

**Deloitte.**

# Deloitte Health Equity Institute

*Nicole Kelm*

SEPTEMBER 2022



Health equity is more than equal access to care. It is...

# The **fair and just opportunity** for everyone to fulfill their human potential in all aspects of **health and wellbeing**

Health and well-being include **not only clinical issues** traditionally addressed by the healthcare system, but also a person's **mental, social, emotional, physical, and spiritual health.**

# There is a clear and compelling human need and business imperative to address health disparities and achieve health equity as an outcome

## THE MORAL IMPERATIVE

**2x & 1.5x**

Number of Black and Hispanic / Latino persons **without health insurance** compared to white Americans in 2018<sup>1</sup>

**51% & 29%**

Percentage of patients that **delay or go without medical care** and **put off or skip prescriptions** because of **cost**<sup>2</sup>

**70%**

of **Black patients** said they believe people are **treated unfairly based on race or ethnicity** when seeking medical care<sup>3</sup>

## THE BUSINESS IMPERATIVE

**\$320 billion** >>> **\$1 trillion**

The **cost of health inequity** (i.e., dollars in annual health care spending) due to racial inequities in health will grow to **\$1 Trillion by 2040**<sup>4</sup>

**\$1,000** >>> **\$3,000**

This increase in spending could **cost the average American at least \$3,000 annually**, up from today's cost of \$1,000 -- the increase in spending would have a **greater impact on the historically underserved**<sup>4</sup>

*Health Equity is a moral imperative that requires business solutions*

# There is a clear business case for addressing health equity within any organization

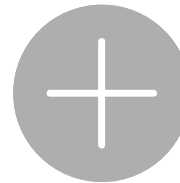
## FINANCIAL IMPACTS

*Organizations see real costs of health inequities. Each year...*

*An estimated **\$93 billion** is spent **in excess medical costs** due to racial inequities in health<sup>1</sup>*

*An estimated **\$16 trillion in GDP** was lost **over the last 20 years** due to race-based inequities within & outside the health care system<sup>2</sup>*

*One state saw an estimated **\$2 billion in preventable health care costs** in one year<sup>3</sup>*



## OPERATIONAL IMPACTS

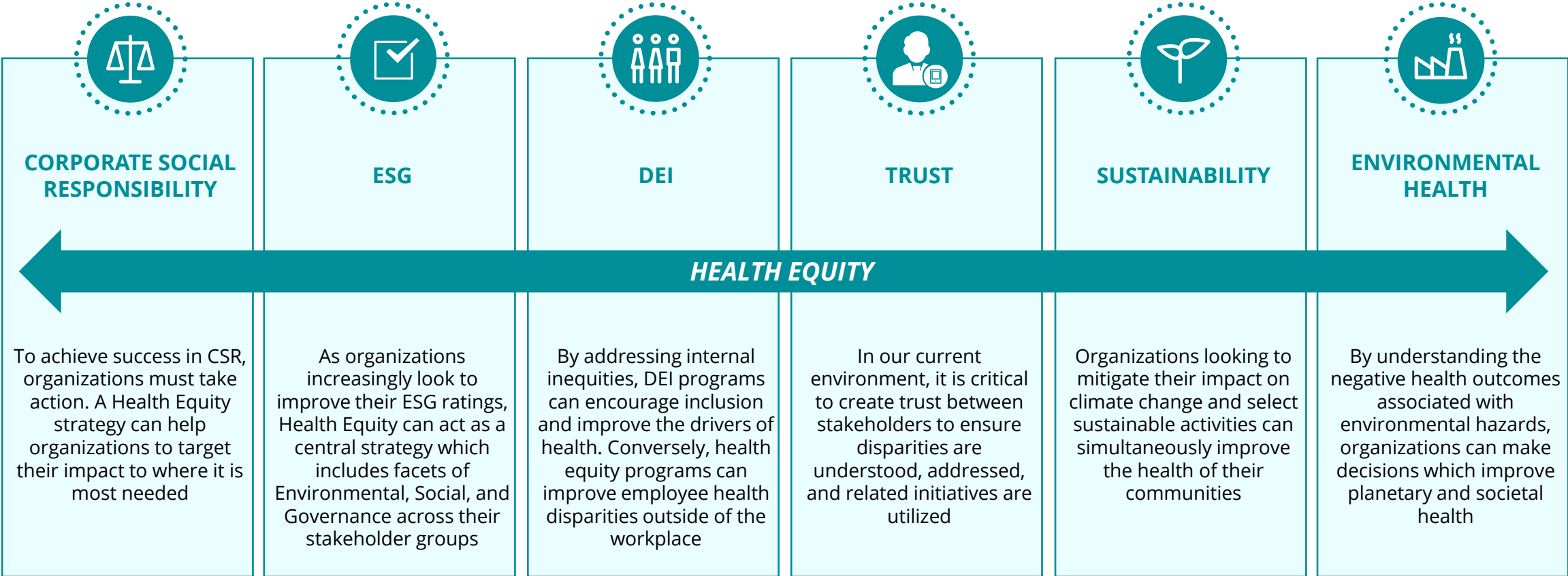
*Organizations experience indirect impacts of equity initiatives or the lack thereof, such as:*

*An estimated **\$42 billion** is lost via **reduced productivity** due to health disparities each year<sup>4</sup>*

*Employees experience **40% less burnout and 13% fewer sick days** at organizations that have earned high-trust than those with low-trust<sup>5</sup>*

*One workforce health program was found to boost **productivity** by an average of **one full workday per month**<sup>6</sup>*

# Health Equity can act as a force multiplier for other intersectional priorities that that matter to organizations and their broader communities



# Deloitte is committed to activating health equity and advancing public health

As the largest professional services firm in the health sector offering clients support across consulting, audit, tax, and risk services, we believe we have a unique responsibility to elevate the importance of health equity across our efforts

## COMPLEMENTARY PROGRAMS

### CLIENT SERVICES

In engagements with life sciences and health care organizations, Federal and state government agencies, and others, we help leaders understand how to change their **strategies, operations, finances,** and **workforce** to address health equity



### HEALTH EQUITY INSTITUTE

We make philanthropic investments and offer pro bono services with a focus on **community-level impact** while we also drive **Deloitte's own progress** on health equity across four domains of action (right)

## FOUR DOMAINS OF ACTION



Deloitte works with **clients and organizations** to create strategies to drive health equity – internally for their **workforce**, and externally for their **consumers and citizens, their communities,** and the **broader ecosystem**

# To help the organization operationalize health equity, every leader has a role to play

## Chief Executive Officer

Help set, advance, and fund the organization's health equity agenda and continually prioritize health equity among both internal and external stakeholders

## Chief Strategy Officer

Assist in prioritizing health equity as a core part of the organization's strategy, establishing relevant key performance indicators and effectively communicating this strategy to the workforce

## Chief Diversity, Equity, & Inclusion Officer

Weigh in on hiring a CDE&IO or CHEO to advance data-driven health equity efforts across the organization and make sure that person has the authority and resources necessary to succeed

## Chief Human Resources Officer

Support in attracting and retaining a diverse talent pool that prioritizes health equity, and in establishing policies that support the health and well-being of the organization's workforce

## Chief Technology Officer

Hold responsible for integrating health equity into how CTO acquires, licenses, and/or develops technology to support the organization's services / products

## Chief Financial Officer

Develop reporting measures that account for the financial return associated with health equity investments and for providing relevant and timely information to investors and business leaders

## Chief Information / Digital Officer

Bring digital and technology resources that promote access, equity and innovation, and promote design teams that are actively engaged in reducing disparity in tech design

## Chief Compliance Officer, Chief Legal Officer

Set expectations to include health equity-related regulations, guidelines, and best practices in all compliance, risk management, and legal activities

## Chief Operations Officer

Push to establish and improve business processes to drive health equity within the organization's own workforce as well as those it serves and partners with

## Chief Medical Officer, Chief Nursing Officer

Hold accountable for improving health outcomes among those the organization serves, as evidenced by clinical metrics, and drive consideration of social determinants of health

*With domains of action, committee structure, and C-suite engagement in mind,  
Every leader can be positioned to help prioritize health equity*

# Appendix



# DHEI builds cross-industry collaborations to create change at scale

## OUR ASPIRATION

We aim to move the field to **achieve health equity as an outcome**

In order to achieve our aspiration, we need to address **three inextricably linked root causes** that prevent equitable health outcomes:

- 1 Racism and bias** inside and outside the health care system
- 2 Deep inequities in non-medical Drivers of Health**
- 3 Structural flaws in the health system**

DHEI **drives change** from a purpose-first lens through three levers...



### STRENGTHEN PLACE-BASED CHANGE

Strengthening **local ecosystems** and creating **proof points** for high-impact change

Illustrative collaborators:



### DRIVE HEALTH EQUITY INNOVATION

Creating **scalable change** through programs on **the leading edge** of evidence, analytics, and systems change

Illustrative collaborators:



### ACTIVATE KEY DECISION MAKERS

Create a **domino effect of health equity** actions and change

Illustrative collaborators:



... and does so via **deep, innovative collaborations** with other organizations

*Potential modes of collaboration:*

#### PHILANTHROPIC INVESTMENT

*Hard-dollar donations to support our collaboration*

#### CO-PUBLICATION

*Working together to create shared public thinking that advances change*

#### PRO-BONO SERVICES

*Strategic consulting services to advance our collaboration*

#### ANALYTICS & RESEARCH

*Use of or access to Deloitte analytics / research resources*

*Supporting approaches:*

#### DHEI TEAM ENGAGEMENT

*Strategic guidance and "arms and legs" support from DHEI*

#### NETWORK CONNECTIONS

*Sharing our work across Deloitte's network*

# DHEI has launched an array of collaborations to help achieve our goals



## STRENGTHEN PLACE-BASED CHANGE



### *Activate trust to advance vaccination rates in Greater Washington DC Area*

- Launched ecosystem-wide COVID-19 access, awareness and trust-building campaign **targeting ~15K people in the D.C. area**
- Involved **35+ cross-sector organizations**
- Expanding programming to broader **preventative services** (e.g., HIV testing)



### *Remove barriers to COVID-19 vaccines for New York City's most vulnerable*

- Delivered **2k+ COVID-19 vaccines** through FQHCs and community clinics
- Published **two articles** that share lessons learned from program
- Plan to **expand programming** to initiatives in **maternal & child health and community health workers**



## DRIVE HEALTH EQUITY INNOVATION



### *Provide 8 health equity organizations with funding and capacity-building*

- Delivered catalytic funding (\$100k in unrestricted funds + capacity building) to **10 leaders from 8 early-stage, systems-change orgs**
- Based on success of inaugural cohort, plans to **fund a second cohort are underway**



### *Improve access to information on maternity care deserts and quality of care received*

- Co-created a **maternity care desert dashboard** with enhanced data
- Tool can be **used by Federal, State, Local, Academic and other stakeholders** to support the identification, education and resource alignment to combat the maternal health crisis afflicting women and children in the United States



## ACTIVATE KEY DECISION MAKERS



### *Develop and launch Global Health Equity Network, shape health equity x ESG*

- **Co-launched the Global Health Equity Network (GHEN)** in September 2021 to convene cross-sector executive leaders across geographies that will commit to prioritizing health action
- **40 leaders** have been engaged and 4 publications have been launched



### *Inspire Directors to activate equity through tools socialized with boards*

- Co-created a 60+ page, co-branded, public-facing **playbook was made available to all 300+ BDHEA members**
- DHEI has **activated at least 10-20 Boards**, including executive compensation being tied to changes in employee/consumer health disparities

# DHEI advances conversations through evidence and insights

## THOUGHT LEADERSHIP HIGHLIGHTS



### Drivers of health

**78%** of health care organizations say they're asking patients about housing needs

**32%** say they're connecting them to services to help with identified need

*Health care organizations must expand their solutions targeted at understanding and supporting the drivers of health needs in their employees, patients and members, and the larger community*



### Clinical trials diversity

**81%** of PhRMA member companies cite lack of clinical trial awareness in communities

**34%** of racially and ethnically diverse community members say the top barrier to clinical trial participation is lack of information

*Need for identifying and engaging diverse sites that serve underrepresented populations to increase enrollment and retention of patients from those populations*



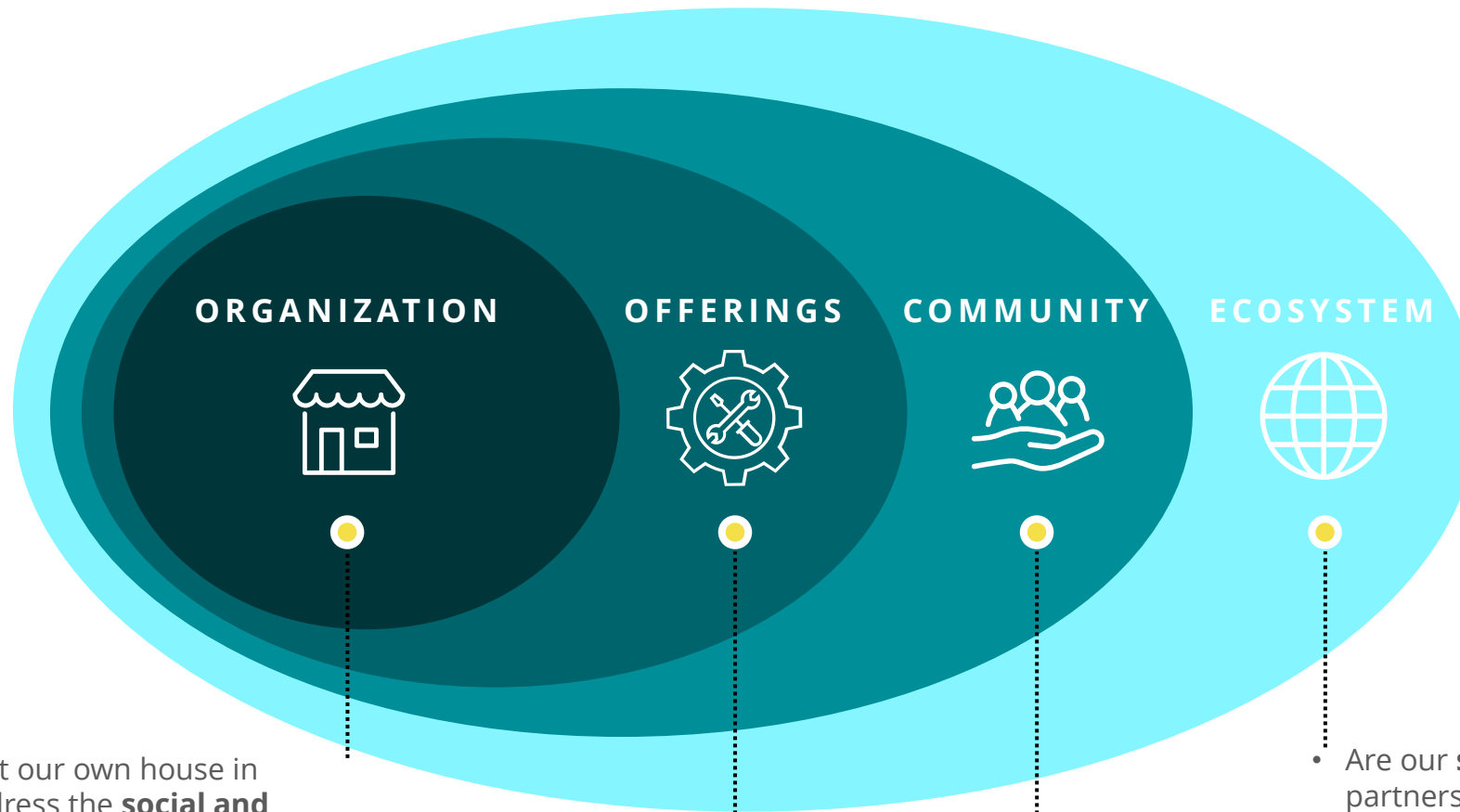
### Women+ health

**30%** of heart disease clinical trial participants identify as female

**35%** of women reported previous use of live video telemedicine compared with 51% of men

*A focus on reproductive health is necessary but not sufficient – we must broaden our understanding of women+ health to be inclusive of the whole woman*

# Leaders can activate health equity through four primary domains of action







- How do we “get our own house in order” and address the **social and economic needs** of our workforce?
- How effective are our **DEI programs**?
- Is our data on these topics transparent?

- How are we ensuring that our **products and services—and even our algorithms**—are addressing health equity? How do we use Human Centered Design?





- How will we **transform the physical and virtual communities** where we recruit, operate, and invest in to achieve equitable health outcomes?

- Are our **supplier and vendor** partners diverse?
- How do we amplify our positive **impact in the industry**?
- What role can our **ecosystem relationships and advocacy agenda** play in health equity?

# Leaders can leverage their data, assets, investments and more to act across the four domains

|                                  | <br><b>Organization</b>   | <br><b>Offerings</b>   | <br><b>Community</b>  | <br><b>Ecosystem</b>   |
|----------------------------------|--|---|--|---|
| <b>CENTRAL IDEA</b> <sup>1</sup> | <p>The <i>organization</i> domain refers to <b>how an employer addresses diversity, equity, and inclusion in the workplace.</b></p>  | <p>Life sciences and health care organizations also should <b>address health equity</b> within their <i>offerings</i>, meaning the <b>products and services they deliver.</b></p>   | <p>The <i>community</i> domain is what an organization can do to <b>improve health and equity</b> in its <b>own community—both geographic and virtual.</b></p>   | <p>The <i>ecosystem</i> domain refers to <b>what the organization can do with cross functional organizations to advance an agenda for better health and equity.</b></p>   |
| <b>WHAT LEADERS CAN DO</b>       | <ul style="list-style-type: none"> <li>Collect and use data from employees to <b>design equitable employee benefit programs</b></li> <li>Mandate <b>cultural competency</b> and <b>implicit bias training</b> for all employees</li> </ul> | <ul style="list-style-type: none"> <li>Advance <b>value-based payment models</b> and reward for <b>equitable outcomes</b> as well as <b>overall outcomes</b></li> <li>Design for <b>equity in R&amp;D</b> and <b>when creating new products and services</b></li> </ul> | <ul style="list-style-type: none"> <li>Strategically <b>invest in communities</b> to build on existing assets while helping to fill gaps</li> <li><b>Partner with traditional competitors</b> to <b>magnify impact</b> on health equity in the same virtual or geographic communities</li> </ul> | <ul style="list-style-type: none"> <li>Consider <b>diversity</b> when selecting <b>vendors</b> and <b>suppliers</b></li> <li>Amplify your health equity efforts through a <b>defined policy agenda</b></li> </ul> |

# Through our work with industry leaders, we know what success looks like and the common pitfalls organizations tend to make in activating health equity

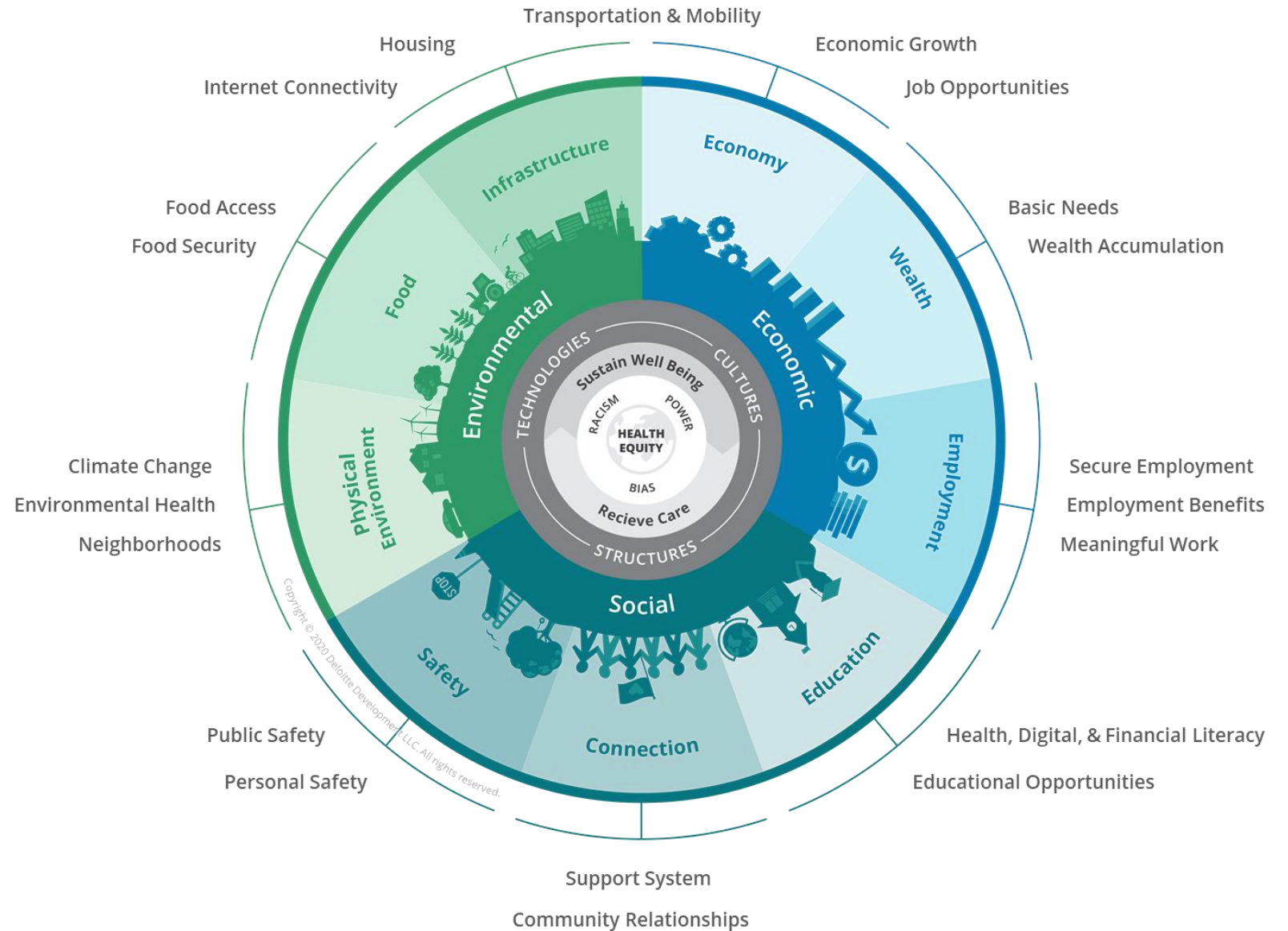
|                                | <br><b>Organization</b>   | <br><b>Offerings</b>  | <br><b>Community</b>   | <br><b>Ecosystem</b>  |
|--------------------------------|--|--|---|--|
| <b>WHAT SUCCESS LOOKS LIKE</b> | <p><b>Embed health equity</b> in organizational strategy</p> <p>Make health equity a <b>standing agenda item</b> for the Board</p> <p>Set <b>specific goals and metrics</b> for the leadership team</p> <p>Stand up a <b>health equity office</b> with dedicated leaders who report directly to the CEO</p> <p>Infuse commitment to health equity into <b>organization culture</b></p> | <p>Address <b>the social, economic and environmental needs</b> of employees and consumers, not just clinical needs</p> <p>Root <b>all decisions in data</b>, targeting specific needs and measuring outcomes</p> <p>Analyze the <b>healthcare costs or performance losses</b> attributed to unmet health equity needs</p> <p>Transform <b>clinical trial inclusion criteria</b> and protocol development</p> | <p><b>Partner</b> with local community organizations and leaders to build trust and improve transparency</p> <p><b>Prioritize geographies</b> that are high need and have high density of patients/members for investment</p> <p><b>Consult communities directly</b> and regularly on what they need and for oversight</p> <p>Track improvements across <b>population health outcomes</b></p> | <p><b>Elevate the profile</b> of the organization <i>and</i> individual leaders</p> <p><b>Use ecosystem alliances</b> to tackle large-scale problems</p> <p>Leverage <b>political power</b> to advocate for health equity policy</p> <p>Embed <b>health equity performance measures</b> in all contracts</p> <p>Use <b>purchasing power</b> to advance equitable suppliers and providers</p> |
| <b>COMMON PITFALLS</b>         | <p>Pursuing health equity via <b>“off the side of the desk”</b> initiatives</p> <p>Standing up a Health Equity Officer with <b>no support or funding</b></p>   | <p><b>Over-engineering</b> ideas so they never reach those who need it</p> <p><b>Failing to track</b> progress or identify the hidden costs of leaving needs unaddressed</p>   | <p><b>Re-inventing the wheel</b> instead of partnering with existing community-based-organizations</p> <p>Pursuing health equity <b>solely on racial demographics</b></p>   | <p>Focusing on developing a health equity brand in the ecosystem <b>before setting up the infrastructure</b></p>   |

# Deep inequities in the upstream Drivers of Health are one of the root causes of disparate health outcomes

**Health equity** is impacted by the economic, social, and environmental conditions beyond health care – the non-medical **Drivers of Health** – as well as the structures, cultures, and technologies that influence care and wellbeing

## We need to understand:

- What factors contribute most to health?
- How are resources distributed across communities and population segments?
- What actions lead to impact?



## Recent Announcements & Publications



### **With New Leadership Appointment, Deloitte Underscores The Business Case For Health Equity**

*Forbes*

One corporation investing in health equity is Deloitte, which this week announced the appointment of Dr. Jay Bhatt as executive director of the company's new Deloitte Health Equity Institute (DHEI) and of the Deloitte Center for Health Solutions (DCHS). DCHS, which currently publishes findings and analysis in life sciences and healthcare sectors, will serve as DHEI's research arm. [Read more](#)



### **After the pandemic's rewind of women's progress, here's how businesses should advance equity**

*Fortune*

By championing all elements of women's well-being, businesses can not only create high performing, equitable workplaces, but also build a more equitable world. Equity requires more than a one-off initiative. It should be embedded into how an organization does business, incorporated into all aspects of what they do, and sustained over time. [Read more](#)



### **Racism and bias in health care: As a doctor, I've been an object, observer, and offender**

*Fortune*

Deloitte Chief Health Equity Officer, Dr. Kullenji Gebreyes, shares her perspective and personal experiences on health inequities and offers a call to action to readers: committing to a better future where we collectively and consistently advance health equity in intention, action, and impact. [Read more](#)

## DHEI Collaborations



### **United Way** United Way Worldwide and Deloitte Announce Strategic Collaboration



### **New Profit** Introducing New Profit's First Health Equity Cohort



### **March of Dimes** March of Dimes Announces New Insights Dashboard to Address Urgent Maternal Health Crisis



### **BDHEA** BDHEA Convenes Prominent Leaders for Its Inaugural Virtual Forum on Health Equity & Board Playbook



### **Common Spirit Health** Addressing COVID-19 Vaccine Hesitancy Through Technology and Humankindness



### **Robin Hood** Collaboration Seeks to Increase Vaccination Rates Among New York's Hardest to Reach Populations



### **United Way NCA** Program Launch to Reduce COVID-19 Rates in Black and Brown Communities



### **Surgo** COVID-19 Dashboard with Elevated Health Risk Data



# Recent Deloitte Research and Thought Leadership (1 of 2)



## US health care can't afford health inequities

Inequities in the US health system cost approximately \$320 billion today and could eclipse \$1 trillion in annual spending by 2040 if left unaddressed.

[Read more](#)



## Activating health equity

Disparities in health outcomes should not, and do not have to, be driven by racism and bias. Explore what life sciences and health care organizations can do to advance equity in the pursuit of health and well-being for all.

[Read more](#)



## Mobilizing toward health equity: Action steps for health care organizations

Health care organizations are on the front lines of addressing health equity, playing key roles in not only access and care delivery, but also as employers and as community members. Discover strategies for organizations to address health equity within their organizations and the communities they serve.

[Read more](#)



## Using virtual health to push equity in health care

Over the past decade, sectors across the health care industry have invested considerably in virtual and digital health. The area is poised for tremendous growth, as COVID-19 accelerated adoption and incubated vast opportunities for virtual health to improve access to services while delivering safe and convenient care.

[Read more](#)



## Addressing the drivers of health

To advance health equity, organizations should look outside of the traditional health care system and address these social, economic, and environmental factors that lead to healthy or unhealthy outcomes.

[Read more](#)



## Enhancing clinical trial diversity

Racial and ethnic diversity among clinical trial participants is important to support science-driven strategies aimed at understanding the needs of those who are affected by the disease or condition being investigated. How can the biopharma industry achieve this? The answer lies in multistakeholder partnerships.

[Read more](#)



## Addressing health equity through precision investments

Measuring what people really need to be healthy, as well as the impact and return on investment (ROI), is an ongoing challenge for programs and the organizations that help fund them. Developing a common language can help us understand which programs have the most effective strategies and the best outcomes—but it is not just a one-size-fits-all approach.

[Read more](#)



## Can more US consumers be swayed to take the COVID-19 vaccine? Overcoming access, trust, hesitancy, and other barriers

Consumer sentiment around vaccines has shifted and continues to shift as the pandemic evolves. It has been almost a year since the first COVID-19 vaccine became available. What have we learned about consumer perspectives on vaccines that can be applied going forward to vaccination in general?

[Read more](#)

# Recent Deloitte Research and Thought Leadership (2 of 2)



## The Racial Equity Imperative

An acknowledgement of the legacy and realities of racism in the United States, with various potential futures for racial equity in the United States imagined over the next decade and beyond. The report suggests specific steps leaders can take to promote more equitable outcomes, both in their organizations and more broadly.

[Read more](#)



## Infrastructure law may smooth the road to health equity

While 'health' typically doesn't come to mind when discussing infrastructure, the two are inextricably linked at the community level—with clear implications for equity. This federal funding infusion could remove some of those inequities and help ensure that everyone—regardless of race, ethnicity, gender, or sexual orientation—has the same opportunity to achieve their full potential in all aspects of health and well-being.

[Read more](#)



## Advancing health equity through community-based ecosystems

Today's health systems understand the importance of creating a world in which everyone thrives, regardless of race, ethnicity, gender, sexual orientation, disability, or age. To create a healthier society that allows all people to live to their fullest potential, health systems should consider addressing the root causes of health disparities in every community

Published: May 2022 | [Read more](#)



## Rethinking when and how to use race appropriately in care delivery

Lack of data standards, data issues, and technologies can further exacerbate racial and ethnic biases. If these systemic issues aren't sufficiently addressed, inequities will likely continue to widen, possibly at exponential rates as new technologies are applied in health care.

Published: May 2022 | [Read more](#)



## The future of the public's health

This report lays out a vision for the future of public health in which all Americans have the chance to thrive. What steps can public health leaders take to fulfill this vision? Here's an overview of opportunities and challenges to improving the underlying structures of public health.

[Read more](#)



## Could advanced analytics automate racism in health care?

A deep dive into how racism and bias can be replicated through AI and advanced algorithms, along with a variety of actions organizations can take to avoid perpetuating such bias.

Published: Jul 2021 | [Read more](#)



## Racism is a public health crisis

An exploration of the impact racism has on the health and well-being of Black people, with a particular focus on COVID-19 disparities and how disruptive technology can serve as an accelerator of change.

[Read more](#)



## Medicaid in 2022: CMS eyes equity, value-based care

Medicaid programs will continue to emphasize ways to improve primary care and advance total-cost-of-care models. CMMI has indicated that it wants to work more closely with states to improve health equity and to move Medicaid toward value-based care.

[Read more](#)