



# Everyone deserves to live their healthiest life

Together, we can identify disparities and advance health equity

**Optum** Rx<sup>®</sup>

# A letter from Dr. Patrick Conway



**At Optum Rx, we are committed to advancing our mission:**

To help people live healthier lives and help make the health system work better for everyone. For everyone.

The CDC defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires a purposeful effort not only to take into consideration each person’s unique needs – including any economic, social, environmental and cultural obstacles that can impede health and health care – but also to address the historical injustices that serve as the foundation for many of these health inequities.

While we have much work to do, Optum Rx is vigilant and intentional about gathering and analyzing data to uncover and understand where these disparities exist within the patient populations we serve. We call it “making the invisible visible” and our entire leadership team is fully leaning into this work. Our efforts are providing insights into the art of the possible and supporting the development of new solutions and strategies aimed at advancing health equity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patrick Conway, MD'. The signature is written in a cursive, flowing style.

Patrick Conway, MD  
Chief Executive Officer, Optum Rx

# Health equity matters

True health equity means that every person receives the care and support they need to live their healthiest life. Too often, people cannot get that care and have poorer outcomes because of barriers rooted in historical and existing injustices.

According to the National Center for Health Statistics, **life expectancy** can vary by more than 30 years, depending on where you live.<sup>1</sup>

**This inequity is not only unfair but costly:**

**\$320  
billion**

Inequities cost the U.S. health care system an estimated \$320 billion annually and could climb to \$1 trillion or more by 2040.<sup>2</sup>

Until the barriers are addressed and every person and population get the care they need, we've got work to do to achieve health equity.





# At Optum Rx, we're doing the work

We're working to remove barriers and disparities in health care – and health – for every person and population we serve by embedding equity into every solution, program and strategy we launch.

And then we hold all levels of leadership accountable for results.

From product development to customized clinical programs to targeted communications, we're building a health equity-based business model to serve all people, better.

## Walking the walk

Our model advances health equity through five strategic focus areas:



Address disparities in pharmacy access



Drive equity in medication adherence



Address specialty pharmaceutical costs



Enable multi-language support



Enable maternal and child health and drug safety

## Making the invisible visible

### Building more purposeful analytics

Using internal and external databases to develop health equity-focused processes and analytic methodologies

### Identifying opportunities

Analyzing health outcomes and identifying disparities to advance the industry toward meaningful change

### Addressing disparities

Committing to specific equity-focused strategies and initiatives

### Evolving strategies

Innovating ways to continue reducing health disparities and create powerful, systemic change

# What does “eliminating barriers” look like?

Together with clients and industry experts, we can reduce health disparities and shift the entire system toward greater equity. Here’s a look at some of the action we’ve taken so far.





## Barrier:

# A disconnect between members – especially those with a chronic condition – and their benefits

## Why it matters:

People of color and those who live below the federal poverty level have shown worse outcomes for common chronic conditions:

Black American adults have

**75%**

lower odds of using diabetes devices, like an insulin pump, compared to white patients.<sup>3</sup>

**12.2%**

of children in families with income below the federal poverty level live with asthma compared to 8.2% of people with incomes twice the poverty level.<sup>4</sup>

Black Americans are

**30%**

more likely to die from heart disease than white.<sup>5</sup>

Black American adults are

**30%**

more likely to have high blood pressure but less likely than non-Hispanic white people to have it under control.<sup>6</sup>

Black American women were

**2.4 to 3.3**

times more likely to die from pregnancy complications like preeclampsia than white women.<sup>7</sup>







## Solution: Health equity-focused analytics, engagement and activation

### We're exploring initiatives that:

- Identify potential health inequities for members who have certain **health conditions**
- Educate those members about benefits and resources available to them
- Provide resources that address non-clinical risk factors, such as food insecurity, insufficient transportation, or unstable housing
- Activate members to use such resources and benefits for their specific health needs

By increasing traditionally underserved populations' access to benefits, we can help reduce costs and improve outcomes.

### Helping clients spot disparities in their populations

Your population is unique to your organization. We can help you uncover and address health barriers and disparities.

### Focus areas

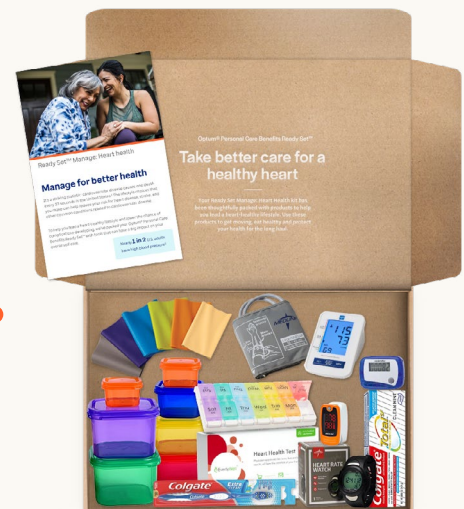
- Diabetes
- Asthma and chronic obstructive pulmonary disease
- Cardiovascular disease
- Maternity

### Client example

Data showed that one client's Black employees – **70% women** – had a higher-than-expected prevalence of hypertension, heart failure and chronic kidney disease, which are associated with high blood pressure.

### Solution

- Customized a hypertension program that provides individualized treatment of high blood pressure in the workplace
- Identified and assisted with social needs, including a Heart Health customizable **Ready Set™** kit





## Barrier:

### Diabetes medication nonadherence due to social vulnerabilities like poverty or lack of transportation

#### Why it matters:

Black American adults are **60%** more likely to be diagnosed with diabetes and are **2 times** more likely to have complications.<sup>8</sup> Medication adherence gives people with diabetes the best shot at avoiding complications like vision problems and damage to the heart, blood vessels, nerves and kidneys.



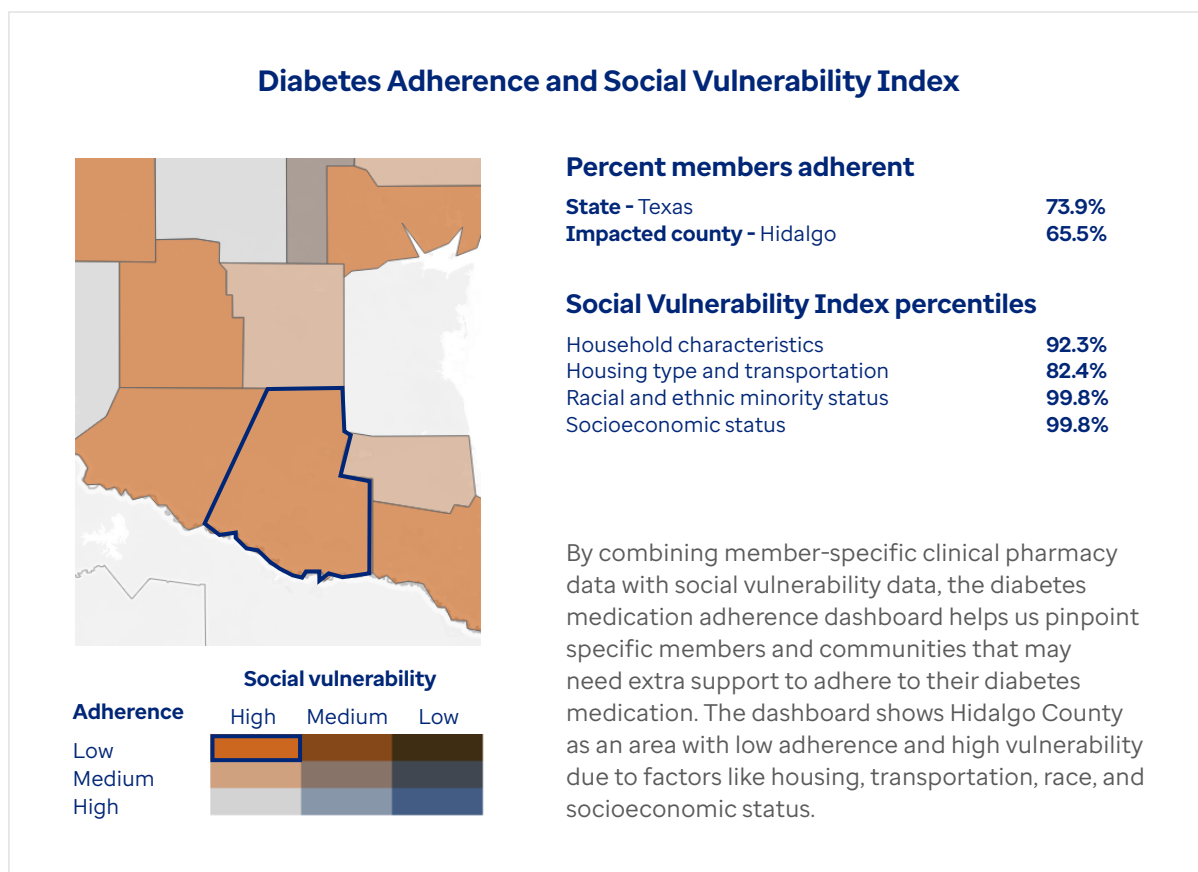




## Solution: Diabetes medication adherence dashboard

Our diabetes medication adherence dashboard layers member-specific clinical pharmacy data with the CDC/ADSTR\* Social Vulnerability Index (SVI) on a county level. The SVI uses census data to identify communities most likely in need of support due to factors like poverty, discrimination, and lack of transportation and housing.

\* Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry



## Client story

A nonprofit health plan wanted to address the needs of members who were using its government programs. Using the dashboard, our health equity analysis showed that more than 80% of the Spanish-speaking Hispanic population in the plan live in some of the most socially vulnerable census tracts in the country. That insight led the plan's CEO to call the tool **“one of the first real significant steps to tackle health equity that I've ever seen.”**



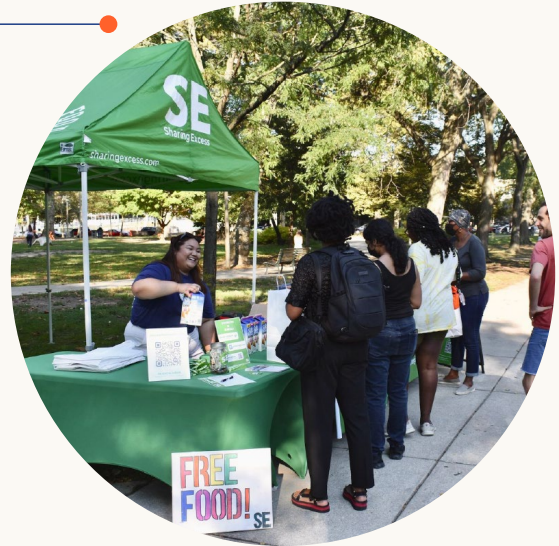
## Solution: **Promote resources and support**

We're working with the American Diabetes Association (ADA) to develop videos, campaigns and initiatives that help educate members and promote diabetes resources and support across populations.

### Community engagement

In one key project, we're collaborating with the ADA to host farmers market-style pop-ups that provide diabetes education materials and food to Philadelphia community members in a simple, approachable way.

The pop-ups help destigmatize food distributions by changing the narrative around hunger relief while also helping residents understand the correlation between chronic disease and what they eat. In addition, anyone who's interested can get a free diabetes risk assessment. Here's a look at the pop-up experiences so far:



- We helped serve 215 people, including those who brought their children or took food home to share with neighbors unable to attend.
- We helped distribute fruits and vegetables, including bananas, cantaloupe, cabbage, broccoli, and Caesar salad kits.
- Many of the risk assessments came back high-risk.
- Other community organizations are now interested in teaming up to help address diabetes and medication underutilization.

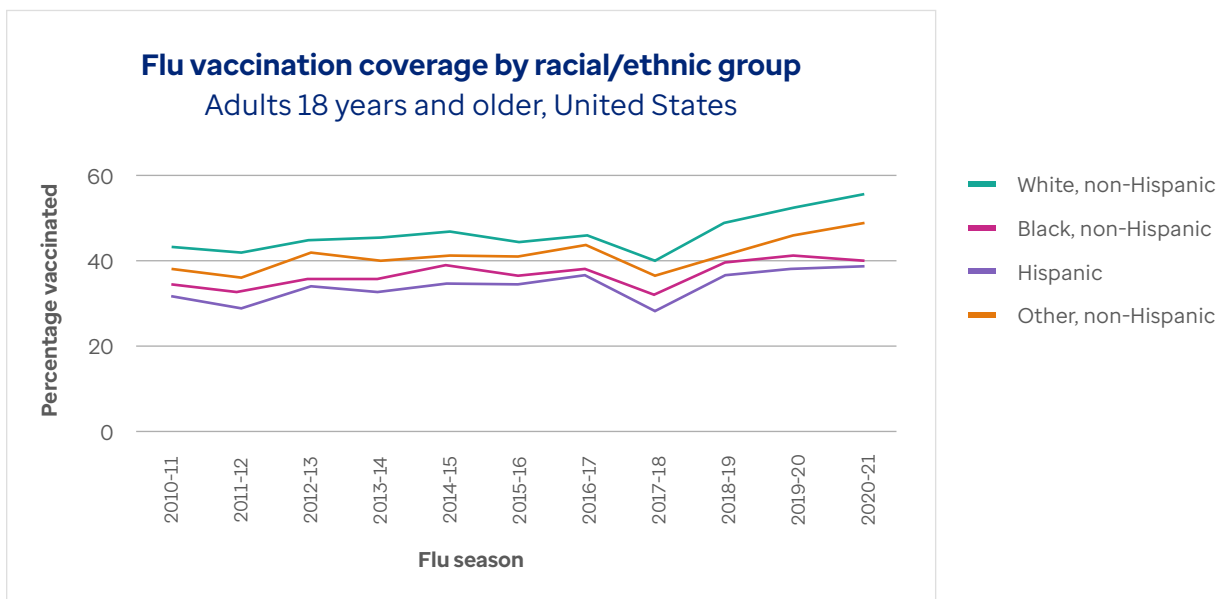
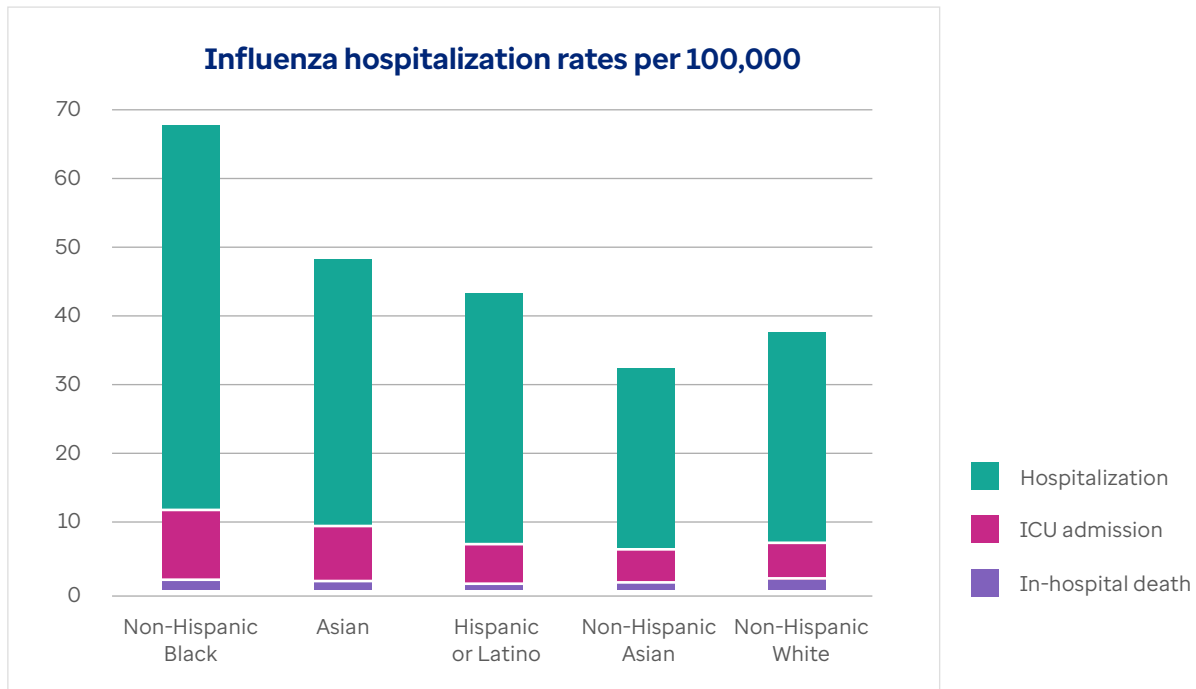




## Barrier: Lack of access to the flu vaccine

### Why it matters:

Black American, American Indian and Hispanic adults are more likely than white adults to be hospitalized for the flu, but less likely to be vaccinated against it.<sup>9,10</sup>







## Solution:

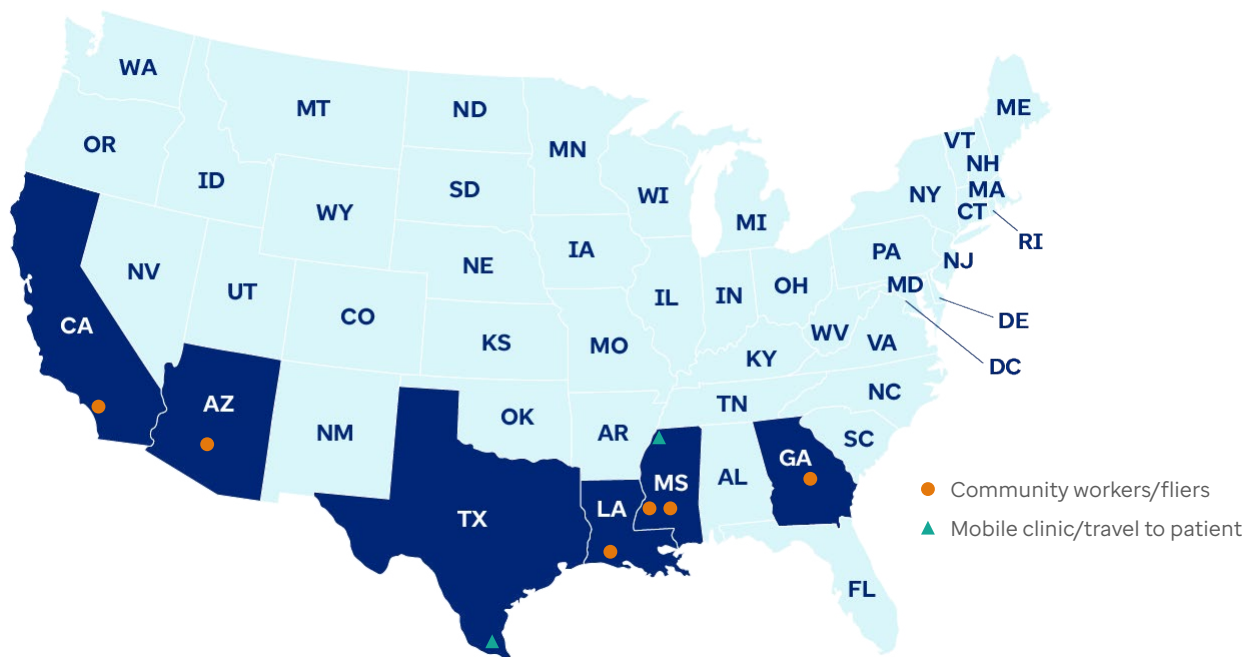
### Genoa Healthcare flu vaccination outreach program

Genoa Healthcare, a part of Optum Rx, is a unique pharmacy that celebrates and supports people living with behavioral health and other complex conditions.

Genoa helped broaden access to flu vaccines by creating a data-driven solution that enabled proactive outreach initiatives in eight underserved geographic communities.

These initiatives include establishing partnerships with community organizations to cohost a Genoa flu shot clinic. Support for these clinics includes marketing such as Facebook ads, fliers and posters, and Genoa-branded marketing kits to generate brand awareness.

#### Genoa: Equitable access to flu vaccine



#### Protecting communities

Genoa Healthcare provided the flu vaccine at no cost to thousands of individuals, including:

**9,441**  
nationwide

**1,860**  
in 8 communities where we  
did targeted outreach

**462**  
at immunization clinics  
in Laguna Hills, CA



## Barrier: Socioeconomics' role in unmet medical and social needs

### Why it matters:

People in low-income communities have a lower life expectancy and are at higher risk of mental illness, chronic disease, and mortality.<sup>11</sup>



## Solution: Pharmacy partnerships to connect people with valuable resources

Community and independent pharmacies and pharmacists are a critical, trusted touch point for people in vulnerable populations, especially those in rural and underserved communities. These pharmacies and pharmacists can help identify and address unmet medical and social needs for these populations.

We're piloting programs with local pharmacies to help people in underserved communities get the resources, care and preventive services they need to improve medication adherence and health outcomes. Programs include:

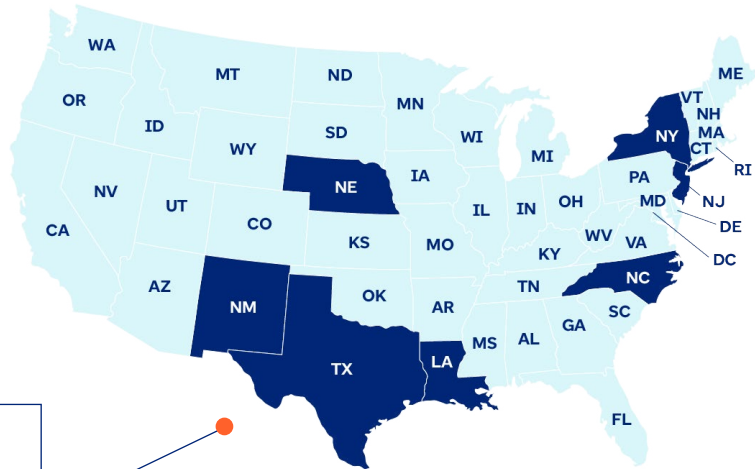
### Optum Rx Bridge to Healthy Baby

This pilot program uses local pharmacies as a means to connect pregnant people in underserved communities with prenatal care, prenatal vitamins and a **Ready Set™** kit packed with basic necessities. Pharmacists at partner pharmacies will gift the kit to members after they fill a 90-day prenatal vitamin prescription with the partner pharmacy.



## Optum Rx Resource Bridge

We help people get fundamentals – from diapers and childcare to transportation and counseling – by reaching them in their community pharmacy. There, they complete a brief survey that helps us then connect them to the resources they may be eligible for.



In the first 2 months of our Resource Bridge pilot, 386 people in 7 states were referred for assistance.



“

### Resource Bridge success story

We received a referral for ride coordination for a member who needed reliable transportation for non-medical visits and groceries.

The care coordinator provided information on Wings of Love – an organization that provides support services – along with guidance on how the member’s medical insurance may assist with non-medical or non-emergency transportation.

During the follow-up call, the member said she received transportation assistance with the help of her social worker. The member appreciated the support of the care coordinator and said she would reach out if she needed further assistance.

—Care coordination team





## **Barrier:** **Medications are unaffordable**

### **Why it matters:**

One in four people have a tough time affording their medication.<sup>12</sup> If a medication is too expensive, members may abandon their treatment plan, which can cause serious health consequences and higher health care costs.



## **Solution:** **Strategic partnerships**

By working with Pharmacy of Grace, a Kansas City pharmacy whose mission is to increase the number of prescription medications available to vulnerable populations in Kansas, we were able to provide thousands of prescriptions to uninsured and underinsured individuals.





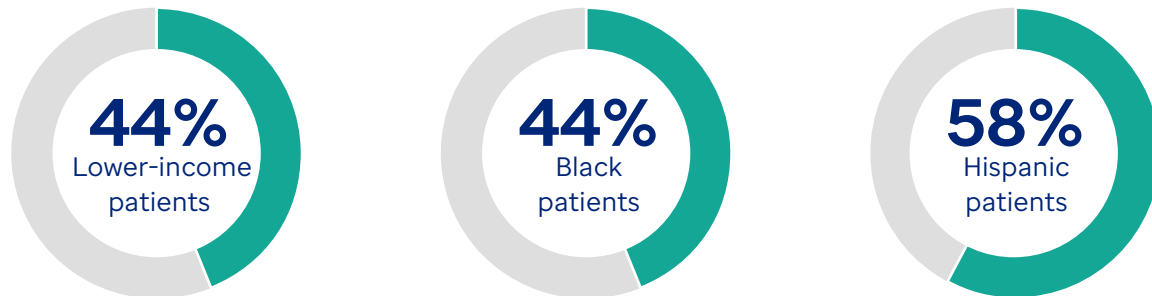
## Barrier: Specialty drugs are unaffordable

### Why it matters:

Cost can be a major factor in whether people fill – and adhere to – their specialty medication<sup>13</sup>:



In a recent survey of people with cancer, cost was a factor for skipping or delaying medication across many underserved communities, including<sup>14</sup>:



## Solution: Patient-specific financial assistance

Optum Savings IQ technology automatically matches every eligible patient with financial assistance, copay cards and other resources that help reduce out-of-pocket therapy costs. Patients don't need to ask – the technology finds any assistance that the patient is eligible for.

**In 2022, we helped people secure \$968 million in assistance.<sup>15</sup>**



## Barrier: Lack of diversity among pharmacists

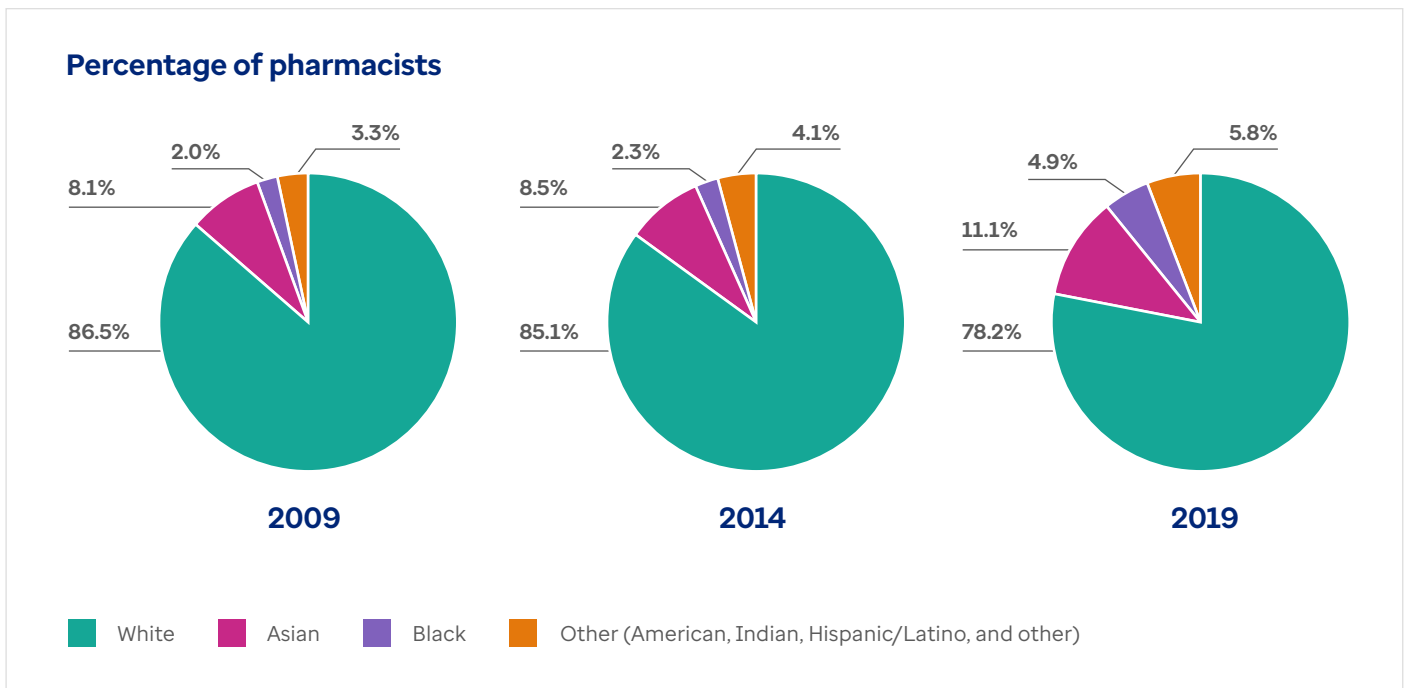
### Why it matters:

Our health behaviors and health care experiences are shaped by all kinds of factors, including race, ethnicity, language, gender, socioeconomic status and more. The better a health care provider understands and integrates those factors into care, the better our experience, the more receptive we are to treatment plans, and the more involved we are in decision-making.<sup>16</sup>

Diversity among health care staff is one way to help deliver this culturally competent care for all, yet minorities are underrepresented in pharmacy and other health care professions.

### Racial gap among pharmacists

People who identified as Black or African American accounted for 13.6% of the population, and Hispanic or Latino people accounted for 19.1% of the population.<sup>17</sup> Yet the percentage of pharmacists identifying as Black or Hispanic falls well short of those general population figures<sup>18</sup>:







## **Solution:**

### **Optum Rx Health Equity Scholarship program**

Pharmacy services are the most widely used portion of health care benefits today, and pharmacists rank in the top three for most trusted medical professionals in the U.S., along with nurses and medical doctors.<sup>19</sup> So if we can increase the cultural diversity among pharmacists and pharmacy leaders, we can increase and improve care for underserved communities.

We're working to increase this diversity by addressing one of the top barriers: access to funding for graduate pharmacy programs.

In partnership with Florida Agricultural and Mechanical University, a historically Black university, we've established a scholarship to support students in the school's College of Pharmacy and Pharmaceutical Sciences/Institute of Public Health. The goal? Increasing representation in the field.

**The scholarship will fund up to \$95,000 for more than 15 students each academic year.**



I am writing to express my sincere gratitude for the Optum Rx scholarship. Receiving this scholarship will alleviate a significant financial burden, allowing me to focus wholeheartedly on my studies. I am truly honored to have been chosen as a recipient. Once again, thank you for your generosity. I promise to make the most of this opportunity and strive for excellence in my studies.

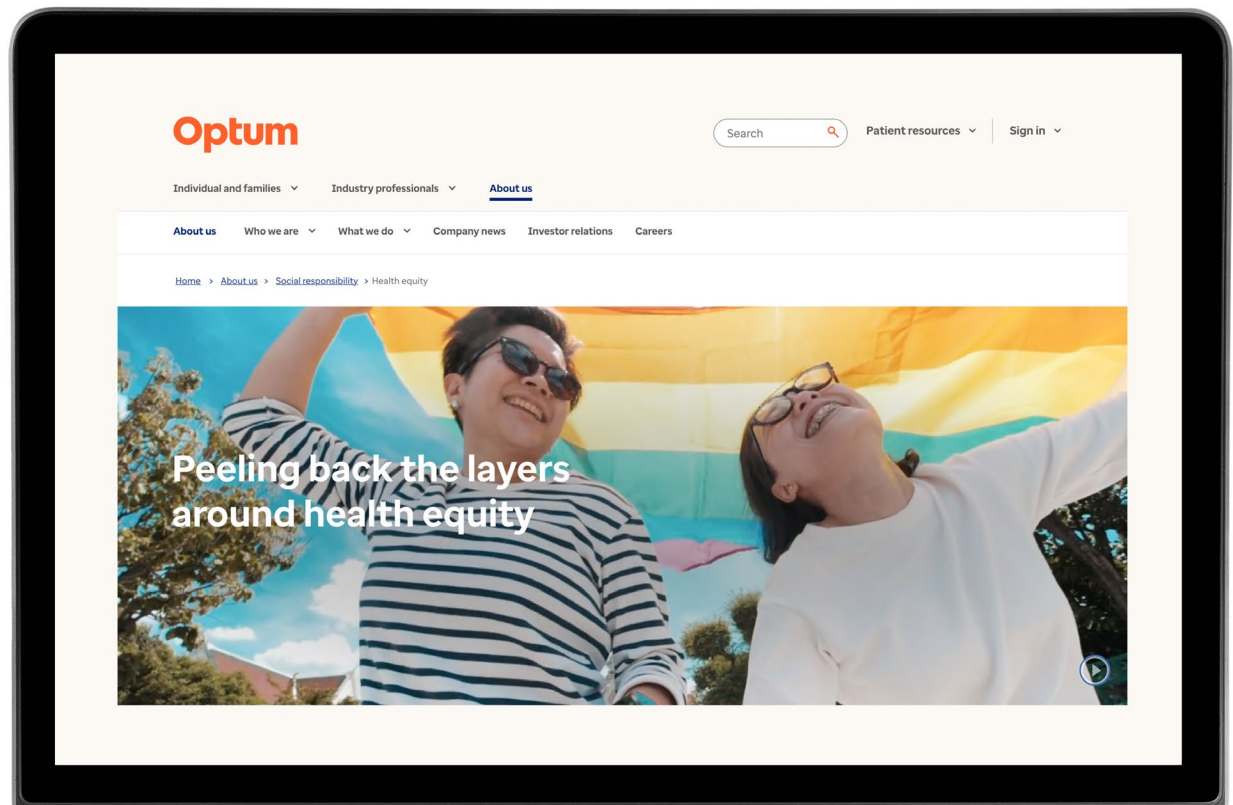
**—2023 Optum Rx Health Equity  
Scholarship recipient**



# The work continues

These are just some of the ways we're working to make health care and health more equitable for all. There's always more we can do, and 100% of our leadership team is committed to delivering. Within every strategy we build and initiative we launch, we'll continue to identify disparities and take targeted action to address them.

**To learn more about how Optum Rx is addressing health equity, visit [optum.com/healthequity](https://optum.com/healthequity).**



## About Optum Rx

Optum Rx is a pharmacy care services company helping clients and more than 62 million members achieve better health outcomes and lower overall costs through innovative prescription drug benefits services.

### References

1. National Center for Health Statistics, Centers for Disease Control & Prevention. Life Expectancy at Birth for U.S. States and Census Tracts, 2010-2015. Last reviewed March 9, 2020. Accessed Nov. 7, 2023.
2. Deloitte. [US health care can't afford health inequities](#). Published June 22, 2022. Accessed Aug. 7, 2023.
3. Fantasia K, Wirunsawanya K, Lee C, et al. [Racial Disparities in Diabetes Technology Use and Outcomes in Type 1 Diabetes in Safety-Net Hospital](#). J Diabetes Sci Technol. Published September 2021. Accessed Sept. 1, 2023.
4. Assari S, Lankarani M. [Poverty Status and Childhood Asthma in White and Black Families: National Survey of Children's Health](#). Healthcare. Published June 12, 2018. Accessed Sept. 11, 2023.
5. Office of Minority Health, Department of Health and Human Services. [Heart Disease and African Americans](#). Last modified March 9, 2023. Accessed Sept. 1, 2023.
6. U.S. Department of Health and Human Services Office of Minority Health. [Heart Disease and African Americans](#). Last modified March 9, 2023. Accessed Sept. 11, 2023.
7. Howell E. [Reducing Disparities in Severe Maternal Morbidity and Mortality](#). Clin Obstet Gynecol. Published June 2018. Accessed Sept. 1, 2023.
8. U.S. Department of Health and Human Services Office of Minority Health. Diabetes and African Americans. Updated Nov. 10, 2022. Accessed Dec. 8, 2023.
9. OHalloran A, Holstein R, Cummings C. [Rates of Influenza-Associated Hospitalization, Intensive Care Unit Admission, and In-Hospital Death by Race and Ethnicity in the United States from 2009 to 2019](#). JAMA Net Open. Published Aug. 24, 2021. Accessed Sept. 1, 2023.
10. CDC. [Flu Vaccination Coverage, United States, 2020-2021 Influenza Season](#). Last reviewed Oct. 7, 2021. Accessed Aug. 11, 2023.
11. U.S. Department of Health and Human Services. Healthy People 2030. [Poverty](#). Accessed Aug. 11, 2023.
12. Kamal R, Cox C, and McDermott D. What are the recent and forecasted trends in prescription drug spending? Kaiser Family Foundation Health System Tracker poll conducted Feb 14-24, 2019. [healthsystemtracker.org/chart-collection/recent-forecasted-trends-prescription-drug-spending/](#). Accessed June 2022.
13. Pharmaceutical Research and Manufacturers of America. Biopharmaceuticals in Perspective. Published 2020. Accessed Feb. 15, 2023.
14. Ibid.
15. Optum. Book of business. 2023.
16. Georgetown University Health Policy Institute. [Cultural Competence in health Care: Is it important for people with chronic conditions?](#) Accessed Aug. 14, 2023.
17. U.S. Census Bureau. [Quick Facts](#). April 1, 2020. Accessed Aug. 14, 2023.
18. Pharmacy Workforce Center. [National Pharmacist Workforce Study](#). 2019. Published Jan. 10, 2020. Accessed Aug. 14, 2023.
19. Gallup. [Nurses Retain Top Ethics Rating in U.S., but Below 2020 High](#). Published Jan. 10, 2023. Accessed Aug. 14, 2023.



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