US Health Disparities

HealthFlex Summit

Alaina Melena
North American Diversity, Equity, and Inclusion Leader

October 13, 2022

wtw

Agenda

- Health equity

- Social determinants of health (SDoH) and role in health equity

- SDoH impacts on outcomes

- Roadmap for action

Understanding diversity and ensuring ability to thrive

Caregiving	Gender	LGBT+	Veteran Status	Ethnicity

Equity involves trying to understand and give people what they need to enjoy full, healthy lives.

Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives.

Like equity, equality aims to promote fairness and justice, *but it can only work if everyone starts from the same place and needs the same things.*

Inclusion is the action or state of including or of being included and involves authentic and empowered participation and a true sense of belonging.

| People with Disabilities	Religion	Life Stage (generational)	Race	Socioeconomic Class

Source for equity, equality and inclusion: https://www.aecf.org/blog/racial-justice-definitions/?gclid=EAIaIQobChMI6sf_g-rD7wIVAAOzAB38TwijEAAYASABEgIg3PD_BwE
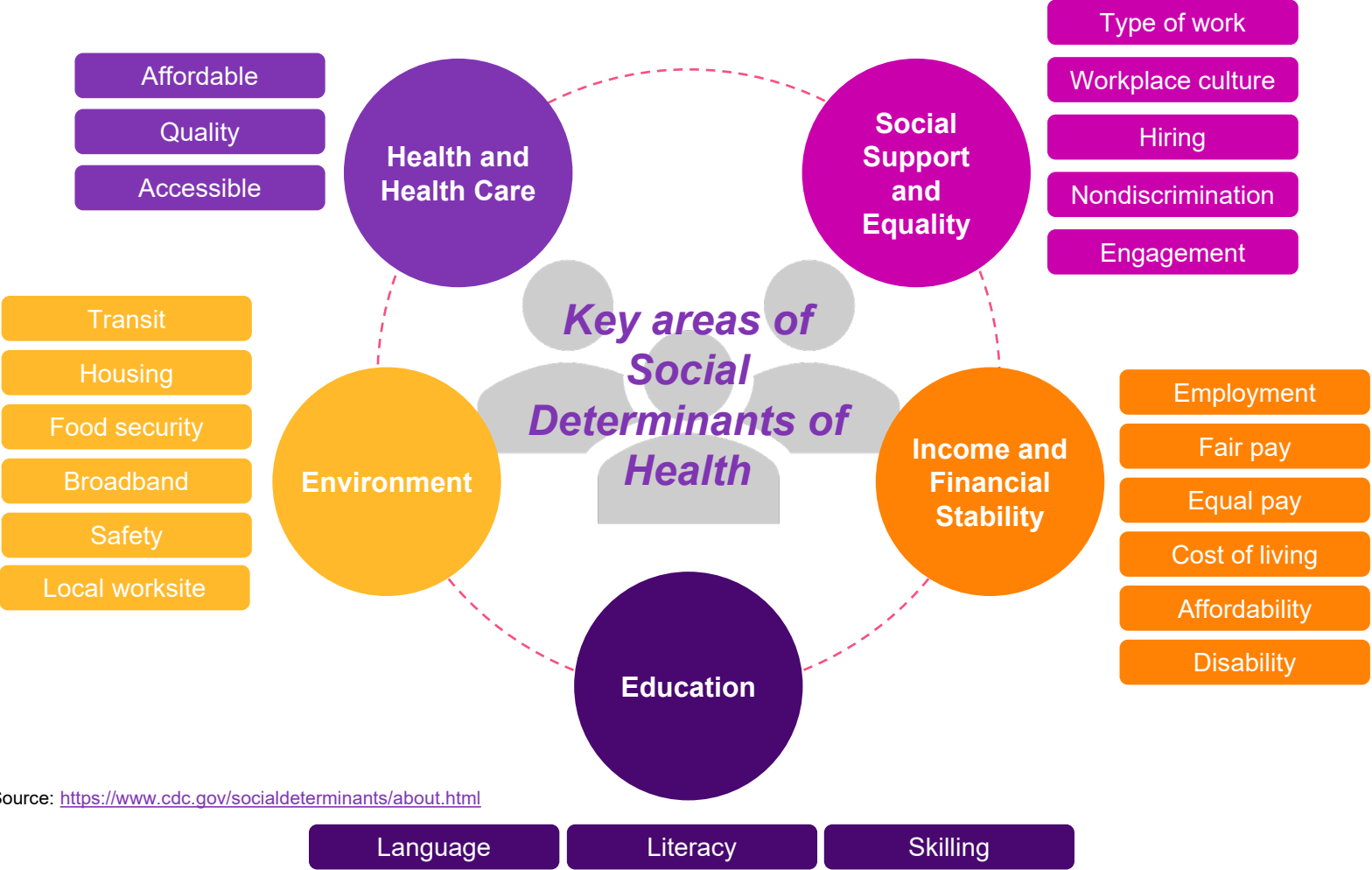
wtw

Elevating DEI by understanding SDoH

Social determinants of health (SDoH) are *conditions in the places where people live, learn, work and play* that affect a wide range of health and quality-of-life risks and outcomes
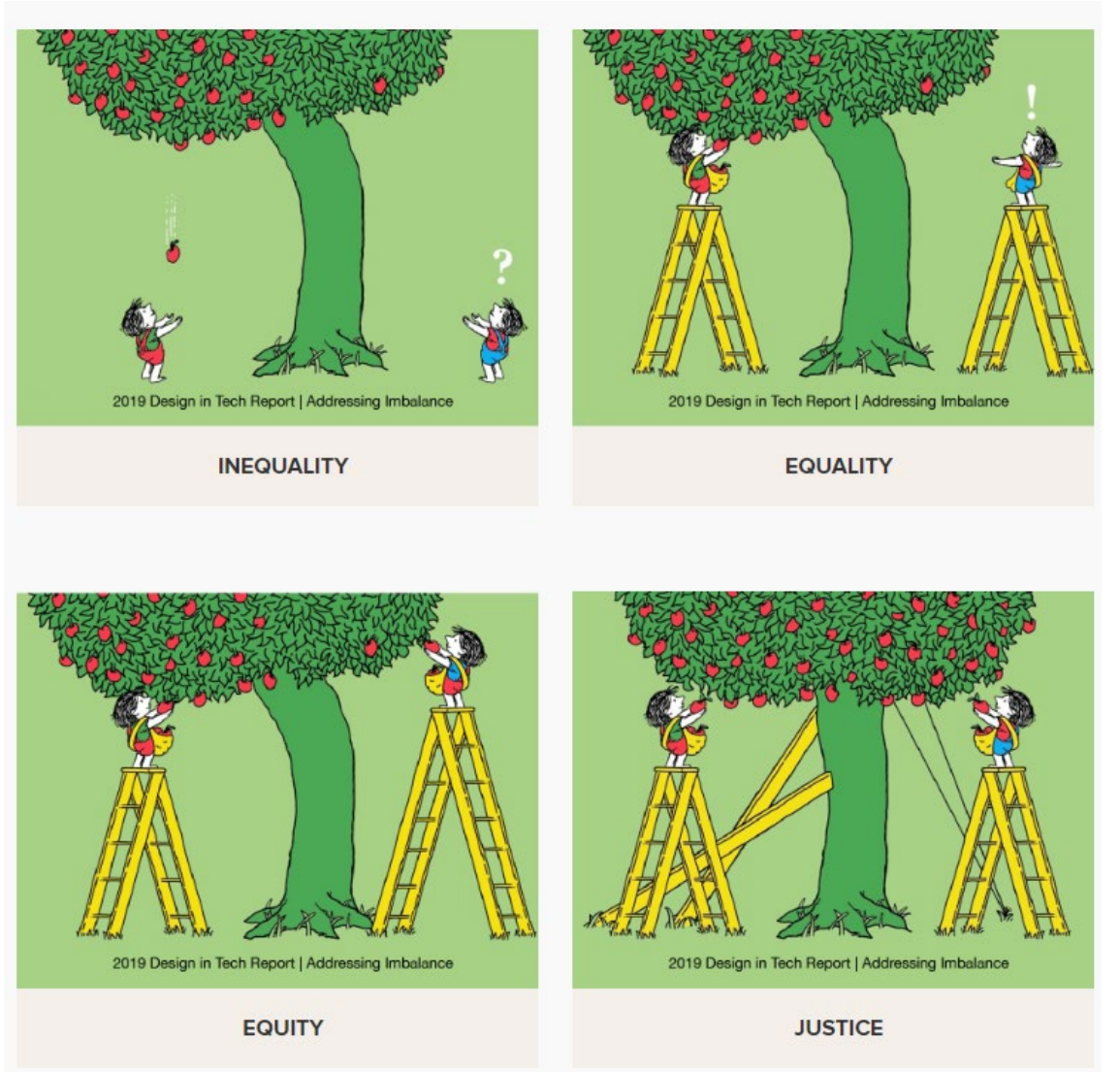
Source: "Addressing Imbalance," by Tony Ruth for the 2019 Design in Tech Report

Social determinants of health (SDoH)

Factors affecting employee health and wealth

Health and Health Care
- Affordable
- Quality
- Accessible

Social Support and Equality
- Type of work
- Workplace culture
- Hiring
- Nondiscrimination
- Engagement

Environment
- Transit
- Housing
- Food security
- Broadband
- Safety
- Local worksite

Key areas of Social Determinants of Health

Income and Financial Stability
- Employment
- Fair pay
- Equal pay
- Cost of living
- Affordability
- Disability

Education
- Language
- Literacy
- Skilling

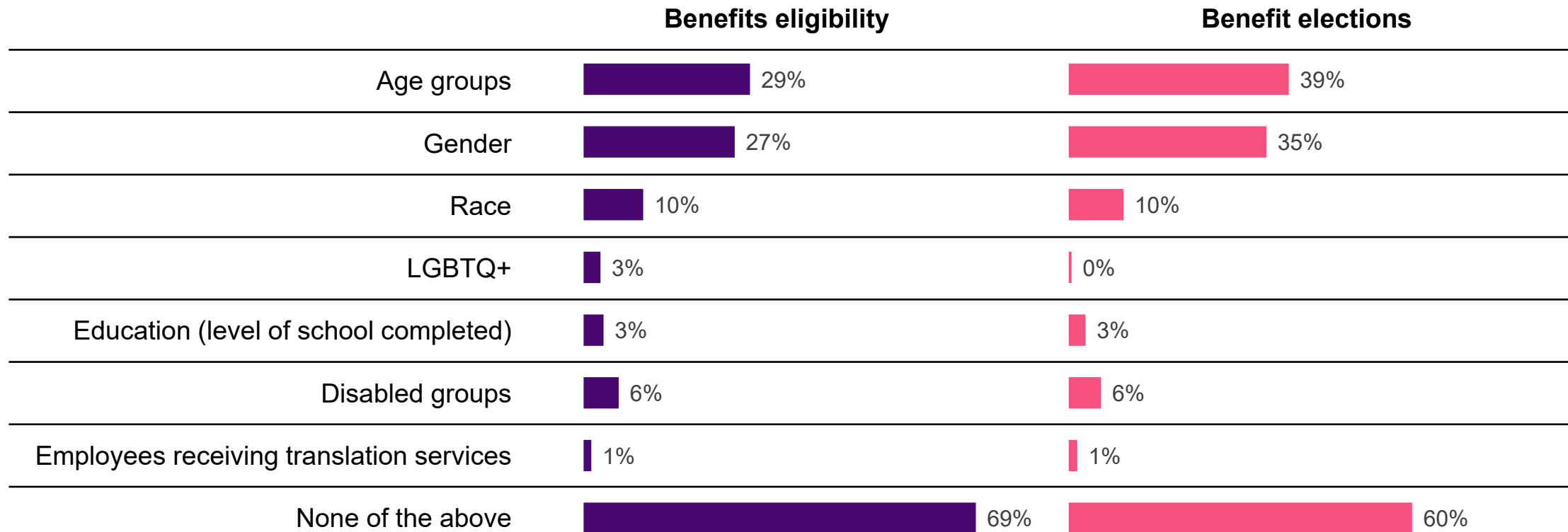Source: https://www.cdc.gov/socialdeterminants/about.html

- Social determinants of health, including race, ethnicity, income, housing, and education, play a large role in *determining clinical outcomes and life expectancy*

- There is substantial *evidence of racial differences in health care access, delivery, and outcomes*

- Some plan sponsors are starting to *explore how data analytics can provide insight* as to the influence of SDoH on their population and opportunities to drive health equity
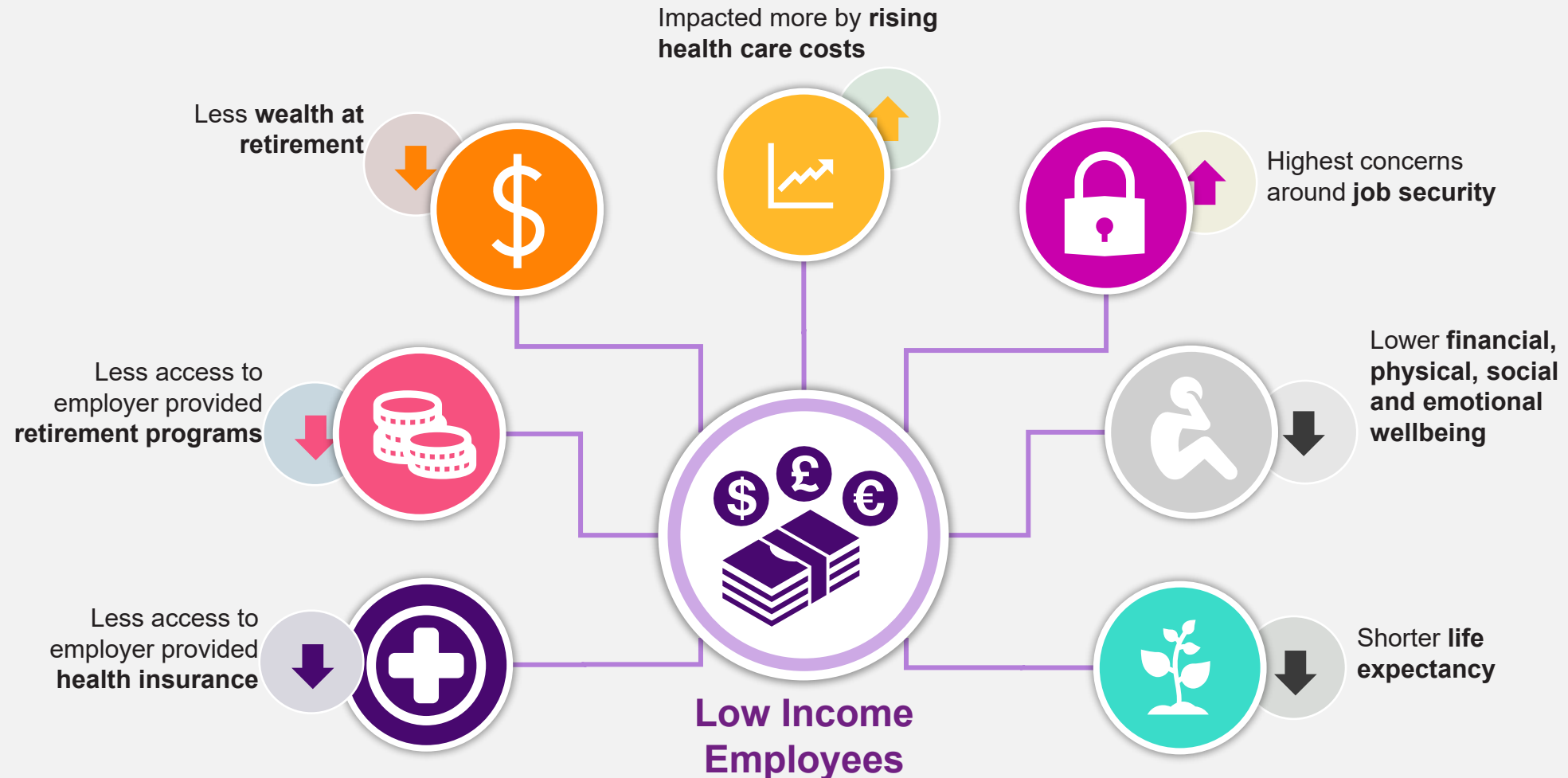
wtw

Few plan sponsors are currently collecting SDoH data

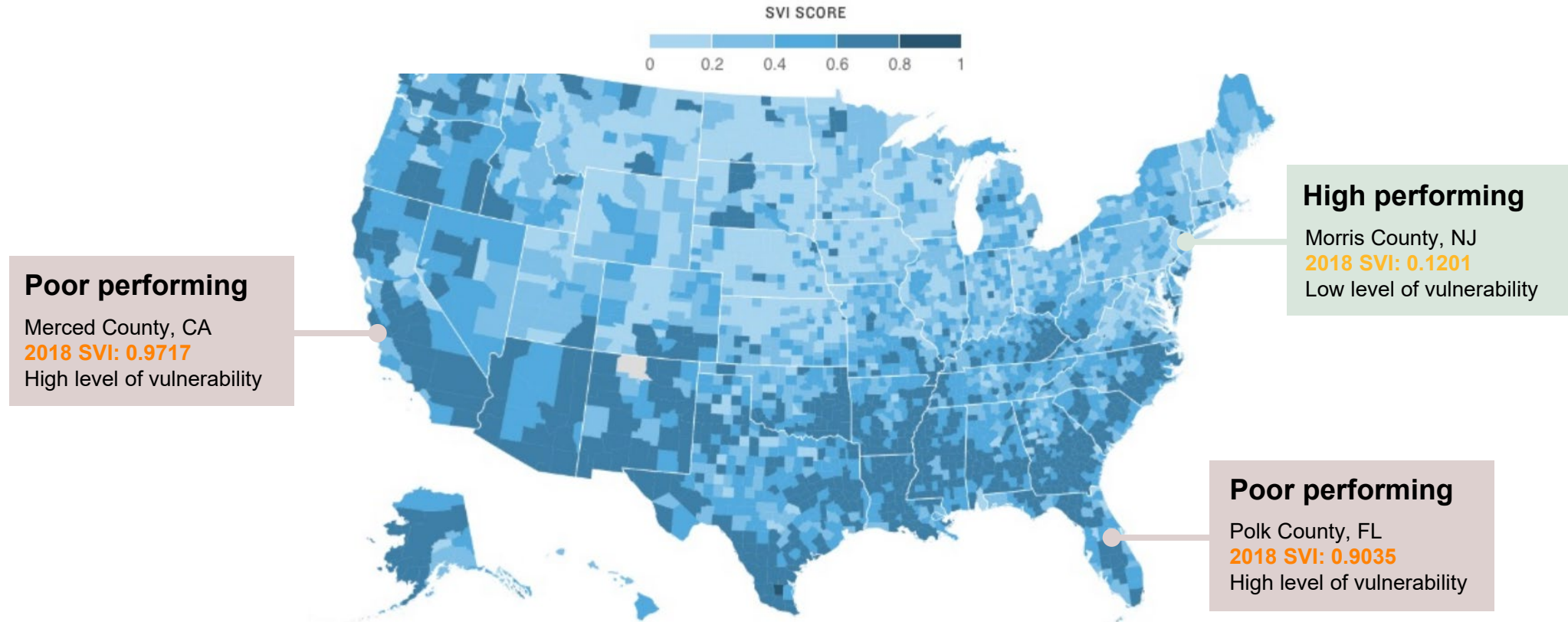|	Benefits eligibility	Benefit elections
Age groups	29%	39%
Gender	27%	35%
Race	10%	10%
LGBTQ+	3%	0%
Education (level of school completed)	3%	3%
Disabled groups	6%	6%
Employees receiving translation services	1%	1%
None of the above	69%	60%

Source: 2021 Emerging Trends in Health Care Survey, United States March, 2021 (446 employers, 6.4m covered lives)

For low income and often underrepresented individuals, gaps are seen in all aspects of day to day living, savings, wellbeing and career

Less **wealth at retirement**

Impacted more by **rising health care costs**

Highest concerns around **job security**

Less access to employer provided **retirement programs**

Lower **financial, physical, social and emotional wellbeing**

Less access to employer provided **health insurance**

Shorter **life expectancy**

Low Income Employees

SDoH Vulnerability Index (SVI)

CDC's Social Vulnerability Index (SVI) Map

High performing

Morris County, NJ
2018 SVI: 0.1201
Low level of vulnerability

Poor performing

Merced County, CA
2018 SVI: 0.9717
High level of vulnerability

Poor performing

Polk County, FL
2018 SVI: 0.9035
High level of vulnerability

What is SVI?

SVI is a **county ranked vulnerability score** based on demographics and socioeconomic factors, is an indicator of potential **poorer health outcomes and/or healthcare inequities**

Why does SVI matter?

Employers with concentrations of employees in counties with high SVI scores may find **employees and their families face health inequities** related to access to care, and compliance with evidence-based guidelines
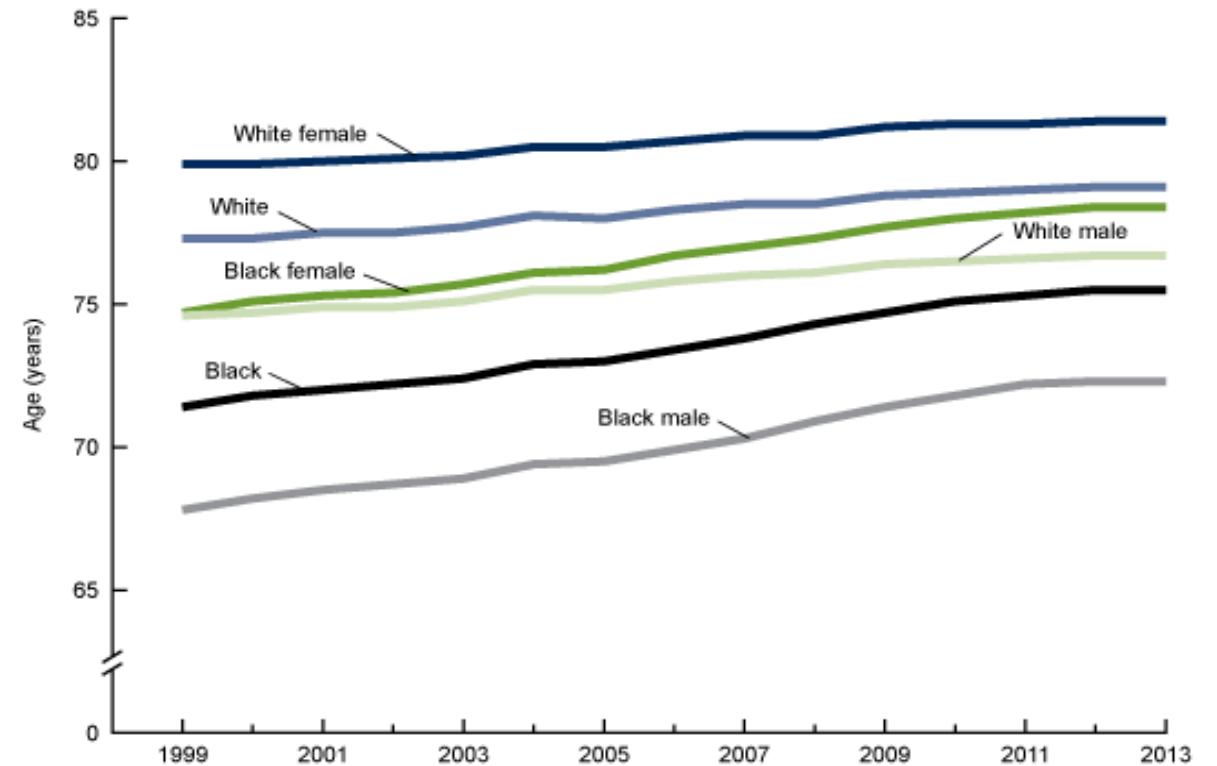
Life expectancy varies based on race and income

Changes in race- and ethnicity-adjusted life expectancy by income: 2001-2014 (U.S. Women)
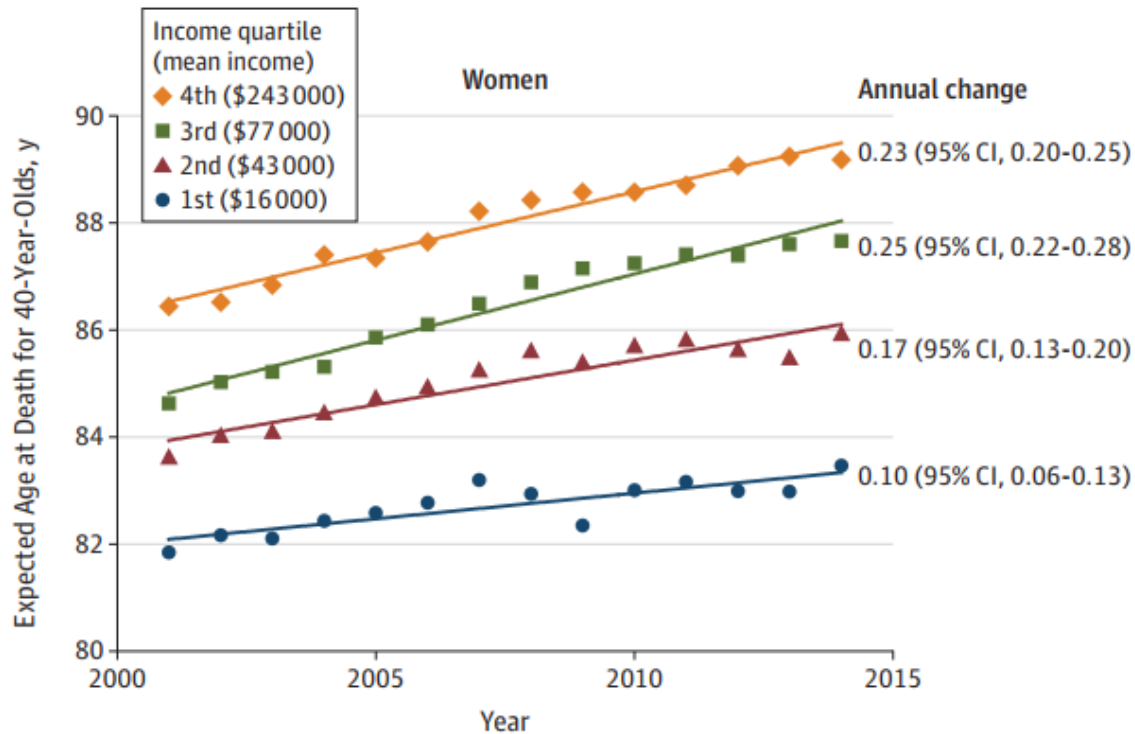
The Association between Income and Life Expectancy in the United States, 2001-2014; Chetty et al. (2016)
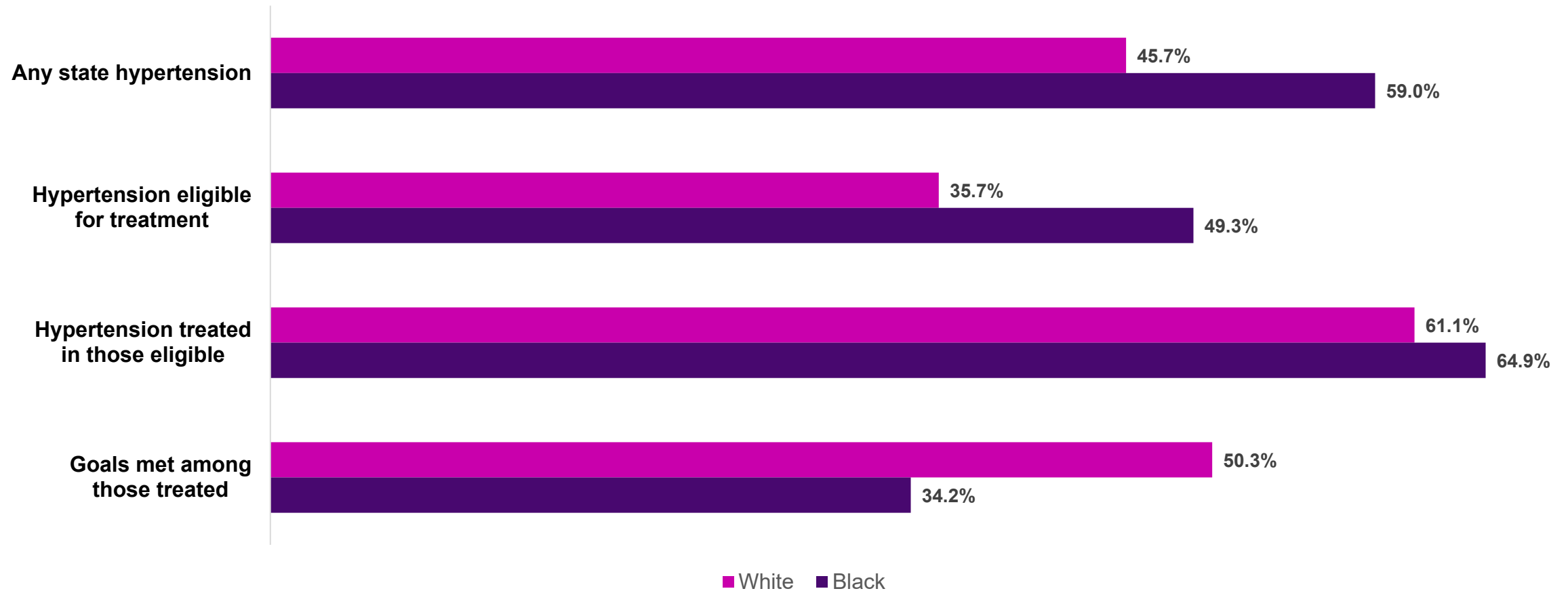
Life expectancy by race and sex: United States 1991-2003

Leading Causes of Death Contributing to Decrease in Life Expectancy Gap Between Black and White Populations: United States, 1999–2013; NCHS Data Brief No. 218 (2015)

Example 1: Hypertension

Black people are more likely to have hypertension, equally likely to be treated, but less likely to meet their target blood pressure through treatment

Category	White	Black
Any state hypertension	45.7%	59.0%
Hypertension eligible for treatment	35.7%	49.3%
Hypertension treated in those eligible	61.1%	64.9%
Goals met among those treated	50.3%	34.2%

■ White ■ Black

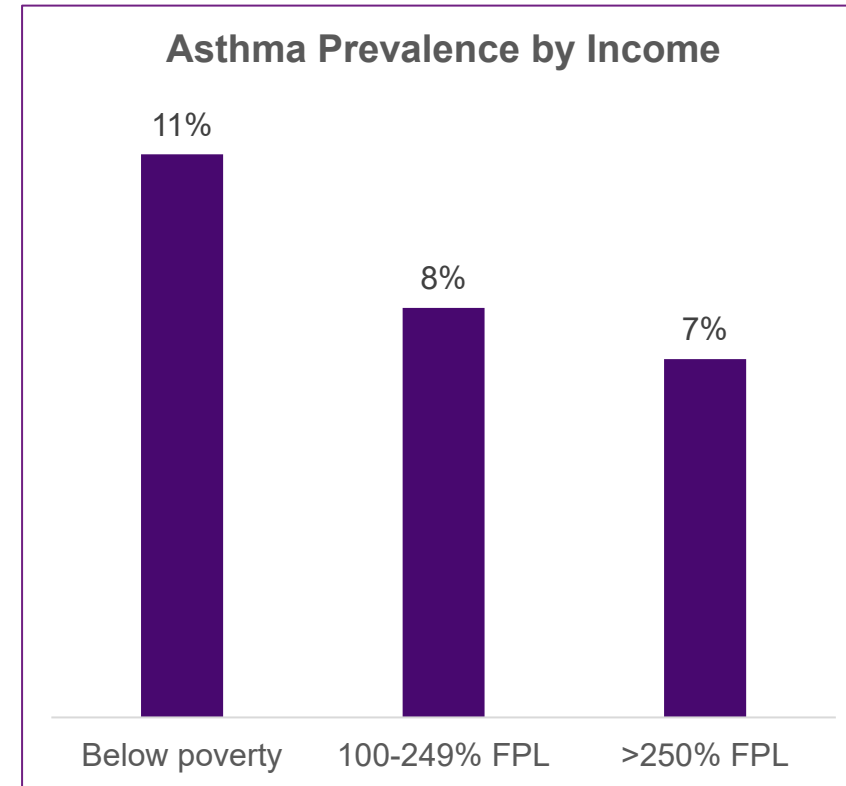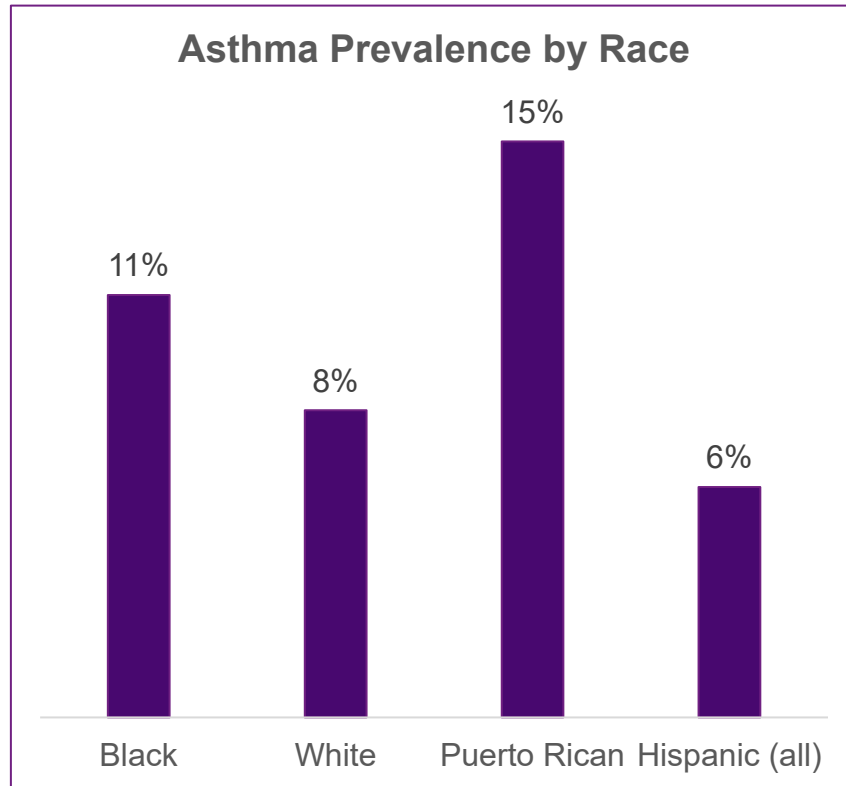Data from NHANES, 2017; Gullam, 2019 (Source)

Example 1: Hypertension, cont.

- Failure to adequately treat hypertension leads to higher risk of
  - Heart attack
  - Stroke
  - Other vascular disease
  - Renal failure
- Higher self-reported discrimination is also associated with statistically significantly higher rates of hypertension [(source)](#)
- Possible claims data analysis enabled by race and ethnic data
  - Medication possession rate (to assess prescription treatment adherence)
    - Adherence could be lower, which could be due to finances, mistrust, or lack of understanding
  - Primary care office visits with a primary or secondary diagnosis of hypertension
    - Fewer Black patients at goal might be due to inadequate follow-up

wtw

Example 2: Asthma

Asthma is highly correlated to both race and income

Asthma Prevalence by Race

- Black: 11%
- White: 8%
- Puerto Rican: 15%
- Hispanic (all): 6%

Asthma Prevalence by Income

- Below poverty: 11%
- 100-249% FPL: 8%
- >250% FPL: 7%

Source: Asthma Disparities in America, Data 2018 from CDC and National Center for Vital Statistics
FPL= federal poverty level

Example 2: Asthma, cont.

- Asthma is a major cause of [missed school]() and a major cause of hospital days
- Asthma is not only more common among Black people; it also leads to far more [emergency department visits and hospitalizations]()
- Possible claims data analysis enabled by race and ethnic data
  - Appropriate use of asthma medications (HEDIS measure – being sure that those who have persistent asthma are on disease modifying medications)
  - Medication adherence
 - Use of emergency department and hospitalizations

Example 3: Cancer

A multimodal intervention in North Carolina was able to effectively eliminate racial differences in treatment

- There is a long history of well-documented undertreatment of Black people with potentially curable lung cancer
  - Contributing factors could include lack of insurance, lack of regular medical care, mistrust or discrimination
- **Researchers deployed an intervention including electronic decision support, feedback including intervention by race, and nurse navigators**
  - Adjusted for age, gender, income, provider, stage and comorbidities.

Black-White Disparities in Treatment of Early Stage Lung Cancer

Retrospective
2007-12
p<0.001

Intervention
2013-17
p=0.56, not signif

■ White ■ Black
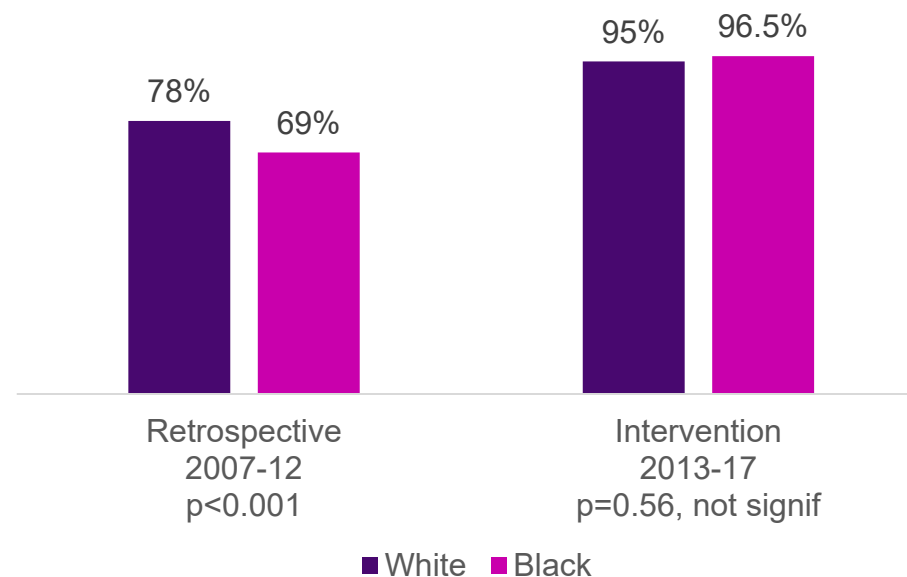
Source: Cykert, et al Cancer Medicine 2019

Example 3: Cancer, cont.

- Black people continue to have higher cancer mortality rates and shorter survivals than white people
- This is often driven by a later diagnosis and potentially undertreatment
- Possible claims data analysis enabled by race and ethnic data
  - Utilization of primary care
  - Appropriate use of screening tests (HEDIS measure by type)
  - Use of emergency department
  - Hospice use (referral and length of stay)

Employee preferences provide meaningful insights and opportunities for equity

Category	Benefit Description	All	White	Black	Hispanic	Asian
Wellbeing	Onsite fitness classes (yoga, weight training)	31%	29%	**50%**	37%	35%
Financial	Loan refinancing (access to personal loan, mortgage refinancing services)	32%	29%	**45%**	**45%**	31%
Financial	Housing assistance (relocation or housing subsidy)	29%	27%	**43%**	34%	**44%**
Recreation	Onsite entertainment (movie room, craft room, game room)	29%	27%	**42%**	37%	33%
Onsite Services	Personal care products available onsite (oral hygiene, feminine products, skin care)	28%	25%	**39%**	**39%**	30%
Technology	Health and wellness apps (fitness, condition management)	30%	29%	**40%**	31%	33%
Family	Special occasion time off (wedding, birthday, kid's events at school)	44%	44%	**54%**	43%	37%
Service	Volunteer benefits (time off, subsidized humanitarian trips)	47%	45%	**54%**	**54%**	**53%**
Food	Lunch (subsidized/free)	72%	71%	**80%**	**81%**	**79%**
Education	Student loan refinancing (access to loan refinancing options)	9%	9%	**17%**	10%	6%
Financial	College prep for children	21%	20%	**28%**	**30%**	18%
Onsite Services	Take home meals (meal kits, farmers market)	41%	40%	**47%**	37%	**52%**
Family	Maternity leave (additional leave for new mothers)	33%	31%	37%	**46%**	37%
Family	Paternity leave (additional leave for new fathers)	32%	31%	37%	34%	32%

Source: Willis Towers Watson 2019/2020 Global Benefits Attitudes Survey, United States

A potential roadmap for action

Find your role	Understand member/family needs, wants	Inventory	Reoptimize to be fit for purpose	Implement change

Find your role

What do you own?

Where can you influence?

How can you amplify?

Understand member/family needs, wants

Participant listening strategies

DEI objectives

Inventory

Member cohorts (roles, demographics, skills)

Current programs (core, wellbeing, perks)

Reoptimize to be fit for purpose

Map cohorts against needs

Identify gaps (design, delivery)

Reoptimize

Implement change

New supportive benefits

Thoughtful delivery models

Measurement strategy that's fit for purpose

Thank you

wtw