



EXPERT PERSPECTIVE:

Kimberly Smathers

Vice President

Kimberly Smathers has over 17 years of experience — as a business and community leader, consultant, and researcher — in working toward person-centered and equitable approaches to enhancing health and well-being. Previously vice president at a federally qualified health center, she brings nuanced insight into care delivery and business models for serving vulnerable and complex populations. Smathers has deep experience working with diverse stakeholders to create and launch new initiatives, drawing on expertise in analytics and data visualization, business development and strategy, communications, stakeholder engagement and human-centered design.

Smathers is an expert on promising practices for health plans working to integrate and coordinate care for the dually eligible population, and she has led technical assistance and evaluation efforts for several CMS Innovation Center payment and service delivery models. During the COVID-19 public health emergency, she has focused extensively on data-driven and impactful community engagement to build equitable testing and vaccination programs and address social determinants of health.

She received her MBA from the Northwestern University Kellogg School of Management.

Q&A

Q: How can organizations optimally approach efforts to address disparities in health and well-being?

KS: We must intentionally design systems that allow insights and support action at both a systemic and personal level. Data analysis and visualization are critical tools for identifying patterns and quantifying disparities; they enable a bird's eye view that can spotlight inequities and aid in planning and resource prioritization. However, it is critical that individuals involved in efforts to address disparities realize that the data are only half of the story. It can be easy to forget that data points are representations of nuanced human stories and intricate community and social systems. Efforts to reduce disparities require humility, a recognition that people are the experts on their own lives, and an ability to ask the right questions and really listen to those answers. Diving into data in partnership with local communities, for example in OptumServe's programs to address disparities in access to COVID-19 testing early in the pandemic, has supported impactful community partnerships for meaningful change.

Q: How has COVID-19 amplified broader efforts to focus on the health and well-being of populations more likely to experience disparities?

KS: COVID-19 has shown a light on health disparities in a novel way, heightening awareness and increasing willingness of organizations to make public commitments to address systemic challenges. I'm grateful that I've had the chance at OptumServe to design and deploy programs to increase confidence and uptake of COVID-19 vaccinations by at-risk and vulnerable communities disproportionately impacted by COVID-19.

The national conversation on what it means to be healthy has expanded to encompass structural racism, the impacts of loneliness and social isolation, and the long-term impacts of the public health emergency on the well-being of vulnerable children and families. I hope that over a longer arc we continue to see a more nuanced perspective of what population health requires — a community-level frame of reference that is grounded in the perspectives of the individuals at risk for health disparities and a holistic definition of community and individual well-being. As we move forward, population health must encompass a person-centered approach and an ongoing commitment to just and equitable opportunities for all. With courage and self-reflection, we can build on the momentum that this difficult year has brought and continue working in concert to build resilient systems and meet challenges ahead.

Q: How did you come to focus on health equity and social determinants of health?

KS: I grew up in a rural town in the South, in a family of modest means, where I was the first to graduate high school. Many of the adults in my life worked factory or industrial plant jobs until the physical requirements of such work led to injuries and eventually disability, and several close family members had histories of childhood trauma. I witnessed firsthand how economic opportunity, educational attainment, and adverse childhood experiences impacted health and well-being in our community. Research increasingly bears out how adverse childhood experiences contribute to high blood pressure, elevated cortisol levels, and increased body mass index — all risk factors for myriad chronic conditions and co-morbidities. Environmental factors were visible as well — as drinking water was impacted by hazardous materials dumped nearby, and some homes still relied on wood or kerosene for heat or even lacked full plumbing systems. These health, social, and environmental challenges took their toll as people aged — within a setting where high quality and coordinated care was difficult to access — increasing risk of diminished well-being and early death.

My perspective broadened dramatically beyond rural health during my time spent leading business development and strategy efforts at a federally qualified health center in Chicago. We served a large number of individuals experiencing homelessness, individuals who had recently arrived in the United States as immigrants or refugees, and those struggling with serious mental health and substance use challenges. The reality of segregation and systemic racism and their impact on health and well-being was evident in the starkly different health outcomes across neighborhood lines, illustrating histories of deprivation and social inequality.

My work at OptumServe has allowed me to lead efforts to design, support, and evaluate approaches to address social determinants of health and health disparities in a variety of settings — in low-income senior housing properties, managed care settings, hospitals and community-based organizations. Beyond COVID-19 initiatives, my work here has included a focus on CMS Innovation Center models, person-centered service delivery models for the dually eligible population, and integrated health and social services for children at risk of out-of-home placement. I am committed to bringing empathy, critical thinking, and a willingness to innovate to each new opportunity.

About OptumServe

OptumServe™ 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.

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