

Building a modern, high-performing health system



UnitedHealth Group and our distinct and complementary businesses of Optum and UnitedHealthcare are helping to create a consumer-first health system, connecting people to high-quality, affordable care to deliver the best possible outcomes.



>3M

people served under fully accountable value-based care arrangements in 2022.

8M

people served by Medicaid and Dual Special Needs Plans.

>2.2M

HouseCalls completed in 2022.

43M

people access behavioral health services through our network.

What we're focused on

- **Advancing health equity** by focusing on six core areas where we can reduce widespread health disparities.
- **Accelerating the transition to value-based care** that delivers better health outcomes at a lower overall cost.
- **Expanding in-home clinical care** to better support people with complex medical, behavioral and social needs.
- **Expanding access to care** by lowering the cost of prescription drugs, including lifesaving medications like insulin.
- **Enhancing consumer-oriented benefits** with transparent pricing, choice and simplicity.
- **Personalized care coordination** that helps people navigate the health system and deliver higher satisfaction, particularly for those with specialized or rare diseases.
- **Building healthier communities** across the U.S. through grant-making, commercial programs, employee volunteering and charitable contributions.

Building a modern, high-performing health system is the foundation of our business – a system that is more connected, personal and equitable, revolving around the consumer.

We have made significant strides by expanding access to high-quality, affordable care. In 2022, we served approximately 1 million more members in fully accountable value-based care models, delivering better outcomes for patients with chronic conditions and older adults in Medicare Advantage. New innovative health benefits, like our Surest health plans, eliminated deductibles and reduced out-of-pocket costs. Our clinical decision support tools seamlessly integrated health technology for providers at the point of care, allowing them to spend more time with their patients. We accelerated our investment in health financial services, introducing an integrated benefits card to help older adults pay for prescriptions, food or utilities. And we expanded the number of community pharmacies helping to improve outcomes for people with HIV and behavioral health conditions.

At the same time, we also know people accessing the health system face high costs, wide disparities and – for many – a fragmented, disjointed experience impacting their ability to live a healthy, fulfilling life.

We can reach more people by creating an equitable system of care and delivering on our mission to help people live healthier lives and help make the health system work better for everyone – for the [150 million people](#) our company serves and anyone else who touches it.

Advancing health equity

From our clinical policies, to the organizations we partner with across the country, to a more diverse and inclusive health workforce well beyond our own walls – our commitment to health equity is part of who we are and how we operate.

Our commitment

Invest \$100 million to create a new philanthropic program and partnerships that will measurably advance a diverse health workforce by 2033

About our commitment

In 2022, the United Health Foundation committed to investing \$100 million over 10 years to deepen and scale our efforts in health workforce diversity. Through this commitment, we will provide scholarships and support to 10,000 underrepresented current and future clinicians, which will help support meaningful and sustained progress in addressing health disparities and advancing health equity.

Our progress

We are on track to welcome more than 1,000 current and future health professionals into the program in 2023 and expect to commit more than \$12 million by the end of 2023.

Why this is important to us

Research shows care provided by culturally competent clinicians who understand diverse languages, beliefs and attitudes builds trusting patient-provider relationships and helps reduce disparities in health conditions, experience and outcomes.

How we're delivering on our commitment

Since announcing our commitment, the United Health Foundation has formally launched the Diversity in Health Care Scholarship program and provided scholarships to an initial cohort of diverse health professionals who are working to advance their clinical skills and credentials. We have initiated partnerships with [eight nonprofit organizations](#) to provide scholarships and support to future clinicians seeking careers as doctors, nurses and other clinical professionals.



Our six focus areas

In 2022, we deepened our focus on connecting resources and expertise across the enterprise, aligning around six strategic health equity focus areas based on national public health trends and listening sessions with patients and care providers. These areas address the widest health disparities – influenced by deep societal challenges – where we see the biggest opportunity to make a difference in people’s lives. In 2023, we are working to identify measurements of success to evaluate the impact of ongoing programs and scale promising new solutions in each area.

Care experience and workforce

Emphasis on increasing workforce diversity and reducing institutional bias in the delivery of care

The U.S. health care system is facing a [shortage](#) of health care professionals over the next decade. Furthermore, racial bias and a lack of culturally competent care leads to poorer experiences and outcomes. In 2022, we committed \$100 million to accelerate this effort to help build a pipeline of diverse health care talent and address the projected health workforce shortage.

Socioeconomic challenges

Emphasis on social determinants of health and health literacy

[As much as 80%](#) of health outcomes are tied to social and economic conditions. In 2022, we screened nearly 5 million members for social services and connected more than 862,000 people to better support their social needs. We are using data and analytics to proactively identify those who need support, as well as in-home clinical assessments to connect older adults and those with multiple chronic conditions to needed social services like housing or transportation. Since 2011, we have invested about [\\$800 million](#) to create 19,000 new homes, while targeted investments like [Invest Appalachia](#) are focused on supporting community-specific issues related to housing, poverty and food insecurity.

Care access and affordability

Emphasis on rural and underserved populations

[About 40%](#) of Americans say they or a family member have delayed recommended medical care due to costs. Our HouseCalls program provides more than 2 million in-home clinical services each year to address the medical, pharmacy, behavioral and social needs of older adults, leading to 6% more specialist visits. In 2022, we provided in-home assessments to nearly 670,000 people in low-income communities and nearly 400,000 in rural counties. Meanwhile, 11 of our state Medicaid health plans have achieved a [Health Equity Accreditation](#) from the National Committee for Quality Assurance (NCQA).

Behavioral and mental health

Emphasis on youth, older adults and LGBTQ+ communities

Nearly [1 in 5 adults](#) live with a mental health condition. Our integrated approach combines pharmacy, behavioral and medical care to treat the whole person both in person and virtually. We care for millions of people with behavioral health conditions through a network of 375,000 behavioral care professionals, a staff of nearly 4,500 employed clinicians and about 700 community pharmacies.

Chronic condition management

Emphasis on asthma, hypertension, obesity, diabetes, sickle cell disease, breast cancer and colon cancer

[Four in 10](#) American adults have two or more chronic conditions, and wide disparities exist within specific conditions. With more than 140,000 clinical professionals and more than 70,000 aligned, contracted or employed physicians – serving patients in nearly 3,000 sites of care across Optum, from ambulatory surgical centers to community pharmacies – our deep breadth of clinical knowledge helps drive evidence-based decision-making toward better overall care. Our value-based care models emphasize coordinated, comprehensive care while connecting patients with chronic disease to the right specialists to address conditions early.

Mortality and life expectancy

Emphasis on maternal care

Maternal mortality in the U.S. reached its [highest level in 60 years](#) and Black women are still [three times more likely](#) to die during childbirth compared to white women. For people in Medicaid – who represent nearly half of all births in the U.S. – we are working to expand access to [doulas](#), a professional labor assistant for the mother, which has been shown to be one of the most effective ways to improve labor and delivery outcomes. We are also identifying home-based and digital tools to enhance maternal care, including a partnership with the Morehouse School of Medicine to research “near miss” maternal care experiences.

Accelerating the transition to value-based care

Transitioning to a value-based system in which health care providers are paid to deliver high-quality, coordinated care can help identify and close gaps in care and deliver preventive services, leading to better patient outcomes at a lower overall cost.

Our commitment

Close 600 million gaps in care for our members by the end of 2025

About our commitment

Gaps in care occur when there is a discrepancy between clinically recommended care and the actual care delivered. Common gaps include missed wellness visits, vaccinations or screenings, and medication non-adherence.¹

Our progress

In 2022, we closed approximately 141 million gaps in care toward our commitment to close 600 million gaps from 2021 through 2025. We have closed 251 million gaps in care since making our commitment in 2021.

Why this is important to us

Nearly [900,000 Americans](#) die prematurely each year from causes like heart disease, cancer and chronic lower respiratory disease, but up to 40% of those deaths could be prevented. While preventable deaths are attributed to a number of behavioral and social factors, research also shows closing gaps in care can lead to better health outcomes and lower health care costs by reducing the risk of hospitalization and improving early identification of potentially fatal disease.

How we're delivering on our commitment

Gaps in care can manifest in a variety of ways including missed screenings and annual wellness visits, medication adherence and access to food or transportation. We are working to close gaps in care through in-home assessments delivered to older adults through our HouseCalls program, value-based payment models helping to deliver timely, high-quality care, and care coordination models providing patients with complex illnesses with a single point of contact to help navigate the health system.



1. The 600 million gap closure target was based on the 2019 Healthcare Effectiveness Data and Information Set (HEDIS) measures established by the National Committee for Quality Assurance (NCQA).

For more than a decade, UnitedHealth Group has been a national leader in driving the expansion and adoption of value-based care models, which incentivize care coordination instead of traditional fee-for-service arrangements focused on the volume of services provided. We reach people through more than 2,200 sites of care and serve more than 3 million people in fully accountable value-based care models² – the most comprehensive and effective type of value-based arrangement.

Supported by value-based care arrangements, Medicare Advantage plans help more than half of older adults in the U.S. save 40% on out-of-pocket costs – or \$2,000 a year on average. Lower costs are particularly meaningful to an increasingly diverse, clinically complex population, nearly half of whom live on less than \$25,000 a year.

Serving more than 7 million Medicare Advantage members, we foster cost-effective, high-quality health care through care coordination, in-home care delivery and innovative consumer products to help those members pay for healthy food and utility bills. Optum Medicare Advantage patients experience better outcomes than people in Medicare Advantage plans who receive care from other providers. Optum patients are 14% more likely to control their hypertension and 7% more likely to control their diabetes compared to those who receive care from other providers.

Optum [Kelsey-Seybold Clinic](#) in Houston has been integrating value-based accountable care into its practice for the last 15 years. With more than 65 specialties and nearly 700 providers, the clinic delivers personalized, high-quality care to meet patients' needs. For example, we are helping diabetes patients who need to avoid complications related to higher A1c levels, which measures average blood sugar levels. Through a coordinated approach to patient care, 73% of diabetes patients in KelseyCare's accountable care health plans have good control of their A1c, compared to a national health plan average of 51%.



“With complex patients, we’ve seen quality go up and the cost come down. That’s our textbook definition of what we’ve all been searching for in value-based care.”

Tony Lin, CEO, Kelsey-Seybold

>3M

people served under fully accountable value-based care arrangements in 2022.

24%

higher rates of annual wellness visits among Medicare Advantage patients in Optum value-based care vs. fee-for-service.

44%

fewer inpatient admissions for COPD and asthma among Medicare Advantage patients in Optum value-based care vs. Medicare fee-for-service patients.

Kelsey-Seybold outcomes

40%

fewer bed days.

30%

lower emergency department utilization.

² Fully accountable value-based care models are payment arrangements in which care providers assume full clinical and financial risk, and are responsible for the quality and total cost of care for each patient. This usually results in better health outcomes and lower costs for individuals, while giving providers more time to understand the holistic health needs of their patients.

Expanding in-home clinical care

Our in-home care team is essential to delivering more equitable and accessible health care for patients with complex medical, behavioral and social needs – particularly for the 85% of older adults with at least one chronic condition who benefit from preventive care.

Our commitment

85% of our members will receive preventive care services annually by 2030

About our commitment

Increasing the number of members receiving preventive care services – including wellness visits, health screenings and vaccinations – can help improve long-term health by detecting and preventing diseases and health risks.

Our progress

In 2022, 70% of our members received preventative care services, compared to 69% in 2021.

Why this is important to us

Research shows access to preventive care can help identify and prevent diseases, including cancer, diabetes and cardiovascular disease. Preventive care is critical to the shift toward value-based care models where care teams are incentivized to prioritize early disease treatment.

How we're delivering on our commitment

Following disruptions caused by the COVID-19 pandemic, we are working to ensure members are able to access preventive services through home screenings and virtual care, and by increasing incentive payments, particularly for Medicaid providers. Many of our commercial benefit offerings provide no- or low-cost preventive care coverage and our fully accountable value-based care models prioritize preventive care.



Through our HouseCalls program, we are connecting people in Medicare Advantage to social services and providing vaccines and screenings for under-diagnosed conditions. In 2022, nearly 1 in 4 people screened by a HouseCalls clinician had a condition they didn't know about – including diabetes, prediabetes, hepatitis C and colon cancer. By identifying those conditions, we are able to help connect people to the right services to get the care they need sooner.

For low-income Americans enrolled in both Medicare and Medicaid who often have disabilities or multiple health conditions, our Dual Special Needs Plans (D-SNPs) provide holistic in-home care through Optum at Home. A team of clinicians and dedicated care experts support our most complex members based on individualized care plans. Our coordinated approach to caring for D-SNP patients is helping reduce hospitalizations by 12%, with an NPS of nearly 80.

Convenient tools like medication home delivery, home infusions and virtual care further expand our ability to care for people in their home. Our home delivery services include multi-dose packaging capabilities for people with multiple conditions, providing a safe, convenient and cost-effective alternative to a retail pharmacy for consumers to receive their medications, as well as better medication adherence compared to retail pharmacies.



“We view home health as one of the new frontiers of value-based health care because it improves access while providing a more convenient experience for people, like special needs patients and those in rural areas who often have a very difficult time leaving their home to get care.”

Kristy Duffey, MS, APRN-BC, FAAN
Chief Nursing Officer, Optum Health
Chief Operating Officer, Optum Home & Community Care

>2.2M

HouseCalls completed in 2022.

~1M

members tested in 2022 for under-diagnosed conditions; approximately 25% screened positive.

~75%

of members had an in-office visit within 90 days of a HouseCalls visit.

190M+

adjusted prescriptions³ delivered to consumers' homes annually.

³ Includes an adjustment to convert 90-day prescriptions to three 30-day prescriptions.

Meeting older adults at home

Jack's story

The UnitedHealthcare® HouseCalls® program is designed to meet older adults in their homes to assess and address their medical, social and behavioral health needs in an hour-long annual in-home visit with a licensed health care practitioner. During one routine HouseCalls visit, nurse practitioner Heather found her patient Jack's blood pressure was dangerously high and took swift action to get him to an emergency department, resulting in Jack having a stent placed in his heart to help prevent a massive heart attack.

"I live in a little country town and I have approximately 11 deer. I get up every morning and feed those deer."

"One day, I got through feeding the deer and I was breathing a little hard, and when I got in, that's when it all started. My blood pressure was 217 over 110."

"When Heather came, she said, 'There's something going on.' And she said, 'I'm going to treat you like my daddy; if my daddy was like this, he would go to the emergency room.'"

"If Heather hadn't come all the way out here, I wouldn't have gone to the doctor. She knew what she was doing, and if she thought I needed to go, I was going to go. They found my widow-maker was 97% stopped up."

"By her coming all the way out here and checking me that day, it saved my life."



"If it wasn't for my guardian angel, the doctor said I wouldn't be here."

Expanding access to care by lowering the cost of prescription drugs

Research shows as many as 1.3 million people ration insulin each year due to high costs, with higher rates among Black Americans and those without health coverage. Affordability challenges often extend to other lifesaving drugs, including epinephrine for severe allergic attacks and albuterol used to treat acute asthma attacks.

For those who rely on these critical drugs, high costs can have life-threatening consequences. We are taking action to help ensure patients have reliable, consistent and affordable access to medications, including insulin, allowing them to adhere to their medications as prescribed.

\$0 copay drugs

- Insulin – diabetes management
- Epinephrine – severe allergic reactions
- Glucagon – hypoglycemia
- Naloxone – opioid overdoses
- Albuterol – acute asthma attacks

Beginning in 2023, UnitedHealthcare members in fully insured commercial plans – including UnitedHealth Group employees – will pay \$0 for five lifesaving medications. By eliminating all out-of-pocket expenses for these critical medications, members are less burdened by medical costs and

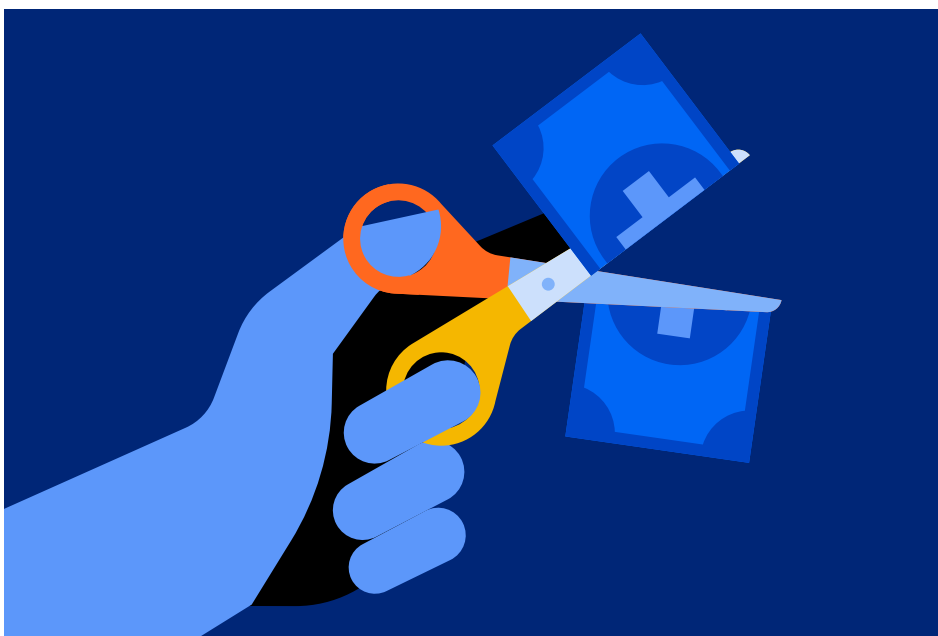
are better equipped to take their medications as prescribed, reducing the risk of complications and expensive hospitalizations. For uninsured patients, we also made low-cost insulin available through the Optum Store, including an option for home delivery.

\$22

average monthly cost of insulin for 1.7 million customers.

8M+

UnitedHealthcare members have access to \$0 copays for five lifesaving drugs throughout 2023.



Beyond improving the affordability of lifesaving medications, we are working to reduce the cost of biologic drugs, which are sometimes the only treatment option for debilitating, chronic illnesses such as cancers or autoimmune disorders. But this comes at a significant cost to patients and the health care system. Specialty biologics represent less than 2% of prescriptions, yet they account for about 43% of drug spend, with continued growth anticipated.

We are leading the way in embracing biosimilar medications, which are lower-cost functionally equivalent alternative versions of brand-name biologic medications that could save an estimated \$42 billion over the next several years. In 2023, UnitedHealthcare began covering three anti-inflammatory biosimilars (adalimumab) as part of our commitment to further drive competition, improve choice for providers and patients, and lower net and out-of-pocket drug costs.

41%

average savings for employers using UnitedHealthcare biosimilar management strategies.

A weight lifted

Kimberly's story

Kimberly Clark was 19 when she was first diagnosed with Type 1 diabetes. Over the next five years, as she tried to manage her health, she would go into diabetic ketoacidosis – a serious and sometimes life-threatening complication – more than 10 times. At the same time, she and her husband often stressed about managing the rising and sometimes out-of-reach cost of insulin she needed to survive.

“Early in my marriage, money was tight, and we were paying hundreds of dollars for this drug I needed to live. I remember begging physicians to give us sample vials just to get by.”

“And I knew I wasn't the only one in a situation like this. More than 34 million Americans have diabetes, and 1.5 million more are diagnosed every year. When UnitedHealthcare announced it was eliminating out-of-pocket costs for insulin, it was a game-changer for my family. And it also just makes me so happy for the people who are in the situation I was in not that long ago.”



“For people like me, insulin is lifesaving. If you're trying to get by without it because you can't afford it, your life is at risk. That's why this change is so important.”

Enhancing consumer-oriented benefits

Rising health care costs have left Americans spending more than [\\$433 billion](#) out of pocket on health care each year. Consumers want simple, transparent health benefits and the ability to easily access high-quality, cost-efficient sites of care.

Our commitment

55%+ of outpatient surgeries and radiology services among our members will be delivered at high-quality, cost-efficient sites of care by 2030

About our commitment

Care provided at high-quality, cost-efficient sites – including ambulatory surgery centers and stand-alone imaging centers – can lead to better outcomes at a lower overall cost to the consumer and the health system.

Our progress

In 2022, we delivered approximately 49% of outpatient surgeries and radiology services at high-quality, cost-efficient sites of care.

Why this is important to us

Medical care costs vary widely depending on where it is delivered. Total costs for orthopedic surgeries at ambulatory surgery centers (ASCs) are about 25% less than hospitals. Moving half of joint replacement surgeries from hospitals to ASCs would save the health system [\\$3 billion per year](#). Similarly, shifting routine diagnostic testing from a hospital to a stand-alone imaging center or a physician's office could save consumers [more than \\$300 per test](#).

How we're delivering on our commitment

We are focused on reducing cost barriers for our members by providing geographic-specific site of care information to providers as they are making patient referrals, including data identifying which ASCs and stand-alone imaging centers meet quality and efficiency standards. Through Point of Care Assist, providers can access cost and quality information directly in their electronic medical record, helping them make informed patient care recommendations.

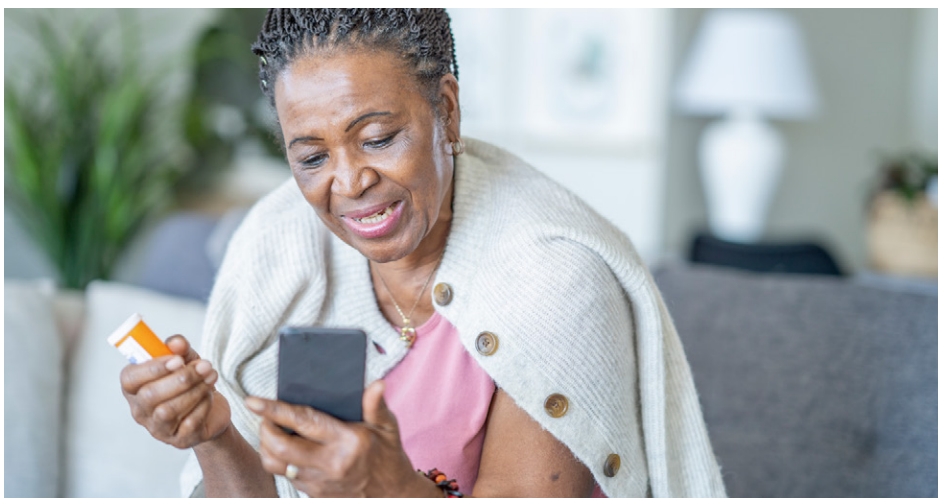


Serving more than 150 employers in the U.S., the UnitedHealthcare Surest plan is among the fastest growing commercial plans due to its transparency and simplicity, allowing members to easily search for care and see clear, upfront pricing information. Members with Surest plans don't have a deductible or coinsurance and they have the option to add coverage for a planned medical procedure. A digital app lets members search the broad UnitedHealthcare network by provider, specialty, procedure or geography and compare their all-in costs for more than 490 services, ranging from primary care to specialty care and behavioral health visits.

Clear pricing, choice and affordable benefits help remove financial barriers, meaning fewer people delay necessary care. As a result, Surest members are 23% less likely to have inpatient hospital surgery and 10 times more likely to access virtual care compared to 2021 commercial benchmarks, and Surest members' NPS⁴ is 56 points higher than those with alternative plans.

In addition to innovative benefits, we are helping the 4 in 10 Americans who forgo medical treatment due to cost by helping them manage drug and medical expenses through financial support and transparency tools, including a preloaded fee-free debit card that helps consumers pay for certain out-of-pocket medical expenses. Our capabilities are designed to help people pay for care with health savings and spending accounts, advanced financial education tools and consumer engagement and payment services, along with self-service tools to make it easier to manage and save money.

Launched in 2022, the UnitedHealthcare integrated benefits card simplifies care for older adults by linking their health plan, pharmacy benefits, rewards and gym memberships to a single ID card. Because the benefits card can identify items at the SKU level, older adults can easily pay for items covered by their health benefits, including groceries, over-the-counter medications, and even utility bills, without using cash or saving a receipt. More than 12 million people across multiple health plans will have access to the integrated card in 2023.



4. The Net Promoter System (NPS) is a proven operating discipline used by most Fortune 1,000 companies that enables us to measure affinity for our products and services, indicating consumer, broker, employer, provider and employee loyalty. It is based on a single survey question asking respondents to rate the likelihood they would recommend a company, product, or a service, and measured on a scale from -100 to +100. Top performing NPS companies range from +40 to +70.

70%

of Surest members spend less than \$500 in out-of-pocket costs annually.

82%

of the time, Surest members choose the most cost-effective treatment option.

46%

lower monthly out-of-pocket costs for Surest members compared to other commercial plans.

92%

of Americans live within 5 miles of a participating integrated benefits card store.

\$1.7B

spent by D-SNP members on food and over-the-counter products.

Personalized care coordination when it matters most

Advocates across UnitedHealthcare help members navigate the health system every day using personalized member information, social determinants of health, point-of-care support, custom management for high-needs patients and real-time guidance to help patients and physicians make the right choices to optimize patient care, lower the cost of care and deliver higher satisfaction.

Working with more than 875 hospitals and 16,000 providers across the U.S., our care coordinators help patients and caregivers navigate the post-acute care journey from hospital admission to discharge, averaging fewer admissions to post-acute care facilities by helping to identify, address and close gaps in care. Those who are admitted spend about 2.5 fewer days in post-acute facilities, trading higher-cost and less-comfortable inpatient stays for high-quality virtual and in-home care instead.

The cost and complexity of the health system can be especially challenging for those with a rare disease or a special need, which often require coordination with multiple specialists.

Nearly 30 million Americans are affected by more than 7,000 rare diseases, 90% of which currently do not have an FDA-approved treatment. Many people with a rare disease face challenges in diagnosing and treating their illness, often seeing multiple doctors over the course of several years and spending nearly \$29,000 more than those without a rare disease.

Our rare disease pharmacy business is one of three entities to hold both distinctions: the Accreditation Commission for Health Care (ACHC) Distinction in Orphan Drugs and the URAC Rare Disease Pharmacy Center of Excellence, and in 2022, we doubled the number of orphan drugs we manage. Optum rare disease pharmacists work with patients directly, partner collaboratively with clinical care teams, and educate stakeholders who participate in supporting care delivery and therapy access to address the complex challenges within the rare disease community.

~10M

Medicare Advantage lives served by care coordinators.

10%

improvement in NPS with UnitedHealthcare advocacy programs for employers, providers and members.

~10K

patients served in 7 rare disease programs since December 2020.



Navigating the complexities of the health system is particularly challenging for the 1 in 5 children in the U.S. who have a special health care need requiring six times more care with 12 times higher costs than children without special needs.

Since 2017, the UnitedHealthcare Special Needs Initiative (SNI) has provided families and children with special needs with personalized one-on-one assistance from an advisor who can help the family access the care they need while tracking the associated costs. By providing payment assistance, care coordination, social needs assessments and access to specialty care, the SNI program has helped more than 150,000 families ease the stress of tracking claims and facilitating medical care.

\$1.5K

reduction in out-of-pocket costs per child for families in SNI.

76

point average NPS improvement for SNI families.

Navigating a diagnostic odyssey

The Merchant family's story

For her first 18 months of life, Adelyn Merchant was like any other happy, healthy baby. Then it became clear something was wrong. Her parents - Spencer and Erin - noticed she was falling more and was no longer able to say the words she once knew. Soon, she was unable to eat. Eventually, they turned to the UnitedHealthcare Special Needs Initiative, which connected the family to specialists who helped diagnose Adelyn with the rare disease NMDA anti-receptor encephalitis. Following the diagnosis, UnitedHealthcare helped the Merchant family develop a treatment plan and connected them to transportation, support groups and a family advisor to assist with day-to-day needs.

"Adelyn was a healthy little girl. She was meeting all her milestones. Then at 18 months, she got very, very sick. We saw her decline very quickly. Within about a month she had lost just about all of her abilities.

"It is the hardest journey we've ever been on. You follow the doctors the best you can. They suggest something and you go with that, you chase something else. You get to the point where you say, 'I hope that's it.'"

"One day we got a phone call from a nurse who talked about something called the diagnostic odyssey. We were connected with a team that just swarmed around us and we knew we were going to get an answer. It took very little time.

"Adelyn is now fully disabled and requires 24/7 care. But it's a relief to know we don't have to take care of it all by ourselves. The mentality of 'it takes a village' becomes tenfold when you have a special needs kid. Having the multiple programs offered through UnitedHealthcare has been integral to the success of our parenting.

"Even though she can't talk anymore, she still smiles; she still laughs. Every day for Adelyn is a new challenge and it pushes our family to be the best we can be."



"Adelyn gets what she needs when she needs it because the teams are working together."

Building healthier communities

Partnering with leading organizations to support communities around the world.

To build healthier communities, we are:

- Providing philanthropic grants and support to communities and employees in need.
- Publishing public health insights to better understand emerging health trends.
- Supporting employees who volunteer their time and resources to important causes.

Achieving better health outcomes requires a deep understanding of the diverse health needs of communities and breaking down barriers to help ensure care is provided to those who need it most. Through our foundations and our businesses, we combine our knowledge, experience and passion to improve health quality and outcomes in the communities where we live and work.

Recognition

Named one of [America's most community-minded companies](#) by Points of Light, based on the Civic 50 survey, every year since 2012, and the sector leader for health care for three consecutive years.

The United Health Foundation is recognized as a Healthy People 2030 ChampionSM by the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion.⁵

\$1.3B

in charitable donations since 2000.

\$95.8M

contributed in 2022.

20K

charitable organizations supported globally in 2022.

4.1M*

employee volunteer hours in 2022.

*Volunteer hours are calculated using employee survey responses and giving site participation data.

5. Healthy People 2030 Champion is a service mark of the U.S. Department of Health and Human Services. Used with permission. Participation by the United Health Foundation does not imply endorsement by HHS/ODPHP.

Our impact on communities

Our social responsibility efforts in 2022 continued to enhance the well-being of our communities by increasing access to integrated behavioral and medical care, addressing key health disparities and social needs for mothers, infants and older adults, and building a diverse and dynamic health workforce. Together with our grant partners, we are investing in solutions to address some of the nation's most pressing health challenges.

Improving behavioral health care for our nation's youth

Today's youth are facing an unprecedented mental health crisis with a growing rate of [depression and anxiety](#). To address this alarming trend, we are investing in programs and partnerships in 19 states, connecting over 32,000 young people and their families with care and services to increase access and improve behavioral health outcomes. Some specific examples include [Florida](#), [Minnesota](#), [North Carolina](#) and [Wisconsin](#) and the [District of Columbia](#).

Valle del Sol Community Health

(Arizona) A [\\$3 million](#) grant over three years has helped mobile medical teams provide primary care, psychiatry and behavioral health services to middle and high school-age children in underserved communities throughout Phoenix, leading to an 8% decrease in anxiety symptoms.

2K

students in the greater Phoenix metro area received health services.

Reducing disparities to achieve better health outcomes

Americans continue to face wide health disparities, contributing to the sharpest increase in premature deaths over a single year between [2019 and 2020](#). For example, the prevalence of Americans with multiple chronic health conditions has worsened since prior to the pandemic and frequent mental distress is 2.5 times higher among those with incomes less than \$25,000. In 2022, we invested in partnerships in 25 states and the District of Columbia, serving over 50,000 people with programs designed to reduce health disparities.

Indian Health Care Resource Center of Tulsa

(Oklahoma) A [\\$1.8 million](#) investment over three years has helped build a comprehensive, culturally competent program addressing the unique health needs of more than 5,400 Native Americans age 65 and over.

90%

of Native American patients enrolled in programs in Tulsa, Oklahoma, report controlled blood sugar.

Improving maternal and infant health outcomes

Long-standing disparities in maternal mortality and morbidity continue to disproportionately affect Black and American Indian/Alaska Native mothers, according to *America's Health Rankings 2022 Health of Women and Children Report*. To address maternal and infant health issues, we are investing in programs in 13 states, including [Indiana](#) and [Texas](#), to help improve maternal and infant health outcomes by targeting at-risk populations, with a focus on prenatal and perinatal health, infant health, workforce development, and mental and behavioral health. More than 5,200 women have received support through these programs.

CAMBA

(New York) A [\\$3 million](#) investment over three years has helped improve access to prenatal care for underserved and homeless women in Brooklyn, including screenings, food and nutrition referrals, breastfeeding support and newborn care services.

64%

of women enrolled in the program have been connected to a doula or midwife.

Building and shaping the health workforce

An aging population and growing rates of clinician burnout are contributing to a projected health workforce shortage in the coming years. Additionally, the current health workforce lacks the diversity to better serve an increasingly diverse patient population. Beyond our [10-year, \\$100 million](#) investment to build a pipeline of diverse health talent, we are investing in multiple initiatives nationwide to [advance diversity](#) and [cultural competency](#), support provider [health](#) and [well-being](#) and improve existing [workforce capacity](#).

Health Care Center for the Homeless

(Florida) We invested [\\$1.7 million](#) over three years to support a new clinical fellowship program that provides on-the-job training for post-graduate nurse practitioners with a focus on complex care management, providing care to 4,500 patients.

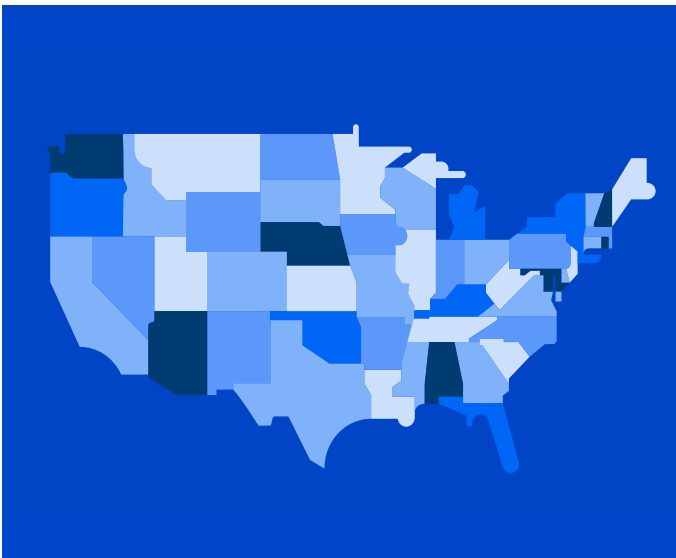
80%

of patients at diabetes management clinics showed improvement in diabetes scores.

Insights to improve our nation's health

[America's Health Rankings](#), produced by the United Health Foundation, is the longest-running state-by-state analysis of the nation's health, providing important insights into the health of various populations, including [older adults](#), [women and children](#), and [veterans](#). In partnership with the American Public Health Association and the CDC Foundation, this distinctive online platform engaged with nearly 1.3 million users in 2022. Policymakers, health officials and researchers use these reports to better understand the specific health concerns in their communities. The data also informs UnitedHealth Group's own programs and community investments.

The [2022 Annual Report](#) represents the platform's broadest portrait to date of the COVID-19 pandemic's impact, including findings from an in-depth survey on COVID-19, which identified concerning health disparities by race and ethnicity across nearly all areas of health and well-being.



“Health is like the foundation of your house. When it’s cracked, everything else is in jeopardy. What *America’s Health Rankings* gives us is the landscape of those cracks in our foundation; where they are, how bad they are, and then what we need to do to fix them.”

Brian Castrucci, President and CEO,
de Beaumont Foundation

Making a difference in communities around the world

We support our employees by providing dedicated opportunities for team members to make a tangible impact, either through employee giving or volunteering.

We match employee contributions – dollar for dollar – to the eligible community organizations of their choice, and we reward employee community volunteer service by awarding employees who volunteer 30 hours per year with a \$500 grant to the community organizations of their choice.

We are also dedicated to supporting communities around the world during times of need. The United Health Foundation donated \$1 million to help residents of Florida recover and rebuild following Hurricane Ian, and \$200,000 to help residents of Puerto Rico by providing emergency medical supplies and supporting health clinics following Hurricane Fiona.

Recovering from Hurricane Ian

Kim's story

Through our employee assistance fund, United for Each Other, our employees helped over 400 of their colleagues, like Optum employee Kim Donato, recover from a natural disaster or other qualifying catastrophic event in 2022. Kim received support after Hurricane Ian struck Florida in September, forcing her to evacuate due to significant flooding.

“The hurricane forced our family of five and all of our animals to evacuate for a month. When we finally returned, our home needed major repairs. The walls, windows, doors, flooring, bathrooms, kitchen, appliances, roofing, air conditioning, fencing and electrical wiring all had significant damage and needed to be repaired or replaced. We slept on air mattresses while our home was repaired.”

“At a time when we needed support the most, United for Each Other helped us with immediate and emergency needs like clothing, pillows, blankets, food and financial assistance.”

“The good news is our home will be completed soon – hopefully before the next hurricane season – which will be a dream come true for the entire family.”



“I was taken aback by the generosity and felt extremely proud to work for such a caring organization.”