



Health Equity Report 2025



OUR VALUES

Diversity, inclusion & health equity

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

WHO WE SERVE

3.3 million unique members

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



By the numbers: our people and our communities

We employ more than

6,500

people from
all walks of life

We work with over

55,000

providers to give
our members options

Around

25%

of our members are racial
and/or ethnic minorities

Our foundation has given

\$170M

to support Tennessee
communities since 2005



INCLUSIVE WORKFORCE

BlueCross values every person's unique story

Creating a workplace where everyone is valued and respected is the right thing to do. It also makes BlueCross stronger — and better able to serve our 3.3 million members.



WHAT WE'RE DOING

Improving access to care for everyone

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

- › We developed a Social Risk Index to understand how our members' needs affect their health outcomes
- › We created a partnership with Meharry Medical College that informed our work on social risk factors and health disparities
- › Our foundation has awarded \$475,000 in scholarships to 50 outstanding health care students since 2013



HEALTH EQUITY REPORT

Social factors affecting health outcomes

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



WHAT WE'RE DOING

The social risk factors that affect health outcomes

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

SOCIAL RISK FACTORS AFFECTING OUTCOMES

Health Disparities and Our Members

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



Education

Hispanic members are 2x more likely to have less than a high school education when compared with Non-Hispanic members.



Language

Half of Hispanic members and 30% of Asian members experience a language barrier while seeking care.



Safety

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



Debt Burden

Black members are 6x more likely to suffer from debt compared to White members.



Behavioral Health Care Shortage

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



WHAT WE KNOW

Using Data to Advance Health Equity

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

20 key risk factors

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

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



HEALTH EQUITY REPORT

Our health equity report in action

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

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



HEALTH EQUITY REPORT

Maternal health disparities

In 2021, 53 women in Tennessee died from pregnancy-related causes. Most of these deaths were preventable — and a majority of them correlate with health disparities affecting minority communities.



What We Know:

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

Maternal health disparities



Key facts in Tennessee^{1,2}

Non-Hispanic Black
women were

2.3x

as likely to die as
White women

79%

of pregnancy-related
deaths were preventable

Mental health
contributed to

32%

of all pregnancy-related
deaths

Substance use disorder
was a contributing factor in

32%

of pregnancy-related
deaths

Data Sources

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

2. Data based on MY2023 HEDIS rates stratified by race/ethnicity

The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for internal quality improvement purposes.

All stratified rates are based on data from BCBST administrative systems only. No attempt was made to manually abstract data from patients' medical records.

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

BY THE NUMBERS

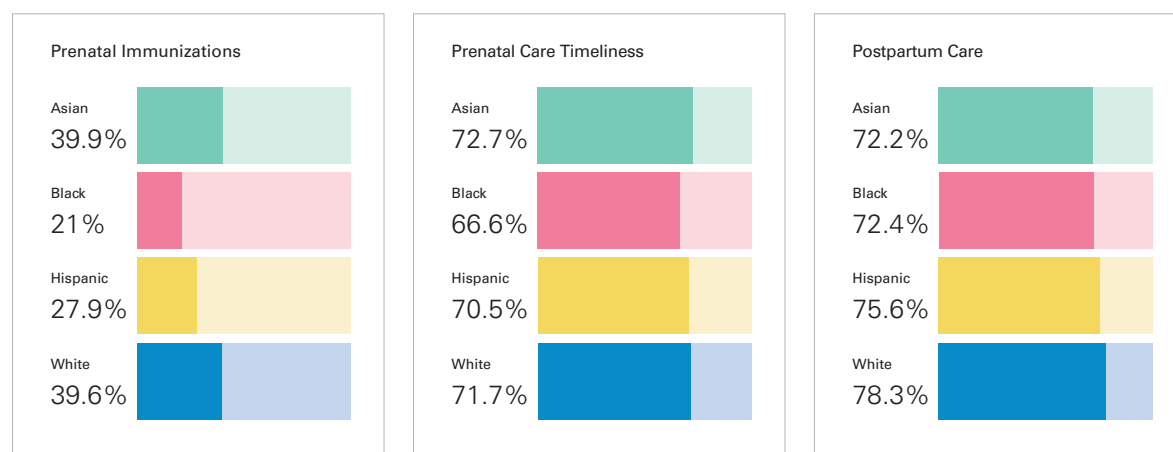
Prenatal and post-partum care

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

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

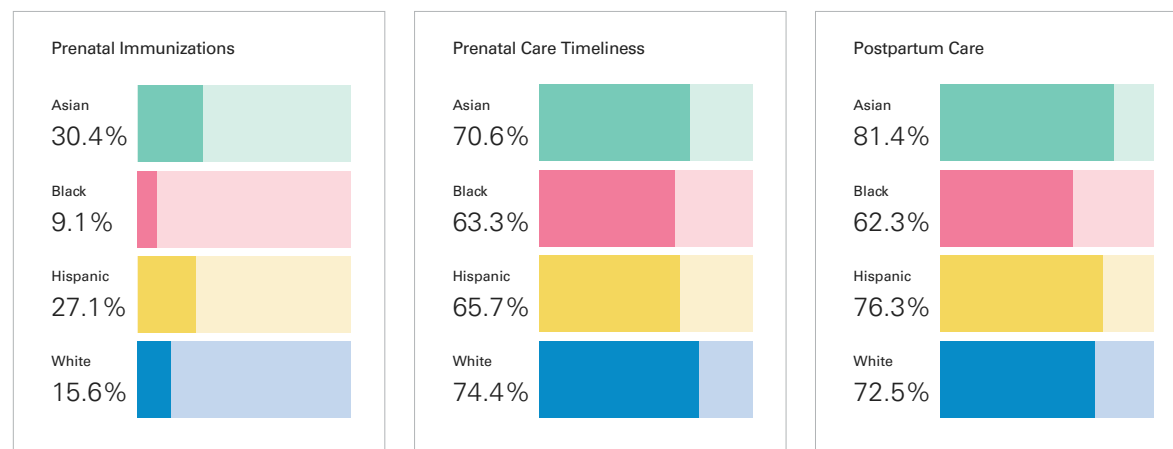
Commercial members

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



BlueCare members

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





HEALTH EQUITY REPORT

Cancer screening health disparities

Prevention saves lives, but not everyone is getting the right screenings at the right time. Black Tennesseans were more likely to be diagnosed with cancer in the late stages than White Tennesseans.



What We Know:

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

Cancer screening health disparities



Key facts in Tennessee^{1,2}

Black women have a mortality rate about

50%

higher from breast cancer than White women

Black Women were

27%

more likely to be diagnosed with breast cancer in late stages than White women

Tennessee had the

9th

highest colorectal cancer mortality rate in the U.S.

Black adults are

3x

as likely as White adults to die from cervical cancer

Data Sources

1. [TN.gov | 2014-2018-Annual-Cancer-Report](#) [TN.gov | Health-Disparities-in-Tennessee-2024](#) [TN.gov | Cervical-cancer-awareness-month](#) [TN.gov | 2015-2019-Annual-Cancer-Report](#)

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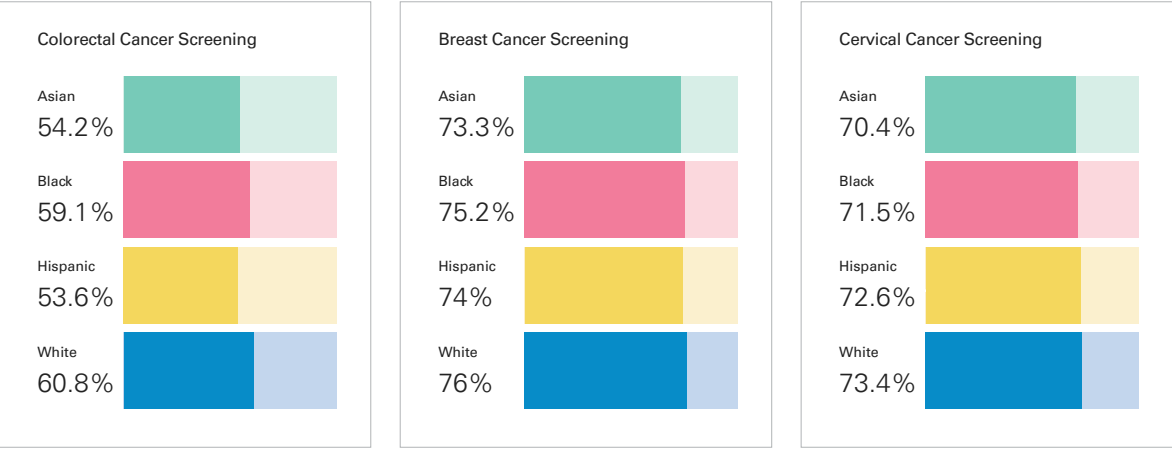
Cancer screenings

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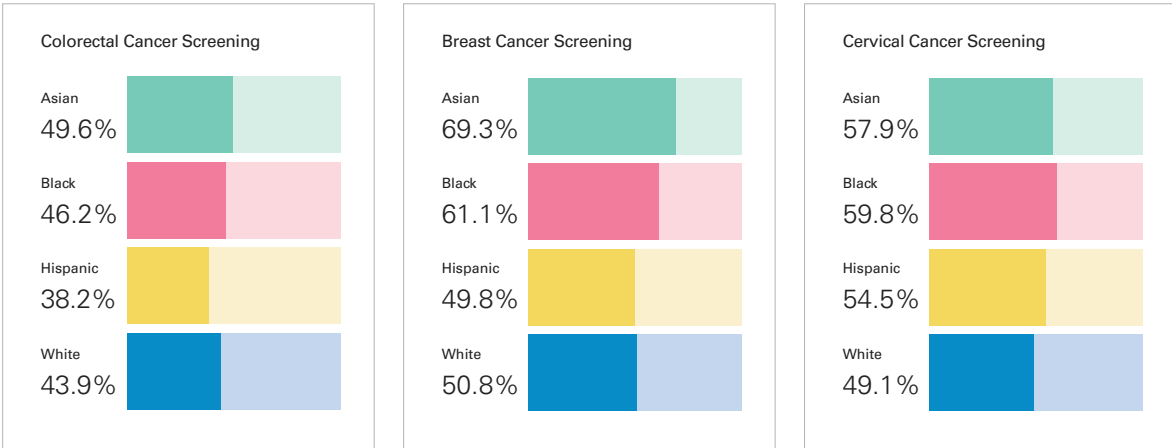
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HEALTH EQUITY REPORT

Chronic condition health disparities

High blood pressure often leads to heart disease and stroke, which are common causes of death in Tennessee. Multiracial Tennesseans are more likely to have heart disease than White and Black Population.



What We Know:

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

Chronic condition health disparities



Key facts in Tennessee^{1,2}

Black individuals have a

17.5%

higher prevalence of diabetes compared to 13.8% of White individuals

In 2022,

16.8%

of Tennesseans had three or more chronic conditions, compared to 11.2% of the U.S

27.7%

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

37.6%

of adults have a body mass index (BMI) of 30 or higher, which is considered obese

Data Sources

1. [TN.gov | Health-Disparities-in-Tennessee-2024](#) [TN.gov | Diabetes-Legislative-Report-2023](#) [America'sHealthRankings | Physical-Inactivity-in-Tennessee](#) [TN.gov | 2024-State-of-Health-Report](#)

2. Data based on MY2023 HEDIS rates stratified by race/ethnicity

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

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Chronic condition management for commercial members

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BY THE NUMBERS

Chronic condition management for BlueCare members

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BlueCare members

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HEALTH EQUITY REPORT

Child and adolescent well-care health disparities

Children from minority families, or those who don't speak English, are more likely to miss well-child visits and vaccinations, and face health disparities later on.



What We Know:

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

Child and adolescent well-care health disparities



Key facts in Tennessee^{1,2}

In 2023,
15.3%
of Black infants were born prematurely, compared to 10.5% of White infants

Only
12%
of Black adolescents have received a flu immunization

In 2023,
14.7%
of Hispanic children in Tennessee did not have health insurance

In 2022,
17.6%
of Tennessee's children were living below the poverty level compared to 16.3% of children in the U.S.

Data Sources

1. [Understanding barriers to well-child visit attendance among racial and ethnic minority parents | BMC Primary Care | Full](#) [TN.gov | 2024 State-of-Health-Report](#) [MarchofDimes.org | State-Summaries | Tennessee](#) [Kidshealthcarereport | Tennessee](#) [NIH.gov | Trends in Vaccination Coverage | Tennessee](#)

2. Data based on MY2023 HEDIS rates stratified by race/ethnicity

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Child and adolescent well-care for commercial members

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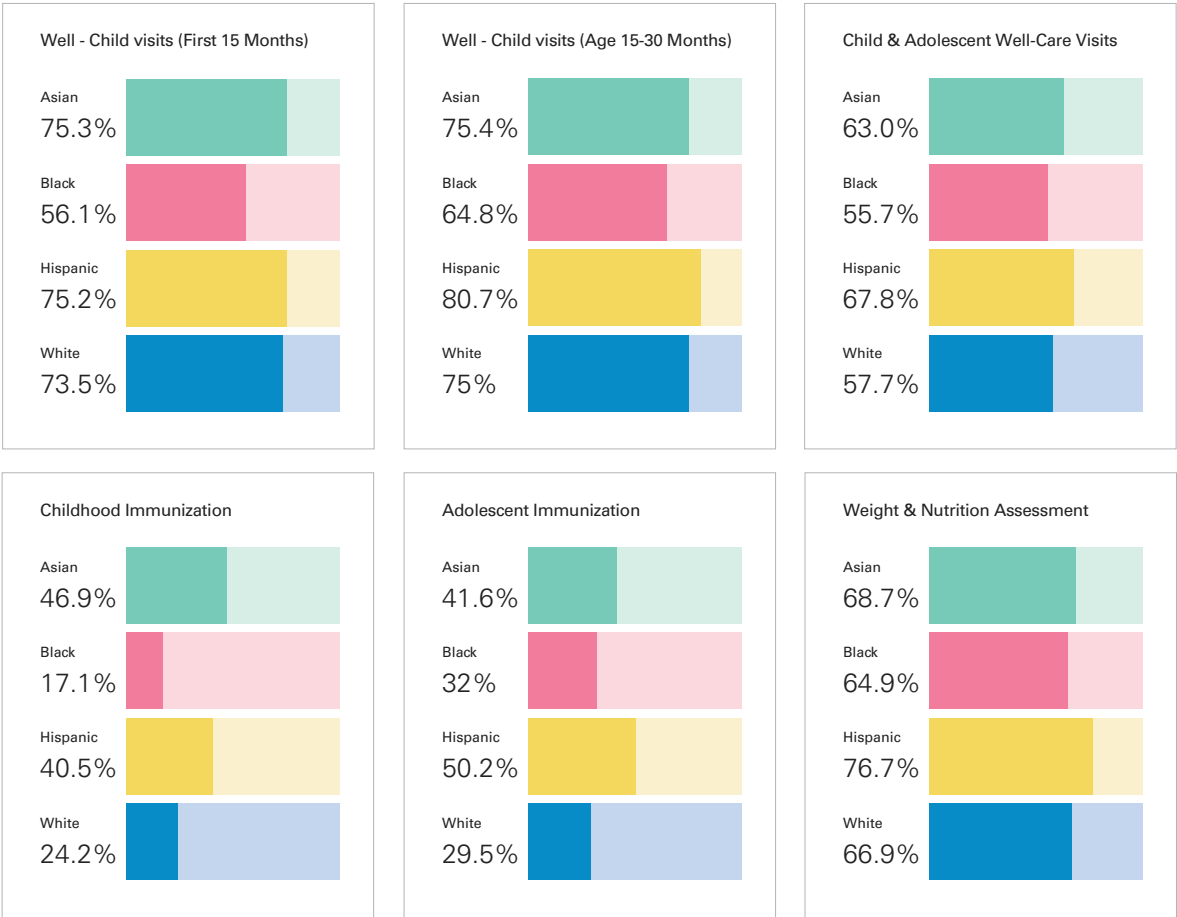
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HEALTH EQUITY REPORT

Behavioral health disparities

Health equity begins with access to care. The number of mental health specialists who accept our coverage rose 9% between 2022-2023 and another 20% between 2023-2024.



What We Know:

In 2022, 20.3% of Tennessee adults reported their mental health was not good for at least 14 days of the past 30 days. That's up from 13.72% in 2017.

Behavioral health disparities



Key facts in Tennessee^{1,2}

In 2022,

20.3%

of adults reported frequent mental distress, compared to 15.8% nationally

In 2022, the suicide rate in Tennessee was

19%

higher than the national rate

Tennessee ranks

46th

in overall youth mental health

Only

6

states have higher rates of adverse childhood experiences than Tennessee

Data Sources

1. [TN.gov | 2024-State-of-Health-Report](https://www.tn.gov/2024/04/24/state-of-health-report/) [Mental Health and Substance Use State Fact Sheets: Tennessee | KFF](https://www.kff.org/mental-health/state-fact-sheets/tennessee/) [Ranking Guidelines 2024 | Mental Health America](https://www.mhanational.org/ranking-guidelines-2024/) [TN.gov | Suicide-Prevention-Annual-Report-2023](https://www.tn.gov/2023/04/24/suicide-prevention-annual-report-2023/) [TN.gov | Health-Disparities-in-Tennessee-2024](https://www.tn.gov/2024/04/24/health-disparities-in-tennessee-2024/)

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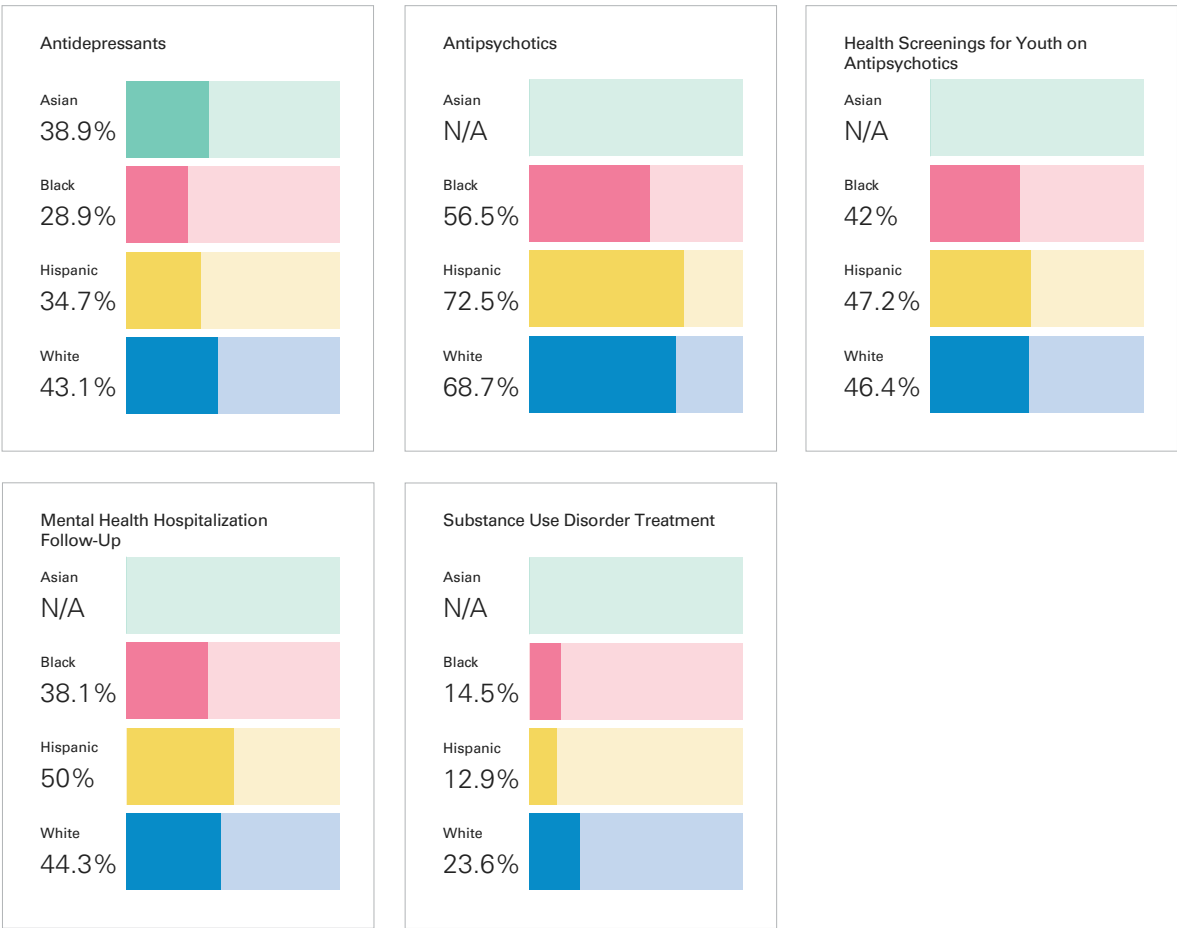
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Every day we're working together to improve the lives of the people we serve

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

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



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



Take a closer look at our
full health equity report.
bcbst.com/healthequity25 