



# Addressing social determinants of health to help improve employee health outcomes

Learn how employers are increasingly supporting employees needs



When it comes to a person's health, how much difference could 9 miles make? In Chicago, it could mean a life expectancy that's 30 years shorter. People living in Streeterville, an affluent area on the North Side, have a life expectancy of about 90 years. But residents of Englewood—just 9 miles to the south—have a life expectancy of only 60 years.<sup>1</sup>

This situation illustrates the dramatic impact that social factors such as housing, transportation and access to food and quality health care can have on employee health outcomes. In fact, where an employee lives can determine as much as 80% of that person's health.<sup>2</sup>

"Employer groups are starting to see how social determinants of health (SDOH) can impact the health of their employees," says Dr. Charmaine M. Heard, Vice President of Health Care Strategies at UnitedHealthcare. "They're now looking for solutions to better help their employees who may be facing issues with SDOH."

SDOH are the conditions in a person's environment including where they live, learn, work, play, worship and age. Characteristics like one's neighborhood, educational opportunities and income level can all influence life expectancy and the potential to develop chronic diseases, according to the U.S. Department of Health and Human Services.

UnitedHealthcare helps employer groups leverage data to pinpoint areas where employees are underutilizing benefits. Once those situations are identified, social barriers like lack of childcare or restrictive hours at medical facilities can be addressed to help employees make the most of their health care benefits.

## The impact of SDOH on employee populations

The scale of SDOH among employee populations is significant. More than 45% of consumers—across all different types of coverage—are struggling with at least one unmet social determinant of health. People with unmet SDOH risks have:

- Significantly higher levels of gaps in their care and are more likely to report poor physical health<sup>3</sup>
- 2x the emergency department utilization as those with no risks<sup>4</sup>
- 5x higher likelihood to report mental health issues<sup>3</sup>
- Missed an average of 6 or more days of work in the past 12 months<sup>3</sup>



### Why an employee's ZIP code matters

ZIP codes can be a better predictor of health, happiness, and length and quality of life than genetic code.

# The impact of social determinants of health on employees

SDOH have long created challenges for many lower income employees and those living in historically marginalized communities. Within an employee population with group health insurance:<sup>5</sup>



up to **5%**

are at risk for homelessness



up to **25%**

live with high levels of financial insecurity



up to **25%**

have high levels of food insecurity



up to **30%**

are highly socially isolated

## Addressing SDOH in employee populations starts internally

SDOHs affect employee populations in different ways. For employees living with financial insecurity, a sudden medical bill could cause a significant crisis between choosing medical treatment or groceries. Poor air quality is more common for employees living in densely populated, aging urban areas. They may experience a higher likelihood of developing worse asthma symptoms—which may lead to more medical care needs and a potentially lower life expectancy. In rural areas, poverty and unemployment rates tend to be higher, and access to social services may be limited.

Taking into account employee population health data—such as aggregate medical, prescription and specialty claims, demographics, clinical and well-being information—helps to create programs that engage employees, improve health outcomes and manage costs.

“Employers are taking a closer look at their benefits package, providing more flexibility during the workday or adding services to address identified needs in their populations,” says Craig Kurtzweil, Vice President, Center for Advanced Analytics with UnitedHealthcare.

In addition, employers can invest in programs that use predictive analytics to proactively identify employees who may be dealing with social issues.<sup>6</sup>

UnitedHealthcare uses de-identified claims data from its members to identify who is most likely to need support with SDOH, such as access to nutritious food or affordable housing. Call center advocates then use real-time interactions with a curated database of community resources to help employees dealing with challenging life events or situations. A similar database can also be found online for employees to search for community resources and programs.

This focus may help employers build trust through richer benefits and guidance to help employees get the most out of their health plan. In addition, personalized communications and interactions are designed to connect employees with the clinical programs they need.

Heard says these efforts may play out on an even bigger scale. “Once companies put resources toward initiatives centered on SDOH and health inequities, that says ‘this is important to us.’ That’s the first step,” she says. “Then they hire someone with expertise to say what the agenda looks like and to build out a roadmap in terms of diversity and equity and ‘how do we get there?’”

**“We can’t boil the ocean and solve everything at once, but we can help our members by taking one step at a time.”**



**Dr. Charmaine M. Heard**

Vice President, Health Care Strategies UnitedHealthcare

## Many employers develop solutions based on their company’s unique strengths

SDOH are difficult to address with “one size fits all” solutions and require strategies focused on the distinct needs in each employee population. For example, an employer in the food or hospitality industry might be uniquely situated to tackle food insecurity within an employee population.

However, that might not be as practical for tech companies who might be better suited to look at solutions focused on financial stability.

When UnitedHealthcare works with employers, the first step is conducting an inventory of their programs such as Employee Assistance Program (EAP), financial coaching and legal assistance.

“After analyzing claims data for ER use, hospitalizations and lengths of stay, we are able to identify populations that might be struggling with health-related social needs, including hunger, safety, or homelessness,” says Dr. Cyrus Batheja, National Vice President of Enterprise Transformation and Strategic Solutions at UnitedHealthcare. “That data then helps us find areas of opportunity where employers can better support these employees.”

For example, in Baltimore UnitedHealthcare wanted to increase mammogram participation. But a data analysis revealed many of these women were the only parent in the household who often couldn’t go to mammogram appointments due to child-care concerns.

Adding a mobile mammography and child-care option for the population significantly increased participation and helped the women receive valuable mammogram screening and health care visits.

“We’re seeing many employers adding lifestyles supports,” Batheja says. “They’re helping employees with options such as a deduction off their gas or heating bills, monthly food debit cards or onsite food pantries, and wellness initiatives like ‘call a friend’ to help address social isolation.”

UnitedHealthcare is then positioned to provide additional support by helping to connect with community resources, especially in situations where call center conversations show the member likely needs assistance.

Today’s employer groups are working to address SDOH to help ensure employees make the most of their benefit programs. Employers are increasingly reviewing employee benefit plans and evolving benefits to better meet the overall needs of their employees and their families.

“This is the future of health care. We’re using a whole person approach to care for each member which includes understanding their social needs and their life experiences,” Batheja says. “It moves us beyond just medical approaches. We know broader understanding is ultimately the key to putting members first and improving well-being.”

**Learn more**

Contact your broker, consultant  
or UnitedHealthcare representative

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<sup>1</sup> Chicago’s lifespan gap: Streeterville residents live to 90. Englewood residents die at 60. Study finds it’s the largest divide in the U.S. Chicago Tribune, June 6, 2019.

<sup>2</sup> “Patient health and wellness: What’s a ZIP code got to do with it,” Wolters Kluwer, Jan. 13, 2021.

<sup>3</sup> “Patients struggle with unmet basic needs: Medical providers can help,” McKinsey & Company, April 1, 2022.

<sup>4</sup> OptumInsight – Advisory Services internal study, 2021.

<sup>5</sup> Optum Advisory Service internal analyses, 2020.

<sup>6</sup> Consider Social Determinants of Health When Offering Benefits. SHRM, March 2, 2022.

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