

# Addressing health disparities within your workforce



# EXECUTIVE SUMMARY

**For too many people, factors like economic status, education levels, neighborhood and home safety, access to care and healthy food, and relationships with family, friends, and community are creating obstacles to good health. These can make being healthy harder than it has to be, even with health insurance.**

As employers, we are all working to develop impactful and cost-effective benefit and wellness strategies. We need to consider the real-life social and environmental challenges people face every day, and we must reach beyond a one-size-fits-all approach to health. By committing to this perspective, we will be empowered to take action to remove obstacles as well as help everyone achieve their best health.

Up to 80% of a person's health is tied to behaviors impacted by environmental, economic and social

conditions – where they are born, live, work and play – known as the social determinants of health (SDoH). But only a fraction of health investments is focused on addressing these SDoH, leading to health disparities.<sup>1</sup>

A health disparity is an avoidable and unfair difference in health status between segments of the population. Health disparities negatively affect groups of people who have experienced greater obstacles to health based on their race, ethnicity, education, literacy, income level, language, culture, age, sexual orientation, gender identity/expression, disability or geographic location. Health equity, in turn, is the attainment of the highest level of health for all people.

By being able to recognize and proactively address SDoH, we can reduce health disparities and transform these challenges into opportunities for health equity.

## In this paper, we will:

Highlight barriers employees encounter and how they can impact overall health

Share Cigna's approach to addressing health equity as a health services company and employer

Offer ways employers can begin addressing health equity through benefit and wellness strategies

Explain Cigna's focus on eliminating health disparities in order to cultivate health equity nationally and in the communities where we provide health services

**Working together, we can improve health outcomes and drive down the cost of care by addressing these unmet environmental, economic and social needs. Continue reading to learn more.**



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1. County Health Rankings and Roadmaps: A Robert Wood Johnson Foundation Program. (2019). County health rankings model. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.

# Creating a culture of understanding



Your workforce is essential to keeping your business thriving. Understanding the challenges your employees face is key to offering them the support they need to be healthy and successful while leading your organization to prosperity. A survey by the National Business Group on Health (NBGH) found that the primary barrier to employer involvement in reducing disparities is a lack of awareness.<sup>1</sup>

The communities where employees live and work play an influential role in absenteeism, productivity, even job satisfaction – all impacting your bottom line. Acknowledging and addressing any challenges that may impact an employee's daily life are among the best ways an organization can show employees how much they are valued.

Here are some definitions of key terms to enhance your understanding.

## Health equity

is achieved when no one is disadvantaged from achieving their full health potential due to social position or circumstances. Health inequities are reflected in different lengths of life, quality of life, rates of disease, disability, and death, severity of disease, and access to treatment.

### Achieving the highest level of health for all people



## Cultural competency

is the ability to understand, communicate with and effectively interact with people across cultures. Cultural competency includes:

- › Being aware of one's own world view
- › Developing positive attitudes toward cultural differences
- › Increasing knowledge of different cultural practices and world views
- › Evolving skills for communication and interaction across cultures

Since health care is a cultural construct based on beliefs about the body and nature of disease, cultural issues are important to the delivery of health services.<sup>2</sup>

All health care should be culturally competent health care to ensure all people are assisted equitably. Culture affects health care by informing:

- › Concepts of health and healing
- › How illness, disease and their causes are perceived
- › The behaviors of people who are seeking health care
- › Attitudes toward health care providers

[Click here](#) to learn more about how Cigna is addressing cultural competency.

1. Tools for addressing disparities in health, AHIP, <https://aapcho.org/wp-content/uploads/2012/02/AHIP-ToolstoAddressDisparitiesinHealth.pdf>, accessed 3/5/21. 2. "What does it mean to be culturally competent?" Australian Children's Education and Care Quality Authority, accessed February 23, 2021. [https://wehearyou.acecqa.gov.au/2014/07/10/what-does-it-mean-to-be-culturally-competent/#\\_ftn3](https://wehearyou.acecqa.gov.au/2014/07/10/what-does-it-mean-to-be-culturally-competent/#_ftn3).

### Hispanic women:

40% more likely to have cervical cancer and 20% more likely to die from cervical cancer than non-Hispanic White women<sup>1</sup>

### African Americans: Highest

mortality rate for all cancers combined compared with any other racial and ethnic group<sup>2</sup>

### Single parents:

Employed single mothers are 40% more likely to have cardiovascular health problems and 74% more likely to have a stroke compared to employed married mothers<sup>3</sup>

### Children:

Children from lower-income families have higher rates of health problems such as heart conditions, hypertension, obesity and some cancers<sup>4</sup>

### Native Americans:

(American Indians and Alaska Natives) have a greater chance of having diabetes than any other U.S. racial group<sup>5</sup>

### Asians/Pacific Islanders: Highest

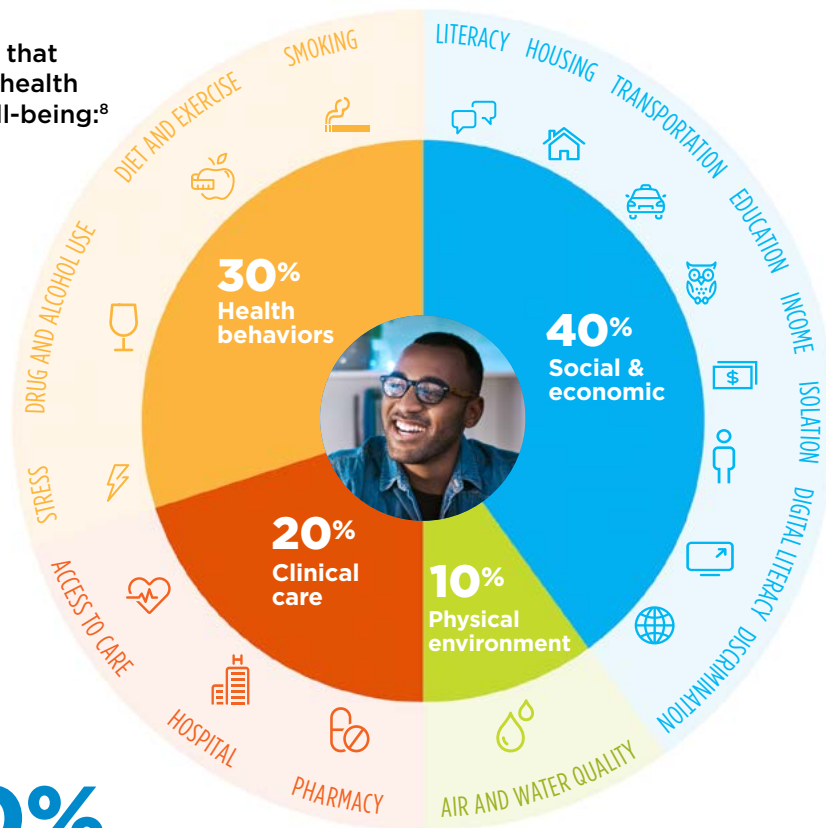
hepatitis B-related mortality rates, historically<sup>6</sup>

## Social determinants of health

are the conditions and environments in which people are born, grow, live, learn, work, play, worship and age that affect a wide range of health risks and outcomes. They help us to understand the factors affecting an individual's health. Studies have shown that people with unmet social needs:

- Experience nearly twice the rate of depression<sup>7</sup>
- Have a greater likelihood of having chronic conditions<sup>7</sup>
- Have more than double the rate of emergency department visits and no-shows to clinic appointments<sup>7</sup>
- Have a 60% higher prevalence of diabetes and more than 50% higher prevalence of high cholesterol and elevated blood sugar levels<sup>7</sup>

### Factors that impact health and well-being:<sup>8</sup>



# 80%

of an individual's health is determined by health behaviors and the environment in which they live, work and play<sup>8</sup>

## Health disparities

are defined as avoidable and unfair differences in health status between segments of the population. Health disparities negatively affect groups of people who have experienced greater social and/or economic obstacles to health based on:

- Race
- Ethnicity
- Education
- Literacy
- Income level
- Language
- Culture
- Age
- Sexual orientation
- Gender identity/expression
- Cognitive, sensory or physical disabilities
- Geographic location

Health disparities can lead to a state of health inequity in one's business, community, region or country.

1. "Cancer and Hispanic Americans," U.S. Department of Health and Human Services Office of Minority Health, accessed April 2020. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>. 2. "Cancer and African Americans," U.S. Department of Health and Human Services Office of Minority Health, accessed April 2020. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=16>. 3. Merschel, Michael, The heart health risks of being a single parent, heart.org, December 2, 2020. 4. Children in Poverty, Poverty and its Effects on Children, All4kids.org, January 28, 2019. 5. Native Americans with Diabetes - Vital Signs, CDC, accessed February 23, 2021. 6. CDC. Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB: Asians, accessed February 23, 2021. <https://www.cdc.gov/nchhstp/healthdisparities/asians.html>. 7. Berkowitz, Seth, et al. "Addressing basic resource needs to improve primary care quality: a community collaboration programme," BMJ Quality & Safety Journal, accessed February 23, 2021. <https://qualitysafety.bmj.com/content/25/3/164>. 8. County Health Rankings & Roadmaps: A Robert Wood Johnson Foundation Program. (2019). County health rankings model. <https://www.county-healthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.



## Case study: See how this affects employees' lives

### Meet Jamal

#### 36-year-old African American male

Jamal has been with your company for three years and is a hardworking frontline employee whom you trust to handle some of the toughest situations with your customers. But you have noticed that Jamal has missed work quite a lot lately, stating that his foot was hurting and he could not walk. His manager has encouraged him to take time off to visit his primary care provider, but Jamal always states he's too busy to go to the doctor. In the following sections, we'll learn about Jamal and what's keeping him from taking this important step.



### Meet Olga

#### 56-year-old Hispanic female

Olga has been on your payroll for 20 years. Olga openly shares her struggles with her coworkers about getting her diabetes under control. Her role is sedentary, and she often brings her lunch to work and eats at her desk to save money. She steps out each mealtime to inject her insulin, but you've noticed that she sometimes doesn't seem to feel well, sweats and slurs her words. She checks her sugar infrequently. Her manager has encouraged her to visit her primary care provider, but Olga is a little apprehensive. In the following sections, we'll learn about Olga and what's keeping her from taking this important step.



## MAJOR TAKEAWAY

Data consistently reinforces the business value in attracting and retaining a diverse workforce. It is important to create wellness programs that meet the needs of your diverse workforce and provide a pathway to successfully achieve health and productivity goals.

# Recognizing employee barriers

What you need to know to better understand what may be impacting your employees.

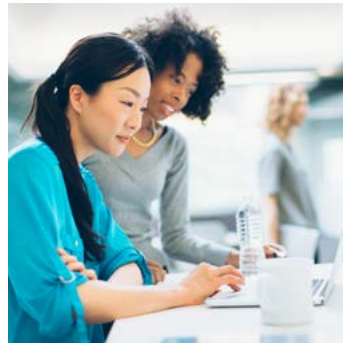
## What kind of barriers do they face?



### Systemic racism

and pervasive inequality in America can have major health impacts. Find out how all people can be effective allies to create both equality and equity in minority communities.

[LEARN MORE](#)



### Unconscious bias

can hinder our ability to work together effectively. Addressing it can make communities more inclusive and welcoming.

[LEARN MORE](#)



### Gender inequality

impacts fairness in pay. There should be fair financial opportunities for all employees, regardless of gender, race or ethnicity, to avoid health inequities, as these imbalances can exacerbate health disparities.

[LEARN MORE](#)



### LGBT inequity

contributes to disparities in behavioral health, physical health, and access to care for LGBT individuals.

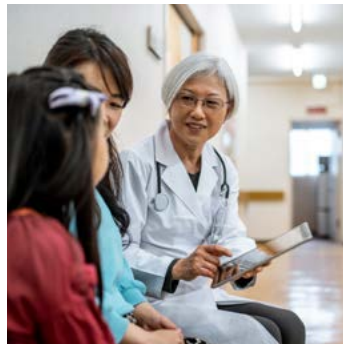
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### Loneliness

is a multifaceted issue with multiple drivers, including a lack of social support, too few meaningful social interactions, poor physical and mental health, and a lack of balance in our lives.

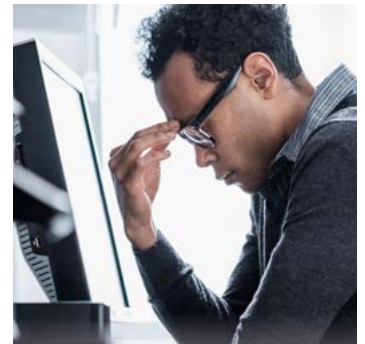
[LEARN MORE](#)



### Health literacy

impacts people unfamiliar with the terms used in their health plan. These individuals are less likely to take full advantage of their benefits – and closing that gap is key.

[LEARN MORE](#)



### Stress

can affect your business and your employees' physical and emotional health.

[LEARN MORE](#)

## OBESITY



# 28%

of U.S. workers are considered obese. Those who work 40+ hours per week show a significant increased prevalence of obesity<sup>1</sup>

**BMI Index:**  
25.0 - 29.9 = Overweight  
30.0 and above = Obese<sup>2</sup>



Obesity has been shown to **impact employee performance**<sup>3</sup>



**People with low income and who are part of racial/ethnic minorities** are more likely to **live near unhealthy food stores** than high-income, nonminority groups<sup>4</sup>

**Food choices and preferences** can be affected by time, unpredictable work schedules, financial constraints and cultural differences<sup>5</sup>

## FOOD INSECURITY

# 24%

of the U.S. zip codes don't have a grocery store. In zip codes where the median income is below \$25,000, that number increases to

# 55%

<sup>4</sup>

## HOUSING

With rent increases continuing to compete with income gains, some

# 20.4M

renter households paid more than **30%** of their income for housing in 2019<sup>6</sup>



A family with one full-time worker earning minimum wage **cannot afford** fair-market rent for a two-bedroom apartment anywhere in the U.S.<sup>6</sup>

1. Luckhaupt, Sara E, MD, MHP et al., Prevalence of Obesity Among US Workers and Associations with Occupational Factors, American Journal of Preventive Medicine, accessed February 23, 2021. <https://www.marathonhr.com/wp-content/uploads/2018/03/Obesity-Study.pdf>. 2. [https://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html#InterpretedAdults](https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html#InterpretedAdults). 3. Bajorek, Zofia and Bevan, Stephen, Obesity and Work, Institute for Employment Studies, May 2019, <https://www.employment-studies.co.uk/system/files/resources/files/526.pdf>. 4. Hunt, Alcott et al., "Food Deserts and the Causes of Nutritional Inequality," NBER Working Paper Series - National Bureau of Economic Research, revised November, 2018. [https://www.nber.org/system/files/working\\_papers/w24094/w24094.pdf](https://www.nber.org/system/files/working_papers/w24094/w24094.pdf). 5. Joslyn Brenton, Sarah Bowen, and Sirinikka Elliott, "Time to cook is a luxury many families don't have," The Conversation, June 19, 2019. <https://theconversation.com/time-to-cook-is-a-luxury-many-families-dont-have-117158>. 6. Out of reach 2020, National Low Income Housing Coalition, 2020.

## TRANSPORTATION

# 5.8M

people in the U.S. did not have access to medical care due to transportation barriers<sup>1</sup>

**Access** to employment opportunities, as well as employee productivity and turnover, is influenced by safe and reliable transportation<sup>2</sup>



Lack of affordability is increasing, preventing non-elderly adults from visiting their doctor. In 2017, adults with a chronic disease had nearly a **20%** chance of missing a doctor visit due to cost, which is **63%** worse than in 1998<sup>3</sup>

## UNMET HEALTH NEEDS

Today, the number of Americans with unmet health care needs is **greater than it was 20 years ago**<sup>3</sup>

## CAREGIVING CHALLENGES

Substantial barriers such as **access, availability and schedule conflict** prevent many low-income families from utilizing childcare<sup>3</sup>

# ~53M

adult or child caregivers have provided unpaid care in the last 12 months<sup>4</sup>

# 30%

of families with children under age 18 were headed by single parents in 2018<sup>5</sup>



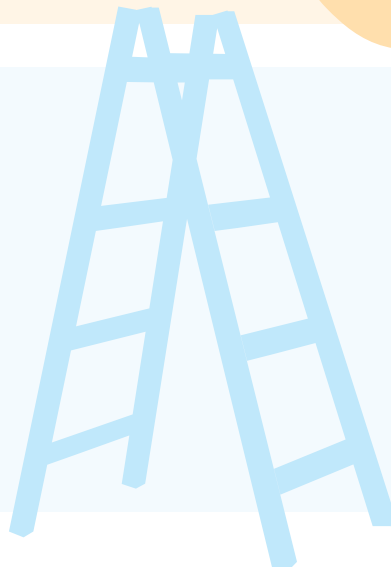
## FINANCIAL INSECURITY

# 3.3M

children are living with a single mother who never married and are living below the poverty line in the U.S. in 2019<sup>6</sup>

## How income impacts health:

Studies show that every rung on the economic ladder impacts health. Americans living at the poverty level are more likely to be unhealthy while those with higher income levels have better health<sup>7</sup>



1. Wolfe, Mary et al., Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997–2017, American Public Health Association Report, May, 6, 2020. <https://ajph.aphapublications.org/doi/10.2105/AJPH.2020.305579#:~:text=ln%202017%2C%205.8%20million%20persons,window%20within%20our%20study%20period.> 2. Health Outreach Partners. Rides to Wellness: Community Scan Project. <https://outreach-partners.org/wp-content/uploads/2017/06/FTA-Comm-Profiles-2.pdf>. 3. Hawks, Laura, MD; Himmelstein, David, MD; Woolhandler, Steffie, MD, MPH. Trends in Unmet Need for Physicians and Preventive Services in the U.S., 1998–2017, JAMA Internal Medicine, January 27, 2020. 4. Schoch, Deborah, 1 in 5 Americans Now Provide Unpaid Family Care, AARP, June 18, 2020. <https://www.aarp.org/caregiving/basics/info-2020/unpaid-family-caregivers-report.html>. 5. "One-parent and two-parent families," Office of Financial Management, June 22, 2020. <https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/social-economic-conditions/one-parent-and-two-parent-families>. 6. "Distribution of poverty status of children living with single mothers in the U.S. in 2019, by marital status of mother," Statista, January 20, 2021. <https://www.statista.com/statistics/680987/us-poverty-status-of-children-living-with-single-mothers-by-marital-status/>. 7. Woolf, Steven H; Aron, Laudan Y; Dubay, Lisa; Simon, Sarah M.; Zimmerman, Emily; Luk, Kim. "How Are Income and Wealth Linked to Health and Longevity?" The Urban Institute, April 13, 2015. <https://www.urban.org/research/publication/how-are-income-and-wealth-linked-health-and-longevity>.



# Pandemic impact: What data has revealed to us about health disparities

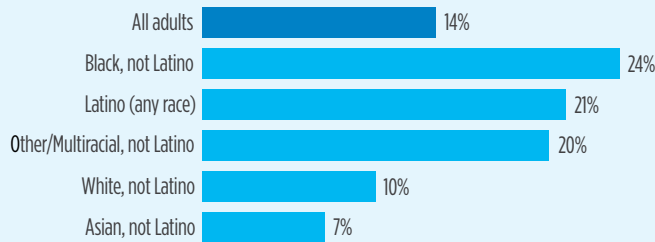
Now that we have discussed your employees' potential challenges, let us explore how the pandemic has put a spotlight on, and further exacerbated, these challenges.

## COVID-19 statistics

- Inequities in SDoH, such as poverty and health care access, put people from racial and ethnic minority groups at an **increased risk** of getting sick and dying from COVID-19.<sup>1</sup>
- **Higher** COVID-19 morbidity and mortality rates have been reported for certain racial and ethnic groups, in particular the African American and Latino populations.<sup>1</sup>
  - African Americans are experiencing **2.6x** higher cases, **4.7x** higher hospitalization rates and **2.1x** more death from COVID-19 compared to White counterparts.<sup>2</sup>
  - Latino Americans have experienced **18.1%** of all deaths of known race, and represent **18.4%** of the population.<sup>3</sup>
  - Indigenous Americans have had the **highest** actual COVID-19 mortality rates nationwide.<sup>3</sup>

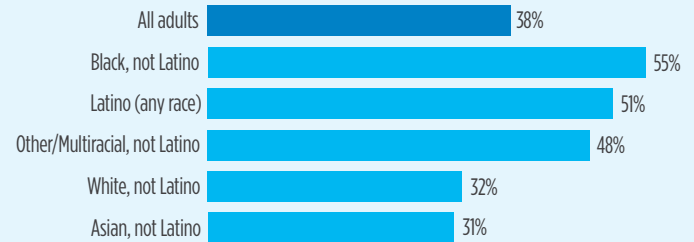
### Black and Latino households likelier to experience food insufficiency during pandemic<sup>4</sup>

Share of adults saying that their household sometimes or often did not have enough to eat in the last seven days



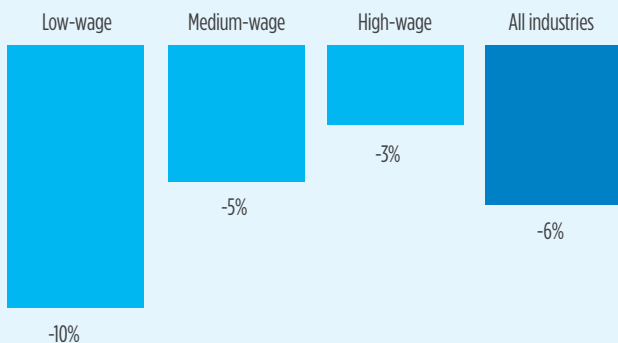
### More than 1 in 3 adults had trouble paying for usual household expenses in last seven days<sup>4</sup>

Share of adults reporting that it was somewhat or very difficult for their household to pay for usual expenses



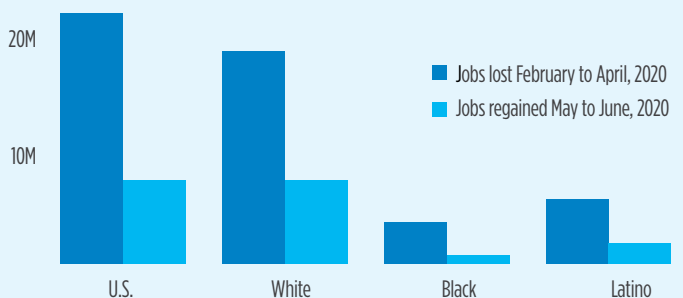
### Job losses largest in low-wage industries<sup>5</sup>

Percent change in number of jobs, February to November 2020



### Job loss and gains by race<sup>6</sup>

Job loss has been deep across the board, though jobs for Blacks have been rebounding more slowly



In July 2020, Black workers had the highest unemployment rate compared with other racial or ethnic groups.<sup>7</sup>

1. "COVID-19 Racial and Ethnic Health Disparities," CDC, December 10, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>. 2. COVID-19 Hospitalization and Death by Race/Ethnicity, CDC, August 10, 2020. [www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html). 3. The Color of Coronavirus; COVID-19 Death by race and ethnicity in the U.S., APM Research Lab, March 5, 2021. <https://www.apmresearchlab.org/covid/deaths-by-race#counts-over-time>. 4. CBPP analysis of Census Bureau Household Pulse Survey tables for December 9-21, 2020. 5. CBPP calculations of Bureau of Labor Statistics data. 6. U.S. Bureau of Labor Statistics, St. Louis Federal Reserve. 7. Marte, Jonnelle, "Gap in U.S. Black and White unemployment rates is widest in five years," Reuters, July 2, 2020.

## Case study: See how barriers affect employees' lives

### Following Jamal

#### 36-year-old African American male

Jamal's job requires him to lift items and stand on his feet frequently. However, he is hesitant to go to the doctor to address the pain in his foot. He has deep concerns regarding discrimination and has lost trust in doctors after a past experience with a White physician who refused him pain medication for fear he "might abuse them." His apartment is far from work, where housing is more affordable, and he must walk a long distance to catch his bus, which he relies on to get to work. He lives in a high-risk, high-crime area, so walking in early or late hours increases his fears about being targeted for a hate crime because he is gay.



### Following Olga

#### 56-year-old Hispanic female

Olga works part-time in retail (café) on top of her full-time job to help make ends meet, but her part-time job was shut down due to COVID-19. She has been struggling to afford her insulin therapy and does not check her sugar often because the testing strips are expensive. She lives in a multigenerational home and is high risk for COVID-19, but she has to continue to work. Losing the second job was a financial blow. Olga can't afford healthy food or delivery fees. She is skipping insulin doses because she is making sure her elderly parents, who live with her, are able to afford their chronic maintenance medications.



## MAJOR TAKEAWAYS

- Your employees face challenges each and every day. These challenges can be multifaceted and complex.
- The COVID-19 pandemic has exposed so many health and other disparities, which further impact your workforce and how they thrive.

# A three-pronged approach for employers

## The time for change is NOW

Now is the time to recognize the value of your human capital – and resolve to make a difference for the people who are the heartbeat of your organization. These simple steps will help drive your organization’s strategy to impart meaningful change in the lives of your employees. We have a three-pronged approach for helping you address health disparities within your workforce.



## AWARENESS

Before any employer can work to alleviate the most significant drivers of health disparities, they must first develop an awareness and acknowledge their existence. How can you identify ways to connect and better understand your employees and their needs?

- › Ask employees if they can understand, access and use the benefits they’re offered. Gather feedback on barriers and ideas on resolving them.
- › Use a [Workplace Health Assessment](#) to identify the specific needs of your employees. Or, you can find available data in your community by visiting local hospital websites and searching for their latest version of a Community Health Needs Assessment.
- › Identify communication barriers and strategies to overcome them. For example, determine how information is delivered to those without computer access at work. Using a variety of communication channels is best.
- › Create an open dialogue to identify the unmet needs and/or barriers of your workforce to achieving optimal health.
- › Examine other barriers such as language needs, literacy levels, health literacy, isolation and loneliness.
- › Develop a plan to share the results with key stakeholders, such as senior leaders and human resources.
- › Develop an “Ideas Council” that takes ideas from employees centered on benefits and health, for review by senior leaders on a yearly basis.

## ACTIVATION

After enhancing their awareness, employers can begin to review the data and information collected from assessments and focus groups to identify which challenges impact their employees the most. Which pain points keep your employees from working at their best? Review the information below and consider how employers can impact the concerns of their workforce.

### Caregiving

- › Create flexible work arrangements (e.g., flexible schedules, reduced hours, telework) and a culture that reinforces the policy.
- › Reserve spaces for employees' children in local childcare centers.
- › Offer backup care.
- › Offer "Caregiving Time Off" so employees can continue to be paid while they are out caring for family members.



**A large employer** created a Dependent Care Flexible Spending Account (FSA). This FSA covers eligible dependent care expenses such as daycare and summer camp for employees' children.



**A small employer** identified a local, accredited, reputable daycare owner to ensure children of employees are able to be placed, and at a prorated price.



### Transportation

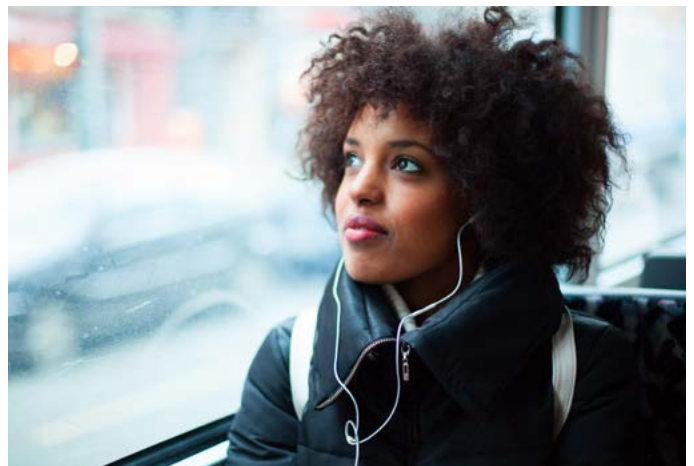
- › Provide transportation accommodations for employees who need support getting to work or going to health care appointments. For example, transportation vouchers for Lyft, Uber or other ride-sharing applications can be provided to employees to aid in mobilization.
- › Offer flexible work hours, revise attendance or tardiness policies, and allow for flexibility in remote work.
- › Provide gas vouchers to employees.
- › Establish a ride-sharing program for employees to encourage carpooling.
- › Set up a discounted car repair program with a local, trusted mechanic or dealership.



**A large employer** offered flexible work hours for employees using public transportation from suburban areas more than 45 minutes away from the office, modifying work hours to 10:00 AM to 7:00 PM to ensure staff are not stuck in traffic.



**A small employer** built in a reimbursement per mileage for employees who live more than 20 miles away from the office.





## Food insecurity

- Offer nutritious food items in onsite cafés and vending machines, and reduce the cost of purchasing healthier items.
- Bring healthier options onsite, such as produce markets, healthy food trucks and other take-home meal services.



### A large employer

introduced a Grocery Discount Card program: eligible employees automatically receive a weekly discount card preloaded with up to \$50 in savings on healthy foods at participating grocery stores.



### A small employer

partnered with a local café to provide a healthier lunch for employees once a week.



## Housing

- Consider a financial well-being assistance program that offers lump sum or interest-free loans on a down payment for a home.
- Offer home-buyer workshops and home ownership counseling courses.
- Provide employees legal assistance and/or an advocate on their behalf when bad housing conditions or property management problems arise.
- Create a rental assistance program.



### A large employer

provided up to \$10,000 in down payment assistance and up to \$2,400 in rental assistance to eligible employees who moved to one of the communities surrounding the organization.



### A small employer

created a “Rainy Day” emergency fund for employees who cannot afford their rent that month.

[How can addressing housing for employees like Jamal make a difference?](#)



## Financial insecurity

- Provide employees financial counseling opportunities with a local financial advisor, either by covering up to two visits or offering two visits at a discounted rate.
- Offer financial well-being benefits or programs that specifically address the challenges of low-income employees (e.g., accessing earned wages before payday).
- Set up financial literacy workshops and/or lunch-and-learns for employees.



### A large employer

designed a benefits package that did not unintentionally disqualify their employees from receiving public assistance or government subsidies if needed.



### A small employer

worked with a neighborhood financial advisor to provide one free 30-minute financial counseling session at the worksite.



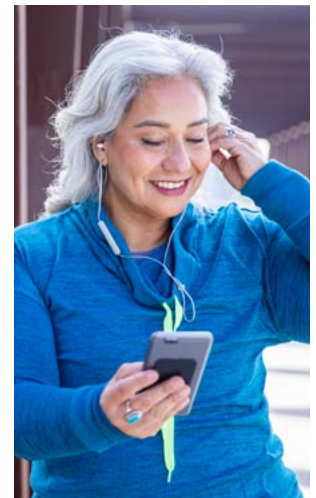
# ADOPTION

## Creating an Action Plan

Although health disparities impact health care utilization and costs, they are often not considered when employers design benefits programs or when wellness funds are allocated. Addressing health disparities requires intentionality along with nontraditional approaches that address factors beyond health care benefits. If your organization is interested in addressing the health disparities identified by your employees after viewing the previously mentioned solutions, consider the following template to help you develop your Action Plan.

Assess available resources to meet goals, including internal workplace resources as well as those in the community. Contact your local government, educational and community agencies to discuss ideas.

- ✓ Establish an action plan, including the owners and a timeline for each deliverable.
- ✓ Reexamine benefit and wellness strategies to ensure they address the needs of the whole person, including physical, emotional, financial, environmental and social.
- ✓ Obtain buy-in from key stakeholders regarding the overall workplace and employee assessments to support your action plan.



[Consider how developing a health equity action plan can significantly impact employees like Olga.](#)

## Example Action Plan

SDoH domain	Deliverable	Owners	Timeline
Food access 	Offer a healthy food truck once a month, and subsidize healthy options	Nutrition services	March–June, then evaluate
Education 	Invite the local community college or library to provide information on job training resources	HR partner	June 15
Economic 	Create employee focus groups to assess and test new messaging related to promoting economic benefits, such as paid time off and retirement fund contribution matching	Marketing team	October 1–31

## MAJOR TAKEAWAY

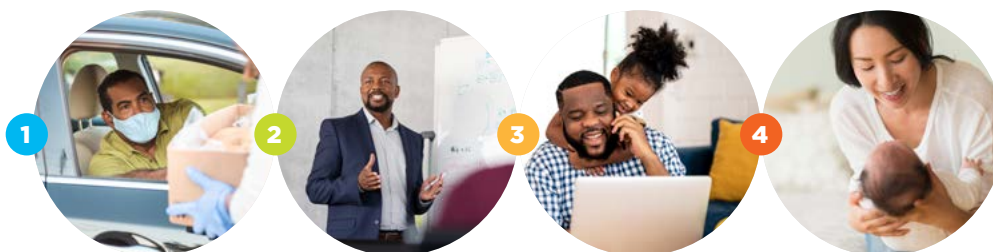
- Cigna recommends a three-pronged approach to tackling SDoH in your community and achieving health equity.



# Employing significant solutions

## How is Cigna making a difference as a health services company and an employer?

Cigna has been an industry leader, launching initiatives for its employees focused on total well-being beyond the traditional health care benefits and services. These examples are provided as ideas for you to consider in your own future strategy.



### Eliminating barriers to health and improving access to care

- Committed \$1 million from the Cigna Foundation to nonprofits that are addressing food insecurity and health care support needs in the U.S.<sup>1</sup>
- Activated Healthier Kids for Our Future<sup>®</sup> to deliver 2.5 million servings of food to doorsteps of 6,800+ families.<sup>2</sup>
- Launched the [Building Equity and Equality Program](#), a five-year initiative to expand and accelerate our efforts to support diversity, inclusion, equality and equity in communities of color, including the striking differences in health outcomes in communities with poor SDoH, such as unstable housing, low income, unsafe neighborhoods or education.

### Creating inclusive environments

- Provided unconscious bias and cultural competency training for all employees.
- Encouraged and facilitated authentic and inclusive conversations about systemic racism.
- Partnered with [DiversityInc](#) for a virtual panel on systemic racism in our communities, which was attended by more than 12,300 clients and partners. The replay is available [here](#).

### Supporting remote work and flexible work schedules

- Prioritized employee safety and well-being in response to the COVID-19 pandemic.
- Offered tools and resources plus policy implementation to avoid any disruption to employees, customers, patients, clinics or partners.
- Created a Virtual Employee Resource Group, which provides a social forum for colleagues to find best practices, connect with others across the business, learn new skills, contribute to the community, and support their health and wellness.

### Adopting a comprehensive workplace well-being strategy

- Advocated for a supportive work environment and Culture of Well-being<sup>®</sup>.
- Connected and engaged employees with their health and benefits, including how to find preventive care, receive support and manage chronic conditions.
- To support employees in balancing work and life demands, Cigna launched a [Caregiver Leave Program](#), which offers up to four weeks of paid leave for eligible employees caring for others, including child bonding, care for a seriously ill family member, or qualifying military support.

# How has Cigna addressed SDoH with Cigna customers?

## Loneliness and lack of social support

According to Cigna's U.S. Loneliness Index study, more than 97 million workers in the U.S. identified as lonely, and this could cost the economy more than \$406 billion a year.<sup>1</sup> Learn more [here](#).

## Support for veterans

- Cigna funds a free national Veteran Support Line available 24/7/365 for all veterans and their families and caregivers.
- These individuals can call 855.244.6211 to access the national Veteran Support Line or visit [HiddenHeroes.org](http://HiddenHeroes.org).

## Access to breast cancer screenings

Through innovative and localized approaches, Cigna discovered and addressed significant disparities in breast cancer screening rates between African American and White Cigna customers in Tennessee.

Cigna launched reminder campaigns to improve screening rates among the African American community and improved access to care through a mobile mammography van that visited local churches and community centers.

In 2018, Cigna announced the breast cancer screening rate disparity between White and African American customers in Tennessee had been successfully eliminated.<sup>2</sup>

## Distress screening integration in oncology case management

Cigna recognizes SDoH contribute to the problems associated with distress in a cancer patient, negatively impacting their ability to access treatment and achieve positive health outcomes.

Cigna responded by being the first health plan to test and validate the use of the National Comprehensive Cancer Network (NCCN) distress screening tool for phone-based oncology case management.

## Colon cancer

To address a disparity between Hispanic customers in Texas, Cigna expanded its colorectal cancer screening program in 2015 to include outreach to those not previously screened. The program response rate was 8.6% higher than the statewide rate of 5.7%, achieving a 22.5% screening rate and a 39.7% increase.<sup>3</sup>

## Health literacy

Cigna has a multipronged approach to addressing health literacy barriers.

- Created *Words We Use* in English, Spanish and Traditional Chinese.
- Developed Clear Communications policy and training.
- Implemented a digital feature where people can ask their Amazon Alexa smart speaker assistant 150 of the most commonly asked health care questions and receive instant and easy-to-understand answers. Learn more [here](#).

## The language needs of our customers

Cigna's language assistance services are available for customers with limited English proficiency (LEP). Services include:

- Written translation of health- and benefit-related documents in more than 33 languages, including Braille, as well as alternative fonts, audio and large print.
- Bilingual internal staff and trained professional phone-based interpreters.
- Coordination of in-person and video/remote professional interpretation services for various employers.
- Contracted language service discounts offered to our stakeholders.
- Learn more [here](#).

[Click here](#) for more information on Cigna's approach to health equity challenges.

Health care disparities affect so many Americans – from parents working hard to provide for their families to children who just want to lead active, happy childhoods. These disparities also impact the viability of our nation's businesses – from Main Street shops to multinational corporations. We need to continue working collaboratively to connect people to meaningful health information and identify creative ways to engage people in health improvement. Achieving health equity by improving the health and well-being of an increasingly diverse population should be a critical imperative for everyone.

– David M. Cordani  
President and CEO, Cigna



1. Based on Cigna analysis of claims data, 12/2018. 2. National Alliance of Healthcare Purchaser Coalition press release, 11/9/20. 3. Results based on Cigna's Colorectal Screening program, 2015.



# A proactive approach to the COVID-19 pandemic

To address health disparities as part of our Building Equity and Equality Program, Cigna created a multiphase initiative to help improve health outcomes in communities of color during the COVID-19 crisis.

Cigna created the **S.A.F.E.** campaign to drive awareness of high-risk factors for COVID-19 in these communities and implemented outreach designed to change behaviors.

**See** yourself as your family's COVID-19 protector.

Access [Cigna.com](https://www.cigna.com) to know what to do at the first sign of symptoms.

**Find** out how to help minimize your COVID-19 risk.

**Ease** concerns about the cost of COVID-19 testing.

(There were no out-of-pocket costs for Cigna customers.)

Read about the **S.A.F.E.** campaign [here](#).



Cigna reached  
**5.8M**  
individuals and over  
**1,000**  
clients through  
this campaign<sup>1</sup>

We distributed more than  
**265,000**  
pieces of PPE  
including  
**135,000**  
care kits<sup>1</sup>

We donated  
**1,700**  
meals<sup>1</sup>

We sent more than  
**546,000**  
customer emails,  
doubling engagement levels<sup>1</sup>

We delivered  
almost  
**600**  
flu shots  
at 25 community  
events<sup>1</sup>

We conducted a multichannel  
campaign resulting in  
**36M+**  
impressions  
to spread the word about staying  
S.A.F.E. during the pandemic<sup>1</sup>

<sup>1</sup> Cigna S.A.F.E. campaign pilot in Memphis, Houston and South Florida, September-December 2020.

## Case study: Addressing employee challenges with actions

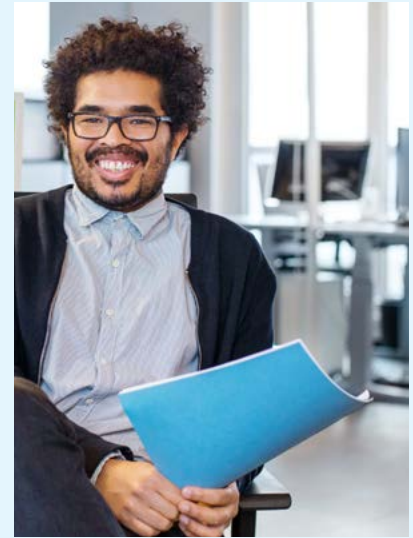
### Jamal

Cigna assists Jamal with finding a trusted provider of his choice and helps to coordinate his medical care, pain management and emotional support through Behavioral Health. Jamal asks for temporary reassignment to a seated job, including a flexible schedule, while his foot is healing.

**Fast forward.** Jamal is now on the right track with his health as he works with Cigna. However, he is still struggling with his dependency on public transportation to get to work and he is very concerned about neighborhood safety. What can you do for Jamal?

**Consider:**

- › A company ride-sharing program in Jamal's community where he can contribute to costs associated with fuel that can be shared among fellow colleagues.
- › Setting up a rental assistance program so Jamal can move to a safer neighborhood that is closer to work and still affordable for him.



### Olga

Olga agrees to participate in a Cigna case management program to help her keep on target. She admits she doesn't know how to begin her journey to better health but has noticed she's not feeling as energetic when she is out running errands for her family. Cigna also provides her physician a language services discount to access an interpreter, which can enhance her encounters with her doctor, as she does struggle with understanding instructions and information about her medications and disease state. In addition, Olga's Case Manager refers her to community support services to help her pay for her insulin.

**Fast forward.** Olga is feeling much better and speaking regularly with a Cigna Case Manager. She is able to afford her insulin now through a patient assistance program – but she still worries about caring for her elderly parents and wants to find a second job to help pay for bills and food. What can you do for Olga?

**Consider:**

- › Setting Olga up with a financial planner to assist her with developing a budget that works for her and her family.
- › Providing Olga a company-sponsored grocery discount card to help her not only save money on groceries but obtain healthy food options for her and her loved ones.



## MAJOR TAKEAWAYS

- › Cigna can help you and your organization identify ways to improve overall health by addressing SDoH that negatively impact health outcomes and contribute to health disparities.
- › Cigna works with small and large employers to help shape benefits that offer equitable, affordable care for their respective workforce.

# CONCLUDING THOUGHTS



**By acknowledging the challenges to their individual health and through addressing their barriers with action plans, both Jamal and Olga saw improvements to their overall health and outlooks, improving their quality of life and their productivity at work.**

Everyone – no matter where they live, work and play – deserves the opportunity to find their best path to health and wellness. Efforts to improve health in the U.S. have traditionally looked to the health care system as the key driver of health outcomes. But let's consider a simple truth with this metaphor:



**Fish are only as healthy as the aquarium in which they live.**

We must identify and address health disparities that influence health if we want everyone to thrive.

**It is possible to achieve better outcomes for all by identifying the environmental and social obstacles that may be impeding employees' progress.**

By working together with local health systems, policymakers and

community resources, we can personalize and enhance support to help them overcome these obstacles. Investments in addressing SDoH such as health literacy, language needs, and economic, environmental and social support systems are as valuable to maintaining the health of your workforce as they are to helping keep your health care costs down.

**Embedding health equity must become part of every employer's wellness strategy.**

At Cigna, we're taking the challenge head-on by doing more to address health disparities in our solutions and the services we offer. But alone, it won't be enough.

As an employer, you have the opportunity to substantially influence the status quo and help employees like Jamal and Olga attain their best health. Working together, we can change lives for the better. **Join us.**



**To find out more about how Cigna can work with you to influence and resolve health disparities in your business and your community, please make use of the resources cited in this document. We also encourage you to contact your Cigna representative for more information.**



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