakeholders and healthcare providers enables the creation of a holistic health equity strategy. BSR is particularly grateful for the invaluable insights contributed by the health equity experts who participated in this assessment. Their diverse perspectives and expertise were instrumental in shaping this report.

Finally, advancing health equity requires a multi-pronged strategy. Standardized metrics, leadership commitment at all levels, strategic incentives, targeted service improvements, internal equity policies, collaborative partnerships, and responsible data use are all critical steppingstones on this vital journey. Elevance Health, through its leadership and comprehensive approach, serves as an example for other companies to move beyond the planning phase and become leaders in building a more just and equitable healthcare landscape.



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