

Social Determinants of Health Drive Outcomes and Costs for Injured Workers

By Tammy Bradly, VP Clinical Product Development Coventry

In the last five years terms such as advocacy, engagement, coaching, and even “whole-person approach” have been much talked about within workers’ compensation — for good reason.

The discussion around a whole-person approach generates a number of important questions. For one, how do we support the whole person by offering one comprehensive solution? And what part do digital health programs play in meeting the needs of injured workers and improving outcomes as demonstrated by reduced disability durations and optimal recovery? Further, how do we deliver a personalized experience and meet injured workers where they are in their journey to recovery?

Social determinants of health are a big part of the answer to any of these questions. According to the nonprofit Robert Wood Johnson Foundation, 80 percent of health outcomes are determined by non-clinical factors. Given that, it only makes sense to examine the social determinants of health and their impact on recovery and return-to-work. As we do this, we should look for ways to align our care-management approach to identify and address non-medical barriers.

Social Determinants of Health



Economic Stability

- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support



Neighborhood and Physical Environment

- Housing
- Transportation
- Safety
- ZIP code/ geography
- Parks
- Playgrounds
- Walk-ability



Education

- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education



Food

- Hunger
- Access to healthy options



Community and Social Context

- Stress
- Social integration
- Support systems
- Community engagement



Health Care System

- Health coverage
- Provider availability
- Provider linguistic and cultural competency
- Quality of care

We've always known social determinants are important

As case managers, it is hard to ignore social determinants of health even if we haven't always applied that term to what we were observing. Consider that we often meet injured workers in their homes or workplaces. We often get to know their spouses and other individuals in their lives and most likely know more about the workers than anyone else involved in their claims. This relative intimacy presents unique opportunities to deliver support through a variety of methods: phone calls, video conferences, and, of course, face-to-face visits. As a best practice, case managers should make every opportunity to connect with and support the injured worker. The more we know about people the better we can engage with them at their comfort level to improve their experiences. We can help ensure that our clinical programs avoid the pitfalls of treating the primary diagnosis only. Instead, we can look at the whole person and identify those social determinants of health that might be impeding recovery.

We'll take a look at the following factors, which have been identified as social determinants of health:

- Economic stability
- Physical environment
- Education
- Access to healthy food
- Community and social context
- Health care system



Economic stability

More often than not, an injured worker's income is reduced while off work. Given that nearly eight in 10 U.S. workers live paycheck to paycheck, a reduction in earnings can disrupt recoveries by causing stress over finances. A 2017 [survey](#) from the job website CareerBuilder revealed several startling statistics related to debt, budgeting, and making ends meet. Among the major findings:

- More than half of minimum-wage workers say they have to work more than one job to pay their bills.
- More than a quarter — 28 percent — of workers making \$50,000–\$99,999 usually or always live paycheck to paycheck and seven in 10 are in debt.
- Nearly one in 10 workers making \$100,000 or more lives paycheck to paycheck.
- More than one in four workers does not put aside savings each month.
- Nearly three in four workers say they are in debt — and more than half think they always will be.



Physical environment

It is important to assess housing, transportation, and safety needs of injured workers. Do they have transportation to their medical appointments? Do they live in a clean and safe environment that promotes healing or is there risk of infection or re-injury?



Education

In order to connect with injured workers, we need to understand their literacy level and ensure our communication and education about their condition(s) is easily comprehensible.



Food

Having access to healthy food options is an important part of promoting strong recoveries. Unhealthy eating can lead to weight gain and myriad chronic conditions such as high blood pressure, diabetes, and heart disease, among others. Beyond that, unhealthy food options might also lead to malnutrition on the other end of the spectrum. Both scenarios can lead to complications and prolonged recoveries.



Community and social context

The role that other people play in promoting injured workers' recoveries can be overlooked. Do the injured workers have support systems? Can they care for themselves? Will they need outside support during their recovery to assist with activities of daily living? Are they socially isolated because their only means of socialization was work?



Health care

Do injured workers have access to quality medical treatment? Are they compliant with the recommended treatment plans? Is return-to-work incorporated into the treatment plan?

As case managers, we are always looking to help the people we serve achieve the best possible outcomes. We usually define such outcomes as return-to-function or return-to-work — and more broadly, return to their pre-injury lives. We are in a unique position to listen to our patients and ask the right questions. Active listening has long been a core component of good case management though it is a skill that requires training and reinforcement. In 2011, Coventry created the LASER program, a behavioral-coaching model to assist case managers in active listening and other cognitive behavior techniques that help to understand what underlying issues might be presenting obstacles to recovery and return-to-work. In 2012, we conducted a pre-post study of two pilot groups

to measure the results of the LASER training using return-to-work percentage as a target metric. Pilot group one achieved a 14.2% increase in return-to-work. Pilot group two achieved a 13.9% increase. We implemented LASER across our case management organization.

We continue to research and invest in other tools and techniques to improve our overall impact on those we serve. In 2016, we began piloting the Healthwise Coach and Healthwise Communicate™ tool. We have since adopted health education and coaching into our clinical service delivery model to support our holistic view of the patient. Most of us, it turns out, could use a little guidance: The U.S. Department of Health and Human Services [reports](#) only 12 percent of Americans are proficient in health literacy such that they are able to understand their health and health issues well enough to make decisions and take care of themselves without support.

We'll need to communicate more as the work force changes

The challenges around health literacy and communicating important health information are only likely to grow as the nation's labor force further diversifies. The U.S. population is seeing an increase in the percentage of people who are of Hispanic and Asian descent. In 2017, foreign-born workers made up 17.1% of the labor force. (Hispanics/Latinos [represented](#) about half that group while Asians comprised about a quarter.) By 2024, Hispanics/Latinos are [projected](#) to be nearly one-fifth of the work force as a result of being the fastest-growing ethnic group.

As a result of these and other demographic shifts, our coaching and education tool at Coventry is expanding beyond its English and Spanish offerings. We believe this will be critical to improving the ability of injured workers to access information, make informed decisions, and improve their health literacy. The added languages will include Arabic, Bengali, Bosnian, Chinese (Simplified), Farsi, French, Haitian Creole, Korean, Nepali, Polish, Portuguese (Brazil), Russian, Somali, Tagalog, and Vietnamese.

Even speaking workers' native languages, however, isn't enough on its own. We must always look to reinforce our clinical competencies. Most recently, at Coventry, we did this by introducing our motivational interviewing and rapid engagement and influencing without authority trainings. In 2020, we will be conducting a study to determine whether our enhanced service delivery model has improved overall patient satisfaction, engagement, and claim outcomes. Beyond that, we will be introducing a digital health application that supports injured workers as they prepare for and recover from the most common surgical procedures in workers' compensation.

We can get to know workers by knowing what's affecting them

All of these efforts are designed around the idea that meeting workers where they are and understanding the challenges they face gives us the best chance at helping them achieve the best-possible outcomes. If we have deeper knowledge of the circumstances that surround injured workers we can intervene in ways that are more impactful. Plus, we know how important trust is in workers' recoveries. Most injured workers will appreciate that we're showing interest in their circumstances. Beyond knowing about the hurdles that might be present, it's important for workers to simply know we want to know. Understanding the social determinants of health affecting workers is crucial to understanding workers and to seeing their path to recovery.

About Tammy Bradly

Tammy Bradly is vice president of clinical product development for Coventry. Bradly is a certified case manager with more than 25 years of comprehensive industry experience through service delivery, operations management, and product development. She holds several national certifications, including certified case manager (CCM), certified rehabilitation counselor (CRC), certified program disability manager (CPDM), and critical incident stress management (CISM).

About Coventry

Coventry offers workers' compensation care-management and cost-containment solutions for employers, insurance carriers, and third-party administrators. With roots in both clinical and network services, Coventry leverages more than 35 years of industry experience, knowledge, and data analytics. As a part of the specialty division of Aetna our mission is returning people to work, to play, and to life. And our care-management and cost-containment solutions do just that. Our networks, clinical solutions, specialty programs, and business tools will help you focus on total outcomes.

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DME | Ancillary Services
Pharmacy | Bill Review

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