



6 reasons why traditional health and wellness programs can't improve health equity.



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Executive summary

Research shows that health care itself and quality of care account for only 20% of health outcomes. Other factors drive a full 80% of health outcomes:

- 40% by socioeconomic factors like income
- 10% by physical environment
- 30% by health behavior patterns

The socioeconomic and environmental factors are known as social determinants of health (SDoH): the conditions in which people live, learn, work, and play.

Health plans and employers spend billions of dollars every year on health and wellness programs. But few of these programs consider SDoH risk factors, so they fail to address health inequities in their population and, in turn, don't realize the health outcomes they want.

Here are six reasons why traditional health and wellness programs can't improve health equity:

- 1 They don't tap into the right data.
- 2 They focus on one disease at a time.
- 3 They only provide digital services.
- 4 They work in isolation.
- 5 They're designed for the majority population.
- 6 They overlook health literacy.

To truly improve health equity among your population, you need a solution that overcomes all six of these drawbacks.

You need a program that collects data that includes SDoH risk factors. You need holistic services that cover people with multiple chronic conditions. Your services must be available online and offline, complemented by one-to-one coaches who can answer questions and provide encouragement.

Reason 1

Traditional health and wellness programs don't tap into the right data.

Traditional health and wellness programs run on data. Medical information from health care claims, electronic health records, and biometric screenings tells them about their members' health. And data helps them recommend strategies to improve health, such as diet modifications or exercise plans.

But traditional programs rely on data sources with a huge gap. They don't analyze the data for SDoH risk factors. They don't disaggregate health-outcomes data by race, ethnicity, and language, so they can't identify and resolve disparities.

When it comes to incorporating health advice into daily life, we all face barriers. For millions of people, these barriers can be steep, sometimes insurmountable. But these barriers aren't reflected in any medical or health care record.

The main barriers to attaining one's best health are related to non-medical factors, including all the conditions in which an individual is born, grows up, lives, works, and plays. These factors are called the social determinants of health.

Research shows a full 80% of health outcomes are determined by socioeconomic, environmental, and behavioral factors:

- 40% from socioeconomic factors such as income and education as well as gender and ethnicity.
- 10% from the physical environment, like pollution levels in a neighborhood.
- 30% from behavioral factors such as sleep patterns or tobacco use.

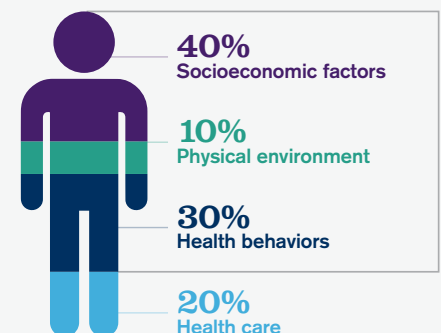
Beyond the traditional sources, there is a wealth of data about SDoH risk factors.

When properly analyzed, this data can predict which individuals in a population are likely to face which SDoH-related challenges. For example, government environmental data sorted by zip code reveals which people with asthma live in high-pollution areas and may need special symptom-management plans.

Commercial databases of grocery stores can show which members live in a "food desert." People without access to affordable, good-quality fresh food may need help understanding how to make better decisions with the

80%

Health status determined outside the health care system



resources they have. They might not know choosing low sodium canned vegetables could make a difference. They may need nutrition guidance or other support to maintain a healthy diet and keep diseases like diabetes at bay.

Without SDoH-related data, traditional health and wellness programs are dispensing generic advice that ignores socioeconomic and environmental factors that create barriers to desired health outcomes.

Reason **2**

These programs focus on one disease at a time.

Most traditional health and wellness programs focus narrowly on helping people address a single issue, such as diabetes, obesity, or smoking.

These programs aim to help people get better at managing that one issue. That's a good start. Research shows that people who learn to effectively self-manage a chronic health issue feel less worried, experience milder symptoms, and feel more confident about their health choices.¹

But the single-issue approach doesn't go nearly far enough.

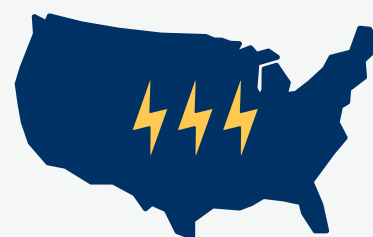
For one thing, most single-issue programs focus on the health condition but overlook the SDoH risk factors that affect people's ability to deal with it. Any program designed that way inevitably fails.

For example, a health and wellness organization may offer participants the most cutting-edge information on smoking-cessation medications. But that may not be enough: those who can't afford the drugs may need help signing up for a patient assistance program.

And virtually all single-issue health and wellness programs fail one large and growing group: people who have multiple chronic conditions. Today, at least 27.2% of U.S. adults suffer from two or more chronic conditions, such as diabetes and hypertension.²

Despite the rapid growth of this high-needs group, clinical trials in disease management generally exclude people with multiple chronic conditions. And that means very few methods targeted at this population have been developed.³

Meanwhile, this growing group has a lot to manage. They must cope with multiple symptoms and take numerous medications. They're prone to



27.2% of U.S. adults

suffer from two or more chronic conditions.

developing depression. And studies reveal that up to 80% report getting contradictory instructions from providers, which they struggle to reconcile.⁴

Research has shown that learning to manage one specific disease is much less valuable than developing general problem-solving and coping skills.

For example, experts say people with multiple chronic conditions need help learning how to:

- cope with emotions like discouragement, fear, and depression.
- keep alert to possible side effects of medications.
- communicate effectively with health care providers.⁵

Helping people manage multiple chronic conditions is essential to the well-being of any workforce or commercial population.

Yet traditional health and wellness programs don't address more than one ailment at a time.

Reason 3

They only provide digital services.

There's no doubt that digital devices can help with wellness. Websites can answer health questions. Apps can encourage users to exercise. And digital-only programs are often low-cost since they can scale up to cover millions of people.

But when a solution is digital only, risk factors related to SDoH go unnoticed and cannot be addressed, leaving barriers that keep many people from using a program regularly or even trying it at all.

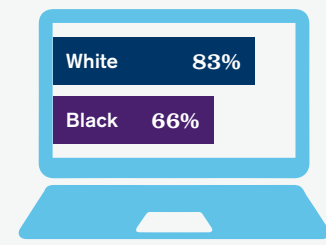
The digital divide between young and old is well known. But studies identify other divides, too.

Older adults who identify as Black or Hispanic/Latino are less likely than people who are white to use technology for health purposes.⁶ This means a program without any "offline" options shuts many people out. And studies show that any digital solution that lacks vital training and technical support will cause even more people to shy away.

Gaps in access also continue to put numerous demographic groups at a disadvantage.

For example, 83% of the white population own a laptop or desktop computer, compared to 66% of people identifying as Black.

Internet access can also be a factor: 22.3% of rural residents and 27.7% of those living on Native American tribal lands don't have access



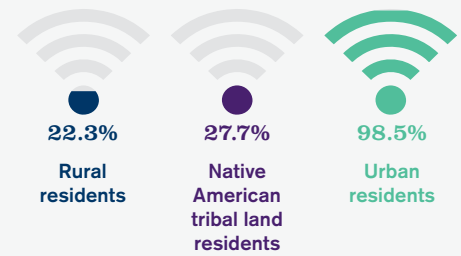
Demographic differences in owning a computer.

to reliable high-speed broadband, while only 1.5% of urban residents face this challenge.⁷

Digital-only solutions also shut out other populations. For example, physical conditions like impaired vision or hearing or reduced fine motor control can make interacting with electronic devices difficult, especially with small smartphone screens.⁸

Many traditional health and wellness vendors default to digital-only solutions.

But without options for human-to-human interaction, those solutions leave many people out.



Reason 4

They work in isolation.

Traditional health and wellness programs have always tried to help participants incorporate healthier habits into their daily lives. But these programs struggle to meet that challenge because they don't address the underlying impact of SDoH risk factors in people's lives.

For example, even when a doctor prescribes the very best drug to treat an illness, gaining any benefit is far from assured for many people—for many reasons, including:

- They can't afford the drug.
- They learn too late that the medicine interacts badly with a supplement they take.
- They must rely on an understocked local pharmacy that can't fill prescriptions on time.
- They misunderstand the dosing instructions.
- They don't take their medicine as intended.

Any of these instances can cause them to get worse, not better.

What happens outside the doctor's office makes all the difference.

That's why health and wellness programs can't succeed on their own.

If a patient can't get even the most basic service, like a car or bus ride, that can have major consequences on their health. Skipping a checkup due to lack of transportation can allow a mild condition to turn into a serious one.

That's a lesson public-sector health care programs like Medicare and Medicaid have learned over the past decade. As a result, health care transportation partnerships have sprung up around the country.

3.6M people

in the U.S. do not receive medical care each year due to transportation issues.⁹



For example, Denver Health Medical Center partnered with rideshare company Lyft to help patients get to appointments. And Grace Cottage Family Health and Hospital in Vermont partners with the nonprofit Green Mountain RSVP, which recruits volunteer drivers to transport patients.⁹

Wellness programs must partner with others to access SDoH risk factor-related resources. These vital partners range from government agencies to community-based nonprofits that provide childcare or translation services.

A viable transportation service or a patient-assistance program for smoking-cessation medications may be just a phone call away. But help won't arrive if no one makes that call.

When health and wellness programs don't reach out to likely allies, they can't help participants obtain their best health.

Reason 5

They're designed for the majority population.

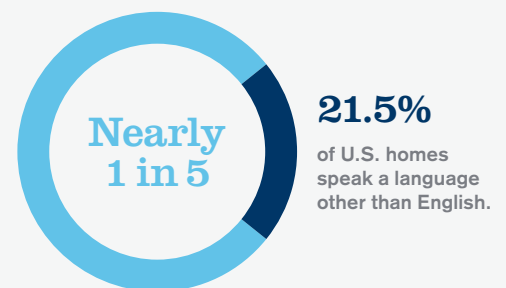
Most health and wellness programs were designed for the predominant population, and they face steep challenges in helping those from non-majority groups.

First, research shows that people not fluent in English face difficulties throughout the health system, including the wellness sector. As of 2020, 21.5% of people in the U.S. speak a language other than English at home, and another 8.2% say they speak English less than very well.¹⁰ This makes it extremely difficult for them to describe their symptoms, understand health advice, discuss personal topics, or engage in joint decision-making with health care providers.

In some settings, language barriers can lead to serious disparities.

In hospitals, for example, people with limited English face longer stays, more readmissions, and more admissions for conditions usually treated in outpatient facilities. They're also more likely to have inappropriate and expensive tests.¹¹

All this makes it vital for health and wellness organizations to employ or provide access to staff who are fluent in all the languages their members speak. These programs should also provide documents in multiple languages and offer quick translation services.



Beyond language barriers, cultural differences pose further challenges.

Any population unified by ethnicity or other factors shares a culture of thought and behavior patterns passed down through time. In health, repeated cultural practices shape many sensitive issues, including how illness is viewed and talked about, what causes disease, and how to promote good health.

Wellness program employees don't need to know everything about every participant's culture. But without a commitment to listening for key differences and expressing cultural humility, a program can inadvertently exclude people from outside the majority population.

A case in point is the varying attitudes toward digital health communications. Some cultures view a face-to-face human encounter as the only proper way to seek medical advice. In one study, Chinese and Punjabi immigrants said they distrusted tech in health care because it reflects the Western preference for medications over natural therapies.¹¹

If a health and wellness program fails to consider cultural attitudes, it can lead to some people refusing help altogether.

Another common pitfall is creating a resource without providing options. A healthy-recipe collection leaves out many cooks if it doesn't recommend alternative grains and spices commonly enjoyed by different cultural groups. And don't forget the growing number of vegetarians, vegans, and people sensitive to gluten.

Traditional health and wellness programs were designed for the majority population, including language, leaving everyone else out.

Reason 6

They overlook health literacy.

Traditional wellness vendors typically offer participants advice about a health condition and then leave them mostly on their own to make that advice work.

But health care guidance can include many terms that are hard for the average person to understand, even with English as their first language. Few traditional wellness program vendors do much to clarify these messages by using plain language, a 6–8th grade reading level, and avoiding all medical and insurance company jargon.

With nearly 80 million U.S. adults having limited health literacy, a failure to communicate health advice clearly and simply blocks many from reaching their best health.¹²

While health literacy challenges exist in all populations, they are especially common among those with limited education and low incomes and among non-native English speakers—all groups that already confront many SDoH risk factors.

Research shows that people who struggle to interpret health information develop more diseases, experience more hospitalizations, and suffer a higher mortality rate than people with higher health-literacy scores. They also struggle the most with the self-management of chronic diseases.¹²

By not offering advice in plain language, traditional health and wellness programs create confusion that keeps people from reaching their best possible health.

An innovative program should be working to:

- Collect a wide variety of data, including SDoH risk factors for your covered or commercial population.
- Offer holistic services that address multiple chronic conditions.
- Offer services online and offline, complemented by one-to-one coaches who can explain details, answer questions, and encourage participation.
- Seek out partnerships with local services that can help participants in their own neighborhoods.
- Support multiple cultures, languages, and abilities.
- Communicate in plain language at all times.

Fortunately, one company with a solution to improve health outcomes is also dedicated to addressing health inequities: MOBE.

Introducing MOBE

MOBE's unique data-driven program identifies people from a covered or commercial population who may have unresolved issues despite frequent provider visits. Some may need help managing multiple chronic conditions. MOBE's advanced data analytics also show who is likely experiencing SDoH risk factors. And that helps inform their cost-saving, profoundly human solution. MOBE is committed to analyzing differences in health outcomes across groups, looking at data in more ways to find disparities and close gaps. But addressing health inequity is not new to MOBE. The whole-person approach MOBE has used since inception takes non-medical, situational factors into account. Gaining an understanding

of a person and everything they're experiencing can ultimately only come from having a relationship and direct conversations with that person—which is at MOBE's core.

MOBE provides customized, one-to-one guidance around everything a participant needs to improve important aspects of their health and overall well-being—nutrition, sleep, physical activity, emotional and social stressors, medications, and more. The bottom line is a win-win: a demonstrated improvement in health outcomes for those in MOBE-identified groups—which creates cost savings for their clients.

Conclusions

This white paper has examined six reasons traditional health and wellness programs can't improve health equity for your people.

In brief, these programs are typically not based on adequate data, are not designed to address multiple chronic conditions, and are not delivered in a flexible and accessible way to a diverse population of different languages and cultures.

These traditional programs fail to address the SDoH risk factors or behavioral patterns that actually account for 80% of health outcomes.

MOBE is a unique partner in health and wellness, helping advance health equity. Discover how MOBE can make a difference for your covered or commercial population today.



About MOBE.

MOBE is a health outcomes company. We improve health with a high-touch, one-to-one program focused on lifestyle, emotional well-being, and comprehensive medication management. Using advanced analytics, we identify populations where we can make a real difference in both individual health status and expense reduction for our clients.

We embrace everything that has shaped a person, from cultural background to physical, mental, and social circumstances and everything in between. MOBE is committed to diversity, equity, and inclusion, and we seek partnership with others who share our values. Connect with us for more information about how we'll make a difference in the health outcomes of your people.

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