

Calthonia (Contraction) 2025 SOA MEETING







Session 6C: Food for Thought

How Access to Healthy Food Impacts Health

July 24, 2025

Moderator:

Maggie Ruzicka; ASA, MAAA

Presenters:

Seth Berkowitz; MD, MPH Cecilia Gerard; MS Ann Pogrebitskiy; ASA, MAAA

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Agenda

- Overview of the American Academy of Actuaries' Health Equity Committee
- Considerations for Non-Traditional Health Benefits
- Panelists Introductions
- Moderated Q&A
- Open Q&A

Academy's Health Equity Committee

- Created to contribute actuarial perspective to health equity
- Focus:
 - > Evaluate actuarial practices in the context of health equity
 - Educate actuaries and other stakeholders on health equity issues
 - ➤ Apply an equity lens when considering the impact of current or proposed health care policies
- Work explores health equity topics in actuarial practice
- 2024 Symposium highlighted equity-enhancing benefits in the employer coverage space

Health Equity Committee Definitions

- Health Equity: Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
- Health Disparities: Differences in health or its key determinants that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.
- Social Determinants of Health: Nonmedical factors such as employment, income, housing, transportation, childcare, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health.

Source: Braveman P, Arkin E, Orleans T, Proctor D, and Plough A, What Is Health Equity And What Difference Does a Definition Make? Princeton, N.J.: Robert Wood Johnson Foundation, 2017.

What Have We Learned?

- Actuaries play an important role in reducing health disparities and advancing health equity.
- To be effective, we may need to develop new approaches, use new sources of data, and incorporate the perspectives of the people impacted by our work.
- We cannot do this alone. We need to partner with researchers, clinicians, health policy experts, and others to ensure we understand the big picture and the impact that our work may have. This will allow us to broaden our focus.

Nontraditional Benefits – Deep Dive

DISCUSSION BRIEF-ISSUE IN FOCUS | JULY 2021 Health Equity from an Actuarial Perspective Health Plan Benefit Design The American Academy of Actuaries Health Practice Council created the Health Equity Work Group with a goal of contributing to efforts to reduce health disparities and improve health equity among racial and ethnic minority populations and underserved or under-resourced communities. The work group is examining actuarial practices and methods in the health area to assess the extent to which they may affect health disparities and recommend changes when appropriate, educate actuaries and other stakeholders on health equity issues, and apply an equity lens to the Academy's health policy work. An initial discussion brief, Health Equity from an Actuarial Perspective: Questions to Explore, introduced the first phase of the work group's work-an identification of areas in which health actuaries are involved that may affect health equity and development of a list of questions and topics to explore further. This discussion brief is part of a follow-up series providing more context and details on these questions. This discussion brief focuses on questions related to health plan benefit design. Another brief, Health Plan Pricing, and forthcoming briefs on provider contracting and network development, and population health are part of this series. Taken together, the series forms the foundation for the next phase of the group's workinvestigation and analysis to answer the questions. By sharing an actuarial perspective through this series, the work group hopes to actively engage not only the actuarial profession, but also policymakers and the health policy community, to help advance the public discourse on health Work Group has found it instructive to refer to the following definitions in its work: equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as powerlessness and lack of access to good jobs with fair pay, quality as are differences in health or its key determinants that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity. Social determinants of health are nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play that influence health.

• In our <u>Health Plan Benefit Design Issue</u>

<u>Brief</u>, we posed the question:

What are the health equity effects from the inclusion or exclusion of nontraditional benefits, such as food as medicine in a standard benefit package?

Panelist Introductions

Seth Berkowitz, MD, MPH Associate Professor of Medicine University of North Carolina School of Medicine

Cecilia Gerard, MS Managing Director Food is Medicine Institute at Tufts University

Ann Pogrebitskiy, ASA, MAAA Consulting Actuary Wakely Consulting Group







Moderated Q&A

Audience Q&A

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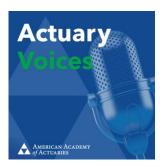


Policy Issue Forum



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