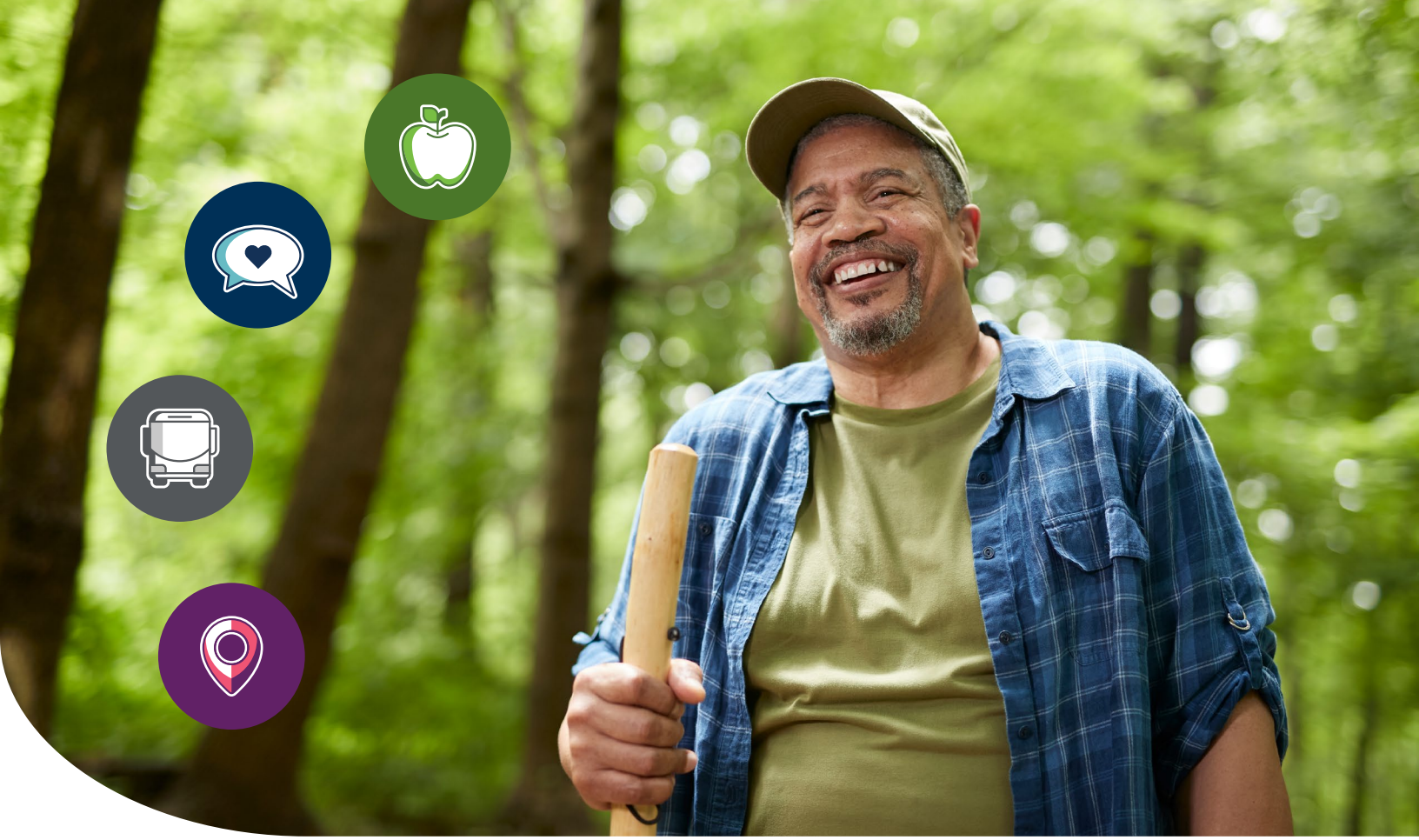


2021 Bold Goal Whole Health Toolkit

For Medicare Agents

Addressing the health needs of the whole person

Learn how to talk to your members about social determinants of health—like food insecurity, loneliness, transportation and housing problems—and how to connect them to the resources and support they need to maintain their health. At Humana, we dig deeper and work harder to help our members in ways beyond what they might expect. We call it human care.

PopulationHealth.Humana.com
#MoreHealthyDays

Humana®

Start here

Dear valued agent,

As the front line contact for Humana members, you may witness firsthand the social, environmental and lifestyle behaviors that affect their health. Helping members care for their health is more than urging them to visit their physicians and take their medicine as directed. Many times, it's about having regular access to healthy food, a ride to a doctor's appointment, safe housing, and friends and family for support. That's why Humana is actively addressing social determinants of health—because 60% of what impacts an individual's health happens outside the doctor's office.[1]

Humana cares about the whole health of our members, and we know you care too. Now you can play a more active role by discussing their social health needs with them, which will create deeper, more meaningful relationships.

Remember, these discussions are for Humana members only, and should only take place post-enrollment. These discussions are also optional for members—if they do not want to participate or express hesitation at any point, you should not proceed.

Thank you for contributing to Humana's Bold Goal—our population health strategy focused on improving the clinical and social health outcomes of our members. We look forward to supporting you on this mission to improve the whole health of our members.

Sincerely,

Caraline Coats
Vice President, Bold Goal, Population Health Strategy, Office of the Chief Medical Officer

Click on a box to jump to section

[1]www.partnersbhm.org/wp-content/uploads/ 2017/07/WPIC_White_Paper_revise_7.19.2017.pdf

Food insecurity, loneliness and social isolation, transportation and housing

Social determinants of health

According to the Robert Wood Johnson Foundation, social determinants of health are "conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes." They can also be referred to as health barriers in a person's daily life.

This toolkit addresses these four specific social determinants of health (SDOH):

Food insecurity

Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food and nutrients, according to the U.S. Department of Agriculture (USDA). In comparison, hunger is an individual-level physiological condition that may result from food insecurity.

26% of Humana MA members are food insecure.[2]

Loneliness and social isolation

Loneliness is a feeling of sadness or distress that individuals have when they feel disconnected from the world around them. Social isolation occurs when someone is physically separated from others and doesn't have (or can't access) their desired social connections.

29% of Humana MA members report feelings of loneliness and/or social isolation.[2]

[2]Humana SDOH comprehensive member survey conducted Nov. 2019 – Feb. 2020.

I. TERMINOLOGY

Transportation

Lack of transportation can limit many things, like going to doctor's appointments, picking up medications, obtaining healthy foods, and/or connecting with friends and family.

10% of Humana MA members have a transportation barrier.[2]

Housing

Housing quality and safety issues can lead an individual to live with sub-standard conditions or in unsafe neighborhoods. Other issues can relate to housing instability or affordability, which is where an individual cannot make rent payments or doesn't have a stable place to live, nearing or already homeless.[3]

21% of Humana MA members report having one or more housing quality issues, which could include pest, mold, water leaks and other issues.[2]

SDOH impact on Humana MA veterans[2]

Food insecurity

17% of Humana MA veteran members are food insecure.

Transportation

8% of Humana MA veteran members have a transportation barrier.

Loneliness and social isolation

25% of Humana MA veteran members report feelings of loneliness and/or social isolation.

Housing

18% of Humana MA veteran members report having one or more housing quality issues.

[3]Housing Issue Brief, Humana Inc. June 2020, https://populationhealth.humana.com/wp-content/uploads/2020/06/Humana_HousingBrief_Final_External_version_2020.pdf
[2]Humana SDOH comprehensive member survey conducted Nov. 2019 – Feb. 2020.

Conversation instruction guide

Here's when to have these discussions

It's only appropriate to have these discussions with members during your 30-, 60- and 90-day checkpoints post-enrollment, if the member agrees to participate.

Step 1: Get prepared

In advance of having social health discussions with members, agents are required to read through this guide to get familiar with all the tips, tools and helpful resources that are provided to support your conversations.

Use the Resource Referral Guide **(section IV)** to understand the local, national and Humana resources that are available to suggest to members for support. Download and read through the informational flyers **(section IV)** so you're comfortable providing them to members should they experience a social health barrier. Always have printed copies of the flyers ready to hand out if visiting members in person.

Member Care Assessment

If you already conducted the Member Care Assessment (MCA) with your members directly after enrollment, you can skip Step 2 until a later checkpoint with the members, and jump to Step 3 to provide informational materials and make resource referrals to members who screened positive for one or more SDOH.

Members may also be contacted via phone by other Humana teams to provide support based on the needs identified in the MCA. Please encourage members to accept this support if they make you aware that they've been contacted.

Note: The MCA has 11 questions total, five of which are SDOH-focused. Those same five SDOH questions are included in the Humana SDOH Assessment Document, along with an additional question on housing quality. The intention is to have a familiar and consistent screening process for members.

Keep in mind: Social health needs can change quickly or over time. Whether the MCA was conducted or not, be sure to screen members using the Humana SDOH Assessment during your regular checkpoints with them in case their needs have changed, and that's if they agree to participate in the assessment. If they originally declined the MCA, only offer the Humana SDOH Assessment at a later checkpoint (60- or 90-day) if you pick up on cues that indicate a social health barrier is impacting their health.

In order to administer the MCA, be sure to complete the **MCA training**. Once you click the link, agents will have to sign in using their Humana.com/Vantage user ID and password.

Step 2: Conduct the assessment and interpret the results

Begin your checkpoint discussion with the member as you normally would. When you feel it's time to bridge the conversation to their social health needs, use the script provided to gain consent, then use the **Humana SDOH Assessment Document** to screen the member. It provides instructions to quickly and easily calculate results so you can recommend next steps.

Step 3: Provide informational materials and make resource referrals

For those who screen positive for one or more social determinants of health, provide the respective informational flyer **(section IV)**. Use the Resource Referral Guide **(section IV)** to make the appropriate recommendations. If available, include local and community resources that are convenient and easily accessible to the member.

Step 4: Take notes on your conversation

Remember to keep notes of when you screen members, what their results were, and what resources you referred. You can do this in your Customer Relationship Manager (CRM) or the customer-interaction tool you use. This way, you can reference details at your next checkpoint meeting. We also encourage you to email via "Send Secure" the completed assessment documents to **BoldGoal@humana.com** so we can track member screening results. Remember to keep all member information safe, secure and confidential.

Step 5: Stay on alert

A member who screens negative for social determinants of health could experience changes by your next checkpoint. Review the conversation cues **(section II)** for scenarios that may call for a new assessment.

Conversation cues for member assessment

Throughout your checkpoints with members, look for cues and scenarios that would trigger an assessment. Remember to record results so you can follow up and track changes over time.

Though your initial assessments may show negative screening results for any/all social determinants of health, members' social needs and health could change throughout the year.

These scenarios would cue you to assess members for specific social determinants of health. This list is not exhaustive.

Food insecurity

- "I want to start meal planning and find healthier recipes, but it's too expensive."
- "I want to lower my cholesterol and improve my diet, but I can't afford healthy foods."
- "I had to choose between food and medication this month, and I chose medication."
- "I have a difficult time grocery shopping and finding healthy foods that won't break my budget."
- They talk about skipping meals or having a difficult time making meals stretch.

Loneliness

- "I don't want to hang around old people who have nothing better to do than compare health problems."
- They made you aware of an anxiety attack they had during an everyday activity.
- They made you aware that they recently lost their spouse or a close family member and have been feeling sad lately.
- They live alone or they have kids who are leaving the house.
- They rarely leave their home.
- They experience a major life event such as retirement, divorce or moving to a new home or area.
- They have recently been diagnosed with a chronic condition.
- They have a physical or mobility impairment.
- They are a caregiver for a family member or friend.
- They have a culture/language barrier.
- They live in a rural area.
- They live in an unsafe community.
- They are experiencing financial issues.

Transportation

- "I haven't been able to utilize my SilverSneakers® benefit because I don't have transportation."
- "I haven't taken my medications in two weeks because I haven't been able to find a ride to the pharmacy."
- "I don't get out much because I don't have anyone to take me places."
- "I missed my last doctor's appointment because I didn't have a ride."
- They talk about not being able to go to church or the grocery store, or missing a family gathering or holiday.

Housing

- "I am worried about losing the place I have to live."
- "I recently lost my job."
- They have had frequent evictions.
- They are living in a shelter, in their car, or with a friend.
- They live in an unsafe community.
- They live with substandard conditions such as pest infestation, mold, poor ventilation or dirty carpets.
- They are unable to keep up with rent payments or are behind on payments.
- They spend more than 30% of their income on housing costs.
- They have trouble moving around their home.

Assessment questions

Use the button below to view and download the Humana SDOH Assessment Document. We encourage you to email via "Send Secure" the completed assessment documents to **BoldGoal@humana.com** so we can track member screening results. Remember to keep all member information safe, secure and confidential.

Download the Humana SDOH Assessment Document

Note: You must be signed in to the MRC to link directly to the assessment document.

Required statement to member prior to assessment:

"I'd like to ask you a few questions about your social health needs around food, loneliness, transportation and housing. This will help us learn more about you and your health, so we can better serve you and provide you with resources to help address these needs, if available. Please know that answering any of these questions is optional and not required. Should you choose to respond, your responses will be kept private and will not have any impact on your coverage, benefits or premium. Are you comfortable with me beginning to ask you questions?"

Note to agent: If the member states no, or expresses any hesitation or discomfort with participating, do not proceed with the assessment. The same is applicable at any time during the assessment. If the member wishes to stop, you should stop the assessment.

The assessment includes these five questions for members:

Food insecurity

Some people have made the following statements about their food situation. Please answer whether the statements were **often**, **sometimes**, or **never** true for you and your household in the last 12 months.

1a. Within the past 12 months, you were worried that your food would run out before you got money to buy more.

☐ Often true ☐ Sometimes true ☐ Never true

1b. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true ☐ Sometimes true ☐ Never true

Calculation:

A response of sometimes true or often true to either question should trigger a referral for food resources.

continued –

III. ASSESSMENT

Loneliness and social isolation

2. How often do you feel lonely or isolated from those around you?
   ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Calculation:
A response of sometimes, often or always should trigger a referral for loneliness resources.

Transportation

3. Within the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?
   ☐ Yes ☐ No

Calculation:
A response of yes should trigger a referral for transportation resources.

Housing

4a. What is your living situation today?
- ☐ I have a steady place to live.
- ☐ I have a place to live today, but I am worried about losing it in the future.
- ☐ I do not have a steady place to live.

Calculation:
A response of "I have a place to live today, but I am worried about losing it in the future" or "I do not have a steady place to live" should trigger a referral for housing resources.

4b. If you have a place to live, do you have problems with any of the following? (Choose all that apply.)
- ☐ Pests such as bugs, ants or mice
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ None of the above
- ☐ All of the above

Calculation:
Any responses other than "None of the above" should trigger a referral for housing resources.

Overall Situation

5. How hard is it for you to pay for the very basics like food, housing, medical care and heating? Would you say it is:
   ☐ Very hard ☐ Somewhat hard ☐ Not hard at all

Calculation:
A response of very hard or somewhat hard should trigger a resource referral.

Recommended talk track

If your assessment suggests the member needs resources, take the conversation in the following helpful directions.

Food insecurity

"I've recognized from the questions we've asked that you may have challenges with regular access to healthy food. That must be very difficult, and I'm glad you shared this with me because the kinds of foods you eat are really important to your health."

Loneliness

"I've recognized from the questions we've asked that you may be experiencing some feelings of loneliness. That must be very difficult, and I'm glad you shared this with me because loneliness can have a negative impact on your health."

Transportation

"I've recognized from the questions we've asked that you may be experiencing some challenges with transportation. That must be very difficult, and I'm glad you shared this with me because having transportation to your medical appointments and to other places, like the grocery, is important for your health."

Housing

"I've recognized from the questions that we've asked that you may be experiencing some challenges with housing. That must be very difficult, and I'm glad you shared this with me because having a stable and safe home environment is important for your health."

Next, ask if you can share resources with them:

"If you're comfortable, I'd like to connect you to resources available through your plan or in your community that could help. Are you OK with this?"

If they respond YES:

"Great. Sometimes taking the first step is the most difficult. Here are some community resources that have programs available to help..."

If they respond NO:

"I understand it can be difficult to take the first step. If you change your mind, please let me know, and I'll be happy to provide you with more information..."

Resource Referral Guide

Recommend resources based on which social determinants of health the member screened positive for. It's always best to make a resource referral on-the-spot after you screen the member—so get familiar with what's available and have resources in mind to recommend. If you need more time to research resources, follow up within 48 hours of a positive screening. For additional resources, the member informational flyers that are linked on the last page of this toolkit are packed full of national, nonprofit and community organizations that you can also recommend to members.

If the member expresses thoughts of suicide or self-harm, or harming others, call 911 immediately.

Food insecurity | Loneliness | Transportation | Housing

Plan benefits

Members can call the Customer Care number on the back of their member ID to see if their plan includes benefits in the areas of food and nutrition, loneliness and social isolation, medical transportation and/or housing quality or instability.

See below for possible resources if the cause of the member's loneliness is a behavioral health (BH) concern, such as depression, or if you're unsure what type of BH treatment is needed, or there are problems getting a timely appointment with a BH provider.

- Members can call the Customer Care number to ask about behavioral health services. They can also ask about SilverSneakers® and Go365® benefits, if included in their plan, which promote physical activity and social connections. Go365 rewards members for certain preventive screenings, which can prompt members to see their doctor and discuss overall health concerns, including behavioral health.
- Agents can call a Humana behavioral health consultant at **1-866-900-5021**, Monday – Friday, 8 a.m. – 6 p.m., or email **BehavioralReferrals@humana.com**. This service is available to all Humana members, but the contact information above is not member-facing.
- Members can use MDLIVE® for virtual medical and behavioral healthcare from their tablet, laptop or phone. Advise members to follow the steps below to get started:
  - Download the MDLIVE mobile app from the App Store® or Google Play® store
  - Visit **MDLIVE.com/HumanaMedicare**
  - Call **1-888-673-1992 (TTY: 711)**

  Visit the MRC for an informational **MDLIVE flyer** to provide members. You can search "MDLIVE" or "Virtual Visits" for additional materials.

  Depending on the market, other virtual healthcare service providers may be available. To learn more about telehealth options, encourage members to visit: **Humana.com/coronavirus/telemedicine**

Area Agencies on Aging and Eldercare Locator

Area Agencies on Aging (AAA) coordinate and offer services that help older adults who choose to remain in their homes. Services may include Meals on Wheels™, homemaker assistance, transportation and others that may help make independent living a viable option. Specific names of local AAAs may vary.

Agents can search for a local AAA center by using the member's ZIP code or city/state: **www.eldercare.acl.gov**. Then provide the name, address and phone number to the member.

Agents or members can also call **1-800-677-1116 (TTY: 711)**, Monday – Friday, 9 a.m. – 8 p.m., Eastern time, or visit **www.eldercare.acl.gov** to learn more.

211 Helpline Center

Agents or members can reach out to the Helpline Center for community information and social services referrals for everyday needs and in times of crisis.

Here's how to connect:

- Call **211** from any phone
- Text the member's ZIP code to 898211
- Email **help@helplinecenter.org**
- Search for help at **www.helplinecenter.org/2-1-1-community-resources/search/guided-search**
- Visit **www.helplinecenter.org** to learn more

Types of services offered include (but are not limited to):

- **Basic human needs** – Includes food, clothing, shelters, housing and utility assistance
- **Disaster response and recovery** – Works with the emergency management team during a disaster to offer support and an information center
- **Mental health and health resources** – Includes counseling, support groups, drug and alcohol treatment, health insurance programs for adults and children, Medicaid and Medicare, maternal health resources, medical information lines, clinics and hospitals
- **Older adults and persons with disabilities** – Includes adult day care, community meals, respite care, home health care, transportation and homemaker services
- **Volunteer opportunities and donations** – Connects individuals who wish to donate time, goods or money to community organizations

IV. RESOURCES

Connect2Affect

Agents can visit **connect2affect.org** to search through a directory of various free and reduced cost services to support or prevent social isolation. These services include transportation, volunteer programs, senior centers and more. Then provide the resource name, address and phone number to the member for any services or programs you'd like to recommend.

Friendship Line

Members can contact Humana's dedicated Friendship Line, hosted by the Institute on Aging, for a caring ear or friendly conversation if they're feeling lonely, depressed or socially isolated. Members can call **1-888-670-1361 (TTY: 711)**, Monday – Friday, 10 a.m. – midnight, Eastern time.

Volunteers of America affordable housing resources

Members can utilize this resource by visiting:

www.voa.org/find-housing

Volunteers of America provides a range of support services including eviction prevention, emergency services, transitional housing and permanent affordable housing.

Members can search for affordable properties by entering a ZIP code, city or state.

Feeding America® local affiliate food banks

Agents can connect with Feeding America by visiting:

www.feedingamerica.org/find-your-local-foodbank

Type in the member's ZIP code to identify the nearest food bank, then provide the name, address and phone number to the member. Members can also ask the local food bank for referrals to additional local food-related resources.

Additional support services for veterans

AMVETS Heal

Assists veterans with medical needs in accessing quality healthcare, including mental health and specialized services.

Veterans can visit **www.amvets.org/vet-heal**.

Veterans of Foreign Wars (VFW) Program

Donates food, gift cards to grocery stores, and supplies to veterans who are at risk or currently facing food insecurity challenges during COVID-19. Additional programs and services offered include, but not limited to, VA claims assistance, legislative advocacy, troop support programs, youth activities, community service and scholarship.

Local VFW provides a communal location for veterans to gather and interact. To find the nearest local VFW or to learn more about their national programs and assistance, veterans can visit **www.vfw.org**.

At Ease

Offers information and strategies for veterans dealing with loneliness and social isolation.

Veterans can visit **ateaseusa.org**.

Vets4Warriors Peer Support

Connects veterans with other fellow veterans to talk any time, 24 hours a day, 7 days a week.

Veterans can call **1-855-838-8255 (TTY: 711)**, or visit **www.vets4warriors.com** to learn more.

Member informational flyers

These educate members on any social determinants of health they screened positive for.

Informational flyers are available for both MA and veteran members and include helpful guidance, tips and resources to support their social health challenges.

Log in to the Marketing Resource Center

Note: You must be signed in to the MRC to link directly to the documents below.

Food insecurity

Download

Loneliness and social isolation

Download

Social determinants of health assessment

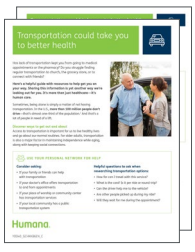
Download

Veterans food insecurity

Download

Veterans loneliness and social isolation

Download



Transportation

Download

Housing

Download