GoHealth™

Addressing Social Determinants of Health for Seniors

The role of Medicare Advantage supplemental benefits in addressing health disparities

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Objectives:

- Examine the impact of the Social Determinants of Health (SDOH)
- Understand the role of supplemental benefits in Medicare Advantage and existing member engagement gaps

LEARNING FROM ADVERSITY

A crisis often exposes society's most deep-seated inequities, and the COVID-19 pandemic has brought many of the stark disparities in America's healthcare ecosystem to light. Racial and ethnic minorities face notably higher mortality and rates, while underserved communities struggle to access care.

Although the pandemic's immediate impact may dissipate quickly for those receiving vaccines and enjoying herd immunity, longstanding disparities could continue to affect us for quite some time.

Between seniors dealing with prolonged isolation and the healthcare system struggling to recover from disruption caused by deferred care, ensuring access to affordable, high-quality health care has never been more important.

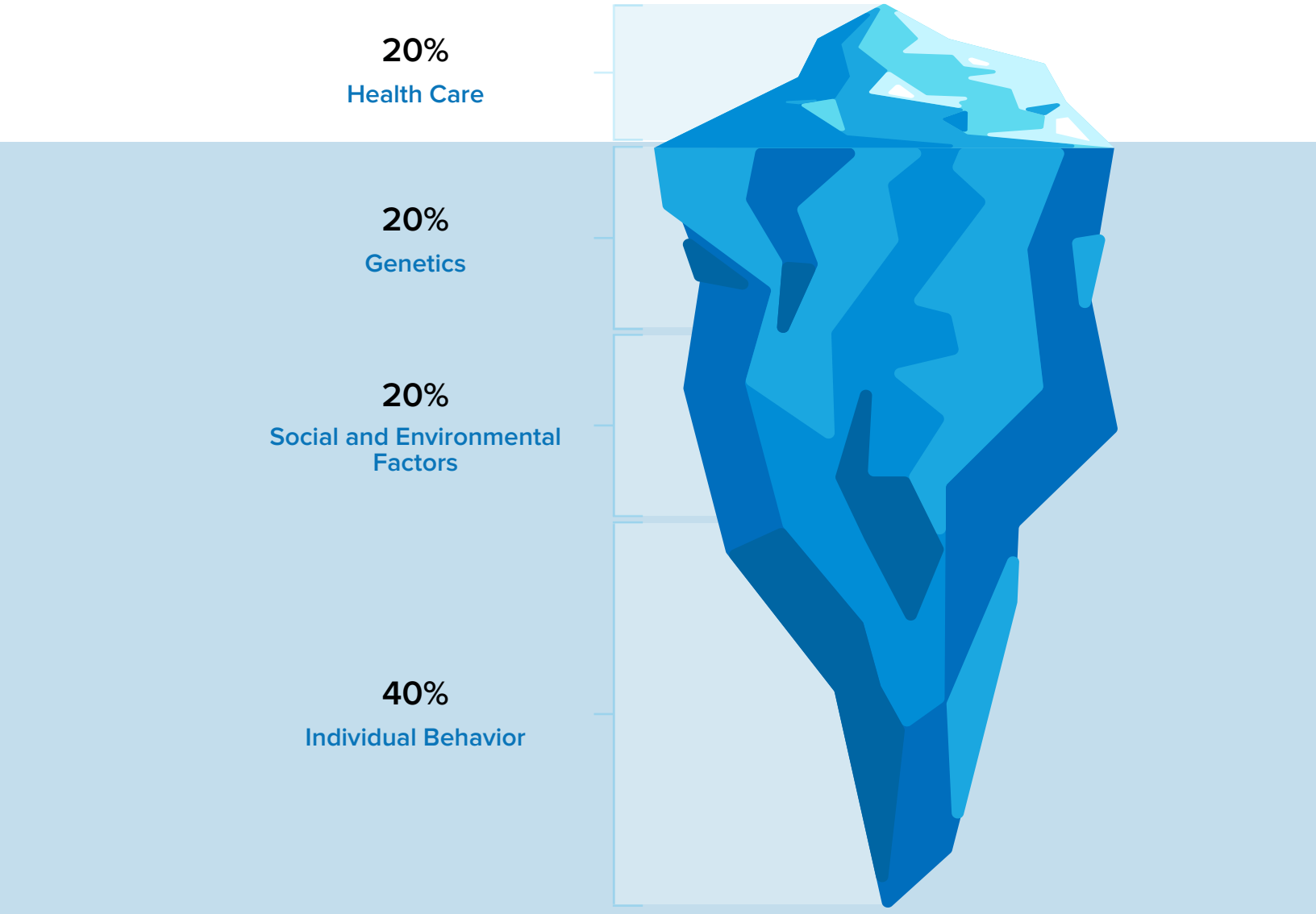
Risk factors that affect health outcomes sit below the tip of the iceberg and beyond the traditional scope of care; therefore, many remain unaddressed. Thanks to the efforts of public health experts and scientific research, we now know some of these factors as Social Determinants of Health (SDOH), which reflect a close yet convoluted relationship with everyday life for us.

Research suggests that these SDOH-related risk factors can affect up to 80 percent of an individual's overall health outcome.[1] In other words, we are just scratching the surface when it comes to what can be done to improve population health outcomes. Addressing social and environmental factors, along with promoting positive behavior change, is no easy task. The good news is that the continued expansion of supplemental benefits in Medicare Advantage plans can provide an ideal platform for addressing risk factors and giving seniors resources to drive better outcomes.

ROLE OF UNDERLYING FACTORS IN MEMBER'S HEALTH (ICEBERG ANALOGY)

Growing proportion of patient's health in-scope of care

Hypothetical present and future breakdown



PAIN POINTS AND ROOT CAUSES

Most of us take broadband internet for granted, using it as a way to stream shows or check in with friends. However, data shows that 6 percent of the total U.S. population lacks access to basic internet.[2] For those living in rural zip codes, the number jumps to 25 percent.[3] Limited access to standard internet breaks the connection between Americans and key health-related activities, from finding a doctor to searching for the best possible health insurance.

It is easy to focus on the law of averages in healthcare and insurance, but it is essential to evaluate the lowest common denominator of care that shapes the entire ecosystem.[4] Internet connectivity is only one example among other risk factors ranging from socioeconomic status to health literacy, which contribute to people receiving lower quality care at a higher cost. We all experience the effects of SDOH disparities, which lead to $93B in excess medical spending and $42B in lost productivity annually.[5]

If you have ever wondered why people living only a few miles away from each other can experience vastly different health realities and outcomes, you are not alone.[6] As certain communities suffer from higher poverty rates and lower access to high-quality care, the downstream effects are increasingly apparent, especially among those battling chronic illness.

At the population health level, history has shown how difficult it can be to screen and engage MA members in preventative care to counter SDOH risk factors given the realities of reimbursement and complexities of healthcare. The failure to consider and address SDOH is especially prevalent among marginalized communities, who may not have access to evidence-based resources or education to equip them to take action on their health.

Providers and health plans cannot stratify risk properly or treat root causes of disease progression if they are unable to engage patients or share tools to improve their health literacy. The results are avoidable health problems and poorer quality of life for patients.[7]

These barriers, which we will explore below, prevent our neediest populations from accessing the right care, in the right setting, with the right provider, at the right time. As a result, health plans, providers, and strategic partners will need to play an important role in driving access to care by promoting the proper utilization of quality care and benefits available in today's Medicare Advantage.

SOCIAL DETERMINANTS OF HEALTH

As we now know, there is much more to learn when it comes to understanding the role of social determinants as they apply to health equity. Higher awareness, coupled with a team effort among members, providers, health plans, and partners will help us achieve better outcomes and more cost savings. We have outlined six SDOH domains as follows:

Economic stability

- Employment
- Income
- Expenses
- Medical bills
- Support

Neighborhood and physical environment

- Housing
- Transportation
- Safety and walkability
- Parks and playgrounds
- ZIP code/geography

Education

- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

Nutrition

- Hunger
- Access to healthy options

Community and social context

- Social integration
- Support systems
- Community engagement
- Discrimination
- Stress

Healthcare system

- Health coverage
- Provider availability
- Provider linguistic and cultural competence
- Quality of care

Economic stability

The economic stability of a community plays a large role in an individual's access to care. One measure of the health of a community is life expectancy. If you were to visit the downtown Chicago neighborhood of Streeterville, rent a bike, and pedal just nine miles south to Englewood, the average measured life expectancy would drop as much as 30 years between residents of the two neighborhoods.[8] Similarly, the median household income drops from $140K in the downtown Chicago Loop to $36K in the South Side of Chicago.[9, 10] How can we go about addressing such pockets of inequity? We can start by establishing lifelines in these communities and understanding healthcare inequities.

For example, Philadelphia established a door-to-door COVID-19 vaccination strategy in order to vaccinate their most vulnerable senior communities.[11] Instead of requiring seniors to sign up through a digital platform, local hospitals made phone calls to register seniors for the vaccine in a more equitable manner.[12] Going door-to-door and using phone calls for registration have helped the city increase the life expectancy of their most vulnerable communities.

Neighborhood and physical environment

Housing and transportation also play key roles in accessing affordable health care. "Aging in place," defined as the ability to grow older in one's own home, requires support with daily living activities that can often come with high costs. Housing instability blurs the vision of "aging in place," imposing a $2,320 per capita toll on the healthcare system.[13] We can do a much better job of helping seniors with simple activities such as bathing, meal preparation, grocery shopping, getting medications, and going to doctor appointments.

We are seeing a number of startups and research organizations in the healthcare industry focus on these demands. For example, some are building coordinated care networks to connect the elderly with students to assist in everyday life tasks. A 2018 study by the Medical Transportation Access Coalition found that by merely providing transportation for patients with kidney disease and diabetic wounds, Medicaid's monthly return on investment was $42M for every 10,000 patients.[14]

To address high acuity levels of care, which often place the highest financial burden on seniors, the industry is embracing "hospital in the home." This trend relates to members who would traditionally seek care in the hospital, but are now able to receive hospital-level care from the comfort of their homes. This significantly decreases the cost of care for both payers and members. However, this solution is only available to members who have an adequate home setup (e.g., remote patient monitoring devices, digital tools to enable video conferencing with hospital care team), a caregiver (e.g., family member in the home), and a connected community (e.g., pharmacy Rx delivery program in place) to help administer care. Though they have long done things like reimbursing fitness apps and wearables, health plans are still exploring how to best enable "hospital in the home" in an equitable, consistent fashion for those who need it.

Education

Health and education are inextricably linked: Access to schooling is tied to improvements in income, employment, and individual behaviors, all of which affect health outcomes. The American Public Health Association summarizes the relationship between education and health, finding that people who graduate college live at least five years longer than those who didn't graduate high school.[15]

Beyond traditional classroom education, there is also a correlation between health literacy and health outcomes. The nation's top performing counties report that less than 30 percent of their populations have "poor" health literacy, while lower performing counties report 36 to 59 percent of individuals have "poor" health literacy.[16] The disparity in health literacy in these counties produces differences in Medicare beneficiaries' healthcare spending of $700 annually.[17]

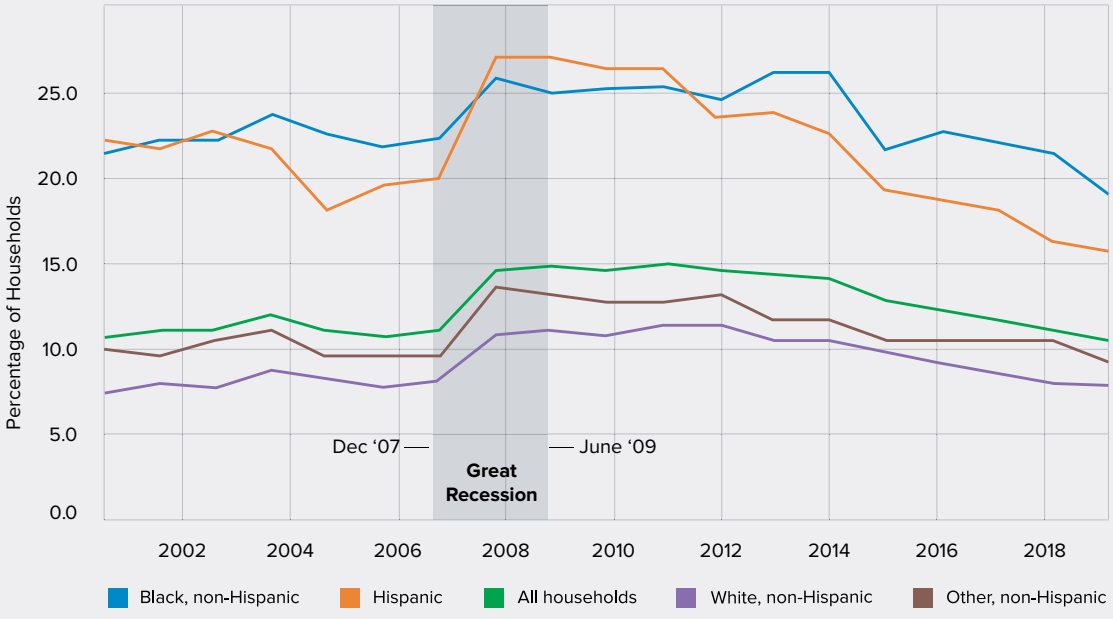
Addressing the health literacy problem is especially important among high-risk seniors, as this population demonstrates the lowest levels of health literacy among any other age group. In a 2016 report, the National Academy of Sciences notes the importance of "lifelong learning" as a solution, which can take the form of both formal and informal education opportunities.[18] These opportunities not only directly benefit Americans of all ages, but also create space for unique community partnerships. The US Men's Shed Association, a non-profit organization found primarily in Midwestern states, offers older men a place to share and learn skills such as furniture making. Even more importantly, the community offers a way to engage, teach, and promote health and well-being in a non-traditional format.[19]

Learn more about our recently launched Resource and Learning Center here, which provides access to free information to seniors related to healthcare and insurance.

Nutrition

Food insecurity refers to a lack of food, fewer healthy food options, and inconsistent food consumption. While over 30 million people faced food insecurity in the United States in 2019, that number surged to 42 million in 2020 due to the COVID-19 pandemic, according to Feeding America.[20] The American Hospital Association wrote that food insecurity increases the need for health care interventions and leads to an increase in hospital admissions.[21]

Trends in Food Insecurity by Race and Ethnicity, 2001-19



Source: Calculated by USDA, Economic Research Service, using Current Population survey Food Security Supplement Data.

Table from US Department of Agriculture[22]

In fact, adults with food insecurity are at a higher risk for chronic illness, and poor nutrition affects more individuals than cigarettes.[23]

Addressing food insecurity has become a healthcare imperative. We are noticing a shift in the industry as a variety of players, both old and new, are reaffirming their commitment to increase access to healthy foods. From shifts in the types of hot lunches served in grade-school cafeterias to the rise of community gardens in urban areas, we are seeing communities come together to tackle this challenge.

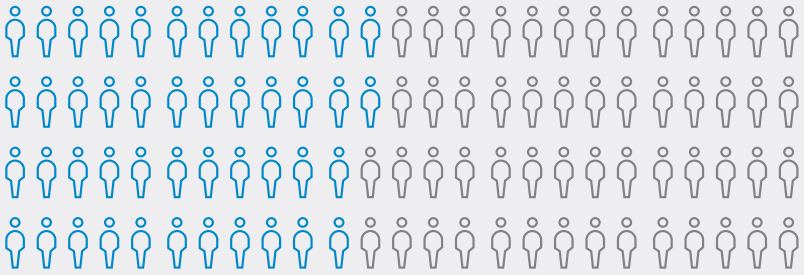
Community and social context

Social support systems and mental health conditions also have high impacts on health. Social isolation and loneliness are associated with $6.7B in annual Medicare spending, a number that is likely to increase as the pandemic constrains income and job growth, daily interactions, and public transport.[24]

A GoHealth survey conducted in August of 2020 finds that 1 in 4 Medicare beneficiaries are experiencing mental health declines. This decline in mental health is alarming, as the cost of care for members with a mental health disorder or a chronic condition is significantly higher than the cost for members without any comorbidities. According to the CDC, "90 percent of the nation's $3.8T in annual healthcare expenditures are for people with chronic and mental health conditions."[25] Addressing this mental health decline is vital to ensuring overall well-being.

46%

of our most at-risk seniors reported that they are alone during the day



Healthcare system

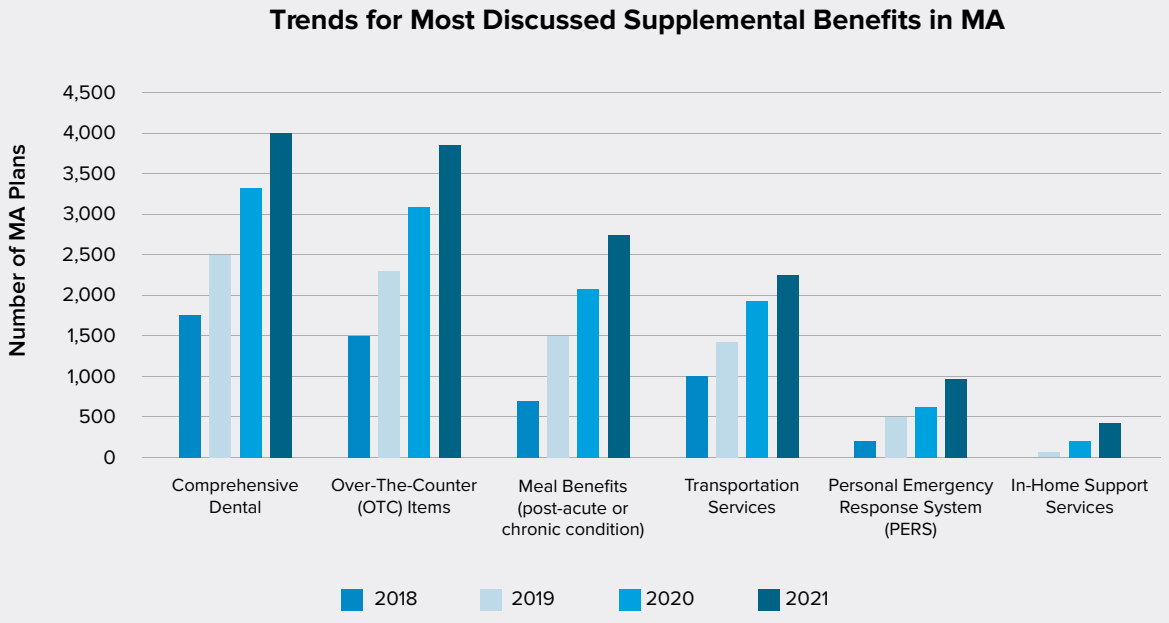
Finally, access to quality care itself represents a clear determinant of health. About 1 in 10 Americans lack access to health insurance, and basic care remains tremendously underutilized across the entire population, regardless of insurance status.[26] In 2015, only 8 percent of adults received all of their recommended preventative health screenings, according to the Department of Health and Human Services.[27] Preventative care is a primary line of defense against disease: With utilization levels so low, a large portion of the population is at risk for discovering problems only when they have become harmful and costly.

GoHealth is proud to play a role in increasing access to care for seniors. Our High-Risk Onboarding Advisor (HROA) team completed over 30,000 calls with our most at-risk members in the last year, ensuring these members understand their coverage and are receiving the care they need.

DRIVING LASTING CHANGE WITH BENEFITS

Medicare Advantage plans often include extra benefits, which can address SDOH and help keep members healthy. A quick glance at headlines would make it seem as if these supplemental benefits are available in all MA plans and used by most members, but recent data suggests a different reality.

Although recent regulations have expanded supplemental MA benefits, true SDOH interventions are still lagging. Some of the most commonly found benefits across plans feature free meal delivery, dental care, community connections, and transportation, all of which are important to seniors.[28] GoHealth research found that 43% of our most at-risk members are interested in transportation services as an extra benefit and 25% expressed interest in a fitness benefit. However, the actual utilization of these benefits is much lower than this expressed interest.



Source: Faegre Drinker [29]

In order to drive better utilization among MA members, the benefits must fit into the daily lives of seniors. “Features” like telehealth visits, home modifications, and pet services sound great, but must tie to health outcomes and find their way to seniors in order to be useful. Furthermore, ensuring the availability of supplemental benefits is only one piece of the equation. The next step is to ensure the member is aware of – and is encouraged to use – these benefits.

Ongoing innovation in the space makes us more optimistic as MA plans begin to focus on SDOH factors and other non-traditional services. Value-based insurance design continues to press into uncharted territories, while regulations allow for a broader scope of benefits that MA plans can offer to help tackle socioeconomic issues. With star ratings and associated bonus payments inching closer to member satisfaction, MA plans will have even more incentive to prioritize supplemental benefits based on their population’s needs.

Today, 28 percent of MA members are racial and ethnic minorities, compared to 21 percent of traditional Medicare beneficiaries.[30] The “seniors of tomorrow” will look a lot different than today’s seniors, with an evolving set of unmet needs, behaviors, and preferences. As health care rapidly moves from hospitals into homes, and population-level health interventions are seamlessly integrated to address SDOH risk factors, we see a promising future ahead – one that gives all seniors an equal chance at better health and improves access to healthcare in America.

After speaking with my agent, Asha, I was glad I called. She found me a plan that is going to give me $95 back on my Social Security check each month. That's money I can now use to pay bills and other expenses. On top of that, my plan gives me $1,000 every year for dentures, so now I can finally get the work done that I've wanted.

– Elbert S.
GoHealth Medicare Member

CONCLUSION

Disparities in health outcomes underscore the increasing importance of addressing SDOH, especially during the COVID-19 pandemic. At the same time, screening and solving for these determinants remains difficult. While the rise of supplemental benefits in Medicare Advantage gives us reason for optimism, availability is only part of the battle if members cannot utilize these benefits.

GoHealth is committed to serving as a trusted advisor to seniors, helping them navigate the healthcare ecosystem and understand the benefits included in their plan. We empower underserved seniors through our TeleCare and Low Income Subsidy (LIS) teams while offering health literacy and digital tools to improve access to care. GoHealth is proud to align itself with the mission of addressing social disparities within determinants of health.

For more information about GoHealth or this report, please visit https://www.gohealth.com.

To receive additional insights or executive commentary on these findings, please contact GoHealth at pressinquiries@gohealth.com.

ABOUT GOHEALTH, INC.

GoHealth is a leading health insurance marketplace and Medicare-focused digital health company. We unravel the confusing details of health insurance and Medicare to make every piece easier for you. Our goal is to help you reach optimal health and financial wellness, starting with enrolling you in a plan that best meets your needs at the right cost.

And we don't stop there. After enrollment, we help people utilize their plan and support them along their healthcare journey from checking benefits, explaining claims, finding doctors/specialists, and even setting up appointments.

We're here to help. Please contact Ben Miller to learn more about GoHealth's industry-leading Encompass platform.

Ben Miller
Senior Vice President of Strategic Partnerships
partnerships@GoHealth.com

THANK YOU

As a leading health insurance marketplace and Medicare-focused digital health company, GoHealth's mission is to improve access to healthcare in America. Enrolling in a health insurance plan can be confusing for customers, and the seemingly small differences between plans can lead to significant out-of-pocket costs or lack of access to critical medicines and even providers.

GoHealth combines cutting-edge technology, data science and deep industry expertise to match customers with the healthcare policy and carrier that is right for them. Since its inception, GoHealth has enrolled millions of people in Medicare and individual and family plans. For more information, visit www.gohealth.com.

CONTACTS

Investor Relations, IR@gohealth.com
Media Relations, pressinquiries@gohealth.com

APPENDIX

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