Onlife® HEALTH

5 WAYS WELLNESS ENGAGEMENT CAN IMPACT

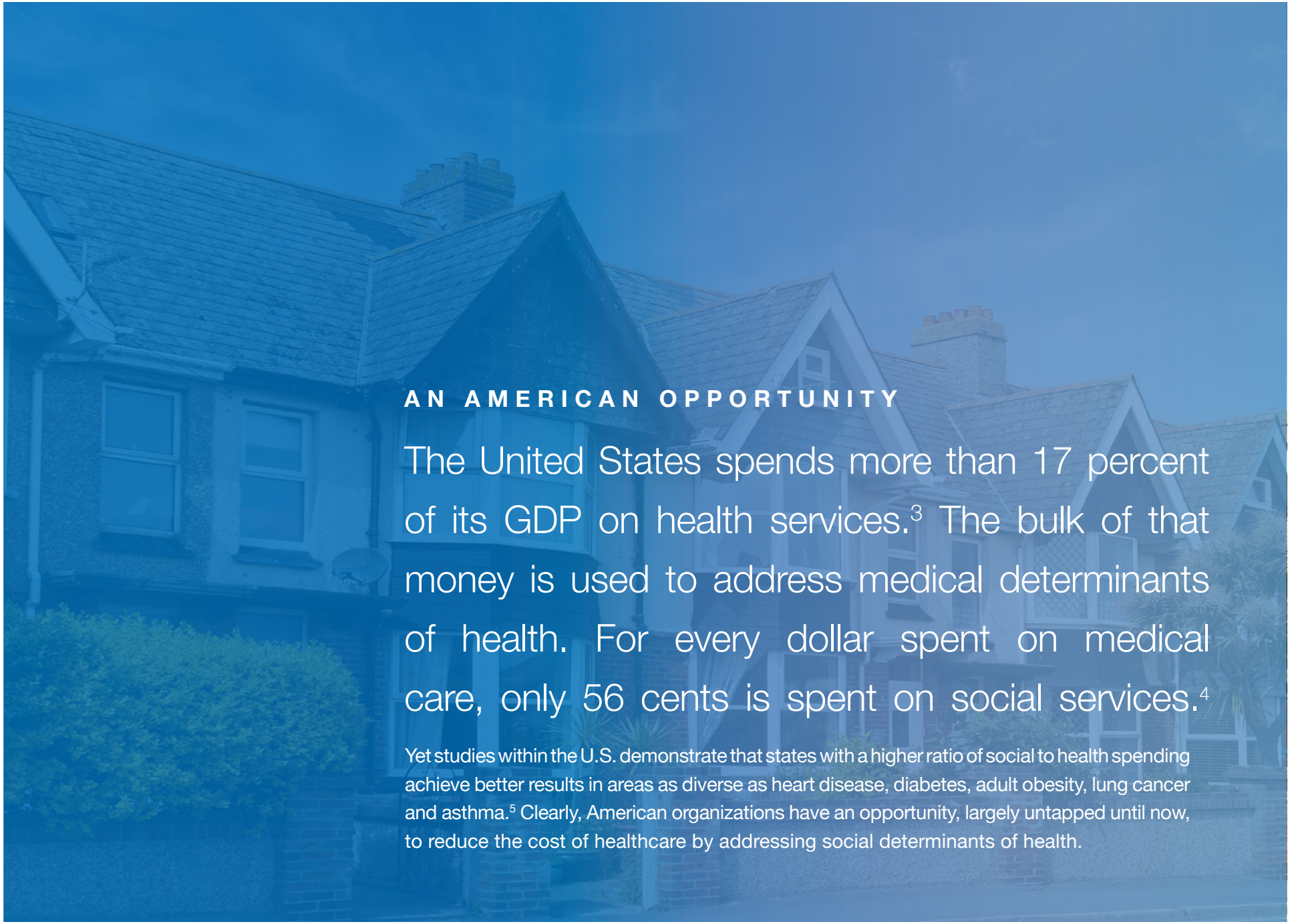
SOCIAL DETERMINANTS OF HEALTH

A person's health is made, not born.

According to a study published in the *New England Journal of Medicine*, genetics account for an estimated 30 percent of a person's health.[1] The other 70 percent is determined by individual behavior, health care, and social and environmental factors, all of which are influenced by or are considered Social Determinants of Health (SDoH).[2] These SDoH include a person's education, income level, job status, access to transportation, access to healthy food, neighborhood safety, housing, and a multitude of other social factors as well as how those factors influence a person's behavior.

Obviously, SDoH—defined by the CDC as economic stability, education, health and healthcare, social and community context, and neighborhood environment—have a far greater impact on health outcomes than a person's genetics. And the consequences are equally clear. Payers and employers who don't understand and respond to the substantial influence SDoH have on population health will find it much more difficult to reduce healthcare costs and unnecessary utilization.

This white paper takes an in-depth look at the strategic advantages a wellness program can offer to payers across all lines of business, as well as employers, who want to impact the five Social Determinants of Health and, as a result, create a healthier population.



AN AMERICAN OPPORTUNITY

The United States spends more than 17 percent of its GDP on health services.[3] The bulk of that money is used to address medical determinants of health. For every dollar spent on medical care, only 56 cents is spent on social services.[4]

Yet studies within the U.S. demonstrate that states with a higher ratio of social to health spending achieve better results in areas as diverse as heart disease, diabetes, adult obesity, lung cancer and asthma.[5] Clearly, American organizations have an opportunity, largely untapped until now, to reduce the cost of healthcare by addressing social determinants of health.

Moving Past Conventional Methods

Health insurance companies have long recognized the significant role SDoH play in affecting the health outcomes of their clients and the need, consequently, to address those determinants.

Traditionally, payers have partnered with nonprofit organizations who have the ability and the resources to identify and then address unmet social needs. Payers have also offered grants and donations to community-level programs that mitigate the most pressing social determinants, improve access to care, and support proactive population health management.

Today, 80 percent of payers believe that addressing the Social Determinants of Health of their beneficiary populations will play a key role in improving their population health programs.[6] But as the industry continues to transition to value-based care models, there is a growing awareness that new, more innovative ways to address and positively influence SDoH are needed.

A recent study published in the Annals of Family Medicine highlights just one of the many challenges. The study collected SDoH data for 1,130 patients from three community health systems in the Pacific Northwest. The results revealed that 97 to 99 percent of the screened patients had a SDoH need documented in their EHRs. Yet only 15 to 21 percent of these patients indicated they were interested in receiving help to address their specific SDoH.[7]

The lesson: Making community health resources available to people is one thing; having people actually utilize those resources is another. Clearly, more optimal methods are needed to motivate and encourage people to take the necessary actions to change their Social Determinants of Health for the better.

THE FIVE KEY

Social Determinants of Health

1 ECONOMIC STABILITY

- Poverty
- Food Security
- Employment
- Housing Stability

2 EDUCATION

- High School Graduation
- Enrollment in Higher Education
- Language and Literacy
- Early Childhood Education and Development

3 SOCIAL & COMMUNITY CONTEXT

- Social Cohesion
- Civic Participation
- Discrimination
- Incarceration

4 HEALTH AND HEALTH CARE

- Access to Health Care
- Access to Primary Care
- Health Literacy

5 NEIGHBORHOOD AND BUILT ENVIRONMENT

- Access to Healthy Food
- Quality of Housing
- Crime and Violence
- Environmental Conditions

SOURCE: HEALTHYPEOPLE 2020 CAMPAIGN

The Top 5 Ways Wellness Programs Impact SDoH

A wellness program offers at least five opportunities for commercial health plans, Medicare Advantage plans and employers to identify and address the social determinants of health of the populations they serve without having to invest in and create yet another new program or service. Let's take a closer look.

1) Identify SDoH Risk Factors

If you're going to address unmet social needs, you first need to know what those specific needs are.

The Health Assessment offered by most wellness programs presents a unique, easy-to-use opportunity to ask members and employees a series of questions about their social needs and living situation. The answers provided reveal the specific SDoH that need to be addressed within a particular population or geographic area, so the right community health resources required to effectively serve the population are communicated and made more accessible.

Perhaps most importantly, a Health Assessment provides a sponsoring organization insight into the health of its entire population and its individual members before a single claim is ever received. Equipped with this "head start," organizations can take an immediate and proactive approach to address specific wellness needs instead of waiting until these health issues show up in a medical claim later in the year.

Unfortunately, only about one-third of payers have added SDoH questions to their Health Assessment, and almost 20 percent of payer organizations are not integrating SDoH into their population health programs.[8]

Here are just three SDoH for which Health Assessments can provide in-depth information:

FOOD INSECURITY

Almost 13 percent of Americans live with food insecurity, defined as lacking reliable access to a sufficient quantity of affordable, nutritious food.[9] People who live with such food insecurity are 50 percent more likely to be diabetic and 60 percent more likely to experience heart failure.[10] Food-insecure households spend 45 percent more on medical care than those that are food-secure.[11]

Sample Health Assessment question:
How many miles do you live from a full-service grocery store?

AVAILABILITY OF TRANSPORTATION

Lack of transportation leads to low utilization of preventive services and high use of emergency services. It can also lead to a poor diet. That's because people with unreliable or no transportation are more likely to buy their food at a "convenience" store, which offers limited availability to healthy foods compared to a typical grocery store.

Sample Health Assessment question:
Do you own a car or have reliable access to a car?

LIVING SITUATION

The questions here can range from the availability of sidewalks for walking to the perceived safety of the neighborhood. An unsafe environment can cause a higher stress level, which affects a person's long-term health.

Sample Health Assessment question:
If you live in a city, how far do you live from the nearest park?

2) Build a Stronger Social Network

For many people, the workplace provides their strongest sense of community. After all, a typical employee spends at least one-half of their waking hours in the workplace, five days a week. By building on this sense of workplace community and sponsoring events like team or individual challenges, wellness programs have the opportunity to foster and encourage social relationships. This new level of camaraderie and social connection leads to greater participation in the wellness program.

Take, for example, the Wellness Ambassador Program used by many health plans and employers. A Wellness Ambassador serves as a passionate boots-on-the-ground advocate for health, charged with motivating fellow employees to engage in the wellness program.

Equally as important, wellness ambassadors have the local knowledge about their fellow employees to understand which SDoH might be creating barriers to healthier living. Armed with this information, they can become an advocate to help individuals understand their benefits and connect them with the community resources available to overcome these obstacles.

The results can be impressive. At Onlife Health, when a Wellness Ambassador Program is employed, we've seen a 62 percent increase in portal use, 60 percent higher participation in Health Assessments, 56 percent higher participation in coaching, and 1.5x more savings from members who have access to Wellness Ambassadors.

3) Integrate Community Resources into the Lives of Members

Hospitals employ social workers to help patients connect with community support services after a medical event. But what if organizations could connect people to helpful social programs and resources before they even required medical care?

Through its website and ongoing communications, a wellness program can provide information about a host of local services:

- EAP (Employee Assistance Programs)
- Food Banks
- Recreational Opportunities
- Physician Referral Services
- Community Clinics
- Farmer's Markets
- Free Screenings
- Substance Abuse Programs
- Adult Day Care Programs
- Affordable Housing
- Find Dietitians, Health Educators and Trainers

In many cases, these services can be incorporated into the wellness experience, and then personalized to meet the specific needs of each individual, creating the health equivalent of "one-stop-shopping" for users. For example, when someone self-identifies as lacking access to healthy food, the wellness engagement program can promote content to inform the user of a community service that provides local produce at discounted rates. Or the program could connect the person with a dietitian who's available through the wellness portal.

Even if there are a multitude of community resources available, a lack of awareness can severely limit their utilization. Fortunately, the near universality of mobile technology provides a new opportunity for wellness programs to connect people with their local health support system. More than 84 percent of low-income adults have access to a mobile phone.[12] So even people in neighborhoods with high SDoH risk factors can access a wellness platform and find the local services they need to improve their health.

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4) Improve Health Literacy

Health literacy refers to a person's ability to access, understand and act on health information. Through its member portal or mobile app, a wellness program can provide an online library of health information, such as podcasts, videos, print articles and other materials, that provide relevant information about the health topics that are the most relevant to a particular population, for example:

- Heart Disease
- Diabetes
- Weight Loss
- Financial Well-Being
- Diet

A wellness vendor that offers a personalized experience can populate the content to match the specific health needs and conditions of each user, based on age, gender, health assessment responses, and even personal interests. For example, a 65-year-old woman who was recently diagnosed with prediabetes would receive content informing her about a local Silver Sneakers program in her community. In addition, a wellness program typically offers access to a variety of health professionals—nurses, dietitians, exercise physiologists and educators—who can provide instruction, coaching and connections to other resources.

5) Provide Insights through Data Analytics

Wellness programs with a strong data-analytics capability are already using publicly available socio-economic data to identify higher-risk members more accurately and provide them with the resources and information needed to lower that risk. For example, publicly available county health-ranking data can provide insight into:

- Median Household Income
- Access to PCPs
- High School Graduation Rates
- Unemployment Rates

Today's data-mining techniques are more effective than ever in using Social Determinants of Health to identify and target both at-risk populations and individuals. For example, by incorporating SDoH data elements, Onlife Health improved the accuracy of its predictive engagement models by 30 percent, creating the opportunity to provide more relevant information to the user that drives increased engagement and improves health outcomes.

That improvement demonstrates the importance of including SDoH data in order to create a more holistic understanding of a population, one that is much more robust and accurate than the limited portrait created by using only medical records or self-reported data collected through health assessments.

In addition, the use of data analytics offers an opportunity to segment a population into two groups: people with a high certainty of engaging in the wellness program and people who will likely never engage. This type of segmentation reveals a third group: people with a higher-than-average possibility of engaging in the wellness program and adopting healthier behaviors, but only if the right incentives, motivation and support are made available. Organizations can then focus their marketing efforts on this ideal target audience.

A LOOK AHEAD

The Expanding Role of SDoH

Payers and other organizations are increasingly taking notice of the important role of Social Determinants of Health, adopting new policies and creating new organizations to address this issue.

For example, in April 2018, the CMS expanded the scope of Medicare Advantage (MA) plans to include services that diagnose, prevent or improve health conditions. Plans can now offer non-emergency transportation to medical appointments, help a beneficiary install a wheelchair ramp at home, or have healthy food delivered to homebound MA members.

BCBS INSTITUTE

2018 also saw the establishment of the BCBS Institute, the first private-payer organization created with the sole mission of developing solutions to address Social Determinants of Health for communities across America.

One of the Institute's goals is to address the fact that where a person lives and works (their ZIP code) has a more substantial impact on an individual's health than his or her genetic code. Combining business experience and insight with technology and strategic alliances, the BCBS Institute is finding solutions to address this "ZIP code effect" and overcome barriers to healthcare, especially in communities that are located in transportation, pharmacy, nutrition or fitness deserts. As but one example, the BCBS Institute has collaborated with Lyft to provide rides for patients, improving the local transportation infrastructure to reduce no-shows for primary care appointments and developing more convenient access to pharmacies in order to improve medication adherence rates.

By addressing these transportation deserts, patients are much more likely to make their medical appointments and seek timely care for chronic disease management. Providers benefit from improved care coordination and reduced no-shows. And health plans and employees benefit by establishing healthier communities that promote better health outcomes.

Breaking Down Transportation Barriers:

A Case Study

An estimated 3.6 million Americans miss or have a medical appointment delayed because of a lack of reliable, easily available transportation. Recognizing that overcoming these logistical barriers would have a significant impact on improving health outcomes, the BCBS Institute developed a Transportation Management Application for its proprietary (patent-pending) Community Health Management Hub (CHM Hub®). The app provides access to multiple transportation vendors on a single platform.

Using this data, the BCBS Institute identified 200 priority transportation deserts that correlated strongly with poor health outcomes, including a high chronic-disease burden and a high rate of avoidable ER visits. The Institute then collaborated with several BCBS Plans to improve transportation services in eight pilot markets, with members in these markets receiving rides to medical appointments at no additional cost.

“ What often dictates health isn’t your genetic code, but your ZIP code.”

Scott Serota
President and CEO, BCBSA
Chairman of the Board, BCBS Institute

Summary

Social Determinants of Health (SDoH) influence up to 70 percent of a person's health. Wellness programs provide a unique opportunity to address SDoH by collecting socio-economic information about a population, analyzing that information to identify specific SDoH that need to be addressed, and then providing members with the information, social support and access to local health programs that can lower their health risks. Payers that take the initiative to address Social Determinants of Health can reduce their annual costs by 11 percent.[13]

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