CareFirst
Family of health care plans

CERL Report

Cultural, Ethnic, Race, and Language Report

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Family of health care plans

April 2023

Assessment of the adequacy of primary care, behavioral healthcare, and specialty care practitioners in CareFirst's network to meet the needs and preferences of members.

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Introduction

At CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively "CareFirst"), we are committed to understanding longstanding disparities of our members and taking a leading role in activating change. We are committed to a strong cultural diversity strategy and recognize the specific cultural needs of our members. Given this commitment, CareFirst is focused on meeting these needs in an effective and respectful manner.

CareFirst takes great effort to ensure that the networks available to our members have providers that come from diverse backgrounds and that there are adequate practitioners available for primary care, behavioral health, and specialty care.

It's critical that we address health disparities, inequities, and social determinants of health from a data-driven perspective. To do this, CareFirst must assess the characteristics of our commercial network providers in comparison to our member population. Further, we must share this information with providers to showcase the diverse needs of our service area, which includes Maryland, Washington, D.C., and Northern Virginia.

Background

The cultural, ethnic, racial, or linguistic information presented in this report was collected through a variety of resources that include:

- The U.S. Census Bureau American Community Survey (ACS)
- Association of American Colleges (AAMC) Race and Ethnicity Study
- CAHPS member satisfaction questions regarding age, sex, education, ethnicity, and cultural and language needs
- CareFirst membership data
- Network provider characteristics including age, sex and languages spoken
- Member complaint data
- Pew Research Center Religious Landscape Study
- Use of language assistance/translator services, via the language line

Upon reviewing the above information and data of our member population, CareFirst assesses characteristics of network practitioners that are necessary to meet the needs of members for culture, ethnicity, race, and language. If we identify gaps within the network and the geographical areas where we our members reside, we will adjust the network to ensure member needs are met.

U.S. Census Bureau 2021 American Community Survey (ACS)

The U.S. Census Bureau conducts the American Community Survey (ACS) every year to provide information about the social, economic, and language needs of communities around the country. Data collected from this survey includes demographic information such as age, sex, race, educational attainment, and language spoken at home. The Bureau conducts this survey on a yearly basis, and releases 1-year and 5-year estimates based on monthly data samples collected from small areas, including census tracts and block groups. The Bureau collects data on an ongoing basis, to provide every community with the information they need to make important decisions including funding for programs

and to understand any changes within each state and the community. It shares the data with the public in the form of estimates presented in a variety of tables, tools, and analytical reports.

This report includes the newly released 2021 ACS 1-year estimates, and 2017-2021 ACS 5-year estimates, released December 8, 2022. ACS data is for the United States, as well as the states/regions in which CareFirst serves members. CareFirst uses the data to assess the cultural, racial, ethnic, and linguistic needs of populations in which it has membership.

Population Distribution by Age & Sex

- The distribution of age and sex among the populations CareFirst serves compared to the 2021 ACS data (see Table 1 and Figures 1 and 2) shows men and women comprise approximately 47 and 52% of the population, respectively.
- In terms of age distribution, CareFirst's service area mirrors that of the United States, with members concentrated in the 25-54 age range.
- A considerably larger population between the ages of 25 and 34 (23%) reside in the Washington, D.C. compared to Maryland and Virginia (14%); however, this is the only age group in which such a large difference is seen.
- The distributions of age and sex among children and adult groups (<5 – 25, and 35 years and older) is similar across all three regions. In total numbers, Washington, D.C. shows a larger percent of females to males by 4.7%, compared to that of the other areas we serve: Maryland by 2.58%, Virginia by 1.07%. In the United States, females only exceed males by 1%.

Table 1. Population distribution by age groups for Maryland, Washington, D.C., and Virginia, 2021 ACS census data

	D.C.		MD		VA		USA	
	№	*%*	*№*	*%*	*№*	*%*	*№*	*%*
SEX AND AGE								
Tot. pop.	**683,154**	–	**6.148,545**	–	**8,582,479**	–	329,725,481	
Male	325,490	*47.65%*	2,995,146	*48.71%*	4,245,281	*49.46%*	163,206,615	*49.50%*
Female	357,664	*52.35%*	3,153,399	*51.29%*	4,337,198	*50.53%*	166,518,866	*50.50%*
Under 5	42,956	*6.29%*	363,466	*5.91%*	501,494	*5.84%*	19,423,121	*5.90%*
5 to 9	35,069	*5.13%*	377,194	*6.13%*	518,860	*6.04%*	20,247,138	*6.14%*
10 to 14	31,449	*4.60%*	396,549	*6.44%*	546,960	*6.37%*	21,674,117	*6.57%*
15 to 19	36,641	*5.36%*	394,588	*6.41%*	561,964	*6.54%*	21,654,363	*6.57%*
20 to 24	49,311	*7.21%*	376,043	*6.11%*	570,680	*6.65%*	21,574,425	*6.54%*
25 to 34	155,714	*22.79%*	829,899	*13.50%*	1,175,445	*13.69%*	45,360,942	*13.75%*
35 to 44	108,905	*15.40%*	805,385	*13.1%*	1,136,245	*13.40%*	42,441,883	*12.87%*
45 to 54	73,601	*10.77%*	820,246	*13.34%*	1,119597	*13.04%*	41,631,458	*12.63%*
55 to 59	35,195	*5.15%*	432,973	*7.04%*	583,198	*6.79%*	21,928,936	*6.65%*
60 to 64	33,219	*4.86%*	402,402	*6.54%*	539,436	*6.28%*	20,900,477	*6.33%*
65 to 74	48,972	*7.17%*	569,778	*9.26%*	803,270	*9.35%*	31,590,619	*9.58%*
75 to 84	23,968	*3.50%*	266,730	*4.33%*	381,237	*4.44%*	14,998,214	*4.55%*
≥ 85	10,259	*1.50%*	113,382	*1.84%*	144,093	*1.67%*	6,299,788	*1.91%*

Figure 1. Population distribution by age groups for Maryland, Washington, D.C., and Virginia, 2021 census data

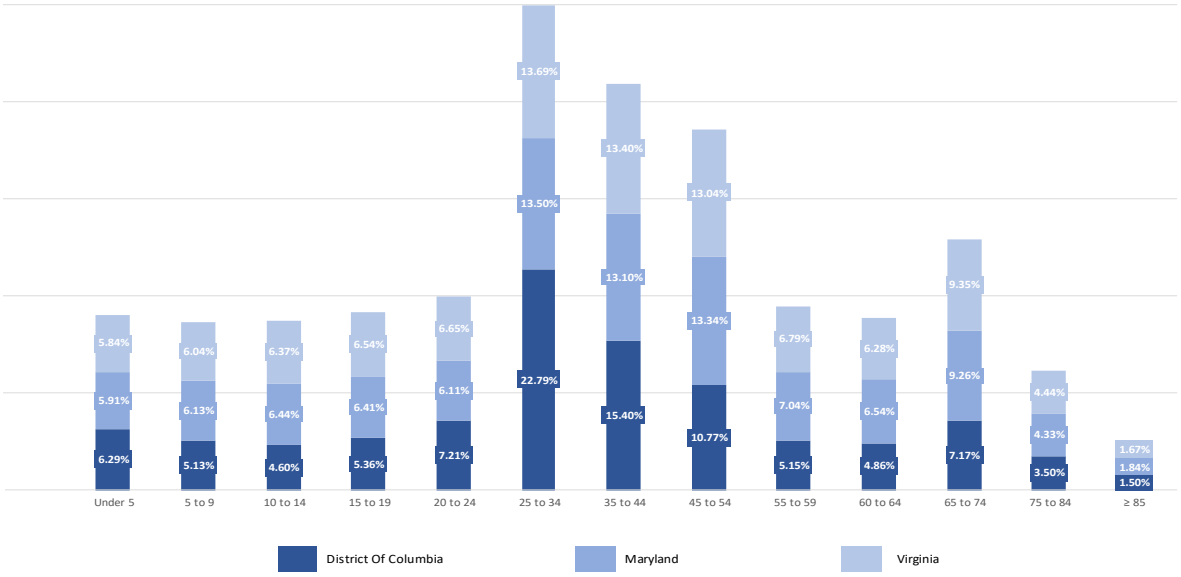
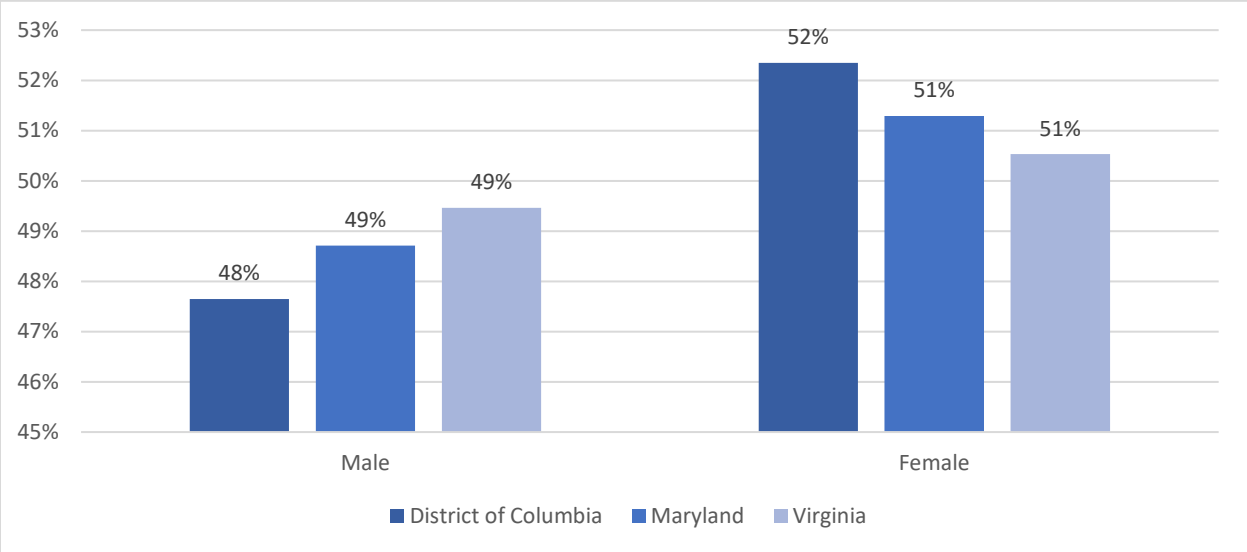


Figure 2. Population distribution by sex for Maryland, Washington, D.C., and Virginia, 2021 ACS data (Updated)



Population Distribution by Race & Ethnicity

- In the U.S., approximately 12% of the population identified as Black or African American, 58% as White, 0.67% as American Indian and Alaska Native, and 6% as Asian, while 19% identified as Hispanic (Table 2 and Figure 3).
- In Washington, D.C., most people identify as either White (40%), Black (41%), or Hispanic (11%), with only a minority identifying as Asian (5%), and American Indian and Alaska Native (.46%).

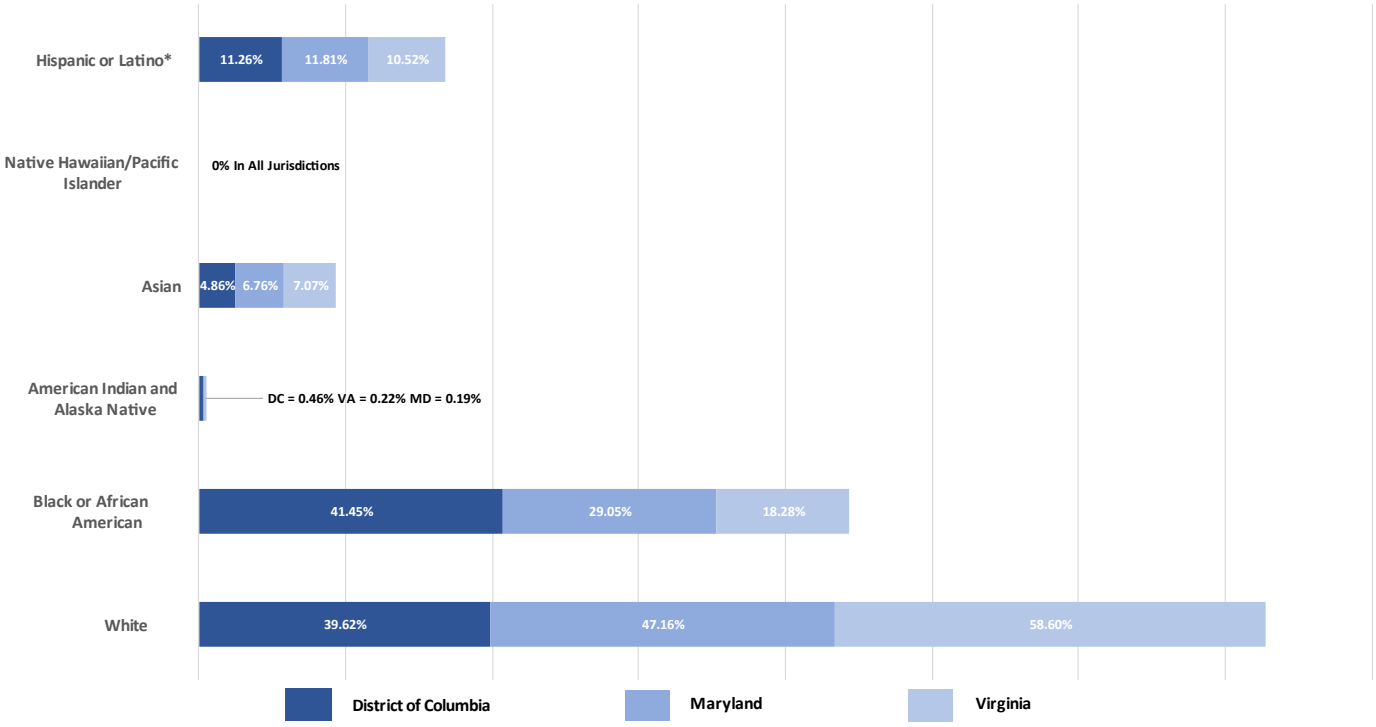
- Native Hawaiian/Pacific Islander is only 0.18% in the U.S., and too small to be sampled and compared across all jurisdictions we serve.
- Maryland and Virginia have a significantly higher percentage of Whites (47% and 58% respectively), and Asians (approximately 7% in both jurisdictions) than Washington, D.C.
- The number identifying as Black is far greater in Washington, D.C. (41%) compared to Maryland (29%) and Virginia (18%).
- The percentage of Hispanic or Latino persons against the total population is fairly consistent in all jurisdictions at approximately 11%, compared to the U.S. population of nearly 19%.
- Blacks outnumber Whites in Washington, D.C.

Table 2. Population distribution by race & ethnicity* for Maryland, Washington, D.C., and Virginia, 2021 census data

	D.C.		MD		VA		USA	
	№	*%*	*№*	*%*	*№*	*%*	*№*	*%*
Tot. pop.	**689,545**	**–**	**6,177,224**	**–**	**8,631,393**	**–**	**331,449,281**	**–**
White	273,194	*39.62%*	2,913,782	*47.16%*	5,058,363	*58.60%*	191,697,647	*57.83%*
Black or African American	285,810	*41.45%*	1,795,027	*29.05%*	1,578,090	*18.28%*	39,940,338	*12.05%*
American Indian and Alaska Native	***3,193***	*0.46%*	***12,055***	*0.19%*	***19,080***	*0.22%*	***2,251,699***	*0.67%*
Asian	***33,192***	*4.86%*	***417,962***	*6.76%*	***610,612***	*7.07%*	***19,618,719***	*5.91%*
Native Hawaiian/ Pacific Islander	***349***	*0.00%*	***2,575***	*0.00%*	***6,195***	*0.00%*	***622,018***	*0.18%*
Hispanic or Latino*	***77,652***	*11.26%*	***729,745***	*11.81%*	***908,749***	*10.52%*	***62,080,044***	*18.73%*

**Hispanic or Latino is an ethnic category*

Figure 3. Population distribution by race & ethnicity* for Maryland, Washington, D.C., and Virginia, 2021 census data



**Hispanic or Latino is an ethnic category*

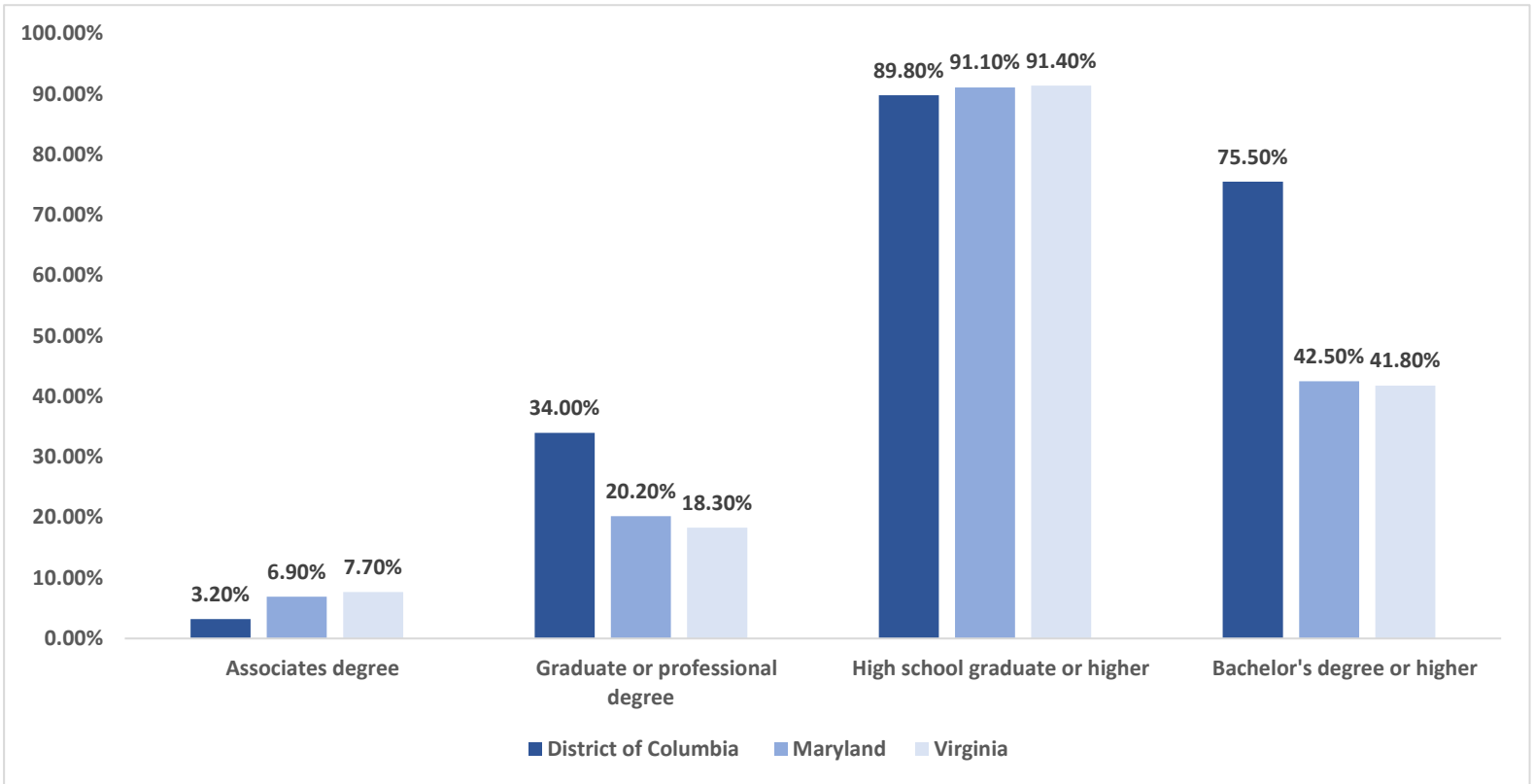
Population Distribution by Education Attainment

- In the U.S., approximately one third of the population (26%) graduated from high school, approximately 9% have an associate degree, 21% have a bachelor's degree and 14% have a graduate or professional degree (Table 3 and Figure 4).
- Washington, D.C. has significantly more people with a graduate or professional degree at 34%, and more than double the national average of 13.8%.
  - However, in all lower categories, Washington, D.C. has fewer people completing education: <9th, 9th-12th, high school, some college, and associate degree.
  - It is not until we reach completion of college and above that we see Washington, D.C. outperform the national average. This speaks to the extremely polarized population of those with relatively little education compared to those with Graduate Degrees.
- Those who have an associate degree in Maryland (7%) and Virginia (8%) are very similar to the U.S. population (9%) and significantly higher than Washington, D.C. (3%).
  - Maryland and Virginia show similar educational attainment rates, with a significantly higher percent of high school graduates than Washington, D.C.; however, these states have a significantly lower percentage of graduate or professional degrees (20% and 18% respectively) compared to Washington, D.C. (34%).

Table 3. Distribution of educational attainment for Maryland, Washington, D.C., and Virginia, 2021 census data

	D.C.		*MD*		*VA*		*USA*	
	№	*%*	*№*	*%*	*№*	*%*	*№*	*%*
Population ≥25	**478,774**	–	**4,273,260**	–	**5,942,672**	–	**228,193,464**	–
<9th grade	16,201	*3.40%*	160,195	*3.70%*	209,401	*3.50%*	10,860,370	*4.80%*
9th-12th grade	18,340	*3.80%*	220,623	*5.20%*	302,571	*5.10%*	13,412,111	*5.90%*
High school	70,925	*14.80%*	1,019,047	*23.80%*	1,420,599	*23.90%*	59,996,344	*26.30%*
Some college	56,221	*11.70%*	760,351	*17.80%*	1,069,241	*18.00%*	44,048,941	*19.30%*
Associate degree	15,235	*3.20%*	294,842	*6.90%*	456,400	*7.70%*	19,972,235	*8.80%*
Bachelor's degree	120,771	*25.20%*	956,533	*22.40%*	1,394,875	*23.50%*	48,482,060	*21.20%*
Graduate or professional degree	181,081	*34.00%*	861,669	*20.20%*	1,089,585	*18.30%*	31,421,403	*13.80%*
High school graduate or higher	444,233	*89.80%*	3,892,442	*91.10%*	5,430,700	*91.40%*	203,920,983	*89.40%*
Bachelor's degree or higher	301,852	*75.50%*	1,818,202	*42.50%*	2,484,460	*41.80%*	79,903,463	*35.00%*

Figure 4. Distribution of educational attainment for Maryland, Washington, D.C., and Virginia, 2021 census data by percent of respondents



Population Distribution by Disability

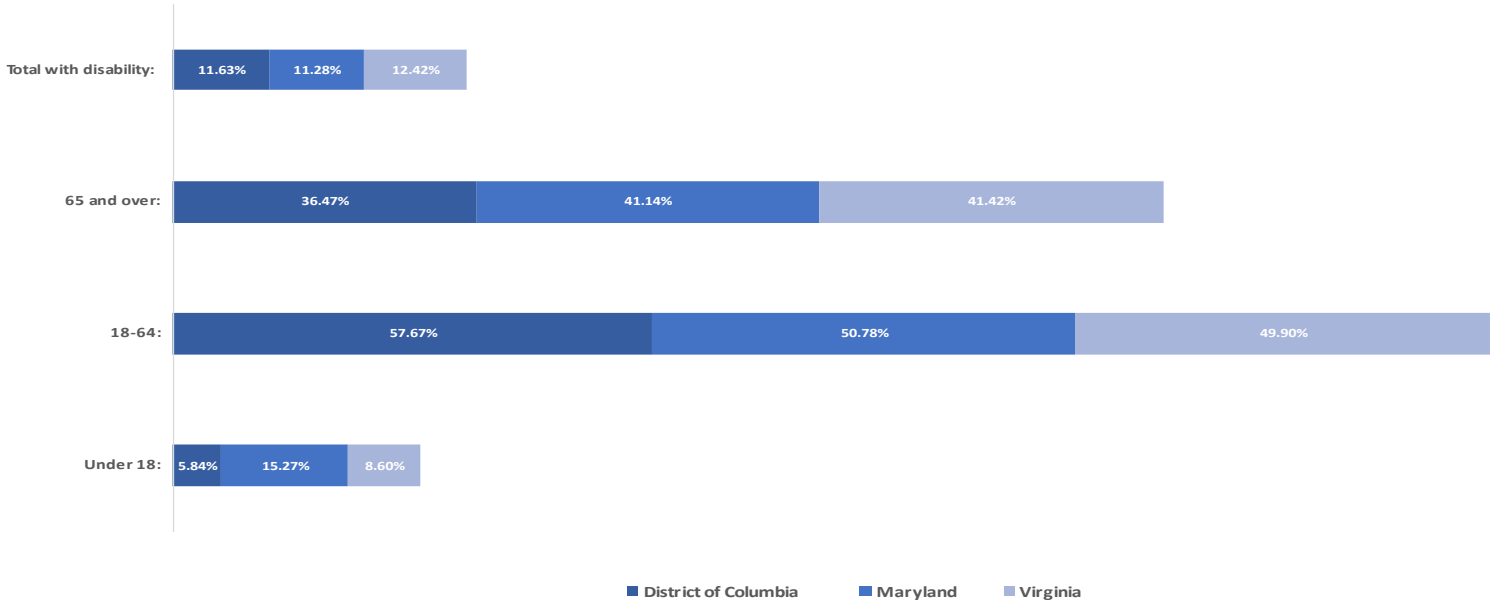
- The percent of civilian, non-institutionalized population with disabilities by race, ethnicity, and sex is similar in all jurisdictions served by CareFirst and the United States population.
- Females with disabilities outnumber males in all jurisdictions we serve, as well as the United States.
  - This is likely true because women in general have greater longevity than men, and several health, disease, behavioral health, and sociodemographic factors contribute to this incidence of a greater disability rate in women than men. Higher rates of obesity and sedentary lifestyles can be a contributor.
- The true variance occurs in the Washington D.C., where Black or African Americans far outnumber all other races for disabilities, and females experience disabilities at a higher rate than other jurisdictions.
  - The total number of Black or African Americans with disabilities in Washington, D.C. (67.17%) is more than double that of Maryland (32.5%) and more than triple that of Virginia (20.68%). This is an astounding difference, and one that should be studied by CareFirst for potential interventions. (Table 4).

Table 4. Disability distribution by race, ethnicity* and sex for Maryland, Washington, D.C., and Virginia, 2021 census data

	D.C.		**MD**		**VA**		**USA**	
	№	***%***	***№***	***%***	***№***	***%***	***№***	***%***
Total population with disability	**76,754**	**–**	**683,967**	**–**	**1,045,046**	**–**	**42,485,045**	**–**
Male	33,944	*44.22%*	312,968	*45.76%*	500,723	*47.91%*	20,538,293	*48.34%*
Female	42,810	*55.78%*	371,004	*54.24%*	544,323	*52.09%*	21,946,741	*51.66%*
White	15,241	*19.85%*	361,439	*52.84%*	677,284	*64.81%*	27,977,988	*65.83%*
Black or African American	51,558	*67.17%*	222,302	*32.50%*	216,157	*20.68%*	5,625,930	*13.24%*
American Indian and Alaska Native	---	---	*2,527*	*0.36%*	*3,543*	*0.33%*	*468,498*	*1.1%*
Asian	*1,408*	*1.83%*	*27,210*	*3.97%*	*39,237*	*3.75%*	*1,480,323*	*3.48%*
Native Hawaiian/ Pacific Islander	---	---	---	*0.00%*	1,799	*0.17%*	*77,318*	*0.18%*
Hispanic or Latino*	*5,477*	*7.13%*	*46,890*	*6.85%*	*68,243*	*6.5%*	*6,139.680*	*14.45%*

- The total percent of civilian, non-institutionalized population with disabilities across age groups is similar at approximately 12% across all jurisdictions.
- Percentages are quite similar for all age groups as well, except for >18, which is higher in Maryland (15.27%) than Virginia (8.6%) or Washington, D.C. (5.84%).
- The overall percent with disabilities is consistent between Washington, D.C. and Maryland (11%) and slightly higher in Virginia (12%) when compared to the U.S. average (13%) (Figure 5).

Figure 5. Disability status by age for Maryland, Washington, D.C., and Virginia, 2021 census data



Population Distribution of Languages Spoken at Home

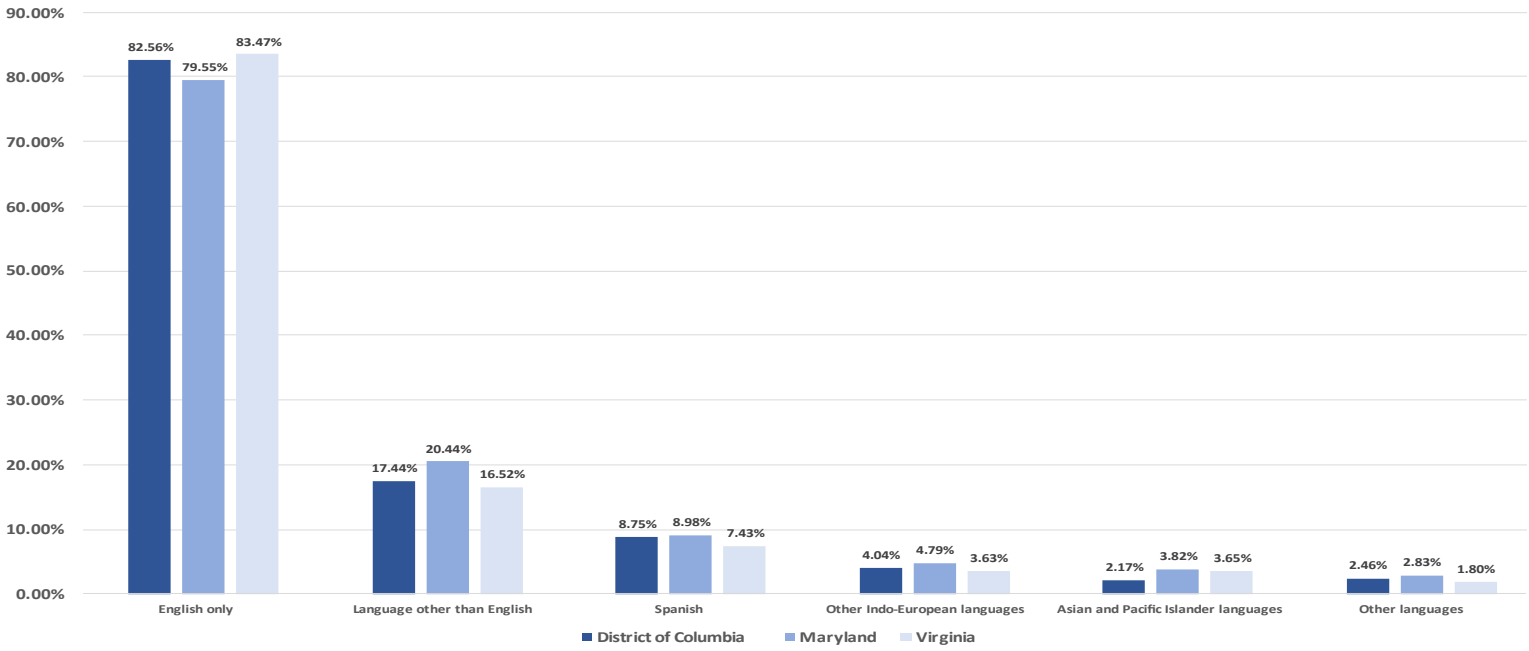
- Much of the U.S. population speaks English at home at 78%, which is similar to Washington, D.C. at 83%, Maryland at 80%, and Virginia at 83% (Table 5 and Figure 6).
- Relatively fewer people speak a language other than English in the three regions: 17% in Washington D.C., 20% in Maryland; and 17% in Virginia, compared with the U.S. average of 22%.
- For languages spoken at home other than English, Washington, D.C., Maryland and Virginia have similar percentages for Spanish (9%, 9%, and 7%) respectively.
- Other Indo-European languages and Asian and Pacific Islander languages is relatively small, and close to that of the United States.

Table 5. Languages spoken at home in Maryland, Washington, D.C., and Virginia, 2021 ACS data

	D.C.		**MD**		**VA**		**USA**	
	№	***%***	***№***	***%***	***№***	***%***	***№***	***%***
Population 5 years and over	**629,241**	–	**5,814,479**	–	**8,161,282**	–	**313,232,500**	–
English only	519,483	*82.56%*	4,625,697	*79.55%*	6,812,736	*83.47%*	245,478,064	*78.37%*
Language other than English	**109,758**	***17.44%***	**1,188,782**	***20.44%***	**1,348,546**	***16.52%***	**67,754,436**	***21.63%***
Spanish	55,097	*8.75%*	522,688	*8.98%*	606,744	*7.43%*	41,254,941	*13.17%*
Other Indo-European languages	25,447	*4.04%*	278,741	*4.79%*	296,914	*3.63%*	11,802,904	*3.76%*
Asian and Pacific Islander languages	13,690	*2.17%*	222,280	*3.82%*	297,960	*3.65%*	10,915,574	*3.48%*

Other languages	15,524	*2.46%*	166,073	*2.83%*	146,928	*1.80%*	3,781,017	*1.20%*

Figure 6. Languages spoken at home other than English in Maryland, Washington D.C., and Virginia, 2021 census data



CareFirst Member Demographics Compared to the U.S. Census Data

- On average, CareFirst's members have the same distribution of males to females in its population as found in the 2021 US Census ACS Survey.
- For Washington, D.C., Maryland, and Virginia, males accounted for between 47-49% and for females it was slightly higher for all areas, between 50-52%.
  - CareFirst's member population mirrors the US Census data with 47% male and 53% female.
- The age distribution of CareFirst members is considerably younger than the 2021 US Census ACS Survey.
- Of CareFirst's overall population, 89% are under 65 years of age.
  - This compares to 57% for the US Census.
  - Of the jurisdictions we serve, the under 65 population is quite consistent; although, Washington, D.C., has a slightly higher percentage at 87.56%, compared to 84.52% for Maryland and 84.64% for Virginia.
- White was the largest racial group represented in the 2021 Census ACS Survey at 54.7%.

- Although there was too little data available to make inferences about the CareFirst member population for race, for the data that is listed, there are more Whites at 57% than all other races among the CareFirst member population.
- This percentage of Whites in the CareFirst Member population is substantially higher than that of the populations in the Washington, D.C. (40%) and Maryland (47%).
- Only Virginia closely aligns at 59%, compared to the CareFirst rate of 57%.

2022 CareFirst CAHPS Member Satisfaction

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of patient surveys rating healthcare experiences in the United States. The survey is conducted annually and focuses on member satisfaction based upon healthcare quality aspects that patients find important and are well equipped to assess.

Results of CareFirst's CAHPS include age, sex, education, ethnicity, and race, as well as information about cultural and/or language needs. All these data points are used to enhance the assessment of CareFirst member needs, and how well CareFirst meets them. Figure 7 summarizes the data for 2020-2022 for the HMO networks, and Figure 8 does the same for the PPO networks.

HMO/POS

- For members in our HMO/POS population, those 55+ continued to be the largest segment of CAHPS respondents at 52.4%, an increase of 3.7% from 2021.
- Female respondents (65.1%) are nearly double male (34.9%) and is a continued trend from 2021 and 2020.
- Most respondents continued to be Not Hispanic – 92.3% in 2022, a slight decrease from 93.2% in 2021.
- Most respondents were White (64.6%), followed by Black (23.6%), Asian 8.7% and Other (5%). Considering that our member population is predominantly White, this is not a surprising finding.
- The number of Asians represented the largest increase across groups – an increase of 5.1% from 2021.
- The number of White respondents decreased nearly 2% and was considered a statistically significant drop.
- Those with a College Education (63.9%) responded at three times the rate of those with Some College (21.3%) and High School or Less (14.8%). Decreases in the number who responded with Some Education or High School or less was also considered statistically significant.
- Those who rated themselves in Excellent or Good Health status far outnumbered respondents rating themselves at a Poor Health status.

PPO/EPO

- For members in our PPO/EPO populations, members 55+ also continued to be the largest segment of survey respondents at 56.9%, while respondents 18-34 continued to be the lowest at 8.4%.
- Female respondents (61.9%) far outnumbered male respondents (38.1%), a consistent trend since 2020. Most respondents were Not Hispanic/Latino, at 93.9% down slightly from 95.5% in 2021.

White respondents continued to be the majority of the population responding at 64.4%, down from 64.8% in 2021. This decrease was also enough to be considered statistically significant.

- The number of Black or African American respondents increased to 26.7% from 26.1% in 2021. This increase was also enough to be considered statistically significant.
- Asian respondents increased by .1% from 8.3% in 2021 to 8.4% in 2022.
- Most of the remaining respondents fell into the category of Other (3.1%).
- Those with a College Education (68.5%) responded at more than double the rate of those with Some College (17.3%) and High School or Less (14.2%) combined.
- In this member population, those who rated themselves in Excellent or Good Health status also far outnumbered respondents rating themselves at a Poor Health status.

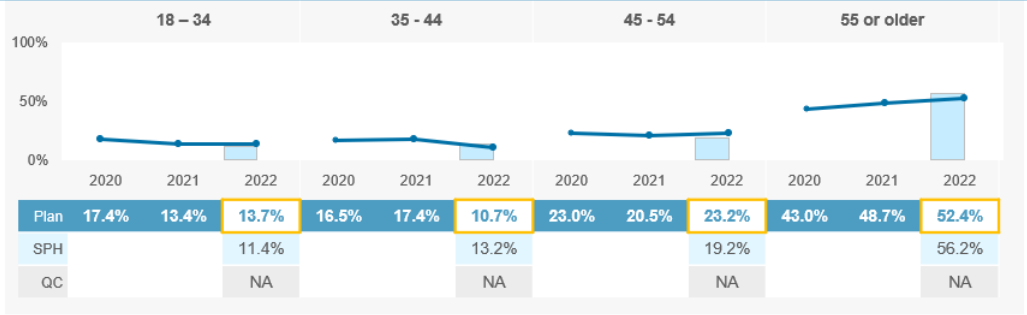
Figure 7. Reported CAHPS Results for Sociodemographic Variables for HMO/POS

CareFirst BCBS (HMO_POS)

PROFILE OF SURVEY RESPONDENTS

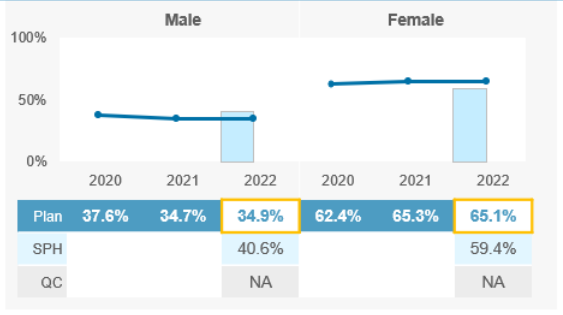
COMMERCIAL ADULT: NON-PPO

Age



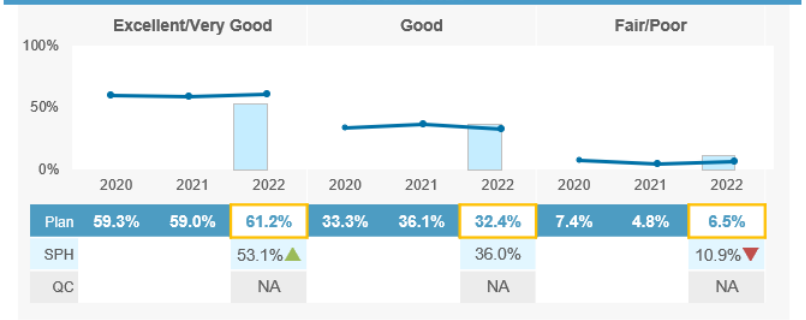
	18 – 34			35 - 44			45 - 54			55 or older		
Plan	17.4%	13.4%	13.7%	16.5%	17.4%	10.7%	23.0%	20.5%	23.2%	43.0%	48.7%	52.4%
SPH			11.4%			13.2%			19.2%			56.2%
QC			NA			NA			NA			NA

Gender



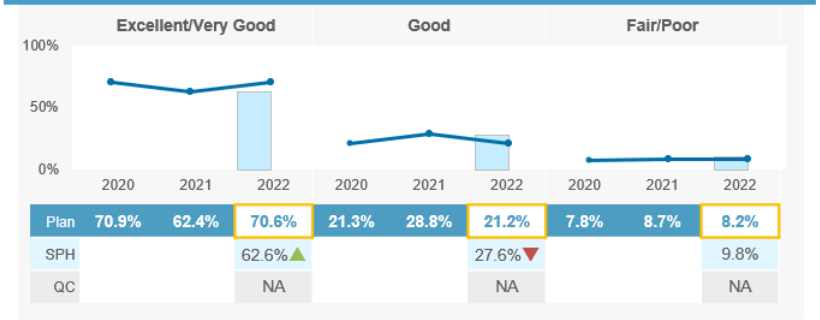
	Male			Female		
Plan	37.6%	34.7%	34.9%	62.4%	65.3%	65.1%
SPH			40.6%			59.4%
QC			NA			NA

Health Status



	Excellent/Very Good			Good			Fair/Poor		
Plan	59.3%	59.0%	61.2%	33.3%	36.1%	32.4%	7.4%	4.8%	6.5%
SPH			53.1%▲			36.0%			10.9%▼
QC			NA			NA			NA

Mental Health Status

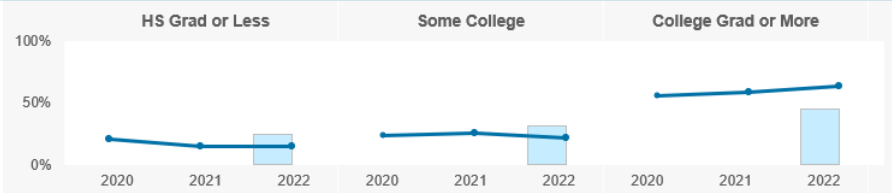


	Excellent/Very Good			Good			Fair/Poor		
Plan	70.9%	62.4%	70.6%	21.3%	28.8%	21.2%	7.8%	8.7%	8.2%
SPH			62.6%▲			27.6%▼			9.8%
QC			NA			NA			NA

PROFILE OF SURVEY RESPONDENTS

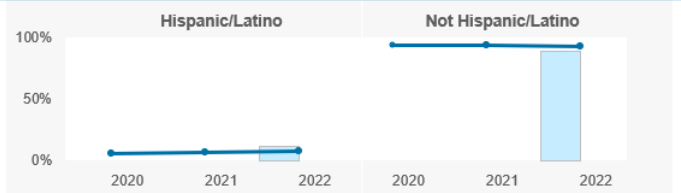
COMMERCIAL ADULT: NON-PPO

Education



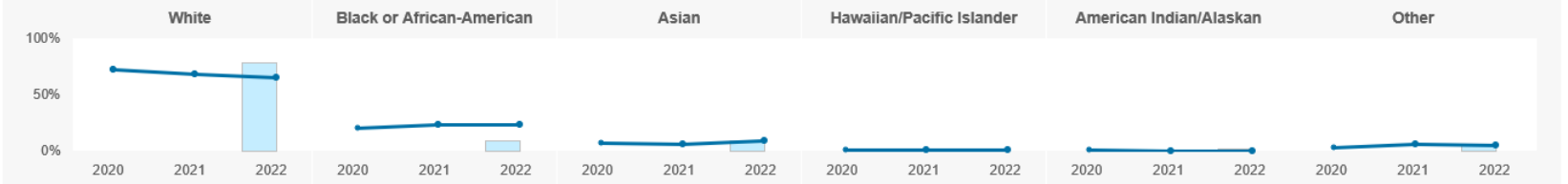
	HS Grad or Less			Some College			College Grad or More		
	2020	2021	2022	2020	2021	2022	2020	2021	2022
Plan	20.4%	15.3%	14.8%	23.9%	25.7%	21.3%	55.8%	59.0%	63.9%
SPH			24.1% ▼			31.0% ▼			44.9% ▲
QC			NA			NA			NA

Ethnicity



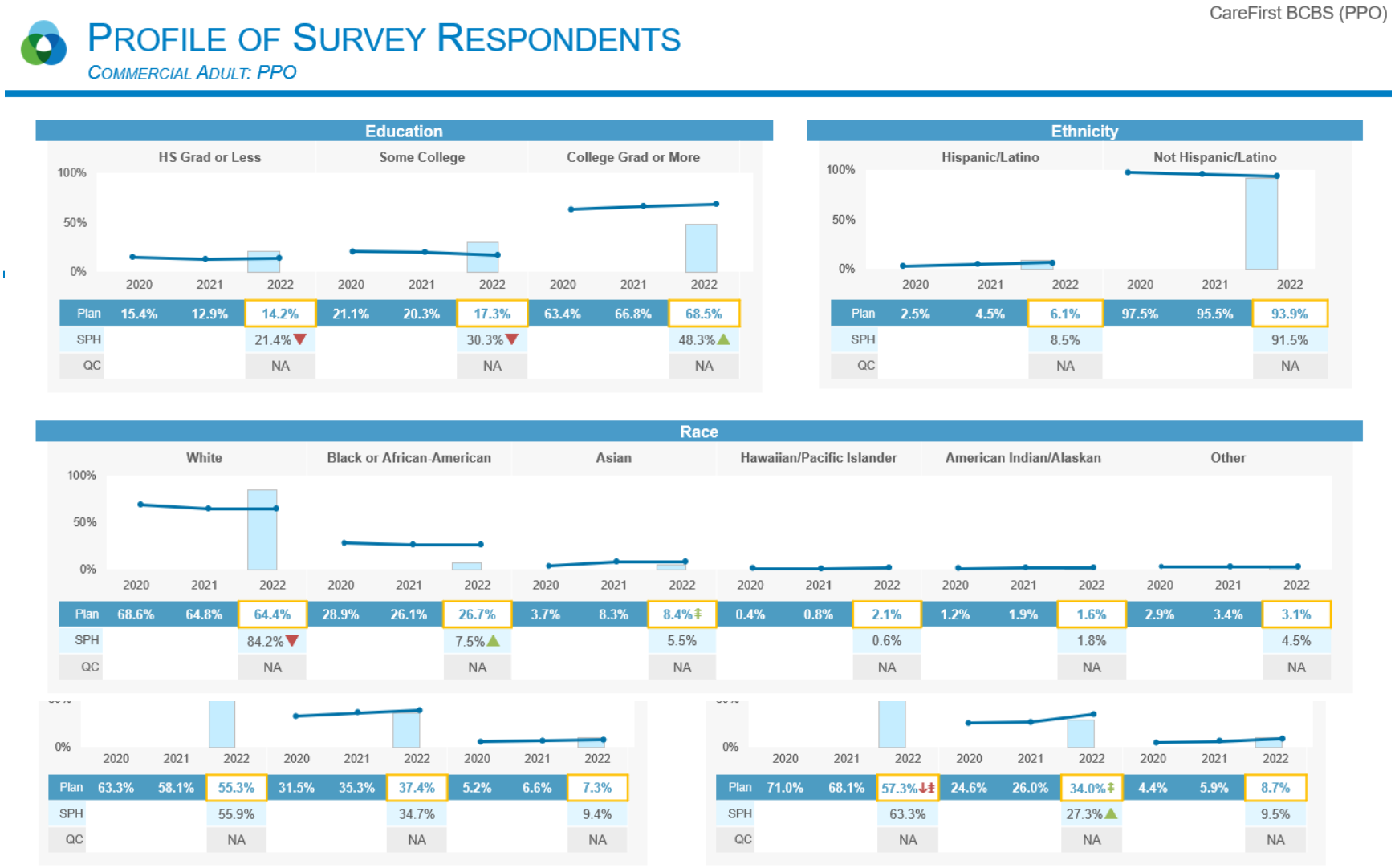
	Hispanic/Latino			Not Hispanic/Latino		
	2020	2021	2022	2020	2021	2022
Plan	6.2%	6.8%	7.7%	93.8%	93.2%	92.3%
SPH			11.7%			88.3%
QC			NA			NA

Race



	White			Black or African-American			Asian			Hawaiian/Pacific Islander			American Indian/Alaskan			Other		
	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
Plan	72.6%	68.4%	64.6%	19.6%	23.3%	23.6%	6.4%	5.6%	8.7%	0.5%	0.9%	0.6%	0.9%	0.0%	0.0%	2.7%	6.0%	5.0%
SPH			78.0% ▼			9.0% ▲			8.8%			1.6%			1.9% ▼			6.2%
QC			NA			NA			NA			NA			NA			NA

Figure 8: Reported CAHPS Results for Sociodemographic Variables for PPO/EPO



Member Cultural and/or Language Needs

Respondents also provided information related to their cultural and language needs. Table 6 below addresses how often their personal doctor met their special cultural or spoken language needs.

- In 2022, the vast majority of respondents across plans indicated their doctors usually or always met their special cultural and/or spoken language needs.
- For the HMO/POS population the combined categories equaled 86.7%, and for PPO an impressive 93.4%. That said, 9.3% of HMO/POS respondents never found a personal doctor who met their special cultural and/or spoken language needs.
- For the PPO population, that number was much lower at 2.8%.
- CareFirst offered several structured programs to providers in 2022, with curriculum designed to increase cultural awareness and sensitivity, issues related to sexual identification of members, and social determinants of health.

Table 6. Cultural and/or language needs ~ 2022 CAHPS data

Q49. How often did your personal doctor meet your special cultural and/or spoken language needs?

	HMO/POS (n=150)	**PPO (n=181)**
	2022	2022
Never	**9.3%**	**2.8%**
Sometimes	**4.0%**	**3.9%**
Usually,	**14.7%**	**10.5%**
Always	**72.0%**	**82.9%**
Total	**100%**	**100%**

Table 7 below specifically reflects the previous 12 months, asking how often the member's health professional met their cultural, racial, ethnic or language needs.

- In 2022, 79.6% of HMO/POS members said they usually or always were able to find a doctor or other health professional who met their cultural, racial, ethnic, or language needs or preferences, with about 11% sometimes finding an appropriate provider and nearly 9% never finding an appropriate provider.
- For the PPO population, 85.4% of members said they usually or always were able to find a doctor or other health professional who met their cultural, racial, ethnic, or language needs or preferences, with about 7% sometimes finding an appropriate provider and nearly 8% never finding an appropriate provider.

Overall, the PPO population showed greater satisfaction to both culturally oriented questions.

Table 7. Cultural and/or language needs recognition ~ 2022 CAHPS data

Q50. In the last 12 months, how often were you able to find a doctor or other health professional who met your cultural, racial, ethnic, or language needs or preferences?

	HMO/POS (n=147)	**PPO (n=181)**
	2022	2022
Never	**8.8%**	**7.9%**
Sometimes	**11.6%**	**6.7%**

Usually,	**12.9%**	**16.9%**
Always	**66.7%**	**68.5%**
Total	**100%**	**100%**

Cultural Assessment

Cultural Preferences and Beliefs/Religion

According to the Pew Research Center, Maryland, Virginia, and Washington, D.C. residents have the following religious affiliations which may influence cultural beliefs and practices as represented in Table 8. The religious beliefs of CareFirst members are likely reflective of the beliefs of the residents of the state in which they reside. There is no reason to believe that the religions in Maryland, Virginia, and Washington, D.C., would vary substantially between practitioners and members.

Table 8. Data from the Pew Research Center Religious Affiliations[1][2][3]

	MD	VA	D.C.
Christian	69%	73%	65%
Evangelical Protestant	18%	30%	14%
Mainline Protestant	18%	16%	15%
Historically Black Protestant	16%	12%	12%
Catholic	15%	12%	19%
Mormon	1%	2%	1%
Orthodox Christian	1%	1%	2%
Jehovah's Witness	<1%	<1%	<1%
Other Christian	1%	<1%	1%
Non-Christian Faiths	8%	6%	10%
Jewish	3%	1%	4%
Muslim	1%	1%	2%
Buddhist	1%	1%	2%
Hindu	1%	<1%	1%
Other World Religions	<1%	<1%	<1%
Other Faiths	2%	1%	2%
Unaffiliated	23%	20%	24%
Atheist	3%	2%	4%
Agnostic	3%	4%	4%
Nothing in particular	17%	15%	16%
Don't know	<1%	<1%	1%

CareFirst Member Complaint Data

CareFirst assesses member complaints to evaluate practitioners' ability to meet member ethnic, racial, cultural and linguistic needs. CareFirst carefully evaluates all member complaints and maintains a complaints and appeals collection and resolution process. In 2022, CareFirst did not receive any member complaints related to culture, ethnicity, race or language.

[1] https://www.pewresearch.org/religion/religious-landscape-study/state/maryland/
[2] https://www.pewresearch.org/religion/religious-landscape-study/state/virginia/
[3] https://www.pewresearch.org/religion/religious-landscape-study/metro-area/washington-dc-metro-area/

CareFirst Language Line Interpreter Services Data 2022 vs. 2021

CareFirst received a total of 23,905 calls on its telephone line for interpreter assistance services (language line) in 2022.

- Approximately 90% of the requests for interpretation were for Spanish translations. Next was Mandarin (3.2%), Korean (2.4%), Vietnamese (0.57%) and Haitian Creole (0.55%) (Table 9).

Table 9. Top five (5) languages requested in 2022, language line data

Language	Number of Calls	% of Total Calls
Spanish	21,442	89.69 %
Mandarin	772	3.23%
Korean	566	2.36%
Vietnamese	136	0.57%
Haitian Creole	131	0.55%

While the total number of calls for language line interpretation dropped slightly from 2021 to 2022, the distribution of callers by language, and associated percentages, was almost identical.

In 2021, CareFirst received a total of 26,075 calls on its telephone line for interpreter assistance services (language line).

- Approximately 88% of the requests for interpretation were for Spanish translations. Next was Mandarin (3.2%), Korean (2.77%), Vietnamese (0.92%) and Haitian Creole (0.74%) (Table 10).

Table 10. Top five (5) languages requested in 2021, language line data

Language	Number of Calls	% of Total Calls
Spanish	22,909	87.86 %
Mandarin	846	3.24%
Korean	711	2.72%
Vietnamese	242	0.93%
Haitian Creole	198	0.76%

Based in the findings from 2021 and 2022, CareFirst has adequate representation of practitioners who speak Spanish, Mandarin, Korean, and Vietnamese. We will continue to assess availability of practitioners who identify Haitian Creole as a spoken language and attempt to adjust the network where possible.

CareFirst Network Provider Characteristics

Distribution of Degrees

As of January 1, 2023, there were a total of 97,240 practitioners participating in the CareFirst network[4]. The top ten degrees are listed below, and include medical doctors (45%), registered physical therapists (13%), nurse practitioners (13%), licensed clinical social workers (9%), licensed professional counselors (7%), certified registered nurse anesthetists (3%), optometrists (4%), occupational therapists (2%), osteopaths (2%), and PHDs (2%) (Table 11).

Table 11. Top ten professional degrees, 2023 CareFirst network data (N=97.240)

Degree	No	%
MD – Medical Doctor	*43324*	*44.55%*
RPT – Registered Physical Therapist	*12648*	*13.01%*
CRNP – Certified Registered Nurse Practitioner	*13162*	*13.54%*
LCSW – Licensed Clinical Social Worker	*8262*	*8.50%*
LPC – Licensed Professional Counselor	*6336*	*6.52%*
OD – Doctor of Optometry	*3545*	*3.65%*
CRNA – Certified Registered Nurse Anesthetist	*3252*	*3.34%*
OT – Occupational Therapist	*2307*	*2.37%*
DO – Doctor of Osteopathy	*2320*	*2.39%*
PhD – Doctor of Psychology	*2084*	*2.14%*

Population Distribution

Practitioners in the network are distributed among six states, including Maryland, the Washington, D.C., Virginia, Delaware, Pennsylvania, and West Virginia. Most practices are in Maryland (68%), followed by Virginia (20.3%), D.C. (9.6%), Delaware (1%), Pennsylvania (0.9%) and West Virginia (0.2%) (Table 12).

Additional Demographic Information

- Overall, practitioners between the ages of 25 through 64 represent approximately 87% of the network, with only 13% older than 64 years of age.
- Virginia has the highest percentage of practitioners ages 25 through 64 (90%) and the Pennsylvania has the lowest, with 84%.
- Approximately 62% of practitioners are females and 38% males, with West Virginia having the highest percentage of male practitioners (52%) followed by Delaware (46%) and Pennsylvania (45%).
- Virginia has the highest percentage of female practitioners (63%) followed by Maryland (62%).
- On average, 45% of practitioners have an MD degree, with the lowest percent in Pennsylvania (26%) and the highest percent in Washington, D.C. (55%).

[4] If a practitioner is affiliated with more than one practice, the practitioner is counted in the data for each practice affiliation.

- West Virginia has a noticeably larger percentage of practitioners with a Certified Registered Nurse Practitioner degree (20%) compared to the rest of the states.
- Pennsylvania (33%) and Delaware (24%) also have a higher percentage of optometrists compared to the rest of the states.
- Pennsylvania also has a higher percentage of doctors of osteopathy (7%) compared to the rest of the states (Table 12).

Table 12. Practitioner demographics, 2023 network data

*Includes only the top ten degrees

		Total		D.C.		DE		MD		PA		VA		WV	
		№	%	№	%	№	%	№	%	№	%	№	%	№	%
Age	<20	**0**	**0.00%**	0	0.00%		0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	20-24	**2**	**0.00%**	0	0.00%	0	0.00%	2	0.00%	0	0.00%	0	0.00%	0	0.00%
	25-34	**11975**	**12.31%**	1071	11.38%	131	12.17%	7840	11.88%	138	16.47%	2782	14.10%	13	7.47%
	35-44	**29923**	**30.77%**	3184	33.82%	305	28.35%	20166	30.55%	224	26.73%	6000	30.42%	44	25.29%
	45-54	**25108**	**25.82%**	2258	23.98%	268	24.91%	16971	25.71%	216	25.78%	5343	27.09%	52	29.89%
	55-64	**17537**	**18.03%**	1519	16.13%	236	21.93%	12072	18.29%	130	15.51%	3535	17.92%	45	25.86%
	65-74	**9834**	**10.11%**	976	10.37%	109	10.13%	6983	10.58%	116	13.84%	1633	8.28%	17	9.77%
	75-84	**2493**	**2.56%**	356	3.78%	27	2.51%	1690	2.56%	13	1.55%	404	2.05%	3	1.72%
	>84	**368**	**0.38%**	51	0.54%	0	0.00%	289	0.44%	1	0.12%	27	0.14%	0	0.00%
Sex	Male	**37024**	**38.07%**	3619	38.44%	491	45.63%	25144	38.09%	376	44.87%	7303	37.03%	91	52.30%
	Female	**60216**	**61.93%**	5796	61.56%	585	54.37%	40869	61.91%	462	55.13%	12421	62.97%	83	47.70%
Degree * (N=85,161)	MD	**43376**	**44.61%**	5133	54.52%	332	30.86%	28960	43.87%	218	26.01%	8611	43.66%	70	40.23%
	RPT	**12648**	**13.01%**	1035	10.99%	155	14.41%	8596	13.02%	78	9.31%	2771	14.05%	13	7.47%
	CRNP	**13162**	**13.54%**	1050	11.15%	185	17.19%	9835	14.90%	64	7.64%	1993	10.10%	35	20.11%
	LCSW	**8262**	**8.50%**	781	8.30%	28	2.60%	5937	8.99%	37	4.42%	1469	7.45%	10	5.75%
	LPC	**6337**	**6.52%**	398	4.23%	32	2.97%	4257	6.45%	39	4.65%	1601	8.12%	9	5.17%
	CRNA	**3252**	**3.34%**	163	1.73%	10	0.93%	2057	3.12%	43	5.13%	976	4.95%	3	1.72%
	OD	**3545**	**3.65%**	144	1.53%	263	24.44%	1881	2.85%	274	32.70%	960	4.87%	23	13.22%
	OT	**2307**	**2.37%**	231	2.45%	16	1.49%	1637	2.48%	23	2.74%	397	2.01%	3	1.72%
	DO	**2328**	**2.39%**	184	1.95%	51	4.74%	1455	2.20%	58	6.92%	567	2.87%	5	2.87%
	PhD	**2084**	**2.14%**	296	3.14%	4	0.37%	1398	2.12%	4	0.27%	379	1.92%	3	1.72%

Table 13 shows practitioner demographics, including age, sex, and degree, by language.

- The distribution of languages is similar across age groups, with approximately 86% of languages other than English concentrated among practitioners ages 25 through 64; although there are some important differences.
  - Fewer practitioners ages 25 through 34 speak Spanish compared to older groups.
  - Ages 45 through 54 represents the age group with the highest percentage of Russian speaking (35%) and Vietnamese speaking (46%) practitioners.
  - 46% of Farsi speaking practitioners are also ages 45 through 54, and 41% of Chinese speaking practitioners are ages 45 through 54, compared to a range from 0% to 35% in other languages.
  - Practitioners within the ages of 25 through 74 also speak other languages seen in Table 13 including Korean, German, Hindi, French, Gujarati, Arabic, Mandarin, and Haitian Creole.
- The distribution by sex, on average, indicates that more female practitioners (58%) speak Spanish compared to male (42%). Similarly, more female practitioners speak French (55%) than males (45%).
- Notably, for speaking Arabic, 67% of practitioners are males compared to only 32% of females.
- More male practitioners also spoke Farsi (56%) and Mandarin (52%).
- More females, however, spoke Chinese (57%), Korean (54%), Russian (55%), and Vietnamese (54%) than their male counterparts.
- Interestingly, providers speaking Hindi were almost evenly split between both male (49.9%) and female (50.1%).
- A similar pattern was also noticed among male (51%) and female (49%) providers speaking German, as well as male (51%) and female (49%) providers speaking Gujarati.
- The sole Haitian Creole speaking provider is female.

Table 13. Practitioner demographics (Age, Sex and Degree) by language, January 2023 CareFirst network data

		Spanish		Hindi		Arabic		Korean		Chinese	
		№	%	№	%	№	%	№	%	№	%
Age	<20	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	20-24	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	25-34	540	7.50%	97	5.45%	55	6.07%	38	5.93%	23	3.84%
	35-44	1981	27.51%	515	28.92%	224	24.72%	187	29.17%	98	16.36%
	45-54	1921	26.68%	598	33.58%	247	27.26%	222	34.63%	190	31.72%
	55-64	1660	23.05%	345	19.37%	233	25.72%	118	18.41%	195	32.55%
	65-74	859	11.93%	166	9.32%	114	12.58%	52	8.11%	72	12.07%
	75-84	214	2.97%	55	3.09%	29	3.20%	23	3.59%	19	3.17%
	85 and older	26	0.36%	5	0.28%	4	0.44%	1	0.17%	2	0.33%
Sex	Male	3056	42.44%	851	47.78%	618	68.21%	295	46.02%	270	45.08 %
	Female	4145	57.56%	930	52.22%	288	31.79%	346	53.98%	329	54.92%
Degree	MD	3878	53.85%	1422	79.84%	775	85.54%	397	61.93%	425	70.95.%
	RPT	601	8.35%	118	6.63%	16	1.77%	68	10.61%	19	3.17%
	CRNP	758	10.53%	61	3.43%	18	1.99%	63	9.83%	36	6.01%
	LCSW	545	7.57%	15	0.84%	13	1.43%	13	2.03%	6	1.00%
	LPC	416	5.78%	26	1.46%	13	1.43%	16	2.50%	17	2.84%
	CRNA	229	3.18%	22	1.24%	0	0.00%	18	2.81%	18	3.01%
	OT	117	1.62%	10	0.56%	8	0.88%	1	0.16%	0	0.00%
	DO	151	2.69%	24	1.35%	10	1.10%	9	1.56%	7	1.17%
	OD	194	4.69%	66	3.71%	50	5.52%	19	2.96%	65	10.85%
	PhD	125	1.74%	17	0.95%	3	0.33%	6	0.94%	6	1.00%

Table 13. Practitioner demographics by language (cont.), 2023 network data

		Russian		German		Farsi		Gujarati		Vietnamese	
		№	%	№	%	№	%	№	%	№	%
Age	<20	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	20-24	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	25-34	10	2.27%	11	2.59%	8	2.13%	67	19.42%	21	6.62%
	35-44	109	24.72%	54	12.71%	54	14.40%	128	37.10%	78	24.61%
	45-54	139	31.52%	115	27.06%	124	33.07%	109	31.59%	127	40.06%
	55-64	114	25.85%	134	31.53%	98	26.13%	16	4.64%	68	21.45%
	65-74	52	11.79%	76	17.88%	46	12.27%	18	5.22%	16	5.05%
	75-84	17	3.85%	29	6.82%	36	9.60%	7	2.03%	7	2.21%
	85 and older	0	0.00%	6	1.41%	9	2.40%	0	0.00%	0	0.00%
Sex	Male	195	44.22%	193	45.41%	234	62.40%	153	44.35%	125	39.43%
	Female	246	55.78%	232	54.59%	141	37.60%	192	55.65%	192	60.57%
Degree	MD	321	72.79%	147	61.00%	313	83.47%	203	58.84%	189	59.62%
	RPT	18	4.08%	7	2.90%	6	1.60%	50	14.49%	6	1.89%
	CRNP	47	10.66%	22	9.13%	9	2.40%	28	8.12%	21	6.62%
	LCSW	10	2.27%	19	7.88%	6	1.60%	1	0.29%	1	0.32%
	LPC	20	4.54%	23	9.54%	10	2.67%	0	0.00%	0	0.00%
	CRNA	2	0.45%	4	1.66%	3	0.80%	2	0.58%	0	0.00%
	OT	2	0.45%	2	0.83%	4	2.67%	4	1.16%	0	0.00%
	DO	4	0.91%	7	2.90%	12	3.20%	22	6.38%	27	8.52%
	OD	11	2.49%	4	1.66%	10	2.67%	35	10.14%	70	22.08%
	PhD	6	1.36%	6	2.49%	2	0.53%	0	0.00%	3	0.95%

Table 13. Practitioner demographics by language (cont.), 2023 network data

		Mandarin		Haitian Creole	
		№	%	№	%
Age	<20	0	0.00%	0	0.00%
	20-24	0	0.00%	0	0.00%
	25-34	27	10.84%	2	33.33%
	35-44	94	37.75%	4	66.67%
	45-54	80	32.13%	0	0.00%
	55-64	43	17.27%	0	0.00%
	65-74	2	0.80%	0	0.00%
	75-84	3	1.20%	0	0.00%
	85 and older	0	0.00%	0	0.00%
Sex	Male	86	34.54%	1	16.67%
	Female	163	65.46%	5	83.33%
Degree	MD	165	72.00%	1	16.67%
	RPT	12	10.40%	0	0.00%
	CRNP	10	5.60%	2	33.33%
	LCSW	7	0.80%	2	33.33%
	LPC	5	1.60%	0	0.00%
	CRNA	11	3.20%	1	16.67%
	OT	2	0.00%	0	0.00%
	DO	9	3.20%	0	0.00%
	OD	24	0.80%	0	0.00%
	PhD	4	2.40%	0	0.00%

Table 14 includes key variables across the U.S. Census for Washington, D.C., Maryland, and Virginia; CareFirst members; and the CareFirst network provider populations. The key variables include age, sex, education, race, ethnicity (limited to Hispanic or Latino) and academic degree. Age, sex, education, race, and ethnicity are included in both the U.S. Census data and CareFirst member data. Education and race are not reported for CareFirst provider data, although included is the academic/professional degree as a proxy for education.

- CareFirst practitioner representation is somewhat older than plan membership and the populations represented in the regions where networks are based, specifically for ages 25-64.
  - Most CareFirst providers (87%) are between the ages of 25-64 with CareFirst members a good deal younger at 61%.
  - For the populations we serve in the 25-64 age group, this compares to 77.98% for Maryland, 78.36% for Virginia, and 82.7% for Washington, D.C, which of our jurisdictions most closely reflects the ages of our providers..
- Looking at age groups for 65 and above:
  - The number of providers, members and the overall US population decreases. But interestingly, they are quite similar across these groups, with providers (13%), CareFirst members (11%), and the U.S. census (12%). This can be expected as practitioners move toward retirement, but it is useful to know the provider age distribution mirrors that of our members and the populations we serve.
- Females represent a slight majority of the U.S. population (52%) and the CareFirst member population (53%) but they represent a significantly larger majority in the practitioner population, with 62% female and 38% male.
- Approximately 89% of practitioners in CareFirst networks have a graduate degree, both at the master's and doctoral levels.
  - The educational level of CareFirst members was not captured, so this information is unavailable. It can be ascertained through reviewing the data, that network practitioners have the appropriate and adequate education, licensure, and are credentialed to provide services to CareFirst members.
- As seen in Table 14, there was too little data available to make inferences about the CareFirst member population for race; however, for the data that is listed, there are more whites (6%) and even fewer percentages of all other races.

CareFirst cannot assess the racial and/or ethnic composition of the member and provider populations. CareFirst is prohibited from collecting racial or ethnic data from providers. We are prohibited from collecting additional information from our practitioners via our credentialing application used to credential and recredential practitioners due to our use of a universal credentialing application (CAQH), and the laws of the State of Maryland Code, Ins. § 15-112.1(b); COMAR 31.10.26.02 - .03 which states:

> B. A carrier may not, for purposes of credentialing or recredentialing, require a health care provider to:
> (1) Modify the uniform credentialing form;
> (2) Submit additional credentialing forms;
> (3) Use any other credentialing form not designated by the Commissioner; or
> (4) Submit any additional information not specified by the uniform credentialing form, except as stated in §F of this regulation.

Table 14. Demographic characteristics comparison of Census versus CareFirst Members and Providers

		Census[1]		Members[2]		Providers	
		№	%	№	%	№	%
Age†	20-24	981528	*6.63%*	561518	*27.55%*	2	*0.00%*
	25-34	2159605	*16.90%*	316324	*15.51%*	11975	*12.31%*
	35-44	2023981	*13.87%*	321364	*15.76%*	29923	*30.77%*
	45-54	1966341	*12.20%*	302556	*14.84%*	25108	*25.82%*
	55-64	2006073	*12.17%*	311397	*15.27%*	17537	*18.03%*
	65-74	1424761	*8.83%*	139222	*6.82%*	9834	*10.11%*
	75 or older	980999	*3.03%*	86085	*4.22%*	2861	*2.94%*
Sex	Male	7464167	*48.33%*	967834	*47.47%*	37024	*38.07%*
	Female	7822781	*51.67%*	10700625	*52.53%*	60216	*61.93%*
Education	≤ 9th grade	407004	*3.70%*	-	-	–	–
	9th to 12th grade, no diploma	621028	*5.57%*	-	-	–	–
	High school or GED	2498127	*21.33%*	-	-	–	–
	Some college or 2-year degree	2698872	*11.35%*	-	-	–	–
	4-year college graduate	2354406	*23.30%*	-	-	–	–
	> 4-year college degree	1982323	*23.43%*	-	-	–	–
Race*[2]	White	8245339	*53.20%*	92315	*5.62%*	–	–
	Black or African American	3658927	*23.61%*	55281	*3.37%*	–	–
	Asian	1061766	*6.85%*	11658	*0.71%*	–	–
	Native Hawaiian or Pacific Islander	9119	*0.00%*	50	*0.00%*	–	–
	American Indian or Alaska Native	34328	*0.30%*	247	*0.02%*	–	–
Ethnicity	Hispanic or Latino	1716146	*11.07%*	9433	*0.57%*		
Degree±	MD	–	–	–	–	43376	*44.61%*
	RPT	–	–	–	–	12648	*13.01%*
	CRNP	–	–	–	–	13162	*13.54%*
	LCSW	–	–	–	–	8262	*8.50%*
	LPC	–	–	–	–	6337	*6.52%*
	OD	–	–	–	–	3545	*3.65%*
	CRNA	–	–	–	–	3252	*3.34%*

OT	–	–	–	–	2307	*2.37%*
DO	–	–	–	–	2328	*2.39%*
PhD	–	–	–	–	2084	*2.14%*

† Excludes people younger than 20 years; aggregates 75 years-and-older groups. Percentages based on total population.

‡ 9-12th grade from Census data are included in this category, whether they graduated or not. Provider education is shown under "Degree".

± Information only available for providers

***** CareFirst does not collect provider race or ethnicity

[1] Population percentages do not add to 100%; younger age groups are not included on the table

[2] 2020 HEDIS Data

Tables 15 and 16 provide a comparison of physician race and ethnic data for Maryland, Washington, D.C. and Virginia compared to the general population.

Table 15. Represents physician data from AAMC

Section III: Geographic Distribution of the Physician Workforce by Race and Ethnicity: AAMC Interactive Report (aamcdiversityfactsandfigures.org)

State	Asian (Race)	Black (Race)	Hispanic or Latino (Ethnicity)	White (Race)	American Indian or Alaska Native (Ethnicity)	Total
MD	10.5%	9.4%	1.9%	41.9%	.2%	63.9%
D.C.	10.4%	14.5%	2%	38.5%	.1%	65.5%
VA	9.6%	6.1%	2%	52.5%	.2%	70.4%

Table 16. Represents population data from 2021 Census Data

State	Asian (Race)	Black (Race)	Hispanic or Latino (Ethnicity)	White (Race)	American Indian or Alaska Native (Ethnicity)	Other	Total
MD	7%	29%	12%	47%	0%	5%	100%
D.C.	5%	41%	11%	40%	0%	3%	100%
VA	7%	18%	11%	59%	0%	5%	100%

The analysis of population by race and ethnicity compares the overall racial and ethnic makeup of physicians to the general population in Maryland, Washington, D.C. and Virginia.

- Across these states, there are significantly fewer black physicians compared to the general population, and there are fewer white physicians than the general population. This disparity of physicians to the population is significantly worse in the black community than white.
- The comparison of Asian physicians to the general population reveals a somewhat greater number of Asian physicians than the general population across these states.
- The Hispanic population is significantly underrepresented for physicians, with the general population 10% Hispanic and the physician population 2%.
- The American Indian or Alaska Native population for both is negligible.

Conclusions and Next Steps

CareFirst recognizes these disparities but is also constrained in resolving this issue by available practitioners to meet the racial and ethnic needs. The credentialing application is completely unbiased, and there is no conscious effort to recruit and retain more heavily any race or ethnicity. That said, the

organization partners with many hospitals, physician practices, and community organizations and can use its considerable influence to encourage recruitment that more closely aligns with the demographics of our population.

In addition, CareFirst has created a number of on-demand educational programs for providers directed toward equity and understanding, which can be found on our Learning and Engagement Center. These programs speak directly to empathy, inclusion, and care and combatting racism in the communities we serve.

The on-demand courses that are offered that address LGBTQIA and Cultural Competency. Clinicians are given the tools to encourage a more engaged relationship with their patients to improve patient retention, satisfaction, quality, and health outcomes. In these modules, both cultural competence and cultural humility are explained. Specific health examples are provided related to individuals identifying with a particular sexual orientation and how the clinician should approach each situation. An additional on-demand module is offered that tells our region's story. Some of the areas covered include race, ethnicity, social epidemiology, and social determinants of health.

Summary

Review of nationally available data sources (member demographic data and U.S. census data) compared to CareFirst's member and provider demographic data, member experience data, compliant data, and practitioner access and availability data, suggests that CareFirst appropriately and adequately meets the assessed cultural, ethnic, racial, and linguistic needs of its members.

As noted, opportunities for improvement include adjusting the network to reflect the majority racial composition we serve. That is limited by the available practitioners representing these groups. CareFirst has taken a progressive stance toward educating its practitioners in racial awareness, sexual identity, etc.

Moving forward, we will explore ways to address areas of need, such as those with high concentrations of members with disabilities. Notable changes by CareFirst include increasing the number of behavioral health practitioners to meet network demands, offering "on demand" behavioral health services through our web portal and the ability for members to schedule appointments directly online with a behavioral health provider. CareFirst continues to increase its network to serve Maryland Medicaid and Medicare Advantage members. These new networks help CareFirst leverage themselves and gives the ability to meet the needs of a larger population of members in the current region.

CareFirst's Action Plan

CareFirst will continue to evaluate and monitor member responses to our provider cultural competence annually and employ the continuous quality improvement process to identify and address any opportunities for improvement.

To meet linguistic needs of CareFirst's member population, CareFirst makes its written member material available in English and Spanish. All letters notifying members of appeal rights offer language assistance in four languages – Spanish, Chinese, Tagalog, and Navajo ("For assistance in [language], please call [toll free number]"). No requests for letter translation were received by member services CCOE. CareFirst's website includes the opportunity to use plug-ins for translation of the website pages in multiple languages to assist members with come self-service features.

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For this report:

Figure 18. Percentage of all active physicians by race/ethnicity, 2018 | AAMC
Figure 19. Percentage of physicians by sex, 2018 | AAMC
America's medical residents, by the numbers | AAMC