

CASE STUDY

Addressing Health Equity Through the Application of SDoH Data

How MOBE® partnered with Unite Us to leverage social determinants of health (SDoH) data to analyze commercial population health trends and identify SDoH risk factors within its member population

**OVERVIEW**

MOBE combines the best of machine learning, data science, and a profound human connection to reach, engage, and support people on their journey to better health—filling the significant health gap between the doctor's office and daily life. Since its inception, MOBE has reached more than 100,000 people and generated over \$200 million in savings within the healthcare system while improving peoples' lives. While its service is helpful to all, MOBE makes its greatest impact on people who frequently use the healthcare system, but are not getting resolution with their persistent health issues. This population includes those with chronic conditions that are not controlled. According to the [Center for Disease Control and Prevention](#), about half of U.S. adults (47%) have at least one of the following major risk factors for heart disease or stroke: uncontrolled high blood pressure, uncontrolled, high LDL cholesterol, or are current smokers.¹ MOBE supports people who have conditions or symptoms that can be improved through lifestyle changes combined with medical care.

MOBE sought out **Unite Us** to validate qualitative observations of this population related to SDoH and gain a deeper knowledge of the impact of SDoH on participants' lives and health. Unite Us is a technology company that builds coordinated care networks of health and social service providers. With Unite Us, services span from a Social Needs Score (SNS) system to sending and receiving secure, electronic referrals to providers, to tracking every person's total health journey and reporting on tangible outcomes across a full range of services in a centralized, cohesive, and collaborative ecosystem. This HITRUST-certified, social care infrastructure helps communities transform their ability to work together and measure impact at scale.

Challenge

Traditional data sources provide few insights into emerging SDoH factors. Recognizing that each participant has a unique set of circumstances that contribute to their overall health is an important step in determining the most effective ways to improve health and increase happiness.

Why Does SDoH Matter?

Research shows economic stability, education, and food—all examples of SDoH—have a direct impact on health outcomes such as mortality, morbidity, and life expectancy. Social, economic, and behavioral determinants of health—the physical environments people live in, their motivations and lifestyles, and their economic behaviors—drive 60 to 80 percent of health and cost outcomes.

“The majority of your health, not your healthcare, isn't determined by going to the doctor's office... And how often do people really go to the doctor? It's determined in your home, where you live, work, play, and where you are growing up. It's determined by your status and your income as a person in the community and not in the healthcare world,” says Dan Brillman, Co-Founder and CEO of Unite Us.



SDoH data can serve both as an organizational-awareness assessment and a catalyst for organizations that value health equity. While many individuals bear higher healthcare costs through high-deductible health plans, copays, and coinsurance, it is important to identify the social and economic factors that may impact the health and health outcomes of all individuals.

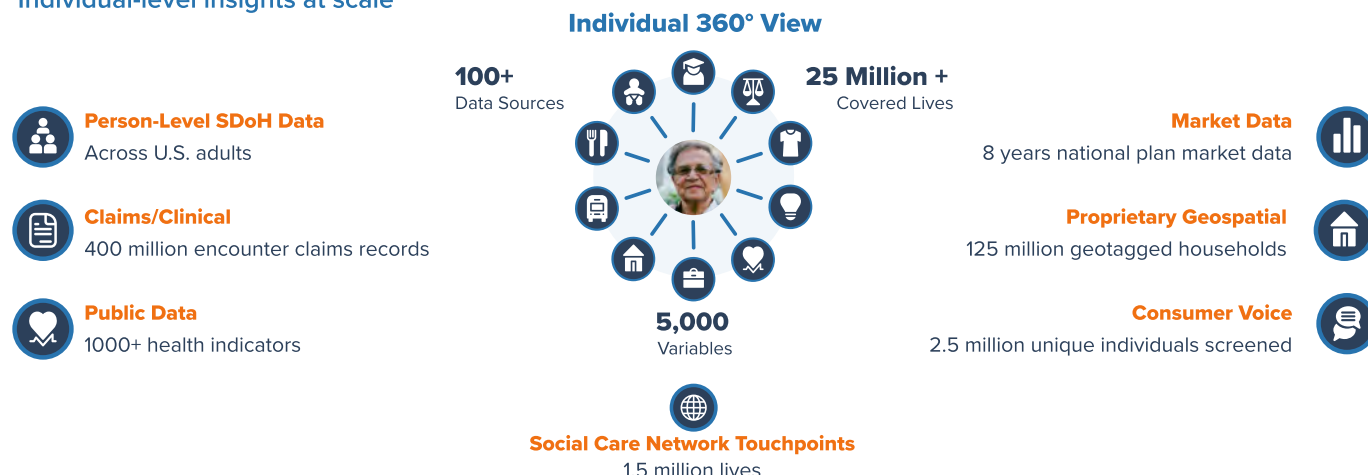
“We have individual responsibilities to our own health, commonly expressed as lifestyle habits. But our trusted relationships, social networks, and community resources also have great impact on our well-being. In order for MOBE to effectively guide our participants to better health, it's imperative for us to recognize and address all factors that foster progress—especially social determinants of health,” says Jason Doescher, MOBE Chief Medical Officer.

How Unite Us' SNS Scores Help Identify and Address Health Issues

Unite Us enables users like MOBE to proactively identify predicted social needs through the Unite Us Social Needs System (SNS)—the industry standard for predicting and measuring SDoH. This predictive analytics framework leverages the leading health and social care database to systematically predict and measure social, environmental, and economic risk.

A Complete and Sophisticated Healthcare and Social Care Database

Individual-level insights at scale

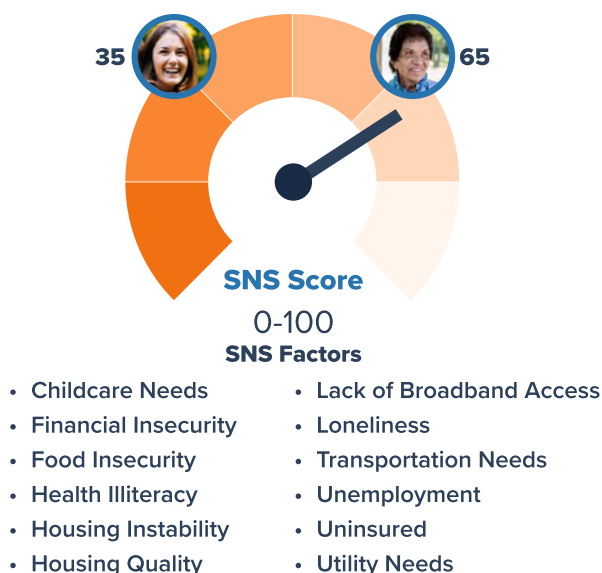


A [study](#) conducted by Unite Us in 2021 revealed individuals with high social and economic marginalization (SNS greater than 60) had 59 percent higher total cost of care than the average person. This same group also had 79 percent higher hospital admissions and 100 percent higher emergency room (ER) visits. The bottom line: **Unresolved social issues can manifest in avoidable healthcare events and act as barriers to receiving appropriate preventive care, resulting in poor health outcomes and higher healthcare costs.**

The approach Unite Us takes enables a deeper understanding of the root causes of health issues, like financial barriers to medication for high-risk patients with diabetes or loneliness and lack of social support, driving ER super-utilization among people managing a chronic condition.

How Does the SNS Work?

- > This predictive analytics framework leverages the leading health and social care database to systematically predict and measure social, environmental, and economic risk.
- > A composite SNS Score ranging from 0 (low) to 100 (high) is driven by 12 SNS Factors spanning 3 SNS Domains (social, environmental, and economic risk).
- > Each SDoH factor and the overall score are weighted based on their impact on adverse outcomes. These weights are informed by external literature, expert medical opinion, and our active data-collection initiatives.



Key Insights and Findings

Incorporating our SDoH data, MOBE's findings revealed the following major population insights:

1

MOBE's Black and Hispanic/Latino participants were more likely than other groups to experience several concurrent high-risk SDoH factors. The data indicated 61 percent of Black participants and 40 percent of Hispanic/Latino participants identified as high risk² for five or more SDoH risk factors, compared to 15 percent for MOBE's White participants.

2

MOBE's Spanish-speaking participants were more likely than English-speaking participants to experience several concurrent high-risk SDoH factors. Data indicated that 48 percent identified as high risk² for five or more SDoH risk factors, compared to 18 percent for English-speaking participants.

3

While Black participants had the highest risk for most SDoH factors, Hispanic/Latino participants had the highest risk for health literacy—citing the language barrier as a contributing factor for increased health risks. The data also revealed that participant satisfaction scores were above MOBE's average for Hispanic/Latino participants (17 percent higher Net Promoter Score [NPS] and 3 percent higher Customer Satisfaction [CSAT]) and Spanish-speaking participants (68 percent higher NPS and 10 percent higher CSAT). Engagement and retention rates for these populations are 5 percent to 10 percent lower than MOBE's average respectively, indicating an opportunity for improvement.

4

SDoH data-measuring engagement, retention,³ NPS, and CSAT show that Black participants, compared to all racial and ethnic groups, score higher across the board. Using the MOBE average⁴ as the baseline, results indicate:

- 31 percent greater engagement
- 36 percent higher retention
- 78 percent higher NPS
- 8 percent higher CSAT score

5

MOBE reported higher engagement among participants in the highest-risk population groups, identified as high-risk for five or more SDoH factors. Using the MOBE average⁴ as the baseline, results indicate:

- 17 percent greater engagement
- 28 percent greater retention
- 43 percent cost reduction⁵
- 47 percent higher NPS and
- 3 percent higher CSAT

These data support the finding that MOBE's whole-person approach is effective in reaching participants with predicted social risk factors in their population, and may be a positive intervention for increasing self-efficacy, empowerment, and resilience.

² "High risk" is defined as having an index score within the top 30 percent for each SNS factor.

³ In this application, "engagement rate" is defined as the percentage of participants who successfully complete a first call with a MOBE Guide. The retention rate is defined as the percentage of participants who complete five or more calls with a MOBE Guide.

⁴ The baseline calculated using MOBE's participants included in the sample population, which included one commercial health plan and one self-insured employer.

⁵ The reduction in total monthly costs derived from medical and pharmacy claims data for the client populations included in the sample.

MOBE Uses Findings to Launch Health Equity Initiatives

MOBE is taking a novel approach to gathering the deep insights needed to effectively serve participant populations. SDoH data from Unite Us enhances MOBE's processes by providing a sharper prediction of each participant's unique social risk while illuminating the scale and scope of risk factors across populations and pinpointing disparities. The broad network data from Unite Us complements MOBE's advanced data science and analytics models, offering a new dimension of insight that's being used to inform focused strategies. **MOBE is using these strategies to create highly personalized, whole-person health solutions for participants in each segment of the population.**

Here are some of the ways MOBE is leveraging SDoH data and findings to establish a strong foundation for increasing health equity:



Health Equity Dashboard

MOBE's Health Equity Dashboard monitors disparities across participant populations, focusing on racial and ethnic background, SDoH factors, gender, and spoken language. Conclusive findings inform relevant solutions and support mechanisms.



Cultural Awareness Improvements

When it comes to spoken language, MOBE has made great strides in expanding efforts around translating marketing materials and content into various languages. MOBE has a dedicated team of Spanish-speaking employees to provide culturally aware services for Hispanic and Latino participants. MOBE will continue to predict and monitor additional language needs and increase capabilities accordingly.



Timely and Relevant Interventions

MOBE uses SDoH data to establish and monitor health equity measures over time. Increasing awareness and empathy generate highly relevant content, education, and training strategies. The continuous flow of content gives MOBE a robust library of relevant resources to assist participants.



SDoH Experts Supporting a Team-Based Approach

MOBE is building a team-based approach that will place one resource with a background and expertise in serving participants at high risk for social determinants on each team. Support will include connecting them to local resources to address barriers (e.g. finding transportation to solve for food insecurity). In addition, all employees who work directly with participants received training in unconscious bias and strategies to address SDoH factors in the context of health coaching.



Addressing Emotional Health and Social Stressors

MOBE addresses emotional health and social stressors by supporting strategies to manage stress, trauma, and other mental health challenges impacted by SDoH factors. These strategies are informed by Unite Us' SDoH data.

In addition to these current applications, MOBE is continually evaluating future applications for the data findings. For example, Unite Us' data could help MOBE further segment and understand its population, or it could be added as a new layer of data in MOBE's predictive engagement model to forecast future health issues impacted by current social risk factors.

Identifying SDoH Risk Factors Strengthens Health Equity

By partnering with Unite Us and gaining key SDoH insights, MOBE continues to make great strides in advancing health equity, aiming for:

- **Superior member experience** via language translation and recognition of cultural considerations
- **Enhanced training** using a more targeted approach
- **Improved population management** and a keen understanding of gaps within high-risk populations
- **Improved health outcomes** using disaggregated metrics by race, ethnicity, language, and SNS factors

Unite Us and MOBE Are Proud Partners

MOBE was founded in 2014 by health industry veterans who uncovered a way to use deep data science to identify people whose healthcare needs (and costs) are going up, but whose health concerns are not resolved. Deep data science combined with digital health and one-to-one, personalized attention leads to highly effective wellness solutions and health support. Participants achieve healthier and happier lives without any additional cost to the health system, employers, or insurers. Learn more at www.mobeforlife.com.

Collaborating with MOBE has been a win-win. Unite Us has gained a strategic partner and ally, as MOBE shares our mission to improve community health and ensure people get the care they need when they need it. By joining our coordinated care network, MOBE has continuous access and insight into its participants' health risks and unmet needs. Our SDoH data validates that MOBE's current offering is well designed to support those with significant risk factors while helping to identify tangible opportunities for even more impact in the short and long term. **MOBE will continue to use SDoH data to enhance programs and services to effectively meet their participants' needs as part of their commitment to health equity.**

