

The Employer's Playbook to Addressing Social Determinants of Health

Contents

3

Section 1:
Barriers to Care Across the
Commercially-Insured Population

6

Section 2:
Benefits Plan Design

11

Section 3:
Effective Communications

13

Section 4:
Employer Brand Reputation &
Corporate Culture

15

Section 5:
Meet Castlight

17

References

1



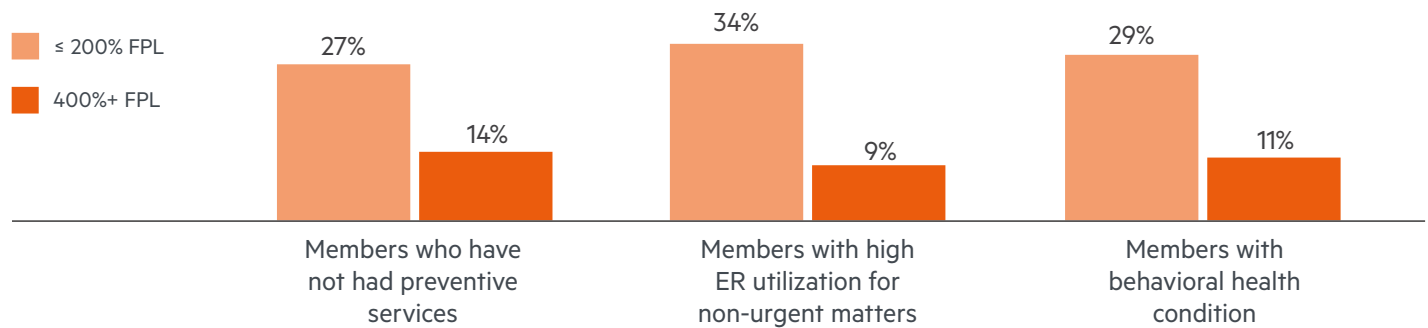
Barriers to Care Across the Commercially-Insured Population

Social determinants of health (SDoH) drive as much as 80% of health outcomes.¹

In Castlight's analysis of six million commercially-insured individuals, we found that more than 1 in 4 face social and economic barriers that negatively impact their health and wellbeing—27% live in a zip code where the median income is at or below 200% of the Federal Poverty Level (FPL) and 15% live in areas with poor access to healthy foods. People living in these areas have higher rates of chronic conditions, such as diabetes and behavioral health issues, and demonstrate concerning healthcare utilization patterns as well.²

These trends suggest worse health outcomes for members who live in zip codes with a lower median income average, which contributes to higher costs for employers. They also justify the need to more comprehensively identify social barriers that adversely affect employee health and to address them with relevant programs and interventions.²

Without access to the resources they need to stay healthy, many people with SDoH barriers to care are forced to make healthcare decisions with limited options. They're more likely to ration or delay care, engage in unhealthy behaviors, and experience diminished physical health and behavioral health, including higher rates of chronic disease.³



SDoH are the economic and social conditions that influence individual and group differences in health status and affect almost every aspect of an individual's care. Examples include:

- Safe housing and neighborhoods
- Access to nutritious foods
- Access to healthcare services
- Education, job opportunities, income
- Language and literacy skills
- Racism and discrimination

The Employer Role

Many employers already provide generous benefits, and they have stepped up even more to support their teams during the COVID-19 pandemic. Despite these efforts, **lack of engagement with employer-sponsored benefits programs continues to be a challenge.** Employers must try to increase employees' awareness and understanding of the health benefits programs currently available to them, especially at the time in which they need specific programs the most. In addition, employers can further reduce barriers to care by revisiting their overall benefits design, wellbeing program offerings, physical environment (including onsite and near-site clinics), wages, and organizational policies.

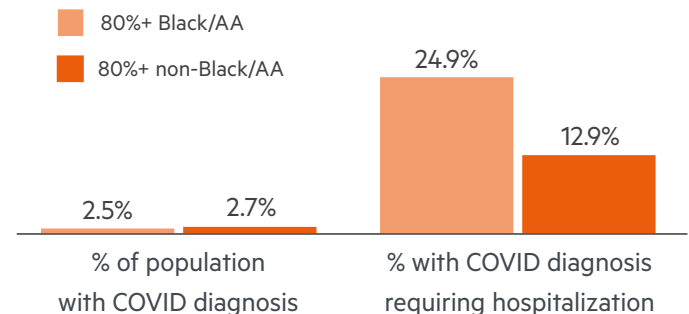
When employers are implementing programs that help their population overcome SDoH barriers to care, they have the opportunity to:

- Close gaps in care and improve health outcomes
- Reach vulnerable communities
- Increase engagement with health benefits programs
- Build and retain a competitive workforce

This three-part framework—benefits plan design, effective communications, and employer brand reputation and company culture—is intended to help employers comprehensively address SDoH barriers among their employees. Recognizing that there is no one-size-fits-all solution for all employers, this playbook is designed to help employers determine what their employees need most and what the company is able to do to address those needs.

COVID-19 and SDoH

The COVID-19 pandemic further highlights disparities in healthcare access and delivery among populations vulnerable to barriers to care driven by SDoH.⁴ For example, Castlight found that, despite similar rates of COVID-19 diagnosis, there was a stark difference in the average cost of care, percent of hospitalizations, and average number of days with a COVID-19 diagnosis between predominantly Black/African American zip codes and non-Black/African American zip codes. Similarly, those living in low-income zip codes had 3x higher COVID-19 hospitalization rates and nearly double the costs for COVID-19 care than those in wealthier zip codes.





Benefits Plan Design

To start addressing SDoH barriers to care in their population, employers can begin with an assessment of the barriers their employees are facing, how their current benefits design helps overcome those barriers, and what components might be missing.

Step 1: Identify vulnerable employee populations and possible gaps in care

Data employers typically have access to can provide key insights into populations at greatest risk for SDoH barriers to care:

- **Employee data**
 - Zip code of residence (which can be used in conjunction with the publicly available data listed below to identify at-risk households)
 - Race/ethnicity
 - Income
 - Eligibility data, including household size and composition
 - Healthcare claims
 - Utilization of no- and low-cost employer-sponsored programs
- **Publicly available data** that can be used to map employee populations to common SDoH barriers include:
 - Health status by zip code from the [CDC](#)
 - Food access by zip code from the USDA (e.g., [Food Environment Atlas](#))
 - Income by zip code from the U.S. Census Bureau (e.g., [Small Area Income and Poverty Estimates](#))
 - Provider deserts from the HRSA (e.g., [Health Professional Shortage Area](#))

Employee health assessments provide data on employee health status and can be expanded to include questions that assess for common barriers to care. For example, Castlight’s health assessment includes the question: “In general, how would you describe your financial health?” which respondents answer on a 5-point Likert scale from “very good” to “very poor,” followed by “Why do you think that is?” which respondents can answer with “inability to save,” “amount of debt,” “medical expenses,” or “other.”

- Examples of other assessments that include social needs questions:
 - [American Academy of Family Physicians Social Needs Screening Tool](#)
 - [Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences \(PRAPARE\)](#)

Surveys should be confidential so employees feel more comfortable participating and answering honestly. Use of a third-party survey administrator can be helpful in this regard.

Together, this data can help **identify vulnerable populations** such as:

- People with diabetes who live in a food desert
- People not taking their medications as prescribed who live in a high-poverty zip code
- People with high-risk pregnancies living in maternity provider deserts
- People lacking a PCP or who have missed preventive screenings who live in a high-poverty zip code

For example, across Castlight's book of business, 16% of adults living with diabetes also live in an area with limited access to healthy foods. With this knowledge, we can guide these employees to available employer-sponsored benefits (e.g., digital diabetes management program) and resources provided by their community (e.g., community-supported food bank).

Once employers better understand the needs of their population, it is important to evaluate the gaps between what is needed and what is already being provided through current or planned benefits—in addition to what the engagement level is for all currently available programs and resources. Are they being used, and are the employees who could benefit most from them already engaging?

Step 2: Evaluate organization's culture of health

Employers should specifically assess their:

- Health insurance offerings (one-size-fits-all vs. income-based options)
- Organizational policies (time off, sick leave, disability)
- Physical environment (healthy food options, demanding working conditions)
- Implicit biases among leadership (unknowingly treating employees differently based on their age, weight, race, gender, sexual preference, etc.)

Real World Example:

Benefits for New Parents

In addition to providing 16 weeks of leave, Castlight also provides a New Parents program in which any parent-to-be can meet with HR to discuss the free resources available to them, such as a breast pumping kit, private rooms to pump or rest in, lactation advice, prenatal care program access, daycare referrals, and more.

Step 3: Fill in the gaps with:

- No- and low-cost benefits programs
- Pay-based health plan premiums, deductibles, and co-insurance
- Local community resources (e.g., community food banks and support groups and national organizations like Aunt Bertha, Unite Us, and Cityblock Health)
- Updates to business policies (e.g., allowing flexible or remote work, increasing time off for medical appointments, and providing necessary job accommodations)
- High-touch services to help those with complex needs or who are less comfortable with digital solutions

Examples of How to Fill in the Gaps

SDoH Barrier to Care	Member Condition	Benefits Solution	Local Resources
Food Insecurity	Diabetes	Diabetes Management Solution (e.g. Vida, Virta), Onsite Nutrition Resources, Telenutrition Provider (e.g. Foodsmart)	Community Supported Food Boxes, Food Banks, Healthy Eating Programs, Food Cards, Nutrition Resources
High-Poverty Area	Depression	Free Services (EAP, Preventive Care, Financial Wellness Programs), Behavioral Health Solution (e.g. Spring Health, Total Brain)	Community-Based Low-Cost Clinics, Local Support Groups
Lack of Transportation	No PCP	Telehealth Options, On-Site Childcare, Incentives for Preventive Care, Urgent Care over ER Education	Lyft Health or Similar Transportation Program, Bus Routes, Subsidized Transport
Maternity Desert	Pregnancy	Incentives for Preventive Care, Prenatal Care, Maternity Programs (e.g. Maven, Ovia)	Community Maternity Programs
Social Isolation	Social Anxiety	EAP, Behavioral Health Solution	Community Group Programs, Community Social Workers

Real World Examples



Pay-Based Health Plans

An industrial company with more than 200,000 employees worldwide implemented pay-based premium tiers. The lower the income, the lower the premium payment is. For example, employees making less than \$25,000 contributed \$0 per week while those with an income between \$50,000-\$75,000 paid \$90 per week.



Financial Wellness

After searching for a financial wellness platform for their employees and failing to find one they liked, the venture capital arm of this media and technology conglomerate decided to launch their own financial care startup to help their employees (and others) substantially decrease their money-related stress by offering services such as financial planning and human support.



Onsite Clinics

Within days of COVID-19 shutting down the country, this retail organization placed nurses onsite at their distribution centers to take care of their essential associates. Today, there are permanent nurses at each center, in addition to health coaches.



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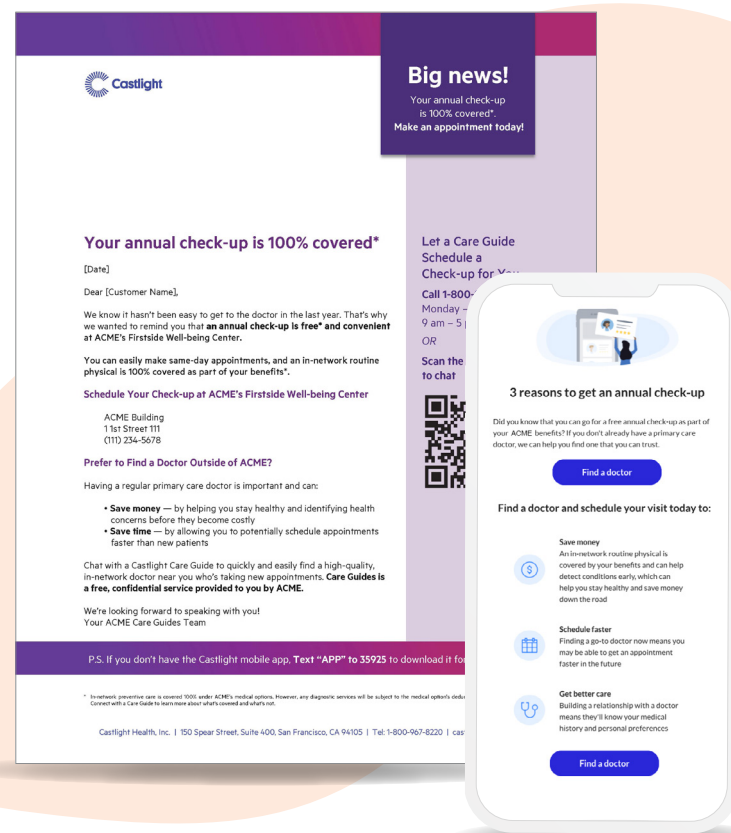
Effective Communications

Locating the resources members can use to respond to SDoH barriers is an important step, but resources are meaningless unless the member sees them as valuable and actionable. That's where strategic communications come into play.

Effective messaging should be:

- **Simple and Direct:** Between work and family commitments (e.g., child care and elder care), employees—especially those with SDoH challenges—are typically incredibly busy. It's important for communications to be clear, concise, and relevant so employees can immediately understand the program, its value, and how to access it.
- **Accessible:** Communications should be provided in all relevant languages. In addition, employers should consider different ways to connect with employees in low-income areas, as technology availability and adoption may be lower.⁵
- **Personalized:** All employees should receive messages alerting them to benefits available to them, based on their health needs.
- **Sensitive:** SDoH challenges are often associated with stigma and discrimination. Communications to these populations must be empathetic, culturally-sensitive, and destigmatizing.
- **Bidirectional:** Employees should be able to easily reach out to a benefits advocate to discuss their health and health benefits. Provide multiple ways for the population to engage, such as chat, email, and phone.

**Real World Example:
Tailored Outreach**
A Fortune 50 company with a geographically-dispersed population leveraged Castlight to integrate claims, health assessment, and Rx data in order to develop and send messaging tailored to each employee's gaps in care and overall health.



Examples of messaging intentionally designed for members in low-income zip codes who do not have a PCP.

4



Employer Brand Reputation & Corporate Culture

Now more than ever, having a good employer reputation is paramount for recruiting and retaining talent. The way the company takes care of its employees, including a strong commitment to diversity, equity, and inclusion (DEI) efforts, can be an effective strategy for enhancing employer brands. Addressing SDoH challenges is a great way for employers to take meaningful action in building a DEI-centered corporate culture, as health benefits programs cannot be truly inclusive or equitable if they do not factor in SDoH barriers to care. Many employers have already implemented the following approaches:

- Establishing a DEI committee or department
- Increasing diversity on leadership teams, boards, and committees
- Forming and collaborating closely with employee resource groups (ERGs)
- Hiring a DEI communications consultant for internal and external messaging
- Volunteering with and/or donating to local organizations in the communities their employees live and work in

However, while these efforts are a great start, this is just the beginning to creating a culture that is truly diverse, equitable, and inclusive. Here are some additional steps other organizations are taking:

- **Implementing pay equity across all groups** (i.e., ensuring all employees within the same job classification receive pay within a certain range)
- **Leveraging their non-profit foundation** (if applicable) to align and partner on integrating SDoH data to increase impact
- **Continuously educating all team members** on what diversity is, what inclusion is, and what it really means to be an ally, and how everyone has a role and can contribute no matter who they are

Ultimately, DEI is about much more than hiring people of color or underrepresented minorities (for example). It is a mindset that needs to be imbued throughout the organization and involve input, collaboration, and outreach from all employees, not just leadership. And remember: Complete diversity, equity, and inclusion will not happen overnight—it is okay to start small.

Real World Example: Giving Back to the Community

In response to COVID-19, the philanthropy arm of this global food and beverage company donated 20 million meals to communities in need and dedicated millions of dollars to increasing medical and financial aid, food and meal delivery, and relief funds to those who needed it most.

5



Meet Castlight

A leader in healthcare navigation, Castlight partners with employers and health plans to steer members to the right care at the right time, ultimately delivering better health outcomes and maximizing returns on healthcare investments. Castlight is uniquely positioned to identify members who are at risk for SDoH barriers to care and connect them with the resources they need.

Castlight's **robust data sources**—geographic data from the CDC, USDA, and Census Bureau; eligibility data and healthcare claims; and member responses to Castlight's Health Assessment, which already includes important social needs questions—and **personalization engine** can identify members who are missing key healthcare services or inappropriately utilizing care and who are also at risk for SDoH barriers to care. The platform can then connect these members with the right resources, engaging them through **targeted, sensitive messaging**.

Castlight Care Guides, our team of clinical and benefits experts, leverage a 360° understanding of each individual member, including diagnoses, personal health goals, and social and environmental contexts, to support them throughout their health journey. Care Guides provide **warm hand-offs to local resources and employer-sponsored programs**, with a focus on closing gaps in care and addressing member priorities.

Care Guide + SDoH Example

In 2020, a Castlight member name Jane* reached out to one of our Care Guides, Caren, who soon learned that Jane was struggling with both grief and a sky-high medical bill she didn't expect. As a primarily Spanish-speaking person, Jane was having trouble navigating the U.S. healthcare system. A Spanish speaker herself, over the course of several phone conversations, Caren was able to help Jane better understand the basics of health insurance (e.g., in-network vs. out-of-network providers), sign up for a Health Savings Account, and find a therapist and a few local Spanish-speaking grief support groups. From a simple phone call, Caren was able to advocate on Jane's behalf—in her native language—to help Jane take positive steps toward better physical, emotional, and financial wellbeing.

*Name has been changed for confidentiality.

References

1. Robert Wood Johnson Foundation. Medicaid's role in addressing social determinants of health. Briefing series: key medicaid issues for new state policymakers issue 5. February 2019. Accessed January 29, 2021. <https://www.rwjf.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-ofhealth.html>
2. Pera MF, Cain MM, Emerick A, et al. Social determinants of health challenges are prevalent among commercially insured populations. J Prim Care Community Health. In press 2021.
3. Oates GR, Jackson BE, Partridge EE, Singh KP, Fouad MN, Bae S. Sociodemographic patterns of chronic disease: how the mid-south region compares to the rest of the country. Am J Prev Med. 2017;52(1S1):S31-S39. doi:10.1016/j.amepre.2016.09.004
4. Lopez L, Hart LH, Katz MH. Racial and ethnic health disparities related to COVID-19. JAMA. 2021;325(8):719-720. doi:10.1001/jama.2020.26443
5. Vogels, Emily A. Digital divide persists even as Americans with lower incomes make gains in tech adoption. June 2021. Accessed August 26, 2021. <https://www.pewresearch.org/fact-tank/2021/06/22/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/>