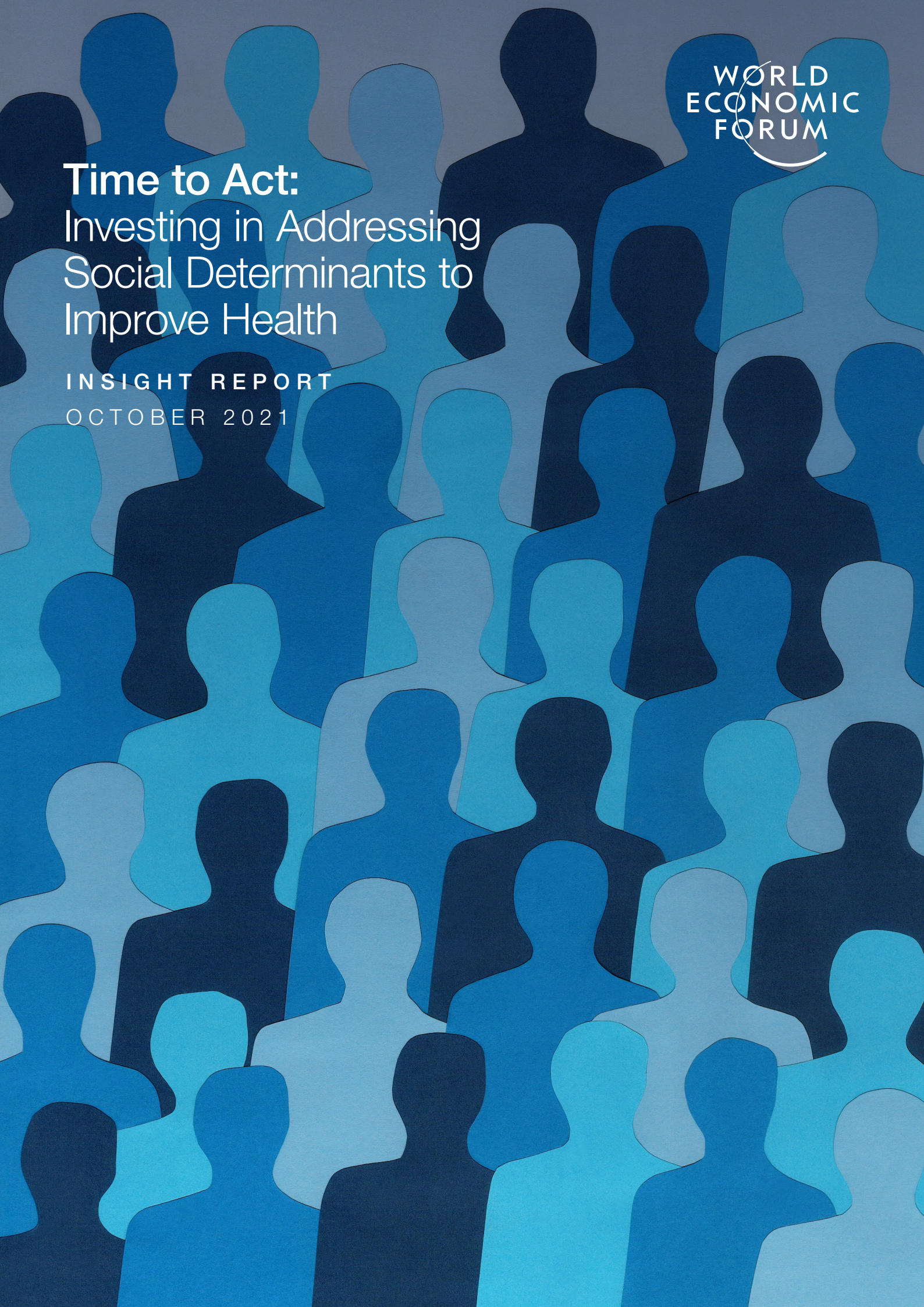


WORLD ECONOMIC FORUM

Time to Act: Investing in Addressing Social Determinants to Improve Health

INSIGHT REPORT

OCTOBER 2021

Images: Getty images

Contents

Executive summary

A host of non-medical factors shape the conditions of daily life, longevity, well-being, and quality of life. Together, such factors influence up to 70% of health outcomes

Social and economic determinants, such as housing, food, access to transport, education, jobs, have an impact on up to 70% of our health outcomes and, as a result, cause health inequity in different sections of the population. As the COVID-19 pandemic struck the world, it had a disproportionate impact on individuals and communities living in vulnerable and disadvantaged communities. Redressing this, as well as building healthier communities, requires a collaborative approach involving both public and private stakeholders.

While historically this may have been viewed as a public or government concern, the role of the private sector is pivotal, given its interdependence with communities through employees and customers. Additionally, an equitable and healthy community contributes to a more productive workforce, better business and a more prosperous economy.

This paper provides the building blocks to help private sector players invest in initiatives that address social determinants of health concerns in their communities. Through analysis of pioneering initiatives, the paper extrapolates key overarching guidelines and principles, as well as steps for design planning, implementation and monitoring.

The case studies demonstrate that while financial returns on such investments remain a determining factor, many players are moving towards adopting a shared-value approach and factoring financial, clinical and social benefits at the individual, community and systems levels. Considering the complex challenges related to the different determinants and the unpredictable timelines for achieving visible improvements in health outcomes, designing equity-centred programmes, analysing data for impactful investments and collaboration between all essential stakeholders can accelerate the way towards a healthier and more equitable world.

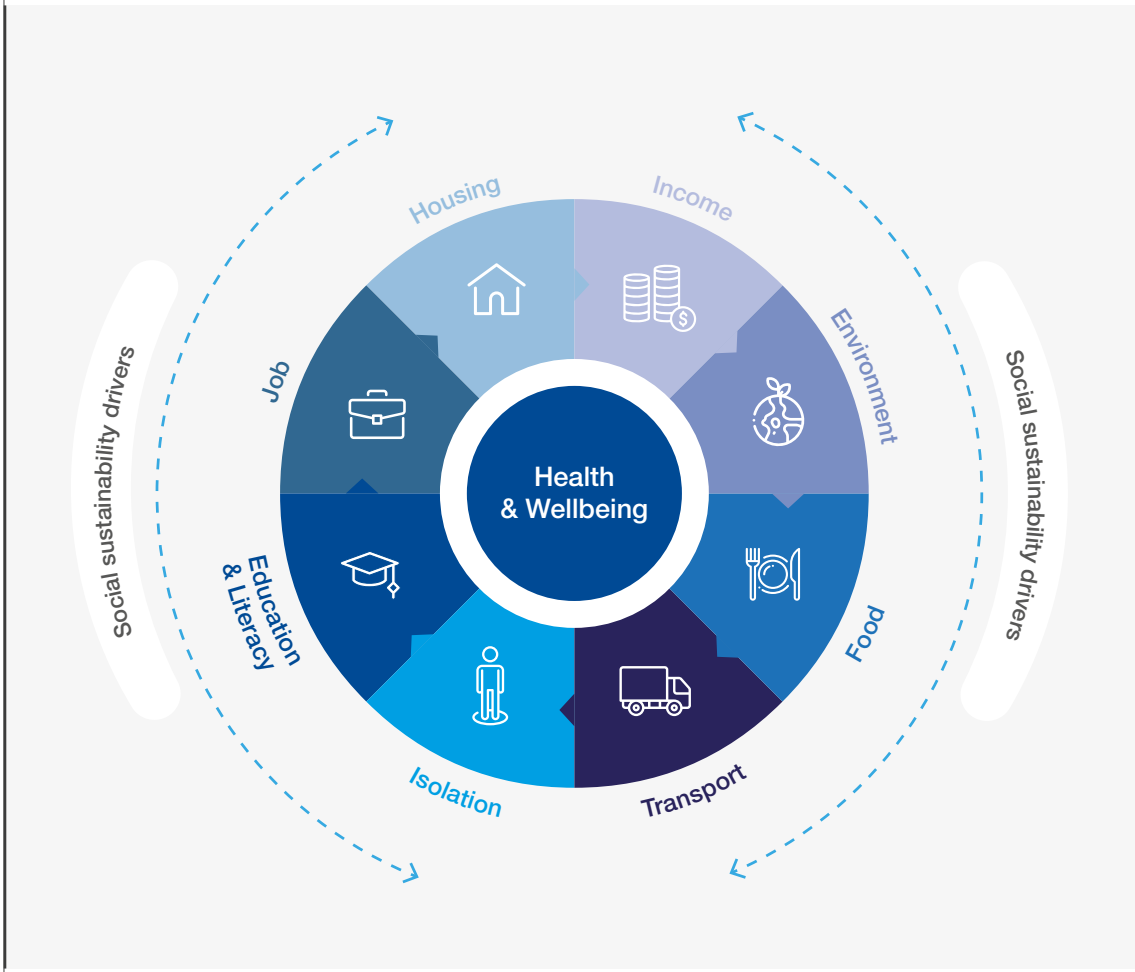
1 Why we need to prioritize investing in what drives health

With health disparities increasing around the globe, it is time that all stakeholders, including the private sector, contribute to solutions that improve the conditions that drive health outcomes

The social determinants of health (SDoH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life[1] – influencing up to 70% of health outcomes.[2]

This means while access to quality medical care plays an important role in preserving health, what happens outside the healthcare setting has a much greater influence over one's ability to live a long, healthy and high-quality life.

FIGURE 1 **Interactive ecosystem**



While disparities in health between wealthy and poorer communities have been increasing worldwide over the past few decades,[3] the COVID-19 pandemic has brought health inequities and the influence of SDoH to the forefront. The stark differences in outcomes can be attributed to the social and environmental conditions that make it more difficult for people from underinvested communities to effectively social distance at home and at work and to access food and medical care. Such people suffer a higher rate of job loss.

Improving the SDoH for marginalized and excluded communities needs to be a priority for all stakeholders, including corporations. Sustained and huge inequities in health within societies threaten the sustainability of economies and the businesses that operate within them.[4] For example, if businesses are unable to access a healthy workforce, their productivity and competitiveness suffer.[5] Reducing global disease and creating healthier, more productive societies, mainly through interventions targeted at addressing SDoH, could add $12 trillion to global GDP by 2040.[6]

Achieving this, however, will require leaders from the private sector to invest sustainably in activities that build healthy communities. Through an analysis of examples of pioneering organizations which have invested in addressing SDoH in a sustainable manner while also providing shared value across stakeholders, this paper demonstrates how global corporations can establish and scale successful programmes to improve health within their communities.

2 Overarching principles for investing in SDoH

Pioneering private sector players have graduated from financial indicators such as return on investment (ROI) as the sole measure of value for SDoH programmes, focusing instead on shared valued among stakeholders

“ Reducing global disease and creating healthier, more productive societies, mainly through interventions targeted at addressing SDoH, could add $12 trillion to global GDP by 2040

Although SDoH initiatives are proven to improve health indicators at individual, community and systems levels, traditionally such private sector efforts were not part of, or at least were not aligned with, their core business models, while others required a satisfactory evidence of ROI. This meant health focused initiatives were restricted within corporate social responsibility, community benefit, or philanthropic funds where financial returns are not prioritized. While these investments can benefit communities, they do not change the organization’s fundamental business model to create economic value in a way that produces shared value for society.

Understanding the financial impact of investing in SDoH initiatives matters, particularly for programme sustainability and buy-in at the executive level. Organizations are starting to move away from using financial returns as the main measure of success. Instead, many are moving towards a shared-value approach that considers the range of benefits accrued to multiple stakeholders.[7] These organizations consider a range of measurable benefits, including financial, clinical and social that can be achieved at multiple levels: individual, community and system.

The following case studies demonstrate overarching principles/guidelines, including strong leadership, effective partnerships and integrating equity in design, that have helped these efforts create shared value.

Applying an equity lens to ensure that the marginalized – those who can’t afford, or those who do not have easy access to seeking health services – are not missed out, along with a shared value approach for programme sustenance

CASE STUDY

Novo Nordisk and Cities Changing Diabetes (CCD) partners, currently helping more than 200 million individuals in more than 30 cities to prevent and manage diabetes by enabling cities to understand and address the rapid rise of type 2 diabetes cases.

According to the International Diabetes Federation (IDF) Diabetes Atlas, about 463 million people worldwide live with diabetes and 1.6 million deaths are directly attributed to diabetes each year. Approximately 79% of adults in low- and middle-income countries are living with diabetes, more than 1.1 million children and adolescents are living with type 1 diabetes, more than 20 million live births (one in six live births) are affected by diabetes during pregnancy, and approximately 374 million people are at increased risk of developing type 2 diabetes.[8]

While attempting to address this epidemic in Houston, Novo Nordisk, CCD partners and the Centre for Disease Control (CDC) realized that certain religious communities are not being served by modern medicine due to historical trust issues with academia and medicine. To effectively engage this community in diabetes prevention, Novo Nordisk, CCD partners co-created a programme, Train the Trainer, along with faith-based organizations and the local mayor, given their influence in the community.

Together they produced a flexible and impactful learning framework in which faith and health were interlinked and covered diabetes prevention and awareness, management and treatment practices. This was delivered at “no cost” to the target group.[9] The Faith & Diabetes Initiative is centred on the goal of increased implementation of evidence-based diabetes prevention and self-management programmes among under-served communities by creatively leveraging religious beliefs and practices. By evaluating the most effective faith-health programmes in Philadelphia and Houston, the initiative is honing its engagement strategies, achieving new levels of impact for scaling up in other communities of faith to ultimately achieving sustainability locally.

Engaging different community partners with well-defined roles that build on respective strengths

CASE STUDY

Kaiser Permanente, Housing for Health

Kaiser Permanente, one of the largest not-for-profit health plans in the United States, serving 12.5 million members, is working to resolve the housing insecurity crisis in its community of Oakland, California, through its Housing for Health project. From 2015-2019 the homeless population in Oakland increased by 25% alongside concerning health indicators including 50% higher chance of hospital readmission, a decrease in life expectancy of 27 years, and three-and-a-half times higher emergency room costs of care.

Addressing this grave situation is an integral part of Kaiser Permanente's core value and leadership commitment. Kaiser Permanente has also brought on board strategic, community-based partners like Enterprise Community Partners, East Bay Asian Local Development Corporation (EBALDC), JP Morgan Chase and others. With input from community partners and financial advisers, Kaiser Permanente created a private equity fund designed to support preservation of existing affordable housing and to shelter individuals from steep rent hikes.

JP Morgan Chase co-invested in the fund, managed by Enterprise Community Partners, which to date has invested $48.6 million in gross equity in 13 properties encompassing 783 units of housing (312 in Oakland; others across the greater San Francisco Bay Area). Rents in these properties are capped based on area median income thereby helping families save a greater proportion of their income for food, education, health, etc. Engaging key community players has been key for this project.[10]

Applying business approaches in new and innovative ways

CASE STUDY

Hologic, Global Access Initiative

Access to healthcare is often challenging in low- and middle-income countries (LMICs). Viral load testing, for example, is a routine problem across countries due to unclear pricing structures, inconsistent pricing in countries and unstable funding cycles. According to UNAIDS, as of 2018, only 58% of people in LMICs who were on antiviral therapy for HIV had access to viral load testing. Diagnostic company Hologic Inc., driven by its commitment to increasing access to cost-effective and quality diagnostic testing, partnered with the Clinton Health Access Initiative (CHAI) and MedAccess to create the Global Access Initiative (GAI). GAI restructured the procurement and supply chain canvas for HIV viral-load diagnostics for LMICs, making it accessible to those who need it most in target geographies.

The revolutionary, novel-pricing structure, combined with a test volume guarantee by MedAccess, successfully reduced the test costs to an all-inclusive price of $12/test. Sustained through economies of scale, the reduced price and increased volume benefited funding organizations as well as the LMICs and their populations by providing the lowest possible price per test. The US President's Emergency Plan for AIDS Relief (PEPFAR) recognized the value of the GAI model and subsequently issued a global RFP for all-inclusive pricing for HIV viral load and early infant diagnosis testing in countries it supports. Thus, the GAI has led to a paradigm shift in how molecular diagnostics are delivered in LMICs. This market shift yielded a 15-50% price reduction on average across diagnostic suppliers, amounting to estimated savings of $18 million annually and has impacted 445,000 patients to date with improved outcomes.[11]

Strong leadership is essential

Across all three examples highlighted above, strong leadership was essential to the success and sustainability of the interventions. For example, the CEO of Novo Nordisk has clearly indicated the importance of the company taking responsibility and the Cities Changing Diabetes programme has now scaled to over 30 cities around the world. Kaiser Permanente's mission and business strategy includes reducing health disparities among the patients and communities they serve. Hologic centres its business operations on its defined purpose (enabling healthier lives everywhere every day), passion (being global champions of women's health) and promise (to provide clinically differentiated, high-quality products).

FIGURE 2 | **Impact of addressing SDoH at individual, community and systems level***

Value Driver	Value Pool	Matrices	Value/Payback/Impact		
			Individual	Community	System
	**Workplace Wellness Initiative focused on behaviour change**	– **Substance addiction** – **Chronic condition** – **Anxiety, stress, fatigue**	– Drop in number of Employees who smoke by 2/3 – Drop in number of Employees with Hypertension by 1/2 – Lower readings of cholesterol and body mass Index – Positive Shift in A1C testing (used to measure sugar levels to detect diabetes)	– Decreased prevalence of non-communicable disease – Improved socio-economic status – Improved well-being	– Cost benefit ratio on every dollar spent 2.7 x returns – Lower attrition rate – 9% vs 15% – Increased productivity – decline in lost workdays by 80% – Cost saving – overall health expenditure decline by 50%
Value driver champions  KP | CVS Health | Novo Nordisk and CCD partners					
	**Addressing the housing issue for homeless/ high risk population**	– **Frequency of ER visits** – **Readmission rate** – **Length of stay**	– Improvement in health indicators – diabetes, hypertension, mental health , respiratory infections, traumatic injuries etc. – Potential savings – about $30,000 per annum per individual – Improved longevity	– Decline in drug abuse and addiction – alcoholism – The current prevalence of alcoholism and drug abuse among homeless is up to 40% in US – Decline in violence rates	– Cost benefit ratio on every dollar spent 1.5 x returns – IRR – about 7%-8% at programme level – Drop in ER visits 25% on an average – Drop-in hospital days 30% on an average
Value driver champions  KP | CVS Health					

Source: Literature Review | Market Research

Note: *The values mentioned in the table are approximate values derived from various studies. The value may vary depending upon location, size of target population and nature of initiative.

FIGURE 3 | **Impact of addressing SDoH at individual, community, and system level**

Value Driver	Value Pool	Matrices	Value/Payback/Impact		
			Individual	Community	System
	**Addressing the nutrition and food insecurity among target/high risk cohorts – diabetes, HIV, cancer, CHF, COPD**	– **Frequency of ER visits** – **Readmission rate** – **Food insecurity**	– Improvement in health indicators diabetes, CHF and COPD – Potential savings about $2500 per individual per annum – Improved recovery rate in a cohort of hypertensive patients, nutritional intervention showed lower mortality post discharge	– Reduced duration and severity of Food insecurity – Improved quality of life – specially for ageing cohorts and vulnerable populations living with c hronic conditions	– Cost benefit ratio On every dollar spent about 3 x returns – Drop in ER visits 28% on an average – Drop in hospital readmission– 30%-40% on an average – Healthcare cost reduction – by 24% on an average
Value driver champions  KP | CVS Health | Novo Nordisk and CCD partners					
	**Addressing transportation barriers to access to preventive care on time**	– **Compliance to follow up OPD visits** – **Reduction in cost of care**	– Improvement in Health Indicators Diabetic wound care, Asthma episodes, chronic heart conditions etc. – Increased compliance to follow up visits by 10%-12%	– Improvement in Health Indicators Diabetic wound care, Asthma episodes, chronic heart conditions etc. – Increased compliance to follow up visits by 10%-12%	– Cost Saving - $700-900 per Diabetic patient per month approx – $300 for Asthma patient and $ 3000 approx. for dialysis patient per month – Decrease in requirement of expensive forms of care
Value driver champions  KP | CVS Health					

Source: Literature Review | Market Research

Note: *The values mentioned in the table are approximate values derived from various studies. The value may vary depending upon location, size of target population and nature of initiative.

3

Key elements for high-impact, high-value initiatives

SDOH initiatives can improve health indicators at individual, community and system level and create sustainable impact, but they require an intentional and well-planned design and implementation process guided by the overarching principles explained above

The following sections highlight the potential obstacles and main building blocks for delivering high-impact, high-value initiatives.

3.1 Potential challenges to consider upfront

While SDoH initiatives have proven to create shared value for stakeholders, a range of factors influences their success. The following factors must be considered in the programme design and planning stage:

- The complex nature and intersectionality of the drivers of health make it challenging to demonstrate a causal relationship between a specific intervention and desired health improvements[15]
- Time to create impact is considerable, as improvements in health outcomes can take several years to realize
- Lack of widespread adoption of shared value approaches. The ROI-only model often encounters the "wrong pocket" problem, which can be a disincentive for some stakeholders to meaningfully participate. But with initiatives focused on shared value, this dynamic can be eliminated as a deterrent.[16]

These challenges should not discourage decision-makers. The strategies described below can bolster success and increase the shared value derived from SDoH efforts to improve health.

3.2 Collaborate to achieve and accelerate impact

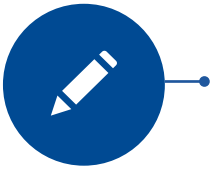
Improving SDoH for communities is not something one organization or sector can accomplish alone. It must be done in partnership with a range of stakeholders, including the community at large, government, community-based organizations and NGOs, unions, healthcare, education, etc. Instead of imposing models and structures on populations, partnerships need to engage communities in the design and implementation of solutions to ensure services are designed to meet their needs, are sustainable and more likely to yield positive outcomes and reduce health inequities. Local partners can also be important allies in successfully advocating policy changes to promote social and economic progress.

Effective partnerships take dedicated time and resources to establish. They can be particularly challenged when the incentive structures and business models of partners are misaligned. Leaders looking to implement programmes to address SDoH need to commit time to establishing trust as well as strong, strategic relationships across partners that include structures to facilitate accountability and transparency[17].Learning and insights on effective partnerships, particularly among shared-value models, are needed and must be shared broadly to promote replication and scale.

FIGURE 4 **Four steps to unlock high-impact, high-value SDoH interventions**

Bay Area Housing for Health Fund case study

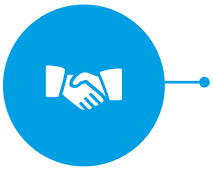
The need



Kaiser Permanente recognized that the housing affordability crisis was impacting its communities.

With in-depth interaction with the community leaders & influencers Kaiser Permanente was able to clearly assess and understand that preserving affordable units was a key strategy to prevent homelessness.

Securing the commitment



Kaiser Permanente understood first-hand from the communities and focused on three critical questions:

Deep expertise

Who has the subject matter expertise to solve the problem?

- Kaiser Permanente to invest
- Local population to identify capital needs
- Local/state officials to support affordable housing preservation strategies

Degree of exposure

Who all are impacted by the initiative(s)?

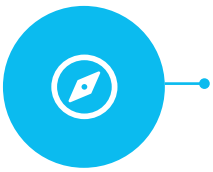
- Low-income individuals at risk of displacement or homelessness
- Community organizations seeking capital to secure at-risk naturally occurring affordable multi-family properties
- Kaiser Permanente investment team and community health team

Cause focus

Who will be committed to the cause?

- Kaiser Permanente and other fund investors
- Affordable housing developers

Design plan & implement



KP partnered with SME/NGO East Bay Asian Local Development Corporation (EBALDC) and Enterprise Community Partners to design a private equity fund vehicle that would allow developers like EBALDC to purchase multi-family properties and preserve them as affordable, thereby sheltering individuals from steep rent hikes or eviction.

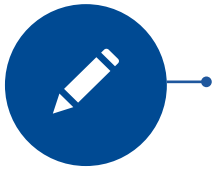
Kaiser Permanente made an initial investment of $15 million through their Thriving Communities Fund and committed to match $35 million in additional capital as co-investors joined the fund vehicle.

Evaluate & sustain

The fund requires borrowers to maintain rent below 80% of AMI at a maximum and to ensure that any future sale of the property is done so within those expectations. Rent stability helps individuals and families to save more of their income for other critical needs like health, food, education, etc. The anticipated returns to Kaiser Permanente were 4%-5% at programme level.

The Faith & Diabetes Initiative, Community-Based Diabetes Education in Houston Case Study

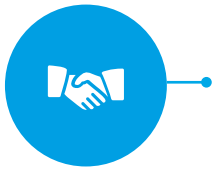
The need



Novo Nordisk and local CCD partners realized that specific populations and neighbourhoods are underserved by healthcare and public health due to trust issues with government, academia, medicine and industry.

With perseverence and on the terms of the houses of faith, Novo Nordisk and local CCD partners engaged the communities of faith in a participatory process to create sustainable and easy-to-implement solutions built on evidence-based practices.

Securing the commitment



Novo Nordisk and its CCD partners focused on three critical questions when it comes to securing community:

Deep expertise

Who has the subject matter expertise to solve the problem?

- Novo Nordisk Cities Changing Diabetes lead and local stakeholder engagement consultant secured trust between Novo Nordisk and local stakeholders and among the local stakeholders
- The Institute for Spirituality and Health at the Texas Medical Center understood the connection between faith and health
- A statewide non-profit focused on healthcare quality improvement, city and county health departments, a local community health centre and health professionals provided diabetes and health education expertise
- Clergy and laity representing multiple faiths made sure that the programme was culturally appropriate to meet the needs of people living with diabetes in at-risk communities

Degree of exposure

Who all are impacted by the initiative(s)?

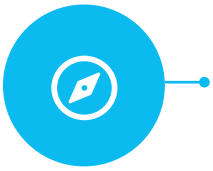
- At-risk communities in Houston
- Safety-net providers such as non-profit and government hospitals and community clinics
- Local city and county public health departments

Cause focus

Who will be committed to the cause?

- Novo Nordisk and local CCD partners led by the Institute for Spirituality and Health at the Texas Medical Center
- Houses of faith
- Families in need

Design plan & implement



- Identified neutral, non-denominational backbone organization to host Action Work Group meetings of community members, public health and medical professionals
- Co-created programme directly with community stakeholders to produce a flexible and impactful learning framework in which faith and health were linked
- Invested time in understanding specific needs of churches, mosques and temples to become health champions
- Adapted an existing evidence-based curriculum to faith communities by adding religious studies and tools for inter-faith dialogue
- Recruited, trained and coached clergy and laity from houses of faith to teach members of their community in diabetes self-management

Evaluate & sustain

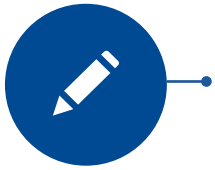
The Congregational Health Leadership programme was evaluated through a process evaluation and outcome reporting metrics set forth by the Centers for Medicare and Medicaid, US Department of Health and Human Services.

Participants knowledge, attitude and behaviour was on par or better than similar diabetes education programmes in clinical settings.

The learnings from the evaluation inform the Cities Changing Diabetes to further keep the curriculum current and relevant for the participating community members.

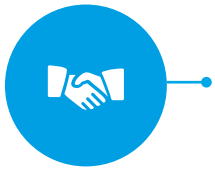
Hologic – Global Access Initiative

The need



Given the importance of HIV viral load tests for patients impacted by HIV/AIDS, there was an urgent need to address the existing market challenges in low- and middle-income countries (LMICs) to make testing accessible to people who need it most. These challenges include unclear pricing structures, inconsistent pricing in countries, and unstable and decreasing funding.

Securing the commitment



Hologic focused on three critical questions when it came to securing support:

Deep expertise

Who has the subject matter expertise to solve the problem?

- Hologic – Manufacturer and Service Provider
- CHAI – Implementation Partner
- MedAccess – financing/volume guarantee

Degree of exposure

Who all are impacted by the initiative(s)?

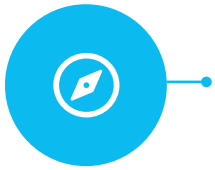
- International funders
- Host country Ministries of Health
- HIV-positive impacted populations in LMICs

Cause focus

Who will be committed to the cause?

- Hologic
- Clinton Health Access Initiative (CHAI)
- MedAccess

Design plan & implement



Hologic engaged CHAI & MedAccess to pivot the molecular testing market towards an all-inclusive pricing and procurement mechanism.

The Global Access Initiative (GAI) introduced a novel pricing structure combined with a test volume guarantee to enable broader adoption of molecular diagnostic testing in LMICs.

Hologic was able to address the lack of transparent pricing and coordinated co-infected patient management by providing an all-inclusive model in collaboration with key partners.

Evaluate & sustain

Hologic committed to a significantly reduced price for HIV, HCV and HBV VL, along with HPV and made this available to 50 LMICs.

In the second year of GAI, Hologic saw a doubling of instrument placements in 13 countries and the African region has the highest rate of organic growth within Hologic.

Overall market realized a 15%-50% price reduction, cumulating in $18 million in annual savings.

1. Understand the need

Understand the gaps in the community and define your population of focus. Understanding who the programme seeks to benefit can support effective project planning and develop an evaluation plan. Quantifying the size of the target population helps to ensure that adequate programme resources are available. Analysing differences within the population is critical for programme design. Consider variations in age, gender, race, ethnicity, language, literacy and socioeconomic status, among others, which are all factors that may indicate if the intervention needs to be targeted to a smaller number of individuals or tailored to different populations.

Another critical component in this process is the participation from the beginning of key stakeholders such as community leaders, target population representatives, local authorities and other er experts. Co-designing ensures the focus and relevance of goals to community needs. In the above case studies, Novo Nordisk and CCD partners analysed the trust-based gaps within a certain section of the population, based on religion, and successfully bridged the gap by partnering with faith-based organizations to target the at-risk population.

2. Securing the commitment

Based on the community needs and the programme goals, it is of paramount importance to bring relevant partners on board with similar vision, goals and commitment for the programme and the community. These partnerships impact and influence every component that determine programme success. As in the case studies mentioned above, Kaiser Permanente partnered with East Bay Asian Local Development Corporation (EBALDC) in its Oakland project for the homeless. EBALDC contributed its expertise and local knowledge to recognize the right housing project and the right rentals to strike a balance between the needs of the homeless and the programme aspirations.

3. Design plan

A. Determine the end goal and value case upfront – Clearly defining a set of desired and achievable short- and long-term outcomes supports successful SDoH programme planning. Setting goals or target outcomes needs to be a collaborative process with all relevant stakeholders. Engage community members and partners in defining sources of value. What outcomes do they prioritize? How might they define success? Defining a set of achievable outcomes of importance to all stakeholders involved can both increase engagement and orient the programme to produce shared value.

   Novo Nordisk's Cities Changing Diabetes (CCD) programme illustrates this.[18] The programme, based on the principle of shared value, was designed to address the social and cultural factors that increases type 2 diabetes vulnerability among certain people living in urban environments. The initiative was launched with a very clear focus to benefit:

   1. People living with diabetes – by improving access and quality of life
   2. Cities facing the increased burden of diabetes – by bridging the awareness and solution gap
   3. The organization – by sustained access to stakeholders and bringing required political attention to diabetes on a global scale

B. Develop a value proposition that considers a range of values and outcomes. SDoH initiatives can create impact and value at the individual, community and system level. The value produced by SDoH-focused initiatives is not restricted to health outcomes. Hologic's GAI, for instance, made HIV molecular testing kits accessible to HIV patients in LMICs at a $12 unit price through an innovative all-inclusive pricing model. This, in turn, accelerated Hologic's access to the viral load testing market in Africa, which has now reached 13 countries, thereby expanding Hologic's business prospects in the region.

Another programme which depicts project outcomes beyond improvements in health is Community Health Worker (CHW) in sub-Saharan Africa. While averting up to 3 million deaths annually, the project generated an economic return of 10:1. In addition, intangible benefits included increased awareness of vaccination, improvements in neonatal and maternal care, child education programmes and empowering women by creating formal jobs.[19]

4. Implement with continuous programme evaluation and sustain/scale

For organizations that implement SDoH initiatives it is important that they invest in a robust evaluation structure to determine the effectiveness of their intervention.

Leverage data for programme evaluation: Implementing and subsequently scaling successful pilots is challenging. Better data and analytics can help achieve success, including analysing what works and where investments can have most impact. Tracking the periodic impact at an individual, process and programme level using specific matrices and indicators will help keep the cost-benefit ratios under control. Collection and routine evaluation of data does require significant time and other resources. However, data helps identify implementation issues that need to be corrected, opportunities to gain efficiencies, and provides early indication of whether the programme is progressing in accordance with its intended design.

However, SDoH data is currently not collected in a standardized way, making it difficult to compare and determine intervention effectiveness.[20] Efforts to combine SDoH data with clinical data to improve health interventions are still emerging and face a range of barriers.[21] Combining data sources also raises important concerns regarding data privacy and use. In response to the data-related barriers, some companies are currently leveraging technology to improve the availability of actionable SDoH data.

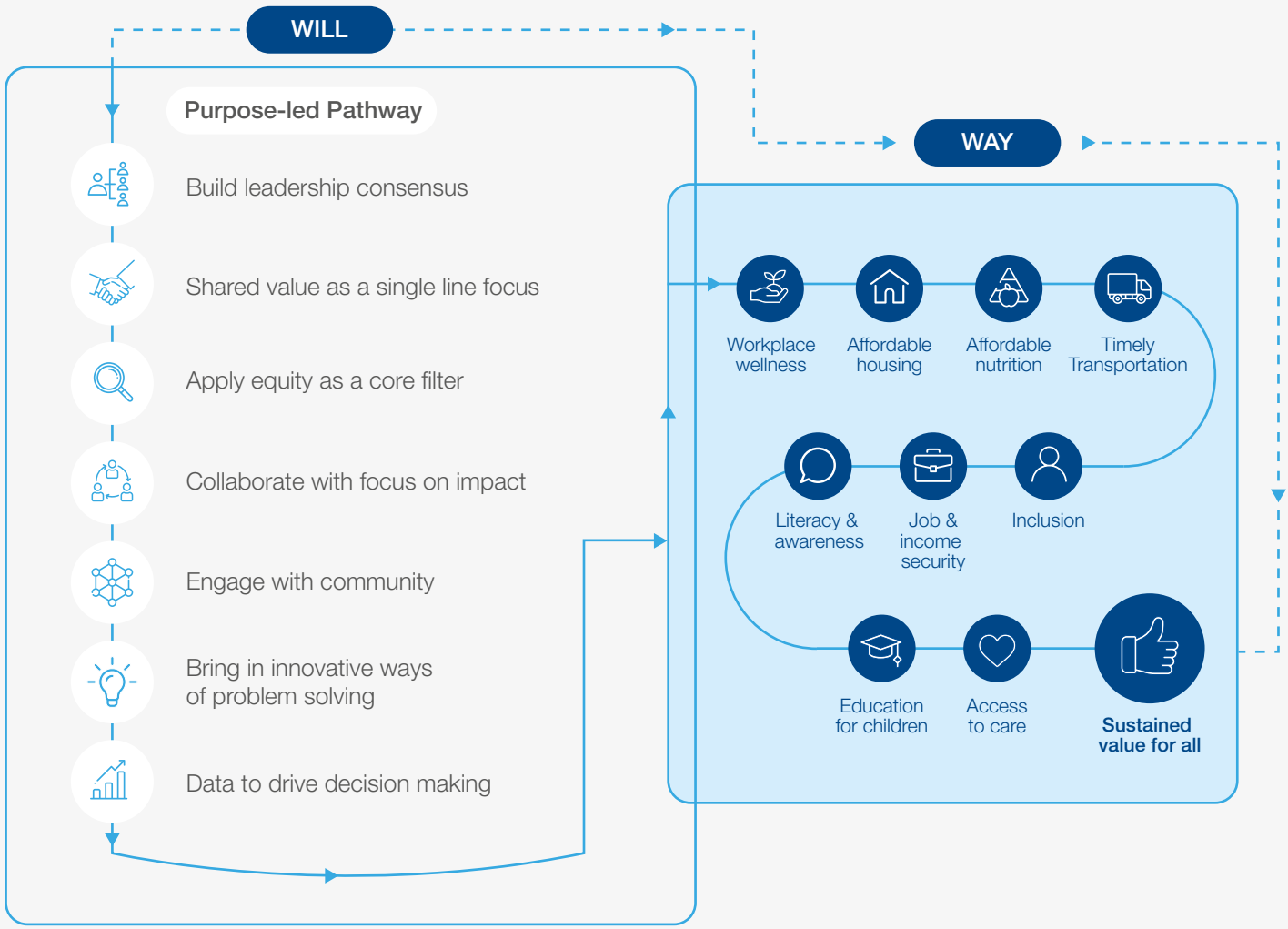
CVS, for example, partners with Unite Us, a leading social care coordination platform, to create a user-centric platform where an aggregated network of social care providers can be accessed by members across 10,000+ communities in the US. The Destination Health Platform was launched in 2019 as part of CVS Health & Aetna's Building Healthier Communities initiative, committing $100 million over five years to make community health and wellness central to the company's philanthropic efforts towards creating better and heathier communities.[2]

Conclusion

With health disparities growing rapidly around the world, it is time that all stakeholders, including the private sector, contribute to solutions that improve the conditions that drive health outcomes. This will require leaders to move away from traditional models that put health and financial goals at odds with each other. Innovation and a willingness to change incentive structures is needed to increase adoption and scale of interventions that align improving the social determinants along with economic gains.

As organizations across the globe increasingly become aware, decide to take an action and implement these approaches, we encourage them to engage in opportunities to share learnings to motivate and enable others to join in this effort.

FIGURE 5



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