

A full 80% of an individual's health care is determined by factors outside of a doctor's office. Uncovering insights at the community level are vital to addressing disparities and finding solutions to improve care for individuals we serve.

A catalyst for change

The innovative new UnitedHealthcare Catalyst™ model uses publicly available data to identify health disparities affecting specific communities and then convenes local organizations, including health care and social service providers to identify ways to drive meaningful change.

The goal of the model is to:

- Identify communities using population health data
- Convene local organizations to form community-based partnerships
- Encourage collaboration to forge a path forward
- Define a plan with measurable outcomes
- Create lasting relationships and combat health inequity

Our new **UnitedHealthcare Catalyst**™ initiative is a distinctive partnership model with the <u>Council of Large Public Housing Authorities (CLPHA)</u>, public housing agencies, Federally Qualified Health Centers (FQHCs) and community-based organizations to improve health outcomes and reduce health inequities.

A five-step initiative framework

The Catalyst initiative brings together community stakeholders to identify a focus area by blending clinical data with firsthand information from community members. Partners assess the need, set a goal and develop a plan.

The initiative follows a process:



 Learn: Listen to community members and develop relationships



Assess: Understand needs of community, analyze data



3. Plan: Develop interventions with communities



Act: Implement plan, and measure outcomes



Refine: Update interventions, add partners as needed



The needs of communities are as diverse as the people who live within them. There are local, underlying conditions in every community that create complex health challenges and barriers for individuals, including a lack of safe and affordable housing, healthy food and financial stability. We are convening formal partnerships within health care, public housing and community partners to align community capacity in targeted areas.

How Catalyst is Different

This work differs from other programs that support health equity, as it:

- Creates and strengthens local cross-sector partnerships
- Blends clinical data with insights from community members
- Aims to improve health outcomes for all communities

Catalyst State Snapshots

Ohio



Ohio leaders are creating meaningful change in the areas of housing, substance use disorders, primary care physician utilization and emergency room utilization. The model is helping provide wraparound services for members.

Efforts include:

- Partnering with Akron Metro Housing Authority, as well as Asian Services in Action, a provider of medical and behavioral health services
- Sharing and analyzing community data
- Including the landlord perspective to help inform the health of the individual



Washington In King County, Washington, the model is showing promise for housing, behavioral health and high care utilization. The effort is also being adapted to address other local disparities.

Efforts include:

- Data sharing with local housing authorities to identify disparities
- Combining housing authority data on individuals with general housing data to create a holistic view of the population
- Focusing on improving the health for individuals who are already housed

Just the beginning

Community-level insights are an effective tool in tackling local health disparities and utilization issues. The UnitedHealthcare Catalyst™ model brings together data, stakeholders and community-based partnerships in a collective movement, to find sustainable solutions. With the catalyst model, communities can understand their own power, transform, and solve social disparity challenges, leading to a more equitable future in health care.

Visit <u>UHCCS.com/Catalyst</u> to learn more about UnitedHealthcare Catalyst.™



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