

Expert perspective: Grace Yang

Vice President, Optum Serve Consulting (OSC)



Grace Yang is a Vice President and health economist at Optum® Serve Consulting (OSC). She has 17 years of experience in health economics and outcomes research, including investigating health disparities and geographic variations of care and care quality. Most recently, Ms. Yang directed research on the association between social determinants of health (SDOH) and the prevalence, health service use, and costs of several ambulatory care sensitive conditions and opioid misuse, as well as total cost of care. She also led the development of a COVID-19 risk identification and stratification tool – Optum Area Vulnerability Index – and provided expert input in the development of the Optum Priority Identification Vaccine Operating Tool (PIVOT), an analytical tool to facilitate effective and equitable distribution of COVID-19 vaccines. Ms. Yang has experience integrating or comparing data from different sources, and incorporating individual, provider and area socioeconomic characteristics in health services research. Ms. Yang has published widely and is a recognized expert reviewer for several high-impact journals, including *Health Affairs*, *Diabetes Care* and *Medical Care*.

Q&A

Over the course of your career, how have you seen the role of health equity and social determinants of health in health economics research evolve?

There has been a definitive shift in the way society thinks about health equity and SDOH. For a long time, both were seen through a one-dimensional lens where health inequity or lack of access to adequate health resources was associated predominantly with a single factor like rurality, race, ethnicity, gender or socioeconomic status. While these are all determinants of health, we increasingly realize that they are not isolated individual factors and there are a multitude of interactions among these factors and with health outcomes. Hence, there has been a greater emphasis on taking a 360-degree view that acknowledges these factors as individual pieces to a much larger puzzle.

In health economics research, there is also a growing realization that drivers of health inequity and unequal access to adequate health resources include subtle, macro-level factors that are otherwise responsible for the underlying texture of a society. These factors include things that are often taken for granted: access to housing, availability of nutritious foods, the neighborhood in which someone lives, and

the underlying cultural environment that influences healthy behaviors. When health researchers take a more holistic view of health equity and SDOH, we are better able to address health inequities and unequal access to adequate health resources before any challenges occur. This allows us to enhance the impact of our research in ways that improve the lives of the people and communities we serve.

How do health equity and social determinants of health perspectives influence the work being completed?

At OSC we embrace health equity and SDOH perspectives in all aspects of our research and with an emphasis on the way we think about data and the ways we operationalize it. Traditionally, much of the work that we do relies on secondary source data from national surveys, health insurance claims and electronic health records. When it comes to national survey data, this may present a problem when we think about who participates in surveys and why. We know that individuals in socially disadvantaged communities are less likely to be engaged to respond to surveys, and even when they are reached out to, they may be less likely to answer these surveys because of time and resource constraints or work demands. We acknowledge that it is our responsibility to be aware of these potential data limitations and to improve data collection methodologies and reporting systems to better reflect the individual experiences of the communities we serve.

The COVID-19 pandemic is often cited as having exacerbated and made more visible pre-existing health inequities. How does your work directly address the disparities that have become so salient during the pandemic?

Over the early phases of the pandemic, my team at OSC led several initiatives focused on addressing health equity and SDOH including the Optum Area Vulnerability Index. The former included measures of population density, social disadvantage, disease burden and health resource adequacy to provide the tools needed to easily identify hot spots or areas most likely to need additional assistance addressing pandemic-related challenges. A rigorous analytical process was used to identify clusters of variables that were significantly associated with COVID-19 infection and spread and inform policy makers and others involved in the pandemic response.

Later we created another COVID-19 specific tool, the Optum Priority Identification Vaccine Operating Tool (PIVOT), an analytical tool to facilitate effective and equitable distribution of COVID-19 vaccines. Using this model, we've been able to support both our clients and our parent company, UnitedHealth Group, to identify areas to deliver equitable, effective and efficient vaccine distribution across the U.S.

About Optum Serve

Optum Serve is the federal health services business of Optum and UnitedHealth Group (NYSE: UNH). We are proud to partner with the Departments of Defense, Health and Human Services, Veterans Affairs and other organizations to help modernize the U.S. health system and improve the health and well-being of those we collectively serve.

Connect with our experts

optumserve.com/contact

Optum Serve®

optum.com

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2022 Optum, Inc. All rights reserved. WF8339761.10/22