Health Views Webinar - Social Health Transcript

Announcer: Welcome to the Health View for Business Kaiser Permanente webinar, Re-imagining Benefits for Your Diverse Workforce. Thank you for bearing with us. We had some technical issues, but those are sorted out. And here are some housekeeping notes before we start. Your microphone is muted. And to submit questions, please use the Q&A feature found at the bottom of your screen. We will be answering questions throughout the webinar and we'll get to as many of your questions as time allows. Following the close of the webinar, a very brief survey will appear on your screen, so please take a minute to complete that. And now I'm going to turn it over to our moderator, Dr. Deb Friesen. Thank you.

Deb: Hey, thanks and hello everybody. The technical difficulties are mine. So you are viewing me on my iPhone, which so far so good. Thank you for joining Health Views for Business. As she said, I'm Dr. Deb Friesen, I'm your moderator. I'm an internal medicine physician with Kaiser Permanente. I'm the physician advisor for customer clinical solutions, bringing our stories of healthcare delivery to the market. And I'm also the Health Views with Deb Friesen podcast host and so delighted to have you with us today.

Our discussion today is the fourth and final for the year series of four quarterly webinars in which we address the challenges that businesses face every day as it relates to employee health. We want to have some quality conversations that discuss some tough issues, offer industry best practices, and provide opportunities for you to apply to your workplace.

Today we're going to discuss the impact of social health on your workforce, and the impact unmet social needs can have on employee health, wellbeing, and employers' bottom lines. As an employer, you can take proactive steps in supporting the total health of your workforce, including implementing policies and programs that address those unmet social needs.

We will highlight how business leaders are prioritizing employee needs in their benefit planning and provide some actionable strategies, along with the how-to guide to help you support your employees' social health. Where your employees live sometimes has more to do with their health and healthcare or health behaviors. In fact, 40% of their health is based on socioeconomic factors. Social factors like access to healthy food, affordable housing, quality education, and safe housing are not the same for everyone. And some employees are more likely to struggle than others based on who they are and where they live.

Right now many people are experiencing distress around social health issues like housing and finances. In fact, half of all working adults report living paycheck to paycheck, and that includes higher income earners. More than 60% of workers have at least one social health need. Economic conditions are forcing many to make really tough choices. The constant worry over money is stressing out workers and the tough choices they're making directly impact their health. They're delaying routine healthcare, they're cutting back on prescription medications, and choosing cheaper, less nutritious food options.

By approaching social health equitably in your employee population, you'll make it possible for everyone to find the level of support and care they might need for social health. Raising awareness about the importance of social health and educating your entire workforce on where to find resources helps to fight stigma and misconception about who has need.

So at this time, I want to really introduce our esteemed panelists. And what a group we have for you today. I'm really looking forward to this.

And starting out, we have Raechell Dickinson. She is the Deputy Director of Human Resources at Gwinnett County Government. She joined Gwinnett County Human Resources in 2015 and was appointed as deputy director of the benefits division in 2018, transferred to Deputy Director of HR operations in just March of 2022. She started her HR career in 2005 and has really dedicated her career to public service. Previously working at Franklin County Children's Services and the state of Ohio Mental Health and Addiction Services.

Next we have Nelly Ganesan and she is the Executive Director of Health Equity and External Affairs for Morgan Health. Morgan Health is a business unit within JP Morgan Chase, focused on improving the quality, affordability, and equity of individuals with employer-sponsored insurance. In this role, Nelly supports advancing equitable care among JPMC's employees and the communities where they live and work. She has 20 years of experience working in the quality and value space with special expertise in care models focused on better care, better health, and lower cost, and the use of patient reported outcomes to enhance consumer experience for their entire care journey. Pardon me.

And next we have Anand Shah. Dr. Anand Shah is the vice president of Social Health at Kaiser Permanente. And in this role, Anand is responsible for developing and implementing Kaiser Permanente's national social health strategy. His areas of focus include driving the adoption of standardized screening tools, scaling evidence-based interventions, and integrating into the organization's electronic health record system, a platform to connect members with social services and other community-based programs that alleviate food insecurity, homelessness, and other social needs. Dr. Shah is train trained as an emergency physician with prior academic appointments at the University of Texas Southwestern, University of Pennsylvania, and Brown University. He completed his residency and chief residency in emergency medicine at Brown University and was a Robert Wood Johnson Foundation clinical scholar at the University of Pennsylvania where he got a master's in public health policy.

So let's get started today with our panelists. And Raechell, I'm going to start with you if you don't mind. And I'd like to start a little bit personally, just hearing from you why this aspect of social health is important to you, and why it's important to Gwinnett County. And then I'll let us tell you a little bit about what you've learned through your time directing HR there.

Raechell: Sure. Why it's personally important to me, I probably fit the mold or the definition of someone who comes from a deprived neighborhood who had a lot of social and economic needs growing up. And so I can recall growing up, the only healthcare that we got was emergency care. I once upon a time didn't think that higher education

was for me. Had it not been for working for some great employers who offered amazing benefits such as tuition reimbursement and retirement planning and made healthcare important to me, I'm quite frankly would not be sure where myself or my family would be.

As far as Gwinnett County is concerned, I would like to take a few minutes just to introduce the county as a whole. We are a metro county right outside of Atlanta, Georgia. We're the second largest county in population across the state with almost a million residents. We offer a central services to our community such as fire services, police services, fire and emergency services. I'm sorry, water resources and transportation, just to name a few. We are one of the most diverse counties in the nation with representation from all over the globe with a vision of . Our values are centered around integrity, accountability... Equity, inclusivity, and innovation. And just like we aim for everyone thriving in our community, we take that same focus and approach when it comes to our employees. We have over 6,000 employees between full-time and part-time. We cover about 14,000 lives on our health plans, including around almost 2,000 retirees. So it's important to us as a county because we've always been an employee-centric employer.

And because of this, I honestly think before social determinants of health and health equity was at the forefront like it is now, we've always incorporated it into our philosophy of holistic wellbeing for a while now, and I think without even realizing. We obviously continue to grow and learn and evolve our understanding of how we can best support our employees. And one of the most important things we realized is that our employees bring their whole selves to work. As much as we would like to separate personal lives from work, the truth is when an employee's social or personal health is impacted, so is the work they do. So we've intentionally taken a focus on social health, looking at the data that's been available to us and realizing that about 40% of our employees fall into the middle range of the deprivation index, meaning they experience some sort of disadvantage from a social or economic standpoint. To review that... I'm sorry.

Deb: I'm just struck by that number and I'm wondering if you were struck by that number when you first realized that.

Raechell: Absolutely. Gwinnett County is very diverse. So yeah, we had no idea because we tried to serve our employees as best as possible, but until we actually saw that number, we didn't realize how perhaps we need to provide resources to our employees. So absolutely.

Deb: Yeah, that just struck me as a huge number knowing that you do have that diversity. Sorry to interrupt you, but I was just kind of shocked when I heard that.

Raechell: Oh, no worries. No worries. I was going to finish up by saying that we've incorporated some specific programs in this program designs in an attempt to better serve our employee population.

Deb: So what were those like? What were those programs and how did you choose those?

Raechell: I'll be honest, we don't have a health equity or social determinants of health strategy per se. We've always, again, like I mentioned, incorporated the whole person

into our approach to employee engagement. We have an onsite wellness center and we've learned that the point of engagement is critical because once an employer or patient walks out of that center, they are then faced with all that the world has to offer, employment obligations, any personal issues they may be dealing with, including the social determinants of health. And so what we have incorporated at our wellness center is whenever an employee is going there for any type of care, whether it be a biometric screening as part of our wellness program, a sick visit or preventive care, we've added into our care model a social health assessment. So an employee's needs are gauged in a non-intrusive way, determining what type of needs the employee may have. And that provider at that point of care actually taps into resources, whether it be in the community, or any internal benefits that are available to Gwinnett County employees to try to give that employee what they need in that moment.

We've also always kind of prided ourselves on education, but we make sure we educate our employees on the benefits that are available, including their health plans, life insurance, retirement and savings, tuition reimbursement. And what we've tried to do is incorporate the family as much as possible. The employee spouses are eligible to participate in our wellness plan. So we kind of have a twofold objective there. Number one, they're most likely on our health plan, so if we can kind of engage them and help them be healthy, happy people, that hopefully the bottom line of our insurance costs will be impacted. And then also a lot of times we don't know who's making the decisions for the family. So by participating in our wellness program, they're receiving all of our communications, benefits, education, and we do family events too, where we bring employees and families out to our events so they can become educated as well. We're currently-

Deb: It's such a great example of how health does not occur in isolation, right? We think of ourselves as kind of driving our own health, but it really is about that workplace culture, it's about the family, it's about the communities that we engage in. And it really sounds like you have such an appreciation for all of those complexities.

Raechell: Absolutely. And we're currently trying to bridge gaps for our employees with resources we have under our own umbrella. Being a government organization, we do have housing and food programs. We realize most of our employees are our community members, so we're currently in the stages of having communication about bridging those gaps. But more and more we really understand the role an employer plays in employees' lives to provide safety, normalcy, stability, and resources that they need.

Deb: Yeah, absolutely. Anand, when you look at the complexity of all of the factors that make up social health, some of which have really been beautifully addressed by Raechell and Gwinnett County, are there any that stand out as perhaps more important that would carry more weight or maybe even just low-hanging fruit that you would recommend that employers start with?

Anand: Yeah, that's such a great question. Well, first I'll reflect, I'm loving being part of this conversation and so much of what Raechell said resonated with me personally and professionally as a ER doc as she was sharing her story and I'll share my experience with Gwinnett County residents, so even hearing her talk about the value of the services

that are going on just fills my heart with pride in knowing that what's available on the work that you do, so I want to thank you personally on that.

When we talk about social health needs, we often talk about access to healthy food and nutrition, so food security, housing stability, financial wellbeing, access to transportation or digital resources, social connection, there's a variety. And some of the things that Raechell said about just the prevalence and that you mentioned in the opening is that these often don't travel alone. And you might be experiencing loneliness today and you may experience food insecurity tomorrow, having instability the other day. And there's no shame in this. I think a big part of the conversation is that we all have likely experienced some aspect of social risk, and if we haven't, we may, our friends have, our neighbors have, and it is a hard question to answer what's more important because I don't think it's like a single variable. What we do find is that there are some that are more common.

So financial wellbeing and essentially being in poverty or low income or impoverished conditions have a lot of associations with other needs, and that's not shocking because access to nutrition and other things are often related to your financial means. I don't know that we would argue that any one's more important. And what we've really learned is asking the questions and being able to help people be understood is incredibly important.

So part of what I heard Raechell say is that they're building trust, embedding these questions into standard processes, reducing stigma around it. And I think that's really critical for our ability to help people sort of intervene and get the support that they need and may be eligible for, but may not be aware of. So it wasn't a simple answer, but that's a quick one.

Deb: No, thank you for that. And Nelly, I was really struck by Raechell's comments about what they learned from their data. And I know that Morgan Health is deep into data and in fact, there was a report that you guys put out in July, an analysis really showing the widespread health disparities among Americans with employer-sponsored insurance.

In fact, your CEO said these findings are a wake up call for business leaders on the severe health disparities that exist across the country's workforce. And that the business community has a responsibility to understand and recognize these disparities and more importantly act to eliminate them. So I know that you are part of that data and then innovation piece that goes along with it. And so tell us how really you've used that to springboard into what Morgan Health is doing now to collect better data, to prioritize and then test new models.

Nelly: Yeah, thank you so much. Sort of the point that was made on the call, I think that this is an incredibly important conversation and I know that it happens in different rooms and it happens frequently, but I can't underscore enough that like raising the level of sort of the accountability that I think an employer also has.

We've often heard this term in healthcare that it's sort of a whack-a-mole issue that like you are sort of transferring the blame of like who should be able to take ownership. The health of the population is the ownership of everybody that sort of plays at the table.

And I think especially around social health, because it's a personal issue for most people. We've just heard from Anand and Raechell that that's a personal issue for them, you can imagine that's a personal issue for other employers.

The other thing I'll say and then I'll sort of transition into the data question is, Raechell raised this point around sort of every employee having some level of social need. I feel like that can't be underscored enough. And we heard when we launched Morgan Health, which Deb had noted at the beginning, but is a business unit within JP Morgan Chase.

So we actually are not the benefits group, but we work very closely and collaboratively with the benefits group to think about launching pilots to again look at the data that I'll talk about in just a second, and think about how we can partner with health systems in the geographies where we have employees. When we did that analysis this summer, which was done with the University of Chicago, and just to be clear, that was not the JPMC population, but it was a sample size of individuals that had employer-sponsored insurance in the United States, ranged in income from where those individual staff. But we found that there was sort of between seven and 10% of those individuals were food insecure. And I think to some people that was a little bit of a shock in a sense that these individuals have insurance, in some cases they have access to a salary, that's how they're getting employer-sponsored insurance, yet there was still this sort of driving factor of food insecurity, and then the second sort of piece that was kind of an aha moment for maybe some entities that work in the employer space is that a lot of individuals receiving employer-sponsored insurance actually are still getting their usual source of care from emergency department as Raechell mentioned.

I'll sort of circle back and say, sometimes there's this notion that addressing health equity is a poor person problem and I feel like that notion needs to be erased in all of the ways. And the other thing I'll just sort of add to that is that, and Raechell touched on this is that, we use the term health equity, but like really that's just healthcare, we shouldn't sort of be breaking it down into those terms. And I think being in this space, I sort of have tried to translate that message to other people. And so similarly to Raechell's point of not having a health equity strategy, I think that that's actually important, which some people would probably sort of slap me on the hand for saying, but it should be integrated into what you do because again, it's just delivering healthcare.

So taking a step back to actually answer your question, but I just wanted to sort of highlight those points is that we are taking a data-driven approach, which I think every organization that is working in healthcare is likely doing, but to understanding just who our population is. So Morgan Health is focused on the four walls of JPMC. So the employees that receive their healthcare, that includes also their spouses independence that receive their healthcare from being a plan member of JPMC.

We've got a few different carriers, Kaiser being one of them in the state of California, covering our members. We have about 300,000 lives or so covered. Understanding who our population is given sort of where we are seeing claims data, where we're seeing prevalence of disease, race and ethnicity of what our population looks like, where they physically live, what their gender is, what their age is, understanding all of those elements to start to think about in the geographies where we have members, what types

of initiatives that we can put into place that actually improve some of the sort of data-driven things that we are saving seeing today. I think it's been mentioned a few different times, but geography is a leading indicator of health outcomes and hopefully that is not new to anyone on this call, but it's sort of a blessing and then sometimes a curse that we do have, of our 300,000 employees, we've got about 80% of them are in sort of seven different key geographies across the United States. That allows us to do some very meaningful and intentional work in those geographies. I think the limiting factor is that we are sort of accountable to, I shouldn't say accountable, we are subject to the health players that are in that geography.

And so one of the things that we are focused on is sort of this accountable care strategy to really improve the quality of the providers and the geographies that we have and really improve the outcomes not only of our employee population, but hopefully some of the work that we do can have sort of a trickle down effect into the community. I think, Raechell and the work in Gwinnett is very similar, they're focused on their employee population, they're obviously also a health system, so there is a benefit there to all of the other individuals that live in that community. I will stop there, but yes.

Deb: Here's a question from the audience, "How do we get the data if our health partner isn't giving it to us?" I don't know, Nelly or Raechell, either one of you want to take that? And to the audience as well, again, there is a Q&A chat section, so please put your questions in for the panelists as well.

Raechell: I'll chime in on that. When we choose the partners, the vendor partners that we choose to engage with and who are going to provide these benefits to our employees and essentially assist us in doing what's best for our employees, it's important that we set expectations up front, whether you have to go through an RFP process or whatever the case may be, but I think it's important we spend a lot of money for our vendors to support our employees in providing these benefits. And I just think that when you set the standard up front and you push your vendors to help you be accountable as an employer, then you're better off. So it's really important to understand when you're selecting the vendors, how they can help you, what type of data they can and they're willing to provide to you. And if they're not willing to, then you have to reconsider whether or not they're the partner for you.

Deb: Awesome. And follow up questions... Oh, go ahead, Nelly.

Nelly: No, I cannot echo Raechell's comments enough. We are going through some of this right now in terms of the partners that we pick and that data sharing piece probably raises to the top and even just like quality of vendor. Also, without that piece, none of us can be able to make improvements. I mean, you can sit here and do things all day long, but without showing that there's sort of a benchmark and the goal that you're headed to is near impossible. I mean, the other thing that I will say is on the carrier side, so those are sort of vendors and solutions. I mean, I would just have a discussion with your carrier. We are so thankful for our partnership with Kaiser in this ability to sort of see our data of our population and that's how we hope to make improvements, and so I think having that conversation with them. On the carrier side, again, you are as an employer paying so much money to your carrier to cover your members. I think it's sort of the ability to demand that in that respect.

Deb: And another question I'm going to use to transition over is, around here we're improving employees and patients' lives, we're looking at communities, but there is kind of this, what's in it for me from the employer standpoint? I'm seeing in chat what kind of looks like frustration. Share your thoughts on individual accountability and resourcefulness. Oftentimes employer offers for enhanced wellness incentives are ignored. How can we increase employee engagement? And then a follow up question to that, how do you communicate the employees that aren't active in engaging with written information? So this is an investment, and you do it 'cause it's the right thing to do. I think that you all have really shown, it's not only the right thing to do, it raises health, it's also important for the bottom line. But how do you actually perhaps get your leadership to buy in that this is the right thing to do? What are those things that are going to sell them, so to speak, on really investing in these kind of programs, and then how do you make them successful? And I guess, Nelly, I'll start with you, and then we'll go around the panel here.

Nelly: Yeah. I'm probably talking about this a little bit from a different perspective. JP Morgan was beneficial enough to have senior leadership from when we started Morgan Health. Raechell likely will have some comments since she's sort of coming from the benefits group, which is a little bit different. And I'm only going to spend a minute on this, but for context, some of you may have been familiar with the sort of the group haven that was initiated, that was JP Morgan, Berkshire Hathaway, and Amazon that had started a couple of years ago with this same focus efforts. I think those three entities went in a few different ways. And JP Morgan and Jamie Diamond, the CEO of JP Morgan, was still very committed to doing this work, very committed to understanding sort of where healthcare spending is going and the opportunity to reduce out-of-pocket costs for our employee population.

So for him and for our organization, I really do believe that was the bottom line. Like that is a number one. If you look at any survey data that's done, the Kaiser Family Foundation has done a ton of work on this, the number one issue for any consumer of healthcare right now is affordability. And so if we can sort of address that piece alongside not delaying care, as you mentioned, Dr. Deb, at the start of this call, I think those are the two pieces that address bottom line. From an employee engagement perspective, I mean, I think this could be an entirely like new webinar, where we have an hour to focus on this, our benefits and wellness group do a great job of sort of targeting employees at different types of months, heritage months, heart health month, all of those things. We've also got affinity groups within the JP Morgan Chase employee population targeted on sort of different interest areas where the wellness group is very invested in.

And then also separately we do an employee survey on an annual basis that is focused on healthcare, and I think that allows individuals to sort of be engaged in their healthcare and ask the questions and get the things that they need on an annual basis when they're up for open enrollment.

Deb: Anand, what would you add?

Anand: That was a very, very great answer. What I would maybe add a little bit is also just around the case. It's been a journey for us to really recognize the association of

mental health and wellbeing on the employee productivity and presence and how those impacts are related. And we actually don't have all of that data for social health and needs, but what we're really understanding is that, and it's intuitive, right? If folks aren't able to take care of themselves and their family, it's hard to show up and bring your whole self to work and engage in the way that you might imagine. And we know that folks who express social risk and needs are twice as likely to report fair or poor mental health and wellbeing, and we know those are associated with productivity outcomes. I would say, one, just understanding the connection is huge and then echoing some of what I was hearing from Nelly and looking forward to hearing from Raechell is, I think raising awareness and access and normalizing the conversation is probably one of the most important pieces that we can do because it's often not about creating new services but it's actually about helping people use the services and resources that already exist. So that's my answer.

Deb: And I'll just add onto that if I may. Sometimes it's not the benefit that isn't actually meeting the need, it's that there's still an unmet social need in being able to use the benefit, right? That maybe they just don't have even anything out of pocket extra. If they're weighing the decision to pay for medicine or food, they're probably not going to do a wellness challenge, or maybe they just don't have reliable transportation in order to get to where they need to go to the gym, which is how Raechell solved that with that centralized area.

So I think it's not only what programs do you have, but can people actually access them the way that they're designed to be accessed? And what is the barrier and looking into that a little bit. Here's another question from chat before we go on. Are you familiar with and do you see value in the new DEI assessments offered by some organizations with a focus on design that might unintentionally create inequities? And I'm going to throw that out to you Anand to start.

Anand: Sure. Happy to start. I don't know if I know the specific assessment that you're talking about, but maybe I'll answer the question a little bit more broadly. One of the things I think I heard Nelly sort of talk about, this is we need to be able to change the conversation and to understand how we're performing. And if we don't examine our performance from the context of how different racial, ethnic, demographic, age, and other subgroups are benefiting, then we can't necessarily improve. And if we are not designing for everyone from the beginning, we are unintentionally always leaving people behind. So I am certainly an advocate for the notion of understanding some of the data needed to be able to sort of do those analysis. Again, not knowing those particular assessments. And I'll be a little bit of a broken record here, I think it's so much about how you have these conversations and use these assessments. Questions can be very personal, and if you don't think about building trust, reducing stigma, normalizing this, then it can create harm and unintentional consequences to just add other questionnaires or assessments to folks. But what we found in surveys is that 97% of sort of Americans responded they thought it was appropriate for these questions to be asked and they understood that it was connection to their health and connected to their health and wellbeing. And that actually has provided a lot of impetus to us as an organization to move in the direction that we are.

Deb: Yeah, I agree that a lot of times we just don't know what we don't know. And creating that culture of trust so that we can start the conversation and understand that. Nelly, one more question for you before we actually pivot into actionable strategies, and this is an example of one I suppose. "Can Ms. Ganesan give some examples of Morgan Health strategy in providing provider quality and member health?"

Nelly: Yeah. And I also wanted to just comment that, which I cannot agree with more. I mean I think this is probably a little bit more of my personal stance versus my role, but as we know, as we get older, those two things become very much one of the same is that, there is sort of the concept of DEI assessment, which I think is important. I hate to sort of conflate a DEI assessment with like what can be done in the grand scale of health equity. I think there are like DEI assessments in some cases tend to be sort of a check the box exercise of whether there are individuals that are kind of meeting certain needs.

The one piece that I would say that sort of translates to health equity like in more ways than one is sort of that it's the culture of trust, which we talked about, but it's also just the understanding of like cultural inclusivity of, you could have sort of a cohort of individuals that are Asian American, but understanding kind of their upbringing, how they could have multi-generational households, multiple things that sort of play into their employment, I think are also very important in terms of benefits. I know that individuals attending this call may have awareness of that, but the piece on sort of, whether we have the right employee workforce to sort of meet some of the criteria within a DEI assessment are important, but the piece to also understand that the employee workforce kind of understands those elements about that population and how we sort of manage those individuals with an employer workspace I think are important. I'll say that.

And on the provider quality piece, I mean I think this is a, I'm going to say, a little bit of an area that we are going to be sort of trekking forward on in the next calendar year. And as I mentioned, with our geographies and where our employees live, we are really starting to build accountable care partnerships and those geographies that we exist in and if we had an employee population in Gwinnett County, we would know exactly where to look, but around sort of pushing our partners in those geographies to report provider quality data back to us, but then also really I think do kind of a raise all both approach in those geographies to have those providers in that community play in a market where if we are interested in only sending our employees to high quality providers, how can we get everyone into that high quality provider bucket? By working very closely with that partner.

The one piece that I sort of failed to mention at the start of this call around Morgan Health is we're focused on this area of innovation within the geographies that we live and work. We also have a second arm that's around investment. We've got a 250 million line item to invest in solutions that are doing just that. That are sort of focused on accountable care, that are uplifting provider quality, that are delivering a better experience to employees. All of the things that we think about sort of in that solution market. And through those investments we have the ability to sort of work with those entities to say, we are interested in your uplift within those geographies to improve provider quality.

Deb: Awesome, thank you. So I'm going to do a little bit of a round robin with really wanting to hear about some actionable strategies that people can start right now. So we're going to go Raechell, Anand, and then Nelly. So Raechell, kind of advice to the audience about things that maybe again, low-hanging fruit, easier to do, or very meaningful that you would advise people to start with.

Raechell: Sure. And this kind of goes back to the question from the audience that how do you get people engaged? And so I think one of the biggest things that an employer can do is integrate. So instead of viewing benefits and wellness and all of these components as separate models or programs, it all should be integrated in your culture. We don't separate the two. So some of the carrots that we dangle, if you will, to get engagement or as part of our strategy is, in order to get financial incentives and quite frankly financial incentives are the carrot for us, you have to participate in benefits education, you have to go through a wellness assessment, a biometric screening and things of that nature, and making things available.

But going back kind of to the equity question or the DE&I question, a lot of times people think that equity means equal and it doesn't. So you need to make sure that you understand individual needs, and so that's where we go back to the data, right? So I would say first step is understanding the data of your population in any way that you can get from your vendor partners, and Nelly spoke to this, assessing your population, whether it be via survey, et cetera.

One thing we're fortunate in doing or being is centralized. And so we also take a boots-on-the-ground approach. So we get out there to where employees are trying to understand what their needs are and incorporating those benefits from a more targeted perspective. So we look at the data, we look at people who are engaged, we look at people who aren't engaged and we look at the needs. And so we actually are challenging our wellness vendor partner to make sure that we can be more targeted, more focused. The benefits and the programs that are available are more based off of algorithms and artificial intelligence in the sense that what they see, what programs are available to them, because as everyone on the call may be aware, precision medicine is kind of the way to go in the sense you treated individual for their needs instead of taking this holistic blanket approach to your population. And I'm not quite sure if I answered the question, I feel like I rambled on a little bit, but again, step one is looking at the data.

Deb: Yep, that's exactly right. You're right on with your answer. Thank you, Raechell. Anand, again, what would be some actionable strategies that you'd advise people to start with?

Anand: Yeah, I'll give three of which I think Raechell mentioned one of them. The first, I'll start with, because I want to be consistent, which is it's about awareness and normalizing and changing the tenor of the conversation. This is not a problem of others, it's a problem for all of us. We all experience this and we need to understand that we have to address these issues to achieve health and wellbeing for ourselves and our members. I think integration is huge about building trust and doing some of that. So to echo Raechell and I won't build there, she said it sort eloquently.

And the third piece I think is around reducing silos and partnerships. We are members of our communities or communities where our employees are members, so working with

one or two organizations that won't address all of the needs, 'cause I think it changes the tenor of the conversation and it helps the folks to step into other shoes, and I think just makes it easier for everyone to engage.

Deb: Thank you. And Nelly, it's going to be harder for you 'cause you're three out of three here and the previous answers don't count, but what would you say would be actual strategies to start today?

Nelly: Yeah, well, thankfully because the bar is so low around what employers have done, there's probably a million things we could all say. The piece that I would add and it is linked back to sort of what Raechell said around integration is improved navigation. I see this a lot with our employee population, more is not always better. Our team has to remind ourselves of that all the time because we are constantly trying to think about like what novel innovations we can put into the marketplace that improve our employee experience. But if the three of us sit here, we know that like if we go to the store and there are 50 brands of mustard, it is hard to sort of select the one that you want and you oftentimes go with what is either the cheapest or what is what you know. And using that kind of same experience in healthcare by giving our employees like so many different opportunities, we just have to be careful that what we have vetted, makes sense for our employee population. So I think improving navigation would be the piece that I would suggest.

Deb: Yeah, and that was actually echoed by a survey that Kaiser Permanente did around social needs as well. One of the biggest needs around unmet needs is knowing where to find answers and solutions. To your point, Nelly they're out there, there's so many solutions, and the work that's still, I think being done is, making those connections and making it easy for people to find the help that they do need as well.

We're just a few minutes away from wrapping up, but I always like to give the panelists an opportunity for the last word. And so we're going to go in reverse order. Nelly, I'll go to you first. Anything that didn't get said that you think needs to be said here or any other advice that you would give the audience today?

Nelly: Yeah. I think there's probably so many different avenues to go in this. I'm focused sort of on, as we mentioned, kind of the data element and the measurement piece around health equity for our employee population. And oftentimes in these conversations, I think what we see is that the discussion around the barriers to data, like go on longer than they need to. And I know that that is a barrier as a person who plays in this space frequently, like getting sort of self-reported race and ethnicity data is oftentimes difficult to make improvements or change. I think as an employer, as a carrier, as a partner, that cannot be the sort of the impetus to not doing anything. I think that we as a group collectively know that there are inequities that exist, whether we have the race or ethnicity data or not. So starting to put in what some of those programs would be to address those issues are important rather than using kind of the data piece as a link to saying that this is something that you're not going to focus on.

That and I think the second piece is, Raechell touched on this, is really aligning incentives. And I think that that's what we're starting to do with our carrier partners and our vendor solutions is, can we hold specific entities to start to close gaps? So do data collection on whatever population we have, wherever we can get self-report data on a

set of metrics that we know where inequities exist, and then in future calendar years, really start to kind of close some of those gaps.

Deb: Thank you, Nelly. Anand, what would you add?

Anand: I would add that we know that this is a vast problem that didn't happen overnight and so don't be afraid that you don't have a solution to solve this overnight. I think being able to show up and being willing to take that first step and show up with authenticity and integrity and just begin the journey and not being overwhelmed is so critical, so let's build momentum.

Deb: Love that. And Raechell, you get the last word.

Raechell: I think Nelly and Anand said everything that I would actually add. You can't boil the ocean, so you have to take it one step at a time. And then just knowing that integrating small portions is helping to take chip away at this big problem that we all know exists.

Deb: Yep. I completely agree. I'll share my reflections. Again, starting my career in medicine 25 years ago and thinking I was going to change the world, one interaction, one patient at a time through improved health and really seeing the evolution of understanding that social health really contributes more to health outcomes than individual behaviors or medical care has really been an epiphany I think for me and hopefully some other folks and that we all have a part in actually kind of changing that aspect by all of our interactions, by how we do, operate as a family, as a workplace, as a community, how we invest in those spaces. And even when people have access to healthcare, there are still all of these social factors that mean that it's not necessarily equitable. It starts with data. When we've got that, we can then start looking at how we can address those problems. And to everybody on the panel's point today, and it can start now, it can start today with even just building culture and trust and talking about it.

So I want to thank our panelists today, Raechell, Nelly, and Anand for such an insightful conversation. I so appreciate your passion for the caring that you're really demonstrating here and for making us think about what we can do as members of the workplace, members of the community. And thank you to everyone that joined today. By approaching social health equitably in the employee population, you make it possible for everyone to find the level of support and care that they might need and it might be different for their social health. Raising that awareness about the importance of social health, educating your entire workforce on where to find resources, helping to fight stigma and misconception about who actually has need.

So I hope that you have found this conversation to be valuable, I hope that you're going to join us again. 2023 we've got some great conversations planned. This is again our last webinar for 2022. We're going to kick it off again in March of 2023 with a webinar on virtual care. Virtual care engagement of course is critical to the future of care delivery and ties in nicely with more equitable care outcomes as well. So be on the lookout for our webinar and industry experts to identify strategies to support your diverse workforce with emerging digital health solutions.

And I really want to encourage you to visit the Health Views for Business page to subscribe to the webinar series. We're going to keep you up to date there on the dates

and details. There's also resources. So really great conversations, links and articles that you might appreciate as well. And then finally, really would appreciate it if you take a minute to complete a very short three-question survey that's going to appear on your screen after the webinar ends.

So thank you again for attending today and I hope to see you again in 2023.

End of: Health Views Webinar - Social Health

Video Duration: 0:48:17