



Focusing on health equity makes sense from the head to the heart



Addressing health disparities is the right thing to do ethically and financially—driving better health outcomes and lowering costs.

Many Americans experience barriers to health that are beyond their control. **America’s Health Rankings® 2023 Annual Report**, presented by the United Health Foundation and the American Public Health Association, underscores this reality. The report reveals widening disparities across key health measures, especially in chronic condition care.

In many cases, the conditions in which people live and work are contributing to those disparities. Also known as **social determinants of health** (SDOH), these conditions include access to nutritious food, affordable housing, transportation and financial stability, among others, and they can influence up to 80% of health outcomes.¹

SDOH are more prevalent than one might think. For example, it’s estimated that within an average employee population:²

- **Up to 5%** are at risk of homelessness
- **Up to 25%** live with high levels of both financial and food insecurity
- **Up to 30%** are socially isolated

The cost implications of those disparities are significant. Inequities in health can lead employees to miss work more often or be less productive at work, and that sort of absenteeism can cost U.S. employers \$3,600 per hourly employee and \$2,650 per salaried employee, annually.³ Altogether, health inequities cost approximately \$320B and could exceed \$1T by 2040 if they go unaddressed.⁴

Working to address health disparities is not only the right thing to do, but it can also be an effective cost-management strategy. Perhaps that’s why 80% of surveyed leaders indicated that health equity is among their top 10 business goals for 2024.⁵



Ways employers can advance health equity — and lower costs

Employers can play a role in advancing health equity at the workplace. Keeping health equity in mind as they consider health plan and network design, employee engagement opportunities and clinical strategies may help move the needle in the right direction—and over the long term, these strategies may also reduce costs.

Consider a health plan and network design that meets employees where they are

Some plan designs can unintentionally create or exacerbate health disparities. For instance, plans with higher coinsurance or deductibles can make it more difficult for employees who are experiencing **financial instability** or other SDOH to afford care, especially during economically challenging times. As a result, employees may defer care altogether, which can result in worse health outcomes and higher costs long-term.

It's also important for employers to carefully consider how the type of network they select may impact employees. **Networks** that connect employees to quality providers can benefit an employee's pocketbook and an employer's bottom line, but they may not prove effective if the network limits choice.⁷

If an employee lacks access to transportation and there aren't enough network providers nearby, they may be less likely to seek care, elect to go out-of-network or choose a facility like an ER for a nonemergency situation—all of which impact cost.

The same can be said for networks that lack providers equipped to deliver culturally relevant care. Research suggests patients prefer providers who share a similar background as them. For example, patients with providers who are of the same ethnicity experience better outcomes when it comes to patient decision-making.⁸

That's why UnitedHealthcare is committed to accelerating the transition of a fee-for-service care delivery system to a **value-based care system**, the goal of which is giving employees access to high quality care whenever and wherever they need it, including in their own **homes**.



Seek out opportunities that engage employees in their own health and well-being

Getting employees who may experience health disparities engaged in their own health is critical to seeing reduced costs and better health outcomes.

Research suggests that a healthy diet and exercise, combined with avoiding excess weight gain and abstaining from smoking, could prevent up to 80% of coronary heart disease and 90% of type 2 diabetes diagnoses.⁹ But since all employees don't come to work with the same understanding about what constitutes healthy behaviors, devoting time and resources aimed at increasing health literacy among a workforce is a worthwhile activity.

Incenting employees to make better health and lifestyle decisions is another good strategy, as 68% of enrolled members indicated they would be motivated to devote at least an hour per day to improving their health for as little as \$2 a day.¹⁰

Take weight loss, for instance. It's estimated that around 40% of Americans are obese,¹¹ with a disproportionate impact among adults with health disparities.¹² Obesity also puts individuals at higher risk for more than 250 diseases,¹² and the cost to worker productivity is almost as staggering: an estimated \$13.4B–\$26.8B per year.¹³ Yet, of those affected individuals, two-thirds are trying to lose weight.¹¹ So, if an employer can implement a personalized weight loss program that encourages healthy behaviors, they may start to see an improvement in health outcomes and reduced costs.

That's where **programs** like **UnitedHealthcare Rewards** can make a difference. Available in eligible employer-sponsored health plans at no additional cost, this program allows members to earn money for healthy behaviors, such as getting an annual checkup or walking 5,000 steps a day.

Invest in clinical strategies that work to address health disparities

Investing in smart clinical strategies can also help combat health disparities by supporting and connecting employees to the care they need.

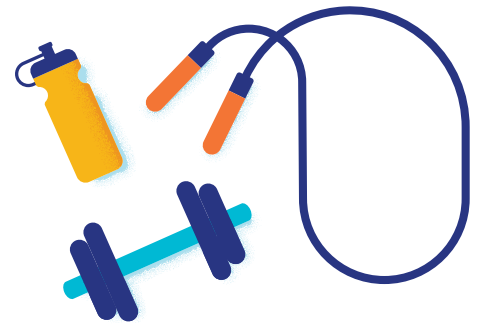
Here's how: Say there's an employee who is at risk for certain **chronic conditions** and hasn't visited a primary care provider in a while or hasn't scheduled certain cancer screenings—or perhaps they are struggling to meet their basic needs at home.

With Point of Care Assist[®], UnitedHealthcare integrates data and insights into provider workflows while also training care teams to listen for SDOH cues and key words. This work is helping to identify and close those gaps in care through personalized support and targeted care plans. These types of clinical solutions have led to more proactive intervention and driven upwards of \$7.9M in medical cost savings.¹⁴

"The data is foundational. When you translate this data and layer in clinical insights, we can see where gaps in care exist, and that informs where we need to innovate moving forward," says Dr. Rhonda Randall, chief medical officer for UnitedHealthcare Employer & Individual.

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Dive deeper into the topic of health equity

Learn how UnitedHealthcare is advancing health equity by addressing health disparities to improve the health of employees and communities and to reduce costs for employers.

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Learn more

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¹ Employers Can Do More to Advance Health Equity. Harvard Business Review, January-February 2023. Available: <https://hbr.org/2023/01/employers-can-do-more-to-advance-health-equity>.

² Optum Advisory Service internal analyses, 2020. WITH General insights from Optum Advisory Services Commercial customers, 2021. Accessed: Dec. 14, 2023.

³ Health Equity in the Workforce: An Employer Resource Guide. Available: <https://www.heart.org/en/healthy-living/company-collaboration/well-being-works-better/health-equity-in-the-workforce/employer-resource-guide/>.

⁴ Batra, N. Bhatt, J. Davis, A. Dhar, A. Gerhardt, W. U.S. health care can't afford health inequities. Deloitte, June 22, 2022. Available: <https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html>.

⁵ 2024 Outlook for Health Equity Health equity leaders may play an increasingly critical role. Deloitte, Dec. 6, 2023. Available: <https://www2.deloitte.com/us/en/blog/health-care-blog/2023/outlook-for-health-equity.html>.

⁶ Turner, A. The Business Case for Racial Equity. W.K. Kellogg Foundation, 2018. Available: https://altatum.org/sites/default/files/uploaded-publication-files/WKKellogg_Business-Case-Racial-Equity_National-Report_2018.pdf. Accessed: Dec. 21, 2023.

⁷ Employer strategies to reduce health costs and improve quality through network configuration. Peterson Center on Healthcare and Kaiser Family Foundation, Sept. 25, 2019. Available: <https://www.healthsystemtracker.org/brief/employer-strategies-to-reduce-health-costs-and-improve-quality-through-network-configuration/>. Accessed: Dec. 14, 2023.

⁸ Saha, S. Beach, M. C. Impact of Physician Race on Patient Decision-Making and Ratings of Physicians: a Randomized Experiment Using Video Vignettes. Journal of General Internal Medicine, Jan. 21, 2020. Available: <https://link.springer.com/article/10.1007/s11606-020-05646-z>. Accessed: Dec. 21, 2023.

⁹ Willett, W.C. Crystal Ball: Walter Willett. European Journal of Clinical Nutrition, Aug. 10, 2018. Available: <https://doi.org/10.1038/s41430-018-0279-7>. Accessed: Dec. 21, 2023.

¹⁰ UnitedHealthcare Wellness Check Up Survey, national probability sample of 1,000 adults 18 and older living in the continental United States, 2019.

¹¹ Centers for Disease Control and Prevention. "Attempts to Lose Weight Among Adults in the United States, 2013-2016." NCHS Data Brief No. 313, July 2018. Available: [cdc.gov/nchs/data/databriefs/db313.pdf](https://www.cdc.gov/nchs/data/databriefs/db313.pdf). Accessed Dec. 21, 2023.

¹² Ortiz-Pujols, S. Health disparities in obesity. Optum Health Education, 2022. Available: https://www.optumhealtheducation.com/sites/default/files/course/2022-05/Disparities_and_Obesity_May2022_0.pdf. Accessed Dec. 21, 2023.

¹³ Cawley, J. Biener, A. Meyerhoefer, C. Ding, Y. Zvenyach, T. Smolarz, B. Ramasamy, A. Job Absenteeism Costs of Obesity in the United States: National and State-Level Estimates. Journal of Occupational and Environmental Medicine, July 2021. Available: <https://pubmed.ncbi.nlm.nih.gov/33769330/>. Accessed: Dec. 21, 2023.

¹⁴ UnitedHealthcare internal analysis, Dec. 2021.

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UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

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