

Dr. Silver: Welcome to our latest episode of Health Disparities Podcasts, the twice monthly exploration of health equity featuring leaders from across the spectrum of health care stakeholders. The podcast is brought to you by Movement is Life, and we are recording this episode live and in person at our annual Caucus, where several hundred health equity advocates have convened. I'm Dr. Jonathan Silver, your host for this episode. I'm Chief Orthopedic Physician Associate in the Department of Orthopedics at Kings County Hospital in Brooklyn, New York. I'm also the president of the American Academy of Doctoral Physician Associate, as well as sitting on the steering committee for Movement is Life. One of our sessions at the caucus is titled Moving and Improving, Achieving Health Equity for Our Communities. The description for this session is, regardless of who you are, what you look like, how you worship, who you love, or where you live, everyone should have the same opportunity to achieve optimal health. Now, more than ever, we need to address health inequities in the United States. In this presentation, viewers will learn about opportunities to create a more equitable healthcare system, so everyone can receive affordable healthcare and when and where they need it. It is my great pleasure to welcome to the podcast to talk about this today, we have Senior Vice President, Cross Enterprise Strategic Innovations at Aetna whose parent company is CVS. Welcome, Jennifer Truscott.

Jennifer: Thank you, Dr. Silver.

Dr. Silver: Jennifer leads Aetna Mental Wellbeing in clinical strategies as well as the products and operational organizations, including Aetna's, wholly owned subsidiaries, active health, health data management solutions. Jennifer, could we start by asking you to summarize your presentation, sharing with us the details on how CVS Health is advancing health equity in local communities through key initiatives?

Jennifer: Sure. Thanks, Dr. Silver. The session titled, Moving and Improving, Achieving Health Equity for Our Communities. Doing the Right Thing to support the health and wellness of our consumers is behind everything we do at CVS Health and our purpose of bringing our heart to every moment of consumers health is the North star that guides us. That's why we stopped selling tobacco in all of our stores in 2014. That's why we introduced CVS Beauty Mark nearly five years ago, becoming the first to challenge the beauty industry on the negative mental and physical health implications on young girls and women. That's why we committed the full strength of our enterprise to address the critical and urgent healthcare needs stemming from the COVID pandemic. That's why we're also passionate about health equity, including the disparity that is faced by

women and the role we can play. There are systemic health and societal barriers that create gaps in women's overall health and wellbeing. For example, did you know that in our country, almost one in five students face period poverty? They're not able to access or afford basic menstrual care products, which can lead to school absences or other serious negative impacts, or heart disease continues to be the leading cause of death for women in the US, one in every five women and disproportionately affects women of color. As we've read recently, so often, the mental health crisis is disproportionately affecting girls and women. At CVS Health, we have the unique opportunity to bring these issues together and drive change in a truly meaningful way. I'm so delighted to take another bold step today as we introduced our, "*Here, Healthier Happens Together*". In a world where women are looking for places to feel safe and supported, CVS Health can be an ally in our holistic health and wellbeing journey.

What have we done? We've reduced CVS Health brand period products, pricing in our front stores by 25% or more, covering the cost on the tax of menstrual products in the front of our store in 12 states, taking a stance on pink tax, working to ensure fair and equitable pricing for men's and women's like product by putting processes in place to evaluate like pricing before products are added to our shelves and offering new menstrual and menopause services to our minute clinics. We also are providing 24/7 access to mental health support through Aetna to reach women when it is most convenient for her.

Dr. Silver: Why is this subject so important to you right now?

Jennifer: Well, let's start with some background. At CVS, we define health equity as everyone having a fair and just opportunity to be as healthy as possible. Of course, health equity aims to ensure everyone can access affordable, culturally competent healthcare. And while the healthcare industry has made strides towards health equity, there is still plenty of progress to be made. The COVID-19 pandemic highlighted persistent and increasing gaps in accessible, affordable, and equitable care. Prioritizing health equity means working to break down barriers and increasing opportunities for everyone to prioritize their total health. This is a critical priority for the healthcare industry one we are all working towards in many different ways.

Dr. Silver: What are some of the key points or take-home messages from your presentation today?

Jennifer: Sure. So, I mean, it's pretty clear that health equity is an American crisis. As the United States becomes increasingly diverse, we can, and we must lead the change to eliminate health disparities across the nation. We can

do this by measuring disparities in identifying areas that require the most improvement, eliminating barriers like deep-rooted discrimination, making care accessible, and educating individuals about inequalities and how we can tackle them.

Dr. Silver: Where do you suggest listeners interested in learning more can find information and resources?

Jennifer: Sure. I mean, the CDC has designated health equity landing page where individuals can get more information. They have also compiled a list of health equity resources on their site. You can also visit cvs.com to learn more about CVS Health Zones Initiative, our healthy 2030 goals and more.

Dr. Silver: What audience questions or comments did you find most interesting in your presentation today?

Jennifer: Look, I love the energy in the group today. I love the fact that they were challenging us to think differently, to really understand how we're going to solve the local community focus. How do we really drill into those local communities, fully vet and understand the challenges in those communities, and then deliver outcomes that are locally focused? CVS is committed to doing that. We have five health zones up and running; that's located in Atlanta, Georgia, in Phoenix, Arizona, in Hartford, Connecticut. We've got them also located in Fresno, California and Columbus, Ohio. And that is a really local focus. Those are broad areas, yes. I think we need to even dissect those even more to get into more local communities where we can really get to the bottom of what is really driving the inequities, the lack of healthcare services, lack of transportation, lack of nutritional food. So, I think we all agreed, and I was pretty excited about the passion, but this does really become a local community-based effort.

Dr. Silver: Jennifer, you mentioned the health zones. Can you give us a little more insight about the different health zones and what it's all about, please?

Dr. Silver: Sure, Dr. Silver. Look, in February of 2021, CVS Health launched our Health Zones Initiative. We've piloted in five cities since its inception, and we obviously have plans to expand that over time. These health zones represent concentrated community investments that complement the scope of our CVS Health footprint and assets, and they really tie community partnerships together with our Aetna and CVS Health assets to support underserved communities by addressing the key social determinants of health. So, these health zones are strategically customized investments within identified cities to lift the floor on base needs such as housing, education, access to food, labor, and workforce transportation, and of course, healthcare. So, let me give you a highlight of

a couple of those health zones that we're working on. So, for example, in Atlanta, which is home to predominantly a black population and a large portion of residents that are over 60 to address inequities in this community, we have partnered with organizations that help to provide better access to healthcare and reduce food insecurity. We're focusing on key community health challenges to improve health outcomes. CVS supports five nonprofits in the Atlanta area, Atlanta Community Food Bank, Open-Hand Atlanta, Thanks, Mom and Dad Fund, the Family Centers of Georgia and Good Samaritan Health Center. And over the next five years, we're really going to focus our success and measure it through increased access to healthcare related services, nutritional programming, transportation, biometric screening, and vaccination programs. And if I hone in a little bit specifically about a success that I think will be great, and I was really actually astounded when I saw the statistics and our partnership with Good Samaritan, we learned that the life expectancy in the Atlantic zip code of 30318 is 13 years less than those five miles up the road. Through this health zone partnership, for the first time, Good Samaritan is able to have a provider on staff that has a schedule that is entirely dedicated to walk-ins from that specific zip code. That one step will significantly increase early detection and treatment of health conditions, and ultimately help to address that life expectancy gap. So, if we also can now just pivot over to the southwest. In Phoenix, there's a high population of homeless young adults and families. So, we're working to provide better access to housing, food, job training, and providing the right care at the right time. CVS has donated over 280,000 to four nonprofits, Valley Wise Health Foundation, Banner Health Foundation, St. Mary's Food Bank, and New Mom, New Day Centers. Our goal in Phoenix is to increase the healthcare services, nutritional programming, transportation, biometric screenings, and vaccination programs. So, a great partnership with Banner Health has led to the creation of the Health Mobile run by Banner Health, which provides free acute and primary care, discounted referrals to specialists and a bridge to behavioral healthcare for school-aged children. The RV makes regular stops where caregivers can make appointments for their children or walk in for well sick or follow up care, mental health screenings or specialist referrals. Previously, many of the families, the health mobile served weren't able to access care at the doctor's offices due to the distance, and then others only frequently the emergency rooms. Bringing care to family this way fundamentally changes their experience with healthcare. By making care easy and familiar, parents and kids learn to make medical

care part of their routine rather than a resource only for times of crisis. And if we pivot up to the northeast, Hartford, Connecticut, it's a home to a large number of black and Hispanic people who are underemployed and who struggle to secure permanent housing. Here we're working with programs and services that increase access to food, affordable housing, education, job training, important health screenings and mental health support. Here in Hartford, CVS has invested \$265,000 in five nonprofits, Charter Oak Health Center, Chrysler Center, Connecticut Food Bank, and Foodshare, Knox and YMCA. And again, we're homing in to focus increases in healthcare services, nutritional programming, transportation, biometric screening, and vaccination programs. We'll also leverage our substantial colleague footprint to increase volunteerism in this neighborhood and coordinate with other stakeholders to ensure increased investments in the community. With the Chrysler Center in Hartford, we not only provide immediate access to fresh and nutritious foods for people who live in the community, but also care management service to treat the whole person, identify the root cause of their poverty and help them out of it through accessing housing and a paycheck. Health Zone's partnership with CVS is critical because the Crisis Center doesn't receive any state or federal funding.

Another neat example is with Knox in the Hartford area, they have 21 gardens that are maintained by and in turn support over 300 families. These families grow, eat, and share food from these gardens and learn skills that they can use to support themselves and their families. I've gone deep on a couple of these three health zones, but there are two more that we have underway. The first is in Fresno, California, where we've invested \$300,000 in three nonprofits, Central California Food Bank, Clinica Sierra Vista, and Fresno Economic Opportunities Commission. And the fifth one is in Columbus, Ohio, where we've donated \$260,000 to five nonprofits; Primary One Health, Mid-Ohio Food Bank, Local Matters, Eckert Connects, and Columbus State Community College. Look, we've seen significant strides and impact in our health zones and we're super excited to continue the partnerships in these areas and then see where else we might be able to double down and invest.

Dr. Silver: What have you particularly liked about the Movement Is Life Caucus so far?

Jennifer: I unfortunately missed the first day, and I'm disappointed based on what I heard this morning because the energy around education, the fact that we challenge each other on tough topics like racism and discrimination, we have to have more dialogue like that. We've got to make sure that

everybody's different viewpoints are expressed but are listened to, are processed, are heard, and then where we disagree, we've got to get into some of those more challenging conversations, right? We're not going to get better if we just continue to act like everything's okay and we just polish the surface. And look, I love the sidebar conversations. The presentations are terrific. It gives a point of view, but I believe the real follow up is around meeting people in the hall, having a follow up discussion. And I actually think the conversations after here will be terrific too, because you've connected with folks here that you probably wouldn't have connected with in the past. So, this has been a great opportunity.

Dr. Silver: What are some of the specific health disparities or health inequities that have you particularly been concerned about that have you concerned right now?

Jennifer: Yeah, great question. And it really takes up a lot of our thought leadership and leadership time at CVS. We're prioritizing on a few key areas in the health disparities area. There is a disproportionate rate of illness and death, limited cultural competency among providers and resources, I think is a significant gap. We've got ongoing deep-rooted discrimination and racism. I talked about that today in my discussion. Again, it as I think Dr. Jackson said it at, in her presentation, it's those isms that we just have to uncover and address. And until we have those honest conversations, we're never going to be able to solve them. And a big issue for us is, is the mental wellbeing. I talked today about segmenting your mental from your physical health is just not the right way to go about improving health outcomes. You've got to blend the two, marry the two. We as individuals don't wake up day one and say, today I'm going to deal with my physical health. And then tomorrow I wake up and say, I'm going to deal with my mental health. We have to look at that holistically. And a lot of that is driven by those social determinants of health. So, we spend a lot of time talking about that. And then look in the rural communities, the lack of access to care is a problem. I talked earlier in the presentation around our mobile units and our partnership with some of the community-based partners. We take our units out into the rural communities where we actually provide individuals who don't necessarily frequent a PCP or a provider, and actually only during crisis do they go to emergency rooms. When we take these mobiles out into the rural area, we're actually educating them on how medical support how medical guidance can actually help you from an overall healthier life. Because I don't think they've then had that opportunity to have it embedded as part of who they are or just, you know, this makes sense to treat their overall health and

wellbeing. And we actually, because of doing that, have seen about 25% improvement of individuals who had conditions that they didn't know they had. And when we've been able to help identify that through these mobile units, we're actually able to link them up with care so that again, they'll get to a healthier outcome.

Dr. Silver: What has been your best health equity read in 2022 that you would like to recommend?

Jennifer: Yeah, so there's a book called, "*Take Us to a Better Place*". It's RWJF's first ever book of fiction, actually, which is interesting, right? It helps us envision ways to build a healthier world. Writers imagine how we might all thrive if we all had the inalienable right to participate in a culture of health that was actively supported economically, societally, politically. And I mean, that was the way Roxanne Gray would define it, but I think Roxanne Gay, but she was spot on. I mean, it was a really great read. It's a little ethereal. It was just nice to read something about a possibility.

Dr. Silver: Can you tell us about a health equity champion that you particularly admire that we might want to invite as a guest next year for a future podcast?

Jennifer: That's a great question. So, well, I would love to come back. I think you should deserve someone that actually does this day in and day out. And Dr. Janae Calhoun, our vice president and Chief Health Equity Officer of CVS is extremely passionate about this. And she's done actually a fantastic job in the year or so she's been here helping us get grounded to ensure we're talking about health equity in the same way. She and her team are challenging all of us in our different functions to build health equity into every single thing we do. Whether it's a policy, whether it's a process, whether it's through training our people, modifying our technology to track and identify the right social determinants of health. I really believe she'll give you some great insights. She also comes from a background. She's not from the healthcare space in particular. She was prior to serving in this position, she served as the Chief Medical Executive for the state of Michigan and Chief Deputy Director for Health in the Michigan Department of Health and Human Services. So, I think she'd bring a very interesting background mirroring the business as well as the governmental perspective. And she's brought a lot of those great insights to us at CVS Health.

Dr. Silver: Well, thank you. And also, we would love to extend the invitation for you to return as well.

Jennifer: I appreciate that.

Dr. Silver: Well, sadly, that is just about all the time we have for today. Thank you so much to Aetna's, Jennifer Truscott for sharing her insights with us on this Health Disparities Podcast today. It has been a real pleasure and we hope you collaborate with Movement is Life, again in the future. And a quick reminder to our listeners, you can access videos of sessions, including Jennifer's excellent talk and slides today by visiting our website at www.movementislifecaucus.com. And if you have enjoyed the podcast today, please do let your friends and colleagues know about the Health Disparities Podcast, which is available on all leading podcast platforms. Until next time, I am Dr. Jonathan Silver saying thank you for listening to the Health Disparities Podcast. Be safe and be well. Thank you.

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