

# Supporting employees where they live, work and play during the COVID-19 era

May 21, 2020

# Speakers & Reactor Panel

## Reactor Panel



**Michael Thompson**  
President & CEO  
National Alliance of Healthcare  
Purchaser Coalitions



**Jeff Arnold**  
Co-Founder, Chairman & CEO  
Sharecare



**Elizabeth Colyer**  
Senior Vice President  
Community Well-Being Index  
ShareCare



**Cristie Travis**  
CEO  
Memphis Business Group  
on Health



**Jessica Brooks**  
CEO  
Pittsburgh Business Group  
on Health

# National Alliance & Sharecare Partnership

From the collaboration, National Alliance, Sharecare and coalitions can and will provide:

- thought leadership, data-driven insights and organization and community relevant solutions
- community level data to inform strategies and engage employers with Sharecare's Community Well-being Index
- ability to understand, track and trend key factors that drive greater wellbeing for individuals and populations.
- help in navigating the immediate and long-term impact on community health and wellbeing particularly in light of the COVID-19 pandemic

*“Where there is disparity in risk there needs to be disparity in our efforts to mitigate those risks”*

Mike Thompson  
National Alliance of Healthcare  
Purchase Coalitions

# Integrating Social Determinants and Health Equity into COVID-19 Strategy

## Understand Issues & Needs

- Common definitions
- Metrics and benchmarks
- Customized employer assessment

## Connect To Resources

- Facilitate relationships
- Connect to national networks
- Integrate regional initiatives

## Invest To Improve

- Leverage regional initiatives
- Convene & share
- Potential RESET initiatives

*Our  
People*

*Our  
Places*

Wellbeing in the Nation (WIN) construct



The background is a dark blue field filled with a complex network of thin, light blue lines that crisscross the entire frame. Scattered throughout this network are numerous small, semi-transparent circles in various colors, including shades of blue, teal, yellow, orange, and pink. These elements together create a sense of a dynamic, interconnected system or data network.

# Sharecare Community Well-Being Index

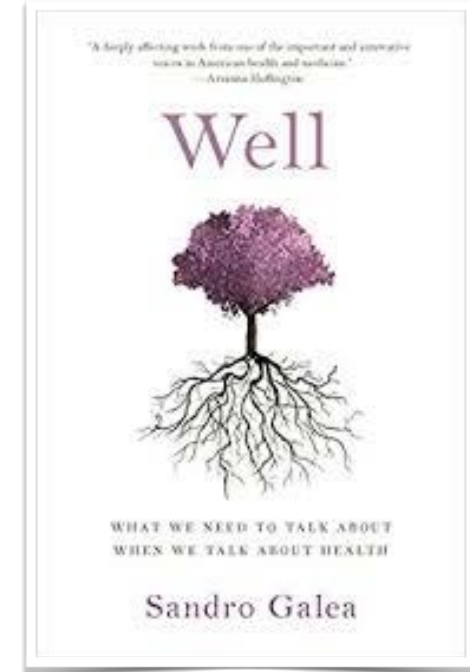
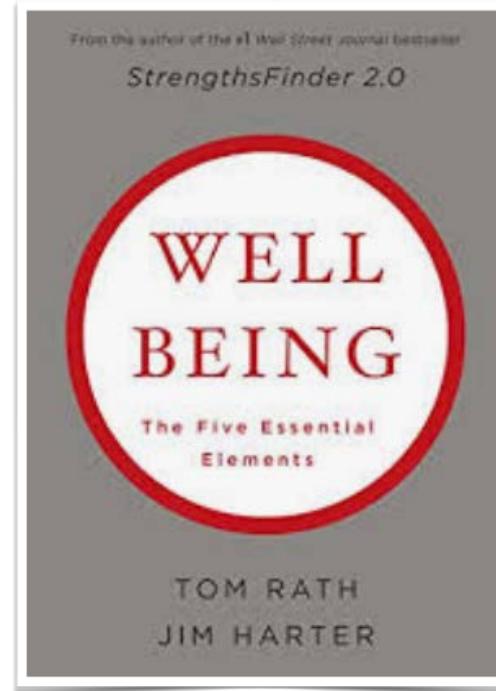
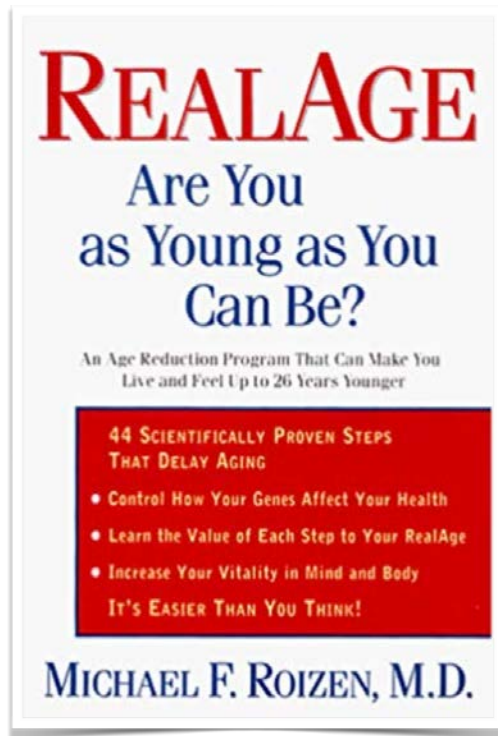
May 2020



## SHARECARE COMMUNITY WELL-BEING INDEX

### Sharecare Risk Measurement History

- Over the past 10 years, Sharecare has developed measurement capabilities across three core instruments and measurement types — with the goal of adopting, augmenting and scaling proven scientific instruments across our platforms
- These measurement tools represent over 70 years of health risk assessment and measurement — from the Framingham model developed in the 1950s to World Health Organization (WHO) and CDC social determinant constructs developed as recently as the 2000s







# SHARECARE COMMUNITY WELL-BEING INDEX

## Community-Driven Care: Combining Measures & Outcomes

Through a combination of these core measures, anchored in concepts across individual and community transformation, Sharecare is able to measure the length, quality, and circumstances that define our individual and collective health journeys

### INSTRUMENTS & MEASUREMENTS



### INDIVIDUAL & COMMUNITY CONTEXT

Circumstances that define our Years

Quality of Years

Longevity of Years

### INDEXES

- Mortality
- Physical Well-Being
- Financial Well-Being
- Social Well-Being
- Purpose Well-Being
- Community Well-Being
- Neighborhood & Built Environment
- Social & Community Context
- Health & Healthcare
- Education
- Economic Stability
- Economic
- Thriving
- Vulnerable Populations
- Healthcare
- Accessibility

### PROVEN OUTCOMES

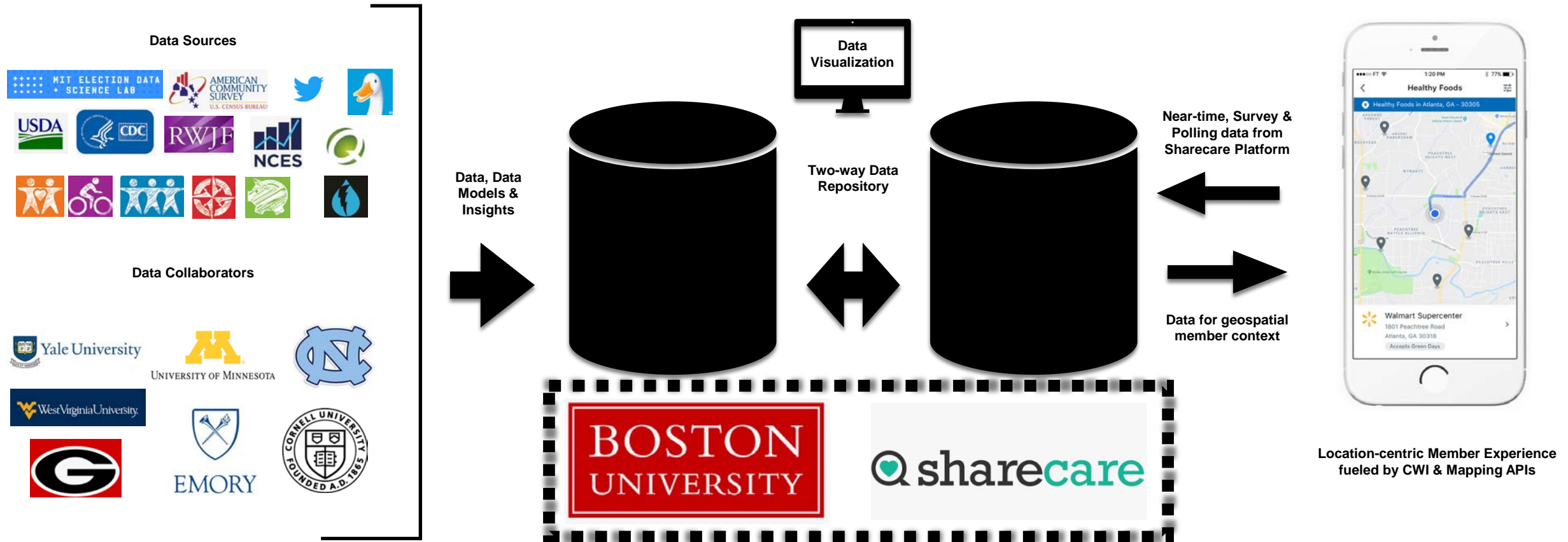
- Longevity
- Medical & Rx Spend
- Emergency Room Visits
- Hospitalizations
- Bed Days
- Absenteeism
- Presenteeism
- Short-term Disability
- Job Performance
- Intention to Stay
- Voluntary Turnover
- Involuntary Turnover
- PMPM Cost
- S&P 500
- Unemployment
- Consumer Price Index



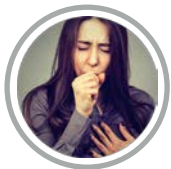
# SHARECARE COMMUNITY WELL-BEING INDEX

## COMMUNITY-DRIVEN CARE — ECOSYSTEM

Anchored in our relationship with Boston University's School of Public Health, led by Dr. Sandro Galea, the Sharecare ecosystem invites best-in-class academic collaborators and partners to contribute data and insights direct to our platform, lending to near-time sharing of data, models and applications that flow from data sciences environments to our member experience



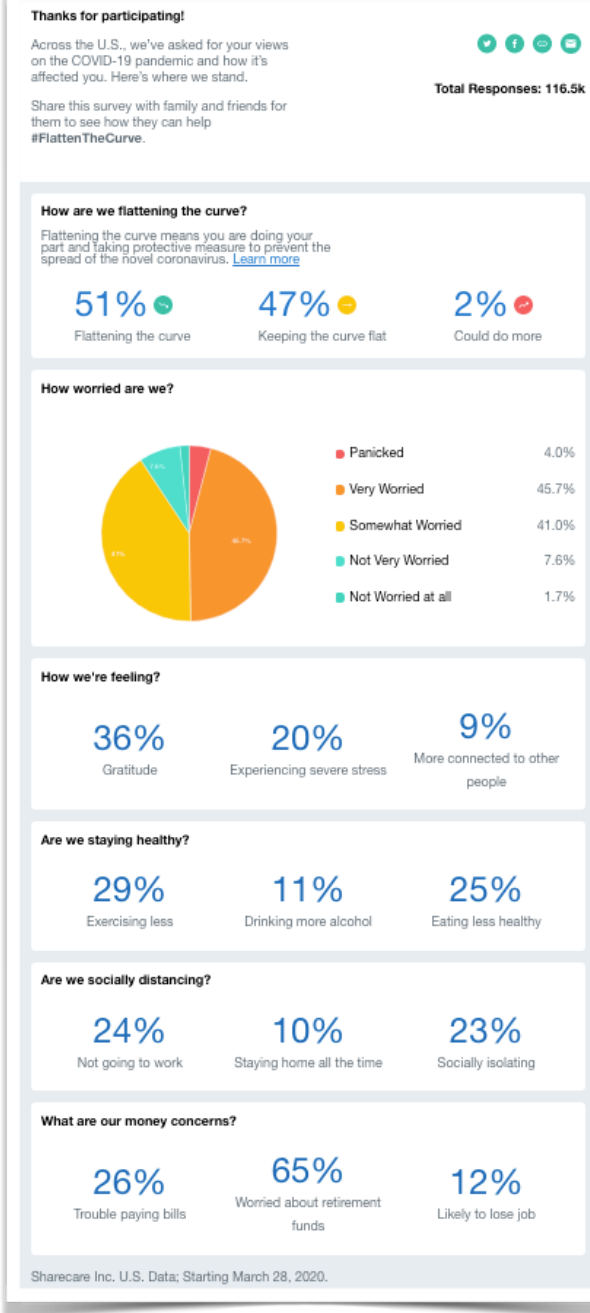




## COVID-19 + SHARECARE COVID-19 Survey

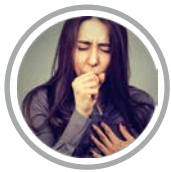
Comprehensive survey to identify what percentage of the population is willing and/or capable of adhering to the recommendations to stop the spread of the coronavirus.

**116K<sup>+</sup>**  
**Total participants**



Survey response data through 5/13/20

Confidential and Proprietary Document by Sharecare, Inc. Dates and Materials are Subject to Change.



## COVID-19 + SHARECARE

### COVID-19 Survey: Results - Flattening the Curve

#### How are we flattening the curve?

51%

flattening the curve

47%

keeping the curve flat

2%

could do more

#### Are we socially distancing?

48%

not going to work

10%

staying home all the time

95%

socially isolating or physically distancing

#### Where are we going?

67%

buying groceries or getting takeout

18%

going to the doctor or pharmacy

57%

walking/exercise



April 24, 2020

How to Safely Shop for Essentials During the Pandemic



April 22, 2020

Should I Clean My Clothes & Shoes Each Time I Leave the House?



April 23, 2020

Is It Safe to Go to the Beach After COVID-19 Reopenings?



SHARECARE COVID-19

# COVID-19 Survey: Results — Anxiety & Mental Health

*Understanding our nation's "new normal" when it comes to stress & anxiety*

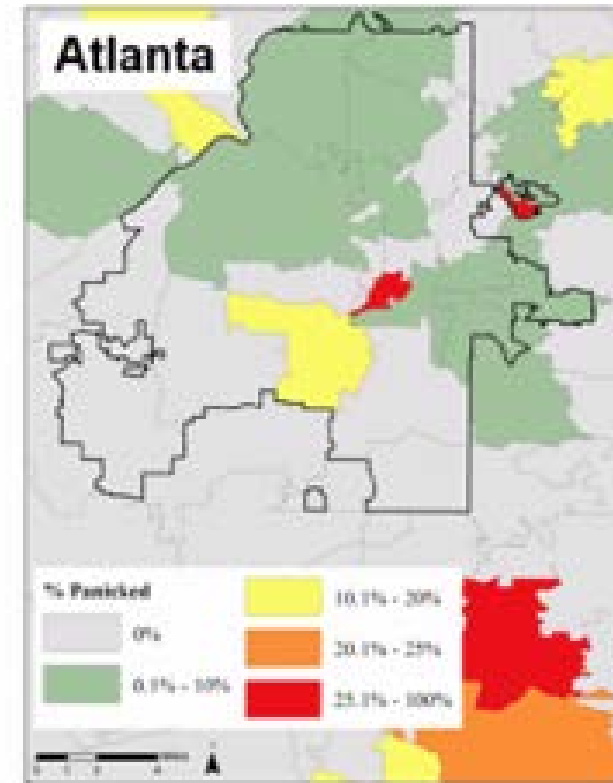
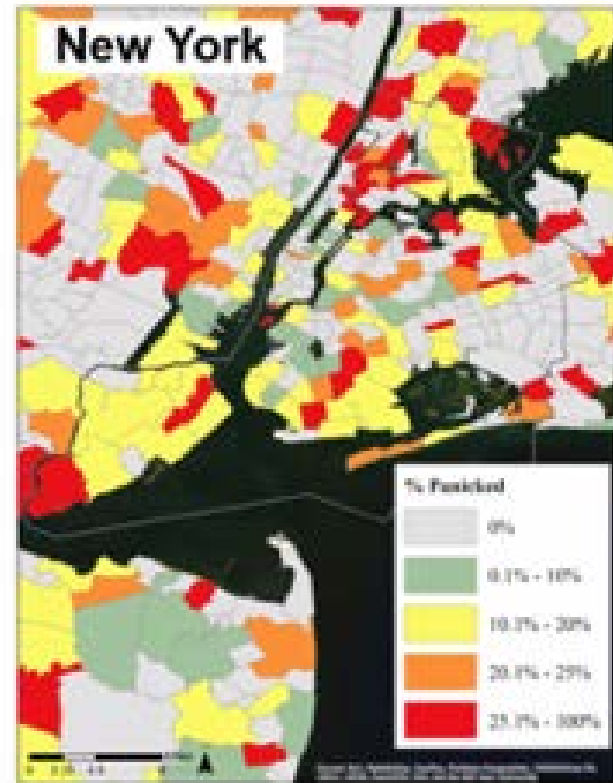
91%+ experiencing worry  
*38% experienced worry before COVID-19*

15% indicate they are lonely  
*73% received positive energy from friends and family every day before COVID-19*

21% experiencing severe stress/anxiety  
*46% experienced any stress before COVID-19*

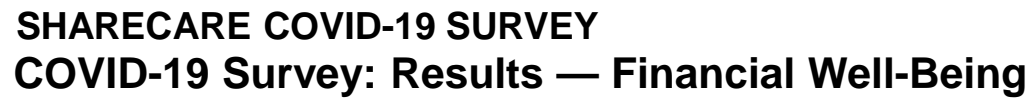
**56% watching or reading more news;**  
**9% can't watch or read the news**

## % of Respondents Panicked about COVID-19? (by zip code)



BOSTON  
UNIVERSITY

Depending on the state, % of individuals who are panicked varies from just 1% of respondents to over 8% of respondents; variability is high within states, per image above

[illegible]





# COVID-19 Survey: Results — Lifestyle

*Understanding our nation's "new normal" when it comes to lifestyle behaviors*

- 58% have seen a negative lifestyle behavior impact
- 51% have seen a positive lifestyle behavior impact
- 28% have seen a positive and negative lifestyle behavior

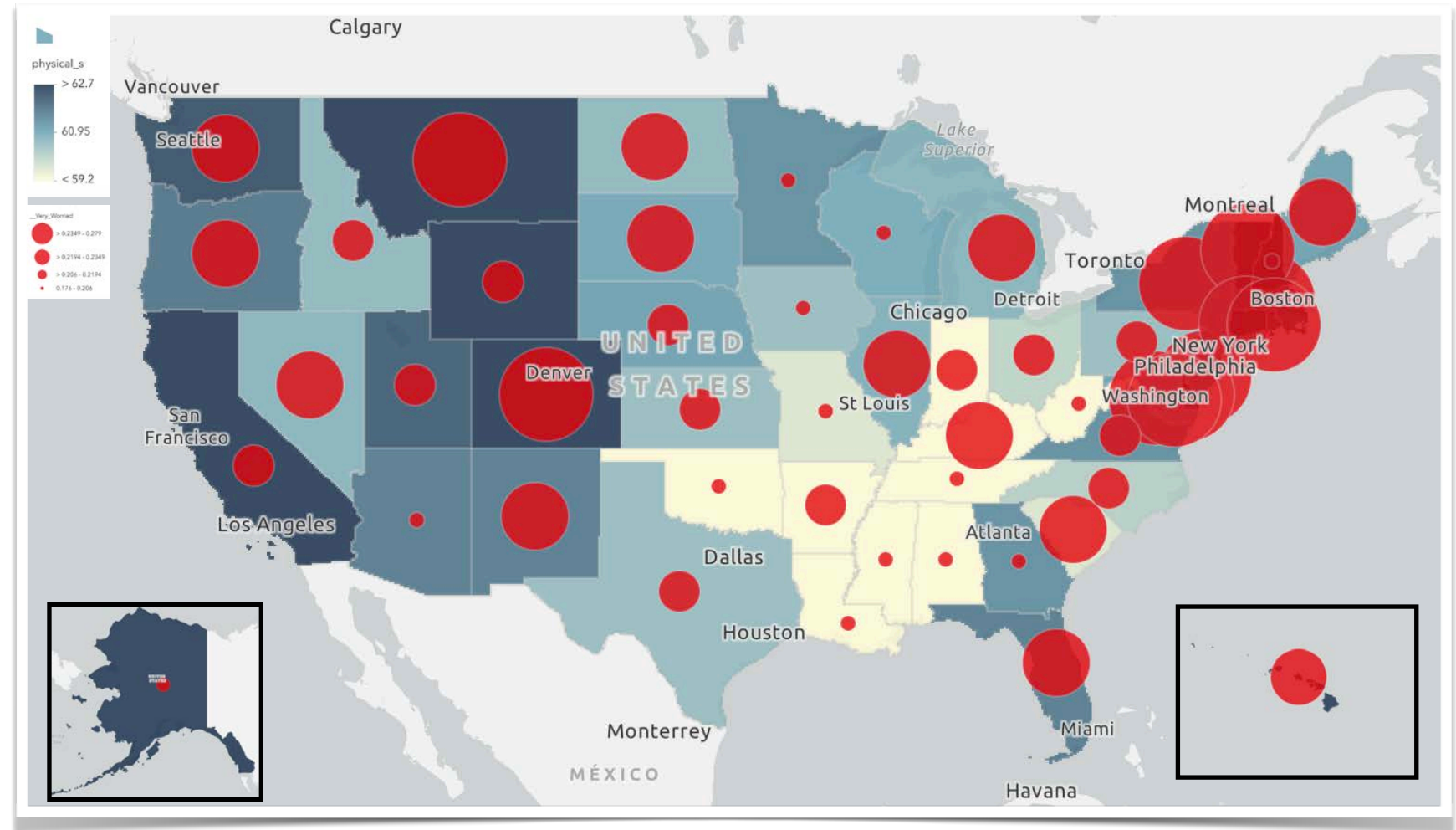
EXERCISE	EATING HEALTHY	DRINKING	SLEEPING
70% same or healthier	75% same or healthier	78% same or less	77% same or more*
30% exercising less	25% eating less healthy	22% drinking more	23% sleeping less
48% According to the Sharecare Well-Being Index, % who exercise 30+ minutes, 3+ days per week	50% According to the Sharecare Well-Being Index, % who indicate they eat healthy all day	22% According to the Sharecare Well-Being Index, % who are depressed in their lifetime	67% According to the Sharecare Well-Being Index, % who feel active and productive every day
+1.2 Years Potential impact of not exercising	+2.1 Years Potential impact of unhealthy diet	+7.7 Years Potential impact tied to binge drinking	+1.2 Years Potential impact of sleeping too much



## SHARECARE COVID-19 SURVEY

### COVID-19 Survey: Results — Connecting Financial & Physical

- More than 1/3 of respondents are experiencing one or more financial stressors, including change in pay, likelihood of retaining employment, and ability to pay bills
- Respondents with no health insurance are 5x as likely to have trouble paying their bills vs. those with no health insurance
- Every type of financial stressor tracked (above) was associated with higher odds of experiencing negative health behavior change



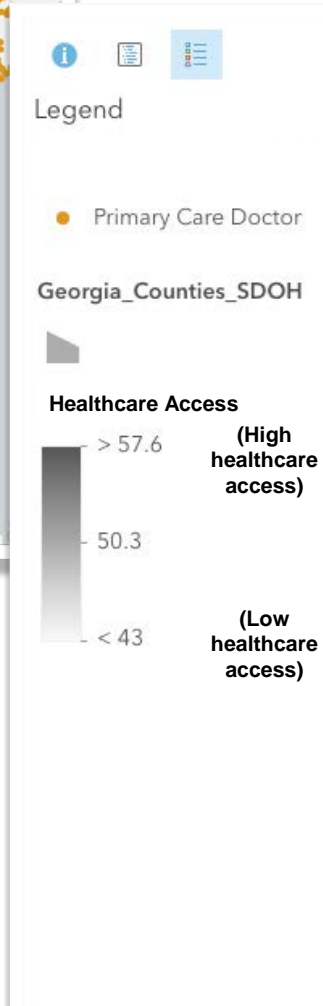
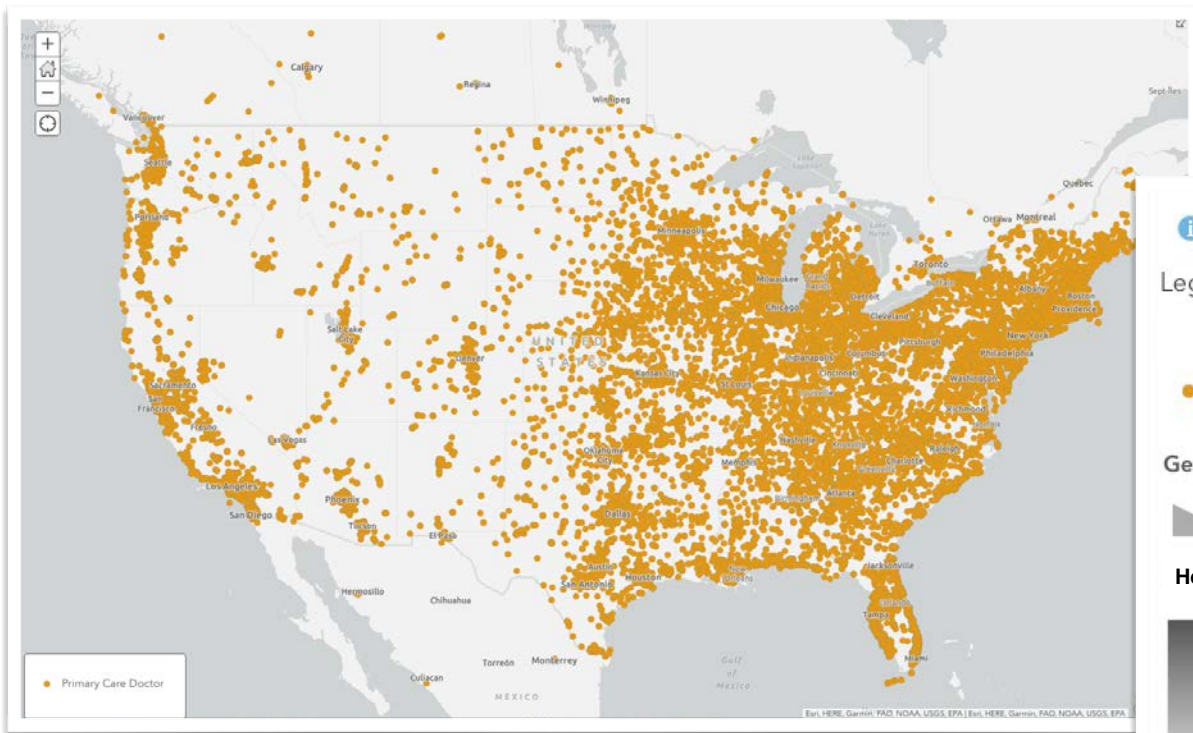
Physical well-being & financial worry regarding retirement funds and an extended recession



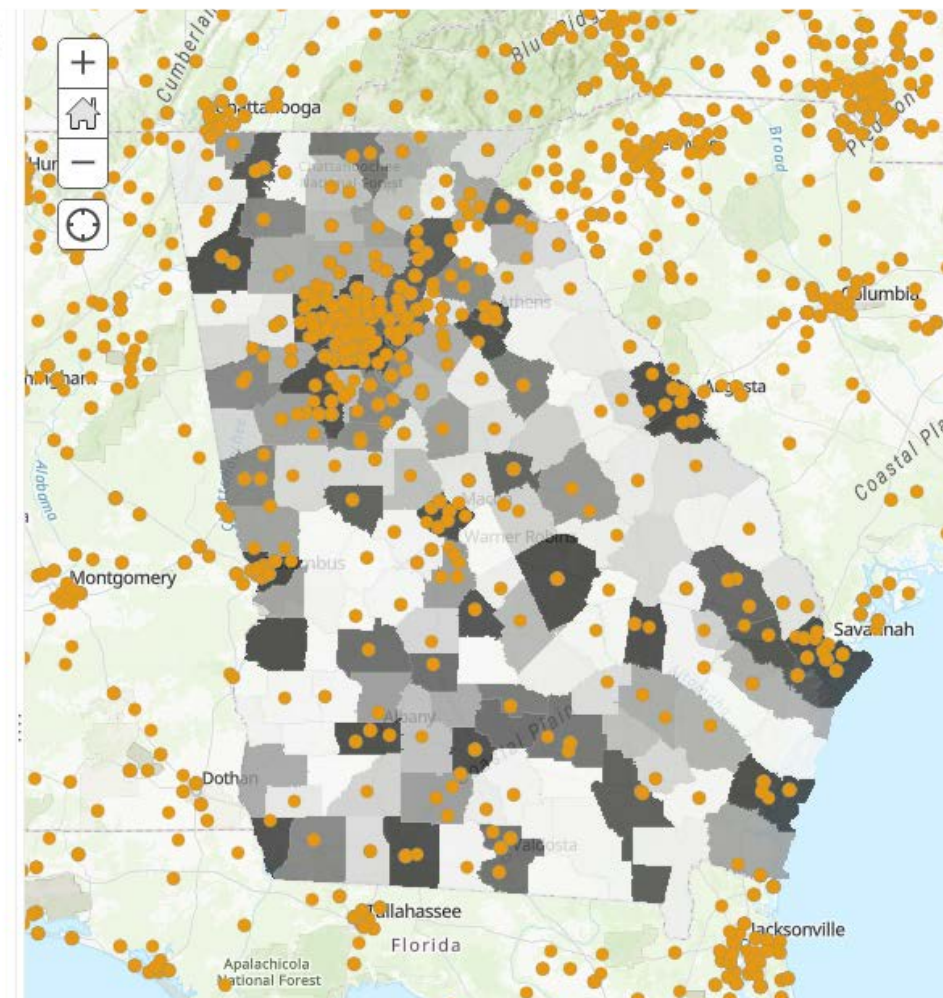
# SHARECARE COVID-19 SURVEY

## COVID-19 Survey: Results — Healthcare Access

60%+ of respondents indicate they would prefer to access care with their primary care physician (left)



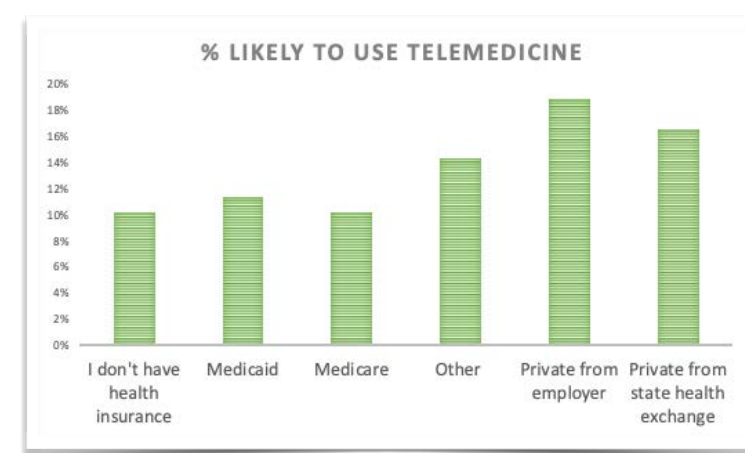
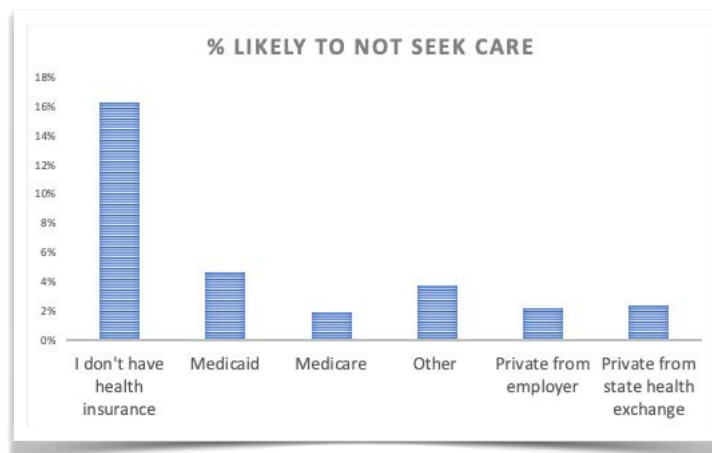
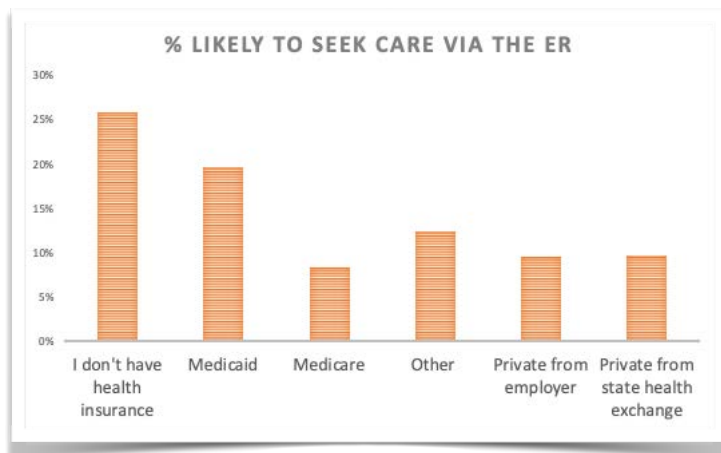
Preference for accessing healthcare via primary care physicians is prevalent even in healthcare deserts / areas where access to MDs, OBGYNs, and Pediatricians per capita is low (right)



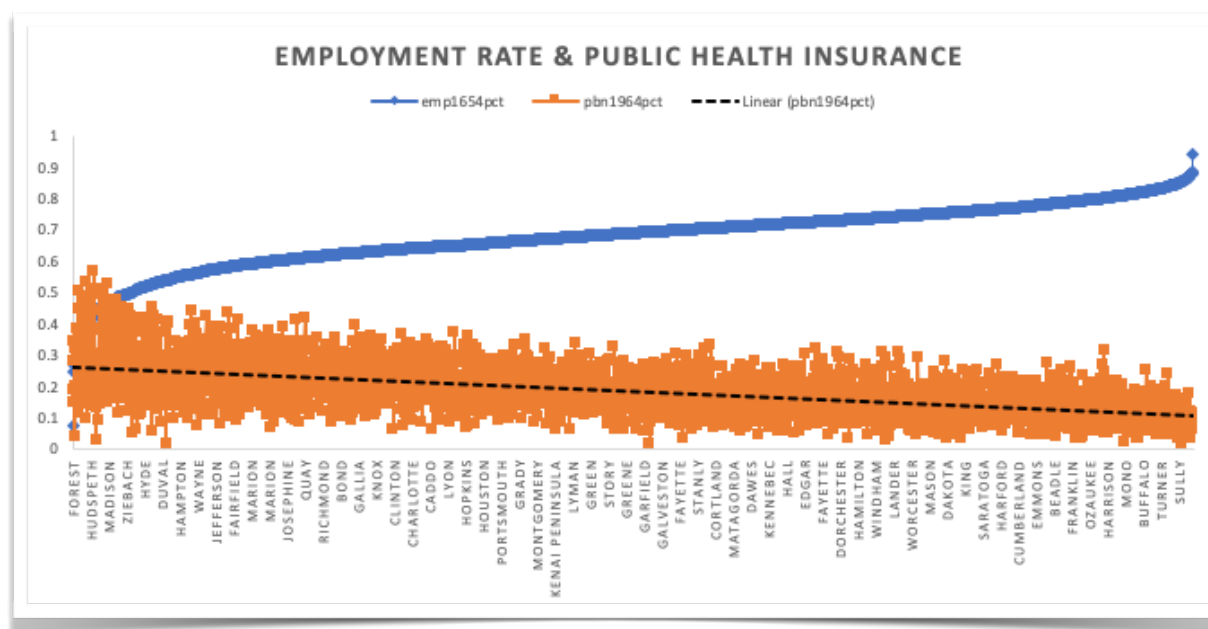




## COVID-19 Survey: Results — Health Insurance



- % ages 19 to 64 on public health insurance at the county level varies significantly — from Kenedy County in TX with less than 2% of individuals ages 19 - 64 on public health insurance to Owsley County, Kentucky with almost 57% of individuals ages 19 - 64 on public health insurance
- Employment rates also vary significantly, from 8% to 94%+





# Reactor Panel



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CEO

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on Health



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# Question & Answer

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# Upcoming Events & Contact Information

## Next COVID-19 Employer Town Hall (at 5 PM ET):

5/26 Rethinking Care Delivery in light of COVID-19

## Past National COVID-19 Employer Town Halls

- Clinical and business impact of COVID-19
- Benefits and policy issues of COVID-19
- Addressing Mental Health and Wellbeing in COVID-19
- Considering Social Determinants in the light of COVID-19
- Planning for a Pivot to Back to Work
- Population Health Strategy during COVID-19 Era
- Financial Impact of COVID-19



### COVID-19 Employer Town Halls & Related Webinars



### National Alliance Publications



For more information on our COVID-19 Employer resources, including prior webinars and Employer town halls, visit our resources page.

<https://www.nationalalliancehealth.org/www/resources-new/employer-resources-covid-19>

## Leadership Summits (June 15-16) - Register today:

<https://nationalalliancehealth.swoogo.com/2020leadershipsummits/begin>