

UnitedHealthcare doled out \$11.4M to SDOH programs in 18 states—we unpack why it's nowhere near enough to propel social health initiatives

Article

The news: UnitedHealthcare funneled \$11.4 million to expand social determinants of health (SDOH) programs in 18 states to close gaps in health equity.

- **Indiana, New York, Nevada, and Mississippi** were awarded the largest amounts (**\$1 million** each).
- The grants will focus on assisting those with challenges around healthcare access, health literacy, food insecurity, social isolation, and mental health: For example, in New York, **West Side Community Services** will receive \$170,000 to support its virtual and on-demand health programming for seniors.

More on this: The grants are part of UHC's **Empowering Health** program, which was first established in 2018 to support community health organizations and expand access to healthcare by addressing SDOH. To date, it's funneled over **\$40 million** in grants across 29 states.

The bigger picture: Payers have been interested in figuring out how to influence patients' social health factors since SDOH can drive up to **80%** of health outcomes. For payers, boosting members' SDOH factors can result in massive savings: healthier members = lower costs of care = cheaper-to-insure members.

The problem: Right now, payers are mostly sprinkling cash into SDOH programs without much confidence in reaping returns since there hasn't been much quantifiable evidence as to how SDOH programs generate meaningful impact on health outcomes.

The solution: Healthcare incumbents need clear proof of the ROI potential of SDOH programs before they go all in on them—this begins with a clear way to track and measure social factors across the patient journey.

Similar to how interoperability efforts are standardizing the language of health data exchange, SDOH programs need to standardize how different social factors are defined and measured in order to evaluate their actual impact on patient health. And although some

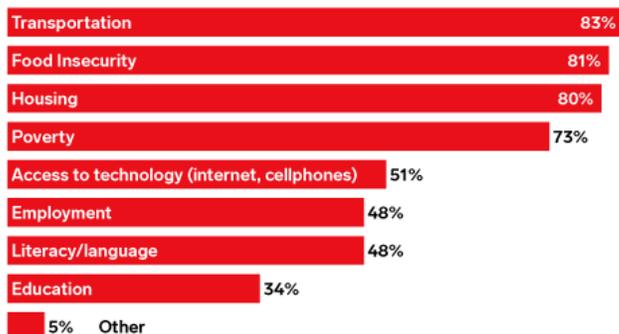
efforts (like the development of [ICD-10 codes for SDOH](#)) are underway, they're not fully established.

We've seen payers lean on blossoming SDOH startups to better target population health needs and measure the impact of their SDOH programs.

- For example, startups like **Unite Us** are [using](#) predictive analytics to connect members with social services.
- **Cityblock Health** is offering virtual care and community health services to [reduce](#) hospital admission rates.
- In another example, SDOH analytics company **Socially Determined** quantifies health risks associated with certain SDOH, and identifies the social factors that most negatively affect an individual's health—those insights are then used to tailor SDOH programs to fit members' needs.

Social Determinants of Health that Most Impact Health Plans According to US Health Planners, Aug 2020

% of respondents



Note: n=177; plan types represented among respondent organizations included commercial (large group, small group, individual), Medicare Advantage, Marketplace, Medicaid, D-SNP or MMP, and MLTSS

Source: Altruista Health, "2020 Annual Payer Index Survey," Nov 9, 2020

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