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FEATURE

Addressing the drivers of health

Engaging members and patients, employees, and communities beyond health

Kulleni Gebreyes, Josh Lee, David Rabinowitz, Claire Boozer Cruse, and Madhushree Wagh

THE DELOITTE CENTER FOR HEALTH SOLUTIONS

Health care organizations should enhance strategies meant to address social, environmental, and economic factors that contribute to health outcomes—the drivers of health.

Executive summary

The root causes of disparate health outcomes include racism and bias, structural flaws in the health care system, and deep inequities within the drivers of health (DOH). To advance health equity, organizations should look outside of the traditional health care system and address these social, economic, and environmental factors that lead to healthy or unhealthy outcomes. This research focuses on the ways health care leaders can address inequities in the DOH in their patients and members, employees, and community, and through relationships in the larger ecosystem.

In 2017, the Deloitte Center for Health Solutions surveyed nearly 300 health system leaders and found that 80% said they were committed to establishing and developing processes to systematically address social needs as part of clinical care. However, the same survey revealed that much of the activity was ad hoc, and gaps remained in connecting initiatives that improve health outcomes or reduce costs. This time, as we relaunched the survey with health system leaders, we added health plan leaders.

The 2021 Drivers of Health Survey of 49 health plan leaders and 251 health system leaders revealed the following insights into areas in which health care organization leaders can impact DOH to achieve greater health equity:

- **Most health care organizations are still screening their patients and members more than they are actively connecting them to services:** As we saw in the prior survey, in nearly every DOH area, health care leaders say they are screening their patient and member populations for need. However, far fewer say they are acting on those identified needs by, for instance, establishing in-house programs or creating formal partnerships with community-based organizations (CBOs). For example, while 80% say they are screening their patients and members to determine whether they might need access to food banks or vouchers, only 35% have established community partnerships to address identified needs in that area.

- **Many are not leveraging partnerships with CBOs enough:** While 69% of health plan leaders and 63% of health system leaders say they have general partnerships with local community- and/or faith-based organizations to help address DOH, fewer than one-third of overall respondents say they are leveraging community partnerships to address *specific* DOH needs in their patients and members or larger community.

- **More ecosystem partners are needed to bolster DOH efforts:** Fewer than half of health system leaders (49%) and health plan leaders (45%) say they have partnered with other health care organizations to address DOH needs. Just over half of health plan leaders (55%) and 44% of health system leaders say they partner with technology vendors that provide solutions like ride-sharing or digital financial literacy vendors.

- **Health care organizations pay least attention to their own employees' DOH needs:** Fewer than half of health care organizations are screening or providing programs to their employee populations around economic or environmental DOH (e.g., 41% are screening their employees to identify whether they are able to pay their bills or whether they have stable housing versus 78% who say they are screening their patients). Education is the only DOH area where employees receive more attention than patients and members and the larger community.

- **Growth in value-based care is leading more health systems to invest in DOH than four years ago:** In 2017, 20% of health system leaders said that value-based models or initiatives that emphasize the integration of DOH into health care would lead them to increase their organization's investments in this area. By 2021, this increased to 58% of health system leaders.

Most of the survey respondents agree that improving health outcomes is a top goal underlying their DOH strategy (90% of health plan leaders, 74% of health system leaders).

Health care organizations and their leaders looking to impact their patients and members, community, and employee populations' DOH should implement well-defined DOH strategies now. Leaders should consider:

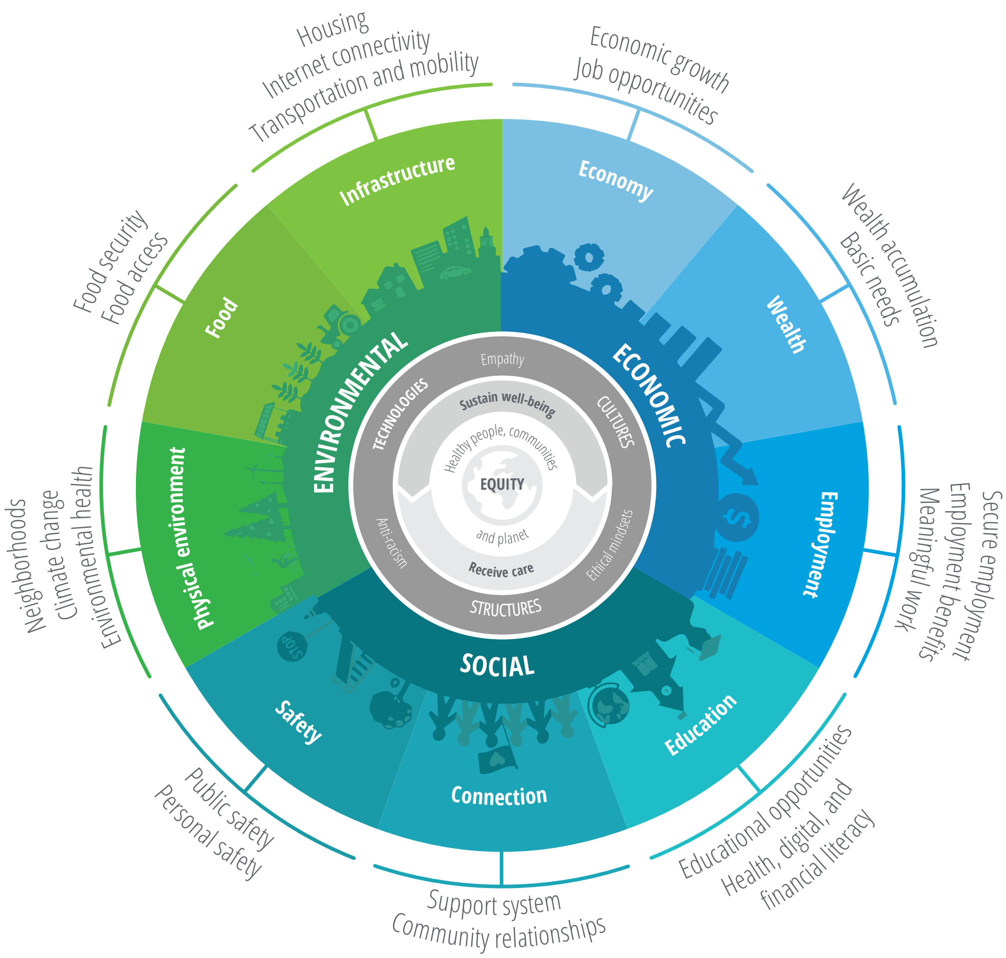
- Creating accountability and governance for DOH initiatives
- Measuring and evaluating programs and initiatives
- Embedding DOH approaches into clinical care
- Ensuring their own employees' needs are being addressed
- Strengthening relationships with CBOs
- Looking to new ecosystem partners

Introduction

In *Activating health equity: A moral imperative calling for business solutions*, we outlined how health care organizations can intentionally and deliberately design and build systems that advance health equity as an outcome. One way to do this is by addressing social, economic, and environmental needs faced by their employees, patients and members, and larger community, and the ecosystem relationships and partnerships that can support these initiatives. With that in mind, we surveyed health care leaders on the activities and programs they have initiated to activate greater health equity across these different areas (figure 1).

FIGURE 1

Health care organizations can impact DOH for their patients and members, employee populations, and in their larger communities



Source: Deloitte analysis.

RESEARCH METHODOLOGY

Executive survey: In June and July 2021, the Deloitte Center for Health Solutions surveyed 300 leaders at large health systems and health plans to understand how they are addressing the DOH. We aimed for participant variety among large health system and health plan leaders. As reflected below, responsibility for DOH initiatives and programs is held by many different titles/roles.

- **Health plans (N = 49)**
  - *Size:* All respondent organizations had more than 500,000 member lives. More than three-fourths of organizations had more than 2 million member lives.
  - *Respondent titles:* Director/VP/SVP—strategy (45%), population health (20%), and chief medical officer (18%), among others.
- **Hospitals and health systems (N = 251)**
  - *Size:* All respondent organizations had revenue of more than US$1 billion. Approximately half of them had revenue of more than US$5 billion.
  - *Respondent titles:* Administrator (34%), chief medical officer (23%), director/VP/SVP of strategy (12%), and chief clinical officer (10%), among others.

We asked respondents to answer questions on their initiatives to screen and connect specific populations to services: their patients, members of their larger community, and their employees. We also asked them about their capabilities, investments, and barriers around DOH initiatives.

Executive panel discussions: We also conducted small group discussions in August 2021 to review the survey findings with external subject matter experts. We consulted a total of 11 experts in the DOH and health equity fields from academia, community organizations, and industry associations. The panelists reacted to the survey results and added their perspectives on various aspects of DOH screening and interventions, capabilities, investments, and barriers to overcome.

To understand where health system and health plan organizations are building solutions and strategies to address the DOH for their employees, the people they serve, and their larger community, we surveyed 300 leaders from large health system and health plan organizations. We also talked to experts from academia, community organizations, and industry associations to understand the practical implications of these survey findings (see sidebar "Research methodology").

Throughout the survey and discussions, we referred to areas of need as the "drivers of health." Many organizations may refer to these as the "social determinants of health." We use this term because there has been a shift in parts of the health care system away from referring to these as "determinants" and rather as "drivers" to emphasize that nothing predetermines health (see sidebar "Words matter: Social determinants of health versus drivers of health").

WORDS MATTER: SOCIAL DETERMINANTS OF HEALTH *VERSUS* DRIVERS OF HEALTH

As a recent *Health Affairs* blog emphasized, "Now more than ever, it is crucial that we use language that speaks to the realities of peoples' lives and illuminates, rather than obscures, our shared understanding of and responsibility to act on all the factors that drive health."

When we conducted the original survey in 2017, most health care leaders were addressing what they then called the *social determinants of health (SDOH)*. As the national conversation around this imperative has matured, we have seen a shift away from the word *determinants* toward the item *drivers of health (DOH)*. This shift occurred as health care organizations and CBOs gained more evidence around and experience with supporting patients' and members' needs outside of health care. Indeed, while for many years the discussion centered on what elements outside of clinical care *determined* the health of an individual, the discussion now centers on what support and programs can aid and *drive* better health outcomes. These factors drive health outcomes—whether good or poor—but are not predetermined. In addition, beyond just "social," these drivers also include economic and environmental factors. Finally, this shift toward *drivers* helps turn the focus toward building up the ways that health care organizations can support individual agency.

Most health care organizations are still screening their patients more than they are actively connecting them to services

Our 2017 survey found that most hospitals (88%) were screening for social needs at the time. However, only 33% of them reported having a well-defined process for connecting people with social-needs-related resources needs resources for their entire target population. The 2021 survey revealed that this gap still exists. For example, while most health care leaders (79%) say they are screening the populations they serve to understand whether they face challenges paying bills, only 35% say they have formal partnerships with community organizations to help patients address need in this area. Few health care leaders (29%) say they are screening patients and members for education level or connecting them to community partners who could help advance their education (18%) (figure 2).

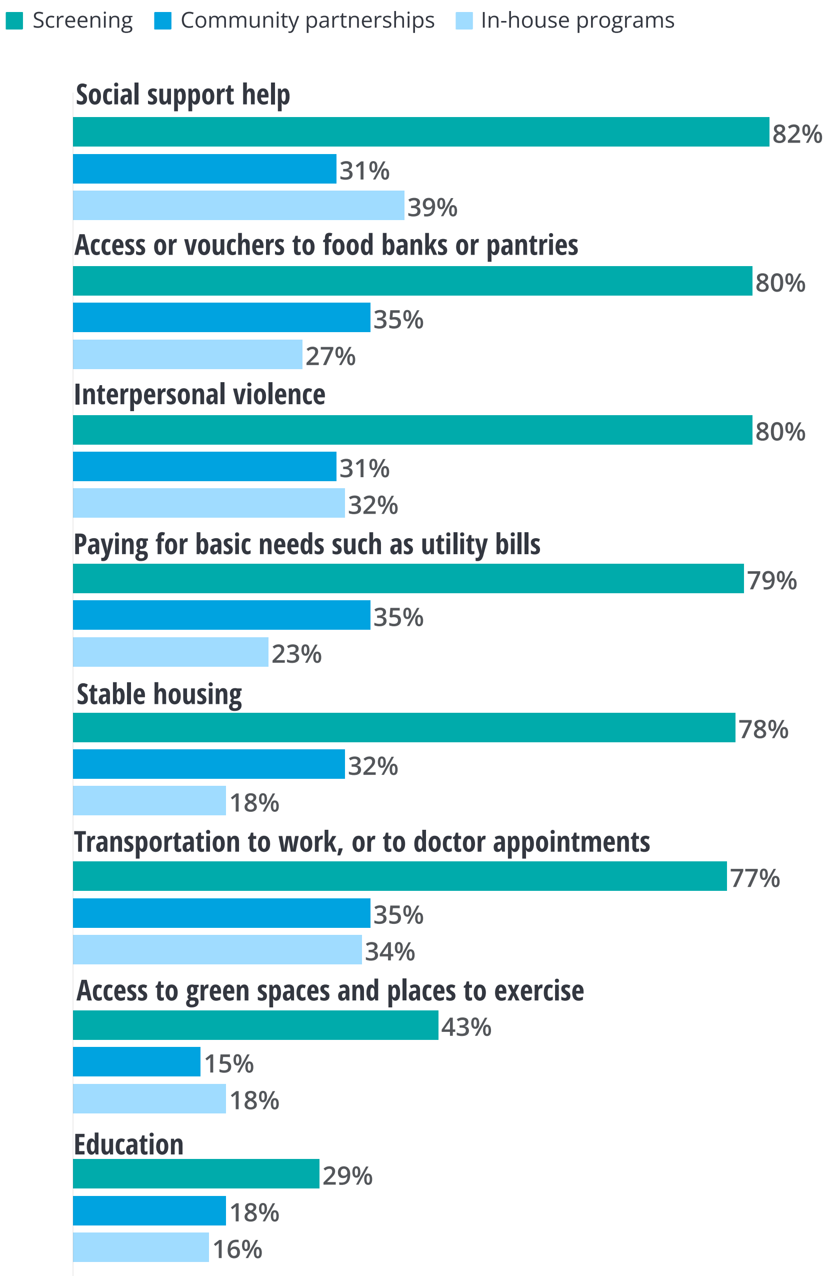
Many are not leveraging partnerships with CBOs enough

There is increasing evidence on how insights into their communities can help health care organizations identify patients' and members' health needs in a timely manner.[5] About two in three respondents say they have general partnerships with local community- and/or

> **"There are some real structural and trust issues in working with public and private organizations, period. It can be a convoluted process to forge the right public-private partnerships to work with large organizations and nonprofits ... And then, you have a failure, quite honestly, in public health, which should really be a trusted convener in our communities to bring it all together."**
>
> — ***Joe Wilkins, managing director, JW Health Insights and board director, Black Directors Health Equity Agenda***

FIGURE 2

Most health care leaders say they are screening their patients for DOH, but fewer say they are connecting them to services that address DOH (via community partners or in-house programs)



Note: Percentage of respondents who selected each response when asked "Does your organization screen patients or members to determine if they have the following needs" and "Does your organization 'have programs in-house to help patients or members,'" and/or 'have formal partnerships with community organizations to help patients or members.'"
Source: Deloitte 2021 Drivers of Health Survey.

IN ACTION: ADDRESSING PATIENT AND MEMBER DOH

- For years, integrated care organization **Kaiser Permanente** has invested millions into researching the impact of childhood trauma on health over a long period. Through this research, Kaiser Permanente has identified that adverse childhood experiences (ACEs), such as physical and mental abuse, neglect, and household dysfunction, can severely impact children's health and well-being later in life. ACEs have been linked to longer-term increases in risk for alcoholism, teen pregnancy, depression, diabetes, intimate partner violence, suicide, severe obesity, drug abuse, and sexually transmitted disease. As it continues to invest in research in this space, Kaiser Permanente will work on developing clinical and community-based interventions that can break "intergenerational cycles of childhood trauma and create a brighter future for children," according to their press statement.
- In July 2021, **UnitedHealth Group** introduced the use of predictive analytics to identify and address DOH among its members. UnitedHealth will use de-identified claims data to identify members of its employer-sponsored benefit plans who are most likely in need of support. In addition, it also helps proactively connect them to low- or no-cost community resources. Through this, UnitedHealth will be able to help members find access to nutritious meals, obtain internet and mobile access through financial subsidies, and find options for continuing education, among others. This capability builds on last year's collaboration between UnitedHealth and the American Medical Association (AMA) in the creation of nearly two dozen new ICD-10 codes related to DOH to connect the neediest directly to local and national resources in their communities.

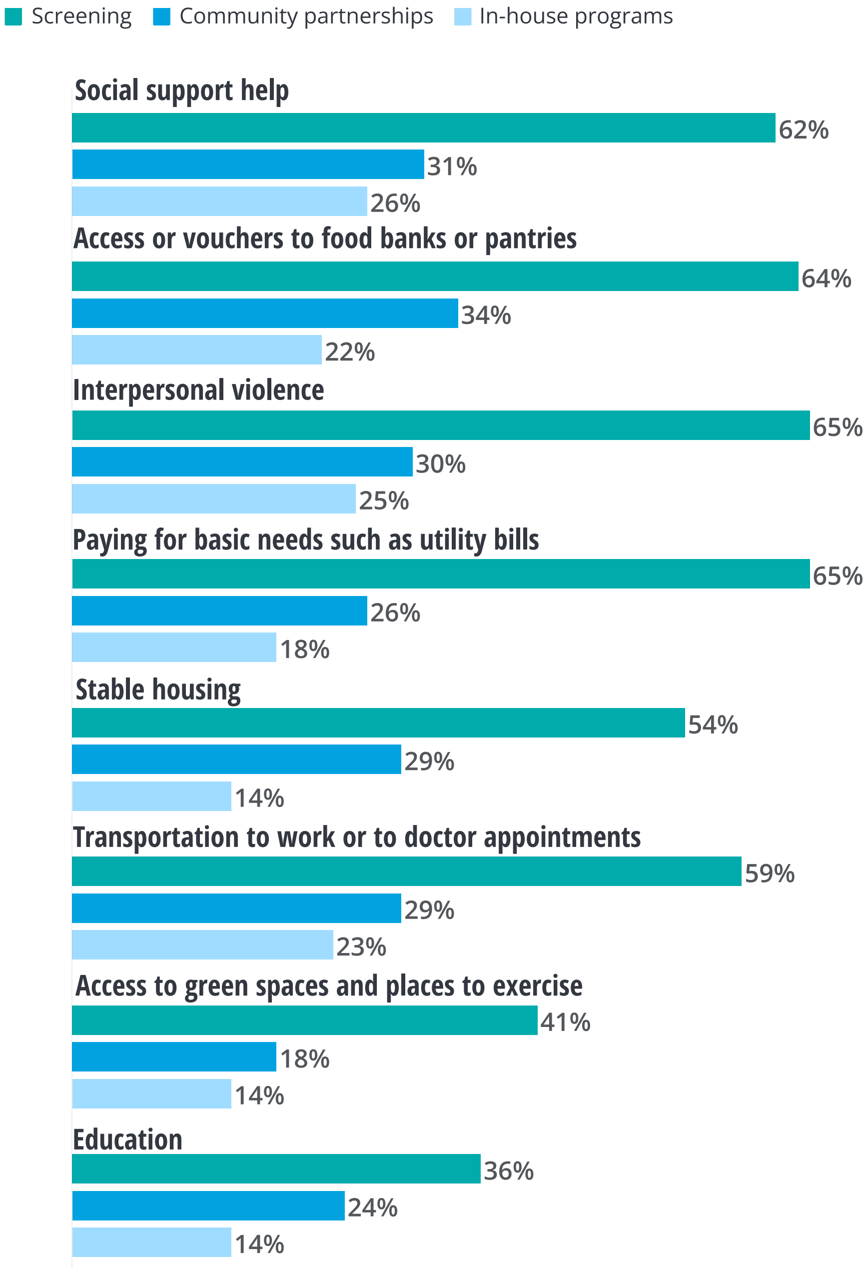
"It's great to see some [health systems] conduct food insecurity screening or transportation using frameworks like the PRAPARE assessment or the Accountable Health Communities (AHC) model assessment. However, we've found that the percentage of the patient base getting screened for social needs remains very low, which then impacts referrals out to the community. In the future, more consistent programs that also leverage analytics on need look to be the right approach to ensure the majority of a patient base has health-related social needs captured."

— ***Manik Bhat, founder and CEO, Healthify Inc.***

faith-based organizations to help address DOH needs. But, fewer than one-third of overall respondents say that they are leveraging community partnerships to address *specific* DOH needs in their larger community. For example, a little more than half (54%) of health care leaders say they are screening their larger community for access to stable housing, and only 29% say they have formal partnerships with community organizations to address housing needs in the community or communities they serve (figure 3).

FIGURE 3

Few health system and health plan leaders say they are leveraging community partnerships to address DOH needs in their larger community



Note: Percentage of respondents who selected each response when asked “Does your organization screen the community/communities you work in to determine if they have the following needs” and “Does your organization ‘have programs in-house to help the community/communities,’ and/or ‘have formal partnerships with community organizations to help the community/communities."
Source: Deloitte 2021 Drivers of Health Survey.

IN ACTION: ADDRESSING THE COMMUNITY'S DOH

- Boston-based **Dana-Farber Cancer Institute**, in July 2021, committed US$1 million to the Healthy Neighborhoods Equity Fund (HNEF), founded by Conservation Law Foundation (CLF) and Massachusetts Housing Investment Corporation (MHIC). HNEF is a private equity fund focused on low-cost real estate investments for communities in Greater Boston, helping them achieve better social, health, and environmental equity. Recognizing the lack of access to affordable, stable housing as one of the root causes of serious illnesses (including cancer) and worse outcomes, Dana-Farber's investment will help make the communities they serve healthier and more resilient, according to a press statement.[6]
- The 10 diverse neighborhoods comprising Chicago's West Side have chronic disease statistics far worse than the regional and national average. In 2017, Chicago's six leading health systems, traditionally competitors, came together along with county and civic institutions, to form **West Side United (WSU)**. WSU is a collaborative with a mission to reduce the life expectancy gap between downtown and the West Side of Chicago by 50% by 2030. WSU is making progress on this mission by addressing inequality in four major areas—education (e.g., 148 hospital internships in 2020; 80% Black), economic vitality (e.g., 2,400 local hires at hospitals), health care (e.g., 254 new mothers received virtual nursing help), and the physical environment (e.g., US$8.1 million investment to fund community-based projects).[7]

> **"There's a push from the payers, systems, and health and human services to work more with our type of organization … It is usually a formal relationship, but months go by and we don't receive any type of referrals. But there has been a shift. There's a big difference between 2016 and today. I think a lot of community organizations would prefer if we were embedded into discharge systems more."**
>
> — ***Sue Daugherty, CEO, MANNA***

More ecosystem partners are needed to bolster DOH efforts

Extending relationships to new partners, including organizations traditionally considered competitors, could help organizations address DOH needs. Many health care leaders already recognize this: Nearly half of health system leaders (49%) and health plan leaders (45%) say they have partnered with other health care organizations to address DOH needs. Nontraditional players are increasingly playing a role in addressing needs too. More than half of health plan leaders (55%) say they partner with technology vendors that provide solutions like ride-sharing or digital financial literacy vendors (figure 4).

FIGURE 4

Most health system and health plan leaders say local community- and/or faith-based organizations are strong partners

Note: Percentage of respondents who selected each answer when asked "Who is your organization partnering with to address the drivers of health? Please include formal partnerships only (those that you have a contract or agreement with)."
Source: Deloitte 2021 Drivers of Health Survey.

IN ACTION: PARTNERING TO ADDRESS DOH

- In July 2021, **WellSky**, a health and community care technology company, announced the acquisition of **Healthify**, a platform-based solutions startup that supports DOH. This deal is expected to scale the combined DOH offerings of both these organizations. By leveraging Healthify's network and interoperable referral platform, WellSky will be able to connect health plans and providers with community organizations to identify social needs, improve outcomes, and promote health equity while lowering the total cost of care.[8]

- **Unite Us**, a health tech startup founded in 2013 to connect people in need with the right services to impact health outcomes, announced two acquisitions in the DOH space recently. In September 2021, Unite Us announced the acquisition of **NowPow**, a tech-based referral platform for health and social needs to scale the combined offerings. This comes close on the heels of its acquisition of **Carrot Health**, a consumer and health dataset and predictive analytics platform focused on improving health behaviors. Together, their capabilities will help payers, providers, and CBOs deliver appropriate care to patients and members, track the outcomes, and address DOH.[9]

Employees' DOH needs receive the least attention from health care organizations

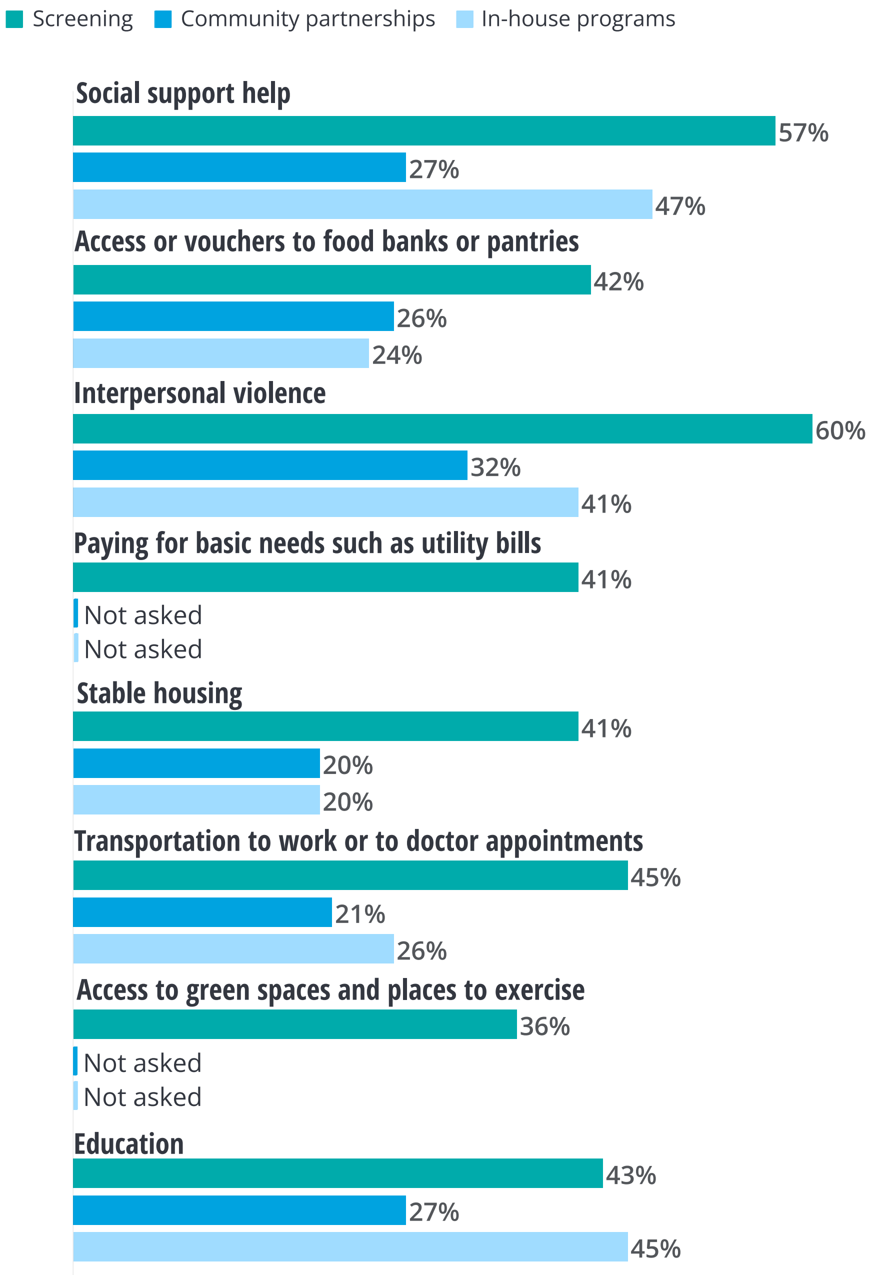
In earlier research, health care CEOs we surveyed identified improving the health of their workforce through DOH as a top focus area. However, this survey revealed that gaps remain in making progress toward that priority. Respondents indicated that, compared with patients and members and their larger community, employees are the least likely group to be screened for DOH or be connected to services to address those needs. For instance, fewer than 50% respondents say their organizations screen employees' food, housing, transportation, and financial needs, and even fewer act on those needs (in-house programs, community partnerships) (figure 5).

Multiple studies have tied employee health and well-being with organizational productivity, engagement, and profitability.[10] Low attention to the drivers of employees' DOH health can prove to be a blind spot for organizational growth.

> **"There are a good number of employees who are on Medicaid that don't have access to good benefits ... How many of these health leaders are paying a living wage? How many of their employees get access to full benefits? That's going to tell you more about need in the employee population."**
>
> — ***Therese Wetterman, project lead, Shaping the Future of Health and Healthcare, World Economic Forum***

FIGURE 5

Few health care leaders say they are screening their own employees for DOH, and fewer are connecting them to services that address DOH



Note: Percentage of respondents who selected each response when asked "Does your organization screen employees to determine if they have the following needs" and "Does your organization 'have programs in-house to help employees,' and/or 'have formal partnerships with community organizations to help employees."
Source: Deloitte 2021 Drivers of Health Survey.

IN ACTION: ADDRESSING EMPLOYEES' DOH

North Carolina-based **Atrium Health** is one of the largest employers in the region, with more than 70,000 "teammates" (as Atrium prefers to ascribe its employees). Recognizing teammates as its "most valuable asset," the organization takes a comprehensive view of its teammates' well-being. Through several programs, it not only promotes and incentivizes three aspects of well-being—physical, financial, and personal—but also supports teammates who face hardships on these aspects. For instance, under the "HOPE" (housing opportunity promoting equity) initiative, it provides affordable housing to teammates who face higher need. In addition, through the "Help NOW" initiative, the organization has partnered with several local community organizations to give teammates direct access to support for food, housing, economic assistance, and internet access.[11]

Growth in value-based care is leading more health care organizations to invest in DOH than four years ago

Health care organizations appear to be shifting away from launching DOH initiatives just because it "feels good" or "we do it because we know it is good for patients." Instead, more leaders are seeing a business case for this investment. Indeed, the survey revealed significant increases in two areas among health systems,[12] compared to 2017:

- A 12 percentage-point increase (from 13% to 25%) in the number of health system respondents that said a top goal around their DOH initiatives was to meet new market expectations or adjust to changes in the market
- A 10 percentage-point increase (from 16% to 26%) in the number of health system respondents who said improving financial performance was a top goal

This likely is explained at least in part by an increase in focus on value-based care since the last survey. In 2017, 20% of health system leaders said that value-based models or initiatives that emphasized the integration of DOH into health care would lead them to increase their organization's investments in this area. This increased to 58% of health system leaders this year.

The Centers for Medicare and Medicaid Services (CMS) has launched several initiatives focused on shifting care to nontraditional settings. For example, it launched the AHC model out of the Center for Medicare and Medicaid Innovation (the Innovation Center). AHC programs aim to promote collaboration between clinical health care services organizations and CBOs. As of 2021, there are 28 active organizations participating in the program. Initial evaluations show that individuals who qualified for services through these programs are disproportionately likely to be low income, racial and ethnic minorities, and, among Medicare beneficiaries, disabled, and that the most common health-related social need reported was food insecurity.[13] As CMS tests more of these models and increasingly shifts payment away from fee-for-service and toward paying for outcomes, more health care organizations may see a *business* case for investing in DOH initiatives. For now, these programs are small-scale.

Another area where CMS is pushing health care organizations to think beyond the four walls of the hospital is in Medicare Advantage (MA). As we described in *Leveraging digital solutions to engage, attract, and retain Medicare Advantage members*, regulatory changes, combined with market pressure from COVID-19, have led many MA plans to stand up services and benefits around the DOH. Almost all MA health plans offer supplemental coverage—benefits above traditional services offered to fee-for-service beneficiaries. In 2019 and 2020, CMS expanded the definition of these benefits to include nonhealth benefits that may impact health, such as in-home support services, meal delivery, and nutritional food.[14] While only 1% of MA health plans included in-home support services for the 2019 benefit year, more than 845 MA plans offered special supplemental benefits for the chronically ill (SSBCI), including pest control, transportation, meals, and even pet support in 2021 (the number was 245 in 2020).[15] Indeed, our 2019 study of 14 managed care organizations (MCOs) and MA plans found that most of the executives interviewed plan to continue their DOH investments because they align with their mission to improve the health of the communities they serve, and because they have faith that the savings derived from better health outcomes and lower health care utilization will eventually exceed the cost of those interventions.[16]

Conclusion

HOW DO THE DOH RELATE TO THE LARGER ISSUE OF HEALTH EQUITY? AND HOW CAN HEALTH CARE ORGANIZATIONS MAKE AN IMPACT?

Our nation has long faced a health equity crisis rooted in structural inequities. Racism and bias, disparities in the DOH, and structural flaws in the health system have led to quantifiable differences in health-related outcomes, disproportionately affecting racially and ethnically diverse communities.

> **"Disparities in outcomes, should not, and do not have to, be driven by racism and bias."**
>
> — ***Kulleni Gebreyes, principal and executive director, Deloitte Heath Equity Institute, Deloitte Consulting LLP***

Tackling health equity takes a multipronged approach. Organizations should acknowledge all of the ways in which they can do this:

- Dismantling the overt and covert racism and bias built into the foundation of the health care system over centuries
- Expanding access to coverage and care for communities and populations that have historically lacked it
- Looking outside of the traditional health care system to address the social, economic, and environmental factors that lead to healthy or unhealthy outcomes

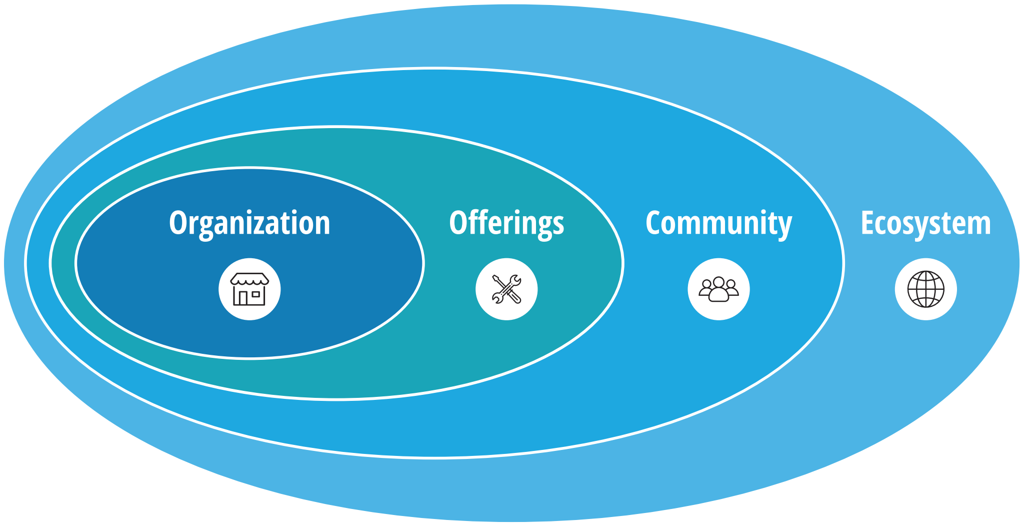
Previous research we published aims to tackle the first two areas.[17] In this study, we focus on implications for the last area in more detail, which broadly align with four domains of health equity (figure 6).

Create accountability: Organizations should put DOH at the top of leadership priorities

Only one-third (31%) of respondents say they have a dedicated leader or team committed to establishing and developing processes to systematically address the DOH as part of clinical care. Moreover, fewer than one-third (28%) say they have defined teams with accountability for connecting their entire patient population (versus just a targeted population) to community-based resources. Effectively linking DOH initiatives to health equity strategy, as well as the strategy for the larger organization, will likely require assigning accountability and teams with oversight into and responsibility for creating efficiencies across the organization. Creating clearly defined strategies dedicated to addressing health equity and the DOH should be clear priorities for these roles. Only one in four organizations we surveyed has defined health equity or DOH strategies.

FIGURE 6

Health care organizations can activate solutions across the four domains of health equity



Sources: Deloitte analysis.

Measure and evaluate: Programs and investments need clear goals—and goals should look beyond traditional financial and health outcomes

Fewer than one in five (19%) respondents say they are measuring outcomes or results from DOH activities for their entire population. Investing in data, technology, and capabilities can be a way to reveal new insights and activate solutions based on findings. As services and programs are implemented, organizations should ensure that metrics and goals are focused not only on financial improvements, but on health outcomes and individual patient or member priorities. For example, focusing on metrics such as increasing the number of children in a given community who show up and are ready to learn on day one of kindergarten could help shift the focus away from typical clinical measures and toward measures that align to the larger DOH.

Expand offerings: Embed DOH approaches into clinical care

Health care organizations can look at all the ways they can address DOH through the products and services they deliver. Leaders could consider offering “farmacies” or care management approaches that account for broad needs. Education and training for clinicians should extend beyond traditional medicine and into areas like social work and public health. Beyond that, organizations should consider taking steps to address environmental factors that are within their control, such as working with local, state, and/or federal governmental agencies to support infrastructure enhancements and performing climate assessments for their communities.

Look inward: Ensure your own employees’ needs are being addressed

According to estimates from 2017, nearly one in five employed women (18%) and nearly one in four

(23%) employed Black women work in the health care field. A significant portion of those workers, however, make less than US$15 an hour—34% of all female workers and nearly half of Black and Latina female health care workers. Moreover, a significant portion of those populations lack access to health insurance and or are on Medicaid (7.1% and 10%, respectively).[18] As large employers, health care leaders should ask themselves questions such as: Is the pay for my employees equitable and is it sufficient to support their needs for food, shelter, transportation, and even health care?

Extend a hand: Diversify and expand community-based partnerships

Health care organizations should continue to create new relationships, including with community-based partners. Leaders can look beyond organizations that touch directly on health outcomes to ones that are investing in infrastructure critical for equitable health, (e.g., developers, community investment funds).

Reach outward: Create relationships with ecosystem partners that help further DOH goals

Extending the reach of DOH initiatives into the larger community will likely require leveraging relationships beyond existing partners. For example, this may mean building and sharing free operational tools or technology resources to help organizations across industries take more effective action to address the DOH. Beyond that, it may require leveraging new datasets, like employment data or local data on homelessness rates, which will likely come from new partners as well. Less than half (49%) of health system leaders and 59% of health plan leaders say they're using health data from sources other than claims (e.g., census, local public health data) to understand their community's needs. Moreover, only 38% of health system leaders (59% of health plan leaders) are using nonhealth data like access to transportation or data on homelessness to understand their community's needs.

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Manik Bhat, founder and CEO, Healthify Inc.
Denard Cummings, director, Equitable Health System Integration, American Medical Association
Sue Daugherty, CEO, MANNA
Fernando De Maio, director, Health Equity Research and Data Use, American Medical Association
Laura Gottlieb, MD, professor, Family Community Medicine, UCSF School of Medicine
Aletha Maybank, MD, director health equity officer, American Medical Association
Sarah Scholle, DrPH, vice president of Research and Analysis, NCQA
Karthik Sivashanker, vice president of Equitable Health Systems & Innovation, American Medical Association
Mekdes Tsega, program manager, Equitable Health System Integration, American Medical Association
Therese Wetterman, project lead, Shaping the Future of Health and Healthcare, World Economic Forum
Joe Wilkins, managing director, JW Health Insights and board director, Black Directors Health Equity Agenda

About the authors

Kulleni Gebreyes | kugebreyes@deloitte.com

Kulleni Gebreyes is a US Consulting Health Care sector leader and director of the Health Equity Institute. She holds an MD from Harvard Medical School and an MBA from Johns Hopkins University. Dr. Gebreyes has developed and implemented strategies for population health management and value-based care; physician alignment and patient activation; diversity, equity, and inclusion; and the drivers of health. She is an active advocate for vulnerable and underserved communities. She is also a physician leader with more than 20 years of experience in the health care industry across the commercial and public sector. She drives care delivery transformation for health care organizations pursuing financially sustainable strategies for consumer-centric care models that are data-driven and digitally enabled.

Josh Lee | joshlee@deloitte.com

Josh Lee leads Deloitte's Health Care Strategy practice and coleads the firm's integrated health equity initiative. He holds extensive experience in strategy formulation, large-scale transformation, operations, and organization strategy in the global health care industry. He has worked across all areas of the global health care ecosystem including academic medical centers, for-profit and nonprofit systems, commercial payers, life sciences, public health organizations, and in national/federal health. In addition to extensive US experience, Lee has served clients in Europe, Latin America, and the Middle East. He received an MBA and a master's degree in public policy from the University of Chicago and was awarded a Fulbright Scholarship to study in Germany. Lee graduated from Columbia University with a major in philosophy.

David Rabinowitz | drabinowitz@deloitte.com

David Rabinowitz is a senior manager in Monitor Deloitte, Deloitte Consulting's Strategy practice. He leads a range of strategy and innovation projects across health care and public health. He has deep experience supporting organizations in the United States and globally to better achieve their missions and create impact for patients, communities, and society. At Deloitte, he has served health plans and providers; life sciences; government and public sector; nonprofits and foundations; and innovators and startups, all working to transform for the future of health. Rabinowitz has helped shape Deloitte's research with hospitals and health plans on addressing social needs and the drivers of health. He holds an MBA in strategy and organizational behavior from Georgia Tech and a BA in history and politics from the University of Virginia.

Claire Boozer Cruse | cboozer@deloitte.com

Claire Boozer Cruse, Deloitte Services LP, is the chief of staff for the Deloitte Center for Health Solutions. In addition to leading operations for the team, she drives research projects in the areas of Medicare, Medicare Advantage, payment reform, postacute care, and the individual health insurance market. Cruse earned BS and BA degrees and a certificate of gerontology from the University of Georgia, and holds a master's degree of public health in health policy from George Washington University.

Madhushree Wagh | madhwagh@deloitte.com

Madhushree Wagh, Deloitte Services LP, is a research analyst with the Deloitte Center for Health Solutions. She conducts research aimed at informing stakeholders about emerging trends, challenges, and opportunities in the Life Sciences & Health Care industry. She holds an MBA in marketing.

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Industry leadership

Kulleni Gebreyes
Principal | Deloitte Consulting LLP
+ 1 980 701 3306 | kugebreyes@deloitte.com

Kulleni Gebreyes, principal, Deloitte Consulting LLP, is the director of the Deloitte Health Equity Institute and US Consulting Health Care sector leader.

Josh Lee
Principal | Life Sciences & Health Care | Deloitte Consulting LLP
+ 1 617 437 3891 | joshlee@deloitte.com

Josh Lee, principal, Deloitte Consulting LLP, leads Deloitte's Health Care Strategy practice and coleads the firm's integrated health equity initiative.

Deloitte Center for Health Solutions

Wendy Gerhardt
Senior manager | Deloitte Center for Health Solutions | Deloitte Services LP
+ 1 313 324 1159 | wgerhardt@deloitte.com

Wendy Gerhardt is the health care research leader with the Deloitte Center for Health Solutions, the Life Sciences & Health Care practice's primary source for thought leadership and industry insights.

About the Deloitte Health Equity Institute, a part of the Deloitte Center for Health Solutions

Deloitte's commitment to health equity: Through the Deloitte Health Equity Institute, Deloitte and the Deloitte Center for Health Solutions are expanding their decades-long commitment to aligning health care ecosystems to positively impact health outcomes. Grounded in its declaration of racism as a public health crisis, the Deloitte Health Equity Institute is dedicated to amplifying the need for a crisis response by sharing our most impactful learnings, extending the efforts of others, and meaningfully contributing to broader health equity discussions.

By conducting original research and disseminating findings, the institute aims to help drive data-based equitable outcomes, as well as activate interventions that address systemic inequities. In doing so, Deloitte hopes to improve the drivers of health that play a role in improving health care ecosystems.

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Deloitte Insights contributors
Editorial: Hannah Bachman, Ramani Moses, Arpan Kumar Saha, and Dilip Poddar
Creative: Nagaraju Mangala, Swagata Samanta, and Sonya Vasilieff
Promotion: Nikita Garia and Hannah Rapp
Cover artwork: Sonya Vasilieff

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