MEALS ON WHEELS
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Making the Case for Addressing Social Determinants of Health

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Aetna proudly serves*

~22.2 million medical members

~13.4 million dental members

~13.8 million PBM services members

*Information as of April 27, 2018

Our domestic and global network comprises:

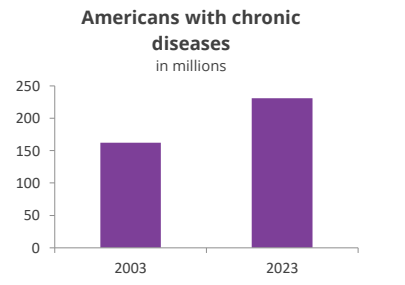
~ 1.3 million health care professionals

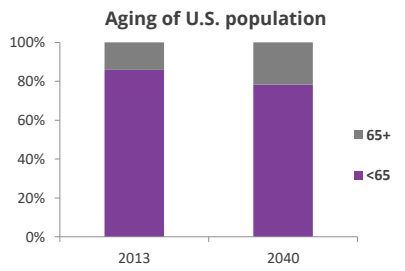
> 700k PCPs, specialists

~ **5,700** hospitals

Americans are getting older and sicker

From **2003-2023**, the chronic disease burden is expected to increase **42%** while the population grows just **19%**

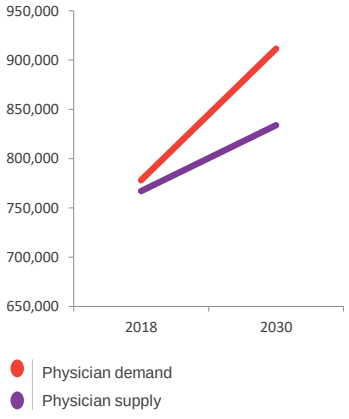




Source: An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, 2007 and U.S. Administration on Aging

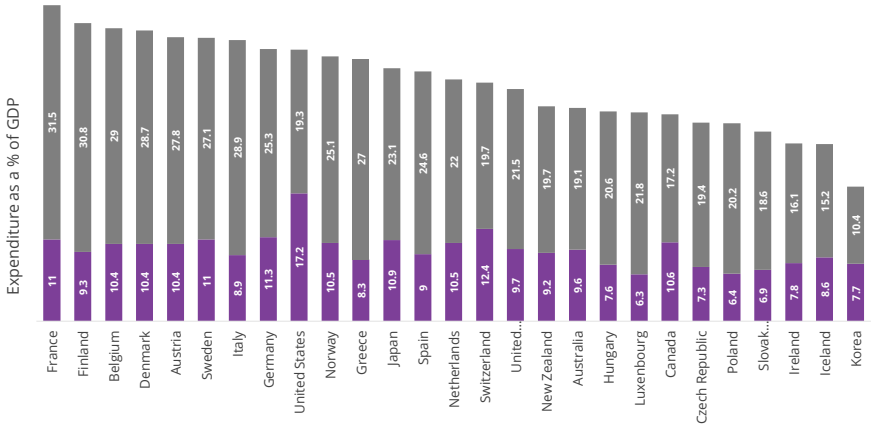
The physician shortfall is worsening

By **2030**, there is a projected shortfall of more than **121,000** physicians



Source: Association of American Medical Colleges. The Complexities of Physician Supply and Demand: Projections from 2016 to 2030. March 2018.

Health care attempts to compensate for a lack of social services spending in the U.S.



Source: Bradley E, et al. Health and social services expenditures: associations with health outcomes. BMJ Quality & Safety, 2011 March 29.
Updated using OECD Health Data 2016; OECD Social Expenditure Dataset 2016.

A Variety of Factors Influence Overall Health, Including an Individual's Social and Physical Environment

Sources: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried? The Dahlgren-Whitehead rainbow, UK Economic and Research Council, https://esrc.ukri.org/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/
Social determinants of health, King's Fund, https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health

SDOH Refer to Conditions Where People Live, Work, Learn and Play—Where Most Time is Spent

Population Health	Equity	Education	Economy	Housing
Access to Care Health Behaviors Health Conditions Health Outcomes Mental Health	Educational Equity Health Equity Income Equity Social Equity	Edu. Achievement Edu. Infrastructure Edu. Participation	Employment Income Opportunity	Housing Affordability Housing Capacity Housing Quality
Food & Nutrition	**Environment**	**Public Safety**	**Community Vitality**	**Infrastructure**
Food Availability Nutrition	Air & Water Natural Environment Natural Hazards	Crime Injuries Public Safety Capacity	Community Stability Social Capital	Community Layout Transportation

SDOH: Social Determinants of Health

Source: U.S. News and World Report, Healthiest Communities, Frequently Asked Question, https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

Factors Impacting Life Expectancy

10%

Health care

20%

Social and environmental factors

30%

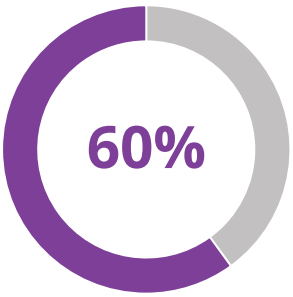
Genetics

40%

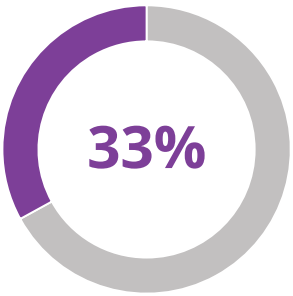
Individual behavior

Source: Kaiser Foundation: "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity" 2015

SDOH Can Significantly Impact Life Expectancy and QOL



of a person's life expectancy is impacted by social determinants of health



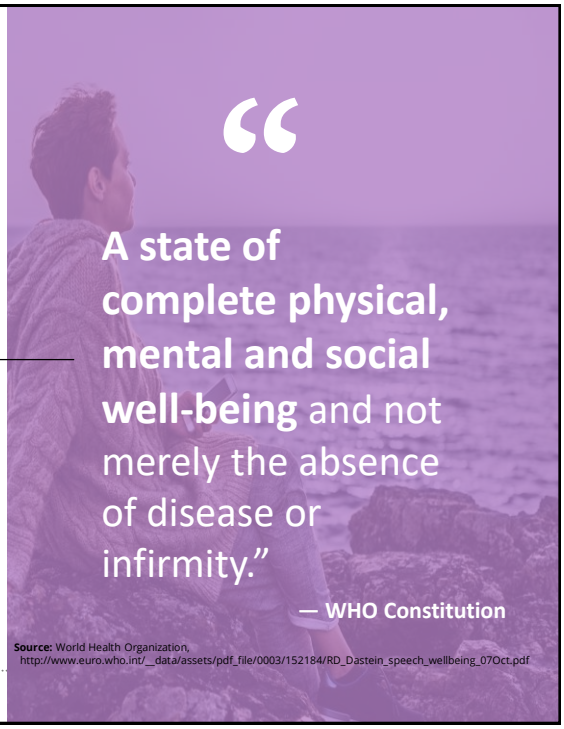
of total deaths in one year were directly attributed to social determinants of health

QOL: Quality of Life

Source: Kaiser Family Foundation, Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

We need to shift our thinking and start with the definition of health established in 1948.

– Mark Bertolini



A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

— WHO Constitution

Source: World Health Organization, http://www.euro.who.int/__data/assets/pdf_file/0003/152184/RD_Dastein_speech_wellbeing_07Oct.pdf

Aetna Collaborates Across and Within Sectors to Address a Range of Social Determinants of Health

- **Community Empowerment**
- **Thought Leadership**
- **Enhanced Member Programs**

APHA American Public Health Association — For science. For action. For health.

National Association of Counties NACo

U.S. News & World Report

Harvard School of Public Health

CMS Centers for Medicare & Medicaid Services

copc

mercy maricopa integrated care

Meals on Wheels America

o4a

Meals on Wheels America & Aetna – Partnership Overview

Goal: The intent of this partnership is to determine whether a community based organization and a large health plan can work together to provide socially and clinically comprehensive care to a high risk and high need Medicare and Medicaid patient population. We will gather information on the operational feasibility, member experience and health outcomes, as well as financial requirements for a larger scale future collaboration.

Program features:

- **Enhanced care coordination services**
- **MOW technology platform used to share information with Aetna case managers on members' needs (this application is called the "Change of Condition" application; all MOW volunteers and Aetna case managers will be trained on this platform)**
- **Ability for MOW programs to offer members solutions that address their SDOH needs**
- **Additional opportunities for Aetna to provide needed clinical services as identified through members' engagement with MOW volunteers and case managers**

Partnership Details

Size, Scale & Duration:

- **In 2018, the pilot will take place in at least 3 counties with 50 Medicare members per county: Wake County (Raleigh), NC, Harris County (Houston), TX, and Pinellas County (Clearwater/St. Pete), FL.**
- **We will continue to expand the pilot in new locations, to include both Medicare and Medicaid members, with a goal to serve 1,000 members.**

Member selection:

- **Aetna case managers will identify the high risk/high need beneficiaries who would most benefit from nutrition, socialization, and daily monitoring in order to quickly assess "Changes in Condition" and take action to address their social or clinical needs.**
- **The pilot is entirely voluntary and members can decline the service and opt out at anytime.**
- **During the course of the pilot, Aetna will work with MOW to determine how best to transition the member to other clinical and non-clinical services they need and, if necessary, transition the member to a regular meal pilot if they wish to continue receiving meals at the end of the six month period.**

MOW will provide the following services in the pilot:

- **Deliver a hot meal 5-days a week for a duration of up to 6-months to each member**
- **Provide daily observations using the Change of Condition technology application to alert Aetna Case Management and MOW Care Coordinators of any observed social and/or clinical needs that might cause the members health from being adversely impacted**
- **Conduct a qualitative baseline as well as final assessment of member experience in the pilot**
- **Provide monthly summary reporting of the pilot**

Partnership Details Continued

Evaluation:

- We will use the data collected and lessons learned to inform how we can expand this partnership in future years under CMS' new approach towards more flexible benefit design in Medicare Advantage, as well as in Medicaid.
- Metrics and Measures used to evaluate the pilot will include:
  - pilot member experience survey
  - # of members enrolled in the program
  - # of meals delivered
  - # of members with a clinical change in condition identified
  - # of members with a social change in condition identified
  - Actions taken as a result of the identified change in condition
  - Effectiveness of Change in Condition technology in relaying information on member needs
  - Ability to ensure seamless enrollment of members into the pilot
- The pilot will help us determine if leveraging 5-day a week meal delivery, with a Change in Condition check, and volunteer interaction with the high cost/high need members will result in earlier detection and resolution of both social and clinical needs of these members thus resulting in a positive impact to their health.

Our ultimate goal is to create a health ecosystem around the patient