Getting Started with Social Determinants of Health

AN EMPLOYER GUIDE TO UNDERSTANDING THE POWER OF DATA

HC/TN
HealthCareTN
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INTRODUCTION

HealthCareTN had a steep learning curve as we started developing our Social Determinants of Health (SDOH) programs to educate employers. We have built upon work done by peer coalitions and engaged subject matter experts and thought leaders. We have also convened HCTN employer members to learn from their experience. Developing a strategy to incorporate SDOH remains a work in progress.

This guide focuses on the role data plays in developing an employer's SDOH strategy that spurs them to action. It is based on the experience HealthCareTN had in leading employers through four workshop sessions. In those sessions, we learned what employers knew and didn't know; the underlying concerns that were barriers to delving into SDOH; what interested them; and their needs at the time of the workshop to start or advance their work.

> *"One of the best ways to gauge the broad well-being of communities is to look at Social Determinants of Health. These are the societal and economic conditions that make people more vulnerable to poor health."*
>
> **— Project Well: A Snapshot of Mental Well-Being in Middle Tennessee, August 2023**

The guide combines the experience with employers during the workshop as well as the information and structure shared with employers. This guide:

- Brings into focus the reality that much of the health risks that employees suffer from are largely determined by social factors and how social needs impact their workforce;
- Lays out a well-defined framework for using data to inform SDOH strategies;
- Identifies many of the opportunities and limitations of data and data types;
- Provides employer examples of using data to inform insights and action; and
- Shares our thoughts on considerations that employers, and those supporting employers, should address to build effective strategies.

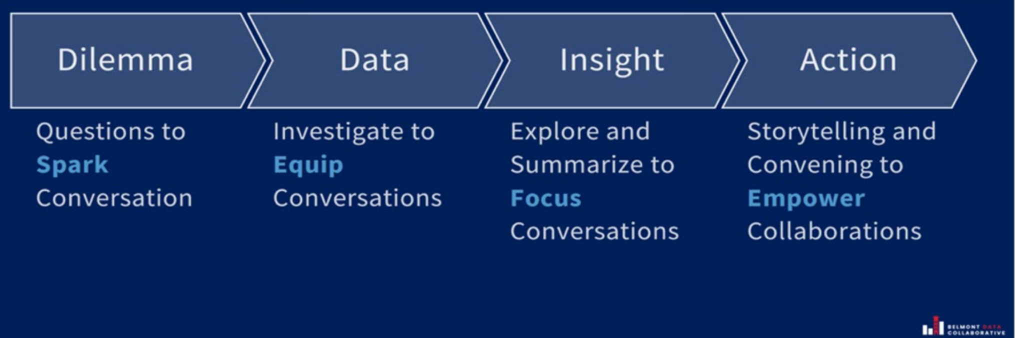
Dilemma Data Insight Action

A Framework for Implementing SDOH Strategy

We are deeply indebted to Charles Apigian, PhD, Professor of Business Systems and Analytics, Belmont University, who generously allowed us to use his DDIA framework for this guide. Professor Apigian pioneered using this approach to addressing social vulnerability.

> *"We developed a process that we believe can spark and convene people to action: The Data Mindset (D-D-I-A Framework). This framework focuses first on the Dilemma to spark a conversation, then identifying the Data needed to provide Insights that lead to telling a story that inspires collaborative discussions that lead to Action."*
>
> **— Charles Apigian, Project Well: A Snapshot of Mental Well-Being in Middle Tennessee August 2023**

Many approaches to data analytics, especially in healthcare, are often "fishing expeditions" where analysts dive in, looking here and there, hunting for either the big fish that is gobbling up all the resources, or large schools of fish that are dominating the ecosystem. These approaches let the data define the dilemma. DDIA is very different, in that it starts with the dilemma and designs the data analytics around providing understanding that leads to action. By using DDIA, analysts are committed above all to sparking an ongoing conversation that includes occasional forays into data analysis for the sake of gaining insights for determining action. The approach is continuous rather than definitive and relies on using data to frame "the story" and inspire collaboration.



Dilemma

Dilemmas are more than just problems to solve. Often they are insolvable; require management strategies rather than definitive solutions; and force us to make seemingly impossible choices. These are big issues or puzzling situations that require commitments to tackle. They become the site of a great conversation.

Data

Data refers to both the sources and methods required to answer questions presented by the dilemma. During this phase we are taking stock of the data sources we have or will need to gain valuable information. Traditional analytics have often overlooked important sources of information, like SDOH, when scoping the issues. Data should continue and further the conversation.

Insight

Insights are the deep and innovative commitments to interpreting the data. They provide a visualization or narrative understanding of what the data analysis produced. A strong analytic process should produce vivid visualization. You can see how adding SDOH data to the scope of analysis will produce a stronger and clearer impression.

Action

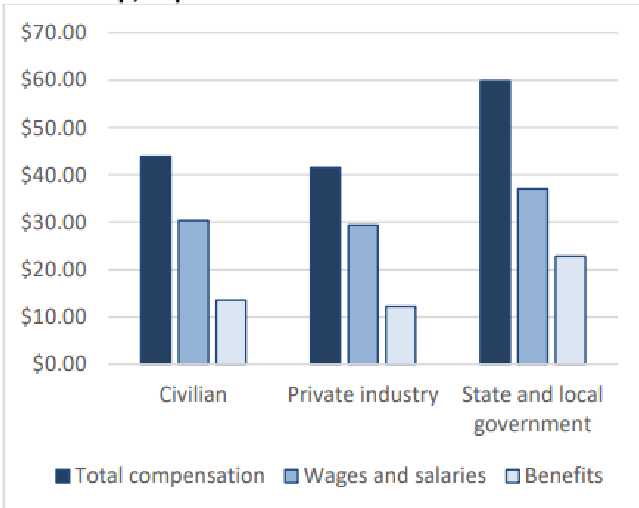
Actions are the "next clear steps" we need to take to manage the dilemma. Because this process is continuous, rather than definitive, actions are often used to build momentum as much as they are to solve a problem. Action should include both measurement and evaluation.

DILEMMA

Since physical environment and socio-economic factors drive 50% of health, employers need to help reduce the impact of these factors to improve the health of their workforce and reduce the cost of health benefit plans.

Employers invest heavily in the health of their employees, spending between $12 and $22 per hour worked on employee benefits, including health benefits (Chart 1). This investment represents 30%–38% of total compensation. Generally, employers make this investment to support the health and well-being of employees and their families so they can contribute to the success of the company and thrive within their communities. Because of barriers to health and to health care created by SDOH factors, *many employees are not able to fully benefit from the health benefits they are offered.* Employers that effectively address these barriers are helping those with social needs more fully participate in their health benefits and, ultimately, achieve better health and lower costs.

Chart 1. Employer costs per employee hour worked by ownership, September 2023



https://www.bls.gov/news.release/pdf/ecec.pdf

According to the American Hospital Association:

Addressing social determinants of health will help providers reduce costs and unnecessary resource use, especially as alternative payment and care delivery models emphasize preventive care and population health.

—Jacqueline LaPointe, RevCycleIntelligence.com, "How Addressing Social Determinants of Health Cuts Healthcare Costs" (June 25, 2018)

Social Determinants of Health (SDOH) vs Social Needs

SDOH: Conditions **in the environments** where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

Social Needs: **Individual-level**, adverse social conditions that may negatively affect a person's health or healthcare, such as food insecurity, housing instability, and lack of access to transportation. In this document, the term has been shortened to "social needs" for readability.

Source: Adapated from National Quality Forum (NQF). Social Drivers of Health Data Utilization: Integrating Healthcare and Community Services to Address Health-Related Social Needs. Washington, DC: NQF; 2024.

Defining Social Determinants of Health

SDOH are the community-level, non-medical factors—environmental and socioeconomic—that influence health. In addition to the well-established impacts that lifestyle and medical interventions have on health, SDOH factors impact health, especially the prevention and management of chronic conditions. SDOH also have an important influence on health inequities—the unfair and avoidable differences in health status seen within and between geographies and populations. Addressing SDOH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society. (*Source: World Health Organization SDOH*.)

Individuals have specific social needs that are driven by these community-wide SDOH. Workers bring these social needs to their jobs every day.

Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

> *"The reality is that most of our health is driven by things that happen outside of the doctor's office. If we want to live a long and healthy life, it is crucial that we pay attention to the social factors that influence our health"*
>
> **—Wayne Rawlins, MD, Senior Clinical Advisor, WellSpark Health**

The 20/80 Rule

Employees bring the context of their lives to work—neighborhood concerns, economic stress, transportation accessibility, unstable housing, food insecurity, and more. These affect their work directly and indirectly in terms of ability to show up on time, capacity to meet job requirements, attention and focus, and employment longevity.

Research shows that these social needs can be more important than health care or genetic factors in influencing health. The Institute for Clinical Systems Improvement (ICSI) cites that 80% of health outcomes are driven by the physical environment, socio-economics, and behavioral factors. The physical environment and socio-economic factors, alone, account for 50% of these outcomes. (*Source: Going Beyond Clinical Walls*.)

Some SDOH factors include:

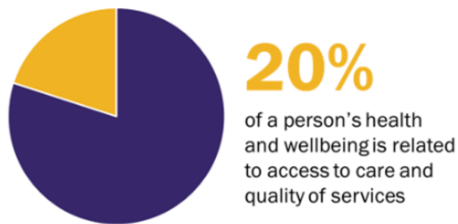
- Income and social protection
- Education
- Job insecurity
- Working life conditions
- Food insecurity
- Housing

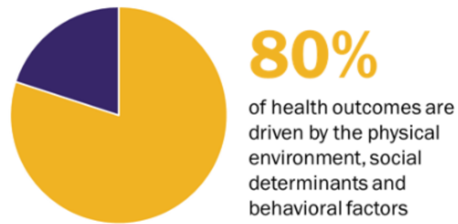
- Environment
- Early childhood development
- Social inclusion
- Non-discrimination
- Access to high-quality, affordable healthcare services

These non-medical risk factors must be addressed as employers strive to understand and improve conditions that contribute to overall workforce health and lower healthcare costs.

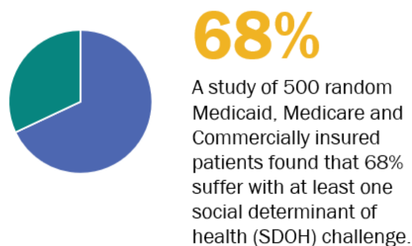
Reality of Whole Person Health

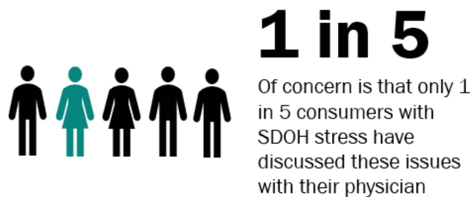
Social determinants of health (SDOH) have a tremendous affect on an individual's health regardless of age, race or ethnicity.





SDOH can and should be measured





Source: Waystar Consumer Perspectives on How Social Determinants Impact Clinical Experience, 2018.

Social needs are far-reaching with 68% of patients indicating they have at least one social need. Since only 20% have ever discussed social needs with their physician, the health care delivery system is not well-positioned to address the social risk factors that impact health. Therefore, it is incumbent on employers to take action to leverage social needs toward improving individual health and lowering healthcare costs.

The Opportunity

The good news is that there can be a return on investing in reducing these social needs among the workforce. According to Pruitt et al. in their Population Health Management report from 2018, employers who begin to understand and address social needs can expect a 10% reduction in costs from employees that report that all of their social needs have been met.

Employers are very interested in the impacts of social needs on their workforce, but this is a relatively new and emerging focus area for them. Employers are at various stages in their understanding and many are early in their efforts to develop specific strategies. Some employers have integrated multiple data sources to begin identifying social needs within their workforce and taken some limited action. Some have the data and insights but haven't yet created a strategy or taken action, but many are just getting started on the journey. The comprehensive approach to addressing social needs outlined in this guide will engage employers no matter where they are in their journey and allow them to develop specific strategies for risk management.

> *"In my experience as data analytics lead consultant for a large middle Tennessee employer, integrating SDOH factors into our analytics led us to conclude emphatically that, 'One size does not fit all.' Disease prevalence and health care utilization are heavily influenced by the communities where people live."*
>
> **— Jon Harris Shapiro, President, Continuance Health**

Considerations in Defining the Dilemma

Curiosity: Employers are interested in the topic of SDOH. Employers want to keep up with other employers with regard to knowledge and strategy. They want to hear what other employers are doing to stimulate their own thinking.

Lack of Data: Employers are just beginning to analyze SDOH risks as an underlying driver of chronic conditions and increased healthcare cost.

Uncertainty Over Role: Employers generally consider the risks associated with SDOH as beyond their ability to impact. However, employers can understand their ability to impact the risks associated with the social needs of their own employees.

Caution About Overpromising: Some employers feel they run the risk of creating expectations that employee benefits will address a broad array of needs that have not been traditionally included, and they are therefore reticent to dive too deeply into Social Determinants of Health.

DATA

Data Building Blocks

From the outset, it is important to consider all data types needed to provide insights that can lead to action. A helpful framework is to identify both quantitative and qualitative data and understand the value of each type in answering key questions raised by the dilemma.

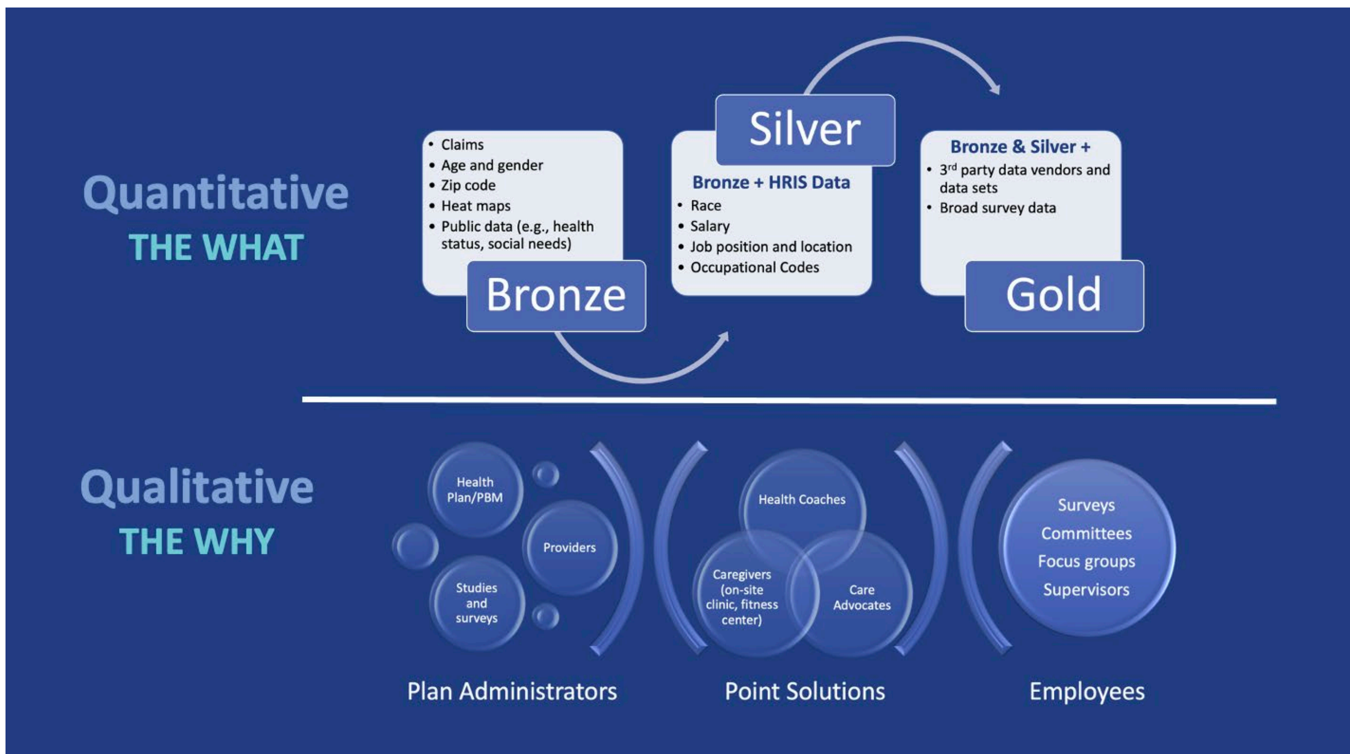
> *"At its best, data helps us clarify problems that seem overwhelming and focus dialogue in the most efficient, effective way.*
>
> *Data does not provide solutions. Instead, it starts important and provocative conversations that can clear pathways toward meaningful action."*
>
> **— Project Well: A Snapshot of Mental Well-Being in Middle Tennessee, Belmont Data Collaborative, August 2023**

Quantitative

Quantitative data consist of information you can count; it's numerical and measurable. It is "hard data," like sales; revenue; market share; number of employees; census by race, salary and benefit selection; and claims data experience. Quantitative SDOH and social needs provide the "what" and may uncover potential issues that warrant further analysis and consideration.

There are many sources for quantitative data related to social needs, including but not limited to:

- Enrollment data
- Claims data
- Human resource information
- Social disadvantage data indexes
  - Area Deprivation Index (ADI)
  - Social Vulnerability Index (SVI)
- Other social risk tools
  - PRAPARE
  - County health rankings and roadmaps
- Official government statistics
  - CMS
  - Census Bureau



ADVANTAGES OF QUANTITATIVE DATA	DISADVANTAGES OF QUANTITATIVE DATA
Accessible to most employers	Capturing useful data elements may require cooperation with other departments
Familiar (claims, enrollment, benchmarks)	Limited to data fields captured or allowed
Validated, trustworthy (already using it)	Limited to "what" not why
Use standard analytical/statistical methods	Still requires expertise
Objective interpretation, less risk of bias	May miss nuance and complexity
Answers hypotheses, measures trends, compares cohorts, correlates information, provides benchmarks	Can oversimplify conclusions
Population health friendly	Harder to apply to individual cases

Qualitative

Qualitative data consist of opinions, values and beliefs. It's descriptive and personal, expressing reactions or preferences. It is contextual information such as data obtained through interviews, focus groups, and online forums. Qualitative data inform the "why," providing context for an employee's perceptions and experiences, often as a result of socioeconomic and environmental status. Qualitative data can shed more light on the workforce that can be used in developing, implementing and improving programs.

Qualitative data sources related to social needs may include:

- Interviews
- Employee resource group feedback
- Focus groups
- Vendor/point solution feedback
- Employee surveys and questionnaires
- Online forums and social media

ADVANTAGES OF QUALITATIVE DATA	DISADVANTAGES OF QUALITATIVE DATA
Rich source of information about individuals	Self-reported (biased, tainted by fear of how data might be used)
Rich details that tell a story or convey perceptions	Extremely subjective: Hard to verify, often inconsistent or reactive
More contextual information	Hard to generalize
Descriptive and immediate	Unstructured data, hard to systematize

The Stepwise Approach to Quantitative Data Collection and Analysis

Employers have developed dependable strategies for health risk analysis, and social needs is an opportunity to broaden the perspective of risk and see more clearly the consequences and opportunities for health improvement and cost reduction related to these specific social needs. Yet, most employers are starting from scratch.

The following roadmap helps employers start or advance implementation of a social needs quantitative data strategy. Where an employer starts on this continuum depends on their understanding of the value of managing social needs, data availability, and capacity. Some employers may engage in all three. Others may decide to focus on one or two.

Please note that for each of these stages, employers should always ask their vendors what social needs they are collecting in the course of their work and how they use that information to enhance services to employees and provide insights.

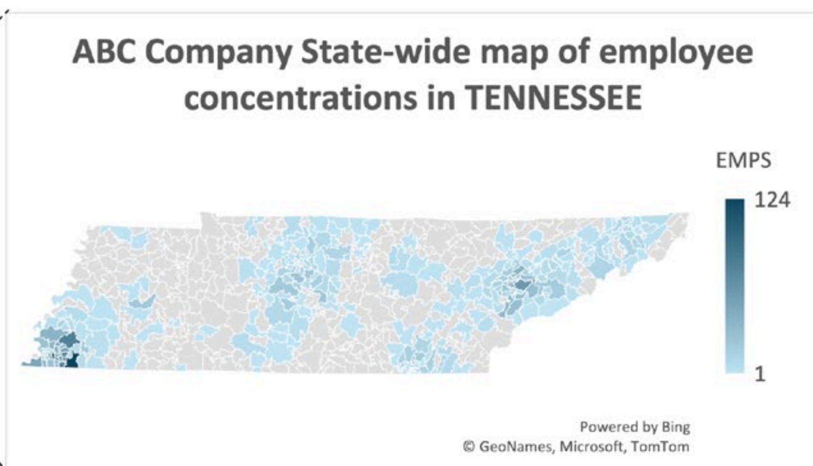
Bronze – Getting Started

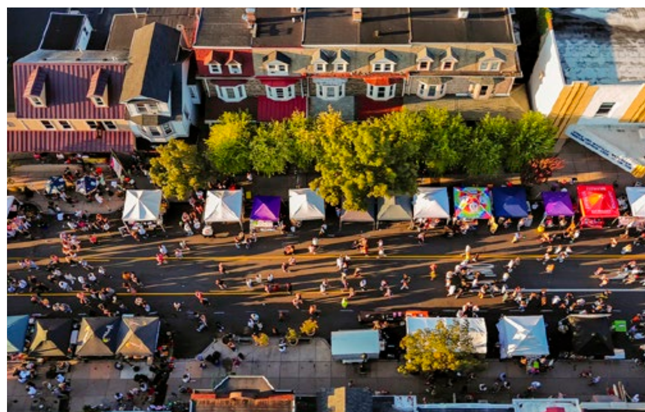
Bronze is for self-funded employers that can only access basic enrollment and claims data but want to leverage the analysis to incorporate social needs. Although limited, employers have gender and age information (which relate to social inclusion and non-discrimination risks), and are likely to have found ways to make this information meaningful. Employers also have residential ZIP code information but have likely not utilized this information as meaningfully as possible. Because social needs are often geolocated, ZIP codes become a meaningful data point from which to gain insight into the social risks of a population.

Types of analysis

Heat map of employee census, example is below.

TN Zip Codes	EE Count
37012	24
37013	56
37015	5
37022	12





Breakdowns by ZIP Code – A Proxy for SDOH

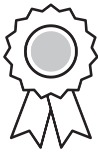
- Age
- Illnesses (e.g, diabetes or hypertension)
- With and without claims
- With and without PCP
- ED utilization
- Program participation
- Benefit participation.

Eligible Male Employees with PSA Screening 2023

Age Band	Numerator	Denominator	Percent with Screenings
46–55	211	461	46%
56–65	337	592	57%
Total	548	1,053	52%

Evaluate against third-party SDOH data

- There are several heat map tools that display social vulnerability or social deprivation by geography, such as ZIP code, neighborhoods or census blocks, that employers can use to compare to their census ZIP code heat map. See ADI and SVI links on page 7.



Silver – Making a Commitment

Silver is for self-funded employers that have integrated pertinent human resource information system (HRIS) data into their claims data analytic engine. Meaningful fields that might be available through HRIS are: Race/ethnicity, salary (a proxy for income), and education level. Employers may also want to include job location, job type, standard occupational classification code (SOC), and other job-related information. To supplement the augmented data, silver employers can also access the same publicly available data and heat maps as recommended for bronze.

Types of analysis

- Heat map of employee census (Microsoft Excel has a heat map program preloaded to generate ZIP code heat maps). Breakdowns by:
- Race
- Income
- Education

Breakdowns by Race, Income, and Education

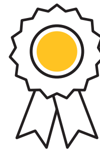
- ZIP
- Age
- Illnesses (e.g., diabetes or hypertension)
- With and without claims
- With and without PCP
- ED utilization
- Program participation
- Benefit participation

Eligible Empoyees colon cancer screenings by PCP affiliation

Race	PCPAffiliation	Numerator	Denominato	% With Screenings
Black	Clinic PCP	123	147	84%
Black	No PCP Affiliation	25	40	63%
Black	Other PCP	194	227	85%
Other	Clinic PCP	13	17	76%
Other	No PCP Affiliation	52	75	69%
Other	Other PCP	21	27	78%
White	Clinic PCP	321	420	76%
White	No PCP Affiliation	72	135	53%
White	Other PCP	547	668	82%
Total		**1,368**	**1,756**	**78%**

Evaluate against third party SDOH data

- There are several heat map tools that display social vulnerability or social deprivation employers can use to compare to their census ZIP code heat map. See ADI and SVI links on page 7.



Gold – All-In

Gold is for self-funded employers that have integrated pertinent HRIS data into their claims data analytic engine, and are working with their data analytics firm to integrate social needs data collected directly from their employees and/or third parties. Data collected from the employees is often survey data which is qualitative. A more detailed discussion about qualitative data is below. There are analytics firms dedicated to integrating the vast array of publicly available SDOH information, including US census and consumer survey data. These firms often utilize sophisticated machine learning and AI to generate a database of profiles that can be correlated with employer census data to produce relatively sound proxy information. These analytics not only provide a clearer picture of likely social needs existing in a workforce, but also capture opinions and attitudes toward healthcare services and communication preferences. Finally, these tools also provide insight into the healthcare, wellness, food security, and transportation infrastructure in geographic locations. Employers have been known to customize these tools for specialized purposes. The main caveat to this approach is that you will need to work closely with your data analytic firm to make sure they have the expertise and are trained and famliar with these tools across their enterprise. Even though these tools may be sold as stand-alone tools, they require a dedicated super-user.

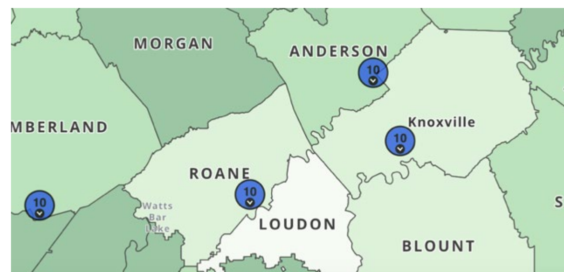
Types of analysis

A wide variety of heat maps and breakdown options are available. The advantage with an SDOH integrated tool is that you can overlay your census on the heat maps for a clearer picture of your specific populations.

Breakdowns

Population-specific information can include:

- Race
- Income
- Education



Economic Status and Hospitals Counts

SOURCE: https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

Geographic-specific information can include:

- Food deserts, identified by grocery store concentrations
- Pharmacy concentrations
- Clinic concentrations
- Public transportation

A wide variety of utilization and illness reports

- Breakdowns by ZIP, race, income, education
    - Illnesses (e.g., diabetes or hypertension)
    - With and without claims
    - With and without PCP
    - Emergency department utilization
    - Program participation
    - Benefit participation
- Employee specific insights accrued through proxy profiles.
    - Communication preferences
    - Trust perception of providers (PCP, pharmacists, nurse)
- Benchmarking against data included in the tool

Considerations in Developing a Quantitative Data Strategy

Start: Employers can evaluate current data to determine if they can analyze social needs.

Find usable data: Some employers have found that HRIS data resides in a different department or that data requires significant effort to collect, clean and process in order to integrate with claims.

Manage the process: Employers may need to drive their data and data analytic partners to take action regarding social needs. Once many employers see even simple analyses, they often are inspired to go deeper.

Broad Approach to Qualitative Data Collection and Analysis

Because of the varied nature of qualitative data and its sources, employers will likely summarize, digest, and discuss this information collected across a broad array of sources regularly, but infrequently.

Employee Facing Strategies

Often the best source of information into employee situations, attitudes and concerns comes from employees themselves.

Employers are likely already collecting information from employees that can inform risk analyses if these tools include some revisions and/or changes in content and format.

Employers can use the following to collect employee feedback and insights:

HRA Questionnaires: Social needs questions can be added to existing health risk assessments. Several vendors (e.g., WellSpark) have developed tools that collect and analyze such data. Note that although the data may remain anonymous and it is likely reported at the aggregate level, it may contain a certain level of bias because only a motivated, or rewarded, population will complete the questionnaire.

Benefit Surveys: Employee benefits surveys can be augmented with social needs questions in much the same way as health risk assessments. There are also similar limitations as described above with regard to HRAs. Check out the tools below for sample questions.

Consider questions from these SDOH questionnaire tools:

- Protocol for Responding to and Assessing Patient's Assets, Risks and Experience (PRAPARE)
- American Academy of Family Physicians short form social needs screening
- CMS Health-Related Socials Needs Screening Tool

Employee Resource Groups (ERGs): In partnership with ERG employee leadership, groups can provide employers input and feedback on social risk, lived experience, and priorities. Some employees may be interested in establishing an ERG specifically focused on social risks which could provide ongoing insights.

Employee Focus Groups: Employers can hold employee focus groups to provide input on social risks. Employer benefit managers will likely outsource facilitation and withdraw from participation to create a safe environment that enables meaningful responses.

Employer Benefit Committees: Employers may also want to address the social risk issues with their benefit committees, depending on the composition of the committee. At the very least, benefit committees can be helpful in developing which social risk strategies to implement.

Vendor Facing Strategies

Vendors should be challenged by employers to look at the services they provide with a "social needs lens" and answer the questions "how do social needs impact the services I provide employees" and "how do we help mitigate these social needs to get better outcomes from our work with employees?" This understanding will provide the vendor with concepts on how they can build social needs assessments, analytics, and strategies into the services they provide. Performance metrics can be established for vendors that are tracked over time to evaluate their success in mitigating social needs and the impact this mitigation has on their overall performance for the employer.

Employers can do the following to engage their vendor partners and to collect employee feedback and insights from their vendor partners:

Understand existing vendor activities: Employers will often find that health plans and point solutions have already implemented basic approaches to social needs assessment and may be connecting employees with community resources to meet their needs. Connections often are achieved through directories of social services, such as FindHelp, that employees can access to meet their own social needs. Employers need a clear understanding of:

- Programs and services each vendor already has in place
- Information the vendor is collecting
    - *Employers should know that this information may lie buried within the individual provider notes if the vendor does not have a process to mine and analyze this information enterprise-wide.*
- How that information is used to inform employee interaction
- Reports that are available to the employer to gage member needs and outcomes

Use HealthCareTN's SDOH Partner Discussion Tool: HealthCareTN employer members can incorporate the SDOH Partner Discussion Tool into regular meetings with vendor partners to send a clear message about the importance of addressing employee social needs and to track progress over time. Topics covered in the tool include:

- Overall commitment to employee social needs
- Specific ways employees are engaged
- Coordination with other employer/employee partners
- General information

Contact HCTN for more information.

Hold a Social Needs Vendor Summit: Employers can draw attention to healthcare benefit priorities and encourage collaboration between vendors by conducting a vendor summit. All benefits vendors, even those that are not typically considered "health benefit" vendors, should be included (e.g., long-term disability, 401(k), HSA). The summit should be:

- Face-to-face
- A vehicle for vendors to share specifically how they serve the employer and their employees, in general and in particular to the theme of the summit
- Long enough to result in concrete next steps (perhaps a full day)
- Structured to elicit discussion and long-term connections between vendors

After the summit, the employer must check in with each vendor regularly to understand specific steps they are taking and progress toward meeting both vendor and employer goals.

See example in Insights and Actions.

Roadmap for Qualitative Data Strategy

Employers are most comfortable collecting and analyzing quantifiable data. However, as discussed previously, quantitative data cannot explain what is behind the numbers. That can only happen when qualitative data is collected and analyzed.

Without knowing "why" patterns are occurring, appropriate action—action that will actually address the underlying factors driving those patterns—cannot be taken.

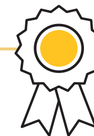
To date, the framework and experience of employers collecting and analyzing qualitative data is not well-defined. Employers can use the following roadmap as a starting point to think about how, over time, to evolve their qualitative strategy.

Qualitative Bronze

Because qualitative data is less structured and generally "narrative," a bronze approach to qualitative data would be engaging in conversations with vendors about what they are discovering in the populations they manage for you with regard to social needs. Use the HealthCareTN Partner Discussion Tool to drive that conversation.

Qualitative Silver

Gathering information from varied sources, including front-line managers and vendor partners, provides additional insights into the specific social needs of the workforce. To effectively execute at the silver level, employers will need to have robust discussions with these sources as in the bronze level, and will need to receive data and reports from vendors that provide the key insights and make this a continued point of vendor discussion.



Qualitative Gold

Gold level employers incorporate bronze and silver strategies and then augment those strategies by collecting information directly from employees. This can be accomplished through survey tools, focus groups, employee resource groups, and vendor summits.

Considerations in Developing a Qualitative Data Strategy

Engage vendor partners: Many employers do not know what their TPA/health plans and other vendors are doing to address social needs in their populations.

Include employees: Employers tend to be cautious when going directly to employees about social risks as they (1) do not want to cause employee concern around who has access to sensitive information and how it will be used, and (2) want to manage expectations about things they can address.

INSIGHTS & ACTION

Insights are interpretations of analyses, both qualitative and quantitative, that lead to actions. Developing insights and actions is an agile and dialectic process, where insights lead to actions that lead to new understandings and new questions (dilemmas), requiring new data applications, which lead to new insights and actions, and so on. The process can both narrow and/or broaden the scope of concern depending on which insights lead to which actions. Below we provide examples, both qualitative and quantitative, using our bronze-silver-gold continuum, of analyses that led to insights and actions.

> *"Investments in population health are more effective when SDOH factors are used to identify gaps in health and wellness programming and to empower those programs with actionable tools. Identifying gaps, empowering employees and their families, and demonstrating results are keys to driving clinical and financial outcomes."*
>
> **— Jon Harris Shapiro, President, Continuance Health**

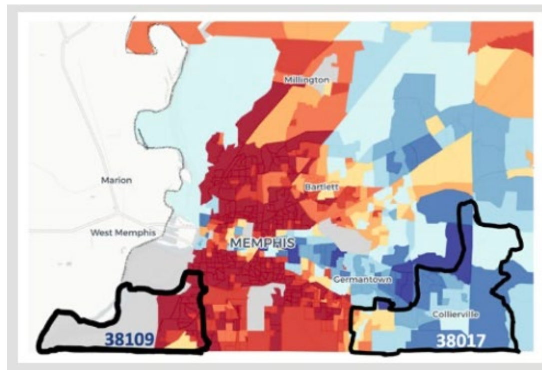
Bronze Case Example – Quantitative

To better understand the probable social needs of their employees, a West Tennessee employer created socio-economic and health profiles of the neighborhoods in Shelby county where its employees live.

The Insight

By creating a series of maps and overlays with the Area Deprivation Index, and comparing ZIP codes for specific socio-economic and health trends, the employer was able to see the significant variation in likely social needs in its workforce. For example, the socio-economic profile of ZIP code 38109, which is ranked as one of the most disadvantaged groups in the country (deep red on the ADI map), differs significantly from the socio-economic profile of ZIP code 38017, which is ranked as one of the least disadvantaged groups in the country (deep and light blue). And, not surprisingly, a higher percentage of residents in 38109 have hypertension than in 38017.

	38109	38017
INCOME		
Med Household Inc	$31,114	$110,873
EMPLOYMENT		
% in Labor Force	52.0%	67.2%
HOUSING		
% Renters	41.7%	22.5%
Avg Rent/month	$863	$1,331
Med Home Price	$69,700	$319,500
EDUCATION		
% with Bachelor's	8.4%	33.1%
HEALTH		
Adults with HTN	52.3%	30.8%



The Action

Following this study, and their new appreciation for the likely social needs of their employees, the employer held a vendor partner summit. The event focused on addressing social needs as a priority for each partner as well as facilitating communication and coordination between partners to achieve maximum impact. The employer plans to integrate this type of data with its HRIS data and medical claims to identify opportunities and to establish goals for partners to fill gaps and reduce disparities. They also plan to perform similar analyses in other geographic areas with employee concentrations and to provide targeted communications and resources tailored to the social needs of the population pockets that may vary throughout the workforce.

Silver Case Example – Quantitative

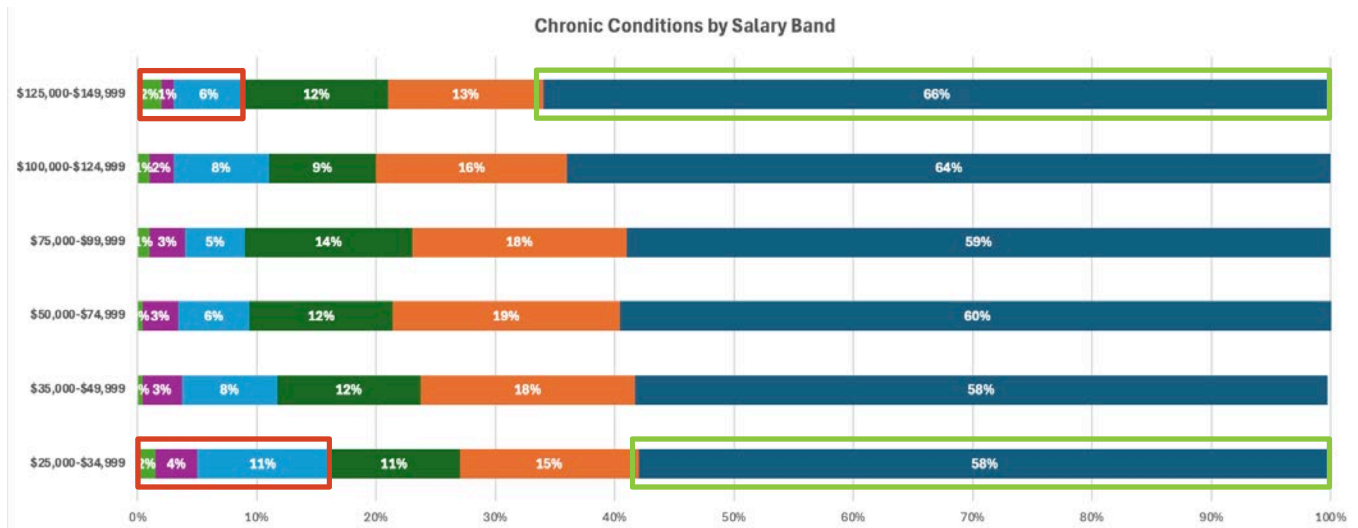
To better understand the social needs in their population, an East Tennessee employer augmented medical claims data with HRIS information, including, race, income (salary), and job class/category.

The Insight

Analyzing their claims with this new information, they found that lower-wage workers have a higher prevalence of co-morbid chronic conditions. Fewer employees and dependents of subscribers making $35,000 per year or less (only 58%) had “no chronic illnesses” when compared to employees and dependents of subscribers making $125,000 or more per year (66%).

The Action

Following the study, the employer plans to network with other employers, HealthCareTN, and its data analyst to expand the SDOH strategy. They are also meeting with leaders from the various ethnic groups in the region to help inform recruitment and retention strategies.



The green frame shows the percentage of employees and dependents with no chronic illness for each salary band. The red frame shows the percentage of employees and dependents with three or more chronic illnesses for each salary band.

Bronze Case Example – Quantitative

An employer in Middle Tennessee leveraged its data warehouse and analytics partner to develop custom tools to help inform their health management strategy using SDOH information. Using enrollment census data along with publicly available and third-party proprietary data, the data analytics team developed a custom index of social risks at the census tract level.

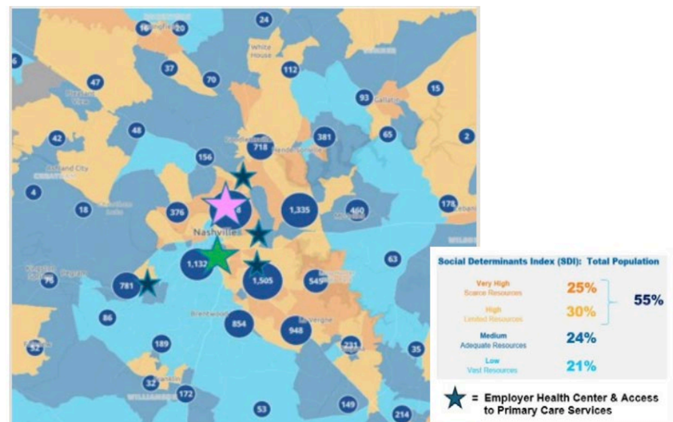
The Insight

This employer used SDOH factors culled from HRIS and other data to better understand the impact of COVID-19 on cancer screening rates in various employee groups. They analyzed the data by age and job classification and found that post-COVID screening rates were higher in all screening categories for employees in job classification #2 (a proxy for higher income) and that post-COVID rates for job classification #1 (proxy for lower-wage) had increased from before COVID for both breast and prostate cancer.

The Action

Using these insights, the employer was able to develop targeted communications and strategies to better engage employees and address areas with lower screening rates. Further, they were able to leverage this information with other studies to address care gaps within their employee population, using strategically positioned employer health clinics throughout the city to better support employee needs for primary care services and healthcare resources.

Screening	Pre-COVID	Post-COVID
Breast Cancer	78%	83%
46 – 55	79%	81%
56 – 65	78%	84%
Job Classification # 1	80%	83%
Job Classification # 2	77%	86%
Colorectal	76%	75%
46 – 55	69%	71%
56 – 65	79%	78%
Job Classification # 1	76%	76%
Job Classification # 2	83%	79%
Prostate	49%	52%
46 – 55	41%	46%
56 – 65	56%	57%
Job Classification # 1	46%	51%
Job Classification # 2	55%	55%



Bronze Case Example – Qualitative

A West Tennessee employer convened a vendor summit on Social Determinants of Health & Wellbeing (SDOH&W). About 25 benefit vendors—healthcare and non-healthcare—were invited to a full-day event, and challenged to present:

- How they were addressing SDOH&W
- How they could partner with other vendors
- SDOH issues they see emerging in their data
    - *For example, their retirement vendor reported on employee loan requests related to SDOH profiles within the employer's populations.*
- How they can make the employee experience easier while addressing SDOH

After presentation, the employer organized the vendors into breakout groups to help solve particular issues that emerged in the earlier discussions. From this they are developing plans to address specific issues and priorities.

The employer developed these 10 steps forward—setting the rules of engagement with vendor partners—as a framework for continuing the work on SDOH in partnership with their vendors.

Considerations in Identifying Insights and Taking Action

- **Identify the question to answer first,** then collect data and perform analyses to provide insights
    - Consider both internal and external data that can help answer the question
    - Organization-sponsored HR and benefits initiatives, policies, procedures
    - Vendor partner programs, performance metrics, evaluation
- **Leverage insights:** to advance the social needs strategy
- **Conduct community outreach**
- **Execute on a specific plan for next steps**

CONCLUSION

As the National Quality Forum cautions, data is essential but it, alone, is not sufficient. All components of the DDIA framework – dilemma, data, insights, action—are critical. Collecting and analyzing data has no value unless it is used to inform actions taken by employers. Although the examples we provide are "early stage," they do show that even at the beginning of the process, employers can use data to take meaningful next steps.

This guide provides insights into engaging employers through a business coalition and reflects the issues that had to be addressed and the information that had to be shared to support employers in understanding the health and business value of addressing social needs. Since the guide is not exhaustive, we encourage readers to use it as a starting point to explore the larger literature and evidence-base for additional insights to inform your strategy.

SDOH data collection is a critical step toward addressing health disparities and promoting health equity. However, identifying health-related social needs without providing adequate follow up and support can damage partnerships, foster distrust, and cause emotional distress to patients, healthcare teams, community partners, and the broader healthcare community.

- National Quality Forum (NQF). *Social Drivers of Health Data Utilization: Integrating Healthcare and Community Services to Address Health-Related Social Needs.* Washington, DC: NQF; 2024.

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