

**Advancing better  
health for all:  
Strengthening vitality  
to address social  
determinants of health**



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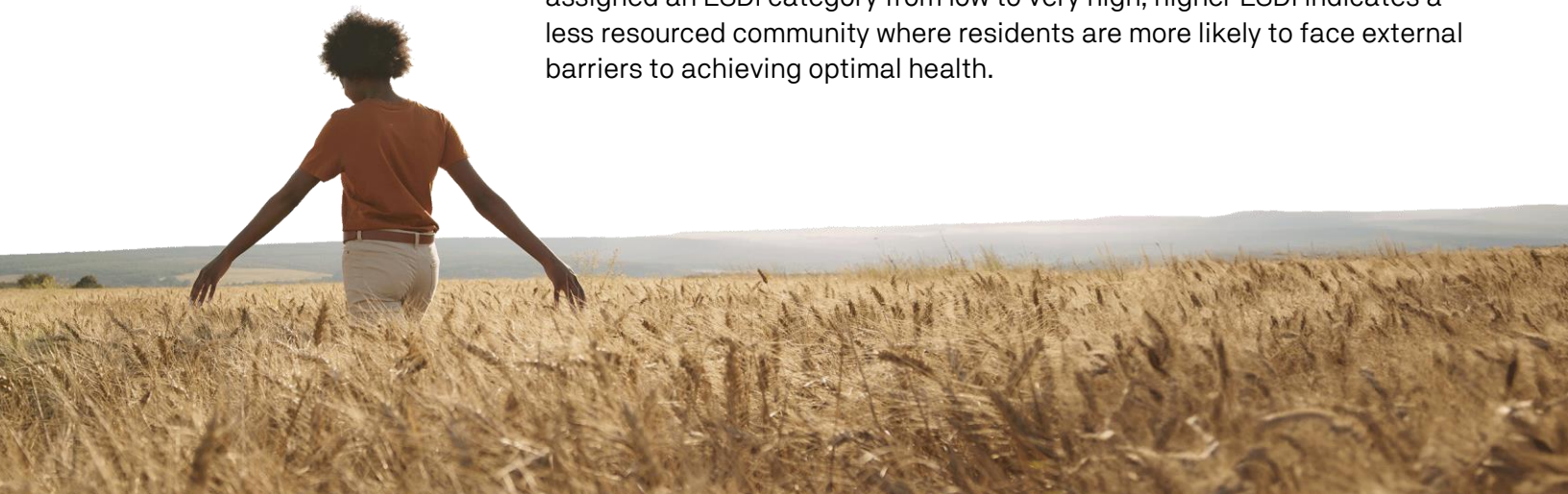
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## Introduction

Health equity can only be achieved when each and every person has a fair and just opportunity to attain their full health potential, regardless of economic, environmental, physical, or social circumstances. It acknowledges that 80% of a person’s health status and outcomes are driven by factors beyond clinical care, such as their individual traits and behaviors as well as the conditions in the environment where they live, play, and work – known as social determinants of health (SDOH).

The [Evernorth Social Determinants Index \(ESDI\)](#) is a community-level measure to assess SDOH based on key nonmedical factors that influence health outcomes: culture, economy, education, environment, food access, and health care access. The ESDI helps us better understand the potential health-related challenges or needs an individual may experience based on the community in which they live. Each community is assigned an ESDI category from low to very high; higher ESDI indicates a less resourced community where residents are more likely to face external barriers to achieving optimal health.





Vitality, which is the ability to pursue life with health, strength, and energy as measured by the [Evernorth Vitality Index \(EVI\)](#), assesses a person's perception of their own capacity to contribute to their well-being across [eight dimensions of health](#). The EVI enhances our ability to identify population health opportunities and provides insight into the motivation and self-efficacy an individual brings to life and work.

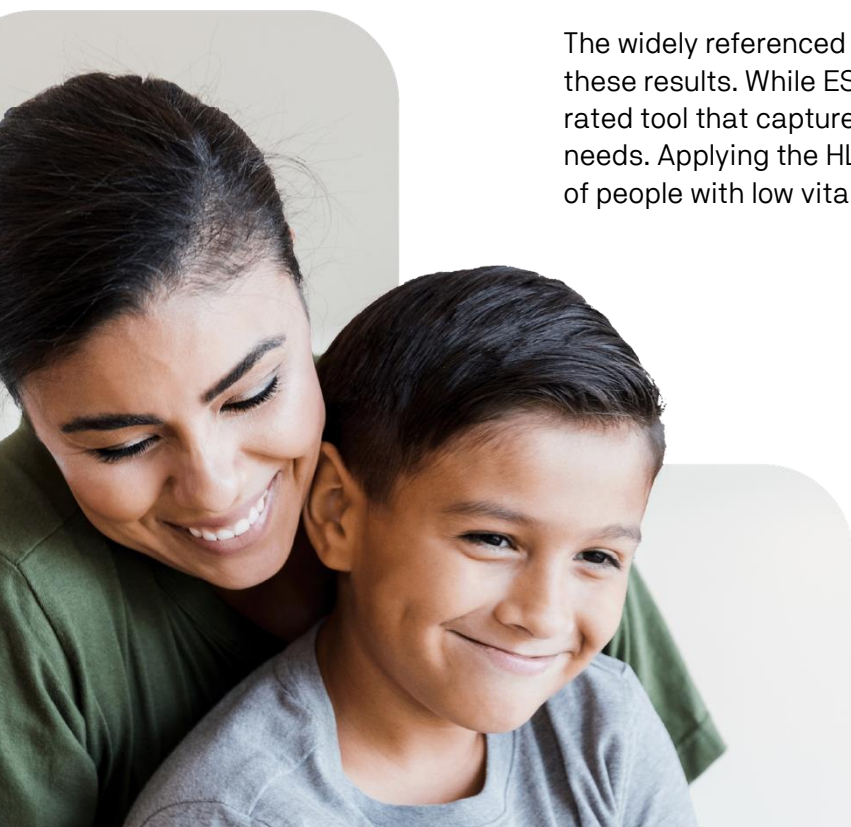
Combining ESDI and EVI data deepens our understanding of how vitality can be attained by all. The ESDI measures potential exposure to social and health challenges, and the EVI measures how an individual functions under those conditions. When these tools are used together, we can identify opportunities to build resilience and enhance vitality. At the same time, we can learn from those who live with vitality in the face of SDOH challenges.

## The impact of social determinants of health on vitality

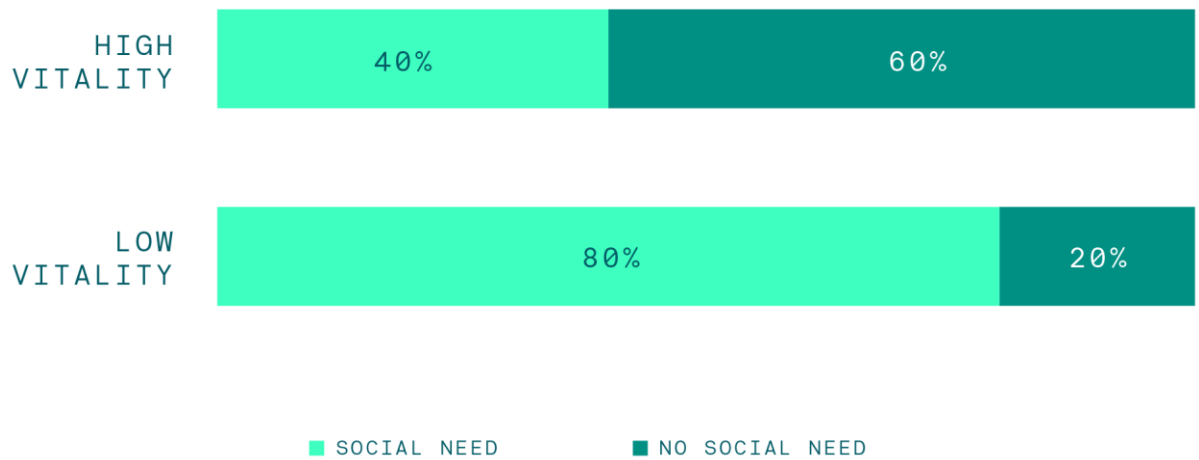
People living in neighborhoods where they are at increased risk of experiencing social challenges tend to have lower vitality scores and report more unmet social needs.

The mean vitality score for people who live in very high ESDI areas is 65.9, compared to 69.2 for those living in more resourced neighborhoods. Additionally, among those who say they experience a social need, the vitality score is 10 points lower than it is for those who do not report a social need (62.9 vs. 73.4). This data suggests that social determinants of health can decrease an individual's vitality and ability to achieve optimal health.

The widely referenced [Health Leads Screening Toolkit \(HLST\)](#) validates these results. While ESDI is a neighborhood-based metric, HSLT is a self-rated tool that captures an individual's experience with unmet social needs. Applying the HLST to combined EVI and ESDI data shows that 80% of people with low vitality report having at least one unmet social need.



## Social needs experience and vitality



## The power of self-rated health and vitality

Numerous studies have shown a **strong correlation** between self-rated health, where individuals rate their own health status and health outcomes. Those who rate their health as poor are at higher risk for premature death, are more likely to have multiple chronic conditions, and tend to engage in unhealthy behaviors like smoking or lack of exercise.

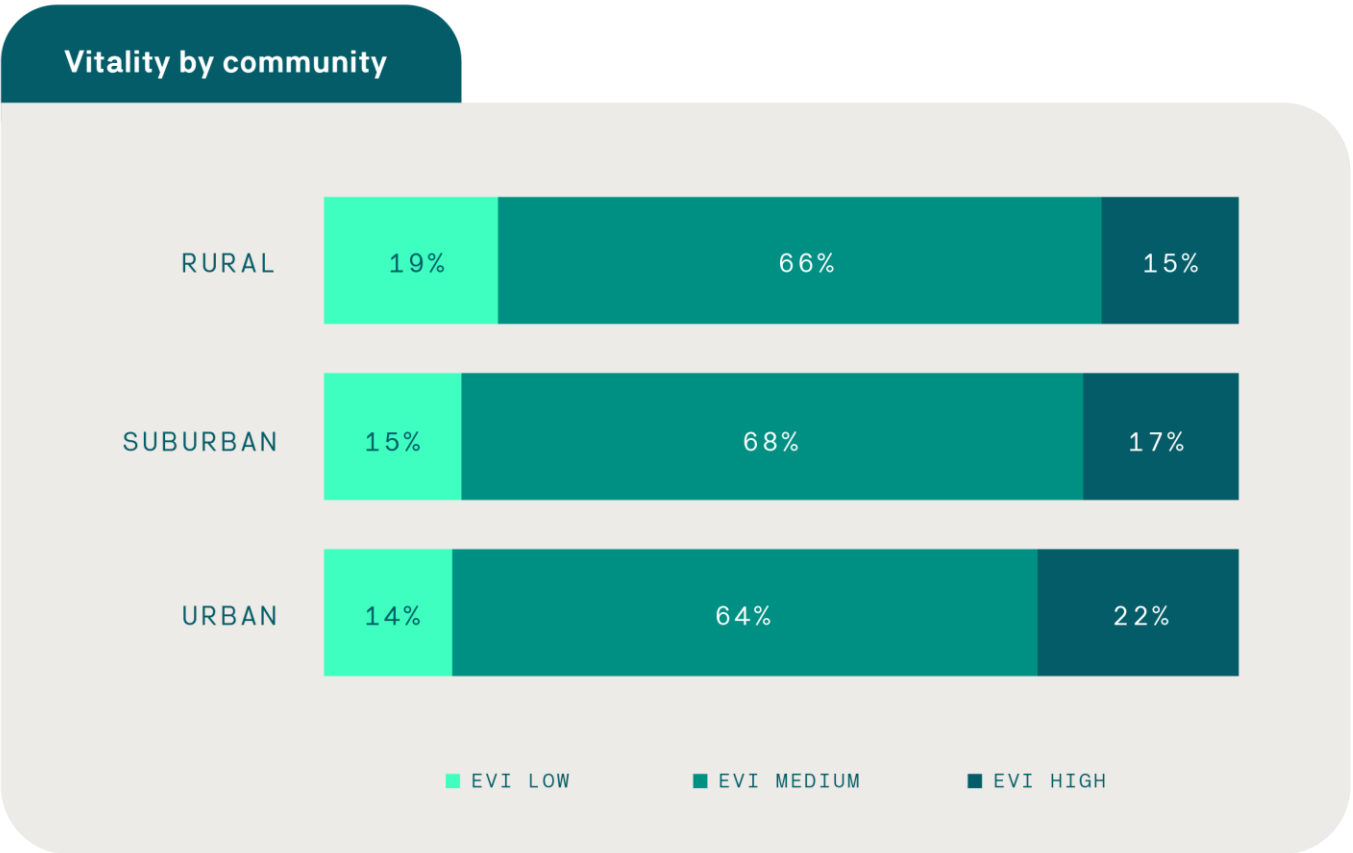
The Evernorth Research Institute's findings were consistent with those studies. Vitality is strongly correlated with self-rated health, even after controlling for key variables such as age, gender, race/ethnicity, income, and community. People with higher vitality have a lower prevalence of chronic conditions and are more likely to engage in healthy behaviors such as regular physical exercise and more mindful eating.



# Rural residents are among the most vulnerable to social determinants of health

When measuring overall health and vitality, we can see that some Americans feel the impact of social determinants more than others. For example, 56% of rural neighborhoods in the United States are considered under-resourced, compared to 45% of urban neighborhoods, and 15% of rural residents live in poverty, compared with 13% of all Americans. In the [Vitality in America 2023](#) report, 24% of rural residents rated their overall health as poor/fair, compared to 20% of all people nationwide. Rural residents are also more likely to [face cost barriers](#) when obtaining health care, more likely to [live with chronic conditions](#), and less likely to [have a health care provider](#) they know and trust.

EVI data reveals a similar disparity in vitality among people who live in rural areas and those in urban or suburban areas. Nearly one in five rural residents (19%) report low vitality, 4 and 5 percentage points higher than suburban and urban residents, respectively. In addition, fewer rural residents report high vitality, and they are less likely to feel energized or optimistic than urban residents.



60% of respondents in rural areas with low vitality said they struggle with the cost of living

Financial security – a significant driver of health and vitality – is another area where rural residents fall behind. While 32% of respondents living in suburban areas and 41% of those in urban areas reported an income of less than \$50,000 annually, 50% of rural respondents reported the same. In addition, 60% of respondents in rural areas with low vitality said they struggle with the cost of living: 51% have difficulty paying for food and 38% worry about shelter.

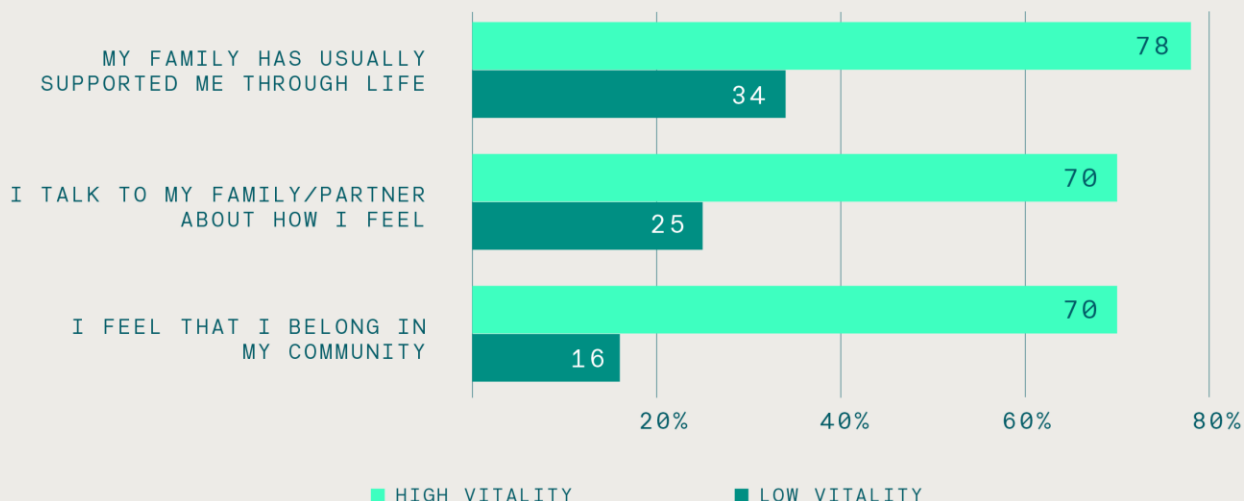
While rural Americans are at greater risk for worse health outcomes due to social and other factors, data can provide insight into both the risk and protective factors for optimal health and vitality among those living in under-resourced communities.

## High vitality in under-resourced areas: The differentiators

Adults living in under-resourced communities have lower vitality overall; however, our research identified a segment of people in high SDI neighborhoods with high vitality scores. This high vitality group can provide insight into the factors that may contribute to better health, even in the face of significant challenges.

First, the data showed striking differences between rural respondents who have high vitality and those with low vitality in reported feelings of connectedness, community, support, and belonging. Rural residents with high vitality are more likely than those with low vitality to feel supported by family and community, which suggests that social buffers can play a key role in health outcomes. For example, rural residents with chronic health conditions and high vitality are far more likely to have people who support them emotionally than those with low vitality (86% vs. 18%).

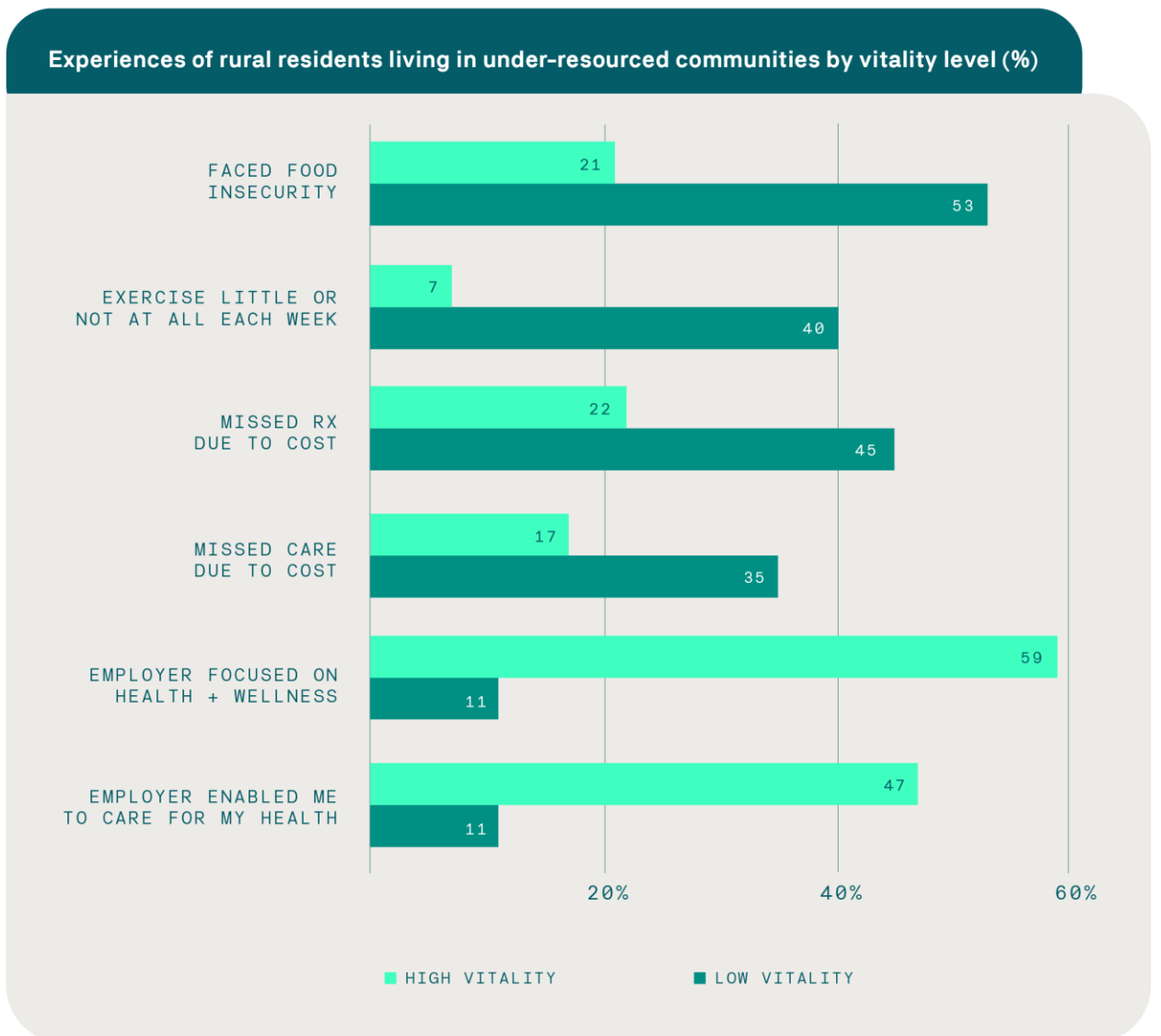
### Rural resident social connections by vitality (%)



People living in rural communities with high vitality are almost **five times more likely** to say their employer helps them stay healthy

Second, among rural residents living in under-resourced neighborhoods, we see a significant difference between people with high and low vitality in their health behaviors and in how they access health care. In addition to perceiving their mental health as significantly better, those with high vitality are far more likely to engage in healthy behaviors, such as exercising more than five hours per week (44% vs. 15%) and keeping up with annual medical exams (72% vs. 50%). They are about half as likely to forgo medication or health care due to cost. These differences demonstrate the importance of building health literacy and continuing to engage in healthy behaviors as a path to vitality.

Third, working rural respondents with high vitality are almost five times more likely than those with low vitality to say their employer helps them stay healthy, by focusing on health and wellness in its actions and communications and by providing employees with opportunities to take care of their personal health. Thus, employers play an important role in employee vitality and health outcomes, particularly for workers living in under-resourced communities.



















# Targeted interventions based on social determinants and vitality measures

While our earlier vitality research demonstrates vitality can be attained by all and confirms people are agents of their own health, this detailed look at combined ESDI and EVI data provides deep insights about the different experiences of people living in the same community and how we may be able to prioritize targeted interventions at the community and the individual level for the most impact.


To further explore this, we evaluated the type of benefit mix that would predict higher vitality for workers living in under-resourced communities compared to workers living in communities with more resources. The analysis identified two distinct sets of employer benefit offerings associated with higher vitality, based on ESDI category. Among employed people living in neighborhoods categorized as very high SDI, financial and environmental dimensions of health were more likely to predict higher vitality. For people living in low SDI communities, benefits that encourage healthy behaviors were predictive of higher vitality.

**Top benefits for predicting higher vitality depending on social needs**


Vitality enhancing benefits for individuals living in areas with low SDI	Vitality enhancing benefits for individuals living in areas with very high SDI
+ Virtual physical therapy 	+ Discounts on health-related products 
+ Digital wellness apps  	+ Virtual physical therapy 
+ Caregiver family support programs  	+ On-site gym or discount 
+ Sleep programs  	+ Chronic condition support programs  
+ Chronic condition support programs  	+ Quiet places to relax 




Physical




Social



Financial



Emotional




Environmental



## Key takeaway for employers

U.S. employers provide health insurance and benefits for **155 million people**, including 57% of those younger than 65, and play a critical role in promoting and protecting the health and well-being of their workforce and the communities where their employees live and work. By designing a workforce health strategy that provides access to tailored benefits and programs that employees need, when they need them, employers can prioritize investments, address health inequities, and influence positive health outcomes.

Our research offers guidance for employers about what types of benefits to consider providing employees, based on the communities in which the people they employ live as well as worker health behaviors and motivations. By targeting priority interventions and providing a more personalized benefits experience, employers can increase benefit utilization, lower costs, and enable better health for all.



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can help advance health equity.

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# Appendix

## About the research

*To advance our understanding of health, vitality, and inequities, the Evernorth Research Institute analyzed data from three measures: the Evernorth Vitality Index (EVI), the Evernorth Social Determinants Index (ESDI), and the Health Leads Screening Toolkit. This analysis demonstrates that together, the EVI and ESDI create a robust framework for identifying disparities, deepening our understanding of what influences health and vitality, and providing a path for exploring investments in population health and engagement strategies. Currently the EVI is used for research purposes only, while the ESDI is used as a population health consultative tool.*

*Evernorth Vitality Index data is from the annual [Vitality in America report](#), with survey data commissioned by Morning Consult, May 25-June 20, 2023. This nationally representative, bilingual (English and Spanish) online survey assessed the health, vitality, social needs, and productivity of more than 10,000 U.S. adults aged 18 and older.*

*The [Evernorth Social Determinants Index](#) is a proprietary community-level indicator that creates a composite score for a region based on six domains of social determinants of health: culture, economy, education, environment, food access, and health.*

*The [Health Leads Screening Toolkit](#), a well-established screening tool used in clinical settings to assess individual social needs, was used to analyze data representative of the U.S. adult general population.*