



Addressing Health Disparities

Working together to create greater health equity for everyone

United
Healthcare

**Helping people live healthier lives[®]
and helping make the health system
work better for everyone**



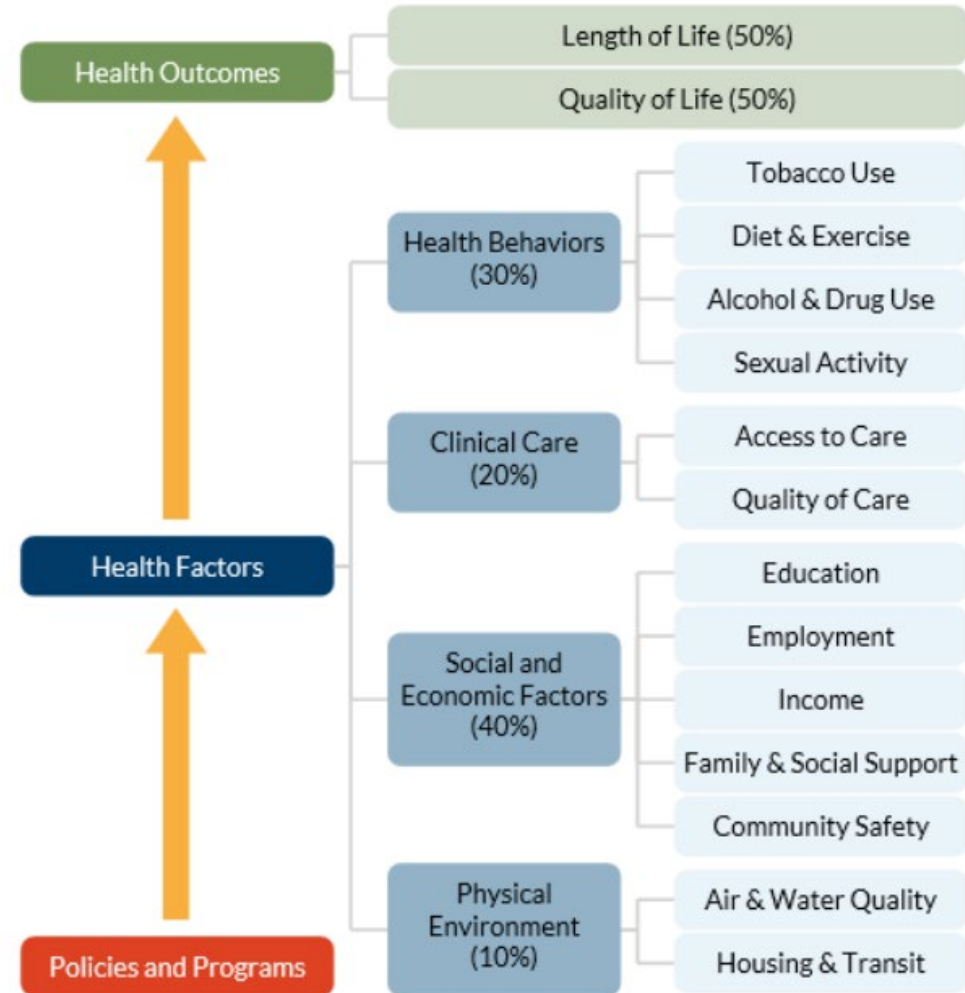
Social Determinants of Health

The World Health Organization (WHO)

Describes SDOH as:

“The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”

Research by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute states that social and economic factors make up almost 40% of all health outcomes as compared to the physical environment we live in (10%), our overall health behaviors (30%), and access to quality clinical care (20%).



County Health Rankings model
© 2014 University of Wisconsin Population Health Institute



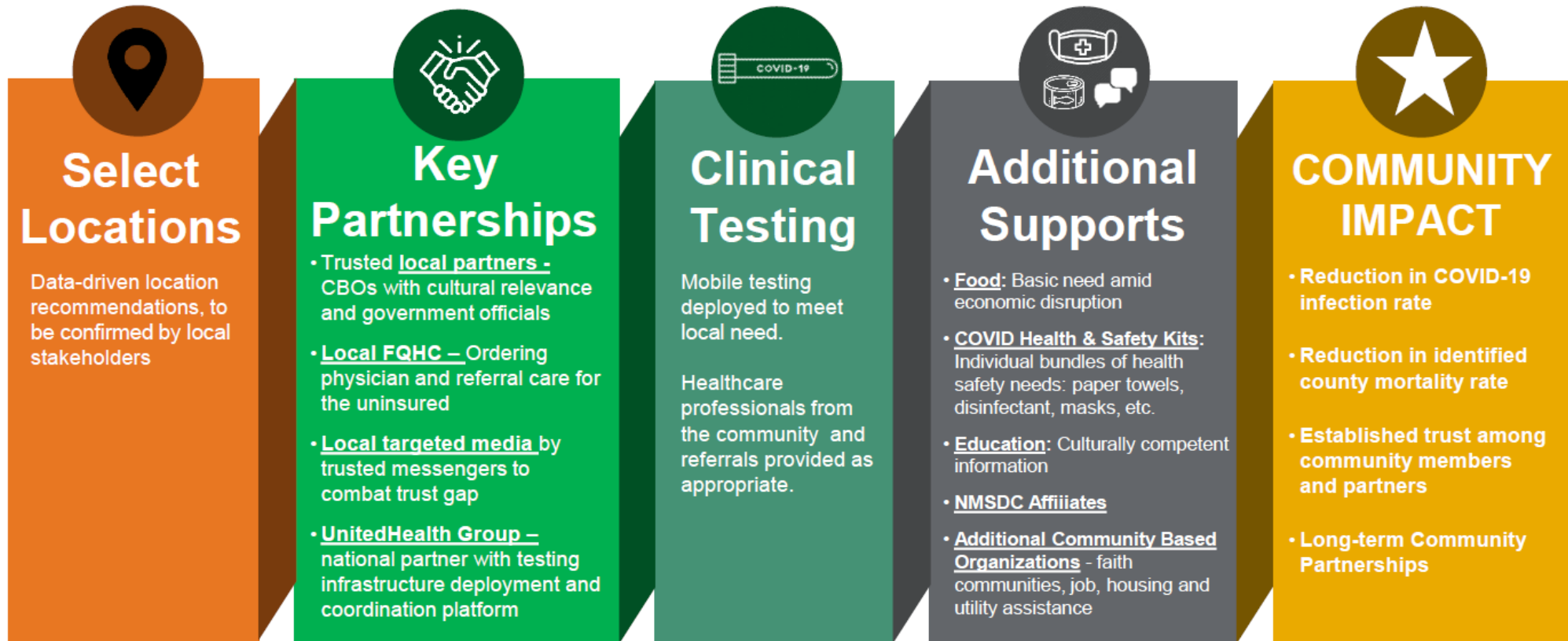


Community “Catalyst”

UHG as a Community Connector

A Replicable Model & Framework

COVID-19 Testing, Additional Support & Education



UHG as a Community Connector

UNITEDHEALTH GROUP



S.T.O.P. COVID-UHG






Addressing Health & Healthcare Disparities with Vulnerable Minority Communities



UHG as a Community Connector

With the support of a \$300,000 grant from UnitedHealthcare, the goal of Stop COVID is to engage multiple community partners to provide free COVID-19 testing, food boxes, plus health and safety kits — accessible from local Black churches like the Pennsylvania Avenue Baptist Church. The church proved to be an ideal place as a

Stop COVID in the Washington, D.C. area is a collaboration between:

- [Five Medicine](#) , to administer COVID-19 testing
- [Mary's Center](#) , a federally qualified health center, to provide free HIV testing
- [Capital Area Food Bank](#) , which procures and distributes food boxes
- [Changing Perceptions](#) , an organization focused on employment for those who were incarcerated, to pass out food boxes and safety kits, plus food box deliveries
- [Leadership Council for Healthy Communities](#) , a group of faith-based organizations promoting health and health equity for underserved communities, helping to provide the sites inside Black churches





Partnering with Providers

Social Determinants of Health VBC Incentives

Building sustainable models to address health disparities through provider driven outreach

Performance Measure	Minimum Threshold Score
Annual SDoH Assessment: # Program Customers with Annual SDoH Assessment / # Program Customers	[XX%]
SDoH Referral: # Program Customers with SDoH Referral / # Program Customers	[XX%]
SDoH Fulfillment: # Program Customers with completed SDoH Referral / # Program Customers	[XX%]





Whole Person Care: CHWs

Community Health Worker Program

CHWs: The leading edge of our complex care management team

Goal: Help enrollees regain optimum health or improved functional capability in the right setting and in a cost-effective manner.

How:

- Comprehensive assessment of the enrollee's health status;
- Determination of available benefits and resources
- Development and implementation of a patient centered plan of care that is measurable

Risk stratification: Algorithm of data points that highlight high need members (claims/encounter/utilization)

Challenge: Are we getting upstream enough?

Example of Leading Indicators: Emergency room super utilizers

- Combination of encounter data and claims data have identified a top 100 list of members
- Partnering with a mobile urgent care group: Ready Responders
- Meeting members where they are, connecting them to resources

