



*Insights from Pharma:
Addressing Social Determinants and
Advancing Health Equity*



INTRODUCTION

The eHealth Initiative Foundation (eHI) brought together key stakeholders in a virtual roundtable session on June 3, 2020 to discuss collaborative initiatives deployed by pharmaceutical manufacturers and payers to address social determinants of health (SDOH) during COVID-19.

eHI is a neutral, non-profit organization that convenes executives from multi-stakeholder groups in healthcare to identify best practices in population health management. The findings shared in this report were gathered directly from the roundtable, titled *A Collaborative Approach to Address Social Determinants and Advance Health Equity During COVID-19*. Participants included subject matter experts from pharmaceutical manufacturers, health plans, community based SDOH programs, patient advocacy organizations, and providers.

“People have a right to know if they are at greater risk of infection. More importantly, individuals should know how to connect to available resources that can support them.”

Jennifer Covich Bordenick,
Chief Executive Officer
eHealth Initiative Foundation

PHARMA’S ROLE IN ADDRESSING SDOH

SDOH has become a focus for payers and providers during the pandemic. The transition from volume-based to value-based care has motivated providers and payers alike to address these social risk factors to improve clinical and financial outcomes. Rarely mentioned in the coverage of SDOH is the pivotal role that pharmaceutical manufacturers can play. Over the past few years, leading pharmaceutical manufacturers have launched initiatives and partnerships aimed at addressing the impact of SDOH on health outcomes, especially around rising healthcare costs related to medication non-adherence, and increasing the diversity of clinical trial participants to better reflect real-world demographics.

To make progress on addressing SDOH, life science companies have moved beyond the scientific definition to actionable components of SDOH such as data, policy, and partnerships. This has created opportunities to apply SDOH to drug discovery, clinical trials, and medication adherence. Organizations that leverage data analytics to highlight and address SDOH, such as Socially Determined and CIEN+, believe that having SDOH data gives policy-makers, payers, health systems, community organizations, providers, and other stakeholders better insight into the elements that impact patients’ lives. It is important to understand the communities in which people live, the context of their lives, and drivers of or barriers to individual and population health outcomes.

The pandemic has brought to light stark disparities and highlighted how minority communities are at greater risk from COVID-19. For example, many African American communities are more vulnerable due to underlying health conditions, employment as “essential” workers, limited access to healthcare services and insurance, and greater reliance on public transportation. These and other factors have resulted in a disproportionately greater mortality rate within this population¹:

- Louisiana: African Americans are 32% of the population with 70% of deaths
- Illinois: African Americans are 15% of the population with 42% of deaths
- Michigan: African Americans are 14% of the population with 41% of deaths

¹ McCarthy, Niall. COVID-19’s Devastating Impact on African Americans. Statista. April 7, 2020.

There are lessons to be learned from previous epidemics. HIV is a disease that disproportionately affects vulnerable and marginalized groups, including minorities and those living in poverty. During the HIV crisis in the 1980's, African Americans accounted for 13% of the national population, but made up 42% of new HIV diagnoses and had the worse outcomes along the entire HIV continuum of care.² Even more recently, in 2016, black women accounted for 60% of all new HIV infections in women in the USA, despite only making up 13% of the population. If black women were affected by HIV at the same rate as white women, new infections among black women would drop by 93%.³ Research conducted by Gilead Sciences found that identifying SDOH and underlying issues early provides an opportunity for pharmaceutical companies to encourage those with HIV to self-identify, support access to compassionate care, offer treatment, and improve patient outcomes.



Similarly, if researchers use SDOH to better understand why African Americans are so impacted by COVID-19, pharmaceutical companies will be able to develop more customized treatments and assist in improving outcomes. COVID-19 presents a unique opportunity for researchers to better understand the vulnerabilities of disparate communities and provide an appropriate and contextualized approach to treatment.

OPPORTUNITIES FOR COLLABORATION AND PARTNERSHIPS

Numerous collaborations and partnerships have formed around COVID-19. SDOH provides a framework for establishing common goals, shared values, and partnerships. Several examples of collaborations are provided below.

“2020 is going to be the year of delayed diagnosis and interrupted treatment impacting those with diabetes, cancer, HIV, etc.”

Trenor Williams
CEO
Socially Determined

Viewing SDOH Through the Lens of Cultural Data



CIEN+ is a consulting company that combines technology with unique insights from cultural data to develop actionable strategies. CIEN+'s approach to healthcare integrates and activates three key elements: data, interventions, and partnerships. CIEN+ adds cultural data to both epidemiological data and SDOH to create a complete picture of an individual for better decision-making. Looking at epidemiological data through the lens of cultural data provides a deeper dive into behaviors, barriers, and the impact of social issues. Culturally based

data illuminates the barriers and drivers for communities. These factors can cause patients to delay or avoid seeking care, phenomena that significantly impact the Hispanic and African American communities. Using this inclusive approach, pharmaceutical companies use SDOH data for clinical trials.

² <https://www.hiv.gov/sites/default/files/aidsgov-timeline.pdf>

³ https://www.cdc.gov/mmwr/volumes/68/wr/mm6818a3.htm?s_cid=mm6818a3_w

NIH Collaborates with Communities for COVID-19 Testing

SDOH is being used by the National Institutes of Health (NIH) in their COVID-19 research. NIH has developed the Rapid Acceleration of Diagnostics (RADx-Up) Initiative to not only speed up implementation of testing, but also to better understand why underserved communities are disproportionately affected by COVID-19. To facilitate innovation, NIH is providing grants to encourage development of these diagnostic technologies with the goal of making millions of tests more widely available, especially to those most vulnerable to, and disproportionately affected by, COVID-19. To achieve this, NIH is partnering with other government organizations including the Centers for Disease Control and Prevention (CDC), the Defense Advanced Research Projects Agency (DARPA), the Health Resources and Services Administration (HRSA), and the U.S. Food and Drug Administration (FDA).



A key goal of RADx-Up is to understand why COVID-19 has such a significant impact on vulnerable populations, such as African Americans, Hispanics or Latinos, and American Indians/Alaska Natives, as well as those in nursing homes, jails, rural areas, and underserved urban areas and pregnant women and the homeless. NIH has established multiple clinical research sites across the country to coordinate and develop partnerships with organizations and communities, including tribal health centers, houses of worship, homeless shelters, and prison systems, in an effort to better support these at-risk populations.



Roundtable on the Promotion of Health Equity

In an effort to address health equity, Merck (known as MSD outside of the U.S. and Canada) has partnered with the National Academies of Sciences, Engineering and Medicine to convene the *Roundtable on the Promotion of Health Equity*. The Roundtable convenes national experts in health disparities and health equity, with the goal of raising awareness and driving change. The Roundtable promotes health equity and the elimination of health disparities by:

- Advancing the visibility and understanding of the inequities in health and healthcare among racial and ethnic populations.
- Amplifying research, policy, and community-centered programs.
- Catalyzing the emergence of new leaders, partners and stakeholders.

“The U.S. spends more per capita on healthcare than any other country, we get worse outcomes than pretty much any other country, but we spend less on social services. Do we have the wrong model?”

Newell McElwee, PharmD, MSPH
Vice President, Health Economics
and Outcomes Research,
Boehringer Ingelheim

Following each workshop, a summary document is developed and made available to the public. Other participants include foundations and federal health agencies. Links to these publications can be found on the website for [the Roundtable on the Promotion of Health Equity](#). An important topic covered in discussions is the role systemic racism plays in health disparities. One workshop series focused on how interactions with the criminal justice system can affect the health of individuals and communities of color. Topic included impacts of incarceration, drug control policies, and juvenile justice.

Humana Bold Goal Project

Humana In 2015, Humana launched Bold Goal, a population health strategy that co-creates solutions to address social determinants and the health-related social needs for Humana members and communities. Today, the Bold Goal initiative has been implemented in 16 states. The project focuses on three key areas: food insecurity, social isolation, and transportation. The goal is to understand what gets in the way of healthy and productive lifestyle, and create positive change. In early 2020, through community, clinical and business partnerships, Humana was able to improve the health of the communities it serves by 20%.⁴ Having this program in place, as the country grappled with the COVID-19 pandemic, gave Humana the infrastructure needed to support those populations most at risk. Humana has worked with partners on various aspects of this program including Boehringer Ingelheim and other manufacturers.

YMCA Community Programs



Another interesting example of partnerships is with the YMCA through their *Healthy Communities Initiative*. The YMCA serves more than 10,000 neighborhoods around the country. Their biggest challenge is trying to meet the social needs of those most at risk. An SDOH framework has helped the organization develop programs and collaborate with healthcare partners. SDOH also helps partners understand that the YMCA role is social support and not clinical. In response to COVID-19, the YMCA has responded by providing housing to these vulnerable communities due to the increased need in emergency shelters.

“Health needs can be met in the community outside the health care system. There may be some new intersections for all of us.”

Heather Hodge
Senior Director for
Community Health YMCA
of the USA



Gilead Compass Initiative

It is important to look at history and the role of SDOH data in combating HIV/AIDS. The Gilead Compass Initiative is a partnership program that collaborates with local community organizations and stakeholders to help meet the needs of people living with and impacted by HIV/AIDS. Much like COVID-19, HIV is a disease that disproportionately affects vulnerable and marginalized groups, including racial and ethnic minorities and those living in poverty. Emphasis on SDOH is an integral part of

the HIV response impacting people's risk and their ability to access prevention, treatment, and care services. Gilead Science has been working on HIV treatments and understands that addressing SDOH and the underlying issues that fuel the HIV epidemic is the best way to maximize research and treatment. Gilead also uses AIDSvu.org, a public HIV data mapping platform. The mission of AIDSvu.org is to make data widely available, easily accessible, and locally relevant to inform awareness of research and decision making.

⁴ <https://populationhealth.humana.com/>

POLICY & ADVOCACY

COVID-19 has disproportionately impacted vulnerable individuals, families, and communities. SDOH provide a common language that stakeholders can use to reach out to their legislatures to address the areas that need change. It is imperative that policymakers, researchers, and community leaders develop policies that support the use of SDOH in a meaningful way. The organization Socially Determined helps legislators by providing data on the impact and drivers of social risk in their communities so they can make better decisions for their districts. This approach was used in the state of Maryland to understand the risk of 2.6 million Medicaid and Medicare members. LifeBridge Health System, an independent healthcare provider in Baltimore, developed the *Statewide Task Force on Vulnerable Populations for COVID-19*. Socially Determined provided data to map the areas at highest risk for COVID-19 at the county, city, and neighborhood levels throughout Maryland to guide the deployment of outreach and resources to vulnerable populations.



“At Merck, we are using social determinants as a framework to assess commercial decisions, improve diversity of our clinical trials, shape our policy efforts, and guide our strategic partnerships, all in support of the company’s commitment to advancing health equity.”

Conrod Kelly
Executive Director, Policy &
Government Relations- Social
Determinants, Merck

One example of a successful policy initiative using SDOH is the Ryan White CARES Act, enacted in 1990. This is the largest federal program designed specifically for people living with HIV. The Act directly addresses SDOH, taking a holistic view of critical services patients need to access and stay in care, such as care coordination, medical transportation, emergency housing, and mental health and substance use services. SDOH provide a deeper look at how various factors intersect to drive HIV and where to target resources to make the most impact.

Healthcare is still the number-one voting issue. There is a lot of momentum to make policy changes right now. Healthcare costs are the highest they have ever been for Americans. The U.S. national health expenditure has risen to 18 percent of GDP from 5 percent in 1960.⁵

CONCLUSION & KEY TAKEAWAYS

There is real value in cross-sector partnerships to address SDOH in targeted regions and communities across the United States. States and localities are pioneering innovative ways to coordinate initiatives across agencies and with community partners to support those most at risk. Roundtable participants emphasized the importance and value of multi-stakeholder engagement in reducing health disparities. Other key takeaways included:

- **Using COVID-19 as a catalyst for change.** COVID-19 has uncovered critical gaps in our healthcare system and dramatic disparities in health outcomes across minority populations. The COVID-19 pandemic has given stakeholders an opportunity to rally around these concerning issues and collaborate for real change when it comes to supporting and treating vulnerable populations.

⁵ Mikulic, M. U.S. health expenditure as percent of GDP 1960-2020. Statista, 2020.

- **The role of data in advancing health equity.** Epidemiological data alone does not provide a complete picture of individuals and communities. Therefore, it is necessary to incorporate SDOH and cultural data to better understand barriers to healthcare services and resources. To achieve equitable outcomes during COVID-19, healthcare stakeholders need to monitor trends by routinely integrating data on social factors. Integrated data directly impacts health outcomes, but it also helps communities and businesses create and advocate for policies that create health equity.

“We need to leverage social determinants of health data alongside epidemiological data, policy data and data on the distribution of health care services and resources to truly get a full picture of where to focus our efforts and where we’re lacking.”

Pema McGuinness
Director of Government Affairs & Policy Team
Gilead Sciences

- **A shared SDOH framework.** When presenting new and complex information, it is important to have a common or shared language and an agreed upon framework. We need a more health literate and culturally relevant way of talking about SDOH. The World Health Organization’s (WHO) definition of SDOH does not necessarily address social risks and social needs.
- **Tools for putting SDOH into action.** Looking at SDOH data can help healthcare stakeholders better recognize the root causes that affect population health. Moving from data to action, however, can be challenging. The CDC offers tools and resources to help providers take action to address SDOH.⁶ Another good example of a tool would be the National Association of Community Health Center’s PRAPARE toolkit for screening people for SDOH.⁷
- **Using data to understand health while addressing social risk.** We need data to not just tell us which SDOH exist, but also which ones drive positive and negative outcomes so that investments can be prioritized. In this new era of value-based care, strategies that leverage SDOH data are gaining attention for their ability to paint a comprehensive picture of health and address social and economic risk by connecting patients in need with the appropriate community services.
- **Appropriate use of SDOH.** While it is important to be able to identify those with SDOH needs, it is critical to have privacy and security data protections in place. For more information, download eHealth Initiative’s *Guiding Principles for Ethical Use of Social Determinants of Health Data*.
- **SDOH and health literacy.** Some of the greatest disparities in health literacy occur among racial and ethnic minority groups from different cultural backgrounds and those who do not speak English as a first language. Results from the National Assessment of Adult Literacy demonstrated that Hispanic adults have the lowest average health literacy scores of all racial/ethnic groups, followed by African American and American Indian/Alaska Native adults.⁸ People with low health literacy and limited English proficiency are twice as likely as individuals without these barriers to report poor health status.⁹ Cultural beliefs may also impact communication between patients and providers and affect a patient’s ability to follow a physician’s instructions.¹⁰ It is important to highlight the role that all healthcare stakeholders play in supporting optimal comprehension, informed decision-making, and healthy behaviors for all patient populations.

⁶ <https://www.cdc.gov/socialdeterminants/tools/index.htm>.

⁷ <http://www.nachc.org/research-and-data/prapare/toolkit/>

⁸ <https://nces.ed.gov/pubs2006/2006483.pdf>

⁹ <https://pubmed.ncbi.nlm.nih.gov/23030563>

¹⁰ https://anthropology.arizona.edu/sites/anthropology.arizona.edu/files/u3/Shaw%20et%20al_JIMH_new.pdf

- **Positive benefits of SDOH.** There is significant focus on the negative aspects of SDOH. However, there can also be benefits associated with specific cultural and ethnic communities. It is important for researchers to assess both aspects when conducting research.
- **More research is needed.** To truly understand the link between social risk and patient outcomes, further research is needed to include SDOH data regarding patient response to the diagnosis, treatment, medication adherence, and outcomes. Understanding this link encourages partnerships with payers, pharma manufacturers, providers, public health, and government agencies for thoughtful research that can be conducted and shared.

FINANCIAL SUPPORT FOR THIS REPORT IS BROUGHT TO YOU BY:



