



6 Social Determinants of Health Insights to Break Down Barriers

NEW RESEARCH FROM THE FIELD



There is a strong and ever-increasing focus on social determinants of health (SDoH) in healthcare. Plans are working to understand who is at risk, for what areas, which solutions may work, and how to collect data to support the efficacy. With a strong correlation between health outcomes and an individual's unmet social needs, plans are seeking new ways to collect and use SDoH data to improve member experience and health outcomes.

Through Icario's innovative field research by our behavioral science team, we've spent time talking with health plan members in their homes, as well as experts in the field, to understand the barriers people face. From these interviews, we took away 6 key insights to help health plans understand and address SDoH more effectively. Here are their stories.

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So, what are Social Determinants of Health (SDoH)?

The CDC defines social determinants of health as the conditions of the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. The following are examples of SDoH:

- Biology and genetics
- Language and literacy
- Individual behavior
- Social environment
- Physical environment
- Health services, including access to medical care

To be clear, social determinants affect all populations, so they shouldn't be talked about as if someone "has" social determinants. They aren't a disease or an affliction—they impact everyone, but are typically more relevant to low income populations.

“Social determinants of health is just a fancy word for poverty.”

John Gorman, CEO,
Nightingale Partners,
RadioRev Interview

INSIGHT #1

An individual's zip code is a stronger predictor of an individual's overall health more so than other factors, like biology or genetics.

Whether it's access to healthy food or reliable transportation options, where someone lives matters greatly to their health. In fact, 80% of member health is attributable to environmental and socio-economic factors. For example, a member may live in an urban environment, but they may live in a "food desert"—an area without fresh, affordable food options nearby. In this case, the best option for groceries may be the nearby gas station or corner store that doesn't offer healthy options, leaving people with little

flexibility to make healthy choices. The options available at gas stations are typically processed, loaded with fat and sodium, and are the opposite of fresh. Over the course of time, this kind of diet has detrimental health effects.

Beyond access to food, transportation creates another significant barrier to overcome SDoH.

Janet's Story, Chicago

Janet is a single mother living in Chicago with her two young children. She has a full-time job working downtown, a long commute from her home despite living in the city. She doesn't own a vehicle, but has a bus pass to get to where she needs to go.

Every day, Janet relies on public transportation to get her to and from work, as well as get her kids to and from daycare. She works long days to provide for her family. But as most daycare centers do, they incur late fees if you're late to pick up your kids—sometimes as much as \$1 per minute you're late, per child. Because public transit isn't always reliable, Janet often finds herself late picking up her kids despite leaving work early. The late fees quickly add up and can sometimes offset her earnings for the day, keeping her in a perpetual state of poverty.



INSIGHT #2

When people are in a period of transition they're more likely to take action.

People often enter a “housekeeping mode” when entering a new stage in life or experience a major life change. Revel’s behavioral research team has found that this concept isn’t unique to specific people, it applies to all populations.

People are often more open to engaging and taking action when they, for example, get a new job, enter recovery, have a baby, or send a child off to college.

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Melinda’s Story, Boston



Melinda was never one to think much about her own health—she had her young son to consider. But once he entered high school and started looking at colleges, Melinda had what she called a “smack-in-the-face moment.”

She explains, “When my oldest son started looking into colleges, I realized I couldn’t keep up with the pace of the campus tours. I couldn’t walk the three miles. I ended up looking in the mirror and asked myself, ‘what are you doing? Your son needs you now and you’re carrying all this extra weight.’ It was time for a change.”

Melinda’s realization that her son was moving into the next phase of his life, prompted an “aha moment” that she would be transitioning to a new lifestyle, too. This caused her to take her health more seriously so she could support her son.

As a health plan, being aware of major changes in a member’s life is key to successful engagement. Paying attention to the member data that you have that could inform your health engagement communication strategies to target members going through a period of transition could open a door for better health. With that knowledge, it’s important to consider all available data. Even a lack of data, in some cases, is data. For example, if an individual isn’t responding to any communications, the lack of engagement alone is a data point of note. They may just be on the brink of a transition if you dig a little deeper.



Samuel never had a problem with the health system until his wife passed away. She was diagnosed HIV positive and instead of following the recommendations of doctors, she chose to do things her own way. She didn't take the medicine provided and often left the hospital when she wasn't getting better. Samuel explains, "When my wife died, a certain resentment towards hospitals came over me. The doctors let her go home, but she wasn't the same. She didn't get better and we had to take her back again. When she died, that's when things changed."

Because Samuel's wife built a barrier with the healthcare professionals working to combat her illness, she didn't follow their instructions and ultimately, passed away. This left a lasting impression on Samuel and now he has adopted his wife's barrier as his own.

Samuel's Story, Oakland

INSIGHT #3

Outside influences create barriers even if they don't exist for an individual.

The beliefs and attitudes of individuals is a key driver of when and how a person will take action. But it doesn't always tell the whole story. Sometimes, from the outside looking in, it doesn't appear that any barriers exist for an individual. Yet, they still aren't engaging. This is when the experiences and barriers of an individuals' social environment need attention.

While it may seem that barriers don't exist for the individual, there's something happening in their social environment that's leading them to think, "their baggage (barrier) is my baggage (barrier)."

INSIGHT #4

Communication is more than just well-timed messages.

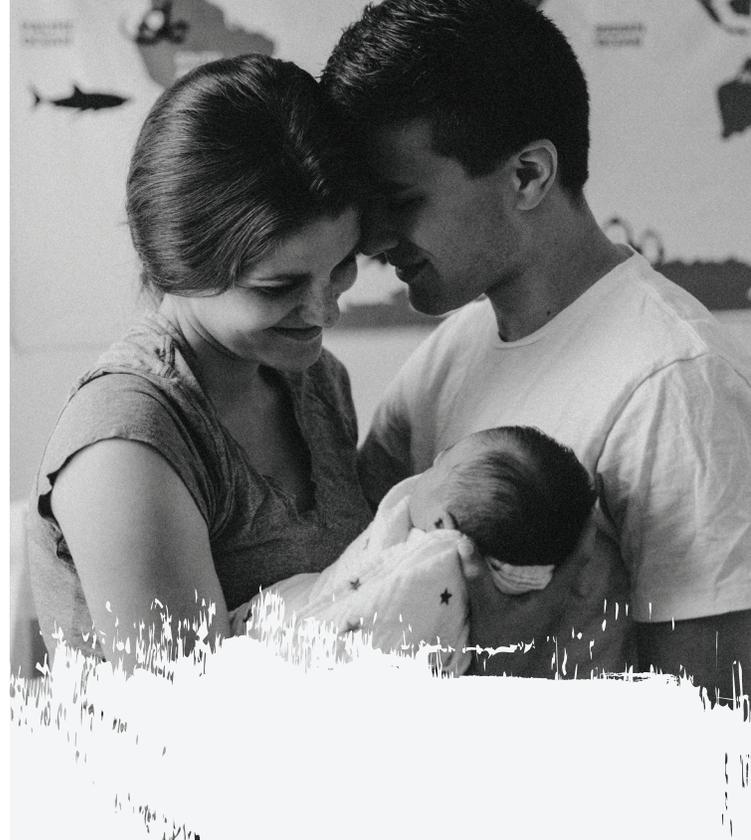
There's more to consider than just timing when trying to engage hard to reach members. When it comes to collecting member health data in an HRA or through a SDoH Assessment, language and complexity are critical to get right.

For example, lengthy surveys tend to be a huge barrier. In addition, complex surveys may create unreliability in the data that is collected due to survey fatigue. As a result, it's critical that the questions are short, easy to understand, and direct. While there is a need to understand barriers, these questions can be kept at a relatively high level so long as a zip code, or even city, is collected as part of the survey.

Just because you're communicating doesn't mean you're connecting.

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Story from the Department of Health, Little Rock



Working for the Department of Health in the Southern US, Barbara has encountered her fair share of member barriers. One that sticks at the top of her mind are stories of families dealing with language barriers—it can be so difficult to communicate when doctors and patients don't speak the same language.

Barbara explains, "Language becomes a real challenge, even when trying to communicate something simple. A Spanish speaking family brought their little baby—less than a year old—into the doctor. From the perspective of the family, they thought the doctors didn't want to help because they were turned away, but couldn't understand why. The baby was getting sicker. Turns out, the doctor they went to see doesn't treat infants, but that wasn't effectively communicated. I ended up visiting the home of the family to explain to them that we wanted to help their child, but they had to see a different doctor. That was a difficult barrier to overcome."



As an employee of the Department of Health in a southern state, Jean has heard from many members how often they've had to prove they have benefits. Having to "prove" that they qualify or are entitled to a service can be a huge barrier for some people. Sometimes it's due to logistical reasons and other times it's not aligned with their understanding of worth. They don't want to go through the hassle of proving what they deserve yet again. Jean put it best when she said, "Everyone earns their benefits one way or another."

Story from the Department of Health, Savannah

INSIGHT #5

Qualifying for benefits is one thing, but needing to constantly prove you have them is another.

Quality healthcare and benefits are something all people should have access to, regardless of their situation. That said, members that are entitled to benefits and try to use them, but are denied or turned away, is a real problem and an unfortunate barrier that many people deal with.

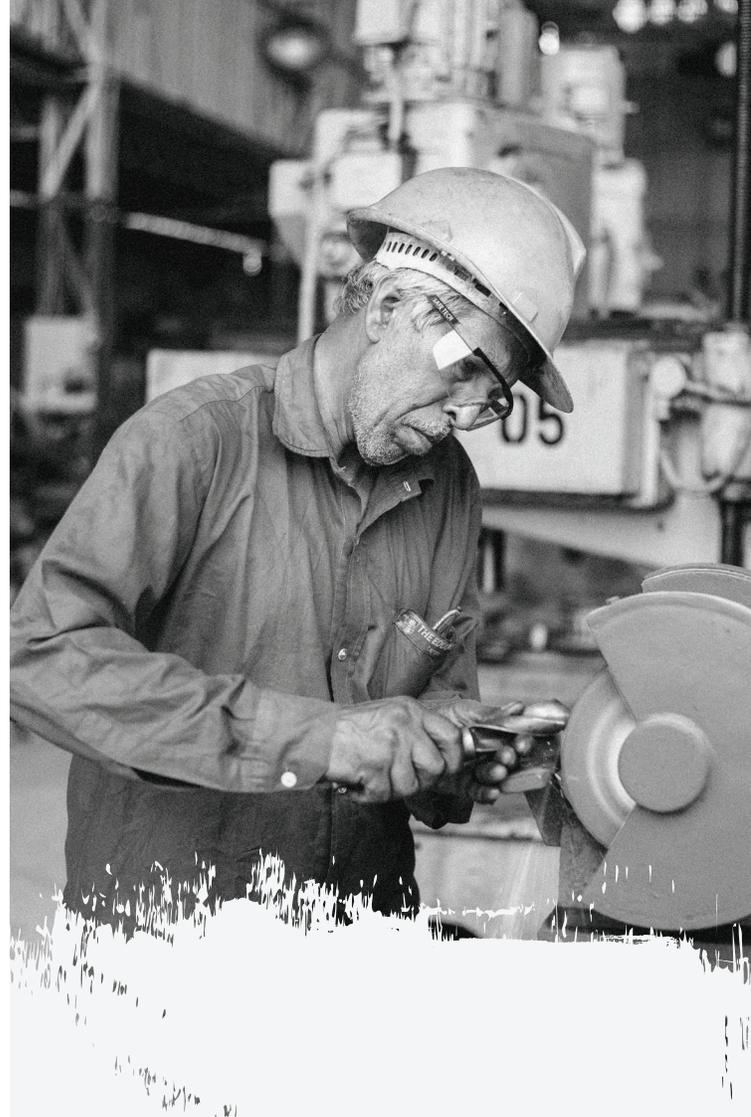
INSIGHT #6

Understand the “Why” Behind Member Actions and do it with Respect.

Individual behavior is a barrier that is difficult to overcome, especially when you don't understand a member's belief system or attitude towards certain things. One thing is certain, members will not engage with people who approach them with a tone of disrespect. It's always important to understand where members are coming from, the “why” behind their attitudes, and to remember that each member is a person deserving of respect. The second you disregard and disrespect someone's beliefs without another thought, you've created a barrier you'll never overcome.

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Story from the Department of Health, Saginaw



On many occasions, the team at the Department of Health would be called on-site if a business, like a factory or plant was closing to talk to employees about their healthcare options. Nancy explains, “There were many reasons why people may not want to accept your services and you have to be okay with that. Sometimes it was because they were too proud, other times it was because they had other options or beliefs. My job was to reinforce their autonomy and choice—it's up to them to decide what they want to do. But I always found that when you spoke to someone with a tone of respect and didn't act superior, they were more willing to listen.”



Key Takeaway

As a result of these insights, Revel developed a SDoH Assessment that uses the most advanced methods in behavioral research to unlock the view of people's unique needs within certain communities. With this tool, health plans can now more effectively connect with their members to learn the true barriers they encounter, while developing programs and services their members need the most.

6 SDoH Insights to Break Down Barriers

| PHYSICAL ENVIRONMENT |

An individual's zip code is a stronger predictor of an individual's overall health more so than other factors, like biology or genetics.

| LIFE STAGE |

When people are in a period of transition they're more likely to take action.

| SOCIAL ENVIRONMENT |

Outside influences create barriers even if they don't exist for an individual.

| LANGUAGE |

Communication is more than just well-timed messages.

| PROOF OF BENEFITS |

Qualifying for benefits is one thing, but needing to constantly prove it is another.

| TONE OF DISRESPECT |

Understand the "why" behind member actions and do it with respect.

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