



NCCMP 2021 Annual Conference

# Social Determinants of Health

A Renewed Focus, Meeting the Unique Needs of Plan Members

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# | Agenda

## **Provide an overview of Social Determinants of Health (SDoH)**

- ✓ What factors drive health outcomes
- ✓ How both social and economic factors impact health outcomes
- ✓ How to measure the cost social determinants have on chronic illness
- ✓ What can plan sponsors do to reduce the risk within their population



## Factors driving health outcomes

# Food for Thought

“If you want to learn about the health of a population, look at the air they breathe, the water they drink and the places where they live.”

Hippocrates in 5th century B.C. the Father of Medicine

The father of Western Medicine, **Hippocrates of Kos**, born in 460 AD in Ancient Greece is often quoted as saying “Let food be thy medicine.”

There are volumes of valid scientific, medical, peer-reviewed, unbiased, cutting-edge research studies as evidence demonstrating the healing power of food.

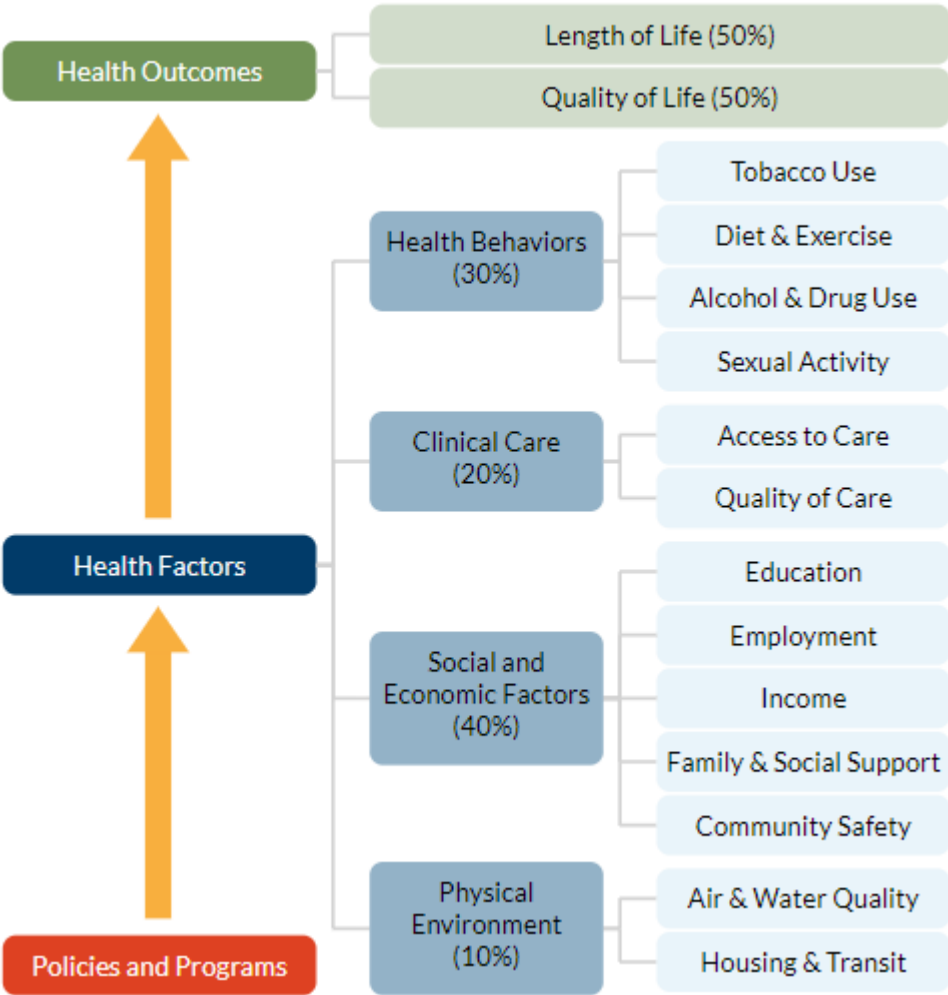


# What are Social Determinants of Health (SDOH)?

The conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes



# Key Drivers of Health



## Compounding Factors

**1 in 4** Americans have had an unmet social need in the past year.

**38%** of commercially insured members had at least one unmet need

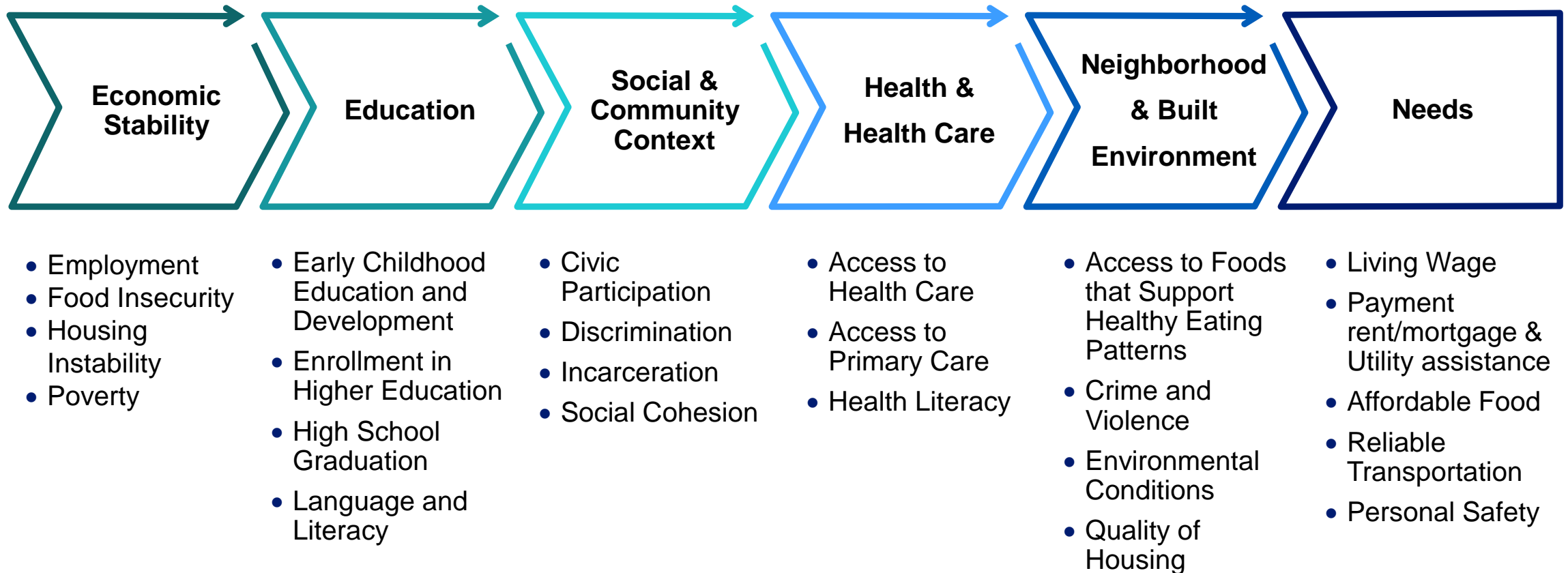
There is a higher utilization of emergency services among those with an unmet social need.

Those with a higher social risk score often live in a medically underserved community.

20% of individual's health outcomes are a result of a direct medical intervention

## Social and economic impacts

# Social and Economic Drivers and Needs

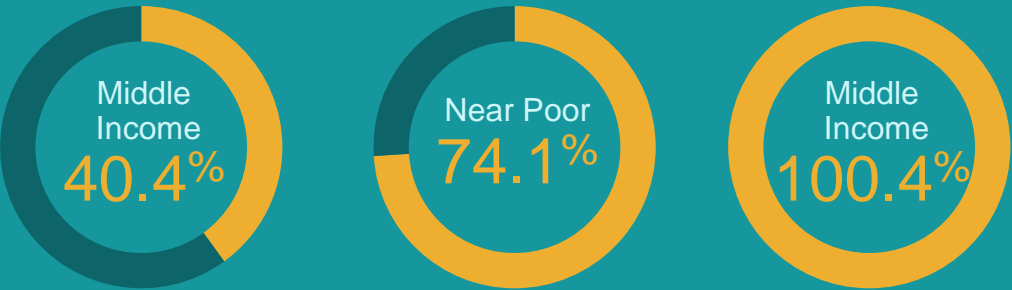




# Social and Economic Impact on Diabetes

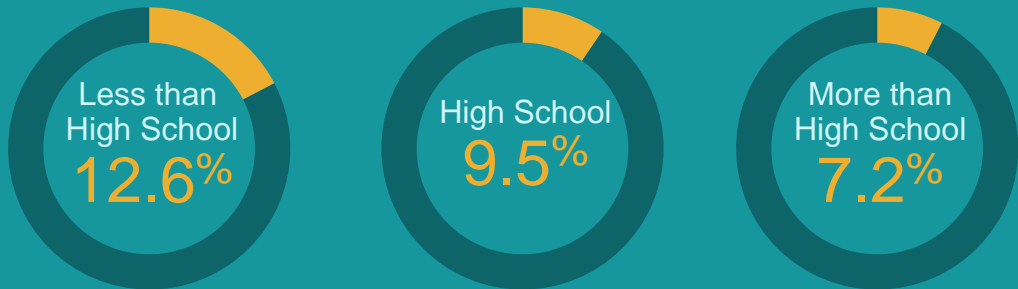
## Income

Likelihood of developing Diabetes by income level



## Education

Prevalence of diabetes by education level



## Occupation

Increased risk for Diabetes is affected by

Exposure to **shift work**

Long hours: **more than 55** per week

**Transportation workers**

hold the highest prevalence of diabetes

## Food Insecurity

**38.5%** of all adverse drug reactions  
ER visits are related to diabetes

**2x** How many times food insecure  
diabetics are likely to end up in the  
ER are the end of the month

A female doctor in a white coat is using a stethoscope to examine a male patient's arm. The patient is wearing a blue long-sleeved shirt. The doctor is smiling and looking at the patient. The background is a bright, clinical setting with a clock on the wall. A teal banner is overlaid on the left side of the image.

## How to measure the cost social determinants have on chronic illness

# Case Study

## *Plan Sponsor Examples*

Example	Example
An health plan with a high prevalence of diabetes and prediabetes can work with their data analytics to determine if social determinant barriers such as food insecurities and/or the absence of parks, playgrounds and sidewalks are adversely impacting the plan participants ability to follow recommended lifestyle changes.	A multiemployer plan with a high prevalence of high avoidable emergency room admissions can work to determine if social determinant barriers such as transportation or treatment costs are adversely impacting plan participants ability to remain compliant with recommended care guidelines.

The next generation analytics and documentation is to screen and add social determinant risk scores to the patient record, allowing healthcare providers and plan sponsors to provide a higher level of prioritization and personalization to actionable recommendations to impact the health of the population.

# Data Analysis

- Analyze data related to high healthcare expenditures that are potentially preventable
- Check for Z55 – 65 diagnosis code showing an attachment to a social determinant
- Review data sets against Health Professional Shortage Area (HPSA) database that's published online. There are data sets that include 5-digit zips that are considered “underserved” — as in they have a shortage of providers for the population in that zip code. Here's the link:  
<https://data.healthcare.gov/dataset/HPSA-Zip-Codes/aaky-ynnj>
- Stratify against public data sets showing higher mortality rates



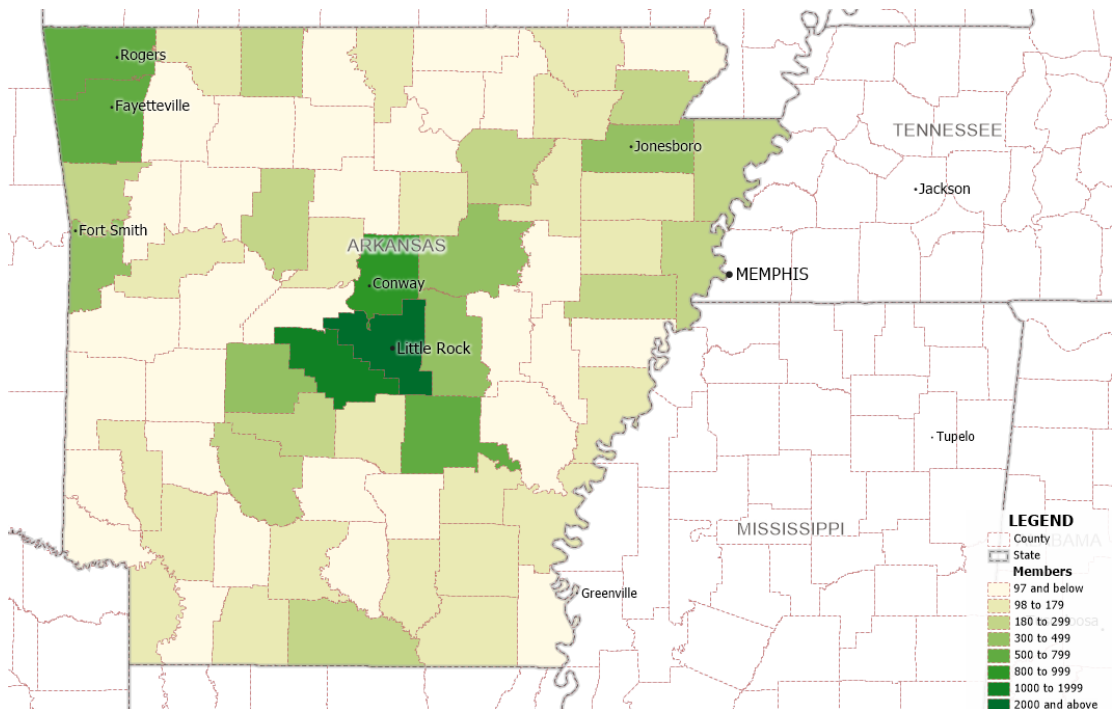


# Data Analysis — SDOH Codes

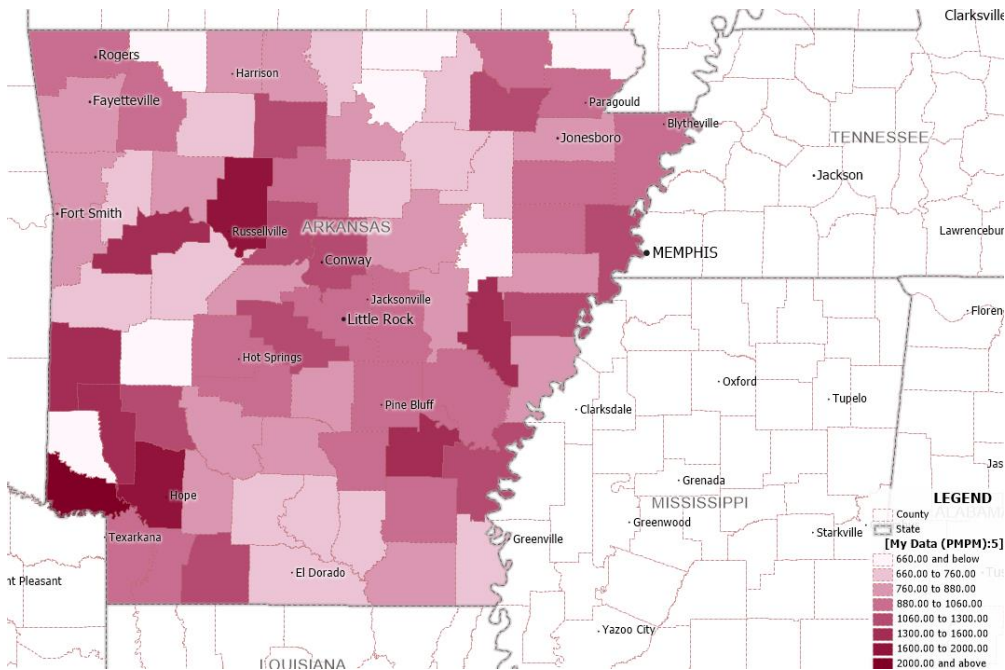
ICD10 Code	SDOH Category	Example
Z55	Education	Illiteracy and low-level literacy
Z56	Employment	Stressful work schedule
Z57		Occupational exposure to other air contaminants
Z59	Housing & Economic	Lack of adequate food and safe drinking water
Z60	Social	Social exclusion and rejection
Z62	Domestic	Personal history of physical and sexual abuse in childhood
Z63		Alcoholism and drug addiction in family
Z64		Problems related to unwanted pregnancy
Z65	Other	Imprisonment and other incarceration

# Diabetes (Geo-Mapping)

This map illustrates the distribution of diabetics by county. The darker green indicating higher prevalence.



This map reflects the average cost (PMPM) of diabetics by county. The darker red indication higher cost



## Observations

- The percentage of diabetics residing in fully underserved counties and partially underserved counties is 47% and 54% respectively.
- Diabetics residing in fully underserved counties have a total PMPM that is 3% higher than diabetics residing in partially underserved counties. This variance is all driven by medical PMPM

A person wearing a white lab coat is using a metal strainer to transfer food from a pot into a metal tray. The background shows a kitchen setting with shelves holding stacks of white plates and bowls. The image is overlaid with a blue gradient on the left and an orange gradient on the right.

**What can plan sponsors do to reduce the risk within their population**

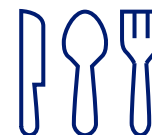
# How to Address Social Determinants of Health (SDOH)

## What can plan sponsors do?

**Mentality matters;** you can think of SDoH one way or the other (socializing needs or using the Medical benefit to supplement low wages ...etc.), but you could also just think of it as meeting health needs not limited to direct medical care.



# Action Steps



Social Support	Financial Insecurity	Housing Insecurity	Food insecurity	Transportation <u>Uber Health</u>
Connect members to <b>social supports</b> , leveraging wellness champions, Member Assistance Programs, health plan partners, telehealth, virtual mental health support programs, digital therapeutics, and community organizations	Add financial management and assistance tools	Supportive housing program – subsidies and education on home buying, consider up front funding vs. reimbursement	Food subsidies focused on health sustaining nutrition, food delivery service discounts	Aims to provide rides for patients to doctor's appointments, compliant with HIPAA; can be booked ahead of time and managed by both providers and patients; lack of reliable transportation is a known barrier to accessing medical care

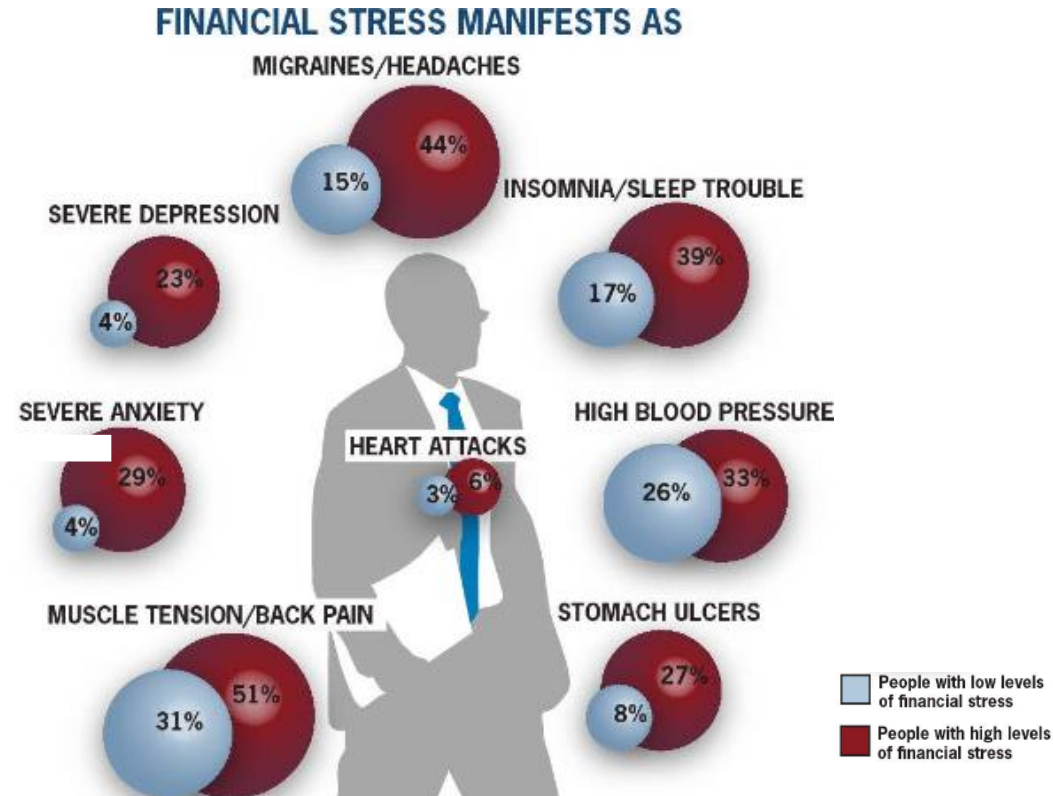
Recommendations are examples of what other plan sponsors have leveraged to address these issues. Any implementation should go through proper compliance and regulatory review standards.

# Tailored Communications



# Member's Financial Insecurity Impacts all Aspects of their Total Well-being

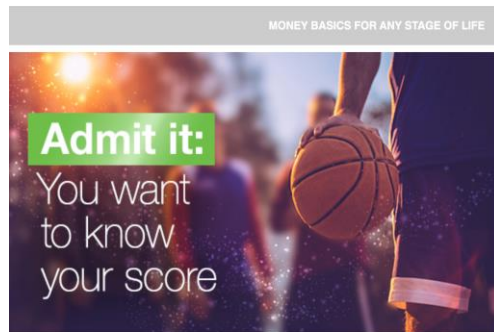
**73%** of Americans say their finances are their **#1** source of stress



Financially stressed individuals have significantly higher rates of physical and mental health challenges

# Make Financial Education Part of Your Plan

## Understanding Your Credit Score



### Make the most of your money

Taking charge of your finances doesn't just mean bringing in a healthy income. It also means focusing on where your money goes.

[Get your score](#)

Spend a few minutes with Fidelity's **My Money Checkup** tool answering questions like how much you've saved, what you're saving toward, and how much income you bring in. Then, you'll instantly get a score on a scale from 1 to 100 and personalized tips to make the most of your money based on your current situation.

Please direct questions to Fidelity Investments at 800-835-5098.

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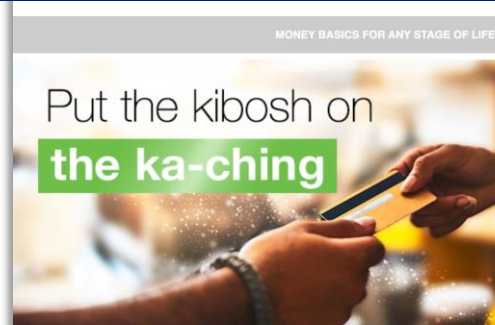
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## Managing Debt



Need to get a handle on managing debt? No need to go it alone.

There's lots to gain with little pain if you call your credit card company.



### Ask them to:

1. **Reduce your credit line** (to help you with spending)
2. **Lower the interest rate on your outstanding balance** (to help you with paying)
3. **Transfer the balance to a card with a lower interest rate** (but watch out for fees, and don't use it as an excuse to buy more!)

Remember, they want your continued business. So, it works to their advantage to help you remain credit-worthy.

**One final tip:** Resources such as [Credit Karma](#) can help you navigate the ins and outs of credit cards.

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## Building an Emergency Fund



Car breaks down. Large medical expense. Family needs a loan.

Everyone should have money saved up to cover living expenses for a few months in case the unexpected happens—and comes with a hefty price tag. Start small: Even \$100 or \$200 each month builds up over time.



Take 5 minutes right now to set up an automatic monthly transfer from your checking account to an emergency savings account.

Quickly calculate what you need (your net monthly income X 6—let's go big!) and write that number down as your goal.



**X 6 =**



Net monthly income

3 to 6 months

Emergency savings goal

Need more information? [Get detailed emergency savings advice.](#)

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# Questions?

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