



2024 Research and Statistics on Social Determinants of Health (SDOH)

The “Why” to Thoughtful Engagement’s Focus on Sustaining Social Health

Why is a personalized, one-on-one, joy-producing Activity Program good for the health and well-being of those who lack social connectedness due to their living environment, aging, health condition, a disability, or a special need?

Because it reduces the detrimental psycho-social, physiological, and economic conditions that often result from social isolation and loneliness.

What is Social Isolation and Loneliness?

Definitions:

- Social isolation is defined as: “The objective state of having few social relationships or infrequent social contact with others.”
- Loneliness, [by definition](#), is “a subjective feeling of being isolated.” While these two definitions seem very similar (and they are), the differences are also very significant.
- One such difference is that social isolation is an objective state and, thus, fairly easy to measure, while loneliness is a subjective feeling which is typically measured by individual self-report.

Social Health Study

Managing Social Isolation and Loneliness: What Can Medical Professionals Do?
By Ray McBeth, PhD / August 24, 2020

This area of study falls under **Social Determinants of Health (SDOH)**. The [factors affecting risk](#) can be categorized along three dimensions: Physical, psychological, and social.

How large is the population suffering from social Isolation and loneliness?

- a. A Kaiser Family Foundation [survey](#) found that 22 percent of adults in the United States say they often or always feel lonely, feel that they lack companionship, feel left out, or feel isolated from others.
- b. Another [study](#) by Cigna found that 46 percent of adults surveyed reported that they sometimes or always felt alone.
- c. That study also found that 18–22-year-olds were the loneliest age group and that LGBTQ+ individuals, those with lower incomes, those in poor health, and those who were unmarried reported more feelings of loneliness.
- d. Feelings of social isolation and loneliness in adolescents is [well documented](#), but it is not limited by age, as even younger children (as young as preschool and kindergarten) can feel lonely.

What health risks increase due to social isolation and loneliness?

- a. Poor social relationships were found to be associated with a 29 percent increase in risk of incident coronary heart disease and a 32 percent increase in the risk of stroke.
- b. In one study those who identified as lonely were found to be 41% more likely to be affected by chronic diseases, 31% more likely to have high cholesterol levels, 40% more likely to have diabetes, and 94% more likely to report impaired health.
- c. Social isolation and loneliness are also associated with cognitive decline and dementia as well as depression, anxiety, and suicide.

Social Health Economic Impact

Social isolation and loneliness add about \$6.7 billion annually to Medicare costs. The number is so great that Medicare and Medicaid have made significant strides with Social Determinants of Health policies and investments that provide subsidies to patients for social health programming and financial incentives to organizations who align with Medicare's value-based care programs. For example,

- o In 2024, Medicare may now pay in full for services ordered by a doctor to help with social and emotional concerns related to one's illness. This may include counseling or help in finding resources in a community.
- o In 2024, a new final regulation allows for reimbursement for services that address a person's health-related social needs (HRSNs).
- o As of Jan. 1, 2024, Medicare will reimburse for various services including Community Health Integration services, Social Determinants of Health risk assessments, Principal Illness Navigation services.
- o In 2024, the final rule also expands mental health reimbursement.
- o Medicare Shared Savings Program saves Medicare more than \$1.8 Billion in 2022 and continues to deliver high-quality care.
 - Over the past decade, the Shared Savings Program has grown into one of the largest value-based purchasing programs in the country. Value-based purchasing programs link provider payments to improved performance by health care providers. This form of payment holds health care providers accountable for both the cost and quality of care they provide, and it attempts to reduce inappropriate care and identify and reward the best-performing health care providers. As of January 2023, Shared Savings Program ACOs included over 573,000 participating clinicians who provide care to almost 11 million people with Medicare. Based on the program's success, the Center for Medicare and Medicaid Services has set a goal for 100 percent of the population on Traditional Medicare to become part of an Accountable Care Organization relationship by 2030.

Social Health Major Movements

1. Elevated Governmental Social Awareness and Economic Programs
 - a. Spearheaded by organizations such as AARP, National Council on Aging, Public Health Research and Practice, and the Coalition to End Social Isolation and Loneliness.

b. A Growing number of Shared Savings Program Accountable Care Organizations

- i. Definition – ACO's are groups of doctors, hospitals, and other health care providers who collaborate and provide coordinated, high-quality care to people with Medicare, focusing on delivering the right care at the right time while avoiding unnecessary services and medical errors.
- ii. Performance Metrics - When an ACO succeeds in both delivering high-quality care and reducing health care spending, they are eligible for performance payments from Medicare. With this focus, the patient typically lowers their overall health care expenses, as well.
- iii. Physician groups vs. hospitals (2022 analysis) are typically the ACO's of today.

2. Explosion of technology companies delivering value-based healthcare management systems and services

- a. Examples: Athenahealth, Cerner, Lyra Health, etc.

3. Increasing Corporate Population Management Programs

- i. Definition - Population Health Management (PHM) is a proactive, organized, and cost-effective approach to prevention that utilizes newer technologies to help reduce morbidity while improving health status, health service use, and personal productivity of individuals in defined populations.
- ii. Over 100 companies are implementing population health management technology services.
 - a. Examples: Examples: IBM, Allscripts, McKesson

Social Health Market Share Insight on Investments

- a. Insider Intelligence: Value-based care companies are a hot target for healthcare investors, Article by Rajiv Leventhal, April 11, 2023
 - I. The trend: Healthcare private equity firms and other backers are honing in on value-based care (VBC) companies as key investment targets according to Bain & Company's Global Healthcare Private Equity and M&A Report 2023
 - II. Key stat: Value-based payment arrangements will capture 15%-20% of market share from traditional FFS providers in primary care by 2030, per Bain's analysis.
 - III. Who's getting the most dollars? Billions of dollars are pouring into Medicare Advantage-focused (MA) primary care players—MA is built on VBC principles.
 - Amazon bought One Medical—which owns Iora Health, [a VBC entity](#)—for \$3.9 billion last July.
 - CVS reached a deal to acquire Oak Street Health, a [value-based primary care company](#), for \$10.5 billion in February.
 - Humana and Welsh, Carson, Anderson & Stowe pumped \$1.2 billion into a joint venture last May to expand the insurer's network of VBC clinics.
- b. Companies that help providers transition to Value-Based Care are also garnering interest from investors.
 - Just in the last few months, three startups providing technology services to [provider customers shifting to VBC](#) combined to reel in over \$300 million in funding rounds.